DENTISTRY/ORAL & MAXILLOFACIAL SURGERY
CLINICAL SERVICE
RULES AND REGULATIONS
2013 - 2014
# DENTISTRY/ORAL & MAXILLOFACIAL SURGERY
## CLINICAL SERVICE
### RULES AND REGULATIONS
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I. DENTISTRY/ORAL & MAXILLOFACIAL SURGERY CLINICAL SERVICE ORGANIZATION

A. SCOPE OF SERVICE

1. The full scope of practice of the Dentistry/Oral and Maxillofacial Surgery Clinical Service covers:

   - Patient Assessment
   - Anesthesia in Outpatient Clinic
   - Dentoalveolar Surgery
   - Oral and Craniomaxillofacial Implant Surgery
   - Surgical Correction of Maxillofacial Skeletal Deformities
   - Cleft and Craniofacial Surgery
   - Trauma Surgery
   - Temporomandibular Joint Surgery
   - Diagnosis and Management of Pathologic Conditions
   - Reconstructive Surgery
   - Cosmetic Maxillofacial Surgery

Except for the clinical areas of cleft and craniofacial surgery and cosmetic (soft tissue) maxillofacial surgery, the full scope is practiced extensively by this Dentistry/Oral and Maxillofacial Surgery Clinical Service.

2. General Dentistry scope of service is indicated by the accepted definition of dentistry:

   "Dentistry is defined as the evaluation, diagnosis, prevention and/or treatment (nonsurgical, surgical or related procedures) of disease disorders and/or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body, provided by a dentist, within the scope of his/her education, training, and experience, in accordance with the ethics of the profession and applicable law."

Currently, the Dentistry/Oral and Maxillofacial Surgery Service provides limited general dental care. However, there is adequate facility and equipment leaving open the potential for resumption of this type of care. Additionally, general dentists have been appointed to the Courtesy Staff.

3. Chief of Dentistry / Oral & Maxillofacial Surgery Clinical Service Job Description
   (See APPENDIX E)

B. MEMBERSHIP REQUIREMENTS

Membership on the Medical Staff of San Francisco General Hospital is a privilege which shall be extended only to those practitioners who are professionally competent and continually meet the qualifications, standards, and requirements set forth in SFGH Medical Staff Bylaws, Article II, Medical Staff Membership as well as these Clinical Service Rules and Regulations.
C. ORGANIZATION OF ORAL & MAXILLOFACIAL SURGERY CLINICAL SERVICE

Refer to Appendix D – Clinic Matrix Organization Chart in Oral and Maxillofacial Surgery Service

II. CREDENTIALING

A. NEW APPOINTMENTS

The process of application for membership to the Medical Staff of SFGH through the Oral & Maxillofacial Surgery Clinical Service is in accordance with SFGH Bylaws Article II, Medical Staff Membership, Rules and Regulations, as well as these Clinical Service Rules and Regulations.

B. REAPPOINTMENTS

The process of reappointment to the Medical Staff of SFGH through the Dentistry/Oral & Maxillofacial Surgery Clinical Service is in accordance with SFGH Bylaws, Rules and Regulations, as well as these Clinical Service Rules and Regulations.

1) Practitioners Performance Profiles
   Refer to Appendix C - OMS Performance Improvement and Patient Safety Plan – Section IV

2) Staff Status Change
   The process for Staff Status Change for members of the Dentistry/Oral & Maxillofacial Surgery Clinical Services is in accordance with SFGH Bylaws, Rules and Regulations.

3) Modification/Changes to Privileges
   The process for Modification/Change to Privileges for members of the Dentistry/Oral & Maxillofacial Surgery Clinical Services is in accordance with SFGH Bylaws, Rules and Regulations.

C. AFFILIATED PROFESSIONALS

The process of appointment and reappointment of the Affiliated Professionals to SFGH through the Dentistry/Oral & Maxillofacial Surgery Clinical Service is in accordance with SFGH Bylaws, Rules and Regulations.

