

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

128A



FROM: Riverside County Regional Medical Center

SUBMITTAL DATE:
March 8, 2012

SUBJECT: Medical Staff Appointments, Reappointments and Clinical Privileges

RECOMMENDED MOTION:

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

BACKGROUND: The Medical Executive Committee on March 8, 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. Abreu, Wanda J., MD | Pediatrics |
| 2. Ardakani, Navid, MD | Radiology |
| 3. Chopra, Shivani, MD | Psychiatry |




 Douglas D. Bagley, Hospital Director

Departmental Concurrence

| | | | | |
|-----------------------|--------------------------------------|------|--------------------------------|-------|
| 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

County Executive Office Signature

- | | |
|-------------------------------------|---------|
| <input type="checkbox"/> | Policy |
| <input type="checkbox"/> | Policy |
| <input type="checkbox"/> | Consent |
| <input type="checkbox"/> | Consent |
| <input checked="" type="checkbox"/> | Consent |
| <input checked="" type="checkbox"/> | Consent |

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

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

2.5

SUBJECT: Medical Staff Appointments, Reappointment, and Clinical Privileges

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- | | |
|--------------------------------|------------------------------|
| 4. Golkarieh, Narsis, MD | Pediatrics |
| 5. Kim, Charles C., MD | Ophthalmology |
| 6. Przekop, Allison, MD | Pediatric Neurology |
| 7. Sande-Lopez, Linette M., MD | Pediatric Infectious Disease |

B. Approval of Allied Health Professional Privileges:

- | | |
|----------------------|------------|
| 1. Vargas, Pablo, NP | Pediatrics |
|----------------------|------------|

C. Approval of Reappointments:

- | | | |
|-------------------------------|----------------|------------------|
| 1. Cobb, Steven, MD | Radiology | 4/1/12 – 3/31/14 |
| 2. Ellis, John, MD | Ortho Surg | 4/1/12 – 3/31/14 |
| 3. Gedney, Timothy, PA | Emergency Med. | 4/1/12 – 3/31/14 |
| 4. Hui, Noel, MD | Surgery | 5/1/12 – 4/30/14 |
| 5. Jackson, Thomas, MD | Ortho Surg | 4/1/12 – 3/31/14 |
| 6. Jun, Aaron, MD | Radiology | 4/1/12 – 3/31/14 |
| 7. Kornbluh, Rebecca, MD | Psychiatry | 4/1/12 – 3/31/14 |
| 8. Lazar, Ronald, MD | Anesthesiology | 4/1/12 – 3/31/14 |
| 9. Marquez, Purificacion, MD | Psychiatry | 4/1/12 – 3/31/14 |
| 10. McNeil, Jeanine, MD | Radiology | 4/1/12 – 3/31/14 |
| 11. Menestrina, Larry, MD | Radiology | 4/1/12 – 3/31/14 |
| 12. Miulli, Dan, MD | Neuro Surg | 4/1/12 – 3/31/14 |
| 13. Moores, Donald C., MD | Ortho Surg | 5/1/12 – 4/30/14 |
| 14. Patel, Atul, MD | Radiology | 4/1/12 – 3/31/14 |
| 15. Powers, Bret C., DO | Surgery | 4/1/12 – 3/31/14 |
| 16. Scharf, Shivani, DO | Internal Med. | 4/1/12 – 3/31/14 |
| 17. Solomon, Naveenraj L., MD | Surgery | 4/1/12 – 3/31/14 |
| 18. Trujillo, Jennifer, DO | OB/GYN | 4/1/12 – 3/31/14 |

D. Final FPPE Advancement to:

- | | | |
|---------------------------|------------|--------|
| 1. Cutler, Drew, MD | Pediatrics | Active |
| 2. Garberoglio, Maria, MD | Pediatrics | Active |

E. Advancement – Staff Category Advancement to:

- | | | |
|------------------------------|---------|--------|
| 1. Solomon, Naveenraj L., MD | Surgery | Active |
|------------------------------|---------|--------|

F. Voluntary Withdrawal of Privilege

- | | |
|------------------------------|---------|
| 1. Solomon, Naveenraj L., MD | Surgery |
| ▪ Thoracic Surgery | |
| ▪ Moderate Sedation | |

