

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

180A



**FROM:** Riverside County Regional Medical Center

**SUBMITTAL DATE:**  
April 10, 2014

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

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

1. Request approval of appointments, reappointments, proctoring, change of staff category, additional privileges, voluntary withdraw of privileges, resignations/withdrawals, dept of neurological sciences privilege form & dept. of pediatric privilege form.

**BACKGROUND:**

**Summary**

The Medical Executive Committee on April 10, 2014, recommended to refer the following to the Board of Supervisors for review and action:

A. Approval of Medical Staff Appointments and Clinical Privileges:

1. Ardiles, Yona R., DO Medicine

*Lowell Johnson*  
\_\_\_\_\_  
Lowell Johnson  
Interim CEO

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

<b>SOURCE OF FUNDS:</b>	<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 - 19**

Departmental Concurrence

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA****FORM 11: Medical Staff Appointments, Reappointments and Clinical Privileges**

DATE: April 10, 2014

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

- |                           |            |
|---------------------------|------------|
| 2. Deckard, Kelly D., NP  | Psychiatry |
| 3. Kuehn, Nicolaus J., MD | Radiology  |
| 4. Shaikh, Abe J., MD     | Radiology  |

<u>B. Approval of Reappointments:</u>	<u>Department:</u>	<u>Reappointment Cycle:</u>	<u>Status:</u>
1. Beshara, Mina, MD (advanced from Provisional to Active due to completion of proctoring)	Psychiatry	05/01/14 – 04/30/16	Active
2. Bianchi, Christian, MD (additional privilege)	Surgery	05/01/14 – 04/30/16	Active
• Fluoroscopy (proctoring required)			
3. Block, Joel H., MD	Radiology	05/01/14 – 04/30/16	Active
4. Davis, Gloria A., NP	OB/GYN	05/01/14 – 04/30/16	AHP
5. Dominguez, Norma, DO	Anesthesia	05/01/14 – 04/30/16	Active
6. Dunbar, Jennifer A., MD	Ophthalmology	05/01/14 – 04/30/16	Active
7. Garrison, Roger C., DO	Medicine	05/01/14 – 04/30/16	Active
8. Horowitz, Susan R., MD	Family Medicine	05/01/14 – 04/30/16	Active
9. Hui, Noel T., MD (additional privilege)	Surgery	05/01/14 – 04/30/16	Active
• Fluoroscopy (proctoring required)			
(withdraw of privilege)			
• Photo-selective vaporization of the prostate (PVP)			
10. Johnson, Stephane E., MD	Psychiatry	05/01/14 – 04/30/16	Active
11. Jukaku, Faheem M., MD	Family Medicine	05/01/14 – 04/30/16	Active
12. Kelly, Albert, DO	Anesthesia	05/01/14 – 04/30/16	Active
13. Kirby, Lisa J., NP	Pediatrics	05/01/14 – 04/30/16	AHP
14. Layton, Keli R., PA-C (withdraw of privilege)	Emergency Med.	05/01/14 – 04/30/16	AHP
• Paracentesis			
15. Lima, Kathleen B., DO	Pediatrics	05/01/14 – 04/30/16	Active
16. Mahoney, Lisa M., MD	Radiology	05/01/14 – 04/30/16	Active
17. Moellmer, Rebecca, DPM	Orthopedic Surgery	05/01/14 – 04/30/16	Active
18. Montenegro, Dionisio M., MD	Detention Health	05/01/14 – 04/30/16	Adj.
19. Moores, Donald C., MD (additional privilege)	Surgery	05/01/14 – 04/30/16	Active
• Advanced Laparoscopic Surgery (proctoring required)			
20. Reuter, Robert M., MD	Radiology	05/01/14 – 04/30/16	Active
21. Shapiro, Jarrod M., DPM (advanced from Provisional to Active due to completion of proctoring)	Orthopedic Surgery	05/01/14 – 04/30/16	Active
22. Sheth, Rita D., MD	Pediatrics	05/01/14 – 04/30/16	Active
23. Taksh, Uqbah, MD (advanced from Provisional to Active due to completion of proctoring)	Psychiatry	05/01/14 – 04/30/16	Active

