

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

401A



FROM: Riverside County Regional Medical Center

SUBMITTAL DATE:
March 12, 2015

SUBJECT: Medical Staff Appointments, Reappointments and Clinical Privileges District '5; [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Request approval of appointments, reappointments, additional privileges, proctoring, change in staff category, name change, resignations/withdrawals, automatic termination and psychiatry privilege form.

BACKGROUND:

Summary

The Medical Executive Committee on March 12, 2015, recommended to refer the following to the Board of Supervisors for review and action:

A. Approval of Medical Staff Appointments and Clinical Privileges:

1. D'Amico, Jennifer A., MD Orthopedic Surgery

For Mr. Sarraflan

Zareh Sarraflan
Chief Executive Officer

A. TABUENCA
Chief Medical Officer

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 0	\$ 0	\$ 0	\$ 0	Consent <input checked="" type="checkbox"/> Policy <input type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

SOURCE OF FUNDS:	Budget Adjustment: No
	For Fiscal Year: 14/15

C.E.O. RECOMMENDATION:

APPROVE

BY:
Debra Cournoyer

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

- Positions Added
- Change Order
- A-30
- 4/5 Vote

Prev. Agn. Ref.:

District: 5,

Agenda Number:

2-12

Departmental Concurrence

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**FORM 11: Medical Staff Appointments, Reappointments and Clinical Privileges****DATE:** March 12, 2015**PAGE:** Page 2 of 3**BACKGROUND:****Summary (continued)**

- | | |
|----------------------------------|------------------|
| 2. Elgohary, Bassen G., MD | Medicine |
| 3. Howard, Frank, IV, MD, PhD | Medicine |
| 4. Lopez, Jairo E., MD | Family Medicine |
| 5. Mattison, Katherine M., NP | Medicine |
| 6. Memon, Talha R., MD | Family Medicine |
| 7. Mirshahidi, Hamid R., MD | Medicine |
| 8. Olmecah, Huitzilil M., MD | Medicine |
| 9. Sawires, Sameh G., MD | Detention Health |
| 10. Taurek, Deborah L., MD | Medicine |
| 11. Tran, Richard T., MD | Medicine |
| 12. Venugopalan, Lalithambal, MD | Pediatrics |

- | <u>B. Approval of Reappointments:</u> | <u>Department:</u> | <u>Reappointment Cycle:</u> | <u>Status:</u> |
|---|--------------------|-----------------------------|----------------|
| 1. Aaen, Gregory S., MD | Pediatrics | 04/01/15 – 03/31/17 | Active |
| 2. Bernardez, Rhoda A., MD | Psychiatry | 04/01/15 – 03/31/17 | Active |
| 3. Kang, Ilho, MD
(withdraw of privileges) | Medicine | 04/01/15 – 03/31/17 | Active |
| • EKG | | | |
| • Exercise Testing | | | |
| 4. Lodriguito, Ida Z., MD | Psychiatry | 04/01/15 – 03/31/17 | Active |
| 5. Massi, Mark, MD | Pediatrics | 04/01/15 – 03/31/17 | Active |
| 6. McCaffrey, Patrick G., MD | Ophthalmology | 04/01/15 – 03/31/17 | Active |
| 7. Michelson, David J., MD | Pediatrics | 04/01/15 – 03/31/17 | Active |
| 8. Ochoa, Humberto R., MD | Emergency Medicine | 04/01/15 – 03/31/17 | Active |
| 9. Soneji, Maulin S., MD | Pediatrics | 04/01/15 – 03/31/17 | Active |
| 10. Young-Snodgrass, Amy D. | Pediatrics | 04/01/15 – 03/31/17 | Active |

C. FPPE – Final Proctoring For Additional Privileges:

- | | | |
|---------------------------|----------|-------------------------------|
| 1. Barker, Gary R., MD | Surgery | Fluoroscopy |
| 2. Block, Lindsey L., FNP | Medicine | Joint Aspiration & Injections |
| 3. Dinh, Vi A., MD | Medicine | Critical Care Medicine |