D. STAFF CATEGORIES

The Dentistry/Oral & Maxillofacial Surgery Clinical Service staff fall into the same categories which are described in Article III – Categories of the Medical Staff of the SFGH Bylaws, Rules and Regulations as well as these Clinical Service Rules and Regulations.
III. Delineation of Privileges

A. DEVELOPMENT OF PRIVILEGE CRITERIA

The Dentistry/Oral & Maxillofacial Surgery Clinical Service privileges are developed in accordance with SFGH Medical Staff Bylaws, Article V: Clinical Privileges, Rules and Regulations as well as these Clinical Service Rules and Regulations. Applicants must indicate on the privilege form the procedures for which they have demonstrated competence and wish to have.

GROUP A: GENERAL DENTISTRY

Applications for general dentistry privileges must satisfy all of the following criteria except the requirements for training in oral maxillofacial surgery, board eligibility or certification, ACLS and current DEA certificate.

GROUP B: ORAL & MAXILLOFACIAL SURGERY

The criteria for oral and maxillofacial surgery are:

1. Graduation from a school of dentistry which is accredited by the American Dental Association Commission on Dental Accreditation or listed in the World Directory of Dental Schools as published by the World Organization of Health.
2. Completion of residency in oral and maxillofacial surgery from a program accredited by the American Dental Association Commission on Dental Accreditation.
3. Possession of a valid, current dental or medical license in the state of California.
4. Possession of a valid, current DEA.
5. Current professional liability insurance, if not insured either through the University of California as a faculty member or through the City & County of San Francisco in an amount considered appropriate for the type and scope of practice by this hospital’s medical staff and governing body on an individual basis.
6. Completion of a BLS and ACLS course within the last two years.
7. Must provide proof of Admissibility or Certification by the American Board of Oral & Maxillofacial Surgery.
8. If the applicant received his/her training in a country other than the United States of America, and has an academic or clinical appointment in the Department of Oral and Maxillofacial Surgery at the University of California San Francisco, then requirements #1 and #2 are satisfied.
9. If the applicant wishes privileges in Outpatient General Anesthesia, the applicant must have a valid General Anesthesia permit in the State of California after the probationary year, and the request is approved by the Chief of Anesthesia.
10. Absence of a history or involvement in malpractice suits, or arbitrations, or settlements, OR, in the case of an applicant with this history, evidence that the history of malpractice claims does not demonstrate probably ongoing substandard professional performance.
11. Absence of physical or mental impairments which may interfere with the ability to practice dentistry and/or medicine.
12. Absence of a history of professional disciplinary action, OR, in the case of an applicant with this history, evidence that this history does not demonstrate probably ongoing substandard professional performance.
13. Absence of history of criminal conviction or indictment; OR, in the case of an applicant with this history, evidence that this history does not demonstrate probable substandard professional or ethical performance. A conviction within the meaning of these criteria includes a plea or verdict of guilty or a conviction following a plea of non-contender.

14. Completion of an application form and absence of intentional falsification or omission by the applicant.

B. ANNUAL REVIEW OF CLINICAL SERVICE PRIVILEGE REQUEST FORM

The Dentistry/Oral & Maxillofacial Surgery Clinical Service Privilege Request Form shall be reviewed annually.

C. CLINICAL PRIVILEGES

Dentistry/Oral & Maxillofacial Surgery Clinical Service privileges shall be authorized in accordance with the SFGH Medical Staff Bylaws, Article V: Clinical Privileges, Rules and Regulations as well as the Clinical Service Rules and Regulations. All requests for clinical privileges will be evaluated and approved by the Chief of the Oral & Maxillofacial Surgery Clinical Service. The initial determination of privileges shall be guided by the applicant’s education, training and experience.

All new privileges are normally proctored for up to one year or until competency has been verified. During the proctoring period, all cases must have the approval of a member of the active staff of the Dentistry/Oral & Maxillofacial Surgery Service. Supervision of procedures done in the operating room will be at the discretion of the Chief of Service. If the applicant completed the oral & maxillofacial surgery training program of the University of California San Francisco within five years of application, the applicant will be exempt from case approval and supervision of procedures during the proctoring period.

D. TEMPORARY PRIVILEGES

Temporary Privileges shall be authorized in accordance with the SFGH Medical Staff Bylaws, Article V: Clinical Privileges, Rules and Regulations and accompanying manuals.

