

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

506



FROM: Riverside University Health System

SUBMITTAL DATE:
August 16, 2016

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

RECOMMENDED MOTION: That the Board of Supervisors:

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

BACKGROUND:

Summary

The Medical Executive Committee on August 11, 2016, recommended to refer the following to the Board of Supervisors for review and action:

A. Approval of Medical Staff Appointments and Clinical Privileges:

1. Amr, Maha, MD Pediatrics


Zareh Sarrafian
Chief Executive Officer or Designee

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	

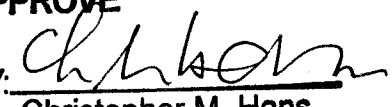
SOURCE OF FUNDS:

Budget Adjustment: No

For Fiscal Year: 16/17

C.E.O. RECOMMENDATION:

APPROVE

BY: 


County Executive Office Signature

Christopher M. Hans

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Tavaglione, Washington, Benoit and Ashley
Nays: None
Absent: None
Date: September 13, 2016
xc: RUHS

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:

2-11

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

FORM 11: Medical Staff Appointments, Reappointments and Clinical Privileges

DATE: August 11, 2016

PAGE: Page 2 of 4

BACKGROUND:

Summary (continued)

2. Basu, Reshmi, MD	Pediatrics
3. Bennett, Dwayne, MD	Psychiatry
4. Beshara, Mina, MD	Psychiatry
5. Calma, Eleanor, MD	Pediatrics
6. Casoy, Flavio, MD	Psychiatry
7. Chahal, Chandandeep, MD	Psychiatry
8. Christopher, Russell, MD	Psychiatry
9. Chung, Paul, MD	Psychiatry
10. Cramer, Anthony M., PA-C	Orthopedic Surgery
11. Dutta, Raja, MD	Psychiatry
12. Jeffries, Karl, MD	Psychiatry
13. Lochhead, Jeannie D., MD	Psychiatry
14. Loeb, Joshua D., MD	Pediatrics
15. Montgomery, Lyle, MD	Psychiatry
16. Naidoo, Elton, MD	Psychiatry
17. Niclas, Joshua, MD	Psychiatry
18. Pagano, Jessica, MD	Psychiatry
19. Park, Renee, MD	Surgery
20. Parrott, Justin, MD	Psychiatry
21. Perez-Garcia, Gonzalo, MD	Psychiatry
22. Peterson, Nancy, FNP	Emergency Medicine
23. Rizvi, Rabab, MD	Psychiatry
24. Saleeb, Maher M., MD	Psychiatry
25. Schuchman, Mark, MD	Psychiatry
26. Skoretz, Lynetta E., MD	Medicine
27. Tinsley, Larry, MD	Pediatrics
28. Tran, Vinh-Ninh P., NP	Medicine
29. Tsai, Janice, MD	Pediatrics
30. Vallas, Melissa, MD	Psychiatry
31. Williams, Rhonda, MD	Psychiatry
32. Wong, Howard, MD	Psychiatry
33. Yang, Julia, PA-C	Emergency Medicine

B.	<u>Approval of Reappointments:</u>	<u>Department:</u>	<u>Reappointment Cycle:</u>	<u>Status:</u>
1.	Agnetta, Vlatka, MD	Emergency Medicine	9/1/16 – 8/31/18	Active
2.	Ariue, Barbara K., MD	Pediatrics	9/1/16 – 8/31/18	Active
3.	Carlson, Bronwyn D., MD	Pediatrics	9/1/16 – 8/31/18	Active
4.	Castanos, Roberto, MD	Psychiatry	9/1/16 – 8/31/18	Active
5.	Che, Kendrick M., DO	Medicine	9/1/16 – 8/31/18	Active
6.	Claridge, Jessica R., MD	Pediatrics	9/1/16 – 8/31/18	Active
7.	Cobbina, Ekua N., MD	Pediatrics	9/1/16 – 8/31/18	Active
8.	Cramer, Dennis E., DO (withdraw of privilege)	Neurological Scien.	9/1/16 – 8/31/18	Active
	<ul style="list-style-type: none"> • Moderate Sedation (additional privilege) • Fluoroscopy 			
9.	Crawley, Brianna K., MD (status changed from Active to Courtesy due to low patient volume)	Surgery	9/1/16 – 8/31/18	Court.
10.	Daramola, Oluwayemisi, NP	Detention Health	9/1/16 – 8/31/18	Adjun.

