Privilege Documents: Allied Health Professionals
Updated: September 11, 2012

A hard copy of this document is kept in the Medical Staff Office (Ext. 3011)

Information is updated monthly.

These documents are considered legal documents and are therefore protected.

To find and print:
You may find it necessary to print a specific privilege record:
• Find (Ctrl+F) that physician’s record and click on it (you will not be able to see the cursor)
• choose “File” on the tool bar
• choose “Print”
• choose “Current Page” and then “OK”.

WARNING: If you do not choose “Current Page”, ALL records in this document will print!

If you have any questions regarding the information contained in this document, please contact the Medical Staff Office at x 3011.
| ACKERMAN, ELLEN M. PA-C (#10940) | Specialty: General Surgery  
Physician Assistant |
<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>STATUS:</strong></td>
<td><strong>REAPPOINTMENT:</strong></td>
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<tr>
<td>Allied Health Professional 10/5/10</td>
<td>Reappoint 04/01/13 to 03/31/15</td>
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<tr>
<td><strong>EVALUATING PHYSICIAN:</strong></td>
<td></td>
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<tr>
<td>Kent Sasse, MD</td>
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Physician Assistant Core Privileges:
The PA may perform the following functions:
1. Perform a History and Physical on elective admissions and elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
2. Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P Committee, Executive Committee and Board of Governors.
3. May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
4. Make and document daily rounds to augment the physician's rounds.
   1. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
   2. Assist in discharge planning and teaching.
   3. May dictate discharge summary.

First Assist privileges:
A supervising surgeon(s) must be in attendance in the OR suite at all times when a non-MD first assistant is being utilized. The non-MD first assistant may not function in a scrub role while assisting. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon within the scope of the assistant's privileges.

The non-physician first assist may perform the following:
   - Prep and drape the operative site
   - Surface irrigation
   - Sponge the operative site
   - Assist tying sutures
   - Cut sutures

Under direct supervision the non-physician first assistant may:
   - Cauterize vessels
   - Apply hemostats and tie knots on small vessels
   - Provide retraction
   - Suction fluids from the surgical field
   - Provide closure of layer of tissue
   - Insert drains
   - Apply dressings

No AHP shall, at any time perform any procedure which is listed as an operation in the most recent edition of the International Classification of Diseases Adapted for Hospital (H-ICDA Code Book) except those procedures which are specifically approved.
Adams, Anetta (11008)
Specialty: Allied Health Professional
Advance Practice Nurse

STATUS:
Allied Health 07/05/2011
EVALUATING PHYSICIAN:
Frieda Hulka, MD

APPOINTMENT: 07/05/2011 - 04/01/2013

**CORE PRIVILEGES:**

1. Perform a History and Physical on elective admissions, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.

2. Order tests and treatments in accordance with the Nurse Practice Act and the existing protocol approved by the appropriate specialty Section and/or Division, C&P Committee, Medical Executive Council and the Board of Trustees.

3. May provide assistance to the supervising physician for specified procedures (see individual APN's privilege delineation).

4. Make and document daily rounds to augment the physician’s rounds.

5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.

JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.

6. Assist in discharge planning and teaching.

7. May dictate discharge summary.

**Non-M.D. Surgical First Assist:**
A supervising surgeon(s) must be in attendance in the OR suite at all times when a non-MD first assistant is being utilized. The non-MD first assistant may not function in a scrub role while assisting. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon within the scope of the assistant's privileges.

Privileges include:
- Applying knowledge of infection control & aseptic principles
- Prepping of the operative site
- Draping of the operative site
- Applying postoperative dressings & removing sutures

Under direct supervision:
- Demonstrate proper wound exposure
- Demonstrate correct tissue handling
- Use techniques to maintain hemostasis
- Close subcutaneous & incisional sites
- Suture drains to skin edges
| AKINS, W. Thompson, Ph.D. (7080)  
| Allied Health Professional  
| Category: Clinical Psychologist  
| Section: Family Practice |

| STATUS:  
| Temporary Privs. 03/16/93  
| AHP Privileges 05/25/93  
| Supervising Physician(s):  
| See "Core Privileges" below |

| REAPPOINTMENT:  
| 06/21/94 Exec. Comm.  
| 08/20/96 Exec. Comm.  
| 07/16/97 Exec. Comm.  
| 06/22/99 Exec. Comm.  
| 04/01/01 – 03/31/03 Recred. Cycle  
| 04/01/03 – 03/31/05 Recred. Cycle  
| 10/01/04 – 09/30/06 Recred. Cycle  
| 10/01/06 – 09/30/08 Recred. Cycle  
| 10/01/08 – 10/01/10 Recred. Cycle  
| 10/01/10 – 10/01/12 Recred. Cycle  
| Reappoint 10/01/12 to 09/30/14 |

| CORE PRIVILEGES:  
| **The Psychologist shall not function outside of his or her particular field of competence as established by education, training and experience. The Psychologist shall not prescribe drugs, perform surgery or otherwise practice medicine.  
| Make patient rounds alone |

| SPECIAL REQUESTS:  
| None |
Alaei, Kambiz PhD (10212)
Specialty: Clinical Psychology
Internal Medicine

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CORE PRIVILEGES:

**The Psychologist shall not function outside of his or her particular field of competence as established by education, training and experience. The Psychologist shall not prescribe drugs, perform surgery or otherwise practice medicine**

- Make patient rounds alone
- Write orders for non-invasive tests and procedures
- Psych-social tests and procedures
- Perform non-invasive tests and procedures
- Psych-testing

Procedures to be performed:
- On the floors only (Psychological eval. & treatment)

SPECIAL REQUESTS:

None
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<tr>
<th>ALEXANDER, APN, Jackie (#10476)</th>
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<td>Nurse Practitioner</td>
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<tr>
<td>General Vascular &amp; Associates</td>
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<td>physicians</td>
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<tr>
<th>APN Core Privileges:</th>
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<tr>
<td>Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions:</td>
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</table>

1. Perform a History and Physical on elective admission, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.

2. Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P committee, Executive Committee and the Board of Governors.

3. May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.

4. Make and document daily rounds to augment the physician’s rounds.

5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.

6. Assist in discharge planning and teaching.

7. May dictate discharge summary.
| ANDERSON, Lynn T., C.N.M., (9271) | ![Image]  
| Allied Health Professional |  
| Category: Maternal/Child Health |  
| Section: Obstetrics/Gynecology |  
| STATUS: |  
| Allied Health Prof. | 07/22/03 |  
| Supervising Physician(s): |  
| Scott Jacobs, MD |  
| REAPPOINTMENT: |  
| 10/01/03 – 09/30/05 Recred. Cycle |  
| 04/01/05 – 03/31/07 Recred. Cycle |  
| 04/01/07 – 03/31/09 Recred. Cycle |  
| 04/01/09 – 04/01/11 Recred. Cycle |  
| Reappoint 04/01/13 to 03/31/15 |
CORE PRIVILEGES:

Certified Nurse Midwife
Privileges under the direct supervision of the supervising physician according to Certified Nurse Midwife Policies and Procedures.
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**CORE PRIVILEGES:**

All core privileges as outlined in the "Physician Assistant - Core Privileges: Nature and Scope" has been incorporated into the "Emergency Department Scope of Practice for Physician Assistants" as listed below under "Special Requests".
SPECIAL REQUESTS:

The EDPA scope of practice includes that Physician Assistants may provide primary care of the emergent patient visits in the urgent care and emergency department settings, under the direct supervision of supervising physician(s).

1. Elicit and record a complete medical history with review by attending/supervising physician(s).
2. Perform a complete physical examination and record findings on pertinent emergency medical records with review by attending/supervising physician(s).
3. Perform patient evaluations and record progress in the emergency room medical record as requested by supervising physician(s).
4. All patients seen in the emergency room by the Physician Assistants will also be seen by supervising physician(s).
5. Order and interpret selected laboratory tests such as, but not limited to, urinalysis, chemistry panel, gram stains, cultures, CBC, etc.
6. Assessment and institution of therapy for acute illnesses according to established protocol and with review of supervising physician(s).
7. Assessment and management of therapy for patients with chronic illnesses in conjunction with supervising physician(s).
8. Order, evaluate and act on radiology studies and EKGs with review by supervising physician(s).
9. Order and/or administer medications orally, intradermal, subcutaneous, IM, IV and via nebulizer as established by supervising physician(s).
10. May repair lacerations not involving nerves, tendons, and major vessels. May remove sutures and staples.
11. May perform minor surgical and wound care procedures such as, but not limited to, burn debridement, removal of superficial foreign bodies, incision and drainage of abscesses.
12. May order, supervise, and apply splints to closed fractures and severe sprains.
13. May assist supervising physician(s) with procedures such as central venous catheter, thoracentesis, paracentesis, and lumbar puncture.
14. Will always provide medical services within the scope of licensure as outlined by the Nevada State Board of Medical Examiners.
15. Will hold active PA license, Nevada State Board of Pharmacy license, and DEA registration certificate.
16. Will only practice under supervising physician(s), be employed by Reno Emergency Physicians, and associate/active staff privileges at SMRMC.
17. Supervising physician(s) will be ultimately responsible at all times for all Physician Assistant activities within the hospital.

ANTONUCCIO, David O., Ph.D. (8389)
Allied Health Professional
Category: Clinical Psychologist
Section: Family Practice
<table>
<thead>
<tr>
<th>STATUS:</th>
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<tr>
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<td>06/21/94 Exec. Comm.</td>
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**CORE PRIVILEGES:**

*The Psychologist shall not function outside of his or her particular field of competence as established by education, training and experience. The Psychologist shall not prescribe drugs, perform surgery or otherwise practice medicine*

- Make patient rounds alone
- Write orders for non-invasive tests and procedures
  - Psychotherapy

**SPECIAL REQUESTS:**

None
<table>
<thead>
<tr>
<th>ARAMINI, DPM, Michael B. (#8910)</th>
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<tbody>
<tr>
<td>Specialty: Podiatry</td>
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<th>SUPERVISING PEER:</th>
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<tr>
<td>Joseph Chambers, DPM</td>
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<th>CORE PRIVILEGES:</th>
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<tbody>
<tr>
<td>Podiatry privileges include:</td>
</tr>
<tr>
<td>- consult, treat and assist under supervision of a physician member of the Medical Staff in procedures granted the Podiatrist</td>
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<tr>
<td>- register outpatients through the STAR pre-op program</td>
</tr>
<tr>
<td>- perform focused h&amp;p re. podiatry details of procedure to supplement the primary physician’s h&amp;p</td>
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</table>

Privileges do NOT include the ability to admit inpatients or perform medical portion of h&p, and no Emergency Room call privileges
<table>
<thead>
<tr>
<th>Class I (Digital and Forefoot)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capsulotomy / Tenotomy Digital M-P Joints</td>
</tr>
<tr>
<td>Digital Surgery (Hammer Toe Repair, Fusions, Osteotomy)</td>
</tr>
<tr>
<td>Soft Tissue Repairs and Excisions – Digits and Forefoot</td>
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<tr>
<td>Sesamoideectomy</td>
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<tr>
<td>Fractures of Digits and Metatarsals – Closed Reduction</td>
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<td>Fractures of Digit – ORIF</td>
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<tr>
<td>Spur Excision of Forefoot</td>
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<table>
<thead>
<tr>
<th>Class II (Forefoot, Midfoot and Simple Rearfoot)</th>
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<tbody>
<tr>
<td>Hallux Valgus Repair with Distal, Proximal or Cuneiform Osteotomy</td>
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<tr>
<td>Hallux Valgus Repair with Prosthesis or Fusion (MPJ or Lapidus)</td>
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<tr>
<td>Metatarsal Osteotomy, Proximal Lesser</td>
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<tr>
<td>Excisional Biopsy of Soft Tissue Lesions</td>
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<tr>
<td>Jones Suspensions (+) Hallux IP Fusion</td>
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<td>Fasciotomy, Plantar (Simple, Steindler)</td>
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<td>Spur Excision of Midfoot and Hindfoot</td>
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<td>Neurolysis of the Foot and Neurectomy of the Foot</td>
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<td>Fractures of the Forefoot</td>
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<tr>
<td>Forefoot Arthroplasty – Head/Base Excisions</td>
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<tr>
<td>Bone graft harvest from foot</td>
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<tr>
<td>Toe amputation (non-malignant conditions only)</td>
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<tr>
<td>Sinus Tarsi Decompression</td>
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<tr>
<td>Radical resection of necrotic tissue and bone excluding amputation (inc. rearfoot, i.e., calcaneal decubitus)</td>
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<tr>
<td>Tendon Transfers of Skeletally Mature Foot</td>
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<tr>
<td>Tendon Lengthening of Skeletally Mature Foot</td>
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<tr>
<th>Class III (Rearfoot, ankle and leg)</th>
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<tbody>
<tr>
<td>Tendon transfers of skeletally mature ankle</td>
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<tr>
<td>Tendon lengthening of the skeletally mature ankle</td>
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<tr>
<td>Soft tissue ankle stabilization procedures in the skeletally mature foot</td>
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<tr>
<td>Arthrodesis/Osteotomy of midfoot and hindfoot</td>
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<tr>
<td>Arthroereisis, with implants</td>
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<td>Fractures of the midfoot and hindfoot – closed and open reduction</td>
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<tr>
<td>Neurolysis and neurectomy of the ankle</td>
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<td>Rick McElreath, MD</td>
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CORE PRIVILEGES:

THIS PROFESSIONAL MAY ONLY PRACTICE UNDER ONE SCOPE AT ANY GIVEN TIME (PER CASE).

APN Core Privileges:
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions:

1. Perform a History and Physical on elective admission, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
2. Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P Committee, Executive Committee and the Board of Governors.
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7. May dictate discharge summary.

Non-M.D. Surgical First Assist:
A supervising surgeon(s) must be in attendance in the OR suite at all times when a non-MD first assistant is being utilized. The non-MD first assistant may not function in a scrub role while assisting. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon within the scope of the assistant's privileges.

Privileges include:
- Applying knowledge of infection control & aseptic principles
- Prepping of the operative site
- Draping of the operative site
- Applying postoperative dressings & removing sutures

Under direct supervision:
- Demonstrate proper wound exposure
- Demonstrate correct tissue handling
- Use techniques to maintain hemostasis
- Close subcutaneous & incisional sites
- Suture drains to skin edges
ARIZA, John, DPM (8356)
Allied Health Professional
Category: Podiatrist
Section: Orthopedic

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<td></td>
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**CORE PRIVILEGES:**
Podiatry privileges include:
- consult, treat and assist under supervision of a physician member of the Medical Staff in procedures granted the Podiatrist
- register outpatients through the STAR pre-op program
- perform focused h&p re. podiatry details of procedure to supplement the primary physician's h&p

Privileges do NOT include the ability to admit inpatients or perform medical portion of h&p, and no Emergency Room call privileges
SPECIAL REQUESTS:

Class I (Digital and Forefoot)
- Capsulotomy / Tenotomy Digital M-P Joints
- Digital Surgery (Hammer Toe Repair, Fusions, Osteotomy)
- Soft Tissue Repairs and Excisions – Digits and Forefoot
- Sesamoidectomy
- Fractures of Digits and Metatarsals – Closed Reduction
- Fractures of Digit – ORIF
- Spur Excision of Forefoot
- Toe amputation (non-malignant conditions only)

Class II (Forefoot, Midfoot and Simple Rearfoot)
- Hallux Valgus Repair with Distal, Proximal or Cuneiform Osteotomy
- Hallux Valgus Repair with Prosthesis or Fusion (MPJ or Lapidus)
- Metatarsal Osteotomy, Proximal Lesser
- Excision Biopsy of Soft Tissue
- Jones Suspensions (+) Hallux IP Fusions
- Fasciotomy, Plantar (Simple, Steindler)
- Spur Excision Midfoot and Hindfoot
- Neurolysis of the Foot and Neuroectomy of the Foot
- Fracture of the Forefoot
- Forefoot Arthroplasty – Head/Base Excisions
- Bone Graft Harvest from Foot
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<tr>
<td>Reno Heart Physicians Pulmonary Medicine Associates</td>
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CORE PRIVILEGES:
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions and any additional privileges as approved and listed in the Appendix:

- Perform a history and physical on elective admissions, elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
- Order test and treatments in accordance with the Nurse Practice act and the existing protocol approved by the appropriate specialty Section and/or Division, C&P Committee, Medical Executive Council and the Board of Trustees.
- May provide assistance to the supervising physician for specified procedures (see individual APN’s privilege delineation – if applicable)
- Make and document daily rounds to augment the physician’s rounds.
- May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices. JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.
- Assist in discharge planning and teaching.
- May dictate discharge summary.

SPECIAL REQUESTS:
Stress-echocardiography testing
Treadmill stress testing
Dobutamine stress-echo testing
Tilt table stress testing
BALDO, Richard M. PhD (08393)
Specialty: Clinical Psychologist
Internal Medicine

STATUS:
Allied Health Professional 2/7/06

EVALUATING PHYSICIAN:
Admitting Physician

REAPPOINTMENT:
10/01/06 – 09/30/08 Recred. Cycle
10/01/08 – 10/01/10 Recred. Cycle
10/01/10 – 10/01/12 Recred. Cycle
Reappoint 10/01/12 to 09/30/14

CORE PRIVILEGES:

**The Psychologist shall not function outside of his or her particular field of competence as established by education, training and experience. The Psychologist shall not prescribe drugs, perform surgery or otherwise practice medicine.

Make patient rounds alone

Write orders for non-invasive tests and procedures
Psych-social tests and procedures

Perform non-invasive tests and procedures
Psych-testing

Procedures to be performed:
On the floors only (Psychological eval. & treatment)
SPECIAL REQUESTS:

None
<table>
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<tr>
<th>BALLARD, APN, RNFA, Narendra (#10526) (Wren)</th>
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<tbody>
<tr>
<td>Specialty: Neurosurgery Nurse Practitioner RN First Assistant</td>
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<td>Reappoint 04/01/13 to 03/31/15</td>
</tr>
<tr>
<td>Sierra Neurosurgery Physicians</td>
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</table>
APN NEUROSURGERY – ADDITIONAL PRIVILEGES:
Removal of ICP bolts, Ventriculostomy drains, subdural drains, & lumbar drains
Suture above sites when necessary after removing

APN Core Privileges:
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions:

1. Perform a History and Physical on elective admission, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
2. Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P committee, Executive Committee and the Board of Governors.
3. May provide assistance to the supervising physician for the following procedures: central venous catheter thoracentesis, paracentesis and lumbar puncture.
4. Make and document daily rounds to augment the physician’s rounds.
5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
6. Assist in discharge planning and teaching.
7. May dictate discharge summary

RNFA
1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.

2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.
Core Privileges in Allied Health Professional-Cardiology:

Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions and any additional privileges as approved and listed in the Appendix:

8. Perform a History and Physical on elective admissions, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.

9. Order tests and treatments in accordance with the Nurse Practice Act and the existing protocol approved by the appropriate specialty Section and/or Division, C&P Committee, Medical Executive Council and the Board of Trustees.

10. May provide assistance to the supervising physician for specified procedures (see individual APN’s privilege delineation)

11. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.

JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.

12. Make and document daily rounds to augment the physician’s rounds.

13. Assist in discharge planning and teaching.

14. May dictate discharge summary.

KNOWLEDGE, SKILLS & ABILITIES:

1. Accountability for conduct consistent with the St. Mary's Regional Medical Center Mission Statement.
2. Accountability and ethical standards within guidelines of professional organizations.
3. Knowledge of Policies and Procedures for the areas of the Hospital within which the AHP will function.
4. Documentation of skills must be provided related to:
   a. Systematic physical, psychological and social assessment of the health status of individuals and families.
   b. Analysis of data and identification of problems and formulation of collaborative plan of care with physician that provides continuity of health care for patients.
   c. Provision of instruction and counseling to individuals and families of environment to support health care.
   d. Collaborating with supervising physician to plan for alterations of environment to support health care.
   e. Carrying out defined portion of the collaborative plan of care limited to those functions approved by the privileging process.

SUPERVISION

1. All entries in the medical record as permitted under Nature and Scope must be cosigned by the supervising physician.
2. The Advanced Practitioner of Nursing shall at all times comply with the provisions of NRS 632 and Regulations of the Nevada State Board of Nursing.
3. The supervising physician is responsible for the action of the Advanced Practitioner of Nursing at all times.
4. The first 20 charts will be reviewed by the Department Chief or his designee for compliance with this Scope of Practice, hospital policies and the community standard of care.
<table>
<thead>
<tr>
<th>Baran, Sarah (11086)</th>
<th>Specialty: Neurophysiology</th>
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**STATUS:**  
Allied Health  10/04/2011  
**EVALUATING PHYSICIAN:**  
Nr. Norman Wang  
**APPOINTMENT:**  10/04/2011 - 10/01/2012  
Reappoint 04/01/13 to 03/31/15

**SCOPE OF PRACTICE:**

The Neurophysiologist will interpret electrophysiological activity in the operating room. They will perform a variety of intraoperative procedures, including but not limited to:

- Computerized electroencephalography
- Nerve conduction fatigue
- Electromyographic recording
- Electroencephalography;
- Electrocorticography;
- Somatosensory, auditory and visual evoked potentials
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<tr>
<th>Barats, Amy (11173)</th>
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<tr>
<td>Specialty: Hospitalist</td>
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**STATUS:**
Allied Health 09/11/2012

**EVALUATING PHYSICIAN:**
Jeffry Andal, MD

**APPOINTMENT:** 09/11/2012 - 03/31/2014
Reappoint 04/01/13 to 03/31/15

**CORE PRIVILEGES: NATURE AND SCOPE:**
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions and any additional privileges as approved and listed in the Appendix:

15. Perform a History and Physical on elective admissions, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.

16. Order tests and treatments in accordance with the Nurse Practice Act and the existing protocol approved by the appropriate specialty Section and/or Division, C&P Committee, Medical Executive Council and the Board of Trustees.

17. May provide assistance to the supervising physician for specified procedures (see individual APN’s privilege delineation)

18. Make and document daily rounds to augment the physician's rounds.

19. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.

JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.

20. Assist in discharge planning and teaching.

7. May dictate discharge summary

**SUPERVISION**

1. All entries in the medical record as permitted under Nature and Scope must be cosigned by the supervising physician.

2. The Advanced Practitioner of Nursing shall at all times comply with the provisions of NRS 632 and Regulations of the Nevada State Board of Nursing.

3. The supervising physician is responsible for the action of the Advanced Practitioner of Nursing at all times.

4. The first 20 charts will be reviewed by the Department Chief or his designee for compliance with this Scope of Practice, hospital policies and the community standard of care.
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<td>07/16/97 Exec. Comm.</td>
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<td>Provisional Level 02/20/96</td>
<td>01/20/98 Exec. Comm.</td>
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<td>01/18/00 Exec. Comm. to coordinate with No. Nv. Community recredentialing cycle commencing on 04/01/00 – 03/31/02</td>
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<tr>
<td>Eric Boyden, MD</td>
<td>04/01/00 – 03/31/02 Recred. Cycle</td>
</tr>
<tr>
<td>Timothy Bray, MD</td>
<td>04/01/02 – 03/31/04 Recred. Cycle</td>
</tr>
<tr>
<td>Patrick Herz, MD</td>
<td>04/01/04 – 03/31/06 Recred. Cycle</td>
</tr>
<tr>
<td>Lex Simpson, MD</td>
<td>04/01/05 – 03/31/07 Recred. Cycle</td>
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<tr>
<td></td>
<td>04/01/07 – 03/31/09 Recred. Cycle</td>
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<td>04/01/09 – 04/01/11 Recred. Cycle</td>
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<tr>
<td></td>
<td>Reappoint 04/01/13 to 03/31/15</td>
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</tbody>
</table>

Non-MD First Assistant:
1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.

2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.

SPECIAL REQUESTS:
None
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<th>Belding, Faith M., APN (9065)</th>
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<tr>
<td>Allied Health Professional</td>
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<td>Section: Internal Medicine</td>
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<td>Supervising Physician(s):</td>
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<td>Frederick MacKintosh, MD</td>
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<td>04/01/05 – 03/31/07 Recred. Cycle</td>
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<td>04/01/09 – 04/01/11 Recred. Cycle</td>
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<td>Reappoint 04/01/13 to 03/31/15</td>
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<tr>
<th>CORE PRIVILEGES:</th>
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APN Core Privileges:

Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions:

1. Perform a History and Physical on elective admission, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
2. Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P Committee, Executive Committee and the Board of Governors.
3. May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
4. Make and document daily rounds to augment the physician’s rounds.
5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
6. Assist in discharge planning and teaching.
7. May dictate discharge summary.

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None
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<th>Berkich, Garret (10986)</th>
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<td>Specialty: Emergency Medicine</td>
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<td>Allied Health 07/27/2011</td>
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<td>EVALUATING PHYSICIAN:</td>
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<tr>
<td>William Michelson, MD</td>
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<td>07/27/2011 - 04/01/2013</td>
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<td>Reappoint 04/01/13 to 03/31/15</td>
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CORE PRIVILEGES: EMERGENCY DEPARTMENT PHYSICIAN ASSISTANT SCOPE OF PRACTICE

I. The EDPA scope of practice includes that Physician Assistant may provide primary care of the patient visits in the fast track and emergency department settings, under direct supervision of supervising physician(s).
   1. The supervising physician(s) will be ultimately responsible at all times for all physician assistants’ activities within the hospital.
   2. Will only practice under supervising physician(s); be supervised by Reno Emergency Physicians with associate/active staff privileges at SMRMC.
   3. Will always provide medical services within the scope of licensure as outlined by the Nevada State Board of Medical Examiners.
   4. Will hold active PA-C license, Nevada State Board of Pharmacy, and DEA registration certificate.

II. PA-C Dictation/Order:
   1. Elicit and record a complete medical history with review by attending /supervising physician.
   2. Perform a complete physical examination and record findings on pertinent emergency medical records.
   3. Perform patient evaluations and record progress in the emergency room medical record.
   4. Assessment and management of therapy for patients with chronic illnesses in conjunction with supervising physician(s).
   5. Responsible for staffing fast track. Performing evaluation and appropriate medical treatment of all patient seen.
   6. All patients’ charts seen by the physician assistant will be signed by the supervising physician(s) at the end of each shift.
   7. May order and interpret laboratory tests such as, but not limited to, urinalysis, chemistry panel, complete blood count, gram stain, cultures, etc.
   8. May order, evaluate and act on radiology studies and EKG’s with review by supervising physician(s).
   9. May order/or administer medications orally, intradermal, subcutaneous, IM, IV and via nebulizer.

III. PA-C Procedures:
   1. May order, supervise and apply splints to all fractures and sprains.
   2. May repair lacerations not involving nerves, tendons, or major vessels. May remove sutures and staples.
   3. May perform minor surgical and wound care procedures such as, but not limited to, burn debridement, removal of foreign bodies, incision and drainage of abscesses.
   4. May perform the following procedures under the close supervision of supervising physician(s):
      - lumbar puncture
      - cardio version
      - ACLS
      - airway management
      - reductions of dislocations
      - joint aspirations
<table>
<thead>
<tr>
<th>Non MD Surgical First Assist:</th>
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<tbody>
<tr>
<td>1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.</td>
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<tr>
<td>2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.</td>
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<td>STATUS:</td>
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<tr>
<td>Reinstatement of Allied Health Professional Staff Status 03/20/13</td>
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<tr>
<td>Temporary Priv 07/19/88</td>
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<td>Provisional Level 09/22/88</td>
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<td>Deletion from Staff 08/28/02</td>
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<td>Allied Health Prof. 10/07/03</td>
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<td>Supervising Physician(s): Reno Heart Physicians</td>
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<tr>
<td>APN Core Privileges:</td>
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<tr>
<td>Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions:</td>
</tr>
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</table>

1. Perform a History and Physical on elective admission, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
2. Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P Committee, Executive Committee and the Board of Governors.
3. May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
4. Make and document daily rounds to augment the physician’s rounds.
5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approval scope of practices.
6. Assist in discharge planning and teaching.
7. May dictate discharge summary.

Special Requests
None
| BONALDI-MOORE, Lorraine, APN (#10998) |  
| Specialty: Family Medicine Nurse Practitioner |  
| STATUS: |  
| Allied Health Professional | 5/3/11 |  
| EVALUATING PHYSICIAN: |  
| Christian Eby, MD |  
| REAPPOINTMENT: |  
| Reappoint 04/01/13 to 03/31/15 |
CORE PRIVILEGES:

Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions and any additional privileges as approved and listed in the Appendix:

- Perform a history and physical on elective admissions, elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.

- Order test and treatments in accordance with the Nurse Practice act and the existing protocol approved by the appropriate specialty Section and/or Division, C&P Committee, Medical Executive Council and the Board of Trustees.

- May provide assistance to the supervising physician for specified procedures (see individual APN's privilege delineation – if applicable)

- Make and document daily rounds to augment the physician's rounds.

- May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices. JCAHO requires providers to write a verbal or telephone order directly into the patient's chart and then to read it back to the physician for verification, after which "RB" for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.

- Assist in discharge planning and teaching.

- May dictate discharge summary.
<table>
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<tr>
<th>Brandt PA-C, Jared R (10195)</th>
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<td>General Surgery</td>
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<td>06/07/05</td>
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<tr>
<td>Reno Emergency Physicians</td>
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<tr>
<td>Dr. Kent Sasse</td>
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**STATUS:**

- Allied Health Prof. 06/07/05

**Supervising Physician(s):**

Reno Emergency Physicians
Dr. Kent Sasse

**REAPPOINTMENT:**

- 04/01/07 – 03/31/09 Recred. Cycle
- 04/01/09 – 04/01/11 Recred. Cycle
- Reappoint 04/01/13 to 03/31/15
Physician Assistant Core Privileges:
The PA may perform the following functions:

- Perform a History and Physical on elective admissions and elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
- Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P Committee, Executive Committee and Board of Governors.
- May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
- Make and document daily rounds to augment the physician’s rounds.
- May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
- Assist in discharge planning and teaching.
- May dictate discharge summary.

SPECIAL REQUESTS:
The EDPA scope of practice includes that Physician Assistants may provide primary care of the emergent patient visits in the urgent care and emergency department settings, under the direct supervision of supervising physician(s).

1. Elicit and record a complete medical history with review by attending/supervising physician(s).
2. Perform a complete physical examination and record findings on pertinent emergency medical records with review by attending/supervising physician(s).
3. Perform patient evaluations and record progress in the emergency room medical record as requested by supervising physician(s).
4. All patients seen in the emergency room by the Physician Assistants will also be seen by supervising physician(s).
5. Order and interpret selected laboratory tests such as, but not limited to, urinalysis, chemistry panel, gram stains, cultures, CBC, etc.
6. Elicit and record a complete medical history with review by attending/supervising physician(s).
7. Perform a complete physical examination and record findings on pertinent emergency medical records with review by attending/supervising physician(s).
8. Elicit and record a complete medical history with review by attending/supervising physician(s).
9. Perform a complete physical examination and record findings on pertinent emergency medical records with review by attending/supervising physician(s).
10. Perform patient evaluations and record progress in the emergency room medical record as requested by supervising physician(s).
11. All patients seen in the emergency room by the Physician Assistants will also be seen by supervising physician(s).
12. Order and interpret selected laboratory tests such as, but not limited to, urinalysis, chemistry panel, gram stains, cultures, CBC, etc.
13. Assessment and institution of therapy for acute illnesses according to established protocol and with review of supervising physician(s).
14. Assessment and management of therapy for patients with chronic illnesses in conjunction with supervising physician(s).
15. May order, evaluate and act on radiology studies and EKGs with review by supervising physician(s).
16. May order and/or administer medications orally, intradermal, subcutaneous, IM, IV and via nebulizer as established by supervising physician(s).
17. May repair lacerations not involving nerves, tendons, and major vessels. May remove sutures and staples.
18. May perform minor surgical and wound care procedures such as, but not limited to, burn debridement, removal of superficial foreign bodies, incision and drainage of abscesses.
19. May order, supervise, and apply splints to closed fractures and severe sprains.
20. May assist supervising physician(s) with procedures such as central venous catheter, thoracentesis, paracentesis, and lumbar puncture.
21. Will always provide medical services within the scope of licensure as outlined by the Nevada State Board of Medical Examiners.
22. Will hold active PA license, Nevada State Board of Pharmacy license, and DEA registration certificate.
23. Will only practice under supervising physician(s), be employed by Reno Emergency Physicians, and associate/active staff privileges at SMRMC.
24. Supervising physician(s) will be ultimately responsible at all times for all Physician Assistant activities within the hospital.
<table>
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<tr>
<th>BROOKS, Michael R., CRNFA  (8796)</th>
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<tbody>
<tr>
<td>Allied Health Professional</td>
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<tr>
<td>Category: Non-MD Surgical First Assist</td>
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<td>Section: General Surgery</td>
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<td>Supervising Physician(s)</td>
<td>10/01/03 – 09/30/05 Recred. Cycle</td>
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<tr>
<td>Susan Buchwald, MD</td>
<td>04/01/05 – 03/31/07 Recred. Cycle</td>
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<td>John Haller, MD</td>
<td>04/01/07 – 03/31/09 Recred. Cycle</td>
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<td>Thomas Rebetski, MD</td>
<td>04/01/09 – 04/01/11 Recred. Cycle</td>
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<tr>
<td>Paul Stumpf, MD</td>
<td>Reappoint 04/01/13 to 03/31/15</td>
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<td>A supervising surgeon(s) must be in attendance in the OR suite at all times when a non-MD first assistant is being utilized. The non-MD first assistant may not function in a scrub role while assisting. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon within the scope of the assistant's privileges.</td>
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<tr>
<td>Privileges include:</td>
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<tr>
<td>Applying knowledge of infection control &amp; aseptic principles</td>
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<tr>
<td>Prepping of the operative site</td>
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<tr>
<td>Draping of the operative site</td>
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<tr>
<td>Applying postoperative dressings &amp; removing sutures</td>
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<td>Under direct supervision:</td>
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<td>Demonstrate proper wound exposure</td>
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<td>Use techniques to maintain hemostasis</td>
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<td>Suture drains to skin edges</td>
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BROPHY, John D., CST/CFA (8166)  
Allied Health Professional  
Category: Non-MD Surgical First Assist  
Section: Orthopedic Surgery  

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CORE PRIVILEGES:

A supervising surgeon(s) must be in attendance in the OR suite at all times when a non-MD first assistant is being utilized. The non-MD first assistant may not function in a scrub role while assisting. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon within the scope of the assistant's privileges.