IV. PROCTORING AND MONITORING

A. REQUIREMENTS

All medical staff members initially granted privileges shall complete a period of proctoring. Proctoring (monitoring) requirements for the Dentistry/Oral & Maxillofacial Surgery Clinical Service shall be the responsibility of the Chief of the Service or his designee.

The initial determination of privileges shall be guided by the applicant’s education, training and experience. All new privileges are probationary for one year. During the probationary period, all cases must have the approval of a member of the active staff of the Dentistry/Oral & Maxillofacial Surgery Service. Supervision of procedures done in the operating room will be at the discretion of the Chief of Service. If the applicant completed the oral & maxillofacial surgery training program of the University of
California San Francisco within five years of application, the applicant will be exempt from case approval and supervision of procedures during the probationary period.

**B. ADDITIONAL PRIVILEGES**

Requests for additional privileges for the Dentistry/Oral & Maxillofacial Surgery Clinical Service shall be in accordance with SFGH Bylaws, Rules and Regulations and accompanying manuals.

**C. REMOVAL OF PRIVILEGES**

Requests for removal of privileges for the Dentistry/Oral & Maxillofacial Surgery Clinical Service shall be in accordance with SFGH Bylaws, Rules and Regulations and accompanying manuals.

**V. EDUCATION**

The Dentistry/Oral and Maxillofacial Surgery Clinical Service offers ongoing high quality educational and training programs for their members through ward rounds, M&M Conferences, Clinicopathologic Conferences, Journal Club, Human Anatomy Dissections in the laboratory, SFGH Maxillofacial Trauma Grand Rounds, and UCSF Grand Rounds.

Members of the Dentistry/Oral and Maxillofacial Surgery Clinical Service are required to obtain a minimum of 50 CME units every two years.

**VI. ORAL & MAXILLOFACIAL SURGERY CLINICAL SERVICE HOUSESTAFF TRAINING PROGRAM AND SUPERVISION**

**SUPERVISION OF RESIDENTS (See Appendix D - OMS Housestaff Manual)**

1. Dentoalveolar surgery
   - Limited supervision by attending surgeons
2. Maxillofacial Trauma Surgery
   - Direct attending surgeons’ supervision, except for closed reduction of fractures and repair of non-complex facial lacerations.

The following items require direct attending supervision:

3. Intravenous Moderate Sedation and OPD General Anesthesia
4. Oral and Craniofacial Implant Surgery
5. Surgical Correction of Maxillofacial Skeletal Deformities
6. Temporomandibular Joint Surgery
7. Management of Pathological Conditions
8. Reconstructive Surgery

Limited supervision means independent decision-making and provision of care by Residents with appropriate attending consultation.

Direct supervision indicates attending surgeon responsibility for the preoperative, intraoperative and postoperative care of each patient. Also, the attending must be consulted by Resident(s) prior to any invasive procedure or material change in the treatment plan. The medical record must show that the attending surgeon was directly involved in the care of each patient.
VII. ORAL & MAXILLOFACIAL SURGERY CLINICAL SERVICE CONSULTATION CRITERIA

A. Consultation for patient care is provided 24 hours per day by:
   1. Consultation request form delivered to the Clinic (IN1)
   2. Telephone request by calling the Clinic at Ext. 8104 or 6539
   3. Direct referral to oral and maxillofacial surgery residents
   4. Paging the on-call resident – page number may be obtained from the hospital telephone operator.

B. Non-emergency consultation shall be answered within 24 hours.

C. A written consultation report shall be placed in the patient’s chart at the time of patient evaluation. This report shall be dated and signed. In urgent situations the consulting resident or attending shall contact the requesting physician by telephone.

D. There is attending surgeon coverage 24 hours per day. After clinic hours, the on-call attending may be contacted through the hospital telephone operator or the telephone/pager number on the monthly “on-call” schedule, available at key locations within the hospital.

VIII. DISCIPLINARY ACTION

The San Francisco General Hospital Medical Staff Bylaws, Rules and Regulations will govern all disciplinary action involving members of the SFGH Dentistry/Oral & Maxillofacial Surgery Clinical Service.

