

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

983A



**FROM:** Riverside University Health System

**SUBMITTAL DATE:**  
June 9, 2016

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

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

1. Request approval of appointments, reappointments, proctoring, change in staff category, additional privileges, withdraw of privileges, name change, resignations/withdrawals, automatic termination and privileges.

**BACKGROUND:**

**Summary**

The Medical Executive Committee on June 9, 2016, recommended to refer the following to the Board of Supervisors for review and action:

A. Approval of Medical Staff Appointments and Clinical Privileges:

1. Anderson, Kristen M., MD OB/GYN

  
 \_\_\_\_\_  
 Zareh Sarrafian  
 Chief Executive Officer or Designee

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: 15/16

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

BY:   
 Christopher M. Hans

County Executive Office Signature

**MINUTES OF THE BOARD OF SUPERVISORS**

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

Prev. Agn. Ref.:

District: 5/5

Agenda Number:

**2-16**

Department of Concurrence

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

DATE: June 9, 2016

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

2. Balar, Kevin V., MD	Medicine
3. Batra, Priya, MD	OB/GYN
4. Bidy, Edna E., MD	Pediatrics
5. Dixit, Sudhaker, MD	OB/GYN
6. Furukawa, Betsy J., MD	Medicine
7. Izadi, Michael M., PhD	Psychiatry
8. Jones, Rachel N., MD	Pediatrics
9. Lopez, Tomas A., MD	Ophthalmology
10. Mahato, Deependra, DO	Neurosurgery
11. Medina, Candice C., FNP-C	Emergency Medicine
12. O'Neal, John M., MD	Emergency Medicine
13. Osterholzer, Erika K., MD	Ophthalmology
14. Pratt, Ronald J., PA-C	Family Medicine
15. Rock, Andrea J., MD	Pediatrics
16. Smits, Jonathan W., MD	Pediatrics
17. Thomas, Sarah S., MD	Medicine
18. Vuong, Nhan D., MD	Medicine

<u>B.</u>	<u>Approval of Reappointments:</u>	<u>Department:</u>	<u>Reappointment Cycle:</u>	<u>Status:</u>
1.	Agarwal, Sanjay, MD	Psychiatry	7/1/16 – 6/30/18	Active
2.	Bose, Diwata H., MD	OB/GYN	7/1/16 – 6/30/18	Active
3.	Cortez, Vladimir A., DO	Neurosurgery	7/1/16 – 6/30/18	Active
4.	Craig, Debra D., MD	Medicine	7/1/16 – 6/30/18	Court.
5.	Daoud, Nasim, MD	Medicine	7/1/16 – 6/30/18	Active
	(additional privileges w/proctoring)			
	• PCU			
	• ACCU			
6.	Farshidpanah, Siavash, MD	Medicine	7/1/16 – 6/30/18	Active
7.	Grover, Jeotsna, MD	OB/GYN	7/1/16 – 6/30/18	Active
8.	Gupta, Subhas C., MD	Surgery	7/1/16 – 6/30/18	Court.
9.	Kaur, Jasjit, MD	Psychiatry	7/1/16 – 6/30/18	Active
10.	Khan, Sadia S., MD	Medicine	7/1/16 – 6/30/18	Active
11.	Koshy, Ruby E., MD	Medicine	7/1/16 – 6/30/18	Active
12.	Lawandy, Shokry N., DO	Neurosurgery	7/1/16 – 6/30/18	Active
13.	Mejia, Glenn Paul G., MD	Detention Health	7/1/16 – 6/30/18	Adjun.
14.	Mooradian, Ryan D., MD	Pediatrics	7/1/16 – 6/30/18	Active
15.	Nist, Laura D., MD	Medicine	7/1/16 – 6/30/18	Active
16.	Paul, Tina, MD	OB/GYN	7/1/16 – 6/30/18	Active
17.	Prince, John C., MD	Surgery	7/1/16 – 6/30/18	Active
18.	Schultz, Gerald R., MD	Ophthalmology	7/1/16 – 6/30/18	Active
19.	Seiberling, Kristin A., MD	Surgery	7/1/16 – 6/30/18	Active
20.	Sy, Rolando D., MD	Emergency Med.	7/1/16 – 6/30/18	Active
21.	Tsao, Bryan E., MD	Medicine	7/1/16 – 6/30/18	Active
22.	Walker, Paul C., MD	Surgery	7/1/16 – 6/30/18	Active
23.	Zouros, Alexander, MD	Neurosurgery	7/1/16 – 6/30/18	Active

