

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

731A



FROM: Riverside County Regional Medical Center

SUBMITTAL DATE:

June 5, 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, voluntary withdraw of privileges, resignations/withdrawals, automatic termination & family medicine privilege form.

BACKGROUND:

Summary

The Medical Executive Council Committee on June 5, 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. Barden, Matthias, MD Emergency Medicine

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	
SOURCE OF FUNDS:				Budget Adjustment: No	
				For Fiscal Year: 13/14	

C.E.O. RECOMMENDATION:

APPROVE

BY:
Debra Cournoyer

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

Prev. Agn. Ref.:

District: 5/5

Agenda Number:

2-15

- A-30
- 4/5 Vote
- Positions Added
- Change Order

Departmental Concurrence

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

DATE: June 5, 2014

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BACKGROUND:**Summary (continued)**

2. Emery, David S., PA-C	Emergency Medicine
3. Esmail, Fatema Q., MD	Ophthalmology
4. Estrada, Sandra E.D., NP	Medicine
5. French, Christopher C., MD	Surgery
6. Harris, Willie, DO	Psychiatry
7. Huang, Lynn L., MD	Ophthalmology
8. Mashhadian, Ardavan Y., DO	Medicine
9. Matus, Michael J., MD	Medicine
10. Nathaniel, Brandon L., MD	Medicine
11. Nguyen, Y Vien T., MD	Radiology
12. Peterson, Nathaniel R., MD	Surgery
13. Stewart, Laiandrea M., MD	Radiology

<u>B. Approval of Reappointments:</u>	<u>Department:</u>	<u>Reappointment Cycle:</u>	<u>Status:</u>
1. Agrawal, Sanjay, MD	Psychiatry	07/01/14 – 06/30/16	Active
2. Anousheh, Ramtin, MD	Medicine	07/01/14 – 06/30/16	Active
(additional privilege)			
▪ Cardiology (proctoring required)			
(withdraw of privilege)			
▪ Moderate Sedation			
3. Cortez, Vladimir, DO	Neurosurgery	07/01/14 – 06/30/16	Active
(advanced from provisional to active due to completion of proctoring)			
4. Craig, Debra D., MD	Medicine	07/01/14 – 06/30/16	Court.
5. Gupta, Subhas C., MD	Surgery	07/01/14 – 06/30/16	Court.
(status changed from active to courtesy due to low patient volume)			
6. Kaur, Jasjit, MD	Psychiatry	07/01/14 – 06/30/16	Active
7. Khan, Sadia S., MD	Medicine	07/01/14 – 06/30/16	Active
8. Koshy, Ruby E., MD	Medicine	07/01/14 – 06/30/16	Active
9. Mejia, Glenn Paul G., MD	Detention Health	07/01/14 – 06/30/16	Adj.
10. Mooradian, Ryan D., MD	Pediatrics	07/01/14 – 06/30/16	Active
11. Nist, Laura D., MD	Medicine	07/01/14 – 06/30/16	Active
12. Prince, John C., MD	Surgery	07/01/14 – 06/30/16	Active
13. Schultz, Gerald R., MD	Ophthalmology	07/01/14 – 06/30/16	Active
14. Seiberling, Kristin A., MD	Surgery	07/01/14 – 06/30/16	Active
15. Skale, David M., MD	Ophthalmology	07/01/14 – 06/30/16	Active
(advanced from provisional to active due to completion of proctoring)			
16. Sy, Rolando D., MD	Emergency Medicine	07/01/14 – 06/30/16	Active
17. Vivanco De Martinez, Lorena	Pediatrics	07/01/14 – 06/30/16	Active
18. Tsao, Bryan E., MD	Medicine	07/01/14 – 06/30/16	Active
19. Yanni, George S., MD	Pediatrics	07/01/14 – 06/30/16	Cons.
20. Zouros, Alexander, MD	Neurosurgery	07/01/14 – 06/30/16	Active

