

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



ITEM: 15.1  
(ID # 23305)

MEETING DATE:  
Tuesday, November 07, 2023

**FROM :** (RUHS) RIVERSIDE UNIVERSITY HEALTH SYSTEM:

**SUBJECT:** RIVERSIDE UNIVERSITY HEALTH SYSTEM-MEDICAL CENTER: Ratify and Approve Medical Staff Appointments, Re-appointments, Clinical Privileges Proctoring, Additional Privileges, Withdrawal of Privileges, Leave of Absences, Resignations/Withdrawals, Automatic Termination, and Privileges, as Recommended by the Medical Executive Committee on January 12, 2023, February 9, 2023, March 9, 2023, April 13, 2023, May 11, 2023, June 8, 2023, All Districts. [\$0].

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

1. Ratify and approve medical staff appointments, reappointments, clinical privileges proctoring, additional privileges, withdrawal of privileges, leave of absence, resignations/withdrawals, automatic termination, and privileges, as recommended by the Medical Executive Committee on January 12, 2023, February 9, 2023, March 9, 2023, April 13, 2023, May 11, 2023, June 8, 2023.

**ACTION:**Policy

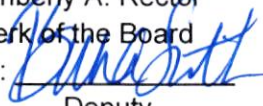
  
Jennifer Cruikshank, Chief Executive Officer - Health System 10/31/2023

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**MINUTES OF THE BOARD OF SUPERVISORS**

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

Ayes: Jeffries, Spiegel, Washington and Perez  
Nays: None  
Absent: Gutierrez  
Date: November 7, 2023  
xc: RUHS-Medical Center

Kimberly A. Rector  
Clerk of the Board  
By:   
Deputy

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

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$0	\$0	\$0	\$0
<b>NET COUNTY COST</b>	\$0	\$0	\$0	\$0
<b>SOURCE OF FUNDS: N/A</b>			<b>Budget Adjustment: No</b>	
			<b>For Fiscal Year: 22/23</b>	

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

**BACKGROUND:**

**Summary**

The Riverside University Health System Medical Center (RUHS-MC) is a licensed and accredited acute care hospital serving the needs of County residents since 1893. As an acute care hospital, RUHS-MC is required by the State of California and its Department of Public Health to have a "governing body" separate from its administrative leaders and medical staff leadership.

Per California Code of Regulations §70035 (see also 42 CFR 482.12 and Joint Commission Standard LD.01.03.01), the "governing body" is "the person, persons, board of trustees, directors or other body in whom the final authority and responsibility are vested for conduct of the hospital." On February 23, 1988 (Motion 3-35), the Board of Supervisors (Board) declared itself to be the "governing body" for the hospital.

Subsequently, on April 12, 1998 (Resolution No. 88-166), the Board also determined that it would hold at least one regularly scheduled meeting each month, acting as the Medical Center Governing Board, to "review hospital policy, quality of care, medical staff credentialing, institutional planning and continuing education matters" in accordance with hospital bylaws; which lay out the procedures and practices by which the Board of Supervisors, acting as the governing body of RUHS-MC, exercises that authority and meets the expectations of the State, the medical center's accrediting bodies and the federal healthcare programs.

The hospital bylaws were most recently reviewed and revised on November 14, 2017 (Item 3.22). In accordance with Article II and Article IV, of these bylaws, a hospital Medical Executive Committee is currently in place and composed of the Chief of Medical Staff, immediate past Chief of Medical Staff, Chief of Medical Staff elect, Secretary-Treasurer, Medical Director, Chair of the Performance Improvement Committee, and the Chair and Vice Chair of departments.

Pursuant to the duties of the hospital Medical Executive Committee to make recommendations directly to the Governing Board pertaining to recommendations regarding medical staff initial appointments, reappointments, and clinical privileges for eligible individuals, the Medical Executive Committee met monthly between January 2023 through June 2023, in consideration of its bi-annual submission to the Board.

During its meetings on January 12, 2023, February 9, 2023, March 9, 2023, April 13, 2023, May 11, 2023, and June 8, 2023, the Medical Executive Committee recommended to refer the following RUHS-MC Medical Staff recommendations to the Board of Supervisors for review and action:

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

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

The attached RUHS-MC Chief Executive Officer approvals provide information related to these topics. Their presentation and review by the Board not only helps the RUHS-MC to meet regulatory requirements, but also to be transparent about its operations, successes, and challenges.

**ATTACHMENTS:**

- ATTACHMENT A RUHS-MC CEO APPROVALS FOR MEDICAL STAFF ATTESTATION APPOINTMENT, REAPPOINTMENTS, AND CLINICAL PRIVILEGES (January 2023 through June 2023)
  
- ATTACHMENT B RUHS – MEDICAL CENTER PERFORMANCE IMPROVEMENT and PATIENT SAFETY PLAN 1.12.23
- ATTACHMENT C JC PERFORMANCE OVERSIGHT POLICY PEDIATRICS 2.9.23
- ATTACHMENT D PEER REFERENCE FORM 2.9.23
- ATTACHMENT E PSYCHIATRY CLINICAL PRIVILEGE FORM 3.9.23
- ATTACHMENT F APP TRAUMA and SURGICAL CRITICAL CARE PRIVELEGES 3.9.23
- ATTACHMENT G RUHS - ATTESTATION QUESTIONS 3.21.23
- ATTACHMENT H MEDICAL STAFF BYLAWS 5.11.23
- ATTACHMENT I OPHTHALMOLOGY CLINICAL PRIVILEGES 7.13.2023
- ATTACHMENT J GENERAL SURGERY PRIVILEGE FORM 7.13.2023

  
Jacqueline Ruiz, Sr. Management Analyst 11/1/2023



DATE: January 12, 2023  
 To: File  
 FROM: Medical Staff Executive Committee  
 SUBJECT: Medical Staff Attestation Appointment, Reappointments and Clinical Privileges

**INITIAL APPOINTMENT – January 12, 2023 - December 31, 2024**

NAME	STATUS	SPECIALTY	DEPARTMENT	BOARD STATUS
Alexander, Katherine A., NP	AHP-Provisional	Nurse Practitioner	Emergency Medicine	AANP
Leyson, Lauren R., PA	AHP-Provisional	Physician Assistant	Clinical Neurological Sciences	NCCPA
Mitchikoff, Kaylin B., NP	AHP-Provisional	Nurse Practitioner	Surgery	AACN
Paul, Laura E., MD	Provisional	Neurology	Medicine	Eligible
Ramirez, Juan Carlos NP	AHP-Provisional	Nurse Practitioner	Surgery	ANCC
Singh, Saloni, MD	Provisional	Psychiatry	Psychiatry	Eligible

**REAPPOINTMENTS - February 1, 2023 – January 31, 2025**

NAME	STATUS	SPECIALTY	DEPARTMENT	BOARD STATUS
Allen, Jonathan L., MD	Active	Orthopedic Surgery	Orthopedic Surgery	Orthopedic Surgery
Bannout, Firas, MD	Active	Neurology	Medicine	Neurology Clinical Neurophysiology Epilepsy
Bharadwaj, Aditya S., MD	Active	Cardiology	Medicine	Internal Medicine Cardiovascular Disease Interventional Cardiology
Drinhaus, Rolf F., MD	Active	Orthopedic Surgery	Orthopedic Surgery	Orthopedic Surgery
Granados, Kenneth, PA	AHP	Physician Assistant	Psychiatry	NCCPA
Hayton, William A., MD	Active	Psychiatry	Psychiatry	Psychiatry
Hopkins, Gail E., MD	Active	Orthopedic Surgery	Orthopedic Surgery	Orthopedic Surgery
Jodhka, Upinder MD	Active	Pediatric Cardiology	Pediatrics	Pediatric Pediatric Cardiology
Kamson, Olayinka A., MD	Active	Psychiatry	Psychiatry	Grandfathered
Kim, John J., MD	Active	Gastroenterology	Medicine	Internal Medicine Gastroenterology
Leung, Geoffrey MD	Administrative	Family Medicine	Family Medicine	Family Medicine
Martorell-Bendezu, Lily MD	Active	Neonatal/Perinatal Medicine	Pediatrics	Pediatrics Neonatal-Perinatal Medicine Internal Medicine
Minasian, Tanya, DO	Active	Neurological Surgery	Clinical Neurological Sciences	Neurological Surgery
Ochoa, William G., MD	Active	Internal Medicine	Medicine	Internal Medicine
Withdraw of Privilege: • Telemedicine				
Oei, Grace MD	Active	Critical Care	Pediatrics	Pediatrics Pediatric Critical Care Medicine
Rees, Alexandra, PA	AHP	Physician Assistant	Emergency Medicine	NCCPA
Withdraw of Privilege: • Lumbar Puncture				
Robison, Richard A., MD	Active	Neurological Surgery	Clinical Neurological Sciences	Neurological Surgery Pediatric Neurological Surgery
Schlechter, John A., DO	Active	Orthopedic Surgery	Orthopedic Surgery	Orthopedic Surgery Orthopedic Sports Medicine
Siddighi, Sam, MD	Active	Female Pelvic Medicine & Reconstructive Surgery	OB/GYN	OB/GYN Female Pelvic Medicine & Reconstructive Surgery
Steinmann, John C., DO	Active	Orthopedic Surgery	Orthopedic Surgery	Orthopedic Surgery
Sutjita, Made, MD	Active	Infectious Disease	Medicine	Internal Medicine Infectious Disease
To, Duc D., MD	Active	Internal Medicine	Medicine	Internal Medicine



Trupp, Diana L., MD	Active	Neonatal Perinatal Medicine	Pediatrics	Pediatrics Neonatal Perinatal Medicine
Umugbe, Oghenesume D., MD	Active	Psychiatry	Psychiatry	Psychiatry Child and Adolescent Psychiatry
Wang, Bing, MD	Active	Pathology	Pathology	Anatomic Pathology & Clinical Pathology

**FPPE/RECIPROCAL\* COMPLETE REMAIN ON PROVISIONAL**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Sanico, John H., MD	Provisional	Radiology	Radiology	Complete Remain Provisional

**FINAL FPPE/RECIPROCAL\* ADVANCEMENT OF STAFF CATEGORY**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Guglielmo, Mona MD	Provisional	Critical Care	Pediatrics	Advance to Active Status
Guglielmo, Robert MD	Provisional	Critical Care	Pediatrics	Advance to Active Status
Hou, Borin, MD	Provisional	Anesthesia	Anesthesia	Advance to Active Status
James, Janessa MD	Provisional	Pediatrics	Pediatrics	Advance to Active Status
Keliddari, Farhad, MD	Provisional	Radiology	Radiology	Advance to Active Status
Mehta, Khyati MD	Provisional	Pediatrics	Pediatrics	Advance to Active Status
Orth, Gregory J., MD	Provisional	Radiology	Radiology	Advance to Active Status
Sinha, Ashish C., MD	Provisional	Anesthesia	Anesthesia	Advance to Active Status
Sorenson, Steven M., MD	Provisional	Radiology	Radiology	Advance to Active Status
Truong-N, Khoa T., MD	Provisional	Anesthesia	Anesthesia	Advance to Active Status
Truong, Kevin, MD	Provisional	Psychiatry	Psychiatry	Advance to Active Status
Yue, Connie J., MD	Provisional	Anesthesia	Anesthesia	Advance to Active Status

**FPPE FINAL PROCTORING FOR ALLIED HEALTH PROFESSIONALS**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Juarez, Benjamin, PA	AHP-Provisional	Physician Assistant	Emergency Medicine	Complete
Rodriguez, Brian M., PA	AHP-Provisional	Physician Assistant	Orthopedic Surgery	Complete
Torsak, Collin B., PA	AHP-Provisional	Physician Assistant	Emergency Medicine	Complete

**FPPE FINAL PROCTORING FOR ADDITIONAL PRIVILEGES**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Hu, Eugene W., MD	Active	Emergency Medicine	Emergency Medicine	• TEE

**ADDITIONAL PRIVILEGES/WITHDRAWN PRIVILEGES**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Dastjerdi, Mohammad, MD	Active	Neurology	Medicine	Additional Privilege: • Telemedicine
Juarez, Benjamin, PA	AHP-Provisional	Physician Assistant	Emergency Medicine	Withdraw of Privileges: • Central Line/PICC Line Placement • Lumbar Puncture • Endotracheal Intubation • Arterial Cannulation • Thoracentesis • Paracentesis
Kim-Paglingayen, Jin Seon MD	Provisional	Family Medicine	Family Medicine	Additional Privilege: • Pediatric Inpatient General Medical Diagnosis and Treatment Privileges
Torsak, Collin B., PA	AHP-Provisional	Physician Assistant	Emergency Medicine	Withdraw of Privileges: • Central Line/PICC Line Placement • Lumbar Puncture • Endotracheal Intubation • Arterial Cannulation • Thoracentesis • Paracentesis

**CHANGE IN STAFF CATEGORY**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Sanner, David A., MD	Provisional	Anesthesiology	Anesthesia	Advance to Active



**NAME CHANGE**

NAME	STATUS	SPECIALTY	DEPARTMENT	CHANGE TO:
Peterson, Sarah C., MD	Active	Emergency Medicine	Emergency Medicine	Malcom, Sarah C., MD

**AUTOMATIC TERMINATION, PER BYLAWS 3.8-3 (FAILURE TO COMPLETE PROCTORING)**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Darden, Lisa, NP	AHP-Provisional	Nurse Practitioner	Clinical Neurological Sciences	12/13/2022

**AUTOMATIC TERMINATION, PER BYLAWS 6.4-9 (FAILURE TO FILE COMPLETE REAPPOINTMENT)**


NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

**VOLUNTARY RESIGNATIONS/WITHDRAWALS\***

NAME	STATUS	SPECIALTY	DEPARTMENT	EFFECTIVE/REASON
Coiner, Abigail NP	Applicant	Nurse Practitioner	Family Medicine	Application Withdrawn
Esmail, Fatema Q., MD	Active	Ophthalmology	Ophthalmology	12/31/2022
Garberoglio, Maria MD	Active	Neonatology	Pediatrics	1/5/2023
Garcia, Dante, MD*	Applicant	Internal Medicine	Medicine	Application Withdrawn
Knerr, Grace A., PA	AHP	Physician Assistant	Emergency Medicine	11/30/2022
Skef, Wasseem, MD	Active	Gastroenterology	Medicine	10/31/2022
Tone, Ryan, MD	Provisional	Anesthesiology	Anesthesia	1/10/2023
Torsak, Collin B., PA	AHP	Physician Assistant	Emergency Medicine	12/01/2022
Wettstein, Michael E., MD	Provisional	Anesthesiology	Anesthesia	1/10/2023
Wright, Andrew P., MD	Active	Gastroenterology	Medicine	12/07/2022

I hereby:

- 1) Attest that the medical center's Medical Executive Committee meeting on January 12, 2023 recommended 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.

