

CMH REGIONAL HEALTH SYSTEM
Clinton Memorial Hospital
Wilmington, Ohio

INFECTIOUS DISEASE CORE PRIVILEGES

NAME: _____

QUALIFICATIONS:

- M.D., D.O.
- Must have successfully completed an ACGME/AOA residency in internal medicine and successful completion of a fellowship in infectious disease
- Board certified or board eligible in infectious disease or attain certifications with the appropriate board within three (3) years of completion of formal training, if appointed after October 10, 2000. Initial board certification should in all cases occur within five (5) years of completion of formal training in accordance with the respective board.
- INITIAL APPOINTMENT: applicant must provide documentation of provision of inpatient or consultative services, reflective of the scope of privileges requested, for at least 24 patients within the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship or research in a clinical setting within the past 12 months
- REAPPOINTMENT: applicant must demonstrate competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluations and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.
- Applicants have the burden of producing information deemed adequate for a proper evaluation of current competence and other qualifications and for resolving any doubts.

PRIVILEGES INCLUDED IN THE CORE

Admit, evaluate, diagnose, consult, and provide care to patients with acute and chronic infectious or suspected infectious or immunologic diseases, underlying diseases that predispose to unusual severe infections, unclear diagnoses, uncommon diseases, and complex or investigational treatments. This includes but is not limited to patients who are neutropenic; have leukemia, lymphoma, or other malignancies; are post-solid organ or bone marrow transplantation; have HIV/AIDS or are immunocompromised by other disease or medical therapies. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions. The core privileges in this specialty include the below and such other procedures that are extensions of the same techniques and skill. Admit and manage patients in non-critical care and unmonitored settings. Admit and manage patients in ICU and other monitored settings. Perform history and physical examinations, Consultation privileges in Infectious Disease, Administration of antimicrobial and biological products via all routes, application and interpretation of diagnostic tests, aspiration of superficial abscess, interpretation of Gram's stain, lumbar puncture, management/maintenance and removal of indwelling venous access catheters, penicillin desensitization, skin/patch test for delayed hypersensitivity.

<input type="checkbox"/> Requested	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
<input type="checkbox"/> Recommended with the following modification(s) and reason(s): 		

ACKNOWLEDGMENT OF APPLICANT

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Clinton Memorial Hospital, and;

I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

I understand any restriction on the clinical privileges granted to me is waived in an emergency situation / urgent care of a critically ill patients and in such a situation the applicable section of the medical staff bylaws or related documents governs my actions.

Signature-Applicant

Date

DEPARTMENT CHAIRS RECOMMENDATION:

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as note above.

Signature-Department of Medicine

Date