

Loma Linda University Medical Center
Loma Linda, CA 92354

PRIVILEGE FORM

CLINICAL AREA: **PLASTIC AND RECONSTRUCTIVE SURGERY**

Name: _____

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REQUEST	CATEGORY	MEMBERSHIP CATEGORY	ACTION		
			Approved	Conditions	Denied
	Provisional (Bylaws 4.3)	All initial appointees shall be placed in the Provisional Category for the duration of their initial appointment.			
	Administrative (Bylaws 4.7)	For practitioners who are members of the Medical Staff who have no clinical privileges, who are recommended for appointment or reappointment to the Administrative Staff by the Chief of the Clinical Service, the Credentials Committee, and the Medical Staff Executive Committee, and who must MUST meet the following:			
		1. Have been a member in good standing of the Active, Courtesy, or Provisional Staff for at least one (1) year.			
		2. Have completed proctoring for any clinical privileges previously requested.			
		3. Agree to refrain from participating in any activities within the Medical Center that require clinical privileges.			
		4. Provide significant service to the Medical Center and the Medical Staff in the form of academic activities, quality improvement activities, or administration.			
		5. Be recommended for appointment or reappointment			
		Failure to meet any of these qualifications will be adequate grounds to deny reappointment.			
	Affiliate (Bylaws 4.9)	Practitioners who CANNOT : 1. Vote or hold office in the Medical Staff or Service. 2. Be a member of any Medical Staff Committee. 3. Be Reappointed to the Affiliate Category.			
		Practitioners who MUST : 1. Have been a member in good standing of the Active, Courtesy or Consulting category during the immediate preceding appointment period. 2. Have completed, in a timely manner as described in the Bylaws, an application for reappointment. 3. Have been found to be qualified for reappointment, other than the volume of clinical activity.			
	Active (Bylaws 4.2)	Regularly care for patients in the Medical Center; have completed proctoring requirements and the Provisional period.			
	Courtesy (Bylaws 4.4)	Admit or otherwise provide care for not more than twelve (12) patients in the Medical Center during each year. Have completed proctoring and the Provisional period.			
	Consulting (Bylaws 4.5)	Render a clinical opinion within their competence. Shall not be eligible to admit patients or to assume continuing care of patients in the Medical Center. Not eligible to vote or hold office in the Medical Staff or Clinical Service			

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CATEGORY	QUALIFICATIONS
All	<p>Current demonstrated competence and an adequate volume of current experience with acceptable results in the privileges requested for patients of all age groups, except as specifically excluded from practice.</p> <p>Current certification, or active participation in the examination process leading to certification, in plastic surgery by the American Board of Plastic Surgery to be achieved after five (5) years of completion of residency training; or</p> <p>Successful completion of an approved, recognized course or acceptable supervised training in a residency, fellowship or other formal training or clinical experience of sufficient breadth and length with acceptable results.</p>
Hand Surgery	<p>Completion of an approved residency training program in Plastic and Reconstructive Surgery or</p> <p>Certification or active participation in the examination process leading to certification by the American Board of Plastic Surgery shall be deemed sufficient training for Hand Surgery privileges in this hospital.</p>
Use of Laser	<p>Certification of completion of an accredited laser training program documenting laser care, physics and clinical indications for utilization of the specific laser; or</p> <p>Documentation from the chief of an accredited residency training program attesting to the training in specific laser therapy during residency.</p>
Sedation	<p>Moderate Sedation:</p> <p>Successful completion of the PURPLE Book test, or equivalency, from Loma Linda University Medical Center – Quality Resource Management (LLUMC-QRM).</p> <p>Deep Sedation:</p> <p>Successful completion of the PRS Self-Study packet and test, or equivalence, from LLUMC-QRM.</p>

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MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Conditions	Denied
GENERAL					
	PRS00300	Admit, treat, consult on diseases/disorders/conditions requiring plastic and/or reconstructive surgery			
	PRS00301	Consult on diseases/disorders requiring plastic and/or reconstructive surgery			
	PRS00310	Admit and treat with consultations, patients in the special care units			
	PRS00320	Supervision of Residents and Students			
		Supervision of Allied Health Professionals under the following circumstances: AHP is granted practice privileges by the Medical Staff AHP operates under standardized procedures Other circumstances as recommended by the IDP Committee and approved by the Medical Staff			
		Supervise Radiologic Technologists and operate Fluoroscopy Equipment. <u>Fluoroscopy Supervisor and Operator Permit required (attach current copy).</u>			
ALL					
	PRS10150	Plastic and reconstructive procedures of soft tissue disfigurement or scarring, for cosmetic or functional reasons			
	PRS07660	Management of patients with burns, including plastic procedures on the extremities			
	PRS10920	Removal of benign and malignant tumors of the soft tissue and skin			
	PRS10140	Plastic and reconstructive procedures of all forms of congenital and acquired soft tissue anomalies, including those requiring the use of skin grafting procedures, the use of pedicle flaps, of collagen injection			
	PRS04690	Free tissue transfer flap with microvascular anastomosis			
	PRS08100	Microvascular procedure			
	PRS11220	Replantation of amputated parts (*Radio/FluoroCert required)			
	PRS10100	Plastic and reconstructive procedures on the female and male breast, including augmentation and reduction mammoplasties			
	PRS10090	Plastic and reconstruction procedures of external and internal male and female genitalia			
	PRS04945	Major head and neck radical cancer surgery and reconstruction			
	PRS11230	Resection of intra oral tumors, oral cavity, palate			
	PRS11250	Resection of parotid tumors of the head and neck			