Privileges include:
- Applying knowledge of infection control & aseptic principles
- Prepping of the operative site
- Draping of the operative site
- Applying postoperative dressings & removing sutures

Under direct supervision:
- Demonstrate proper wound exposure
- Demonstrate correct tissue handling
- Use techniques to maintain hemostasis
- Close subcutaneous & incisional sites
- Suture drains to skin edges

SPECIAL REQUESTS:

None
Core Privileges in Allied Health Professional-Cardiology:

Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions and any additional privileges as approved and listed in the Appendix:

21. Perform a History and Physical on elective admissions, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.

22. Order tests and treatments in accordance with the Nurse Practice Act and the existing protocol approved by the appropriate specialty Section and/or Division, C&P Committee, Medical Executive Council and the Board of Trustees.

23. May provide assistance to the supervising physician for specified procedures (see individual APN's privilege delineation)

24. Make and document daily rounds to augment the physician's rounds.

25. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.

JCAHO requires providers to write a verbal or telephone order directly into the patient's chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.

26. Assist in discharge planning and teaching.

27. May dictate discharge summary.

KNOWLEDGE, SKILLS & ABILITIES:

1. Accountability for conduct consistent with the St. Mary's Regional Medical Center Mission Statement.
2. Accountability and ethical standards within guidelines of professional organizations.
3. Knowledge of Policies and Procedures for the areas of the Hospital within which the AHP will function.
4. Documentation of skills must be provided related to:
   a. Systematic physical, psychological and social assessment of the health status of individuals and families.
   b. Analysis of data and identification of problems and formulation of collaborative plan of care with physician that provides continuity of health care for patients.
   c. Provision of instruction and counseling to individuals and families of environment to support health care.
   d. Collaborating with supervising physician to plan for alterations of environment to support health care.
   e. Carrying out defined portion of the collaborative plan of care limited to those functions approved by the privileging process.

SUPERVISION

2. All entries in the medical record as permitted under Nature and Scope must be cosigned by the supervising physician.

2. The Advanced Practitioner of Nursing shall at all times comply with the provisions of NRS 632 and Regulations of the Nevada State Board of Nursing.

3. The supervising physician is responsible for the action of the Advanced Practitioner of Nursing at all times.

4. The first 20 charts will be reviewed by the Department Chief or his designee for compliance with this Scope of Practice, hospital policies and the community standard of care.
Busch, Patricia (11189)
Specialty: Physical Medicine & Rehabilitation

**STATUS:**
Allied Health 11/06/2012

**EVALUATING PHYSICIAN:**

**APPOINTMENT:** 11/06/2012 - 03/31/2013
Reappoint 04/01/13 to 03/31/15

**CORE PRIVILEGES: NATURE AND SCOPE:**
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions and any additional privileges as approved and listed in the Appendix:

28. Perform a History and Physical on elective admissions, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.

29. Order tests and treatments in accordance with the Nurse Practice Act and the existing protocol approved by the appropriate specialty Section and/or Division, C&P Committee, Medical Executive Council and the Board of Trustees.

30. May provide assistance to the supervising physician for specified procedures (see individual APN’s privilege delineation)

31. Make and document daily rounds to augment the physician’s rounds.

32. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.

JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.

33. Assist in discharge planning and teaching.

May dictate discharge summary

**SUPERVISION**

3. All entries in the medical record as permitted under Nature and Scope must be cosigned by the supervising physician.

2. The Advanced Practitioner of Nursing shall at all times comply with the provisions of NRS 632 and Regulations of the Nevada State Board of Nursing.

3. The supervising physician is responsible for the action of the Advanced Practitioner of Nursing at all times.

5. The first 20 charts will be reviewed by the Department Chief or his designee for compliance with this Scope of Practice, hospital policies and the community standard of care.
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<tbody>
<tr>
<td>James Christensen, MD</td>
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<td>James Greenwald, MD</td>
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<td>James Pappas, MD</td>
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<tr>
<th>CORE PRIVILEGES:</th>
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<tr>
<td>A supervising surgeon(s) must be in attendance in the OR suite at all times when a non-MD first assistant is being utilized. The non-MD first assistant may not function in a scrub role while assisting. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon within the scope of the assistant's privileges.</td>
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<tr>
<td>Privileges include:</td>
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<tr>
<td>Applying knowledge of infection control &amp; aseptic principles</td>
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<tr>
<td>None</td>
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</table>
Non-M.D. Surgical First Assist:

1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.

2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.
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<th>EVALUATING PHYSICIAN:</th>
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<tr>
<td>Denis Patterson, DO</td>
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<tbody>
<tr>
<td>The PA may perform the following functions in addition to any that may be specifically delineated in the Appendix:</td>
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<td>1. Perform a History and Physical on elective admissions, elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.</td>
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<tr>
<td>2. May order inpatient &amp; outpatient tests specifying supervising physician's name, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Division and/or Section, C &amp; P Committee, Executive Council and Board of Trustees.</td>
</tr>
<tr>
<td>3. May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.</td>
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<tr>
<td>4. Make and document daily rounds to augment the physician's rounds.</td>
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<tr>
<td>5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.</td>
</tr>
<tr>
<td>6. Assist in discharge planning and teaching.</td>
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<tr>
<td>7. May dictate discharge summary.</td>
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The Medicine scope of practice includes that Physician Assistants may provide primary care of the patient, under the direct supervision of supervising physician(s).  

1. Elicit and record a complete medical history with review by attending/supervising physician(s).  
2. Perform a complete physical examination and record findings on pertinent medical records with review by attending/supervising physician(s).  
3. Perform patient evaluations and record daily progress notes in the medical record as requested by supervising physician(s).  
4. All patients will be seen by the supervising physician(s) on the day of admission and their progress will be reviewed daily on the floor.  
5. Perform well adult care including physical examinations, immunization, pap smears and health planning.  
6. Order and interpret selected laboratory tests such as, urinalysis, chemistry panel, gram stains, cultures, CBC.  
7. Assessment and institution of therapy for acute illnesses according to established protocol and with review of supervising physicians(s).  
8. Assessment and management of therapy for patients with chronic illnesses in conjunction with supervising physician(s).  
9. May write orders on the medical chart when requested by supervising physician(s). These orders are to be signed by the supervising physician within 48 hrs.  
10. May evaluated and act on radiology studies and EKGs with review by supervising physicians(s).  
11. May order and/or administer medications orally, intradermal, subcutaneous, IM, IV and via nebulizer as established by supervising physician(s).  
12. May repair lacerations not involving nerves, tendons, and major vessels, or risk of cosmetic complications. May remove sutures.  
13. May assist supervising physician(s) with procedures such as central venous catheter, thoracentesis, paracentesis, and lumbar puncture.  
14. Will always provide medical services within the scope of licensure as outlined by the Nevada State Board of Medical Examiners.  
15. Will hold active PA license, Nevada State Board of Pharmacy license, and DEA registration certificate.  
16. Will only practice under supervising physician(s), with Active staff privileges at SMRMC.  
17. Supervising physician(s) will be ultimately responsible at all times for all Physician Assistant activities within the hospital.
### CANNER-PETERSON, Christine, APN, RNFA
(9084)
Allied Health Professional
Category: Nurse Practitioner
Non-MD First Assistant
Section: Neurosurgery

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### CORE PRIVILEGES:

#### APN Core Privileges:
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions:

1. Perform a History and Physical on elective admission, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
2. Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P Committee, Executive Committee and the Board of Governors.
3. May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
4. Make and document daily rounds to augment the physician’s rounds.
5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
6. Assist in discharge planning and teaching.
7. May dictate discharge summary.

#### RNFA
1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.
2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.
SPECIAL REQUESTS:

Additional privileges approved by the Neurosurgery Department
Removal of ICP bolts
Removal of Ventriculostomy drains
Removal of Subdural drains
Removal of Lumbar drains
Suture above sites when necessary after removing
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<td>04/01/05 - 03/31/07 Recred. Cycle</td>
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<td>Reappoint 04/01/13 to 03/31/15</td>
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<td>CORE PRIVILEGES:</td>
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<tr>
<td>Cardiopulmonary pump perfusionist provides care in the support, treatment, measurement, or supplementation of the circulatory system. Such care includes, but is not limited to the performance of elective and emergency cardiopulmonary bypass, cardiac and respiratory assist, monitoring and diagnostic measurement, and autologous blood salvage.</td>
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<tr>
<td>Cardiopulmonary pump perfusionist will assist the surgeon in the following procedures:</td>
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<td>Cardiopulmonary Bypass</td>
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<tr>
<td>Intra Aortic Balloon Pumping</td>
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<td>Autologous Blood Salvage</td>
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<td>Electronic Physiological Monitoring</td>
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<td>Hemodialysis and Ultrafiltration on Cardiopulmonary bypass</td>
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<td>(#10916)</td>
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<tr>
<td>Reappoint 04/01/13 to 03/31/15</td>
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CORE PRIVILEGES:
The PA may perform the following functions in addition to any that may be specifically delineated in the Appendix:

- Perform a History and Physical on elective admissions, elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
- May order inpatient & outpatient tests specifying supervising physician’s name, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Division and/or Section, C & P Committee, Executive Council and Board of Trustees.
- May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
- Make and document daily rounds to augment the physician’s rounds.
- May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
- Assist in discharge planning and teaching. May dictate discharge summary.

The Medicine scope of practice includes that Physician Assistants may provide primary care of the patient, under the direct supervision of supervising physician(s).

- Elicit and record a complete medical history with review by attending/supervising physician(s).
- Perform a complete physical examination and record findings on pertinent medical records with review by attending/supervising physician(s).
- Perform patient evaluations and record daily progress notes in the medical record as requested by supervising physician(s).
- All patients will be seen by the supervising physician(s) on the day of admission and their progress will be reviewed daily on the floor.
- Perform well adult care including physical examinations, immunization, pap smears and health planning.
- Order and interpret selected laboratory tests such as, urinalysis, chemistry panel, gram stains, cultures, CBC.
- Assessment and institution of therapy for acute illnesses according to established protocol and with review of supervising physicians(s).
- Assessment and management of therapy for patients with chronic illnesses in conjunction with supervising physician(s).
- May write orders on the medical chart when requested by supervising physician(s). These orders are to be signed by the supervising physician within 48 hrs.
- May evaluated and act on radiology studies and EKGs with review by supervising physicians(s).
- May order and/or administer medications orally, intradermal, subcutaneous, IM, IV and via nebulizer as established by supervising physician(s).
- May repair lacerations not involving nerves, tendons, and major vessels, or risk of cosmetic complications. May remove sutures.
- May assist supervising physician(s) with procedures such as central venous catheter, thoracentesis, paracentesis, and lumbar puncture.
- Will always provide medical services within the scope of licensure as outlined by the Nevada State Board of Medical Examiners.
- Will hold active PA license, Nevada State Board of Pharmacy license, and DEA registration certificate.
- Will only practice under supervising physician(s), with Active staff privileges at SMRMC.
- Supervising physician(s) will be ultimately responsible at all times for all Physician Assistant activities within the hospital.
Saint Mary's
A member of CHW

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<th>Capuro, Renee (11007)</th>
<th>Specialty: Orthopedic Surgery</th>
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**STATUS:**  
Allied Health 04/03/2012  
**EVALUATING PHYSICIAN:**  
Remy Uppal, MD  
**APPOINTMENT:** 04/03/2012 - 04/01/2013

**CORE PRIVILEGES:**

The PA can perform the following functions in addition to any that may be specifically delineated in the Appendix:

1. Perform a History and Physical on elective admissions, elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
2. May order tests and treatments.
3. May provide assistance to supervising physician for specified procedures.
4. Make and document daily rounds to augment the physicians rounds.
5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
6. Assist in discharge planning and teaching.
7. May dictate discharge summary.

**PA Procedures:**

Outside of operating room:
- Dressing changes, Administration of local anesthesia, Suturing simple lacerations, splinting/casting.
- Removal of subcutaneous foreign bodies, Removal of exposed pins/external fixators, Joint/thrombectomy aspiration, Joint/meniscus sheath injections with local anesthesia and/or corticosteroid, under the guidance of supervising physician.
- Closed reduction of fractures and dislocations that are neurovascular intact and require only local anesthesia. Initial evaluation of ER patients with immediate consultation with supervising physician, who must admit or discharge the patient.

In operating room with supervising physician present:
- First assisting on any case to include: Placing, tying, cutting sutures, any portion of the procedures allowed by the supervising physician.
- In operating room with supervising physician absent:
- Positioning patient, draping patient, suturing of subcutaneous tissue and skin, removal of exposed pins/external fixators, dressing change/application, aspiration/injections, cast/splint placement.
Carter, Vania (11075)
Specialty: General/Vascular Surgery

| STATUS:  
| Allied Health  10/04/2011  
| EVALUATING PHYSICIAN:  
| Janet Albright, MD  

| APPOINTMENT:  
| 10/04/2011 - 04/01/2013  
| Reappoint 04/01/13 to 03/31/15  

Core Privileges:
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions:

1. Perform a History and Physical on elective admission, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
2. Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P committee, Executive Committee and the Board of Governors.
3. May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
4. Make and document daily rounds to augment the physician’s rounds.
5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
6. Assist in discharge planning and teaching.
7. May dictate discharge summary.
| CHAMBERS, Joseph F., DPM (8363)  
Allied Health Professional  
Category: Podiatrist  
Section: Orthopedic |
|---|
| **STATUS:**  
AHP Privileges 08/06/02  
Supervising Physician(s): |
| **REAPPOINTMENT:**  
04/01/04 – 03/31/06 Recred. Cycle  
04/01/06 – 03/31/08 Recred. Cycle  
04/01/08 – 03/31/10 Recred. Cycle  
04/01/10 – 04/01/12 Recred. Cycle  
Reappointment 4-1-2012 to 3-31-2014 |
| **CORE PRIVILEGES:**  
Podiatry privileges include:  
- consult, treat and assist under supervision of a physician member of the Medical Staff in procedures granted the Podiatrist  
- register outpatients through the STAR pre-op program  
- perform focused h&p re. podiatry details of procedure to supplement the primary physician's h&p  
Privileges do NOT include the ability to admit inpatients or perform medical portion of h&p, and no Emergency Room call privileges |
SPECIAL REQUESTS:

Class I (Digital and Forefoot)
- Capsulotomy / Tenotomy Digital M-P Joints
- Digital Surgery (Hammer Toe Repair, Fusions, Osteotomy)
- Soft Tissue Repairs and Excisions – Digits and Forefoot
- Sesamoidectomy
- Fractures of Digits and Metatarsals – Closed Reduction
- Fractures of Digit – ORIF
- Spur Excision of Forefoot

Class II (Forefoot, Midfoot and Simple Rearfoot)
- Hallux Valgus Repair with Distal, Proximal or Cuneiform Osteotomy
- Hallux Valgus Repair with Prosthesis or Fusion (MPJ or Lapidus)
- Metatarsal Osteotomy, Proximal Lesser
- Excision Biopsy of Soft Tissue
- Jones Suspensions (+) Hallux IP Fusions
- Fasciotomy, Plantar (Simple, Steindler)
- Spur Excision Midfoot and Hindfoot
- Neurolysis of the Foot and Neuroectomy of the Foot
- Fracture of the Forefoot
- Forefoot Arthroplasty – Head/Base Excisions
- Bone Graft Harvest from Foot
Core Privileges in Cardiopulmonary Pump Perfusionist:

Provides patient care in the support, treatment, measurement, or supplementation of the circulatory system. Such care includes, but is not limited to, the performance of elective and emergency cardiopulmonary bypass, cardiac and respiratory assist, monitoring and diagnostic measurement, and autologous blood salvage.

Cardiopulmonary Pump Perfusionist will assist the surgeon in the following procedures:
Cardiopulmonary Bypass
Intra Aortic Balloon Pumping
Autologous Blood Salvage
Electronic Physiological Monitoring
<table>
<thead>
<tr>
<th>CHENOWETH, PA-C, Star (#10846)</th>
<th></th>
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<tbody>
<tr>
<td>Specialty: Orthopedics Physician Asst.</td>
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<th>STATUS:</th>
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<td>Reappoint 04/01/13 to 03/31/15</td>
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<tr>
<th>EVALUATING PHYSICIAN:</th>
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<tbody>
<tr>
<td>Sierra Regional Spine Institute Physicians</td>
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</table>
Physician Assistant Core Privileges:
The PA may perform the following functions:

- Perform a History and Physical on elective admissions and elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
- Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P Committee, Executive Committee and Board of Governors.
- May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
- Make and document daily rounds to augment the physician's rounds.
- May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
- Assist in discharge planning and teaching.
- May dictate discharge summary.

SPECIAL REQUESTS: Scope of Practice for PAs’ approved by the Orthopedic Section:

1. Outside the Operating Room:
   - Dressing changes
   - Administration of local anesthesia
   - **Suturing simple lacerations
   - Splinting/casting
   - Removal of subcutaneous foreign bodies
   - Removal of exposed pins/external fixators
   - **Joint/hematoma aspiration
   - ** Joint/tendon sheath injections with local anesthesia and/or corticosteroid
   - **Under the guidance of supervising physician, closed reduction of fractions and dislocations that are neurovascular intact and require only local anesthesia.
   - Initiate eval. of ER patients with immediate consultation with supervising physician, who must admit or discharge the patient.

2. In operating room with supervising physician present:
   - Assisting on any case to include:
     - Placing, tying, cutting sutures
     - Any portion of the procedure allowed by the supervising physician

3. In operating room with supervising physician absent:
   a) Positioning patient
   b) Draping patient
   c) Suturing of subcutaneous tissue and skin
   d) Removal of exposed pins/external fixators
   e) Dressing change/application
   f) Aspiration/injections
   g) Cast/splint placement
<table>
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<tr>
<th>CHRISTENSEN (BOSCHEE), Amy M., R.N.F.A.(8171)</th>
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<tr>
<td>Allied Health Professional</td>
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<tr>
<td>Category: Non-M.D. Surgical First Assistant</td>
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<tr>
<td>Section: Orthopedic Surgery</td>
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<td>Provisional Level  10/22/96</td>
<td>01/20/98 Exec. Comm.</td>
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<td>Supervising Physician(s):</td>
<td>01/18/00 Exec. Comm. to coordinate with No. Nv. Community recredentialing cycle commencing on 04/01/00 – 03/31/02</td>
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<tr>
<td>James Christensen, MD</td>
<td>04/01/00 – 03/31/02 Recred. Cycle</td>
</tr>
<tr>
<td>Richard Blakey, MD</td>
<td>04/01/02 – 03/31/04 Recred. Cycle</td>
</tr>
<tr>
<td>Lex Simpson, MD</td>
<td>04/01/05 – 03/31/07 Recred. Cycle</td>
</tr>
<tr>
<td>Eric Boyden, MD</td>
<td>04/01/07 – 03/31/09 Recred. Cycle</td>
</tr>
<tr>
<td></td>
<td>04/01/09 – 04/01/11 Recred. Cycle</td>
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<td>Reappoint 04/01/13 to 03/31/15</td>
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</table>

RNFA

1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.

2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.
CLARK, APN, RNFA, Alison J.  
(#10847)  
Specialty: General Surgery  
Nurse Practitioner  
Non-MD First Assistant

STATUS:  
Allied Health Professional 3/2/10

EVALUATING PHYSICIAN:  
John Hansen, MD

REAPPOINTMENT:  
Reappoint 04/01/13 to 03/31/15

CORE PRIVILEGES:  
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions and any additional privileges as approved and listed in the Appendix:

- Perform a history and physical on elective admissions, elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
- Order test and treatments in accordance with the Nurse Practice act and the existing protocol approved by the appropriate specialty Section and/or Division, C&P Committee, Medical Executive Council and the Board of Trustees.
- May provide assistance to the supervising physician for specified procedures (see individual APN’s privilege delineation – if applicable)
- Make and document daily rounds to augment the physician’s rounds.
- May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices. JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.
- Assist in discharge planning and teaching.
- May dictate discharge summary.

RNFA  
1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.

2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.
<table>
<thead>
<tr>
<th>COLE, Karen M., PA-C (8880)</th>
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<tbody>
<tr>
<td>Allied Health Professional</td>
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<tr>
<td>Category: Physician Assistant, Certified</td>
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<tr>
<td>Section: Emergency Department</td>
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**STATUS:**
- AHP Privileges: 06/27/00
- Supervising Physician(s): Reno Emergency Physicians

**REAPPOINTMENT:**
- 04/01/01 – 03/31/03 Recred. Cycle
- 04/01/03 – 03/31/05 Recred. Cycle
- 04/01/05 – 03/31/07 Recred. Cycle
- 04/01/07 – 03/31/09 Recred. Cycle
- 04/01/09 – 04/01/11 Recred. Cycle
- Reappoint 04/01/13 to 03/31/15

**CORE PRIVILEGES:**

All core privileges as outlined in the “Physician Assistant - Core Privileges: Nature and Scope” has been incorporated into the “Emergency Department Scope of Practice for Physician Assistants” as listed below under “Special Requests.”
SPECIAL REQUESTS:

The EDPA scope of practice includes that Physician Assistants may provide primary care of the emergent patient visits in the urgent care and emergency department settings, under the direct supervision of supervising physician(s).

1. Elicit and record a complete medical history with review by attending/supervising physician(s).
2. Perform a complete physical examination and record findings on pertinent emergency medical records with review by attending/supervising physician(s).
3. Perform patient evaluations and record progress in the emergency room medical record as requested by supervising physician(s).
4. All patients seen in the emergency room by the Physician Assistants will also be seen by supervising physician(s).
5. Order and interpret selected laboratory tests such as, but not limited to, urinalysis, chemistry panel, gram stains, cultures, CBC, etc.
6. Assessment and institution of therapy for acute illnesses according to established protocol and with review of supervising physician(s).
7. Assessment and management of therapy for patients with chronic illnesses in conjunction with supervising physician(s).
8. May order, evaluate and act on radiology studies and EKGs with review by supervising physician(s).
9. May order and/or administer medications orally, intradermal, subcutaneous, IM, IV and via nebulizer as established by supervising physician(s).
10. May repair lacerations not involving nerves, tendons, and major vessels. May remove sutures and staples.
11. May perform minor surgical and wound care procedures such as, but not limited to, burn debridement, removal of superficial foreign bodies, incision and drainage of abscesses.
12. May order, supervise, and apply splints to closed fractures and severe sprains.
13. May assist supervising physician(s) with procedures such as central venous catheter, thoracentesis, paracentesis, and lumbar puncture.
14. Will always provide medical services within the scope of licensure as outlined by the Nevada State Board of Medical Examiners.
15. Will hold active PA license, Nevada State Board of Pharmacy license, and DEA registration certificate.
16. Will only practice under supervising physician(s), be employed by Reno Emergency Physicians, and associate/active staff privileges at SMRMC.
17. Supervising physician(s) will be ultimately responsible at all times for all Physician Assistant activities within the hospital.
| CORDERO, PA-C, Rebecca (#10767)  
| Specialty:  Physician Asst.  
| Emergency Medicine  |
|----------------------|-----------------------------|
| STATUS:              | REAPPOINTMENT:              |
| Allied Health Professional  8/04/09 | Reappoint 04/01/13 to 03/31/15 |
| EVALUATING PHYSICIAN: |                             |
| Reno Emergency Physicians |                              |
| CORE PRIVILEGES:      |                             |
| All core privileges as outlined in the "Physician Assistant - Core Privileges: Nature and Scope" has been incorporated into the "Emergency Department Scope of Practice for Physician Assistants" as listed below under "Special Requests". |
SPECIAL REQUESTS:

1. The EDPA scope of practice includes that Physician Assistants may provide primary care of the emergent patient visits in the urgent care and emergency department settings, under the direct supervision of supervising physician(s).
2. Elicit and record a complete medical history with review by attending/supervising physician(s).
3. Perform a complete physical examination and record findings on pertinent emergency medical records with review by attending/supervising physician(s).
4. Perform patient evaluations and record progress in the emergency room medical record as requested by supervising physician(s).
5. All patients seen in the emergency room by the Physician Assistants will also be seen by supervising physician(s).
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7. Assessment and institution of therapy for acute illnesses according to established protocol and with review of supervising physician(s).
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9. May order, evaluate and act on radiology studies and EKGs with review by supervising physician(s).
10. May order and/or administer medications orally, intradermal, subcutaneous, IM, IV and via nebulizer as established by supervising physician(s).
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15. Will always provide medical services within the scope of licensure as outlined by the Nevada State Board of Medical Examiners.
16. Will hold active PA license, Nevada State Board of Pharmacy license, and DEA registration certificate.
17. Will only practice under supervising physician(s), be employed by Reno Emergency Physicians, and associate/active staff privileges at SMRMC.
18. Supervising physician(s) will be ultimately responsible at all times for all Physician Assistant activities within the hospital.
<table>
<thead>
<tr>
<th>CORPUEL, Jeffrey H., Ph.D. (8064)</th>
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<tbody>
<tr>
<td>Allied Health Professional</td>
<td></td>
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<tr>
<td>Category: Clinical Psychologist</td>
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<tr>
<td>Section: Family Practice</td>
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<td>Provisional Level 06/28/94</td>
<td>08/20/96 Exec. Comm.</td>
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<td>07/16/97 Exec. Comm.</td>
</tr>
<tr>
<td>Daniel Spogen, MD</td>
<td>04/01/01 – 03/31/03 Recred. Cycle</td>
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<td>04/01/03 – 03/31/05 Recred. Cycle</td>
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<td>10/01/04 – 09/30/06 Recred. Cycle</td>
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<td>10/01/06 – 09/30/08 Recred. Cycle</td>
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<td>10/01/08 – 10/01/10 Recred. Cycle</td>
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<td>10/01/10 – 10/01/12 Recred. Cycle</td>
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<td>Reappoint 10/01/12 to 09/30/14</td>
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| CORE PRIVILEGES:                 |  |
|**The Psychologist shall not function outside of his or her particular field of competence as established by education, training and experience. The Psychologist shall not prescribe drugs, perform surgery or otherwise practice medicine**|  |

Make patient rounds alone
Perform non-invasive tests and procedures
  Psychological evaluation
  Psychological testing
  Psychotherapy

Procedures to be performed on the floors only
SPECIAL REQUESTS:

None
| Correa, Maria (11087)  
<table>
<thead>
<tr>
<th>Specialty: Neurophysiology</th>
</tr>
</thead>
</table>
| STATUS:  
| Allied Health  10/04/2011 |
| EVALUATING PHYSICIAN:  
| Dr. Norman Wang |
| APPOINTMENT: 10/04/2011 – 4-1-2013  
| Reappoint 04/01/13 to 03/31/15 |

**CORE PRIVILEGES:**

The Neurophysiologist will interpret electrophysiological activity in the operating room. They will perform a variety of intraoperative procedures, including but not limited to:

- Computerized electroencephalography
- Electromyographic recording
- Somatosensory, auditory and visual evoked potentials
- Nerve conduction fatigue
- Electrocorticography;
<table>
<thead>
<tr>
<th>CORE PRIVILEGES:</th>
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</thead>
<tbody>
<tr>
<td>34. Perform a History and Physical on elective admissions, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.</td>
</tr>
<tr>
<td>35. Order tests and treatments in accordance with the Nurse Practice Act and the existing protocol approved by the appropriate specialty Section and/or Division, C&amp;P Committee, Medical Executive Council and the Board of Trustees.</td>
</tr>
<tr>
<td>36. May provide assistance to the supervising physician for specified procedures (see individual APN’s privilege delineation)</td>
</tr>
<tr>
<td>37. Make and document daily rounds to augment the physician’s rounds.</td>
</tr>
<tr>
<td>38. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.</td>
</tr>
<tr>
<td>JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which &quot;RB&quot; for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.</td>
</tr>
<tr>
<td>39. Assist in discharge planning and teaching.</td>
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<tr>
<td>40. May dictate discharge summary.</td>
</tr>
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</table>
Core Privileges in Pediatric Medicine:
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions and any additional privileges as approved and listed in the Appendix:

41. Perform a History and Physical on elective admissions, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
42. Order tests and treatments in accordance with the Nurse Practice Act and the existing protocol approved by the appropriate specialty Section and/or Division, C&P Committee, Medical Executive Council and the Board of Trustees.
43. May provide assistance to the supervising physician for specified procedures (see individual APN’s privilege delineation).
44. Make and document daily rounds to augment the physician’s rounds.
45. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.

JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.
46. Assist in discharge planning and teaching.
47. May dictate discharge summary.

KNOWLEDGE, SKILLS & ABILITIES:
1. Accountability for conduct consistent with the St. Mary’s Regional Medical Center Mission Statement.
2. Accountability and ethical standards within guidelines of professional organizations.
3. Knowledge of Policies and Procedures for the areas of the Hospital within which the AHP will function.
4. Documentation of skills must be provided related to:
   a. Systematic physical, psychological and social assessment of the health status of individuals and families.
   b. Analysis of data and identification of problems and formulation of collaborative plan of care with physician that provides continuity of health care for patients.
   c. Provision of instruction and counseling to individuals and families of environment to support health care.
   d. Collaborating with supervising physician to plan for alterations of environment to support health care.
   e. Carrying out defined portion of the collaborative plan of care limited to those functions approved by the privileging process.

SUPERVISION

4. All entries in the medical record as permitted under Nature and Scope must be cosigned by the supervising physician.
2. The Advanced Practitioner of Nursing shall at all times comply with the provisions of NRS 632 and Regulations of the Nevada State Board of Nursing.
3. The supervising physician is responsible for the action of the Advanced Practitioner of Nursing at all times.
6. The first 20 charts will be reviewed by the Department Chief or his designee for compliance with this Scope of Practice, hospital policies and the community standard of care.

Pediatric: Newborn Privileges

A. Clinical assessment of the newborn nursery patient.
B. Documentation in the hospital medical records of the clinical assessment and treatment plan.
C. Written orders to include:
   1. Newborn admission orders
   2. Newborn discharge orders
   3. Laboratory: complete blood count, bilirubin, urinalysis, urine bacterial antigen assessment, blood culture, serum glucose, urine and/or drug screen
   4. Chest x-ray
   5. Phototherapy
   6. Pulse oximetry
   7. Verbal or telephone orders from the physician
   8. Pediatric specialty consult
DAAKE, APN, Carol J. (#10258)
Specialty: Internal Medicine Nurse Practitioner

<table>
<thead>
<tr>
<th>STATUS:</th>
<th>REAPPOINTMENT:</th>
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<tr>
<td>Allied Health Professional  4/6/10</td>
<td>Reappoint 04/01/13 to 03/31/15</td>
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EVALUATING PHYSICIAN:
Michael Bloch, MD

APN Core Privileges:
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions:

- Perform a History and Physical on elective admission, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
- Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P Committee, Executive Committee and the Board of Governors.
- May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
- Make and document daily rounds to augment the physician’s rounds.
- May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices. JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.
- Assist in discharge planning and teaching.
- May dictate discharge summary.
DAVIS, Donna J., COA (9103)  
Allied Health Professional  
Category: Non-MD Surgical First Assist  
Section: Ophthalmology

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<tr>
<th>STATUS:</th>
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<tr>
<td>AHP Privileges</td>
<td>04/01/02 – 03/31/04 Recred. Cycle</td>
</tr>
<tr>
<td>Sponsoring Physician(s):</td>
<td>04/01/04 – 03/31/06 Recred. Cycle</td>
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<td>04/01/05 – 03/31/07 Recred. Cycle</td>
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<td>04/01/09 – 04/01/11 Recred. Cycle</td>
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<td>Reappoint 04/01/13 to 03/31/15</td>
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CORE PRIVILEGES:  
A supervising surgeon(s) must be in attendance in the OR suite at all times when a non-MD first assistant is being utilized. The non-MD first assistant may not function in a scrub role while assisting. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon within the scope of the assistant's privileges.