IX. PERFORMANCE IMPROVEMENT AND PATIENT SAFETY

A. GENERIC CLINICAL INDICATORS FOR ORAL AND MAXILLOFACIAL SURGERY IN INPATIENT OR OUTPATIENT FACILITIES

Each indicator will be used as a marker, which will be further evaluated by assigned Q.A. Officers in the context of the clinical circumstances. These indicators are not random unknown events or occurrences but rather indices of risks and complications known to be associated with management of the various clinical conditions, covered by the Scope of Practice.

The presence of clinical indicators does not necessarily reflect on the quality of care. Rather, the presence of such indicators may indicate that a treatment modality is of concern after a critical threshold has been reached. What that threshold is will depend on several factors, including the nature of the indicator, the clinical status of the patient receiving care and the patient population for the condition being treated.

These indicators are divided into three groups. These indicators are considered generic to the performance of oral and maxillofacial surgery. When a clinical indicator is selected for review, known risks and complications associated with therapy will be included.

1. Admission after hospital ambulatory surgery
   Comments and Exceptions:
   – Patient informed that additional inpatient management may be required.

2. Performance of additional procedures not specified in consent form.
   Comments and Exceptions:
Disparity between preoperative consent form and operative report.

3. Unplanned and/or avoidable removal, injury, or repair of an organ or structure during surgery or invasive procedure; loss of instruments and/or supplies (i.e., sponges and needles)

4. Unplanned return to the Operating Room.

5. Medical and/or surgical complications occurring during the operative and post-operative period
   a. Development of neurological deficit which was not present on admission, other than those accepted as a normal course of the patient’s surgical management (e.g. excision of mandibular and maxillary third molars, mandibular resection, sagittal split osteotomy)

6. Surgical and other invasive procedures which do not meet criteria for necessity and appropriateness.
   a. Pathology or imaging reports does not match preoperative diagnosis
   b. Nondiagnosis or normal tissue removed and criteria for necessity or appropriateness not met
   c. No tissue removed, and criteria for necessity and appropriateness not met
   d. Procedure and details of operative report do not match the preoperative diagnosis.

   Comments and Exceptions:
   – Surgical case review committee has developed and approved specific criteria for non-tissue producing cases following individual service consultation, and for the intentional removal of excessive redundant normal tissue.

7. Acquired drug sensitization

8. Transfer from general care to intensive care unit (inpatient only)
   a. Complication
   b. Utilization problem

   Comments and Exceptions:
   – Scheduled prior to surgery or other special procedure.

9. Hospital, Surgery Center, or office-incurred patient incident
   a. Falls, slips and/or patient accidents
   b. Intravenous infusion problems (e.g., calculation error or loads)
   c. Medication error or problem (e.g., drug type or dosage, contrast material reaction)
   d. Skin problem (e.g., rash, infiltrations, threatened or new decubitus ulcer)
   e. Equipment failure
   f. Other incidents (e.g., procedural errors, electric shock or burn, actual or attempted suicide, lost or damaged property)

10. Abnormal laboratory, radiographic or other test results not addressed by surgeon

   Comments and Exceptions:
   – As monitored by the medical staff
11. Discharge to home with
   a. Blood pressure on day of discharge:
      Systolic: Less than 80 or greater than 180
      Diastolic: Less than 50 or greater than 110
   b. Core temperature on day of discharge greater than 101 degrees
   c. Pulse: Less than 50 or greater than 120 within 24 hours of discharge
   d. Intravenous (IV) fluids or drugs on the day of discharge (excludes keeping the IV in place, antibiotics, chemotherapy or TPN)
   e. Significant purulent or bloody drainage of postoperative wounds within 24 hours prior to discharge.

12. Patient and/or family dissatisfaction.
   Comments and Exceptions:
   – As monitored by post surgery random sampling

13. Subsequent visit to emergency room for complications or adverse results related to previous hospitalization or outpatient surgery.
   Comments and Exceptions:
   – Planned return for wound checks or suture removal
   – Patient not previously hospitalized at this hospital

B. CLINICAL SERVICE PRACTITIONERS PERFORMANCE PROFILES

See Appendix C – OMS Performance Improvement and Patient Safety Plan

C. MONITORING & EVALUATION OF APPROPRIATENESS OF PATIENT CARE SERVICES

Annual Performance Improvement & Patient Safety (PIPS) Reports are presented to the PIPS Committee.

