



SUBMITTAL TO THE RIVERSIDE UNIVERSITY HEALTH
SYSTEM MEDICAL CENTER GOVERNING BOARD
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

**Riverside
University**
HEALTH SYSTI
Medical Cent

ITEM
15.4
(ID # 10415)

MEETING DATE:

Tuesday, July 23, 2019

FROM : RUHS-MEDICAL CENTER:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM - MEDICAL CENTER : Ratification and Approval of the Medical Staff Appointments, Reappointments, Clinical Privileges, Leave of Absence, Resignations/Withdrawals, Automatic Termination, Proctoring and Revisions to Clinical Privileges Forms as recommended by the Medical Executive Committee on January 10, 2019, February 14, 2019 and March 14, 2019, District 5. [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:


1. Ratify and Approve the Medical Staff Appointments, reappointments, proctoring, additional privileges, withdraw of privileges, leave of absence, resignations/withdrawals, automatic termination and revisions to Clinical Privileges Forms for the Departments of; OB/GYN, Department of Surgery, Department of Orthopedic Surgery, Department of Emergency Medicine and Nurse Practitioner Trauma and Surgical Critical Care Privilege Form as recommended by the Medical Executive Committee (MEC) on January 10, 2019, February 14, 2019 and March 14, 2019.

ACTION: Consent

MINUTES OF THE GOVERNING BOARD

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

Ayes: Jeffries, Spiegel, Washington, Perez and Hewitt
Nays: None
Absent: None
Date: July 23, 2019
xc: RUHS

Kecia R. Harper
Clerk of the Board
By: 
Deputy

**SUBMITTAL TO THE RIVERSIDE UNIVERSITY HEALTH
SYSTEM MEDICAL CENTER GOVERNING BOARD OF DIRECTORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

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: N/A			Budget Adjustment: No	
			For Fiscal Year: 18/19	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

The Medical Executive Committee on January 10, 2019, February 14, 2019 & March 14, 2019 recommended to refer the following to the Board of Supervisors for review and action:

- A. Approval of Medical Staff Appointments and Clinical Privileges, Reappointments, Focused Professional Practice Evaluation (FPPE)/Reciprocal* Complete Remain on Provisional, FPPE/Reciprocal* Complete Remain on Provisional, FPPE–Final Proctoring for Additional Privileges, Final FPPE/Reciprocal* Advancement of Staff Status, Final Proctoring, FPPE/Partial Proctoring, FPPE/Reciprocal* Complete Remain on Provisional, FPPE – Final Proctoring for Additional Privileges,

Final FPPE/Reciprocal* Advancement of Staff Status, Additional Privilege(s), Withdrawal of Privileges, Change in Staff Category, Voluntary Resignations/Withdraw*, Automatic Termination, Per Bylaws 6.4-9 (Failure to Reapply), Proctoring Extension Request, Automatic Termination, Per Bylaws 3.8-3 (Failure to Complete Proctoring)

*List attached

- B. Dept. of OB/GYN Clinical Privilege Form – Revisions:
- Laser Non-Core Privileges – Changed the completion of an approved 8-10 hour minimum Continuing Medical Education (CME) course to a 4 minimum CME course.
- C. Dept. of Surgery Privilege Form – Revisions:
- Bariatric Surgery – Removal of privileges
 - Proctoring Requirements – Revised
- D. Dept. of Orthopedic Surgery Privilege Form – Revisions:
- Move Balloon Kyphoplasty to Spine Surgery core procedure list.

**SUBMITTAL TO THE RIVERSIDE UNIVERSITY HEALTH
SYSTEM MEDICAL CENTER GOVERNING BOARD OF DIRECTORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

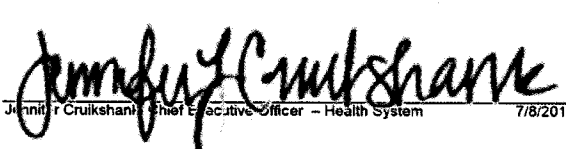
- E. Dept. of Emergency Medicine Privilege Form – Additional Privilege:
- Add Moonlighting Resident Privileges to the Emergency Medicine clinical privilege form.
- F. Nurse Practitioner (NP) Trauma and Surgical Critical Care Privilege Form – New:
- New privilege form presented for NP Trauma and Surgical Critical Care Privileges.


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 administer care to the County's patient population.

ATTACHMENTS:

- Attachment A: MEDICAL EXECUTIVE COMMITTEE JANUARY 10 ,2019**
Attachment B: MEDICAL EXECUTIVE COMMITTEE FEBRUARY 14, 2019
Attachment C: MEDICAL EXECUTIVE COMMITTEE MARCH 14, 2019
Attachment D: EMERGENCY MEDICINE PRIVILEGE FORM
Attachment E: OB/GYN PRIVILEGE FORM
Attachment F: ORTHOPEDIC SURGERY PRIVILEGE FORM
Attachment G: NURSE PRACTITIONER TRAUMA AND SURGICAL CRITICAL PRIVILEGES FORM


Jennifer Cruikshank, Chief Executive Officer – Health System 7/8/2019


Brianna Lantajo, Management Analyst 7/16/2019

RIVERSIDE UNIVERSITY HEALTH SYSTEM- MEDICAL CENTER
OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES

Name: (Last, First, Middle Initial)-----

Effective:-----
 (From-To)

LASER NON-CORE PRIVILEGES

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

- Successful completion of an approved 8--W 4 hour minimum CME course which includes training in laser principles and safety, basic laser physics, laser tissue interaction, discussion of the clinical specialty field, and hands-on experience with lasers.

AND

- A letter outlining the content and successful completion of laser course.

OR

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

Required Previous Experience: OR

- Current demonstrated competence and evidence of performance of at least three (3) laser procedures in the privileges requested in the past 24 months.

OR

- Demonstration of completion of the above criteria for laser.

Maintenance of Privilege:

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

AND

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

Request	Laser Non-Cora Privilege	Approve	Modify	Deny
	CO ₂			
	KTP			
	Argon			
	Nd:Yag			
	Intra-abdominal laser procedures			
	Lower genital tract laser procedures			

RIVERSIDE UNIVERSITY HEALTH SYSTEM
**NURSE PRACTITIONER
TRAUMA AND SURGICAL CRITICAL CARE PRIVILEGES**

Name: 77. -----
(Last, First, Initial)

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- General care for superficial wounds and minor superficial surgical procedures
- Initiate referral to appropriate physician or other health care professional of problems that exceed the NP's scope of practice
- Develop and manage clinical patient care for patients in the hospital setting and the clinic, when assigned.
- Insertion and removal of nasogastric tube and urinary catheter.
- Monitor and manage stable chronic illnesses of population served
- Monitor need for consult referrals, including dietician, physical therapy, social worker/case management, etc.
- Obtain and record medical/social history and perform physical examination including rectal and pelvic examination as indicated. Assessment may include evaluation and securing of ABCs (Airway, Breathing, Circulation), evaluation of associated injuries and ordering of imaging tests.
- Order diagnostic testing and therapeutic modalities including medications, that are determined by established, written protocols between NP's scope of knowledge and training and the supervising/collaborating physician's scope of scope of practice
- Perform acts of diagnosis and treatment as determined by established, written protocols between NP's scope of knowledge and training and the supervising/collaborating physician's scope of scope of practice
- Perform venous punctures for blood sampling
- Perform primary health care maintenance of the population served
- Remove arterial catheter
- Start IV's
- Write discharge summaries
- Counsel and instruct patients and significant others as appropriate on medications, disease, and preventive healthcare
- Perform specimen collection of biological samples for examination
- Assist with trauma resuscitations.
- Provide Emergency Department consultations under the supervision of an attending physician.
- Perform daily rounds, observing and evaluating the patient for vital signs, intake and input, critical care status, laboratory results, imaging results, nutritional plan, medication review, pain level, activity, psychiatric or behavioral issues and wound status.
- Change orders that are within scope of practice, and notify responsible physician of changes in patient's condition or any concerns.
- Act as a liaison between the nursing department and other clinical departments, promoting communication and teamwork.
- Provide formal and informal education related to trauma to nursing staff.
- Demonstrate ability to operate appropriate medical equipment such as cardiac defibrillator, Swan-Ganz catheters, basic ventilator management, central venous pressure monitors, etc.

