



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



ITEM: 18.2
(ID # 29980)

MEETING DATE:
Tuesday, March 10, 2026

FROM : RUHS-MEDICAL CENTER

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM-MEDICAL CENTER: Ratify and Approve Medical Staff Appointments, Reappointments, Clinical Privileges, Proctoring, Change of Status, Additional Privileges, Withdrawal of Privileges, Leave of Absences, Resignations/Withdrawals, Automatic Termination, and Policies, Plans and Procedures, as Recommended by the Medical Executive Committee on July 11, 2025, August 14, 2025, September 11, 2025, October 9, 2025, November 13, 2025 and December 11, 2025, All Districts. [\$0].

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify and approve medical staff appointments, reappointments, clinical privileges proctoring, change of status, additional privileges, withdrawal of privileges, leave of absence, resignations/withdrawals, automatic termination, and policies, plans and procedures as recommended by the Medical Executive Committee on July 11, 2025, August 14, 2025, September 11, 2025, October 9, 2025, November 13, 2025 and December 11, 2025.

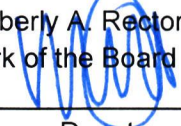
ACTION:Policy

Jennifer Cruikshank
Jennifer Cruikshank, Chief Executive Officer – Health System 2/20/2026

MINUTES OF THE GOVERNING BOARD

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

Ayes: Medina, Spiegel, Washington, Perez, and Gutierrez
Nays: None
Absent: None
Date: March 10, 2026
xc: RUHS-MC

Kimberly A. Rector
Clerk of the Board
By: 
Deputy

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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$0	\$0	\$0	\$0
NET COUNTY COST	\$0	\$0	\$0	\$0
SOURCE OF FUNDS: Hospital Enterprise Fund - 40050			Budget Adjustment: No	
			For Fiscal Year: FY25/26	

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.

On October 21, 2025, Agenda Item Number 18.2, the Board of Supervisors approved the recommended motion to ratify and approve medical staff appointments, reappointments, clinical privileges proctoring, change of status, additional privileges, withdrawal of privileges, leave of absence, resignations/withdrawals, automatic termination, and policies, plans and procedures as recommended by the Medical Executive Committee on January 9, 2025, February 13, 2025, March 13, 2025, April 10, 2025, May 8, 2025 and June 12, 2025.

This item requires Board approval in accordance with the requirements of the State of California which state that an acute care hospital shall have a "governing body" separate from its administrative leaders and medical staff leadership. The Board of Supervisors has declared itself to be the "governing body" for the RUHS Medical Center (Motion, February 23, 1988, 3-35). Furthermore, on April 12, 1998, the Board determined that it would hold regularly scheduled meetings, acting as the Medical Center governing board, to "review hospital policy, quality of care, medical staff credentialing, institutional planning and continuing education matters" pursuant to Resolution No. 88-166.

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 July 2025 through December 2025, in consideration of its bi-annual submission to the Board.

During the meetings on July 11, 2025, August 14, 2025, September 11, 2025, October 9, 2025, November 13, 2025, and December 11, 2025, the Medical Executive Committee recommended the following RUHS-MC Medical Staff recommendations to the Board of Supervisors for review and action:

- A. Approval of Medical Staff Initial Appointments, Reappointments and Clinical Privileges, FPPE/Reciprocal* Complete Remain on Provisional, Final FPPE/Reciprocal* Advancement of Staff Category, FPPE–Final Proctoring for Allied Health Professionals,

**SUBMITTAL TO THE RIVERSIDE UNIVERSITY HEALTH
SYSTEM MEDICAL CENTER GOVERNING BOARD OF DIRECTORS
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FPPE Partial Proctoring Complete Request for Extension, FPPE–Final Proctoring for Additional Privileges, Modification of Privileges, Additional Privileges/Withdrawn Privileges, Change in Staff Reappointment Dates, Change in Staff Category, Name Change, Automatic Termination, 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:

- ATTACHMENT A RUHS-MC CEO APPROVALS FOR MEDICAL STAFF ATTESTATION APPOINTMENT, REAPPOINTMENTS, AND CLINICAL PRIVILEGES (July 1, 2025 through December 30, 2025)
- ATTACHMENT B AHP-Neonatal NP 7.11.25
- ATTACHMENT C AHP-Pediatric Intensive Care Unit NP 7.11.25
- ATTACHMENT D Emergency Medicine ADV Privilege Form 12.11.25
- ATTACHMENT E Gastroenterology Clinical Privilege Form 7.11.25
- ATTACHMENT F Ortho Surg Privilege Form 12.11.25
- ATTACHMENT G PI Plan 2025-2026_Final PIPSC approved 11.13.25
- ATTACHMENT H RUHS Med Staff_Resident Research Presentation Grant 11.13.25
- ATTACHMENT I Sur_Urology Privilege Form 9.11.25


Jacqueline Ruiz, Principal Analyst 3/4/2026

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT

**MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

**CRED DATE: 06/27/2025
MEC DATE: 07/11/2025
BOARD DATE: 07/11/2025**

Date: July 11, 2025

To: File

Subject: Medical Staff Attestation Appointment, Reappointment and Clinical Privileges

INITIAL APPOINTMENT – July 11, 2025 – June 30, 2027

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	BOARD STATUS
Burt, Tristen C., DO Request approval contingent upon completion of training on 6/30/2025. Temp privilege request eff. 7/1/2025.	Provisional	Emergency Medicine	Emergency Medicine	Eligible
Dover, John MD Request approval contingent upon completion of training on 6/30/2025. Temp privilege request eff. 7/1/2025.	Provisional	Emergency Medicine	Emergency Medicine	Emergency Medicine
Elwan, Deena, MD	Provisional	Ob-Gyn	Ob-Gyn	Ob-Gyn
Fulgar, Ciara Catherine B., DO Request approval contingent upon completion of training on 6/30/2025. Temp privilege request eff. 7/1/2025.	Provisional	Internal Medicine	Medicine	Eligible
Galoosian, Artin, MD Request approval contingent upon completion of training on 6/30/2025. Temp privilege request eff. 7/1/2025.	Provisional	Gastroenterology	Medicine/Gastroenterology	Internal Medicine
Gampong, Megan Nicole C., MD Request approval contingent upon completion of training on 6/30/2025. Temp privilege request eff. 7/1/2025.	Provisional	Internal Medicine	Medicine	Eligible
Garzanti, Ashley I., MD	Provisional	Psychiatry	Psychiatry	Eligible
Hammami, Muhammad B., MD E-vote approval on 7/3/2025 Temp privileges approved eff. 7/4/2025	Provisional	Gastroenterology	Medicine/Gastroenterology	Internal Medicine Gastroenterology
Hicks-Thompson, Stuart R., DO Request approval contingent upon completion of training on 6/30/2025. Temp privilege request eff. 7/1/2025.	Provisional	Internal Medicine	Medicine	Eligible

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT

**MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

**CRED DATE: 06/27/2025
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Lee, Moses, DO Request approval contingent upon completion of training on 6/30/2025. Temp privilege request eff. 7/1/2025.	Provisional	Emergency Medicine	Emergency Medicine	Eligible
Lobo, Gitangali, MD Temp Request eff. 7/1/2025	Provisional	Rheumatology	Medicine/Rheumatology	Internal Medicine Rheumatology
Logan, Kyle, MD Request approval contingent upon completion of training on 6/30/2025.	Provisional	Psychiatry	Psychiatry	Eligible
Nada, Arwa, MD	Provisional	Pediatric Nephrology	Pediatrics/Nephrology	Pediatrics Pediatric Nephrology
Pann, Christopher A., DO Request approval contingent upon completion of training on 6/30/2025. Temp privilege request eff. 7/1/2025.	Provisional	Emergency Medicine	Emergency Medicine	Eligible
Rogers, Paul H., PA	AHP-Provisional	Physician Assistant	Emergency Medicine	NCCPA
Saldana, Andre R., PA Temp Request eff. 7/1/2025	AHP-Provisional	Physician Assistant	Emergency Medicine	NCCPA
Shah, Priyal K., MD	Provisional	Ophthalmology	Ophthalmology	Eligible
Su, Bowei, MD Request approval contingent upon completion of training on 6/30/2025. Temp privilege request eff. 7/1/2025	Provisional	Anesthesia	Anesthesia	Eligible

REAPPOINTMENTS – August 1, 2025 – July 31, 2027

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	BOARD STATUS
Albini, Paul, MD	Active	Surgery	Surgery/Critical Care	Surgical Critical Care
Avesar, Michael, MD	Active	Pediatric Critical Care	Pediatrics/Critical Care	Pediatrics Pediatric Critical Care
Banerji, Anamika I., MD	Active	Neonatology	Pediatrics/Neonatology	Pediatrics Neonatal-Perinatal Medicine
Carson, Rachel A., PA	AHP	Physician Assistant	Medicine/Gastroenterology	NCCPA
Chalam, Kakarla V., MD	Active	Ophthalmology	Ophthalmology	Ophthalmology
Christensen, Michael R., MD	Active	Psychiatry	Psychiatry	Grandfathered
Clarke, Lenore R., MD	Active	Ob-Gyn	Ob-Gyn	Ob-Gyn
Collins, James I., MD	Active	Radiology	Radiology	Diagnostic Radiology
Darioosh, Roya P. DO	Active	Internal Medicine	Medicine	Eligible
Dhillon, Navpreet K., MD	Active	Surgery	Surgery/Critical Care	Surgery/Critical Care
Douglas, Michael S., MD	Active	Anesthesia	Anesthesia	Anesthesia Internal Medicine
Downey, Kelly R., MD	Active	Hospice & Palliative Care Medicine	Medicine	Internal Medicine Hospice & Palliative Care
Duan, Sarah, DO	Active	Family Medicine	Family Medicine	Family Medicine Sports Medicine

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT

**MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

CRED DATE: 06/27/2025
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BOARD DATE: 07/11/2025

Elsensohn, Ashley N., MD	Active	Dermatology	Medicine/Dermatology	Dermatology Dermatopathology Micrographic Dermatology Surgery
Faerber, Wade, DO	Active	Orthopedic Surgery	Orthopedic Surgery	Orthopedic Surgery
Giang, Beverly A., MD	Active	Neonatology	Pediatrics/Neonatology	Pediatrics Neonatal-Perinatal Medicine
Gomez-Mustafa, Carlos E., MD	Active	Internal Medicine	Medicine	Internal Medicine
Guan, Howard D., MD Status change from Active to courtesy due to no patient volume.	Courtesy	Ophthalmology	Ophthalmology	Ophthalmology
Hu, Brian R., MD	Active	Urology	Surgery/Urology	Urology
Hwang, Jay L., MD	Active	Internal Medicine	Medicine	Internal Medicine
Imbertson, Erick J., MD Status changed from Active to Courtesy due to low patient volume.	Courtesy	Gastroenterology	Medicine/Gastroenterology	Internal Medicine Gastroenterology
Khandelwal, Keerti M., MD	Active	Hematology/Oncology	Medicine/Hematology Oncology	Internal Medicine Hematology Medical Oncology
Khong, Hoai Trinh T., MD	Active	Pediatrics	Pediatrics	Pediatrics Internal Medicine
Km, Daniel O., MD	Active	Internal Medicine	Medicine	Internal Medicine
Klein, Walter F., MD	Active	Pulmonary Critical Care Medicine	Medicine/PCCM	Internal Medicine Pulmonary Disease Critical Care Medicine
Krause, Nicole J., DO	Active	Neonatology	Pediatrics/Neonatology	Pediatrics Neonatology
Krishnan, Rajagopal, MD	Active	Cardiology	Medicine/Cardiology	Internal Medicine Cardiovascular Disease
Kohbodi, GoleNaz A., MD	Active	Neonatology	Pediatrics/Neonatology	Pediatrics Neonatal-Perinatal Medicine
Kpaduwa, Chinwe S., MD	Active	Plastic Surgery	Surgery/Plastic Surgery	Plastic Surgery
Kuo, Benjamin, MD	Active	Anesthesia	Anesthesia	Anesthesia
Lee, Brandon K., MD	Active	Emergency Medicine	Emergency Medicine	Emergency Medicine
Lee, Richard J., MD	Active	Psychiatry	Psychiatry	Child & Adolescent Psychiatry Psychiatry
Leonor, Paul A., MD	Active	Gastroenterology	Medicine/Gastroenterology	Internal Medicine Gastroenterology
Lien, Donna, MD	Active	Anesthesia	Anesthesia	Anesthesiology Internal Medicine
Liu, David X., MD	Active	Radiology	Radiology	Diagnostic Radiology
Loo, Lawrence K., MD	Admin.	Internal Medicine	Medicine	Internal Medicine
Massi, Mark, MD	Active	Child Abuse Pediatrics	Pediatrics/Child Abuse	Pediatrics Child Abuse Pediatrics
Mesisca, Michael K., DO	Active	Emergency Medicine	Emergency Medicine	Emergency Medicine
Mittal, Aati C., DO	Active	Pulmonary Critical Care Medicine	Medicine/PCCM	Internal Medicine Pulmonary Disease Critical Care Medicine
Michelotti, Marcos J., MD	Active	Surgery	Surgery	Surgery
Pachon, Andrew G., MD	Active	Emergency Medicine	Emergency Medicine	Emergency Medicine Emergency Med Services

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT

**MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

CRED DATE: 06/27/2025
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BOARD DATE: 07/11/2025

Parashette, Kalyan, MD	Active	Gastroenterology	Pediatrics/Gastroenterology	Pediatrics Pediatric Gastroenterology
Paterno, Francesca R., MD	Active	Internal Medicine	Medicine	Internal Medicine
Pomerantz, Maxwell D., MD	Active	Anesthesia	Anesthesia	Anesthesia
Propp, Dennis, MD	Active	Anesthesia	Anesthesia	Anesthesia
Rivera Dylan, MD	Active	Anesthesia	Anesthesia	Eligible
Rosaria, Debbie Ann I., MD	Active	Psychiatry	Psychiatry	Grandfathered
Truong Kevin, MD	Active	Psychiatry	Psychiatry	Child & Adolescent Psychiatry Psychiatry
Tsang, Shunling, MD	Active	Family Medicine	Family Medicine	Family Medicine
Tseng, Philip H., MD	Active	Neurology	Medicine	Neurology, clinical Neurophysiology, Epilepsy
Vora, Farha M., MD	Active	Neonatology	Pediatrics/Neonatology	Pediatrics Neonatal-Perinatal Medicine
Wong, Alan K., MD	Active	Radiology	Radiology	Diagnostic Radiology Neuroradiology
Zinn, William, MD	Active	Radiology	Radiology	Diagnostic Radiology Neuroradiology

FPPE/RECIPROCAL* COMPLETE REMAIN ON PROVISIONAL

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Martes Gomez, Maria, DO	Provisional	Neonatal-Perinatal Medicine	Pediatrics	Complete. Remain Provisional until eligible for advancement

FINAL FPPE/RECIPROCAL* ADVANCEMENT OF STAFF CATEGORY

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Liang, Ellen DO, MPH	Provisional	Geriatric Medicine	Family Medicine	Advance to Active
McCain, Josua W., MD	Provisional	Diagnostic Radiology	Radiology/Teleradiology	Advance to Tele-Health
Reiner, David P., MD	Provisional	Diagnostic Radiology	Radiology/Teleradiology	Advance to Tele-Health

FPPE FINAL PROCTORING FOR ALLIED HEALTH PROFESSIONALS

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Caudill, Benjamin J., FNP	Allied Health Professional	Nurse Practitioner	Radiology/Neuro- Interventional Radiology	Additional Privileges complete for Dept 2

FPPE FINAL PROCTORING FOR ADDITIONAL PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

FPPE PARTIAL PROCTORING COMPLETE REQUEST FOR EXTENSION

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
None				

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT

**MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

**CRED DATE: 06/27/2025
MEC DATE: 07/11/2025
BOARD DATE: 07/11/2025**

ADDITIONAL PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Akanda, Marib I., MD	Active	Ophthalmology	Ophthalmology	Request Additional Privileges <ul style="list-style-type: none"> Vitreoretinal Disease & Surgery
Whitehead Anaia C., NP	AHP-Provisional	Surgery/Critical Care	Surgery Critical Care	Request Privileges: <ul style="list-style-type: none"> NP General Clinical Privilege Obtain Inform Consent Prescriptive Authority

WITHDRAWN PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
None				

CHANGE IN STAFF CATEGORY

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Arfeen, Safa MD	Provisional	Ophthalmology	Ophthalmology	Advance to Active Status
Camacho-Santos, Armando, MD	Provisional	Internal Medicine	Medicine	Advance to Active Status
Evers, Marissa R., MD	Provisional	Emergency Medicine	Emergency Medicine	Advance to Active status
Haase, Tyler C., MD	Provisional	Internal Medicine	Medicine	Advance to Active status
Lewsadder, Charles W., DO	Provisional	Emergency Medicine	Emergency Medicine	Advance to Active status
Patel, Raj A., DO	Provisional	Emergency Medicine	Emergency Medicine	Advance to Active status
Shiah, Kevin P., DO	Provisional	Internal Medicine	Medicine	Advance to Active status

CHANGE IN STAFF REAPPOINTMENT DATES TO ALIGN WITH CHC

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
None				

MODIFICATION OF PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
None				

NAME CHANGE

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	CHANGE TO:
Truong, Kevin, MD	Active	Psychiatry	Psychiatry	Quinonez-Truong, Kevin, MD

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT

**MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

CRED DATE: 06/27/2025
MEC DATE: 07/11/2025
BOARD DATE: 07/11/2025

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

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
None				

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

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
None				

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

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Enghelberg, Mosises, MD	Active	Ophthalmology	Ophthalmology	Term Date 7/1/2025
Nguyen, Diem-Chau L., MD	Active	Psychiatry	Psychiatry	Term Date 8/1/2025

VOLUNTARY RESIGNATIONS/WITHDRAWALS*

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	REASON/EFFECTIVE
Bonenfant, Jeffrey M., DO	Active	Pulmonary Critical Care Medicine	Medicine/PCCM	Voluntary Resignation Effective 6/18/2025
Contreras, Jessica V., NP	AHP	Nurse Practitioner	Medicine/Cardiology	Voluntary Resignation Effective 6/1/2025
Lee, Brigette M., MD	Provisional	Dermatology	Medicine/Dermatology	Voluntary Resignation Effective 7/3/2025
Luisiri, Phot, MD	Provisional	Rheumatology	Medicine/Rheumatology	Voluntary Resignation Effective 5/26/2025
Mahdavi Fard, Ali, MD	Active	Ophthalmology	Ophthalmology	Voluntary Resignation Effective 7/31/2025
Roldan, Ashley, MD	Active	Ophthalmology	Ophthalmology	Voluntary Resignation Effective 6/30/2025
Rossaro, Lorenzo, MD	Provisional	Gastroenterology	Medicine/Gastroenterology	Voluntary Resignation Effective 7/31/2025
Saldana, Mario A., MD	Provisional	Internal Medicine	Medicine	Voluntary Resignation Effective 6/1/2025
Shen, Bailey, MD	Active	Ophthalmology	Ophthalmology	Voluntary Resignation Effective 5/30/2025
Williams, Shaute L., FNP	AHP-Provisional	Nurse Practitioner	Clinical Neurological Sciences	Voluntary Resignation Effective 5/31/2025

End of Report

hereby:

- 1) Attest that the medical center's Medical Executive Committee meeting on October 10, 2024, 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

**MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

**CRED DATE: 7/25/2025
MEC DATE: 8/14/2025
BOARD DATE: 8/14/2025**

Date: August 14, 2025
To: File
From: Medical Staff Executive Committee
Subject: Medical Staff Attestation Appointment, Reappointment and Clinical Privileges

INITIAL APPOINTMENT – August 14, 2025 – July 31, 2027

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	BOARD STATUS
Aitcheson, Gabriella A., MD E-Vote Approval 8/5/2025	Provisional	Transplant Hepatology	Medicine/ Gastroenterology	Internal Medicine
Bardan, Christian, MD E-Vote Approval 8/5/2025	Provisional	Ophthalmology	Ophthalmology	Eligible
Creagmile, Jack S., MD Temporary Privileges Request Eff. 8/5/2025	Provisional	Ophthalmology	Ophthalmology	Eligible
Fernandez, Jazmin DO	Provisional	Pediatrics	Pediatrics	Eligible
Fitzgerald, Jeremy H. DO (Temporary Privileges granted on 7/16/2025)	Provisional	Psychiatry	Psychiatry	Eligible
Kalambata, Mwape, MD	Provisional	Pediatrics	Pediatrics	Eligible
Martinez, Alexis S., PA	AHP- Provisional	Physician Assistant	Emergency Medicine	NCCPA
Perez, Fidel H., MD E-Vote Approval 8/5/2025	Provisional	Emergency Medicine	Emergency Medicine	Eligible
Roth, Daniel M., MD	Provisional	Emergency Medicine	Emergency Medicine	Eligible
Vanjara, Pari, MD	Provisional	Pediatrics	Pediatrics	Eligible
You, Sally, DO	Provisional	Neurology	Medicine/Neurology	Neurology
Yuen, Jasmine J., PA E-Vote Approval 8/5/2025	AHP- Provisional	Physician Assistant	Emergency Medicine	NCCPA

