

**ATRIUM HEALTH
ADVANCED PRACTICE PROVIDERS
CERTIFIED NURSE MIDWIVES**

Print Name

SUMMARY OF OCCUPATION:

1. The Advanced Practice Provider is a skilled member of the health care team who is qualified by academic and clinical education and experience to provide patient services as an Advanced Practice Provider under the supervision of a member(s) of the Medical Staff of Atrium Health in accordance with the Bylaws of the Medical Staff.
2. He/she shall assist in the implementation of the health care plan and the management of patients by performing diagnostic and therapeutic tasks as defined and approved by the Board, and authorized under applicable law.
3. For purposes of this form, Advanced Practice Provider shall mean a "Dependent Practitioner" defined as a health care professional other than physicians or dentists, who is approved by the Board, who is licensed or certified by his/her respective licensing or certifying agencies, and who provides service under the supervision of a physician who is currently appointed to the Medical Staff of Atrium Health.

ORGANIZATIONAL RELATIONSHIP:

1. The Advanced Practice Provider shall only exercise those clinical privileges maintained by the supervising physician(s) and approved by the Board. The Advanced Practice Provider may also assist the residents assigned to the Department of Obstetrics and Gynecology in performance of their duties and responsibilities as assigned by their supervising physician. The Advanced Practice Provider shall notify the supervising physician of all cases of acute and severe distress, serious nature (life- or limb-threatening), or whenever the patient wishes to see a physician or has unanswered questions.
2. The Advanced Practice Provider shall perform all privileges in accordance with all laws and regulations pertaining to the scope of practice for his or her health profession. The Advanced Practice Provider shall wear a nametag identifying him/herself as an Advanced Practice Provider and introduce him/herself as an Advanced Practice Provider, and shall at no time imply, state, or lead one to believe that he/she is a physician.
3. The Advanced Practice Provider must conduct all duties and responsibilities in accordance with departmental and hospital policies and procedures.
4. A nurse or secretary who receives an order from an Advanced Practice Provider for medication(s), laboratory or radiological studies, and/or treatment is authorized to perform that order as if it were received from a physician.
5. The supervising physician(s) must sign the Delineation of Privileges form of the Advanced Practice Provider, accepting responsibility for appropriate supervision, and shall intervene and directly assume the care of any patient when requested by the patient or the Advanced Practice Provider, required by hospital policies and procedures, or when in the interest of patient care. The supervising physician(s) shall co-sign entries on the medical records of patients seen or treated by the Advanced Practice Provider as required by hospital policies and procedures.

QUALIFICATIONS:

1. The Advanced Practice Provider shall maintain qualifications as specified in the POLICY ON CLINICAL PRIVILEGES FOR ADVANCED PRACTICE PROVIDERS. His/her past experience and training shall be commensurate with privileges requested.
2. The scope of duties and responsibilities of the Advanced Practice Provider shall be delineated on an approved Delineation of Privileges form and approved by the Board.

Print Name

QUALIFICATION – continued:

3. The Supervising Physician shall delegate only tasks and procedures to his or her Advanced Practice Provider which are within or contemplated by the clinical privileges granted to the Supervising Physician by the Medical Executive Committee and the Board of Commissioners and which the Advanced Practice Provider has been approved to perform. It is understood that the supervision of an Advanced Practice Provider shall never be transferred to a physician who is not currently a fully appointed member of Atrium Health Medical Staff.
4. If the Medical Staff appointment or Clinical Privileges of the Sponsoring Physician are resigned, revoked or terminated, the Advanced Practice Provider's permission to practice shall automatically terminate and his or her clinical privileges shall be automatically relinquished.

SUPERVISION:

Except where the Delineation of Privileges form provides for Personal Supervision or Proximate Supervision, General Supervision (as defined below) will be required for all tasks and procedures performed by the Advanced Practice Provider.

1. "General Supervision" shall mean the procedure is furnished under the supervising physician's overall direction and control, but the physician is not required to be present during the procedure. General Supervision requires the performance of tasks and procedures in a manner that is consistent with state law, the applicable standard of care, Medical Staff Bylaws and hospital policies and procedures, but does not require Personal Supervision or Proximate Supervision, as those terms are defined below.
2. "Proximate Supervision" shall mean the physical presence of a sponsoring/supervising physician in the hospital, in close proximity and immediately available to furnish assistance and direction to the Advanced Practice Provider as needed.
3. "Personal Supervision" shall mean the physical presence of a sponsoring/supervising physician in the room with the Advanced Practice Provider during the performance of a procedure.

**ATRIUM HEALTH
REAPPOINTMENT DELINEATION OF PRIVILEGES FORM
ADVANCED PRACTICE PROVIDER
CERTIFIED NURSE MIDWIVES
SPECIALTY OF OBSTETRICS AND GYNECOLOGY**

Print Name _____

- Initial appointment Reappointment Updated DOP/Sponsoring Physician Change

NOTE 1: "CORE" privileges cannot be amended or altered in any way.

