

**LAC+USC MEDICAL CENTER ATTENDING STAFF ASSOCIATION
DELINEATION OF PRIVILEGES FOR THE DEPARTMENT OF SURGERY**

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 LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other
	Core Privileges in Surgery: 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 Adults 14 years of age and older			
	This physician has been extended surgical privileges to perform the following operation (s). Privileges are also extended for operations not approved if such an operation is emergent and if consultation cannot be obtained in the conditions required or if strict adherence to this list would jeopardize the welfare of the patient being treated. It is also recognized that additional surgical procedures may, in rare instances, be performed, during an operation, if the additional procedures are in the best interest of the patient. A procedure of similar type and complexity on the same organ system as checked is approved even though the procedure is not specifically listed. It should be emphasized that procedures performed by surgeons that are not listed on the privilege should be rarely performed.			
	<u>CATEGORY A</u>			

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other

	1. DIGESTIVE			
	- Vestibule of Mouth (Mucosa & Soft Tissue, Lips and Cheeks):			
	• I&D of cysts, abscesses			
	• Excision of foreign body			
	• Repair of laceration			
	• Biopsy of excision benign or malignant lesions			
	- Tongue, Floor of Mouth:			
	• Frenotomy			
	• I&D of abscesses			
	• Biopsy of benign or malignant lesions			
	• Repair of laceration			
	• -Pharynx, Adenoids or Tonsils:			
	• I&D of abscesses			
	• Biopsy of benign or malignant lesions			
	• Excision branchial cleft cyst			
	• Repair of injury			
	• Pharyngostomy			
	- Stomach:			
	• Gastrotomy			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other
	• Gastrostomy			
	• Pyloromyotomy			
	• Biopsy of benign or malignant lesion			
	• Vagotomy with or without pyloroplasty or gastroenterostomy			
	• Gastric resection, partial or total with anastomotic repair			
	• Antireflux procedures (abdominal)			
	• Repair of fistula			
	-Small Bowel & Colon:			
	• Enterolysis			
	• Enterotomy			
	• Enterostomy			
	• Enteroenterostomy			
	• Reduction of volvulus or intussusception			
	• Biopsy of benign or malignant lesions			
	• Enterectomy, partial or complete with enterostomy or enteroenterostomy			
	• Colostomy			
	• Diagnostic laparoscopy			
	• Repair of injury, bowel & mesentery			
	• Repair of fistula			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other
	• Meckel's diverticulectomy			
	• Appendectomy			
	-Anus & Rectum:			
	• I&D of abscess			
	• Biopsy of benign or malignant lesion			
	• Colostomy			
	• Proctectomy by local or abdominoperineal resection with colostomy			
	• Repair or rectal prolapse			
	• Proctosigmoidoscopy with or without biopsy or excision of foreign body			
	• Electrodesiccation of anal or rectal lesions			
	• Repair of fistula			
	• Reduction of rectal prolapse			
	• Anal fistulotomy			
	• Dilatation or rapir of anal or rectal stricture			
	• Anal sphincterotomy			
	• Anal fissurectomy			
	• Hemorrhoidectomy			
	• Anoplasty			
	-Liver:			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other
	• Biopsy, open			
	• Hepatotomy for cyst or abscess			
	-Biliary Tract:			
	• Choledochotomy or choledochostomy			
	• Choledochoenterostomy			
	• Transduodenal sphincterotomy or sphincteroplasty			
	• Cholecystectomy, laparoscopic, with or without cholangiography			
	• Cholecystectomy, open, with or without common duct exploration			
	-Pancreas:			
	• I&D of abscess			
	• Biopsy of benign or malignant lesion			
	• External or internal drainage of pancreatic pseudocysts			
	• Pancreatectomy, partial with or without enterostomy			
	• Pancreatectomy, total			
	• Pancreaticoduodenectomy			
	2. ABDOMEN			
	• Laparotomy			
	• I&D subhrenal or intra-abdominal abscess			
	• Omentectomy			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other

