

## UNMH Dentistry Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

- Initial privileges (initial appointment)
- Renewal of privileges (reappointment)
- Expansion of privileges (modification)

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 07/25/2014*

### **INSTRUCTIONS**

**Applicant:** Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Department Chair:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

### **OTHER REQUIREMENTS**

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

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### *Qualifications for Dentistry*

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**Initial privileges:** *To be eligible to apply for privileges in general dentistry, the applicant must meet the following criteria:*

Successful completion of an American Dental Association–approved school of dentistry accredited by the Commission of Dental Accreditation and a residency in general dentistry or a dental specialty residency training program or have equivalent experience as a dentist member of a hospital medical staff.

AND

**Required current experience:** Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results, in the past 12 months or completion of training in the past 12 months.

**Renewal of privileges:** *To be eligible to renew privileges in general dentistry, the applicant must meet the following criteria:*

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

### **CORE PRIVILEGES: *General Dentistry***

Consult, and evaluate total oral health needs and diagnose and provide general dental diagnostic, preventive, history and physicals for dental patients, and therapeutic oral health care to patients of all ages to correct or treat various routine conditions of the oral cavity and dentition. Provide dental care for:

1. Precardiac surgery patients, oncology patients, and emergency patients with trauma to the head and neck regions
2. Children of any age who, due to the extensive nature of dental problems or severe anxiety, cannot be treated safely in the dental clinic setting
3. Children of any age who, because of mental disability such as autism, Down's syndrome, etc., or physical disability, such as severe cerebral palsy, cannot be safely treated in the dental clinic setting
4. Adults who, because of mental or physical disability, cannot cooperate with dental treatment in the dental clinic setting
5. Children and adults with high-risk medical conditions that necessitate having their dental treatment under general anesthesia in the operating room

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Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

**Requested**

### *General Dentistry core procedures list*

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This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

**To the applicant:** If you wish to exclude any procedures, please strike through the procedures that you do not wish to request, then initial and date.

1. Performance of history and physical exam
2. Bone grafting, ridge augmentation, socket preservation, periodontal defects
3. Comprehensive dental examination, consultation, and treatment planning, including the use of radiographs, photographs, diagnostic tests, impressions, jaw relation records, and diagnostic casts
4. Closed Reduction Alveolar Fractures
5. Endodontics
6. Exposure and interpretation of dental intraoral and extraoral radiographs including cone beam computed tomography (CBCT)
7. Fixed appliances to effect minor tooth movement
8. Fixed Prosthodontics
9. Frenectomy - labial, lingual
10. Inhalation sedation or analgesia with nitrous oxide and oxygen
11. Management of odontogenic infections and diseases through pharmacologic means and incision and drainage
12. Nonsurgical management of temporomandibular disorders
13. Operative restorations
14. Periodontal surgery
15. Preprosthetic surgery, alveoloplasty, Torus mandibularis (exostosis), Torus palitnus
16. Removable appliances to effect minor tooth movement, space maintenance or habit correction
17. Removal Prosthodontics
18. Repair facial lacerations (intraoral/extraoral)
19. Sedation and analgesia (oral)
20. Soft tissue excision/biopsy, simple intraoral
21. Splinting (fixed)
22. Surgical extractions of erupted teeth
23. Surgical implant placement

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24. Surgical removal of embedded teeth, Tooth exposure, surgical,
25. Surgical removal of mucoceles
26. Tongue surgery (Minor)
27. Tooth extraction (routine) including vertical or mesioangular, high partially encapsulated third molars
28. Tooth extraction; mesiodens, anterior supernumeraries, immature premolars in conjunction with serial extraction treatment
29. Transplantation/implantation of teeth
30. Uncomplicated extractions

### **Special Non-Core Privileges (See Specific Criteria)**

If desired, non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required experience, and maintenance of clinical competence.

### ***Qualifications for Use of laser***

**Criteria:** Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or completion of an approved 8- to 10-hour continuing medical education course that included training in laser principles. In addition, an applicant for privileges should spend time after the basic training course in a clinical setting with an experienced operator who has been granted laser privileges acting as a preceptor. Practitioner agrees to limit practice to only the specific laser types for which he or she has provided documentation of training and experience. The applicant must supply a certificate documenting that he or she attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course.

