

CREDENTIALS REPORT TO THE BOARD OF COMMISSIONERS

DATE: August 31st, 2022

PRESENTED BY: Joshua Lenchus, DO, Interim System CMO

Core Privilege Forms

Orthopedic Surgery

ORTHOPAEDIC SURGERY CLINICAL PRIVILEGES

Name: _____

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 ORTHOPEDIC SURGERY

<i>Education and training</i>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in orthopedic 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 orthopedic surgery by the American Board of Orthopedic Surgery or the American Osteopathic Board of Orthopedic Surgery.
<i>Required current experience – initial</i>	Demonstrated current competence and evidence of at least 25 general orthopedic procedures reflective of the scope of privileges requested, during the last 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 an adequate volume of experience (50 general orthopedic procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review 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; BHN = Broward Health North

ORTHOPAEDIC SURGERY CLINICAL PRIVILEGES

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

CORE PRIVILEGES – ORTHOPEDIC SURGERY**Requested** **BHMC** **BHCS** **BHIP** **BHN**

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide consultation to patients of all ages, to correct or treat various conditions, illnesses and injuries of the extremities, pelvis, spine, and associated structures by medical, surgical, and physical means including but not limited to trauma, infections, tumors, metabolic disturbances of the musculoskeletal system, congenital deformities, injuries, and degenerative diseases of the spine, pelvis, upper and lower extremities, including primary and secondary muscular problems and the effects of central or peripheral nervous system lesions of the musculoskeletal system. May provide care to patients in the intensive care setting in conformance with unit policies. 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 listed below and such other procedures that are extensions of the same techniques and skills.

Perform history and physical exam; interpretation of imaging studies of the musculoskeletal system

Hip and Knees/Pelvis

1. Amputation surgery including immediate prosthetic fitting in the operating room
2. Arthrocentesis, diagnostic
3. Arthrodesis, osteotomy and ligament reconstruction of the major peripheral joints, excluding total replacement of joint
4. Arthrography
5. Arthroscopy
6. Bone grafts and allografts
7. Closed reduction of fractures and dislocations of the skeleton
8. Debridement of soft tissue
9. Excision of soft tissue/bony masses
10. Fasciotomy and fasciectomy
11. Fracture fixation
12. Joint replacement (includes hip resurfacing)
13. Ligament repair and reconstruction
14. Management of infectious and inflammations of bones, joints, and tendon sheaths
15. Muscle and tendon repair
16. Open and closed reduction of fractures
17. Open reduction and internal/external fixation of fractures and dislocations of the skeleton
18. Reconstruction of congenital musculoskeletal anomalies
19. Treatment of extensive trauma
20. Treatment of cartilage injuries; e.g. autologous chondrocyte implantation (ACI), osteoarticular transfer system (OATS)

Shoulders and Elbows

1. Amputation surgery including immediate prosthetic fitting in the operating room
2. Arthroscopy
3. Debridement of soft tissue
4. Excision of soft tissue/bony masses
5. Fasciotomy and fasciectomy

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

6. Joint replacement
7. Local and soft tissue flaps and grafts
8. Management of infectious and inflammatory conditions
9. Muscle, tendon, soft tissue, and labrum repair
10. Open and closed reduction of fractures
11. Open reduction and internal/external fixation of fractures and dislocations

Foot and Ankle

1. Amputation surgery
2. Arthroscopy
3. Debridement of soft tissue and bone
4. Excision of soft tissue/bony masses
5. Fasciotomy and fasciectomy
6. Joint replacement
7. Management of infectious and inflammatory conditions
8. Muscle and tendon repair
9. Open and closed reduction of fractures
10. Open reduction and internal/external fixation of fractures and dislocations
11. Treatment of cartilage injuries; e.g. autologous chondrocyte implantation (ACI), osteoarticular transfer system (OATS)

Wrist and Hand

1. Bone graft pertaining to the hand
2. Nerve decompression
3. Fasciotomy and fasciectomy
4. Fracture fixation with compression plates or wires
5. Management of infectious and inflammatory conditions
6. Nerve graft
7. Open and closed reductions of fractures
8. Peripheral nerve surgery
9. Repair of lacerations
10. Skin grafts/flaps
11. Tendon reconstruction (free graft, staged)
12. Tendon release, repair, and fixation
13. Tendon transfers
14. Treatment of bone, soft tissue mass, ganglion palm or wrist, flexor sheath, etc.

