



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



**ITEM: 15.2
(ID # 11904)**

**MEETING DATE:
Tuesday, February 25, 2020**

FROM : RUHS-MEDICAL CENTER:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM - MEDICAL CENTER: Ratification and Approval of the Medical Staff Appointments, Reappointments, Voluntary Resignations, Automatic Termination, Clinical Privileges, Withdrawal of Privileges, Proctoring and Change in Staff Category, and Revision of Clinical Privileges Form as recommended by the Medical Executive Committee on October 10, 2019, November 14, 2019 and December 12, 2019; All Districts. [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify and approve Medical Staff Appointments, reappointments, additional privileges, withdrawal of privileges, leave of absence, resignations and withdrawals, automatic termination as recommended by the Medical Executive Committee on October 10, 2019, November 14, 2019, and December 12, 2019.

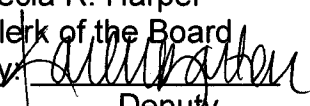
ACTION: Consent


Jennifer Cruikshank, Chief Executive Officer - Health System 2/5/2020

MINUTES OF THE GOVERNING BOARD

On motion of Supervisor Spiegel, seconded by Supervisor Jeffries 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: February 25, 2020
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:	19/20

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

The Medical Executive Committee on October 10, 2019, November 14, 2019 and December 12, 2019 recommended to refer the following to the Board of Supervisors for review and action:

Approval of Medical Staff Appointments and Clinical Privileges, Reappointments, Focused Professional Practice Evaluation (FPPE)/Reciprocal* 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

Clinical Privilege forms requested for approval:

- A. **Department of Surgery Clinical Privilege Form**
The Department of Surgery submitted a request for approval.
- B. **NP Clinical Neurological Sciences Privilege Form**
The Department of Neurological Sciences submitted a request for approval.
- C. **PA Urology Clinical Privilege Form**
The Department of Surgery submitted a request for approval.

Impact on Residents and Businesses

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

Approval will ensure that the County's healthcare practitioners meet the necessary credentialing/privileging requirements and are appropriately qualified to render care to the County's patient population.

ATTACHMENTS:

- ATTACHMENT A:** Medical Staff Attestation Appointment, Reappointments and Clinical Privileges October 10, 2019
- ATTACHMENT B:** Medical Staff Attestation Appointment, Reappointments and Clinical Privileges November 14, 2019
- ATTACHMENT C:** Medical Staff Attestation Appointment, Reappointments and Clinical Privileges December 12, 2019
- ATTACHMENT D:** Riverside university Health System – General Surgery Clinical Privileges Form
- ATTACHMENT E:** Riverside University Health System – Nurse Practitioner Clinical Neurological Sciences Form
- ATTACHMENT F:** Riverside University Health System - Physician Assistant (PA) Urology Clinical Privileges Form


Brianna Lantajo, Management Analyst 2/19/2020

October 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. Alani, Anas A., MD	Medicine	Provisional
2. Ing, Jeffrey J., MD	Ophthalmology	Provisional
3. Ingui, Christian J., MD	Radiology	Provisional
4. Jutzy, Gregory J., MD	Pediatrics	Provisional
(Temps granted effective 9/30/19)		
5. Lightfoot-Siordia, Catrissa, MD	Anesthesiology	Provisional
6. Lopez, Yamil, MD	Pathology	Provisional
(Temps granted effective 9/4/19)		
7. Massrour, Kamiar, MD	Radiology	Provisional
8. Nguyen, Thuy T., MD	Public Health	Adjunct
9. Qureshi, Sonea I., MD	Pediatrics	Provisional
10. Son, Andrew K., MD	Surgery	Provisional
11. Srikureja, Daniel P., MD	Surgery	Provisional
12. Thompson, Kevin, MD	Pathology	Provisional
13. Thorney, Brittany S., PA-C	Medicine	Allied Health Professional
14. York, Stacyann, MD	Psychiatry	Provisional
15. Zane, Ryan, MD	Public Health	Adjunct

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

1. Agapian, John V., MD	Surgery	11/1/19 – 10/31/21	Active
2. Aye, Lydia L., DO	Medicine	11/1/19 – 10/31/21	Active
(withdrawal of privilege)			
• Telemedicine			
<u>GI Procedures:</u>			
• Anorectal manometry			
• Endoscopic ultrasound			
• Esophageal manometry			
• Esophageal pH studies			
• Gastroduodenal manometry			
• Rigid			
• ERCP w/placement of stent			
3. Azizi, Faramarz, MD	Pathology	11/1/19 – 10/31/21	Active
4. Bhardwaj, Rahul, MD	Medicine	11/1/19 – 10/31/21	Active
(additional privilege)			
• Telemedicine Core			
5. Febre, Aprille D., MD	Pediatrics	11/1/19 – 10/31/21	Active

6.	Hamra, Williams S., MD (withdraw of privilege)	Pediatrics	11/1/19 – 10/31/21	Active
	• Moderate Sedation			
7.	Khazaeni, Leila M., MD	Ophthalmology	11/1/19 – 10/31/21	Active
8.	Ko, Edmund Y., MD (withdraw of privilege)	Surgery	11/1/19 – 10/31/21	Active
	• Photo-selective vaporization of the prostate (PVP)			
9.	Lavery, Adrian P., MD	Pediatrics	11/1/19 – 10/31/21	Active
10.	Loe, Stephanie A., MD	Emergency Medicine	11/1/19 – 10/31/21	Active
11.	Lui, Paul D., MD (withdraw of privileges)	Surgery	11/1/19 – 10/31/21	Active
	• Use of Laser			
	• Photo-selective vaporization of the prostate (PVP)			
12.	Luke, Janiene D., MD	Medicine	11/1/19 – 10/31/21	Active
13.	Martin, Mark C., MD (status changed from Active to Courtesy due to low patient volume)	Surgery	11/1/19 – 10/31/21	Courtesy
14.	McCarty, Matthew S., MD	Medicine	11/1/19 – 10/31/21	Active
15.	McLaughlin, Nathan D., MD (withdraw of privilege)	FM/OB/GYN	11/1/19 – 10/31/21	Active
	• Medicine Inpatient			
16.	Moretta, Dafne T., MD (additional privilege)	Medicine	11/1/19 – 10/31/21	Active
	• Hyperbaric Chamber (withdraw of privilege)			
	• EKG			
17.	Patel, Yogesh M., MD	Medicine	11/1/19 – 10/31/21	Active
18.	Sherzai, Ayesha Z., MD (status changed from Active to Courtesy due to low patient volume)	Medicine	11/1/19 – 10/31/21	Courtesy
19.	Simental, Alfred A., MD (status changed from Active to Courtesy due to low patient volume)	Surgery	11/1/19 – 10/31/21	Courtesy
20.	Tabuenca, Arnold D., MD	Surgery	11/1/19 – 10/31/21	Administrative
21.	Wright, Andrew P., MD	Medicine	11/1/19 – 10/31/21	Active

