

UNMH Orthopedic Surgery Clinical Privileges

Name:

Effective Dates: _____ To: _____

- Initial privileges (initial appointment)
- Renewal of privileges (reappointment)
- Expansion of privileges (modification)

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 05/30/2014

INSTRUCTIONS

Applicant: Check off the "Requested" box for each privilege requested. 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 any doubts related to qualifications for requested privileges.

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

OTHER REQUIREMENTS

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics 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.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Qualifications for Orthopedic Surgery

Practice Area Code: 42 Version Code: 05-2014a

Initial Applicant - *To be eligible to apply for privileges in orthopedic surgery, the initial applicant must meet the following criteria:*

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in orthopedic surgery.

AND/OR

Current certification or active participation in the examination process leading to certification in

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orthopedic surgery by the American Board of Orthopedic Surgery or the American Osteopathic Board of Orthopedic Surgery.

AND

Required Current Experience: At least an acceptable volume of general orthopedic procedures or trauma and fractures, hips and knees; shoulders and elbows; foot and ankle; spine; hand; musculoskeletal oncology procedures, reflective of the scope of privileges requested, during the last 12 months or demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Reappointment (Renewal of Privileges) Requirements - *To be eligible to renew privileges in orthopedic surgery, the reapplicant must meet the following criteria:*

Current demonstrated competence and an adequate volume of experience (in general orthopedic procedures or trauma and fractures, hips and knees; shoulders and elbows; foot and ankle; spine; hand; musculoskeletal oncology 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 physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES: *Orthopedic Surgery*

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. Assess, stabilize, and determine the 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.

Requested

Orthopedic Core Procedures List

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.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which

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you do not wish to request, then initial and date.

Orthopedic Surgery

1. Perform history and physical
2. Application of splints or casts
3. Application of skeletal traction
4. Administration of local anesthesia
5. Arthrocentesis and joint or soft tissue injections
6. Arthroscopy
7. Arthrotomy
8. Amputation, including immediate prosthetic fitting
9. Arthrodesis
10. Arthroplasty, including hemiarthroplasty and total joint arthroplasty
11. Biopsy and/or excision of soft tissue masses
12. Biopsy or treatment of bony neoplasms
13. Closed reduction and immobilization of fractures and dislocations
14. Debridement of soft tissues and closure of wounds
15. Decompression or transplantation of nerves
16. Fasciotomy or fasciectomy
17. Incision and drainage of soft tissue infections
18. Ligament repair or reconstruction
19. Open reduction and internal or external fixation of fractures and dislocations
20. Osteotomies
21. Reconstruction of congenital or acquired bone or joint deformities
22. Removal of foreign body or implants
23. Repair of muscle/tendon injuries
24. Skin grafts
25. Tendon transfers or releases
26. Treatment of articular cartilage defects
27. Treatment of meniscal or labral injuries
28. Treatment of osteomyelitis
29. Treatment of thermal injuries
30. Use of autogenous or allogenic musculoskeletal grafts, bone graft substitutes, and biological healing agents (OP-1, BMP, PRP, etc.)
31. Use of fluoroscopy
32. Use of polymethylmethacrylate

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Special Non-Core Privileges (See Specific Criteria)

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

Qualifications for Microvascular Surgery of the Hand

Initial Applicant - *To be eligible to apply for privileges in surgery of the hand, the initial applicant must meet the following criteria:*

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 hand surgery.

OR

Current subspecialty certification in surgery of the hand or active participation in the examination process leading to subspecialty certification in surgery of the hand by the American Board of Surgery, or Plastic Surgery; or subspecialty certification in Surgery of the Hand by the American Board of Orthopedic Surgery; or subspecialty certification in Hand Surgery by the American Osteopathic Board of Orthopedic Surgery.

AND

Required Current Experience: Applicants for initial appointment must be able to demonstrate the performance of an adequate number of plastic and reconstructive surgery procedures on the hand, reflective of the scope of privileges requested, during the past 12 months and demonstrate successful completion of an ACGME- or AOA-accredited residency or clinical fellowship in the last 12 months.

Reappointment (Renewal of Privileges) Requirements - *To be eligible to renew privileges in surgery of the hand, the reapplicant must meet the following criteria:*

Current demonstrated competence and an adequate volume of experience with demonstrated current competence and acceptable outcomes, reflective of the scope of privileges requested, for the past 24 months based on the 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.

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CORE PRIVILEGES: *Microvascular Surgery of the Hand*

Admit, evaluate, diagnose, treat, provide consultation, and perform surgical procedures for patients of all ages presenting with diseases, injuries, and disorders, both congenital and acquired, of the hand, wrist, and related structures. Assess, stabilize, and determine the 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.

Requested

Microvascular Surgery of the Hand Core Procedures List

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.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

Microvascular Surgery of the Hand (As a subspecialty of Orthopedic Surgery)

1. Tissue flaps (local, regional and distant) and free microvascular tissue transfer
2. Nerve repair and reconstruction, or nerve graft,
3. Thumb reconstruction, including pollicization, toe-hand transfer, and thumb metacarpal lengthening
4. Replantation and revascularization
5. Management of upper extremity vascular disorders and insufficiencies

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Qualifications for Orthopedic Surgery of the Spine

Initial Applicant - *To be eligible to apply for privileges in orthopedic surgery of the spine, the initial applicant must meet the following criteria:*

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in orthopedic surgery, followed by successful completion of an accredited fellowship in orthopedic surgery of the spine (or have adequate resident training and experience as determined by the department chair, for the privileges requested)

AND/OR

Required Current Experience: An adequate number of surgery of the spine procedures, reflective of the scope of privileges requested, within the last 12 months, and demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship in the last 12 months.

Reappointment (Renewal of Privileges) Requirements - *To be eligible to renew privileges in orthopedic surgery of the spine, the reapplicant must meet the following criteria:*

Current demonstrated competence and an adequate volume of experience 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 physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

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CORE PRIVILEGES: *Orthopedic Surgery of the Spine*

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. 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.

Requested

Orthopedic Surgery of the Spine Core Procedures List

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.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

Orthopedic Surgery of the Spine (As a subspecialty of Orthopedic Surgery)

1. Balloon Kyphoplasty
2. Excision of Intervertebral discs
3. Management of traumatic, congenital, developmental, infectious, metabolic, degenerative, and rheumatologic disorders of the spine
4. Open reduction and internal/external fixation of fractures and dislocations of the skeleton

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Acknowledgment of practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNM Hospitals and clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained 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 _____

Department Chair 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 _____

Criteria approved by UNMH Board of Trustees on 05/30/2014