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA****FORM 11: Medical Staff Appointments, Reappointments and Clinical Privileges****DATE:** June 9, 2016**PAGE:** Page 3 of 4**BACKGROUND:****Summary (continued)**

- C. FPPE/Reciprocal\* Complete Remain on Provisional:
- |                           |               |
|---------------------------|---------------|
| 1. Guan, Howard D., MD    | Ophthalmology |
| 2. Tran, Jade C., MD, MPH | Pediatrics    |
- D. Final FPPE/Reciprocal\* Advancement of Staff Status:      Staff Category Change To:
- |                          |               |        |
|--------------------------|---------------|--------|
| 1. Kim, Joseph T., MD    | Ophthalmology | Active |
| 2. Owyang, Daniel R., DO | Medicine      | Active |
| 3. Serrao, Steve, MD     | Medicine      | Active |
| 4. Tran, Richard T., MD  | Medicine      | Active |
- E. Chang in Staff Category:      Department:      Status Change to:
- |                            |              |        |
|----------------------------|--------------|--------|
| 1. Bravo, Thomas P., MD    | Medicine     | Active |
| 2. Ramakrishnan, Vivek, DO | Neurosurgery | Active |
| 3. Sandhu, Vaneet K., MD   | Medicine     | Active |
| 4. Selim, Khaled M., MD    | Medicine     | Active |
- F. Additional Privilege(s):      Department:      Additional Privilege(s):
- |  |          |                                     |
|--|----------|-------------------------------------|
| 1. Washburn, Destry G., MD<br>& Moderate Sedation (w/proctoring) | Medicine | Pulmonology, Critical Care Medicine |
|--|----------|-------------------------------------|
- G. Withdrawal of Privileges:      Department:      Privilege(s) Withdrawn:
- |                           |          |                   |
|---------------------------|----------|-------------------|
| 1. Owyang, Daniel R., DO  | Medicine | EKG               |
| 2. Pratt, Donald J., PA-C | Medicine | Internal Medicine |
| 3. Serrao, Steve, MD      | Medicine | EKG               |
| 4. Tran, Richard T., MD   | Medicine | Moderate Sedation |
- H. Name Change:      Department:      Name Change to:
- |                        |                |                        |
|------------------------|----------------|------------------------|
| 1. Oregel, Ambar, PA-C | Emergency Med. | Coffey, Ambar O., PA-C |
|------------------------|----------------|------------------------|
- I. Voluntary Resignations/Withdraw\*:      Department:      Effective Date:
- |                            |                    |             |
|----------------------------|--------------------|-------------|
| 1. *Chakraborty, Reeti, MD | Family Medicine    | Immediately |
| 2. Prince, John C., MD     | Surgery            | 7/1/16      |
| 3. Skale, David, MD        | Ophthalmology      | 7/1/16      |
| 4. Tabibian, Benjamin, MD  | Medicine           | 5/27/16     |
| 5. Wall, Jerome F., MD     | Orthopedic Surgery | Deceased    |
| 6. Wood, Terry D., MD      | Ophthalmology      | 6/10/16     |
- J. Automatic Termination, Per Bylaws 3.8-3 (Failure to Complete Proctoring):
- |                                    |            |        |
|------------------------------------|------------|--------|
| 1. Anousheh, Ramtin, MD            | Medicine   | 7/1/16 |
| 2. Vivanco De Martinez, Lorena, MD | Pediatrics | 7/1/16 |
| 3. Yanni, George S., MD            | Pediatrics | 7/1/16 |
- K. Dept. of Medicine Clinical Privilege Form - Removal of Core Procedures – See Attachment A request for approval was submitted to remove procedures from privilege form.
- Basic and advanced cardiopulmonary resuscitation
  - Management of anaphylaxis and acute allergic reactions

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

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

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**Impact on Citizens and Businesses**

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

## MEDICINE DEPARTMENT

## INTERNAL MEDICINE &amp; SUB-SPECIALTY CLINICAL PRIVILEGES

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

(Last, First, Initial)

 Initial Appointment Reappointment

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

(From—To)

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 RUHS 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.

**AMBULATORY**

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

- Meet the criteria for core privileges in internal medicine or subspecialty.

**REQUIRED PREVIOUS EXPERIENCE:**

- Meet the criteria for core privileges in internal medicine or subspecialty.

