



## Nephrology KHMC & KHMB & KHTR Delineation of Privileges

**Applicant's Name:** \_\_\_\_\_

**Instructions:**

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation
5. 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 doubts related to qualification of requested privileges.

**Clinical Service 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.

**NOTE:**

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.

Required Qualifications	
<b>Education/Training</b>	Completion of a residency/fellowship approved by Accreditation Council of Graduation Medical Education (ACGME), American Board of Medical Specialties (ABMS), or American Osteopathic Association (AOA) in Internal Medicine and successful completion of an accredited Fellowship in Nephrology.
<b>Certification</b>	Initial applicant requirements: current certification or active participation in the examination process, with achievement of certification within six years of completion of residency leading to certification in Nephrology by the American Board of Internal Medicine or in Nephrology by the American Osteopathic Board of Internal Medicine.
<b>Clinical Experience (Initial)</b>	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 ABMS, ACGME or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.
<b>Clinical Experience (Reappointment)</b>	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.

**Nephrology Core Privileges**

KHMC	KHMB	KHTR	Click <b>shaded blue check box</b> to request all privileges. Uncheck any privileges you do not want to request.
			<b>- Currently granted privileges</b>
			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.
			<b>Core Procedures</b>
			Acute and chronic hemodialysis
			Closed needle biopsy of kidney
			Continuous renal replacement therapy
			Hemofiltration
			Percutaneous biopsy of both autologous and transplanted kidneys
			Perform history and physical examination
			Peritoneal dialysis
			Placement of acute peritoneal dialysis catheters
			Placement of permanent peritoneal catheters in the abdomen
			Placement of temporary vascular access for hemodialysis and related procedures
			Image guided techniques as an adjunct to privileged procedures

**Request Internal Medicine Privileges Form**

KHMC	KHMB	KHTR	Click <b>shaded blue check box</b> to request all privileges. Uncheck any privileges you do not want to request.
			<b>- Currently granted privileges</b>
			Check Here to Request Internal Medicine Privilege Form

**Administration of Sedation and Analgesia**

KHMC	KHMB	KHTR	Click <b>shaded blue check box</b> to request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			See Hospital Policy for Moderate Sedation

**Special Noncore Privileges (see specific criteria)**

**Description:** 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.

KHMC	KHMB	KHTR	Click <b>shaded blue check box</b> to request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Special Noncore Privileges (see specific criteria)

## Transfusion Apheresis

### Qualifications

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

**Clinical Experience (Initial)** 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.

### Clinical Experience (Reappointment)

KHMC	KHMB	KHTR	
			Click <b>shaded blue check box</b> to request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Transfusion Apheresis

## Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Kettering Health Main Campus, Kettering Health Miamisburg and Kettering Health Troy Hospital and I understand that:

A. In exercising any clinical privileges granted, I am constrained by applicable 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.

Practitioner's Signature \_\_\_\_\_

Date \_\_\_\_\_

## Clinical Service Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

\_\_\_\_\_  
Clinical Service Chair Signature

\_\_\_\_\_  
Date