



Atrium Health

IMPORTANT

Dear Applicant

Enclosed you will find the Delineation of Privileges Form specific to your specialty. This form reflects the minimum qualifications as outlined and approved by the Atrium Health Medical Staff.

- Please thoroughly review and select your desired clinical privileges. Check the box corresponding to the privileges that you are requesting. Applicants should only request those privileges where the criteria has been achieved.
- After you have selected your privileges, sign, date, and submit the **required documentation** for each privilege selected. (i.e. case logs, fellowship director letter, ACLS documentation)
- Where case logs are required, please include 1) Date of procedure, 2) Medical Record Number, 3) Procedure Type and 4) Privilege Number listed on the Delineation of Privileges Form.
- Privileges for which you have not selected or do not meet the minimum criteria cannot be performed.
- If you wish to perform privileges and do not have documentation of the minimum criteria requirements as outlined on the Delineation of Privileges Form, you will need to request permission to proctor through Medical Staff Services.
- Failure to return the Delineation of Privileges Form along with the required documentation will **delay** your start date.

If you have any questions or concerns, please contact the Medical Staff Services teammate assigned to your file.

**ATRIUM HEALTH
NEPHROLOGY
SPECIALTY OF INTERNAL MEDICINE AND SPECIALTY OF PEDIATRICS
DELINEATION OF PRIVILEGES**

Print Name _____

	YES		NO*	I have participated in direct patient care in the hospital setting within the past two (2) years.
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***If the answer is No, please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.**

Initial appointment **Reappointment** **Updated DOP** **Request for Clinical Privileges**

To be eligible for core privileges in Adult Nephrology (CNEP-1), the applicant must meet the following qualifications:

- If the applicant is not currently subspecialty certified in Nephrology by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
 1. Provide documentation of successful completion of an ACGME or AOA accredited Nephrology fellowship training program in Nephrology, within the past five (5) years; **AND**
 2. Verification from the fellowship program director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

- If the applicant is currently subspecialty certified in Nephrology by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
 1. Documentation of inpatient or consultative services for at least forty-eight (48) patients during the past two (2) years.

Print Name

To be eligible for core privileges in Pediatric Nephrology (CNEP-2), the applicant must meet the following qualifications:

- If the applicant is not currently subspecialty certified in Nephrology by the American Board of Pediatrics (ABP) or the American Osteopathic Board of Pediatrics (AOBP), the applicant must:
 1. Provide documentation of successful completion of an ACGME or an AOA accredited Pediatric Nephrology fellowship training program, within the past five (5) years; **AND**
 2. Verification from the fellowship program director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

- If the applicant is currently subspecialty certified in Pediatric Nephrology by the American Board of Pediatrics (ABP) or the American Osteopathic Board of Pediatrics (AOBP), the applicant must:
 1. Documentation of inpatient or consultative services for at least forty-eight (48) pediatric patients during the past two (2) years.

Print Name _____

NOTE 1: Physicians must apply for “Core” privileges in order to be eligible for clinical privileges in the Specialty of Nephrology at any facility within Atrium Health.

NOTE 2: “Core” privileges can not be amended or altered in any way.

NOTE 3: If “general” Internal Medicine or “general” Pediatric privileges are required, please request the appropriate additional delineation of privileges forms.

NOTE 4: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		ADULT NEPHROLOGY CORE PRIVILEGES
			N/A							CNEP-1	Privileges to provide comprehensive examination, consultation, diagnosis and treatment of diseases and disorders of the kidney and urinary tract on patients of all ages, except where specifically excluded from practice. including chronic kidney disease and acute kidney injury; vascular disease including vasculitides; tubulointerstitial disease and glomerular disease of the kidney; treatment and evaluation of hypertension; evaluation and treatment of fluid and electrolyte abnormalities; total parenteral nutrition/nutritional management. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.

Adult Nephrology Core Privileges include performance of history and physical exam; acute/chronic hemodialysis, acute/chronic peritoneal dialysis; slow low efficiency dialysis SLED (and other Hybrid forms of dialysis), continuous venovenous hemo-dialysis/filtration/diafiltration, continuous arteriovenous hemo-dialysis/filtration/diafiltration; percutaneous tunneled and non-tunnelled dialysis catheter placement, percutaneous tunneled and non-tunnelled dialysis catheter removal; slow continuous ultrafiltration, hemofiltration, hemoperfusion; dialytic management of toxicologic overdose and side effect; biopsy of the native and transplanted kidney; preoperative evaluation and preparation for transplantation; care of the transplant patient beyond the initial post-operative period.

