

Los Angeles County + University of Southern California Medical Center Attending Staff
ASA 118-A REQUEST FOR NEW PRIVILEGE, PROCEDURE, TREATMENT

TO BE COMPLETED BY REQUESTING PHYSICIAN (may be typed or clearly handwritten)

1. Name of the physician Champion: _____ Date: _____
2. Service Chief of the department or appropriate division: _____
3. New privilege to be considered: _____
4. **SETTINGS** – Note the care setting(s) within the hospital system where this privilege can be performed (include one or both hospitals in this description)

5. **DESCRIPTION** - Describe the procedure or treatment, including the indications and contraindications

6. **NEW MEDICATION** – List of new medications, if any, or circle **N/A**

7. **SPECIAL EQUIPMENT** - List any new equipment required, or circle **N/A**

8. **ADDITIONAL RESOURCES** - List any training required for hospital staff, or circle **N/A**

9. **HOSPITAL STAFF** – List any training required for hospital staff, or circle **N/A**

10. **OUTCOME DATA** - Describe any results, complications and/or other pertinent information reported in relevant scientific literature, with citations or attachments as appropriate.

Los Angeles County + University of Southern California Medical Center Attending Staff
ASA 118-A REQUEST FOR NEW PRIVILEGE, PROCEDURE, TREATMENT

TO BE COMPLETED BY ADMINISTRATION, NURSING OR OTHER SUPPORTIVE STAFF AREAS

1. Can this privilege be performed within the scope of services provided by the organization?
YES NO
2. Does the organization have or commit to the equipment and supplies necessary to support the privileges?
YES NO
3. Does the organization have or commit to the appropriate # of qualified staff to support privilege?
YES NO
4. Have the cost benefit analysis been completed and/or necessary financial resources been committed to support this privilege?
YES NO
5. Is administration aware of proposed privilege/service and supportive of implementation?
YES NO

Date service is expected to be implemented: _____

Any of the above answers is "NO" please explain below

TO BE COMPLETED BY MEDICAL STAFF DEPARTMENT CHAIR

Determination:

_____ Considered part of existing privilege not necessary to add to privilege listing.

If checked, part of what existing privilege: _____

_____ GENERAL privilege to be added to "Basic" privilege list which does not require additional training/education.

_____ SPECIAL privilege (to be added as "Special Privilege" with defined criteria

_____ defined above _____ and/or the following:

Los Angeles County + University of Southern California Medical Center Attending Staff
ASA 118-A REQUEST FOR NEW PRIVILEGE, PROCEDURE, TREATMENT

DISTRIBUTION: LAC+USC Medical Center Attending Staff Manual

Check one:

_____ I have reviewed all of the information for this privilege request, done any additional inquiries necessary, agree with the requirements stated with/without additional recommended criteria defined below and recommended approval of the privilege requested.

_____ I have reviewed all of the information for this privilege request, done any additional inquiries necessary, reviewed the requirements stated and **DO NOT** recommend approval of the privilege requested.

Reason for non-recommendation:

SIGNATURE _____ DATE: _____

Credentials/Privileging Committee Action:	Date: _____
Medical Executive Committee Action:	Date: _____
Governing Body Action:	Date: _____
Attending Staff Office Action Date:	
Incorporated into privilege listing:	Date: _____
Notified appropriate parties of action:	Date: _____

Revision:

October 2, 2015; May 4, 2022

DISTRIBUTION: LAC+USC Medical Center Attending Staff Manual