

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

862A



**FROM:** Riverside County Regional Medical Center

**SUBMITTAL DATE:**  
September 12, 2013

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

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

1. Request approval of appointments, reappointments, proctoring, voluntary withdrawal of privileges, change in staff category, voluntary resignation/withdrawal and approved changes to General Surgery Privilege form.

**BACKGROUND:** The Medical Executive Committee on September 12, 2013, recommended to refer the following to the Board of Supervisors for review and action:

Summary

A. Approval of Medical Staff Appointments and Clinical Privileges:

1. Bindra, Reba K., MD Psychiatry

*Douglas D. Bagley*  
\_\_\_\_\_  
Douglas D. Bagley  
Hospital Director

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 0	\$ 0	\$ 0	\$ 0	Consent <input type="checkbox"/> Policy <input type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	
<b>SOURCE OF FUNDS:</b>				<b>Budget Adjustment:</b> No	
				<b>For Fiscal Year:</b> 13/14	

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

APPROVE

BY: *Debra Cournoyer*  
Debra Cournoyer

County Executive Office Signature

**MINUTES OF THE BOARD OF SUPERVISORS**

Positions Added

Change Order

A-30

4/5 Vote

Prev. Agn. Ref.:

District: 5/5

Agenda Number:

**2-14**

Departmental Concurrence

2013 SEP 13 5:14 PM  
COUNTY OF RIVERSIDE

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA****FORM 11:** Riverside County Regional Medical Center**DATE:** September 12, 2013**PAGE:** Page 2 of 4**BACKGROUND:****Summary (continued)**

1.	Cho, Emilia, MD	Pediatrics		
2.	Khamsi, Babak, MD	Orthopedic Surgery		
3.	Mai, Thuy D., MD	OB/GYN		
4.	McLarty, Justin D., MD	Surgery		
5.	Vargas-Villena, Ana C., PNP	Pediatrics		
6.	Victor, Priya S., MD	Family Medicine		
7.	Washburn, Destry G., DO	Medicine		
B.	<u>Approval of Reappointments:</u>	<u>Department:</u>	<u>Reappointment Cycle:</u>	<u>Status:</u>
1.	Ackerman, Barbara, PhD	Family Medicine	10/01/13 – 09/30/15	Active
2.	Badar, Rizwan, MD	Medicine	10/01/13 – 09/30/15	Courtesy
3.	Baldwin, D. Duane, MD	Surgery	10/01/13 – 09/30/15	Active
	(withdraw of privileges)			
	▪ Photo-Selective Vaporization of the Prostate (PVP)			
4.	Berman, Blake W., DO	Neurosurgery	10/01/13 – 09/30/15	Active
5.	Brar, Harbinder S., MD	OB/GYN	10/01/13 – 09/30/15	Courtesy
6.	Church, Christopher A., MD	Surgery	10/01/13 – 09/30/15	Courtesy
7.	Depew, Aron J., MD	Surgery	10/01/13 – 09/30/15	Active
	(additional privileges w/proctoring)			
	▪ Endoscopy			
	▪ Fluoroscopy			
8.	Fargo, Ramiz A., MD	Medicine	10/01/13 – 09/30/15	Active
9.	Gupta, Naveen, MD	Medicine	10/01/13 – 09/30/15	Active
10.	Hadley, H. Roger, MD	Surgery	10/01/13 – 09/30/15	Courtesy
11.	Herford, Alan S., DDS, MD	Surgery	10/01/13 – 09/30/15	Active
	(withdraw of privilege)			
	▪ Laser Assisted Intra-Oral & TMJ Surgeries			
12.	Jones, William, MD	Radiology	10/01/13 – 09/30/15	Active
13.	Keyes, Brian, DO	Anesthesiology	10/01/13 – 09/30/15	Active
14.	Laus, Victor G., MD	Detention Health	10/01/13 – 09/30/15	Adjunct
15.	Mitchell, Richard, MD	Radiology	10/01/13 – 09/30/15	Active
16.	Moon, Theresa, MD	Psychiatry	10/01/13 – 09/30/15	Active
17.	Morkos, Ashraf, MD	Pediatrics	10/01/13 – 09/30/15	Active
18.	Munir, Iqbal, MD	Medicine	10/01/13 – 09/30/15	Active
19.	Myint, Than, MD	Psychiatry	10/01/13 – 09/30/15	Active
20.	Nguyen, Henry T., MD	Surgery	10/01/13 – 09/30/15	Active
	(additional privileges w/proctoring)			
	▪ Endoscopy			
	▪ Advance Laparoscopic Surgery			
	▪ Fluoroscopy			
21.	Patel, Bipin, MD	Psychiatry	10/01/13 – 09/30/15	Active
22.	Patel, Kruti, MD	Medicine	10/01/13 – 09/30/15	Active
	(withdraw of privileges)			
	▪ Patient Management in the ACCU			
	Special Studies – Invasive			
	▪ Arterial Puncture and Cannulation			
	▪ Arthrocentesis			
	▪ Bone Marrow Biopsy & Aspiration			

