

PACIFIC HOSPITAL OF LONG BEACH
DELINEATION OF PRIVILEGES
Department of Surgery/Anesthesia
Orthopedics Surgery

Name of Applicant: _____

Board Certification: _____ Year of Certification: _____

Subspecialty: _____ Year of Certification: _____

QUALIFICATIONS/CRITERIA	
Category I	<i>Usual and Customary Privileges</i>
	<ol style="list-style-type: none"> 1. Complete an ACGME or AOA accredited residency in Orthopedic Surgery. 2. Board certification or qualification for certification by the American Board of Orthopedics or AOA equivalent. 3. Demonstrated competence in Category I privileges.
Category II	<i>Advanced Privileges - Procedures performed requiring special expertise and/or requiring documented special training and/or certification when it exists</i>
	<ol style="list-style-type: none"> 1. Board certification or in process of certification by the American Board of Orthopedics; 2. Requires documentation of ability to perform the procedure(s) as outlined below: <ul style="list-style-type: none"> • Documentation of residency training and experience in the advanced procedure <li style="text-align: center;">OR • Additional fellowship training and certification by a training director with experience and demonstrated competence in the procedure requested. 3. Asterisked (*) procedures are high-risk, problem-prone which require specific training requirements. <p>** Requires proof of additional training and/or current competence. *** Must be approved for open fusion, complete a hands-on course in minimal access spinal technology and show proof of current competence. Must be proctored in 2 cases if current competence submitted or 3 cases if not.</p>

Name: _____

Pacific Hospital of Long Beach
Orthopedics Surgery privilege form

Requested	Usual and Customary Privileges	Granted	Special Conditions
	General		
	Admitting		
	Consulting		
	Fluoroscopy (must submit current fluoroscopy permit)		
	History and Physical		
	Category I		
	Closed Reductions		
	Diagnostic and therapeutic aspirations of joints		
	Immobilizations of simple fractures and dislocations		
	Non-operative treatment of: Musculoskeletal trauma and disease		
	Traumatic/acquired disorders of muscles, tendons, ligaments and joints		
	Amputation of limb or digit excluding hip disarticulation, hemipelvectomy and forequarter amputation		
	Application of Halo		
	Arthroscopy		
	Arthrodesis- excluding hand and spinal joints		
	Bone biopsy		
	Bone grafting procedure		
	Cervical Spine and Discectomy		
	Closed reductions of dislocations		
	Debridement of compound fractures		
	Debridement of penetrating wound of joint		
	Debridement of soft tissue wounds		
	Drainage of abscess (excluding spine or hand)		
	Epiphysiodesis		
	Foot surgery in adults		
	Forequarter amputation, hemipelvectomy and hip disarticulation		
	Hemi-arthroplasty with/without replacement prosthesis (excluding the hip)		
	Knee Ligament Repair		
	Lumbar Spine and Discectomy		
	Major Joint Reconstruction, including nonprosthetic arthroplasty, correction of instability and recurrent dislocation		
	Musculoskeletal tumor surgery		
	Nerve Repair and Decompression		

Name: _____

Pacific Hospital of Long Beach <i>Orthopedics Surgery privilege form</i>			
Requested	Usual and Customary Privileges	Granted	Special Conditions
	Neurolysis (excluding spine or hand)		
	Open reduction of fracture with/without internal fixation		
	Peripheral nerve repair		
	Prosthetic replacement for hip fracture		
	Revision of Joint Surgery		
	Simple Hand Surgery		
	Skin-grafting procedure of wound		
	Soft tissue biopsy-excision of ganglion cyst or bursa		
	Total Joint Replacement in the Lower Limb		
	Total Joint Replacement in the Upper Limb (excluding the hand)		
	Category II		
	*Complex Hand Surgery		
	*Endoscopic-Assisted Surgery		
	*Facet Blocks		
	*Epidural Injections		
	*Discograms		
	*Nucleoplasty		
	*IDET		
	*Radiofrequency		
	*Kyphoplasty		
	*Vertebroplasty		
	*Surgery for Scoliosis		
	*Posterior Lumbar Spine Instrumentation		
	*Cervical Spine Fusion		
	*Anterior Lumbar Fusion		
	*Percutaneous Fusion		

Signature of Applicant

Date

APPROVALS:

Exceptions/limitations: _____

Chief of Surgery/Anesthesia

Date

Credentials Committee approved on: _____

Medical Executive Committee approved on: _____

Name: _____

Board of Directors approved on: _____

Name: _____