

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



FROM: Riverside County Regional Medical Center

SUBMITTAL DATE:
June 14, 2012

SUBJECT: Medical Staff Appointments, Reappointments and Clinical Privileges

RECOMMENDED MOTION:

- Request approval by the Board of Supervisors of appointments, reappointments, additional privileges, proctoring, advancement staff category, voluntary resignation/withdrawal, and clinical privilege form.

BACKGROUND: The Medical Executive Committee on June 14, 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. Bolaris, Michael A. MD | Medicine |
| 2. Jang, Shaun E., MD | Medicine |
| 3. Ilano, Earl P., MD | Medicine |
| 4. Motabar. Ali. MD | Medicine |

Douglas D. Bagley

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*
Debra Cournoyer

County Executive Office Signature

- | | | | |
|-------------------------------------|-----------------|--------------------------|--------|
| <input checked="" type="checkbox"/> | Consent | <input type="checkbox"/> | Policy |
| <input checked="" type="checkbox"/> | Per Exec. Ofc.: | <input type="checkbox"/> | Policy |

Dep't Recomm.:

Per Exec. Ofc.:

Prev. Agn. Ref.:

District: 5/5

Agenda Number:

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

2.4

SUBJECT: Reappointment, Proctoring, Voluntary Resignations and Clinical Privileges

Page 2

- | | | |
|--|--------------------|----------------------------|
| B. <u>Approval of Reappointments:</u> | <u>Department</u> | <u>Reappointment Cycle</u> |
| 1. Agarwal, Sanjay, MD | Psychiatry | 7/1/12 – 6/30/14 |
| 2. Craig, Debra D., MD | Medicine | 7/1/12 – 6/30/14 |
| 3. Prince, John C., MD | Surgery | 7/1/12 – 6/30/14 |
| 4. Schwartz, Stanley H., MD | Med/Peds | 7/1/12 – 6/30/14 |
| 5. Shah, Manoj C., MD | Pediatrics | 10/1/12 – 9/30/14 |
| 6. Steinmann, John C., DO | Orthopedic Surgery | 7/1/12 – 6/30/14 |
| 7. Yanni, George S., MD | Pediatrics | 7/1/12 – 6/30/14 |
| 8. Zouros, Alexander, MD | Neurosurgery | 7/1/12 – 6/30/14 |
| C. <u>Additional Privileges</u> | <u>Department</u> | <u>Privilege Request</u> |
| 1. Klein, Walter, MD | Medicine | Pulmonary Critical |
| 2. Munir, Iqbal, MD | Medicine | Endocrinology |
| D. <u>FPPE/Reciprocal Proctoring *Complete Remain on Provisional</u> | | |
| 1. Chung, Jane Y., MD | Psychiatry | |
| 2. Solomon, Tabitha, MD | Pediatrics | |
| E. <u>Advancement – Staff Category</u> | <u>Department</u> | <u>Advancement to:</u> |
| 1. Wogu, Elijah U., MD | Neurosurgery | Active |
| F. <u>Voluntary Resignation/Withdrawal*</u> | <u>Department</u> | |
| 1. Chang, Jennifer, DO | Anesthesiology | |
| 2. Nelson, Scott, MD | Orthopedic Surgery | |
| 3. Salen, Samuel, MD | Radiology | |
| G. <u>Request for Changes to Nurse Practitioner Neonatology Clinical Privilege Form –</u>
See Attachment: | | |

A request for changes to NP Neonatology clinical Privilege form was submitted.



May 24, 2012

To: Credentials Committee

From: Alexandra Clark, MD
Chair, Department of Pediatrics

Re: NP Neonatal Clinical Privileges Form

Please accept this letter as an official request to change the Nurse Practitioner (NP) Neonatal Clinical Privileges form to more accurately reflect the privileges and procedures performed by the NPs in our NICU. Following is a summary of the changes reflected in the attached revision:

- The core privileges and procedures specific to the Neonatal Intensive Care unit are delineated under five categories: Initial Assessment, Emergent Care, Continued Care, Discharge, and Procedures.
- The non-core procedures, evaluation, and proctoring requirements have been revised to reflect the Nursing Standardized Procedures and FPPE policy.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
NURSE PRACTITIONER (NP)
NEONATAL INTENSIVE CARE CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____
(From—To) (To be completed by MSO)

