The Department of Orthopaedics is organized to provide accountability for professional performance and ethical conduct of its members to the Summa Health System Board and to strive toward continual improvement of the quality of patient care delivered in the Department consistent with the recognized standards of professional care and resources available; to provide educational opportunities to its members to continually advance professional knowledge; to provide ongoing review of patient care practices; and to provide a means through which the Department may participate in the Hospital's policy-making and planning processes.

The Department of Orthopaedics shall be organized as follows:

I. Officers of the Department
   A. Department Chair
      1. The Department Chair shall be appointed by the Hospital Board and shall meet the qualifications as outlined for a Department Chair in the Summa Health System Medical Staff Bylaws.
      2. Duties of the Department Chair are outlined in the Summa Health System Medical Staff Bylaws.
      3. Removal of a Department Chair is outlined in the Summa Health System Medical Staff Bylaws.
   B. Department Vice Chair – as applicable
      1. The Vice Chair shall be a member of the Active Medical Staff and shall be qualified by training, experience and demonstrated ability in at least one clinical area within the Department.
      2. The Vice Chair shall be appointed by the Chair of the Department and approved through the Medical Executive Committee.
      3. Duties of the Vice Chair shall be:
         a. Act as presiding officer, or representative, at any meeting as designated by the Chair.
         b. Assist Department Chair in the development, implementation, evaluation and monitoring of the Department quality review programs.
         c. As appropriate, review credentials applications, conduct clinical interviews, and make recommendations to the Department Chair regarding the clinical privileges to be exercised within the Department by members of, or applicants to, the Medical Staff in the Department.
         d. Evaluate the clinical work performed in the Department, as assigned.
         e. Conduct investigations and submit reports and recommendations to the Department Chair regarding clinical privileges to be exercised within the Department by members of, or applicants to, the Medical Staff in the Department.
         f. Perform such other duties commensurate with the office that may be requested by the Department Chair.
      4. Vice Chair shall serve the same term as the Department Chair until his/her successor is chosen, unless he/she resigns or is removed from office.
      5. Removal of a Vice Chair may be initiated by:
         a. Removal of a Vice Chair shall be at the discretion of the Department Chair, and reported to the Medical Executive Committee.
         b. Removal of a Vice Chair does not constitute adverse action and shall not entitle the member removed to any hearing or appeal rights regarding the issue of removal.
   C. Division Chiefs – as applicable
      1. Division Chiefs shall be members of the Active Staff of the Department of Orthopaedics.
      2. Division Chiefs shall be qualified by training, board certification in the appropriate specialty or subspecialty, experience and demonstrated current ability in the clinical area included within their division.
      3. Appointment of Division Chiefs:
         a. By the Department Chair, or
         b. Division members shall select a leader acceptable to the Department Chair, or
         c. Upon acceptance by the Department Chair, the nominee will be presented to the Department membership for their information.
         d. The Department Chair shall notify the Medical Executive Committee, for their information, of the decision of the Department.
4. Each Division Chief shall serve a minimum term of two years unless he/she resigns prior to the end of the term, or is removed from office.

5. Duties of the Division Chief, or designee, shall be:
   a. Act as presiding officer at any division meeting, and keep accurate records of the proceedings.
   b. Assist in the development and implementation, in cooperation with the Department Chair, of a program to carry out the quality review, evaluation and monitoring function assigned to the division.
   c. Review credentials applications, conduct clinical interviews, and make recommendations to the Department Chair regarding the clinical privileges to be exercised within his/her division by members of, or applicants to, the Medical Staff in the Department of Orthopaedics.
   d. Evaluate the clinical work performed in the division.
   e. Conduct investigations and submit reports and recommendations to the Department Chair regarding the clinical privileges to be exercised within his/her division by members of, or applicants to, the Medical Staff in the Department.
   f. Perform such other duties commensurate with the office that may from time to time be requested by the Department Chair.
   g. May serve as education coordinator for the division for education of residents and students and shall coordinate the continuing medical education of attending and ancillary staff.

6. Removal of a Division Chief may be initiated by:
   a. Removal of a Division Chief shall be at the discretion of the Department Chair.
   b. Removal of a Division Chief does not constitute adverse action and shall not entitle the member removed to any hearing or appeal rights regarding the issue of removal.

