

ADDICTION 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.

QUALIFICATIONS FOR ADDICTION MEDICINE PRIVILEGES

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

1. Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in relevant specialty (e.g. internal medicine, family medicine, pediatrics, psychiatry, emergency medicine, surgery, preventive medicine, or obstetrics and gynecology)

AND

2. Documentation of current subspecialty certification or board eligibility leading to subspecialty certification (with achievement of certification within the required time frame set forth by the Board) in Addiction Medicine by the American Board of Preventive Medicine, or department-approved equivalent training and experience

AND

3. Documentation of provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for at least 15 patients within the past 24 months, or successful completion of subspecialty fellowship within the past 24 months. Please provide a clinical activity log.

Renewal of Privileges: To be eligible to renew privileges in Addiction Medicine, 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: 15 cases 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.

Core Privileges: Addiction Medicine

□ Requested:

Admit, evaluate, diagnose, treat, and provide consultation to adult patients with alcohol or other substance use disorders. Includes performance of history and physical exam. Treatment modalities include inpatient detoxification, inpatient management of overdoses and maintenance pharmacotherapy (e.g. suboxone, etc.). 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.

FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE) – for initial applicants

1. Retrospective or concurrent proctoring (chart review or direct observation) of at least 9 patients with Addiction Medicine related disorders in the care of whom the applicant significantly participated.
2. FPPE/proctoring has to be representative of the provider's scope of practice.
3. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
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.
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:**

Privilege	Condition/Modification/Explanation

Notes:

DFAM

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 _____

ANESTHESIOLOGY 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.

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

QUALIFICATIONS FOR ANESTHESIOLOGY

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

1. Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in anesthesiology.

AND

2. Documentation of current Board certification or Board eligibility (with achievement of certification within the required time frame set forth by the respective Boards) leading to certification in Anesthesiology by the American Board of Anesthesiology or by the American Osteopathic Board of Anesthesiology.

AND

3. Documentation of current ACLS certification.

AND

4. Documentation of required current experience: 200 cases of anesthesia performed in the hospital, reflective of the scope of privileges requested, within the past 24 months; or documented successful completion of an ACGME– or AOA–accredited residency or clinical fellowship within the past 24 months. Please provide a clinical activity/procedure log.

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

1. Documentation of current competence and adequate volume of experience. 200 cases of anesthesia performed in the hospital with acceptable results, reflective of the scope of privileges requested, for the past 24 months, based on results of Ongoing Professional Practice Evaluation (OPPE) and outcomes.

AND

2. Documentation of Maintenance of Certification or On-Going Continuous Certification

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

Core Privileges: Anesthesiology— Adolescent (≥ 14 years of age) and Adult Patients

Requested: Administration of anesthesia, including general, regional, and local, and administration of all levels of sedation to adolescent and adult patients. Care includes pain relief and maintenance, or restoration, of a stable condition during and immediately following surgical, gynecological, and diagnostic procedures. Provide anesthesia services at all appropriate locations in the hospital (e.g. intensive care setting, emergency room, radiology, etc.).

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.

CORE TREATMENT/PROCEDURE LIST

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

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.

Adolescent (≥ 14 years of age) and Adult Anesthesiology

- Performance of history and physical exam
- Assessment of, consultation for, and preparation of patients for anesthesia
- Clinical management and teaching of cardiac and pulmonary resuscitation
- Diagnosis and treatment of acute pain.
- Evaluation of respiratory function and application of respiratory therapy
- Performance of image-guided procedures (i.e. use of ultrasound to locate anatomical structures such as nerves, arteries, veins, etc.)
- Anesthesiological management of critically ill patients
- Monitoring and maintenance of normal physiology during the perioperative period
- Relief and prevention of pain during and following surgical, therapeutic, and diagnostic procedures using sedation/analgesia, general anesthesia, regional anesthesia
- Supervision and evaluation of performance of medical and paramedical personnel involved in perioperative care

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

Core privileges: Obstetric Anesthesia

- Requested:** Care is directed toward comprehensive anesthetic management, perioperative care, and pain management of women during pregnancy and the puerperium period. Administration of anesthesia, including general, regional, and local, and administration of all levels of sedation to adult and adolescent female patients. Provide anesthesia services at all appropriate locations in the hospital (e.g. intensive care setting, emergency room, radiology, etc.).
- 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 TREATMENT/PROCEDURE LIST

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

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.

Obstetric Anesthesia

- Performance of history and physical exam
- Provision of all types of neuraxial analgesia (including epidural, spinal, combined spinal, and epidural analgesia) and different methods of maintaining analgesia (such as bolus, continuous infusion, and patient-controlled epidural analgesia)
- Anesthetic management of both spontaneous and operative vaginal delivery, retained placenta, cervical dilation, and uterine curettage, as well as postpartum tubal ligation, cervical cerclage
- Consultation and management for pregnant patients requiring non-obstetric surgery
- Provision of general anesthesia for cesarean delivery
- Performance of image-guided procedures (i.e. use of ultrasound to locate anatomical structures such as nerves, arteries, veins, etc.)

Name: _____
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**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)
for initial applicants**

1. At least 6 chart reviews (retrospective proctoring) of pre-op, intra-op, and post-op assessments [of these 6 charts, at least 3 (three) need to be ASA III or greater]. FPPE/proctoring must be representative of the provider's scope of practice.
2. Concurrent proctoring (direct observation) of at least 3 (three) procedures that are representative of procedures regularly performed by anesthesiologists performing adolescent and adult anesthesia.
3. If obstetric anesthesia privileges have been requested/granted, initial FPPE must include additional concurrent proctoring (direct observation) of at least 3 (three) obstetrical cases. FPPE/proctoring must be representative of the provider's scope of practice.
4. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
5. Completed FPPE forms must be submitted to the Credentialing Office.
6. 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.
7. **For low volume providers: please see separate FPPE/proctoring guidelines.**
8. **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 _____

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

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:**

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: _____

CONTRA COSTA REGIONAL MEDICAL CENTER

DEPARTMENT OF FAMILY AND ADULT 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.

QUALIFICATIONS FOR ADULT MEDICINE

Initial applicants: To be eligible to apply for privileges in Ambulatory Care Adult Medicine, the

DEPARTMENT OF FAMILY AND ADULT MEDICINE CLINICAL PRIVILEGES

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

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 Family Medicine **or** Internal Medicine.

AND

2. Documentation of current certification or Board eligibility (with achievement of certification within 3 years) leading to certification in Family Medicine by the American Board of Family Medicine or Family Practice and Osteopathic Manipulative Treatment by the American Osteopathic Board of Family Physicians, **or** Internal Medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.

AND

3. ***Required current experience:*** Provision of care, reflective of the scope of privileges requested, for at least 500 patient visits as the attending physician during the past 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 Ambulatory Care Adult Medicine, the applicant must meet the following criteria:

1. Documentation of Maintenance of Certification or Osteopathic Continuous Certification

AND

2. Current documented competence and an adequate volume of experience (500 patient visits as the attending physician) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcome.

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

Core privileges: Ambulatory Care Adult Medicine

- Requested** Evaluate, diagnose, treat, and provide consultation to patients \geq 14 years old, with a wide variety of illnesses, diseases, injuries, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, integumentary, nervous, female reproductive and family planning, genitourinary systems, and including mild to moderate psychiatric disorders, dependence or addiction to alcohol or other drugs and medical management of chronic pain. Assess, stabilize, and determine 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.

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, due to lack of current competency, please strike through the procedures that you do not wish to request, and then initial and date.

