

Bryan Health Initial Application - Downey Brenda

Application Submission

Submission Details

Agreement: Yes
 SMSAgreement: Yes
 Signature: Brenda Downey
 Confirmation: c6b590dd7a326184f9fcfbc4b2cdd839965c9126fd8ace9afddb810f820ec197
 Date Submitted: 7/31/2024 7:00:35 AM
 Date Imported: 7/31/2024 8:24:58 AM

Personal Information

Personal Information

FirstName: Downey
 LastName: Brenda
 MiddleName:
 Suffix:
 Degree: MD
 Degree2:
 Degree3:
 Salutation:
 PreferredName:
 Specialty1:
 Specialty2:
 Specialty3:
 Specialty4:
 OtherLastName:
 Gender: F
 MaritalStatus:
 SpouseName:
 BirthPlace: Lincoln, NE (Lancaster), US
 BirthCity: Lincoln
 BirthStateProvence: NE
 BirthCountry: United States
 BirthDate: 01/01/1970
 Citizenship: American
 Ethnicity: Not Hispanic or Latino
 Race: White
 YearGraduated: 0
 Pager:
 CellPhone: (402) 481-3030
 AnsweringService:
 Email: brenda.downey@bryanhealth.org
 TaxID:
 AcceptMedicare: N
 MedicareNumber:
 AcceptMedicaid: N
 MedicaidNumber:
 UPIN:
 NPI: 1033122007
 Language1:
 Language2:
 Language3:
 Language4:
 Prefix:

Addresses**Home Address**

Address1: 1234 Happy Street
 Address2:
 City: Lincoln
 State: NE
 PostalCode: 68506
 County:
 Country: United States
 Telephone: (402) 328-2617
 Fax:
 Email: brenda.downey@bryanhealth.org
 Website:
 Manager:
 TaxID:
 InUse: Y

Office Address

Address1: 987 Cutsville St.
 Address2:
 City: Lincoln
 State: NE
 PostalCode: 68506
 County:
 Country:
 Telephone: (402) 481-3030
 Fax: (402) 481-3000
 Email: amy.rose@bryanhealth.org
 Website:
 Manager: Amy Rose
 TaxID: 20-1234567
 InUse: Y
 Backline:
 Contact: Amy Rose
 email: amy.rose@bryanhealth.org
 NPI:
 Custom: Surgical Specialists

Education/Training**Medical Education**

EducationType: Medical Education
 SourceName: University of Nebraska College of Medicine
 SourceAddress: 983332 Nebraska Medical Center
 SourceAddress2:
 SourceAddress3:
 SourceCity: Omaha
 SourceState: NE
 SourcePostalCode: 68198
 SourceCounty:
 SourceCountry:
 SourceTelephone:
 SourceFax:
 SourceEmail: tammy.wichman@unmc.edu
 SourceWebsite:
 StartDate: 08/01/1992
 EndDate: 05/30/1997
 YearGraduated: 0

Status:
 DegreeEarned: MD
 Subject:
 Contact1:
 Attention:

Residency

EducationType: Residency
 SourceName: Akron General Medical Center
 SourceAddress: Dept of Medical Education
 SourceAddress2: 400 Wabash Ave
 SourceAddress3:
 SourceCity: Akron
 SourceState: OH
 SourcePostalCode: 44307
 SourceCounty:
 SourceCountry:
 SourceTelephone:
 SourceFax:
 SourceEmail: noemail@email.com
 SourceWebsite:
 StartDate: 07/01/1997
 EndDate: 06/30/2002
 YearGraduated: 0
 Status:
 DegreeEarned:
 Subject: General Surgery
 Contact1:
 Attention:

Hospital Affiliations

Kadlec Regional Medical Center (Providence Health)

SourceName: Kadlec Regional Medical Center (Providence Health)
 SourceAddress: 888 Swift Blvd
 SourceAddress2:
 SourceAddress3:
 SourceCity: Richland
 SourceState: WA
 SourcePostalCode: 99352
 SourceCounty:
 SourceCountry:
 SourceTelephone: (509) 942-2816
 SourceFax: (509) 942-2812
 SourceEmail: BMCcredentialing@bryanhealth.org
 SourceWebsite: <https://msonetor.providence.org/psv/credverification.aspx>
 StartDate: 10/08/2010
 EndDate:
 Subject:
 Contact: Emily Lattin
 Supervisor:
 InUse: Y
 HasAdmittingPrivileges: N

St John Hospital

SourceName: St John Hospital
 SourceAddress: 3500 4th St
 SourceAddress2:
 SourceAddress3:
 SourceCity: Leavenworth

SourceState: KS
 SourcePostalCode: 66048
 SourceCounty:
 SourceCountry:
 SourceTelephone: (913) 680-6000
 SourceFax:
 SourceEmail: BMCcredentialing@bryanhealth.org
 SourceWebsite: stjohngleavenworth.com
 StartDate: 01/01/2019
 EndDate:
 Subject:
 Contact: Travis Allen
 Supervisor:
 InUse: Y
 HasAdmittingPrivileges: N

Ascension St. Vincent

SourceName: Ascension St. Vincent
 SourceAddress: 2001 West 8th ST
 SourceAddress2:
 SourceAddress3:
 SourceCity: Indianapolis
 SourceState: IN
 SourcePostalCode: 46260
 SourceCounty:
 SourceCountry:
 SourceTelephone: (317) 338-2508
 SourceFax:
 SourceEmail: BMCcredentialing@bryanhealth.org
 SourceWebsite: www.mdquery.com
 StartDate: 07/10/2016
 EndDate:
 Subject:
 Contact: Jason Johnson
 Supervisor:
 InUse: Y
 HasAdmittingPrivileges: N

Work History

Leavenworth Surgical Specialties

WorkHistoryType: Employment
 SourceName: Leavenworth Surgical Specialties
 SourceAddress: 8372 Center Street
 SourceAddress2:
 SourceAddress3:
 SourceCity: Leavenworth
 SourceState: KS
 SourcePostalCode: 66048
 SourceCounty:
 SourceCountry:
 SourceTelephone:
 SourceFax:
 SourceEmail: BMCcredentialing@bryanhealth.org
 SourceWebsite:
 StartDate: 01/01/2019
 EndDate: 07/01/2024
 Subject: Surgeon
 Contact: Jane Smith

Supervisor:

InUse: Y

General Surgery Specialist

WorkHistoryType: Employment
 SourceName: General Surgery Specialist
 SourceAddress: 82753 O Street
 SourceAddress2:
 SourceAddress3:
 SourceCity: Richland
 SourceState: WA
 SourcePostalCode: 99352
 SourceCounty:
 SourceCountry:
 SourceTelephone:
 SourceFax:
 SourceEmail: BMCcredentialing@bryanhealth.org
 SourceWebsite:
 StartDate: 08/01/2010
 EndDate: 06/30/2016
 Subject: Surgeon
 Contact: Tom Petty
 Supervisor:
 InUse: Y

Indianapolis Surgical Group

WorkHistoryType: Employment
 SourceName: Indianapolis Surgical Group
 SourceAddress: 928345 Main Street
 SourceAddress2:
 SourceAddress3:
 SourceCity: Indianapolis
 SourceState: IN
 SourcePostalCode: 46260
 SourceCounty:
 SourceCountry:
 SourceTelephone:
 SourceFax:
 SourceEmail: BMCcredentialing@bryanhealth.org
 SourceWebsite:
 StartDate: 07/01/2016
 EndDate: 09/01/2018
 Subject: Surgeon
 Contact: Joan Jett
 Supervisor:
 InUse: Y

Gaps**Peer Reference****Voog, Tracie**

FirstName: Tracie
 LastName: Voog
 MiddleName:
 Degree: MD
 Address:
 Address2:
 Address3:
 City:

State:
 PostalCode:
 County:
 Country:
 Telephone:
 Fax:
 Email: tracie.voog@bryanhealth.org
 Contact:
 InUse: Y
 StartDate:
 EndDate:

Rose, Amy

FirstName: Amy
 LastName: Rose
 MiddleName:
 Degree: MD
 Address:
 Address2:
 Address3:
 City:
 State:
 PostalCode:
 County:
 Country:
 Telephone:
 Fax:
 Email: amy.rose@bryanhealth.org
 Contact:
 InUse: Y
 StartDate:
 EndDate:

Monter, JoLene

FirstName: JoLene
 LastName: Monter
 MiddleName:
 Degree: MD
 Address:
 Address2:
 Address3:
 City:
 State:
 PostalCode:
 County:
 Country:
 Telephone:
 Fax:
 Email: jolene.monter@bryanhealth.org
 Contact:
 InUse: Y
 StartDate:
 EndDate:

