

## **SPECIALTY OF ORTHOPEDIC SURGERY**

### **Delineation of Clinical Privileges**

#### **Criteria for granting privileges:**

Current certification in Orthopedics by the American Board of Orthopedic Surgery or the American Osteopathic Board of Orthopedic Surgery.

**Or**

Successful completion of an ACGME or AOA, accredited post-graduate training program in Orthopedic Surgery and board certification within 5 years of program completion.

**Or**

Current certification in Orthopedic Surgery by the American Board of Orthopedic Surgery or the American Osteopathic Board of Orthopedic Surgery and successful completion of an ACGME or AOA, accredited post-graduate training program in Pediatric Orthopedic Surgery.

**Or**

Successful completion of an ACGME or AOA, accredited post-graduate training programs in Orthopedic Surgery and Pediatric Orthopedic Surgery and board certification within 5 years of program completion.

**Or**

If Pediatric Orthopedic Surgery training was obtained informally, documentation of adequate experience.

**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
<b>Orthopedic Surgery Core</b>	Current certification by the American Board of Orthopedic Surgery or The American Osteopathic Board of Orthopedic Surgery. <b>Or</b> Successful completion of an ACGME or AOA accredited post-graduate training program in Orthopedic Surgery and board certification within 5 years of completion.	Aggregate data from primary practice facility for the previous 12 month time period identifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.  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.	First 5 cases	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.  Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.  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.  Any complications/poor outcomes should be delineated and accompanied by an explanation.  Department chair recommendation will be obtained from primary practice facility.
<i>Percutaneous Vertebroplasty Or Balloon Kyphoplasty</i>	Successful completion of an ACGME- or AOA- accredited residency program in orthopedic surgery, followed by a fellowship in spine surgery, and completion of an accredited course in kyphoplasty with a minimum of 7 hours CME, which includes didactic and laboratory training.	Case log documenting the performance of at least 4 procedures in the previous 12 months	First 3 cases	Case log documenting the performance of at least 8 procedures in the previous 24 months
<i>Autologous Chondrocyte Implantation</i>	Successful completion of an ACGME- or AOA- accredited residency training program in orthopedic surgery as well as a fellowship program in sports medicine or arthroscopy. In addition the applicant must have completed a Genzyme advanced course in ACI that included proctored cases.	Case log documenting the performance of at least 2 procedures in the previous 12 months	First 2 cases	Case log documenting the performance of at least 2 procedures in the previous 24 months
<i>Stabilization Device Surgery for the Spine</i>	Successful completion of a formal post-graduate education training program in which the applicant received training in spine surgery,	Case log documenting the performance of at least 10 procedures under proctor	First 5 cases	Case log documenting the performance of at least 10 procedures within the previous 24 months

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	and documented by the training director.	(evaluation included)		
<i>Microvascular Surgery</i>	Successful completion of a formal post-graduate education training program in which the applicant received training in microvascular surgery, and documented by the training director, which would meet the proctoring criteria. <b>Or</b> Successful completion of an accredited course in complex hand surgery procedures, which includes didactic and laboratory training. Course should provide 50 category 1 CME hours.	Case log documenting the performance of at least 15 procedures under proctor (evaluation included)	First 5 cases	Case log documenting the performance of at least 5 procedures in the previous 24 months
<i>Endoscopic carpal tunnel decompression</i>	Successful completion of an accredited course in endoscopic carpal tunnel decompression procedures, which includes didactic and laboratory training. Course should provide 8 Category 1 CME hours.	Case log documenting the performance of at least 5 procedures in the previous 12 months	First 5 cases	Case log documenting the performance of at least 5 procedures in the previous 24 months
<i>Intradiscal Injections</i>	Successful completion of an accredited course in intradiscal injection procedures, which includes didactic and laboratory training. Fifty procedures performed should be documented. Proctor should complete an evaluation confirming supervision, and evaluation of skills.	Case log documenting the performance of at least 10 procedures in the previous 12 months	First 5 cases	Case log documenting the performance of at least 10 procedures in the previous 24 months
<i>Pharmacologic Blocks and Therapy</i>	Successful completion of an accredited course in the procedures, which includes didactic and laboratory training. Fifty procedures performed should be documented. Proctor should complete an evaluation confirming supervision, and evaluation of skills	Case log documenting the performance of at least 6 procedures in the previous 12 months	First 5 cases	Case log documenting the performance of at least 10 procedures in the previous 24 months
<i>Vascular Grafts of the Hand And forearm</i>	Successful completion of a formal post-graduate education training program in which the applicant received training in vascular grafts, and documented by the training director, which would meet the proctoring criteria.] <b>Or</b> Successful completion of an accredited course in vascular graft procedures, which includes didactic and laboratory training. Course should provide 50 Category 1 CME hours. Proctor should complete an evaluation confirming	Case log documenting the performance of at least 5 procedures under proctor (evaluation included)	First 5 cases	Case log documenting the performance of at least 5 procedures within the previous 24 months

