

Privileges in Hand Surgery Service

Name: _____
Please Print

MEDICAL STAFF CATEGORY REQUESTED:

- Active** – Uses Stanford Hospital & Clinics (SHC) as a primary hospital and regularly admits/treats, consults, patients at this facility, or is regularly involved in medical staff functions. (Minimum 11 pt contacts per year) OK
- Courtesy-Teaching** – Treats SHC patients only when incident to performing clinical teaching responsibilities. Must have teaching appointment with the Stanford School of Medicine

ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit – requires Active or Courtesy Status at LPCH

Please indicate any teaching title you may hold with the Stanford School of Medicine:

- Faculty (MCL, CE or UTL) Adjunct Clinical Faculty

Teaching Title: _____

REQUESTED	PROCEDURE	INITIAL CRITERIA	RENEWAL CRITERIA	PROCTORING REQUIREMENT
CORE PRIVILEGES				
<input type="checkbox"/>	<p><u>Privileges included in the Core:</u> Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and perform surgical procedures for patients presenting with illness, injuries, and disorders of the hand and related structures. Core privileges include treatment of:</p> <ul style="list-style-type: none"> • Post injury/surgery pain control such as 1st degree burns • Cast fabrication or removal • Treatment of moderate drug induced allergic reaction • Volkmann's ischemia • Hand wounds • Tendon injuries • Fractures of the hand and wrist • Carpal tunnel syndrome (endoscopic and open) • Dupuytren's contracture • Surgery for rheumatoid arthritis • Congenital hand reconstruction • Tumors of the bones and soft tissues • Excision of benign and malignant lesions of skin and subcutaneous tissue • Minor procedures such as small flaps, skin grafts, scar revision, excision of skin lesions, repair of simple lacerations • Wrist reconstruction • Amputations • Pin insertion and removal • Steroid injections to upper extremity • I & D of infected lesions • Bone lengthening/shortening/osteotomies • Digital transfers/pollicization • Bone reconstruction requiring bone grafts • Heat and chemical burn care • Simple, intermediate, complex wound care 	<ul style="list-style-type: none"> • Successful completion of an ACGME or AOA-accredited residency/fellowship in general surgery, orthopaedic surgery or plastic surgery or foreign equivalent training. • Current certification or active participation in the examination process leading to certification by the American Board of Surgery, American Board of Orthopaedic Surgery, or the American Board of Plastic Surgery or the Canadian equivalent, or the American Osteopathic Board of Surgery or foreign equivalent training/board. • Documentation or attestation of the performance of at least 100 hand surgery procedures on inpatients or outpatients as the attending physician (or senior resident), at an accredited facility, during the past two years 	<p>Appropriate number of cases performed per year as based on Category</p> <p>Reappointments: please be prepared to provide a list of cases performed at facilities other than SHC if requested.</p> <p>_____ # of cases in 2 years</p>	<p>5 Chart Reviews Applicant must meet with Proctor to discuss completed cases/charts</p>

SPECIAL PRIVILEGES (MUST ALSO MEET THE CRITERIA ABOVE)				
REQUESTED	PROCEDURE	ADDITIONAL CREDENTIALING CRITERIA (if applicable)	# of Cases performed in past 2 yrs **	Proctoring Required
<input type="checkbox"/>	Administration of Moderate Sedation	In accordance with Hospital Sedation Policy and completion of the SHC sedation exam	Sedation exam every 4 years	5 chart reviews
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	'Radiology Supervisor and Operator Certificate' or 'Fluoroscopy Supervisor and Operator Permit' required	Maintenance of valid Fluoroscopy or Radiology Certificate	
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics	Must have teaching appointment through the Stanford School of Medicine		
<input type="checkbox"/>	Admit, treat, perform surgical procedures, or provide follow-up care for inpatients ages 14 years or younger	Must have membership and privileges at Lucile Packard Children's Hospital		
<input type="checkbox"/>	Replantation and revascularization of the upper and lower extremities and digits		_____ # of cases in 2 years	5 chart reviews
<input type="checkbox"/>	Use of surgical laser		_____ # of cases in 2 years	5 chart reviews
<input type="checkbox"/>	Endoscopic carpal tunnel release		_____ # of cases in 2 years	5 chart reviews
<input type="checkbox"/>	Free tissue transfer		_____ # of cases in 2 years	5 chart reviews
<input type="checkbox"/>	Brachial plexus exploration/reconstruction		_____ # of cases in 2 years	5 chart reviews
<input type="checkbox"/>	Wrist arthroscopy – finger, elbow		_____ # of cases in 2 years	5 chart reviews

**** On a separate sheet of paper, please describe any major, unexpected complications you have encountered for any of the Core Privileges or Additional Privileges you are requesting**

NOTE: PROCTORING IS REQUIRED FOR ALL INITIAL PRIVILEGES REQUESTED UNLESS OTHERWISE NOTED BY SERVICE CHIEF. MUST BE COMPLETED WITHIN 12 MONTHS

ACKNOWLEDGMENT OF PRACTITIONER:

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

Applicant Signature: _____ Date _____

If sending by email, type your name in the box above.
 If sending by mail, please print first and then sign.