

**LAC+USC MEDICAL CENTER & HEALTHCARE NETWORK ATTENDING STAFF ASSOCIATION
DELINEATION OF PRIVILEGES FOR THE DEPARTMENT OF MEDICINE**

NAME OF APPLICANT _____ **DATE** _____

Initial Appointment and/or Additional Privileges Reappointment

Applicant: Check off only those privileges expected to be performed at the site where you will be working. Note that privileges granted may only be exercised at the site(s) and setting(s) recommended by the Department Chair/Chief/Designee. Shaded areas indicate that the privilege is not applicable for that particular entity.

Department Chair/Chief/Designee: Initial the Recommended column for approved privileges. If applicable, check off the "Not Recommended" boxes. Documentation of all privileges must be provided for all privileges on the last page of this form.

REQUESTED				DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
M	E	H	R			Competency	Other
				Core Privileges in Medicine: includes performing a history and physical, interpreting laboratory studies, interpreting and performing diagnostic studies and treatment plans for the following ages:			
				Neonates and Infants from 0 to 2 years of age			
				Children from 3 to 13 years of age			
				Adolescents and Young Adults 14 years of age and older			
				AREA OF SPECIALIZATION			
				1. Allergy			
				2. Cardiology			
				3. Dermatology			
				4. Gastroenterology			

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				5. Hematology			
				6. Hepatology			
				7. Immunology			
				8. Infectious Disease			
				9. Internal Medicine (General)			
				10. Metabolic Disease			
				11. Nephrology			
				12. Oncology			
				13. Pulmonary / Critical Care Medicine			
				14. Renal Disease			
				15. Rheumatology			
				16. Provide specialty consultation for Neonates and Infants ages 0 to 2 years			
				17. Provide specialty consultation for Children ages 3 to 13 years			
				SPECIFIC PRIVILEGES			
				1. Abdominal paracentesis			
				2. Angiography			
				3. Angioplasty			

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M	E	H	R			Competency	Other
				4. Arthrocentesis			
				5. Atherectomy			
				6. Bronchoscopy, rigid			
				7. Bronchoscopy, fiberoptic			
				8. Cardiac catherization, (right/left)			
				9. Cardioversion			
				10. Chemotherapy, regional perfusion			
				11. Colonoscopy			
				12. Dialysis, hemo			
				13. Dialysis, peritoneal			
				14. EBUS (Ultrasound Techniques in Bronchoscopy) <i>Please refer to Appendix A for privileging criteria</i>			
				15. Electrophysiology			
				16. Endotracheal intubation			
				17. Esophogoscopy			
				18. Gastroscopy			
				19. Hyperalimentation			

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				20. Lumbar puncture			
				21. Lymphangiography			
				22. Needle biopsy, lung or pleura			
				23. Needle biopsy, liver			
				24. Needle biopsy, lymph node			
				25. Needle biopsy, kidney			
				26. Needle biopsy bone marrow			
				27. Peritoneoscopy			
				28. Placement of central venous catheter			
				29. Placement of Swan-Ganz catheter			
				30. Pleural aspiration			
				31. Retrograde cholangiography			
				32. Temporary and Permanent Pacemakers Placement			
				33. Transtracheal aspiration			
				34. Transvenous cardiac pacer			
				35. Venography			
				36. Echocardiography (TTE)			

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				37. Stress Echocardiography			
				38. Transesophageal Echocardiography			
				39. Muscle Biopsy of the Vastus Lateralis			
				40. Percutaneous Tracheostomy. Please refer to Appendix B for privileging Criteria			
				41. Carotid Artery Stenting Procedure. Please refer to Appendix C for privileging Criteria			
				42. Transcatheter Aortic Valve Replacement (TAVR). Please refer to Appendix D for privileging Criteria			
				43. Bronchial Thermoplasty. Please refer to Appendix E for privileging Criteria			
				44. Interventional Nephrology : Please refer to Appendix F for privileging Criteria			
				44-A Angiograms of Arteriovenous (AV) fistula or AV grafts			
				44-B Angioplasties of AV grafts of draining veins			
				44-C Thrombectomies of AV grafts			
				44-D Insertion of tunneled central venous catheters			
				44-E Placement of endovascular stents			
				44-F Obliteration of accessory veins (fistula side branches)			

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Medicine Revised 8/2012, 5/2012

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M	E	H	R			Competency	Other
				44-G Placement of subcutaneous port			
				44-H Placement of Permanent Peritoneal Dialysis Catheters			

PRIVILEGES NOT INCLUDED ON THIS FORM: A request to perform any procedure or treatment not included on this form must be submitted to the Attending Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.

TEMPORARY CLINICAL PRIVILEGES: In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient’s life or to save a patient from serious harm, regardless of staff status or privileges granted as per the LAC+USC Attending Staff Association Bylaws.

