

**INFECTIOUS DISEASE CLINICAL PRIVILEGES**

<b>Name:</b> _____
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 INFECTIOUS DISEASE**

**Initial Applicants:** To be eligible to apply for privileges in INFECTIOUS DISEASE, the applicant must meet the following criteria:

**EITHER**

**Pathway A:**

1. Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited postgraduate training program in the relevant medical specialty (internal medicine or pediatrics) and successful completion of an accredited fellowship in Infectious Disease
- AND**
2. Documentation of current certification or Board eligibility leading to certification (with achievement of certification within the required time frame set forth by the respective Boards) in Infectious Disease by the American Board of Internal Medicine or a completion of a certificate of special qualifications by the American Osteopathic Board of Internal Medicine.

**OR**

**Pathway B:**

1. Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited postgraduate training program in Internal Medicine or Family Medicine, and Department-approved experience in Infectious Disease
- AND**
2. Documentation of Board Certification or Board Eligibility in Internal Medicine or Family Medicine (with achievement of certification within the required time frame set forth by the respective Boards) by the American Board of Internal Medicine (ABIM) or Family Medicine (ABFM) , or American Osteopathic Board of Internal Medicine (AOBIM) or Family Medicine (AOBFM)

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**AND**

(The following are required for both pathways.)

1. Documented current experience: Inpatient/outpatient care of least 500 patients with infectious diseases, reflective of the scope of privileges requested, within the past 24 months, or successful completion of an ACGME- or AOA-accredited residency within the past 24 months. Please provide a clinical activity/procedure log.

**Renewal of Privileges:** To be eligible to renew privileges in Infectious Disease, the applicant must meet the following criteria:

1. Maintenance of Certification or Osteopathic Ongoing Certification is required.

**AND**

2. Current documented competence and an adequate volume of experience (500 patients with infectious diseases) 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: Infectious Disease***

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- Requested:*** Admit, evaluate, diagnose, consult, and provide care to adolescent and adult patients with infectious diseases of all types and in all organ systems. This includes, but is not limited to, infections of the reproductive organs, infections in solid organ transplant patients, infections in bone marrow transplant recipients, sexually transmitted diseases, infections in travelers, and viral hepatitis, including hepatitis B and C. 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 PROCEDURES/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, please strike through the procedures that you do not wish to request, and then initial and date.

**Infectious Disease**

- Performance of history and physical exam
- Administration of antimicrobial and biological products via all routes
- Application and interpretation of diagnostic tests
- Interpretation of Gram's stain

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Special Non-Core Privileges (See Specific Criteria)  
Non-core privileges are requested individually in addition to requesting the core. Each practitioner requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant.

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***Non-Core Privileges: HIV/AIDS CARE***

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HIV/AIDS care

**Requirement:** requirements of AB 2168 (see attached) must be met.

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

1. Retrospective or concurrent proctoring (chart review or direct observation) of at least 9 patients with infectious diseases in the care of whom the applicant significantly participated. FPPE/proctoring must be representative of the provider’s scope of practice.
2. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
3. FPPE/Proctoring is also required for at least one (1) procedure/case of each of the requested “non-core” privileges.
4. Completed FPPE forms must be submitted to the Credentialing Office.
5. 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.

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- 6. **For low volume providers: please see separate FPPE/proctoring guidelines.**
- 7. **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**
- Recommend Privileges with the Following Conditions/Modifications:**
- Do Not Recommend the Following Requested Privileges:**

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>

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*Notes:*

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**[Department Chair] Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

<b>Credentials Committee Approval</b>	<b>Date</b> _____
<b>Temporary Privileges</b>	<b>Date</b> _____
<b>Medical Executive Committee Approval</b>	<b>Date</b> _____
<b>Board of Supervisors Approval</b>	<b>Date</b> _____