

**SAN GORGONIO MEMORIAL HOSPITAL
PRIVILEGE DELINEATION LIST
PLASTIC SURGERY**

NAME OF APPLICANT: _____ DATE: _____

YEAR OF BOARD CERTIFICATION/RECERTIFICATION: _____

PRIVILEGES CATEGORY	QUALIFICATIONS/CRITERIA
CATEGORY 1	USUAL AND CUSTOMARY PRIVILEGES (Procedures considered included in minimal formal training.)
	<p>QUALIFICATIONS:</p> <ol style="list-style-type: none"> 1. Successful completion of an accredited Plastic Surgery residency training program, AND, 2. Board qualified/certified by the American Board of Plastic & Reconstructive Surgery with recent experience in privileges requested, OR, (in lieu of Board Certification) 3. Demonstrate comparable competency to perform the privileges requested based on proctoring reports, reference letters, activity/operative reports or other documentation acceptable to the Surgical Service, AND have been practicing in Plastic Surgery for the past 5 years. 4. Privileges will be proctored per Surgical Service Rules and Regulations.
CATEGORY 2	ADVANCED PRIVILEGES (Procedures performed requiring special expertise and/or requiring documented special training and/or certification, when it exists)
	<p>QUALIFICATIONS:</p> <ol style="list-style-type: none"> 1. Board qualified/certified by American Board of Plastic Surgery, 2. AND, documented evidence of additional training, experience and competence by hands-on training, special certification, or written documentation of supervised numbers performed and outcomes. 3. Privileges will be proctored per Surgical Service Rules and Regulations.
CATEGORY 3	SPECIAL PROCEDURES AND/OR MANAGEMENT OF DIAGNOSIS (Procedures rarely performed or newly developed, requiring specialized training and/or certification when one exists.)
	<p>QUALIFICATIONS:</p> <p>Board qualified/certified by the American Board of Plastic Surgery and requires documentation of special training as outlined below:</p> <ol style="list-style-type: none"> 1. Completion of specialty training program or course in the procedure(s) requested. AND, 2. Documentation regarding experience and demonstrated competence by providing supervised numbers performed and outcomes. 3. Individual procedures will be proctored by a physician qualified to perform the procedures according to the Surgical Service Rules and Regulations.
MODERATE SEDATION	I.V. MEDICATIONS FOR SPECIAL PROCEDURES (All medications with potential loss of protective reflexes regardless of route of

San Gorgonio Memorial Hospital
 Plastic Surgery Privilege Delineation

	administration)
	QUALIFICATIONS: Physicians with General Surgery privileges, by virtue of their specialty training are qualified for moderate sedation privileges as requested below, but must continue to demonstrate current competency as outlined in the Medical Staff Rules and Regulations.

CATEGORY 1 USUAL AND CUSTOMARY PRIVILEGES	REQUESTED	GRANTED
CORE PRIVILEGES: For the initial evaluation and management of patients of all ages for admission, work-up, pre and post operative care, and ordering and prescribing medications per DEA certificate.	_____	_____
1. Clinic and/or hospital basic outpatient procedures and ambulatory treatment	_____	_____
2. Moderate Sedation (Must take and pass the Procedural Sedation Test and recommend ACLS certification)	_____	_____
CATEGORY 2 ADVANCED PRIVILEGES (Privileges performed, requiring special expertise and/or required documented special training and/or certification when one exists)	REQUESTED	GRANTED
1. Surgical & plastic reconstruction or repair of congenital defects or deformities	_____	_____
2. Surgical & plastic reconstruction or repair of traumatic defects or deformities	_____	_____
3. Surgical & plastic reconstruction or repair of neoplastic defects or deformities	_____	_____
4. Surgical & plastic reconstruction nor repair of acquired cosmetic defects or deformities.	_____	_____
5. Plastic & reconstructive repair by tissue grafts	_____	_____
6. Plastic & reconstructive repair by flaps	_____	_____
7. Plastic & reconstructive repair by alloplastic implantation	_____	_____
CATEGORY 3 SPECIAL PROCEDURES (Procedures rarely performed, newly developed, requiring additional specific training or certification.	REQUESTED	GRANTED
1. Treatment of burn injuries including acute resuscitation, debridement, Grafting, and reconstruction	_____	_____
2. Use of microscope for free transfer of composite tissue with anastomosis of artery and/or vein.	_____	_____
3. Use of laser for treatment of congenital, developmental, traumatic, or neoplastic problems.	_____	_____
4. Other _____	_____	_____
5. Other _____	_____	_____

STAFF CATEGORY REQUESTED: [] ACTIVE [] COURTESY [] CONSULTING

SIGNATURE OF APPLICANT: _____ DATE _____

APPROVALS:

Applicant may perform privileges and procedures as indicated: []

Exceptions/Limitations: _____

I have reviewed the applicant's health status and can attest that there are no health problems that exists that could affect his or her ability to perform the privileges requested.

Chairman, Surgical Services

Date

Chairman, Credentials Committee

Date

Chairman, Medical Executive Committee

Date

Chairman, Board of Directors

Date