Privileges include:  
- Applying knowledge of infection control & aseptic principles  
- Prepping of the operative site  
- Draping of the operative site  
- Applying postoperative dressings & removing sutures

Under direct supervision:  
- Demonstrate proper wound exposure  
- Demonstrate correct tissue handling  
- Use techniques to maintain hemostasis  
- Close subcutaneous & incisional sites  
- Suture drains to skin edges

SPECIAL REQUESTS:  
None
| STATUS: Provisional Level 05/11/92 | REAPPOINTMENT: 06/21/94 Exec. Comm. 08/20/96 Exec. Comm. 01/20/98 Exec. Comm. 01/18/00 Exec. Comm. to coordinate with No. Nv. Community recredentialing cycle commencing on 04/01/00 – 03/31/02 04/01/00 – 03/31/02 Recred. Cycle 04/01/02 – 03/31/04 Recred. Cycle 04/01/04 – 03/31/06 Recred. Cycle 04/01/05 – 03/31/07 Recred. Cycle 04/01/07 – 03/31/09 Recred. Cycle 04/01/09 – 04/01/11 Recred. Cycle Reappoint 04/01/13 to 03/31/15 |
| CORE PRIVILEGES: All core privileges as outlined in the “Advanced Practitioner of Nursing - Core Privileges: Nature and Scope” has been incorporated into the “APN Scope of Service Pediatrics/ Newborn Nursery” as listed below under “Special Requests”. |
SPECIAL REQUESTS:

A. Clinical assessment of the newborn nursery patient.
B. Documentation in the hospital medical records of the clinical assessment and treatment plan.
C. Written orders to include:
   1. Newborn admission orders
   2. Newborn discharge orders
   3. Laboratory: complete blood count, bilirubin, urinalysis, urine bacterial antigen assessment, blood culture, serum glucose, urine and/or drug screen
   4. Chest x-ray
   5. Phototherapy
   6. Pulse oximetry
   7. Verbal or telephone orders from the physician
   8. Pediatric specialty consult
D. Special Requests:
   1. Lumbar Puncture
   2. Newborn Resuscitation
   3. Arterial Catheter
   4. Thoracentesis
   5. Ventilator Care – Neonatal
   6. Ventilator Care – Pediatric
E. Discharge Planning:
   1. Home care services
   2. Lactation specialist consult
   3. Follow-up care
   4. Parent Education

DEVOGE, Susan D., PhD (8200)
Allied Health Professional
Category: Clinical Psychologist
Section: Family Practice

STATUS:
Provisional Level     09/24/96
All patient treatment must be under direct supervision of the Evaluating Physician, Dr. Uhalde.

REAPPOINTMENT:
07/16/97 Exec. Comm.
06/22/99   Exec. Comm.
04/01/01 – 03/31/03 Recred. Cycle
04/01/03 – 03/31/05 Recred. Cycle
10/01/06 – 09/30/08 Recred. Cycle
10/01/08 – 10/01/10 Recred. Cycle
10/01/10 – 10/01/12 Recred. Cycle
10/01/12 to 09/30/14
<table>
<thead>
<tr>
<th>CORE PRIVILEGES:</th>
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<tbody>
<tr>
<td>**The Psychologist shall not function outside of his or her particular field of competence as</td>
</tr>
<tr>
<td>established by education, training and experience. The Psychologist shall not prescribe drugs,</td>
</tr>
<tr>
<td>perform surgery or otherwise practice medicine</td>
</tr>
<tr>
<td>Make patient rounds alone</td>
</tr>
<tr>
<td>Perform non-invasive tests and procedures</td>
</tr>
<tr>
<td>Psychological evaluations</td>
</tr>
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<p>| SPECIAL REQUESTS:                                                                                  |
| None                                                                                              |</p>
<table>
<thead>
<tr>
<th>DICKENS, PhD, Yani (#10983)</th>
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<tr>
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<tr>
<td>Allied Health Professional 2/1/11</td>
<td>Reappoint 10/01/12 to 09/30/14</td>
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</table>
CORE PRIVILEGES:

Core privileges for Licensed Psychologists to include being able to perform a history & write orders with counter signature of attending physician within 24 hrs, diagnose, provide treatment, and consult to patients who suffer from mental, behavioral, or emotional disorders. Privileges can include biofeedback and hypnotherapy.

May order inpatient and outpatient tests specifying collaborating physician’s name, initiate or perform selected diagnostics.

Make and document daily rounds

Assist in discharge planning and teaching

AHP’S regardless of category, may not:
Admit patients
Give verbal and/or telephone orders
Practice or perform any activities/procedures not specifically requested and approved.
DOMINGUEZ, Donna APN, RNFA (8817)  
Allied Health Professional  
Category: Nurse Practitioner/RNFA  
Section: Infectious Disease/Neurosurgery

<table>
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<td>Supervising Physician(s): Drs. S. Parker, Yee &amp; K. Murphy</td>
<td>04/01/03 – 03/31/05 Recred. Cycle</td>
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<tr>
<td>Sierra Neurosurgery</td>
<td>04/01/05 – 03/31/07 Recred. Cycle</td>
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<td></td>
<td>04/01/07 – 03/31/09 Recred. Cycle</td>
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</tr>
</tbody>
</table>

**CORE PRIVILEGES:**

APN Core Privileges:  
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions:

1. Perform a History and Physical on elective admission, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
2. Order tests, initiate or perform selected diagnostics or procedures in accordance with existing Protocol approved by the appropriate specialty Department and/or Section, C&P Committee, Executive Committee and the Board of Governors.
3. May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
4. Make and document daily rounds to augment the physician’s rounds.
5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
6. Assist in discharge planning and teaching.
7. May dictate discharge summary.

Non-M.D. Surgical First Assist:  
RNFA

1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.

2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.
<table>
<thead>
<tr>
<th>SPECIAL REQUESTS:</th>
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<tbody>
<tr>
<td>DUNAWAY, APN,RNFA, Linda J.</td>
<td>(10835)</td>
</tr>
<tr>
<td>Specialty: RN First Assist. Orthopedics</td>
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</tr>
<tr>
<td>STATUS: Allied Health Professional</td>
<td>2/2/10</td>
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<tr>
<td>EVALUATING PHYSICIAN: Reno Orthopedic Clinic Physicians</td>
<td></td>
</tr>
<tr>
<td>REAPPOINTMENT: Reappoint 04/01/13 to 03/31/15</td>
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</table>
APN Core Privileges:
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions:

3. Perform a History and Physical on elective admission, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
4. Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P committee, Executive Committee and the Board of Governors.
5. May provide assistance to the supervising physician for the following procedures: central venous catheter thoracentesis, paracentesis and lumbar puncture.
4. Make and document daily rounds to augment the physician’s rounds.
5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
6. Assist in discharge planning and teaching.
7. May dictate discharge summary.

RNFA
1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.

2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.
<table>
<thead>
<tr>
<th>DUNKLEE PA-C, Tracy, (09044)</th>
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<tbody>
<tr>
<td>Allied Health Professional</td>
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<tr>
<td>Category: Physician Assistant, Certified</td>
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<tr>
<td>Section: Cardiology Emergency Department</td>
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**STATUS:**
- AHP Privileges 08/07/01
- Change in Sect. Priv. 05/24/05
- Sponsoring Physician(s):
  - Colin M. Fuller, MD
  - Reno Emergency Physicians

**REAPPOINTMENT:**
- 04/01/03 – 03/31/05 Recred. Cycle
- 04/01/05 – 03/31/07 Recred. Cycle
- 04/01/07 – 03/31/09 Recred. Cycle
- 04/01/09 – 04/01/11 Recred. Cycle
- Reappoint 04/01/13 to 03/31/15

**Physician Assistant Core Privileges:**
The PA may perform the following functions:

1. Perform a History and Physical on elective admissions and elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
2. Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C &P Committee, Executive Committee and Board of Governors.
3. May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
4. Make and document daily rounds to augment the physician’s rounds.
5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
6. Assist in discharge planning and teaching.
7. May dictate discharge summary.

**CORE PRIVILEGES:**

All core privileges as outlined in the “Physician Assistant - Core Privileges: Nature and Scope” has been incorporated into the “Emergency Department Scope of Practice for Physician Assistants” as listed below under “Special Requests.”
SPECIAL REQUESTS:

The EDPA scope of practice includes that Physician Assistants may provide primary care of the emergent patient visits in the urgent care and emergency department settings, under the direct supervision of supervising physician(s).

1. Elicit and record a complete medical history with review by attending/supervising physician(s).
2. Perform a complete physical examination and record findings on pertinent emergency medical records with review by attending/supervising physician(s).
3. Perform patient evaluations and record progress in the emergency room medical record as requested by supervising physician(s).
4. All patients seen in the emergency room by the Physician Assistants will also be seen by supervising physician(s).
5. Order and interpret selected laboratory tests such as, but not limited to, urinalysis, chemistry panel, gram stains, cultures, CBC, etc.
6. Assessment and institution of therapy for acute illnesses according to established protocol and with review of supervising physician(s).
7. Assessment and management of therapy for patients with chronic illnesses in conjunction with supervising physician(s).
8. May order, evaluate and act on radiology studies and EKGs with review by supervising physician(s).
9. May order and/or administer medications orally, intradermal, subcutaneous, IM, IV and via nebulizer as established by supervising physician(s).
10. May repair lacerations not involving nerves, tendons, and major vessels. May remove sutures and staples.
11. May perform minor surgical and wound care procedures such as, but not limited to, burn debridement, removal of superficial foreign bodies, incision and drainage of abscesses.
12. May order, supervise, and apply splints to closed fractures and severe sprains.
13. May assist supervising physician(s) with procedures such as central venous catheter, thoracentesis, paracentesis, and lumbar puncture.
14. Will always provide medical services within the scope of licensure as outlined by the Nevada State Board of Medical Examiners.
15. Will hold active PA license, Nevada State Board of Pharmacy license, and DEA registration certificate.
16. Will only practice under supervising physician(s), be employed by Reno Emergency Physicians, and associate/active staff privileges at SMRMC.

Supervising physician(s) will be ultimately responsible at all times for all Physician Assistant activities within the hospital.
<table>
<thead>
<tr>
<th><strong>DYE, APN, Casey A. (#10696)</strong>&lt;br&gt;Specialty: Internal Medicine&lt;br&gt;Nurse Practitioner</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STATUS:</strong>&lt;br&gt;Allied Health Professional 7/07/09</td>
<td><strong>REAPPOINTMENT:</strong>&lt;br&gt;Reappoint 04/01/13 to 03/31/15</td>
</tr>
<tr>
<td><strong>EVALUATING PHYSICIAN:</strong>&lt;br&gt;Robert Berry, MD</td>
<td><strong>CORE PRIVILEGES:</strong>&lt;br&gt;Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions and any additional privileges as approved and listed in the Appendix:</td>
</tr>
</tbody>
</table>

Perform a history and physical on elective admissions, elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.<br>Order test and treatments in accordance with the Nurse Practice act and the existing protocol approved by the appropriate specialty Section and/or Division, C&P Committee, Medical Executive Council and the Board of Trustees.<br>May provide assistance to the supervising physician for specified procedures (see individual APN’s privilege delineation – if applicable)<br>Make and document daily rounds to augment the physician’s rounds.<br>May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices. JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.<br>Assist in discharge planning and teaching.<br>May dictate discharge summary.
SPECIAL REQUESTS:

None
<table>
<thead>
<tr>
<th>PA Core Privileges:</th>
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</thead>
<tbody>
<tr>
<td>The PA may perform the following functions in addition to any that may be specifically delineated in the Appendix:</td>
</tr>
<tr>
<td>1. Perform a History and Physical on elective admission, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.</td>
</tr>
<tr>
<td>2. Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&amp;P committee, Executive Committee and the Board of Governors.</td>
</tr>
<tr>
<td>3. May provide assistance to the supervising physician for specified procedures (see individual PA’s privilege delineation)</td>
</tr>
<tr>
<td>4. Make and document daily rounds to augment the physician’s rounds.</td>
</tr>
<tr>
<td>5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.</td>
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<tr>
<td>JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.</td>
</tr>
<tr>
<td>6. Assist in discharge planning and teaching.</td>
</tr>
<tr>
<td>7. May dictate discharge summary.</td>
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</tbody>
</table>
| Elliott PA-C, Terri L. PA-C (10224)  
| Allied Health Professional  
| Specialty: Cardiac Surgery  
| Page 2 of 3  
| STATUS:  
| Allied Health 09/06/05  
| Sponsoring Physicians: Nevada Heart Surgeons  
| REAPPOINTMENT: |
The following privileges may only be performed in the OR when the supervising physician is physically present in the OR suite or in the Surgery Department.

Surgeon Present in the Surgery Department:

Administration of local anesthesia
Collection of venous and arterial puncture and indwelling catheter specimens
Order routine EKG and routine radiology tests
Order and obtain specimens for cultures and routine laboratory tests
Perform nasogastric intubation and lavage
Regulate pharmacological needs of patient (including analgesic, antibiotics, anticoagulants, insulin, etc.) within the scope of their license.

Wound care, assessment and dressing changes, to include debridement of granulation of tissue and necrotic skin, subcutaneous tissue, sternal bone and cartilage
Wound closure – skin and subcutaneous tissue
Arterial and venous cut downs
Assist physician in utilizing equipment
Calibration of oximetric equipment
Temporary pacemaker analysis and re-programming

Insertion and removal of:
Venipuncture
Arterial blood gas sticks
Sutures, skin staples and skin clips
Foley catheters

Removal of:
Intra-aortic balloon pump
Swan-Ganz lines
Femoral intra-aortic balloon pump
CVP and arterial lines
Chest tubes and wound drains
Temporary pacemaker wires

Surgeon Present in the OR suite:
Wound closure – all layers
Open or endoscopically harvesting of veins and arteries
First assist in surgery
Assist in open heart surgery

Insertion of:
Intra-aortic balloon pump
Femoral intra-aortic balloon pump
CVP and arterial lines
Chest tubes and wound drains
Physician Assistant Scope of Practice within the Section of Neurosurgery

I. **Supervising Physician Mentoring** - All of the privileges listed below will be performed by the PA only after the patient's exam and one of the PA's supervising physicians has reviewed any pertinent lab and x-ray results. The supervising physician is responsible for mentoring the PA for each procedure, and procedures are not to be performed independently by the PA until the PA has proven to the satisfaction of the supervising physician that the PA is competent and can be released from supervision (also see specific expectations for certain procedures below).

II. **PA Dictation/Order:**
1. PAs have a general scope of practice that allows them to perform history and physicals, write progress notes and discharge summaries.
2. Order writing specifically for neurosurgery should include: medications consistent with prescribing, PA privileges according to the Nevada State Board of Pharmacy and provided by NRS, physical and occupational therapies, dressing changes, drain management, noninvasive radiology studies, and maintenance IVs.
3. All orders will be cosigned by the supervising physician within 24 hours. *(PA is to indicate "1 am dictating this h&p for Dr. (name)" so there is a signature line for the PA and for the supervising physician).*

III. **PA Procedures:**
1. Outside of operating room:
   a) Dressing changes
   b) Administration of local anesthesia
   c) Suturing simple lacerations
   d) Removal of exposed pins/external fixators
   e) Removal of ICP bolts
   f) Removal of Ventriculostomy drains
   g) Removal of subdural drains
   h) Removal of lumbar drains
   i) Suture above sites when necessary after removing
   j) Initiate evaluation of ER patients with immediate consultation with supervising physician, who must admit or discharge the patient
2. In operating room with supervising physician present:
   a) Assisting on any case to include:
      1) Placing, tying, cutting sutures
      2) Any portion of the procedure allowed by the supervising physician
3. In operating room with supervising physician in the hospital:
   a) Positioning patient
   b) Draping patient
   c) Suturing of subcutaneous tissue and skin
   d) Removal of exposed pins/external fixators
   e) Dressing change/application
   f) Aspiration/injections
The following procedures may be performed on the units. A supervising or collaborating physician must be available by phone.

Administration of local anesthesia
Order routine EKG and routine radiology tests
Order and obtain specimens for cultures and routine laboratory tests
Perform nasogastric intubation and lavage
Wound care assessment and dressing changes to include debridement of granulation of tissue and necrotic skin, subcutaneous tissue.

Insertion of:
- Venipuncture
- Arterial blood gas sticks
- Sutures, skin staples and skin clips
- Foley catheters

Removal of:
- Intra-aortic balloon pump
- CVP and arterial lines in ICU
- Chest tubes and wound drains in ICU
- Temporary pacemaker wires in ICU

The following privileges may only be performed in the physical presence of the supervising physician

Assist in the management of acute medical emergencies
Insertion of intra aortic balloon pump

SPECIAL REQUESTS:
Re-opening of recent thoracotomy in the OR or on the unit in an emergency situation
   - Telephone order should be given to APN or PA by supervising cardiac surgeon enroute to cardiac arrest/emergency situation.
Reposition of Swan Ganz Line in the OR or on the unit
   - Notification of supervising physician after repositioning.
PHYSICIAN ASSISTANTS IN THE EMERGENCY DEPARTMENT

1. The Emergency Department Physician Assistant (EDPA) is defined as a licensed Physician Assistant that assists the emergency department physician in providing acute and non-acute patient care.

2. The EDPA will function as a private employee of the physician. The physician is responsible for the EDPA and must sign a release attesting the EDPA's competence and a waiver releasing the hospital of liability. Reno Emergency Physicians will provide documentation of malpractice coverage in accordance hospital requirements.

3. The method of credentialing will be analogous to physicians and other advanced skilled health care professionals.

4. There will be general or generic requirements common to all Physician Assistants with specific variance relative to the Emergency Department.

   The general requirements are:
   a. A valid State of Nevada Physician Assistant certification, Nevada Revised Statute/Regulation; 630.280 Qualifications; 630.290 certification.
   b. A minimum of two letters of recommendation from prior training centers or places of practice.
   c. Verification of current malpractice coverage specifically covering the EDPA practice.
   d. Verification of current CPR certification.
   e. Supervising physicians shall oversee continuous quality improvement and scope of practice NRS – 630.360 Performance of Medical Service
      NRS – 630-370 Supervising Physician
   f. Sample Scope of Practice – see attached.

5. The Emergency Medicine Department will biennially review the performance and credentialing of the EDPA.

6. Continuing verification will be required and reported to the Credentials-Privileges Committee for:
   a. Annual CPOR certification
   b. Seven CEU’s per two-year licensing period oriented toward Emergency Department patient care.

7. The EDPA will be required to participate in all General Orientation sessions for Saint Mary's Regional Medical Center and the Emergency Department.

8. The EDPA will only be allowed to function as an EDPA in the setting of the Emergency Department under the continuous supervision of a physician mentor.

9. All EDPA patient evaluations in the Emergency Department will be discussed with the attending Emergency Department physician on duty. The emergency physician is ultimately responsible for the patient's care and will co-sign every chart.
| EVANS, APN, Jason E. (#10769)                          |  |
| Specialty: Nurse Practitioner                          |  |
| Internal Medicine                                     |  |
| **STATUS:**                                            |  |
| Allied Health Professional                            | REAPPOINTMENT: Reappoint 04/01/13 to 03/31/15 |
| 12/01/09                                               |  |
| **EVALUATING PHYSICIAN:**                             |  |
| Sierra Hospitalists                                    |  |
CORE PRIVILEGES:
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions and any additional privileges as approved and listed in the Appendix:

- Perform a history and physical on elective admissions, elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
- Order test and treatments in accordance with the Nurse Practice act and the existing protocol approved by the appropriate specialty Section and/or Division, C&P Committee, Medical Executive Council and the Board of Trustees.
- May provide assistance to the supervising physician for specified procedures (see individual APN’s privilege delineation – if applicable)
- Make and document daily rounds to augment the physician's rounds.
- May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices. JCAHO requires providers to write a verbal or telephone order directly into the patient's chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.
- Assist in discharge planning and teaching.
- May dictate discharge summary.
<table>
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<tr>
<th>FARRINGER, Chris S., RNFA</th>
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<tbody>
<tr>
<td>Allied Health Professional</td>
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<td>04/01/09 – 04/01/11 Recred. Cycle</td>
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<td>Reappoint 04/01/13 to 03/31/15</td>
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<tbody>
<tr>
<td>Gareth Strand, M.D.</td>
</tr>
<tr>
<td>James Murphy, M.D.</td>
</tr>
<tr>
<td>Philip Dahan, M.D.</td>
</tr>
</tbody>
</table>

RNFA

1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.

2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.

<table>
<thead>
<tr>
<th>SPECIAL REQUESTS:</th>
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<tbody>
<tr>
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FEARNLEY, Shana B., PA-C (9163)
Allied Health Professional
Category: Physician Assistant, Certified
Section: Orthopedic Surgery

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<tr>
<td>Reno Orthopedic Clinic</td>
<td>04/01/09 – 04/01/11 Recred. Cycle</td>
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<tr>
<td></td>
<td>Reappoint 04/01/13 to 03/31/15</td>
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CORE PRIVILEGES:

Physician Assistant Core Privileges:
The PA may perform the following functions:
1. Perform a History and Physical on elective admissions and elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
2. Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P Committee, Executive Committee and Board of Governors.
3. May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
4. Make and document daily rounds to augment the physician’s rounds.
5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
6. Assist in discharge planning and teaching.
7. May dictate discharge summary.
SPECIAL REQUESTS: Scope of Practice for PAs' approved by the Orthopedic Section:

3. Outside the Operating Room:
   a) Dressing changes
   b) Administration of local anesthesia
   c) **Suturing simple lacerations
   d) Splinting/casting
   e) Removal of subcutaneous foreign bodies
   f) Removal of exposed pins/external fixators
   g) **Joint/hematoma aspiration
   h) **Joint/tendon sheath injections with local anesthesia and/or corticosteroid
   i) **Under the guidance of supervising physician, closed reduction of fractions and dislocations that are neurovascular intact and require only local anesthesia.
   j) Initiate eval. of ER patients with immediate consultation with supervising physician, who must admit or discharge the patient.

4. In operating room with supervising physician present:
   a) Assisting on any case to include:
      1) Placing, tying, cutting sutures
      2) Any portion of the procedure allowed by the supervising physician

5. In operating room with supervising physician absent:
   a) Positioning patient
   b) Draping patient
   c) Suturing of subcutaneous tissue and skin
   d) Removal of exposed pins/external fixators
   e) Dressing change/application
   f) Aspiration/injections
   g) Cast/splint placement

---

Ferrel, Cynthia (11139)
Specialty: Nephrology

STATUS:
Allied Health 05/01/2012
EVALUATING PHYSICIAN:
James Sullivan, DO

APPOINTMENT: 05/01/2012 - 04/01/2013
Reappoint 04/01/13 to 03/31/15
CORE PRIVILEGES: NATURE AND SCOPE:
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions and any additional privileges as approved and listed in the Appendix:

48. Perform a History and Physical on elective admissions, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.

49. Order tests and treatments in accordance with the Nurse Practice Act and the existing protocol approved by the appropriate specialty Section and/or Division, C&P Committee, Medical Executive Council and the Board of Trustees.

50. May provide assistance to the supervising physician for specified procedures (see individual APN’s privilege delineation)

51. Make and document daily rounds to augment the physician’s rounds.

52. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.

JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.

53. Assist in discharge planning and teaching.

54. May dictate discharge summary.

KNOWLEDGE, SKILLS & ABILITIES:

1. Accountability for conduct consistent with the St. Mary’s Regional Medical Center Mission Statement.

2. Accountability and ethical standards within guidelines of professional organizations.

3. Knowledge of Policies and Procedures for the areas of the Hospital within which the AHP will function.

4. Documentation of skills must be provided related to:
   a. Systematic physical, psychological and social assessment of the health status of individuals and families.
   b. Analysis of data and identification of problems and formulation of collaborative plan of care with physician that provides continuity of health care for patients.
   c. Provision of instruction and counseling to individuals and families of environment to support health care.
   d. Collaborating with supervising physician to plan for alterations of environment to support health care.
   e. Carrying out defined portion of the collaborative plan of care limited to those functions approved by the privileging process.

SUPERVISION

5. All entries in the medical record as permitted under Nature and Scope must be cosigned by the supervising physician.

2. The Advanced Practitioner of Nursing shall at all times comply with the provisions of NRS 632 and Regulations of the Nevada State Board of Nursing.

3. The supervising physician is responsible for the action of the Advanced Practitioner of Nursing at all times.

7. The first 20 charts will be reviewed by the Department Chief or his designee for compliance with this Scope of Practice, hospital policies and the community standard of care.
FERNANDEZ, Emily, PA-C (#10851)  
Specialty:  Physician Assistant  
Gynecologic Oncology  

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<tr>
<td>Peter Lim, MD</td>
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**Physician Assistant Core Privileges:**  
The PA may perform the following functions:  
- Perform a History and Physical on elective admissions and elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.  
- Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P Committee, Executive Committee and Board of Governors.  
- May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.  
- Make and document daily rounds to augment the physician’s rounds.  
- May receive and document verbal orders from the supervising physician in the medical record.  May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.  
- Assist in discharge planning and teaching.  
- May dictate discharge summary.  

**Non-MD First Assistant:**  
1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.  

2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.
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<tr>
<th><strong>CORE PRIVILEGES:</strong></th>
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<td>APN Core Privileges:</td>
<td>Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions:</td>
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<td>• Perform a History and Physical on elective admission, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.</td>
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<tr>
<td>• Assist in discharge planning and teaching.</td>
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<tr>
<td>• May dictate discharge summary.</td>
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**SPECIAL REQUESTS:**

None
Fesharaki, Sayeh (11017)
Specialty: Internal Medicine

STATUS: Allied Health 09/06/2011
EVALUATING PHYSICIAN: Michael Bloch, MD

APPOINTMENT: 09/06/2011 - 04/01/2013
Reappoint 04/01/13 to 03/31/15

CORE PRIVILEGES:
APN Core Privileges:
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions:

1. Perform a History and Physical on elective admission, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
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6. Assist in discharge planning and teaching.
7. May dictate discharge summary.
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<tr>
<th>FINN, Cheryl J., APN, RNFA (#09289)</th>
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<tr>
<td>Non MD First Assist</td>
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<td>EVALUATING PHYSICIAN:</td>
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<tr>
<td>Angelo Kanellos, MD</td>
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<td>Urology Nevada Physicians</td>
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**CORE PRIVILEGES:**
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions and any additional privileges as approved and listed in the Appendix:

- Perform a history and physical on elective admissions, elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
- Order test and treatments in accordance with the Nurse Practice act and the existing protocol approved by the appropriate specialty Section and/or Division, C&P Committee, Medical Executive Council and the Board of Trustees.
- May provide assistance to the supervising physician for specified procedures (see individual APN’s privilege delineation – if applicable)
- Make and document daily rounds to augment the physician’s rounds.
- May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices. JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.
- Assist in discharge planning and teaching.
- May dictate discharge summary.

**NATURE AND SCOPE:**
1. **The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.**
2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting
<table>
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<tr>
<th>FLINT, PA-C, Suzanne E. (#10625)</th>
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<td>Reno Orthopedic Physicians</td>
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Physician Assistant Core Privileges:
The PA may perform the following functions:

- Perform a History and Physical on elective admissions and elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
- Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P Committee, Executive Committee and Board of Governors.
- May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
- Make and document daily rounds to augment the physician’s rounds.
- May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
- Assist in discharge planning and teaching.
- May dictate discharge summary.

SPECIAL REQUESTS: Scope of Practice for PAs’ approved by the Orthopedic Section:

6. Outside the Operating Room:
   - Dressing changes
   - Administration of local anesthesia
   - **Suturing simple lacerations**
   - Splinting/casting
   - Removal of subcutaneous foreign bodies
   - Removal of exposed pins/external fixators
   - **Joint/hematoma aspiration**
   - **Joint/tendon sheath injections with local anesthesia and/or corticosteroid**
   - **Under the guidance of supervising physician, closed reduction of fractions and dislocations that are neurovascular intact and require only local anesthesia.**
   - Initiate eval. of ER patients with immediate consultation with supervising physician, who must admit or discharge the patient.

7. In operating room with supervising physician present:
   - Assisting on any case to include:
     - Placing, tying, cutting sutures
     - Any portion of the procedure allowed by the supervising physician

6. In operating room with supervising physician absent:
   a) Positioning patient
   - Draping patient
   - Suturing of subcutaneous tissue and skin
   - Removal of exposed pin/external fixators
   - Dressing change/application
   - Aspiration/injections
   - Cast/splint placement

Forsberg, Nicole (11078)
Specialty: Plastic Surgery
# Allied Health

**STATUS:** Allied Health  10/04/2011  
**APPOINTMENT:** 10/04/2011 - 04/01/2013  
Reappoint 04/01/13 to 03/31/15

**EVALUATING PHYSICIAN:**  
Scott Wrye, MD

## CORE PRIVILEGES:

### APN

1. Perform a History and Physical on elective admission, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
2. Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P committee, Executive Committee and the Board of Governors.
3. May provide assistance to the supervising physician for the following procedures: central venous catheter thoracentesis, paracentesis and lumbar puncture.
4. Make and document daily rounds to augment the physician’s rounds.
5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
6. Assist in discharge planning and teaching.
7. May dictate discharge summary.

### Non MD Surgical First Assist

1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.
2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.
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<td>Supervising Physician(s): Kirk Kaiser, M.D. Patrick J. Osgood, M.D. Donald S. Huene, M.D. John Haller, M.D. Susan S. Buchwald, M.D. Joseph L. Kiener, M.D.</td>
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CORE PRIVILEGES:

Non-M.D. Surgical First Assist:
RNFA
1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.

2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.
CORE PRIVILEGES: NATURE AND SCOPE:

The PA may perform the following functions in addition to any that may be specifically delineated in the Appendix:

1. Perform a History and Physical on elective admissions, elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
2. May order tests and treatments in accordance with existing protocol approved by the appropriate specialty Division and/or Section, C&P Committee, Medical Executive Council and Board of Trustees.
3. May provide assistance to the supervising physician for specified procedures (see individual PA’s privilege delineation.)
4. Make and document daily rounds to augment the physician’s rounds.
5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
   JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.
6. Assist in discharge planning and teaching.
7. May dictate discharge summary.

NATURE AND SCOPE:

1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.
2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting
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<tr>
<td>Richard Blakey, M.D.</td>
<td>04/01/04 – 03/31/06 Recred. Cycle</td>
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<td>Eric Boyden, M.D.</td>
<td>04/01/05 – 03/31/07 Recred. Cycle</td>
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<td>Reno Emergency Physicians</td>
<td>04/01/07 – 03/31/09 Recred. Cycle</td>
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CORE PRIVILEGES:

Physician Assistant Core Privileges:

The PA may perform the following functions:

1. Perform a History and Physical on elective admissions and elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
2. Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P Committee, Executive Committee and Board of Governors.
3. May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
4. Make and document daily rounds to augment the physician’s rounds.
5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
6. Assist in discharge planning and teaching.
7. May dictate discharge summary.

SPECIAL REQUESTS:

1. Outside the Operating Room:
   a) Dressing changes
   b) Administration of local anesthesia
   c) Suturing simple lacerations
   d) Splinting/casting
   e) Removal of subcutaneous foreign bodies
   f) Removal of exposed pins/external fixators
   g) Joint/hematoma aspiration
   h) Joint/tendon sheath injections with local anesthesia and/or corticosteroid
   i) Under the guidance of supervising physician, closed reduction of fractions and dislocations that are neurovascular intact and require only local anesthesia.
   j) Initiate eval. of ER patients with immediate consultation with supervising physician, who must admit or discharge the patient.

2. In operating room with supervising physician present:
   a) Assisting on any case to include:
      1. Placing, tying, cutting sutures
   2. Any portion of the procedure allowed by the supervising physician

3. In operating room with supervising physician absent:
   a) Positioning patient
   b) Draping patient
   c) Suturing of subcutaneous tissue and skin
   d) Removal of exposed pins/external fixators
   e) Dressing change/application
   f) Aspiration/injections
   g) Cast/splint placement
SPECIAL REQUESTS:

The EDPA scope of practice includes that Physician Assistants may provide primary care of the emergent patient visits in the urgent care and emergency department settings, under the direct supervision of supervising physician(s).