REAPPOINTMENTS – September 1, 2025 – August 31, 2027

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	BOARD STATUS
Bailey, Kevin J., PA	AHP	Physician Assistant	Emergency Medicine	NCCPA
Batra, Sahil, DO	Active	Internal Medicine	Medicine	Eligible
Baye, Zebayel A., MD	Active	Internal Medicine	Medicine	Internal Medicine
Buthorne, Rachel E., PA	AHP	Physician Assistant	Medicine/ Gastroenterology	NCCPA
Calvert, Justin, MD	Active	Anesthesia	Anesthesia	Anesthesiology Internal Medicine

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT

**MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

CRED DATE: 7/25/2025
MEC DATE: 8/14/2025
BOARD DATE: 8/14/2025

Chen, Chien-Shing, MD	Courtesy	Hematology/Oncology	Medicine/ Hematology Oncology	Internal Medicine Medical Oncology
Edwards, Montessa L., MD	Active	Emergency Medicine	Emergency Medicine	Emergency Medicine
Francois, Nedy NP	AHP	Nurse Practitioner	Pediatrics	NCC
Fuller, Jennifer C., MD	Active	Urology	Surgery/Urology	Urology
Galvan, Vivian D., NP	AHP	Nurse Practitioner	Medicine/Cardiology	AANP
Gonzalez, Reyna T., MD	Active	Critical Care	Surgery/Critical Care	Surgery/Critical Care
Kim, Bobae L., MD	Active	Internal Medicine	Medicine	Internal Medicine
Kim, Christina K., MD	Active	Internal Medicine	Medicine	Internal Medicine
Lee, Sarah J., DO	Active	Psychiatry	Psychiatry	Child & Adolescent Psychiatry Psychiatry
Long, Wen, PA	AHP	Physician Assistant	Medicine/ Gastroenterology	NCCPA
Luu, Tri T., MD	Active	Internal Medicine	Medicine	Internal Medicine
McKeever, Rodney K., MD	Active	Anesthesia	Anesthesia	Anesthesiology Critical Care Medicine
Mercado, Kristina, MD	Active	Ob-Gyn	Ob-Gyn	Ob-Gyn
Nesper, Timothy P., MD	Active	Emergency Medicine	Emergency Medicine	Emergency Medicine
Nguyen, Elaine, MD	Active	Pulmonary Critical Care Medicine	Medicine/PCCM	Internal Medicine Pulmonary Disease Critical Care Medicine
Nguyen, Tammy T., PA	AHP	Physician Assistant	Emergency Medicine	NCCPA
Olavarry, Carolina C., MD	Active	Pediatrics	Pediatrics	Pediatrics
Park, Joseph, DPM	Active	Podiatry	Orthopedic Surgery	Foot Surgery Reconstructive Rearfoot/Ankle Surgery
Pathak, Sujay R., DO	Active	Internal Medicine	Medicine	Internal Medicine
Puvvula, Lakshmi K., MD	Active	Internal Medicine	Medicine	Internal Medicine
Randall, Melanie M., MD	Active	Emergency Medicine	Emergency Medicine	Emergency Medicine Pediatric Emergency Med.
Thiruvengadam, Nikhil R., MD	Active	Gastroenterology	Medicine/ Gastroenterology	Internal Medicine Gastroenterology
Tiao, Lily J., NP	AHP	Nurse Practitioner	Medicine	AANC
Additional Privileges: • Paracentesis				
Smithson, Sarah, DO	Active	Ob-Gyn	Ob-Gyn	Ob-Gyn
Washburn, Destry G., DO	Active	Pulmonary Critical Care Medicine	Medicine/PCCM	Internal Medicine Pulmonary Disease Critical Care Medicine

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT

**MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

**CRED DATE: 7/25/2025
MEC DATE: 8/14/2025
BOARD DATE: 8/14/2025**

FPPE/RECIPROCAL* COMPLETE REMAIN ON PROVISIONAL

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Alfraji, Nasam B., MD	Provisional	Rheumatology	Medicine/ Rheumatology	Complete. Remain Provisional until eligible for advancement

FINAL FPPE/RECIPROCAL* ADVANCEMENT OF STAFF CATEGORY

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Lu, Jackson, DO	Provisional	Emergency Medicine	Emergency Medicine	Advance to Active Status
Nemirov, Alexander M, DO	Provisional	Anesthesia	Anesthesiology	Advance to Active Status
Rossi, Jordan M., MD	Provisional	Obstetrics & Gynecology	Obstetrics & Gynecology	Advance to Active Status
Tom, Jonathan N., DO	Provisional	Emergency Medicine	Emergency Medicine	Advance to Active Status

FPPE FINAL PROCTORING FOR ALLIED HEALTH PROFESSIONALS

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
None				

FPPE FINAL PROCTORING FOR ADDITIONAL PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Nguyen, Tammy T., PA	AHP	Physician Assistant	Emergency Medicine	<ul style="list-style-type: none"> Central Line/PICC Placement Endotracheal Intubation
Skoretz, Lynnetta E., MD	Active	Internal Medicine	Medicine	<ul style="list-style-type: none"> ACCU

FPPE PARTIAL PROCTORING COMPLETE

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Chow, Nathan H., PA	AHP-Provisional	Physician Assistant	Emergency Medicine	Pending: <ul style="list-style-type: none"> 10 General 10 Advance
Gau, Alexander J., DO	Provisional	Emergency Medicine	Emergency Medicine	Pending: <ul style="list-style-type: none"> TEE

ADDITIONAL PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
None				•

WITHDRAWN PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Alfraji, Nassam B., MD	Provisional	Rheumatology	Medicine/ Rheumatology	<ul style="list-style-type: none"> Internal Medicine Core Ambulatory

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT

**MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

**CRED DATE: 7/25/2025
MEC DATE: 8/14/2025
BOARD DATE: 8/14/2025**

Dick, Dallas M., MD	Active	Internal Medicine	Medicine	<ul style="list-style-type: none"> Moderate Sedation
Fargo, Ramiz A., MD	Active	Pulmonary Critical Care Medicine	Medicine/PCCM	<ul style="list-style-type: none"> Exercise Testing
Lu, Jackson, DO	Provisional	Emergency Medicine	Emergency Medicine	<ul style="list-style-type: none"> TEE
Tom, Jonathan N., DO	Provisional	Emergency Medicine	Emergency Medicine	<ul style="list-style-type: none"> TEE

CHANGE IN STAFF CATEGORY

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Dhillon, Rummit K., DO	Provisional	Dermatology	Medicine/Dermatology	Advance to Active Status
Lee, Brigette M., MD	Provisional	Dermatology	Medicine/Dermatology	Advance to Active Status
Thomas, Sneha E., MD	Provisional	Internal Medicine	Medicine	Advance to Active Status

CHANGE IN STAFF REAPPOINTMENT DATES TO ALIGN WITH CHC

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
None				

MODIFICATION OF PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
None				

NAME CHANGE

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	CHANGE TO:
None				

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

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
None				

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

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
None				

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

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Elledge, Nathan R., DO	Active	Ophthalmology	Ophthalmology	Effective 9/1/2025

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT

**MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

**CRED DATE: 7/25/2025
MEC DATE: 8/14/2025
BOARD DATE: 8/14/2025**

VOLUNTARY RESIGNATIONS/WITHDRAWALS*

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	REASON/EFFECTIVE
Alzubaidi, Qammer T., PA	AHP	Physician Assistant	Emergency Medicine	Voluntary Effective 7/2/2025
Floresca, Jon W., MD	Active	Radiology	Radiology	Voluntary Effective 1/30/2025
Ngo, Khiet MD	Applicant	Gastroenterology	Pediatrics	Application Withdrawn 7/17/2025
Rossaro, Lorenzo, MD	Provisional	Transplant Hepatology	Medicine/ Gastroenterology	Voluntary Effective 7/31/2025
Sharbidre, Kedar G., MD	Active	Radiology	Radiology (Telemedicine)	Voluntary Effective 5/27/2025
Sharma, Karan, DO	Active	Anesthesia	Anesthesia	Voluntary Effective 05/30/2025
Sorenson, Steven M., MD	Active	Radiology	Radiology (LLU)	Voluntary Effective 7/04/2025

End of Report

hereby:

- 1) Attest that the medical center's Medical Executive Committee meeting on August 14, 2025, 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

**MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

CRED DATE: 8/22/2025
MEC DATE: 9/11/2025
BOARD DATE: 9/11/2025

Date: September 11, 2025
To: File
From: Medical Staff Executive Committee
Subject: Medical Staff Attestation Appointment, Reappointment and Clinical Privileges

INITIAL APPOINTMENT – September 11, 2025 – August 31, 2027

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	BOARD STATUS
Ahumada, Julia N., PA	AHP- Provisional	Physician Assistant	Clinical Neurological Sciences	NCCPA
Ali, Hatem M., MD E-Vote 9/10/25	Provisional	Nephrology	Medicine/Nephrology	Internal Medicine / Nephrology
Ayoub Jr., William G., PA	AHP- Provisional	Physician Assistant	Emergency Medicine	NCCPA
Azeze, Samuel M., MD	Provisional	Radiology	Radiology (TeleRad)	Diagnostic Radiology
Chrysafides, Steven, DO	Provisional	Internal Medicine	Medicine	Eligible
Diep, My, DO	Provisional	Dermatology	Medicine/Dermatology	Eligible
Han, Samuel T., DO E-Vote 9/10/25	Provisional	Anesthesiology	Anesthesia	Anesthesiology
Lal, Garima, MD Temporary Privileges Approved Eff. 9/4/2025	Provisional	Ophthalmology	Ophthalmology	Ophthalmology
Pathak, Sagar J., MD Temporary Privileges Approved Eff. 8/25/2025	Provisional	Gastroenterology	Medicine/ Gastroenterology	Pediatrics Pediatric Gastroenterology
Perez Morales, William A., MD E-Vote 9/10/2025	Provisional	Internal Medicine	Medicine	Internal Medicine
Rabbany, Jessica M., MD E-Vote 9/10/25	Provisional	Psychiatry	Psychiatry	Eligible
Saba, Tabassum, MD	Provisional	Psychiatry	Psychiatry	Psychiatry
Smuland, Judith A., NP	AHP- Provisional	Nurse Practitioner	Clinical Neurological Sciences	AANP
Tsai, Jeffrey, MD	Provisional	Diagnostic Radiology	Radiology (TeleRad)	Diagnostic Radiology
Whitney, Eric E., DO	Provisional	Neurological Surgery	Clinical Neurological Sciences	Eligible
Wong-Soqui, Lisa, NP	AHP- Provisional	Nurse Practitioner	Emergency Medicine	AANP

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT

**MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

CRED DATE: 8/22/2025
MEC DATE: 9/11/2025
BOARD DATE: 9/11/2025

REAPPOINTMENTS – October 1, 2025 – September 30, 2027

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	BOARD STATUS
Afroz, Sana, MD	Active	Rheumatology	Medicine/ Rheumatology	Internal Medicine Rheumatology
Alani, Anas A., MD	Active	Cardiology	Medicine/ Cardiology	Internal Medicine Cardiology
Baldwin, Dalton, MD	Active	Urology	Surgery/Urology	Urology
Benitez, Christopher T., MD	Administrative	Psychiatry	Psychiatry	Forensic Psychiatry Psychiatry
Brar, Harbinder, MD	Active	Ob-Gyn	Ob-Gyn	Ob-Gyn
Church, Christopher, A., MD	Active	Otolaryngology	Surgery/ Otolaryngology	Otolaryngology
Collier, Carl E. DO	Active	Anesthesiology	Anesthesia	Anesthesiology Pain Medicine
Escutin Jr., Rodolfo D., MD	Active	Neurology	Medicine/ Neurology	Neurology Clinical Neurophysiology Neuromuscular Medicine
Additional Privilege: • EMG				
Estes, Adrienne M., DPM	Active	Podiatry	Orthopedic Surgery	Foot Surgery Reconstructive Rear/Ankle Podiatric Medicine
Fargo, Ramiz A., MD	Active	Pulmonary Critical Care Medicine	Medicine/ PCCM	Internal Medicine Pulmonary Disease Critical Care Medicine Sleep Medicine
Gandotra, Gaurav, MD	Active	Psychiatry	Psychiatry	Addiction Medicine Psychiatry
Garcia, Renee M., MD	Active	Psychiatry	Psychiatry	Psychiatry Psychosomatic Medicine
Guglielmo, Mona S., MD	Active	Critical Care Medicine	Pediatrics	Pediatrics Pediatric Critical Care
Guglielmo, Robert D., MD	Active	Critical Care Medicine	Pediatrics	Pediatrics Pediatric Critical Care
Herford Alan, DDS	Active	Oral & Maxillofacial	Oral & Maxillofacial	Oral & Maxillofacial
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 L., MD	Courtesy	Anesthesia	Anesthesia	Anesthesiology

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT

**MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

CRED DATE: 8/22/2025
MEC DATE: 9/11/2025
BOARD DATE: 9/11/2025

Status change from Active to Courtesy due to low patient volume				
Lopez, Yamil, MD E-Vote 9/10/25	Active	Pathology	Pathology	Anatomic Pathology & Clinical Pathology / Cytopathology
Massrour, Kamiar, MD	Tele-Health	Diagnostic Radiology	Radiology (Tele/Rad)	Diagnostic Radiology
McCalla, Derek J., MD	Active	Pediatrics	Pediatrics	Pediatrics
Munir, Iqbal, MD	Active	Endocrinology	Medicine/Endocrinology	Endocrinology
Nwigwe, Desiree C., NP	AHP	Nurse Practitioner	Psychiatry	AANC
Patel, Bipin L., MD	Active	Psychiatry	Psychiatry	Child & Adolescent Psychiatry Psychiatry
Pedouim, Farzin B., MD	Active	Neurology	Medicine/Neurology	Neurology
Status change from Active to Courtesy due to low patient volume				
Qureshi, Sonea I., MD	Active	Critical Care	Pediatrics	Pediatrics Pediatric Critical Care
Sheski, David E., MD	Active	Psychiatry	Psychiatry	Psychiatry Psychosomatic Medicine
Soloniuk, Leonard J., MD	Active	Anesthesia	Anesthesia	Anesthesiology Internal Medicine
Thomas, Joslyn, NP	AHP-Provisional	Nurse Practitioner	Surgery/Urology	Family Nurse Practitioner
Tran, Minh Chau J., MD	Active	Anesthesia	Anesthesia	Anesthesiology Pediatric Anesthesiology
Weiner, Alyssa R., PA	AHP	Physician Assistant	Emergency Medicine	NCCPA

FPPE/RECIPROCAL* COMPLETE REMAIN ON PROVISIONAL

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Frank, Stephanie J., MD	Provisional	Anesthesiology	Anesthesia	Complete. Remain Provisional until eligible for Advancement

FINAL FPPE/RECIPROCAL* ADVANCEMENT OF STAFF CATEGORY

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Choi, Da-Eun, DO	Provisional	Pediatrics	Pediatrics	Advance to Active Status
Davis, Clarence S., MD	Provisional	Diagnostic Radiology	Radiology/TeleRadiology	Advance to Active Status
Gau, Alexander J., DO	Provisional	Emergency Medicine	Emergency Medicine	Advance to Active Status
Larson, Stephanie S., MD	Provisional	Obstetrics & Gynecology	Obstetrics & Gynecology	Advance to Active Status
Muraki, Alan S., MD	Provisional	Diagnostic Radiology	Radiology/TeleRadiology	Advance to Active Status
Nagappan, Meena, MD	Provisional	Anesthesiology	Anesthesia	Advance to Active Status

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT

**MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

**CRED DATE: 8/22/2025
MEC DATE: 9/11/2025
BOARD DATE: 9/11/2025**

Phan, Minh A., DO	Provisional	Pediatrics	Pediatrics	Advance to Active Status
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FPPE FINAL PROCTORING FOR ALLIED HEALTH PROFESSIONALS

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
None				

FPPE FINAL PROCTORING FOR ADDITIONAL PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
None				

FPPE PARTIAL PROCTORING COMPLETE

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Thomas, Joslyn, NP Pending: <ul style="list-style-type: none"> Non-Core proctoring, non-core privileges will automatically term on 9/30/25. 	AHP-Provisional	Surgery	Surgery/Urology	General Proctoring Complete Pending non-core: <ul style="list-style-type: none"> 3 Transrectal Ultrasound Guided Prostate Biopsies 3 Urodynamic Studies
Pann, Christopher A., DO	Provisional	Emergency Medicine	Emergency Medicine	Pending: <ul style="list-style-type: none"> 2 Deep Sedation 5 TEE
Ponciano, Meagan J., PA	AHP-Provisional	Physician Assistant	Emergency Medicine	Pending: <ul style="list-style-type: none"> 10 General 10 Emergency

ADDITIONAL PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Fulgar, Ciara Catherine B., DO	Provisional	Internal Medicine	Medicine	<ul style="list-style-type: none"> ACCU
Gampong, Megan Nicole C., MD	Provisional	Internal Medicine	Medicine	<ul style="list-style-type: none"> ACCU

WITHDRAWN PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Caudill, Benjamin J., FNP	AHP	Family Nurse Practitioner	Medicine	<ul style="list-style-type: none"> Informed Consent
Gau, Alexander J., DO	Provisional	Emergency Medicine	Emergency Medicine	<ul style="list-style-type: none"> TEE
Thomas, Joslyn, NP Failure to Complete Non-Core Proctoring	AHP-Provisional	Nurse Practitioner	Surgery/Urology	<ul style="list-style-type: none"> Transrectal Ultrasound Guided Prostate Biopsies Urodynamic Studies

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT

**MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

**CRED DATE: 8/22/2025
MEC DATE: 9/11/2025
BOARD DATE: 9/11/2025**

Vazquez, Jennifer A., NP	AHP	Nurse Practitioner	Medicine	<ul style="list-style-type: none"> Informed Consent
Whitehead, Anaia C., NP	AHP	Nurse Practitioner	Radiology	<ul style="list-style-type: none"> APP Clinical Privileges - Neuro Interventional Radiology

CHANGE IN STAFF CATEGORY

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Alfraji, Nasam B., MD	Provisional	Rheumatology	Medicine/ Rheumatology	Advance to Active Status
Rana, Prachi, MD	Provisional	Transplant Hepatology	Medicine/ Gastroenterology	Advance to Active Status
Razzouk, Akram Y., MD	LOA	Psychiatry	Psychiatry	LOA to Active

CHANGE IN STAFF REAPPOINTMENT DATES TO ALIGN WITH BH

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Sheski, David, MD	Active	Psychiatry	Psychiatry	MC 9/30/2025 to BH 6/30/2027

MODIFICATION OF PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
None				

NAME CHANGE

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	CHANGE TO:
None				

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

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
None				

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

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
None				

AUTOMATIC TERMINATION, PER BYLAWS 6.6-1 (FAILURE TO RETURN FORM LOA)

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
None				

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT

**MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

CRED DATE: 8/22/2025
MEC DATE: 9/11/2025
BOARD DATE: 9/11/2025

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

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Leimbach, Danielle N., PA	AHP	Physician Assistant	Clinical Neurological Sciences	Pending: PA Practice Agreement

VOLUNTARY RESIGNATIONS/WITHDRAWALS*

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	REASON/EFFECTIVE
Alexander, Lon F., MD	Applicant	Neurosurgery	Clinical Neurological Sciences	Withdraw of Application
Bharadwaj, Aditya S., MD	Active	Cardiology	Medicine/Cardiology	Voluntary Resigned, Effective 10/1/2025
Martin, Joshua J., MD	Active	Neurology	Medicine/Neurology	Voluntary Resigned, Effective 8/18/2025
Ojo, Temitayo O., FNP	AHP	Family Nurse Practitioner	Emergency Medicine	Voluntary Resigned, Effective 8/13/2025
Rosenfeld, Jeffrey, MD	Active	Neurology	Medicine/Neurology	Voluntary Resigned, Effective 7/31/2025
Singh-Moran, Hardeep K., MD	Applicant	Psychiatry	Psychiatry	Withdraw of Application
Swamy, Pooja M., MD	Active	Cardiology	Medicine/Cardiology	Voluntary Resigned, Effective 10/1/2025
Yang, Eric, PA	AHP	Physician Assistant	Surgery/Critical Care	Voluntary Resigned, Effective 9/30/2025