McWilliams, MaryBeth

FirstName: MaryBeth
 LastName: McWilliams
 MiddleName:
 Degree: MD
 Address:

Address2:
 Address3:
 City:
 State:
 PostalCode:
 County:
 Country:
 Telephone:
 Fax:
 Email: marybeth.mcwilliams@bryanhealth.org
 Contact:
 InUse: Y
 StartDate:
 EndDate:

Licenses/Credentials

DEA (NE)

CredentialType: DEA
 LicenseNumber: BG32658416
 State: NE
 Issued: 04/20/2002
 Renewed:
 Expires: 04/20/2022
 Status:
 Limitations:
 Comments:
 InUse: Y

State License (IN)

CredentialType: State License
 LicenseNumber: L15631248
 State: IN
 Issued: 05/30/2016
 Renewed:
 Expires: 10/01/2019
 Status:
 Limitations:
 Comments:
 InUse: Y

State License (KS)

CredentialType: State License
 LicenseNumber: JK00024656
 State: KS
 Issued: 12/08/2019
 Renewed:
 Expires: 08/10/2024
 Status:
 Limitations:
 Comments:
 InUse: Y

State License (WA)

CredentialType: State License
 LicenseNumber: KHD1364658
 State: WA
 Issued: 06/25/2010
 Renewed:
 Expires: 11/01/2020

Status:
 Limitations:
 Comments:
 InUse: Y

Board Certifications

American Board of Surgery

CertificateNumber: 12345678
 InitialCertification: 10/01/2004
 Recertification:
 Expires: 10/01/2014
 Status:
 ExamDate:
 CertificationStatus:
 SourceName: American Board of Surgery
 SourceAddress: Penn Center House Inc, 1617 John F Kennedy Blvd # 860
 SourceAddress2:
 SourceAddress3:
 SourceCity: Philadelphia
 SourceState: PA
 SourcePostalCode: 19103
 SourceCounty:
 SourceCountry: United States
 SourceTelephone: (215) 568-4000
 SourceFax:
 SourceEmail: email@absurgery.org
 SourceWebsite:
 Specialty:
 Specialization: Surgery
 InUse: Y
 Lifetime: N
 MaintenanceOfCertification: N

Insurance

Midwest Medical Insurance Company

IssuedDate: 07/01/2018
 ExpirationDate: 02/01/2025
 RetroactiveDate:
 PolicyNumber: DK1335971662169
 Coverage: 1 million/3 million
 Terms: No
 SourceName: Midwest Medical Insurance Company
 SourceAddress: 6600 France Ave S., #245
 SourceAddress2:
 SourceAddress3:
 SourceCity: Minneapolis
 SourceState: MN
 SourcePostalCode: 55435-1891
 SourceCounty:
 SourceCountry:
 SourceTelephone:
 SourceFax:
 SourceEmail:
 SourceWebsite:
 InUse: Y

Malpractice Claims

Claim (9/2010)

IncidentDate: 09/03/2010
 DateFiled: 08/20/2012
 DateClosed: 03/30/2015
 Amount: \$525,000.00
 Type:
 Status: Closed
 Action: Primary Defendant
 Notes:
 HospitalName:
 HospitalAddress:
 HospitalAddress2:
 HospitalCity:
 HospitalState:
 HospitalPostalCode:
 HospitalCountry:
 HospitalTelephone:
 HospitalFax:
 InsuranceName: COPIC Insurance
 InsuranceAddress: 7351 Lowry Blvd
 InsuranceAddress2:
 InsuranceCity: Denver
 InsuranceState: CO
 InsurancePostalCode: 80230
 InsuranceCountry:
 InsuranceTelephone:
 InsuranceFax:
 History:
 Allegation: Failure to remove all of the gallbladder.
 StatusComments:
 Custom: It is a known complication. Settled on advice of my attorney.

Claim (10/2015)

IncidentDate: 10/18/2015
 DateFiled: 01/17/2017
 DateClosed:
 Amount:
 Type:
 Status: Pending
 Action: Primary Defendant
 Notes:
 HospitalName:
 HospitalAddress:
 HospitalAddress2:
 HospitalCity:
 HospitalState:
 HospitalPostalCode:
 HospitalCountry:
 HospitalTelephone:
 HospitalFax:
 InsuranceName: COPIC Insurance
 InsuranceAddress: 7351 Lowry Blvd
 InsuranceAddress2:
 InsuranceCity: Denver
 InsuranceState: CO
 InsurancePostalCode: 80230
 InsuranceCountry:
 InsuranceTelephone:
 InsuranceFax:

History:

Allegation: Failure to respond to patient condition post-surgical procedure.

StatusComments:

Custom: Still in litigation, no additional information can be provided based on ongoing case.

Claim (3/2002)

IncidentDate: 03/20/2002

DateFiled: 05/02/2003

DateClosed: 10/23/2005

Amount: \$1,000,000.00

Type:

Status: Closed

Action: Primary Defendant

Notes:

HospitalName:

HospitalAddress:

HospitalAddress2:

HospitalCity:

HospitalState:

HospitalPostalCode:

HospitalCountry:

HospitalTelephone:

HospitalFax:

InsuranceName: MMIC

InsuranceAddress: 7701 France Ave South, Suite 500

InsuranceAddress2:

InsuranceCity: Minneapolis

InsuranceState: MN

InsurancePostalCode: 55435-5288

InsuranceCountry: United States

InsuranceTelephone: (800) 328-5532

InsuranceFax: (952) 838-6308

History:

Allegation: Left instrument in abdomen which caused additional expenses, pain, and emotional suffering.

StatusComments:

Custom: Settled lawsuit with prejudice for \$1,000,000 on advice of my attorney

Claim (12/2019)

IncidentDate: 12/20/2019

DateFiled: 03/16/2021

DateClosed:

Amount:

Type:

Status: Pending

Action: Co-Defendant

Notes:

HospitalName:

HospitalAddress:

HospitalAddress2:

HospitalCity:

HospitalState:

HospitalPostalCode:

HospitalCountry:

HospitalTelephone:

HospitalFax:

InsuranceName: Midwest Medical Insurance Company

InsuranceAddress: 6600 France Ave S., #245

InsuranceAddress2:

InsuranceCity: Minneapolis

InsuranceState: MN
InsurancePostalCode: 55435-1891
InsuranceCountry:
InsuranceTelephone:
InsuranceFax:
History:
Allegation: Failure to respond to patient condition post-surgical procedure.
StatusComments:
Custom: All involved in patient care were named in the lawsuit. Since pending case, cannot provide additional details per my attorney's advice

Medical History

Societies

Files

CME

FileType: CME
FileDescription:
ExpirationDate:
DateUploaded: 7/31/2024 6:34 AM

CV

FileType: CV
FileDescription:
ExpirationDate:
DateUploaded: 7/30/2024 11:56 AM

Government Photo ID

FileType: Government Photo ID
FileDescription:
ExpirationDate:
DateUploaded: 7/31/2024 6:34 AM

Insurance Certificate

FileType: Insurance Certificate
FileDescription: Insurance Certification
ExpirationDate:
DateUploaded: 7/30/2024 11:29 AM

Procedure Log

FileType: Procedure Log
FileDescription:
ExpirationDate:
DateUploaded: 7/31/2024 6:16 AM

Training Certificate/Diploma

FileType: Training Certificate/Diploma
FileDescription: Training Certificate
ExpirationDate:
DateUploaded: 7/31/2024 6:35 AM

Aliases

Requested Privileges

General Surgery-Core - Bryan Medical Center

: GENERAL SURGERY

Qualifications: Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in general surgery.

AND/OR

Current certification or active participation in the examination process (with achievement of certification

within 5 years) leading to certification in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery.

