

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.Surgery_Plastics,

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W = Withdrawn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. **

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

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Department of Surgery - Plastic Surgery

Criteria:

1. Successful completion of an ACGME or AOA accredited residency in Plastic and Reconstructive Surgery
2. Current certification or active participation in the examination process leading to certification in Plastic and/or Reconstructive Surgery by the American Board of Plastic Surgery or the American Osteopathic Board of Surgery; and
3. Demonstration of the performance of at least 100 plastic surgery 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 1989, Apr 2006, Dec 2010

Core Area of Practice - Acute

Requested Granted

_____ () Admission, consultation, evaluation, diagnosis and perform surgical procedures for patients of all ages presenting with congenital or acquired defects of the soft tissue.

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.

Skin Neoplasms, Diseases, Trauma

Requested Granted

_____ () Benign, malignant lesions, skin, soft tissue, entire integument.

_____ () Reconstructive grafts, flaps

_____ () Scar revisions

_____ () Laser therapy, vascular lesions, cutaneous lesions *

Breast

Requested Granted

_____ () Breast reconstruction

_____ () Breast reduction

_____ () Breast biopsy

_____ () Congenital anomalies

_____ () Mastectomy (subcutaneous and simple)

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Trunk, Genitalia

Requested Granted

- _____ () Vaginal reconstruction
_____ () Repair, penis trauma (e.g., lacerations, burns, skin grafting)
_____ () Chest, abdominal wall reconstruction (primarily not for abdominal hernia repair)

Complex Wound, Burn

Requested Granted

- _____ () Initial burn management
_____ () Acute, reconstructive burn treatment
_____ () Wound treatment

Cosmetic

Requested Granted

- _____ () Body contouring
_____ () Facial contouring
_____ () Breast augmentation
_____ () Breast lift (mastopexy)
_____ () Cosmetic rhytidectomy
_____ () Cosmetic rhinoplasty
_____ () Cosmetic blepharoplasty
_____ () Skin peeling, dermabrasion
_____ () Vein injection sclerotherapy
_____ () Laser resurfacing
_____ () Endoscopic brow lift, face lift
_____ () Liposuction (includes ultrasonic)

Facial, Maxillofacial

Requested Granted

- _____ () Facial fractures, including mandible
_____ () Nose deformity
_____ () Ear deformity
_____ () Jaw deformity
_____ () Eyelid deformity
_____ () Cleft lip, palate deformity
_____ () Facial deformity, wound treatment

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Hand, Extremities

Requested Granted

- | | | | |
|-------|-------|--------|---|
| _____ | _____ | () | Hand wounds |
| _____ | _____ | () | Tendon repair, transfers |
| _____ | _____ | () | Fractures, hand, wrist |
| _____ | _____ | () | Carpal tunnel release (endoscopic, open) |
| _____ | _____ | () | Dupuytren's contracture |
| _____ | _____ | () | Trigger finger release |
| _____ | _____ | () | Entrapment neuropathy release |
| _____ | _____ | () | de Quervain repair |
| _____ | _____ | () | Simple tumors, bone, not requiring extensive reconstruction |
| _____ | _____ | () | Removal, soft tissue tumors |
| _____ | _____ | () | Syndactyli |
| _____ | _____ | () | Tendon grafts |

Microsurgery

Requested Granted

- | | | | |
|-------|-------|--------|---|
| _____ | _____ | () | Microvascular flaps, grafts, free tissue transfer |
| _____ | _____ | () | Reconstruction, peripheral nerve injury (excluding brachial plexus, lumbosacral plexus) |

Other

Requested Granted

- | | | | |
|-------|-------|--------|---------------------------------|
| _____ | _____ | () | Use of tissue expansion devices |
|-------|-------|--------|---------------------------------|

Long Term Care

Requested Granted

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

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Special Procedures

For the following procedures, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure.

Requested Granted

- | | | | |
|-------|-------|--------|--|
| _____ | _____ | () | Complex hand surgery |
| _____ | _____ | () | Craniofacial surgery |
| _____ | _____ | () | Skull base surgery |
| _____ | _____ | () | Tumors of the head and neck |
| _____ | _____ | () | Peripheral nerve surgery of the brachial plexus and lumbosacral plexus |
| _____ | _____ | () | Mechanical ventilation* |
| _____ | _____ | () | Reimplantation, revascularization, extremities, digits |
| _____ | _____ | () | Hyperbaric oxygen therapy in Wound Healing Center * |
| _____ | _____ | () | Wound treatment in Wound Healing Center * |
| _____ | _____ | () | 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