

**Loma Linda University Medical Center**  
**Loma Linda, CA 92354**  
**HEAD AND NECK SURGERY PRIVILEGE FORM**

Name: \_\_\_\_\_

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REQUEST	CATEGORY	MEMBERSHIP CATEGORY	ACTION		
			Approved	Conditions	Denied
	Provisional (Bylaws 4.3)	All initial appointees shall be placed in the Provisional Category for the duration of their initial appointment.			
	Administrative (Bylaws 4.7)	For practitioners who are members of the Medical Staff who have no clinical privileges, who are recommended for appointment or reappointment to the Administrative Staff by the Chief of the Clinical Service, the Credentials Committee, and the Medical Staff Executive Committee, and who must <b>MUST</b> meet the following:			
		1. Have been a member in good standing of the Active, Courtesy, or Provisional Staff for at least one (1) year.			
		2. Have completed proctoring for any clinical privileges previously requested.			
		3. Agree to refrain from participating in any activities within the Medical Center that require clinical privileges.			
		4. Provide significant service to the Medical Center and the Medical Staff in the form of academic activities, quality improvement activities, or administration.			
		5. Be recommended for appointment or reappointment			
		Failure to meet any of these qualifications will be adequate grounds to deny reappointment.			
	Affiliate (Bylaws(4.9)	Practitioners who <b>CANNOT</b> :			
		1. Vote or hold office in the Medical Staff or Service. 2. Be a member of any Medical Staff Committee. 3. Be Reappointed to the Affiliate Category.			
		Practitioners who <b>MUST</b> :			
		1. Have been a member in good standing of the Active, Courtesy or Consulting category during the immediate preceding appointment period. 2. Have completed, in a timely manner as described in the Bylaws, an application for reappointment. 3. Have been found to be qualified for reappointment, <b>other than the volume of clinical activity.</b>			
	Active (Bylaws 4.2)	Regularly care for patients in the Medical Center; have completed proctoring requirements and the Provisional period.			
	Courtesy (Bylaws 4.4)	Admit or otherwise provide care for not more than twelve (12) patients in the Medical Center during each year. Have completed proctoring and the Provisional period.			
	Consulting (Bylaws 4.5)	Render a clinical opinion within their competence. Shall not be eligible to admit patients or to assume continuing care of patients in the Medical Center. Not eligible to vote or hold office in the Medical Staff or Clinical Service			

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CATEGORY	QUALIFICATIONS
All	Current demonstrated competence and an adequate volume of current experience with acceptable results in the privileges requested for patients of all age groups, except as specifically excluded from practice; <b>plus one of the following:</b>
Category 1	Current board certification, or active participation in the examination process leading to certification, in otolaryngology by the American Board of Otolaryngology or the American Osteopathic Board of Ophthalmology and Otorhinolaryngology, to be achieved within five (5) years form completion of residency; <b>or</b>  Successful completion of an ACGME/AOA accredited residency program in otolaryngology and acceptable practice in the privileges requested for at least three (3) years.
Category 2	As stated above for Category 1, <b>plus:</b>  Successful completion of an approved recognized course or acceptable supervised training in a residency, fellowship or other formal training or clinical experience of sufficient breadth and length with acceptable results in the particular privileges requested.
Procedures Followed by an Asterisk (*)	Successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable program and demonstration of knowledge or the indications for the procedure/test/therapy; <b>and</b>  Documentation of competence to obtain and retain clinical privileges as set forth in medical staff policies governing the exercise of the specific privileges.
Observation Requirements	As specified in the Division of Head and Neck rules and regulations.
Sedation	<b>Moderate Sedation:</b>  Successful completion of the PURPLE Book test, or equivalency, from Loma Linda University Medical Center – Quality Resource Management (LLUMC-QRM).  <b>Deep Sedation:</b>  Successful completion of the PRS Self-Study packet and test, or equivalence, from LLUMC-QRM.