1. Elicit and record a complete medical history with review by attending/supervising physician(s).
2. Perform a complete physical examination and record findings on pertinent emergency medical records with review by attending/supervising physician(s).
3. Perform patient evaluations and record progress in the emergency room medical record as requested by supervising physician(s).
4. All patients seen in the emergency room by the Physician Assistants will also be seen by supervising physician(s).
5. Order and interpret selected laboratory tests such as, but not limited to, urinalysis, chemistry panel, gram stains, cultures, CBC, etc.
6. Assessment and institution of therapy for acute illnesses according to established protocol and with review of supervising physician(s).
7. Assessment and management of therapy for patients with chronic illnesses in conjunction with supervising physician(s).
8. May order, evaluate and act on radiology studies and EKGs with review by supervising physician(s).
9. May order and/or administer medications orally, intradermal, subcutaneous, IM, IV and via nebulizer as established by supervising physician(s).
10. May repair lacerations not involving nerves, tendons, and major vessels. May remove sutures and staples.
11. May perform minor surgical and wound care procedures such as, but not limited to, burn debridement, removal of superficial foreign bodies, incision and drainage of abscesses.
12. May order, supervise, and apply splints to closed fractures and severe sprains.
13. May assist supervising physician(s) with procedures such as central venous catheter, thoracentesis, paracentesis, and lumbar puncture.
14. Will always provide medical services within the scope of licensure as outlined by the Nevada State Board of Medical Examiners.
15. Will hold active PA license, Nevada State Board of Pharmacy license, and DEA registration certificate.
16. Will only practice under supervising physician(s), be employed by Reno Emergency Physicians, and associate/active staff privileges at SMRMC.
17. Supervising physician(s) will be ultimately responsible at all times for all Physician Assistant activities within the hospital.
| Gardner, Rachael (11079)  
<table>
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<tr>
<th>Specialty: Pediatric Neurology</th>
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| STATUS:  
| Allied Health 10/04/2011 |
| EVALUATING PHYSICIAN:  
| Mindy Schwartz, MD |
| APPOINTMENT:  
| 10/04/2011 - 04/01/2013 |
| Reappoint 04/01/13 to 03/31/15 |

**CORE PRIVILEGES:**

**APN**

1. Perform a History and Physical on elective admission, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.

2. Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P committee, Executive Committee and the Board of Governors.

3. May provide assistance to the supervising physician for the following procedures: central venous catheter thoracentesis, paracentesis and lumbar puncture.

4. Make and document daily rounds to augment the physician’s rounds.

5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.

6. Assist in discharge planning and teaching.

7. May dictate discharge summary.
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<th>CORE PRIVILEGES:</th>
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<td>Podiatry privileges include:</td>
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<tr>
<td>consult, treat and assist under supervision of a physician member of the Medical Staff in procedures granted the Podiatrist</td>
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<tr>
<td>register outpatients through the STAR pre-op program</td>
</tr>
<tr>
<td>perform focused h&amp;p re. podiatry details of procedure to supplement the primary physician’s h&amp;p</td>
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</table>

Privileges do NOT include the ability to admit inpatients or perform medical portion of h&p, and no Emergency Room call privileges
SPECIAL REQUESTS:

Class I (Digital and Forefoot)
- Capsulotomy / Tenotomy Digital M-P Joints
- Digital Surgery (Hammer Toe Repair, Fusions, Osteotomy)
- Soft Tissue Repairs and Excisions – Digits and Forefoot
- Sesamoidectomy
- Fractures of Digits and Metatarsals – Closed Reduction
- Fractures of Digit – ORIF
- Spur Excision of Forefoot
- Toe Amputation (non-malignant conditions only)

Class II (Forefoot, Midfoot and Simple Rearfoot)
- Hallux Valgus Repair with Distal, Proximal or Cuneiform Osteotomy
- Hallux Valgus Repair with Prosthesis or Fusion (MPJ or Lapidus)
- Metatarsal Osteotomy, Proximal Lesser
- Excision Biopsy of Soft Tissue
- Jones Suspensions (+) Hallux IP Fusions
- Fasciotomy, Plantar (Simple, Steindler)
- Spur Excision Midfoot and Hindfoot
- Neurolysis of the Foot and Neuroectomy of the Foot
- Fracture of the Forefoot
- Forefoot Arthroplasty – Head/Base Excisions
- Bone Graft Harvest from Foot
GLANTZ, Katheryne W., DPM (8376)
Allied Health Professional
Category: Podiatrist
Section: Orthopedic

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**CORE PRIVILEGES:**

Podiatry privileges include:
- consult, treat and assist under supervision of a physician member of the Medical Staff in procedures granted the Podiatrist
- register outpatients through the STAR pre-op program
- perform focused h&p re. podiatry details of procedure to supplement the primary physician’s h&p

Privileges do NOT include the ability to admit inpatients or perform medical portion of h&p, and no Emergency Room call privileges
SPECIAL REQUESTS:

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- Digital Surgery (Hammer Toe Repair, Fusions, Osteotomy)
- Soft Tissue Repairs and Excisions – Digits and Forefoot
- Sesamoidectomy
- Fractures of Digits and Metatarsals – Closed Reduction
- Fractures of Digit – ORIF
- Spur Excision of Forefoot

Class II (Forefoot, Midfoot and Simple Rearfoot)
- Hallux Valgus Repair with Distal, Proximal or Cuneiform Osteotomy
- Hallux Valgus Repair with Prosthesis or Fusion (MPJ or Lapidus)
- Metatarsal Osteotomy, Proximal Lesser
- Excision Biopsy of Soft Tissue
- Jones Suspensions (+) Hallux IP Fusions
- Fasciotomy, Plantar (Simple, Steindler)
- Spur Excision Midfoot and Hindfoot
- Neurolysis of the Foot and Neuroectomy of the Foot
- Fracture of the Forefoot
- Forefoot Arthroplasty – Head/Base Excisions
- Bone Graft Harvest from Foot
### GOICOECHEA, Gretchen A., PA-C (8809)
Allied Health Professional
Category: Physician Assistant, Certified
Section: Cardiology

#### STATUS:
Provisional Level 10/03/00

Supervising Physician(s):
Sierra Nevada Cardiology Associates

#### REAPPOINTMENT:
- 04/01/03 – 03/31/05 Recred. Cycle
- 10/01/04 – 09/30/06 Recred. Cycle
- 04/01/05 – 03/31/07 Recred. Cycle
- 04/01/07 – 03/31/09 Recred. Cycle
- 04/01/09 – 03/31/09 Recred. Cycle
- 04/01/09 – 03/31/11 Recred. Cycle
- Reappoint 04/01/13 to 03/31/15

#### CORE PRIVILEGES:

**Physician Assistant Core Privileges:**
The PA may perform the following functions:

- Perform a History and Physical on elective admissions and elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
- Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C &P Committee, Executive Committee and Board of Governors.
- May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
- Make and document daily rounds to augment the physician’s rounds.
- May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
- Assist in discharge planning and teaching.
- May dictate discharge summary.
Special Requests

NONE
**Goldstein-Fuchs, Debra (Jordi) (11136)**
Specialty: Nephrology

**STATUS:**
Allied Health 04/03/2012

**EVALUATING PHYSICIAN:**
James Sullivan, DO

**APPOINTMENT:** 04/03/2012 - 04/01/2013
Reappoint 04/01/13 to 03/31/15

**CORE PRIVILEGES: NATURE AND SCOPE:**
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions and any additional privileges as approved and listed in the Appendix:

55. Perform a History and Physical on elective admissions, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.

56. Order tests and treatments in accordance with the Nurse Practice Act and the existing protocol approved by the appropriate specialty Section and/or Division, C&P Committee, Medical Executive Council and the Board of Trustees.

57. May provide assistance to the supervising physician for specified procedures (see individual APN’s privilege delineation)

58. Make and document daily rounds to augment the physician’s rounds.

59. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.

   JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.

60. Assist in discharge planning and teaching.

61. May dictate discharge summary.

**SUPERVISION**

6. All entries in the medical record as permitted under Nature and Scope must be cosigned by the supervising physician.

2. The Advanced Practitioner of Nursing shall at all times comply with the provisions of NRS 632 and Regulations of the Nevada State Board of Nursing.

3. The supervising physician is responsible for the action of the Advanced Practitioner of Nursing at all times.
Advanced Practitioner of Nursing
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions and any additional privileges as approved and listed in the Appendix:

62. Perform a History and Physical on elective admissions, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.

63. Order tests and treatments in accordance with the Nurse Practice Act and the existing protocol approved by the appropriate specialty Section and/or Division, C&P Committee, Medical Executive Council and the Board of Trustees.

64. May provide assistance to the supervising physician for specified procedures (see individual APN’s privilege delineation).

65. Make and document daily rounds to augment the physician’s rounds.

66. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.

JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.

67. Assist in discharge planning and teaching.

68. May dictate discharge summary.

KNOWLEDGE, SKILLS & ABILITIES:
1. Accountability for conduct consistent with the St. Mary’s Regional Medical Center Mission Statement.
2. Accountability and ethical standards within guidelines of professional organizations.
3. Knowledge of Policies and Procedures for the areas of the Hospital within which the AHP will function.
4. Documentation of skills must be provided related to:
   a. Systematic physical, psychological and social assessment of the health status of individuals and families.
   b. Analysis of data and identification of problems and formulation of collaborative plan of care with physician that provides continuity of health care for patients.
   c. Provision of instruction and counseling to individuals and families of environment to support health care.
   d. Collaborating with supervising physician to plan for alterations of environment to support health care.
   e. Carrying out defined portion of the collaborative plan of care limited to those functions approved by the privileging process.

SUPERVISION
7. All entries in the medical record as permitted under Nature and Scope must be cosigned by the supervising physician.
8. The Advanced Practitioner of Nursing shall at all times comply with the provisions of NRS 632 and Regulations of the Nevada State Board of Nursing.
9. The supervising physician is responsible for the action of the Advanced Practitioner of Nursing at all times.
10. The first 20 charts will be reviewed by the Department Chief or his designee for compliance with this Scope of Practice, hospital policies and the community standard of care.
Core Privileges in Allied Health Professional-Cardiology:

Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions and any additional privileges as approved and listed in the Appendix:

69. Perform a History and Physical on elective admissions, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.

70. Order tests and treatments in accordance with the Nurse Practice Act and the existing protocol approved by the appropriate specialty Section and/or Division, C&P Committee, Medical Executive Council and the Board of Trustees.

71. May provide assistance to the supervising physician for specified procedures (see individual APN's privilege delineation)

72. Make and document daily rounds to augment the physician's rounds.

73. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices. JCAHO requires providers to write a verbal or telephone order directly into the patient's chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.

74. Assist in discharge planning and teaching.

75. May dictate discharge summary.

KNOWLEDGE, SKILLS & ABILITIES:

1. Accountability for conduct consistent with the St. Mary's Regional Medical Center Mission Statement.
2. Accountability and ethical standards within guidelines of professional organizations.
3. Knowledge of Policies and Procedures for the areas of the Hospital within which the AHP will function.
4. Documentation of skills must be provided related to:
   a. Systematic physical, psychological and social assessment of the health status of individuals and families.
   b. Analysis of data and identification of problems and formulation of collaborative plan of care with physician that provides continuity of health care for patients.
   c. Provision of instruction and counseling to individuals and families of environment to support health care.
   d. Collaborating with supervising physician to plan for alterations of environment to support health care.
   e. Carrying out defined portion of the collaborative plan of care limited to those functions approved by the privileging process.

SUPERVISION

8. All entries in the medical record as permitted under Nature and Scope must be cosigned by the supervising physician.
2. The Advanced Practitioner of Nursing shall at all times comply with the provisions of NRS 632 and Regulations of the Nevada State Board of Nursing.
3. The supervising physician is responsible for the action of the Advanced Practitioner of Nursing at all times.
9. The first 20 charts will be reviewed by the Department Chief or his designee for compliance with this Scope of Practice, hospital policies and the community standard of care.
<table>
<thead>
<tr>
<th>Graybar, Steven R., Ph.D. (7956)</th>
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<tbody>
<tr>
<td>Allied Health Professional</td>
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<tr>
<td>Category: Clinical Psychologist</td>
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<tr>
<td>Specialty: Family Practice</td>
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</table>

**STATUS:**

- Temporary Privs: 01/22/92
- Provisional Level: 02/27/92

All patient treatment must be under the supervision of Evaluating Physician, Dr. Bloomfield.

**REAPPOINTMENT:**

- 06/21/94 Exec. Comm.
- 08/20/96 Exec. Comm.
- 07/16/97 Exec. Comm.
- 04/01/01 – 03/31/03 Recred. Cycle
- 04/01/03 – 03/31/05 Recred. Cycle
- 10/01/06 – 09/30/08 Recred. Cycle
- 10/01/08 – 10/01/10 Recred. Cycle
- 10/01/10 – 10/01/12 Recred. Cycle

**CORE PRIVILEGES:**

- **The Psychologist shall not function outside of his or her particular field of competence as established by education, training and experience. The Psychologist shall not prescribe drugs, perform surgery or otherwise practice medicine**
- Perform non-invasive tests and procedures
- Clinical interview
  - History oral
  - Mental status exam
- Perform psychological cognitive testing

**SPECIAL REQUESTS:**

- **MISCELLANEOUS**
  - Psychotherapy and psychological testing

Procedures to be performed on the floors only
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<tr>
<th>GREGORY, PA-C, Kiersten (#10660)</th>
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<td>EVALUATING PHYSICIAN:</td>
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<td>Reno Orthopedic Clinic physicians</td>
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<td>04/01/09 – 04/01/11 Recred. Cycle</td>
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<td>Reappoint 04/01/13 to 03/31/15</td>
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</table>

**Physician Assistant Core Privileges:**
The PA may perform the following functions:

- Perform a History and Physical on elective admissions and elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
- Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P Committee, Executive Committee and Board of Governors.
- May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
- Make and document daily rounds to augment the physician's rounds.
- May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
- Assist in discharge planning and teaching.
- May dictate discharge summary.
**SPECIAL REQUESTS: Scope of Practice for PAs’ approved by the Orthopedic Section:**

**Outside the Operating Room:**
- Dressing changes
- Administration of local anesthesia
- **Suturing simple lacerations**
- Splinting/casting
- Removal of subcutaneous foreign bodies
- Removal of exposed pins/external fixators
- **Joint/hematoma aspiration**
- **Joint/tendon sheath injections with local anesthesia and/or corticosteroid**
- **Under the guidance of supervising physician, closed reduction of fractions and dislocations that are neurovascular intact and require only local anesthesia.**
- Initiate eval. of ER patients with immediate consultation with supervising physician, who must admit or discharge the patient.

**In operating room with supervising physician present:**
- Assisting on any case to include:
  - Placing, tying, cutting sutures
  - Any portion of the procedure allowed by the supervising physician

**In operating room with supervising physician absent:**
- Positioning patient
- Draping patient
- Suturing of subcutaneous tissue and skin
- Removal of exposed pins/external fixators
- Dressing change/application
- Aspiration/injections
- Cast/splint placement
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<thead>
<tr>
<th>Griaznova, Olga (11088)</th>
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<tr>
<td>STATUS: Allied Health 10/04/2011</td>
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<td>EVALUATING PHYSICIAN: Dr. Norman Wang</td>
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**CORE PRIVILEGES:**

The Neurophysiologist will interpret electrophysiological activity in the operating room. They will perform a variety of intraoperative procedures, including but not limited to:

- Computerized electroencephalography
- Electromyographic recording
- Nerve conduction fatigue
- Electrocorticography;
- Somatosensory, auditory and visual evoked potentials
GRUENEWALD, Bruce N., CST/CFA (8113)  
Allied Health Professional  
Category: Non-MD Surgical First Assist  
Section: Orthopedic Surgery  

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#### CORE PRIVILEGES:

A supervising surgeon(s) must be in attendance in the OR suite at all times when a non-MD first assistant is being utilized. The non-MD first assistant may not function in a scrub role while assisting. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon within the scope of the assistant's privileges.

Privileges include:
- Applying knowledge of infection control & aseptic principles
- Prepping of the operative site
- Draping of the operative site
- Applying postoperative dressings & removing sutures

Under direct supervision:
- Demonstrate proper wound exposure
- Demonstrate correct tissue handling
- Use techniques to maintain hemostasis
- Close subcutaneous & incisional sites
- Suture drains to skin edges
SPECIAL REQUESTS:

None
<table>
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<tr>
<th>Gutride, Martin E. Ph.D. (7893)</th>
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**STATUS:**

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Evaluating Physician:

Richard Priest, M.D.

**REAPPOINTMENT:**

Revised-Reapproved:

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**CORE PRIVILEGES:**

**The Psychologist shall not function outside of his or her particular field of competence as established by education, training and experience. The Psychologist shall not prescribe drugs, perform surgery or otherwise practice medicine**

- Make patient rounds alone
- Write orders for non-invasive tests and procedures
- Psych-social tests and procedures
- Perform non-invasive tests and procedures
- Psych-testing

**Procedures to be performed:**

On the floors only (Psychological eval. & treatment)
SPECIAL REQUESTS:
None

HALVORSEN, Candace G., RNFA (8661)
Allied Health Professional
Category: Non-MD Surgical First Assist
Section: General Surgery
Neurosurgery

STATUS:
Provisional Level 11/24/98
Supervising Physician(s):
Rick McElreath, MD – General Surgery
Michael Humphrey – General Surgery
Sierra Neurosurgery Group

REAPPOINTMENT:
08/17/99 Exec. Comm. to coordinate with
No. Nv. Community recredentialing cycle
commencing 10/01/99 - 09/30/01
10/01/99 - 09/30/01 Recred Cycle
10/01/01 – 09/30/03 Recred. Cycle
10/01/03 – 09/30/05 Recred. Cycle
04/01/05 – 03/31/07 Recred. Cycle
04/01/07 – 03/31/09 Recred. Cycle
04/01/09 – 04/01/11 Recred. Cycle
Reappoint 04/01/13 to 03/31/15

RNFA
1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.

2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.
SPECIAL REQUESTS:

None
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<tr>
<th><strong>HARRISON, RNFA, Dana (#08144)</strong></th>
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<tr>
<td>Joseph Kiener, MD</td>
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RNFA

1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.

2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.
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<thead>
<tr>
<th>Harsh (AKA HANSON), Laura (11046)</th>
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<tr>
<td>Ileana Deftu, MD</td>
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</table>
CORE PRIVILEGES:

1. Perform a History and Physical on elective admission, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
2. Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P committee, Executive Committee and the Board of Governors.
3. May provide assistance to the supervising physician for the following procedures: central venous catheter thoracentesis, paracentesis and lumbar puncture.
4. Make and document daily rounds to augment the physician's rounds.
5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
6. Assist in discharge planning and teaching.
7. May dictate discharge summary.
<table>
<thead>
<tr>
<th>HAYS, Michael W., CCP (7840)</th>
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<tbody>
<tr>
<td>Allied Health Professional</td>
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<tr>
<td>Category: Cardiac Pump</td>
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<td>Reno Heart Surgeons</td>
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<td>perfusionist will assist the</td>
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<td>Cardiopulmonary Bypass</td>
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<td>Intra Aortic Balloon Pumping</td>
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<td>Monitoring</td>
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SPECIAL REQUESTS:

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**EVALUATING PHYSICIAN:**

Eric Boyden, MD

**APN Core Privileges:**

Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions:

- Perform a History and Physical on elective admission, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
- Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P Committee, Executive Committee and the Board of Governors.
- May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
- Make and document daily rounds to augment the physician’s rounds.
- May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices. JCAHO requires providers to write a verbal or telephone order directly into the patient's chart and then to read it back to the physician for verification, after which "RB" for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.
- Assist in discharge planning and teaching.
- May dictate discharge summary.
<table>
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<tr>
<th>STATUS:</th>
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<td>7/01/08</td>
<td>04/01/09 – 04/01/11 Recred. Cycle</td>
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<tr>
<td>EVALUATING PHYSICIAN:</td>
<td>Lali Sekhon, MD</td>
<td>Reappoint 04/01/13 to 03/31/15</td>
</tr>
</tbody>
</table>
CORE PRIVILEGES:

The PA may perform the following functions in addition to any that may be specifically delineated in the Appendix:

1. Perform a History and Physical on elective admissions, elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.

2. May order tests & treatments in accordance with existing protocol approved by the appropriate specialty Division and/or Section, C & P Committee, Executive Council and Community Board.

3. May provide assistance to the supervising physician for specified procedures (see individual PA’s privilege delineation).

4. Make and document daily rounds to augment the physician’s rounds.

5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.

JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.

6. Assist in discharge planning and teaching.

7. May dictate discharge summary.
Physician Assistant Scope of Practice within the Section of Neurosurgery

1. PA’s have a general scope of practice that allows them to perform history and physicals, write progress notes and discharge summaries.
2. Order writing specifically for neurosurgery should include: medications consistent with prescribing PA privileges according to the Nevada State Board of Pharmacy and provided by NRS, physical and occupational therapies, dressing changes, drain management, noninvasive radiology studies, and maintenance Ivs.
3. All orders will be consigned by the supervising physician within 24 hours.

Outside of operating room:
- Dressing changes
- Administration of local anesthesia
- Suturing simple lacerations
- Removal of exposed pins/external fixators
- Removal of ICP bolts
- Removal of Ventriculostomy drains
- Removal of subdural drains
- Removal of lumbar drains
- Suture above sites when necessary after removing
- Initiate evaluation of ER patients with immediate consultation with supervising physician, who must admit or discharge the patient.

In operating room with supervising physician present:
- Assisting on any case to include
  - Placing, tying, cutting sutures
  - Any portion of the procedure allowed by the supervising physician

In operating room with the supervising physician in the Hospital:
- Positioning patient
- Draping patient
- Suturing of subcutaneous tissue and skin
- Removal of exposed pins/external fixators
- Dressing change/application
- Aspiration/injections
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<td>AHP Privileges  11/02/04</td>
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<td>Supervising Physician(s):</td>
<td>04/01/07 – 03/31/09 Recred. Cycle</td>
</tr>
<tr>
<td>Dr. Chapman</td>
<td>04/01/09 - 04/01/11 Recred. Cycle</td>
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<td></td>
<td>Reappoint 04/01/13 to 03/31/15</td>
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</tbody>
</table>

**CORE PRIVILEGES:**

APN Core Privileges:

Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions:

1. Perform a History and Physical on elective admission, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
2. Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P committee, Executive Committee and the Board of Governors.
3. May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
4. Make and document daily rounds to augment the physician's rounds.
5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
6. Assist in discharge planning and teaching.
7. May dictate discharge summary.
HOFFMAN, Lisa N., APN (10102)
Allied Health Professional
Specialty: Advanced Practitioner of Nursing
Cardiac Surgery
SPECIAL REQUESTS:

The following privileges may only be performed in the OR when the supervising physician is physically present in the OR suite or in the Surgery Department.

Surgeon Present in the Surgery Department:

Administration of local anesthesia
Collection of venous and arterial puncture and indwelling catheter specimens
Order routine EKG and routine radiology tests
Order and obtain specimens for cultures and routine laboratory tests
Perform nasogastric intubation and lavage
Regulate pharmacological needs of patient (including analgesic, antibiotics, anticoagulants, insulin, etc.) within the scope of their license
Wound care, assessment and dressing changes, to include debridement of granulation of tissue and necrotic skin, subcutaneous tissue, sternal bone and cartilage
Wound closure – skin and subcutaneous tissue
Arterial and venous cut downs
Assist physician in utilizing equipment
Calibration of onimetric equipment
Temporary pacemaker analysis and re-programming
Insertion and removal of:
  Venipuncture
  Arterial blood gas sticks
  Sutures, skin staples and skin clips
  Foley catheters
Removal of:
  Intra-aortic balloon pump
  Swan-Ganz lines
  Femoral intra-aortic balloon pump
  CVP and arterial lines
  Chest tubes and wound drains
  Temporary pacemaker wires

Surgeon Present in the OR Suite:

Wound closure – all layers
Open or endoscopically harvesting of veins and arteries
First assist in surgery
Assist in open heart surgery
Insertion of:
  intra-aortic balloon pump
  femoral intra-aortic balloon pump
  CVP and arterial lines
  Chest tubes and wound drains
SPECIAL REQUESTS: Cont.: 

The following procedures may be performed on the units. A supervising or collaborating physician must be available by phone.

Administration of local anesthesia
Order routine EKG and routine radiology tests
Order and obtain specimens for cultures and routine laboratory tests
Perform nasogastric intubations and lavage
Wound care assessment and dressing changes to include debridement of granulation of tissue and necrotic skin, subcutaneous tissue

Insertion of:
  - Bladder catherizations
  - Arterial blood gas sticks
  - Sutures, skin clips and skin staples
  - Foley catheters

Removal of:
  - Intra aortic balloon pump Bladder catherizations
  - CVP and arterial Lines in ICU
  - Chest tubes and wound drains in ICU
  - Temporary pacemaker wire in ICU

Other Special Requests:
Re-opening of recent thoracotomy in the OR or on the unit in an emergency situation.
Telephone order should be given to the APN by Supervising Cardiac Surgeon coming to cardiac arrest/emergency situation.

Reposition of Swan Ganz Line in the OR or on the unit.
Notification of supervising physician after reposition is required.
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<tr>
<td>EVALUATING PHYSICIAN:</td>
<td>Norman Wang, MD</td>
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</table>

### CORE PRIVILEGES:

The Neurophysiologist will interpret electrophysiological activity in the operating room. They will perform a variety of intraoperative procedures, including but not limited to:

- Computerized electroencephalography
- Nerve conduction fatigue
- Electromyographic recording
- Electroencephalographic recording
- Somatosensory, auditory and visual evoked potentials
- Electroencephalography;
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<td>Category: Non-MD Surgical First Assist</td>
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<tr>
<td>Specialty: General Surgery and Orthopedic Surgery</td>
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**STATUS:**
- Temporary Privs 08/18/95
- Provisional Level 09/26/95

**Supervising Physician(s):**
- Brian Juell, MD – General Surgery
- George Sieffert, MD – General Surgery
- Lindsay Smith, MD – General Surgery
- Timothy Bray, MD – Orthopedic Surgery
- Stephen Dow, MD – Orthopedic Surgery
- Glenn G Miller, MD – Orthopedic Surgery
- William Mishler, MD – Orthopedic Surgery
- Richard Mullins, MD – Orthopedic Surgery
- Mario Porras, MD – Orthopedic Surgery
- James Rappaport, MD – Orthopedic Surgery
- James Sobiek – Orthopedic Surgery
- Joseph Kiener, MD – Plastic Surgery
- Gareth Strand, MD – Plastic Surgery
- James J. Lynch, M.D - Neurological Surgery

**REAPPOINTMENT:**
- 07/16/97 Exec. Comm.
- 08/17/99 Exec. Comm. to coordinate with No. Nv. Community recredentialing cycle commencing 10/01/99 - 09/30/01
- 10/01/99 - 09/30/01 Recred. Cycle
- 10/01/01 – 09/30/03 Recred. Cycle
- 10/01/03 – 09/30/05 Recred. Cycle
- 04/01/05 – 03/31/07 Recred. Cycle
- 04/01/07 – 03/31/09 Recred. Cycle
- 04/01/09 – 04/01/11 Recred. Cycle
- Reappoint 04/01/13 to 03/31/15
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<tr>
<td>A supervising surgeon(s) must be in attendance in the OR suite at all times when a non-MD first assistant is being utilized. The non-MD first assistant may not function in a scrub role while assisting. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon within the scope of the assistant's privileges.</td>
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<tr>
<td>Privileges include:</td>
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<tr>
<td>Applying knowledge of infection control &amp; aseptic principles</td>
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<tr>
<td>Prepping of the operative site</td>
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<tr>
<td>Draping of the operative site</td>
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<tr>
<td>Applying postoperative dressings &amp; removing sutures</td>
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<tr>
<td>Under direct supervision:</td>
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<tr>
<td>Demonstrate proper wound exposure</td>
</tr>
<tr>
<td>Demonstrate correct tissue handling</td>
</tr>
<tr>
<td>Use techniques to maintain hemostasis</td>
</tr>
<tr>
<td>Close subcutaneous &amp; incisional sites</td>
</tr>
<tr>
<td>Suture drains to skin edges</td>
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<tr>
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<td>Provisional Level 01/23/92</td>
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<tr>
<td>All patient treatment must be under direct supervision of the supervising Physician, Dr. Stephen Missall or his associates.</td>
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<td><strong>CORE PRIVILEGES:</strong></td>
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<tr>
<td>All core privileges as outlined in the “Advanced Practitioner of Nursing - Core Privileges: Nature and Scope” has been incorporated into the “APN Scope of Service Pediatrics/ Newborn Nursery” as listed below under “Special Requests”.</td>
</tr>
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</table>
SPECIAL REQUESTS:

A. Clinical assessment of the newborn nursery patient.
B. Documentation in the hospital medical records of the clinical assessment and treatment plan.
C. Written orders to include:
   1. Newborn admission orders
   2. Newborn discharge orders
   3. Laboratory: complete blood count, bilirubin, urinalysis, urine bacterial antigen assessment, blood culture, serum glucose, urine and/or drug screen
   4. Chest x-ray
   5. Phototherapy
   6. Pulse oximetry
   7. Verbal or telephone orders from the physician
   8. Pediatric specialty consult
D. Special Requests:
   1. Lumbar Puncture
   2. Newborn Resuscitation
   3. Arterial Catheter
   4. Thoracentesis
   5. Ventilator Care – Neonatal
   6. Ventilator Care – Pediatric
E. Discharge Planning:
   1. Home care services
   2. Lactation specialist consult
   3. Follow-up care
   4. Parent Education
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<th>Janas, Alexandra (11051)</th>
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<td>08/02/2011 - 03/31/2013</td>
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<tr>
<td>Category IV Non MD Surgical First Assist</td>
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Jewell- Hendrickson, Corinna ( # 10358)
PA-C
Specialty: Urology
Phys. Asst/ Non-MD  First Assist
Allied Health Professional

STATUS:  APPOINTMENT:  09/05/2006 - 04/01/2013
Allied Health  09/05/2006 - 04/01/2007 - 03/31/2009
EVALUATING PHYSICIAN:  04/01/2009 - 04/01/2011
Nevada Urology Associates  Reappoint 04/01/13 to 03/31/15

CORE PRIVILEGES:
The PA may perform the following functions in addition to any that may be specifically delineated in the Appendix:

1. Perform a History and Physical on elective admission, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day
2. Order test, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/ or Section, C&P committee, Executive Committee and the Board of Governors
3. May provide assistance to the supervising physician for specified procedures (see individual PA’s privilege delineation)
4. Make and document daily rounds to augment the physician’s rounds.
5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.

JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.

6. May dictate discharge summary

Non-MD. Surgical First Assist:
A supervising surgeon (s) must be in attendance in the OR suite at all times when non-MD first assistant is being utilized. The non-MD first assistant may not function in a scrub role while assisting. The use of a Non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon within the scope of the assistant’s privileges.

The non-physician first assistant may perform the following:
- Prep and drape the operative site
- Surface irrigation
- Sponge the operative site
- Assist tying sutures
- Cut sutures

Under direct supervision the non-physician first assistant may:
- Cauterize vessels
- Apply hemostats and tie knots on small vessels
- Provide retraction
- Suction fluids from the surgical field
- Provide closure of layers of tissue
- Insert drains
- Apply dressings

No AHP shall, at any time perform any procedure which is listed as an operation in the most recent edition of the International Classification of Diseases Adapted for Hospital (H-ICDA Code Book) except those procedures which are specifically approved.
JOHNS, Paul S., PA-C (10163)  

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04/01/09 – 04/01/11 Recred. Cycle |  
Reappoint 04/01/13 to 03/31/15 |

**EVALUATING PHYSICIAN:**  
GI Consultants

**CORE PRIVILEGES:**  
The PA may perform the following functions in addition to any that may be specifically delineated in the Appendix:  
1. Perform a History and Physical on elective admissions, elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.  
2. May order inpatient & outpatient tests specifying supervising physician’s name, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Division and/or Section, C & P Committee, Executive Council and Board of Trustees.  
3. May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.  
4. Make and document daily rounds to augment the physician’s rounds.  
5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.  
6. Assist in discharge planning and teaching.  
7. May dictate discharge summary.
Internal Medicine privs.:

The Medicine scope of practice includes that Physician Assistants may provide primary care of the patient, under the direct supervision of supervising physician(s).