	• Peritoneal lavage			
	• Placement or dialysis catheter			
	• Repair of groin hernia			
	• Repair of incisional hernia			
	3. BREAST			
	• Fine needle aspiration cytologic biopsy			
	• Core biopsy			
	• Open breast biopsy			
	• Needle-directed breast biopsy			
	• Partial mastectomy (lumpectomy)			
	• Axillary dissection			
	• Modified radical mastectomy			
	• Excision of lactiferous duct			
	4. URINARY SYSTEM (For trauma or as part of a tumor resection)			
	• Ureteral resection and repair			
	• Cystotomy, cystostomy			
	• Urethrocystography, cystography			
	• Cystorrhaphy			
	• Meatotomy			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other
	• Urethorrhaphy			
	• Urethral catheterization			
	• -Male Genital System:			
	• Circumcision			
	• Orchiopexy			
	• Reduction of torsion of testes			
	• Excision or repair of hydrocele or spermatocele			
	• I&D of abscess			
	-Female Genital System:			
	• I&D of abscess perineum			
	• Colpotomy for pelvic abscess			
	• Repair of fistula, enterovaginal			
	• Pelvic examination under anesthesia			
	• Hysterectomy for trauma or as part of a tumor resection			
	• Oophorectomy			
	• Salpingectomy			
	5. ENDOCRINE			
	• Excision of thyroglossal duct cyst			
	• Biopsy of thyroid or parathyroid glands			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other
	<ul style="list-style-type: none"> • Thyroidectomy (partial, lobar or total) with or without regional lymphadenectomy 			
	<ul style="list-style-type: none"> • Parathyroidectomy, single or multiple 			
	<ul style="list-style-type: none"> • Adrenalectomy, unilateral or total 			
6.	NEUROLOGICAL			
	<ul style="list-style-type: none"> • Spine lumbar puncture, diagnostic or for injection of anesthetic agent 			
	<ul style="list-style-type: none"> • Injection of peripheral nerve with anesthetic agent 			
	<ul style="list-style-type: none"> • Decompressive fasciotomy 			
	<ul style="list-style-type: none"> • Excision of neuroma or neurofibroma 			
	<ul style="list-style-type: none"> • Sympathectomy, cervical, dorsal or lumbar 			
	<u>CATEGORY B</u>			
7.	INTEGUMENTARY			
	<ul style="list-style-type: none"> • Management of burns, major 			
8.	MUSCULOSKELETAL			
	<ul style="list-style-type: none"> • Repair of musculotendinous injury to hand 			
9.	RESPIRATORY			
	<ul style="list-style-type: none"> • Bronchoscopy with or without biopsy, bronchography 			
10.	VASCULAR			
	<ul style="list-style-type: none"> • Vascular access for hemodialysis 			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other