End of Report

hereby:

- 1) Attest that the medical center's Medical Executive Committee meeting on September 11, 2025, 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 Cuijshank
Chief Executive Officer – RUHS Medical Center

**RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT
MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

**CRED DATE: 9/26/2025
MEC DATE: 10/09/2025
BOARD DATE: 10/09/2025**

Date: October 9, 2025
To: File
From: Medical Staff Executive Committee
Subject: Medical Staff Attestation Appointment, Reappointment and Clinical Privileges

INITIAL APPOINTMENT – October 09, 2025 – September 30, 2027

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	BOARD STATUS
Alam, Sabihul M., MD Temporary Privileges Request Eff. 9/27/2025	Provisional	Psychiatry	Psychiatry	Psychiatry
Ali, Hasan A., MD Evote Approval 10/7/2025	Provisional	Internal Medicine	Medicine	Internal Medicine
Aman, Shehla, MD	Provisional	Pathology	Pathology	Pathology Anatomic Pathology Clinical-General
Bohr, Christina T., DO Evote Approval 10/7/2025	Provisional	Pulmonary Critical Care Medicine	Medicine/PCCM	Internal Medicine Pulmonary Disease
Bommakanti, Krishna, MD	Provisional	Otolaryngology	Surgery/Head & Neck	Otolaryngology
Campos, Clarissa D., NP	AHP- Provisional	Nurse Practitioner	Clinical Neurological Sciences	ANCC
Davis, Charles B., MD	Provisional	Diagnostic Radiology	Radiology (Tele- Health)	Diagnostic Radiology
Feinberg, Sean A., MD	Provisional	Diagnostic Radiology	Radiology (Tele- Health)	Diagnostic Radiology
Francisco, Allain Edrick G., MD	Provisional	Psychiatry	Psychiatry	Psychiatry
Nguyen, Kenneth T., DO Temps granted on 8/27/2025	Provisional	Anesthesiology	Anesthesia	Eligible
Perez, Hector, MD	Provisional	ENT/Otolaryngolo gy	Surgery/ENT	Eligible
Takaki Kenneth P., DO	Provisional	Emergency Medicine	Emergency Medicine	Emergency Medicine

**RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT
MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

**CRED DATE: 9/26/2025
MEC DATE: 10/09/2025
BOARD DATE: 10/09/2025**

Thiel, Cedric, MD Evote Approval 10/7/2025 Temporary Privileges Request Eff. 10/9/2025	Provisional	ENT/ Otolaryngology	Surgery/ENT	Eligible
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REAPPOINTMENTS – November 1, 2025 – October 31, 2027

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	BOARD STATUS
Agapian, John V., MD	Active	Surgery Critical Care	Surgery/Surgery Critical Care	Sugery Surgery Critical Care
Alsyouf, Muhannad M., MD	Active	Urology	Surgery/Urology	Urology
Bhardwaj, Rahul, MD	Courtesy	Cardiology	Medicine/Cardiology	Cardiovascular Disease Clinical Cardiac Electrophysiology
Cheung, Shauna C., MD <u>Additional Privilege:</u> • Supervision of Residents & Students	Active	Neurology	Medicine/Neurology	Neurology Vascular Neurology
Febre, Aprille Dawn F., MD	Active	Neonatology	Pediatrics	Pediatrics Neonatal-Perinatal Medicine
Hacobian, David S., PA	AHP	Physician Assistant	Orthopedic Surgery	NCCPA
Juarez, Benjamin, PA	AHP	Physician Assistant	Emergency Medicine	NCCPA
Khazaeni, Leila M., MD Status change Courtesy to Active	Active	Ophthalmology	Ophthalmology	Ophthalmology
Kuehn, Nicolaus J., MD	Tele-Health	Diagnostic Radiology	Radiology (Tele-Rad)	Diagnostic Radiology
Loe, Stephanie A., MD	Active	Emergency Medicine	Emergency Medicine	Emergency Medicine
Lui, Paul D., MD	Active	Urology	Surgery/Urology	Urology
Luke, Janiene D., MD	Active	Dermatology	Medicine/ Dermatology	Dermatology
McCarty, Matthew S., MD	Active	Internal Medicine	Medicine	Internal Medicine
McLaughlin, Nathan D., MD	Active	Family Medicine	Family Medicine	Family Medicine
Nagappan, Meena, MD	Active	Anesthesiology	Anesthesia	Anesthesiology
Patel, Yogesh M., MD	Active	Nephrology	Medicine/Nephrology	Nephrology
Rodriguez, Brian M., PA	AHP	Physician Assistant	Orthopedic Surgery	NCCPA
Rogers, Shana, NP	AHP- Provisional	Nurse Practitioner	Surgery	ANCC-Adult – Gerontology Acute Care
Sanner, David A., MD Status change Active to Courtesy	Active	Anesthesiology	Anesthesia	Anesthesiology Clinical Informatics
Schulz, Alyssa M., PA	AHP	Physician Assistant	Emergency Medicine	NCCPA
Simental Jr, Alfred A., MD	Active	Otolaryngology	Surgery/Head & Neck	Otolaryngology

**RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT
MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

**CRED DATE: 9/26/2025
MEC DATE: 10/09/2025
BOARD DATE: 10/09/2025**

Stevens, Wesley T., MD	Active	Pathology	Pathology	Clinical Pathology Clinical Informatics Blood Banking/Transfusion Medicine
Tabuenca, Arnaldo, MD Status changed from Courtesy to Administrative status	Administrative	Surgery	Surgery	General Surgery
Torres, Rupert Allan R., NP Pending: • Proctoring • 10/27/25 extension request submitted	AHP	Nurse Practitioner	Psychiatry	ANCC

FPPE/RECIPROCAL* COMPLETE REMAIN ON PROVISIONAL

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Davis, Mchael, MD	Provisional	Diagnostic Radiology	Radiology/Diagnostic Radiology	Complete remain on Provisional until eligible for advancement
Fiman, Keith H., MD	Provisional	Gastroenterology	Medicine/ Gastroenterology	Complete remain on Provisional until eligible for advancement
Kumar, Arun, MD	Provisional	Diagnostic Radiology	Radiology/TeleRadiology	Complete remain on Provisional until eligible for advancement
Leong, Fah S., MD	Provisional	Diagnostic Radiology	Radiology/TeleRadiology	Complete remain on Provisional until eligible for advancement
Parsa, Nour A., MD	Provisional	Gastroenterology	Medicine/ Gastroenterology	Complete remain on Provisional until eligible for advancement
Pawar, Rahul V., MD	Provisional	Diagnostic Radiology	Radiology/TeleRadiology	Complete remain on Provisional until eligible for advancement
Su, Bowei, DO	Provisional	Anesthesiology	Anesthesia	Complete remain on Provisional until eligible for advancement
Tang, Jessica A., MD	Provisional	Head/Neck Surgery & Oto	Surgery/Head Neck & Otolaryngology	Complete remain on Provisional until eligible for advancement
West, Anna M., MD	Provisional	Interventional Radiology	Radiology/Interventional Vascular Radiology	Complete remain on Provisional until eligible for advancement

**RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT
MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

**CRED DATE: 9/26/2025
MEC DATE: 10/09/2025
BOARD DATE: 10/09/2025**

Yen, Timothy, MD	Provisional	Gastroenterology	Medicine/ Gastroenterology	Complete remain on Provisional until eligible for advancement
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FINAL FPPE/RECIPROCAL* ADVANCEMENT OF STAFF CATEGORY

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Ahmed, Ayesha, MD	Provisional	Pediatric Infectious Diseases	Pediatrics/Infectious Disease	Advance to Active Status
Alkotob, Umron R., DO	Provisional	Emergency Medicine	Emergency Medicine	Advance to Active Status
Anyu, Tse F., DO	Provisional	Diagnostic Radiology	Radiology/TeleRadiology	Advance to Active Status
Calaguas, Shannon, MD	Provisional	Otolaryngology	Surgery/Head Neck & Otolaryngology	Advance to Active Status
Derakhshan, Adeeb, MD	Provisional	Head/Neck Surgery&Oto	Surgery/Head Neck & Otolaryngology	Advance to Active Status
Huang, Jane Y., DO	Provisional	Neonatal-Perinatal Medicine	Pediatrics/Neonatology	Advance to Active Status
Kwon, Sue Min, MD	Provisional	Internal Medicine	Medicine	Advance to Active Status
William, May N., MD	Provisional	Ophthalmology	Ophthalmology	Advance to Active Status
Zamir, Syed S., MD	Provisional	Diagnostic Radiology	Radiology/TeleRadiology	Advance to Active Status

FPPE FINAL PROCTORING FOR ALLIED HEALTH PROFESSIONALS

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Farha, Michelle M., NP	AHP-Provisional	Nurse Practitioner	Clinical Neurological Sciences	Complete
Tomagan, Renaleen, NP	AHP-Provisional	Nurse Practitioner	Surgery/Urology	Complete

FPPE FINAL PROCTORING FOR ADDITIONAL PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT	COMMENTS
Huang, Ming, DO	Active	Anesthesiology	Anesthesia	• Pediatric Anesthesia
Molkara, Afshin M., MD	Active	Surgery/Vascular Surgery	Surgery	• Surgical Robotic Platform

FPPE PARTIAL PROCTORING COMPLETE

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Brown, Bryan, PA	AHP-Provisional	Physician Assistant	Emergency Medicine	Pending: • 10 General • 10 Emergency Advance
Cendejas, Brandon L., PA	AHP-Provisional	Physician Assistant	Emergency Medicine	Pending: • 10 General • 10 Emergency Advance
Churchill, Himelda R., PA	AHP-Provisional	Physician Assistant	Emergency Medicine	Pending: • 10 General • 10 Emergency Advance

**RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT
MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

**CRED DATE: 9/26/2025
MEC DATE: 10/09/2025
BOARD DATE: 10/09/2025**

				<ul style="list-style-type: none"> • Musculoskeletal
Hasan, Bushra Z., NP	AHP-Provisional	Nurse Practitioner	Emergency Medicine	Pending: <ul style="list-style-type: none"> • 10 General • 10 Emergency Advance • Musculoskeletal
Johnson, Joshua R., PA	AHP-Provisional	Physician Assistant	Emergency Medicine	Pending: <ul style="list-style-type: none"> • 10 General • 10 Emergency Advance
Leaf, Patrick D., MD	Provisional	Emergency Medicine	Emergency Medicine	Pending: <ul style="list-style-type: none"> • Moderate Sedation
Power, Wyatt J., PA	AHP-Provisional	Physician Assistant	Emergency Medicine	Pending: <ul style="list-style-type: none"> • 10 General • 10 Emergency Advance
Villarreal, Brenda I., PA	AHP-Provisional	Physician Assistant	Emergency Medicine	Pending: <ul style="list-style-type: none"> • 10 General • 10 Emergency Advance • 1 Musculoskeletal

ADDITIONAL PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT/DIVISION	COMMENTS
None				

WITHDRAWN PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT/DIVISION	COMMENTS
Alkotob, Umron R., DO	Provisional	Emergency Medicine	Emergency Medicine	<ul style="list-style-type: none"> • TEE
Fiman, Keith H., MD	Provisional	Gastroenterology	Medicine/Gastroenterology	<ul style="list-style-type: none"> • Internal Medicine Core • Ambulatory

CHANGE IN STAFF CATEGORY

NAME	STATUS	SPECIALTY	DEPARTMENT/DIVISION	COMMENTS
None				

CHANGE IN STAFF REAPPOINTMENT DATES TO ALIGN WITH BH and/or CHC

NAME	STATUS	SPECIALTY	DEPARTMENT/DIVISION	COMMENTS
Benitez, Christopher	Administrative	Psychiatry	Psychiatry	MC 9/30/2027 to BH 02/28/2027

**RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT
MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

**CRED DATE: 9/26/2025
MEC DATE: 10/09/2025
BOARD DATE: 10/09/2025**

MODIFICATION OF PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Schulz, Alyssa M., PA	AHP	Physician Assistant	Emergency Medicine	To new APP EM Privilege Form

NAME CHANGE

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	CHANGE TO:
None				

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

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
None				

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

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
None				

AUTOMATIC TERMINATION, PER BYLAWS 6.6-1 (FAILURE TO RETURN FORM LOA)

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
None				

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

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
None				

VOLUNTARY RESIGNATIONS/WITHDRAWALS*

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	REASON/EFFECTIVE
Abejuela, Kristofer R., PA	AHP	Physician Assistant	Emergency Medicine	Resignation Effective: 09/03/2025
Cheng, Peter, DO	Active	Anesthesiology	Anesthesia	Resignation Effective: 07/31/2025
Dickson, Megan E., MD	Active	Emergency Medicine	Emergency Medicine	Resignation Effective: 09/24/2025
Hipkin, Courtney, CRNA	AHP	Anesthesiology	Anesthesia	Resignation Effective: 08/26/2025
Layvas, Cory M., NP	AHP	Surgery	Surgery/Critical Care	Resignation Effective: 11/18/2025
Mirkovich, Joseph N., MD*	Applicant	Psychiatry	Psychiatry	Withdrawal Effective: 09/11/2025
Raae-Nielsen, Jennifer E., MD	Active	Emergency Medicine	Emergency Medicine	Resignation Effective: 09/24/2025

End of Report

**RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT
MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

**CRED DATE: 9/26/2025
MEC DATE: 10/09/2025
BOARD DATE: 10/09/2025**

hereby:

- 1) Attest that the medical center's Medical Executive Committee meeting on October 9, 2025, 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 Cuijshank
Chief Executive Officer – RUHS Medical Center

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT

**MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

CRED DATE: 10/24/2025
MEC DATE: 11/13/2025
BOARD DATE: 11/13/2025

Date: November 13, 2025
To: File
From: Medical Staff Executive Committee
Subject: Medical Staff Attestation Appointment, Reappointment and Clinical Privileges

INITIAL APPOINTMENT – November 13, 2025 – October 31, 2027

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	BOARD STATUS
Ahmed, Maerah, PA	AHP- Provisional	Physician Assistant	Emergency Medicine	NCCPA
Alshammaa, Abdullah, MD	Provisional	Neurology	Medicine/Neurology	Neurology Epilepsy
Temporary Privilege Request Eff. 10/28/2025				
Diamreyan, Ochuko, MD	Provisional	Neurology	Medicine/Neurology	Eligible
Fowler, James B., DO	Provisional	Neurological Surgery	Clinical Neurological Sciences	Neurological Sciences
Kim, Ashley Ann, DNP	Allied Health Professional	Nurse Practitioner	Surgery/Urology	AANP
Temporary Privileges Requested Effective 11/3/2025				
Newton, Isabel G., MD	Provisional	Interventional Radiology	Radiology	Diagnostic Radiology Interventional Radiology
E-Vote Approval - 10/31/2025				
Temporary Privileges Requested Effective 11/01/2025				

REAPPOINTMENTS – December 1, 2025 – November 30, 2027

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	BOARD STATUS
Allen, Scott A., MD	Active	Internal Medicine	Medicine	Internal Medicine
Aravagiri-Do, Arunmozhi S., MD	Active	Internal Medicine/ Infectious Disease	Medicine/Infectious Disease	Internal Medicine Infectious Disease
Armon, Carmel, MD	Active	Neurology	Medicine/Neurology	Neurology Clinical Neurophysiology Neuromusculoskeletal Med. Epilepsy

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT

**MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

CRED DATE: 10/24/2025
MEC DATE: 11/13/2025
BOARD DATE: 11/13/2025

Camelo, Monica, MD	Active	General Surgery	Surgery	Surgery
Coimbra, Raul, MD	Active	General Surgery	Surgery	None
Darden, Lisa NP	Allied Health Professional	Nurse Practitioner	Clinical Neurological Sciences	ANCC
Deisch, Jeremy, MD	Active	Pathology	Pathology	Anatomic Pathology Neuropathology
Hill, Michael E., MD	Active	Plastic Surgery	Surgery/Plastics Surgery	Plastic Surgery
Holsclaw, Matthew E., MD	Active	Anesthesiology	Anesthesia	Eligible
Ishak, Salam G., MD	Active	Nephrology	Medicine/Nephrology	Internal Medicine Nephrology
Krishna, Priya D., MD	Active	Head & Neck Otolaryngology	Surgery/Otolaryngology	Otolaryngology
Li, Chun W., NP	Allied Health Professional	Nurse Practitioner	Anesthesiology	AANP
Makhlouf, Michel, MD	Active	Ob-Gyn	Ob-Gyn	Ob-Gyn
McCarthy, Patrick L., MD	Tele-Health	Diagnostic Radiology	Radiology	Diagnostic Radiology Interventional Radiology
Mendez, Mallory, E., CRNA	Allied Health Professional	Certified Registered Nurse Anesthetist	Anesthesiology	CRNA
Miles, Geoffrey B., CRNA	Allied Health Professional	Certified Registered Nurse Anesthetist	Anesthesiology	CRNA
Orth, Gregory J., MD	Tele-Health	Diagnostic Radiology	Radiology	Diagnostic Radiology
Patil, Abhijit, MD	Tele-Health	Diagnostic Radiology	Radiology	Diagnostic Radiology
Sanborn, Michele	Allied Health Professional	Nurse Practitioner	Surgery	ANCC
Tram, Bich N., CRNA	Allied Health Professional	Certified Nurse Anesthetist	Anesthesiology	CRNA
Spaeth, Maya C., MD	Provisional	Plastic Surgery	Surgery/Plastic Surgery	Plastic Surgery
Vincent, Alix, MD	Tele-Health	Diagnostic Radiology	Radiology	Diagnostic Radiology Neuroradiology

FPPE/RECIPROCAL* COMPLETE REMAIN ON PROVISIONAL

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Creagmile, Jack S., MD	Provisional	Ophthalmology	Ophthalmology	Complete. Remain Provisional until eligible for advancement
Raynor, Brittany C., DO	Provisional	Internal Medicine	Medicine/Cardiology	Final proctoring received for ACCU & PCU. Remain on Provisional status until eligible for advancement.
Widder, Jared R., DO	Provisional	Ophthalmology	Ophthalmology	Complete. Remain Provisional until eligible for advancement

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT

**MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

**CRED DATE: 10/24/2025
MEC DATE: 11/13/2025
BOARD DATE: 11/13/2025**

FINAL FPPE/RECIPROCAL* ADVANCEMENT OF STAFF CATEGORY

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Aguilar-Portillo, Georgina, MD	Provisional	Family Medicine	Family Medicine	Advance to Active Status
Kasturi, Vellore G., MD	Provisional	Pediatrics Genetics	Pediatrics/Genetics	Advance to Active Status
Martes Gomez, Maria P., DO	Provisional	Neonatal-Perinatal Medicine	Pediatrics	Advance to Active Status
Nguyen, Vinh T., MD	Provisional	Pediatric Allergy & Immunology	Pediatrics/Allergy & Immunology	Advance to Active Status
Spaeth, Maya C., MD	Provisional	Plastic Surgery	Surgery	Advance to Active Status
Tang, Jessica A., MD	Provisional	Head/Neck Surgery & Oto	Surgery/Head Neck & Otolaryngology	Advance to Active Status

FPPE FINAL PROCTORING FOR ALLIED HEALTH PROFESSIONALS

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Hernandez, Janet, NP	AHP-Provisional	Nurse Practitioner	Medicine/Cardiology	Complete

FPPE PARTIAL PROCTORING COMPLETE

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Cantu, Daae, PA	AHP-Provisional	Physician Assistant	Emergency Medicine	Pending: <ul style="list-style-type: none"> • 10 General • 10 EM Advance
Saldana, Andre R., PA	AHP-Provisional	Physician Assistant	Emergency Medicine	Pending: <ul style="list-style-type: none"> • 10 General • 10 EM Advance • 1 Musculoskeletal • 5 Lumbar Punctures
Williams, Shammah O., MD	Provisional	Cardiology	Medicine/Cardiology	Pending: <ul style="list-style-type: none"> • 5 Cardiac Lab • 1 Moderate Sedation

ADDITIONAL PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Radulescu, Andrei, MD	Active	Pediatric Surgery	Surgery	Robotic Privileges

WITHDRAWN PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Aguilar-Portillo, Georgina MD	Provisional	Family Medicine	Family Medicine	<ul style="list-style-type: none"> • Lumbar Puncture • Moderate Sedation • Palliative/End of Life Care
Cantu, Daae, PA	AHP-Provisional	Physician Assistant	Emergency Medicine	<ul style="list-style-type: none"> • Lumbar Puncture • Thoracentesis