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

DATE: August 11, 2016

PAGE: Page 3 of 4

BACKGROUND:**Summary (continued)**

11.	Jahng, Alexander W., MD	Medicine	9/1/16 – 8/31/18	Active
12.	Jardon, Javier A., MD	Ophthalmology	9/1/16 – 8/31/18	Active
13.	Khatibi, Mehri, MD	OB/GYN	9/1/16 – 8/31/18	Active
14.	Kief-Garcia, Monika L., MD	Radiology	9/1/16 – 8/31/18	Active
15.	Koett, John W., MD	Pathology	9/1/16 – 8/31/18	Active
16.	Kuhn, Michael, MD	Pediatrics	9/1/16 – 8/31/18	Active
17.	Nicolau, Yona, MD	Pediatrics	9/1/16 – 8/31/18	Active
18.	Noblett, Karen, MD	OB/GYN	9/1/16 – 8/31/18	Active
19.	Olivo, Ricardo, MD	Medicine	9/1/16 – 8/31/18	Active
20.	Patel, Jignasa G., MD	Medicine	9/1/16 – 8/31/18	Active
21.	Ree, Michael, DO	Medicine	9/1/16 – 8/31/18	Active
22.	Rhee, Sherman B., MD	Radiology	9/1/16 – 8/31/18	Active
23.	Robinson, Matthew D., DO	Orthopedic Surgery	9/1/16 – 8/31/18	Active
24.	Ruckle, Herbert C., MD	Surgery	9/1/16 – 8/31/18	Active
25.	Truong, Vincent, MD	Medicine	9/1/16 – 8/31/18	Active
	(status changed from Active to Courtesy due to zero patient volume)			
26.	Tustison, Kimberly S., MD	OB/GYN	9/1/16 – 8/31/18	Active
27.	Wright, Janel L., PA-C	Medicine	9/1/16 – 8/31/18	AHP
C.	<u>FPPE – Partial Proctoring:</u>		<u>Department:</u>	<u>Proctoring Pending:</u>
	1. Luu, Tri T., MD		Medicine	2 ACCU cases
D.	<u>FPPE/Reciprocal* Complete Remain on Provisional:</u>			
	1. Camacho, Jose, MD		Pediatrics	
E.	<u>Final FPPE/Reciprocal* Advancement of Staff Status:</u>		<u>Staff Category Change To:</u>	
	1. Sierpina, David I., MD	Ophthalmology		Active
	2. Steffens, Zohreh, MD	Anesthesia		Active
	3. Williams, Adedapo, MD	Psychiatry		Active
F.	<u>Change in Staff Category:</u>		<u>Department:</u>	<u>Status Change to:</u>
	1. Guan, Howard D., MD	Ophthalmology		Active
	2. Hu, Brian H., MD	Surgery		Active
	3. Mittal, Aarti C., DO	Medicine		Active
	4. Rosenfeld, Jeffrey, PhD, MD	Medicine		Active
	5. Tseng, Philip H., MD	Medicine		Active
	6. Zahorecz, Andrew E., MD	Emergency Medicine		Active
G.	<u>Additional Privilege(s):</u>		<u>Department:</u>	<u>Additional Privilege(s) w/Proctoring:</u>
	1. Hu, Brian R., MD		Surgery	Surgical Robotic Platform
	2. Nahas, Samar, MD		OB/GYN	Surgical Robotic Platform
	3. Sinjar, Tulin, MD		Family Medicine	Palliative Care
	4. Tran, Bich-Van, MD		OB/GYN	Surgical Robotic Platform
H.	<u>Withdraw of Privilege(s):</u>		<u>Department:</u>	<u>Privilege(s) Withdrawn:</u>
	1. Sierpina, David I., MD	Ophthalmology		Corneal Transplant (Penetrating Keratoplasty), Phakic Intraocular Lens Implant Surgery & Pneumatic Retinopathy

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

FORM 11: Medical Staff Appointments, Reappointments and Clinical Privileges

DATE: August 11, 2016

PAGE: Page 4 of 4

BACKGROUND:

Summary (continued)

