



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



ITEM: 15.3  
(ID # 15134)

**MEETING DATE:**  
Tuesday, May 11, 2021

**FROM:** RUHS-MEDICAL CENTER:

**SUBJECT:** RIVERSIDE UNIVERSITY HEALTH SYSTEM-MEDICAL CENTER: Ratification and Approval of the Medical Staff Appointments, Reappointments, Proctoring, new Request for Additional Privileges Form, revised Anesthesia Privilege Form, new Pain Management Privilege Form, revised Moderate Sedation Privileging Criteria Form, new Moderate Sedation Exam, revised Supplemental Data Template, Letter for Failure to Submit Data, clinical privileges change, the 2013 Medical Staff Application Form as recommended by the Medical Executive Committee on July 9, 2020, August 13, 2020, September 10, 2020, October 8, 2020, November 12, 2020, December 10, 2020, All Districts. [\$0]

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Ratify and Approve the Medical Staff appointments, proctoring, reappointments, additional privileges, withdrawal of privileges, leave of absence, resignations, automatic terminations per Bylaws 3.8-3 (Failure to Complete Proctoring), new Request for Additional Privilege Form, revised Anesthesia Privilege Form, revised Moderate Sedation Privileging Criteria Form, New Moderate Sedation Exam, revised Supplemental Data Template Letter for Failure to Submit Data, clinical privileges change as recommended by the Medical Executive Committee (MEC) on July 9, 2020, August 13, 2020, September 10, 2020, October 8, 2020, November 12, 2020, December 10, 2020

**ACTION:**

  
Jennifer Cruikshank, Chief Executive Officer - Health System 4/22/2021

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**MINUTES OF THE GOVERNING BOARD**

On motion of Supervisor Hewitt, seconded by Supervisor Spiegel 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: May 11, 2021  
xc: RUHS-MC

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**

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>SOURCE OF FUNDS: \$0</b>			<b>Budget Adjustment:</b>	<b>No</b>
			<b>For Fiscal Year:</b>	<b>20/21</b>

**C.E.O. RECOMMENDATION:** Approve

**BACKGROUND:**

**Summary**

Pursuant to the RUHS Medical Staff By Laws section 6.3.7 EFFECT OF MEDICAL EXECUTIVE COMMITTEE ACTION, RUHS is seeking the Board's approval to the Medical Executive Committee's favorable recommendation on July 9, 2020, August 13, 2020, September 10, 2020, October 8, 2020, November 12, 2020, December 10, 2020 to approve and ratify the Hospital Director's appointment of the following:

- A. Approval of the following; Medical Staff Appointments and Clinical Privileges, Reappointments, Focus Professional Practice Evaluation (FPPE)/Reciprocal\* Complete Remain on Provisional, Focus Professional Practice Evaluation (FPPE)/Reciprocal\* Complete Remain on Provisional, Focus Professional Practice Evaluation (FPPE)–Final Proctoring for Additional Privileges, Final Focus Professional Practice Evaluation (FPPE)/Reciprocal\* Advancement of Staff Status, Final Proctoring, Focus Professional Practice Evaluation (FPPE)/Partial Proctoring, Focus Professional Practice Evaluation (FPPE)/Reciprocal\* Complete Remain on Provisional, FPPE – Final Proctoring for Additional Privileges, Final Focus Professional Practice Evaluation (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), approved new and revised privilege forms & Policy and Procedures.
- B. **Request for Additional Privileges Form - New**  
The Director of Medical Staff Administration submitted the request for Additional Privileges form for review and approval.
- C. **Revised Anesthesia Privilege Forms**  
The Department of Anesthesia submitted a revision request to the committee for review and approval that would remove Pain Medicine privileges from the form and move those privileges to a new privilege form specific to Pain Management.

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**D. Pain Management Privilege Form - New**

The Department of Anesthesiology submitted a request for review and approval of the new Pain Management Privilege Form.

**E. Moderate Sedation Privileging Criteria – Revised**

The Anesthesia Privilege and Sedation Privileging forms Criteria were revised with input from the Chair of Anesthesia Department

**F. Request for the use of the 2013 Medical Staff Application Form**

The 2013 Medical Staff Application form was presented to committee for review and approval. The 1997 version is currently being used by the RUHS Medical Staff.

**G. OPPE Supplemental Data – Template Letter for Failure to Submit Data**

The Credentials Committee submitted a request for approval to add an additional sentence to the letter giving the physician the option to resign from the Medical Staff department by submitting a written notice of resignation within the 30 days provided in the letter.

**H. New: Temporary Privilege Policy**

- Archiving the 2009 Temporary Privilege Policy
- New Temporary Privilege Request form was presented for review and recommendation to MEC
- New Temporary Privilege Approval Signature form was presented for review and recommendation to MEC

**I. New: Moderate Sedation Exam**

The new Sedation Exam proposed by the Anesthesia Medical Director was presented for review and approval. The exam requires an 85% passing score.

**J. PA Practice Agreement Form**

PA Practice Agreement form presented to committee for review

**K. Neurosurgery PA Privilege Form- New**

The IDPC submitted the new Neurosurgery PA Privilege form for review and approval.

**L. New Policy: Dissemination of Privileges**

The new policy Dissemination of Privileging Decisions was developed and presented for review and approval



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**M. Revision: NP Privilege Form**

NP Privilege forms revised to include board certification requirement from the American Academy of Nurse Practitioners (AANP) or the American Nurses Credentialing Center (ANCC), or any other accredited recognized board.

**N. Revision: CRNA Privilege Form**

The Medical Director submitted a request for approval to remove the following privileges from the CRNA privilege form

- Central Venous Catheterization
- Basic Pain Medicine
- Arterial Catheterization

**O. OPPE Supplemental Data – Template Letter for Failure to Submit Data**

The Credentials Committee submitted a request for approval to add an additional sentence to the letter giving the physician the option to resign from the medical staff by submitting a written notice of resignation within the 30 days provided in the letter.

**Impact on Residents and Businesses**

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

**ATTACHMENTS:**

- ATTACHMENT A REQUEST FOR ADDITIONAL PRIVELEGES 6.25.20**  
**ATTACHMENT B PAIN MEDICINE PRIVELEGE FORM 06.17.20**  
**ATTACHMENT C REVISIONS ANESTHESIOLOGY PRIVELEGE FORM 06.16.20**  
**ATTACHMENT D REVISED SEDATION PRIVILEGING CRITERIA 06.17.20**  
**ATTACHMENT E CPPA**  
**ATTACHMENT F MANAGEMENT CONFIDENTIAL POLICIES**  
**ATTACHMENT G ATMT 7 REQUEST FOR TEMPORARY PRIVILEGES 08.18.20**  
**ATTACHMENT H. ATMT 8 TP APPROVAL SIGNATURES**  
**ATTACHMENT I ATMT 6 PROPOSED SEDATION EXAM BY DOROTTA MODERATE  
SEDATION GA COPY**  
**ATTACHMENT J PA PRACTICE AGREEMENT FORM**  
**ATTACHMENT K ATMT 9 RUHS NEUROSURGERY PA PRIVS 9.16.20 FINAL**  
**ATTACHMENT L REVISED NP FM PRIVELEGE FORM – ADDED BOARD  
CERTIFICATION**



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**ATTACHMENT M CRNA PRIVILEGE REV DN JR 10.14.20**  
**ATTACHMENT N CEO MEMO JULY**  
**ATTACHMENT O SEPTEMBER CEO MEMO**  
**ATTACHMENT P OCTOBER CEO MEMO**  
**ATTACHMENT Q CEO MEMO 8.13.2020**

**RIVERSIDE UNIVERSITY HEALTH SYSTEM – MEDICAL STAFF ADMINISTRATION**

**REQUEST FOR NEW PRIVILEGES OR ADDITIONAL PRIVILEGES**

**Provider Name:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

**As a provider with approved clinical privileges, I am requesting the following change in privileges as described below:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INFORMATION REGARDING TRAINING, EXPERIENCE, OR AUTHORIZATIONS FOR THE ABOVE REQUESTED PRIVILEGE(S):**

**Check at least one (1) of the following and provide documentation as appropriate:**

- Residency/Fellowship Program**

\_\_\_\_\_

**Name/Location**

\_\_\_\_\_

**Date**

- Post Graduate Course**

\_\_\_\_\_

**Title of Course**

\_\_\_\_\_

**Dates**

\_\_\_\_\_

**Name of Institution Providing Course/Location**

\_\_\_\_\_

**# of CME Hours**

**Did this course include hands-on training?**     **Yes**     **No**

**If so, how many cases were performed?**    \_\_\_\_\_

**Were these cases proctored?**     **Yes**     **No**

- Experience**

\_\_\_\_\_

**Name of Institution/Location**

\_\_\_\_\_

**Dates**

**Number of cases performed?** \_\_\_\_\_ (**# supervised** \_\_\_\_ ) (**# unsupervised** \_\_\_\_ )  
**(attach case log from institution where cases performed to include dates of service)**

- Changes in legal authorizations (please describe e.g. change in state law regarding scope of practice)**

**ADDITIONAL DOCUMENTATION REQUIREMENTS:**

- Release Form (if requested)**
- Malpractice insurance policy (COI) if new or additional coverage is required for the privileges requested.**
- Advanced Practice Professionals (APPs) – Updated delegation agreement (when required by State law) which includes new clinical privileges or prescriptive authority**

**Provider Signature:** \_\_\_\_\_

**Date**

**DEPARTMENT CHAIR APPROVAL**

**DEPARTMENT CHAIR RECOMMENDATION:** \_\_\_\_\_

**Department Chair Signature:** \_\_\_\_\_

**Date**

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
PAIN MEDICINE CLINICAL PRIVILEGES

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

- Initial Appointment  
 Reappointment

Effective: \_\_\_\_\_  
(From—To) To be completed by MSO

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**Applicant:** CHECK (✓) the "Requested" box for each privilege you are qualified to request and SIGN and DATE this form as indicated. Applicants may be requested to provide documentation of the number and types of hospital cases during the past 24 months. Applicants have the burden of producing information deemed adequate by RUHS for a proper evaluation of current competence and other qualifications, and for resolving any doubts. Privileges may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document.

QUALIFICATIONS FOR CORE  
BASIC PAIN MEDICINE PRIVILEGES

**BASIC PAIN MEDICINE CORE PRIVILEGE**

**Criteria:** To be eligible to apply for core privileges in basic Pain Medicine, the applicant must meet the membership requirements of RUHS and the following privileging criteria:

- Successful completion of an Accreditation Council for Graduate Medical Education- (ACGME) or American Osteopathic Association- (AOA) accredited residency medical specialty followed by successful completion of an ACGME or AOA accredited fellowship training program in Pain Medicine.

AND

- Current certification or active participation in the examination process leading to certification in Pain Medicine by the relative American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology.

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

- The provision of inpatient or outpatient or consultative pain medicine services in the privileges requested for at least six (6) patients during the past 12 months.

OR

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

AND

- ~~Approval of the Anesthesiology Department Chair.~~



RIVERSIDE UNIVERSITY HEALTH SYSTEM  
PAIN MEDICINE CLINICAL PRIVILEGES

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

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

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(From—To) To be completed by MSO

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

- Current demonstrated competence and an active Basic Pain Medicine Practice with acceptable results in the privileges requested for the past 24 months based on ongoing professional practice evaluation and outcomes.

AND

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

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Description of Basic Pain Core Privilege

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Requested

**Basic Pain Medicine**

- Evaluate, diagnose, treat, and provide consultation to patients of all ages with chronic pain, including critically ill patients in the ICU in conformance with unit policies. This includes evaluation and treatment of complications and the treatment of emergent conditions.
- Ability to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services
- Performance of history and physical exam
- Facet joint injection
- Occipital block
- Peripheral nerve blocks (including catheter placement)
- Sacroiliac joint injections
- Spinal/epidural injections
- Sympathetic blocks

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
PAIN MEDICINE CLINICAL PRIVILEGES

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

Effective: \_\_\_\_\_  
(From—To) To be completed by MSO

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QUALIFICATIONS FOR CORE  
ADVANCED PAIN MEDICINE PRIVILEGES

**ADVANCED PAIN MEDICINE CORE PRIVILEGE**

**Criteria:** To be eligible to apply for advanced pain medicine core privileges, the applicant must meet the membership requirements of RUHS and the following privileging criteria:

- Successful completion of an Accreditation Council for Graduate Medical Education- (ACGME) or American Osteopathic Association- (AOA) accredited residency medical specialty followed by successful completion of an ACGME or AOA accredited fellowship training program in Pain Medicine.

~~• Documentation of specific training or experience in advanced pain medicine procedures~~

OR

~~• Meet the Anesthesiology Core Privilege Criteria~~

~~•~~

AND

- Current certification or active participation in the examination process leading to certification in Pain Medicine by the relative American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology.
- ~~Board Certified by appropriate Board~~

OR

~~• Completion of an acceptable Fellowship Training Program~~

**Required Previous Experience:**

An applicant for initial appointment must be able to demonstrate:

- The provision of inpatient or outpatient or consultative pain medicine services in the privileges requested for at least six (6) patients during the past 12 months.

OR

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

~~• Successful completion of a pain management fellowship or significant pain management experience~~

AND

~~• Approval of the anesthesiology department chair.~~

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
PAIN MEDICINE CLINICAL PRIVILEGES

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

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

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(From—To) To be completed by MSO

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

- Current demonstrated competence in advanced pain medicine with acceptable results in the privileges requested for the past 24 months based on ongoing professional practice evaluation and outcomes.

Description of Advanced Pain Core Privilege

Requested

**Advanced Pain Medicine**

- Evaluate, diagnose, treat, and provide consultation to patients of all ages, including critically ill patients in the ICU in conformance with unit policies.
- This includes evaluation and treatment of complications and the treatment of emergent conditions.
- Admitting and discharge for patients requiring anesthesia services for Same Day procedures ~~such as (but not limited to) MRI, CT, IR, EEG~~
- Discography and intradiscal/percutaneous disc treatments
- Epidural, subarachnoid or peripheral neurolysis
- Neuroablation with cryo, chemical, and radiofrequency modalities
- Nucleoplasty
- Percutaneous vertebral augmentation procedures

**MODERATE SEDATION PRIVILEGES**

**Criteria:** To be eligible to apply for Moderate Sedation Privileges, the applicant must meet the membership requirements of RUHS and the following privileging criteria:

- Access and complete the following by logging in to [www.rcrmc.org](http://www.rcrmc.org) . Click on Education Services, you will see the Moderate Sedation site with instructions, in service video, and test:
  - a) Completion of the Moderate Sedation Exam with satisfactory passing grade of 85%.
  - b) View the in-service video
- Current ACLS Certification

Requested

**Moderate Sedation Privileges**

Approved

Deferred



RIVERSIDE UNIVERSITY HEALTH SYSTEM  
PAIN MEDICINE CLINICAL PRIVILEGES

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

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 J.M., & Goodyear, R.K., Fundamentals of Clinical Supervision, 2<sup>nd</sup> Ed. Needham Heights, MA: Allyn & Bacon 1998.)*

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

- Be credentialed and privileged at 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.
- 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.
- 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 Teaching Non-Core Privilege

Requested Participate in Teaching Program

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
PAIN MEDICINE 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

\_\_\_\_\_  
Department Chair/Designee Signature

\_\_\_\_\_  
Date

MEC Approval: 5/8/08; 9/11/08, 9/10/09, 12/9/10, 11/13/14, 6/28/19, 6/17/20

**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)**

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**PAIN MEDICINE CLINICAL PRIVILEGES**

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

Effective: \_\_\_\_\_  
(From—To) To be completed by MSO

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

**Department Chair/Designee:**

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

Please print legibly.