**MAINTENANCE OF PRIVILEGE:**

- Demonstrated current competence and evidence of 10 cases in the past 24 months based on ongoing professional practice evaluation and outcomes

**Description of Ambulatory**

- |  |  |
|--|--|
| <input type="checkbox"/> Requested     | Includes privileges to see, treat, refer for specialty care and otherwise manage patients in |
| <input type="checkbox"/> Approved      | the RUHS Clinics. Includes the ability to perform diagnostic and other procedures normally   |
| <input type="checkbox"/> Not Approved* | performed in the ambulatory care setting.  |

**INTERNAL MEDICINE CORE**

**CRITERIA:** To be eligible to apply for core privileges in internal medicine, the initial applicant must meet the membership requirements of Riverside University Health System and the following criteria:

- Successful completion of a postgraduate training program in internal medicine accredited by Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA)

AND

- Current certification or active participation in the examination process leading to certification in internal medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine or the Royal College of Physicians and Surgeons of Canada.

**REQUIRED PREVIOUS EXPERIENCE:**

- Care of at least 20 inpatients and/or outpatients reflective of the privileges requested in the last 12 months
- OR
- Successful completion of a hospital-affiliated accredited residency, special clinical fellowship, or research within the past 12 months

**MAINTENANCE OF PRIVILEGE:** To be eligible to renew core privileges in internal medicine, the applicant must meet the following maintenance of privilege criteria:

- Current competence and evidence of the performance of 20 cases with acceptable results in the privileges requested during the past 24 months based on results of the hospital's ongoing professional practice evaluation and outcomes.
- 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).

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**INTERNAL MEDICINE & SUB-SPECIALTY CLINICAL PRIVILEGES**

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**INTERNAL MEDICINE CORE**

- Requested
- Approved
- Not Approved\*

Admit, perform medical history and physical examination, evaluate, diagnose, treat, refer for specialty care, and provide consultation to patients 12 years of age and older with common and complex illnesses, diseases, and functional disorders of the neurologic, cardiovascular, respiratory, gastrointestinal, genitourinary, endocrine, metabolic, musculoskeletal, hematopoietic systems, and skin. Privileges to assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Backup coverage is required admitting to inpatient services per Medical Staff Bylaws.

Exercise privileges in one or more of the following settings: basic medical-surgical units, ambulatory clinics, emergency department, and procedure rooms.

Except as specifically excluded from practice, 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.

**PROGRESSIVE CARE UNIT CORE**

**CRITERIA:** To be eligible to apply for core privileges in the adult progressive care unit (PCU), the applicant must:

- Meet the qualifications for core privileges in internal medicine

**REQUIRED PREVIOUS EXPERIENCE:**

- Demonstrated current competence and evidence of management of 15 inpatients in the PCU or ACCU (or similar Critical Care Unit) within the past 12 months

OR

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

OR

- Privileges may be granted at the discretion of the Medicine department chair with additional proctoring

**MAINTENANCE OF PRIVILEGE:** To be eligible to renew core privileges in the progressive care unit, the applicant must meet the following maintenance of privilege criteria:

- Demonstrated current competence and evidence of 30 PCU/ACCU(or similar Critical Care Unit) cases in the past 24 months based on ongoing professional practice evaluation and outcomes

**Description of Progressive Care Unit Core**

- Requested
- Approved
- Not Approved\*

Admit and manage the medical care of patients in the progressive care unit.

Except as specifically excluded from practice, 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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**ADULT CRITICAL CARE UNIT CORE**

**CRITERIA:** To be eligible to apply for core privileges in the adult critical care unit, the applicant must:

- Meet the qualifications for core privileges in internal medicine

AND

- Evidence of a minimum of 4 months critical care training experience with at least 2 months experience in the capacity of a senior resident

**REQUIRED PREVIOUS EXPERIENCE:**

- Demonstrated current competency and evidence of management of 15 critical care patients within the past 12 months

OR

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

OR

- Privileges may be granted at the discretion of the Medicine department chair with additional proctoring

**MAINTENANCE OF PRIVILEGE:** To be eligible to renew core privileges in adult critical care, the applicant must meet the following maintenance of privilege criteria:

- Demonstrated current competence and evidence of 30 adult critical care cases to include at least 4 ventilator experiences, 4 acute coronary syndromes, and 4 systemic inflammatory response syndromes or shock in the past 24 months based on ongoing professional practice evaluation and outcomes.