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
	supervision, and evaluation of skills.			
<i>Spinal Instrumentation Adult to include scoliosis surgery in adults</i>	Successful completion of an ACGME- or AOA-accredited fellowship training program in spinal instrumentation, which include trauma and reconstruction of the spine. Proctor should complete an evaluation confirming supervision, and evaluation of skills.	Case log documenting the performance of at least 5 procedures within the previous 24 months  <b>OR</b> Five (5) successfully proctored cases as evidenced by proctor evaluation forms	First 5 cases	Case log documenting the performance of at least 5 procedures within the previous 24 months
<b>Orthopedic Surgery Pediatric Core</b>	Current certification by the American Board of Orthopedic Surgery or The American Osteopathic Board of Orthopedic Surgery. <b>Or</b> Successful completion of an ACGME or AOA accredited post-graduate training program in Orthopedic Surgery and board certification within 5 years of completion.	Aggregate data from primary practice facility for the previous 12 month time period identifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.  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.	First 5 cases	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.  Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.  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.  Any complications/poor outcomes should be delineated and accompanied by an explanation.  Department chair recommendation will be obtained from primary practice facility.
<i>Scoliosis Surgery Pediatric</i>	Successful completion of an ACGME- or AOA-accredited residency or fellowship training program in pediatric orthopedic surgery, or if training was obtained informally, documentation of experience and case log should be included with documentation.	Case log documenting the performance of at least 10 procedures within the previous 24 months	First 5 cases	Case log documenting the performance of at least 10 procedures within the previous 24 months

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
<b>Robotic Surgery</b>	<p>Applicants whose formal surgical training included robotic surgery: Training director letter validating competence in robotic surgery</p> <p>OR</p> <p>Applicants without formal surgical training in robotic surgery: Training Certificate validating completion of a robotic surgery training course which included didactic and laboratory training</p>	<p>Applicants whose formal surgical training included robotic surgery: Case log from training reflecting applicant was primary surgeon OR If training logs are not available, privilege will be initially granted with a limit requiring five successful cases evidenced by retrospective review.</p> <p>OR</p> <p>Applicants without formal surgical training in robotic surgery: Privilege initially granted with a limit requiring concurrent proctoring of five successfully completed cases.</p>	First 5 cases	Case log documenting the performance of at least 10 procedures over the previous 24 months

**Orthopedic Surgery Core Privilege:**

Admit, evaluate, diagnose, provide consultation and care to patients above the age of 2 years, except as specifically excluded from practice, 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.

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

The core privileges in this specialty include the procedures on the attached list and such other procedures that are extensions of the same techniques and skills.

**General Orthopedic Clinical Care**

- Major Trauma treatment
- Malignant ortho tumor treatment
- Treatment of osteomyelitis
- Treatment of orthopedic conditions

**Diagnostic Orthopedic Procedures**

- Joint aspiration
- Needle biopsy
- Arthroscopy
- Electromyography
- Discography
- Myclography

**Therapeutic Orthopedic Procedures**

- Repair of lacerations
- Remove foreign body
- Closed fractures-set and cast
- Manipulation of joints
- Injection of joints
- Drain infection
- Amputation of extremities
- Open fractures - treatment of
- Tendon repair
- Tendon transplant
- Peripheral nerve repair
- Skin grafting
- Hemipelvectomy

- Scapulothoracic amputation
- Laminectomy
- Spinal fusion
- Reconstructive surgery
- Hand reconstruction
- Vertebrectomies
- Anterior spinal fusion
- Limb salvage procedures
- Allograft procedures
- Total joint replacement-shoulder
- Total joint replacement-elbow
- Total joint replacement-wrist
- Total joint replacement-hand
- Total joint replacement-hip
- Total joint replacement-knee
- Total joint replacement-ankle
- Total joint replacement-foot
- Other arthroplasty
- Arthrodesis

**General Community Pediatric Orthopedic Care**

- Closed and Open Fractures
- Bone and Joint Infections
- Multiple Trauma
- Neoplasms
- Congenital Anomalies
- Myelomeningocele
- Metabolic Bone Disorders
- Rheumatologic Disorders
- Osteochondrosis

**Orthopedic Surgery Pediatric Core Privilege:** Admit, evaluate, diagnose, consult and medical and surgical care of children including neonates with disorders, diseases and injuries of the extremities, pelvis, shoulder, girdle, and spine. Privileges include but are not limited to treatment of fractures, dislocations, arthritis, and other diseases of joints; infections, tumors, tumor-like lesions, and metabolic diseases of the bone, joint, tendon, tendon sheath, fascia, bursa and nerves; congenital, traumatic, infectious, postural, developmental, neurogenic and metabolic deformities and diseases including: reconstructive surgery in children to correct traumatic, postural, congenital, neurogenic, arthritic, and idiopathic deformity or diseases of the extremities, spine or pelvis; operative and non-operative treatment of abrasions, contusions,



hematomas and lacerations (both superficial and deep) anywhere about the body. This would also include the administration of local or regional anesthesia when necessary.

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

Diagnostic/therapeutic modalities & procedures permitted are:

- Closed and Open Fractures
- Bone and Joint Infections
- Multiple Trauma
- Neoplasms
- Congenital Anomalies
- Limb length inequality-Pediatric
- Myelomeningocele
- Metabolic Bone Disorders
- Rheumatologic Disorders
- Osteochondrosis.
- Specialized Cerebral Palsy procedures-Pediatric

**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

## Orthopedic Surgery Clinical Privileges

Check below the particular privileges desired in Orthopedic 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)
Orthopedic Surgery Core			Included & Limited to General Community Pediatrics		
Orthopedic Surgery Pediatric Core					
<b>Special Privileges</b>					
Percutaneous vertebroplasty or balloon kyphoplasty					
Autologous chondrocyte implantation					
Endoscopic carpal tunnel decompression					
Stabilization device surgery for spine					
Microvascular surgery					
Spinal Instrumentation-Trauma & Reconstruction-Adult- includes scoliosis surgery in adults					
Intradiscal injection of substances, including Chymopapain, for diagnostic purposes, pain, and confirm neurological syndromes					
Pharmacologic blocks and therapy					
Vascular grafts of the hands and forearm					
Robotic Surgery					
Scoliosis surgery-Pediatric					

<b>Limitations</b>	<b>Clinical privileges are granted only to the extent privileges are available at each facility.</b>
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