

Delineation Of Privileges

Orthopedic Surgery Privileges

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Privilege	Requested	Deferred	Approved

CORE PRIVILEGES - ORTHOPEDIC SURGERY

<u>Criteria:</u> New Applicants - Board Certified or qualified for certification by the American Board of Orthopedics <u>Criteria:</u> Current Staff members - Successful completion of an ACGME or AOA approved training program in Orthopedic Surgery; OR, demonstrated acceptable practice in the privileges being requested for a minimum of five (5) years. <u>Proctoring Requirements:</u> A minimum of eight (8) cases, in accordance with the Medical Staff Proctoring Protocol.

GENERAL PRIVILEGES:

Admitting privileges			
Consultation Only Privileges			
Includes privileges to perform consultations for orthopedic patients ONLY. Physicians granted "Consultation Only Privileges" DO NOT have privileges to admit patients, provide care independently, perform medical history and physicial examinations and perform surgical or invasive procedures, or assist in surgical or invasive procedures.			
Surgical Assist ONLY Includes surgical assisting in Orthopedic surgery procedures ONLY . Physicians granted "Surgical Assist ONLY" DO NOT have privileges to admit patients, perform consultations, provide care independently, perform medical history and physical examinations, prescribe medications or perform surgical or invasive procedures as the primary operator.			
Sedation Analgesia Criteria: Requires successful completion of the Sedation Assessment test. Additional criteria effective April 1, 2015: a) Evidence of current ACLS and/or PALS certification from the American Heart Association; AND b) Evidence of completion of an Airway Management Course	_	_	
a) Adult Sedation			
b) Pediatric Sedation (17 years and under)			
Local block anesthesia			
Regional block anesthesia			



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ORTHOPEDIC SURGERY - CORE PRIVILEGES Includes the management and coordination of care, treatment and services, (investigation and care of routine medical problems such as viral symptoms, fever, infections, etc.) and including: Medical History and Physical evaluations, consultations and prescribing medication in accordance with DEA certificate.			
Interpretation of X-rays and scans			
Use of bone cement and dement like substances for the treatment of fractures			
Use of CPM (continuous passive motion) devices			
Traction for treatment of fractures			
Manipulation of limbs or joints			
Saline and Cortison injections into joints and tendons			
General Orthopedic Procedures:			
Splint and cast applications; cast treatment for club foot			
Amputations, including immediate prosthetic fitting			
Arthrodesis and osteotomy and ligament reconstruction of major peripheral joints			
Arthrogram, saline or contrast			
Arthroplasty, large and small joints, including implants			
Arthroscopy; with and without intra-articular surgery			
Arthrotomies			
Biopsies: Open or closed; Muscle and nerve biopsy (non-tumor)			
Bone Malignancy: Care of patients with metastatic malignancy of bone and surgical procedures related to primary bone malignancy			



Privilege	Requested	Deferred	Approved
Carpal tunnel decompression			
Congenital Repair: Care of congenital dislocated hip; closed uncomplicated reductions and open reductions; Surgery for congenital club feet, congenital vertical talus and coalition removal; Care of congenital deformities; reconstructive acetabulum and/or femoral neck shaft, leg lengthening procedures (Wagner, etc.), Repair of complicated congenital deformities of upper and lower extremities (i,e. sprengels, phocomelia); Other congenital malformations			
Digital tip injuries			
Fasciotomy			
Fractures & Dislocations: Open and closed reductions; simple and complex external fixation application; fracture fixation with mini compression plates (does not include Supracondylar fractures above the elbow in pediatric patients)			
Free tissue transfers			
Ganglion (palm or wrist, flexor sheath, etc.)			
Grafts: Bone, Skin (pedicle flaps), Tendon, Nerve, Bone grafts pertaining to hand			
Ilizarov use			
Infections: Incision and drainage or management of infections and inflammations of the bones, joints and tendon sheaths; Major infections (e.g. felon, flexor sheath, space infections)		_	
Hardware: Removal of hardware and other devices			
Joint Repair: Major and minor joint replacement (including all materials necessary): ankle, elbow, hip, knee, shoulder, digital, radial head, fingers, toe and wrist			
Lacerations			



