

MIDLAND MEMORIAL HOSPITAL

Delineation of Privileges

OTOLARYNGOLOGY



Your home for healthcare

Physician Name: _____

Otolaryngology Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in otolaryngology:

- Basic education: MD or DO
- Minimal formal training: Applicants must have completed an ACGME-/AOA-accredited residency training program in otolaryngology-head and neck surgery

AND

- Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification in otolaryngology by the ABOto or the AOBOO-HNS. (**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 previous experience:

- Applicants for initial appointment must be able to demonstrate performance of at least 25 otolaryngologic surgery procedures, reflective of the scope of privileges requested, during the previous 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the previous 12 months.

References for New Applicants

A letter of reference should come from the director of the applicant's otolaryngology training program. Alternatively, a letter of reference should come from the chief of otolaryngology at the institution 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. Applicants must demonstrate that they have maintained competence by showing evidence that they have provided otolaryngology- head and neck services or performed surgery for at least 50 patients annually over the reappointment cycle. Surgery should include the operative interventions for which privileges are requested. 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 in otolaryngology include the ability to admit, evaluate, diagnose, and provide consultation and comprehensive medical and surgical care to patients of all ages presenting with diseases, deformities, or disorders of the head and neck that affect the ears, nose, or throat, the respiratory and upper alimentary systems, and related structures of the head and neck. Head and neck oncology and facial plastic reconstructive surgery and the treatment of disorders of hearing and voice are also included. Physicians may provide care to patients in the intensive care setting in conformity with unit policies. They also assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p>			<p>Core privileges in otolaryngology include but are not limited to:</p> <ul style="list-style-type: none"> • All forms of surgery on the auditory canal, the tympanic membrane, and the contents of the middle ear • Bronchoscopy (rigid or flexible) with biopsy, foreign body removal, or stricture dilatation • Caldwell Luc procedure • Cervical esophagectomy • Cryosurgery • Endoscopic sinus surgery and open sinus surgery • Endoscopy of the larynx, tracheobronchial tree, and esophagus to include biopsy, excision, and foreign body removal • Esophageal surgery including diverticulectomy, cervical esophagectomy • Esophagoscopy (rigid or flexible) with biopsy, foreign body removal, or stricture dilatation • Excision of skull base tumor • Excision of tumor ethmoid/cribriform • Facial plastic surgery, including cosmetic surgery, chemical peel, rhytidectomy, mentoplasty and correction of aural atresia, liposuction, and implantation of autogenous, homologous, and allograft, and repair of lacerations • Harvesting of skin, fat, or bone grafts of the head and neck,

			<ul style="list-style-type: none"> hip, trunk, and extremities • Ligation of head and neck vessels • Lip surgery including lip shave, partial or total resection with primary repair or by local or distant flaps • Myocutaneous flap (pectorals, trapezius, sternocleidomastoid) • Osseo-integrated implants, for auricular prosthesis, for bone-anchored hearing aid • Otoplasty • Parathyroidectomy • Perform history and physical exam • Radical surgery of the head and neck, including radical neck dissection and radical excision of the maxillary antrum for tumor • Ranula excision • Reconstructive procedure of the upper airway • Reduction of facial fractures • Repair of CSF leaks with sinus or mastoid surgery • Repair of fistulas—oral-antral, oral-nasal, oral-maxillary, oral-cutaneous, pharyngocutaneous, tracheo-cutaneous, esophagocutaneous • Rhinoplasty, septoplasty, and turbinate surgery • Salivary gland and duct surgery, including plastic repair of salivary complex • Skin grafting procedures, full thickness or split thickness • Surgery of the larynx, including biopsy, partial or total laryngectomy, fracture repair • Surgery of the nasopharynx, including nasal septoplasty, surgery on the frontal and maxillary sinuses, and ethmoid sinuses, and surgery of the nasal mucosa and turbinates • Surgery of the oral cavity, including soft palate, tongue, mandible, composite resection, and neck dissection • Surgery of the oral pharynx, hypopharynx, arytenoid cartilages, and epiglottis • Surgical removal of teeth in association with radical resection • Suspension microlaryngoscopy • Tongue surgery, reduction and local tongue flaps • Tonsillectomy, adenoidectomy, parotidectomy, and facial nerve repair • Tracheal resection and repair • Tracheostomy • Transsternal mediastinal dissection • Tympanoplasty, mastoidectomy, and middle ear surgery • Use of energy sources as an adjunct to privileged procedures • 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 otolaryngology include.			<input type="checkbox"/> Moderate Sedation	New Applicant: Attestation & Documentation of 25 cases in 1 year or Moderate Sedation Test – 90% or better (Contact the Medical Staff Office for test). Reappointment: Attestation & Documentation of 50 cases in 2 year or Moderate Sedation Test – 90% or better (Contact the Medical Staff Office for test).
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