

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



**ITEM: 15.1
(ID # 24498)**

MEETING DATE:
Tuesday, April 09, 2024

FROM : (RUHS) RIVERSIDE UNIVERSITY HEALTH SYSTEM:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM-MEDICAL CENTER: Ratify and Approve Medical Staff Appointments, Reappointments, 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 July 13, 2023, August 10, 2023, September 14, 2023, October 12, 2023, November 9, 2023, and December 14, 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 July 13, 2023, August 10, 2023, September 14, 2023, October 12, 2023, November 9, 2023, and December 14, 2023.

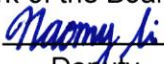
ACTION:Policy


Jennifer Cruikshank, Chief Executive Officer - Health System 3/19/2024

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Spiegel, Washington, Perez and Gutierrez
Nays: None
Absent: None
Date: April 9, 2024
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**

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$0	\$0	\$0	\$0
NET COUNTY COST	\$0	\$0	\$0	\$0
SOURCE OF FUNDS: N/A			Budget Adjustment: No	
			For Fiscal Year: 23/24	

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 the meetings on July 13, 2023, August 10, 2023, September 14, 2023, October 12, 2023, November 9, 2023, December 14, 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, Reappointments and Clinical Privileges, Initial Appointments, Reappointments, FPPE/Reciprocal* Complete Remain on Provisional, Final FPPE/Reciprocal* Advancement of Staff Category, FPPE Final Proctoring for Allied Health Professionals, Additional Privileges/Withdrawn Privileges, Additional Privileges/Status Change, Change in Staff Category, Name Change, Automatic Termination, Per Bylaws 3.8-3 (Failure

to Complete Proctoring, Automatic Termination Per Bylaws 3.5-b (Failure to Meet Membership/Privilege Criteria), Voluntary Resignations/Withdrawals*.

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: RUHS-MC CEO APPROVALS FOR MEDICAL STAFF
ATTESTATION APPOINTMENT, REAPPOINTMENTS, AND
CLINICAL PRIVILEGES (July 1, 2023 thru December 31, 2023)**

- ATTACHMENT A TEMPORARY FLUOROSCOPY PERMIT ATTESTATION 7.13.23
ATTACHMENT B PEDIATRICS CLINICAL PRIVILEGES 8.10.23
ATTACHMENT C MSO AGING PHYSICAL ASSESSMENT OF PRACTITIONERS VEV
10.12.23
ATTACHMENT D MSO LOW NO VOLUME PRACTITIONERS REV 10.12.23
ATTACHMENT E GENERAL SURGERY PRIVILEGE FORM 11.9.23
ATTACHMENT F APP MEDICINE CARDIOLOGY NP_PA 12.14.23
ATTACHMENT G NEUROLOGY PRIVILEGE FORM 12.14.23


Jacqueline Ruiz, Principal Analyst 4/2/2024

DATE: July 13, 2023

To: File

FROM: Medical Staff Executive Committee

SUBJECT: Medical Staff Attestation Appointment, Reappointments and Clinical Privileges

INITIAL APPOINTMENT – July 13, 2023 – June 30, 2025

NAME	STATUS	SPECIALTY	DEPARTMENT	BOARD STATUS
Akanda, Marib I., MD	Provisional	Ophthalmology	Ophthalmology	Ophthalmology
Cleland, Derrick A., DO TP Request Effective 7/1/2023	Provisional	Internal Medicine	Medicine	Eligible
Edwards, Mark S., MD E-vote 7/12/23	Provisional	Neurology	Medicine	Eligible
Eichenberg, Brian J., MD TP Request Effective 7/1/2023	Provisional	Plastic Surgery	Surgery	Plastic Surgery
Giang, Michael, MD	Provisional	Critical Care	Pediatrics	Eligible
Goldman, Matthew A., MD	Provisional	Ophthalmology	Ophthalmology	Ophthalmology
Hawkey, Rebecca, CRNA	Provisional	Certified Registered Nurse Anesthetist	Anesthesia	NBCRNA
Kumar, Vikram MD	Provisional	Pediatrics	Pediatrics	Pediatrics Clinical Informatics
Loyola, Kevin C., MD	Provisional	Neurology	Medicine	Eligible
Malik, Ruqayyah, MD Appointment 7/13/2023 – 6/30/2024 TP Request 7/01/2023	Moonlighting	Psychiatry	Psychiatry	N/A
Mupanduki, Media R., NP TP Request 6/30/23	AHP-Provisional	Nurse Practitioner	Psychiatry	AANP ANCC
Nguyen, Brian H., MD TP Request Effective 7/1/2023	Provisional	Neurology	Medicine	Eligible
Nguyen, Thai, DO TP Request Effective 7/1/2023	Provisional	Internal Medicine	Medicine	Eligible
Schmitz, Joseph W., MD	Provisional	Ophthalmology	Ophthalmology	Ophthalmology
Seigler, Michael D., MD	Moonlighting	Psychiatry	Psychiatry	N/A
Shafizadeh, Stephen F., MD	Provisional	Neurosurgery	Clinical Neurological Sciences	Neurological Surgery
Starkey, Mac N., MD	Provisional	Neurology	Medicine	Eligible
Stevens, Paige MD	Provisional	Critical Care	Pediatrics	Pediatrics
Trinh, Viet, DO TP Request Effective 7/1/2023	Provisional	Anesthesia	Anesthesia	Eligible

REAPPOINTMENTS – August 1, 2023 – July 31, 2025

NAME	STATUS	SPECIALTY	DEPARTMENT	BOARD STATUS
Albini, Paul T., MD	Active	Critical Care	Surgery	Surgery Surgery Critical Care
Amador, Cory, PA	AHP	Physician Assistant	Medicine	NCCPA
Avesar, Michael, MD	Active	Critical Care	Pediatrics	Pediatrics Pediatric Critical Care
Banerji, Anamika I., MD	Active	Neonatology	Pediatrics	Pediatrics Neonatal-Perinatal Medicine
Bonenfant, Jeffrey M., DO	Active	Pulmonary Critical Care	Medicine	Internal Medicine Pulmonary Disease Critical Care Medicine
Carson, Rachel L., PA	AHP	Physician Assistant	Emergency Medicine	NCCPA
Chalam, Kakarla V., MD	Active	Ophthalmology	Ophthalmology	Ophthalmology
Christensen, Michael R., MD	Active	Psychiatry	Psychiatry	Grandfathered
Clarke, Lenorre R., MD	Active	OB / Gyn	OB / Gyn	OB / Gyn
Dennis, Tshekedi G., MD	Active	Psychiatry	Psychiatry	Psychiatry
Douglas, Michael, MD	Active	Anesthesiology	Anesthesia	Anesthesiology Internal Medicine
Downey, Christina D., MD	Active	Rheumatology	Medicine	Internal Medicine Rheumatology
Downey, Kelly R., MD	Active	Hospice & Palliative Medicine	Medicine	Internal Medicine Hospice & Palliative Medicine

Elsensohn, Ashley N., MD Withdraw of Privileges: <ul style="list-style-type: none"> • Venerecology • Physiotherapy of Skin Lesions 	Active	Dermatology	Medicine	Dermatology Dermtopathology Micrographic Dermatology
Faerber, Wade, DO	Active	Orthopedic Surgery	Orthopedic Surgery	Orthopedic Surgery
Green, Morgan A, MD	Active	Pediatrics	Pediatrics	Pediatrics
Guan, Howard D., MD	Active	Ophthalmology	Ophthalmology	Ophthalmology
Hu, Brian R., MD	Active	Urology	Surgery	Urology
Hojjati, Mehrnaz, MD	Active	Rheumatology	Medicine	Rheumatology
Imbertson, Erick J., MD	Active	Gastroenterology	Medicine	Internal Medicine Gastroenterology
Khandelwal, Keerti M., MD	Active	Hematology/Oncology	Medicine	Internal Medicine Hematology Medical Oncology
Kim, Daniel I., MD	Active	Internal Medicine	Medicine	Internal Medicine
Klein, Walter F., MD	Active	Pulmonary Critical Care	Medicine	Internal Medicine Pulmonary Disease Critical Care Medicine
Kraus, Nicole J., DO	Active	Neonatology	Pediatrics	Pediatrics
Krishnan, Rajagopal, MD	Active	Cardiology	Medicine	Internal Medicine Cardiovascular Disease
Kuo, Benjamin, MD	Active	Anesthesiology	Anesthesia	Eligible
Lee, Richard, MD	Active	Psychiatry	Psychiatry	Psychiatry Child and Adolescent Psychiatry
Leonor, Paul A., MD	Active	Gastroenterology	Medicine	Internal Medicine Gastroenterology
Liu, David X., MD	Active	Radiology	Radiology	Diagnostic Radiology
Loo, Lawrence K., MD	Courtesy	Internal Medicine	Medicine	Internal Medicine
Massi, Mark, MD	Active	Pediatrics	Pediatrics	Pediatrics Child Abuse Pediatrics
Mesisca, Michael K., DO Additional Privilege: <ul style="list-style-type: none"> • Telemedicine 	Active	Emergency Medicine	Emergency Medicine	Emergency Medicine
Michelotti, Marcos J., MD	Active	General Surgery	Surgery	Surgery
Mittal, Aarti C., DO	Active	Pulmonary Critical Care	Medicine	Internal Medicine Pulmonary Disease Critical Care Medicine
Nguyen, Diem-Chau, L., MD	Active	Psychiatry	Psychiatry	Psychiatry and Neurology
Pachon, Andrew G., MD	Active	Emergency Medicine	Emergency Medicine	Emergency Medicine
Parashette, Kalyan, MD	Active	Gastroenterology	Pediatrics	Pediatrics Pediatric Gastroenterology
Quinonez, Bridgett X., FNP	AHP	Nurse Practitioner	Medicine	AANP
Rosario, Debbie Ann I., MD	Active	Psychiatry	Psychiatry	Grandfathered
Rosenfeld, Jeffrey, MD	Courtesy	Neurology	Medicine	Neurology
Tsang, Shunling, MD Withdraw Privileges: <ul style="list-style-type: none"> • Lumbar Puncture • Thoracentesis: Needle/Catheter • Pediatric Inpatient Neonatal Procedures – Attend Infant at Cesarean Section • FM Inpatient: Basic Cardiopulmonary Resuscitation 	Active	Family Medicine	Family Medicine	Family Medicine
Torralba, Karina Marianne D., MD	Active	Rheumatology	Medicine	Rheumatology
Truong, Kevin, MD	Active	Psychiatry	Psychiatry	Psychiatry Child and Adolescent Psychiatry
Tseng, Philip H., MD	Active	Neurology	Medicine	Neurology Clinical Neurophysiology Epilepsy
Vora, Farha M., MD	Active	Neonatology	Pediatrics	Pediatrics Neonatal-Perinatal Medicine

FPPE/RECIPROCAL* COMPLETE REMAIN ON PROVISIONAL

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Scott, Jonathan H., MD	Provisional	Internal Medicine	Medicine	Remain on Provisional

FINAL FPPE/RECIPROCAL* ADVANCEMENT OF STAFF CATEGORY

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Silva, Rodolfo, MD	Provisional	Gastroenterology	Pediatrics	Advance to Active

FPPE FINAL PROCTORING FOR ALLIED HEALTH PROFESSIONALS

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Lushanko, Cailey, CRNA	AHP – Provisional	Certified Registered Nurse Anesthesia	Anesthesia	
Pechinko, Brittany A., CRNA	AHP – Provisional	Certified Registered Nurse Anesthesia	Anesthesia	
Shimmon, Ariel N., CRNA	AHP – Provisional	Certified Registered Nurse Anesthesia	Anesthesia	

FPPE FINAL PROCTORING FOR ADDITIONAL PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

ADDITIONAL PRIVILEGES/WITHDRAWN PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Yala, Linda I., MD	Active	Surgery	Surgery	Additional Privileges: <ul style="list-style-type: none"> • Robotics

ADDITIONAL PRIVILEGES / Status Change July 1, 2023

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Lee, Sarah J, DO	Moonlighting to Provisional	Psychiatry	Psychiatry	<ul style="list-style-type: none"> • Psychiatry General Core • Supervision of AHP & Psychologist Withdraw <ul style="list-style-type: none"> • Resident in Training
Saavedra, Madeline M., MD	Moonlighting to Provisional	Psychiatry	Psychiatry	<ul style="list-style-type: none"> • Psychiatry General Core • Supervision of AHP & Psychologist Withdraw <ul style="list-style-type: none"> • Resident in Training
Yeager, Violet, MD	Moonlighting to Provisional	Psychiatry	Psychiatry	<ul style="list-style-type: none"> • Psychiatry General Core • Supervision of AHP & Psychologist Withdraw <ul style="list-style-type: none"> • Resident in Training

CHANGE IN STAFF CATEGORY

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Filler, Taylor N., MD	Provisional	Emergency Medicine	Emergency Medicine	Status change to Active
Heczko, Joshua B., MD	Provisional	Ophthalmology	Ophthalmology	Status change to Active
Heilbronn, Jackson L., DO	Provisional	Internal Medicine	Medicine	Status change to Active
Raae-Nielsen, Jennifer E., MD	Provisional	Emergency Medicine	Emergency Medicine	Status change to Active
Shrestha, Manish P., MD	Provisional	Gastroenterology	Medicine	Status change to Active
Srikureja, Wichit, MD	Provisional	Gastroenterology	Medicine	Status change to Active
Subramanian, Meenakshisundaram, DO	Provisional	Ophthalmology	Ophthalmology	Status change to Active
Yang, Eric S., PA	AHP-Provisional	Physician Assistant	Surgery	Status Change to LOA

MODIFICATION OF PRIVILEGES

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
Kurz, Troy L., MD	Provisional	Psychiatry	Psychiatry	7/31/23
LeClair, Bronson M., MD	Active	Anesthesiology	Anesthesia	7/31/23
Simonson, Kevin C., MD	Active	Psychiatry	Psychiatry	7/31/23

VOLUNTARY RESIGNATIONS/WITHDRAWALS*

NAME	STATUS	SPECIALTY	DEPARTMENT	EFFECTIVE/REASON
Bithell, Chelsey MD	Provisional	Pediatrics	Pediatrics	6/30/2023
Block, Lindsey L., NP	AHP	Nurse Practitioner	Medicine	6/1/2023
Bovee, Kristie, MD	Provisional	Anesthesiology	Anesthesia	6/16/2023
Ko, Edmund, MD	Active	Urology	Surgery	7/6/2023
Naftel, John C., MD	Active	Emergency Medicine	Emergency Medicine	6/30/2023
Park, Eunwoo, MD	Provisional	Internal medicine	Medicine	7/1/2023

End of Report

I hereby:

- 1) Attest that the medical center's Medical Executive Committee meeting on July 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.



