

MIDLAND MEMORIAL HOSPITAL

Delineation of Privileges

ORAL AND MAXILLOFACIAL SURGERY



Your home for healthcare

Physician Name: _____

Oral and Maxillofacial Surgery Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in oral and maxillofacial surgery:

- Basic education: DDS or DMD
- Minimum formal training: Demonstrate successful completion of a residency training program in oral and maxillofacial surgery accredited by the ADA Commission on Dental Accreditation. (**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.*)

AND

- A recent graduate (i.e., within two years) of an oral and maxillofacial surgery residency must be able to demonstrate that he or she has successfully performed major oral and maxillofacial surgery on a minimum of 75 patients— no more than five of whom required dentoalveolar surgery— during the OMS residency.
- The categories of major surgery include trauma, pathology, orthognathic, reconstructive, and aesthetic. For a major surgical case to be counted toward meeting this requirement, the OMS must have been the operating surgeon or have been supervised by a credentialed OMS.

Required current experience:

- A graduate who completed oral and maxillofacial surgery training in excess of two years before application for initial privileges must be able to document successful performance of at least 15 cases in the past 12 months in each of the major surgery categories for which privileges are requested. For procedures that overlap with other specialties, the minimum number of procedures required for privileges must be the same for all specialties.

References for New Applicants

A letter of reference must come from the director of the applicant's oral and maxillofacial surgery training program. Alternatively, letters of reference regarding competence should come from the chief of oral and maxillofacial surgery or the credentialed supervising OMS at the institution where the applicant most recently practiced. In addition, a letter of reference should come from another DDS or DMD who is knowledgeable about the applicant's professional performance.

Reappointment

Reappointment should be based on unbiased, objective results of care according to the organization's existing quality improvement measures. For renewal of privileges, current competence is determined by the results of the hospital's performance improvement activities and peer recommendations, and documentation of performance of at least 30 cases over the past 24 months. Documentation may come from cases performed in this hospital, another hospital, an ambulatory surgical center, or the OMS office. 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"/>	Oral and maxillofacial surgery competencies include the following skills and procedures:
Core Privileges: Core privileges in oral and maxillofacial surgery include admission, patient evaluation and workup, sedation, and the performance of surgical procedures on patients of all ages presenting with illnesses, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial regions. Physicians may also provide care to patients in the intensive care setting in conformity with unit policies.			<ul style="list-style-type: none"> • Conduct a complete history and physical examination in order to assess the medical, surgical and anesthetic risks of the proposed operative and other procedure(s) • Assessing patients • Diagnosing and managing pathological conditions • Performing: dentoalveolar surgery; trauma surgery; reconstructive surgery; orthognathic surgery; cleft and craniofacial surgery; temporomandibular joint surgery; facial cosmetic surgery

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 oral and maxillofacial surgery 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	
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. Please provide criteria and supporting documentation to medical staff office for any non-core privileges listed.			Core <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> Non-Core <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