

# KALEIDA HEALTH

Name \_\_\_\_\_

Date \_\_\_\_\_

## **DELINEATION OF PRIVILEGES - ORAL AND MAXILLOFACIAL SURGERY**

### **Adults and Pediatrics except as specified.**

**All members of the Department of Oral and Maxillofacial Surgery at Kaleida Health must meet the following requirements:**

1. Successful completion of a CODA accredited Oral and Maxillofacial Surgery training program, AOA, Royal College of Physicians and Surgeons of Canada, or a CODA equivalent Oral and Maxillofacial Surgery training program.
2. Board certification in Oral and Maxillofacial Surgery, if not board certified, applicant will be given four (4) years to obtain certification. \*Maintenance of board certification is mandatory for all providers who have achieved this status.\*

**PLEASE NOTE:** Please check the box for each privilege requested. Do not use an arrow or line to make selections. We will return applications that ignore this directive.

**If you do not have Moderate or Deep Sedation privileges, you must invite a Kaleida Health anesthesiologist to participate in the procedure.**

### **LEVEL I CORE PRIVILEGES**

*Level I (core) privileges are those able to be performed after successful completion of an accredited residency program in that core specialty. The removal or restriction of these privileges would require further investigation as to the individual's overall ability to practice, but there is no need to delineate these privileges individually.*

**History and Physical** for diagnosis and treatment plan

**Admitting Privileges**

**Dentoalveolar Surgery** including: extraction of teeth, surgical endodontics, orthodontic exposure, transpositions, implantation

**Diagnosis and Management** of Oral and Maxillofacial disease/pathology - uncomplicated and complicated

**Infection/Hematoma including:** aspiration, incision and drainage, treatment of osteomyelitis and medical management

**Maxillary sinus surgery** including: Caldwell Luc and Antrostomy

**Nerve Surgery** – for distal segments of trigeminal and facial nerves including: neuroplasty, decompression, neurolysis, transection, avulsion or chemical destruction  
Repair of nerve injury

**Oral and Maxillofacial Pathology**

Biopsy/Excision - soft tissue, hard tissue

**Orthognathic Surgery**

Mandible, Genioplasty, Maxilla, Forehead, Orbit, Midface

**Preprosthetic Surgery** including: soft tissue minor surgery, hard tissue minor surgery, implant placement, maxillary sinus elevation with and without graft

**Production and Interpretation** of Routine Intraoral and Extraoral Radiographs

**Salivary gland surgery**

Biopsy/Excision

Closure of salivary fistula

Sialodochoplasty

Sialolithectomy

**Septoplasty and Septorhinoplasty** in conjunction with Orthognathic Surgery

**Temporomandibular Joint Surgery**

Arthrocentesis

Arthrotomy for disc plication, discectomy with or without graft, arthroplasty, eminoplasty/eminectomy

**LEVEL I CORE PRIVILEGES (continued)****Reconstructive Surgery**

Adjacent transfer, mucosa, skin, myofascial  
 Arthroscopy of temporomandibular joint  
 Bone graft, mandible, maxilla,  
 Calvarium  
 Cartilage, auricular, nasal septum  
 Cleft palate/alveolar cleft repair  
 Dermis / adipose  
 Flaps and grafts – harvesting and use  
 Full thickness graft, skin, mucosa  
 Graft to facial bones, autogenous, allogeneic, alloplastic, xenograft  
 Iliac crest  
 Osteodistraction of maxillofacial skeleton  
 Rib graft  
 Scar revision  
 Split thickness graft, skin, mucosa  
 Tibial plateau  
 Total temporomandibular joint replacement  
 Tracheotomy (Adult)  
 Vestibuloplasty

**Trauma Surgery** including:

Condylar subluxation  
 Dentoalveolar Fractures  
 Frontal Sinus fractures  
 Malar fractures  
 Mandible fractures  
 Maxillary fractures  
 Nasal fractures  
 Nasal packing  
 Nasoethmoid fractures  
 Orbital fractures  
 Removal of foreign body  
 Repair of lacerations  
 Repair of soft tissue defects-incident to trauma  
 Septoplasty and septorhinoplasty- incidental to trauma

**Level II Core Pediatric Privileges****Requirements:**

**1. Successful completion of a CODA accredited Pediatric Cranial Facial Fellowship Training Program or a CODA equivalent Pediatric Cleft and Craniofacial Surgery training program.**

