

Delineation Of Privileges

Otolaryngology Privileges

Provider Name:

Privilege	Requested	Deferred	Approved
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OTOLARYNGOLOGY PRIVILEGES

Criteria - New Applicants: Board Certification or qualified for certification by the American Board of Otolaryngology.

Criteria - Current Staff Members Only: Successful completion of an ACGME or AOA approved training program; OR demonstrated acceptable practice in the privileges being requested.

Proctoring Requirements: A minimum of four (4) cases, in accordance with the Medical Staff Proctoring Protocol.

Current Competence: Evidence of the successful performance, as primary surgeon, of at least four (4) Category 1 procedures every 2 years.

GENERAL PRIVILEGES:

Admit patients	—	—	—
Consultation Only Privileges	—	—	—
Surgical Assist ONLY	—	—	—
Sedation Analgesia:	—	—	—
Criteria: Requires successful completion of the Sedation Assessment Test.			
Additional criteria effective April 1, 2015: a) Evidence of current ACLS and/or PALS certification from the American Heart Association; AND b) Evidence of completion of an Airway Management Course			
a) Adult Sedation	—	—	—
b) Pediatric Sedation (17 years and under)	—	—	—
Local Block Anesthesia	—	—	—
Regional Block anesthesia	—	—	—

CATEGORY 1 - OTOLARYNGOLOGY PRIVILEGES

Includes the management and coordination of care, treatment and services, including: Medical History and Physical examinations; consultations and prescribing medication in accordance with DEA certificate.

HEAD AND NECK

Lip shave	—	—	—
Wedge resection	—	—	—
Neck - I & D abscess	—	—	—
Excision skin lesions	—	—	—
Laryngoscopy	—	—	—
Esophagoscopy:	—	—	—
a) Diagnostic	—	—	—
b) With foreign body removal	—	—	—
c) With structure dilation	—	—	—
Bronchoscopy - diagnostic	—	—	—
Adenoidectomy	—	—	—
Tonsillectomy	—	—	—

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Tracheotomy	---	---	---
Submaxillary gland excision	---	---	---
Lateral rhinotomy	---	---	---
Abbe-Estlander Flap	---	---	---
Cervical node biopsy	---	---	---
Scalene node biopsy	---	---	---
Exploration laryngeal fractures	---	---	---
Exploration recurrent laryngeal nerves	---	---	---
Arytenoidectomy	---	---	---
Thyroidectomy	---	---	---
Parathyroidectomy	---	---	---
Tongue Base Suspension	---	---	---
Genioglossus Advancement	---	---	---
Hyoid Myotomy and Suspension	---	---	---
Uvulopalatopharyngoplasty	---	---	---
Major vessel ligation	---	---	---
Branchiogenic cysts	---	---	---
Thyroglossal cysts	---	---	---
Dermoids	---	---	---
Laryngoplasty	---	---	---
Tracheoplasty	---	---	---
Bronchoscopy - with foreign body removal	---	---	---
Bronchoscopy - with stricture dilation	---	---	---
Superficial parotidectomy with facial nerve dissection	---	---	---
Total parotidectomy with facial nerve dissection	---	---	---
Radical parotidectomy with or without nerve graft	---	---	---
Partial maxillectomy	---	---	---
Total maxillectomy	---	---	---
Radical maxillectomy with orbital extenteration	---	---	---
Excision nasopharyngeal tumor	---	---	---
Partial glossectomy	---	---	---

