



The American Society of Diagnostic and Interventional Nephrology
Application for Accreditation of Training Program
In
Interventional Nephrology
(Hemodialysis Vascular Access)

**The American Society of Diagnostic and Interventional Nephrology
Application for Accreditation of Training Program
In Interventional Nephrology**

- This application packet is composed of several parts:
 - Requirements for accreditation
 - Additional Information
 - Application for accreditation form

- **Checklist** (check all that are included with application)
 - Two copies of the completed application form and all documentation**
 - Detailed description of training program**
 - Faculty**
 - Description of interventional nephrology experience for each member of faculty
 - Curriculum vitae for each member of faculty
 - Written descriptions of:**
 - Funding of program
 - Training program design and organization
 - Facilities
 - Volume of procedures
 - Record keeping
 - Quality assurance
 - Application fee - \$1,000**

**ASDIN
P O Box 115
Clinton, MS 39060**



ASDIN

AMERICAN SOCIETY OF DIAGNOSTIC AND INTERVENTIONAL NEPHROLOGY

Requirements for Accreditation of Training Program in Interventional Nephrology

General

Rationale:

Training programs will be responsible for training new nephrology fellows in Interventional Nephrology and can provide training resources for nephrologists who are already in practice. Therefore, it is essential that these programs meet specific requirements to assure that their graduates will be able to fulfill the training requirements outlined herein.

(The application should be organized according to the following outline. Be sure to address each requirement individually and specifically. Initiate a new page for each individual requirement.)

1. Funding Requirement:

The training program must show evidence that a source of funding sufficient to support the program existence.

To meet this requirement:

A letter from the Director of the Training Program is sufficient for the fulfillment of this requirement. Basically, the concern relates to the support of training and not to the support of the treatment facility although the two are closely related. It is recognized that for a training program to function adequately it requires financial support. The physician providing the training must have time allotted for training. Training utilizes supplies over and above that which is required in the usual ordinary operation of the facility thus creating a training expense. Since a trainee functions less efficiently than a fully trained operator, the hours of the facility required for the completion of scheduled cases may have to be extended thus creating an additional expense. All of these expenses must have an identified source of funding.

2. Faculty Requirement:

A faculty that is committed to the program will be required. Minimal basic requirements shall be:

- The Program Director is a current ASDIN member.
- The Program Director must be currently certified in Hemodialysis Vascular Access Procedures by the American Society of Diagnostic and Interventional Nephrology.
- At least one full time faculty equivalent committed to the interventional facility.

To meet requirement:

The individuals that are committed to the training program must be formally identified. The curriculum vitae of these individuals must be submitted with the application in order to verify that they are qualified.

3. Training Program Design and Organization:

The training program must be formalized and organized. There should be a body of didactic material that is presented and a defined body of clinical work that is required of all trainees. There must be an organized formal mechanism for proctoring of trainees and a mechanism of evaluation to determine clinical competence.

Didactic instruction -

Didactic material must be presented to a trainee that is either written, based upon lectures or both. This must be organized and formal. The material presented should be appropriate for the procedures that are being taught but in general should include the following:

Basics of Dialysis Vascular Access

- An Overview of Dialysis Vascular Access
- Basic Anatomy for Dialysis Vascular Access
- Physical Examination of Dialysis Vascular Access

Basics of the Interventional Laboratory

- Basic Tools and Procedures
- Imaging and Radiation Safety
- Sedation – Analgesia

Basic Interventional Procedures in Grafts and Fistulas

- Angioplasty of Venous Stenosis
- Endovascular Thrombectomy
- Tunneled Dialysis Catheters

Documentation and Coding of Interventional procedures

Proctored training -

The trainee should be adequately supervised and proctored until they have gained sufficient clinical competence to make independent judgment and operate independently. The duration of the proctored period will vary with the individual trainee but should be based upon formalized evaluation of progress.