Jennifer Cruikshank

Chief Executive Officer – RUHS Medical Center



DATE: August 10, 2023
 To: File
 FROM: Medical Staff Executive Committee
 SUBJECT: Medical Staff Attestation Appointment, Reappointments and Clinical Privileges

INITIAL APPOINTMENT – August 10, 2023 – July 31, 2025

NAME	STATUS	SPECIALTY	DEPARTMENT	BOARD STATUS
Chau, Thanh, CRNA	AHP-Provisional	Certified Nurse Anesthetist	Anesthesia	NBCRNA
TP Requested 8/7/2023				
Collins, James, MD	Provisional	Radiology	Radiology	Diagnostic Radiology
Darioosh, Roya P., DO	Provisional	Internal Medicine	Medicine	Eligible
Dhillon, Navpreet, MD	Provisional	Surgery	Surgery	Surgery/Surgery Critical Care
Gentry, Tanya DO	Provisional	Pediatrics	Pediatrics	Eligible
TP Request 8/1/2023				
Gomez-Mustafa, Carlos E., MD	Provisional	Internal Medicine	Medicine	Eligible
Hou, Gina, MD	Provisional	Neonatology	Pediatrics	Pediatrics
Hwang, Jay L., MD	Provisional	Internal Medicine	Medicine	Eligible
Idera, Michele, CRNA	AHP-Provisional	Certified Nurse Anesthetist	Anesthesia	NBCRNA
TP Request 8/7/2023				
Khong, Hoai T., MD	Provisional	Pediatrics	Pediatrics	Pediatrics Internal Medicine
Kpaduwa, Chinwe S., MD	Provisional	Plastic Surgery	Surgery	Plastic Surgery
TP Approved 8/1/2023				
Lee, Brandon K., DO	Provisional	Emergency Medicine	Emergency Medicine	Emergency Medicine
Lien, Donna, MD	Provisional	Anesthesia	Anesthesia	Anesthesia
Mahdavi Fard, Ali, MD	Provisional	Ophthalmology	Ophthalmology	Eligible
Paterno, Francesca R., MD	Provisional	Internal Medicine	Medicine	Eligible
Pomerantz, Maxwell, MD	Provisional	Anesthesia	Anesthesia	Eligible
Propp, Dennis, MD	Provisional	Anesthesia	Anesthesia	Eligible
Rivera, Dylan, MD	Provisional	Anesthesia	Anesthesia	Eligible
Roldan, Ashley N., MD	Provisional	Ophthalmology	Ophthalmology	Ophthalmology
Vance, Kristofer J., MD	Provisional	Pediatrics	Pediatrics	Eligible
Wong, Alan K., MD	Provisional	Urology	Surgery	Urology
Zinn, William, MD	Provisional	Radiology	Radiology	Radiology

REAPPOINTMENTS – September 1, 2023 – August 31, 2025

NAME	STATUS	SPECIALTY	DEPARTMENT	BOARD STATUS
Bailey, Kevin J., PA	AHP	Physician Assistant	Emergency Medicine	NCCPA
Baye, Zebayel A., MD	Active	Internal Medicine	Medicine	Internal Medicine
Calvert, Justin, MD	Active	Anesthesia	Anesthesia	Anesthesia
Chaves, Kristen, NP	AHP	Nurse Practitioner	Surgery	ANCC
Withdraw Privileges: <ul style="list-style-type: none"> • Thoracentesis with or without tube thoracostomy • Paracentesis • Lumbar puncture • Arterial Cannulation • Central Venous Catheterization 				
Chen, Chien-Ching, MD	Courtesy	Hematology/Oncology	Medicine	Internal Medicine Medical Oncology

Status change from Active to Courtesy due to low/no patient volume Withdraw of Privileges: <ul style="list-style-type: none"> Ambulatory Telemedicine 				
Edwards, Montessa L., MD	Active	Emergency Medicine	Emergency Medicine	Emergency Medicine
Elledge, Nathan R., DO	Active	Ophthalmology	Ophthalmology	Eligible
Francois, Nedy NP	AHP	Neonatology	Pediatrics	NCC
Fuller, Jennifer, MD	Active	Otolaryngology	Surgery	Otolaryngology
Galvan, Vivian D., NP	AHP	Nurse Practitioner	Medicine	AANP
Gonzalez, Reyna, MD	Active	Critical Care	Surgery	Surgery
Khamsi, Babak R., MD	Courtesy	Orthopedic Surgery	Orthopedic Surgery	Orthopedic Surgery
Kim, Christina K., MD	Active	Internal Medicine	Medicine	Internal Medicine
Lee, Sarah DO	Provisional	Psychiatry	Psychiatry	Eligible
Long, Wen, PA Additional Privilege: <ul style="list-style-type: none"> Obtaining Informed Consent 	AHP	Physician Assistant	Medicine	NCCPA
Luu, Tri T., MD	Active	Internal Medicine	Medicine	Internal Medicine
McKeever, Rodney, MD	Active	Anesthesia	Anesthesia	Anesthesia
Nesper, Timothy P., MD Additional Privilege: <ul style="list-style-type: none"> Telemedicine 	Active	Emergency Medicine	Emergency Medicine	Emergency Medicine
Nguyen, Elaine, MD	Active	Pulmonary Critical Care	Medicine	Internal Medicine Pulmonary Disease Critical Care Medicine
Park, Joseph, DPM	Active	Podiatry	Orthopedic Surgery	Foot Surgery Reconstructive Rear Ankle Surgery
Puvvula, Lakshmi K., MD	Active	Internal Medicine	Medicine	Internal Medicine
Randall, Melanie M., MD	Active	Emergency Medicine	Emergency Medicine	Emergency Medicine Pediatric Emergency Medicine
Smithson, Sarah, DO	Active	Ob-Gyn	Ob-Gyn	Ob-Gyn
Tan, Gordon L., MD	Active	Pediatrics	Pediatrics	Pediatrics
Thimmappa, Vikrum, MD	Active	Otolaryngology	Surgery	Otolaryngology
Thiruvengadam, Nikhil R., MD	Active	Gastroenterology	Medicine	Internal Medicine Gastroenterology
Tiao, Lily J., NP Withdraw Privileges: <ul style="list-style-type: none"> Paracentesis 	AHP	Nurse Practitioner	Medicine	ANCC
Washburn, Destry G., DO	Active	Pulmonary Critical Care Medicine	Medicine	Internal Medicine Pulmonary Disease Critical Care Medicine
Yamalanchili, Ronica, MD Withdraw Privileges: <ul style="list-style-type: none"> Neurotology Core CO2 KTP Nd:Yag 	Provisional	Head & Neck/Otolaryngology	Surgery	Otolaryngology

FPPE/RECIPROCAL* COMPLETE REMAIN ON PROVISIONAL

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Asef, Mark A., MD	Provisional	Nephrology	Medicine	Remain on Provisional
Gillespie, Heather J., MD	Provisional	Rheumatology	Medicine	Remain on Provisional
Nguyen, Thai H., DO	Provisional	Internal Medicine	Medicine	Remain on Provisional



FINAL FPPE/RECIPROCAL* ADVANCEMENT OF STAFF CATEGORY

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Kwon, Ohwook, MD	Provisional	Interventional Radiology	Radiology	Advance to Active
Min, Alexander, MD	Provisional	Pediatrics	Pediatrics	Advance to Active
Yamalanchili, Ronica R., MD	Provisional	Head & Neck/Otolaryngology	Surgery	Advance to Active

FPPE FINAL PROCTORING FOR ALLIED HEALTH PROFESSIONALS

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Chavez, Kristen N., NP	AHP-Provisional	Nurse Practitioner	Surgery	Remove from proctoring
Mitchikoff, Kaylin B., NP	AHP-Provisional	Nurse Practitioner	Surgery	Remove from proctoring
Vazquez, Jennifer A., NP	AHP-Provisional	Nurse Practitioner	Medicine	Remove from proctoring

FPPE FINAL PROCTORING FOR ADDITIONAL PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

ADDITIONAL PRIVILEGES/WITHDRAWN PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Dick, Dallas M., MD	Active	Internal Medicine	Medicine	Withdraw of Privilege: <ul style="list-style-type: none"> Moderate Sedation
Gillespie, Heather J., MD	Provisional	Rheumatology	Medicine	Withdraw of Privileges: <ul style="list-style-type: none"> Internal Medicine PCU
Nguyen, Thai H., DO	Provisional	Internal Medicine	Medicine	Withdraw of Privilege: <ul style="list-style-type: none"> Ambulatory
Scott, Jonathan H., MD	Provisional	Internal Medicine	Medicine	Additional Privileges: <ul style="list-style-type: none"> Moderate Sedation
Vazquez, Jennifer A., NP	AHP-Provisional	Nurse Practitioner	Medicine	Withdraw of Privilege: <ul style="list-style-type: none"> Moderate Sedation

CHANGE IN STAFF CATEGORY

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Bovee, Kristie E., MD	Provisional	Anesthesiology	Anesthesia	Status Change to Active
Burgdorff, Courtney J., MD	Provisional	Anesthesiology	Anesthesia	Status Change to Active
Chamberlin, Joshua D., MD	Provisional	Urology	Surgery	Status Change to Active
Douglawi, Antoin, MD	Provisional	Urology	Surgery	Status Change to Active
Floresca, JonW., MD	Provisional	Interventional Radiology	Radiology	Status Change to Active
Schoepflin, Charles W.	Provisional	Anesthesiology	Anesthesia	Status Change to Active
Scott, Jonathan H., MD	Provisional	Internal Medicine	Medicine	Status Change to Active

MODIFICATION OF PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Ing, Jeffrey J., MD	Active	Ophthalmology	Ophthalmology	Ophthalmology Clinical Privilege Form

NAME CHANGE

NAME	STATUS	SPECIALTY	DEPARTMENT	CHANGE TO:
Schilling, Kelly D., PA	AHP	Physician Assistant	Emergency Medicine	Medina, Kelly D., PA

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
Robker, Amy L., PA	AHP	Physician Assistant	Emergency Medicine	Effective 9/1/2023

VOLUNTARY RESIGNATIONS/WITHDRAWALS*

NAME	STATUS	SPECIALTY	DEPARTMENT	EFFECTIVE/REASON
Bavarsad Shahripour, Reza, MD	Provisional	Neurology	Medicine	7/21/2023
Burke, Sarah, NP	AHP-Provisional	Nurse Practitioner	Clinical Neurological Sciences	6/8/2023
Cabling, Marven G., MD	Active	Rheumatology	Medicine	8/18/2023
Cana, Jana MD	Provisional	Pediatrics	Pediatrics	7/1/2023 Voluntary Resignation
Dawood, Hasan F., MD	Provisional	Neurology	Medicine	6/30/2023
Gilbert, Lisa A., NP	Adjunct	Public Health	Public Health	8/31/2023 Voluntary Resignation
Gray, Evan L., DO	Provisional	Neurology	Medicine	6/16/2023
Heczko, Joshua B., MD	Provisional	Ophthalmology	Ophthalmology	7/1/2023
Holquin, Christine T., PA	AHP	Physician Assistant	Emergency Medicine	7/3/2023
Kapileshwarkar, Yamini MD	Active	Critical Care	Pediatrics	6/30/2023 Voluntary Resignation
Latif, Kiran NP	Adjunct	Public Health	Public Health	8/31/2023 Voluntary Resignation
Luong, Serena MD	Provisional	Pediatrics	Pediatrics	7/1/2023 Voluntary Resignation
Nesmith, Alysia N., PA	AHP	Physician Assistant	Emergency Medicine	8/3/2023
Olito, Atalanta, DO	Active	Anesthesia	Anesthesia	7/26/2023 Voluntary Resignation
Pandit, Ivy D., MD	Active	Internal Medicine/ Geriatric Medicine	Medicine	6/15/2023
Shaha, Sneha S., DO	Provisional	Internal Medicine	Medicine	6/17/2023
Tran, Jade C., MD	Active	Cardiology	Pediatrics	8/22/2023 Voluntary Resignation
Vora, Halley, MD	Provisional	Surgery	Surgery	7/27/2023 Voluntary Resignation
Zane, Ryan MD	Adjunct	Public Health		8/31/2023 Voluntary Resignation
Zerr, Ashley M., MD	Active	Pediatrics	Pediatrics	9/30/2023 Voluntary Resignation
Zwick, Tamar, PA	AHP	Physician Assistant	Emergency Medicine	7/31/2023

End of Report

I hereby:

- 1) Attest that the medical center's Medical Executive Committee meeting on August 10, 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: September 14, 2023
 To: File
 FROM: Medical Staff Executive Committee
 SUBJECT: Medical Staff Attestation Appointment, Reappointments and Clinical Privileges