G. Voluntary Resignation/Withdrawal*

- | | |
|-------------------------------|--------------------|
| 1. *Davis, Lorraine, MD | Psychiatry |
| 2. Gosh, Rae-Lynn M., PA-C | Emergency Medicine |
| 3. *Martin-Profit, Cheryl, DO | OB/GYN |
| 4. Nguyen, Thuy (Ashley), MD | Family Medicine |
| 5. *Pun, Priti, MD | Pediatrics |
| 6. Sinkhorn, C. Paul, MD | OB/GYN |

7. Smith, Michael, MD Psychiatry
8. Stephien, Betty, MD Internal Medicine
9. Trosmann Serpik, Stella V., MD Internal Medicine

H. Automatic Termination Per Bylaws 6.4-9 (Failure to Reapply)

1. Anderson, Brian L., MD Emergency Medicine
2. Babu, Jooby, MD Internal Medicine
3. Dinh, Tien N., MD Pediatrics
4. Wang, Zheng (Jennifer), MD Anesthesiology

I. Neonatal-Perinatal Medicine Clinical Privileges – See Attachment

A request for addition to Neonatal-Perinatal Medicine Clinical Privileges was submitted.

- Addition to Privilege – Deep Sedation



MEMORANDUM

TO: Credentials Committee

FROM: Alexandra Clark, M.D.
Department of Pediatrics

DATE: February 3, 2012

RE: Neonatal-Perinatal Medicine Clinical Privileges

Please accept this letter as an official request to change the Neonatal-Perinatal Medicine Clinical Privileges form to include Deep Sedation in the list of core procedures. This is a privilege that the neonatal intensivists currently have; this revision is for clarification purposes and to be consistent with the Pediatric Critical Care Medicine Clinical Privileges form.

A handwritten signature in black ink, appearing to read "Alex Clark".

Alexandra Clark, MD
(909) 558-1717, 4338
Attending/General Pediatrics

Alexandra M. Clark, M.D.
Chair, Department of Pediatrics

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
NEONATAL-PERINATAL MEDICINE CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

- Initial Appointment
 Reappointment

Effective: _____
(From—To) (MSO Only)

Page 1

Applicant: CHECK (✓) the "Requested" box for each privilege you are qualified to request and SIGN and DATE this form as indicated. Applicants may be requested to provide documentation of the number and types of hospital cases during the past 24 months. Applicants have the burden of producing information deemed adequate by RCRMC for a proper evaluation of current competence and other qualifications, and for resolving any doubts.

Privileges 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.

**QUALIFICATIONS FOR CORE
NEONATAL-PERINATAL MEDICINE PRIVILEGES**

NEONATAL-PERINATAL MEDICINE CORE PRIVILEGES

CRITERIA: To be eligible to apply for core privileges in neonatal-perinatal medicine, the applicant must meet the membership requirements of Riverside County Regional Medical Center and the following privileging criteria:

- Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited postgraduate training in neonatal-perinatal medicine/neonatology.

AND

- Current certification or active participation in the examination process leading to certification in neonatal-perinatal medicine by the American Board of Pediatrics or in neonatology by the American Osteopathic Board of Pediatrics.

AND

- Provide evidence of current completion of the Neonatal Resuscitation Program (NRP) course of the AAP/AHA.

AND

- Must be in process of paneling or paneled by California Children's Services (CCS).

REQUIRED PREVIOUS EXPERIENCE: An applicant for initial appointment must be able to demonstrate:

- Performance of inpatient or consultative services to at least 24 neonatal patients, in the privileges requested, during the past 12 months.

OR

- Demonstrate successful completion of a hospital-affiliated accredited residency or special clinical fellowship or research within the past 12 months.

REAPPOINTMENT REQUIREMENTS: To be eligible to renew core privileges in neonatal-perinatal medicine, the applicant must meet the following maintenance of privilege criteria:

- Current demonstrated competence and an adequate volume of experience, at least 12 neonatal patients with acceptable results in the privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

AND

- Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

AND

- Meet the Continuing Medical Education (CME) requirement necessary for licensure by the applicable California medical board (the Medical Board of California or the Osteopathic Medical Board of California). Submit copies of CME certificates.

