

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

458A



FROM: Riverside County Regional Medical Center

SUBMITTAL DATE:
September 11, 2014

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

RECOMMENDED MOTION: That the Board of Supervisors:

1. Request approval of appointments, reappointments, proctoring, additional privileges, change of staff category, resignations/withdrawals, automatic termination, Dept of Surgery and Dept of Radiology privilege forms.

BACKGROUND:

Summary

The Medical Executive Council Committee on September 11, 2014, recommended to refer the following to the Board of Supervisors for review and action:

A. Approval of Medical Staff Appointments and Clinical Privileges:

1. Carlson, Bronwyn D., MD Pediatrics

Lowell Johnson

Lowell Johnson
Interim CEO

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

SOURCE OF FUNDS:

Budget Adjustment: No

For Fiscal Year: 14/15

C.E.O. RECOMMENDATION:

APPROVE

BY *Debra Cournoyer*
Debra Cournoyer

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Ashley, seconded by Supervisor Jeffries and duly carried,
IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Tavaglione, Stone and Ashley
Nays: None
Absent: Benoit
Date: September 23, 2014
xc: RCRMC

Kecia Harper-Ihem

Clerk of the Board

By: *Debra Cournoyer*
Deputy

Prev. Agn. Ref.:

District: 5/5

Agenda Number:

2-10

Departmental Concurrence

Positions Added

☐

Change Order

☐

A-30

☐

4/5 Vote

☐

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**FORM 11: Medical Staff Appointments, Reappointments and Clinical Privileges****DATE:** September 11, 2014**PAGE:** Page 2 of 4**BACKGROUND:****Summary (continued)**

- | | |
|----------------------------|------------|
| 2. Cobbina, Ekua N., MD | Pediatrics |
| 3. Crawley, Brianna K., MD | Surgery |
| 4. Jahng, Alexander W., MD | Medicine |
| 5. Kaura, Neil V., MD | Radiology |
| 6. Li, Su-Yu, MD | Radiology |
| 7. Noblett, Karen, MD | OB/GYN |
| 8. Yarroz, Abel R., MD | Pediatrics |

- | <u>B. Approval of Reappointments:</u> | <u>Department:</u> | <u>Reappointment Cycle:</u> | <u>Status:</u> |
|--|--------------------|-----------------------------|----------------|
| 1. Aulakh, Jasdeep S., MD
(advanced from Provisional to Active due to completion of proctoring) | Psychiatry | 10/01/14 – 09/30/16 | Active |
| 2. Chakmakian, Vache, MD | Detention Health | 10/01/14 – 09/30/16 | Adj. |
| 3. Cutler, Drew C., MD | Pediatrics | 10/01/14 – 09/30/16 | Active |
| 4. DesLauriers, Patricia E., NP | Medicine | 10/01/14 – 09/30/16 | AHP |
| 5. Duong, Truong D., MD
(status changed from Courtesy to Consulting) | Medicine | 10/01/14 – 09/30/16 | Cons. |
| 6. Fan, Joseph T., MD | Ophthalmology | 10/01/14 – 09/30/16 | Active |
| 7. Fanous, Yvonne F., MD
(advanced from Provisional to Active due to completion of proctoring) | Pediatrics | 10/01/14 – 09/30/16 | Active |
| 8. Halajyan, Galust G., MD | Anesthesiology | 10/01/14 – 09/30/16 | Active |
| 9. Karody, Ramesh, MD | Medicine | 10/01/14 – 09/30/16 | Active |
| 10. LeClair, Garth, AU | Surgery | 10/01/14 – 09/30/16 | AHP |
| 11. Lyons, Paul E., MD
(advanced from Provisional to Active due to completion of proctoring) | Family Medicine | 10/01/14 – 09/30/16 | Active |
| 12. Menoni, Rosalinda M., MD | Neurosurgery | 10/01/14 – 09/30/16 | Active |
| 13. Shah, Manoj C., MD | Pediatrics | 10/01/14 – 09/30/16 | Active |
| 14. Tong, Jonathan, MD | Anesthesia | 10/01/14 – 09/30/16 | Active |
| 15. Yates, Charles E., MD | Psychiatry | 10/01/14 – 09/30/16 | Active |