1. Policy for Attending Staff Review
   The activities of the attending staff are:
   a. Teaching – predoctoral and postdoctoral (residents) students
   b. Private Practice – intramural or extramural
   c. Research - clinical and laboratory
   d. Continuing education courses – faculty or attending
   e. Committee work

2. Basis for reviews are:
   a. Monitoring progress notes by Chief of Service
   b. Operating room visits by Chief of Service, when that attending is managing a case
   c. Participation on rounds
   d. Participation in and case discussion during monthly department meetings
   e. Biannual review of reappointment
   f. Since most of the attending surgeons are members of the UCSF faculty, they are also subject to the scrutiny of the University’s Academic Senate for merit increases and promotions.

3. Policy for Housestaff Review:
a. Review of medical records on discharge
b. Presence of attending surgeon for all invasive procedures
c. Ward rounds, directed by attending surgeon
d. UCSF Grand Rounds, Clinicopathologic Conference, Morbidity and Mortality conference – presentations and active participation by residents – Tuesday A.M.
e. SFGH Maxillofacial Trauma Grand Rounds – residents’ presentations – first and fourth Friday of each month - A.M
f. Formal Resident’s evaluation by attendings surgeons at end of rotations.

D. MONITORING & EVALUATION OF PROFESSIONAL PERFORMANCE

Refer to IX C. Above

X. MEETING REQUIREMENTS

In accordance with SFGH Medical Staff Bylaws Committees of the Medical Staff, all Active Members are expected to show good faith participation in the governance and quality evaluation process of the Medical Staff by attending a minimum of 50% of all committee meetings assigned, clinical service meetings and the annual Medical Staff Meeting.

The Dentistry/Oral & Maxillofacial Surgery Clinical Services shall meet as frequently as necessary, but at least quarterly to consider findings from ongoing monitoring and evaluation of the quality and appropriateness of the care and treatment provided to patients.

As defined in the SFGH Medical Staff Bylaws, a quorum is constituted by at least three (3) voting members of the Active Staff for the purpose of conducting business.

XI. ADOPTION AND AMENDMENT

The revised Dentistry/Oral & Maxillofacial Surgery Clinical Service Rules and Regulations will shall be adopted and revised by a majority vote of all Active members of the Dentistry/Oral & Maxillofacial Surgery Clinical Service annually at one of its monthly meetings.
APPENDIX A – DENTISTRY/ORAL & MAXILLOFACIAL SURGERY PRIVILEGE FORM
Privileges for San Francisco General Hospital

Requested Approve

Applicant: Please initial the privileges you are requesting in the Requested column.
Service Chief: Please initial the privileges you are approving in the Approved column.

OMFS ORAL & MAXILLOFACIAL SURGERY 2009
FOR ALL Privileges: All complication rates, including problem transfusions, deaths, unusual occurrence reports, patient complaints, and sentinel events, as well as Department quality indicators, will be monitored semiannually.

8.0 CORE PRIVILEGES
8.10 GENERAL DENTISTRY
Evaluation, diagnosis, prevention and/or treatment (nonsurgical, surgical or related procedures) of diseases, disorders and conditions of the oral cavity, and maxillofacial area, to include dental surgery on the teeth as a treatment for dental caries and traumatic injuries, prosthetic therapy, routine endodontic therapy, routine orthodontic therapy, routine periodontal therapy, intraoral biopsy, simple and surgical exodontias.
PREREQUISITES: A current dental license, oral surgery permit, or special permit from the Dental Board of California.
PROCTORING: Five (5) operative cases and 10 retrospective reviews of operative cases.
REAPPOINTMENT: Twenty (20) operative procedures in the previous two years.