Maintenance Criteria for Continued Privileges (CNEP-1):

The Physician must submit a minimum of ten (10) representative samples of Adult Nephrology Core procedures during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any Adult Nephrology Core privileges (CNEP-1) but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Print Name _____

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		CORE NEPHROLOGY PRIVILEGES – REHABILITATION HOSPITAL SETTING ONLY
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	CNEP-7	Privileges include evaluation and management, as well as procedures approved for performance within the acute rehabilitation setting, in conjunction with the comprehensive rehabilitation treatment plan.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		PEDIATRIC NEPHROLOGY CORE PRIVILEGES
			N/A							CNEP-2	Privileges to evaluate, diagnose and provide consultation and treatment to infants, children and adolescents with diseases and disorders or normal and abnormal development and maturation of the kidney and urinary tract, damage to the kidney, evaluation and treatment of renal diseases, fluid and electrolyte abnormalities, hypertension, and renal replacement therapy. Assess, stabilize, and determine the disposition of patients with emergent conditions. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.

Pediatric Nephrology Core Privileges include acute/chronic hemodialysis, biochemical monitoring and treatment; continuous renal replacement therapy; coordinating end stage renal care; nutritional therapy; percutaneous biopsy of native and transplanted kidney; perform history and physical exam; peritoneal dialysis; placement of peritoneal dialysis catheter; placement of temporary vascular access for hemodialysis and related procedures; preoperative evaluation and preparation for transplantation; renal transplant management; care of the transplant patient beyond the initial post-operative period.

Maintenance Criteria for Continued Privileges (CNEP-2):

The Physician must submit a minimum of ten (10) inpatient or consultative Pediatric Nephrology patient services during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. Physicians who would like to continue to hold any Pediatric Nephrology Core privileges (CNEP-2) but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Print Name _____

***SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	NEPHROLOGY SPECIAL PRIVILEGES Must apply for and Core Privileges	Minimum Number Required	Number Performed Within The Past 2 Years	Location
	N/A	N/A	N/A							CNEP-3 *	Apheresis (Pheresis)-- Includes Plasmapheresis ONLY	5	
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CNEP-4*	Renal Transplant Management	25	
	N/A	N/A	N/A							CNEP-6*	Red Cell Exchange Apheresis	3	
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CNEP-8*	Mononuclear Cell (MNC) Apheresis/Stem Cell Collection and Leukapheresis/White Blood Cell (WBC) Depletion/ Extracorporeal Photopheresis	3	

PRIVILEGES REQUESTED BY:

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 Atrium Health 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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

Signature

Date

Print Name
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CNEP-3 APHERESIS (PHERESIS) - INCLUDES PLASMAPHERESIS ONLY

EXPLANATION: Pheresis is the mechanical manipulation of blood in an extracorporeal circuit to separate blood into fractions (including separation by centrifugal means, membrane filtration, absorption columns, and temperature or light processing) to treat or discard the identified fraction(s) for the specific purpose of medical treatment of a particular disease. The pheresis process includes the access to the patient's blood system, manipulation of the blood in an extracorporeal circuit and associated anticoagulation, maintenance of the patient's hemodynamic status, as well as specification of the separation parameters for the mechanical device used for the separation.

QUALIFICATIONS: Pheresis must be supervised by a physician who is knowledgeable in the extracorporeal circulation and anticoagulation of blood. The physician must present documentation of his/her knowledge and experience in the treatment of extracorporeal circulation system, anticoagulation, hemodynamic evaluation and support, angina, myocardial infarction, cardiac arrhythmias, asthma, cardiac arrest, CPR, allergic reactions of all types including anaphylaxis, and of the risks of the techniques used to perform the particular separation required.

Physicians shall present evidence of the following:

1. Board Certification in Nephrology or Pediatric Nephrology; by the American Board of Medical Specialties (ABMS) or the American Osteopathic Associate (AOA); **OR**
1. Provide documentation of successful completion of a fellowship training program which is AGGME or AOA accredited in Nephrology or Pediatric Nephrology within the past five (5) years; **AND**
2. Certified by Pheresis Director (from the training institution) as having satisfactorily performed pheresis techniques under supervision for five (5) treatments over a period of two (2) years; **OR**
2. Certified by the Dialysis Unit Director at Carolinas Medical Center as having satisfactorily performed pheresis techniques for five (5) treatments over a period of two years.

CNEP-4 RENAL TRANSPLANT MANAGEMENT

EXPLANATION: Care and management of renal transplant patients at the time of initial transplantation of the allograft and initial postoperative period.

QUALIFICATIONS: Applicants shall present evidence of:

1. Board Certification – Provide documentation of sub-specialty board certification in Nephrology or Pediatric Nephrology by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA); **OR**
 1. Provide documentation of successful completion of a fellowship training program which is AGGME or AOA accredited in Nephrology or Pediatric Nephrology within the past five (5) years; **AND**
 2. Completion of a one (1) year fellowship training program in transplant nephrology for Adult Nephrology only (there is no fellowship for Pediatric nephrology for transplant only); **AND**
 3. Supervision of at least twenty-five (25) renal transplant patients during a period of one year; **AND**
 4. For Pediatric Nephrology - Supervision of at least five (5) renal transplant patients during a period of one year.
1. Board Certification – Provide documentation of sub-specialty board certification in Nephrology or Pediatric Nephrology by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA); **AND**
 2. For Applicants who do not have the one (1) year fellowship training in transplant nephrology; Applicants may submit total number of lifetime cases demonstrating competency in immediate care and after care of the transplant patient for review and consideration of a proctoring process by high volume nephrologists who manage transplant patients. This will be at the discretion of the Director of Transplantation in conjunction with the Chief of the Specialty of Internal Medicine or Specialty of Pediatrics. (Applicants will need to contact the Medical Staff Office for instructions for Permission to be Proctored Request Form).

