DETROIT MEDICAL CENTER

DEPARTMENT OF OPHTHALMOLOGY
DELINEATION OF ADULT AND PEDIATRIC PRIVILEGES

Applicant Name: _____

PLEASE PRINT

QUALIFICATIONS:

Certification: Current certification or active participation in the examination process leading to certification in ophthalmology by the American Board of Ophthalmology or the American Osteopathic Board of Ophthalmology **within three years** of completion of training (also includes fellowship training).

Effective 9.1.2009, all new applicants to the DMC will be required to be board certified or in the active certification process in their practice specialty. See Board Certification addendum for complete requirements.

Required Previous Experience: Applicants requesting surgical privileges must provide documentation (surgical logs) of **all** ophthalmologic surgical procedures in the past **24** months. Competence should be documented by evaluation by the Department Chief of each hospital at which surgery was performed or clinical care delivered. The Specialist-in-Chief, Ophthalmology, reserves the right to modify, make conditional or not approve any requested privileges based upon the applicant's evaluation, training and/or experience.

Pediatric Ophthalmology: The applicant must provide documentation of **all** pediatric ophthalmologic surgical procedures in the past **36** months. Privileges will be delineated utilizing training, certification, and documented experience.

Special Procedures: See criteria listed in special procedures list.

Observation/Proctoring Requirements: Monitoring as defined through departmental quality assessment and improvement program.

Use of Laser: Completion of an accredited laser training program documenting laser care, physics and clinical indications for utilization of the specific laser therapy; or documentation from the chief of an accredited residency or fellowship training program attesting to the training in specific laser therapy. See special requirements for use of Excimer Laser.

Reappointment Requirements: For reappointment, documentation of activity must be submitted by the applicant. The applicant must demonstrate competence and an adequate volume of current experience with acceptable results in the privileges requested for the past 24 months as a result of quality assessment and improvement activities and outcomes. Applicants requesting surgical privileges must provide documentation (surgical logs) **all** ophthalmologic surgical procedures in the past 24 months. Competence should be documented by evaluations by the Department Chief of each hospital in which surgery was done or clinical care delivered. The Specialist-in-Chief, Ophthalmology, reserves the right to modify, make conditional or not approve any requested privileges based upon the applicant's evaluation, training and/or experience.

Reappointment to the Active category requires documentation of the provision of clinical care (10 or more patient contacts) at DMC hospitals, DMC outpatient surgical suites or DMC affiliates, including surgery, consultation or inpatient admission during the preceding 24 months through ongoing professional performance evaluation by the Department Chief of the applicant's primary DMC hospital.

DEPARTMENT OF OPHTHALMOLOGY DELINEATION OF PRIVILEGES

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Affiliate members must document the provision of clinical care (at least one, but **less than;** 10 surgeries, consultations or admission of patients) in a DMC hospital, DMC outpatient surgical suite, or DMC affiliates) during the preceding 24 months. Documentation of teaching of DMC/WSU Ophthalmology residents in a facility either owned or affiliated with the DMC (Sinai-Grace Ophthalmology Clinics or the Kresge Eye Institute) fulfills the requirements for Affiliate status regardless of other clinical activity in the DMC. An ongoing professional performance evaluation from the Chief of Service of the applicant's primary DMC hospital is required.

Those practitioners that do not meet minimum eligibility requirements to hold clinical privileges and/or have insufficient hospital inpatient or outpatient volume to provide for an ongoing professional practice evaluation and/or have an office-based (ambulatory) practice only, but wish to maintain a DMC affiliation, may request Membership Only with No Clinical Privileges.

PRIVILEGES REQUESTED:

(R)=Requested (A)=Recommended as Requested (C)= Recommend with Conditions (N)=Not Recommended

Dept.Chief Note: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason for same must be stated below, and discussed with the applicant.

Applicant: Place a check mark in the (R) column for each privilege requested.