The following case numbers should be used as a general guideline:

AV Grafts

- Angiography – 25 cases
- Angioplasty – 25 cases
- Thrombolysis/thrombectomy – 25 cases

AV Fistulae

- Angiography – 10 cases
- Angioplasty – 10 cases
- Thrombolysis/thrombectomy – 5 cases

Tunneled hemodialysis catheters

- Placement of 10 tunneled catheters

Endovascular stents

Placement of 10 endovascular stents

Accessory vein (fistula side branch) obliteration

Performance of 5 surgical procedures

Subcutaneous ports

Placement of 5 ports

Evaluation –

This must be an ongoing process during training and should continue until the trainee's evaluation indicates a satisfactory level of clinical competence. The trainee must be able to work unsupervised and be able to solve problems independently.

To meet this requirement:

Didactic instruction – At a minimum a detailed outline of the didactic material that is presented should be submitted. If a written training manual is used, submit a copy for evaluation.

Proctored training – A detailed explanation of the approach used in proctoring the trainee should be submitted. The number of cases of each category that are required during the training period should be explained. The explanation provided should also specify who does the proctoring and how it is accomplished.

Evaluation - Provide evidence of a formalized record of evaluation which includes case numbers, outcomes and complications. If a written examination is utilized, submit a copy of the examination.

4. Facility Requirements:

In order for a training program in Interventional Nephrology to be successful, it must be associated with a full time interventional facility that is specifically designed, equipped, supplied and staffed to manage the problems associated with hemodialysis vascular access.

Interventional Nephrology training requires the availability of an appropriate facility, one capable of managing cases in an effective, efficient and safe manner. These attributes must be apparent in the space, equipment, supplies and staff that are dedicated to the facility that will be utilized in the training process.

This shall require the following as a minimum:

Space

An adequate and appropriate space must be allotted for each of the following functions.

Patient waiting area – This area must be conveniently located to the treatment area. It must have seating appropriate for the size of the treatment facility and the case load of the facility. It must be well lighted and ventilated. It must be easily accessible by patients that are mobility impaired. It must be located so as to be easily monitored by personnel associated with the facility.

Patient dressing area – A patient dressing area must be available that provides adequate privacy for patients who are dressing. It must be conveniently located to the treatment area. It must be well lighted and ventilated. It must be easily accessible by patients that are mobility impaired. It must be located so as to be easily monitored by personnel associated with the facility.

Patient recovery area – This area must be conveniently located to the treatment area. It must be well lighted and ventilated. It must provide space for patient recovery appropriate to the size of the treatment facility. In general, no less than two recovery beds per treatment room. Patient monitoring equipment must be located within the recovery area. Emergency equipment must be readily available. The area must be easily assessable to stretcher traffic.

Procedure room – The procedure room must be of adequate size to accommodate the safe and efficient conduct of the procedures that are being performed within the facility. It must have adequate storage space to facilitate the efficient conduct of an individual case. Patient monitoring equipment must be available within the room and emergency equipment must be immediately available to the room. The room must have a source of medical grade oxygen. The room must meet local, state and federal radiation standards. The ceiling, walls and floor of the room must be constructed of materials that will allow adequate cleaning to provide an operating room environment. The lighting of the room must be adequate for the procedures that are performed. The room must be ventilated appropriate for the procedures performed and to allow for the comfort of the personnel and patients.

Supply storage – The facility must have space allocated for the safe storage of supplies. This room must be located so as to allow for quick retrieval of needed supply items during the conduct of a case. The room must have facilities that allow for the safe and appropriate storage of supply items. The space allocated must be adequate to allow for the storage of par levels of supplies maintained by the facility.

Equipment

Proper equipment for the safe, effective and efficient accomplishment of the procedures performed is essential. The following minimum is required:

Fluoroscopy equipped for vascular procedures – The procedure room must be equipped with a fluoroscopy machine that is adequate for the procedures that are performed. It must meet all local, state and federal requirements and regulations.

Equipment for making permanent records of images for documentation – The facility must have some means for making permanent records of imaging for documentation purposes. This may be done with either a hard copy image or with digital imaging.

Ultrasound equipment to use for catheter placements – The facility must have some type of ultrasound equipment that is adequate for the imaging requirements of tunneled catheter placement.

