

Methodist Healthcare - Memphis Hospitals
Otolaryngology Clinical Privileges

Name: _____

To be eligible to apply for core privileges in Otolaryngology, the applicant must meet the following qualifications:

- Current Board certification in otolaryngology by the American Board of Otolaryngology or the American Osteopathic Board of Otolaryngology-Head and Neck Surgery.
- Or**
- Successful completion of an ACGME- or AOA-accredited post-graduate training program in otolaryngology and Board certification within five years of program completion.

Applicants will be requested to provide documentation of practice as defined on the attached competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.

To be eligible to apply for core privileges in Pediatric Otolaryngology, the applicant must meet the following qualifications:

- Current Board certification otolaryngology by the American Board of Otolaryngology or the American Osteopathic Board of Otolaryngology-Head and Neck Surgery.
- Or**
- Successful completion of an ACGME-or AOA-accredited post-graduate training program in Otolaryngology and Board certification within five years of program completion.

Applicants will be requested to provide documentation of practice as defined on the attached competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.

Otolaryngology Core Privileges

Admit, evaluate, diagnose, provide consultation and comprehensive medical and surgical care to patients, except as specifically excluded from practice, 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.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The core privileges in this specialty include the procedures on the attached list and such other procedures that are extensions of the same techniques and skills. These shall include all non-airway pediatric procedures. Airway cases under two years of age should be on an emergency basis only.

Otolaryngology Pediatric Core Privileges

Admit, evaluate, diagnose, provide consultation and comprehensive medical and surgical care to pediatric patients over two years of age unless appropriate training and experience is documented in neonates and infants, except as specifically excluded from practice, presenting with disease, 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.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The core privileges in this specialty include the procedures on the attached list and such other procedures that are extension of the same techniques and skills. Routine surgical pediatric airway privileges for children <2 years of age shall require pediatric fellowship training or documentation of sufficient clinical experience.

Pediatric Otolaryngology Surgeons may serve as co-attendings with Intensivists in the Intensive Care Unit.

Special procedures/techniques (see Qualifications and/or specific criteria*)

The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience. The applicant must provide documentation of current clinical competence in performing the procedure consistent with the criteria set forth in medical staff policies governing the exercise of specific privileges.

If applying directly from training, or based on the training received in a formal training program, submit case* logs from the program authenticated by the program director along with their recommendation attesting to the comparable training, experience and qualifications relative to the criteria for the clinical privileges requested.

All required case logs must contain the following information at a minimum: Date, patient identifier, facility, CPT procedure code, diagnosis, complications, and disposition, and the facility name, name of the person authenticating the log, signature, date signed, and contact information. If the information requested is not available, please provide an explanation.

Use of Laser

[Requires: Completion of an approved eight hour minimum CME course which includes training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and hands-on experience with lasers. A letter outlining the content and successful completion of course must be submitted, or documentation of successful completion of an approved residency in a specialty or subspecialty which included training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and a minimum of six hours observation and hands-on experience with lasers.]

Neuro-otology

[Requires: Completion of special training either in a fellowship or sufficient clinical experience in neuro-otology as determined by the Department Chair.]

Privileges include but are not limited to the following:

- Stapedectomy, stapedotomy
- Middle fossa, posterior fossa, translabyrinthine approaches to skull base
- Vestibular neurectomy
- Petrous apex surgery

- Glomus tumor surgery
- Endolymphatic sac surgery
- Acoustic neuroma
- Cochlear implantation
- Intratympanic facial nerve surgery
- CSF leak repair

Cochlear implant

[**Requires:** Completion of special training and/or a course in cochlear implantation.]

Administration of moderate sedation

See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists

[**Requires:** PALS or ACLS certification].

Otolaryngology Clinical Privileges

Name: _____

Please check (✓) applicable age categories for each privilege requested.