C. FPPE – Partial Proctoring/Reciprocal*:

- | | |
|--------------------|------------|
| 1. Cho, Emilia, MD | Pediatrics |
|--------------------|------------|

D. Final FPPE/Reciprocal* - Advancement Staff Category:

- | | | <u>Advancement to:</u> |
|---------------------------|------------|------------------------|
| 1. Fong, Matthew B., MD | Pediatrics | Active |
| 2. McLarty, Justin D., MD | Surgery | Active |

E. FPPE – Final Proctoring for Additional Privileges:

- | | | |
|------------------------|---------|-------------|
| 1. Depew, Aron, MD | Surgery | Fluoroscopy |
| 2. Molkara, Afshin, MD | Surgery | Fluoroscopy |
| 3. Staack, Andrea, MD | Surgery | Fluoroscopy |

F. FPPE/Reciprocal* Complete Remain on Provisional:

- | | |
|-----------------------------|--------------------|
| 1. *Chan, Francis, DPM | Orthopedic Surgery |
| 2. *Merritt, Thurman A., MD | Pediatrics |

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**FORM 11: Medical Staff Appointments, Reappointments and Clinical Privileges****DATE:** September 11, 2014**PAGE:** Page 3 of 4**BACKGROUND:****Summary (continued)**

<u>G. Additional Privileges with/without Additional Proctoring:</u>		<u>Privilege(s) Requested:</u>
1. Agapian, John, MD	Surgery	Telemedicine Core
2. Chau, Min Hang, MD	Surgery	Telemedicine Core
3. Depew, Aron, MD	Surgery	Telemedicine Core
4. Hadley, Dean, MD	Surgery	Telemedicine Core
5. Hui, Noel, MD	Surgery	Telemedicine Core
6. Hui, Paul, MD	Surgery	Telemedicine Core
7. Lee, Yong-Kwon, MD	Surgery	Telemedicine Core
8. Ludi, Daniel, MD	Surgery	Telemedicine Core
9. Molkara, Afshin, MD	Surgery	Telemedicine Core
10. Nguyen, Henry, MD	Surgery	Telemedicine Core
11. Tabuenca, Arnold, MD	Surgery	Telemedicine Core

<u>H. Advancement – Staff Category:</u>	<u>Department:</u>	<u>Status Change to:</u>
1. An, Jason K., MD	Emergency Medicine	Active
2. Beamer, Yancey B., MD	Neurosurgery	Active
3. Dinh, Vi A., MD	Emergency Medicine	Active
4. Giang, Daniel W., MD	Medicine	Active
5. Huang, Kathie K., MD	Medicine	Active
6. Khamisi, Babak, MD	Orthopedic Surgery	Active
7. Patel, Chandra E., MD	Medicine	Active
8. Pudunagar Subbiah, Shanmuga, MD	Medicine	Active
9. Smith, Andrea D., MD	Medicine	Active
10. Stanciell, Earbin C., MD	Psychiatry	Active
11. Torralba, Karina Marianne, MD	Medicine	Active
12. Victor, Priya S., MD	Family Medicine	Active

<u>I. Resignations/*Withdrawals:</u>	<u>Department:</u>	<u>Effective Date:</u>
1. DeGuzman, Michael G., PA-C	OB/GYN	Immediately
2. Dong, David K., MD	Pediatrics	10/1/14
3. Patel, Rajeshkumar, MD	Psychiatry	8/12/14
4. Rhetta, Teri L., MD	Medicine	8/6/14
5. Sangdahl, Christopher W., MD	Psychiatry	Immediately
6. Shaikh, Abe J., MD	Radiology	Immediately
7. Stroble, Robert F., MD	Radiology	Immediately

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

1. Steinmann, John, DO	Orthopedic Surgery	7/1/14
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K. Dept. of Surgery: General Surgery & Urology Privilege Form – Revision – See Attachment

A request for revisions to the General Surgery & Urology Privilege forms was submitted to revise Procedures Under Fluoroscopy privilege requirements.

L. Dept. of Radiology Privilege Form – Additional Privileges – See Attachment

A request to add additional privileges to the Radiology privilege form was submitted.