C. FPPE – Final Proctoring:

1. Agbisit, Michael, NP Anesthesiology
2. DeWoskin, Ruth E., PA-C Emergency Medicine

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

1. Bharadwaj, Shishira S., MD Medicine Active
2. Davidge, Rachel E., DO Pediatrics Active
3. Garberoglio, Carlos A., MD Surgery Active
4. Woods, John P., DO Surgery Active
5. Yeung, Stephen W., DO Medicine Active

E. FPPE Partial Proctoring / Reciprocal*:

1. Flores, Michael L., DO Emergency Medicine
2. Michelotti, Marcos J., MD* Surgery

Pending Proctoring:

- TEE
- General Surgery
- Advanced Laparoscopic Surgery
- Moderate Sedation
- Procedures under Fluoroscopy

F. FPPE – Reciprocal* Complete Remain on Provisional:

1. Lin, Michael, MD Medicine
2. Park, Abraham J., MD Ophthalmology

G. <u>FPPE – Final Proctoring for Additional Privileges:</u>		<u>Privilege(s) Proctored:</u>
1. Davalos, Michael A., PA-C	Emergency Medicine	• Obtaining Informed Consent
2. Everett, Corey, FNP-C	Emergency Medicine	• Obtaining Informed Consent
3. Henshaw, Kimberly, PA-C	Emergency Medicine	• Obtaining Informed Consent
4. Limburg, Krista D., PA-C	Emergency Medicine	• Obtaining Informed Consent
5. Ludi, Giselle Y., PA-C	Emergency Medicine	• Obtaining Informed Consent
6. Mittal, Aarti C., DO	Medicine	• TEE
7. Moretta, Dafne T., MD	Medicine	• TEE
8. Peterson, Nancy, FNP-C	Emergency Medicine	• Obtaining Informed Consent
9. Pratt, Ronald J., PA-C	Family Medicine	• Obtaining Informed Consent
10. Routledge, Erin N., FNP-C	Emergency Medicine	• Obtaining Informed Consent
11. Snider, IV, Francis L., PA-C	Emergency Medicine	• Obtaining Informed Consent
12. Weiner, Alyssa R., PA-C	Emergency Medicine	• Obtaining Informed Consent

H. <u>Request for Additional Privilege(s):</u>		<u>Privilege(s) Requested:</u>
1. Thapamager, Suman B., MD	Medicine	• Internal Medicine Core
		• PCU
		• Telemedicine Core

I. <u>Withdrawal of Privilege(s):</u>		<u>Privilege(s) Withdrawn:</u>
1. Garberoglio, Carlos A., MD	Surgery	• Surgical Robotic Platform
		• Advanced Laparoscopic Surgery

J. <u>Automatic Termination, Per Bylaws 6.4-9 (Failure to Reapply):</u>		
1. Evans, Tiare, MD	OB/GYN	11/01/2019
2. Maguire, Gerald A., MD	Psychiatry	11/01/2019
3. Sherzai, Dean, MD	Medicine	11/01/2019

K. <u>Resignations/*Withdraw of Application(s):</u>		<u>Effective Date:</u>
1. Andrade, Jessica, MD	Family Medicine	Immediately
2. Elhazin, Bridgeida D., FNP	Medicine	Immediately
3. Griffith, Jean W., MD	Psychiatry	11/01/2019
4. Khan, Sadia S., MD	Medicine	10/31/2019
5. Lin, Edward B., DO*	Family Medicine	Withdraw
6. Shaker, Vikram, MD	Radiology	Immediately
7. Vu, Bach-Mai, MD*	Pediatrics	Withdraw

L. Dept. of Surgery Clinical Privilege Form – See attachment
The Dept. of Surgery submitted a request for approval to the revised privilege form.

M. NP Clinical Neurological Sciences Privilege Form – See attachment
The Dept. of Neurological Sciences submitted a request for approval.

I hereby:

- 1) Attest that the medical center's Medical Executive Committee October 10, 2019 recommend approval of the appointment, reappointments, proctoring, additional privileges, withdraw of privileges, resignation/withdrawals, privilege forms 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 Medical Center

November 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. Benlulu, Maxime D., PA-C | Emergency Medicine | Allied Health Professional |
| (Temps granted effective 11/1/19) | | |
| 2. Cheung, Shauna C., MD | Medicine | Provisional |
| (Temps granted effective 10/25/19) | | |
| 3. Le, Mai T., PA-C | Emergency Medicine | Allied Health Professional |
| (Temps granted effective 11/1/19) | | |
| 4. Mohr, Gina J., MD | Family Medicine | Provisional |
| 5. Oesterle, Troy, PA-C | Emergency Medicine | Allied Health Professional |
| (Temps granted effective 11/1/19) | | |
| 6. Petrus, Carmen M., PA-C | Surgery | Allied Health Professional |
| (Re-Entry Plan) | | |
| 7. Reddy, Kaunteya, MD | Medicine | Provisional |
| 8. Rogers, Shana L., NP | Surgery | Allied Health Professional |
| 9. Ryan, Skylar, PA-C | Emergency Medicine | Allied Health Professional |
| (Temps granted effective 11/1/19) | | |
| 10. Schulz, Alyssa, PA-C | Emergency Medicine | Allied Health Professional |
| (Temps granted effective 11/1/19) | | |
| 11. Stevens, Wesley T., MD | Pathology | Provisional |