Page 1

- Initial Appointment
- Reappointment

Applicant: CHECK (✓) the "Requested" box for each privilege requested and SIGN and DATE this form as indicated. New 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 the hospital 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 NURSE PRACTITIONER (NP)

CRITERIA: To be eligible to apply for clinical privileges as a Nurse Practitioner (NP), the applicant must meet the following criteria:

Demonstrate competence and an adequate level of current experience, documenting the ability to provide services at an acceptable level of quality and efficiency

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AND

Hold a valid and active registered nurse license in the State of California and a current active certificate by the California Board of Registered Nursing (CA BRN) as a nurse practitioner.

AND (for initial certification prior to January 1, 2008)

Completion of a master's degree in nursing or completion of a nurse practitioner program approved by the CA BRN.

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OR (for initial certification after January 1, 2008)

Completion of a master's degree in nursing, a master's degree in a clinical field related to nursing, or a graduate degree in nursing and completion of a nurse practitioner program approved by the CA BRN.

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AND

Current Neonatal Advance Life Support (NALS) or equivalent.

AND

Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the governing body.

AND

County employment or employment by or a formal agreement with a physician(s) currently appointed to the active or consulting medical staff of this hospital with scope of practice in the same area of specialty practice.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
NURSE PRACTITIONER (NP)
NEONATAL INTENSIVE CARE CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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(From—To) (To be completed by MSO)

Page 2

According to a written agreement, the physician must:

- Assume responsibility for supervision or monitoring of the NP's practice as stated in the appropriate hospital or medical staff policy governing NP's;
- 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 NP or required by this policy or in the interest of patient care;
- Review all orders entered by the NP on the medical record of all patients seen or treated by the NP.

CATEGORIES OF PATIENTS PRACTITIONER MAY TREAT

May provide services consistent with the policies stated herein to patients of the medical staff member(s) with whom the NP has a documented formal affiliation or to such patients as are assigned by the chair of the department to which the NP is assigned.

Deleted: Nurse practitioners may admit patients to the hospital outpatient sexual assault service.

SUPERVISION

The exercise of these clinical privileges requires a designated collaborating/supervising physician with clinical privileges at this hospital. All practice is performed under the supervision of this physician/designee and in accordance with written policies and protocols developed and approved by the relevant clinical department or service, the Medical Executive Committee, Nursing Administration and the Governing Body. Collaborating / supervising physician must be physically present, on hospital premises or readily available by electronic communication.

MEDICAL RECORD CHARTING RESPONSIBILITIES

Clearly, legibly, completely, and in timely fashion, describe each service the NP provides to a patient in the hospital or clinic setting 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.

GENERAL RELATIONSHIP TO OTHERS

Nurse Practitioners have authority to direct any hospital personnel in the provision of clinical services to patients to the extent that such direction is necessary in order to carry out the services required by the patient and which the NP is authorized to provide.

PERIODIC COMPETENCE ASSESSMENT

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the hospital'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 which they are seeking to provide at this hospital. In addition, continuing education related to the specialty area of practice is required as mandated by licensure.

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RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
NURSE PRACTITIONER (NP)
NEONATAL INTENSIVE CARE CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____
(From—To) (To be completed by MSO)

QUALIFICATIONS FOR NURSE PRACTITIONER (NP) — NEONATAL INTENSIVE CARE

CRITERIA: To be eligible to apply for clinical privileges as an NP in Neonatal Intensive Care, the applicant must meet the following criteria:

Applicant must satisfy the qualification requirements for nurse practitioner.

AND

Documented training and experience in neonatal intensive care and demonstrated current competence.

To the applicant: Please strike through, initial and date any privileges or procedures which you do not wish to request.