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

FORM 11: Medical Staff Appointments, Reappointments and Clinical Privileges

DATE: September 11, 2014

PAGE: Page 4 of 4

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
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**

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.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____
(From — To) (To be completed by MSO)

Page 2

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.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____

Page 3

(From — To) (To be completed by MSO)

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.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____
(From — To) (To be completed by MSO)

Page 4

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

☐ Requested

☐ Approved

☐ Not Approved* **Thoracic 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.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

(Last, First, Initial)

Effective: _____

Page 5

(From — To) (To be completed by MSO)

**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*, 2nd Ed. Needham Heights, MA: Allyn & Bacon 1998.)

CRITERIA: To be eligible to participate in the teaching program, the applicant must:

- Be credentialed and privileged at RCRMC in accordance with applicable requirements.
- Provide care and supervision only for those clinical activities for which they are privileged.
- Be responsible for and must be personally involved in the care provided to individual patients in the inpatient and outpatient settings and must continue to maintain this personal involvement when residents are involved in the care of these patients.

MAINTENANCE OF PRIVILEGE:

- Enhance the knowledge of the residents and ensure the quality of care delivered to each patient by any resident. This is exercised by observation, consultation, and direction to the resident.
- Assure that medical care for each patient is delivered in an appropriate, timely, and effective manner.
- Participate in the resident's evaluation process according to accrediting and certifying body requirements.
- Direct the care of the patient and provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the resident being supervised.
- Within 24 hours of a patient's admission or transfer (including weekends and holidays), shall personally examine the patient, establish a personal and identifiable relationship with the patient, and record an appropriate history, physical examination, working diagnostic impression(s) and plan for treatment. The attending shall countersign and add an addendum to the resident's note detailing his/her involvement and supervision.
- Ensure that discharge or transfer of the patient from an inpatient team or clinic is appropriate, based on the specific circumstances of the patient's diagnoses and therapeutic regimen.
- Meet with each patient who received consultation by a resident and perform a personal evaluation in a timely manner based on the patient's condition, unless otherwise stated in the graduated levels of responsibility.
- Shall be immediately available to the resident in person or by telephone and able to be present within a reasonable period of time, 30 minutes, if needed.
- Available for supervision during clinic hours and ensure the coordination of care that is provided to the patients.
- Provide an appropriate level of supervision during the performance of procedures. (Determination of this level of supervision is generally left to the discretion of the attending physician within the content of the previously described levels of responsibility assigned to the individual resident involved. This determination is a function of the experience and competence of the resident and the complexity of the specific case.)
- Documentation of resident supervision will be monitored during the course of peer review. Any case reviewed in which it appears that there is inadequate supervision will be forwarded to the Professional Practice Evaluation Committee.

Description of Non-Core Privilege

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

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)
Effective: _____
(From — To) (To be completed by MSO)

Page 6

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**

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.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

(Last, First, Initial)

Effective: _____

Page 7

(From — To) (To be completed by MSO)

Description of Non-Core Privilege

☐ Requested

☐ Approved

☐ Not Approved* Upper Endoscopic Procedures Excluding ERCP

COLONOSCOPY / LOWER ENDOSCOPY 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

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 an accredited residency in general surgery that included advanced laparoscopic training in the procedures to perform.

AND

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

Description of Non-Core Privilege

☐ Requested

☐ Approved

☐ Not Approved* List the Advanced Laparoscopic Surgery privileges requested:

BARIATRIC SURGERY

CRITERIA: To be eligible for bariatric surgery non-core privileges, the applicant must meet the following privileging criteria:

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____

Page 8

(From — To) (To be completed by MSO)

- 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, 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 RCRM 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

☐ Approved

☐ Not Approved* **Moderate Sedation** Administration of sedation and analgesia

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____
(From — To) (To be completed by MSO)

Page 9

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.

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

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

Procedures under Fluoroscopy include:

- ~~Spinal injections, including epidurals, facet blocks, selective nerve root block, sacroiliac block, median branch block, discogram, etc. under fluoroscopy~~

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*

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____

Page 10

(From — To) (To be completed by MSO)

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

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____
(From — To) (To be completed by MSO)

Page 11

-
43. Pancreatic sphincteroplasty
 44. Peritoneal venous shunts, shunt procedure for portal hypertension
 45. Peritoneovenous drainage procedures for relief or 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

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____
(From — To) (To be completed by MSO)

Page 12

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

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____
(From — To) (To be completed by MSO)

Page 13

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

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

(Last, First, Initial)

Effective: _____

Page 14

(From — To) (To be completed by MSO)

FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

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

Department Chair/Designee:

Please indicate below the privileges/procedures and the number of FPPE cases to be done on the above-named practitioner, including the method of FPPE.