- |                                       |                   |
|---------------------------------------|-------------------|
| <u>C. AHP Final FPPE/Reciprocal*:</u> | <u>Department</u> |
| 1. Jack, Sharon A., FNP               | Family Medicine   |

- |  |                        |
|--|------------------------|
| <u>D. Final FPPE/Reciprocal* - Advancement Staff Category:</u> | <u>Advancement to:</u> |
| 1. Beshara, Mina, MD   | Psychiatry             |
| 2. *Che, Kendrick M., DO                                       | Medicine               |
| 3. Johnson, Stephane E., MD                                    | Psychiatry             |

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

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

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**BACKGROUND:**

**Summary (continued)**

- |    |                          |                    |          |
|----|--------------------------|--------------------|----------|
| 4. | Kyi, Sandar, MD          | Family Medicine    | Active   |
| 5. | *Nelson, Scott C., MD    | Orthopedic Surgery | Courtesy |
| 6. | Robinson, Matthew D., DO | Orthopedic Surgery | Active   |
| 7. | *Shapiro, Jarrod, DPM    | Orthopedic Surgery | Active   |
| 8. | Taksh, Uqbah, MD         | Psychiatry         | Active   |
- E. FPPE/Reciprocal\* Complete Remain on Provisional:
- |    |                         |                    |  |
|----|-------------------------|--------------------|--|
| 1. | *Aye, Lydia L., DO      | Medicine           |  |
| 2. | Huang, Kathie K., MD    | Medicine           |  |
| 3. | Khamsi, Babak, MD       | Orthopedic Surgery |  |
| 4. | Torralba, Karina M., MD | Medicine           |  |
| 5. | Victor, Priya S., MD    | Family Medicine    |  |
- F. FPPE – Partial Proctoring/Reciprocal\*:
- |    |                                 |          |  |
|----|---------------------------------|----------|--|
| 1. | Pudunagar Subbiah, Shanmuga, MD | Medicine |  |
|----|---------------------------------|----------|--|
- G. Request for Voluntary Change of Staff Category:
- |    |                      |          |        |
|----|----------------------|----------|--------|
| 1. | Haddad, Elia E., MD  | Medicine | Active |
| 2. | Losey, Travis E., MD | Medicine | Active |
| 3. | Motabar, Ali, MD     | Medicine | Active |
| 4. | Tsao, Bryan E., MD   | Medicine | Active |
- H. Additional Privileges With/Without Additional Proctoring:      Privileges Requested:
- |    |                  |          |                   |
|----|------------------|----------|-------------------|
| 1. | Munir, Iqbal, MD | Medicine | Telemedicine Core |
|----|------------------|----------|-------------------|
- (without additional proctoring)
- I. Voluntary Withdrawal of Privileges:      Department:      Withdraw of Privilege(s):
- |    |                   |                    |                         |
|----|-------------------|--------------------|-------------------------|
| 1. | Khamsi, Babak, MD | Orthopedic Surgery | Orthopedic Surgery Core |
|----|-------------------|--------------------|-------------------------|
- J. Resignations/\*Withdrawals:      Department:      Effective Date:
- |    |                              |                    |             |
|----|------------------------------|--------------------|-------------|
| 1. | Ahmed, Mehmud, MD            | Psychiatry         | Immediately |
| 2. | Braunstein, John B., MD      | Radiology          | 5/1/14      |
| 3. | *De Andrade Filho, Pedro, MD | Surgery            |             |
| 4. | Eftimie, Liviu F., DDS       | Surgery            | 5/1/14      |
| 5. | Lee, John B., MD             | Emergency Medicine | 5/1/14      |
| 6. | Pham, Mino T., MD            | Family Medicine    | 5/1/14      |
| 7. | Shah, Mita H., MD            | Pediatrics         | 5/1/14      |
| 8. | Stewart, IV, Charles E., MD  | Surgery            | 3/20/14     |
| 9. | Truong, Huy A., MD           | Pediatrics         | 5/1/14      |
- K. Neurological Sciences Department: Neurological Sciences Clinical Privilege Form – see attachment:  
A request for revisions to the Neurological Sciences Clinical Privileges was submitted for approval.
- L. Pediatric Department: Pediatric Forensic Clinical Privilege Form – see attachment:  
A request for approval for the new Pediatric Forensic Clinical Privilege form was submitted for approval.