  
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 Jennifer Cruikshank  
 Chief Executive Officer – RUHS Medical Center



DATE: February 9, 2023  
 To: File  
 FROM: Medical Staff Executive Committee  
 SUBJECT: Medical Staff Attestation Appointment, Reappointments and Clinical Privileges

**INITIAL APPOINTMENT – February 9, 2023 - January 31, 2025**

NAME	STATUS	SPECIALTY	DEPARTMENT	BOARD STATUS
Castillo, Cynthia, NP	Applicant	Nurse Practitioner	Surgery	AANPCB
Duong, Kelvin, NP	Applicant	Nurse Practitioner	Surgery	PNCB
Greas, Michael R., MD	Applicant	Pathology	Pathology	Pathology
Jabaji, Ziyad, MD	Applicant	Surgery	Surgery	Surgery Colon/Rectal Surgery
Jerez-Aguilar, Brenda NP	Applicant	Nurse Practitioner	Family Medicine	AANP
Vu, Ivy NP	Applicant	Nurse Practitioner	Family Medicine	AANP

**REAPPOINTMENTS - March 1, 2023 – February 28, 2025**

NAME	STATUS	SPECIALTY	DEPARTMENT	BOARD STATUS
Agbisit, Michael A., NP	AHP	Nurse Practitioner	Anesthesia	AACN
Downing, Stephanie R., MD	Active	Surgical Critical Care	Surgery	Surgery Surgical Critical Care
Gomez, Neptali R., MD	Provisional	General Surgery	Surgery	Surgery
Grant, Sophia R., MD	Active	Child Abuse	Pediatrics	Pediatrics Child Abuse Pediatrics
Hong, Linda J., MD	Courtesy	OB/GYN	OB/GYN	OB/GYN Gynecologic Oncology
Status changed from Active to Courtesy due to no patient volume				
Ioffe, Yevgeniya, MD	Courtesy	OB/GYN	OB/GYN	OB/GYN Gynecologic Oncology
Status changed from Active to Courtesy due to no patient volume				
James, Janessa A., MD	Active	Pediatrics	Pediatrics	Pediatrics
Lopata, Lindsay, MD	Active	Anesthesiology	Anesthesia	Anesthesiology
Lopez, Merrick R., MD	Active	Critical Care	Pediatrics	Pediatrics Pediatric Critical Care Medicine
• 1 Dismissed Claim 10/2021				
Mattison, Katherine M., NP	AHP	Nurse Practitioner	Medicine	AANP
Mehta, Khyati, MD	Active	Gastroenterology	Pediatrics	Pediatrics Pediatric Gastroenterology
Mirshahidi, Hamid R., MD	Courtesy	Hematology/Oncology	Medicine	Internal Medicine Hematology Medical Oncology
Pandit, Ivy C., MD	Active	Internal Medicine Geriatrics	Medicine	Internal Medicine Geriatric Medicine Hospice & Palliative Medicine
Withdraw of Privilege: • Telemedicine				
Parks, Kelly C., DPM	Active	Podiatry	Orthopedic Surgery	Podiatric Medicine
Scalzitti, Heidi, MD	Active	Internal Medicine	Medicine	Internal Medicine
Tagge, Edward P., MD	Active	Surgical Critical Care	Surgery	Surgical Critical Care Pediatric Surgery Surgery
Teruya, Theodore H., MD	Active	Vascular Surgery	Surgery	Vascular Surgery Surgery
Van Putten, Douglas J., MD	Active	Ophthalmology	Ophthalmology	Ophthalmology
Zaheer, Salman, MD	Courtesy	Thoracic Surgery	Surgery	Thoracic Surgery Surgery



**FPPE/RECIPROCAL\* COMPLETE REMAIN ON PROVISIONAL**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Batton, Emily MD	Provisional	Pediatrics	Pediatrics	Remain on Provisional
Choi, David M., MD	Provisional	Ophthalmology	Ophthalmology	Remain on Provisional
Filler, Taylor N., MD	Provisional	Emergency Medicine	Emergency Medicine	Remain on Provisional
Kwon, Ohwook, MD	Provisional	Interventional Vascular Radiology	Radiology	Remain on Provisional
Tafazoli, Faranak S., MD	Provisional	Teleradiology	Radiology	Remain on Provisional

**FINAL FPPE/RECIPROCAL\* ADVANCEMENT OF STAFF CATEGORY**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Khera, Sofia MD	Provisional	Pediatrics	Pediatrics	Advance to Active
Rivera Melara, Luis MD	Provisional	Neonatology	Pediatrics	Advance to Active
Zerr, Ashley MD	Provisional	Pediatrics	Pediatrics	Advance to Active

**FPPE FINAL PROCTORING FOR ALLIED HEALTH PROFESSIONALS**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Hacopian, David S., PA	AHP	Physician Assistant	Orthopedic Surgery	Complete

**FPPE FINAL PROCTORING FOR ADDITIONAL PRIVILEGES**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				•

**ADDITIONAL PRIVILEGES/WITHDRAWN PRIVILEGES**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Filler, Taylor N, MD	Provisional	Emergency Medicine	Emergency Medicine	Withdraw of Privilege: • TEE

**CHANGE IN STAFF CATEGORY**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

**NAME CHANGE**

NAME	STATUS	SPECIALTY	DEPARTMENT	CHANGE TO:
None				

**AUTOMATIC TERMINATION, PER BYLAWS 3.8-3 (FAILURE TO COMPLETE PROCTORING)**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

**AUTOMATIC TERMINATION, PER BYLAWS 6.4-9 (FAILURE TO FILE COMPLETE REAPPOINTMENT)**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

**VOLUNTARY RESIGNATIONS/WITHDRAWALS\***

NAME	STATUS	SPECIALTY	DEPARTMENT	EFFECTIVE/REASON
Bradford, Benjamin, D., MD	Active	Head Neck & Oto	Surgery	2/3/2023
Brandt, David M., NP	AHP-Provisional	Nurse Practitioner	Anesthesia	1/10/2023
Choi, Nicole U., MD	Active	Internal Medicine	Medicine	1/9/2023
Cullom, Christopher, MD	Provisional	Anesthesiology	Anesthesia	1/13/2023
Dadachanji, Kaivan DO	Active	Pediatrics	Pediatrics	3/31/2023
Debay, Marc J., MD	Provisional	Family Medicine	Family Medicine	1/1/2023 / voluntary resignation
Garvanovic, Samantha, H., MD	Provisional	Anesthesiology	Anesthesia	1/17/2023
Keliddari, Farhad, MD	Provisional	Radiology	Radiology	1/12/2023
Nong, Ellen, PA*	Applicant	Physician Assistant	Clinical Neurological Sciences	Application Withdrawn
Oesterle, Troy D., PA	AHP	Physician Assistant	Emergency Medicine	1/5/2023





Srivastava, Shrinkhala, MD	Active	Endocrinology	Pediatrics	3/31/2023
Yao, Tom, MD	Active	Anesthesiology	Anesthesia	1/16/2023
Wu, Patrick R., DO	Active	Internal Medicine	Medicine	2/3/2023

I hereby:

- 1) Attest that the medical center's Medical Executive Committee meeting on February 9, 2023 recommended 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.

A handwritten signature in blue ink, appearing to read 'Jennifer Crulkshank', is written over a horizontal line.

Jennifer Crulkshank  
Chief Executive Officer – RUHS Medical Center



DATE: March 9, 2023  
 To: File  
 FROM: Medical Staff Executive Committee  
 SUBJECT: Medical Staff Attestation Appointment, Reappointments and Clinical Privileges

**INITIAL APPOINTMENT – March 9, 2023 - February 28, 2025**

NAME	STATUS	SPECIALTY	DEPARTMENT	BOARD STATUS
Bang, Sunny, MD Temporary Privilege Granted 3/1/2023	Provisional	Emergency Medicine	Emergency Medicine	Eligible
Bhuller, Amardip S., MD	Applicant	Plastic Surgery	Surgery	Plastic Surgery General Surgery
Bock, Alexandra M., CRNA Temporary Privilege Granted 3/6/23	Disaster Privileges / Applicant	Certified Registered Nurse Anesthetist	Anesthesia	NBCRNA
Finley, John M., DO	Applicant	Internal Medicine	Medicine	Internal Medicine Rheumatology
Huynh, Bichtram	Temporary Privileges / Applicant	Pediatrics	Pediatrics	Pediatrics Internal Medicine
Johnson, Craig M., CRNA Temporary Privilege Granted 3/6/23	Disaster Privileges / Applicant	Certified Registered Nurse Anesthetist	Anesthesia	NBCRNA
Le, Anh MD	Applicant	Pediatrics	Pediatrics	Pediatrics
Lushanko, Cailey G., CRNA Temporary Privilege Granted 3/2/23	Disaster Privileges / Applicant	Certified Registered Nurse Anesthetist	Anesthesia	NBCRNA
Mariano, Sharlette, FNP	Applicant	Nurse Practitioner	Neurosurgery	AANP
Miranda, Ivana, CRNA Temporary Privilege Granted 3/7/23	Disaster Privileges / Applicant	Certified Registered Nurse Anesthetist	Anesthesia	NBCRNA
Montesinos, Montserrat MD	Applicant	Neurology	Pediatrics	Neurology w/special qualifications in Child Neurology
Pechinko, Brittany A., CRNA Temporary Privilege Granted 3/6/23	Disaster Privileges / Applicant	Certified Registered Nurse Anesthetist	Anesthesia	NBCRNA
Prieto, Carina M., NP	Applicant	Nurse Practitioner	Neurosurgery	AACN
Randolph, John F., MD	Applicant	Geriatrics	Family Medicine	Family Medicine Geriatric Medicine
Satterfield, Grace L., CRNA Temporary Privilege Granted 3/2/23	Disaster Privileges / Applicant	Certified Registered Nurse Anesthetist	Anesthesia	NBCRNA
Serrano, Ryan MD	Applicant	Cardiology	Pediatrics	Pediatrics Pediatric Cardiology
Shimmon, Ariel N., CRNA Temporary Privilege Granted 3/1/2023	Disaster Privileges / Applicant	Certified Registered Nurse Anesthetist	Anesthesia	NBCRNA
Shukla, Medha MD	Applicant	Gastroenterology	Pediatrics	Pediatrics
Susleck, Dacia C., CRNA Temporary Privilege Granted 3/4/23	Disaster Privileges / Applicant	Certified Registered Nurse Anesthetist	Anesthesia	NBCRNA
Stump, Robert P., MD	Applicant	Anesthesiology	Anesthesia	Anesthesiology
White, Steven C., MD	Applicant	Teleradiology	Diagnostic Radiology	Diagnostic Radiology
Yang, Eric, PA	Applicant	Nurse Practitioner	Surgery	NCCPA

Zarecki, Esther MD	Applicant	Family Medicine	Family Medicine	Family Medicine
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**REAPPOINTMENTS – April 1, 2023 – March 31, 2025**

NAME	STATUS	SPECIALTY	DEPARTMENT	BOARD STATUS
Alkhairy, Tahir M., MD	Telehealth	Radiology	Diagnostic Radiology	Diagnostic Radiology
Bustillo, Sofia C., PA	AHP	Physician Assistant	Emergency Medicine	NCCPA
Edwards, Sara, MD Additional Privilege: • Ambulatory	Active	Surgical Critical Care	Surgery	Surgery Surgical Critical Care
Hansen, Alexandra L., PA	AHP	Physician Assistant	Emergency Medicine	NCCPA
Kang, Ilho, MD	Active	Internal Medicine	Medicine	Internal Medicine
Kheradpour, Albert MD  •	Active	Hematology/Oncology	Pediatrics	Pediatrics Pediatric Hematology/Oncology
Labha, Joel A., DO  Additional Privilege: • TEE	Active	Emergency Medicine	Emergency Medicine	Emergency Medicine
Lodriguito, Ida Z., MD	Active	Psychiatry	Psychiatry	Grandfathered
Michelson, David J., MD	Consulting	Neurology	Pediatrics	Pediatrics Neurology w/special qualifications in Child Neurology
Ochoa, Humberto R., MD  Additional Privilege: • Telemedicine	Active	Emergency Medicine	Emergency Medicine	Emergency Medicine
Razzouk, Akram Y., MD	Active	Psychiatry	Psychiatry	Psychiatry
Solaimani, Pejman, MD  Additional Privileges: • Ambulatory • Fluoroscopy	Active	Gastroenterology	Medicine	Internal Medicine Gastroenterology
Walia, Jaswinder K., MD	Courtesy	Psychiatry	Psychiatry	Psychiatry Psychosomatic Medicine

**FPPE/RECIPROCAL\* COMPLETE REMAIN ON PROVISIONAL**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Mukadam, Shireen MD	Provisional	Cardiology	Pediatrics	Remain on Provisional
Raae-Nielsen, Jennifer E., MD	Provisional	Emergency Medicine	Emergency Medicine	Remain on Provisional
Saint-Preux, MD	Provisional	Pain Medicine	Anesthesia	Remain on Provisional
Zuckerman, Jeffrey A., MD	Provisional	Radiology	Radiology	Remain on Provisional

**FINAL FPPE/RECIPROCAL\* ADVANCEMENT OF STAFF CATEGORY**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Ali, Arham, MD	Provisional	Critical Care	Pediatrics	Advance to Active
Chawla, Harmanpreet S., MD	Provisional	Critical Care	Pediatrics	Advance to Active
Collins, Chelsea L., MD	Provisional	Hematology/Oncology	Pediatrics	Advance to Active
Jain, Akshat MD	Provisional	Hematology/Oncology	Pediatrics	Advance to Active
McCalla, Derek J., MD	Provisional	Pediatrics	Pediatrics	Advance to Active
Puri, Latika MD	Provisional	Hematology/Oncology	Pediatrics	Advance to Active
Shu, Stanford MD	Provisional	Neurology	Pediatrics	Advance to Active

**FPPE FINAL PROCTORING FOR ALLIED HEALTH PROFESSIONALS**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Darden, Lisa, NP	AHP Provisional	Nurse Practitioner	Neurosurgery	

**FPPE FINAL PROCTORING FOR ADDITIONAL PRIVILEGES**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

**ADDITIONAL PRIVILEGES/WITHDRAWN PRIVILEGES**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Raae-Nielsen, Jennifer E., MD	Provisional	Emergency Medicine	Emergency Medicine	Withdraw of Privilege: • TEE
Solonuik, Leonard, MD	Active	Anesthesiology	Anesthesia	Additional Privilege: • Basic Pain Medicine • Advanced Pain Medicine • Moderate Sedation • Participate in Teaching Program

**CHANGE IN STAFF CATEGORY**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

**NAME CHANGE**

NAME	STATUS	SPECIALTY	DEPARTMENT	CHANGE TO:
None				

**AUTOMATIC TERMINATION, PER BYLAWS 3.8-3 (FAILURE TO COMPLETE PROCTORING)**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

**AUTOMATIC TERMINATION, PER BYLAWS 6.4-9 (FAILURE TO FILE COMPLETE REAPPOINTMENT)**


NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Farzin Gohar, Shadi MD	Provisional	Hematology/Oncology	Pediatrics	
Jenkins, Erin L., MD	AHP	Nurse Practitioner	Medicine	Failed to provide missing items

**VOLUNTARY RESIGNATIONS/WITHDRAWALS\***

NAME	STATUS	SPECIALTY	DEPARTMENT	EFFECTIVE/REASON
Brandt, David, NP	AHP – Provisional	Anesthesiology	Anesthesia	Effective 1/10/2023
Chan, Roxanne, MD	Tele-Health	Radiology	Radiology	Effective 2/27/2023
Cullom, Christopher J., MD	Provisional	Anesthesiology	Anesthesia	Effective 1/11/2023
Ho, Derek K., MD	Active	Anesthesiology	Anesthesia	Effective 6/30/2022
Molina, Enrique, CRNA	Applicant	Anesthesiology	Anesthesia	Application withdrawn
Nist, Laura D., MD	Active	Neurology	Medicine	Deceased
Nouri, Navid, MD	Applicant	Radiology	Radiology	Application withdrawn

I hereby:

- 1) Attest that the medical center's Medical Executive Committee meeting on March 9, 2023 recommended 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



DATE: April 13, 2023  
 To: File  
 FROM: Medical Staff Executive Committee  
 SUBJECT: Medical Staff Attestation Appointment, Reappointments and Clinical Privileges

**INITIAL APPOINTMENT – April 13, 2023 – March 30, 2025**

NAME	STATUS	SPECIALTY	DEPARTMENT	BOARD STATUS
Chan, Eric H., MD	Provisional	Ophthalmology	Ophthalmology	Ophthalmology
Friedler, Eli, E., MD	Provisional	Psychiatry	Psychiatry	Psychiatry Child Psychiatry
Javier, Rommel CRNA Temporary Privileges eff 3/14/23	AHP-Provisional	Anesthesia	Anesthesia	NBCRNA
Sethman, Lindsey, NP	AHP-Provisional	Nurse Practitioner	Clinical Neurological Sciences	AANP
Truong-N, Khoa T., MD Temporary Privileges Eff 3/10/23	Provisional	Anesthesiology	Anesthesia	Anesthesiology

**REAPPOINTMENTS – May 1, 2023 – April 30, 2025**

NAME	STATUS	SPECIALTY	DEPARTMENT	BOARD STATUS
Alastra, Anthony J., MD	Active	Neurosurgery	Clinical Neurological Sciences	Neurosurgery
Azad, Armaghan, MD  Additional Privilege: • Telemedicine	Active	Family Medicine	Emergency Medicine	Family Medicine Lifestyle Medicine
Collins, Chelsea L., MD	Active	Hematology/Oncology	Pediatrics	Pediatrics Pediatric Hematology/Oncology
Hata, Justin T., MD	Active	Pain Medicine	Anesthesia	Pain Medicine Physical Medicine & Rehabilitation
Montejano, Arianna, NP	AHP	Nurse Practitioner	Surgery	PCNB
Neff, Kenneth, MD	Active	Anesthesiology	Anesthesia	Anesthesiology
Pak, Eugene, MD	Active	Anesthesiology	Anesthesia	Pain Medicine Neurology
Patel, Rita, NP	AHP	NP: Neonatology	Pediatrics	NCC
Sweetnam, Chad W., PA	AHP	Physician Assistant	Orthopedic Surgery	NCCPA
Ursu, Stefan, MD	Active	Psychiatry	Psychiatry	Psychiatry

**FPPE/RECIPROCAL\* COMPLETE REMAIN ON PROVISIONAL**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Galvis, Alvaro E., MD	Provisional	Infectious Disease	Pediatrics	Remain on Provisional Status
Heczko, Joshua B., MD	Provisional	Ophthalmology	Ophthalmology	Remain on Provisional Status

**FINAL FPPE/RECIPROCAL\* ADVANCEMENT OF STAFF CATEGORY**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Pruitt, Laura N., MD	Provisional	Critical Care	Pediatrics	Advance to Active Status

**FPPE FINAL PROCTORING FOR ALLIED HEALTH PROFESSIONALS**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Francois, Nedy NNP	AHP - Provisional	Neonatology	Pediatrics	Complete
Zwick, Tamar, PA	AHP - Provisional	Physician Assistant	Emergency Medicine	Complete

**FPPE FINAL PROCTORING FOR ADDITIONAL PRIVILEGES**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

**ADDITIONAL PRIVILEGES/WITHDRAWN PRIVILEGES**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Heilbronn, Jackson L., DO	Provisional	Internal Medicine	Medicine	Additional Privilege: • Moderate Sedation
Leung, Alexander, MD	Provisional	Thoracic Surgery	Surgery	Additional Privilege(s): • Cardiac Surgery Core Procedures
Nathaniel, Brandon L., MD	Active	Internal Medicine	Medicine	Additional Privilege: • Moderate Sedation
Van Putten, Douglas J., MD	Active	Ophthalmology	Ophthalmology	Additional Privilege: • Oculoplastic/Orbital/Neuro-Ophthalmology
Zaheer, Salman, MD	Courtesy	Thoracic Surgery	Surgery	Additional Privilege(s): • Cardiac Surgery Core Procedures
Zwick, Tamar, PA	AHP – Provisional	Physician Assistant	Emergency Medicine	Withdraw of Privileges: • Lumbar Puncture • Thoracentesis • Paracentesis

**CHANGE IN STAFF CATEGORY**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

**MODIFICATION OF PRIVILEGES**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Galvan, Vivian D., NP	AHP	Nurse Practitioner	Medicine	APP Cardiology Privilege Form
Guan, Howard D., MD	Active	Ophthalmology	Ophthalmology	Ophthalmology Privilege Form
Sierpina, David I., MD	Active	Ophthalmology	Ophthalmology	Ophthalmology Privilege Form
Van Putten, Douglas J., MD	Active	Ophthalmology	Ophthalmology	Ophthalmology Privilege Form

**NAME CHANGE**

NAME	STATUS	SPECIALTY	DEPARTMENT	CHANGE TO:
None				

**AUTOMATIC TERMINATION, PER BYLAWS 3.8-3 (FAILURE TO COMPLETE PROCTORING)**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

**AUTOMATIC TERMINATION, PER BYLAWS 6.4-9 (FAILURE TO FILE COMPLETE REAPPOINTMENT)**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Englander, David M., MD	Active	Emergency Medicine	Emergency Medicine	Effective 5/1/2023
Wang, Zheng, MD	Active	Anesthesiology	Anesthesia	Effective 6/1/2023

**VOLUNTARY RESIGNATIONS/WITHDRAWALS\***

NAME	STATUS	SPECIALTY	DEPARTMENT	EFFECTIVE/REASON
Anderson, Nancy J., MD	Active	Dermatology	Medicine	4/30/2023
Andrew, Melissa K., PA	AHP-Provisional	Physician Assistant	Orthopedic Surgery	3/14/2023
Chinnock, Timothy MD*	Applicant	Pediatrics	Pediatrics	Withdraw of Application
Gonzalez, Henry	Active	Anesthesiology	Anesthesia	11/18/22
Hamra, Stephen W., MD	Temporary	Pediatrics	Pediatrics	Withdraw of Application
Jeng, Jade MD*	Applicant	Pediatrics	Pediatrics	Withdraw of Application
Sanchez, Lyzette C., FNP*	Applicant	Neurosurgery	Clinical Neurological Sciences	Withdraw of Application
Sarathy, Shree N., MD	Active	Psychiatry	Psychiatry	12/14/22
Yeroushalmi, Parviz, MD*	Applicant	Psychiatry	Psychiatry	Withdraw of Application
Yousefi, Arash, MD*	Applicant	Neurology	Medicine	Withdraw of Application
Yuan, Adam, DO	Provisional	Anesthesiology	Anesthesia	03/16/2023



I hereby:

- 1) Attest that the medical center's Medical Executive Committee meeting on April 13, 2023 recommended 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.

A handwritten signature in blue ink that reads "Jennifer Cruikshank".

\_\_\_\_\_  
Jennifer Cruikshank  
Chief Executive Officer – RUHS Medical Center

DATE: May 11, 2023  
 To: File  
 FROM: Medical Staff Executive Committee  
 SUBJECT: Medical Staff Attestation Appointment, Reappointments and Clinical Privileges

**INITIAL APPOINTMENT – May 11, 2023 – April 30, 2025**

NAME	STATUS	SPECIALTY	DEPARTMENT	BOARD STATUS
Banzon, Robyn N., PA	AHP-Provisional	Physician Assistant	Clinical Neurological Sciences	NCCPA
Bithell, Chelsey A., MD Temps Requested 5/1/2023	Provisional	Pediatrics	Pediatrics	Eligible
Booth, Howard, CRNA	AHP-Provisional	Certified Registered Nurse Anesthetist	Anesthesia	NBCRNA
Chatterjee, Anish, MD	Provisional	Radiology	Radiology	Diagnostic Radiology
Egan, Katherine, CRNA Temps granted 3/1/23	Temporary Privileges	Certified Registered Nurse Anesthetist	Anesthesia	NBCRNA
Hampson, Christopher, MD	Provisional	Radiology	Radiology	Diagnostic Radiology Interventional Radiology
Honore, Alexander, CRNA	AHP-Provisional	Certified Registered Nurse Anesthetist	Anesthesia	NBCRNA
Reyes, Gina, CRNA Temps granted 4/5/23	AHP-Provisional	Certified Registered Nurse Anesthetist	Anesthesia	NBCRNA
Zanial, Ammar, CRNA Temps granted 3/4/23	AHP-Provisional	Certified Registered Nurse Anesthetist	Anesthesia	NBCRNA

**REAPPOINTMENTS – June 1, 2023 – May 31, 2025**

NAME	STATUS	SPECIALTY	DEPARTMENT	BOARD STATUS
Bravo, Thomas P., MD	Active	Neurology	Medicine	Neurology
Caputo, Roy J., MD  Additional Privilege: • Replantation Surgery	Active	Orthopedic Surgery	Orthopedic Surgery	Orthopedic Surgery Surgery of the Hand
Chon, Telianne, DO	Active	Anesthesiology	Anesthesia	Anesthesiology Pediatric Anesthesiology
Daguio, Amy Lynn M., MD	Provisional	Internal Medicine	Family Medicine	Internal Medicine
Haycock, Korbin H., MD	Active	Emergency Medicine	Emergency Medicine	Emergency Medicine
Ilano, Lynette E., MD	Active	Internal Medicine	Medicine	Internal Medicine
Jain, Akshat MD	Active	Hematology/Oncology	Pediatrics	Pediatrics Pediatric Hematology Oncology
Pandey, Neha, MD  Withdraw of Privilege: • Telemedicine	Active	Internal Medicine	Medicine	Internal Medicine
Sandhu, Vaneet K., MD	Active	Rheumatology	Medicine	Internal Medicine Rheumatology
Selim, Khaled M., MD  Withdraw of Privileges: • Anorectal Manometry • Endoscopic Ultrasound • Rigid	Active	Gastroenterology/ Transplant Hepatology	Medicine	Gastroenterology Transplant Hepatology



Sierpina, David I., MD	Active	Ophthalmology	Ophthalmology	Ophthalmology
Spencer, Rosemarie D., NP	Allied Health Professional	Neonatology	Pediatrics	NCC: Neonatal Nurse Practitioner
Thapamagar, Suman B., MD	Active	Pulmonary Critical Care	Medicine	Internal Medicine Pulmonary Disease Critical Care Medicine
Thomas, Mark E., DO	Active	Emergency Medicine	Emergency Medicine	Emergency Medicine
Vercio, Chad J., MD	Active	Pediatrics	Pediatrics	Pediatrics Pediatric Hospital Medicine Internal Medicine
Volk, Michael L., MD	Active	Gastroenterology	Medicine	Internal Medicine Gastroenterology Transplant Hepatology

**FPPE/RECIPROCAL\* COMPLETE REMAIN ON PROVISIONAL**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Bovee, Kristie E., MD	Provisional	Anesthesiology	Anesthesia	Remain on Provisional Status
Huang, Ming J., DO	Provisional	Anesthesiology	Anesthesia	Remain on Provisional Status
Gold, June-Anne, MD	Provisional	Genetics	Pediatrics	Remain on Provisional Status
Nagendra, Gautam, MD	Provisional	Gastroenterology	Pediatrics	Remain on Provisional Status
Silva, Rodolfo, MD	Provisional	Gastroenterology	Pediatrics	Remain on Provisional Status
Yala, Linda I., MD	Provisional	Surgical Critical Care	Surgery	Remain on Provisional Status

**FINAL FPPE/RECIPROCAL\* ADVANCEMENT OF STAFF CATEGORY**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Kapileshwarker, Yamini, MD	Provisional	Critical Care	Pediatrics	Advance to Active Status
Tsay, Eric, MD	Provisional	Endocrinology	Pediatrics	Advance to Active Status
Wang, Hua, MD	Provisional	Pediatrics	Pediatrics	Advance to Active Status

**FPPE FINAL PROCTORING FOR ALLIED HEALTH PROFESSIONALS**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Navarro, Jesus, NP	AHP-Provisional	Nurse Practitioner	Medicine	Complete

**FPPE FINAL PROCTORING FOR ADDITIONAL PRIVILEGES**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

**ADDITIONAL PRIVILEGES/WITHDRAWN PRIVILEGES**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Navarro, Jesus, NP	AHP-Provisional	Nurse Practitioner	Medicine	Withdrawal of Privilege: • Obtaining Informed Consent
Ventro, George J., MD	Provisional	Critical Care	Surgery	Additional Privilege: • Advanced Laparoscopic • Robotic Privileges

**CHANGE IN STAFF CATEGORY**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

**MODIFICATION OF PRIVILEGES**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Carson, Rachel L., PA	AHP	Physician Assistant	Medicine	APP GI/Hepatology Clinical Privilege Form
Khazaeni, Leila M., MD	Active	Ophthalmology	Ophthalmology	Ophthalmology Clinical Privileges
White, Craig A., MD	Active	Ophthalmology	Ophthalmology	Ophthalmology Clinical Privileges



**NAME CHANGE**

NAME	STATUS	SPECIALTY	DEPARTMENT	CHANGE TO:
None				

**AUTOMATIC TERMINATION, PER BYLAWS 3.8-3 (FAILURE TO COMPLETE PROCTORING)**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

**AUTOMATIC TERMINATION, PER BYLAWS 6.4-9 (FAILURE TO FILE COMPLETE REAPPOINTMENT)**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Flores, Michael L., DO	Active	Emergency Medicine	Emergency Medicine	Effective 6/1/2023

**VOLUNTARY RESIGNATIONS/WITHDRAWALS\***

NAME	STATUS	SPECIALTY	DEPARTMENT	EFFECTIVE/REASON
Archambeau, Benjamin A., DO	Active	Emergency Medicine	Emergency Medicine	4/14/2023
Chandwani, Deepak N., MD	Provisional	Emergency Medicine	Emergency Medicine	4/24/2023
Kennedy, William, MD	Active	Infectious Disease	Pediatrics	6/30/2023- Resign
Keyes, Brian, DO	Active	Anesthesiology	Anesthesia	4/10/2023
Kim, John J., MD	Active	Gastroenterology	Medicine	5/5/2023
Meixel, Antonie A., MD	Active	Neonatology	Pediatrics	5/20/2023 - Resign
Randolph, John F., MD	Provisional	Family Medicine	Family Medicine	3/21/2023 - Resign
Reuter, Robert, MD	Active	Radiology	Radiology	4/26/23
Williams, Shammah O., MD	Active	Cardiology	Medicine	4/12/2023

**End of Report**

I hereby:

- 1) Attest that the medical center's Medical Executive Committee meeting on May 11, 2023 recommended 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 Crulikshank

Chief Executive Officer – RUHS Medical Center

DATE: June 8, 2023  
 To: File  
 FROM: Medical Staff Executive Committee  
 SUBJECT: Medical Staff Attestation Appointment, Reappointments and Clinical Privileges

**INITIAL APPOINTMENT – June 8, 2023 – May 31, 2025**

NAME	STATUS	SPECIALTY	DEPARTMENT	BOARD STATUS
Austin, Mark H., MD	Provisional	Anesthesiology	Anesthesia	Anesthesiology
Chang, Andrew C., MD	Provisional	Gastroenterology	Medicine	Gastroenterology
Dubowitz, Gerald, MD	Provisional	Anesthesiology	Anesthesia	Anesthesiology
Mattheis, Jay K., MD • Re-Entry Plan	Provisional	Ophthalmology	Ophthalmology	Ophthalmology
Montoya, Reyna, NP	Provisional	Nurse Practitioner	Anesthesia	ANCC
Morris, Susie, MD	Provisional	Psychiatry	Psychiatry	Psychiatry Forensic Psychiatry
Patel, Ami N., MD	Provisional	Hematology/Oncology	Medicine	Internal Medicine Hematology Medical Oncology
Yeager, Violet, MD	Provisional	Psychiatry	Psychiatry	Eligible

**REAPPOINTMENTS – July 1, 2023 – June 30, 2025**

NAME	STATUS	SPECIALTY	DEPARTMENT	BOARD STATUS
Au, Huy D., MD Withdraw of Privileges: • Pediatrics	Active	Internal Medicine	Medicine	Internal Medicine
Borden, Kimberly G., MD	Active	Internal Medicine	Medicine	Internal Medicine
Brothers, Joel M., MD  Status change from Active to Courtesy due to low/no patient volume	Courtesy	Hematology/Oncology	Medicine	Internal Medicine Hematology Medical Oncology
Cao, Huynh L., MD	Courtesy	Hematology/Oncology	Medicine	Internal Medicine Medical Oncology
Carbajal, Shannon M., MD	Active	Internal Medicine	Medicine	Internal Medicine
Chen, Ronnie C., MD	Active	Interventional Vascular Radiology	Radiology	Diagnostic Radiology Interventional Radiology
Clarey, Karen S., MD	Moonlighting	Psychiatry	Psychiatry	N/A
Cooper, Kyle J., MD	Active	Interventional Vascular Radiology	Radiology	Diagnostic Radiology Interventional Radiology
Dao, Jr., Harry, MD	Active	Dermatology	Medicine	Dermatology
Davalos, Michael A., PA	AHP	Physician Assistant	Emergency Medicine	NCCPA
Dave, Amar M., MD	Active	Family Medicine	Family Medicine	Family Medicine Hospice & Palliative Medicine
Del Rosario, Christia J., MD	Active	OB / Gyn	OB / Gyn	OB / Gyn
Engelberg, Moises, DO  Additional Privilege: Participate in Teaching Program	Active	Ophthalmology	Ophthalmology	Ophthalmology
Friedman, Alexander, DO  Withdraw of Privilege: EKG Interpretation	Active	Internal Medicine	Medicine	Internal Medicine
Gilmore, Mariam M., DO Withdraw of Privilege: • Telemedicine	Active	Internal Medicine	Medicine	Internal Medicine
Gould, Tracy A., DO  Withdraw of Privilege: • Neonatal Core • Participate in Teaching Program	Active	Pediatrics	Pediatrics	Pediatrics
Hill, Bryan J., MD	Active	Female Pelvic Medicine and Reconstructive Surgery	OB / Gyn	Female Pelvic Medicine and Reconstructive Surgery OB / Gyn
Isaef, Wayne B., MD	Active	Ophthalmology	Ophthalmology	Ophthalmology

Jack, Sharon A., NP	AHP	Nurse Practitioner	Family Medicine	ANCC
Jellison, Forrest C., MD	Active	Urology	Surgery	Urology Female Pelvic Medicine and Reconstructive Surgery
LaBarte, Theresa L., DO  Withdraw of Privileges: <ul style="list-style-type: none"> <li>Lumbar Puncture, Diagnostic</li> <li>Nerve biopsy, performance and/or interpretation</li> </ul> Intraoperative monitoring of neurologic functions	Active	Neurology	Medicine	Neurology Clinical Neurophysiology Electrodiagnostic Medicine
Lan, Howard W., DO  Additional Privileges: Performance of history & physical exam, EKG, ambulatory, EKG monitoring & interpretation, exercise & pharmacological stress testing, stress echocardiography, transthoracic, temporary pacemaker insertion, pericardiocentesis, tilt table testing (part of core)	Active	Cardiology	Medicine	Internal Medicine Cardiovascular Disease Interventional Cardiology
Lim, Simon Christopher, MD	Active	Internal Medicine	Medicine	Internal Medicine
Ludi, Giselle Y., PA	AHP	Physician Assistant	Emergency Medicine	NCCPA
Malcolm, Sarah C., MD	Active	Emergency Medicine	Emergency Medicine	Emergency Medicine
McCowan, Ronald J., MD	Active	Internal Medicine/ Palliative Care	Medicine	Internal Medicine Cardiovascular Disease Cardiac Electrophysiology
Murga, Allen G., MD	Active	Vascular Surgery	Surgery	Surgery Vascular Surgery
Nguyen, My V., DO	Active	Pediatrics	Pediatrics	Pediatrics
Parmar, Monish A., MD	Active	Psychiatry	Psychiatry	Psychiatry
Puri, Latika MD	Active	Hematology/Oncology	Pediatrics	Pediatrics Pediatric Hematology/Oncology
Russell, Amy E., MD	Active	Emergency Medicine	Emergency Medicine	Emergency Medicine
Rybkin, Ivan, MD	Active	OB / Gyn	OB / Gyn	OB / Gyn
Saavedra, Madeline M., MD	Moonlighting	Psychiatry	Psychiatry	N/A
Skubic, John W., MD	Active	Orthopedic Surgery	Orthopedic Surgery	Orthopedic Surgery
Smith, Jason C., MD	Active	Interventional Vascular Radiology	Radiology	Vascular & Interventional Radiology
Solis, Daniel C., MD	Active	Internal Medicine	Medicine	Internal Medicine
Stier, Gary R., MD	Active	Anesthesiology	Anesthesia	Anesthesiology Critical Care Medicine Internal Medicine
Sweiss, Raed B., DO	Active	Neurosurgery	Neurosurgery	Neurological Surgery
Tomihama, Roger T., MD	Active	Interventional Vascular Radiology	Radiology	Vascular & Interventional Radiology
Tran, Nancy A., DO	Active	Internal Medicine	Medicine	Internal Medicine
Truong, Alexander H., MD	Moonlighting	Psychiatry	Psychiatry	N/A
Wang, Canty, MD	Active	OB / Gyn	OB / Gyn	OB / Gyn
White, Craig A., MD	Active	Ophthalmology	Ophthalmology	Ophthalmology
Williams, Adepapo, MD	Active	Psychiatry	Psychiatry	Psychiatry Addiction Medicine
Yoro-Bacay, Vincent A., MD	Active	Pediatrics	Pediatrics	Pediatrics

