# Ketteringhealth 

## Otorhinolaryngology KHDO

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. 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 $\square$ | Credentials Committee Chair $\square$ |
| :---: | :---: | :---: | :---: |
|  | 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, $1^{\circ}$ 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 |  |  |
| Nasal polypectomy |  |  |
| Nasal septoplasty |  |  |
| Osteoplastic frontal sinusectomy |  |  |
| Radical pan-sinusectomy |  |  |
| Sphenoidotomy |  |  |


|  | Submucous resection of septum |  |  |
| :--- | :--- | :--- | :--- |
|  | Tonsillectomy |  |  |
|  | Tonsillectomy/Adenoidectomy |  |  |
|  | Transantral ligation of vessels |  |  |
|  | Turbinectomy |  |  |
|  | Uvulopalatopharyngoplasty |  |  |
|  | Vidian neurectomy |  |  |
|  | Hearing and Balance Center (If you request privileges in this area, criteria will <br> be mailed to you.) <br>  <br> Hearing and Balance Center |  |  |
|  | Laser Privileges (If you request privileges in this area, criteria will be mailed to <br> you.) |  |  |
|  | Argon |  |  |
|  | CO2 | Dye |  |
|  | KIP |  |  |
|  | Nd;Yag |  |  |
|  | Ruby <br> have acquired professional expertise in, and wish to be granted privileges to <br> perform in an elective or non-emergent situation. This list is not intended to be <br> all-inclusive as there may be other general procedures performed that are not on <br> this list. It is also understood that in an emergency situation a physician may <br> appropriatelp perform procedures for which he/she has not requested privileges, if <br> 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 |  |  |
|  | Temporalis |  |  |

## 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.

## Clinical Service 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 |
| :--- | :--- |
|  |  |
|  |  |
|  |  |
|  |  |

Clinical Service Chair Recommendation - Additional Comments

## Submit

