

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



ITEM
2.8
(ID # 5742)

MEETING DATE:

Tuesday, November 14, 2017

FROM : RIVERSIDE UNIVERSITY HEALTH SYSTEM (RUHS):

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM-MEDICAL CENTER: Medical Staff
Appointments, Reappointment's and Clinical Privileges; All District; [\$0].

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve appointments, reappointments, proctoring, additional privileges, withdraw of privileges, resignations/withdrawals and privileges per Attachment I, as recommended by the Medical Executive Committee.


ACTION:


Jennifer Cruikshank, Chief Executive Officer - Health System 11/2/2017

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Tavaglione, Washington, Perez and Ashley
Nays: None
Absent: None
Date: November 14, 2017
xc: RUHS

Kecia Harper-Ihem
Clerk of the Board
By: 
Deputy

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FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 0	\$ 0	\$ 0	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS:			Budget Adjustment:	No
			For Fiscal Year:	17/18

On July 13, 2017, August 10, 2017 and September 14, 2017, the Medical Executive Committee recommended Attachment I to the Board of Supervisors for review and action.

C.E.O. RECOMMENDATION: [CEO use]

BACKGROUND:

Summary

1. Abourbih, Samuel R., MD	Surgery	Provisional	
2. Anvari, Eiman N., DO	Radiology	Provisional	
3. Cabrera, Irena, MD	OB/GYN	Provisional	
4. Cao, Huynh L., MD	Medicine	Provisional	Eff. 7/1/17
5. Davalos, Michael, PA-C	Emergency Medicine	Provisional	
6. Dave, Amar, MD	Family Medicine	Provisional	
7. Davis-Nelson, Shareece, MD	OB/GYN	Provisional	
8. Del Rosario, Christia J., MD	OB/GYN	Provisional	
9. Dow, Andrew R., MD	Psychiatry	Provisional	
10. Elshenawy, Summer, MD	Pediatrics	Provisional	Eff. 7/1/17
11. Fergusson, Joseph, MD	Emergency Medicine	Provisional	Eff. 7/1/17
12. Friedman, Alexander, DO	Medicine	Provisional	Eff. 7/1/17
13. Gilde, Jason, MD	Surgery	Provisional	Eff. 7/1/17
14. Gilmore, Mariam, DO	Medicine	Provisional	Eff. 7/1/17
15. Gomez Pimentel, Karla, MD	Family Medicine	Resident in Training	Eff. 7/1/17
16. Harding, Benjamin, MD	Pediatrics	Provisional	Eff. 7/1/17
17. Hill, Bryan J., MD	OB/GYN	Provisional	Eff. 7/1/17
18. Homer, Suzanne, MD	Radiology	Provisional	
19. Ingram, Jr., Michael T., MD	Psychiatry	Resident in Training	Eff. 7/1/17
20. Kazbour, Hana, MD	Medicine	Provisional	Eff. 7/1/17
21. Kholeif, Clark T., MD	Radiology	Provisional	
22. Kiang, Sharon, MD	Surgery	Provisional	
23. Kim, Samuel C., MD	Ophthalmology	Provisional	
24. Leung, Dennis, MD	Pediatrics	Provisional	
25. Lim, Simon Christopher, MD	Medicine	Provisional	Eff. 7/1/17
26. Liu, Roy R., MD	Medicine	Provisional	Eff. 7/1/17
27. Lo, Jennifer, MD	Pediatrics	Provisional	
28. Lowery, Patricia M., DO	Anesthesiology	Provisional	
29. Lu, Nghi M., MD	Radiology	Provisional	
30. McCowan, Ronald J., MD	Medicine	Provisional	Eff. 7/1/17
31. Mohanty, Sudipta, MD	Medicine	Provisional	Eff. 7/1/17
32. Nguyen, My V., DO	Pediatrics	Provisional	Eff. 7/1/17
33. Parmar, Monish A., MD	Psychiatry	Resident in Training	Eff. 7/1/17
34. Peterson, Sarah C., MD	Emergency Medicine	Provisional	Eff. 7/1/17
35. Pellecchia, Kristyn G., NP	Family Medicine	Provisional	
36. Rajyaguru, Kristyn, DO	Anesthesiology	Provisional	Eff. 7/1/17
37. Singh, Karan P., MD	Emergency Medicine	Provisional	
38. Skubic, John W., MD	Orthopedic Surgery	Provisional	

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39. Toensing, Christopher, MD	Radiology	Provisional	Eff. 7/1/17
40. Trager, Evan J., MD	Psychiatry	Resident in Training	Eff. 7/1/17
41. Zhu, Janet, DO	Anesthesiology	Provisional	Eff. 7/1/17
42. Chalam, Kakarla V., MD	Ophthalmology	Provisional	
43. Chopra, Sahil, MD	Medicine	Provisional	
44. Chung, Yukuen, MD	Family Medicine	Provisional	
45. Downey, Christina D., MD	Medicine	Provisional	
46. Downey, Kelly, MD	Medicine	Provisional	
47. Grimm, Alexander, MD	Radiology	Provisional	
48. Hojjati, Mehrnaz, MD	Medicine	Provisional	
49. Imbertson, Erick J., MD	Medicine	Provisional	
50. Istwani, Mosen, MD	Medicine	Provisional	

