

Regions Hospital Delineation of Privileges Otolaryngology

Applicant's Name: _____
Last First M.

- Instructions:
- Place a check-mark where indicated for each core group you are requesting.
 - Review *education and basic formal training* requirements to make sure you meet them.
 - Review *documentation and experience* requirements and be prepared to prove them. Where documentation of cases or procedures is required, attach said case/procedure logs to this privileges-request form.
 - Provide complete and accurate names and addresses where requested -- it will greatly assist how quickly our credentialing-specialist can process your requests.

Overview

- Core I – General privileges in otolaryngology
- Core II - Neurotology
- Core III - Plastic surgery within the head and neck
- Core IV - Pediatric otolaryngology

Special privilege:

Laser

Robotics

Core procedure list

Signature page

☐ **CORE I — General privileges in otolaryngology**

Privileges
<p>Admit, evaluate, diagnose, and 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, 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.</p> <p>The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.</p>
Basic education and minimal formal training
<ol style="list-style-type: none"> 1. MD, DO, MBBS or MB BCH. 2. Successful completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada accredited residency in otolaryngology. 3. Current certification or active participation in the examination process -- with achievement of certification within 5 years -- leading to certification in otolaryngology by the American Board of Otolaryngology or the American Osteopathic Board of Otolaryngology-Head and Neck Surgery.
Required documentation and experience
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of inpatient services or surgery performed for at least 50 patients during the past 12 months in areas such as head and neck, otologic, plastic, reconstructive, and general otolaryngology surgery; <p>Or</p> <p>Provide contact information for two otolaryngologists practicing in the community whom the credentialing specialist may contact to provide an evaluation of your clinical competency.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> </div> <div style="width: 48%;"> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> </div> </div> <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation for the past 24 months of clinical competence and ability to perform the requested privileges reflective of scope of practice and outcomes for the specialty. <p>Or</p> <p>Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.</p> <div style="text-align: center;"> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> </div>

☐ **CORE II — Neurotology**

Privileges	
<p>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 VII nerve tumors), and lateral skull based (including the occipital bone, sphenoid bone, temporal bone, mesial aspect of the dura and intradural management), in conjunction with neurological surgery.</p> <p>The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.</p>	
Basic education and minimal formal training	
<p>1. MD, DO, MBBS or MB BCH.</p> <p>2. Successful completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved residency in otolaryngology, followed by successful completion of an accredited fellowship in neurotology;</p> <p style="padding-left: 20px;">Or</p> <p style="padding-left: 20px;">Current subspecialty certification or active participation in the examination process -- with achievement of certification within 5 years -- leading to subspecialty certification in neurotology by the American Board of Otolaryngology.</p>	
Required documentation and experience	
<p>NEW APPLICANTS:</p> <p>1. Provide documentation of having performed neurotological surgery at least 50 times during the last 12 months;</p> <p style="padding-left: 20px;">Or</p> <p style="padding-left: 20px;">Demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months;</p> <p style="padding-left: 20px;">Or</p> <p style="padding-left: 20px;">Provide contact information for two otolaryngologists practicing in the community whom the credentialing specialist may contact to provide an evaluation of your clinical competency.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> </div> <div style="width: 48%;"> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> </div> </div> <p>REAPPOINTMENT APPLICANTS:</p> <p>1. Provide documentation for the past 24 months of clinical competence and ability to perform the requested privileges reflective of scope of practice and outcomes for the specialty.</p> <p style="padding-left: 20px;">Or</p> <p style="padding-left: 20px;">Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.</p> <div style="padding-left: 100px;"> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> </div>	

☐ **CORE III — Plastic surgery within the head and neck**

Privileges	
<p>Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, presenting with conditions or disorders requiring reconstructive procedures within the head, face, neck, and associated structures, including cutaneous head and neck oncology and reconstruction, management of maxillofacial trauma, soft-tissue repair, and neural surgery.</p> <p>The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.</p>	
Basic education and minimal formal training	
<ol style="list-style-type: none"> 1. MD, DO, MBBS or MB BCH. 2. Successful completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada accredited residency in otolaryngology. 3. Current certification or active participation in the examination process -- with achievement of certification within 5 years -- leading to certification in otolaryngology by the American Board of Otolaryngology or the American Osteopathic Board of Otolaryngology-Head and Neck Surgery. 4. Postgraduate training in plastic surgery within the head and neck. 	
Required documentation and experience	
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of having performed at least 50 plastic surgeries involving head and neck procedures in the past 12 months; Or Demonstrate successful completion of a clinical fellowship, or research in a clinical setting within the past 12 months; Or Provide contact information for two otolaryngologists practicing in the community whom the credentialing specialist may contact to provide an evaluation of your clinical competency. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> </div> <div style="width: 45%;"> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> </div> </div> <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation for the past 24 months of clinical competence and ability to perform the requested privileges reflective of scope of practice and outcomes for the specialty. Or Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency. <div style="margin-top: 20px;"> <p style="text-align: center;">Name: _____</p> <p style="text-align: center;">Name of Facility: _____</p> <p style="text-align: center;">Address: _____</p> <p style="text-align: center;">Phone: _____ Fax: _____</p> <p style="text-align: center;">Email: _____</p> </div>	

