

UNMH Pediatric Nephrology Clinical Privileges

Name:
Effective Dates: _____ **To:** _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 07/31/2015

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.

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Qualifications for Pediatric Nephrology

Initial Applicant - *To be eligible to apply for privileges in pediatric nephrology, 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 pediatrics followed by successful completion of an accredited fellowship in pediatric nephrology.

AND/OR

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in pediatric nephrology by the American Board of Pediatrics.

AND

Required Current Experience: Recent participation, in the prescribing of regimens for the care of children and adolescents with end stage renal disease, including dialysis and renal transplantation, biochemical monitoring and treatment, nutritional therapy, plus evidence of performance of an acceptable volume of nephrologic procedures reflective of the scope of privileges requested, within the last 12 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Reappointment Requirements - *To be eligible to renew privileges in pediatric nephrology, the reapplicant must meet the following criteria:*

Current demonstrated competence and an adequate volume of experience of pediatric nephrology 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. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

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CORE PRIVILEGES: *Pediatric Nephrology*

Admit, evaluate, diagnose, consult and provide treatment to infants, children and adolescents with diseases and disorders or normal and abnormal development and maturation of the kidney and urinary tract, damage to the kidney, evaluation and treatment of renal diseases, fluid and electrolyte abnormalities, hypertension and renal replacement therapy. 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

Pediatric Nephrology 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 which you do not wish to request, then initial and date.

1. Perform history and physical exam
2. Acute and chronic hemodialysis
3. Administration and Management of immunomodulatory therapies
4. Ambulatory blood pressure monitoring interpretation
5. Biochemical monitoring and treatment
6. Continuous renal replacement therapy
7. Coordinating end stage renal care
8. Interpretation of urinalysis
9. Interpretation and evaluation of renal pathology specimens
10. Nutritional therapy
11. Paracentesis
12. Percutaneous biopsy of autologous and transplanted kidney
13. Peritoneal dialysis
14. Placement of peritoneal dialysis catheter
15. Placement of temporary vascular access for hemodialysis and related procedures
16. Preoperative evaluation and preparation for transplantation
17. Preliminary interpretation of renal imaging
18. Ultrasound guided percutaneous renal biopsy

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Special Non-Core Privileges (See Specific Criteria)

If desired, non-core privileges are requested individually in addition to requesting the core. 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 competence.

Qualifications for Medical Management of the Kidney Transplant Patient

Criteria: Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited fellowship in pediatric nephrology.

Required Current Experience: Demonstrated current competence and evidence of the performance of an adequate volume of medical management for kidney transplant patients in consultation with a surgeon with acceptable results, in the past 12 months or completion of training in the past 12 months.

Renewal of Privilege: Demonstrated current competence and evidence of the performance of an adequate volume of medical management for kidney transplant patients in consultation with a surgeon with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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 transplant function.

Requested

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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 _____

Department recommendation(s)

I have reviewed the requested clinical privileges with the applicant and the 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 following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation

Notes:

Division Chief Signature _____ Date _____

Print Name _____ Title _____

Department Chair Signature _____ Date _____

Print Name _____

Criteria approved by UNMH Board of Trustees on 07/31/2015