Please print legibly.

Privileges/Procedures to be Proctored	Number of Cases to be Proctored*	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
UROLOGY CLINICAL PRIVILEGES

Name: _____

(Last, First, Initial)

Effective: _____

(From--To)

(To be completed by MSO only)

☐ 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
UROLOGY PRIVILEGES**

UROLOGY CORE PRIVILEGES

CRITERIA: To be eligible to apply for core privileges in **urology**, the initial applicant must meet the membership requirements of Riverside County Regional Medical Center and the following privileging criteria:

- Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited postgraduate training program in urology.

AND

- Current certification or active participation in the examination process leading to certification in urological surgery by the American Board of Urology or the American Osteopathic Board of Surgery (Urological Surgery).

REQUIRED PREVIOUS EXPERIENCE: An applicant for initial appointment must be able to demonstrate:

- Performance of at least 50 urological procedures in the privileges requested during the past 12 months.

OR

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

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

- Current demonstrated competence and an adequate volume of experience of eight (8) urological procedures with acceptable results in the privileges requested for the past 24 months based on ongoing professional practice evaluation and outcomes.

AND

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

AND

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

Description of Core Privilege

☐ **Requested**

Urology

Admit, evaluate, diagnose, treat (surgically or medically), and provide consultation to patients [including critically ill patients in the intensive care unit] of all ages including pediatrics, except as specifically excluded from practice, presenting with medical and surgical disorders of the genitourinary system and the adrenal gland and including endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures. Privileges include performance of 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 include privileges to manage and treat outpatients in the ambulatory-care setting.

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.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
UROLOGY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____
(From--To)

Page 2

**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*, 2nd 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 evaluate 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.
- 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.
- 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

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
UROLOGY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____
(From—To)

Page 3

USE OF LASER NON-CORE PRIVILEGES

CRITERIA: To be eligible for non-core privileges in **laser**, the initial applicant must meet the following privileging criteria:

- Completion of an approved 8-10 hour minimum CME course which includes training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and hands-on experience with lasers.

AND

- A letter outlining the content and successful completion of the course must be submitted.

OR

- Successful completion of an approved residency in a specialty or subspecialty which included training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field, **AND** a minimum of six (6) hours observation and hands-on experience with lasers.

MAINTENANCE OF PRIVILEGE:

- Current demonstrated competence and an adequate volume of experience of one (1) laser procedure with acceptable results in the privileges requested for the past 24 months based on ongoing professional practice evaluation and outcomes.

AND

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

Description of Non-Core Privilege

- | | |
|------------------------------------|---------|
| <input type="checkbox"/> Requested | Argon |
| <input type="checkbox"/> Requested | YAG |
| <input type="checkbox"/> Requested | KTP-532 |
| <input type="checkbox"/> Requested | Indigo |
| <input type="checkbox"/> Requested | Holmium |
| <input type="checkbox"/> Requested | Nd:YAG |

PHOTO-SELECTIVE VAPORIZATION OF THE PROSTATE (PVP) NON-CORE PRIVILEGES

CRITERIA: To be eligible for non-core privilege in **PVP**, the initial applicant must meet the following privileging criteria:

- Successful completion of an ACGME-accredited residency program in urology.

AND

- Successful completion of a Laserscope-approved training program and proctoring in initial cases by a Laserscope company representative.

REQUIRED PREVIOUS EXPERIENCE: An applicant for initial appointment must be able to demonstrate:

- Current competence and evidence of performance of at least three (3) PVP procedures in the past 12 months.

MAINTENANCE OF PRIVILEGE:

- Current demonstrated competence and evidence of the performance of at least three (3) PVP procedures in the past 24 months based on ongoing professional practice evaluation and outcomes.

AND

- Documentation of continuing education related to BPH and PVP. Submit copies of CME certificates.

