

DETROIT MEDICAL CENTER

DEPARTMENT OF OTOLARYNGOLOGY
DELINEATION OF PRIVILEGES IN OTOLARYNGOLOGY (HEAD & NECK SURGERY)
ADULT/PEDIATRIC

Applicant Name: _____

PLEASE PRINT

QUALIFICATIONS:

Effective July 1, 2009, all new applicants to the DMC will be required to be board certified or in the active certification process in their practice specialty. See Board Certification addendum.

Core Privileges:

Successful completion of an ACGME or AOA or its equivalent accredited residency training program in Otolaryngology. Current certification or active participation in the examination process leading to certification in Otolaryngology by the American Board of Otolaryngology or the American Osteopathic Board of Surgery with certification to be achieved within 5 years of completion of residency. Documented current competency to include experience demonstrating that (s)he has provided inpatient service or performed surgery for at least **50** patients during the past 24 months in the areas of head and neck, otologic, plastic, reconstructive, otolaryngology and endoscopy.

Qualifications for Special Procedures: Proof of successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable program; and documentation of competency as specified for specific privileges (see notations under specific procedures).

Qualifications for Use of Laser: Proof of successful completion of an accredited laser training program documenting laser care, physics and clinical indications for utilization of the specific laser therapy; or documentation from the chief of an accredited residency training program attesting to the training in specific laser therapy during residency; or documented experience in laser procedures and care.

Observation/Proctoring Requirements: Performance of provisional appointee is monitored through the departmental Morbidity and Mortality conferences and ongoing professional performance evaluations, quality assessment and improvement activities.

Qualification for Reappointment to Active staff: Current demonstrated competence with acceptable results in the privileges requested as determined through quality assessment and improvement activities and outcomes, AND, the performance of at least **12** surgical cases and/or patient contacts (admissions, consults, DMC/WSU educational or clinic activity, etc.) in the previous 24 months in DMC-based facilities to allow for comprehensive ongoing professional performance evaluation.

Qualification for Reappointment to Affiliate staff: Verification from primary non-DMC hospital of current demonstrated competence with acceptable results in the privileges requested as determined through quality assessment and improvement activities and outcomes, AND, the performance of at least **12** surgical cases and/or patient contacts (admissions, consults, etc.) in the previous 24 months, AND/OR evidence of some DMC/WSU educational or clinic activity.

Those practitioners that do not meet minimum eligibility requirements to hold clinical privileges and/or have insufficient DMC based volume to provide for an ongoing professional practice evaluation and/or have an office-based practice only, but wish to maintain a DMC affiliation, may request Membership Only with No Clinical Privileges.

**DEPARTMENT OF OTOLARYNGOLOGY
ADULT AND PEDIATRIC CLINICAL PRIVILEGES IN OTOLARYNGOLOGY**

Applicant Name _____

PLEASE PRINT

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PRIVILEGES REQUESTED:

(R)-Requested (A)-Recommend Approval as Requested (C)-Recommend with Conditions (N)-Not Recommended

Note: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason must be stated below or on the last page of this form and discussed with the physician.

Applicant: Please place a check mark in the (R) column ONLY for each privilege requested.

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(R) (A) (C) (N)

MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES

Practice is limited to outpatient office (ambulatory) only. No inpatient privileges.

Do Not Complete The Remainder Of This Form.

Sign form on PAGE 3.

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(R) (A) (C) (N)

OTOLARYNGOLOGY CORE PRIVILEGES includes:

- Admission, work-up, diagnosis, provision of non-surgical and surgical care to patients illnesses, injuries and disorders of the head and neck affecting the ears, facial skeleton, respiratory and upper alimentary systems.
- Surgery involving temporal bone, nasal and paranasal sinus, endoscopic sinus surgery, maxillofacial, aesthetic, plastic, reconstructive, thyroid, parathyroid, pituitary, salivary glands, and lymphatic tissue of head and neck.
- Congenital or any other disease process that involves the head and neck.

Core privileges do NOT include any of the following Special Procedures.

OTOLARYNGOLOGY SPECIAL PROCEDURES

(See Qualifications and Specific Criteria)

(R) (A) (C) (N)

Skull-base surgery - Requires: documentation of fellowship, post-graduate training, or experience.

Microvascular surgery - Requires: documentation of fellowship, post-graduate training, or experience..

Use of laser – Requires: experience or orientation and training, see Page 1.

Pediatric endoscopy (<age 2) – Requires: documentation of experience.

Pediatric tracheostomy (<age 2) – Requires: documentation of experience.

Complex Pediatric nasal & sinus procedures (<age 2) – Requires: documentation of experience.

Craniofacial reconstruction - Requires: documentation of training or experience.

Moderate Sedation

This category requires knowledge of the DMC Moderate Sedation Tier 1 Policy (and Tier 3 Children’s Hospital policy for Pediatrics), acknowledgement to observe the policies and complete the HealthStream Modules on Moderate Sedation. My initials attest that I will comply with the policy and have completed the module.

Initials

DEPARTMENT OF OTOLARYNGOLOGY
ADULT AND PEDIATRIC CLINICAL PRIVILEGES IN OTOLARYNGOLOGY

Applicant Name _____

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OTOLARYNGOLOGY SURGICAL ROBOTICS PROCEDURES

Training/Experience Required

- Completion of an Accredited Residency or Sub-Specialty Fellowship in Otolaryngology-Head and Neck Surgery/Head and Neck Surgery within the preceding two (2) years, which included, as part of its curriculum, appropriate training in use of the Robotics Surgical Platform during which the applicant completed at least six (6) cases as the primary operator (and letter of competency from the Program Director attesting satisfactory completion of such training by the applicant).

