

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

584A



**FROM:** Riverside County Regional Medical Center

**SUBMITTAL DATE:**  
February 14, 2013

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

**RECOMMENDED MOTION:**

- Request approval by the Board of Supervisors of appointments, reappointments, proctoring, voluntary resignation/withdrawal, automatic termination and privileges.

**BACKGROUND:** The Medical Executive Committee on February 14, 2013, recommended to refer the following items to the Board of Supervisors for review and action:

**A. Approval of Medical Staff Appointments and Clinical Privileges:**

- |                            |                 |
|----------------------------|-----------------|
| 1. Alexander, Andrew, MD   | Family Medicine |
| 2. Bannout, Firas, MD      | Medicine        |
| 3. Beamer, Yancey B., MD   | Neurosurgery    |
| 4. Engelhart, James A., MD | Radiology       |

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

Departmental Concurrence

|                       |                                      |      |                                |       |
|-----------------------|--------------------------------------|------|--------------------------------|-------|
| <b>FINANCIAL DATA</b> | <b>Current F.Y. Total Cost:</b>      | \$ 0 | <b>In Current Year Budget:</b> | Yes   |
|                       | <b>Current F.Y. Net County Cost:</b> | \$ 0 | <b>Budget Adjustment:</b>      | No    |
|                       | <b>Annual Net County Cost FY:</b>    | \$ 0 | <b>For Fiscal Year:</b>        | 12/13 |

|                         |   |                          |
|-------------------------|---|--------------------------|
| <b>SOURCE OF FUNDS:</b> | <b>Positions To Be Deleted Per A-30</b> | <input type="checkbox"/> |
|                         | <b>Requires 4/5 Vote</b>                | <input type="checkbox"/> |

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

APPROVE

BY: *Debra Cournoyer*  
Debra Cournoyer

**County Executive Office Signature**

- Policy
- Policy
- Consent
- Consent
- Consent
- Consent

**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Stone, seconded by Supervisor Benoit and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Tavaglione, Stone, Benoit and Ashley  
Nays: None  
Absent: None  
Date: February 26, 2013  
xc: RCRMC

Kecia Harper-Ihem  
Clerk of the Board  
By: *Kecia Harper-Ihem*  
Deputy

Prev. Agn. Ref.:

District: 5/5

Agenda Number:

2-17

Dep't Recomm.:

Per Exec. Ofc.:

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

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- |                           |                 |
|---------------------------|-----------------|
| 5. Kyi, Sandar, MD        | Family Medicine |
| 6. Lacy, Ama L., MD       | Surgery         |
| 7. Luke, Priscilla K., MD | Ophthalmology   |
| 8. Nigam, Vinod, MD       | Radiology       |
| 9. Wood, Terry D., MD     | Ophthalmology   |

| <u>B. Approval of Reappointments:</u> | <u>Department</u> | <u>Reappointment Cycle</u> | <u>Status</u> |
|---------------------------------------|-------------------|----------------------------|---------------|
| 1. Azad, Armaghan, MD                 | EM & FM           | 05/01/13 – 04/30/15        | Active        |
| 2. Burton, Paul D., DO                | Ortho Surg.       | 03/01/13 – 02/28/15        | Courtesy      |
| 3. Davalos, Michael A., PA-C          | Emerg. Med.       | 03/01/13 – 02/28/15        | AHP           |
| 4. Englander, David M., MD            | Emerg. Med.       | 05/01/13 – 04/30/15        | Active        |
| 5. Flotides, Karen, DO                | Anes.             | 03/01/13 – 02/28/15        | Active        |
| 6. Hamai, Kim, MD                     | Pediatrics        | 03/01/13 – 02/28/15        | Active        |
| 7. Hanley, Heather, MD                | Pediatrics        | 03/01/13 – 02/28/15        | Active        |
| 8. Haycock, Korbin H., MD             | Emerg. Med.       | 06/01/13 – 05/31/15        | Active        |
| 9. Honda, Trenton J., PA-C            | Emerg. Med.       | 03/01/13 – 02/28/15        | AHP           |
| 10. Huang, Louise, MD                 | Family Med.       | 03/01/13 – 02/28/15        | Courtesy      |
| 11. Jam, Mohammad, MD                 | Pediatrics        | 03/01/13 – 02/28/15        | Active        |
| 12. Kang, Ilho, MD                    | Medicine          | 04/01/13 – 03/31/15        | Active        |

(Additional privilege requested, proctoring required)