**FPPE/RECIPROCAL\* COMPLETE REMAIN ON PROVISIONAL**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Bullard, Anthony, MD	Provisional	Radiology	Radiology	Remain on Provisional
Chamberlin, Joshua D., MD	Provisional	Urology	Surgery	Remain on Provisional
Heilbronn, Jackson L., DO	Provisional	Internal Medicine	Medicine	Remain on Provisional
Howitt, Loretta Y., MD	Provisional	Psychiatry	Psychiatry	Remain on Provisional
Park, Eunwoo, MD	Provisional	Hematology/Oncology	Medicine	Remain on Provisional
Shrestha, Manish P., MD	Provisional	Gastroenterology	Medicine	Remain on Provisional
Srikureja, Wichit, MD	Provisional	Gastroenterology	Medicine	Remain on Provisional
White, Steven, MD	Provisional	Radiology	Radiology	Remain on Provisional
Williams, Lance, MD	Provisional	Radiology	Radiology	Remain on Provisional

**FINAL FPPE/RECIPROCAL\* ADVANCEMENT OF STAFF CATEGORY**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Armon, Carmel, MD	Provisional	Neurology	Medicine	Advance to Active Status
Daguio, Amy Lynn M., MD	Provisional	Internal Medicine	Family Medicine	Advance to Active Status
Douglas, Michael, MD	Provisional	Anesthesiology	Anesthesia	Advance to Active Status
Gold, June-Anne, MD	Provisional	Genetics	Pediatrics	Advance to Active Status
Gonzalez, Reyna T., MD	Provisional	Surgical Critical Care	Surgery	Advance to Active Status
Liu, David X, MD	Provisional	Diagnostic Radiology	Radiology	Advance to Active Status
Sanico, John H., MD	Provisional	Diagnostic Radiology	Radiology	Advance to Active Status
Smithson, Sarah, DO	Provisional	OB / Gyn	OB / Gyn	Advance to Active Status
Swamy, Pooja M., MD	Provisional	Cardiology	Medicine	Advance to Active Status

**FPPE FINAL PROCTORING FOR ALLIED HEALTH PROFESSIONALS**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Garcia, Gryan Eroll R., NP	AHP-Provisional	Nurse Practitioner	Psychiatry	Complete
Kerr, William K., PA	AHP-Provisional	Physician Assistant	Medicine	Complete
Reyes-Garcia, Breanna R., PA	AHP-Provisional	Physician Assistant	Medicine	Complete
Wright, Janel L., PA	AHP-Provisional	Physician Assistant	Medicine	Complete

**FPPE FINAL PROCTORING FOR ADDITIONAL PRIVILEGES**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

**ADDITIONAL PRIVILEGES/WITHDRAWN PRIVILEGES**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Armon, Carmel, MD	Provisional	Neurology	Medicine	Withdraw of Privilege: • PCU
Kerr, William K., PA	AHP-Provisional	Physician Assistant	Medicine	Withdraw of Privileges: • Cardiac Pacing Assist • Arterial Line Placement • Pulmonary Artery Catheter Removal • Temporary Pacer Wire Removal • Cardiac Cath Lab Procedural Assist
Lee, Samuel J., MD	Active	Physical Medicine & Rehab	Medicine	Withdraw of Privilege: • Ambulatory
Park, Eunwoo, MD	Provisional	Internal Medicine	Medicine	Withdraw of Privileges: • Ambulatory • EKG
Reyes-Garcia, Branna R., PA	AHP-Provisional	Physician Assistant	Medicine	Withdraw of Privilege: • Obtaining Informed Consent
Shrestha, Manish P., MD	Provisional	Gastroenterology	Medicine	Withdraw of Privileges: • Ambulatory • Internal Medicine Core • PCU • ACCU
Srikureja, Wichit, MD	Provisional	Gastroenterology	Medicine	Withdraw of Privilege: • Ambulatory
Wright, Janel L., PA	AHP-Provisional	Physician Assistant	Medicine	Withdraw of Privilege: • Obtaining Informed Consent

**CHANGE IN STAFF CATEGORY**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Glivar, Phillip J., MD	Provisional	Orthopedic Surgery	Orthopedic Surgery	Advance to Active
Silva, Rodolfo, MD	Provisional	Pediatric Gastroenterology	Pediatrics	Advance to Active

**MODIFICATION OF PRIVILEGES**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Amador, Cory, PA	AHP	Physician Assistant	Medicine	APP GI/Hepatology Privilege Form

**NAME CHANGE**

NAME	STATUS	SPECIALTY	DEPARTMENT	CHANGE TO:
None				

**AUTOMATIC TERMINATION, PER BYLAWS 3.8-3 (FAILURE TO COMPLETE PROCTORING)**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

**AUTOMATIC TERMINATION, PER BYLAWS 6.4-9 (FAILURE TO FILE COMPLETE REAPPOINTMENT)**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
McLarty, Justin, MD	Provisional	Head & Neck Surgery	Surgery	6/30/2023

**AUTOMATIC TERMINATION, PER BYLAWS 3.5-b (FAILURE TO MEET MEMBERSHIP CRITERIA)**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Mohsin, Adnan, MD	Provisional	Internal Medicine	Medicine	No Alternate Physician identified

**AUTOMATIC TERMINATION, PER BYLAWS 3.5-q (FAILURE TO FILE COMPLETE OPPE)**

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Chowdhury, Farys R., DO	Active	Anesthesia	Anesthesia	Failure to meet OPPE requirement
Hou, Borin, MD	Active	Anesthesia	Anesthesia	Failure to meet OPPE requirement
Nguyen, Daniel, MD	Provisional	Anesthesia	Anesthesia	Failure to meet OPPE requirement

**VOLUNTARY RESIGNATIONS/WITHDRAWALS\***

NAME	STATUS	SPECIALTY	DEPARTMENT	EFFECTIVE/REASON
Ahmad, Kinza T., MD	Active	Ophthalmology	Ophthalmology	7/1/2023
Cesar, Jose M., MD	Provisional	Anesthesiology	Anesthesia	5/1/2023
Fergusson, Joseph E., MD	Active	Emergency Medicine	Emergency Medicine	7/1/2023
Henaq, Martha C., MD	Active	Ophthalmology	Ophthalmology	7/1/2023
Lavery, Adrian., MD	Active	Neonatology	Pediatrics	6/30/2023
Mann, Neel K., MD	Active	Gastroenterology	Medicine	6/23/2023
Victorovic, Danilo, MD	Active	Neurology	Medicine	6/17/2023
Townsend, Dwight, MD	Active	Psychiatry	Psychiatry	5/12/2023
Volk, Michael L., MD	Active	Gastroenterology	Medicine	6/20/2023

**End of Report**

I hereby:

- 1) Attest that the medical center's Medical Executive Committee meeting on May 11, 2023 recommended 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  
Performance Improvement and Patient Safety Plan  
July 2022 - June 2023**

## **I - INTRODUCTION**

Riverside University Health System-Medical Center (RUHS-Medical Center) is committed to fostering an environment that encourages performance assessment and improvement of patient care processes and outcomes.

This document serves as the hospital's Performance Improvement and Patient Safety Plan (PIPSP). It outlines the systems-based approach and methodologies used to improve organizational performance and patient safety. Under this plan, Riverside University Health System-Medical Center:

- Provides high quality clinical services and a safe environment by encouraging recognition and prompt reporting of risks to quality and safety so that actions can be initiated to mitigate risks and promote better outcomes.
- RUHS-Medical Center will initiate the journey towards culture of safety by utilizing a systematic approach.
- Achieves performance improvement in a systematic manner through multi-disciplinary collaboration and evidence-based practices.
- Ensure that the quality of care is consistently measured, monitored, and continuously improved; metrics may be selected to identify efficacy, appropriateness, availability, timeliness, effectiveness, continuity, efficiency, safety, and competency.
- Utilizes performance improvement information and aggregate data in formulating and achieving objectives of the strategic plan.

## **II - PURPOSE AND GOALS**

The purpose of the PIPSP is to reinforce the strategic performance goals of the organization and to assure a safe environment for patients, employees, and visitors. This plan describes the goals, organizational structure, and methodology employed to create a safe environment, and guide all components of RUHS-Medical Center—the governing body, medical staff, administration, management, clinical and non-clinical staff and volunteers—toward the achievement of this environment.

The goals of the plan include:

- Encourage leadership in prioritizing, planning, and providing strong direction for the implementation of performance improvement and patient safety standards.
- Integrate medical staff and all disciplines' involvement in performance improvement and patient safety activities.
- Identify and implement evidence-based best practice.
- Act as a central repository for quality information responsible for reporting data to appropriate committees, groups, and individuals.
- Identify high risk processes in order to focus action through, but not limited to, root cause analysis and failure mode and effects analysis.
- Integrate The Joint Commission Core Measures and National Patient Safety Goals in the hospital wide performance improvement process.
- Continuously maintain, revise, and expand hospital wide systems as necessary to be current in compliance with The Joint Commission standards, local and state, and federal regulations governing operation of acute care hospitals and trauma centers.
- To improve cost-effectiveness and decrease variation in care while maintaining and improving quality of services through maximum utilization of current resources and finding innovative ways of service delivery.

### **III - SCOPE OF SERVICES**

The RUHS-Medical Center PIPSP includes inpatient and Emergency Department services. The quality and safety of care is monitored from the time the patient enters the hospital through discharge to provide continuous appraisal on the provision of care throughout the continuum.

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The Board of Supervisors has the ultimate responsibility to establish, review, and maintain an integrated PIPSP through the hospital's leadership.

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The Medical Staff, including the Medical Director of Quality, and Medical Executive Committee (MEC), working collaboratively with the hospital executive leadership and the hospital's patient care services, share the responsibility for planning, designing, measuring, assessing, improving, and evaluating patient safety and effectiveness of all patient care services and outcomes.



MEC carries out several functions including oversight of implementation of policies and procedures related to medication usage, potential and confirmed sentinel events, root cause analyses and implementation of corrective actions.

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- In collaboration with the Patient Safety Officer, Quality Management, and Risk Management, and under the auspices of MEC, participate in a multidisciplinary root cause analysis of an actual or potential adverse event.

### **Administration**

The Executive Management Team Members are the Chief Executive Officer, the Chief Operating Officer, the Chief Financial Officer, the Chief Medical Officer, the Chief Nursing Officer, the Chief Information Officer, and Chief Clinical Integration Officer.

RUHS Executive Management provides direction and leadership for the performance improvement and patient safety activities by:

- Aligning strategic planning with PI activities;
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- Assessing and providing the adequacy and effectiveness of physical and financial resources to support identified and performance improvement priorities;

- Providing adequate time for personnel to be trained and participate in performance improvement activities including participation in significant care reviews;
- Providing appropriate data management processes to support measurement and analysis of performance improvement activities.
- Providing mechanisms to measure and analyze variation in performance improvement activities and support implementation of improvement initiatives in the frontline arena;
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- Ensuring that all sentinel events and near misses are identified and reported through incident reports, and that a thorough root cause analysis and action plans for improvement are completed timely.

### **Hospital Managers/Directors**

Hospital managers/directors are responsible for:

- Developing, measuring, analyzing, reporting, and improving performance indicators;
- Ensuring that all necessary and required quality control programs are in place;
- Leading performance improvement and patient safety activities in their areas(s) of responsibility and evaluation of results; and
- Ensuring that their staff has a basic understanding of the organization's approach to performance improvement, performance improvement activities, and their role in performance improvement and patient safety.

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- Coordinate with Risk Management root cause analysis of significant cases leading to potential or actual unexpected outcomes.
- Track and analyze common root causes of significant cases reviewed and present them to the medical staff and hospital leaders for action plan.
- Follow-up implementation of action plans for any unanticipated events.
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- Coordinate results of Peer Review in accordance with the Professional Practice Evaluation Program.
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The Patient Safety Officer is appointed by RUHS-Medical Center executive leadership with approval by the PIPSC. Responsibilities of the Patient Safety Officer include the following:

- Facilitates implementation of the RUHS-Medical Center Patient Safety Program.
- Collaborates with members of the Medical Staff, Quality Department, Risk Management, Infection Control, Life Safety, Security Office, Patient Advocacy, and Regulatory Compliance to effectively roll out organization wide quality and safety initiatives, to ensure a safe environment for RUHS-Medical Center patients and staff.
- Promotes compliance with the National Patient Safety Goals, Quality Reporting Measures, and other mandated performance indicators, and report compliance to Executive Administration.

### **Employees, medical staff members and volunteers**

All employees, medical staff, and volunteers are responsible for the following:

- Participate in identifying opportunities for improvement and data collection.
- Participate in multidisciplinary teams and implement actions to sustain improvement.
- Report actual patient safety incidents and conditions that may jeopardize patient safety and quality care.

### **The Performance Improvement and Patient Safety Committee**

The PIPSC functions as an oversight committee for all performance and patient safety activities in the clinical and service areas (Refer to Medical Staff Bylaws, Committee Functions Manual, for the description of this Committee and its membership). The Committee has the following responsibilities:

- Achieving performance improvement in a systematic manner through multi-disciplinary collaboration.
- Providing an ongoing, proactive approach that supports and encourages a culture of safety and reporting of patient safety events;
- Identification and mitigation of patient safety risks;
- Performing a thorough risk analysis, which includes, but not limited to, root cause analyses on reported patient safety events;
- Developing recommendations and action planning for proactive risk reduction;
- Monitoring, implementation and follow-up of patient safety process action plans;
- Incorporating patient safety principles into the design (and redesign) of existing processes and services, and determining performance improvement priorities within the organization;
- Monitoring regulatory compliance, which includes, but is not limited to, National Patient Safety Goals, Quality Reporting (which includes Core Measures, readmissions) and other mandated indicators
- Ensuring that procedures are in place to prevent the use of any intravenous connection, epidural connection, or enteral feeding connection for any purpose other than its intended purpose. (per SB 158); and

- Implementing and reviewing as needed, its patient safety, medication safety and root cause analysis processes to ensure unified oversight of patient safety events and all improvement efforts to mitigate future events. The purpose of this unified approach is intended to improve the timeliness and effectiveness of quality assurance and improvement activities.

## **V - PERFORMANCE IMPROVEMENT**

RUHS-Medical Center framework for improvement includes the following key methodologies:

**Lean:** is a management philosophy derived from Toyota Production System. It focuses on eliminating waste and reducing errors within the healthcare industry. Lean principles are customer focused, data driven decision not intuition, respect, results, accountability, and excellence.

**A3:** a problem-solving approach built around Plan, Do, Study, and Act (PDSA) that provides a structured way of thinking.

### **Performance Measurement and Monitoring**

Performance measurement and monitoring is accomplished in a systematic approach. Data will be used to:

- Establish a performance baseline;
- Describe a process performance or ability;
- Describe the dimensions of performance relevant to the functions, processes and outcomes; and
- Identify areas for more focused data collection to sustain improvement.

At a minimum, but not limited to, the organization collects data to monitor its performance on measures as outlined by the Joint Commission Standards, CMS, state regulations and priorities identified by hospital leadership. Measured data is aggregated and referred to the responsible department for analysis and action planning. The analyzed data is reported to the PIPSC, and then reported to the Medical Executive Committee and the Joint Conference Committee of the Governing Board.

## **Performance and Patient Safety Assessment**

Data is aggregated and analyzed using appropriate statistical method. Data for key indicators is reported over time, providing an opportunity to observe performance trends.

The organization requires an analysis of low performance trends or significant variations in performance or error patterns when the following is identified:

- Performance outcome is consistently below the set thresholds for the measure
- Significant variance in the performance outcomes compared to national, state, or jurisdictional cohort performance benchmark.
- Significant medication errors, “near misses”, and hazardous conditions;
- When a sentinel event occurs
- Confirmed significant transfusion reactions
- Major discrepancies, or patterns of discrepancies, between preoperative and postoperative (including pathologic) diagnoses; and
- Significant adverse events or trends associated with moderate or deep sedation and anesthesia use.

When an undesirable pattern, trend, or variation occurs, the adequacy of staffing, including nurse staffing, is included in the analysis of possible causes.

Risk assessment and mitigation of risk to patients is also identified using Failure Mode Effects Analysis (FMEA), which is a performance improvement process that focuses on a high-risk process. An area of focus is identified at least once within an 18-month period. By using FMEA, a proactive risk assessment examines a process in detail, including the sequencing of events. The FMEA assesses the risks, actual and potential, and identifies potential failure points. FMEA approved for 2022-2023: Diabetes Readmission Reduction

## **Assessment of Findings Related to the Performance of an Individual**

The design, measurement, assessment, and improvement of patient care include evaluation of the clinical performance of individuals with clinical privileges through their participation in peer review activities and with oversight from the Professional Practice Evaluation Committee (PPEC).

When the results of performance measurement and analysis relate to performance of an individual licensed practitioner, the medical staff determines their use in peer review, ongoing professional practice evaluation of the individual's competence, and a focused professional practice evaluation as appropriate. The medical staff has adopted the PPEC and peer review policy.