Maintenance Criteria for Continued Privileges in Renal Transplant Management:

The physician must manage fifty (50) renal transplants over a two (2) year period to be eligible to reapply for Renal Transplant Management privileges. It is noted that patients may be co-managed. This will be reviewed at the time of reappointment.

To maintain a cognitive knowledge base, it is recommended that the Appointee attend at least twenty (20) hours of renal transplant management continuing medical education (CME) every two (2) years.

Pediatric Nephrology: Maintenance Criteria for Continued Privileges in Renal Transplant Management:

The physician must manage ten (10) renal transplants over a two (2) year period to be eligible to reapply for Renal Transplant Management privileges. It is noted that patients may be co-managed. This will be reviewed at the time of reappointment.

To maintain a cognitive knowledge base, it is recommended that the Appointee attend at least twenty (10) hours of renal transplant management continuing medical education (CME) every two (2) years.

CNEP- 6 RED CELL EXCHANGE APHERESIS

EXPLANATION: Red Cell Exchange Apheresis, also known as therapeutic erythrocytapheresis, is a nonsurgical therapy that removes and replaces a patient's red blood cells. Red Cell Exchange Apheresis involves removing blood through a needle or catheter and circulating it through a machine where the blood is separated into red cells, white cells, platelets and plasma. The red cells, which are responsible for carrying oxygen to all parts of the body, are discarded and replaced with red blood cells provided by a blood donor. The donor red blood cells circulate back to the patient with the other blood components (white cells, platelets and plasma) through a return needle.

QUALIFICATIONS: Red Cell Exchange Apheresis must be supervised by a physician who is knowledgeable in the extracorporeal circulation of blood. The physician must present documentation of his/her knowledge and experience in the treatment of extracorporeal circulation system, anticoagulation, hemodynamic evaluation and support, angina, myocardial infarction, cardiac arrhythmias, asthma, cardiac arrest, allergic reactions of all types including anaphylaxis, and of the risks of the techniques used to perform the particular separation required.

Physicians shall present evidence of the following:

1. Board Certification in Nephrology or Pediatric Nephrology by the American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA); **OR**
1. Provide documentation of having satisfactorily performed three (3) Red Cell Exchange Apheresis treatments during the past two (2) years; **OR**
1. The Applicant must complete the permission to be proctored Request form requesting to be proctored for three (3) cases Red Cell Exchange Apheresis.

OR

1. Provide documentation of successful completion of a fellowship training program which is ACGME or AOA accredited in Nephrology or Pediatric Nephrology within the past five (5) years; **AND**
2. Certification by the Transfusion Director (from the training institution) as having satisfactorily performed Red Cell Exchange Apheresis techniques under supervision for three (3) treatments during the past two (2) years.

**CNEP- 8 MONONUCLEAR CELL (MNC) APHERESIS/STEM CELL COLLECTION AND LEUKAPHERESIS/WHITE BLOOD CELL (WBC) DEPLETION/
EXTRACORPOREAL PHOTOPHERESIS**

EXPLANATION: This apheresis procedure is used to collect stem cells for hematopoietic stem cell transplantation as well as provide white cell depletion for certain leukemias.

SKILLS/TRAINING: The Spectra Optia is currently used by the nephrologist for plasma exchange as well as red cell exchange with citrate anti-coagulation. The same device will be used for the current procedure. Additional training will be needed to determine the prescription for appropriate stem cell harvesting. The nephrologist will work closely with the oncology/bone marrow transplant physician to achieve this.

Physicians shall present evidence of the following:

1. Board Certification in Pediatric Nephrology by the American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA); **AND**
2. Provide documentation of having satisfactorily performed three (3) Mononuclear Cell (MNC) Apheresis/Stem Cell Collection and Leukapheresis/White Blood Cell (WBC) Depletion/ Extracorporeal Photopheresis during the past two (2) years; **OR**
2. The Applicant must complete the permission to be proctored Request form requesting to be proctored for three (3) Mononuclear Cell (MNC) Apheresis/Stem Cell Collection and Leukapheresis/White Blood Cell (WBC) Depletion/ Extracorporeal Photopheresis.

Maintenance Criteria for Continued Privileges (CNEP-8):

The Physician must submit a minimum of five (5) procedures performed over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold this privilege but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CASE LOG

Physician's Name: _____

Date: _____

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CNEP-3)
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30				
			TOTAL	

