

Methodist LeBonheur Healthcare
Plastic and Reconstructive Surgery Clinical Privileges

Name:

To be eligible to apply for core privileges in plastic and reconstructive surgery, the applicant must meet the following qualifications:

- Current certification or active participation in the examination process leading to certification in plastic surgery by the American Board of Plastic Surgery or the American Osteopathic Board of Surgery in Plastic and Reconstructive Surgery.
- Or**
- Successful completion of an ACGME- or AOA-accredited post-graduate training program in plastic and reconstructive surgery and board certification within 5 years of program completion.

Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.

Plastic and Reconstructive Surgery Core privileges

Admit, evaluate, diagnose, provide consultation to patients of all ages, except as specifically excluded from practice, presenting with congenital and/or acquired defects of the body's musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast and trunk and external genitalia and soft tissue including the aesthetic management.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

Specific procedures commonly performed by plastic surgeons include, but are not limited to:

Reconstructive Treatment of skin and soft tissue neoplasms, diseases and trauma, including:

- Reconstruction of all forms of congenital and acquired skin and soft tissue anomalies

- Benign and malignant lesions of the skin and soft tissue
- Grafts and flaps
- Scar revisions
- Laser therapy

Reconstructive Surgery of the male and female breast, including:

- Plastic procedures of the breast (including augmentation, reduction and reconstruction and biopsy)
- Treatment of Congenital anomalies (such as Gynecomastia or Poland's)
- Mastectomy (subcutaneous and simple)

Reconstructive Surgery of the Chest and Abdomen, including:

- Chest reconstruction
- Abdominal wall and Trunk reconstruction
- Body Reconstruction following Massive Weight Loss (MWL)

Reconstructive Surgery of facial and maxillofacial congenital disorders, diseases and injuries, including:

- Facial fractures, including the mandible
- Nose deformity
- Ear deformity
- Jaw deformity
- Eyelid deformity
- Cleft lip and palate deformities
- Correction of facial paralysis
- Craniofacial surgery
- Skull base surgery
- Facial deformity and wound treatment
- Tumors of the head and neck including oral cavity
- Resection of intra oral tumors, oral cavity, palate

Surgery of the hand and extremities, including:

- Hand wounds
- Tendon injuries
- Fractures of the hand and wrist
- Carpal tunnel syndrome (endoscopic and open)
- Dupuytren's contracture
- Surgery for rheumatoid arthritis
- Congenital anomalies
- Tumors of the bones and soft tissues

Reconstructive Microsurgery

- Free tissue transfers

- Replantation and revascularization of the upper and lower extremities
- Reconstruction of peripheral nerve injury

Reconstruction of congenital and acquired defects of the trunk and genitalia

- Plastic procedures of external and internal male and female genitalia (including Vaginal reconstruction, Repair of penis deformities and Gender reassignment)
- Chest and abdominal wall reconstruction (e.g. hernia repair)
- Body Reconstruction following Massive Weight Loss (MWL)

Treatment of Burns and of Complex wounds

- Burn management and Reconstruction
- Evaluation and treatment of complex wounds

Cosmetic Plastic Surgery

- Body contouring
- Facial contouring
- Breast augmentation
- Breast lift (mastopexy)
- Rhytidectomy
- Rhinoplasty
- Injections of Botox and / or of soft-tissue filler material
- Skin Resurfacing (Chemical peels and Dermabrasion)
- Vein injection (Sclerotherapy)
- Liposuction (including fat grafting)
- Endoscopic cosmetic surgery
- Laser therapy for vascular and cutaneous lesions

Skin Surgery

- Skin Resurfacing (Chemical, Mechanical or Photoelectric (ie Laser, IPL etc)
- Hair transplantation, punch or strip

Special procedures/techniques (see Qualifications and/or specific criteria*)

The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

The applicant must provide documentation of current clinical competence in performing the procedure consistent with the criteria set forth in medical staff policies governing the exercise of specific privileges and the appended competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.

Administration of moderate sedation

See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists

[**Requires:** PALS or ACLS certification].

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Please check (✓) applicable age categories for each privilege requested.

Privilege Description	Neonates (0-28 days)	Infants (29 days– 2 years)	Children (2-12 years)	Adolescents (13-18 years)	Adults (>18 Years)
Plastic & Reconstructive Surgery Core					
Special Privileges					
N/A					

**If requesting privileges to treat patients under the age of 13, please provide age-specific documentation.*

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 Methodist Le Bonheur Healthcare, to the extent services are available at each facility, 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: _____

Case Log Requirements

In addition to the required education, experience and/or training specified on each (DOP) (Delineation of Privilege) form, documentation of current clinical competence is required. TJC (The Joint Commission) describes “current clinical competence” as having performed the privilege recently and performed it well.

This should not be confused with either FPPE (Focused Professional Practice Evaluation) or OPPE (Ongoing Professional Practice Evaluation).

- FPPE: an evaluation of clinical competence of all new privileges (as performed at Methodist Le Bonheur Healthcare) after they have been initially granted. This applies to all new applicants as well as to current members applying for new/additional privileges.
- OPPE: “periodic” (more frequent than annually) evaluation of professional practice.

Both FPPE and the current clinical competence assessment are privilege-specific. FPPE is conducted during the period after granting new privileges. Current clinical competence is assessed prior to granting privileges initially and reassessed when renewing privileges at reappointment.

Current Clinical Competence: Requirements for New Applicants

- If applying directly from training, or based on the training received in a formal training program, submit case* logs from the program authenticated by the program director along with their recommendation attesting to the comparable training, experience and qualifications relative to the criteria for the clinical privileges requested.
- If applying after training completion, submit the following:
 - Case* logs from primary practice facility for a consecutive two month time period within the previous 12 months in accordance with the standards listed below.
 - procedure list identifying the top 10 CPT/ICD9 codes for the provider’s practice during the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation.

All required case* logs and/or procedure lists must contain the following information at a minimum: Date, patient identifier, CPT/ICD9 procedure code, diagnosis, complications, and disposition, and the facility name, name of the person authenticating the log, signature, date signed, and contact information. If the information requested is not available, please provide an explanation.

*A “case” is an episode of care – either cognitive or procedural. For interpretive care, “case” is interpretation of one diagnostic study.

Current Clinical Competence: Maintenance of Privileges for Current Members

Current clinical competence must be verified to maintain special privileges. For highly procedural specialties, current clinical competence should be verified to maintain core privileges as well. Please see the guidelines for maintenance requirements in the following grid.

Privilege	Initial Application Case Logs	Maintenance (Reappointment) Case Logs
Plastic Surgery Core	<p>Case* logs from current primary practice facility for a consecutive two month time period within the previous 12 months</p> <p>Procedure list identifying the top 10 CPT/ICD9 codes for your practice within the previous 12 months and the number of procedures performed and identify the facility(ies) at which procedures were performed</p>	<p>OPPE & Case* logs documenting procedures for a consecutive two month time period within the previous 12 months</p>