



Otolaryngology Soin 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.

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 | |
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| 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) | 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.

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| Request | <i>Request all privileges listed below.</i> |
| NOIN | Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request. |
| | - Currently granted privileges |
| | 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. |
| | 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.) |
| | 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 |
| | Lip surgery including lip shave, partial or total resection with primary repair or by local or distant flaps |

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| Myocutaneous flap (pectoralis, trapezius, sternocleidomastoid) |
| 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, 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 Non-Core Privileges

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 for maintenance of clinical competence.

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| Request | <i>Request all privileges listed below.</i> |
| NIOS | Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request. |
| | - Currently granted privileges |
| | Special Non-core Privileges |

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.

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| Request | <i>Request all privileges listed below.</i> |
| NIOIN | 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.

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| Request | <i>Request all privileges listed below.</i> |
| SOIN | 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 Soin Medical Center, 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):

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| | 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 |
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| Clinical Service Chair Recommendation - Additional Comments |
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Clinical Service Chair Signature

Date