

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.Internal 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G = Granted	W = Withdrawn	T = Temporary	P = With Proctor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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zz.Internal Medicine,

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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zz.Internal Medicine,

Department of Internal Medicine

Basic Education: MD or DO

Minimal Formal Training:

Completion of a three (3) year residency training program and, if sub-specialized, completion of fellowship.

Board Certification Requirements:

- Physicians as of May 29, 2008 who are not board certified are grandfathered.
- New physicians joining the staff after May 29, 2008 will need to be certified or actively pursuing, (evidence of having taken the test), within three testing cycles (three years).
- Physicians are strongly encouraged to recertify every 10 years.
- Physicians who have not passed board certification exam will be required to take American College of Physicians Board Review Courses annually until achievement of Board Certification.
- Physicians who have a subspecialty will be referred to the privilege requirements of their subspecialty where they exist.

Current Competence:

For initial privilege request, current competency to be reflected in references from residency director or chair of Internal Medicine from another hospital where applicant was affiliated in the last 2 years. For reappointment, the department chair is responsible for assessing current competence.

Internal Medicine: Category Specific

1. This category includes privileges for uncomplicated basic procedures and cognitive skills that are expected upon completion of the basic medical education program and Internal Medicine residency.
2. Privileges in this category are more complex and require completion of additional education in sub-specialty or documentation of experience.
3. Privileges in this category require the physician to meet the criteria for the specific privileges as established by the Internal Medicine department.
4. Appropriate diagnostic panel approval required. Contact medical staff office for requirements.

Date: 1985

Reviewed/Revised: Dec 1989, Apr 1996, Sep 1997, May 2001, May 2004, Jun 2007, Sep 2008, Nov 2010, Sep 2013

Cardiovascular

Requested	Granted	
_____	_____	() Cardiac pacemaker placement temporary, transvenous (2)
_____	_____	() Cardioversion, electrical (2)
_____	_____	() Electrocardiogram (EKG) interpretation (4) **
_____	_____	() Holter monitoring interpretation (4) **
_____	_____	() Stress EKG testing/interpretation, treadmill/bicycle ergometry (4) **
_____	_____	() Stress EKG testing/interpretation, pharmacologic (4) **
_____	_____	() Swan Ganz catheter placement (2)
_____	_____	() Tilt table testing (2)
_____	_____	() Transtelephonic rhythm interpretation (4) **

** Available only to practitioners granted EKG Panel membership prior to November 11, 2010

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Gastrointestinal

Requested	Granted	
_____	_____	() Colonoscopy with biopsy, polypectomy, cautery, injection (3)
_____	_____	() Endoscopic laser therapy (2)
_____	_____	() Endoscopic retrograde cholangiopancreatography (ERCP), diagnostic (2)
_____	_____	() Endoscopic retrograde cholangiopancreatography (ERCP), therapeutic (2)
_____	_____	() Esophageal dilatation (2)
_____	_____	() Esophageal dilatation > 60 Fr. (2)
_____	_____	() Esophageal stent placement (2)
_____	_____	() Esophagogastroduodenoscopy with biopsy, polypectomy, cautery, injection (2)
_____	_____	() Flexible sigmoidoscopy (1)
_____	_____	() Flexible sigmoidoscopy with biopsy, polypectomy, cautery below the peritoneal reflection (10cm) (1)
_____	_____	() Flexible sigmoidoscopy with biopsy, polypectomy, cautery above the peritoneal reflection (10cm) (2)
_____	_____	() Liver biopsy (2)
_____	_____	() Percutaneous endoscopic gastrostomy and jejunostomy (PEG/PEJ) (2)

General Medicine

Requested	Granted	
_____	_____	() Hyperbaric oxygen therapy for wound care in Wound Healing Center *
_____	_____	() Wound treatment in Wound Healing Center *
_____	_____	() Arterial line placement (1)
_____	_____	() Arthrocentesis (1)
_____	_____	() Central venous line insertion (1)
_____	_____	() Incision and drainage, abscess, hematoma (1)
_____	_____	() Injection: tendon sheath, ligament, trigger points (1)
_____	_____	() Lumbar puncture (1)
_____	_____	() Paracentesis (1)
_____	_____	() Skin biopsy (1)
_____	_____	() Synovial biopsy - closed needle (2)
_____	_____	() Thoracentesis (2)

