

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.Surgery_Thoracic,

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G = Granted	W = Withdrawn	T = Temporary	P = With Proctor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 - Active and Associate 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 located near enough (per department guidelines for response times) to the hospital to 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 assignments as determined by the appropriate medical staff policies. 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.

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 staff status. They shall be appointed to a specific department. They shall be ineligible to hold office in this medical staff organization. However, candidates for active staff status may serve on committees and shall have voting privileges and shall accept emergency department coverage assignments.

All initial appointments to the associate medical staff shall be provisional for a period of one year. Reappointments to associate membership may not exceed an additional year, following which the failure to advance an appointee from associate medical staff status shall be deemed a termination of staff appointment. An associate medical staff member whose membership is so terminated shall have the rights accorded by the Medical Staff Bylaws to a member of the medical staff who has failed to be reappointed.

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 regular staff membership and for exercising as a regular member the clinical privileges provisionally granted to them. This evaluation shall be consistent with the requirements detailed in the medical staff policy "Advancement/Reappointment".

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Staff Category - Affiliate Staff

Requested Granted

_____ () AFFILIATE MEDICAL STAFF:

The affiliate medical staff shall consist of physicians 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. However, they shall not be eligible to hold office.

Affiliate medical staff members shall not have clinical privileges or provide orders on patients. Affiliate medical staff members wishing to admit 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 staff membership but who only occasionally attend patients in the hospital. Courtesy 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 practitioners will be 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.

Signed: _____ Dated: _____

** The affiliate physician does not have privileges for inpatient care. If Affiliate checked, do not complete the rest of this form. **

Cardiovascular - Special

Requested Granted

_____ () Endovascular repair of abdominal aortic aneurysms * (specific privilege criteria apply)

Modification of Privileges for Dr. Kopesky

Requested Granted

_____ () Treat patients under five years in extreme emergencies only

Additional Privileges for Dr Mark Barnett

Requested Granted

_____ () Endoscopy with laser

_____ () Esophagus, incision, intrathoracic

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

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Department of Surgery - Thoracic

Thoracic surgical privileges are granted only to those board eligible or certified by the American Board of Thoracic Surgery or its equivalent.

Date: 1985

Revised: Dec 1989, March 1998

Anesthesia

Requested Granted

_____ () Moderate (conscious) sedation *

Cardiac

Requested Granted

_____ () Biopsy

_____ () Pacemaker Implant

_____ () Pericardiectomy

_____ () Repair of cardiovascular injury

Chest / Lung / Pleura

Requested Granted

_____ () Correction of pectus excavatum/carinatum

_____ () Decompression for thoracic outlet

_____ () Exploratory thoracotomy

_____ () Pulmonary decortication

_____ () Pulmonary resection

_____ () Thoracotomy for hemorrhage

_____ () Thoracoplasty

_____ () Thorascopic procedures

Diaphragm

Requested Granted

_____ () Hernia Repair - Abdominal approach

_____ () Hernia Repair - Transthoracic approach

Esophagus

Requested Granted

_____ () Correction of esophageal atresia or tracheal-esophageal fistula

_____ () Excision of diverticulum

_____ () Resection

_____ () Stent insertion

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Vascular

Requested Granted

- | | | | |
|-------|-------|--------|--|
| _____ | _____ | () | Peripheral Venous and Arterial Vascular Ultrasonography* |
| _____ | _____ | () | Abdominal aorta aneurysmectomy |
| _____ | _____ | () | Carotid endarterectomy |
| _____ | _____ | () | Peripheral revascularization |
| _____ | _____ | () | Sympathectomy |

Endoscopy with/without Biopsy

Requested Granted

- | | | | |
|-------|-------|--------|-----------------|
| _____ | _____ | () | Bronchoscopy |
| _____ | _____ | () | Esophagoscopy |
| _____ | _____ | () | Mediastinoscopy |

Additional Thoracic Privileges

Requested Granted

- | | | | |
|-------|-------|--------|---------------------------------------|
| _____ | _____ | () | Peripheral angiography, non-selective |
| _____ | _____ | () | Peripheral angiography, selective |
| _____ | _____ | () | Peripheral vascular interventions |

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