

ORTHOPEDIC SURGERY CLINICAL PRIVILEGES

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

All new applicants must meet the following requirements as approved by the governing body.

Effective: _____/_____/_____.

Initial Privileges (Initial Appointment)

Renewal of Privileges (Reappointment)

Applicant: Please check the **“Requested”** box for each privilege requested.

Applicants have the burden of producing information and documentation deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If not recommended, provide the condition or explanation on the last page of this form.

Other Requirements

- 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.
- Note that privileges granted may only be exercised at the site(s) designated by CCRMC and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

Name: _____
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QUALIFICATIONS FOR ORTHOPEDIC SURGERY

Initial Applicants: To be eligible to apply for privileges in Orthopedic Surgery, the applicant must meet the following criteria:

1. Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in Orthopedic Surgery

AND

2. Documentation of current Board certification or board eligible (with achievement of certification within the required time frame set forth by the respective Boards) leading to certification in Orthopedic Surgery by the American Board of Orthopedic Surgery or the American Osteopathic Board of Orthopedic Surgery

AND

3. Documentation of current experience: At least 100 orthopedic surgical procedures, reflective of the scope of privileges requested, within the past 24 months, or documented successful completion of an ACGME– or AOA– accredited residency or clinical fellowship within the past 24 months. Please provide a clinical activity/procedure log.

Renewal of Privileges: To be eligible to renew privileges in Orthopedic Surgery, the applicant must meet the following criteria:

1. Maintenance of Certification or Osteopathic Ongoing Certification is required.

AND

2. Current demonstrated competence and an adequate volume of experience: at least 100 orthopedic surgical procedures with acceptable results, reflective of the scope of privileges requested, within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.

Name: _____

Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

Core Privileges: Orthopedic Surgery

Requested:

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, knees, hips, shoulders, and elbows, 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. Assess, stabilize, and determine the disposition of patients with emergent conditions regarding emergency and consultative call services.

The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills, as determined by the department chair.

CORE TREATMENT/ PROCEDURE LIST

This is not intended to be an all-encompassing list of treatments. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Orthopedic Surgery

- Performance of history and physical
- Treatment of any fracture (open or closed reduction of fractures, internal/external fixation)
- Treatment of joint dislocations
- Amputation surgery including immediate prosthetic fitting in the operating room
- Arthrocentesis, diagnostic
- Arthrodesis, osteotomy, and ligament reconstruction of the major peripheral joints,

Name: _____

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excluding total replacement of joint

- Arthrography
- Arthroscopy
- Bone grafts and allografts
- Debridement of soft tissue
- Excision of soft tissue/bony masses
- Fasciotomy and fasciectomy
- Joint replacement, includes minimally invasive technique
- Ligament reconstruction
- Management of infectious and inflammations of bones, joints, and tendon sheaths
- Muscle and tendon repair
- Treatment of cartilage injuries (e.g. autologous chondrocyte implantation (ACI), osteoarticular transfer system (OATS)

Hand surgery

- Arthroplasty of large and small joints, wrist, or hand, including implants
- Bone graft pertaining to the hand
- Nerve decompression
- Nerve graft
- Neurorrhaphy
- Removal of soft tissue mass, ganglion palm or wrist, flexor sheath, etc.
- Repair of lacerations
- Skin grafts
- Tendon reconstruction
- Tendon release, repair, and fixation
- Tendon transfers
- Treatment of infections

Spine

- Assessment of the neurologic function of the spinal cord and nerve roots
- Interpretation of imaging studies of the spine

Name: _____

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Sports Medicine

- Emergency assessment and care of acutely injured athletes
- Proper preparation for safe return to participation after an illness or injury
- Provision of education and counseling regarding nutrition, strength and conditioning, ergogenic aids, substance abuse (including performance-enhancing and mood-altering drugs), and other medical problems that could affect athletes
- Rehabilitation of ill or injured athletes

Special Non-Core Privileges (See Specific Criteria)

Non-core privileges are requested individually in addition to requesting the core.

Everyone requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant.

Non-Core Privileges: Administration of Sedation and Analgesia

Administration of Sedation and Analgesia:

- Conscious Sedation** (e.g. versed, morphine, fentanyl) – DOES NOT INCLUDE USE OF KETAMINE OR PROPOFOL
- Ketamine** (test required every 2 years)
- Propofol** (test required every 2 years)

Criteria for Initial Request:

1. Successful completion of an ACGME– or AOA–accredited post graduate training program which included training in administration of sedation and analgesia, including the necessary airway management skills, or department-approved extra training and experience.

AND

2. Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months, or completion of training within the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

Name: _____

Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

1. Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months.

Non-Core Privileges: Fluoroscopy

Fluoroscopy

Privilege to operate and/or supervise operation of fluoroscopy equipment.

Requirement: Current Fluoroscopy or Radiology X-Ray Supervisor and Operator Permit from CDPH

**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)
for initial applicants**

1. Retrospective or concurrent proctoring (chart review or direct observation) of at least 9 orthopedic patients in the care of whom the applicant significantly participated. FPPE/proctoring must be representative of the provider's scope of practice.
2. Concurrent proctoring (direct observation) of at least 3 different procedures that are representative of procedures regularly performed in the department. FPPE/proctoring must be representative of the provider's scope of practice.
3. FPPE/Proctoring is also required for at least one (1) procedure/case of each of the requested "non-core" privileges.
4. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
5. Completed FPPE forms must be submitted to the Credentialing Office.
6. It is the applicant's ultimate responsibility to make sure that FPPE and submission of all required paperwork to the Credentialing Office takes place in a timely manner. Failure to do so may result in loss or limitation of privileges.
7. **For low volume providers: please see separate FPPE/proctoring guidelines.**
8. **For more detailed information, please see separate FPPE/proctoring guidelines.**

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ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by 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.

Signed _____ **Date** _____

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DEPARTMENT / DIVISION CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend All Requested Privileges**
- Recommend Privileges with the Following Conditions/Modifications:**
- Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

Notes:

[Department Chair] Signature: _____ **Date:** _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials Committee Approval	Date _____
Temporary Privileges	Date _____
Medical Executive Committee Approval	Date _____
Board of Supervisors Approval	Date _____