BACKGROUND:

Summary (continued)

51. Kwon, Daniel I., MD	Surgery	Provisional	
52. Lee, Christopher, MD	Anesthesiology	Provisional	
53. Massi, Mark, MD	Pediatrics	Provisional	
54. Mesisca, Michael, DO	Emergency Medicine	Provisional	
55. Myers, Timothy, MD	Radiology	Provisional	
56. Quinonez, Bridgett X., FNP	Medicine	Provisional	
57. Alvarez, Claudia A., DO	Family Medicine	Provisional	
58. Aquino, Suzanne, L., MD	Radiology	Provisional	
59. Barker, Shannon E., DO	Pediatrics	Provisional	
60. Callender, Rose, FNP	Anesthesiology	Provisional AHP	
61. Contractor, Tahmeed, MD	Medicine	Provisional	
62. Kim, Christina K., MD	Medicine	Provisional	
63. Li, Su-Yu, MD	Radiology	Provisional	
64. Mason, Danielle M., MD	OB/Gyn	Provisional	
65. McKeever, Rodney K., MD	Anesthesiology	Provisional	
66. Quertermous, James L., MD	Medicine	Provisional	
67. Robker, Amy L., PA-C	Emergency Medicine	Provisional AHP	
68. Tan, Gordon L., MD	Pediatrics	Provisional	
69. Williams, Shammah O., MD	Medicine	Provisional	

<u>B.</u>	<u>Approval of Reappointments: Department:</u>	<u>Reappointment Cycle:</u>	<u>Status:</u>
1.	Bork, Jane M., MD (status changed from active to courtesy due to low volume)	Pediatrics 8/1/17 – 7/31/19	Active
2.	Bravo, Thomas P., MD	Medicine (Neuro) 8/1/17 – 7/31/19	Active
3.	Christensen, Michael R., MD	Psychiatry 8/1/17 – 7/31/19	Active
4.	Dennis, Tshakedi G., MD	Psychiatry 8/1/17 – 7/31/19	Active
5.	Faerber, Wade, DO	Orthopedic Surgery 8/1/17 – 7/31/19	Active
6.	Guan, Howard D., MD	Ophthalmology 8/1/17 – 7/31/19	Active
7.	Hu, Brian R., MD	Surgery 8/1/17 – 7/31/19	Active
8.	Kim, Daniel I., MD	Medicine 8/1/17 – 7/31/19	Active
9.	Klein, Walter F., MD	Medicine 8/1/17 – 7/31/19	Active
10.	Klooster, Marquelle, MD	Pediatrics 8/1/17 – 7/31/19	Active
11.	Krishnan, Rajagopal, MD	Medicine 8/1/17 – 7/31/19	Active
12.	Loo, Lawrence K., MD	Medicine 8/1/17 – 7/31/19	Active
13.	Mittal, Aarti C., DO (withdraw of privilege) • Exercise Testing	Medicine 8/1/17 – 7/31/19	Active
14.	Mukherjee, Anamika B., MD	Pediatrics 8/1/17 – 7/31/19	Active
15.	Naftel, John C., MD Aging Practitioner Exam Complete	Emergency Medicine 8/1/17 – 7/31/19	Active
16.	Rosario, Debbie Ann, MD	Psychiatry 8/1/17 – 7/31/19	Active
17.	Rosenfeld, Jeffrey, MD	Medicine (Neuro) 8/1/17 – 7/31/19	Active
18.	Torralba, Karina M., MD	Medicine (Rheu) 8/1/17 – 7/31/19	Active

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(withdraw of privilege)

	• PCU			
	• ACCU			
19.	Tseng, Philip H., MD	Medicine (Neuro)	8/1/17 – 7/31/19	Active
20.	Vora, Farha M., MD	Pediatrics	8/1/17 – 7/31/19	Active
21.	Zahorecz, Andrew E., MD	Emergency Medicine	8/1/17 – 7/31/19	Active
22.	Azer, David, DO	Anesthesiology	9/1/17 – 8/31/19	Active

BACKGROUND:

Summary (continued)

