



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



ITEM: 15.1
(ID # 17391)

MEETING DATE:

Tuesday, October 19, 2021

FROM : RUHS-MEDICAL CENTER:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM-MEDICAL CENTER: Ratification and Approval of the Medical Staff Appointments, Reappointments, Proctoring, new Medical Staff Physician Well Being Committee Policy, Referral Forms, Brochures, New Impaired Residents Policy, Revised medical Staff Re-Entry Program Policy, New Medical Staff Policy, Temporary Privileges, New Medical Staff Administration Department Scope of Services, Revised OB/GYN Privilege Forms and OB/GYN Department Rules and Regulations, New Urology NP Privileged Form, Revised Emergency Medicine NP Privilege Form, Revised Credentialing Documents and CMS Conditions of Participation; Qualifications for Nuclear Medicine Personnel and Radiologic Staff recommended by the Medical Executive Committee on January 14, 2021, February 11, 2021, March 11, 2021, April 8, 2021, May 13, 2021 and June 10, 2021, All Districts. [\$0]

RECOMMENDED MOTION: That the Governing Board:

1. Ratify and Approve the Medical Staff appointments, proctoring, reappointments, additional privileges, withdrawal of privileges, leave of absence, resignations, automatic terminations per Bylaws 6.4-9 (Failure to Reapply), proctoring extension request per Bylaws 6.8-3 (failure to Complete Proctoring) approved new and revised privilege forms & policy and procedures as recommended by the Medical Executive Committee (MEC) on January 14, 2021, February 11, 2021, March 11, 2021, April 8, 2021, May 13, 2021 and June 10, 2021. All Districts.

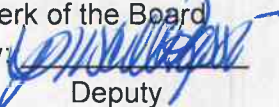
ACTION:Policy


Jennifer Cruikshank, Chief Executive Officer - Health System 10/5/2021

MINUTES OF THE GOVERNING BOARD

On motion of Supervisor Jeffries, 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: October 19, 2021
 xc: RUHS-Medical Center

Kecia R. Harper
 Clerk of the Board
 By: 
 Deputy

**SUBMITTAL TO THE RIVERSIDE UNIVERSITY HEALTH
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COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 0	\$ 0	\$ 0	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: N/A			Budget Adjustment:	No
			For Fiscal Year:	21/22

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 January 14, 2021, February 11, 2021, March 11, 2021, April 8, 2021, May 13, 2021 and June 10, 2021 to approve and ratify the Hospital Director's appointment of the following:

- A. Approval of the following: Medical Staff Appointments and Reappointments and clinical privileges, Focus Professional Practice Evaluation (FPPE) Complete Remain on Provisional, FPPE Final Proctoring for Additional Privileges, Final FPPE / Reciprocal Advancement of Status, Final Proctoring, FPPE/Final partial Proctoring Complete Remain on Provisions, Final Proctoring for Additional Privileges, Withdrawal of Privileges, Change in Staff Category, Voluntary Resignations, 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. New: Medical Staff Physician Well Being Committee Policy, Referral Forms, Brochures
The MEC submits the new Physician Well Being Committee policy and referral forms and brochures that are updated to meet regulatory requirements.
- C. Impaired Residents Policy
The GMEC is submitting the Impaired Residents Policy for approval.
- D. Revised Medical Staff Re-Entry Program Policy
The Credentials Committee submits the revised Re-Entry Program Policy for approval.
- E. New Medical Staff Policy: Temporary Privileges
The MEC is archiving and replacing the 2009 Temporary Privilege Policy

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COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

- F. New Medical Staff Administration Department Scope of Services
The Director of Medical Staff Administration submits the Department's Scope of Services for approval.
- G. Revised OB/GYN Privilege Forms and OB/GYN Department Rules and Regulations
The OB/GYN Department Chair submits revised privilege forms and department rules and regulations for approval.
- H. Urology Nurse Practitioner (NP) Privilege Form – New
The IDPC is submitting a new Urology NP Privilege form for review and approval.
- I. Revision: Emergency Medicine (EM) NP Privilege Form
The EM Medical Director submits a request for approval of revised EM privilege form updating privileging criteria for NPs.
- J. Revised Credentialing Documents:
The Credentials Committee submits the following revised credentialing documents for approval.
- Initial Application and Reappointment Checklists
 - Revised Red Flags/Yellow Flags Guidelines
- K. Hospital Conditions of Participation: Qualifications for Nuclear Medicine Personnel and Radiologic Staff
The Radiology Medical Director submits documentation for approval in compliance with the following two Hospital Conditions of Participation (42 CFR Sec. 482.53 (a) (2) and 42 CFR Section 482.26 (c) (2).)

Impact on Residents and Businesses

Approval of this request will ensure that the Medical Center's Medical Staff Department meet all the necessary credentialing/privileging requirements and are appropriately qualified to care for and serve the Medical Center's patients.

ATTACHMENTS:

Attachment A: ATTESTATION 1.14.2021

**SUBMITTAL TO THE RIVERSIDE UNIVERSITY HEALTH
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Attachment B.	ATTESTATION 2.11.2021
Attachment C.	ATTESTATION 3.11.2021
Attachment D.	ATTESTATION 4.8.2021
Attachment E.	ATTESTATION 5.13.2021
Attachment F.	ATTESTATION 6.10.2021
Attachment G.	WELL BEING COMMITTEE POLICY
Attachment H.	117 IMPAIRED RESIDENT POLICY
Attachment I.	PRACTITIONER REENTRY PLAN POLICY
Attachment J.	SCOPE OF SERVICES
Attachment K.	FINAL OBGYN RULES REGULATIONS
Attachment L.	OBGYN PRIVILEGES FORM REVISED 1.14.21
Attachment M.	NP UROLOGY CLINICAL PRIVILEGES FORM
Attachment N.	REVISED ED NP UROLOGY 1.21.21
Attachment O.	FINAL APPLICATION CHECKLIST 2.2021
Attachment P.	FINAL REAPPLICATION CHECKLIST 2.25.21
Attachment Q.	CMS REQUIREMENTS
Attachment R.	FLOUROSCOPY GUIDELINES FOR RADIOLOGIC TECH
Attachment S.	ORIENTATION AND ANNUAL STAFF REFRESHER


Jacqueline Ruiz, Sr. Management Analyst

10/12/2021


Gregory V. Priamos, Director County Counsel

10/7/2021

February 11, 2021

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. Minasian, Tanya, DO | Neurological Sciences | Provisional |
| 2. Robison, Richard A., MD | Neurological Sciences | Provisional |
| 3. Siddighi, Sam, MD | OB/GYN | Provisional |

B. Approval of Reappointments:

- | | <u>Department:</u> | <u>Reappointment Cycle:</u> | <u>Status:</u> |
|--|--------------------|-----------------------------|----------------|
| 1. Agbisit, Michael A., NP | Anesthesia | 03/01/21 – 02/28/23 | AHP |
| 2. Grant, Sophia R., MD | Pediatrics | 03/01/21 – 02/28/23 | Active |
| 3. Hajiha, Mohammad, MD | Surgery | 03/01/21 – 02/28/23 | Active |
| (withdraw of privilege) | | | |
| • Telemedicine | | | |
| 4. Hong, Linda J., MD | OB/GYN | 03/01/21 – 02/28/23 | Active |
| 5. Ioffe, Yevgeniya, MD | OB/GYN | 03/01/21 – 02/28/23 | Active |
| (withdraw of privilege) | | | |
| • Lower Genital Tract Laser Procedures | | | |
| (additional privilege) | | | |
| • Argon | | | |
| 6. Kim, Soo Y., MD | Pediatrics | 03/01/21 – 02/28/23 | Active |
| 7. Lopata, Lindsay, MD | Anesthesia | 03/01/21 – 02/28/23 | Active |
| 8. Lopez, Merrick R., MD | Pediatrics | 03/01/21 – 02/28/23 | Active |
| 9. Mattison, Katherine M., NP | Medicine | 03/01/21 – 02/28/23 | AHP |
| 10. Mirshahidi, Hamid, MD | Medicine | 03/01/21 – 02/28/23 | Courtesy |
| (status changed from Active to Courtesy due to no/low patient volume) | | | |
| 11. Pandit, Ivy C., MD | Medicine | 03/01/21 – 02/28/23 | Active |
| 12. Scalzitti, Heidi, MD | Medicine | 03/01/21 – 02/28/23 | Active |
| 13. Sherstinsky, Mark, OD | Ophthalmology | 03/01/21 – 02/28/23 | Active |
| 14. Teruya, Theodore H., MD | Surgery | 03/01/21 – 02/28/23 | Active |
| (additional privilege) | | | |
| • Moderate Sedation | | | |
| 15. Zaheer, Salman, MD | Surgery | 03/01/21 – 02/28/23 | Courtesy |
| (status changed from Provisional to Courtesy) | | | |
| (withdraw of privileges) | | | |
| • General Surgery Core | | | |
| • Laparoscopic Fundoplication (Nissen/Dor/Toupet) | | | |
| • Surgical Robotic Platform | | | |

- C. Final FPPE/Reciprocal* Advancement of Staff Status:** **Advance to:**
- | | | |
|--------------------------------|--------------------|----------|
| 1. Archambeau, Benjamin A., DO | Emergency Medicine | Active |
| 2. Caba Molina, David, MD | Surgery | Active |
| 3. Zaheer, Salman, MD | Surgery | Courtesy |
- D. FPPE/Reciprocal* Complete Remain on Provisional:**
- | | |
|-----------------------------------|--------------------|
| 1. Despujos Harfouche, Fairuz, MD | Emergency Medicine |
| 2. Yang, Almira J., DO | Medicine |
- E. FPPE – Final Proctoring:**
- | | |
|-------------------------------|--------------------|
| 1. Ledbetter, Rodney A., PA-C | Emergency Medicine |
|-------------------------------|--------------------|
- F. FPPE – Final Proctoring for Additional Privileges:** **Privilege(s) Proctored:**
- | | | |
|----------------------------|----------|----------------------------------|
| 1. Au, Huy D., MD | Medicine | • ACCU |
| 2. Mannoia, Kristyn A., MD | Surgery | • Fluoroscopy |
| 3. Mora, Llesenia, PA-C | Medicine | • Arterial Catheterization |
| | | • Central Venous Catheterization |
- G. Change in Staff Category:** **Status Change To:**
- | | | |
|--------------------------|----------|--------|
| 1. Demisse, Rahel Z., MD | Medicine | Active |
|--------------------------|----------|--------|
- H. Withdraw of Privilege(s):** **Privilege(s) Withdrawn:**
- | | | |
|----------------------------------|--------------------|----------------------------------|
| 1. Archambeau, Benjamin A., DO | Emergency Medicine | • Moderate Sedation |
| | | • TEE |
| 2. Caba Molina, David, MD | Surgery | • Advanced Laparoscopic Surgery |
| | | • Advanced Colo-Rectal Surgery |
| 3. Do, Vy, CRNA | Anesthesia | • Central Venous Catheterization |
| | | • Basic Pain Medicine |
| | | • Arterial Catheterization |
| 4. Gonzalez, Nathan S., CRNA | Anesthesia | • Central Venous Catheterization |
| | | • Basic Pain Medicine |
| | | • Arterial Catheterization |
| 5. Ledbetter, Rodney A., PA-C | Emergency Medicine | • Central Line/PIC Placement |
| | | • Lumbar Puncture |
| | | • Endotracheal Intubation |
| | | • Arterial Cannulation |
| | | • Thoracentesis |
| | | • Paracentesis |
| 6. Mannoia, Kristyn A., MD | Surgery | • Pediatric Trauma |
| 7. Martinez, Kimberly, CRNA | Anesthesia | • Central Venous Catheterization |
| | | • Basic Pain Medicine |
| | | • Arterial Catheterization |
| 8. Mora, Llesenia, PA-C | Medicine | • Intraosseous Line Insertion |
| | | • Bedside Ultrasonography |
| 9. Suarez Solarte, Melissa, CRNA | Anesthesia | • Central Venous Catheterization |
| | | • Basic Pain Medicine |
| | | • Arterial Catheterization |
| 10. Yang, Almira J., DO | Medicine | • Ambulatory |
- I. Automatic Termination, Per Bylaws 3.8-3 (Failure to Complete Proctoring):**
- | | | |
|-------------------------|---------|-----------|
| 1. Scharf, Keith R., DO | Surgery | 2/13/2021 |
|-------------------------|---------|-----------|

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

- | | | |
|---------------------------|----------|----------|
| 1. Sawires, Sameh, MD | Medicine | 3/1/2021 |
| 2. Walia, Sabrina K., FNP | Medicine | 3/1/2021 |

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


- | | | |
|----------------------|------------|------------|
| 1. Mulla, Neda, MD | Pediatrics | 12/31/2020 |
| 2. Rao, Ravindra, MD | Pediatrics | 1/31/2021 |

L. Approval of Privilege Forms:

- a) NP Urology Clinical Privilege Form – New
- b) NP Emergency Medicine Clinical Privilege Form – Revised
Criteria revised to be uniformed with all NP privilege forms.

I hereby:

- 1) Attest that the medical center's Medical Executive Committee February 11, 2021 recommend approval of the appointment, reappointments, proctoring, , change of status, withdraw of privileges, automatic terminations, resignation/withdrawals and privilege forms.
- 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

January 14, 2021

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. Abejuela, Kristofer, PA-C	Detention Health	Adjunct
2. Bielski, Cody J., MD	Emergency Medicine	Provisional
3. Dadachanji, Kaivan, DO	Pediatrics	Moonlighting
4. Hanak, Brian E., MD	Clinical Neurological	Provisional
5. Gause, William E., NP	Detention Health	Adjunct
6. Kar, Ashok J., MD	Surgery	Provisional
7. Koh, Han A., MD	Medicine	Provisional
8. Kotak, Kamal M., MD	Medicine	Provisional
9. Liu, Taryn, DO	Pediatrics	Provisional
10. Peterson, Nancy, NP	Detention Health	Adjunct
11. Plantak, Natasha S., PA-C	Clinical Neurological	AHP
12. Routledge, Erin, NP	Detention Health	Adjunct
13. Satya, Vinod, PA-C	Orthopedic Surgery	AHP
14. Steinmann, Alexandra, PA-C	Detention Health	Adjunct
15. Speer, Brittany N., PA-C	Medicine	AHP
16. Voleti, Sonia, MD	Pediatrics	Provisional

B. Approval of Reappointments:

	<u>Department:</u>	<u>Reappointment Cycle:</u>	<u>Status:</u>
1. Allen, Jonathan L., MD	Orthopedic Surgery	02/01/21 – 01/31/23	Active
2. Bannout, Firas, MD	Medicine	02/01/21 – 01/31/22	Active
3. Bharadwaj, Aditya S., MD	Medicine	02/01/21 – 01/31/23	Active
4. DeFranco, Jeremy J., MD	Psychiatry	02/01/21 – 01/31/23	Active
5. Drinhaus, Rolf R., MD	Orthopedic Surgery	02/01/21 – 01/31/23	Active
6. Garberoglio, Maria C., MD	Pediatrics	02/01/21 – 01/31/23	Active
7. Granados, Kenneth, PA	Psychiatry	02/01/21 – 01/31/23	AHP
8. Hayton, William A., MD	Psychiatry	02/01/21 – 01/31/23	Active
9. Hopkins, Gail E., MD	Orthopedic Surgery	02/01/21 – 01/31/23	Active
10. Jodhka, Upinder, MD	Pediatrics	02/01/21 – 01/31/23	Active
11. Kamson, Olayinka A., MD	Psychiatry	02/01/21 – 01/31/23	Active
12. Kim, John J., MD	Medicine	02/01/21 – 01/31/23	Active
(withdraw of Privilege)			
• Internal Medicine			
13. Leung, Geoffrey W., MD	Family Medicine	02/01/21 – 01/31/23	Active
14. Loh, Jeffrey S., DDS	Detention Health	02/01/21 – 01/31/23	Adjunct

15. Martorell-Bendezu, Lily, MD	Pediatrics	02/01/21 – 01/31/23	Active
16. Ochoa, William G., MD	Medicine	02/01/21 – 01/31/23	Active
17. Oei, Grace C., MD	Pediatrics	02/01/21 – 01/31/23	Active
18. Qin-Hu, Min, MD	Anesthesia	02/01/21 – 01/31/23	Active
19. Rao, Rivindra, MD	Pediatrics	02/01/21 – 01/31/23	Active
20. Schlechter, John A., DO	Orthopedic Surgery	02/01/21 – 01/31/23	Active
21. Steinmann, Alexandra, PA-C	Emergency Medicine	02/01/21 – 01/31/23	AHP
22. Steinmann, John C., MD	Orthopedic Surgery	02/01/21 – 01/31/23	Active
23. Sutjita, Made, MD	Medicine	02/01/21 – 01/31/23	Active
24. To, Duc D., MD	Medicine	02/01/21 – 01/31/23	Active
25. Trupp, Diana L., MD	Pediatrics	02/01/21 – 01/31/23	Active
26. Umugbe, Oghenesume D., MD	Psychiatry	02/01/21 – 01/31/23	Active
27. Wang, Bang, MD	Pathology	02/01/21 – 01/31/23	Active
28. Yamaguchi, Toshia Ann A., MD	Psychiatry	02/01/21 – 01/31/23	Active

C. Request for Additional Privileges:

1. Thapamagar, Suman B., MD	Medicine	<u>Additional Privilege(s):</u>
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• Fluoroscopy

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

		<u>Effective Date:</u>
1. Buller, Ryan I., DO	Family Medicine	01/14/21
2. Doughten, Joel D., MD	Family Medicine	01/14/21
3. Figueroa, Heather, MD	OB/GYN	01/11/21
4. Gleason, Chad G., PA-C	Orthopedic Surgery	12/31/20
5. Hadley, Dean A., MD	Surgery	10/30/20
6. Huang, Louise L., MD	Family Medicine	01/14/21
7. Henderson, Deborah L., PA-C*	Emergency Medicine	
8. Katz, Alex, MD	Pediatrics	09/30/20
9. Kottlowski, Andrea, AuD	Surgery	01/14/21
10. Mandry, Margaret M., PA-C	Emergency Medicine	11/30/20
11. Son, Andrew K., MD	Surgery	02/01/21

I hereby:

- 1) Attest that the medical center's Medical Executive Committee January 14, 2021 recommend approval of the appointment, reappointments, request for additional privileges & resignation/withdrawals.
- 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

