

UNMH Nephrology Clinical Privileges

Name: _____ Effective Dates: From _____ To _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective August 18, 2017:

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

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.

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.

QUALIFICATIONS FOR NEPHROLOGY:

Initial Privileges: To be eligible to apply for privileges in nephrology, 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 internal medicine and successful completion of an accredited fellowship in nephrology; **AND**
2. Current subspecialty certification in, or active participation in the examination process leading to certification in, nephrology by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine; **AND**
3. Required current experience: Inpatient or consultative services for an adequate volume of nephrology patients, reflective of the scope of privileges requested, during the past twelve (12) months, or demonstrate successful completion of an ACGME- or AOA accredited residency or clinical fellowship within the past twelve (12) months.

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Renewal of Privileges: To be eligible to renew privileges in nephrology, the applicant must meet the following criteria: Current demonstrated competence and an adequate volume of experience (inpatient and consultative services) with acceptable results, reflective of the scope of privileges requested, for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES: Nephrology

Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages presenting with illnesses and disorders of the kidney, high blood pressure, fluid and mineral balance, and dialysis of body wastes when the kidneys do not function. 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 in the below procedure list and such other procedures that are extensions of the same techniques and skills

Requested

Nephrology Core Procedures List

This list is a sampling of procedures included in the nephrology 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 listed in the core, strike through then initial and date those procedures you do not wish to request.

1. Perform history and physical examination
2. Acute and chronic hemodialysis
3. Continuous renal replacement therapy
4. Percutaneous biopsy of both autologous and transplanted kidneys
5. Peritoneal dialysis
6. Placement of temporary vascular access for hemodialysis and related procedures
7. Image guided techniques as an adjunct to privileged procedures

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SPECIAL NON-CORE PRIVILEGES

If desired, non-core privileges are requested individually in addition to requesting the core privileges. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested, including training, required, experience, and maintenance of clinical competency.

QUALIFICATIONS FOR SPECIAL NON-CORE PRIVILEGES IN MEDICAL MANAGEMENT OF THE KIDNEY TRANSPLANT PATIENT:

Criteria:

1. Successful completion of an ACGME or AOA accredited fellowship in nephrology; **AND**
2. Required Current Experience: Applicants for initial appointment must be able to demonstrate provision of inpatient or consultative services to an acceptable volume of patients, reflective of the scope of privileges requested, during the past 24 months, or successful completion of an ACGME or AOA residency or clinical fellowship within the past 12 months.

Reappointment Requirements: Demonstrated current competence and an adequate volume of experience with acceptable outcomes, reflective of the scope of privileges requested, in the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

NON-CORE PRIVILEGES: Medical Management of the Kidney Transplant Patient

Evaluation of recipients/donors, diagnosis and treatment of rejection, diagnosis and treatment of disorders of the transplant function

Requested

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QUALIFICATIONS FOR SPECIAL NON-CORE PRIVILEGES IN INTERVENTIONAL NEPHROLOGY:

Criteria:

1. Successful completion of an ACGME or AOA accredited fellowship in nephrology; **AND**
2. Required Current Experience: Applicants for initial appointment must be able to demonstrate provision of inpatient, outpatient, or consultative services to an acceptable volume of patients, reflective of the scope of privileges requested, during the past 24 months, or successful completion of an ACGME or AOA residency or clinical fellowship within the past 12 months.

Reappointment Requirements: Demonstrated current competence and an adequate volume of experience with acceptable outcomes, reflective of the scope of privileges requested, in the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

NON-CORE PRIVILEGES: INTERVENTIONAL NEPHROLOGY

1. Angioplasty of arteriovenous grafts and arteriovenous fistulas, including feeding artery and draining veins.
2. Fistulogram
3. Placement and removal of tunneled dialysis catheters
4. Stenting of arteriovenous grafts and arteriovenous fistulas, including feeding artery and draining veins.
5. Thrombectomies of arteriovenous grafts and arteriovenous fistulas

Requested

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Acknowledgement of Practitioner

I have requested only those clinical 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. 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.

Signature

Date Signed

Clinical Director/Division Chief Recommendation(s)

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

Name: _____ Signature _____ Date _____

Name: _____ Signature _____ Date _____

Department Chair Recommendation

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

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the conditions/modifications noted below
- Do not recommend the clinical privileges noted below

Explanation: _____

Department Chair Signature

Date Signed

Criteria Approved by UNMH Board of Trustees on August 18, 2017