



## Privileges in Hand Surgery Service

Name:

### Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.

### Required Qualifications

#### Education/Training

Successful completion of an ACGME or AOA-accredited residency/fellowship in orthopaedic surgery or plastic surgery or foreign equivalent training.

**AND**

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.

**AND**

Documentation 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 - documentation log required

#### FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

**Provide care on LPCH patients in specific areas of SHC**

Request	<p align="center"><b><i>Request all privileges listed below.</i></b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	<b>Additional Request</b>	
	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	

## Core Privileges

Request	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	<b>Additional Request</b>	
	<b>Privileges included in the Core:</b>	
	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:	
	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	

### Qualifications

<b>Renewal Criteria</b>	<p>Minimum 100 cases required during the past 2 years</p> <p>Maintain 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.</p>
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**FPPE - Area is managed by Medical Staff Office. Please make NO selections**

Core - Hand Surgery - Applicant must meet with Proctor to discuss completed cases/charts

## Special Privileges

**Description:** Must also meet Required Qualifications for Core Privileges

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	
	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger [CRITERIA - Teaching appointment through Stanford School of Medicine required & qualified for LPCH Core privileges.]	
	Brachial plexus exploration/reconstruction [CRITERIA - Documentation of 20 reconstructive microsurgery procedures in the past 24 months or during residency/fellowship training. At least five of these procedures should involve requested surgery. Renewal - Minimum 20 microsurgery cases required during the past 2 years]	
	Endoscopic carpal tunnel release [CRITERIA - Initial - If residency did not include training in endoscopic carpal tunnel release, applicant must present evidence demonstrating participation in a recognized didactic/laboratory continuing medical education program devoted to the procedure taught by a certified board surgeon who is proficient in the procedure. Performed minimum of 10 conventional carpal tunnel release procedures during the past 24 months, and has demonstrated proficiency in the performance of endoscopic carpal tunnel release during the past 12 months. Renewal - Minimum 10 cases required during the past 2 years]	
	Free tissue transfer [CRITERIA - Initial - Documentation of 20 reconstructive microsurgery procedures in the past 24 months or during residency/fellowship training. Renewal - Minimum 20 microsurgery cases required during the past 2 years]	
	Replantation and revascularization of the upper and lower extremities and digits [CRITERIA - Documentation of 20 reconstructive microsurgery procedures in the past 24 months or during residency/fellowship training. At least five of these procedures should involve requested surgery. Renewal - Minimum 20 microsurgery cases required during the past 2 years]	
	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA - Teaching appointment through Stanford School of Medicine required.]	
	Use of fluoroscopy equipment (or supervision of other staff using the equipment) [CRITERIA - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required]	
	Wrist arthroscopy - finger, elbow [CRITERIA - Initial - Documentation of 5 wrist arthroscopy procedures in the past 24 months or during residency/fellowship training. Renewal - Minimum 5 cases required during the past 2 years]	

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Administration of Moderate Sedation  
 Brachial plexus exploration/reconstruction  
 Endoscopic carpal tunnel release  
 Free tissue transfer  
 Replantation and revascularization of the upper and lower extremities and digits  
 Wrist arthroscopy - finger, elbow

## Acknowledgment of Applicant

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 acknowledge I have met the minimum number of cases required as identified for privileges.

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.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request \_\_\_\_\_ Date \_\_\_\_\_

**Service Chief Recommendation - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

**Service Chief Recommendation - Proctoring Requirements**


Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request \_\_\_\_\_ Date \_\_\_\_\_