



Otolaryngology KHMC & KHMB & KHTR 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 and doubts related to qualification of requested privileges.

Clinical Service Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

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	To be eligible to apply for core privileges in otolaryngology, the initial applicant must meet the following criteria:
Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)-accredited residency in otolaryngology.
Certification	Current certification or active participation in the examination process with achievement of certification within six years leading to certification in otolaryngology by the American Board of Otolaryngology or the American Osteopathic Board of Otolaryngology-Head and Neck Surgery.
Clinical Experience (Initial)	Applicants for initial appointment must be able to demonstrate performance of at least 50 otolaryngologic surgery procedures, reflective of the scope of privileges requested, during the last 12 months, or demonstrate successful completion of an ACGME- or AOAccredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.
Clinical Experience (Reappointment)	To be eligible to renew core privileges in otolaryngology, the applicant must meet the following maintenance of privilege criteria: Current demonstrated 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.

Core Privileges Otolaryngology

Description: This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Procedures (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)
			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. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. 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.
			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)
			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
			Liposuction
			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
		Partial or total laryngectomy, fracture repair
		Parotidectomy and facial nerve repair
		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, 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

Neurotology

Qualifications

Membership	To be eligible to apply for core privileges in Neurotology, the initial applicant must meet the following criteria:
Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in Otolaryngology followed by successful completion of an accredited fellowship in Neurotology AND/OR Current subspecialty certification or active participation in the examination process leading to subspecialty certification in Neurotology by the American Board of Otolaryngology.
Clinical Experience (Initial)	Applicants for initial appointment must be able to demonstrate performance of Neurotological Surgery, reflective of the scope of privileges requested, at least 50 times during the last 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.
Clinical Experience (Reappointment)	To be eligible to renew core privileges in Neurotology, the applicant must meet the following maintenance of privilege criteria: Current demonstrated 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.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Admit, evaluate, diagnose, treat and provide consultation to patients of all ages, presenting with diseases and disorders of the petrous apex, infratemporal fossa, internal auditory canals, cranial nerves (e.g. vestibular nerve section and joint neurosurgical-neurotological resection of the intradural VIII nerve tumors) and lateral skull base (including the occipital bone, sphenoid bone, temporal bone, mesial aspect of the dura and intradural management), in conjunction with Neurological Surgery. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. 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.
			Procedures
			Cochlear implantation
			Decompression membranous labyrinth cochleosacculotomy, endolymphatic sac operation
			Electrophysiologic monitoring of cranial nerves VII, VII, X, XI and XII
			Excision of glomus tumor
			Interpret imaging techniques of the temporal bones and lateral skull base
			Labyrinthectomy
			Middle/post fossa skull base surgery
			Osseo integrated implants, for auricular prosthesis, for bone anchored hearing aid
			Perform history and physical exam
			Petrous apicectomy plus radical mastoid
			Reconstruction congenital aural atresia
			Repair fistula (OW, RW)
			Resection CP angle tumor
			VII nerve decompression
			VII nerve repair/substitution
			VIII nerve section

Special Noncore Privileges (See Specific Criteria)

Description: If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience and maintenance of clinical competence.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Special Noncore Privileges (See Specific Criteria)

Robotic Assisted Surgery (da Vinci)

Description: NOTE: ALL proctoring at Hospital requires approval by Medical Staff Services prior to performing procedures. Proctors must be credentialed members of the Medical Staff at KMCS, in the same specialty as the applicant with robotic assisted surgery privileges and adequate case volume. All proctors are to be approved by the respective Clinical Service Chair.

Qualifications

For initial robotic assisted privileges, the applicant must fulfill the following criteria:

Education/Training Successful completion of an ACGME or AOA accredited Residency or Fellowship training program in respective specialty currently credentialed or being credentialed.

Clinical Experience (Initial) If RESIDENCY COMPLETED WITHIN LAST THREE YEARS;
Applicant must provide letter from the program director affirming qualification to perform the requested procedure(s) using the robotic system;
AND
Case log of at least 10 cases in the last 12 months.
AND
If <10 cases, first case will be proctored and once deemed proficient by the proctor, the next four cases performed should be reviewed by the Robotics Committee, department Chair or designee.

IF RESIDENCY COMPLETION GREATER THAN THREE YEARS WITH PRIOR ROBOTIC EXPERIENCE;
Applicant must provide letter from Hospital Department Chair at a CMS accredited facility affirming qualification to perform the requested procedure(s) using the robotic system.
AND
Case log of at least 10 cases performed in the last 12 months.
AND
If <10 cases, first case will be proctored and once deemed proficient by the proctor, the next four cases performed should be reviewed by the Robotics Committee, department Chair, or designee.

IF RESIDENCY TRAINED BUT NO PRIOR ROBOTIC EXPERIENCE;
Completion of Mini Fellowship Training that includes computer-based education, porcine lab, docking and problem resolution training.
AND
Observe and document two cases with preceptor physician.
AND
Perform a minimum of three proctored cases acting as primary physician.
AND
Submit a letter of documenting proficiency along with the case log or three cases from the proctor to Medical Staff Services if physician is not deemed proficient by the proctor
AND
After deemed proficient, all applicants are required to request full-unrestricted privileges. Temporary privilege may be requested in the interim.
AND
The next five cases performed shall be reviewed by the Robotics Committee, department Chair, or designee.

Clinical Experience (Reappointment) Proficient completion of 20 cases, including those at outside institutions during the reappointment cycle. 10 of those cases should be done in the last 12 months.
AND
If <10 cases in the last 12 months, the first case should be proctored
AND
Ongoing continuing medical education in robotics

Additional Qualifications Unrestricted privileges, either open or laparoscopic, for the procedure to be performed without

robotic assistance.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Robotic Assisted Surgery

Fluoroscopy

Description: Must demonstrate competence - initial applicants must complete the online quiz;reapplicants must complete online quiz at least once then complete annual attestations thereafter.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Fluoroscopy

Administration of Sedation and Analgesia

Description: Moderate sedation privileges are required for any physician who, without the presence of an anesthesia provider, administers a drug-induced depression of consciousness during which patients respond purposely to verbal commands and/or by light tactile stimulation. Deep sedation, a drug-induced depression of consciousness during which patients may not be easily aroused except to repeat/painful stimuli, may only be performed by an anesthesiologist, CRNA under direction of an anesthesiologist or a board eligible/board certified physician trained in surgical airway techniques per the approval of the Department of Anesthesia.

Qualifications

Clinical Experience (Initial) The physician will be granted administration of sedation privileges after successful completion of current medical staff approved airway management education and testing, as well as maintaining current ACLS and/or ATLS.

Clinical Experience (Reappointment) A biennial competency at reappointment as well as current ACLS and/or ATLS as outlined in the KHN Sedation Policy is required.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Moderate and Deep Sedation

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Kettering Health Main Campus, Kettering Health Miamisburg and Kettering Health Troy and I understand that:

- A. In exercising any clinical privileges granted, I am constrained by applicable 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 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

 Clinical Service Chair Signature _____ Date