(R)	(A)	(C)	(N)	
☐	☐	☐	☐	**MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES** Do not complete remainder of the form, sign on page 6.

(R)	(A)	(C)	(N)	
☐	☐	☐	☐	**OPHTHALMOLOGY CORE PRIVILEGES** Admission, work up, diagnosis, consultation, ordering of diagnostic studies and procedures on patients (age 16 and over) presenting with acute, subacute, and chronic ophthalmic problems, injuries and disorders of the eye, visual pathways, eyelids, orbit and ocular adnexae. **Core privileges must be requested in order to request surgical privileges.**
☐	☐	☐	☐	**Performance of surgical procedures**. For detailed list of core surgical procedures, e.g., anterior segment, corneal, retinal, lacrimal, eyelid, orbital, neuro-ophthalmic, see page 9.
☐	☐	☐	☐	**Pediatric Ophthalmology** (patients **under** age of 16), including all core privileges listed above. See detailed list of procedures on **page 10**.

These privileges do not include any of the following Special Procedures.

DEPARTMENT OF OPHTHALMOLOGY DELINEATION OF PRIVILEGES

Applicant Name _____

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OPHTHAMOLOGY SPECIAL PROCEDURES (See Qualifications/Specific Criteria)
Requests for special procedures must be supported by proof of competency either from fellowship training, certificate of completion of specialized training courses, or by providing evidence that these procedures have been routinely performed during the previous two years (surgical logs from the preceeding 24 months) that documents the performance of the procedure(s) and an evaluation by the Department Chief(s) of the hospital(s) that document satisfactory performance of the procedure(s), or by special qualifications provided by the applicant.

(R)	(A)	(C)	(N)	**CORNEAL SURGERY**
☐	☐	☐	☐	Penetrating keratoplasty
☐	☐	☐	☐	Lamellar keratoplasty
☐	☐	☐	☐	Keratoprostheses
☐	☐	☐	☐	Large diameter (9mm) scleral-corneal grafts

KERATOREFRACTIVE SURGERY
Requires documentation of successful completion of course(s) with didactic and wet lab training **within** the previous 24 months. If course was more than 24 months prior, documentation of performance of **5** cases within the previous 12 months.

(R)	(A)	(C)	(N)	
☐	☐	☐	☐	Radial and/or astigmatic keratotomy
☐	☐	☐	☐	Excimer Laser PRK
☐	☐	☐	☐	Excimer Lasik

RETINAL SURGERY

☐	☐	☐	☐	Scleral buckle
☐	☐	☐	☐	Cryotherapy, retinal tears or detachment
☐	☐	☐	☐	Panretinal cryotherapy
☐	☐	☐	☐	Vitreous Biopsy
☐	☐	☐	☐	Posterior Vitrectomy
☐	☐	☐	☐	Pars Plana Lensectomy
☐	☐	☐	☐	Removal of foreign body involving Vitreous or Retina
☐	☐	☐	☐	Endolaser
☐	☐	☐	☐	Ganciclovir or other therapeutic vitreous implant
☐	☐	☐	☐	Iridocyclectomy
☐	☐	☐	☐	Eye Wall Resection
☐	☐	☐	☐	Placement of External Radiotherapeutic Source

LACRIMAL SURGERY

☐	☐	☐	☐	Canalicular reconstruction
☐	☐	☐	☐	Insertion of Jones Tube
☐	☐	☐	☐	Dacryocystorhinostomy
☐	☐	☐	☐	Excision of lacrimal sac mass