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

**FORM 11:** Riverside County Regional Medical Center

**DATE:** September 12, 2013

**PAGE:** Page 3 of 4

- Paracentesis, Abdominal
- Lumbar Puncture
- Central Venous Line  
Femoral  
Subclavian  
Juglar
- Swanz-Ganz Catheterization
- Thoracentesis
- Skin Biopsy

Special Studies – Non-Invasive

- Endotracheal Intubations
- Respiratory Management

23. Rusev, Stoyan, MD	Psychiatry	10/01/13 – 09/30/15	Active
24. Tamesis, Richard R., MD	Ophthalmology	10/01/13 – 09/30/15	Active
25. Truong, Giang, MD	Pediatrics	10/01/13 – 09/30/15	Active
26. Tsang, Shunling, MD	Family Medicine	10/01/13 – 09/30/15	Active
27. Wall, Jerome F., MD	Orthopedic Surgery	10/01/13 – 09/30/15	Courtesy

(additional privileges)

- Telemedicine, Core

(withdraw of privileges)

- Orthopedic Surgery of the Spine, Non-Core

Orthopedic Surgery Core Privileges:

- Major cancer procedures involving major proximal amputation (i.e., forequarter, hindquarter) or extensive segmental tumor resections
- Treatment of extensive trauma, excluding pelvis or spine
- Microvascular procedures
- Nerve Graft

Spine Surgery Non-Core Privileges:

- Spinal cord surgery for decompression of spinal cord or spinal canal, rhizotomy, cordotomy, dorsal root entry zone lesion, tethered spinal cord or other congenital anomalies
- Treatment of extensive trauma

28. Weerasinghe, Sunjeeve, NP	Pediatrics	10/01/13 – 09/30/15	AHP
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**B. Final FPPE/Reciprocal\* - Advancement Staff Category:      Advancement to:**

1. *Badar, Rizwan, MD	Medicine	Active
(reciprocal proctoring received, provider to be proctored for the following privileges: Peritoneal Dialysis, Hemodialysis, Femoral & Juglar due to provider incomplete proctoring at RCH or can provide reciprocal on those privileges once proctoring is fully completed)		
2. Chopra, Shivani, MD	Psychiatry	Active
3. Kaur, Jasjit, MD	Psychiatry	Active
4. *Langley, Shawna K., MD	Medicine	Active
5. *Luke, Janiene D., MD	Medicine	Active
6. Mathew, Aleyama, MD	Psychiatry	Active
7. *Torres, Abel, MD	Medicine	Active

**C. AHP Final FPPE/Reciprocal\***

1. *Green, Harry M., OD, PhD	Ophthalmology
2. *Li, Wing, OD	Ophthalmology

**D. Additional Privileges With/Without Additional Proctoring:      Privileges Requested:**

1. Hanley, Heather A., MD	Pediatrics	Pediatric Critical Care
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**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

**FORM 11:** Riverside County Regional Medical Center

**DATE:** September 12, 2013

**PAGE:** Page 4 of 4

(with additional proctoring)

**D. Voluntary Withdrawal of Privilege(s):**

1. Allen, Scott A., MD                      Medicine
  - General Medicine Inpatient
  - Patient Management in the PCU
  - Patient Management in the ACCU
2. Gordon, Christopher J., MD   Family Medicine
  - Pediatric Inpatient
3. Puvvula, Lakshmi, MD            Medicine
  - Invasive Procedures
4. Yanni, Charles, MD                Family Medicine
  - Surgical Assist – Cesarean Section
  - Lumbar Puncture

**E. Request for Voluntary Change of Staff Category:      Status Change from:**

1. Kochar, Mahendr S., MD        Medicine                      Provisional to Active
2. Nguyen, Truclinh T., MD        Medicine                      Provisional to Active

**F. Voluntary Resignation/Withdrawal\*:                      Effective Date:**

1. Hamai, Kim Y., MD                Pediatrics                      Immediately
2. Harris, Gary S., MD                Radiology                      Immediately
3. Myers, Paul D., MD                Surgery                        Immediately
4. Sagoo, Daljeet, DO                Orthopedic Surgery        10/1/15
5. Watkins, Hubert, MD                Medicine                       10/1/15

**G. General Surgery Clinical Privilege Form Revision – see attachment**

Removal of general surgery core procedure No. 44 & No. 66 and categorize under Thyroid/Parathyroid Core Procedures.

