



## Privileges in Infectious Disease

# SAMPLE



| Required Qualifications  |  |
|--|--|
| <b>Education/Training</b>  | <p>Successful completion of an ACGME or AOA-accredited residency/fellowship in infectious disease or foreign equivalent training.</p> <p style="text-align: center;"><b>AND</b></p> <p>Current certification or active participation in the examination process leading to certification in Infectious Disease by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine or foreign equivalent training/board.</p> <p style="text-align: center;"><b>AND</b></p> <p>Documentation of 48 cases in the provision of inpatient or consultative services for inpatients or outpatients with infectious disease problems during the past two years.</p> |
| <b>License</b>   | <p>Fluoroscopy (if requesting) - 'Radiology Supervisor and Operator Certificate' or 'Fluoroscopy Supervisor and Operator Permit' required</p>  |
| <b>Additional Credentialing Criteria (Initial and Reappointment)</b> | <p>In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years</p> <p>Use of Fluoroscopy Equipment- Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required</p> <p>Teaching appointment to work in SHC outpatient clinics</p> <p>Membership and privileges at LPCH to admit, treat patients 14 years old and younger</p> <p>To be granted Central Venous Catheter Insertion must complete "Getting to Zero" educational module</p>  |
| <b>Clinical Experience (Initial)</b>                                 | <p>Core - Documentation of 48 cases in the provision of inpatient or consultative services for inpatients or outpatients with infectious disease problems during the past two years.</p> <p>HIV/AIDS Specialist - Not required to meet Core privileges. Board Certification or clinical experience.</p> <p>CVC - Case log required of 10 procedures within previous 2 years.</p>   |
| <b>Clinical Experience (Reappointment)</b>                           | <p>Core Privileges - Minimum of 48 inpatients or consultative services in the past 2 years</p> <p>CVC - Minimum of 10 cases.</p>   |
| <b>FPPE</b>  | <p>FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS.</p> <p>3 chart reviews - Central Venous Catheter Insertion</p> <p>5 chart reviews - CORE; Administration of Moderate Sedation; HIV/AIDS Specialist</p>  |

**Provide care on LPCH patients in specific areas of SHC**

|   |   |   |
|---|---|---|
| Request<br><br><input type="checkbox"/> | <b>Request all privileges listed below.</b><br><i>Uncheck any privileges that you do not want to request.</i>   | Service<br>Chief<br>Rec<br><input type="checkbox"/> |
|   | <b>Additional Request</b>   |   |
| <input type="checkbox"/>                | ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH | <input type="checkbox"/>                            |

**Core Privileges**

|   |  |   |
|---|--|---|
| Request<br><br><input type="checkbox"/> | <b>Request all privileges listed below.</b><br><i>Uncheck any privileges that you do not want to request.</i>  | Service<br>Chief<br>Rec<br><input type="checkbox"/> |
|   | <b>Privileges included in the Core:</b>  |   |
| <input type="checkbox"/>                | Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment or consultative service to patients with infectious diseases.         | <input type="checkbox"/>                            |
| <input type="checkbox"/>                | Management of an unusually severe infection such as tuberculosis, meningitis, disseminated tuberculosis, systemic mycosis, and unusual infections in the immune-compromised host | <input type="checkbox"/>                            |
| <input type="checkbox"/>                | Management of investigational anti-infective agents  | <input type="checkbox"/>                            |
| <input type="checkbox"/>                | Lumbar puncture  | <input type="checkbox"/>                            |

**Special Privileges**

**Description:** Must also meet Required Qualifications for Core Privileges

|   |   |   |
|---|---|---|
| Request<br><br><input type="checkbox"/> | <b>Request all privileges listed below.</b><br><i>Uncheck any privileges that you do not want to request.</i> | Service<br>Chief<br>Rec<br><input type="checkbox"/> |
| <input type="checkbox"/>                | Administration of Sedation  | <input type="checkbox"/>                            |
| <input type="checkbox"/>                | Use of fluoroscopy equipment (or supervision of other staff using the equipment)                              | <input type="checkbox"/>                            |
| <input type="checkbox"/>                | Treatment of patients in outpatient clinics at Stanford Hospital & Clinics                                    | <input type="checkbox"/>                            |
| <input type="checkbox"/>                | Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger                      | <input type="checkbox"/>                            |
| <input type="checkbox"/>                | HIV/AIDS Specialist   | <input type="checkbox"/>                            |
| <input type="checkbox"/>                | Central Venous Catheter Insertion   | <input type="checkbox"/>                            |

