

Privileges for: Podiatry

Request

ST. ELIZABETH - EDGEWOOD
ST. ELIZABETH - FLORENCE
ST. ELIZABETH - FT. THOMAS
ST. ELIZABETH - GRANT CO. (Surgical & other invasive procedures requiring general anesthetic are not offered)

MEC Approval: August 27, 2009; Rev. October 25, 2012, February 27, 2014, May 28, 2015

Board Approval: September 14, 2009, Rev. October 25, 2012, May 5, 2014, September 14, 2015

DEPARTMENT APPROVAL

Approved Disapproved

Department/Section Chair Signature

Date

MINIMUM REQUIREMENTS

Degree required: DPM

FOR APPLICANTS WHO HELD SURGICAL PODIATRY PRIVILEGES AT ST. ELIZABETH OR ST. LUKE ON OR BEFORE 3/2/09:

Kentucky license to practice podiatry

Successful completion of a residency or preceptorship accredited by the Council on Podiatric Medical Education (CPME)

FOR APPLICANTS WHO APPLY TO ST. ELIZABETH HEALTHCARE FOR SURGICAL PODIATRY PRIVILEGES AFTER 3/2/09:

- a. Successful completion of a 2-year podiatric residency accredited by the CPME and
b. Be and remain (with a lapse of no longer than one year) board certified in their principal practice specialty, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those certifications recognized by the American Board of Podiatric Surgery (ABPS) or The American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM) are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

I. Core Privileges: Core privileges in podiatry include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

DESCRIPTION OF CORE PRIVILEGES

Co-admit patients, perform that portion of histories and physicals pertaining to podiatry and provide podiatric work-up; consultative services, non-surgical; co-discharge of patients; write drug prescriptions for podiatric patient care; wound care, lower extremity; debridement of ulcers; postoperative care/lower extremity; palliative care and debridement of toenails and pedal keratosis; pedal dermal biopsy; excision of skin lesions; toenail avulsion; toenail matrixectomy; incision and drainage, lower extremity; removal of superficial foreign body; primary closure of superficial wounds or skin; pedal anesthesia (topical, local, field, regional blocks); order and interpret diagnostic tests related to podiatric patient care; prescribe and/or apply foot appliances, orthotics, braces, footwear.

86.04, 86.05, 86.3, 86.11, 86.22, 86.27, 86.28, 86.59, 93.23, 93.24

10060-10061, 11042-11047, 11100, 11440-11446, 11720, 11721, 11730,11732, 11750, 12001-12007, 21893, 28190-21893, 97760

Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Critical Care, Pulmonology or Emergency Medicine or (b) current ACLS Certification or (c) satisfactory completion of the ASA Moderate Sedation course).

01480, 00400, 01462-01522

Privileges for: Podiatry

Request

Anesthesia Section Chair

Date

II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must meet all "Additional Requirements" listed for each privilege below and provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

DESCRIPTION OF ADDITIONAL PRIVILEGES

Digital Procedures: Exostectomy; phalangectomy; condylectomy; joint fusion; arthroplasty (with or without implant); amputation, partial or total; onychoplasty; syndactylization; desyndactylization/ revision of polydactyly
77.69, 77.88, 77.89, 78.49, 81.11, 84.11, 86.86, 86.89
11760, 11762, 28108, 28124-28126, 28705-28735, 28740, 28750, 28760, 28280, 28344, 28810-28820

(ADDITIONAL REQUIREMENT: St. Elizabeth or St. Luke surgical podiatry privileges on or before 3/2/09 OR podiatric residency)

Metatarsal Procedures: Bunionectomy/bunion repair, with or without osteotomy; metatarsal osteotomy & exostectomy; arthroplasties of forefoot, with/without implant; fusions at metatarsophalanged joints; fusions at Lisfrank joint; metatarsal head excision; ray resection; transverse metatarsal amputation

77.38, 77.59, 77.68, 81.15, 81.16, 81.57, 84.12,
28104, 28288, 28290, 28292, 28306, 28308, 28309, 28737, 28805, 28810, 28899

(ADDITIONAL REQUIREMENT: St. Elizabeth or St. Luke surgical podiatry privileges on or before 3/2/09 OR podiatric residency)

Midfoot/Rearfoot/Ankle (including plantar & posterior calcaneal spur and Haglund's deformity): neurolysis; tarsal tunnel release; plantar fasciotomy with/without excision of calcaneal spur; plantar fasciotomy, partial or full; tarsal coalition repair; subtotal joint arthroeresis, with/without implant; tendoachilles lengthening; gastrocnemius recession; arthrocetesis/aspiration: midfoot, rearfoot, ankle joint; Chopart joint amputation, partial calcaneotomy

04.44, 04.49, 77.68, 77.88, 77.98, 81.18, 81.91, 83.14, 83.72, 83.85, 84.12,
20605, 27685, 27687, 28035, 28116, 28008, 28119, 28120, 28800, 28899, 64704, 64708

(ADDITIONAL REQUIREMENT: St. Elizabeth or St. Luke surgical podiatry privileges on or before 3/2/09 OR podiatric residency)

Anywhere on Foot/Ankle: tendon transfer, lengthening, repair, plasty, or tendesis; tenotomy & capsolotomy; sesamoidectomy; skin plasty; excision of bone and soft tissue cysts, tumors, masses, neuromas, fibromas, biopsy, open/closed reduction of fracture (excluding calcaneous & ankle above tibial plafond); excision of foreign body, deep; skin grafts; treatment of deep wound infections and abscesses, osteomyelitis; soft tissue flaps (superficial, subcutaneous & deep) for wound closure.

77.48, 77.69, 77.98, 79.07, 79.08, 79.27, 79.28, 80.48, 83.09, 83.13, 83.75, 83.85, 83.88, 86.69, 86.89
14040, 15110-15101, 15130-15136, 15271-15278, 20220, 20225, 20240, 20245, 27685, 27690-27692, 28010, 28011, 28100-28108, 28192, 28200, 28208, 28230, 28232, 28234, 28260-28262, 28270-28272, 28315, 28430, 28445, 28465, 28470, 28485, 28490, 28505, 28510, 28525

(ADDITIONAL REQUIREMENT: St. Elizabeth or St. Luke surgical podiatry privileges on or before 3/2/09 OR podiatric residency)

Ankle arthroscopy

(ADDITIONAL REQUIREMENT: St. Elizabeth or St. Luke surgical podiatry privileges on or before 3/2/09 OR board certification in reconstructive rearfoot/ankle surgery)

Rearfoot & ankle arthrodesis, fusion procedure; ankle stabilization procedures; open/closed reduction of calcaneal fracture of ankle joint fracture above tibial plafond.

(ADDITIONAL REQUIREMENT: St. Elizabeth or St. Luke surgical podiatry privileges on or before 3/2/09 OR board certification in reconstructive rearfoot/ankle surgery)

Privileges for: Podiatry

Request

CO2

(ADDITIONAL REQUIREMENT: Additional requirements are one of the following:

- (1) Documentation of training during residency OR**
- (2) CPME-approved training course OR**
- (3) Documentation of successful proctoring by a Member with these privileges at this Hospital)**

Fluoroscopy (ADDITIONAL REQUIREMENT: Radiation Safety certification required.)

Use of the Midas Rex (ADDITIONAL REQUIREMENT: certification required)

Applicants Signature: _____

Date: _____