

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

345A



**FROM:** Riverside University Health System

**SUBMITTAL DATE:**  
April 14<sup>th</sup>, 2016

**SUBJECT:** Medical Staff Appointments, Reappointments and Clinical Privileges District 5/5; [\$0]

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Request approval of appointments, reappointments, proctoring, withdraw of privileges, change in staff category, resignations/withdrawals, NP Gastroenterology / Hepatology privilege form, PA Gastroenterology / Hepatology privilege form, NP Cardiology Privilege form.

**BACKGROUND:**

**Summary**

The Medical Executive Committee on April 14<sup>th</sup>, 2016, recommended to refer the following to the Board of Supervisors for review and action:

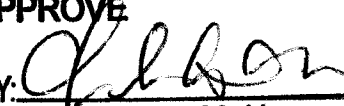
A. Approval of Medical Staff Appointments and Clinical Privileges:

1. Elhazin, Brideida D., FNP Medicine

  
Zareh Sarafian  
Chief Executive Officer or Designee

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 0	\$ 0	\$ 0	\$ 0	Consent <input checked="" type="checkbox"/> Policy <input type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

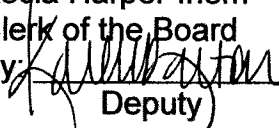
<b>SOURCE OF FUNDS:</b>	Budget Adjustment: No
	For Fiscal Year: 15/16

**C.E.O. RECOMMENDATION:** **APPROVE**  
BY:   
County Executive Office Signature Christopher M. Hans

**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Ashley, seconded by Supervisor Jeffries and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Washington, Benoit and Ashley  
Nays: None  
Absent: Tavaglione  
Date: April 26, 2016  
xc: RUHS

Kecia Harper-Ihem  
Clerk of the Board  
By:   
Deputy

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

2-7

A-30  Positions Added  
4/5 Vote  Change Order

Departmental Concurrence

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

FORM 11: Medical Staff Appointments, Reappointments and Clinical Privileges

DATE: April 14, 2016

PAGE: Page 2 of 4

**BACKGROUND:****Summary (continued)**

## 2. Sanathara, Visant A., MD      Psychiatry

B.	<u>Approval of Reappointments:</u>	<u>Department:</u>	<u>Reappointment Cycle:</u>	<u>Status:</u>
1.	Block, Joel H., MD	Radiology	5/1/16 – 4/30/18	Active
2.	Bianchi, Christian, MD (Additional Privilege)	Surgery	5/1/16 – 4/30/18	Active
	• Supervision of AHP			
3.	Davis, Gloria A., NP	OB / Gyn	5/1/16 – 4/30/18	AHP
4.	Dominguez, Norma, DO	Anesthesiology	5/1/16 – 4/30/18	Active
5.	Dunbar, Jennifer As., MD (Status Change from Active to Courtesy due to low patient volume)	Ophthalmology	5/1/16 – 4/30/18	Court.
6.	Garrison, Roger C., DO	Medicine	5/1/16 – 4/30/18	Active
7.	Horowitz, Susan R., MD	Family Medicine	5/1/16 – 4/30/18	Active
8.	Hui, Noel T., MD (Aging Practitioner – Clear)	Surgery	5/1/16 – 4/30/18	Active
9.	Jukaku, Faheem M., MD	Family Medicine	5/1/16 – 4/30/18	Active
10.	Kelly, Albert M., DO	Anesthesiology	5/1/16 – 4/30/18	Active
11.	Kirby, Lisa J., NNP	Pediatrics	5/1/16 – 4/30/18	AHP
12.	Layton, Keli R., PA-C	Emergency Medicine	5/1/16 – 4/30/18	AHP
13.	Lima, Kathleen B., DO	Pediatrics	5/1/16 – 4/30/18	Active
14.	Mahoney, Lisa M., MD	Radiology	5/1/16 – 4/30/18	Active
15.	Moellmer, Rebecca A., DPM (Withdrawal of Privileges)	Orthopedic Surgery	5/1/16 – 4/30/18	Court.
	• Rearfoot (unable to provide activity) (Status Change from Active to Courtesy due to zero patient volume)			
16.	Montenegro, Dionisio M., MD	Detention Health	5/1/16 – 4/30/18	Adj.
17.	Moore, Donald C., MD	Surgery	5/1/16 – 4/30/18	Active
18.	Pai, Ramdas G., MD	Medicine	5/1/16 – 4/30/18	Active
19.	Reuter, Robert M., MD	Radiology	5/1/16 – 4/30/18	Active
20.	Shapiro, Jarrod M., DPM (Status Change from Active to Courtesy due to zero patient volume)	Orthopedic Surgery	5/1/16 – 4/30/18	Court.
21.	Sheth, Rita D., MD	Pediatrics	5/1/16 – 4/30/18	Active
22.	Taksh, Uqbah, MD	Psychiatry	5/1/16 – 4/30/18	Active
C.	<u>FPPE/Reciprocal* Complete Remain on Provisional:</u>			
	1. Bravo, Thomas P., MD	Medicine		
	2. LaBarte, Theresa L., DO	Medicine		
	3. Mukherjee, Anamika, MD	Pediatrics		
	4. Rosenfeld, Jeffrey, MD, PhD	Medicine		
	5. Tseng, Philip H., MD	Medicine		
D.	<u>Final FPPE/Final Proctoring for Additional Privileges:</u>		<u>Privilege Proctored:</u>	
	1. Gavan, Vivian D., FNP	Medicine	Cardiac Pacing Assist	
	2. Vasudevan, Sivanandam, MD	Medicine	PCU & ACCU	

