

SPECIALTY OF PLASTIC & RECONSTRUCTIVE SURGERY

Delineation of Clinical Privileges

Criteria for granting privileges:

Current certification by the American Board of Plastic Surgery, or the American Osteopathic Board of Surgery for Plastic and Reconstructive Surgery.

Or

Successful completion of an ACGME, or AOA accredited post-graduate training program in Plastic 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.

Current Clinical Competence - MLH

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. Current clinical competence is described as having “performed the privilege recently and performed it well”.

Current clinical competence is assessed prior to granting privileges initially and is reassessed when renewing privileges at reappointment – for maintenance of privileges. Current Clinical Competence (CCC) may be location specific (acute hospital care/surgery center (ASC) and/or age specific (adult, pediatric, neonatal).

This should not be confused with Focused Professional Practice Evaluation (FPPE)

- FPPE: an evaluation of clinical competence of all new privileges as performed at the specific licensed MLH facility (MHMH, MHOBH) for which they have been initially granted. This applies to privileges for all new applicants as well as to new/additional privileges for current members.

Both FPPE and current clinical competence assessments are privilege-specific. FPPE is conducted during the period after granting new/additional privileges. FPPE must occur at the MLH facility(ies) where privileges/membership are held. Current clinical competence may be evaluated from case logs provided by non-MLH facilities.

Current Clinical Competence: Requirements for New Applicants

- If applying directly from training, or based on the training received in a formal training program, provider should 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 more than 1 year after training completion, submit the following:
 - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.

- Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
- Case logs (see specifications below) for any special privileges requested that meet the criteria specific for the number of procedures defined for current clinical competence.

Current Clinical Competence: Maintenance of Privileges for Current Members

- **For active staff members:** MLH source data will be aggregated to review cases and procedures performed. If this does not meet the minimum requirement for core and/or special privileges, the practitioner will be required to submit additional case logs from other facilities.
- **For courtesy staff members with low activity and for certain active staff with activity that has diminished and is now low:** Department chair recommendation should be obtained from their primary facility; and the practitioner should submit the following:
 - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Case logs (see specifications below) for any special privileges requested that meet the specific number of procedures defined for current clinical competence.

Case Logs

All required case logs and/or procedure lists must contain the following information at a minimum: Date, patient identifier, CPT/ICD procedure code, diagnosis, complications, and disposition, and the facility name, name/title 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 defined as an episode of care – either cognitive or procedural. For interpretive care, “case” is interpretation of one diagnostic study.

Ongoing Professional Performance Evaluation (OPPE)

OPPE is evaluated periodically (more frequently than annually) in the facility where membership/privileges are held.

To assure OPPE requirements are satisfied, the practitioner must periodically exercise the privileges in the MLH facility(ies) where he/she has membership. OPPE must occur regularly on patient encounters in the MLH facility(ies) where privileges/membership are held.

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
Plastic & Reconstructive Surgery Core	<p>Current certification by the American Board of Plastic Surgery, or the American Osteopathic Board of Surgery for Plastic Surgery.</p> <p>Or</p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in general surgery and board certification within 5 years of completion.</p>	<p>Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p>	First 5 cases	<p>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months.</p> <p>Document 5 cases using laser.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p>

Plastic & Reconstructive Surgery Core Privilege:

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: 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.

Administration of moderate sedation: See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists.
Requires: Separate DOP, ACLS, NRP or PALS certification

Plastic & Reconstructive Surgery Clinical Privileges

Check below the particular privileges desired in Plastic & Reconstructive Surgery for each facility:

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

Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities				Methodist Healthcare – Olive Branch Hospital (MHOBH)
	Neonates (0-28 days)	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13-& Above)	Adults & Adolescents (13-& Above)
Plastic & Reconstructive Surgery Core					
Limitations	Clinical privileges are granted only to the extent privileges are available at each facility.				
Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.					

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 the facilities indicated above, to the extent services are available at each facility, and I understand that:

(a) in exercising any clinical privileges granted, I am constrained by facility 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

Physician's Signature

Date

Printed Name