Privileges/Procedures to be Proctored		Number of FPPE Cases	Method of FPPE A. Direct B. Chart C. Reciprocal
1	Anesthesia Core	3 Cases	A, B, C
2	Basic Pain Medicine	2 Cases	A, B, C
3	Pediatric Anesthesia Core	2 Cases	A, B, C
4	Advances Pain Medicine	2 Cases	A, B, C
5	Moderate Sedation Privileges	1 case	A, C



RIVERSIDE UNIVERSITY HEALTH SYSTEM  
ANESTHESIOLOGY CLINICAL PRIVILEGES

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

- Initial Appointment  
 Reappointment

Effective: \_\_\_\_\_  
(From—To) To be completed by MSO

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**Applicant:** CHECK (✓) the "Requested" box for each privilege you are qualified to request and SIGN and DATE this form as indicated. Applicants may be requested to provide documentation of the number and types of hospital cases during the past 24 months. Applicants have the burden of producing information deemed adequate by RUHS for a proper evaluation of current competence and other qualifications, and for resolving any doubts. Privileges may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document.

QUALIFICATIONS FOR CORE  
ANESTHESIOLOGY PRIVILEGES

**ANESTHESIOLOGY CORE PRIVILEGES**

**Criteria:** To be eligible to apply for core privileges in **Anesthesiology**, 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 Anesthesiology.

AND

- Current certification or active participation in the examination process leading to certification in Anesthesiology by the relative American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology.<sup>1</sup>

AND

- **Current ACLS from the American Heart Association**

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

- An active anesthesia practice in the privileges requested within the past 12 months.

OR

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

AND

- Approval of the anesthesiology department chair.

<sup>1</sup> Unless privileges granted prior to May 2008.

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**ANESTHESIOLOGY CLINICAL PRIVILEGES**

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

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

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(From—To) To be completed by MSO

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

- Current demonstrated competence and an active anesthesia practice with acceptable results in the privileges requested for the past 24 months based on ongoing professional practice evaluation and outcomes.

AND

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

AND

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

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Description of Anesthesia Core Privilege

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Requested

**Anesthesiology Core**

- Administration of anesthesia, including general, regional, and local, and administration of all levels of sedation to patients of all ages except as specifically excluded from practice. ~~Administration of regional anesthesia for potentially painful procedures and acute and chronic pain management.~~
- Care is directed toward patients rendered unconscious or insensible to pain and the management of emotional stress during surgical, obstetrical, and certain other medical procedures, including preoperative, intraoperative and postoperative evaluation and treatment (includes performance of history and physical exam).
- The support of life functions and vital organs under the stress of anesthetic, surgical, and other medical procedures.
- Medical management and consultation in pain medicine (acute and chronic) and critical care medicine.
- Direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units, and critically ill patients in special care units.
- Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.
- Admitting and discharge for patients requiring anesthesia services ~~for Same Day procedures such as (but not limited to) MRI, CT, IR, EEG.~~
- Supervision of CRNA's.
- Peripheral nerve blocks (including catheter placement)
- Spinal/epidural injections

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**ANESTHESIOLOGY CLINICAL PRIVILEGES**

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

Effective: \_\_\_\_\_  
(From—To) To be completed by MSO

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**QUALIFICATIONS FOR CORE  
PEDIATRIC ANESTHESIOLOGY PRIVILEGES**

**PEDIATRIC ANESTHESIOLOGY CORE PRIVILEGE**

**Criteria:** To be eligible to apply for core privileges in pediatric anesthesiology the applicant must meet the following criteria:

- Meet the Anesthesiology Core Privilege Criteria

**AND**

- Successful completion of a Pediatric Anesthesiology Fellowship

**OR**

- Demonstrated **significant experience** performing anesthesia on pediatric patients as determined by the Chair

**OR**

- Successful completion of a Pediatric AND Anesthesiology Residency

**AND**

- ~~Approval of the Anesthesiology Department Chair~~

**AND**

- Provide evidence of Pediatric Advanced Life Support (PALS) Certification

**AND**

- ~~Must be paneled by or in the process of paneling by California Children's Services (CCS).~~

**Reappointment Requirements:** To be eligible to renew core privileges in pediatric anesthesiology, the applicant must meet the following criteria:

- Current demonstrated competence and active Pediatric Anesthesia practice with acceptable results in the privileges requested for the past 24 months based on ongoing professional practice evaluation and outcomes.

**AND**

- Provide evidence of current Pediatric Advanced Life Support (PALS) ~~or Advanced Pediatric Live Support (APLS) Certification through American Heart Association.~~

**AND**

- ~~Must be paneled by or in the process of paneling by California Children's Services (CCS).~~



RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**ANESTHESIOLOGY CLINICAL PRIVILEGES**

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

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

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(From—To) To be completed by MSO

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**Description of Pediatric Anesthesiology Core Privileges**

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**Requested Pediatric Anesthesiology**

- Management of pediatric patients rendered unconscious or insensible to pain and emotional stress utilizing various pediatric sedation, general, local or regional anesthesia,
- Place and use of invasive monitors (including arterial, central venous, and pulmonary artery catheters,) during surgical and certain other medical procedures;
- including preoperative, intraoperative and postoperative evaluation and treatment, support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures,
- medical management and consultation in pain medicine and critical care medicine,
- direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care,
- and supervision of pediatric patients, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.
- Admitting and discharge for patients requiring anesthesia services ~~for Same-Day procedures such as (but not limited to) MRI, CT, IR, EEG.~~

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**ANESTHESIOLOGY CLINICAL PRIVILEGES**

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

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

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(From—To) To be completed by MSO

**Creating a separate Pain Medicine Privilege Form  
QUALIFICATIONS FOR CORE  
BASIC PAIN MEDICINE PRIVILEGES**

**BASIC PAIN MEDICINE CORE PRIVILEGE**

**Criteria:** To be eligible to apply for basic pain medicine core privileges, the applicant must meet the membership requirements of RUHS and the following privileging criteria:

- Meet the Anesthesiology Core Privilege Criteria
- Documentation of specific training in basic pain medicine procedures

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

- The provision of inpatient or outpatient or consultative pain medicine services in the privileges requested for at least six (6) patients during the past 12 months.

OR

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

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

- Current demonstrated competence and an active Basic Pain Medicine Practice with acceptable results in the privileges requested for the past 24 months based on ongoing professional practice evaluation and outcomes.

AND

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

Description of Basic Pain Core Privilege

Requested **Basic Pain Medicine**

Evaluate, diagnose, treat, and provide consultation to patients of all ages, including critically ill patients in the ICU. This includes evaluation and treatment of complications and the treatment of emergent conditions.

- Facet joint injection
- Occipital block
- Peripheral nerve blocks (including catheter placement)
- Sacroiliac joint injections
- Spinal/epidural injections
- Sympathetic blocks



RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**ANESTHESIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_  
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**QUALIFICATIONS FOR CORE  
ADVANCED PAIN MEDICINE PRIVILEGES**

**ADVANCED PAIN MEDICINE CORE PRIVILEGE**

**Criteria:** To be eligible to apply for advanced pain medicine core privileges, the applicant must meet the membership requirements of RUHS and the following privileging criteria:

- Meet the Anesthesiology Core Privilege Criteria
- Documentation of specific training or experience in advanced pain medicine procedures

OR

- Board Certified by appropriate Board

OR

- Completion of an acceptable Fellowship Training Program

**Required Previous Experience:**

- Successful completion of a pain management fellowship or significant pain management experience

AND

- Approval of the anesthesiology department chair.

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

- Current demonstrated competence in advanced pain medicine with acceptable results in the privileges requested for the past 24 months based on ongoing professional practice evaluation and outcomes.

Description of Advanced Pain Core Privilege

Requested — **Advanced Pain Medicine**

Evaluate, diagnose, treat, and provide consultation to patients of all ages, including critically ill patients in the ICU. This includes evaluation and treatment of complications and the treatment of emergent conditions. Admitting and discharge for patients requiring anesthesia services for Same Day procedures such as (but not limited to) MRI, CT, IR, EEG

- Discography and intradiscal/percutaneous disc treatments
- Epidural, subarachnoid or peripheral neurolysis
- Neuroablation with cryo, chemical, and radiofrequency modalities
- Nucleoplasty
- Percutaneous vertebral augmentation procedures



RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**ANESTHESIOLOGY 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 J.M., & Goodyear, R.K., Fundamentals of Clinical Supervision, 2<sup>nd</sup> Ed. Needham Heights, MA: Allyn & Bacon 1998.)*

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

- Be credentialed and privileged at 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.
- 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.
- 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.

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**ANESTHESIOLOGY CLINICAL PRIVILEGES**

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

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

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(From—To) To be completed by MSO

Description of Teaching Non-Core Privilege

Requested Participate in Teaching Program

**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  
**ANESTHESIOLOGY CLINICAL PRIVILEGES**

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

(From—To) To be completed by MSO

MEC Approval: 5/8/08; 9/11/08, 9/10/09, 12/9/10, 11/13/14, 6/28/19, 6/17/20

**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)**

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

**Department Chair/Designee:**

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

**Please print legibly.**

Privileges/Procedures to be Proctored		Number of FPPE Cases	Method of FPPE A. Direct B. Chart C. Reciprocal
1	Anesthesia Core	3 5 Cases	A, B, C
2	<del>Basic Pain Medicine</del>	2 Cases	<del>A, B, C</del>
3	Pediatric Anesthesia Core	2 3 Cases	A, B, C
4	<del>Advances Pain Medicine</del>	2 Cases	<del>A, B, C</del>



## SEDATION PRIVILEGING CRITERIA

### MODERATE SEDATION – INITIAL PRIVILEGES

1. MD or DO licensed independent practitioner.
2. Completion of RUHS Moderate Sedation On Line Video Course
3. Completion of Moderate Sedation Exam with satisfactory passing grade of 85%.
4. Current knowledge of airway management as demonstrated by residency/fellowship training, or current ACLS/PALS if not board certified or eligible or ~~RUHS Airway Management for Sedation course.~~ (this course does not exist)
5. If Sedation Exam is not attained on the second attempt, the practitioner will be required to attend a CME sponsored sedation training course and submit evidence of successful completion of said course (per RUHS Sedation Policy).
6. Moderate Sedation for patients 14 years and younger require training in the care of pediatric patients demonstrated by residency/fellowship training. (per RUHS Sedation policy)

### MODERATE SEDATION – REAPPOINTMENT

1. Have completed proctoring on one sedation case under direct supervision of a RUHS practitioner holding clinical privilege in moderate sedation, AND
2. Completed a minimum of 2 sedation cases during appointment period OR Completion of Moderate Sedation Exam with satisfactory passing grade of 85% ~~on line training for moderate sedation (per RUHS policy)~~

### DEEP SEDATION – INITIAL PRIVILEGES

1. Anesthesia, Intensivists, and Emergency Department physicians will provide deep sedation analgesia.
2. Successful completion of Moderate/Deep sedation examination
3. Current knowledge of airway management as demonstrated by residency/fellowship training, or current ACLS/PALS if not board certified/eligible or ~~RUHS Airway Management for Sedation course.~~(course does not exist)
4. Successful completion of 2 deep sedation cases under the direct supervision of a RUHS practitioner holding clinical privileges in deep sedation.
5. Deep sedation for patients 14 years and younger requires training in the care of pediatric patients demonstrated by residency/fellowship training.
7. If a passing grade is not attained on the second attempt, the practitioner will be required to attend a CME sponsored sedation training course and submit evidence of successful completion of said course (per RUHS Sedation Policy).

### DEEP SEDATION – REAPPOINTMENT

1. Have completed a minimum of 2 sedation cases during appointment period OR Completion of Deep Sedation Exam with satisfactory passing grade of 85% ~~on line training for moderate sedation (per RUHS policy)~~

## California Participating Practitioner Application

### I. Instructions

This form should be typed. If more space is needed than provided on original, attach additional sheets and reference the question being answered. Please refer to cover page for a list of the required documents to be submitted with this application.

### II. Identifying Information

Check if there are any changes and update below.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Is there any other name under which you have been known? Name(s): \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Pager Number: \_\_\_\_\_

Practitioner Email: \_\_\_\_\_ Citizenship (If not a U.S. citizen, please provide a copy of Alien Registration Card): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Race/Ethnicity (optional): \_\_\_\_\_

Driver's License State/Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender:  Male  Female

Your intent is to serve as a(n):

Primary Care Provider  Specialist  Urgent Care  Hospitalist  Hospital Based

Specialty: \_\_\_\_\_

Subspecialties: \_\_\_\_\_

### III. Practice Information

Check if there are any changes and update below.

Practice Name (if applicable): \_\_\_\_\_ Department Name (if hospital based): \_\_\_\_\_

Primary Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Website (if applicable): \_\_\_\_\_

Office Administrator/Manager: \_\_\_\_\_ Office Administrator/Manager Telephone Number: \_\_\_\_\_

Office Administrator/Manager Email: \_\_\_\_\_ Office Administrator/Manager Fax Number: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_ Name Associated with Tax ID: \_\_\_\_\_

Please identify the physical accessibility of this office:  Basic  Limited  None

**III. Practice Information (Continued)** Check if there are any changes and update below.

Type of practice (check all that apply):

- Solo Practice
- Group Practice
- Single Specialty Group
- Multi Specialty Group
- Urgent Care

Primary Office Hours of Operation:

Languages spoken by Staff:

Languages spoken by Provider:

Group Medicare PTAN/UPIN #:

Group NPI #:

**Secondary Practice Information**

Practice Name (if applicable):

Department Name (if hospital based):

Secondary Office Address:

City:

State:

Zip Code:

Telephone Number:

Fax Number:

Website (if applicable):

Office Administrator/Manager:

Office Administrator/Manager Telephone Number:

Office Administrator/Manager Email:

Office Administrator/Manager Fax Number:

Federal Tax ID Number:

Name Associated with Tax ID:

Please identify the physical accessibility of this office:  Basic  Limited  None

Type of practice (check all that apply):

- Solo Practice
- Group Practice
- Single Specialty Group
- Multi Specialty Group
- Urgent Care

Secondary Office Hours of Operation:

Languages spoken by Staff:

Languages spoken by Provider:

Group Medicare PTAN/UPIN #:

Group NPI #:



**Tertiary Practice Information**

Practice Name (if applicable):		Department Name (if hospital based):	
Tertiary Office Address:			
City:		Zip Code:	
Telephone Number:	Fax Number:	Website (if applicable):	
Office Administrator/Manager:		Office Administrator/Manager Telephone Number:	
Office Administrator/Manager Email:		Office Administrator/Manager Fax Number:	
Federal Tax ID Number:		Name Associated with Tax ID:	
Please identify the physical accessibility of this office: <input type="checkbox"/> Basic <input type="checkbox"/> Limited <input type="checkbox"/> None			
Type of practice (check all that apply):			
<input type="checkbox"/> Solo Practice			
<input type="checkbox"/> Group Practice			
<input type="checkbox"/> Single Specialty Group			
<input type="checkbox"/> Multi Specialty Group			
<input type="checkbox"/> Urgent Care			
Tertiary Office Hours of Operation:		Languages spoken by Staff:	
		Languages spoken by Provider:	
Group Medicare PTAN/UPIN #:		Group NPI #:	

**Mailing Address**

Which of your practices is your primary mailing address? <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> Other			
If your mailing address is different from your practice address, please provide it:			

<b>IV. Billing Information</b>		<input type="checkbox"/> Check if there are any changes and update below.	
Which of your practices handles your billing? <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary, if none, please provide billing info:			
Billing Company:			
Billing Company Mailing Address:			
City:		State:	Zip Code:
Contact Person:		Telephone Number:	
Federal Tax ID Number:		Name Associated with Tax ID:	

**V. Practice Description**  Check if there are any changes and update below.

Do you employ any allied health professionals (e.g. nurse practitioners, physician assistants, psychologist, etc.)?  Yes  No  
 If so, please list:

Name	License Number

Physician Assistant Supervisor Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Do you personally employ any physicians (do not include physicians who are employed by the medical group)?  Yes  No  
 If so, please list:

Name	California Medical License Number	Primary/Secondary/Tertiary Practice
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary
		<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary

Please list any clinical services you perform that are not typically associated with your specialty:

\_\_\_\_\_

Which offices does this apply to:  Primary  Secondary  Tertiary

Please list any clinical services you do **not** perform that are typically associated with your specialty:

\_\_\_\_\_

Which offices does this apply to:  Primary  Secondary  Tertiary

Is your practice limited to certain ages?  Yes  No      If yes, specify limitation:

\_\_\_\_\_

Which offices does this apply to:  Primary  Secondary  Tertiary

**Coverage of Practice**

List your answering service and covering physicians by name. Attach additional sheets if necessary.

