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

**FROM:** Riverside County Regional Medical Center

**SUBMITTAL DATE:**  
February 3, 2015

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

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

1. Request approval of appointments, reappointments, proctoring, additional privileges, resignations/withdrawals, automatic termination, department of medicine nurse practitioner privilege form, surgery privilege form and pediatric privilege form.

**BACKGROUND:**

**Summary**

The Medical Executive Committee on February 5, 2015, recommended to refer the following to the Board of Supervisors for review and action:

A. Approval of Medical Staff Appointments and Clinical Privileges:

1. Guth, James, MD Medicine




Zareh Sarrafian  
Chief Executive Officer

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> 14/15

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

BY:   
Debra Cournoyer

County Executive Office Signature

**MINUTES OF THE BOARD OF SUPERVISORS**

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

Prev. Agn. Ref.: | District: 5, | Agenda Number:

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

FORM 11: Medical Staff Appointments, Reappointments and Clinical Privileges

DATE: January 30, 2015

PAGE: Page 2 of 3

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

- |                           |            |
|---------------------------|------------|
| 2. McClellan, Eric B., DO | Pediatrics |
| 3. Pham, Nhat M., MD      | Pediatrics |
| 4. Qin-Hu, Min, MD        | Anesthesia |

<u>B. Approval of Reappointments:</u>	<u>Department:</u>	<u>Reappointment Cycle:</u>	<u>Status:</u>
1. An, Jason K., MD	Emergency Med.	03/01/15 – 02/28/17	Active
2. Burton, Paul D., DO	Orthopedic Surg.	03/01/15 – 02/28/17	Court.
3. Huang, Louise L., MD	Family Medicine	03/01/15 – 02/28/17	Active
4. Jam, Mohammad, MD	Pediatrics	03/01/15 – 02/28/17	Active
5. Kim, Soo Y., MD	Pediatrics	03/01/15 – 02/28/17	Active
6. Lopez, Merrick R., MD	Pediatrics	03/01/15 – 02/28/17	Active
7. Reantaso, Antonio A., MD	Psychiatry	03/01/15 – 02/28/17	Active
8. Sheridan-Matney, Clarie, MD	Pediatrics	03/01/15 – 02/28/17	Active
9. Suthar, Mukesh B., MD	Ophthalmology	03/01/15 – 02/28/17	Court.
(status changed from Active to Courtesy due to low volume)			
10. Teruya, Theodore H., MD	Surgery	03/01/15 – 02/28/17	Active
11. Willis, Joseph I., MD	Radiology	03/01/15 – 02/28/17	Active
12. Wood, Terry D., MD	Emergency Medicine	03/01/15 – 02/28/17	Active
13. Yang, Linda, MD	Pediatrics	03/01/15 – 02/28/17	Active

<u>C. Final FPPE/Reciprocal* - Advancement of Staff Category:</u>	<u>Advance To:</u>
1. Luke, Priscilla K., MD	Ophthalmology Active
2. McLaughlin, Nathan D., MD	Family Medicine Active
3. Nam, Enoch, MD	Ophthalmology Active
4. Nathaniel, Brandon L., MD	Medicine Active
5. Wood, Terry D., MD	Ophthalmology Active

<u>D. FPPE/Reciprocal* - Complete Remain on Provisional:</u>	
1. Carlson, Bronwyn, MD	Pediatrics
2. Claridge, Jessica R., MD	Pediatrics

<u>E. Additional Privileges:</u>	<u>Department:</u>	<u>Privileges Requested:</u>
1. Block, Lindsey L., NP	Medicine	Plantar Fascia Injection

<u>F. Resignations/*Withdrawals:</u>	<u>Department:</u>	<u>Effective Date:</u>
1. *Anyikam, Adanna L., MD	OB/GYN	
2. Hadley, David A., MD	Surgery	1/9/15
3. *Halonen, Jeffrey S., DO	Anesthesia	
4. *Kenworthy, William H., PA	Neurosurgery	
5. *Knutzen, Gregory, NP	Medicine	
6. McLarty, Justin D., MD	Surgery	2/2/15
7. Menestrina, Larry, DO	Radiology	7/31/14
8. *Register, Bradley, PA-C	Emergency Med.	
9. *Shah, Neha, MD	OB/GYN	
10. *Swarup, Saloni A., PA	Neurosurgery	
11. Walter, Michael H., MD	Medicine	Immediately