Ambulatory Care Adult Medicine

- Arthrocentesis and Joint Injections
- Cryotherapy (removal of warts)
- Excision of cutaneous and subcutaneous lesions, tumors, and nodules
- Incision and drainage of abscesses
- Incision and drainage of Bartholin duct cysts, including Word Catheter insertion
- Management of burns, superficial and partial thickness
- Management of uncomplicated, minor, closed fractures and uncomplicated dislocations
- Medication induced pregnancy termination at less than 10 weeks
- Microscopic diagnosis of urine and vaginal smears
- Performance of history and physical exam
- Performance of local anesthetic techniques
- Performance of PAP Smear
- Performance of simple skin excision and biopsy
- Peripheral nerve blocks

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

- Placement of anterior nasal hemostatic packing
- Removal of a nonpenetrating foreign body from the eye, nose, or ear
- Removal of IUD
- Subcutaneous, Intradermal and Intramuscular Injections
- Suturing of uncomplicated lacerations, including in perineal and vaginal area
- Toenail trephination and removal

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

Paracentesis

Criteria for Initial Request and Renewal:

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

Non-Core Privilege: Insertion of IUD

Requested

Criteria for Initial Request:

Successful completion of an ACGME–or AOA– accredited postgraduate training program in Family Medicine or Internal Medicine which included training in IUD Insertion, **or**

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

completion of a hands-on training under the supervision of a qualified physician preceptor. Applicant must provide documented experience of at least 5 successful IUD insertions.

Criteria for Renewal of Privileges:

Documented experience of at least 5 successful IUD insertions.

Non-Core Privilege: Implantable Contraception Insertion and Removal (Nexplanon)

Requested

Criteria for Initial Request and Renewal: Completion of the Nexplanon training program. Please submit Training Certification.

Non-core privileges: Suction Endometrial biopsy (EMB)

Requested

Criteria for Initial Request and Renewal:

Successful completion of an ACGME–or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine which included training in endometrial biopsy (EMB), or completion of a hands-on training in endometrial biopsy under the supervision of a qualified physician preceptor. Documented experience of 5 endometrial biopsies.

Facilitating Medical Groups

Criteria for Initial Request – 12 Hours of training in Group Facilitation.

Criteria for Renewal – Experience facilitating 2 groups.

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

Acupuncture

Criteria for Initial Request and Renewal

200 Hours CME or 10 years of experience and 10 cases in last 2 years.

Non-core privileges: HIV/AIDS care

Requested

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

FAMILY MEDICINE PEDIATRICS AND INPATIENT NEWBORN MEDICAL

6/17

DEPARTMENT OF FAMILY AND ADULT MEDICINE CLINICAL PRIVILEGES

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

CARE

QUALIFICATIONS FOR FAMILY MEDICINE PEDIATRICS

Initial applicants: To be eligible to apply for privileges in Family Medicine Pediatrics, 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 Family Medicine

AND

2. ***Required current experience:*** Demonstrated current competence and evidence of the provision of care, reflective of the scope of privileges requested, to at least 300 pediatric visits in the past 4 years, or completion of training in the past 24 months.

Renewal of privileges: To be eligible to renew privileges in family medicine, the applicant must meet the following criteria:

1. Maintenance of Certification or Osteopathic Continuous Certification is required

AND

2. Demonstrated current competence and evidence of the provision of care to at least 300 pediatric visits in the past 48 months based on results of ongoing professional practice evaluation and outcomes.

Core Privileges: Family Medicine Pediatrics

Requested

Evaluate, diagnose, and treat pediatric patients who have common illnesses, injuries, or disorders from birth to Age 14 years old. This includes routine uncomplicated newborn care in the hospital (i.e. L&D, nursery, postpartum, etc.), assessment of physical, emotional and social health, treating acute and chronic disease, and determining the disposition of patients with emergent conditions. The core privileges include the procedures listed below and such other procedures that are extensions of the same techniques as determined by the Family and Adult Medicine Department Chair.

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

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, due to lack of current competency, please strike through the procedures that you do not wish to request, and then initial and date.

Family Medicine Pediatrics

- Bladder catheterization
- Cryotherapy
- Frenulotomy
- Incision and drainage of abscesses
- Local anesthetic techniques
- Management of burns, superficial and partial thickness
- Management of uncomplicated, minor, closed fractures and uncomplicated dislocations
- Microscopic diagnosis of urine and vaginal smears
- Performance of history and physical exam
- Performance of simple skin biopsy or excision
- Peripheral nerve blocks
- Placement of anterior nasal hemostatic packing
- Removal of non-penetrating foreign bodies from the eye, nose and ear
- Routine care of newborns in the hospital (i.e. L&D, nursery, postpartum, etc.)
- Subcutaneous, intradermal, and intramuscular injections
- Toenail trephination and removal
- Wound care and suture of uncomplicated lacerations

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

Special Non-Core Privileges (See Specific Criteria Below)

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 or re-applicant.

Non-Core Privileges

Routine Care of Newborn with Minimal to Moderate Complications in the Nursery* – Including but not limited to the admission and care of the late preterm infant 34 – 36 weeks gestation without significant complications, low birthweight, transient hypoglycemia, sepsis risk factors, mild respiratory issues with need for no or minimal respiratory support, in utero drug exposure not requiring medical management, mild to moderate hyperbilirubinemia, and congenital issues without significant clinical impact. This includes attendance at deliveries with mild to moderate risk factors if NRP certification is maintained every 2 years.

*This privilege will be approved with the agreement of the Chair of Pediatrics _____.

Requested

Initial and Renewal Criteria:

1. Must meet the Family Medicine Pediatrics criteria

AND

2. Documentation of this level of care to 10 patients in the past 24 months.

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

FAMILY MEDICINE INPATIENT OBSTETRICS

QUALIFICATIONS FOR FAMILY MEDICINE INPATIENT OBSTETRICS

Initial applicants: To be eligible to apply for privileges in Family Medicine Inpatient Obstetrics, the applicant must meet the following criteria:

1. Documented successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in Family Medicine
AND
2. Documentation of at least two months of obstetrical rotation during family medicine residency, with 40 patients delivered
AND
3. ***Required current experience:*** Documented current competence and evidence of the performance of at least 10 deliveries in the past 24 months, or completion of training in the past 24 months.

Renewal of privileges: To be eligible to renew privileges in Family Medicine Inpatient Obstetrics, the applicant must meet the following criteria:

1. Maintenance of Certification or Osteopathic Continuous Certification is required
AND
2. Documented current competence and evidence of the performance of at least 10 deliveries in the past 24 months based on ongoing professional practice evaluation and outcomes.

Core privileges: Family Medicine Inpatient Obstetrics

Requested

Admit, evaluate, and manage female patients with normal term pregnancy, with an expectation of noncomplicated vaginal delivery, management of labor and delivery, and procedures related to normal delivery, including medical diseases that are complicating factors in pregnancy (with consultation). 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.

10/17

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

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, due to lack of current competency, please strike through the procedures that you do not wish to request, and then initial and date.

Family Medicine Obstetrics

- Amniotomy
- Augmentation of labor
- Episiotomy
- External and internal fetal monitoring
- Induction of labor with consultation and Pitocin® management
- Initial management of postpartum hemorrhage
- Management of postpartum care
- Management of uncomplicated labor
- Manual removal of placenta, postdelivery
- Normal spontaneous vaginal delivery of a term vertex presentation
- Performance of history and physical exam
- Repair of 1st and 2nd degree vaginal laceration
- Repair of episiotomy, including lacerations/extensions - more extensive with consultation
- Repair of other lacerations including cervical, 3rd and 4th degree with consultation
- Surgical assisting at C-section
- Vacuum-assisted delivery with consultation

QUALIFICATIONS FOR FAMILY MEDICINE - PRENATAL CARE

Initial applicants: To be eligible to apply for privileges in Family Medicine Prenatal Care, the applicant must meet the following criteria:

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

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

AND

2. Documentation of prenatal care training during family medicine residency, with 200 prenatal care visits.

AND

3. ***Required current experience:*** Documented current competence and evidence of 200 prenatal care visits within the past 4 years or completion of training in the past 24 months.

Renewal of privileges: To be eligible to renew privileges in family medicine, the applicant must meet the following criteria:

1. Maintenance of Certification or Osteopathic Continuous Certification is required

AND

2. Completion of 8 Units AAFP/AMA/ACOG approved CME in prenatal care within the last 2 years, **OR** attendance at one DFAM prenatal care update

Core Privileges: Family Medicine Prenatal Care

Requested

Evaluate, diagnose, and treat adolescent and adult female patients who are pregnant, intending to become pregnant or post pregnancy. Assess, stabilize, determine the disposition, and participate in the care of pregnant patients in the ambulatory setting.