**Description of Adult Critical Care Unit Core**

- |  |   |
|--|---|
| <p><input type="checkbox"/> Requested</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Not Approved*</p> | <p>Management of life-threatening disorders in intensive care units including but not limited to shock, coma, heart failure, trauma, respiratory arrest, drug overdoses, massive bleeding, diabetic acidosis, and kidney failure. Except as specifically excluded from practice, 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.</p> |
|--|---|

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**CORE 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.

1. Airway maintenance and emergency intubation
2. Arterial puncture and cannulation
3. Arthrocentesis and joint injections
4. ~~Basic and advanced cardiopulmonary resuscitation~~
5. Bladder catheterization
6. Bone marrow biopsy & aspiration
7. Cardiac pacemaker (transvenous)
8. Cardioversion, non-emergent and emergent
9. Central venous line: femoral, subclavian, jugular
10. Chest tube
11. Excision of skin and subcutaneous tumors, nodules, and lesions
12. I & D abscess
13. Local anesthetic techniques
14. ~~Management of anaphylaxis and acute allergic reactions~~
15. Management of massive transfusions
16. Management of pneumothorax (needle insertion and drainage systems)
17. Perform simple skin biopsy or excision
18. Placement of nasogastric tubes
19. Flexible sigmoidoscopy
20. Preliminary interpretation of electrocardiograms, own patient
21. Lumbar puncture
22. Paracentesis
23. Percutaneous needle aspiration
24. Pericardiocentesis - emergent
25. Pleural biopsy
26. Skin Biopsy
27. Swan-Ganz catheterization
28. Temporary emergent cardiac pacemaker insertion and application
29. Thoracentesis
30. Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry
31. Ventilator Management



### 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.

### PARTICIPATION 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 RUHS 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, 45 minutes, if needed.
- Available for supervision during clinic hours and ensure the coordination of care that is provided to the patients.
- Provide an appropriate level of supervision during the performance of procedures. (Determination of this level of supervision is generally left to the discretion of the attending physician within the content of the previously described levels of responsibility assigned to the individual resident involved. This determination is a function of the experience and competence of the resident and the complexity of the specific case.)
- Documentation of resident supervision will be monitored during the course of peer review. Any case reviewed in which it appears that there is inadequate supervision will be forwarded to the Professional Practice Evaluation Committee.

### Description of Non-Core Privilege

- Requested Participate in Teaching Program
- Approved
- Not Approved \*

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**MEDICINE DEPARTMENT**  
**INTERNAL MEDICINE & SUB-SPECIALTY CLINICAL PRIVILEGES**

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**SUBSPECIALTY CARE PROCEDURES**

**CRITERIA:** To be eligible to apply for subspecialty privileges, the applicant must:

- Meet the qualifications for core privileges in internal medicine
- Must have completed an Internal Medicine Subspecialty training program

**REQUIRED PREVIOUS EXPERIENCE:**

- Satisfactory completion of the educational requirements necessary for Board certification in the relevant specialty and be certified or an active candidate for certification in the respective certifying Board;

**AND**

- Demonstrated current competency and evidence of management of 10 patients within the sub-specialty during the past 12 months;

**OR**

- Privileges may be granted at the discretion of the Medicine department chair with additional proctoring

**MAINTENANCE OF PRIVILEGE:** To be eligible to renew core privileges in the Subspecialty, the applicant must meet the following maintenance of privilege criteria:

- Demonstrated current competence and evidence of 10 cases in the past 24 months based on ongoing professional practice evaluation and outcomes

**Description of Subspecialty Care Procedures**

**Requested**

**Approved**

**Not Approved\***

Serve as an attending physician in an inpatient and outpatient setting for patients with conditions/problems of up to critical severity in the subspecialty listed at the bottom of this page. (Includes minor procedure routinely identified with and performed by this subspecialty.)