- | | <u>Voluntary Resignations/Withdraw*:</u> | <u>Department:</u> | <u>Effective Date:</u> |
|----|--|--------------------|------------------------|
| I. | 1. Abu-Qaoud, Mohamed S., MD | Medicine | 8/1/16 |
| | 2. Antis, Daniel J., PA-C | Emergency Med. | Immediately |
| | 3. Huang, Kathie K., MD | Medicine | 6/24/16 |
| | 4. Krishnan, Miguel, DO | Surgery | 6/10/16 |
| | 5. Li, Su-Yu, MD | Radiology | Immediately |
| | 6. Mehta, Sarjak, MD | Psychiatry | Immediately |
| | 7. *Nafsoosi, Sami A., MD | Medicine | Withdraw |
| | 8. Nam, Enoch H., MD | Ophthalmology | 7/31/16 |
| | 9. Owyang, Daniel R., MD | Medicine | 7/1/16 |
| | 10. Petrucci, Michael, MD | Radiology | Immediately |
| | 11. Rajurkar, Swapnil P., MD | Medicine | Immediately |
| | 12. Saleh, Omar, MD | Radiology | Immediately |
| | 13. Serrao, Steve, MD | Medicine | Immediately |
| | 14. Sherzai, Ayesha Z., MD | Medicine | Immediately |
| | 15. Spillers, Steven H., MD | Medicine | 9/1/16 |
| | 16. Tan, Lionel G., MD | Medicine | 8/2/16 |
| | 17. Vyas, Raj M., MD | Surgery | Immediately |
| | 18. Yates, Charles, MD | Psychiatry | 8/4/16 |
| J. | <u>Automatic Termination, Per Bylaws 6.4-9 (Failure to Reapply):</u> | | |
| | 1. Bean, Lisa M., MD | OB/GYN | 9/1/16 |
| | 2. Davis, Mitzie-Ann T., MD | OB/GYN | 9/1/16 |
| K. | <u>Dept. of Surgery, General Surgery Clinical Privilege Form – Additional Privilege – See Attachment</u> | | |
| | A request for approval was submitted for additional privilege. | | |
| | • Surgical Robotic Platform | | |

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 UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

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

- Initial Appointment
 Reappointment

Page 1

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

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

**QUALIFICATIONS FOR CORE
GENERAL SURGERY PRIVILEGES**

GENERAL SURGERY CORE PRIVILEGES

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

- Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited post-graduate training program in general surgery during the last three (3) years.

AND

- Current board certification or active candidate in the examination process in surgery by the American Board of Surgery and/or Royal College of Surgeons or the American Osteopathic Board of Surgery and/or American College of Osteopathic Surgeons or the Royal College of Physicians and Surgeons of Canada.

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

- Performance of at least 100 general surgery procedures, reflective of the privileges requested, during the past 12 months.

OR

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

OR

- Proficiency in general surgery to the satisfaction of the department chair and the majority of the members of the General Surgery Division.

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

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

AND

- Documentation that confirms 50 Category I CME hours during the past two years related to clinical privileges being requested. Documentation must include the CME topic, date, location, and number of CME hours.

AND

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

Description of Core Privilege

Requested

Approved

Not Approved*

General Surgery Core Privileges

Admit, evaluate, diagnose, consult, and provide pre-, intra- and post-operative care, and perform surgical procedures, to patients of all ages, except as specifically excluded from practice; to correct or treat various conditions, diseases, disorders, and injuries of the alimentary tract, abdomen and its contents, extremities, breast, skin and soft tissue, head and neck, vascular and endocrine systems. Management of critically ill patients with underlying surgical conditions in the emergency department, intensive care unit and trauma units to include ventilator management, and emergency thoracic and vascular surgery. Includes performance of medical history and physical exam. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Also includes the privilege to manage and treat outpatients in the ambulatory-care setting at RCRM.

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

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

TRAUMA CARE CORE PRIVILEGES

CRITERIA: To be eligible for trauma care core privileges, the applicant must have:

- Successful completion of an ACGME-accredited residency in general surgery that included training in trauma and critical care. The approval of these privileges requires a recommendation for appointment by the Medical Director of Trauma Services.

AND

- Current board certification in surgery granted by the American Board of Surgery and/or Royal College of Surgeons or active candidate in the examination process.

REQUIRED PREVIOUS EXPERIENCE: Demonstrated current competency and evidence of trauma care within the past 24 months. If the requirement is not met, the surgeon will be required to attend a trauma review course and pass proctoring in trauma before privileges for independent trauma care are granted.

MAINTENANCE OF PRIVILEGE: Demonstrated current competence and evidence of the performance as determined by the Medical Director of Trauma Services.

