

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.Ophthalmology,

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W = Withdrawn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 Ophthalmology

Basic Education: MD or DO

Minimal Formal Training: Successful completion of an approved ophthalmology residency program and sufficient continuing education to maintain Iowa licensure.

Board Certified or Board Admissible:

Required Previous Experience: Medical skills to competently provide ophthalmological care as evidenced by documentation of the experience and skills in ophthalmology practice.

Scope: The scope of ophthalmology includes the consultation, admission, workup, diagnosis and performance of surgical procedures on patients of all ages presenting with injuries, disorders of the eye including related structures.

Current Competence: For initial privilege request, current competence to be reflected in references from residency director or chair of ophthalmology from another hospital where applicant was affiliated in the last two years. For reappointment, the department chair is responsible for assessing current competence.

Special Requests: Specific criteria are identified for special requests

Date: 1985

Reviewed/Revised: May 1991, Jul 1995, Feb 2001, Nov 2010, Mar 2014

Anesthesia

Requested Granted

_____ () Moderate (conscious) sedation *

Cornea

Requested Granted

_____ () Penetrating keratoplasty

_____ () Lamellar keratoplasty

_____ () Pterigium removal

_____ () Pterigium/conjunctival graft

_____ () Conjunctival transplantation

_____ () DSAEK

Refractive

Requested Granted

_____ () Incisional, radial, astigmatic keratotomy

_____ () Compression sutures and/or relaxing incisions

_____ () Phakic intraocular lens

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Cataract / Intraocular Lens

Requested Granted

- | | | | |
|-------|-------|--------|---|
| _____ | _____ | () | Extracapsular cataract extraction, intraocular lens |
| _____ | _____ | () | Phacoemulsification intraocular lens |
| _____ | _____ | () | Secondary intraocular lens |
| _____ | _____ | () | Suture fixated intraocular lens |
| _____ | _____ | () | Anterior, sky vitrectomy |

Glaucoma

Requested Granted

- | | | | |
|-------|-------|--------|--------------------------------|
| _____ | _____ | () | Trabeculectomy |
| _____ | _____ | () | Antimetabolites trabeculectomy |
| _____ | _____ | () | Seton procedure |
| _____ | _____ | () | Cyclodestructive procedures |
| _____ | _____ | () | Holmium - internal sclerostomy |

Oculoplastics

Requested Granted

- | | | | |
|-------|-------|--------|--|
| _____ | _____ | () | Ptosis, levator repair |
| _____ | _____ | () | Ptosis - fascicella procedure |
| _____ | _____ | () | Ptosis - brow suspension |
| _____ | _____ | () | Entropion repair |
| _____ | _____ | () | Ectropion repair |
| _____ | _____ | () | Blepharoplasty |
| _____ | _____ | () | Probing and irrigation of nasal lacrimal duct |
| _____ | _____ | () | Dacryocystorhinostomy |
| _____ | _____ | () | Temporal artery biopsy |
| _____ | _____ | () | Dacryorhinocystectomy including endoscopic evaluation - intranasal |
| _____ | _____ | () | Orbital fracture repair |
| _____ | _____ | () | Orbital decompression |
| _____ | _____ | () | Excision malignant, benign lesions with lid, facial reconstruction |

Pediatrics

Requested Granted

- | | | | |
|-------|-------|--------|---------------------------------------|
| _____ | _____ | () | Strabismus repair, horizontal muscles |
| _____ | _____ | () | Strabismus repair, vertical muscles |
| _____ | _____ | () | Strabismus repair, adjustable sutures |

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Retina

Requested Granted

- _____ _____ () Scleral buckle
- _____ _____ () Posterior vitrectomy
- _____ _____ () Pneumatic retinopexy
- _____ _____ () Repair of ruptured globe
- _____ _____ () Epiretinal membrane peeling

Long Term Care

Requested Granted

- _____ _____ () Consult and perform minor procedures within the limitations, staffing and equipment of the setting

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