ACKNOWLEDGMENT OF PRACTITIONER:

I hereby certify that I have no physical or mental impairment which would interfere with my practice, and I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise in each group of procedures requested. I understand that in making this request I am bound by the LAC+USC Bylaws and/or policies of the hospital and medical staff.

 APPLICANT’S SIGNATURE

 DATE

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Department Chair/Chief/Designee:

If there are any recommendations of privileges that need to be modified or have conditions added, indicate here:

Privilege#: _____
 Condition/Modification/Explanation: _____

If privileges are NOT recommended based on COMPETENCY, provide explanation:

Privilege#: _____
 Explanation for NOT recommending based on
 COMPETENCY: _____

If supplemental documentation provided, check here:

I have reviewed the requested clinical privileges and the supporting documentation for the above-named applicant and recommend requested privileges as noted above.

 SIGNATURE OF THE DEPARTMENT CHAIR/CHIEF/DESIGNEE

 DATE

APPROVED BY CREDENTIALS & PRIVILEGES COMMITTEE ON:	APPROVED BY EXECUTIVE COMMITTEE ON:
APPROVED BY GOVERNING BODY ON:	PERIOD ENDING:

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APPENDIX A Flexible bronchoscopy with use of endobronchial ultrasound (EBUS):

1. Board certification in Pulmonary Disease or Critical Care Medicine,
2. Certificate of training from Endobronchial ultrasound vendor course **OR** education and training from Fellowship Program.
3. Three (3) proctored cases.

APPENDIX B Percutaneous Tracheostomy:

1. American Board of Medical Specialties Subspecialty Certificate in Pulmonary Disease or ABMS equivalent; **AND**
2. Training during residency or fellowship by a physician credentialed to perform the procedure, for a minimum of twenty (20) procedures;

OR

If formal training is not received during residency or fellowship, the credentials should include:

1. American Board of Medical Specialties Subspecialty Certificate in Pulmonary Disease or ABMS equivalent; **AND**
2. Demonstrate evidence of having performed 20 cases.

APPENDIX C Carotid Artery Stenting for carotid artery stenosis

Qualifications and Experience

1. M.D. or D.O. who must hold unrestricted endovascular privileges in their department
2. Documentation of attendance at an industry sponsored endovascular carotid stenting course that is approved by the FDA or equivalent completion in an ACGME or AOA accredited training program, such as primary certificate in Vascular Surgery from the American Board of Surgery or subspecialty certificate in Vascular/Interventional Radiology from the American Board of Radiology or equivalent.
3. Documentation (in the form of operative reports) of the performance of 30 carotid angiograms of which 15 must be as primary operator, in another institution or as part of an ACGME or AOA accredited resident training program or the equivalent.
4. Documentation (in the form of operative reports) of the performance of 25 supervised carotid interventions (at least 13 as primary operator).
 - a. Supervised cases require the availability of someone experienced in intracranial rescue procedures.
 - b. The multidisciplinary committee expects each supervised case patient to be seen preoperatively and postoperatively.

Proctoring: a minimum of the first (5) cases must be proctored.

Appropriateness Criteria

1. Patients who are at high risk for carotid endarterectomy and who have symptomatic carotid artery stenosis $\geq 70\%$; or
2. Patients who are likely to benefit from a high risk for CEA and have symptomatic carotid artery between 50% and 70% in accordance with the Category B clinical trials regulation, or in accordance with the National Coverage Determination post approval studies; or
3. Patients who are at risk for CEA and have asymptomatic carotid artery stenosis 80% in accordance with the Category B clinical trials regulation, as a routine cost under the clinical trials policy or in accordance with the National Coverage Determination on CAS post approval studies
4. Symptoms that apply to any of the three above-listed criteria:
 - a. Congestive heart failure
 - b. Left ventricular ejection fraction (LVEF) <30%
 - c. Unstable angina
 - d. Contralateral carotid occlusion
 - e. Recent MI
 - f. Previous CEA with recurrent stenosis
 - g. Prior radiation treatment to the neck

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5. Symptoms of Carotid Artery Stenosis
 - a. Carotid transient ischemic attack
 - b. Focal cerebral ischemia producing a non-disabling stroke (modified Rankin scale <3 with symptoms for 24 hours or more)
 - c. Transient monocular blindness
 - d. Patients who have a disabling stroke (modified Rankin scale >= 3 would be excluded from coverage)

Performance Improvement Indicator(s) for Carotid Stents

1. Post procedure stroke, MI, or arrhythmias not present prior to procedure, and any neurological deficits post procedure and all death.