March 11, 2021

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. Debay, Marc J., MD	Family Medicine	Provisional
2. Downing, Stephanie R., MD	Surgery	Provisional
3. Gomez, Nephtali R., MD	Surgery	Provisional
4. Govindappagari, Shravya, MD	OB / Gyn	Provisional
5. James, Janessa, MD	Pediatrics	Provisional
6. Medina, Jessica, MD	Pediatrics	Provisional
7. Mehta, Khyati, MD	Pediatrics	Provisional
8. Nguyen, Douglas L., MD	Medicine	Provisional
9. Park, Shaun, MD	Pediatrics	Provisional
10. Parks, Kelly C., DPM	Orthopedic Surgery	AHP - Provisional
11. Patel, Viloki, NP	Surgery	AHP - Provisional
12. Rosilez, Angel L., NP	Medicine	AHP - Provisional
13. Van Putten, Douglas J., MD	Ophthalmology	Provisional

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

1. Alkhairy, Tahir, MD	Radiology	4/1/2021 – 3/31/2021	Active
2. Edwards, Sara B., MD (additional privilege)	Surgery	4/1/2021 – 3/31/2021	Active
• Supervision of AHP's			
3. Kang, Ilho, MD (withdrawal of privilege)	Medicine	4/1/2021 – 3/31/2021	Active
• Ambulatory			
4. Lodriguito, Ida Z., MD (additional privilege)	Psychiatry	4/1/2021 – 3/31/2021	Active
• Supervision of AHP's			
5. Michelson, David J., MD	Pediatrics	4/1/2021 – 3/31/2021	Active
6. Molina, Karen E., OD	Ophthalmology	4/1/2021 – 3/31/2021	Active
7. Ochoa, Humberto R., MD	Emergency Medicine	4/1/2021 – 3/31/2021	Active
8. Razzouk, Akram Y., MD	Psychiatry	4/1/2021 – 3/31/2021	Active
9. Wagner, Robert J., MD	OB / Gyn	4/1/2021 – 3/31/2021	Active
10. Walia, Jaswinder K., MD (additional privilege)	Psychiatry	4/1/2021 – 3/31/2021	Courtesy
• Supervision of AHP's & Psychologist's			
Category Change			

- Active to Courtesy

11. Yao, Tom, MD Anesthesia 4/1/2021 – 3/31/2021 Active

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

Advance to:

- | | | |
|--------------------------------|------------|--------|
| 1. Albin, Paul T., MD | Surgery | Active |
| 2. Sanchez-Kazi, Cheryl P., MD | Pediatrics | Active |

D. FPPE/Reciprocal* Complete Remain on Provisional:

- | | |
|-------------------------|------------|
| 1. Assar, Mahdiah, MD | Radiology |
| 2. Hu, Tony, DO | Anesthesia |
| 3. Lodhi, Shaina, MD | Pediatrics |
| 4. Min, Jonathan, MD | Medicine |
| 5. Mukadam, Seema, MD | Medicine |
| 6. Pham, Patrick, DO | Anesthesia |
| 7. Sihotang, Cindy, MD | Pediatrics |
| 8. Van Hal, Michele, MD | Anesthesia |

E. FPPE – Final Proctoring:

- | | |
|--------------------------------|--------------|
| 1. Caudill, Benjamin J., FNP-C | Neurosurgery |
| 2. Enobakhare, Roseline, NP | Psychiatry |
| 3. Salcedo, Regine Vielka, FNP | Neurosurgery |

F. Change in Staff Category:

Status Change To:

- | | | |
|------------------------------|---------|--------|
| 1. Srikureja, Dandiel P., MD | Surgery | Active |
|------------------------------|---------|--------|

G. Withdraw of Privilege(s):

Privilege(s) Withdrawn:

- | | | |
|-----------------------------|--------------------|--|
| 1. Albin, Paul T., MD | Surgery | <ul style="list-style-type: none"> • Advanced Laparoscopic Surgery • Family Medicine • Informed Consent • Moderate Sedation • Fluoroscopy |
| 2. Azad, Armaghan, MD | Emergency Medicine | |
| 3. Enobakhare, Roseline, N | Psychiatry | |
| 4. Srikureja, Daniel P., MD | Surgery | |

H. Request for Additional Privileges:

Additional Privilege(s):

- | | | |
|-----------------------|----------|---------------------|
| 1. Tran, Nancy A., DO | Medicine | • Moderate Sedation |
|-----------------------|----------|---------------------|

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

- | | | |
|----------------------|------------|----------|
| 1. Ma, Alfred C., MD | Anesthesia | 5/1/2021 |
| 2. Yun, Jane, MD | OB/Gyn | 4/1/2021 |

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

Effective Date:

- | | | |
|------------------------------|--------------------|-------------|
| 1. Aaen, Gregory, MD | Pediatrics | 4/1/2021 |
| 2. Abdalla, Maisa I., MD | Medicine | 11/4/2020 |
| 3. Doddridge, Susan H., PA-C | Emergency Medicine | Withdrawal |
| 4. Everett, Corey H., FNP-C | Emergency Medicine | 2/17/2021 |
| 5. Manzione, Amanda M., PA-C | Orthopedic Surgery | Immediately |
| 6. Ryan, Skylar, PA-C | Emergency Medicine | Immediately |
| 7. Shapiro, Bryan B., MD | Psychiatry | Withdrawal |

I hereby:

- 1) Attest that the medical center's Medical Executive Committee March 11, 2021 recommend approval of the appointment, reappointments, proctoring, , change of status, withdraw of privileges, automatic terminations, resignation/withdrawals and privilege forms.
- 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

April 8, 2021

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. Avila, Liezl R., DO	Emergency Medicine	Provisional
2. Azadian, Moosa M., MD	Emergency Medicine	Provisional
3. Bustillo, Sofia C., PA-C	Emergency Medicine	AHP-Provisional
4. Farzin-Gohar, Shadi, MD	Pediatrics	Provisional
5. Hasen, Alexandra L., PA-C	Emergency Medicine	AHP-Provisional
6. Kheradpour, Albert, MD	Pediatrics	Provisional
7. Labha, Joel A., DO	Emergency Medicine	Provisional
8. Lin, Stephen Y., MD	Emergency Medicine	Provisional
9. Price, Martin C., MD	Radiology	Provisional
10. Solaimani, Pejman, MD	Medicine	Provisional
11. Sullivan, Erin L., FNP	Medicine	AHP-Provisional

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

1. Alastra, Anthony J., MD	Neurosurgery	5/1/2021 – 4/30/2023	Active
2. Anderson, Nancy J., MD	Medicine	5/1/2021 – 4/30/2023	Active
3. Azad, Armaghan, MD	Emergency Medicine	5/1/2021 – 4/30/2023	Active
4. Englander, David M., MD	Emergency Medicine	5/1/2021 – 4/30/2023	Active
(Withdrawal of privilege)			
• Emergency Ultrasound			
5. Liang, Jayce, NP	Medicine	5/1/2021 – 4/30/2023	AHP
6. Ninan, David J., DO	Anesthesia	5/1/2021 – 4/30/2023	Active
7. Patel, Rita, NP	Pediatrics	5/1/2021 – 4/30/2023	AHP
8. Sarathy, Shree N., MD	Psychiatry	5/1/2021 – 4/30/2023	Active
9. Sweetnam, Chad, PA-C	Orthopedic Surgery	5/1/2021 – 4/30/2023	AHP
10. Tagge, Edward, MD	Surgery	5/1/2021 – 4/30/2023	Active
11. Ursu, Stefan, MD	Psychiatry	5/1/2021 – 4/30/2023	Active

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

1. Hoang, Phoang, MD	Pediatrics	Active
2. Nepomuceno-Perez, Mia, MD	Pathology	Active
3. Saukel, George W., MD	Pathology	Active
4. Stevens, Wesley T., MD	Pathology	Active

D. FPPE/Reciprocal* Complete Remain on Provisional:

- | | |
|---------------------------|------------|
| 1. Chou, Fu-Sheng, MD | Pediatrics |
| 2. Myklak, KristeneC., MD | Surgery |
| 3. Nune, Sunitha, MD | Pediatrics |

E. FPPE – Final Proctoring:

- | | |
|----------------------------------|--------------|
| 1. Aung, Heain, FNP | Neurosurgery |
| 2. Suarez Solarte, Melissa, CRNA | Anesthesia |

F. FPPE – Final Proctoring for Additional Privileges:

- | | |
|--------------------------|---------|
| 1. Moores, Donald C., MD | Surgery |
|--------------------------|---------|

Privilege(s) Proctored:

Fluoroscopy

G. Change in Staff Category:

- | | |
|---------------------------|------------|
| 1. Cabling, Marven G., MD | Medicine |
| 2. Hou, Borin, MD | Anesthesia |
| 3. Olito, Atalanta, DO | Anesthesia |
| 4. Pasca, Ioana, MD | Anesthesia |
| 5. Sanchez, Luis A., DO | Anesthesia |

Status Change To:

Active
Active
Active
Active
Active

H. Request for Proctoring Extension:

- | | |
|---------------------------|--------------|
| 1. Schiraldi, Michael, MD | Neurosurgery |
|---------------------------|--------------|

Proctoring Extended Until:

9/12/2021

I. Request to Rescind Voluntary Resignation:

- | | |
|---------------------|----------|
| 1. Beem, Ashley, MD | OB / Gyn |
|---------------------|----------|

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

- | | | |
|--------------------------|----------|----------|
| 1. Khan, Mohammad Q., MD | Medicine | 5/1/2021 |
|--------------------------|----------|----------|

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

- | | |
|-------------------------|--------------|
| 1. Ashwal, Stephen, MD | Pediatrics |
| 2. Boling, Warren, MD* | Neurosurgery |
| 3. Gatlin, Megan R., DO | Anesthesia |

Effective Date:

3/2/2021
Withdrawal
4/1/2021

I hereby:

- 1) Attest that the medical center's Medical Executive Committee April 8, 2021 recommend approval of the appointment, reappointments, proctoring, , change of status, withdraw of privileges, automatic terminations, resignation/withdrawals and privilege forms.
- 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

May 13, 2021

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. Collins, Chelsea, MD	Pediatrics	Provisional
2. Hata, Justin T., MD	Anesthesia	Provisional
3. Montejano, Arianna, NP	Surgery	AHP - Provisional
4. Murphy, Alaina V., NP	Surgery	AHP - Provisional
NP requested special privileges, no experience. Temps Requested 4/1/2021		
5. Neff, Kenneth, MD	Anesthesia	Provisional
6. Pak, Eugene, MD	Anesthesia	Provisional

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

1. Bravo, Thomas P., MD	Medicine	6/1/2021 – 5/31/2023	Active
2. Caputo, Roy J., MD	Orthopedic Surgery	6/1/2021 – 5/31/2023	Active
1 yellow flag			
3. Chon, Telianne H., DO	Anesthesia	6/1/2021 – 5/31/2023	Active
4. Flores, Michael L., DO	Emergency Medicine	6/1/2021 – 5/31/2023	Active
5. Gonzalez, Henry J., MD	Anesthesia	6/1/2021 – 5/31/2023	Active
6. Haycock, Korbin H., MD	Emergency Medicine	6/1/2021 – 5/31/2023	Active
7. Ilano, Lynette E., MD	Medicine	6/1/2021 – 5/31/2023	Active
8. Ikhimiukor, Eugene A., MD	Psychiatry	6/1/2021 – 5/31/2023	Active
9. Kim, Joseph T., MD	Ophthalmology	6/1/2021 – 5/31/2023	Active
10. Pandey, Neha, MD	Medicine	6/1/2021 – 5/31/2023	Active

Additional Privilege:

- Moderate Sedation

Withdrawal of Privilege:

- Ambulatory

11. Sandhu, Vaneet K., MD	Medicine	6/1/2021 – 5/31/2023	Active
12. Selim, Khaled M., MD	Medicine	6/1/2021 – 5/31/2023	Active

Additional Privilege:

- Hepatology

13. Sierpina, David I., MD	Ophthalmology	6/1/2021 – 5/31/2023	Active
14. Spencer, Rosemarie D., NNP	Pediatrics	6/1/2021 – 5/31/2023	AHP
15. Stewart, Charles E., III, MD	Surgery	6/1/2021 – 5/31/2023	Active
16. Thapamagar, Suman B., MD	Medicine	6/1/2021 – 5/31/2023	Active
17. Thomas, Mark E., DO	Emergency Medicine	6/1/2021 – 5/31/2023	Active

18. Vercio, Chad, MD	Pediatrics	6/1/2021 – 5/31/2023	Active
19. Volk, Michael L., MD	Medicine	6/1/2021 – 5/31/2023	Active
20. Wang, Zheng, MD	Anesthesia	6/1/2021 – 5/31/2023	Active

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

1. Dorotta, Ihab, MD	Anesthesia	Active
2. Plosker, Ari D., MD	Radiology	Active

D. FPPE/Reciprocal* Complete Remain on Provisional:

1. Soe, Yuliana, MD	Family Medicine
2. Vargan, Linda, MD	Ophthalmology

E. Request for Additional Privileges: Additional Privilege(s):

1. Klein, Walter F., MD	Medicine	Fluoroscopy
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F. Change in Staff Category: Status Change To:

1. Akhtari, Mojtaba, MD	Medicine	Active
2. Lee, Samuel L., MD	Medicine	Active
3. Alkhairy, Tahir M., MD	Radiology	Courtesy
4. Assar, Mahdieh, MD	Radiology	Courtesy
5. Caverly, Jeffrey C., MD	Radiology	Courtesy
6. Craychee, Judith A., MD	Radiology	Courtesy
7. Gupta, Supriya, MD	Radiology	Courtesy
8. Ingui, Christian J., MD	Radiology	Courtesy
9. Jun, Aaron H., MD	Radiology	Courtesy
10. Kuehn, Nicolaus J., MD	Radiology	Courtesy
11. Lampert, Paul, MD	Radiology	Courtesy
12. Lu, Nghi M., MD	Radiology	Courtesy
13. Lucas, Daniel N., MD	Radiology	Courtesy
14. Massrouf, Kamiar, MD	Radiology	Courtesy
15. Ospina, Jose A., MD	Radiology	Courtesy
16. Patel, Atul J., MD	Radiology	Courtesy
17. Piampiano, Peter P., MD	Radiology	Courtesy
18. Plosker, Ari D., MD	Radiology	Courtesy
19. Qureshi, Huma S., MD	Radiology	Courtesy
20. Reed, Pei-Lin C., MD	Radiology	Courtesy
21. Reuter, Robert M., MD	Radiology	Courtesy
22. Rippner, Robert S., MD	Radiology	Courtesy
23. Stewart, Laiandrea M., MD	Radiology	Courtesy
24. Witkosky, Michael E., MD	Radiology	Courtesy
25. Vincent, Alix, MD	Radiology	Courtesy
26. Chan, Roxanne, MD	Radiology	Courtesy
27. Green, Harry OD	Ophthalmology	Courtesy
28. Li, Wing, OD	Ophthalmology	Courtesy
29. Molina, Karen, OD	Ophthalmology	Courtesy
30. Sherstinsky, Mark, OD	Ophthalmology	Courtesy

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

1. Bharadwaj, Shishira S., MD	Medicine	Immediately
2. Ingram, Jr. Michael T., MD	Psychiatry	4/22/2021
3. Lee, Diana H., DO	Anesthesia	6/1/2021
4. Pakbaz, Zahra, MD	Medicine	Immediately

5. Park, Abraham J., MD	Ophthalmology	5/28/2021
6. Prather, Richard D., MD	Psychiatry	4/9/2021
7. Seigler, David R., MD	Psychiatry	6/1/2021
8. Xu, Long, MD	Anesthesia	6/1/2021

I hereby:

- 1) Attest that the medical center's Medical Executive Committee May 13, 2021 recommend approval of the appointment, reappointments, proctoring, , change of status, withdraw of privileges, automatic terminations, resignation/withdrawals and privilege forms.
- 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

June 10, 2021

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. Chan, Clarice P., MD	Psychiatry	Provisional
2. Jain, Akshat, MD	Pediatrics	Provisional
3. Page, Ashley S., AuD	Surgery	AHP - Provisional

B. Approval of Reappointments:

	<u>Department:</u>	<u>Reappointment Cycle:</u>	<u>Status:</u>
1. Au, Huy D., MD	Medicine / Pediatrics	7/1/2021 – 6/30/2023	Active
2. Brothers, Joel M., MD	Medicine	7/1/2021 – 6/30/2023	Active
3. Cabrera, Irena, MD	OB / Gyn	7/1/2021 – 6/30/2023	Active
4. Cao, Huynh L., MD	Medicine	7/1/2021 – 6/30/2023	Active
5. Carbajal, Shannon M., MD	Medicine	7/1/2021 – 6/30/2023	Active

Withdrawal of Privilege:

- ACCU

6. Chen, Ronnie C., MD	Radiology	7/1/2021 – 6/30/2023	Active
7. Choi, Nicole U., MD	Medicine	7/1/2021 – 6/30/2023	Active
8. Cooper, Kyle J., MD	Radiology	7/1/2021 – 6/30/2023	Active
9. Cole, R Chenise, NP	Family Medicine	7/1/2021 – 6/30/2023	Adjunct
10. Dao, Jr., Harry, MD	Medicine	7/1/2021 – 6/30/2023	Active
11. Dave, Amar M., MD	Family Medicine	7/1/2021 – 6/30/2023	Active
12. Del Rosario, Christia J., MD	OB / Gyn	7/1/2021 – 6/30/2023	Active
13. Enghelberg, Moises, DO	Ophthalmology	7/1/2021 – 6/30/2023	Active

Withdrawal of Privilege:

- Pediatric Ophthalmology

14. Fargusson, Joseph E., MD	Emergency Medicine	7/1/2021 – 6/30/2023	Active
15. Friedman, Alexander, DO	Medicine	7/1/2021 – 6/30/2023	Active
16. Fujimoto, Scott T., DO	Radiology	7/1/2021 – 6/30/2023	Active
17. Gilmore, Mariam M., DO	Medicine	7/1/2021 – 6/30/2023	Active
18. Gould, Tracy, DO	Pediatrics	7/1/2021 – 6/30/2023	Active
19. Harding, Benjamin, MD	Pediatrics	7/1/2021 – 6/30/2023	Active
20. Hill, Bryan J., MD	OB / Gyn	7/1/2021 – 6/30/2023	Active
21. Isaeff, Wayne B., MD	Ophthalmology	7/1/2021 – 6/30/2023	Active

Withdrawal of Privileges:

- Pediatric Ophthalmology
- Corneal Ring Implant

22. Jack, Sharon A., NP	Family Medicine	7/1/2021 – 6/30/2023	Active
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23. Jellison, Forrest C., MD	Surgery	7/1/2021 – 6/30/2023	Active
Withdrawal of Privilege:			
• KTP-532			
24. Kennedy, William A., MD	Pediatrics	7/1/2021 – 6/30/2023	Active
25. Kim, Samuel C., MD	Ophthalmology	7/1/2021 – 6/30/2023	Active
1 Red Flag – Open case			
Withdrawal of Privilege:			
• Pediatric Ophthalmology			
26. LaBarte, Theresa L., DO	Medicine	7/1/2021 – 6/30/2023	Active
1 Red Flag – Open case			
27. Lan, Howard W., DO	Medicine	7/1/2021 – 6/30/2023	Active
28. Lim, Simon Christopher L., MD	Medicine	7/1/2021 – 6/30/2023	Active
29. Ludi, Giselle Y., PA-C	Emergency Medicine	7/1/2021 – 6/30/2023	AHP
30. McCowan, Ronald, MD	Medicine	7/1/2021 – 6/30/2023	Active
1 red flag – settled 2020			
31. Murga, Allen G., MD	Surgery	7/1/2021 – 6/30/2023	Active
Additional Privilege:			
• Participate in Teaching Program			
32. Nguyen, My V., DO	Pediatrics	7/1/2021 – 6/30/2023	Active
33. Parmar, Monish A., MD	Psychiatry	7/1/2021 – 6/30/2023	Active
34. Peterson, Sarah C., MD	Emergency Medicine	7/1/2021 – 6/30/2023	Active
35. Rybkin, Ivan, MD	OB / Gyn	7/1/2021 – 6/30/2023	Active
36. Skubic, John W., MD	Orthopedic Surgery	7/1/2021 – 6/30/2023	Active
37. Smith, Jason C., MD	Radiology	7/1/2021 – 6/30/2023	Active
38. Sweiss, Raed B., DO	Neurosurgery	7/1/2021 – 6/30/2023	Active
39. Tomihama, Roger T., MD	Radiology	7/1/2021 – 6/30/2023	Active
40. Tran, Nancy A., DO	Medicine	7/1/2021 – 6/30/2023	Active
41. Wang, Canty, MD	OB / Gyn	7/1/2021 – 6/30/2023	Active
42. Williams, Adedapo B., MD	Psychiatry	7/1/2021 – 6/30/2023	Active
43. White, Craig A., MD	Ophthalmology	7/1/2021 – 6/30/2023	Active

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

Advance to:

1. Chen, Chien-Shing, MD	Medicine	Active
2. Olee, Tsungiu, MD	Surgery	Active

D. FPPE/Reciprocal* Complete Remain on Provisional:

1. Hathout, Eba, MD	Pediatrics
2. Liu, Yuan F., MD	Surgery
3. Schell, Catherine, NP	Surgery
4. Soneji, Maulin, MD	Pediatrics
5. Tan, Sisi, MD	Surgery
6. Voleti, Sonia, MD	Pediatrics

E. Request for Additional Privileges:

Additional Privilege(s):

1. Le, Nguyen, MD	Surgery	•Fluoroscopy •Robotic Surgical Platform
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F. Change in Staff Category:

Status Change To:

1. Min, Jonathan, MD	Medicine	Active
2. Mukadam, Seema, MD	Medicine	Active
3. Serrao, Steve, MD	Medicine	Active
4. Sihotang, Cindy, MD	Pediatrics	Active

G. Name Change:

1. Balan, Gabrielle, DO Pediatrics

Name Changed To:

Pina, Gabrielle, DO

H. Automatic Termination, Per Bylaws 6.4-9

(Failure to File a Reappointment):

1. Kiang, Sharon, MD Surgery
2. Lowery, Patricia M., DO Anesthesia
3. Rajyaguru, Maulik, DO Anesthesia

Effective Date:

7/1/2021
7/1/2021
7/1/2021

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

1. Barker, Gary R., MD Surgery
2. Barrett, Dianne A., MD Ophthalmology
3. Giang, Michael, MD Pediatrics
4. Holtz, Gerald B., MD* Radiology
5. Ingram Jr., Michael T., MD Psychiatry
6. Lo, Jennifer, MD Pediatrics
7. Lu, Nghi, MD Radiology
8. Murphy, Alaina, NP* Surgery/Critical Care
9. Rusev, Stoyan D., MD Psychiatry
10. Singh, Karan P., MD Emergency Medicine
11. Stewart, Laiandrea M., MD Radiology
12. Thanasukarn, John, MD Pediatrics

Effective Date:

6/30/2021
6/30/2021
6/30/2021
5/11/2021
4/27/2021
6/30/2021
7/1/2021
5/11/2021
4/28/2021
7/1/2021
4/19/2021
6/30/2021

I hereby:

- 1) Attest that the medical center's Medical Executive Committee June 10, 2021 recommend approval of the appointment, reappointments, proctoring, , change of status, withdraw of privileges, automatic terminations, resignation/withdrawals and privilege forms.
- 2) Approve the listed changes as recommended by the Medical Executive Committee; and
- 3) Recommend that the Board of Supervisors ratify the listed changes as recommended by the Medical Executive Committee.



Jennifer Cruikshank

Chief Executive Officer – RUHS Medical Center



**Riverside University Health System Medical Center
MEDICAL STAFF ORGANIZATION**

		Page 1 of 4
Subject: MEDICAL STAFF WELL BEING COMMITTEE POLICY	Issued: 12/10/20 Revised: Cred. Cmte MEC 12/10/20 Revised 12/10/20 Effective Date: 6/11/20	Medical Staff
Department Consulted: Medical Staff Administration	Reviewed & Approved by: Medical Executive Committee	

DEFINITIONS

In this policy, the term “Licensed Independent Practitioner” (LIP) refers to independently licensed Medical Staff members and Allied Health Professionals who have privileges to provide care at the Medical Center.

“Resident Physician” refers to an intern, resident, or fellow physician who is undergoing training at an approved Graduate Medical Education (GME) program at the Medical Center and affiliated sites.

An impairment is the inability to provide medical care with reasonable skill and safety as a result of a mental disorder, physical illness or condition, and/or substance-related disorders including abuse and dependency of drugs and alcohol. This definition is in accordance with the definition provided by the American Medical Association in 1973 and the Federation of State Medical Boards (FSMB).

Disruptive Behavior refers to a style of interaction with others and/or a pattern of behavior that significantly interferes with patient care.

INTRODUCTION

It is the policy of the Riverside University Health System (RUHS) Medical Center to identify and assist with matters of individual health, for LIP and Resident Physicians. When a LIP or Resident Physician is suspected of impairment or disruptive behavior, a confidential process will occur through the Medical Staff Well-Being Committee (MSWBC, formerly known as “Physician Well-Being Committee”) after either a self-referral or a third-party referral has been made. The MSWBC will undertake an initial intake, determine the need for a more formal evaluation, and, if indicated, assist with an appropriate referral. Recommendations of the MSWBC may be taken into consideration when the Medical Executive Committee considers a privileging decision on an impaired individual, but the activities of this committee are not part of any disciplinary process. All efforts will be made to return the LIP or resident physician to safe practice.

PURPOSE AND OBJECTIVES

The **purpose** of the MSWBC is:

- To facilitate rehabilitation by aiding a LIP or Resident Physician in retaining and/or regaining optimal professional functioning, consistent with the protection of patients.
- To offer assistance to the LIP or Resident Physician by creating an environment and consultation mechanism that is conducive to self-referral and rehabilitation when there is a suspicion of impairment.
- To protect patient welfare through various procedures and safeguards, that may include regular monitoring, and, when indicated, informing the RUHS Medical Center's organized medical leadership of the need for further action.

The **objectives** of the MSWBC are:

- Educating the members of the Medical Center to recognize impairment specific to LIP and Resident Physicians and disruptive behavior as defined above.
- Enhancing the safety of RUHS Medical Center patients, medical staff, trainees and non-medical staff employees.
- Providing oversight, and assistance for a potentially impaired LIP or Resident Physician by:
 1. Allowing for self-referral and third-party referral to the Medical Staff Well-Being Committee.
 2. Evaluation of the credibility of a complaint, concern, or allegation of impairment.
 3. Maintaining all deliberations and records of the LIP or Resident Physician seeking referral or referred for assistance, as confidentially as possible except as limited by applicable law, ethical obligation or when the health and safety of a patient is threatened.
 4. Referring the impaired LIP or Resident Physician to the appropriate professional internal or external resource for evaluation, diagnosis and treatment of the condition or concern under the guidance of the Medical Staff Well-Being Committee.
 5. Monitoring the licensed LIP or Resident Physician and the safety of patients until the rehabilitation is complete and periodically thereafter, if required according to a contract established between the LIP or Resident Physician and the Medical Staff Well-Being Committee.
 6. Reporting to the appropriate leadership instances in which a LIP or Resident is reasonably suspected to have provided or be at risk of providing unsafe patient care (according to the current Medical Staff RUHS Bylaws and/or GME Impaired Resident Policy).

PROCEDURE

I. Self-Reporting

A LIP or Resident Physician is encouraged to refer themselves to the Medical Staff Well-Being Committee for assistance. They can either call or e-mail the Chair (or designee) of the Medical Staff Well-Being Committee or the Medical Staff Administration Office (who will then contact the MSWB).

II. Third-Party Referral

If any observer suspects that a LIP or a Resident Physician may be impaired, they can refer in two different ways:

- 1) Complete an anonymous *Report of Observed Behavior Form* and submit it to either the Medical Staff Administration Office (who will then contact the MSWB) and/or the Chair of the Medical Staff Well-Being Committee.
- 2) Call or e-mail either the Chair (or designee) of the Medical Staff Well-Being Committee or the Medical Staff Administration Office (who will then contact the MSWB).

If a LIP or Resident Physician's conduct appears to pose an imminent threat to the safety of self and/or others, the House Supervisor shall be informed immediately and assess the situation. If the House Supervisor suspects that there is an imminent threat to the safety of self and/or others, they shall relieve the LIP or Resident Physician of duty immediately, follow procedures as indicated by current RUHS Medical Center policy guidelines (Medical Staff Bylaws and GME policy), and inform the designated medical leadership (Chief Medical Officer, Chief of Medical Staff, Chair of Department, Program Director, and/or Director of GME). For further details regarding the necessary procedures for impaired LIPs, please refer to the RUHS Medical Center's Medical Staff Bylaws (2019-2020). For further details regarding the necessary procedures for impaired Resident Physicians, please refer to the RUHS Graduate Medical Education Policy for Impaired Residents (2019).

III. Post-Referral

- A. The Chair of the Medical Staff Well-Being Committee or designee will meet privately with the LIP or Resident Physician who is suspected of impairment, and will make a determination regarding the concern.
- B. Upon completion of the preliminary evaluation, the Chair of the Medical Staff Well-Being Committee or designee will make one of the following recommendations:
 - 1) No action required.
 - 2) Formally enroll the LIP and/or the Resident Physician in a monitoring agreement (in accordance with the RUHS Medical Staff Bylaws and/or the RUHS Graduate Medical Education Policy).



Please note that if an imminent threat to the safety of self and/or others is suspected, the MSWBC will refer to the appropriate leadership as indicated in the RUHS Medical Staff Bylaws (2019-2020) and/or the RUHS Graduate Medical Education Policy for Impaired Residents (2019).

For further information regarding Corrective Action (if indicated), please refer to Article VIII of the RUHS Medical Center's Medical Staff Bylaws (2018-1019).

IV. Confidentiality of Committee Records

The Medical Staff Well-Being Committee shall keep such records of its proceedings as it deems advisable. Records regarding individual LIP or Resident Physicians shall be kept strictly confidential and maintained independently from the general records of the committee.

V. Billing

Medical costs related to the evaluation of the LIP or Resident Physician, including but not limited to referrals for Assessment and/or Treatment are the responsibility of the LIP or Resident Physician.

RIVERSIDE UNIVERSITY HEALTH SYSTEM
Graduate Medical Education

	Document No: 117	Page 1 of
Title: Impaired Residents	Effective Date: January 27, 2021	<input type="checkbox"/> RUHS – Behavioral Health <input type="checkbox"/> RUHS – Community Health Centers <input type="checkbox"/> RUHS – Hospital Based Clinics <input type="checkbox"/> RUHS – Medical Center <input type="checkbox"/> RUHS – Public Health <input checked="" type="checkbox"/> Departmental
Approved By:	Daniel Kim, MD Director of Medical Education Roger Garrison, DO Associate Director of Medical Education	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> Guideline

1. INTRODUCTION

- 1.1 It is the policy of Riverside University Health System (RUHS) to identify impaired resident physicians and facilitate treatment and rehabilitation while assuring the safety of patients. The purpose is to aid a resident physician in retaining optimal professional functioning, consistent with protection of patients.

2. PURPOSE

- 2.1 To offer assistance to residents by creating an environment and consultation mechanism that is conducive to self-referral and rehabilitation of residents who may be suffering from a disabling mental or physical condition that poses a threat to the resident or to patient care.
- 2.2 To assure patient safety by establishing a mechanism to identify and refer impaired resident physicians for treatment.

3. DEFINITIONS

- 3.1 **Impaired resident:** A resident or fellow who is suffering from a disabling mental or physical condition that affects their ability to treat patients safely. The impairment may either be emotional or physical or both, and includes but is not limited to, residents under emotional distress, and those under the influence of alcohol or other mood altering medications/drugs.
- 3.2 **Medical Staff Well-Being Committee:** A Medical Staff committee that is supportive of resident physicians and educates resident physicians on the scope of its activities and other resources for assisting impaired physicians. The committee aims to assist referred resident physicians to achieve rehabilitation so that they can continue to practice. The committee serves as an objective, concerned group of the medical staff, maintains confidentiality, and reports in a limited format to the Graduate Medical Education Committee (GMEC) and Medical Staff Executive Committee. It will also ensure patient safety by consulting with the Director of Medical Education, Chief Medical Officer or their designee and medical staff leadership (when applicable) to determine if there is imminent danger to patients.

4. POLICY

- 4.1 When a resident is suspected of impairment, a confidential process will occur that will validate whether or not the resident physician is impaired. If it is

determined that a RUHS resident physician is impaired, Human Resources (HR) will be contacted and such individuals will be referred to the Medical Staff Well-being Committee for evaluation and referral for treatment. If it is determined that a resident from an affiliated program is impaired, the affiliated program's graduate medical education office and program director will be contacted and the affiliated program's protocol for resident impairment will be implemented as directed.

- 4.2** Recommendations of the Medical Staff Well-Being Committee will be taken into consideration when the GMEC considers a decision on an impaired resident. All efforts will be made to enable the resident physician to return to safe practice.
- 4.3** The Medical Staff Well-Being Committee's role:
- a. Educating the residents and other members of RUHS about illness and impairment recognition;
 - b. Enhancing the safety of RUHS patients, medical staff, trainees and employees; and,
 - c. Providing oversight, assistance, and referral to treatment for potentially impaired residents by:
 - Ensuring the reporting of a potentially impaired resident to the appropriate leadership as specified in the procedure below
 - Making an assessment of the credibility of a third party complaint or allegation of impairment
 - Maintaining all deliberations and records as confidentially as possible
 - Referring the impaired resident to the appropriate internal or external resource for diagnosis and treatment when indicated
 - Monitoring the resident's re-integration into active resident status

5. PROCEDURE

5.1 Self-Reporting

- a. When a resident elects to self-report their impairment, they may refer themselves to the Medical Staff Well-Being Committee for assistance.

5.2 Third-Party Reporting

- a. No Imminent Danger to Patients. If a RUHS employee (including residents) or member of the medical staff suspects that a resident may be impaired, but is not thought to be an imminent danger to patients, they should report it to the Director of Graduate Medical Education, Program Director, Chief Medical Officer or their designee, or the House Supervisor. If the impairment is believed to be due to substance use, the reporting individual should complete the Confidential Physician Well Being Committee Referral Form and submit it to the Director of Graduate Medical Education, Program Director, Chief Medical Officer or their designee, or the House Supervisor. The Director of Graduate Medical Education, Program Director or Chief Medical Officer or their designee will investigate and make a determination. The Confidential Physician Well Being Committee Referral Form may be obtained from the House Supervisor's Office.

- b. Potential Imminent Danger to Patients. If an observer suspects that a resident may be practicing in an impaired state, which may reasonably be thought to be an imminent risk to patients, the following procedure will be followed:
- Observer will notify the House Supervisor
 - The House Supervisor will immediately go to assess the situation. If the House Supervisor corroborates the concerns, they will take the following actions:
 - Instruct the resident to immediately cease all clinical activity
 - Complete the Confidential Physician Well Being Committee Referral Form if the impairment is believed to be due to substance use
 - Immediately notify the Program Director or Chair of the department involved AND the Director of Graduate Medical Education, and Chief Medical Officer or their designee
 - Immediately notify the administrator on call
 - The Director of Graduate Medical Education, Program Director, Chief Medical Officer or their designee will come to the unit, meet in a private location with the resident who is suspected of being impaired, and will make a determination regarding the allegation
- c. Upon completion of this preliminary review, the Director of Graduate Medical Education, Chief Medical Officer or designee will make one or more of the following decisions concerning the allegation:
- No action required
 - Refer the resident to the Medical Staff Well-Being Committee
 - Place the resident on administrative leave and contact HR
- d. If the resident is placed on administrative leave:
- The resident will be requested to sign a consent form for obtaining a sample of blood/urine. During regular business hours, the Director of Graduate Medical Education, Chief Medical Officer, Program Director or their designee will contact Employee Relations at 951-955-9397 or 951-955-6694 to confirm which drug testing facility will be used. After normal business hours, the Safety Office at 951-955-3520 should be contacted.
 - Failure to give consent for this testing may be grounds for separation from the residency program.
 - The same day or next business day, if after hours, after initiation of administrative leave, the resident will be referred to the Medical Staff Well-Being Committee, which will be requested to make a recommendation within 3 business days.
- e. If the resident is referred to the Medical Staff Well-Being Committee without being placed on administrative leave, the Committee will make a recommendation within 10 business days. The Committee, in consultation with the Program Director and Department Chair, may seek formal psychiatric or substance abuse consultation in order to assist them with their determination.
- f. The Chair of the Medical Staff Well-Being Committee or their designee will meet, within the timeframes specified above, with the Chief Medical Officer or designee, the Director of Graduate Medical Education or designee, a representative from the involved department and a non-medical representative from administration. In reviewing the facts this group will determine if:
- No further action is required

- Further investigation needed but the resident can continue to take care of patients
 - The resident should continue to be on administrative leave for additional time to allow further investigation
- g. If further investigation is recommended, the GMEC and the Medical Executive Committee will make the final determination of when the resident may return to clinical activity

6. REFERENCES

- 6.1 ACGME Common Program, Institutional & RRC Program Requirements
- 6.2 AOA Basic Standards for Postgraduate Training & Specialty College Standards
- 6.3 BOS Policy C-10, Alcohol and Drug Abuse Policy
- 6.4 RUHS Personnel Conduct Policy 400.4

Document History:			
Prior Release Dates: (2/22/2012)		Retire Date: NA	
Document Owner: GME / GMEC		Replaces Policy: NA	
Date Reviewed	Reviewed By:	Revisions Made Y/N	Revision Description
11/25/2020	GME	Y	Minor word changes, descriptions added and formatting

**RIVERSIDE UNIVERSITY HEALTH SYSTEM
DEPARTMENT OF MEDICAL STAFF ADMINISTRATION**

		Page 1	of 6
Subject: Practitioner's Re-Entry Plan Policy & Procedure (Medical Staff)	First Issued: 8/8/2013	Policy No: 651	
	Revised Date: January 2015 January 2019	Supersedes:	
Departments Consulted: Medical Staff Administration Compliance Department Credentials Committee Medical Executive Committee	Reviewed & Approved by: <hr/> Arnold Tabuenca, M.D. Chief Medical Officer		

I. PURPOSE / BACKGROUND

An increasing number of physicians and other licensed independent practitioners ("practitioners") face the challenge of obtaining staff membership and privileges after extended absences from the practice of clinical medicine. By example, such practitioners may be away from clinical practice for the following reasons:

- To start a family
- Due to personal illness
- To care for an ill family member
- Have been previously retired and now wish to re-enter practice
- To engage in an extended period of medical research
- To carry out medical-administrative functions
- To participate in medical missions outside the USA

Riverside University Health System offers a Practitioner Re-Entry Plan ("PRP") to support a safe return to clinical practice by those practitioners who meet the qualifications for membership on the Riverside University Health System Medical Staff but who have been clinically inactive for a period of one (1) year or more.