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA  
FORM 11: Medical Staff Appointments, Reappointments and Clinical Privileges**

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**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  
**NEUROLOGICAL SURGERY CLINICAL PRIVILEGES**

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

(Last, First, Initial)

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

(From—To)

(To be completed by MSO)

- Initial Appointment  
 Reappointment

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**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  
NEUROLOGICAL SURGERY PRIVILEGES**

**NEUROLOGICAL SURGERY CORE PRIVILEGES**

**Criteria:** To be eligible to apply for core privileges in **neurological 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 postgraduate training program in neurological surgery.

**AND**

- Current certification or active participation in the examination process leading to certification in neurological surgery by the American Board of Neurological Surgery or the American Osteopathic Board of Surgery in Neurological Surgery.

**Required Previous Experience:** Applicants for initial appointment must be able to demonstrate:

- Performance of at least 24 neurological surgical procedures, reflective of the privileges requested, in the past 12 months.

**OR**

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

**Reappointment Requirements:** To be eligible to renew core privileges in neurological surgery, the applicant must meet the following maintenance of privilege criteria:

- Current demonstrated competence in total of 6 cases must include 3 head & 3 spine cases within the past 24 months with acceptable results in the privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**AND**

- Meet the Continuing Medical Education (CME) requirement necessary for licensure by the applicable California medical board (the Medical Board of California or the Osteopathic Medical Board of California). Submit copies of CME certificates.

**AND**

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

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**NEUROLOGICAL SURGICAL CLINICAL PRIVILEGES**

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

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

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(From — To) (To be completed by MSO)

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Description of Core Privilege

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- Requested
- Approved
- Not Approved\*

**Neurological Surgery**

Admit, evaluate, diagnose, consult, and provide non-operative and pre-, intra- and post-operative care to patients [including critically ill patients in the intensive care unit] of all ages except as specifically excluded from practice, presenting with injuries or disorders of the central, peripheral and autonomic nervous system, including their supporting structures and vascular supply. The evaluation and treatment of pathological processes which modify function or activity of the nervous system, including the hypophysis, and the operative and non-operative management of pain. These privileges include, but are not limited to care of patients with disorders of the nervous system: the brain, meninges, skull, and their blood supply, including the extracranial carotid and vertebral arteries. Disorders of the pituitary gland and spinal cord, meninges, and vertebral column, including treatment by spinal fusion or instrumentation. Disorders of the cranial and spinal nerves throughout their distribution. Privileges also include the ordering of diagnostic studies and procedures related to the problem or disorder. Privileges include 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.

**SPECIAL QUALIFICATIONS FOR  
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  
**NEUROLOGICAL SURGICAL CLINICAL PRIVILEGES**

Name: \_\_\_\_\_  
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**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
- Approved
- Not Approved\*

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**NEUROLOGICAL SURGICAL CLINICAL PRIVILEGES**

Name: \_\_\_\_\_  
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**MODERATE SEDATION NON-CORE PRIVILEGE**

**Criteria:** To be eligible for this non-core privilege, 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 RCRMC 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
- Approved
- Not Approved\*

**NEURO CRITICAL CARE PRIVILEGES FOR NON-NEUROSURGEONS—NON-CORE PRIVILEGES**

**Criteria:** Applicants applying for Neuro Critical Care clinical privileges must meet the following minimum requirements:

- The applicant must be board certified by the American Board of Neurology, or be prepared to take the exam (or equivalent for the American Osteopathic Board), and have completed a Neuro Critical Care Fellowship;

**OR**

- The applicant must be board certified by the American Board of Internal Medicine (Critical Care Medicine section) or prepared to take the exam (or equivalent American Osteopathic Board), and have completed a Neuro Critical Care Fellowship.

