

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

711  
A



**FROM:** Riverside County Regional Medical Center

**SUBMITTAL DATE:**  
July 9, 2015

**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, withdraw of privileges, change in staff category, resignations/withdrawals, automatic termination & OB/GYN privilege form.

**BACKGROUND:**

**Summary**

The Medical Executive Committee on July 9, 2015, recommended to refer the following to the Board of Supervisors for review and action:

A. Approval of Medical Staff Appointments and Clinical Privileges:

1. Bababegy, Shimon R., MD Ophthalmology

(cont.)

Zareh Sarrafian  
Chief Executive Officer

Departmental Concurrence

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 0	\$ 0	\$ 0	\$ 0	Consent <input checked="" type="checkbox"/> Policy <input type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	
<b>SOURCE OF FUNDS:</b>				Budget Adjustment: No	
				For Fiscal Year: 14/15	

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

BY:   
Christopher M. Hans

**County Executive Office Signature**

**MINUTES OF THE BOARD OF SUPERVISORS**

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

Ayes: Jeffries, Tavaglione, Washington and Benoit  
Nays: None  
Absent: Ashley  
Date: August 18, 2015  
xc: RCRMC

Kecia Harper-Ihem  
Clerk of the Board  
By:   
Deputy

**Prev. Agn. Ref.:** | **District:** 5/5 | **Agenda Number:**

**2-54**

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



RCED JUL19 15 PM 1:37

RCED AUG12 15 PM 1:53

2015 AUG 12 PM 2:37

RECEIVED RIVERSIDE COUNTY  
CLERK / BOARD OF SUPERVISORS

5-24

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA****FORM 11: Medical Staff Appointments, Reappointments and Clinical Privileges****DATE:** July 9, 2015**PAGE:** Page 2 of 3**BACKGROUND:****Summary (continued)**

2. Hao, Minqi, MD	Family Medicine
3. Hu, Jinwei, MD	Surgery
4. Ilori, Samson O., FNP	Detention Health
5. LaBarte, Theresa L., DO	Medicine
6. Ma, Eric C., MD, PhD	Medicine
7. Park, Susan K., MD	OB/GYN
8. Serafin, Anne M., MD	Emergency Medicine
9. Sweiss, Raed B., DO	Neurosurgery
10. Williams, Adedapo B., MD	Psychiatry

**B. Approval of Reappointments:**

	<u>Department:</u>	<u>Reappointment Cycle:</u>	<u>Status:</u>
1. Bork, Jane M., MD	Pediatrics	08/01/15 – 07/31/17	Active
2. Chamberlin, David A., MD	Surgery	08/01/15 – 07/31/17	Court.
3. Dennis, Tshekedi G., MD	Psychiatry	08/01/15 – 07/31/17	Active
4. Faerber, Wade, DO	Orthopedic Surgery	08/01/15 – 07/31/17	Active
5. Khaja, Aliuddin M., MD	Psychiatry	08/01/15 – 07/31/17	Active
6. Kim, Daniel I., MD	Medicine	08/01/15 – 07/31/17	Active
7. Klein, Michael F., MD	Medicine	08/01/15 – 07/31/17	Active
8. Klooster, Marquelle J., MD	Pediatrics	08/01/15 – 07/31/17	Active
9. Krishnan, Rajagopal, MD	Medicine	08/01/15 – 07/31/17	Active
10. Loo, Lawrence K., MD	Medicine	08/01/15 – 07/31/17	Active

(withdraw of privilege)

- PCU
- ACCU
- EKG
- Exercise Testing

11. Naftel, John C., MD	Emergency Medicine	08/01/15 – 07/31/17	Active
12. Patel, Chandra E., DO	Medicine	08/01/15 – 07/31/17	Active
13. Rosario, Debbie Ann, MD	Psychiatry	08/01/15 – 07/31/17	Active
14. Sahney, Shobha, MD	Pediatrics	08/01/15 – 07/31/17	Active
15. Torralba, Karina M., MD	Medicine	08/01/15 – 07/31/17	Active
16. Underwood, Matthew B., MD	Emergency Medicine	08/01/15 – 07/31/17	Active
17. Wallen, Jason M., MD	Surgery	08/01/15 – 07/31/17	Active