Description of Core Privilege

- Requested
- Approved
- Not Approved*

Adult Trauma Care Core Privileges

Admit, evaluate, diagnose, and manage patients older than 15 years of age, except as specifically excluded from practice, presenting with trauma-related injuries and disorders, including resuscitation, surgical intervention, diagnostic studies, and coordination of operative procedures to be performed by other healthcare professionals, supervise and perform all necessary operative care, manage the trauma patient throughout the stay in the acute-care facility, and coordinate the early institution of rehabilitation and discharge planning.

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

- Requested
- Approved
- Not Approved*

Pediatric Trauma Care Core Privileges

Admit, evaluate, diagnose, and manage pediatric patients 15 years of age and younger, except as specifically excluded from practice, presenting with trauma-related injuries and disorders, including resuscitation, surgical intervention, diagnostic studies, and coordination of operative procedures to be performed by other healthcare professionals, supervise and perform all necessary operative care, manage the trauma patient throughout the stay in the acute-care facility, and coordinate the early institution of rehabilitation and discharge planning.

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

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

Page 3

VASCULAR SURGERY CORE PRIVILEGES

CRITERIA: To be eligible for **vascular surgery** core privileges, the applicant must have:

- Successful completion of an ACGME-accredited vascular surgery fellowship.
- AND**
- Current board certification in vascular surgery granted by the American Board of Surgery and/or Royal College of Surgeons or active candidate in the examination process.

MAINTENANCE OF PRIVILEGE:

- Demonstrated current competence in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Description of Core Privilege

- | | |
|--|--|
| <input type="checkbox"/> Requested | Vascular Surgery Core Privileges |
| <input type="checkbox"/> Approved | 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. |
| <input type="checkbox"/> Not Approved* | These core privileges do not include privileges for endovascular surgical procedures. |

ENDOVASCULAR SURGERY CORE PRIVILEGES

CRITERIA: To be eligible for **endovascular surgery** core privileges, the applicant must have:

- Successful completion of an ACGME-accredited vascular surgery fellowship.
- AND**
- Current board certification in vascular surgery granted by the American Board of Surgery and/or Royal College of Surgeons or active candidate in the examination process.

REQUIRED PREVIOUS EXPERIENCE:

- Provide documentation of education and experience in the conditions and procedures listed in the attached procedure list: 50 cases for diagnostic endovascular procedures, 25 cases for endovascular intervention, and 5 cases for endovascular graft.

MAINTENANCE OF PRIVILEGE:

- Demonstrated competence with evidence of at least five (5) endovascular intervention and ten (10) endovascular diagnostic cases during the past 24 months.

Description of Core Privilege

- | | |
|--|--|
| <input type="checkbox"/> Requested | Endovascular Surgery Core Privileges |
| <input type="checkbox"/> Approved | 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. |
| <input type="checkbox"/> Not Approved* | |

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

THORACIC SURGERY CORE PRIVILEGES

CRITERIA: To be eligible for **thoracic surgery** core privileges, the applicant must have:

- Successful completion of an ACGME-accredited thoracic surgery fellowship during the last three years.
- OR
- Additional thoracic surgery training that demonstrates proficiency in thoracic surgery to the satisfaction of the department chair and the majority of the members of the General Surgery Division.
- AND
- Current board certification in surgery granted by the American Board of Surgery and/or Royal College of Surgeons or active candidate in the examination process.

REQUIRED PREVIOUS EXPERIENCE: Demonstrate current competency and evidence of performance of at least 20 thoracic cases in the past 12 months.

MAINTENANCE OF PRIVILEGE: Applicant must be able to show maintenance of competence with evidence of at least five (5) thoracic cases during the past 12 months.

Description of Core Privilege

- | | |
|--|---|
| <input type="checkbox"/> Requested | Thoracic Surgery Core Privileges |
| <input type="checkbox"/> Approved | The core privileges in this specialty include the procedures on the attached procedure list |
| <input type="checkbox"/> Not Approved* | and such other procedures that are extensions of the same techniques and skills. |

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

Page 5

**QUALIFICATIONS FOR
SPECIAL NON-CORE PRIVILEGES**

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

PARTICIPATE IN TEACHING PROGRAM

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

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

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

MAINTENANCE OF PRIVILEGE:

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

Description of Non-Core Privilege

Requested

Approved

Not Approved* **Participate in Teaching Program**

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

Page 6

SUPERVISE ALLIED HEALTH PROFESSIONALS

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

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

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

MAINTENANCE OF PRIVILEGE:

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

Description of Non-Core Privilege

Requested

Approved

Not Approved* **Supervision of Allied Health Professionals**

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

Page 7

ENDOSCOPY

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

- Successful completion of an accredited residency in general surgery that included training in upper endoscopy procedures with a minimum of 35 performed during training **or** equivalent training.