**Required Previous Experience:**

- 

**Maintenance of Privileges:**

- Demonstrated current competence and evidence of treating a minimum of 24 neuro critical care cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Description of Non-Core Privilege

- Requested
- Approved
- Not Approved\*



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Involves the ICU care of patients with potentially life-threatening neurological illnesses (eg. stroke, brain hemorrhage, neurotraum, etc.), utilizing basic neurocritical care skills, and procedures including but not limited to:

**Check all privileges requested:**

- peripheral and/or central venous line insertion;
- pulmonary artery catheterization (Swan-Ganz) and management;
- arterial line insertion;
- transcranial doppler study and interpretation;
- EEG interpretation;
- intracranial pressure and oxygenation management including ventriculostomy, ICP bolt, Licox, brain tissue oxygen probe, jugular venous oximetry, and cerebral microdialysis catheter insertion;
- lumbar puncture/drain insertion and management;
- Intubation & ventilator management;
- Percutaneous tracheostomy and/or bronchoscopy.

**NEUROINTERVENTIONAL NON-CORE PRIVILEGES**

**Criteria:** Applicants applying for clinical privileges in Interventional Neuroradiology (aka Neurointerventional Surgery, Interventional Neurology or Endovascular Neurology) must meet the following minimum requirements:

- The applicant must be board certified by the American Board of Radiology or be prepared to take the exam, or equivalent American Osteopathic Board, and completed a Neuroradiology Fellowship and Interventional Neuroradiology Fellowship

**OR**

- The applicant must be board certified by the American Board of Neurology or be prepared to take the exam, or equivalent American Osteopathic Board, and completed an Interventional Neurology Fellowship

**OR**

- The applicant must be board certified by the American Board of Neurosurgery or be prepared to take the exam, or equivalent American Osteopathic Board, and completed an Neurointerventional Surgery Fellowship.

**Required Previous Experience:**

- Applicants who have completed Neurointerventional Fellowship training within the past 24 months must demonstrated current competence and evidence of the performance (under supervision of fellowship program faculty) of at least 100 diagnostic angiography and 50 therapeutic neurointerventional cases in the past 24 months.
- Applicants who have completed Neurointerventional Fellowship training more than 24 months ago must demonstrate current competence and evidence of performance of 100 diagnostic angiography and 50 therapeutic neurointerventional cases within the past 36 months.

**Maintenance of Privilege:**

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

Description of Non-Core Privilege

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
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- Requested
- Approved
- Not Approved\*

**Check all privileges requested:**

- diagnostic cerebral angiography
- Involves diagnostic cerebral angiography and therapeutic neurointerventional privileges, extracerebral and intracerebral angiography for purposes of diagnosis and treatment of neurovascular lesions of central nervous system and head&neck with thrombolytic medicines, coils, balloons, stents, clot retrieval devices, embolization materials, and other related methods. It also involves treatment of spinal pathologies (eg. compression fractures and tumors) with vertebroplasty and kyphoplasty procedures.

**PROCEDURES UNDER FLUOROSCOPY**

Criteria: Successful completion of an ACGME- or AOA-accredited residency training program in neurological surgery and valid State of California fluoroscopy certificate.

Required Previous Experience: Demonstrated current competence and evidence of the performance of at least 5 cases in the past 12 months.

Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least 10 cases in the past 24 months and based on results of ongoing professional practice evaluation and outcomes.

Procedures under Fluoroscopy include:

- Neurointerventional Privileges

- Requested      **Procedures under Fluoroscopy**
- Approved
- Not Approved\*

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
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**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.