GENERAL SURGERY CORE PRIVILEGES

Requested: Admit, evaluate, diagnose, consult and provide pre-, intra-, and postoperative care and perform surgical procedures to patients of all ages to correct or treat various conditions, diseases, disorders, and injuries of the alimentary tract, abdomen, and its contents, extremities, breast, skin and soft tissue, head and neck, and endocrine systems. Assess, stabilize and determine disposition of patients with emergent conditions consistent with Medical Staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Cases Completed: 0

General Surgery Procedure List (Check privileges requested)

: This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

Adrenal surgery

Requested:

Cases Completed: 0

Amputations

Requested:

Cases Completed: 0

Ano-rectal procedures

Requested:

Cases Completed: 0

Bladder repair, ureter repair

Requested:

Cases Completed: 0

Breast: complete mastectomy with or without axillary lymph node dissection; excision of breast lesion, breast biopsy, incision and drainage of abscess, modified radical mastectomy, operation for gynecomastia, partial mastectomy with or without lymph node dissection, radical

Requested: mastectomy, subcutaneous mastectomy

Cases Completed: 0

Bronchoscopy

Requested:

Cases Completed: 0

Carpal tunnel release

Requested:

Cases Completed: 0

Colonic surgery

Requested:

Cases Completed: 0

Congenital anomalies such as thyroglossal duct cyst and bronchial arch anomalies to include cysts

Requested:

Cases Completed: 0

Embolectomy

Requested:

Cases Completed: 0

Esophageal procedures

Requested:

Cases Completed: 0

Excision of benign or malignant skin lesions

Requested:

Cases Completed: 0

Excision of lymph nodes

Requested:

Cases Completed: 0

Excision of pilonidal disease

Requested:

Cases Completed: 0

Exploratory surgery of the abdomen

Requested:

Cases Completed: 0

Flexible or rigid sigmoidoscopy with/without biopsy

Requested:

Cases Completed: 0

Gallbladder surgery

Requested:

Cases Completed: 0

Ganglionectomy

Requested:

Cases Completed: 0

Gastric surgery

Requested:

Cases Completed: 0

Hernia surgery

Requested:

Cases Completed: 0

Hysterectomy including salpingo-oophorectomy

Requested:

Cases Completed: 0

Insertion of vascular access devices

Requested:

Cases Completed: 0

Laparoscopic biliary surgery

Requested:

Cases Completed: 0

Liver resections

Requested:

Cases Completed: 0

Mediastinal procedures

Requested:

Cases Completed: 0

Omentectomy

Requested:

Cases Completed: 0

Pancreas surgery

Requested:

Cases Completed: 0

Parathyroidectomy

Requested:

Cases Completed: 0

Perform history and physical exams

Requested:

Cases Completed: 0

Peripheral arterial biopsies

Requested:

Cases Completed: 0

Peritoneal dialysis surgery

Requested:

Cases Completed: 0

Peritoneo-venous surgery

Requested:

Cases Completed: 0

Procedures on the diaphragm

Requested:

Cases Completed: 0

Renal procedures

Requested:

Cases Completed: 0

Repair of dehiscence

Requested:

Cases Completed: 0

- Requested: Repair of muscles or tendons
- Cases Completed: 0
- Requested: Resection salivary glands
- Cases Completed: 0
- Requested: Skin grafting and traumatic wound closure
- Cases Completed: 0
- Requested: Splenic procedures
- Cases Completed: 0
- Requested: Staging procedures
- Cases Completed: 0
- Requested: Surgery of the small intestine
- Cases Completed: 0
- Requested: Testicular surgery
- Cases Completed: 0
- Requested: Thoracic surgery (lung, abdominal aorta, chest wall, lymphatic system, mediastinum, pericardium, venous systems and traumatic cardiac injuries)
- Requested:
 - Cases Completed: 0
 - Requested: Thoractomy
 - Cases Completed: 0
 - Requested: Thrombectomy
 - Cases Completed: 0
 - Requested: Thyroidectomy
 - Cases Completed: 0
 - Requested: Tracheostomy
 - Cases Completed: 0
 - Requested: Traumatic injuries
 - Cases Completed: 0
 - Requested: Vaginal procedures
 - Cases Completed: 0
 - Requested: Varicose vein procedures
 - Cases Completed: 0
 - Requested: Surgical first assist only
 - Cases Completed: 0

COLORECTAL SURGERY CORE PRIVILEGES

Criteria: Successful completion of Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in general surgery, followed by successful completion of an accredited fellowship in colon and rectal surgery.

AND

Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification by the American Board of Colon and Rectal Surgery.

Requested: COLORECTAL SURGERY

Admit, evaluate, diagnose, treat and provide consultation to patients of all ages, presenting with diseases, injuries and disorders of the intestinal tract, colon, rectum, anal canal, and perianal areas by medical and surgical means, including intestinal disease involvement of the liver, urinary and female reproductive systems. Assess, stabilize and determine disposition of patients with emergent conditions consistent with Medical Staff Policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the

same techniques and skills.

Cases Completed: 0

Colorectal Procedure List (Check procedures requested)

Anus-All incisional and excisional procedures

Requested:

Cases Completed: 0

Anus-Repair, plastic operation for stricture; sphincteroplasty

Requested:

Cases Completed: 0

Intestine-Colon-excision, incision, anastomosis, drainage, ostomies

Requested:

Cases Completed: 0

Intestine-Small Bowel-all procedures involving dissection, manipulation, incision, and excision as well as anastomosis technique and ostomies

Requested:

Cases Completed: 0

Pilonidal Cyst-excision, incision and repair

Requested:

Cases Completed: 0

Rectum-all incisional, excisional, and repair procedures as well as manipulative procedures (reduction of procidentia, removal of foreign bodies)

Requested:

Cases Completed: 0

Total colonoscopy with or without biopsy and/or with polypectomy

Requested:

Cases Completed: 0

TRAUMA CRITICAL CARE CORE PRIVILEGES

Criteria: Successful completion of an ACGME or AOA accredited residency in general surgery followed by successful completion of a fellowship in surgical critical care.

AND

Current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery.

TRAUMA SURGICAL CRITICAL CARE

Admit, evaluate, diagnose, and manage patients of all ages presenting with issues including resuscitation, surgical intervention, diagnostic studies, ventilator management, and coordination of operative procedures to be performed by other healthcare professionals; supervise and perform all necessary operative cases,

Requested: and manage the patient throughout the stay in the acute-care facility and coordinate the early institution of rehabilitation and discharge planning. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

Cases Completed: 0

TRAUMA SURGICAL CRITICAL CARE CORE

VATS (Video-assisted thoracoscopic surgery) as related to trauma and its complications

Requested:

Cases Completed: 0

Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA)

Documentation of training with first four cases reviewed by the trauma multidisciplinary quality peer review program with Division Chair of Vascular Surgery or designee participation.

Requested: Candidate must submit their request for privileges to the credentialing committee following successful completion of the training program with temporary privileges extended until the first four cases with reviews can be submitted to the credentials committee for full privileging.

Cases Completed: 0

Rib Plating

Documentation of training during Trauma Critical Care Fellowship
OR

Requested: Documentation of training course completion and proctoring of the first five cases by a BMC credentialed physician with rib plating privileges.

Cases Completed: 0

BARIATRIC SURGERY PRIVILEGES

Criteria: Successful completion of an accredited residency in general surgery and documentation of bariatric surgery training in residency or documentation of post-residency training consistent of bariatric training course of at least two days and live case experience (may include cases the applicant observes or assists. Proctored experience may include visiting an outside institution to observe or assist with cases, i.e., UNMC, a visiting proctor can assist locally with your own cases (temporary privileges can be arranged) or a local proctor who already has privileges and is willing to first assist.

Also required is documentation of an integrated program of care addressing pre-assessment post-assessment with long-term follow-up. (See attached hospital model outline). Malpractice insurance must also cover bariatric surgery.

Open Bariatric Surgery

Requested:

Cases Completed: 0

Laparoscopic Bariatric Surgery

Requested:

Cases Completed: 0

SPECIAL NONCORE PRIVILEGES

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience and for maintenance of clinical competence

ROBOTICS SURGICAL PLATFORM

Criteria: Must be Board Certified or Eligible within your surgical specialty and have current privileges in laparoscopic or thorascopic surgery.

AND

- 1.The practitioner must provide a certificate of training in the use of the robotic surgical platform of at least eight (8) hours duration as well as have three (3) hours of personal time on the system during this training.
2. The practitioner must also show evidence of observing at least three (3) clinical cases and four (4) proctored* patient uses of the robotic surgical platform.

**If the proctoring will be done at Bryan Medical Center, the surgeon must apply and be granted robotic surgical platform privileges before the proctored cases are done.*

OR

1. The practitioner must provide case log from residency and/or prior experience, which includes a minimum of thirty (30) cases where the practitioner served as the primary surgeon for the procedure and a letter from the program director and/or facility department chair.
2. First three (3) cases proctored at Bryan Medical Center. Provider may not perform procedure independently until the required proctoring is complete, the form has been submitted to Medical Staff Services and the provider has been notified that the request was granted.