**I. Automatic Termination Per Bylaws 6.4-9 (Failure to Reapply)**

- |                            |            |        |
|----------------------------|------------|--------|
| 1. Flotildes, Karen L., DO | Anesthesia | 3/1/15 |
|----------------------------|------------|--------|

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

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

**DATE:** January 30, 2015

**PAGE:** Page 3 of 3

2. Hanley, Heather A., MD                      Pediatrics                      3/1/15

J. Dept. of Medicine Nurse Practitioner Privilege Form – Additional Privilege – See Attachment

A request to add additional privilege to the privilege form was submitted for approval.

*Plantar Fascia Injection*

K. Dept. of Surgery: General Surgery Privilege Form – Revision & Additional Privileges – See Attachment

A request for revision and add additional privileges to the privilege form was submitted for approval.

*Laparoscopic Adrenalectomy*

*Laparoscopic Splenectomy*

*Laparoscopic Low Anterior Resection*

*Laparoscopic Hernia Repair*

*Laparoscopic Paraesophageal Hernia Repair*

*Laparoscopic Fundoplication (Nissen/Dor/Toupet)*

L. Dept. of Pediatrics Privilege Form – Additional Privilege – See Attachment

A request for additional privileges to the 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  
**NURSE PRACTITIONER (NP)  
INTERNAL MEDICINE CLINICAL PRIVILEGES**

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:

Current demonstrated competence and an adequate level of current experience, documenting the ability to provide services at an acceptable level of quality and efficiency.

**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 nurse practitioners.
- 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;
- Review all orders entered by the NP on the medical record of all patients seen or treated by the NP.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**NURSE PRACTITIONER (NP)**  
**INTERNAL MEDICINE CLINICAL PRIVILEGES**

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

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

Page 2

**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 the 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/clinic premises or readily available by electronic communication.

**MEDICAL RECORD CHARTING RESPONSIBILITIES**

Clearly, legibly, completely, and in a 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.

*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) CLINICAL PRIVILEGES — GENERAL**

- Requested** 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
  - Counsel and instruct patients and significant others 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
  - Monitor and manage stable chronic illnesses of population served
  - Obtain and record medical/social history and perform physical examination including rectal and pelvic examination as indicated.
  - Order diagnostic testing and therapeutic modalities including medications, that are determined by established, written protocols between NP's scope of knowledge and training and the supervising/collaborating physician's scope of scope of practice

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**NURSE PRACTITIONER (NP)  
INTERNAL MEDICINE CLINICAL PRIVILEGES**

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

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

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- 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 primary health care maintenance of the population served
- Remove arterial catheter
- Start IV's
- Write discharge summaries
- Counsel and instruct patients and significant others as appropriate on medications, disease, and preventive healthcare
- Perform specimen collection of biological samples for examination

**QUALIFICATIONS FOR NURSE PRACTITIONER (NP) — WOMEN'S HEALTH**

**CRITERIA:** To be eligible to apply for Women's Health NP clinical privileges, the applicant must meet the following criteria:

- Satisfy the qualification requirements for Nurse Practitioner General.
- AND**
- Completion of training in obstetrics/gynecology and/or women's health and an adequate level of current experience documenting the ability to provide services at an acceptable level of quality and efficiency.

**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.

**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.

**WOMEN'S HEALTH NURSE PRACTITIONER CLINICAL PRIVILEGES**

(Includes Nurse Practitioner General Clinical Privileges)

- Requested** Provide services for female 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:
- Care before and after menopause
  - Contraceptive care
  - Evaluation and treatment of common vaginal infections
  - Health and wellness counseling
  - Perform physical exams, including rectal exams and pap smears
  - Pregnancy testing and care before, and after pregnancy
  - Screen and refer for other health problems including suspected sexual abuse, rape.
  - STD screen and follow up

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
NURSE PRACTITIONER (NP)  
INTERNAL MEDICINE CLINICAL PRIVILEGES

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

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

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**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 for maintenance of clinical competence.