INITIAL APPOINTMENT – September 14, 2023 – August 31, 2025

NAME	STATUS	SPECIALTY	DEPARTMENT	BOARD STATUS
Batra, Sahil, DO Temporary Privileges Granted Effective: 9/7/2023	Provisional	Internal Medicine	Medicine	Eligible
Buthorne, Rachel E., PA	AHP-Provisional	Physician Assistant	Medicine	NCCPA
Giang, Beverly MD	Provisional	Neonatology	Pediatrics	Pediatrics
Kim, Bobae L., MD Temporary Privileges Granted Effective: 9/7/2023	Provisional	Internal Medicine	Medicine	Eligible
Kohbodi, GoleNaz A., MD	Provisional	Neonatology	Pediatrics	Pediatrics Neonatal-Perinatal Medicine
Mercado, Kristine, MD Temporary Privileges Granted Effective 9/1/2023	Provisional	OB-GYN	O-B-Gyn	Eligible
Olavarry, Carolina C., MD	Provisional	Pediatrics	Pediatrics	Eligible
Pathak, Sujay R., DO Temporary Privileges Granted Effective 9/7/2023	Provisional	Internal Medicine	Medicine	Internal Medicine
Rai, Manjit, NP	AHP-Provisional	Nurse Practitioner	Clinical Neurological Sciences	ANCC

REAPPOINTMENTS – October 1, 2023 – September 30, 2025

NAME	STATUS	SPECIALTY	DEPARTMENT	BOARD STATUS
Alani, Anas A., MD	Active	Cardiology	Medicine	Internal Medicine Cardiovascular Disease
Baldwin, Dalton D., MD	Active	Urology	Surgery	Medical Board of Urology
Brar, Harbinder S., MD	Courtesy	OB-GYN	Ob-Gyn	Ob-Gyn Maternal & Fetal Medicine
Church, Christopher, MD	Active	Otolaryngology	Surgery	Otolaryngology
Collier, Carl, DO	Active	Anesthesiology	Anesthesia	Anesthesiology
Estes, Adrienne M., DPM	Active	Podiatry	Orthopedic Surgery	Foot Surgery Reconstructive Rear Foot/Ankle Podiatric Medicine
Fargo, Ramiz A., MD Additional Privilege: • Exercise Testing	Active	Pulmonary Critical Care Medicine	Medicine	Internal Medicine Pulmonary Disease Critical Care Medicine Sleep Medicine
Guglielmo, Mona S., MD	Active	Critical Care	Pediatrics	Pediatrics Pediatric Critical Care Medicine
Guglielmo, Robert D., MD	Active	Critical Care	Pediatrics	Pediatrics Pediatric Critical Care Medicine
Hadley, Henry, MD	Active	Urology	Surgery	Urology
Herford, Alan, DDS	Active	Oral & Maxillofacial Surgery	Surgery	Oral & Maxillofacial Surgery
Ing, Jeffrey J., MD	Active	Ophthalmology	Ophthalmology	Ophthalmology
Ingui, Christian J., MD	Tele-Health	Radiology	Radiology	Diagnostic Radiology
Jutzy, Gregory MD	Active	Cardiology	Pediatrics	Pediatrics Pediatric Cardiology
Khera, Sofia MD	Active	Pediatrics	Pediatrics	Pediatrics Pediatric Hospital Medicine

Koenig, Rodney J., PA	AHP	Physician Assistant	Emergency Medicine	NCCPA
Lightfoot-Siordia, Catrissa, MD	Active	Anesthesiology	Anesthesia	Anesthesia
Lopez, Yamil, MD	Active	Pathology	Pathology	Anatomic Pathology & Clinical Pathology
Massrou, Kamiar, MD	Tele-Health	Radiology	Radiology	Diagnostic Radiology
McCalla, Derek J., MD	Active	Pediatrics	Pediatrics	Pediatrics
Munir, Iqbal, MD	Active	Endocrinology	Medicine	Endocrinology
Additional Privilege: • Thyroidbiopsy				
Patel, Bipin MD	Active	Psychiatry	Psychiatry	Psychiatry Child & Adolescent Psychiatry
Quershi, Sonea I., MD	Active	Critical Care	Pediatrics	Pediatrics Pediatric Critical Care Medicine
Soloniuk, Leonard J., MD	Active	Anesthesiology	Anesthesia	Anesthesia
Thompson, Kevin, MD	Active	Pathology	Pathology	Anatomic Pathology & Critical Pathology
Tran, Minh, Chau, MD	Active	Anesthesiology	Anesthesia	Anesthesia
Weiner, Alyssa R., PA	AHP	Physician Assistant	Emergency Medicine	NCCPA

FPPE/RECIPROCAL* COMPLETE REMAIN ON PROVISIONAL

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Chatterjee, Anish, MD	Provisional	Diagnostic Radiology	Radiology	Remain on Provisional until eligible for advancement
Cleland, Derrick A., DO	Provisional	Internal Medicine	Medicine	Remain on Provisional until eligible for advancement
Hampson, Christopher, MD	Provisional	Diagnostic Radiology	Radiology	Remain on Provisional until eligible for advancement
Kim-Paglingayen, Jin Seon, MD	Provisional	Family Medicine	Family Medicine	Remain on Provisional until eligible for advancement
Loyola, Kevin, MD	Provisional	Neurology	Medicine	Remain on Provisional until eligible for advancement
Montesinos, Montserrat, MD	Provisional	Pediatric Neurology	Pediatrics	Remain on Provisional until eligible for advancement
Shukla, Medha, MD	Provisional	Pediatric Gastroenterology	Pediatrics	Remain on Provisional until eligible for advancement
Starkey, Marc N., MD	Provisional	Neurology	Medicine	Remain on Provisional until eligible for advancement
White, Steven C., MD	Provisional	Diagnostic Radiology	Radiology	Remain on Provisional until eligible for advancement
Williams, Lance R., MD	Provisional	Diagnostic Radiology	Radiology	Remain on Provisional until eligible for advancement

FINAL FPPE/RECIPROCAL* ADVANCEMENT OF STAFF CATEGORY

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Bullard, Anthony B., MD	Provisional	Diagnostic Radiology	Radiology	Advance to Tele-Health Status
Hossein Zadeh Maleki, Ana, MD	Provisional	Neurology	Medicine	Advance to Active Status
Howitt, Loretta Y., MD	Provisional	Psychiatry	Psychiatry	Advance to Active Status
Huang, Ming, DO	Provisional	Anesthesiology	Anesthesia	Advance to Active Status
Mukadam, Shireen, MD.	Provisional	Pediatric Cardiology	Pediatrics	Advance to Active Status
Tafazoli, Franak S., MD	Provisional	Diagnostic Radiology	Radiology	Advance to Tele-Health Status
Zuckerman, Jeffrey A., MD	Provisional	Diagnostic Radiology	Radiology	Advance to Tele-Health Status

FPPE FINAL PROCTORING FOR ALLIED HEALTH PROFESSIONALS

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Davis-Bates, Theresa L., NP	AHP-Provisional	Nurse Practitioner	Clinical Neurological Sciences	Complete
Larco, Kathlyn T., PA	AHP-Provisional	Physician Assistant	Clinical Neurological Sciences	Complete
Lewis, Christina L., NP	AHP-Provisional	Nurse Practitioner	Surgery	Complete
Noda, Jason P., NP	AHP-Provisional	Nurse Practitioner	Surgery	Complete
Sohail, Sindy, PA	AHP-Provisional	Physician Assistant	Medicine	Complete
Satterfield, Grace L., CRNA	AHP-Provisional	Certified Registered Nurse Anesthetist	Anesthesia	Complete



Williams, Shaute L., FNP	AHP-Provisional	Family Nurse Practitioner	Clinical Neurological Sciences	Complete
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FPPE FINAL PROCTORING FOR ADDITIONAL PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

ADDITIONAL PRIVILEGES/WITHDRAWN PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Bang, Sunny, MD	Temp Privileges	Pain Medicine	Anesthesia	Additional Privileges: <ul style="list-style-type: none"> • Pain Medicine
Cleland, Derrick A., DO	Provisional	Internal Medicine	Medicine	Withdraw of Privileges: <ul style="list-style-type: none"> • Ambulatory
Holsclaw, Matthew., MD	Temp Privileges	Anesthesia	Anesthesia	Additional Privileges: <ul style="list-style-type: none"> • Pediatric Anesthesiology
Hossein Zadeh Maleki, Ana, MD	Provisional	Neurology	Medicine	Withdraw of Privileges: <ul style="list-style-type: none"> • Neurology Core Procedures • Neurology Non-Core Procedures • PCU • Ambulatory
Loyola, Kevin, MD	Provisional	Neurology	Medicine	Withdraw of Privileges: <ul style="list-style-type: none"> • PCU • ACCU • Ambulatory
Sohail, Sindy, PA	AHP-Provisional	Physician Assistant	Medicine	Withdraw of Privileges: <ul style="list-style-type: none"> • Obtaining Informed Consent • Abdominal Paracentesis • Gastroenterology Procedural Assist
Starkey, Marc N., MD	Provisional	Neurology	Medicine	Withdraw of Privileges: <ul style="list-style-type: none"> • PCU • Ambulatory

CHANGE IN STAFF CATEGORY

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Asef, Mark A., MD	Provisional	Nephrology	Medicine	Advance to Active Status
Bhuller, Amardip S., MD	Provisional	Plastic Surgery	Surgery	Provisional to LOA Status
Choi, David M., MD	Provisional	Ophthalmology	Ophthalmology	Advance to Active Status
Gupta, Sughas C., MD	Active	Plastic Surgery	Surgery	Active to LOA Status
Kim, Hans Y., MD	Active	Plastic Surgery	Surgery	Active to LOA Status
Martin, Mark C., MD	Courtesy	Plastic Surgery	Surgery	Courtesy to LOA Status
Ray, Andrea O., MD	Active	Plastic Surgery	Surgery	Active to LOA Status

MODIFICATION OF PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

NAME CHANGE

NAME	STATUS	SPECIALTY	DEPARTMENT	CHANGE TO:
Paul, Laura E., MD	Provisional	Neurology	Medicine	Istrate, Laura E., MD

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

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Kim, Cherine, MD	Provisional	Otolaryngology	Surgery	Failure to Submit a complete application and Proctoring



AUTOMATIC TERMINATION, PER BYLAWS 6.4-9 (FAILURE TO COMPLETE REAPPOINTMENT) None

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

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

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Agarwal, Sanja, MD	Active	Psychiatry	Psychiatry	Failure to meet OPPE requirement
Alvarado, Liza P., NP	AHP	Nurse Practitioner	Psychiatry	Failure to meet OPPE requirement
Ojinmah, John, MD	Active	Psychiatry	Psychiatry	Failure to meet OPPE requirement
Sanathara, Visant A., MD	Active	Psychiatry	Psychiatry	Failure to meet OPPE requirement

VOLUNTARY RESIGNATIONS/WITHDRAWALS*

NAME	STATUS	SPECIALTY	DEPARTMENT	EFFECTIVE/REASON
Banzon, Robyn N., PA	AHP-Provisional	Physician Assistant	Clinical Neurological Sciences	9/15/2023
Chen, Tai Y., NP	AHP	Nurse Practitioner	Surgery	8/1/2023
Garcia, Gryan NP	AHP	Nurse Practitioner	Psychiatry	8/17/2023 / TAP assignment ended
Hojjati, Mehrnaz, MD	Active	Rheumatology	Medicine	9/30/2023
Leyson, Lauren R., PA	AHP-Provisional	Physician Assistant	Clinical Neurological Sciences	8/3/2023
Shin, John Y., MD	Applicant	Hematology/Oncology	Medicine	Application Withdrawn – provider failed to comply
Soneji, Maulin S., MD	Active	Infectious Disease	Pediatrics	11/10/2023 – Voluntary Resignation
Vargas, Linda, MD	Active	Ophthalmology	Ophthalmology	9/1/2023
Wright, Janel, PA	AHP-Provisional	Physician Assistant	Medicine	5/1/2023

End of Report

I hereby:

- 1) Attest that the medical center's Medical Executive Committee meeting on September 14, 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: October 12, 2023
 To: File
 FROM: Medical Staff Executive Committee
 SUBJECT: Medical Staff Attestation Appointment, Reappointments and Clinical Privileges

INITIAL APPOINTMENT – October 12, 2023 – September 30, 2025

NAME	STATUS	SPECIALTY	DEPARTMENT	BOARD STATUS
Afroz, Sana, MD	Provisional	Rheumatology	Medicine	Internal Medicine Rheumatology
Alsyouf, Muhannand, M. MD	Provisional	Urology	Surgery	Eligible
Benitez, Christopher MD	Provisional	Psychiatry	Psychiatry	Psychiatry Forensic Psychiatry
• Re-Entry Plan				
Cho, Alexander L., MD	Provisional	Diagnostic Radiology	Radiology	Eligible
Escutin Jr., Rodolfo O., MD	Provisional	Neurology	Medicine	Neurology Clinical Neurophysiology Neuromuscular Medicine
Temporary Privilege Request Effective 9/25/2023				
Gandotra, Gaurav MD	Provisional	Psychiatry	Psychiatry	Psychiatry Addiction Medicine
Garcia, Renee MD	Provisional	Psychiatry	Psychiatry	Psychiatry Psychosomatic Medicine
Temporary Privilege Request Effective 09/25/2023				
Kuehn, Nicolaus J., MD	Provisional	Diagnostic Radiology	Radiology	Diagnostic Radiology
Leimbach, Danielle N., PA	AHP-Provisional	Physician Assistant	Clinical Neurological Sciences	NCCPA
Martin, Joshua J., MD	Provisional	Neurology	Medicine	Neurology Epilepsy
Momohara, Michael M., MD	Provisional	Physical Medicine & Rehab.	Medicine	Eligible
Nagappan, Meena, MD	Provisional	Anesthesiology	Anesthesia	Eligible
Pedouim, Farzin B., MD	Provisional	Neurology	Medicine	Neurology
Sheski, David E.	Provisional	Psychiatry	Psychiatry	Psychiatry Psychosomatic Medicine
• Re-Entry Plan				
Thomas, Joslyn, NP	AHP-Provisional	Surgery	Surgery	AANPCB