D. Residency Program Director

1. Appointment process:
   a. A Department Chair may appoint residency and fellowship directors, or form a departmental search committee.
   b. The ACGME requires that residency and fellowship directors be approved by the Graduate Medical Education Committee (GMEC).
   c. The GMEC approved candidate is then referred to the Medical Executive Committee for approval.
   d. The Designated Institutional Official (DIO) for Graduate Medical Education is required to submit GMEC-approved program director appointments into the ACGME WebADS data system, and then that appointment is reviewed by the respective Review Committee, which has final approval authority over the appointment.

2. Duties of the Residency Program Director:
   a. Management and supervision of all aspects of the residency training program.
   b. Recruitment and selection of residents.
   c. Medical direction of all facilities utilized for the express purpose of education.
   d. Recruiting, maintaining and supervising a highly competent faculty teaching staff for resident education.
   e. Ensuring that all aspects of the residency program are in full compliance with applicable accreditation standards.
   f. Working with the Department Chair to implement mutually supportive activities between the residency program and the departmental membership.

3. Removal of a Program Director:
   a. Removal of a Program Director shall be at the discretion of the Department Chair.
   b. The Designated Institutional Official (DIO), or the Graduate Medical Education Committee may recommend removal.
   c. Removal of a Program Director must be reported to the Medical Executive Committee.
   d. Removal of a Program Director does not constitute adverse action and shall not entitle the member removed to any hearing or appeal rights regarding the issue of removal.
II. Department Meetings
A. The Department will meet on a regular basis at a time and place designated by the Department Chair with appropriate consideration of membership needs. Department meetings may be canceled at the discretion of the Department Chair.

B. Conduct of Business
1. Department business shall be conducted under generally accepted parliamentary rules of order.
2. A quorum will be required for the conduct of all business requiring the placing of motions and the taking of a vote.
3. A quorum shall be specifically defined in the department addendum, but must have at least a minimum of three members.
4. Unless otherwise stated in these rules, passage of all items to be voted upon requires a simple majority of voting members present or responding by email.
5. In the absence of a quorum, the administrative business of the Department may be conducted. Such business would include reports of committees, dissemination of information and all other routine matters not requiring a vote.
6. An Executive Session of the Department meeting may be called as determined by the Department Chair. At Executive Sessions, members shall include Active Staff members of the Department and a recording secretary.

C. Voting Rights
1. Active Staff
   An active staff member may vote on any matter presented at a Department meeting and any departmental committee meeting of which he/she is a member.
2. All Other Staff Categories
   These categories of membership may only vote on matters presented to department committees to which the member has been appointed.

D. Absent Voting Members
1. In anticipation of an issue to be voted upon in his/her absence, a voting member may register his/her vote by written or oral proxy.
2. Proxy votes are to be registered with the Department Chair or designee.

E. Members with active admitting privileges are required to attend a minimum of 50 percent of department meetings. Failure to meet the attendance requirement, as defined, without excuse satisfactory to the Dept Chair or designee, may be grounds for corrective action as described in the Summa Medical Staff Bylaws.

F. Executive session of the Department meeting may be called as determined by the Chair. At Executive Sessions, members shall include Active Staff members of the Department and a recording secretary.

III. Departmental Committees
A. The Department Peer Review Board shall serve as a standing committee. (Refer to Peer Review Committee Addendum)

B. Other standing and ad hoc committees may be formed at the discretion of the Department Chair to attend to necessary Department functions.

IV. Division Meetings
A. Division meetings shall be held at the discretion of the Division Chief, as needed and appropriate. Members shall be notified at least three days prior to the meeting by telephone, an electronic message or written notice.

B. Attendance requirements for division meetings are at the discretion of the Department Chair. Failure to meet the defined attendance requirement, without excuse satisfactory to the Division Chief may be grounds for corrective action as described in the Summa Medical Staff Bylaws. Meeting attendance is reviewed during reappointment.