23.	Aryafar, Parastoo, NP	Family Medicine	9/1/17 – 8/31/19	AHP
	Withdraw of privileges			
	• Perform venous punctures for blood sampling			
	• Remove arterial catheter			
	• Start IV's			
24.	Baye, Zebayel A., MD	Medicine	9/1/17 – 8/31/19	Active
25.	Cheng, Yi-Pin, MD	Family Medicine	9/1/17 – 8/31/19	Active
26.	Dickinson, Mark T., MD	Surgery	9/1/17 – 8/31/19	Active
27.	Galvan, Vivian D., FNP	Medicine	9/1/17 – 8/31/19	AHP
	Withdraw of privilege			
	• Bone Marrow Biopsy & Aspiration			
	• Accessing Ommaya Reservoir			
28.	Giardini, Michelle C., PA-C	Emergency Medicine	9/1/17 – 8/31/19	AHP
29.	Handler, Curtis R., MD	Radiology	9/1/17 – 8/31/19	Active
30.	Khamsi, Babak, MD	Orthopaedic Surgery	9/1/17 – 8/31/19	Active
31.	Ludi, Hector D., MD	Surgery	9/1/17 – 8/31/19	Active
32.	Luu, Tri T., MD	Medicine	9/1/17 – 8/31/19	Active
33.	Nesper, Timothy P., MD	Emergency Medicine	9/1/17 – 8/31/19	Active
34.	Pakbaz, Zahra, MD	Medicine	9/1/17 – 8/31/19	Active
	Additional Privileges:			
	• Telemedicine			
35.	Puvvula, Lakshmi K., MD	Medicine	9/1/17 – 8/31/19	Active
36.	Randall, Lelanie M., MD	Emergency Medicine	9/1/17 – 8/31/19	Active
37.	Sinjar, Tulin, MD	Family Medicine	9/1/17 – 8/31/19	Active
	Additional Privileges:			
	• Fetal Monitoring			
	• Intrauterine Demise: Management			
	• Placenta: Manual Removal			
	• Cervical Laceration Repair			
	• Paracervical Block			
	• Pudendal Block			
	• Vacuum Delivery			
	Withdraw of privileges			
	• Arthrocentesis			
	• Incision and Drainage Abscess			
	• Breast: Open Biopsy			
	Medicine Inpatient			
	• Alimentary System			
	• Cardiovascular System			
	• Connective Tissue Diseases			
	• Endometabolic Systems			
	• Hematologic			
	• Heredofamilial Diseases			
	• Immune System			
	• Nervous System			
	• Renal System			
	• Respiratory System			
	• Lymph Node: Superficial Biopsy or Excision			
	• Paracentesis: Abdominal			
	• Lumbar Puncture			

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	• Palliative/End of Life Care			
	Pediatric Procedures:			
	• Alimentary: Nasogastric Intubation			
	• Phototherapy of Hyperbilirubinemia			
	Cardiovascular Procedures:			
	• Intravenous Therapy: Child			
	• Venipuncture, involving Scalp Vein			
38.	Tiao, Lily J., NP	Emergency Medicine	9/1/17 – 8/31/19	AHP
39.	Victor, Priya S., MD	Family Medicine	9/1/17 – 8/31/19	Active
40.	Washburn, Destry G., DO	Medicine	9/1/17 – 8/31/19	Active
41.	Ackerman, Barbara C., PhD	Family Medicine	10/1/17 – 9/30/19	Active
42.	Baldwin, Dalton D., MD	Surgery	10/1/17 – 9/30/19	Active
43.	Berman, Blake W., DO	Neurosurgery	10/1/17 – 9/30/19	Active
44.	Boppana, Swapna, MD	Medicine	10/1/17 – 9/30/19	Active
45.	Brar, Harbinder S., MD	OB / Gyn	10/1/17 – 9/30/19	Court.
46.	Camacho, Jose A., MD	Pediatrics	10/1/17 – 9/30/19	Active
47.	Church, Christopher A., MD	Surgery	10/1/17 – 9/30/19	Court.
	Withdraw of privilege			
	• Free Flap Reconstruction			
48.	Depew, Aron J., MD	Surgery	10/1/17 – 9/30/19	Court.
	Withdraw of privilege			
	• Laparoscopic Splenectomy			
	• Laparoscopic Low Anterior Resection			
	• Laparoscopic Paraesophageal Hernia Repair			
	• Laparoscopic Fundoplication (Nissen/Dor/Toupet)			
49.	Fargo, Ramiz A., MD	Medicine	10/1/17 – 9/30/19	Active
50.	Gandhi, Purnima V., MD	Family Medicine	10/1/17 – 9/30/19	Active
51.	Hadley, Henry R., MD	Surgery	10/1/17 – 9/30/19	Court.
52.	Herford, Alan S., DDS	Surgery	10/1/17 – 9/30/19	Court.
53.	Keyes, Brian O., DO	Anesthesiology	10/1/17 – 9/30/19	Active
54.	Laus, Victor, MD	Medicine	10/1/17 – 9/30/19	Adj.
55.	Moon, Theresa K., MD	Psychiatry	10/1/17 – 9/30/19	Active
	Withdraw of privilege			
	• Supervision of Allied Health Professionals & Psychologists			
56.	Munir, Iqbal, MD	Medicine	10/1/17 – 9/30/19	Active
57.	Patel, Bipin L., MD	Psychiatry	10/1/17 – 9/30/19	Active
58.	Rusev, Stoyan D., MD	Psychiatry	10/1/17 – 9/30/19	Active
59.	Tamesis, Richard R., MD	Ophthalmology	10/1/17 – 9/30/19	Active
60.	Tran, Jade C., MD	Pediatrics	10/1/17 – 9/30/19	Active
61.	Tran, Vy T., MD	Radiology	10/1/17 – 9/30/19	Active
62.	Truong, Giang T., MD	Pediatrics	10/1/17 – 9/30/19	Active
63.	Tsang, Shunling, MD	Family Medicine	10/1/17 – 9/30/19	Active
64.	Weerasinghe, Sunjeeve P., NP	Pediatrics	10/1/17 – 9/30/19	AHP
65.	Weiner, Alyssa R., PA-C	Emergency Medicine	10/1/17 – 9/30/19	AHP

C.	<u>FPPE-Final Proctoring:</u>	<u>Department:</u>
1.	Pandit, Pritam K., FNP	Emergency Medicine
2.	Peterson, Nancy, FNP-C	Emergency Medicine
3.	Tran, Vinh-Ninh P., NP	Medicine