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, due to lack of current competency, please strike through the procedures that you do not wish to request, and then initial and date.

Family Medicine Prenatal Care

- Performance of history and physical exam
- Appropriate screening examination including Pap Smear

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

- Microscopic diagnosis of urine and vaginal smears
- **Standard Prenatal Care:** This includes patients with the following medical conditions: BMI less than 60, Chronic Hypertension with Blood Pressure less than 150/100 without medication, Gestational Diabetes controlled with Diet or oral medication, Advanced maternal age, History of pre-eclampsia at over 37 weeks, History of C-section, Substance abuse with or without Medication Assisted Treatment, Cholestasis of Pregnancy with Bile Acids less than 40, size versus dates discrepancy with Estimated Fetal Weight greater than 10%, Urinary Tract Infection, Anemia with Hemoglobin over 8, and vaginitis.
- **Advanced Prenatal Care: with consultation only** for management of patients with more severe pregnancy complications and chronic medical problems such as: Chronic Hypertension on medications, Gestational Diabetes on insulin, pregestational diabetes, History of 3 or more spontaneous abortions at less than 13 weeks, pregnancy loss over 13 weeks, history of intrauterine fetal demise, history of cervical incompetence, History of preterm delivery less than 37 weeks, di/di twins, BMI over 60, Syphilis, Chronic Hepatitis B, History of Preeclampsia in 2 pregnancies or prior to 37 weeks, History of hypothyroid, shortened cervix (<2.5cm), IUGR, persistent placenta previa, anemia with hemoglobin less than 8 and fibroid or other uterine anomalies.

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 reapplicant.

Non-Core Privileges

Basic First and Second Trimester Ultrasound for dating, location, and viability of pregnancy.

Requested

Initial Criteria: Training in Residency or an Ultrasound course, and at least 20 cases of experience. Current competency: at least 8 cases in the past 24 months.

Renewal Criteria: at least 8 cases in the past 24 months.

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

Manual Uterine Aspiration

Requested

Initial Criteria: Training during or following Residency, and at least 50 cases of experience.

Current competency: at least 6 cases in the past 24 months.

Renewal Criteria: At least 6 cases in the past 24 months.

Third trimester OB ultrasound for placental location, viability, presentation, amniotic fluid assessment, estimated fetal weight, cervical length

Requested

Initial Criteria: Training in residency or an Ultrasound course, and at least 20 cases of experience. Current competency: at least 8 cases in the past 24 months.

Renewal Criteria: At least 8 cases in the past 24 months.

Antepartum Fetal Heart Rate Monitoring

Requested

Initial Criteria: Training in residency and at least 30 cases of experience.

Current competency: at least 8 cases in the past 24 months.

Renewal Criteria: At least 8 cases in the past 24 months.

Advanced Prenatal Care

Requested

Initial Criteria: Completion of OB Fellowship or OB Department approved experience equivalent to OB Fellowship, and at least 300 prenatal visits in the past 24 months.

Renewal Criteria: At least 300 prenatal visits in the past 24 months.

FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE) FOR INITIAL APPLICANTS

1. Retrospective or concurrent proctoring (chart review or direct observation) of at least 9 patients in the care of whom the applicant significantly participated. FPPE/proctoring must be representative of the provider's scope of practice.
2. Concurrent proctoring (direct observation) of at least 3 different procedures that are representative of procedures regularly performed in the department. FPPE/proctoring must be representative of the provider's scope of practice.

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

3. FPPE/Proctoring is also required for at least one (1) procedure/case of Paracentesis, IUD Insertion and Endometrial Biopsy.
4. If the provider does in and outpatient work, he/she needs to be proctored in both.
5. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
6. Completed FPPE forms must be submitted to the Credentialing Office.
7. 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.
8. **For low volume providers: please see separate FPPE/proctoring guidelines.**
9. **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** _____

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

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:**

Privilege	Condition/Modification/Explanation

Notes:

DFAM Chair Signature: _____

Date: _____

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

Additional

Department Chair Signature: _____ **Date:** _____
(Peds, OB/Gyn, etc. if appropriate)

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

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

CONTRA COSTA REGIONAL MEDICAL CENTER

HOSPITAL MEDICINE ("HOSPITALIST") 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.

QUALIFICATIONS FOR HOSPITAL MEDICINE

Initial applicants: To be eligible to apply for privileges in Hospital Medicine, the applicant must

HOSPITAL MEDICINE CLINICAL PRIVILEGES

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

meet the following criteria:

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

AND

2. Documentation of current certification or Board eligibility (with achievement of certification within the required time frame set forth by the respective Boards) leading to certification in Family Medicine by the American Board of Family Medicine or Family Practice and Osteopathic Manipulative Treatment by the American Osteopathic Board of Family Physicians

or

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

AND

3. ***Required current experience:*** Provision of care, reflective of the scope of privileges requested, for at least 100 inpatients as the attending physician during the past 24 months, or successful completion of an ACGME–or AOA–accredited residency within the past 24 months. Please provide clinical activity/procedure log.

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

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

AND

2/20

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

2. Current documented competence and an adequate volume of experience (100 inpatients) 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.

Core privileges: Hospital medicine - Inpatient

- Requested** Admit, evaluate, diagnose, treat, and provide consultation to adolescent (≥ 14 y/o) and adult patients with common and complex illnesses, diseases and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, integumentary, nervous, alcohol or other substance use disorders, reproductive, and genitourinary systems. May provide care to patients in the intensive care setting. Assess, stabilize, and determine 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, due to lack of current competency, please strike through the procedures that you do not wish to request, and then initial and date.

Hospital Medicine - Inpatient

- Arthrocentesis and Joint injection

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

- Assistance at surgery
- Breast cyst aspiration
- Continuous renal replacement therapy
- Drawing of arterial blood
- Excision of cutaneous and subcutaneous lesions, tumors, and nodules
- Incision and drainage of abscesses
- Interpretation of EKGs at bedside
- Intraosseous line placement
- Management of burns, superficial and partial thickness
- Management of uncomplicated, minor, closed fractures and uncomplicated dislocations
- Monitoring of patient undergoing chemotherapy under the direction of oncology
- Paracentesis
- Performance of history and physical exam
- Performance of local anesthetic techniques
- Performance of simple skin biopsy
- Peripheral nerve blocks
- Placement of anterior nasal hemostatic packing
- Suprapubic bladder aspiration or catheter replacement
- Suturing of uncomplicated lacerations
- Wound care

Core privileges: Hospital medicine – Ambulatory

PLEASE NOTE: THIS APPLIES ONLY TO OUTPATIENT HOSPITAL FOLLOW-UP CLINICS AND SHORT NOTICE/URGENT CARE CLINICS FOR PATIENTS ≥ 14 Y/O. IF YOU WISH TO REQUEST REGULAR PRIMARY CARE OUTPATIENT PRIVILEGES YOU MUST USE THE DFAM (DEPARTMENT OF FAMILY AND ADULT MEDICINE) FORM

- Requested** Admit, evaluate, diagnose, treat, and provide consultation to adolescent (≥ 14 y/o) and adult patients, with a wide variety of illnesses, diseases, injuries, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, integumentary, nervous, reproductive, and genitourinary systems. Assess, stabilize, and determine disposition of patients with emergent conditions regarding emergency

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

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.

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, due to lack of current competency, please strike through the procedures that you do not wish to request, and then initial and date.