<u>C. Final FPPE/Reciprocal* - Advancement Staff Category:</u>	<u>Advancement to:</u>
1. Aulakh, Jasdeep S., MD	Psychiatry Active
2. *Peter, Lee, MD	Family Medicine Active
3. Skale, David M., MD	Ophthalmology Active
4. *Teacher, Eric T., MD	Emergency Medicine Active
5. Yanni, Charles M., MD	Family Medicine Active
6. *Ziari, Mohammadbagher, MD	Medicine Active

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BACKGROUND:

Summary (continued)

D. FPPE/Reciprocal* Complete Remain on Provisional:

- | | |
|--------------------------|--------------------|
| 1. Dinh, Vi A., MD | Emergency Medicine |
| 2. Loe, Stephanie A., MD | Emergency Medicine |

E. Voluntary Withdrawal of Privilege (S):

- | | |
|------------------------------|----------|
| 1. Ziari, Mohammadbagher, MD | Medicine |
|------------------------------|----------|

F. Resignations/*Withdrawals:

- | | <u>Department:</u> | <u>Effective Date:</u> |
|------------------------------|--------------------|------------------------|
| 1. Murray, Matthew D., DDS | Surgery | 7/1/14 |
| 2. Rahn, Tiffany L., PA-C | Orthopedic Surgery | 1/24/13 |
| 3. Reyes, Delia Z., FNP | Family Medicine | 5/2/14 |
| 4. Sherzai, Abdullah D., MD | Medicine | 7/1/14 |
| 5. Swanston, Renata N.P., DO | Pediatrics | 7/1/14 |

G. Automatic Termination Per Bylaws 6.4-9 (Failure to Reapply):

- | | | |
|------------------------|------------|----------------------------------|
| 1. Hakim, Layth K., MD | Psychiatry | <u>Effective Date:</u>
8/1/13 |
|------------------------|------------|----------------------------------|

H. Family Medicine Department Privilege Form – see attachment:

A request to add Palliative Care privileges to the Family Medicine Department Privilege form was submitted for approval.

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
PRIVILEGE DELINEATION DESCRIPTION AND STANDARDS

NAME: _____

PRACTICE SPECIALTY: FAMILY MEDICINE

PRACTICE SPECIALTY

FAMILY MEDICINE

REQUIRED QUALIFICATIONS FOR PRIVILEGES

CRITERIA: In order to be eligible for privileges in Family Medicine, all applicants must:

- meet all requirements for medical staff membership
- be able to document education and experience in the conditions and procedures for which privileges are requested
- meet requirements for ambulatory privileges, limited inpatient privileges or inpatient privileges (see below)

REAPPOINTMENT REQUIREMENTS: To be eligible to renew privileges in family medicine, the applicant must meet the following maintenance of privilege criteria:

- Current demonstrated competence and an adequate volume of experience with acceptable results in the privileges requested during 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 for re-appointment.

AND

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

In the Family Medicine Department, additional criteria are defined for the following types of privileges:

AMBULATORY PRIVILEGES

To be eligible to apply for ambulatory core privileges in Family Medicine, the initial applicant must meet the following criteria:

- meet all requirements for medical staff membership
- AND**
- must have successfully completed two years of an accredited residency program approved by the Accreditation Council on Graduate Education (ACGME) or the American Osteopathic Association (AOA) in Family Medicine or in an equivalent field as determined by the Department Chair.

Unless privileges granted prior to May 2010.

INPATIENT PRIVILEGES (Medicine, Obstetrics, & Pediatrics)

In order to be eligible for inpatient privileges, the applicant must:

- have completed an ACGME or AOA accredited Family Medicine residency program

AND

- be board certified or an active candidate by the American Board of Family Medicine or the American Osteopathic Board of Family Physicians

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In addition, if requesting Progressive Care Unit (Step-Down Unit) privileges, must meet the attached guidelines as noted on the Memorandum of Understanding between Family Medicine and Medicine Departments. For Medicine Adult Inpatient privileges must meet the attached guidelines as noted on the Memorandum of Understanding.

