

MIDLAND MEMORIAL HOSPITAL

Delineation of Privileges

HOSPITAL DENTISTRY



Your home for healthcare

Physician Name: _____

Hospital Dentistry Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in hospital dentistry:

- Basic education: DDS or DMD
- Minimum formal training: Successful completion of an ADA-approved program of dentistry accredited by CODA and a hospital-based residency in general dentistry

AND

- A dental specialty residency training program or equivalent experience as a dentist member of a hospital medical staff.
*(*Members of the Staff prior to the adoption of Bylaws 10/2007 are considered grandfathered in and are encouraged but not required to achieve board certification).*

Required current experience:

- At least 10 dental inpatient, outpatient, emergency service, or consultative procedures, reflective of the scope of privileges requested, in the past 12 months or successful completion of an accredited training program in the past 12 months

References for New Applicants

A letter of reference should come from the director of the applicant's training program. Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced.

Reappointment

Reappointment should be based on unbiased, objective results of care according to the organization's existing quality improvement measures. Applicant must have current demonstrated competence and an adequate volume of experience (20 dental inpatient, outpatient, emergency service, or consultative procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Please check requested privileges.

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	
<p>Core Privileges: Core privileges for hospital dentists include the ability to co-admit*, consult, and evaluate total oral health needs and diagnose and provide general dental diagnostic, preventive, and therapeutic oral healthcare to patients of all ages to correct or treat various routine conditions of the oral cavity and dentition. Hospital dentists should also be able to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p> <p>*Co-admission is to be done in conjunction with a staff oral and maxillofacial surgeon or staff physician of an appropriate specialty.</p>			<p>Core privileges include but are not limited to:</p> <ul style="list-style-type: none"> • Pre-cardiac surgery patients, oncology patients, and emergency patients with trauma to the head and neck regions • Children 5 years of age and younger who, due to the extensive nature of dental problems or severe anxiety, cannot be treated safely in the dental clinic setting • Children of any age who, because of mental disability such as autism, Down's syndrome, etc., or physical disability, such as severe cerebral palsy, cannot be safely treated in the dental clinic setting • Adults who, because of mental or physical disability, cannot cooperate with dental treatment in the dental clinic setting • Children and adults with high-risk medical conditions that necessitate having their dental treatment under general anesthesia in the operating room • Use of laser

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Criteria	
Refer-and-follow privileges			Privileges include performing outpatient preadmission history and physical, ordering noninvasive outpatient diagnostic tests and services, visiting patients in the hospital, reviewing medical records, consulting with the attending physician, and observing diagnostic or surgical procedures with the approval of the attending physician or surgeon.	
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Procedure	Criteria
Non-Core Privileges: For each special request, threshold criteria (i.e., additional training or completion of a recognized course and required experience) must be established. Special requests for hospital dentistry include:			<input type="checkbox"/> Moderate Sedation	Meet the criteria set forth by the Rules and Regulations for Anesthesia Services and complete "Requirements for Moderate Sedation Privileges" form.
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Privilege/Criteria	
<p>Current Privileges: List any current privileges not listed above in core or non-core. These privileges will remain in effect until the end of the current appointment period and then will be moved up to the appropriate core/non-core section.</p> <p>Please provide criteria and supporting documentation to medical staff office for any non-core privileges listed.</p>			<p>Core</p> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <p>Non-Core</p> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/>	

To the applicant: If you wish to exclude any privileges, please strike through the privileges that you do not wish to request and then initial.

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request. I have requested **only** those privileges for which by education, training, current

experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Midland Memorial Hospital. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested and I understand that:

(a) In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

(b) Applicants have the burden of producing information deemed adequate by Midland Memorial Hospital for a proper evaluation of current competence, other qualifications and for resolving any doubts.

(c) I will request consultation if a patient needs service beyond my expertise.

Physician's Signature/Printed Name

Date

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/modification/explanation

Notes:

Department Chair/Chief Signature

Date