**INJECTION OF MEDICATION INTO TRIGGER POINTS, NON-CORE**

**CRITERIA:** Direct supervision and those technical and management skills, which qualify the NP to perform injection of medication into trigger points by virtue of training and experience.

**REQUIRED PREVIOUS EXPERIENCE:** Demonstrate current competence and evidence of the performance of at least two [2] procedures in the past 12 months.

**MAINTENANCE OF PRIVILEGE:** Demonstrated current competence and the performance of at least one [1] procedures in the past 24 months.

Requested      Injection of medication into trigger points

**I&D OF ABSCESSES, NON-CORE**

**CRITERIA:** Direct supervision and those technical and management skills, which qualify the NP to perform I&D of abscesses by virtue of training and experience.

**REQUIRED PREVIOUS EXPERIENCE:** Demonstrate current competence and evidence of the performance of at least two [2] procedures in the past 12 months.

**MAINTENANCE OF PRIVILEGE:** Demonstrated current competence and the performance of at least one [1] procedures in the past 24 months.

Requested      I&D of abscesses

**SKIN TAG REMOVAL, NON-CORE**

**CRITERIA:** Direct supervision and those technical and management skills, which qualify the NP to perform skin tag removal by virtue of training and experience.

**REQUIRED PREVIOUS EXPERIENCE:** Demonstrate current competence and evidence of the performance of at least three [3] procedures in the past 12 months.

**MAINTENANCE OF PRIVILEGE:** Demonstrated current competence and the performance of at least two [2] procedures in the past 24 months.

Requested      Skin tag removal

**PUNCH BIOPSY, NON-CORE**

**CRITERIA:** Direct supervision and those technical and management skills, which qualify the NP to perform punch biopsy by virtue of training and experience.

**REQUIRED PREVIOUS EXPERIENCE:** Demonstrate current competence and evidence of the performance of at least three [3] procedures in the past 12 months.

**MAINTENANCE OF PRIVILEGE:** Demonstrated current competence and the performance of at least two [2] procedures in the past 24 months.

Requested      Punch biopsy

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
NURSE PRACTITIONER (NP)  
INTERNAL MEDICINE CLINICAL PRIVILEGES

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

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

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**JOINT ASPIRATION and INJECTION**

**CRITERIA:** Direct supervision and those technical and management skills, which qualify the NP to perform joint aspiration and injection by virtue of training and experience.

**REQUIRED PREVIOUS EXPERIENCE:** Demonstrate current competence and evidence of the performance of at least three [3] procedures in the past 12 months.

**MAINTENANCE OF PRIVILEGE:** Demonstrated current competence and the performance of at least three [3] procedures in the past 24 months.

Requested Joint Aspiration and Injection

**PARACENTESIS**

**CRITERIA:** Direct supervision and those technical and management skills, which qualify the NP to perform paracentesis biopsy by virtue of training and experience.

**REQUIRED PREVIOUS EXPERIENCE:** Demonstrate current competence and evidence of the performance of at least three [3] procedures in the past 12 months.

**MAINTENANCE OF PRIVILEGE:** Demonstrated current competence and the performance of at least three [3] procedures in the past 24 months.

Requested Paracentesis

**PLANTAR FASCIA INJECTION**

**CRITERIA:** Direct supervision and those technical and management skills, which qualify the NP to perform plantar fascia injection by virtue of training and experience.

**REQUIRED PREVIOUS EXPERIENCE:** Demonstrate current competence and evidence of the performance of at least three [3] procedures in the past 12 months.

**MAINTENANCE OF PRIVILEGE:** Demonstrated current competence and the performance of at least three [3] procedures in the past 24 months.

Requested Plantar Fascia Injection

**CERVICAL, ENDOCERVICAL, AND ENDOMETRIAL BIOPSIES, NON-CORE**

**CRITERIA:** Direct supervision and those technical and management skills, which qualify the NP to perform cervical, endocervical, and endometrial biopsies by virtue of training and experience.

**REQUIRED PREVIOUS EXPERIENCE:** Demonstrate current competence and evidence of the performance of at least five [5] procedures in the past 12 months.

**MAINTENANCE OF PRIVILEGE:** Demonstrated current competence and the performance of at least two [2] procedures in the past 24 months.

