

**Loma Linda University Medical Center
Loma Linda, CA 92354
PRIVILEGE FORM**

CLINICAL AREA: **VASCULAR SURGERY**

Name: _____

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REQUEST	CATEGORY	MEMBERSHIP CATEGORY	ACTION		
			Approved	Conditions	Denied
	Provisional (Bylaws 4.3)	All initial appointees shall be placed in the Provisional Category for the duration of their initial appointment.			
Administrative (Bylaws 4.7)		For practitioners who are members of the Medical Staff who have no clinical privileges, who are recommended for appointment or reappointment to the Administrative Staff by the Chief of the Clinical Service, the Credentials Committee, and the Medical Staff Executive Committee, and who must MUST meet the following:			
		1. Have been a member in good standing of the Active, Courtesy, or Provisional Staff for at least one (1) year.			
		2. Have completed proctoring for any clinical privileges previously requested.			
		3. Agree to refrain from participating in any activities within the Medical Center that require clinical privileges.			
		4. Provide significant service to the Medical Center and the Medical Staff in the form of academic activities, quality improvement activities, or administration.			
		5. Be recommended for appointment or reappointment			
		Failure to meet any of these qualifications will be adequate grounds to deny reappointment.			
Affiliate (Bylaws(4.9))		Practitioners who CANNOT :			
		1. Vote or hold office in the Medical Staff or Service. 2. Be a member of any Medical Staff Committee. 3. Be Reappointed to the Affiliate Category.			
		Practitioners who MUST :			
		1. Have been a member in good standing of the Active, Courtesy or Consulting category during the immediate preceding appointment period. 2. Have completed, in a timely manner as described in the Bylaws, an application for reappointment. 3. Have been found to be qualified for reappointment, other than the volume of clinical activity.			
	Active (Bylaws 4.2)	Regularly care for patients in the Medical Center; have completed proctoring requirements and the Provisional period.			
	Courtesy (Bylaws 4.4)	Admit or otherwise provide care for not more than twelve (12) patients in the Medical Center during each year. Have completed proctoring and the Provisional period.			
	Consulting (Bylaws 4.5)	Render a clinical opinion within their competence. Shall not be eligible to admit patients or to assume continuing care of patients in the Medical Center. Not eligible to vote or hold office in the Medical Staff or Clinical Service			

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CATEGORY	QUALIFICATIONS
All	<p>Demonstrated competence and an adequate volume of current experience with acceptable results in the privileges being requested for patients of all age groups, except as specifically excluded from practice; and</p> <p>Recent clinical experience or training in vascular surgery that satisfies or is the equivalent to the standards required for a certificate of special qualifications in general vascular surgery as defined by the American Board of Surgery; and one of the following:</p> <ul style="list-style-type: none"> a) Current certification, or active participation in the examination process leading to certification in vascular surgery by the American Board of Surgery, or the American Osteopathic Board of Surgery; or b) Successful completion of an ACGME/AOA accredited residency program in general vascular surgery and demonstrated acceptable practice experience in the privileges requested for the last three (3) consecutive years.
Procedures followed by an asterisk (*)	<p>Successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable program; and</p> <p>Demonstration of knowledge or the indications for the procedure/test/therapy; and</p> <p>Satisfaction of such additional specific requirements as established by the department.</p>
Use of Laser	<p>Completion of an accredited laser training program documenting laser care, physics and clinical indications for utilization of the specific laser with hands-on experience; or</p> <p>Documentation from the chief of an accredited residency training program attesting to the training in specific laser therapy during residency.</p>
Observation Requirements	<p>As specified in the Vascular Surgery section rules and regulations.</p>
Sedation	<p>Moderate Sedation: Successful completion of the PURPLE Book test, or equivalency, from Loma Linda University Medical Center – Quality Resource Management (LLUMC-QRM).</p> <p>Deep Sedation: Successful completion of the PRS Self-Study packet and test, or equivalence, from LLUMC-QRM.</p>