**C. FPPE – Partial Proctoring:**

	<u>Department:</u>	<u>Pending Proctoring:</u>
1. Hadpawat-Lee, Anita, MD	OB/GYN	3 Essure cases
2. Khait, Albert, MD	OB/GYN	3 Pediatric Core Procedures
3. Khatibi, Mehri, MD	OB/GYN	3 Essure cases
4. Lazar, Shellee, MD	OB/GYN	3 Essure cases
5. McClellan, Eric B., MD	Pediatrics	6 Pediatric Core & 3 Pediatric Procedures
6. Noblett, Karen, MD	OB/GYN	2 Sacral Nerve Stimulation cases
7. Tustison, Kimberly, MD	OB/GYN	3 Essure cases

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

	<u>Department:</u>	<u>Advance To:</u>
1. Bose, Diwata H., MD	OB/GYN	Active
2. Oman, Matthew J., MD	Medicine	Active
3. Paul, Tina, MD	OB/GYN	Active

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

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

**DATE: July 9, 2015**

**PAGE: Page 3 of 3**

**BACKGROUND:**

**Summary (continued)**

- E. FPPE – Final Proctoring:                      Department:                      Final Proctoring For:  
1. Farr, Steven L., MD                      Family Medicine                      Resident in Training
- F. FPPE/Reciprocal\* - Complete Remain on Provisional:  
1. Bean, Lisa M., MD                      OB/GYN  
2. Davis, Mitzie-Ann T., MD                      OB/GYN
- G. Additional Privileges:                      Department:                      Privilege Requested:  
1. Castanos, Roberto, MD                      Psychiatry                      General Psychiatry Core Privileges
- H. Withdraw of Privileges:                      Department:                      Privilege Withdrawn:  
1. Bose, Diwata H., MD                      OB/GYN                      \*Essure  
2. Lazar, Shellee, MD                      OB/GYN                      \*Use of Laser & Moderate Sedation  
3. Washburn, Destry G., DO                      Medicine                      \*Special Studies Invasive, Endoscopy, Special Studies Non-Invasive & Moderate Sedation
- I. Change in Staff Category:                      Department:                      Staff Category Change To:  
1. Barden, Matthias, MD                      Emergency Medicine                      Active  
2. Castanos, Roberto, MD                      Psychiatry                      Provisional (previously Resident in Training)  
3. Grover, Jeotsna, MD                      OB/GYN                      Active  
4. Lawandy, Shokry N., DO                      Neurosurgery                      Active  
5. McClellan, Eric B., MD                      Pediatrics                      Provisional (previously Resident in Training)  
6. Paul, Tina, MD                      OB/GYN                      Active  
7. Walker, Paul C., MD                      Surgery                      Active
- J. Voluntary Resignations/Withdraw\*:                      Department:                      Effective Date:  
1. Chinnock, Richard E., MD                      Pediatrics                      6/12/15  
2. French, Christopher C., MD                      Medicine                      6/22/15  
3. Krick, Edwin H., MD                      Medicine                      6/5/15  
4. Lombardi, Donald P., MD                      Medicine                      6/1/15  
5. Pham, Nhat M., DO                      Pediatrics                      6/23/15  
6. Rippner, Robert S., MD                      Radiology                      8/1/15  
7. Vasquez, Herbert, MD                      Pediatrics                      Immediately  
8. Weeks, Susan L., FNP                      Family Medicine                      5/22/15
- K. Automatic Termination, Per Bylaws 6.4-8 (Failure to Reapply):  
1. Parker, Robert E., DPM                      Orthopedic Surgery                      8/1/15
- L. Dep. Of OB/GYN Privilege Form – See attachment  
A request to add Outpatient Obstetrics and Gynecology Privileges was submitted for approval.

**Impact on Citizens and Businesses**

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

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

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

(Last, First, Initial)

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

(From-To)

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  
OBSTETRICS & GYNECOLOGY PRIVILEGES**

**OBSTETRICS AND GYNECOLOGY CORE PRIVILEGES**

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

- Documentation of the performance of 100 gynecologic surgical procedures during the past two years.
- Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited postgraduate training program in obstetrics and gynecology.

**AND**

- Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.

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

- Performance of at least 25 deliveries to include five (5) C-sections in the past 12 months.

**AND**

- Performance of at least ten (10) gynecology surgical procedures to include three (3) major abdominal cases in the privileges requested in the past 12 months.

