

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

**OTOLARYNGOLOGY 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: 06/14/2017 .**

**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 OTOLARYNGOLOGY**

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

Current specialty 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 Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in otolaryngology and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to specialty certification in otolaryngology by the American Board of Otolaryngology or the American Osteopathic Board of Otolaryngology-Head and Neck Surgery.

**Required Previous Experience:** Applicants for initial appointment must be able to demonstrate performance of a sufficient volume of otolaryngologic surgery procedures, reflective of the scope of privileges requested, during the last 24 months, or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

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

Current demonstrated competence and a sufficient volume of otolaryngology surgery procedures, 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 otolaryngology 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.

**CORE PRIVILEGES**

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**OTOLARYNGOLOGY CORE PRIVILEGES**

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- Requested** Admit, evaluate, diagnose, provide consultation and comprehensive medical and surgical care to patients of all ages, 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. 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.

**QUALIFICATIONS FOR NEUROTOLOGY**

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**To be eligible to apply for core privileges in neurotology, the initial applicant must meet the criteria for core Otolaryngology privileges plus the following criteria:**

Current specialty certification in neurotology by the American Board of Otolaryngology

OR

Completion of a neurotology fellowship and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to subspecialty certification in neurotology by the American Board of Otolaryngology

OR

Completion of a neurotology fellowship and equivalent in training and experience.

**Required Previous Experience:** Applicants for initial appointment must be able to demonstrate performance of a sufficient volume of neurotological surgery, reflective of the scope of privileges requested, during the last 24 months, or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

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

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Current demonstrated competence and a sufficient volume of neurotological surgical procedures, 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 otolaryngology 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.

**CORE PRIVILEGES**

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**NEUROTOLOGY CORE PRIVILEGES**

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- Requested** Admit, evaluate, diagnose, treat and provide consultation to patients of all ages, presenting with diseases and disorders of the petrous apex, infratemporal fossa, internal auditory canals, cranial nerves (e.g. vestibular nerve section and joint neurosurgical-neurotological resection of the intradural VIII nerve tumors), and lateral skull base (including the occipital bone, sphenoid bone, temporal bone, mesial aspect of the dura and intradural management), in conjunction with neurological surgery. 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)**

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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.

**MICROVASCULAR FREE TISSUE TRANSFER**

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- Requested**

**Criteria:** Successful completion of a 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.

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**FACIAL COSMETIC SURGERY**

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- Requested** The core privileges in this specialty include the procedures on the attached procedure list.

**Criteria:** Successful completion of an ACGME or AOA accredited post graduate training program that included training in facial cosmetic surgery. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of facial cosmetic surgical procedures in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of facial cosmetic procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**PLACEMENT OF BONE ANCHORED HEARING AID (BAHA)**

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- Requested**

**Criteria:** Successful completion of an ACGME or AOA post graduate training program that included training in placement of bone anchored hearing aids or completion of a hands on CME. Training should have included a sufficient volume of placements of BAHA. **Required Previous Experience:** Demonstrated current competence and evidence of the placement of a sufficient volume of BAHAs in the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the placement of a sufficient volume of BAHAs in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**REPAIR OF CLEFT LIP AND PALATE**

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- Requested**

**Criteria:** Successful completion of an ACGME or AOA post graduate training program that included training in cleft lip and palate repair or completion of a hands on CME. Training should have included a sufficient volume of cleft lip and palate repairs. **Required Previous Experience:** Demonstrated current competence and evidence of a sufficient volume of cleft lip and palate repairs in the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of a sufficient volume of cleft lip and palate repairs in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**PLACEMENT OF COCHLEAR IMPLANT**

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- Requested**

**Criteria:** Successful completion of an ACGME or AOA accredited post graduate training program that included training in cochlear implantation. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of cochlear implantation procedures in the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of cochlear implantation procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**GAMMA KNIFE RADIOSURGERY**

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**Requested**

**Criteria:** Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in Radiation Oncology that included training in Stereotactic Radiosurgery (SRS) OR completion of an approved training program in radiosurgery. If training in SRS was not obtained during residency, the applicant must present evidence of equivalent training. Device specific training as required by the NRC or device manufacturer is also required. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of radiosurgery procedures in the past 24 months (may include training). **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of radiosurgery procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**USE OF LASER**

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**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

**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.

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**ROBOTICALLY ASSISTED MINIMALLY INVASIVE SURGERY**

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**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).

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.)

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**ADMINISTRATION OF SEDATION AND ANALGESIA**

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- 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:

\_\_\_\_\_

**-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,

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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**

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**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.