Answering Service Company: \_\_\_\_\_

Answering Service Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Covering Physician's Name(s) / Phone Number / Which practices does their coverage apply (Primary, Secondary, Tertiary):


**VI. Education, Training, and Experience**  Check if there are any changes and update below.

*Medical/Professional Education*

Medical School/Professional:	Degree Received:	Graduation Date:
Mailing Address:	Website(if applicable):	
City:	State:      Zip Code:	Registrar's Phone Number:

*Internship/PGY-1*

Institution:	Program Director:	
Address:	City:	State:      Zip Code:
Telephone Number:	Fax Number:	Website(if applicable):
Type of Internship:	From (mm/yyyy):	To (mm/yyyy):
Did you successfully complete the program? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, please explain on a separate sheet.)		

*Residencies/Fellowships* Include residencies, fellowships, and postgraduate education in chronological order. Use a separate sheet if necessary.

Institution:	Program Director:	
Address:	City:	State:      Zip Code:
Telephone Number:	Fax Number:	Website(if applicable):
Type of Training:	Specialty:	From (mm/yyyy):      To (mm/yyyy):
Did you successfully complete the program? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, please explain on a separate sheet.)		

Institution:	Program Director:	
Address:	City:	State:      Zip Code:
Telephone Number:	Fax Number:	Website(if applicable):
Type of Training:	Specialty:	From (mm/yyyy):      To (mm/yyyy):
Did you successfully complete the program? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, please explain on a separate sheet.)		

Institution:	Program Director:	
Address:	City:	State:      Zip Code:
Telephone Number:	Fax Number:	Website(if applicable):
Type of Training:	Specialty:	From (mm/yyyy):      To (mm/yyyy):
Did you successfully complete the program? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, please explain on a separate sheet.)		



**VII. Medical Licensure & Certifications**  Check if there are any changes and update below.

California State Medical License Number:	Issue Date:	Expiration Date:
Drug Enforcement Agency (DEA) Number:	Schedules:	Expiration Date:
Controlled Dangerous Substances Certificate (CDS) (if applicable):		Expiration Date:
ECFMG Number (applicable to foreign medical graduates):		Issue Date:
Individual National Physician Identifier (NPI):	Medi-Cal/Medicaid Number:	Individual Medicare PTAN Number:

*All Other State Medical Licenses*

State	License Number	Issue Date	Expiration Date

*Other Certifications (e.g., Fluoroscopy, Radiography, ACLS/BLS/PALS, etc.)*

Type of Certification	License Number	Expiration Date

*Board Certification(s)*

Include certifications by board(s) which are duly organized and recognized by: • a member board of the American Board of Medical Specialties • a member board of the American Osteopathic Association • a board or association with equivalent requirements approved by the Medical Board of California • a board or association with an Accreditation Council for Graduate Medical Education or American Osteopathic Association approved postgraduate training that provides complete training in that specialty or subspecialty.

Name of Issuing Board	Certificate Number	Date Certified/Recertified	Expiration Date (if any)

**Board Certification(s) (Continued)**

Have you applied for board certification other than those indicated on the prior page? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, list board(s) and date(s):

If not certified, describe your intent for certification, if any, and date of eligibility for certification below or in a separate sheet.

Specialty:	Describe here:
Board Name:	
Exam Date:	

**VIII. Current Hospital and Other Institutional Affiliations**  Check if there are any changes and update below.

Please list in reverse chronological order (with the current affiliation(s) first) all institutions where you have current affiliations (A) and have had previous hospital privileges within 5 years (B). This includes hospitals, surgery centers, institutions, corporations, military assignments, or government agencies. If more space is needed, attach additional sheet(s).

**A. Current Affiliations**

Hospital Name:		Department Name:	
Primary Hospital Address:		Status (active, provisional, courtesy, temporary, etc.):	
City:	State:	Zip Code:	
Medical Staff Phone:	Medical Staff Fax:	From (mm/yyyy):	To (mm/yyyy):

Hospital Name:		Department Name:	
Primary Hospital Address:		Status (active, provisional, courtesy, temporary, etc.):	
City:	State:	Zip Code:	
Medical Staff Phone:	Medical Staff Fax:	From (mm/yyyy):	To (mm/yyyy):

Hospital Name:		Department Name:	
Primary Hospital Address:		Status (active, provisional, courtesy, temporary, etc.):	
City:	State:	Zip Code:	
Medical Staff Phone:	Medical Staff Fax:	From (mm/yyyy):	To (mm/yyyy):

Hospital Name:		Department Name:	
Primary Hospital Address:		Status (active, provisional, courtesy, temporary, etc.):	
City:	State:	Zip Code:	
Medical Staff Phone:	Medical Staff Fax:	From (mm/yyyy):	To (mm/yyyy):

**A. Current Affiliations (continued)**

If you do not have hospital privileges, please explain (physicians without hospital privileges must provide written plan for continuity of care):	
---	--

**B. Previous Hospital and Other Institutional Affiliations**

Name and Address of Affiliation:		Department:
		From (mm/yy):
		To (mm/yy):
Reason for leaving:		

Name and Address of Affiliation:		Department:
		From (mm/yy):
		To (mm/yy):
Reason for leaving:		

Name and Address of Affiliation:		Department:
		From (mm/yy):
		To (mm/yy):
Reason for leaving:		

Name and Address of Affiliation:		Department:
		From (mm/yy):
		To (mm/yy):
Reason for leaving:		

Name and Address of Affiliation:		Department:
		From (mm/yy):
		To (mm/yy):
Reason for leaving:		



**IX. Peer References**     Check if there are any changes and update below.

List three professional references, preferably from your specialty area, not including relatives, current partners or associates in practice. If possible, include at least one member from the Medical Staff of each facility where you currently hold privileges.

**NOTE:** References must be from individuals who are directly familiar with your work, either via direct clinical observation or through close working relations. **At least one reference must be from someone with the same credentials, for example, a MD must list a reference from another MD or a DPM must list one reference from another DPM.**

Name of Reference:		Specialty:	
Address:	City:	State:	Zip:
Telephone Number:	Fax Number:	Email Address:	

Name of Reference:		Specialty:	
Address:	City:	State:	Zip:
Telephone Number:	Fax Number:	Email Address:	

Name of Reference:		Specialty:	
Address:	City:	State:	Zip:
Telephone Number:	Fax Number:	Email Address:	

**X. Work History**     Check if there are any changes and update below.

Chronologically list all work history activities since completion of postgraduate training (use extra sheets if necessary). This information must be complete. A curriculum vitae is not sufficient. Please explain any gaps of 6 months or more on a separate page.

Current Practice:		Contact Name:	
Address:	City:	State:	Zip:
Telephone Number:	Fax Number:	From (mm/yyyy):	To (mm/yyyy):

Current Practice:		Contact Name:	
Address:	City:	State:	Zip:
Telephone Number:	Fax Number:	From (mm/yyyy):	To (mm/yyyy):

Current Practice:		Contact Name:	
Address:	City:	State:	Zip:
Telephone Number:	Fax Number:	From (mm/yyyy):	To (mm/yyyy):

**XI. Professional Liability** Check if there are any changes and update below.

Please list all of your professional liability carriers for the past five years, listing the most recent first. If more space is needed, attach additional sheet(s).

Name of Current Insurance Carrier:		Policy Number:	
Address:	City:	State:	Zip:
Telephone Number:	Fax Number:	Website(if applicable):	
Email Address:	Tail Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No	Per Claim Amount:	
Original Effective Date:	Expiration Date:	Aggregate Amount:	

Name of Carrier:		Policy Number:	
Address:	City:	State:	Zip:
Telephone Number:	Fax Number:	Website(if applicable):	
Email Address:	Tail Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No	Per Claim Amount:	
Original Effective Date:	Expiration Date:	Aggregate Amount:	

Name of Carrier:		Policy Number:	
Address:	City:	State:	Zip:
Telephone Number:	Fax Number:	Website(if applicable):	
Email Address:	Tail Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No	Per Claim Amount:	
Original Effective Date:	Expiration Date:	Aggregate Amount:	

**XII. Professional and Practice Services** Check if there are any changes and update below.Are you a Certified Qualified Medical Examiner (QME) of the State Industrial Medical Council?  Yes  No

What type of anesthesia do you provide in your group/office?

 Local  Regional  Conscious Sedation  General  None  Other (please specify):

If you provide direct laboratory services, please indicate the TIN utilized and provide Clinical Laboratory Information Act (CLIA) information. Attach a copy of your CLIA certificate or waiver.

Federal Tax ID:	Type of Service Provided:	Do you have a CLIA certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Billing Name:		Do you have a waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No
CLIA Certificate Number:		CLIA Certificate Expiration Date:





## ATTESTATION QUESTIONS

**INSTRUCTIONS:** Please answer the following questions "Yes" or "No". If your answer to any of the following questions is "Yes", please provide full details on a separate sheet of paper.

1. Has your license to practice medicine, Drug Enforcement Administration (DEA) registration or an applicable narcotic registration in any jurisdiction ever been denied, limited, restricted, suspended, revoked, not renewed, or subject to probationary conditions, or have you voluntarily or involuntarily relinquished any such license or registration or voluntarily or involuntarily accepted any such actions or conditions or have you been fined or received a letter of reprimand or is such action pending?  Yes  No
2. Have you ever been charged, suspended, fined, disciplined, or otherwise sanctioned, subjected to probationary conditions, restricted or excluded, or have you voluntarily or involuntarily relinquished eligibility to provide services or accepted conditions on your eligibility to provide services, for reasons relating to possible incompetence or improper professional conduct, or breach of contract or program conditions by Medicare, Medicaid, or any federal program or is any such action pending?  Yes  No
3. Have your clinical privileges, membership, contractual participation or employment by any medical organization (e.g., hospital medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), private payer (including those that contract with (public) federal programs, or other health delivery entity or system), ever been denied, suspended, restricted, reduced, subject to probationary conditions, revoked or not renewed for possible incompetence, improper professional conduct or breach of contract, or is any such action pending?  Yes  No
4. Have you ever surrendered, allowed to expire, voluntarily or involuntarily withdrawn a request for membership or clinical privileges, terminated contractual participation or employment, or resigned from any medical organization (e.g., hospital medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), or other health delivery entity or system) while under investigation for possible incompetence or improper professional conduct, or breach of contract, or in return for such an investigation not being conducted, or is any such action pending?  Yes  No
5. Have you ever surrendered, voluntarily withdrawn, or been requested or compelled to relinquish your status as a student in good standing in any internship, residency, fellowship, preceptorship, or other clinical education program?  Yes  No
6. Have you ever been denied certification/recertification by a specialty board?  Yes  No
7. Have you ever chosen not to recertify or voluntarily surrender your board certification while under investigation?  Yes  No
8. a. Have you ever been convicted of, or pled guilty to a criminal offense (e.g., felony or misdemeanor) and/or placed on deferred adjudication or probation for a criminal offense other than a misdemeanor traffic offense?  Yes  No
8. b. Are any such actions pending?  Yes  No
9. Have any judgments been entered against you, or settlements been agreed to by you within the last seven (7) years, in professional liability cases? If YES, please complete Addendum B.  Yes  No
10. Are there any professional liability lawsuits/arbitrations against you that have been dismissed or currently pending? If YES, please complete Addendum B.  Yes  No
11. Has your professional liability insurance ever been terminated, not renewed, restricted, or modified (e.g. reduced limits, restricted coverage, surcharged), or have you ever been denied professional liability insurance, or has any professional liability carrier provided you with written notice of any intent to deny, cancel, not renew, or limit your professional liability insurance or its coverage of any procedures?  Yes  No

12. Do you have any physical or mental condition which would prevent or limit your ability to perform the essential functions of the position and/or privileges for which your qualifications are being evaluated in accordance with accepted standards of professional performance, with or without reasonable accommodations? If YES, please describe on a separate sheet any accommodations that could reasonably be made to facilitate your performance of such functions without risk of compromise.  Yes  No
13. Have you ever rendered professional medical services as an employee of a staff model HMO, an entity insured by the federal government (such as the military or a Federally Qualified Health Center) or an academic institution. If YES, have you, in the past seven (7) years, been named as a defendant in a lawsuit (whether or not you were later dismissed from the matter)?  Yes  No
14. Is your current ability to practice impaired by chemical dependency or substance abuse, including present use of illegal drugs?  Yes  No
15. Within the last three (3) years, has your membership, privileges, participation or affiliation with any healthcare organization (e.g., a hospital or HMO), been terminated, suspended or restricted; or have you taken a leave of absence from a health care organization for reasons related to the abuse of, or dependency on, alcohol or drugs?  Yes  No

I hereby affirm that the information submitted in this Section, Attestation Questions, Application, and any addenda thereto is current, correct, and complete to the best of my knowledge and belief and in good faith. I understand that material omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement.

**APPLICANT SIGNATURE** (Stamp is Not Acceptable): \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*Continue to the Next Page for Information Release/Acknowledgements*

**INFORMATION RELEASE/ACKNOWLEDGEMENTS**

I hereby consent to the disclosure, inspection and copying of information and documents relating to my credentials and qualifications and performance ("credentialing information") by and between "this Healthcare Organization" and other Healthcare Organizations (e.g., hospital medical staffs, medical groups, independent practice associations (IPAs), health care service plans, health maintenance organizations (HMOs), preferred provider organizations (PPOs), other health delivery systems or entities, medical societies, professional associations, medical school faculty positions, training programs, professional liability insurance companies (with respect to certification of coverage and claims history), licensing authorities, and businesses and individuals acting as their agents - collectively "Healthcare Organizations,") for the purpose of evaluating this application and any recredentialing application regarding my professional training, experience, character, conduct and judgment, ethics, and ability to work with others. In this regard, the utmost care shall be taken to safeguard the privacy of patients and the confidentiality of peer records, and to protect peer review information from being further disclosed.