BACKGROUND:

Summary (continued)

D.	<u>Final FPPE/Reciprocal* Advancement of Staff Status:</u>	<u>Staff Category Change To:</u>
1.	Anderson, Kristen M., MD	OB/GYN Active
2.	Biddy, Edna E., MD	Family Medicine Active
3.	Dixit, Sudhakar, MD	OB/GYN Active

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	4. Amr, Maha, MD	Pediatrics	Active
	5. Tinsley, Larry MD	Pediatrics	Active
	6. Wong, John K., MD	Medicine	Active
	7. Park, Renee E., MD	Surgery	Active
	8. Sadeghi-Najafabadi, Ebrahim, MD	Medicine	Active
	9. Tsai, Janice, MD	Pediatrics	Active
E.	<u>Withdrawal of Privilege</u>		<u>Privilege(s) Withdrawn:</u>
	1. Baerg, Joanne E., MD	Surgery	Advanced Laparoscopic Surgery (Hernia Repair)
F.	<u>Additional Privilege(s) w/ Proctoring*</u>		<u>Privilege(s) Requested:</u>
	1. Sayles, Jennifer, MD	Medicine	Ambulatory Only
G.	<u>FPPE/Reciprocal* Complete Remain on Provisional:</u>		
	1. Calaguas, Daniel K., MD	Pediatrics	
	2. Calma, Eleanor, MD	Pediatrics	
	3. Rodriguez, Raul, DO	Pediatrics	
	4. Fteeh, Gamil, MD	Pediatrics	
	5. Hwang, Frank S., MD	Ophthalmology	
	6. Olson, Jeffery, MD	Pediatrics	
	7. Winter, Timothy W., DO	Ophthalmology	
	8. Dukes, Williams S., MD	Emergency Medicine	
	9. Fergusson, Joseph, MD	Emergency Medicine	
	10. Gregersen, Katherine A., MD	Pediatrics	
H.	<u>FPPE – Final Proctoring for Additional Privileges:</u>		<u>Privilege Proctored:</u>
	1. Pratt, Ronald J., PA-C	Family Medicine	Family Medicine
	2. Washburn, Destry G., DO	Medicine	Pulmonary, Critical Care Medicine, Pulmonary Lab & Moderate Sedation
I.	<u>Change in Staff Category:</u>	<u>Department:</u>	<u>Category Changed To:</u>
	1. Fierro, Lizbeth L., MD	Emergency Medicine	Active
	2. Ghassemzadeh, Sassan, MD	Emergency Medicine	Active
	3. Basu, Reshmi, MD	Pediatrics	Active
	4. Calma, Eleanor, MD	Pediatrics	Active
	5. Jin, Daniel H., MD	Radiology	Active
	6. Loeb, Joshua D., MD	Pediatrics	Active
	7. Mahato, Deependra, DO	Neurosurgery	Active
	8. Skoretz, Lynnetta E., MD	Medicine	Active
	9. Cosand, Chelsea L., MD	Emergency Medicine	Active
	10.		
J.	<u>Voluntary Resignations/Withdraw*:</u>	<u>Department:</u>	<u>Effective Date:</u>
	1. Dao, Belinda, MD	Pediatrics	7/1/17
	2. Khaja, Aliuddin M., MD	Psychiatry	7/31/17

BACKGROUND:

Summary (continued)

3.	Kumar, Deepak, MD	Psychiatry	6/10/17
4.	Lopez, Tomas A., MD	Ophthalmology	6/30/17
5.	Osterholzer, Erika K., MD	Ophthalmology	6/30/17
6.	Rock, Andrea, MD	Pediatrics	8/1/17
7.	Torres, Daisy L., PA-C	Psychiatry	6/6/17
8.	*Vu, Thien, MD	Psychiatry	Withdrawal of Application
9.	Desagani, Kishore K., MD	Psychiatry	4/13/17
10.	D'Amico, Jennifer A., DPM	Orthopedic Surgery	7/28/17
11.	Montenegro, Dionisio, M. MD	Detention Health	8/2/17
12.	Prodanovic, Edward, MD	Medicine	6/30/17
13.	Reddy, Viswanatha J., MD	Psychiatry	7/7/17

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14. Beshara, Mina, MD	Psychiatry	9/6/17
15. Bir, Kawal, MD	Psychiatry	8/14/17
16. Daoud, Nasim, MD	Medicine	8/1/17
17. Dashtipour, Khashayar, MD	Medicine	10/1/17
18. Elliott, Andrew J., MD	Psychiatry	10/1/17
19. Elshenawy, Summer, MD	Pediatrics	8/4/17
20. Hudkins, Matthew G., MD	Radiology	I immediately
21. Saleeb, Maher, MD	Psychiatry	Immediately

