

DETROIT MEDICAL CENTER
DEPARTMENT OF PEDIATRICS
DELINEATION OF PRIVILEGES IN PEDIATRIC NEPHROLOGY

Applicant Name _____

PLEASE PRINT

QUALIFICATIONS:

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 attached addendum.

Successful completion of an ACGME/AOA three-year accredited residency training program in Pediatrics followed by successful completion of a three-year accredited fellowship in Pediatric Nephrology. Current certification or active participation in the certification process leading to certification in Pediatrics with Certificate of Special Qualifications in Pediatric Nephrology by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics to be attained within five (5) years of completion of training.

Required Previous Experience:

The applicant must be able to demonstrate 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 and the coordination of the tasks of members of the End Stage Renal Disease Care team, plus evidence of performance of commonly performed nephrology procedures within the last 12 months, minimum number:

- Percutaneous renal biopsy - 4 procedures
- Peritoneal dialysis - 10 procedures
- Hemodialysis - 10 procedures

This requirement is waived for those applicants who have completed their Pediatric Nephrology fellowship within the previous two years.

Special Procedures:

Proof of successful completion of an approved, recognized course when such exists; **or** acceptable supervised training in residency, fellowship or other acceptable program, **and** submission of case logs to support evaluation of competence to obtain and retain clinical privileges as set forth in medical staff policies governing the exercise of specific privileges.

Observation/Proctoring Requirements:

Monitoring through focused professional performance evaluation, departmental quality assessment and improvement processes.

Reappointment Requirements:

Current demonstrated competence and an adequate volume of current experience with acceptable results in the privileges requested for the past 24 months as a result of quality assessment/improvement activities, ongoing professional performance evaluation and outcomes.

Membership Only Status:

Initial applicants: If you will only be referring patients to the DMC/Children's Hospital of Michigan, you may wish to apply for Membership Only (no clinical privileges). This will allow an affiliation without having to meet other medical staff requirements.

DELINEATION OF PRIVILEGES IN PEDIATRIC NEPHROLOGY

Applicant Name _____

PLEASE PRINT

Reappointment applicants: Those practitioners that do not meet minimum eligibility requirements to hold clinical privileges and/or have insufficient DMC based volume to provide for an ongoing professional practice evaluation and/or have an office-based practice only, but wish to maintain a DMC affiliation, may request Membership Only (no clinical privileges).

PRIVILEGES REQUESTED:

(R)-Requested (A)-Recommend Approval 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 mark in the (R) column for each privilege requested.

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

MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES

Practice is limited to outpatient office (ambulatory) only. No inpatient privileges.

Do Not Complete The Remainder Of This Form. Go to page 3, sign and submit.

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

CONSULTANT PRIVILEGES

Provide consultation services for patients of all ages with renal disease presenting with illnesses and disorders of the kidneys.

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

PEDIATRIC CORE PRIVILEGES

Treatment of patients of all ages, performance of procedures that do not carry a significant threat to life, related admission, consultation and work-up, venipuncture, laceration repair, incisions and drainage of superficial abscesses and treatment of major complicated illnesses.

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

CORE PRIVILEGES IN PEDIATRIC NEPHROLOGY

Admit, work up, diagnose and provide treatment or consultative services to patients of all ages with renal disease presenting with illnesses and disorders of the kidneys. Privileges include hemodialysis, peritoneal dialysis, catheter insertion, placement of temporary vascular access, placement of peritoneal dialysis catheter, percutaneous renal biopsy, biochemical monitoring and treatment, clinical pediatric transplantation, nutritional therapy and coordinating the tasks of members of the ESRD Care team.

DELINEATION OF PRIVILEGES IN PEDIATRIC NEPHROLOGY

Applicant Name _____

PLEASE PRINT

SPECIAL PROCEDURES (See Qualifications and Specific Criteria)

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

Needle biopsy of the kidney

Management of Renal Transplantation

Hemoperfusion

Investigational drug therapy for immunologic disorders

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

MODERATE SEDATION

This category requires knowledge of the DMC Moderate Sedation Tier 1 Policy (and Tier 3 Children's Hospital policy for Pediatrics), acknowledgement to observe the policies and complete the Net Learning Modules on Moderate Sedation. My initials attest that I will comply with the policy and have completed the module.

Initials: _____

Acknowledgment 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

Date

RECOMMENDATIONS

Pediatric Department Chief (or designee) Recommendation

Recommend as requested

Do not recommend

Recommend with conditions/modifications as listed.

Department Chief, Signature

Date

DELINEATION OF PRIVILEGES IN PEDIATRIC NEPHROLOGY

Applicant Name _____

PLEASE PRINT

Children’s Hospital Medical Staff Operations Committee Recommendation (if applicable)

- Recommend as requested. Do not recommend.
- Recommend with conditions/modifications as listed.

Chair, CHM MSOC Signature _____ Date _____

Specialist-in-Chief Recommendation

I certify that I have reviewed and evaluated the applicant’s request for clinical privileges, verified credentials and other supporting documentation, and the recommendation that is made below takes all pertinent factors into consideration:

- Recommend as requested Do not recommend
- Recommend with conditions/modifications as listed.

Specialist-in-Chief, Signature _____ Date _____

JCC Approved 12.22.09

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