I am informed and acknowledge that federal and state laws provide immunity protections to certain individuals and entities for their acts and/or communications in connection with evaluating the qualifications of healthcare providers. I hereby release all persons and entities, including this Healthcare Organization, engaged in quality assessment, peer review and credentialing on behalf of this Healthcare Organization, and all persons and entities providing credentialing information to such representatives of this Healthcare Organization, from any liability they might incur for their acts and/or communications in connection with evaluation of my qualifications for participation in this Healthcare Organization, to the extent that those acts and/or communications are protected by state or federal law.

I understand that I shall be afforded such fair procedures with respect to my participation in this Healthcare Organization as may be required by state and federal law and regulation, including, but not limited to, California Business and Professions Code Section 809 et seq., if applicable.

I understand and agree that I, as an applicant, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubt about such qualifications.

During such time as this application is being processed, I agree to update the application should there be any change in the information provided.

In addition to any notice required by any contract with a Healthcare Organization, I agree to notify this Healthcare Organization immediately in writing of the occurrence of any of the following: (i) the unstayed suspension, revocation or nonrenewal of my license to practice medicine in California; (ii) any suspension, revocation or nonrenewal of my DEA or other controlled substances registration; or (iii) any cancellation or nonrenewal of my professional liability insurance coverage.

I further agree to notify this Healthcare Organization in writing, within fourteen (14) days from the occurrence of any of the following: (i) receipt of written notice of any adverse action against me, by the Medical Board of California taken or pending, including, but not limited to, any accusation filed, temporary restraining order or imposition of any interim suspension, probation or limitations affecting my license to practice medicine; or (ii) any adverse action against me by any Healthcare Organization, which has resulted in the filing of a Section 805 report (or any subsections) with the Medical Board of California, appropriate licensing board or a report with the National Practitioner Data Bank; or (iii) the denial, revocation, suspension, reduction limitation, nonrenewal or voluntary relinquishment by resignation of my medical staff membership or clinical privileges at any Healthcare Organization; or (iv) any material reduction in my professional liability insurance coverage; or (v) my receipt of written notice of any legal action against me, including, without limitation, any filed and served malpractice suit or arbitration action; or (vi) my conviction of any crime (excluding any minor traffic violations); or (vii) my receipt of written notice of any adverse action against me under the Medicare or Medicaid programs, including, but not limited to, fraud and abuse proceedings or convictions.

I pledge to provide continuous care for my patients.

I hereby affirm that the information submitted in this application and any addenda thereto (including my curriculum vitae if attached) is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement.

A photocopy of this document shall be as effective as the original.

\_\_\_\_\_  
**APPLICANT SIGNATURE** (Stamp is Not Acceptable)

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**DATE**

Addenda Submitting;

Addendum B; Professional Liability Action Explanation

This application and Addenda A and B were created and are endorsed by:

- California Association of Health Plans (916) 552-2910
- California Association of Physician Groups (916) 443-2274



# California Participating Practitioner Application

## Addendum B

### *Professional Liability Action Explained*

This Addendum is submitted to \_\_\_\_\_ herein, this Healthcare Organization

Please complete this form for each pending, settled or otherwise concluded professional liability lawsuit or arbitration filed and served against you, in which you were named a party in the past seven (7) years, whether the lawsuit or arbitration is pending, settled or otherwise concluded, and whether or not any payment was made on your behalf by any insurer, company, hospital or other entity. All questions must be answered completely in order to avoid delay in expediting your application. If there is more than one professional liability lawsuit or arbitration action, please photocopy this Addendum B prior to completing, and complete a separate form for each lawsuit.

Please check here if there are no pending/ settled claims to report (and sign below to attest).

#### I: Practitioner Identifying Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

#### II. Case Information

Patient's Name: \_\_\_\_\_ Patient's Gender:  Male  Female Patient's DOB: \_\_\_\_\_

City, County, State where lawsuit filed: \_\_\_\_\_ Court Case number, if known: \_\_\_\_\_ Date of alleged incident serving as basis for the lawsuit/arbitration: \_\_\_\_\_ Date suit filed: \_\_\_\_\_

Location of incident:

Hospital  My Office  Other doctor's office  Surgery Center  Other (specify): \_\_\_\_\_

Relationship to patient (Attending physician, Surgeon, Assistant, Consultant, etc.) \_\_\_\_\_

Allegation: \_\_\_\_\_

Is/was there an insurance company or other liability protection company or organization providing coverage/defense of the lawsuit or arbitration action?  Yes  No

If yes, please provide company name, contact person, phone number, location and carrier's claim identification number, or other liability protection company or organization.

If you would like us to contact your attorney regarding any of the above, please provide attorney(s) name(s) and phone number(s). Please fax this document to your attorney as this will serve as your authorization:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**III. Status of Lawsuit/Arbitration (check one)**

- Lawsuit/arbitration still ongoing, unresolved.
- Judgment rendered and payment was made on my behalf. Amount paid on my behalf: \$ \_\_\_\_\_
- Judgment rendered and I was found not liable.
- Lawsuit/arbitration settled and payment made on my behalf. Amount paid on my behalf: \$ \_\_\_\_\_
- Lawsuit/arbitration settled/dismissed, no judgment rendered, no payment made on my behalf.

Summarize the circumstances giving rise to the action. If the action involves patient care, provide a narrative, with adequate clinical detail, including your description of your care and treatment of the patient. If more space is needed, attach additional sheets.

Please include:

1. Condition and diagnosis at the time of incident,
2. Dates and description of treatment rendered, and
3. Condition of patient subsequent to treatment.

**SUMMARY**

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I certify that the information in this document and any attached documents is true and correct. I agree that "this Healthcare Organization", its representatives, and any individuals or entities providing information to this Healthcare Organization in good faith shall not be liable, to the fullest extent provided by law, for any act or occasion related to the evaluation or verification contained in this document, which is part of the California Participating Practitioner Application. In order for the participating healthcare organizations to evaluate my application for participation in and/or my continued participation in those organizations, I hereby give permission to release to this Healthcare Organization about my medical malpractice insurance coverage and malpractice claims history. This authorization is expressly contingent upon my understanding that the information provided will be maintained in a confidential manner and will be shared only in the context of legitimate credentialing and peer review activities. This authorization is valid unless and until it is revoked by me in writing. I authorize the attorney(s) listed on Page 1 to discuss any information regarding this case with "this Healthcare Organization".

**APPLICANT SIGNATURE** (Stamp is Not Acceptable) \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



Date

Physician name

Address

Dear Dr. \_\_\_\_\_

The RUHS Medical Staff Professional Practice Evaluation Committee oversees the Professional Practice Evaluation portion of the peer review process. This includes Ongoing Professional Practice Evaluation (OPPE). Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s) or to revoke an existing privilege prior to or at the time of renewal. (*TJC Standard MS.08.01.03*)

Based on your low volume/no volume of practice at RUHS, a Supplemental OPPE Form was previously sent to you on **{Date}** \_\_\_\_\_ to complete and return within 30 days as part of the OPPE process. You did not return that form. The Department Chair has notified the Credentials Committee that you have not responded to requests to submit the completed Supplemental OPPE Form. Without that form the medical staff lacks data to support the continuation of your current medical staff privileges.

Please be advised that the Credentials Committee is granting you a 30 day extension, from the date of this notice, to return the required completed Supplemental OPPE Form included with this letter. **Failure to submit the required form by \_\_\_\_\_, 2020 will result in referral of this matter to the Medical Executive Committee with a request for corrective action – specifically, for suspension of your medical staff privileges until the Professional Practice Evaluation Committee has received an appropriately completed form.** Please be advised that a suspension of your privileges that lasts longer than 30 days would result in mandatory reporting to the Medical Board of California.

Thank you for your immediate attention to this important matter. Please email the completed form to \_\_\_\_\_ at \_\_\_\_\_@ruhealth.com.

Sincerely,

Chair, RUHS Medical Staff Credentials Committee





APPROVAL FOR TEMPORARY PRIVILEGES

Date

PHYSICIAN NAME/EDP: \_\_\_\_\_, MD
SPECIALTY: \_\_\_\_\_
DIRECT CONTACT PHONE NUMBER: \_\_\_\_\_

Current competence confirmed through the following Verifications on file:

- (X) Education and Training verified (AMA) on File: \_\_\_\_\_
(X) Verification of CA License on File: \_\_\_\_\_
(X) Verification of CA DEA Certification on File: \_\_\_\_\_
( ) Malpractice Insurance Coverage: \_\_\_\_\_
(X) Board Certification: \_\_\_\_\_ Expires: \_\_\_\_\_
(X) Current Hospital Affiliation on File: \_\_\_\_\_
(X) Queried National Practitioner Data Bank on File: \_\_\_\_\_

TEMPORARY PRIVILEGES GRANTED: Effective: \_\_\_\_\_ Expires: \_\_\_\_\_

With Privileges as Delineated

\*\*NOTE: It is Imperative that Proctoring occur on the first day of patient care:

Temporary Privileges Granted based on following criteria met:

- ( ) To fulfill an important patient care, treatment, and service need. Temporary privileges may be granted on a case by case basis when an important patient care issue exists that mandates an immediate authorization to practice, for a limited period of time.

If patient specific:

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Procedure: \_\_\_\_\_ Date: \_\_\_\_\_

- ( ) When an applicant for new privileges with a complete application that raises no concerns is awaiting review and approval by the medical executive committee and the governing board. Temporary privileges for applicants for new privileges are granted for no more than 120 days.

APPROVALS: Approval confirmed on: \_\_\_\_\_ By: \_\_\_\_\_

Chief of Staff or Authorized Designee \_\_\_\_\_ Date \_\_\_\_\_

CEO/Administrator or Authorized Designee \_\_\_\_\_ Date \_\_\_\_\_

**MODERATE SEDATION TEST QUESTIONS**  
**October 19, 2018**

**PASSING SCORE = 85%**

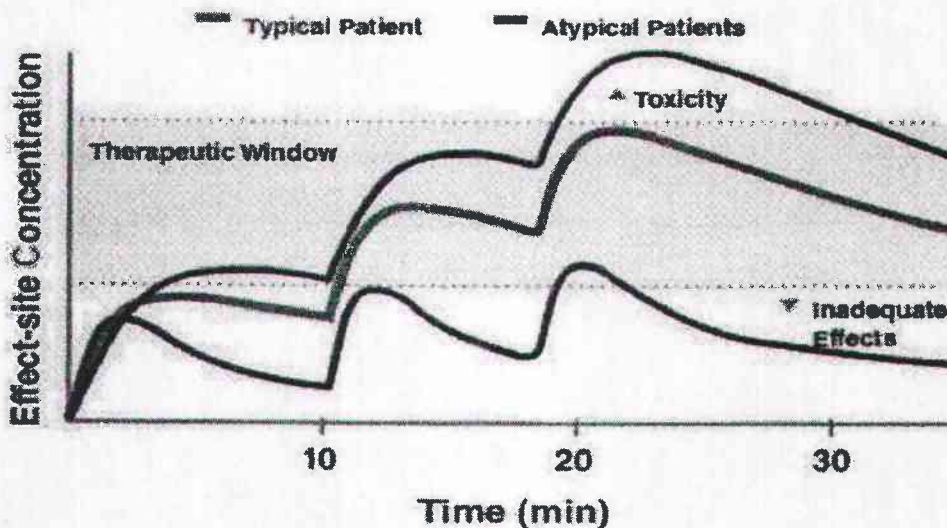
1. All of the following are typical goals of Moderate Sedation EXCEPT?
  - A. Anxiolysis
  - B. Analgesia
  - C. Rapid recovery
  - D. General anesthesia
  - E. Stability of the cardiovascular and pulmonary systems
  
2. According to the American Society of Anesthesiologists' (ASA) continuum of sedation, a patient's sedation state is determined in part by:
  - A. The response to verbal, tactile and painful stimulation
  - B. The need for airway intervention
  - C. The adequacy of spontaneous ventilation
  - D. All of the above
  
3. Which is NOT a characteristic of the moderate sedation state?
  - A. A purposeful response is observed only following repeated or painful stimulation
  - B. No airway intervention is required
  - C. Spontaneous ventilation is adequate
  - D. Cardiovascular function is adequate
  
4. Sedation is a continuum of central nervous system depression. Which is a list of sedation states in their proper order as outlined by the American Society of Anesthesiologists?
  - A. Minimal sedation, moderate sedation, deep sedation, general anesthesia
  - B. Minimal sedation, conscious sedation, moderate sedation, general anesthesia
  - C. Minimal sedation, moderate sedation, procedural sedation, anesthesia
  - D. Anxiolysis, procedural sedation, deep sedation, general anesthesia
  
5. Which statement about The American Society of Anesthesiologists (ASA) Physical Status patient classification system in the context of sedation practice is FALSE?
  - A. The system may help identify patients who would benefit from consultation with an anesthesiologist
  - B. The system categorizes the patient's overall health status
  - C. There is considerable variability in Physical Status scores from one assessor to another
  - D. The system was developed as a measure of a patient's fitness for anesthesia and surgery
  - E. The ASA Physical Status designation is specifically influenced by age
  
6. Which cardiovascular condition is correctly classified according to the ASA Physical Status Classification?
  - A. Unstable angina with end stage heart failure – ASA Class IV
  - B. Controlled hypertension – ASA Class II
  - C. History of myocardial infarction, compensated heart failure – ASA Class III
  - D. No cardiovascular disease – ASA I
  - E. All of the above
  
7. Which pulmonary condition is NOT correctly classified according to the ASA Physical Status Classification?
  - A. Asthma well controlled with medication – ASA Class II
  - B. No lung disease – ASA Class I
  - C. COPD with functional limitation – ASA Class III
  - D. End stage COPD on oxygen therapy with symptoms at rest – ASA Class III

8. Which statement about commonly accepted "Nothing by Mouth" (NPO) guidelines is FALSE?
- A. NPO guidelines were established to minimize the likelihood of lung injury from aspiration of stomach contents during sedation and anesthesia
  - B. A patient may take clear liquids up to 2 hours before an elective procedure
  - C. NPO guidelines were established for the practice of general anesthesia and are not applicable to the practice of sedation
  - D. When it is impossible to adhere to NPO guidelines, it may be necessary to consider protecting the lungs with tracheal intubation
  - E. NPO guidelines distinguish between solids and clear liquids because particulate matter is more damaging to the lungs when aspirated
9. Which is an essential element of pre-sedation education and consent?
- A. The nature of the sedation procedure
  - B. The associated risks and benefits of sedation
  - C. The likelihood of successful sedation
  - D. The alternatives for sedation (including no sedation)
  - E. All of the above
10. In sedation practice, rescue and resuscitation are distinct concepts. Which is NOT a characteristic of RESUSCITATION?
- A. Resuscitation necessarily involves the entire sedation team
  - B. Resuscitation should be a rare event in sedation practice
  - C. The procedure may typically proceed despite the need for resuscitation
  - D. Resuscitation is a reactive process
  - E. Implementation of proper resuscitation technique requires special training (i.e., Advanced Cardiac Life Support)
11. RAVOC is an abbreviation to guide the identification of the sedation state. Which statement about RAVOC is TRUE?
- A. The RAVOC elements are Respiration, Airway, Ventilation, Oxygenation and Cardiac
  - B. The RAVOC assessments is undertaken only when it will not disturb the patient
  - C. The RAVOC approach requires only physical assessment of the patient
  - D. RAVOC is useful in determining when rescue maneuvers are needed
12. For clinicians credentialed to practice moderate sedation, which statement is TRUE concerning the states of deep sedation and general anesthesia?
- A. Both states require rescue
  - B. Both states may require life saving support at any time
  - C. "Self Rescue" is not possible
  - D. In both states, the airway and spontaneous ventilation may sometimes be adequate despite unresponsiveness to verbal and tactile stimulation.
  - E. All of the above are correct
13. Which characteristic is common to BOTH ventilatory depression and airway obstruction?
- A. Both involve a drug induced inhibition of the breathing control center in the brainstem
  - B. Both involve obstruction at the soft palate, tongue base and/or epiglottis
  - C. Both involve drug induced decreases in airway patency and muscle tone
  - D. Both involve decreased or absent gas exchange with the lung
  - E. Both involve lack of breathing efforts