8.20 ORAL & MAXILLOFACIAL SURGERY
Diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region, excluding surgical management of malignant lesions and the parotid gland. This includes local anesthesia blocks of head and neck sensory nerves, history and physical examinations, dentoalveolar surgery, implantology, major infections of the oral and maxillofacial region, orthognathic surgery, pathologic surgery, preprosthetic surgery, soft and hard tissue trauma surgery, reconstructive surgery, splint and surgical treatment of sleep apnea, and temporomandibular joint surgery.
PREREQUISITES: A current dental license, oral surgery permit or special permit from the Dental Board of California or medical license from the Medical Board of California, and Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Oral and Maxillofacial Surgery or a member of the Clinical Service prior to 10/17/00
PROCTORING: Five (5) observed operative procedures and 10 retrospective reviews of operative procedures.
REAPPOINTMENT: Twenty (20) operative procedures in the previous two years.

8.30 SPECIAL PRIVILEGES
8.31 BENIGN & MALIGNANT PAROTID GLAND TUMORS & MALIGNANT TUMORS OF THE JAWS & ASSOCIATED SOFT TISSUES
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Oral and Maxillofacial Surgery or a member of the Clinical Service prior to 10/17/00. In addition to that for core privileges, additional training in oncological surgery and/or retrospective review of ten (10) cases.
PROCTORING: Two (2) operative procedures.
REAPPOINTMENT: Five (5) operative procedures in the previous two years.

8.32 MODERATE SEDATION
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Oral and Maxillofacial Surgery or a member of the Clinical Service prior to 10/17/00. The dentist or oral and maxillofacial surgeon must have completed the appropriate residency or clinical experience (Hospital Policy 19.8 SEDATION) and have completed the educational module and post test as evidenced by a satisfactory score on the examination, and submission of a signed Physician Attestation Form to the Medical Staff.
Services Department.
PROCTORING: Review of 5 cases.
REAPPOINTMENT: Review of 5 case done in the previous two years or completion of
the educational module and post test as evidenced by a satisfactory score on the
examination, and a signed Physician Attestation Form submitted to the Medical Staff
Services Department.

_____  ______

8.33 DEEP SEDATION/GENERAL ANESTHESIA
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the
American Board of Oral and Maxillofacial Surgery or a member of the Clinical Service
prior to 10/17/00. Completion of a dental anesthesia or medical anesthesia or oral and
maxillofacial surgery residency training program and Board Admissible or Certified or
Re-certified by the respective professional association. Additionally, a current general
anesthesia permit from the Dental Board of California is required for providers, who
practice exclusively under a dental license, oral surgery permit or special permit.
PROCTORING: Observation of 5 cases.
REAPPOINTMENT: Review of 10 cases in the previous two years.

_____  ______

8.34 LASER SURGERY
Incisional biopsy, excisional biopsy and ablation of congenital and acquired lesions of the
oral and maxillofacial region and associated soft tissues.
PREREQUISITES: Appropriate training. Viewing of the laser safety video prepared by the
SFGH Laser Safety Committee, and baseline eye examination. Currently Board Admissible,
Board Certified, or Re-Certified by the American Board of Oral and Maxillofacial Surgery
or a member of the Clinical Service prior to 10/17/00.
PROCTORING: Two (2) observed procedures.
REAPPOINTMENT: Two (2) cases in the previous two years, and viewing of the laser
safety video prepared by the SFGH Laser Safety Committee and documentation of eye
examination within the previous 6 months.

I hereby request clinical privileges as indicated above.

________________________________________________________________________
Applicant  date

FOR DEPARTMENTAL USE:

_____  Proctors have been assigned for the newly granted privileges.
_____  Proctoring requirements have been satisfied.

_____  Medications requiring DEA certification may be prescribed by this provider.
_____  Medications requiring DEA certification will not be prescribed by this provider.

_____  CPR certification is required.
_____  CPR certification is not required.

APPROVED BY:

________________________________________________________________________
Division Chief  date

________________________________________________________________________
Service Chief  date

Printed 1/20/2010
I am requesting the specific attached marked privileges. I understand that I may request additional or reduced privileges in the future. In making application to the Dentistry/Oral & Maxillofacial Surgery Clinical Service for these privileges, I acknowledge having read and agree to abide by the following procedures:

1. I have indicated the requested privileges on the attached form. I understand that the granting of privileges will require written evidence of competence by my training program director and the Department of the Dentistry/Oral & Maxillofacial Surgery Service at an institution in which I currently hold such privileges. It is my responsibility to provide the name or names of appropriate individuals to contact at the end of the privilege form. As a general dentist without residency training, I will provide written evidence of competence by the Dean of my dental school and Chair of the Department of Restorative Dentistry, in lieu of a training program director.