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA****FORM 11: Medical Staff Appointments, Reappointments and Clinical Privileges****DATE:** April 14, 2016**PAGE:** Page 3 of 4**BACKGROUND:****Summary (continued)**

- |    |   |                                  |   |
|----|---|----------------------------------|---|
| E. | <u>Final FPPE/Reciprocal* Advancement of Staff Status:</u>  | <u>Staff Category Change To:</u> |   |
|    | 1. McClellan, Eric B., MD                      Pediatrics   | Active                           |   |
| F. | <u>FPPE Final Proctoring:</u>   | <u>Department</u>                |   |
|    | 1. Mattison, Katherine M., NP   | Medicine                         |   |
| G. | <u>FPPE/Partial Proctoring:</u>   | <u>Department</u>                | <u>Proctoring Pending:</u>  |
|    | 1. Mishra, Prasanthi, MD  | Pediatrics                       | 4 Varied Procedures   |
|    | 2. Park, Susan, MD  | Pediatrics                       | 3 Varied Obstetric Procedures & 2<br>Varied Gynecology Procedures |
|    | 3. Tran, Richard T., MD   | Medicine                         | 1 Moderate Sedation Case  |
|    | 4. Vora, Farha M., MD   | Pediatrics                       | 4 Varied Procedures   |
| H. | <u>Change in Staff Category:</u>  | <u>Department:</u>               | <u>Status Change to:</u>  |
|    | 1. Venugopalan, Lalithambal, MD   | Pediatrics                       | Active  |
| I. | <u>Withdrawal of Privileges:</u>  | <u>Department:</u>               | <u>Privilege(s) Withdrawn:</u>                                    |
|    | 1. Block, Lindsey L., FNP   | Medicine                         | I&D Abscesses, Paracentesis &<br>Plantar Fascia Injection         |
|    | 2. Mattison, Katherine M., NP   | Medicine                         | Bone Marrow Biopsy and Aspiration<br>& Accessing Ommaya Reservoir |
|    | 3. Wright, Janel L., PA-C   | Medicine                         | Performing Bone Marrow Biopsy and<br>Aspiration                   |
| J. | <u>Voluntary Resignations/Withdraw*:</u>  | <u>Department:</u>               | <u>Effective Date:</u>  |
|    | 1. Beshara, Mina, MD  | Psychiatry                       | 5/1/16  |
|    | 2. Chung, Yukuen, MD  | Family Medicine                  | Withdraw*   |
|    | 3. De Leon, Edwin Romel, MD   | Psychiatry                       | 5/1/16  |
|    | 4. Frey, Sarah, L., MD  | OB / Gyn                         | Withdraw*   |
|    | 5. Garcia, Eva, CNM   | OB / Gyn                         | 4/28/16   |
|    | 6. Johnston, Robert, MD   | OB / Gyn                         | Immediately   |
|    | 7. Lewis, Zenda, PA   | Family Medicine                  | Withdraw*   |
|    | 8. Piampiano, Peter, P., MD   | Radiology                        | Immediately   |
|    | 9. Prakasam, Liliana R., NP, PA   | Detention Health                 | Withdraw*   |
|    | 10. Sherzai, Ayesha Z., MD  | Medicine                         | Immediately   |
| K. | <u>NP : Gastroenterology/Hepatology Clinical Privilege Form - NEW – See Attachment</u><br>A request for approval was submitted for the new NP Gastroenterology / Hepatology Privilege Form. |                                  |   |
| L. | <u>PA : Gastroenterology/Hepatology Clinical Privilege Form - NEW – See Attachment</u><br>A request for approval was submitted for the new PA Gastroenterology / Hepatology Privilege Form. |                                  |   |
| M. | <u>NP : Cardiology Clinical Privilege Form - REVISED – See Attachment</u><br>A request for approval was submitted to revise the NP Cardiology Privilege Form.                               |                                  |   |