1. Elicit and record a complete medical history with review by attending/supervising physician(s).
2. Perform a complete physical examination and record findings on pertinent medical records with review by attending/supervising physician(s).
3. Perform patient evaluations and record daily progress notes in the medical record as requested by supervising physician(s).
4. All patients will be seen by the supervising physician(s) on the day of admission and their progress will be reviewed daily on the floor.
5. Perform well adult care including physical examinations, immunization, pap smears and health planning.
6. Order and interpret selected laboratory tests such as, urinalysis, chemistry panel, gram stains, cultures, CBC.
7. Assessment and institution of therapy for acute illnesses according to established protocol and with review of supervising physicians(s).
8. Assessment and management of therapy for patients with chronic illnesses in conjunction with supervising physician(s).
9. May write orders on the medical chart when requested by supervising physician(s). These orders are to be signed by the supervising physician within 48 hrs.
10. May evaluated and act on radiology studies and EKGs with review by supervising physicians(s).
11. May order and/or administer medications orally, intradermal, subcutaneous, IM, IV and via nebulizer as established by supervising physician(s).
12. May repair lacerations not involving nerves, tendons, and major vessels, or risk of cosmetic complications. May remove sutures.
13. May assist supervising physician(s) with procedures such as central venous catheter, thoracentesis, paracentesis, and lumbar puncture.
14. Will always provide medical services within the scope of licensure as outlined by the Nevada State Board of Medical Examiners.
15. Will hold active PA license, Nevada State Board of Pharmacy license, and DEA registration certificate.
16. Will only practice under supervising physician(s), with Active staff privileges at SMRMC.
17. Supervising physician(s) will be ultimately responsible at all times for all Physician Assistant activities within the hospital.
CORE PRIVILEGES: NATURE AND SCOPE:

The PA may perform the following functions in addition to any that may be specifically delineated in the Appendix:

8. Perform a History and Physical on elective admissions, elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.

9. May order tests and treatments in accordance with existing protocol approved by the appropriate specialty Division and/or Section, C&P Committee, Medical Executive Council and Board of Trustees.

10. May provide assistance to the supervising physician for specified procedures (see individual PA’s privilege delineation.)

11. Make and document daily rounds to augment the physician’s rounds.

12. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.

   JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.

13. Assist in discharge planning and teaching.

14. May dictate discharge summary.
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<th>Jones, Jessica (11069)</th>
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<td>EVALUATING PHYSICIAN:</td>
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<tr>
<td>Steven Parker, MD</td>
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| APPOINTMENT: 09/06/2011 - 04/01/2013 | Reappoint 04/01/13 to 03/31/15 |

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<td>APN</td>
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<tr>
<td>1. Perform a History and Physical on elective admission, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.</td>
</tr>
<tr>
<td>2. Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&amp;P committee, Executive Committee and the Board of Governors.</td>
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<tr>
<td>3. May provide assistance to the supervising physician for the following procedures: central venous catheter thoracentesis, paracentesis and lumbar puncture.</td>
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<td>4. Make and document daily rounds to augment the physician’s rounds.</td>
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<td>5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.</td>
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<td>6. Assist in discharge planning and teaching.</td>
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<td>7. May dictate discharge summary.</td>
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<tr>
<th>EVALUATING PHYSICIAN:</th>
<th>Christian Eby, MD</th>
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CORE PRIVILEGES:

Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions and any additional privileges as approved and listed in the Appendix:

- Perform a history and physical on elective admissions, elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.

- Order test and treatments in accordance with the Nurse Practice Act and the existing protocol approved by the appropriate specialty Section and/or Division, C&P Committee, Medical Executive Council and the Board of Trustees.

- May provide assistance to the supervising physician for specified procedures (see individual APN's privilege delineation – if applicable)

- Make and document daily rounds to augment the physician's rounds.

- May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices. JCAHO requires providers to write a verbal or telephone order directly into the patient's chart and then to read it back to the physician for verification, after which "RB" for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.

- Assist in discharge planning and teaching.

- May dictate discharge summary.
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<td>• Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&amp;P committee, Executive Committee and the Board of Governors.</td>
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<td>• May provide assistance to the supervising physician for the following procedures:</td>
</tr>
<tr>
<td>a. Central venous catheter</td>
</tr>
<tr>
<td>b. Thoracentesis</td>
</tr>
<tr>
<td>c. Paracentesis</td>
</tr>
<tr>
<td>d. Lumbar puncture</td>
</tr>
<tr>
<td>• Make and document daily rounds to augment the physician’s rounds.</td>
</tr>
<tr>
<td>• May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.</td>
</tr>
<tr>
<td>• Assist in discharge planning and teaching.</td>
</tr>
<tr>
<td>• May dictate discharge summary.</td>
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SPECIAL REQUESTS:

None
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<tr>
<th>KANG, Elizabeth Y. PA-C, Non MD</th>
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<tr>
<td>First Assistant (#10262)</td>
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CORE PRIVILEGES:

Physician Assistant Core Privileges:
The PA may perform the following functions:
- Perform a History and Physical on elective admissions and elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
- Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P Committee, Executive Committee and Board of Governors.
- May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
- Make and document daily rounds to augment the physician’s rounds.
- May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
- Assist in discharge planning and teaching.
- May dictate discharge summary.

Non-MD Surgical First Assistant:
A supervising surgeon(s) must be in attendance in the OR suite at all times when a non-MD first assistant is being utilized. The non-MD first assistant may not function in a scrub role while assisting. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon within the scope of the assistant’s privileges.

The non-MD first assist may perform the following:
- Prep and drape the operative site
- Surface irrigation
- Sponge the operative site
- Assist tying sutures
- Cut sutures

Under direct supervision the non-MD first assistant may:
- Cauterize vessels
- Apply hemostats and tie knots on small vessels
- Provide retraction
- Suction fluids from the surgical field
- Provide closure of layer of tissue
- Insert drains
- Apply dressings

No AHP shall, at any time perform any procedure which is listed as an operation in the most recent edition of the International Classification of Diseases Adapted for Hospital (H-ICDA Code Book) except those procedures which are specifically approved.

SPECIAL REQUESTS:
KARRASCH, DPM, C. Craig (#08329)
Specialty: Podiatry

STATUS:
Allied Health Professional 12/5/06

REAPPOINTMENT:
04/01/08 – 03/31/10 Recred. Cycle
04/01/10 – 04/01/12 Recred. Cycle
Reappointment 4-1-2012 to 3-31-2014

CORE PRIVILEGES:
Podiatry privileges include:
- consult, treat and assist under supervision of a physician member of the Medical Staff in procedures granted the Podiatrist
- register outpatients through the STAR pre-op program
- perform focused h&p re. podiatry details of procedure to supplement the primary physician’s h&p

Privileges do NOT include the ability to admit inpatients or perform medical portion of h&p, and no Emergency Room call privileges

SPECIAL REQUESTS:
Class I (Digital and Forefoot)
- Capsulotomy / Tenotomy Digital M-P Joints
- Digital Surgery (Hammer Toe Repair, Fusions, Osteotomy)
- Soft Tissue Repairs and Excisions – Digits and Forefoot
- Sesamoidectomy
- Fractures of Digits and Metatarsals – Closed Reduction
- Fractures of Digit – ORIF
- Spur Excision of Forefoot
- Toe amputation (non-malignant conditions only)

Class II (Forefoot, Midfoot and Simple Rearfoot)
- Hallux Valgus Repair with Distal, Proximal or Cuneiform Osteotomy
- Hallux Valgus Repair with Prosthesis or Fusion (MPJ or Lapidus)
- Metatarsal Osteotomy, Proximal Lesser
- Excisional Biopsy of Soft Tissue Lesions
- Jones Suspensions (+) Hallux IP Fusion
- Fasciotomy, Plantar (Simple, Steindler)
- Spur Excision of Midfoot and Hindfoot
- Neurolysis of the Foot and Neurectomy of the Foot
- Fractures of the Forefoot
- Forefoot Arthroplasty – Head/Base Excisions
- Bone graft harvest from foot
**KEELE, APN, Shanna F. (#10737)**  
Specialty: Family Medicine

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**EVALUATING PHYSICIAN:** 
Christian Eby, MD

**CORE PRIVILEGES:**

Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions and any additional privileges as approved and listed in the Appendix:

- **Perform a history and physical on elective admissions, elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.**

- **Order test and treatments in accordance with the Nurse Practice act and the existing protocol approved by the appropriate specialty Section and/or Division, C&P Committee, Medical Executive Council and the Board of Trustees.**

- **May provide assistance to the supervising physician for specified procedures (see individual APN’s privilege delineation – if applicable)**

- **Make and document daily rounds to augment the physician's rounds.**

- **May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices. JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.**

- **Assist in discharge planning and teaching.**

- **May dictate discharge summary.**
Keller, Jennifer (11188)
Specialty: Neurosurgery

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<tr>
<th>STATUS:</th>
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<td>Christopher Demers, MD</td>
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<tr>
<td>Reappoint 04/01/13 to 03/31/15</td>
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</table>

**CORE PRIVILEGES: NATURE AND SCOPE:**
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions and any additional privileges as approved and listed in the Appendix:

76. Perform a History and Physical on elective admissions, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.

77. Order tests and treatments in accordance with the Nurse Practice Act and the existing protocol approved by the appropriate specialty Section and/or Division, C&P Committee, Medical Executive Council and the Board of Trustees.

78. May provide assistance to the supervising physician for specified procedures (see individual APN’s privilege delineation)

79. Make and document daily rounds to augment the physician’s rounds.

80. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.

JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.

81. Assist in discharge planning and teaching.

82. May dictate discharge summary.

**SUPERVISION**
9. All entries in the medical record as permitted under Nature and Scope must be cosigned by the supervising physician.

2. The Advanced Practitioner of Nursing shall at all times comply with the provisions of NRS 632 and Regulations of the Nevada State Board of Nursing.

3. The supervising physician is responsible for the action of the Advanced Practitioner of Nursing at all times.

10. The first 20 charts will be reviewed by the Department Chief or his designee for compliance with this Scope of Practice, hospital policies and the community standard of care.
Core Privileges in Orthopedic Surgery:

I. Supervising Physician Mentoring - All of the privileges listed below will be performed by the PA only after the patient’s exam and the supervising physician has reviewed any pertinent lab and x-ray results. The supervising physician is responsible for mentoring the PA-C for each procedure, and procedures are not to be performed independently by the PA until the PA has proven to the satisfaction of the supervising physician that the PA is competent and can be released from supervision (also see specific expectations for certain procedures below).

II. PA Dictation/Order:
1. PA’s have a general scope of practice that allows them to perform history and physicals, write progress notes and discharge summaries (including placement of PICC lines after completion of an appropriate course).
2. Order writing specifically for orthopedics should include: medications consistent with prescribing PA privileges according to the Nevada State Board of Pharmacy and provided by NRS, physical and occupational therapies, dressing changes, drain management, non-invasive radiology studies, and maintenance IV’s.
3. The PA cannot order IV boluses, blood transfusions, or medications for any medical condition other than a specific orthopedic problem.
4. All orders will be co-signed by the supervising physician within 24 hours. (PA is to indicate “I am dictating this h&p for Dr. [name]” so that there is a signature line for the PA & for the supervising M.D.)

III. PA Procedures:
1. Outside of operating room:
   a) Dressing changes
   b) Administration of local anesthesia
   c) **Suturing simple lacerations
   d) Splinting/casting
   e) Removal of subcutaneous foreign bodies
   f) Removal of exposed pins/external fixators
   g) **Joint/hematoma aspiration
   h) **Joint/tendon sheath injections with local anesthesia and/or corticosteroid
   i) **Under the guidance of supervising physician, Closed reduction of fractions and dislocations that are neurovascular intact and require only local anesthesia
   j) Initiate evaluation of ER patients with immediate consultation with supervising physician, who must admit or discharge the patient.

2. In operating room with supervising physician present:
   a) First assisting on any case to include:
      1) Placing, tying, cutting sutures
      2) Any portion of the procedure allowed by the supervising physician

3. In operating room with supervising physician absent:
   a) Positioning patient
   b) Draping patient
   c) Suturing of subcutaneous tissue and skin
   d) Removal of exposed pins/external fixators
   e) Dressing change/application
   f) Aspiration/injections
   g) Cast/Splint Placement
KNEDGEN, Joseph F., DPM (8339)  
Allied Health Professional  
Category: Podiatry  
Section: Orthopedic

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**CORE PRIVILEGES:**  
Podiatry privileges include:
- consult, treat and assist under supervision of a physician member of the Medical Staff in procedures granted the Podiatrist
- register outpatients through the STAR pre-op program
- perform focused h&p re. podiatry details of procedure to supplement the primary physician’s h&p

Privileges do NOT include the ability to admit inpatients or perform medical portion of h&p, and no Emergency Room call privileges

**SPECIAL REQUESTS:**

**Class I (Digital and Forefoot)**
- Digital Surgery (Hammer Toe Repair, Fusions, Osteotomy)
- Soft Tissue Repairs and Excisions – Digits and Forefoot
- Sesamoidectomy
- Fractures of Digits and Metatarsals – Closed Reduction
- Fractures of Digit – ORIF
- Spur Excision of Forefoot

**Class II (Forefoot, Midfoot and Simple Rearfoot)**
- Hallux Valgus Repair with Distal, Proximal or Cuneiform Osteotomy
- Hallux Valgus Repair with Prosthesis or Fusion (MPJ or Lapidus)
- Metatarsal Osteotomy, Proximal Lesser
- Excision Biopsy of Soft Tissue
- Jones Suspensions (+) Hallux IP Fusions
- Fasciotomy, Plantar (Simple, Steindler)
- Spur Excision Midfoot and Hindfoot
- Neurolysis of the Foot and Neuroectomy of the Foot
- Fracture of the Forefoot
- Forefoot Arthroplasty – Head/Base Excisions
- Bone Graft Harvest from Foot
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<tr>
<td>CORE PRIVILEGES: Category 11 Nurse Practitioner</td>
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<tr>
<td>LEWANDOWSKI, Michael, Ph.D. (8035)</td>
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<td>---------------------------------------------------------------</td>
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<tr>
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<td>All patient treatment must be under direct</td>
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<tr>
<td></td>
<td>Reappoint 10/01/12 to 09/30/14</td>
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| **CORE PRIVILEGES:**                                           |                                      |
| **The Psychologist shall not function outside of his or her   |                                      |
| particular field of competence as established by education,   |                                      |
| training and experience. The Psychologist shall not prescribe |                                      |
| drugs, perform surgery or otherwise practice medicine         |                                      |
|                                                              |                                      |
| Perform non-invasive tests and procedures                      |                                      |
| Psychological evaluations and assessment                       |                                      |
|                                                              |                                      |
| Procedures to be performed on the floors only                  |                                      |

<p>| <strong>SPECIAL REQUESTS:</strong>                                          |                                      |
| None                                                          |                                      |</p>
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<tr>
<td>All core privileges as outlined in the “Physician Assistant - Core Privileges: Nature and Scope” has been incorporated into the “Emergency Department Scope of Practice for Physician Assistants” as listed below under “Special Requests”.</td>
</tr>
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</table>
SPECIAL REQUESTS:

19. The EDPA scope of practice includes that Physician Assistants may provide primary care of the emergent patient visits in the urgent care and emergency department settings, under the direct supervision of supervising physician(s).
20. Elicit and record a complete medical history with review by attending/supervising physician(s).
21. Perform a complete physical examination and record findings on pertinent emergency medical records with review by attending/supervising physician(s).
22. Perform patient evaluations and record progress in the emergency room medical record as requested by supervising physician(s).
23. All patients seen in the emergency room by the Physician Assistants will also be seen by supervising physician(s).
24. Order and interpret selected laboratory tests such as, but not limited to, urinalysis, chemistry panel, gram stains, cultures, CBC, etc.
25. Assessment and institution of therapy for acute illnesses according to established protocol and with review of supervising physician(s).
26. Assessment and management of therapy for patients with chronic illnesses in conjunction with supervising physician(s).
27. May order, evaluate and act on radiology studies and EKGs with review by supervising physician(s).
28. May order and/or administer medications orally, intradermal, subcutaneous, IM, IV and via nebulizer as established by supervising physician(s).
29. May repair lacerations not involving nerves, tendons, and major vessels. May remove sutures and staples.
30. May perform minor surgical and wound care procedures such as, but not limited to, burn debridement, removal of superficial foreign bodies, incision and drainage of abscesses.
31. May order, supervise, and apply splints to closed fractures and severe sprains.
32. May assist supervising physician(s) with procedures such as central venous catheter, thoracentesis, paracentesis, and lumbar puncture.
33. Will always provide medical services within the scope of licensure as outlined by the Nevada State Board of Medical Examiners.
34. Will hold active PA license, Nevada State Board of Pharmacy license, and DEA registration certificate.
35. Will only practice under supervising physician(s), be employed by Reno Emergency Physicians, and associate/active staff privileges at SMRMC.
36. Supervising physician(s) will be ultimately responsible at all times for all Physician Assistant activities within the hospital.
| Linnell, Dylan PA-C (#10989)  
| Specialty: Internal Medicine  
| Physician Assistant  
| STATUS:  
| Allied Health Professional  5/03/11  
| EVALUATING PHYSICIAN:  
| St. Mary's Hospitalists  
| REAPPOINTMENT:  
| Reappoint 04/01/13 to 03/31/15 |
CORE PRIVILEGES:
The PA may perform the following functions in addition to any that may be specifically delineated in the Appendix:

- Perform a History and Physical on elective admissions, elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
- May order inpatient & outpatient tests specifying supervising physician's name, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Division and/or Section, C & P Committee, Executive Council and Board of Trustees.
- May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
- Make and document daily rounds to augment the physician's rounds.
- May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
- Assist in discharge planning and teaching.
- May dictate discharge summary.

The Medicine scope of practice includes that Physician Assistants may provide primary care of the patient, under the direct supervision of supervising physician(s).

- Elicit and record a complete medical history with review by attending/supervising physician(s).
- Perform a complete physical examination and record findings on pertinent medical records with review by attending/supervising physician(s).
- Perform patient evaluations and record daily progress notes in the medical record as requested by supervising physician(s).
- All patients will be seen by the supervising physician(s) on the day of admission and their progress will be reviewed daily on the floor.
- Perform well adult care including physical examinations, immunization, pap smears and health planning.
- Order and interpret selected laboratory tests such as, urinals, chemistry panel, gram stains, cultures, CBC.
- Assessment and institution of therapy for acute illnesses according to established protocol and with review of supervising physicians(s).
- Assessment and management of therapy for patients with chronic illnesses in conjunction with supervising physician(s).
- May write orders on the medical chart when requested by supervising physician(s). These orders are to be signed by the supervising physician within 48 hrs.
- May evaluated and act on radiology studies and EKGs with review by supervising physicians(s).
- May order and/or administer medications orally, intradermal, subcutaneous, IM, IV and via nebulizer as established by supervising physician(s).
- May repair lacerations not involving nerves, tendons, and major vessels, or risk of cosmetic complications. May remove sutures.
- May assist supervising physician(s) with procedures such as central venous catheter, thoracentesis, paracentesis, and lumbar puncture.
- Will always provide medical services within the scope of licensure as outlined by the Nevada State Board of Medical Examiners.
- Will hold active PA license, Nevada State Board of Pharmacy license, and DEA registration certificate.
- Will only practice under supervising physician(s), with Active staff privileges at SMRMC.

Supervising physician(s) will be ultimately responsible at all times for all Physician Assistant activities within the hospital.
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<th>LONGBALLA, Myriam &quot;Mimi&quot;, CST (09537)</th>
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<tbody>
<tr>
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<tr>
<td>Martin J. Naughton, MD</td>
<td></td>
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<tr>
<td>Terry McCaskill, MD</td>
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<td>Terry McGaw, MD</td>
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<td>Peter Lim, MD</td>
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<tr>
<td><strong>CORE PRIVILEGES:</strong></td>
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<tr>
<td>A supervising surgeon(s) must be in attendance in the OR suite at all times when a non-MD first assistant is being utilized. The non-MD first assistant may not function in a scrub role while assisting. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon within the scope of the assistant's privileges.</td>
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<tr>
<td>Privileges include:</td>
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<tr>
<td>Applying knowledge of infection control &amp; aseptic principles</td>
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<td>Prepping of the operative site</td>
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<td>Draping of the operative site</td>
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<td>Applying postoperative dressings &amp; removing sutures</td>
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<td><strong>SPECIAL REQUESTS:</strong></td>
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LORING, PhD, Susan (09501)
Specialty: Clinical Psychologist
Internal Medicine

STATUS:
Allied Health Professional  2/7/06

EVALUATING PHYSICIAN:
Admitting physician

REAPPOINTMENT:
10/01/06 – 09/30/08 Recred. Cycle
10/01/08 – 10/01/10 Recred. Cycle
10/01/10 – 10/01/12 Recred. Cycle
Reappoint 10/01/12 to 09/30/14

CORE PRIVILEGES:

**The Psychologist shall not function outside of his or her particular field of competence as established by education, training and experience. The Psychologist shall not prescribe drugs, perform surgery or otherwise practice medicine

Make patient rounds alone

Write orders for non-invasive tests and procedures
Psych-social tests and procedures

Perform non-invasive tests and procedures
Psych-testing

Procedures to be performed:
On the floors only (Psychological eval. & treatment)

SPECIAL REQUESTS:
None
LOWRY, Tonya R., R.N. (7967)
Allied Health Professional
Category: Non-MD Surgical First Assist
Section: Plastic Surgery

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<td>Joseph Kiener, MD</td>
<td>10/01/01 – 09/30/03 Recred. Cycle</td>
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CORE PRIVILEGES:

A supervising surgeon(s) must be in attendance in the OR suite at all times when a non-MD first assistant is being utilized. The non-MD first assistant may not function in a scrub role while assisting. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon within the scope of the assistant's privileges.

Privileges include:

- Applying knowledge of infection control & aseptic principles
- Prepping of the operative site
- Draping of the operative site
- Applying postoperative dressings & removing sutures

Under direct supervision:

- Demonstrate proper wound exposure
- Demonstrate correct tissue handling
- Use techniques to maintain hemostasis
- Close subcutaneous & incisional sites
- Suture drains to skin edges
SPECIAL REQUESTS:

None
**Core Privileges in Allied Health Professional-Plastic Surgery:**
The use of a non-MD surgical first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon within the scope of the assistant’s privileges.

Applicant please indicate the specialty (ties) for which you would like to obtain privileges:
Plastic Surgery

**RELATIONSHIPS:**
Allied Health Professional (AHPs) receiving clinical privileges must be supervised or employed by an active member of the Saint Mary’s Regional Medical Center Medical Staff (or group of physicians) or the Medical Center. (Please see the Human Resources Department for employment opportunities.)

The hospital activities of the Allied Health Professional shall be under the supervision of the medical staff member(s) who initiates the application and who is responsible for the professional and ethical conduct of the AHP.

Any change in sponsorship must be immediately reported in writing to the Medical Staff Services Department by the sponsoring physician and the non-MD surgical first assistant.

As well, the AHP will be indirectly responsible to the appropriate supervisors in the areas of the hospital in which the AHP practices.

Reports To: AHP Subcommittee, supervising physician and appropriate hospital personnel
Other Internal Contacts: Operating Room personnel and patients
External Contacts: none

**MINIMUM QUALIFICATIONS:**
**Education/Experience:**
- Accredited course in first assisting, not less than 40 hours.
  AND
- Clinical experience: RNFA – 135 hours
  All other non-MD SFA – 135 cases
  Can be obtained following initial credentialing w/subsequent submission of certificate of completion and letters from supervising physician and from Operating Room director/manager
- Applicants for ophthalmology privileges must also submit proof of certification through the Joint Commission of Allied Health Personnel in ophthalmology.

License(s)/Certification(s): All applicants (R.N.s) functioning as first assistants are required to have a current Nevada license and/or certification in their specialty category. Surgical technicians functioning as first assistants are required to be CST/CFA certified
NATURE AND SCOPE:
1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.
2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.

REAPPOINTMENT
1. Once privileges have been granted, then biennial review will take place as part of the reappointment cycle. Determination of privileges or curtailment of same shall be based upon the applicant’s continued training, experience and demonstrated competence. Recommendations will be submitted in accordance with credentialing policies governing reappointment.

2. Biennial review will take place as a part of the reappointment cycle. Determination of privileges or curtailment of the same shall be based upon the applicant’s continued training, experience and demonstrated competence. Recommendations will be submitted in accordance with credentialing policies governing reappointment.
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<tr>
<th>Mackinnon, Roger (11089)</th>
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<tr>
<td>Specialty: Neurophysiology</td>
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**STATUS:**
Allied Health  10/04/2011

**EVALUATING PHYSICIAN:**
Norman Wang, MD

**APPOINTMENT:**  10/04/2011 - 04/01/2013
Reappoint 04/01/13 to 03/31/15

**CORE PRIVILEGES:**
The Neurophysiologist will interpret electrophysiological activity in the operating room. They will perform a variety of intraoperative procedures, including but not limited to:

- Computerized electroencephalography
- Nerve conduction fatigue
- Electromyographic recording
- Electroencephalographic recording
- Somatosensory, auditory and visual evoked potentials
- Electroencephalography;
### MADISON, Debra Jean (07940)
**Allied Health Professional**  
**Category:** Nurse Practitioner  
**Specialty:** Neonatology

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<tr>
<td>Provisional Level 08/22/91</td>
<td>06/21/94 Exec. Comm.</td>
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All patient treatment must be under direct supervision of the Supervising Physician, Dr. Stephen Missall or his associates.

No. Nv. Community recredentialing cycle commencing on 04/01/00 – 03/31/02
- 04/01/00 – 03/31/02 Recred. Cycle
- 04/01/00 – 03/31/04 Recred. Cycle
- 04/01/04 – 03/31/06 Recred. Cycle
- 04/01/05 – 03/31/07 Recred. Cycle
- 04/01/07 – 03/31/09 Recred. Cycle
- 04/01/09 – 04/01/11 Recred. Cycle
Reappoint 04/01/13 to 03/31/15

### CORE PRIVILEGES:

All core privileges as outlined in the “Advanced Practitioner of Nursing - Core Privileges: Nature and Scope” has been incorporated into the “APN Scope of Service Pediatrics/ Newborn Nursery” as listed below under “Special Requests”.

<image of Debra Jean Madison>
SPECIAL REQUESTS:

A. Clinical assessment of the newborn nursery patient.
B. Documentation in the hospital medical records of the clinical assessment and treatment plan.
C. Written orders to include:
   1. Newborn admission orders
   2. Newborn discharge orders
   3. Laboratory: complete blood count, bilirubin, urinalysis, urine bacterial antigen assessment, blood culture, serum glucose, urine and/or drug screen
   4. Chest x-ray
   5. Phototherapy
   6. Pulse oximetry
   7. Verbal or telephone orders from the physician
   8. Pediatric specialty consult
D. Special Requests:
   1. Lumbar Puncture
   2. Newborn Resuscitation
   3. Arterial Catheter
   4. Thoracentesis
   5. Ventilator Care – Neonatal
   6. Ventilator Care – Pediatric
E. Discharge Planning:
   1. Home care services
   2. Lactation specialist consult
   3. Follow-up care
   4. Parent Education
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<th>Name</th>
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<th>Status</th>
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<td>MADISON, RNFA, S. J.(#)10699</td>
<td>Non MD First Assistant Gynecology</td>
<td>Allied Health Professional 5/05/09</td>
<td>Reappoint 04/01/13 to 03/31/15</td>
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**Non-M.D. Surgical First Assist:**
A supervising surgeon(s) must be in attendance in the OR suite at all times when a non-MD first assistant is being utilized. The non-MD first assistant may not function in a scrub role while assisting. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon within the scope of the assistant's privileges.

The non-physician first assist may perform the following:
- Prep and drape the operative site
- Surface irrigation
- Sponge the operative site
- Assist tying sutures
- Cut sutures

Under direct supervision the non-physician first assistant may:
- Cauterize vessels
- Apply hemostats and tie knots on small vessels
- Provide retraction
- Suction fluids from the surgical field
- Provide closure of layer of tissue
- Insert drains
- Apply dressings

No AHP shall, at any time perform any procedure which is listed as an operation in the most recent edition of the International Classification of Diseases Adapted for Hospital (H-ICDA Code Book) except those procedures which are specifically approved.
<table>
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<tr>
<th>MALONE, PA-C, Christopher D. (#10787)</th>
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<td>Reno Emergency Physicians</td>
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CORE PRIVILEGES:
All core privileges as outlined in the “Physician Assistant - Core Privileges: Nature and Scope” has been incorporated into the “Emergency Department Scope of Practice for Physician Assistants” as listed below under “Special Requests”.

SPECIAL REQUESTS:
37. The EDPA scope of practice includes that Physician Assistants may provide primary care of the emergent patient visits in the urgent care and emergency department settings, under the direct supervision of supervising physician(s).
38. Elicit and record a complete medical history with review by attending/supervising physician(s).
39. Perform a complete physical examination and record findings on pertinent emergency medical records with review by attending/supervising physician(s).
40. Perform patient evaluations and record progress in the emergency room medical record as requested by supervising physician(s).
41. All patients seen in the emergency room by the Physician Assistants will also be seen by supervising physician(s).
42. Order and interpret selected laboratory tests such as, but not limited to, urinalysis, chemistry panel, gram stains, cultures, CBC, etc.
43. Assessment and institution of therapy for acute illnesses according to established protocol and with review of supervising physician(s).
44. Assessment and management of therapy for patients with chronic illnesses in conjunction with supervising physician(s).
45. May order, evaluate and act on radiology studies and EKGs with review by supervising physician(s).
46. May order and/or administer medications orally, intradermal, subcutaneous, IM, IV and via nebulizer as established by supervising physician(s).
47. May repair lacerations not involving nerves, tendons, and major vessels. May remove sutures and staples.
48. May perform minor surgical and wound care procedures such as, but not limited to, burn debridement, removal of superficial foreign bodies, incision and drainage of abscesses.
49. May order, supervise, and apply splints to closed fractures and severe sprains.
50. May assist supervising physician(s) with procedures such as central venous catheter, thoracentesis, paracentesis, and lumbar puncture.
51. Will always provide medical services within the scope of licensure as outlined by the Nevada State Board of Medical Examiners.
52. Will hold active PA license, Nevada State Board of Pharmacy license, and DEA registration certificate.
53. Will only practice under supervising physician(s), be employed by Reno Emergency Physicians, and associate/active staff privileges at SMRMC.
54. Supervising physician(s) will be ultimately responsible at all times for all Physician Assistant activities within the hospital.
<table>
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<td>04/01/07 – 03/31/09 Recred. Cycle</td>
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<td>All core privileges as outlined in the “Physician Assistant - Core Privileges: Nature and Scope” has been incorporated into the “Emergency Department Scope of Practice for Physician Assistants” as listed below under “Special Requests”.</td>
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</tbody>
</table>
SPECIAL REQUESTS:

The EDPA scope of practice includes that Physician Assistants may provide primary care of the emergent patient visits in the urgent care and emergency department settings, under the direct supervision of supervising physician(s).