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

- | | | | |
|---|--------------------|--------------------|--------|
| 1. Allen, Scott A., MD | Medicine | 12/1/19 – 11/30/21 | Active |
| 2. Ashwal, Stephen, MD | Psychiatry | 12/1/19 – 11/30/21 | Active |
| 3. Chan, Nadia, MD | Surgery | 12/1/19 – 11/30/21 | Active |
| 4. Coimbra, Raul, MD | Surgery | 12/1/19 – 11/30/21 | Active |
| (additional privilege) | | | |
| • Pediatric Trauma | | | |
| 5. Finnen, Neil P., MD | Ophthalmology | 12/1/19 – 11/30/21 | Active |
| 6. Galoustian, Arthur, MD | Medicine | 12/1/19 – 11/30/21 | Active |
| 7. Green, Harry M., OD | Ophthalmology | 12/1/19 – 11/30/21 | Active |
| 8. Hill, Michael E., MD, PhD | Surgery | 12/1/19 – 11/30/21 | Active |
| 9. Ishak, Salam G., MD | Medicine | 12/1/19 – 11/30/21 | Active |
| 10. Kang, Michael, MD | Emergency Medicine | 12/1/19 – 11/30/21 | Active |
| (additional privilege) | | | |
| • TEE | | | |
| 11. Krishna, Priya D., MD | Surgery | 12/1/19 – 11/30/21 | Active |
| (withdraw of privileges) | | | |
| • Supervision of Allied Health Professional | | | |

12. Langley, Shawna K., MD (additional privilege) • Telemedicine	Medicine	12/1/19 – 11/30/21	Active
13. Li, Wing, OD	Ophthalmology	12/1/19 – 11/30/21	Active
14. Mann, Neel K., MD	Medicine	12/1/19 – 11/30/21	Active
15. Tuggle, Allen Q., MD	OB/GYN	12/1/19 – 11/30/21	Active
16. Vincent, Alix, MD	Radiology	12/1/19 – 11/30/21	Active

C. FPPE – Final Proctoring:

1. Hedger, Julia L., PA-C Emergency Medicine
2. Rivera Landeros, Willie, PA-C Emergency Medicine
3. Serafino, Avo, PA-C Emergency Medicine
4. Wisdom, David M., PA-C Emergency Medicine

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

1. Dastjerdi, Mohammad, MD Medicine Active
2. Khan, Faraz A. ,MD Surgery Active
3. Levine, Gail L., MD Pediatrics Active
4. Radulescu, Andrei, MD Surgery Active

E. FPPE – Reciprocal* Complete Remain on Provisional:

1. Kamson, Olayinka A., MD Psychiatry

F. FPPE – Final Proctoring for Additional Privileges: Privilege(s) Proctored:

- | | | |
|---------------------------------|-----------------------|--------------------------------------|
| 1. Abejuela, Kristofer R., PA-C | Emergency Medicine | • Obtaining Informed Consent |
| 2. Burgess, Leslie, FNP-C | Emergency Medicine | • Obtaining Informed Consent |
| 3. Cortez, Vladmir, DO | Clinical Neurological | • Moderate Sedation
• Fluoroscopy |
| 4. Robker, Amy L., PA-C | Emergency Medicine | • Obtaining Informed Consent |
| 5. Ruff, Azucena, FNP-C | Family Medicine | • Obtaining Informed Consent |

G. Change in Staff Category:

1. Yao, Ruofan, MD OB/GYN Active

H. Request for Additional Privilege(s): Privilege(s) Requested:

1. Cortez, Vladmir, DO Clinical Neurological • Neurointerventional

I. Withdrawal of Privilege(s): Privilege(s) Withdrawn:

- | | | |
|----------------------------------|--------------------|--|
| 1. Haycock, Korbin H., MD | Emergency Medicine | • TEE |
| 2. Hedger, Julia L., PA-C | Emergency Medicine | • Central Line/PICC Placement
• Lumbar Puncture
• Endotracheal Intubation
• Arterial Cannulation
• Thoracentesis
• Paracentesis |
| 3. Jack Sharon A., NP | Family Medicine | • Obtaining Informed Consent |
| 4. Liang, Jayce, FNP | Medicine | • Obtaining Informed Consent |
| 5. Long, Wen, PA-C | Medicine | • Obtaining Informed Consent |
| 6. Rivera Landeros, Willie, PA-C | Emergency Medicine | • Central Line/PICC Placement
• Lumbar Puncture
• Endotracheal Intubation
• Arterial Cannulation
• Thoracentesis
• Paracentesis |
| 7. Serafino, Avo, PA-C | Emergency Medicine | • Central Line/PICC Placement
• Lumbar Puncture |

8. Wisdom, David M., PA-C Emergency Medicine

- Endotracheal Intubation
- Arterial Cannulation
- Thoracentesis
- Paracentesis
- Central Line/PICC Placement
- Lumbar Puncture
- Endotracheal Intubation
- Arterial Cannulation
- Thoracentesis
- Paracentesis

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

1. Oyler, Courtney, PA-C Emergency Medicine 11/8/19

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

1. Dyleski, Robin A., MD Surgery 12/01/2019
2. Solomon, Tabitha E., MD Pediatrics 11/01/2019
3. Stevens, Stephen J., PA-C Emergency Medicine 12/01/2019

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

Effective Date:

1. Hawkins, Kelley L., MD	Ophthalmology	Immediately
2. Raskin, Elizabeth R., MD*	Surgery	Withdraw
3. Rogers, Frank R., MD	Surgery	12/01/2019
4. Sayles, Jennifer, MD	Medicine	Immediately
5. Siccama, Melissa D., MD	Pediatrics	10/31/2019
6. Tinsley, Larry, MD	Pediatrics	Immediately
7. Villanueva, Jr., Juanito S., MD	Radiology	12/01/2019

M. Leave of Absence (LOA):

1. Callender, Rose, MSN, FNP Anesthesiology

N. Dept. of Surgery Clinical Privilege Form – See attachment

The Dept. of Surgery submitted a request for approval to the new PA Urology Clinical Privilege form.