Requested Cervical, endocervical, and endometrial biopsies

**COLPOSCOPY, NON-CORE**

**CRITERIA:** Direct supervision and those technical and management skills, which qualify the NP to perform a colposcopy by virtue of training and experience.

**REQUIRED PREVIOUS EXPERIENCE:** Demonstrate current competence and evidence of the performance of at least five [5] procedures in the past 12 months.

**MAINTENANCE OF PRIVILEGE:** Demonstrated current competence and the performance of at least two [2] procedures in the past 24 months.

Requested Colposcopy



RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**NURSE PRACTITIONER (NP)**  
**INTERNAL MEDICINE CLINICAL PRIVILEGES**

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

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

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**IMPLANON INSERTION AND REMOVAL NON-CORE**

**CRITERIA:** Direct supervision and those technical and management skills, which qualify the NP to insert and remove Implanon by virtue of training and experience.

**REQUIRED PREVIOUS EXPERIENCE:** Demonstrate current competence and evidence of the performance of at least two [2] procedures in the past 12 months.

**MAINTENANCE OF PRIVILEGE:** Demonstrated current competence and the performance of at least one [1] procedures in the past 24 months.

Requested      Implanon insertion and removal

**CERVICAL CAP/DIAPHRAGM FITTING NON-CORE**

**CRITERIA:** Direct supervision and those technical and management skills, which qualify the NP to fit cervical caps and/or diaphragms by virtue of training and experience.

**REQUIRED PREVIOUS EXPERIENCE:** Demonstrate current competence and evidence of the performance of at least two [2] procedures in the past 12 months.

**MAINTENANCE OF PRIVILEGE:** Demonstrated current competence and the performance of at least one [1] procedures in the past 24 months.

Requested      Cervical CAP/Diaphragm fitting

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

Requested      Prescriptive 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)**  
**INTERNAL MEDICINE CLINICAL PRIVILEGES**

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 RCRMC.

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.

Privilege	Condition / Modification / Explanation

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

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

MEC Approval: 6/11/09  
 Rev.: 6/2/10; 9/22/10

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**NURSE PRACTITIONER (NP)**  
**INTERNAL MEDICINE CLINICAL PRIVILEGES**

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

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

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**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
Nurse Practitioner, General Core Privileges	10	B
NP Women's Health, Core Privileges	5	B
NP Pediatrics, Core Privileges	5	B
Injection of Medication into Trigger Points	1	A
I&D of Abscesses	1	A
Skin Tag Removal	1	A
Punch Biopsy	1	A
Cervical Endocervical & Endometrial Biopsies, Non-Core Privileges	N/A	N/A
Colposcopy, Non-Core Privilege	N/A	N/A
Implanon Insertion and Removal, Non-Core Privilege	N/A	N/A
Cervical CAP/Diaphragm Fitting, Non-Core Privilege	N/A	N/A
Joint Aspiration and Injection	3	A
Paracentesis	3	A
Plantar Fascia Injection	3	A

\*Indicate N/A if privilege not requested

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 and/or Royal College of Surgeons or the American Osteopathic Board of Surgery and/or American College of Osteopathic Surgeons or the Royal College of Physicians and Surgeons of Canada.

**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

Approved

Not Approved\* General Surgery Core Privileges

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

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

(Last, First, Initial)

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

Page 2

(From — To) (To be completed by MSO)

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.

**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 and/or Royal College of Surgeons 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  
 Approved  
 Not Approved\*

**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  
 Approved  
 Not Approved\*

**Pediatric Trauma Care Core Privileges**

Admit, evaluate, diagnose, and manage pediatric patients 15 years of age 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.

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**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 and/or Royal College of Surgeons 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  
 Approved  
 Not Approved\*

**Vascular 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. 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 and/or Royal College of Surgeons 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  
 Approved  
 Not Approved\*

**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.

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**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 and/or Royal College of Surgeons 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

- |  |   |
|--|---|
| <input type="checkbox"/> Requested     | <b>Thoracic Surgery Core Privileges</b>   |
| <input type="checkbox"/> Approved      | The core privileges in this specialty include the procedures on the attached procedure list |
| <input type="checkbox"/> Not Approved* | and such other procedures that are extensions of the same techniques and skills.            |

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**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.

