

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

956A



**FROM:** Riverside County Regional Medical Center

**SUBMITTAL DATE:**  
December 6, 2012

**SUBJECT:** Medical Staff Appointments, Reappointments and Clinical Privileges

**RECOMMENDED MOTION:**

- Request approval by the Board of Supervisors of appointments, reappointments, proctoring, voluntary resignation/withdrawal and clinical privileges.

**BACKGROUND:** The Medical Executive Committee Council on December 6, 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. Amin, Zareen, DO          | OB/GYN             |
| 2. Limburg, Krista D., PA-C  | Emergency Medicine |
| 3. Moledina, Shabnam M., FNP | Medicine           |
| 4. Penner, Kristine, MD      | OB/GYN             |

*Ellie Bennett*

Ellie Bennett, Associate Medical Center  
Administrator

Departmental Concurrence

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

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

**C.E.O. RECOMMENDATION:**

APPROVE

BY: *Debra Cournoyer*  
Debra Cournoyer

**County Executive Office Signature**

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

Dept's Recomm.:  
Per Exec. Ofc.:

<b>Prev. Agn. Ref.:</b>	<b>District:</b> 5/5	<b>Agenda Number:</b>
-------------------------	----------------------	-----------------------

ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD

2.11

**SUBJECT: Medical Staff Appointments, Reappointments and Clinical Privileges**

**Page 2 (Continued)**

5. Pires, David C., DO Anesthesia
6. Saleh, Omar, MD Radiology
7. Stilwell, Kristina L., PA-C Emergency Medicine

<u>B. Approval of Reappointments: Department</u>		<u>Reappointment Cycle</u>	<u>Status</u>
1. Arce, Juan, MD	OB/GYN	01/01/13 – 12/31/14	Active
2. Bacot-Carter, Sharon, NP	Pediatrics	01/01/13 – 12/31/14	AHP
(Additional privileges requested, proctoring required)			
<ul style="list-style-type: none"><li>• Insertion and Removal of Chest Tubes to Includes Pleurodesis/Thoracentesis</li><li>• Lumbar Puncture</li><li>• Insertion of Umbilical Venous Catheters/Umbilical Arterial Catheters</li><li>• Endotracheal Intubation</li></ul>			
3. Bartley, James A., MD	Pediatrics	01/01/13 – 12/31/14	Consult
4. Carrillo, Alfonso, MD	Radiology	01/01/13 – 12/31/14	Active
5. Chang, Kathy, PNP	Pediatrics	01/01/13 – 12/31/14	AHP
6. Condon, David S., MD	Medicine	01/01/13 – 12/31/14	Active
7. Deming, Douglas, MD	Pediatrics	01/01/13 – 12/31/14	Active
8. Fayard-Simon, Elba, MD	Pediatrics	01/01/13 – 12/31/14	Active
9. Hopper, Andrew, MD	Pediatrics	01/01/13 – 12/31/14	Active
10. Huynh, Paul T., DO	Medicine	01/01/13 – 12/31/14	Consult
11. Obra, Violeta, PNP	Pediatrics	01/01/13 – 12/31/14	AHP
(Additional privileges requested, proctoring required)			
<ul style="list-style-type: none"><li>• Insertion of Arterial Catheters</li><li>• Lumbar Puncture</li><li>• Insertion of Central Venous Catheters</li><li>• Endotracheal Intubation</li><li>• Prescriptive Authority as Delegated by a Physician in a Collaborative Practice Agreement in Accordance w/State &amp; Fed. Law</li></ul>			
12. Otsuka, Kimberly, MD	Pediatrics	01/01/13 – 12/31/14	Consult
13. Rajurkar, Swapnil P., MD	Medicine	01/01/13 – 12/31/14	Courtesy
14. Siddiqi, Javed, MD	Neurosurgery	01/01/13 – 12/31/14	Active
15. Steffens, Zohreh, MD	Anesthesia	01/01/13 – 12/31/14	Active
16. To, Dat D., MD	Medicine	01/01/13 – 12/31/14	Active
17. Tohm, Donald G., MD	Ophthal.	01/01/13 – 12/31/14	Active
18. Walter, Michael H., MD	Medicine	01/01/13 – 12/31/14	Active

<u>C. Final FPPE</u>	<u>Department</u>	<u>Advancement to:</u>
1. Tsang, Shuling, MD	Family Medicine	Active

<u>D. AHP Final FPPE:</u>	<u>Department</u>
1. Gann, Thomas J., FNP	Emergency Medicine

<u>E. Voluntary Resignation/Withdrawal*</u>	<u>Department</u>	<u>Effective</u>
1. Nguyen, Van Khanh, MD	Radiology	Immediately
2. Ohikhuare, Maxwell, MD	OB/GYN	Immediately
3. Olafsson, Snorri, MD	Medicine	Immediately
4. Scherlis, Brenda A., NNP	Pediatrics	Immediately
5. Tran, Thuyen H., MD	Radiology	Immediately

**F. Nurse Practitioner Internal Medicine Clinical Privileges – See Attachment**  
A request for approval for the new NP Medicine Privileges was submitted.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**NURSE PRACTITIONER (NP)**  
**INTERNAL MEDICINE 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:

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

**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 satisfactorily completed a nurse practitioner program approved by the CA BRN.