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Partial mandibulectomy	---	---	---
Composite resection - primary and tumor with RND	---	---	---
Radical neck dissection	---	---	---
Extended radical neck dissection (transternal mediastinal dissection)	---	---	---
Subtotal laryngectomy	---	---	---
Thyrotomy (laryngofissure)	---	---	---
Supraglottic laryngectomy	---	---	---
Hemilaryngectomy	---	---	---
Total laryngectomy with neck dissection	---	---	---
Cervical esophagectomy with neck dissection	---	---	---
Tracheal resection with repair	---	---	---
Infratemporal fossa surgery	---	---	---
Hypoglossal facial anastomosis	---	---	---
Laser Privileges:	---	---	---
a) CO2 Laser	---	---	---
b) KTP Laser	---	---	---
c) Argon Laser	---	---	---
d) YAG Laser	---	---	---
Tracheo-Esophageal Puncture (TEP)	---	---	---
Microlaryngoscopy with Vocal Cord Injection	---	---	---
Thyroplasty Type 1	---	---	---
Temporal Artery Biopsy	---	---	---
Orbital Decompression	---	---	---
Endoscopic Repair of Zenker's Diverticulum	---	---	---
Open Repair of Zenker's Diverticulum	---	---	---
OTOLOGY	---	---	---
Myringotomy	---	---	---
Myringoplasty	---	---	---
Tympanoplasty with/without ossicular reconstruction	---	---	---
Tympanoplasty with mastoidectomy with/without reconstruction	---	---	---
Tympanostomy with PE Tube Placement	---	---	---

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Mastoidectomy	—	—	—
Stapedectomy	—	—	—
Stapes mobilization	—	—	—
Tympanic neurectomy	—	—	—
Labyrinthectomy	—	—	—
Excision tumor of ear and mastoid	—	—	—
Partial temporal bone resection	—	—	—
Radical temporal bone resection	—	—	—
Endolymphatic sac operations	—	—	—
Bone anchored hearing appliance	—	—	—
Ossicular Reconstruction	—	—	—
PLASTIC AND RECONSTRUCTION	—	—	—
Split thickness skin graft	—	—	—
Full thickness skin graft	—	—	—
Composite graft	—	—	—
Dermal graft	—	—	—
Scar revision	—	—	—
Reconstruction of external ear	—	—	—
Otoplasty	—	—	—
Rhinoplasty	—	—	—
Septorhinoplasty	—	—	—
Rhytidectomy	—	—	—
Blepharoplasty	—	—	—
Reduction facial fractures:	—	—	—
a) Frontal	—	—	—
b) Nasal	—	—	—
c) Maxilla	—	—	—
d) Malar	—	—	—
e) Malar with orbital floor	—	—	—
f) Orbital blowout	—	—	—
g) Mandibular - closed	—	—	—

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h) Mandibular - open	---	---	---
Implants	---	---	---
Fascial sling procedures	---	---	---
Condylectomy	---	---	---
Dacryocystorhinostomy	---	---	---
Regional myocutaneous flaps	---	---	---
Bone grafts	---	---	---
Liposuction	---	---	---
Prognathism correction	---	---	---
Retrognathism correction	---	---	---
NASAL/SINUS	---	---	---
Nasal polypectomy	---	---	---
Submucous resection	---	---	---
Nasal septoplasty	---	---	---
Turbinectomy	---	---	---
Antrotomy	---	---	---
Caldwell Luc	---	---	---
Oroantral fistula repair	---	---	---
Choanal atresia repair	---	---	---
Transantral ligation of vessels	---	---	---
Transorbital Ligation of Vessels	---	---	---
Vidian neurectomy	---	---	---
Intranasal ethmoidectomy	---	---	---
External ethmoidectomy	---	---	---
Frontoethmoidectomy	---	---	---
Frontal sinus trephine	---	---	---
Osteoplastic frontal sinusectomy	---	---	---
Frontal sinus ablation	---	---	---
Nasal endoscopy, diagnostic	---	---	---
Endoscopic Sinus Surgery	---	---	---
Approach for Hypophysectomy	---	---	---

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CATEGORY 2 – ADVANCED OTOLARYNGOLOGY PRIVILEGES

Criteria: Applicants must meet the criteria outlined for Category 1 Otolaryngology privileges; AND provide documentation of ability to perform the procedures requested, via certification by a Training Director regarding experience and demonstrated competence.

Proctoring Requirements: Of the four (4) required proctoring cases, two (2) must be from the Category 2 Advanced privilege section, if Category 2 privileges are requested.

