

UNMH Nephrology 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: 02/28/2014

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.

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Qualifications for Nephrology

Initial Applicants - *To be eligible to apply for privileges in 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 internal medicine and successful completion of an accredited fellowship in nephrology.

AND/OR

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in nephrology 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, 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 nephrology, the reapplicant must meet the following criteria:*

Current demonstrated competence and an adequate volume of experience (inpatient 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.

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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 on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Requested

Nephrology Core procedures

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, initial, and date.

1. Perform history and physical exam
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 (*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

Criteria: Successful completion of an ACGME or AOA accredited fellowship in nephrology.

AND

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.

Renewal of privileges: To be eligible to renew privileges in kidney transplant, the reapplicant must meet the following criteria: Current demonstrated 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 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 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 _____

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:

Department Chair Signature _____ Date _____

Criteria approved by UNMH Board of Trustees on 02/28/2014