C. A quorum for a division meeting shall be defined as those present.

D. Minutes of the division meeting shall be recorded and forwarded to the Department Chair. Any pertinent information should be reported during the Department meeting.
V. Appointment and Clinical Requirements  
A. In addition to the qualifications outlined in the Summa Medical Staff Bylaws, members of the Department must meet the following general requirements:
1. Must be certified by a primary board or hold appropriate sub-specialty certification within their field of practice where a specialty board exists, or become board certified within five (5) years of appropriate residency and/or fellowship training completion or within the amount of time specific by the applicant’s specialty, whoever is less. The certification must be recognized by the American Board of Medical Specialties or the American Osteopathic Association. If a period of clinical practice is required prior to certification examination, the five (5) year interval shall begin at the completion of the practice period.
2. Must maintain an office and residence within a reasonable distance of the hospital.
3. Must provide additional documentation and information for credentialing as requested by the Department Chair and/or Division Chief.
4. Must demonstrate a commitment to participate as appropriate in the clinical, educational and service activities of the Department, including consults and care of the uninsured at Summa Health System.

B. Scope of Practice  
The scope of practice is defined in Attachment A.

C. Terms of Appointment  
1. All appointments shall be made by the Summa Health System Board in accordance with the procedures set forth in the Credentialing Appointment/Reappointment Policy and the Summa Health System Medical Staff Bylaws.
2. All initial appointments are provisional for one (1) year.
3. During the provisional period, each appointee's performance and clinical competence shall be monitored by the Department Chair, or their designee. At the conclusion of the provisional period, the Department Chair shall review the appointee's performance with regard to:
   a. quality of patient care
   b. relationship with physicians, patients, and other health care personnel
   c. ethical conduct
   d. physical and mental health
   e. compliance with the Summa Health System Medical Staff Bylaws, Department Rules and Regulations, and Hospital policies
   f. timely completion of medical records
   g. board certification status
4. The Department Chair shall submit a written report regarding the appointee to the Credentials Committee for approval. The report must include a recommendation for permanent appointment or continuation of the provisional appointment for a one (1) year period of time.

D. Professional Practice Evaluations  
All appointees will be subject to professional practice evaluations.
1. Initial appointments and new privileges will merit a Focused Professional Practice Evaluation (FPPE), as determined by the Department Chair and/or designee and established in Department rules and regulations, in accordance by bylaws and available standards, and approved by the Medical Executive Committee. Final report will be submitted to the Medical Staff Credentials Committee for approval.
2. All medical staff appointees will have Ongoing Professional Practice Evaluations (OPPE), at an interval not less than every 6 months. Specifications are determined by the Department Chair and/or designee and established in Department rules and regulations, in accordance with bylaws and available standards, and approved by the Medical Executive Committee. This information will be submitted to the Medical Staff Credentials Committee, to be used in the reappointment process.
3. When a practitioner’s clinical competence, practice behavior, or performance of privileges indicate the need for a period of focused performance monitoring, a targeted FPPE will be developed and implemented by the Department Chair and/or designee, in accordance with bylaws and available standards, and approved by the Medical Executive Committee. The result of the FPPE will be handled in accordance with Medical Staff Policy 1.29.

E. Revocation, Suspension or Limitation of Department Membership”

Membership in the Department may be revoked, restricted, or suspended as outlined in Article V of the Summa Medical Staff Bylaws.

VI. Amendments

These Rules and Regulations may be amended at any regular Department meeting. The proposed amendment must be sent to each voting member at least seven (7) days before the scheduled meeting. Providing a quorum is present, a two-thirds (2/3) majority vote shall be required for adoption of each amendment proposed. Approval of these amendments shall be subject to approval of the Medical Executive Committee and the Summa Health System Board.

VII. Matters Not Addressed by the Departmental Rules and Regulations

The Bylaws, Policies and Procedures of the Medical Staff shall serve as a reference until the Department Rules and Regulations can be amended to address such matters.

VIII. Appendices to the Rules and Regulations of the Department include:
A. Scope of Practice
B. Delineation of Privileges
C. Peer Review/Quality Improvement Program

IX. Medical Staff Definitions (Refer to the Medical Staff Bylaws)

X. Ethics and Ethical Relationships

The Principles of Medical Ethics are consistent with those outlined in the Medical Staff Bylaws.
DEPARTMENT OF ORTHOPAEDICS ADDENDUMS

1. Department meetings will be scheduled as needed throughout the year when a vote is necessary. Electronic communication throughout the year will occur for information only items.