**OR**

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

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

- Current demonstrated competence and performance of 25 deliveries to include five (5) C-sections; and ten (10) gynecological surgical procedures to include four (4) major abdominal cases 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 clinical privileges.

**Description of Core Privilege**

Requested

**Obstetric Privileges**

Admit, evaluate, diagnose, treat, and provide consultation to female patients presenting in any condition or stage of pregnancy, including injuries and disorders of the reproductive system. Privileges include, but are not limited to, resuscitation and intubation of the newborn, amniocentesis, amniotomy, incidental appendectomy, management of labor, vaginal deliveries and related procedures, c-sections and related procedures, all other procedures related to normal and complicated delivery, and management of all high-risk pregnancies, including major medical diseases that are complicating factors in pregnancy, except for those special privileges listed on the attached procedure list.



RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGE**

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

Effective: \_\_\_\_\_  
(From—To)

Page 2

Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Also, includes the privilege to manage and treat outpatients in the ambulatory-care setting at RCRMC

The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**Requested**

**Gynecology Privileges**

Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra, and post-operative care necessary to correct or treat female patients of all ages [including critically ill patients in the intensive care unit], except as specifically excluded from practice, presenting with injuries and disorders of the female reproductive system and the genitourinary system, and non-surgically treat disorders and injuries of the mammary glands, except as specifically excluded from practice. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Also, includes the privilege to manage and treat outpatients in the ambulatory-care setting at RCRMC.

The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**OUTPATIENT OBSTETRICS AND GYNECOLOGY PRIVILEGES**

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

- Same as obstetrics and gynecology criteria.

**AND**

- Current certification or active participation in the examination process leading to subspecialty certification in gynecology oncology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.

**AND**

- Outpatient Services: Demonstration of the provision of care 20 outpatients within the past two years (which may include residency training)

**Required Previous Experience:**

**GYNECOLOGY:** Compliance with minimum criteria is required.

**REAPPOINTMENT:** Must perform specific number of cases for each privilege in past two years to maintain each privilege.

**REQUESTED**

**OUTPATIENT OBSTETRICS & GYNECOLOGY PRIVILEGES**

Privileges to perform history and physical, evaluate, diagnose, and provide treatment to female patients at or above the age of 16. To provide routine gynecologic and low-risk prenatal care, and post partum care. Additional privileges will be granted only to those physicians who have specific supplemental privileges in obstetrics and gynecology. Privileges include, but are not limited to, routine obstetrical and gynecological care, suture of uncomplicated lacerations, I&D of abscesses, performance of simple skin biopsy or excision, cryotherapy of warts and other skin lesions, pelvic and breast exams and aspiration of breast cysts, performance of PAP smears and endometrial biopsies.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGE**

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

Effective: \_\_\_\_\_  
(From-To)

Page 3

Privileges include but are not limited to:

1. GYNECOLOGY
2. LEEP
3. CRYOTHERAPY OF DYSPLASTIC LESIONS
4. COLPOSCOPY WITH ECC & BIOPSY
5. IMPLANIN – NEXPLANON IMPLANT
6. ENDOMETRIAL BIOPSY
7. IUS INSERTION & REMOVAL

**GYNECOLOGIC ONCOLOGY CORE PRIVILEGES**

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

- Same as obstetrics and gynecology criteria.

**AND**

- Successful completion of an ACGME- or AOA-accredited postgraduate fellowship in gynecologic oncology.

**AND**

- Current certification or active participation in the examination process leading to subspecialty certification in gynecology oncology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.

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

- Performance of at least Twenty Five (25) gynecologic oncology procedures in the privileges requested in the past 12 months.

**OR**

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

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

- Current demonstrated competence and adequate volume of experience: five (5) gynecologic oncology procedures 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 Core Privilege

Requested

**Gynecologic Oncology Privileges**

Privileges Admit, evaluate, diagnose, treat, provide consultation, and surgical and therapeutic treatment to women with malignant diseases, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina. Also included within this core set of privileges are microsurgery, chemotherapy, radical hysterectomy, vulvectomy, and staging by lymphadenectomy, pelvic exenteration, and the performance of concomitant procedures on the bowel, urethra, and bladder as indicated except for those special procedure privileges listed below. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills:

1. Radical surgery for pelvic malignancy
2. Chemotherapy

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGE**

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

Effective: \_\_\_\_\_  
(From—To)