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 for maintenance of clinical competence.

RIVERSIDE UNIVERSITY HEALTH SYSTEM
NURSE PRACTITIONER
TRAUMA AND SURGICAL CRITICAL CARE PRIVILEGES

C- Name: _____
 Last. First. Initial)

Effective: _____, _____, _____ =: _____
 <From-To> (To be completed by MSO)

INTRAOSSUEOUS LINE INSERTION

CRITERIA: Direct supervision and those technical and management skills, which qualify the NP to perform intraosseous line placement by virtue of training and experience.
REQUIRED PREVIOUS EXPERIENCE: Demonstrate current competence and evidence of the performance of at least three [3] procedures in the past 12 months.
MAINTENANCE OF PRIVILEGE: Demonstrated current competence and the performance of at least one [1] procedures in the past 24 months.

Requested Intraosseous line: Independently assess need, place, and remove

MECHANICAL VENTILATION: Independently assess need and manage

CRITERIA: Direct supervision and those technical and management skills, which qualify the NP to independently assess need and manage mechanical ventilation by virtue of training and experience.
REQUIRED PREVIOUS EXPERIENCE: Demonstrate current competence and evidence of the performance of at least ten [10] procedures in the past 12 months.
MAINTENANCE OF PRIVILEGE: Demonstrated current competence and the performance of at least five [5] procedures in the past 24 months.

C Requested Mechanical ventilation: Independently assess need and manage

CRITERIA: Completion of module on informed consent with completion of post-test with 100% score AND direct observation/proctoring of informed consent when proctoring each privilege granted that requires informed consent.
REQUIRED PRIOR EXPERIENCE: None
MAINTENANCE OF PRIVILEGE: Successful completion of module on informed consent with renewal of privileges.

THORACENTESIS WITH OR WITHOUT TUBE THORACOSTOMY

CRITERIA: Direct supervision and those technical and management skills, which qualify the NP to perform a thoracentesis with or without tube thoracostomy by virtue of training and experience.
REQUIRED PREVIOUS EXPERIENCE: Demonstrate current competence and evidence of the performance of at least ten (10) procedures in the past 12 months.
MAINTENANCE OF PRIVILEGE: Demonstrated current competence and the performance of at least two (2) procedures per year for a total of four (4) in the past 24 months.

D Requested Thoracentesis with or without tube thoracostomy

ARAC

CRITERIA: Direct supervision and those technical and management skills, which qualify the NP to perform a paracentesis by virtue of training and experience.
REQUIRED PREVIOUS EXPERIENCE: Demonstrate current competence and evidence of the performance of at least five [5] procedures in the past 12 months.
MAINTENANCE OF PRIVILEGE: Demonstrated current competence and the performance of at least two (2) procedures per year for a total of four (4) in the past 24 months.

Requested Paracentesis

LUMBAR PUNCTURE

RIVERSIDE UNIVERSITY HEALTH SYSTEM
**NURSE PRACTITIONER
TRAUMA AND SURGICAL CRITICAL CARE PRIVILEGES**

Name: _____
(Last, First, Initial)

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

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CRITERIA: Direct supervision and those technical and management skills, which qualify the NP to perform a lumbar puncture by virtue of training and experience.

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

MAINTENANCE OF PRIVILEGE: Demonstrated current competence and the performance of at least two (2) procedures per year for a total of four (4) in the past 24 months.

D Requested Lumbar puncture

ARTERIAL CATHETERIZATION

CRITERIA: Direct supervision and those technical and management skills, which qualify the NP to perform arterial catheterization by virtue of training and experience.

REQUIRED PREVIOUS EXPERIENCE: Demonstrate current competence and evidence of the performance of at least ten (10) procedures in the past 12 months.

MAINTENANCE OF PRIVILEGE: Demonstrated current competence and the performance of at least five (5) procedures in the past 24 months.

D Requested Arterial Catheterization

CENTRAL VENOUS CATHETERIZATION

CRITERIA: Direct supervision and those technical and management skills, which qualify the NP to perform central venous catheterization by virtue of training and experience.

REQUIRED PREVIOUS EXPERIENCE: Demonstrate current competence and evidence of the performance of at least ten (10) procedures in the past 12 months.

MAINTENANCE OF PRIVILEGE: Demonstrated current competence and the performance of at least one (1) procedure per year for a total of two (2) in the past 24 months.

D Requested Central venous catheterization

BEDSIDE ULTRASONOGRAPHY FOR PRELIMINARY EVALUATION OF SHOCK (RUSH Protocol)

CRITERIA: Direct supervision and those technical and management skills, which qualify the NP to perform bedside ultrasonography for the preliminary evaluation of shock.

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

MAINTENANCE OF PRIVILEGE: Demonstrated current competence and the performance of at least two (2) procedures per year with four (4) in the past 24 months.

D Requested Bedside Ultrasound in Shock

PRESCRIPTIVE AUTHORITY AS DELEGATED BY A PHYSICIAN IN ACCORDANCE WITH STATE AND FEDERAL LAWS

D Requested Prescriptive Authority

The delegation to the NP to administer or dispense drugs shall include the prescribing of controlled substances.

RIVERSIDE UNIVERSITY HEALTH SYSTEM
NURSE PRACTITIONER
TRAUMA AND SURGICAL CRITICAL CARE PRIVILEGES

Name:-----
(Last, First, initial)

Effective: -----
<From-To> (To be completed by MSO)

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

I understand that:

- a. In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, 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 policies governing allied health professionals or related documents.

Practitioner Signature

Date

Signature:-----

Date: _____

Signature:-----

Date: _____

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.

Department Chair/Designee Signature

Date

RIVERSIDE UNIVERSITY HEALTH SYSTEM
NURSE PRACTITIONER
TRAUMA AND SURGICAL CRITICAL CARE PRIVILEGES

Name: _____
(Last, First, Initial)

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

IDPC Chair/Designee Signature

Date

FOCUS ON PROCTORED PRACTICE EVALUATION (OPPE)

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

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

Privileges / Procedures to be Proctored	Number of Cases to be Proctored	Method of Proctoring
Intraosseous Line Insertion	3	Direct observation 5 via direct observation
Mechanical Ventilation	10	5 via chart review
Informed Consent* (for procedures the NP will perform themselves only or for blood transfusion)	Post test, then one observation	1 via direct observation following 100% on post test
Thoracentesis with or without Tube Thoracostomy	10	10 via direct observation
Paracentesis	5	5 via direct observation
Lumbar Puncture	5	5 via direct observation
Arterial Catheterization	10	10 via direct observation
Central Venous Catheterization	10	10 via direct observation
Bedside Ultrasound in Shock (RUSH protocol)	5	3 via direct observation 2 may be via simulation or direct observation

*Indicate N/A if privilege not requested

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

LI Initial Appointment

(i.ftt. Ent. Inl.)

LI Reappointment

Effective:

Page 1

(from-To) fill become/eted by MSOI

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

LJ Requested

LJ Approved

LJ 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.

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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Effective: _____

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TRAUMA / ACUTE CARE SURGERY 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.

AND

- Documentation that confirms 16 Category I trauma-related CME hours per year averaged over a 3-year period. Documentation must include the CME topic, date, location, and number of CME hours awarded.

Description of Core Privilege

C Requested

CI Approved

CI 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.

C Requested

CI Approved

CI 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: _____
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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.