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — NEONATAL INTENSIVE CARE

Requested NP Neonatal Intensive Care Privileges: Provide care to patients within age group of collaborating physician except as specifically excluded from practice. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Privileges include but are not limited to:

Initial Assessment

- Obtain thorough history from mother/family. Elicit, record and interpret the obstetrical, past medical, family and psychosocial history of the neonate's parents, noting risk factors and the implications for problems in the immediate newborn period.
- Complete prenatal consultation using above information when requested by obstetric service.
- Review maternal health, labor, and delivery records of all infants admitted to newborn nursery.
- Perform newborn physical examination using the techniques of observation, inspection, auscultation, palpation, and percussion.
- Document above in History & Physical.
- Provide immediate supportive care of the newborn in the delivery room.
- Correlate clinical information and fetal data to determine gestational age.
- Evaluate babies in newborn nursery. Discriminate between normal and abnormal findings on the physical examination, record these findings, and form an impression of the infant's status. Confer with neonatologist on abnormal findings.
- Attend C-section and high risk deliveries and direct the resuscitation team.
- Accept calls from Emergency Department, clinics, and outside hospitals to determine need for admission and mode of transportation.
- Direct/arrange for transport team (e.g. RN, RT, ambulance, helicopter) and provide care during transport under direct supervision of neonatologists.

Emergent Care

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<#>Requested . NP Clinical Privileges: Provide care to patients within age group of collaborating physician except as specifically excluded from practice. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Privileges include but are not limited to: **<#>Apply, remove and change dressings and bandages** **<#>Counsel and instruct patients and significant others as appropriate** **<#>General care for superficial wounds and minor superficial s** ... [1]

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RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
NURSE PRACTITIONER (NP)
NEONATAL INTENSIVE CARE CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____
(From—To) (To be completed by MSO)

- Institute emergency measures and notify neonatologist immediately.

Continued Care

- Make daily rounds with or without neonatologist and present patient history to neonatologist.
- Order/obtain samples for appropriate studies & discuss results with neonatologist. Institute appropriate action subsequent to conference with the neonatologist.
- Order diagnostic studies as indicated by review of history and physical exam subsequent to conference with the neonatologist.
- Order the use and discontinuation of phototherapy subsequent to conference with the neonatologist.
- Contact parents/caregivers and discuss plans for child; counsel and instruct as appropriate on medications, disease, and preventive healthcare.

Discharge

- Arrange appropriate outpatient follow-up with community resources subsequent to conference with the neonatologist.
- Examine infants prior to discharge and document all findings in chart. Confers with neonatologists when abnormal findings are observed.
- Institute discharge planning guidelines.
- Draft discharge summaries for review/finalization by neonatologists.

Procedures:

- Perform diagnostic and therapeutic procedures as indicated and directed, for identification and management of newborn. These include, but are not limited to:
 - o Arterial puncture
 - o Emergency needle thoracentesis
 - o Exchange transfusion
 - o Initiate cardiopulmonary resuscitation
 - o Insertion, management, and removal of Foley catheter.
 - o Insertion of intraosseous needle
 - o Insertion of percutaneous arterial catheter (peripheral arterial line)
 - o Insertion of percutaneous venous catheter (peripherally inserted central catheter)
 - o Laryngoscopy and suction
 - o Scalp vein infusion
 - o Suprapubic bladder aspiration
 - o Perform venipuncture
 - o Ventilator care — newborn and infant

SPECIAL 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 for maintenance of clinical competence.

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 <#>Correlate clinical information and fetal data to determine gestational age¶
 <#>Evaluate babies in newborn nursery. Discriminate between normal and abnormal findings on the physical examination, record these findings, and form an impression of the infant's status. Confer with neonatologist on abnormal finding¶
 <#>Elicit, record and interpret the obstetrical, past medical, family and psychosocial history of the neonate's parents, noting risk factors and the implications for problems in the immediate newborn period¶

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RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
NURSE PRACTITIONER (NP)
NEONATAL INTENSIVE CARE CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____
(From—To) (To be completed by MSO)

INSERTION AND REMOVAL OF CHEST TUBES TO INCLUDE PLEURODESIS THORACENTESIS

CRITERIA: Direct supervision and those technical and management skills which qualify the NP to administer highly specialized care by virtue of training and experience.

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REQUIRED PREVIOUS EXPERIENCE: Demonstrate current competence and evidence of the performance of at least one (1) procedure in the past 36 months.

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MAINTENANCE OF PRIVILEGES: Demonstrate current competence and evidence of the performance of at least two (2) procedures in the past 24 months. In the event that the NP does not have an opportunity to perform this procedure within the specified time frame, the department chair/designee may utilize and document other means to ensure the NP's competence, i.e. prospective case presentation, completion of a written or oral exam, or lab simulation.