**Impact on Citizens and Businesses**

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

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
GENERAL SURGERY CLINICAL PRIVILEGES

Name: \_\_\_\_\_  
(Last, First, Initial)  
Effective: \_\_\_\_\_  
(From—To) (To be completed by MSO)

- Initial Appointment
- Reappointment

Page 1

**Applicant:** CHECK (✓) the "Requested" box for each privilege you are qualified to request and SIGN and DATE this form as indicated. Applicants may be requested to provide documentation of the number and types of hospital cases during the past 24 months. Applicants have the burden of producing information deemed adequate by RCRMC for a proper evaluation of current competence and other qualifications, and for resolving any doubts.

Privileges may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document.

QUALIFICATIONS FOR CORE  
GENERAL SURGERY PRIVILEGES

GENERAL SURGERY CORE PRIVILEGES

**CRITERIA:** To be eligible to apply for core privileges in general surgery, the initial applicant must meet the membership requirements of Riverside County Regional Medical Center and the following privileging criteria:

- Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited post-graduate training program in general surgery during the last three (3) years.

AND

- Current board certification or active candidate in the examination process in surgery by the American Board of Surgery or the American Osteopathic Board of Surgery.

**REQUIRED PREVIOUS EXPERIENCE:** An applicant for initial appointment must be able to demonstrate:

- Performance of at least 100 general surgery procedures, reflective of the privileges requested, during the past 12 months.

OR

- Successful completion of a hospital-affiliated accredited residency or special clinical fellowship or research within the past 12 months.

OR

- Proficiency in general surgery to the satisfaction of the department chair and the majority of the members of the General Surgery Division.

**REAPPOINTMENT REQUIREMENTS:** To be eligible to renew core privileges in general surgery, the applicant must meet the following maintenance of privilege criteria:

- Current demonstrated competence and an adequate volume of experience in general surgery procedures with acceptable results in the privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

AND

- Documentation that confirms 50 Category I CME hours during the past two years related to clinical privileges being requested. Documentation must include the CME topic, date, location, and number of CME hours.

AND

- Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Description of Core Privilege

Requested

**General Surgery Core Privileges**

Admit, evaluate, diagnose, consult, and provide pre-, intra- and post-operative care, and perform surgical procedures, to patients of all ages, except as specifically excluded from practice; to correct or treat various conditions, diseases, disorders, and injuries of the alimentary tract, abdomen and its contents, extremities, breast, skin and soft tissue, head and neck, vascular and endocrine systems. Management of critically ill patients with underlying surgical conditions in the emergency department, intensive care unit and trauma units to include ventilator management, and emergency thoracic and vascular surgery. Includes performance of medical history and physical exam. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Also includes the privilege to manage and treat outpatients in the ambulatory-care setting at RCRMC.

The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
GENERAL SURGERY CLINICAL PRIVILEGES

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

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

Page 2

**TRAUMA CARE CORE PRIVILEGES**

**CRITERIA:** To be eligible for trauma care core privileges, the applicant must have:

- Successful completion of an ACGME-accredited residency in general surgery that included training in trauma and critical care. The approval of these privileges requires a recommendation for appointment by the Medical Director of Trauma Services.

AND

- Current board certification in surgery granted by the American Board of Surgery or active candidate in the examination process.

**REQUIRED PREVIOUS EXPERIENCE:** Demonstrated current competency and evidence of trauma care within the past 24 months. If the requirement is not met, the surgeon will be required to attend a trauma review course and pass proctoring in trauma before privileges for independent trauma care are granted.

**MAINTENANCE OF PRIVILEGE:** Demonstrated current competence and evidence of the performance as determined by the Medical Director of Trauma Services.