Description of Non-Core Privilege

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Requested | Photo-selective vaporization of the prostate (PVP) |
|------------------------------------|--|

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
UROLOGY CLINICAL PRIVILEGES

Name: _____

(Last, First, Initial)

Effective: _____

Page 4

(From—To)

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.

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

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

Procedures under Fluoroscopy include:

- Spinal injections, including epidurals, facet blocks, selective nerve root block, sacroiliac block, median branch block, discogram, etc. under fluoroscopy

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 **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 Urology.

REQUIRED PREVIOUS EXPERIENCE:

- Meet the criteria for core privileges in Urology.

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.

☒ Requested

☐ Approved

☐ Not Approved*

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
UROLOGY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____
(From—To)

Page 5

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.

Urology Core Privileges, Adult and Pediatrics:

1. All forms of prostate ablation
2. All forms of prostatectomy, including biopsy
3. Anterior pelvic exenteration
4. Appendectomy as component of urologic procedure
5. Bladder instillation treatments for benign and malignant disease
6. Bowel resection as component of urologic procedure
7. Circumcision
8. Closure evisceration
9. Continent reservoirs
10. Creation of neobladders
11. Cystolithotomy
12. Cystoscopy and retrogrades
13. Enterostomy as component of urologic procedure
14. Excision of retroperitoneal cyst or tumor
15. Exploration of retroperitoneum
16. Extracorporeal shock-wave lithotripsy
17. Hydrocelectomy
18. Inguinal herniorrhaphy as related to urologic operation
19. Insertion/removal of ureteral stent
20. Intestinal conduit
21. Laparoscopic surgery, urologic for disease of the urinary tract
22. Laparotomy for diagnostic or exploratory purposes (urologic-related conditions)
23. Lymph node dissection—inguinal, retroperitoneal, or pelvic
24. Management of congenital anomalies of the genitourinary tract, including epispadias and hypospadias
25. Meatotomy
26. Microscopic surgery—epididymovasostomy, vasovasotomy
27. Open renal biopsy

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
UROLOGY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____
(From—To)

Page 6

-
28. Open stone surgery on kidney, ureter, bladder
 29. Other plastic and reconstructive procedures on external genitalia
 30. Penis repair for benign or malignant disease, including grafting
 31. Percutaneous nephrolithotripsy
 32. Periurethral injections. e.g., collagen
 33. Plastic and reconstructive procedures on ureter, bladder and urethra, genitalia, kidney
 34. Reconstructive procedures on external male genitalia requiring prosthetic implants or foreign materials
 35. Renal surgery through established nephrostomy or pyelostomy
 36. Sphincter prosthesis
 37. Surgery of the testicle, scrotum, epididymis, and vas deferens, including biopsy, excision, and reduction of testicular torsion, orchiopexy
 38. Surgery upon the adrenal gland
 39. Surgery upon the kidney, including total or partial nephrectomy, including radical transthoracic and laparoscopic approach
 40. Surgery upon the penis
 41. Surgery upon the ureter and renal pelvis
 42. Surgery upon the urinary bladder for benign or malignant disease, including partial resection, complete resection, diverticulectomy, and reconstruction
 43. Total or simple cystectomy
 44. Transurethral surgery, including resection of prostate and bladder tumors
 45. Transvesical ureterolithotomy
 46. Treatment of urethral valves, open and endoscopic
 47. Ureteral substitution
 48. Uretero-calyceal anastomosis
 49. Ureterocele repair, open or endoscopic
 50. Ureteroscopy, including treatment of all benign and malignant processes
 51. Urethral fistula repair, all forms, including grafting
 52. Urethral suspension procedures, including grafting, all material types
 53. Urethroscopy including treatment for all benign and malignant processes
 54. Ventral/flank herniorrhaphy as related to urologic operation
 55. Visual urethrotomy

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
UROLOGY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____
(From—To)

Page 7

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 follow recommendation:

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

Privilege	Condition / Modification / Explanation

Department Chair/Designee Signature

Date

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
UROLOGY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____
(From—To)

Page 8

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 Proctored	Number of FPPE Cases	Method of FPPE
		A. Concurrent B. Retrospective C. Reciprocal
Urology Core	10 varied cases	A, B, C as applicable
Use of Laser, Non-Core	3 varied cases	A, B, C as applicable
Photo-Selective Vaporization of Prostate, Non-Core	2 varied cases	A, B, C as applicable
Procedures under Fluoroscopy	1 case	A, B, C as applicable

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

RADIOLOGY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____
(From-To) (To be completed by MSO)

☐ **Initial Appointment**

☐ **Reappointment**

To the applicant: Check the box for requested privileges, strike out any privileges you do not want to request, 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 Riverside County Regional Medical Center for a proper evaluation of current competence and other qualifications, and for resolving any doubts.