ENDOVASULAR 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*

C

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
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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

<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 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: _____

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(From To) (Obtained by MSO)

QUALIFICATIONS FOR
SPECIAL NON-CORE PRIVILEGES

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

PARTICIPATE IN TEACHING PROGRAM

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

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

- Be credentialed and privileged at 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

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
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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

0 Requested	Laparoscopic Adrenalectomy
0 Requested	Laparoscopic Splenectomy
0 Requested	Laparoscopic Low Anterior Resection
c::J Requested	Laparoscopic Hernia Repair
c::J Requested	Laparoscopic Paraesophageal Hernia Repair
c::J Requested	Laparoscopic Fundoplication (Nissen/Dor/Toupet)
c::J Approved	
c::J 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.

c::J Requested	Abdominoperineal Resection (laparoscopic/open)
c::J Requested	Low Anterior Resection (laparoscopic/open)
CI Requested	Laparoscopic/Open Rectopexy for rectal prolapsed
[] Approved	
c::J Not Approved*	

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: W. Font, Initial) -----

Effective: -----

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(From — To) (To be completed by MSO)

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

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AND

- Continuing education related to bariatric surgery is required

Description of Non-Core Privilege

Requested

8-Approved

8-NEK-III(f)!:llfGIf!!-- __oiDim-aOO-l:aparo&GepiG-BarlatriG 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

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 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

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

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

Description of Non-Core Privilege

0 Requested
0 Approved
0 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

C Requested
C Approved
C 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.

ROBONC 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 1b. above

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: (_____)

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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 UNIVERSITY 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

CI Requested Surgical Robotic Platform
CI Approved
CI Not Approved*

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last First, Initial)

Effective: _____
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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 ethics 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*

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(last, First, Initial)

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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 ana/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 hemorrhoids (internal and external) including hemorrhoidectomy
- 39.
40. Management of soft-tissue tumors, inflammations and infection
41. Operations on gallbladder, biliary tract, bile ducts, hepatic ducts, excluding biliary tract reconstruction
42. Pancreatectomy, total or partial

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name:-----
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43. Pancreatic sphincteroplasty
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 intracranial vessels
9. Endarterectomy for all vessels excluding coronary and intracranial 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: (First, Middle, Last) : : : : : = -----

Effective: -----

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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, GB. 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

RIVERSIDE UNIVERSITY HEALTH SYSTEM
 GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
<Last First Initial>

Effective: _____

[From - To] <To be completed by MSO]

KNOWLEDGMENT 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

MEC Approval: 6/12/08; 4/9/09; 6/10/10; 3/10/11. 1/31/12. 3/26/13. 6/12/14, 8/14/14, 9/11/14, 2/11/15, 8/11/16. 11/10/16.
 & 10/11/17. 2/8/18. 7/11/21

RIVERSIDE UNIVERSITY HEALTH SYSTEM
 GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____

Effective: _____

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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 Surgery, Core	5 varied cases	A,B,C, as applicable
Endovascular Surgery Core	10 total cases with at least 5 Interventional	A,B,C, as applicable
Thoracic Surgery, Core	5 varied cases 1 case	A,B,C, as applicable
Bariatric Surgery, 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 total cases with at least 1 case in each category	A,B,C, as applicable
Advanced Colo-Rectal Surgery	2 cases	A,B,C, as applicable
Procedures under Fluoroscopy	1 case	A,B,C, as applicable
Surgical Robotic Platform	2 cases	A
Clinical Ethics Consultation	1 case	B

*Indicate N/A if privilege not requested

RIVERSIDE UNIVERSITY HEALTH SYSTEM
EMERGENCY MEDICINE ADVANCED CLINICAL PRIVILEGES

Name: _____

CJ Initial Appointment

CJ Reappointment

(last, Ar5t, lriUal)

Effective: -----

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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
ADVANCED EMERGENCY MEDICINE PRIVILEGES

EMERGENCY MEDICINE ADVANCED PRIVILEGES

Criteria: To be eligible to apply for advanced privileges in emergency medicine, the 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 postgraduate training program in emergency medicine.

AND

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

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

- Active practice in an Emergency Department (ED), reflective of privileges requested, in the past 12 months.

OR

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

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

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

AND

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

AND

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

Description of Emergency Medicine Advanced Privileges

CJ Requested Emergency Medicine Advanced Privileges

Assess, evaluate, diagnose and initially treat patients of all ages, except as specifically excluded from practice, who present in the ED with any symptom, illness, injury or condition and provide services necessary to ameliorate minor illnesses or injuries; stabilize patients with major illnesses or injuries and to assess all patients to determine if additional care is necessary. Privileges do not include long-term care of patients on an in-patient basis. No privileges to admit *with the exception of writing preliminary admission orders* or perform scheduled elective procedures with the exception of procedures performed during routine emergency room follow-up visits. Privileges include performance of history and physical exam. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

The advanced 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
EMERGENCY MEDICINE ADVANCED CLINICAL PRIVILEGES

Name: <Last, First, Initial> -----

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QUALIFICATIONS FOR
NON-CORE PRIVILEGES

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

PARTICIPATE IN TEACHING PROGRAM

Supervision: Supervision is an intervention provided by a supervising practitioner to a resident physician. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functions of the resident while monitoring the quality of professional services delivered. Supervision is exercised through observation, consultation, directing the learning of the residents, and role modeling. (Note: This definition is adapted from Bernard JM, & Goodyear, R.K, *Fundamentals of Clinical Supervision*, 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 Participate in Teaching Program

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

Maintenance of Privilege:

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

Description of Non-Core Privilege

J:1 Requested Supervision of Allied Health Professionals

RIVERSIDE UNIVERSITY HEALTH SYSTEM
EMERGENCY MEDICINE ADVANCED CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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Emergency Ultrasound Non Core Privilege

Criteria: All emergency physicians should complete a training program in both image acquisition and image interpretation approved by the department. This training may take form in one of the following forms:

- Completion of an emergency medicine residency program that has emergency ultrasonography as an integral part of its curriculum.

OR

- Completion of an ACEP-approved course on emergency sonography.

OR

- Completion of training approved by the Emergency Medicine chair.

Required Previous Experience: Demonstrated current competence and evidence of the performance of at least five (5) ultrasound interpretations in the past 12 months.

Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least five (5) ultrasound interpretations in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Description of Non-Core Privilege

CJ Requested Emergency Ultrasound

DEEP SEDATION

Criteria: To be eligible for non-core privileges in deep sedation, the applicant must meet the following requirements delineated by Patient Care Policy 628, Privileging Criteria and Delineation for Moderate/Deep Sedation.

For Initial Privileges

- Be a M.D. or D.O. licensed independent practitioner who is board certified or actively pursuing board certification (board prepared) in Emergency Medicine
- Have current knowledge of both adult and pediatric airway management as demonstrated by one of the following:
 1. Residency training in Emergency Medicine
 2. Take the RUHS Airway Management for Sedation Course
 3. Possess current certification in advanced cardiac life support (ACLS) and advanced pediatric life support (PALS, APLS or the equivalent)
- Take the RUHS Online Moderate/Deep Sedation Training.
- Successfully pass the Moderate/Deep Sedation Written Exam with a score of 85% or better correct.
- Successfully complete two (2) deep sedation cases under the direct supervision of an RUHS practitioner holding appropriate clinical privileges in deep sedation.

To Maintain Privileges at the Time of Reappointment

- Completion of a minimum of two (2) deep sedation cases during his or her reappointment period.
- Take the RUHS Online Training for Moderate/Deep Sedation.