**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.



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Description of Non-Core Privilege

- Requested  
 Approved  
 Not Approved\* 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 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  
 Approved  
 Not Approved\* Supervision of Allied Health Professionals

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**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
- Approved
- Not Approved\* Upper Endoscopic Procedures Excluding ERCP

**COLONOSCOPY 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
- Approved
- Not Approved\* Lower Endoscopy Procedures, including Colonoscopy

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**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 a laparoscopic surgery fellowship

OR

- Successful completion of an accredited residency in general surgery that included advanced laparoscopic training in the procedures to perform. AND additional training in advanced laparoscopic surgery to the satisfaction of the Chair of the Surgery Department

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

**REQUIRED PREVIOUS EXPERIENCE:** Demonstrate current competency and evidence of performance of at least 10 cases in the past 24 months.

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

Description of Non-Core Privilege

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Requested | Laparoscopic Adrenalectomy                      |
| <input type="checkbox"/> Requested | Laparoscopic Splenectomy                        |
| <input type="checkbox"/> Requested | Laparoscopic Low Anterior Resection             |
| <input type="checkbox"/> Requested | Laparoscopic Hernia Repair                      |
| <input type="checkbox"/> Requested | Laparoscopic Paraesophageal Hernia Repair       |
| <input type="checkbox"/> Requested | Laparoscopic Fundoplication (Nissen/Dor/Toupet) |

**ADVANCED COLO-RECTAL SURGERY**

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

- Successful completion of a colo-rectal surgery fellowship

OR

- Successful completion of an accredited residency in general surgery that included advanced colo-rectal training in the procedures to perform. AND additional training in advanced colo-rectal surgery to the satisfaction of the Chair of the Surgery Department.

**REQUIRED PREVIOUS EXPERIENCE:** Demonstrate current competency and evidence of performance of at least 6 cases in the past 24 months.

**MAINTENANCE OF PRIVILEGE:** Applicant must be able to show maintenance of competence with evidence of at least 6 cases in the past 24 months.

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Requested | Abdominoperineal Resection (laparoscopic/open)  |
| <input type="checkbox"/> Requested | Low Anterior Resection (laparoscopic/open)      |
| <input type="checkbox"/> Requested | Laparoscopic/Open Rectopexy for rectal prolapse |

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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

Approved

Not Approved\* Open and Laparoscopic Bariatric Surgery

**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

Approved

Not Approved\* 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 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

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Approved

Not Approved\* Moderate Sedation Administration of sedation and analgesia

**PROCEDURES UNDER FLUOROSCOPY**

Criteria: To be eligible for Fluoroscopy non-core privilege, the applicant must successfully complete an ACGME- or AOA-accredited residency training program in general surgery and possess a valid State of California fluoroscopy certificate.

**Initial Privilege requirement:** Current valid State of California fluoroscopy certificate. Demonstrate competence and evidence of the performance of at least 1 case within 12 months of approved initial privileges.

**Maintenance of Privilege:** Must maintain current valid State of California fluoroscopy certificate.

Description of Non-Core Privilege

Requested

Approved

Not Approved\* Procedures under Fluoroscopy

**TELEMEDICINE CORE**

**CRITERIA:** To be eligible to apply for core privileges in telemedicine, the applicant must:

- Meet the criteria for core privileges in General Surgery.

**REQUIRED PREVIOUS EXPERIENCE:**

- Meet the criteria for core privileges in General Surgery.

**MAINTENANCE OF PRIVILEGE:** To be eligible to renew core privileges in telemedicine, the applicant must meet the maintenance of core specialty or subspecialty privilege criteria:

Description of Non-Core Privilege

Requested

Approved

Not Approved\*

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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.

