

829 A

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



FROM: Riverside County Regional Medical Center

SUBMITTAL DATE:
February 9, 2012

SUBJECT: Medical Staff Appointments, Reappointments and Clinical Privileges

RECOMMENDED MOTION:

1. Request approval by the Board of Supervisors of appointments, reappointments, clinical privileges, forms and procedures.

BACKGROUND: The Medical Executive Committee on February 9, 2012, recommended to refer the following items to the Board of Supervisors for review and action:

A. Approval of Medical Staff Appointments and Clinical Privileges:

- | | |
|----------------------------|-------------------|
| 1. Amirnovin, Rambod, MD | Pediatrics |
| 2. Czynski, Adam, DO | Pediatrics |
| 3. Goldstein, Mitchell, MD | Pediatrics |
| 4. Mu, Anandit, DO | Internal Medicine |

Ellie Bennett For Doug Bagley

Ellie Bennett, on behalf of Douglas D. Bagley,
Hospital Director, Chief Operating Officer

| | | | | |
|-----------------------|-------------------------------|------|-------------------------|-------|
| FINANCIAL DATA | Current F.Y. Total Cost: | \$ 0 | In Current Year Budget: | Yes |
| | Current F.Y. Net County Cost: | \$ 0 | Budget Adjustment: | No |
| | Annual Net County Cost FY: | \$ 0 | For Fiscal Year: | 11/12 |

| | | |
|-------------------------|----------------------------------|--------------------------|
| SOURCE OF FUNDS: | Positions To Be Deleted Per A-30 | <input type="checkbox"/> |
| | Requires 4/5 Vote | <input type="checkbox"/> |

C.E.O. RECOMMENDATION: APPROVE

BY: *Debra Cournoyer*
Debra Cournoyer

County Executive Office Signature

- Consent
- Policy
- Consent
- Policy

Dep't Recomm.:
Per Exec. Ofc.:

| | | |
|------------------|---------------|----------------|
| Prev. Agn. Ref.: | District: 5/5 | Agenda Number: |
|------------------|---------------|----------------|

2.9

Departmental Concurrence

SUBJECT: Medical Staff Appointments, Reappointment, and Clinical Privileges

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- | | | |
|----|--------------------|------------------------------------|
| 5. | Simmons, Emma, MD | Family Medicine |
| 6. | Tyler, Darlene, NP | Nurse Practitioner/Family Medicine |

B. Approval of Reappointments: (3/1/2012 – 2/28/14) – See Attachment

C. Additional Privileges:

- | | | | |
|----|--------------------|------------|-------------------|
| 1. | Lopez, Merrick, MD | Pediatrics | Moderate Sedation |
| 2. | Vercio, Chad, MD | Pediatrics | Moderate Sedation |
| 3. | Truong, Giang, MD | Pediatrics | Neonatology |

D. Request for Addition to Surgery Department Privilege Form – See Attachment:

A request for addition to Thoracic Surgery Core Procedures was submitted.

**E. Department of Nursing Standardized Procedures for Advanced Practice Nurses:
- See Attachment**

This document is submitted for approval in order to comply with current regulatory credentialing/privileging allied health professional guidelines of the Joint Commission (TJC) and Centers for Medicare and Medicaid Services (CMS).

Riverside County Regional Medical Center

The Credentials Committee is submitting the following reappointment recommendations for review and action. The RCRMC Medical Staff member has met the reappointment standards and requirements set forth in the Medical Staff Bylaws, Rules and Regulations.