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT

**MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

CRED DATE: 10/24/2025
MEC DATE: 11/13/2025
BOARD DATE: 11/13/2025

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

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Cortez, Vladamir DO	Active	Neurological Surgery	Clinical Neurological Sciences	Failure to Provide Malpractice Liability Coverage, Office Address & Alternate Coverage
Rajpoot, Ravi, MD	Active	Diagnostic Radiology	Radiology	Failure to Provide Malpractice Liability Coverage, Office Address & Alternate Coverage

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

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Kerstetter, Justin, MD	Active	Pathology	Pathology	Pending: <ul style="list-style-type: none"> • Moodle's • Occupational Health • Dept. Chair Recommendation

VOLUNTARY RESIGNATIONS/WITHDRAWALS*

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	REASON/EFFECTIVE
Avesar, Michael MD	Active	Critical Care	Pediatrics	Voluntary Resignation / 10/7/2025
Garrido, Esmeralda J., PA	AHP	Physician Assistant	Orthopedic Surgery	Voluntary Resignation / 9/29/2025
Haider, Thomas T., MD	Courtesy	Orthopedic Surgery	Orthopedic Surgery	Voluntary Resignation / 10/3/2025
Oregel, Karlos Z., MD	Active	Hematology/ Oncology	Medicine/Hematology Oncology	Voluntary Resignation / 10/5/2025
Serrao, Steve, MD	Active	Gastroenterology	Medicine/ Gastroenterology	Voluntary Resignation / 9/29/2025

End of Report

I hereby:

- 1) Attest that the medical center's Medical Executive Committee meeting on October 9, 2025, 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

**MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

CRED DATE: 11/21/2025
MEC DATE: 12/11/2025
BOARD DATE: 12/11/2025

Date: December 11, 2025
To: File
From: Medical Staff Executive Committee
Subject: Medical Staff Attestation Appointment, Reappointment and Clinical Privileges

INITIAL APPOINTMENT – December 11, 2025 – November 30, 2027

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	BOARD STATUS
Devore, Julia, AuD	AHP- Provisional	Audiology	Surgery/ENT	Audiology
Dodge, Michael J. MD	Provisional	Psychiatry	Psychiatry	Eligible
Fernandez, Silvia, MD	Provisional	Psychiatry	Psychiatry	Child & Adolescent Psychiatry Psychiatry Psychosomatic Medicine
George, Joseph, MD	Provisional	Diagnostic Radiology	Radiology	Diagnostic Radiology
Henao, Martha MD	Provisional	Ophthalmology	Ophthalmology	Ophthalmology
Khoury, Grace M., MD	Provisional	Psychiatry	Psychiatry	Eligible
Liu, Yan, MD	AHP- Provisional	Pathology	Pathology	Anatomic Pathology & Clinical Pathology Hemopathology
Navarro, Mayah, AuD	APH- Provisional	Audiology	Surgery/ENT	Audiology
Stutz, Kathleen, DO	Provisional	Surgery	Surgery	General Surgery
Tu, Jeff, MD	Provisional	Psychiatry	Psychiatry	Eligible

REAPPOINTMENTS – December 1, 2025 – November 30, 2027

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	BOARD STATUS
Bajwa, Moazzum N., MD	Active	Family Medicine	Family Medicine	Family Medicine
Cantu, Daae, PA	AHP	Physician Assistant	Emergency Medicine	NCCPA
Caverly, Jeffrey C., MD	Active	Diagnostic Radiology	Radiology	Diagnostic Radiology
Caba Molina, David	Active	Surgery/Oncology	Surgery/Oncology	Complex General Surgery Oncology General Surgery
Dadani, Farhan, MD	Active	Internal Medicine	Medicine	Internal Medicine
Demisse, Rahel Z., MD	Active	Hematology/ Oncology	Medicine/HO	Internal Medicine Hematology

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT

**MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

CRED DATE: 11/21/2025
MEC DATE: 12/11/2025
BOARD DATE: 12/11/2025

				Medical Oncology
Dreger, Nicholas J., MD	Active	Pediatric Cardiology	Pediatrics	Pediatrics Pediatric Cardiology
Firek, Anthony F., MD	Active	Endocrinology	Medicine/ Endocrinology	Internal Medicine Endocrinology
Inman, Jared, MD	Active	Otolaryngology	Surgery/ Otolaryngology	Otolaryngology
James, Joseph P., MD	Active	Psychiatry	Psychiatry	Geriatric Psychiatry General Psychiatry
Kim, Cherine, MD	Active	Otolaryngology	Surgery/ Otolaryngology	Otolaryngology
Kwon, Sue Min, MD Additional Privilege: • Participate in Teaching Program	Active	Internal Medicine	Medicine	Internal Medicine
Mangasep, Concepcion R., MD	Active	Psychiatry	Psychiatry	Grandfathered
Molkara, Afshin M., MD	Active	Surgery	Surgery	Vascular Surgery General Surgery
Pham, Ngoc-Minh, DO	Active	Psychiatry	Psychiatry	Psychiatry
Qureshi, Huma S., MD	Active	Radiology	Radiology	Diagnostic Radiology
Salib, Michael F., MD	Psychiatry	Psychiatry	Psychiatry	Addiction Medicine Psychiatry
Shin, John Y., MD	Courtesy	Hematology/ Oncology	Medicine/HO	Internal Medicine Hematology Medical Oncology
Shu, Stanford K., MD	Active	Pediatric Neurology	Pediatrics	Neurology with Special Qualifications in Child Neurology
Tama, Maher, MD	Active	Gastroenterology	Medicine/ Gastroenterology	Internal Medicine Gastroenterology
Thurman, Michael T., MD	Active	Psychiatry	Psychiatry	Child & Adolescent Psychiatry Psychiatry
Wacker, Margaret R., MD	Active	Clinical Neurological Sciences	Neurological Surgery	Neurological Surgery

FPPE/RECIPROCAL* COMPLETE REMAIN ON PROVISIONAL

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Azeze, Samuel M., MD	Provisional	Radiology	Radiology/Diagnostic Radiology	Remain on Provisional until Eligible for Advancement
Davis, Charles B., MD	Provisional	Diagnostic Radiology	Radiology	Remain on Provisional until Eligible for Advancement

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT

**MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

CRED DATE: 11/21/2025
MEC DATE: 12/11/2025
BOARD DATE: 12/11/2025

Han, Samuel T., DO	Provisional	Anesthesiology	Anesthesia	Remain on Provisional until Eligible for Advancement
Leaf, Patrick D., MD	Provisional	Emergency Medicine	Emergency Medicine	Remain on Provisional until Eligible for Advancement
Nguyen, Kenneth T., DO	Provisional	Anesthesiology	Anesthesia	Remain on Provisional until Eligible for Advancement
Shah, Priyal K., MD	Provisional	Ophthalmology	Ophthalmology	Remain on Provisional until Eligible for Advancement
Sutherland-Stolting, Amina I., MD	Provisional	Psychiatry	Psychiatry	Remain on Provisional until Eligible for Advancement
Tsai, Jeffrey MD	Provisional	Radiology	Radiology/TeleRadiology	Remain on Provisional until Eligible for Advancement

FINAL FPPE/RECIPROCAL* ADVANCEMENT OF STAFF CATEGORY

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Camara, Justin R., MD	Provisional	Interventional Radiology	Radiology/Interventional Radiology	Advance to Active Status
Galley, Christopher J., MD	Provisional	Pediatrics	Pediatrics	Advance to Active Status
Johnson, Evan J., MD	Provisional	Diagnostic Radiology	Radiology/TeleRadiology	Advance to Active Status
Kamassah, Mawusi E, MD	Provisional	Anesthesiology	Anesthesia	Advance to Active Status
Park, Min Jung, DO	Provisional	Neonatal-Perinatal Medicine	Pediatrics/Neonatology	Advance to Active Status
Sag, Randy A., MD	Provisional	Diagnostic Radiology	Radiology/TeleRadiology	Advance to Active Status
Salaiz, Oscar D., DO	Provisional	Emergency Medicine	Emergency Medicine	Advance to Active Status
Shin, John Y., MD	Provisional	Hematology/Oncology	Medicine/HO	Advance to Courtesy Status
Stone, Melissa L., MD	Provisional	Radiology Diagnostic	Radiology/TeleRadiology	Advance to Active Status

FPPE FINAL PROCTORING FOR ALLIED HEALTH PROFESSIONALS

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Cantu, Daae, PA	AHP-Provisional	Physician Assistant	Emergency Medicine	Complete

FPPE PARTIAL PROCTORING COMPLETE

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Bailey, James M., NP	AHP-Provisional	Nurse Practitioner	Emergency Medicine	Pending: <ul style="list-style-type: none"> • 9 General • 9 Advance • 1 Musculoskeletal

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT

**MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

CRED DATE: 11/21/2025
MEC DATE: 12/11/2025
BOARD DATE: 12/11/2025

Bowerman, Christopher, PA	AHP-Provisional	Physician Assistant	Emergency Medicine	Pending: <ul style="list-style-type: none"> • 10 General • 10 Advance
Dales, Kevin J., DO	Provisional	Emergency Medicine	Emergency Medicine	Pending: <ul style="list-style-type: none"> • 1 Deep Sedation
Patterson, Stephen C., MD	Provisional	Emergency Medicine	Emergency Medicine	Pending: <ul style="list-style-type: none"> • 1 Deep Sedation
Roth, Daniel M., MD	Provisional	Emergency Medicine	Emergency Medicine	Pending: <ul style="list-style-type: none"> • 1 Deep Sedation

ADDITIONAL PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT/DIVISION	COMMENTS
French, Michael H., DO	Active	Orthopedic Surgery	Orthopedic Surgery	<ul style="list-style-type: none"> • Robotic Assisted Platform
Lan, Howard, DO	Active	Cardiology	Medicine/Cardiology	<ul style="list-style-type: none"> • Bi-Ventricular Automatic Implantable Cardioverter-defibrillator • Bi-Ventricular Pacemaker Implant • Bi-Ventricular ICD Upgrade • Bi-Ventricular Pacemaker Upgrade
Mejaddam, Ali, MD	Active	Surgery	Surgery	Robotic Surgery

WITHDRAWN PRIVILEGES

NAME	STATUS	SPECIALTY	DEPARTMENT/DIVISION	COMMENTS
Dales, Kevin J., DO	Provisional	Emergency Medicine	Emergency Medicine	<ul style="list-style-type: none"> • TEE
Patterson, Stephen C., MD	Provisional	Emergency Medicine	Emergency Medicine	<ul style="list-style-type: none"> • TEE

CHANGE IN STAFF CATEGORY

NAME	STATUS	SPECIALTY	DEPARTMENT/DIVISION	COMMENTS
Layvas, Cory, NP	AHP-Provisional	Nurse Practitioner	Surgery/Critical Care	Rescinded Resignation 11/18/25
Parsa, Nour A., MD	Provisional	Gastroenterology	Medicine/Gastroenterology	Advance to Active Status
Raynor, Brittan C., DO	Provisional	Internal Medicine	Medicine	Advance to Active Status

RUHS-MEDICAL CENTER CREDENTIALS COMMITTEE REPORT

**MEDICAL EXECUTIVE COMMITTEE
GOVERNING BOARD**

CRED DATE: 11/21/2025
MEC DATE: 12/11/2025
BOARD DATE: 12/11/2025

AUTOMATIC TERMINATION, PER BYLAWS 3.2-1-b (FAILURE TO MEET MEMBERSHIP/PRVILEGE CRITERIA)

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Rudisaile, Daren G., MD	Active	Medicine	Internal Medicine	ABMS Board Eligibility Period lapsed. Auto Term eff 12/31/25

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

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	COMMENTS
Wu, Brian W. MD	Active	Psychiatry	Psychiatry	Pending: <ul style="list-style-type: none"> • Occ Health • Moodle

VOLUNTARY RESIGNATIONS/WITHDRAWALS*

NAME	STATUS	SPECIALTY	DEPARTMENT/ DIVISION	REASON/EFFECTIVE
DeHoff, George W., MD	Active	Diagnostic Radiology	Radiology	Resignation Effective 10/31/2025
Duong, Jason N., DO	Active	Neurological Surgery	Clinical Neurological Sciences	Resignation Effective 10/31/2025
Froehlich, Katherine A. CRNA	Allied Health Professional	Certified Registered Nurse Anesthetist	Anesthesia	Resignation Effective 10/21/2025
James, Janessa MD	Active	Pediatrics	Pediatrics	Resignation effective 11/21/2025
Mukadam, Shireen MD	Active	Pediatric Cardiology	Pediatrics	Resignation Effective 10/31/2025
Thomas, Amber M., CRNA	AHP	Certified Registered Nurse Anesthetists	Anesthesia	Resignation Effective 10/28/2025

End of Report

- I hereby:
- 1) Attest that the medical center's Medical Executive Committee meeting on October 9, 2025, recommended approval of the appointment, reappointments, proctoring, change of status, withdraw of privileges, automatic terminations, resignation/withdrawals and privilege forms.
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Jennifer Cruikshank
Chief Executive Officer – RUHS Medical Center



NURSE PRACTITIONER (NP)
NEONATAL INTENSIVE CARE (NICU) CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

Page 1

- Initial Appointment**
 Reappointment

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

QUALIFICATIONS FOR NURSE PRACTITIONER (NP)

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

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

AND

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

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

Completion of a master’s degree in nursing or completion of 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 completion of a nurse practitioner program approved by the CA BRN.

AND

Current Neonatal Resuscitation Program (NRP) or equivalent.

AND

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

AND

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

AND

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

AND

Two years’ experience as a Registered Nurse in a NICU.

AND



NURSE PRACTITIONER (NP)
NEONATAL INTENSIVE CARE (NICU) CLINICAL PRIVILEGES

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



NURSE PRACTITIONER (NP)
NEONATAL INTENSIVE CARE (NICU) CLINICAL PRIVILEGES

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According to a 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.

CATEGORIES OF PATIENTS PRACTITIONER MAY TREAT

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

SUPERVISION

The exercise of these clinical privileges requires a designated collaborating/supervising physician with clinical privileges at this hospital. All practice is performed under the supervision of this physician/designee and in accordance with written policies and protocols developed and approved by the relevant clinical department or service, the Medical Executive Committee, Nursing Administration and the Governing Body. Collaborating / supervising physician must be physically present, on hospital premises or readily available by electronic communication.

MEDICAL RECORD CHARTING RESPONSIBILITIES

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

GENERAL RELATIONSHIP TO OTHERS

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

PERIODIC COMPETENCE ASSESSMENT

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the hospital's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions 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.

NURSE PRACTITIONER (NP)
NEONATAL INTENSIVE CARE (NICU) CLINICAL PRIVILEGES

Name: _____
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QUALIFICATIONS FOR NURSE PRACTITIONER (NP) — NEONATAL INTENSIVE CARE

CRITERIA: To be eligible to apply for clinical privileges as an NP in Neonatal Intensive Care, the applicant must meet the following criteria:

Applicant must satisfy the qualification requirements for nurse practitioner.

AND

Documented training and experience in neonatal intensive care and demonstrated current competence.

To the applicant: Please strike through, initial and date any privileges or procedures which you do not wish to request.

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — NEONATAL INTENSIVE CARE

Requested NP Neonatal Intensive Care Privileges: Provide care to patients within age group of collaborating physician except as specifically excluded from practice. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Privileges include but are not limited to:

Initial Assessment

- To provide informed consent for administration of blood products and procedures within the scope of their privileges that they will be performing independently. May not obtain informed consent for procedures that others will be performing.
- Obtain thorough history from mother/family. Elicit, record and interpret the obstetrical, past medical, family and psychosocial history of the neonate's parents, noting risk factors and the implications for problems in the immediate newborn period.
- Complete prenatal consultation using above information when requested by obstetric service.
- Review maternal health, labor, and delivery records of all infants admitted to newborn nursery.
- Perform newborn physical examination using the techniques of observation, inspection, auscultation, palpation, and percussion.
- Document above in History & Physical.
- Provide immediate supportive care of the newborn in the delivery room.
- Correlate clinical information and fetal data to determine gestational age.
- Evaluate babies in newborn nursery. Discriminate between normal and abnormal findings on the physical examination, record these findings, and form an impression of the infant's status. Confer with neonatologist on abnormal findings.
- Attend C-section and high risk deliveries and direct the resuscitation team.
- Accept calls from Emergency Department, clinics, and outside hospitals to determine need for admission and mode of transportation,
- Direct/arrange for transport team (e.g. RN, RT, ambulance, helicopter) and provide care during transport under direct supervision of neonatologists.

NURSE PRACTITIONER (NP)
NEONATAL INTENSIVE CARE (NICU) CLINICAL PRIVILEGES

Name: _____
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Emergent Care

- Institute emergency measures and notify neonatologist immediately.

Continued Care

- Make daily rounds with or without neonatologist and present patient history to neonatologist.
- Order/obtain samples for appropriate studies & discuss results with neonatologist. Institute appropriate action subsequent to conference with the neonatologist.
- Order diagnostic studies as indicated by review of history and physical exam subsequent to conference with the neonatologist.
- Order the use and discontinuation of phototherapy subsequent to conference with the neonatologist.
- Contact parents/caregivers and discuss plans for child; counsel and instruct as appropriate on medications, disease, and preventive healthcare.

Discharge

- Arrange appropriate outpatient follow-up with community resources subsequent to conference with the neonatologist.
- Examine infants prior to discharge and document all findings in chart. Confers with neonatologists when abnormal findings are observed.
- Institute discharge planning guidelines.
- Draft discharge summaries for review/finalization by neonatologists.

Procedures:

- Perform diagnostic and therapeutic procedures as indicated and directed, for identification and management of newborn. These include, but are not limited to:
 - Arterial puncture
 - Emergency needle thoracentesis
 - Exchange transfusion
 - Initiate cardiopulmonary resuscitation
 - Insertion, management, and removal of Foley catheter
 - Insertion of intraosseous needle
 - Insertion of percutaneous arterial catheter (peripheral arterial line)
 - Insertion of percutaneous venous catheter (peripherally inserted central catheter)
 - Laryngoscopy and suction
 - Scalp vein infusion
 - Suprapubic bladder aspiration
 - Perform venipuncture
 - Ventilator care — newborn and infant

Approved

NURSE PRACTITIONER (NP)
NEONATAL INTENSIVE CARE (NICU) CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

THORACOSTOMY TUBE PLACEMENT AND REMOVAL

CRITERIA: Direct supervision and those technical and management skills which qualify the NP 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 two (2) procedures in the past 24 months.

- One procedure must be direct observation under the supervision of the supervising physician and may be performed on a patient in a proctored clinical situation, in simulation lab or in an animal lab.
- One procedure may be completed via direct observation, simulation lab, an animal lab or in a proctored clinical situation by an attending neonatologist or a proficient NNP who has performed thoracostomy for three or more years.

MAINTENANCE OF PRIVILEGES: Demonstrate current competence and evidence of the performance of at least one (1) procedure in the past 24 months. Must be proctored by a physician with privileges for thoracostomy and can be via direct observation of an actual patient, simulation lab, an animal lab or chart review.

- Requested
 Approved

EMERGENCY EVACUATION OF AIR LEAKS

CRITERIA: Direct supervision and those technical and management skills which qualify the NP 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 two (2) emergency evacuation of air leaks.

- One of the procedures is to be under direct observation of the supervising physician and may be performed on a patient in a proctored clinical setting, in a simulation lab or in an animal lab.
- The remaining procedure may be completed under direct observation of the procedure performed on a patient in a proctored clinical setting, in simulation lab, or in an animal lab and may be directly observed by an attending neonatologist or a proficient NNP who has been performing the procedure consistently for three or more years.

MAINTENANCE OF PRIVILEGES: Demonstrate current competence and evidence of the performance of a minimum of one (1) procedure over each two year period and will be evaluated by a physician with privileges to perform emergency evacuation of air leaks on infants in the patient care setting at RUHS – MC or by observation, chart review or simulation.

- Requested
 Approved

NURSE PRACTITIONER (NP)
NEONATAL INTENSIVE CARE (NICU) CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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LUMBAR PUNCTURE

CRITERIA: Those technical and management skills which qualify the NP 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 three (3) procedures in the past 12 months.

- One procedure must be direct observation under the supervision of the supervising physician.
- Two may be performed via direct observation, simulation or chart review by an attending neonatologist or proficient NNP who has consistently performed lumbar puncture for three or more years.

MAINTENANCE OF PRIVILEGE: Demonstrate current competence and the performance of at least two (2) procedures in the past 24 months.

- One (1) must be via direct observation of an actual patient or a simulation proctored by a physician with privileges for lumbar puncture.
- One (1) additional lumbar puncture may be by direct observation of an actual patient, a simulation or a chart review proctored by a physician with privileges for lumbar puncture.

