

WEST JEFFERSON SURGERYCENTER
Marrero, Louisiana
PRIVILEGES REQUEST FORM FOR VASCULAR 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. *Minimal formal training:* a.) The applicant must demonstrate successful completion of an ACGME-approved residency/fellowship in Cardiovascular Surgery, wherein a breadth of experience was obtained in the field of Vascular Surgery; or b.) If training was completed since 1984, the applicant must demonstrate successful completion of an approved residency/fellowship program devoted to Vascular Surgery, either as part of or separate from a General Surgical Residency; or, c.) the applicant must demonstrate successful completion of an approved residency/fellowship in General Surgery, wherein extensive successful experience in Vascular Surgery was obtained. This will be demonstrated by letters from the Chief (s) of Surgery at the hospital (s) at which he/she obtained his/her training or is currently practicing, attesting to his/her competence. He/she shall submit a listing of their last 35 consecutive major Vascular Surgery cases or last 2 years of consecutive cases, whichever is greater, with operative notes and discharge summaries.
3. *Required previous experience:* a.) successful completion of an approved residency/fellowship program as noted above; b.) The candidate must demonstrate that he or she has successfully performed 50 documented major vascular reconstructive procedures and submit his or her last 35 vascular surgery cases, or last 2 years consecutive cases, whichever is greater, for review.

References:

A letter of reference must come from the physician's residency director, the program director of any vascular surgery training program, and the appropriate department chief from a hospital with which the applicant has been affiliated for the last two years.

If you meet the above criteria, you may request privileges as specified below:

I hereby request vascular surgery privileges as follows: *Privileges include being able to admit, work up, diagnose, and provide treatment and consultative services to patients with vascular disease and disorders.*

These privileges do not include any of following special requests.

For each special request, the applicant must meet minimum threshold criteria. Special requests for vascular surgery include:

[] laser procedures

I understand that in making this request I am bound by West Jefferson Surgery Center's applicable bylaws and policies. I hereby stipulate that I meet the threshold criteria for each request.

Physician's signature

Typed or printed name

Date

Revised: 5/2000

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

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.
-

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.

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.