I hereby:

- 1) Attest that the medical center's Medical Executive Committee November 14, 2019 recommend approval of the appointment, reappointments, proctoring, additional privileges, withdraw of privileges, resignation/withdrawals, privilege forms 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 Medical Center

December 12, 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. Deisch, Jeremy, MD	Pathology	Provisional
2. Gatlin, Megan, DO	Anesthesiology	Provisional
3. Gleason, Chad G., PA-C	Orthopedic Surgery	Allied Health Professional
4. Granger, Shannon L., DO	Anesthesiology	Provisional
5. Jerge, Kari F., MD	Surgery	Provisional
6. Kerstetter, Justin, MD	Pathology	Provisional
7. Kramer, Raymond D., MD	Family Medicine	Provisional
8. Renner, Mayonne D., NP	Surgery	Allied Health Professional

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

1. Bajwa, Moazzum N., MD	Family Medicine	1/1/20 – 12/31/21	Active
2. Caverly, Jeffrey C., MD	Radiology	1/1/20 – 12/31/21	Active
3. Cheng, Peter H., DO	Anesthesiology	1/1/20 – 12/31/21	Active
4. Chin, Samuel, MD	Psychiatry	1/1/20 – 12/31/21	Active
5. Chowdury, Farys, DO	Anesthesiology	1/1/20 – 12/31/21	Active
6. Firek, Anthony F., MD	Medicine	1/1/20 – 12/31/21	Active
7. Haider, Thomas T., MD	Orthopedic Surgery	1/1/20 – 12/31/21	Courtesy
8. Inman, Jared C., MD	Surgery	1/1/20 – 12/31/21	Active
9. James, Joseph P., MD	Psychiatry	1/1/20 – 12/31/21	Active
10. Mangasep, Concepcion, MD	Psychiatry	1/1/20 – 12/31/21	Active
11. Molkara, Afshin M., MD	Surgery	1/1/20 – 12/31/21	Active

(additional privilege)

- Advanced Laparoscopic Surgery

12. Qureshi, Huma S., MD	Radiology	1/1/20 – 12/31/21	Active
13. Wacker, Margaret R., MD	Clinical Neurological	1/1/20 – 12/31/21	Active
14. Will, Albert D., MD	Medicine	1/1/20 – 12/31/21	Active

(withdraw of privilege)

- Telemedicine

C. FPPE – Final Proctoring:

1. Alvarado, Liza P., NP	Psychiatry
2. Weerasinghe, Sunjeev, NP	Pediatrics

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

1. Kim, Stella J., MD	Psychiatry	Active
2. Lin, Michael, MD	Medicine	Active
3. Yao, Ruofan, MD	OB/GYN	Active

E. FPPE – Reciprocal* Complete Remain on Provisional:

- | | |
|------------------------|------------|
| 1. Alkhairy, Tahir, MD | Radiology |
| 2. Mulla, Neda, MD | Pediatrics |
| 3. Cooper, Kyle J., MD | Radiology |
| 4. Smith, Jason C., MD | Radiology |

F. FPPE – Final Proctoring for Additional Privileges: Privilege(s) Proctored:

- | | | |
|-----------------------------|--------------------|---------------------|
| 1. Cabrera, Irena, MD | OB/GYN | • Robotics |
| 2. Haycock, Korbin H., MD | Emergency Medicine | • TEE |
| 3. Hilliard, Anthony A., MD | Medicine | • Cardio Lab |
| | | • Internal Medicine |
| | | • PCU |
| 4. Prasad, Vinoy S., MD | Medicine | • Cardio Lab |
| | | • Internal Medicine |
| | | • PCU |

G. Request for Additional Privilege(s):

- | | |
|-----------------------|---------|
| 1. Son, Andrew K., MD | Surgery |
|-----------------------|---------|

Privilege(s) Requested:

- Procedures under Fluoroscopy

H. Withdrawal of Privilege(s):

- | | |
|-------------------------|-----------|
| 1. Page, Ashley S., AuD | Surgery |
| 2. Vincent, Alix, MD | Radiology |

Privilege(s) Withdrawn:

- Audiology II
- Telemedicine
- Fluoroscopic pysiography and plain film radiology
- Diagnostic and vascular ultrasound imaging
- Diagnostic and therapeutic nuclear medicine, bone densitometry or PET (must be eligible to be designated user on the hospital's Nuclear Regulatory Commission License)
- Computerized Tomographic Imaging
- Magnetic resonance imaging

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

- | | | |
|------------------------|----------|-----------|
| 1. Shu, Richard G., MD | Medicine | 12/1/2019 |
|------------------------|----------|-----------|
- (3 month extension granted to complete proctoring requirements)

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

- | | | |
|------------------------|--------|----------|
| 1. Nahas, Samar H., MD | OB/GYN | 1/1/2020 |
|------------------------|--------|----------|

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

- | | | |
|----------------------------|--------------------|-------------|
| 1. Andrada, Nerizza P., MD | Detention Health | 12/30/2019 |
| 2. Calma, Eleanor, MD | Pediatrics | Immediately |
| 3. David, Lydia, MD | Detention Health | 12/16/2019 |
| 4. Hedger, Julia L., PA-C | Emergency Medicine | 11/15/2019 |
| 5. Navarro, Alfonso, MD | Detention Health | 12/31/2019 |
| 6. Rose, Colleen T., NP* | Neurosurgery | Immediately |
| 7. Staack, Andrea, MD | Surgery | 1/1/2020 |

I hereby:

- 1) Attest that the medical center's Medical Executive Committee December 12, 2019 recommend approval of the appointment, reappointments, proctoring, additional privileges, withdraw of privileges, resignation/withdrawals, privilege forms 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 Medical Center

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

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

- Initial Appointment
 Reappointment

Page 1

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

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

**QUALIFICATIONS FOR CORE
GENERAL SURGERY PRIVILEGES**

GENERAL SURGERY CORE PRIVILEGES

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

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

AND

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

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

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

OR

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

OR

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

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

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

AND

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

AND

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

Description of Core Privilege

- Requested
 Approved
 Not Approved*

General Surgery Core Privileges

Admit, evaluate, diagnose, consult, and provide pre-, intra- and post-operative care, and perform surgical procedures, to patients of all ages, except as specifically excluded from practice; to correct or treat various conditions, diseases, disorders, and injuries of the alimentary tract, abdomen and its contents, extremities, breast, skin and soft tissue, head and neck, vascular and endocrine systems, 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.

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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.