1. Elicit and record a complete medical history with review by attending/supervising physician(s).
2. Perform a complete physical examination and record findings on pertinent emergency medical records with review by attending/supervising physician(s).
3. Perform patient evaluations and record progress in the emergency room medical record as requested by supervising physician(s).
4. All patients seen in the emergency room by the Physician Assistants will also be seen by supervising physician(s).
5. Order and interpret selected laboratory tests such as, but not limited to, urinalysis, chemistry panel, gram stains, cultures, CBC, etc.
6. Assessment and institution of therapy for acute illnesses according to established protocol and with review of supervising physician(s).
7. Assessment and management of therapy for patients with chronic illnesses in conjunction with supervising physician(s).
8. May order, evaluate and act on radiology studies and EKGs with review by supervising physician(s).
9. May order and/or administer medications orally, intradermal, subcutaneous, IM, IV and via nebulizer as established by supervising physician(s).
10. May repair lacerations not involving nerves, tendons, and major vessels. May remove sutures and staples.
11. May perform minor surgical and wound care procedures such as, but not limited to, burn debridement, removal of superficial foreign bodies, incision and drainage of abscesses.
12. May order, supervise, and apply splints to closed fractures and severe sprains.
13. May assist supervising physician(s) with procedures such as central venous catheter, thoracentesis, paracentesis, and lumbar puncture.
14. Will always provide medical services within the scope of licensure as outlined by the Nevada State Board of Medical Examiners.
15. Will hold active PA license, Nevada State Board of Pharmacy license, and DEA registration certificate.
16. Will only practice under supervising physician(s), be employed by Reno Emergency Physicians, and associate/active staff privileges at SMRMC.
17. Supervising physician(s) will be ultimately responsible at all times for all Physician Assistant activities within the hospital.
| MARINACCIO, Michael, APN  
(#10917)  
Specialty: Internal Medicine  
Nurse Practitioner |
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APN Core Privileges:  
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions:

- Perform a History and Physical on elective admission, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
- Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P Committee, Executive Committee and the Board of Governors.
- May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
- Make and document daily rounds to augment the physician's rounds.
- May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices. JCAHO requires providers to write a verbal or telephone order directly into the patient's chart and then to read it back to the physician for verification, after which "RB" for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.
- Assist in discharge planning and teaching.
- May dictate discharge summary.
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MAYVILLE, PhD, Stephen B. (10211)
Subspecialty: Clinical Psychology
Specialty: Internal Medicine

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EVALUATING PHYSICIAN:
Admitting physician

CORE PRIVILEGES:
**The Psychologist shall not function outside of his or her particular field of competence as established by education, training and experience. The Psychologist shall not prescribe drugs, perform surgery or otherwise practice medicine**

- Make patient rounds alone
- Write orders for non-invasive tests and procedures
- Psych-social tests and procedures
- Perform non-invasive tests and procedures
- Psych-testing
- Procedures to be performed:
  - On the floors only (Psychological eval. & treatment)
**SPECIAL REQUESTS:**

None

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<th>MAYVILLE, William J., Ph.D. (7112)</th>
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| Provisional Level 11/18/82 |

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</table>
**CORE PRIVILEGES:**

**The Psychologist shall not function outside of his or her particular field of competence as established by education, training and experience. The Psychologist shall not prescribe drugs, perform surgery or otherwise practice medicine.**

- Make patient rounds alone
- Write orders for non-invasive tests and procedures
- Psych-social tests and procedures
- Perform non-invasive tests and procedures
- Psych-testing
- Procedures to be performed:
  - On the floors only (Psychological eval. & treatment)

**SPECIAL REQUESTS:**

None
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<tr>
<td>Gerardo Rodriguez-Gomez, MD</td>
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<th><strong>CORE PRIVILEGES:</strong></th>
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<tr>
<td>Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions and any additional privileges as approved and listed in the Appendix:</td>
<td></td>
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<tr>
<td>Perform a history and physical on elective admissions, elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.</td>
<td></td>
</tr>
<tr>
<td>Order test and treatments in accordance with the Nurse Practice act and the existing protocol approved by the appropriate specialty Section and/or Division, C&amp;P Committee, Medical Executive Council and the Board of Trustees.</td>
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<tr>
<td>May provide assistance to the supervising physician for specified procedures (see individual APN’s privilege delineation – if applicable)</td>
<td></td>
</tr>
<tr>
<td>Make and document daily rounds to augment the physician’s rounds.</td>
<td></td>
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<tr>
<td>May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices. JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.</td>
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<tr>
<td>Assist in discharge planning and teaching.</td>
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<td>May dictate discharge summary.</td>
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**McCoy, Daniel (11168)**  
Specialty: Allied Health Professional  
RNFA

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| Allied Health  09/11/2012 | 09/11/2012 -  
Reappoint 04/01/13 to 03/31/15 |

**EVALUATING PHYSICIAN:**  
Michael Song, MD

**CORE PRIVILEGES:**

**NATURE AND SCOPE:**

1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.
2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.

1. Removal of ICP bolts
2. Removal of Ventriculostomy drains
3. Removal of subdural drains
4. Removal of lumbar drains
5. Suture above sites when necessary after removing
<table>
<thead>
<tr>
<th>Core Privileges:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiopulmonary pump perfusionist will assist the surgeon in the following procedures:</td>
</tr>
<tr>
<td>Cardiopulmonary Bypass</td>
</tr>
<tr>
<td>Intra Aortic Balloon Pumping</td>
</tr>
<tr>
<td>Autologous Blood Salvage</td>
</tr>
<tr>
<td>Electronic Physiological Monitoring</td>
</tr>
<tr>
<td>Hemodialysis and Ultrafiltration on Cardiopulmonary Bypass</td>
</tr>
<tr>
<td>Responsible physicians to be Cardiac Surgeons</td>
</tr>
<tr>
<td>Special Requests:</td>
</tr>
<tr>
<td>None</td>
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</table>
| **MCFADDEN, Kathryn, Ph.D. (7891)**  
| **Allied Health Professional**  
| **Category: Clinical Psychologist**  
| **Section: Internal Medicine**  
| **STATUS:**  
| Provisional Level 01/28/88  
| All patient treatment must be under the direct supervision of the Admitting Physician  
| **REAPPOINTMENT:**  
| 09/18/90 Exec. Comm.  
| 08/18/92 Exec. Comm.  
| 06/21/94 Exec. Comm.  
| 08/20/96 Exec. Comm.  
| 10/01/00 – 09/30/02 Recred. Cycle  
| 10/01/02 – 09/30/04 Recred. Cycle  
| 10/01/04 – 09/30/06 Recred. Cycle  
| 10/01/06 – 09/30/08 Recred. Cycle  
| 10/01/08 – 10/01/10 Recred. Cycle  
| 10/01/10 – 10/01/12 Recred. Cycle  
| Reappoint 10/01/12 to 09/30/14  
| **CORE PRIVILEGES:**  
| **The Psychologist shall not function outside of his or her particular field of competence as established by education, training and experience. The Psychologist shall not prescribe drugs, perform surgery or otherwise practice medicine**  
| **Make patient rounds alone**  
| **Perform non-invasive tests and procedures**  
| **Psychological testing and assessment per N.O. request**  
| **Procedures to be performed on the floors only**  
| **SPECIAL REQUESTS:**  
| **None**
**MCGHEE, BEATE H., APN**  
(8882)  
Allied Health Professional

Specialty: Nurse Practitioner/RNFA  
Neurosurgery & Infectious Disease

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<td>04/01/05 – 03/31/07 Recred. Cycle</td>
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<td>Supv. Phys.: Sierra Neurosurgery</td>
<td>04/01/07 – 03/31/09 Recred. Cycle</td>
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<tr>
<td>Steve Parker, MD</td>
<td>04/01/09 – 04/01/11 Recred. Cycle</td>
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<tr>
<td>Kevin Murphy, MD</td>
<td>Reappoint 04/01/13 to 03/31/15</td>
</tr>
<tr>
<td>Elaine Yee, MD</td>
<td></td>
</tr>
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**CORE PRIVILEGES:**

APN Core Privileges:
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions: Perform a History and Physical on elective admission, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.

1. Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P committee, Executive Committee and the Board of Governors.
2. May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
3. Make and document daily rounds to augment the physician’s rounds.
4. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
5. Assist in discharge planning and teaching.
6. May dictate discharge summary.

**RNFA**
1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.

2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.

**Additional privileges approved by the Neurosurgery Department**

- Removal of ICP bolts
- Removal of Ventriculostomy drains
- Removal of Subdural drains
- Removal of Lumbar drains
- Suture above sites when necessary after removing
McGinley, Laurie (11064)  
Specialty: General Surgery

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<tr>
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<td>Reappoint 04/01/13 to 03/31/15</td>
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EVALUATING PHYSICIAN:  
Mark Kozar, MD

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<tr>
<td>APN</td>
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<tr>
<td>1. Perform a History and Physical on elective admission, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.</td>
</tr>
<tr>
<td>2. Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&amp;P committee, Executive Committee and the Board of Governors.</td>
</tr>
<tr>
<td>3. May provide assistance to the supervising physician for the following procedures: central venous catheter thoracentesis, paracentesis and lumbar puncture.</td>
</tr>
<tr>
<td>4. Make and document daily rounds to augment the physician's rounds.</td>
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<tr>
<td>5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.</td>
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<tr>
<td>6. Assist in discharge planning and teaching.</td>
</tr>
<tr>
<td>7. May dictate discharge summary.</td>
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</tbody>
</table>

Non MD Surgical First Assist

1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon. |
2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.
Mendez, Jorge (11090)  
Specialty: Neurophysiology

STATUS:  
Allied Health  10/04/2011

EVALUATING PHYSICIAN:  
Norman Wang, MD

APPOINTMENT:  10/04/2011 - 04/01/2013  
Reappoint 04/01/13 to 03/31/15

CORE PRIVILEGES:

The Neurophysiologist will interpret electrophysiological activity in the operating room. They will perform a variety of intraoperative procedures, including but not limited to:

- Computerized electroencephalography
- Nerve conduction fatigue recording
- Electromyographic recording
- Somatosensory, auditory and visual evoked potentials
- Electrocorticography;
**Micone, Sherri Ann (11178)**
Specialty: Orthopedic Spine surgery

**STATUS:**
Allied Health 09/11/2012

**EVALUATING PHYSICIAN:**
James Olson, MD

**APPOINTMENT:** 09/11/2012 - 10/01/2012
Reappoint 04/01/13 to 03/31/15

**CORE PRIVILEGES: NATURE AND SCOPE:**
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions and any additional privileges as approved and listed in the Appendix:

83. Perform a History and Physical on elective admissions, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.

84. Order tests and treatments in accordance with the Nurse Practice Act and the existing protocol approved by the appropriate specialty Section and/or Division, C&P Committee, Medical Executive Council and the Board of Trustees.

85. May provide assistance to the supervising physician for specified procedures (see individual APN’s privilege delineation)

86. Make and document daily rounds to augment the physician’s rounds.

87. May receive and document verbal orders from the supervising physician in the medical record.
   May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
   JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.

88. Assist in discharge planning and teaching.

7. May dictate discharge summary

**SUPERVISION**

10. All entries in the medical record as permitted under Nature and Scope must be cosigned by the supervising physician.

2. The Advanced Practitioner of Nursing shall at all times comply with the provisions of NRS 632 and Regulations of the Nevada State Board of Nursing.

3. The supervising physician is responsible for the action of the Advanced Practitioner of Nursing at all times.

The first 20 charts will be reviewed by the Department Chief or his designee for compliance with this Scope of Practice, hospital policies and the community standard of care.
**Miller, Angela (11163)**  
Specialty: Hospitalist

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<td>Reappoint 04/01/13 to 03/31/15</td>
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<tr>
<td>EVALUATING PHYSICIAN:</td>
<td>Jeffrey Andal, MD</td>
</tr>
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</table>

### CORE PRIVILEGES:

#### NATURE AND SCOPE:

Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions and any additional privileges as approved and listed in the Appendix:

89. Perform a History and Physical on elective admissions, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.

90. Order tests and treatments in accordance with the Nurse Practice Act and the existing protocol approved by the appropriate specialty Section and/or Division, C&P Committee, Medical Executive Council and the Board of Trustees.

91. May provide assistance to the supervising physician for specified procedures (see individual APN's privilege delineation)

92. Make and document daily rounds to augment the physician’s rounds.

93. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.

JCAHO requires providers to write a verbal or telephone order directly into the patient's chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.

94. Assist in discharge planning and teaching.

7. May dictate discharge summary
MINARD, APN, RNFA  Jennifer  
(#10952)  
Specialty: Neurosurgery  
Nurse Practitioner  

<table>
<thead>
<tr>
<th>STATUS:</th>
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<tr>
<td>Allied Health Professional  9/7/10</td>
<td>Reappoint 04/01/13 to 03/31/15</td>
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EVALUATING PHYSICIAN: 
Hilari Fleming, MD

CORE PRIVILEGES:  
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions and any additional privileges as approved and listed in the Appendix:

- Perform a history and physical on elective admissions, elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
- Order test and treatments in accordance with the Nurse Practice act and the existing protocol approved by the appropriate specialty Section and/or Division, C&P Committee, Medical Executive Council and the Board of Trustees.
- May provide assistance to the supervising physician for specified procedures (see individual APN’s privilege delineation – if applicable)
- Make and document daily rounds to augment the physician’s rounds.
- May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices. JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.
- Assist in discharge planning and teaching.
- May dictate discharge summary.

RNFA-Privileges  
NATURE AND SCOPE:  
1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.  
2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.
Core Privileges in Cardiology:

Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions and any additional privileges as approved and listed in the Appendix:

1. Perform a History and Physical on elective admissions, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.

3. Order tests and treatments in accordance with the Nurse Practice Act and the existing protocol approved by the appropriate specialty Section and/or Division, C&P Committee, Medical Executive Council and the Board of Trustees.

4. May provide assistance to the supervising physician for specified procedures (see individual APN’s privilege delineation)

5. Make and document daily rounds to augment the physician’s rounds.

6. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.

JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.

7. Assist in discharge planning and teaching.

8. May dictate discharge summary.

KNOWLEDGE, SKILLS & ABILITIES:

1. Accountability for conduct consistent with the St. Mary’s Regional Medical Center Mission Statement.

2. Accountability and ethical standards within guidelines of professional organizations.

3. Knowledge of Policies and Procedures for the areas of the Hospital within which the AHP will function.

4. Documentation of skills must be provided related to:
   a. Systematic physical, psychological and social assessment of the health status of individuals and families.
   b. Analysis of data and identification of problems and formulation of collaborative plan of care with physician that provides continuity of health care for patients.
   c. Provision of instruction and counseling to individuals and families of environment to support health care.
   d. Collaborating with supervising physician to plan for alterations of environment to support health care.
   e. Carrying out defined portion of the collaborative plan of care limited to those functions approved by the privileging process.

SUPERVISION

1. All entries in the medical record as permitted under Nature and Scope must be cosigned by the supervising physician.

2. The Advanced Practitioner of Nursing shall at all times comply with the provisions of NRS 632 and Regulations of the Nevada State Board of Nursing.

3. The supervising physician is responsible for the action of the Advanced Practitioner of Nursing at all times.

4. The first 20 charts will be reviewed by the Department Chief or his designee for compliance with this Scope of Practice, hospital policies and the community standard of care.
<table>
<thead>
<tr>
<th>Moore, Donald (09117)</th>
<th>Specialty: Hematology/Oncology</th>
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<tbody>
<tr>
<td><strong>STATUS:</strong></td>
<td><strong>APPOINTMENT:</strong> 06/07/2011 - 04/01/2013</td>
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<td>Reappoint 04/01/13 to 03/31/15</td>
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<tr>
<td><strong>EVALUATING PHYSICIAN:</strong></td>
<td><strong>Dr. Galanopoulos</strong></td>
</tr>
<tr>
<td><strong>CORE PRIVILEGES:</strong></td>
<td></td>
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<tr>
<td>1. Perform a History and Physical on elective admissions, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.</td>
<td></td>
</tr>
<tr>
<td>2. Order tests and treatments in accordance with the Nurse Practice Act and the existing protocol approved by the appropriate specialty Section and/or Division, C&amp;P Committee, Medical Executive Council and the Board of Trustees.</td>
<td></td>
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<tr>
<td>3. May provide assistance to the supervising physician for specified procedures (see individual APN’s privilege delineation)</td>
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<td></td>
</tr>
<tr>
<td>6. Assist in discharge planning and teaching.</td>
<td></td>
</tr>
<tr>
<td>7. May dictate discharge summary.</td>
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</table>
MOORE  PhD, Ingrid M.  (10213)
Specialty: Clinical Psychology
          Internal Medicine

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<tr>
<td>Admitting Physician</td>
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<tbody>
<tr>
<td><strong>The Psychologist shall not function outside of his or her particular field of competence as established by education, training and experience. The Psychologist shall not prescribe drugs, perform surgery or otherwise practice medicine</strong></td>
</tr>
</tbody>
</table>

| Make patient rounds alone          |
| Write orders for non-invasive tests and procedures |
| Psych-social tests and procedures  |
| Perform non-invasive tests and procedures |
| Psych-testing                       |
| Procedures to be performed:        |
| On the floors only (Psychological eval. & treatment) |

<table>
<thead>
<tr>
<th>SPECIAL REQUESTS:</th>
</tr>
</thead>
<tbody>
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</table>
| Morgan, Jonathan C. PA-C (9514)  
| Allied Health Professional  
| Category: Physician Assistant, Certified  
| Section: Emergency Department |

**STATUS:**  
PA-C Cat. 1 11/04/03  
Supervising Physician(s):  
Reno Emergency Physicians

**REAPPOINTMENT:**  
04/01/05 – 03/31/07 Recred. Cycle  
04/01/07 – 03/31/09 Recred. Cycle  
04/01/09 – 04/01/11 Recred. Cycle  
Reappoint 04/01/13 to 03/31/15

**CORE PRIVILEGES:**

All core privileges as outlined in the “Physician Assistant - Core Privileges: Nature and Scope” has been incorporated into the “Emergency Department Scope of Practice for Physician Assistants” as listed below under “Special Requests.”
SPECIAL REQUESTS:

The EDPA scope of practice includes that Physician Assistants may provide primary care of the emergent patient visits in the urgent care and emergency department settings, under the direct supervision of supervising physician(s).

1. Elicit and record a complete medical history with review by attending/supervising physician(s).
2. Perform a complete physical examination and record findings on pertinent emergency medical records with review by attending/supervising physician(s).
3. Perform patient evaluations and record progress in the emergency room medical record as requested by supervising physician(s).
4. All patients seen in the emergency room by the Physician Assistants will also be seen by supervising physician(s).
5. Order and interpret selected laboratory tests such as, but not limited to, urinalysis, chemistry panel, gram stains, cultures, CBC, etc.
6. Assessment and institution of therapy for acute illnesses according to established protocol and with review of supervising physician(s).
7. Assessment and management of therapy for patients with chronic illnesses in conjunction with supervising physician(s).
8. May order, evaluate and act on radiology studies and EKGs with review by supervising physician(s).
9. May order and/or administer medications orally, intradermal, subcutaneous, IM, IV and via nebulizer as established by supervising physician(s).
10. May repair lacerations not involving nerves, tendons, and major vessels. May remove sutures and staples.
11. May perform minor surgical and wound care procedures such as, but not limited to, burn debridement, removal of superficial foreign bodies, incision and drainage of abscesses.
12. May order, supervise, and apply splints to closed fractures and severe sprains.
13. May assist supervising physician(s) with procedures such as central venous catheter, thoracentesis, paracentesis, and lumbar puncture.
14. Will always provide medical services within the scope of licensure as outlined by the Nevada State Board of Medical Examiners.
15. Will hold active PA license, Nevada State Board of Pharmacy license, and DEA registration certificate.
16. Will only practice under supervising physician(s), be employed by Reno Emergency Physicians, and associate/active staff privileges at SMRMC.
17. Supervising physician(s) will be ultimately responsible at all times for all Physician Assistant activities within the hospital.
<table>
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<tr>
<th>MORRISON APN, John S.(#10786)</th>
<th><img src="image.jpg" alt="Image" /></th>
</tr>
</thead>
<tbody>
<tr>
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<td>Emergency Medicine</td>
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<tr>
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<tr>
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<td>Reappoint 04/01/13 to 03/31/15</td>
</tr>
<tr>
<td>EVALUATING PHYSICIAN:</td>
<td>Reno Emergency Physicians</td>
</tr>
</tbody>
</table>
I. The ED Nurse Practitioner scope of practice includes that Nurse Practitioner may provide primary care of the patient visits in the RME (rapid medical exam) and Emergency Department settings, under direct supervision of supervising physician(s).
1. The supervising physician(s) will be ultimately responsible at all times for all Nurse Practitioners’ activities within the hospital.
2. Will only practice under supervising emergency room physician(s) and be associate/active staff privileges at SMRMC
3. Will always provide medical services with the scope of licensure as outlined by the Nevada State Board of Nursing.
4. Will hold active APN license, Nevada State Board of Pharmacy, and DEA registration certificate.

II. Nurse Practitioner Dictation/Order:
1. Elicit and record a complete medical history with review by attending /supervising physician.
2. Perform a complete physical examination and record findings on pertinent emergency medical records.
3. Perform patient evaluations and record progress in the emergency room medical record.
4. Assessment and management of therapy for patients with chronic illnesses in conjunction with supervising physician(s).
5. Responsible for staffing RME and performing evaluation and appropriate medical treatment of all patients seen.
6. All patient charts seen by the Nurse Practitioner will be signed by the supervising physician(s) at the end of each shift.
7. May order and interpret laboratory tests such as, but not limited to, urinalysis, chemistry panel, complete blood count, gram stain, cultures, etc.
8. May order, evaluate and act on radiology studies and EKGs with review by supervising physician(s).
9. May order/or administer medications orally, intradermal, subcutaneous, IM, IV and via nebulizer.

III. Nurse Practitioner Procedures:
1. May order, supervise and apply splints to all fractures and sprains.
2. May repair lacerations not involving nerves, tendons, or major vessels. May remove sutures and staples.
3. May perform minor surgical and wound care procedures such as, but not limited to, burn debridement, removal of foreign bodies, incision and drainage of abscesses.
4. May perform the following procedures under the close supervision of, and review by, the supervising physician(s):
   - lumbar puncture
   - cardio version
   - ACLS
   - airway management
   - reductions of dislocations
   - joint aspirations
<table>
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<tr>
<th>Mortara, Ann (10988)</th>
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<tr>
<td>Allison Westfall, MD</td>
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<tr>
<td>8. Perform a History and Physical on elective admissions, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.</td>
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<td>9. Order tests and treatments in accordance with the Nurse Practice Act and the existing protocol approved by the appropriate specialty Section and/or Division, C&amp;P Committee, Medical Executive Council and the Board of Trustees.</td>
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<tr>
<td>13. Assist in discharge planning and teaching.</td>
</tr>
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<td>14. May dictate discharge summary.</td>
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MURIN, RNFA,APN, Ashley M. (#10647)
Specialty: Cardiac Surgery

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<td>Joseph Brandl, MD</td>
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APN Core Privileges:
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions:

1. Perform a History and Physical on elective admission, elective per-procedure/surgery with the co- signature of a supervising physician within the next calendar day.
2. Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P committee, Executive Committee and the Board of Governors.
3. May provide assistance to the supervising physician for the following procedures: central venous catheter thoracentesis, paracentesis and lumbar puncture.
4. Make and document daily rounds to augment the physician's rounds.
5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
6. Assist in discharge planning and teaching.
7. May dictate discharge summary.

RNFA
1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.

2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.
SPECIAL REQUESTS:

The following privileges may only be performed in the OR when the supervising physician is physically present in the OR suite or in the Surgery Department.

Surgeon Present in the Surgery Department:

- Administration of local anesthesia
- Collection of venous and arterial puncture and indwelling catheter specimens
- Order routine EKG and routine radiology tests
- Order and obtain specimens for cultures and routine laboratory tests
- Perform nasogastric intubation and lavage
- Regulate pharmacological needs of patient (including analgesic, antibiotics, anticoagulants, insulin, etc.) within the scope of their license
- Wound care, assessment and dressing changes, to include debridement of granulation of tissue and necrotic skin, subcutaneous tissue, sternal bone and cartilage
- Wound closure – skin and subcutaneous tissue
- Arterial and venous cut downs
- Assist physician in utilizing equipment
- Calibration of onimetric equipment
- Temporary pacemaker analysis and re-programming
- Insertion and removal of:
  - Venipuncture
  - Arterial blood gas sticks
  - Sutures, skin staples and skin clips
  - Foley catheters
- Removal of:
  - Intra-aortic balloon pump
  - Swan-Ganz lines
  - Femoral intra-aortic balloon pump
  - CVP and arterial lines
  - Chest tubes and wound drains
  - Temporary pacemaker wires

Surgeon Present in the OR Suite:

- Wound closure – all layers
- Open or endoscopically harvesting of veins and arteries
- First assist in surgery
- Assist in open heart surgery
- Insertion of:
  - intra-aortic balloon pump
SPECIAL REQUESTS: Cont.:

The following procedures may be performed on the units. A supervising or collaborating physician must be available by phone.

Administration of local anesthesia
Order routine EKG and routine radiology tests
Order and obtain specimens for cultures and routine laboratory tests
Perform nasogastric intubations and lavage
Wound care assessment and dressing changes to include debridement of granulation of tissue and necrotic skin, subcutaneous tissue

Insertion of:
- Bladder catheterizations
- Arterial blood gas sticks
- Sutures, skin clips and skin staples
- Foley catheters

Removal of:
- Intra aortic balloon pump Bladder catheterizations
- CVP and arterial Lines in ICU
- Chest tubes and wound drains in ICU
- Temporary pacemaker wire in ICU

Other Special Requests:
Re-opening of recent thoracotomy in the OR or on the unit in an emergency situation.
Telephone order should be given to the APN by Supervising Cardiac Surgeon coming to cardiac arrest/emergency situation.

Reposition of Swan Ganz Line in the OR or on the unit.
Notification of supervising physician after reposition is required.
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<tr>
<th><strong>Myatt, Jeffrey John (11105)</strong></th>
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<td>Specialty: Emergency Medicine</td>
<td><strong>Appointment:</strong> 11/01/2011 - 04/01/2013</td>
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<tr>
<td><strong>Evaluating Physician:</strong> Brian Barnes, MD</td>
<td>Reappoint 04/01/13 to 03/31/15</td>
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**Core Privileges:**

All core privileges as outlined in the “Physician Assistant - Core Privileges: Nature and Scope” has been incorporated into the “Emergency Department Scope of Practice for Physician Assistants” as listed below. The EDPA scope of practice includes that Physician Assistants may provide primary care of the emergent patient visits in the urgent care and emergency department settings, under the direct supervision of supervising physician(s).

- Elicit and record a complete medical history with review by attending/supervising physician(s).
- Perform a complete physical examination and record findings on pertinent emergency medical records with review by attending/supervising physician(s).
- Perform patient evaluations and record progress in the emergency room medical record as requested by supervising physician(s).
- All patients seen in the emergency room by the Physician Assistants will also be seen by supervising physician(s).
- Order and interpret selected laboratory tests such as, but not limited to, urinalysis, chemistry panel, gram stains, cultures, CBC, etc.
- Assessment and institution of therapy for acute illnesses according to established protocol and with review of supervising physician(s).
- Assessment and management of therapy for patients with chronic illnesses in conjunction with supervising physician(s).
- May order, evaluate and act on radiology studies and EKGs with review by supervising physician(s).
- May order and/or administer medications orally, intradermal, subcutaneous, IM, IV and via nebulizer as established by supervising physician(s).
- May repair lacerations not involving nerves, tendons, and major vessels. May remove sutures and staples.
- May perform minor surgical and wound care procedures such as, but not limited to, burn debridement, removal of superficial foreign bodies, incision and drainage of abscesses.
- May order, supervise, and apply splints to closed fractures and severe sprains.
- May assist supervising physician(s) with procedures such as central venous catheter, thoracentesis, paracentesis, and lumbar puncture.
- Will always provide medical services within the scope of licensure as outlined by the Nevada State Board of Medical Examiners.
- Will hold active PA license, Nevada State Board of Pharmacy license, and DEA registration certificate.
- Will only practice under supervising physician(s), be employed by Reno Emergency Physicians, and associate/active staff privileges at SMRCM.
- Supervising physician(s) will be ultimately responsible at all times for all Physician Assistant activities within the hospital.
**MYERS, PA-C, Lyudmila M. (#10492)**  

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<td>Stephen Brown, MD, Palermo, D. Dapra</td>
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**CORE PRIVILEGES:**

The PA may perform the following functions in addition to any that may be specifically delineated in the Appendix:

1. Perform a History and Physical on elective admissions, elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
2. May order inpatient & outpatient tests specifying supervising physician’s name, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Division and/or Section, C & P Committee, Executive Council and Board of Trustees.
3. May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
4. Make and document daily rounds to augment the physician’s rounds.
5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
6. Assist in discharge planning and teaching.
7. May dictate discharge summary.
Internal Medicine privs.:

The Medicine scope of practice includes that Physician Assistants may provide primary care of the patient, under the direct supervision of supervising physician(s).

- Elicit and record a complete medical history with review by attending/supervising physician(s).
- Perform a complete physical examination and record findings on pertinent medical records with review by attending/supervising physician(s).
- Perform patient evaluations and record daily progress notes in the medical record as requested by supervising physician(s).
- All patients will be seen by the supervising physician(s) on the day of admission and their progress will be reviewed daily on the floor.
- Perform well adult care including physical examinations, immunization, pap smears and health planning.
- Order and interpret selected laboratory tests such as, urinalysis, chemistry panel, gram stains, cultures, CBC.
- Assessment and institution of therapy for acute illnesses according to established protocol and with review of supervising physicians(s).
- Assessment and management of therapy for patients with chronic illnesses in conjunction with supervising physician(s).
- May write orders on the medical chart when requested by supervising physician(s). These orders are to be signed by the supervising physician within 48 hrs.
- May evaluated and act on radiology studies and EKGs with review by supervising physicians(s).
- May order and/or administer medications orally, intradermal, subcutaneous, IM, IV and via nebulizer as established by supervising physician(s).
- May repair lacerations not involving nerves, tendons, and major vessels, or risk of cosmetic complications. May remove sutures.
- May assist supervising physician(s) with procedures such as central venous catheter, thoracentesis, paracentesis, and lumbar puncture.
- Will always provide medical services within the scope of licensure as outlined by the Nevada State Board of Medical Examiners.
- Will hold active PA license, Nevada State Board of Pharmacy license, and DEA registration certificate.
- Will only practice under supervising physician(s), with Active staff privileges at SMRMC.

Supervising physician(s) will be ultimately responsible at all times for all Physician Assistant activities within the hospital.
O’BRIEN, Patrick D., RNFA(8063)
Allied Health Professional
Category: Non-MD Surgical First Assist
Section: General Surgery, Cardiac Surgery and Orthopedic Surgery

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RNFA
1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.

2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.

SPECIAL REQUESTS:
None
| **O'BRYAN, Gwenyth G., Ph.D. (7892)**  
| **Allied Health Professional**  
| **Category: Clinical Psychologist**  
| **Section: Internal Medicine**  |

**STATUS:**  
Provisional Level 05/21/87  
All patient treatment must be under the direct supervision of the Evaluating Physician, Dr. Kenneth Clark.

**REAPPOINTMENT:**  
09/20/88 Exec. Comm.  
09/18/90 Exec. Comm.  
08/18/92 Exec. Comm.  
06/21/94 Exec. Comm.  
08/20/96 Exec. Comm.  
10/01/00 – 09/30/02 Recred Cycle  
10/01/02 – 09/30/04 Recred. Cycle  
10/01/04 – 09/30/06 Recred. Cycle  
10/01/06 – 09/30/08 Recred. Cycle  
10/01/08 – 10/01/10 Recred. Cycle  
10/01/10 – 10/01/12 Recred. Cycle  
Reappoint 10/01/12 to 09/30/14

**CORE PRIVILEGES:**

**The Psychologist shall not function outside of his or her particular field of competence as established by education, training and experience. The Psychologist shall not prescribe drugs, perform surgery or otherwise practice medicine**

History

Make patient rounds alone

Procedures to be performed:  
On the floors only

**SPECIAL REQUESTS:**

None
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**CORE PRIVILEGES:**

**The Psychologist shall not function outside of his or her particular field of competence as established by education, training and experience. The Psychologist shall not prescribe drugs, perform surgery or otherwise practice medicine**

- Perform non-invasive tests and procedures
- Psychotherapy
- Psychological assessment

**Procedures to be performed:**
- On the floors only
- Emergency Room

**SPECIAL REQUESTS:**

None
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<tr>
<td>Dennis Patterson, DO</td>
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**CORE PRIVILEGES: NATURE AND SCOPE:**
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions and any additional privileges as approved and listed in the Appendix:

95. Perform a History and Physical on elective admissions, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.

96. Order tests and treatments in accordance with the Nurse Practice Act and the existing protocol approved by the appropriate specialty Section and/or Division, C&P Committee, Medical Executive Council and the Board of Trustees.

97. May provide assistance to the supervising physician for specified procedures (see individual APN’s privilege delineation)

98. Make and document daily rounds to augment the physician’s rounds.

99. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.

JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.

100. Assist in discharge planning and teaching.

101. May dictate discharge summary.

**SUPERVISION**

11. All entries in the medical record as permitted under Nature and Scope must be cosigned by the supervising physician.

2. The Advanced Practitioner of Nursing shall at all times comply with the provisions of NRS 632 and Regulations of the Nevada State Board of Nursing.

3. The supervising physician is responsible for the action of the Advanced Practitioner of Nursing at all times.

11. The first 20 charts will be reviewed by the Department Chief or his designee for compliance with this Scope of Practice, hospital policies and the community standard of care.
OLIVAREZ, JOSEPH L., PA-C (9491)
Allied Health Professional
Page 1 of 2
Category: Medical Services & Surgical Services
Section: Physical Med/Rehab./Neurosurgery

STATUS:
Allied Health Prof. 09/03/03
Add’t to privileges 10/26/04 (Neurosurgery)
Supervising Physician(s):
James Lynch, M.D.

REAPPOINTMENT:
10/01/04 – 09/30/06 Recred. Cycle
04/01/05 – 03/31/07 Recred. Cycle
04/01/07 – 03/31/09 Recred. Cycle
04/01/09 – 04/01/11 Recred. Cycle
Reappoint 04/01/13 to 03/31/15

CORE PRIVILEGES:

The PA may perform the following functions in addition to any that may be specifically delineated in the Appendix:

• Perform a History and Physical on elective admissions, elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
• May order inpatient & outpatient tests specifying supervising physician’s name, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Division and/or Section, C & P Committee, Executive Council and Board of Trustees.
• May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
• Make and document daily rounds to augment the physician’s rounds.
• May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
• Assist in discharge planning and teaching.
• May dictate discharge summary.
MEDICINE SECTION SCOPE OF PRACTICE FOR PHYSICIAN ASSISTANTS

The Medicine scope of practice includes that Physician Assistants may provide primary care of the emergent patient visits in the urgent care and emergency department settings, under the direct supervision of supervising physician(s).