Description of Non-Core Privilege

CJ Requested Deep Sedation

Administration of sedation and analgesia

RIVERSIDE UNIVERSITY HEALTH SYSTEM
EMERGENCY MEDICINE ADVANCED CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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(To be completed by MSO)

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EMERGENCY / LIMITED TEE

Criteria: To be eligible to apply for Emergency / Limited TEE privileges, the applicant must meet the membership requirements of Riverside University Health System and the following privileging criteria:

Initial Appointment Requirements: For initial appointment in Emergency / Limited TEE privileges, the applicant must meet the following criteria:

- A total of five proctored TEE cases, two of which must be live patients. The remaining three proctored cases may be either/or live patients or simulation cases

Reappointment Requirements: To be eligible to renew Emergency / Limited TEE privileges, the applicant must meet the following maintenance of privilege criteria:

- Current demonstrated competence of 1 TEE cases within the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Description of Emergency / Limited TEE

Requested Emergency / Limited TEE

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RIVERSIDE UNIVERSITY HEALTH SYSTEM
EMERGENCY MEDICINE ADVANCED CLINICAL PRIVILEGES

Name: (u-s A B u at)-----

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(From-To) (To be completed by MSO)

Criteria: To be eligible to apply for core privileges in emergency medicine, the initial applicant must meet the following criteria:

Per diem/moonlighting resident medical staff membership shall be held by post-doctoral residents who have successfully completed at least (2) two out of (3) three years of an accredited residency program approved by the Accreditation Council on Graduate Education (ACGME) or the American Osteopathic Association (AOA) who are not eligible for another staff category and who are either licensed or registered with the appropriate State of California licensing board. All per diem/moonlighting resident medical staff members must have a license to practice medicine with the State of California.

- (a) Post-doctoral trainees who are enrolled in accredited residency training programs and who meet the above qualifications shall be appointed to the per diem resident medical staff. Members of the per diem resident/moonlighting medical staff are not eligible to hold office within the medical staff, but may participate in the activities of the medical staff through membership on medical staff committees
- (b) All medical care provided by per diem resident medical staff is under the supervision of the department chair and/or his designee(s). Care should be in accordance with the provision of a program approved by and in conformity with the Accreditation Council on Graduate Medical Education of the American Medical Association, the American Osteopathic Association, or the American Dental Association's Commission Dental Accreditation.
- (c) Appointment to the per diem resident medical staff shall be for (1) one year and may be renewed annually. Per diem resident medical staff membership may not be considered as the observational period required to be completed by provisional staff. Per diem resident medical staff membership terminates with termination from the training program. Upon completion of the training program, per diem resident medical staff may apply for regular medical staff membership.

Description of Core Privilege

CJ Requested Emergency Medicine Resident in Training -
Privileges as stated above
In requesting these privileges, I certify that I am an emergency medicine resident in training (PGY-111 or higher) in an approved training program and will perform the requested privileges only under the supervision of a fully qualified emergency medicine physician.

RIVERSIDE UNIVERSITY HEALTH SYSTEM
EMERGENCY MEDICINE ADVANCED CLINICAL PRIVILEGES

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

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

1. Abscess incision and drainage, including Bartholin's cyst
2. Airway management and intubation
3. Administration of sedation and analgesia
4. Administration of thrombolytic therapy for myocardial infarction, stroke
5. Anoscopy
6. Application of splints and plaster molds
7. Arterial puncture and cannulation
8. Arthrocentesis
9. Anesthesia: intravenous (upper extremity, local, and regional)
10. Bladder decompression and catheterization techniques
11. Blood component transfusion therapy
12. Burn management, including escharotomy
13. Cannulation, artery and vein
14. Cardiac pacing to include, but not limited to, external, transthoracic, transvenous
15. Cardiac massage, open or closed
16. Cardioversion (synchronized counter shock)
access: femoral, jugular, peripheral, internal, subclavian and cutdowns
17. Central venous
18. Chemical restraint of agitated patient
19. Cricothyrotomy
20. Defibrillation
21. Delivery of newborn, emergency
22. Dislocation/fracture reduction/immobilization techniques, including splint and cast applications
23. Electrocardiography interpretation
24. Endotracheal intubation techniques
25. External Transcutaneous pacemaker
26. GI decontamination (emesis, lavage, charcoal)
27. Hernia reduction
28. Immobilization techniques
29. Irrigation and management of caustic exposures
30. Insertion of emergency transvenous pacemaker
31. Intracardiac injection
32. Intraosseous infusion
33. Laryngoscopy, direct, indirect
34. Lumbar puncture
35. Management of epistaxis
36. Nail trephine techniques
37. Nasal cautery/packing
38. Nasogastric/orogastric intubation
39. Ocular tonometry

RIVERSIDE UNIVERSITY HEALTH SYSTEM
EMERGENCY MEDICINE ADVANCED CLINICAL PRIVILEGES

Name: _____
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40. Oxygen therapy
41. Paracentesis
42. Pericardiocentesis
43. Peripheral venous cutdown
44. Peritoneallavage
45. Preliminary interpretation of imaging studies
46. Removal of foreign bodies, airway including nose, eye, ear, soft instrumentation/irrigation, skin or subcutaneous tissue
47. Removal of IUD
48. Repair of lacerations
49. Resuscitation
50. Slit lamp used for ocular exam, removal of corneal foreign body
51. Splint or cast application after reduction of fracture or dislocation
52. Spine immobilization
53. Thoracentesis
54. Thoracostomy tube insertion
55. Thoracotomy, open for patient in extremis
56. Tracheostomy
57. Use of manual and mechanical ventilators and resuscitators
58. Variceallnonvariceal hemostasis
59. Wound debridement and repair
60. Moderate Sedation

Emergency Medicine Resident in Training

Patients of all ages: Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Privileges include but are not limited to:

1. Abscess incision and drainage, including Bartholin's cyst
2. Anoscopy
3. Application of splints and plaster molds
4. Arterial puncture and cannulation
5. Art hrocentesis
6. Bi-valve cast removal
7. Local burn management
8. Chemical restraint of agitated patient
9. Delivery of newborn, emergency
10. Dislocation/fracture reduction/immobilization techniques, including splint and cast applications
11. G tube replacement
12. Hernia reduction
13. Immobilization techniques
14. Injection of Bursa/Trigger point
15. Irrigation and management of caustic exposures
16. Laryngoscopy, direct, indirect
17. Local and Digital anesthesia
18. Management of epistaxis
19. Nail trephination techniques
20. Ocular tonometry
21. Paracentesis
22. Preliminary interpretation of imaging studies
23. Rectal/vaginal foreign body removal

RIVERSIDE UNIVERSITY HEALTH SYSTEM
EMERGENCY MEDICINE ADVANCED CLINICAL PRIVILEGES

Name: -----
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24. Removal of foreign bodies, airway including nose, eye, ear, soft instrumentation/irrigation, skin or subcutaneous tissue
 25. .Removal of IUD
 26. Repair of lacerations
 27. Rust ring removal with corneal burr
 28. . Slit lamp used for ocular exam, removal of corneal foreign body

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RIVERSIDE UNIVERSITY HEALTH SYSTEM
EMERGENCY MEDICINE ADVANCED CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective:

Form to be completed by MSQ

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

Department Chair/Designee Signature

Date

RIVERSIDE UNIVERSITY HEALTH SYSTEM
EMERGENCY MEDICINE ADVANCED CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____
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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: _____

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
1. Procedural- Musculoskeletal, Chest, or Airway	1	A
2. Procedural- Ultrasound	1	B
3. Procedural Sedation: Deep	2	A
4. Injury	1	A
5. Pediatrics	1	A
6. Cardiovascular	1	A
7. Emergency / Limited TEE	2 Live Patients 3 SIM cases	8

ORTHOPEDIC SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First Initial)

Initial Appointment
 Reappointment

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

Page 2

Orthopedic Surgery Core Privileges

D Requested Admit, consult, evaluate, diagnose and treat patients of all ages, and provide consultation to critically ill patients of all ages in the intensive care unit, except as specifically excluded from practice. Privilege includes the performance of medical history and physical examination.

Privileges also include the following: correct or treat various conditions, illnesses and injuries of the extremities, spine, and associated structures by medical, surgical, and physical means including but not limited to congenital deformities, trauma, infections, metabolic disturbances of the musculoskeletal system, deformities, injuries, and degenerative diseases of the spine, hands, feet, knee, hip, shoulder, and elbow including primary and secondary muscular problems, and the effects of central or peripheral nervous system lesions of the musculoskeletal system.

