SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

MEMORANDUM

Date: September 23, 2016

To: PHF Governing Board

From: PHF Leadership

Subject: Privileging of PHF Physicians and Allied Health Professionals

CC: Terri Maus-Nisich, Alice Gleghorn, Aylin Bilir, Rachel VanMullem, Susan McKenzie

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Recommended Actions:

That the PHF Governing Board: Approve the privileging of each named Physician or Allied Health Professional providing services at the PHF.

Summary Text:

The purpose of this agenda item is to present to the PHF Governing Board the list of Psychiatrist or allied health professionals currently providing services at the PHF and specify which services they are privileged to provide.

All listed physicians and allied health professionals providing services at the PHF have been credentialed by the PHF Governing Board and PHF Medical Practice Committee. In addition to the requirement of credentialing and privileging, it is necessary to name the specific services these individual will be providing. Privileging of MDs and allied health professionals requires approval from the PHF Governing Board.

Background:

The PHF Medical Practice Committee and the PHF Governing Board has approved credentialing on all MDs and allied health professionals practicing at the PHF. In addition to this approval, it is necessary for these bodies to also approve the specific activities which these credentialed professionals are allowed to perform at the PHF.

The PHF Governing Board is the entity responsible for credentialing of physicians and allied health professionals. Pursuant to state and federal statutes, all hospitals must ensure the members of its medical staff have the competence, character, training, experience and judgement to provide the services they are "privileged" to perform.

To apply for PHF hospital privileges, individuals will submit a copy of their curriculum vitae, along with the application for credentialing to the Behavioral Wellness Quality Care Management (QCM) department which initiates the request for credentialing and hospital privileges. The entire application package requires several additional forms as well.

The QCM department will query experience since completing training, personal health information including verification of immunizations and TB as well as any prior or pending disciplinary actions and claims. The applying physician or allied health professional will need to indicate on the privilege sheet what services they wish to perform at the PHF.

Upon receipt of your materials, the QCM department will query the listed institutions, either via the internet to verify that the information listed is correct. They will also query the National Practitioners' Data Bank, the Medi-Cal Fraud check to check information on suspended and ineligible providers, the Health and Human Services Office of Inspector General, the System for Award Management and the California BREEZE system. The medical staff NPI number is used to check on the National Plan and Provider Enumeration System.

Once the application and verification process is complete the physician or allied health professional applicant will receive an acknowledgement form that they will sign and return.

The following Physicians and Allied Health Professionals are recommended for privileging at this time:

- Michael Wexler
- Mark Kofler
- Kayla Rosen
- Edwin Feliciano
- Peter Tilton
- William Vollero
- Irwin Lunianski
- Leslie Lundt

Nurse Practitioners:

- Jessica Curry
- Beaux Baggesen-Jesnsen

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Director

PSYCHIATRIC HEALTH FACILITY PSYCHIATRY PRIVILEGE CHECKLIST

Provider Name: Michael Weyler
Please Print

✓	CHECK PRIVILEGES REQUESTED (Refer to attached guidelines.)
	ADULT PSYCHIATRY (18 years of age and older)
✓	Emergency Room and Crisis Team consultations
✓	Brief Psychotherapy
✓	Admit and treat inpatients
✓	Psychiatric Assessment
✓	Medication Management

Acknowledgement of the Practitioner:
I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at the Psychiatric Health Facility. I understand that exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

Applicant's Signature: Michael J. Weyler Date: 9-20-16

PRIVILEGE APPROVAL

PHF Medical Director Signature: Date: 9-20-16

PHF Medical Practice Committee Approval Date: _____

PHF Governing Board Approval Date: _____

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PSYCHIATRIC HEALTH FACILITY PSYCHIATRY PRIVILEGE CHECKLIST

Provider Name: MARK Kofler
Please Print

✓	CHECK PRIVILEGES REQUESTED (Refer to attached guidelines.)
	ADULT PSYCHIATRY (18 years of age and older)
✓	Emergency Room and Crisis Team consultations
✓	Brief Psychotherapy
✓	Admit and treat inpatients
✓	Psychiatric Assessment
✓	Medication Management

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Applicant's Signature: _____ Date: 9-2016