II. POLICY

- A. Riverside University Health System recognizes the importance of retaining highly qualified practitioners and supports the design and implementation of a Practitioner Re-Entry Plan ("PRP") to promote a successful return to clinical practice.
- B. Appointments are conditional upon timely completion and satisfactory performance of the conditions of the PRP. The PRP is part of the Medical Staff's peer review and quality improvement process. The proctor and his/her covering designee are entitled to all of the immunities and protections from liability afforded to individuals who participate in the PRP.
- C. **The design and duration of the PRP, and the number of cases to be reviewed and/or proctored, will be as recommended by the Department Chair/Division Chief and subject to approval by the Credentials Committee.**

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DEPARTMENT OF MEDICAL STAFF ADMINISTRATION**

- D. The PRP process is to be completed within twelve (12) months of the date that the privileges are granted. The Credentials Committee may extend this time for good cause **at the recommendation of the Department Chair.**
- E. Successful completion of the PRP requires the re-entering practitioner to have documentation of completion of the required number of cases within the accepted standard of care. See Medical Staff Bylaws, Completion of Proctoring.
- F. Results of failure of the re-entering practitioner to comply with the terms of the PRP:
1. A failure to have reviewed the required number of cases and/or proctored within the 12-month time frame will be deemed a voluntary withdrawal of staff membership and privileges. The MEC, for good cause may grant a time-limited extension. The re-entering practitioner's inability to obtain such an extension does not give rise to procedural rights as described in Article 9 of the Medical Staff Bylaws.
 2. A failure of the re-entering practitioner to satisfactorily perform the requirements of the PRP (including required proctoring)
 3. If the denial is for a "medical disciplinary cause or reason", the re-entering practitioner will be afforded hearing rights under Article 9 of the Medical Staff Bylaws.
- G. Eligibility for Participation in the RUHS-MC Re-Entry Plan (PR):
In order to participate in the PRP, a re-entering practitioner must:
1. Be an existing RUHS-MC Medical Staff Member in good standing or, if a new Applicant, satisfy all credentialing requirements for appointment to the Provisional category of the RUHS-MC Medical Staff; and:
 2. Agree to abide by, the *Practitioner Acknowledgement of Responsibilities – Exhibit 1.0*
 3. Obtain a proctor/mentor who is currently, and will remain, a member in good standing of the Active Medical Staff during the term of the PRP, this proctor/mentor must meet the following criteria:
 - a. Have demonstrable clinical competence in his/her field of the practitioner seeking reentry.
 - b. Be approved by the Department Chair/Division as a proctor/mentor;
 - c. Have all privileges to be exercised by the practitioner.
 - d. Have had no disciplinary action imposed by the MEC as per the Medical Staff Bylaws during the twelve (12) months preceding the initiation of the PRP term;
 - e. Be willing to participate in the PRP and sign-off on all duties prescribed under the *Proctor Acknowledgement - Exhibit 2.*
 - f. **How often does the proctor/mentor need to report progress to the department chair/division chief? Or no need until proctoring completed?**

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H. Leave of Absence-Existing RUHS-MC Medical Staff/AHP Member – More Than Twelve (12) Months:

1. All existing RUHS-MC Medical Staff/AHP Members returning from a leave of absence must follow the Medical Staff Bylaws requirements and relevant Medical Staff policies.
2. The PRP will, if deemed appropriate by the Department Chair or Division Chief, include a Focused Professional Practice Evaluation (FPPE), to evaluate medical knowledge, decision-making, and clinical skills of the re-entering practitioner. The Department Chair or Division Chief will also determine if direct proctoring will be required. Recommendations of the approved mentor/proctor are to be shared with the Department Chair/Division Chief, the Credentials Committee.
3. An existing RUHS-MC Medical Staff Member returning to work following a leave of absence **due to medical illness or accident** must provide documentation to the MEC that a thorough fitness to work assessment (tailored to the type of illness or injury which addresses current cognitive capabilities, physical factors such as endurance and fatigue, emotional status and capacity to practice with or without accommodation) has been performed by a qualified and appropriate physician. The practitioner will provide a signed medical "return to work" clearance from said physician.
4. At the discretion of the Department Chair/Division Chief, a re-entering practitioner may be referred to the Physician Well Being Committee (PWBC) for evaluation and/or monitoring.

I. Practitioner's Re-entering as New Applicants to the RUHS-MC Medical Staff With No Clinical Practice For More Than One (1) Year But Three (3) Years or Less:

1. All new applicants to the Provisional category of the RUHS-MC Medical Staff; must meet the basic qualifications for membership.
2. Documentation to the completion of fifty (50) hours of Credit I Continuing Medical Education within the last twenty-four (24) months. At least twenty-five (25) of those hours must have been completed within the last twelve (12) months. The documentation of this CME must be provided to the RUHS-MC Medical Staff Services Department.
3. At the discretion of the Department Chair/Division Chief, the PRP may require the re-entering practitioner to complete a training program outside RUHS-MC **approved by Department Chair/Division Chief** in order to adequately demonstrate his/her current skill set; tuition and/or fees are the responsibility of the practitioner seeking re-entry. In addition, or in lieu thereof, the Department Chair/Division Chief may require the re-entering practitioner to participate in a Focused Professional Practice Evaluation (FPPE) at RUHS-MC to evaluate his/her medical knowledge, decision-making, and clinical skills. The Department Chair/Division Chief will also decide if proctoring to be imposed. Recommendations of the approved mentor/proctor will be shared with the Department Chair (and, as appropriate the Division Chief), the Credentials Committee.

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4. At the discretion of the Department Chair/Division Chief, a re-entering practitioner may be referred to the Physician Well Being Committee (PWBC) for evaluation and/or monitoring.

J. Practitioner's Re-entering as New Applicants to the RUHS-MC Medical Staff With no Clinical Practice for Three (3) Years or More:

1. All new applicants to the Provisional category of the RUHS-MC Medical Staff; must meet the basic qualifications for membership.
2. Documentation to evidence completion of fifty (50) hours of Credit I Continuing Medical Education within the last twenty-four (24) months, with at least twenty-five (25) of those hours within the last twelve (12) months, must be provided to the RUHS-MC Medical Staff Services Department.
3. For a practitioner who has been clinically inactive more than 3 years and fit the re-entry criteria, the chair may require that with his/her application for appointment that documentation of completion of a formal re-entry program approved by **Department Chair/Division Chief and** Credentials Committee. This documentation must address the practitioner's current medical knowledge, clinical reasoning, conceptualization, communication skills and ability to work with others. Tuition and/or other fees associated with the outside re-entry program are the responsibility of the practitioner seeking a return to clinical practice. If in the judgment of the chair that a formal program is not necessary for the scope of practice, the chair may request from the Credentials Committee approval to recommend additional Focused Professional Practice Evaluation (FPPE) for privileging purposes.
- ~~4. The Department Chair/or Division Chief will determine if a Focused Professional Practice Evaluation (FPPE), and proctoring will be required.~~
5. **At the discretion of the Department Chair/Division Chief, a re-entering practitioner may be referred to the Physician Well Being Committee (PWBC) for evaluation and/or monitoring.**

K. Ongoing Professional Practice Evaluation (OPPE)/Proctoring:

1. Proctoring will begin within the first one hundred twenty (120) days when privileges are initially granted, whether at the time of initial appointment, additional privileges, or the granting of temporary privileges (Bylaws Section 3.8-3 and RUHS-MC OPPE/FPPE Policy & Procedure).
2. A minimum of 25% of proctoring cases will include Concurrent Proctoring: Direct observation of the procedure being performed, or medical management either through observation of the practitioner's interactions with the patient and staff, or review of clinical history and physical and treatment orders during the patient's hospital stay or clinic visit.
3. At the conclusion of proctoring, the department chair shall provide a summary report to the Credentials Committee documenting a sufficient number of varied cases have been done at RUHS-MC to properly evaluate the clinical privileges requested.

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4. If there are insufficient cases or no patient care to properly evaluate the clinical privileges requested, the period of proctoring will be extended at the discretion of the Department Chair.

References:

RUHS-MC Medical Staff Bylaws & Rules and Regulations
RUHS-MC OPPE/FPPE Policy & Procedure

**RIVERSIDE UNIVERSITY HEALTH SYSTEM
DEPARTMENT OF MEDICAL STAFF ADMINISTRATION**

**EXHIBIT I
RIVERSIDE UNIVERSITY HEALTH SYSTEM
PRACTITIONER RE-ENTRY PLAN
ACKNOWLEDGMENT BY THE RE-ENTERING PRACTITIONER**

I, _____ (Please Print Full Name), seek a return to clinical practice and acknowledge that, in order to do so, I must comply with all of the requirements of the RUHS-MC Practitioner Re-Entry Plan ("PRP"), as follows:

As a re-entering practitioner, I agree to comply with all of the following responsibilities :

- A. To be bound by the terms of the RUHS-MC Medical Staff Re-Entry Plan Policy;
- B. To secure, with assistance from my Department Chair/Division Chief, a qualified proctor/mentor;
- C. To continuously participate in the PRP for the length of time established by my Department Chair/Division Chief;
- D. To consistently maintain contact with my proctor/mentor (or covering designee) while I am involved in patient care activities at the Riverside University Health System Medical Center;
- E. To provide full cooperation to my proctor/mentor and to follow his/her guidance and instructions;
- F. To comply with all requirements of the PRP, including full completion of the required volume of cases to be proctored;
- G. To accept and to abide by the decision to extend the duration of my participation in the PRP in order to fully assess my performance, if such an extension is deemed required by my proctor/mentor, Department Chair, Division Chief, the RUHS-MC Credentials Committee or the RUHS-MC PPE Committee;
- H. To provide safe, quality care for patients;
- I. To cease patient care activities should my proctor/mentor withdraw from the PRP until such time as a replacement proctor/mentor is approved by my Department Chair / Division Chief. I acknowledge that cessation of my practice under these circumstances is not a suspension of clinical privileges for medical disciplinary cause or reason; therefore, no hearing rights shall be afforded to me under Article 9 of the Medical Staff Bylaws.
- J. To resign from the Riverside University Health System Medical Center if a replacement proctor cannot be found within sixty (60) days after departure of my assigned proctor/mentor. I understand that I may re-apply for membership per Medical Staff Bylaws, Article 6 of the Medical Staff Bylaws;

I further acknowledge and agree that the PRP is a part of the Medical Staff's peer review and quality improvement process. My proctor/mentor (and any covering-designee) is entitled to all of the immunities and protections from liability afforded to individuals who participate in this process.

Signature: _____ Date: _____

(Stamped signature is not acceptable)

**RIVERSIDE UNIVERSITY HEALTH SYSTEM
DEPARTMENT OF MEDICAL STAFF ADMINISTRATION**

**EXHIBIT 2
RIVERSIDE UNIVERSITY HEALTH SYSTEM
PRACTITIONER RE-ENTRY PLAN
ACKNOWLEDGMENT BY THE PROCTOR/MENTOR**

I agree to serve as a proctor/mentor for _____ (Print Name) who is seeking a return to clinical practice. I agree to comply with all of the following responsibilities during the entire duration of the RUHS-MC Re-Entry plan ("PRP"):

1. Once the re-entering practitioner has submitted all mandatory documentation required for evaluation and/or credentialing (e.g., request for reinstatement from leave of absence, application for appointment or reappointment) to the RUHS-MC, Medical Staff Services Department, I will provide a letter to RUHS-MC, Medical Staff Credentials Committee with the following information:
 - A. My acceptance of the responsibility to serve as proctor/mentor for the entire period of time the practitioner is in the PRP unless and until an acceptable replacement is found.
 - B. My agreement to evaluate the performance of all privileges to be exercised by the practitioner and to personally observe all patients under the practitioner's care as required on a continuing basis.
 - C. My assurance to provide evaluation of the practitioner's performance to the appropriate Department Chair/Division Chief at least once a month during the PRP term.
2. If the practitioner-applicant is approved for invasive and diagnostic procedures, I agree to be physically present at all times when the practitioner applicant is performing these procedures until proctoring requirements are satisfied.
3. I will review and co-sign **all** orders written by the practitioner.
4. I will immediately communicate all concerns regarding the practitioner's performance to the appropriate Department Chair/Division Chief.
5. If I will be away from Riverside University Health System Medical Center, I agree to designate another Active Staff member who possesses the same privileges as the re-entering practitioner. To cover for a defined and agreed upon period of time who shall be responsible to report on the practitioner's activities. The name of the covering designee will be timely communicated in writing to the RUHS-MC Medical Staff Services Department and approved by the Department Chair/Division Chief.

I further acknowledge and agree that the PRP is a part of the Medical Staff's peer review and quality improvement process. As a proctor/mentor, I and any designated covering proctor-mentor am entitled to all of the immunities and protections from liability to individuals who participate in this process.

Print Name: _____ Print Department/Division: _____

Signature: _____ Date: _____
(Stamped signature is not acceptable)

(if the assigned proctor will be away, will the alternate/designated proctor need to sign one of these acknowledgment forms before he can be proctor?)

**RIVERSIDE UNIVERSITY HEALTH SYSTEM
DEPARTMENT OF MEDICAL STAFF ADMINISTRATION**

State of California Title 22; Organized Medical Staff 70703 (d)
The Joint Commission: Hospitals; Medical Staff MS.01.01.01
California Evidence Code 1157
California Business and Professional Code 805

Attachments:

Exhibit 1 – Practitioner Re-Entry Plan Acknowledgement by the Re-Entering Practitioner
Exhibit 2 – Practitioner Re-Entry Plan Acknowledgement by the Proctor/Mentor



**Riverside University Health System Medical Center
MEDICAL STAFF ORGANIZATION**

		Page 1 of 7
Subject: SCOPE OF SERVICES – MEDICAL STAFF ADMINISTRATION	Issued: Revised: Effective Date:	Medical Staff
Department Consulted: Medical Staff Administration	Reviewed & Approved by: Medical Executive Committee	

I. Scope

The Medical Staff Administration (MSA) Department of Riverside University Health System (RUHS) provides credentialing and privileging services to the Medical Staff and Allied Health Professional (AHP) staff in a professional and timely manner. [The MSA Staff serve as content experts for all things related to the Organized Medical Staff, Regulatory Compliance, Survey Readiness, Bylaws, and Medical Staff Policies & Procedures.](#)

Services include all clinical sites within Riverside University Health System.

Confidentiality of protected information related to clinicians, patients and the organization is strictly maintained.

II. Days/Hours of Operation

The Medical Staff Administration Department provides services during the hours of 7:30 a.m. to 5:00 p.m., Monday through Friday. Staff also provide clerical, administrative and professional support for Medical staff meetings and events.

III. Customers Served

Services are provided to the Chief Medical Officer, the Medical Staff and Allied Health Staff at RUHS, and employees of RUHS.

IV. Staffing

Medical Staff Administration staffing includes:

- Medical Staff Coordinator positions which provide support in Credentialing/Privileging, FPPE/OPPE, and/or Provider Enrollment services for the following facilities:
 - i. RUHS Medical Center (RUHS-MC)
 - ii. Community Health Center (CHC)
 - iii. Behavioral Health (BH)

- iv. Detention Health (DH)
- v. Public Health (PH)

- Secretary II position for Medical Staff Administration Department
- Secretary I positions for each of the following Clinical Departments – providing support to Department Chairs/staff physicians
 - i. Anesthesia
 - ii. Emergency Medicine
 - iii. Medicine and Divisions
 - iv. Neurological Services
 - v. Obstetrics and Gynecology
 - vi. Ophthalmology
 - vii. Orthopaedic Surgery
 - viii. Pediatrics and Divisions
 - ix. Surgery and Divisions
- Office Assistants III positions for each of the following Clinical Departments – providing support to Department Chairs/physicians and Department Secretary
 - i. Medicine and Divisions
 - ii. Pediatrics and Divisions
 - iii. Surgery and Divisions
- Director, Medical Staff Administration Department

There are few staffing variances for the Medical Staff Administration Department, with the exception of vacations and holidays.

- Secretary I positions and Office Assistant position also exist, under oversight of other RUHS Departments, for the support of Department Chairs/physicians of the following clinical departments;
 - i. Family Medicine
 - ii. Pathology
 - iii. Psychiatry
 - iv. Radiology

V. Qualifications of Staff

Job descriptions outline the physical demands, required license(s) and certification(s) and working conditions for each category of jobs in the Medical Staff Administration Department. All employees are required to complete and maintain hospital-wide required competencies as indicated by hospital policy, and to maintain certifications as applicable.