	<b>Children (≤12 yrs)</b>	<b>Adults (&gt;12yrs)</b>	<b>Granted</b>	<b>Not Granted*</b>	<b>With Following Requirements**(Pro vide Details)</b>
<p>-Cranial deformities (micrognathia, Lefort III osteotomy, monobloc, bipartition procedures), primary (craniosynostosis) or secondary (traumatic or reconstructive) cranial deformities requiring treatment through a transcranial approach or endoscopic approach.</p> <p>Craniofacial augmentation utilizing alloplastic implant (eg. Craniofacial microsomnia, midface hypoplasia, cranial vault, etc.)</p> <p>Distraction for cranial vault, midface (Lefort osteotomies), &amp; mandible (micrognathia).</p> <p>Ear Reconstruction – otoplasty, primary or secondary microtia reconstruction, traumatic ear reconstruction</p> <p>Management of vascular malformations (Head and Neck)</p> <p>Orbital, Zygomatic, Nasal Deformity (Primary or Secondary)</p> <p>Orthognathic surgery (facial osteotomies) (Maxillary Lefort 1,2) &amp; Mandibular deformities (BSSO, Inverted Ls, IVROs)</p> <p>Pediatric Craniofacial Procedures (e.g.–LeForte III osteotomy)</p> <p>Primary/secondary Cleft Lip and Cleft Palate Deformities, Velopharyngeal Incompetence (pharyngeal flap, sphincter pharyngoplasty, buccinator flap, fat grafting etc.), Alveolar Cleft Bone Graft, Rhinoplasty secondary to cleft nasal deformity.</p> <p>Reconstruction of soft tissue facical structures, fat injections, local pedicled flaps, eyelid reconstruction.</p> <p>Tracheotomy, elective (Pediatric)</p>					

**Level II Privileges****Requirements:**

1. **Successful completion of a CODA accredited Head and Neck Fellowship Training Program.**
2. **Board certified in Head and Neck Surgery.** If not board certified, applicant will be given four (4) years to obtain certification. \*Maintenance of Board Certification is mandatory for all providers who have achieved this status.\*

**Documentation of five (5) cases.**

Harvesting and use of:

(documentation of five (5) cases)

-myocutaneous flap/graft (distant)

-osteomyocutaneous flap/graft (distant)

-greater auricular nerve

- sural nerve

Microscopic/microvascular nerve anastomosis for repair (Documentation of five (5) cases and credentialing course)

<u>Children</u> (≤ 12 yrs)	Adults (> 12)	Granted	Not Granted*	With Following Requirements** (Provide Details)

**LEVEL III PRIVILEGES****Transmandibular staple**

1. Documentation of completion of training course = letter from training program attesting to successful completion.
2. Proctoring for 2 cases by a Kaleida Health physician credentialed in Transmandibular Staple.

<u>Children</u> (≤ 12 yrs)	Adults (> 12)	Granted	Not Granted*	With Following Requirements** (Provide Details)

**MODERATE/CONSCIOUS SEDATION to include Nitrous Oxide Inhalation Sedation**

1. Providers seeking privileges in moderate/conscious sedation must complete either the ASA sedation course – ([www.asahq.org/education/online-learning/safe-sedation-training-moderate](http://www.asahq.org/education/online-learning/safe-sedation-training-moderate)), which must be repeated every for four (4) years OR the Safe Sedation course -- (<https://www.safesedationtraining.com/>), which must be repeated every two (2) years receiving a score of 85% or above OR be NYS licensed in Dental Anesthesia/Sedation.
2. Providers must also maintain airway management skills through current completed training and certification in ACLS, PALS, or NRP.

*(For details on course availability and maintenance please review the Moderate/Conscious Sedation document located on our credentialing web page.)*

Requested	Granted	Not Granted*	With following requirements** (provide Details)

<b>KEY</b>	
<b>*NOT GRANTED DUE TO</b> (Provide Details Below)	<b>**WITH FOLLOWING REQUIREMENTS</b> (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 recommend approval of the procedures requested by the applicant:

\_\_\_\_ a) as requested \_\_\_\_ b) as amended

I have consulted with \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_ who agrees to recommend approval of the requested Level II/III privileges for Pediatric care in Oral Maxillofacial Surgery.

\_\_\_\_\_/\_\_\_\_\_  
**Signature of Chief of Service** **Date**

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