Hospital Medicine – Ambulatory (ONLY HOSPITAL FOLLOW-UP AND SHORT NOTICE/URGENT CARE CLINCS, PATIENTS ≥ 14 Y/O)

- Arthrocentesis and Joint Injections
- Cryotherapy (removal of warts)
- Excision of cutaneous and subcutaneous lesions, tumors, and nodules
- Incision and drainage of abscesses
- Management of burns, superficial and partial thickness
- Management of uncomplicated, minor, closed fractures and uncomplicated dislocations
- Paracentesis
- Performance of history and physical exam
- Performance of local anesthetic techniques
- Performance of PAP Smear
- Performance of simple skin biopsy
- Peripheral nerve blocks
- Placement of anterior nasal hemostatic packing
- Removal of a nonpenetrating foreign body from the eye, nose, or ear
- Subcutaneous, Intradermal and Intramuscular Injections
- Suturing of uncomplicated lacerations
- Toenail trephination and removal

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

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

Non-core privilege: Lumbar Puncture

Requested

Criteria for Initial Request:

1. Successful completion of an accredited ACGME or AOA accredited postgraduate training program in Internal Medicine or Family Medicine 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**
2. 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:

1. 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.

Non-core privileges: Thoracentesis

Requested

Criteria for Initial Request:

1. Successful completion of an ACGME–or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine which included training in thoracentesis, or completion of a hands-on training in thoracentesis under the supervision of a qualified physician preceptor

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

AND

2. Demonstrated current competence and evidence of the performance of at least 5 thoracentesis procedures, or completion of training or department-approved in-service 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 thoracentesis procedures or department-approved in-service in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-core privileges: Insertion and Management of Central Venous Catheters, Arterial Lines and Placement of Temporary Hemodialysis Line

Requested

Criteria for Initial Request:

1. Successful completion of an ACGME- or AOA- accredited postgraduate training program in Internal Medicine or Family Medicine which included training in insertion and management of central venous catheters, arterial lines, and placement of temporary hemodialysis lines, 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 insertion and management of at least 5 central venous catheters, arterial lines, or temporary hemodialysis lines in the past 24 months, or completion of training or completion of training, or department-approved in-service in the past 24 months. Please provide clinical activity/procedure log.

Renewal of privileges:

1. Documented current competence and evidence of the insertion and management of at least 5 central venous catheters, arterial lines, or temporary hemodialysis lines or completion of training, or department-approved in-service in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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

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 Family 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.

Non-core privileges: Exercise Testing—Treadmill

Requested

Criteria for Initial Request:

1. Successful completion of an ACGME– or AOA– accredited postgraduate training program in Internal Medicine or Family 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

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

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.

Non-core privileges: Ventilator Management, including Endotracheal Intubation and Tracheostomy Management

Requested

Criteria for Initial Request:

1. Documentation of successful completion of an ACGME– or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine 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.

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

Non-core privileges: Elective Cardioversion

Requested

Criteria for Initial Request:

1. Documentation of successful completion of an ACGME– or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine that provided the necessary cognitive and technical skills for elective cardioversion, or department-approved extra training and experience

AND

2. Documented current competence and evidence of the management of at least 5 elective cardioversions 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. Documented current competence and evidence of the management of at least 5 elective cardioversions in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-core privileges: Thoracostomy and Thoracic Vent/ Chest Tube Placement

Requested

Criteria for Initial Request:

1. Documentation of successful completion of an ACGME– or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine that provided the necessary cognitive and technical skills for thoracostomy and thoracic vent/ chest tube placement, or department-approved extra training and experience

AND

10/20

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

2. Documented current competence and evidence of the management of at least 5 cases of thoracostomy and thoracic vent/chest tube placement, 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:

3. Documented current competence and evidence of the management of at least 5 cases of thoracostomy and thoracic vent/chest tube placement, in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-core privileges: Point of Care Ultrasound (POCUS)

Requested

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.

Initial Request for Point of Care Ultrasound (POCUS):

1. Documentation of successful completion of an ACGME– accredited postgraduate training program in Internal Medicine or Family Medicine that included formal hands on ultrasound instruction and experience

OR

Documentation demonstrating satisfactory completion of twenty (20) hours of Point of Care Ultrasound CME with at least six (6) hours of hands on ultrasound scanning and has completed five (5) proctored limited cardiac ultrasound cases (as part of CME)

AND

Cardiac: Provide documentation of having performed 20 cases of limited cardiac ultrasound (includes all five views) within the last 24 months

AND/OR

Invasive Procedures: Provide documentation of having performed 5 cases of procedural/invasive ultrasound (can be any combination of procedures) within the last 24 months.

AND/OR

Non-Invasive Procedures: Provide documentation of having performed 5 cases of each type of

11/20

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

non-invasive ultrasound for which privileges are requested within the last 24 months.

Please provide clinical activity/procedure log. Any complications/ poor outcomes should be delineated and accompanied by an explanation.

Practitioner agrees to limit the use of ultrasound to exams performed at the bedside for the purposes of a rapid evaluation to help establish a diagnosis in situations which applicant has privileges to practice.

Renewal of Privileges: To be eligible to renew privileges in Point of Care Ultrasound, the applicant must meet the following criteria:

1. Cardiac: Perform 20 cases of limited cardiac ultrasound (tailored to answer clinical question) within the past 24 months and provide documentation upon request.

AND/OR

2. Invasive Procedures: Perform 10 cases total of procedural/ invasive ultrasound (can be any combination of procedures) within the past 24 months and provide documentation upon request.

AND/OR

3. Non-Invasive Procedures: Perform 20 cases total of non-invasive ultrasound within the past 24 months and provide documentation upon request.

Non-core privileges: LIMITED Bronchoscopy

Requested

Criteria for Initial Request:

1. Documentation of successful completion of an ACGME– or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine that provided the necessary cognitive and technical skills for bronchoscopy (limited), or department-approved extra training and experience

AND

2. Documented current competence and evidence of the management of at least 5 cases of bronchoscopy (limited), in the past 24 months, or completion of training in the past 24

12/20

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

months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

4. Documented current competence and evidence of the management of at least 5 cases of bronchoscopy (limited), in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-core privileges: FNA/Core needle biopsy

Requested

Criteria for Initial Request:

1. Documentation of successful completion of an ACGME– or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine that provided the necessary cognitive and technical skills for FNA/Core needle biopsy or department-approved extra training and experience

AND

2. Documented current competence and evidence of the management of at least 5 cases of FNA/Core needle biopsy 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:

5. Documented current competence and evidence of the management of at least 5 cases of FNA/Core needle biopsy in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-core privileges: Insertion and Management of Pulmonary Artery Catheters (PAC)

Requested

Criteria for Initial Request:

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

1. Successful completion of an ACGME– or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine that included training in pulmonary artery catheter placement, 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 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:

1. 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.

Non-core privilege: Temporary pacemaker placement

Requested

Criteria for Initial Request:

1. Successful completion of an accredited ACGME or AOA accredited postgraduate training program in Internal Medicine or Family Medicine 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:

2. Demonstrated current competence and evidence of the performance of at least 5 temporary pacemaker placements in the past 24 months based on results of ongoing

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

professional practice evaluation and outcomes.

Non-core privileges: Pericardiocentesis

Requested

Criteria for Initial Request:

1. Successful completion of an ACGME–or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine 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 in-service 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 in-service in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-core privileges: HIV/AIDS care

Requested

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

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

Non-Core Privilege: Insertion of IUD

Requested

Criteria for Initial Request:

Successful completion of an ACGME–or AOA–accredited postgraduate training program in Family Medicine or Internal Medicine which included training in IUD Insertion, **or** completion of a hands-on training under the supervision of a qualified physician preceptor. Applicant must provide documented experience of at least 5 successful IUD insertions.

Criteria for Renewal of Privileges:

Documented experience of at least 5 successful IUD insertions.

Non-Core Privilege: Implantable Contraception Insertion and Removal (Nexplanon)

Requested

Criteria for Initial Request and Renewal: Completion of the Nexplanon training program. Please submit Training Certification.

Non-core privileges: Suction Endometrial biopsy (EMB)

Requested

Criteria for Initial Request and Renewal:

Successful completion of an ACGME–or AOA–accredited postgraduate training program in Internal Medicine or Family Medicine which included training in endometrial biopsy (EMB), or completion of a hands-on training in endometrial biopsy under the supervision of a qualified physician preceptor. Documented experience of 5 endometrial biopsies.