	11. INTEGUMENTARY			
	• Management of burns, major			
	12. DIGESTIVE			
	-Tongue, Floor of Mouth:			
	• Glossectomy, partial or complete, with or without uvulectomy			
	• Radical lymphadenectomy and mandibulectomy			
	-Pharynx, Adenoids or Tonsils:			
	• Radical neck dissection			
	-Esophagus:			
	• Esophagomyotomy, cervical, thoracic or thoracoscopic			
	• Esophageal diverticulectomy cervical or thoracic			
	• Esophagoscopy with or without biopsy			
	• Esophagogastrectomy			
	• Repair of injury			
	• Antireflux procedure (thoracic or laparoscopic)			
	• Colon or small bowel interposition			
	-Stomach			
	• Gastroduodenoscopy with or without biopsy			
	-Small Bowel & Colon:			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other
	• Flexible colonoscopy with or without biopsy			
	-Liver and Biliary Tract:			
	• Hepatectomy, partial or lobar			
	• Porto-systemic shunts			
	• Repair of bile duct stricture and/or Hepaticojejunostomy			
	-Advanced Abdominal Laparoscopy:			
	• Treatment of pancreatic cyst			
	• Hernia repair			
	• Adrenelectomy			
	• Fundoplication			
	• Laparoscopic liver			
	• Cyst removal			
	• Laparoscopic liver wedge resection			
	-Renal Transplantation:			
	• Autograft			
	• Allograft			
	13. MISCELLANEOUS			
	• Excision of carotid body tumor			
	• Thymectomy			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other
	<ul style="list-style-type: none"> • Laser (special documentation necessary) 			
	<ul style="list-style-type: none"> • Fluoroscopy (special documentation necessary) 			
	14. PULMONARY & MEDIASTINAL			
	<ul style="list-style-type: none"> • Pneumonectomy 			
	<ul style="list-style-type: none"> • Sleeve Pneumonectomy 			
	<ul style="list-style-type: none"> • Pericardiocentesis 			
	<ul style="list-style-type: none"> • Lobectomy 			
	<ul style="list-style-type: none"> • Sleeve Lobectomy 			
	<ul style="list-style-type: none"> • Lung abscess 			
	<ul style="list-style-type: none"> • Trachael resection 			
	<ul style="list-style-type: none"> • Congenital tracheosophageal fistula 			
	-Empyema:			
	<ul style="list-style-type: none"> • Drainage (Open & Closed) 			
	<ul style="list-style-type: none"> • Decortication 			
	<ul style="list-style-type: none"> • Thoracoplasty 			
	<ul style="list-style-type: none"> • Empyemectomy 			
	-Mediastinal tumors:			
	<ul style="list-style-type: none"> • Thymectomy 			
	<ul style="list-style-type: none"> • Hemothorax - Tube thoracostomy 			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other
	• Pneumothorax - Tube thoracostomy			
	• Chest wall injuries or deformities			
	• Thoracic outlet decompression			
	• Mediastinoscopy			
	• Bronchoscopy			
	• Thoracentesis			
	• Pleuroscopy			
	• Embolic lobectomy & vertebral body resection			
	15. BURNS			
	• En block and tangential excision of burns			
	• Split thickness of skin graft			
	• Whole thickness skin graft			
	• Contracture release and repair			
	• Limb amputation, total and partial			
	• Bronchoscopy			
	• Tracheostomy			
	• Fasciotomy			
	PLASTIC AND RECONSTRUCTIVE SURGERY			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other

	16. GENERAL RECONSTRUCTIVE SURGERY			
	• Head and Neck			
	• Trunk			
	• Upper Extremity			
	• Lower Extremity			
	17. HAND SURGERY			
	• Replacement of Lost Tissue			
	• Restoration of Bony Architecture			
	• Repair of Severed Nerves			
	• Tendon Repair, Graft or Transfer			
	• Replantation Severed Digits			
	18. MICROVASCULAR SURGERY			
	• Replantation Amputated Body Part			
	• Toe to Hand Transfer			
	• Free Jejunal Tissue Transfer			
	19. AESTHETIC SURGERY			
	• Rhinoplasty			
	• Submucous Resection			
	• Blepharoplasty			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other
	• Rhytidectomy			
	• Dermabrasion			
	• Scar Revision			
	• Abdominoplasty			
	• Excision Pressure Sores			
	20. BURNS			
	• En block and tangential excision of burns			
	• Split thickness of skin graft			
	• Whole thickness skin graft			
	• Contracture release and repair			
	• Limb amputation, total and partial			
	• Bronchoscopy			
	• Tracheostomy			
	• Fasciotomy			
	21. BURNS LASER SURGERY			
	22. MAXILLOFACIAL SURGERY			
	23. SUCTION ASSISTED LIPECTOMY			
	• Above the Clavicle			
	• Below the Clavicle			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other