GENERAL SURGERY CORE PROCEDURES

- Abdominoperineal resection
- Amputations, above the knee & below knee, toe, transmetatarsal, digits
- Anoscopy
- Appendectomy
- Biliary tract resection/reconstruction
- 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
- Colectomy (abdominal)
- Colon surgery for benign or malignant disease
- Colotomy, colostomy
- Correction of intestinal obstruction
- Drainage of intra abdominal, deep ischiorectal abscess
- Endoscopy (intraoperative)
- Enteric fistulae, management
- Enterostomy (feeding or decompression)
- Esophageal resection and reconstruction
- Esophagogastrectomy
- Excision of fistula in ano/fistulotomy, rectal lesion
- Excision of pilonidal cyst/marsupialization
- Excision of thyroid tumors
- Excision of thyroglossal duct cyst
- Gastric operations for cancer (radical, partial, or total gastrectomy)
- Gastroduodenal surgery
- Gastrostomy (feeding or decompression)
- Genitourinary procedures incidental to malignancy or trauma
- Gynecological procedure incidental to abdominal exploration
- Hepatic resection
- Temporary Hemodialysis access procedures
- Hemorrhoidectomy
- Incision and drainage of abscesses and cysts
- Incision and drainage of pelvic abscess
- Incision, excision, resection and enterostomy of small intestine
- Incision/drainage and debridement, perirectal abscess
- Insertion and management of pulmonary artery catheters
- IV access procedures, central venous catheter, and ports
- Laparoscopy, diagnostic, appendectomy, cholecystectomy, lysis of adhesions, mobilization and catheter positioning
- Laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis or trauma
- Liver biopsy (intra operative), liver resection
- Management of burns
- Management of hemorrhoids (internal and external) including hemorrhoidectomy
- Management of soft-tissue tumors, inflammations and infection
- Operations on gallbladder, biliary tract, bile ducts, hepatic ducts, excluding biliary tract reconstruction
- Pancreatectomy, total or partial
- Pancreatic sphincteroplasty

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

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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

- Requested
- Approved
- Not Approved*

Adult Trauma Care Core Privileges

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

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

- Requested
- Approved
- Not Approved*

Pediatric Trauma Care Core Privileges

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

TRAUMA CARE CORE PRIVILEGES

- Thoracotomy for trauma
- Vascular emergency cases

- Trauma Endovascular Procedures

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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.

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.

VASCULAR SURGERY CORE PROCEDURES

- Amputations lower extremity
- Aneurysm repair, abdominal aorta and peripheral vessels emergent and elective
- Angioplasty
- Bypass grafting all vessels excluding coronary and intracranial vessels
- Central venous access catheters and ports
- Cervical, thoracic or lumbar sympathectomy
- Diagnostic biopsy or other diagnostic procedures on blood vessels
- Embolectomy or thrombectomy for all vessels excluding coronary and intra cranial vessels
- Endarterectomy for all vessels excluding coronary and intra cranial vessels
- Extra cranial carotid and vertebral artery surgery
- Hemodialysis access procedures
- Intraoperative angiography
- Nephrectomy for renovascular hypertension
- Other major open peripheral vascular arterial and venous reconstructions
- Reconstruction, resection, repair of major vessels with anastomosis or replacement (excluding cardiopulmonary, intracranial)
- Sclerotherapy
- Temporal artery biopsy
- Thoracic outlet decompression procedures including rib resection
- Vein ligation and stripping
- Venous reconstruction

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ENDOVASCULAR SURGERY CORE PRIVILEGES

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

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

AND

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

REQUIRED PREVIOUS EXPERIENCE:

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

MAINTENANCE OF PRIVILEGE:

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

Description of Core Privilege

Requested

Endovascular Surgery Core Privileges

Approved

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

Not Approved*

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.

ENDOVASCULAR SURGERY CORE PROCEDURES

- Balloon angioplasty
- Diagnostic angiography: excluding intra-cerebral and coronary procedures
- Embolization
- Endovascular graft
- Peripheral arterial and venous access
- Remote endarterectomy
- Stenting
- Thrombolysis
- Venous radio frequency ablation
- Vena cava filter insertion

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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 |
| <input type="checkbox"/> Not Approved* | and such other procedures that are extensions of the same techniques and skills. |

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.

THORACIC SURGERY CORE PROCEDURES

- Bronchoscopy: diagnostic, G.B. management, therapeutic procedures
- Cardiac Surgery: including pericardiocentesis, repair of major thoracic vessel or heart trauma
- Chest wall and pleural space surgery: including rib resection, management of chest wall trauma
- Esophagoscopy: diagnostic, F.B. removal, therapeutic procedures
- Esophageal surgery: including resection, repair or reconstruction. Hiatal hernia and associated esophageal procedures
- 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
- Tracheobronchial tree and lung surgery: including pulmonary resection of any type
- Application of fixation devices to stabilize rib fractures and chest wall.

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**QUALIFICATIONS FOR
SPECIAL NON-CORE PRIVILEGES**

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

PARTICIPATE IN TEACHING PROGRAM

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

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

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

MAINTENANCE OF PRIVILEGE:

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

Description of Non-Core Privilege

Requested

Approved

Not Approved*

Participate in Teaching Program

RIVERSIDE UNIVERSITY HEALTH SYSTEM
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SUPERVISE ALLIED HEALTH PROFESSIONALS

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

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

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

MAINTENANCE OF PRIVILEGE:

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

Description of Non-Core Privilege

Requested

Approved

Not Approved* Supervision of Allied Health Professionals

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ADVANCED LAPAROSCOPIC SURGERY

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

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

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

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

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

Description of Non-Core Privilege

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

ADVANCED COLO-RECTAL SURGERY

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

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

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

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

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

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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

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

Requested

Approved

Not Approved* Procedures under Fluoroscopy

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TELEMEDICINE CORE

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

- Meet the criteria for core privileges in General Surgery.

REQUIRED PREVIOUS EXPERIENCE:

- Meet the criteria for core privileges in General Surgery.