OR

- Experience obtained outside a formal program that is at least equal to that obtained within the formal residency program.

REQUIRED PREVIOUS EXPERIENCE: Demonstrated current competence and evidence of the performance of at least five (5) EGD procedures in the past 12 months.

MAINTENANCE OF PRIVILEGE: Demonstrated current competence and evidence of the performance of at least five (5) procedures in the past 12 months based on results of ongoing professional practice evaluation and outcomes.

Description of Non-Core Privilege

Requested

Approved

Not Approved* **Upper Endoscopic Procedures Excluding ERCP**

COLONOSCOPY / LOWER ENDOSCOPY PROCEDURES

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

- Successful completion of an accredited residency in general surgery that included training in lower endoscopy procedures with a minimum of 35 performed during training **or** equivalent training.

OR

- Experience obtained outside a formal program that is at least equal to that obtained within the formal residency program.

REQUIRED PREVIOUS EXPERIENCE: Demonstrated current competence and evidence of the performance of at least five (5) colonoscopy procedures in the past 12 months.

MAINTENANCE OF PRIVILEGE: Demonstrated current competence and evidence of the performance of at least five (5) colonoscopy procedures in the past 12 months based on results of ongoing professional practice evaluation and outcomes.

Description of Non-Core Privilege

Requested

Approved

Not Approved* **Lower Endoscopy Procedures, including Colonoscopy**

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

Page 8

ADVANCED LAPAROSCOPIC SURGERY

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

- Successful completion of a laparoscopic surgery fellowship
- OR
- Successful completion of an accredited residency in general surgery that included advanced laparoscopic training in the procedures to perform. AND additional training in advanced laparoscopic surgery to the satisfaction of the Chair of the Surgery Department.

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

REQUIRED PREVIOUS EXPERIENCE: Demonstrate current competency and evidence of performance of at least 10 cases in the past 24 months.

MAINTENANCE OF PRIVILEGE: Applicant must be able to show maintenance of competence with evidence of at least 5 cases in the past 12 months.

Description of Non-Core Privilege

- Requested Laparoscopic Adrenalectomy
- Requested Laparoscopic Splenectomy
- Requested Laparoscopic Low Anterior Resection
- Requested Laparoscopic Hernia Repair
- Requested Laparoscopic Paraesophageal Hernia Repair
- Requested Laparoscopic Fundoplication (Nissen/Dor/Toupet)
- Approved
- Not Approved*

ADVANCED COLO-RECTAL SURGERY

CRITERIA: To be eligible for advanced **colo-rectal surgery** non-core privileges, the applicant must meet the following privileging criteria:

- Successful completion of a colo-rectal surgery fellowship
- OR
- Successful completion of an accredited residency in general surgery that included advanced colo-rectal training in the procedures to perform. AND additional training in advanced colo-rectal surgery to the satisfaction of the Chair of the Surgery Department.

REQUIRED PREVIOUS EXPERIENCE: Demonstrate current competency and evidence of performance of at least 6 cases in the past 24 months.

MAINTENANCE OF PRIVILEGE: Applicant must be able to show maintenance of competence with evidence of at least 6 cases in the past 24 months.

- Requested Abdominoperineal Resection (laparoscopic/open)
- Requested Low Anterior Resection (laparoscopic/open)
- Requested Laparoscopic/Open Rectopexy for rectal prolapsed
- Approved
- Not Approved*

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

Page 9

BARIATRIC SURGERY

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

- Successful completion of an accredited residency in general surgery and post-residency bariatric fellowship that included operative experience of 30 open bariatric procedures (or subtotal gastric resection with reconstruction) and 70 laparoscopic cases.

MAINTENANCE OF PRIVILEGE:

- Demonstrated current competence and evidence of the performance of at least five (5) bariatric procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

AND

- Continuing education related to bariatric surgery is required.

Description of Non-Core Privilege

Requested

Approved

Not Approved* **Open and Laparoscopic Bariatric Surgery**

HYPERBARIC MEDICINE NON-CORE PRIVILEGE

CRITERIA: To be eligible for **hyperbaric medicine** non-core privileges, the applicant must meet the following privileging criteria:

- Requires certificate of successful course completion from the American College of Hyperbaric Medicine or similar official institution.

MAINTENANCE OF PRIVILEGE:

- Demonstrated competence with evidence of at least three (3) hyperbaric cases during the past 12 months.

