
General Information

All applicants must meet the qualifications, conditions and responsibilities as set forth in MLH Credentials Policies. Policies are located on www.methodistmd.org

Applicants seeking appointment, reappointment, and/or clinical privileges have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current clinical competence, character, ethics, and other qualifications and for resolving any doubts about an individual's qualifications.

Other requirements:

- Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid for initial granting and reappointment of privileges.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- Privileges granted may be exercised only at the Hospitals that offer the service/specialty, have sufficient space, equipment, staffing, and other resources required to support the privilege.
- Requests for clinical privileges that are subject to an exclusive contract will not be processed except as consistent with the contract.

Evaluating Current Clinical Competence at time of Reappointment:

MLH Data will be obtained and analyzed as available from EMR reporting systems or Health Information Management.

If minimal activity/low volume, then the applicant should supply case logs from other facilities' HIM department or practice billing systems to meet the minimum requirement(s) to be considered for the privilege. Source of the logs must be denoted.

The preferable format for external case logs is Excel or PDF from the sourced system. Handwritten case logs are generally not accepted.

Case logs should include a blinded or partial patient number for case distinction, date of service, type of service (inpatient or outpatient), location of service, diagnostic code and/or procedure codes, and performing provider where applicable.

| Privilege | Initial Application Required Education and/or Training | Initial Application Current Clinical Competence (CCC) | Reappointment Retrospective review of cases performed at MLH facility (FPPE) |
|---|--|--|---|
| Orthopedic Surgery Core | Current certification 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 completion. | Case log/procedure list from primary practice facility for the previous 12 month time period. Any complications/poor outcomes should be delineated and accompanied by an explanation. . | FPPE: First 5 cases |
| <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 | FPPE: 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 | FPPE: 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, and documented by the training director. | Case log documenting the performance of at least 10 procedures under proctor (evaluation included) | FPPE: First 5 cases Case log documenting the performance of at least 10 procedures within the previous 24 months |
| <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. OR 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) | FPPE: 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 | FPPE: First 5 cases Case log documenting the performance of at least 5 procedures in the previous 24 months |

| Privilege | Initial Application Required Education and/or Training | Initial Application Current Clinical Competence (CCC) | Reappointment Retrospective review of cases performed at MLH facility (FPPE) |
|--|---|--|--|
| <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 | FPPE: 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 | FPPE: 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.] OR 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 supervision, and evaluation of skills. | Case log documenting the performance of at least 5 procedures under proctor (evaluation included) | FPPE: First 5 cases Case log documenting the performance of at least 5 procedures within the previous 24 months |
| <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 includes 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 OR Five (5) successfully proctored cases as evidenced by proctor evaluation forms | FPPE: First 5 cases Case log documenting the performance of at least 5 procedures within the previous 24 months |
| <i>Mazor X</i> | Maintain Spinal Instrumentation Privileges And Successful completion of approved Medtronic didactic and laboratory Mazor X training course. | Training Certificate validating completion of a Medtronic Mazor X training course. | FPPE: First 5 cases Case log documenting the performance of at least 5 procedures within the previous 24 months |
| Orthopedic Surgery Pediatric Core | Current certification 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 completion. | Case log/procedure list from primary practice facility for the previous 12 month time period. Any complications/poor outcomes should be delineated and accompanied by an explanation. . | FPPE: First 5 cases |

| Privilege | Initial Application Required Education and/or Training | Initial Application Current Clinical Competence (CCC) | Reappointment Retrospective review of cases performed at MLH facility (FPPE) |
|------------------------------------|--|---|---|
| <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 | FPPE: First 5 cases Case log documenting the performance of at least 10 procedures within the previous 24 months |
| <i>Robotic Surgery</i> | If formal surgical training included robotic surgery: Training director letter validating competence in robotic surgery OR If formal surgical training did not include robotic surgery: Training Certificate validating completion of a robotic surgery training course which included didactic and laboratory training | If 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. OR If formal surgical training did not include robotic surgery: Privilege initially granted with a limit requiring concurrent proctoring of five successfully completed cases. | FPPE: First 5 cases Case log documenting the performance of at least 10 procedures over the previous 24 months |

Core Privileges

Orthopedic Surgery

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 Myelography

Wound Care

- Debridement: skin (partial, full), subcutaneous, muscle, bone
- I&D, Abscess, Simple & Complex
- Biopsy and/or excision of soft tissue masses
- Biopsy or treatment of bony neoplasms

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
- Vertebrectomy
- 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

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 Privileges

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

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) |
|---|--|-------------------------|----------------------------------|--|--|
| | Age Limitations | Neonates (0-28 days) | Infants (29 days– 2 Years) | Children & Adolescents (2-18 years) | Adults & Adolescents (13 & Above) |
| Orthopedic Surgery Core | | | | Included & Limited to General Community Pediatrics | |
| Orthopedic Surgery Pediatric Core | | | | | |
| Special Privileges | | | | | |
| Percutaneous vertebroplasty or balloon kyphoplasty | | | | | |
| Autologous chondrocyte implantation | | | | | |
| Endoscopic carpal tunnel decompression | | | | | |
| Stabilization device surgery for spine | | | | | |
| Mazor X Navigation/Stabilization | | | | | |
| 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 | | | | | |
| 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