

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.Emergency_Medicine,

Current Privilege Status Key

Practitioner's Current Privilege status is signified in () preceding each privilege.

G = Granted

W = Withdrawn

T = Temporary

P = With Proctor

A = Assist with

C = With Consult

E = Emergency Only

RQ = Requested

L = Leave of Absence

R = Resigned

S = Suspended

Staff Category - Associate Staff

Requested Granted

_____ () ASSOCIATE MEDICAL STAFF:

The associate Medical Staff shall consist of physicians, dentists and podiatrists who are being considered for advancement to membership as active or courtesy members of the Medical Staff. They shall be appointed to a specific department and may be appointed to serve on committees. They shall be ineligible to hold office in this Medical Staff organization. However, candidates for active staff status shall have voting privileges and shall accept emergency department coverage assignments.

All associate Medical Staff memberships shall be provisional for a period of one year. Associate membership renewal may not exceed an additional year, following which the failure to advance from associate Medical Staff membership shall be deemed a termination of Medical Staff membership. An associate Medical Staff member whose membership is so terminated shall have hearing rights accorded by the Medical Staff bylaws if the termination is an Adverse Action as defined in the Medical Staff bylaws.

Associate Medical Staff members shall be assigned to a department where their performance shall be evaluated by the chairperson of the department or the chairperson's representative in order to determine the eligibility of such associate staff members for continued Medical Staff membership and for exercising the clinical privileges provisionally granted to them.

Staff Category - Active Staff

Requested Granted

_____ () ACTIVE MEDICAL STAFF:

The active Medical Staff shall consist of physicians, dentists and podiatrists who regularly admit patients and/or provide services in the hospital, who are able to comply with response times set by their departments and otherwise provide continuous care to their patients, and who assume all the functions and responsibilities of membership on the active Medical Staff including emergency department coverage and consultation assignment as determined by the medical staff emergency department plan which is approved by the Medical Executive Committee. Members of the active Medical Staff shall be appointed to a specific department, shall be eligible to vote, to hold office, and to serve on Medical Staff committees.

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Staff Category - Affiliate Staff

Requested Granted

_____ _____ () AFFILIATE MEDICAL STAFF:

The affiliate Medical Staff shall consist of physicians, podiatrists and dentists who wish to be associated with Mercy Medical Center and its Medical Staff but have little or no active practice in the hospital. Members of the affiliate Medical Staff shall be appointed to a specific department of the Medical Staff, shall be eligible to vote, and shall be eligible to serve on Medical Staff committees. They shall be ineligible to hold office in this Medical Staff organization.

Affiliate Medical Staff members shall not have clinical privileges or provide orders on inpatients. Affiliate Medical Staff members wishing to refer a patient for inpatient care shall be responsible for arranging, at the time of admission, for the overall medical responsibility for the patient's care in the hospital to be assumed by a Medical Staff member of the appropriate specialty who holds full admitting privileges.

Staff Category - Courtesy Staff

Requested Granted

_____ _____ () COURTESY MEDICAL STAFF:

The courtesy Medical Staff shall consist of physicians, dentists and podiatrists qualified for Medical Staff membership but who only occasionally attend patients in the hospital. Courtesy Medical Staff membership is limited to those individuals who bring a unique skill to the community, or serve only occasionally as consultants in the hospital. Telemedicine members will be members of the courtesy Medical Staff. Courtesy Medical Staff members shall be appointed to a specific department. They shall be ineligible to vote or hold office in this Medical Staff organization and shall not be required to provide emergency department coverage.

Signed: _____ Dated: _____

** The affiliate physician does not have privileges for inpatient care. If Affiliate checked, do not complete the rest of this form. **

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.Emergency_Medicine,

Department of Emergency Medicine

Basic Education: MD or DO

Minimal Formal Training:

Successful completion of an approved residency training program in emergency medicine.

Board Certified or actively pursuing board certification in accordance with ABEM criteria.

Required Previous Experience:

Documentation of training and experience in emergency medicine sufficient to evaluate and initially stabilize and treat patients who present in the Emergency Department with any illness or injury, condition or symptom.

Current Competence:

For initial privilege request, current competence to be reflected in references from residency director or chair of emergency medicine practice from another hospital where applicant was affiliated in the last two years.

For reappointment, the department chair is responsible for assessing current competence.

Date: 1985

Revised: Dec 1989, Mar 1995, Apr 2004, Sep 2010, Dec 2013

Anesthesia

Requested Granted

- | | | | |
|-------|-------|--------|--|
| _____ | _____ | () | Anesthesia: block, local |
| _____ | _____ | () | Anesthesia: dental block |
| _____ | _____ | () | Anesthesia: hematoma block |
| _____ | _____ | () | Anesthesia: Ultrasound guided peripheral block |
| _____ | _____ | () | Moderate (conscious) sedation * |
| _____ | _____ | () | Deep sedation * |

Surgery

Requested Granted

- | | | | |
|-------|-------|--------|--|
| _____ | _____ | () | Incision and drainage for infected or non-infected sebaceous cyst, furuncle, pilonidal cyst, paronychia, hematoma or thrombosed hemorrhoid |
| _____ | _____ | () | Incision and removal of foreign body of subcutaneous tissue |
| _____ | _____ | () | Treatment and debridement of burns |
| _____ | _____ | () | Avulsion of nail, partial or complete |
| _____ | _____ | () | Repair - suture of wounds with local anesthesia or regional block |
| _____ | _____ | () | Surgery, proctoscopic |
| _____ | _____ | () | Diagnostic emergency abdominal lavage for intra-abdominal hemorrhage |
| _____ | _____ | () | Nasogastric tube insertion |
| _____ | _____ | () | Gastric lavage |