REAPPOINTMENTS – November 1, 2023 – October 31, 2025

NAME	STATUS	SPECIALTY	DEPARTMENT	BOARD STATUS
Agapian, John V., MD	Active	Surgery	Surgery	Surgery Critical Care
Azizi, Faramarz, MD	Active	Pathology	Pathology	Anatomic Pathology
Bhardwaj, Rahul, MD	Courtesy	Cardiology	Medicine	Cardiovascular Disease Clinical Cardiac Electrophysiology
Cheung, Shauna C., MD	Active	Neurology	Medicine	Neurology Vascular Neurology
Withdraw of Privileges:				
• EEG				
• Evoked potentials performance and/or interpretation (auditory, visual, somatosensory, other)				
Febre, Aprille Dawn F. MD		Neonatology	Pediatrics	Pediatrics Neonatal-Perinatal Medicine
Hacopian, David S., PA	AHP	Physician Assistant	Orthopedic Surgery	NCCPA
Hamra, William S., MD	Active	Pediatrics	Pediatrics	Pediatrics
Juarez, Benjamin, PA	AHP	Physician Assistant	Emergency Medicine	NCCPA
Khazaeni, Leila M., MD	Courtesy	Ophthalmology	Ophthalmology	Ophthalmology
Loe, Stephanie A., MD	Active	Emergency Medicine	Emergency Medicine	Emergency Medicine

Additional Privilege: • TEE				
Lui, Paul D., MD	Active	Urology	Surgery	Urology
Luke, Janiene D., MD	Active	Dermatology	Medicine	Dermatology
Martin, Mark, MD	Courtesy	Plastic Surgery	Surgery	Plastic Surgery
McCarty, Matthew S., MD	Active	Internal Medicine	Medicine	Internal Medicine
McLaughlin, Nathan D., MD	Active	Family Medicine	Family Medicine	Family Medicine
Navarro, Jesus, NP	AHP	Nurse Practitioner	Medicine	ANCC
Nguyen, Tammy T., PA	AHP	Physician Assistant	Emergency Medicine	NCCPA
Additional Privileges: • Central Line/PICC Placement • Endotracheal Intubation				
Patel, Yogesh M., MD	Active	Nephrology	Medicine	Nephrology
Rivera Melara, Luis F., MD	Active	Neonatology	Pediatrics	Pediatrics
Sanner, David, MD	Active	Anesthesiology	Anesthesia	Anesthesia
Simental Jr, Alfred A., MD	Courtesy	Otolaryngology	Surgery	Otolaryngology
Stevens, Wesley T., MD	Active	Pathology	Pathology	Clinical Pathology
Tabuenca, Arnaldo, MD	Courtesy	Surgery	Surgery	Surgery
Rodriguez, Brian M., PA	AHP	Physician Assistant	Orthopedic Surgery	NCCPA
Rogers, Shana, NP	AHP	Nurse Practitioner	Surgery	ANCC
Schulz, Alyssa M., PA	AHP	Physician Assistant	Emergency Medicine	NCCPA
Williams, Shaute, FNP	AHP	Nurse Practitioner	Clinical Neurological Sciences	ANCC

FPPE/RECIPROCAL* COMPLETE REMAIN ON PROVISIONAL

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Bang, Sunny, MD	Provisional	Emergency Medicine	Emergency medicine	Remain on Provisional
Chan, Eric H., MD	Provisional	Ophthalmology	Ophthalmology	Remain on Provisional
Mattheis, Jay K., MD	Provisional	Ophthalmology	Ophthalmology	Remain on Provisional
Paterno, Francesca R., MD	Provisional	Internal Medicine	Medicine	Remain on Provisional

FINAL FPPE/RECIPROCAL* ADVANCEMENT OF STAFF CATEGORY

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Mitchell, Tyler B., DO	Provisional	Emergency Medicine	Emergency Medicine	Advance to Active Status
Topping, Katie L., MD	Provisional	Ophthalmology	Ophthalmology	Advance to Active Status

FPPE FINAL PROCTORING FOR ALLIED HEALTH PROFESSIONALS

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Caudhill, Benjamin J., FNP	AHP	Family Nurse Practitioner	Medicine	Complete
Pappalardo, Ashley, PA	AHP-Provisional	Family Nurse Practitioner	Surgery	Complete
Prieto, Carina M., NP	AHP-Provisional	Nurse Practitioner	Clinical Neurological Sciences	Complete

FPPE FINAL PROCTORING FOR ADDITIONAL PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Alani, Anas A., MD	Active	Cardiology	Medicine	TEE
Bharadwaj, Aditya S., MD	Active	Cardiology	Medicine	PCI
Lan, Howard W., DO	Active	Cardiology	Medicine	PCI
Shu, Richard G., MD	Active	Cardiology	Medicine	TEE

ADDITIONAL PRIVILEGES/WITHDRAWN PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Bang, Sunny, MD	Provisional	Emergency Medicine	Emergency Medicine	Withdraw of Privilege: • TEE
Jutzy, Kenneth R., MD	Active	Cardiology	Medicine	Withdraw of Privilege: • Percutaneous Coronary Interventional Procedures (PCI)
Lee, Sarah J., DO	Provisional	Psychiatry	Psychiatry	Additional Privilege: • Supervision of AHP's



Prasad, Vinoy S., MD	Active	Cardiology	Medicine	Withdraw of Privilege: <ul style="list-style-type: none"> • Percutaneous Coronary Interventional Procedures (PCI)
Solaimani, Pejman, MD	Active	Gastroenterology	Medicine	Withdraw of Privilege: <ul style="list-style-type: none"> • Fluoroscopy
Washburn, Destry G., DO	Active	Pulmonary Critical Care	Medicine	Additional Privilege: <ul style="list-style-type: none"> • Fluoroscopy

CHANGE IN STAFF CATEGORY

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Chevinsky, Jennifer R., MD	Adjunct	Preventative Medicine	Public Health	Change department to Family Medicine

MODIFICATION OF PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

NAME CHANGE

NAME	STATUS	SPECIALTY	DEPARTMENT	CHANGE TO:
None				

CHANGE IN STAFF REAPPOINTMENT DATES

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Nguyen, Tammy T., PA	AHP	Physician Assistant	Emergency Medicine	10/31/2025 change to 08/31/2025

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 COMPLETE REAPPOINTMENT)

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

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

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				Failure to meet OPPE requirement

VOLUNTARY RESIGNATIONS/WITHDRAWALS*

NAME	STATUS	SPECIALTY	DEPARTMENT	EFFECTIVE/REASON
Aguilar, Vladimir, NP	AHP-Provisional	Nurse Practitioner	Surgery	9/19/2023 Voluntary Resignation
Amr-Elmeligy Maha M. MD	Active	Neonatology	Pediatrics	10/14/2023 – Voluntary Resignation
Bustillo, Sofia, PA	AHP	Physician Assistant	Emergency Medicine	8/31/2023
Castillo, Cynthia, NP	AHP-Provisional	Nurse Practitioner	Surgery	9/19/2023 Voluntary Resignation
Cruz, Arjane S., FNP	AHP-Provisional	Family Nurse Practitioner	Clinical Neurological Sciences	11/21/2022
Fierro, Lizveth L., MD	Active	Emergency Medicine	Emergency Medicine	9/16/2023
O'Leary, Michael, MD	Provisional	Surgery	Surgery	09/15/2023
Moretta, Dafne T., MD	Active	Pulmonary Critical Care	Medicine	9/22/2023
Mulvina, Rhea M., NP	AHP-Provisional	Nurse Practitioner	Radiology	9/19/2023 Voluntary Resignation
Ramirez, Juan Carlos, NP	AHP-Provisional	Nurse Practitioner	Surgery	9/19/2023 Voluntary Resignation
Stone, David MD	Provisional	Psychiatry	Psychiatry	08/01/2023 Voluntary Resignation
Witkosky, Michael E., MD	Telehealth	Diagnostic Radiology	Radiology	9/18/2023 – Contract Term

End of Report



I hereby:

- 1) Attest that the medical center's Medical Executive Committee meeting on October 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.

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

Jennifer Cruikshank
Chief Executive Officer – RUHS Medical Center

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT

MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD

CRED DATE: 10/27/23
MEC DATE: 11/9/23
BOARD DATE: 11/9/23

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

INITIAL APPOINTMENT – November 9, 2023 – October 31, 2025

NAME	STATUS	SPECIALTY	DEPARTMENT	BOARD STATUS
Chau, Thanh, CRNA • Temporary Privileges granted 8/7/23	AHP- Provisional	Anesthesia	Anesthesia	NBCRNA
Del Prado, Daniel, MD	Provisional	Radiology	Radiology	Diagnostic Radiology
Hagan, Natalie, NP	AHP-Provisional	Nurse Practitioner	Surgery	AACN
Holsclaw, Matthew, MD • 2 nd Round of Temp Privileges requested 11/4/23	Provisional	Anesthesia	Anesthesia	Board Eligible
McCarthy, Patrick, MD	Provisional	Radiology	Radiology	Diagnostic Radiology

REAPPOINTMENTS – December 1, 2023 – November 30, 2025

NAME	STATUS	SPECIALTY	DEPARTMENT	BOARD STATUS
Allen, Scott A., MD	Active	Internal Medicine	Medicine	Internal Medicine
Armon, Carmel, MD Additional Privileges: • Ambulatory • PCU	Active	Neurology	Medicine	Neurology Clinical Neurophysiology Epilepsy Neuromuscular Medicine
Coimbra, Raul, MD	Active	Surgery	Surgery	Grandfathered
Darden, Lisa M., NP	AHP	Nurse Practitioner	Clinical Neurological Sciences	ANCC
Deisch, Jeremy, MD	Active	Pathology	Pathology	Anatomic Pathology & Clinical Pathology
Hill, Michael, MD	Active	Plastic Surgery	Surgery	Plastic Surgery
Ishak, Salam G., MD	Active	Nephrology	Medicine	Internal Medicine Nephrology
Kerstetter, Justin, MD	Active	Pathology	Pathology	Anatomic Pathology & Clinical Pathology
Kramer, Raymond D., MD	Active	Family Medicine	Family Medicine	Family Medicine Addiction Medicine
Krishna, Priya, MD	Active	Otolaryngology	Surgery	Otolaryngology
Orth, Gregory, MD	Active	Radiology	Radiology	Diagnostic Radiology
Plasencia, Alexis, MD	Active	Surgery	Surgery	Surgery
Sinha, Ashish C., MD	Active	Anesthesiology	Anesthesia	Anesthesia
Tram, Bich, CRNA	AHP	CRNA	Anesthesia	Certify Registered Nurse Anesthetist
Vincent, Alix, MD	Tele-Health	Radiology	Radiology	Diagnostic Radiology

FPPE/RECIPROCAL* COMPLETE REMAIN ON PROVISIONAL

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Kumar, Vikram, MD	Provisional	Pediatrics	Pediatrics	Complete. Remain on Provisional until 7/13/2024
Pomerantz, Maxwell D., MD	Provisional	Anesthesiology	Anesthesia	Complete. Remain on Provisional until 8/10/2024

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT

**MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

CRED DATE: 10/27/23
MEC DATE: 11/9/23
BOARD DATE: 11/9/23

Propp, Dennis, MD	Provisional	Anesthesiology	Anesthesia	Complete. Remain on Provisional until 8/10/2024
Rivera, Dylan, MD	Provisional	Anesthesiology	Anesthesia	Complete. Remain on Provisional until 8/10/2024
Serrano, Ryan, MD	Provisional	Pediatrics	Pediatrics	Complete. Remain Provisional until 3/06/2024
Trinh, Viet, DO	Provisional	Anesthesiology	Anesthesia	Complete. Remain on Provisional until 7/01/2024

FINAL FPPE/RECIPROCAL* ADVANCEMENT OF STAFF CATEGORY

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Nagendra, Gautam, MD	Provisional	Pediatric Gastroenterology	Pediatrics	Advance to Active Status
Genobaga, Christopher, MD	Provisional	Obstetrics & Gynecology	Obstetrics & Gynecology	Advance to Active Status
Khera, Sofia, MD	Provisional	Pediatrics	Pediatrics	Advance to Active Status
Kim-Paglingayen, Jin Seon, MD	Provisional	Family Medicine	Family Medicine	Advance to Active Status
McCarty, Zachary D., MD	Provisional	Emergency Medicine	Emergency Medicine	Advance to Active Status
Saint-Preux, Fabienne, MD	Provisional	Pain Medicine	Anesthesia	Advance to Active Status

FPPE FINAL PROCTORING FOR ALLIED HEALTH PROFESSIONALS

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Mariano, Sharlette, FNP	AHP-Provisional	Family Nurse Practitioner	Clinical Neurological Surgery	Complete
Sethman, Lindsey, FNP	AHP-Provisional	Family Nurse Practitioner	Clinical Neurological Surgery	Complete
St Onge, Krista M., PA	AHP-Provisional	Physician Assistant	Emergency Medicine	Complete
Honore, Alexander, CRNA	AHP-Provisional	Certified Registered Nurse Anesthetist	Anesthesia	Complete

FPPE FINAL PROCTORING FOR ADDITIONAL PRIVILEGES - None

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS

ADDITIONAL PRIVILEGES/WITHDRAWN PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Caudill, Benjamin J., FNP	AHP	Family Nurse Practitioner	Medicine	Withdraw of Privileges: <ul style="list-style-type: none"> Dept. of Clinical Neurological Sciences
Molkara, Afshin, MD	Active	Surgery	Surgery	Additional Privileges <ul style="list-style-type: none"> Robotic Privileges
Paterno, Francesca R., MD	Provisional	Internal Medicine	Medicine	Additional Privilege: <ul style="list-style-type: none"> ACCU

CHANGE IN STAFF CATEGORY - None

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS

MODIFICATION OF PRIVILEGES - None

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS

NAME CHANGE - None

NAME	STATUS	SPECIALTY	DEPARTMENT	CHANGE TO:

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT

MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD

CRED DATE: 10/27/23
MEC DATE: 11/9/23
BOARD DATE: 11/9/23

AUTOMATIC TERMINATION, PER BYLAWS 3.8-3 (FAILURE TO COMPLETE PROCTORING) - None

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS

AUTOMATIC TERMINATION, PER BYLAWS 6.4-9 (FAILURE TO COMPLETE REAPPOINTMENT) - None

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS

AUTOMATIC TERMINATION, PER BYLAWS 3.5-b (FAILURE TO MEET MEMBERSHIP/PRVILEGE CRITERIA) - None

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS

VOLUNTARY RESIGNATIONS/WITHDRAWALS*

NAME	STATUS	SPECIALTY	DEPARTMENT	EFFECTIVE/REASON
Dubowitz, Gerald, MD	Provisional	Anesthesiology	Anesthesia	07/01/2023
Galoustian, Arthur, MD	Courtesy	Nephrology	Medicine	10/19/2023
Gold, June-Anne MD	Active	Genetics	Pediatrics	10/17/2023 – Voluntary Resignation
Kim, Yohanan, MD	Provisional	Otolaryngology	Surgery	07/15/2023
Lamb, Daniel P., MD	Provisional	Pediatrics	Pediatrics	8/1/2023
Montoya, Reyna, NP	AHP-Provisional	Nurse Practitioner	Anesthesia	10/12/2023
Ruiz, Lorena, NP	AHP-Provisional	Nurse Practitioner	Radiology	10/14/2023
Smith, Clarissa M., FNP	AHP	Family Nurse Practitioner	Emergency Medicine	5/31/2023

End of Report

I hereby:

- 1) Attest that the medical center's Medical Executive Committee meeting on October 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.



