

TRAUMA SURGERY/SURGICAL CRITICAL CARE CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

- Initial Appointment (initial privileges)
- Reappointment (renewal of privileges)

- Privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- The core procedure list (if applicable) is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques. Applicants wishing to exclude any procedures, should strike through those procedures which they do not wish to request, initial, and date.

QUALIFICATIONS FOR TRAUMA SURGERY CLINICAL PRIVILEGE

<i>Education and training</i>	Successful completion of Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited fellowship in surgical critical care <u>or</u> trauma surgery.
<i>Certification</i>	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in general surgery by the American Board of Surgery, or the American Osteopathic Board of Surgery.
<i>Required current experience – initial</i>	Demonstrated current competence and evidence of the management at least 25 trauma cases, <u>(operative and non operative management)</u> reflective of the scope of privileges requested, in the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
<i>Required current experience – renewal</i>	Demonstrated current competence and evidence of the management of at least 50 trauma cases, <u>(operative and non operative management)</u> reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.
<i>Ability to perform (health status)</i>	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;
BHIP = Broward Health Imperial Point; BH North = Broward Health North

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Approved by MEC = May 11th, 2021

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CORE PRIVILEGES – TRAUMA SURGERY

Requested **BHMC** **BH North**

Admit (in accordance with staff category), evaluate, diagnose, and manage patients of all ages presenting with acute, life threatening, or potentially life-threatening surgical conditions utilizing specialized expertise relating to both the physiologic responses to tissue injury from trauma, burns, operation, infections, acute inflammation, or ischemia and to the ways these responses interact with other disease processes. Includes management of management of patients with hemodynamic instability, multiple system organ failure, and complex coexisting medical problems. May provide care to patients in the intensive care setting in conformance with unit policies to include ventilator management in conformance with unit policy, supervise and perform all necessary operative cases, comprehensive management of the trauma patient throughout the stay in the acute-care facility and coordinate the early institution of rehabilitation and discharge planning. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures below and such other procedures that are extensions of the same techniques and skills.

Airway

1. Cricothyroidotomy
2. Nasal and oral endotracheal intubation including rapid sequence induction
3. Tracheotomy, open and percutaneous
4. Ventilator management, including experience with various modes and continuous positive airway pressure therapies (BiPAP and CPAP)
5. Airway maintenance intubation, including fiberoptic bronchoscopy and laryngoscopy
6. Use of reservoir masks, nasal prongs/canulas and nebulizers for delivery of supplemental oxygen and inhalants

Head/Face

1. Lateral canthotomy
2. Nasal packing

Neck

1. Exposure and definitive management of vascular and aerodigestive injuries

Chest

1. Advanced thoroscopic techniques as they pertain to the above conditions
2. Bronchoscopy: diagnostic and therapeutic for injury, infection, and foreign body removal
3. Cardiopulmonary resuscitation
4. Damage control techniques
5. Diaphragm injury, repair
6. Exposure and definitive management of cardiac injury, pericardial tamponade
7. Exposure and definitive management of esophageal injuries and perforations
8. Exposure and definitive management of thoracic vascular injury
9. Exposure and definitive management of tracheo-bronchial and lung injuries
10. Pulmonary resections
11. Open repair of blunt thoracic aortic injury

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Abdomen and Pelvis

1. Abdominal wall reconstruction following resectional debridement for infection, ischemia
2. Advanced laparoscopic techniques as the pertain to the above procedures
3. Damage control techniques
4. Exposure and definitive management of duodenal injury
5. Exposure and definitive management of gastric, small intestine and colon injuries
6. Exposure and definitive management of gastric, small intestine and colon inflammation, bleeding perforation and obstructions
7. Exposure and definitive management of major abdominal and pelvic vascular injury
8. Exposure and definitive management of major abdominal and pelvic vascular rupture or acute occlusion
9. Gastrostomy (open and percutaneous) and jejunostomy
10. Hepatic resections
11. Management of abdominal compartment syndrome
12. Management of acute operative conditions and critical illness in the pregnant patient
13. Management of injuries to the female reproductive tract
14. Management of pancreatic injury, infection, inflammation
15. Management of renal, ureteral and bladder injury
16. Management of splenic injury, infection, inflammation, or diseases
17. Pancreatic resection and debridement