Page 4

3. Sonographic guided aspiration, drainage or biopsy
4. Creation of neovagina with skin graft
5. Placement of intraperitoneal portacath
6. Placement of semipermanent venus access
7. Bowel resection bypass and anastomosis
8. Uretero-intestinal anastomosis for urinary diversion
9. Gastrostomy
10. Thoracentesis
11. Colostomy, revision or closure
12. Lymphadenectomy
13. Myocutaneous flap for reconstruction
14. Sigmoidoscopy and Cystoscopy with biopsy
15. Splenectomy associated with cancer debulking therapy
16. Brachytherapy
17. Skinning vulvectomy with skin graft
18. Abdominal wall hernia repair

**MATERNAL-FETAL MEDICINE CORE PRIVILEGES**

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

- Same as obstetrics criteria.

**AND**

- Successful completion of an ACGME- or AOA-accredited postgraduate fellowship in maternal-fetal medicine.

**AND**

- Current certification or active participation in the examination process leading to subspecialty certification in maternal-fetal medicine by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.

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

- Management of at least Twenty (20) patients in the privileges requested in the past 12 months.

**OR**

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

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

- Current demonstrated competence and an adequate volume of experience: twenty (20) procedures from at least 3 categories 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 Core Privilege

Requested **Maternal-Fetal Medicine Privileges**



RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGE**

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

Effective: \_\_\_\_\_  
(From—To)

Privileges admit, evaluate, diagnose, treat, and provide consultation and treat patients with medical and surgical complications of pregnancy such as maternal cardiac, pulmonary, metabolic and connective tissue disorders, and fetal malformations, conditions, or disease, except for those special procedure privileges listed below. Privilege includes targeted OB ultrasound, fetoscopy/embryoscopy, in utero shunt placement, in utero fetal transfusion, percutaneous umbilical blood sampling, laparoscopic enterolysis and diagnostic laparoscopy. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

Privileges include but are not limited to:

1. Chorionic villi sampling
2. Genetic amniocentesis
3. Laparoscopic enterolysis
4. Obstetrical ultrasound including Doppler studies
5. Percutaneous umbilical blood sampling (PUBS)
6. Intrauterine Fetal Transfusion

Amnio reduction or septostomy for twin to twin transfusion

US guided needle fetal surgery procedures

Dilation and evacuation for late second trimester pregnancy termination

Sonography for needle aspiration, drainage or biopsy

Multifetal reduction

Fetal intracardiac injection

Targeted Obstetrical Amniocentesis

**FEMALE PELVIC MEDICINE & RECONSTRUCTIVE SURGERY (UROGYNECOLOGY) CORE PRIVILEGES**

**Criteria:** To be eligible to apply for core privileges in female pelvic medicine and reconstructive surgery, (urogynecology), the initial applicant must meet the privileging criteria:

- Same as obstetrics and gynecology criteria.

AND

- Successful completion of an ACGME- or AOA-accredited postgraduate fellowship in pelvic medicine and reconstructive surgery/ urogynecology.

AND

- Current subspecialty certification or active participation in the examination process leading to subspecialty certification in female pelvic medicine and reconstructive surgery by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.

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

- Sufficient experience in performing female pelvic medicine and reconstructive surgical procedures in the privileges requested in the past 12 months.

OR

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

**Reappointment Requirements:** To be eligible to renew core privileges in female pelvic medicine and reconstructive surgery, the applicant must meet the following maintenance of privilege criteria:

- Current demonstrated competence and an adequate volume of experience: Twenty (20) procedures from at least 3 categories with acceptable results in the privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

AND

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

Description of Core Privilege

Requested

**Female Pelvic Medicine and Reconstructive Surgery (Urogynecology)**

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGE**

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

Effective: \_\_\_\_\_  
(From—To)

Page 6

Admit, evaluate, diagnose, treat, and provide consultation, pre-intra and post-operative care necessary to correct or treat female patients [including critically ill patients in the intensive care unit] of all ages presenting with injuries and disorders of the genitourinary system. Privilege 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.

Privileges include but are not limited to:

1. Bladder biopsy Cystotomy/cystostomy
2. Trans-urethral bulking
3. Cystoscopy
4. Multichannel urodynamic testing
5. Paravaginal repair
6. Pubovaginal urethral suspension/sling
7. Sacrocolpopexy – open or laparoscopically
8. Scarospinous ligament suspension
9. Uterosacral culposuspension
10. Repair of a Vesico vaginal fistula
11. Repair of a Rectoviganal fistula and new line sphincteoplasty
12. Urethral diverticulectomy
13. Intradetrusor botox injection
14. Sacral neuromodulation (interstim)
15. Vaginal Mesh Excision
16. Repair of urethrovaginal fistula
17. Hysteropexy
18. Collagen Injection
19. Anterior and posterior colporraphy with graft augmentation
20. Midurethral sling – retropubic or transobvator approach

**REPRODUCTIVE ENDOCRINOLOGY CORE PRIVILEGES**

**Criteria:** To be eligible to apply for core privileges in reproductive endocrinology, the initial applicant must meet the privileging criteria:

- Same as obstetrics and gynecology criteria.

**AND**

- Successful completion of an ACGME- or AOA-accredited postgraduate fellowship in reproductive endocrinology.

**AND**

- Current certification or active participation in the examination process leading to subspecialty certification in reproductive endocrinology by the American Board of Obstetrics and Gynecology or special qualifications in reproductive endocrinology from the American Osteopathic Board of Obstetrics and Gynecology.

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

- Sufficient experience in performing reproductive endocrinology procedures in the privileges requested in the past 12 months.

**OR**

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

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

- Current demonstrated competence and an adequate volume of experience: Twenty (20) reproductive endocrinology procedures 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.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGE**

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

Effective: \_\_\_\_\_  
(From—To)

Page 7

Description of Core Privilege

Requested

**Reproductive Endocrinology**

Privileges to and/or provide outpatient evaluation, consultation, diagnosis, and treatment of patients presenting with problems in infertility, except for those special procedure privileges listed below. Includes ultrasound guided retrieval of oocytes, embryo transfer, microsurgical tubal reanastomosis and tubouterine implantation, culture and fertilization of oocytes, and treatment of Aschermann's syndrome. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

Privileges include but are not limited to:

1. Culture and fertilization of oocytes
2. Gamete intrafallopian transfer (G.I.F.T)
3. Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of hirsutism, amenorrhea, hyperprolactinemia
4. Intra-abdominal transfer of gametes and zygotes
5. Laparoscopic retrieval of oocytes
6. Microsurgical tubal reanastomosis and tubouterine implantation
7. Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer
8. Ultrasound retrieval of oocytes

**QUALIFICATIONS FOR  
NON-CORE PRIVILEGES**

- See Specific Criteria
- If desired, non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and maintenance of clinical competence.

**PARTICIPATE IN TEACHING PROGRAM**

**Supervision:** Supervision is an intervention provided by a supervising practitioner to a resident physician. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functions of the resident while monitoring the quality of professional services delivered. Supervision is exercised through observation, consultation, directing the learning of the residents, and role modeling. (Note: This definition is adapted from Bernard J.M., & Goodyear, R.K., *Fundamentals of Clinical Supervision*, 2<sup>nd</sup> Ed. Needham Heights, MA: Allyn & Bacon 1998.)

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

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

**Maintenance of Privilege:**

- Enhance the knowledge of the residents and ensure the quality of care delivered to each patient by any resident. This is exercised by observation, consultation, and direction to the resident.
- Assure that medical care for each patient is delivered in an appropriate, timely, and effective manner.
- Participate in the resident's evaluation process according to accrediting and certifying body requirements.
- Direct the care of the patient and provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the resident being supervised.
- Within 24 hours of a patient's admission or transfer (including weekends and holidays), shall personally examine the patient, establish a personal and identifiable relationship with the patient, and record an



RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGE**

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

Effective: \_\_\_\_\_  
(From—To)

Page 8

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 Participate in Teaching Program

**SUPERVISE ALLIED HEALTH PROFESSIONALS**

**Supervision:** The supervising employing/alternate supervising physician provides general supervision of the activities and services of the allied health professional. The supervising physician provides supervision and direction on any specific patient. The AHP is not allowed to perform any clinical activity/procedure that is not within the clinical privileges of the supervising physician. The supervising physician must be immediately available by electronic communication or on hospital premises for consultation/direction of the AHP.