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REQUESTED		CODE	PRIVILEGE	ACTION		
YES	NO			Approved	Conditions	Denied
ALL, Continued						
		PRS11940	Plastic and reconstructive procedures for congenital anomalies, of head and neck, including cleft lip, cleft palate			
			Major cranio-facial surgery, including synostosis			
		PRS07370	Management of frontal sinus fractures			
		PRS07140	Management of all forms of facial or maxillofacial trauma including fractures			
		PRS07490	Management of maxillofacial trauma excluding frontal sinus fractures			
			Facial Plastic surgery to include cosmetic surgery on the face, nose, external ear, eyelids and lips			
		PRS00510	Aesthetic/cosmetic surgery of the head and neck			
		PRS00510	Aesthetic/cosmetic surgery of the trunk and extremities			
		PRS06680	Liposuction or lipo-injection procedure for contour restoration: head and neck			
		PRS06685	Liposuction or lipo-injection procedure for contour restoration: trunk and extremities			
			Plastic and reconstructive procedures to include:			
		PRS00210	Chemical peel			
		PRS03200	Dermabrasion			
		PRS02220	Chemosurgery			
		PRS04900	Hair transplantation, punch or strip			
		PRS04480	Plastic and reconstructive surgery of the head and neck for acquired and congenital deformities			
			Plastic and reconstructive surgery of the trunk and extremities for acquired and congenital deformities			
HAND SURGERY						
		PRS00680	Amputations upper and lower extremities for trauma or malignant disease			
		PRS01110	Arthroplasty of large and small joints, including implants (*Radio/Fluoro Certificate required)			
		PRS01970	Carpal tunnel decompression			
		PRS12380	Tendon release, repair and fixation			
		PRS12370	Tendon reconstruction (free graft, staged)			
		PRS12410	Tendon transfers			
		PRS04530	Fasciotomy and fasciectomy			

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MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Conditions	Denied
HAND SURGERY, <i>Continued</i>					
	PRS08610	Open & closed reduction of fractures (*Radio/Fluoro Cert required)			
	PRS04660	Fracture fixation with compression plates or wires (*Radio/Fluoro Cert required)			
	PRS10950	Removal of ganglion (palm or wrist; flexor sheath; etc.)			
	PRS06450	Lacerations			
	PRS08340	Neurolysis			
	PRS08390	Neurorrhaphy			
	PRS09280	Pedicle flaps			
	PRS11670	Skin grafts			
	PRS04690	Free tissue transfers			
	PRS08310	Nerve grafts			
	PRS13340	Vascular grafts pertaining to the hand and forearm			
	PRS01480	Bone graft pertaining to the hand			
	PRS07150	Treatment of infections			
		Reconstructive procedures for congenital deformities of the hand (*Radio/Fluoro Certificate required)			
		Excision of benign and malignant lesions of the hand			
USE OF LASER					
<i>Use is limited to approved applications for the specific laser indicated. List and check "Yes" in the Requested column for each specific type of laser for which privileges are requested.</i>					
	PRS13181	CO ₂			
	PRS13182	NdYAG			
	PRS13183	KTP			
	PRS13184	Argon			
	PRS13185	Tunable Dye			
	PRS13213	Q Switch Ruby			
SEDATION					
	PRS99998	Moderate sedation			
	PRS99999	Deep sedation			

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Acknowledgment of Practitioner

I have requested only those specific privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Loma Linda University Medical Center, Inc.; **and**

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by any 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 situation my actions are governed by the applicable section of the Medical Staff Bylaws.

Signed: _____

Date: _____

*** For Hospital and/or Clinic Use Only ***

Conditions/Modifications:

The requested clinical privileges have been approved by the Board of Trustees with the following conditions/modifications and the explanation for same.

Code	Privilege	Condition/Modification
Code	Explanation:	

 Chief of Section

 Date

 Chief of Service

 Date

 Credentials Committee

 Date

 Medical Executive Committee

 Date

 Approved By Governing Body

 Date