Current Competence Requirements: Evidence of the successful performance, as primary surgeon, of at least three (3) Category 2 procedures every 2 years.

CATEGORY 2 – Advanced Otolaryngology Privileges:

Cleft lip repair	—	—	—
Cleft palate repair	—	—	—
Cochlear implant	—	—	—
Major vessel grafting	—	—	—
Resection acoustic neuroma translabyrinthine (transmastoid)	—	—	—
Middle cranial fossa surgery	—	—	—
VIII nerve section via middle fossa	—	—	—
Retrolabyrinthine nerve section	—	—	—
T.M.J. exploration	—	—	—

FREE FLAP PROCEDURES

Criteria: Applicant must demonstrate training, experience, and current competence. Applicant must have performed at least ten (10) procedures in order to meet qualifications for initial appointment.

Proctoring Requirements: A minimum of two (2) procedures to be proctored.

Current Competence Requirements: Applicant must have performed at least ten (10) procedures in the past two (2) years in order to meet qualifications at the time of reappointment

Free Flap Procedures	—	—	—
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CATEGORY 2 - ROBOTIC ASSISTED SURGERIES:

Criteria: Applicants must be Board Certified or eligible for certification by the American Board of Otolaryngology. Must meet the criteria outlined for Category 1. Must provide documentation of course attendance and completion of the Training Workshop for the da Vinci system as it applies to ENT procedures; and meet one of the following:

Route "1" Criteria:

Requires previous practical experience via an accredited residency or fellowship program with documented clinical experience of a minimum of twenty (20) robotic assisted procedures, with at least ten (10) as the primary surgeon.

Route "1" Proctoring Requirements:

At least the first three (3) cases as the primary surgeon, proctored by two different surgeons who have completed proctoring for Robotic Assisted Surgeries. At least one case must be proctored by an ENT Surgeon and the remaining cases can be done by a General Surgeon.

Competency Requirements: Performance of at least three (3) robotic procedures per year as primary surgeon to maintain robotic privileges. Physicians who fail to meet the competency requirements will be required to undergo proctoring of at least three (3) cases.

Route "2" Criteria:

Completion of an approved residency or fellowship program in the surgical specialty.

Route "2" Proctoring Requirements:

At least the first five (5) cases as the primary surgeon, proctored by two different surgeons who have completed proctoring for Robotic Assisted Surgeries. At least two cases must be proctored by an ENT Surgeon and the remaining cases can be done by a General Surgeon.

Competency Requirements: Performance of at least three (3) robotic procedures per year as primary surgeon to maintain robotic privileges. Physicians who fail to meet the competency requirements will be required to undergo proctoring of at least five (5) cases.

CATEGORY 2 - ROBOTIC ASSISTED SURGERIES

Radical Tonsillectomy	—	—	—
Supraglottic laryngectomy (includes resection of tumors of the pharynx and the larynx)	—	—	—
Base of tongue cancer resection	—	—	—
Sleep Apnea	—	—	—
Transoral robotic surgery (TORS)	—	—	—

Revised: 04/23/10, 10/28/10, 5/26/11; 01/26/12; 05/23/13; 5/22/14

ACKNOWLEDGEMENT OF THE PRACTITIONER:

I have requested only those privileges for which my education, training, current experience and demonstrated performance I am qualified to perform, and that I wish to exercise at Huntington Hospital, and I understand that: a) in exercising my 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 a situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature of Applicant:

Date: _____

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DEPARTMENT CHAIR RECOMMENDATIONS

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Applicant may perform privileges and procedures as indicated: _____ YES _____ NO

Exceptions/Limitations (Please Specify): _____

APPROVALS:

Robotic Medical Director: _____ **Date:** _____

Section Chair: _____ **Date:** _____

Department Chair: _____ **Date:** _____

Credential Committee Date: _____

Medical Executive Committee Date: _____

Board of Directors Approved on: _____