Musculoskeletal oncology for patients with bone and soft tissue tumors and tumor-like conditions.

Treatment of hand injuries and disorders of all structures of the upper extremity directly affecting the form and function of the hand and wrist by medical, surgical, and rehabilitative means.

Privileges include pediatric orthopedic surgery, the medical and surgical care of children under the age of 18 years with disorders, diseases, and injuries of the extremities, pelvis, shoulder, girdle, and spine. Privileges include but are not limited to treatment of fractures, dislocations, arthritis, and other diseases of joints; infections, tumors, tumor-like lesions, and metabolic diseases of the bone, joint tendon, tendon sheath, fascia, bursa and nerves; congenital, traumatic, infectious, postural, developmental, neurogenic, and metabolic deformities and diseases, including reconstructive surgery in children to correct traumatic, postural, congenital, neurogenic, arthritic, and idiopathic deformity or diseases of the extremities, spine or pelvis; operative and non-operative treatment of abrasions, contusions, hematomas, and lacerations (both superficial and deep) anywhere about the body.

Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

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

ORTHOPEDIC SURGERY CLINICAL PRIVILEGES

Name: _____

(Last, First, Initial)

Initial Appointment

Reappointment

Effective: _____

(From-To) (To be completed by MSO)

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QUALIFICATIONS FOR
NON-CORE PRIVILEGES

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

PARTICIPATE IN TEACHING PROGRAM

Supervision: Supervision is an intervention provided by a supervising practitioner to a resident physician. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functions of the resident while monitoring the quality of professional services delivered. Supervision is exercised through observation, consultation, directing the learning of the residents, and role modeling. (Note: This definition is adapted from Bernard JM, & Goodyear, R.K., *Fundamentals of Clinical Supervision*, 1st 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.

ORTHOPEDIC SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

CI Initial Appointment
CI Reappointment

Effective: ____-____-____: ____-____-____, ____:____:____, ____
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- Provide an appropriate level of supervision during the performance of procedures. (Determination of this level of supervision is generally left to the discretion of the attending physician within the content of the previously described levels of responsibility assigned to the Individual resident involved. This determination is a function of the experience and competence of the resident and the complexity of the specific case.)
- Documentation of resident supervision will be monitored during the course of peer review. Any case reviewed in which it appears that there is inadequate supervision will be forwarded to the Professional Practice Evaluation Committee.

Description of Non-Core Privilege

Requested Participate in Teaching Program

SUPERVISE ALLIED HEALTH PROFESSIONALS

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

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

- Be credentialed and privileged at 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 Supervision of Allied Health Professionals

ORTHOPEDIC SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

CI Initial Appointment
CI Reappointment

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

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MINIMALLY INVASIVE TOTAL JOINT ARTHROPLASTY, NON-CORE

Criteria: Applicants must have completed an ACGME- or ADA-accredited training program in orthopedic surgery followed by completion of specialized training in minimally invasive THA.

Required Previous Experience: Demonstrated current competence and evidence of the performance of at least 25 minimally invasive TJAs in the past 12 months.

Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least 25 minimally invasive TJAs in the past 24 months and based on results of ongoing professional practice evaluation and outcomes.

Description of Non-Core Privilege

D Requested Minimally Invasive Total Joint Arthroplasty

REPLANTATION SURGERY

Criteria: Successful completion of an ACGME- or ADA-accredited one-year surgery of the hand program or an accredited one-year reconstructive microsurgery program.

Description of Non-Core Privilege

D Requested Replantation Surgery

RIB FIXATION AND CHEST TUBE PLACEMENT

Criteria: Successful completion of an ACGME- or ADA-accredited residency training program in orthopedic surgery, approval of the Orthopedic Surgery Department Chair, successful completion of an approved course in thoracic trauma technology with appropriate certification (department chair has approval authority) and surgeries must be performed in consultation with a General Surgery attending who has current Thoracic Surgery Core Privileges.

Upon approval of RUHS clinical privileges in Rib Fixation and Chest Tube Placement, the provider will require proctoring by a qualified orthopedic surgeon ("qualified" is defined as a provider who has successfully completed an approved course in thoracic trauma technology with appropriate certification) OR a General Surgery attending who has current Thoracic Surgery core privileges. To complete the proctoring requirement, providers must perform three (3) initial procedures in consultation with a qualified orthopedic surgeon ("qualified" is defined as a provider who has current Rib Fixation and Chest Tube Placement privileges) OR a General Surgery attending who has current Thoracic Surgery Core privileges.

Description of Non-Core Privilege

D Requested Rib Fixation and Chest Tube Placement

ORTHOPEDIC SURGERY CLINICAL PRIVILEGES

Name: _____
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LJ Initial Appointment
LJ Reappointment

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

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QUALIFICATIONS FOR NON-CORE
ORTHOPEDIC SURGERY OF THE SPINE

To be eligible to apply for non-core privileges in orthopedic surgery of the spine, the initial applicant must meet the membership requirements of Riverside University Health System and the following criteria:

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

AND

- Postgraduate fellowship training in orthopedic surgery of the spine or neurosurgery of the spine, unless privileges granted prior to February 2011.

AND

- Current certification or active participation in the examination process leading to certification by the American Board of Medical Specialties in the specialty or subspecialty in which privileges are requested OR the American Osteopathic Board in the specialty or subspecialty in which privileges are requested OR the American Board of Spine Surgery.

Required Previous Experience: Applicants for Initial appointment must be able to demonstrate:

- Performance of surgery of the spine, in the privileges requested, at least 20 times during the last 12 months

OR

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

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

- Current demonstrated competence and an adequate volume of experience (20 surgical procedures) with acceptable results in the privileges requested for the past 24 months and based on results of ongoing professional practice evaluation and outcomes.
- Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

AND

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

ORTHOPEDIC SURGERY OF THE SPINE NON-CORE PRIVILEGES

D Requested Admit, consult, evaluate, diagnose and treat patients of all ages, and provide consultation to critically ill patients of all ages in the intensive care unit, except as specifically excluded from practice, with spinal column diseases, disorders, and injuries by medical, physical and surgical methods including the provision of consultation. 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.

The 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.

ORTHOPEDIC SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

0 Initial Appointment
0 Reappointment

Effective: _____
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BALLOON KYPHOPLASTY

Criteria: Successful completion of an ACGME or AOA accredited residency program in orthopedic surgery, neurology, neuro-radiology, or interventional radiology that included training in balloon kyphoplasty. Applicants must also have completed an approved training course in the use of the inflatable bone tamp and have been pre-sterilized in their initial cases by a Kyphon company representative. Applicants must also have completed training in radiation safety.

Description of Non-Core Privilege

8 Requested Balloon Kyphoplasty

ARTIFICIAL DISC REPLACEMENT (ADR)

Criteria: Successful completion of an ACGME- or AOA-accredited residency training program in orthopedic surgery or neurological surgery and completion of an approved training program in the Insertion of artificial discs.

Required Previous Experience: Demonstrated current competence and evidence of the performance of at least 2 ADR surgery procedures in the past 12 months.

Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least 2 ADR surgery procedures in the past 24 months and based on results of ongoing professional practice evaluation and outcomes.

Description of Non-Core Privilege

D Requested Artificial Disc Replacement (ADR)

PROCEDURES UNDER FLUOROSCOPY

Criteria: Successful completion of an ACGME- or AOA-accredited residency training program in orthopedic surgery or neurological surgery and valid State of California fluoroscopy certificate.