- Requested
 Approved

INSERTION OF UMBILICAL VENOUS CATHETERS/UMBILICAL ARTERIAL CATHETERS

CRITERIA: Direct supervision and those technical and management skills which qualify the NP to administer highly specialized care by virtue of training and experience.

REQUIRED PREVIOUS EXPERIENCE: Applicant must demonstrate the performance of at least three (3) procedures in the past 12 months.

- One procedure must be direct observation on an actual patient under the supervision of the supervising physician.
- Two may be performed via direct observation on an actual patient, in a simulation lab, in an animal lab or proctored clinical situation and may be observed by an attending neonatologist or a privileged NNP who has performed the procedure consistently for three or more years.

MAINTENANCE OF PRIVILEGE: Demonstrated current competence and the performance of at least three (3) procedures in the past 24 months. Proctor can be physician privileged to perform UVC/UAC. One (1) must be direct observation on an actual patient and two can be actual patient, simulation or chart review.

- Requested
 Approved

NURSE PRACTITIONER (NP)
NEONATAL INTENSIVE CARE (NICU) CLINICAL PRIVILEGES

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

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ENDOTRACHEAL INTUBATION

CRITERIA: Direct supervision and those technical and management skills which qualify the NP 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 three (3) procedures in the past 12 months.

- One procedure must be completed under direct supervision of the supervising physician on a patient in a clinical setting. The NNP shall also demonstrate competency to the supervising physician in assessment of ETT placement by chest x-ray.
- Two (2) may be completed as direct observation, simulation lab, animal lab or in a proctored clinical situation and may be proctored by an attending neonatologist or proficient NNP who has performed intubation consistently for three or more years.

MAINTENANCE OF PRIVILEGE: Demonstrated current competence and the performance of at least three (3) procedures in the past 24 months. Intubation must be by a physician with privileges for intubation and can be by direct observation, lab simulation or chart review.

- Requested
 Approved

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
 Approved

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

- One proctored case of informed consent is required once privilege is granted.

REQUIRED PRIOR EXPERIENCE: None

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

- Requested Obtaining Informed Consent Approved Obtaining Informed Consent



NURSE PRACTITIONER (NP)
NEONATAL INTENSIVE CARE (NICU) CLINICAL PRIVILEGES

Name: _____
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ACKNOWLEDGMENT OF PRACTITIONER

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

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, rules applicable generally and rules applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the policies governing allied health professionals or related documents.

Practitioner Signature

Date

ENDORSEMENT OF PHYSICIAN EMPLOYER / SUPERVISOR

Signature: _____

Date: _____

Signature: _____

Date: _____

DEPARTMENT CHAIR / DESIGNEE RECOMMENDATION

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

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

Privilege	Condition / Modification / Explanation

Department Chair/Designee Signature

Date

NURSE PRACTITIONER (NP)
NEONATAL INTENSIVE CARE (NICU) CLINICAL PRIVILEGES

Name: _____
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FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

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

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

Privileges / Procedures to be Proctored	Number of Cases to be Proctored*	Method of Proctoring
		A. Direct B. Retrospective C. Reciprocal
NP Neonatal Intensive Care Privileges, Core	10	A, B, C
Thoracostomy Tube Placement	2	2 procedures and must be direct observation performed on a patient, in a sim lab, an animal lab or in a proctored clinical situation. 1 procedure must be direct observation supervised by supervising physician and one procedure may be supervised by a supervising physician, an attending neonatologist or a privileged NNP who has performed thoracostomy for three or more years.
Emergency Evacuation of Air Leaks	2	2 procedures and must be direct observation performed on a patient, in a sim lab, in an animal lab or in a proctored clinical situation. 1 procedure must be performed supervised by supervising physician and one procedure may be supervised by a supervising physician, an attending neonatologist or a privileged NNP who has performed emergency evacuation of air leaks for three or more years.
Lumbar Puncture, Non-Core	5	One procedure must be direct observation on an actual patient under the supervision of the supervising physician. Two may be performed via direct observation on an actual patient, simulation or chart review by an attending neonatologist or privileged NNP who has consistently performed lumbar puncture for three or more years.
Insertion of Umbilical Venous Catheters/Umbilical Arterial Catheters, Non-Core	3	One procedure must be direct observation on an actual patient under the supervision of the supervising physician. Two may be performed via direct observation on an actual patient, in a sim lab, in an animal lab or proctored clinical situation and may be observed by an attending neonatologist or a privileged NNP who has performed the procedure consistently for three or more years.
Endotracheal Intubation, Non-Core	3	One procedure must be direct observation on an actual patient under the supervision of the supervising physician. Two may be performed via direct observation on an actual patient, in a sim lab, in an animal lab or proctored clinical situation and may be observed by an attending neonatologist or a privileged NNP who has performed the procedure consistently for three or more years.
Informed Consent	1	Can be done via direct observation of giving of informed consent or chart review for documentation of required elements.



NURSE PRACTITIONER (NP)
PEDIATRIC INTENSIVE CARE UNIT (PICU) CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Department: _____

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- Initial Appointment**
- Reappointment**

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

QUALIFICATIONS FOR NURSE PRACTITIONER (NP)

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

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

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

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

OR (for initial certification after January 1, 2008)

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

AND

Current PALS

AND

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

AND

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

AND

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

AND

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

- Assume responsibility for supervision or monitoring of the Nurse Practitioner’s (NP) practice as stated in the appropriate hospital or medical staff policy governing NPs;



NURSE PRACTITIONER (NP)
PEDIATRIC INTENSIVE CARE UNIT (PICU) CLINICAL PRIVILEGES

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-
- 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;

CATEGORIES OF PATIENTS PRACTITIONER MAY TREAT

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

SUPERVISION

The exercise of these clinical privileges requires a designated collaborating/supervising physician with clinical privileges at this hospital. All practice is performed under the supervision of this physician/ designee and in accordance with written policies and protocols developed and approved by the relevant clinical department or service, the Medical Executive Committee, Nursing Administration, and the Governing Body. Collaborating / supervising physician must be physically present, on hospital premises or readily available by electronic communication.

MEDICAL RECORD CHARTING RESPONSIBILITIES

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

GENERAL RELATIONSHIP TO OTHERS

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

PERIODIC COMPETENCE ASSESSMENT

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

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.

NURSE PRACTITIONER (NP)
PEDIATRIC INTENSIVE CARE UNIT (PICU) CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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NURSE PRACTITIONER (NP) CORE PRIVILEGES — GENERAL

Requested

Provide care to patients within age group of collaborating physician except as specifically excluded from practice. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

Privileges include but are not limited to:

- Apply, remove, and change dressings and bandages
- Counsel and instruct patients and significant others as appropriate
- Debride, suture, and provide general care for superficial wounds and minor superficial surgical procedures
- Incision and drainage of superficial abscesses
- Initiate referral to appropriate physician or other health care professional of problems that exceed the NP's scope of practice
- Insert and remove foley catheters
- Insert and remove nasogastric tube
- Make daily rounds on hospitalized patients with or at the direction of the collaborating physician
- Make preoperative and postoperative teaching visits with patients
- Monitor and manage stable chronic illnesses of population served
- Obtain and record medical/social history and perform physical examination, including rectal and pelvic examination as indicated (To be countersigned by collaborating physician within 24 hours)
- Order diagnostic testing and therapeutic modalities such as medications, treatments, IV fluids and electrolytes, etc. (To be countersigned by collaborating physician within 24 hours)
- Perform acts of diagnosis and treatment as determined by established, written protocols between NP's scope of knowledge and training and the supervising/collaborating physician's scope of practice
- Perform arterial punctures for blood sampling; perform venous punctures for blood sampling, cultures and IV catheterization
- Perform field infiltrations of anesthetic solutions
- Perform primary health care maintenance of the population served
- Perform routine immunizations
- Remove central venous catheter
- Remove pulmonary artery catheter
- Remove chest tubes
- Remove arterial catheter
- Start IVs
- Write discharge summaries to be countersigned by the collaborating physician



NURSE PRACTITIONER (NP)
PEDIATRIC INTENSIVE CARE UNIT (PICU) CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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QUALIFICATIONS FOR PEDIATRIC NURSE PRACTITIONER (PNP)

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

Applicant must satisfy the qualification requirements for Nurse Practitioner

AND

Documented training and experience in pediatrics and demonstrated current competence

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.

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — PEDIATRICS

(Includes Nurse Practitioner General Clinical Privileges)

Requested

Provide care to patients within age group of collaborating physician except as specifically excluded from practice. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

Privileges include but are not limited to:

- Advocate for children and their families
- Assess and diagnose childhood illnesses, including chronic and acute conditions, or any other condition
- Compare and contract clinical findings in formulating diagnoses
- Formulate a family-centered plan of care in collaboration with the patient and family
- Involve family/child in decision-making regarding plan of care and responsibilities
- Monitor and evaluate accuracy of diagnosis and effectiveness of prescribed treatment plans, growth, and development
- Monitor child and family response to treatments
- Obtain a comprehensive developmental, health and medical history
- Order and interpret screening tests, laboratory tests, and diagnostic procedures
- Perform physical examinations
- Treat childhood illnesses, chronic and acute conditions or any other condition that is within the clinical privileges, expertise, and knowledge of the PNP



NURSE PRACTITIONER (NP)

PEDIATRIC INTENSIVE CARE UNIT (PICU) CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Department: _____

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NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

INSERTION AND REMOVAL OF CHEST TUBES TO INCLUDE PLEURODESIS

CRITERIA: Direct supervision and those technical and management skills, which qualify the NP 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 one (1) procedure in the past 12 months.

MAINTENANCE OF PRIVILEGE: Demonstrate current competence and evidence of the performance of at least two (2) procedures in the past 24 months. can be by direct observation, lab simulation or chart review.

- Requested *Insertion and removal of chest tubes to include pleurodesis*
- Approved *Insertion and removal of chest tubes to include pleurodesis*

INSERTION OF ARTERIAL CATHETERS

CRITERIA: Direct supervision and those technical and management skills, which qualify the NP 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 three (3) procedures in the past 12 months.

MAINTENANCE OF PRIVILEGE: Demonstrate current competence and evidence of the performance of at least six (6) procedures within the past 24 months. can be by direct observation, lab simulation or chart review.

- Requested *Insertion of arterial catheters*
- Approved *Insertion of arterial catheters*

LUMBAR PUNCTURE

CRITERIA: Those technical and management skills, which qualify the NP 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 one (1) procedure in the past 12 months.

MAINTENANCE OF PRIVILEGE: Demonstrate current competence and the performance of at least two (2) procedures in the past 24 months. can be by direct observation, lab simulation or chart review.

- Requested Lumbar puncture
- Approved Lumbar puncture



NURSE PRACTITIONER (NP)

PEDIATRIC INTENSIVE CARE UNIT (PICU) CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Department: _____

Effective: _____

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INSERTION OF CENTRAL VENOUS CATHETERS

CRITERIA: Direct supervision and those technical and management skills, which qualify the NP to administer highly specialized care by virtue of training and experience.

REQUIRED PREVIOUS EXPERIENCE: Applicant must demonstrate the performance of at least three (3) procedures in the past 12 months.

MAINTENANCE OF PRIVILEGE: Demonstrate current competence and the performance of at least six (6) procedures in the past 24 months.

- Requested** **Insertion of central venous catheters**
- Approved** **Insertion of central venous catheters**

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 nurse practitioner to administer or dispense drugs shall include the prescribing of controlled substances.
- Approved** Prescriptive Authority. The delegation to the nurse practitioner to administer or dispense drugs shall include the prescribing of controlled substances.

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
- Approved** Obtaining Informed Consent



NURSE PRACTITIONER (NP)
PEDIATRIC INTENSIVE CARE UNIT (PICU) CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Department: _____

Effective: _____

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ACKNOWLEDGMENT OF PRACTITIONER

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

I understand that:

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

Practitioner Signature

Date

ENDORSEMENT OF PHYSICIAN EMPLOYER / SUPERVISOR

Signature: _____

Date: _____

Signature: _____

Date: _____

DEPARTMENT CHAIR / DESIGNEE RECOMMENDATION

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

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

Privilege	Condition / Modification / Explanation

Department Chair/Designee Signature

Date

NURSE PRACTITIONER (NP)
PEDIATRIC INTENSIVE CARE UNIT (PICU) CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Department: _____

Effective: _____

FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

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

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

Please print legibly.

Privileges / Procedures to be Proctored	Number of Cases to be Proctored*	Method of Proctoring		
		A. Direct	B. Chart	C. Reciprocal
NP General Privileges, Core	5	Chart		
NP Pediatric Privileges, Core	5	Chart		
Insertion and Removal of Chest Tubes to Include Pleurodesis, Non-Core	1	Direct		
Insertion of Umbilical Venous Catheters/Umbilical Arterial Catheters, Non-Core	3	One procedure must be direct observation on an actual patient under the supervision of the supervising physician. Two may be performed via direct observation on an actual patient, in a sim lab, in an animal lab or proctored clinical situation and may be observed by an attending neonatologist or a privileged NNP who has performed the procedure consistently for three or more years.		
Lumbar Puncture, Non-Core	5	One procedure must be direct observation on an actual patient under the supervision of the supervising physician. Two may be performed via direct observation on an actual patient, simulation or chart review by an attending neonatologist or privileged NNP who has consistently performed lumbar puncture for three or more years.		
Endotracheal Intubation, Non-Core	4	One procedure must be direct observation on an actual patient under the supervision of the supervising physician. Two may be performed via direct observation on an actual patient, in a sim lab, in an animal lab or proctored clinical situation and may be observed by an attending neonatologist or a privileged NNP who has performed the procedure consistently for three or more years.		
Informed Consent	1	Can be done via direct observation of giving of informed consent or chart review for documentation of required elements.		

RIVERSIDE UNIVERSITY HEALTH SYSTEM
EMERGENCY MEDICINE ADVANCED CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

- Initial Appointment
 Reappointment

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

Page 1

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

EMERGENCY MEDICINE ADVANCED PRIVILEGES

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

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

AND

- Current certification or active participation in the examination process leading to certification in emergency medicine by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine or the Royal College of Physicians and Surgeons of Canada.

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

- Active practice in an Emergency Department (ED), reflective of privileges requested, in the past 12 months.

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 advanced privileges in emergency medicine, the applicant must meet the following maintenance of privilege criteria:

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

AND

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

AND

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

Description of Emergency Medicine Advanced Privileges

Requested Emergency Medicine Advanced Privileges

Assess, evaluate, diagnose and initially treat patients of all ages, except as specifically excluded from practice, who present in the ED with any symptom, illness, injury or condition and provide services necessary to ameliorate minor illnesses or injuries; stabilize patients with major illnesses or injuries and to assess all patients to determine if additional care is necessary. Privileges do not include long-term care of patients on an in-patient basis. No privileges to admit *with the exception of writing preliminary admission orders* or perform scheduled elective procedures with the exception of procedures performed during routine emergency room follow-up visits. Privileges include performance of 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.

RIVERSIDE UNIVERSITY HEALTH SYSTEM
EMERGENCY MEDICINE ADVANCED CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

Page 2

ADVANCED 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.

- Abscess incision and drainage, including Bartholin's cyst
- Airway management and intubation
- Administration of sedation and analgesia
- Administration of thrombolytic therapy for myocardial infarction, stroke
- Anoscopy
- Application of splints and plaster molds
- Arterial puncture and cannulation
- Arthrocentesis
- Anesthesia: intravenous (upper extremity, local, and regional)
- Bladder decompression and catheterization techniques
- Blood component transfusion therapy
- Burn management, including escharotomy
- Cannulation, artery and vein
- Cardiac pacing to include, but not limited to, external, transthoracic, transvenous
- Cardiac massage, open or closed
- Cardioversion (synchronized counter shock)
- Central venous access: femoral, jugular, peripheral, internal, subclavian and cutdowns
- Management of restraints
- Cricothyrotomy
- Defibrillation
- Delivery of newborn, emergency
- Dislocation/fracture reduction/immobilization techniques, including splint and cast applications
- Electrocardiography interpretation
- Endotracheal intubation techniques
- External Transcutaneous pacemaker
- GI decontamination (emesis, lavage, charcoal)
- Hernia reduction
- Immobilization techniques
- Irrigation and management of caustic exposures
- Insertion of emergency transvenous pacemaker
- Intracardiac injection
- Intraosseous infusion
- Laryngoscopy, direct, indirect
- Lumbar puncture
- Management of epistaxis
- Nail trephine techniques
- Nasal cautery/packing
- Nasogastric/orogastric intubation
- Ocular tonometry
- Oxygen therapy
- Paracentesis
- Pericardiocentesis
- Peripheral venous cutdown
- Peritoneal lavage
- Preliminary interpretation of imaging studies

RIVERSIDE UNIVERSITY HEALTH SYSTEM
EMERGENCY MEDICINE ADVANCED CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

Page 3

-
- Removal of foreign bodies, airway including nose, eye, ear, soft instrumentation/irrigation, skin or subcutaneous tissue
 - Removal of IUD
 - Repair of lacerations
 - Resuscitation
 - Slit lamp used for ocular exam, removal of corneal foreign body
 - Splint or cast application after reduction of fracture or dislocation
 - Spine immobilization
 - Thoracentesis
 - Thoracostomy tube insertion
 - Thoracotomy, open for patient in extremis
 - Tracheostomy
 - Use of manual and mechanical ventilators and resuscitators
 - Variceal/nonvariceal hemostasis
 - Wound debridement and repair
 - Moderate Sedation
 - Telemedicine: Provide services remotely through telemedicine capabilities

RIVERSIDE UNIVERSITY HEALTH SYSTEM
EMERGENCY MEDICINE ADVANCED CLINICAL PRIVILEGES

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

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**QUALIFICATIONS FOR
NON-CORE PRIVILEGES**

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

PARTICIPATE IN TEACHING PROGRAM

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

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

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

Maintenance of Privilege:

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

Description of Non-Core Privilege

Requested Participate in Teaching Program

RIVERSIDE UNIVERSITY HEALTH SYSTEM
EMERGENCY MEDICINE ADVANCED CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

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

Maintenance of Privilege:

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

Description of Non-Core Privilege

Requested **Supervision of Allied Health Professionals**

RIVERSIDE UNIVERSITY HEALTH SYSTEM
EMERGENCY MEDICINE ADVANCED CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

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Emergency Ultrasound Non-Core Privilege

Criteria: All emergency physicians should complete a training program in both image acquisition and image interpretation approved by the department. This training may take form in one of the following forms:

- Completion of an emergency medicine residency program that has emergency ultrasonography as an integral part of its curriculum.

OR

- Completion of an ACEP-approved course on emergency sonography.

OR

- Completion of training approved by the Emergency Medicine chair.

Required Previous Experience: Demonstrated current competence and evidence of the performance of at least five (5) ultrasound interpretations in the past 12 months.

Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least five (5) ultrasound interpretations in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Description of Non-Core Privilege

Requested **Emergency Ultrasound**

DEEP SEDATION

Criteria: To be eligible for non-core privileges in **deep sedation**, the applicant must meet the following requirements delineated by Patient Care Policy 628, Privileging Criteria and Delineation for Moderate/Deep Sedation.

For Initial Privileges

- Be a M.D. or D.O. licensed independent practitioner who is board certified or actively pursuing board certification (“board prepared”) in Emergency Medicine
- Have current knowledge of both adult and pediatric airway management as demonstrated by **one of the following:**
 1. Residency training in Emergency Medicine
 2. Take the RUHS Airway Management for Sedation Course
- Take the RUHS Online Moderate/Deep Sedation Training.
- Successfully pass the Moderate/Deep Sedation Written Exam with a score of 85% or better correct.
- Successfully complete two (2) deep sedation cases under the direct supervision of an RUHS practitioner holding appropriate clinical privileges in deep sedation.

To Maintain Privileges at the Time of Reappointment

- Completion of a minimum of two (2) deep sedation cases during his or her reappointment period.
- Take the RUHS Online Training for Moderate/Deep Sedation.

Description of Non-Core Privilege

Requested **Deep Sedation**
Administration of sedation and analgesia

RIVERSIDE UNIVERSITY HEALTH SYSTEM
EMERGENCY MEDICINE ADVANCED CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

Page 7

EMERGENCY / LIMITED TEE

Criteria: To be eligible to apply for **Emergency / Limited TEE** privileges, the applicant must meet the membership requirements of Riverside University Health System and the following privileging criteria:

Initial Appointment Requirements: For initial appointment in Emergency / Limited TEE privileges, the applicant must meet the following criteria:

- A total of five proctored TEE cases, two of which must be live patients. The remaining three proctored cases may be either/or live patients or simulation cases

Reappointment Requirements: To be eligible to renew Emergency / Limited TEE privileges, the applicant must meet the following maintenance of privilege criteria:

- Current demonstrated competence of 1 TEE cases within the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Description of Emergency / Limited TEE

Requested **Emergency / Limited TEE**

EMERGENCY MEDICINE MOONLIGHTING

Criteria: To be eligible to apply for core privileges in emergency medicine, the initial applicant must meet the following criteria:

Per diem/moonlighting resident medical staff membership shall be held by post-doctoral residents who have successfully completed at least (2) two out of (3) three years of an accredited residency program approved by the Accreditation Council on Graduate Education (ACGME) or the American Osteopathic Association (AOA) who are not eligible for another staff category and who are either licensed or registered with the appropriate State of California licensing board. All per diem/moonlighting resident medical staff members must have a license to practice medicine within the State of California.