VI. Standards of Practice

Medical Staff Administration employees demonstrate professional conduct which reflects the values, principles, and standards of RUHS Mission and Vision, as well as meeting all Behavioral Expectations of RUHS employees.



Medical Staff Administration employees shall NOT disclose confidential medical staff or peer review information per Medical Staff Bylaws, Confidentiality of Staff Records and as per the protection of medical staff records under Section 1157.

VII. Department Goals

The Medical Staff Administration Department will aid in advancing RUHS as a leader among high quality providers. The department will assist the medical staff, administrative leaders, and hospital staff with a personalized, compassionate approach to patient care needs.

The Medical Staff Administration Department will support RUHS with dedication, honesty, integrity, respect, and collaboration. The Department will adhere to the highest standards in relationships with patients, co-workers, community, Medical and Allied Health Staff, to be deserving of their support and trust. The Department will work as an educated, informed, competent, and unified team in a workplace characterized by creativity and growth.

VIII. Performance Improvement

Performance improvement activities are to enhance existing processes and outcomes and continue to improve. Performance improvement activities at RUHS are consist with the commitment of the hospital to provide the highest quality, comprehensive care to the community served. Improving quality of care is accomplished by identifying those issues that are high risk, high volume, problem prone, and high cost related to the care and services provided. Performance monitoring and improvement activity processes are prioritized and based on aggregated and analyzed data. Outcomes are consistently evaluated to determine effectiveness and provide feedback for improving care. Hospital wide indicators that may involve individual departments are developed annually and assigned to the appropriate departments for data gathering and monitoring. (Refer to Professional Practice Evaluation Program document)



**DEPARTMENT OF
OBSTETRICS & GYNECOLOGY**

**RULES
AND
REGULATIONS**

2020

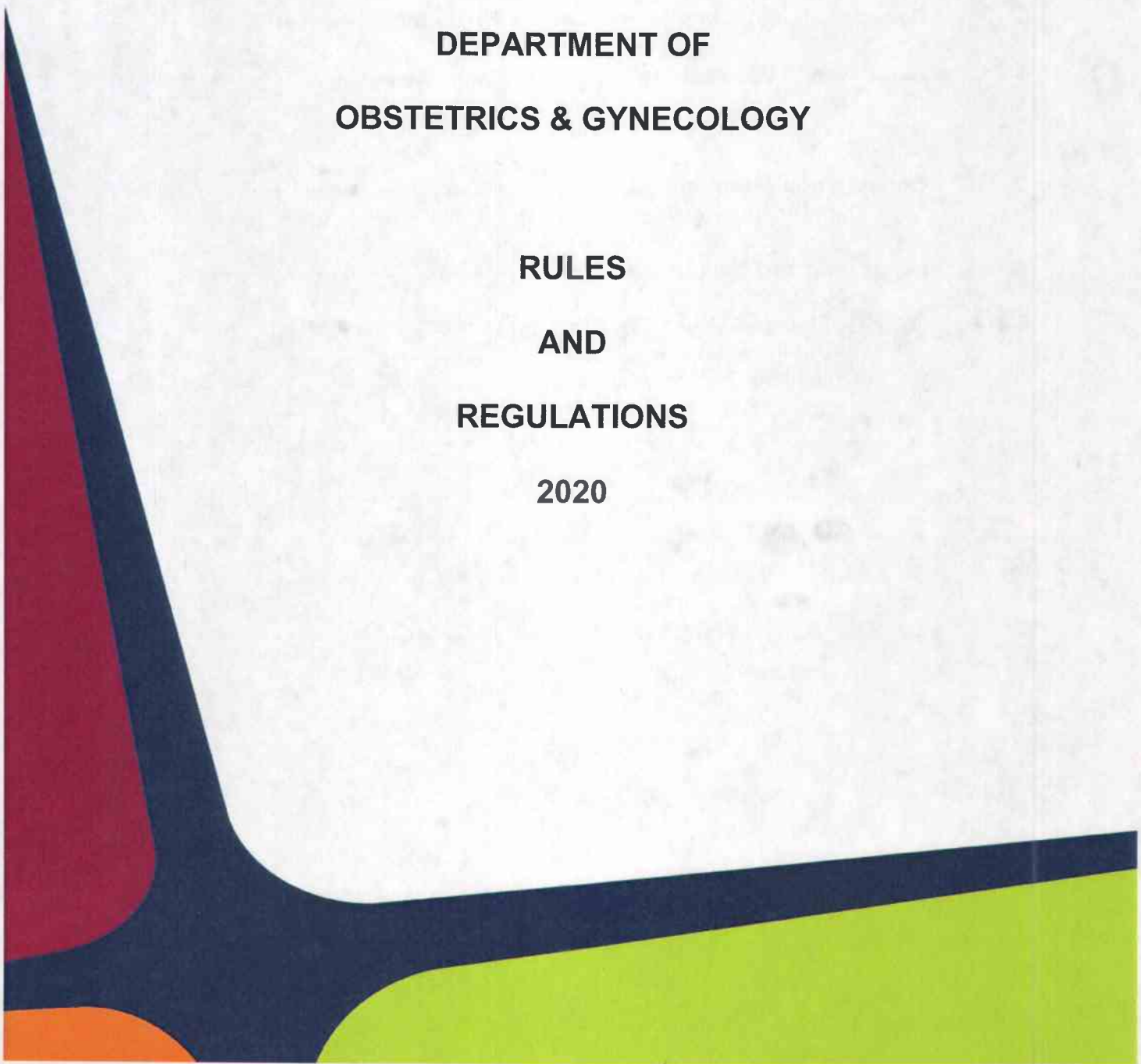


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Forward

In accordance with the Medical Staff Bylaws, Article XV, Section 15.1-2, each department of the medical staff formulates rules and regulations for the conduct of its affairs and for the supervision of house staff. Department rules and regulations must be consistent with the Medical Staff Bylaws, the General Rules and Regulations of the Medical Staff, and Riverside University Health System Medical Center (RUHS-MC) policies. In accordance with bylaws section 15.1-2, the departmental rules and regulations will be reviewed and amended periodically. Information included about department functions, etc., is not repeated in this document. However, references to Medical Staff Bylaws are made when appropriate.

The Physician Reference Manual provides additional information that applies to all members of the medical staff. Information contained in the Physician Reference Manual is not included in this document, but this document may reference that manual. The Physician Reference Manual and other medical staff manuals and policies are posted on the RUHS-MC Intranet:

<https://rivcoca.sharepoint.com/sites/ruhs/Pages/default.aspx>

This document was reviewed as follows:

Chair, Obstetrics & Gynecology

Date

Chair, Medical Executive Committee

Date

Director/CEO, RUHS Medical Center

Date

SECTION 1: NAME AND SCOPE OF SERVICES

The name of the department is the **Department of Obstetrics & Gynecology**.

The Department of Obstetrics and Gynecology is dedicated to quality medical care for each patient regardless of race, national origin, or ability to pay. The transcendent objective of our Obstetrical Service is that each pregnancy is wanted and that it culminates in a healthy mother and healthy baby. The aim of the Gynecological Service is to provide modern and quality medical care to patients with diseases of the reproductive tract in the non-pregnant state.

Obstetrics services that are provided at RUHS-MC include low-risk and high-risk obstetrics, substance abuse, prenatal diagnostics, and all aspects of maternal-fetal medicine.

Gynecology services that are provided at RUHS-MC include the diagnosis and treatment of diseases pertaining to the reproductive organs in the non-pregnant woman including the areas of endocrinology, infertility, family planning, gynecologic oncology and urogynecology. Both inpatient and outpatient care are provided by an Ob/Gyn specialist and/or subspecialist.

Obstetrics and Gynecology residents, family medicine residents, medical students, physician assistant students and nursing practitioner students may rotate on the Ob/Gyn service as part of their training. These personnel are from programs with signed affiliation agreements with RUHS-MC.

Obstetric services are also provided by allied health professionals (AHPs) who are subject to the same department rules (proctoring, privileges, peer review, etc.) as physicians. AHPs also provide services in the outpatient clinics. Expanded practice protocols for AHPs are developed by the Department of Obstetrics and Gynecology in cooperation with the Interdisciplinary Practice Committee.

SECTION 2: ORGANIZATION OF THE DEPARTMENT

The Medical Staff Bylaws of RUHS-MC provide details related to the qualifications, selection, term of office, removal and duties of the department chair (see Article XI, Section 11.3) and department vice chair (see Article XI, Section 11.4).

The department chair who is appointed by RUHS-MC, is contracted by RUHS-MC, reports to the medical director, and works cooperatively with the department vice chair.

The department vice chair shall be elected by the department members who are eligible to vote for general officers of the medical staff with the concurrence of hospital administration and the Medical Executive Committee. The election of the vice chair shall occur at the departmental meeting and only active staff members of the department may vote.

The Medical Staff Bylaws, Rules and Regulations is posted on the RUHS-MC Intranet.

<https://rivcoca.sharepoint.com/sites/ruhs/Pages/default.aspx>

SECTION 3: DEPARTMENT MEMBERSHIP AND CLINICAL PRIVILEGES

All attending physicians with clinical privileges in Obstetrics or Gynecology are considered members of the Department of Obstetrics and Gynecology.

There must be **geographic proximity** to the medical center for on-call availability. Community Ob/Gyn physicians must be available within a 30-minute response time for coverage of their own patients. There is one attending scheduled in-house for 24-hour coverage.

Family Medicine Physicians who seek low-risk obstetric privileges and to perform uncomplicated deliveries must have these privileges approved by the chair/designee of the Department of Obstetrics and Gynecology in conjunction with the Family Medicine Department chair/designee.

Criteria for Clinical Privileges are developed by the department and are recommended by the department chair to the Credentials Committee and Medical Executive Committee and approved by the Governing Board. Criteria for granting of clinical privileges are incorporated into the delineation of clinical privileges for obstetrics and gynecology.

Proctoring is carried out for providers who are newly appointed to the department, as well as for providers who request additional clinical privileges. The purpose of proctoring is to evaluate the provider's proficiency in the exercise of clinical privileges initially granted or subsequently granted (i.e., request for additional privileges). The Medical Staff Bylaws define some requirements related to proctoring, refer to:

- Article III, Section 3.8 through 3.8-3
- Article IV, Sections 4.3-4 and 4.3-5

Performance on an appropriate number of cases as established by the department, and reflected on clinical privilege sheets, shall be observed by the Chair of the department, or Chair's designee, during period of proctoring specified in the Department Rules and Regulations, to determine suitability to continue to exercise the clinical privileges granted in the department. The Department goal is to have proctoring requirements completed within six months of appointment when possible, however, proctoring requirements must be completed to be eligible for reappointment.

Per Joint Commission, supplemental proctoring data may be used from another CMS certified organization where the practitioner holds the same privileges. The use of supplemental data may NOT be used in lieu of a process to capture local data. Organizations choosing to use supplemental data (reciprocal) should assess and determine the supplemental's data relevance, timeliness and accuracy. 50% of cases performed during the past two years may be accepted as supplemental proctoring from another facility using an Active staff member at RUHS-MC as the proctor and completing the RUHS-MC proctoring forms.

The proctor must be an active member of the Department of Obstetrics and Gynecology. The Focused Professional Practice Evaluation (FPPE) Policy for information regarding completion of provisional status, compilation of proctoring reports, reciprocal proctoring, etc. This policy is available from the Medical Staff Administration Department and is also electronically posted on the RUHS-MC Intranet.

SECTION 4: ALLIED HEALTH PROFESSIONALS

Allied Health Professionals (AHPs) provide patient care services in the Department of Obstetrics & Gynecology. The AHPs are credentialed via the Interdisciplinary Practice Committee. Members of the department must be privileged to supervise AHPs.

Expanded practice protocols for AHPs are developed by the Department of Obstetrics and Gynecology in cooperation with the Interdisciplinary Practice Committee. See Medical Staff Bylaws, Article V, *Allied Health Professionals*, for general information regarding AHPs.

SECTION 5: DEPARTMENT MEETINGS AND EDUCATION

There are no standing committees in the Department of Obstetrics and Gynecology. The department functions as a committee of the whole. Ad-hoc committees may be appointed by the department chair as necessary.

Functions of departments of Riverside University Health System Medical Center (RUHS-MC) are defined in the Medical Staff Bylaws, Article X, Section 10.4.

Scheduled meetings of the Department of Obstetrics and Gynecology are held at least quarterly as announced and scheduled by the department chair. Agendas and minutes are prepared in conformance with approved medical staff policies and procedures. Policies and procedures related to medical staff meetings are available from the Medical Staff Administration Department.

Quorum requirements for department meetings are the number of Active staff members present at the meeting as stated in the Medical Staff Bylaws, Article XIII, Section 13.4-1. Business may be conducted only when a quorum is present. Only matters indicated on the agenda shall be discussed or considered.

All department members are encouraged to attend all general Obstetrics and Gynecology meetings. The conferences at RUHS-MC are designed to help further this educational program.

The policy of the Department of Obstetrics and Gynecology is to encourage continuing education of all staff and will facilitate in any way possible.

SECTION 6: CONSULTATION REQUIREMENTS

Consultation requirements are individualized to each practitioner at the time of appointment and reappointment. See privilege delineation form for each practitioner for specific consultation requirements.

- A. Routine or emergency consultation may be indicated in (but not limited to) the following situations:
1. The patient is not a good risk for operation or treatment.
 2. The diagnosis is obscure after diagnostic procedures have been completed.
 3. There is doubt as to the choice of therapeutic procedure to be utilized.
 4. The situation requires the specific skills of other practitioners.
 5. When requested by the patient or his/her family.
- B. The vice chair or chair of the OB/GYN Department (or division chair) has the responsibility to determine the need for consultation when questions about a diagnosis, the appropriateness of the procedure, or the complexity of a serious illness are brought to their attention.

Riverside University Health System – Medical Center ROUTINELY REQUESTED CONSULTATIONS

Reference: The Joint Commission Standard MS.03.01.03 – *“The organized medical staff, through its designated mechanism, determines the circumstances under which consultation or management by a physician or other licensed independent practitioner is required. Consultation is obtained for the circumstances defined by the organized medical staff.”*

Note: Clinical departments are indicating when a consultation should be obtained if a patient is admitted to another service with the following conditions:

- 1) **MEDICINE** consultation for any patient with acute coronary syndrome or acute renal failure requiring hemodialysis.
- 2) **CLINICAL NEUROLOGICAL SERVICES** consultation for any patient with subarachnoid hemorrhage.
- 3) **OB/GYN or FAMILY MEDICINE** physician with obstetric privileges consultation whenever a pregnant patient is admitted to another service. **OB/GYN** consultation when the patient's condition may adversely affect the woman's reproductive organs.
- 4) **ORTHOPEDICS** consultation for any patient with an open fracture.
- 5) **OPHTHALMOLOGY** consultation whenever a patient has sudden, unexplained, severe loss of vision or for all premature infants ≤ 1500 gm birth weight.
- 6) **PEDIATRICS** consultation for any patient ≤ 14 years with chronic underlying medical conditions with the exception of family medicine physicians who have pediatric clinical privileges.

- 7) **PSYCHIATRY** consultation for any patient that is admitted with a legal hold such as WIC 5150, 5585, 5250, 5260, 5300, LPS conservatorship, or whenever a patient is admitted to another service for a suspected suicide attempt.
- 8) **GENERAL SURGERY** consultation for any patient with an acute bowel obstruction or gastrointestinal bleeding requiring transfusion.

This does not apply and is not exclusive to the following services:

- Emergency Medicine
- Family Medicine
- Neonatal ICU
- Pathology
- Radiology

This list is not meant to be comprehensive. It is meant to provide guidelines for the appropriate coordination of patient care. As with most guidelines, all possible circumstances cannot be anticipated and attending physicians will have to individualize patient care. Under certain circumstances the need for consultation may be obviated (for example, a DNR patient who only desires comfort care).

MEC: Revised 6/08/06; 1/15/09, 12/2020

SECTION 7: MONITORING AND EVALUATION

The *Professional Practice Evaluation Program (PPEP)* describes the hospital-wide process and “mechanism for members of the medical staff organization to take an active role in activities that measure and assess the ongoing performance of individuals who are granted clinical privileges and to use the results of such assessments to improve care.”

The PPEP also contains information on the following:

- Roles and responsibilities of departments, committees and individuals involved in the peer review process
- Review process (OPPE and FPPE)
- Case review
- Peer review indicators
- Peer review form
- Timeframes
- Reports
- External peer review

The PPEP is available in the Medical Staff Administration Department and is also electronically posted on the RUHS-MC Intranet.

CONTINUOUS QUALITY IMPROVEMENT (CQI) PLAN

- A. The Ob/Gyn Department is committed to a process of continuing quality improvement through a process of identifying potential problems, evaluating for opportunities for improvement, then re-evaluating to document that improvement has occurred.
- B. Continuous quality improvement activities of the department can be grouped into two areas.
1. **Peer Review** – cases for peer review are obtained from the following sources:
 - a) The department's ongoing review of provider's cases for appropriateness of care as well as documentation in the medical record.
 - b) Cases identified from a number of potential sources that there is concern for the quality of care are also reviewed on an ongoing basis. Any department member or any hospital or clinic staff individual may refer these cases for review, including the QM department. Certain clinical indicators have also been set up to detect potential problem cases. These indicators may change from time to time, as the medical staff organization determines the need for review. Each physician (attending & resident) and AHP is assigned a hospital number for peer review purposes.
 - c) When a case is assigned to the peer review process, both the attending and resident involved are recorded on the peer review sheet by their physician number. If possible, the peer review will initially be done by a member of the medical staff that was not directly involved in the management of that particular patient. The chart and any other appropriate documentation will be reviewed and the impression of the reviewer recorded on the peer review form.
 - d) If the initial peer review indicates that there is an opportunity for improvement or unacceptable medical care, the case will be brought to the department meeting for discussion. The attending physician involved will be invited to be present. Any further information that might be pertinent in the evaluation of the case may be discussed at that time.

The validation of the appropriate level of care will be assigned at the department meeting. If the department as a whole agrees that there is opportunity for improvement or unacceptable level of medical care, appropriate recommendations will be recorded in the department minutes.

- e) The completed peer review form will be forwarded to the QM department. A provider's profile will be reviewed semiannually by the department. At the time of reappointment, the Ob/Gyn chair/designee shall consider the provider's profile data when making a recommendation for reappointment to the medical staff.
- f) The monthly Ob/Gyn Department minutes will include ongoing reports of performance improvement activities as well as peer review activities. This will facilitate communication to the Medical Executive Committee.