Description of Non-Core Privilege

Requested

Approved

Not Approved* **Hyperbaric Medicine and Wound Care**

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____

Page 10

(From — To) (To be completed by MSO)

MODERATE SEDATION

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

- Meet the qualification as required in the Privileging Criteria and Delineation for Moderate Sedation and the Patient Care Services Policy, 628: Moderate Sedation/Analgesia.
- AND
- View the Sedation Care training video or the online sedation training presentation.
- AND
- Take and pass a written moderate sedation exam. This can be done online www.rcrmc.org, click on Education Services for the moderate sedation site, which has the instructions, inservice video, and test.
- AND
- Successful completion of one (1) proctored moderate sedation case under the direct supervision of an RCRM practitioner holding this privilege.

REQUIRED PREVIOUS EXPERIENCE: Knowledge of airway management.

MAINTENANCE OF PRIVILEGE: Demonstrated current competence and evidence of the performance of at least four (4) moderate sedation cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Description of Non-Core Privilege

Requested

Approved

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

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

Approved

Not Approved* **Procedures under Fluoroscopy**

TELEMEDICINE CORE

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

- Meet the criteria for core privileges in General Surgery.

REQUIRED PREVIOUS EXPERIENCE:

- Meet the criteria for core privileges in General Surgery.

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

Description of Non-Core Privilege

Requested

Approved

Not Approved*

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

Page 11

SURGICAL ROBOTIC PLATFORM

CRITERIA: To be eligible for Surgical Robotic Platform privileges, the initial applicant must meet the following privilege criteria:

- Completed an ACGME approved residency program in General Surgery.
- Certification by the American Board of Surgery OR must be eligible to sit for that board OR demonstrated equivalent competency in General Surgery.
- Current active privileges to perform the underlying surgical procedure to be performed on the Robotic Surgical Platform or be eligible for privileges.

ROBOTIC PLATFORM TRAINING

In order to apply for robotic privileges the physician must have completed at least one of the following three training experiences:

1. Teaching Proctor Experience:

a. Evidence of training by attendance at a hands-on training practicum in the use of the Robotic Surgical Platform of at least eight (8) hours duration with experience in a laboratory setting, which includes a minimum of three (3) hours of personal time on the system during animate or cadaver models on console performing routine maneuvers such as knot tying.

b. Successful completion of a minimum of five (5) cases is required under the supervision of and with the help of a teaching proctor. A proctor of the same specialty is required for the first two (2) cases, but is not required for the remaining three cases.

c. This teaching proctor may be a physician who is privileged to proctor robotic cases OR an outside physician with temporary privileges to proctor. This teaching proctor will be compensated for his/her services.

2. Fellowship or Residency Training Experience:

Previous practical experience via an accredited fellowship or residency program with documented clinical experience in a minimum of thirty

(30) robotic-assisted procedures in that program. If less than thirty (30) robotic-assisted procedures done, follow the process in 1 b. above

OR

3. Robotic Privileges at another Hospital:

Previous full robotic surgery privileges at another hospital as documented by providing operative reports and discharge summaries for the last twenty (20) consecutive robotic cases performed as the operating surgeon (cases performed as assistant surgeon do not count) for review.

MEDICAL STAFF PROCTORING REQUIREMENTS

Once the applicant has applied for robotic privileges and has furnished evidence of the required training and/or experience as detailed above, that application will be reviewed by the chief of the appropriate service and a recommendation made to the credentials committee for granting provisional robotic privileges.

Once provisional robotic privileges are granted, the applicant will need to be proctored on at least two (2) additional cases performed without the assistance of the proctor. The proctor will be present during the entire case and will observe the procedure.

This proctoring must be performed by a member of the Medical Staff who has full robotic privileges. In the event there is no such member appointed to the General Surgery specialty, an outside provider from an established vendor or affiliated institution may serve as the proctor at the discretion of the Medical Staff. This provider will have met all proctoring standards including the required credentials and clinical knowledge and practice to provide performance oversight. Up to five (5) cases may be required in some circumstances, but after two to five

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

Page 12

(2–5) cases, full robotic privileges will be either approved, referred for additional training, or denied based on the proctoring reports and the determination of the appropriate service chief.

This proctor is provided without charge to the applicant in the usual manner for medical staff proctoring requirements.

MAINTAINING ROBOTIC PRIVILEGES

The surgeon must have performed 20 cases, and 10 within the last two (2) years, or they will either not be eligible to reapply for the privilege or they will be referred for additional proctoring.