| Department | Name | Title | Status | Reappointment Period | Recommendation |
|---------------------------|-------------------|-------|----------|----------------------|---|
| Emergency Medicine | Jacqueline Le | MD | Active | 2/28/2014 | Renewal, current staff category and privileges as delineated. |
| | Susan Munden | MD | Active | 2/28/2014 | Renewal, current staff category and privileges as delineated. |
| Medicine | Morteza Chitsazan | DO | Active | 2/28/2014 | Renewal, current staff category and privileges as delineated. |
| | Mohammad Khayali | MD | Active | 2/28/2014 | Renewal, current staff category and privileges as delineated. |
| | Patrick Moloney | MD | Active | 2/28/2014 | Renewal, current staff category and privileges as delineated. |
| | Yan Zhao | MD | Active | 2/28/2014 | Renewal, current staff category and privileges as delineated. |
| Surgery | Steven Stewart | MD | Active | 2/28/2014 | Renewal, current staff category and privileges as delineated. |
| | Dale Stringer | DDS | Courtesy | 2/28/2014 | Renewal, current staff category and privileges as delineated. |
| Radiology | Peilin Reed | MD | Active | 2/28/2014 | Renewal, current staff category and privileges as delineated. |
| | Fred Shu | MD | Active | 2/28/2014 | Renewal, current staff category and privileges as delineated. |
| OB-Gyn | John Lyons | MD | Active | 2/28/2014 | Renewal, current staff category and privileges as delineated. |
| | Hugo Rauld | MD | Active | 2/28/2014 | Renewal, current staff category and privileges as delineated. |
| | Stella Sien | DO | Active | 2/28/2014 | Renewal, current staff category and privileges as delineated. |
| Pathology | Moogil Choe | MD | Active | 2/28/2014 | Renewal, current staff category and privileges as delineated. |
| Pediatrics | Anita Barringham | MD | Active | 2/28/2014 | Renewal, current staff category and privileges as delineated. |



DEPARTMENT OF GENERAL SURGERY

TO: Credentials Committee

FROM: Afshin Molkara, MD FACS
Chair, Department of Surgery *AM*

DATE: December 7, 2011

RE: Request for Addition to Thoracic Surgery Core Procedures

THORACIC SURGERY CORE PROCEDURES

1. Bronchoscopy: diagnostic, G.B. management, therapeutic procedures
2. Cardiac Surgery: including pericardiocentesis, repair of major thoracic vessel or heart trauma
3. Chest wall and pleural space surgery: including rib resection, management of chest wall trauma
4. Esophagoscopy: diagnostic, F.B. removal, therapeutic procedures
5. Esophageal surgery: including resection, repair or reconstruction. Hiatal hernia and associated esophageal procedures
6. Neck and tracheal surgery: including tracheal repair with reconstruction, cervical node and scalene pad biopsy, mediastinoscopy, mediastinostomy and drainage, resection of mediastinal tumor or cyst
7. Tracheobronchial tree and lung surgery: including pulmonary resection of any type

**ADD - 8. Application of fixation devices to stabilize rib fractures and chest wall.*

Thank you for your consideration of this request.

**i) RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
DEPARTMENT OF NURSING
STANDARDIZED PROCEDURES FOR ADVANCED PRACTICE NURSES**

| | | | | |
|---|--|----------------------------|-------------|--------------------------------------|
| | | Section 1.02 <u>e 1</u> | Pag | Section 1.03 <u>o</u> <u>f</u> |
| Subject: Standardized Process Protocols for the treatment of heart failure patient. | First Issued: | Section 1.04 5.... | Policy No: | |
| | Section 1.05 Revised Date: | Section 1.06 | Supersedes: | |
| Departments Consulted: Medicine Nursing Administration Pharmacy | a. Reviewed & Approved by: Interdisciplinary Practice Committee Credentialing Committee | | | |

POLICY

1. Function: To allow Nurse Practitioners (NP) to collaborate with members of the Riverside County Regional Medical Center Cardiology department for the purpose of assessment, monitoring and management of cardiomyopathy patients.
2. Circumstances under which NP may perform function:
 - a. Setting: Patients followed at Riverside County Regional Medical Center (RCRMC) per policy APN Policy 500.00.
 - b. Supervision: The NP shall at all times be under the supervision of a member of the cardiology medical staff that has been granted the privilege of supervising allied health professionals per standardized procedure APN Policy 500.00 .
 - c. Patient Condition: Any patient followed by the NP for treatment of heart failure.

