

UNIVERSITY HOSPITAL AND HEALTH SYSTEM
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
2500 North State Street, Jackson MS 39216

DENTISTRY CLINICAL PRIVILEGES

Name: _____

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- Initial Appointment
- Reappointment

All new applicants must meet the following requirements as approved by the governing body effective: 4/3/2013.

Applicant: Check off the "Requested" box for each privilege requested. 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 any doubts related to qualifications for requested privileges.

Department 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.

Other Requirements

- Note that privileges granted may only be exercised at the site(s) and/or 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 and/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 governance (MS Bylaws, Rules and Regulations) organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR GENERAL DENTISTRY

To be eligible to apply for core privileges in general dentistry, the initial applicant must meet the following criteria:

Successful completion of an American Dental Association approved school of dentistry accredited by the Commission of Dental Accreditation

OR

Successful completion of an approved foreign dental school and successful completion of a hospital-based residency or training program in an appropriate dental specialty

Required Previous Experience: Applicants for initial appointment must be able to demonstrate the performance of a sufficient volume of dental inpatient, outpatient, emergency service, or consultative procedures, reflective of the scope of privileges requested, in the past 24 months or successful completion of an accredited training program in the past 12 months.

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Reappointment Requirements: To be eligible to renew core privileges in general dentistry, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume of dental inpatient, outpatient, emergency service, or consultative procedures within the University of Mississippi Medical Center campus, 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

GENERAL DENTISTRY CORE PRIVILEGES

- Requested** Co-admit*, consult, evaluate total oral health needs, diagnose and provide general dental diagnostic, preventive, and therapeutic oral health care to adolescent and adult patients to correct or treat various routine conditions of the oral cavity and dentition. Provide dental care for:
- Precardiac surgery patients, oncology patients, and emergency patients with trauma to the head and neck regions
 - Patients who because of mental disability such as autism, down's syndrome, etc. or physical disability such as severe cerebral palsy cannot be safely treated in the dental clinic setting
 - Adults who because of mental or physical disability cannot cooperate with dental treatment in the dental clinic setting
 - High risk medical conditions that necessitate having their dental treatment under general anesthesia in the OR

Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

*Co-admission is to be done in conjunction with a staff Oral & Maxillofacial Surgeon or staff physician of an appropriate specialty. The core privileges in this specialty include the procedures on the attached procedure list.

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QUALIFICATIONS FOR ADVANCED DENTISTRY

To be eligible to apply for core privileges in Advanced Dentistry, the initial applicant must meet the following criteria:

Current specialty certification in Special Care Dentistry, Hospital Dentistry, Oral Medicine, Dental Public Health, Endodontics, Oral and Maxillofacial Pathology, Oral and Maxillofacial Radiology, Orthodontics, Prosthodontics or Periodontology by the appropriate ADA-recognized specialty board or other appropriate certifying agency.

OR

Successful completion of an American Dental Association approved school of dentistry accredited by the Commission of Dental Accreditation or approved foreign dental school and successful completion of a General Practice residency or Advanced Education in General Dentistry, Special Care Dentistry, Hospital Dentistry, Oral Medicine, Dental Public Health, Endodontics, Oral and Maxillofacial Pathology, Oral and Maxillofacial Radiology, Oral and Maxillofacial Surgery, Orthodontics, Prosthodontics or Periodontology, plus active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to specialty certification in the applicable dental specialty.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance of a sufficient volume of advanced dentistry procedures reflective of the scope of privileges requested in the past 24 months.

Reappointment Requirements: To be eligible to renew core privileges in advanced dentistry, the applicant must meet the following Maintenance of Privilege Criteria:

Current demonstrated competence and a sufficient volume of advanced dentistry procedures, 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. Medical Staff members whose board certificates Special Care Dentistry, Hospital Dentistry, Oral Medicine, Dental Public Health, Endodontics, Oral and Maxillofacial Pathology, Oral and Maxillofacial Radiology, Orthodontics, Prosthodontics or Periodontology bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

ADVANCED DENTISTRY CORE PRIVILEGES

- Requested** Includes general dentistry privileges. The core privileges for advanced dentistry also include the procedures on the following procedure list.

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QUALIFICATIONS FOR ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS

To be eligible to apply for core privileges in Orthodontics and Dentofacial Orthopaedics, the initial applicant must meet the following criteria:

Current specialty certification in orthodontics by the American Board of Orthodontics.

OR

Successful completion of an American Dental Association approved school of dentistry accredited by the Commission on Dental Accreditation (CODA) or an approved foreign dental school; AND Successful completion of a residency in orthodontics and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to specialty certification in orthodontics by the American Board of Orthodontics.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance of a sufficient volume of orthodontics and dentofacial orthopaedics procedures reflective of the scope of privileges requested in the past 24 months.

Reappointment Requirements: To be eligible to renew core privileges in orthodontics and dentofacial orthopaedics, the applicant must meet the following Maintenance of Privilege Criteria:

Current demonstrated competence and a sufficient volume of orthodontics and dentofacial orthopaedics procedures, 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. Medical Staff members whose board certificates in Orthodontics bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS CORE PRIVILEGES

Requested Includes general dentistry privileges. The core privileges for Orthodontics and dentofacial orthopedics also include the procedures on the following procedure list.

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, Non-Core Privileges are requested individually in addition to requesting the Core. Each individual requesting Non-Core 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.