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

Non-core privileges: 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

1. Retrospective or concurrent proctoring (chart review or direct observation) of at least 9 patients in the care of whom the applicant significantly participated. FPPE/proctoring must be representative of the provider’s scope of practice.
2. Concurrent proctoring (direct observation) of at least 3 different procedures that are

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

- representative of procedures regularly performed in the department. FPPE/proctoring must be representative of the provider's scope of practice.
3. FPPE/Proctoring is also required for at least one (1) procedure/case of each of the requested "non-core" privileges.
 4. If the provider does in and outpatient work, he/she needs to be proctored in both.
 5. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
 6. Completed FPPE forms must be submitted to the Credentialing Office.
 7. 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.
 8. **For low volume providers: please see separate FPPE/proctoring guidelines.**
 9. **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

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

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:**

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

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: _____

OBSTETRICS AND GYNECOLOGY 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.

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

QUALIFICATIONS FOR OBSTETRICS AND GYNECOLOGY

Initial Applicants: To be eligible to apply for privileges in obstetrics and gynecology (OB/GYN), the applicant must meet the following criteria:

EITHER

Pathway A:

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

AND

2. Documentation of current Board Certification or Board Eligibility in OB/GYN (with achievement of certification within the required time frame set forth by the respective Boards) by the American Board of Obstetrics and Gynecology (ABOG), or the American Osteopathic Board of Obstetrics and Gynecology (AOBOG).

OR

Pathway B:

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

AND

2. OB fellowship, or Department approved experience equivalent to OB fellowship

AND

3. Documentation of Board Certification or Board Eligibility in Family Medicine (with achievement of certification within the required time frame set forth by the respective Boards) by the American Board of Family Medicine (ABFM), or American Osteopathic Board of Family Physicians (AOBFP)

AND

(The following are required for both pathways; this applies to OB/GYN trained as well as Family Medicine trained providers.)

1. Documented Recent Experience (Within the past 24 months):
 - For Inpatient obstetrics privileges: at least 60 deliveries including at least 10 C-sections.

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

- For Ambulatory Obstetrics at least 300 perinatal visits.
- For Surgical/Inpatient GYN privileges the performance of at least 30 gynecological surgical procedures including at least 6 major abdominal cases.
- For Ambulatory GYN at least 300 GYN clinic visits, reflective of the scope of privileges requested.

Please provide clinical activity/procedure log.

OR

2. Successful completion of an ACGME– or AOA–accredited residency or clinical fellowship within the past 24 months.

Renewal of Privileges: To be eligible to renew privileges in OB/GYN, the applicant must meet the following criteria:

1. Maintenance of Certification or Osteopathic Ongoing Certification is required.
2. Documented Recent Experience (Within the past 24 months):
 - For Inpatient Obstetrics privileges, at least 60 deliveries including at least 10 C-sections.
 - For Ambulatory Obstetrics at least 300 visits.
 - For Surgical/Inpatient GYN privileges the performance of at least 30 gynecological surgical procedures including at least 6 major abdominal cases.
 - For Ambulatory GYN at least 300 GYN clinic visits, reflective of the scope of privileges requested.

Core Privileges: Obstetrics

Requested: Ambulatory Obstetrics

Evaluate, diagnose, treat, and provide consultation to adolescent and adult female patients who are pregnant, including major medical diseases that are complicating factors in pregnancy, and general primary care for women who are pregnant, may become pregnant, or postpartum.

Requested: Inpatient Obstetrics

Evaluate, diagnose, admit, treat, and provide consultation to adolescent and adult female patients who are pregnant, intending to become pregnant, or post pregnancy, including major

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

medical diseases that are complicating factors in pregnancy. Assess, stabilize, determine the disposition, and participate in the care of patients with emergent conditions and provide consultative call services at any location in the hospital.

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 OBSTETRICS

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.

Obstetrics (General)

- Advanced Prenatal Care (Patients with more severe pregnancy complications and chronic medical problems such as: CHTN on meds, GDM/DM II on insulin or with HbA1c > 6.5, 3 or more SABs < 13 weeks, pregnancy loss > 13 weeks including IUFD and cervical insufficiency, h/o preterm birth < 37 weeks, Di/di twins, +RPR, HBsAg+, BMI > 60, H/o PreE in 2 pregnancies or prior to 37 weeks, hypothyroidism, shortened cervix < 2.5 cm, IUGR, Persistent placenta previa, anemia Hb < 8, significant fibroids/uterine anomalies, or more complicated conditions with MFM consultation (see MFM section)
- Ambulatory postpartum care including treatment of breastfeeding complications and postpartum depression.
- Amniotomy, placement of internal fetal (FSE), insertion of intrauterine pressure catheter, amnioinfusion
- Cervical Cerclage
- Cesarean hysterectomy and incidental bladder repair during cesarean section
- Cesarean section and cesarean section with tubal sterilization
- Contraception prescription and management
- External version of fetal malpresentation
- First trimester surgical abortions and uterine evacuation for abnormal pregnancy
- Immediate care of the newborn including resuscitation and initial admission orders
- Induction and augmentation of labor
- Interpretation of fetal heart rate monitoring

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

- Intrapartum pudendal and para-cervical blocks
- Management of complicated pregnancies, inclusive of such conditions as preeclampsia with severe features, third-trimester bleeding, intrauterine growth restriction, premature labor/PPROM, fetal demise and placental abnormalities.
- Management of early pregnancy complications including medication management of spontaneous abortion, and identification and medical treatment of ectopic pregnancy
- Manual removal of placenta and postpartum uterine curettage
- Medication abortion
- Obstetric ultrasound including fetal position, number, placental location, biometry and cervical length
- Operative vaginal delivery, including the use of obstetric vacuum extractor and/or forceps
- Performance of history and physical exam
- Performance of multifetal deliveries
- Placement and removal of IUD
- Placement and removal of progestin implant (company certification of training required)
- Planned breech vaginal birth of a singleton pregnancy
- Postpartum tubal sterilization including incidental umbilical hernia repair without mesh
- Repair of cervical lacerations
- Repair of first and second-degree perineal and vaginal lacerations
- Repair of third and fourth-degree perineal lacerations
- Routine management of antepartum, intrapartum and postpartum inpatients including common pregnancy complications
- Second trimester abortion and uterine evacuation for abnormal pregnancy
- Standard Prenatal Care (low risk patients and those with: BMI ≤ 60 , CHTN with BP < 150/100 no meds, GDM on diet or orals HbA1c < 6.5, AMA, H/o PreE ≥ 37 wks, Hx of 1-3 cesarean sections, substance use including buprenorphine, cholestasis of pregnancy, size/dates discrepancies with EFW > 10%, anemia Hb > 8) Provide care of patients with advanced prenatal conditions with consultation from an advanced prenatal provider.
- Treatment of medical and surgical complications in pregnancy
- Treatment of medical and surgical conditions incidental to pregnancy
- Vaginal birth including vaginal birth after cesarean section

Core Privileges: Gynecology

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

Requested: Ambulatory Gynecology

Evaluate, diagnose, treat, and provide consultation necessary to treat female patients of all ages presenting with disorders of the female reproductive system, genitourinary system and breasts. Provide incidental general primary care for women.

Requested: Inpatient and Surgical Gynecology

Evaluate, diagnose, admit, treat, provide consultation and pre-, intra-, and postoperative care necessary to treat female patients of all ages presenting with injuries and disorders of the female reproductive system, the genitourinary system, and non-surgical disorders of the breasts. Assess, stabilize, determine the disposition, and participate in the care of patients with emergent conditions and provide consultative call services at any location in the hospital.

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 GYNECOLOGY

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.