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	Nerve Repair: Nerve transplant; Repair of acute peripheral nerve injury; Peripheral nerve decompression: median nerve, radial nerve, ulnar nerve			
	Neurolysis			
	Neuromas, correction of			
	Neurorrhaphy			
	Osteotomy			
	Polydactyly, simple			
	Rheumatoid reconstruction (soft tissue - synovectomy, tendons, etc.)			
	Staplings of lower extremities			
	Sympathectomy; peripheral vascular			
	Tendon Repair: Acute tendon repair/secondary tendon repair/extensor tendon repair/flexor tendon repair (forearm, wrist, palm, digits); Tenotomy; Tenodesis; Tendon reconstruction (free graft, staged); Tendon transfers			
	Trigger finger, DeQuervain's disease			
	Use of large allograft			
	Vessel Repair: Acute repair of vessels; Repair of large vessels; Microvascular repair of small vessels			
	Wound care			
ı	Hand Surgery:			
	Digital transposition, pollicization, ray resection			
	Reimplantation of digit, hand with microvascular anastomosis			
	Microneurorrhaphy and microvascular repair of hand			



Privilege	Requested	Deferred	Approved
Fasciectomy for Dupuytren's contracture			
Major reconstruction (mallet, boutonniere, swan neck, tenolysis)			
Vascular grafts pertaining to hand and forearm			
Microneurorrhaphy and microvascular repair of arm, brachial plexus			
Hand reconstruction, complicated hand surgery			
Uncomplicated hand surgery without major reconstruction			
Osteotomy pertaining to the hand			
Synovectomy pertaining to the hand			
ORTHOPEDIC SURGERY - SUPPLEMENTAL PRIVILEGES			
<u>Criteria:</u> New Applicants - Must meet the criteria outlined for Core Orthopedic Surgery documentation of competence from Residency Program Director with a certificate of a Training. Letter from Department Chair certifying competency and/or approval on a ca <u>Criteria:</u> Current Staff Members - Must meet the criteria outlined for Core Orthopedic provide documentation of training and current competency in each procedure request <u>Proctoring Requirements:</u> Of the eight (8) total proctored cases required, four (4) pro Supplemental Privileges section.	added qualific use by case ba Surgery Privil ted.	cation of Fe sis by Secti eges AND I	llowship ion Chief. must
ORTHOPEDIC SURGERY - SUPPLEMENTAL PRIVILEGES:			
Reimplantation of limb, arm with microvascular anastomosis			
Repair of Supracondylar fractures above the elbow in pediatric patients (except in cases of dire emergency)			
Complex pelvis and acetabular surgery			
Limb salvage for tumors			
Free flaps			



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SPINE SURGERY - SUPPLEMENTAL PRIVILEGES:				
Laminectomy of spine				
Spinal instrumentation				
Anterior spinal procedures				
Spine instrument; posterior				
Spine instrument; anterior				
Kyphoplasty/Vertebroplasty <u>Criteria:</u> Requires course certificate from manufacturer				
Halo application; skull or pelvic				
Use of Chymopapain				
Suction removal of disc				
Epidurals				
Facet Blocks				
Revised: 7/25/2013; 10/30/2014				
ACKNOWLEDGEMENT OF THE PRACTITIONER: I have requested only those privileges for which my education, trai performance I am qualified to perform, and that I wish to exercise exercising my clinical privileges granted, I am constrained by hospit generally and any applicable to the particular situation; b) any restruction and in such a situation my action Medical Staff Bylaws or related documents.	at Huntington Hospit al and medical staff riction on the clinical	al, and I und policies and privileges g	derstand the rules applic ranted to m	cable ne is
Signature of Applicant:	Date:			



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Privilege Requested Deferred Approved

DEPARTMENT CHAIR RECOMMENDATIONS I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above. Applicant may perform privileges and procedures as indicated: ______ YES ______ NO Exceptions/Limitations (Please Specify): _______ APPROVALS: Section Chair: ______ Date: ______ Department Chair: ______ Date: _______ Credential Committee Date: ______

Provider Name:

Medical Executive Committee Date: _____

Board of Directors Approved on: _____