2. II-B-3. A quorum will be the majority of voting members in attendance. At the chairs discretion, some issues may require an electronic vote.
General Privileges Form

STAFF STATUS (please initial in the box)

☐ Active Staff
Members who regularly utilize the facility for patient care and are required to be involved in Medical Staff functions.

☐ Affiliate Staff
Physicians, dentists, podiatrists, psychologists, and medical researchers who are periodically active within the Summa Health organization, but do not meet the definition of active staff.

☐ Research Staff
The Scientific Staff shall consist of scientists, who may be physicians, dentists, podiatrists, psychologists or other specially trained individuals, possessing special expertise in health care, the practice of medicine, medical education and medical research.

GENERAL PRIVILEGES (Initial all that are requested)

Treatment: Includes therapeutic orders, tests and procedures within the scope of individually delineated clinical privileges.

Professional visitation: Includes access to and review of all medical records and the placement of non-treatment notations in the chart.

I. Inpatient Facilities

☐ A. Admission, inpatient observation, consultation and treatment
☐ B. Consultation and treatment only
☐ C. Consultation and testing only
☐ D. Professional visitation only

II. Outpatient Facilities

☐ A. Scheduling and treatment
☐ B. Scheduling and request for testing only

In the event of a declared disaster the Medical Staff Office will notify members of the medical staff (via pager and/or e-mail) where to report for assignment.

Signature: _____________________________ Date: __________

Requested privileges are recommended for approval.

Department Chair______________________________ Date___________
Orthopaedics
Orthopaedic Peer Review Procedure

Author: Scott Weiner, MD
Executive Sponsor: Hollie Kozak
Date: July 1, 2016

Procedure Type

☐ Entity Governance Policy
☐ Entity Policy
☐ Entity Departmental Policy

☐ System Governance Policy
☐ System Policy
☒ System Departmental Policy
☐ Home Office Policy

Procedure Scope

☐ Summa Health (Corporate)
☐ Summa Health Network
☐ Summa Physicians, Inc
☐ Summacare

☐ Summa Health System (Hospitals)
☐ New Health Collaborative
☒ Department: Orthopaedics
Purpose:

1.1 The purpose of this procedure is to outline the peer review process as it relates to the Department of Orthopaedics.

2.0 Scope:

2.1 The procedure applies to the peer review process for orthopaedics at Summa Health Center at Wadsworth-Rittman, Summa Barberton Hospital and Summa Akron City Hospital.

3.0 Definitions:

3.1 The Comprehensive Care for Joint Replacement (CJR): The CJR is a mandated retrospective bundled payments for elective total knees and hips (excluding revisions and resurfacing) for patients whose primary insurance is Medicare and is enrolled in Part A and B and is not a part of the BCPI.

4.0 Background

4.1 The Orthopaedics Peer Review Committee will be made up of orthopaedic surgeons, approved by the Chair, who have privileges at Summa Health.

4.2 The cases that will be reviewed are:

4.2.1 Delays to surgery
4.2.2 Re-admits
4.2.3 Infections
4.2.4 Mortality
4.2.5 Cases submitted by anyone with quality concerns regarding a patient questions
4.2.6 Complaints
4.2.7 Complications of all patients having a knee/hip replacement surgery

5.0 Procedure

5.1 All notifications related to the above criteria for review are sent to the RN who is assigned to orthopaedic peer review

5.2 All morbidity and mortality cases should be sent to the RN who is assigned to orthopaedic health care review from performance improvement team

5.3 The orthopaedic peer review process will be scored on standard criteria.

5.4 The rating system will be a 1-4 scale based on harm to the patient or potential harm.

5.5 The RN will review the case initially and rate the case;

5.5.1 if the case is reviewed and no quality concerns were identified it is assigned a positive standard of care (SOC) or a 1 (standard of care met) the case will be entered into the electronic system and closed.

