

JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL

Application for Privileges
PODIATRY

Name _____

OF THE FOLLOWING, INDICATE PARTICULAR PRIVILEGES REQUESTED: Privileges granted herein permit the podiatrist to treat patients without limitations, for all inpatient and outpatient areas, intensive care units, Emergency Department, and nursing floors.

CLASS I – MEDICAL PODIATRIC PRIVILEGES		
Includes any non-surgical procedure which may be		
History and Physical specific to podiatric evaluation		
Excision of cutaneous lesions, nail matrix and foreign body of digit		
CLASS II – FOREFOOT SURGERY		
Arthroplasty of lesser toes		Removal of foreign body
Excision of intermetatarsal neuroma		Syndactylism of toes
Bunionectomy without osteotomy		Osteotomy of metatarsal
Bunionectomy with osteotomy		Osteotomy of phalanges
Plantar condylectomy		Tendon repair in metatarsal
Taylor bunionectomy		Open repair of fracture
Sesamoidectomy of MP joints		Fusion of metatarsal and phalanges
Silastic implant of MP joint		
CLASS III – REARFOOT SURGERY – Includes surgery upon osseous, articular, and soft tissue structures proximal to Lisfranc's (tarsometatarsal) joint including, but not limited to the following.		
Complicated incision and drainage of infections		
Tarsal osteotomies		
Complicated excision of soft tissue masses such as ganglions, granulomas, inclusion cysts and plantar fibromatoses (plantar fasciotomy)		
Complicated extirpation of foreign body		
Plantar fasciotomy and/or excision of inferior calcaneal spur		
Nerve decompressions		
CLASS IV - RECONSTRUCTIVE SURGERY OF THE REARFOOT / ANKLE		
Documentation of training/expertise required. Refer to attached criteria.		
Fusions		Open surgical management of trauma
Tarsal osteotomies		Open surgical management of infections with reconstruction
Resection of tarsal coalitions or bars		Complicated soft tissue reconstruction
Complicated tumors		Nondiagnostic arthroscopy
Tendon recessions and transfers		
SPECIAL PROCEDURES – Documentation of training/expertise required. Refer to attached criteria.		
Laser – CO ₂		
Conscious sedation		
Medical acupuncture		

I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been trained accordingly, I am requesting permission to do these procedures. By my signature below, I certify that my malpractice insurance will cover, to the dollar limits required by the Medical Staff Bylaws, my exercise of the above requested privileges.

Signature of Requesting Physician	Date

APPROVED BY:	
Signature of Department Chairman or Vice Chairman	Date

Date: _____
Medical Executive Committee

Date: _____
Board of Directors

PODIATRY
CRITERIA FOR GRANTING PRIVILEGES

Qualified podiatrists may be granted practice privileges within the scope of their competencies. The delineation of surgical privileges should be commensurate with the education, training, experience, personal character and capability of the individual applicant.

Special Condition for Podiatrists

Surgical procedures performed by a podiatrist are under the overall observation of the Department of Surgery. Where any medical problems exist, a physician member of the Medical Staff must perform a basic medical appraisal on such patient, must determine the risk and effect of any proposed surgical or special procedure, and must be responsible for the care of any medical problem that may be present at admission or that may arise during hospitalization. When significant medical abnormality is present the final decision whether to proceed must be agreed upon by the podiatrist and the physician consultant. The Department of Surgery will decide the issue in the case of a dispute.

The following requirements must be met by all podiatrists applying for privileges at Lincoln Hospital.

I. MEDICAL Podiatry Privileges

- A. In order to obtain Class I **medical** podiatry privileges, an applicant must have:
 - 1. Graduated from a **College of Podiatric Medicine accredited by the Council on Podiatric Medical Education**; and
 - 2. Possess an unrestricted license to practice Podiatric Medicine issued by the Arizona State Board of Podiatric Examiners.
- B. Class I, Medical Podiatry, includes any non-surgical procedure which may be performed routinely at the bedside. (Refer to Podiatry Privilege Delineation Form.)
- C. No supervision is required.