**Neurological Surgery Core Procedures**

1. Ablative surgery for epilepsy
- ~~2. Angiography~~
3. Artificial disc replacement (ADR)
4. Cordotomy, rhizotomy, and dorsal column stimulators for the relief of pain
5. Craniotomy for epilepsy surgery
6. Craniotomy for space occupying lesions of the brain, including but not limited to tumors (primary and metastatic), hematoma (epidural, subdural, and intracerebral), vascular lesions (aneurysms, arteriovenous malformations, fistulas), trauma (foreign body, depressed skull fracture), intracranial infection, and abscess.
7. Craniotomy or skull-base approaches for pituitary tumors and other skull-base pathologies
8. Cranial reconstruction procedures, including cranioplasty and craniofacial fracture repair
9. Epidural steroid injections for pain
10. Halo-Vest placement and removal
11. Harvesting of bone graft (iliac crest, rib, spinous process)
12. Insertion of percutaneous or open devices to monitor intracranial pressure and metabolic function (Ventriculostomy, ICP monitors, Licox)
13. Insertion of subarachnoid or epidural catheter with reservoir or pump for drug infusion or CSF withdrawal  
Microvascular decompression procedures for trigeminal neuralgia, hemifacial spasm, and glossopharyngeal neuralgia
14. Insertion of subdural drain (percutaneous or open) for chronic hematoma evacuation
15. Kyphoplasty
16. Lumbar puncture, cisternal puncture, ventricular tap, subdural tap
17. Lumbar subarachnoid-peritoneal shunt
18. Management of congenital anomalies, such as encephalocele, meningocele, myelomeningocele
19. Muscle biopsy
- ~~20. Myelography~~
21. Nerve biopsy
22. Nerve blocks
23. Open or minimally invasive approaches, anterior or posterior, for surgery of the spine/spinal cord for disc disease, infectious processes, syringomyelia, corpectomy, trauma, neoplasm, cysts, vascular malformations, and spondylosis (cervical, thoracic, lumbar, and sacral), with or without fusion, and instrumentation and/or bone (auto/allo) graft. Shunts: ventriculoperitoneal, ventriculoatrial, ventriculopleural, subdural peritoneal, lumbar subarachnoid/peritoneal (or other cavity), syringe-subarachnoid
24. Peripheral nerve procedures, including decompressive procedures and reconstructive procedures on the peripheral nerves
25. Radiofrequency ablation
26. Selective blocks for pain medicine, stellate ganglion blocks
27. Spinal cord surgery for decompression of spinal cord or spinal canal, for intramedullary lesion, intradural extramedullary lesion, rhizotomy, cordotomy, dorsal root entry zone lesion, tethered spinal cord or other congenital anomalies (diastematomyelia)

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**Neurological Surgery Core Continued**

28. Spinal surgery for insertion of prostheses, including shunts, spinal cord stimulators, morphine pumps, and interspinous devices (e.g. X-stop)
29. Stereotactic surgery—framed and frameless
30. Surgery for intervertebral disc disease—all approaches
31. Surgery on the sympathetic nervous system
32. Transsphenoidal procedures for lesions of the sellar or parasellar region, fluid leak, or fracture
33. Transcranial doppler
34. Vagal nerve stimulator implantation
35. Vertebroplasty—open or percutaneous.
36. Ventricular shunt operation for hydrocephalus, revision of shunt operation, ventriculocisternostomy
37. Ventriculography
38. Ultrasonic surgery procedures
39. Use of intraoperative tools, including but not limited to microscope, microdoppler, ultrasound, cavitronic ultrasound aspirator, endoscope, transcranial Doppler
40. Management of neurological patients in the ICU