**Criteria:** To be eligible to supervise allied health professionals, the applicant must:

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

**Maintenance of Privilege:**

- Ensure the quality of care delivered to each patient by any allied health professional. This is exercised by observation, consultation, and direction to the AHP.
- Assure that medical care for each patient is delivered in an appropriate, timely, and effective manner.
- Participate in the AHP's competency assessment process according to accrediting and certifying body requirements.
- Direct the care of the patient and provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the AHP being supervised.
- Assume responsibility for supervision or monitoring of the practice as stated in the appropriate hospital or medical staff policy governing AHPs.
- Be continuously available or provide an alternate to provide consultation when requested and to intervene when necessary.
- Assume total responsibility for the care of any patient when requested by the AHP or in the interest of patient care.
- Co-sign all orders entered by the AHP on the medical record of all patients seen or treated by the AHP in accordance with applicable requirements.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGE**

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

Effective: \_\_\_\_\_  
(From—To)

Page 9

Description of Non-Core Privilege

Requested      **Supervision of Allied Health Professionals**

**ESSURE**

**Criteria:** To be eligible for non-core privileges for Essure, the initial applicant must meet the following privileging criteria:

- Privileges for hysteroscopy and completion of Essure course, which includes both didactic and hands-on training.

**AND**

- A letter outlining content and successful completion of Essure course and documentation of three (3) proctored cases must be submitted.

**OR**

- Successful completion of an ACGME- or AOA-approved residency training program in OB/GYN, which included performance of Essure procedure, hysteroscopy and its contraindications, and management of complications and appropriate follow-up.

**Required Previous Experience:**

- Current demonstrated competencies and evidence of performance of at least three (3) Essure procedures in the past 12 months.

**Maintenance of Essure Privilege:**

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

**AND**

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

Description of Non-Core Privilege

Requested      **Essure**

**SACRAL NERVE STIMULATION FOR URINARY CONTROL NON-CORE PRIVILEGE**

**Criteria:** To be eligible for non-core privileges in **sacral nerve stimulation for urinary control**, the initial applicant must meet the following privileging criteria:

- Successful completion of an ACGME- or AOA-accredited training program in urology or in urogynecology.

**AND**

- Successful completion of training course in InterStim Therapy **AND** proctored in his/her initial neurostimulator implant cases.

**Required Previous Experience:**

- Current demonstrated competence and evidence of performance of at least six (6) InterStim Therapy stimulator test and implant procedures in the past 12 months.

**Maintenance of Privilege:**

- Current demonstrated competence and evidence of the performance of at least 12 InterStim Therapy stimulator test and implant procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**AND**

- Evidence of continuing education related to SNS for urinary control and InterStim Therapy.

Description of Non-Core Privilege

Requested      **Sacral nerve stimulation for urinary control**

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGE**

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

Effective: \_\_\_\_\_  
(From—To)

**USE OF LASER NON-CORE PRIVILEGE**

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

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

**AND**

- A letter outlining the content and successful completion of laser 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, discussion of the clinical specialty field, and a minimum of 6 (six) hours' observation and hands-on experience with lasers.

**Required Previous Experience:**

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

**OR**

- Demonstrated successful completion of the above criteria for use of laser.

**Maintenance of Privilege:**

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

**AND**

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

Description of Non-Core Privilege

- Requested C0<sub>2</sub>
- Requested KTP
- Requested Argon
- Requested Nd: Yag
- Requested Intra-abdominal laser procedures
- Requested Lower genital tract laser procedures

**MODERATE SEDATION**

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

- Meet the qualification as required in the Privileging Criteria and Delineation for Moderate Sedation and the Patient Care Services Policy, 628: Moderate Sedation/Analgesia.

**AND**

- View the Sedation Care training video or the online sedation training presentation.

**AND**

- Take and pass a written moderate sedation exam. This can be done online [www.rcrmc.org](http://www.rcrmc.org), click on Education Services for the moderate sedation site, which has the instructions, in-service video, and test.

**AND**

- Successful completion of one (1) proctored moderate sedation case under the direct supervision of an RCRMC practitioner holding this privilege.

