

# MIDLAND MEMORIAL HOSPITAL

## Delineation of Privileges

### OPHTHALMOLOGY



Your home for healthcare

Physician Name: \_\_\_\_\_

### Ophthalmology Core Privileges

#### Qualifications

Minimum threshold criteria for requesting core privileges in ophthalmology:

- Basic education: MD or DO
- Minimal formal training: Applicants must be able to demonstrate completion of an ACGME-/AOA-accredited training program in ophthalmology.

AND

- Certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification in ophthalmology by the ABO or the AOBOO-HNS. (*\*Members of the Staff prior to the adoption of Bylaws 10/2007 are considered grandfathered in and are encouraged but not required to achieve board certification.*)

Required current experience:

- Applicants must be able to demonstrate that they have performed at least 25 ophthalmologic procedures, reflective of the scope of privileges requested, in the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

#### References for New Applicants

If the applicant is recently trained, a letter of reference should come from the director of the applicant's training program. Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced.

#### Reappointment

Reappointment should be based on unbiased, objective results of care according to the organization's existing quality improvement measures. To be eligible to renew privileges in ophthalmology, the applicant must demonstrate current competence and an adequate volume of experience (50 ophthalmologic procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

#### Please check requested privileges.

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	
<p><b>Core Privileges:</b> Core privileges for ophthalmology include the ability to admit, evaluate, diagnose, treat, provide consultation to, order diagnostic studies and procedures for, and perform surgical and nonsurgical procedures on patients of all ages with ocular and visual disorders, including those of the eye and its component structures, the eyelids, the orbit, and the visual pathways. Physicians may also provide care to patients in the intensive care setting in conformity with unit policies. Further, they may assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p>			<p>The core privileges include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Performance of history and physical exam</li> <li>• A and B mode ultrasound examination</li> <li>• Anterior limbal approach</li> <li>• Conjunctiva surgery, including grafts, flaps, tumors, pterygium, and pinguecula</li> <li>• Corneal surgery, including laceration repair, diathermy, and traumatic repair (including or excluding refractive surgery)</li> <li>• Corneal transplants (penetrating keratoplasty)</li> <li>• Cryotherapy for ciliary body for uncontrolled painful glaucoma</li> <li>• Glaucoma surgery with intraoperative/postoperative antimetabolite therapy, primary trabeculectomy surgery, thermal sclerostomy, and posterior lip sclerectomy, reoperation, and Seton/tube surgery, Molteno or Ahmed valve with pericardial patch</li> </ul>

			<ul style="list-style-type: none"> <li>• Injection of intravitreal medications, steroid</li> <li>• Cataract surgery (intra- and extracapsular cataract extraction with or without lens implant or phacoemulsification)</li> <li>• Laser peripheral iridotomy, trabeculoplasty, pupilo-/gonioplasty, suture lysis, panretinal photocoagulation, macular photocoagulation, repair of retinal tears, capsulotomy, cyclophotocoagulation, sclerostomy, and lysis</li> <li>• Lid and ocular adnexal surgery, including plastic procedures, chalazion, ptosis, repair of malposition, repair of laceration, blepharospasm repair, tumors, flaps, enucleation, and evisceration</li> <li>• Nasolacrimal surgery, including dacryocystectomy, dacryocystorhinostomy, excision of lacrimal sac mass, probing and irrigation, and balloon dacryoplasty</li> <li>• Oculoplastic/orbit surgery, including removal of the globe and contents of the orbit, exploration by lateral orbitotomy, exenteration, blowouts, rim repairs, and tumor and foreign body removal</li> <li>• Phakic intraocular lens implant surgery</li> <li>• Removal of anterior segment foreign body</li> <li>• Removal of chalazion and other minor skin and eyelid lesions</li> <li>• Retrobulbar or peribulbar injections for medical delivery or chemical denervation for pain control</li> <li>• Strabismus surgery</li> <li>• Use of local anesthetics and parenteral sedation for ophthalmologic conditions</li> <li>• Eye muscle surgery for correction of malpositions</li> <li>• Use of laser</li> </ul>	
<b>Requested</b> <input type="checkbox"/>	<b>Approved</b> <input type="checkbox"/>	<b>Not Approved</b> <input type="checkbox"/>	<b>Procedure</b>	
<b>Cornea Fellowship</b>			<input type="checkbox"/> DSEK <input type="checkbox"/> LASIK	
<b>Retinal Fellowship</b>			<input type="checkbox"/> Retina and vitreous surgery <input type="checkbox"/> Retinal detachment surgery <input type="checkbox"/> Removal of post segment IOFB, removal of dislocated lens or implant <input type="checkbox"/> Meulens holes surgery <input type="checkbox"/> Pars plana endolaser photocoagulation <input type="checkbox"/> Use of silicone oil, PFC liquid, VEGF inhibitors, fluid gas exchange with air, SF6, C3F8 <input type="checkbox"/> Application of radioactive plaques for intraocular tumor <input type="checkbox"/> Tumor biopsy, excision or removal <input type="checkbox"/> Laser or cryotreatment of ROP retina <input type="checkbox"/> Vascular diseases, diabetic retinopathy <input type="checkbox"/> Neovascular glaucoma	
<b>Requested</b> <input type="checkbox"/>	<b>Approved</b> <input type="checkbox"/>	<b>Not Approved</b> <input type="checkbox"/>	<b>Criteria</b>	
<b>Refer-and-follow privileges</b>			Privileges include performing outpatient preadmission history and physical, ordering noninvasive outpatient diagnostic tests and services, visiting patients in the hospital, reviewing medical records, consulting with the attending physician, and observing diagnostic or surgical procedures with the approval of the attending physician or surgeon.	
<b>Requested</b> <input type="checkbox"/>	<b>Approved</b> <input type="checkbox"/>	<b>Not Approved</b> <input type="checkbox"/>	<b>Procedure</b>	<b>Criteria</b>
<b>Non-Core Privileges</b> For each special request, threshold criteria (i.e., additional training or completion of a recognized course and required experience) must be established. Special requests for ophthalmology include.			<input type="checkbox"/> Moderate Sedation	Meet the criteria set forth by the Rules and Regulations for Anesthesia Services and complete "Requirements for Moderate Sedation Privileges" form.

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Privilege/Criteria
<p><b>Current Privileges:</b> List any current privileges not listed above in core or non-core. These privileges will remain in effect until the end of the current appointment period and then will be moved up to the appropriate core/non-core section.</p> <p>Please provide criteria and supporting documentation to medical staff office for any non-core privileges listed.</p>			<p><b>Core</b></p> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <p><b>Non-Core</b></p> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/>

**To the applicant: If you wish to exclude any privileges, please strike through the privileges that you do not wish to request and then initial.**

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request. I have requested **only** those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Midland Memorial Hospital. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested and I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Applicants have the burden of producing information deemed adequate by Midland Memorial Hospital for a proper evaluation of current competence, other qualifications and for resolving any doubts.
- (c) I will request consultation if a patient needs service beyond my expertise.

\_\_\_\_\_  
Physician's Signature/Printed Name

\_\_\_\_\_  
Date

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/modification/explanation  
Notes:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Department Chair/Chief Signature

\_\_\_\_\_  
Date