Reappointment Criteria: Minimum of twenty (20) cases within the past 24 months. *In the event the minimum case counts are not achieved at reappointment a recommendation shall be made by the Division Chair of General Surgery, the Credentials Committee, Medical Executive Committee with final discretion from the Board of Trustees.*

Robotics Surgical Platform

Requested:

Cases Completed: 0

MIRA Surgical System

Criteria:

- 1.Must be Board Certified or Eligible within your surgical specialty and have current privileges in laparoscopic or thorascopic surgery.
 - 2.Certificate of training in the use of MIRA Surgical System from Virtual Incision.
 - 3.The surgeon must also show evidence of observing at least three (3) clinical cases and at least (3) proctored* patient uses of the robotic surgical platform.
- *If the proctoring is done at Bryan Medical Center, the surgeon must apply and be granted provisional MIRA Surgical System privileges before the proctored cases are done.*

Reappointment Criteria: Minimum of twenty (20) cases within the past 24 months.

In the event the minimum case counts are not achieved at reappointment a recommendation shall be made by the Division Chair of General Surgery, Credentials Committee, Medical Executive Committee with final discretion from the Board of Trustees.

MIRA Surgical System

Requested:

Cases Completed: 0

MODERATE SEDATION

Moderate sedation (by any route), with or without analgesia, which in the manner used, may be reasonably expected to result in the loss of protective reflexes. Loss of protective reflexes is an inability to handle secretions without aspiration or to maintain a patient airway independently.

Criteria: Successful completion of post-test is required both on the initial request and at reappointment.

Adult Moderate Sedation (>16 years of age)

Requested:

Cases Completed: 0

Pediatric Moderate Sedation (equal to or less than 16 years of age)

Requested:

Cases Completed: 0

USE OF LASER

Criteria: Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles. If residency or fellowship was completed prior to 1990, documentation of training/experience is required.

Laser privileges

Requested:

Cases Completed: 0

SPECIAL PROCEDURES

Criteria: To be eligible to apply for the special procedures listed below, the applicant must demonstrate successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable experience, and provide documentation of competence in performing that procedure.

Intraoperative colonoscopy with or without biopsy and/or polypectomy

Requested:

Cases Completed: 0

Diagnostic EGD

Requested:

Cases Completed: 0

Diagnostic ERCP

Requested:

Cases Completed: 0

Therapeutic ERCP

Requested:

Cases Completed: 0

Esophageal dilation with guide wire

Requested:

Cases Completed: 0

Esophageal stent replacement

Requested:

Cases Completed: 0

Nonvariceal hemostatis (upper & lower, including active bleeders)

Requested:

Cases Completed: 0

PEG

Requested:

Cases Completed: 0

Pneumatic dilation for achalasia

Requested:

Cases Completed: 0

Tumor Ablation

Requested:

Cases Completed: 0

Variceal hemostatis

Requested:

Cases Completed: 0

FOCUSED ABDOMINAL SONOGRAPHY FOR TRAUMA (FAST EXAM)

Criteria: Successful completion of an accredited postgraduate training program in emergency medicine that included training in ultrasound interpretation, or completion of a practice-based pathway and training for ultrasound interpretation.

Requested: Focused Abdominal Sonography for Trauma (FAST Exam)

Cases Completed: 0

TRAUMA TEAM LEADER

Criteria: 1. The candidate must be a General Surgeon who is well qualified in the management of trauma patients as evidenced by:

- a. Postgraduate specialty training in trauma, or
 - b. Surgical residency training in an American College of Surgeons verified Trauma Center, or
 - c. Current certification as an ATLS provider, and
 - d. Documented experience with the primary management of severely injured patients and tracking for one year by performance improvement program and trauma director’s review and approval
2. He/she must be Board certified or Board eligible in general surgery
3. Current certification in Advanced Trauma Life Support (ATLS)
4. Active interest in trauma patients is encouraged, and evidenced by Active membership in trauma organizations such as Committee on Trauma of the American College of Surgeons or its regional, state, or local committees, American Association for Surgery of Trauma or other nationally recognized trauma organizations.
5. Demonstrate willingness and commitment to trauma training and education by maintaining trauma CME of 16 hours/year or average of 48 hours over a 3-year period.
6. Attendance of physician of at least 50% of the Trauma Division meetings.

Requested: Trauma Team Leader

Cases Completed: 0

Additional Information

Additional Information

Attestation Questions

Professional Sanctions

1.

No: Have your clinical privileges or medical staff membership at any hospital or healthcare institution, voluntarily or involuntarily ever been denied suspended, revoked, restricted, denied renewal or subject to probationary or to other disciplinary conditions (for reasons other than non-completion of medical record when quality of care was not adversely affected) or have proceedings toward any of those ends been instituted or recommended by any hospital or healthcare institution?

2.

No: Have you ever involuntarily surrendered, limited your privileges or not reapplied for privileges while under investigation?

3.

No: Have you ever been the subject of disciplinary proceedings by any hospital/healthcare facility/PPO/HMO?

4.

No: Have you ever been terminated for cause or non-renewal for cause from participation or been subject to any disciplinary action by any managed care organization (including HMOs, PPOs or provider organizations such as IPAs, PHOs)?

Practice Information

1.

No: Has any disciplinary action been initiated, or is any pending against you by any licensure agency?

Yes: 2.

Has your license, registration or certification to practice in your profession ever been voluntarily or involuntarily relinquished, denied, suspended, revoked, restricted, or have you ever been subject to a fine, reprimand, consent order, probation or any conditions or limitations by any state professional licensing registration or certification board?

Comments: In 2017 my Indiana license was sanctioned for prescribing to a co-worker without documentation of patient relationship. I paid the fine and attended the required educational session as per the terms of the sanction.

3.

No: Have you ever been asked to surrender your license?

4.

No: Have you ever been suspended, sanctioned, or otherwise restricted from participating in any private, federal or state health insurance program (e.g. Medicare, Medicaid)?

5.

No: Has your Federal narcotics registration certificate ever been denied, limited, suspended, challenged, or voluntarily or involuntarily relinquished?

6.

No: Is your narcotics registration certificate currently being challenged?

7.

No: Have you ever been named as a defendant in any criminal proceeding?

8.

No: Have you ever been reprimanded or otherwise sanctioned by any licensure agency?

9.

No: To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank or Healthcare integrity and Protection Data Bank?

10.

No: Have you ever been convicted of, plead no contest to, sanctioned, reprimanded, restricted, disciplined or resigned in exchange for no investigation or adverse action within the last ten years for sexual harassment or other illegal misconduct?

11.

No: Are you currently being investigated or have you ever been sanctioned, reprimanded, or cautioned by a military hospital, facility or agency or voluntarily terminated or resigned while under investigation or in exchange for no investigation by a hospital or healthcare facility of any military agency?

Professional Associations

1.

No: Have you ever been denied membership or renewal thereof or been subject to disciplinary proceedings in any professional organization?

Board Certification

1.

No: Have any of your board certifications or eligibility ever been revoked?

2.

No: Have you ever chosen not to re-certify or voluntarily surrendered your board certification(s) while under investigation?

Medical Education

1.

No: Have you ever, while under investigation or to avoid an investigation, voluntarily withdrawn or prematurely terminated your status as a student or employee in any internship, residency, fellowship, preceptorship or other clinical education program?

2.

No: Were you ever placed on probation, disciplined, formally reprimanded, suspended or asked to resign during an internship, residency, fellowship, preceptorship or other clinical education program?

Legal Actions

Instructions:

If yes, please complete the malpractice claims section.

No: 1.

Has any professional liability suit ever been filed against you?

2.

No: Has any professional liability suit been filed against you which is presently pending?

3.

No: Have any judgments been entered or have you entered into any settlement in a professional liability case?

4.

No: Have you been convicted of, pled guilty to, or pled no contest to any felony?

5.

No: In the past 10 years, have you been convicted of or pled no contest to any misdemeanor (excluding minor traffic violations) or been found liable or responsible for any civil offense that is reasonably related to your qualifications, competence, functions, or duties as a medical professional, or for fraud, an act of violence, child abuse or a sexual offence or sexual misconduct?

6.

No: Have you ever been court-martialed for actions related to your duties as a medical professional?

Ability to Perform Job

1.

No: Are you currently engaged in the use illegal of drugs?

2.

No: Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgement or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner?

Professional Liability Insurance

1.

No: Has your professional coverage ever been cancelled, restricted, declined or not renewed by the carrier based on your individual liability history?

2.

No: Have you ever been denied professional liability coverage?

3.

