

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

310A



FROM: Riverside County Regional Medical Center

SUBMITTAL DATE:
July 11, 2013

SUBJECT: Medical Staff Appointments, Reappointments and Clinical Privileges

RECOMMENDED MOTION:

1. Request approval by the Board of Supervisors of appointments, reappointments, proctoring, change in staff category, voluntary resignation/withdrawal and revised Dept of Radiology Privilege form.

BACKGROUND: The Medical Executive Committee on July 11, 2013, recommended to refer the following items to the Board of Supervisors for review and action:

A. Approval of Medical Staff Appointments and Clinical Privileges:

1. Albrektsen, Joshua R., MD Radiology
2. Garcia, Ana K., MD Pediatrics
3. Jack, Sharon A., NP Family Medicine

Douglas D. Bagley

Douglas D. Bagley, Hospital Director

Departmental Concurrence

FINANCIAL DATA	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:	13/14

SOURCE OF FUNDS:	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION:

APPROVE

BY: *Debra Cournoyer*
Debra Cournoyer

County Executive Office Signature

- Policy
- Policy
- Consent
- Consent
- Dept't Recomm.:
- Per Exec. Ofc.:

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Tavaglione, Stone, Benoit and Ashley
Nays: None
Absent: None
Date: July 30, 2013

Kecia Harper-Ihem
Clerk of the Board
By: *Kecia Harper-Ihem*
Deputy

xc: RCRMC
2013 JUL 30 11:18

Prev. Agenda Ref:	District: 5/5	Agenda Number:
--------------------------	----------------------	-----------------------

SUBJECT: Medical Staff Appointments, Reappointments and Clinical Privileges

Page 2 (Continued)

- | | |
|--------------------------|-----------------|
| 4. Lee, Peter J., MD | Family Medicine |
| 5. Lee, Yong-Kwon, MD | Surgery |
| 6. Stephanyan, Gohar, DO | OB/GYN |

<u>B. Approval of Reappointments:</u>	<u>Department</u>	<u>Reappointment Cycle</u>	<u>Status</u>
1. Bork, Jane M., MD	Pediatrics	08/01/13 – 07/31/15	Cons.
2. Chamberlin, David A., MD	Surgery	08/01/13 – 07/31/15	Court.
3. Dennis, Tshekedi G., MD	Psychiatry	08/01/13 – 07/31/15	Active
4. Faerber, Wade, DO	Ortho Surg.	08/01/13 – 07/31/15	Active
5. Kansal, Tapeesh, MD	Psychiatry	08/01/13 – 07/31/15	Active
6. Kim, Daniel I., MD	Medicine	08/01/13 – 07/31/15	Active
7. Klein, II, Walter F., MD	Medicine	08/01/13 – 07/31/15	Active
8. Klooster, Marquelle J., MD	Pediatrics	08/01/13 – 07/31/15	Cons.
9. Krishnan, Rajagopal, MD	Medicine	08/01/13 – 07/31/15	Active
10. Lampropoulos, Constantina, MD	Radiology	08/01/13 – 07/31/15	Active
11. Loo, Lawrence K., MD	Medicine	08/01/13 – 07/31/15	Active

(withdraw of privileges)

- Pleural Biopsy (closed)
- Sigmoidoscopy with/without biopsy)

12. Naftel, John C., MD	EM	08/01/13 – 07/31/15	Active
13. Parker, Robert E., DPM	Ortho Surg.	08/01/13 – 07/31/15	Active
14. Rippner, Robert S., MD	Radiology	08/01/13 – 07/31/15	Active
15. Rosario, Debbie Ann I., MD	Psychiatry	08/01/13 – 07/31/15	Active
16. Sahney, Shobha, MD	Pediatrics	08/01/13 – 07/31/15	Cons.
17. Stewart, IV, Charles E., MD	Surgery	08/01/13 – 07/31/15	Active
18. Underwood, Matthew E., MD	EM	08/01/13 – 07/31/15	Active
19. Wallen, Jason, MD	Surgery	08/01/13 – 07/31/15	Active

