

Privileges for: Ophthalmology

Request

- ST. ELIZABETH - EDGEWOOD
- ST. ELIZABETH - FLORENCE
- ST. ELIZABETH - FT. THOMAS
- ST. ELIZABETH - GRANT CO. (Surgical & other invasive procedures requiring general anesthetic are not offered)

MEC Approval: August 27, 2009, Rev. February 27, 2014, April 24, 2014, Rev. 5.28.2015

Board Approval: September 14, 2009, Rev. September 13, 2010, May 5, 2014, Rev 5.28.2015

DEPARTMENT APPROVAL

_____ Approved _____ Disapproved

Department/Section Chair Signature

Date

MINIMUM REQUIREMENTS

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in ophthalmology

Note: For Practitioners (excluding AHPs) who apply for membership after March 2, 2009 be and remain (with a lapse of no longer than one year) board certified in their principal practice specialty, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

I. Core Privileges: Core privileges in ophthalmology include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

DESCRIPTION OF CORE PRIVILEGES

Admit patients, perform histories and physicals and perform evaluation, diagnoses, treatment, provide consultation, order diagnostic studies and procedures, and perform surgical and nonsurgical procedures on patients of all ages with ocular and visual disorders, the eyelid and orbit affecting the eye, including its related structures and visual pathways, including cataract extraction; lens implantation; capsulotomy; iridotomy/iridectomy; anterior vitrectomy; glaucoma procedures; conjunctival procedures; corneal procedures; corneal/scleral laceration repair; intraocular foreign body removal; cyclodestructive procedures; extraocular muscle procedures; eyelid procedures; lacrimal procedures; enucleation; evisceration.

Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Critical Care, Pulmonology or Emergency Medicine or (b) current ACLS Certification or (c) satisfactory completion of the ASA Moderate Sedation course

Anesthesia Section Chair

Date

YAG laser use for posterior capsulotomy, cyclotherapy, iridotomy, and cataract surgery - Yag

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II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must meet all "Additional Requirements" listed for each privilege below and provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

_____ Telemedicine screening for retinopathy of prematurity (ROP) (REQUIRES: a one year pediatric fellowship following completion of an ophthalmology residency)

DESCRIPTION OF ADDITIONAL PRIVILEGES

_____ Keratoplasty (65710, 65730, 65750, 65755, 65756, 66999)

_____ Posterior vitrectomy (ADDITIONAL REQUIREMENT: Retina fellowship required.)

_____ Temporal artery biopsy; facial reconstructive and cosmetic surgery (incision and skin resurfacing); laser hair reduction; laser vein treatment; intense pulsed light (IPL) treatments; chemical peels; Botox treatments (functional and cosmetic); injectable filler treatment; CO2 laser resurfacing (ADDITIONAL REQUIREMENT: Oculoplastics fellowship or comparable competency required.)

_____ Orbital procedures (ADDITIONAL REQUIREMENT: Oculoplastics fellowship required.)

_____ Corneal transplants

_____ Retina surgery (ADDITIONAL REQUIREMENT: Retina fellowship required.) - 67141, 67145, 67208, 67210, 67221, 67227, 67228

_____ Autologous serum injection/plasma phoresis

_____ 532nm Diode (ADDITIONAL PRIVILEGES: Proof of Competency)

Applicants Signature: _____

Date: _____