- Moderate Sedation

|                               |              |                     |        |
|-------------------------------|--------------|---------------------|--------|
| 13. Kim, Soo, MD              | Pediatrics   | 03/01/13 – 02/28/15 | Active |
| 14. Lopez, Merrick, MD        | Pediatrics   | 03/01/13 – 02/28/15 | Active |
| 15. McCaffery, Patrick G., MD | Oph.         | 04/01/13 – 03/31/15 | Active |
| 16. Reantaso, Antonio, MD     | Psychiatry   | 03/01/13 – 02/28/15 | Active |
| 17. Sherian-Matney, Clare, MD | Pediatrics   | 03/01/13 – 02/28/15 | Active |
| 18. Suthar, Mukesh B., MD     | Oph.         | 03/01/13 – 02/28/15 | Active |
| 19. Sweetnam, Chad, PA-C      | Ortho. Surg. | 05/01/13 – 04/30/15 | AHP    |
| 20. Tagge, Edward P., MD      | Surgery      | 05/01/13 – 04/30/15 | Active |
| 21. Tansman, Bernard, MD      | Radiology    | 03/01/13 – 02/28/15 | Active |
| 22. Teruya, Theodore H., MD   | Surgery      | 03/01/13 – 02/28/15 | Active |
| 23. Thomas, Mark E., DO       | Emerg. Med.  | 06/01/13 – 05/31/15 | Active |
| 24. Willis, Joseph, MD        | Radiology    | 03/01/13 – 02/28/15 | Active |
| 25. Yang, Linda, MD           | Pediatrics   | 03/01/13 – 02/28/15 | Active |

| <u>C. Advancement – Staff Category:</u> | <u>Status Change from:</u> |                       |
|---|----------------------------|-----------------------|
| 1. Karimi, Misagh, MD                   | Medicine                   | Provisional to Active |
| 2. Koshimune, Diane M., DPM             | Ortho Surg.                | Provisional to Active |

| <u>D. FPPE – Partial Proctoring/*Reciprocal</u> |          |
|---|----------|
| 1. Anousheh, Ramtin, MD                         | Medicine |
| 2. Foust, Kimber, MD                            | Medicine |
| 3. Ilano, Earl, MD                              | Medicine |
| 4. Jang, Shaun, MD                              | Medicine |
| 5. Khan, Sadia S., MD                           | Medicine |
| 6. Koshy, Ruby, MD                              | Medicine |
| 7. Motabar, Ali, MD                             | Medicine |

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**E. FPPE/Reciprocal\*Complete Remain on Provisional**

1. \*Cortez, Vladimir, DO      Neurosurgery

**F. Final FPPE/\*Reciprocal – Advancement of Staff Category:      Advancement to:**

1. \*Wacker, Margaret R., MD      Neurosurgery      Active

**G. Request for Voluntary Withdrawal of Privileges**

1. Foust, Kimber, MD
  - Ambulatory

**H. Voluntary Resignation/Withdrawal\*      Department      Effective**

1. Brown, Charles, MD      Radiology      Immediately
2. Di Francisco, Miguel A., MD      Medicine      3/1/13
3. Gaddis, Otis, MD      OB/GYN      Immediately
4. Galoustian, Arthur, MD      Medicine      Immediately
5. Gheybi, Fahim, MD      Radiology      Immediately
6. \*Giang, Daniel W., MD      Medicine
7. Levine, Victor D., MD      Emergency Med.      Immediately
8. Moledina, Shabnam, NP      Medicine      Immediately
9. Narvaez, Julio, MD      Ophthalmology      Immediately
10. Sims, Wilbur C., MD      Radiology      Immediately
11. \*Sundaram, Vinay, MD      Medicine
12. Suszter, Michael P., MD      Ortho Surg.      Immediately

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

1. Luu, Darrin D., MD      Medicine      3/1/13

**J. Medicine Department: Internal Medicine & Sub-Specialty Clinical Privileges – See Attachment:**

A request for revisions to the Medicine Clinical Privileges was submitted.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**MEDICINE DEPARTMENT: INTERNAL MEDICINE CLINICAL PRIVILEGES**

