

INTERNAL MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

All new applicants must meet the following requirements as approved by the governing body.

Effective: _____/_____/_____.

Initial Privileges (Initial Appointment)

Renewal of Privileges (Reappointment)

Applicant: Please check the ***“Requested”*** box for each privilege requested.

Applicants have the burden of producing information and documentation deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If not recommended, provide the condition or explanation on the last page of this form.

Other Requirements

- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- Note that privileges granted may only be exercised at the site(s) designated by CCRMC and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

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QUALIFICATIONS FOR INTERNAL MEDICINE

Initial Applicants: To be eligible to apply for privileges in internal medicine, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in Internal Medicine.

AND

2. Current certification or board eligibility leading to certification (with achievement of certification within the required time frame set forth by the respective Boards) in Internal Medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.

AND

3. Documentation of required current experience: Provision of care to at least 100 inpatients and/or 500 outpatients, reflective of scope of privileges requested, in the last 24 months, or successful completion of an ACGME– or AOA–accredited residency or clinical fellowship within the past 24 months. Please provide clinical activity/procedure log.

Renewal of Privileges: To be eligible to renew privileges in Internal Medicine, the applicant must meet the following criteria:

1. Documentation of Maintenance of Certification (ABMS) or OCC (On-Going Continuous Certification) is required.

AND

2. Current documented competence and an adequate volume of experience (100 inpatients and/or 500 outpatients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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Core Privileges: Internal Medicine - Hospital

- Requested:** Admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult patients with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastro-enteric, and genitourinary systems. May provide care to patients in the intensive care setting. Assess, stabilize, and determine the disposition of patients with emergent conditions regarding emergency and consultative call services.

The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills, as determined by the department chair.

CORE PROCEDURE/TREATMENT LIST

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Internal Medicine – Hospital

- Continuous renal replacement therapy (under guidance by critical care or nephrology)
- Drawing of arterial blood
- Excision of skin and subcutaneous tumors, nodules, and lesions
- Incision and drainage of abscesses
- Interpretation of EKGs at bedside
- Intraosseous line placement
- Local anesthetic techniques
- Management of burns, superficial and partial thickness
- Performance of history and physical exam
- Performance of simple skin biopsy
- Placement of a peripheral venous line
- Placement of anterior and posterior nasal hemostatic packing

Name: _____

Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

- Removal of non-penetrating foreign body from the eye, nose, or ear

Core Privileges: Internal Medicine - Ambulatory

- Requested:** Admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult patients with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastro-enteric, and genitourinary systems.

The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills, as determined by the department chair.

CORE PROCEDURE/TREATMENT LIST

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request, and then initial and date.

Internal Medicine – Ambulatory

- Performance of history and physical exam
- Drawing of arterial blood
- Excision of skin and subcutaneous tumors, nodules, and lesions
- Incision and drainage of abscesses
- Local anesthetic techniques
- Management of burns, superficial and partial thickness
- Performance of simple skin biopsy
- Placement of anterior and posterior nasal hemostatic packing
- Placement of a peripheral venous line
- Removal of non-penetrating foreign body from the eye, nose, or ear
- Cryotherapy (removal of warts)

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Special Non-Core Privileges (See Specific Criteria)

Non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant or re-applicant.

Non-Core Privileges

EKG Interpretation (official)

Criteria for Initial Request:

1. Successful completion of an ACGME– or AOA–accredited postgraduate training program in Internal Medicine or documentation of EKG interpretation skills by successful completion of EKG exams, such as the American Board of Internal Medicine EKG exam or equivalent

AND

2. Documented current competence and evidence of accurate interpretation of at least 200 EKGs during the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Documented current competence and evidence of accurate interpretation of at least 200 EKGs in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Echocardiogram Interpretation (excluding TEE)

Criteria for Initial Request:

1. Successful completion of an ACGME– or AOA–accredited postgraduate training program in Internal Medicine and documentation of Echocardiogram interpretation skills (documentation of appropriate and Department-approved courses or equivalent experience.).

AND

2. Documented current competence and evidence of accurate interpretation of at least 200 Echocardiograms during the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Documented current competence and evidence of accurate interpretation of at

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least 200 Echocardiograms in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Exercise Testing—Treadmill

Criteria for Initial Request:

1. Successful completion of an ACGME– or AOA–accredited residency in Internal Medicine that included a minimum of four weeks, or the department-approved equivalent of training in the supervision and interpretation of exercise testing, and evidence that the training included participation in at least 50 exercise procedures. **AND**
2. Documented current competence and evidence of the performance of at least 25 exercise tests in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Documented current competence and evidence of the performance of at least 25 exercise tests in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Temporary Pacemaker Placement

Criteria for Initial Request:

1. Successful completion of an accredited ACGME or AOA postgraduate training program which included training in temporary pacemaker placement, or completion of a hands-on training in temporary pacemaker placement under the supervision of a qualified physician preceptor. **AND**
2. Demonstrated current competence and evidence of the performance of at least 5 temporary pacemaker placements in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Demonstrated current competence and evidence of the performance of at least 5 temporary pacemaker placement in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Lumbar Puncture

Criteria for Initial Request:

3. Successful completion of an accredited ACGME or AOA postgraduate training program which included training in lumbar puncture, or completion of a hands-on training in lumbar puncture under the supervision of a qualified physician preceptor. **AND**

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4. Demonstrated current competence and evidence of the performance of at least 5 lumbar punctures in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

2. Demonstrated current competence and evidence of the performance of at least 5 lumbar punctures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Bone Marrow Aspiration