DEPARTMENT OF OPHTHALMOLOGY DELINEATION OF PRIVILEGES

Applicant Name _____

PLEASE PRINT

OPHTHAMOLOGY SPECIAL PROCEDURES - Continued

(R)	(A)	(C)	(N)	
				GLAUCOMA
☐	☐	☐	☐	Filtration surgery utilizing seton
☐	☐	☐	☐	Cyclocryotherapy
				EYELID SURGERY
☐	☐	☐	☐	Blepharoplasty
☐	☐	☐	☐	Adnexal grafting procedures
☐	☐	☐	☐	Adnexal free flaps
☐	☐	☐	☐	Adnexal skin muscle flaps
☐	☐	☐	☐	Brow lifts
☐	☐	☐	☐	Cryotherapy, lid lesions
☐	☐	☐	☐	Electrocautery
				ORBITAL SURGERY
☐	☐	☐	☐	Orbital reconstruction/fracture repair
☐	☐	☐	☐	Orbitotomy
☐	☐	☐	☐	Socket reconstruction
☐	☐	☐	☐	Mucous membrane grafting
☐	☐	☐	☐	Exenteration
☐	☐	☐	☐	Orbital implantation
☐	☐	☐	☐	Dermis fat graft
☐	☐	☐	☐	Hydroxyapatite/Medpor implant
				NEURO-OPHTHALMIC SURGERY
☐	☐	☐	☐	Optic nerve sheath decompression
☐	☐	☐	☐	Extracranial optic canal decompression
☐	☐	☐	☐	Orbital arterial bypass
☐	☐	☐	☐	Theco-orbital shunting
				LASER SURGERY
☐	☐	☐	☐	Anterior Segment Argon Laser
☐	☐	☐	☐	Corneal Argon Laser
☐	☐	☐	☐	Panretinal photocoagulation
☐	☐	☐	☐	Focal treatment of macular edema
☐	☐	☐	☐	Treatment of retinal tears
☐	☐	☐	☐	Treatment of retinal detachment
☐	☐	☐	☐	Treatment of subretinal neovascularization
☐	☐	☐	☐	Orbital lacrimal Holmium
☐	☐	☐	☐	Skin resurfacing (CO2)
☐	☐	☐	☐	Skin resurfacing (erbium)

DEPARTMENT OF OPHTHALMOLOGY DELINEATION OF PRIVILEGES

Applicant Name _____

PLEASE PRINT

OPHTHAMOLOGY SPECIAL PROCEDURES - Continued

(R)	(A)	(C)	(N)	**STRABISMUS**
☐	☐	☐	☐	Vertical muscle surgery
☐	☐	☐	☐	Adjustable sutures
☐	☐	☐	☐	Oblique muscle surgery
☐	☐	☐	☐	Transposition of ocular muscles

PEDIATRIC SPECIAL PROCEDURES REQUESTED? ☐ **Yes** ☐ **No**
(See Qualifications and Specific Criteria)

(R)	(A)	(C)	(N)	**CORNEAL SURGERY**
☐	☐	☐	☐	Penetrating keratoplasty
☐	☐	☐	☐	Lamellar keratoplasty
☐	☐	☐	☐	Keratoprostheses
☐	☐	☐	☐	Large diameter scleral-corneal grafts
				RETINAL SURGERY
☐	☐	☐	☐	Scleral buckle
☐	☐	☐	☐	Posterior Vitrectomy
☐	☐	☐	☐	Pars Plana lensectomy
☐	☐	☐	☐	Removal of foreign body involving vitreous or retina
☐	☐	☐	☐	Endolaser (see Laser, page 1)
☐	☐	☐	☐	Iridocyclectomy
☐	☐	☐	☐	Eye Wall Resection
☐	☐	☐	☐	Placement of External Radiotherapeutic Source
				LACRIMAL SURGERY
☐	☐	☐	☐	Canalicular reconstruction
☐	☐	☐	☐	Conjunctivodacryocystorhinostomy
☐	☐	☐	☐	Insertion of Jones Tube
☐	☐	☐	☐	Canaliculorhinostomy
☐	☐	☐	☐	Dacryocystorhinostomy
☐	☐	☐	☐	Dacryocystectomy
				EYELID SURGERY
☐	☐	☐	☐	Adnexal grafting procedures
☐	☐	☐	☐	Adnexal free flaps
☐	☐	☐	☐	Adnexal skin muscle flaps