Gynecology (General)

- Abdominal hysterectomy and myomectomy
- Aspiration of breast masses
- Care of gynecologic conditions including abnormal uterine bleeding, infertility, contraception, endometriosis, chronic pelvic pain, ovarian cysts, urinary incontinence, and pelvic infections
- Cervical cone
- Colpocleisis
- Colposcopy and cervical biopsy
- Cystoscopy as part of a gynecological procedure

Name: _____

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

- Diagnostic laparoscopy, laparoscopic salpingectomy, and salpingostomy
- Diagnostic and therapeutic dilation and curettage
- Diagnostic hysteroscopy
- Endometrial ablation
- Gynecologic procedures including endometrial biopsy, placement of Ward catheter, marsupialization of a Bartholin's gland cyst, hymenectomy and removal or drainage of other vulvar and vaginal cysts.
- Incidental appendectomy
- Incidental bladder repair
- Incidental umbilical hernia repair
- Incision and drainage of pelvic abscesses
- Laparoscopic hysterectomy, myomectomy and laparoscopic assisted vaginal hysterectomy
- Laparoscopy and laparotomy for adnexal surgery, including ovarian cystectomy, oophorectomy, and ablation or excision of endometriosis
- LEEP
- Limited gynecologic ultrasound and saline sonohystogram,
- Limited gynecologic ultrasound, saline sonohystogram,
- Operation for treatment of urinary stress incontinence with vaginal approach, retropubic urethral suspension, and sling procedure
- Operative hysteroscopy including excision of polyps, leiomyomas, and metroplasty
- Performance of history and physical exam
- Place catheter for hysterosalpingogram
- Placement and removal of IUD
- Placement and removal of progestin implant (company certification of training required)
- Treatment with chemotherapy of ectopic pregnancy and gestational trophoblastic disease
- Tuboplasty and other infertility surgery (not microsurgical)
- Uterosacral vaginal vault fixation, paravaginal repair
- Uterovaginal, vesicovaginal, rectovaginal, and other fistula repair
- Vaginal hysterectomy
- Vulvar biopsy
- Vulvectomy, simple

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

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.

Non-Core Privileges: Use of Laser

Use of Laser

Criteria for Initial Request:

1. Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or completion of an approved 8-10 hour continuing medical education course that included training in laser principles. An applicant for this privilege should spend time after the basic training course in a clinical setting with an experienced operator, acting as a preceptor, who has been granted laser privileges. Practitioner agrees to limit practice to only the specific laser types for which he or she has provided documentation of training and experience. The applicant must supply a certificate documenting that he or she attended a wavelength and specialty-specific laser

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

course and also present documentation as to the content of that course.

AND

2. Documented current competence and evidence of the performance of at least 10 procedures within the past 24 months, or completion of training within 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 10 procedures within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.

Non-Core Privileges: Administration of Sedation and Analgesia

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) within the past 24 months, or completion of training within 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) within the past 24 months.

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

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

Inpatient (OB/GYN):

1. Retrospective or concurrent proctoring (chart review or direct observation) of at least 9 hospitalized patients in the care of whom the applicant significantly participated. FPPE/proctoring must be representative of the provider's scope of practice.
2. Concurrent proctoring (direct observation) of at least 3 different procedures that are representative of procedures regularly performed in the department. FPPE/proctoring must be representative of the provider's scope of practice.

Outpatient (OB/GYN)

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. Concurrent proctoring (direct observation) of at least 3 different procedures that are representative of procedures regularly performed in the department. FPPE/proctoring must be representative of the provider's scope of practice.
5. **Providers who do inpatient and outpatient work need to be proctored in both.**
6. FPPE/Proctoring is also required for at least one (1) procedure/case of each of the requested "non-core" privileges.
7. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
8. Completed FPPE forms must be submitted to the Credentialing Office.
9. 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.
10. **For low volume providers: please see separate FPPE/proctoring guidelines.**

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

11. 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 ____

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

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:**

Privilege	Condition/Modification/Explanation

Notes:

Department Chair Signature: _____ Date: _____

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

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

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

**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES
SUBSPECIALTIES**

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.

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

Core Privileges: Gynecologic Oncology

QUALIFICATIONS FOR GYNECOLOGIC ONCOLOGY

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

1. Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in OB/GYN, plus an ABOG– or AOA–approved fellowship in gynecologic oncology.

AND

2. Documentation of current subspecialty certification or board eligible (with achievement of certification within the required time frame set forth by the respective Boards) leading to subspecialty certification in gynecologic oncology by the ABOG or a completion of a certificate of special qualifications by the American Osteopathic Board of Obstetrics and Gynecology.

AND

3. ***Required current experience:*** At least 30 gynecologic oncology procedures, reflective of the scope of privileges requested within the past 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 gynecologic oncology, the applicant must meet the following criteria:

1. Current documented competence and an adequate volume of experience (30 gynecologic oncology procedures) with acceptable results, reflective of the scope of privileges requested, within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.

Requested: Evaluate, diagnose, admit, treat, and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and complications, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, urethra, and bladder. Assess, stabilize, determine the disposition, and participate in the care of patients with emergent conditions regarding emergency and consultative call services at any location in the hospital.

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

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 – GYNECOLOGIC ONCOLOGY

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.

Gynecologic Oncology

- Complicated adnexal surgery as for endometriosis or after pelvic infection
- Evaluation procedures (cystoscopies, laparoscopies, colposcopies and loop excisions, sigmoidoscopies, breast mass fine-needle aspirations, and needle biopsies)
- Hysterectomy (vaginal, abdominal, radical, laparoscopic assisted)
- Incision and drainage of abdominal or perineal abscesses
- Insertion of intracavity radiation application
- Lymph node dissections (inguinal, femoral, pelvic, para-aortic)
- Management of operative and postoperative complications
- Microsurgery
- Myocutaneous flaps, skin grafting
- Omentectomies
- Pelvic exenteration (anterior, posterior, total)
- Performance of history and physical exam
- Reconstruction procedures, including development of neovagina (split-thickness skin grafts, pedicle grafts, and myocutaneous grafts) and development of a new pelvic floor (omental pedicle grafts and transposition of muscle grafts)
- Salpingo-oophorectomies
- Surgery of the gastrointestinal tract and upper abdomen, including placements of feeding jejunostomy/gastrostomy, resections and reanastomosis of small bowel, bypass procedures of small bowel, mucous fistula formations of small bowel, ileostomies, repair of fistulas, resection and reanastomosis of large bowel (including low-anterior resection and

Name: _____

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

reanastomosis), bypass procedures of the large bowel, mucous fistula formations of large bowel, colostomies, splenectomies, and liver biopsies

- Surgery of the urinary tract: cystectomy (partial, total), repairs of vesicovaginal fistulas (primary, secondary), cystotomy, ureteroneocystostomies with and without bladder flaps or psoas fixation, end-to-end ureteral reanastomoses, transuretero-ureterostomies, small-bowel interpositions, cutaneous ureterostomies, repairs of intraoperative injuries to the ureter, and conduits developed from the ileum and colon
 - Treatment of malignant disease with chemotherapy
 - Treatment of malignant disease with chemotherapy, including gestational trophoblastic disease
 - Vaginectomy (simple, radical)
 - Vulvectomy (skinning, simple, partial, radical)
-

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

Core Privileges: Maternal-Fetal Medicine

QUALIFICATIONS FOR MATERNAL-FETAL MEDICINE

Initial Applicants: To be eligible to apply for privileges in maternal-fetal 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 OB/GYN, plus an ABOG– or AOA–approved fellowship in maternal and fetal medicine or equivalent experience

AND

2. Documentation of current subspecialty certification or board eligible (with achievement of certification within the required time frame set forth by the respective Boards) leading to subspecialty certification in maternal -fetal medicine by the ABOG or a completion of a certificate of special qualifications by the American Osteopathic Board of Obstetrics and Gynecology.

AND

3. Provision of care to at least 50 patients, reflective of the scope of privileges requested, within the past 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 maternal–fetal medicine, the applicant must meet the following criteria:

Current documented competence and an adequate volume of experience (50 patients) 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.

Requested: Ambulatory Maternal Fetal Medicine

Evaluate, diagnose, treat, and provide consultation to adolescent and adult female patients with medical and surgical complications of pregnancy, such as maternal cardiac, pulmonary, and metabolic complications, connective tissue disorders, and fetal malformations, conditions, or disease in the outpatient clinic setting

Name: _____

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

Requested: Inpatient Maternal Fetal Medicine Consultation

Provide consultation to inpatient adolescent and adult female patients with medical and surgical complications of pregnancy, such as maternal cardiac, pulmonary, and metabolic complications, connective tissue disorders, and fetal malformations, conditions, or disease. Assess, stabilize, determine the disposition, and participate in the care of patients with emergent conditions and needing consultative call services at any location in the hospital. 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 / MATERNAL - FETAL MEDICINE

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.

