

UNIVERSITY HOSPITALS AND HEALTH SYSTEM

2500 North State Street, Jackson MS 39216

ORAL AND MAXILLOFACIAL SURGERY 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: 10/2/13.

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 ORAL AND MAXILLOFACIAL SURGERY

To be eligible to apply for core privileges in oral and maxillofacial surgery, the initial applicant must meet the following criteria:

Current specialty certification in oral and maxillofacial surgery by the American Board of Oral and Maxillofacial Surgery

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 oral and maxillofacial surgery that includes training for procedures of the soft and hard tissues as well as history and physicals and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to specialty certification in oral and maxillofacial surgery by the American Board of Oral and Maxillofacial Surgery.

Required Previous Experience: The applicant must be able to demonstrate provision of oral & maxillofacial surgery care to a sufficient volume of patients, reflective of the scope of privileges requested in the past 24 months or demonstrate successful completion of a residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment Requirements: To be eligible to renew core privileges in oral and maxillofacial surgery, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient 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. Medical Staff members whose board certificates in oral and maxillofacial surgery bear an expiration date shall successfully complete

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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.

CORE PRIVILEGES

ORAL AND MAXILLOFACIAL SURGERY CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, treat and provide consultation to patients of all ages with pathology, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the head, mouth, teeth, gums, jaws, and neck, perform surgical procedures and post-operative management. 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.

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.

FACIAL COSMETIC SURGERY

- Requested** Includes: Blepharoplasty; Brow lift; Endoscopic facial surgery; Facial nerve reconstruction; Fascial reanimation procedures; Hair transplantation, punch or strip; Implantation of autogenous, homologous, and allograft; Liposuction or lipo-injection procedure for contour restoration, head and neck; to include harvest from trunk and extremities; Mentoplasty and malarplasty; Perform history and physical exam; Otoplasty; Reconstruction aural microtia or ear deformity; Reconstruction eyelid; Repair of lacerations, scar revision, removal of lesions; Rhinoplasty; Rhytidectomy; Skin resurfacing via chemical peel, dermabrasion, or laser; and Use of neurotoxin and fillers.

Criteria: As for Oral and Maxillofacial Surgery, plus training in facial cosmetic surgery, either through the oral and maxillofacial surgery program or as part of a formal fellowship program. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of facial cosmetic surgery procedures in the past 24 months, reflective of the scope of privileges requested or demonstrate successful completion of a post-graduate training that included training in facial cosmetic surgery within the past 12 months. **Maintenance of Privilege:** Current demonstrated competence and a sufficient 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.

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CRANIOFACIAL SURGERY

- Requested** Includes: Repair of cleft lip/cleft palate; pharyngeal procedures; cleft nasal deformities; facial clefts; distraction osteogenesis; repair of craniosynostosis/cranial vault repair; orbital deformities; access to cranial bases procedures; and reconstruction of head and neck soft tissue defects with local and regional flaps.

Criteria: As for Oral and Maxillofacial Surgery, plus training in craniofacial surgery either through the oral and maxillofacial residency training program or as part of a formal fellowship program. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of craniofacial surgery procedures in the past 24 months, reflective of the scope of privileges requested or demonstrate successful completion of a post-graduate training program that included training in craniofacial surgery within the past 12 months. **Maintenance of Privilege:** Current demonstrated competence and a sufficient 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.

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:

- 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:

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-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

USE OF LASER

- Requested**

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

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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.

MICROVASCULAR FREE TISSUE TRANSFER

Requested

Microvascular free tissue transfer for the purposes of head and neck reconstruction. Includes: Fibula free flap, Radial forearm free flap, Anterolateral thigh free flap, deep circumflex iliac free flap, Scapula free flap.

Criteria: Successful completion of an ACGME or CODA accredited head and neck fellowship that included training in microvascular free tissue transfer.

Required Previous Experience: Demonstrated current competence and evidence of the performance of a sufficient volume of microvascular free tissue transfer procedures in the past 24 months.

Maintenance of Privilege: Demonstrated current competence and evidence of the performance of a sufficient volume of microvascular free tissue transfer procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes

ROBOTICALLY ASSISTED MINIMALLY INVASIVE SURGERY

Requested

Criteria:

- PATH 1: As for specialty, plus, applicants must show evidence of clinical experience in a minimum of five (5) computer-assisted procedures with the DaVinci Surgical Platform over the past 12 months via residency or fellowship training program.