CHILD ABUSE AND NEGLECT PRIVILEGES

In order to be eligible for Child Abuse and Neglect privileges, the applicant must:

- have successfully completed an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited postgraduate training program in Pediatrics or Family Medicine with additional training/experience in child abuse as determined by the Chair of Pediatrics/designee

AND

- have current certification or active participation in the examination process leading to subspecialty certification in Child Abuse Pediatrics by the American Board of Pediatrics, unless initial privileges granted prior to November 2009 (Board subspecialty certification first issued in November 2009)

AND

- must be in process of paneling or paneled by California Children’s Services (CCS)

FAMILY MEDICINE RESIDENTS IN TRAINING

To be eligible to apply for core privileges in Family Medicine, the initial applicant must meet the following criteria:

- meet all requirements for medical staff membership

AND

- must have successfully completed two out of three years of an accredited Family Medicine residency program approved by the Accreditation Council on Graduate Education (ACGME) or the American Osteopathic Association (AOA).

AND

- must possess a valid, current California State Medical License

AND

- a letter from the resident’s current family medicine program director must be submitted approving the clinic privileges which are being requested.

A Family Medicine resident in training may be granted ambulatory care privileges only.

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.

**PERFORMANCE OF PRIVILEGES –
PATIENT CARE SITES/SETTINGS**

**GENERAL PROCTORING
REQUIREMENTS**

See privilege delineation form for specific proctoring requirements.

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<p>GEOGRAPHIC REQUIREMENTS</p>	<p>With regard to Inpatient Privileges, residence and office location should be within 30 minutes of the hospital to provide continuous patient care and to fulfill medical staff responsibilities.</p>
<p>PARTICIPATE IN TEACHING PROGRAM CRITERIA</p>	<p>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: <i>This definition is adapted from Bernard J.M., & Goodyear, R.K., Fundamentals of Clinical Supervision, 2nd Ed. Needham Heights, MA: Allyn & Bacon 1998.</i>)</p> <p>CRITERIA: To be eligible to participate in the teaching program, the applicant must:</p> <ul style="list-style-type: none"> • 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. <p>MAINTENANCE OF PRIVILEGE:</p> <ul style="list-style-type: none"> • 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.

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<p>SUPERVISION OF ALLIED HEALTH PROFESSIONALS</p>	<p>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 supervising physician must be immediately available by electronic communication or on hospital premises for consultation/direction of the AHP.</p> <p>CRITERIA: To be eligible to supervise allied health professionals, the applicant must:</p> <ul style="list-style-type: none"> • 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. <p>MAINTENANCE OF PRIVILEGE:</p> <ul style="list-style-type: none"> • 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.
<p>MODERATE SEDATION CRITERIA</p>	<p>CRITERIA: To be eligible for moderate sedation, the applicant must:</p> <ul style="list-style-type: none"> • Meet the qualification as required in the Privileging Criteria and Delineation for Moderate Sedation and the Patient Care Services Policy, 628: Moderate Sedation/Analgnesia. <p>AND</p> <ul style="list-style-type: none"> • View the Sedation Care training video or the online sedation training presentation. <p>AND</p> <ul style="list-style-type: none"> • Take and pass a written moderate sedation exam. This can be done online www.rcrmc.org, click on Education Services for the moderate sedation site, which has the instructions, inservice video, and test. <p>AND</p> <ul style="list-style-type: none"> • Successful completion of one (1) proctored moderate sedation case under the direct supervision of an RCRMC practitioner holding this privilege.

