

Otorhinolaryngology KHDO

Delineation of Privileges

Applicant's Name:

Instructions:

- $1. \quad \hbox{Click the $\hbox{\bf Request}$ checkbox to request a group of privileges.}$
- 2. Uncheck any privileges you do not want to request in that group.
- 3. Check off any special privileges you want to request.
- 4. Sign/Date form and Submit with required documentation.
- 5. Applicant have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving doubts related to qualification of requested privileges.

NOTE:

Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Required Qualifications

Membership

I request the following clinical privileges, and I am aware that a denial of privileges relating to a practitioner 's professional competence or professional conduct will result in the hospital submitting a report to the National Practitioner Data Bank.

Primary Privileges Otorhinolaryngology

Description: This delineation is not all-inclusive. It does not include other procedures the undersigned may be qualified to perform.

Request	Request all privileges listed below. Uncheck any privileges that you do not want to request	Department/Section Chair	Credentials Committee Chair
	Salivary Glands		
	Parapharyngeal space tumor		
	Parotidectomy with nerve graft		
	Submandibular gland excision		
	Superficial parotidectomy		
	Total parotidectomy, VII preserved		
	Nose and Maxilla		
	Excision angiofibroma		
	Excision other nasopharyngeal tumor		
	Excision tumor ethmoid cribiform plate		
	Lateral rhinotomy		
	Maxillectomy		
	Maxillectomy with orbital exenteration		
	Rhinectomy		
	Lips		
	Lip shave		
	Excision with flap reconstruction		
	Wedge resection, 1° closure		
	Oral Cavity		
	Composite resection of primary in floor of mouth, alveolus, tongue, buccal region, tonsil or any combination		
	Hemiglossectomy		
	Local resection Ca mouth		
	Mandibular resection (independent procedure)		
	Neck		
	Arytenoidectomy		
	Arytenoidpexy		
	Cervical esophagostomy for feeding		
	Cervical node biopsy		
	Complete neck dissection		
	I&D neck abscess		
	Major vessel ligation		
	Major vessel repair		
	Modified neck dissection		
	Parathyroidectomy		
	Pharyngeal diverticulectomy		
	Pharyngoesophagectomy		
	Scalene node biopsy		

Reconstruction external ear		
Repair complex facial lacerations		
Repair fistula (OW, RW), labyrinthectomy		
Resection cerebello pontine angle tumor		
Rhinoplasty		
Rhytidectomy		
Scar revision		
Simple mastoidectomy		
Stapedectomy		
TMJ surgery		
Tracheoplasty		
Tympanoplasty I		
Tympanoplasty II-IV (without mastoidectomy)		
Tympanoplasty with mastoidectomy		
VIII nerve section (translabyrinthine retrolabyrinthine, mid fossa)		
Reduction facial fractures		
Frontal		
Mandibular-closed and open		
Malar (zygomatic)		
Maxilla-Lefort I, II, and III		
Nasal		
Orbital blowout		
Endoscopy		
Bronchoscopy diagnostic (with foreign body removal, with stricture dilation)		
Direct laryngoscopy (diagnostic)		
Esophagoscopy diagnostic (with foreign body removal, with stricture dilation)		
Laryngoscopy (with excision)		
Laser laryngoscopy		
Mediastinoscopy		
Panendoscopy (multiple concurrent endoscopic procedures)		
Vocal cord injection		
General		
Adenoidectomy		
Caldwell Luc		
Dacryocystorhinostomy		
External ethmoidectomy		
Frontal sinus ablation		
Frontal sinus trephine		
Frontoethmoidectomy		
Hypophysectomy (transnasal and transsinus approach)		
Intranasal antrotomy		
Intranasal ethmoidectomy		
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·	I	-
Nasal polypectomy		1
Nasal polypectomy Nasal septoplasty		
Nasal polypectomy		

Submucous resection of septum	
Tonsillectomy	<u> </u>
Tonsillectomy/Adenoidectomy	$oxed{oxed}$
Transantral ligation of vessels	
Turbinectomy	
Uvulopalatopharyngoplasty	
Vidian neurectomy	
Hearing and Balance Center (If you request privileges in this area, criteria will be mailed to you.)	
Hearing and Balance Center	
Laser Privileges (If you request privileges in this area, criteria will be mailed to you.)	
Argon	
CO2	
Dye	
KIP	
Nd;Yag	
Ruby	
Critical Care (Please indicate which, if any, of the following procedures you have acquired professional expertise in, and wish to be granted privileges to perform in an elective or non-emergent situation. This list is not intended to be all-inclusive as there may be other general procedures performed that are not on this list. It is also understood that in an emergency situation a physician may appropriately perform procedures for which he/she has not requested privileges, if such physician determines that he/she has sufficient experience or expertise.)	
Arterial line insertion	
Central venous line insertion	
Chest tube insertion	
Endotracheal intubation	
Mechanical ventilation	
Tracheostomy	
Other Privileges	
Cleft palate repair	T T

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I am entitled to perform and that I wish to exercise at Kettering Health Dayton/Kettering Health Washington Township 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. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature	Date	

Clinical Service Chair Recommendation - Privileges						
I have reviewed the requested clinical privileges and s	supporting documentation and make the following recommendation(s):					
Recommend all requested privileges	Recommend all requested privileges					
	Do not recommend any of the requested privileges					
Recommend privileges with the following or	onditions/modifications/deletions (listed below)					
Privilege	Condition/Modification/Deletion/Explanation					
	<u>'</u>					
Clinical Service Chair Recommendation - Additional C	Comments					
Chair, Department/Section	Date					
Chair, Credentials Committee						