Maternal Fetal Medicine

- Abdominal Cerclage
- Amnioreduction
- Cephalocentesis
- Cesarean hysterectomy
- Chorionic villi sampling
- Complicated cesarean delivery including large fibroids, abnormal placental implantation, multiple prior surgeries, and uterine anomalies
- Delivery of pregnancies with mono, mono twins or multiple gestation with triplets or higher order
- Genetic amniocentesis
- Interoperative support to obstetrician as requested, including operative first assist
- Intrauterine fetal therapy (thoracentesis, paracentesis, administration of medications, placement of thoracic shunt, and placement of urinary catheter)
- In-utero fetal transfusion
- MFM Prenatal care (pregnant patients with the highest risk pregnancy and chronic

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

medical conditions. Examples include chronic kidney disease, chronic pulmonary disease, cirrhosis, coagulation disorders, H/o PE or DVT. History of PE or DVT, Congenital heart disease, coronary artery disease, CHF or cardiomyopathy, Lupus/Sjogren's, CAD, APL syndrome, RA, multiple sclerosis, seizure disorder, sickle cell disease, thalassemia, mono/mono and mono/di twins, Triplets or higher multiples, DM type 1, isoimmunization, HIV, Hyperthyroidism, Placenta accrete, ITP with plt < 100K, documented fetal structural anomalies, IUGR with EFW < 3% at < 37 weeks)

- Percutaneous umbilical blood sampling
- Performance of history and physical exam
- Planned breech delivery (spontaneous, assisted, application of forceps)
- Standard and advanced prenatal care
- Ultrasound examination, including first-, second-, and third-trimester targeted anatomic fetal evaluation and cardiac evaluation, including color Doppler, Doppler velocimetry (fetal umbilical artery, fetal middle cerebral artery, and maternal uterine artery), cervical and placental evaluation, and 3-D and 4-D ultrasound

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

Core Privileges: Female Pelvic Medicine and Reconstructive Surgery

QUALIFICATIONS FOR FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY (UROGYNECOLOGY)

Initial Applicants: To be eligible to apply for privileges in female pelvic medicine and reconstructive surgery, 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 OB/GYN, plus an ABOG-approved fellowship in female pelvic medicine and reconstructive surgery/urogynecology, or AOA–approved fellowship in female pelvic medicine and reconstructive surgery or approved equivalent experience.

AND

2. Documentation of current subspecialty certification or board eligible (with achievement of certification within the required time frame set forth by the respective Boards) leading to subspecialty certification in female pelvic medicine and reconstructive surgery by the ABOG, or AOA CSQ in female pelvic medicine/reconstructive surgery.

AND

3. Documentation of at least 40 female pelvic medicine and reconstructive surgical procedures, reflective of the scope of privileges requested, within the past 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 female pelvic medicine and reconstructive surgery, the applicant must meet the following criteria:

1. Current documented competence and an adequate volume of experience (at least 40 female pelvic medicine and reconstructive surgical procedures with acceptable results, reflective of the scope of privileges requested, within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.

Name: _____

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

- Requested:** Evaluate, diagnose, admit, treat, provide consultation and pre-, intra-, and postoperative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Includes diagnosis and management of genitourinary and rectovaginal fistulae, urethral diverticula, injuries to the genitourinary tract, congenital anomalies, infectious and noninfectious irritative conditions of the lower urinary tract and pelvic floor, and the management of genitourinary complications of spinal cord injuries. Assess, stabilize, determine the disposition, and participate in the care of patients with emergent conditions regarding emergency and consultative call services at any location in the hospital. 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.

CORE PROCEDURES/TREATMENT LIST – FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY

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.

Female Pelvic Medicine and Reconstructive Surgery

- Abdominal (closure or repair of enterocele, transabdominal sacrocolpopexy, paravaginal repair)
- Anal incontinence procedures
 - Augmentation cystoplasty, supravescical diversion, sacral nerve stimulator implantation, and bladder denervation
 - Bowel resection
 - Colostomy
- Continence procedures for genuine stress incontinence
- Continence procedures for overflow incontinence due to anatomic obstruction following continence surgery
 - Continent vesicotomy or supravescical diversion
 - Cutting of one or more suspending sutures

Name: _____

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

- Dynamic (stimulated muscle transposition)
 - Long-needle procedures (e.g., Pereyra, Raz, Stamey, Gittes, Muzsnai)
 - Muscle transposition
 - Other surgical procedures for treating urinary incontinence
 - Pelvic floor dysfunction and genital prolapse procedures
 - Performance and interpretation of diagnostic tests for urinary incontinence and lower urinary tract dysfunction, fecal incontinence, and pelvic organ prolapse
 - Performance of history and physical exam
 - Periurethral bulk injections (e.g., polytef, collagen, fat)
 - Placement of an artificial urinary sphincter
 - Retropubic urethrolisis with or without repeat bladder neck suspension
 - Retropubic urethropex (e.g., Marshall-Marchetti-Krantz, Burch, and paravaginal defect repair)
 - Retrorectal repair
 - Revision, removal, or release of a suburethral sling
 - Sling procedures (e.g., fascia lata, rectus fascia, heterologous materials, vaginal wall)
 - Sphincteroplasty
 - Urethral closure and suprapubic cystotomy
 - Vaginal (transvaginal hysterectomy with or without colporrhaphy, anterior and posterior colporrhaphy and perineorrhaphy, paravaginal repair, Manchester operation, enterocele repair, vagina vault suspension, colpocleisis, retrorectal levator plasty and postanal repair)
 - Vaginal urethropexy (e.g., bladder neck placation, vaginal paravaginal defect repair)
-

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

Core Privileges: Reproductive Endocrinology

QUALIFICATIONS FOR REPRODUCTIVE ENDOCRINOLOGY

Initial Applicants: To be eligible to apply for privileges in reproductive endocrinology, 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 OB/GYN, plus an ABOG–or AOA–approved fellowship in reproductive endocrinology.

AND

2. Documentation of current subspecialty certification or board eligible (with achievement of certification within the required time frame set forth by the respective Boards) leading to subspecialty certification in reproductive endocrinology by the ABOG or a completion of a certificate of special qualifications by the American Osteopathic Board of Obstetrics and Gynecology.

AND

3. Documented experience of at least 50 reproductive endocrinology procedures, reflective of the scope of privileges requested, within the past 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 reproductive endocrinology, the applicant must meet the following criteria:

1. Current documented competence and an adequate volume of experience (at least 50 reproductive endocrinology procedures) with acceptable results, reflective of the scope of privileges requested, within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.

- Requested:** Evaluate, diagnose, admit, treat, and provide inpatient or outpatient consultation to adolescent and adult patients with problems of fertility. Assess, stabilize, determine the disposition, and participate in the care of patients with emergent conditions and provide consultative call services at any location in the hospital.

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.

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

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.

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.

Reproductive Endocrinology

- Clinic consultation for conditions including primary and secondary infertility, PCOs, endometriosis, congenital endocrine disorders, reproductive endocrine pathology and genetic abnormalities impacting fertility.
- Diagnostic and therapeutic techniques, including hysterosalpingography, sonohysterography, tubal canalization, and endoscopy (laparoscopy and hysteroscopy)
- Fertility restoration, including laparoscopy and laparotomy techniques used to reverse sterilization
- Infertility surgery, including all techniques used for reconstruction of uterine anomalies, myomectomies, resection of uterine synechiae, cervical cerclage, tuboplasty, resection of pelvic adhesions, ovarian cystectomies, staging and treating endometriosis, including pre- and postoperative medical adjunctive therapy
- Intrauterine insemination
- Performance of history and physical exam
- Surgical treatment of ambiguous genitalia, including construction of unambiguous, functional female external genitalia and vagina (e.g., vaginoplasty, clitoral reduction, exteriorization of the vagina, feminizing genitoplasty, and techniques for prophylactic gonadectomy)
- Surgical treatment of developmental disorders, including all techniques used for neovaginal construction (dilation and surgical methods), correction of imperforate hymen, removal of vaginal and uterine septae, and correction of müllerian abnormalities

Name: _____

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

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.