OR

- Demonstrated completion of attendance at, and participation in a hands-on training practicum in the use of the Robotics Surgical Platform. Training program must have been at least eight (8) hours duration, including demonstrative personal training on the system using the Robotics Surgical Platform (and a letter of recommendation from the Director of the Training Program attesting to the applicant's satisfactory performance and completion of the program).

OR

- Provide evidence of an active clinical practice within the preceding two (2) years during which the applicant has performed at least six (6) such procedures during each of the preceding two (2) years; AND provide letter of recommendation from the Department Chairperson or a physician who is actively practicing the applicant's specialty and who actually utilized the Robotics Surgical Platform at the hospital where the applicant has clinical privileges to perform the requested procedure and who has actual knowledge of the applicant's experience, attesting to the competency and will of the applicant with respect to performance of the procedures (letter must come from someone other than a partner or associate of the applicant).

Preceptorship Observation Requirements:

If a physician has met the experience/training requirements listed above as evidenced by residency/fellowship experience or Robotics training course, physician must provide written evidence of the following:

- At least six (6) proctored cases by a credentialed proctor using the Robotics Surgical Platform (including outcome data). No proctorship is required if physician provides evidence of active clinical practice within the preceding two (2) years during which the applicant has performed at least six (6) such procedures during each of the preceding two (2) years as defined above.

Maintenance of Privileges:

- Evidence of competence as demonstrated by a minimum of eight (8) uses of the Robotics Surgical Platform per year with favorable quality results and outcomes.
- In the event the physician has less than the minimum of eight (8) uses of the Robotics Surgical Platform per year with favorable quality/outcome results, a recommendation will be made by the Department Chief. Furthermore, if a surgeon has performed less than the eight (8) cases per year on an investigations protocol, a recommendation by the Department Chief is required.

OTOLARYNGOLOGY SURGICAL ROBOTICS PROCEDURES

(R) (A) (C) (N)

Sleep apnea/tongue base resection

Skull base lesions

Oro-pharyngeal lesions (tumors of the mouth, tonsils, tongue, and throat)

Thyroidectomy

Parathyroidectomy

Airway lesions

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ADULT AND PEDIATRIC CLINICAL PRIVILEGES IN OTOLARYNGOLOGY

Applicant Name _____

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Acknowledgment of Practitioner

By my signature below, I acknowledge that I have read and understand this delineation of privilege form and applicable standards, qualifications, and criteria for privileges.

Applicant Signature

Date

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RECOMMENDATIONS

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CHIEF OF SERVICE:

- Approved as requested Approved **with conditions/modifications, as listed below.**
 Do not recommend

Signature, Chief of Service

Date

MODIFICATIONS/CONDITIONS

Privileges	Modification/Condition

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PEDIATRIC CHIEF OF SERVICE (If Pediatric Special Procedures or CHM Only)

- Approved as requested Approved **with conditions/modifications, as listed above.**
 Do not recommend

Signature, Pediatric Chief of Service

Date

Signature, Chair of MSOC (Chief of Staff)

Date

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DEPARTMENT OF OTOLARYNGOLOGY
ADULT AND PEDIATRIC CLINICAL PRIVILEGES IN OTOLARYNGOLOGY

Applicant Name _____

PLEASE PRINT

SPECIALIST-IN-CHIEF:

I certify that I have reviewed and evaluated the applicant's request for clinical privileges, credentials and other supporting documentation, and the recommendation that is made below takes all pertinent factors into consideration.

- Approved as requested Approved **with conditions/modifications, as listed.**
 Do not recommend

Signature, Specialist-in-Chief (or Designee)

Date

Joint Conference Committee Action: _____

Date

DETROIT MEDICAL CENTER

BOARD CERTIFICATION REQUIREMENTS

- Beginning July 1, 2009, all applicants to the DMC Medical Staff shall be Board Certified, or shall achieve Board Certification within five (5) years of completion of formal training. Relative to eligibility for board certification, completion of formal training (residency versus fellowship) is defined by the primary certification body for that specialty.
- Individual clinical department Board certification may be more stringent. If so, the department's requirements supersede the DMC minimum Board certification requirement.
- The Board certification must be in the specialty and specific practice which clinical privileges are requested.
- Board certification must be in a specialty recognized by the American Board of Medical Specialties, American Osteopathic Association, American Dental Association or the American Board of Foot and Ankle Surgery.
- If Board certification is time-limited, in all cases, the applicant will have a maximum of three (3) years to achieve re-certification, beginning with the expiration date of his/her current Board Certification, or will be voluntarily resigned from the Medical Staff.
- An extension of the Board certification or re-certification requirement may be granted by the Medical Executive Committee to the applicant who has obtained an extension from the requisite Board for reasons of significant health issues or military service.
- DMC medical staff members on staff prior **to July 1, 2009**, who are not Board certified will not be required to achieve Board certification. Eligibility for the Board certification waiver requires uninterrupted DMC Medical Staff membership since July 1, 2009.
- Under special circumstances, some outstanding applicants brought to the DMC may be ineligible for Board certification. These members will be considered by their departments on an individual case-by-case basis, and review by a subcommittee of the SICs, may be granted privileges without Board certification with a majority vote of the Medical Executive Committee and the Joint Conference Committee.