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

Description of Non-Core Privilege

- Requested
 Approved
 Not Approved*

SURGICAL ROBOTIC PLATFORM

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

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

ROBOTIC PLATFORM TRAINING

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

1. Teaching Proctor Experience:

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

2. Fellowship or Residency Training Experience:

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

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

OR

3. Robotic Privileges at another Hospital:

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

MEDICAL STAFF PROCTORING REQUIREMENTS

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

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

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This proctoring must be performed by a member of the Medical Staff who has full robotic privileges. In the event there is no such member appointed to the General Surgery specialty, an outside provider from an established vendor or affiliated institution may serve as the proctor at the discretion of the Medical Staff. This provider will have met all proctoring standards including the required credentials and clinical knowledge and practice to provide performance oversight. Up to five (5) cases may be required in some circumstances, but after two to five (2-5) cases, full robotic privileges will be either approved, referred for additional training, or denied based on the proctoring reports and the determination of the appropriate service chief.

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

MAINTAINING ROBOTIC PRIVILEGES

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

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

REQUIREMENTS FOR A TEACHING PROCTOR AT RIVERSIDE UNIVERSTIY HEALTH SYSTEMS

At least one of the following three levels of experience:

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

Description of Non-Core Privilege

- Requested Surgical Robotic Platform
- Approved
- Not Approved*

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.

ROBOTIC SURGERY CORE PROCEDURES

1. Colorectal procedure
2. Cholecystectomy

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CLINICAL ETHICS CONSULTATION

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

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

MAINTENANCE OF PRIVILEGE:

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

Description of Core Privilege

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

CRITERIA: To be eligible to apply for core privileges in Thyroid/Parathyroid Core, 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 5 thyroid/parathyroid procedures during the past 12 months.

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 thyroid/parathyroid procedures with acceptable results in the privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Description of Core Privilege

- Requested **Thyroid/Parathyroid Core**
 Approved
 Not Approved*

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.

THYROID/PARATHYROID CORE PRIVILEGES

- Parathyroidectomy
- Thyroidectomy
- Neck Dissection
- Fine needle aspiration thyroid

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

SURGICAL ASSIST ONLY

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

- Applicant must be a Physician licensed in the State of California and in good standing
- Applicant must meet the requirements of Medical Staff
- Applicant must provide evidence of 5 surgical cases within the past 12 months.

MAINTENANCE OF PRIVILEGE:

- Demonstrated current competence and evidence of 5 cases in the past 24 months based on ongoing professional practice evaluation and outcomes

Description of Surgical Assist Only

- Requested Surgical Assist Only
- Approved
- Not Approved*

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

ACKNOWLEDGMENT OF PRACTITIONER

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

I understand that:

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

Practitioner Signature

Date

DEPARTMENT CHAIR / DESIGNEE RECOMMENDATION

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

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

Privilege	Condition / Modification / Explanation

Medical Director of Trauma Services/Designee
(If applicable)

Date

Department Chair/Designee Signature

Date

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

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

FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

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

Department Chair/Designee:

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

Please print legibly.

Privileges/Procedures to be Proctored	Number of Cases to be Proctored*	Method of FPPE A. Concurrent B. Retrospective C. Reciprocal
General Surgery, Core	5 varied cases	A,B,C, as applicable
Trauma, Core	5 varied cases 2 Trauma Endovascular cases	A,B,C, as applicable
Vascular 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	1 case	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
Thyroid/Parathyroid Core	3 cases	A,B,C, as applicable

*Indicate N/A if privilege not requested

RIVERSIDE UNIVERSITY HEALTH SYSTEM
NURSE PRACTITIONER (NP)
CLINICAL NEUROLOGICAL SCIENCES

Name: _____
(Last, First, Initial)

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

Page 1

- Initial Appointment
 Reappointment

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

CRITERIA: To be eligible to apply for clinical privileges as a Nurse Practitioner, the applicant must meet the following criteria:

Current demonstrated competence and current experience documenting the ability to provide services at an acceptable level of quality and efficiency,

AND (for initial certification prior to January 1, 2008)

Completion of a master's degree in nursing or satisfactorily completed a nurse practitioner program approved by the CA BRN.

OR (for initial certification after January 1, 2008)

Completion of a master's degree in nursing, a master's degree in a clinical field related to nursing, or a graduate degree in nursing and to have satisfactorily completed a nurse practitioner program approved by the CA BRN.

AND

Current Basic Life Support (BLS), healthcare provider recognized by the American Heart Association

AND

Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the governing body.

AND

County employment, or contracted employment for employment with a formal agreement with a physician(s) currently appointed to active or consulting medical staff of this hospital with a scope of practice in the same area of specialty practice. According to the written agreement, the physician must:

- Assume responsibility for supervision or monitoring of the NP's practice as stated in the appropriate hospital or medical staff policy governing NP's;
- 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 NP or required by this policy or in the interest of patient care;
- Review all orders entered by the NP on the medical record of all patients seen or treated by the NP.

RIVERSIDE UNIVERSITY HEALTH SYSTEM
NURSE PRACTITIONER (NP)
CLINICAL NEUROLOGICAL SCIENCES

Name: _____
(Last, First, Initial)

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

Page 2

CATEGORIES OF PATIENTS PRACTITIONER MAY TREAT

May provide services consistent with the policies stated herein to patients of medical staff member(s) with whom the NP has a documented formal affiliation or to patients assigned by the chair of the department to which the NP is assigned.

SUPERVISION

The supervising physician(s) provides general supervision of the activities and services of the NP. The supervising physician(s) provides supervision and direction on any specific patient. The privileges of the NP's practice correspond to the supervising physician's practice. The NP is not allowed to perform any procedures that are not within the clinical privileges of the supervising physician(s) and for which the NP is not specifically granted. The supervising physician(s) must be immediately available by electronic communication or on hospital premises for consultation/direction of the NP.

MEDICAL RECORD CHARTING RESPONSIBILITIES

Clearly, legibly, completely, and in timely fashion, describe each service the NP provides to a patient in the hospital and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.

GENERAL RELATIONSHIP TO OTHERS

Nurse Practitioners follow all health system policies and exhibit professionalism at all times.

PERIODIC COMPETENCE ASSESSMENT

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the hospital's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this hospital. In addition, continuing education related to the specialty area of practice is required as mandated by licensure.

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.

CRITERIA: To be eligible to apply for the Department of Clinical Neurological Sciences clinical privileges, the applicant must meet the following criteria:

Applicant must satisfy the qualification requirements for Nurse Practitioner General.

