

**WEST JEFFERSON SURGERY CENTER**  
**Marrero, Louisiana**  
**PRIVILEGE REQUEST FORM FOR GENERAL SURGERY**

**Minimum Threshold Criteria**

*To be eligible to use this form to request clinical privileges, the following minimum threshold criteria must be met.*

1. *Basic Education:* M.D. or D.O.
2. *Training:* Successful completion of a postgraduate residency program in general surgery approved by the Accrediting Council for Graduate Medical Education or its equivalent; and
3. *Experience:* The applicant's ability to demonstrate that he or she has performed at least 100 general surgical procedures during the past 24 months.

If you meet the above criteria, you may request privileges as specified below. Any special requests will be considered only if the minimum threshold criteria are met for each request.

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**Core Privileges**

*I hereby request core general surgical privileges as follows:*

1. The performance of surgical procedures (including related admission, consultation, workup, pre- and postoperative care) to correct or treat various conditions, illnesses, and injuries of the:
    - a. Alimentary tract;
    - b. Abdomen and its contents;
    - c. Breasts, skin, and soft tissue;
    - d. Head and neck;
    - e. Vascular system-limited to the following: emergent post-traumatic vascular injury, and vascular shunts for dialysis;
    - f. Endocrine system; and
    - g. Minor extremity surgery (i.e., biopsy, I&D, varicose veins, foreign body removal, skin grafts, and dialysis shunt).
  2. The comprehensive management of trauma, including:
    - a. Musculoskeletal, hand, and head injuries; and
    - b. The complete care of critically ill patients with underlying surgical conditions in the emergency department, intensive care unit, and the trauma/burn units.
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**Special Requests:**

I hereby request the following special privileges:

- |   |  |
|---|--|
| <input type="checkbox"/> Advanced breast biopsy instrumentation (ABBI)  | <input type="checkbox"/> Bariatric surgery |
| <input type="checkbox"/> Bronchoscopy   | <input type="checkbox"/> Endoscopy         |
| <input type="checkbox"/> Gastroscopy  | <input type="checkbox"/> Laser surgery     |
| <input type="checkbox"/> Laparoscopic surgery   | <input type="checkbox"/> Swan-Ganz         |
| <input type="checkbox"/> Utilization of stereotactic breast biopsy and minimally invasive breast instrumentation (MIBB) |  |
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*I understand that in making this request I am bound by the applicable bylaws or policies of the facility and hereby stipulate that I meet the minimum threshold criteria for this request.*

\_\_\_\_\_  
Physician's signature

Date\_\_\_\_\_

\_\_\_\_\_  
Typed or printed name

**“In general, core privileges consist of those areas listed above. The medical staff may modify or limit the privileges granted.”]**

Approved: 1/03  
Revised: 03/11

WEST JEFFERSON SURGERY CENTER  
MARRERO, LOUISIANA

**GENERAL PRIVILEGES FOR PHYSICIAN APPOINTEES**

All physician appointees of the Medical Staff are automatically granted privileges to:

1. Admit patients;
  2. Perform histories and physicals;
  3. Order diagnostic and therapeutic services;
  4. Make referrals and request consultations;
  5. Provide consultations within the scope of his or her privileges;
  6. Use all skills normally learned during medical school or residency; and
  7. Render any care in a life-threatening emergency.
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Exceptions

- Emergency physicians may not admit or write orders for care in the special care units. These activities must be performed by physicians with such privileges.
- Pathologists may not admit on an inpatient basis or provide emergency room coverage.
- See the special conditions for dentists and podiatrists section in the general policy for delineation of clinical privileges.

WEST JEFFERSON SURGERY CENTER  
MARRERO, LOUISIANA

**PRIVILEGES DELINEATION OVERVIEW**

The following are the primary goals of West Jefferson Surgery Center's privilege delineation process.

1. Assure maximum objectivity in the granting of clinical privileges
2. Avoid, where possible, the use of long laundry lists of diagnoses that require constant updating and redrafting. These lists are, in many disciplines, difficult to monitor and are not generally thought to be realistic.
3. Grant privileges commensurate with education, residency, training, and experience.
4. Ensure, to the extent possible, that patients are cared for by individuals who possess the highest degree of competency.

WEST JEFFERSON SURGERY CENTER

MARRERO, LOUISIANA

**INSTRUCTIONS FOR THE APPLICANT REGARDING THE COMPLETION OF THE PRIVILEGES  
REQUEST FORMS**

*West Jefferson Surgery Center's Medical Staff is divided into departments. Requests for privileges are reviewed by the applicable Department Chair. You must use the privileges request forms to document your requests and to provide additional information for the Center to use.*

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Please note the following when completing our privileges request forms:

1. Most Medical Staff appointees are automatically granted general privileges (See *General Privileges for Physician Appointees*). You must, however, specify any additional privileges you desire by completing the appropriate forms.

*Note: This privileges delineation packet does not include every possible situation, diagnosis, or surgical procedure.*

2. You are expected to practice within the bounds of your training and competence, and you should not attempt to treat those complicated cases for which there are individuals on this staff with higher levels of skill or training.
3. Newly developed or experimental treatment modalities not included herein must be cleared by the appropriate department chair prior to their performance.
4. Please become familiar with the capabilities and limitations of this facility, and do not attempt to treat conditions that require specialty care in other practice settings.
5. Ordinarily, applicants are given privileges request forms that correspond to their specialty or area of interest. If you desire privileges in more than one clinical field, such as medicine, pediatrics, and surgery, and do not find the forms necessary to document your request, please request assistance from the Credentials Coordinator or Administrative representative.
6. When questions require information concerning the number of times you have performed a procedure, you may generalize (e.g., 10-20, greater than 20).

*Note: The Center seeks general, not specific information, unless your overall volume is low. You are not expected to have performed every type of procedure.*