K. Automatic Termination, Per Bylaws 6.4-9 (Failure to Reapply):

1. Chamberlin, David A., MD	Surgery	8/1/17
2. Sahney, Shobha, MD	Pediatrics	8/1/17
3. Tran, Bich-Van T., MD	OB/Gyn	8/1/17
4. Dunn, Roberta J., MD	Emergency Medicine	9/1/17
5. Gonzalez, Rebecca R., NP	Anesthesiology	9/1/17
6. Maloney, Jeremiah J., DO	Anesthesiology	9/1/17
7. Ridgeway, Beri M., MD	OB/Gyn	9/1/17
8. Merritt, Thurman A., MD	Pediatrics	10/1/17
9. Morkos, Ashraf A., MD	Pediatrics	10/1/17
10. Myint, Than, MD	Psychiatry	10/1/17

L. Automatic Termination, Per Bylaws 3.8-3 (Failure to Complete Proctoring):

1. Jones, Rachel N., MD	Pediatrics	6/10/17
2. Lochhead, Jeannie D., MD	Psychiatry	9/14/17

M. Nurse Practitioner Standardize Procedure Policies – See attachment

A request for approval was referred from the IDPC Committee for the following policies.

- 550.1 Patient Management in NICU
- 550.2 Endotracheal Intubation in NICU
- 550.3 Umbilical Catheter placement in NICU
- 550.4 Lumbar Puncture in NICU
- 550.5 Thoracic and Chest Tube Placement in NICU

N. General Surgery Privilege Form Revision – See attachment

Request was made to revise the General Surgery Privilege form to include Endoscopy and Colonoscopy/Lower Endoscopy

BACKGROUND:

Summary (continued)

O. Department of Medicine Clinical Privilege Form – See attachment

Request was made to revise the Department of Medicine Privilege form to include Telemedicine to all of the Specialties and Sub-Specialties on the Medicine clinical privilege form.

Impact on Residents 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.

MEDICINE DEPARTMENT

INTERNAL MEDICINE & SUB-SPECIALTY CLINICAL PRIVILEGES

Name: _____

(Last, First, Initial)

 Initial Appointment Reappointment

Effective: _____

(From-To)

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

INTERNAL MEDICINE CORE

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

- Successful completion of a postgraduate training program in internal medicine accredited by Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA)

AND

- Current certification or active participation in the examination process leading to certification in internal medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine or the Royal College of Physicians and Surgeons of Canada.

REQUIRED PREVIOUS EXPERIENCE:

- Care of at least 20 inpatients and/or outpatients reflective of the privileges requested in the last 12 months
- OR
- Successful completion of a hospital-affiliated accredited residency, special clinical fellowship, or research within the past 12 months

MAINTENANCE OF PRIVILEGE: To be eligible to renew core privileges in internal medicine, the applicant must meet the following maintenance of privilege criteria:

- Current competence and evidence of the performance of 20 cases with acceptable results in the privileges requested during the past 24 months based on results of the hospital's ongoing professional practice evaluation and outcomes.
- Continuing Medical Education (CME) requirement necessary for licensure by the applicable California medical board (the Medical Board of California or the Osteopathic Medical Board of California).

INTERNAL MEDICINE CORE

- Requested
 Approved
 Not Approved*

Admit, perform medical history and physical examination, evaluate, diagnose, treat, refer for specialty care, and provide consultation to patients 12 years of age and older with common and complex illnesses, diseases, and functional disorders of the neurologic, cardiovascular, respiratory, gastrointestinal, genitourinary, endocrine, metabolic, musculoskeletal, hematopoietic systems, and skin. Privileges to assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Backup coverage is required admitting to inpatient services per Medical Staff Bylaws.

Exercise privileges in one or more of the following settings: basic medical-surgical units, ambulatory clinics, emergency department, and procedure rooms.

ically excluded from practice, the core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

RIVERSIDE UNIVERSITY HEALTH SYSTEM
MEDICINE DEPARTMENT
INTERNAL MEDICINE & SUB-SPECIALTY CLINICAL PRIVILEGES

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PROGRESSIVE CARE UNIT CORE

CRITERIA: To be eligible to apply for core privileges in the adult progressive care unit (PCU), the applicant must:

- Meet the qualifications for core privileges in internal medicine

REQUIRED PREVIOUS EXPERIENCE:

- Demonstrated current competence and evidence of management of 15 inpatients in the PCU or ACCU (or similar Critical Care Unit) within the past 12 months

OR

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

OR

- Privileges may be granted at the discretion of the Medicine department chair with additional proctoring

MAINTENANCE OF PRIVILEGE: To be eligible to renew core privileges in the progressive care unit, the applicant must meet the following maintenance of privilege criteria:

- Demonstrated current competence and evidence of 30 PCU/ACCU(or similar Critical Care Unit) cases in the past 24 months based on ongoing professional practice evaluation and outcomes

Description of Progressive Care Unit Core

- | | |
|--|---|
| <input type="checkbox"/> Requested | Admit and manage the medical care of patients in the progressive care unit. |
| <input type="checkbox"/> Approved | Except as specifically excluded from practice, the core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills. |
| <input type="checkbox"/> Not Approved* | |

ADULT CRITICAL CARE UNIT CORE

CRITERIA: To be eligible to apply for core privileges in the adult critical care unit (ACU), the applicant must:

- Meet the qualifications for core privileges in internal medicine

AND

- Evidence of a minimum of 4 months critical care training experience with at least 2 months experience in the capacity of a senior resident

REQUIRED PREVIOUS EXPERIENCE:

- Demonstrated current competence and evidence of management of 15 critical care patients within the past 12 months

OR

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

OR

- Privileges may be granted at the discretion of the Medicine department chair with additional proctoring

MAINTENANCE OF PRIVILEGE: To be eligible to renew core privileges in the adult care unit, the applicant must meet the following maintenance of privilege criteria:

- Demonstrated current competence and evidence of 30 adult critical care cases to include at least 4 ventilator experiences, 4 acute coronary syndromes, and 4 systemic inflammatory response syndromes or shock in the past 24 months based on ongoing professional practice evaluation and outcomes.