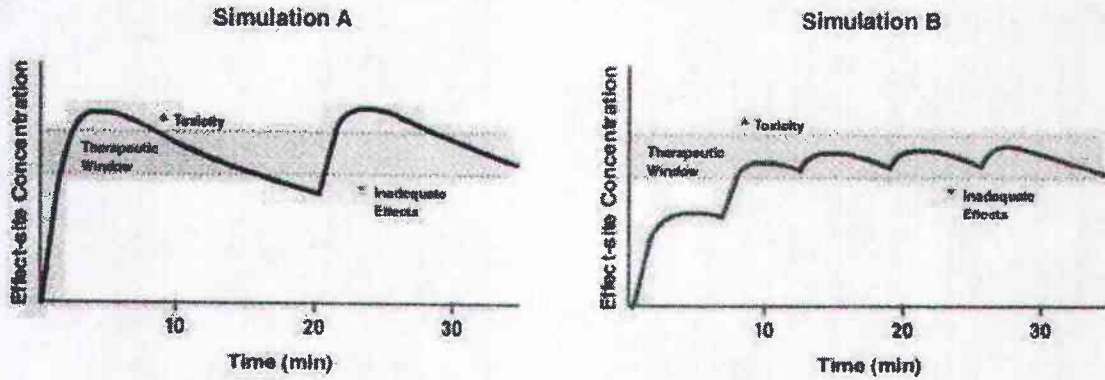
14. Which statement about the control of ventilation is FALSE?
- A. The carbon dioxide level in the arterial blood is the primary determinant of ventilatory "drive" in both unседated and sedated states
  - B. Commonly used sedatives and opioids alter the response to carbon dioxide such that breathing is stimulated
  - C. When sedatives/opioids are administered, apnea occur when the carbon dioxide level is not sufficient to maintain ventilatory effort
  - D. In the unседated state, as the carbon dioxide level rises there is a dramatic increase in minute ventilation
  - E. In an unседated state, when the carbon dioxide level is abnormally low, the drive to breathe is sustained. In a sedated state, there is typically a CO<sub>2</sub> level below which apnea will occur
15. Which is the MOST common cause of major sedation related complications?
- A. Ventilatory depression and airway obstruction
  - B. Cardiac pump failure
  - C. Allergic reactions
  - D. Monitoring errors
  - E. Cardiac dysrhythmias
16. When oxygen is supplemented, which is NOT a reliable method for early detection of ventilatory depression and/or airway obstruction?
- A. Capnography
  - B. Observation of chest wall movement
  - C. Pulse oximetry
  - D. Feeling for expired gas
  - E. Auscultation of breath sounds
17. Which statement about the Technological Detection with Physical Confirmation concept as a guide to monitoring is FALSE?
- A. It stresses the importance of monitoring the patient, not the device
  - B. Technological detection of adverse physiology requires physical confirmation whenever possible
  - C. Relying excessively on technology is unwise
  - D. Technological Detection ensures that the Sedation Patient Safety Advocate can focus on helping the proceduralist with the procedure
18. Which statement about sedation monitoring devices is FALSE?
- A. The Sedation Patient Safety Advocate should understand the relevant physiology and technological basis of the monitoring devices
  - B. Monitoring technologies are subject to problems including machine failure
  - C. Corruption by artifact is rarely a problem with modern monitoring technology
  - D. Sometimes several devices might present conflicting or ambiguous information
  - E. The Sedation Patient Safety Advocate must integrate, interpret and troubleshoot the monitoring signal
19. Which statement regarding monitoring practice for moderate sedation is FALSE?
- A. Patient safety monitoring is intended to identify adverse trends in physiology that prompt intervention before patient injury occurs
  - B. Loss of response to "shout and shake" is an important clinical milestone that represents "deeper-than-intended" sedation
  - C. Monitoring should be continuous to ensure early detection of problems
  - D. The sedation record should be completed after the procedure so that the Sedation Patient Safety Advocate can focus on the patient
  - E. The RAVOC framework can serve as a guide to the implementation of monitoring standards

20. Which is NOT a physical finding associated with an increased likelihood of the difficult airway?
- A. A small mouth opening
  - B. Prominent upper incisors
  - C. Good neck range of motion
  - D. A small mandible
  - E. A short thick neck
21. Which is NOT a risk factor for difficult bag and mask ventilation?
- A. Age less than 55 years
  - B. Presence of a beard
  - C. History of snoring or sleep apnea
  - D. Body mass index greater than 26
  - E. Lack of teeth
22. Which statement about the pre-sedation airway evaluation is FALSE?
- A. Detection of a difficult airway before sedation is one of the most important goals of the pre-sedation patient assessment
  - B. Identifying patients who may be difficult to mask ventilate by bag and mask is more important than predicting difficult tracheal intubation
  - C. A Mallampati score of 3 or 4, considered in isolation is highly predictive of airway difficulty
  - D. Once a patient with a potentially difficult airway is identified, it may be prudent to consult with an anesthesiologist
  - E. Recognizing that difficult airway patients are potentially more challenging to rescue, avoiding deeper-than-intended sedation is critical
23. Assume the pharmacologic simulations represent an identical dosage regimen of midazolam administered to three different patients. The simulation BEST illustrates the concept of:
- A. Pharmacokinetic variability
  - B. Pharmacodynamic synergy
  - C. Dose stacking
  - D. None of the above



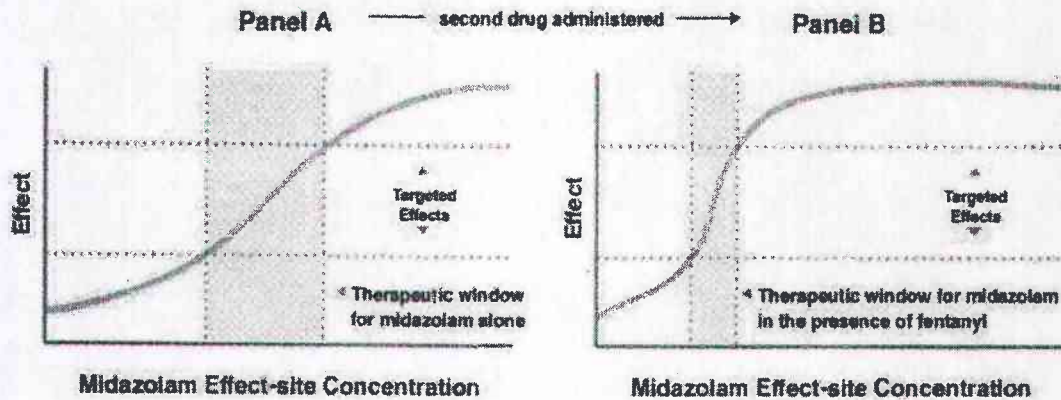
24. Assume the pharmacokinetic simulations represent fentanyl administration to the same patient on two different occasions. Which simulation(s) BEST represent(s) optimal drug titration?

- A. Simulation A
- B. Simulation B
- C. Both A and B
- D. Neither A and B



25. The therapeutic window for midazolam (panel A) shifted to the left when the second drug, fentanyl, was administered (panel B). The simulations BEST illustrate the concept of:

- A. Pharmacokinetic variability
- B. Pharmacodynamic synergy
- C. Latency to peak effect
- D. Dose titration
- E. All of the above



26. Regarding opioid pharmacology, all of the following are true EXCEPT (find the false statement):

- A. Therapeutic effects include analgesia and sedation
- B. Adverse effects include respiratory depression
- C. Most are metabolized in the liver
- D. Opioids interact synergistically with sedatives
- E. Most are shorter acting than naloxone



27. Regarding benzodiazepine pharmacology, all of the following are true EXCEPT (find the false statement):

- A. Therapeutic effects include sedation, amnesia, and analgesia
- B. Adverse effects include respiratory depression and hemodynamic depression
- C. Most are metabolized in the liver
- D. Benzodiazepines interact synergistically with opioids
- E. Most are longer acting than flumazenil



**RIVERSIDE UNIVERSITY HEALTH SYSTEM  
PHYSICIAN ASSISTANT "PRACTICE AGREEMENT"**

Physician Assistant (PA) \_\_\_\_\_

(Name – please print)

1. **Medical Services Authorized:** PA is authorized to perform those medical services delineated on the privilege delineation form approved by the RUHS – MEDICAL CENTER Medical Staff, based on a determination that the PA has demonstrated competency through education, training, or experience to perform all such medical services.
2. **Ordering and Furnishing of Drugs and Devices:** In compliance with State and Federal prescribing laws, the PA may order and furnish those drugs and devices, including schedule II through V controlled substances, as indicated by the patient's condition, the applicable standard of care, and in accordance with the PA's education, training, experience and competency, under physician supervision (the supervising physician need not be physically present while the PA provides medical services, but be available by telephone or other electronic means at the time the PA is providing medical service at RUHS). Drugs ordered and furnished shall be per the RUHS formulary. For Schedule II prescription the PA must have completed Controlled Substances Education Course requirements pursuant to California Code of Regulations Sections: 1399.610 and 1399.612. The furnishing and ordering of schedule II drugs shall be only for those illnesses, injuries and/or conditions for which the standard of care indicates the use of such Schedule II drugs. To order and furnish Controlled Substances, Schedule II-IV, the PA must register and participate in the California Prescription Drug Monitoring Program (PDMP) or CURES for mandatory consultation as provided in HSC 1116.46. The PA may dispense drugs and devices as provided for in BPC §4170 and request, sign and receive drug samples as provided for in BPC §4061 when also authorized by the specific RUHS entity.
3. **Physician Supervision:** At least one physician who is a member of the RUHS Medical Staff has agreed to serve as a supervising physician for PA ("Supervising Physician"). Each Supervising Physician for a PA oversees and accepts responsibility for the activities of PA when the PA is providing services for that Supervising Physician's patients. A Supervising Physician need not be physically present while the PA provides medical services but must be available by telephone or by other electronic means at the time the PA is providing medical services. There may be more than one Supervising Physician.\
4. **Patient Care Policies and Procedures:** PA shall consult with, and/or refer the patient to, a Supervising Physician or other healthcare professional when providing medical services to a patient that exceeds the PA's competency, education, training, or experience. Also refer to Practice Agreement: Physician Assistant (Document 600).
5. **Consultation:** PA is required to seek immediate consultation on the following types of patients and situations: patient's failure to respond to therapy; PA's uncertainty of diagnosis;

patient's desire to see a physician; and any conditions which the PA feels exceeds his/her ability to manage.

6. **PA Competency and Qualification Evaluation:** Through its peer review process, based on the standard of care and Ongoing Professional Practice Evaluation (OPPE), the RUHS Medical Staff shall regularly evaluate competency of PA to ensure that the PA has the qualifications, training, and experience to perform the medical services, procedures, and drug and device ordering and furnishing authorized under this Practice Agreement. OPPE outcomes are considered in the renewal of privileges process. Proctoring for new procedures must meet minimum established standards for each new procedure.
7. **Review of Practice Agreement:** This Practice Agreement shall be reviewed on a regular basis and updated when warranted by a change in conditions or circumstances.

The physician(s) and PA(s) listed below collaboratively approve the Practice Agreement governing the medical services performed by PA at RUHS. Signing this Practice Agreement does not mean the named physician below is accepting responsibility for the medical services provided by the PA(s) named below, rather any physician named below would only accept responsibility for a specific PA if, and only during those times, they are serving as a Supervising Physician consistent with a Physician Responsibility Statement for a PA.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Physician's Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Physician's Name: \_\_\_\_\_

Physician Assistant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print PA Name: \_\_\_\_\_



**PHYSICIAN ASSISTANT (PA)**

**Clinical Neurological Sciences (Neurosurgery) CLINICAL PRIVILEGES**

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 PHYSICIAN ASSISTANT**

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***To be eligible to apply for clinical privileges as a Physician Assistant, 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 an ARC-PA (Accreditation Review Commission for the Physician Assistant) approved program. (Additional education may be required for some specialty areas),

**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 ACLS card approved by American Heart Association (AHA)

**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 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 Practice agreement, the physician must:

- Assume responsibility for supervision or monitoring of the PA's practice as stated in the appropriate hospital or medical staff policy governing PA'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 PA or required by this policy or in the interest of patient care;

**PHYSICIAN ASSISTANT (PA)**

**Clinical Neurological Sciences (Neurosurgery) CLINICAL PRIVILEGES**

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 practice agreement and as stated in privileges.

**Supervision**

The supervising physician(s) provides general supervision of the activities and services of the PA. The PA is not allowed to perform any procedures that are not within their clinical privileges and/or the practice agreement. 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.

**General Relationship to Others**

The PA has authority to direct any hospital personnel in the provision of clinical services to patients to the extent that such direction is necessary in order to carry out the services required by the patient and which the PA is authorized to provide.

**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 CLINICAL PRIVILEGES — GENERAL**

**Requested** Initial and ongoing assessment of medical, physical, and psychosocial status for patients within age group of supervising physician except as specifically excluded from practice, including:

- Defibrillation
- Bladder decompression and catheterization techniques
- Insertion and removal of nasogastric tube.
- GI decontamination (emesis, lavage, charcoal)
- Simple wound debridement, wound care and repair and suture lacerations

**PHYSICIAN ASSISTANT (PA)**

**Clinical Neurological Sciences (Neurosurgery) CLINICAL PRIVILEGES**

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

Effective: \_\_\_\_\_  
(From—To) (To be completed by MSO)

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- Perform medical screening exams
- Remove sutures and staples
- Perform histories and physicals (To be countersigned by the supervising physician within 24 hrs.)
- Perform electrocardiogram tracing, preliminary electrocardiogram interpretation with final interpretation by supervising physician
- Arterial puncture
- Perform venipuncture.
- Manage simple and/or chronic conditions and assist in the management of more complex illnesses and injuries.
- 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
- 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
- Write discharge summaries (To be countersigned by the supervising physician within 24 hrs) The PA may not provide any services which exceed the delineated privileges of the supervising physician or surgeon.
- Perform histories and physicals (To be countersigned by the supervising physician within 24 hrs)

**QUALIFICATIONS FOR PHYSICIAN ASSISTANT — CLINICAL NEUROLOGICAL SCIENCES**

*To be eligible to apply for clinical privileges as a PA in the Clinical Neurological Sciences Dept., the applicant must meet the following criteria:*

Applicant must satisfy the qualification requirements for the physician assistant,

**AND**

Documented training and experience in Neurological Surgery and demonstrated current competence.

**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



**PHYSICIAN ASSISTANT (PA)**

**Clinical Neurological Sciences (Neurosurgery) CLINICAL PRIVILEGES**

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

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

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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 CLINICAL PRIVILEGES —CLINICAL NEUROLOGICAL SCIENCES**

(Includes Physician Assistant General Clinical Privileges)

**Requested** Patients within age group of supervising 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:

- Injections
- Insertion of intravenous access catheters
- Start, change and discontinue intravenous fluids
- Under the supervision of the supervising physician or surgeon perform minor surgical procedures which are customarily performed under local anesthesia, such as removal of sutures and dressing changes
- Take the initiative in performing evaluative and therapeutic procedures in response to life-threatening situations
- Act as first or second assist in surgery or procedures under the supervision of the supervising physician

**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 (SP 100)**  
For treatment/procedures the Allied Health Professional is authorized to perform.