AND

**Required current experience:** Demonstrated current competence and evidence of the performance of an adequate volume of procedures with acceptable results, in the past 12 months or completion of training in the past 12 months.

**Renewal of privileges:** Demonstrated current competence and evidence of the performance of an adequate volume of procedures with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### **NON-CORE PRIVILEGES: *Use of Laser***

**Requested**

## UNMH Dentistry Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### *Qualifications for Moderate/Conscious (Dental) Sedation*

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***Initial Applicant*** - To be eligible to apply for privileges in moderate/conscious sedation, the initial applicant must meet the following criteria:

DDS or DMD

AND

Formal class/training program in sedation and airway management, or residency-based educational training

AND

Supervised clinical training or practice

AND

Age-appropriate ALS (ACLS or PALS or NRP) certification or enhanced BLS certification as appropriate

AND

Successful completion of written competency in Moderate/Conscious Sedation module and post test every two years

***Required previous experience:*** Applicants must be able to demonstrate active clinical practice since completion of training, reflective of the scope of privileges requested, or supervised clinical practice if training completed within the past 12 months.

***Reappointment (Renewal of Privileges) Requirements*** - To be eligible to renew privileges in moderate/conscious sedation, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:

Renewal of written competency in Moderate/Conscious Sedation module and post test

AND

Maintenance of age-appropriate ALS (Current ACLS, PALS, NRP) or enhanced BLS certification as appropriate

AND

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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Name:

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### **CORE PRIVILEGES: *Moderate/Conscious Dental Sedation***

**Moderate/Conscious Procedural sedation** A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. Practitioners must be competent to rescue patients from a more profound level of sedation, which may involve airway support. Privileged providers may administer or supervise qualified allied health professionals (as defined above) in the administration of moderate sedation. Moderate sedation may only be administered in accordance with relevant UNMH policies and procedures.

These procedures do not apply to anxiolysis (minimal sedation) or for sedation used for therapeutic management of pain control, mechanically ventilated patients in the intensive care unit, management of seizures, or patients under the immediate and direct management of the Department of Anesthesiology.

**Requested**

## UNMH Dentistry Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### *Qualifications for Deep (Dental) Sedation*

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***Initial Applicant*** - To be eligible to apply for privileges in deep sedation, the initial applicant must meet the following criteria:

DDS/DMD

AND

Certification permit by the New Mexico State Board of Dental Health Care

AND

Age-appropriate ALS (Current ACLS, PALS, NRP) certification

AND

Successful completion of an Advanced Procedural Sedation class (or equivalent) one time. Rapid Sequence Intubation & Difficult Airway Management classes are encouraged and highly recommended.

AND

Successful completion of the Advanced Procedural Sedation written competency every two years

**Required previous experience:** Applicants must be able to demonstrate active clinical practice since completion of training, reflective of the scope of privileges requested, or supervised clinical practice if training completed within the past 12 months.

***Reappointment (Renewal of Privileges) Requirements*** - To be eligible to renew privileges in deep sedation, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:

Current Age-appropriate ALS (Current ACLS, PALS, NRP) certification

AND

Successful renewal of written competency every two years

AND

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

## UNMH Dentistry Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### **CORE PRIVILEGES: *Deep Dental Sedation***

A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained but may be impaired. Limited to specific areas within the hospital (ie Emergency Department, ICU). If the patient loses consciousness and the ability to respond purposefully, the anesthesia care is a general anesthetic, irrespective of whether airway instrumentation is required. Unrestricted general anesthesia shall only be administered by anesthesia professionals within their scope of practice (anesthesiologists, certified registered nurse anesthetists and anesthesiologist assistants).

These procedures do not apply to anxiolysis (minimal sedation) or conscious (moderate) sedation, or for sedation used for therapeutic management of pain control, mechanically ventilated patients in the intensive care unit, seizures, or patients under the immediate and direct management of the Department of Anesthesiology. The physician managing the procedural care of the patient receiving deep sedation must have no other responsibilities that would require leaving the patient unattended or compromising continuous patient monitoring for the duration of the deep sedation episode.

**Requested**

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### **Acknowledgment of practitioner**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNMH Hospitals and clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by 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 or related documents.

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

### **Department Chair recommendation**

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

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation

Notes:

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Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Criteria approved by UNMH Board of Trustees on 07/25/2014