DEPARTMENT OF OPHTHALMOLOGY DELINEATION OF PRIVILEGES

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PEDIATRIC SPECIAL PROCEDURES – Continued

(R)	(A)	(C)	(N)	
				ORBITAL SURGERY
☐	☐	☐	☐	Orbital reconstruction/fracture repair
☐	☐	☐	☐	Orbitotomy
☐	☐	☐	☐	Socket reconstruction
☐	☐	☐	☐	Mucous membrane grafting
☐	☐	☐	☐	Excision/biopsy of masses
☐	☐	☐	☐	Exenteration
☐	☐	☐	☐	Orbital implantation
☐	☐	☐	☐	Evisceration
				STRABISMUS SURGERY
☐	☐	☐	☐	Horizontal rectus muscle
☐	☐	☐	☐	Vertical rectus muscle
☐	☐	☐	☐	Inferior oblique muscle
☐	☐	☐	☐	Superior oblique muscle
				GLAUCOMA
☐	☐	☐	☐	Goniotomy
☐	☐	☐	☐	Filtering procedure
☐	☐	☐	☐	Seton procedure
☐	☐	☐	☐	Antimetabolite therapy
				NEURO-OPHTHALMIC SURGERY
☐	☐	☐	☐	Optic nerve sheath decompression
☐	☐	☐	☐	Extracranial optic canal decompression
☐	☐	☐	☐	Orbital arterial bypass
☐	☐	☐	☐	Theco-orbital shunting
				LASER SURGERY (see Laser, page 1**)**
☐	☐	☐	☐	Anterior Segment Argon Laser
☐	☐	☐	☐	Anterior Segment YAG Laser
☐	☐	☐	☐	Panretinal photocoagulation
☐	☐	☐	☐	Focal treatment of macular edema
☐	☐	☐	☐	Treatment of retinal tears
☐	☐	☐	☐	Orbital lacrimal Holmium
☐	☐	☐	☐	Orbital CO2 Laser
☐	☐	☐	☐	Corneal Argon Laser
☐	☐	☐	☐	Treatment of subretinal neovascularization
☐	☐	☐	☐	Treatment of retinopathy of prematurity (ROP)

DEPARTMENT OF OPHTHALMOLOGY DELINEATION OF PRIVILEGES

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☐ ☐ ☐ ☐ **CORE PRIVILEGES IN MODERATE SEDATION**

This category requires knowledge of the DMC Moderate Sedation Tier 1 Policy (and Tier 3 Children's Hospital policy for Pediatrics), acknowledgement to observe the policies and complete the Net Learning Modules on Moderate Sedation. My initials attest that I will comply with the policy and have completed the module.

_____
Initials

Acknowledgment of Practitioner

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges.

_____ _____
Signature, Applicant Date

Pediatric Chief Recommendation (if applicable)

☐ Recommend as requested. ☐ Do not recommend.

☐ Recommend with conditions/modifications as listed.

_____ _____
Pediatric Chief, Signature Date

Children's Hospital Medical Staff Operations Committee Recommendation (if applicable)

☐ Recommend as requested. ☐ Do not recommend.

☐ Recommend with conditions/modifications as listed.

_____ _____
Chair, CHM MSOC Signature Date

Department Chief Recommendations

☐ Recommend as requested. ☐ Do not recommend.

☐ Recommend with conditions/modifications as listed.

_____ _____
Departmental Chief Signature Date

DEPARTMENT OF OPHTHALMOLOGY DELINEATION OF PRIVILEGES

Applicant Name _____

PLEASE PRINT

_____

Specialist-in-Chief Recommendations

☐ Recommend as requested.

☐ Recommend with conditions/modifications as listed.

☐ Do not recommend.

