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



FROM: Riverside County Regional Medical Center

Current F.Y. Total Cost:

SUBMITTAL DATE: June 13, 2013

SUBJECT: Medical Staff Appointments, Reappointments and Clinical Privileges

RECOMMENDED MOTION:

Request approval by the Board of Supervisors of appointments, reappointments, proctoring, change in staff category, additional privileges, voluntary resignation/withdrawal and the attached nurse practitioner form for the Department of Surgery.

BACKGROUND: The Medical Executive Committee on June 13, 2013, recommended to refer the following items to the Board of Supervisors for review and action:

A.	Approval of Medi	cal Staff Appointments	s and Clinical Privileges:
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1	Chon	Chang-Ho,	DO
	OHOH,	Offaring 110,	

Anesthesia

2. Dully, Kathleen M., MD

Pediatrics

3. Huang, Kathie K., MD

Medicine

bodg.dob. bdg.oj, riotpio		
\$ 0	In Current Year Budget:	Yes
	Budget Adjustment:	No
\$ 0	For Fiscal Year:	12/13

\$ 0	Budget Adjustment:	No
\$ 0	For Fiscal Year:	12/13
	L.	
		\$ 0 Budget Adjustment: \$ 0 For Fiscal Year: Positions To Be Deleted Per A-30 Requires 4/5 Vote

		Deleted Per A-30	_
		Requires 4/5 Vote	
C E O DECOMMENDATION:	APPROVE		

Debra Cournover **County Executive Office Signature**

Policy

Consent Consent V

Policy

Departmental Concurrence

CINIANICIAL

Per Exec. Ofc.

Dep't Recomm.:

THE THE IN S. 13

Prev. Agn. Ref.:

District: 5/5

Agenda Number:

SUBJECT: Medical Staff Appointments, Reappointments and Clinical Privileges

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5. 6. 7. 8. 9. 10. 11.	Lee, Diane H., DO Nam, Enoch H., MD Nguyen, Thuyvan L., DO Smith, Andrea D., MD Stanciell, Earbin C., MD Tabibian, Benjamin, DO	Medicine Anesthesia Ophthalmology Medicine Medicine Psychiatry Medicine Anesthesia Ophthalmology Family Medicin	/			
B. 1. 2.	Approval of Reappointments: Au, Huy D., MD Barker, Gary R., MD (Withdraw of privilege)	IM/Peds	07/01/1	ointment 3 – 06/3 3 – 06/3	0/15	Status Active Active
	Photo-Selective Chang, Heather S., MD Christensen, Michael R., MD Guth, Kathlene E., MD Isaeff, Wayne B., MD Kennedy, William A., MD Patel, Hiral K., DO Rhetta, Teri L., MD Rhoads, Jennifer J., DO Truong, Vi Q., DO	• p	07/01/1 07/01/1 07/01/1 07/01/1 07/01/1 07/01/1	3 - 06/3 3 - 06/3 3 - 06/3 3 - 06/3 3 - 06/3 3 - 06/3 3 - 06/3	60/15 60/15 60/15 60/15 60/15 60/15	Active Active Active Active Active Active Active Active
C.	Final FPPE/*Reciprocal – Ad 1. Inman, Jared, MD 2. Patel, Hiral, DO 3. Randall, Melanie, MD 4. Rhoads, Jennifer J., DO	vancement of S Surgery Anesthesia Emergency Me Anesthesia	∋d.	Active Active Active Active Active	<u>Advancement</u>	to:
D.	AHP Final FPPE 1. Pene, Jeremy J., FNP 2. Tyler, Darlene F., NP	<u>Department</u> Emergency Mo Family Medicin				
E.	FPPE – Partial Proctoring/*R 1. Anousheh, Ramtin, MD 2. Foust, Kimber L., MD 3. Ilano, Earl P., MD 4. Khan, Sadia S., MD 5. Lazarus, Joyce P., MD 6. Luu, Nhan T., MD	Medicine Medicine Medicine Medicine Medicine Medicine Medicine Medicine				
F.	FPPE/Reciprocal*Complete 1. Beamer, Yancey B., MD	Remain on Pro Neurosurgical	<u>visional</u> Scienc	es		
G.	Change in Staff Category: 1. Chamberlin, David, MD 2. Hadley, David A., MD	Department Surgery Surgery		Provision	Change From onal to Active onal to Active	<u>:</u>

H. Additional Privileges: Department Privileges Requested: Sigmoidoscopy with/without biopsy 1. Jang, Shaun E. MD Medicine (proctoring required) Fluoroscopy 2. Krishnan, Rajagropal, MDMedicine 3. Nguyen, Truclinh T., DO Medicine Moderate Sedation (proctoring required) Diagnostic Radiology 4. Saleh, Omar, MD Radiology Vascular & Interventional Radiology Moderate Sedation Neuroradiology Peripheral Arterial Embolization Sterotactic Core Cut Breast Biopsy (proctoring required for all additional privileges) Sigmoidoscopy with/without biopsy Medicine 5. Scharf, Shivani R., DO (proctoring required)