NOTE 2: Advanced Practice Providers must apply for "CORE" privileges in order to be eligible for special procedure clinical privileges at any facility within Atrium Health.

NOTE 3: 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		CERTIFIED NURSE MIDWIVES CORE CLINICAL PRIVILEGES
			N/A					N/A		CAPP-CNM-1	Manage and provide care to adolescent and adult females focusing on pregnancy, childbirth, the post partum period, gynecological needs, and the care of the newborn. The Advanced Practice Provider may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician.

The Advanced Practice Provider may, in consultation with the supervising physician, perform the following duties: initiate/place orders on behalf of the supervising physician after notification of collaborating physician; collect specimens for pathological examination; order diagnostic testing and therapeutic modalities; initiate referral to appropriate physician; make daily rounds on hospitalized patients with or at the direction of the supervising physician; perform field infiltrations of anesthetic solutions; perform history and physical examinations; record progress notes; write discharge summaries.

Labor and Post-Partum Management: Management of labor and delivery for patients requesting nurse midwifery care in the course of their pregnancy as requested and allowed by supervising physicians. Perform cervical examinations for assessment of labor progress; fetal monitoring using fetoscope, doptone, internal or external fetal monitor; Intrauterine pressure catheter; Perform amniotomies, conduct fetal surveillance, co-manage with physician selected moderate and high-risk perform induction of labor; initiate amnio-infusion; interpret fetal monitor tracing; includes management of women with a previous Cesarean section with a documented low-transverse uterine scar; administer local or pudendal anesthesia or order epidural anesthesia when indicated. Management of normal spontaneous birth with collaborating physician or designee readily available to respond to any call for assistance: Perform cord blood sampling; explore the uterus and manually remove placenta fragments; perform midline/mediolateral episiotomies and repair; repair of lacerations; third and fourth degree extensions; manage deliveries of singleton, vertex presentations; perform bimanual compression of the uterus for immediate postpartum hemorrhage; Suprapubic pressure, McRoberts maneuver, Wood-Screw maneuver, manual delivery of the posterior arm, and/or fracture of the clavicle for shoulder dystocia; Ultrasound for fetal position or confirmation of IUFD; Consultations with anesthesiologist on call when epidural anesthesia is indicated or requested. Medical management of post-partum hemorrhage following delivery of the placenta; Umbilical cord blood gases may be obtained.

Care of Emergency Patients: Provide manual elevation of the presenting part for prolapsed cord; Notify collaborating physician and manage Shoulder Dystocia; Malpresentation other than vertex; Multiple gestation undiagnosed until labor; Postpartum hemorrhage/uterine inversion; and Amniotic fluid embolism.

Postpartum Management: Perform hemorrhage stabilization with physician consultation if needed; manage midwifery elements of selected high-risk conditions after consultation with physician; monitor vital signs, lochia, fundus, and bladder functions in the immediate postpartum period; and conduct postpartum rounds and examinations.

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	Pine.	Univ.	CR	Lin.	CAB	Union	Stanly	Anson	CLE	SPECIAL PROCEDURES				
										GENERAL SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A					N/A		CAPP-CNM-1(a)*	Vacuum Extractor for Outlet Delivery	5		
										PERSONAL SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A					N/A		CAPP-CNM-1(b)*	Function as First Assistant to Physician	10		

REQUIRED PREVIOUS EXPERIENCE (CAPP-CNM-1(a)):

1. Applicants must present evidence of appropriate training; **AND**
2. Demonstrated current competence and evidence of performance of five (5) cases within the past two (2) years.

REQUIRED PREVIOUS EXPERIENCE (APP-CNM-1(b)):

1. Applicants must present evidence of appropriate training; **AND**
2. Demonstrated current competence and evidence of performance of ten (10) cases within the past two (2) years.

CRITERIA FOR MAINTENANCE OF PRIVILEGES:

The Practitioner must submit a minimum of two (2) cases, for each privilege held, over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for current special privileges. This will be reviewed at the time of reappointment. Practitioners who would like to continue to hold any special privileges 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.

PRIVILEGES REQUESTED BY:

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.

I attest that the information provided in my initial application or most recent reappointment is accurate and has not changed, specifically the disclosure questions relating to my licensure or registration, clinical privileges, participation in benefit programs, health status, liability, and work history.

Signature of Applicant

Date

Printed or typed name of Applicant

SPONSORING PHYSICIAN:

Signature of Sponsoring Physician

Date

Printed or typed name of Sponsoring Physician

Signature of Sponsoring Physician

Date

Printed or typed name of Sponsoring Physician

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CASE LOG

Name: _____

Date: _____

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CAPP-CNM-1(a))
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			TOTAL	