USE OF LASER

Requested

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Criteria:

- 1) Completion of an acceptable laser safety course provided by the UMMC Laser Safety Officer
AND
- 2) Successful completion of an approved residency in a specialty or subspecialty which included training in lasers
OR
Successful completion of a hands-on CME course which included training in laser principles and observation and hands-on experience with lasers
OR
Evidence of sufficient volume of procedures performed utilizing lasers (with acceptable outcomes) within the past 24 months
AND
- 3) Practitioner agrees to limit practice to only the specific laser types for which they have documentation of training and/or experience

Maintenance of Privilege:

A practitioner must document that procedures have been performed over the past 24 months utilizing lasers (with acceptable outcomes) in order to maintain active privileges for laser use. In addition, completion of a laser safety refresher course provided by the Laser Safety Officer is required for maintenance of the privilege. Practitioner agrees to limit practice to only the specific laser types for which they have documentation of training and/or experience.

ADMINISTRATION OF SEDATION AND ANALGESIA

- Requested** See Hospital Policy for Procedural Sedation by Non-Anesthesiologists for additional information.

Section One--INITIAL REQUESTS ONLY:

- Completion of residency or fellowship in anesthesiology, emergency medicine or critical care **-OR-**
- Completion of residency or fellowship within the past year in a clinical subspecialty that provides training in procedural sedation training **-OR-**
- Demonstration of prior clinical privileges to perform procedural sedation along with a good-faith estimate of at least 20 such sedations performed during the previous year (the estimate should include information about each type of procedure where sedation was administered with a list of any adverse events related to the sedation during those cases, including causal analysis, treatment, and outcome:
- _____

-OR-

- Successful completion (within six months of application for privileges) of a UMHC-approved procedural sedation training and examination course that includes practical training and examination under simulation conditions.

Section Two--INITIAL AND RE-PRIVILEGING REQUESTS:

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- Successful completion of the UMHC web based Procedural Sedation Course/Exam initially and at least once every two years **-AND-**
Provision of a good-faith estimate of the number of instances of each type of procedure where sedation is administered with a list of any adverse events related to the sedation during those cases, including causal analysis, treatment, and outcome:

-AND-

- ACLS, PALS and/or NRP, as appropriate to the patient population. **(Current)**

-OR-

- Maintenance of board certification or eligibility in anesthesiology, emergency medicine, pediatric emergency medicine, cardiovascular disease, advanced heart failure and transplant cardiology, clinical cardiac electrophysiology, interventional cardiology, pediatric cardiology, critical care medicine, surgical critical care, neurocritical care or pediatric critical care, as well as active clinical practice in the provision of procedural sedation.

Section Three--PRIVILEGES FOR DEEP SEDATION:

- I am requesting privileges to administer/manage deep sedation as part of these procedural sedation privileges.

Deep Sedation/Anesthetic Agents used: _____

APPLICABLE TO REQUESTS FOR DEEP SEDATION ONLY:

I have reviewed and approve the above requested privileges based on the provider's critical care, emergency medicine or anesthesia training and/or background.

Signature of Anesthesiology Chair

Date

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CORE PROCEDURE LIST

To the applicant: *If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.*

General Dentistry

- Performance of appropriate history and physical exam: Diagnostics; to include, but not limited to: Radiographs and imaging studies; Photographs, Models; Lab Studies; and charting, documentation.
- Crown and bridge preparation
- Dental endosseous implants: surgical placement, uncovering osseous grafts, soft tissue allografts-removal of same
- Intraoral biopsy: incisional/excisional and other diagnostic pathological procedures, removal of cysts and benign tumors
- Intra Oral Osseous surgery
- Minor mucogingival surgery and repair with the oral cavity to include frenectomy and suturing of lacerations
- Operative restorations and cosmetic dentistry
- Order respiratory services
- Order rehab services
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
- Preventive and periodontal services
- Prosthetic replacement of teeth
- Reimplantation of teeth: stabilization of oral tissues
- Simple extractions
- Simple root canal therapy
- Space maintenance
- Splinting to include reduction of dentoalveolar fractures
- Telehealth

Advanced Dentistry

- Complex extractions
- Gingivectomy or gingivoplasty
- Guided tissue regeneration (includes surgery and re-entry) soft tissue surgery
- Intraoral incision and drainage
- Mucogingival/soft tissue surgery
- Order respiratory services
- Order rehab services
- Osseous and soft tissue grafts/allografts
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
- Placement of non osseous dental implants - repair and removal
- Root canal therapy
- Surgical periapical procedures
- Transseptal fiberotomy
- Telehealth

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Orthodontics and Dentofacial Orthopaedics

- Consultations on treatment decisions and treatment alternatives
- Dentofacial orthopedics and fixed maxillary expansion
- Diagnosis of orthodontic problems
- Formulating treatment plans
- Initial phase treatment for mixed dentition
- Interceptive or adjunctive orthodontics
- Monitor completed treatments and retention phase
- Order respiratory services
- Order rehab services
- Orthodontic treatment for patients with dentofacial deformities
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
- Telehealth
- Treatment of malocclusions

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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 University Hospital and Health System, University of Mississippi Medical Center, 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** _____

DIVISION CHIEF'S RECOMMENDATION (AS APPLICABLE)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

| Privilege | Condition/Modification/Explanation |
|------------------|---|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Notes

Division Chief Signature _____ **Date** _____

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DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

| Privilege | Condition/Modification/Explanation |
|------------------|---|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Notes

Department Chair Signature _____ **Date** _____

Reviewed:

Revised:

2/3/10, 6/2/2010, 12/1/2010, 3/2/2011, 10/5/2011, 11/2/2011, 12/16/2011, 1/4/2012, 10/03/2012, 11/07/2012, 4/3/2013