

Clinical Nurse Specialist Clinical Privileges

Name: _____ Application Date: _____

Initial privileges (initial appointment)

<input type="checkbox"/> <input type="checkbox"/> Requested

Renewal of privileges (reappointment)

<input type="checkbox"/> <input type="checkbox"/> Requested

Expansion of privileges (modification)

<input type="checkbox"/> <input type="checkbox"/> Requested

Clinic: _____ Location: _____

Instructions

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

Medical Director: 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

1. Note that privileges granted may only be exercised at UNMMG clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
2. This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Policies Governing Scope of Practice

UNM Medical Group, Inc., is a part of an association of healthcare providers established by the UNM Health Sciences Center Board of Directors under and pursuant to the provisions of the Review Organization Immunity Act, Section 41-9-1 et seq., NMSA 1978 ("ROIA"). The information and materials identified in this document were prepared for the purposes of peer review as described and defined in ROIA and are, therefore, confidential and not to be disclosed except as provided in ROIA.

Page 1 of 5 **Initials** _____

Clinical Nurse Specialist Clinical Privileges

Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the hospital and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.

Periodic Competence Assessment

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the Practice Oversight Committee's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice is recommended/required as mandated by licensure.

Qualifications for Clinical Nurse Specialist Core

Initial privileges: *To be eligible to apply for clinical privileges as a Clinical Nurse Specialist (CNS), the applicant must meet the following criteria:*

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Clinical Nurse Specialist Clinical Privileges

Completion of a master's/post-master's degree or certification in an accredited nursing program within the CNS's specialty area that included 500 hours of supervised clinical practicum

AND

For Adult/Adolescent/Geriatric Core

Current certification by the American Nurses Credentialing Center (ANCC) in Adult Health CNS or Adult-Gerontology CNS

For Pediatric Core

Current certification by the American Nurses Credentialing Center (ANCC) in Pediatric CNS

AND

Current active licensure to practice professional nursing in the state of New Mexico, and current active certification by the Board of Nursing as an advanced nurse practitioner in the clinical nurse specialist category

AND

Maintain current BLS and current area specific advance life support (i.e. ACLS, PALS, NRP, etc.) as required by job if applicable

Required current experience: Provision of care, reflective of the scope of privileges requested, for an adequate number of patients during the past 12 months, or successful completion of an accredited training program within the past 12 months. Experience must correlate to the privileges requested.

Reappointment Requirements: *To be eligible to renew privileges a clinical nurse specialist (CNS), the reapplicant must meet the following criteria:*

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

Core Privileges: Clinical Nurse Specialist (CNS) –Adolescent/Adult/Geriatric

Assess, diagnose, monitor, treat, refer, and manage acutely, critically, and chronically ill adolescents, young adults, adults, and geriatric patients in the outpatient settings. This includes the development of treatment plans, health counseling, and appropriate patient and family education. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Requested

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Clinical Nurse Specialist Clinical Privileges

Core Privileges: Clinical Nurse Specialist (CNS) –Pediatrics

Assess, diagnose, monitor, treat, refer, and manage acutely, critically, and chronically ill newborn patients through young adulthood in the outpatient settings. This includes the development of treatment plans, health counseling, and appropriate child and family education. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Requested

Clinical Nurse Specialist (CNS) Core Procedures List

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

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

1. Initiate therapeutic modalities such as medications, treatments, IV fluids and electrolytes
2. Ordering of and preliminary interpretation of laboratory, diagnostic imaging and electrocardiographic examinations
3. Use of local/topical anesthesia for minor procedures
4. Incision, drainage and packing of superficial abscesses
5. Perform debridement, suturing, and general care for minor wounds/non facial lacerations/burns
6. Perform minor superficial surgical procedures including foreign body removal
7. Intrauterine device removal
8. Brace, cast and splint application of extremity fractures, removal, and management

Acknowledgment of practitioner

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 UNMMG Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by UNMMG Clinic and medical staff policies and rules applicable to generally and any applicable to the particular situation.

Clinical Nurse Specialist Clinical Privileges

- 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 _____

Signatures

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications.
- Do not recommend the following requested privileges:

Notes: _____

Dept Chair _____ Date _____

UNMMG Medical Director _____ Date _____

CMO or ACMO _____ Date _____

Criteria Approved by UNMMG Executive Committee on **5/28/15**