Extremities

1. Acute thrombo-embolectomy
2. Amputations, lower extremity (hip disarticulation, AKA, BKA, Trans-met)
3. Applying femoral/tibial traction
4. Compartment pressure measurement
5. Damage control techniques in the management of extremity vascular injuries, including temporary shunts
6. Exposure and management of lower and upper extremity vascular injuries
7. Fasciotomy, lower extremity
8. Fasciotomy, upper extremity
9. Hemodialysis access, permanent; insertion of hemodialysis and peritoneal dialysis catheters
10. On table arteriography
11. Radical soft tissue debridement for necrotizing infection
12. Reducing dislocations
13. Splinting fractures

Other Procedures

1. Arterial puncture and cannulation
2. Calculation of oxygen content, intrapulmonary shunt and alveolar arterial gradients
3. Cardiac output determinations by thermodilution and other techniques
4. Cardioversion and defibrillation
5. Colonoscopy
6. Core re-warming (e.g. CAVR, CVVR)
7. Diagnostic and therapeutic ultrasound
8. Echocardiography and electrocardiography interpretation

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9. Endoscopy
10. Esophagoscopy and gastroscopy
11. Evaluation of oliguria
12. Image guided procedures
13. Insertion of central venous, arterial and pulmonary artery balloon flotation catheters
14. Interpretation of intracranial pressure monitoring
15. Lumbar puncture
16. Management of anaphylaxis and acute allergic reactions
17. Management of life-threatening disorders in intensive care units including but not limited to shock, coma, heart failure, trauma, respiratory arrest, drug overdoses, massive bleeding, diabetic acidosis and kidney failure
18. Management of massive transfusions
19. Management of the immunosuppressed patient
20. Monitoring and assessment of metabolism and nutrition
21. Needle and tube thoracostomy
22. Operative management of burn injuries
23. Paracentesis
24. Percutaneous needle aspiration of palpable masses
25. Percutaneous tracheostomy/cricothyrotomy tube placement
26. Pericardiocentesis
27. Peritoneal dialysis
28. Peritoneal lavage
29. Preliminary interpretation of imaging studies (chest x-ray, CT scan)
30. Split thickness, full thickness skin grafting
31. Temporary cardiac pacemaker insertion and application
32. Thoracentesis
33. Tracheostomy
34. Transtracheal catheterization
35. Upper GI endoscopy
36. Wound care (stage I and stage II pressure ulcers)

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

Non-Core Privileges are requested individually in addition to requesting the core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria as applicable to the initial applicant or reapplicant.

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ADMINISTRATION OF SEDATION AND ANALGESIA

Requested **BHMC** **BHCS** **BHIP** **BH North**

See Broward Health's Sedation Protocol for additional information for Sedation and Analgesia by Non-Anesthesiologists

Requested **Level 1 – Deep Sedation**

Requested **Level 2 – Moderate Sedation**

Criteria: Successful completion of ACGME or AOA accredited post graduate training or Commission on Dental Accreditation (CDA) training that included sedation training and completion of Broward Health's online education module for sedation education with a passing score of at least 85%. Initial and ongoing American Health Association certification in ACLS, ATLS, PALS, and/or NRP as specific to the patient population. **Required Current Experience:** Demonstrated current competence and evidence of the administration of at least five (5) cases in the past 24 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the administration of at least five (5) cases in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes. There will be a five-day grace period to present valid life certification if the physician's certification expires.

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ACKNOWLEDGEMENT OF PRACTITIONER

Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Broward Corporate, and I understand that:

- a. 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.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed _____ **Date** _____

DEPARTMENT CHAIRPERSON'S RECOMMENDATION

Check the appropriate box for recommendation.

If recommended with conditions or not recommended, provide explanation. *I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):*

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____

Notes:

Department Chairperson Signature _____ **Date** _____

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Credentials and Qualifications Committee Action _____ **Date** _____

Medical Executive Committee Action _____ **Date** _____

Board of Commissioners Action _____ **Date** _____

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