

**LAC+USC MEDICAL CENTER**  
**ATTENDING STAFF POLICY GUIDELINES & PROCEDURES**

Subject: <b>Request for New Privilege, Procedure, Treatment</b>	Original Issue Date: 10/2/2015	Policy # <b>ASA 118</b>
	Supersedes: 10/2/2015	Effective Date: 5/4/2022
Departments Consulted:	Reviewed & Approved by: Credentials and Privileges Advisory Committee Attending Staff Association Executive Committee	Approved by:  (signature on file) President, Attending Staff Association

**I. PURPOSE**

To define the medical staff mechanism to review new procedure or treatment, which are not covered by an existing privileges delineation form and to establish a process to determine whether sufficient space, equipment, staffing, and financial resources are in place or available within a specified period of time to support each requested privilege.

**II. POLICY**

A new procedure or treatment, which is not covered by an existing privilege delineation form, may not be performed without prior determination by the relevant department, the Medical Executive Committee, and the Governing Body that the procedure or treatment would be appropriate to include among the services available to patients at LAC+USC Medical Center. An application to perform a new procedure or treatment will not be processed until threshold criteria have been established defining the qualifications that an individual must possess to be eligible to request the clinical privileges in question.

**III. PROCEDURE**

- A. Prior to the establishment of a clinical privilege, the Medical Staff and the Hospital will assure the following:
1. That criterion has been developed defining current competence for practitioners who may request the privilege;
  2. That the setting in which the privilege may or may be performed has been determined;
  3. That the privilege is within the scope of services provided by the organization;
  4. That appropriate policies, when necessary, have been developed to support the privilege;
  5. That the organization has the appropriate equipment and supplies to support the privilege;
  6. That the organization has an adequate number of qualified staff to support the privilege;
  7. That the financial resources necessary to support the privilege have been committed; and
  8. That Attending Staff Office is informed regarding the potential new service in order to address clinical privilege revisions as appropriate.

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- B. A practitioner who wishes to propose that a new procedure or treatment be approved must submit the following information to the chairman of the appropriate department prior to requesting the privilege/s.
1. A description of the procedure or treatment, including the indications and contraindications for it.
  2. A description of any new equipment or other resources that would have to be obtained, and/or any special support staff training or orientation that would have to be provided in connection with the new procedure or treatment.
  3. A description of the results, complications and other pertinent information reported in relevant scientific literature, with citations as appropriate.
  4. A description of the background and training that should be required to qualify a practitioner for privileges to perform the procedure or treatment, with reference to scientific literature and other sources of guidance as appropriate, including other specialties that might also request their privileges.
  5. A proposed monitoring and quality review plan to assess this Medical Staff's overall experience with the new procedure or treatment for a reasonable period or number of cases after it comes into use, taking into account anticipated results, comparative data from other institutions, and other relevant factors.
  6. A proposed set of proctoring requirements to verify the competence of individual practitioners who are granted privileges to perform the new procedure or treatment.
- C. The department chair shall consider the proposal and conduct such additional inquiries or proceedings as he deems appropriate. This may include, among other options, consultation with outside experts, additional literature review, and/or presentation for general discussion at a department. The Department shall make a written recommendation to the Medical Executive Committee, with relevant documentation.
- D. The Credentials Committee and The Medical Executive Committee shall review the recommendation from the department and determine whether to recommend the new procedure/treatment to the Governing Body. If the Medical Executive Committee decides to recommend the new procedure/treatment, it shall develop threshold credentialing criteria based on the information provided and any additional research or consultation with experts, including those on the Hospital's Medical Staff and those outside the Hospital. Based, thereon, the Medical Executive Committee shall develop recommendations regarding:
1. The minimum education, training, and experience necessary to perform the technique/procedure or service.
  2. The extent of monitoring and supervision that should be required if privileges are granted; and
  3. The criteria and/or indications for when the technique/procedure or service is appropriate.

The Medical Executive Committee shall then make a written recommendation to the Governing Body, which shall make the final decision.

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- E. Following the Governing Body approval of a new procedure or treatment, requests for privileges to perform it may be submitted by individual practitioners and processes in accordance with this policy.

### **RESPONSIBILITY**

Attending Staff

### **PROCEDURE DOCUMENTATION**

ASA118-A Request for New Privilege  
 Attending Staff Manual, Policies, Procedures and Guidelines

### **REFERENCES**

Joint Commission Standards (Medical Staff)

### **REVISION DATES**

October 2, 2015; May 4, 2022