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

**FORM 11: Medical Staff Appointments, Reappointments and Clinical Privileges**

**DATE:** April 14, 2016

**PAGE:** Page 4 of 4

**Impact on Citizens and Businesses**

Approval of this request will ensure that the County's healthcare practitioners meet all of the necessary credentialing/privileging requirements and are appropriately qualified to care for and treat the County's patient population.

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**NURSE PRACTITIONER (NP)**  
**GASTROENTEROLOGY/HEPATOLOGY 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 UNIVERSITY HEALTH SYSTEM  
**NURSE PRACTITIONER (NP)**  
**GASTROENTEROLOGY/HEPATOLOGY CLINICAL PRIVILEGES**

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

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

Page 2

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**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.

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**NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — GASTROENTEROLOGY**

- 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:
- Evaluate common gastrointestinal complaints: form a differential diagnosis list and order tests appropriately
  - Manage common conditions such as gastro-esophageal reflux disease, gastrointestinal bleeding, chronic liver disease
  - Identify indications and contraindications to endoscopy
  - Identify candidates for antiviral therapy for hepatitis C, and prescribe appropriate treatment in conjunction with the pharmacist
  - Identify patients with more advanced conditions such as gastrointestinal malignancies and end-stage liver disease, who warrant referral to a higher level of care

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**NURSE PRACTITIONER (NP)**  
**GASTROENTEROLOGY/HEPATOLOGY CLINICAL PRIVILEGES**

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

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

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**Requested**

**Prescriptive Authority**

The delegation to the NP to prescribe and/or administer drugs shall exclude the prescribing of controlled substances.

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**NURSE PRACTITIONER (NP)**  
**GASTROENTEROLOGY/HEPATOLOGY CLINICAL PRIVILEGES**

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

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

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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 RUHS.

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**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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.


\_\_\_\_\_  
**Department Chair/Designee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**IDPC Chair/Designee Signature**

\_\_\_\_\_  
**Date**



RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**NURSE PRACTITIONER (NP)**  
**GASTROENTEROLOGY/HEPATOLOGY CLINICAL PRIVILEGES**

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

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

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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.**

Nurse Practitioner, Gastroenterology Privileges	5	B

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

**PHYSICIAN ASSISTANT (PA)  
GASTROENTEROLOGY/HEPATOLOGY 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 PHYSICIAN ASSISTANT**

**CRITERIA:** To be eligible to apply for clinical privileges as a Physician Assistant, 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**

Graduate from a CAHEA (AMA's Committee on Allied Health, Education and Accreditation) approved program. (Additional education may be required for some specialty areas),

**AND**

Current certification by the National Commission on Certification of Physician Assistants (NCCPA),

**AND**

Current licensure to practice as a physician assistant issued by the California Board of Medicine,

**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, (if applicable to the facility).

**AND**

County employment by or an agreement with a physician(s) currently appointed to the medical staff of this hospital to supervise the PA's practice in the hospital. According to the written agreement, the physician must:

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

**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 PA has a documented formal affiliation or to patients assigned by the chair of the department to which the PA is assigned.

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**PHYSICIAN ASSISTANT (PA)**  
**GASTROENTEROLOGY/HEPATOLOGY CLINICAL PRIVILEGES**

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

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

Page 2

**SUPERVISION**

The supervising physician(s) provides general supervision of the activities and services of the PA. The supervising physician(s) provides supervision and direction on any specific patient. The privileges of the PA's practice correspond to the supervising physician's practice. The PA is not allowed to perform any procedures that are not within the clinical privileges of the supervising physician(s) and for which the PA is not specifically granted. The supervising physician(s) must be immediately available by electronic communication or on hospital premises for consultation/direction of the PA.