PRIVILEGE APPROVAL

PHF Medical Director Signature: _____ Date: 9-20-16

PHF Medical Practice Committee Approval Date: _____

PHF Governing Board Approval Date: _____

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PSYCHIATRIC HEALTH FACILITY PSYCHIATRY PRIVILEGE CHECKLIST

Provider Name: Kayla Rosen
Please Print

✓	CHECK PRIVILEGES REQUESTED (Refer to attached guidelines.)
	ADULT PSYCHIATRY (18 years of age and older)
✓	Emergency Room and Crisis Team consultations
✓	Brief Psychotherapy
✓	Admit and treat inpatients
✓	Psychiatric Assessment
✓	Medication Management

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PRIVILEGE APPROVAL

PHF Medical Director Signature: _____ Date: 9/20/16

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PSYCHIATRIC HEALTH FACILITY PSYCHIATRY PRIVILEGE CHECKLIST

Provider Name: Edwin Feliciano
Please Print

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	ADULT PSYCHIATRY (18 years of age and older)
✓	Emergency Room and Crisis Team consultations
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Applicant's Signature: _____ Date: 9-19-16

PRIVILEGE APPROVAL

PHF Medical Director Signature: _____ Date: 9-20-16

PHF Medical Practice Committee Approval Date: _____

PHF Governing Board Approval Date: _____

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PSYCHIATRIC HEALTH FACILITY PSYCHIATRY PRIVILEGE CHECKLIST

Provider Name: Peter Tilton
Please Print

✓	CHECK PRIVILEGES REQUESTED (Refer to attached guidelines.)
	ADULT PSYCHIATRY (18 years of age and older)
✓	Emergency Room and Crisis Team consultations
✓	Brief Psychotherapy
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Applicant's Signature: Peter Tilton, MD Date: 9/20/16

PRIVILEGE APPROVAL

PHF Medical Director Signature: Date: 9/20/16

PHF Medical Practice Committee Approval Date: _____

PHF Governing Board Approval Date: _____

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PSYCHIATRIC HEALTH FACILITY PSYCHIATRY PRIVILEGE CHECKLIST

Provider Name: William Vollero
Please Print

✓	CHECK PRIVILEGES REQUESTED (Refer to attached guidelines.)
	ADULT PSYCHIATRY (18 years of age and older)
✓	Emergency Room and Crisis Team consultations
✓	Brief Psychotherapy
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Applicant's Signature: William E Vollero, M.D. Date: 9/20/16

PRIVILEGE APPROVAL

PHF Medical Director Signature: [signature] Date: 9/20/16

PHF Medical Practice Committee Approval Date: _____

PHF Governing Board Approval Date: _____

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PSYCHIATRIC HEALTH FACILITY PSYCHIATRY PRIVILEGE CHECKLIST

Provider Name: Irwin Lunianski
Please Print

✓	CHECK PRIVILEGES REQUESTED (Refer to attached guidelines.)
	ADULT PSYCHIATRY (18 years of age and older)
✓	Emergency Room and Crisis Team consultations
✓	Brief Psychotherapy
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Applicant's Signature: Irwin Lunianski, M.D. Date: 9-20-2016

PRIVILEGE APPROVAL

PHF Medical Director Signature: [signature] Date: 9-20-16

PHF Medical Practice Committee Approval Date: _____

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PSYCHIATRIC HEALTH FACILITY PSYCHIATRY PRIVILEGE CHECKLIST

Provider Name: Leslie Lundt
Please Print

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PSYCHIATRIC HEALTH FACILITY NURSE PRACTITIONER PRIVILEGE CHECKLIST

Provider Name: Jessica Curry
Please Print

✓	CHECK PRIVILEGES REQUESTED (Refer to attached guidelines.)
	ADULT PSYCHIATRY (18 years of age and older)
✓	Emergency Room and Crisis Team consultations
✓	Brief Psychotherapy
✓	Admit and treat inpatients
✓	Psychiatric Assessments
✓	Medication Management

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Applicant's Signature: _____ Date: 9.20.16

Endorsement of Supervisor: _____ Date: 9.19.16

PRIVILEGE APPROVAL

PHF Medical Director Signature: _____ Date: _____

PHF Medical Practice Committee Approval Date: _____

PHF Governing Board Approval Date: _____

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PSYCHIATRIC HEALTH FACILITY NURSE PRACTITIONER PRIVILEGE CHECKLIST

Provider Name: Beaux Buggesen-Jensen
Please Print

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PRIVILEGE APPROVAL

PHF Medical Director Signature: _____ Date: 9-20-16

PHF Medical Practice Committee Approval Date: _____

PHF Governing Board Approval Date: _____