II. SURGICAL Podiatry Privileges

- A. All applicants for **surgical** podiatry privileges must be board certified or eligible by the **American Board of Podiatric Surgery**.
Note: Podiatrists who finished their residencies prior to 1976 may be "grandfathered in."
- B. Podiatrists must have a co-admitter for all admitted cases (either an M.D. or a D.O. with Medical Staff privileges at Lincoln Hospital).
- C. **Class IV – Reconstructive Surgery of the Rearfoot/Ankle**
Applicant must provide documentation of training/current competence:
 - 1) Letter from Program Director specifically stating procedure(s) requested were included in training program, OR
 - 2) Copies of privilege delineation forms from at least two hospitals where you have been granted these privileges.

III. OBSERVATION REQUIREMENT

- 1. The practice of concurrent observation of newly appointed members of the Department of Surgery has been eliminated;
- 2. Observation/retrospective review may be required if determined necessary for new procedures under development.
- 3. The Department of Surgery reserves the right to require concurrent observation or retrospective review if circumstances warrant such action.

SPECIAL PROCEDURES

LASER PRIVILEGES

Current proficiency and knowledge of laser procedures.

- a. Laser surgery course with content consistent with the privileges being requested; or
- b. Letter from a residency director documenting adequate training for the privileges being requested; or
- c. Letter of explanation which requests that these privileges be granted without the above requirements being met.

MEDICAL ACUPUNCTURE

Qualifications for Initial Privileges:

1. Completion of an approved, specialized course of study to support current demonstrated competence and documentation of 200 hours of graduate training in medical acupuncture from an AMA Category 1 or AOA Category 1A accredited program.
2. Minimum of one (1) year of active clinical experience in medical acupuncture.
 - a. Three most recent (3) case summaries documenting use of medical acupuncture in clinical setting.
 - b. Three letters of recommendation from professional colleagues who can specifically address and attest to an applicant's qualifications and experience in the practice of medical acupuncture.

Qualifications for Renewal of Privileges:

1. Successful completion of 20 hours of approved, recognized courses over a two-year period of continuing education in medical acupuncture.
2. Demonstration of satisfactory performance in providing care since last credentialed.
3. Compliance with Medical Staff Bylaws, Rules & Regulations.

CONSCIOUS SEDATION

Refer to next page.

JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL

Criteria for Granting Privileges **CONSCIOUS SEDATION**

PURPOSE and DEFINITION

To provide guidelines to Medical Staff members who apply for privileges to administer conscious sedation.

Conscious sedation is a drug-induced minimally depressed level of consciousness (LOC) that retains a patient's ability to maintain a patent airway independently and continuously. The patient is able to respond to physical and verbal stimulation.

Members of the Medical Staff shall be privileged to administer conscious sedation.

INITIAL REQUEST – CRITERIA FOR GRANTING PRIVILEGES

Qualifications and competency requirements for privileges to administer conscious sedation by an applicant at the time of appointment to the Medical Staff include:

1. ADULT Patients
 - A. Signed acknowledgement that the applicant has reviewed and understands the John C. Lincoln Health Network Patient Services Policy, Conscious Sedation. **AND**
 - B. Training and education during residency, fellowship or continuing medical education courses that include:
 - i. Evaluation and care of patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
 - ii. Documentation of at least five (5) procedures performed during the past two years in which patients have received conscious sedation.

2. PEDIATRIC Patients
 - A. Signed acknowledgement that the applicant has reviewed and understands the John C. Lincoln Health Network Patient Services Policy, Conscious Sedation.; **AND**
 - B. Current Basic Life Support, or equivalent certification or training; **AND**
 - C. Training and education during residency, fellowship or continuing medical education courses that include:
 - i. Evaluation and care of pediatric patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
 - ii. Documentation of at least five (5) procedures performed during the past two years in which pediatric patients have received conscious sedation.

MAINTENANCE OF PROFICIENCY TO RENEW CONSCIOUS SEDATION PRIVILEGES

Practice meets acceptable standards for performance at John C. Lincoln Hospitals as determined by the applicable clinical department.