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

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

Procedures under Fluoroscopy include:

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

Description of Non-Core Privilege

D Requested Procedures under Fluoroscopy

ORTHOPEDIC SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

CJ Initial Appointment
CJ Reappointment

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

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

Orthopedic Surgery Core Procedures:

1. Amputation surgery
2. Arthrocentesis, diagnostic
3. Arthrodesis, osteotomy and ligament reconstruction of the major peripheral joints, excluding total replacement of joint
4. Arthrography
5. Arthroscopic surgery
6. Biopsy and excision of tumors involving bone and adjacent soft tissues
7. Bone grafts and allografts
8. Carpal tunnel decompression
9. Closed reduction of fractures and dislocations of the skeleton
10. Debridement of soft tissue
11. Excision of soft tissue/bony masses
12. Fasciotomy and fasciectomy
13. Fluoroscopy (certificate required)
14. Fracture fixation
15. Growth disturbances such as injuries involving growth plates with a high percentage of growth arrest, growth inequality, epiphysiodesis, stapling, bone shortening or lengthening procedures
16. Ligament reconstruction
17. Major arthroplasty, including total replacement of knee joint, hip joint, shoulder
18. Major cancer procedures involving major proximal amputation (i.e., forequarter, hindquarter) or extensive segmental tumor resections
19. Management of infectious and inflammations of bones, joints and tendon sheaths
20. Muscle and tendon repair
21. Open and closed reduction of fractures and dislocations of the skeleton
22. Open reduction and internal/external fixation of fractures and dislocations of the skeleton
23. Reconstruction of non-spinal congenital musculoskeletal anomalies
24. Removal of soft tissue mass, ganglion cyst
25. Total joint replacement revision
26. Total joint surgery
27. Treatment of extensive trauma, excluding pelvis or spine
28. Treatment of pelvis and acetabulum
29. Arthroplasty of large and small joints, wrist or hand, including implants
30. Microvascular procedures
31. Nerve graft
32. Neurorrhaphy
33. Repair of lacerations

Riverside University Health System
ORTHOPEDIC SURGERY CLINICAL PRIVILEGES

Name: _____
(last, first, initial)

LI Initial Appointment
 LI Reappointment

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:

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
Orthopedic Surgery Core	10 varied cases	B
Spine Non-Core	5 varied cases	B
General Orthopedic Surgery	5 varied cases	
Minimally Invasive Total Joint Arthroplasty	3 cases	
Balloon Kyphoplast	2 cases	
Replantation Surgery	1 case	
Artificial Disc Replacement (ADR)	2 cases	B
Rib Fixation	3 case	
Procedures under Fluoroscopy	s	

*Indicate N/A if privilege not requested.

March 14, 2019

To: File
From: Medical Executive Committee
Subject: Medical Staff Attestation Appointment, Reappointments and Clinical Privileges

A. Approval of Medical Staff Appointments and Clinical Privileges:

- | | | |
|----------------------------|-----------------|-------------------|
| 1. Agbisit, Michael, NP | Anesthesiology | AHP - Provisional |
| 2. Hajjha, Mohammad, MD | Surgery | Provisional |
| 3. Lopata, Lindsay, MD | Anesthesiology | Provisional |
| 1 Dismissed Claim Reported | | |
| 4. Shaker, Vikram M., MD | Radiology | Provisional |
| 5. Sherstinsky, Mark, OD | Family Medicine | Provisional |
| 6. Zaheer, Salman, MD | Surgery | Provisional |
| Temporary Privileges | | |

- | B. <u>Approval of Reappointments:</u> | <u>Department:</u> | <u>Reappointment Cycle:</u> | <u>Status:</u> |
|--|---------------------------|------------------------------------|-----------------------|
| 1. Aaen, Gregory S., MD | Pediatrics | 04/01/2019 – 03/31/2021 | Active |
| 2. Kang, Ilho, MD | Medicine | 04/01/2019 – 03/31/2021 | Active |
| 3. Lodriguito, Ida Z., MD | Psychiatry | 04/01/2019 – 03/31/2021 | Active |
| 4. Michelson, David J., MD | Pediatrics | 04/01/2019 – 03/31/2021 | Consulting |
| 5. Ochoa, Humberto R., MD | Emergency Medicine | 04/01/2019 – 03/31/2021 | Active |
| 1 Closed Claim Reported | | | |
| 6. Razzouk, Akram Y., MD | Psychiatry | 04/01/2019 – 03/31/2021 | Active |
| 7. Wagner, Robert J., MD | OB / Gyn | 04/01/2019 – 03/31/2021 | Active |
| Additional Privilege: | | | |
| CO2 Laser | | | |
| 8. Walla, Jaswinder K., MD | Psychiatry | 04/01/2019 – 03/31/2021 | Active |
| 9. Yao, Tom, MD | Anesthesiology | 04/01/2019 – 03/31/2021 | Active |
| 10. Yun, Jane, MD | OB / Gyn | 04/01/2019 – 03/31/2021 | Active |
| 2 Pending Claims Previously Reported | | | |

C. Final FPPE /Reciprocal* Advancement of Staff Status:

- | | | |
|-------------------------------|--------------------|--------|
| 1. Coimbra, Raul, MD | Surgery | Active |
| 2. Knox, Christie K., DO | Emergency Medicine | Active |
| 3. Nader, Laura M., MD | Family Medicine | Active |
| 4. Rippner, Robert Steven, MD | Radiology | Active |

- | D. <u>FPPE – Final Proctoring:</u> | <u>Department</u> |
|---|--------------------------|
| 1. Kirby, Lisa, NP | Pediatrics |
| 2. Mora, Llesenia, PA-C | Medicine |
| 3. Patel, Rita, NP | Pediatrics |
| 4. Routledge, Erin N., FNP-C | Emergency Medicine |
| 5. Spencer, Rose M., NP | Pediatrics |

E. FPPE/Reciprocal* Complete Remain on Provisional:

- | | |
|------------------------|------------|
| 1. Alpati, Sampath MD | Radiology |
| 2. Beydoun, Alaa, MD | Radiology |
| 3. Lis, Steven T., MD | Radiology |
| 4. Ngo, Larry, MD | Pediatrics |
| 5. Ospina, Jose A., MD | Radiology |
| 6. Raper, Paul L., MD | Radiology |
| 7. Thomson, Bryon, DO | Radiology |

F. Change in Staff Category:

- | | | |
|----------------------------|---------|----------------|
| 1. Tabuenca, Arnold D., MD | Surgery | Administrative |
|----------------------------|---------|----------------|

G. Request for Additional Privilege(s):

- | | |
|--------------------------|------------|
| 1. Anderson, Kristen, MD | OB / Gyn |
| 2. Cabrera, Irena B., MD | OB / Gyn |
| 3. Kirby, Lisa, NNP | Pediatrics |
| 4. Ko, Grant N., MD | Psychiatry |
| 5. Momeni, Mazdak, MD | OB / Gyn |
| 6. Patel, Rita, NNP | Pediatrics |

Privilege(s) Requested:

- CO2 Laser
- Lower Genital Tract Laser
- CO2 Laser
- Lower Genital Tract Laser
- Obtaining Informed Consent
- Supervise AHP & Psych.
- CO2 Laser
- Lower Genital Tract Laser
- Obtaining Informed Consent

H. Withdrawal of Privilege(s):

- | | |
|-------------------------|--------------|
| 1. Coimbra, Raul, MD | Surgery |
| 2. Mora, Liesenia, PA-C | Medicine |
| 3. Oei, Grace C., MD | Pediatrics |
| 4. Siddiqi, Javed, MD | Neurosurgery |
| 5. Tiao, Lily J., NP | Medicine |

Privilege(s) Withdrawn:

- Procedures w/ Fluoroscopy
- Intraosseous Line
- Bronchoscopy
- Moderate Sedation
- Emergency Medicine

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

- | | | |
|-----------------------------|--------------------|--------|
| 1. Fullerton, Tricia, DO | Anesthesiology | 4/1/19 |
| 2. Sheldon, Michelle, PA-C | Emergency Medicine | 4/1/19 |
| 3. Young-Snodgrass, Amy, MD | Pediatrics | 4/1/19 |

J. Resignations/*Withdraw of Application(s):

- | | | |
|---------------------------|--------------------|-------------|
| 1. Hanna, Bassem M., MD | Surgery | 3/31/19 |
| 2. Layton, Keli R., PA-C | Emergency Medicine | Immediately |
| 3. Liu, Roy P., MD | Medicine | 3/16/19 |
| 4. Myers, Timothy, MD | Radiology | 2/09/19 |
| 5. Nguyen, Henry T., MD | Surgery | 2/19/19 |
| 6. Pansawari, Irin, DO* | Family Medicine | 2/13/19 |
| 7. Sanders, Valerie, PA* | Psychiatry | Immediately |
| 8. Taswell, Carl, MD* | Psychiatry | Immediately |
| 9. Wang, Benjamin Y., MD* | Radiology | Immediately |

Effective Date:

K. Orthopedic Surgery Privilege Form - Revisions:

- Move Balloon Kyphoplasty to Spine Surgery core procedure list

L. Emergency Medicine Privilege Form – Additional Privilege:


- Add Moonlighting Resident Privileges to the Emergency Medicine clinical privilege form.