Privilege Description	Neonates (0-28 days)	Infants (29 days– 2 years)	Children (2-12 years)	Adolescents (13-18 years)	Adults (>18 Years)
Otolaryngology Core					
Otolaryngology Pediatric Core					
Special Privileges					
Use of Laser					
Neuro-otology					
Cochlear Implants					

**If requesting privileges to treat patients under the age of 13, please provide age-specific documentation.*

Acknowledgement of practitioner

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Methodist Le Bonheur Healthcare, to the extent services are available at each facility, 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

Signed: _____

Date: _____

Otolaryngology Core Privileges/Otolaryngology Pediatric Core Privileges

- Superficial parotidectomy
- Total parotidectomy, VII preserved
- Parotidectomy with nerve graft
- Submandibular gland excision
- Parapharyngeal space tumor excision
- Rhinectomy
- Lateral rhinotomy
- Maxillectomy
- Maxillectomy with orbital extenteration
- Excision angiofibroma
- Excision other nasopharyngeal tumor
- Excision tumor ethmoid cribriform plate
- Lip shave
- Lip wedge resection
- 1st degree closure lip
- Excision with flap reconstruction
- Local resection cancer mouth
- Hemiglossectomy
- Composite resection of primary tumor in floor of mouth alveolus, tongue, buccal region, tonsil or any combination
- Mandibular resection
- I&D neck abscess
- Complete neck dissection
- Modified neck dissection
- Cervical node biopsy
- Scalene node biopsy
- Thyrotomy (laryngofissure)
- Vertical hemilaryngectomy
- Supraglottic laryngectomy
- Total laryngectomy
- Laryngopharyngectomy
- Surgical speech fistula
- Repair laryngeal fracture
- Section recurrent laryngeal nerve
- Arytenoidectomy
- Arytenoidpexy
- Thyroid lobectomy
- Subtotal thyroidectomy
- Total thyroidectomy
- Parathyroidectomy
- Pharyngoesophagectomy
- Cervical esophagostomy for feeding
- Pharyngeal diverticulectomy
- Tracheotomy
- Tracheal resection with repair
- Major vessel ligation
- Major vessel repair
- Tympanostomy/tube placement
- Tympanoplasty/ossicular chain reconstruction

- Mastoid procedures
- Stapes procedures
- Facial nerve decompression and repair
- Repair of middle ear and mastoid trauma
- Tumor surgery (glomus tympanic tumors, other middle ear tumors)
- Ear canal procedures (atresia and stenosis of ear canal, other ear canal procedures)
- Brachial cleft cyst
- Thyroglossal duct cyst
- Dermoid
- Lymphangioma
- Cystic hygroma
- Reconstruction external ear
- Otoplasty
- Rhinoplasty
- Mentoplasty
- Rhytidectomy
- Forehead rhytidectomy
- Blepharoplasty
- Repair complex facial lacerations
- Dermabrasion
- Facial skin peeling
- Reduction facial frontal fractures
- Reduction nasal fractures
- Reduction maxilla-Le Fort I, II, and III
- Reduction malar fractures
- Reduction orbital blowout fractures
- Reduction mandibular-closed and open fractures
- Laryngoplasty
- Tracheoplasty
- Pedicle flap procedures
- Grafts (split thickness skin, full thickness skin)
- Facial sling procedures
- Oroantral fistula repair
- Choanal atresia repair
- Orthognathic surgery
- Pharyngeal flap
- TMJ surgery
- Excision skin lesions 1st degree closure
- Scar revision
- Direct laryngoscopy (diagnostic)
- Laryngoscopy (with excision)
- Vocal cord injection
- Esophagoscopy-diagnostic (with foreign body removal, with stricture dilation)
- Bronchoscopy-diagnostic (with foreign body removal, with stricture dilation)
- Panendoscopy (multiple concurrent endoscopic procedures)
- Adenoidectomy
- Tonsillectomy
- T&A
- Uvulopalatopharyngoplasty
- Nasal polypectomy
- Submucous resection of septum

