

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.Family 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W = Withdrawn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. **

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Department of Family Medicine

1. The practitioner must hold a valid and unrestricted license to practice medicine in the state of Iowa.
2. The practitioner must be actively engaged in practice of family medicine (family practice or general practice). "Family Medicine" means the field of medicine in which the physician serves as both the first contact and provider of continuing care for families and patients of all ages.
 - 3a. The practitioner must have satisfactorily completed an approved three-year postgraduate training program in family or general practice
- or -
 - 3b. The practitioner must provide documentation of having been engaged in the practice of family medicine for at least the preceding 5 years prior to 1983 and having completed at least 150 hrs of approved continuing medical education for each 3 years of practice.

It shall also be the policy of the section that a current section member will only be recommended for reappointment to the medical staff if the practitioner has completed 150 hours of approved continuing medical education every three years.

Date: 1985

Reviewed/Revised: Dec 1989, Dec 2003, Feb 2004, Nov 2010, Sep 2013

Core Area of Practice - Acute

Privileges in the following core groups are for uncomplicated basic procedures and cognitive skills and routine newborn, pediatric and adult care, that are expected upon completion of the basic medical education program and family medicine residency. Privileges outside of the core that do not have specific privilege criteria require documentation of education, training and experience at the discretion of the Family Medicine Department chair.

Categories include a representative, but not necessarily all-inclusive list of conditions and procedures typically included in the general area of practice. Those procedures with an asterisk (*) have special privilege criteria.

Adult

Requested Granted

- | | | | |
|-------|-------|--------|--|
| _____ | _____ | () | Admit, evaluate, diagnose, consult and treat non-surgical patients with general medical conditions |
| _____ | _____ | () | Cardiopulmonary resuscitation |
| _____ | _____ | () | Pneumonia |
| _____ | _____ | () | Congestive heart failure |
| _____ | _____ | () | Diabetes mellitus |
| _____ | _____ | () | Uncomplicated myocardial infarction |
| _____ | _____ | () | Coronary artery disease |
| _____ | _____ | () | Pyelonephritis |

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Pediatrics

Requested Granted

- | | | | |
|-------|-------|-----|--|
| _____ | _____ | () | Admit and treat general medical pediatric patient under the age of 18 years, with consultation as needed for high risk or complicated problems |
| _____ | _____ | () | Medical treatment of children |
| _____ | _____ | () | Medical treatment of infants |
| _____ | _____ | () | Term neonate care |
| _____ | _____ | () | Uncomplicated pre-term neonate care, greater than or equal to 35 weeks gestation |
| _____ | _____ | () | Attend/care of newborn at vaginal deliveries * |
| _____ | _____ | () | Attend/care of newborn at c-section deliveries * |
| _____ | _____ | () | Neonatal resuscitation and intubation * |
| _____ | _____ | () | Hyperbilirubinemia |
| _____ | _____ | () | Newborn circumcision, including anesthesia |
| _____ | _____ | () | Peripheral IV placement, pediatric |
| _____ | _____ | () | Peripheral IV placement, neonate |

* current Neonatal Resuscitation Program certification required

Obstetrics

Requested Granted

- | | | | |
|-------|-------|-----|---|
| _____ | _____ | () | Admit, manage obstetric patients, with consultation as needed for high risk problems, vaginal deliveries of the vertex presentation, including antepartum and postpartum care |
| _____ | _____ | () | Manage patients with low-risk pregnancy, labor, delivery, post partum |
| _____ | _____ | () | Induction of labor |
| _____ | _____ | () | Routine vaginal delivery |
| _____ | _____ | () | Repair of uncomplicated vaginal, cervical, perineal lacerations |
| _____ | _____ | () | Management of uterine atony |
| _____ | _____ | () | Manual removal of placenta |
| _____ | _____ | () | Level IC Advanced Obstetrical Privileges: Primary and repeat x1 cesarean sections, without significant maternal or fetal complications * |

Applicant must provide documentation of at least 20 deliveries in the previous 24 months. If the documentation does not represent the required volume, but the applicant can demonstrate training and other relevant experience, the applicant may request the privilege with proctor until deemed competent by the proctor. All new applicants or those not meeting the volume requirement are required to have a minimum of 5 proctored deliveries. Proctor may be with any active staff member with the specific privileges. All applicants are required to have current NRP certification

Gynecology

Requested Granted

- | | | | |
|-------|-------|-----|---|
| _____ | _____ | () | Admit, care for uncomplicated, non-operative gynecological patients |
|-------|-------|-----|---|

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

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Surgical

Requested Granted

- | | | | |
|-------|-------|-----|---|
| _____ | _____ | () | Admit and treat general surgical patients |
| _____ | _____ | () | Assist at surgery |
| _____ | _____ | () | Incision and drainage of cysts, abscess |
| _____ | _____ | () | Biopsy or excision of skin or subcutaneous tissue |
| _____ | _____ | () | Wound repair |
| _____ | _____ | () | Uncomplicated burn |
| _____ | _____ | () | Repair of lacerations |
| _____ | _____ | () | Irrigation and/or removal of foreign body, ear, nasal |
| _____ | _____ | () | Anterior nasal packing |
| _____ | _____ | () | Removal of non-penetrating corneal foreign body |
| _____ | _____ | () | Removal of chalazion |

Orthopedics

Requested Granted

- | | | | |
|-------|-------|-----|---|
| _____ | _____ | () | Assist at surgery |
| _____ | _____ | () | Pre-operative and post-operative care at the orthopaedic surgeon's discretion |
| _____ | _____ | () | Closed, uncomplicated fractures (not involving skeletal traction or major manipulation/reduction) |
| _____ | _____ | () | Simple dislocations |

Anesthesia

Requested Granted

- | | | | |
|-------|-------|-----|---|
| _____ | _____ | () | Minor diagnostic and therapeutic nerve blocks |
| _____ | _____ | () | Moderate (conscious) sedation * |

Psychiatric

Requested Granted

- | | | | |
|-------|-------|-----|---|
| _____ | _____ | () | Evaluation and treatment of adolescent mental, behavioral and emotional disorders and chemical dependency |
| _____ | _____ | () | Evaluation and treatment of adult mental, behavioral and emotional disorders and chemical dependency |

Core Area of Practice - Long Term Care

Requested Granted

- | | | | |
|-------|-------|-----|--|
| _____ | _____ | () | Admit, diagnose, provide ongoing care to patients, within the limitations, staffing and equipment of the setting |
|-------|-------|-----|--|

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Special Procedures

Privileges in these special procedures will be considered individually by the Family Medicine Department chair. These procedures have specific privilege criteria and/or require documentation of education and experience.

Requested Granted

- | | | | |
|-------|-------|--------|--|
| _____ | _____ | () | Hyperbaric oxygen therapy for wound care in Wound Healing Center * |
| _____ | _____ | () | Wound treatment in Wound Healing Center * |
| _____ | _____ | () | Colonoscopy * |
| _____ | _____ | () | Flexible sigmoidoscopy * |
| _____ | _____ | () | Snare polypectomy |
| _____ | _____ | () | Low forceps delivery * |
| _____ | _____ | () | Vacuum extraction delivery * |
| _____ | _____ | () | Repair of 4th degree perineal laceration |
| _____ | _____ | () | D & C |

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