

Boulder Community Hospital Medical Staff Department

Privileges for Certified Nurse Midwife

Name:

Please print name

To be eligible to request clinical privileges, the applicant must meet the following threshold criteria:

Basic Education	Advanced Practice Nurse		
Minimum Formal	Successful completion of a program in Nurse Midwifery accredited by the		
Training	American College of Nurse Midwives (ACNM)		
Board Certification	New Applicant: Current certification with AMCB		
	Reappointment: Maintenance of Board Certification required.		
Experience	New Applicant: Documentation of the management of at least 30 inpatients		
	during the past 12 months.		
	Reappointment: Continued performance of privileges requested with acceptable		
	outcomes. Please be prepared to provide a list of cases (case log) performed at		
	facilities other than BCH if requested.		
Additional Criteria	Relevant Continuing Medical Education		
Agreement	Evidence of a collaborative agreement with BCH obstetricians, who hold		
	appropriate clinical privileges and whose active practice corresponds with that of		
	the applicant's.		

CORE PRIVILEGES.

□ CNM CORE Privileges

Privileges include admission, evaluation, consultation, diagnosis and treatment of female patients presenting in any condition of pregnancy. Core privileges include but are not limited to:

- Perform routine prenatal and postpartum care (per practice guidelines)
- Perform admission histories and physical exams
- Perform ultrasound, limited to presentation, performed on the labor deck.
- Perform external and internal fetal monitoring
- Perform amniotomies as necessary
- Apply external tocodynamometer and intrauterine pressure catheter for assessment of contractions and IUPC for amnioinfusion.
- Induce and augment labor as needed. (Consultation with a physician prior to induction or augmentation is required.)
- Perform or repair midline or mediolateral episiotomies and minor obstetrical lacerations, up to and including partial third degree lacerations. Repair cervical lacerations under direct physician quidance.
- Pudendal blocks and local anesthesia
- Clinical microscopy
- Write discharge summary/orders.
- Vacuum extraction (*Emergent situations only,* for when an obstetrician is not immediately available)

CNM Privilege Criteria

12 deliveries within the past 12 months

Documentation of current Neonatal Resuscitation Program (NRP) certification

Initial: Documentation of completion of a fetal monitoring course within the last 12 months. Or within 6 months of being credentialed. Reappointment: Documentation of a fetal monitoring course within the last 24 months.

Current Red Cross or American Heart Association ACLS Certification that includes a skills lab

Initial: Additional training and experience that demonstrates current competence Reappointment: Documentation of completion of competency assessment test

(Over)

CNM Continued:

ADDITIONAL PRIVILEGES REQUESTED

Do not request if you do not intend to perform in a hospital setting

Request	Procedure	Additional Credentialing Criteria
	Cesarean Section first assist	Additional training and/or experience that demonstrates current competence
	In House Training for Cesarean Section first assist	Completion of the in-house training request
	Newborn Rounds Per BCH guidelines	Additional training and/or experience that demonstrates current competence.
	Ultrasound for amniotic fluid index (AFI)	Additional training and/or experience that demonstrates current competence.
	Prescribing privileges	Must have a RXN number. Must have own DEA registration certificate to prescribe controlled substances.

In an emergency, a provider is permitted to exercise clinical privileges to the extent permitted by his or her license, regardless of that individual's department status or specific grant of clinical privileges. An emergency is defined as a condition which could result in serious or permanent harm to a patient and for which any delay in administering treatment would add to that harm or danger.

ACKNOWLEDGMENT OF PRACTITIONER:

The Collaborating and/or Attending Physician is responsible for reviewing and signing all H&P examinations, discharge summaries, and delivery summaries in accordance to BCH Rules and Regulations and other applicable policies.

I have requested only those privileges for which, by education, training, current experience and demonstrated performance I am qualified to perform, and expect to perform at Boulder Community Hospital. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested. I attest by signature that I have met the minimum criteria for procedures/diagnoses management within the past 24 months, and have provided documentation where specifically requested. I agree to provide any additional documentation if requested. I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules. I understand that performing procedures outside of my privileges may result in immediate suspension and/or loss of privileges.

Applicant Signature:

Please Sign Your Name

_____Date: _____



Applicant Name:_____

I am a collaborative or backup Medical Staff Member of the individual named above. I understand and agree that the Boulder Community Hospital and Medical Staff Bylaws, and associated documents, require that I accept the responsibilities as outlined in the collaborative or backup agreements with respect to this individual while performing specified procedures.

Further, I understand that, in the event this individual's association with me is terminated, or I otherwise withdraw my agreement to maintain a current collaborative or backup agreement with the AHP, I will provide prompt, written notice of such termination to the Medical Staff Department. Additionally, the hospital may, at any time, affect the AHP's Scope of Practice, if my medical staff membership or privileges are suspended or terminated.

SIGNATURE(s) OF <u>ALL</u> COLLABORATING PHYSICIAN(s) OR, COPY OF THE SIGNATURE PAGE OF THE AGREEMENT WITH BCH FOR OB PROVIDING BACKUP.

Medical Staff Member	Medical Staff Member's Name – Printed
Medical Staff Member	Medical Staff Member's Name - Printed
Medical Staff Member	Medical Staff Member's Name - Printed
Medical Staff Member	Medical Staff Member's Name - Printed
Medical Staff Member	Medical Staff Member's Name – Printed
Medical Staff Member	Medical Staff Member's Name - Printed



Vacuum Assisted Delivery Training

I attest that I have read the book, Clinical Issues Series Vacuum Assisted Birth in Midwifery Practice (2nd Editions).

Signature

Date

Printed Name

Please return to the Medical Staff Department BCH Medical Staff Department PO Box 9019 Boulder, CO 80301-9019 303.440.2003 303.440.2063-fax