**PHYSICIAN ASSISTANT (PA)**

**Clinical Neurological Sciences (Neurosurgery) CLINICAL PRIVILEGES**

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

Effective: \_\_\_\_\_  
(From—To) (To be completed by MSO)

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**CSF ASPIRATION FROM VENTRICULOSTOMY LINE OR VENTRICULAR RESERVOIR**

**Criteria:** Direct supervision and those technical and management skills which qualify the PA to perform a CSF aspiration from ventriculostomy line or ventricular reservoir and successful completion of proctoring on (3) instances by a RUHS physician holding this privilege.

**Previous Experience:** Demonstrated current competence and evidence of the performance on at least (3) instances in the past 12 months.

**Maintenance of Privilege:** Demonstrated current competence and the performance on at least (6) instances in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

**INTRATHECAL INJECTION OF MEDICATION VIA ESTABLISHED VENTRICULOSTOMY**

**Criteria:** Direct supervision and those technical and management skills which qualify the PA to perform an Intrathecal injection of medication via established ventriculostomy and successful completion of proctoring on (3) instances by a RUHS physician holding this privilege. May NOT inject chemotherapy.

**Previous Experience:** Demonstrated current competence and evidence of the performance on at least (3) instances in the past 12 months.

**Maintenance of Privilege:** Demonstrated current competence and the performance on at least (6) instances in the past 24 months

Requested

**WOUND SWAB FOR CULTURE**

**Criteria:** Direct supervision and those technical and management skills which qualify the PA to perform a Wound swab for culture and successful completion of proctoring on (3) instances by a RUHS physician holding this privilege.

**Previous Experience:** Demonstrated current competence and evidence of the performance on at least (3) instances in the past 12 months.

**Maintenance of Privilege:** Demonstrated current competence and the performance on at least (6) instances in the past 24 months.

Requested

**INSERTION ICP MONITOR & DRAIN**

**Criteria:** Direct supervision and those technical and management skills which qualify the PA to perform an insertion of ICP monitor & drain and successful completion of proctoring on (3) instances by a RUHS physician holding this privilege.

**Previous Experience:** Demonstrated current competence and evidence of the performance on at least (3) instances in the past 12 months.

**Maintenance of Privilege:** Demonstrated current competence and the performance on at least (6) instances in the past 24 months

Requested

**PHYSICIAN ASSISTANT (PA)**

**Clinical Neurological Sciences (Neurosurgery) CLINICAL PRIVILEGES**

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

Effective: \_\_\_\_\_  
(From—To) (To be completed by MSO)

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**INSERTION LUMBAR CATHETER & DRAIN**

**Criteria:** Direct supervision and those technical and management skills which qualify the PA to perform an Insertion of lumbar catheter & drain and successful completion of proctoring on (3) instances by a RUHS physician holding this privilege.

**Previous Experience:** Demonstrated current competence and evidence of the performance on at least (3) instances in the past 12 months.

**Maintenance of Privilege:** Demonstrated current competence and the performance on at least (6) instances in the past 24 months

Requested

**PRESCRIPTIVE AUTHORITY AS DESIGNATED IN THE PRACTICE AGREEMENT IN ACCORDANCE WITH STATE AND FEDERAL LAW**

**Criteria:** The PA may order and furnish those drugs and devices, including schedule II through V controlled substances, as indicated by the patient's conditions, the applicable standard of care and in accordance with the PA's education, training, experience and competency, under physician supervision. Drugs ordered and furnished shall be per the RUHS formulary. For Schedule II prescriptions, the PA must have completed the Controlled Substances Education Course requirements. To order and furnish controlled substances, Schedule II-IV, the PA must register and participate in the California Prescription Drug Monitoring Program (PDMP) or CURES for mandatory consultation.

**Previous Experience:** Demonstrated current competence

**Maintenance of Privilege:** Demonstrated current competence and compliance with requirements.

Requested



**PHYSICIAN ASSISTANT (PA)**

**Clinical Neurological Sciences (Neurosurgery) CLINICAL PRIVILEGES**

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

Effective: \_\_\_\_\_  
(From—To) (To be completed by MSO)

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**ACKNOWLEDGEMENT OF PRACTITIONER**

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

I understand that:

- a. In exercising any clinical privileges granted 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**

**PHYSICIAN ASSISTANT (PA)**

**Clinical Neurological Sciences (Neurosurgery) 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:** 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
PA General Privileges, Core	3	A
Neurology, Core	5	A
CSF Aspiration from Ventriculostomy Line or Ventricular Reservoir	3	A
Intrathecal Injection of Medication Via Established Ventriculostomy ( <b>May not inject chemotherapy</b> )	3	A
Wound Swab for Culture	3	A - 1 C - 2
Insertion ICP (Intracranial Pressure) Monitor & Drain	3	A
Insertion Lumbar Catheter & Drain	3	A

\*Indicate N/A if privilege not requested

IDPC: 9/17/20  
 Credentials: scheduled for 9/25/20  
 MEC Approval:

**RIVERSIDE UNIVERSITY HEALTH SYSTEM**  
**CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA) PRIVILEGE REQUEST**

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

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

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- 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 CERTIFIED NURSE ANESTHETIST (CRNA)**

**CRITERIA:** To be eligible to apply for clinical privileges as a Certified Nurse Anesthetist 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.
- Hold a current valid California State license as a Registered Nurse and Nurse Anesthetist.
- Graduation from a program of nurse anesthesia education accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs or its predecessor.
- Current Certification/Recertification by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) or their respective predecessors.
- Current ACLS and BLS certification by American Heart Association (AHA) approved courses.
- Current PALS certification by American Heart Association (AHA) approved course ONLY IF requesting pediatric privileges.

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

- Assume responsibility for supervision or monitoring of the CRNA's practice as stated in the appropriate hospital or medical staff policy governing Allied Health Practitioners.
- 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 CRNA or required by this policy or in the interest of patient care;

**CATEGORIES OF PATIENTS PRACTITIONER MAY TREAT**

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

**SUPERVISION**

The CRNA in California and at RUHS – Medical Center may administer analgesia without direct supervision as long as there is some manner of physician “order” for analgesia. The order can be achieved in many ways, including writing “CRNA consult for surgery”, per B & P code 2725 (b)(2). An anesthesiologist shall be available at all times for



**RIVERSIDE UNIVERSITY HEALTH SYSTEM**  
CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA) PRIVILEGE REQUEST

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

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

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consultation/collaboration, when requested or needed. All practice is performed under the supervision of the physician/ designee and in accordance with written policies and protocols developed and approved by the relevant clinical department or service, the Medical Executive Committee, Nursing Administration, and the Governing Body. The supervision is not required to be direct except as outlined in FPPE below. Collaborating/supervising physician must be physically present on hospital/clinic premises. Phone or electronic communication is acceptable for non-urgent issues, with collaborating/supervising physician readily available for urgent/emergent situations.

**MEDICAL RECORD CHARTING RESPONSIBILITIES**

Clearly, legibly, completely, and in a timely fashion describe each service the CRNA provides to a patient in the hospital or clinic setting 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**

CRNAs have authority to direct any hospital personnel in the provision of clinical services to patients to the extent that such direction is necessary in order to carry out the services required by the patient and which the CRNA is authorized to provide.

**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**  
**CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA) PRIVILEGE REQUEST**

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

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

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**CERTIFIED REGISTERED NURSE ANESTHETIST CLINICAL PRIVILEGES – GENERAL CORE**

Patients within age group of collaborating physician except as specifically excluded from practice. Privileges include but are not limited to:

- Administration of anesthesia, including general and local, and administration of all levels of sedation to patients of all ages except as specifically excluded from practice. Administration of regional anesthesia for potentially painful procedures and acute and chronic pain management. Care is directed toward patients rendered unconscious or insensible to pain and the management of emotional stress during surgical, obstetrical, and certain other medical procedures, including preoperative, intraoperative and postoperative evaluation and treatment. The support of life functions and vital organs under the stress of anesthesia, surgical and other medical procedures. Medical management and consultation in pain management (acute and chronic) and critical care medicine. Direct resuscitation in the care of patients with cardiac and respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units, and critically ill patients in special care units. Assess, stabilize, and determine disposition of patients with emergent conditions. The administration of all general anesthetic agents, (inhalation and rectal agents, muscle relaxants, tranquilizers, etc.) as well as the administration/monitoring/management of regional anesthesia (including but not limited to spinal/epidural blocks, arterial and venous catheterization. The administration of facet joint injection, occipital block, peripheral nerve blocks, sacroiliac joint injections and sympathetic blocks

Requested     Not Approved

**QUALIFICATIONS FOR CORE PEDIATRIC ANESTHESIOLOGY PRIVILEGES**

**Pediatric Anesthesiology:**

The management of pediatric patients rendered unconscious or insensible to pain and emotional stress utilizing various pediatric sedation, general or regional anesthesia, placing and use of invasive monitors (including arterial, central venous and pulmonary artery catheters) during surgical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment, support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures, medical management and direct resuscitation in the care of patients with cardiac or respiratory emergency, including the need for artificial ventilation, pulmonary care and supervision of pediatric patients,

**Criteria:** To be eligible to apply in pediatric anesthesiology, the applicant must meet the following criteria:

- Meet the Anesthesiology Core Privilege criteria  
AND
- Current AHA approved PALS certification, if requesting pediatric privileges.  
AND
- Demonstrated experience performing anesthesia on pediatric patients  
OR
- Current demonstrated competence and an active anesthesia practice with acceptable results in the pediatric privileges requested for the first 24 months.

Requested     Not approved

**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**  
**CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA) PRIVILEGE REQUEST**

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

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

**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 requires informed consent.

**REQUIRED PRIOR EXPERIENCE:** None

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

- Requested       Not Approved

**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 which I wish to exercise at RUHS.

I understand that:

- 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.
- 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



**RIVERSIDE UNIVERSITY HEALTH SYSTEM**  
**CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA) PRIVILEGE REQUEST**

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

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


\_\_\_\_\_  
**Department Chair/Designee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**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). 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 legibly.**

Privileges / Procedures to be Proctored	Number of Cases to be Proctored	Method of Proctoring A. Direct Observation B. Retrospective Chart Review C. Simulation
Anesthesia Core	5 Cases	A, B, C
Informed Consent	1 per privilege requiring informed consent	Study program and post test
Pediatric Anesthesia Core	3 Cases	A

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

IDPC Approval:  
 Credentials Approval:  
 MEC Approval:

July 9, 2020

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. Carson, Tyler A., DO	Neurosurgery	Provisional
2. Casassa, IV, Charles M., MD	Medicine	Provisional
3. Chou, Fu-Sheng, MD	Pediatrics	Provisional
4. Cravanas, Brian A., II, MD	Medicine	Provisional
5. Despujos, Harfouche, Fairuz, MD	Emergency Medicine	Provisional
6. Harris, Kurt A., PA-C	Emergency Medicine	Allied Health Professional
7. Haynes, Megan M., CRNA	Anesthesia	Allied Health Professional
8. Jeu, Kelly, MD	Pediatrics	Provisional
9. Lee, Vallent, MD	Pediatrics	Provisional
10. Lin, Jen-Gu, FNP	Medicine	Allied Health Professional
11. Min, Jonathan, MD	Medicine	Provisional
12. Mukadam, Seema, MD	Medicine	Provisional
13. Nguyen, Khai T., MD	Psychiatry	Provisional
14. Nitahara, Michi R., MD	Emergency Medicine	Provisional
15. Oluoha, Nneka, MD	Medicine	Provisional
16. Pang, Heidi, DO	Family Medicine	Provisional
17. Rogers, Nathan, MD	Psychiatry	Provisional
18. Serrao, Steve, MD	Medicine	Provisional
19. Shah, Shivang H., MD	Medicine	Provisional
20. Suarez Solarte, Melissa, CRNA	Anesthesia	Provisional
21. Tian, Sisi, MD	Surgery	Provisional
22. Yang, Vivian, MD	Family Medicine	Provisional

**B. Approval of Reappointments:**

	<u>Department:</u>	<u>Reappointment Cycle:</u>	<u>Status:</u>
1. Baerg, Joanne E., MD (additional privileges)	Surgery	08/01/20 – 07/31/22	Active
• Moderate Sedation			
• Fluoroscopy			
• Surgical Robotic Platform			
2. Brenner, Megan L., MD	Surgery	08/01/20 – 07/31/22	Active
3. Chau, Minh-Hang T., MD	Surgery	08/01/20 – 07/31/22	Active
<b>(status changed from Active to Courtesy due to low patient volume)</b>			
4. Choudhury, Baishakhi, MD	Surgery	08/01/20 – 07/31/22	Active
5. Cramer, Anthony M., PA-C	Orthopedic Surgery	08/01/20 – 07/31/22	Active

6.	El Meligy, Maha Amr, MD	Pediatrics	08/01/20 – 07/31/22	Active
7.	French, Michael H., DO (additional privilege)	Orthopedic Surgery	08/01/20 – 07/31/22	Active
	• Supervision of Allied Health Professional			
8.	Grover, Douglas S., MD	Psychiatry	08/01/20 – 07/31/22	Moonlighting
9.	Hahmi, Asra, MD (additional privilege)	Surgery	08/01/20 – 07/31/22	Active
	• Fluoroscopy			
10.	Kidd, Stephanie C., MD	Surgery	08/01/20 – 07/31/22	Active
11.	Kurz, Troy L., MD	Psychiatry	08/01/20 – 07/31/22	Moonlighting
12.	Leitzke, Arthur S., MD	Psychiatry	08/01/20 – 07/31/22	Active
13.	Loeb, Joshua, MD	Pediatrics	08/01/20 – 07/31/22	Active
14.	Losey, Travis E., MD	Medicine	08/01/20 – 07/31/22	Active
15.	Nguyen, Diem-Chau L., MD	Psychiatry	08/01/20 – 07/31/22	Moonlighting
16.	Nguyen, Khai T., MD (advanced to provisional) (withdraw of privilege)	Psychiatry	08/01/20 – 07/31/22	Provisional
	• Resident in Training			
	(additional privileges)			
	• Supervision of Allied Health Professional			
	• General Psych Core			
17.	Peterson, Nancy, NP-C	Emergency Medicine	08/01/20 – 07/31/22	AHP
18.	Sauceda, Uziel I., MD	Family Medicine	08/01/20 – 07/31/22	Active
19.	Simonson, Kevin	Psychiatry	08/01/20 – 07/31/22	Moonlighting
20.	Skoretz, Lynnetta E., MD (additional privilege)	Medicine	08/01/20 – 07/31/22	Active
	• Participate in Teaching Program			
21.	Tanasescu, Adina, MD	Medicine	08/01/20 – 07/31/22	Active
22.	Thomson, Bryon, DO	Radiology	08/01/20 – 07/31/22	Active
23.	Truong, Kevin, MD	Psychiatry	08/01/20 – 07/31/22	Active
24.	Tsai, Janice, MD	Pediatrics	08/01/20 – 07/31/22	Active