☐ CORE IV — Pediatric Otolaryngology

Privileges	
<ul style="list-style-type: none"> 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-attending with Intensivists in the Intensive Care Unit. 	
Basic education and minimal formal training	
<ol style="list-style-type: none"> 1. MD, DO, MBBS or MB BCH. 2. Successful completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada accredited residency in otolaryngology. 3. Current certification or active participation in the examination process -- with achievement of certification within 5 years -- leading to certification in otolaryngology by the American Board of Otolaryngology or the American Osteopathic Board of Otolaryngology-Head and Neck Surgery. 4. Postgraduate training in pediatric otolaryngology. 	
Required documentation and experience	
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of at least 50 pediatric surgeries involving head/neck procedures in past 12 months; Or Demonstrate successful completion of a clinical fellowship, or research in a clinical setting, within the past 12 months; Or Provide contact information for two otolaryngologists practicing in the community whom the credentialing specialist may contact to provide an evaluation of your clinical competency. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____ </div> <div style="width: 45%;"> Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____ </div> </div> <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of procedures performed within the 24 months. Or Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency. <div style="margin-top: 20px; margin-left: 150px;"> Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____ </div>	

Special privileges in otolaryngology

Privileges
<p>Laser privileges: Indicate selection/s with an "X." Practitioner agrees to limit practice to the specific laser for which they provide training and experience documentation as set out below.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Angiodynamics endovenous diode (model venus cure) </div> <div style="width: 50%;"> <input type="checkbox"/> Iridex oculight TX KPP Yag (model 3200-1) </div> <div style="width: 50%;"> <input type="checkbox"/> Cardiogenesis Holium Yag (model ns 2000) </div> <div style="width: 50%;"> <input type="checkbox"/> Sharplan CO2 (model 1041S) </div> <div style="width: 50%;"> <input type="checkbox"/> Lumenis Holium Yag (model power suite 100W) </div> <div style="width: 50%;"> <input type="checkbox"/> SSI CO2 40W (model: MD40) </div> <div style="width: 50%;"> <input type="checkbox"/> Lumenis Holium Yag (model: power suite 20W) </div> </div>
Basic education and minimal formal training
<ol style="list-style-type: none"> 1. MD, DO, MBBS or MB BCH. 2. Successful completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada accredited residency in otolaryngology. 3. Current certification or active participation in the examination process -- with achievement of certification within 5 years -- leading to certification in otolaryngology by the American Board of Otolaryngology or the American Osteopathic Board of Otolaryngology-Head and Neck Surgery.
Required documentation and experience
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Documentation of coursework or training to perform procedure(s); <p>Or</p> <p>Provide evidence of completion of an approved laser course that includes</p> <ul style="list-style-type: none"> laser physics laser safety (as it pertains to the patient, operator and others in the operating theatre) hands-on or laboratory experience associated with the laser clinical privileges requested. <p>Or</p> <p>Provide contact information for (1) a residency or fellowship director, or (2) Regions Hospital's section head for otolaryngology that the credentialing specialist may contact to provide an evaluation of your competency to perform the laser procedure(s) selected.</p> <div style="margin-top: 20px;"> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> </div>
<p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of procedure(s) performed within the past 24 months, <p>Or</p> <p>Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.</p> <div style="margin-top: 20px;"> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> </div>

