

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.Podiatry,

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W = Withdrawn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.Podiatry,

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.Podiatry,

Department of Podiatry

CLASS I: Criteria for Requesting Class I Privileges:

- Graduation from an approved school of Podiatric Medicine.

CLASS II: Criteria for Requesting Class II Privileges

- Graduation from an approved school of Podiatric Medicine.
- Successful completion of a CPME approved one-year residency training program in podiatry.
- Board qualified/certified by the American Board of Podiatric Surgery or demonstrate toward board equivalent education, training and experience.
- Prior performance of requested procedure.

CLASS III: Criteria for Requesting Class III Privileges:

- Graduation from an approved school of Podiatric Medicine.
- Successful completion of a CPME approved two-year residency training program in podiatry.
- Demonstrate equivalent education, training and experience toward board certification/board qualification by the American Board of Podiatric Surgery or equivalent education, training or experience.

CLASS IV: Criteria for Requesting Class IV Privileges:

- Must meet all Class III requirements plus
- Demonstration of competency or letter from training program testifying to competence in procedures requested.

Additional documentation may be required including surgical operating room reports, post graduate workshops/symposia, letters of documentation from training directors and verification and documentation from collateral sources.

Date: 1985

Revised: May 1999, Sep 2002, Dec 2003, Apr 2004, Dec 2011, Sep 2013

Podiatry Admission Privileges

Requested Granted

_____ () Patient admitted for podiatric care is a dual responsibility involving podiatrist and physician member of medical staff.

Class I

Requested Granted

_____ () Evaluate, diagnose, provide consultation, order diagnostic tests and perform minor bedside procedures

_____ () Write orders and prescribe medications within the limits of one's licensure

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.Podiatry,

Class II - Forefoot & Simple Rearfoot Surgery

Requested Granted

- | | | | |
|-------|-------|-----|--|
| _____ | _____ | () | Onychoplasty |
| _____ | _____ | () | Verruca resection |
| _____ | _____ | () | Digital arthroplasty, arthrodesis, exostectomy |
| _____ | _____ | () | Closed reduction, digital and metatarsal |
| _____ | _____ | () | Open reduction, digital and metatarsal |
| _____ | _____ | () | Simple exostectomy |
| _____ | _____ | () | Tenoplasty |
| _____ | _____ | () | Metatarsal osteotomy |
| _____ | _____ | () | Metatarsal partial ostectomy |
| _____ | _____ | () | Excision of soft tissue tumor |
| _____ | _____ | () | Capsulotomy metatarsal - metatarsal phalangeal joint (MTP) |
| _____ | _____ | () | Bunionectomy |
| _____ | _____ | () | Sesamoidectomy |
| _____ | _____ | () | Foreign body exploration and removal |
| _____ | _____ | () | Digital amputation |
| _____ | _____ | () | Excision of intermetatarsal neuroma |
| _____ | _____ | () | Excision bone tumor - metatarsal |
| _____ | _____ | () | Excision bone tumor - phalanges |
| _____ | _____ | () | Excision and drainage of localized infected or necrotic tissue |
| _____ | _____ | () | Tendon lengthening, digital, metatarsal |
| _____ | _____ | () | Tendon transfer, digital, metatarsal |
| _____ | _____ | () | 1st Metatarsal joint replacement |
| _____ | _____ | () | Plantar calcaneal exostectomy |
| _____ | _____ | () | Plantar fascial release |
| _____ | _____ | () | Posterior calcaneal exostectomy (Haglund's deformity) |
| _____ | _____ | () | Partial resection of hypertrophied tarsal bone |

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

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Class III - Reconstructive Foot & Ankle Surg.

Requested Granted

- | | | | |
|-------|-------|-----|---|
| _____ | _____ | () | Achilles tendon lengthening |
| _____ | _____ | () | Tarsal tunnel release |
| _____ | _____ | () | Amputation of forefoot |
| _____ | _____ | () | Excision of soft tissue neoplasm, ankle, benign |
| _____ | _____ | () | Excision of accessory ossicle, rearfoot |
| _____ | _____ | () | Ankle arthroscopy |
| _____ | _____ | () | Ankle arthrotomy |
| _____ | _____ | () | Lateral ankle stabilization |
| _____ | _____ | () | Tendon repair, reconstruction, ankle |
| _____ | _____ | () | Posterior calcaneal exostectomy involving achilles tendon |
| _____ | _____ | () | Arthrodesis, midfoot, rearfoot |
| _____ | _____ | () | Osteotomy, midfoot, rearfoot |
| _____ | _____ | () | Infection management, ankle |
| _____ | _____ | () | Subtalar arthroereisis |

Class IV - Special Procedures

Requested Granted

- | | | | |
|-------|-------|-----|--|
| _____ | _____ | () | Complex fractures of rearfoot or ankle |
| _____ | _____ | () | Charcot reconstruction |
| _____ | _____ | () | Use of external fixation devices |
| _____ | _____ | () | Total ankle replacement |

Other

Requested Granted

- | | | | |
|-------|-------|-----|---|
| _____ | _____ | () | Hyperbaric oxygen therapy for wound care in Wound Healing Center * |
| _____ | _____ | () | Wound treatment in Wound Healing Center * |
| _____ | _____ | () | Consult and perform minor procedures within the limitations, staffing, equipment of the Long Term Care setting. |
| _____ | _____ | () | Moderate (conscious) 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