PERIODIC COMPETENCE ASSESSMENT

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the hospital's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this hospital. In addition, continuing education related to the specialty area of practice is required as mandated by licensure.

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.

RIVERSIDE UNIVERSITY HEALTH SYSTEM
NURSE PRACTITIONER (NP)
CLINICAL NEUROLOGICAL SCIENCES

Name: _____
(Last, First, Initial)

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

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NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — CLINICAL NEUROLOGICAL SCIENCES

(Includes Nurse Practitioner General Clinical Privileges)

Requested

Patients within age group of collaborating physician except as specifically excluded from practice. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with Medical Staff policy regarding emergency and consultative call services. Privileges include, but are not limited to:

- Assist attending physician with bedside procedures
- Provide care to critical and non-critical patients
- Preliminary interpretation of chest radiographs with final interpretation by supervising physician
- Order and interpret screening tests, laboratory tests, and diagnostic procedures.
- Perform physical examinations and medical history
- Apply , remove and change dressing and bandages
- Develop treatment plan
- Counsel and instruct patients and significant others on disease processes, medications, preventative health and treatment plan.
- Develop and manage clinical patient care for patients in the hospital and clinic setting.
- Monitor and manage stable chronic illnesses of the population served.
- Monitor need for consult referrals, including dietician, physical therapy, social worker/case management, palliative care, etc.
- Write discharge summaries.
- Perform specimen collection.
- Perform daily rounds, observing and evaluating the patient for vital signs, intake and output, laboratory and imaging results, nutritional plan, medication review, pain level, activity, psychiatric or behavioral issues.
- Write new orders and 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 teamwork and communication.

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 the training, required previous experience, and for maintenance of clinical competency

OBTAINING INFORMED CONSENT

CRITERIA: To be eligible to provide informed consent, the applicant must have:

- Completion of module on informed consent with completion of post-test with 100% score.

AND

- Proctoring of informed consent when proctoring of each privilege is granted that required informed consent.

REQUIRED PRIOR EXPERIENCE: None

RIVERSIDE UNIVERSITY HEALTH SYSTEM
NURSE PRACTITIONER (NP)
CLINICAL NEUROLOGICAL SCIENCES

Name: _____
(Last, First, Initial)

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

MAINTENANCE OF PRIVILEGE: Successful completion of informed consent module with renewal of privileges.

Requested Obtaining Informed Consent
 For treatment/procedures the Allied Health Professional is authorized to perform.

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

ENDORSEMENT OF PHYSICIAN EMPLOYER / SUPERVISOR

Signature: _____

Date: _____

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
NURSE PRACTITIONER (NP)
CLINICAL NEUROLOGICAL SCIENCES

Name: _____
 (Last, First, Initial)

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

IDPC Chair/Designee Signature

Date

FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

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 A. Direct Observation B. Retrospective Chart Review C. Simulation
Physical exam, History and Physical, diagnosis and recommendations for treatment of adult patient with neuro consult.	4	2- A. Direct Observation 2- B. Retrospective Chart review
Physical exam, History and physical, diagnosis, and recommendations for treatment of adolescent patient with neuro consult.	1	A. Direct Observation
Obtaining Informed Consent	1	A. Direct Observation
Performing specimen collection from ventriculo-peritoneal shunt or external ventricular drain	2	A. Direct Observation

MEC Approval:

RIVERSIDE UNIVERSITY HEALTH SYSTEM

26520 Cactus Avenue, Moreno Valley, CA 92555

**PHYSICIAN ASSISTANT (PA)
UROLOGY CLINICAL PRIVILEGES**

Name: _____
(Last, First, Initial)

Page 1

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

Initial Appointment

Reappointment

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

To be eligible to apply for clinical privileges as a Physician Assistant in Urology, the applicant must meet the following criteria:

Current demonstrated competence and an adequate level of current experience documenting the ability to provide services at an acceptable level of quality and efficiency

AND

Graduate from a CHEA (Council for Higher Education Accreditation) approved program

AND

Current certification by the National Commission on Certification of Physician Assistants (NCCPA)

AND

Current licensure to practice as a physician assistant issued by the California Board of Medicine

AND

Current B.L.S. from approved American Heart Association course

AND

Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the Governing Body

AND

Employment by or an agreement with a physician(s) currently appointed to the medical staff of this hospital to supervise the PA's practice in the hospital. According to the written agreement, the physician must:

- Assume responsibility for supervision or monitoring of the Physician Assistant's (PA) practice as stated in the appropriate hospital or medical staff policy governing PAs;
- 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 PA or required by this policy or in the interest of patient care;
- Cosign all orders entered by the PA on the medical record of all patients seen or treated by the PA in accordance with regulations governing the supervision of PAs.

RIVERSIDE UNIVERSITY HEALTH SYSTEM

26520 Cactus Avenue, Moreno Valley, CA 92555

**PHYSICIAN ASSISTANT (PA)
UROLOGY CLINICAL PRIVILEGES**

Name: _____
(Last, First, Initial)

Page 2

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

Categories of Patients Practitioner May Treat.

May provide services consistent with the policies stated herein to patients of medical staff member(s) with whom the PA has a documented formal affiliation or to patients assigned by the chair of the department to which the PA is assigned.

Supervision

The supervising physician(s) provides general supervision of the activities and services of the PA. The supervising physician(s) provides supervision and direction on any specific patient. The privileges of the PA's practice correspond to the supervising physician's practice. The PA is not allowed to perform any procedures that are not within the clinical privileges of the supervising physician(s) and for which the PA is not specifically granted. The supervising physician(s) must be immediately available by electronic communication or on hospital premises for consultation/direction of the PA.

Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion, describe each service the PA provides to a patient in the hospital and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made. The supervising physician(s) personally review all charts and patient records and co-signs all records in accordance with regulations governing the supervision of PAs.

General Relationship to Others

The PA exhibits professional behavior at all times with colleagues, staff and patients. The PA has authority to direct any hospital personnel in the provision of clinical services to patients via patient care orders and within the limitations of their privileges.

Periodic Competence Assessment

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the hospital's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this hospital. In addition, continuing education related to the specialty area of practice is required as mandated by licensure.