Description of Core Privilege

Requested

**Adult Trauma Care Core Privileges**

Admit, evaluate, diagnose, and manage patients older than 15 years of age, except as specifically excluded from practice, presenting with trauma-related injuries and disorders, including resuscitation, surgical intervention, diagnostic studies, and coordination of operative procedures to be performed by other healthcare professionals, supervise and perform all necessary operative care, manage the trauma patient throughout the stay in the acute-care facility, and coordinate the early institution of rehabilitation and discharge planning.

The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Requested

**Pediatric Trauma Care Core Privileges**

Admit, evaluate, diagnose, and manage pediatric patients 15 years and younger, except as specifically excluded from practice, presenting with trauma-related injuries and disorders, including resuscitation, surgical intervention, diagnostic studies, and coordination of operative procedures to be performed by other healthcare professionals, supervise and perform all necessary operative care, manage the trauma patient throughout the stay in the acute-care facility, and coordinate the early institution of rehabilitation and discharge planning.

The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**VASCULAR SURGERY CORE PRIVILEGES**

**CRITERIA:** To be eligible for vascular surgery core privileges, the applicant must have:

- Successful completion of an ACGME-accredited vascular surgery fellowship.

AND

- Current board certification in vascular surgery granted by the American Board of Surgery or active candidate in the examination process.

**MAINTENANCE OF PRIVILEGE:**

- Demonstrated current competence in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Description of Core Privilege

Requested

**Vascular Surgery Core Privileges**

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**GENERAL SURGERY CLINICAL PRIVILEGES**

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

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

Page 3

The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills. These core privileges do not include privileges for endovascular surgical procedures.

**ENDOVASCULAR SURGERY CORE PRIVILEGES**

**CRITERIA:** To be eligible for **endovascular surgery** core privileges, the applicant must have:

- Successful completion of an ACGME-accredited vascular surgery fellowship.
- AND
- Current board certification in vascular surgery granted by the American Board of Surgery or active candidate in the examination process.

**REQUIRED PREVIOUS EXPERIENCE:**

- Provide documentation of education and experience in the conditions and procedures listed in the attached procedure list: 50 cases for diagnostic endovascular procedures, 25 cases for endovascular intervention, and 5 cases for endovascular graft.

**MAINTENANCE OF PRIVILEGE:**

- Demonstrated competence with evidence of at least five (5) endovascular intervention and ten (10) endovascular diagnostic cases during the past 24 months.

Description of Core Privilege

Requested **Endovascular Surgery Core Privileges**

The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**THORACIC SURGERY CORE PRIVILEGES**

**CRITERIA:** To be eligible for **thoracic surgery** core privileges, the applicant must have:

- Successful completion of an ACGME-accredited thoracic surgery fellowship during the last three years.
- OR
- Additional thoracic surgery training that demonstrates proficiency in thoracic surgery to the satisfaction of the department chair and the majority of the members of the General Surgery Division.
- AND
- Current board certification in surgery granted by the American Board of Surgery or active candidate in the examination process.

**REQUIRED PREVIOUS EXPERIENCE:** Demonstrate current competency and evidence of performance of at least 20 thoracic cases in the past 12 months.

**MAINTENANCE OF PRIVILEGE:** Applicant must be able to show maintenance of competence with evidence of at least five (5) thoracic cases during the past 12 months.

Description of Core Privilege

Requested **Thoracic Surgery Core Privileges**

The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**QUALIFICATIONS FOR  
SPECIAL NON-CORE PRIVILEGES**

- See Specific Criteria.
- If desired, non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and maintenance of clinical competence.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
GENERAL SURGERY CLINICAL PRIVILEGES

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

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

**PARTICIPATE IN TEACHING PROGRAM**

**SUPERVISION:** Supervision is an intervention provided by a supervising practitioner to a resident physician. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functions of the resident while monitoring the quality of professional services delivered. Supervision is exercised through observation, consultation, directing the learning of the residents, and role modeling. (Note: This definition is adapted from Bernard J.M., & Goodyear, R.K., *Fundamentals of Clinical Supervision*, 2<sup>nd</sup> Ed. Needham Heights, MA: Allyn & Bacon 1998.)

**CRITERIA:** To be eligible to participate in the teaching program, the applicant must:

- Be credentialed and privileged at RCRMC in accordance with applicable requirements.
- Provide care and supervision only for those clinical activities for which they are privileged.
- Be responsible for and must be personally involved in the care provided to individual patients in the inpatient and outpatient settings and must continue to maintain this personal involvement when residents are involved in the care of these patients.

