

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.Surgery_ENT,, MD

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W = Withdrawn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 Surgery - Otolaryngology

Successful completion of an ACGME or AOA accredited residency in Otolaryngology.

Current certification or active participation in the examination process leading to certification in Otolaryngology by the American Board of Otolaryngology; and

Demonstration of the performance of at least 100 surgical procedures in the past two years, or successful completion of a hospital affiliated formalized residency or clinical fellowship in the past two years.

Date: 1985

Reviewed/Revised: Dec 1988, Dec 1989, Sep 2005, Jun 2006, Dec 2010

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Core Area of Practice - Acute

Admission, consultation, evaluation, diagnosis and perform surgical procedures for patients of all ages (except as specifically excluded from practice and except for those special procedures requiring additional qualification listed below.

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.

Anesthesia

Requested Granted

_____ () Moderate (conscious) sedation *

Head and Neck

Ear and Mastoid

Requested Granted

_____ () Excision of tumors

_____ () Temporal bone resection

_____ () Excision of auricle and neck dissection

Salivary Glands

Requested Granted

_____ () Parotidectomy with or without facial nerve dissection or nerve graft.

_____ () Submaxillary gland excision

_____ () Sublingual gland excision

Nose and Maxilla

Requested Granted

_____ () Lateral rhinotomy

_____ () Radical maxillectomy with or without orbital exenteration

_____ () Partial maxillectomy

_____ () Excision nasopharyngeal tumors via transethmoid, transantral or transpalatal routes

Oral Cavity

Requested Granted

_____ () Partial glossectomy

_____ () Partial mandibulectomy

_____ () Composite resection - primary and tumor with neck dissection, i.e., primary in floor of mouth, alveoli, tongue, buccal region, tonsil or any combination.

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Lips

Requested Granted

- _____ _____ () Lip shave
_____ _____ () Wedge resection
_____ _____ () Abbe-Estlander flaps

Neck

Requested Granted

- _____ _____ () Incision and drainage, neck abscess
_____ _____ () Node biopsy and excision benign lesions
_____ _____ () Sentinel node biopsy
_____ _____ () Neck dissection
_____ _____ () ND with transternal mediastinal dissection
_____ _____ () Diverticulectomy
_____ _____ () Laryngectomy (subtotal, widefield, or with neck dissection)
_____ _____ () Exploration laryngeal fractures, repair
_____ _____ () Exploration recurrent laryngeal nerves
_____ _____ () Arytenoidectomy
_____ _____ () Thyroidectomy
_____ _____ () Cervical esophagectomy with neck dissection
_____ _____ () Tracheal resection with repair
_____ _____ () Tracheotomy
_____ _____ () Major vessel ligation
_____ _____ () Arterial infusion procedures
_____ _____ () Excision congenital cysts (branchial, thyroglossal, dermoids, teratomas)
_____ _____ () Parathyroidectomy

Endoscopy

Requested Granted

- _____ _____ () Endoscopic sinus surgery, all types
_____ _____ () Laryngoscopy
_____ _____ () Esophagoscopy - diagnostic
_____ _____ () Esophagoscopy - with foreign body removal
_____ _____ () Esophagoscopy - with stricture dilatation
_____ _____ () Bronchoscopy - diagnostic
_____ _____ () Bronchoscopy - with foreign body removal
_____ _____ () Bronchoscopy - with stricture dilatation

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Otologic

Requested Granted

- | | | | |
|-------|-------|--------|---|
| _____ | _____ | () | Myringotomy |
| _____ | _____ | () | Myringoplasty |
| _____ | _____ | () | Tympanoplasty with or without ossiculoplasty |
| _____ | _____ | () | Tympanoplasty with mastoidectomy |
| _____ | _____ | () | Simple mastoidectomy |
| _____ | _____ | () | Radical mastoidectomy |
| _____ | _____ | () | Fenestration |
| _____ | _____ | () | Surgical sinus ablation |
| _____ | _____ | () | Stapedectomy |
| _____ | _____ | () | Stapes mobilization |
| _____ | _____ | () | Facial nerve decompression |
| _____ | _____ | () | Facial nerve graft or repair |
| _____ | _____ | () | Tympanic neurectomy |
| _____ | _____ | () | Labyrinthectomy |
| _____ | _____ | () | Decompression membranous labyrinth, sacculotomy |
| _____ | _____ | () | Decompression membranous labyrinth, endolymphatic sac operations |
| _____ | _____ | () | Acoustic neuroma resection, transmastoid |
| _____ | _____ | () | Acoustic neuroma resection, middle cranial fossa |
| _____ | _____ | () | Acoustic neuroma resection, VIII nerve section via middle cranial fossa |
| _____ | _____ | () | Implantable hearing devices |