_____ _____

Specialist-in-Chief (or designee), Signature Date

Joint Conference Committee Approval: _____

Date

JCC Approved 12.22.09

DEPARTMENT OF OPHTHALMOLOGY

Addendum to Delineation of Privilege

Core Privileges in **Adult** Ophthalmological Surgery includes:

Anterior Segment Surgery Procedures
- Anterior segment reconstruction
- Intracapsular cataract surery
- Extracapsular cataract surgery
- Intraocular Lens Implant
- Pterygium Removal
- Conjunctivoplasty
- Repair of Ruptured Globe
- Anterior Vitrectomy
- Removal of anterior segment foreign body
- Phacoemulsification

Corneal Surgery Procedures
- Removal of corneal foreign body
- Corneal laceration repair
- Conjunctival transplants

Retinal Procedures
- Scleral laceration repair
- Vitreous tap and culture
- Injection of Intraocular antibiotics
- Removal of scleral foreign body
- Drain choroidal detachment

Lacrimal Procedures
- Probing and irrigation
- Silicone intubation
- Canalicular laceration repair
- Dacryocystotomy

Laser Surgery
- Anterior Segment YAG Laser

Eyelid Surgery Procedures
- Ptosis repair
- Repair of laceration
- Lid mass excision/biopsy
- Entropion Repair
- Ectropion Repair

Orbital Surgery Procedures
- Enucleation
- Evisceration
- Lacrimal gland biopsy
- Silicone ball implant

Neuro-ophthalmic Surgery Procedures
- Temporal artery biopsy

Glaucoma
- Surgical iridotomy
- Scleral bed filtration procedure with or without antimetabolite

Strabismus
- Horizontal muscle surgery, resection or recession

DEPARTMENT OF OPHTHALMOLOGY

Addendum to Core Privilege form for Pediatric Ophthalmology

Core Privileges in **Pediatric** Ophthalmological Surgery includes:

Anterior Segment Surgery Procedures

Intracapsular cataract surgery
Extracapsular cataract surgery
Conjunctivoplasty
Removal of anterior segment foreign body

Eyelid Surgery Procedures

Entropion Repair
Ptosis repair/correction
Lid mass excision/biopsy
Laceration, lid (simple/complicated)
Plastic repair and reconstruction lids
Excision drainage abscess

Corneal Surgery Procedures

Removal of corneal foreign body
Corneal laceration repair
Small cysts and non-malignant neoplasms

Retinal Procedures

Scleral laceration repair
Injection of Intravitreal antibiotics
Removal of scleral foreign body

Lacrimal Procedures

Probing and irrigation
Excision of lacrimal sac mass

Orbital Surgery Procedures

Enucleation
Lacrimal gland biopsy
Incision/drainage abscess
Removal of foreign body

DETROIT MEDICAL CENTER

BOARD CERTIFICATION REQUIREMENTS

- Beginning July 1, 2009, all applicants to the DMC Medical Staff shall be Board Certified, or shall achieve Board Certification within five (5) years of completion of formal training.

- Individual clinical department Board certification may be more stringent. If so, the department's requirements supersede the DMC minimum Board certification requirement.

- The Board certification must be in the specialty and specific practice which clinical privileges are requested.

- Board certification must be in a specialty recognized by the American Board of Medical Specialties, American Osteopathic Association, American Dental Association or the American Board of Podiatric Surgery.

- If Board certification is time-limited, in all cases, the applicant will have a maximum of three (3) years to achieve re-certification, beginning with the expiration date of his/her current Board Certification, or will be voluntarily resigned from the Medical Staff.

- DMC medical staff members on staff prior **to July 1, 2009,** who are not Board certified will not be required to achieve Board certification**.** Eligibility for the Board certification waiver requires uninterrupted DMC Medical Staff membership since July 1, 2009.

- Under special circumstances, some outstanding applicants brought to the DMC may be ineligible for Board certification. These members will be considered by their departments on an individual case-by-case basis, and review by a subcommittee of the SICs, may be granted privileges without Board certification with a majority vote of the Medical Executive Committee and the Joint Conference Committee.

JCC APPROVED 2.26.2013