Special privileges in otolaryngology

Robotic Assisted Surgery

Select Entity:	MH	RH
Place a check-mark at each entity you are requesting these core privileges.		
Requirements: <ol style="list-style-type: none">1. Must meet Basic Minimum Requirements (page 1)2. Must hold core privileges3. Must hold privileges to perform procedure for which the robotic system is to be used4. Must have training and experience in the specific robotic platform to be used Initial Applicants: <ol style="list-style-type: none">a. On the next page, provide contact information of the FDA mandated training completed. ANDb. Provide documentation of having observed 2 specialty specific robotic operations. Documentation should include location, name of physician observed, date and type of robotic operation observed. ANDc. Provide documentation of having performed 5 proctored specialty specific operations post robotics training. Documentation should include location, date and type of robotic operation performed. ANDd. On the next page, provide contact information for your proctor who can attest to your clinical competency. OR <ol style="list-style-type: none">a. On the next page, provide contact information for your residency or fellowship program director who can attest to your clinical competency on the robotic platform ANDb. Provide documentation of having performed 5 proctored specialty specific operations post robotics training. Documentation should include location, date and type of robotic operation performed. ANDc. On the next page, provide contact information for your proctor who can attest to your clinical competency. Reappointment: <ol style="list-style-type: none">a. Provide documentation of 10 robotic assisted procedures in the last 24 months. Documentation should include location, date and type of robotic operation performed. ANDb. On the next page, provide contact information for a physician peer who we can contact to provide an evaluation of your clinical competency as it relates to robotic assisted surgery. OR <ol style="list-style-type: none">a. Provide documentation of 10 hours of annual simulator time. ANDb. On the next page, provide contact information for a physician peer who we can contact to provide an evaluation of your clinical competency as it relates to robotic assisted surgery. <p>•</p>		
Description: <ul style="list-style-type: none">• Use of robotic assisted platform for surgical procedures.• Physician must limit practice to clinical procedures for which he or she holds privileges• Physician must limit practice to the specific robotic platform for which he or she has provided documentation of training and experience.		

Initial Application: FDA Training Course or Residency/Fellowship Program Director Contact Information	
Name _____	Phone: _____
Name of Facility: _____	Fax: _____
Address: _____	Email: _____
Initial Application: Proctor Contact Information	
Name _____	Phone: _____
Name of Facility: _____	Fax: _____
Address: _____	Email: _____
Reappointment Application: Physician Peer Contact Information	
Name _____	Phone: _____
Name of Facility: _____	Fax: _____
Address: _____	Email: _____

Core Procedure List — Otolaryngology Clinical Privileges

Applicant: Strike through procedures you do not want to request.

This list is a sampling of procedures included in the core. This is not intended to be all encompassing but rather reflective of the categories/types of procedures included in the core.

Otolaryngology

1. All forms of surgery on auditory canal, tympanic membrane, and the contents of the middle ear
2. Bronchoscopy (rigid or flexible) with biopsy, foreign body removal or stricture dilatation
3. Caldwell Luc procedure
4. Cervical esophagectomy
5. Cryosurgery
6. Endoscopic sinus surgery and open sinus surgery
7. Endoscopy of the larynx, tracheobronchial tree, and esophagus to include biopsy, excision, and foreign body removal
8. Esophageal surgery including diverticulectomy, cervical esophagectomy
9. Esophagoscopy (rigid or flexible) with biopsy, foreign body removal or stricture dilatation
10. Excision of skull base tumor
11. Excision of tumor ethmoid/cribiform
12. Facial plastic surgery, including cosmetic surgery, chemical peel, rhytidectomy, mentoplasty and correction of aural atresia, liposuction, and implantation of autogenously, homologous, and allograft, and repair of lacerations
13. Harvesting of skin, fat or bone grafts of the head and neck, hip, trunk and extremities
14. Ligation of head and neck vessels
15. Lip surgery including lip shave, partial/ total resection with primary repair or by local or distant flaps
16. Myocutaneous flap (pectorals, trapezius, sternocleidomastoid)
17. Otoplasty
18. Parathyroidectomy
19. Perform history and physical exam
20. Radical surgery of the head and neck, including radical neck dissection, and radical excision of the maxillary antrum for tumor
21. Ranula excision
22. Reconstructive procedure of the upper airway
23. Reduction of facial fractures
24. Repair of CSF leaks with sinus or mastoid surgery
25. Repair of fistulas – oral-antral, oral-nasal, oral-, maxillary, oral-cutaneous, pharyngocutaneous, tracheo-cutaneous, esophagocutaneous
26. Rhinoplasty, septoplasty, turbinate surgery
27. Salivary gland and duct surgery, including plastic repair of salivary complex
28. Skin grafting procedures, full thickness or split thickness
29. Surgery of the larynx, including biopsy, partial or total laryngectomy, fracture repair
30. Surgery of the nasopharynx, including nasal septoplasty, surgery on the frontal and maxillary sinus, and ethmoid sinuses, and surgery of the nasal mucosa and turbinates
31. Surgery of oral cavity, including soft palate, tongue, mandible, composite resection and neck dissection
32. Surgery of the oral pharynx, hypopharynx, arytenoid cartilages and epiglottis
33. Surgical removal of teeth in association with radical resection
34. Suspension microlaryngoscopy
35. Tongue surgery, reduction and local tongue flaps
36. Tonsillectomy, adenoidectomy, parotidectomy, and facial nerve repair
37. Trachea resection and repair
38. Tracheostomy
39. Transsternal mediastinal dissection
40. Tympanoplasty, mastoidectomy, middle ear surgery
41. Use of energy sources as adjunct to privileged procedures