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Hematology/Oncology

Requested Granted

- | | | | |
|-------|-------|--------|---|
| _____ | _____ | () | Antineoplastic therapy administration, intravenous (2) |
| _____ | _____ | () | Antineoplastic therapy administration, intra-arterial (2) |
| _____ | _____ | () | Antineoplastic therapy administration, into pleural space (2) |
| _____ | _____ | () | Antineoplastic therapy administration, peritoneal (2) |
| _____ | _____ | () | Antineoplastic therapy administration, intrathecal (2) |
| _____ | _____ | () | Bone marrow biopsy, aspiration (2) |
| _____ | _____ | () | Plasmapheresis, therapeutic (2) |

Nephrology

Requested Granted

- | | | | |
|-------|-------|--------|---------------------------|
| _____ | _____ | () | Peritoneal dialysis (2) |
| _____ | _____ | () | Hemodialysis (2) |
| _____ | _____ | () | Hemofiltration (2) |
| _____ | _____ | () | Kidney biopsy, needle (2) |

Endocrinology

Requested Granted

- | | | | |
|-------|-------|--------|--|
| _____ | _____ | () | Ultrasound of the thyroid (2) |
| _____ | _____ | () | Ultrasound guided fine needle biopsy of the thyroid(2) |
| _____ | _____ | () | Consultation on thyroid cases (2) |

Nervous System

Requested Granted

- | | | | |
|-------|-------|--------|--|
| _____ | _____ | () | Clinical electromyography (2) |
| _____ | _____ | () | Electroencephalogram interpretation (2) |
| _____ | _____ | () | Evoked response testing (2) |
| _____ | _____ | () | Intraoperative electrophysiological monitoring (2) |
| _____ | _____ | () | Neurologic rehabilitation (2) |

Sleep Medicine

Requested Granted

- | | | | |
|-------|-------|--------|--|
| _____ | _____ | () | Sleep medicine consultation privilege (2) |
| _____ | _____ | () | Portable sleep monitoring interpretation (3) |
| _____ | _____ | () | Nocturnal oximetry interpretation (2) |

Allergy

Requested Granted

- | | | | |
|-------|-------|--------|---------------------|
| _____ | _____ | () | Allergy testing (2) |
| _____ | _____ | () | Desensitization (2) |

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zz.Internal Medicine,

Pulmonary

Requested Granted

- | | | | |
|-------|-------|-----|--|
| _____ | _____ | () | Advanced pulmonary test interpretation including nocturnal oximetry (4) |
| _____ | _____ | () | Chest tube thoracostomy (include treatment of pneumothorax, pleural effusion, empyema, and for chemical pleurodesis) (2) |
| _____ | _____ | () | Endobronchial ultrasound (EBUS) (3) |
| _____ | _____ | () | Endotracheal intubation (2) |
| _____ | _____ | () | Flexible bronchoscopy, including laryngoscopy, therapeutic removal of secretions, endobronchial biopsy, endobronchial brushing, bronchial lavage, foreign body removal, transbronchial needle aspiration, placement of catheters for brachytherapy, and guidance of intubation (2) |
| _____ | _____ | () | Flexible bronchoscopy with fluoroscopic guidance, including transbronchial brushing and biopsy (2) |
| _____ | _____ | () | Therapeutic flexible fiberoptic bronchoscopy (laser, stent placement, photodynamic therapy, Cryo Spray Ablation(CSA)) (3) |
| _____ | _____ | () | Needle biopsy of pleura (2) |
| _____ | _____ | () | Pulmonary function test, interpretation (4) |
| _____ | _____ | () | Right heart catheterization for pressure monitoring (2) |
| _____ | _____ | () | Transthoracic lung biopsy (2) |
| _____ | _____ | () | Transtracheal aspiration (2) |
| _____ | _____ | () | Electromagnetic navigational bronchoscopy (3) |
| _____ | _____ | () | Mechanical ventilation, initiation, maintenance * |

Long-term Care

Requested Granted

- | | | | |
|-------|-------|-----|---|
| _____ | _____ | () | Long-term Care - Admit, diagnose and provide on-going care to patients. |
|-------|-------|-----|---|

Anesthesia

Requested Granted

- | | | | |
|-------|-------|-----|---------------------------------|
| _____ | _____ | () | Moderate (conscious) sedation * |
| _____ | _____ | () | Deep sedation * |

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