Provisional to Active Provisional to Active

I. Request for Voluntary Withdrawal of Privileges

3. Chang, Heather S., MD Ophthalmology

4. Walsh, Catherine A., MD Surgery

1. Anousheh, Ramtin, MD Medicine

Ambulatory Care

2. Foust, Kimber K., MD Medicine

Ambulatory Care

3. Simmons, Emma, MD Family Medicine

Family Medicine Inpatient

Pediatric Inpatient

■ Intravenous Therapy : Child

J.	Voluntary Resignation/Withdrawal* 1. Alongi, Anna D., PA-C	<u>Department</u> Emergency Med.	Effective 7/1/13
	2. Bales, Alicia L., MD	Psychiatry	
	3. Dean, Jeffrey S., DDS	Surgery	Immediately
	4. Engea-Larra, Jaime A., DO	Anesthesia	Immediately
	5. Garibaldi, Carlo G., DO	OB/GYN	7/1/13
	6. Horns, Jr., Richard C., MD	Medicine	Immediately
	7. Leenheer, Rebecca S., MD	Ophthalmology	Immediately
	8. Mangoba, Luther B., MD	Family Medicine	7/1/13
	9. Patel, Naresh G., MD	Psychiatry	Immediately
	10. Sok, Johnny C., MD	Surgery	Immediately
	11. Stewart, Steven C., MD	Surgery	6/30/13
	12. Vetsa, Madhavi, MD	Medicine	Immediately

K. <u>Nurse Practitioner Dept. of Surgery Privilege Form – See attachment</u> A request for approval was submitted.

Name:(Last, First, Initial)	
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☐ 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

<u>CRITERIA:</u> To be eligible to apply for clinical privileges as a Nurse Practitioner, 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 (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 by or an agreement with a physician(s) currently appointed to the medical staff of this hospital to supervise the NP's practice in the hospital. According to the 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 medical staff member(s) with whom the NP has a documented formal affiliation or to patients assigned by the chair of the department to which the NP is assigned.

SUPERVISION

The supervising physician(s) provides general supervision of the activities and services of the NP. The supervising physician(s) provides supervision and direction on any specific patient. The privileges of the NP's practice correspond to the supervising physician's practice. The NP is not allowed to perform any procedures that are not within the clinical

Name:		
(La	est, First, Initial)	
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privileges of the supervising physician(s) and for which the NP is not specifically granted. The supervising physician(s) must be immediately available by electronic communication or on hospital premises for consultation/direction of the NP.

MEDICAL RECORD CHARTING RESPONSIBILITIES

Clearly, legibly, completely, and in timely fashion, describe each service the NP 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.

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 CLINICAL PRIVILEGES — GENERAL

☐ Requested

Initial and ongoing assessment of medical, physical, and psychosocial status for patients within age group of supervising physician except as specifically excluded from practice, including:

- Advanced Cardiac Life Support
- Defibrillation
- Bladder decompression and catheterization techniques
- Gl decontamination (emesis, lavage, charcoal)
- Simple wound debridement and repair
- Perform medical screening exams
- Perform histories and physicals
- Develop treatment plan
- Perform electrocardiogram tracing, preliminary electrocardiogram interpretation with final interpretation by supervising physician
- Arterial puncture
- Bladder decompression and catheterization techniques
- Insertion and removal of nasogastric tube
- Order diagnostic testing and therapeutic modalities such as medications treatments, IV fluids, and electrolytes, etc.
- Patient education and counseling covering such things as health status, test, results, disease processes, and discharge planning
- Provide pre- and post-operative surgical care
- Record progress notes
- Suture lacerations
- Perform venipuncture
- Write discharge summaries

Name:(Last, First, Initial)			
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QUALIFICATIONS FOR NURSE PRACTITIONER (NP) – DEPARTMENT OF SURGERY			
CRITERIA: To be eligible to apply for Department of Surgery clinical privileges, the applicant must meet the following criteria:			
Applicant must satisfy the qualification requirements for Nurse Practitioner General.			

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 — DEPARTMENT OF SURGERY

(Includes Nurse Practitioner General Clinical Privileges)

- 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:
 - Assist certified physician with bedside procedures
 - Provide care to critical and non-critical patients
 - Preliminary interpretation of chest radiographs with final interpretation by supervising physician
 - · Perform site checks of endotracheal tube
 - · Perform site checks after placement of catheters
 - Order and interpret screening tests, laboratory tests, and diagnostic procedures.
 - · Perform physical examinations
 - Perform bedside ultrasonography IDPC clarifying with Trauma what the NPs will be using this procedure for — THIS SECTION WILL BE REMOVED. THE SURGERY DEPT.
 WILL NEED TO DEVELOP SPECIFIC COMPETENCE/TRAINING/CASE LOG/PROCTORING CRITERIA BEFORE THIS PRIVILEGE CAN BE ADDED TO THIS FORM.

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.