**Otolaryngology**

- All forms of surgery on the auditory canal, the tympanic membrane, and the contents of the middle ear including tympanoplasty, mastoidectomy and middle ear surgery (excluding stapedectomy)
- Allergy testing and treatment
- Bronchoscopy (rigid or flexible) with biopsy, foreign body removal or stricture dilatation
- Caldwell Luc procedure
- Cochlear implantation
- Cryosurgery of the head and neck
- Dacryocystorhinostomy (DCR)
- Electrophysiologic monitoring of cranial nerves VII, VIII, X, XI and XII
- Endoscopic sinus surgery and open sinus surgery
- Endoscopy of the larynx, tracheobronchial tree, and esophagus to include biopsy, excision, and foreign body removal
- Esophageal surgery including diverticulectomy, cervical esophagectomy
- Esophagoscopy (rigid or flexible) with biopsy, foreign body removal or stricture dilatation
- Excision of skull base tumor
- Excision of tumor ethmoid/cribriform
- Excision of benign and malignant skin lesion
- Facial nerve repair
- Facial reanimation procedures
- Harvesting of skin, fat or bone grafts of the head and neck, hip, trunk and extremities
- Implantation of autogenous, homologous, and allograft materials
- Laryngoscopy
- Ligation of head and neck vessels
- Lip surgery including lip shave, partial or total resection with primary repair or by local or distant flaps
- Local tissue transfer (local flaps)
- Mastoidectomy
- Myocutaneous flap (pectorales, trapezius, sternocleidomastoid)
- Orbital decompression
- Orbitotomy
- Order respiratory services
- Order rehab services
- Osseo integrated implants, for auricular prosthesis, for bone anchored hearing aid
- Otoplasty
- Parathyroidectomy
- Partial or total laryngectomy
- Perform history and physical exam
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
- Petrous apiectomy plus radical mastoid

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- Radical surgery of the head and neck, including radical neck dissection, and radical excision of the maxillary antrum for tumor
- Ranula excision
- Reconstructive procedure of the trachea and upper airway
- Reconstruction aural microtia or ear deformity
- Reconstruction of ear, eyelid, lips and nose
- Repair of facial and mandibular fractures
- Repair of CSF leaks with sinus or mastoid surgery via transnasal or transmastoid
- Repair fistula (OW,RW)
- Repair of fistulas – oral-antral, oral-nasal, oral-maxillary, oral-cutaneous, pharyngocutaneous, tracheo-cutaneous, esophagocutaneous
- Repair of lacerations, scar revision, removal of lesions
- Rhinoplasty, septoplasty, turbinate surgery
- Salivary gland and duct surgery, including plastic repair of salivary duct, ranula excision, and parotidectomy
- Scar revision
- Sialendoscopy
- Skin grafting procedures, full thickness or split thickness
- Surgery of the larynx, including biopsy, partial or total laryngectomy, fracture repair
- Surgery of the nasopharynx
- Surgery of the oral cavity, including soft palate, tongue, mandible, composite resection and neck dissection
- Surgery of the oral pharynx, hypo pharynx
- Surgical removal of teeth in association with radical resection or facial fracture repair
- Suspension microlaryngoscopy
- Thyroidectomy
- Tongue surgery, reduction and local tongue flaps
- Tonsillectomy, adenoidectomy
- Tracheal resection and repair
- Tracheostomy
- Use of energy sources as an adjunct to privileged procedures, excluding laser
- Uvulopalatopharyngoplasty (UPPP)
- VII nerve decompression/Upper lid gold weight placement
- VII nerve repair/substitution
- VIII nerve section

**Neurotology**

- Cochlear implantation
- Decompression membranous labyrinth cochleosaculotomy, encolymphatic sac operation
- Electrophysiologic monitoring of cranial nerves VII, VIII, X, XI, and XII
- Excision of glomus tumor
- Labyrinthectomy
- Middle/post fossa skull base surgery
- Order respiratory services
- Order rehab services
- Osseo integrated implants, for auricular prosthesis, for bone anchored hearing aid

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- Perform history and physical exam
- Petrous apiectomy plus radical mastoid
- Reconstruction congenital aural atresia
- Repair fistula (OW, RW)
- Resection CP angle tumor
- Stapedectomy
- VII nerve decompression/Upper lid gold weight placement
- VII nerve repair/substitution
- VIII nerve section

**Facial Cosmetic Surgery**

- Blepharoplasty
- Brow lift
- Endoscopic facial surgery
- Hair transplantation, punch or strip
- Liposuction or lipo-injection procedure for contour restoration, head and neck; to include harvest from trunk and extremities
- Mentoplasty and malarplasty
- Order respiratory services
- Order rehab services
- Perform history and physical exam
- Rhytidectomy
- Skin resurfacing via chemical peel, dermabrasion, or laser

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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:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
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:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Notes**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Department Chair Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Reviewed:

Revised:  
2/3/2010, 6/2/2010, 10/25/2011, 11/2/2011, 12/16/2011, 4/3/2013, 7/3/2013, 2/5/2014, 06/14/2017