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MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
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GENERAL					
	VS00300	Admit, treat & consult on disease/disorders affecting the vascular system			
	VS00301	Consult on diseases/disorders affecting the vascular system			
	VS00310	Admit to and treat, with appropriate consultations, patients in the Special Care Units			
		Supervision of residents & students			
		Supervision of Allied Health Professional under the following circumstances: AHP is granted practice privileges by the Medical Staff AHP operates under standardized procedures Other circumstances as recommended by the IDP Committee and approved by the Medical Staff.			
		Supervise Radiologic Technologists and operate Fluoroscopy Equipment. <u>Fluoroscopy Supervisor and Operator Permit required</u> (attach current copy).			
MAJOR RECONSTRUCTIONS					
	VS00721	Angioplasty, femoral			
	VS00722	Angioplasty, iliac			
	VS06572	Laser angioplasty, (See use of laser)			
	VS01292	Aortoiliac bypass			
	VS02670	Aorto femoral bypass			
	VS01290	Axillo-femoral bypass			
	VS01550	Brachiocephalic arterial bypass			
	VS02691	Femoral-femoral bypass			
	VS02690	Femoral-popliteal bypass			
	VS02700	Femoral-tibial bypass			
	VS02730	Visceral artery bypass			
	VS05280	In situ saphenous vein bypass			
	VS05280	Carotid endarterectomy-vertebral artery reconstruction			
	VS1960	Carotid subclavian			
	VS11060	Resection or repair of peripheral artery or vein with anastomosis or replacement			
	VS62680	Resection or repair of major vessels with anastomosis or replacement (excluding cardiopulmonary, intracranial)			

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MAJOR RECONSTRUCTIONS <i>Continued</i>					
	VS09880	Other major peripheral vascular arterial and venous reconstructions			
	VS00723	Intraoperative transluminal angioplasty of iliac peripheral vessels			
	VS11063	Renal transplantation, live related or cadaveric			
		Aneurysm repair:			
	VS01951	Carotid			
	VS04551	Femoral-popliteal			
	VS11071	Intrafrarenal aorta			
	VS11072	Thoracic aorta			
	VS11073	Thoracoabdominal*			
	VS11076	Upper extremity			
	VS11077	Visceral			
OTHER PERIPHERAL VASCULAR PROCEDURES					
	VS00630	Amputation, upper extremity			
	VS00631	Amputation, lower extremity			
	VS00745	Intraoperative angiography			
	VS04551	Brachial embolectomy or thrombectomy			
	VS04550	Femoral embolectomy or thrombectomy			
	VS02030	Central venous access catheters and ports			
	VS03790	Endarterectomy, other than carotid			
	VS13410	Venous reconstruction			
	VS13320	Vein ligation and stripping			
	VS11430	Sclerotherapy			
	VS06780	Lumbar sympathectomy			
	VS03470	Cervical, thoracic or dorsal sympathectomy			
	VS06220	Intraoperative angioplasty, balloon dilatation			
	VS09930	Peritoneovenous shunts for chronic ascites			
	VS13090	Revascularization of amputated parts			
	VS05850	Percutaneous insertion caval filter			
	VS12500	Thoracic outlet decompression procedures including rib resection			

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USE OF LASER					
<i>Use limited to approved applications for the specific laser indicated. List and check "Y" in the "Requested" column for each specific type of laser for which privileges requested.</i>					
	VS13181	CO ₂			
	VS13182	NdYAG			
	VS13183	KTP			
	VS13184	Argon			
	VS13186	Holmium			
	VS13185	Tunable dye			
	VS13189	Excimer			
SEDATION					
	VS99998	Moderate sedation			
	VS99999	Deep sedation			

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Acknowledgment of Practitioner

I have requested only those specific privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Loma Linda University Medical Center, Inc.; **and**

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by any hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws.

Signed: _____

Date: _____

**** *For Hospital and/or Clinic Use Only* ****

Conditions/Modifications:

The requested clinical privileges have been approved by the Board of Trustees with the following conditions/modifications and the explanation for same.

Code	Privilege	Condition/Modification
Code	Explanation:	

Chief of Section

Date

Chief of Service

Date

Credentials Committee

Date

Medical Executive Committee

Date

Approved By Governing Body

Date