

**DETROIT MEDICAL CENTER
DELINEATION OF PRIVILEGES
CLINICAL PRIVILEGES IN ORTHOPAEDIC SURGERY**

Name: _____

Qualifications: Current certification or active participation in the examination process leading to certification in Orthopaedic surgery by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery, to be achieved within 5 years of completion of residency training program. Recertification must be accomplished as required by the individual Board. Applicants for clinical privileges must meet all qualifications for members on the DMC Medical Staff and the Department of Orthopaedic Surgery.

Certification: The applicant for clinical privileges must hold current certification in Orthopedic Surgery by the American Board of Orthopedic Surgery or the American Osteopathic Board of Orthopedic Surgery.

There are two exceptions to this requirement:

1. An applicant for clinical privileges who has never been board certified may be granted clinical privileges while actively participating in the examination process leading to certification. However, applicant must have active board eligibility pursuant to the rules and stipulations of the American Board of Orthopedic Surgery or the American Osteopathic Board of Orthopedic Surgery. In the event that an applicant is no longer board eligible, they will not be allowed to become members of the DMC Medical Staff.
2. An applicant for clinical privileges who has lost board certification due to expiration of the term of certification may be granted clinical privileges while actively participating in the examination process leading to re-certification. However, applicant must actually succeed in attaining such re-certification within three years of the earliest time that he/she could have been re-certified if every test had taken and passed on time. If the applicant fails to achieve certification within the time limit, he/she may be granted clinical privileges so long as the applicant has active board eligibility pursuant to the rules and stipulations of the American Board of Orthopedic Surgery or the American Osteopathic Board of Orthopedic Surgery. In the event that an applicant is no longer board eligible, they will not be allowed to become a member of the DMC Medical Staff.

Licensure: The Physician must have an unlimited license to practice in the State of Michigan.

DMC Staff and Department Requirements: Applicants for clinical privileges must meet all qualifications for membership on the DMC Medical Staff and the Department of Orthopaedic Surgery.

Required Previous Experience: The applicant must be able to demonstrate the performance of at least 100 Orthopaedic procedures during the previous 24 months, or demonstrate successful participation in an ACGME or AOA accredited residency or special clinical fellowship during which at least 50 cases were performed or assisted by applicant. In the event that only non-operative privileges are requested, this requirement can be waived at the discretion of the Advisory Committee.

Required Documentation: Letter of recommendation from Residency Program Director/Chairman or Fellowship Director (if applicable). Logs of cases performed during education must be available for review.

In addition, if the applicant has been in practice, a minimum of one letter of recommendation from each hospital where active privileges have been held in the past three (3) years, preferably from the Chief of Service. Supporting documentation of clinical activity for the past three (3) years, including office records, operative reports, and radiographs, must be presented for inspection when requested by the Advisory Committee.

CLINICAL PRIVILEGES: ORTHOPAEDICS

Reappointment Requirements: Current demonstrated competence and an adequate volume of current experience with acceptable results in the privileges requested for the past 24 months, as determined by quality assessment/improvement activities and outcomes. Case logs must be available for review. A minimum of 10 cases per year need to be performed in DMC facilities to support an application for reappointment. It is expected that the orthopedic surgeons will participate in ongoing CME activity and actively participate in the Peer Review process (M & M).

Those practitioners that do not meet minimum eligibility requirements to hold clinical privileges and/or have insufficient inpatient volume to provide for ongoing professional practice evaluation but wish to maintain a DMC affiliation, may request Affiliate Status, Membership Only with No Clinical Privileges.

Extended Orthopaedic Privileges: All physicians requesting extended privileges must be able to demonstrate additional training and/or experience within that area, or documentation of successful completion of an approved, recognized course when one exists. Such experience would ordinarily be gained in a fellowship program, an approved residency program with subspecialty emphasis, or in a focused clinical practice at a fully accredited hospital, and supported by case list documentation.

Delineation of extended privileges may be modified. The applicant may cross out procedures that they will not be performing.

Physicians requesting extended privileges in hand and micro-neurovascular surgery must hold current certification or active participation in the examination process leading to Certificate of Added Qualification in surgery of the hand.