- (a) Post-doctoral trainees who are enrolled in accredited residency training programs and who meet the above qualifications shall be appointed to the per diem resident medical staff. Members of the per diem resident/moonlighting medical staff are not eligible to hold office within the medical staff, but may participate in the activities of the medical staff through membership on medical staff committees
- (b) All medical care provided by per diem resident medical staff is under the supervision of the department chair and/or his designee(s). Care should be in accordance with the provision of a program approved by and in conformity with the Accreditation Council on Graduate Medical Education of the American Medical Association, the American Osteopathic Association, or the American Dental Association's Commission Dental Accreditation.
- (c) Appointment to the per diem resident medical staff shall be for (1) one year and may be renewed annually. Per diem resident medical staff membership may not be considered as the observational period required to be completed by provisional staff. Per diem resident medical staff membership terminates with termination from the training program. Upon completion of the training program, per diem resident medical staff may apply for regular medical staff membership.

Description of Core Privilege

Requested **Emergency Medicine Moonlighting**

Privileges as stated above

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

RIVERSIDE UNIVERSITY HEALTH SYSTEM
EMERGENCY MEDICINE ADVANCED CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

Page 8

Emergency Medicine Moonlighting

Patients of all ages: Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Privileges include but are not limited to:

- Abscess incision and drainage, including Bartholin's cyst
- Anoscopy
- Application of splints and plaster molds
- Arterial puncture and cannulation
- Arthrocentesis
- Bi-valve cast removal
- Local burn management
- Management of restraints
- Delivery of newborn, emergency
- Dislocation/fracture reduction/immobilization techniques, including splint and cast applications
- G tube replacement
- Hernia reduction
- Immobilization techniques
- Injection of Bursa/Trigger point
- Irrigation and management of caustic exposures
- Laryngoscopy, direct, indirect
- Local and Digital anesthesia
- Management of epistaxis
- Nail trephination techniques
- Ocular tonometry
- Paracentesis
- Preliminary interpretation of imaging studies
- Rectal/vaginal foreign body removal
- Removal of foreign bodies, airway including nose, eye, ear, soft instrumentation/irrigation, skin or subcutaneous tissue
- Removal of IUD
- Repair of lacerations
- Rust ring removal with corneal burr
- Slit lamp used for ocular exam, removal of corneal foreign body

RIVERSIDE UNIVERSITY HEALTH SYSTEM
EMERGENCY MEDICINE ADVANCED CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

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ACKNOWLEDGMENT OF PRACTITIONER

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

I understand that:

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

Practitioner Signature

Date

DEPARTMENT CHAIR / DESIGNEE RECOMMENDATION

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

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

Privilege	Condition / Modification / Explanation

Department Chair/Designee Signature

Date

RIVERSIDE UNIVERSITY HEALTH SYSTEM
EMERGENCY MEDICINE ADVANCED CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

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

Department Chair/Designee:

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

Please print legibly.

Privileges/Procedures to be Proctored	Number of Cases to be Proctored	Method of FPPE A. Direct Observation B. Retrospective C. Reciprocal
1. Procedural – Musculoskeletal, Chest, or Airway	1	A / B/ C
2. Procedural – Ultrasound	1	A / B/ C
3. Procedural Sedation: Deep	2	A / B/ C
4. Injury	1	A / B/ C
5. Pediatrics	1	A / B/ C
6. Cardiovascular	1	A / B/ C
7. Emergency / Limited TEE	2 Live Patients 3 SIM cases	A / B/ C

RIVERSIDE UNIVERSITY HEALTH SYSTEM
MEDICINE DEPARTMENT
GASTROENTEROLOGY CLINICAL PRIVILEGES

Name: _____

(Last, First, Initial)

Effective: _____

(From—To)

Initial Appointment

Reappointment

Page 1

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

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

GASTROENTEROLOGY CORE

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

- Successful completion of a postgraduate training program in internal medicine accredited by Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA)

AND

- Successful completion of a fellowship training program in gastroenterology accredited by Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA), or American Osteopathic Association (AOA) in Gastroenterology

AND

- Current certification or active participation in the examination process leading to certification in internal medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine or the Royal College of Physicians and Surgeons of Canada.

AND

- Current certification or active participation in the examination process leading to certification in gastroenterology by the American Board of Internal Medicine or the American Board of Pediatrics or the American Osteopathic Board of Internal Medicine or the Royal College of Physicians and Surgeons of Canada.

REQUIRED PREVIOUS EXPERIENCE:

- Care of at least 100 patients during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited fellowship within the past 12 months.

OR

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

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

- Current competence and evidence of the performance of 20 cases with acceptable results in the privileges requested during the past 24 months based on results of the hospital's ongoing professional practice evaluation and outcomes.
- 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).

RIVERSIDE UNIVERSITY HEALTH SYSTEM
MEDICINE DEPARTMENT
GASTROENTEROLOGY CLINICAL PRIVILEGES

Name: _____

Page 2

GASTROENTEROLOGY CORE

- Requested
- Approved
- Not Approved*

Evaluate, diagnose, treat, and provide consultation to patients of all ages, with diseases, injuries, and disorders of the digestive organs, including the stomach, bowels, liver, and gallbladder and related structures, such as the esophagus and pancreas, including the use of diagnostic and therapeutic procedures using endoscopes to see internal organs. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

CORE PROCEDURE LIST

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

- Anorectal manometry
- Argon plasma coagulation (APC)
- Biopsy of the mucosa of esophagus, stomach, small bowel and colon
- Breath test performance and interpretation
- Capsule endoscopy
- Colonoscopy with or without polypectomy (**includes Moderate Sedation**)
- Destruction of internal hemorrhoid(s) by thermal energy (e.g., infrared coagulation, cautery, radiofrequency)
- Diagnostic and therapeutic Esophagogastroduodenoscopy (EGD)
- Endoscopic coagulation/sclerotherapy for GI bleeding
- Endoscopic dilation of stricture
- Endoscopic mucosal resection
- Endoscopic Retrograde Cholangiopancreatographies (ERCP) including Fluoroscopy (**includes Moderate Sedation & State Certificate Required**)
- Endoscopic Retrograde Cholangiopancreatographies (ERCP) with sphincterotomy (**includes Moderate Sedation & State Certificate Required**)
- Endoscopic ultrasound with associated therapeutic procedures
- Enteral and parenteral alimentation
- Esophageal dilation
- Esophageal manometry
- Esophageal pH studies
- Esophageal or duodenal stent placement
- Esophagogastroduodenoscopy to include foreign body removal, stent placement, or polypectomy (**includes Moderate Sedation**)
- Flexible sigmoidoscopy
- Gastroduodenal manometry
- Gastrointestinal motility studies and 24-hour pH monitoring
- Interpretation of gastric, pancreatic, and biliary secretory tests
- Nonvariceal hemostasis, both upper and lower
- Percutaneous endoscopic gastrostomy (PEG)
- Percutaneous liver biopsy
- Perform history and physical examination
- Proctoscopy
- Rigid
- Sengstaken/Minnesota tube intubation

RIVERSIDE UNIVERSITY HEALTH SYSTEM
MEDICINE DEPARTMENT
GASTROENTEROLOGY CLINICAL PRIVILEGES

Name: _____

Page 3

-
-
- Small bowel enteroscopy
 - Snare polypectomy
 - Spyglass choledochoscopy (n/a for SYC)
 - Variceal hemostasis (upper and lower)
 - Telemedicine

THERAPEUTIC ENDOSCOPY

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

- Successful completion of a postgraduate training program in internal medicine OR Pediatrics accredited by Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA).

AND

- Successful completion of a fellowship training program in gastroenterology OR pediatric gastroenterology accredited by Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA), or American Osteopathic Association (AOA) in Gastroenterology

AND

- Successful completion of an adult therapeutic endoscopy fellowship embedded in a core Gastroenterology Fellowship accredited by Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA), or American Osteopathic Association (AOA) OR equivalent acceptable experience approved by the Chief of Gastroenterology / Chair of Medicine. "

AND

- Current certification or active participation in the examination process leading to certification in internal medicine by the American Board of Internal Medicine or the American Board of Pediatrics or the the American Osteopathic Board of Internal Medicine or the Royal College of Physicians and Surgeons of Canada.

REQUIRED PREVIOUS EXPERIENCE:

- Care of at least 50 patients during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited fellowship within the past 12 months.

OR

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

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

- Current competence and evidence of the performance of 20 cases with acceptable results in the privileges requested during the past 24 months based on results of the hospital's ongoing professional practice evaluation and outcomes.
- 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).

- **Description of Therapeutic Endoscopy:** Endoscopic Ultrasound (EUS)
- Endoscopic Retrograde Cholangiopancreatography (ERCP) (**fluoroscopy certificate required**)
- colonoscopy

RIVERSIDE UNIVERSITY HEALTH SYSTEM
MEDICINE DEPARTMENT
GASTROENTEROLOGY CLINICAL PRIVILEGES


Name: _____

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-
- Esophagogastroduodenoscopy EGD
 - Per oral endoscopic myotomy (POEM) (includes Zenkers, esophageal, gastric)
 - Transoral Inscionless Fundoplication (TIF)
 - EndoFLIP
 - endoluminal stenting
 - endoscopic sleeve gastropasty
 - intragastric balloon
 - Endoscopic submucosal dissection (ESD)
 - Endoscopic mucosal resection (EMR)
 - ablation technique
 - deep enteroscopy
 - enteral feeding tube placement
 - EUS portal pressure measurement

Description of Therapeutic Endoscopy

Evaluate, diagnose, treat, and provide consultation to patients of all ages. May practice in all settings acute setting, including but not limited to inpatient, ICU, PCU, ambulatory clinics. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

- Requested
 - Approved
 - Not Approved
-
- 

RIVERSIDE UNIVERSITY HEALTH SYSTEM
MEDICINE DEPARTMENT
GASTROENTEROLOGY CLINICAL PRIVILEGES

Name: _____

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**QUALIFICATIONS FOR
SPECIAL NON-CORE PRIVILEGES**

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

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. (Note: This definition is adapted from Bernard J.M., & Goodyear, R.K., *Fundamentals of Clinical Supervision, 2nd Ed. Needham Heights, MA: Allyn & Bacon 1998.*)

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

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

MAINTENANCE OF PRIVILEGE:

- Enhance the knowledge of the residents and ensure the quality of care delivered to each patient by any resident. This is exercised by observation, consultation, and direction to the resident.
- Assure that medical care for each patient is delivered in an appropriate, timely, and effective manner.
- Participate in the resident's evaluation process according to accrediting and certifying body requirements.
- Direct the care of the patient and provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the resident being supervised.
- Within 24 hours of a patient's admission or transfer (including weekends and holidays), shall personally examine the patient, establish a personal and identifiable relationship with the patient, and record an appropriate history, physical examination, working diagnostic impression(s) and plan for treatment. The attending shall countersign and add an addendum to the resident's note detailing his/her involvement and supervision.
- Ensure that discharge or transfer of the patient from an inpatient team or clinic is appropriate, based on the specific circumstances of the patient's diagnoses and therapeutic regimen.
- Meet with each patient who received consultation by a resident and perform a personal evaluation in a timely manner based on the patient's condition, unless otherwise stated in the graduated levels of responsibility.
- Shall be immediately available to the resident in person or by telephone and able to be present within a reasonable period of time, 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.

Description of Non-Core Privilege

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

RIVERSIDE UNIVERSITY HEALTH SYSTEM
MEDICINE DEPARTMENT
GASTROENTEROLOGY CLINICAL PRIVILEGES

Name: _____

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HEPATOLOGY CORE

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

- Meet the qualifications for core privileges in gastroenterology
- Must have completed an Internal Medicine Subspecialty training program in gastroenterology and hepatology

REQUIRED PREVIOUS EXPERIENCE:

- Satisfactory completion of the educational requirements necessary for Board certification in the relevant specialty and be certified or an active candidate for certification in the respective certifying Board;

AND

- Demonstrated current competency and evidence of management of 10 patients within the hepatology scope during the past 12-months;

OR

- Privileges may be granted at the discretion of the Medicine department chair with additional proctoring

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

- Demonstrated current competence and evidence of 10 cases in the past 24 months based on ongoing professional practice evaluation and outcomes

Description of Hepatology Core

- Requested** Serve as an attending physician in an inpatient and outpatient setting for patients with conditions/problems of up to critical severity in hepatology.
- 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.

Description of Non-Core Privilege

- Requested** Procedures under Fluoroscopy
- Approved**
- Not Approved***

RIVERSIDE UNIVERSITY HEALTH SYSTEM
MEDICINE DEPARTMENT
GASTROENTEROLOGY CLINICAL PRIVILEGES

Name: _____

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ADMINISTRATION OF MODERATE SEDATION AND ANALGESIA

CRITERIA:

- Meet the qualification as required in the Privileging Criteria and Delineation for Moderate Sedation and the Patient Care Services Policy, 628: Moderate Sedation/Analgesia
- View the online sedation care training presentation and take and pass a written moderate sedation exam. This can be done on website www.rcrmc.org, click on Education Services for the moderate sedation site, which has the instructions, inservice video, and test

Successful completion of one (1) proctored moderate sedation case under the direct supervision of an RUHS practitioner holding this privilege. Successful completion of two (2) proctored deep sedation cases under the direct supervision of an RCRMC practitioner holding appropriate clinical privileges in deep sedation.

REQUIRED PREVIOUS EXPERIENCE:

- Knowledge of airway management

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

- Demonstrated current competence and evidence of the performance of at least 2 moderate sedation cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Description of Non-Core Privilege

- Requested** Administration of Moderate Sedation and Analgesia
- Approved**
- Not Approved***

RIVERSIDE UNIVERSITY HEALTH SYSTEM
MEDICINE DEPARTMENT
GASTROENTEROLOGY 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
MEDICINE DEPARTMENT
GASTROENTEROLOGY CLINICAL PRIVILEGES

Name: _____

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FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

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

Department Chair/Designee: Please indicate below the privileges/procedures and the number of 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
Gastroenterology Core	5 varied cases to include procedures	A,B,C as applicable
Hepatology Core	5 varied cases	A,B,C as applicable
Procedure under Fluoroscopy	1 case	A,B,C, as applicable
Moderate Sedation / Deep Sedation	1 case	A,B,C as applicable
Therapeutic Endoscopy	5 varied cases	A,B,C as applicable

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

MEC Approved: 7/11/25
 Rev.

ORTHOPEDIC SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

- Initial Appointment
- Reappointment

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

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
ORTHOPEDIC SURGERY PRIVILEGES**

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

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

AND

- Current certification or active participation in the examination process leading to certification in orthopedic surgery by the American Board of Orthopedic Surgery or the American Osteopathic Board of Orthopedic Surgery 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 orthopedic procedures in the privileges requested during the last 12 months.

OR

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

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

- Current demonstrated competence and an adequate volume of experience of 50 orthopedic procedures with acceptable results in the privileges requested for the past 24 months and based on results of ongoing professional practice evaluation and outcomes.

AND

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

AND

- 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

ORTHOPEDIC SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

- Initial Appointment
- Reappointment

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

Orthopedic Surgery Core Privileges

Requested

Admit, consult, evaluate, diagnose and treat patients of all ages, and provide consultation to critically ill patients of all ages in the intensive care unit, except as specifically excluded from practice. Privilege includes the performance of medical history and physical examination.

Privileges also include the following: correct or treat various conditions, illnesses and injuries of the extremities, spine, and associated structures by medical, surgical, and physical means including but not limited to congenital deformities, trauma, infections, metabolic disturbances of the musculoskeletal system, deformities, injuries, and degenerative diseases of the spine, hands, feet, knee, hip, shoulder, and elbow including primary and secondary muscular problems, and the effects of central or peripheral nervous system lesions of the musculoskeletal system.

Musculoskeletal oncology for patients with bone and soft tissue tumors and tumor-like conditions.

Treatment of hand injuries and disorders of all structures of the upper extremity directly affecting the form and function of the hand and wrist by medical, surgical, and rehabilitative means.

Privileges include pediatric orthopedic surgery, the medical and surgical care of children under the age of 18 years with disorders, diseases, and injuries of the extremities, pelvis, shoulder, girdle, and spine. Privileges include but are not limited to treatment of fractures, dislocations, arthritis, and other diseases of joints; infections, tumors, tumor-like lesions, and metabolic diseases of the bone, joint tendon, tendon sheath, fascia, bursa and nerves; congenital, traumatic, infectious, postural, developmental, neurogenic, and metabolic deformities and diseases, including reconstructive surgery in children to correct traumatic, postural, congenital, neurogenic, arthritic, and idiopathic deformity or diseases of the extremities, spine or pelvis; operative and non-operative treatment of abrasions, contusions, hematomas, and lacerations (both superficial and deep) anywhere about the body.

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

ORTHOPEDIC SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Initial Appointment
 Reappointment

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

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

Orthopedic Surgery Core Procedures:

- Amputation surgery
- Arthrocentesis, diagnostic
- Arthrodesis, osteotomy and ligament reconstruction of the major peripheral joints, excluding total replacement of joint
- Arthrography
- Arthroscopic surgery
- Biopsy and excision of tumors involving bone and adjacent soft tissues
- Bone grafts and allografts
- Carpal tunnel decompression
- Closed reduction of fractures and dislocations of the skeleton
- Debridement of soft tissue
- Excision of soft tissue/bony masses
- Fasciotomy and fasciectomy
- Fluoroscopy (certificate required)
- Fracture fixation
- Growth disturbances such as injuries involving growth plates with a high percentage of growth arrest, growth inequality, epiphysiodesis, stapling, bone shortening or lengthening procedures
- Ligament reconstruction
- Major arthroplasty, including total replacement of knee joint, hip joint, shoulder
- Major cancer procedures involving major proximal amputation (i.e., forequarter, hindquarter) or extensive segmental tumor resections
- Management of infectious and inflammations of bones, joints and tendon sheaths
- Muscle and tendon repair
- Open and closed reduction of fractures and dislocations of the skeleton
- Open reduction and internal/external fixation of fractures and dislocations of the skeleton
- Reconstruction of non-spinal congenital musculoskeletal anomalies
- Removal of soft tissue mass, ganglion cyst
- Total joint replacement revision
- Total joint surgery
- Treatment of extensive trauma, excluding pelvis or spine
- Treatment of pelvis and acetabulum
- Arthroplasty of large and small joints, wrist or hand, including implants
- Microvascular procedures
- Nerve graft
- Neuroorrhaphy
- Repair of lacerations
- Repair of rheumatoid arthritis deformity
- Skin grafts
- Tendon reconstruction (free graft, staged)

ORTHOPEDIC SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

- Initial Appointment
 Reappointment

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

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-
- Tendon release, repair and fixation
 - Tendon transfers
 - Treatment of infections
 - Imaging and bone scan procedures
 - Tumor resection with major limb reconstruction or amputation
 - Closed treatment of congenital foot deformity
-

QUALIFICATIONS FOR NON-CORE PRIVILEGES

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

PARTICIPATE IN TEACHING PROGRAM

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

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

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

Maintenance of Privilege:

- Enhance the knowledge of the residents and ensure the quality of care delivered to each patient by any resident. This is exercised by observation, consultation, and direction to the resident.
- Assure that medical care for each patient is delivered in an appropriate, timely, and effective manner.
- Participate in the resident's evaluation process according to accrediting and certifying body requirements.
- Direct the care of the patient and provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the resident being supervised.
- Within 24 hours of a patient's admission or transfer (including weekends and holidays), shall personally examine the patient, establish a personal and identifiable relationship with the patient, and record an appropriate history, physical examination, working diagnostic impression(s) and plan for treatment. The attending shall countersign and add an addendum to the resident's note detailing his/her involvement and supervision.
- Ensure that discharge or transfer of the patient from an inpatient team or clinic is appropriate, based on the specific circumstances of the patient's diagnoses and therapeutic regimen.

ORTHOPEDIC SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

- Initial Appointment
 Reappointment

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

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-
- 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.