No: Are you self-insured?

4.

No: Have you ever been assessed a surcharge or rated in a high-risk class for your specialty, by your professional liability insurance carrier, based on your individual liability history?

5.

No: Has your present professional liability insurance carrier excluded any specific area of practice or procedure (e.g., OB, Surgery, etc.) from your coverage?

Continuing Medical Education

1.

Yes: Have you completed the necessary requirements for continuing medical education in accordance with state and federal regulations?



**CONSENT FOR RELEASE OF INFORMATION
RELEASE OF LIABILITY**

I hereby give permission to Bryan Health, its affiliates and the employees, agents and representatives thereof, and the entity's contracted Credentials Verification Organization, if applicable, to obtain information regarding my professional education, training, experience, certifications, licensing, professional liability insurance history (with respect to certification of coverage and claims history), military experience, faculty appointments, professional associations, competence, ethics, character, conduct and judgement.

I consent to the release of such information whether in the form of transcripts, records, tapes, letters, photocopies or duplications of any of the foregoing, or verbal statements, by hospital or clinic administrators, representatives of clinical departments of hospitals in which I have served on staff, healthcare clinics, state licensing boards or regulatory bodies (by whatever name known in their respective jurisdictions), insurance carriers/agents, governmental agencies or other individuals or organizations who or which possess information about me. Such information may be released only to the above named entity and its affiliates or to representatives of such entity and its affiliates, and the entity's contracted organizations for the purpose of credentials verification.

I hereby release from liability and agree to hold harmless any person or entity who or which provides the above described information as authorized herein. I hereby release from liability and agree to hold harmless all employees, agents and representatives of the above names entity, and any contracted organization who collects verification information regarding me, for their acts performed and statements made in connection with obtaining, reviewing and evaluating my credentials and qualifications. I further acknowledge my cooperation by consenting to the production of such information about me as a provider of services for this entity. The determination of whether I am qualified to serve as a provider of services, and the granting or denying of appointment or membership, is to be made by each individual entity and staff subject to the approval of each entity's governing body to which I apply.

In the event that this application is for appointment at a health care facility, I acknowledge that I have received, or have been or will be given access to the Bylaws (where appropriate) of the entity(s), and any other manuals and policies relevant to the application process and generally to clinical practice at the entity(s), and agree to be bound by the terms thereof in all matters related to appointment and clinical privileges and to the consideration of my application for appointment and for clinical privileges.

I acknowledge that all information submitted by me in this application is complete and correct to the best of my knowledge and belief. During such time as this application is being processed, I agree to update the application should there be any change in the information provided. I understand that I have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications.

A copy made of this original signed (including electronic) statement constitutes my written authorization and request to release any and all documents relevant to this application. Said photostatic copy shall have all the same force and effect as the signed original.

Signed by: Downey Brenda
Signature: _____
CED55CBED1FE486...

Date: 7/31/2024



DISCLOSURE FOR BACKGROUND CHECK

Bryan Health ("Company") will procure a criminal background check on you in connection with your application for medical staff membership/allied health membership or retention as a medical staff member/allied health member, as applicable.

Sterling Talent Solutions, a consumer reporting agency, will obtain the report for the Company. Further information regarding Sterling Talent Solutions, including its privacy policy, may be found online at www.sterlingtalentsolutions.com. Sterling Talent Solutions is located at 1 State Street Plaza, 24th Floor, New York, NY 10004, and can be reached at (877-424-2457).

The report may contain information about your character and general reputation. The report may include, but is not limited to, criminal and other public records and history, public court records, motor vehicle and driving records and social security verification subject to any limitations imposed by applicable federal and state laws. The information contained in the report may be obtained from private and/or public record sources.

A summary of your rights under the fair credit reporting act can be found online at <https://www.consumer.ftc.gov/articles/pdf-0096-fair-credit-reporting-act.pdf>.

AUTHORIZATION

I have read the Disclosure for Background Checks provided by Bryan Health and this authorization to obtain a criminal background check. I have been provided access to the "Summary of Your Rights under the Fair Credit Reporting Act". By my signature below, I consent to the preparation of criminal background reports by Sterling Talent Solutions, and to the release of such reports to the Company and its designated representatives for the purpose of assisting the Company in making a determination as to my eligibility for medical staff membership/allied health membership.

I hereby authorize any state or federal law enforcement agency or court, information service bureaus, record/data repositories, courts (federal/state/local), and motor vehicle record agencies, to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature (including electronic) below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any criminal background reports that may be requested by or on behalf of the Company.

Signed by:
Signature: Downey Brenda
CE055CBED1FE4B6...

Date: 7/31/2024

AMA PHYSICIAN PROFILE

Prepared for Bryan Health

Name: Brenda Downey

Birth Day: 1/1/1970

Physician's major professional activity: GENERAL SURGERY – ALL YEARS

Self-designated practice specialty: GENERAL SURGERY

AMA Membership Status: NON MEMBER

All information from this point forward is provided by the primary source.

Current and/or historical medical school

US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable. On the profile, enrollment date is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. Degree date is understood to mean the date a physician is awarded his/her degree upon completion of the degree program.

School: UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE

Degree Awarded: YES

Degree Type: MD

Enrollment Date: 08/1992

Degree Date: 05/1997

Current and/or historical ACGME- accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later. The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training. Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME accredited program. Verification of training status may be indicated in one of four ways. Completed indicates that the training has been completed in its entirety and verified with the program. Training in Progress indicates the training has a future completion date and is verified as in progress. Verification of Completion in Progress indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. Partially Completed indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

Sponsoring Institution: AKRON GENERAL MEDICAL CENTER

Sponsoring State: OHIO

Program name: GENERAL SURGERY RESIDENCY PROGRAM

Specialty: GENERAL SURGERY

Training Type: RESIDENCY

Dates: 07/1997-6/2002

Status: COMPLETED

Specialty board certification

This section provides specialty board certification data specific to one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the AMA (through the Liaison Committee on Specialty Boards) as reported by the ABMS. The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.

Certifying board: AMERICAN BOARD OF GENERAL SURGERY

Certificate type: GENERAL

Duration Status: 10/01/2004-10/01/2014

Effective Date: 10/01/2004

Expiration Date: 10/01/2014

Reverify Date: N/A

Participating in MOC: No

Bryan Hospital Market

July 31, 2024

Kadlec Regional Medical Center (Providence Health)888 Swift Blvd
Richland, WA 99352

Re: Downey, Brenda, MD

HospitalSubject: Hospital Verification for Brenda Downey, MD Applicant: Brenda Downey DOB: 01/01/1970
Specialty: Cardiothoracic Surgery

The individual above has applied for membership and/or is reappointing at Bryan Hospital Market and has listed your facility as an affiliation. Please use the link at the bottom of this email to complete the verification request. The applicant's signed consent and release form is attached.

Your prompt response will be greatly appreciated. Your answers will be confidential, except as is necessary for accomplishing the credentialing process. If you have any questions or require any additional information, please contact us at BryanCVO@bryanhealth.org .

Thank you for your assistance,

Bryan Health CVO

<https://portal.mdstaff.com/reviews/1b6a20a8-598d-414c-98d8-af25da93ad0f/1674005f-76ff-4e5b-854c-81b92ce55a0d>

Question: Please confirm the provider's Initial Appointment and Resignation (if applicable) Dates**Response:**

1/1/2019-Present - St. John Hospital

Question: What is/was the provider's Medical Staff Status? (i.e.: Active, Courtesy, Consulting, Telemedicine, etc.)**Response:**

Active

Question: Privileges were granted in what department/specialty?**Response:**

General Surgery

Question: Has your organization ever taken any disciplinary action, or any actions pending, against this practitioner? If YES, please explain.**Response:**

No

Question: Have there ever been limitations or restrictions on this practitioner's privileges? If YES, please explain.

Response:

No

Question: Did the practitioner have any behavioral issues identified while a member of your healthcare organization? If YES, please explain.

Response:

No

Question: Are you aware of any physical, mental or chemical dependency conditions that would affect this practitioner's professional practice? If YES, please explain.

Response:

No

Question: Has the practitioner ever been the subject of focused individual monitoring while a member of your staff other than to confirm competency immediately following an initial grant of privilege(s)? If YES, please explain.

Response:

Yes

Question: Did the applicant present problems in the area of medical records? If YES, please explain.

Response:

No

Question: Is there any reason you would not reinstate this practitioner to your medical staff? If YES, please explain.