Description of Adult Care Unit Core

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-
- Requested
 - Approved
 - Not Approved*

Management of life-threatening disorders in intensive care units including but not limited to shock, coma, heart failure, trauma, respiratory arrest, drug overdoses, massive bleeding, diabetic acidosis, and kidney failure. Except as specifically excluded from practice, the core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

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AMBULATORY ONLY

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

- Meet the criteria for core privileges in internal medicine or subspecialty.

REQUIRED PREVIOUS EXPERIENCE:

- Meet the criteria for core privileges in internal medicine or subspecialty.

MAINTENANCE OF PRIVILEGE:

- Demonstrated current competence and evidence of 10 cases in the past 24 months based on ongoing professional practice evaluation and outcomes

Description of Ambulatory

- | | |
|--|---|
| <input type="checkbox"/> Requested | Includes privileges to see, treat, refer for specialty care and otherwise manage patients in the RUHS Clinics. Includes the ability to perform diagnostic and other procedures normally performed in the ambulatory care setting. |
| <input type="checkbox"/> Approved | |
| <input type="checkbox"/> Not Approved* | |

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.

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

1. Airway maintenance and emergency intubation
2. Arterial puncture and cannulation
3. Arthrocentesis and joint injections
4. Bladder catheterization
5. Bone marrow biopsy & aspiration
6. Cardiac pacemaker (transvenous)
7. Cardioversion, non-emergent and emergent
8. Central venous line: femoral, subclavian, jugular
9. Chest tube
10. Excision of skin and subcutaneous tumors, nodules, and lesions
11. I & D abscess
12. Local anesthetic techniques
13. Management of massive transfusions
14. Management of pneumothorax (needle insertion and drainage systems)
15. Perform simple skin biopsy or excision
16. Placement of nasogastric tubes
17. Flexible sigmoidoscopy
18. Preliminary interpretation of electrocardiograms, own patient
19. Lumbar puncture
20. Paracentesis
21. Percutaneous needle aspiration
22. Pericardiocentesis - emergent
23. Pleural biopsy
24. Skin Biopsy
25. Swan-Ganz catheterization
26. Temporary emergent cardiac pacemaker insertion and application
27. Thoracentesis
28. Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry
29. Ventilator Management

**QUALIFICATIONS FOR
SPECIAL NON-CORE PRIVILEGES**

- See Specific Criteria

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- 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.

ARTICIPATION 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, 45 minutes, if needed.
- Available for supervision during clinic hours and ensure the coordination of care that is provided to the patients.
- Provide an appropriate level of supervision during the performance of procedures. (Determination of this level of supervision is generally left to the discretion of the attending physician within the content of the previously described levels of responsibility assigned to the individual resident involved. This determination is a function of the experience and competence of the resident and the complexity of the specific case.)
- Documentation of resident supervision will be monitored during the course of peer review. Any case reviewed in which it appears that there is inadequate supervision will be forwarded to the Professional Practice Evaluation Committee.

Description of Non-Core Privilege

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

SUBSPECIALTY CARE PROCEDURES

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

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- Meet the qualifications for core privileges in internal medicine
- Must have completed an Internal Medicine Subspecialty training program

REQUIRED PREVIOUS EXPERIENCE:

- Satisfactory completion of the educational requirements necessary for Board certification in the relevant specialty and be certified or an active candidate for certification in the respective certifying Board;
AND
- Demonstrated current competency and evidence of management of 10 patients within the sub-specialty during the past 12 months;
OR

- Privileges may be granted at the discretion of the Medicine department chair with additional proctoring

MAINTENANCE OF PRIVILEGE: To be eligible to renew core privileges in the Subspecialty, the applicant must meet the following maintenance of privilege criteria:

- Demonstrated current competence and evidence of 10 cases in the past 24 months based on ongoing professional practice evaluation and outcomes

Description of Subspecialty Care Procedures

- | | |
|---|---|
| <input type="checkbox"/> Requested
<input type="checkbox"/> Approved
<input type="checkbox"/> Not Approved* | Serve as an attending physician in an inpatient and outpatient setting for patients with conditions/problems of up to critical severity in the subspecialty listed at the bottom of this page. (Includes minor procedure routinely identified with and performed by this subspecialty.) |
|---|---|

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

*See Procedural Core for Sub-Specialty requirements

CARDIOVASCULAR LAB (CVL) AND CARDIAC LAB (CL)*

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Requested | <input type="checkbox"/> Cardiac catheterization including contrast injection |
| <input type="checkbox"/> Approved | |

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- Not Approved*
- Coronary angiography
 - Coronary angioplasty with or without stent deployment
 - Electrophysiologic studies
 - Implant defibrillator and Defibrillator Threshold Testing including Subcutaneous placement of defibrillation lead
 - Catheter ablation for arrhythmia
 - Implant permanent pacemaker including Fluoroscopy (*State Certificate Required*)
 - Endomyocardial biopsy
 - Echocardiogram – transthoracic and transesophageal
 - Stress testing – Pharmacological and Exercise
 - Pulmonary angiography
 - Intravascular Ultrasound (IVUS)
 - Tilt Table Testing
 - Additional CVL & CL specific procedures

GASTROENTEROLOGY LAB PROCEDURES*

- Requested
 - Approved
 - Not Approved*
- Anorectal manometry
 - Colonoscopy with biopsy (*includes Moderate Sedation*)
 - Endoscopic ultrasound
 - Endoscopic coagulation/schlerotherapy for GI bleeding
 - Endoscopic dilation of stricture
 - Esophageal dilation
 - Esophageal manometry
 - Esophageal pH studies
 - Esophagogastroduodenoscopy (EGD) with biopsy (*includes Moderate Sedation*)
 - Gastroduodenal manometry
 - Percutaneous endoscopic gastrostomy (PEG)
 - Percutaneous liver biopsy
 - Proctosigmoidoscopy
 - Rigid
 - Sigmoidoscopy
 - Flexible
 - Small bowel enteroscopy
 - Endoscopic retrograde cholangiopancreatography (ERCP) including Fluoroscopy (*includes Moderate Sedation & State Certificate Required*)
 - Endoscopic retrograde cholangiopancreatography (ERCP) with placement of stent (*includes Moderate Sedation*)
 - Endoscopic retrograde cholangiopancreatography (ERCP) with sphincterotomy (*includes Moderate Sedation & State Certificate Required*)

PULMONARY CRITICAL CARE*

- Requested
 - Approved
- Interpret pulmonary function tests
 - Rigid Bronchoscopy (*includes Moderate Sedation*)

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- Not Approved** Criteria for Fiberoptic internal medicine privileges
- AND**
- Diagnostic (Including brushing and bronchial alveolar lavage)
 - Requires coordination and assignment of privileges by the division chair/designee of cardiology, placement of bronchial endotracheal intubation, bronchial biopsy, endobronchial ultrasound, placement of chest tubes and transbronchial lung biopsy)
- REQUIRED PREVIOUS EXPERIENCE**
- Evidence of a minimum of four (4) weeks training during residency
- AND**
- Percutaneous Tracheostomy
 - Deep Sedation
 - Performance of at least 12 exercise tests in the past 12 months
- OR**

OTHER SUBSPECIALTY PROCEDURES

- MAINTENANCE OF PRIVILEGE:** To be eligible to renew core privileges in exercise testing, the applicant must meet the following maintenance of privilege criteria: **(State Certificate Required)**
- Requested Fluoroscopy
 - Approved Hyperbaric Chamber Services
 - Not Approved Current competence and adequate volume of experience of 25 exercise tests with acceptable results during the past 24 months based on results of ongoing professional evaluation and outcomes.
- Personal dialysis (including cannula placement)

Description of Non-Core Privilege

- Requested Thyroid biopsy
- Approved Exercise Testing
- Not Approved* Electroencephalogram Interpretation, Electromyography w/ Interpretation
- Not Approved* Skin Biopsy with repair

**ADMINISTRATION OF MODERATE SEDATION AND ANALGESIA
 EKG INTERPRETATION – COORDINATED BY THE DIVISION CHAIR/DESIGNEE OF CARDIOLOGY**

CRITERIA: Meet the qualification as required in the Privileging Criteria and Delimitation for Moderate Sedation and the requirements of Riverside University Health System and the following privileging criteria:

- Meet the online sedation core training presentation and take and pass a written moderate sedation exam. This can be done on website www.rcmc.org, click on Education Services for the moderate sedation site, which has the instructions, assignment video and test
- Requires coordination and assignment of privileges by the division chair/designee of cardiology

Successful completion of one (1) proctored moderate sedation case under the direct supervision of an RUHS practitioner holding this privilege. Successful completion of two (2) proctored deep sedation cases under the direct supervision of an RUCMC practitioner holding appropriate clinical privileges in deep sedation.

REQUIRED PREVIOUS EXPERIENCE: Successful completion of at least 100 EKGs during the past 12 months

- OR**
- Knowledge of airway management

MAINTENANCE OF PRIVILEGE: To be eligible to renew core privileges in moderate sedation the applicant must meet the following maintenance of privilege criteria:

- Demonstrated current competence and evidence of the performance of at least 2 moderate sedation cases
- Current competence and adequate volume 100 of EKGs with acceptable results during the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Description of Non-Core Privilege

- Requested Administration of Moderate Sedation and Analgesia
- Requested EKG Interpretation
- Approved
- Not Approved*
- Not Approved*

**TELEMEDICINE CORE
 EXERCISE TESTING – COORDINATED BY THE DIVISION CHAIR/DESIGNEE OF CARDIOLOGY**

CRITERIA: To be eligible to apply for core privileges in telemedicine, the applicant must:
CRITERIA: To be eligible for non-core exercise testing privilege, the applicant must meet the membership requirements of Riverside University Health System and the following privileging criteria:

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REQUIRED PREVIOUS EXPERIENCE:

- Meet the criteria for core privileges in internal medicine or subspecialty.