The surgeon should participate actively in the ongoing performance improvement programs of the medical staff, hospital, and department.

REQUIREMENTS FOR A TEACHING PROCTOR AT RIVERSIDE UNIVERSTIY HEALTH SYSTEMS

At least one of the following three levels of experience:

1. Full robotic privileges at another hospital as documented by providing operative reports and discharge summaries for the last twenty (20) consecutive robotic cases performed as the operative surgeon (cases performed as assistant surgeon do not count) for review. Service Chief to review cases.
2. Current Intuitive approved proctor.
3. Full robotic privileges granted by Medical Staff.

Description of Non-Core Privilege

- Requested Surgical Robotic Platform
- Approved
- Not Approved*

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

(Last, First, Initial)

Effective: _____

Page 13

(From — To) (To be completed by MSO)

CORE PROCEDURES LIST: This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to **exclude** any procedures, please strike through those procedures which you do not wish to request, initial, and date.

GENERAL SURGERY CORE PROCEDURES

1. Abdominoperineal resection
2. Amputations, above the knee & below knee, toe, transmetatarsal, digits
3. Anoscopy
4. Appendectomy
5. Biliary tract resection/reconstruction
6. Breast: complete mastectomy with or without axillary lymph node dissection, excision of breast lesion, breast biopsy, incision and drainage of abscess, modified radical mastectomy, operation for gynecomastia, partial mastectomy with or without lymph node dissection, radical mastectomy, subcutaneous mastectomy
7. Colectomy (abdominal)
8. Colon surgery for benign or malignant disease
9. Colotomy, colostomy
10. Correction of intestinal obstruction
11. Drainage of intra abdominal, deep ischiorectal abscess
12. Endoscopy (intraoperative)
13. Enteric fistulae, management
14. Enterostomy (feeding or decompression)
15. Esophageal resection and reconstruction
16. Esophagogastrectomy
17. Excision of fistula in ano/fistulotomy, rectal lesion
18. Excision of pilonidal cyst/marsupialization
19. Excision of thyroid tumors
20. Excision of thyroglossal duct cyst
21. Gastric operations for cancer (radical, partial, or total gastrectomy)
22. Gastroduodenal surgery
23. Gastrostomy (feeding or decompression)
24. Genitourinary procedures incidental to malignancy or trauma
25. Gynecological procedure incidental to abdominal exploration
26. Hepatic resection
27. Temporary Hemodialysis access procedures
28. Hemorrhoidectomy
29. Incision and drainage of abscesses and cysts
30. Incision and drainage of pelvic abscess
31. Incision, excision, resection and enterostomy of small intestine
32. Incision/drainage and debridement, perirectal abscess
33. Insertion and management of pulmonary artery catheters
34. IV access procedures, central venous catheter, and ports
35. Laparoscopy, diagnostic, appendectomy, cholecystectomy, lysis of adhesions, mobilization and catheter positioning
36. Laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis or trauma
37. Liver biopsy (intra operative), liver resection
38. Management of burns
39. Management of hemorrhoids (internal and external) including hemorrhoidectomy
40. Management of soft-tissue tumors, inflammations and infection
41. Operations on gallbladder, biliary tract, bile ducts, hepatic ducts, excluding biliary tract reconstruction
42. Pancreatectomy, total or partial
43. Pancreatic sphincteroplasty

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

Page 14

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44. Peritoneal venous shunts, shunt procedure for portal hypertension
 45. Peritoneovenous drainage procedures for relief of ascites
 46. Proctosigmoidoscopy, rigid with biopsy, with polypectomy/tumor excision
 47. Radical regional lymph node dissections
 48. Removal of ganglion (palm or wrist; flexor sheath)
 49. Repair of perforated viscus (gastric, small intestine, large intestine)
 50. Scalene node biopsy
 51. Selective vagotomy
 52. Sigmoidoscopy, fiberoptic with or without biopsy, with polypectomy
 53. Skin grafts (partial thickness, simple)
 54. Small bowel surgery for benign or malignant disease
 55. Splenectomy (trauma, staging, therapeutic)
 56. Surgery of the abdominal wall, including management of all forms of hernias, including diaphragmatic hernias, inguinal hernias, and orchiectomy in association with hernia repair
 57. Thoracentesis
 58. Thoracoabdominal exploration
 59. Tracheostomy
 60. Transhiatal esophagectomy
 61. Tube thoracotomy