Jennifer Cruikshank
Chief Executive Officer – RUHS Medical Center

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT - REVISED

MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD

IDPC DATE: 11/15/23
CRED DATE: 11/17/23
MEC DATE: 12/14/23
BOARD DATE: 12/14/23

Date: December 14, 2023
To: File
From: Medical Staff Executive Committee
Subject: Medical Staff Attestation Appointment, Reappointments and Clinical Privileges

INITIAL APPOINTMENT – December 14, 2023 – November 30, 2025

NAME	STATUS	SPECIALTY	DEPARTMENT	BOARD STATUS
Aravagiri-Do, Arunmozhi S., MD Temporary Privilege granted 12/4/23	Provisional	Infectious Disease	Medicine	Internal Medicine
Camelo, Monica S., MD Temporary Privileges granted 11/20/23	Provisional	Surgery	Surgery	Surgery
Duan, Sarah DO	Provisional	Family Medicine	Family Medicine	Family Medicine Sports Medicine
Jody, Nicole M., MD	Provisional	Ophthalmology	Ophthalmology	Eligible
Li, Chun W., NP Temporary Privileges granted 11/20/23	AHP- Provisional	Nurse Practitioner	Anesthesia	AANP-FNP
Makhlouf, Michel, MD CC E-vote 12/12/23	Provisional	Maternal-Fetal Medicine	OB/GYN	OB/GYN Maternal-Fetal Medicine
Mendez, Mallory, NP Temporary Privileges granted 12/4/23	AHP- Provisional	Certified Registered Nurse Anesthetist	Anesthesia	NBCRNA
Miles, Geoffrey B., CRNA IDPC / CC E-vote 12/12/23	AHP- Provisional	Certified Registered Nurse Anesthetist	Anesthesia	NBCRNA
Patil, Abhijit, MD	Provisional	Radiology	Radiology	Diagnostic Radiology
Sanborn, Michele, NP	AHP- Provisional	Nurse Practitioner	Surgery/Traum a Critical Care	ANCC- Adult Gerontology Acute Care Nurse Practitioner
Spaeth, Maya C., MD Temporary Privileges granted 11/16/23 - 3/15/24	Provisional	Plastic Surgery	Surgery	Plastic Surgery Surgery of the Hand
St Clair, Vanessa J., NP Temporary Privileges granted 11/20/23	AHP- Provisional	Nurse Practitioner	Radiology/Neur o-Interventional	AANP-FNP
Torres, Rupert Allan, NP IDPC / CC E-vote 12/12/23	AHP- Provisional	Nurse Practitioner	Psychiatry	ANCC – Psychiatric – Mental Health Nurse

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT - REVISED

MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD

IDPC DATE: 11/15/23
CRED DATE: 11/17/23
MEC DATE: 12/14/23
BOARD DATE: 12/14/23

REAPPOINTMENTS – January 1, 2024 – December 31, 2025

NAME	STATUS	SPECIALTY	DEPARTMENT	BOARD STATUS
Bajwa, Moazzum N., MD	Active	Family Medicine	Family Medicine	Family Medicine
Caba Molina, David, MD	Active	Surgery	Surgery	American Board of Surgery
Caverly, Jeffrey C., MD	Tele-Health	Radiology	Radiology	American Board of Radiology
Cheng, Peter H., DO	Active	Anesthesiology	Anesthesia	American Board of Anesthesiology
Chin, Samuel MD	Active	Psychiatry	Psychiatry	Psychiatry
Demisse, Rachel Z., MD	Active	Hematology/ Oncology	Medicine	Internal Medicine Hematology Medical Oncology
Duong, Jason N., DO	Active	Neurological Surgery	Clinical Neurological Sciences	Neurological Surgery
Firek, Anthony F., MD	Active	Endocrinology	Medicine	Internal Medicine Endocrinology
Haider, Thomas T., MD	Courtesy	Orthopedic Surgery	Orthopedic Surgery	Spine Surgery
Inman, Jared C., MD	Active	Surgery	Head Neck & Otolaryngology	American Board Otolaryngology
James, Joseph P. MD	Active	Psychiatry	Psychiatry	Psychiatry Geriatric Psychiatry
Mangasep, Concepcion R., MD	Active	Psychiatry	Psychiatry	Psychiatry
Molkara, Afshin M., MD	Active	Surgery	Surgery	American Board of Surgery
Qureshi, Huma S., MD	Tele-Health	Radiology	Radiology	American Board of Radiology
Saukel, George W., MD	Active	Pathology	Pathology	Anatomic Pathology & Clinical Pathology
Shu, Stanford K., MD	Active	Neurology	Pediatrics	Neurology w/ Special Qualifications in Child Neurology
Sorenson, Steven, MD	Active	Radiology	Radiology	American Board of Diagnostic Radiology
Swamy, Pooja M., MD	Active	Cardiology	Medicine	Internal Medicine Cardiovascular Disease Interventional Cardiology
Additional Privilege: <ul style="list-style-type: none"> • TEE Withdraw of Privileges: <ul style="list-style-type: none"> • Loop Recorder Insertion • Loop Recorder Removal 				
Wacker, Margaret R., MD Status change from Active to Courtesy due to low patient volume Withdraw of Privilege: <ul style="list-style-type: none"> • Moderate Sedation 	Courtesy	Neurological Surgery	Clinical Neurological Surgery	Neurological Surgery

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT - REVISED

MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD

IDPC DATE: 11/15/23
CRED DATE: 11/17/23
MEC DATE: 12/14/23
BOARD DATE: 12/14/23

FPPE/RECIPROCAL* COMPLETE REMAIN ON PROVISIONAL

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Booth, Gene H., CRNA	AHP-Provisional	Certified Registered Nurse Anesthetist	Anesthesia	Complete. Remain AHP-Provisional until 03/2024
Collins, James J., MD	Provisional	Diagnostic Radiology	Radiology	Complete. Remain Provisional until 08/2024
Hoogervorst, Jacqueline, NP	AHP-Provisional	Nurse Practitioner	Surgery	Complete. Remain AHP-Provisional until 05/2024
Jerez-Aguilar, Brenda, NP	AHP-Provisional	Nurse Practitioner	Family Medicine	Complete. Remain AHP-Provisional until 01/2024
Miranda, Ivana, CRNA	AHP-Provisional	Certified Registered Nurse Anesthetist	Anesthesia	Complete. Remain AHP-Provisional until 03/2024
Vu, Ivy, NP	AHP-Provisional	Nurse Practitioner	Family Medicine	Complete. Remain AHP-Provisional until 02/2024
Zanial, Ammar, CRNA	AHP-Provisional	Certified Registered Nurse Anesthetist	Anesthesia	Complete. Remain AHP-Provisional until 05/2024
Zinn, William MD	Provisional	Diagnostic Radiology	Radiology	Complete. Remain Provisional until 08/2024

FINAL FPPE/RECIPROCAL* ADVANCEMENT OF STAFF CATEGORY

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Kim-Paglingayen, Jin Seon, MD	Provisional	Family Medicine	Family Medicine	Advance to Active Status
Williams, Lance R., MD	Provisional	Diagnostic Radiology	Radiology	Advance to Tele-Health Status

FPPE FINAL PROCTORING FOR ALLIED HEALTH PROFESSIONALS

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

FPPE FINAL PROCTORING FOR ADDITIONAL PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

ADDITIONAL PRIVILEGES/WITHDRAWN PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Davis-Bates, Theresa, NP	AHP-Provisional	Surgery Critical Care	Surgery	Additional Privileges: <ul style="list-style-type: none"> Trauma Surgical & Critical Care Temporary Privileges granted 11/20/23
Hata, Justin T., MD	Active	Pain Management	Anesthesia	Additional Privileges: <ul style="list-style-type: none"> Medicine Dept. – Physical Med. & Rehab. Temporary Privileges granted 11/27/23
Prasad, Vinoy S., MD	Active	Cardiology	Medicine	Additional Privilege: <ul style="list-style-type: none"> Percutaneous Coronary Interventional Procedures (PCI)
Skoretz, Lynnetta E., MD	Active	Internal Medicine	Medicine	Additional Privileges: <ul style="list-style-type: none"> Internal Medicine Core PCU Telemedicine

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT - REVISED

MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD

IDPC DATE: 11/15/23
CRED DATE: 11/17/23
MEC DATE: 12/14/23
BOARD DATE: 12/14/23

Starkey, Marc N., MD	Provisional	Neurology	Medicine	Additional Privileges: <ul style="list-style-type: none"> Nerve blocks, injection of steroids and/or local anesthetics agents Lumbar puncture, diagnostic EMG Botulinum toxin injection
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CHANGE IN STAFF CATEGORY

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

MODIFICATION OF PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

NAME CHANGE

NAME	STATUS	SPECIALTY	DEPARTMENT	CHANGE TO:
Nitahara, Michi R., MD	Active	Emergency Medicine	Emergency Medicine	Michi Spady, MD

CHANGE IN STAFF REAPPOINTMENT DATES

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Swamy, Pooja M., MD	Active	Cardiology	Medicine	12/31/2025 change to 09/30/2025

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 COMPLETE REAPPOINTMENT) -

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Tone, Monica J., MD	Active	Psychiatry	Psychiatry	Failure to submit reappointment application

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

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

VOLUNTARY RESIGNATIONS / WITHDRAWALS*

NAME	STATUS	SPECIALTY	DEPARTMENT	EFFECTIVE/REASON
Aka, Allison A., MD	Provisional	Colo/Rectal Surgery	Surgery	11/7/23 – Voluntary Resignation
Garcia, Michael MD*	Moonlighting	Psychiatry	Psychiatry	12/14/23 App Withdrawn
Grace, Sarah M. MD*	Moonlighting	Psychiatry	Psychiatry	12/14/23 App Withdrawn
Johnson, Travis Z., MD*	Moonlighting	Psychiatry	Psychiatry	12/14/23 App Withdrawn
Jones, Anesha, CRNA*	Applicant	Nurse Anesthetist	Anesthesia	12/14/23 Incomplete App
Malik, Ruqayyah, MD*	Moonlighting	Psychiatry	Psychiatry	12/14/23 App Withdrawn
Martin, Linda, MD*	Applicant	Anesthesiology	Anesthesia	12/14/23 Incomplete App
Mathesis, Bill, CRNA*	Applicant	Nurse Anesthetist	Anesthesia	12/14/23 Incomplete App
Ogunorunyinka, Olaoluwapo O., MD*	Moonlighting	Psychiatry	Psychiatry	12/14/23 App Withdrawn
Rivera Melara, Luis MD	Active	Neonatology	Pediatrics	12/31/2023 – Voluntary Resignation
Seigler, Michael D., MD*	Moonlighting	Psychiatry	Psychiatry	12/14/23 App Withdrawn
Tang, Liyang, MD	Provisional	Otolaryngology	Surgery	8/1/2023 – Voluntary Resignation

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT - REVISED

MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD

IDPC DATE: 11/15/23
CRED DATE: 11/17/23
MEC DATE: 12/14/23
BOARD DATE: 12/14/23

Vernon, Darian D., MD*	Moonlighting	Psychiatry	Psychiatry	12/14/23 App Withdrawn
Wisdom, David M., PA	AHP	Physician Assistant	Emergency Medicine	11/10/2023 – Voluntary Resignation

End of Report

I hereby:

- 1) Attest that the medical center's Medical Executive Committee meeting on December 14, 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



Medical Staff Administration
26520 Cactus Ave.
Moreno Valley, CA 92555
Phone: (951) 486-5913 Fax: (951) 486-5911

Temporary Fluoroscopy Permit for Supervisors and Operators Attestation

I, _____ have _____ hours of experience with
fluoroscopy equipment obtained at _____ hospital in the state of _____.