AND

- Maintain and provide evidence of a current Neonatal Resuscitation Program (NRP) course of the AAP/AHA.

NEONATAL-PERINATAL MEDICINE CLINICAL PRIVILEGES

Name: _____

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Effective: _____
(From - To) (MSO Only)

Description of Core Privilege

Requested Neonatal-Perinatal Medicine Core Privileges

Admit, evaluate, diagnose, treat and provide consultation to newborns, except as specifically excluded from practice, presenting with severe and complex life-threatening problems such as respiratory failure, shock, congenital abnormalities and sepsis, and provide consultation to mothers with high-risk pregnancies. Privileges include performance of medical history and physical exam, and 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.

Privileges also include but are not limited to the following:

1. Cardiac Life Support, including emergent cardioversion
2. Newborn Nursery and Neonatal Intensive Care Unit privileges
3. Outpatient follow-up of NICU patients (Pediatrics High Risk Clinic)
4. Ventilator care of infants beyond emerging stabilization

**QUALIFICATIONS FOR
NON-CORE PRIVILEGES**

- See Specific Criteria
- If desired, non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and maintenance of clinical competence.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
NEONATAL-PERINATAL MEDICINE CLINICAL PRIVILEGES

Name: _____

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Effective: _____
(From - To) (MSO Only)

PARTICIPATE IN TEACHING PROGRAM

SUPERVISION: Supervision is an intervention provided by a supervising practitioner to a resident physician. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functions of the resident while monitoring the quality of professional services delivered. Supervision is exercised through observation, consultation, directing the learning of the residents, and role modeling. (Note: This definition is adapted from Bernard J.M., & Goodyear, R.K., *Fundamentals of Clinical Supervision*, 2nd Ed. Needham Heights, MA: Allyn & Bacon 1998.)

CRITERIA: To be eligible to participate in the teaching program, the applicant must:

- Be credentialed and privileged at RCRMC in accordance with applicable requirements.
- Provide care and supervision only for those clinical activities for which they are privileged.
- Be responsible for and must be personally involved in the care provided to individual patients in the inpatient and outpatient settings and must continue to maintain this personal involvement when residents are involved in the care of these patients.

MAINTENANCE OF PRIVILEGE:

- Enhance the knowledge of the residents and ensure the quality of care delivered to each patient by any resident. This is exercised by observation, consultation, and direction to the resident.
- Assure that medical care for each patient is delivered in an appropriate, timely, and effective manner.
- Participate in the resident's evaluation process according to accrediting and certifying body requirements.
- Direct the care of the patient and provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the resident being supervised.
- Within 24 hours of a patient's admission or transfer (including weekends and holidays), shall personally examine the patient, establish a personal and identifiable relationship with the patient, and record an appropriate history, physical examination, working diagnostic impression(s) and plan for treatment. The attending shall countersign and add an addendum to the resident's note detailing his/her involvement and supervision.
- Ensure that discharge or transfer of the patient from an inpatient team or clinic is appropriate, based on the specific circumstances of the patient's diagnoses and therapeutic regimen.
- Meet with each patient who received consultation by a resident and perform a personal evaluation in a timely manner based on the patient's condition, unless otherwise stated in the graduated levels of responsibility.
- Shall be immediately available to the resident in person or by telephone and able to be present within a reasonable period of time, 30 minutes, if needed.
- Available for supervision during clinic hours and ensure the coordination of care that is provided to the patients.
- Provide an appropriate level of supervision during the performance of procedures. (Determination of this level of supervision is generally left to the discretion of the attending physician within the content of the previously described levels of responsibility assigned to the individual resident involved. This determination is a function of the experience and competence of the resident and the complexity of the specific case.)
- Documentation of resident supervision will be monitored during the course of peer review. Any case reviewed in which it appears that there is inadequate supervision will be forwarded to the Professional Practice Evaluation Committee.