**Pediatric Neurological Surgery Core**

1. Aspiration and/or drainage of intracranial cyst
2. Conversion of shunt (to include removal of existing shunt)
3. Cranio-cerebral injuries
4. Craniotomy for drainage and/or removal of extracerebral (subdural) hematoma and/or hygroma
5. Craniotomy for removal intracerebral hematoma and/or debridement of traumatized brain (includes management of any skull fracture) with/without lobectomy
6. Craniotomy for repair of CSF leak (to include transsphenoidal approach)
7. Craniotomy for tumor
8. CSF shunting procedures—all types
9. Drainage of extra-cerebral hematoma and/or hygroma—unilateral/bilateral
10. Endoscopic or open third ventriculostomy
11. Injection of diagnostic or therapeutic agent into shunt apparatus
12. Insertion of intracranial catheter or transducer for purposes of monitoring
13. Insertion of intraventricular catheter for purposes of monitoring and/or drainage of CSF and/or blood
14. Lumbar puncture
15. Management of congenital anomalies such as meningocele and meningomyelocele
16. Needling of brain for biopsy
17. Posterior fossa decompression for Arnold-Chiari malformation
18. Puncture and/or aspiration of cisterna magna
19. Puncture of shunt apparatus for pressure monitoring and/or CSF drainage
20. Reduction of skull fractures
21. Removal of shunt—any type
22. Repair of craniosynostosis
23. Repair and management of spinal defects, with or without instrumentation and fusion
24. Repair of encephalocele
25. Revision of CSF shunt—all types
26. Subdural taps—unilateral or bilateral
27. Treatment of primary or tumor-associated spinal cord syrinx
28. Use of framed and/or frameless stereotaxy for cranial and/or spinal applications

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**NEUROLOGICAL SURGICAL CLINICAL PRIVILEGES**

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

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

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(From — To) (To be completed by MSO)

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- 29. Use of intraoperative ultrasound for cranial and spinal applications
- 30. Ventricular puncture through fontanelle

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**NEUROLOGICAL SURGICAL CLINICAL PRIVILEGES**

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

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

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(From — To) (To be completed by MSO)

**ACKNOWLEDGMENT OF PRACTITIONER**

I have requested only those privileges which by education, training, current experience, and demonstrated performance that I am qualified to perform and 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

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

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

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**NEUROLOGICAL SURGICAL CLINICAL PRIVILEGES**

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

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

**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.**

<b>Privileges/Procedures to be Proctored</b>	<b>Number of Cases to be Proctored*</b>	<b>Method of FPPE A. Concurrent B. Retrospective C. Reciprocal</b>
Neurological Surgery Core Privileges	10 varied cases	A,B,C, as applicable
Pediatric Neurological Surgery Core Privileges	5 varied cases	A,B,C, as applicable
<b>Neuro Critical Care Non-core Privileges</b>	<b>10 varied cases</b>	A,B,C, as applicable
<b>Neurointerventional Non-Core Privileges</b>	<b>10 varied cases</b>	A,B,C, as applicable
<b>Moderate Sedation</b>	<b>1 case</b>	A,B,C, as applicable
<b>Procedure under Fluoroscopy</b>	<b>1 case</b>	A,B,C, as applicable

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

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES  
PEDIATRIC FORENSICS**

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

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

Page 1

- Initial Appointment  
 Reappointment

**Applicant:** CHECK (✓) the "Requested" box for each privilege requested and SIGN and DATE this form as indicated. New applicants may be requested to provide documentation of the number and types of hospital cases during the past 24 months. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts. Privileges may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document.

**QUALIFICATIONS FOR NURSE PRACTITIONER (NP)**

**CRITERIA:** To be eligible to apply for clinical privileges as a Nurse Practitioner (NP), the applicant must meet the following criteria:

**REQUIRED PREVIOUS EXPERIENCE:**

Current competence and evidence of the performance of 10 cases with acceptable results reflective of the privileges requested in the last 12 months.

**AND**

Hold a valid and active registered nurse license in the State of California and a current active certificate by the California Board of Registered Nursing (CA BRN) as a nurse practitioner.

**AND** (for initial certification prior to January 1, 2008)

Completion of a master's degree in nursing or satisfactorily completed a nurse practitioner program approved by the CA BRN.

**OR** (for initial certification after January 1, 2008)

Completion of a master's degree in nursing, a master's degree in a clinical field related to nursing, or a graduate degree in nursing and to have satisfactorily completed a nurse practitioner program approved by the CA BRN.

**AND**

Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the Governing Body.

**AND**

County employment or employment by or a formal agreement with a physician(s) currently appointed to the active or consulting medical staff of this hospital with scope of practice in the same area of specialty practice. According to a written agreement, the physician must:

- Assume responsibility for supervision or monitoring of the NP's practice as stated in the appropriate hospital or medical staff policy governing NP's;
- Be continuously available or provide an alternate to provide consultation when requested and to intervene when necessary;
- Assume total responsibility for the care of any patient when requested by the NP or required by this policy or in the interest of patient care;



RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES  
PEDIATRIC FORENSICS**

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

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

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**MAINTENANCE OF PRIVILEGE:** To be eligible to renew clinical privileges as a Nurse Practitioner (NP), the applicant must meet the following maintenance of privilege criteria:

- Current competence and evidence of the performance of 5 cases with acceptable results in the privileges requested during the past 24 months based on results of the hospital's ongoing professional practice evaluation and outcomes.

**CATEGORIES OF PATIENTS PRACTITIONER MAY TREAT**

May provide services consistent with the policies stated herein to patients of the medical staff member(s) with whom the NP has a documented formal affiliation or to such patients as are assigned by the chair of the department to which the NP is assigned.

**SUPERVISION**

The exercise of these clinical privileges requires a designated collaborating/supervising physician with clinical privileges at this hospital. All practice is performed under the supervision of this physician/designee and in accordance with written policies and protocols developed and approved by the relevant clinical department or service, the Medical Executive Committee, Nursing Administration and the Governing Body. Collaborating/supervising physician must be physically present, on hospital premises or readily available by electronic communication.

**MEDICAL RECORD CHARTING RESPONSIBILITIES**

Clearly, legibly, completely, and in timely fashion, describe each service the NP provides to a patient in the hospital or clinic setting and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.

**GENERAL RELATIONSHIP TO OTHERS**

Nurse Practitioners have authority to direct any hospital personnel in the provision of clinical services to patients to the extent that such direction is necessary in order to carry out the services required by the patient and which the NP is authorized to provide.

**PERIODIC COMPETENCE ASSESSMENT**

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the hospital's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this hospital. In addition, continuing education related to the specialty area of practice is required as mandated by licensure.

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RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES  
PEDIATRIC FORENSICS**

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

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

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

**NURSE PRACTITIONER (NP) CORE CLINICAL PRIVILEGES — GENERAL**

- Requested
- Approved
- Not Approved\*

NP Clinical Privileges: Provide care to patients within age group of collaborating physician except as specifically excluded from practice. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Privileges include but are not limited to:

- Apply, remove, and change dressings and bandages
- Apply, remove, and change dressings and bandages
- Counsel and instruct patients and representatives as appropriate
- General care for superficial wounds and minor superficial surgical procedures
- Initiate referral to appropriate physician or other health care professional of problems that exceed the NP's scope of practice
- Make daily rounds on hospitalized patients with or at the direction of the collaborating physician
- Obtain and record Medical/Social history and perform physical examination including rectal and sexual abuse examination as indicated
- Monitor and manage medical needs associated with physical abuse, sexual abuse and neglect of pediatric patients
- Order diagnostic testing and therapeutic modalities such as medications, treatments, determined by established, written protocols between NP's scope of knowledge and training and the supervising/collaborating physician's scope of scope of practice
- Perform acts of diagnosis and treatment as determined by established, written protocols between NP's scope of knowledge and training and the supervising/collaborating physician's scope of scope of practice
- Perform venous punctures for blood sampling
- Perform subspecialty related health care maintenance of the population
- Write discharge summaries
- Counsel and instruct patients and representatives as appropriate on medications, conditions associated with abuse and neglect
- Perform specimen collection of biological samples for examination and forensic evaluation

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES  
PEDIATRIC FORENSICS**

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

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

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**NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)**

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

**QUALIFICATIONS FOR NURSE PRACTITIONER (NP) — PEDIATRIC FORENSIC EXAMINER**

**CRITERIA:** To be eligible to apply for clinical privileges as a NP in Child Abuse and Neglect the applicant must meet the following criteria:

Applicant must satisfy the qualification requirements for nurse practitioner.

**AND**

Documented training as a Sexual Abuse Forensic Examiner, experience in child abuse and neglect

**AND**

**REQUIRED PREVIOUS EXPERIENCE:**

Current competence and evidence of the performance of 10 cases with acceptable results reflective of the privileges requested in the last 12 months.

**MAINTENANCE OF PRIVILEGE:** To be eligible to renew clinical privileges as a Nurse Practitioner (NP), the applicant must meet the following maintenance of privilege criteria:

- Current competence and evidence of the performance of 5 cases with acceptable results in the privileges requested during the past 24 months based on results of the hospital's ongoing professional practice evaluation and outcomes.

**PERIODIC COMPETENCE ASSESSMENT**

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the hospital's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this hospital. In addition, continuing education related to the specialty area of practice is required as mandated by licensure.

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RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES  
PEDIATRIC FORENSICS**

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

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

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

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**NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — PEDIATRIC FORENSIC EXAMINER**

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(Includes Nurse Practitioner General Clinical Privileges)

- Requested
- Approved
- Not Approved\*

NP Child Abuse and Neglect Examiner Privileges: Initial and ongoing assessment of the child abuse status within the age group of collaborating physician, except as specifically excluded from practice, under the direction of the supervising/employing physician. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Privileges include but are not limited to:

- Admit, manage and discharge patient's under outpatient status with complaint of child abuse or neglect
- Perform forensic medical evidentiary exam, including complete sexual, physical abuse, neglect exam
- Order treatments, laboratory testing and medications, and radiological studies as history and exam dictate
- Provide care to critical and non-critical patients
- Foreign body removal
- Anoscopy
- Administer medications
- Emergency contraceptive care
- Evaluation and treatment of conditions associated with physical abuse, sexual abuse, and/or neglect
- Health and wellness counseling
- Perform physical exams, including rectal exams and forensic sexual abuse exams
- Pregnancy testing and appropriate treatment and medication management for pregnancy
- Screen and refer for consultation for acute health issues, i.e. head trauma, strangulation, hemorrhage, etc.
- Administer STD prophylaxis and follow-up care
- Advocate for children and their families
- Formulate a family-centered plan of care in collaboration with the patient and family or patient representative
- Involve family/child/representative in decision making regarding care as appropriate
- Perform specimen collection of biological samples for examination and evidentiary purposes
- Obtain informed consent for treatment and evidentiary purposes
- Screen/refer for care/counseling for suicidal, homicidal or other psychosocial needs

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES  
PEDIATRIC FORENSICS**

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

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

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**SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)**

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

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

- Requested
- Approved
- Not Approved\*

Prescribing Authority: The delegation to the NP to administer or dispense drugs shall exclude the prescribing of controlled substances.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES  
PEDIATRIC FORENSICS**

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

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

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**ACKNOWLEDGMENT OF PRACTITIONER**

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

I understand that:

- a. In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the policies governing allied health professionals or related documents.

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

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

**ENDORSEMENT OF PHYSICIAN EMPLOYER / SUPERVISOR**

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

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

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

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

**DEPARTMENT CHAIR / DESIGNEE RECOMMENDATION**

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

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

<b>Privilege</b>	<b>Condition / Modification / Explanation</b>

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

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

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES  
 PEDIATRIC FORENSICS**

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

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

**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)**

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

**DEPARTMENT CHAIR/DESIGNEE:** For the above-named applicant, please indicate below the privileges/procedures and the number of cases to be proctored, including the method of proctoring.

**Please print legibly.**

Privileges / Procedures to be Proctored	Number of Cases to be Proctored	Method of Proctoring A. Concurrent B. Retrospective C. Reciprocal
NP General Privileges, Core	5	Retrospective
Pediatric Forensic Sexual/Physical Abuse and Neglect Exams	5	Retrospective