

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

276A



FROM: Riverside County Regional Medical Center

SUBMITTAL DATE:
November 12, 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, change of staff category, request for leave of absence, resignations/withdrawals, automatic termination, anesthesia privilege form, surgery privilege form & radiology privilege form.

BACKGROUND:

Summary

The Medical Executive Committee on November 12, 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. Fisher, Kayla L., MD Psychiatry

Zareh Sarrafian
Chief Executive Officer

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

SOURCE OF FUNDS:

Budget Adjustment: No

For Fiscal Year: 14/15

C.E.O. RECOMMENDATION:

APPROVE

BY:
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, Stone, Benoit and Ashley
Nays: None
Absent: Tavaglione
Date: November 24, 2014
xc: RCRMC

Kecia Harper-Ihem
Clerk of the Board
By:
Deputy

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

Prev. Agn. Ref.:

District: 5/5

Agenda Number:

2-15

Departmental Concurrence

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**FORM 11: Medical Staff Appointments, Reappointments and Clinical Privileges****DATE:** November 12, 2014**PAGE:** Page 2 of 3**BACKGROUND:****Summary (continued)**

- | | |
|----------------------------|------------|
| 2. Gangu, Shantaveer, MD | Pediatrics |
| 3. Garcia, Eva V., CNM | OB/GYN |
| 4. Goel, Gati A., MD | Medicine |
| 5. Mahabee, Melissa E., MD | Pediatrics |
| 6. Thomas, Sharon T., MD | Pediatrics |
| 7. Vyas, Raj M., MD | Surgery |

- | <u>B. Approval of Reappointments:</u> | <u>Department:</u> | <u>Reappointment Cycle:</u> | <u>Status:</u> |
|--|--------------------|-----------------------------|----------------|
| 1. Abd-Allah, Shamel A., MD | Pediatrics | 12/01/14 – 11/30/16 | Active |
| 2. Andrada, Nerizza P., MD | Detention Health | 12/01/14 – 11/30/16 | Ajunct |
| 3. Baillo, Oscar M., MD | Psychiatry | 12/01/14 – 11/30/16 | Active |
| 4. Chiang, Bob, MD | Family Medicine | 12/01/14 – 11/30/16 | Active |
| 5. Cody, Derek G., MD
(additional privileges) | Surgery | 12/01/14 – 11/30/16 | Active |
| • Participate in Teaching Program | | | |
| 6. Conyersharrisberg, Lyanthie, PhD | Psychiatry | 12/01/14 – 11/30/16 | Active |
| 7. Lewis, Terence D., MD | Medicine | 12/01/14 – 11/30/16 | Active |
| 8. Limburg, Krista, PA-C | Emergency Medicine | 12/01/14 – 11/30/16 | AHP |
| 9. Lin, Thomas B., MD | Radiology | 12/01/14 – 11/30/16 | Active |
| 10. Moy, Marie A., DO | Radiology | 12/01/14 – 11/30/16 | Active |
| 11. Penner, Kristine R., MD | OB/GYN | 12/01/14 – 11/30/16 | Active |
| 12. Phillips, Raylene M., MD | Pediatrics | 12/01/14 – 11/30/16 | Active |
| 13. Rahman, Maisara I., MD | Family Medicine | 12/01/14 – 11/30/16 | Active |
| 14. Rauser, Michael E., MD | Ophthalmology | 12/01/14 – 11/30/16 | Court. |
| 15. Saleh, Omar, MD | Radiology | 12/01/14 – 11/30/16 | Active |
| 16. Sandy, Gisella L., MD
(additional privileges – proctoring required) | Surgery | 12/01/14 – 11/30/16 | Court. |
| • Endoscopy – Upper Endoscopic Procedures excluding ERCP | | | |
| • Advanced Laparoscopic Surgery – Ventral Hernia | | | |
| • Fluoroscopy | | | |
| 17. Stilwell, Kristina L., PA-C | Emergency Medicine | 12/01/14 – 11/30/16 | AHP |
| 18. Young, Timothy P., MD | Emergency Medicine | 12/01/14 – 11/30/16 | Active |

C. FPPE – Final Proctoring for Additional Privileges:

- | | | |
|---------------------------|--------------------|---|
| 1. Jackson, Thomas W., MD | Orthopedic Surgery | *Fluoroscopy |
| 2. Nguyen, Henry T., MD | Surgery | *Advance Laparoscopic Surgery
*Endoscopy |

D. FPPE/Reciprocal* - Complete Remain on Provisional:

- | | |
|-------------------------|--------------------|
| 1. Barden, Matthias, MD | Emergency Medicine |
|-------------------------|--------------------|

E. Request for Voluntary Change of Staff Category:

- | | | |
|----------------------------|------------|--------|
| 1. Aye, Lydia L., DO | Medicine | Active |
| 2. Merritt, Thurman A., MD | Pediatrics | Active |