M. Nurse Practitioner Trauma and Surgical Critical Care Privilege Form - New:

- A new privileges form was presented for Nurse Practitioner Trauma and Surgical Critical Care Privileges

I hereby:

- 1) Attest that the medical center's Medical Executive Committee March 14th, 2019 recommend approval of the appointment, reappointments, proctoring, additional privileges, withdraw of privileges, resignation/withdrawals and automatic terminations.
- 2) Approve the listed changes as recommended by the Medical Executive Committee; and
- 3) Recommend that the Board of Supervisors ratify the listed changes as recommended by the Medical Executive Committee.



Jennifer Cruikshank
Chief Executive Officer – RUHS

February 14, 2019

To: File
 From: Medical Executive Committee
 Subject: Medical Staff Attestation Appointment, Reappointments and Clinical Privileges

A. Approval of Medical Staff Appointments and Clinical Privileges:

- | | | |
|--------------------------------|--------------------|-------------------|
| 1. Jodhka, Upinder, MD | Pediatrics | Provisional |
| Temporary Privileges Requested | | |
| 2. Kamson, Olayinka A., MD | Psychiatry | Provisional |
| Temporary Privileges Requested | | |
| Not Board Certified | | |
| 3. Kim, John J., MD | Medicine | Provisional |
| Temporary Privileges Requested | | |
| 4. Steinmann, Alexandra, PA-C | Emergency Medicine | AHP - Provisional |
| 5. Yamaguchi, Toshia A., MD | Psychiatry | Provisional |

B. Approval of Reappointments: Department: Reappointment Cycle: Status:

- | | | | |
|-------------------------|------------|-------------------------|--------|
| 1. Grant, Sophia R., MD | Pediatrics | 03/01/2019 – 02/28/2021 | Active |
| 2. Hong, Linda J., MD | OB / Gyn | 03/01/2019 – 02/28/2021 | Active |

Additional Privilege(s):

- Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy
- Aspiration of breast masses
- Cervical biopsy including conization
- Colpocleisis
- Colpoplasty
- Colposcopy
- Cystoscopy as part of gynecological procedure including urethral stent and/or catheterization.
- Diagnostic and Therapeutic D & C
- Diagnostic and Operative Laparoscopy
- Endometrial ablation
- Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis, and adhesions
- Gynecologic sonography
- Hysterosalpingography
- Hysteroscopy, diagnostic or ablative excluding use of resection technique
- I & D of pelvic abscess
- Incidental appendectomy
- Metroplasty
- Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess)
- Myomectomy, abdominal

- Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary or cervix
- Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure
- Operation for uterine bleeding (abnormal and dysfunctional)
- Operation for uterine bleeding (abnormal and dysfunctional)
- Operations for treatment of benign pelvic disease: D & C with conization, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy
- Uterovaginal fistula
- Vesicovaginal fistula, rectovaginal fistula repair
- Vulvar biopsy
- Vulvectomy, simple

Lasers:

- CO2
- Lower Genital Tract Procedures

3. Huang, Louise L., MD	Family Medicine	03/01/2019 – 02/28/2021	Active
4. Ioffe, Yeveniya, MD	OB / Gyn	03/01/2019 – 02/28/2021	Active

Additional Privilege(s):

- Supervision of AHP

Lasers:

- CO2
- Lower Genital Tract Procedures

5. Kim, Soo Y., MD	Pediatrics	03/01/2019 – 02/28/2021	Active
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Withdrawal of Privilege(s):

- Moderate Sedation

6. Lopez, Merrick R., MD	Pediatrics	03/01/2019 – 02/28/2021	Active
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Additional Privilege(s):

- Participate in Teaching Program
- Supervision of AHP

7. Mattison, Katherine M., NP	Medicine	03/01/2019 – 02/28/2021	AHP
8. Mirshahidi, Hamid R., MD	Medicine	03/01/2019 – 02/28/2021	Active

Withdrawal of Privilege(s):

- Internal Medicine Core

9. Pandit, Ivy C., MD	Medicine	03/01/2019 – 02/28/2021	Active
10. Pasillas, Desiree A., PA-C	Emergency Medicine	03/01/2019 – 02/28/2021	AHP
11. Sawires, Sameh G., MD	Detention Health	03/01/2019 – 02/28/2021	Adjunct
1 open case			
12. Scalzitti, Heidi, MD	Medicine	03/01/2019 – 02/28/2021	Active
13. Teruya, Theodore H., MD	Surgery	03/01/2019 – 02/28/2021	Active

Additional Privilege(s):

- Moderate Sedation
- Fluoroscopy

14. Walia, Sabrina K., FNP	Medicine	03/01/2019 – 02/28/2021	AHP
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C. Final FPPE /Reciprocal* Advancement of Staff Status:

1. Beydoun, Tamman, DO	Radiology	Active
2. Block, Barry S., MD	OB / Gyn	Active
3. Evans, Tiare, MD	OB / Gyn	Active
4. Gheorghe, Ciprian, MD	OB / Gyn	Active
5. Langenhan, Jessica, MD	Psychiatry	Active
6. McLean, Lynn, MD	OB / Gyn	Active
7. Nooryani, Farnoosh, MD	Radiology	Active
8. Ploesser, Markus, MD	Psychiatry	Active
9. Saleh, Omar, MD	Radiology	Active

D. FPPE – Partial Proctoring:

1. Rippner, Robert Steven, MD Radiology

Pending Proctoring:

- 4 Teleradiology Cases

E. FPPE/Reciprocal* Complete Remain on Provisional:

1. Beem, Ashley, MD OB / Gyn
2. Srivastava, Shrinkhla, MD Pediatrics

F. FPPE – Final Proctoring for Additional Privileges: Proctored:

1. Downey, Kelly, MD Medicine • Moderate Sedation
2. Fargo, Ramiz A., MD Medicine • Moderate Sedation
3. Moellmer, Rebecca, DPM Medicine • Rearfoot

G. Change in Staff Category:

1. Minahan, Thomas, Jr., DO Emergency Medicine Active
2. Skubic, John W., MD Orthopedic Surgery Active

H. Request for Additional Privilege(s):

1. Friedman, Alexander, DO Medicine • Moderate Sedation
2. Galvan, Vivian D., FNP Medicine • Obtaining Informed Consent
3. Kim, Stella J., MD Psychiatry • Supervise AHP & Psychologist
4. Mandry, Margaret M., PA-C Emergency Medicine • Obtaining Informed Consent

Privilege(s) Requested:

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

1. Vanderlinden, Joseph L., MD Surgery Immediately

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

2. Howard, IV, Frank D., MD Medicine (H/O) 03/01/2019

K. Resignations/*Withdraw of Application(s):

1. An, Jason K., MD Emergency Medicine 03/01/2019
2. Aquino, Suzanne, MD Radiology Immediately
3. Arda, Carmencita B., FNP Family Medicine Immediately
4. Burton, Paul D., DO Orthopedic Surgery 03/01/2019
5. Depew, Aron J., MD Surgery Immediately
6. Rhamie, Margarete M., FNP Anesthesiology Immediately
7. Tran, Vy Thao, MD Radiology Immediately
8. Willis, Brigitte Y., MD, PhD Detention Health 02/01/2019

Effective Date:

L. Obstetrics & Gynecology Privilege Form - Revisions:


- Laser Non-Core Privileges – Changed the completion of an approved 8-10 hour minimum CME course to a 4 hour minimum CME course.