### **Prioritization of Performance Improvement Opportunities**

Prioritization of performance improvement initiatives are based on the following:

- Unanticipated adverse occurrences affecting patients;
- Impact on patient safety;
- Volume of patients affected or frequency with which the process occurs;
- Performance measurement and analysis findings;
- Alignment with mission, vision, commitments;
- Response to the needs and expectations of patients, families, and other customers;
- Availability of resources to improve the process;
- Ease with which the process can be improved.

Performance Improvement Priorities for 2022-2023 (see attachment A):

- Reduction of Patient Harm
  - Falls
  - PSI Events
- Transitions of Care
  - Simpler
- Maintaining a Culture of Safety through implementation of:
  - RUHS Cares
  - TeamSTEPPS

Performance improvement is not limited to these priorities. Continuous performance improvement efforts will also include indicators to improve performance of clinical best practices:

- Quality Reporting including Core Measures and Claims-based measures by CMSI
- Improving Experience:
  - Patient satisfaction (HCAHPS and CG-CAHPS)
  - Employee/Provider satisfaction
- Primary Stroke Center Core Measures
- Sepsis management and mortality
- Pressure injury prevention and management

- Quality Incentive Program (QIP)
  - Primary Care Access and Preventive Care
  - Behavioral Health Care
  - Care of Acute and Chronic Conditions
  - Care Coordination
  - Experience of Care
  - Improving Health Equity
  - Maternal and Perinatal Health
  - Patient Safety
  - Overuse/Appropriateness

#### Reduce risk and all-cause harm to patients

- Antibiotic stewardship
- Opioid stewardship
- Collaboration with Medication Safety program
- Infection prevention and control
- Compliance with new and existing National Patient Safety Goals (NPSG)
- Inpatient and OR Glycemic control
- Leapfrog safety measures

#### Improve care efficiencies and expand Lean methodology

- Inpatient unit performance board and daily huddle, Leadership rounding and front-line A3 projects.
- Hospital Throughput Committee
- Nursing Staffing Effectiveness

## **VI - PATIENT SAFETY**

RUHS-Medical Center strives for a culture of safety by implementing plans that reduce, prevent or mitigate harm. As part of the PIPSP, the search for potential patient safety risk is continual. Proactive risk-reduction strategies are based on community standards; evidence-based practice and professional guidelines and reflect the requirements of accreditation and regulatory agencies. Errors or “near misses” will be evaluated objectively and fairly using a structured method and tools to ensure that the focus is on a true safety culture that balances learning



with accountability and by separating blameless errors, used as an opportunity for learning, from blameworthy errors that is used for equitable discipline. Blameworthy errors would include serious failures to act responsibly, thereby creating or increasing risk to patient safety. RUHS-Medical Center has implemented the Executive Leadership Safety Event Oversight Team, a cohesive structure that will oversee the immediate actions following a significant safety event and monitor remediation. The revised general process for Root Cause Analysis is depicted in more detail on the attachment B.

### **Identification of patient safety issues**

Patient safety issues are identified through multiple sources, including but not limited to incident reports, patient grievances, patient satisfaction survey reports, performance improvement measurement analysis and findings, infection control findings, safety rounds, administrative rounds, regulatory compliance, Patient Safety Hotline, and other external sources of patient safety information. Recognizing that most incidents result from systems and process failures, the organization supports non-punitive reporting and encourage staff to report all errors or “near misses”.

### **Response to a patient safety incident**

Following an incident, staff will take necessary action to protect and support the patient’s clinical condition. For specific incidents, such as transfusion reactions, adverse drug reactions, and serious medication errors, procedures have been established to ensure the appropriate response. The patient’s physician will be contacted to report the incident and for staff to receive direction from the physician in responding to the incident.

Steps will be taken to control a hazardous condition, e.g. removing faulty equipment from service. Any information related to the incident will be preserved.

The incident will be reported as described below.

### **Incident reporting**

An effective incident reporting system and a "Just Culture" for handling/ managing reported incidents are critical to an effective patient safety program.

Incident reports are expected to be completed and submitted online within 2 days of the incident. Appropriate Department Managers and hospital leaders are notified in real time via email that a report has been submitted. The Department Manager(s) investigate within established timeframes and implement strategies to mitigate future similar events. Quality Management reviews all incident reports for completeness, timeliness, and accuracy of harm score assignments. Quality Management tracks, trends, aggregates, analyze, and reports incident frequencies and severities to assist leadership with prioritizing patient safety improvement initiatives. For a description of the incident reporting procedure, see RUHS-Medical Center Incident Reports policy.

### **Managing serious, potentially serious and sentinel events**

A process is in place to immediately report, investigate and conduct in-depth analysis of serious, potentially serious and sentinel events. A Root Cause Analysis is conducted for all sentinel events and reports of adverse events. The outcome of this process is an action plan targeting the root cause of the event. Progress on the implementation of the action plan is communicated to hospital and medical staff leadership, as well as the Board. For a description of this process, see the RUHS-Medical Center Sentinel Events policy.

### **Communication of unanticipated outcomes**

Following a serious or sentinel event, or a patient outcome which varies significantly from that which was anticipated, the patient, and when appropriate the patient's family, will be informed of the incident, as soon as reasonably possible.

The appropriate time and method of informing patients is determined by the healthcare team under the direction of the attending physician, nursing leadership and hospital administration. The team will determine the extent of detail to be provided, inclusion of family members, and the need for referral for additional support and/or resources. Disclosure will include factual data, avoiding speculation or assignment of blame. Continued dialogue with the patient will be coordinated by the attending physician in collaboration with the healthcare team, including hospital administration, to ensure preservation of the provider-patient relationship and patient/family involvement in the continued plan of care.

The team will designate one or two hospital staff members who will be the primary contacts for questions and to facilitate continuity of the patient's emotional and healthcare needs.

### **Sentinel Event Alerts**

Sentinel Event Alerts are received from The Joint Commission and used as a proactive measure to mitigate potential adverse outcomes for patients. An action plan may be instituted to address vulnerable areas in the organization related to the Sentinel Event Alert.

### **Root Cause Analysis (RCA)**

Significant adverse events are reviewed according to the frequency/severity matrix (see attachment B) for need of an RCA. A root cause analysis requires a comprehensive systematic analysis which seeks to go beyond individual performance issues to determine the gaps in systems that contributed to the adverse event and to identify strong corrective actions. Significant incidents that do not meet RCA criteria may still need a multidisciplinary detailed review. At RUHS-Medical Center, a multidisciplinary subcommittee of the PIPSC is put in place for completion of the root cause analysis or detailed review.

The Executive Leadership Safety Event Oversight Team will meet within 24 hours of notification of a significant or sentinel event to initiate immediate actions to contain the risk of immediate recurrence of the event.

### **Patient safety education**

Patient safety is incorporated into the orientation and continuing education of all staff, physicians, and volunteers. This education includes the expectation that patient safety events and risk to patient safety will be reported. Staff competency issues related to patient safety are identified in the performance evaluation process and are addressed on an individual, department or hospital-wide basis. This education includes, but is not limited to:

- General Orientation
- Nursing and New Graduate Nursing Orientation
- GME/Resident Orientation

- Annual Skills Days
- Departmental/unit in-service education
- Newsletters
- Annual Compliance Training

Education is provided by the Quality Department Team, Regulatory Compliance Team, Nursing Education Department, Human Resources, Chairs, Directors and Managers of Departments, and others as warranted.

The safety of health care delivery is enhanced by the involvement of the patient; appropriate to his/her condition, as a partner in the health care process. Patients and families are educated about their responsibility in helping to facilitate the safe delivery of care.

#### **VII - CONFIDENTIALITY**

Appropriate safeguards in compliance with HIPPA regulations have been established to restrict access to sensitive and confidential information, including privileged information protected pursuant to California Evidence Code 1157.

#### **VIII - ANNUAL EVALUATION**

The PIPSC will conduct an annual appraisal of the organizational performance improvement program.

## **Disaster Privileges Policy for Performance Review RUHS Department of Pediatrics**

### **Background:**

**Regarding Volunteer Licensed Independent Practitioners (LIP) granted disaster privileges to provide care, treatment and services**, EM.02.02.13 EP 4 requires that the medical staff oversee the performance of volunteer licensed independent practitioners granted disaster privileges. The oversight process must be defined, in writing, and replaces the 'traditional' FPPE/OPPE processes. Examples of ways such oversight may be accomplished may include, but are not limited to:

- direct observation
- mentoring
- medical record review

The organization determines any documentation requirements associated with their defined oversight process.

After the state of emergency ends (either at the national, federal, or local level, depending upon which allows the most time to address), organizations have 60 days to complete these requirements.

### **Policy:**

1. In the Department of Pediatrics, Volunteer Licensed Independent Practitioners (LIP) granted disaster privileges to provide care, treatment and services will be required to undergo at least one performance review per six months (of practice at RUHS) by completing one of the following:
  - a. Peer review – documented on a “Peer Review and Documentation Review Form.”
  - b. Direct Observation – documented on a “Peer Review and Documentation Review Form”
  - c. Mentoring – documentation may include a narrative statement or on a “Peer Review and Documentation Review Form”
  - d. Review of Incident Reports in which the practitioner was involved – documented in the hospital incident reporting system (Datix®) or on a “Peer Review and Documentation Review Form”
2. The Reviews will be completed prior to 60 days after the declared end of the Emergency / Disaster.

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- Report actual patient safety incidents and conditions that may jeopardize patient safety and quality care.

### **The Performance Improvement and Patient Safety Committee**

The PIPSC functions as an oversight committee for all performance and patient safety activities in the clinical and service areas (Refer to Medical Staff Bylaws, Committee Functions Manual, for the description of this Committee and its membership). The Committee has the following responsibilities:

- Achieving performance improvement in a systematic manner through multi-disciplinary collaboration.
- Providing an ongoing, proactive approach that supports and encourages a culture of safety and reporting of patient safety events;
- Identification and mitigation of patient safety risks;
- Performing a thorough risk analysis, which includes, but not limited to, root cause analyses on reported patient safety events;
- Developing recommendations and action planning for proactive risk reduction;
- Monitoring, implementation and follow-up of patient safety process action plans;
- Incorporating patient safety principles into the design (and redesign) of existing processes and services, and determining performance improvement priorities within the organization;
- Monitoring regulatory compliance, which includes, but is not limited to, National Patient Safety Goals, Quality Reporting (which includes Core Measures, readmissions) and other mandated indicators
- Ensuring that procedures are in place to prevent the use of any intravenous connection, epidural connection, or enteral feeding connection for any purpose other than its intended purpose. (per SB 158); and

- Implementing and reviewing as needed, its patient safety, medication safety and root cause analysis processes to ensure unified oversight of patient safety events and all improvement efforts to mitigate future events. The purpose of this unified approach is intended to improve the timeliness and effectiveness of quality assurance and improvement activities.

## **V - PERFORMANCE IMPROVEMENT**

RUHS-Medical Center framework for improvement includes the following key methodologies:

**Lean:** is a management philosophy derived from Toyota Production System. It focuses on eliminating waste and reducing errors within the healthcare industry. Lean principles are customer focused, data driven decision not intuition, respect, results, accountability, and excellence.

**A3:** a problem-solving approach built around Plan, Do, Study, and Act (PDSA) that provides a structured way of thinking.

### **Performance Measurement and Monitoring**

Performance measurement and monitoring is accomplished in a systematic approach. Data will be used to:

- Establish a performance baseline;
- Describe a process performance or ability;
- Describe the dimensions of performance relevant to the functions, processes and outcomes; and
- Identify areas for more focused data collection to sustain improvement.

At a minimum, but not limited to, the organization collects data to monitor its performance on measures as outlined by the Joint Commission Standards, CMS, state regulations and priorities identified by hospital leadership. Measured data is aggregated and referred to the responsible department for analysis and action planning. The analyzed data is reported to the PIPSC, and then reported to the Medical Executive Committee and the Joint Conference Committee of the Governing Board.

## **Performance and Patient Safety Assessment**

Data is aggregated and analyzed using appropriate statistical method. Data for key indicators is reported over time, providing an opportunity to observe performance trends.

The organization requires an analysis of low performance trends or significant variations in performance or error patterns when the following is identified:

- Performance outcome is consistently below the set thresholds for the measure
- Significant variance in the performance outcomes compared to national, state, or jurisdictional cohort performance benchmark.
- Significant medication errors, “near misses”, and hazardous conditions;
- When a sentinel event occurs
- Confirmed significant transfusion reactions
- Major discrepancies, or patterns of discrepancies, between preoperative and postoperative (including pathologic) diagnoses; and
- Significant adverse events or trends associated with moderate or deep sedation and anesthesia use.

When an undesirable pattern, trend, or variation occurs, the adequacy of staffing, including nurse staffing, is included in the analysis of possible causes.

Risk assessment and mitigation of risk to patients is also identified using Failure Mode Effects Analysis (FMEA), which is a performance improvement process that focuses on a high-risk process. An area of focus is identified at least once within an 18-month period. By using FMEA, a proactive risk assessment examines a process in detail, including the sequencing of events. The FMEA assesses the risks, actual and potential, and identifies potential failure points. FMEA approved for 2022-2023: Diabetes Readmission Reduction

## **Assessment of Findings Related to the Performance of an Individual**

The design, measurement, assessment, and improvement of patient care include evaluation of the clinical performance of individuals with clinical privileges through their participation in peer review activities and with oversight from the Professional Practice Evaluation Committee (PPEC).

When the results of performance measurement and analysis relate to performance of an individual licensed practitioner, the medical staff determines their use in peer review, ongoing professional practice evaluation of the individual's competence, and a focused professional practice evaluation as appropriate. The medical staff has adopted the PPEC and peer review policy.

### **Prioritization of Performance Improvement Opportunities**

Prioritization of performance improvement initiatives are based on the following:

- Unanticipated adverse occurrences affecting patients;
- Impact on patient safety;
- Volume of patients affected or frequency with which the process occurs;
- Performance measurement and analysis findings;
- Alignment with mission, vision, commitments;
- Response to the needs and expectations of patients, families, and other customers;
- Availability of resources to improve the process;
- Ease with which the process can be improved.

Performance Improvement Priorities for 2022-2023 (see attachment A):

- Reduction of Patient Harm
  - Falls
  - PSI Events
- Transitions of Care
  - Simpler
- Maintaining a Culture of Safety through implementation of:
  - RUHS Cares
  - TeamSTEPPS

Performance improvement is not limited to these priorities. Continuous performance improvement efforts will also include indicators to improve performance of clinical best practices:

- Quality Reporting including Core Measures and Claims-based measures by CMSI
- Improving Experience:
  - Patient satisfaction (HCAHPS and CG-CAHPS)
  - Employee/Provider satisfaction
- Primary Stroke Center Core Measures
- Sepsis management and mortality
- Pressure injury prevention and management

- Quality Incentive Program (QIP)
  - Primary Care Access and Preventive Care
  - Behavioral Health Care
  - Care of Acute and Chronic Conditions
  - Care Coordination
  - Experience of Care
  - Improving Health Equity
  - Maternal and Perinatal Health
  - Patient Safety
  - Overuse/Appropriateness

#### Reduce risk and all-cause harm to patients

- Antibiotic stewardship
- Opioid stewardship
- Collaboration with Medication Safety program
- Infection prevention and control
- Compliance with new and existing National Patient Safety Goals (NPSG)
- Inpatient and OR Glycemic control
- Leapfrog safety measures

#### Improve care efficiencies and expand Lean methodology

- Inpatient unit performance board and daily huddle, Leadership rounding and front-line A3 projects.
- Hospital Throughput Committee
- Nursing Staffing Effectiveness

## **VI - PATIENT SAFETY**

RUHS-Medical Center strives for a culture of safety by implementing plans that reduce, prevent or mitigate harm. As part of the PIPSP, the search for potential patient safety risk is continual. Proactive risk-reduction strategies are based on community standards; evidence-based practice and professional guidelines and reflect the requirements of accreditation and regulatory agencies. Errors or “near misses” will be evaluated objectively and fairly using a structured method and tools to ensure that the focus is on a true safety culture that balances learning

with accountability and by separating blameless errors, used as an opportunity for learning, from blameworthy errors that is used for equitable discipline. Blameworthy errors would include serious failures to act responsibly, thereby creating or increasing risk to patient safety. RUHS-Medical Center has implemented the Executive Leadership Safety Event Oversight Team, a cohesive structure that will oversee the immediate actions following a significant safety event and monitor remediation. The revised general process for Root Cause Analysis is depicted in more detail on the attachment B.

### **Identification of patient safety issues**

Patient safety issues are identified through multiple sources, including but not limited to incident reports, patient grievances, patient satisfaction survey reports, performance improvement measurement analysis and findings, infection control findings, safety rounds, administrative rounds, regulatory compliance, Patient Safety Hotline, and other external sources of patient safety information. Recognizing that most incidents result from systems and process failures, the organization supports non-punitive reporting and encourage staff to report all errors or “near misses”.

### **Response to a patient safety incident**

Following an incident, staff will take necessary action to protect and support the patient’s clinical condition. For specific incidents, such as transfusion reactions, adverse drug reactions, and serious medication errors, procedures have been established to ensure the appropriate response. The patient’s physician will be contacted to report the incident and for staff to receive direction from the physician in responding to the incident.

Steps will be taken to control a hazardous condition, e.g. removing faulty equipment from service. Any information related to the incident will be preserved.