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: November 12, 2014

PAGE: Page 3 of 3

G. Request for Leave of Absence (LOA): Leave of Absence From:
1. Mathur, Mundit, MD Pediatrics 08/01/14 – 07/31/16

H. Resignations/*Withdrawals: Department: Effective Date:
1. Chopra, Sivani, MD Psychiatry 10/6/14
2. Chung, Beth L., MD Psychiatry 10/6/14
3. *Howard, IV, Frank, MD Medicine
4. Johnson, Stephane, MD Psychiatry 10/6/14
5. Karimkhani, Valeh, MD Psychiatry 10/6/14
6. Purmandla, Mahender, MD Psychiatry 10/6/14
7. Sanathara, Visant, MD Psychiatry 10/6/14

I. Automatic Termination Per Bylaws 6.4-9 (Failure to Reapply)
1. Pires, David C., DO Anesthesia 12/1/14

J. Dept. of Anesthesia Privilege Form – Additional language added to the Anesthesia & Pediatric Core Privileges – See Attachment

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

Admitting and discharge for patients requiring anesthesia services for Same Day procedures such as (but not limited to) MRI, CT, IR, EEG.

K. Dept. of Surgery: Urology Privilege Form – Additional privilege added to Use of Laser Non-Core Privileges – See Attachment

CO2

L. Dept. of Radiology Privilege Form – Additional language added to Core Diagnostic Radiology Privileges – See Attachment

Eligibility to interpret mammograms or perform stereotactic breast biopsies is dependent upon current MQSA requirements and state requirements including Title 17.

And

Additional privilege added to Vascular and Interventional Radiology

#27. *Sphenopalatine ganglion block for migraines and severe headaches*

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
ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

- Initial Appointment
 Reappointment

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

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
ANESTHESIOLOGY PRIVILEGES**

ANESTHESIOLOGY CORE PRIVILEGES

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

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

AND

- Current certification or active participation in the examination process leading to certification in anesthesiology by the relative American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology.¹

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

- An active anesthesia practice in the privileges requested within 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

- Approval of the anesthesiology department chair.

¹ Unless privileges granted prior to May 2008.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

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Reappointment Requirements: To be eligible to renew core privileges in anesthesiology, the applicant must meet the following maintenance of privilege criteria:

- Current demonstrated competence and an active anesthesia practice 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 certificates.

AND

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

Description of Anesthesia Core Privilege

Requested

Anesthesiology Core

Administration of anesthesia, including general and local, and administration of all levels of sedation to patients of all ages except as specifically excluded from practice. Administration of regional anesthesia for potentially painful procedures and acute and chronic pain management. Care is directed toward patients rendered unconscious or insensible to pain and the management of emotional stress during surgical, obstetrical, and certain other medical procedures, including preoperative, intraoperative and postoperative evaluation and treatment (includes performance of history and physical exam). The support of life functions and vital organs under the stress of anesthetic, surgical, and other medical procedures. Medical management and consultation in pain medicine (acute and chronic) and critical care medicine. Direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units, and critically ill patients in special care units. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. **Admitting and discharge for patients requiring anesthesia services for Same Day procedures such as (but not limited to) MRI, CT, IR, EEG.**

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

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**QUALIFICATIONS FOR CORE
PEDIATRIC ANESTHESIOLOGY PRIVILEGES**

PEDIATRIC ANESTHESIOLOGY CORE PRIVILEGE

Criteria: To be eligible to apply for core privileges in pediatric anesthesiology the applicant must meet the following criteria:

- Meet the Anesthesiology Core Privilege Criteria

AND

- Successful completion of a pediatric anesthesiology fellowship or demonstrated significant experience performing anesthesia on pediatric patients.

AND

- Provide evidence of current PALS Certification.

AND

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

AND

- Upon approval of RCRMC clinical privileges in pediatric anesthesiology, the provider will require proctoring by a qualified anesthesiologist. A qualified anesthesiologist is someone who has successfully completed a pediatric anesthesia fellowship or who meets the criteria for Pediatric Anesthesiology Core Privileges. Proctoring will consist of the first 10 cases of pediatric patients who meet CCS eligibility criteria.

Reappointment Requirements: To be eligible to renew core privileges in pediatric anesthesiology, the applicant must meet the following criteria:

- Current demonstrated competence of 10 pediatric anesthesiology cases (as defined by CCS pediatric patient care criteria) per year with acceptable outcomes based on ongoing professional practice evaluation.

AND

- Provide evidence of current PALS Certification.

