

MILLARD FILLMORE SURGERY CENTER, LLC

Name: _____

Date: _____

DELINEATION OF PRIVILEGES - OTOLARYNGOLOGY

GENERAL STATEMENTS-Credentialing period effective for 2 years

Procedures are also separated into levels of complexity (Level I and Level II), which require increasing levels of education and experience. In general, procedures learned during residency are grouped in Level I and are granted upon evidence of successful completion of residency training. Level II procedures may require evidence of additional training or experience beyond residency.

<u>LEVEL I (CORE) PRIVILEGES</u>
<i>Procedures which are assumed to have been mastered following satisfactory completion of an approved Otolaryngology training program and can be performed by an Otolaryngologist whose documented training and experience qualify the applicant for the privilege.</i>
Adenoidectomy
Administration of local anesthesia
Bronchoscopy
Cauterization of turbinates
Closed reduction nasal fracture
Control nasal hemorrhage
Ethmoid surgery
Excision of lesions with/without biopsy
Excision sinus tract
Frenulectomy
History and Physical
Laryngoscopy, excision or stripping of vocal cords
Laryngoscopy, with biopsy
Mastoidectomy
Myringoplasty
Myringotomy
Nasal polypectomy
Nasal/Sinus endoscopy
Otoscopy and related procedures
Pharyngoscopy, nasopharyngoscopy
Removal of foreign body, ear/nose, with general anesthesia
Septoplasty
Sinus antroscopy
Submucous resection

<u>LEVEL I (CORE) PRIVILEGES (CON'T)</u>
Tonsillectomy
Turbinate surgery
Tympanic membrane repair
Tympanoplasty
Tympanolysis, transcanal
Tympanotomy/tympanostomy with P.E. tube insertion
Uvulectomy, excision of uvula
PLASTIC AND RECONSTRUCTIVE
Mentoplasty
Otoplasty
Reconstruction, external ear
Repair complex facial lacerations
Rhinoplasty
REDUCTION OF FACIAL FRACTURES
Excision skin lesions, 1 degree closure
Frontal
Malar (zygomatic)
Mandibular – closed
Mandibular – open
Maxilla – LeFort I
- LeFort II
- LeFort III
Nasal
Orbital Blowout
Other (fractures)
Scar revision

<u>LEVEL I PRIVILEGES</u>	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements** (Provide Details)
<u>LEVEL II PRIVILEGES</u>	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements** (Provide Details)
<i>Requires certificate of added qualifications or approved fellowship in one of the following: Head & Neck Oncology, Pediatric Otolaryngology, Otology / Neurootology, Facial Plastic Surgery or documentation of surgical experience for three years preceding the request. Volume criteria may be applicable.</i>				
Rhytidectomy				
Blepharoplasty				

KEY *NOT GRANTED DUE TO: Provide Details Below	**WITH FOLLOWING REQUIREMENTS Provide Details Below
1) Lack of Documentation	1) With Consultation
2) Lack of Required Training/Experience	2) With Assistance
3) Lack of Current Competence (Databank Reportable)	3) With Proctoring
4) Other (Please Define) (i.e., Exclusive Contract)	4) Other (Please Define)

DETAILS: _____

National Practitioner Databank Disclaimer Statement:

Kaleida Health must report to the National Practitioner Data Bank when any clinical privileges are not granted for reasons related to professional competence or conduct. (Pursuant to the Health Care Quality Improvement Act of 1986 (43 U.S.C. 11101 et seq.)

_____/_____
Signature of Applicant **Date**

I approve of the procedures requested by the applicant: ____ as requested, or ____ as amended

_____/_____
Signature of Clinical Chief **Date**

APPLICANT: PLEASE RETAIN A COPY OF THIS SIGNED DELINEATION FOR YOUR RECORDS