5.5.2 If the case is reviewed and is not ideal care or a SOC 1( it is dropped out for further review by the assigned orthopaedic physician.
5.6 If after initial physician review, the case has not been closed, it is sent to the peer review committee. After the committee review, if the case is identified as a negative standard of care, a letter is sent to the physician with the concern identified and the physician is given an opportunity to provide additional information to the committee via letter or in person. The physician is given 30 days to respond and if no response a second letter may be sent informing the physician if no response after the additional 30 days the case will be assigned a standard of care and closed. If the letter is received it will be shared with the peer review committee and a final determination of standard of care will be assigned. The review may also highlight system issues or cross department issues.

5.7 All cases reviewed are included in the ongoing physician performance evaluation report sent to the chair on a regular basis. Any physician with quality concerns will be reviewed by the chair and additional measures may be required. The cases are also reported in Crimson where they are tracked and reported back to the Chair periodically. (approximately every 6 months)

6.0 Responsibilities and Authorities:

6.1 The Policy Gatekeeper: Manager, Sports Health
   6.1.1 Publishing approved procedure on-line
   6.1.2 Sending notice of approved and updated procedures out
   6.1.3 Coordinating procedure review schedules and notifying the executive sponsor of needed reviews at least 90 days prior

6.2 Approval: Vice-President, Orthopaedic Institute

7.0 Records

7.1 The documentation of peer review cases is stored in Crimson.

8.0 References:

Revisions:
Original: July 1, 2016
Revision: Revision:
Approval Signatures (* Denotes Only if Applicable)

<table>
<thead>
<tr>
<th>Role</th>
<th>Signature 1</th>
<th>Signature 2</th>
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<tbody>
<tr>
<td>Executive Sponsor</td>
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<tr>
<td>Gate Keeper</td>
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<tr>
<td>Entity President</td>
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<tr>
<td>System CEO*</td>
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<tr>
<td>Governance Board Chair*</td>
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</table>

Review Frequency

3 Years 0 Months

Review History

<table>
<thead>
<tr>
<th>Reviewed On</th>
<th>Executive Sponsor Signature</th>
<th>Revision Reviewed</th>
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# Delineation of Privileges
## Department of Orthopaedics
### Summa Health System

**SCOPE OF PRACTICE**
The Department of Orthopaedics recognizes physicians trained to the standards of a residency program accredited by the ACGME in Orthopaedic Surgery should have the skills to provide diagnostic evaluation/treatment of conditions to the human body musculoskeletal system, its supportive/related structures by medical, surgical, manipulative and physical modalities. Treated problems may be congenital, metabolic, inflammatory, degenerative, traumatic, and/or neoplastic origin. In the event of an emergency, threatening loss of life/limb, the orthopaedic surgeon is expected to exercise his/her skill and judgment to treat such patients, regardless of his/her clinical delineation. Certain areas of special interest related to Orthopaedic Surgery require frequent repetitive/educational effort to become and remain technically proficient and assure quality of care. In order to individualize orthopaedic privileges, the following special skills list has been approved by the Department of Orthopaedics, and is applicable to Summa Health System.

**DOCUMENTATION OF COMPETENCY**
For applicants, documentation of competency requires a letter from their former Program Director, or current Chief of Service/Department Chair, attesting to clinical competency and training in the procedures requested. The numbers of procedures performed and outcomes may be requested as documentation of clinical competency. At re-appointment, documentation of competency includes a review of volume and quality reports.

I, #Name_FML_T# hereby request the below initialed privileges in the Department of Orthopaedics. I attest to having the required education and experience to perform the procedures indicated, and I agree to provide documentation of competency as required.

