

UNIVERSITY HOSPITAL AND HEALTH SYSTEM
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
2500 North State Street, Jackson MS 39216

CLINICAL PRIVILEGES- NURSE MIDWIFE

Name: _____

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- ☐ Initial Appointment
☐ Reappointment

Department _____
Specialty Area _____

All new applicants must meet the following requirements as approved by the governing body effective:

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional governance (MS Bylaws, Rules and Regulations) organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR NURSE MIDWIFE

To be eligible to apply for core privileges as a nurse midwife, the initial applicant must meet the following criteria:

Current certification as a Nurse Midwife by the American College of Nurse Midwives (ACNM) or an equivalent body as required by licensure:

Required Previous Experience: Applicants for initial appointment must be able to demonstrate clinical experience as a Nurse Midwife during the past 24 months or demonstrate successful completion of an accredited Nurse Midwife program within the past 12 months.

Reappointment Requirements: To be eligible to renew core privileges as a nurse midwife, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience, (inpatients, outpatients, or consultations) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

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CORE PRIVILEGES

NURSE MIDWIFE CORE PRIVILEGES

☐ **Requested**

Assess, evaluate, diagnose, treat and provide consultation to patients Perform histories and physicals, order appropriate diagnostic tests, perform periodic evaluations, order referrals and consultations, and change or discontinue medical treatment plan. Write orders in medical record, conduct patient/family education and counseling. Record pertinent data on the medical record, including progress notes and discharge summaries. Prescribe, initiate, monitor, or alter medications which nurse midwives are authorized to prescribe in Mississippi. Initiate emergency resuscitation and stabilization measures on any patient. Perform chart audits and make daily rounds. Provide in-services and daily consultations to nursing staff. Initiate consultation for and monitor patients during special tests. Write standing orders as directed by the physician. Facilitate collaborating physician's referral of patients to appropriate healthcare facilities, agencies, community resources, or other healthcare resources.

PRESCRIPTIVE AUTHORITY

_____ I have been approved for the following schedules by the Mississippi State Board of Nursing and have attached a copy of my approved Controlled Substance Prescriptive Authority registration.
_____ II _____ III _____ IV _____ V

_____ I do not have Controlled Substance Prescriptive Authority in Mississippi.

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CORE PROCEDURE LIST

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.

- ☐ Perform histories and physicals,
- ☐ Perform gynecological exam to include external, uterine, adnexal and rectal exam
- ☐ Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
- ☐ Rehab service ordering
- ☐ Respiratory services, ordering of
- ☐ Routine immunizations, performance of
- ☐ Routine screening tests such as pap smears, pregnancy tests, Chlamydia testing, wet preps, gonorrhea cultures, hemoglobin test, and microscopic urinalysis

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ACKNOWLEDGEMENT OF NURSE MIDWIFE

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at University Hospital and Health System, University of Mississippi Medical Center, 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 situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed _____ **Date** _____

DIVISION CHIEF'S RECOMMENDATION (AS APPLICABLE)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I 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

Division Chief Signature _____ **Date** _____

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DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I 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

Department Chair Signature _____ ***Date*** _____

Reviewed:

Revised:10/2/2013