**MAINTENANCE OF PRIVILEGE**

- Enhance the knowledge of the residents and ensure the quality of care delivered to each patient by any resident. This is exercised by observation, consultation, and direction to the resident.
- Assure that medical care for each patient is delivered in an appropriate, timely, and effective manner.
- Participate in the resident's evaluation process according to accrediting and certifying body requirements.
- Direct the care of the patient and provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the resident being supervised.
- Within 24 hours of a patient's admission or transfer (including weekends and holidays), shall personally examine the patient, establish a personal and identifiable relationship with the patient, and record an appropriate history, physical examination, working diagnostic impression(s) and plan for treatment. The attending shall countersign and add an addendum to the resident's note detailing his/her involvement and supervision.
- Ensure that discharge or transfer of the patient from an inpatient team or clinic is appropriate, based on the specific circumstances of the patient's diagnoses and therapeutic regimen.
- Meet with each patient who received consultation by a resident and perform a personal evaluation in a timely manner based on the patient's condition, unless otherwise stated in the graduated levels of responsibility.
- Shall be immediately available to the resident in person or by telephone and able to be present within a reasonable period of time, 30 minutes, if needed.
- Available for supervision during clinic hours and ensure the coordination of care that is provided to the patients.
- Provide an appropriate level of supervision during the performance of procedures. (Determination of this level of supervision is generally left to the discretion of the attending physician within the content of the previously described levels of responsibility assigned to the individual resident involved. This determination is a function of the experience and competence of the resident and the complexity of the specific case.)
- Documentation of resident supervision will be monitored during the course of peer review. Any case reviewed in which it appears that there is inadequate supervision will be forwarded to the Professional Practice Evaluation Committee.

Description of Non-Core Privilege

Requested Participate in Teaching Program

**SUPERVISE ALLIED HEALTH PROFESSIONALS**

**SUPERVISION:** The supervising employing/alternate supervising physician provides general supervision of the activities and services of the allied health professional. The supervising physician provides supervision and direction on any specific patient. The AHP is not allowed to perform any clinical activity/procedure that is not within the clinical privileges of the supervising physician. The



RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
GENERAL SURGERY CLINICAL PRIVILEGES

Name: \_\_\_\_\_

(Last, First, Initial)

Effective: \_\_\_\_\_

Page 5

(From — To) (To be completed by MSO)

supervising physician must be immediately available by electronic communication or on hospital premises for consultation/direction of the AHP.

**CRITERIA:** To be eligible to supervise allied health professionals, the applicant must:

- Be credentialed and privileged at RCRMC in accordance with applicable requirements.
- Provide care and supervision only for those clinical activities for which they are privileged.
- Be responsible for and must be personally involved in the care provided to individual patients in the inpatient and outpatient settings and must continue to maintain this personal involvement when AHPs are involved in the care of these patients.

**MAINTENANCE OF PRIVILEGE:**

- Ensure the quality of care delivered to each patient by any allied health professional. This is exercised by observation, consultation, and direction to the AHP.
- Assure that medical care for each patient is delivered in an appropriate, timely, and effective manner.
- Participate in the AHP's competency assessment process according to accrediting and certifying body requirements.
- Direct the care of the patient and provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the AHP being supervised.
- Assume responsibility for supervision or monitoring of the practice as stated in the appropriate hospital or medical staff policy governing AHPs.
- Be continuously available or provide an alternate to provide consultation when requested and to intervene when necessary.
- Assume total responsibility for the care of any patient when requested by the AHP or in the interest of patient care.
- Co-sign all orders entered by the AHP on the medical record of all patients seen or treated by the AHP in accordance with applicable requirements.

Description of Non-Core Privilege

Requested Supervision of Allied Health Professionals

**ENDOSCOPY**

**CRITERIA:** To be eligible for endoscopy non-core privileges, the applicant must meet the following privileging criteria:

- Successful completion of an accredited residency in general surgery that included training in upper endoscopy procedures with a minimum of 35 performed during training or equivalent training.

OR

- Experience obtained outside a formal program that is at least equal to that obtained within the formal residency program.

**REQUIRED PREVIOUS EXPERIENCE:** Demonstrated current competence and evidence of the performance of at least five (5) EGD procedures in the past 12 months.

**MAINTENANCE OF PRIVILEGE:** Demonstrated current competence and evidence of the performance of at least five (5) procedures in the past 12 months based on results of ongoing professional practice evaluation and outcomes.