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<p style="text-align: center;">Surgical Robotic Platform</p>  <p style="text-align: center;">Education / Training</p>	<p><b>EDUCATION/TRAINING</b></p> <p>The physician must have:</p> <ol style="list-style-type: none"><li>1. Completed an ACGME approved residency program in Head and Neck Surgery.</li><li>2. Certification by the American Board of Otolaryngology or must be eligible to sit for that board or demonstrated equivalent competency in Head and Neck Surgery.</li><li>3. Current active privileges to perform the underlying surgical procedure to be performed on the Robotic Surgical Platform or be eligible for privileges.</li></ol> <p><b>ROBOTIC PLATFORM TRAINING</b></p> <p>In order to apply for robotic privileges the physician must have completed <u>at least one</u> of the following three training experiences:</p> <ol style="list-style-type: none"><li>1. <u>Teaching Proctor Experience:</u><ol style="list-style-type: none"><li>a. Evidence of training by attendance at a hands-on training practicum in the use of the Robotic Surgical Platform of at least eight (8) hours duration with experience in a laboratory setting, which includes a minimum of three (3) hours of personal time on the system during animate or cadaver models on console performing routine maneuvers such as knot tying.</li><li>b. Successful completion of a minimum of five (5) cases at LLUMC is required under the supervision of and with the help of a teaching proctor. A proctor of the same specialty is required for the first two (2) cases, but is not required for the remaining three cases.</li><li>c. This teaching proctor may be an LLUMC physician who is privileged to proctor robotic cases OR an outside physician with temporary privileges to proctor. This teaching proctor will be compensated for his/her services.</li></ol></li><li>2. <u>Fellowship or Residency Training Experience:</u><p>Previous practical experience via an accredited fellowship or residency program with documented clinical experience in a minimum of thirty (30) robotic-assisted procedures in that program. If less than thirty (30) robotic-assisted procedures done, follow the process in 1 b. above</p></li></ol> <p><b>OR</b></p> <ol style="list-style-type: none"><li>3. <u>Robotic Privileges at another Hospital:</u><p>Previous full robotic surgery privileges at another hospital as documented by providing operative reports and discharge summaries for the last twenty (20) consecutive robotic cases performed as the operating surgeon (cases performed as assistant surgeon do not count) for review.</p></li></ol>
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<p>Surgical Robotic Platform Continued</p> <p>Proctoring Requirements</p>	<p><b>MEDICAL STAFF PROCTORING REQUIREMENTS:</b></p> <p>Once the applicant has applied for robotic privileges and has furnished evidence of the required training and/or experience as detailed above, that application will be reviewed by the chief of the appropriate service and a recommendation made to the credentials committee for granting provisional robotic privileges.</p> <p>Once provisional robotic privileges are granted, the applicant will need to be proctored on at least two (2) additional cases performed at LLUMC without the assistance of the proctor. The proctor will be present during the entire case and will observe the procedure.</p> <p>This proctoring must be performed by a member of the LLUMC Medical Staff who has full robotic privileges. Up to five (5) cases may be required in some circumstances, but after two to five (2–5) cases, full robotic privileges will be either approved, referred for additional training, or denied based on the proctoring reports and the determination of the appropriate service chief.</p> <p>This proctor is provided without charge to the applicant in the usual manner for medical staff proctoring requirements.</p>
<p>Maintenance Requirements</p>	<p><b>MAINTAINING ROBOTIC PRIVILEGES</b></p> <p>The surgeon must have performed 20 cases, and 10 within the last two (2) years, or they will either not be eligible to reapply for the privilege or they will be referred for additional proctoring.</p> <p>The surgeon should participate actively in the ongoing performance improvement programs of the medical staff, hospital, and department.</p>
<p>Requirements For A Teaching Proctor at LLU Hospitals</p>	<p><b>REQUIREMENTS FOR A TEACHING PROCTOR AT LLU HOSPITALS</b></p> <p><u>At least one</u> of the following three levels of experience:</p> <ol style="list-style-type: none"> <li>1. <u>Full robotic privileges at another hospital</u> as documented by providing operative reports and discharge summaries for the last twenty (20) consecutive robotic cases performed as the operative surgeon (cases performed as assistant surgeon do not count) for review. Service Chief to review cases.</li> <li>2. <u>Current Intuitive approved proctor.</u></li> <li>3. <u>Full robotic privileges granted by LLUMC Medical Staff.</u></li> </ol>

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MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Condition	Denied
<b>GENERAL</b>					
	HNS10054	Admit, treat and/or consult on diseases/disorders affecting the head and neck			
		Supervision of Residents and Students			
		Supervision of Allied Health Professionals under the following circumstances: AHP is granted practice privileges by the Medical Staff AHP operates under standardized procedures Other circumstances as recommended by the IDP committee and approved by the Medical Staff			
		Supervise Radiologic Technologists and operate Fluoroscopy Equipment. <u>Fluoroscopy Supervisor and Operator Permit required (attach current copy).</u>			
<b>CATEGORY 1</b>					
		Bronchoscopy, fiberoptic with or without biopsy Required qualifications: a letter from Residency Program Director attesting to training and competency, if completed recently; or a letter from the Chief of Staff/Service at a JCAHO accredited hospital attesting to current competency.”			
		Bronchoscopy, rigid with or without biopsy Required qualifications: a letter from Residency Program Director attesting to training and competency, if completed recently; or a letter from the Chief of Staff/Service at a JCAHO accredited hospital attesting to current competency.”			
	HNS07930	Mastoidectomy with/without tympanoplasty			
	HNS11990	Surgery of the larynx, including biopsy, partial or total laryngectomy			
	HNS06560	Laryngoscopy, with/without biopsy			
	HNS12140	Suspension microlaryngoscopy			
	HNS11360	Salivary duct surgery			
	HNS11370	Salivary gland surgery			
	HNS12000	Surgery of the nasopharynx, including nasal septoplasty, surgery on the frontal and maxillary sinuses, and ethmoid sinuses, and surgery of the nasal mucosa and turbinates and sphenoid sinus			
	HNS01780	Caldwell Luc procedure			
	HNS12020	Surgery of the oral pharynx, hypopharynx, arytenoid cartilages and epiglottis			
	HNS10760	Ranula excision			
	HNS12620	Tonsillectomy and adenoidectomy			
	HNS11160	Repair of facial lacerations			
	HNS10870	Reduction and repair of facial fractures (maxillary, orbital blow out, malar, mandible – nasal , frontal)			
	HNS06670	Lip surgery, wedge resection lip lesion			
	HNS11660	Grafting skin, fascia, dermis			
	HNS12690	Tracheostomy			