**MEDICAL RECORD CHARTING RESPONSIBILITIES**

Clearly, legibly, completely, and in timely fashion, describe each service the PA 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. The supervising physician(s) personally review all charts and patient records and co-signs records and orders in accordance with regulatory guidelines governing PA supervision.

**GENERAL RELATIONSHIP TO OTHERS**

The PA has 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 PA 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.

**PHYSICIAN ASSISTANT CLINICAL PRIVILEGES — GASTROENTEROLOGY**

- 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:
- Evaluate common gastrointestinal complaints: form a differential diagnosis list and order tests appropriately
  - Manage common conditions such as gastro-esophageal reflux disease, gastrointestinal bleeding, chronic liver disease
  - Identify indications and contraindications to endoscopy
  - Identify candidates for antiviral therapy for hepatitis C, and prescribe appropriate treatment in conjunction with the pharmacist
  - Identify patients with more advanced conditions such as gastrointestinal malignancies and end-stage liver disease, who warrant referral to a higher level of care

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**PHYSICIAN ASSISTANT (PA)**  
**GASTROENTEROLOGY/HEPATOLOGY CLINICAL PRIVILEGES**

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

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

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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:** Order medications per the ICU PA formulary.

**PHYSICIAN ASSISTANT (PA)**

**GASTROENTEROLOGY/HEPATOLOGY CLINICAL PRIVILEGES**

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

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

**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 RUHS.

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**

\_\_\_\_\_  
**IDPC Chair/Designee Signature**

\_\_\_\_\_  
**Date**

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**PHYSICIAN ASSISTANT (PA)**  
**GASTROENTEROLOGY/HEPATOLOGY CLINICAL PRIVILEGES**

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

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

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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.  
**Please print legibly.**

Privileges / Procedures to be Proctored	Number of Cases to be Proctored	Method of Proctoring A. Concurrent B. Retrospective C. Reciprocal
Gastroenterology PA Privileges, Core	5 Cases	Concurrent

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

**NURSE PRACTITIONER (NP)**

**CARDIOLOGY 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 ALLIED HEALTH PROFESSIONAL (AHP)**

**CRITERIA:** To be eligible to apply for clinical privileges as a Allied Health Professional (AHP), 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

**NP:** 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.

**ALL AHPs**

Documented training and experience in Cardiology and demonstrated current competence to provide services at an acceptable level of quality and efficiency

Employment by or a formal agreement with a physician(s) currently appointed to the 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 AHP's practice as stated in the appropriate hospital or medical staff policy governing Allied Health Professionals;

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 required by this policy or in the interest of patient care;

Cosign all orders entered by the AHP on the medical record of all patients seen or treated by the AHP.

**NURSE PRACTITIONER (NP)**

**CARDIOLOGY CLINICAL PRIVILEGES**

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

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

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**FOCUSED PROFESSIONAL PRACTICE EVALUATION / REAPPOINTMENT REQUIREMENTS**

The AHP must demonstrate initial competency through focused professional practice evaluation by the physician until such time as the supervising physician is satisfied that the AHP is competent to perform functions independently.

The AHP 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.

Current competence and adequate volume of experience, 20 cases in the respective specialty area, with acceptable result during the last 24 months based on rules of ongoing professional practice evaluation and outcome by supervising physicians/department.

In addition, continuing education related to the specialty area of practice is required as mandated by licensure.

**CATEGORIES OF PATIENTS AHP MAY TREAT**

May provide services consistent with the policies stated herein to patients of the medical staff member(s) with whom the AHP has a documented formal affiliation or to such patients as are assigned by the chair of the department to which the AHP is assigned. Allied Health Professionals may not admit to or discharge patients from the hospital.

**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 AHP 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**

Allied Health Professionals 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 AHP is authorized to provide.

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**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)**

**CARDIOLOGY CLINICAL PRIVILEGES**

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**ALLIED HEALTH PROFESSIONAL (AHP) CLINICAL PRIVILEGES — GENERAL**

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- Requested** Patients within the age group and scope of care treated by the collaborating physician except as specifically excluded from practice. Assess, stabilize, and determine disposition of patients consistent with medical staff policy regarding emergent and non-emergent services.