Prior to requesting additional non-core privileges, competence shall be determined and evaluated by a Surgery Supervising Attending Physician or their Surgery NP designee. Training shall consist of the NP attending resident education lectures and clinical lab that are specific to the procedure in question. The NP will be directly proctored in the clinical lab prior to being proctored on patients. The NP will be directly proctored and demonstrate current competency of the procedure after at a minimum (5) procedures. Initial evidence of competence will be kept in a procedure logbook and submitted with request for privileges.

Name:(Last, First, Initial)	5
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Per IDPC 3/18/13, recommended <u>separating</u> Central Line and	PICC line procedures
INSERTION OF CENTRAL LINE	
CRITERIA: Direct supervision and those technical and management by virtue of training and experience. Central line management to REQUIRED PREVIOUS EXPERIENCE: Demonstrate current con 8 procedures in the past 12 months. MAINTENANCE OF PRIVILEGE: Demonstrate current competer past 24 months.	include line changes. mpetence and evidence of the performance of at least
Requested Insertion of Central Line	
INSERTION OF PICC LINE	
CRITERIA: Direct supervision and those technical and managem virtue of training and experience. REQUIRED PREVIOUS EXPERIENCE: Demonstrate current cor 8 procedures in the past 12 months. MAINTENANCE OF PRIVILEGE: Demonstrate current competer past 24 months.	npetence and evidence of the performance of at least
Requested Insertion of PICC Line	
INITIATION, MANAGEMENT AND WEANING OF MECHA WITH SUPERVISING PHYSICIAN	NICAL VENTILATION IN CONSULTATION
CRITERIA: Direct supervision and those technical and managem wean a patient from mechanical ventilation by virtue of training an REQUIRED PREVIOUS EXPERIENCE: Demonstrate current con procedures in the past 12 months. MAINTENANCE OF PRIVILEGE: Demonstrate current competer past 24 months.	d experience. npetence and evidence of the performance of at least
Requested Initiation, Management and Weaning of Supervising Physician	f Mechanical Ventilation in Consultation with
ENDOTRACHEAL INTUBATION	
CRITERIA: Direct supervision and those technical and managemendotracheal intubation by virtue of training and experience. REQUIRED PREVIOUS EXPERIENCE: Demonstrate current comes procedures in the past 12 months.	

MAINTENANCE OF PRIVILEGE: Demonstrate current competence and the performance of at least 5 procedures in the

past 24 months.

☐ Requested Endotracheal Intubation

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

NURSE PRACTITIONER (NP) DEPARTMENT OF SURGERY

Name:	
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ARTERIAL CANNULATION	Contract to the modern of the fact that the contract of the co
	d management skills, which qualify the NP to perform an arterial
puncture and blood gas sampling by virtue of training	
	e current competence and evidence of the performance of at least
8 procedures in the past 12 months.	nt competence and the performance of at least 5 procedures in the
past 24 months.	in competence and the performance of at least 5 procedures in the
past 24 months,	
☐ Requested Arterial Cannulation	
RCRMC Medical Staff does not allow for NPs to pe	erform Moderate Sedation procedures only qualified
Attending physicians.	
CONSCIOUS SEDATION	
CRITERIA: Direct supervision and those technical and	d management skills, which qualify the NP to perform conscious
sedation for procedures.	
	current competence and evidence of the performance of at least
8 procedures in the past 12 months.	-tt and the medianness of at least 4d was in the
past 24 months.	nt competence and the performance of at least 4 procedures in the
paor 24 mondro.	
Requested Conscious Sedation	

ENDORSEMENT OF PHYSICIAN EMPLOYER / SUPERVISOR Signature: Date:	rained tion.
ACKNOWLEDGMENT OF PRACTITIONER I have requested only those privileges which by education, training, current experience, and demonstrated perform that 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 constrate by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation 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:	rained tion.
I have requested only those privileges which by education, training, current experience, and demonstrated perform that 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 constrately by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation 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:	rained tion.
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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 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:	tion.
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:	on my
ENDORSEMENT OF PHYSICIAN EMPLOYER / SUPERVISOR Signature: Date:	
Signature: Date:	
-	
Signature: Date:	
DEPARTMENT CHAIR / DESIGNEE RECOMMENDATION	I
I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation:	7.54
 ☐ 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	
	1
	I
Department Chair/Designee Signature Date	

MEC Approval: 2/11/10; 11/18/10

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).

<u>DEPARTMENT CHAIR/DESIGNEE:</u> 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 Proctoring A. Concurrent B. Retrospective C. Reciprocal
General NP Privileges, Core	5 Cases	Concurrent
Department of Surgery NP Privileges, Core	5 Cases	Concurrent
Adding: Insertion of Central Line, Non-Core	5 Cases	Concurrent
Adding: Insertion of PICC Line, Non-Core	5 Cases	Concurrent
Initiation, Management, Weaning of Mechanical Ventilation, Non-Core	5 Cases	Concurrent
Lumbar Puncture, Non-Core	5 Cases	Concurrent
Endotracheal Intubation, Non-Core	5 Cases	Concurrent
Arterial Cannulation, Non-Core	5 Cases	Concurrent
У.		

MEC Approval: 2/11/10; 11/18/10