- Nasal septoplasty
- Turbinectomy
- Intranasal antrotomy
- Caldwell Luc
- Transantral ligation of vessels
- Vidian neurectomy
- Endoscopic Sinus Surgery (ESS) including, but not limited to
 - Maxillary antrostomy
 - Ethmoidectomy-Anterior and Total
 - Sphenoidotomy
 - Frontal sinusotomy
- Intranasal ethmoidectomy
- External ethmoidectomy
- Frontoethmoidectomy
- Frontal sinus trephine
- Osteoplastic frontal sinusotomy
- Frontal sinus ablation
- Sphenoidotomy
- Radical pansinusectomy
- Dacryocystorhinostomy
- Hypophysectomy (transnasal and transsinus approach)
- Cleft Lip/Palate Surgery
- Facial cosmetic and reconstructive surgery including the following, but not excluding other facial cosmetic and reconstructive surgery
 - Facial augmentation
 - Liposuction (head and neck area)
 - Brow lifts
 - Botox

Case Log Requirements

In addition to the required education, experience and/or training specified on each (DOP) (Delineation of Privilege) form, documentation of current clinical competence is required. TJC (The Joint Commission) describes “current clinical competence” as having performed the privilege recently and performed it well.

This should not be confused with either FPPE (Focused Professional Practice Evaluation) or OPPE (Ongoing Professional Practice Evaluation).

- FPPE: an evaluation of clinical competence of all new privileges (as performed at Methodist Le Bonheur Healthcare) after they have been initially granted. This applies to all new applicants as well as to current members applying for new/additional privileges.
- OPPE: “periodic” (more frequent than annually) evaluation of professional practice.

Both FPPE and the current clinical competence assessment are privilege-specific. FPPE is conducted during the period after granting new privileges. Current clinical competence is assessed prior to granting privileges initially and reassessed when renewing privileges at reappointment.

Current Clinical Competence: Requirements for New Applicants

- If applying directly from training, or based on the training received in a formal training program, submit case* logs from the program authenticated by the program director along with their recommendation attesting to the comparable training, experience and qualifications relative to the criteria for the clinical privileges requested.
- If applying after training completion, submit the following:
 - Case* logs from primary practice facility for a consecutive two month time period within the previous 12 months in accordance with the standards listed below.
 - procedure list identifying the top 10 CPT/ICD9 codes for the provider’s practice during the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation.

All required case* logs and/or procedure lists must contain the following information at a minimum: Date, patient identifier, CPT/ICD9 procedure code, diagnosis, complications, and disposition, and the facility name, name of the person authenticating the log, signature, date signed, and contact information. If the information requested is not available, please provide an explanation.

*A “case” is an episode of care – either cognitive or procedural. For interpretive care, “case” is interpretation of one diagnostic study.

Current Clinical Competence: Maintenance of Privileges for Current Members

Current clinical competence must be verified to maintain special privileges. For highly procedural specialties, current clinical competence should be verified to maintain core privileges as well. Please see the guidelines for maintenance requirements in the following grid.

Privilege	Initial Application Case Logs	Maintenance (Reappointment) Case Logs
Otolaryngology Core	Case* logs from current primary practice facility for a consecutive two month time period within the previous 12 months Procedure list identifying the top 10 CPT/ICD9 codes for your practice within the previous 12 months and the number of procedures performed and identify the facility(ies) at which procedures were performed	OPPE & Case* logs documenting procedures for a consecutive two month time period within the previous 12 months
Otolaryngology Pediatric Core	Case* logs from current primary practice facility for a consecutive two month time period within the previous 12 months Procedure list identifying the top 10 CPT/ICD9 codes for your practice within the previous 12 months and the number of procedures performed and identify the facility(ies) at which procedures were performed	OPPE & Case* logs documenting procedures for a consecutive two month time period within the previous 12 months
Neuro-otology Core	Case* log documenting the performance of at least 5 procedures within the previous 24 months	Case* log documenting the performance of at least 2 procedures within the previous 24 months
Cochlear implant	Case* log documenting the performance of at least 5 procedures within the previous 24 months	Case* log documenting the performance of at least 2 procedures within the previous 24 months