2. Quality Improvement Studies

- a) From time to time, the Ob/Gyn Department in conjunction with the QM department will engage in performance improvement activities. These activities are designed to improve the overall quality of care. Priority in such activities will be given to those activities that are high volume, high risk, or problem prone. The basic format of such activities will include an initial assessment of the area for investigation. Any data indicating a potential need for improvement will be identified as a baseline at the department business meeting. At that time, the department members will make recommendations for improvement in the indicated area and plans made for implementation. Continued reassessment of the necessary indicators will continue and reported at the department meeting until improvement has been documented.

Note: Particular attention will be paid during the assessment of the chosen indicators for areas where system improvement can be undertaken; also, to those areas where coordination with other medical staff or other hospital departments may improve outcome.

QI Studies

The following ongoing quality improvement studies are being conducted by the Obstetrics and Gynecology Department.

1. Surgical Care Improvement Project (SCIP)
2. Perinatal Core Measures (PCM)
3. Shoulder Dystocia among vaginal births
4. Brachial plexus injury
5. Newborn injuries during birthing process
6. Obstetrical hemorrhage management
7. Neonatal sepsis

SECTION 8: PATIENT CARE AND OTHER DEPARTMENT POLICIES

I. ADMISSIONS

A. OBSTETRICAL ADMISSIONS

Patients will be admitted to the Obstetrical Service when the patient is in labor, a suspected obstetrical problem is present, or the patient requires an inpatient level of care. Admission may include MOP if a period of observation is needed to determine if the hospital admission is warranted. Pregnant patients with medical or surgical problems will be followed jointly by Ob/Gyn and the appropriate other service.

B. GYNECOLOGICAL ADMISSIONS

Patients will be admitted to the Gynecology Service when a suspected gynecological problem is present or the patient requires an inpatient level of care. This will include patients with both surgical and non-surgical presenting problems.

C. ALL OBSTETRICAL AND GYNECOLOGICAL ADMISSIONS

All admissions are discussed with either the Ob/Gyn senior resident or a member of the attending staff. The designated attending staff member will be notified of all admissions to the obstetrics and gynecology service on a daily basis. If all attending staff and residents are in the operating room or delivery room, and an urgent admission is required, the hospital emergency room staff may, upon notification of the senior resident/attending staff, admit the patient before being evaluated by the obstetrics and gynecology staff. However, if the resident staff and/or attending staff are able to evaluate the patient in the emergency room, only the resident and/or Ob/Gyn staff may admit the patient to the hospital.

II. **GUIDELINES FOR OBSTETRICAL AND GYNECOLOGICAL CARE**

A. **OBSTETRICAL PATIENTS IN LABOR**

All obstetrical patients beyond 20 weeks of pregnancy presenting to RUHS-MC will be evaluated in labor and delivery. A form is provided to perform the complete medical history and physical examination on every obstetrical patient who presents. A qualified AHP, resident physician or attending staff physician may perform the medical history and physical exam. If the obstetrical patient is other than a term uncomplicated pregnant patient in labor, an admitting note with appropriate provisional or firm diagnosis shall be recorded in addition to the H&P admission form.

B. **GYNECOLOGICAL PATIENTS**

All Gyn patients shall have a complete medical history and physical examination recorded on admission to the hospital. This must include either a tentative or known diagnosis. For all surgical patients, an appropriate informed consent must be recorded and dated.

C. **PATIENT RE-EVALUATION**

All patients on the Ob/Gyn service must be re-evaluated on a daily basis and the evaluation recorded in the medical record. Patients with rapidly changing conditions, such as obstetrical patients in labor, shall be re-evaluated as frequently as indicated with appropriate documentation.

D. **POST-PARTUM TUBAL STERILIZATION**

Patients requesting post-partum tubal sterilization shall make this request at least 30 days prior to the expected date of delivery, if the care is reimbursed through the state or federal systems, with the appropriate informed consent signed. The legal waiting period is 72 hours prior to performing the procedure regardless of payor type and may be the sole parameter needed when the care is privately reimbursed. A preoperative note and informed consent must be recorded in the medical record.

E. **OPERATIVE PROCEDURES**

- A member of the team will be present in the holding area at least 15 minutes before the start of the case to reassess the patient and confirm that all the required elements are present and complete in the chart.
- Once in the operating room only the surgeon or individual performing the procedure, as part of the procedure team, will initiate the time out and all required elements of the Joint Commission will be completed prior to starting the procedure.

- As part of the time out, imaging studies will be reviewed again if they were used in the decision to operate. The need of antibiotic prophylaxis will also be addressed at the time of time out.
- The attending surgeon will be present for the key parts of the procedure.
- A resident surgeon could perform unsupervised only those procedures that have been approved for that particular resident by the Graduate Medical Education Office.
- The operative report shall be dictated immediately after the procedure by the attending or resident physician, or a procedure progress note will be immediately written and dictation completed within 24 hours.
- A medication reconciliation form must be completed for every patient that is admitted to the hospital.
- The boxes for medication reconciliation in the outpatient orders will be completed so that the patient can receive from nursing his/her list of medications.

F. SURGICAL CONSENT

Gynecological operations shall be done only upon consent of the patient or legal guardian when the patient is a minor or ward of the court. The exception is a pregnant minor, where by law a minor who is pregnant is considered to be emancipated. In an emergency situation where valid consent cannot be obtained, a note shall be recorded in the chart with the rationale and support for the indicated procedure.

G. PATHOLOGY

1. All tissue removed in surgery shall be sent to the pathology laboratory for examination. The pathological signed report shall be made a part of the medical records.
2. For obstetrical patients having complications at the time of delivery involving cord or placenta, such as abruptio placenta, placenta previa, prolapsed cord or fetal demise, the placenta and cord shall be sent to the pathology laboratory for gross and microscopic examination.

III. SCOPE OF SERVICE

The Obstetrics and Gynecology Department offers care to pregnant women and those women with problems involving the reproductive system or organs.

- A. All obstetrical patients are cared for, including those with high-risk obstetrical conditions with the following exception:
1. Patients carrying neonates likely to need cardiac surgery or other high-risk neonatal surgery.
- B. Patients with disorders of the gynecologic organs are cared for including the subspecialties of gynecologic oncology, urogynecology, and reproductive endocrinology.
1. Within the scope of gynecologic oncology services, the following are included: surgery, chemotherapy, and management of complications. Radiation therapy for gynecologic tumors is provided through consultation to outside providers.
 2. Reproductive endocrinology care is offered to include evaluation of endocrine problems and infertility. Appropriate surgical treatment for infertility and congenital reproductive anomalies is offered. Infertility treatment including ovulation induction with oral medication, artificial insemination does not include artificial reproductive technologies.

IV. HAND-OFF COMMUNICATION

In addition to the following procedure below, see the hospital-wide policy on *Hand-Off Communication*. This policy is posted on the RUHS-MC Intranet.

Hand-off / Sign-Out include:

- Verbal communication
- Face-to-face interaction
- Opportunity to ask and answer questions
- Documentation

In communications with nursing and other staff, the Department of Ob/Gyn encourages meaningful and safe communication with features that include:

- Identification of the caller (name and patient care role)
- Patient Name & Medical Record Number
- Patient Location

Subsequent information occurs in standardized SBAR format:

- Situation: the problem
- Background: brief, related to the point
 - Mental status

- Respiratory rate and quality
- B/P, pulse rate & quality
- Pain
- Neuro changes
- Skin color
- Rhythm changes
- Laboring patients status/progression of labor
- Fetal heart rate monitoring status
- High risk medical condition status if indicated i.e. PPRM, diabetes, PIH, etc.
- Pertinent labs & other studies
- Assessment: your concerns
- Recommendation: action required

Sign-in and Sign-out occurs each day at appropriate times during transition of care. Participants in the process include attending physicians, residents, interns, and the labor and delivery charge nurse.

Each patient on the labor and delivery unit is reviewed as well as appropriate patients on the antepartum/postpartum and surgical wards. Time is allowed for questions and care plan for each patient.

V. MEDICAL RECORDS

The department cooperates with medical records department in maintaining a high quality of medical records in accordance with medical staff bylaws rules and regulations.

If a resident or attending physician becomes negligent in his/her cooperation with the Medical Records Department, disciplinary action will be taken until the records are brought up to date.

Completion of the chart for inpatients will be assigned to the resident performing surgery for those patients having surgery during hospitalization. For non-surgical patients, the chart can be assigned at the discretion of the chief resident or attending physician.

Completion of the medical record is the ultimate responsibility of the attending physician. At times an attending staff member will need to complete the medical record if the resident is unable or unwilling to do so.

VI. PATIENT TRANSFERS

Procedures for all patient transfers will be in accordance with hospital-wide policies and procedures.

A. PROCEDURE FOR INTRA-HOSPITAL TRANSFER

1. Patients who are in the hospital may require transfer from one service to another. With the approval of the attending physician, the senior Ob/Gyn resident may arrange appropriate transfer to or from the Ob/Gyn service in discussion with the appropriate individuals from any other services or individuals who might also be involved.
2. If continuing obstetrics and gynecology care is required after transfer to another service, the obstetrics and gynecology medical staff will provide continuity of care.
3. If transfer of a patient from another service to the Ob/Gyn service is requested, the Ob/Gyn attending physician shall have discretion as to whether accepting the patient is appropriate.

B. PROCEDURE FOR INTER-HOSPITAL TRANSFER

1. The decision to transfer a patient from RUHS-MC to another hospital, or from another hospital to RUHS-MC, should be based on whether the transfer would best serve the interest of the patient.
2. If the patient voluntarily requests transfer to another hospital, the department will be cooperative in supplying the necessary medical records to facilitate the transfer.
3. A discharge summary or copy of all the current records should go with the patient after the signed authorization to release such information.
4. This transfer can only be permitted after evaluation by the obstetrics and gynecology resident or the attending staff physician caring for the patient.
5. The physician caring for the patient will determine the type of transportation.
6. For patients requiring transfer to RUHS-MC, the attending physician on-call must approve the patient's transfer after discussion with the physician from the transferring facility. The in-house attending physician will determine the appropriateness of the transfer and recommend any other measures needed prior to the patient's arrival.

VII. FIRE SAFETY

A. PROCEDURE

As written in the hospital Emergency Management Plan the sections which pertain to the Ob/Gyn Clinic & Department Office will be followed to ensure patient and personnel safety including evacuation.

SECTION 9: RESIDENTS AND OTHER STUDENTS

See RUHS-MC Rules and Regulations, #9 for general information about graduate education programs.

The best interests of the patient must always be paramount when delegating resident responsibilities. The proper training of knowledge and skill for Ob/Gyn, family medicine and emergency medicine residents is highly important. The privileges of each of these residents when rotating through the Ob/Gyn service, shall be determined by the chair of service and depend on the resident's experience.

In general, each resident functions under the supervision of the attending staff. Each outpatient seen in the clinic shall be presented to an attending physician prior to discharge. An attending shall be consulted for each admission and discharge (other than a term pregnant patient in labor). An attending shall be present for each delivery and operative procedure and shall be consulted for any significant change in patient management.

House staff members are to operate under the direction of the attending physician at all times. The current Physician Reference Manual will be the guide for the house staff's conduct in the department and hospital.

Each year, the chair of the Department of Obstetrics and Gynecology prepares an annual report on resident education. A copy of the report may be obtained by contacting the department chair.

SECTION 10: DIVISION-SPECIFIC INFORMATION (IF APPLICABLE)

Not applicable to the Department of Obstetrics and Gynecology.

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

Name: _____
(Last, First, Initial)

Initial Appointment

Effective: _____
(From--To)

Reappointment

Applicant: CHECK (✓) the “Request” 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 Riverside University Health System (RUHS) Medical Center 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
OBSTETRICS & GYNECOLOGY PRIVILEGES**

OBSTETRICS AND GYNECOLOGY CORE PRIVILEGES

Criteria: To be eligible to apply for core privileges in **Obstetrics and Gynecology**, the initial 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 postgraduate training program in Obstetrics and Gynecology.

AND

- Current certification or active participation in the examination process leading to certification in Obstetrics and Gynecology by the American Board of Obstetrics and Gynecology, the American Osteopathic Board of Obstetrics and Gynecology or the Royal College of Physicians and Surgeons of Canada.

Required Previous Experience: An applicant for initial appointment must provide:

- An equivalent list of appropriately managed cases with at least 50 deliveries including 5 c-sections) and at least 25 gynecological surgical procedures including 5 major abdominal cases with an acceptable outcome representing the full range of privileges being requested and performed during the past 12 months.

OR

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

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

- Current demonstrated competence and performance of fifteen (15) deliveries to include three (3) C-sections; and ten (10) gynecological surgical procedures to include four (4) major abdominal cases 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 Medical Board of California or the Osteopathic Medical Board of California

AND

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

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

Name: _____
(Last, First, Initial)

Effective: _____
(From--To)

Request	Obstetrics Core Privileges List	Approve	Modify	Deny
	<ul style="list-style-type: none"> • Admit, evaluate, diagnose, treat, and provide consultation of female patients presenting with any condition, complication or stage of pregnancy, including those on the Obstetrics Core Privileges List and such other procedures that are extensions of the same techniques and skills, excluding those specific to Maternal Fetal Medicine Core Privileges. • Performance of history and physical exam • Provide care to patients in the intensive care setting in conformance with unit policies • Assess, stabilize and determine the disposition of patients with emergent conditions consist with policies • Management of medical and surgical complications of pregnancy • Amniocentesis • Amniotomy • Anesthesia local, pudendal and paracervical • Fetal monitoring application and interpretation including non-stress test • Induction and augmentation of labor • Cesarean section • Cerclage • Circumcision of infant • Dilation and evacuation for late second trimester pregnancy termination • External version of breech • Management of breech delivery • Manual removal of placenta • Uterine curettage • Operative vaginal delivery including low, mid, breech or vacuum • Normal spontaneous vaginal delivery • Episiotomy and repair of perineal, vaginal and cervical lacerations • Ultrasound for assessment of amniotic fluid volume, confirmation of viability, fetal presentation, placenta position and biometry • Trial of labor after Cesarean section (TOLAC) • Post-partum tubal sterilization • Medical and surgical management of ectopic pregnancy 			

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

Name: _____
 (Last, First, Initial)

Effective: _____
 (From--To)

Request	Gynecology Core Privileges List	Approve	Modify	Deny
	<ul style="list-style-type: none"> • Admit, evaluate, diagnose, treat, and provide consultation and perioperative care necessary to treat female patients of all ages, presenting with disorders and injuries of the female reproductive and genitourinary systems, including those on the Gynecologic Core Privileges List. • Performance of history and physical exam • Provide care to patients in the intensive care setting in conformance with unit policies • Assess, stabilize and determine the disposition of patients with emergent conditions consist with policies • Dilation and curettage diagnostic and therapeutic • Adnexal surgery including oophorectomy, salpingectomy and cystectomy • Hysterectomy including abdominal, vaginal and laparoscopic • Cervical biopsy including conization • Colpocleisis and colpectomy • Colposcopy • Cystoscopy • Diagnostic and operative laparoscopy • Endometrial ablation • Ectopic pregnancy management medical and surgical • Laparotomy • Hysterosalpingography • Hysteroscopy diagnostic • Hysteroscopy operative • Incision and drainage of perineal or pelvic abscess • Incidental appendectomy • Incidental large and small bowel or bladder repair • Minor gynecological surgical procedures including biopsies and management of Bartholin's gland • Myomectomy and metroplasty • Laparoscopy diagnostic and therapeutic • Vesicovaginal and rectovaginal fistula repair • Operations for sterilization including laparoscopic and transcervical • Vaginal repair • Operations for treatment of urinary stress incontinence including vaginal, sling and retropubic • Operations for non-invasive carcinoma of the vulva, vagina, uterus, cervix or ovary 			

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

Name: _____
(Last, First, Initial)

Effective: _____
(From--To)

FAMILY MEDICINE CORE PRIVILEGES (IN OBSTETRICS & GYNECOLOGY)

Criteria: To be eligible to apply for **Family Medicine** core privileges in **Obstetrics and Gynecology**, the initial applicant must meet the membership requirements of RUHS Medical Center and the following privileging criteria:

- Successful completion of an ACGME or AOA accredited postgraduate training program in Family Medicine.

AND

- Evidence of formal **obstetrical training** in residency or fellowship program.

AND

- Current certification or active participation in the examination process leading to certification in Family Medicine by the American Board of Family Medicine or the American Osteopathic Board of Family Physicians.

Required Previous Experience: To be eligible to renew privileges in **Family Medicine**, the applicant must provide:

- An equivalent list of appropriately managed cases with an acceptable outcome representing the full range of privileges being requested and performed during the past 12 months.

OR

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

Reappointment Requirements: To be eligible to renew privileges for **Family Medicine in Obstetrics and Gynecology**, the applicant must meet the following maintenance of privilege criteria:

- Current demonstrated competence and performance of eight (8) vaginal deliveries with acceptable results for the past 24 months based on ongoing professional practice evaluation and outcomes.

AND

- Meet the Continuing Medical Education (CME) requirement necessary for licensure Medical Board of California or the Osteopathic Medical Board of California)

AND

- Evidence of current ability to perform privileges requested.

Request	Family Medicine Privileges List	Approve	Modify	Deny
	<ul style="list-style-type: none"> • Management of patients without medical, surgical or obstetrical complications for normal labor and spontaneous vaginal delivery with vertex presentation equal to or greater than 37 completed weeks gestation including those listed on the Family Medicine Privileges List • Neonatal resuscitation (requires NRP certification) • Fetal monitoring application and interpretation including non-stress test • Induction and augmentation of labor • Intrauterine fetal demise management 			

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

Name: _____
 (Last, First, Initial)

Effective: _____
 (From--To)

	<ul style="list-style-type: none"> • Manual removal of placenta • Post-partum care • Amniotomy • Vacuum assisted delivery (<u>consult required</u>) • Anesthesia local, pudendal and paracervical • Episiotomy and repair including first and second degree and cervical lacerations • Repair of third degree lacerations (<u>consult required</u>) • Surgical assist for Cesarean section • Circumcision of Infant • Ultrasound for assessment of amniotic fluid volume, confirmation of viability and fetal presentation • Ectopic pregnancy medical management 			
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OUTPATIENT OBSTETRICS AND GYNECOLOGY PRIVILEGES

Criteria: To be eligible to apply for core privileges in **Outpatient Obstetrics and Gynecology**, the initial applicant must meet the membership requirements of RUHS Medical Center and the following privileging criteria:

- Satisfy Obstetrics and Gynecology Core Privileges Criteria

AND

- Current certification or active participation in the examination process leading to certification in Obstetrics and Gynecology by the American Board of Obstetrics and Gynecology, the American Osteopathic Board of Obstetrics and Gynecology or the Royal College of Physicians and Surgeons of Canada.