**Allergy**

**Cardiology \***

**Critical Care Medicine**

**Dermatology**

**Endocrinology**

**Physical Medicine & Rehabilitation**

**Gastroenterology \***

**Genetics**

**Geriatrics**

**Hematology/Oncology**

**Hepatology**

**Infectious Disease**

**Nephrology**

**Neurology**

**Pulmonology\***

**Rheumatology**

**\*See Procedural Core for Sub-Specialty requirements**

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**CARDIOVASCULAR LAB (CVL) AND CARDIAC LAB (CL)\***

- Requested
  - Approved
  - Not Approved\*
- Cardiac catheterization including contrast injection
  - Coronary angiography
  - Coronary angioplasty with or without stent deployment
  - Electrophysiologic studies
  - Implant defibrillator and Defibrillator Threshold Testing including Subcutaneous placement of defibrillation lead
  - Catheter ablation for arrhythmia
  - Implant permanent pacemaker including Fluoroscopy (**State Certificate Required**)
  - Endomyocardial biopsy
  - Echocardiogram – transthoracic and transesophageal
  - Stress testing – Pharmacological and Exercise
  - Pulmonary angiography
  - Intravascular Ultrasound (IVUS)
  - Tilt Table Testing
  - Additional CVL & CL specific procedures

**GASTROENTEROLOGY LAB PROCEDURES\***

- Requested
  - Approved
  - Not Approved\*
- Anorectal manometry
  - Colonoscopy with biopsy
  - Endoscopic ultrasound
  - Endoscopic coagulation/schlerotherapy for GI bleeding
  - Endoscopic dilation of stricture
  - Esophageal dilation
  - Esophageal manometry
  - Esophageal pH studies
  - Esophagogastroduodenoscopy (EGD) with biopsy
  - Gastroduodenal manometry
  - Percutaneous endoscopic gastrostomy (PEG)
  - Percutaneous liver biopsy
  - Proctosigmoidoscopy
  - Rigid
  - Sigmoidoscopy
  - Flexible
  - Small bowel enteroscopy
  - Endoscopic retrograde cholangiopancreatography (ERCP) including Fluoroscopy (**State Certificate Required**)
  - Endoscopic retrograde cholangiopancreatography (ERCP) with placement of stent
  - Endoscopic retrograde cholangiopancreatography (ERCP) with sphincterotomy (**State Certificate Required**)

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**PULMONARY LABORATORY\***

- |  |  |
|--|--|
| <input type="checkbox"/> Requested     | Interpret pulmonary function tests, Bronchoscopy, fiberoptic, diagnostic (Including brushing and bronchial alveolar lavage, Bronchoscopy, fiberoptic, interventional (Including bronchial biopsy, endobronchial electrocauterization, placement of stents and transbronchial lung biopsy, Percutaneous Tracheostomy) |
| <input type="checkbox"/> Approved      |  |
| <input type="checkbox"/> Not Approved* |  |

**OTHER SUBSPECIALTY PROCEDURES**

- |  |  |
|--|--|
| <input type="checkbox"/> Requested     | <input type="checkbox"/> Fluoroscopy – <i>(State Certificate Required)</i>   |
| <input type="checkbox"/> Approved      | <input type="checkbox"/> Hyperbaric Chamber Services   |
| <input type="checkbox"/> Not Approved* | <input type="checkbox"/> Peritoneal dialysis (including cannula placement), Renal biopsy, Renal dialysis (including cannula placement) |
|  | <input type="checkbox"/> Thyroid biopsy  |
|  | <input type="checkbox"/> Electroencephalogram Interpretation, Electromyography w/ Interpretation                                       |
|  | <input type="checkbox"/> Skin Biopsy with repair   |

**EKG INTERPRETATION – COORDINATED BY THE DIVISION CHAIR/DESIGNEE OF CARDIOLOGY**

**CRITERIA:** To be eligible for non-core privilege in EKG interpretation, the applicant must meet the membership requirements of Riverside University Health System and the following privileging criteria:

- Meet the criteria for core internal medicine privileges
- AND
- Requires coordination and assignment of privileges by the division chair/designee of cardiology

**REQUIRED PREVIOUS EXPERIENCE:**

- Demonstration of EKG interpretation skills by successful completion of EKG testing
- AND
- Accurate interpretation of at least **100** EKGs during the past 12 months

OR

- Privileges may be granted at the discretion of the cardiology division chair with additional proctoring

**MAINTENANCE OF PRIVILEGE:**

To be eligible to renew privileges in EKG interpretation, the applicant must meet the following maintenance of privilege criteria:

- Current competence and adequate volume 100 of EKGs with acceptable results during the past 24 months based on results of ongoing professional evaluation and outcomes.

