RFP 2017-021 Podiatry Services

Questions & Answers

Question #1 - Copy of the Delineation of Privileges for Podiatry at NUMC.

Medical Staff members are appointed in accordance with the standards as stated in the Medical Staff Bylaws of NuHealth. A requirement of the Bylaws is that each member of the Medical Staff be granted privileges in specific department(s) and that these privileges are delineated.

Please initial for the requested clinical privilege

Physicians may elect to have appointment to the Medical Staff with or without admitting privileges

TYPE OF PRIVILEGES (initial under "Requested")

*****High Risk Procedures Only - Provide the number of procedures performed in the last two years for each procedure that is indicated as high risk (noted with a #) that you request.***

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Section: GENERAL SURGERY, PODIATRY

NYS License #_____ Hospital ID # _____

Category of Appointment: □ Active □ Affiliate Referring □ Courtesy Admitting
□ Courtesy Teaching □ Visiting □ Emeritus □ House Staff
□ Clinical Fellows □ Allied Health Professions
Employment Status: □ Full Time □ Part Time □ Contracted □ Voluntary

1) **BOARD CERTIFIED/ELIGIBLE:**_____
BOARD CERTIFIED DATE:_____ EXPIRATION: _____

2) **SECONDARY BOARD CERTIFIED/ELIGIBLE:**_____
BOARD CERTIFIED DATE: _____ EXPIRATION: _____

3) **TERTIARY BOARD CERTIFIED/ELIGIBLE:**_____
BOARD CERTIFIED DATE: _____ EXPIRATION: _____

ATLS EXPIRATION:_____
ACLS EXPIRATION:_____
PALS EXPIRATION:_____
BLS EXPIRATION: _____

DIVISION OF GENERAL SURGERY
Section of Podiatry

Requested	Procedure	High Risk	# Proc. In last 2 years (HIGH RISK ONLY)	Granted	Not Granted
Podiatric Surgery					
Category I					
	Bedside consultation				
	Bedside Nail treatments				
	Bedside treatment of Skin Lesions				
	Grade 0 and Grade 1 Ulcer management				
	Injections of local anesthetic				
Category II					
	Suture of skin laceration				
	Surgical nail procedures				
	Excision of skin lesions				
	Metatarsal phalangeal joint soft tissue releases				
	Grade 2 ulcer management				
	Closed reduction phalangeal fractures and dislocations				
	Lesser digital joint arthroplasties, phalangectomies and fusion				
	Lesser digit syndactyly, exostectomy				
	Hallux exostectomy				
	Single lesser metatarsal head resection				
	Simple incision & drainage of abscess or foreign bodies distal to metatarsal Heads				
	Silver bunionectomy				
	Kirschner wire fixation				
	Open reduction digital fractures				
Category III					
	Closed reduction Forefoot fractures				
	Digital tendon transfers, repairs & lengthening				
	Distal osteotomies, condylectomies of all of the metatarsals				
	Keller, McBride type bunonectomies				
	Austin type bunionectomies				
	Hallux osteotomies, Akin type				
	IPJ sesamoidectomy				
	Proximal osteotomies of all of the metatarsal				
	Digital implants				
	Amputations distal to the metatarsal phalangeal Joint				
	Neuroma excision				
	Plantar fasciotomy simply (not endoscopy)				
	Excision of foreign bodies entire foot				
	Incision & drainage of abscess-mid foot & distally				
	Internal fixation (screws, plates, staples, absorbable pins)				
Category IV					
	Incision & drainage of abscess, foreign body entire foot				
	Grade 3 and Grade 4 ulcer management				
	Pan metatarsal head resection				
	Metatarsal implants				
	Lapidus fusions, Lis Frac joint fusions				
	Lis Franc joint fracture repair				
	Skin graft placement, harvest for desyndactaly, rotational flaps				
	Open reduction for foot fractures				
	Open & closed reduction for foot fractures				
	Plantar fasciectomy-Plantar Fibroma resection				
	Complicated incision & drainage entire foot				
	Tarsal tunnel procedures				
	Kidner procedures				
	Mid foot & rear foot tendon procedures & repair				