Benchmark: Death stroke rate 4.4%-12% at 30 days

Privilege Criteria: Carotid Artery Stenting for trauma or tumor related conditions

Qualifications and Experience

1. M.D. or D.O. who must hold unrestricted endovascular privileges in their department
2. Must hold unrestricted endovascular privileges in their department
3. Documentation of attendance at an industry sponsored endovascular carotid stenting course that is approved by the FDA or equivalent completion in an ACGME or AOA accredited training program, such as primary certificate in Vascular Surgery from the American Board of Surgery or subspecialty certificate in Vascular/Interventional Radiology from the American Board of Radiology or equivalent.
4. Documentation (in the form of operative reports) of the performance of 30 carotid angiograms of which 15 must be as primary operator, in another institution or as part of an ACGME or AOA accredited resident training program or the equivalent.
5. Documentation (in the form of operative reports) of the performance of 25 supervised carotid interventions (at least 13 as primary operator) .
 - a. Supervised cases require the availability of someone experienced in intracranial rescue procedures.

Proctoring: Once a physician has been granted privileges, a minimum of the first 5 cases must be proctored.

Appropriateness Criteria

1. Patients presenting with traumatic injury.
2. Patients presenting with tumor related conditions.

Performance Improvement Indicator: All deaths.

APPENDIX D Privilege Criteria: Transcatheter Aortic Valve Replacement (TAVR):

Qualifications and Experience:

For applicants who have documented TAVR experience:

1. American Board of Medical Specialties Subspecialty Certificate in Interventional Cardiology or ABMS equivalent; AND
2. Training during residency or fellowship by a physician credentialed to perform the procedure OR demonstration of having performed a minimum of the following:
 - a.) 30 TAVI procedures
 - b.) AND suitable company based device training;

OR

For applicants who have documented the following:

1. American Board of Medical Specialties Subspecialty Certificate in Interventional Cardiology or ABMS equivalent AND
2. Demonstrate evidence of having performed the following:

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a.) 100 structural procedures lifetime OR 30 left side structural procedures, with 60% balloon valvuloplasty AND
 b.) Suitable company based device training
Proctoring: a minimum of 5 cases will be proctored.
Performance Indicators and Benchmarks:
 20 TAVR procedures / year or 40 TAVR procedures over 2 years
 30-DAY ALL-CAUSE Mortality <15%
 30-DAY ALL-CAUSE Neurologic events including transient ischemic attacks <15%
 Major Vascular Complication <15%
 60% 1-year Survival Rate for Non-Operable Patients

APPENDIX E **Privilege Criteria: Bronchial Thermoplasty**

Credentials:

- 1) American Board of Medical Specialties (ABMS) Subspecialty Certificate in Pulmonology or ABMS equivalent; AND
- 2) Possessing a current bronchoscopy privilege
- 3) Training during residency or fellowship by a physician credentialed to perform the procedure or formal training course certificate (e.g. from a vendor-sponsored or academic course).

Proctoring:

Two (2) proctored cases for a total of six (6) completed sessions. If a serious adverse event should occur as a consequence of the procedure within 24 hours during the proctoring period, then the proctoring shall be continued to include an additional case with three (3) completed sessions.

APPENDIX F **Privilege Criteria: Interventional Nephrology Privileges.**

Credentials:

For applicants who have documented experience during fellowship training:

- 1) American Board of Medical Specialties (ABMS) Subspecialty Certificate in Nephrology or ABMS equivalent; AND
- 2) Training during residency or fellowship by a physician credentialed to perform the procedure, for a minimum of the requested documented procedures; AND
- 3) Documentation of training in Radiation Safety and Radiation Biology; AND
- 4) Fluoroscopy certificate

OR

For applicants who have documented experience other than in fellowship training:

- 1) American Board of Medical Specialties Subspecialty Certificate in Nephrology or ABMS equivalent; AND
- 2) Demonstrate evidence of having performed the minimum of the requested documented procedures; AND
- 3) Documentation of training in Radiation Safety and Radiation Biology; AND
- 4) Fluoroscopy certificate

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Procedures: Demonstrate the minimum number of requested procedures performed as a primary operator:

- a. Angiograms of Arteriovenous (AV) fistula or AV grafts (25)
- b. Angioplasties of AV grafts of draining veins (25)
- c. Thrombectomies of AV grafts (25)
- d. Insertion of tunneled central venous catheters (25)
- e. Placement of endovascular stents (5)
- f. Obliteration of accessory veins (fistula side branches) (5)
- g. Placement of subcutaneous port (5)
- h. Placement of Permanent Peritoneal Dialysis Catheters (6) within a one –year period prior to requesting the privilege, including documentation of adequate training: 1 hour of review, 2 hours of patient surrogate practice and 2 observations of catheter placement.

A total of 125 interventional procedures in Categories “a. through d.” must be completed.

Proctoring:

A minimum of five (5) representative cases for **Procedures “a. through g.”** will be proctored.
 A minimum of 2 procedures for Placement of Peritoneal Dialysis Catheters will be proctored.