M. Surgery Clinical Privilege Form - Revisions:

- Bariatric Surgery – Removal of privileges
- Proctoring Requirements – Revised

hereby:

- 1) Attest that the medical center's Medical Executive Committee February 14th, 2019 recommend approval of the appointment, reappointments, proctoring, additional privileges, withdraw of privileges, resignation/withdrawals and automatic terminations.
- 2) Approve the listed changes as recommended by the Medical Executive Committee; and
- 3) Recommend that the Board of Supervisors ratify the listed changes as recommended by the Medical Executive Committee.



Jennifer Cruikshank
Chief Executive Officer – RUHS

January 10, 2019

To: File
 From: Medical Executive Committee
 Subject: Medical Staff Attestation Appointment, Reappointments and Clinical Privileges

A. Approval of Medical Staff Appointments and Clinical Privileges:

- | | | |
|---|--------------------|----------------------------|
| 1. Alvarado, Liza P., NP | Psychiatry | Allied Health Professional |
| 2. Chowdhry, Omar, DO | Anesthesiology | Provisional |
| 3. Horenstein, Janet M., MD | OB / Gyn | Provisional |
| (1 Pending Claim Reported) | | |
| 4. Kim, Stella J., MD | Psychiatry | Provisional |
| 5. Ko, Grant N., MD | Psychiatry | Provisional |
| 6. Lucas, Daniel N., MD | Radiology | Provisional |
| 7. Meadows, LaVonne M., MD | Medicine | Provisional |
| 8. Mulla, Neda F., MD | Pediatrics | Provisional |
| 9. Oster, Cyrus, MD | Pathology | Provisional |
| (Temporary Privileges Granted 12/20/18) | | |
| 10. Siau, Christina F., PA-C | Emergency Medicine | Allied Health Professional |
| 11. Wheeler, Nicole M., MD | Surgery | Provisional |
| (MBOC – Probation Terminated) | | |

B. Approval of Reappointments: Department: Reappointment Cycle: Status:

- | | | | |
|--|-----------------|-------------------------|-------------|
| 1. Allen, Jonathan L., MD | Orthopedic Sur. | 02/01/2019 – 01/31/2021 | Active |
| 2. Andrade, Jessica, MD | Family Medicine | 02/01/2019 – 01/31/2021 | Active |
| 3. Bannout, Firas, MD | Medicine | 02/01/2019 – 01/31/2021 | Active |
| 4. Bharadwaj, Aditya S., MD | Medicine | 02/01/2019 – 01/31/2021 | Active |
| (Additional Privileges) | | | |
| <ul style="list-style-type: none"> • Internal Medicine Core • PCU • ACCU • Telemedicine • Cardiovascular Lab (CVL) and Cardiac Lab (CL): • Electrophysiologic studies • Implant defibrillator and defibrillator threshold testing including subcutaneous placement of defibrillation lead • Catheter ablation for arrhythmia | | | |
| • Endomyocardial biopsy | | | |
| 5. DeFranco, Jeremy, MD | Psychiatry | 02/01/2019 – 01/31/2021 | Active |
| 6. Drinhaus, Rolf R., MD | Orthopedic Sur. | 02/01/2019 – 01/31/2021 | Active |
| 7. Figueroa, Heather, MD | OB / Gyn | 02/01/2019 – 01/31/2021 | Active |
| 8. Garberoglio, Maria C., MD | Pediatrics | 02/01/2019 – 01/31/2021 | Active |
| 9. Granados, Kenneth, PA-C | Psychiatry | 02/01/2019 – 01/31/2021 | AHP-Current |
| (Additional Privileges) | | | |

	• Informed Consent			
10.	Hadley, Dean A., MD (additional privilege)	Surgery	02/01/2019 – 01/31/2021	Active
	• Photo-selective vaporization of the prostate (PVP)			
11.	Hayton, William A., MD	Psychiatry	02/01/2019 – 01/31/2021	Active
12.	Hopkins, Gail E., MD	Orthopedic Sur.	02/01/2019 – 01/31/2021	Active
13.	Leung, Geoffrey W., MD	Family Medicine	02/01/2019 – 01/31/2021	Active
14.	Loh, Jeffrey S., DDS	Detention Health	02/01/2019 – 01/31/2021	Adjunct
15.	Martorell-Bendezu, Lily, MD	Pediatrics	02/01/2019 – 01/31/2021	Active
16.	Nigam, Vinod, MD	Psychiatry	02/01/2019 – 01/31/2021	Active
17.	Ochoa, William G., MD	Medicine	02/01/2019 – 01/31/2021	Active
18.	Oei, Grace C., MD	Pediatrics	02/01/2019 – 01/31/2021	Active
19.	Rao, Ravindra, MD	Pediatrics	02/01/2019 – 01/31/2021	Active
	(Withdrawal of Privilege)			
	• Moderate Sedation			
20.	Schlechter, John A., MD (Withdrawal of Privilege)	Orthopedic Sur.	02/01/2019 – 01/31/2021	Active
	• Telemedicine (Additional Privilege)			
	• Procedures under Fluoroscopy			
21.	Steinmann, John C., DO (Withdrawal of Privilege)	Orthopedic Sur.	02/01/2019 – 01/31/2021	Active
	• Rib Fixation			
22.	Sutjita, Made, MD (Additional Privilege)	Medicine	02/01/2019 – 01/31/2021	Active
	• Participate in Teaching Program			
23.	Thomazin, Glen, DO	Family Medicine	02/01/2019 – 01/31/2021	Administrative
24.	To, Duc D., MD (Withdrawal of Privilege)	Medicine	02/01/2019 – 01/31/2021	Active
	• Telemedicine			
25.	Trupp, Diana L., MD	Pediatrics	02/01/2019 – 01/31/2021	Active
26.	Umugbe, Oghenesume, MD (MBOC – Report previously discussed no changes) (1 pending claim reported)	Psychiatry	02/01/2019 – 01/31/2021	Active
27.	Wang, Bing, MD	Pathology	02/01/2019 – 01/31/2021	Active

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

1.	Mirza, Farrukh, MD	Pediatrics	01/31/19
2.	Qureshi, Sonea I., MD	Pediatrics	01/31/19
3.	Tinsley, Cynthia H., MD	Pediatrics	01/31/19

D. Resignations/*Withdraw of Application(s):

			Effective Date:
1.	Alexander, Andrew G., MD	Family Medicine	Immediately
2.	Balli, Kevin C., MD	OB / Gyn	12/31/18
3.	Cobb, Steven R., MD	Radiology	11/30/18
4.	Gimbel, Howard V., MD	Ophthalmology	02/01/19
5.	Jillani, Sarah A., MD	Psychiatry	01/10/19
6.	King, Aubrey A., MD	Psychiatry	12/10/18
7.	Kyi, Sandar, MD	Family Medicine	01/31/19
8.	Leung, Peter K., MD	OB / Gyn	12/31/18
9.	Nguyen, Son, MD	OB / Gyn	12/05/18
10.	Schneider, Myron, MD	Radiology	12/21/18
11.	Siddighi, Sam, MD	OB / Gyn	11/30/18

I hereby:

- 1) Attest that the medical center's Medical Executive Committee January 10, 2019 recommend approval of the appointment, reappointments, proctoring, additional privileges, withdraw of privileges, resignation/withdrawals and automatic terminations.
- 2) Approve the listed changes as recommended by the Medical Executive Committee; and
- 3) Recommend that the Board of Supervisors ratify the listed changes as recommended by the Medical Executive Committee.



Jennifer Cruikshank
Chief Executive Officer – RUHS