<table>
<thead>
<tr>
<th>Privilege</th>
<th>Requested</th>
<th>Documentation Received</th>
<th>Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Arthroscopic Surgery:</strong> Basic: removal procedures, abrasion arthroplasty, lateral release for the knee. Advanced: all basic procedures plus repair, reconstruction, realignment and arthrodesis.</td>
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<tr>
<td>Elbow</td>
<td>Basic</td>
<td>Advanced</td>
<td>Yes</td>
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<tr>
<td>Foot/Ankle</td>
<td>Basic</td>
<td>Advanced</td>
<td>Yes</td>
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<tr>
<td>Hip</td>
<td>Basic</td>
<td>Advanced</td>
<td>Yes</td>
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<tr>
<td>Knee</td>
<td>Basic</td>
<td>Advanced</td>
<td>Yes</td>
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<tr>
<td>Shoulder</td>
<td>Basic</td>
<td>Advanced</td>
<td>Yes</td>
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<tr>
<td>Wrist</td>
<td>Basic</td>
<td>Advanced</td>
<td>Yes</td>
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<tr>
<td><strong>Hand and Wrist</strong></td>
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<tr>
<td>Elective major reconstruction (including replacement arthroplasty and tendon grafts)</td>
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<td>Yes</td>
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<tr>
<td>Endoscopic carpal tunnel</td>
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<td>Yes</td>
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<tr>
<td><strong>Malignancy:</strong> Salvage procedures for primary bone or soft tissue tumors involving:</td>
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<td>Extremities</td>
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<td>Yes</td>
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<tr>
<td>Spine</td>
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<td>Yes</td>
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<tr>
<td><strong>Primary Arthroplasty</strong></td>
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<tr>
<td>Ankle</td>
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<td>Yes</td>
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<td>Elbow</td>
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<td>Hip</td>
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<td>Knee</td>
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<tr>
<td>Shoulder</td>
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<tr>
<td><strong>Replant Surgery</strong></td>
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<td>Yes</td>
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<tr>
<td><strong>Revision Arthroplasty</strong></td>
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<tr>
<td>Lower extremity</td>
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<td>Yes</td>
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<tr>
<td>Upper extremity</td>
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<td>Yes</td>
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<tr>
<td><strong>Spine</strong></td>
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<tr>
<td>Spinal instrumentation</td>
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<td>Yes</td>
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<tr>
<td>Anterior spinal fusion</td>
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<td>Yes</td>
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<tr>
<td>Spinal osteotomy</td>
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<td>Yes</td>
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<tr>
<td>Percutaneous spine surgery</td>
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<td>Yes</td>
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</table>

Signature: ____________________________ Date: ____________

Section Chief: ____________________________ Date: ____________

Department Chairman: ____________________________ Date: ____________

Approved MEC 02/08/06
Approved BOD 02/20/06 pending
Duties of the Division Chief, or designee, shall be:

a. Act as presiding officer at any division meeting, and keep accurate records of the proceedings.

b. Assist in the development and implementation, in cooperation with the Department Chair, of a program to carry out the quality review, evaluation and monitoring function assigned to the division.

c. Review credentials applications, conduct clinical interviews, and make recommendations to the Department Chair regarding the clinical privileges to be exercised within his/her division by members of, or applicants to, the Medical Staff in the Department of Orthopaedics.

d. Evaluate the clinical work performed in the division.

e. Conduct investigations and submit reports and recommendations to the Department Chair regarding the clinical privileges to be exercised within his/her division by members of, or applicants to, the Medical Staff in the Department.

f. Perform such other duties commensurate with the office that may from time to time be requested by the Department Chair.

g. May serve as education coordinator for the division for education of residents and students and shall coordinate the continuing medical education of attending and ancillary staff.
SUMMA HEALTH SYSTEM
Delineation of Privileges
Dept of Orthopaedics - Division of Podiatry

**SCOPE OF PRACTICE**
1. The applicant must meet the general qualifications for membership outlined in the Summa Health Medical Staff bylaws.
2. The applicant must be certified or qualified for certification by the American Board of Podiatric Surgery at the time of initial application. If qualified for certification at the time of application, the applicant must receive certification by the American Board of Podiatric Surgery, within five years of becoming eligible to take the Board exam in order to retain staff membership.
3. The applicant must have actively engaged in the practice of Podiatric Surgery for the past three years, either as a resident (in a Council of Podiatric Medical Education approved residency) or as a licensed private practitioner.
4. The applicant will achieve successful completion of a clinical interview by the department committee in which the applicant demonstrates an ability to manage common foot/ankle problems in a satisfactory fashion, as well as oral and written communicative skills.
5. The Chairman of the Department of Orthopaedic Surgery and the Chief of Podiatry shall sign off on the requested delineation of privileges.
6. The applicant will possess and maintain an office and residence within a reasonable distance of the Summa Akron City and St. Thomas Hospitals.

**DOCUMENTATION OF COMPETENCY**
For applicants, documentation of competency requires a letter from their former Program Director, or current Chief of Service/Department Chair, attesting to clinical competency and training in the procedures requested. The Credentialing Department will obtain this information.

