



## Surgery - Otolaryngology KHHM Delineation of Privileges

**Applicant's Name:**

**Instructions:**

1. Click the **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. Applicants 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

<b>Education/Training</b>	Must have successfully completed an ACGME/AOA-accredited residency in Otolaryngology.
<b>Certification</b>	The applicant physician must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.
<b>Clinical Experience (Initial)</b>	The successful applicant for initial appointment must provide documentation of 50 otolaryngology procedures, during the past 12 months, or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship or research in a clinical setting within the past 12 months.
<b>Clinical Experience (Reappointment)</b>	To be eligible to renew core privileges in Otolaryngology, the applicant must demonstrate competence and an adequate volume of experience 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 ability to perform privileges requested is required of all applicants for renewal of privileges.

## Primary Privileges Otolaryngology

**Description:** Core Privileges include: Admit, evaluate, diagnose, 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, 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. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request</i></p>	Dept Chair Rec
	Admit and manage patients in non-critical care and unmonitored settings	
	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	
	Cleft and craniofacial surgery	
	Cochlear implantation (initial appointees must show additional operative experience of 5 procedures)*	
	Consultation privileges in Otolaryngology	
	Cryosurgery	
	Dental extraction	
	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 but not limited to 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, 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 (pectoralis, trapezius, sternocleidomastoid)	
	Otoplasty	
	Parathyroidectomy	
	Perform History and Physical Examinations	
	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, 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, hypo pharynx, 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	

**Special Privileges Otolaryngology**

**Description:** The below special privileges are not routinely part of the post-graduate training program. Additional proof of training and/or experience may be necessary to request the privilege and is noted within the privilege block. If documentation is required, please submit all required elements with your application/reapplication.

<b>Request</b>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	<b>Dept Chair Rec</b>
	Special Privileges Otolaryngology	

**Laser**

**Description:** Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or provide documentation appropriate to the specific laser to be utilized. Practitioner agrees to limit practice to only the specific laser types for which they have been provided documentation of training and experience.

<b>Request</b>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	<b>Dept Chair Rec</b>
	Laser	

## Fluoroscopy

**Description:** All practitioners requesting fluoroscopically-guided procedures at this hospital are required to take a competency assessment examination prior to being granted these privileges. Practitioners may submit documentation of competency from another hospital for consideration by the Radiology Department Chair. Please contact the Medical Staff Office.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Fluoroscopy	

## Mild/Moderate Sedation

**Description:** Moderate Sedation (Requires written examination - please contact Medical Staff Office) Current ACLS certification is also required.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Mild/Moderate Sedation	

## Acknowledgment of Applicant

I hereby request the clinical privileges as indicated. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in performance of the privileges I have requested, and in treating associated diseases with adequate consultation when indicated.

I recognize that in emergency situations where immediate life-saving action is necessary, any member of the medical staff is authorized to perform such life-saving treatment as may be required.

I further understand that any and all privileges granted me shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Credentials and Executive Committees of the medical staff and the Board of Trustees of the hospital reserve the right to grant or limit my privileges in accord with my continuing performance in rendering patient care.

\_\_\_\_\_  
Practitioner's Signature

\_\_\_\_\_  
Date

## Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Additional Comments

\_\_\_\_\_  
Signature of Department Chair/Designee \_\_\_\_\_  
Date