AND

Demonstrate successful use of the Tele-robotic system during two (2) proctored cases (first two cases utilizing the tele-robotic system).

OR

- PATH 2: As for specialty, plus, evidence of a minimum of five (5) computer-assisted procedures performed with the DaVinci Surgical Platform over the past 12 months with acceptable outcomes.

AND

Demonstrate successful use of the Tele-robotic system during two (2) proctored cases (first two cases utilizing the tele-robotic system).

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OR

- PATH 3: Attendance and successful completion of a hands-on training program of at least eight (8) hours in duration in the use of the DaVinci Surgical Platform.

AND

At least three (3) hours of personal experience on the system during the training program.

AND

Observation of at least one (1) clinical case using the Tele-robotic surgical system.

AND

Demonstrate successful use of the Tele-robotic system during two (2) proctored cases (first two cases utilizing the tele-robotic system).

Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least ten (10) robotically-assisted minimally invasive surgery procedures in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. (If less than twenty-four (24) months since last (re)appointment, then five (5) procedures per year.)

HEAD AND NECK ONCOLOGIC SURGERY

- Requested**

Includes: Panendoscopy; Oncologic surgery of the head and neck, including neck dissection, and radical excision of malignant tumors, including mandibulectomy, maxillectomy; Myocutaneous rotational flaps, including pectoralis flap; Laryngectomy only if needed to obtain negative margins for squamous cell carcinoma that arises within the oral cavity; Salivary gland and duct surgery, including parotidectomy.

Criteria: Successful completion of an ACGME or CODA accredited head and neck fellowship.

Required Previous Experience: Demonstrated current competence and evidence of the performance of a sufficient volume of head and neck procedures in the past 24 months.

Maintenance of Privilege: Demonstrated current competence and evidence of the performance of a sufficient volume of head and neck procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes

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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.

1. Perform history and physical exam
2. Dentoalveolar surgery: includes management of odontogenic infections; erupted, unerupted, and impacted teeth, including third molar extractions and defects and deformities of the dentoalveolar complex
3. Trauma surgery: includes fractured and luxated teeth; alveolar process injuries; mandibular angle, body, ramus, and symphysis injuries; mandibular condyle injuries and dislocation; maxillary, zygomatic, orbital, and nasal bone injuries; naso-orbital-ethmoid complex injuries; frontal bone and frontal sinus injuries; auricle and scalp injuries; oral/perioral, perinasal, and facial soft tissue injuries; airway obstruction; cricothyroidotomies; and tracheostomies
4. Pathology: diagnosis and management of pathological conditions, such as , cyst of bone, benign and malignant bone tumors; osteomyelitis; osteoradionecrosis; metabolic and dystrophic bone diseases; soft tissue cysts; benign tumors; vascular malformations of soft tissue and bone; mucosal diseases; salivary gland diseases, infections, local or systemic. Surgical procedures include but are not limited to maxillary sinus procedures, cystectomy of bone and soft tissue, sialolithotomy, sialoadenectomy, management of head and neck infections; and trigeminal nerve surgery
5. Reconstructive surgery: includes harvesting of bone and soft tissue grafts, or local and regional flaps, and the insertion of implants. Sites for harvesting may include, but are not limited to the calvaria, rib, ilium, fibula, tibia, mucosa, and skin. Reconstructive procedures include but are not limited to vestibuloplasties; augmentation procedures; TMJ reconstruction; management of continuity defects; insertion of implants; reconstructive surgery of the oral and maxillofacial region
6. Orthognathic surgery: includes the surgical correction of functional and aesthetic orofacial and craniofacial deformities of the mandible, maxilla, zygoma, and other facial bones. Surgical procedures include, but are not limited to distraction osteogenesis, ramus and body procedures; subapical segmental osteotomies; LeFort I, II, and III procedures
7. Temporomandibular joint surgery: includes treatment of masticatory muscle disorders; internal derangements; degenerative joint disease; rheumatoid, infectious, and gouty arthritis; mandibular dislocation (recurrent or persistent); ankylosis and restricted jaw motion; and condylar hyperplasia or hypoplasia
8. Cleft and craniofacial surgery: limited to maxillary alveolar cleft; residual maxillofacial skeletal deformities (secondary)
9. Order respiratory servies
10. Order rehab services
11. Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods

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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:
6/2/2010, 10/25/2011, 10/25/2011, 12/16/2011, 4/3/2013, 10/2/2013