Description of Non-Core Privilege

Requested Upper Endoscopic Procedures Excluding ERCP

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**GENERAL SURGERY CLINICAL PRIVILEGES**

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

Effective: \_\_\_\_\_

Page 6

(From — To) (To be completed by MSO)

**COLONOSCOPY / LOWER ENDOSCOPY PROCEDURES**

**CRITERIA:** To be eligible for colonoscopy non-core privileges, the applicant must meet the following privileging criteria:

- Successful completion of an accredited residency in general surgery that included training in lower endoscopy procedures with a minimum of 35 performed during training or equivalent training.

OR

- Experience obtained outside a formal program that is at least equal to that obtained within the formal residency program.

**REQUIRED PREVIOUS EXPERIENCE:** Demonstrated current competence and evidence of the performance of at least five (5) colonoscopy procedures in the past 12 months.

**MAINTENANCE OF PRIVILEGE:** Demonstrated current competence and evidence of the performance of at least five (5) colonoscopy procedures in the past 12 months based on results of ongoing professional practice evaluation and outcomes.

Description of Non-Core Privilege

Requested Lower Endoscopy Procedures, including Colonoscopy

**ADVANCED LAPAROSCOPIC SURGERY**

**CRITERIA:** To be eligible for advanced laparoscopic surgery non-core privileges, the applicant must meet the following privileging criteria:

- Successful completion of an accredited residency in general surgery that included advanced laparoscopic training in the procedures to perform.

AND

- For new advanced laparoscopic procedures a formal course in the particular advanced laparoscopic procedure and preceptorship by a surgeon experienced in the procedure.

Description of Non-Core Privilege

Requested List the Advanced Laparoscopic Surgery privileges requested:

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**BARIATRIC SURGERY**

**CRITERIA:** To be eligible for bariatric surgery non-core privileges, the applicant must meet the following privileging criteria:

- Successful completion of an accredited residency in general surgery and post-residency bariatric fellowship that included operative experience of 30 open bariatric procedures (or subtotal gastric resection with reconstruction) and 70 laparoscopic cases.

**MAINTENANCE OF PRIVILEGE:**

- Demonstrated current competence and evidence of the performance of at least five (5) bariatric procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

AND

- Continuing education related to bariatric surgery is required.

Description of Non-Core Privilege

Requested Open and Laparoscopic Bariatric Surgery

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
GENERAL SURGERY CLINICAL PRIVILEGES

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

Effective: \_\_\_\_\_

Page 7

(From — To) (To be completed by MSO)

**HYPERBARIC MEDICINE NON-CORE PRIVILEGE**

**CRITERIA:** To be eligible for hyperbaric medicine non-core privileges, the applicant must meet the following privileging criteria:

- Requires certificate of successful course completion from the American College of Hyperbaric Medicine or similar official institution.

**MAINTENANCE OF PRIVILEGE:**

- Demonstrated competence with evidence of at least three (3) hyperbaric cases during the past 12 months.

Description of Non-Core Privilege

Requested      **Hyperbaric Medicine and Wound Care**

**MODERATE SEDATION**

**CRITERIA:** To be eligible for moderate sedation non-core privileges, the initial applicant must meet the following privileging criteria:

- Meet the qualification as required in the Privileging Criteria and Delineation for Moderate Sedation and the Patient Care Services Policy, 628: Moderate Sedation/Analgesia.

AND

- View the Sedation Care training video or the online sedation training presentation.

AND

- Take and pass a written moderate sedation exam. This can be done online [www.rcrmc.org](http://www.rcrmc.org), click on Education Services for the moderate sedation site, which has the instructions, inservice video, and test.

AND

- Successful completion of one (1) proctored moderate sedation case under the direct supervision of an RORMC practitioner holding this privilege.

**REQUIRED PREVIOUS EXPERIENCE:** Knowledge of airway management.

**MAINTENANCE OF PRIVILEGE:** Demonstrated current competence and evidence of the performance of at least four (4) moderate sedation cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Description of Non-Core Privilege

Requested      **Moderate Sedation**  
Administration of sedation and analgesia

**CORE PROCEDURES LIST: This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.**

**To the applicant:** If you wish to **exclude** any procedures, please strike through those procedures which you do not wish to request, initial, and date.