Response:

No

Question: Name

Response:

Travis Allen

Question: Title

Response:

Credentialing Coordinator

Question: Phone

Response:

913-680-6000

Bryan Hospital Market

July 31, 2024

St John Hospital
3500 4th St
Leavenworth, KS 66048

Re: Downey, Brenda, MD
Hospital

Subject: Hospital Verification for Brenda Downey, MD Applicant: Brenda Downey DOB: 01/01/1970
Specialty: Cardiothoracic Surgery

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Thank you for your assistance,

Bryan Health CVO

<https://portal.mdstaff.com/reviews/1b6a20a8-598d-414c-98d8-af25da93ad0f/172ece20-674c-4076-af95-2cc5de4342bd>

Question: Please confirm the provider's Initial Appointment and Resignation (if applicable) Dates

Response:
7/10/2016-10/1/2018 - Ascension St. Vincent

Question: What is/was the provider's Medical Staff Status? (i.e.: Active, Courtesy, Consulting, Telemedicine, etc.)

Response:
Active

Question: Privileges were granted in what department/specialty?

Response:
Surgery

Question: Has your organization ever taken any disciplinary action, or any actions pending, against this practitioner? If YES, please explain.

Response:
No

Question: Have there ever been limitations or restrictions on this practitioner's privileges? If YES, please explain.

Response:
No

Question: Did the practitioner have any behavioral issues identified while a member of your healthcare organization? If YES, please explain.

Response:
No

Question: Are you aware of any physical, mental or chemical dependency conditions that would affect this practitioner's professional practice? If YES, please explain.

Response:
No

Question: Has the practitioner ever been the subject of focused individual monitoring while a member of your staff other than to confirm competency immediately following an initial grant of privilege(s)? If YES, please explain.

Response:
No

Question: Did the applicant present problems in the area of medical records? If YES, please explain.

Response:
No

Question: Is there any reason you would not reinstate this practitioner to your medical staff? If YES, please explain.

Response:
No

Question: Name

Response:
Jason Johnson

Question: Title

Response:
CMO

Question: Phone

Response:
317-338-2508

Bryan Hospital Market

July 31, 2024

Ascension St. Vincent
2001 West 8th ST
Indianapolis, IN 46260

Re: Downey, Brenda, MD
Hospital

Subject: Hospital Verification for Brenda Downey, MD Applicant: Brenda Downey DOB: 01/01/1970
Specialty: Cardiothoracic Surgery

The individual above has applied for membership and/or is reappointing at Bryan Hospital Market and has listed your facility as an affiliation. Please use the link at the bottom of this email to complete the verification request. The applicant's signed consent and release form is attached.

Your prompt response will be greatly appreciated. Your answers will be confidential, except as is necessary for accomplishing the credentialing process. If you have any questions or require any additional information, please contact us at BryanCVO@bryanhealth.org .

Thank you for your assistance,

Bryan Health CVO

<https://portal.mdstaff.com/reviews/1b6a20a8-598d-414c-98d8-af25da93ad0f/ff0dd798-3b76-46f4-9df9-23f030a4a2a7>

Question: Please confirm the provider's Initial Appointment and Resignation (if applicable) Dates

Response:
10/28/2010 - 7/1/2016 = Kadlec Medical Center

Question: What is/was the provider's Medical Staff Status? (i.e.: Active, Courtesy, Consulting, Telemedicine, etc.)

Response:
Active

Question: Privileges were granted in what department/specialty?

Response:
Surgery

Question: Has your organization ever taken any disciplinary action, or any actions pending, against this practitioner? If YES, please explain.

Response:
No

Question: Have there ever been limitations or restrictions on this practitioner's privileges? If YES, please explain.

Response:

No

Question: Did the practitioner have any behavioral issues identified while a member of your healthcare organization? If YES, please explain.

Response:

No

Question: Are you aware of any physical, mental or chemical dependency conditions that would affect this practitioner's professional practice? If YES, please explain.

Response:

No

Question: Has the practitioner ever been the subject of focused individual monitoring while a member of your staff other than to confirm competency immediately following an initial grant of privilege(s)? If YES, please explain.

Response:

No

Question: Did the applicant present problems in the area of medical records? If YES, please explain.

Response:

No

Question: Is there any reason you would not reinstate this practitioner to your medical staff? If YES, please explain.

Response:

No

Question: Name

Response:

Emily Lattin

Question: Title

Response:

Credentialing Manager

Question: Phone

Response:

509-942-2816

Bryan Hospital Market

July 31, 2024

Leavenworth Surgical Specialties

8372 Center Street
Leavenworth, KS 66048

Re: Downey, Brenda, MD

Employment

Subject: Employment Verification for Brenda Downey, MD DOB: 01/01/1970 Specialty: Cardiothoracic Surgery

The individual above has applied for membership at Bryan Hospital Market and indicates having been employed at your organization. Please use the link at the bottom of this email complete a confidential verification of this employment.

A copy of the applicant's signed release is attached. If you have any questions or require more information please contact Kristen Johnson at or kristen.johnson@bryanhealth.org.

Thank you for your assistance,

Bryan Health CVO BryanCVO@bryanhealth.org

<https://portal.mdstaff.com/reviews/1b6a20a8-598d-414c-98d8-af25da93ad0f/ac44e633-da8b-452e-b15d-c4078bdd5e1e>

Question: Please confirm dates of employment

Response:

01/01/2019-07/01/2024

Question: Please confirm position and status (Full Time, Part Time, etc.)

Response:

Full Time

Question: Has your organization ever taken any disciplinary action against this practitioner? If YES, please explain.

Response:

No

Question: Are any disciplinary actions pending against this practitioner? If YES, please explain.

Response:

No

Question: Have there ever been limitations or restrictions on this practitioner's privileges? If YES, please explain.

Response:
No

Question: Does the practitioner have any behavioral issues identified while a member of your healthcare organization? If YES, please explain.

Response:
No

Question: Are you aware of any physical, mental or chemical dependency conditions that would affect this practitioner's professional practice? If YES, please explain.

Response:
No

Question: Is there any reason you would not reinstate this practitioner to your healthcare organization? If YES, please explain.

Response:
No

Question: Name

Response:
Jane Smith

Question: Title

Response:
Chief Administrative Officer

Question: Phone

Response:
420-698-1358

Submitted By **Jane Smith** on August 01, 2024

Bryan Hospital Market

July 31, 2024

General Surgery Specialist82753 O Street
Richland, WA 99352

Re: Downey, Brenda, MD

Employment

Subject: Employment Verification for Brenda Downey, MD DOB: 01/01/1970 Specialty: Cardiothoracic Surgery

The individual above has applied for membership at Bryan Hospital Market and indicates having been employed at your organization. Please use the link at the bottom of this email complete a confidential verification of this employment.

A copy of the applicant's signed release is attached. If you have any questions or require more information please contact Kristen Johnson at or kristen.johnson@bryanhealth.org.

Thank you for your assistance,

Bryan Health CVO BryanCVO@bryanhealth.org

<https://portal.mdstaff.com/reviews/1b6a20a8-598d-414c-98d8-af25da93ad0f/354f3111-240d-4d1f-85b2-2e402c8849a0>**Question:** Please confirm dates of employment**Response:**

07/01/2016-09/01/2018 - Indianapolis Surgical Group

Question: Please confirm position and status (Full Time, Part Time, etc.)**Response:**

Full Time

Question: Has your organization ever taken any disciplinary action against this practitioner? If YES, please explain.**Response:**

No

Question: Are any disciplinary actions pending against this practitioner? If YES, please explain.**Response:**

No

Question: Have there ever been limitations or restrictions on this practitioner's privileges? If YES, please explain.

Response:
No

Question: Does the practitioner have any behavioral issues identified while a member of your healthcare organization? If YES, please explain.

Response:
No

Question: Are you aware of any physical, mental or chemical dependency conditions that would affect this practitioner's professional practice? If YES, please explain.

Response:
No

Question: Is there any reason you would not reinstate this practitioner to your healthcare organization? If YES, please explain.

Response:
No

Question: Name

Response:
Joan Jett

Question: Title

Response:
Practice Manager

Question: Phone

Response:
317-568-6594

Submitted By **Joan Jett** on August 01, 2024

Bryan Hospital Market

July 31, 2024

Indianapolis Surgical Group928345 Main Street
Indianapolis, IN 46260

Re: Downey, Brenda, MD

Employment

Subject: Employment Verification for Brenda Downey, MD DOB: 01/01/1970 Specialty: Cardiothoracic Surgery

The individual above has applied for membership at Bryan Hospital Market and indicates having been employed at your organization. Please use the link at the bottom of this email complete a confidential verification of this employment.