I am a Physician and Surgeon (MD), Osteopathic Physician and Surgeon (DO), or a Doctor of Podiatric Medicine (DPM) who meets the criteria below:

- Have a current California Licentiate Fluoroscopy Supervisor and Operator Permit Application, form CDPH 8230 (PDF), on file with the CDPH-RHB;
- Submit a Temporary Fluoroscopy Permit Application for Supervisors and Operators, form CDPH 9109 (PDF), with the non-refundable application fee of \$58.00.
- Provide evidence of a current, unrestricted California healing arts license as a Physician and Surgeon or Doctor of Podiatric Medicine; and
- Attest to having at least 40 hours of experience using fluoroscopic equipment while not subject to the Radiologic Technology Act (RT Act) (Health & Safety Code (HSC) Section 27). "Not Subject to the RT Act" means performance occurring:
 - In a State other than California, or a federal or tribal facility; **OR**
 - During the period of time the Governor suspended the RT Act for the Covid-19 emergency: March 30, 2020 to September 30, 2021, inclusive. If performed before or after this period and in CDPH jurisdiction, then the individual was subject to the RT Act; **OR**
 - During any period while exempt from the RT Act per Health and Safety Code section 106975(b), (c), or (d).

Signature

Date

<https://www.cdph.ca.gov/Programs/CEH/DRSEM/Pages/RHB-Certification/FTPfaq.aspx#:~:text=In%20order%20to%20obtain%20the.or%20have%20already%20submitted%20a>

RIVERSIDE UNIVERSITY HEALTH SYSTEMS
PEDIATRICS CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

- Initial Appointment
 Reappointment

Effective: _____
(From—To) (MSO Only)

Page 1

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

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

**QUALIFICATIONS FOR CORE
PEDIATRIC PRIVILEGES**

PEDIATRIC CORE PRIVILEGES

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

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

AND

- Be Board Certified or Board Eligible by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics.

AND

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

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

- Clinical work of minimally 12 months with accepted case logs. **OR**
- Demonstrate successful completion of a hospital-affiliated accredited residency or special clinical fellowship or research within the past 12 months.

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

- Current demonstrated competence and an adequate volume of experience, at least 12 pediatric 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 clinical privileges.

AND

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

AND

- Achieve and maintain Board Certification before board eligibility expires.

NOTE: QUALIFIED FAMILY MEDICINE PRACTITIONERS MAY OBTAIN PEDIATRIC PRIVILEGES THROUGH THE FAMILY MEDICINE DEPARTMENT.

RIVERSIDE UNIVERSITY HEALTH SYSTEM
PEDIATRIC CLINICAL PRIVILEGES

Name: _____

Page 2

Effective: _____

(From – To) (MSO Only)

Description of Core Privilege

Requested Pediatric Core Privileges

Admit, evaluate, diagnose, treat and provide consultation to patients from birth to young adulthood (21 years of age) in the inpatient and outpatient settings, except as specifically excluded from practice, with acute and chronic disease including major complicated illnesses. Care of all newborns, including those with potential life-threatening illness. Privileges include performance of medical history and physical exam, and assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

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

Description of Core Privilege

Requested Newborn Core Privileges

Provide care to newborns, except as specifically excluded from practice, including initial assessment, nursery care, discharge examination, care of stable neonate. Also, includes performance of medical history and physical exam, and assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

**QUALIFICATIONS FOR
NON-CORE PRIVILEGES**

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

PEDIATRIC RESIDENT IN TRAINING

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

- Must meet the qualifications for general pediatric core privileges (as stated on page 1) with the following exceptions:
 - Must be an advanced level resident in training (PGY III) in a pediatric residency-training program approved by the Accreditation Council on Graduate Education (ACGME) AND must be in good standing.
 - Must practice under supervision of a pediatrician or pediatric intensivist or neonatal intensivist who is a current member of the RUHS medical staff. The supervising physician 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.
 - Must possess a valid, current California State Medical License.
 - A letter from the resident's current Pediatrics residency program director must be submitted approving the clinical privileges which are being requested. Procedures allowed independently at their residency can be included in the letter or may be produced in different documentation.

RIVERSIDE UNIVERSITY HEALTH SYSTEM
PEDIATRIC CLINICAL PRIVILEGES

Name: _____

Page 3

Effective: _____
(From – To) (MSO Only)

- The resident must provide evidence of procedure competence for those procedures that they are requesting. Once provided, core procedures can begin proctoring. Core procedures for Residents in Training include: (strike through and initial any procedures that you do not wish to request)
 - Intubation
 - Lumbar Puncture
 - Hyperalimentation
 - In and Out urinary catheterization

Description of Pediatric Resident in Training Privilege

Requested - Pediatric Resident in Training

General Pediatric Core Privileges as stated above

In requesting these privileges, I certify that I am a pediatric resident in training (PGY-III) in an approved training program and will perform the requested privileges only under the supervision of a fully qualified pediatrician, pediatric intensivist, or neonatal intensivist.

Additional Procedures for Residents in Training – Must be requested separately and proof of competency provided. In addition, these procedures must have 2 direct proctoring cases before they can be independently performed.

Requested - Central Venous Access

Requested - Arterial Puncture

Requested - Thoracentesis

PARTICIPATE IN TEACHING PROGRAM

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

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

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

Maintenance of Privilege:

- Enhance the knowledge of the residents and ensure the quality of care delivered to each patient by any resident. This is exercised by observation, consultation, and direction to the resident.
- Assure that medical care for each patient is delivered in an appropriate, timely, and effective manner.
- Participate in the resident's evaluation process according to accrediting and certifying body requirements.
- Direct the care of the patient and provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the resident being supervised.

RIVERSIDE UNIVERSITY HEALTH SYSTEM
PEDIATRIC CLINICAL PRIVILEGES

Name: _____

Page 4

Effective: _____
(From – To) (MSO Only)

-
- 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

SUPERVISE ALLIED HEALTH PROFESSIONALS

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

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

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

Maintenance of Privilege:

- Ensure the quality of care delivered to each patient by any allied health professional. This is exercised by observation, consultation, and direction to the AHP.
- Assure that medical care for each patient is delivered in an appropriate, timely, and effective manner.
- Participate in the AHP's competency assessment process according to accrediting and certifying body requirements.
- Direct the care of the patient and provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the AHP being supervised.

RIVERSIDE UNIVERSITY HEALTH SYSTEM
PEDIATRIC CLINICAL PRIVILEGES

Name: _____

Page 5

Effective: _____
(From - To) (MSO Only)

-
- Assume responsibility for supervision or monitoring of the practice as stated in the appropriate hospital or medical staff policy governing AHPs.
 - Be continuously available or provide an alternate to provide consultation when requested and to intervene when necessary.
 - Assume total responsibility for the care of any patient when requested by the AHP or in the interest of patient care.
 - Co-sign all orders entered by the AHP on the medical record of all patients seen or treated by the AHP in accordance with applicable requirements.

Description of Non-Core Privilege

Requested Supervision of Allied Health Professionals

MODERATE SEDATION

Criteria:

1. M.D. or D.O. licensed independent practitioner.
2. Current knowledge of airway management demonstrated by residency/fellowship training or RUHS Airway Management for Sedation course.
3. Take the RUHS Moderate/Deep Sedation On-line Course
4. Successful passing grade (85%) on the moderate sedation written exam.*
5. Successful completion of one (1) moderate sedation case under the direct supervision of a RUHS practitioner holding appropriate clinical privileges in moderate sedation.
6. Moderate sedation for patients 14 years and younger requires training in the care of pediatric patients demonstrated by residency/fellowship training.

Maintenance of Privilege: At the time of reappointment, if the practitioner wishes to maintain this privilege, he/she will be required to have:

- A. Have completed a minimum of two sedation cases during his/her appointment period
- OR
- B. Take the RUHS On-line training for moderate/deep sedation.

Current demonstrated competence and evidence of the performance of at least four (4) moderate sedation cases in the past 24 months submitted on RUHS clinical activity template form or clinical activity listing based on results of ongoing professional practice evaluation and outcomes.

Description of Non-Core Privilege

Requested Moderate Sedation
Administration of sedation and analgesia

RIVERSIDE UNIVERSITY HEALTH SYSTEM
PEDIATRIC CLINICAL PRIVILEGES

Name: _____

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Effective: _____
(From – To) (MSO Only)

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

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

Pediatric Core Privileges:

1. Arterial Puncture
2. Incision and Drainage of Superficial Abscesses
3. Intubation
4. Laceration Repair
5. Lumbar Puncture
6. Neonatal Circumcision
7. Hyperalimentation
8. Venipuncture

RIVERSIDE UNIVERSITY HEALTH SYSTEM
PEDIATRIC CLINICAL PRIVILEGES

Name: _____

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Effective: _____
(From - To) (MSO Only)

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

RIVERSIDE UNIVERSITY HEALTH SYSTEM
PEDIATRIC CLINICAL PRIVILEGES

Name: _____

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Effective: _____
(From – To) (MSO Only)

FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

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

Department Chair/Designee:

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

Please print legibly.

Privileges/Procedures to be Proctored	Number of Cases to be Proctored*	Method of FPPE A. Concurrent B. Retrospective C. Reciprocal
Pediatric Inpatient Core Privileges / Pediatric Resident In Training Privileges	Ten (10) Varied Cases Can include – Inpatient, Outpatient, Neonatal Core Privileges	
Moderate Sedation	1 Case	

*Indicate N/A if privilege not requested.

RIVERSIDE UNIVERSITY HEALTH SYSTEM – MEDICAL CENTER
Medical Staff Office

		Document No: [Subject]	Page 1 of 4
Title:	Effective Date:	<input type="checkbox"/> RUHS – Behavioral Health <input type="checkbox"/> RUHS – Community Health Centers <input type="checkbox"/> RUHS – Hospital Based Clinics <input type="checkbox"/> RUHS – Medical Center <input type="checkbox"/> RUHS – Public Health <input checked="" type="checkbox"/> Departmental	
Practitioners over the Age of 70	5/9/2019 rev 10/12/23		
Approved By:		<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Procedure <input type="checkbox"/> Guideline	
Medical Executive Committee			

1. PURPOSE:

- 1.1 Key elements of this policy are to assure high quality care for the patient, to be supportive of the practitioner and to address issues that the individual may not recognize.
- 1.2 The objective of this policy is to provide patients with high quality medical care and make certain that patient safety as well as physician well-being can be accurately evaluated by recognizing issues that may be pertinent to the health and clinical practice of medical staff members.

2. POLICY:

- 2.1 It is the policy of the medical staff that the Credentials committee and Medical Executive Committee (MEC)] specifically consider, on an ongoing basis, the abilities, competencies, and health status (ability to perform) of each practitioner who has privileges in accordance with the medical staff bylaws and policies and procedures related to clinical privileging.
- 2.2 Any practitioner aged 70 or older who applies for appointment/reappraisal/reappointment to the Medical Staff will complete as part of the application process (1) a peer clinical skills assessment, (2) a physical assessment and (3) cognitive screenings to address their capacity to competently perform the clinical privileges requested. Physicians who are currently on the medical staff who are 70 or older will be asked to complete these assessments every 2 years.
- 2.3 The physical, mental and cognitive assessment will be conducted by a physician who is either a board-certified Geriatric provider from Riverside University Health System or Loma Linda Medical Center or another physician mutually agreed to in advance by the medical staff and the practitioner. If the practitioner wishes to be evaluated by a LLUMC geriatric provider or other non RUHS provider, the practitioner will be responsible to cover the charges. The outcome of the assessment must be documented on the approved form and submitted by the date requested by the credentials committee/MEC. The practitioner must sign an authorization form documenting that the results of this assessment and any follow-up consultations or studies will be released to the Medical Staff for consideration of the practitioner's application.

- 2.4 The clinical assessment and cognitive screening must indicate that the practitioner has no detected physical, mental or cognitive problem that may interfere with the safe and effective provision of care permitted under the privileges granted. Adverse findings that interfere with the safe and effective provision of care under the privileges requested are processed in accordance with the applicable medical staff bylaws, including adherence to state or federally mandated reporting requirements.
- 2.5 In addition to the clinical assessment, a practitioner may be required to undergo a focused review not excluding neuropsychological assessment of his or her clinical performance as part of the assessment of his or her capacity to perform requested privileges. Such focused review may be required in the absence of any previous performance concerns. The scope and duration of the focused review shall be determined by the MEC upon recommendation of the department chair and credentials committee.
- 2.6 The Board of Supervisors must also receive a recommendation from the MEC stating that the practitioner has been found to be clinically competent and is recommended for the privileges requested.
- 2.7 The chair of credentials committee has the right to request additional information for further evaluation if necessary.
- 2.8 Physicians who are currently on the medical staff who are 70 or older will be asked to complete these assessments within the first twelve months of implementation of this policy within the calendar year. Thereafter the "fitness-to-work" evaluation will be administered to physicians 70- 75 in conjunction with their *biennial reappraisal/reappointment*. At age 76 and older the "fitness- to-work" evaluation will be administered on an annual basis.
- 2.9 Evaluations conducted under this policy related to a medical disciplinary cause or reason, and actions taken by the medical staff and/or by the practitioner based on the outcome of such evaluations may result in reporting to the Medical Board as required by California law.

3. PROCEDURES:

- 3.1 Upon reaching the age of 70 at the time of reappraisal/reappointment or annually at age 76 or older the medical staff office (MSO) will notify affected practitioners of the assessment and screenings required by this policy.
- 3.2 The required components of the assessment, including, a copy of the approved forms upon which the examination must be documented.
 - a. Peer assessment of the applicant's clinical performance by two medical staff members who are in a position to evaluate the applicant's clinical performance.
 - b. Comprehensive clinical assessment including comprehensive history and physical examination
 - c. Cognitive screening with possible neuropsychological assessment
- 3.3 Notification to the practitioner will include:
 - a. The required components of the assessment; including a copy of the approved forms upon which the examination must be documented

- b. The request for the names of clinical peers who could evaluate his / her clinical skills along with email address and phone numbers
- c. The contact information to schedule the clinical assessment
- d. The date that the results of the examination are due
- e. A copy of the current clinical privileges held or requested by the practitioner
- f. That all components of this evaluation process are required for the application process and must be obtained within 6 months before the reappraisal/reappointment or before processing of the initial application, and that a delay in receipt of the completed evaluation materials may result in voluntary withdrawal of application for Medical Staff membership and any application will not be processed further.
- g. An authorization form that must be signed by the practitioner for release of information that obtained by the clinicians involved in the assessment to the Medical Staff.
- h. Copy of this policy

3.4 Review of assessments:

- a. The completed clinical excellence core competencies evaluations along with the assessment components will be submitted to the medical staff services department.
- b. In order to maintain confidentiality of the information obtained, upon receipt of the examination results, the director/manager of the MSO will review the results with the chair of the department and the credentials committee.

3.5 Outcomes of review:

- a. If findings do not identify patient care concerns, the results will be filed in a confidential file as a matter of routine, and the credentials file will only reflect that the assessment has been completed with no significant concerns identified.
- b. However, if adverse findings indicate interference with safe and effective provision of care with the clinical privileges requested for applicants or current member of the medical staff, the department chair and the credentials committee will assess and formulate their recommendation regarding the appointment or reappointment and clinical privileges to the Medical Executive Committee as designated by this policy.
- c. A representative of the committee will discuss alternative practice patterns or modifications of requested privileges, including the possibility of revocation of privileges, with the practitioner.
- d. Throughout this process the goals are to protect patient safety, be supportive and respectful of the practitioner and to suggest resources to assist the practitioner.

4. APPENDICES

- 4.1 Appendix A – Clinical Excellence Core Competencies Evaluation
- 4.2 Appendix B – General Information and Attestation Form

Document History:

Prior Release Dates: 12/2014		Retire Date: N/A	
Document Owner: Medical Staff Office		Replaces Policy: N/A	
Date Reviewed	Reviewed By:	Revisions Made Y/N	Revision Description
5/9/19	Medical Executive Office		
9/15/23	Director Medical Staff Office	Y	Changed 3.2. a. - peer assessment two required.
9/22/23	Credentials Committee	N	
10/12/23	Medical Executive Committee	N	

RIVERSIDE UNIVERSITY HEALTH SYSTEM
Medical Staff

	Document No: XX.XXXX	Page 1 of 3
Low Volume Practitioners	Effective Date: 1/18/2019 Revised: 10/12/23	<input type="checkbox"/> RUHS – Behavioral Health <input type="checkbox"/> RUHS – Community Health Centers <input type="checkbox"/> RUHS – Hospital Based Clinics <input checked="" type="checkbox"/> RUHS – Medical Center <input type="checkbox"/> RUHS – Public Health <input type="checkbox"/> Departmental
Approved By: <div style="text-align: right;">Alexandra Clark Chief Medical Officer</div>		<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Procedure <input type="checkbox"/> Guideline

1. SCOPE

Changes occurring in Riverside University Health System (RUHS) and medical staff practices today increasingly challenge RUHS with how best to address practitioners who have little or no clinical care volume in the hospital. Regulatory bodies are placing greater emphasis on linking privileges with demonstrated current competency. At the same time, the increasing number of non-hospital based practitioners creates a challenge for maintaining effective and productive relationships between these practitioners and the RUHS in order to support the Riverside University Health System’s mission, vision and strategic plan.

2. DEFINITIONS

Together, these changes make it critical for RUHS to achieve the following three goals:

1. Meet legal and regulatory requirements;
2. Ensure all practitioners are only granted privileges for which they have demonstrated current competence; and
3. Build and maintain strategic relationships between the hospital and practitioners who rarely or never practice within the organization.

3. POLICY/SPECIFICATIONS/PROCEDURES/GUIDELINES

It is the policy of Riverside University Health System to grant practitioners clinical privileges only based upon evidence of current competence. It is also the policy of Riverside University Health System to encourage and develop collaborative, mutually beneficial relationships with low volume/no volume practitioners that support the hospital’s mission, vision and strategic plan.

1. In considering applications/reapplications for low volume/no volume practitioners, the medical staff and governing board will ensure all practitioners are only granted privileges for which they have demonstrated current competence separate from decisions related to medical staff membership.
 - Privileges are granted based upon the degree to which the practitioner meets the criteria for privileges requested.
 - Appointment of a practitioner to a specific medical staff membership category will be made consistent with the medical staff bylaws and the medical staff’s desire to enfranchise practitioners who fulfill an important strategic role and support the mission of the medical staff and the Riverside University Health System.

2. Low volume/no volume practitioners fall into different types based upon the nature and location of their practice. Verifications are obtained in accordance with the Riverside University Health System credentialing policy. Since there is insufficient internal performance data for low volume/no volume practitioners, this information must be gained from external sources. The table below identifies the competency data that will be gathered and the source(s) utilized.

Active inpatient practice at one or more other institutions	<ul style="list-style-type: none"> • NPDB • Professional liability actions • Sanctions • Peer references • Peer review results and/or Procedure logs at other inpatient institutions (*if available)
Active practice at an ambulatory facility (e.g. ASC, endoscopy suite), but with little or no inpatient activity)	<ul style="list-style-type: none"> • NPDB • Professional liability actions • Sanctions • Peer references • Peer review results and/or Activity reports at ambulatory facilities (*if available)
Active outpatient practice (e.g. physician office or clinic), but with little or no inpatient activity	<ul style="list-style-type: none"> • NPDB • Professional liability actions • Sanctions • 2 Peer references • Peer review results (*if available)
Active practice elsewhere, but who provides necessary clinical services (e.g. locum tenens or consultants)	<ul style="list-style-type: none"> • NPDB • Professional liability actions • Sanctions • 2 Peer references • Peer review results and/or Procedure logs at other inpatient institutions • (*if available)
Little or no recent clinical practice due to a LOA and who wish to return to practice (e.g. a practitioner returning to practice after family and medical leave - FMLA)	See Riverside University Health System policy on reentry

1. The applicant and providers in the reappointment status has the burden to produce adequate information to establish current competence for requested privileges. If information is not provided that is needed to assess current competency for specific privileges, the practitioner’s request for those privileges will be considered incomplete and will not be processed.
2. The applicant and providers in the reappointment status must meet the hospital and the medical staff’s eligibility criteria in order for the application to be processed.

* If peer review results or performance data is not available, options for obtaining competency information include appointing an outside expert to review the practitioner's patient records and collecting performance data through external competency reports such as a health plan's quality profile or "report card" for the practitioner.

Document History:

Prior Release Dates: 12/2014; 1/18/19		Retire Date: N/A	
Document Owner: Medical Staff Service Manager		Replaces Policy: N/A	
Date Reviewed 12.2018	Reviewed By:	Revisions Made Y	Revision Description
1/18/19	(Credentials, MEC, County Counsel	Yes	
9/22/23	Credentials	Yes	CMO updated
10/12/23	MEC	No	

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 performance of six (6) Colon surgery for benign or malignant disease annually; seven (7) Pancreatectomy, total or partial annually an adequate volume of experience in general surgery procedures with acceptable results in the privileges requested for the past 24 months or at the discretion of the Chair/Chief 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: _____
(Last, First, Initial)

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(From — To) (To be completed by MSO)

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. Telemedicine: Provide services remotely through telemedicine capabilities.

Requested

Outpatients – Ambulatory Care Setting

Approved Not Approved

Privileges to manage and treat outpatients in the ambulatory-care setting at RUHS Telemedicine: Provide services remotely through telemedicine capabilities.

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

-
- 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
- Bronchoscopy
- Colectomy (abdominal)
- Colon surgery for benign or malignant disease (minimal of 6 annually or at the discretion of the Chair/Chief based on results of ongoing professional practice evaluation and outcomes.
- Colotomy, colostomy
- Correction of intestinal obstruction
- Drainage of intra abdominal, deep ischiorectal abscess
- Endoscopy (intraoperative)
- Enteric fistulae, management
- Enterostomy (feeding or decompression)
- Esophagogastrectomy
- Excision of fistula in ano/fistulotomy, rectal lesion
- Excision of pilonidal cyst/marsupialization
- Excision of thyroglossal duct cyst
- Gastric operations for cancer (radical, partial, or total gastrectomy)
- Gastroduodenal surgery

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

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____

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

General Surgery Core Privileges Continued

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, colectomies
- 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 (minimum of 7 annually or at the discretion of the Chair/Chief based on results of ongoing professional practice evaluation and outcomes.)
- 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 open or laparoscopic including management of all forms of hernias, including diaphragmatic hernias, inguinal hernias, and orchiectomy in association with hernia repair
- Thoracentesis
- Thoracoabdominal exploration
- Tracheostomy
- Tube thoracotomy
- Telemedicine: Provide services remotely through telemedicine capabilities

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

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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

- Successful completion of an ACGME-accredited surgical critical Care fellowship

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.

Requested **Adult Trauma Care Core Privileges** Approved Not Approved
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

Requested **Pediatric Trauma Care Core Privileges** Approved Not Approved
Admit, evaluate, diagnose, and manage pediatric patients 15 years of age and younger, except as specifically excluded from practice, presenting with trauma-related injuries and disorders, including resuscitation, surgical intervention, diagnostic studies, and coordination of operative procedures to be performed by other healthcare professionals, supervise and perform all necessary operative care, manage the trauma patient throughout the stay in the acute-care facility, and coordinate the early institution of rehabilitation and discharge planning.

The provider must complete and maintain pediatric advance life support (PALS) training

Requested **Trauma/Special Care** Approved Not Approved
Rib plating and Video assisted thoracic surgery for trauma (VATs) for Trauma (minimum of 2 annually or at the discretion of the Chair/Chief based on results of ongoing professional practice evaluation and outcomes).

Requested **Trauma Endovascular Procedures** Approved Not Approved
Reboa/Aortic Balloon Endovascular Privilege

- Successful completion of the American College of Surgeons BEST course or instructor status.

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

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SURGICAL CRITICAL CARE CORE PRIVILEGES

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

- Successful completion of an ACGME-accredited or AOA accredited surgical critical care fellowship or equivalent.

AND

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

AND

- At least 25 critical care cases reflective of the scope of privileges requested within the past 12 months.

MAINTENANCE OF PRIVILEGE:

DEMONSTRATED CURRENT COMPETENCE IN THE CARE OF 20 CRITICALLY ILL PATIENTS IN THE PAST 24 MONTHS.

Requested **Surgical Critical Care Core Privileges** Approved Not Approved

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; ten (10) extra cranial carotid and vertebral artery surgery including carotid endarterectomy cases annually at the discretion of the Chair/Chief 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

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____

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(From — To) (To be completed by MSO)

- 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 including carotid endarterectomy (10 cases annually at the discretion of the Chair/Chief based on results of ongoing professional practice evaluation and outcomes.
 - 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
 - Transcarotid Artery Revascularization (TCAR)
-

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

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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

RIVERSIDE UNIVERSITY HEALTH SYSTEM
GENERAL SURGERY CLINICAL PRIVILEGES

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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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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. • Esophageal surgery: including resection, repair or reconstruction. Hiatal hernia and associated esophageal procedures minimum of seven (7) esophagectomies annually or at the discretion of the Chair/Chief based on results of ongoing professional practice evaluation and outcomes.

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 (minimum of 7 esophagectomies annually or at the discretion of the Chair/Chief based on results of ongoing professional practice evaluation and outcomes.
- 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

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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

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 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

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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 |

ADVANCED HERNIA SURGERY

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

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

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 10 cases in the past 24 months.

- | | | | |
|------------------------------------|--|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Requested | Recurrent Hiatal Hernia | <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved |
| <input type="checkbox"/> Requested | Ventral Hernia repair that require flaps | <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved |

BARIATRIC SURGERY

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

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

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 10 cases in the past 24 months.

- | | | | |
|------------------------------------|----------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Requested | Sleeve Gastrectomy | <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved |
| <input type="checkbox"/> Requested | Gastric Bypass | <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved |
| <input type="checkbox"/> Requested | Other Bariatric Procedures | <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

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

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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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Surgical Robotic Continued

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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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

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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	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

ADVANCED PRACTICE PROVIDER (APP)
CARDIOLOGY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Staff Category: **APP**

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

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

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

OR (for initial certification after January 1, 2008)

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

AND

Current Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) for healthcare provider recognized by the American Heart Association

AND

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

AND

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

Name: _____
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Staff Category: **APP**

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According to the written agreement, the physician must:

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

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.

ADVANCED PRACTICE PROVIDER (APP)
CARDIOLOGY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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According to the Practice agreement, the physician must:

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

ALL ADVANCED PRACTICE PROVIDER

Documented training and experience in Cardiology and demonstrated current competence to provide services at an acceptable level of quality and efficiency.

FOCUSED PROFESSIONAL PRACTICE EVALUATION / REAPPOINTMENT REQUIREMENTS

The APP must demonstrate initial competency through focused professional practice evaluation by the physician until such time as the supervising physician is satisfied that the APP is competent to perform functions independently.

The APP must 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.

Current competence and adequate volume of experience, 20 cases in the respective specialty area, with acceptable result during the last 24 months based on rules of ongoing professional practice evaluation and outcome by supervising physicians/department.

In addition, continuing education related to the specialty area of practice is required as mandated by licensure.

CATEGORIES OF PATIENTS THE APP MAY TREAT

The APP may provide services consistent with the policies stated herein to patients of the medical staff member(s) with whom the APP has a documented formal affiliation or to such patients as are 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 this physician/designee and in accordance with written policies and protocols developed and approved by the relevant clinical department or service, the Medical Executive Committee, Nursing Administration, and the Governing Body. Collaborating/supervising physician must be physically present on hospital premises or readily available by electronic communication.