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

1.	Brothers, Joel M., MD	Medicine	Active
2.	Carbajal, Shannon M., MD	Medicine	Active
3.	Choi, Nicole U., MD	Medicine	Active
4.	Clarke, Lenorre R., MD	OB/GYN	Active
5.	Clumpner, Cori, MD	Pediatrics	Active
6.	Jellison, Forrest C., MD	Surgery	Active
7.	Lan, Howard W., DO	Medicine	Active
8.	Parashette, Kaylan, MD	Pediatrics	Active
9.	Rybkin, Ivan, MD	OB/GYN	Active
10.	Thanasukam, John, MD	Pediatrics	Active
11.	Tran, Nancy A., DO	Medicine	Active
12.	Wang, Canty, MD	OB/GYN	Active

**D. FPPE – Final Proctoring:**

1.	Lott, Krystal, NP	Medicine
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**E. FPPE – Final Proctoring for Additional Privileges:**

1.	Quinonez, Bridgett, FNP	Medicine
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**Privilege(s) Proctored:**

- Obtaining Informed Consent



- Perform local unfiltration of anesthetic solutions for the treatment of musculoskeletal headaches

**F. Request for Additional Privileges:**

- |                            |              |
|----------------------------|--------------|
| 1. Cortez, Vladimir A., DO | Neurosurgery |
| 2. Sanchez, Luis, MD       | Anesthesia   |
| 3. Srikureja, Mahathep, DO | Anesthesia   |

**Additional Privilege(s):**

- Neurointerventional
- Pediatric Anesthesiology
- Pediatric Anesthesiology

**G. Withdraw of Privileges:**

- |                             |                    |
|-----------------------------|--------------------|
| 1. Barrett, Dianne A., MD   | Ophthalmology      |
| 2. Brothers, Joel M., MD    | Medicine           |
| 3. Jellison, Forrest C., MD | Surgery            |
| 4. Mesisca, Michael, DO     | Emergency Medicine |
| 5. Quinonez, Bridgett, FNP  | Medicine           |
| 6. Randall, Melanie M., MD  | Emergency Medicine |
| 7. Tran, Nancy A., DO       | Medicine           |

**Privilege(s) Withdrawn:**

- Pediatric Ophthalmology
- Corneal Transplant (Penetrating Keratoplasty)
- Internal Medicine
- PCU
- ACCU
- Ambulatory
- PVP
- TEE
- Perform Intramuscular Injections of Botulinum Toxin for the Treatment of Migraine Headaches
- Interrogation and programming of vagal nerve simulators (VNS)
- TEE
- Moderate Sedation

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

- |   |         |          |
|---|---------|----------|
| 1. Murga, Allen G., MD  | Surgery | 07/11/20 |
| (3 month extension granted, proctoring must be due by 10/11/20) |         |          |

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

- |                           |                |          |
|---------------------------|----------------|----------|
| 1. Lee, Paul C., DO       | Anesthesiology | 08/01/20 |
| 2. Quiambao, Benjamin, MD | Psychiatry     | 08/01/20 |

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

- |                                  |                    | <u>Effective Date:</u> |
|----------------------------------|--------------------|------------------------|
| 1. Agnetta, Vlatka, MD           | Emergency Medicine | 07/09/20               |
| 2. Aye, Lydia L., DO             | Medicine           | 07/03/20               |
| 3. Bailey, Traci W., MD          | Surgery            | 06/20/20               |
| 4. Chun, Evelyn, MD              | Pediatrics         | 06/15/20               |
| 5. Cooper, Takesha, MD*          | Psychiatry         |                        |
| 6. Davis-Nelson, Shareece, MD    | OB/GYN             | 07/09/20               |
| 7. Eskandari, Armen, MD*         | Medicine           |                        |
| 8. Mace, John, MD                | Pediatrics         | 06/02/20               |
| 9. Moore, Courtney, NP           | Surgery            | 06/30/20               |
| 10. Page, Ashley S., AuD         | Surgery            | 07/09/20               |
| 11. Stottlemeyer, Debra, MD, MBA | Medicine           | 07/09/20               |
| 12. Valverde, Joshua, MD         | Psychiatry         | 07/01/20               |

**K. Request for Additional Privileges Form – New**

A request for approval was submitted for the new Additional Privilege Form.

**L. Anesthesia Privilege Form – Revised**

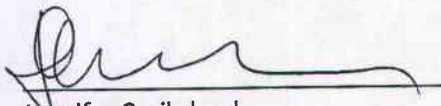
A request for approval was submitted for revised Anesthesiology privilege form.

**M. Pain Management Privilege Form - New**

A request for approval was submitted for the new Pain Management Privilege form.

I hereby:

- 1) Attest that the medical center's Medical Executive Committee July 9, 2020 recommend approval of the appointment, reappointments, proctoring, change in staff category, resignation/withdrawals, automatic terminations, privilege form(s) and Additional Privilege Form.
- 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

September 10, 2020

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. Ads, Ayman M., MD	Anesthesia	Provisional
2. Aung, Heain, FNP	Neurosurgery	AHP - Provisional
3. Brereton, Daniel S., DO	Orthopedic Surgery	Provisional
4. Cantas Orsdemir, Sena, MD	Pediatrics	Provisional
5. Chen, Kevin G., MD	Emergency Medicine	Provisional
6. Ijeaku, Ijeoma O., MD	Psychiatry	Provisional
7. Lee, Brian T., MD	Medicine	Provisional
8. Lee, Jessica, DO	Anesthesia	Provisional
Temps granted 8/12/20		
9. Lodhi, Shaina, MD	Pediatrics	Provisional
10. Martinez, Linda, DDS	Detention Health	Adjunct
11. Myklak, Kristene C., MD	Surgery	Provisional
12. Nwachukwu, Oluwafisayomi, DO	Pediatrics	Provisional
13. Oregel, Karlos Z., MD	Medicine	Provisional
14. Saleh, Ahmad S., DO	Medicine	Provisional
15. Soe, Yuliana, MD	Family Medicine	Provisional
16. Vargas, Linda, MD	Ophthalmology	Provisional
1 yellow flag-closed claim & 1 red flag-settled claim		
17. Williams, Ashley M., PA-C	Emergency Medicine	AHP - Provisional

**B. Approval of Reappointments:**

	<u>Department:</u>	<u>Reappointment Cycle:</u>	<u>Status:</u>
1. Aulakh, Jasdeep S., MD	Psychiatry	10/01/20 – 09/30/20	Active
Pending:			
• TB			
2. Bent, Christopher K., MD	Radiology	10/01/20 – 09/30/20	Active
3. Bharadwaj, Shishira S., MD	Medicine	10/01/20 – 09/30/20	Active
<b>(Additional privileges)</b>			
• ERCP w/fluoroscopy			
• ERCP w/sphincterotomy			
4. Buller, Ryan I., DO	Family Medicine	10/01/20 – 09/30/20	Active
5. Chakmakian, Vache, MD	Family Medicine	10/01/20 – 09/30/20	Active
6. Clumpner, Cori, DO	Pediatrics	10/01/20 – 09/30/20	Active
7. Cutler, Drew C., MD	Pediatrics	10/01/20 – 09/30/20	Active

Created 9.10.2020



8. Davidge, Rachel E., DO	Pediatrics	10/01/20 – 09/30/20	Active
9. DeWoskin, Ruth E., PA-C	Emergency Medicine	10/01/20 – 09/30/20	AHP
10. Dukes, William S., MD	Emergency Medicine	10/01/20 – 09/30/20	Active
11. Fanous, Yvonne F., MD	Pediatrics	10/01/20 – 09/30/20	Courtesy
12. Fong, Matthew B., MD	Pediatrics	10/01/20 – 09/30/20	Active
13. Garberoglio, Carlos A., MD	Surgery	10/01/20 – 09/30/20	Active
<b>(Assessment completed)</b>			
14. Hoang, Julia L., MD	Psychiatry	10/01/20 – 09/30/20	Active
15. LeClair, Garth P., AuD	Surgery	10/01/20 – 09/30/20	AHP
16. Patel, Shalin R., MD	Psychiatry	10/01/20 – 09/30/20	Active
17. Rudisaile, Daren G., MD	Medicine	10/01/20 – 09/30/20	Active
18. Shah, Manoj C., MD	Pediatrics	10/01/20 – 09/30/20	Active
19. Williams, Tokunbo L., MD	Psychiatry	10/01/20 – 09/30/20	Active
20. Woods, John P., DO	Surgery	10/01/20 – 09/30/20	Active
21. Yeung, Stephen W., DO	Medicine	10/01/20 – 09/30/20	Courtesy
<b>(status changed from Active to Courtesy due to low patient volume)</b>			
22. Yu, Minh, DO	Medicine	10/01/20 – 09/30/20	Active
<b>(Withdrawal of privilege)</b>			
• Ambulatory			

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

1. Fuller, Jennifer C., MD	Surgery	Active
2. Khandelwal, Keerti M., MD	Medicine	Active
3. Thimmappa, Vikrum A., MD	Surgery	Active

**D. FPPE – Final Proctoring:**

1. Amador, Cory, PA-C	Medicine
2. Kottlowski, Andrea, AuD	Surgery
3. Le, Mai T., PA-C	Emergency Medicine
4. Thorney, Britney S., PA-C	Medicine

**E. Final FPPE /Reciprocal\* Remain on Provisional:**

1. Gupta, Supriya, MD	Radiology
2. Ing, Jeffrey J., MD	Ophthalmology
3. Ingui, Christian J., MD	Radiology
4. Massrou, Kamiar, MD	Radiology

**F. Request for Additional Privileges:**

1. Edwards, Sara B., MD	Surgery
2. Leong, Beatriz V., MD	Surgery

**Additional Privilege(s):**

- Moderate Sedation
- Fluoroscopy

**G. Withdrawal of Privilege(s):**

1. Amador, Cory, PA-C	Medicine
2. Baldwin, Dalton D., MD	Medicine
3. Fargo, Ramiz A., MD	Medicine
4. Le, Mai T., PA-C	Emergency Medicine

**Privilege(s) Withdrawn:**

- Obtaining Informed Consent
- Surgical Robotic Platform
- Exercise Testing
- Central Line/PICC
- Lumbar Puncture
- Endotracheal Intubation
- Arterial Cannulation
- Thoracentesis
- Paracentesis

5. Thimmappa, Vikrum A., MD      Surgery      • Use of Laser

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

1. Chen, Chien-Shing, MD      Medicine      9/12/2020
2. Le, Nguyen M., MD      Surgery      9/12/2020
3. (3 month extension granted, proctoring must be due by 12/12/20)
4. Sadra, Saba, DPM      Orthopedic Surgery      8/9/2020

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

1. Halajyan, Galust G., MD      Anesthesia      10/01/2020
2. Menoni, Rosalinda M., MD      Neurosurgery      10/01/2020
3. Sadeghi-Najafabadi, Ebrahim, MD      Medicine      10/01/2020

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

**Effective Date:**

1. Fan, Joseph T., MD      Ophthalmology      10/01/2020
2. Mast, Whitney A., AuD      Surgery      Immediately
3. Nigram, Vinod, MD      Radiology      Immediately
4. Peverini, Ricardo, MD      Pediatrics      08/31/2020
5. Sullivan, Erin, NP      Neurosurgery      08/29/2020
6. Tuggle, Allen, Q., MD      OB / Gyn      Immediately - Deceased

I hereby:

- 1) Attest that the medical center's Medical Executive Committee September 10, 2020 recommend approval of the appointment, reappointments, proctoring, change in staff category, resignation/withdrawals, automatic terminations, privilege form(s) and Additional Privilege Form.
- 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

October 8, 2020

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. Agrawal, Vikash, MD	Pediatrics	Provisional
2. Allard, Jullian D., PA-C	Emergency Medicine	AHP - Provisional
3. Batish, Suraj R., MD	Pediatrics	Moonlighting
4. Burciaga Calderoni, Constanza, MD	Pediatrics	Moonlighting
5. Bux, Michael, PA-C	Orthopedic Surgery	AHP - Provisional
6. Clark, Robin D., MD	Pediatrics	Provisional
7. Craychee, Judith A. MD Yellow Flag	Diagnostic Radiology	Provisional
• 2 closed cases		
8. Ha, Tiffany, PA-C	Medicine	AHP - Provisional
9. Hu, Tony, DO	Anesthesia	Provisional
10. Khan, Naila A., DO	Medicine	Provisional
11. Kim, Young M., MD	Pediatrics	Provisional
12. Pan, Min S., PA-C	Medicine	AHP - Provisional
13. Poole, Joshua S., MD	Psychiatry	Moonlighting
14. Shen, Bailey Y., MD (provider was placed on probation during fellowship training, 1 peer reference responded w/fair recommendation)	Ophthalmology	Provisional
15. Shu, Fred P. MD Yellow Flag	Radiology	Provisional
• 2 closed cases		
16. Soneji, Maulin S., MD	Pediatrics	Provisional
17. Stern, Eric S., MD	Emergency Medicine	Provisional

**B. Approval of Reappointments:**

	<u>Department:</u>	<u>Reappointment Cycle:</u>	<u>Status:</u>
1. Bahk, Thomas J., MD	Pediatrics	11/01/20 – 10/31/22	Active
2. Block, Lindsey L., FNP (Additional Privileges)	Medicine	11/01/20 – 10/31/22	AHP
• Women's Health			
• Skin Tag Removal			
3. Calaguas, Daniel K., MD (Withdrawal of Privilege)	Pediatrics	11/01/20 – 10/31/22	Active
• Moderate Sedation			

Created 10.8.2020



4.	Chinnock, Richard E., MD	Pediatrics	11/01/20 – 10/31/22	Active
5.	Clark, Alexandra M., MD	Pediatrics	11/01/20 – 10/31/22	Active
6.	Clarkson, Lois, C., NP	Pediatrics	11/01/20 – 10/31/22	AHP
	<b>(Withdrawal of Privilege)</b>			
	<ul style="list-style-type: none"> <li>• Endotracheal Intubation</li> <li>• Insertion and Removal of Chest Tubes to Include Pleurodesis</li> </ul>			
7.	Dastjerdi, Mohammad, MD	Medicine	11/01/20 – 10/31/22	Active
	<b>(Withdrawal of Privilege)</b>			
	<ul style="list-style-type: none"> <li>• Internal Medicine</li> </ul>			
8.	Eguchi, Jim H., MD	Pediatrics	11/01/20 – 10/31/22	Active
9.	Farhadian, Parastou, MD	Family Medicine	11/01/20 – 10/31/22	Active
	<b>(Withdrawal of Privilege)</b>			
	<ul style="list-style-type: none"> <li>• OB/GYN – Family Med</li> </ul>			
10.	Gnass, Ronaldo D., MD	Pathology	11/01/20 – 10/31/22	Active
11.	Hu, Eugene W., MD	Emergency Medicine	11/01/20 – 10/31/22	Active
	1 open case			
12.	Khan, Faraz A., MD	Surgery	11/01/20 – 10/31/22	Active
	<b>(Additional Privileges)</b>			
	<ul style="list-style-type: none"> <li>• Advanced Laparoscopic Surgery</li> <li>• Surgical Robotic Platform</li> </ul>			
13.	Khan, Mahbuba, MD	Family Medicine	11/01/20 – 10/31/22	Active
14.	Kim, Hahns Y., MD	Surgery	11/01/20 – 10/31/22	Active
	1 open case pending closure			
15.	Lee, Steve C., MD, PhD	Surgery	11/01/20 – 10/31/22	Active
	<b>(Withdrawal of Privilege)</b>			
	<ul style="list-style-type: none"> <li>• Use of Laser</li> </ul>			
16.	Levine, Gail L., MD	Pediatrics	11/01/20 – 10/31/22	Active
17.	Namm, Jukes P., MD	Surgery	11/01/20 – 10/31/22	Courtesy
	(Status changed from Active to Courtesy due to low patient volume)			
	<b>(Additional Privilege)</b>			
	<ul style="list-style-type: none"> <li>• Supervision of AHP's</li> </ul>			
18.	Noel, Jerry, DO	Neurosurgery	11/01/20 – 10/31/22	Active
	<b>(Additional Privilege)</b>			
	<ul style="list-style-type: none"> <li>• Fluoroscopy</li> </ul>			
19.	Nycholat, Desiree, MD	Pediatrics	11/01/20 – 10/31/22	Active
	<b>(Withdrawal of Privilege)</b>			
	<ul style="list-style-type: none"> <li>• Moderate Sedation</li> </ul>			
20.	Perea, Samantha E., MD	Ophthalmology	11/01/20 – 10/31/22	Active
21.	Piampiano, Peter P., MD	Radiology	11/01/20 – 10/31/22	Active
	Red Flag			
	<ul style="list-style-type: none"> <li>• 1 open case</li> </ul>			
22.	Pratt, Ronald J., PA	Family Medicine	11/01/20 – 10/31/22	AHP
	Yellow Flag			
	<ul style="list-style-type: none"> <li>• Board certification expired</li> </ul>			
23.	Radulescu, Andrei, MD	Surgery	11/01/20 – 10/31/22	Active
	<b>(Additional Privilege)</b>			
	<ul style="list-style-type: none"> <li>• Advanced Laparoscopic Surgery</li> </ul>			
24.	Rivera Landeros, Willie, PA-C	Emergency Medicine	11/01/20 – 10/31/22	AHP
25.	Sandman, Lester, MD	Psychiatry	11/01/20 – 10/31/22	Active
	Red Flag			
	<ul style="list-style-type: none"> <li>• Medicare Opt Out</li> </ul>			
	<b>(Additional Privilege)</b>			