	VASCULAR SURGERY			
	<u>CATEGORY A</u>			
	24. Includes the following:			
	• Varicose veins, stripping & ligation			
	• Embolectomy or thrombectomy:			
	-Arterial or venous graft			
	• Vena caval interruption/prosthesis insertion			
	• Amputation:			
	-Digits			
	-Transmetatarsal			
	- Below Knee			
	-Above Knee			
	<u>CATEGORY B</u> (Requires formal training and documented experience in vascular surgery)			
	25. VASCULAR RECONSTRUCTIONS			
	-Aneurysms			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other
	• Infrarenal Aorta			
	• Thoracoabdominal			
	• Suprarenal Aorta			
	• Iliac			
	• Femoral			
	• Popliteal			
	-Cerebrovascular			
	• Carotid			
	• Vertebral			
	• Arch branches:			
	-Direct			
	-Cervical Bypass			
	-Peripheral Chronic Obstructive (Direct Operation)			
	• Aorta-iliac-femoral			
	• Femoral-popliteal-tibial			
	• Intra-abdominal aortic branches:			
	-Celiac/SMA			
	-Renal			
	• Upper extremity (axillary, branchial)			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other
	-Direct repair graft (not vascular access)			
	• Extra cavity bypass operation			
	-Axillary-femoral			
	-Femoral-femoral			
	• Portal decompression operations			
	26. MISCELLANEOUS VASCULAR			
	• Operations for venous ulceration			
	• Sympathectomy, cervical or lumbar			
	• Transluminal angioplasty			
	• Angioscopy			
	• Operations for lymphadema			
	• First rib resection, scalenectomy			
	• Peritoneovenous shunt			
	27. VASCULAR ACCESS PROCEDURES			
	• Shunt			
	• Fistula			
	• Graft			
	• Venous			

Name: _____

REQUESTED	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
LAC+USC Medical Center			Competency	Other