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Check the privilege(s) you are qualified to request:

- Ambulatory Privileges (excludes Inpatient Privileges)
- Ambulatory Privileges and Inpatient Privileges
- Inpatient Privileges (*excludes Ambulatory Privileges*)
- Progressive Care Unit (Step-Down Unit) Privileges

APPROVED WITH CONSULTATION*	When patient is admitted to the hospital, the attending on call for the respective services will be notified. (S)He will provide formal consultation in the usual manner. As indicated by the patient's condition, there may be continued follow-up consultation or even transfer of care.
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				SPECIAL CRITERIA FOR PRIVILEGES		PRIVILEGES MAY BE EXERCISED		
REQUESTED	APPROVED	*APPROVED WITH CONSULTATION	DENIED	PRIVILEGE DESCRIPTION	EDUCATION/ TRAINING	CLINICAL ACTIVITY (NUMBER OF PROCEDURES TO MAINTAIN PRIVILEGE)	OUTCOMES (TYPE OF DATA COLLECTED FOR CASE REVIEW)	UNDER THE FOLLOWING CONDITIONS (PROCTORING, CONSULTATION, ETC.)
				PARTICIPATE IN TEACHING PROGRAM	Must meet requirements for Ambulatory Privs and/or Inpatient Privs & must be approved by the RCRMC FM Residency Director Refer to Participate in Teaching Program Criteria.		Faculty Evaluations by House Staff	Refer to the Participate in the Teaching Program Criteria.
				SUPERVISION OF ALLIED HEALTH PROFESSIONALS	Refer to Supervision of Allied Health Professionals Criteria.			Refer to the Supervision of AHP Criteria.
				AMBULATORY PRIVILEGES Includes privileges to see, treat, refer for specialty care and otherwise manage patients in the RCRMC Clinics. Includes the ability to perform diagnostic and other procedures normally performed in the ambulatory care setting.	Must meet requirements for Ambulatory Privileges	5 cases/year	Patient Satisfaction Survey & Complications	Proctoring 10 cases—initial appointment

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REQUESTED	APPROVED	*APPROVED WITH CONSULTATION	DENIED	PRIVILEGE DESCRIPTION	SPECIAL CRITERIA FOR PRIVILEGES			PRIVILEGES MAY BE EXERCISED
					EDUCATION/ TRAINING	CLINICAL ACTIVITY (NUMBER OF PROCEDURES TO MAINTAIN PRIVILEGE)	OUTCOMES (TYPE OF DATA COLLECTED FOR CASE REVIEW)	
				AMBULATORY PRIVILEGES FOR FM RESIDENTS IN TRAINING Includes privileges to see, treat, refer for specialty care, and otherwise manage patients in the RCRMC Clinics. Includes the ability to perform diagnostic and other procedures normally performed in the ambulatory care setting.	Must meet requirements for FM residents in training	5 cases/year		Proctoring 10 cases—initial appointment
FAMILY MEDICINE INPATIENT								
Ear, Nose and Throat								
				General medical diagnosis & treatment				
Eye								
				General diagnosis and treatment				
Genital System: Male and Female								
				General medical diagnosis & treatment, including routine care of women in the post-partum period				
Musculoskeletal System								
				General medical diagnosis & treatment				
Skin, Appendages, Subcutaneous Tissues								
				General medical diagnosis & treatment				
Procedures								
				Arthrocentesis				
				Incision and Drainage Abscess				
				Breast: Open Biopsy				
				Moderate Sedation	Refer to Moderate Sedation Criteria			Refer to Moderate Sedation Policy 628

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PRACTICE SPECIALTY: FAMILY MEDICINE

MEDICINE INPATIENT		Meet requirements for inpatient privs.	25 cases/year	Peer Review Complications	Proctoring 10 cases--initial appointments
Alimentary System					
	General medical diagnosis & treatment				
Cardiovascular System					
	General medical diagnosis & treatment				
Connective Tissue Diseases					
	General medical diagnosis & treatment				
Endometabolic Systems					
	General medical diagnosis & treatment				
Hematologic System					
	General medical diagnosis & treatment				
Heredofamilial Diseases					
	General medical diagnosis & treatment				
Immune System					
	General medical diagnosis & treatment				
Nervous System					
	General medical diagnosis & treatment				
Renal System					
	General medical diagnosis & treatment				
Respiratory System					
	General medical diagnosis & treatment				
Procedures					
	Gastric Lavage				
	NG Tube Placement				
	Arterial Puncture/Cannulation				
	Venous Cutdown and Cannulation				
	Central Venous Placement & Monitoring				
	Basic Cardiopulmonary Resuscitation				
	Thoracentesis: Needle/Catheter				