**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
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

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43. Pancreatic sphincteroplasty
44. Peritoneal venous shunts, shunt procedure for portal hypertension
45. Peritoneovenous drainage procedures for relief of ascites
46. Proctosigmoidoscopy, rigid with biopsy, with polypectomy/tumor excision
47. Radical regional lymph node dissections
48. Removal of ganglion (palm or wrist; flexor sheath)
49. Repair of perforated viscus (gastric, small intestine, large intestine)
50. Scalene node biopsy
51. Selective vagotomy
52. Sigmoidoscopy, fiberoptic with or without biopsy, with polypectomy
53. Skin grafts (partial thickness, simple)
54. Small bowel surgery for benign or malignant disease
55. Splenectomy (trauma, staging, therapeutic)
56. Surgery of the abdominal wall, including management of all forms of hernias, including diaphragmatic hernias, inguinal hernias, and orchiectomy in association with hernia repair
57. Thoracentesis
58. Thoracoabdominal exploration
59. Tracheostomy
60. Transhiatal esophagectomy
61. Tube thoracotomy

**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

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**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, mediastinostomy and drainage, resection of mediastinal tumor or cyst
7. Tracheobronchial tree and lung surgery: including pulmonary resection of any type
8. Application of fixation devices to stabilize rib fractures and chest wall.

**THYROID/PARATHYROID CORE PRIVILEGES**

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



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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 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

MEC Approval: 6/12/08; 4/9/09; 6/10/10; 3/10/11, 1/31/12, 3/26/13, 6/12/14, 8/14/14, 9/11/14

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

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**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 Fractored	Number of Cases to be Fractored*	Method of FPPE A. Concurrent B. Retrospective C. Reciprocal
General Surgery, Core	5 varied cases	A,B,C, as applicable
Trauma, Core	5 varied cases	A,B,C, as applicable
Vascular Surgery, Core	5 varied cases	A,B,C, as applicable
Endovascular Intervention, Core	5 varied cases	A,B,C, as applicable
Endovascular Diagnosis, Core	5 varied cases	A,B,C, as applicable
Thoracic Surgery, Core	5 varied cases	A,B,C, as applicable
Bariatric Surgery, Non-Core	5 varied cases	A,B,C, as applicable
Hyperbaric Medicine, Non-Core	3 varied cases	A,B,C, as applicable
Upper Endoscopy Procedures, Non-Core	5 varied cases	A,B,C, as applicable
Colonoscopy / Lower Endoscopy Procedures, Non-Core	5 varied cases	A,B,C, as applicable
Advanced Laparoscopic Surgery, Non-Core	5 cases of each Adv Laparoscopic privilege requested	A,B,C, as applicable
Procedures under Fluoroscopy	1 case	A,B,C, as applicable

\*Indicate N/A if privilege not requested

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**PEDIATRICS CLINICAL PRIVILEGES**

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

- 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 RCRM 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  
PEDIATRIC PRIVILEGES**

**Criteria:** To be eligible to apply for core privileges in pediatrics, the 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 in pediatrics.

**AND**

- Current certification or active participation in the examination process leading to certification in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics.

**AND**

- Must be in process of paneling or paneled by California Children's Services (CCS).

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

- Performance of at least 24 pediatric cases, reflective of 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 pediatrics, the applicant must meet the following maintenance of privilege criteria:

- Current demonstrated competence and an adequate volume of experience, at least 12 pediatric patients with acceptable results in the privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**AND**

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

**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.

**NOTE: QUALIFIED FAMILY MEDICINE PRACTITIONERS MAY OBTAIN PEDIATRIC PRIVILEGES THROUGH THE FAMILY MEDICINE DEPARTMENT.**

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Description of Core Privilege

**Requested Pediatric Core Privileges**

Admit, evaluate, diagnose, treat and provide consultation to patients from birth to young adulthood (21 years of age) in the inpatient and outpatient settings, except as specifically excluded from practice, with acute and chronic disease including major complicated illnesses. Care of all newborns, including those with potential life-threatening illness. Privileges include performance of medical history and physical exam, and assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

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.

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Description of Core Privilege

**Requested Neonatal Core Privileges**

Provide care to newborns, except as specifically excluded from practice, including initial assessment, nursery care, discharge examination, care of stable neonate. Also, includes performance of medical history and physical exam, and assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

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**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.