Requested

Deleted: Insertion and Removal of Chest Tubes to Include Pleurodesis

LUMBAR PUNCTURE

CRITERIA: Those technical and management skills which qualify the NP to administer highly specialized care by virtue of training and experience.

REQUIRED PREVIOUS EXPERIENCE: Demonstrate current competence and evidence of the performance of at least one (1) procedure in the past 12 months.

MAINTENANCE OF PRIVILEGE: Demonstrate current competence and the performance of at least two (2) procedures in the past 24 months.

Requested

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CRITERIA: Direct supervision and those technical and management skills, which qualify the NP to administer highly specialized care by virtue of training and experience. ¶
REQUIRED PREVIOUS EXPERIENCE: Demonstrate current competence and evidence of the performance of at least three (3) procedures in the past 12 months. ¶
MAINTENANCE OF PRIVILEGE: Demonstrate current competence and evidence of the performance of at least six (6) procedures within the past 24 months. ¶
 <#>Requested Insertion of Arterial Catheters¶
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INSERTION OF UMBILICAL VENOUS CATHETERS UMBILICAL ARTERIAL CATHETERS

CRITERIA: Direct supervision and those technical and management skills which qualify the NP to administer highly specialized care by virtue of training and experience.

REQUIRED PREVIOUS EXPERIENCE: Applicant must demonstrate the performance of at least three (3) procedures in the past 12 months.

MAINTENANCE OF PRIVILEGE: Demonstrated current competence and the performance of at least six (6) procedures in the past 24 months.

Requested

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ENDOTRACHEAL INTUBATION

CRITERIA: Direct supervision and those technical and management skills which qualify the NP to administer highly specialized care by virtue of training and experience.

REQUIRED PREVIOUS EXPERIENCE: Demonstrate current competence and evidence of the performance of at least three (3) procedures in the past 12 months.

MAINTENANCE OF PRIVILEGE: Demonstrated current competence and the performance of at least three (3) procedures in the past 24 months. In the event that the NP does not have an opportunity to perform this

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RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
NURSE PRACTITIONER (NP)
NEONATAL INTENSIVE CARE CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____
(From—To) (To be completed by MSO)

Page 6

procedure within the specified time frame, the department chair/designee may utilize and document other means to ensure the NP's competence, i.e. prospective case presentation, completion of a written or oral exam, or lab simulation.

Requested

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PRESCRIPTIVE AUTHORITY AS DELEGATED BY A PHYSICIAN IN A COLLABORATIVE PRACTICE AGREEMENT IN ACCORDANCE WITH STATE AND FEDERAL LAW

Requested

Prescribing Authority: The delegation to the NP to administer or dispense drugs shall include the prescribing of controlled substances in Schedules II and III for a neonatal intensive care patient when indicated by a disease specific protocol.

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RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
NURSE PRACTITIONER (NP)
NEONATAL INTENSIVE CARE CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____
(From—To) (To be completed by MSO)

Page 7

ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those privileges which, by education, training, current experience, and demonstrated performance, I am qualified to perform and which I wish to exercise at RCRMC.

I understand that:

- a. In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, I am constrained by Hospital and Medical Staff policies, rules applicable generally, and rules 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 policies governing allied health professionals or related documents.

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Practitioner Signature

Date

ENDORSEMENT OF PHYSICIAN EMPLOYER / SUPERVISOR

Signature: _____

Date: _____

Signature: _____

Date: _____

DEPARTMENT CHAIR / DESIGNEE RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation and make the following 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

MEC Approval: 12/11/08
 Rev.: 5/17/12

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RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
NURSE PRACTITIONER (NP)
NEONATAL INTENSIVE CARE CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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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: For the above-named applicant, please indicate below the privileges/procedures and the number of cases to be proctored, including the method of proctoring.

