

ADVANCED SURGERY OF THE HAND CLINICAL PRIVILEGES

Name: _____

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- Initial Appointment
- Reappointment

All new applicants must meet the following requirements as approved by the governing body effective: 09/02/15

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

- Note that privileges granted may only be exercised at the site(s) and/or 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 and/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 governance (MS Bylaws, Rules and Regulations) organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR ADVANCED SURGERY OF THE HAND

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

Current subspecialty certification in surgery of the hand by the American Board of Surgery, the American Board of Plastic Surgery, the American Board of Orthopedic Surgery, or the American Osteopathic Board of Orthopedic Surgery.

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in general surgery, orthopedic or plastic surgery followed by successful completion of an accredited fellowship in surgery of the hand and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to subspecialty certification in surgery of the hand by the American Board of Surgery, the American Board of Plastic Surgery, the American Board of Orthopedic Surgery, or the American Osteopathic Board of Orthopedic Surgery.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance of a sufficient volume of plastic and reconstructive surgery procedures on the hand, reflective of the scope of privileges requested, during the past 24 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.

Reappointment Requirements: To be eligible to renew core privileges in surgery of the hand, the applicant must meet the following maintenance of privilege criteria:

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Current demonstrated competence and a sufficient volume of experience of plastic and reconstructive surgery procedures on the hand, 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. Medical Staff members whose board certificates in surgery of the hand bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

CORE PRIVILEGES

ADVANCED SURGERY OF THE HAND CORE PRIVILEGES

- Requested** 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. 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.

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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 previous experience, and for maintenance of clinical competence.

USE OF LASER

Requested

Criteria:

- 1) Completion of an acceptable laser safety course provided by the UMMC Laser Safety Officer
AND
- 2) Successful completion of an approved residency in a specialty or subspecialty which included training in lasers
OR
Successful completion of a hands-on CME course which included training in laser principles and observation and hands-on experience with lasers
OR
Evidence of sufficient volume of procedures performed utilizing lasers (with acceptable outcomes) within the past 24 months
AND
- 3) Practitioner agrees to limit practice to only the specific laser types for which they have documentation of training and/or experience

Maintenance of Privilege:

A practitioner must document that procedures have been performed over the past 24 months utilizing lasers (with acceptable outcomes) in order to maintain active privileges for laser use. In addition, completion of a laser safety refresher course provided by the Laser Safety Officer is required for maintenance of the privilege. Practitioner agrees to limit practice to only the specific laser types for which they have documentation of training and/or experience.

REPLANTATION SURGERY

Requested

Criteria: Successful completion of an ACGME or AOA accredited one-year Surgery of the Hand program or an accredited one-year reconstructive microsurgery program. Applicant must qualify for and be granted privileges in surgery of the hand. ***Required Previous Experience:*** Demonstrated current competence and evidence of the performance of a sufficient volume of reconstructive microsurgery procedures in the past 24 months. ***Maintenance of Privilege:*** Demonstrated current competence and evidence of the performance of a sufficient volume of reconstructive microsurgery procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes, with a sufficient volume of these procedures involving replantation surgery. In addition, continuing education related to replantation surgery should be required.

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ADMINISTRATION OF SEDATION AND ANALGESIA

- Requested** See Hospital Policy for Procedural Sedation by Non-Anesthesiologists for additional information.

Section One--INITIAL REQUESTS ONLY:

- Completion of residency or fellowship in anesthesiology, emergency medicine or critical care **-OR-**
- Completion of residency or fellowship within the past year in a clinical subspecialty that provides training in procedural sedation training **-OR-**
- Demonstration of prior clinical privileges to perform procedural sedation along with a good-faith estimate of at least 20 such sedations performed during the previous year (the estimate should include information about each type of procedure where sedation was administered with a list of any adverse events related to the sedation during those cases, including causal analysis, treatment, and outcome:
- _____

-OR-

- Successful completion (within six months of application for privileges) of a UMHC-approved procedural sedation training and examination course that includes practical training and examination under simulation conditions.

Section Two--INITIAL AND RE-PRIVILEGING REQUESTS:

- Successful completion of the UMHC web based Procedural Sedation Course/Exam initially and at least once every two years **-AND-**

Provision of a good-faith estimate of the number of instances of each type of procedure where sedation is administered with a list of any adverse events related to the sedation during those cases, including causal analysis, treatment, and outcome:

-AND-

- ACLS, PALS and/or NRP, as appropriate to the patient population. **(Current)**

-OR-

- Maintenance of board certification or eligibility in anesthesiology, emergency medicine, pediatric emergency medicine, cardiovascular disease, advanced heart failure and transplant cardiology, clinical cardiac electrophysiology, interventional cardiology, pediatric cardiology, critical care medicine, surgical critical care, neurocritical care or pediatric critical care, as well as active clinical practice in the provision of procedural sedation.

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Section Three--PRIVILEGES FOR DEEP SEDATION:

- I am requesting privileges to administer/manage deep sedation as part of these procedural sedation privileges.

Deep Sedation/Anesthetic Agents used: _____

APPLICABLE TO REQUESTS FOR DEEP SEDATION ONLY:

I have reviewed and approve the above requested privileges based on the provider's critical care, emergency medicine or anesthesia training and/or background.

Signature of Anesthesiology Chair

Date

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CORE PROCEDURE LIST

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

- Arthroplasty of large and small joints, wrist or hand, including implants
- Arthroscopy of the hand/wrist
- Bone graft pertaining to the hand
- Decompression of upper extremity, including wrist/hand
- Fasciotomy and fasciectomy
- Open reduction, internal fixation of fracture of hand/wrist/forearm
- Joint replacement
- Microsurgery procedures excluding replantation
- Nerve graft
- Neurorrhaphy
- Open and closed reductions of fractures
- Perform history and physical exam
- Removal of soft tissue mass, bony mass upper extremity, ganglion palm or wrist, flexor sheath/ bone tumor, etc
- Repair of lacerations
- Repair of rheumatoid arthritis deformity
- Skin grafts and flaps including free flaps
- Tendon reconstruction (free graft, staged, repair)
- Tendon release, repair and fixation
- Tendon transfers
- Treatment of infections
- Closed or open treatment of carpal fracture or intra carpal injury
- Order rehab services

UNIVERSITY HOSPITAL AND HEALTH SYSTEM
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
2500 North State Street, Jackson MS 39216

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ACKNOWLEDGEMENT 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 University Hospital and Health System, University of Mississippi Medical Center, 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'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

| Privilege | Condition/Modification/Explanation |
|------------------|---|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Notes

Department Chair Signature _____ **Date** _____

Reviewed:

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Revised:

2/3/2010, 6/2/2010, 12/1/10, 10/5/2011, 11/2/2011, 12/16/2011, 4/3/2013, 8/25/2015, 9/2/2015