- Supervision of AHP's and Psychologists

26. Serafino, Avo, PA-C	Emergency Medicine	11/01/20 – 10/31/22	AHP
27. Sherman, Christopher L., DO	Orthopedic Surgery	11/01/20 – 10/31/22	Active
28. Singh, Santokh, MD	Psychiatry	11/01/20 – 10/31/22	Active
29. Wisdom, David M., PA-C	Emergency Medicine	11/01/20 – 10/31/22	AHP
30. Yao, Ruofan, MD	OB / Gyn	11/01/20 – 10/31/22	Active

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

1. Alani, Anas A., MD	Medicine	Active
2. Ingui, Christian J., MD	Radiology	Active
3. Lopez, Yamil, MD	Pathology	Active
4. Massrour, Kamiar, MD	Radiology	Active
5.		

**D. Final FPPE /Reciprocal\* Remain on Provisional:**

1. Cabling, Marven G., MD	Medicine
2. Cheung, Shauna C., MD	Medicine
3. Demisse, Rahel Z., MD	Medicine

**E. FPPE – Final Proctoring for Additional Privileges:**

1. Koenig, Rodney J., PA-C	Emergency Medicine	<b><u>Privilege(s) Proctored:</u></b>
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• Informed Consent

**F. Change in Staff Category:**

1. Ing, Jeffrey J., MD	Ophthalmology	<b><u>Category Changed to:</u></b>
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Active

**G. Request for Additional Privileges:**

1. Skef, Wasseem, MD	Medicine	<b><u>Additional Privilege(s):</u></b>
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Temporary Privileges Requested

• Fluoroscopy

**H. Withdrawal of Privilege(s):**

1. Cabling, Marven G., MD	Medicine	<b><u>Privilege(s) Withdrawn:</u></b>
2. Coimbra, Raul, MD	Surgery	• Ambulatory
3. Koenig, Rodney J., PA-C	Emergency Medicine	• Pediatric Trauma
4. Moretta, Dafne T., MD	Medicine	• Lumbar Puncture
		• Hyperbaric Chamber

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

1. Son, Andrew K., MD	Surgery	01/10/2021
Dept. of Surgery Chair requested a 3 month extension be granted for completion of proctoring requirements. If requirements are not met within the 3 month period will result in automatic termination.		
2. Srikureja, Daniel P., MD	Surgery	01/10/2021
Dept. of Surgery Chair requested a 3 month extension be granted for completion of proctoring requirements. If requirements are not met within the 3 month period will result in automatic termination.		

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

1. Peverini, Ricardo L., MD	Pediatrics	11/01/2020
2. Rodriguez, Raul, DO	Pediatrics	11/01/2020
3. Strickland, Gary R., MD	Pathology	11/01/2020

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

1. Kurapati, Surender., MD	Radiology	<b><u>Effective Date:</u></b>
2. Thomazin, Glen, DO	Family Medicine	10/31/2020
3. Tran, Quy, MD	Anesthesiology	Immediately
4. Wells, David L., MD	Radiology	09/12/2020
		10/31/2020

5. Wong, John K., MD

Medicine

10/31/2020

6. York, Stacyann R., MD

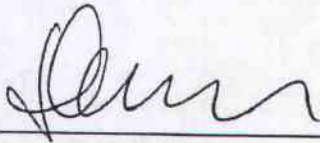
Psychiatry

Immediately

L. New Neurosurgery PA Privilege Form - Attached

I hereby:

- 1) Attest that the medical center's Medical Executive Committee October 8<sup>th</sup>, 2020 recommend approval of the appointment, reappointments, proctoring, change in staff category, resignation/withdrawals, automatic terminations, privilege form(s) and Additional Privilege Form.
- 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



August 13, 2020

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.  | Al Harash, Abdalhamid, MD                         | Medicine           | Provisional     |
|     | Request for Temporary privileges effective 8/1/20 |                    |                 |
| 2.  | Ames, Angharad E., MD                             | Psychiatry         | Moonlighting    |
| 3.  | Baker, Nancy A., MD                               | Medicine           | Provisional     |
|     | Request for Temporary privileges effective 8/1/20 |                    |                 |
| 4.  | Betoni, James S., DO                              | OB / Gyn           | Provisional     |
| 5.  | Bielski, Cody J., MD                              | Detention Health   | Provisional     |
| 6.  | Cacho, Bradley, MD                                | Pediatrics         | Provisional     |
| 7.  | Cohen, Mallory, MD                                | Pediatrics         | Provisional     |
| 8.  | Formal, Elliot S., PA-C                           | Emergency Medicine | Provisional     |
|     | Request for Temporary privileges effective 8/1/20 |                    |                 |
| 9.  | Harrison, Keena N., NP                            | Psychiatry         | Provisional AHP |
| 10. | Hathout, Eba, MD                                  | Pediatrics         | Provisional     |
| 11. | Hoff, Jason M., MD                                | Medicine           | Provisional     |
| 12. | Holguin, Christine T., PA-C                       | Emergency Medicine | Provisional AHP |
| 13. | Leong, Beatriz V., MD                             | Surgery            | Provisional     |
| 14. | Lester, Casey, MD                                 | Psychiatry         | Moonlighting    |
| 15. | Liu, Yuan, MD                                     | Surgery            | Provisional     |
|     | Request for Temporary privileges effective 8/1/20 |                    |                 |
| 16. | Martinez, Juan J., MD                             | Pediatrics         | Provisional     |
|     | Request for Temporary privileges effective 8/5/20 |                    |                 |
| 17. | Nguyen, Khanh K., MD                              | Surgery            | Provisional     |
|     | Request for Temporary privileges effective 8/1/20 |                    |                 |
| 18. | Ortega, Edgar, MD                                 | Psychiatry         | Moonlighting    |
| 19. | Rhee, Alice, MD                                   | Pediatrics         | Provisional     |
| 20. | Singh, Saloni, MD                                 | Psychiatry         | Moonlighting    |
| 21. | Skef, Wasseem, MD                                 | Medicine           | Provisional     |
|     | Request for Temporary privileges effective 8/5/20 |                    |                 |
| 22. | Tom, Michelle, MD                                 | Psychiatry         | Moonlighting    |
| 23. | Tsang, Alexander, MD                              | Psychiatry         | Moonlighting    |
| 24. | Vuong, Christopher D., MD                         | Surgery            | Provisional     |
| 25. | Waheed, Osmond, DO                                | Psychiatry         | Provisional     |
|     | Request for Temporary privileges effective 8/3/20 |                    |                 |
| 26. | Wu, Patrick R., DO                                | Medicine           | Provisional     |

Request for Temporary privileges effective 7/30/20

27. Yang, Almira J., DO	Medicine	Provisional
28. Yu, Grace L., MD	Surgery	Provisional

<b>B. <u>Approval of Reappointments:</u></b>	<b><u>Department:</u></b>	<b><u>Reappointment Cycle:</u></b>	<b><u>Status:</u></b>
1. Ariue, Barbara K., MD	Pediatrics	09/01/20 – 08/31/22	Active
2. Che, Kendrick M., DO	Medicine	09/01/20 – 08/31/22	Active
3. Cobbina, Ekua N., MD	Pediatrics	09/01/20 – 08/31/22	Active
4. Cosand, Chelsea L., MD	Emergency Medicine	09/01/20 – 08/31/22	Active
5. Cramer, Dennis E., DO	Neurosurgery	09/01/20 – 08/31/22	Active
6. Crawley, Brianna K., MD	Surgery	09/01/20 – 08/31/22	Active
7. Ha, Entaik, MD	Pediatrics	09/01/20 – 08/31/22	Active
8. Huang, Chris, MD	Anesthesia	09/01/20 – 08/31/22	Active
9. Jahng, Alexander W., MD	Medicine	09/01/20 – 08/31/22	Active
<b>(additional privilege)</b>			
• Ambulatory			
10. Kief-Garcia, Monika, MD	Radiology	09/01/20 – 08/31/22	Active
11. Kuhn, Michael A., MD	Pediatrics	09/01/20 – 08/31/22	Active
12. Mannoia, Kristyn A., MD	Surgery	09/01/20 – 08/31/22	Active
<b>(additional privileges)</b>			
• Fluoroscopy			
• Pediatric Trauma			
13. Ospina, Jose A., MD	Radiology	09/01/20 – 08/31/22	Active
14. Patel, Jignasa G., MD	Medicine	09/01/20 – 08/31/22	Active
15. Ree, Michael, DO	Medicine	09/01/20 – 08/31/22	Active
16. Robinson, Matthew D., DO	Orthopedic Surgery	09/01/20 – 08/31/22	Active
1 yellow flag - closed 2019			
17. Rogers, Nathan, MD	Psychiatry	09/01/20 – 08/31/22	Provisional
18. Ruckle, Herbert C., MD	Surgery	09/01/20 – 08/31/22	Active
2 yellow flags closed 2018 & 2020			
19. Truong, Vincent, MD	Medicine	09/01/20 – 08/31/22	Courtesy
<b>(status changed from Active to Courtesy due to low patient volume)</b>			
20. Tully, Elizabeth M., MD	Psychiatry	09/01/20 – 08/31/22	Active
<b>Pending:</b>			
• Signatures out of date must re-sign app			
• Occupational Health			
• HIPAA			
• Compliance			
21. Vivanco de Martinez, Lorena, MD	Pediatrics	09/01/20 – 08/31/22	Active
22. Yoo, Andrew B., MD	Pediatrics	09/01/20 – 08/31/22	Active

<b>C. <u>Final FPPE /Reciprocal* Advancement of Staff Status:</u></b>		
1. Koo, Rachel	Pediatrics	Active
2. Lee, Richard J., MD	Psychiatry	Active
3. Panton, Christina, MD	OB/GYN	Active
4. Sarathy, Shree, MD	Psychiatry	Active
5. Villarreal, Humberto G., MD	Surgery	Active

<b>D. <u>FPPE – Final Proctoring:</u></b>	
1. Steinmann, Alexandra, PA-C	Emergency Medicine



**E. FPPE – Final Proctoring for Additional Privileges:**

- |                          |          |
|--------------------------|----------|
| 1. Nguyen, Andrew T., MD | Surgery  |
| 2. Tiao, Lily J., NP     | Medicine |

**Privilege(s) Proctored:**

- Fluoroscopy
- Obtaining Informed Consent

**F. Change in Staff Category:**

- |                           |               |
|---------------------------|---------------|
| 1. Avesar, Michael, MD    | Pediatrics    |
| 2. Chen, Ronnie C., MD    | Radiology     |
| 3. Cooper, Kyle J., MD    | Radiology     |
| 4. Fujimoto, Scott T., DO | Radiology     |
| 5. Jung, Peter, MD        | Pediatrics    |
| 6. Kraus, Nicole J., DO   | Pediatrics    |
| 7. Smith, Jason C., MD    | Radiology     |
| 8. Park, Abraham J., MD   | Ophthalmology |
| 9. Tomihama, Roger T., MD | Radiology     |

**Category Changed to::**

- Active
- Active
- Active
- Active
- Active
- Active
- Active
- Active
- Active

**G. Withdrawal of Privilege(s):**

- |                               |                    |
|-------------------------------|--------------------|
| 1. Edwards, Sara B., MD       | Surgery            |
| 2. Ludi, Hector D., MD        | Surgery            |
| 3. Steinmann, Alexandra, PA-C | Emergency Medicine |

**Privilege(s) Withdrawn:**

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

- |                                |  |
|--------------------------------|--|
| 4. Villarreal, Humberto G., MD |  |
|--------------------------------|--|

**H. FPPE/Reciprocal\* Complete Reamin Provisional:**

- |                          |            |
|--------------------------|------------|
| 1. Qureshi, Sonea I., MD | Pediatrics |
|--------------------------|------------|

**I. Temporary Privilege Request:**

- |                       |                    |          |
|-----------------------|--------------------|----------|
| 1. Chen, Kevin G., MD | Emergency Medicine | 8/1/2020 |
| 2. Stern, Eric S., MD | Emergency Medicine | 8/1/2020 |

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

- |  |         |          |
|--|---------|----------|
| 1. Albini, Paul I., MD   | Surgery | 8/8/2020 |
| <b>(3 month extension granted, proctoring must be due by 11/18/20)</b> |         |          |
| 2. Michelotti, Marcos J., MD   | Surgery | 8/8/2020 |
| <b>(3 month extension granted, proctoring must be due by 11/18/20)</b> |         |          |
| 3. Zaheer, Salman, MD  | Surgery | 8/8/2020 |
| <b>(3 month extension granted, proctoring must be due by 11/18/20)</b> |         |          |

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

- |                          |            |            |
|--------------------------|------------|------------|
| 1. Castanos, Roberto, MD | Psychiatry | 09/01/2020 |
| 2. Pruitt, Crystal, MD   | OB / Gyn   | 09/01/2020 |

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

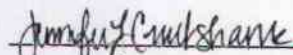
- |                               |                  |             |
|-------------------------------|------------------|-------------|
| 1. Coney, Joshua B., MD       | Medicine         | Immediately |
| 2. Giles, Erin, DO            | Anesthesia       | 06/25/2020  |
| 3. Lozano, Karla P., MD       | Psychiatry       | 07/26/2020  |
| 4. Mun-Price, Connie, DO      | Anesthesia       | 06/26/2020  |
| 5. Rustia, Cornelio E.B., FNP | Detention Health | Immediately |
| 6. Vu, Lan, DO                | Anesthesia       | 07/10/2020  |

**Effective Date:**



I hereby:

- 1) Attest that the medical center's Medical Executive Committee August 13, 2020 recommend approval of the appointment, reappointments, proctoring, change in staff category, resignation/withdrawals, automatic terminations, privilege form(s) and Additional Privilege Form.
- 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