RIVERSIDE UNIVERSITY HEALTH SYSTEM

26520 Cactus Avenue, Moreno Valley, CA 92555

**PHYSICIAN ASSISTANT (PA)
UROLOGY CLINICAL PRIVILEGES**

Name: _____
(Last, First, Initial)

Page 3

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

PHYSICIAN ASSISTANT CLINICAL PRIVILEGES — GENERAL

Requested Except as specifically excluded from practice, privileges include initial and ongoing assessment of medical, physical, and psychosocial status for patients within age group of supervising physician, including:

- To provide informed consent for administration of blood products and procedures within the scope of their privileges that they will be performing independently. May not obtain informed consent for procedures that others will be performing.
- Bladder decompression and catheterization techniques
- Simple wound debridement and repair
- Perform medical screening exams
- Perform histories and physicals (To be countersigned by the supervising physician within 24 hrs)
- Develop treatment plan
- Order diagnostic testing and therapeutic modalities such as medications treatments, IV fluids and electrolytes, etc. (To be countersigned by supervising physician in accordance with regulatory guidelines governing PA supervision.)
- Patient education and counseling covering such things as health status, test, results, disease processes, and discharge planning
- Provide pre- and post-operative surgical care
- Record progress notes
- Suture lacerations
- Perform venipuncture
- Write discharge summaries (To be countersigned by the supervising physician within 24 hrs)

RIVERSIDE UNIVERSITY HEALTH SYSTEM

26520 Cactus Avenue, Moreno Valley, CA 92555

**PHYSICIAN ASSISTANT (PA)
UROLOGY CLINICAL PRIVILEGES**

Name: _____
(Last, First, Initial)

Page 4

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

QUALIFICATIONS FOR PHYSICIAN ASSISTANT — UROLOGY

To be eligible to apply for clinical privileges as a PA in Urology, the applicant must meet the following criteria:

Applicant must satisfy the qualification requirements for the physician assistant,

AND

Documented training and experience in Urology and demonstrated current competence and that they have provided Urology services for at least 10 patients in the past 12 months.

Periodic Competence Assessment

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the hospital's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this hospital. In addition, continuing education related to the specialty area of practice is recommended/required as mandated by licensure.

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.

PHYSICIAN ASSISTANT (PA)
UROLOGY CLINICAL PRIVILEGES

Name: (Last, First, Initial)

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

PHYSICIAN ASSISTANT CLINICAL PRIVILEGES — UROLOGY

(Includes Physician Assistant General Clinical Privileges)

- Requested 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: Abscess incision and drainage, Hernia reduction, Irrigation and management of caustic exposures, Preliminary interpretation of imaging studies, Rectal/vaginal foreign body removal, Removal of IUD, Repair of lacerations

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.

OBTAINING INFORMED CONSENT

CRITERIA: To be eligible to provide informed consent, the applicant must have.

- Completion of module on informed consent with completion of post-test with 100% score. AND Proctoring of informed consent when proctoring of each privilege is granted that required informed consent.

REQUIRED PRIOR EXPERIENCE: None

MAINTENANCE OF PRIVILEGE: Successful completion of informed consent module with renewal of privileges.

- Requested Obtaining Informed Consent For treatment/procedures the Allied Health Professional is authorized to perform.

URODYNAMIC STUDIES

Criteria: Direct supervision and those technical and management skills, which qualify the PA to perform an urodynamic studies by virtue of training and experience.

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

Maintenance of Privilege: Demonstrate current competence and the performance of at least 3 procedures in the past 24 months.

- Requested Urodynamic Studies

RIVERSIDE UNIVERSITY HEALTH SYSTEM

26520 Cactus Avenue, Moreno Valley, CA 92555

**PHYSICIAN ASSISTANT (PA)
UROLOGY CLINICAL PRIVILEGES**

Name: _____
(Last, First, Initial)

Page 6

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

TRANSRECTAL ULTRASOUND GUIDED PROSTATE BIOPSIES

Criteria: Direct supervision and those technical and management skills, which qualify the PA to perform a transrectal ultrasound guided prostate biopsy by virtue of training and experience.

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

Maintenance of Privilege: Demonstrate current competence and the performance of at least 3 procedures in the past 24 months.

Requested **Transrectal Ultrasound Guided Prostate Biopsies**

CYSTOSCOPY

Criteria: Direct supervision and those technical and management skills, which qualify the PA to perform a cystoscopy by virtue of training and experience.

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

Maintenance of Privilege: Demonstrate current competence and the performance of at least 3 procedures in the past 24 months.

Requested **Cystoscopy**

PRESCRIPTIVE AUTHORITY AS DELEGATED BY A PHYSICIAN IN A SUPERVISING AGREEMENT IN ACCORDANCE WITH STATE AND FEDERAL LAW

Requested The delegation to the Physician Assistant to administer or dispense drugs shall include the prescribing of controlled substances.

RIVERSIDE UNIVERSITY HEALTH SYSTEM

26520 Cactus Avenue, Moreno Valley, CA 92555

**PHYSICIAN ASSISTANT (PA)
UROLOGY CLINICAL PRIVILEGES**

Name: _____
(Last, First, Initial)

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

ACKNOWLEDGEMENT OF PRACTITIONER

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's Signature

Date

ENDORSEMENT OF PHYSICIAN EMPLOYER / SUPERVISOR

Signature: _____

Date: _____

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

IDPC Chair/Designee Signature

Date

RIVERSIDE UNIVERSITY HEALTH SYSTEM

26520 Cactus Avenue, Moreno Valley, CA 92555

**PHYSICIAN ASSISTANT (PA)
UROLOGY CLINICAL PRIVILEGES**

Name: _____
(Last, First, Initial)

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

FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

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). Proctoring of informed consent will occur as each privilege is proctored. Proctoring indicates that all elements of informed consents are met.

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 legibility.

Privileges / Procedures to be Proctored	Number of Cases to be Proctored	Method of Proctoring A. Direct Observation B. Retrospective Chart Review C. Simulation
Urology	3	A
Obtaining Informed Consent	1	A
Urodynamic Studies	3	A
Transrectal Ultrasound Guided Prostate Biopsies	3	A
Cystoscopy	3	A

IDPC Approval: 10.17.19
 Credentials Approval: 10.25.19
 MEC Approved: