



Orthopedic Surgery Soin & KHGM Delineation of Privileges

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation
5. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving and doubts related to qualification of requested privileges.

NOTE:

Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Required Qualifications	
Membership	To be eligible to apply for core privileges in orthopedic surgery, the initial applicant must meet the following criteria:
Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)-accredited residency in orthopedic surgery.
Certification	Current certification or active participation in the examination process with achievement of certification within six years leading to certification in orthopedic surgery by the American Board of Orthopedic Surgery or the American Osteopathic Board of Orthopedic Surgery.
Clinical Experience (Initial)	Applicants for initial appointment must be able to demonstrate the performance of at least 100 orthopedic procedures, reflective of the scope of privileges requested, during the last 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.
Clinical Experience (Reappointment)	Current demonstrated competence and an adequate volume of experience (25 orthopedic procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Core Privileges Orthopedic Surgery

Description: This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

Request		<i>Request all privileges listed below.</i>
KHGM	SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages to correct or treat various conditions, illnesses and injuries of the extremities, spine, and associated structures by medical, surgical, and physical means including but not limited to congenital deformities, trauma, infections, tumors, metabolic disturbances of the musculoskeletal system, deformities, injuries, and degenerative diseases of the spine, hands, feet, knee, hip, shoulder, and elbow, including primary and secondary muscular problems and the effects of central or peripheral nervous system lesions of the musculoskeletal system. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
		Procedures (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)
		Amputation surgery including immediate prosthetic fitting in the operating room
		Arthrocentesis, diagnostic
		Arthrodesis, osteotomy and ligament reconstruction of the major peripheral joints, excluding total replacement of joint
		Arthrography
		Arthroscopic surgery
		Biopsy and excision of tumors involving bone and adjacent soft tissues
		Bone grafts and allografts
		Carpal tunnel decompression
		Closed reduction of fractures and dislocations of the skeleton
		Debridement of soft tissue
		Excision of soft tissue/bony masses
		Fasciotomy and fasciectomy
		Fracture fixation
		Growth disturbances such as injuries involving growth plates with a high percentage of growth arrest, growth inequality, epiphysiodesis, stapling, bone shortening or lengthening procedures
		Ligament reconstruction
		Major arthroplasty, including total replacement of knee joint, hip joint, shoulder
		Major cancer procedures involving major proximal amputation (i.e., forequarter, hindquarter) or extensive segmental tumor resections
		Management of infectious and inflammations of bones, joints and tendon sheaths
		Muscle and tendon repair
		Open and closed reduction of fractures
		Open reduction and internal/external fixation of fractures and dislocations of the skeleton excluding spine

	Orthotripsy
	Perform history and physical exam
	Reconstruction of nonspinal congenital musculoskeletal anomalies
	Removal of ganglion (palm or wrist; flexor sheath)
	Total joint replacement revision
	Total joint surgery

Core Privileges Surgery of the Hand (as a subspecialty of Orthopedic Surgery)

Qualifications

Education/Training Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)-accredited residency in orthopedic, plastic or general surgery and successful completion of an accredited fellowship in surgery of the hand.

Certification Current certification or active participation in the examination process with achievement of certification within six years leading to certification within specified specialty (i.e. orthopedics, plastic surgery or general surgery).

OR

Current subspecialty certification in surgery of the hand by either the American Board of Surgery, or Plastic Surgery; or Certificate of Added Qualifications in Surgery of the Hand by the American Board of Orthopedic Surgery; or Certificate of Added Qualifications in Hand Surgery by the American Osteopathic Board of Orthopedic Surgery.

Clinical Experience (Initial) Applicants for initial appointment must be able to demonstrate performance of surgery on the internal structures of the hand and related structures, reflective of the scope of privileges requested, at least 20 times during the last 12 months, or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Clinical Experience (Reappointment) Current demonstrated competence and an adequate volume of experience 20 surgical procedures with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Request		Request all privileges listed below.
KHGM	SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, presenting with injuries and disorders of all structures of the upper extremity directly affecting the form and function of the hand and wrist by medical, surgical and rehabilitative means. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
		Procedures
		Arthroplasty of large and small joints, wrist or hand, including implants
		Bone graft pertaining to the hand

	Carpal tunnel decompression
	Fasciotomy and fasciectomy
	Fracture fixation with compression plates or wires
	Open and closed reductions of fractures
	Perform history and physical exam
	Removal of soft tissue mass, ganglion palm or wrist, flexor sheath, etc
	Repair of lacerations
	Repair of rheumatoid arthritis deformity
	Skin grafts
	Tendon reconstruction (free graft, staged)
	Tendon release, repair and fixation
	Tendon transfers
	Treatment of infections

Core Privileges Orthopedic Surgery of the Spine (as a subspecialty of Orthopedic Surgery)

Qualifications

Membership To be eligible to apply for core privileges in orthopedic surgery of the spine, the initial applicant must meet the following criteria:

Education/Training Successful completion of an accredited fellowship in orthopedic surgery of the spine.
AND
Applicant must meet criteria for orthopedic surgery.