**GENERAL SURGERY CORE PROCEDURES**

1. Abdominoperineal resection
2. Amputations, above the knee & below knee, toe, transmetatarsal, digits
3. Anoscopy
4. Appendectomy
5. Biliary tract resection/reconstruction
6. Breast: complete mastectomy with or without axillary lymph node dissection, excision of breast lesion, breast biopsy, incision and drainage of abscess, modified radical mastectomy, operation for gynecomastia, partial mastectomy with or without lymph node dissection, radical mastectomy, subcutaneous mastectomy

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
GENERAL SURGERY CLINICAL PRIVILEGES

Name: \_\_\_\_\_

(Last, First, Initial)

Effective: \_\_\_\_\_

Page 8

(From -- To) (To be completed by MSO)

7. Colectomy (abdominal)
8. Colon surgery for benign or malignant disease
9. Colotomy, colostomy
10. Correction of intestinal obstruction
11. Drainage of intra abdominal, deep ischiorectal abscess
12. Endoscopy (intraoperative)
13. Enteric fistulae, management
14. Enterostomy (feeding or decompression)
15. Esophageal resection and reconstruction
16. Esophagogastrectomy
17. Excision of fistula in ano/fistulotomy, rectal lesion
18. Excision of pilonidal cyst/marsupialization
19. Excision of thyroid tumors
20. Excision of thyroglossal duct cyst
21. Gastric operations for cancer (radical, partial, or total gastrectomy)
22. Gastroduodenal surgery
23. Gastrostomy (feeding or decompression)
24. Genitourinary procedures incidental to malignancy or trauma
25. Gynecological procedure incidental to abdominal exploration
26. Hepatic resection
27. Temporary Hemodialysis access procedures
28. Hemorrhoidectomy
29. Incision and drainage of abscesses and cysts
30. Incision and drainage of pelvic abscess
31. Incision, excision, resection and enterostomy of small intestine
32. Incision/drainage and debridement, perirectal abscess
33. Insertion and management of pulmonary artery catheters
34. IV access procedures, central venous catheter, and ports
35. Laparoscopy, diagnostic, appendectomy, cholecystectomy, lysis of adhesions, mobilization and catheter positioning
36. Laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis or trauma
37. Liver biopsy (intra operative), liver resection
38. Management of burns
39. Management of hemorrhoids (Internal and external) including hemorrhoidectomy
40. Management of soft-tissue tumors, inflammations and infection
41. Operations on gallbladder, biliary tract, bile ducts, hepatic ducts, excluding biliary tract reconstruction
42. Pancreatectomy, total or partial
43. Pancreatic sphincteroplasty
44. Parathyroidectomy
45. Peritoneal venous shunts, shunt procedure for portal hypertension
46. Peritoneovenous drainage procedures for relief or ascites
47. Proctosigmoidoscopy, rigid with biopsy, with polypectomy/tumor excision
48. Radical regional lymph node dissections
49. Removal of ganglion (palm or wrist; flexor sheath)
50. Repair of perforated viscus (gastric, small intestine, large intestine)
51. Scalene node biopsy
52. Selective vagotomy
53. Sigmoidoscopy, fiberoptic with or without biopsy, with polypectomy
54. Skin grafts (partial thickness, simple)
55. Small bowel surgery for benign or malignant disease
56. Splenectomy (trauma, staging, therapeutic)
57. Surgery of the abdominal wall, including management of all forms of hernias, including diaphragmatic hernias, inguinal hernias, and orchiectomy in association with hernia repair
58. Thoracentesis
59. Thoracoabdominal exploration

AM

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**GENERAL SURGERY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

(Last, First, Initial)

Effective: \_\_\_\_\_

Page 9

(From -- To) (To be completed by MSO)

- 60. Thyroidectomy and neck dissection
- 61. Tracheostomy
- 62. Transhiatal esophagectomy
- 63. Tube thoracotomy