<table>
<thead>
<tr>
<th>PRIVILEGE</th>
<th>REQUESTED</th>
<th>DOCUMENTATION REQUIRED</th>
<th>DOCUMENTATION RECEIVED</th>
<th>RECOMMENDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVEL I – BEDSIDE CARE OF PATIENTS: MUST BE BOARD QUALIFIED OR CERTIFIED BY THE AMERICAN BOARD OF PODIATRIC SURGERY</td>
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<tr>
<td>Calluses</td>
<td>Yes</td>
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<tr>
<td>Toenails</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthesia:</td>
<td>ANKLE BLOCK</td>
<td></td>
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</tr>
<tr>
<td>Bier block</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Digital block</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Local infiltration</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Forefoot:</td>
<td>Bunions</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hallux (valgus, varus, rigidus)</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Hammer toes</td>
<td>Yes</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Metatarsal (exostectomy, osteotomy, partial ostectomy)</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Metatarsus varus</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Phalanx (exostectomy, osteotomy, partial ostectomy)</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Toe amputations</td>
<td>Yes</td>
<td></td>
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<td></td>
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<tr>
<td>Toe arthrodesis</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hindfoot:</td>
<td>Plantar heel spur</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Soft Tissue:</td>
<td>Abscesses – foot only</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Achilles tendon</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Benign lesions</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Forefoot</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Neuromas</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Plantar fasciectomy</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Posterior tendon</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Tendons (lengthening, tenotomy, repair)</td>
<td>Yes</td>
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<tr>
<td>Toenails</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Ulcers – foot only</td>
<td>Yes</td>
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</tbody>
</table>
# Rearfoot and Ankle Surgery

All qualifications above plus:

- Must be board certified by the American Board of Podiatric Surgery for Rear Foot and Ankle Surgery.
- Must have had additional training/fellowship or experience after graduating from a residency in the management of rear foot and ankle procedures.
- Must satisfactorily complete a clinical interview emphasizing surgical mastery in each area for which privileges are requested as outlined on this delineation form.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ankle arthrodesis</td>
<td></td>
</tr>
<tr>
<td>Application of standard external and thin wire fixator for</td>
<td></td>
</tr>
<tr>
<td>fracture management of distraction osteogenesis</td>
<td></td>
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<tr>
<td>Arthroscopy - ankle</td>
<td></td>
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<tr>
<td>Arthroscopy of the ankle; synovectomy</td>
<td></td>
</tr>
<tr>
<td>Endoscopic plantar fascia surgery</td>
<td></td>
</tr>
<tr>
<td>ORIF of fractures of the malleoli (closed or open)</td>
<td></td>
</tr>
<tr>
<td>ORIF of Lisfranc calcaneal, talar, navicular fractures &amp;</td>
<td></td>
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<tr>
<td>corrective osteotomy</td>
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<tr>
<td>Pantalar arthrodesis</td>
<td></td>
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<tr>
<td>Tendon repair or transfer (in hindfoot)</td>
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<tr>
<td>Total joint arthroplasty – ankle</td>
<td></td>
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<tr>
<td>Triple arthrodesis</td>
<td></td>
</tr>
</tbody>
</table>

Division Chief Signature: _______________________________ Date: __________

I, #NameFML_T#, hereby request the above initialed privileges in the Department of Orthopaedics, Division of Podiatry. I attest to having the required education and experience to perform the procedures indicated, and I agree to provide documentation of competency as required.

Signature: _______________________________ Date: __________

Section Chief: _______________________________ Date: __________

Department Chairman: _______________________________ Date: __________
SUMMA HEALTH SYSTEM
DEPARTMENT OF ORTHOPAEDICS
FOOT/ANKLE SERVICE - PODIATRY DIVISION

GENERAL QUALIFICATIONS

An applicant for Medical staff membership and privileges in podiatry must meet the general qualifications for medical staff privileges as outlined in the Summa Medical Staff bylaws.