TRAUMA CARE CORE PRIVILEGES

1. Thoracotomy for trauma
2. Vascular emergency cases

VASCULAR SURGERY CORE PROCEDURES

1. Amputations lower extremity
2. Aneurysm repair, abdominal aorta and peripheral vessels emergent and elective
3. Angioplasty
4. Bypass grafting all vessels excluding coronary and intracranial vessels
5. Central venous access catheters and ports
6. Cervical, thoracic or lumbar sympathectomy
7. Diagnostic biopsy or other diagnostic procedures on blood vessels
8. Embolectomy or thrombectomy for all vessels excluding coronary and intra cranial vessels
9. Endarterectomy for all vessels excluding coronary and intra cranial vessels
10. Extra cranial carotid and vertebral artery surgery
11. Hemodialysis access procedures
12. Intraoperative angiography
13. Nephrectomy for renovascular hypertension
14. Other major open peripheral vascular arterial and venous reconstructions
15. Reconstruction, resection, repair of major vessels with anastomosis or replacement (excluding cardiopulmonary, intracranial)
16. Sclerotherapy
17. Temporal artery biopsy
18. Thoracic outlet decompression procedures including rib resection
19. Vein ligation and stripping
20. Venous reconstruction

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

Page 15

ENDOASCULAR SURGERY CORE PROCEDURES

1. Balloon angioplasty
2. Diagnostic angiography: excluding intra-cerebral and coronary procedures
3. Embolization
4. Endovascular graft
5. Peripheral arterial and venous access
6. Remote endarterectomy
7. Stenting
8. Thrombolysis
9. Venous radio frequency ablation
10. Vena cava filter insertion

THORACIC SURGERY CORE PROCEDURES

1. Bronchoscopy: diagnostic, G.B. management, therapeutic procedures
2. Cardiac Surgery: including pericardiocentesis, repair of major thoracic vessel or heart trauma
3. Chest wall and pleural space surgery: including rib resection, management of chest wall trauma
4. Esophagoscopy: diagnostic, F.B. removal, therapeutic procedures
5. Esophageal surgery: including resection, repair or reconstruction. Hiatal hernia and associated esophageal procedures
6. Neck and tracheal surgery: including tracheal repair with reconstruction, cervical node and scalene pad biopsy, mediastinoscopy, mediastinotomy and drainage, resection of mediastinal tumor or cyst
7. Tracheobronchial tree and lung surgery: including pulmonary resection of any type
8. Application of fixation devices to stabilize rib fractures and chest wall.

THYROID/PARATHYROID CORE PRIVILEGES

1. Parathyroidectomy
2. Thyroidectomy
3. Neck Dissection
4. Fine needle aspiration thyroid

ROBOTIC SURGERY CORE PROCEDURES

1. Colorectal procedure
2. Cholecystectomy

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY 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 University Health System.

I understand that:

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

Practitioner Signature

Date

DEPARTMENT CHAIR / DESIGNEE RECOMMENDATION

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

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

Privilege	Condition / Modification / Explanation

Medical Director of Trauma Services/Designee
(If applicable)

Date

Department Chair/Designee Signature

Date

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

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

Department Chair/Designee:

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

Please print legibly.

Privileges/Procedures to be Proctored	Number of Cases to be Proctored*	Method of FPPE
		A. Concurrent B. Retrospective C. Reciprocal
General Surgery, Core	5 varied cases	A,B,C, as applicable
Trauma, Core	5 varied cases	A,B,C, as applicable
Vascular Surgery, Core	5 varied cases	A,B,C, as applicable
Endovascular Intervention, Core	5 varied cases	A,B,C, as applicable
Endovascular Diagnosis, Core	5 varied cases	A,B,C, as applicable
Thoracic Surgery, Core	5 varied cases	A,B,C, as applicable
Bariatric Surgery, Non-Core	5 varied cases	A,B,C, as applicable
Hyperbaric Medicine, Non-Core	3 varied cases	A,B,C, as applicable
Upper Endoscopy Procedures, Non-Core	5 varied cases	A,B,C, as applicable
Colonoscopy / Lower Endoscopy Procedures, Non-Core	5 varied cases	A,B,C, as applicable
Advanced Laparoscopic Surgery, Non-Core	5 cases of each Adv Laparoscopic privilege requested	A,B,C, as applicable
Procedures under Fluoroscopy	1 case	A,B,C, as applicable
Surgical Robotic Platform	2 case	A

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