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General

Requested	Granted	
_____	_____	() Image-guided surgery
_____	_____	() Adenoidectomy
_____	_____	() Tonsillectomy
_____	_____	() Tonsillectomy and adenoidectomy
_____	_____	() Nasal polypectomy
_____	_____	() Submucous resection
_____	_____	() Nasal septoplasty
_____	_____	() Turbinectomy
_____	_____	() Antrotomy
_____	_____	() Caldwell-Luc operation
_____	_____	() Transantral ligation of vessels
_____	_____	() External ethmoidectomy
_____	_____	() Frontoethmoidectomy
_____	_____	() Frontal sinus trephine
_____	_____	() Osteoplastic frontal sinusotomy
_____	_____	() Frontal sinus ablation
_____	_____	() Radical pansinusectomy
_____	_____	() Dacrocystorhinostomy
_____	_____	() Hypophysectomy
_____	_____	() Cryosurgery
_____	_____	() Sphenoidotomy
_____	_____	() Uvulopalatopharyngoplasty (UPPP)
_____	_____	() Tongue base reduction
_____	_____	() Mandibular osteotomy
_____	_____	() Hyoid suspension
_____	_____	() Biopsy nasalpharynx
_____	_____	() Control epistaxis with or without endoscope

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Plastic and Reconstructive

Requested Granted

- | | | | |
|-------|-------|-----|---|
| _____ | _____ | () | Reconstruction external ear |
| _____ | _____ | () | Otoplasty |
| _____ | _____ | () | Rhinoplasty |
| _____ | _____ | () | Laryngoplasty, all types |
| _____ | _____ | () | Tracheoplasty |
| _____ | _____ | () | Mentoplasty |
| _____ | _____ | () | Rhytidectomy |
| _____ | _____ | () | Blepharoplasty |
| _____ | _____ | () | Reduction facial fractures, frontal |
| _____ | _____ | () | Reduction facial fractures, nasal |
| _____ | _____ | () | Reduction facial fractures, maxilla (Le Fort I, II, III) |
| _____ | _____ | () | Reduction facial fractures, malar, with or without orbital floor |
| _____ | _____ | () | Reduction facial fractures, orbital blowout |
| _____ | _____ | () | Reduction facial fractures, mandible, closed, open |
| _____ | _____ | () | Pedical flap procedures (chest, neck, shoulder, forehead, scalp, cheek) |
| _____ | _____ | () | Grafts, split and full-thickness skin |
| _____ | _____ | () | Grafts, composite |
| _____ | _____ | () | Grafts, dermal |
| _____ | _____ | () | Grafts, cartilage |
| _____ | _____ | () | Grafts, bone |
| _____ | _____ | () | Implants |
| _____ | _____ | () | Palatal implant |
| _____ | _____ | () | Fascial sling procedures |
| _____ | _____ | () | Oroantral fistula repair |
| _____ | _____ | () | Choanal atresia repair |
| _____ | _____ | () | Prognathism correction |
| _____ | _____ | () | Retrognathism correction |
| _____ | _____ | () | Cleft lip and palate repair |
| _____ | _____ | () | Temporomandibular joint exploration |
| _____ | _____ | () | Condylectomy |
| _____ | _____ | () | Excision skin lesions |
| _____ | _____ | () | Scar revision |
| _____ | _____ | () | Repair head, neck laceration |

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Laser Privileges

Requested Granted

_____ () Laser procedures *

Core Area of Practice - Long Term Care

Requested Granted

_____ () Consult and perform minor procedures within the core, within the limitation, 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