Adequate fluoroscopy procedure table – The procedure room must be equipped with a table that is adequate for use with fluoroscopy. It must of such construction as to be safe for patient use.

Adequate lighting – The lighting available within the procedure room must be adequate for the procedures that are performed.

Patient monitoring equipment - Patient monitoring equipment must be located within the procedure room to provide monitoring of blood pressure, EKG and pulse oxymetry.

Supplies

Proper supplies for the full range of interventional procedures performed within the facility must be available. Par levels for supplies must be established. Mechanisms for the reordering of supplies must be established. Adequate storage for supplies must be provided.

The facility should have established supply list with par levels determined. The range of supplies available should be appropriate for the types of procedures that are performed with the facility. The facility should be able to demonstrate that there is an adequate mechanism in place for re-ordering of supplies to maintain par levels. Supplies must be stored in an appropriate manner so as to avoid damage, loss of sterility and maintenance of proper security.

Staff

In order to perform interventional procedures, adequate trained, dedicated staff must be provided. Staff adequate to safely, effectively and efficiently perform the procedures must be available. The following minimum is required:

Nursing staff – Nursing staff adequate for monitoring of patients during a procedure and during recovery. Depending upon the level of activity within the facility, this function might be provided by a single nurse. At least one nurse within the facility should be ACLS certified.

Scrub technician – A scrub technician should be available during the procedure to assist the operator who is performing the procedure. While this individual might be a radiology technician or a nurse, such certification is not required.

Radiology technician – A certified radiology technician or an equivalent individual, if not required by state regulation should be available during all procedures to manage the fluoroscopy equipment.

To meet this requirement:

Provide a detailed description of how your facility meets these requirements. Specifically address how you fill the requirements as related to space dedicated to the facility, the equipment utilized, the management of supplies and facility staffing.

5. Volume of Procedures Requirement:

In order for a training program to be successful, it should be based in a facility that is actively performing interventional procedures on an ongoing basis. A minimum volume of 500 interventional procedures annually shall be required.

To meet this requirement:

Provide a listing of the number of procedures that you performed last year along with an estimate of your expectations for the coming year.

6. Record Keeping Requirement:

Reports of the procedures performed must be generated and placed in the patient's permanent medical record. Documentation of all procedures is a necessity. Each trainee should receive documentation of the types of procedures performed, the numbers of each type of procedure performed and the outcome of the procedure. Maintaining a computerized database is strongly recommended.

The training facility must have a means of maintaining permanent medical records. These can be either paper based or electronic. If the permanent medical records are electronic, an adequate mechanism for record back-up must be in place.

To meet this requirement:

Provide a detailed description of the mechanism utilized within your facility for generating and maintaining records of procedures that are performed. Additionally, detail the mechanism that you use for tracking each trainee's procedure numbers and outcomes.

7. Quality Assurance Requirement:

An ongoing quality assurance program is an essential part of any interventional facility. The purpose of this program should be to provide for a systematic method to continuously assess and improve all aspects of health care delivery. It should be designed to improve patient care outcomes through the ongoing objective assessment of important aspects of patient care based on quality, cost and service and the appropriate solutions of identified problems. Medical necessity, appropriateness of care and adverse outcomes should be monitored. Practice guidelines should be developed and monitored. Outcome data should be collected and analyzed on an ongoing basis.

There should be a written record of the quality assurance program along with a record relating to outcomes and complications for the facility as a whole and for individual physicians that operate within the facility. There should also be documentation as to how this program is used to affect changes in patient care, improve service or decrease cost.

To meet this requirement:

Provide a detailed description of your quality assurance program. Explain how it relates to individual physician operators as well as the facility as a whole. Describe how this program is utilized to affect changes in patient care, improve service or decrease cost within the facility.

8. Site Visit Requirement:

Accreditation will require a site visit after the above criteria are met but not before 6 months after initiation of the program.

