

DETROIT MEDICAL CENTER
DEPARTMENT OF MEDICINE
DELINEATION OF PRIVILEGES IN NEPHROLOGY*

APPLICANT NAME: _____

PLEASE PRINT

QUALIFICATIONS:

*** You must complete a General Internal Medicine delineation of privileges along with this delineation.**

Core Privileges in Nephrology

Effective July 1, 2009, all new applicants to the DMC will be required to be board certified, or in the active certification process, in their practice specialty. See Board Certification addendum for complete requirements.

1. Board certification, or in the active certification process, in Nephrology through the American Board of Internal Medicine, or the American Osteopathic Board of Internal Medicine, AND successful completion of an accredited ACGME or AOA fellowship program in Nephrology Diseases with current board certification, or in the active certification process, leading to certification within five (5) years of training completion; AND,
2. Documented clinical experience in the practice of Nephrology:
 - A. If the applicant is within 2 years of completion of an accredited ACGME or AOA fellowship program in Nephrology Diseases, a letter from the fellowship director (or designee) must be supplied.
 - B. If the applicant completed training in Nephrology Diseases at an accredited ACGME or AOA fellowship program more than 2 years before the application, proof of activity in the practice of Nephrology may be demonstrated by either 1) or 2):
 - 1) Proof of sufficient DMC hospital inpatient activity to demonstrate delivery of care meeting accepted standards and guidelines, and without demonstrated variance from standards as recommended by the Nephrology Specialty Chief and Chief of Medicine.
 - 2) Proof of sufficient ambulatory activity to demonstrate delivery of care meeting acceptable standards and guidelines for clinical care and without demonstrated variance from accepted clinical standards. The ambulatory practice review may be accomplished by the Specialist-in-Chief, or designee. Upon request, the applicant may be required to gather additional letters of reference or other information to support the application and to determine quality of care.

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Special Privileges

Proof of successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable program; and demonstration of indications for the procedures, test or therapy, and documentation of the competence to obtain and retain clinical privileges. Where nationally recognized certification agencies have established specific criteria for minimal clinical experience, the criteria will be cited and followed.

Reappointment Requirements

Current demonstrated competence and sufficient volume to evaluate ongoing quality of care without demonstrated variance from accepted standards and guidelines for clinical care as recommended by the Specialist-in-Chief of the Department of Medicine. When appropriate, proof of sufficient ambulatory activity to demonstrate delivery of care meeting acceptable standards and guidelines for clinical care and without demonstrated variance. The ambulatory practice review may be accomplished by the Specialist-in-Chief, or designee. Upon request the applicant may be requested to gather additional letters of reference or other information to support the application and to determine quality of care. Maintain Board Certification as defined by the appropriate specialty board.

DMC Affiliation for No Volume or Referring Physicians

Requesting “Membership Only (No clinical privileges)” status is for those practitioners that wish to obtain or maintain a DMC affiliation but do not meet the minimum qualifications as defined by the DMC and/or their clinical department.

PRIVILEGES REQUESTED:

(R) Requested (A) Recommend, Approved as Requested (C) Recommend with Conditions (N) Not Recommended

Note: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason must be stated below or on the last page of this form and discussed with the applicant.

Applicant: Please place a check in the (R) column for each privilege requested.

(R) (A) (C) (N)

REQUESTING MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES

Requesting “Membership Only” status. *Do not complete the remainder of this form, Check ‘R’ box, sign on page 3 and submit.*

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(R) (A) (C) (N)

CORE PRIVILEGES IN NEPHROLOGY

Admit, work up, diagnose and provide treatment or consultative services to patients of all ages presenting with illnesses and disorders of the kidneys or urologic system. *Core privileges may include the following procedures, which are commonly performed by specialists in Nephrology:*

1. Placement of temporary vascular access
2. Evaluation and/or consultation of appropriate diagnostic radiographs

These core privileges do not include any of the following special procedures:

(R) (A) (C) (N)

SPECIAL PRIVILEGES IN NEPHROLOGY

1. Needle biopsy of the kidney
2. Management of renal transplantation
3. Hemoperfusion
4. Investigational drug therapy
5. Continuous ultrafiltration
6. Renal ultrasound
7. Insertion of Trenckhoff catheters for peritoneal dialysis
8. Insertion of internal jugular Perma-catheters and central venous access devices for dialysis
9. Hemodialysis, peritoneal dialysis and placement of peritoneal dialysis catheter
10. Continuous arteriovenous hemofiltration and dialysis
11. Intravenous chemotherapy for systemic auto-immune diseases

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Acknowledgement of Practitioner

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges.

Applicant Signature Date

RECOMMENDATIONS

Department/Service Chief Recommendations:

By my signature below, I certify that I have reviewed and evaluated the applicant’s request for clinical privileges, credentials and other supporting information, and the recommendations that has been made takes all pertinent factors into consideration.

- Recommend as requested Do not recommend
- Recommend with conditions/modification as listed

Chief of Service (or designee) Signature Date

Specialist-in-Chief (or designee) Signature Date

Joint Conference Committee Approval:

Date

JCC Approval 11.24.09

DETROIT MEDICAL CENTER

BOARD CERTIFICATION REQUIREMENTS

- Beginning July 1, 2009, all applicants to the DMC Medical Staff shall be Board Certified, or shall achieve Board Certification within five (5) years of completion of formal training.
- Individual clinical department Board certification may be more stringent. If so, the department's requirements supersede the DMC minimum Board certification requirement.
- The Board certification must be in the specialty and specific practice which clinical privileges are requested.
- Board certification must be in a specialty recognized by the American Board of Medical Specialties, American Osteopathic Association, American Dental Association or the American Board of Podiatric Surgery.
- If Board certification is time-limited, in all cases, the applicant will have a maximum of three (3) years to achieve re-certification, beginning with the expiration date of his/her current Board Certification, or will be voluntarily resigned from the Medical Staff.
- DMC medical staff members on staff prior **to July 1, 2009**, who are not Board certified will not be required to achieve Board certification. Eligibility for the Board certification waiver requires uninterrupted DMC Medical Staff membership since July 1, 2009.
- Under special circumstances, some outstanding applicants brought to the DMC may be ineligible for Board certification. These members will be considered by their departments on an individual case-by-case basis, and review by a subcommittee of the SICs, may be granted privileges without Board certification with a majority vote of the Medical Executive Committee and the Joint Conference Committee.

JCC APPROVED 2.26.2013