PROTOCOL

1. Definition: This protocol covers the management of any patient suffering from heart failure, in the acute or chronic phase.
2. Data Base:
 - a. Subjective: The NP may obtain patient history to include but not limed to:
 - i. current cardiac symptoms
 - ii. current functional status
 - iii. pain assessment
 - iv. review of systems
 - v. medical and surgical history (including previous cardiac interventions)
 - vi. implanted device history
 - vii. arrhythmia history
 - viii. family medical history
 - ix. psychosocial history
 - x. response to previous/current treatments

- xi. medications and allergies
 - xii. any other history relevant to the adult cardiology evaluation
- b. Objective: The NP may perform a physical examination to include, but not limited to.
- i. general appearance
 - ii. integument
 - iii. inspection of jugular venous pressure, carotid pulse, presence or absence of carotid bruits
 - iv. assessment of hepatojugular reflux
 - v. auscultation of lungs and heart sounds
 - vi. chest including heart, lungs and presence or absence of deformities or asymmetry
 - vii. palpation of the heart
 - viii. abdomen
 - ix. extremities
 - x. any other examination relevant to the adult cardiology evaluation
- c. The NP may evaluate any other available clinical data to include:
- i. vital signs
 - ii. fluid balance
 - iii. weight
 - iv. clinical laboratory results
 - v. diagnostic studies
 - vi. any other clinical data relevant to the evaluation
3. Diagnosis: The NP may develop a probable working diagnosis consistent with findings obtained from the history, physical examination, and available clinical data.
4. Plan:
- a. Diagnostic: The NP may order the following laboratory tests, evaluate reported findings and provide follow-up care. The goals of the diagnostic workup are to confirm the diagnosis of heart failure, assess the severity of the disorder, and identify the underlying etiology.
- i. basic and/or comprehensive metabolic panels or individual elements included panel, as indicated
 - ii. beta HCG
 - iii. BNP, NT pro BNP
 - iv. cardiac enzymes: CK, CK.MB, Troponin
 - v. CBC with or without differential
 - vi. C-reactive protein
 - vii. coagulation panel: PT/PTT/INR, D-dimer
 - viii. culture and sensitivity/gram stain
 - ix. drug screen
 - x. HgbA1c
 - xi. liver function test
 - xii. lipid panel
 - xiii. microalbumin
 - xiv. point of care (POC) testing, e.g., hemoglobin/electrolytes/glucose, PT/INR
 - xv. therapeutic drug levels, e.g., digoxin, amiodarone, vancomycin

- xvi. thyroid panel
- xvii. type and cross match/screen
- xviii. urinalysis, C & S, microalbuminuria

a1. The NP may order the following radiological /diagnostic tests, evaluate reported findings and provide follow-up care.

- i. ambulatory cardiac event monitoring, ambulatory BP monitoring
- ii. pulse oximetry
- iii. 6 minute walk test
- iv. chest x-rays
- v. echocardiogram with/without transesophageal
- vi. electrocardiogram (ECG)
- vii. fluoroscopy
- viii. pulmonary function test/ diffusion capacity (PFT/DLCO)
- ix. radiographic studies
- x. stress testing (exercise or pharmacologic) with/without nuclear/echo imaging
- xi. telemetry
- xii. tilt table testing
- xiii. ultrasound, e.g., carotid, upper/lower extremities; abdomen
- xiv. upper extremity venogram
- xv. venous Doppler of extremities

a2. After consulting with the supervising physician, the NP may order the following diagnostic tests, evaluate the findings, and provide follow-up care in conjunction with supervising physician:

- i. CT scan
- ii. MRI

b. Treatment:

- i. The NP may develop a patient treatment plan, which may include the facilitation of admission or discharge and daily management. The treatment plan shall be based on the history, physical examination, and diagnostic findings and guided by the direction of the supervising physician.
- ii. Only NPs possessing a furnishing certificate issued by the California Board of Registered Nursing (BRN) may order pharmacologic therapy. NP Drug Enforcement Administration (DEA) number is required for controlled substances.
- iii. Drugs, medical gases and devices are to be furnished (ordered) only in accordance Per APN Policy 500.03
- iv. The NP may order packed red blood cells, frozen plasma, platelets and cryoprecipitate following informed consent pursuant to current Transfusion Committee guidelines.
- v. The NP may order ancillary specialty consultation/evaluation and therapy e.g., overnight pulse oximetry, skilled nursing home care, rehabilitation, respiratory therapy and respiratory equipment, and physical therapy.
- vi. The NP may order other treatment/intervention such as diagnostic studies,

medications and specialty consultations following communication with and approval by the supervising cardiology service physicians.

- vii. The NP may facilitate cardioversion in consultation with supervising cardiology service physicians.
 - a. Consultation: Per APN Policy 500.02
 - b. Patient education: Per APN Policy 500.02
 - c. Follow-up: Per APN Policy 500.00
 - d. Record keeping: Per APN Policy 500.00

REQUIREMENTS FOR ADVANCED PRACTICE NURSES

- 1. Education: Per APN Policy 500.00
- 2. Training: Per APN Policy 500.00
- 3. Experience: Per APN Policy 500.00
- 4. Initial evaluation: Per APN Policy 500.00
- 5. Re-evaluation: Per APN Policy 500.00

DEVELOPMENT AND APPROVAL OF THE STANDARDIZED PROCEDURE

- 1. Method:
 - a. Developed or adopted by Supervising Physicians and Nurse Practitioner.
 - b. Approved by the Medical (Physician) Department Chair, Interdisciplinary Practice Committee (IDPC), Chief Nursing Officer (CNO).

2. Review Scheduled: Every three years

3. Signature of reviewing personnel:

Physician: _____ Printed Name: _____ Date: _____

NP: _____ Printed Name: _____ Date: _____

4. Signatures of personnel authorized to approve of Standardized Procedures:

Physician Dept. Chair _____ Printed Name: _____ Date: _____

Chair IDPC: _____ Printed Name: _____ Date: _____

CNO: _____ Printed Name: _____ Date: _____

Article I. ADVANCED PRACTICE NURSE AUTHORIZATION:

The individuals listed below hereby agree to work jointly and collaboratively toward the benefit of patient care and to maintain this *practice agreement* to reflect the high quality of patient care, consistent with the advanced practice nurse rules and regulations of California.

Title: Nurse Practitioner Certified Registered Nurse Anesthetist Certified Nurse Midwife

Printed Name: _____ Signature: _____ Date: _____

Specialty: _____ Department: _____

Supervising Physician(s):

Printed Name: _____ Signature: _____ Date: _____

Specialty: _____ Department: _____

Printed Name: _____ Signature: _____ Date: _____

Specialty: _____ Department: _____

Title: Nurse Practitioner Certified Registered Nurse Anesthetist Certified Nurse Midwife

Printed Name: _____ Signature: _____ Date: _____

Specialty: _____ Department: _____

Supervising Physician(s):

Printed Name: _____ Signature: _____ Date: _____

Specialty: _____ Department: _____

Printed Name: _____ Signature: _____ Date: _____

Specialty: _____ Department: _____

Title: Nurse Practitioner Certified Registered Nurse Anesthetist Certified Nurse Midwife

Printed Name: _____ Signature: _____ Date: _____

Specialty: _____ Department: _____

Supervising Physician(s):

Printed Name: _____ Signature: _____ Date: _____

Specialty: _____ Department: _____

Printed Name: _____ Signature: _____ Date: _____

Specialty: _____ Department: _____