AND

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

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

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Description of Pediatric Anesthesiology Core Privileges

Requested Pediatric Anesthesiology

Management of pediatric patients rendered unconscious or insensible to pain and emotional stress utilizing various pediatric sedation, general or regional anesthesia, place and use of invasive monitors (including arterial, central venous, and pulmonary artery catheters,) during surgical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment, support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures, medical management and consultation in pain medicine and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, and supervision of pediatric patients, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. **Admitting and discharge for patients requiring anesthesia services for Same Day procedures such as (but not limited to) MRI, CT, IR, EEG.**

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____

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(From—To) To be completed by MSO

QUALIFICATIONS FOR CORE
BASIC PAIN MEDICINE PRIVILEGES

BASIC PAIN MEDICINE CORE PRIVILEGE

Criteria: To be eligible to apply for basic pain medicine core privileges, the applicant must meet the membership requirements of RCRMC and the following privileging criteria:

- Meet the Anesthesiology Core Privilege Criteria
- Documentation of specific training in basic pain medicine procedures

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

- The provision of inpatient or outpatient or consultative pain medicine services in the privileges requested for at least six (6) patients during the past 12 months.

OR

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

OR

- Approval of the anesthesiology department chair.

Reappointment Requirements: To be eligible to renew core privileges in pain medicine, the applicant must meet the following maintenance of privilege criteria:

- Current demonstrated competence and an adequate volume of experience: Six (6) inpatient or outpatient or consultative pain medicine services with acceptable results in the privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

AND

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

Description of Basic Pain Core Privilege

Requested

Basic Pain Medicine

Evaluate, diagnose, treat, and provide consultation to patients of all ages, including critically ill patients in the ICU. This includes evaluation and treatment of complications and the treatment of emergent conditions.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____

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(From—To) To be completed by MSO

**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 RCRM 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.
- 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.
- 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 Teaching Non-Core Privilege

Requested Participate in Teaching Program

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____

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(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.

Basic Pain Medicine

1. Facet joint injection
2. Occipital block
3. Peripheral nerve blocks (including catheter placement)
4. Sacroiliac joint injections
5. Spinal/epidural injections
6. Sympathetic blocks

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____

(From—To) To be completed by MSO

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

Department Chair/Designee Signature

Date

MEC Approval: 5/8/08; 9/11/08, 9/10/09, 12/9/10

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____
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(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 FPPE Cases	Method of FPPE A. Concurrent B. Retrospective C. Reciprocal
1	Anesthesia Core	5 Cases	A, B, C
2	Basic Pain Medicine	3 Cases	A, B, C
3	Pediatric Anesthesia Core	10 Cases	A, B, C

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
UROLOGY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

- Initial Appointment
 Reappointment

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

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
 Requested
 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)

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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*, 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 RCRM 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
- Approved
- Not Approved*

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
UROLOGY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____
(From—To)

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

- Requested Argon
- Requested YAG
- Requested KTP-532
- Requested Indigo
- Requested Holmium
- Requested Nd:YAG
- Requested CO2

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

- Requested Photo-selective vaporization of the prostate (PVP)
- Approved
- Not Approved*

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
UROLOGY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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(From—To)

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PROCEDURES UNDER FLUOROSCOPY

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

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

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

Description of Non-Core Privilege

- Requested Procedures under Fluoroscopy
 Approved
 Not Approved*

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*

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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.

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
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

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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)

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)

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*	<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 in the last 12 months. Eligibility to interpret mammograms or perform stereotactic breast biopsies is dependent upon current MQSA requirements and state requirements including Title 17.</p>

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RADIOLOGY CLINICAL PRIVILEGES**

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 and state requirements including Title 17.

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.

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

Core privileges also includes minor invasive procedures of

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

Teleradiology Privileges Only

Requested

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

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

<input type="checkbox"/> Not Approved*	<p>OR successful completion of a hospital-affiliated accredited residency.</p> <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
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Vascular and Interventional Radiology
The following are vascular and interventional radiology privileges. Demonstration of current competency is required.

<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
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**RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
RADIOLOGY CLINICAL PRIVILEGES**

	<ol style="list-style-type: none"> 8. Neurointervention including embolization, coiling, stenting 9. Inferior Vena Cava Filter placement 10. Infusion of vasoactive or anti thrombogenic agents 11. Peripheral embolization 12. Vertebroplasty or kyphoplasty 13. Fallopiian 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. Chemoebolization/bland embolization of tumors 18. Facet Injection 19. Celiac axis block 20. Peritoneal dialysis catheter thrombolysis/angioplasty 21. Transjugluar 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 27. Sphenopalatine ganglion block for migraines and severe headaches
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Moderate (Conscious)/Deep Sedation
Demonstration of current competency is required.

<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 RCRMC 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
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**RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
RADIOLOGY CLINICAL PRIVILEGES**

	past 24 months based on results of ongoing professional practice evaluation and outcomes.
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Same Day Surgery Admission Privileges

<input type="checkbox"/> Requested <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved*	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
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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>
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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.

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- 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.
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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

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER RADIOLOGY CLINICAL PRIVILEGES

Department Chair/Designee Signature

Date

MEC Approval: 6/11/09; 4/8/10; 10/14/10,10/11/12,7/11/13, 9/11/14

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