A copy of the applicant's signed release is attached. If you have any questions or require more information please contact Kristen Johnson at or kristen.johnson@bryanhealth.org.

Thank you for your assistance,

Bryan Health CVO BryanCVO@bryanhealth.org

<https://portal.mdstaff.com/reviews/1b6a20a8-598d-414c-98d8-af25da93ad0f/46593a70-8cd0-482f-b4a1-5b59f0b73077>**Question:** Please confirm dates of employment**Response:**

08/01/2010-06/30/2016 - General Surgery Specialist

Question: Please confirm position and status (Full Time, Part Time, etc.)**Response:**

Full Time

Question: Has your organization ever taken any disciplinary action against this practitioner? If YES, please explain.**Response:**

No

Question: Are any disciplinary actions pending against this practitioner? If YES, please explain.**Response:**

No

Question: Have there ever been limitations or restrictions on this practitioner's privileges? If YES, please explain.

Response:
No

Question: Does the practitioner have any behavioral issues identified while a member of your healthcare organization? If YES, please explain.

Response:
No

Question: Are you aware of any physical, mental or chemical dependency conditions that would affect this practitioner's professional practice? If YES, please explain.

Response:
No

Question: Is there any reason you would not reinstate this practitioner to your healthcare organization? If YES, please explain.

Response:
No

Question: Name

Response:
Tom Petty

Question: Title

Response:
Practice Administrator

Question: Phone

Response:
509-658-3657

Submitted By **Tom Petty** on August 01, 2024

Bryan Hospital Market

July 31, 2024

JoLene Monter, MD

Re: Downey, Brenda, MD

Peer Reference

Hello JoLene Monter, MD

Brenda Downey, MD has applied for hospital privileges and/or is up for reappointment at Bryan Medical Center. You were listed as a professional reference on their application.

Please answer all questions based on your personal knowledge and observation during the previous two years by clicking on the link at the bottom of this email.

Thank you! Bryan Health CVO <https://portal.mdstaff.com/reviews/1b6a20a8-598d-414c-98d8-af25da93ad0f/d33b8107-f9d2-4777-bd56-16b5c900502a>

Question: Medical/Clinical knowledge in specialty

Response:

Meets Expectations

Question: Clinical judgment

Response:

Meets Expectations

Question: Quality/Medical record completion

Response:

Meets Expectations

Question: Physician-Patient relationship

Response:

Meets Expectations

Question: Ability to understand, speak & write English

Response:

Meets Expectations

Question: Technical and clinical skills

Response:

Meets Expectations

Question: Cooperativeness: Ability to work with others (e.g. peers, nurses, administrative staff)

Response:

Meets Expectations

Question: Participation in medical staff affairs

Response:

Meets Expectations

Question: Ethical Conduct: Clinical care, patient confidentiality, informed consent & business practice

Response:

Meets Expectations

Question: Sense of responsibility

Response:

Meets Expectations

Question: Patient management

Response:

Meets Expectations

Question: Analyze practice experience, evaluate outcomes & makes appropriate changes

Response:

Meets Expectations

Question: Practice cost-effective healthcare & resource allocation that does not compromise quality of care

Response:

Meets Expectations

Question: To your knowledge, in the past two years, has the applicant ever been the subject of disciplinary action by a licensing authority, board of directors or medical staff for any reason?

Response:

No

Question: Are you aware of anything which could potentially affect the applicant's ability to safely exercise any or all of the privileges requested?

Response:

No

Question: After reviewing the enclosed request for clinical privileges, do you feel that the applicant's training and experience are adequate to perform the privileges requested?

Response:

Yes

Question: During what time period have you directly observed the applicant?

Response:
2010-current

Question: What is your professional relationship to the applicant?

Response:
Professional

Question: How many years have you known the applicant?

Response:
16

Question: Recommendation

Response:
I recommend without reservation

Question: Name

Response:
JoLene L Monter

Comments:
Highly recommended

Question: Medical Specialty

Response:
N/A

Question: Contact number

Response:
402-481-8820

Submitted By **JoLene L Monter** on July 31, 2024

Bryan Hospital Market

August 05, 2024

Amy Rose, MD

Re: Downey, Brenda, MD

Peer Reference

Hello Amy Rose, MD

Brenda Downey, MD has applied for hospital privileges and/or is up for reappointment at Bryan Medical Center. You were listed as a professional reference on their application.

Please answer all questions based on your personal knowledge and observation during the previous two years by clicking on the link at the bottom of this email.

Thank you! Bryan Health CVO <https://portal.mdstaff.com/reviews/1b6a20a8-598d-414c-98d8-af25da93ad0f/f79e2022-6e8d-46e7-a02d-e926d3127aba>

Question: Medical/Clinical knowledge in specialty

Response:

Meets Expectations

Comments:

Often consulted for second opinions on Dr. Downey's surgical cases.

Question: Clinical judgment

Response:

Meets Expectations

Question: Quality/Medical record completion

Response:

Meets Expectations

Question: Physician-Patient relationship

Response:

Meets Expectations

Question: Ability to understand, speak & write English

Response:

Meets Expectations

Question: Technical and clinical skills

Response:

Meets Expectations

Question: Cooperativeness: Ability to work with others (e.g. peers, nurses, administrative staff)

Response:

Meets Expectations

Question: Participation in medical staff affairs

Response:

Meets Expectations

Question: Ethical Conduct: Clinical care, patient confidentiality, informed consent & business practice

Response:

Meets Expectations

Question: Sense of responsibility

Response:

Meets Expectations

Question: Patient management

Response:

Meets Expectations

Question: Analyze practice experience, evaluate outcomes & makes appropriate changes

Response:

Meets Expectations

Question: Practice cost-effective healthcare & resource allocation that does not compromise quality of care

Response:

Meets Expectations

Question: To your knowledge, in the past two years, has the applicant ever been the subject of disciplinary action by a licensing authority, board of directors or medical staff for any reason?

Response:

No

Question: Are you aware of anything which could potentially affect the applicant's ability to safely exercise any or all of the privileges requested?

Response:

No

Question: After reviewing the enclosed request for clinical privileges, do you feel that the applicant's training and experience are adequate to perform the privileges requested?

Response:

Yes

Question: During what time period have you directly observed the applicant?

Response:

5+ years

Question: What is your professional relationship to the applicant?

Response:

Partner

Question: How many years have you known the applicant?

Response:

5+ years

Question: Recommendation

Response:

I recommend without reservation

Question: Name

Response:

Amy Rose, MD

Question: Medical Specialty

Response:

General Surgery

Question: Contact number

Response:

402-481-0105

Submitted By **Amy Rose, MD** on August 05, 2024

Bryan Hospital Market

July 31, 2024

MaryBeth McWilliams, MD

Re: Downey, Brenda, MD

Peer Reference

Hello MaryBeth McWilliams, MD

Brenda Downey, MD has applied for hospital privileges and/or is up for reappointment at Bryan Medical Center. You were listed as a professional reference on their application.

Please answer all questions based on your personal knowledge and observation during the previous two years by clicking on the link at the bottom of this email.

Thank you! Bryan Health CVO <https://portal.mdstaff.com/reviews/1b6a20a8-598d-414c-98d8-af25da93ad0f/90b1cf41-f3cc-449e-b8d1-62718ff3b3d9>

Question: Medical/Clinical knowledge in specialty**Response:**

Meets Expectations

Question: Clinical judgment**Response:**

Meets Expectations

Question: Quality/Medical record completion**Response:**

Meets Expectations

Question: Physician-Patient relationship**Response:**

Meets Expectations

Question: Ability to understand, speak & write English**Response:**

Meets Expectations

Question: Technical and clinical skills**Response:**

Meets Expectations

Question: Cooperativeness: Ability to work with others (e.g. peers, nurses, administrative staff)

Response:

Meets Expectations

Question: Participation in medical staff affairs

Response:

Meets Expectations

Question: Ethical Conduct: Clinical care, patient confidentiality, informed consent & business practice

Response:

Meets Expectations

Question: Sense of responsibility

Response:

Meets Expectations

Question: Patient management

Response:

Unable to Assess (please explain reason for being unable to assess)

Comments:

Just wanted to answer one differently!

Question: Analyze practice experience, evaluate outcomes & makes appropriate changes

Response:

Meets Expectations

Question: Practice cost-effective healthcare & resource allocation that does not compromise quality of care

Response:

Meets Expectations

Question: To your knowledge, in the past two years, has the applicant ever been the subject of disciplinary action by a licensing authority, board of directors or medical staff for any reason?

