

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

854 A



**FROM:** Riverside County Regional Medical Center

**SUBMITTAL DATE:**  
August 11, 2011

**SUBJECT:** Medical Staff Appointments, Reappointments and Clinical Privileges

**RECOMMENDED MOTION:**

1. Request approval by the Board of Supervisors of appointments, reappointments, and clinical privileges.
2. Request approval by the Board of Supervisors of the attached optometry and revised pediatric clinical privileges forms.

**BACKGROUND:** The Medical Executive Committee on August 11, 2011 recommended to refer the following items to the Board of Supervisors for review and action:

- |   |                    |
|---|--------------------|
| <b>A. Approval of Medical Staff Appointments and Clinical Privileges:</b> |                    |
| 1. Dengel, Anna K., MD  | Internal Medicine  |
| 2. Hadley, David A., MD   | Urology            |
| 3. Randall, Melanie, MD   | Emergency Medicine |
| 4. Sinjar, Tulin, MD  | Family Medicine    |
| 5. Travasoli, Gita, MD  | Family Medicine    |

*Douglas D. Bagley*  
\_\_\_\_\_  
Douglas D. Bagley, Hospital Director

Departmental Concurrence

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost FY:	\$ 0	For Fiscal Year:	11/12

**SOURCE OF FUNDS:**

**Positions To Be Deleted Per A-30**

☐

**Requires 4/5 Vote**

☐

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

APPROVE

BY: *Debra Cournoyer*  
Debra Cournoyer

**County Executive Office Signature**

☒ Consent    ☐ Policy  
☒ Consent    ☐ Policy

Dep't Recomm.:  
 Per Exec. Ofc.:

Prev. Agn. Ref.:

District: 5

Agenda Number:

2.6

**SUBJECT:** Medical Staff Appointments, Reappointment, and Clinical Privileges

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**RECOMMENDED MOTION:** (Continued) Request approval by the Board of Supervisors of appointments, reappointments, and clinical privileges.

**BACKGROUND:** The Medical Executive Committee on July 14, 2011 recommended to refer the following items to the Board of Supervisors for review and action:

**B. Approval of Allied Health Professional Privileges:**

1. Galvan, Vivian, FNP                      Medicine; Cardiology

**C. Approval of Reappointments: (9/30/11-9/29/13) – Attachment**

**D. Additional Privileges:**

1. Vitangcol, Aileen, MD                      Pediatrics              Moderate Sedation  
2. Yu, Minho, DO                              Medicine                Moderate Sedation

**E. Optometry Privilege Form – Attachment**

The Optometrist (OD) Scope of Practice Privilege Form was presented for review and approval. Optometrist will report directly to the Ophthalmology Dept under Dr. Bowes supervision. Optometrist will be treated similar to Tele-Radiologist viewing films only, screening patients for retina and referring to ophthalmology for further testing.

**F. Request for Change of Pediatric Clinical Privilege Form – Attachment**

A request for change in the Pediatric Privilege form for FPPE was submitted. The Privilege/Procedure to be proctored should read as listed below.

Pediatric Core Privileges	Ten (10) Varied Cases can include – Inpatient, Outpatient, Neonatal Core Privileges	
Pediatric Core Procedures	Three (3) Varied Cases of Procedures Requested	

**Riverside County Regional Medical Center**  
**Medical Staff Reappointments**

The Credentials Committee is submitting the following reappointment recommendations for review and action. The RCRMC Medical Staff member has met the reappointment standards and requirements set forth in the Medical Staff Bylaws, Rules and Regulations.

Department	Name	Title	Status	Reappointment Period	Recommendation
<b>Adjunct</b>					
	Victor Laus	MD		9/30/2011	9/29/2013 Renewal, current staff category and privileges as delineated.
<b>Anesthesiology</b>					
	Brian Keyes	DO		9/30/2011	9/29/2013 Renewal, current staff category and privileges as delineated.
<b>Medicine</b>					
	Iqbal Munir	MD, PhD		9/30/2011	9/29/2013 Renewal, current staff category and privileges as delineated.
	Ramiz Fargo	MD		9/30/2011	9/29/2013 Renewal, current staff category and privileges as delineated.
	Hubert Watkins	MD		9/30/2011	9/29/2013 Renewal, current staff category and privileges as delineated.
	Naveen Gupta	MD		9/30/2011	9/29/2013 Renewal, current staff category and privileges as delineated.
<b>Ophthalmology</b>					
	Richard Tamesis	MD		9/30/2011	9/29/2013 Renewal, current staff category and privileges as delineated.
<b>Orthopaedic Surgery</b>					
	Jerome Wall	MD		9/30/2011	9/29/2013 Renewal, current staff category and privileges as delineated.
<b>Psychiatry</b>					
	Bipin Patel	MD		9/30/2011	9/29/2013 Renewal, current staff category and privileges as delineated.
	Than Myint	MD		9/30/2011	9/29/2013 Renewal, current staff category and privileges as delineated.
	Theresa Moon	MD		9/30/2011	9/29/2013 Renewal, current staff category and privileges as delineated.
	Stoyan Rusev	MD		9/30/2011	9/29/2013 Renewal, current staff category and privileges as delineated.
	Naresh Patel	MD		9/30/2011	9/29/2013 Renewal, current staff category and privileges as delineated.
<b>Surgery</b>					
	Henry Nguyen	MD		9/30/2011	9/29/2013 Renewal, current staff category and privileges as delineated.
<b>Surgery: HNS</b>	Christopher Church	MD		9/30/2011	9/29/2013 Renewal, current staff category and privileges as delineated.
<b>Surgery: OMS</b>	Alan Herford	DDS, MD		9/30/2011	9/29/2013 Renewal, current staff category and privileges as delineated.
<b>Surgery: Urology</b>	H. Roger Hadley	MD		9/30/2011	9/29/2013 Renewal, current staff category and privileges as delineated.
	Duane Baldwin	MD		9/30/2011	9/29/2013 Renewal, current staff category and privileges as delineated.