Requirements for all applicants: Successful completion of an Accreditation Council for Graduate Medical Education or American Osteopathic Association accredited postgraduate training program in diagnostic radiology. Applicant must also have certification or active participation in the examination process leading to certification in radiology by the American board of Radiology or the American Osteopathic Board of Radiology. Applicant must be eligible for membership on the medical staff at Riverside County Regional Medical Center. Applicants must meet the Continuing Medical Education requirement necessary for licensure by the applicable California medical Board.

Core Diagnostic Radiology	
The following are core privileges in diagnostic radiology:	
<input type="checkbox"/> Requested <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved*	Required previous experience: An applicant for initial appointment must be able to demonstrate performance and interpretation of 50 cases of experience with acceptable results in the last 12 months in each of the radiological privileges requested OR successful completion of a hospital-affiliated accredited residency in the last 12 months. Eligibility to interpret mammograms or perform stereotactic breast biopsies is dependent upon current MQSA requirements.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER RADIOLOGY CLINICAL PRIVILEGES

	<p>Reappointment Requirements: To be eligible to renew core privileges in diagnostic radiology, the applicant must demonstrate current competence and 100 cases of experience with acceptable results in each of the privileges requested for the last 24 months based on ongoing professional practice evaluation and outcomes. Eligibility to maintain mammography and stereotactic breast biopsy privileges is based on current MQSA requirements.</p> <p>To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request privileges, initial and date.</p> <ol style="list-style-type: none"> 1. Telemedicine 2. Fluoroscopic, pyelography and plain film radiology 3. Diagnostic and vascular ultrasound imaging 4. Diagnostic and therapeutic nuclear medicine, bone densitometry or PET (must be eligible to be designated user on the hospital's Nuclear Regulatory Commission License) 5. Screening and diagnostic mammography (must have active Mammography Quality Standards Act certification or be eligible for recertification) 6. Computerized tomographic Imaging 7. Magnetic resonance imaging <p>Core privileges also includes minor invasive procedures of</p> <ol style="list-style-type: none"> 1. Hysterosalpingography 2. Cyst aspiration 3. Biopsy 4. Venography 5. Peripheral venous access 6. Mammography guided localization procedures/biopsy /ductography 7. Myelography and lumbar puncture 8. Arthrography 9. Drainage procedures
<p>Teleradiology Privileges Only</p>	
<input type="checkbox"/> Requested <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved*	<p>Required previous experience: An applicant for initial appointment must be able to demonstrate performance and interpretation of 50 cases of experience with acceptable results in the last 12 months in each of the radiological privileges requested OR successful completion of a hospital-affiliated accredited residency.</p>

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER RADIOLOGY CLINICAL PRIVILEGES

	<p>Reappointment Requirements: To be eligible to renew core privileges in teleradiology, the applicant must demonstrate current competence and 100 cases of experience with acceptable results in each of the privileges requested for the past 24 months based on ongoing professional practice evaluation and outcomes.</p> <p>To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request privileges, initial and date.</p> <ol style="list-style-type: none"> 1. Diagnostic plain film radiology 2. Diagnostic and vascular ultrasound 3. Computed tomography imaging 4. Magnetic Resonance Imaging 5. Diagnostic Nuclear Medicine and/or PET
<p>Vascular and Interventional Radiology</p> <p>The following are vascular and interventional radiology privileges. Demonstration of clinical competency is required.</p>	
<input type="checkbox"/> Requested <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved*	<p>Required Previous Experience: An applicant for initial appointment must be able to demonstrate performance of at least 25 vascular or interventional radiology - in the past 12 months OR successful completion of a hospital-affiliated accredited residency or fellowship within the last 12 months.</p> <p>Reappointed Requirements: To be eligible to renew core privileges in vascular and interventional radiology, the applicant must demonstrate current competence in 50 vascular or interventional radiology procedures and four moderate sedation procedures in the past 24 months based on ongoing professional practice evaluation and outcomes.</p> <p>To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request privileges, initial and date.</p> <ol style="list-style-type: none"> 1. Peripheral or pulmonary angiography 2. Peripheral venography 3. Peripheral arterial embolization 4. Peripheral arterial or venous graft stenting or angioplasty 5. Central venous access, tunneled or non tunneled 6. Cerebral angiography 7. Placement of catheter for tumor treatment 8. Neurointervention including embolization, coiling, stenting 9. Inferior Vena Cava Filter placement 10. Infusion of vasoactive or anti thrombogenic agents