1. Elicit and record a complete medical history with review by attending/supervising physician(s).
2. Perform a complete physical examination and record findings on pertinent emergency medical records with review by attending/supervising physician(s).
3. Perform patient evaluations and record progress in the emergency room medical record as requested by supervising physician(s).
4. All patients seen in the emergency room by the Physician Assistants will also be seen by supervising physician(s).
5. Order and interpret selected laboratory tests such as, but not limited to, urinalysis, chemistry panel, gram stains, cultures, CBC, etc.
6. Assessment and institution of therapy for acute illnesses according to established protocol and with review of supervising physician(s).
7. Assessment and management of therapy for patients with chronic illnesses in conjunction with supervising physician(s).
8. May order, evaluate and act on radiology studies and EKGs with review by supervising physician(s).
9. May order and/or administer medications orally, intradermal, subcutaneous, IM, IV and via nebulizer as established by supervising physician(s).
10. May repair lacerations not involving nerves, tendons, and major vessels. May remove sutures and staples.
11. May perform minor surgical and wound care procedures such as, but not limited to, burn debridement, removal of superficial foreign bodies, incision and drainage of abscesses.
12. May order, supervise, and apply splints to closed fractures and severe sprains.
13. May assist supervising physician(s) with procedures such as central venous catheter, thoracentesis, paracentesis, and lumbar puncture.
14. Will always provide medical services within the scope of licensure as outlined by the Nevada State Board of Medical Examiners.
15. Will hold active PA license, Nevada State Board of Pharmacy license, and DEA registration certificate.
16. Will only practice under supervising physician(s), be employed by Reno Emergency Physicians, and associate/active staff privileges at SMRMC.
17. Supervising physician(s) will be ultimately responsible at all times for all Physician Assistant activities within the hospital.

### Physician Assistant Scope of Practice within the Section of Neurosurgery

1. PA’s have a general scope of practice that allows them to perform history and physicals, write progress notes and discharge summaries.
2. Order writing specifically for neurosurgery should include: medications consistent with prescribing PA privileges according to the Nevada State Board of Pharmacy and provided by NRS, physical and occupational therapies, dressing changes, drain management, noninvasive radiology studies, and maintenance Iv's.
3. All orders will be consigned by the supervising physician within 24 hours.

**Outside of operating room:**
- Dressing changes
- Administration of local anesthesia
- Suturing simple lacerations
- Removal of exposed pins/external fixators
- Removal of ICP bolts
- Removal of Ventriculostomy drains
- Removal of subdural drains
- Removal of lumbar drains
- Suture above sites when necessary after removing
- Initiate evaluation of ER patients with immediate consultation with supervising physician, who must admit or discharge the patient.

**In operating room with supervising physician present:**
- Assisting on any case to include
  - Placing, tying, cutting sutures
  - Any portion of the procedure allowed by the supervising physician

**In operating room with the supervising physician in the Hospital:**
- Positioning patient
- Draping patient
- Suturing of subcutaneous tissue and skin
- Removal of exposed pins/external fixators
- Dressing change/application
- Aspiration/injections
SPECIAL REQUESTS:
None
<table>
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<tr>
<th>PAQUETTE, KRISTI R, RNFA, APN (9492)</th>
<th>Allied Health Professional</th>
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<td>Category: Non-MD Surgical First Assist &amp; APN</td>
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**STATUS:**
- Allied Health Prof. 09/03/03
- Supervising Physician(s):
  - Martin A. Bain, M.D.
  - Kevin A. Linkus, M.D.
  - Rick L. McElreath, M.D.
  - Robert W. Watson, M.D.
  - Athan Roumanas, M.D.
  - John H. Ganser, M.D.
  - Todd Chapman, M.D.

**REAPPOINTMENT:**
- 04/01/05 – 03/31/07 Recred. Cycle
- 04/01/07 – 03/31/09 Recred. Cycle
- 04/01/09 – 04/01/11 Recred. Cycle
- Reappoint 04/01/13 to 03/31/15
APN Core Privileges:
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions:

1. Perform a History and Physical on elective admission, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
2. Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P committee, Executive Committee and the Board of Governors.
3. May provide assistance to the supervising physician for the following procedures: central venous catheter thoracentesis, paracentesis and lumbar puncture.
4. Make and document daily rounds to augment the physician’s rounds.
5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
6. Assist in discharge planning and teaching.
7. May dictate discharge summary.

RNFA
1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.

2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.
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| CORE PRIVILEGES:                      |  |
|---------------------------------------|  |
| A supervising surgeon(s) must be in attendance in the OR suite at all times when a non-MD first assistant is being utilized. The non-MD first assistant may not function in a scrub role while assisting. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon within the scope of the assistant's privileges. |  |

Privileges include:
- Applying knowledge of infection control & aseptic principles
- Prepping of the operative site
- Draping of the operative site
- Applying postoperative dressings & removing sutures

Under direct supervision:
- Demonstrate proper wound exposure
- Demonstrate correct tissue handling
- Use techniques to maintain hemostasis
- Close subcutaneous & incisional sites
- Suture drains to skin edges

<p>| SPECIAL REQUESTS:                     |  |
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| None                                  |  |</p>
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<td>Reno Emergency Physicians</td>
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<tr>
<td>Reappoint 04/01/13 to 03/31/15</td>
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CORE PRIVILEGES:

All core privileges as outlined in the “Physician Assistant - Core Privileges: Nature and Scope” has been incorporated into the “Emergency Department Scope of Practice for Physician Assistants” as listed below under “Special Requests”.

55. The EDPA scope of practice includes that Physician Assistants may provide primary care of the emergent patient visits in the urgent care and emergency department settings, under the direct supervision of supervising physician(s).
56. Elicit and record a complete medical history with review by attending/supervising physician(s).
57. Perform a complete physical examination and record findings on pertinent emergency medical records with review by attending/supervising physician(s).
58. Perform patient evaluations and record progress in the emergency room medical record as requested by supervising physician(s).
59. All patients seen in the emergency room by the Physician Assistants will also be seen by supervising physician(s).
60. Order and interpret selected laboratory tests such as, but not limited to, urinalysis, chemistry panel, gram stains, cultures, CBC, etc.
61. Assessment and institution of therapy for acute illnesses according to established protocol and with review of supervising physician(s).
62. Assessment and management of therapy for patients with chronic illnesses in conjunction with supervising physician(s).
63. May order, evaluate and act on radiology studies and EKGs with review by supervising physician(s).
64. May order and/or administer medications orally, intradermal, subcutaneous, IM, IV and via nebulizer as established by supervising physician(s).
65. May repair lacerations not involving nerves, tendons, and major vessels. May remove sutures and staples.
66. May perform minor surgical and wound care procedures such as, but not limited to, burn debridement, removal of superficial foreign bodies, incision and drainage of abscesses.
67. May order, supervise, and apply splints to closed fractures and severe sprains.
68. May assist supervising physician(s) with procedures such as central venous catheter, thoracentesis, paracentesis, and lumbar puncture.
69. Will always provide medical services within the scope of licensure as outlined by the Nevada State Board of Medical Examiners.
70. Will hold active PA license, Nevada State Board of Pharmacy license, and DEA registration certificate.
71. Will only practice under supervising physician(s), be employed by Reno Emergency Physicians, and associate/active staff privileges at SMRMC.
72. Supervising physician(s) will be ultimately responsible at all times for all Physician Assistant activities within the hospital.
| Pfeifle, PA-C, Klinon (Josh) (#10462)  
Pg. 1 of 2 |
|---|
| **STATUS:**  
Allied Health Professional 6/5/07  
EVALUATING PHYSICIAN:  
Spine Nevada |
| **REAPPOINTMENT:**  
04/01/09 – 04/01/11 Recred. Cycle  
Reappoint 04/01/13 to 03/31/15 |
CORE PRIVILEGES:

The PA may perform the following functions in addition to any that may be specifically delineated in the Appendix:

1. Perform a History and Physical on elective admissions, elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.

2. May order inpatient & outpatient tests specifying supervising physician’s name, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Division and/or Section, C & P Committee, Executive Council and Board of Trustees.

3. May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.

4. Make and document daily rounds to augment the physician’s rounds.

5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.

6. Assist in discharge planning and teaching.

7. May dictate discharge summary.
Physician Assistant Scope of Practice within the Section of Neurosurgery

1. PA's have a general scope of practice that allows them to perform history and physicals, write progress notes and discharge summaries.
2. Order writing specifically for neurosurgery should include: medications consistent with prescribing PA privileges according to the Nevada State Board of Pharmacy and provided by NRS, physical and occupational therapies, dressing changes, drain management, noninvasive radiology studies, and maintenance Ivs.
3. All orders will be consigned by the supervising physician within 24 hours.

   Outside of operating room:
   - Dressing changes
   - Administration of local anesthesia
   - Suturing simple lacerations
   - Removal of exposed pins/external fixators
   - Removal of ICP bolts
   - Removal of Ventriculostomy drains
   - Removal of subdural drains
   - Removal of lumbar drains
   - Suture above sites when necessary after removing
   - Initiate evaluation of ER patients with immediate consultation with supervising physician, who must admit or discharge the patient.

   In operating room with supervising physician present:
   - Assisting on any case to include
     - Placing, tying, cutting sutures
     Any portion of the procedure allowed by the supervising physician

   In operating room with the supervising physician in the Hospital:
   - Positioning patient
   - Draping patient
   - Suturing of subcutaneous tissue and skin
   - Removal of exposed pins/external fixators
   - Dressing change/application
   - Aspiration/injections
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<thead>
<tr>
<th>POWERS, CINDY M, APN</th>
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<td>Cardiac Surgery &amp; Family Practice</td>
<td>04/01/07 – 03/31/09 Recred. Cycle</td>
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**STATUS:**

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**Sponsoring Physicians:**

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<tr>
<th>Reno Heart Surgeons</th>
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<tr>
<td>Robert Rand, MD</td>
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</table>
CORE PRIVILEGES:

APN Core Privileges:

Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions:

1. Perform a History and Physical on elective admission, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
2. Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P committee, Executive Committee and the Board of Governors.
3. May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
4. Make and document daily rounds to augment the physician’s rounds.
5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
6. Assist in discharge planning and teaching.
7. May dictate discharge summary.
Allied Health Professional
Specialty: Nurse Practitioner,
Cardiac Surgery
SPECIAL REQUESTS:

The following privileges may only be performed in the OR when the supervising physician is physically present in the OR suite or in the Surgery Department.

Surgeon Present in the Surgery Department:

1. Administration of local anesthesia
2. Collection of venous and arterial puncture and indwelling catheter specimens
3. Order routine EKG and routine radiology tests
4. Order and obtain specimens for cultures and routine laboratory tests
5. Perform nasogastric intubation and lavage
6. Regulate pharmacological needs of patient (including analgesic, antibiotics, anticoagulants, insulin, etc.) within the scope of their license
7. Wound care, assessment and dressing changes, to include debridement of granulation of tissue and necrotic skin, subcutaneous tissue, sternal bone and cartilage
8. Wound closure – skin and subcutaneous tissue
9. Arterial and venous cut downs
10. Assist physician in utilizing equipment
11. Calibration of onimetric equipment
12. Temporary pacemaker analysis and re-programming
13. Insertion and removal of:
   a. Bladder catheterizations
   b. Venipuncture
   c. Arterial blood gas sticks
   d. Sutures, skin staples and skin clips
   e. Foley catheters
14. Removal of:
   a. Intra-aortic balloon pump
   b. Swan-Ganz lines
   c. Femoral intra-aortic balloon pump
   d. CVP and arterial lines
   e. Chest tubes and wound drains
   f. Temporary pacemaker wires

Surgeon Present in the OR Suite:

1. Wound closure – all layers
2. Open or endoscopically harvesting of veins and arteries
3. First assist in surgery
4. Assist in open heart surgery
5. Insertion of:
   a. Intra-aortic balloon pump
   b. Femoral intra-aortic balloon pump
   c. CVP and arterial lines
   d. Chest tubes and wound drains
POWERS, CINDY M, APN  
(8000)  
Allied Health Professional  
Page 3 of 3  

Specialty: Nurse Practitioner,  
Cardiac Surgery
SPECIAL REQUESTS: Cont.:

The following procedures may be performed on the units. A supervising or collaborating physician must be available by phone.

1. Administration of local anesthesia
2. Order routine EKG and routine radiology tests
3. Order and obtain specimens for cultures and routine laboratory tests
4. Perform nasogastric intubations and lavage
5. Wound care assessment and dressing changes to include debridement of granulation of tissue and necrotic skin, subcutaneous tissue

4. Insertion of:
   a. Bladder catheterizations
   b. Arterial blood gas sticks
   c. Sutures, skin clips and skin staples
   d. Foley catheters

5. Removal of:
   a. Intra aortic balloon pump Bladder catheterizations
   b. CVP and arterial Lines in ICU
   c. Chest tubes and wound drains in ICU
   d. Temporary pacemaker wire in ICU

The following privileges may only be performed in the physical presence of the supervising physician.

Assistant in the management of acute medical emergencies
Insertion of intra aortic balloon pump

RNFA

The non-physician first assist may perform the following:
1. Prep and change the operative site
2. Surface irrigation
3. Sponge the operative site
4. Assist tying sutures
5. Cut sutures

Under direct supervision the non-physician first assistant may:
1. Cauterize vessels
2. Apply hemostats and tie knots on small vessels
3. Provide retraction
4. Suction fluids from the surgical field
5. Provide closure of layer of tissue
6. Insert drains
7. Apply dressings

Other Special Requests:
Re-opening of recent thoracotomy in the OR or on the unit in an emergency situation.
Telephone order should be given to the APN by Supervising Cardiac Surgeon coming to cardiac arrest/emergency situation.

Reposition of Swan Ganz Line in the OR or on the unit.
Notification of supervising physician after reposition is required.
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<tr>
<th>Qian, Jun (11091)</th>
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<td>Reappoint 04/01/13 to 03/31/15</td>
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<tr>
<td><strong>EVALUATING PHYSICIAN:</strong></td>
<td>Norman Wang, MD</td>
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**CORE PRIVILEGES:**

The Neurophysiologist will interpret electrophysiological activity in the operating room. They will perform a variety of intraoperative procedures, including but not limited to:

- Computerized electroencephalography
- Electromyographic recording
- Somatosensory, auditory and visual evoked potentials
- Nerve conduction fatigue
- Electrocorticography;
Core Privileges in Allied Health Professional Nephrology:

Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions and any additional privileges as approved and listed in the Appendix:

102. Perform a History and Physical on elective admissions, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.

103. Order tests and treatments in accordance with the Nurse Practice Act and the existing protocol approved by the appropriate specialty Section and/or Division, C&P Committee, Medical Executive Council and the Board of Trustees.

104. May provide assistance to the supervising physician for specified procedures (see individual APN's privilege delineation)

105. Make and document daily rounds to augment the physician’s rounds.

106. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.

JCAHO requires providers to write a verbal or telephone order directly into the patient's chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.

107. Assist in discharge planning and teaching.

108. May dictate discharge summary.

KNOWLEDGE, SKILLS & ABILITIES:

1. Accountability for conduct consistent with the St. Mary’s Regional Medical Center Mission Statement.

2. Accountability and ethical standards within guidelines of professional organizations.

3. Knowledge of Policies and Procedures for the areas of the Hospital within which the AHP will function.

4. Documentation of skills must be provided related to:
   a. Systematic physical, psychological and social assessment of the health status of individuals and families.
   b. Analysis of data and identification of problems and formulation of collaborative plan of care with physician that provides continuity of health care for patients.
   c. Provision of instruction and counseling to individuals and families of environment to support health care.
   d. Collaborating with supervising physician to plan for alterations of environment to support health care.
   e. Carrying out defined portion of the collaborative plan of care limited to those functions approved by the privileging process.

SUPERVISION:

12. All entries in the medical record as permitted under Nature and Scope must be cosigned by the supervising physician.

2. The Advanced Practitioner of Nursing shall at all times comply with the provisions of NRS 632 and Regulations of the Nevada State Board of Nursing.

3. The supervising physician is responsible for the action of the Advanced Practitioner of Nursing at all times.

12. The first 20 charts will be reviewed by the Department Chief or his designee for compliance with this Scope of Practice, hospital policies and the community standard of care.
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<tr>
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<td>Non-MD First Assist</td>
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<td>David Hald, MD</td>
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CORE PRIVILEGES: NATURE AND SCOPE:

The PA may perform the following functions in addition to any that may be specifically delineated in the Appendix:

15. Perform a History and Physical on elective admissions, elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.

16. May order tests and treatments in accordance with existing protocol approved by the appropriate specialty Division and/or Section, C&P Committee, Medical Executive Council and Board of Trustees.

17. May provide assistance to the supervising physician for specified procedures (see individual PA’s privilege delineation.)

18. Make and document daily rounds to augment the physician’s rounds.

19. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.

JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.

20. Assist in discharge planning and teaching.


The use of a non-MD surgical first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon within the scope of the assistant’s privileges.

The hospital activities of the Allied Health Professional shall be under the supervision of the medical staff member(s) who initiates the application and who is responsible for the professional and ethical conduct of the AHP.

KNOWLEDGE, SKILLS & ABILITIES:

1. Accountability for conduct consistent with the St. Mary’s Regional Medical Center Mission Statement.
2. Accountability and ethical standards within guidelines of professional organizations.
3. Knowledge of Policies and Procedures for the areas of the Hospital within which the AHP will function.
4. Documentation of skills must be provided related to:
   a. Systematic physical, psychological and social assessment of the health status of individuals and families.
   b. Analysis of data and identification of problems and formulation of collaborative plan of care with physician that provides continuity of health care for patients.
   c. Provision of instruction and counseling to individuals and families of environment to support health care.
   d. Collaborating with supervising physician to plan for alterations of environment to support health care.
   e. Carrying out defined portion of the collaborative plan of care limited to those functions approved by the privileging process.

SUPERVISION:

1. All entries in the medical record (with the exception of the Discharge Summary) as permitted under Nature and Scope must be cosigned by the supervising physician.
2. The Physician Assistant must at all times comply with the provisions of Nevada Revised Statute and other regulations that set for the practice of a Physician Assistant in the State of Nevada.
3. The supervising physician is responsible for the action of the Physician Assistant at all times.
4. The first 20 charts will be reviewed by the Section Chief or his designee for compliance with this Scope of Practice, hospital policies, and the community standard of care.
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<td>Category: Non-MD Surgical First Assist</td>
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<td>Section: General Surgery, Cardiac Surgery, Gynecology</td>
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**STATUS:**
- Provisional Level – GS & CDS 11/24/92
- AHP Privileges – GS & CDS 10/25/94
- Provisional Level – GYN & ORS 10/25/94
- AHP Privileges – ORS 06/17/99

**Supervising Physician(s):**
- Brian Juell, M.D.
- Alvaro H. Devia, MD

**REAPPOINTMENT:**
- 06/15/93 Exec. Comm.
- 06/20/95 Exec. Comm.
- 07/16/97 Exec. Comm.
- 08/17/99 Exec. Comm. to coordinate with No. Nv. Community recredentialing cycle commencing 10/01/99 - 09/30/01
- 10/01/99 - 09/30/01 Recred Cycle
- 10/01/01 – 09/30/03 Recred. Cycle
- 10/01/03 – 09/30/05 Recred. Cycle
- 04/01/05 – 03/31/07 Recred. Cycle
- 04/01/07 – 03/31/09 Recred. Cycle
- 04/01/09 – 04/01/11 Recred. Cycle
- Reappoint 04/01/13 to 03/31/15

**RNFA**

1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.

2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.

**SPECIAL REQUESTS:**

None
| RICHIED, Debra L., Ph.D. (8009)  
| Allied Health Professional  
| Category: Clinical Psychologist  
| Section: Family Practice |

| STATUS:  
| Temporary privileges 06/16/93  
| Provisional Level 08/24/93  

All patient treatment must be under direct supervision of Doctors Bloomfield and Coughlin.

| REAPPOINTMENT:  
| 06/21/94 Exec. Comm.  
| 08/20/96 Exec. Comm.  
| 07/16/97 Exec. Comm.  
| 06/22/99 Exec. Comm.  
| 04/01/01 – 03/31/03 Recred. Cycle  
| 04/01/03 – 03/31/05 Recred. Cycle  
| 10/01/04 – 09/30/06 Recred. Cycle  
| 10/01/06 – 09/30/08 Recred. Cycle  
| 10/01/08 – 10/01/10 Recred. Cycle  
| 10/01/10 – 10/01/12 Recred. Cycle  
| Reappoint 10/01/12 to 09/30/14 |

| CORE PRIVILEGES:  
| **The Psychologist shall not function outside of his or her particular field of competence as established by education, training and experience. The Psychologist shall not prescribe drugs, perform surgery or otherwise practice medicine** |

Perform non-invasive tests and procedures  
Psychological testing  
Procedures to be performed on the floors and in the ER

| SPECIAL REQUESTS:  
| None |
Roetman, Kelly (11053)
Specialty: Orthopedic Surgery

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<td>Allied Health 09/06/2011</td>
<td>Bruce Witmer, MD</td>
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APPOINTMENT: 09/06/2011 - 04/01/2013
Reappoint 04/01/13 to 03/31/15

CORE PRIVILEGES:

APN Core Privileges:
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions:

1. Perform a History and Physical on elective admission, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
2. Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P committee, Executive Committee and the Board of Governors.
3. May provide assistance to the supervising physician for the following procedures: central venous catheter thoracentesis, paracentesis and lumbar puncture.
4. Make and document daily rounds to augment the physician's rounds.
5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
6. Assist in discharge planning and teaching.
7. May dictate discharge summary.

RNFA
1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.
2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.
ROGINA, Julius M., Ph.D. (7400)
Allied Health Professional
Category: Clinical Psychologist
Section: Internal Medicine


**CORE PRIVILEGES:**

**The Psychologist shall not function outside of his or her particular field of competence as established by education, training and experience. The Psychologist shall not prescribe drugs, perform surgery or otherwise practice medicine.**

All patient treatment must be under direct supervision of Evaluating Physician, Dr. Dr. Henson

Make patient rounds alone

Perform non-invasive tests and procedures
Objective
Projective
Neuropsychological tests

Procedures to be performed on the floors only

**SPECIAL REQUESTS:**

None
Rowley, Donna (11112)  
Specialty: Allied Health Professional

STATUS:  
Allied Health  03/06/2012  
APPOINTMENT:  03/06/2012 - 04/01/2013  
Reappoint 04/01/13 to 03/31/15

EVALUATING PHYSICIAN:  
Michael Bloch, MD

CORE PRIVILEGES: NATURE AND SCOPE:  
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions and any additional privileges as approved and listed in the Appendix:

15. Perform a History and Physical on elective admissions, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.

16. Order tests and treatments in accordance with the Nurse Practice Act and the existing protocol approved by the appropriate specialty Section and/or Division, C&P Committee, Medical Executive Council and the Board of Trustees.

17. May provide assistance to the supervising physician for specified procedures (see individual APN’s privilege delineation)

18. Make and document daily rounds to augment the physician’s rounds.

19. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.

JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.

20. Assist in discharge planning and teaching.


SUPERVISION

13. All entries in the medical record as permitted under Nature and Scope must be cosigned by the supervising physician.

2. The Advanced Practitioner of Nursing shall at all times comply with the provisions of NRS 632 and Regulations of the Nevada State Board of Nursing.
Physician Assistant Scope of Practice within the Section of Neurosurgery

I. Supervising Physician Mentoring - All of the privileges listed below will be performed by the PA only after the patient's exam and one of the PA's supervising physicians has reviewed any pertinent lab and x-ray results. The supervising physician is responsible for mentoring the PA for each procedure, and procedures are not to be performed independently by the PA until the PA has proven to the satisfaction of the supervising physician that the PA is competent and can be released from supervision (also see specific expectations for certain procedures below).

II. PA Dictation/Order:
1. PAs have a general scope of practice that allows them to perform history and physicals, write progress notes and discharge summaries.
2. Order writing specifically for neurosurgery should include: medications consistent with prescribing, PA privileges according to the Nevada State Board of Pharmacy and provided by NRS, physical and occupational therapies, dressing changes, drain management, noninvasive radiology studies, and maintenance IVs.
3. All orders will be cosigned by the supervising physician within 24 hours. (PA is to indicate “I am dictating this h&p for Dr. (name)” so there is a signature line for the PA and for the supervising physician).

III. PA Procedures:
4. Outside of operating room:
   a) Dressing changes
   b) Administration of local anesthesia
   c) Suturing simple lacerations
   d) Removal of exposed pins/external fixators
   e) Removal of ICP bolts
   f) Removal of Ventriculostomy drains
   g) Removal of subdural drains
   h) Removal of lumbar drains
   i) Suture above sites when necessary after removing
   j) Initiate evaluation of ER patients with immediate consultation with supervising physician, who must admit or discharge the patient
5. In operating room with supervising physician present:
   a) Assisting on any case to include:
      1) Placing, tying, cutting sutures
      2) Any portion of the procedure allowed by the supervising physician
6. In operating room with supervising physician in the hospital.
   a) Positioning patient
   b) Draping patient
   c) Suturing of subcutaneous tissue and skin
   d) Removal of exposed pins/external fixators
   e) Dressing change/application
   f) Aspiration/injections
RUMBLE, APN, RNFA, Shannon (#10263)
Specialty: Orthopedics

STATUS:
Allied Health Professional 5/06/08
EVALUATING PHYSICIAN:
Sierra Regional Spine Institute

REAPPOINTMENT:
04/01/09 – 04/01/11 Recred. Cycle
Reappoint 04/01/13 to 03/31/15

APN Core Privileges:
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions:

4. Perform a History and Physical on elective admission, elective per-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
5. Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P committee, Executive Committee and the Board of Governors.
6. May provide assistance to the supervising physician for the following procedures: central venous catheter thoracentesis, paracentesis and lumbar puncture.
4. Make and document daily rounds to augment the physician’s rounds.
5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
6. Assist in discharge planning and teaching.
7. May dictate discharge summary.

RNFA
1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.
2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.
1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.

2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.
| SANDS, PAC, Amber (#10419)                      |  
| Specialty: Neurosurgery                       | 
| EVALUATING PHYSICIAN: Sierra Neurosurgery Physicians | 
| STATUS: Allied Health Professional 10/06/09 | 
| REAPPOINTMENT: Reappoint 04/01/13 to 03/31/15 |
CORE PRIVILEGES:

The PA may perform the following functions in addition to any that may be specifically delineated in the Appendix:

1. Perform a History and Physical on elective admissions, elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.

2. May order tests & treatments in accordance with existing protocol approved by the appropriate specialty Division and/or Section, C & P Committee, Executive Council and Community Board.

3. May provide assistance to the supervising physician for specified procedures (see individual PA’s privilege delineation).

4. Make and document daily rounds to augment the physician’s rounds.

5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.

JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.

6. Assist in discharge planning and teaching.

7. May dictate discharge summary

Continued on Page 2
SPECIAL REQUESTS:
Physician Assistant Scope of Practice within the Section of Neurosurgery

1. PA’s have a general scope of practice that allows them to perform history and physicals, write progress notes and discharge summaries.

2. Order writing specifically for neurosurgery should include: medications consistent with prescribing PA privileges according to the Nevada State Board of Pharmacy and provided by NRS, physical and occupational therapies, dressing changes, drain management, noninvasive radiology studies, and maintenance IVs.

3. All orders will be consigned by the supervising physician within 24 hours.

Outside of operating room:
- Dressing changes
- Administration of local anesthesia
- Suturing simple lacerations
- Removal of exposed pins/external fixators
- Removal of ICP bolts
- Removal of Ventriculostomy drains
- Removal of subdural drains
- Removal of lumbar drains
- Suture above sites when necessary after removing
- Initiate evaluation of ER patients with immediate consultation with supervising physician, who must admit or discharge the patient.

In operating room with supervising physician present:
- Assisting on any case to include
  - Placing, tying, cutting sutures
  - Any portion of the procedure allowed by the supervising physician

In operating room with the supervising physician in the Hospital:
- Positioning patient
- Draping patient
- Suturing of subcutaneous tissue and skin
- Removal of exposed pins/external fixators
- Dressing change/application
- Aspiration/injections
| Sansone, SFA, Krystal  (#10673) |  |
| Specialty: Non MD Surg. First Assist. Orthopedics |  |

**STATUS:**
Allied Health Professional 12/2/08

**EVALUATING PHYSICIAN:**
Orthopedic Surgical Associates

**REAPPOINTMENT:**
Reappoint 04/01/13 to 03/31/15

**Non MD Surgical First Assist:**
1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.

2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.
| Saville, Sandra (11101)  
| Specialty: Neurophysiology  
| STATUS: 
| Application in Process 11/01/2011  
| APPOINTMENT: 11/01/2011 - 04/01/2013  
| Reappoint 04/01/13 to 03/31/15  
| EVALUATING PHYSICIAN:  
| Norman Wang, MD  

### CORE PRIVILEGES:

The Neurophysiologist will interpret electrophysiological activity in the operating room. They will perform a variety of intraoperative procedures, including but not limited to:

- Computerized electroencephalography
- Nerve conduction fatigue
- Electromyographic recording
- Electroencephalography
- Somatosensory, auditory and visual evoked potentials
SCHAEFER, PA-C, Kenneth S.  
(#10931)  
Specialty: Neurosurgery  
Physician Assistant  
Page 1 of 2  

STATUS:  
Allied Health Professional  7/6/10  
EVALUATING PHYSICIAN:  
James Lynch, MD  

REAPPOINTMENT:  
Reappoint 04/01/13 to 03/31/15  

CORE PRIVILEGES:  
The PA may perform the following functions in addition to any that may be specifically delineated in the Appendix:  
7. Perform a History and Physical on elective admissions, elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.  
8. May order inpatient & outpatient tests specifying supervising physician’s name, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Division and/or Section, C & P Committee, Executive Council and Board of Trustees.  
9. May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.  
10. Make and document daily rounds to augment the physician’s rounds.  
11. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.  
12. Assist in discharge planning and teaching.  
13. May dictate discharge summary.  
14.  

Neurosurgery privileges continued on Page 2
Physician Assistant Scope of Practice within the Section of Neurosurgery

4. PA's have a general scope of practice that allows them to perform history and physicals, write progress notes and discharge summaries.

5. Order writing specifically for neurosurgery should include: medications consistent with prescribing PA privileges according to the Nevada State Board of Pharmacy and provided by NRS, physical and occupational therapies, dressing changes, drain management, noninvasive radiology studies, and maintenance ivs.

6. All orders will be consigned by the supervising physician within 24 hours.

Outside of operating room:
- Dressing changes
- Administration of local anesthesia
- Suturing simple lacerations
- Removal of exposed pins/external fixators
- Removal of ICP bolts
- Removal of Ventriculostomy drains
- Removal of subdural drains
- Removal of lumbar drains
- Suture above sites when necessary after removing
- Initiate evaluation of ER patients with immediate consultation with supervising physician, who must admit or discharge the patient.

In operating room with supervising physician present:
- Assisting on any case to include
  - Placing, tying, cutting sutures
  - Any portion of the procedure allowed by the supervising physician

In operating room with the supervising physician in the Hospital:
- Positioning patient
- Draping patient
- Suturing of subcutaneous tissue and skin
- Removal of exposed pins/external fixators
- Dressing change/application
- Aspiration/injections
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**STATUS:**
Allied Health Professional
11/17/09

**EVALUATING PHYSICIAN:**
Reno Emergency Physicians

**REAPPOINTMENT:**

---
CORE PRIVILEGES:

All core privileges as outlined in the “Physician Assistant - Core Privileges: Nature and Scope” has been incorporated into the “Emergency Department Scope of Practice for Physician Assistants” as listed below under “Special Requests”.

SPECIAL REQUESTS:

73. The EDPA scope of practice includes that Physician Assistants may provide primary care of the emergent patient visits in the urgent care and emergency department settings, under the direct supervision of supervising physician(s).

74. Elicit and record a complete medical history with review by attending/supervising physician(s).

75. Perform a complete physical examination and record findings on pertinent emergency medical records with review by attending/supervising physician(s).

76. Perform patient evaluations and record progress in the emergency room medical record as requested by supervising physician(s).

77. All patients seen in the emergency room by the Physician Assistants will also be seen by supervising physician(s).

78. Order and interpret selected laboratory tests such as, but not limited to, urinalysis, chemistry panel, gram stains, cultures, CBC, etc.

79. Assessment and institution of therapy for acute illnesses according to established protocol and with review of supervising physician(s).

80. Assessment and management of therapy for patients with chronic illnesses in conjunction with supervising physician(s).