DIVISION OF GENERAL SURGERY ***Section of Podiatry***					
Requested	**Procedure**	**High Risk**	**# Proc. In last 2 years (HIGH RISK ONLY)**	**Granted**	**Not Granted**
	Debridement of necrotic, infected tissue				
	Excision of soft tissue mass				
	Excision of bone tumors				
	Amputation proximal to metatarsal heads				
	Mid foot & rear foot procedures, fusions & osteotomies				
	Arthroscopy and endoscopy (*Certification Required- please include documentation)				
	Bone & Skin grafts				
	Application of external fixator device				
	Supervision of the podiatrists				
Category V	**NYS doc. For Standard or Advanced Ankle Surgery Required for Below**				
	Tendon transfer/repair/lengthening at or distal to the myotendinous junction of the triceps surae				
	Treatment of soft tissue injuries, ulcerations, masses and lesions of the ankle at or distal to the myotendinous junction of the triceps surae				
	Ligamentous repair of augmentation of the ankle (does not include ankle fracture repair)				
	Excision of bony lesions of the ankle (does not include ankle fracture repair)				
	Open ankle arthrotomy (including treatment of tartar dome injury)				
	Must have NYS documentation in Advanced Ankle Surgery for Privileges Below				
	Ankle fracture fixation (does not include pilon fracture)				
	Ankle arthroscopy (includes tibial and fibular components of the procedure)				
	Ankle fusion				
	Insertion or removal of external fixation pins into or from the tibial diaphysis at or below the level of the myotendinous junction of the triceps surae. (Does **NOT** include the surgical complications within the tibial diaphysis related to the use of external fixation pins.)				
	Insertion and removal of retrograde tibiotalocalcaneal intramedullary rods and locking screws up to the level of the myotendinoys function of the triceps surae. (Does **NOT** include the surgical complications within the tibial diaphysis related to the use of intramedullary rod).				
Other					
	Fluoroscopy Credentialing (*Certificate Required)				

DIVISION OF GENERAL SURGERY- LONG TERM CARE (A. Holly Patterson)					
Requested	**Procedure**	**High Risk**	**# Proc. In last 2 years (HIGH RISK ONLY)**	**Granted**	**Not Granted**

DIVISION OF GENERAL SURGERY- LONG TERM CARE (A. Holly Patterson)					
Requested	**Procedure**	**High Risk**	**# Proc. In last 2 years (HIGH RISK ONLY)**	**Granted**	**Not Granted**
Podiatry					
	Podiatry Consultation				
	Toenail Clipping				
	Incision and drainage of abscesses				
	Other:				

DELINEATION OF PRIVILEGES FOR MEDICAL STAFF APPOINTMENT

I certify that I am qualified to perform the privileges/procedures requested based on proper training, experience and/or current capability/competency. I understand that I may be asked to provide evidence of competence for any of these procedures.

I pledge to provide quality and continuity of care for my patients. I have no mental or physical condition which would impair my ability to perform the above-referenced procedures. I have read and agree to abide by the Bylaws, Policies and Procedures of NuHealth.

As a member of the Medical Staff at NuHealth, it is understood and agreed by me that my privileges therein shall be delineated above and I will not exceed the scope of such privileges except that in an emergency and other exceptional circumstances at which time I will be permitted to perform any and all procedures required to preserve a patient's life or prevent serious morbidity.

All members of the Department are required to seek consultation under certain circumstances as stipulated by the Medical Staff Bylaws and the Policies and Procedures of the NuHealth

<u>Question #2</u> - The volume of (actually seen) clinic visits per year as well as the break down in payer mix.

Answer: There were 536 clinic visits YTD for 2017.

There were 545 clinic visits in the year 2016.

Payer mix –will be provided post RFP

The number of Podiatry inpatient consults performed in a year. The RVU's utilized/created by podiatry. What is the current rate of RVU reimbursement to the podiatry group?

Answer: To be provided post RFP

<u>Question #3</u> - The number of surgical procedures performed by the present podiatry group in the hospital

Answer: There were 105 surgical cases performed in the hospital in the year 2016.

76 surgical cases have been performed in the hospital year to date for 2017.

<u>Q #3 cont'd</u> - and if possible break that down into ambulatory/elective cases vs inpatient cases ie Diabetic infections performed by the current podiatry staff. This should not include cases from private practice.

Answer: To be provided post RFP

Question #4 - How is ER call currently handled for Podiatry cases?

Answer: Provider shall ensure that a Practitioner is on-call at all times to provide podiatry services 365 days per year on a 24/7 basis. The on-call Practitioners shall respond promptly to any calls, and in no event no more than sixty (60) minutes for stat consults and respond within twenty-four (24) hours for a routine consult.