

JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL

Privilege Delineation Checksheet
OTOLARYNGOLOGY

Name: _____

OF THE FOLLOWING, INDICATE PARTICULAR PRIVILEGES REQUESTED: Privileges granted herein permit the surgeon to treat patients without limitation, for all inpatient and outpatient areas, intensive care units, Emergency Department, and nursing floors.

COGNITIVE
Admit patients with ear, nose and throat related problems; provide consultation for ear, nose and throat related problems; order diagnostic tests and procedures related to the ear, nose and throat; and treat patients with ear, nose and throat problems

SURGICAL PROCEDURES	SURGICAL PROCEDURES
All procedures of skin and soft tissues of the head, neck, face and upper aero digestive tract, including head and neck tumor surgery	All peroral endoscopic procedures
	Laryngoscopy
All paranasal surgery	Diagnostic Esophagoscopy
Rhinoplasty	Diagnostic Bronchoscopy
All macro and microscopic ear surgery	All neuro-otologic surgery
Otoplasty	Acoustic neuroma surgery
All maxillofacial and jaw surgery	
Facial implants (chins, etc.)	

SPECIAL PROCEDURES: Documentation of training/expertise must be submitted when requesting these privileges.
Regional plastic and reconstructive surgery
Browlift
Blepharoplasty
Facial Skin resurfacing
Liposuction of the face/neck
Laser: <input type="checkbox"/> CO ₂ <input type="checkbox"/> Nd: YAG <input type="checkbox"/> Argon <input type="checkbox"/> KTP <input type="checkbox"/> Holmium: YAG
Conscious Sedation
Acupuncture
Stereotactic, computer assisted surgery – Observation may be required

If there are any areas not listed in which you have special training or current competence which you would like to request, the Surgery Committee would be glad to consider these if listed on a separate sheet and submitted along with documentation to confirm your training or present competence.

I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been trained accordingly, I am requesting permission to do these procedures.

By my signature below, I certify that my malpractice insurance will cover, to the dollar limits required by the Medical Staff Bylaws, my exercise of the above requested privileges.

Signature of Requesting Physician	Date

APPROVED BY:	
Signature of Department Chairman or Vice Chairman	Date

Date: _____
 Medical Executive Committee

Date: _____
 Board of Directors

CRITERIA FOR GRANTING PRIVILEGES

OTOLARYNGOLOGY

1. All new applicants for surgical privileges as members in the Department of Surgery shall be reviewed with respect to the performance of their clinical abilities. All new applicants in this specialty shall be considered only if they are **certified or an active candidate as recognized by the American Board of Otolaryngology, the American Osteopathic Board, or the Royal College of Surgeons (Canada)**.
2. Staff members within the Department of Surgery requesting an increase in, or wider scope of surgical privileges, must do so in writing to the Committee stating and including documentation of additional training or experience which shall justify such privileges as required by established criteria.

OBSERVATION REQUIREMENTS

1. The practice of concurrent observation of newly appointed members of the Department of Surgery has been eliminated.
2. Observation/retrospective review may be required if determined necessary for new procedures under development.
3. The Department of Surgery reserves the right to require concurrent observation or retrospective review if circumstances warrant such action.

SPECIAL PROCEDURES

LASER PRIVILEGES

Current proficiency and knowledge of laser procedures.

- a. Laser surgery course with content consistent with the privileges being requested; or
- b. Letter from a residency director documenting adequate training for the privileges being requested; or
- c. Letter of explanation which requests that these privileges be granted without the above requirements being met.

MEDICAL ACUPUNCTURE

1. Qualifications for Privileges
 - a. Must be MD or DO member of the Medical Staff
 - b. Completion of an approved, specialized course of study to support current demonstrated competence and documentation of 200 hours of graduate training in medical acupuncture from an AMA Category I or AOA Category IA accredited program

Continued on next page

MEDICAL ACUPUNCTURE - continued

- c. Minimum of one (1) year of active clinical experience in medical acupuncture evidenced by:
 - Three (3) most recent case summaries documenting use of medical acupuncture in clinical setting;
--- AND ---
 - Three letters of recommendation from professional colleagues who can specifically address and attest to an applicant's qualifications and experience in the practice of medical acupuncture.
2. Qualifications for Renewal of Privileges
 - a. Successful completion of 20 hours of approved, recognized courses over a two-year period of continuing education in medical acupuncture.
 - b. Demonstration of satisfactory performance in providing care since last credentialed.
 - c. Compliance with Medical Staff Bylaws, Rules and Regulations.

ENT STEREOTAXIS PRIVILEGES

1. Qualifications for Privileges
 - a. Must have approved ENT privileges at JCLH-NM
 - b. Must have successfully completed a hands-on educational training course for ENT stereotaxis
OR
Evidence of five (5) cases at another facility using ENT image-guided stereotaxis technology.
 - c. Must have completed a hands-on in-service with the system installed at JCLH-NM;
OR
Must have two (2) cases supervised at JCLH-NM by an approved physician.
2. Qualifications for Renewal of Privileges

Practice meets acceptable standards for performance at John C. Lincoln Hospital – North Mountain as documented by provider profile of outcomes for the previous two years

CONSCIOUS SEDATION

Refer to attached page.

JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL

Criteria for Granting Privileges **CONSCIOUS SEDATION**

PURPOSE and DEFINITION

To provide guidelines to Medical Staff members who apply for privileges to administer conscious sedation.

Conscious sedation is a drug-induced minimally depressed level of consciousness (LOC) that retains a patient's ability to maintain a patent airway independently and continuously. The patient is able to respond to physical and verbal stimulation.

Members of the Medical Staff shall be privileged to administer conscious sedation.

INITIAL REQUEST – CRITERIA FOR GRANTING PRIVILEGES

Qualifications and competency requirements for privileges to administer conscious sedation by an applicant at the time of appointment to the Medical Staff include:

1. ADULT Patients
 - A. Signed acknowledgement that the applicant has reviewed and understands the John C. Lincoln Health Network Patient Services Policy, Conscious Sedation. **AND**
 - B. Training and education during residency, fellowship or continuing medical education courses that include:
 - i Evaluation and care of patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
 - ii Documentation of at least five (5) procedures performed during the past two years in which patients have received conscious sedation.
2. PEDIATRIC Patients
 - A. Signed acknowledgement that the applicant has reviewed and understands the John C. Lincoln Health Network Patient Services Policy, Conscious Sedation.; **AND**
 - B. Current Basic Life Support, or equivalent certification or training; **AND**
 - C. Training and education during residency, fellowship or continuing medical education courses that include:
 - i Evaluation and care of pediatric patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
 - ii Documentation of at least five (5) procedures performed during the past two years in which pediatric patients have received conscious sedation.

MAINTENANCE OF PROFICIENCY TO RENEW CONSCIOUS SEDATION PRIVILEGES

Practice meets acceptable standards for performance at John C. Lincoln Hospitals as determined by the applicable clinical department.

Revised 8/04; 8/07