Clinical Privileges Profile

Nephrology

Kettering Medical Center System

☐ Kettering Medical Center  ☐ Sycamore Medical Center

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.

Clinical Service Chief: 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

- Note that privileges granted may only be exercised at the site(s) and setting(s) 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.
- This document is focused on defining qualifications related to competency 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

To be eligible to apply for core 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

Current subspecialty certification or active participation in the examination process with achievement of certification within sixyears leading to subspecialty certification in nephrology by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.

Required previous experience: Applicants for initial appointment must be able to demonstrate provision of inpatient or consultative services, reflective of the scope of privileges requested, for at least 24 patients during 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 requirements: To be eligible to renew core privileges in nephrology, the applicant must meet the following maintenance of privilege 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 ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES

NEPHROLOGY CORE PRIVILEGES

☐ Requested 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. 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 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.

CHECK HERE TO REQUEST INTERNAL MEDICINE PRIVILEGES FORM

☐ Requested

ADMINISTRATION OF SEDATION AND ANALGESIA

☐ Requested  See Hospital Policy for Moderate Sedation

SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

TRANSFUSION APEHERESIS

Criteria: Formal documented training in apheresis in a relevant accredited post-graduate medical education (e.g. transfusion medicine, hematology/oncology, nephrology, clinical pathology);

Required previous experience: Documented current competence and evidence of the performance of at least 10 transfusion apheresis procedures involving 5 different patients in the past 12 months;

AND

Documented participation in continuing education specifically related to TA offered by American Society for Apheresis, AABB, or equivalent organizations;

Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least 20 transfusion apheresis procedures involving 10 different patients in the past 24 months based on results of ongoing professional practice evaluation and outcomes.
Requested

CORE PROCEDURE 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.

Nephrology

1. Acute and chronic hemodialysis
2. Closed needle biopsy of kidney
3. Continuous renal replacement therapy
4. Hemofiltration
5. Percutaneous biopsy of both autologous and transplanted kidneys
6. Perform history and physical exam
7. Peritoneal dialysis
8. Placement of acute peritoneal dialysis catheters
9. Placement of permanent peritoneal catheters in the abdomen
10. Placement of temporary vascular access for hemodialysis and related procedures
11. Image guided techniques as an adjunct to privileged procedures
ACKNOWLEDGEMENT OF PRACTITIONER

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 Hospital, 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.

Signature: ________________________________ Date: __________________

CLINICAL SERVICE CHIEF’S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

☐ Recommend all requested privileges.
☐ Recommend privileges with the following conditions/modifications:
☐ Do not recommend the following requested privileges:

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<th>Privilege</th>
<th>Condition/Modification/Explanation</th>
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Notes

Clinical Service Chief Signature: ________________________________ Date: __________________

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee action Date: __________________
Medical Executive Committee action Date: __________________
Board of Directors action Date: __________________

Adopted: November 11, 2016
Revised: January 19, 2016
Approved: January 19, 2016 (Credentials); January 19, 2016 (MEC); January 19, 2016 (BOT)