Non-Core Privileges: Use of Laser

Use of Laser

Criteria for Initial Request:

1. Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or completion of an approved 8-10 hour continuing medical education course that included training in laser principles. An applicant for this privilege should spend time after the basic training course in a clinical setting with an experienced operator, acting as a preceptor, who has been granted laser privileges. Practitioner agrees to limit practice to only the specific laser types for which he or she has provided documentation of training and experience. The applicant must supply a certificate documenting that he or she attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course.

AND

2. Documented current competence and evidence of the performance of at least 10 procedures within the past 24 months, or completion of training within 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 10 procedures within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.

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

Non-Core Privileges: Administration of Sedation and Analgesia

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) within the past 24 months, or completion of training within 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) within the past 24 months.

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

1. **For low volume providers (gynecologic oncology, maternal-fetal medicine, female pelvic medicine and reconstructive surgery, reproductive endocrinology):** please see separate FPPE/proctoring guidelines.
2. **For more detailed information,** please see separate FPPE/proctoring guidelines.

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

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** ____

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

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:**

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 _____

PEDIATRIC 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.

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

QUALIFICATIONS FOR PEDIATRICS

Initial Applicants: To be eligible to apply for privileges in pediatrics, 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 pediatrics.

AND

2. Current certification, or Board eligibility leading to certification in pediatrics, by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics. Board certification must be achieved within 7 years (ABP) or 6 years (AOBP) from graduation from a pediatric residency.

AND

3. Documentation of required current experience:
Provision of care, reflective of the scope of privileges requested, for at least 100 newborns (if working in the level II nursery/postpartum/perinatal), and/or 500 outpatients (if working in the ambulatory setting), 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.

***For inpatient work, a valid NRP, and PALS or APLS certification is required.**

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

1. Documentation of Maintenance of Certification (ABMS) or OCC (Osteopathic Continuous Certification) is required.

AND

2. Current documented competence and an adequate volume of experience (100 newborns in level II nursery and/or 500 pediatric outpatients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months, based on results of Ongoing Professional Practice Evaluation (OPPE) and outcomes.

***For inpatient work, a valid NRP, and PALS or APLS certification is required.**

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

Core Privileges: Pediatrics— Ambulatory Care

Requested: Admit, evaluate, diagnose, treat, and provide consultation to patients from birth to young adulthood (21 years of age) concerning their physical, emotional, and social health as well as treating acute and chronic disease, including major complicated illnesses. Assess, stabilize, and determine the disposition of patients with emergent conditions. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills as determined by the pediatrics department chair.

CORE TREATMENT/PROCEDURE LIST

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

Pediatrics— Ambulatory Care

- Performance of history and physical exam
- Bladder catheterization
- Incision and drainage of abscesses
- Local anesthetic techniques
- Management of burns, superficial and partial thickness
- Peripheral nerve blocks
- Placement of anterior nasal hemostatic packing
- Placement of IV lines
- Placement of intraosseous lines
- Care of simple fractures and dislocations
- Removal of non-penetrating foreign bodies from the eye, nose, or ear
- Subcutaneous, intradermal, and intramuscular injections
- Wound care and suture of uncomplicated lacerations
- Frenulotomy
- Removal of cerumen

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

- Cryotherapy (e.g. removal of warts)

Core Privileges: Pediatrics— Hospital

(Level II Nursery/Postpartum/Emergency Room)

- Requested:** Admit, evaluate, diagnose, treat and determine disposition of newborn patients (birth to 30 days of age) in the level II nursery and/or postpartum. This includes providing comprehensive care to critically ill newborns in the level II nursery. Assess, stabilize, and determine the disposition of patients with emergent conditions in the emergency room and other areas of the hospital from birth to 21 years of age.
- The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills as determined by the department chair.

CORE TREATMENT/PROCEDURE LIST

This is not intended to be an all-encompassing list of treatments. It defines the types of activities/procedures/privileges that most 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.

Pediatrics— Hospital

- Performance of history and physical exam
- Attendance at delivery to assume care of normal and sick newborns
- Arterial puncture
- Bladder catheterization
- Endotracheal intubation, including administration of medication for rapid sequence intubation
- Management of pain/agitation e.g. intubated patients, patients with neonatal abstinence syndrome, etc. (administration of opioids, benzodiazepines)
- Incision and drainage of abscesses

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

- Local anesthetic techniques
- Lumbar puncture
- Performance of simple skin biopsy or excision
- Placement of IV lines
- Placement of intraosseous lines
- Subcutaneous, intradermal, and intramuscular injections
- Umbilical artery and vein catheterization
- Wound care and suture of uncomplicated lacerations
- Frenulotomy

Special Non-Core Privileges (See Specific Criteria Below)

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 or re-applicant.

Non-Core Privilege: Thoracentesis

Requested

Initial Applicants: To be eligible to apply for the Thoracentesis non-core privilege, the applicant must meet the following criteria:

1. Successful completion of an ACGME– or AOA–accredited post graduate training program which included training in thoracentesis or documentation of completion of a hands-on training in thoracentesis under the supervision of a qualified physician preceptor.
- AND**
2. Documented current competence and evidence of the performance of at least 1 thoracentesis procedure in the past 24 months (please provide a clinical activity/procedure log) or documentation of completion of relevant training/in-service in the past 24 months.

Renewal of Privileges To be eligible to renew the Thoracentesis privilege, the applicant must

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

meet the following criteria:

Documented current competence and evidence of the performance of at least 1 thoracentesis procedure in the past 24 months, *or* documentation of completion of relevant training/in-service in the past 24 months.

Non-Core Privilege: Evaluation and Treatment of Victims of Sexual Abuse

Requested

Initial Applicants: To be eligible to apply for the Evaluation and Treatment of Victims of Sexual Abuse non-core privilege, the applicant must meet the following criteria:

1. Successful completion of an ACGME– or AOA–accredited residency in pediatrics, which included this training, or completion of fellowship training in Child Abuse Pediatrics, or documented completion of a recognized relevant course or training under the supervision of a qualified provider

AND

2. Documented current competence and evidence of evaluation and treatment of at least 2 sexual abuse cases in the past 24 months (please provide a clinical activity/procedure log) *or* documented completion of relevant training/in-service in the past 24 months.

Renewal of Privilege: To be eligible to renew the Evaluation and Treatment of Victims of Sexual Abuse non-core privilege, the applicant must meet the following criteria:

Documented current competence and evidence of attendance at evaluation and treatment of at least 2 sexual abuse cases in the past 24 months *or* documented completion of relevant training/in-service in the past 24 months.

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

Non-Core Privilege: Insertion and Removal of IUD

Requested

Criteria for Initial Request:

Successful completion of an ACGME–or AOA– accredited postgraduate training program in Pediatrics which included training in IUD Insertion, or completion of a hands-on training under the supervision of a qualified physician preceptor. Applicant must provide documented experience of at least 5 successful IUD insertions.

Criteria for Renewal of Privileges:

Documented experience of at least 5 successful IUD insertions.

Non-Core Privilege: Implantable Contraception Insertion and Removal (Nexplanon)

Requested

Criteria for Initial Request and Renewal: Completion of the Nexplanon training program. Please submit Training Certification.

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

**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 must be representative of the provider's scope of practice.
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) procedure/case of each of the requested "non-core" privileges.
5. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
6. Completed FPPE forms must be submitted to the Credentialing Office.
7. 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.
8. **For low volume providers: please see separate FPPE/proctoring guidelines.**
9. **For more detailed information, please see separate FPPE/proctoring guidelines.**

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

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 CHAIR'S RECOMMENDATION

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

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

named applicant and:

- Recommend All Requested Privileges**
 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:** _____