



**Hand Surgery Privileges
Department of Surgery**

Name: _____
(Please print)

- _____ Initial privileges (initial appointment)
- _____ Renewal of privileges (*reappointment, on 2 year specialty cycles*)
- _____ Modification of privileges (*request for any additional privileges beyond those previously granted*)

Basic Education: MD or DO

Minimal formal training: Successful completion of an ACGME or AOA accredited residency in general, orthopedic, or plastic surgery; successful completion of an accredited fellowship in surgery of the hand; and current subspecialty certification in surgery of the hand or active participation in the examination process (with achievement of certification within 5 years of training completion) leading to subspecialty certification in surgery of the hand by the ABS, the ABPS, or the ABOS, or to subspecialty certification in hand surgery by the AOBOS). Maintenance of BLS certification recommended.

Required current experience: At least 50 surgical procedures on the internal structures of the hand and related structures, reflective of the scope of privileges requested, during the past 12 months; or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

| Facility (Check ALL that are applicable to your request) | | | | |
|---|--------------|-------|------|--------------------|
| Baroness* | Children's** | North | East | Bledsoe/Sequatchie |
| | | | | |

* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics
 **Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

Core Hand Surgery Privileges:

Core privileges for hand surgery include the ability to admit, evaluate, diagnose, and treat inpatients and outpatients, and provide consultation (includes investigation, preservation, and restoration) to patients of all ages by medical, surgical, and rehabilitative means of all structures of the upper extremity directly affecting the form and function of the hand and wrist. Physicians may provide care to patients in the intensive care setting in conformance with unit policies. They may also assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff regulations regarding emergency and consultative call services.

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

Performance of history and physical exam

Amputation (related to hand/upper extremity)

Arthroscopy

Bone grafts and corrective osteotomies

Dupuytren's contracture

Fasciotomy, deep incision and drainage for infection, and wound debridement

Foreign body and implant removal

Joint and tendon sheath repairs, including release of contracture, synovectomy, arthroplasty with and without implant, arthrodesis, trigger finger release, and stiff joints that result from rheumatoid arthritis or other injury management of arthritis

Management of congenital deformities, including syndactyly, polydactyly, radial aplasia, and others

Joint repair and reconstruction, including contracture release and management of stiff joints

Management of upper extremity vascular disorders and insufficiencies

Management of fractures and dislocations, including phalangeal or metacarpal with and without internal fixation; carpus, radius, and ulna with and without internal fixation; and injuries to joints and ligaments

Management of tumors of the bone and soft tissue

Management of fingertip injuries

Nerve repair and reconstruction, including upper extremity peripheral nerves, nerve graft, neurolysis, neuroma management, and nerve decompression and transposition

Osteonecrosis, including Kienböck's disease

Replantation and revascularization

Tendon transfer and balancing

Tendon sheath release

Tenorrhaphy, including flexor tendon repair and graft, implantation of tendon spacer, extensor tendon repair, and tenolysis/tenodesis

Thumb reconstruction, including pollicization, toe-hand transfer, and thumb metacarpal lengthening

Treatment of thermal injuries

Upper extremity pain management

Wound closure, including skin grafts, tissue flaps (local, regional, distant), and free microvascular tissue transfer

Special Non-Core Privileges in Hand Surgery:

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence. Non-core privileges include:

| <i>Procedure</i> | <i>Baroness</i> | <i>Children's</i> | <i>North</i> | <i>East</i> | <i>Bledsoe/Sequatchie</i> |
|---|-----------------|-------------------|--------------|-------------|---------------------------|
| Use of laser | | | | | |
| Administration of Moderate sedation and analgesia (see below for criteria). | | | | | |

Request for Privilege Not Listed in Core or Special Non-Core *(please list the privilege and provide justification as well as any accompanying certifications or case logs)*

***Special Procedures Privileges Criteria
Moderate Sedation***

CRITERIA – To administer Moderate Sedation

1. Basic education: MD, DO, DDS, or DMD
2. Successful completion of a post-graduate residency training program of at least three years' duration.
3. Trained in the professional standards and techniques to administer pharmacologic agents to predictably achieve either minimal or moderate sedation and monitor patients carefully in order to maintain them at either of these levels of sedation-either intentionally or unintentionally. Acceptable training may be the completion of a course offered by any local hospital or the local Medical Society. Documentation of completion is required.
4. Must be able to evaluate and document evaluation of the patient prior to performing minimal or moderate sedation.
5. Must be qualified to rescue patients from *deep* sedation and trained to manage a compromised airway and to provide adequate oxygenation and ventilation.
6. Current proof of ACLS, PALS, or ATLS
7. Able to demonstrate that he/she has administered minimal or moderate sedation or analgesia to at a minimum of five (5) patients during the past 12 months.

NOTE: Deep Sedation is limited to Anesthesia/CRNAs, Critical Care, and Emergency Medicine and full Anesthesia is limited to Anesthesiologists and CRNAs and is outlined in their delineation of privileges.

Department Chief Recommendation:

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

- Recommended as Requested
- Recommended with Modifications (See comments below)
- Not Recommended (See comments below)