Privileges include but are not limited to:

- Obtain and record medical/social history and perform physician examination, including rectal and pelvic examination as indicated according to established standardize procedures and protocols as agreed upon by AHP and supervising physician. (To be countersigned by collaborating physician within 24 hours)
- Perform physician examination using the techniques of observation, inspection, auscultation, palpation, and percussion. Order diagnostic testing and therapeutic modalities such as medications, treatments, IV fluids and electrolytes, etc. according to established standardize procedures, protocols and formulary as agreed upon by AHP and supervising physician
- Order and perform initial interpretations of simple plain x-ray films with second reading by supervising physician (or radiologist) for collaboration and correlation with clinical findings
- Counsel and instruct patients and significant others as appropriate on medications, disease, and preventive healthcare
- Collect subjective and objective data pertinent to health condition
- Develop a diagnostic plan based on information obtained from the history, physical examination
- Counsel and instruct patients and significant others as appropriate
- Write discharge summaries (to be countersigned by the collaborating physician)
- Arrange appropriate outpatient follow-up within our outpatient clinics
- Health and wellness counseling
- Debride, suture, and provide general care for superficial wounds and minor superficial surgical procedures
- Incision and drainage of superficial abscesses
- Initiate referral to appropriate physician or other health care professional of problem that exceed the AHP's scope of practice
- Make daily rounds on hospitalized patients with or at the direction of the collaborating physician
- Make preoperative and postoperative teaching visits with patients
- Monitor and manage stable chronic illnesses of population served

**NURSE PRACTITIONER (NP)**

**CARDIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_  
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**ALLIED HEALTH PROFESSIONAL (AHP) CLINICAL PRIVILEGES – GENERAL (CONTINUED)**

- Perform acts of diagnosis and treatment as determined by established, written protocols between AHP's scope of practice
- Assist with admission and discharge of patients (excluding orders)
- Perform arterial punctures for blood sampling; perform venous punctures for blood sampling, cultures and IV catheterization.
- Perform filed infiltrations of anesthetic solutions
- Perform primary health care maintenance of the population served
- Perform routine immunizations
- Remove temporary transvenous cardiac pacing catheter
- Remove pulmonary artery catheter
- Remove arterial catheters
- Apply, remove and change dressings and bandages
- Insert and remove Foley catheters
- Insert and remove nasogastric tube
- Start IVs

**SPECIAL NON-CORE SERVICES/PROCEDURES (SEE SPECIFIC CRITERIA)**

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If desired, non-core services/procedures are requested individually in addition to requesting the core. Each individual requesting non-core services/procedures must meet the specific threshold criteria governing the exercise of the service/procedure requested including training, required previous experience, and for maintenance of clinical competence.

**CARDIOVASCULAR DISEASE PRIVILEGES**

**CRITERIA/QUALIFICATIONS:** To be eligible to apply for clinical privileges as an AHP in Cardiovascular Disease, the applicant must meet Internal Medicine AHP criteria and the following criteria:

Document three months of direct supervised training and experience in cardiovascular disease under a supervising cardiologist

**AND**

Current BLS and ACLS certifications

**FOCUSED PROFESSIONAL PRACTICE EVALUATION / REAPPOINTMENT REQUIREMENTS**

In addition to the general requirements, the supervising cardiologist will evaluate the AHP's performance on at least five (5) procedures (cardiac stress tests) on a yearly basis.

**NURSE PRACTITIONER (NP)**

**CARDIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_  
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**ALLIED HEALTH PROFESSIONAL CLINICAL PRIVILEGES – CARDIOVASCULAR DISEASE**

**Requested** Initial and ongoing assessment of patient's cardiovascular status within the age group and scope of care of the collaborating physician, except as specifically excluded from practice, under the direction of the supervising/employing physician. Assess, stabilize, and determine disposition of patients with cardiac health conditions consistent with medical staff policy regarding emergency and consultative call services. Privileges include but are not limited to:

- Order diagnostic studies as indicated by review of history and physical exam subsequent to conference with the cardiologist
- Counsel and educate patient on selected diagnostic test
- Interpret diagnostic studies with collaborating cardiologist
- Diagnostic studies can include but not limited to Exercise Stress Test, Regadenoson Cardiac Stress Nuclear Imaging, Dobutamine Stress Echocardiogram, Two Dimensional Echocardiogram, Transesophageal Echocardiogram
- Perform electrocardiogram tracing, preliminary electrocardiogram interpretation with final interpretation by supervising physician
- Perform site checks after placement of pacemakers or defibrillator
- Provide care to critical and non-critical patients
- Evaluate appropriateness of diagnostic tests
- Obtain informed consent from patient for Exercise Stress Test, Regadenoson cardiac Stress Nuclear Imaging, Dobutamine Stress Echocardiogram, Transvenous cardiac pacemaker, Transesophageal Echocardiogram, and associated moderate sedation
- Evaluate for contraindication prior to commencement of diagnostic test
- Perform cardiac stress tests along with cardiac technician and cardiac RN in the cardiovascular lab and with supervising physician available in hospital
- Report emergent condition to supervising cardiologist and consulting physician
- Pacemaker and defibrillator interrogation, preliminary interpretation with consultation of cardiologist

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**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.

**NURSE PRACTITIONER (NP)**

**CARDIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_  
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**CARDIAC PACING ASSIST (EXTERNAL/CUTANEOUS , EMERGENT CARDIOVERSION  
DEFIBRILLATION, CARDIOPULMONARY RESUSCITATION)**

**CRITERIA:** ACLS certification, direct supervision, and those technical and management skills, which qualify the AHP 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 five (5) procedures in the past 12 months.

**MAINTENANCE OF PRIVILEGE:** Demonstrate current competence, current ACLS certification, and evidence of the performance of at least five (5) procedures in the past 24 months.

- Requested**      **Cardiac Pacing Assist**  
Allows NP to prep and drape the patient and assist in device placement and wound closure and follow-up.

**BONE MARROW BIOPSY AND ASPIRATION**

**CRITERIA:** Direct supervision and those technical and management skills which qualify the NP to perform a bone marrow biopsy and aspiration and successful completion of FPPE by a RUHS physician holding this privilege.

**PREVIOUS EXPERIENCE:** Demonstrate current competence and evidence of the performance of at least ten (10) procedures in the past 12 months.

**MAINTENANCE OF PRIVILEGE:** Demonstrated current competence and the performance of at least twenty (20) procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

- Requested**      **Bone Marrow Biopsy and Aspiration**

**ACCESSING OMMAYA RESERVOIR**

**CRITERIA:** Direct supervision and those technical and management skills which qualify the NP to access the Ommaya Reservoir and successful completion of FPPE by a RUHS physician holding this privilege.

**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 four (4) procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

- Requested**      **Accessing Ommaya Reservoir**

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**NURSE PRACTITIONER (NP)**  
**CARDIOLOGY CLINICAL PRIVILEGES**

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

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

**CRITERIA:** Prescriptive authority as delegated by a physician in a collaborative practice agreement in accordance with State and Federal Law. Prescribing medications must be under RUHS protocol(s), and formulary, which have been established as required by the Department of Consumer Affairs in the "Business and Professions Code."

Drug and Devices:

- NP: Maintain a current Furnishing Number

Prescription for Controlled Substances Schedule II-V:

- NP: Drug Enforcement Administration (DEA) number is required for controlled substances. <http://www.m.ca.gov/pdfs/regulations/npr-b-51.pdf>

**Requested**

**Prescriptive authority**

The delegation to the NP AHP to prescribe and/or administer or dispense drugs shall include prescribing of controlled substances.

**NURSE PRACTITIONER (NP)**

**CARDIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_  
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**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 RUHS.

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

\_\_\_\_\_  
IDPC Chair/Designee Signature

\_\_\_\_\_  
Date

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**NURSE PRACTITIONER (NP)**  
**CARDIOLOGY CLINICAL PRIVILEGES**

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

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

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MEC Approval  
 Rev.:

**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). FPPE shall be done by a RUHS physician who has that privilege.

**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 Proctoring
		A. Concurrent B. Retrospective C. Reciprocal
AHP General Clinical Privileges, Core	5 cases	Concurrent
AHP Clinical Privileges, Cardiovascular	5 cases	Concurrent
Cardiac Pacing Assist (external/cutaneous, emergent cardiovascular defibrillation, cardiopulmonary resuscitation)	5 cases	Concurrent
Bone Marrow Biopsy and Aspiration	5 cases	Concurrent
Accessing Ommaya Reservoir	5 cases	Concurrent

\* Indicate N/A if privilege not requested