

## UNMH Infectious Disease Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

- Initial privileges (initial appointment)
- Renewal of privileges (reappointment)
- Expansion of privileges (modification)

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 01/31/2014*

### **INSTRUCTIONS**

**Applicant:** Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information 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 recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

### **OTHER REQUIREMENTS**

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

## UNMH Infectious Disease Clinical Privileges

Name: \_\_\_\_\_  
Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### **Qualifications for Infectious Disease**

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***Initial applicant:*** - To be eligible to apply for privileges in infectious disease, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in internal medicine and successful completion of a fellowship in infectious disease.

AND/OR

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in infectious disease by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.

AND

**Required Current Experience:** Inpatient or consultative services for an acceptable number of patients, reflective of the scope of privileges requested, for at least 24 patients during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

***Renewal of Privileges*** - To be eligible to renew privileges in infectious disease, the reapplicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (inpatients or consultative services) 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. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

## UNMH Infectious Disease Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### **CORE PRIVILEGES: *Infectious Disease***

Admit, evaluate, diagnose, consult and provide care to patients of all ages, with infectious diseases of all types and in all organ systems. This includes but is not limited to infections of the reproductive organs; infections in solid organ transplant patients; infections in bone marrow transplant recipients; sexually transmitted diseases; viral hepatitis, including hepatitis B and C; and infections in travelers. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

#### **Requested**

#### ***Infectious Disease Core procedures list***

*This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.*

***To the applicant:*** If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date.

1. Perform history and physical exam
2. Administration of antimicrobial and biological products via all routes
3. Application and interpretation of diagnostic tests
4. Aspiration of superficial abscess
5. Interpretation of Gram's stain
6. Lumbar puncture
7. Management, maintenance, and removal of indwelling venous access catheters

## UNMH Infectious Disease Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### **Qualifications for HIV/AIDS Specialist**

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***Initial Applicants*** - *To be eligible to apply for privileges as a HIV/AIDS specialist, the initial applicant must meet the following criteria:*

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited postgraduate training program in internal medicine and successful completion of a training program in infectious disease.

AND/OR

Current certification or active participation in the examination process leading to subspecialty certification in infectious disease by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.

AND

Successful completion of documented fellowship training or at least 30 Category I CME credits in HIV/AIDS related medicine.

AND

**Required Current Experience:** Inpatient or consultative services for an acceptable number of patients, reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME- or AOA-accredited residency, clinical fellowship within the past 12 months.

**Renewal of Privileges:** - *To be eligible to renew core privileges in infectious disease, the applicant must meet the following maintenance of privilege criteria:*

Current demonstrated competence and an adequate volume of experience (inpatients or consultative services) 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. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

## UNMH Infectious Disease Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### **CORE PRIVILEGES: *HIV/AIDS Specialist***

Admit, evaluate, diagnose, consult, and provide care to patients of all ages with AIDS and secondary infections and other related medical conditions. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

#### **Requested**

#### ***HIV/AIDS Core procedures list***

*This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.*

***To the applicant:*** If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date.

1. Perform history and physical exam
2. Coordinate interdisciplinary care by a range of specialists, including all of the medical specialties as well as social services, physical therapy, and psychological support
3. Manage antiretroviral therapy
4. Manage opportunistic infections and diseases
5. Monitor patient immune system
6. Provide expertise in the use of new drugs and possible side effects, including treatment-related lipid disorders and interactions with other drugs
7. Provide patient education, including risk reduction and harm reduction counseling
8. Recommend post exposure prophylaxis protocols and infection control measures
9. Test for and diagnose HIV/AIDS, using state of the art diagnostic techniques, including quantitative viral measures and resistance testing
10. Treat commonly associated comorbid conditions, including tuberculosis, hepatitis B and C, and syphilis

**UNMH Infectious Disease Clinical Privileges**

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**Effective Dates:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Acknowledgment of practitioner**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNM Hospitals and clinics, and I understand that:

- a. 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.
- 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 \_\_\_\_\_

**Division Chief recommendation**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action on the privileges as presently requested above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Patient Safety Officer recommendation**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action on the privileges as presently requested above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Department Chair 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:

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Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Criteria approved by UNMH Board of Trustees on 01/31/2014