Neurotology

1. Cochlear implantation
2. Decompression membranous labyrinth cochleosacculotomy, endolymphatic sac operation
3. Electrophysiologic monitoring of cranial nerves VII, VIII, X, XI, XII
4. Excision of glomus tumor
5. Interpret imaging techniques of the temporal bones and lateral skull base
6. Labyrinthectomy
7. Middle/posterior fossa skull base surgery
8. Osseo integrated implants, for auricular prosthesis, for bone anchored hearing aid
9. Perform history and physical exam
10. Petrous apicectomy plus radical mastoid
11. Reconstruction congenital aural atresia
12. Repair fistula (OW, RW)
13. Resection CP angle tumor
14. VII nerve decompression
15. VII nerve repair/substitution
16. VII nerve section

Plastic Surgery within the Head and Neck

Subspecialty

1. Accessory-facial nerve transfer
2. Blepharoplasty
3. Brow lift
4. Chemical peel
5. Dermabrasion
6. Endoscopic facial surgery
7. Facial plastic surgery, including cosmetic surgery, chemical peel, rhytidectomy, mentoplasty and correction of aural atresia, liposuction, and implantation of autogenous, homologous, and allograft, and repair of lacerations
8. Fascial sling procedures
9. Hair transplantation, punch or strip
10. Hypoglossal-facial nerve transfer
11. Implantation of autogenous, homologous, and allograft
12. Liposuction or lip-injection procedure for contour restoration, head and neck; trunk and extremities
13. Mentoplasty and correction of aural atresia
14. Orthognathic surgery
15. Perform history and physical
16. Reconstruction aural microtia
17. Reconstruction eyelid, ptosis repair
18. Repair of lacerations, scar revision, removal of lesions
19. Rhytidectomy
20. Upper lid gold weight placement
21. Cleft lip and palate repair
22. Velopharyngeal incompetency repair
23. Microvascular reconstruction

Pediatric Otolaryngology

1. Middle ear conditions, such as chronic otitis media, cholesteatoma, conductive hearing loss
2. Evaluation and management of hearing loss, including traditional hearing evaluation and implantable hearing devices
3. Congenital malformations of the ear, such as microtia and aural atresia
4. Tonsils and adenoid disorders, including obstructive sleep apnea syndrome
5. Evaluation and treatment of sinus disease in children, including endoscopic sinus surgery
6. Environmental allergies as related to sinus and ear disease
7. Treatment of patients with cleft lip and palate, and related speech disorders
8. Velopharyngeal insufficiency - hypernasality or airleak with speech
9. Evaluation and treatment of voice disorders
10. Surgical management of airway disorders, such as laryngomalacia, tracheomalacia, subglottic stenosis, papillomas, vocal cord paralysis, vocal nodules
11. Head and neck growths or masses (benign or malignant growths)
12. Hemangiomas, vascular malformations, and lymphatic malformations (cystic hygromas)
13. Face and Neck anomalies or lesions
14. Integrated care of the medically complex pediatric patient with other pediatric subspecialty services (e.g., cystic fibrosis, hematologic disorders, Down syndrome, pediatric cardiac disease, etc.)
15. Swallowing disorders
16. Evaluation and treatment of the otolaryngology manifestations of gastroesophageal reflux
17. Disease in the infant and child
18. Removal of aerodigestive tract foreign bodies

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 that I wish to exercise at Regions Hospital. I understand that:

1. In exercising any clinical privilege granted, I am governed by Regions Hospital and Regions Medical Staff policies and rules applicable generally and any applicable to the particular situation.
2. In an emergent situation I may perform a procedure for which I am not privileged when no practitioner holding the applicable procedure is available to respond to the emergency.

I agree to supply Regions Hospital Medical Staff Services (or designee) with all the information that has been requested of me for the privileges that I have applied for. I also understand that my application for privileges will not proceed until the information is received.

Signature

Date

DIVISION / SECTION HEAD RECOMMENDATION

I have reviewed and/or discussed the clinical privileges requested and supporting documentation for the above-named applicant and 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:

Signature

Date