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MEDICAL RECORD CHARTING RESPONSIBILITIES

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

GENERAL RELATIONSHIP TO OTHERS

Advanced Practice Provider (APP) must follow all health system policies and exhibit professionalism at all times. APP 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.

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

Applicant must satisfy the qualification requirements for Advanced Practice Provider (APP).

Name: _____
(Last, First, Initial)

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APP- CLINICAL PRIVILEGES — GENERAL/CORE

- Requested** Patients within the age group and scope of care treated by the collaborating physician except as specifically excluded from practice. Assess, stabilize, and determine disposition of patients consistent with medical staff policy regarding emergent and non-emergent services.

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.
- 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.
- Telemedicine: Provide services remotely through telemedicine capabilities

Approved (Initials): _____

ADVANCED PRACTICE PROVIDER (APP)
CARDIOLOGY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Staff Category: **APP**

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(From—To) (To be completed by MSO)

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SPECIAL NON-CORE SERVICES/PROCEDURES (SEE SPECIFIC CRITERIA)

If desired, non-core services/procedures are requested individually in addition to requesting the core. Individuals requesting non-core services/procedures must meet the specific threshold criteria governing the exercise of the service/procedure requested including training, required previous experience, and for maintenance of clinical competence.

CARDIOVASCULAR DISEASE PRIVILEGES

CRITERIA/QUALIFICATIONS: To be eligible to apply for clinical privileges as an APP in Cardiovascular Disease, the applicant must meet Internal Medicine APP criteria and the following criteria:

Document three months of direct supervised training and experience in cardiovascular disease under a supervising cardiologist

AND

Current BLS and ACLS certifications

FOCUSED PROFESSIONAL PRACTICE EVALUATION / REAPPOINTMENT REQUIREMENTS

In addition to the general requirements, the supervising cardiologist will evaluate the APP's performance on at least five (5) procedures (cardiac stress tests) on a yearly basis.

ADVANCED PROFESSIONAL PROVIDER CLINICAL PRIVILEGES – CARDIOVASCULAR DISEASE

- Requested** Initial and ongoing assessment of patient's cardiovascular status within the age group and scope of care of the collaborating physician, except as specifically excluded from practice, under the direction of the supervising/employing physician. Assess, stabilize, and determine disposition of patients with cardiac health conditions consistent with medical staff policy regarding emergency and consultative call services. Privileges include but are not limited to:
- Order diagnostic studies as indicated by review of history and physical exam subsequent to conference with the cardiologist
 - Diagnostic studies can include but not limited to Exercise Stress Test, Regadenoson Cardiac Stress Nuclear Imaging, Dobutamine Stress Echocardiogram, Two-Dimensional Echocardiogram, Transesophageal Echocardiogram
 - Perform electrocardiogram tracing, preliminary electrocardiogram interpretation with final interpretation by supervising physician
 - Perform site checks after placement of pacemakers or defibrillator

ADVANCED PRACTICE PROVIDER (APP)
CARDIOLOGY CLINICAL PRIVILEGES

Name: _____
 (Last, First, Initial)

Staff Category: **APP**

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ADV. PROFESSIONAL PROVIDER CLINICAL PRIVILEGES – CARDIOVASCULAR DISEASE (CONT.)

- Obtain informed consent from patient for Exercise Stress Test, Regadenoson cardiac Stress Nuclear Imaging, Dobutamine Stress Echocardiogram, Transvenous cardiac pacemaker, Transesophageal Echocardiogram, and associated moderate sedation
- Evaluate for contraindication prior to commencement of diagnostic test
- Perform cardiac stress tests along with cardiac technician and cardiac RN in the cardiovascular lab and with supervising physician available in hospital
- Report emergent condition to supervising cardiologist
- Pacemaker and defibrillator interrogation, preliminary interpretation with consultation of cardiologist.

Approved (Initials): _____

OBTAINING INFORMED CONSENT

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

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

REQUIRED PRIOR EXPERIENCE: None

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

Requested Obtaining Informed Consent (SP 100)
 For treatment/procedures the Allied Health Professional is authorized to perform.

Approved (Initials): _____

CARDIAC PACING ASSIST (EXTERNAL/CUTANEOUS, EMERGENT CARIOVERSION DEFIBRILLATION, CARDIOPULMONARY RESUSCITATION)

CRITERIA: ACLS certification, direct supervision, and those technical and management skills, which qualify the APP to administer highly specialized care 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, current ACLS certification, and evidence of the performance of at least five (5) procedures in the past 24 months.

Requested Cardiac Pacing Assist
 Allows APP to prep and drape the patient and assist in device placement and wound closure and follow-up.

Approved (Initials): _____

Name: _____
(Last, First, Initial)

Staff Category: **APP**

Department: _____

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

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ARTERIAL LINE PLACEMENT

CRITERIA: ACLS certification, direct supervision, and those technical and management skills, which qualify the APP to perform arterial cannulation 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, current ACLS certification, and evidence of the performance of at least five (5) procedures in the past 24 months.

Requested

Arterial Line Placement

Allows APP to insert arterial line as per Standardized Procedure and removal as deemed necessary.

Approved (Initials): _____

PULMONARY ARTERY CATHETER REMOVAL

CRITERIA: ACLS certification, direct supervision, and those technical and management skills, which qualify the APP to remove Pulmonary Artery Catheter 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, current ACLS certification, and evidence of the performance of at least five (5) procedures in the past 24 months.

Requested

Pulmonary Artery Catheter Removal

Allows APP to remove pulmonary artery catheter as per Standardized Procedures when use no longer indicated.

Approved (Initials): _____

TEMPORARY PACER WIRE REMOVAL

CRITERIA: ACLS certification, direct supervision, and those technical and management skills, which qualify the APP to remove temporary pacer wires by virtue of training and experience.

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

MAINTENANCE OF PRIVILEGE: Demonstrated current competence and evidence of performance of an acceptable volume of procedures with acceptable results in the past 24 months based on results of the ongoing professional practice evaluation and outcomes.

Requested

Temporary Pacer Wire Removal

Allows APP to remove temporary pacer wires as directed by supervising physician as per Standardized Procedures.

Approved (Initials): _____

ADVANCED PRACTICE PROVIDER (APP)
CARDIOLOGY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Staff Category: **APP**

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

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CARDIAC PROCEDURAL ASSIST

CRITERIA: ACLS certification, direct supervision, and those technical and management skills, which qualify the APP to assist the proceduralist by virtue of training and experience.

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

MAINTENANCE OF PRIVILEGE: Demonstrated current competence and evidence of performance of an acceptable volume of procedures with acceptable results in the past 24 months based on results of the ongoing professional practice evaluation and outcomes.

Requested

Cardiac Cath Lab Procedural Assist

Allows APP to obtain informed consent for procedure they will perform independently, prep and drape the patient, assist with central vein and arterial cannulation, Right and Left heart catheterization, removal of arterial and central venous line and after care Cardiologist must be present in the same room and be the primary provider of care.

Approved (Initials): _____

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

CRITERIA: Prescriptive authority as delegated by a physician in a collaborative practice agreement in accordance with State and Federal Law. Prescribing medications must be under RUHS protocol(s), and formulary, which have been established as required by the Department of Consumer Affairs in the "Business and Professions Code."

Drug and Devices:

- NP: Maintain a current Furnishing Number for prescription for Controlled Substances Schedule II-V:
- APP: Drug Enforcement Administration (DEA) number is required for controlled substances. <http://www.m.ca.gov/pdfs/regulations/npr-b-51.pdf>
- <https://www.deadiversion.usdoj.gov/drugreg/practioners/index.html>

Requested

Prescriptive authority

The delegation to the APP to prescribe and/or administer drugs shall include prescribing of controlled substances.

Approved (Initials): _____

**ADVANCED PRACTICE PROVIDER (APP)
CARDIOLOGY CLINICAL PRIVILEGES**

Name: _____
(Last, First, Initial)

Staff Category: **APP**

Department: _____

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

ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those privileges which by education, training, current experience, and demonstrated performance that I am qualified to perform and 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 this 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 Advanced Practice Provider 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

ADVANCED PRACTICE PROVIDER (APP)
CARDIOLOGY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Staff Category: **APP**

Department: _____

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

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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). FPPE shall be done by a RUHS physician who has that privilege. Proctoring of informed consent will occur as each privilege is proctored. Proctoring indicates that all elements of informed consent are met.

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

Please print legibly.

Privileges / Procedures to be Proctored	Number of Cases to be Proctored*	Method of Proctoring A. Direct Observation B. Retrospective Chart Review C. Simulation
APP General Clinical Privileges, Core	5 cases	A
APP Clinical Privileges, Cardiovascular	5 cases	A
Cardiac Pacing Assist (external/cutaneous, emergent cardiovascular defibrillation, cardiopulmonary resuscitation)	5 cases	A
Obtaining Informed Consent	1 case	A
Temporary Pacer Wire Removal	5 cases	A
Pulmonary Catheter Removal	5 cases	A

* Indicate N/A if privilege not requested

NEUROLOGY CLINICAL PRIVILEGES

Name: _____
 (Last, First, Initial)

- Initial Appointment
- Reappointment

Effective: _____
 (From—To)

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 cases during the past 24 months including inpatient and outpatient. 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.

NEUROLOGY MEDICINE CORE

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

- Must have completed an accredited ACGME or AOA residency in Neurology.

REQUIRED PREVIOUS EXPERIENCE:

- Current certification or active participation in the examination process leading to certification in Neurology by the ABPN or the AOBPN.

AND

- Demonstrated current competency and evidence of neurological services to at least 24 inpatients and outpatients reflective of the scope of privileges requested during the past 12 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

MAINTENANCE OF PRIVILEGE: To be eligible to renew core privileges in Neurology, the applicant must meet the following maintenance of privilege criteria:

Demonstrated current competence, with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on ongoing professional practice evaluation and outcomes

NEUROLOGY CORE

Requested	Privileges	Approved	Deferred
	Admit, evaluate, diagnose, treat, performance of medical history and physical, and provide consultation to patients of all ages with diseases, disorders or impaired function of the brain, spinal cord, peripheral nerves, muscles, autonomic nervous system, and the blood vessels that relate to these structures. May provide care to patients in the intensive care setting in conformance with unit policies. Includes the ability to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Telemedicine: Provide services remotely through telemedicine capabilities.		

RIVERSIDE UNIVERSITY HEALTH SYSTEM
NEUROLOGY CLINICAL PRIVILEGES

Name: _____

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NEUROLOGY CORE Continued

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.

- Nerve blocks, injection of steroids and/or local anesthetic agents
- Lumbar puncture, diagnostic
- Thrombolytic therapy
- Pharmacologic testing for neuromuscular junction disorders
- Preliminary EEG Reads
- Botulinum toxin injection

NEUROLOGY NON-CORE PROCEDURES*

Criteria: To be eligible to apply for special procedures/non-core procedures, the applicant must:

- Must have completed an accredited ACGME or AOA residency in Neurology or fellowship in Epilepsy; Neurophysiology; Neuromusculoskeletal Medicine; Movement Disorders; Headache; Vascular Neurology; Sleep Medicine.
- Demonstrated current competency and evidence of neurological services to at least 24 inpatients and outpatients reflective of the scope of privileges requested during the past 12 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.
- Current certification or active participation in the examination process leading to certification in Neurology by the ABPN or the AOBPN.

MAINTENANCE OF PRIVILEGE: To be eligible to renew core privileges in Neurology, the applicant must meet the following maintenance of privilege criteria:

- Demonstrated current competence, with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on ongoing professional practice evaluation and outcomes AND
- Demonstration of knowledge of the indicators for the procedure/test/therapy.

NEUROLOGY NON CORE PROCEDURES			
Requested	Special procedures/Non Core	Approved	Deferred
	Electromyography (EMG), performance and/or interpretation		
	Electroencephalography (EEG), interpretation of special EEG procedures:		
	Evoked potentials performance and/or interpretation (auditory, visual, somatosensory, other)		
	Transcranial doppler scanning, performance and/or interpretations		
	Sleep study analysis, performance and/or interpretation		
	Intraoperative monitoring of neurologic functions		
	Supervision of Residents and Students		

RIVERSIDE UNIVERSITY HEALTH SYSTEM
NEUROLOGY CLINICAL PRIVILEGES

Name: _____

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AMBULATORY ONLY

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

- Meet the criteria for core privileges in Neurology.

REQUIRED PREVIOUS EXPERIENCE:

- Meet the criteria for core privileges in Neurology.

MAINTENANCE OF PRIVILEGE:

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

Ambulatory Only			
Requested	Procedure	Approved	Deferred
	Includes privileges to see, treat, refer for specialty care and otherwise manage patients in the RUHS-MC Clinics. Includes the ability to perform diagnostic and other procedures normally performed in the ambulatory care setting. Telemedicine: Provide services remotely through telemedicine capabilities.		

RIVERSIDE UNIVERSITY HEALTH SYSTEM
NEUROLOGY CLINICAL PRIVILEGES

Name: _____

PARTICIPATION 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, 45 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.

Participation in Teaching Program			
Requested	Procedure	Approved	Deferred
	Participate in Teaching Program		

RIVERSIDE UNIVERSITY HEALTH SYSTEM
NEUROLOGY CLINICAL PRIVILEGES

Name: _____

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ACKNOWLEDGMENT OF PRACTITIONER

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

I understand that:

- a. In exercising any clinical privileges granted, 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
NEUROLOGY CLINICAL PRIVILEGES

Name: _____

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 cases to be proctored of the above-named practitioner, including the method of proctoring.

Please print legibility.

Privileges/Procedures to be Proctored	Number of Cases to be Proctored*	Method of Proctoring A. Direct Observation B. Retrospective C. Reciprocal
Neurology Core	5 varied cases	A,B,C as applicable
Neurology Special Procedures/Non-Core Procedures	2 cases per procedure requested	A,B,C as applicable

MEC: 04.14.22
 REV: 11/9/23