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER RADIOLOGY CLINICAL PRIVILEGES

	<ul style="list-style-type: none"> 11. Peripheral embolization 12. Vertebroplasty or kyphoplasty 13. Fallopian tube recanalization 14. Percutaneous transhepatic cholangiography, biliary drainage, biliary plasty, stenting or stone removal 15. Nephrostomy 16. Foreign body retrieval, vascular or non vascular 17. Chemoembolization/bland embolization of tumors 18. Facet Injection 19. Celiac axis block 20. Peritoneal dialysis catheter thrombolysis/angioplasty 21. Transjugular intrahepatic portosystemic shunt 22. Gastrostomy tube placement 23. Ablation (RFA/cryoablation/alcohol) of tumors 24. Radioembolization of tumors 25. Thrombectomy and embolectomy 26. Sclerosing of neoplastic or vascular masses
	<p style="text-align: center;">Moderate Sedation/Deep Sedation/General Anesthesia Demonstration of current competence is required.</p>
<input type="checkbox"/> Requested <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved*	<p>Criteria: Meet the qualifications as required in the Privileging criteria and Delineation for Moderate Sedation and the Patient Care Services Policy, 628: Moderate Sedation/Analgesia</p> <ul style="list-style-type: none"> 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, 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 RCRM practitioner holding this privilege. <p>Reappointment Requirements: To be eligible to renew core privileges in moderate sedation, the applicant must meet the following maintenance of privilege criteria:</p> <ul style="list-style-type: none"> 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.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER RADIOLOGY CLINICAL PRIVILEGES

Same Day Surgery Admit Privileges	
<input type="checkbox"/> Requested <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved*	<p>Interventional Radiologists with moderate sedation privileges may request the ability to admit and discharge patients from Same Day Surgery for the purpose of monitoring patient's after sedation and/or interventional procedures</p>
Cardiac Computed Tomography	
<input type="checkbox"/> Requested <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved*	<p>Required previous experience: To be eligible for privileges in cardiac computed tomography, the initial applicant must demonstrate successful completion of a formal course in cardiac CT that includes CT angiography and 50 proctored initial cases or successful completion of an ACGME or AOA accredited postgraduate training program that included cardiac CT and cardiac angiography.</p> <p>Reappointment Requirements: To be eligible to renew cardiac CT and angiographic privileges, the applicant must demonstrate current competence and evidence of performance of at least 50 cardiac CT angiograms based on results of ongoing professional practice evaluation and outcomes in the past 24 months.</p>

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

RADIOLOGY 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 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.

Privilege	Condition / Modification / Explanation

Department Chair/Designee Signature

Date

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER RADIOLOGY CLINICAL PRIVILEGES

MEC Approval: 6/11/09; 4/8/10; 10/14/10,10/11/12,7/11/13

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 legibly.

Privileges/Procedures to be Proctored	Number of Cases to be Proctored	Method of Proctoring
		A. Concurrent B. Retrospective C. Reciprocal
Computed Tomography	2	A,B,C as applicable
Diagnostic plain film	2	A,B,C as applicable
Magnetic Resonance Imaging	2	A,B,C as applicable
Nuclear Medicine or PET	2	A,B,C as applicable
Ultrasound	2	A,B,C as applicable
Mammography	2	A,B,C as applicable
Stereotactic Breast Biopsy	2	A,B,C as applicable
Vascular and Interventional	10	A,B,C as applicable
Moderate Sedation	1	A,B,C as applicable