

Regions Hospital Delineation of Privileges Nephrology

Applicant's Name: _____
Last First M.

- Instructions:
- Place a check-mark where indicated for each core group you are requesting.
 - Review *education and basic formal training* requirements to make sure you meet them.
 - Review *documentation and experience* requirements and be prepared to prove them.
 - ✓ Note all renewing applicants are required to provide evidence of their current ability to perform the privileges being requested\
 - ✓ When documentation of cases or procedures is required, attach said case/procedure logs to this privileges-request form.
 - Provide complete and accurate names and addresses where requested -- it will greatly assist how quickly our credentialing-specialist can process your requests.

Overview

Core I – Nephrology

Core procedure list

Moderate sedation

Signature page

☐ **CORE I — Nephrology**

Privileges
<p>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.</p> <p>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.</p>
Basic education and minimal formal training
<ol style="list-style-type: none"> 1. MD, DO, MBBS or MB BCH. 2. Completion of an approved residency program in internal medicine with ACGME, AOA or Royal College of Physicians and Surgeons of Canada. 3. Successful completion of an accredited fellowship in nephrology; 4. Current subspecialty certification or active participation in the examination process -- with achievement of certification within 5 years -- leading to subspecialty certification in nephrology by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.
Required documentation and experience
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation showing number of inpatient or consultative services, reflective of the 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. 2. Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency. <p>Name _____ Phone: _____</p> <p>Name of Facility: _____ Fax: _____</p> <p>Address: _____ Email: _____</p> <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation showing number of inpatient or consultative services, reflective of the privileges requested, for at least 48 patients during the past 24 months.

Core Procedure List — Nephrology Clinical Privileges

Applicant: Strike through procedures you do not want to request.

This list is a sampling of procedures included in the core. This is not intended to be all-encompassing but rather reflective of the categories/types of procedures included in the core.

1. Acute and chronic hemodialysis
2. Continuous renal replacement therapy
3. Percutaneous biopsy of both autologous and transplanted kidneys
4. Perform history and physical exam
5. Peritoneal dialysis
6. Placement of temporary vascular access for hemodialysis and related procedures
7. Image guided techniques as an adjunct to privileged procedures
8. Plasmapheresis

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 Regions Hospital. I understand that:

1. In exercising any clinical privilege granted, I am governed by Regions Hospital and Regions Medical Staff policies and rules applicable generally and any applicable to the particular situation.
2. In an emergent situation I may perform a procedure for which I am not privileged when no practitioner holding the applicable procedure is available to respond to the emergency.

I agree to supply Regions Hospital Medical Staff Services (or designee) with all the information that has been requested of me for the privileges that I have applied for. I also understand that my application for privileges will not proceed until the information is received.

Signature

Date

DIVISION / SECTION HEAD RECOMMENDATION

I have reviewed and/or discussed the clinical privileges requested 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

Privilege	Condition / Modification / Explanation
1.	
2.	
3.	
4.	

Notes:

Signature

Date

Regions Hospital Delineation of Privileges Moderate Sedation

Privilege
<input type="checkbox"/> Administer and manage moderate sedation/analgesia, a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accomplished by light tactile stimulation. A patent airway is maintained and spontaneous ventilation is adequate. Cardiovascular function is always maintained.
Basic education and minimal formal training
<ol style="list-style-type: none"> 1. MD, DO, MBBS, MB BCH, DPM, DMD, DDS, 2. Successful completion of an ACGME or AOA or Royal College of Physicians and Surgeons of Canada, approved residency training program. 3. Current ACLS, ATLS or PALS certification.
Required documentation and experience
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of successful completion of an examination provided by the Regions medical staff services Or Document experience by providing one of the following: <ul style="list-style-type: none"> • Evidence of successful completion of a moderate sedation test with passing score from another hospital; • Governing board letter from another hospital indicating the applicant has moderate sedation privileges; • Letter from Medical Staff Office at another hospital indicating specifically that the practitioner has moderate sedation privileges and the date they were granted; • If a recent graduate, attestation of competency from program director. 2. Provide documentation of current ACLS, ATLS or PALS certification. <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of performing moderate sedation for at least ten (10) patients within the past 24 months; Or Provide documentation from Division/Section Head that attests to ongoing current competence. 2. Provide documentation of current ACLS, ATLS or PALS certification.

TO BE COMPLETED BY APPLICANT: I agree to supply all of the information being requested of me for the privileges I am applying for. I understand my application for privileges will not proceed until the information is received.

Signature

Date

TO BE COMPLETED BY REGIONS HOSPITAL DIVISION/SECTION HEAD AT TIME OF REVIEW AND APPROVAL: I have reviewed and/or discussed the privileges requested and find them to be commensurate with this applicant's training and experience. I recommend this application proceed.

Signature

Date