Accreditation interval

In order for the program to maintain its status with the American Society of Diagnostic and Interventional nephrology, it must be re-accredited every 5 years. The Accreditation Committee of the American Society of Diagnostic and Interventional Nephrology has established a Re-Accreditation process that is available online at www.asdin.org.

Application Fee

A fee of \$1,000 must accompany the application. This fee is nonrefundable. Checks should be made payable to The American Society of Diagnostic and Interventional Nephrology. This fee is to cover the expense of processing the application. Any travel costs incurred for the site visit will be reimbursed by the applicant.

Address

Mail two copies of the completed application along with the required fee to:
American Society of Diagnostic and Interventional Nephrology
P O Box 115
Clinton, MS 39060



**Accreditation of
Training Program in Interventional Nephrology**

Additional Information

Accreditation Interval

In order for the Training Program to maintain its status with the American Society of Diagnostic and Interventional Nephrology, it must be accredited every 5 years. During this period, the Training Program must abide by all requirements as outlined. ASDIN reserves the right to suspend Accreditation of a Training Program that does not meet these requirements.

Each Accredited Program is required to notify ASDIN in the event of any of the following material changes:

1. Change in Program Director

The Training Program must:

- A) Notify ASDIN in writing within 30 days of the date when it has received notification that the program director is leaving.
- B) Notify ASDIN in writing of the confirmed date of departure of the program director.
- C) Within 30 days of the hiring of a new program director, Submit to ASDIN the name of the new program director, the effective date of hire and the director's CV. The new program director must meet all ASDIN accreditation requirements.

Accreditation will be temporarily suspended effective on the date of departure of the program director on record.

The Training Program will be reinstated upon review and approval of new Program Director documentation by the ASDIN Certification and Accreditation Committee.

No application form is required for change in Program Director, only \$100 administrative fee and notification/documentation specified above.

2. Change in Physical Location

Training program must notify ASDIN in writing 60 days prior to a change in physical location. Program shall submit information on the new address and new facility description which outlines compliance with requirements listed in Item 4. Facility Requirements above.

Change in physical location will require a \$100 administrative fee and site visit. Any associated costs of a site visit are the responsibility of the applicant.

3. Change in Ownership

Training program must notify ASDIN in writing 60 days prior to a change in ownership. Program shall submit information on funding which outlines continued compliance with funding requirements as outlined in Item1. Funding above.

No application form is required for change in ownership only \$100 administrative fee and notification/documentation specified above.

The American Society of Diagnostic and Interventional Nephrology
Application for Training Program Accreditation - HVA

Identifying Information

Name of Training Program

Institution

Program Director

Address

City

State

Zip Code

Description of Program

A detailed description of the training program must accompany the application. This should include a description of the didactic training as well as the clinical training.

Type of Program Academic Private practice Industry

Date program was established _____

Number of physicians trained _____ (as of date of application)

Annual capacity of training program _____ (number of physician trainees)

Source of Funding

(Application must be accompanied by a letter from institution assuring continued funding of program)

Faculty (Curriculum vitae and letter describing interventional nephrology experience of each member of faculty must be submitted with application)

Name

Name

Name

Name

Facility (Full written description of facility must accompany application)

Facility meets requirements of ASDIN:

As it relates to space:

Yes No (If no, rationale for discrepancy must accompany application)

As it relates to equipment:

Yes No (If no, rationale for discrepancy must accompany application)

As it relates to supplies:

Yes No (If no, rationale for discrepancy must accompany application)

As it relates to staff:

Yes No (If no, rationale for discrepancy must accompany application)

Volume of Procedures

Annual Case Load for Last Calendar Year: _____

Projected Annual Case Load for Current Calendar Year: _____

Record Keeping (Letter detailing the record system used must accompany application)

The record keeping system is in compliance with that required by ASDIN.

Yes No

The record keeping system is computerized.

Yes No

Quality Assurance Program (Letter detailing the QA program must accompany the application)

The quality assurance program is in compliance with that required by ASDIN.

Yes No

Signature

I certify that the information contained herein is correct and complete to the best of my knowledge.

Signature of Program Director

Date

Telephone Number

Facsimile Number

E-mail Address