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Musculoskeletal

Requested Granted

- | | | | |
|-------|-------|-----|--|
| _____ | _____ | () | Osteoporotic compression fracture of the spine |
| _____ | _____ | () | Simple fracture of the pelvis, not requiring reduction |
| _____ | _____ | () | Simple fracture of the humerus, not requiring reduction |
| _____ | _____ | () | Simple fracture of the elbow, not requiring reduction |
| _____ | _____ | () | Simple fracture of the radius, ulna, carpal bones, metacarpal, phalanges, and clavicle, not requiring reduction. |
| _____ | _____ | () | Fractures of lower extremities, not requiring reduction |
| _____ | _____ | () | Fingers and toes, simple closed reduction |
| _____ | _____ | () | Colles fracture reduction |
| _____ | _____ | () | Emergency reduction of long bone fracture with vascular compromise |
| _____ | _____ | () | Dislocation of the shoulder, simple reduction |
| _____ | _____ | () | Dislocation of hip, simple reduction |
| _____ | _____ | () | Dislocation of elbow, simple reduction |
| _____ | _____ | () | Dislocation of ankle, simple reduction |
| _____ | _____ | () | Application of fiberglass splints associated with the approved treatment of fractures, dislocations. |
| _____ | _____ | () | Simple excision of toenail |
| _____ | _____ | () | Injection for bursitis, tendonitis, trigger point |
| _____ | _____ | () | Repair or suture of extensor tendon, incomplete |
| _____ | _____ | () | Joint aspiration |

Respiratory

Requested Granted

- | | | | |
|-------|-------|-----|---|
| _____ | _____ | () | Dislocation temporomandibular, simple, closed reduction |
| _____ | _____ | () | Nasal fracture, no reduction |
| _____ | _____ | () | Epistaxis, control of, and nasal packing |
| _____ | _____ | () | Removal intranasal foreign body in the hypopharynx, by rhinoscopy |
| _____ | _____ | () | Cauterization of distal bleeding point |
| _____ | _____ | () | Laryngoscopy, indirect, direct, fiberoptic |
| _____ | _____ | () | Emergency tracheotomy |
| _____ | _____ | () | Thoracentesis, therapeutic |
| _____ | _____ | () | Emergency cricothyrotomy |
| _____ | _____ | () | Emergency insertion of chest tube |
| _____ | _____ | () | Insertion endotracheal tube |

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.Emergency_Medicine,

Cardiovascular

Requested Granted

- | | | | |
|-------|-------|--------|---|
| _____ | _____ | () | Emergency pericardiocentesis |
| _____ | _____ | () | Arterial puncture for diagnostic purposes |
| _____ | _____ | () | Venipuncture and central venous lines |
| _____ | _____ | () | Phlebotomy |
| _____ | _____ | () | Cutdown |
| _____ | _____ | () | Cardioversion for dysrhythmia |
| _____ | _____ | () | Arterial line placement - peripheral |

Obstetrics/Gynecology

Requested Granted

- | | | | |
|-------|-------|--------|---|
| _____ | _____ | () | Emergency delivery |
| _____ | _____ | () | Pelvic exam |
| _____ | _____ | () | Incision and drainage Bartholin abscess |

Eyes

Requested Granted

- | | | | |
|-------|-------|--------|---|
| _____ | _____ | () | Removal of foreign body, with or without rusting removal |
| _____ | _____ | () | Incision of Meibomian gland sty |
| _____ | _____ | () | Suture lacerations of lid, without involvement of lid margin, without through-and-through involvement, or without involvement of either canaliculus |
| _____ | _____ | () | Treatment of common external eye disease |
| _____ | _____ | () | Slit lamp eye exam |

Ears

Requested Granted

- | | | | |
|-------|-------|--------|--|
| _____ | _____ | () | Drainage of abscess of external ear |
| _____ | _____ | () | Removal of foreign body from ear canal |
| _____ | _____ | () | Suture of wound or injury of the ear |

Nervous System

Requested Granted

- | | | | |
|-------|-------|--------|--------------------------------------|
| _____ | _____ | () | Lumbar puncture |
| _____ | _____ | () | Local nerve block, e.g. intercostal |
| _____ | _____ | () | Visual field testing - confrontation |

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General Medicine

Requested Granted

- _____ _____ () Hyperbaric oxygen therapy for wound care in Wound Healing Center *
- _____ _____ () Wound treatment in Wound Healing Center *
- _____ _____ () General diagnosis and treatment of disease of infectious etiology
- _____ _____ () General diagnosis and treatment of cardiovascular system, respiratory system, digestive system, genitourinary system, central nervous system, skin, hemopoietic, and endocrine and metabolic. Generate orders to admit.
- _____ _____ () Emergency ultrasound *

Additional Privileges for Dr. Karl Anderson

Requested Granted

- _____ _____ () I & D, peritonsillar abscess

Signature

I have requested and will exercise only those privileges for which by education, training, current experience, and demonstrated performance, I am qualified to perform.

Signed: _____ Date: _____

* specific privilege criteria or requires evidence of education and experience