	CARDIAC SURGERY			
	28. PULMONARY & MEDIASTINAL			
	• Pneumonectomy			
	• Pericardiocentesis			
	• Sleeve Pneumonectomy			
	• Lobectomy			
	• Sleeve Lobectomy			
	• Lung abscess			
	• Tracheal resection			
	• Congenital tracheosophageal fistula			
	• Chronic empyema:			
	- Decortication			
	- Thoracoplasty			
	- Empyemectomy			
	• Acute Empyema:			
	- Drainage (open & closed)			
	• Mediastinal tumors:			
	- Tymectomy			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other
	• Hemothorax - Tube Thoracostomy			
	• Pneumothorax - Tube Thoracostomy			
	• Chest wall injuries or deformities			
	• Thoracic outlet decompression			
	• Mediastinoscopy			
	• Bronchoscopy			
	• Thoracentesis			
	• Pleuroscopy			
	• Embolic lobectomy & vertebral body resection			
	29. ESOPHAGEAL			
	• Esophagoscopy			
	• Esophagostomy			
	• Esophagectomy			
	• Colon interposition			
	• Antireflux procedures			
	• Esophageal myotomy			
	• Cricopharyngeal myotomy			
	30. HEMATOLOGIC AND LYMPHATIC			
	• Lymphadenectomy, axillary, inguinal, pelvic (iliac)			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other
	<ul style="list-style-type: none"> Lymph node biopsy 			
	<ul style="list-style-type: none"> Splenectomy or splenorrhaphy (open) 			
	31. INTEGUMENTARY SYSTEM			
	<ul style="list-style-type: none"> Biopsy and excision of benign or malignant lesions 			
	<ul style="list-style-type: none"> Hidradenectomy 			
	<ul style="list-style-type: none"> Resect pilonidal sinus 			
	<ul style="list-style-type: none"> Split or full thickness skin graft 			
	32. AIRWAY MANAGEMENT			
	<ul style="list-style-type: none"> Endotracheal Intubation 			
	- Oral			
	- Nasal			
	- Direct Laryngoscopy			
	- Fiber optic guided endotracheal intubation			
	<ul style="list-style-type: none"> Cricothyroidotomy 			
	33. PULMONARY			
	<ul style="list-style-type: none"> Management of mechanical ventilation 			
	<ul style="list-style-type: none"> Therapeutic bronchoscopy 			
	<ul style="list-style-type: none"> Broncho alveolar lavage 			
	<ul style="list-style-type: none"> Thoracentesis 			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other
	• Tube thoracostomy			
34.	CARDIO VASCULAR			
	• Placement of:			
	- Central venous catheter			
	- Pulmonary artery catheterization			
	- Arterial catheter placement			
	• Temporary pacemaker placement			
	• Cardio-version			
	• Screening echocardiography			
	• Non-invasive hemodynamic monitoring			
	• Transcatheter Aortic Valve Replacement (TAVR) Please refer to Appendix A for privileging Criteria			
35.	GASTRO-INTESTINAL			
	• Placement of naso and oro gastric tubes			
	• Placement of naso and oro jejunal tubes			
	• Diagnostic esophago-gastro-duodenoscopy			
	• Percutaneous endoscopic gastrostomy			
	• Paracentesis			
36.	NERVOUS SYSTEM			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other
	<ul style="list-style-type: none"> Lumbar puncture 			
	<ul style="list-style-type: none"> Management of intra cranial pressure 			
	<ul style="list-style-type: none"> Non-invasive neurologic monitoring 			
	37. MUSCULO-SKELETAL			
	<ul style="list-style-type: none"> Adjustment of external stabilization devices 			
	<ul style="list-style-type: none"> Compartment pressure monitoring 			
	38. RENAL SYSTEM			
	<ul style="list-style-type: none"> Continuous renal replacement thereapy 			
	<ul style="list-style-type: none"> (CVVH, CAVH, CAVHD, CVVHD, etc) 			
	<ul style="list-style-type: none"> Urethral catheterization 			
	<ul style="list-style-type: none"> Bladder pressure monitoring 			
	CARDIOTHORACIC SURGERY			
	-Heart and Pericardium			
	- Incision			
	<ul style="list-style-type: none"> Cardiotomy, exploratory (includes removal of foreign body) with or without cardiopulmonary bypass, suture of heart wound or injury 			
	<ul style="list-style-type: none"> Pericardiotomy with exploration, drainage or removal of foreign body 			
	<ul style="list-style-type: none"> Pericardiocentesis 			
	<ul style="list-style-type: none"> Blalock -Hanlon procedure 			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other
	<ul style="list-style-type: none"> • Creation of atrial septal defect on cardiopulmonary bypass 			
	<ul style="list-style-type: none"> • Rashkind procedure 			
	- Excision			
	<ul style="list-style-type: none"> • Cardiectomy (for transplantation) 			
	<ul style="list-style-type: none"> • Excision of cardiac or intracardiac tumor 			
	<ul style="list-style-type: none"> • Pericardiectomy 			
	<ul style="list-style-type: none"> • Ventricular aneurysmectomy 			
	<ul style="list-style-type: none"> • Post-infarction ventricular septal defect 			
	<ul style="list-style-type: none"> • Epicardial 			
	<ul style="list-style-type: none"> • Pacemaker generator replacement 			
	- Valvular Surgery			
	<ul style="list-style-type: none"> • Repair (with or without cardiopulmonary bypass) 			
	<ul style="list-style-type: none"> • Replacement 			
	-Coronary Artery Surgery			
	<ul style="list-style-type: none"> • Aortocoronary bypass graft (includes internal mammary artery, synthetic or xenograft materials, endarterectomy, patch angioplasty, etc.) 			
	<ul style="list-style-type: none"> • Ventricular aneurysmectomy 			
	<ul style="list-style-type: none"> • Post-infarction ventricular septal defect 			