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Privileges / Procedures to be Proctored	Number of Cases to be Proctored*	Method of Proctoring A. Concurrent B. Retrospective C. Reciprocal D. Discretionary
NP Neonatal Intensive Care Privileges, Core	10	A, B or C
Insertion and Removal of Chest Tubes to Include Pleurodesis/Thorocentesis, Non-Core	1	A, B, C or D
Lumbar Puncture, Non-Core	1	A, B, C or D
Insertion of Umbilical Venous Catheters/Umbilical Arterial Catheters, Non-Core	4	A, B, C or D
Endotracheal Intubation, Non-Core	3	A, B, C or D

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*Indicate N/A if privilege not requested

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.

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — GENERAL

Requested NP Clinical Privileges: Provide care to patients within age group of collaborating physician except as specifically excluded from practice. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Privileges include but are not limited to:

- Apply, remove and change dressings and bandages
- Counsel and instruct patients and significant others as appropriate
- General care for superficial wounds and minor superficial surgical procedures
- Initiate referral to appropriate physician or other health care professional of problems that exceed the NP's scope of practice
- Insert and remove Foley catheters
- Make daily rounds on hospitalized patients with or at the direction of the collaborating physician
- Monitor and manage stable chronic illnesses of population served
- Obtain and record medical/social history and perform physical examination including rectal and pelvic examination as indicated (To be countersigned by collaborating physician upon review).
- Order diagnostic testing and therapeutic modalities such as medications, treatments, determined by established, written protocols between NP's scope of knowledge and training and the supervising/collaborating physician's scope of scope of practice
- Perform acts of diagnosis and treatment as determined by established, written protocols between NP's scope of knowledge and training and the supervising/collaborating physician's scope of scope of practice
- Perform venous punctures for blood sampling
- Perform primary health care maintenance of the population served
- Remove arterial catheter
- Start IV's
- Write discharge summaries
- Counsel and instruct patients and significant others as appropriate on medications, disease, and preventive healthcare
- Perform specimen collection of biological samples for examination

PERIODIC COMPETENCE ASSESSMENT

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the hospital'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 hospital. In addition, continuing education related to the specialty area of practice is required as mandated by licensure.

(INCLUDES NURSE PRACTITIONER GENERAL CLINICAL PRIVILEGES)

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- Institute emergency measures and notify neonatologist immediately
- Make daily rounds with or without neonatologist and present patient history to neonatologist
- Order/obtain samples for appropriate studies & discuss results with neonatologist. Institute appropriate action subsequent to conference with the neonatologist
- Order diagnostic studies as indicated by review of history and physical exam subsequent to conference with the neonatologist
- Order the use and discontinuation of phototherapy subsequent to conference with the neonatologist
- Perform newborn physical examination using the techniques of observation, inspection, auscultation, palpation, and percussion
- Perform screenings of Auditory Brainstem Responses (ABRs)
- Provide immediate supportive care of the newborn in the delivery room
- Review of maternal health, labor, and delivery records of all infants admitted to newborn nursery under the service of the neonatology group

QUALIFICATIONS FOR NURSE PRACTITIONER (NP) — NEONATAL INTENSIVE CARE

CRITERIA: To be eligible to apply for clinical privileges as an NP in Neonatal Intensive Care, the applicant must meet the following criteria:

Applicant must satisfy the qualification requirements for nurse practitioner.

AND

Documented training and experience in neonatal intensive care and demonstrated current competence.

PERIODIC COMPETENCE ASSESSMENT

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the hospital'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 hospital. In addition, continuing education related to the specialty area of practice is required as mandated by licensure.

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.

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — NEONATAL INTENSIVE CARE

(Includes Nurse Practitioner General Clinical Privileges)

Requested NP Neonatal Intensive Care Privileges: Provide care to patients within age group of collaborating physician except as specifically excluded from practice. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Privileges include but are not limited to:

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Neonatal Intensive Unit:

- Conduct comprehensive patient review and chart notes for patients deemed appropriate by neonatologist
- Develop and implement an initial plan for patients in collaboration with the neonatologist
- Endotracheal intubation
- Lumbar puncture
- Write and effectively communicate orders in accordance with management protocols

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Assist in management of neonates

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Attend and assist at C-section and high risk deliveries

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Insertion of chest tube

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- Insertion of umbilical artery catheter
- Insertion of umbilical venous catheter

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NP Neonatal Intensive Care, Core	5	Concurrent
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Insertion of Arterial Catheters, Non-Core	2	Concurrent
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