Clinical Experience (Initial) Applicants for initial appointment must be able to demonstrate performance of surgery of the spine procedures, reflective of the scope of privileges requested, at least 20 times during the last 12 months, or demonstrate successful completion of an ACGME- or AOAAccredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Clinical Experience (Reappointment) Current demonstrated competence and an adequate volume of experience (25 surgical procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Request	Request all privileges listed below.
KHGM SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, with spinal column diseases, disorders, and injuries by medical, physical, and surgical methods including the provision of consultation. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
	Procedures
	Assessment of the neurologic function of the spinal cord and nerve roots

	Endoscopic minimally invasive spinal surgery
	Laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents including instrumentation
	Lumbar puncture
	Management of traumatic, congenital, developmental, infectious, metabolic, degenerative, and rheumatologic disorders of the spine
	Perform history and physical exam
	Scoliosis and kyphosis instrumentation
	Spinal cord surgery for decompression of spinal cord or spinal canal, rhizotomy, cordotomy, dorsal root entry zone lesion, tethered spinal cord or other congenital anomalies

Percutaneous Lumbar Discectomy (PLD)

Qualifications

Education/Training Successful completion of an ACGME or AOA residency or fellowship training program in orthopedic surgery, neurological surgery, neurology, physical medicine and rehabilitation, anesthesiology, interventional radiology, or pain medicine. Applicants must provide evidence that the training program included fluoroscopy and discography. In addition, applicants should have completed a training course in the PLD method for which privileges are requested.

Clinical Experience (Initial) Demonstrated current competence and evidence of the performance of at least two procedures in the PLD method for which privileges are requested in the past 12 months.

Clinical Experience (Reappointment) Demonstrated current competence and evidence of the performance of at least 2 procedures in the PLD method for which privileges are requested in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Request	Request all privileges listed below.	
KHGM	SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Percutaneous Lumbar Discectomy (PLD)

Balloon Kyphoplasty

Qualifications

Education/Training

Successful completion of an ACGME- or AOA-accredited residency program in radiology, neurosurgery or orthopedic surgery that included training in balloon kyphoplasty.

AND

Applicants must have completed an approved training course in the use of the inflatable bone tamp and have been proctored in their initial cases by a Kyphon company representative.

AND

Applicants must also have completed training in radiation safety.

Clinical Experience (Initial)

Demonstrated current competence and evidence of the performance of at least one balloon kyphoplasty procedures in the past 12 months.

Clinical Experience (Reappointment)

Demonstrated current competence and evidence of the performance of at least one balloon kyphoplasty procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Request		<i>Request all privileges listed below.</i>
KHGM	SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Balloon Kyphoplasty

Artificial Disc Replacement (ADR)

Qualifications

Education/Training Successful completion of an ACGME- or AOA-accredited residency training program in orthopedic surgery or neurological surgery and completion of an approved training program in the insertion of artificial discs.

Clinical Experience (Initial) Demonstrated current competence and evidence of the performance within the past 12 months.

Clinical Experience (Reappointment) Demonstrated current competence and evidence of the performance of at least two ADR surgery procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Request		<i>Request all privileges listed below.</i>
KHGM	SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Artificial Disc Replacement (ADR)

Special Noncore Privileges (See Specific Criteria)

Description: If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

Request		<i>Request all privileges listed below.</i>
KHGM	SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Special Non-Core Privileges

Administration of Sedation and Analgesia (See Hospital Policy for Moderate Sedation)

Request		<i>Request all privileges listed below.</i>
KHGM	SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges

	Administration of Sedation and Analgesia
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Fluoroscopy

Description: (Must demonstrate competence - initial applicants must complete the online quiz;reapplicants must complete online quiz at least once then complete annual attestations thereafter.)

Request		Request all privileges listed below.
KHGM	SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Fluoroscopy

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Kettering Health Greene Memorial and/or Soin Medical Center, and I understand that:

- A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature

Date

Clinical Service Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

Clinical Service Chair Signature _____

Date _____