SPECIFIC QUALIFICATIONS - LEVEL I - BEDSIDE CARE

1. The applicant must meet the general qualifications for membership outlined in the Summa Medical Staff bylaws.
2. The applicant must be certified or qualified for certification by the American Board of Podiatric Surgery or the American Board of Podiatric Orthopaedics for Level I. If qualified for certification at the time of application, the applicant must receive certification by the American Board of Podiatric Surgery or the American Board of Podiatric Orthopaedics within five years of becoming eligible to take the Board exam in order to retain staff Membership.
3. The applicant must possess and maintain an office and residence within a reasonable distance of the Summa campuses.

SPECIFIC QUALIFICATIONS - LEVEL II - SURGICAL PRIVILEGES

1. The applicant must meet the general qualifications for membership outlined in the Summa Medical Staff bylaws.
2. The applicant must be certified or qualified for certification by the American Board of Podiatric Surgery at the time of initial application. If qualified for certification at the time of application, the applicant must receive certification by the American Board of Podiatric Surgery within five years of becoming eligible to take the Board exam in order to retain staff membership.
3. The applicant must have actively engaged in the practice of Podiatric Surgery for the past three years, either as a resident [in a Council of Podiatric Medical Education approved residency] or as a licensed private practitioner.
4. The applicant will have forwarded a written recommendation from his/her residency program director(s), which specifically addresses his/her ability to work and get along with other health care professionals, ethical character, and procedural skill acquired, clinical judgment, knowledge of recent medical literature, and his/her commitment to teaching, must be provided. [Paragraph 1 of this section shall prevail if the candidate is more than ten years out of training at the time of initial appointment and provide a letter of competency from the Department Chair of the Hospital where the physician has been practicing]
5. The Chair of the Department of Orthopaedic Surgery and the Chief of the Foot and Ankle Service shall sign off on the requested delineation of privileges.
6. The applicant will achieve successful completion of a clinical interview by a department committee in which the applicant demonstrates an ability to manage common foot/ankle problems in a satisfactory fashion, as well as oral and written communicative skills.
7. The applicant will possess and maintain an office and residence within a reasonable distance of the Summa campuses.

DEPARTMENTAL POLICY - LEVEL I - BEDSIDE CARE OF PATIENTS

A podiatrist with the Level I privileges may be consulted by a member of the attending staff to provide bedside care of a patient. This care is limited to the treatment of toenails and calluses.

DEPARTMENTAL POLICY - LEVEL II - SURGICAL PRIVILEGES

1. Podiatrists shall be members of the Department of Orthopaedics. All patients admitted for podiatric care shall receive the same basic medical care appraisal as patients admitted for other orthopaedic procedures.
2. The podiatrist shall be subject to Summa Health System Medical Staff bylaws and any application, rules and regulations as determined by their department.
3. A patient admitted solely for the purpose of receiving podiatric services, must be under the supervision of the admitting podiatrist.

4. A podiatric requiring treatment beyond the scope of podiatry at the time of admission, or after admission, must receive non-podiatric treatment from a physician who is a member of the medical staff.

5. The admitting podiatrist must make arrangements through appropriate consultation for necessary non-podiatric care given during the patient’s stay.

6. A second opinion by the Chair of the Department of Orthopaedic Surgery, the head of the Foot/Ankle Service or his designee is mandatory for all operative cases during the provisional period. This period may be extended or reduced by the Department of Orthopaedic Surgery upon the recommendation of the Chief of the Foot and Ankle Service. This second opinion is to be obtained prior to surgery by referring the patient to the orthopaedist’s office or by requesting the orthopaedist sees the patient in the hospital if he/she is already hospitalized.

7. The podiatrist will perform his/her surgical procedure under the direct supervision of a surgeon as determined by the Chief of the Foot and Ankle Service during the provisional period.

8. If a podiatrist wishes to administer his/her own local anesthesia, he/she must do so under the direct supervision of a physician member of the Department of Anesthesiology, as determined by the Chair of that department, during the provisional period.

9. At the end of the provisional period, a recommendation will be to either continue the provisional period or remove it, as deemed appropriate by the Chair of the Department of Orthopaedic Surgery, upon consultation with the Foot and Ankle Service.

Revised by Department of Orthopaedics: February 23, 1998; Medical Executive Committee approved May 14, 1998
Revision approved by Department of Orthopaedics 1-20-06; Medical Executive Committee approved April 13, 2006
Revision approved by Department of Orthopaedics 1-2017;