2. I understand that my application will be reviewed by a departmental review committee only after receipt of all requested materials. Additional materials or information may be requested from me after preliminary review. I may be requested to meet with the committee in person. Upon the recommendation of the service committee, my application will be forwarded to the Chief of Service. The process of approval beyond that point is delineated in the Bylaws and Rules and Regulations of the Medical Staff. Approval by the Chief of Service, the Credentials Committee, the Chief of Staff and Executive Director of the Hospital and the Governing Body is sufficient for me to begin the exercise of requested privileges.

3. I understand that all privileges granted are proctored. The nominal period of proctoring is one year. During the period of proctoring one or two members of the active staff of the service will be assigned as my proctor(s). The function of the proctor is to evaluate the care given to patients by me. The level of involvement of proctors may vary at the discretion of the proctor. It is my obligation to promptly notify my proctor(s), or the attending oral and maxillofacial surgeon on-call, upon admission of my patients.

4. I understand that it is my responsibility to maintain a current list of all hospital patients on the form provided, and to insure that the proctor indicates successful completion of the review process by his/her signature on that form within one week of patient discharge. It is my responsibility to provide the original copies of the proctoring form to the service at 3, 6, 9 and 12 months after initiation of proctoring. I understand that no prompting for this requirement will be given and that failure to do so may result in a report of no proctoring activity being sent to the Credentials Committee. This may results in a delay in granting permanent privileges.

5. I may petition my proctor(s) for completion of the proctoring period with regard to certain procedures or classes of procedures which have been repeatedly observed with satisfactory evaluations. The decision to conclude the proctoring period rests with the service review committee and with the Chief of Service.

6. I understand that if certain requested privileges have not been sufficiently proctored during the initial year, these may be continued into a second year upon a special request by the Service Chief, and approval of the Credentials Committee. If not completed after 18 months, and there is still insufficient evidence to grant full privileges in certain areas, these privileges will be withdrawn. I understand, therefore, that it is in my best interest to request only those privileges which I can reasonably expect to perform on a regular basis.
DENTISTRY/ORAL & MAXILLOFACIAL SURGERY
SAN FRANCISCO GENERAL HOSPITAL
PRIVILEGE CRITERIA

GROUP I: GENERAL DENTISTRY
Dentistry is the evaluation, diagnosis, prevention, and/or treatment (nonsurgical, surgical or related procedures) of diseases, disorders and/or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body: provided by a dentist, within the scope of his/her education, training and experience, in accordance with the ethics of the profession and the law.

Applicants for general dentistry privileges must satisfy all of the following criteria except the requirements for training in oral maxillofacial surgery, board eligibility or certification, ACLS and current DEA certificate.

GROUP II: ORAL & MAXILLOFACIAL SURGERY
Oral and Maxillofacial Surgery (OMS) is the specialty of dentistry which include the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the bone and soft tissues of the oral and maxillofacial region. The term “maxillofacial” refers to the area that encompasses the maxilla and the face.

The criteria for oral and maxillofacial surgery are:

1. Graduation from a school of dentistry which is accredited by the American Dental Association Commission on Dental Accreditation or listed in the World Directory of Dental Schools as published by the World Organization of Health.
2. Completion of residency in oral and maxillofacial surgery from a program accredited by the American Dental Association Commission on Dental Accreditation.
3. Possession of a valid, current dental or medical license in the state of California.
4. Possession of a valid, current DEA.
5. Current professional liability insurance, if not insured either through the University of California as a faculty member or through the City & County of San Francisco in an amount considered appropriate for the type and scope of practice by this hospital’s medical staff and governing body on an individual basis.
6. Completion of a BLS and ACLS course within the last two years.
7. Must provide proof of Admissibility for examination or Certification by the American Board of Oral & Maxillofacial Surgery.
8. If the applicant received his/her training in a country other than the United States of America, and has an academic or clinical appointment in the Department of Oral and Maxillofacial Surgery at the University of California San Francisco, then requirements #1 and #2 are satisfied.
9. If the applicant wishes privileges in Outpatient General Anesthesia, the applicant must have a valid General Anesthesia permit in the State of California after the probationary year and approval by the Chief of Anesthesia.
10. Absence of a history or involvement in malpractice suites, or arbitration’s, or settlements, OR, in the case of an applicant with this history, evidence that the history of malpractice claims does not demonstrate probably ongoing substandard professional performance.
11. Absence of physical or mental impairments which may interfere with the ability to practice dentistry and/or medicine.
12. Absence of a history of professional disciplinary action, OR, in the case of an applicant with this history, evidence that this history does not demonstrate probably ongoing substandard professional performance.
13. Absence of history of criminal conviction or indictment; OR, in the case of an applicant with this history, evidence that this history does not demonstrate probable substandard professional or ethical performance. A conviction within the meaning of these criteria includes a plea or verdict of guilty or a conviction following a plea of non-contender.