ORTHOPEDIC SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

- Initial Appointment
 Reappointment

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

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- 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

MINIMALLY INVASIVE TOTAL JOINT ARTHROPLASTY, NON-CORE

Criteria: Applicants must have completed an ACGME- or AOA-accredited training program in orthopedic surgery followed by completion of specialized training in minimally invasive THA.

Required Previous Experience: Demonstrated current competence and evidence of the performance of at least 25 minimally invasive TJAs in the past 12 months.

Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least 25 minimally invasive TJAs in the past 24 months and based on results of ongoing professional practice evaluation and outcomes.

Description of Non-Core Privilege

Requested Minimally Invasive Total Joint Arthroplasty

REPLANTATION SURGERY

Criteria: Successful completion of an ACGME- or AOA-accredited one-year surgery of the hand program or an accredited one-year reconstructive microsurgery program.

Description of Non-Core Privilege

Requested Replantation Surgery

ORTHOPEDIC SURGERY CLINICAL PRIVILEGESName: _____
(Last, First, Initial)

-
- Initial Appointment
-
-
- Reappointment

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

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RIB FIXATION AND CHEST TUBE PLACEMENT

Criteria: Successful completion of an ACGME- or AOA-accredited residency training program in orthopedic surgery, approval of the Orthopedic Surgery Department Chair, successful completion of an approved course in thoracic trauma technology with appropriate certification (department chair has approval authority) and surgeries must be performed in consultation with a General Surgery attending who has current Thoracic Surgery Core Privileges.

Upon approval of RUHS clinical privileges in Rib Fixation and Chest Tube Placement, the provider will require proctoring by a qualified orthopedic surgeon ("qualified" is defined as a provider who has successfully completed an approved course in thoracic trauma technology with appropriate certification) OR a General Surgery attending who has current Thoracic Surgery core privileges. To complete the proctoring requirement, providers must perform three (3) initial procedures in consultation with a qualified orthopedic surgeon ("qualified" is defined as a provider who has current Rib Fixation and Chest Tube Placement privileges) OR a General Surgery attending who has current Thoracic Surgery Core privileges.

Description of Non-Core Privilege

 Requested Rib Fixation and Chest Tube Placement
MODERATE SEDATION

Criteria: To be eligible for moderate sedation, the applicant must:

- Meet the qualification as required in the Privileging Criteria and Delineation for Moderate Sedation and the Patient Care Services Policy, 628: Moderate Sedation/Analgesia.

AND

- View the Sedation Care training video or the online sedation training presentation.

AND

- Take and pass a written moderate sedation exam. This can be done online www.rcrmc.org, click on Education Services for the moderate sedation site, which has the instructions, in-service video, and test.

AND

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

Required Previous Experience: Knowledge of airway management.

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

Description of Non-Core Privilege

 Requested Moderate Sedation

Administration of sedation and analgesia

ORTHOPEDIC SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

- Initial Appointment
- Reappointment

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

**QUALIFICATIONS FOR CORE
ORTHOPEDIC SURGERY OF THE SPINE**

To be eligible to apply for non-core privileges in orthopedic surgery of the spine, the initial applicant must meet the membership requirements of Riverside University Health System and the following criteria:

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

AND

- Postgraduate fellowship training in orthopedic surgery of the spine or neurosurgery of the spine, unless privileges granted prior to February 2011.

AND

- Current certification or active participation in the examination process leading to certification by the American Board of Medical Specialties in the specialty or subspecialty in which privileges are requested **OR** the American Osteopathic Board in the specialty or subspecialty in which privileges are requested **OR** the American Board of Spine Surgery.

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

- Performance of surgery of the spine, in the privileges requested, at least 20 times during the last 12 months
- OR**
- Demonstrate successful completion of a hospital-affiliated accredited residency, special clinical fellowship, or research within the past 12 months.

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

- Current demonstrated competence and an adequate volume of experience (20 surgical procedures) with acceptable results in the privileges requested for the past 24 months and based on results of ongoing professional practice evaluation and outcomes.
- Evidence of current ability to perform privileges requested is required of all applicants for renewal of 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.

ORTHOPEDIC SURGERY OF THE SPINE CORE PRIVILEGES

Requested

Admit, consult, evaluate, diagnose and treat patients of all ages, and provide consultation to critically ill patients of all ages in the intensive care unit, except as specifically excluded from practice, with spinal column diseases, disorders, and injuries by medical, physical and surgical methods including the provision of consultation. 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.

The 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.

ORTHOPEDIC SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

- Initial Appointment
- Reappointment

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

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

Spine Surgery Non-Core Procedures:

- Assessment of the neurologic function of the spinal cord and nerve roots
- Fluoroscopy (certificate required)
- Interpretation of imaging studies of the spine
- Laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents including instrumentation
- Lumbar puncture
- Management of traumatic, congenital, developmental, infectious, metabolic, degenerative, and rheumatologic disorders of the spine
- Scoliosis and kyphosis instrumentation
- Spinal cord surgery for decompression of spinal cord or spinal canal, rhizotomy, cordotomy, dorsal root entry zone lesion, tethered spinal cord or other congenital anomalies
- Treatment of extensive trauma
- Balloon Kyphoplasty

ARTIFICIAL DISC REPLACEMENT (ADR)

Criteria: Successful completion of an ACGME- or AOA-accredited residency training program in orthopedic surgery or neurological surgery and completion of an approved training program in the insertion of artificial discs.

Required Previous Experience: Demonstrated current competence and evidence of the performance of at least 2 ADR surgery procedures in the past 12 months.

Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least 2 ADR surgery procedures in the past 24 months and based on results of ongoing professional practice evaluation and outcomes.

Description of Non-Core Privilege

Requested **Artificial Disc Replacement (ADR)**

ORTHOPEDIC SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

- Initial Appointment
- Reappointment

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

PROCEDURES UNDER FLUOROSCOPY

Criteria: Successful completion of an ACGME- or AOA-accredited residency training program in orthopedic surgery or neurological surgery and valid State of California fluoroscopy certificate.

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

Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least 10 cases in the past 24 months and based on results of ongoing professional practice evaluation and outcomes.

Procedures under Fluoroscopy include:

- Spinal injections, including epidurals, facet blocks, selective nerve-root block, sacroiliac block, median branch block, discogram, etc. under fluoroscopy

Description of Non-Core Privilege

REQUESTED PROCEDURES UNDER FLUOROSCOPY

ORTHOPEDIC SURGERY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

- Initial Appointment
 Reappointment

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

Page 11

Robotic Assisted Joint Arthroplasty, Non-Core

CRITERIA: To be eligible for Robotic Assisted Joint Arthroplasty privileges, the initial applicant must meet the privilege criteria:

- Evidence of successful completion of an ACGME- or AOA-accredited training program in orthopedic surgery
- Must be granted or be requesting Orthopedic Surgery Core Privileges

AND

WITHOUT PREVIOUS EXPERIENCE:

- Provide documentation of the successful completion of training provided by the manufacturer of the Robotic Assisted Arthroplasty platform

AND

- **Direct** proctoring of the first two (2) cases, and **indirect** proctoring of the subsequent two (2) cases performed at RUHS by a RUHS approved proctor (i.e. RUHS physician already holding privileges in Robotic Assisted Joint Arthroplasty or an external proctor who meets criteria for proctoring)

OR

WITH PREVIOUS EXPERIENCE IN TRAINING:

- If fellowship and/or residency Training included Robotic Assisted Arthroplasty: provide a letter from the training director to support competency in procedure and case log documentation of twenty (20) Robotic Assisted cases in the prior 24 months

AND

- Provide documentation of the successful completion of training provided by the manufacturer of the Robotic Assisted Arthroplasty platform
- **Direct** proctoring of the first two (2) cases performed at RUHS by a RUHS approved proctor (i.e. RUHS physician already holding privileges in Robotic Assisted Arthroplasty or an external proctor who meets criteria for proctoring)

OR

WITH CURRENT PRIVILEGES AT AN OUTSIDE HOSPITAL

- Provide evidence of full Robotic Assisted Arthroplasty privileges at another US hospital OR ambulatory surgery center by providing operative reports for twenty (20) consecutive Robotic Assisted Arthroplasty cases performed as the primary operating surgeon, within the last twelve (12) months (cases performed as assistant surgeon do not count for review)

AND

- Provide documentation of the successful completion of training provided by the manufacturer of the Robotic Assisted Arthroplasty platform
- **Indirect** proctoring of one (1) case performed at RUHS by a RUHS approved proctor (i.e. RUHS physician already holding privileges in Robotic Assisted Arthroplasty or an external proctor who meets criteria for proctoring)

MAINTENANCE OF PRIVILEGE: To be eligible to renew Robotic Assisted Joint Arthroplasty privileges, the applicant must meet the following maintenance of privilege criteria:

- Demonstrated current competence and evidence of the performance of at least ten (10) Robotic-Assisted Arthroplasty cases at RUHS in the past 24 months based on results of ongoing professional practice evaluation and outcomes

Description of Non-Core Privilege

- Requested Robotic Assisted Joint Arthroplasty
 Approved

Not Approved

ORTHOPEDIC SURGERY CLINICAL PRIVILEGES

Name: _____
 (Last, First, Initial)

- Initial Appointment
- Reappointment

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

ACKNOWLEDGMENT OF PRACTITIONER

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

I understand that:

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

Practitioner Signature

Date

DEPARTMENT CHAIR / DESIGNEE RECOMMENDATION

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

ORTHOPEDIC SURGERY CLINICAL PRIVILEGES

Name: _____
 (Last, First, Initial)

- Initial Appointment
 Reappointment

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

FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

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

Department Chair/Designee:

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

Please print legibly.

Privileges/Procedures to be Proctored	Number of Cases to be Proctored*	Method of FPPE A. Direct Observation B. Retrospective C. Reciprocal
Orthopedic Surgery Core	10 varied cases	B
Spine Core	5 varied cases	B
General Orthopedic Surgery	5 varied cases	
Minimally Invasive Total Joint Arthroplasty	3 cases	B
Replantation Surgery	1 case	B
Artificial Disc Replacement (ADR)	2 cases	B
Rib Fixation	3 cases	B
Procedures under Fluoroscopy	1 case	B
Robotic Assisted Joint Arthroplasty	With previous experience 1 case indirect	B
Proctored Robotic Assisted Joint Arthroplasty cases can also be used for Orthopedic Surgery Core Privileges proctoring requirements	With previous experience in Training 2 cases direct	A
	Without previous experience (2) cases direct, and (2) cases indirect	A/B

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

**Riverside University Health System- Medical Center
Performance Improvement and Patient Safety Plan
July 2025 - June 2026**

I INTRODUCTION

Riverside University Health System (RUHS) Medical Center is committed to implementing a comprehensive approach to improving healthcare quality and patient safety in alignment with our Mission, Vision, and Values to create a caring environment that promotes just and safe culture as a principle and a foundation for dynamic and proactive continuous improvement activities that values transparency and continued learning.

This document serves as the hospital's Performance Improvement and Patient Safety Plan (PIPSP). It outlines the systems-based approach and methodologies used to improve organizational performance and patient safety. The guiding principles under this plan include the following:

- Commitment to 'Zero preventable harm' of patients, families and staff members.
- Collaboration of healthcare, leadership, medical staff, and other healthcare providers to deliver integrated and comprehensive high-quality healthcare.
- Honest communication and openly foster trusting and cooperative relationships among healthcare providers, staff members, patients and their families, to ensure accountability for the patient safety priorities.
- Preservation of dignity and value each patient, family member, visitor employee, and other healthcare providers.
- Responsibility for every healthcare related decision and action that emphasized continuous learning and improving system design, and the management of choices and changes to bring the best possible outcomes or performances.
- Incorporation of evidence-based practices and guidelines to deliver high quality and safe healthcare.
- Education of providers and staff members to assure program sustainability through participation in quality improvement and patient safety efforts.
- Provision of high-quality clinical services and a safe environment by promoting psychological safety and encouraging recognition and prompt reporting of any concerns, near misses and adverse events so that actions can be initiated to mitigate harm and identify future risks to prevent harm and promote better outcomes.

II PURPOSE AND GOALS

The purpose of the PIPSP is to provide a framework for the strategic alignments of all performance improvement and patient safety activities in accordance with set standards and assure a continued provision of quality care and a safe environment for patients, employees, and visitors.

The approach to developing the PIPSP framework uses three key processes that include a) surveillance and measurements; b) investigation and analysis; and c) interpretation and prioritization of improvement plans. Processes and outcomes are monitored through random audits and surveillance (e.g. data collection) and using identified quality and patient safety indicators or operational key performance indicators (KPI) to inform actions that need to be taken or root causes that need to be corrected. The investigation and analysis of collected data is used to determine performance levels and identify the variations in the process affecting either the measured outcomes or exposure risks for harm. Improvement opportunities and action planning employs proven methodologies (e.g. Lean, process flow analysis) to drive change and identify high impact interventions for sustainability.

This PIPSP describes the goals, methodology and the organizational structure employed to create a safe environment and guide all components of RUHS-Medical Center's governing body, medical staff, administration, management, clinical and non-clinical staff and volunteers toward the achievement of RUHS goals for continuous improvement.

The goals of the plan include:

- Leadership commitment to eliminating preventable harm while continuing to prioritize, plan, and provide strong directions to strategize and support the continuous performance improvement and patient safety activities.
- Implement strategic plans to outline specific patient safety goals and publicly share RUHS' commitment to patient safety as a core value and to aim for "zero preventable harms".
- Continue to identify gaps and develop innovative strategies to operationalize the implementation of the Patient Safety Structural Measure (PSSM) while continuing plans to cultivate a culture of safety.
- Promote value care and cost-effectiveness while aiming to decrease variation in care to optimize improvement of quality of services and maximize the utilization of current resources while continuing to find innovative solutions to ensure continued delivery service.
- Continued efforts to share lessons learned and prioritize safety and quality during management of daily improvement at the department levels using tiered huddle approach.

- Continued efforts to engage patients, their families and their caregivers in our improvement and patient safety efforts.
- Continued efforts to provide peer support for our caregivers that may need emotional first aid from an adverse event or events impacting their fitness for duty.
- Promote data-driven strategies for identifying areas for improvement opportunities and program sustainability using one of the following processes:
 - Data and reporting infrastructure to measure quality and safety that is reported to clinical and operational governing bodies at a regularly scheduled meeting and through the Performance Improvement Patient Safety Committee.
 - Data analysis and comparison may include:
 - Tracking and trending of internal performance benchmarks
 - Tracking and trending key indicators using external outcome reports and use of predictive analytics to support improvement plan prioritization.
 - Responsible statistical methods and data interpretation using both visual and algorithmic analysis that can help leaders understand high impact variables affecting measured outcomes by aiming to understand the magnitude, directionality, variability and urgency of reported outcomes to inform risk mitigation and improvement actions.
- Continue to implement and sustain external regulatory and accreditation bodies performance standards and expectations. These can include:
 - Meeting the standard of care defined by federal and state regulatory agencies, The Joint Commission accreditation requirements, best practice recommendations to support National Quality Forum recommendations, Patient Safety Structural Measure, and other clinical improvement best practices.
 - Implement strategies for promoting Diagnostic Excellence.

III SCOPE OF SERVICES

The PIPSP integrates all clinical services and departments impacting patient care. All staff, including contracted services, are required to fully support, participate and devote their expertise to patient safety and the healthcare quality improvement process.

The plan focuses on the process rather than the individual, and recognizes both internal and external customers, as well as facilitates the need for analyzing and improving processes. The core principles of this plan include but are not limited to:

- Staff have the same goal and contribute their knowledge, vision, skill, and insight to improve the process.

- Decisions will be based on data and facts, and staff will be encouraged to learn from their experiences.
- Customer based including insights through patients, families, and visitor experiences
- Promote systems thinking

The quality and safety of care is monitored from the time the patient enters the hospital through discharge to provide continuous appraisal on the provision of care throughout the continuum.

IV ORGANIZATION AND ACCOUNTABILITY

The concept of Accountability and Transparency around safety events and performance improvement shall remain at cornerstone of RUHS culture of safety journey.

- **Board of Supervisors**

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

- **Medical Staff Organization**

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

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

The Medical Staff Departments are responsible for the safety and quality of care and service delivered by the members of the department as demonstrated by:

- Providing leadership for Performance Improvement activities in the facilities.
- Establishing scopes of service for their respective hospital departments.
- Measuring, assessing, and improving performance indicators for department functions, performance improvement and patient safety processes.
- Reporting findings, conclusions, recommendations, actions taken

and results of actions to appropriate committees.



- Performing Peer Review and Documentation Review.
- Initiating Focused Professional Practice Evaluation when findings identify concerns with an individual practitioner's performance; and
- In collaboration with the Patient Safety Officer, Quality Management, and Risk Management, and under the auspices of the MEC, participate in a multidisciplinary root cause analysis of an actual or potential adverse event.

- **Administration**

The Executive Management Team Members are the Chief Executive Officer, the Chief Operating Officer, the Chief Financial Officer, the Chief Medical Officer, the Chief Nursing Officer, the Chief Information Officer, and the Executive Director, Performance & Service Excellence.

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

- Aligning strategic planning with performance improvement activities.
- Planning, prioritizing and implementing performance improvement activities in collaboration with Medical Staff and the Performance Improvement and Patient Safety Committee (PIPSC).
- Assessing and providing the adequacy and effectiveness of physical and financial resources to support identified and performance improvement priorities.
- Providing adequate time for personnel to be trained and participate in performance improvement activities including participation in significant care reviews.
- Providing appropriate data management processes to support measurement and analysis of performance improvement activities.
- Providing mechanisms to measure and analyze variation in performance improvement activities and support implementation of improvement initiatives in the frontline arena.
- Fostering a culture of safety through proactive reporting and collaboration to address identification and reduction of medical errors.
- Promoting organizational changes to improving performance activities by assisting with removal of barriers to improvement; and
- Ensuring that all sentinel events and near misses are identified and reported through incident reports, and that a thorough root cause

analysis and action plan(s) for improvement are completed timely.



- **Quality Management Department**

The Quality Management Department, under the direction of the Medical Director for Quality and Patient Safety, the Executive Director, Performance & Service Excellence and the Director of Quality, collaborates with the Patient Safety Officer to provide guidance and assistance to organizational leaders and managers in Performance Improvement activities, and coordinates summary reports of such activities to the Performance Improvement and Patient Safety Committee (PIPSC), Professional Practice Evaluation Committee (PPEC), Medical Executive Committee (MEC), and Board of Supervisors.

Functions of the Quality Management Department include:

- Coordinate and maintain the PIPSP in accordance with the Medical Staff Bylaws, and Rules and Regulations, and the requirements of licensing, accrediting and regulatory agencies.
- Coordinate with Risk Management root cause analysis of significant cases leading to potential or actual unexpected outcomes.
- Track and analyze common root causes of significant cases reviewed and present them to the medical staff and hospital leaders for action plan.
- Follow-up implementation of action plans for significant unanticipated events.
- Act as a consultant and resource to the Administration, Medical Staff, and other hospital departments.
- Assist with the preparation of summary reports for presentation to the PIPSC, PPEC, MEC, and the Board of Supervisors.
- Coordinate results of Peer Review in accordance with the Professional Practice Evaluation Program.
- Perform descriptive data analysis, monitor internal and external benchmarks, measure specifications for best practices and provide recommendations for improvement
- Review incident reports and reports cases with potential litigation to Risk Management, the Hospital Executive Team, and the Patient Safety Officer.
- The Quality Department actively participates in Process Improvement projects in collaboration with operations and direct clinical care staff.