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**PEDIATRIC RESIDENT IN TRAINING**

**CRITERIA:** To be eligible to apply for core privileges in general pediatrics, the initial applicant must meet the following criteria:

- Must meet the qualifications for general pediatric core privileges (as stated on page 1) with the following exceptions:
  - Must be an advanced level resident in training (PGY III) in a pediatric residency-training program approved by the Accreditation Council on Graduate Education (ACGME) or the American Osteopathic Association (AOA) and must be in good standing.
  - Must practice under supervision of a pediatrician or pediatric intensivist or neonatal intensivist who is a current member of the RCRMC medical staff. The supervising physician must be continuously available to provide consultation, direction, and supervision (either in person or by telephone), must have daily oversight and sign-off on patient charts within 24 hours during the resident assigned tour of duty.
  - Must possess a valid, current California State Medical License
  - A letter from the resident's current Pediatrics residency program director must be submitted approving the clinical privileges which are being requested. Procedures allowed independently at their residency can be included in the letter or may be produced in different documentation.

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- The resident must provide evidence of procedure competence for those procedures that they are requesting. Once provided, core procedures can begin proctoring. Core procedures for Residents in Training include: (strike through and initial any procedures that you do not wish to request)
  - Incision and Drainage of Superficial Abscess
  - Intubation
  - Laceration Repair
  - Lumbar Puncture
  - Venipuncture
  - Hyperalimentation

Description of Pediatric Resident in Training Privilege

**Requested - Pediatric Resident in Training**

General Pediatric Core Privileges as stated above

In requesting these privileges, I certify that I am a pediatric resident in training (PGY-III) in an approved training program and will perform the requested privileges only under the supervision of a fully qualified pediatrician, pediatric intensivist, or neonatal intensivist.

Additional Procedures for Residents in Training – Must be requested separately and proof of competency provided. In addition, these procedures must have 2 direct proctoring cases before they can be independently performed.

- Requested - Central Venous Access**
- Requested - Arterial Puncture**
- Requested - Thoracentesis**

**\*\*New Privilege\*\*\*\*New Privilege\*\***

**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:**

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- 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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Description of Non-Core Privilege

Requested Participate in Teaching Program

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**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.

**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.

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- 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**

**Criteria:**

1. M.D. or D.O. licensed independent practitioner.
2. Current knowledge of airway management demonstrated by residency/fellowship training or RCRMC Airway Management for Sedation course.
3. Take the RCRMC Moderate/Deep Sedation On-line Course
4. Successful passing grade (85%) on the moderate sedation written exam.\*
5. Successful completion of one (1) moderate sedation case under the direct supervision or a RCRMC practitioner holding appropriate clinical privileges in moderate sedation.
6. Moderate sedation for patients 14 years and younger requires training in the care of pediatric patients demonstrated by residency/fellowship training.

**Maintenance of Privilege:** At the time of reappointment, if the practitioner wishes to maintain this privilege, he/she will be required to have:

- A. Have completed a minimum of two sedation cases during his/her appointment period
- OR
- B. Take the RCRMC On-line training for moderate/deep sedation.

Current demonstrated competence and evidence of the performance of at least four (4) moderate sedation cases in the past 24 months submitted on RCRMC clinical activity template form or clinical activity listing based on results of ongoing professional practice evaluation and outcomes.

Description of Non-Core Privilege

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

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**PROCEDURE 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.

Pediatric Core Privileges:

1. Arterial Puncture
2. Incision and Drainage of Superficial Abscesses
3. Intubation
4. Laceration Repair
5. Lumbar Puncture
6. Neonatal Circumcision
7. Hyperalimentation
8. Venipuncture

\*\*\*Removed Arthrocentesis, Suprapubic Tap, Thoracentesis from Pediatric Core Privileges

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**ACKNOWLEDGEMENT BY 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 follow recommendation:

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

Comments	Recommendation

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

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

MEC Approval: 12/10/09  
Rev.: 5/10/10, 8/8/13

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**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:**

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.**

Privilege/Procedure	Number of Cases	Method of Evaluation
Pediatric Inpatient Core Privileges / <b>Pediatric Resident In Training Privileges</b>	Ten (10) Varied Cases Can include – Inpatient, Outpatient, Neonatal Core Privileges	
Pediatric Core Procedures / <b>Pediatric Resident In Training Privileges</b>	Three (3) Varied Cases of Procedures Requested	
Moderate Sedation	1 Case	

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

**\*\*\*Added Pediatric Resident In Training Proctoring information**