14. Completion of an application form and absence of intentional falsification or omission by the applicant.
Appendix B - HOUSE STAFF COMPETENCIES

REFER TO CHN INTRANET SITE, HOUSE STAFF COMPETENCIES LINK
APPENDIX C - DENTISTRY/ORAL & MAXILLOFACIAL SURGERY PERFORMANCE IMPROVEMENT AND PATIENT SAFETY (PIPS) PLAN

Currently Held at Dentistry/OMS Service
Currently Held at Dentistry/OMS Service
Chief of Dental/Oral/Maxillofacial Surgery Clinical Service

Position Summary:

The Chief of Dentistry/Oral/Maxillofacial Surgery Clinical Service directs and coordinates the Service’s clinical, educational, and research functions in keeping with the values, mission, and strategic plan of San Francisco General Hospital (SFGH) and the Department of Public Health (DPH). The Chief also insures that the Service’s functions are integrated with those of other clinical departments and with the Hospital as a whole.

Reporting Relationships:

The Chief of Dentistry/Oral/Maxillofacial Surgery Clinical Service reports directly to the Associate Dean at SFGH and the Chairperson, UCSF Department of Oral and Maxillofacial Surgery. The Chief is reviewed not less than every four years by a committee appointed by the Chief of Staff. Reappointment of the Chief occurs upon recommendation by the Chief of Staff, in consultation with the Associate Dean, the UCSF Department Chair, and the SFGH Executive Administrator, upon approval of the Medical Executive Committee and the Governing Body. The Chief maintains working relationships with these persons and groups and with other clinical departments.

Position Qualifications:

The Chief of Dentistry/Oral/Maxillofacial Surgery Clinical Service is board certified, has a University faculty appointment, and is a member of the Active Medical Staff at SFGH.

Major Responsibilities:

The major responsibilities of the Chief of Dentistry/Oral/Maxillofacial Surgery Clinical Service include the following:

Providing the necessary vision and leadership to effectively motivate and direct the Service in developing and achieving goals and objectives that are congruous with the values, mission, and strategic plan of SFGH and the DPH;

In collaboration with the Executive Administrator and other SFGH leaders, developing and implementing policies and procedures that support the provision of services by reviewing and approving the Service’s scope of service statement, reviewing and approving Service policies and procedures, identifying new clinical services that need to be implemented, and supporting clinical services provided by the Department;

In collaboration with the Executive Administrator and other SFGH leaders, participating in the operational processes that affect the Service by participating in the budgeting process, recommending the
number of qualified and competent staff to provide care, evaluating space and equipment needs, selecting outside sources for needed services, and supervising the selection, orientation, in-service education, and continuing education of all Service staff;

Serving as a leader for the Service’s performance improvement and patient safety programs by setting performance improvement priorities, determining the qualifications and competencies of Service personnel who are or are not licensed independent practitioners, and maintaining appropriate quality control programs; and

Performing all other duties and functions spelled out in the SFGH Medical Staff Bylaws.

Dentistry/Oral & Maxillofacial Surgery Clinical Rules and Regulations
Revised: September 11, 2007

N.B. 1 The changes in privileges are editorial only and reflect established changes over the past four years.

2. Table of Contents – to be renumbered to correlate with changes in document.