CLINICAL PRIVILEGES: ORTHOPAEDICS

Name: _____

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

(R)=Requested (A)=Recommended as Requested (N)=Not Recommended

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.

(R) (A) (N)

MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES

(Practitioners that do not meet minimum volume levels) Check 'R' box.

Proceed to page 6, sign and date.

(R) (A) (N) CORE ORTHOPAEDIC PRIVILEGES

For Adult Patients > 15 years of age

- Consultation, evaluation-and-management of conditions affecting the musculoskeletal system.
- Closed and open treatment of fractures and dislocations
All surgical procedures involving bone, joint, nerve, muscle, tendon, bursa, and skin, including amputations, unless specifically listed under extended orthopaedic privileges.

For Children (Age <15)

It is expected that Orthopedic Surgeons will have a practice that regularly includes children, and that they will perform (10) procedures per year or more on children aged < 15 years old. In order to process your application for Core privileges for pediatric patients, you will need case logs for the last two years for the following **pediatric** procedures. New graduates from a residency program will be granted these core privileges with a documented rotation in Pediatric Orthopedic surgery in their final 2 years of training, or case logs during this period.

- Consultation, evaluation and management of conditions affecting the musculoskeletal system;
- Closed and open treatment of fractures and dislocations;
- Arthrotomies for infection

Core privileges do not include any of the following special procedures or extended privileges. All physicians requesting extended privileges must demonstrate additional training and/or experience within that area, or provide documentation of successful completion of an approved, recognized, course when one exists. Such experience would ordinarily be gained in a fellowship program, an approved residency program with subspecialty emphasis, or in a focused clinical practice at a fully accredited hospital, and supported by case list documentation.

Delineation of extended privileges may be modified. The applicant may cross out procedures that he/she will not be performing.

CLINICAL PRIVILEGES: ORTHOPAEDICS

Name: _____

Advanced privileges for which additional evidence of competence are required, are noted.
(R) (A) (N)

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- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Biopsy and definitive management of primary malignant bone and soft tissue tumors |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complex reconstructive hand surgery |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wrist arthroscopy |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Endoscopic carpal tunnel release |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Microscope-assisted neurovascular surgery |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ankle implant arthroplasty |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ankle Arthroscopy |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Arthroscopic shoulder stabilization |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Arthroscopic rotator cuff repair |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Operative treatment of complex multi ligament injuries of the knee |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Elbow arthroscopy. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complex revision arthroplasty |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Management of recurrent/complex joint infections |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hip arthroscopy |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cartilage transplantation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adult pelvic osteotomies |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cervical/thoracic or complex, multilevel lumbar laminectomy |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spinal instrumentation (placement of screws, wires, rods and plates into the spinal column) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Endoscopic spinal surgery |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Operative treatment of complex pelvic and/or acetabular fractures |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reconstruction using external fixation (e.g., advanced Ilizarov techniques) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Laser assisted surgery |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Facet blocks |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Facet rhizotomy |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Epidural injections |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Discograms |

Pediatric Advanced Procedures
(R) (A) (N)

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- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complex osteotomies for the treatment of DDH, SCFE, Perthes disease, or tumor |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Arthroplasty for AVN or DDH |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Open reduction for DDH |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complex osteotomies for growth related misalignment (Blount's disease or Infection) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ACL reconstruction with open growth plates |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Scoliosis and Kyphosis correction |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spinal instrumentation for congenital or traumatic indications |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Corpectomies for congenital, trauma, or tumor |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spondylolisthesis correction and stabilization |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Endoscopic spine surgery |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Limb Lengthening |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clubfoot procedures |

CLINICAL PRIVILEGES: ORTHOPAEDICS

Name: _____

Sports Medicine

The Department of Orthopedic Surgery recognizes non-surgeons who practice in the field of Sports Medicine. To qualify as a non-surgeon member of the Department of Orthopedic Surgery in Sports Medicine, one must possess an unlimited license to practice in the State of Michigan. The practitioner must practice in the fields of General Practice, Family Medicine, Internal Medicine, Pediatrics, or Rehabilitation Medicine. The individual must have either:

1. Fellowship training in the field of Sports Medicine for a minimum of 6 months; or
2. A history of practice in the field of Sports Medicine for a consecutive 2-year period, ending not more than 13 months previously.

