MILLARD FILLMORE SURGERY CENTER, LLC

Name ____

Date DELINEATION OF PRIVILEGES - ORTHOPAEDIC SURGERY

Credentialing period effective for 2 years

LEVEL I (CORE) PRIVILEGES					
Physicians must have satisfactorily completed an ACGME		LEVEL I	(CORE) PR	IVILEGES	
approved Orthopaedic Surgery Residency Program.		(CON'T)	(= = = = = = = = = = = = = = = = = = =		
SKIN - COVERAGE - WOUND CARE		Osteotomy			
Suturing: Excision, Re-arrangement, Split Thickness Skin C	Braft,		npression/trans	nosition	
Full Thickness Skin Graft			debridement, e		
Basic incision, excision, aspiration, biopsy including obtaini	ng	Artifiotolity,		HUMERUS	
of bone graft	-	Tan dan Dan		HUMEKUS	
Cast application		Tendon Rep Tendon Rec			
Excision ganglion					
Bracing		Tendon Tra			
Removal hardware		Tendon Release			
Z-plasty		Bone Non-union treatment			
Skin Amputation of digit		Bone Other osteotomy, recontruction, etc.			
FRACTURES AND DISLOCATIONS		SHOULDER			
(open and closed treatment of open and closed injuries	of open and closed injuries) Arthroplastics				
UPPER EXTREMITY	/			epair/ reconstru	uction
Scapula		Capsular Contracture release			
Clavicle		Osteotomy			
Shoulder		Arthrotomy, debridement, arthrotomy-based procedures			1
Humerus			SCAP	ULA/CLAVIC	LE
Elbow		Osteotmy			
Forearm		Non-union			
Wrist		Resection arthroplasties			
Hand		KNEE			
LOWER EXTREMITY					y, debridement, etc.)
				ther soft tissue	procedures
Pelvis - simple		Lateral Release of Contracture			
Knee		Arthroscopic procedures			
Leg (tibia and fibula) Ankle				ANKLE	
		Arthrotomy	based procedur	es	
Hind, mid and forefoot		Arthroplasty			
NON-FRACTURE/DISLOCATION		Arthrodesis			
HAND		Tendon, capsule, bursal, miscellaneous soft tissue			
Flexor Tendon Repair	Lendon Repair Distal tibial osteotomy				
Release Trigger Finger		Malleolar, fibula osteotomy			
Dupuytren's contracture		FOOT			
Extensor Tendon repairs		Arthrotomy-based procedures (debridement, excisional, arthroplasty)			
Carpal tunnel release		Other arthro	plasties		· · · · · · · · · · · · · · · · · · ·
FOREARM		Arthodesis	*		
Tendon Repair		Osteotomy			
Tendon Reconstruction		Bunion/bony prominence excisions			
Tendon Transfer		ORTHOPAEDIC ONCOLOGY			
Tendon Release		Primary musculoskeletal lesions- known benign			
Bone Non-union treatment		Small and structurally non-problematic, similar to fracture			
Nerve decompression/transposition				considerations f	
ELBOW			story and Physic		0 -
Tendon Repair, reconstruction					scribe, Use and
Tendon repair, reconstruction		Interpret			
		Ad	ministration of	local anesthesia	a
					With Following
LEVEL I (CORE)PRIVILEGES PHY		SICIAN		Not	Requirements**
		QUEST	Granted	Granted*	(Provide Details)

LEVEL II PRIVILEGES May require documentation of training and experience. New applicants to staff may be required to provide up to five years listing of most recent operative experience.	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements** (Provide Details)
Arthroscopic/Arthoscopic-assisted fracture treatments				
Glenoid				
Humeral Head				
Elbow				
Wrist				
Knee				
Ankle				
HAND				
Arthroplasties - wrist, MP joints, IP joints: simple, other				
Tendon repair: flexor				
Reconstruction including:				
Tenolysis				
Transfers				
Release: simple				
Release: other				
Arthrodesis:				
Wrist				
Major joints				
IP joints				
Release/specialized treatment: Dupuytren treatment				
Arthoscopic procedures				
Excisions				
Releases				
Assisted fracture fixations				
ELBOW				
Arthroplasties				
Arthroscopic elbow procedures				

KEY * <u>NOT GRANTED DUE TO</u> : Provide Details Below	** <u>WITH FOLLOWING</u> <u>REQUIREMENTS</u> Provide Details Below			
1) Lack of Documentation	1) With Consultation			
2) Lack of Required Training/Experience	2) With Assistance			
3) Lack of Current Competence (Databank Reportable)	3) With Proctoring			
4) Other (Please Define) (i.e., Exclusive Contract)	4) Other (Please Define)			

DETAILS:_____

National Practitioner Databank Disclaimer Statement

Kaleida Health must report to the National Practitioner Data Bank when any clinical privileges are not granted for reasons related to professional competence or conduct. (Pursuant to the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11101 et seq.)

Signature of Applicant

Date

Signature of Clinical Chief

Date

APPLICANT: PLEASE RETAIN A COPY OF THIS SIGNED DELINEATION FOR YOUR RECORDS

(ASC-ORTHO Revised-07/14)