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

Description of Telemedicine

- Requested
- Approved
- Not
Approved*

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ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and which I wish to exercise at RUHS.

I understand that:

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

Practitioner Signature

Date

DEPARTMENT CHAIR / DESIGNEE RECOMMENDATION

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

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

Privilege	Condition / Modification / Explanation

Department Chair/Designee Signature

Date

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FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

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

Department Chair/Designee: Please indicate below the privileges/procedures and the number of cases to be proctored of the above-named practitioner, including the method of proctoring.
Please print legibility.

Privileges/Procedures to be Proctored	Number of Cases to be Proctored*	Method of Proctoring A. Concurrent B. Retrospective C. Reciprocal
Internal Medicine Core	5 varied cases to include procedures	A,B,C as applicable
Progressive Care Unit Core	5 varied cases	A,B,C as applicable
Adult Critical Care Core	5 varied cases	A,B,C as applicable
Cardiovascular Lab (CVL) & Cardiac Lab (CL)	5 varied cases	A,B,C as applicable
Gastroenterology Lab	5 varied cases	A,B,C as applicable
Pulmonary Lab	5 varied cases	A,B,C as applicable
Other Subspecialty Procedures (see pg.6)	5 varied cases for each procedure requested	A,B,C as applicable
EKG Interpretation	2 varied cases	A,B,C as applicable
Exercise Testing	2 varied cases	A,B,C as applicable
Moderate Sedation / Deep Sedation	1 case	A,B,C as applicable
Procedure under Fluoroscopy	1 case	A,B,C, as applicable
Ambulatory	5 varied cases	A,B,C, as applicable

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

MEC Approved: 2/14/2013, 7/9/15, 3/10/16, 6/9/16, 9/8/16, 4/13/17, 9/14/17
 Rev. 01/24/14, 7/9/15, 3/10/16, 5/27/16, 8/26/16, 3/24/17, 8/25/17

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

(Last, First, Initial)

Effective: _____

(From—To) (To be completed by MSO)

- Initial Appointment
 Reappointment

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Applicant: CHECK (✓) the "Requested" box for each privilege you are qualified to request and SIGN and DATE this form as indicated. Applicants may be requested to provide documentation of the number and types of hospital cases during the past 24 months. Applicants have the burden of producing information deemed adequate by 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, and with upper and lower endoscopy excluding colonoscopy. 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 RUHS.

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

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Name: _____
(Last, First, Initial)

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(From — To) (To be completed by MSO)

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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.

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(Last, First, Initial)

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

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VASCULAR SURGERY CORE PRIVILEGES

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

- Successful completion of an ACGME-accredited vascular surgery fellowship.

AND

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

MAINTENANCE OF PRIVILEGE:

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

Description of Core Privilege

Requested

Vascular Surgery Core Privileges

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.

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

Requested

Endovascular Surgery Core Privileges

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.

Not Approved*

RIVERSIDE UNIVERSITY HEALTH SYSTEM
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Name: _____
(Last, First, Initial)

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

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THORACIC SURGERY CORE PRIVILEGES

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

- Successful completion of an ACGME-accredited thoracic surgery fellowship during the last three years.

OR

- Additional thoracic surgery training that demonstrates proficiency in thoracic surgery to the satisfaction of the department chair and the majority of the members of the General Surgery Division.

AND

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

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

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

Description of Core Privilege

Requested

Thoracic Surgery Core Privileges

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.

Not Approved*

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

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**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: _____

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SUPERVISE ALLIED HEALTH PROFESSIONALS

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

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

- Be credentialed and privileged at 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

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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*

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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**

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.rcrhc.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 RUHS 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**

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PROCEDURES UNDER FLUOROSCOPY

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

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

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

Description of Non-Core Privilege

Requested

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*

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

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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 (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*

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CLINICAL ETHICS CONSULTATION

CRITERIA: To be eligible to provide clinical ethics consultations the initial applicant must meet the following privilege criteria:

1. Have received specific training in clinical ethics consultation either from:
 - a. Fellowship training program
 - b. Graduate degree program in medical ethics or bioethics
 - c. Extensive experience in clinical ethics consultations
2. Be recommended as competent in the practice of clinical ethics consultations by the Chair of the Ethics Committee.

MAINTENANCE OF PRIVILEGE:

1. Demonstrated knowledge of 2 clinical ethic consultations within 24 months
2. Be recommended as competent in the practice of clinical ethics consultations by the Chair of the Ethics Committee.

Description of Core Privilege

Requested **Clinical Ethics Consultation**
 Approved
 Not Approved*

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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

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

TRAUMA CARE CORE PRIVILEGES

1. Thoracotomy for trauma
2. Vascular emergency cases

VASCULAR SURGERY CORE PROCEDURES

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

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ENDOVASCULAR SURGERY CORE PROCEDURES

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

THORACIC SURGERY CORE PROCEDURES

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

THYROID/PARATHYROID CORE PRIVILEGES

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

ROBOTIC SURGERY CORE PROCEDURES

1. Colorectal procedure
2. Cholecystectomy

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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

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FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

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

Department Chair/Designee:

Please indicate below the privileges/procedures and the number of 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
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
Clinical Ethics Consultation	1 case	B

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