

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

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.

PRIVILEGES	QUALIFICATIONS/CRITERIA
Category A	Usual and Customary Privileges
	<p align="center">QUALIFICATIONS:</p> <p>Board certified or in the process of certification by the American Board of Ophthalmology. Experience and demonstrated competence. *individual privileges will be proctored as per Proctoring Protocol.</p>
Category B	Advanced Privileges - Procedures performed requiring special expertise and/or requiring documented special training and/or certification when it exists
	<p align="center">QUALIFICATIONS:</p> <p><u>FOR NEW APPLICANTS OR CURRENT STAFF MEMBERS:</u> Board certified or in process of certification by the American Board of Ophthalmology; 2. Requires documentation of ability to perform the procedure(s) as outlined above.</p> <p>OR</p> <p>Additional training and certification with experience and demonstrated competence, to be determined by Service Chief. *individual procedures will be proctored by a surgeon so certified.</p>

Instructions: Please place a check mark in the REQUEST column corresponding to the clinical privilege requested. Shaded areas indicate that the privilege is not applicable for that particular entity.

H – Hudson, E – El Monte, R - Roybal

REQUESTED				PRIVILEGE – PRIVILEGING CRITERIA	RECOMMENDED	NOT RECOMMENDED	
LAC+USC	H	E	R			Competency	Other
				Hospital setting: Admission of patients with condition/problems within discipline, perform H&Ps, perform diagnostic tests and order anesthesia services			
				Hospital setting: Consultation of patients with conditions and problems within discipline, perform H&Ps, perform diagnostic tests			
				Ambulatory setting: Perform H&Ps, provide consultation, order diagnostic studies and treatment of diseases			
				Moderate Sedation – <i>will not be requested in the department of ophthalmology at LAC+USC Medical Center or Comprehensive Health Centers</i>			
				Anesthesia:			
				Retrolubar - Perilubar			
				Topical – Local – VII Nerve block			
				Adult extraocular muscle			
				Adult extraocular muscle with botox injections			
				Keratotomy			
				Astigmatic			
				Radial			
				Conjunctival flap			
				Conjunctivoplasty			
				Epikeratophakia			
				Excision, biopsy or destruction of lesion			
				Removal of superficial/embedded foreign objects			
				Keratoplasty:			
				Endothelial			
				Lamellar			
				Penetrating			

LAC+USC=LA County+USC Medical Center
H=Hudson Comprehensive Health Center
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R=Roybal Comprehensive Health Center

NAME: _____

REQUESTED				PRIVILEGE - PRIVILEGING CRITERIA	RECOMMENDED	NOT RECOMMENDED	
LAC+USC	H	E	R			Competency	Other
				Keratoprosthesis:			
				Permanent			
				Temporary			
				Membrane grafting			
				Glaucoma			
				Ocular surface			
				Oculoplastics			
				Retina			
				Glaucoma shunting procedures			
				Goniotomy			
				Trabeculectomy			
				Trabeculotomy			
				Iris and ciliary body:			
				Iridectomy			
				Iridocyclectomy			
				Surgical resection			
				Tumor biopsy:			
				Fine needle aspiration biopsy			
				Glaucoma:			
				ALT			
				SLT			
				Endophotocoagulation			
				Peripheral iridotomy			
				Retina			
				PRP			
				Vitreous strands			
				Suture lysis			
				Other laser:			
				YAG capsulotomy			

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REQUESTED				PRIVILEGE – PRIVILEGING CRITERIA	RECOMMENDED	NOT RECOMMENDED	
LAC+USC	H	E	R			Competency	Other
				Lumbar puncture			
				Optic nerve sheath decompression			
				Sinus surgery			
				Temporal artery biopsy			
				Cataract surgery including:			
				Congenital cataract			
				ICCE			
				ECCE			
				Phacoemulsification			
				Intraocular Lens:			
				Intraocular removal/exchange/reposition			
				IOL implantation			
				Phakic IOL implantation			
				Pterygium excision			
				Tumor excision			
				Scleral reinforcements			
				Transplantation:			
				Amniotic membrane			
				Mucus membrane			
				Blepharotomy – drainage of abscess			
				Blepharoplasty			
				Botox injections			
				Canalicular intubation			
				Canthoplasty			
				Cranio-facial surgery			
				Dacryocystorhinostomy			
				Dilatation, probe, irrigation of lacrimal drainage system			

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LAC+USC	H	E	R			Competency	Other
				Excision, biopsy lacrimal gland			
				Incision & drainage of chalazion			
				Excision – biopsy of eyelid lesion			
				Excision or biopsy of lesion from face			
				Extensive eyelid reconstruction			
				Mucous membrane grafting			
				Plastic reconstruction – minor			
				Probing and irrigation			
				Punctal occlusion			
				Ptosis:			
				Internal repair			
				Re-Operation			
				Repair of blepharoptosis or lid retraction			
				Repair of brow ptosis:			
				Endoscopic			
				External – any method			
				Repair of entropion/ectropion			
				Skin grafting			
				Tarsorrhaphy			
				Trans conjunctival biopsy or excision of lesion			
				Other:			
				Enucleation			
				Evisceration			
				Exploration & repair blowout fracture			
				Anterior exploration			
				Orbital decompression			
				Orbital exenteration			
				Orbital surgery requiring bone/sinus surgery			
				Orbitotomy without bone flap			

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LAC+USC	H	E	R			Competency	Other
				Pre-septal surgery			
				Post-septal surgery			
				Anterior segment repair:			
				Anterior chamber tap			
				Anterior chamber washout			
				IOFB removal			
				Iridoplasty			
				Harvest of skin graft from neck, face, ear			
				Harvest of fascia lata from leg			
				IOL explantation			
				Intraocular foreign body removal			
				Vitreous tap			
				Intraocular injections of medications			
				Pars plana vitrectomy			
				Pars plana lensectomy			
				Placement of iris retractors			
				Scleral buckle			
				Endolaser photocoagulation			
				Surgical iridectomy			
				Use of silicone oil			
				Use of perfluorocarbon liquids			
				Use of intraocular gas			
				Vitreous implants			
				Anterior vitrectomy			
				Pars plana vitrectomy			
				Anterior chamber washout			
				Anterior chamber IOFB removal			
				Exploration of sclera			
				Scleral and corneal repair			

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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

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 THE CREDENTIALS & PRIVILEGES COMMITTEE ON:

APPROVED BY THE EXECUTIVE COMMITTEE ON:

APPROVED BY GOVERNING BODY ON:

PERIOD ENDING:

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