Name: \_\_\_\_\_  Initial Appointment

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

Reappointment

Effective: \_\_\_\_\_ Page 1

(From To) (To be completed by MSO)

| REQUEST | CATEGORY                       | MEMBERSHIP CATEGORY  | ACTION   |            |        |
|---------|--------------------------------|--|----------|------------|--------|
|         |                                |  | Approved | Conditions | Denied |
|         | Provisional<br>(Bylaws 4.3)    | All initial appointees shall be placed in the Provisional Category for the duration of their initial appointment.  |          |            |        |
|         | Administrative<br>(Bylaws 4.7) | For practitioners who are members of the Medical Staff who have no clinical privileges, who are recommended for appointment or reappointment to the Administrative Staff by the Chief of the Clinical Service, the Credentials Committee, and the Medical Staff Executive Committee, and who must MUST meet the following:   |          |            |        |
|         |                                | 1. Have been a member in good standing of the Active, Courtesy, or Provisional Staff for at least one (1) year.  |          |            |        |
|         |                                | 2. Have completed proctoring for any clinical privileges previously requested.   |          |            |        |
|         |                                | 3. Agree to refrain from participating in any activities within the Medical Center that require clinical privileges.   |          |            |        |
|         |                                | 4. Provide significant service to the Medical Center and the Medical Staff in the form of academic activities, quality improvement activities, or administration.  |          |            |        |
|         |                                | 5. Be recommended for appointment or reappointment   |          |            |        |
|         |                                | Failure to meet any of these qualifications will be adequate grounds to deny reappointment.  |          |            |        |
|         | Affiliate<br>(Bylaws 4.9)      | Practitioners who CANNOT:<br>1. Vote or hold office in the Medical Staff or Service.<br>2. Be a member of any Medical Staff Committee.<br>3. Be Reappointed to the Affiliate Category.   |          |            |        |
|         |                                | Practitioners who MUST:<br>1. Have been a member in good standing of the Active, Courtesy or Consulting category during the immediate preceding appointment period.<br>2. Have completed, in a timely manner as described in the Bylaws, an application for reappointment.<br>3. Have been found to be qualified for reappointment, other than by the volume of clinical activity. |          |            |        |
|         | Active<br>(Bylaws 4.2)         | Regularly care for patients in the Medical Center; have completed proctoring requirements and the Provisional period.  |          |            |        |
|         | Courtesy<br>(Bylaws 4.4)       | Admit or otherwise provide care for not more than twelve (12) patients in the Medical Center during each year. Have completed proctoring and the Provisional period.   |          |            |        |
|         | Consulting<br>(Bylaws 4.5)     | Render a clinical opinion within their competence. Shall not be eligible to admit patients or to assume continuing care of patients in the Medical Center. Not eligible to vote or hold office in the Medical Staff or Clinical Service.   |          |            |        |

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

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

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

**QUALIFICATIONS FOR CORE  
INTERNAL MEDICINE**

**CRITERIA:** To be eligible to apply for core privileges in internal medicine, the initial applicant must meet the membership requirements of Riverside County Regional Medical Center 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

**REQUIRED PREVIOUS EXPERIENCE:**

- Care of at least 25 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 adequate volume of experience 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).

**Description of Internal Medicine Core**

- Requested** 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.

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.

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**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 **10** 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 **7** 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** 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.

**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 four (4) months critical care training experience with at least two **2** months experience in the capacity of a senior resident

**REQUIRED PREVIOUS EXPERIENCE:**

- Demonstrated current competency and evidence of management of **11** 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 **21** adult critical care cases to include at least four **4** ventilator experiences, four **4** acute coronary syndromes, and four **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**

**Requested** 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

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the same techniques and skills.

**Subspecialty Care**

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

- Meet the qualifications required previous experience in subspecialty of Internal Medicine or Dermatology or Neurology or Physical Medicine & Rehabilitation

**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;  
**OR**
- A combination of formal training and experience found to be equivalent by the Medical Staff Credentials Committee.  
**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 Core**

**Requested** 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.)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Allergy                            | <input type="checkbox"/> Gastroenterology    | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Cardiology                         | <input type="checkbox"/> Genetics            | <input type="checkbox"/> Nephrology         |
| <input type="checkbox"/> Critical Care Medicine             | <input type="checkbox"/> Geriatrics          | <input type="checkbox"/> Neurology          |
| <input type="checkbox"/> Dermatology                        | <input type="checkbox"/> Hematology/Oncology | <input type="checkbox"/> Pulmonology        |
| <input type="checkbox"/> Endocrinology                      | <input type="checkbox"/> Hepatology          | <input type="checkbox"/> Rheumatology       |
| <input type="checkbox"/> Physical Medicine & Rehabilitation |  |   |

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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.

**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, 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



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**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 orders entered by the AHP on the medical record of all patients seen or treated by the AHP in accordance with applicable requirements.