Response:

No

Question: Are you aware of anything which could potentially affect the applicant's ability to safely exercise any or all of the privileges requested?

Response:

No

Question: After reviewing the enclosed request for clinical privileges, do you feel that the applicant's training and experience are adequate to perform the privileges requested?

Response:

Yes

Question: During what time period have you directly observed the applicant?

Response:

November, 2020 through present

Question: What is your professional relationship to the applicant?

Response:

I am a member of the team that she manages.

Question: How many years have you known the applicant?

Response:

4

Question: Recommendation

Response:

I recommend with the following reservation

Comments:

She may not be comfortable doing surgery.

Question: Name

Response:

MM

Question: Medical Specialty

Response:

Providing support to whatever the need may be.

Question: Contact number

Response:

402-481-8956

Submitted By **MaryBeth McWilliams** on August 01, 2024

Bryan Hospital Market

July 31, 2024

Tracie Voog, MD

Re: Downey, Brenda, MD

Peer Reference

Hello Tracie Voog, MD

Brenda Downey, MD has applied for hospital privileges and/or is up for reappointment at Bryan Medical Center. You were listed as a professional reference on their application.

Please answer all questions based on your personal knowledge and observation during the previous two years by clicking on the link at the bottom of this email.

Thank you! Bryan Health CVO <https://portal.mdstaff.com/reviews/1b6a20a8-598d-414c-98d8-af25da93ad0f/468f8ab4-bbfa-46cc-98fa-7929939746d8>

Question: Medical/Clinical knowledge in specialty

Response:

Meets Expectations

Question: Clinical judgment

Response:

Meets Expectations

Question: Quality/Medical record completion

Response:

Meets Expectations

Question: Physician-Patient relationship

Response:

Meets Expectations

Question: Ability to understand, speak & write English

Response:

Meets Expectations

Question: Technical and clinical skills

Response:

Meets Expectations

Question: Cooperativeness: Ability to work with others (e.g. peers, nurses, administrative staff)

Response:

Meets Expectations

Question: Participation in medical staff affairs

Response:

Meets Expectations

Question: Ethical Conduct: Clinical care, patient confidentiality, informed consent & business practice

Response:

Meets Expectations

Question: Sense of responsibility

Response:

Meets Expectations

Question: Patient management

Response:

Meets Expectations

Question: Analyze practice experience, evaluate outcomes & makes appropriate changes

Response:

Meets Expectations

Question: Practice cost-effective healthcare & resource allocation that does not compromise quality of care

Response:

Meets Expectations

Question: To your knowledge, in the past two years, has the applicant ever been the subject of disciplinary action by a licensing authority, board of directors or medical staff for any reason?

Response:

No

Question: Are you aware of anything which could potentially affect the applicant's ability to safely exercise any or all of the privileges requested?

Response:

No

Question: After reviewing the enclosed request for clinical privileges, do you feel that the applicant's training and experience are adequate to perform the privileges requested?

Response:

Yes

Question: During what time period have you directly observed the applicant?

Response:
2024

Question: What is your professional relationship to the applicant?

Response:
Employee

Question: How many years have you known the applicant?

Response:
10 years

Question: Recommendation

Response:
I recommend without reservation

Question: Name

Response:
Tracie Voog

Question: Medical Specialty

Response:
na

Question: Contact number

Response:
402-481-8063

Submitted By **Tracie Voog** on August 01, 2024

Washington License Verification

Name: Brenda Downey

Type of License: MD

License Issued: 06/25/2010

License Expired: 11/1/2020

License Status: Expired

Disciplinary Actions: None

Indiana License Verification

Name: Brenda Downey

Type of License: MD

License Issued: 05/30/2016

License Expired: 10/01/2019

License Status: Expired

Disciplinary Actions: Sanction September 2017

Sanction Reason: Prescribing without a documented patient relationship

Conditions of Sanction:

- Pay \$1000 fine
- Attend a prescribing education class by January 2018

Status: December 31, 2017 - Successfully completed conditions of sanction

Kansas License Verification

Name: Brenda Downey

Type of License: MD

License Issued: 12/8/2019

License Expired: 08/10/2026

License Status: Active

Disciplinary Actions: None

Division Control Division

Current Date: 07/31/2024

Data File Release Date: 7/31/2024

Drug Enforcement Administration (DEA) Datafiles –Both Registrant Profile

For

Downey, Brenda	
Activity	Active
Address	987 Cutsville St Lincoln, NE 68506
Number	BG32658416
Issued	4/20/2002
Expiration Date	4/20/2025
Drug Schedule	2 2N 3 3N 4 5
Additional Info	

COMPLETE REPORT - CLEAR

OrderID - 1847010933

DOWNEY, BRENDA

1234 HAPPY STREET

LINCOLN, NE 68506

BRYAN MEDICAL CENTER

1600 S 48TH ST

LINCOLN, NE 68506

***** CONFIDENTIAL BACKGROUND SCREENING REPORT *****

(INFORMATION CONTAINED IN THIS REPORT IS PUBLISHED IN ACCORDANCE WITH
FEDERAL AND NE STATE LAWS)

REPORT SUMMARY

COMPONENT IDENTIFIERS STATUS RESULT

SSN Trace XXX-XX-1111 Complete Complete

County Court Search DOWNEY, BRENDA, NE-LANCASTER Complete Clear

Enhanced Nationwide Criminal Search (7 year) Downey, Brenda Complete Clear

DOJ Sex Offender Search DOWNEY, BRENDA Complete Clear

SSN Trace

Complete

Data as Provided

SSN XXX-XX-1111

Last Name Downey

First Name Brenda

The provided social security number has returned potential matching information related to the subject of this report.

This information is an investigative tool only and should not be used as the basis of any employment decision.

Reported Data

Report requested on: 8/1/2024 Report completed on: 8/1/2024

Name: Downey, Brenda SSN: XXX-XX-1111

County Court Search

Clear

Data as Provided

Last Name Downey

First Name Brenda

SSN XXX-XX-1111

DOB 1/1/XX

Race White

Gender Female

Jurisdiction NE-LANCASTER (1866)

Verified Data

Report requested on: 8/1/2024 Report completed on: 8/1/2024

Enhanced Nationwide Criminal Search (7 year)

Clear

Data as Provided

Last Name Downey

First Name Brenda

SSN XXX-XX-1111

DOB 1/1/XX

Race White

Gender Female

Verified Data

Report requested on: 8/1/2024 Report completed on: 8/1/2024

The Enhanced Nationwide search is a national database, made up of various state and local sources. It does not cover every US

jurisdiction. The verified results can be found under the header of the appropriate jurisdiction on this report.

DOJ Sex Offender Search

Clear

Data as Provided

Last Name Downey

First Name Brenda

SSN XXX-XX-1111

DOB 1/1/XX

Race White

Gender Female

Verified Data

Report requested on: 1/8/2024 Report completed on: 1/8/2024

Case

Comments:

Limitations on the DOJ Sex Offender Search.

1. NEVADA: This search does not provide results from the State of Nevada, as by both statute and regulation,

information from the Nevada Sex Offender Registry web site cannot be used for employment purposes and cannot be distributed commercially.

2. OREGON: This search has special conditions from the state of Oregon. Information is only provided for sex offenders who have been designated as Predatory, as provided in ORS 181.585, who have been determined to present the highest risk of reoffending and to require the widest range of notification or are found to be a sexually violent dangerous offender under ORS 144.635.

the DataBank
PO Box 100832
Chantilly, VA 20153-0832
<http://www.npdb.hrsa.gov>

DOWNEY, BRENDA - ONE-TIME QUERY RESPONSE A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: DOWNEY, BRENDA

Date of Birth: 01/01/1970 Gender: Female

Organization Name: SURICAL SPECIALTIST LLC

Work Address: 987 CUTSVILLE ST LINCOLN, NE 68506

Home Address: 1234 HAPPY STREET LINCOLN, NE 68506

Social Security Numbers: *****1111

DEA: BG32658416

NPI: 1033122007

SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 7/1/2024

The following report types have been searched:

Medical Malpractice Payment Report	Two Reports	Professional Society Action	No Reports
State Licensure Action	No Report	DEA/Federal Licensure Action	No Reports
Exclusion or Debarment Action	No Reports	Judgment or Conviction Report	No Reports
Government Administrative Action	No Reports	Peer Review Organization Action	No Reports
Clinical Privileges Action	No Reports	Health Plan Action	No Reports

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