The incident will be reported as described below.

### **Incident reporting**

An effective incident reporting system and a "Just Culture" for handling/ managing reported incidents are critical to an effective patient safety program.



Incident reports are expected to be completed and submitted online within 2 days of the incident. Appropriate Department Managers and hospital leaders are notified in real time via email that a report has been submitted. The Department Manager(s) investigate within established timeframes and implement strategies to mitigate future similar events. Quality Management reviews all incident reports for completeness, timeliness, and accuracy of harm score assignments. Quality Management tracks, trends, aggregates, analyze, and reports incident frequencies and severities to assist leadership with prioritizing patient safety improvement initiatives. For a description of the incident reporting procedure, see RUHS-Medical Center Incident Reports policy.

### **Managing serious, potentially serious and sentinel events**

A process is in place to immediately report, investigate and conduct in-depth analysis of serious, potentially serious and sentinel events. A Root Cause Analysis is conducted for all sentinel events and reports of adverse events. The outcome of this process is an action plan targeting the root cause of the event. Progress on the implementation of the action plan is communicated to hospital and medical staff leadership, as well as the Board. For a description of this process, see the RUHS-Medical Center Sentinel Events policy.

### **Communication of unanticipated outcomes**

Following a serious or sentinel event, or a patient outcome which varies significantly from that which was anticipated, the patient, and when appropriate the patient's family, will be informed of the incident, as soon as reasonably possible.

The appropriate time and method of informing patients is determined by the healthcare team under the direction of the attending physician, nursing leadership and hospital administration. The team will determine the extent of detail to be provided, inclusion of family members, and the need for referral for additional support and/or resources. Disclosure will include factual data, avoiding speculation or assignment of blame. Continued dialogue with the patient will be coordinated by the attending physician in collaboration with the healthcare team, including hospital administration, to ensure preservation of the provider-patient relationship and patient/family involvement in the continued plan of care.

The team will designate one or two hospital staff members who will be the primary contacts for questions and to facilitate continuity of the patient's emotional and healthcare needs.

### **Sentinel Event Alerts**

Sentinel Event Alerts are received from The Joint Commission and used as a proactive measure to mitigate potential adverse outcomes for patients. An action plan may be instituted to address vulnerable areas in the organization related to the Sentinel Event Alert.

### **Root Cause Analysis (RCA)**

Significant adverse events are reviewed according to the frequency/severity matrix (see attachment B) for need of an RCA. A root cause analysis requires a comprehensive systematic analysis which seeks to go beyond individual performance issues to determine the gaps in systems that contributed to the adverse event and to identify strong corrective actions. Significant incidents that do not meet RCA criteria may still need a multidisciplinary detailed review. At RUHS-Medical Center, a multidisciplinary subcommittee of the PIPSC is put in place for completion of the root cause analysis or detailed review.

The Executive Leadership Safety Event Oversight Team will meet within 24 hours of notification of a significant or sentinel event to initiate immediate actions to contain the risk of immediate recurrence of the event.

### **Patient safety education**

Patient safety is incorporated into the orientation and continuing education of all staff, physicians, and volunteers. This education includes the expectation that patient safety events and risk to patient safety will be reported. Staff competency issues related to patient safety are identified in the performance evaluation process and are addressed on an individual, department or hospital-wide basis. This education includes, but is not limited to:

- General Orientation
- Nursing and New Graduate Nursing Orientation
- GME/Resident Orientation

- Annual Skills Days
- Departmental/unit in-service education
- Newsletters
- Annual Compliance Training

Education is provided by the Quality Department Team, Regulatory Compliance Team, Nursing Education Department, Human Resources, Chairs, Directors and Managers of Departments, and others as warranted.

The safety of health care delivery is enhanced by the involvement of the patient; appropriate to his/her condition, as a partner in the health care process. Patients and families are educated about their responsibility in helping to facilitate the safe delivery of care.

#### **VII - CONFIDENTIALITY**

Appropriate safeguards in compliance with HIPPA regulations have been established to restrict access to sensitive and confidential information, including privileged information protected pursuant to California Evidence Code 1157.

#### **VIII - ANNUAL EVALUATION**

The PIPSC will conduct an annual appraisal of the organizational performance improvement program.

## **Disaster Privileges Policy for Performance Review RUHS Department of Pediatrics**

### **Background:**

**Regarding Volunteer Licensed Independent Practitioners (LIP) granted disaster privileges to provide care, treatment and services**, EM.02.02.13 EP 4 requires that the medical staff oversee the performance of volunteer licensed independent practitioners granted disaster privileges. The oversight process must be defined, in writing, and replaces the 'traditional' FPPE/OPPE processes. Examples of ways such oversight may be accomplished may include, but are not limited to:

- direct observation
- mentoring
- medical record review

The organization determines any documentation requirements associated with their defined oversight process.

After the state of emergency ends (either at the national, federal, or local level, depending upon which allows the most time to address), organizations have 60 days to complete these requirements.

### **Policy:**

1. In the Department of Pediatrics, Volunteer Licensed Independent Practitioners (LIP) granted disaster privileges to provide care, treatment and services will be required to undergo at least one performance review per six months (of practice at RUHS) by completing one of the following:
  - a. Peer review – documented on a “Peer Review and Documentation Review Form.”
  - b. Direct Observation – documented on a “Peer Review and Documentation Review Form”
  - c. Mentoring – documentation may include a narrative statement or on a “Peer Review and Documentation Review Form”
  - d. Review of Incident Reports in which the practitioner was involved – documented in the hospital incident reporting system (Datix®) or on a “Peer Review and Documentation Review Form”
2. The Reviews will be completed prior to 60 days after the declared end of the Emergency / Disaster.



MEDICAL STAFF SERVICES/ADMINISTRATION

April 20, 2023

«RS\_Name»  
 «RS\_Address»  
 «RS\_Address2»  
 «RS\_City», «RS\_State» «RS\_Zip»

Fax: «RS\_Fax»  
 Email: «RS\_Email»

Dear «RS\_Name»,

**RE: «FormalNameWithDegree»**

The above-named practitioner has applied/reapplied to the medical staff of Riverside University Health System. We must obtain a recommendation from peers before action can be taken from his/her clinical department chair, Credentials and Executive Committees, and Governing Board. Your evaluation should be based on your personal knowledge and observation of the practitioner's clinical knowledge and skills.

We thank you in advance for prompt response to this request, **please fax to «USERFAX» or email to «UserEmail»** If you should have any questions please feel free to contact the medical staff office at «UserTelephone»

«UserFullName»  
 Medical Staff Services

This evaluation is based on my personal knowledge and observations concerning the above practitioner's practice of his/her specialty.

**I. RELATIONSHIP OF REFERENCE SOURCE TO APPLICANT**

A. How long have you known the applicant?	
B. During what time period and in what capacity did you directly observe the applicant's practice of his/her specialty?	
C. Was your observation done in connection with any official professional title or position? If yes, please indicate title.	<input type="checkbox"/> No <input type="checkbox"/> Yes, Title:
D. Are you now or about to become related to the applicant as family or through a professional partnership or financial association?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Relationship:

**II. EVALUATION**

This evaluation should be based on demonstrated performance which is reasonably expected of a practitioner with a similar level of training, experience, and background as this applicant. In your response, provide any knowledge you have on these matters, particularly anything that warrants caution in granting the applicant medical staff appointment or a particular clinical privilege.

If any of the following are answered "Poor," please provide details.

If you do not have knowledge to answer a particular question, please indicate "Unknown."

	Poor	Fair	Good	Superior	Unknown
A. <u>Patient Care</u> : Provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease, and care at the end of life.					

	Poor	Fair	Good	Superior	Unknown
B. <u>Medical/Clinical Knowledge</u> : Demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of his/her knowledge to patient care and the education of others.					
C. <u>Practiced-Based Learning and Improvement</u> : Use scientific evidence and methods to investigate, evaluate, and improve patient-care practices.					
D. <u>Interpersonal and Communication Skills</u> : Demonstrate interpersonal and communication skills that enable him/her to establish and maintain professional relationships with patients, families, and other members of health-care teams.					
E. <u>Professionalism</u> : Demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, and understanding and sensitivity to diversity (including race, culture, gender, religion, ethnic background, sexual preference, language, mental capacity, and physical disability), and a responsible attitude toward his/her patients, profession, and society, and participation in medical staff organization activities.					
F. <u>System-Based Practice</u> : Demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care.					
G. <u>Medical Records</u> : Legible and timely completion of medical records.					
H. Ability to exercise the privileges requested. (Please refer to the attached privilege delineation form, which the applicant has completed.)					

**III. ACTIONS TAKEN AND CONDUCT**

If any of the following questions are answered "Yes," please give details on a separate page.

	No	Yes	Unknown
A. During the time noted in Item I., has this applicant ever been subject to any disciplinary action, such as imposition of consultation requirements, suspension, or termination?			
B. To your knowledge, has the applicant ever been under investigation by any government or other legal body?			
C. Are you aware of any investigations at the time the applicant left your institution, were any investigations or actions instituted, in process or pending against the applicant?			
D. Do you know of any malpractice actions instituted or in process against the applicant?			

**IV. HEALTH STATUS**

If the following question is answered "Yes," please give details under comments section below.

	No	Yes	Unknown
A. Are you aware of any condition (physical, mental, and emotional or substance related) that currently impairs the applicant's ability to practice medicine?			
Comments:			

**V. RECOMMENDATION**

- Recommend without reservation
- Recommend with the following reservations: \_\_\_\_\_  
\_\_\_\_\_

- Do not recommend (Please give details on a separate page.)  
What is the best time to contact you by phone? \_\_\_\_\_  
Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Reference Provided by: \_\_\_\_\_  
Signature Date

Enc: Privilege Form  
Consent to Release Information Form

Rev. 10.06.21; Rev. 2.9.23

RIVERSIDE UNIVERSITY HEALTH SYSTEM - MEDICAL CENTER  
**PSYCHIATRY CLINICAL PRIVILEGES**

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

- Initial Appointment  
 Reappointment

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

Page 1

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

**PSYCHIATRY CORE PRIVILEGES**

**CRITERIA:** To be eligible to apply for core privileges in general psychiatry, the initial applicant must meet the following criteria:

- Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited post-graduate training program in psychiatry.

**AND**

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

**REQUIRED PREVIOUS EXPERIENCE:** Applicants for initial appointment must be able to demonstrate the provision of inpatient, outpatient, or consultative services in the privileges requested for at least 30 patients during the past 12 months, or demonstrate successful completion of a hospital- affiliated accredited residency, special clinical fellowship, or research within the past 12 months.

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

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

**AND**

- Current demonstrated competence and an adequate volume of experience—ten (10) patients 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 of all applicants for renewal of privileges.

**AND**

- Participate in educational activities sponsored by the Department of Psychiatry and RCRMC. These activities include clinical and didactic teachings in the field of psychiatry, clinical supervision and evaluation of medical students or resident physicians and students of health care professions.



RIVERSIDE -UNIVERSITY HEALTH SYSTEM - MEDICAL CENTER  
**PSYCHIATRY CLINICAL PRIVILEGES**

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

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

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Description of Core Privilege

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**Requested General Psychiatry Core Privileges**

Admit, evaluate, diagnose, treat, discharge when appropriate, and provide consultation to adult patients and to child and adolescent patients when child psychiatrist is not available, except as specifically excluded from practice, those individuals presenting with mental, behavioral, addictive or emotional disorders, e.g., psychoses, depression, anxiety disorders, substance abuse disorders, developmental disabilities, sexual dysfunctions, and adjustment disorders.

Privileges include consultation with physicians in other fields, correctional facilities, clinics, and other departments of the hospital regarding mental, behavioral or emotional disorders, pharmacotherapy, psychotherapy, family therapy, behavior modification. Provide consultation to the courts and emergency psychiatry as well as ordering diagnostic, laboratory tests, and prescribing medications, including the performance of history and physical exams.

Privileges to assess, stabilize, and/or provide services to patients with emergent medical conditions consistent with medical staff policy regarding emergency and consultative call services. Complete legal documents as required and provide expert testimony for legal proceedings.

Privileges include Telepsychiatry conducting a thorough and timely psychiatric examination via two-way audio and video conferencing technology. Ordering and reviewing pertinent laboratory and imaging studies. Reviewing and correlating the results of relevant diagnostic test with the patient's clinical history and evaluation to formulate a differential diagnosis and to recommend and evaluation and management plan

- Approved**  
 **Denied**

RIVERSIDE -UNIVERSITY HEALTH SYSTEM - MEDICAL CENTER  
**PSYCHIATRY CLINICAL PRIVILEGES**

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

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

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**PSYCHIATRY RESIDENT IN TRAINING PRIVILEGES**

**CRITERIA:** To be eligible to apply for core privileges in general psychiatry, the initial applicant must meet the following criteria:

- Must meet the qualifications for general psychiatry core privileges (as stated above) with the following exceptions:
  - With the exception of having completed residency training, the applicant must meet all other requirements for medical staff membership.
  - Must be an advanced level resident in training (PGY-III or higher) in a psychiatry residency-training program approved by the Accreditation Council on Graduate Education (ACGME) or the American Osteopathic Association (AOA).
  - Must practice under supervision of a psychiatrist who is a current member of the RCRMC medical staff. The supervising psychiatrist must be continuously available to provide consultation, direction, and supervision (either in person or by telephone), must have daily oversight and sign-off on patient charts within 24 hours during the resident assigned tour of duty.
  - A psychiatry resident in training may be granted the same clinical privileges as other psychiatrists, however, all clinical privileges are authorized to be preformed only under the supervision of a qualified psychiatrist.
- Must possess a valid, current California State Medical License
- Must provide a letter from the resident's current Psychiatry residency program director must be submitted approving the clinic privileges which are being requested.
- Must remain in good standing with the resident's current Psychiatry residency training program, and must notify the RUHS Chairman, Department of Psychiatry immediately should the resident no longer be in good standing with their program.
- May not apply for privileges for supervision of psychologists or other AHP.

**Description of Core Privilege**

- Requested      Psychiatry Resident in Training –  
General Psychiatry Core Privileges as stated above  
In requesting these privileges, I certify that I am a psychiatry resident in training (PGY-III or higher) in an approved training program and will perform the requested privileges only under the supervision of a fully qualified psychiatrist.
- Approved
- Denied

**SUPERVISION OF ALLIED HEALTH PROFESSIONALS & PSYCHOLOGISTS**

- Requested      Supervision of AHPs and Psychologists
- Approved      Clinical and direct supervision of allied health professionals who work for the Department of Psychiatry. This includes clinical psychologist and professional psychology interns.
- Denied

RIVERSIDE -UNIVERSITY HEALTH SYSTEM - MEDICAL CENTER  
**PSYCHIATRY CLINICAL PRIVILEGES**

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

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

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**QUALIFICATIONS FOR  
SPECIAL NON-CORE PRIVILEGES**

See Specific Criteria below:

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

**PARTICIPATE IN TEACHING PROGRAM**

**SUPERVISION:** Supervision is an intervention provided by a supervising practitioner to a resident physician. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functions of the resident while monitoring the quality of professional services delivered. Supervision is exercised through observation, consultation, directing the learning of the residents, and role modeling.

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

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

**MAINTENANCE OF PRIVILEGE:**

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

**DESCRIPTION OF NON-CORE PRIVILEGE**

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

RIVERSIDE -UNIVERSITY HEALTH SYSTEM - MEDICAL CENTER  
**PSYCHIATRY CLINICAL PRIVILEGES**

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

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

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**ACKNOWLEDGMENT OF PRACTITIONER**

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

**DEPARTMENT CHAIR / DESIGNEE RECOMMENDATION**

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

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

Privilege	Condition / Modification / Explanation

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

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

RIVERSIDE -UNIVERSITY HEALTH SYSTEM - MEDICAL CENTER  
**PSYCHIATRY CLINICAL PRIVILEGES**

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

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

**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)**

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

**Department Chair/Designee:**

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

**Please print legibly.**

Privileges/Procedures to be Proctored		Number of FPPE Cases	Method of FPPE A. Concurrent B. Retrospective C. Reciprocal
1	General Core Psychiatry	10 varied cases	A,B,C as applicable

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

MEC Approved: 2/11/10, 12/13/18; 3/9/23  
Rev. 06/01/10, 11/10/10, 3/24/15, 12/13/18, 6/15/22

**ADVANCED PRACTICE PROVIDER (APP)**  
**TRAUMA AND SURGICAL CRITICAL CARE PRIVILEGES**

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

Staff Category: **AHP**

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

**CRITERIA:** To be eligible to apply for clinical privileges as a Nurse Practitioner, 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 in the care of the trauma and critical care patient.

**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 after 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 prior to January 1, 2008)

Completion of master’s degree in nursing, a master’s degree in 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 BLS and ACLS card approved by American Heart Association (AHA)

**AND**

ATLS within one (1) year of hire and continuously maintained thereafter.

**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.

**ADVANCED PRACTICE PROVIDER (APP)**  
**TRAUMA AND SURGICAL CRITICAL CARE PRIVILEGES**

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**AND**

County employment, contracted 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 the written agreement, the physician must:

- Assume responsibility for supervision or monitoring of the APP's practice as stated in the appropriate hospital or medical staff policy governing nurse practitioners.
- Be continuously available or provide an alternate to provide consultation when requested and to intervene when necessary;
- Assume total responsibility for the care of any patient when requested by the APP or required by this policy or in the interest of patient care;
- Review all orders entered by the APP on the medical record of all patients seen or treated by the APP.