**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 to have satisfactorily completed a nurse practitioner program approved by the CA BRN.

**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. 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 nurse practitioners.
- 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.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**NURSE PRACTITIONER (NP)  
INTERNAL MEDICINE CLINICAL PRIVILEGES**

Name: \_\_\_\_\_  
(Last, First, Initial)

Effective: \_\_\_\_\_  
(From-To) (To be completed by MSO)

Page 2

**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.

**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 the 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/clinic premises or readily available by electronic communication.

**MEDICAL RECORD CHARTING RESPONSIBILITIES**

Clearly, legibly, completely, and in a 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 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 — GENERAL**

- Requested** 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
  - 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.
  - Order diagnostic testing and therapeutic modalities including medications, that are determined by established, written protocols between NP's scope of knowledge and training and the supervising/collaborating physician's scope of scope of practice

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**NURSE PRACTITIONER (NP)  
INTERNAL MEDICINE CLINICAL PRIVILEGES**

Name: \_\_\_\_\_  
(Last, First, Initial)

Effective: \_\_\_\_\_  
(From-To) (To be completed by MSO)

Page 3

- 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

**QUALIFICATIONS FOR NURSE PRACTITIONER (NP) — WOMEN'S HEALTH**

**CRITERIA:** To be eligible to apply for Women's Health NP clinical privileges, the applicant must meet the following criteria:

- Satisfy the qualification requirements for Nurse Practitioner General.

**AND**

- Completion of training in obstetrics/gynecology and/or women's health and an adequate level of current experience documenting the ability to provide services at an acceptable level of quality and efficiency.

**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.

**WOMEN'S HEALTH NURSE PRACTITIONER CLINICAL PRIVILEGES**

(Includes Nurse Practitioner General Clinical Privileges)

- Requested** Provide services for female 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:
- Care before and after menopause
  - Contraceptive care
  - Evaluation and treatment of common vaginal infections
  - Health and wellness counseling
  - Perform physical exams, including rectal exams and pap smears
  - Pregnancy testing and care before, and after pregnancy
  - Screen and refer for other health problems including suspected sexual abuse, rape.
  - STD screen and follow up

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**NURSE PRACTITIONER (NP)  
INTERNAL MEDICINE CLINICAL PRIVILEGES**

Name: \_\_\_\_\_  
(Last, First, Initial)

Effective: \_\_\_\_\_  
(From-To) (To be completed by MSO)

Page 4

**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.

**INJECTION OF MEDICATION INTO TRIGGER POINTS, NON-CORE**

**CRITERIA:** Direct supervision and those technical and management skills, which qualify the NP to perform injection of medication into trigger points by virtue of training and experience.

**REQUIRED PREVIOUS EXPERIENCE:** Demonstrate current competence and evidence of the performance of at least two [2] procedures in the past 12 months.

**MAINTENANCE OF PRIVILEGE:** Demonstrated current competence and the performance of at least one [1] procedures in the past 24 months.

Requested      Injection of medication into trigger points

**I&D OF ABSCESSSES, NON-CORE**

**CRITERIA:** Direct supervision and those technical and management skills, which qualify the NP to perform I&D of abscesses by virtue of training and experience.

**REQUIRED PREVIOUS EXPERIENCE:** Demonstrate current competence and evidence of the performance of at least two [2] procedures in the past 12 months.

**MAINTENANCE OF PRIVILEGE:** Demonstrated current competence and the performance of at least one [1] procedures in the past 24 months.

Requested      I&D of abscesses

**SKIN TAG REMOVAL, NON-CORE**

**CRITERIA:** Direct supervision and those technical and management skills, which qualify the NP to perform skin tag removal 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 two [2] procedures in the past 24 months.

Requested      Skin tag removal

**PUNCH BIOPSY, NON-CORE**

**CRITERIA:** Direct supervision and those technical and management skills, which qualify the NP to perform punch biopsy 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 two [2] procedures in the past 24 months.