**Required Previous Experience:** Knowledge of airway management.

**Maintenance of Privilege:** Demonstrated current competence and evidence of performance of 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 Moderate Sedation



RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGE**

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

Effective: \_\_\_\_\_  
(From—To)

Page 11

Administration of sedation and analgesia

**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.

**Obstetrics Core Procedures:**

1. Amnioinfusion
2. Amniocentesis
3. Amniotomy
4. Application of internal fetal and uterine monitors
5. Augmentation and induction of labor by use of oxytocin
6. Cesarean hysterectomy, cesarean section
7. Cerclage
8. Cervical biopsy or conization of cervix in pregnancy
9. Circumcision of newborn
10. External version of breech
11. Hypogastric artery ligation
12. Interpretation of fetal monitoring
13. Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-datism, third trimester bleeding, intrauterine growth restriction, premature rupture of membranes, premature labor and multiple gestation and placental abnormalities.
14. Management of patients with/without medical surgical or obstetrical complications for normal labor including toxemia, threatened abortion, normal puerperal patient, normal antepartum and postpartum care, postpartum complications, fetal demise.
15. Manual removal of placenta, uterine curettage
16. Medication to induce fetal lung maturity
17. Normal spontaneous vaginal delivery
18. Obstetrical ultrasound, Category I = fetal position, placenta localization
19. Operative vaginal delivery (including vacuum extraction, breech extraction, low or mid forceps including rotations)
20. Pudendal and paracervical blocks
21. Repair of 4th-degree perineal lacerations or of cervical or vaginal lacerations
22. Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemias and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete, or missed abortion
23. Vaginal birth after Cesarean section (VBAC)

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGE**

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

Effective: \_\_\_\_\_  
(From—To)

Page 12

**Gynecology Core Procedures:**

1. Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy
2. Aspiration of breast masses
3. Cervical biopsy including conization
4. Colpocleisis
5. Colpoplasty
6. Colposcopy
7. Cystoscopy as part of gynecological procedure including urethral stent and/or catheterization.
8. Diagnostic and Therapeutic D & C
9. Diagnostic and Operative Laparoscopy
10. Endometrial ablation
11. Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis, and adhesions
12. Gynecologic sonography
13. Hysterectomy, abdominal, vaginal, including laparoscopic
14. Hysterosalpingography
15. Hysteroscopy, diagnostic or ablative excluding use of resection technique
16. I & D of pelvic abscess
17. Incidental appendectomy
18. Metroplasty
19. Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) Endocervical curettage
20. Myomectomy, abdominal
21. Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary or cervix
22. Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure
23. Operation for uterine bleeding (abnormal and dysfunctional)
24. Operations for sterilization (tubal ligation, transcervical sterilization)
25. Operations for treatment of benign pelvic disease: D & C with conization, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy
26. Repair of rectocele, enterocele, cystocele, or pelvic prolapse
27. Tuboplasty and other infertility surgery (not microsurgical)
28. Uterosacral vaginal vault fixation, paravaginal repair
29. Uterovaginal fistula
30. Vesicovaginal fistula, rectovaginal fistula repair
31. Vaginal biopsy
32. Vulvectomy, simple

**Gynecology Oncology Core Procedures**

1. Chemotherapy
2. Microsurgery
3. Myocutaneous flaps, skin grafting
4. Para aortic and pelvic lymph node dissection
5. Pelvic exenteration
6. Radical hysterectomy, vulvectomy and staging by lymphadenectomy
7. Radical surgery for treatment of gynecological malignancy to include procedures on bowel, ureter, bladder, as indicated
8. Treatment of invasive carcinoma of the vagina by radical vaginectomy, and other related surgery
9. Treatment of invasive carcinoma of the vulva by radical vulvectomy with groin dissection
10. Treatment of malignant disease with chemotherapy to include gestational trophoblastic disease
11. Uterine/vaginal isotope implants

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGE**

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

Effective: \_\_\_\_\_  
(From—To)

**ACKNOWLEDGMENT OF PRACTITIONER**

I have requested only those privileges for 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  
**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGE**

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
Obstetrics Procedures, Core Privileges	3 Varied Cases	
Gynecology Procedures, Core Privileges	3 Varied Cases	
Gynecology Oncology Core Privileges	3 Varied Cases	
Maternal-Fetal Core Privileges	3 Varied Cases	
Female Pelvic Medicine & Reconstructive Surgery (Urogynecology) Core	3 Varied Cases	
Reproductive Endocrinology Core	3 Varied Cases	
Sacral nerve Stimulation for Urinary Control Non-Core	2 Cases	
Use of Laser Non-Core	3 Varied Cases	
Essure Procedure	3 Cases	
Outpatient Obstetrics & Gynecology Core	3 Varied Cases	