

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.Orthopedics,

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W = Withdrawn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. **

Department of Orthopedics

Date: 1985

Revised: Sep 1997, May 2001, May 2004, Dec 2010, Dec 2013

Category I

NOTE: Procedures listed under Category I should be performed by a residency-trained orthopedic physician who is board-eligible or board-certified.

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

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Category I - Anesthesia

Requested Granted

- _____ () Local
_____ () Regional
_____ () Spinal
_____ () Moderate (conscious) sedation *

Category I - Amputation

Requested Granted

- _____ () Upper extremity
_____ () Lower extremity

Category I - Arthrodesis

Requested Granted

- _____ () Upper extremity
_____ () Lower extremity
_____ () Spine (without instrumentation)
_____ () Pelvis

Category I - Arthroscopy

Requested Granted

- _____ () Foot and ankle
_____ () Knee
_____ () Hip and pelvis
_____ () Shoulder
_____ () Elbow
_____ () Wrist and hand

Category I - Arthrotomy

Requested Granted

- _____ () Upper extremity
_____ () Lower extremity

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

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Category I - Bone

Requested Granted

- _____ () Closed fracture reduction
_____ () Open fracture reduction
_____ () Internal fixation
_____ () External fixation
_____ () Excision
_____ () Osteotomy
_____ () Laminectomy, Laminotomy

Category I - Casting/Strapping/Splinting

Requested Granted

- _____ () Lower extremity
_____ () Upper extremity
_____ () Spine

Category I - Epiphysiodesis

Requested Granted

- _____ () Upper extremity
_____ () Lower extremity

Category I - Excision/Biopsy

Requested Granted

- _____ () Soft tissue, bone lesion or tumor, includes aspiration and/or injection:
upper extremity
_____ () Soft tissue, bone lesion or tumor, includes aspiration and/or injection:
lower extremity
_____ () Soft tissue, bone lesion or tumor, includes aspiration and/or injection:
spine
_____ () Excision foreign body or material
_____ () Fasciotomy

Category I - Incision & Drainage, Debridement

Requested Granted

- _____ () Bone
_____ () Tendon sheath
_____ () Bursa
_____ () Muscle
_____ () Joint

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

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Category I - Joint

Requested Granted

_____ () Aspiration
_____ () Injection
_____ () Arthrotomy
_____ () Manipulation
_____ () Synovectomy

Category I - Joint Arthroplasty

Requested Granted

_____ () Ankle
_____ () Foot
_____ () Knee
_____ () Hip
_____ () Shoulder
_____ () Elbow
_____ () Wrist
_____ () Hand
_____ () Revision knee replacement
_____ () Revision hip replacement
_____ () Supracondylar femoral osteotomy
_____ () High tibial osteotomy
_____ () Proximal femoral osteotomy
_____ () Acetabular osteotomy

Category I - Joint Dislocation

Requested Granted

_____ () Closed reduction
_____ () Open reduction
_____ () Internal fixation
_____ () External fixation
_____ () Open repair

Category I - Ligament

Requested Granted

_____ () Release
_____ () Repair
_____ () Reconstruction

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Category I - Nerve

Requested	Granted	
_____	_____	() Repair
_____	_____	() Grafting
_____	_____	() Transfer
_____	_____	() Neurolysis
_____	_____	() Decompression
_____	_____	() Resection, destruction

Category I - Tendon

Requested	Granted	
_____	_____	() Lengthening
_____	_____	() Release
_____	_____	() Tenodesis
_____	_____	() Tenosynovectomy
_____	_____	() Tenolysis
_____	_____	() Transfer

Category I - Tissue Repair/Reconstruction

Requested	Granted	
_____	_____	() Hyperbaric oxygen therapy for wound care in Wound Healing Center *
_____	_____	() Wound treatment in Wound Healing Center *
_____	_____	() Tendon
_____	_____	() Muscle
_____	_____	() Skin
_____	_____	() Ligament
_____	_____	() Vascular
_____	_____	() Nailbed

Category I - Tissue Grafts

Requested	Granted	
_____	_____	() Skin
_____	_____	() Tendon
_____	_____	() Bone
_____	_____	() Cartilage
_____	_____	() Ligament

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

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Category I - Pediatric

Requested Granted

- | | | | |
|-------|-------|--------|--|
| _____ | _____ | () | Scoliosis, nonsurgical treatment |
| _____ | _____ | () | Club foot surgical correction |
| _____ | _____ | () | Correction of other congenital foot problems |
| _____ | _____ | () | Congenital hip dysplasia, non-surgical treatment |
| _____ | _____ | () | Congenital hip dysplasia, surgical treatment |
| _____ | _____ | () | Pelvic and/or femoral osteotomy |

Category I - Sports Medicine

Requested Granted

- | | | | |
|-------|-------|--------|---|
| _____ | _____ | () | Arthroscopic-assisted ACL reconstruction |
| _____ | _____ | () | Arthroscopic-assisted PCL reconstruction |
| _____ | _____ | () | Arthroscopic shoulder repair, reconstruction |
| _____ | _____ | () | Arthroscopic acromioplasty, rotator cuff repair |

Orthopedics Category II

NOTE: The following groups of procedures are generally considered to be subspecialty areas of orthopedic surgery. Credentials are requested and reviewed separately from those listed in Category I. They may require additional training, fellowship training, or past experience. Documentation of additional training or experience may be required.

Category II - Spine

Requested Granted

- | | | | |
|-------|-------|--------|--|
| _____ | _____ | () | Discography |
| _____ | _____ | () | Thoracoscopy |
| _____ | _____ | () | Arthrodesis |
| _____ | _____ | () | Posterior thoraco/lumbar instrumentation |
| _____ | _____ | () | Anterior instrumentation |
| _____ | _____ | () | Cervical instrumentation |
| _____ | _____ | () | Laser discectomy |
| _____ | _____ | () | Osteotomy |
| _____ | _____ | () | Vertebrae excision |
| _____ | _____ | () | External fixation |
| _____ | _____ | () | Kyphoplasty * |

Category II - Pediatric

Requested Granted

- | | | | |
|-------|-------|--------|-------------------|
| _____ | _____ | () | Scoliosis surgery |
|-------|-------|--------|-------------------|

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

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Category II - Hand Surgery

Requested Granted

- _____ _____ () Microvascular vessel repair
- _____ _____ () Free flap transposition
- _____ _____ () Extremity revascularization or replantation
- _____ _____ () Pollicization
- _____ _____ () Surgery for congenital upper extremity deformity
- _____ _____ () Endoscopic carpal tunnel release

Category II - Foot and Ankle

Requested Granted

- _____ _____ () Endoscopic plantar fascia release

Long Term Care

Requested Granted

- _____ _____ () Long Term Care - 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