- **Patient Safety Officer**

The Patient Safety Officer is appointed by RUHS-Medical Center Executive Leadership with approval by the PIPSC. Responsibilities of the Patient Safety Officer include the following:



- Facilitate implementation of the RUHS-Medical Center Patient Safety Program through reliable processes that support continuous learning and safety culture.
 - Provide guidance and systems level strategies for the timeliness and strategic execution of patient safety standards and balance accountability processes with the reality of human conditions to promote continuous systems learning.
 - Collaborate with members of the Medical Staff, Quality Department, Risk Management, Infection Control, Life Safety, Security Office, Patient Advocacy, and Regulatory Compliance to effectively roll out organizational wide quality and safety initiatives, to ensure a safe environment for RUHS- Medical Center patients and staff.
 - Promote compliance with the National Patient Safety Goals, Quality Reporting Measures, Requirements for Patient Safety Evaluation systems, Patient Safety Structural Measures, and other mandated performance indicators, and report compliance to Executive Administration.
 - Collaborate with Quality Team, Patient Experience, Patient Advocates, and department leaders on high level investigation, analysis and reporting to identify potential gaps and opportunities to improve performance in patient safety and quality measures.
- **Employees, medical staff members and volunteers**

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

- Participate in identifying opportunities for improvement and data collection.
 - Participate in multidisciplinary teams and implement actions to sustain improvement.
 - Report actual patient safety incidents and conditions that may jeopardize patient safety and quality care.
- **Performance Improvement and Patient Safety Committee (PIPSC)**

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

- Achieving performance improvement in a manner that promotes Just Culture and system-based learning through multidisciplinary collaboration.
- Providing an ongoing, proactive approach that supports and encourages a culture of safety and reporting of patient safety events.
- Identification and mitigation of patient safety risks.
- Performing a thorough risk analysis, which includes, but not limited to, root cause analyses and case conferences, on reported patient safety events.
- Developing recommendations and action planning for proactive risk reduction.
- Monitoring, implementation and follow-up of patient safety process action plans.
- Incorporating patient safety principles into the design (and redesign) existing processes and services and determining performance improvement priorities within the organization.
- Monitoring regulatory compliance, which includes, but is not limited to, National Patient Safety Goals, Quality Reporting (which includes Core Measures, Readmissions) and other mandated indicators
- Ensuring that procedures are in place to prevent the use of any intravenous connection, epidural connection, or enteral feeding connection for any purpose other than its intended purpose. (per SB 58); and
- Implementing and reviewing as needed, its patient safety, medication safety and root cause analysis processes to ensure unified oversight of patient safety events and all improvement efforts to mitigate future events. The purpose of this unified approach is intended to improve the timeliness and effectiveness of quality assurance and improvement activities.

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

V PERFORMANCE IMPROVEMENT

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

- **Lean:** is a management philosophy derived from Toyota Production System. It focuses on eliminating waste and reducing errors within the healthcare industry. Lean principles are customer focused, data driven decision not intuition, respect, results, accountability, and excellence.
- **A3:** a problem-solving approach built around Plan, Do, Study, Act (PDSA) that provides a structured way of thinking.
- **Management of Daily Improvement (MDI) Huddles** is a tiered communication process used for daily improvements to facilitate real-time communication of daily problem-solving and continuous improvement within each patient care department. The MDI huddles are also designed to share daily lessons learned.

Performance Measurement and Monitoring

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

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

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

Prioritization of Performance Improvement Opportunities and Action Plannings

Prioritization of performance improvement initiatives are based on the following:

- Ineffective and variable workflow or processes that can lead to unexpected and preventable adverse occurrences affecting patients.
- Volume of patients affected or frequency and severity of actual or potential harm with which the process occurs.

- Performance measurement and analysis findings.
- Alignment with mission, vision, commitments.
- Response to the needs and expectations of patients, families, and other customers.



- Feasibility of actions or plans to generate high impact improvement outcomes.

Performance Improvement Priorities for 2025 - 2026 (See Attachment A):

- RUHS CARES
 - Culture of Safety and Integration of Just Culture principles
 - Rapid Event Response and Analysis
 - Communication and Transparency
- Implementation of Patient Safety Structural Measures
- Patient Safety Indicators (PSI-4, PSI-12 and PSI-90)
- Hospital Acquired Conditions (Falls and Trauma and MRSA blood stream infections)

Continuous performance improvement efforts will also include indicators to:

- Improve the performance and sustainability of clinical best practices:
 - Quality reporting including Core Measures and Claims-based measures
 - Primary Stroke Center Core Measures
 - Sepsis management and mortality
 - Inpatient and Operating Room glycemic control
 - Improving Experience:
 - Patient satisfaction (HCAHPS)
 - Employee/provider engagement
 - Quality Incentive Program (QIP)
 1. Primary Care Access and Preventative Care
 2. Behavioral Health Care
 3. Care of Acute and Chronic Conditions:
 - Cardiovascular
 4. Diabetes, HIV and Respiratory
 5. Care Coordination
 6. Experience of Care
 7. Improving Health Equity
 8. Maternal and Perinatal Health
- Reduce risk and all-cause preventable harm to patients
 - New and existing National Patient Safety Goals (NPSG)
 - Measures that impact the Leapfrog Safety Grade and CMS Star Rating, including but not limited to, reducing hospital acquired infections,

- falls, pressure injuries, etc.
- Antibiotic stewardship
- Opioid stewardship
- Collaboration with Medication Safety program



- Improve care efficiencies, expand Lean methodology, and support staff members
 - Implementation of hospital-wide management of daily improvement (MDI) daily huddle and performance boards
 - Leadership rounding
 - Value Stream Steering Committee
 - Care for the Caregiver (Peer Support) Program
 - Nursing Staffing Effectiveness Committee

VI PATIENT SAFETY

RUHS-Medical Center proactively monitors and implements risk-reduction strategies that utilize published and systematic methodologies in alignment with the specifications within the Patient Safety Structural Measures (PSSM) and external accreditation and regulatory agencies.

RUHS Medical Center participates in the patient safety activities conducted in accordance with the Patient Safety and Quality Improvement Act of 2005 through its Patient Safety Evaluation System (PSES) process. The PSES includes collection, management and analysis of Patient Safety Concern information recorded in the event reporting system for continuous improvement, risk mitigation efforts, and reporting to the Patient Safety Organization (PSO).

All patient safety work products (PSWP) are subjected to federal and state health information privacy and security laws and regulations, including but not limited to, HIPAA and the Confidentiality of Medical Information Act (CMIA-California Civil Code Section 56.10), and California Evidence Code 1157.

At minimum, the organization collects and analyzes data on the following measures:

- Volume of reported events and types
- Near Misses by event types (e.g. medication management, patient flow, staffing effectiveness etc.)
- Unsafe Conditions (e.g. provision of care, medication management, patient flow, staffing effectiveness etc.)
- Harm Events (e.g. provision of care, medication management or adverse drug events, patient flow, staffing effectiveness etc.)

- Medication safety and management
- Staff perceptions of the Culture of Safety
- Patient perceptions of care, treatment, and services (HCAHPS)



- Infection prevention, surveillance and reporting
- Staffing effectiveness
- Regulatory quality control logs

Patient safety issues are identified through multiple sources, including but not limited to, a) reported events through the event reporting system or via the Patient Safety Hotline, b) monitoring patient safety and quality key performance indicators, c) lessons learned from patient safety evaluation systems, d) patient feedback, e) patient satisfaction survey reports, f) performance improvement measurement analysis and findings, and g) other external sources of patient safety information.

Responding to Events

RUHS-Medical Center has implemented a Rapid Event Response and Analysis protocol and created the Executive Leadership Safety Event Oversight Team that oversees the immediate actions following a significant safety event and monitors remediation plans.

The Rapid Event Response and Analysis protocol uses the Human Factors Analysis and Classification System (HFACS) to identify individual and system failures and integrates Just Culture as a guiding principle for determining individual accountability. A Serious Safety Event (SSE) is defined as a deviation from established healthcare practices and protocols that lead to an unexpected occurrence that reaches the patient and results in severe or permanent harm or death. The process flow is presented in Attachment B.

Protocols for activating the Care for the Caregiver Peer Support team have been developed to provide support for caregivers who need emotional first aid, along with a pathway for consulting the Communication Resource and Transparency Team to assist in event disclosures and provide support to the patients and family members.

Expectations and procedural process for responding to a patient safety incident are listed in the following hospital-wide policy and procedures:

- HW 122 Incident reporting
- HW 601.6 Disclosure of Unexpected outcomes
- HW Adverse Events

Assessment of Findings Related to the Performance of an Individual

The design, measurement, assessment, and improvement of patient care include evaluation of the clinical performance of individuals with clinical privileges through

their participation in peer review activities and with oversight from the Professional Practice Evaluation Committee (PPEC). The peer review process adopts the principles of Human Factors Analysis and Classification System to



understand failures and the Just Culture principle for defining individual accountability.

The Medical Staff has established the Professional Practice Evaluation Program (PPEP) which provides the policy and procedures for the peer review process, including ongoing professional practice evaluation (OPPE) and focused professional practice evaluation (FPPE).

VII ANNUAL EVALUATION

The PIPSC will conduct an annual appraisal of the organizational Performance Improvement and Patient Safety Plan (PIPSP).



RUHS Medical Staff Research Presentation Fund

Purpose

The RUHS Medical Staff Research Presentation Fund is a focused source of funding that aims to provide financial support for residents and fellows in their pursuit of achieving scholarly activity. Funding will be appropriately split amongst all residencies/fellowships so as to incentivize all programs to apply for the Grant.

The program aims to:

1. Support a broad range of learner research projects and scholarly activity to encourage participation, promotion, development and completion of innovative research projects by RUHS-Sponsored and Accredited residents/fellows.
2. Support public presentation of research projects and scholarly activity through financial stipends.
3. Expedite the funding submission and distribution process with a rolling application and ongoing review system.

Eligibility

This funding opportunity is designed for use by RUHS-Sponsored and Accredited Residents/Fellows (including PCT Peds Tract), this includes the following individuals:

- Presenting Fellows
- Presenting Residents

Faculty and Students are NOT eligible for this grant. However, we require learners to have RUHS Faculty co-investigators to provide mentorship and expert guidance.

An eligible residents and fellows are only eligible for one award per academic year.

Each project is only eligible for one award.

****Clinical Vignettes, Case Reports and Case Series will not be considered**

REIMBURSEMENT –

1. Awards will require proof of attendance (badge, registration, or picture) not to be distributed until attendance conformed.
2. Completion of the Medical Staff Reimbursement form within 30 days of conference.

What is covered?

- Once accepted for presentation at a local, regional or national competition/conference, cost of registration and printing of the presentation, Airfare, lodging, will be covered. Based on the conference dates, a food allowance for \$50 per day will be awarded (Max 3 days). **Total award to not exceed \$800.**

The Selection Committee reserves the right to cover or deny any of the expenses stated above. Priority will consider to those who have not previously received funding, should remaining funds for distribution be insufficient for the remaining requests.

Submission and Review Process

The Fund will consist of a rolling application process with monthly deadlines on the first of every other month. The first application deadline will be July 1st and every other month following. The RUHS Medical Staff Research Presentation Fund Committee will review applications and make a formal decision within 10 days of the deadline set by the Committee. Funds requested should not exceed **\$800** per resident/fellow per academic year and will be available for immediate use upon investigator notification.

Applications process:

1. Complete form below - OR- Submit abstract that was used for the conference application
2. Submit acceptance letter from conference.

Formatting

The following sections must be completed in order for your application to be considered for funding. ***The application should not exceed two pages in length.*** Please use Calibri, 11-point font.

Questions?

Please Contact Medical Staff Director Latisha.Chavez@ruhealth.org or 951-486-5913

SUBMISSION

1. Complete Event Information and Investigators Information sections
2. Attach Abstract, poster, or complete Application Form below
3. ***The application should not exceed two pages in length.*** Please use Calibri, 11-point font.

Have you previously received funding through the RUHS Medical Staff Research Fund? YES NO

Event, location, date of presentation, full dates of the event:

-

Investigators. List names, titles, departments, and institutions of all investigators

Presenter Name	Name
Title	Title
Department	Department
Institution	Institution
Name	Name
Title	Title
Department	Department
Institution	Institution

APPLICATION FORM

Background. Provide a summary of your comprehensive review of the literature

Hypotheses / Specific Aims (Indicate feasible, specific, well-defined goals that address a gap in knowledge)

Study Design / Methods

Results / Statistical Analyses

Conclusion

MEC:
9/14/2023, 11/13/25

RIVERSIDE UNIVERSITY HEALTH SYSTEM
UROLOGY CLINICAL PRIVILEGES

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

- Initial Appointment
 Reappointment

Page 1

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

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

**QUALIFICATIONS FOR CORE
UROLOGY PRIVILEGES**

UROLOGY CORE PRIVILEGES

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

PATHWAY 1: Standard U.S. or Canadian Training:

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

AND

- Current certification or active participation in the examination process leading to certification in urological surgery by the American Board of Urology or the American Osteopathic Board of Surgery (Urological Surgery) or the Royal College of Physicians and Surgeons of Canada.

OR

PATHWAY 2: Alternative for Certain Foreign Training:

- Applicant, possess a current certificate of registration from the Medical Board of California under Section 2113 or 2168 of Business and Professions Code may be eligible to apply for Medical Staff membership.

AND

- Demonstrate that their training/experience is equivalent to the eligibility criteria listed above, as defined in Bylaws section 3.2-1 General Qualifications.

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

- Performance of at least 50 urological procedures in the privileges requested during the past 12 months.

OR

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

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

- Current demonstrated competence and an adequate volume of experience of eight (8) urological procedures with acceptable results in the privileges requested for the past 24 months based on ongoing professional practice evaluation and outcomes.

AND

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

AND

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

Description of Core Privilege

<input type="checkbox"/> Requested	Urology
<input type="checkbox"/> Approved	Admit, evaluate, diagnose, treat (surgically or medically), and provide consultation to patients [including critically ill patients in the intensive care unit] of all ages including pediatrics, except as specifically excluded from practice, presenting with medical and
<input type="checkbox"/> Not Approved*	

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surgical disorders of the genitourinary system and the adrenal gland and including endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures. Privileges include performance of history and physical exam. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Also include privileges to manage and treat outpatients in the ambulatory-care setting.

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

Urology Core Privileges, Adult and Pediatrics:

- All forms of prostate ablation
- All forms of prostatectomy, including biopsy
- Anterior pelvic exenteration
- Appendectomy as component of urologic procedure
- Bladder instillation treatments for benign and malignant disease
- Bowel resection as component of urologic procedure
- Circumcision
- Closure evisceration
- Continent reservoirs
- Creation of neobladders
- Cystolithotomy
- Cystoscopy and retrogrades
- Enterostomy as component of urologic procedure
- Excision of retroperitoneal cyst or tumor
- Exploration of retroperitoneum
- Extracorporeal shock-wave lithotripsy
- Hydrocelectomy
- Inguinal herniorrhaphy as related to urologic operation
- Insertion/removal of ureteral stent
- Intestinal conduit
- Laparoscopic surgery, urologic for disease of the urinary tract
- Laparotomy for diagnostic or exploratory purposes (urologic-related conditions)
- Lymph node dissection—inguinal, retroperitoneal, or pelvic
- Management of congenital anomalies of the genitourinary tract, including epispadias and hypospadias
- Meatotomy
- Microscopic surgery—epididymovasostomy, vasovasotomy
- Open renal biopsy
- Open stone surgery on kidney, ureter, bladder
- Other plastic and reconstructive procedures on external genitalia
- Penis repair for benign or malignant disease, including grafting
- Percutaneous nephrolithotripsy
- Periurethral injections. e.g., collagen
- Plastic and reconstructive procedures on ureter, bladder and urethra, genitalia, kidney
- Reconstructive procedures on external male genitalia requiring prosthetic implants or foreign materials
- Renal surgery through established nephrostomy or pyelostomy
- Sphincter prosthesis
- Surgery of the testicle, scrotum, epididymis, and vas deferens, including biopsy, excision, and reduction of testicular torsion, orchiopexy

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-
- Surgery upon the adrenal gland
 - Surgery upon the kidney, including total or partial nephrectomy, including radical transthoracic and laparoscopic approach
 - Surgery upon the penis
 - Surgery upon the ureter and renal pelvis
 - Surgery upon the urinary bladder for benign or malignant disease, including partial resection, complete resection, diverticulectomy, and reconstruction
 - Telemedicine: Provide services remotely through telemedicine capabilities
 - Total or simple cystectomy
 - Transurethral surgery, including resection of prostate and bladder tumors
 - Transvesical ureterolithotomy
 - Treatment of urethral valves, open and endoscopic
 - Ureteral substitution
 - Uretero-calyceal anastomosis
 - Ureterocele repair, open or endoscopic
 - Ureteroscopy, including treatment of all benign and malignant processes
 - Urethral fistula repair, all forms, including grafting
 - Urethral suspension procedures, including grafting, all material types
 - Urethroscopy including treatment for all benign and malignant processes
 - Ventral/flank herniorrhaphy as related to urologic operation
 - Visual urethrotomy

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**QUALIFICATIONS FOR
NON-CORE PRIVILEGES**

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

PARTICIPATE IN TEACHING PROGRAM

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

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

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

MAINTENANCE OF PRIVILEGE:

- Enhance the knowledge of the residents and ensure the quality of care delivered to each patient by any resident. This is exercised by observation, consultation, and direction to the resident.
- Assure that medical care for each patient is delivered in an appropriate, timely, and effective manner.
- Participate in the resident's evaluation process according to accrediting and certifying body requirements.
- Direct the care of the patient and provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the resident being supervised.
- Within 24 hours of a patient's admission or transfer (including weekends and holidays), shall personally evaluate 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.
- 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.
- Available for supervision during clinic hours and ensure the coordination of care that is provided to the patients.
- Provide an appropriate level of supervision during the performance of procedures. (Determination of this level of supervision is generally left to the discretion of the attending physician within the content of the previously described levels of responsibility assigned to the individual resident involved. This determination is a function of the experience and competence of the resident and the complexity of the specific case.)
- Documentation of resident supervision will be monitored during the course of peer review. Any case reviewed in which it appears that there is inadequate supervision will be forwarded to the Professional Practice Evaluation Committee.

Description of Non-Core Privilege

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

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USE OF LASER NON-CORE PRIVILEGES

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

- Completion of an approved 8-10 hour minimum CME course which includes training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and hands-on experience with lasers.

AND

- A letter outlining the content and successful completion of the course must be submitted.

OR

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

MAINTENANCE OF PRIVILEGE:

- Current demonstrated competence and an adequate volume of experience of one (1) laser procedure with acceptable results in the privileges requested for the past 24 months based on ongoing professional practice evaluation and outcomes.

AND

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

Description of Non-Core Privilege

- | | |
|------------------------------------|----------------|
| <input type="checkbox"/> Requested | Argon |
| <input type="checkbox"/> Requested | YAG |
| <input type="checkbox"/> Requested | KTP-532 |
| <input type="checkbox"/> Requested | Indigo |
| <input type="checkbox"/> Requested | Holmium |
| <input type="checkbox"/> Requested | Nd:YAG |
| <input type="checkbox"/> Requested | CO2 |

- Approved
 Not Approved*

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PHOTO-SELECTIVE VAPORIZATION OF THE PROSTATE (PVP) NON-CORE PRIVILEGES

CRITERIA: To be eligible for non-core privilege in **PVP**, the initial applicant must meet the following privileging criteria:

- Successful completion of an ACGME-accredited residency program in urology.
- AND**
- Successful completion of a Laserscope-approved training program and proctoring in initial cases by a Laserscope company representative.

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

- Current competence and evidence of performance of at least three (3) PVP procedures in the past 12 months.

MAINTENANCE OF PRIVILEGE:

- Current demonstrated competence and evidence of the performance of at least three (3) PVP procedures in the past 24 months based on ongoing professional practice evaluation and outcomes.

AND

- Documentation of continuing education related to BPH and PVP. Submit copies of CME certificates.

Description of Non-Core Privilege

- Requested **Photo-selective vaporization of the prostate (PVP)**
- 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. Demonstrate competence and evidence of the performance of at least 1 case within 12 months of approved initial privileges.

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

Description of Non-Core Privilege

- Requested **Procedures under Fluoroscopy**
- Approved
- Not Approved*

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SURGICAL ROBOTIC PLATFORM

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

- Completed an ACGME approved residency program in Urology.
- Certification by the American Board of Urology OR must be eligible to sit for that board OR demonstrated equivalent competency in Urology.
- 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 twenty (20) consecutive robotic cases performed as the operating surgeon (cases performed as assistant surgeon do not count) for review.

MEDICAL STAFF PROCTORING REQUIREMENTS

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

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

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

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

MAINTAINING ROBOTIC PRIVILEGES

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

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

REQUIREMENTS FOR A TEACHING PROCTOR AT RIVERSIDE UNIVERSTIY HEALTH SYSTEMS

At least one of the following three levels of experience:

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

Description of Non-Core Privilege

- Requested **Surgical Robotic Platform**
 Approved
 Not Approved*

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ACKNOWLEDGMENT OF PRACTITIONER

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

I understand that:

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

Practitioner Signature

Date

DEPARTMENT CHAIR / DESIGNEE RECOMMENDATION

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

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

Privilege	Condition / Modification / Explanation

Department Chair/Designee Signature

Date

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FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

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

Department Chair/Designee:

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

Please print legibly.

Privileges/Procedures to be Proctored	Number of FPPE Cases	Method of FPPE A. Direct Observation B. Retrospective C. Reciprocal
Urology Core	10 varied cases	A, B, C as applicable
Use of Laser, Non-Core	3 varied cases	A, B, C as applicable
Photo-Selective Vaporization of Prostate, Non-Core	2 varied cases	A, B, C as applicable
Procedures under Fluoroscopy	1 case	A, B, C as applicable
Surgical Robotic Platform	2 cases	A