Requested      Punch biopsy

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**NURSE PRACTITIONER (NP)**  
**INTERNAL MEDICINE CLINICAL PRIVILEGES**

Name: \_\_\_\_\_  
(Last, First, Initial)

Effective: \_\_\_\_\_  
(From-To) (To be completed by MSO)

Page 5

**JOINT ASPIRATION AND INJECTION**

**CRITERIA:** Direct supervision and those technical and management skills, which qualify the NP to perform joint aspiration and injection 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 two [3] procedures in the past 24 months.

Requested      **Joint Aspiration and Injection**

**PARACENTESIS**

**CRITERIA:** Direct supervision and those technical and management skills, which qualify the NP to perform paracentesis biopsy 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 two [3] procedures in the past 24 months.

Requested      **Paracentesis**

**CERVICAL, ENDOCERVICAL AND ENDOMETRIAL BIOPSIES, NON-CORE**

**CRITERIA:** Direct supervision and those technical and management skills, which qualify the NP to perform cervical, endocervical, and endometrial biopsies by virtue of training and experience.  
**REQUIRED PREVIOUS EXPERIENCE:** Demonstrate current competence and evidence of the performance of at least five [5] procedures in the past 12 months.  
**MAINTENANCE OF PRIVILEGE:** Demonstrated current competence and the performance of at least two [2] procedures in the past 24 months.

Requested      **Cervical, endocervical, and endometrial biopsies**

**COLPOSCOPY, NON-CORE**

**CRITERIA:** Direct supervision and those technical and management skills, which qualify the NP to perform a colposcopy by virtue of training and experience.  
**REQUIRED PREVIOUS EXPERIENCE:** Demonstrate current competence and evidence of the performance of at least five [5] procedures in the past 12 months.  
**MAINTENANCE OF PRIVILEGE:** Demonstrated current competence and the performance of at least two [2] procedures in the past 24 months.

Requested      **Colposcopy**

**IMPLANON INSERTION AND REMOVAL, NON-CORE**

**CRITERIA:** Direct supervision and those technical and management skills, which qualify the NP to insert and remove Implanon by virtue of training and experience.  
**REQUIRED PREVIOUS EXPERIENCE:** Demonstrate current competence and evidence of the performance of at least two [2] procedures in the past 12 months.  
**MAINTENANCE OF PRIVILEGE:** Demonstrated current competence and the performance of at least one [1] procedures in the past 24 months.

Requested      **Implanon insertion and removal**

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**NURSE PRACTITIONER (NP)**  
**INTERNAL MEDICINE CLINICAL PRIVILEGES**

Name: \_\_\_\_\_  
(Last, First, Initial)

Effective: \_\_\_\_\_  
(From-To) (To be completed by MSO)

Page 6

**CERVICAL CAP/DIAPHRAGM FITTING NON-CORE**

**CRITERIA:** Direct supervision and those technical and management skills, which qualify the NP to fit cervical caps and/or diaphragms by virtue of training and experience.

**REQUIRED PREVIOUS EXPERIENCE:** Demonstrate current competence and evidence of the performance of at least two [2] procedures in the past 12 months.

**MAINTENANCE OF PRIVILEGE:** Demonstrated current competence and the performance of at least one [1] procedures in the past 24 months.

Requested      Cervical CAP/Diaphragm fitting

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

Requested      Prescriptive Authority  
The delegation to the NP to administer or dispense drugs shall exclude the prescribing of controlled substances.



RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**NURSE PRACTITIONER (NP)**  
**INTERNAL MEDICINE 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 that I am qualified to perform and which I wish to exercise at RCRM.

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 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 policies governing allied health professionals or related documents.

\_\_\_\_\_  
**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**

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**NURSE PRACTITIONER (NP)**  
**INTERNAL MEDICINE CLINICAL PRIVILEGES**

Name: \_\_\_\_\_  
 (Last, First, Initial)

Effective: \_\_\_\_\_  
 (From-To) (To be completed by MSO)

**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.  
**Please print legibly.**

Privileges/Procedures to be Proctored	Number of Cases to be Proctored	Method of Section Consulting (A, B, or N/A)
Nurse Practitioner, General Core Privileges	10	B
NP Women's Health, Core Privileges	5	B
NP Pediatrics, Core Privileges	5	B
Injection of Medication into Trigger Points	1	A
I&D of Abscesses	1	A
Skin Tag Removal	1	A
Punch Biopsy	1	A
Cervical Endocervical & Endometrial Biopsies, Non-Core Privileges	N/A	N/A
Colposcopy, Non-Core Privilege	N/A	N/A
Implanon Insertion and Removal, Non-Core Privilege	N/A	N/A
Cervical CAP/Diaphragm Fitting, Non-Core Privilege	N/A	N/A
Joint Aspiration and Injection	3	A
Paracentesis	3	A

**\*Indicate N/A if privilege not requested**