AM

**TRAUMA CARE CORE PRIVILEGES**

- 1. Thoracotomy for trauma
- 2. Vascular emergency cases

**VASCULAR SURGERY CORE PROCEDURES**

- 1. Amputations lower extremity
- 2. Aneurysm repair, abdominal aorta and peripheral vessels emergent and elective
- 3. Angioplasty
- 4. Bypass grafting all vessels excluding coronary and intracranial vessels
- 5. Central venous access catheters and ports
- 6. Cervical, thoracic or lumbar sympathectomy
- 7. Diagnostic biopsy or other diagnostic procedures on blood vessels
- 8. Embolectomy or thrombectomy for all vessels excluding coronary and intra cranial vessels
- 9. Endarterectomy for all vessels excluding coronary and intra cranial vessels
- 10. Extra cranial carotid and vertebral artery surgery
- 11. Hemodialysis access procedures
- 12. Intraoperative angiography
- 13. Nephrectomy for renovascular hypertension
- 14. Other major open peripheral vascular arterial and venous reconstructions
- 15. Reconstruction, resection, repair of major vessels with anastomosis or replacement (excluding cardiopulmonary, intracranial)
- 16. Sclerotherapy
- 17. Temporal artery biopsy
- 18. Thoracic outlet decompression procedures including rib resection
- 19. Vein ligation and stripping
- 20. Venous reconstruction

**ENDOVASCULAR SURGERY CORE PROCEDURES**

- 1. Balloon angioplasty
- 2. Diagnostic angiography: excluding intra-cerebral and coronary procedures
- 3. Embolization
- 4. Endovascular graft
- 5. Peripheral arterial and venous access
- 6. Remote endarterectomy
- 7. Stenting
- 8. Thrombolysis
- 9. Venous radio frequency ablation
- 10. Vena cava filter insertion

**THORACIC SURGERY CORE PROCEDURES**

- 1. Bronchoscopy: diagnostic, G.B. management, therapeutic procedures
- 2. Cardiac Surgery: including pericardiocentesis, repair of major thoracic vessel or heart trauma
- 3. Chest wall and pleural space surgery: including rib resection, management of chest wall trauma
- 4. Esophagoscopy: diagnostic, F.B. removal, therapeutic procedures
- 5. Esophageal surgery: including resection, repair or reconstruction. Hiatal hernia and associated esophageal procedures
- 6. Neck and tracheal surgery: including tracheal repair with reconstruction, cervical node and scalene pad biopsy, mediastinoscopy, mediastinotomy and drainage, resection of mediastinal tumor or cyst
- 7. Tracheobronchial tree and lung surgery: including pulmonary resection of any type

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**GENERAL SURGERY CLINICAL PRIVILEGES**

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

Effective: \_\_\_\_\_

Page 10

(From — To) (To be completed by MSO)

**THYROID/PARATHYROID CORE PROCEDURES**

- 1. Parathyroidectomy
- 2. Thyroidectomy *MM*
- 3. Neck Dissection
- 4. Fine needle aspiration thyroid

**ACKNOWLEDGMENT OF PRACTITIONER**

I have requested only those privileges which by education, training, current experience, and demonstrated performance that I am qualified to perform and wish to exercise at Riverside County Regional Medical Center.

I understand that:

- a. In 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.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

\_\_\_\_\_  
**Practitioner Signature**

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

**DEPARTMENT CHAIR / DESIGNEE RECOMMENDATION**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation:

- Recommend all requested privileges.
- Recommend privileges with conditions/modifications as noted below.
- Do not recommend the requested privileges as noted below.

Privilege	Condition / Modification / Explanation	

\_\_\_\_\_  
**Medical Director of Trauma Services/Designee**  
*(If applicable)*

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

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

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

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**GENERAL SURGERY CLINICAL PRIVILEGES**

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

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

Page 11

**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)**

Mechanism that may be used to confirm competency of new applicants and/or privileges or to address potential competency issues referred from Ongoing Professional Practice Evaluation (OPPE).

**Department Chair/Designee:**

Please indicate below the privileges/procedures and the number of FPPE cases to be done on the above-named practitioner, including the method of FPPE.

Please print legibly.

Privileges/Procedures to be Proctored	Number of Cases to be Proctored*	Method of FPPE
		A. Concurrent B. Retrospective C. Reciprocal
General Surgery, Core	5 varied cases	
Trauma, Core	5 varied cases	
Vascular Surgery, Core	5 varied cases	
Endovascular Intervention, Core	5 varied cases	
Endovascular Diagnosis, Core	5 varied cases	
Thoracic Surgery, Core	5 varied cases	
Bariatric Surgery, Non-Core	5 varied cases	
Hyperbaric Medicine, Non-Core	3 varied cases	
Upper Endoscopy Procedures, Non-Core	5 varied cases	
Colonoscopy / Lower Endoscopy Procedures, Non-Core	5 varied cases	
Advanced Laparoscopic Surgery, Non-Core	5 cases of each Adv Laparoscopic Privilege requested	

\*Indicate N/A if privilege not requested