	- Congenital Heart Disease			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other
	• Patent ductus arteriosus			
	• Coarctation of aorta			
	• Atrial septal defect			
	• Ventricular septal defect			
	• Endocardial cushion anomaly (complete and incomplete)			
	• Anomalous coronary vessels			
	• Anomalous pulmonary venous return			
	• Sinus of Valsalva fistula and/or aneurysm			
	• Tetralogy of Fallot (palliation or correction)			
	• Transposition of great arteries (palliation or correction)			
	• Truncus arteriosus (palliation or correction)			
	• Ebstein's anomaly			
	• Double outlet right or left ventricle			
	• Apico-aortic conduit construction			
	• Aortic septal defect			
	• Tricuspid atresia (palliation or correction)			
	• Anomalies of the aortic arch			
	• Cor triatriatum			
	• Pulmonic stenosis or atresia (palliation or correction)			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other
	<ul style="list-style-type: none"> Pulmonary venous obstruction 			
	<ul style="list-style-type: none"> Intra aortic Balloon Pump 			
	<ul style="list-style-type: none"> Implantation of LV assist devices 			
	- Arterial			
	<ul style="list-style-type: none"> Embolectomy, direct anywhere 			
	<ul style="list-style-type: none"> Embolectomy, catheter anywhere 			
	<ul style="list-style-type: none"> Excision and graft or direct repair for aneurysm or occlusive disease anywhere except coronary (may include excision of affected organ) 			
	<ul style="list-style-type: none"> Thromboendarterectomy, with or without angioplasty anywhere except coronary 			
	<ul style="list-style-type: none"> Bypass graft anywhere (vein, synthetic, reconstituted or viable arterial, sparks) except coronary 			
	<ul style="list-style-type: none"> Exploration (not followed by surgical repair) 			
	<ul style="list-style-type: none"> Exploration for P.O. hemorrhage or thrombosis 			
	- Trauma			
	<ul style="list-style-type: none"> Arteriorrhaphy 			
	<ul style="list-style-type: none"> Phleborrhaphy 			
	<ul style="list-style-type: none"> Ligation 			
	<ul style="list-style-type: none"> Fasciotomy 			
	- Rib Resection			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other
	<ul style="list-style-type: none"> • Cervical or first rib for thoracic outlet decompression 			
	<ul style="list-style-type: none"> • Transcatheter Aortic Valve Implantation (TAVI) – Please refer to Appendix A for privilege Criteria. 			
	- Endovascular			
	<ul style="list-style-type: none"> • Endovascular treatment of descending aneurysm 			
	<ul style="list-style-type: none"> • Endovascular treatment of lower extremities 			
	<ul style="list-style-type: none"> • MODERATE/DEEP SEDATION PRIVILEGES – Must have fulfilled the required elements for Moderate/Deep Sedation and successfully passed the Moderate/Deep Sedation Competency examination. 			
	<ul style="list-style-type: none"> • DECLARATION OF BRAIN DEATH PRIVILEGES – Must have fulfilled the required elements for Declaration of Brain Death and successfully passed the brain death competency examination. 			
	<ul style="list-style-type: none"> • PATIENT CONTROLLED ANALGESIA – Must have fulfilled the required elements for Patient Controlled Analgesia and successfully passed the PCA competency examination. 			
	<ul style="list-style-type: none"> • TEACHING ONLY 			
	ICU PROCEDURES			
	1. Arterial cannulation			
	2. Central venous cannulation (including placement of catheters for dialysis)			
	3. Pulmonary artery catheterization			
	4. Temporary transvenous pacemaker placement			
	5. Airway intubation			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other
	6. Tube thoracostomy			
	7. Fiberoptic bronchoscopy (therapeutic)			
	8. Pericardiocentesis			
	9. Percutaneous tracheostomy			
	10. Diagnosis peritoneal lavage			
	11. Continuous renal replacement therapy			
	12. Mechanical ventilation			
	13. Peritoneal dialysis catheter placement			

Name: _____

REQUESTED	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
LAC+USC Medical Center			Competency	Other

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

Name: _____

REQUESTED	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
LAC+USC Medical Center			Competency	Other

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:

Name: _____

REQUESTED	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
LAC+USC Medical Center			Competency	Other

APPENDIX A 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 Thoracic and Cardiac Surgery 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 AND
 - b.) Suitable company based device training

OR

For applicants who have documented the following:

1. If formal training is not received during residency or fellowship, the credentials should include American Board of Medical Specialties Subspecialty Certificate in Thoracic and Cardiac Surgery or ABMS equivalent; AND
2. Demonstrate evidence of having performed:
 - a). 100 career Aortic Valve Replacement (AVR) at least 10 done for high risk patients STS score > 6 OR
 - b). 25 AVR per year OR
 - c). 50 AVR in 2 years AND
 - d). At least 20 AVR in last year AND
 - e). Experience with peripherally inserted cardiopulmonary peripheral bypass and with open retroperitoneal exposure of, and surgical intervention on, the iliac arteries

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

Name: _____