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MARK IF REQUESTED	CODE	CATEGORY 2 PRIVILEGES	ACTION		
			Approved	Condition	Denied
	HNS02920	Cryosurgery			
	HNS03090	Dacryocystorhinostomy*			
	HNS10250	Posterior or middle fossa microsurgery			
	HNS10740	Radical surgery of the head and neck, including, but not limited to, radical neck dissection, and radical excision of the sinuses for tumor			
	HNS10800	Reconstructive procedure of the trachea and upper airway			
	HNS12010	Surgery of the oral cavity, including partial or total glossectomy, mandibulectomy, composite resection-primary, tumor with neck dissection			
	HNS11140	Repair of fistulas – including, but not limited to, oral-antral, oral-nasal, oral-maxillary, oral-cutaneous, pharyngocutaneous, tracheocutaneous, esophagocutaneous			
	HNS09180	Thyroidectomy, parathyroidectomy			
	HNS04120	Esophagoscopy (rigid or flexible), with biopsy, foreign body removal or stricture dilatation			
	HNS01720	Bronchoscopy (rigid or flexible), with biopsy, foreign body removal or stricture dilatation			
	HNS03910	Endoscopic sinus surgery*			
	HNS12121	Surgical removal of teeth in association with radical resection			
	HNS10499	Partial or total laryngectomy			
	HNS10637	Laser surgery of the head and neck* (see Use of Laser)			
	HNS10805	Ear canal reconstruction, congenital atresia*			
	HNS08026	Middle ear and temporal bone tumors			
	HNS11794	Stapedectomy –stapes mobilization*			
	HNS00541	Skull base and complex temporal bone surgery, inner ear surgery *			
	HNS02301	Chronic otitis media surgery			
	HNS04260	Excision of pharyngeal/esophageal diverticulum			
	HNS04210	Excision of brachial cleft cyst			
	HNS09190	Parotidectomy, superficial or total			
	HNS11310	Rhinoplasty, septoplasty			
	HNS11240	Resection of oropharyngeal cancer			
	HNS04470	Facial plastic surgery including otoplasty*			
	HNS04471	Facial nerve decompression and grafting			
	HNS08210	Myocutaneous and neurovascular flaps			
	HNS08901	Orbital exenteration			
	HNS04690	Free tissue transfer flaps with microvascular anastomosis*			

**SPECIAL PROCEDURE-ROBOTIC ASSISTED SURGERY**

		Robot Assisted Surgery using the Robotic Surgical Platform Attach Required Certificate of Training See Qualifications and Proctoring Requirements on Page 3-4			
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MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Condition	Denied
<b>USE OF LASER</b>					
<i>Use limited to approved application for the specific laser indicated. List and check "Yes" in the Requested column for each specific type of laser for which privileges are requested.</i>					
	HNS13181	CO <sub>2</sub>			
	HNS13182	NdYAG			
	HNS13184	Argon			
	HNS13183	KTP			
	HNS13186	Holmium			
	HNS13189	Excimer			
	HNS13185	Tunable dye			
<b>SEDATION</b>					
	HNS99998	Moderate sedation			
	HNS99999	Deep Sedation			

**Acknowledgment of Practitioner**

I have requested only those specific privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Loma Linda University Medical Center, Inc.; **and** I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by any 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\* For Hospital and/or Clinic Use Only \*\*\*\*

**Conditions/Modifications:**

The requested clinical privileges have been approved by the Board of Trustees with the following conditions/modifications.

Code	Privilege	Condition/Modification

RECOMMENDED:

Chief of Section	Date
Chief of Service	Date
Credentials Committee	Date
Medical Executive Committee	Date
APPROVED:	
Governing Board Officer	Date