Spine

1. Assessment of the neurologic function of the spinal cord and nerve roots
2. Management of traumatic, congenital, developmental, infectious, metabolic, degenerative, and rheumatologic disorders of the spine

Musculoskeletal Oncology

1. Surgical and non-surgical management of musculoskeletal tumors

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ORTHOPAEDIC SURGERY CLINICAL PRIVILEGES

Name: _____

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

QUALIFICATIONS FOR ORTHOPEDIC SURGERY OF THE SPINE

<i>Education and training</i>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited fellowship in orthopedic surgery of the spine or have resident training and experience deemed by the American College of Spine Surgery to be equivalent to a twelve-month approved spine fellowship program.
<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 orthopedic surgery by the American Board of Orthopedic Surgery or the American Osteopathic Board of Orthopedic Surgery.
<i>Required current experience – initial</i>	Demonstrated current competence and evidence of at least 25 surgery of the spine procedures, reflective of the scope of privileges requested, within the last 24 months, or successful completion of an ACGME- or AOA-accredited residency and/or fellowship in orthopaedic surgery of the spine within the past 24 months.
<i>Required current experience – renewal</i>	Demonstrated current competence and an adequate volume of experience (25 surgical procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review 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.

CORE PRIVILEGES – ORTHOPEDIC SURGERY OF THE SPINE

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

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide consultation to patients of all ages, with spinal column diseases, disorders, and injuries by medical, physical, and surgical methods. May provide care to patients in the intensive care setting in conformance with unit policies. 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 listed below and such other procedures that are extensions of the same techniques and skills.

1. Perform history and physical exam
2. Artificial disc replacement (cervical / lumbar)
3. Arthrodesis
4. Assessment of the neurologic function of the spinal cord and nerve roots
5. Endoscopic minimally invasive spinal surgery
6. Laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents including instrumentation
7. Lumbar puncture
8. Management of traumatic, congenital, developmental, infectious, metabolic, degenerative, and rheumatologic disorders of the spine

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9. Percutaneous lumbar discectomy
10. Vertebral augmentation procedures to include percutaneous techniques used to achieve internal vertebral body stabilization
11. Sacroiliac joint fusion
12. Scoliosis and kyphosis instrumentation
13. Spinal cord surgery for decompression of spinal cord or spinal canal, rhizotomy, cordotomy, dorsal root entry zone lesion, tethered spinal cord or other congenital anomalies
14. Spinal cord stimulation
15. Treatment of extensive trauma

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.

USE OF ROBOTIC ASSISTED SYSTEM

Requested **BHMC** **BHCS** **BHIP** **BHN**

Criteria: Successful completion of an ACGME or AOA post graduate training program that included training in minimal access procedures and therapeutic robotic devices and their use or completion of an approved structured training program that included didactic education on the specific technology and an educational program for the specialty specific approach to the organ systems. Training should include observation of live cases. Physician must have privileges to perform the procedures being requested for use with the robotic system, hold privileges in or demonstrate training and experience in minimal access procedures. Practitioner agrees to limit practice to only the specific robotic system for which they have provided documentation of training and experience. **Required Current Experience:** Demonstrated current competence and evidence of at least **five (5)** robotic assisted procedures in the past 12 months, or successful completion of training in the past 12 months, or the applicant's initial **five (5)** cases will be proctored by a physician holding robotic privileges. **Renewal of Privilege:** Demonstrated current competence and evidence of at least **ten (10)** robotic assisted procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

ADMINISTRATION OF SEDATION AND ANALGESIA

Requested **BHMC** **BHCS** **BHIP** **BHN**

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) 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

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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:

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** _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials and Qualifications Committee Action **Date** _____

Medical Executive Committee Action **Date** _____

Board of Commissioners Action **Date** _____

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