Required Previous Experience:

- Demonstration of provision of outpatient care and appropriately managed cases with an acceptable outcome representing the full range of privileges being requested and performed during the past 12 months.

OR

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

Request	Outpatient Obstetrics and Gynecology Privileges List	Approve	Modify/ Comment	Deferred
	<ul style="list-style-type: none"> • Perform history and physical exams, evaluate, diagnose, and provide treatment to female patients for gynecologic and obstetric care including but not limited to those listed on the Outpatient Obstetrics and Gynecology Privileges List. • Loop Electrosurgical Excision Procedure (LEEP) • Cryotherapy • Colposcopy with cervical biopsy and endocervical curettage. • IUD insertion and removal • Biopsy of vulva, vagina and endometrium 			
	<ul style="list-style-type: none"> • Nexplanon insertion (<u>requires certificate of training</u>) 			

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

Name: _____
(Last, First, Initial)

Effective: _____
(From--To)

GYNECOLOGIC ONCOLOGY CORE PRIVILEGES

Criteria: To be eligible to apply for core privileges in **Gynecologic Oncology**, the initial applicant must meet the membership requirements of RUHS Medical Center and the following privileging criteria:

- Satisfy Obstetrics and Gynecology Core Privileges Criteria

AND

- Successful completion of an ACGME or AOA accredited postgraduate fellowship in Gynecologic Oncology.

AND

- Current certification or active participation in the examination process leading to subspecialty certification in Gynecology Oncology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.

Required Previous Experience: An applicant for initial appointment must provide:

- An equivalent list of at least twelve (12) appropriately managed Gynecologic oncology cases with an acceptable outcome representing the full range of privileges being requested and performed during the past 12 months.

OR

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

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

- Current demonstrated competence and adequate volume of experience including five (5) gynecologic oncology procedures with acceptable results in the privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

AND

- Evidence of current ability to perform privileges requested.

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

Name: _____
 (Last, First, Initial)

Effective: _____
 (From--To)

Request	Gynecologic Oncology Core Privileges List	Approve	Modify	Deny
	<ul style="list-style-type: none"> • Admit, evaluate, diagnose, treat, and provide consultation, and surgical and therapeutic treatment of female patients with malignant diseases, including carcinomas of the cervix, ovary, fallopian tubes, uterus, vulva, and vagina, including those on the Gynecologic Oncology Core Privileges List. • Performance of history and physical exam • Provide care to patients in the intensive care setting in conformance with unit policies • Assess, stabilize and determine the disposition of patients with emergent conditions consist with policies • Chemotherapy • Brachytherapy • Cystoscopy and sigmoidoscopy with biopsy. • Myocutaneous flaps • Skin grafting • Lymph node dissection • Pelvic exenteration • Radical surgery for treatment of gynecological malignancy including hysterectomy, vulvectomy, vaginectomy. • Radical surgery for treatment of gynecological malignancy including procedures on the bowel, ureter, bladder and spleen. • Incidental hernia repair 			

MATERNAL-FETAL MEDICINE CORE PRIVILEGES

Criteria: To be eligible to apply for core privileges in **Maternal-Fetal Medicine**, the initial applicant must meet the membership requirements of RUHS Medical Center and the following privileging criteria:

- Satisfy Obstetrics and Gynecology Core Privileges Criteria.

AND

- Successful completion of an ACGME or AOA accredited postgraduate fellowship in maternal-fetal medicine.

AND

- Current certification or active participation in the examination process leading to subspecialty certification in maternal-fetal medicine by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.

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Required Previous Experience: An applicant for initial appointment must provide:

- An equivalent list of at least twelve (12) appropriately managed cases with an acceptable outcome representing the full range of privileges being requested and performed during the past 12 months.

OR

- Evidence of completion of a hospital-affiliated accredited fellowship or research within the past 12 months.

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

- Current demonstrated competence and an adequate volume of experience including twenty (20) procedures with acceptable results in the privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

AND

- Evidence of current ability to perform privileges requested,

Request	Maternal Fetal Medicine Core Privileges List	Approve	Modify	Deny
	<ul style="list-style-type: none"> • Admit, evaluate, diagnose, treat and provide consultation of patients with medical and surgical complications of pregnancy including those on the Maternal-Fetal Medicine Core Privileges List. • Performance of history and physical exam • Provide care to patients in the intensive care setting in conformance with unit policies • Assess, stabilize and determine the disposition of patients with emergent conditions consist with policies • Genetic amniocentesis • Chorion villus sampling • Dilation and evacuation for late second trimester pregnancy termination • Detailed ultrasound • Intrauterine fetal procedures including percutaneous umbilical blood sampling and intrauterine fetal transfusion 			

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FEMALE PELVIC MEDICINE & RECONSTRUCTIVE SURGERY CORE PRIVILEGES

Criteria: To be eligible to apply for core privileges in **Female Pelvic Medicine and Reconstructive Surgery, (FPMRS)**, the initial applicant must meet the privileging criteria:

- Satisfy Obstetrics and Gynecology Core Privileges Criteria.

AND

- Successful completion of an ACGME or AOA accredited postgraduate fellowship in Female Pelvic Medicine and Reconstructive Surgery.

AND

- Current subspecialty certification or active participation in the examination process leading to subspecialty certification in FPMRS by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.

Required Previous Experience: An applicant for initial appointment must provide:

- An equivalent list of at least fifteen (15) appropriately managed cases with an acceptable outcome representing the full range of privileges being requested and performed during the past 12 months.

OR

- Evidence of completion of a hospital-affiliated accredited fellowship or research within the past 12 months.

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

- Current demonstrated competence and an adequate volume of experience including twenty (20) procedures from at least 3 categories with acceptable results in the privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

AND

- Evidence of current ability to perform privileges requested.

Request	Female Pelvic Medicine and Reproductive Surgery Core Privileges List	Approve	Modify	Deny
	<ul style="list-style-type: none"> • Admit, evaluate, diagnose, and provide consultation and perioperative care necessary to treat female patients of all ages presenting with injuries and disorders of the genitourinary system including those on the Female Pelvic Medicine and Reproductive Surgery Core Privileges List. • Performance of history and physical exam • Provide care to patients in the intensive care setting in conformance with unit policies • Assess, stabilize and determine the disposition of patients with emergent conditions consist with policies • Bladder biopsy, cystotomy, cystostomy • Sigmoidoscopy 			

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	<ul style="list-style-type: none"> • Cystoscopy including placement of ureteral stents • Trans-urethral bulking including collagen injection • Multichannel urodynamic testing • Vaginal and paravaginal repair with graft augmentation • Sacrocolpopexy laparotomy and laparoscopy • Sacrospinous ligament suspension • Vesicovaginal, rectovaginal and urethrovaginal fistula repair • Urethral diverticulectomy • Intradetrusor Botox injection • Sacral neuromodulation (Interstim) • Vaginal mesh excision • Operations for treatment of urinary stress incontinence including vaginal, sling and retropubic • Hysteropexy • Incidental hernia repair 			
--	--	--	--	--

FEMALE PELVIC MEDICINE & RECONSTRUCTIVE SURGERY ADVANCED PRIVILEGES

Criteria: To be eligible to apply for advanced privileges in **Female Pelvic Medicine and Reconstructive Surgery (FPMRS)**, the initial applicant must meet the privileging criteria:

- Satisfy Obstetrics and Gynecology Core Privileges and Female Pelvic Medicine and Reconstructive Surgery Core Privileges criteria.

AND

- Successful completion of an ACGME or AOA accredited postgraduate fellowship in Female Pelvic Medicine and Reconstructive Surgery and evidence of mentorship or training in advanced intersex surgical procedures.

AND

- Current subspecialty certification or active participation in the examination process leading to subspecialty certification in FPMRS by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.

Required Previous Experience: An applicant for initial appointment must provide:

- An equivalent list of at least five (5) observed or appropriately managed cases with an acceptable outcome representing the advanced privileges being requested and performed during the past 12 months

OR

- Evidence of completion of a hospital-affiliated accredited fellowship or research within the past 12 months.

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

- Current demonstrated competence and an adequate volume of experience including four (4) appropriately managed cases with acceptable results in the privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

AND

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- Evidence of current ability to perform privileges requested.

Request	Female Pelvic Medicine and Reproductive Surgery Advanced Privileges List	Approve	Modify	Deny
	<ul style="list-style-type: none"> • Intersex surgery male to female including: penectomy, orchiectomy, vaginoplasty, vulvoplasty, urethroplasty and clitorplasty 			
	<ul style="list-style-type: none"> • Myocutaneous flap 			
	<ul style="list-style-type: none"> • Ureteroneocystoscopy, ureteroureterostomy 			

REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY CORE PRIVILEGES

Criteria: To be eligible to apply for core privileges in **Reproductive Endocrinology and Infertility**, the initial applicant must meet the privileging criteria:

- Satisfy Obstetrics and Gynecology Core Privileges Criteria.

AND

- Successful completion of an ACGME or AOA accredited postgraduate fellowship in Reproductive Endocrinology.

AND

- Current certification or active participation in the examination process leading to subspecialty certification in reproductive endocrinology by the American Board of Obstetrics and Gynecology or special qualifications in reproductive endocrinology from the American Osteopathic Board of Obstetrics and Gynecology.

Required Previous Experience: An applicant for initial appointment must provide:

- An equivalent list of appropriately managed cases with an acceptable outcome representing the full range of privileges being requested and performed during the past 12 months.

OR

- Evidence of completion of a hospital-affiliated accredited fellowship or research within the past 12 months.

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

- Current demonstrated competence and an adequate volume of experience including twenty (20) reproductive endocrinology procedures with acceptable results in the privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

AND

- Evidence of current ability to perform privileges requested is required.

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Request	Reproductive Endocrine and Infertility Core Privileges List	Approve	Modify	Deny
	<ul style="list-style-type: none"> • Outpatient evaluation, consultation, diagnosis, and treatment of female patients presenting with endocrine and infertility problems including those on the Reproductive Endocrine and Infertility Core Privileges List. • Performance of history and physical exam • Retrieval of oocytes by ultrasound or laparoscopy • Culture and fertilization of oocytes • Embryo transfer • Microsurgical re-anastomosis and tubo-uterine implantation • Intra-abdominal transfer of gametes and zygotes 			

QUALIFICATIONS FOR NON CORE PRIVILEGES

- 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 PRIVILEGE

Criteria: To be eligible to participate in the **Teaching Program**, the applicant must:

- Be credentialed and privileged at RUHS Medical Center in accordance with applicable requirements.
- Provide care and supervision only for those clinical activities for which they are privileged.

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.
- Participate in the resident's evaluation process according to accrediting and certifying body requirements.
- 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.

Request	Teaching Program Privileges	Approve	Modify	Deny
	<ul style="list-style-type: none"> • Ability to enhance the knowledge and training of residents by observation, consultation, and direction. 			

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SUPERVISE ALLIED HEALTH PROFESSIONALS PRIVILEGE

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

Criteria: To be eligible to **Supervise Allied Health Professionals**, the applicant must:

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

Maintenance of Privileges:

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

Request	Privilege	Approve	Modify	Deny
	Supervision of Allied Health Professionals Privileges			

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LASER NON-CORE PRIVILEGES

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

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

AND

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

OR

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

OR

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

Maintenance of Privilege:

- To be eligible to renew Laser privileges in the department of Obstetrics & Gynecology, the applicant must meet the maintenance of core specialty or subspecialty privilege criteria.

AND

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

Request	Laser Non-Core Privilege	Approve	Modify	Deny
	C0 ₂			
	Argon			

MODERATE SEDATION PRIVILEGES

Criteria: To be eligible for non-core privileges in **Moderate Sedation**, the initial applicant must meet the following privileging criteria:

- Completion of RUHS Moderate Sedation On Line Video Course

AND

- Completion of Moderate Sedation Exam with satisfactory passing grade of 85%.

AND

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- Current knowledge of airway management as demonstrated by residency/fellowship training, or current ACLS/PALS
- AND**
- Moderate Sedation for patients 14 years and younger require training in the care of pediatric patients demonstrated by residency/fellowship training.

Required Previous Experience: Knowledge of airway management.

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

Request	Moderate Sedation Non-Core Privilege	Approve	Modify	Deny
	Administration of sedation and analgesia			

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SURGICAL ROBOTIC PLATFORM PRIVILEGES

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

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

ROBOTIC PLATFORM TRAINING

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

1. Teaching Proctor Experience:

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

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

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

2. Fellowship or Residency Training Experience:

Previous practical experience via an accredited fellowship or residency program with documented clinical experience in a minimum of twenty (20) robotic-assisted procedures in that program. If less than twenty (20) robotic-assisted procedures done, follow the process in 1b. above

OR

3. Robotic Privileges at another Hospital:

Previous full robotic surgery privileges at another hospital as documented by providing operative reports and discharge summaries for the last ten (10) consecutive robotic cases performed as the operating physician (cases performed as assistant physician do not count) for review.

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MEDICAL STAFF PROCTORING REQUIREMENTS

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

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

This proctoring must be performed by a member of the Medical Staff who has full robotic privileges. Up to five (5) cases may be required in some circumstances, but after two to five (2–5) cases, full robotic privileges will be either approved, referred for additional training, or denied based on the proctoring reports and the determination of the Obstetrics & Gynecology Chair.

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

MAINTAINING ROBOTIC PRIVILEGES

The physician must have performed twenty (20) cases, including eight (8) within the last two (2) years, or they will either not be eligible to reapply for the privilege or they will be referred for additional proctoring.

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

REQUIREMENTS FOR A TEACHING PROCTOR AT RUHS MEDICAL CENTER

At least one of the following three levels of experience:

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

Request	Privilege	Approve	Modify	Deny
	Surgical Robotic Platform Privileges			

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ACKNOWLEDGMENT OF PRACTITIONER

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

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

OB/GYN DEPARTMENT CHAIR / DESIGNEE RECOMMENDATION

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

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

Privilege(s)	Condition / Modification

OB/GYN Department Chair/Designee Signature

Date

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FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

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

Department Chair/Designee:

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

Please print legibly.

Privileges/Procedures to be Proctored	Number of FPPE Cases	Method of FPPE A. Direct B. Retrospective C. Reciprocal
Obstetrics Procedures, Core Privileges	3 Varied Cases	Chair to determine method of FPPE
Gynecology Procedures, Core Privileges	3 Varied Cases	Chair to determine method of FPPE
Gynecology Oncology Core Privileges	3 Varied Cases	Chair to determine method of FPPE
Maternal-Fetal Core Privileges	3 Varied Cases	Chair to determine method of FPPE
Female Pelvic Medicine & Reconstructive Surgery (Urogynecology) Core	3 Varied Cases	Chair to determine method of FPPE
Female Pelvic Medicine & Reconstructive Surgery – Advanced	2 varied cases	Chair to determine method of FPPE
Reproductive Endocrinology and Infertility - Core	3 Varied Cases	Chair to determine method of FPPE
Use of Laser Non-Core	1 Varied Case	Chair to determine method of FPPE
Outpatient Obstetrics & Gynecology Core	3 Varied Cases	Chair to determine method of FPPE
Surgical Robotic Platform	2 cases	A
For Family Medicine Providers: OB Core Privileges	5 varied cases	Chair to determine method of FPPE
Moderate Sedation	1 Case	Direct

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**NURSE PRACTITIONER (NP)
UROLOGY CLINICAL PRIVILEGES**

Name: _____
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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 NURSE PRACTITIONER (NP)

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

Hold a valid and active registered nurse license in the State of California and a current active certificate by the California Board of Registered Nursing (CA BRN) as a nurse practitioner.

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

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

OR (for initial certification after January 1, 2008)

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

AND

Current Basic Life Support

AND

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

AND

County employment, or 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 Nurse Practitioner's (NP) practice as stated in the appropriate hospital or medical staff policy governing NPs;
- Be continuously available or provide an alternate to provide consultation when requested and to intervene when necessary;
- Assume total responsibility for the care of any patient when requested by the NP or required by this policy or in the interest of patient care;

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**NURSE PRACTITIONER (NP)
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CATEGORIES OF PATIENTS PRACTITIONER MAY TREAT

May provide services consistent with the policies stated herein to patients of the medical staff member(s) with whom the NP has a documented formal affiliation or to such patients as are assigned by the chair of the department to which the NP is assigned. Nurse practitioners may not admit patients to the hospital.

SUPERVISION

The exercise of these clinical privileges requires a designated collaborating/supervising physician with clinical privileges at this hospital. All practice is performed under the supervision of this 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. Collaborating / supervising physician must be physically present, on hospital premises or readily available by electronic communication.

MEDICAL RECORD CHARTING RESPONSIBILITIES

Clearly, legibly, completely, and in timely fashion, describe each service the NP 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

Nurse Practitioners 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 NP 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.

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NURSE PRACTITIONER CORE PRIVILEGES — GENERAL

- Requested** Provide care to patients within age group of collaborating physician except as specifically excluded from practice. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.
- To provide informed consent for administration of blood products and procedures within the scope of their privileges that they will be performing independently. May not obtain informed consent for procedures that others will be performing.
 - Bladder decompression and catheterization techniques
 - Simple wound debridement and repair
 - Perform histories and physicals (To be countersigned by the supervising physician within 24 hrs)
 - Develop treatment plan
 - Patient education and counseling covering such things as health status, test, results, disease processes, and discharge planning
 - Provide pre- and post-operative surgical care
 - Record progress notes
 - Suture lacerations
 - Perform venipuncture
 - Write discharge summaries (To be countersigned by the supervising physician within 24 hrs)
 - Apply, remove, and change dressings and bandages
 - Counsel and instruct patients and significant others as appropriate
 - Initiate referral to appropriate physician or other health care professional of problems that exceed the NP's scope of practice
 - Make daily rounds on hospitalized patients with or at the direction of the collaborating physician
 - Educate and instruct (but not supervise) medical students, residents, and other physicians
 - Monitor and manage stable chronic illnesses of population served
 - Obtain and record medical/social history and perform physical examination, including rectal and pelvic examination as indicated (To be countersigned by collaborating physician within 24 hours)
 - Order diagnostic testing and therapeutic modalities such as medications, treatments, IV fluids and electrolytes, etc. (To be countersigned by collaborating physician within 24 hours)
 - Perform acts of diagnosis and treatment as determined by established, written protocols between NP's scope of knowledge and training and the supervising/collaborating physician's scope of practice
 - Perform primary health care maintenance of the population served
 - Perform routine immunizations
 - Start IVs

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QUALIFICATIONS FOR NURSE PRACTITIONER — UROLOGY

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

Applicant must satisfy the qualification requirements for the Nurse Practitioner,

AND

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

AND

Current BLS

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.