**QUALIFICATIONS FOR PHYSICIAN ASSISTANT**

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

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

**AND**

Graduate from an ARC-PA (Accreditation Review Commission for the Physician Assistant) approved program. (Additional education may be required for some specialty areas),

**AND**

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

**AND**

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

**AND**

Current BLS and ACLS card approved by American Heart Association (AHA)

**AND**

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

**AND**

County employment by or an agreement with a physician(s) currently appointed to the medical staff of this hospital to supervise the PA's practice in the hospital.

According to the Practice agreement, the physician must:

- Assume responsibility for supervision or monitoring of the PA's practice as stated in the appropriate hospital or medical staff policy governing PA's.
- Be continuously available or provide an alternate to provide consultation when requested and to intervene when necessary.

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- Assume total responsibility for the care of any patient when requested by the PA or required by this policy or in the interest of patient care.

#### **CATEGORIES OF PATIENTS PRACTITIONER MAY TREAT**

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

#### **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 the physician/designee and in accordance with written policies and protocols developed and approved by the relevant clinical department or service, the Medical Executive Committee, Nursing Administration, and the Governing Body. Collaborating/supervising physician must be physically present, on hospital/clinic premises or readily available by electronic communication.

#### **MEDICAL RECORD CHARTING RESPONSIBILITIES**

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

Advanced Practice Provider 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 APP is authorized to provide.

#### **PERIODIC COMPETENCE ASSESSMENT**

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

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

#### **APP- CLINICAL PRIVILEGES — GENERAL**

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

Privileges include but are not limited to:

- Obtain and document medical, surgical, social and medication history and perform physical examination as indicated according to established standardized procedures and protocol as agreed upon by the APP and supervising physician (to be countersigned by collaborating physician within 24hours).
- Obtain 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.



**ADVANCED PRACTICE PROVIDER (APP)**  
**TRAUMA AND SURGICAL CRITICAL CARE PRIVILEGES**

Name: \_\_\_\_\_  
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- Assist attending physician with procedures as per Standardized Procedures.
- Provide care to critical and non-critical patients.
- Preliminary interpretation of simple plain radiological films and EKG's with final interpretation by supervising physician.
- Order and interpret laboratory tests and diagnostic procedures results.
- Develop treatment plan and implements plan, educating patient and family members as applicable.
- Order treatment modalities such as medications, IV fluids, electrolytes etc. in accordance with standardized procedures, protocols and formulary as agreed upon by APP and supervising physician.
- Counsel and instruct patients and significant others on disease processes, medications, preventative health and treatment plan including pre and post procedure teaching.
- Monitor and manage acute and chronic illnesses of the population consulting with supervising physician regarding acute, unstable patients as per SP.
- Monitor and refer to consulting services as deemed necessary such as dietician, physical therapy, social worker/case management, palliative care, etc.
- Write discharge summaries (to be countersigned by the collaborating physician).
  
- Round on inpatients daily observing and evaluating the patient's vital signs, intake and output, laboratory and imaging results, nutritional plan, medication review, pain level, activity, psychiatric or behavioral issues.
- Write new orders and/or change orders that are within scope of practice and notify responsible physician of changes in patient's condition or any concerns.
- Act as a liaison between the nursing department and other clinical departments, promoting teamwork and communication.

Arrange appropriate outpatient follow up within department outpatient clinics as needed

**Approved (Initials):** \_\_\_\_\_

**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.

**INTRAOSSEOUS LINE INSERTION**

**CRITERIA:** Direct supervision and those technical and management skills, which qualify the APP to perform intraosseous line placement by virtue of training and experience.

**REQUIRED PREVIOUS EXPERIENCE:** Demonstrate current competence and evidence of the performance of at least three (3) procedures in the past 12 months.

**MAINTENANCE OF PRIVILEGE:** Demonstrate current competence and the performance of at least one (1) procedures in the past 24 months.

Requested

Intraosseous line: Independently assess need, place, and remove

**Approved (Initials):** \_\_\_\_\_

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

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**MECHANICAL VENTILATION: INDEPENDENTLY ASSESS NEED AND MANAGE**

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

Requested Mechanical ventilation: Independently assess need and manage

Approved (Initials): \_\_\_\_\_

**OBTAINING INFORMED CONSENT**

**CRITERIA:** Completion of module on informed consent with completion of post-test with 100% score  
**AND**  
 • Direct observation/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

Approved (Initials): \_\_\_\_\_

**THORACENTESIS WITH OR WITHOUT TUBE THORACOSTOMY**

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

Requested Thoracentesis with or without tube thoracostomy

Approved (Initials): \_\_\_\_\_

**PARACENTESIS**

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

Requested Paracentesis

Approved (Initials): \_\_\_\_\_

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

Staff Category: **AHP**

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**LUMBAR PUNCTURE**

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

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

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

Requested Lumbar puncture

Approved (Initials): \_\_\_\_\_

**ARTERIAL CANNULATION**

**CRITERIA:** Direct supervision and those technical and management skills, which qualify the APP to perform an arterial puncture by virtue of training and experience.

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

**MAINTENANCE OF PRIVILEGE:** Demonstrate current competence and the performance of at least 5 procedures in the past 24 months.

Requested Arterial Cannulation

Approved (Initials): \_\_\_\_\_

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

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

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

Requested Central Venous Catheterization

Approved (Initials): \_\_\_\_\_

**BEDSIDE ULTRASONOGRAPHY FOR PRELIMINARY EVALUATION OF SHOCK (RUSH PROTOCOL)**

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

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

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

Requested Bedside Ultrasound in Shock

Approved (Initials): \_\_\_\_\_

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

Requested Prescriptive Authority

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

Approved (Initials): \_\_\_\_\_

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

Staff Category: **AHP**

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**ACKNOWLEDGMENT OF PRACTITIONER**

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

I understand that:

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

\_\_\_\_\_  
**Practitioner Signature**

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

**ENDORSEMENT OF PHYSICIAN EMPLOYER / SUPERVISOR**

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

**DEPARTMENT CHAIR / DESIGNEE RECOMMENDATION**

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

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

Privilege	Condition / Modification / Explanation

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

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

\_\_\_\_\_  
**IDPC Chair/Designee Signature**

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

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

Staff Category: **AHP**

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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).

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

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

\*Indicate N/A if privilege not requested

## ATTESTATION QUESTIONS

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

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

12. Are you diagnosed with or receiving treatment for any condition (physical, mental, and emotional or substance related) that currently impairs your ability to practice medicine or limit your ability to perform the essential functions of the position and/or privileges for which your qualifications are being evaluated in accordance with accepted standards of professional performance, with or without reasonable accommodations? If YES, please describe on a separate sheet any accommodations that could reasonably be made to facilitate your performance of such functions without risk of compromise.  Yes  No
13. Is your current ability to practice impaired by chemical dependency or substance abuse, including present use of illegal drugs?  Yes  No
14. Within the last three (3) years, has your membership, privileges, participation or affiliation with any healthcare organization (e.g., a hospital or HMO), been terminated, suspended or restricted; or have you taken a leave of absence from a health care organization for reasons related to the abuse of, or dependency on, alcohol or drugs?  Yes  No

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

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

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

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

RUHS – Medical Center Medical Staff Bylaws

MEC Approval: 5/11/23

Medical Staff Ratification: 6/8/23

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#### **4.4 COURTESY STAFF**

##### **4.4-1 QUALIFICATIONS**

The courtesy staff shall consist of practitioners who:

- (a) Meet the qualifications set forth in Section 3.2.
- (b) Are involved in sufficient patient care activities at the hospital or provide supplemental ongoing professional practice documentation so that the medical staff will be able to evaluate the staff member's current clinical competency on an ongoing basis. Courtesy staff members who provide services for more than twelve (12) patients during each medical staff year will be given the opportunity to be appointed to the active staff category.
- (c) Have satisfactorily completed appointment in the provisional category.

##### **4.4-2 PREROGATIVES**

The prerogatives of courtesy staff members shall be to:

- (a) Admit or provide professional services at the hospital during each medical staff year. Courtesy members whose activity meets the minimum volume set forth in 4.4.-1 (b) may apply and qualify for active status.
- (b) Attend meetings of the medical staff and the department of which they are members. Courtesy staff members may not hold office in the medical staff or in the department of which they are members. Courtesy staff members may serve on committees.
- (c) Courtesy staff members may not vote on any medical staff matter.

##### **4.4-3 RESPONSIBILITIES**

Courtesy staff members shall meet the basic responsibilities set forth in Section 3.6.



RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**OPHTHALMOLOGY CLINICAL PRIVILEGES**

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

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

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

**QUALIFICATIONS FOR CORE  
 OPTHALMOLOGY PRIVILEGES**

**OPHTHALMOLOGY CORE PRIVILEGES**

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

- Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited postgraduate training program in ophthalmology.
- AND**
- Current certification or active participation in the examination process leading to certification in ophthalmology by the American Board of Ophthalmology or the American Osteopathic Board of Ophthalmology and Otolaryngology, Head and Neck Surgery or the Royal College of Physicians and Surgeons of Canada.

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

- At least 20 ophthalmologic procedures in the privileges requested in the past 12 months.
- OR**
- Successful completion of a hospital-affiliated accredited residency, special clinical fellowship or research within the past 12 months.

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

- Current demonstrated competence and an adequate volume of experience of 20 ophthalmologic procedures with acceptable results in the privileges requested during the past 24 months based on results of ongoing professional practice evaluation and outcomes.
- AND**
- Meet the Continuing Medical Education (CME) requirement necessary for licensure by the applicable California medical board (the Medical Board of California or the Osteopathic Medical board of California).
- AND**
- Evidence of current ability to perform privileges requested is required of all applicants for renewal of clinical privileges.

Requested	Ophthalmology Core Privileges	Approved	Deferred
	Admit, evaluate, diagnose, treat, and provide consultation, order diagnostic studies and procedures and perform surgical and non-surgical procedures on patients of all ages, except as specifically excluded from practice, with ocular and visual disorders, the eyelid and orbit affecting the eye, including its related structures and visual pathways. Privileges include performance of medical history and physical exam. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Provide care to patients in the intensive care setting in conformance with unit policies. Also includes the privilege to manage and treat outpatients in the ambulatory-care setting at RUHS.		

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**OPHTHALMOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_  
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	Supervision of Allied Health Professionals granted privileges by the medical staff		
	Telemedicine: Provide services remotely through telemedicine capabilities		

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

Requested	Ophthalmology Core Procedures	Approved	Deferred
	Lid surgery, including plastic procedures, chalazion, ptosis, ectropion, repair of laceration, blepharospasm repair, tumors, flaps, enucleation, evisceration		
	Nasolacrimal duct surgery		
	Conjunctiva surgery, including diathermy, traumatic repair but excluding keratoplasty, keratotomy and refractive surgery		
	Intra and extracapsular cataract extraction with/without lens implant, or phacoemulsification		
	Corneal surgery, including diathermy, traumatic repair but excluding keratoplasty, keratotomy and refractive surgery		
	Anterior automated vitrectomy, limbal approach		
	Strabismus surgery		
	Neuro-ophthalmology		
	Primary trabeculectomy surgery (glaucoma)		
	Cryotherapy for retinal tears		
	Retinal detachment repair with intraocular gas tamponade		
	Orbit surgery including removal of the globe, exenteration blow outs, rim repairs, tumor removal		
	Refractive surgery		
	Glaucoma surgery with intraoperative/postoperative antimetabolite therapy		
	Glaucoma seton/tube surgery		
	Glaucoma reoperation		
	Retrobulbar or peribulbar injections for medical delivery or chemical denervation for pain control		
	Use of local anesthetics		

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**OPHTHALMOLOGY CLINICAL PRIVILEGES**

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

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

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**SPECIAL NON-CORE PRIVILEGES  
 QUALIFICATIONS**

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

**NON CORE PRIVILEGES – PRIVILEGING CRITERIA**

**Criteria:** To be eligible for non-core privileges listed below, the applicant must meet the following privileging criteria:

- Successful completion of an ACGME- or AOA- accredited residency program in ophthalmology.
- AND**
- Successful completion of an approved fellowship or clinical experience with proved acceptable results.
- AND**
- Current certification or active participation in the examination process leading to certification in ophthalmology by the American board of Ophthalmology or the American Osteopathic Board of Ophthalmology and Otolaryngology, Head and Neck Surgery.

**Required Previous Experience:**

- Current demonstrated competence and evidence of performance of at least one (1) procedure in the past 12 months.

**Maintenance of Privileges:**

- Current demonstrated competence and performance of at least one (1) procedure in the past 24 months based on results of ongoing professional practice evaluation and outcomes.
- AND**
- Meet the Continuing Medical Education (CME) requirement necessary for licensure by the applicable California medical board (the Medical Board of California or the Osteopathic Medical board of California).
- AND**
- Evidence of current ability to perform privileges requested is required of all applicants for renewal of clinical privileges.

Requested	Oculoplastic/Orbital/Neuro-Ophthalmology Non-Core Procedures	Approved	Deferred
	<i>Requires Successful completion of an approved Oculoplastic/Orbital/Neuro-ophthalmology fellowship or clinical experience with proved acceptable results.</i>		
	Orbit surgery, including removal of the globe and contents of the orbit, exploration by lateral orbitotomy, exenteration, blowouts, rim repairs, tumor removal		

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**OPHTHALMOLOGY CLINICAL PRIVILEGES**

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

Requested	Corneal Non-Core Procedures	Approved	Deferred
	<i>Requires Completion of Cornea fellowship or clinical experience with proven acceptable results.</i>		
	Keratoplasty, lamellar or penetrating		
	Epikeratophakia		
	Ring Implants		
	Endothelial transplants		
	DALK – Deep Anterior Lamellar Keratoplasty		

Requested	Surgical Vitreoretinal Non-Core Procedures	Approved	Deferred
	<i>Requires Successful completion of a surgical Vitreoretinal Fellowship or clinical experience with proven acceptable results.</i>		
	Posterior vitrectomy, including management of tractional retinal detachment, proliferative vitreoretinopathy, endolaser, intraocular gas tamponade, and membrane dissection.		
	Retinal detachment repair involving encircling bands, exopiants		

Requested	Pediatric Ophthalmology Non-Core Procedures	Approved	Deferred
	<i>Requires Successful completion of a Pediatric Ophthalmology Fellowship or clinical experience with proven acceptable results.</i>		
	Glaucoma surgery for infantile glaucoma including trabeculotomy and goniotomy		

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**OPHTHALMOLOGY CLINICAL PRIVILEGES**

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

**USE OF LASER**

Use limited to approved applications for the specific laser indicated. List and check "yes" in the requested column for each specific type of laser for which privileges are requested. Laser use requires documentation of laser use training.

Requested	Laser Use – Type of Laser	Approved	Deferred
	Laser Peripheral Iridotomy		
	Intravitreal injection of medication		
	Laser Trabeculoplasty		
	Laser Pupilo/Gonioplasty		
	Laser Suture Lysis		
	Laser Cyclophotocoagulation		
	Laser Sclerostomy Lysis		
	Argon Laser Pan-retinal Photocoagulation		
	Argon Laser Macular Photocoagulation		
	YAG Capsulotomy		

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**OPHTHALMOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_  
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**PARTICIPATE IN TEACHING PROGRAM**

**Supervision:** Supervision is an intervention provided by a supervising practitioner to a resident physician. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functions of the resident while monitoring the quality of professional services delivered. Supervision is exercised through observation, consultation, directing the learning of the residents, and role modeling.

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

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

**Maintenance of Privilege:**

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

Description of Non-Core Privilege

Requested       Deferred       Approved

**Participate in Teaching Program**

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**OPHTHALMOLOGY CLINICAL PRIVILEGES**

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

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(From—To) (To be completed by MSO)

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**ACKNOWLEDGMENT OF PRACTITIONER**

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

I understand that:

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

\_\_\_\_\_  
Practitioner Signature

\_\_\_\_\_  
Date

**DEPARTMENT CHAIR / DESIGNEE RECOMMENDATION**

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

New: MEC Approval: 12/2021  
Rev.: 4/13/23, 7/13/23

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**OPHTHALMOLOGY CLINICAL PRIVILEGES**

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**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)**

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

**Department Chair/Designee:**

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

**Please print legibly.**

Privileges/Procedures to be Proctored	Number of Cases to be Proctored	Method of FPPE A. Direct Observation B. Retrospective C. Reciprocal
Ophthalmology Core Procedures	3 varied cases	A / B
Pediatric Ophthalmology Core Procedures	3 varied cases	A / B
Corneal Ring Implants, Non Core	2	A / B
Corneal Transplants (Penetrating Keratoplasty), Non Core	2	A / B
Phakic Intraocular Lens Implant Surgery, (ICL) Non Core	2	A / B
Complex Retina & Vitreous Surgery (Scleral Buckle or Vitrectomy), Non Core	2 varied cases (or 1 of each procedure)	A / B



RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**GENERAL SURGERY CLINICAL PRIVILEGES**

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

(Last, First, Initial)

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

(From—To) (To be completed by MSO)

Initial Appointment

Reappointment

Page 1

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

Privileges may only be exercised at the following 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.