Privileges: The privileges granted to non-surgeons in Sports Medicine include:

(R) (A) (N) CORE SPORTS MEDICINE PRIVILEGES

For Adult Patients 15 years of age or older

- Consultation, evaluation and non operative management of conditions affecting the musculoskeletal system in patients older than 14 years of age.
- Closed treatment of fractures and dislocations in patients older than 14 years of age.

For Children 14 years of age or younger

- Consultation, evaluation and non operative management of conditions affecting the musculoskeletal system in patients below 14 years of age.
- Closed treatment of fractures and dislocations in patients below 14 years of age.

(R) (A) (N) ADVANCED SPORTS MEDICINE PRIVILEGES

Advanced privileges for which completion of an approved recognized course or documentation of the performance of at least 10 procedures within the past 2 years.

For Adult Patients 15 years of age or older

- Facet blocks
- Facet rhizotomy
- Epidural injections
- Discograms

For Children Age 14 years of age or younger

- Facet blocks
- Facet rhizotomy
- Epidural injections
- Discograms

CLINICAL PRIVILEGES: ORTHOPAEDICS

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

Specialist-in-Chief Recommendations

I certify that I have reviewed and evaluated the applicant’s request for clinical privileges, credentials and other supporting documentation, and the recommendation that is made below takes all pertinent factors into consideration:

- Recommend as requested. Do not recommend.
- Recommend with conditions/modifications as listed.

Signature, Specialist-in-Chief Date

Joint Conference Committee Approval: _____

Revised: JCC 9.27.11; 8.26.22; 4.28.23 Date

DETROIT MEDICAL CENTER
DEPARTMENT OF ORTHOPAEDIC SURGERY

MEMBERSHIP AND REAPPOINTMENT REQUIREMENTS

1. Current competence will not be evaluated solely by the number of procedures performed. The pattern of practice and skill level will be assessed by outcome results through the quality assessment process and/or observation by members or representatives of the Departmental Advisory Committee. All attending physician cases are screened through the quality assessment process and problems are managed through policies and procedures of the Department. Corrective action, which may include withdrawal or modification of privileges, is addressed through this process.
2. Evidence of continuing medical education activity in orthopaedics.
3. All attending physicians taking care of patients in the hospital or at satellite facilities are expected to allow their cases to be included in an appropriate manner for medical education.
4. Active staff are required to participate in quality assurance activities and standing committee assignments, if requested by the Regional Chief of Orthopaedics or by the Specialist-in-Chief.
5. All active staff must demonstrate evidence of active utilization (minimum of 10 cases per year) of DMC inpatient or outpatient facilities.
6. All active staff are required to participate in on-call assignments at the member's primary hospital, as designated by the Department Chief.
7. All attending physicians are required to maintain active board certification/recertification as appropriate.
8. Reappointment is based on the above criteria, along with approval of the Orthopaedic Advisory Committee, after review of the applicant's clinical practice patterns and case logs, previous corrective actions or suspensions, and adherence to DMC Medical Staff Bylaws.
9. The Department Advisory Committee, the Regional Chief of Orthopaedics, or the Specialist-in-Chief may, at sole discretion, require certificates of CME attendance, case logs (to include patient ID, preoperative diagnosis and procedure), documentation of state medical licensure, National Practitioner Data Bank reports or malpractice claims experience, in order to fully evaluate the candidate member.

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. Relative to eligibility for board certification, completion of formal training (residency versus fellowship) is defined by the primary certification body for that specialty.
- 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 Foot and Ankle Surgery.
- If Board certification is time-limited, 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 with time-limited certification will not be required to recertify.
- DMC medical staff members who obtain certification in specialty and subspecialty categories will be required to recertify in the area(s) of certification required by the certification body
- An extension of the Board certification or re-certification requirement may be granted by the Medical Executive Committee to the applicant who has obtained an extension from the requisite Board for reasons of significant health issues or military service.
- 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.