Description of Non-Core Privilege

Requested Participate in Teaching Program

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
NEONATAL-PERINATAL MEDICINE CLINICAL PRIVILEGES

Name: _____

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Effective: _____
(From - To) (MSO Only)

SUPERVISE ALLIED HEALTH PROFESSIONALS

SUPERVISION: The supervising employing/alternate supervising physician provides general supervision of the activities and services of the allied health professional. The supervising physician provides supervision and direction on any specific patient. The AHP is not allowed to perform any clinical activity/procedure that is not within the clinical privileges of the supervising physician. The supervising physician must be immediately available by electronic communication or on hospital premises for consultation/direction of the AHP.

CRITERIA: To be eligible to supervise allied health professionals, the applicant must:

- Be credentialed and privileged at RCRMC in accordance with applicable requirements.
- Provide care and supervision only for those clinical activities for which they are privileged.
- Be responsible for and must be personally involved in the care provided to individual patients in the inpatient and outpatient settings and must continue to maintain this personal involvement when AHPs are involved in the care of these patients.

MAINTENANCE OR PRIVILEGE:

- Ensure the quality of care delivered to each patient by any allied health professional. This is exercised by observation, consultation, and direction to the AHP.
- Assure that medical care for each patient is delivered in an appropriate, timely, and effective manner.
- Participate in the AHP's competency assessment process according to accrediting and certifying body requirements.
- Direct the care of the patient and provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the AHP being supervised.
- Assume responsibility for supervision or monitoring of the practice as stated in the appropriate hospital or medical staff policy governing AHPs.
- Be continuously available or provide an alternate to provide consultation when requested and to intervene when necessary.
- Assume total responsibility for the care of any patient when requested by the AHP or in the interest of patient care.
- Co-sign all orders entered by the AHP on the medical record of all patients seen or treated by the AHP in accordance with applicable requirements.

Description of Non-Core Privilege

Requested Supervision of Allied Health Professionals

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
NEONATAL-PERINATAL MEDICINE CLINICAL PRIVILEGES

Name: _____

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Effective: _____
(From - To) (MSO Only)

PROCEDURE 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, initial, and date.

Neonatal-Perinatal Medicine Core Procedures:

1. Arterial Cannulation (Percutaneous)
2. Arterial Cut Down
3. Central Venous Cut Down
4. Central Venous Line Placement
5. Endotracheal Intubation
6. Exchange Transfusion
7. Hyperalimentation
8. Insertion and Management of Chest Tubes
9. Laryngoscopy, Direct
10. Lumbar Puncture
11. Moderate Sedation *and Deep Sedation*
12. Paracentesis
13. Pericardiocentesis
14. PIC Line Placement
15. Pneumogram Interpretation
16. Preliminary EKG Interpretation
17. Suprapubic Tap
18. Thorcentesis
19. Umbilical Catheterization
20. Vasoactive Drug Drip
21. Ventilator Care, High Frequency

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
NEONATAL-PERINATAL MEDICINE CLINICAL PRIVILEGES

Name: _____

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Effective: _____
(From - To) (MSO Only)

ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those privileges which by education, training, current experience, and demonstrated performance that I am qualified to perform and wish to exercise at Riverside County Regional Medical Center.

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.

Practitioner Signature

Date

DEPARTMENT CHAIR / DESIGNEE RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation and make the follow recommendation:

- Recommend all requested privileges.
- Recommend privileges with conditions/modifications as noted below.
- Do not recommend the requested privileges as noted below.

| Privilege | Condition / Modification / Explanation |
|-----------|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Department Chair/Designee Signature

Date

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
NEONATAL-PERINATAL MEDICINE CLINICAL PRIVILEGES

Name: _____

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Effective: _____
(From - To) (MSO Only)

FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

Mechanism that may be used to confirm competency of new applicants and/or privileges or to address potential competency issues referred from Ongoing Professional Practice Evaluation (OPPE).

Department Chair/Designee:

Indicate below the privileges/procedures and the number of FPPE cases to be done on the above-named practitioner, including the method of FPPE.

Please print legibly.

| Privileges/Procedures to be Proctored | Number of Cases to be Proctored* | Method of FPPE A. Concurrent B. Retrospective C. Reciprocal |
|--|----------------------------------|--|
| Neonatal-Perinatal Medicine, Core Privileges | Five (5) Varied Cases | |
| Neonatal-Perinatal Medicine, Core Procedures | Five (5) Varied Procedures | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

*Indicate N/A if privilege not requested.