

**REAPPOINTMENT
DELINEATION OF PRIVILEGES
SPECIALTY OF ORTHOPAEDIC 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.

Maintenance Criteria for Continued Orthopaedic Core (CORT-1) Privileges: - ORTHOPAEDIC SURGERY CORE PRIVILEGES

The Physician must submit a minimum of least one hundred (100) orthopaedic surgery cases performed during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold Orthopaedic Surgery Core privileges who are unable to document the minimum number of elements will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

STOP:

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

**ATRIUM HEALTH
DELINEATION OF PRIVILEGES
SPECIALTY OF ORTHOPAEDIC SURGERY**

Print Name

| | | | | |
|--|-----|--|------|---|
| | YES | | NO** | I have participated in direct patient care in the hospital setting within the past two (2) years. |
|--|-----|--|------|---|

****If the answer is No, please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.**

Initial appointment **Reappointment** **Updated DOP** **Request for Clinical Privileges**

To be eligible for core privileges in Orthopaedic Surgery, the applicant must meet the following qualifications:

- If the applicant is not currently certified in Orthopaedic Surgery by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) the applicant must:
 1. Provide documentation of successful completion of an ACGME or AOA accredited Orthopaedic Surgery residency training program, within the past five (5) years; **AND**
 2. Verification from the residency or fellowship program director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

- If the applicant is currently certified by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopedic Surgery, the applicant must:
 1. Documentation of the performance of at least two hundred (200) Orthopaedic Surgery cases during the past two (2) years.

- Carolinas HealthCare System Kings Mountain applicants may be eligible for Core Orthopaedics Surgery privileges by meeting the following qualifications:
 1. Documentation of the performance of at least two hundred (200) Orthopaedic Surgery cases during the past two (2) years.

 Print Name

NOTE 1: "CORE" privileges cannot be amended or altered in any way.

NOTE 2: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

Please check appropriate blocks when applying for privileges:

| CMC | Pineville | University | CR | Lincoln | NorthEast | Union | Stanly | Anson | Cleveland | Kings Mountain | | ORTHOPAEDIC SURGERY CORE PRIVILEGES |
|-----|-----------|------------|-----|---------|-----------|-------|--------|-------|-----------|----------------|--------|--|
| | | | N/A | | | | | | | | CORT-1 | Evaluate, diagnose, treat and provide consultation to patients of <u>all ages</u> to correct or treat various conditions, illnesses, and injuries of the extremities, spine, and associated structures by medical, surgical, and physical means including congenital deformities, trauma, infections, tumors, metabolic disturbances of the musculoskeletal system, deformities, injuries, and degenerative diseases of the spine, hands, feet, knee, hip, shoulder, and elbow, including primary and secondary muscular problems and the effects of central or peripheral nervous system lesions of the musculoskeletal system. These privileges also include the provision of consultation as well as the ordering of diagnostic studies and procedures related to the problem or disorder. Orthopaedic surgeons can review these Radiographic/MRI images of the musculoskeletal system and make clinical decisions based on this in emergent and non-emergent situations. |

Maintenance Criteria for Continued Orthopaedic Core (CORT-1) Privileges:

The Physician must submit a minimum of least one hundred (100) orthopaedic surgery cases performed during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold Orthopaedic Surgery Core privileges who are unable to document the minimum number of elements will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

 Print Name

| CMC | Pineville | University | CR | Lincoln | NorthEast | Union | Stanly | Anson | Cleveland | Kings Mountain | | CORE ORTHOPAEDIC SURGERY PRIVILEGES – REHABILITATION HOSPITAL SETTING <u>ONLY</u> |
|-----|-----------|------------|----|---------|-----------|-------|--------|-------|-----------|----------------|--------|---|
| N/A | N/A | N/A | | N/A | N/A | N/A | N/A | N/A | N/A | N/A | CORT-2 | Privileges include evaluation, assessment, diagnosis, consultation and management, and performance of minor surgical procedures, to patients with physical and/or cognitive impairments and disability, in conjunction with the comprehensive rehabilitation goals and treatment plans. |

PRIVILEGES REQUESTED BY:

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 Atrium Health 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.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

Signature

Date

Print Name
=====

CASE LOG

Physician's Name: _____

Date: _____

| | DATE | MEDICAL RECORD NUMBER | PROCEDURE TYPE | Name of procedure (as listed on DOP, e.g. CORT-1) |
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