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**Description of Non-Core Privilege**

- Requested**      Supervision of Allied Health Professionals

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**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 County Regional Medical Center 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**

Requested EKG Interpretation

**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 County Regional Medical Center 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 2 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 2 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

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**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 RCRMC practitioner holding this privilege

**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 two (2) moderate sedation cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes

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**Description of Non-Core Privilege**

**Requested** Administration of Moderate Sedation and Analgesia

**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.

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**Description of Telemedicine**

**Requested**

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| MARK IF REQUESTED                                    | PRIVILEGE   | ACTION   |            |        |
|--|---|----------|------------|--------|
|  |   | Approved | Conditions | Denial |
| <b>Cardiovascular Lab (CVL) and Cardiac Lab (CL)</b> |   |          |            |        |
|  | Cardiac catheterization including contrast injection      |          |            |        |
|  | Coronary angiography                                      |          |            |        |
|  | Coronary angioplasty with or without stent deployment     |          |            |        |
|  | Electrophysiologic studies                                |          |            |        |
|  | Implant defibrillator and Defibrillator Threshold Testing |          |            |        |
|  | Catheter ablation for arrhythmia                          |          |            |        |
|  | Implant permanent pacemaker                               |          |            |        |
|  | Endomyocardial biopsy                                     |          |            |        |
|  | Echocardiogram – transthoracic and transesophageal        |          |            |        |
|  | Stress testing – Pharmacological and Exercise             |          |            |        |
|  | Pulmonary angiography                                     |          |            |        |
|  | Intravascular Ultrasound (IVUS)                           |          |            |        |
|  | Tilt Table Testing  |          |            |        |
|  | Additional CVL & CL specific procedures: (Write in below) |          |            |        |
|  |   |          |            |        |
|  |   |          |            |        |
| <b>Gastroenterology Lab Procedures</b>               |   |          |            |        |
|  | Anorectal manometry                                       |          |            |        |
|  | Colonoscopy with biopsy                                   |          |            |        |
|  | Endoscopic ultrasound                                     |          |            |        |
|  | Endoscopic coagulation/sclerotherapy for GI bleeding      |          |            |        |
|  | Endoscopic dilation of stricture                          |          |            |        |
|  | Endoscopic retrograde cholangiopancreatography (ERCP)     |          |            |        |
|  | ERCP with placement of stent                              |          |            |        |
|  | ERCP with sphincterotomy                                  |          |            |        |
|  | 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                                   |          |            |        |
|  | Additional GI Lab specific procedures: (Write below)      |          |            |        |
|  |   |          |            |        |
|  |   |          |            |        |

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| MARK IF REQUESTED              | PRIVILEGE  | ACTION   |            |        |
|--------------------------------|--|----------|------------|--------|
|                                |  | Approved | Conditions | Denied |
| <b>Pulmonary Laboratory</b>    |  |          |            |        |
|                                | 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  |          |            |        |
|                                | Additional Pulmonary Lab specific procedures: (Write below)  |          |            |        |
|                                |  |          |            |        |
|                                |  |          |            |        |
| <b>SUBSPECIALTY PROCEDURES</b> |  |          |            |        |
|                                | Fluoroscopy - State Certificate Required   |          |            |        |
|                                | Hyperbaric Chamber Services  |          |            |        |
|                                | Peritoneal dialysis (including cannula placement)  |          |            |        |
|                                | Renal biopsy   |          |            |        |
|                                | Renal dialysis (including cannula placement)   |          |            |        |
|                                | Thyroid biopsy   |          |            |        |
|                                | Electroencephalogram Interpretation  |          |            |        |
|                                | Electromyography   |          |            |        |
|                                | Additional subspecialty specific procedures: (Write in below)  |          |            |        |
|                                |  |          |            |        |
|                                |  |          |            |        |
| <b>SEDATION</b>                |  |          |            |        |
|                                | <del>Moderate Sedation, Current Moderate Sedation Certificate required</del>   |          |            |        |
|                                | <del>Deep sedation, Current Deep Sedation - Approval by Anesthesia Required</del>  |          |            |        |
|                                |  |          |            |        |

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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

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**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 RCRMC.

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 |
|-----------|--|
|           |  |
|           |  |
|           |  |
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|           |  |
|           |  |
|           |  |

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

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

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
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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 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<br>A. Concurrent<br>B. Retrospective<br>C. Reciprocal |
|---------------------------------------|--------------------------------------|--|
| Internal Medicine Core                | 5 varied cases to include procedures | What Method?   |
| Progressive Care Unit Core            | 5 varied cases                       | What Method?   |
| Adult Critical Care Core              | 5 varied cases                       | What Method?   |
| EKG Interpretation                    | 5 varied cases                       | What Method?   |
| Exercise Testing                      | 5 varied cases                       | What Method?   |
|                                       |                                      |  |
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|                                       |                                      |  |
|                                       |                                      |  |

\*Indicate N/A if privilege not requested.

MEC Approved: Pending  
File: Draft Privileges : Med IM Privileges  
ERomo