**RIVERSIDE COUNTY REGIONAL MEDICAL CENTER**

26520 Cactus Avenue, Moreno Valley, CA 92555

**OPTOMETRIST (OD) SCOPE OF PRACTICE**

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

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Effective From \_\_\_\_\_

**Applicant:** Check off the "Requested" box for each scope of practice requested. 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.

**Department Chair:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

**QUALIFICATIONS FOR OPTOMETRIST (OD)**

***To be eligible to apply for specified services as an Optometrist (OD), the applicant must meet the following criteria:***

Satisfactory completion of an approved four- (4) year program leading to a doctor of optometry degree (O.D.)

**AND**

Current active certification and licensure to practice optometry issued by the [State Optometric Licensing Agency].

**AND**

Professional liability insurance coverage issued by a recognized company in an amount equal to or greater than the limits established by the governing body, (if applicable to the facility).

All provisions of services shall be in accordance with written policies and protocols governing allied health professionals developed and approved by the relevant clinical department or service, the Medical Executive Committee and the governing body.

**Required Previous Experience:** Applicants must be able to demonstrate current clinical competence and that they have successfully provided inpatient, outpatient, or consultative optometry services in the privileges requested to at least 50 patients, in the past 12 months, or have completed an approved optometry training program in the past 12 months.

**Special Services/Procedures**

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

**Categories of Patients Practitioner May Treat**

May provide services consistent with the policies stated herein to patients as part of a referral to the OD or from those referred by the medical staff member, or those with whom the OD has a documented formal affiliation.

### **Supervision**

The supervising/employing/affiliate physician or director of the department to which the OD is assigned provides general supervision of the activities and services of the OD.

### **Medical Record Charting Responsibilities**

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

### **General Relationship to Others**

The OD [may/may not] 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 OD is authorized to provide.

### **Periodic Competence Assessment**

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

## **OPTOMETRIST (OD) SCOPE OF PRACTICE**

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- ☐ **Requested** Adolescent and adult patients except as specifically excluded from practice:
- Administer drugs for diagnostic and therapeutic purposes
  - Biomicroscopy
  - Co-admit patients with an active staff physician when appropriate for patient care and management of ocular or visual conditions or abnormalities. Active staff physicians will perform the general medical examination and assume overall medical management of the patient
  - Co-management and follow-up care of pre- and post-surgical patients; write patient treatment orders
  - Comprehensive medical eye examination, diagnosis, and treatment on an inpatient or outpatient basis
  - Dilation and irrigation of lacrimal system
  - Direct and indirect ophthalmoscopy
  - Eyelash epilation
  - Foreign body removal (cornea, lid, conjunctiva)
  - General contact lens service; prescribe visual aids as necessary
  - Gonioscopy
  - Order relevant X rays, lab tests, CT scans, MRIs, ultrasounds, and electrodiagnostic procedures; i.e., VEP, EOG, ERG
  - Photo documentation of the eye, adnexa, and related structures
  - Photography, anterior segment and retina
  - Refraction error evaluation
  - Retinoscopy
  - Tonometry
  - Use of instruments and pharmaceutical agents to treat the eye, adnexa, and related structures
  - Visual fields

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**ACKNOWLEDGEMENT OF PRACTITIONER**

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I have requested only those clinical services/functions for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Riverside County Regional Medical Center, and I understand that:

- a. In exercising any clinical services/functions 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 scope of practice 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.

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

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**DEPARTMENT CHAIR'S RECOMMENDATION**

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I have reviewed the requested scope of practice and supporting documentation for the above-named applicant and make the following recommendation(s):

- ☐ Recommend requested scope of practice
- ☐ Recommend scope of practice with the following conditions/modifications:
- ☐ Do not recommend the following requested services/functions:

<b>Services/Functions</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Notes**

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**Dept. of Ophthalmology Chair Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**FOR MEDICAL STAFF OFFICE USE ONLY**

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**Credentials Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

**Medical Executive Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

**Board of Trustees Action** \_\_\_\_\_ **Date** \_\_\_\_\_

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
**PEDIATRIC CLINICAL PRIVILEGES**

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

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Effective: \_\_\_\_\_  
(From - To) (MSO Only)

**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)**

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

**Department Chair/Designee:**

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

Please print legibly.

Privileges/Procedures to be Proctored	Number of Cases to be Proctored*	Method of FPPE
		A. Concurrent B. Retrospective C. Reciprocal
Pediatric Inpatient Core Privileges	Five (5) Varied Cases	
Pediatric Outpatient Core Privileges	Five (5) Varied Cases	
Neonatal Core Privileges	Five (5) Varied Cases	
Pediatric Core Procedures	Three (3) Varied Cases of Procedures Requested	

\*Indicate N/A if privilege not requested.