D. FPPE/Reciprocal* - Complete Remain on Provisional:

- | | |
|-----------------------------|------------|
| 1. Claridge, Jessica R., MD | Pediatrics |
|-----------------------------|------------|

E. Additional Privileges:

- | <u>Additional Privileges:</u> | <u>Department:</u> | <u>Privileges Requested:</u> |
|---|--------------------|-------------------------------------|
| 1. Jack, Sharon, FNP
By A Physician In A Collaborative Practice Agreement In Accordance With State And Federal Law | Family Medicine | Prescriptive Authority As Delegated |
| 2. Barker, Gary R., MD | Surgery | Fluoroscopy |

F. Change in Staff Category:

- | <u>Change in Staff Category:</u> | <u>Department:</u> | <u>Staff Category Change To:</u> |
|----------------------------------|--------------------|----------------------------------|
| 1. Chan, Francis, DPM | Orthopedic Surgery | Active |
| 2. Loe, Stephanie A., MD | Emergency Medicine | Active |
| 3. Merritt, Thurman A., MD | Pediatrics | Active |
| 4. Ng, Mun-Wah, MD | Pediatrics | Active |

G. Name Change:

- | <u>Name Change:</u> | <u>Department:</u> | <u>Name Change To:</u> |
|--------------------------|--------------------|------------------------|
| 1. Akele, Zebayel B., MD | Medicine | Baye, Zebayel Akele |

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

FORM 11: Medical Staff Appointments, Reappointments and Clinical Privileges

DATE: March 12, 2015

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<u>H. Voluntary Resignations/Withdraw*:</u>	<u>Department:</u>	<u>Effective Date:</u>
1. Bristow, Robert E., MD	OB/GYN	4/1/15
2. *Fortaleza, Paul D., MD	Detention Health	
3. Peters, Carol L., MD	OB/GYN	Immediately
4. *Rogers, Paul, PA-C	Emergency Medicine	

I. Automatic Termination, Per Bylaws 6.4-8 (Failure to Reapply):

1. Malhotra, Chander P., MD	Medicine	4/1/15
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J. Dept. of Psychiatry Privilege Form – See Attachment

A request to delete language and add additional privileges to the privilege form was submitted for approval.

Impact on Citizens and Businesses

Approval of this request will ensure that the County's healthcare practitioners meet all of the necessary credentialing/privileging requirements and are appropriately qualified to care for and treat the County's patient population.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
PSYCHIATRY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

- Initial Appointment
 Reappointment

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

Page 1

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

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

**QUALIFICATIONS FOR CORE
PSYCHIATRY PRIVILEGES**

PSYCHIATRY CORE PRIVILEGES

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

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

AND

- Provide evidence of current completion of BLS course or ACLS course offered by the American Heart Association.

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

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

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

AND

- Maintain and provide evidence of current BLS course offered by the American Heart Association.

AND

- Current demonstrated competence and an adequate volume of experience—ten (10) patients with acceptable results in the privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

AND

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

AND

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

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
PSYCHIATRY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

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Description of Core Privilege

Requested General Psychiatry Core Privileges

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

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

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

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
PSYCHIATRY CLINICAL PRIVILEGES

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PSYCHIATRY RESIDENT IN TRAINING PRIVILEGES

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

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

Description of Core Privilege

**Requested Psychiatry Resident in Training –
General Psychiatry Core Privileges as stated above**

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

SUPERVISION OF ALLIED HEALTH PROFESSIONALS & PSYCHOLOGISTS

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
PSYCHIATRY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

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Requested

Supervision of AHPs and Psychologists

Clinical and direct supervision of allied health professionals who work for the Department of Psychiatry. This includes clinical psychologist and professional psychology interns.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
PSYCHIATRY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____
(From—To) (To be completed by the 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 County Regional Medical Center.

I understand that:

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

Practitioner Signature

Date

DEPARTMENT CHAIR / DESIGNEE RECOMMENDATION

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

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

Privilege	Condition / Modification / Explanation

Department Chair/Designee Signature

Date

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
PSYCHIATRY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

Effective: _____
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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. Concurrent B. Retrospective C. Reciprocal
1	General Core Psychiatry	10 varied cases	
2			
3			
4			
5			