

**ATRIUM HEALTH CLEVELAND
DELINEATION OF PRIVILEGES
SPECIALTY OF GENERAL SURGERY
HAND SURGERY**

I have reviewed the DOP/Roster provided to me by MSS and confirm as indicated below:

- ☐ My DOP is accurate and reflects privileges relevant to my current practice
- ☐ I have listed privileges that should be removed:

Printed Name: _____

Signature: _____

Date: _____

If your roster indicates that you hold any of the privileges listed below, you must provide the maintenance criteria as described, in order to maintain the privilege. Your maintenance criteria and attestation must be returned together.

N/A NO MAINTENANCE REQUIRED

STOP:

UNLESS YOU ARE REQUESTING NEW PRIVILEGES, YOU DO NOT NEED TO GO BEYOND THIS POINT.



Carolinas HealthCare System
CLEVELAND

Privileges in Hand Surgery

Name: _____

Hand Surgery core privileges

Qualifications

To be eligible for core privileges in hand surgery, the applicant must meet the following qualifications:

- Demonstrated performance of surgery on the internal structures of the hand and related structures at least 40 times during the last two years. Such experience would ordinarily be gained in a hand fellowship program; approved general surgery, orthopedic, or plastic surgery residency; or in a clinical practice at a fully accredited hospital;

and

- Current certification in plastic surgery or orthopedic surgery and subspecialty certification in hand surgery by the American Board of Plastic Surgery or Orthopedic Surgery or the American Osteopathic Board of Surgery; or
- Successful completion of an ACGME- or AOA-accredited residency in orthopedic or plastic surgery that includes training in surgery of the hand.

Privileges included in the core

Privileges to evaluate, diagnose, and provide treatment, consultative services, or surgical procedures to patients of all ages presenting with injuries and disorders of the hand and related structures, except for those special procedures listed below.

<input type="checkbox"/> Requested	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
<input type="checkbox"/> Recommended with the following modification(s) and reason(s): 		

Special procedures privileges (see Qualifications and/or specific criteria^{*})

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges.

^{*} Specific criteria should be hospital-specific and should be recommended by the department chair or an ad hoc committee to the MEC.

Name: _____

Procedure	Criteria	Requested	Recommended	Not Recommended
Microvascular surgery				
Replantation surgery				

Recommended/Not recommended with the following modification(s) and reason(s):

Acknowledgement 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 **Carolinas HealthCare System Cleveland**, 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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: _____

Date: _____