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MEDICINE INPATIENT CONTINUED			
		Bone Marrow Aspiration	
		Bone Marrow: Biopsy	
		Lymph Node: Superficial Biopsy or Excision	
		Paracentesis: Abdominal	
		Lumbar Puncture	
		Tube Thoracostomy (Chest Tube)	

Progressive Care Unit (Step-Down Unit)	Board Certified in Internal Medicine or significant documented experience. Refer to PCU Memorandum of Understanding.	5 PCU or ACCU cases per year	<ul style="list-style-type: none"> Morbidity & Mortality Peer Review Procedure Review 	Proctoring of 5 cases—initial appointment.
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PALLIATIVE/END OF LIFE CARE					
	Symptom management of patients with advanced and terminal illnesses AND discussion of goals of care with such patients	Board certified in Family or Internal Medicine and/or Hospice and Palliative Medicine board certification.	5 PCU cases per year	Peer Review	Proctoring of 5 cases—initial appointment.

OBSTETRICS INPATIENT					
Pregnancy, Childbirth and Puerperium		Meet qualifications for inpatient privs	5 cases/year	Peer Review Complications	Proctoring 5 cases—initial appointment
	General medical diagnosis & treatment				
	Ectopic Pregnancy: Medical Management				
	Fetal Monitoring				
	Induction of Labor				
	Intrauterine Demise: Management				
	Labor: Augmentation				
	Labor: Inhibition of				
	Placenta: Abrupton				
	Placenta: Manual Removal				

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PRIVILEGE DELINEATION DESCRIPTION AND STANDARDS**

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PRACTICE SPECIALTY: FAMILY MEDICINE

PEDIATRICS INPATIENT		Meet qualifications for inpatient privs	3 cases/year	Peer Review Complications	Proctoring 3 cases—initial appointment.
Special Problems and Special Population: Child					
	General medical diagnosis & treatment				
	Child Abuse and Neglect Consultations	Requires approval of Department of Pediatrics, and PALS Certification.	2 cases/year		Proctoring 5 cases—initial appointment
Neonatal Care					
	Full Term: Uncomplicated				
	Attend Infant at Cesarean Section				
Nervous System					
	Lumbar Puncture	1 case required to obtain privilege.	1 case/year		
Peds Procedures Continued					
	Neonatal Resuscitation	Requires NRP (Neonatal Resuscitation) Certification.			
	Alimentary: Nasogastric Intubation				
	Phototherapy of Hyperbilirubinemia				
Cardiovascular Procedures					
	Pediatric Advanced Life Support	Requires PALS Certification.			
	Intravenous therapy: Infant				
	Intravenous Therapy: Child				
	Venipuncture, including Scalp Vein				

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I hereby certify that I am qualified and competent to exercise the requested privileges as noted above and can document satisfactory familiarity and performance.

PRACTITIONER'S SIGNATURE _____ **DATE** _____

Type or Print Name: _____

FAMILY MEDICINE DEPARTMENT CHAIR/DESIGNEE: _____ **DATE** _____

OTHER APPROVAL SIGNATURE(S) (IF APPLICABLE):

OB/GYN DEPARTMENT CHAIR/DESIGNEE: _____ **DATE** _____

**PEDIATRIC DEPARTMENT CHAIR/DESIGNEE
(REQUIRED FOR CAN PRIVILEGES ONLY):** _____ **DATE** _____

MEC APPROVAL: 4/11/00; 5/14/09; 5/13/10; 8/12/10, 10/4/12
UPDATED: 7/01/03; 7/15/04; 6/8/06, 10/13/11, 9/28/12, 6/12/14