**Description of Non-Core Privilege**

- |  |                    |
|--|--------------------|
| <input type="checkbox"/> Requested     | EKG Interpretation |
| <input type="checkbox"/> Approved      |                    |
| <input type="checkbox"/> Not Approved* |                    |

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**EXERCISE TESTING – COORDINATED BY THE DIVISION CHAIR/DESIGNEE OF CARDIOLOGY**

**CRITERIA:** To be eligible for non-core exercise testing privilege, the applicant must meet the membership requirements of Riverside University Health System and the following privileging criteria:

- Meet the criteria for core internal medicine privileges

AND

- Requires coordination and assignment of privileges by the division chair/designee of cardiology.

**REQUIRED PREVIOUS EXPERIENCE:**

- Evidence of a minimum of four (4) weeks training during residency

AND

- Performance of at least **12** exercise tests in the past 12 months

OR

- Privileges may be granted at the discretion of the cardiology division chair with additional proctoring

**MAINTENANCE OF PRIVILEGE:**

To be eligible to renew core privileges in exercise testing, the applicant must meet the following maintenance of privilege criteria:

- Current competence and adequate volume of experience of **25** exercise tests with acceptable results during the past 24 months based on results of ongoing professional evaluation and outcomes.

**Description of Non-Core Privilege**

- Requested      Exercise Testing
- Approved
- Not Approved\*

**ADMINISTRATION OF MODERATE SEDATION AND ANALGESIA**

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

Successful completion of one (1) proctored moderate sedation case under the direct supervision of an RUHS practitioner holding this privilege. Successful completion of two (2) proctored deep sedation cases under the direct supervision of an RCRMC practitioner holding appropriate clinical privileges in deep sedation.

**REQUIRED PREVIOUS EXPERIENCE:**

- Knowledge of airway management

**MAINTENANCE OF PRIVILEGE:** To be eligible to renew core privileges in moderate sedation, the applicant must meet the following maintenance of privilege criteria:

- Demonstrated current competence and evidence of the performance of at least 2 moderate sedation cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**Description of Non-Core Privilege**

- Requested      Administration of Moderate Sedation and Analgesia
- Approved
- Not Approved\*

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**MEDICINE DEPARTMENT**  
**INTERNAL MEDICINE & SUB-SPECIALTY CLINICAL PRIVILEGES**

**TELEMEDICINE CORE**

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

- Meet the criteria for core privileges in internal medicine or subspecialty.

**REQUIRED PREVIOUS EXPERIENCE:**

- Meet the criteria for core privileges in internal medicine or subspecialty.

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

**Description of Telemedicine**

- Requested
- Approved
- Not  
Approved\*

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**MEDICINE DEPARTMENT**  
**INTERNAL MEDICINE & SUB-SPECIALTY CLINICAL PRIVILEGES**

**ACKNOWLEDGMENT OF PRACTITIONER**

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

I understand that:

- a. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

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

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

**DEPARTMENT CHAIR / DESIGNEE RECOMMENDATION**

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

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

Privilege	Condition / Modification / Explanation

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

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

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**MEDICINE DEPARTMENT**  
**INTERNAL MEDICINE & SUB-SPECIALTY CLINICAL PRIVILEGES**

**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 cases to be proctored of the above-named practitioner, including the method of proctoring.  
**Please print legibility.**

Privileges/Procedures to be Proctored	Number of Cases to be Proctored*	Method of Proctoring A. Concurrent B. Retrospective C. Reciprocal
Internal Medicine Core	5 varied cases to include procedures	A,B,C as applicable
Progressive Care Unit Core	5 varied cases	A,B,C as applicable
Adult Critical Care Core	5 varied cases	A,B,C as applicable
Cardiovascular Lab (CVL) & Cardiac Lab (CL)	5 varied cases	A,B,C as applicable
Gastroenterology Lab	5 varied cases	A,B,C as applicable
Pulmonary Lab	5 varied cases	A,B,C as applicable
Other Subspecialty Procedures (see pg.6)	5 varied cases for each procedure requested	A,B,C as applicable
EKG Interpretation	2 varied cases	A,B,C as applicable
Exercise Testing	2 varied cases	A,B,C as applicable
Moderate Sedation	1 case	A,B,C as applicable
Procedure under Fluoroscopy	1 case	A,B,C, as applicable
Ambulatory	5 varied cases	A,B,C, as applicable

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

MEC Approved: 2/14/2013, 7/9/15, 3/10/16  
 Rev. 01/24/14, 7/9/15, 3/10/16