81. May order, evaluate and act on radiology studies and EKGs with review by supervising physician(s).

82. May order and/or administer medications orally, intradermal, subcutaneous, IM, IV and via nebulizer as established by supervising physician(s).

83. May repair lacerations not involving nerves, tendons, and major vessels. May remove sutures and staples.

84. May perform minor surgical and wound care procedures such as, but not limited to, burn debridement, removal of superficial foreign bodies, incision and drainage of abscesses.

85. May order, supervise, and apply splints to closed fractures and severe sprains.

86. May assist supervising physician(s) with procedures such as central venous catheter, thoracentesis, paracentesis, and lumbar puncture.

87. Will always provide medical services within the scope of licensure as outlined by the Nevada State Board of Medical Examiners.

88. Will hold active PA license, Nevada State Board of Pharmacy license, and DEA registration certificate.

89. Will only practice under supervising physician(s), be employed by Reno Emergency Physicians, and associate/active staff privileges at SMRMC.

90. Supervising physician(s) will be ultimately responsible at all times for all Physician Assistant activities within the hospital.
SCHRIMPF, Karen RN, CNOR, RNFA (8807)
Allied Health Professional
Category: Non-MD Surgical First Assist
Section: General Surgery, Cardiac Surgery,
Gynecology, Orthopedic Surgery,
and Plastic Surgery

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<td>Paul Stumpf – General Surgery</td>
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<td>Kevin Linkus – Cardiac Surgery</td>
<td>04/01/09 – 04/01/11 Recred. Cycle</td>
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CORE PRIVILEGES:

A supervising surgeon(s) must be in attendance in the OR suite at all times when a non-MD first assistant is being utilized. The non-MD first assistant may not function in a scrub role while assisting. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon within the scope of the assistant's privileges.

Privileges include:
- Prepping of the operative site
- Surface Irrigation
- Sponge the operative site
- Assist tying sutures
- Cut sutures

Under direct supervision:
- Cauterize vessels
- Apply hemostats and ties knots on small vessels
- Provide retraction
- Suction fluids from the surgical field
- Provide closures of layer of tissue
- Insert drains
- Apply dressings

No AHP shall, at any time perform any procedure which is listed as an operation in the most recent edition of the International Classification of Diseases Adapted for Hospital (H-ICDA Code Book) except those procedures which are specifically approved.

SPECIAL REQUESTS:

Open & endoscopic vein harvesting.
<table>
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<tr>
<th>SCHROEDER, Kerry, SFA (#10919)</th>
<th>Specialty: Plastic Surgery Non MD Surg. First Assistant</th>
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<tr>
<td>Louis Bonaldi, MD</td>
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**NON MD SURGICAL FIRST ASSISTANT:**

1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.

2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.
| SEELIGER, RNFA, Traci (#10857) | Specialty: Plastic Surgery  
RN First Assistant |
|--------------------------------|------------------------------------------------|
| STATUS:                       | REAPPOINTMENT:  
Allied Health Professional 4/6/10  
Joseph Kiener, MD  
Reappoint 04/01/13 to 03/31/15 |

Nature and scope:

1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.

2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.
CORE PRIVILEGES:
A supervising surgeon(s) must be in attendance in the OR suite at all times when a non-MD first assistant is being utilized. The non-MD first assistant may not function in a scrub role while assisting. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon within the scope of the assistant's privileges.

Privileges include:
- Applying knowledge of infection control & aseptic principles
- Prepping of the operative site
- Draping of the operative site
- Applying postoperative dressings & removing sutures

Under direct supervision:
- Demonstrate proper wound exposure
- Demonstrate correct tissue handling
- Use techniques to maintain hemostasis
- Close subcutaneous & incisional sites
- Suture drains to skin edges
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<th>SMITH PA-C, Curtis J. (10252)</th>
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<td>Reappoint 04/01/13 to 03/31/15</td>
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**CORE PRIVILEGES:**
Physician Assistant Core Privileges:
The PA may perform the following functions:
1. Perform a History and Physical on elective admissions and elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
2. Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P Committee, Executive Committee and Board of Governors.
3. May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
4. Make and document daily rounds to augment the physician’s rounds.
6. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
7. Assist in discharge planning and teaching.
8. May dictate discharge summary.

**First Assist privileges:**
A supervising surgeon(s) must be in attendance in the OR suite at all times when a non-MD first assistant is being utilized. The non-MD first assistant may not function in a scrub role while assisting. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon within the scope of the assistant's privileges.

The non-physician first assist may perform the following:
- Prep and drape the operative site
- Surface irrigation
- Sponge the operative site
- Assist tying sutures
- Cut sutures

Under direct supervision the non-physician first assistant may:
- Cauterize vessels
- Apply hemostats and tie knots on small vessels
- Provide retraction
- Suction fluids from the surgical field
- Provide closure of layer of tissue
| **Insert drains** |
| **Apply dressings** |

No AHP shall, at any time perform any procedure which is listed as an operation in the most recent edition of the International Classification of Diseases Adapted for Hospital (H-ICDA Code Book) except those procedures which are specifically approved.

| Solomon, Rebecca (11092) |
| Specialty: Neurophysiology |

**STATUS:**
Allied Health 10/04/2011

**EVALUATING PHYSICIAN:**
Norman Wang, MD

**APPOINTMENT:** 10/04/2011 - 04/01/2013
Reappoint 04/01/13 to 03/31/15

**CORE PRIVILEGES:**
The Neurophysiologist will interpret electrophysiological activity in the operating room. They will perform a variety of intraoperative procedures, including but not limited to:

- Computerized electroencephalography
- Nerve conduction fatigue recording
- Electromyographic recording
- Electroencephalography;
- Somatosensory, auditory and visual evoked potentials
Starr, Jessica (11149)
Specialty: Emergency Medicine

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EVALUATING PHYSICIAN: Brock Boscovich, MD

PHYSICIAN ASSISTANTS IN THE EMERGENCY DEPARTMENT

I. The EDPA scope of practice includes that Physician Assistant may provide primary care of the patient visits in the fast track and emergency department settings, under direct supervision of supervising physician(s).
   1. The supervising physician(s) will be ultimately responsible at all times for all physician assistants’ activities within the hospital.
   2. Will only practice under supervising physician(s); be supervised by Reno Emergency Physicians with associate/active staff privileges at SMRMC.
   3. Will always provide medical services within the scope of licensure as outlined by the Nevada State Board of Medical Examiners.
   4. Will hold active PA-C license, Nevada State Board of Pharmacy, and DEA registration certificate.

II. PA-C Dictation/Order:
   1. Elicit and record a complete medical history with review by attending /supervising physician.
   2. Perform a complete physical examination and record findings on pertinent emergency medical records.
   3. Perform patient evaluations and record progress in the emergency room medical record.
   4. Assessment and management of therapy for patients with chronic illnesses in conjunction with supervising physician(s).
   5. Responsible for staffing fast track. Performing evaluation and appropriate medical treatment of all patient seen.
   6. All patients’ charts seen by the physician assistant will be signed by the supervising physician(s) at the end of each shift.
   7. May order and interpret laboratory tests such as, but not limited to, urinalysis, chemistry panel, complete blood count, gram stain, cultures, etc.
   8. May order, evaluate and act on radiology studies and EKG’s with review by supervising physician(s).
   9. May order/or administer medications orally, intradermal, subcutaneous, IM, IV and via nebulizer.

III. PA-C Procedures:
   1. May order, supervise and apply splints to all fractures and sprains.
   2. May repair lacerations not involving nerves, tendons, or major vessels. May remove sutures and staples.
   3. May perform minor surgical and wound care procedures such as, but not limited to, burn debridement, removal of foreign bodies, incision and drainage of abscesses.
   4. May perform the following procedures under the close supervision of supervising physician(s):
      lumbar puncture
      cardio version
      ACLS
      airway management
      reductions of dislocations
      joint aspiration
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<td>Reno Heart Surgeons</td>
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<td>CORE PRIVILEGES:</td>
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<td>Cardiopulmonary pump perfusionist provides care in the support, treatment, measurement, or supplementation of the circulatory system. Such care includes, but is not limited to the performance of elective and emergency cardiopulmonary bypass, cardiac and respiratory assist, monitoring and diagnostic measurement, and autologous blood salvage.</td>
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**STATUS:**

Allied Health Professional  3/03/09

**EVALUATING PHYSICIAN:**

Shaji Mathew, MD
Gerardo Rodriguez-Gomez

**REAPPOINTMENT:**

Reappoint 04/01/13 to 03/31/15

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**Physician Assistant Core Privileges:**

The PA may perform the following functions:

- Perform a History and Physical on elective admissions and elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
- Order tests, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Department and/or Section, C&P Committee, Executive Committee and Board of Governors.
- May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
- Make and document daily rounds to augment the physician’s rounds.
- May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
- Assist in discharge planning and teaching.
- May dictate discharge summary.
**SZATKOWSKI, Barbara A., APN (#10981)**  
Specialty: Family Medicine  
Nurse Practitioner

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<td>Jason Crawford, MD</td>
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**CORE PRIVILEGES:**  
Consistent with the Nurse Practice Act of the Nevada State Board of Nursing, the APN may perform the following list of functions and any additional privileges as approved and listed in the Appendix:

- Perform a history and physical on elective admissions, elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
- Order test and treatments in accordance with the Nurse Practice act and the existing protocol approved by the appropriate specialty Section and/or Division, C&P Committee, Medical Executive Council and the Board of Trustees.
- May provide assistance to the supervising physician for specified procedures (see individual APN’s privilege delineation – if applicable)
- Make and document daily rounds to augment the physician’s rounds.
- May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices. JCAHO requires providers to write a verbal or telephone order directly into the patient’s chart and then to read it back to the physician for verification, after which “RB” for read back must be documented next to the order. All providers taking verbal or telephone orders must comply with this standard.
- Assist in discharge planning and teaching.
- May dictate discharge summary.
| TEARNAN, Blake H., Ph.D. (8047)  
Allied Health Professional  
Category: Clinical Psychologist  
Section: Family Practice |
|---|
| **STATUS:**  
Temporary Privils. 02/28/94  
Provisional Level 04/26/94  
All patient treatment must be under direct supervision of Dr. Chamberlain. |
| **REAPPOINTMENT:**  
08/20/96 Exec. Comm.  
07/16/97 Exec. Comm.  
06/22/99 Exec. Comm.  
04/01/01 – 03/31/03 Recred. Cycle  
04/01/03 – 03/31/05 Recred. Cycle  
10/01/04 – 09/30/06 Recred. Cycle  
10/01/06 – 09/30/08 Recred. Cycle  
10/01/08 – 10/01/10 Recred. Cycle  
10/01/10 – 10/01/12 Recred. Cycle  
Reappoint 10/01/12 to 09/30/14 |
| **CORE PRIVILEGES:**  
**The Psychologist shall not function outside of his or her particular field of competence as established by education, training and experience. The Psychologist shall not prescribe drugs, perform surgery or otherwise practice medicine**  
Make patient rounds alone  
Psychological Intakes on Diagnostic Evaluations  
Procedures to be performed on the floors only |
| **SPECIAL REQUESTS:**  
None |
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**CORE PRIVILEGES:**
The PA may perform the following functions in addition to any that may be specifically delineated in the Appendix:

1. Perform a History and Physical on elective admissions, elective pre-procedure/surgery with the co-signature of a supervising physician within the next calendar day.
2. May order inpatient & outpatient tests specifying supervising physician's name, initiate or perform selected diagnostics or procedures in accordance with existing protocol approved by the appropriate specialty Division and/or Section, C & P Committee, Executive Council and Board of Trustees.
3. May provide assistance to the supervising physician for the following procedures: central venous catheter, thoracentesis, paracentesis and lumbar puncture.
4. Make and document daily rounds to augment the physician’s rounds.
5. May receive and document verbal orders from the supervising physician in the medical record. May relay orders from the supervising physician to individuals authorized to accept orders when functioning under approved scope of practices.
6. Assist in discharge planning and teaching.
7. May dictate discharge summary.
The Medicine scope of practice includes that Physician Assistants may provide primary care of the patient, under the direct supervision of supervising physician(s).

1. Elicit and record a complete medical history with review by attending/supervising physician(s).
2. Perform a complete physical examination and record findings on pertinent medical records with review by attending/supervising physician(s).
3. Perform patient evaluations and record daily progress notes in the medical record as requested by supervising physician(s).
4. All patients will be seen by the supervising physician(s) on the day of admission and their progress will be reviewed daily on the floor.
5. Perform well adult care including physical examinations, immunization, pap smears and health planning.
6. Order and interpret selected laboratory tests such as, urinalysis, chemistry panel, gram stains, cultures, CBC.
7. Assessment and institution of therapy for acute illnesses according to established protocol and with review of supervising physicians(s).
8. Assessment and management of therapy for patients with chronic illnesses in conjunction with supervising physician(s).
9. May write orders on the medical chart when requested by supervising physician(s). These orders are to be signed by the supervising physician within 48 hrs.
10. May evaluate and act on radiology studies and EKGs with review by supervising physicians(s).
11. May order and/or administer medications orally, intradermal, subcutaneous, IM, IV and via nebulizer as established by supervising physician(s).
12. May repair lacerations not involving nerves, tendons, and major vessels, or risk of cosmetic complications. May remove sutures.
13. May assist supervising physician(s) with procedures such as central venous catheter, thoracentesis, paracentesis, and lumbar puncture.
14. Will always provide medical services within the scope of licensure as outlined by the Nevada State Board of Medical Examiners.
15. Will hold active PA license, Nevada State Board of Pharmacy license, and DEA registration certificate.
16. Will only practice under supervising physician(s), with Active staff privileges at SMRMC.
17. Supervising physician(s) will be ultimately responsible at all times for all Physician Assistant activities within the hospital.
Core Privileges:
Provides patient care in the support, treatment, measurement, or supplementation of the circulatory system. Such care includes, but is not limited to, the performance of elective and emergency cardiopulmonary bypass, cardiac and respiratory assist, monitoring and diagnostic measurement, and autologous blood salvage.

Cardiopulmonary Pump Perfusionist will assist the surgeon in the following procedures:
- Cardiopulmonary Bypass
- Intra Aortic Balloon Pumping
- Autologous Blood Salvage
- Electronic Physiological Monitoring
**Core Privileges in Cardiopulmonary Pump Perfusionist:**

Provides patient care in the support, treatment, measurement, or supplementation of the circulatory system. Such care includes, but is not limited to, the performance of elective and emergency cardiopulmonary bypass, cardiac and respiratory assist, monitoring and diagnostic measurement, and autologous blood salvage.

Cardiopulmonary Pump Perfusionist will assist the surgeon in the following procedures:
- Cardiopulmonary Bypass
- Intra Aortic Balloon Pumping
- Autologous Blood Salvage
- Electronic Physiological Monitoring
<table>
<thead>
<tr>
<th>VANDER WALL, Kathleen R., Au.D. (7896)</th>
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<tbody>
<tr>
<td>Allied Health Professional</td>
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<td>AHP SPP Privileges</td>
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<tr>
<td>All patient treatment must be under direct supervision of Supervising Physicians: Drs. Garrett and West</td>
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<td>REAPPOINTMENT:</td>
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<td>04/01/05 – 03/31/07 Recred. Cycle</td>
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<tr>
<td>CORE PRIVILEGES:</td>
<td></td>
</tr>
<tr>
<td>Perform non-invasive tests and procedures:</td>
<td></td>
</tr>
<tr>
<td>Basic audiometry tests</td>
<td></td>
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<tr>
<td>BSER tests</td>
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<tr>
<td>On the floors or within the Clinical Services Dept.</td>
<td></td>
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<tr>
<td>SPECIAL REQUESTS:</td>
<td></td>
</tr>
<tr>
<td>None</td>
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</tbody>
</table>
| WAGGONER (MARTIN), Bonnie J., RNFA (8146) | Allied Health Professional  
Category: Non-MD Surgical First Assist  
Section: Ophthalmology |
|------------------------------------------|--------------------------------------------------|

**STATUS:**  
Provisional Level 12/19/95  
Supervising Physician(s): Perry Waggoner, MD

**REAPPOINTMENT:**  
07/16/97 Exec. Comm.  
01/20/98 Exec. Comm.  
04/01/00 – 03/31/02 Recred. Cycle  
04/01/02 – 03/31/04 Recred. Cycle  
04/01/05 – 03/31/07 Recred. Cycle  
04/01/07 – 03/31/09 Recred. Cycle  
04/01/09 – 04/01/11 Recred. Cycle  
Reappoint 04/01/13 to 03/31/15

**CORE PRIVILEGES:**

A supervising surgeon(s) must be in attendance in the OR suite at all times when a non-MD first assistant is being utilized. The non-MD first assistant may not function in a scrub role while assisting. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon within the scope of the assistant's privileges.  

Privileges include:  
- Applying knowledge of infection control & aseptic principles  
- Prepping of the operative site  
- Draping of the operative site  
- Applying postoperative dressings & removing sutures

Under direct supervision:  
- Demonstrate proper wound exposure  
- Demonstrate correct tissue handling  
- Use techniques to maintain hemostasis  
- Close subcutaneous & incisional sites  
- Suture drains to skin edges

**SPECIAL REQUESTS:**  
None
Walker, Karin, APN (7964)
Allied Health Professional
Category: Nurse Practitioner
Section: Neonatology

STATUS:
Provisional Level 07/27/99
All patient treatment must be under direct supervision of the Supervising Physician, Dr. Stephen Missall or his associates.

REAPPOINTMENT:
04/01/00 – 03/31/02 Recred. Cycle
04/01/02 – 03/31/04 Recred. Cycle
04/01/04 – 03/31/06 Recred. Cycle
04/01/05 – 03/31/07 Recred. Cycle
04/01/07 – 03/31/09 Recred. Cycle
04/01/09 – 04/01/11 Recred. Cycle
Reappoint 04/01/13 to 03/31/15

CORE PRIVILEGES:
All core privileges as outlined in the “Advanced Practitioner of Nursing - Core Privileges: Nature and Scope” has been incorporated into the “APN Scope of Service Pediatrics/ Newborn Nursery” as listed below under “Special Requests”.

SPECIAL REQUESTS:
A. Clinical assessment of the newborn nursery patient.
B. Documentation in the hospital medical records of the clinical assessment and treatment plan.
C. Written orders to include:
   1. Newborn admission orders
   2. Newborn discharge orders
   3. Laboratory: complete blood count, bilirubin, urinalysis, urine bacterial antigen assessment, blood culture, serum glucose, urine and/or drug screen
   4. Chest x-ray
   5. Phototherapy
   6. Pulse oximetry
   7. Verbal or telephone orders from the physician
   8. Pediatric specialty consult
D. Special Requests:
   1. Lumbar Puncture
   2. Newborn Resuscitation
   3. Arterial Catheter
   4. Thoracentesis
   5. Ventilator Care – Neonatal
   6. Ventilator Care – Pediatric
E. Discharge Planning:
   1. Home care services
   2. Lactation specialist consult
   3. Follow-up care
   4. Parent Education
<table>
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<tr>
<th>WALKER, PA-C, Margo J. (#10388)</th>
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<td>01/09 – 04/09 pending reappmt. Cycle</td>
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<td>04/01/09 – 04/01/11 Recred. Cycle</td>
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<td>Reno Emergency Physicians</td>
<td>Reappoint 04/01/13 to 03/31/15</td>
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<tr>
<td>Kent Sasse, MD 3/6/12</td>
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<table>
<thead>
<tr>
<th>CORE PRIVILEGES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>All core privileges as outlined in the &quot;Physician Assistant - Core Privileges: Nature and Scope&quot; has been incorporated into the &quot;Emergency Department Scope of Practice for Physician Assistants&quot; as listed below under &quot;Special Requests&quot;</td>
</tr>
</tbody>
</table>
SPECIAL REQUESTS:

1. The EDPA scope of practice includes that Physician Assistants may provide primary care of the emergent patient visits in the urgent care and emergency department settings, under the direct supervision of supervising physician(s).

2. Elicit and record a complete medical history with review by attending/supervising physician(s).

3. Perform a complete physical examination and record findings on pertinent emergency medical records with review by attending/supervising physician(s).

4. Perform patient evaluations and record progress in the emergency room medical record as requested by supervising physician(s).

5. All patients seen in the emergency room by the Physician Assistants will also be seen by supervising physician(s).

6. Order and interpret selected laboratory tests such as, but not limited to, urinalysis, chemistry panel, gram stains, cultures, CBC, etc.

7. Assessment and institution of therapy for acute illnesses according to established protocol and with review of supervising physician(s).

8. Assessment and management of therapy for patients with chronic illnesses in conjunction with supervising physician(s).

9. May order, evaluate and act on radiology studies and EKGs with review by supervising physician(s).

10. May order and/or administer medications orally, intradermal, subcutaneous, IM, IV and via nebulizer as established by supervising physician(s).

11. May repair lacerations not involving nerves, tendons, and major vessels. May remove sutures and staples.

12. May perform minor surgical and wound care procedures such as, but not limited to, burn debridement, removal of superficial foreign bodies, incision and drainage of abscesses.

13. May order, supervise, and apply splints to closed fractures and severe sprains.

14. May assist supervising physician(s) with procedures such as central venous catheter, thoracentesis, paracentesis, and lumbar puncture.

15. Will always provide medical services within the scope of licensure as outlined by the Nevada State Board of Medical Examiners.

16. Will hold active PA license, Nevada State Board of Pharmacy license, and DEA registration certificate.

17. Will only practice under supervising physician(s), be employed by Reno Emergency Physicians, and associate/active staff privileges at SMRMC.

18. Supervising physician(s) will be ultimately responsible at all times for all Physician Assistant activities within the hospital.

First Assist privileges:

A supervising surgeon(s) must be in attendance in the OR suite at all times when a non-MD first assistant is being utilized. The non-MD first assistant may not function in a scrub role while assisting. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon within the scope of the assistant's privileges.

The non-physician first assist may perform the following:

- Prep and drape the operative site
- Surface irrigation
- Sponge the operative site
- Assist tying sutures
- Cut sutures

Under direct supervision the non-physician first assistant may:

- Cauterize vessels
- Apply hemostats and tie knots on small vessels
- Provide retraction
- Suction fluids from the surgical field
<table>
<thead>
<tr>
<th>Wang, Gexin (11093)</th>
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</thead>
<tbody>
<tr>
<td>Specialty: Neurophysiology</td>
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**STATUS:**
Allied Health 10/04/2011

**EVALUATING PHYSICIAN:**
Norman Wang, MD

**APPOINTMENT:** 10/04/2011 - 04/01/2013
Reappoint 04/01/13 to 03/31/15

**CORE PRIVILEGES:**
The Neurophysiologist will interpret electrophysiological activity in the operating room. They will perform a variety of intraoperative procedures, including but not limited to:

- Computerized electroencephalography
- Nerve conduction fatigue
- Electromyographic recording
- Electro corticography;
- Somatosensory, auditory and visual evoked potentials
| WEIHER, Richard G., Ph.D. (9951)  
| Allied Health Professional  
| Category: Clinical Psychologist  
| Section: Internal Medicine |  

| STATUS:  
| AHP Privileges 08/18/81 |  
| All patient treatment must be in conjunction with referral by an active-staff physician member of the medical staff. |  

| REAPPOINTMENT:  
| 08/03/82 Exec. Comm.  
| 06/19/84 Exec. Comm.  
| 08/19/86 Exec. Comm.  
| 09/20/88 Exec. Comm.  
| 09/18/90 Exec. Comm.  
| 08/18/92 Exec. Comm.  
| 06/21/94 Exec. Comm.  
| 08/20/96 Exec. Comm.  
| 10/01/00 – 09/30/02 Recred Cycle  
| 10/01/02 – 09/30/04 Recred. Cycle  
| 10/01/04 – 09/30/06 Recred. Cycle  
| 10/01/06 – 09/30/08 Recred. Cycle  
| 10/01/08 – 10/01/10 Recred. Cycle  
| 10/01/10 – 10/01/12 Recred. Cycle  
| Reappoint 10/01/12 to 09/30/14 |  

| CORE PRIVILEGES:  
| **The Psychologist shall not function outside of his or her particular field of competence as established by education, training and experience. The Psychologist shall not prescribe drugs, perform surgery or otherwise practice medicine.**  
| Make patient rounds alone  
| Perform non-invasive tests and procedures  
  | Psychological tests (including intelligence & personality tests)  
| Procedures to be performed on the floors and Emergency Department only |  

| SPECIAL REQUESTS:  
<p>| None |</p>
<table>
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<tr>
<th>WHITAKER, Lauri M., CNM (09540)</th>
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<tbody>
<tr>
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<td>Supervising Physician(s):</td>
<td>04/01/07 – 03/31/09 Recred. Cycle</td>
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<tr>
<td>The Medical Group of Northern Nevada</td>
<td>04/01/09 – 04/01/11 Recred. Cycle</td>
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<td>Reappoint 04/01/13 to 03/31/15</td>
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Certified Nurse Midwife  Supervising Physician: The Medical Group of Northern Nevada

Privileges under the direct supervision of the supervising physician(s) according to Certified Nurse Midwife Policies and Procedures.

<table>
<thead>
<tr>
<th>SPECIAL REQUESTS:</th>
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<td>Whitlock, Lindsey (11071)</td>
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<tr>
<td><strong>EVALUATING PHYSICIAN:</strong></td>
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<tr>
<td>Gregory Lundeen, MD</td>
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</table>

**CORE PRIVILEGES:**
A supervising surgeon(s) must be in attendance in the OR suite at all times when a non-MD first assistant is being utilized. The non-MD first assistant may not function in a scrub role while assisting. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon within the scope of the assistant's privileges.

Privileges include:
- Applying knowledge of infection control & aseptic principles
- Prepping of the operative site
- Draping of the operative site
- Applying postoperative dressings & removing sutures

Under direct supervision:
- Demonstrate proper wound exposure
- Demonstrate correct tissue handling
- Use techniques to maintain hemostasis
- Close subcutaneous & incisional sites
- Suture drains to skin edges
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<td>10/01/00 – 09/30/02 Recred Cycle</td>
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<td>Full Status 01/28/03</td>
<td>10/01/02 – 09/30/04 Recred. Cycle</td>
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<td>Additional Priv. 03/30/04 (Change scope of practice from APN to CNM)</td>
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<td>04/01/05 – 03/31/07 Recred. Cycle</td>
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<td>04/01/07 – 03/31/09 Recred. Cycle</td>
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<td>Reappoint 04/01/13 to 03/31/15</td>
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Certified Nurse Midwife  Supervising Physician: Dr. Susan Hsu

Privileges under the direct supervision of the supervising physician(s) according to Certified Nurse Midwife Policies and Procedures.

SPECIAL REQUESTS:

None
Core Privileges:
Provides patient care in the support, treatment, measurement, or supplementation of the circulatory system. Such care includes, but is not limited to, the performance of elective and emergency cardiopulmonary bypass, cardiac and respiratory assist, monitoring and diagnostic measurement, and autologous blood salvage.

Cardiopulmonary Pump Perfusionist will assist the surgeon in the following procedures:
- Cardiopulmonary Bypass
- Intra Aortic Balloon Pumping
- Autologous Blood Salvage
- Electronic Physiological Monitoring
<table>
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<tr>
<th>WOLF, CFA, Becky L. (10257)</th>
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<tr>
<td>Specialty: Non MD Surg. First Assist General Surgery</td>
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**STATUS:**
Allied Health Professional  2/7/06

**EVALUATING PHYSICIAN:**
Western Surgical Group  
Premiere Surgical Associates  
Kirk Kaiser, MD  
Paul Stumpf, MD  
David Hald, MD

**REAPPOINTMENT:**
04/01/07 – 03/31/09 Recred. Cycle  
04/01/09 – 04/01/11 Recred. Cycle  
Reappoint 04/01/13 to 03/31/15

Non-MD Surgical First Assist:

1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.

2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.
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<td>08/20/96 Exec. Comm.</td>
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<td>Evaluating Physician:</td>
<td>10/01/00 – 09/30/02 Recred Cycle</td>
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<td>All patient treatment must be</td>
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<td>under direct supervision of</td>
<td>10/01/04 – 09/30/06 Recred. Cycle</td>
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<tr>
<td>the Admitting Physician.</td>
<td>10/01/06 – 09/30/08 Recred. Cycle</td>
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<td></td>
<td>Reappoint 10/01/12 to 09/30/14</td>
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CORE PRIVILEGES:

**The Psychologist shall not function outside of his or her particular field of competence as established by education, training and experience. The Psychologist shall not prescribe drugs, perform surgery or otherwise practice medicine.**

- Make patient rounds alone
- Perform non-invasive tests and procedures (including psychological assessment and psychotherapy)
- Procedures to be performed on the floors only

SPECIAL REQUESTS:

None
Yamboliev, Ilia (11094)
Specialty: Neurophysiology

STATUS:
Allied Health 10/04/2011

APPOINTMENT: 10/04/2011 - 04/01/2013
Reappoint 04/01/13 to 03/31/15

EVALUATING PHYSICIAN:
Norman Wang, MD

CORE PRIVILEGES:
The Neurophysiologist will interpret electrophysiological activity in the operating room. They will perform a variety of intraoperative procedures, including but not limited to:

- Computerized electroencephalography
- Electromyographic recording
- Somatosensory, auditory and visual evoked potentials
- Nerve conduction fatigue
- Electrocorticography;
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<td>Reappoint 04/01/13 to 03/31/15</td>
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**EVALUATING PHYSICIAN:**
- Peter Althausen, MD
- Frieda Hulka, MD

**Non MD Surgical First Assist:**
1. The use of a non-MD first assistant for any surgical procedure is determined by the complexity of the case and the discretion of the surgeon.
2. A supervising surgeon must be in attendance in the O.R. suite at all times in which a non-physician first assistant is being utilized. The assistant may not function in a scrub role while assisting.
Young, DPM, Marc C. (#10409)
Specialty: Podiatry

STATUS:
Allied Health Professional 3/6/07

REAPPOINTMENT:
04/01/08 – 03/31/10 Recred. Cycle
04/01/10 – 04/01/12 Recred. Cycle
Reappointment 4-1-2012 to 3-31-2014

CORE PRIVILEGES:
Podiatry privileges include:
- consult, treat and assist under supervision of a physician member of the Medical Staff in procedures granted the Podiatrist
- register outpatients through the STAR pre-op program
- perform focused h&p re. podiatry details of procedure to supplement the primary physician's h&p

Privileges do NOT include the ability to admit inpatients or perform medical portion of h&p, and no Emergency Room call privileges

SPECIAL REQUESTS:

Class I (Digital and Forefoot)
- Capsulotomy / Tenotomy Digital M-P Joints
- Digital Surgery (Hammer Toe Repair, Fusions, Osteotomy)
- Soft Tissue Repairs and Excisions – Digits and Forefoot
- Sesamoidectomy
- Fractures of Digits and Metatarsals – Closed Reduction
- Fractures of Digit – ORIF
- Spur Excision of Forefoot

Class II (Forefoot, Midfoot and Simple Rearfoot)
- Hallux Valgus Repair with Distal, Proximal or Cuneiform Osteotomy
- Excisional Biopsy of Soft Tissue Lesions
- Fasciotomy, Plantar (Simple, Steindler)
- Spur Excision of Midfoot and Hindfoot
- Forefoot Arthroplasty – Head/Base Excisions
- Toe amputation (non-malignant conditions only)
- Radical resection of necrotic tissue and bone excluding amputation (including rearfoot, i.e. calcaneal decubitus)
- Tendon lengthening of skeletally mature foot
Zhao, Jun (11103)
Specialty: Neurophysiology

| STATUS: | APPOINTMENT: 11/01/2011 - 04/01/2013 |
| Application in Process 11/01/2011 | Reappoint 04/01/13 to 03/31/15 |

EVALUATING PHYSICIAN:
Norman Wang, MD

| CORE PRIVILEGES: |
| The Neurophysiologist will interpret electrophysiological activity in the operating room. They will perform a variety of intraoperative procedures, including but not limited to: |

<p>| recording | Computerized electroencephalography | Nerve conduction fatigue |
| Electromyographic recording | Somatosensory, auditory and visual evoked potentials | Electroctography; |</p>
<table>
<thead>
<tr>
<th>Zhu, Xiaoman (11123)</th>
<th>Specialty: Neurophysiology</th>
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**STATUS:**
Allied Health Professional 01/10/2012

**EVALUATING PHYSICIAN:**

**APPOINTMENT:** 01/10/2012 - 04/01/2013
Reappoint 04/01/13 to 03/31/15

**CORE PRIVILEGES:**

The Neurophysiologist will interpret electrophysiological activity in the operating room. They will perform a variety of intraoperative procedures, including but not limited to:

- Computerized electroencephalography
- Nerve conduction fatigue
- Electromyographic recording
- Electrode fatigue
- Somatosensory, auditory and visual evoked potentials
- Electroencephalography;