- RUHS- Medical Center
- RUHS-MSO clinics and OR

**QUALIFICATIONS FOR CORE  
GENERAL SURGERY PRIVILEGES**

**GENERAL SURGERY CORE PRIVILEGES**

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

- Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited post-graduate training program in general surgery

**AND**

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

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

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

**OR**

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

**OR**

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

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

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

**AND**

- Documentation that confirms 50 Category I CME hours during the past two years related to clinical privileges being requested (CME Attestation)

**AND**

- Maintenance of board certification and/or board eligibility

**AND**

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

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**GENERAL SURGERY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_  
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General Surgery Core Privileges

Requested      **General Surgery Core Privileges**       Approved     Not Approved

Admit, evaluate, diagnose, consult, and provide pre-, intra- and post-operative care, and perform surgical procedures, to patients of all ages, except as specifically excluded from practice; to correct or treat various conditions, diseases, disorders, and injuries of the alimentary tract, abdomen and its contents, extremities, breast, skin and soft tissue, head and neck, vascular and endocrine systems, and with upper and lower endoscopy excluding colonoscopy. Management of critically ill patients with underlying surgical conditions in the emergency department, intensive care unit and trauma units to include ventilator management and emergency thoracic and vascular surgery. Includes performance of medical history and physical exam. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

Requested      **Outpatients – Ambulatory Care Setting**       Approved     Not Approved

Privileges to manage and treat outpatients in the ambulatory-care setting at RUHS

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

Please cross out any Core privileges you are not requesting at RUHS facilities.

Requested      **General Surgery Core Procedures**       Approved     Not Approved

**CORE PROCEDURES**

- Abdominoperineal resection
- Amputations, above the knee & below knee, toe, transmetatarsal, digits
- Anoscopy
- Appendectomy
- Biliary tract resection/reconstruction
- Breast: complete mastectomy with or without axillary lymph node dissection, excision of breast lesion, breast biopsy, incision and drainage of abscess, modified radical mastectomy, operation for gynecomastia, partial mastectomy with or without lymph node dissection, radical mastectomy, subcutaneous mastectomy
- Colectomy (abdominal)
- Colon surgery for benign or malignant disease
- Colotomy, colostomy
- Correction of intestinal obstruction
- Drainage of intra abdominal, deep ischiorectal abscess
- Endoscopy (intraoperative)
- Enteric fistulae, management
- Enterostomy (feeding or decompression)
- Esophageal resection and reconstruction
- Esophagogastrectomy
- Excision of fistula in ano/fistulotomy, rectal lesion
- Excision of pilonidal cyst/marsupialization
- Excision of thyroid tumors
- Excision of thyroglossal duct cyst
- Gastric operations for cancer (radical, partial, or total gastrectomy)
- Gastroduodenal surgery

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**GENERAL SURGERY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_  
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\_\_\_\_\_  
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Please cross out any Core privileges you are not requesting at RUHS facilities.

Requested

**General Surgery Core Procedures Continued:**

Approved

Not Approved

**CORE PROCEDURES CONTINUED:**

- Gastrostomy (feeding or decompression)
- Genitourinary procedures incidental to malignancy or trauma
- Gynecological procedure incidental to abdominal exploration
- Hepatic resection
- Temporary Hemodialysis access procedures
- Hemorrhoidectomy
- Incision and drainage of abscesses and cysts
- Incision and drainage of pelvic abscess
- Incision, excision, resection and enterostomy of small intestine
- Incision/drainage and debridement, perirectal abscess
- Insertion and management of pulmonary artery catheters
- IV access procedures, central venous catheter, and ports
- Laparoscopy, diagnostic, appendectomy, cholecystectomy, lysis of adhesions, mobilization and catheter positioning
- Laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis or trauma
- Liver biopsy (intra operative), liver resection
- Management of burns
- Management of hemorrhoids (internal and external) including hemorrhoidectomy
- Management of soft-tissue tumors, inflammations and infection
- Operations on gallbladder, biliary tract, bile ducts, hepatic ducts, excluding biliary tract reconstruction
- Pancreatectomy, total or partial
- Pancreatic sphincteroplasty
- Peritoneal venous shunts, shunt procedure for portal hypertension
- Peritoneovenous drainage procedures for relief or ascites
- Proctosigmoidoscopy, rigid with biopsy, with polypectomy/tumor excision
- Radical regional lymph node dissections
- Removal of ganglion (palm or wrist; flexor sheath)
- Repair of perforated viscus (gastric, small intestine, large intestine)
- Scalene node biopsy
- Selective vagotomy
- Sigmoidoscopy, fiberoptic with or without biopsy, with polypectomy
- Skin grafts (partial thickness, simple)
- Small bowel surgery for benign or malignant disease
- Splenectomy (trauma, staging, therapeutic)
- Surgery of the abdominal wall, including management of all forms of hernias, including diaphragmatic hernias, inguinal hernias, and orchiectomy in association with hernia repair
- Thoracentesis
- Thoracoabdominal exploration
- Tracheostomy
- Transhiatal esophagectomy
- Tube thoracotomy
- Telemedicine: Provide services remotely through telemedicine capabilities

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**GENERAL SURGERY CLINICAL PRIVILEGES**

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

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**TRAUMA / ACUTE CARE SURGERY CORE PRIVILEGES**

**CRITERIA:** To be eligible for trauma care core privileges, the applicant must have:

- Successful completion of an ACGME-accredited residency in general surgery that included training in trauma and critical care. The approval of these privileges requires a recommendation for appointment by the Medical Director of Trauma Services.

AND

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

AND

- Current ATLS

**REQUIRED PREVIOUS EXPERIENCE:** Demonstrated current competency and evidence of trauma care within the past 24 months. If the requirement is not met, the surgeon will be required to attend a trauma review course and pass proctoring in trauma before privileges for independent trauma care are granted.

**MAINTENANCE OF PRIVILEGE:** Demonstrated current competence and evidence of the performance as determined by the Medical Director of Trauma Services.

AND

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

**Please cross out any Core privileges you are not requesting at RUHS facilities.**

<input type="checkbox"/> Requested	<b>Adult Trauma Care Core Privileges</b> Admit, evaluate, diagnose, and manage patients older than 15 years of age, except as specifically excluded from practice, presenting with trauma-related injuries and disorders, including resuscitation, surgical intervention, diagnostic studies, and coordination of operative procedures to be performed by other healthcare professionals, supervise and perform all necessary operative care, manage the trauma patient throughout the stay in the acute-care facility, and coordinate the early institution of rehabilitation and discharge planning.  The provider must have General Surgery Core Privileges	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
<input type="checkbox"/> Requested	<b>Pediatric Trauma Care Core Privileges</b> Admit, evaluate, diagnose, and manage pediatric patients 15 years of age and younger, except as specifically excluded from practice, presenting with trauma-related injuries and disorders, including resuscitation, surgical intervention, diagnostic studies, and coordination of operative procedures to be performed by other healthcare professionals, supervise and perform all necessary operative care, manage the trauma patient throughout the stay in the acute-care facility, and coordinate the early institution of rehabilitation and discharge planning.	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
<input type="checkbox"/> Requested	<b>Trauma/Special Care</b> Thoracotomy for Trauma	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
<input type="checkbox"/> Requested	<b>Trauma Endovascular Procedures</b> Reboa/Aortic Balloon Endovascular Privilege	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

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**VASCULAR SURGERY CORE PRIVILEGES**

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

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

**AND**

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

**AND**

- At least 50 vascular surgery procedures reflective of the scope of privileges requested within the past 12 months.

**MAINTENANCE OF PRIVILEGE:**

- Demonstrated current competence in the performance of 5 vascular surgeries in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

**Vascular Surgery Core Privileges**

Approved  Not Approved

The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills. These core privileges do NOT include privileges for endovascular surgical procedures.

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

**Please cross out any Core privileges you are not requesting at RUHS facilities.**

Requested

**Vascular Surgery Core Procedures**

Approved  Not Approved

**CORE PROCEDURES**

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

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**GENERAL SURGERY CLINICAL PRIVILEGES**

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**ENDOVASCULAR SURGERY CORE PRIVILEGES**

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

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

**AND**

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

**REQUIRED PREVIOUS EXPERIENCE:**

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

**MAINTENANCE OF PRIVILEGE:**

- Demonstrated competence with evidence of a total of ten (10) endovascular diagnostic cases with at least 5 interventions during the past 24 months .

Requested

**Endovascular Surgery Core Privileges**

Approved  Not Approved

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

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

Please cross out any Core privileges you are not requesting at RUHS facilities.

Requested

**EndoVascular Surgery Core Procedures**

Approved  Not Approved

**CORE PROCEDURES**

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

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**CARDIAC SURGERY CORE PRIVILEGES**

**CRITERIA:** To be eligible for **Cardiac Surgery** core privileges, the applicant must have:

- Successful completion of an ACGME-accredited or AOA accredited cardio-thoracic surgery fellowship

**AND**

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

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

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

Requested

**Cardiac Surgery Core Privileges**

Approved  Not Approved

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

**CORE PROCEDURES LIST: THIS LIST IS A SAMPLING OF PROCEDURES INCLUDED IN THE CORE. THIS IS NOT INTENDED TO BE AN ALL-ENCOMPASSING LIST BUT RATHER REFLECTIVE OF THE CATEGORIES/TYPES OF PROCEDURES INCLUDED IN THE CORE.**

Please cross out any Core privileges you are not requesting at RUHS facilities.

Requested

**Cardiac Surgery Core Procedures**

Approved  Not Approved

**CORE PRIVILEGES**

- Pericardiocentesis
- Repair of heart trauma
- Provide consultation in person or through telemedicine, on the management of patients undergoing PCI.
- Provide consultation in person or through telemedicine, on the management of patients who have left main, three-vessel CAD or two-vessel CAD with involvement of the LAD or comorbidities such as diabetes, depressed LV function or complex anatomy.
- Provide consultation in person or through telemedicine, about cardiac revascularization options.
- Provide consultation in person or through telemedicine, about cardiac surgical options for patients with structural and valvular heart disease.

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**GENERAL SURGERY CLINICAL PRIVILEGES**

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**THORACIC SURGERY CORE PRIVILEGES**

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

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

**OR**

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

**AND**

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

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

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

Requested

**Thoracic Surgery Core Privileges**

Approved  Not Approved

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

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

**Please cross out any Core privileges you are not requesting at RUHS facilities.**

Requested

**Thoracic Surgery Core Procedures**

Approved  Not Approved

**CORE PRIVILEGES**

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



RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**GENERAL SURGERY CLINICAL PRIVILEGES**

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**QUALIFICATIONS FOR  
SPECIAL NON-CORE PRIVILEGES**

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

**PARTICIPATE IN TEACHING PROGRAM**

**SUPERVISION:** Supervision is an intervention provided by a supervising practitioner to a resident physician. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functions of the resident while monitoring the quality of professional services delivered. Supervision is exercised through observation, consultation, directing the learning of the residents, and role modeling.

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

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

**MAINTENANCE OF PRIVILEGE:**

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

Non-Core Privilege

Requested

Participate in Teaching Program

Approved

Not Approved

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**GENERAL SURGERY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_  
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**SUPERVISE ALLIED HEALTH PROFESSIONALS**

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

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

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

**MAINTENANCE OF PRIVILEGE:**

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

Requested

Supervision of Allied Health Professionals

Approved

Not Approved

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**GENERAL SURGERY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_  
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**ADVANCED LAPAROSCOPIC SURGERY**

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

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

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

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

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

<input type="checkbox"/> Requested	Laparoscopic Adrenalectomy	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
<input type="checkbox"/> Requested	Laparoscopic Splenectomy	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
<input type="checkbox"/> Requested	Laparoscopic Low Anterior Resection	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
<input type="checkbox"/> Requested	Laparoscopic Hernia Repair	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
<input type="checkbox"/> Requested	Laparoscopic Paraesophageal Hernia Repair	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
<input type="checkbox"/> Requested	Laparoscopic Fundoplication (Nissen/Dor/Toupet)	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved

**ADVANCED COLO-RECTAL SURGERY**

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

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

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

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

<input type="checkbox"/> Requested	Abdominoperineal Resection (laparoscopic/open)	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
<input type="checkbox"/> Requested	Low Anterior Resection (laparoscopic/open)	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
<input type="checkbox"/> Requested	Laparoscopic/Open Rectopexy for rectal prolapsed	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved

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**MODERATE SEDATION**

**CRITERIA:** To be eligible for moderate sedation non-core privileges, the initial applicant must meet the following privileging criteria:

- Meet the qualification as required in the Privileging Criteria and Delineation for Moderate Sedation.
- Completion of Moderate Sedation Exam with satisfactory passing grade of 85%.
- Current knowledge of airway management as demonstrated by residency/fellowship training, or current ACLS/PALS if not board certified or eligible

**AND**

- Successful completion of one (1) proctored moderate sedation case under the direct supervision of an RUHS practitioner holding this privilege.

**REQUIRED PREVIOUS EXPERIENCE:** Knowledge of airway management.

**MAINTENANCE OF PRIVILEGE:** Demonstrated current competence and evidence of the performance of at least two (2) moderate sedation cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes or completion and satisfactory passing of Moderate Sedation Exam with passing grade of 85%.

Requested      Moderate Sedation Administration of sedation and analgesia       Approved       Not Approved

**PROCEDURES UNDER FLUOROSCOPY**

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

**Initial Privilege requirement:** Current valid State of California fluoroscopy certificate.

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

Requested      Fluoroscopy Use and Supervision       Approved       Not Approved

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### **SURGICAL ROBOTIC PLATFORM**

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

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

#### **ROBOTIC PLATFORM TRAINING**

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

1. Teaching Proctor Experience:

- a. Evidence of training by attendance at a hands-on training practicum in the use of the Robotic Surgical Platform of at least eight (8) hours duration with experience in a laboratory setting, which includes a minimum of three (3) hours of personal time on the system during animate or cadaver models on console performing routine maneuvers such as knot tying.
- b. Successful completion of a minimum of five (5) cases is required under the supervision of and with the help of a teaching proctor. A proctor of the same specialty is required for the first two (2) cases but is not required for the remaining three cases.
- c. This teaching proctor may be a physician who is privileged to proctor robotic cases OR an outside physician with temporary privileges to proctor. This teaching proctor will be compensated for his/her services.

2. Fellowship or Residency Training Experience:

Previous practical experience via an accredited fellowship or residency program with documented clinical experience in a minimum of thirty (30) robotic-assisted procedures in that program. If less than thirty (30) robotic-assisted procedures done, follow the process in 1 b. above

**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 surgeon (cases performed as assistant surgeon do not count) for review.

#### **MEDICAL STAFF PROCTORING REQUIREMENTS**

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

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

This proctor is provided without charge to the applicant in the usual manner for medical staff proctoring requirements. Refer to Department Rules and Regulations for the Requirements for a Teaching proctor at RUHS.

#### **MAINTAINING ROBOTIC PRIVILEGES**

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

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**REQUIREMENTS FOR A TEACHING PROCTOR AT RIVERSIDE UNIVERSTIY HEALTH SYSTEMS**

At least one of the following three levels of experience:

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

Description of Non-Core Privilege

Requested      **Surgical Robotic Platform**       Approved     Not Approved

**THYROID/PARATHYROID CORE**

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

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

**AND**

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

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

- Performance of at least 5 thyroid/parathyroid procedures during the past 12 months.

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

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

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

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

Please cross out any Core privileges you are not requesting at RUHS facilities.

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

**CORE PRIVILEGES**

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

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**SURGICAL ASSIST ONLY**

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

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

**MAINTENANCE OF PRIVILEGE:**

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

**Description of Surgical Assist Only**

Requested

**Surgical Assist Only**

Approved

Not Approved

RIVERSIDE UNIVERSITY HEALTH SYSTEM  
**GENERAL SURGERY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_  
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**ACKNOWLEDGMENT OF PRACTITIONER**

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

I understand that:

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

\_\_\_\_\_  
**Practitioner Signature**

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

**DEPARTMENT CHAIR / DESIGNEE RECOMMENDATION**

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

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

Privilege	Condition / Modification / Explanation

\_\_\_\_\_  
**Medical Director of Trauma Services/Designee**  
*(If applicable)*

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

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

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

MEC Approval: 6/12/08  
Revised: 4/9/09; 6/10/10; 3/10/11, 1/31/12, 3/26/13, 6/12/14, 8/14/14, 9/11/14, 2/10/15, 8/11/16, 11/10/16, 8/10/17, 2/8/18, 7/12/18, 2/14/19, 8/8/19, 10/10/19, 10/2021, 2/9/2023, 7/13/2023



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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.

Privileges/Procedures to be Proctored	Number of Cases to be Proctored*	Method of FPPE A. Concurrent B. Retrospective C. Reciprocal
General Surgery, Core	5 varied cases	A,B,C, as applicable
Trauma, Core	5 varied cases 2 Trauma Endovascular cases	A,B,C, as applicable
Vascular Surgery, Core	5 varied cases	A,B,C, as applicable
Endovascular Surgery Core	10 total cases with at least 5 Interventional	A,B,C, as applicable
Thoracic Surgery, Core	1 case	A,B,C, as applicable
Advanced Laparoscopic Surgery, Non-Core	5 total cases with at least 1 case in each category	A,B,C, as applicable
Advanced Colo-Rectal Surgery	2 cases	A,B,C, as applicable
Procedures under Fluoroscopy	1 case	A,B,C, as applicable
Surgical Robotic Platform	2 cases	A
Thyroid/Parathyroid Core	3 cases	A,B,C, as applicable
Moderate Sedation	1 case	A,B,C, as applicable

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