



**Application for**

**Re-Accreditation of Training Program  
in Interventional Nephrology  
(Hemodialysis Vascular Access)**



## **Application for Re-Accreditation of Training Program in Interventional Nephrology**

- This application packet is composed of several parts:
  - Requirements for Re-Accreditation
  - Additional Information
  - Application for Re-Accreditation form
  
- **Checklist: \*\*Please provide electronic PDF format of all components (in the order listed below) and email to: [info@asdin.org](mailto:info@asdin.org)**

- Application (all questions must be answered)
- Documentation that Program Director is a current ASDIN member
- Documentation of Program Director's current HVA Certification
- Curriculum vitae (only for new program director and faculty members added since previous accreditation)

### **Written descriptions of:**

- Funding of program (updated description required)
- Training Program design and organization (updated description required)
- Quality assurance (updated description required)
- Facilities (updated description only required if changes from previous application)
- Record keeping (updated description only required if changes from previous application)

### **Application Fee**

At the time of electronic submission of the application, a fee of \$500 should be made payable and mailed to:

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



## **Re-Accreditation of Training Program in Interventional Nephrology**

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.

Training Programs are accredited for 5 years.

A Re-Accreditation application should be submitted at least 6 months prior to the accreditation expiration date. A 3-month grace period following the Accreditation expiration will be in effect if the Re-Accreditation application has been submitted by the expiration date but processing by ASDIN has not been completed. This grace period may be extended at the discretion of the ASDIN Certification and Accreditation Committee if scheduling or other special circumstances are deemed to exist.

If a training program's Accreditation has been expired for more than 6 months without application for Re-Accreditation, a new Accreditation application and corresponding fee will be required to reinstate Accreditation.

Re-Accreditation will be granted for five (5) years and begins on the original Accreditation anniversary date no matter when the Re-Accreditation application is submitted and approved by ASDIN.

**Note:** The Accreditation for the Training Program is tied to the sponsoring center, *not* with the program director.

Further documentation is required prior to the term expiration for the following reasons:

- ♦ Change in program facility location – additional fee (\$100) and site visit required.
- ♦ Change in program director – additional fee (\$100) and committee review required
- ♦ Change in facility ownership – additional fee (\$100) and committee review required

If the Training Program has any of these changes prior to the expiration of the 5-year accreditation term, please review the Additional Information section for specific requirements.

## **Application Description & Requirements**

*(The application should be organized according to the following outline.  
Be sure to address each requirement individually and specifically, if required.  
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 continues as a requirement. 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 is committed to the interventional facility.

#### **To meet requirements:**

The individuals that are committed to the Training Program must be formally identified.

#### **Current Faculty**

If the faculty identified in the previous accreditation application is current, no additional curriculum vitae (CV) is required. List all current faculty on the Re-Accreditation application form and check the box that indicates that the current faculty remains from the previous application.

#### **Addition of New Faculty**

If new faculty has been added to the Training Program since the previous accreditation date, a CV must be submitted with the application in order to verify that they are qualified. Please check the box that indicates new faculty on the Re-Accreditation application form and list all faculty where indicated.

### **Change in Program Director**

If the program director identified in the previous application is leaving or has left the Training Program, **the following documentation is required:**

- 1) Program Director chronology including departure dates, effective date of hire for all Program Directors during the previous accredited period.
- 2) CV of current Program Director
- 3) Current Program Director's ASDIN Membership status (current membership required)
- 4) Current Program Director's ASDIN Certification status (current HVA certification required)

### **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 oximetry.

## **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:**

Review carefully the information that was provided in program's previous accreditation application. Address each area and indicate whether or not any changes have been made. If changes have been made, please describe them in detail.

**\*\*Note:** If the facility location has changed, a \$100 fee **and a site visit are required.**

## **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:**

On the re-accreditation application form, provide a listing of the number of procedures that you performed last calendar year along with an estimate of your expectations for the current calendar 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:**

In the Training Program's previous accreditation application a detailed description was provided of the mechanism utilized within your facility for generating and maintaining records of procedures that are performed as well as detail of the mechanism that you use for tracking each trainee's procedure numbers and outcomes.

Review the information carefully that you provided. If changes have been made to the record keeping process, please describe in detail.

### **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:**

Re-Accreditation may require a site visit. The final determination of a site visit will be made by the ASDIN Certification and Accreditation Committee. Any associated costs of a site visit are the responsibility of the applicant.



**Re-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 Item 1. Funding above.

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

### Fees

**Re-Accreditation Fee:** A fee of \$500 should be made payable and mailed to:

**American Society of Diagnostic and Interventional Nephrology  
P O Box 115  
Clinton, MS 39060**

This fee is non-refundable and covers the expense of processing the re-accreditation application.

**Site Visits:** Any travel costs incurred for the site visit will be reimbursed by the applicant.

### Submission \*\*\*\*No paper or faxed copies are accepted.

Email an electronic PDF copy of the application form and all required supporting documentation to: info@asdin.org.

### Questions

If you have questions regarding the re-accreditation process, please contact:

**Phone: 601-924-2220  
Email: info@asdin.org**

**American Society of Diagnostic and Interventional Nephrology  
Application for Training Program Re-Accreditation**

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Name of Training Program

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Institution

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Program Director

Program Director has changed from previous accreditation application – See Faculty section of Requirements for Re-Accreditation.

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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

Number of physicians trained \_\_\_\_\_(during current accredited period)

Annual capacity of Training Program \_\_\_\_\_(current number of physician trainees)

**Source of Funding**

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

**Faculty:** (List all faculty below and check the box that is appropriate; submit CVs for new faculty )

- Faculty listed below are same as previous accreditation application; No further documentation required.
- Faculty listed below includes new faculty since previous application; Submit CVs for new faculty

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Name

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Name

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Name

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Name

**Facility:**

**Facility meets requirements of ASDIN:**

**As it relates to space:**

- Yes, there has been no change since previous accreditation
- Yes, but changes have been made since previous accreditation (changes must be described in attachment)
- No (If no, rationale for discrepancy must accompany application)

**As it relates to equipment:**

- Yes, there has been no change since previous accreditation
- Yes, but changes have been made since previous accreditation (changes must be described in attachment)
- No (If no, rationale for discrepancy must accompany application)

**As it relates to supplies:**

- Yes, there has been no change since previous accreditation
- Yes, but changes have been made since previous accreditation (changes must be described in attachment)
- No (If no, rationale for discrepancy must accompany application)

**As it relates to staff:**

- Yes, there has been no change since previous accreditation
- Yes, but changes have been made since previous accreditation (changes must be described in attachment)
- 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**

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

- Yes, there has been no change since previous accreditation
- Yes, but changes have been made since previous accreditation (changes must be described in attachment)
- No (If no, rationale for discrepancy must accompany application)

**The record keeping system is computerized.**

- Yes
- No

**Quality Assurance Program (A detailed description must accompany application)**

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

- Yes, there has been no change since previous accreditation
- Yes, but changes have been made since previous accreditation (changes must be described in attachment)
- No (If no, rationale for discrepancy must accompany application)

**Signature**

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

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Signature of Program Director Date

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Telephone Number Facsimile Number E-mail Address