Criteria for Initial Request:

1. Successful completion of an ACGME– or AOA–accredited postgraduate training program that included training in bone marrow aspiration, or completion of a hands-on CME course. **AND**
2. Documented current competence and evidence of the performance (as the primary operator) of at least 5 bone marrow aspirations during the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Documented current competence and evidence of the performance (as the primary operator) of at least 5 bone marrow aspirations in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Thoracentesis

Criteria for Initial Request:

1. Successful completion of an ACGME–or AOA–accredited residency which included training in thoracentesis, or completion of a hands-on training in thoracentesis under the supervision of a qualified physician preceptor. **AND**
2. Demonstrated current competence and evidence of the performance of at least 5 thoracentesis procedures or department-approved inservice in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Demonstrated current competence and evidence of the performance of at least 5

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thoracentesis procedures or department-approved inservice in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Pericardiocentesis

Criteria for Initial Request:

1. Successful completion of an ACGME–or AOA–accredited residency which included training in pericardiocentesis, or completion of a hands-on training in pericardiocentesis under the supervision of a qualified physician preceptor. **AND**
2. Demonstrated current competence and evidence of the performance of at least 3 pericardiocentesis procedures or department-approved inservice in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Demonstrated current competence and evidence of the performance of at least 3 pericardiocentesis procedures or department-approved inservice in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Arthrocentesis and Joint Injections

Criteria for Initial Request:

1. Successful completion of an ACGME– or AOA–accredited residency which included training in arthrocentesis and joint injections, or completion of a hands-on training in arthrocentesis and joint injections under the supervision of a qualified physician preceptor. **AND**
2. Documented current competence and evidence of the performance of at least 5 arthrocentesis and joint injections procedures in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Documented current competence and evidence of the performance of at least 5 arthrocentesis and joint injections procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Insertion and Management of Central Venous Catheters and Arterial Lines

Criteria for Initial Request:

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1. Successful completion of an ACGME– or AOA–accredited residency which included training in insertion and management of central venous catheters and arterial line procedures, or completion of a hands-on training in insertion and management of central venous catheters under the supervision of a qualified physician preceptor. **AND**
2. Documented current competence and evidence of the performance of at least 5 central venous catheters and arterial line procedures in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Renewal of privileges:

1. Documented current competence and evidence of the performance of at least 5 central venous catheters and arterial line procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Ventilator Management, including Endotracheal Intubation and Tracheostomy Management

Criteria for Initial Request:

1. Documentation of successful completion of an ACGME– or AOA–accredited postgraduate training program that provided the necessary cognitive and technical skills for ventilator management. **AND**
2. Documented current competence and evidence of the management of at least 5 mechanical ventilator cases in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Documented current competence and evidence of the management of at least 5 mechanical ventilator cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Insertion and Management of Pulmonary Artery Catheters (PAC)

Criteria for Initial Request:

3. Successful completion of an ACGME– or AOA–accredited postgraduate training program that included training in pulmonary artery catheter placement, or completion of a hands-on CME course. **AND**
4. Documented current competence and evidence of the performance (as the primary

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operator) of at least 5 PACs during the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

2. Documented current competence and evidence of the performance (as the primary operator) of at least 5 PACs in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Administration of Sedation and Analgesia:

- Conscious Sedation** (e.g. versed, morphine, fentanyl) – DOES NOT INCLUDE USE OF KETAMINE OR PROPOFOL
- Ketamine** (test required every 2 years)
- Propofol** (test required every 2 years)

Criteria for Initial Request:

1. Successful completion of an ACGME– or AOA–accredited post graduate training program which included training in administration of sedation and analgesia, including the necessary airway management skills, or department-approved extra training and experience.

AND

2. Documented current competence and evidence of the performance of at least 5 cases (can be any combination) in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Documented current competence and evidence of the performance of at least 5 cases (can be any combination) in the past 24 months.

**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)
for initial applicants**

Inpatient:

1. Retrospective or concurrent proctoring (chart review or direct observation) of at least 9 hospitalized patients. FPPE/proctoring has to be representative of the provider’s scope of practice.

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2. Concurrent proctoring (direct observation) of at least three (3) procedures (procedures must be representative of what is usually performed on the unit). FPPE/proctoring must be representative of the provider's scope of practice.

Outpatient:

3. Chart review ("retrospective proctoring") of at least 3 charts from 3 different clinic days (totaling a minimum of 9 charts). FPPE/proctoring must be representative of the provider's scope of practice.
4. FPPE/proctoring is also required for at least one (1) case of each of the requested non-core privileges.
5. If the provider does in and outpatient work, he/she needs to be proctored in both.
6. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
7. Completed FPPE forms must be submitted to the Credentialing Office.
8. It is the applicant's ultimate responsibility to make sure that FPPE and submission of all required paperwork to the Credentialing Office takes place in a timely manner. Failure to do so may result in loss or limitation of privileges.
9. **For low volume providers: please see separate FPPE/proctoring guidelines.**
10. **For more detailed information, please see separate FPPE/proctoring guidelines.**

ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by 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 or related documents.

Signed _____ Date _____

DEPARTMENT / DIVISION CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

Recommend All Requested Privileges

Name: _____
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- Recommend Privileges with the Following Conditions/Modifications:**
- Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

Notes:

[Department Chair] Signature: _____ **Date:** _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials Committee Approval	Date _____
Temporary Privileges	Date _____
Medical Executive Committee Approval	Date _____
Board of Supervisors Approval	Date _____