RIVERSIDE UNIVERSITY HEALTH SYSTEM

26520 Cactus Avenue, Moreno Valley, CA 92555

**NURSE PRACTITIONER (NP)
UROLOGY CLINICAL PRIVILEGES**

Name: _____
(Last, First, Initial)

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

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

OBTAINING INFORMED CONSENT

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

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

REQUIRED PRIOR EXPERIENCE: None

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

Requested Obtaining Informed Consent

For treatment/procedures the Allied Health Professional is authorized to perform.

URODYNAMIC STUDIES

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

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

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

Requested Urodynamic Studies

TRANSRECTAL ULTRASOUND GUIDED PROSTATE BIOPSIES

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

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

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

RIVERSIDE UNIVERSITY HEALTH SYSTEM

26520 Cactus Avenue, Moreno Valley, CA 92555

**NURSE PRACTITIONER (NP)
UROLOGY CLINICAL PRIVILEGES**

Name: _____
(Last, First, Initial)

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

Requested **Transrectal Ultrasound Guided Prostate Biopsies**

CYSTOSCOPY

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

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

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

Requested **Cystoscopy**

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

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

RIVERSIDE UNIVERSITY HEALTH SYSTEM

26520 Cactus Avenue, Moreno Valley, CA 92555

**NURSE PRACTITIONER (NP)
UROLOGY CLINICAL PRIVILEGES**

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

I understand that:

- a. In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the policies governing allied health professionals or related documents.

Practitioner's Signature

Date

ENDORSEMENT OF PHYSICIAN EMPLOYER / SUPERVISOR

Signature: _____

Date: _____

Signature: _____

Date: _____

DEPARTMENT CHAIR / DESIGNEE RECOMMENDATION

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

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

Privilege	Condition / Modification / Explanation

Department Chair/Designee Signature

Date

IDPC Chair/Designee Signature

Date

**NURSE PRACTITIONER (NP)
UROLOGY CLINICAL PRIVILEGES**

Name: _____
(Last, First, Initial)

Effective: _____
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FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

Mechanism that may be used to confirm competency (including providing appropriate informed consent) of new applicants and/or privileges or to address potential competency issues referred from Ongoing Professional Practice Evaluation (OPPE). Proctoring of informed consent will occur as each privilege is proctored. Proctoring indicates that all elements of informed consents are met.

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

Please print legibility.

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

IDPC Approval:
Credentials Approval:
MEC Approved:

RIVERSIDE UNIVERSITY HEALTH SYSTEM

26520 Cactus Avenue, Moreno Valley, CA 92555

**NURSE PRACTITIONER (NP)
EMERGENCY MEDICINE CLINICAL PRIVILEGES**

Name: _____
(Last, First, Initial)

Page 1

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

Initial Appointment

Reappointment

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

QUALIFICATIONS FOR NURSE PRACTITIONER (NP)

CRITERIA: To be eligible to apply for clinical privileges as a Nurse Practitioner (NP), 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

Hold a valid and active registered nurse license in the State of California and a current active certificate by the California Board of Registered Nursing (CA BRN) as a nurse practitioner.

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

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

OR (for initial certification after January 1, 2008)

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

AND

Current ACLS and PALS recognized by the American Heart Association

AND

Current certification by the American Academy of Nurse Practitioners (AANP) or the American Nurses Credentialing Center (ANCC), or any other accredited recognized board.

AND

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

AND

Employment by or 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:

RIVERSIDE UNIVERSITY HEALTH SYSTEM

26520 Cactus Avenue, Moreno Valley, CA 92555

**NURSE PRACTITIONER (NP)
EMERGENCY MEDICINE CLINICAL PRIVILEGES**

Name: _____
(Last, First, Initial)

Page 2

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

- Assume responsibility for supervision or monitoring of the Nurse Practitioner's (NP) practice as stated in the appropriate hospital or medical staff policy governing NPs;
- Be continuously available or provide an alternate to provide consultation when requested and to intervene when necessary;
- Assume total responsibility for the care of any patient when requested by the NP or required by this policy or in the interest of patient care;

AND

~~Completion of a masters/post-masters degree in an accredited nursing program within the NPs specialty area that included 500 hours of supervised clinical practicum~~

AND

~~Current certification by the American Academy of Nurse Practitioners (AANP) or the American Nurses Credentialing Center (ANCC), or any other accredited recognized board.~~

AND

~~Current active licensure to practice professional nursing in the State of California, and current active certification by the Board of Nursing as an advanced nurse practitioner in the nurse practitioner category~~

AND

~~Documented training and experience in emergency medicine and demonstrated current competence~~

AND

~~Current ACLS and PALS~~

CATEGORIES OF PATIENTS PRACTITIONER MAY TREAT

May provide services consistent with the policies stated herein to patients of the medical staff member(s) with whom the NP has a documented formal affiliation or to such patients as are assigned by the chair of the department to which the NP is assigned. Nurse practitioners may not admit patients to the hospital.

SUPERVISION

The exercise of these clinical privileges requires a designated collaborating/supervising physician with clinical privileges at this hospital. All practice is performed under the supervision of this 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. Collaborating / supervising physician must be physically present, on hospital premises or readily available by electronic communication.

MEDICAL RECORD CHARTING RESPONSIBILITIES

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

SUBJECT: RUHS MEDICAL STAFF/ ALLIED HEALTH STAFF INITIAL APPLICATION

Dear Applicant:

Thank you for your interest in applying to the Medical Staff at RUHS-MC. Please use the following checklist below to upload required documents listed to MD App under Files.

***NON-REFUNDABLE** application fee (**Medical Staff \$600; AHP Staff \$100. Make check payable to RUHS Medical Staff Fund**). The application will not be processed until the application fee is received.

- Recent JPEG photograph (required)
- Current curriculum vitae
- Health Status Form (*MD App*)
- Occupational Health Letter (*MD App*)
- Copy of Current CA license
- Copy of Current DEA Certificate (*if applicable*)
- Copy of Fluoroscopy Certificate, ACLS/BLS (*if applicable*)
- Copy of Current Malpractice Insurance Certificate that shows dates and amount of coverage (*Must provide insurance carrier information for the past 5 years for each employer you were covered by for verification purposes, must be entered under Insurance section and provide malpractice certificate.*)
- Riverside County Professional Liability Insurance Packet **if** coverage is going to be provided by the County of Riverside/Risk Management (*MD App. For employees or contracted providers only.*)
- Professional Liability Action Explanation Form / Addendum B (*MD App, must be signed even if no claims.*)
- CCS/GHPP Individual Health Care Professional Panel (*If applicable, based on privilege form, register directly at cmsprovider.cahwnet.gov/panel/index.jsp.*)
- Medicare Acknowledgment Statement (*MD App*)
- CME Attestation Form (*MD App*) or Continuing Medical Education/Continuing Education Units (CME/CEU) as required by licensure by the applicable California Board. ****NOTE:** A log/listing of CME/CEU's may be submitted in lieu of copies of actual certificates.
- Mandatory Compliance & HIPAA Online Training for Practitioners (See MD App for instructions on Website training.)
- Mandatory CPI Non-Violent Crisis Intervention Training - **MANDATORY** for all practitioners (See MD App for instructions on Website training.) – Please direct any questions regarding this training to Nichole Walker, MA (951) 486-7609.
- Informed Consent Online training (**NP's & PA's only**) (See MD App for instructions on Website training.)
- Clinical Delineation of Privilege Form (*MD App*), **except for Adjunct Staff Category**
*Carefully review the privilege delineation form for your specialty.
- Submit clinical activity log (prior experience) for the past two years as noted on the privilege form for each privilege being requested based on requirements listed. Activity log must be generated by the respective facility and include facility name, applicant name, timeframe, and privileges/procedures performed.
- *If you are requesting Moderate Sedation privileges you must successfully review and complete Moderate Sedation on-line course with a passing grade (85%) on the moderate sedation written exam. (*See MD App for on-line instructions.*)
- Security and Confidentiality Statement Form (*MD App*)
- Remote Access Agreement Form (*MD App*)
- Medical Staff Bylaws & Attestation Form (*MD App*)

If we can be of further assistance, below is a Medical Staff Coordinator Department List.

Sincerely,

Medical Staff Administration
RUHS
Revised 03/2021

26520 Cactus Avenue, Moreno Valley, Ca 92555
TELEPHONE: 951-486-5913 ☎ FAX: 951-486-5911 ☎ TDD: 951-486-4397

Medical Staff Coordinator Department List

Cherisse Blalock (951) 486-4449

c.blalock@ruhealth.org

Anesthesiology
Neurological Sciences
OB/GYN
Pathology
Pediatrics/Subspecialty Divisions

Latisha Chavez (951) 486-4671

latisha.chavez@ruhealth.org

Family Medicine
Psychiatry
Radiology
Surgery/Subspecialty Divisions

Julio Curiel (951) 486-4802

j.curiel@ruhealth.org

Detention Health
Public Health
Behavioral Health (N-Z)
Provider Enrollment

Veronica Mosquera (951) 486-4457

v.mosquera@ruhealth.org

Emergency Medicine
Medicine/Subspecialty Divisions
Ophthalmology
Orthopedic Surgery

Karen Wickman (951) 486-5022

k.wickman@ruhealth.org

Community Health Center
Behavioral Health (A-M)

Revised 2/2021

SUBJECT: RUHS MEDICAL STAFF/ ALLIED HEALTH STAFF INITIAL APPLICATION

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- Current curriculum vitae
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- Occupational Health Letter (*MD App*)
- Copy of Current CA license
- Copy of Current DEA Certificate (*if applicable*)
- Copy of Fluoroscopy Certificate, ACLS/BLS (*if applicable*)
- Copy of Current Malpractice Insurance Certificate that shows dates and amount of coverage (*Must provide insurance carrier information for the past 5 years for each employer you were covered by for verification purposes, must be entered under Insurance section and provide malpractice certificate.*)
- Riverside County Professional Liability Insurance Packet **if** coverage is going to be provided by the County of Riverside/Risk Management (*MD App. For employees or contracted providers only.*)
- Professional Liability Action Explanation Form / Addendum B (*MD App, must be signed even if no claims.*)
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*Carefully review the privilege delineation form for your specialty.
- Submit clinical activity log (prior experience) for the past two years as noted on the privilege form for each privilege being requested based on requirements listed. Activity log must be generated by the respective facility and include facility name, applicant name, timeframe, and privileges/procedures performed.
- *If you are requesting Moderate Sedation privileges you must successfully review and complete Moderate Sedation on-line course with a passing grade (85%) on the moderate sedation written exam. (*See MD App for on-line instructions.*)
- Security and Confidentiality Statement Form (*MD App*)
- Remote Access Agreement Form (*MD App*)
- Medical Staff Bylaws & Attestation Form (*MD App*)

If we can be of further assistance, below is a Medical Staff Coordinator Department List.

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RUHS
Revised 03/2021

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MEDICAL STAFF SERVICES/ADMINISTRATION

Medical Staff Coordinator Department List

Cherisse Blalock (951) 486-4449

c.blalock@ruhealth.org

Anesthesiology
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k.wickman@ruhealth.org

Community Health Center
Behavioral Health (A-M)

Revised 2/2021



MEDICAL STAFF SERVICES/ADMINISTRATION

SUBJECT: RUHS MEDICAL STAFF/ ALLIED HEALTH STAFF RE- APPLICATION

Dear Provider:

Thank you for your interest in re-applying to the Medical Staff at RUHS-MC. Please use the following checklist below to upload required documents listed to MD App under Files.

Please complete the **Riverside University Health System (RUHS)** re-application for the current reappointment period. **It is important that you take the time to review and submit the completed reapplication and supporting documents, including those listed below to Medical Staff Administration Department in order for us to begin processing your reapplication:**

***NON-REFUNDABLE** Reapplication fee (**Medical Staff \$250; AHP Staff \$100**). Make check payable to **RUHS Medical Staff Fund**. The application will be considered **incomplete** if the reapplication fee is not received within 2 weeks of the reappointment being submitted.

- Current curriculum vitae (upload)
- Health Status Form (MD App)
- Occupational Health Letter (MD App)
- Copy of Fluoroscopy Certificate, ACLS/BLS, etc. (if applicable) (upload)
- Copy of Current Malpractice Insurance Certificates (for the past two years) that shows dates and amount of coverage (upload)
- Professional Liability Action Explanation Form / Addendum B (MD App, must be signed even if no claims)
- CME Attestation Form (MD App) or Continuing Medical Education/Continuing Education Units (CME/CEU) as required by licensure by the applicable California Board. ****NOTE:** A log/listing of CME/CEU's may be submitted in lieu of copies of actual certificates. (upload)
- Reappointment Compliance & HIPAA Online Training for Practitioners (instructions via MD App)
- Clinical Delineation of Privilege Form (available on MD App), **except for Adjunct Staff Category**
*Carefully review the privilege delineation form for your specialty.
- Upload clinical activity as noted on the privilege form for each privilege being requested. Department specific clinical activity templates are available in the Medical Staff Office and you may request a specific template via email from your coordinator. Activity logs from outside RUHS must be generated by the respective facility and include facility name, applicant name, timeframe, and privileges/procedures performed.
- *At the time of reappointment if you wish to maintain Moderate Sedation privileges you are required to have completed a minimum of four sedation cases during your appointment period AND review and complete the RUHS on-line course at www.rcrmctraining.org with a passing grade (85%) on the moderate sedation online exam.
- Informed Consent Online Training (NP's & PA's only) (Instructions via MD App)

****NOTE:** Your signature on the reapplication and delineation privilege form must be received within **30 days** of receipt of the electronic reapplication packet by the RUHS Medical Staff Administration Department or it may be considered a non-reappointment at the end of the current reappointment period.

If we can be of further assistance, below is a Medical Staff Coordinator Department List.

Sincerely,

Medical Staff Administration
RUHS

Revised 2/2021

26520 Cactus Avenue, Moreno Valley, California 92555
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Revised 2/2021

3/23/21

CMS REQUIREMENTS
RADIOLOGY DEPARTMENT

CMS 482.53 (a) 2 – “The qualifications, training, functions and responsibilities of the nuclear medicine personnel must be specified by the service director and approved by the medical staff.

Doc 093 – job description for Radiologic Specialist II - includes nuc med technologist

Doc 094 – job description for PET/CT technologist (they perform nuc med procedures)

CMS 482.26 (c) 2 “Only personnel designated by the medical staff may use the radiologic equipment and administer procedures.

Diagnostic Imaging Services Policies and Procedures Manual

Doc 89 – Policy and Procedure Manual Policy 316 #2 Review the training and experience.....

Doc 090 - Policy and Procedure Manual Policy 123 Certified C-ray Supervisor and Operations License

Doc 091 – Policy and Procedure Manual Policy 545 – Fluoroscopy guidelines for Radiology Technologists

Doc 092 Policy and Procedure Manual Policy 346 - Orientation and Annual Staff Refresher

**RIVERSIDE UNIVERSITY HEALTH SYSTEM – MEDICAL CENTER
DEPARTMENTAL**

		Document No: 545	Page 1 of 1
Title: Fluoroscopy Guidelines for Radiologic Technologists	Effective Date: 8/19/19	<input type="checkbox"/> RUHS – Behavioral Health <input type="checkbox"/> RUHS – Community Health Centers <input type="checkbox"/> RUHS – Hospital Based Clinics <input type="checkbox"/> RUHS – Medical Center <input type="checkbox"/> RUHS – Public Health <input checked="" type="checkbox"/> Departmental	
Approved By: Jeffrey Liebesman, Diagnostic Imaging Director		<input type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> Guideline	

PROCEDURE

Only Technologists with current fluoroscopy licenses are permitted to operate fluoroscopy equipment and perform fluoroscopy examinations.

Examinations include: terminal ileum spots, voiding cytograms and retrograde urethrograms. Appropriately licensed radiologic technologists will be trained in proper fluoroscopic utilization for terminal ileum spot films, VCUG's, and retrograde urethrograms and undergo supervised proctoring.

Proctoring will consist of direct supervision by a radiologist or designated technologist during performance of five exams each of voiding cystourethrograms, terminal ileum spot and retrograde urethrograms. Proctoring will include the proper utilization and restriction of radiation and proper views to delineate pathology. After completion of proctoring, the technologist will perform exams with indirect supervision by radiologist. Each case must be reviewed with the radiologist prior to performance to determine if special views are required and at conclusion of exam to determine that all necessary views have been obtained.

Document History:			
Release Dates: (11/10/2011, 12/30/2014)		Retire Date: (if applicable)	
Document Owner: (Diagnostic Imaging/Radiology)		Replaces Policy: (any previous version of this policy with a different name and/or number)	
Date Reviewed	Reviewed By:	Revisions Made?	Revision Description
08/19/19	(Jeffrey Liebesman, Diagnostic Imaging Director)	(Yes)	(Minor working changes throughout document, format changes title.)

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
Diagnostic Imaging Department

		Document No 346	Page 1 of 2
Title: ORIENTATION AND ANNUAL STAFF REFRESHER	Effective Date: 9/3/2019	<input type="checkbox"/> RUHS – Behavioral Health <input type="checkbox"/> RUHS – Community Health Centers <input type="checkbox"/> RUHS – Hospital Based Clinics <input type="checkbox"/> RUHS – Medical Center <input type="checkbox"/> RUHS – Public Health <input checked="" type="checkbox"/> Departmental	
	Approved By: <p align="right">Jeffrey Liebesman, Diagnostic Imaging Director</p>		<input type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> Guideline

PROCEDURE

1. The Nuclear Medicine supervisor will review the following at the time of hire and on an annual basis:
 - A. Nuclear Medicine orientation and annual refresher checklist
 - B. Location of Radiopharmaceutical License.
 - C. Radiation Safety Officer and Chairperson.
 - D. Location of Radioactive Materials License.
 - E. Nuclear Medicine Policy/Procedure manual.

2. The technical competencies listed on the Nuclear Medicine orientation and annual refresher checklist must be performed by an authorized observer (a person certified/qualified in the modality of Nuclear Medicine).

3. The authorized observer will initial and date the checklist in the designated Column (AO initials) after completion of each technical competency.

4. Once the entire checklist has been completed, the nuclear medicine supervisor will forward it to the department manager for signature.

5. A copy of the completed form will be kept in the employee file.