C. Final FPPE/*Reciprocal – Advancement of Staff Category: Advancement to:

1. Azer, David, DO	Anesthesia	Active
2. Lima, Kathleen B., DO	Pediatrics	Active
3. Madhvani, Vinit K., MD	Emergency Med.	Active
4. Mooradian, Ryan D., MD	Pediatrics	Active

D. FPPE – Final Proctoring for Additional Privileges

1. Scharf, Shivani R., DO	Medicine
---------------------------	----------

E. FPPE – Partial Proctoring/*Reciprocal

1. Beamer, Yancey B., MD	Neurological Sciences
2. Fond, Matthew B., MD	Pediatrics
3. Lopez, Merrick R., MD	Pediatrics

F. Change in Staff Category:

	<u>Department</u>	<u>Status Change From:</u>
1. Arnold, II, Don C., MD	Surgery	Provisional to Courtesy

G. Voluntary Resignation/Withdrawal*

	<u>Department</u>	<u>Effective</u>
1. *Berman, Michael K., MD	OB/GYN	
2. Cha, Joseph K., MD	Medicine	Immediately
3. Chang, Heather S., MD	Ophthalmology	Immediately
4. Huang, Aaron C., DO	Anesthesia	Immediately

5. Luu, Nhan T., MD	Medicine	Immediately
6. Roddy, Sarah M., MD	Pediatrics	Immediately
7. Tanaka, Wayne K., DDS, MD	Surgery	8/1/13

H. Revised Dept. of Radiology Privilege Form – See attachment

A request for approval was submitted on revisions to the Radiology privilege form.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER RADIOLOGY CLINICAL PRIVILEGES

Name: _____
(Last, First, Initial)

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

- Initial Appointment**
- Reappointment**

To the applicant: Check the box for requested privileges, strike out any privileges you do not want to request, 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 Riverside County Regional Medical Center for a proper evaluation of current competence and other qualifications, and for resolving any doubts.

Requirements for all applicants: Successful completion of an Accreditation Council for Graduate Medical Education or American Osteopathic Association accredited postgraduate training program in diagnostic radiology. Applicant must also have certification or active participation in the examination process leading to certification in radiology by the American board of Radiology or the American Osteopathic Board of Radiology. Applicant must be eligible for membership on the medical staff at Riverside County Regional Medical Center. Applicants must meet the Continuing Medical Education requirement necessary for licensure by the applicable California medical Board.

Core Diagnostic Radiology	
The following are core privileges in diagnostic radiology	
<input type="checkbox"/> Requested <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved*	<p>Required previous experience: An applicant for initial appointment must be able to demonstrate performance and interpretation of 50 cases of experience with acceptable results in the last 12 months in each of the radiological privileges requested OR successful completion of a hospital-affiliated accredited residency in the last 12 months. Eligibility to interpret mammograms or perform stereotactic breast biopsies is dependent upon current MQSA requirements.</p>

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER RADIOLOGY CLINICAL PRIVILEGES

Reappointment Requirements: To be eligible to renew core privileges in diagnostic radiology, the applicant must demonstrate current competence and 100 cases of experience with acceptable results in each of the privileges requested for the last 24 months based on ongoing professional practice evaluation and outcomes. Eligibility to maintain mammography and stereotactic breast biopsy privileges is based on current MQSA requirements.

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

1. Telemedicine
2. Fluoroscopic, pyelography and plain film radiology
3. Diagnostic and vascular ultrasound imaging
4. Diagnostic and therapeutic nuclear medicine, bone densitometry or PET (must be eligible to be designated user on the hospital's Nuclear Regulatory Commission License)
5. Screening and diagnostic mammography (must have active Mammography Quality Standards Act certification or be eligible for recertification)
6. Computerized tomographic Imaging
7. Magnetic resonance imaging

Core privileges also includes minor invasive procedures of

1. Hysterosalpingography
2. Cyst aspiration
3. Biopsy
4. Venography
5. Peripheral venous access
6. Mammography guided localization procedures/biopsy /ductography
7. Myelography and lumbar puncture
8. Arthrography
9. Drainage procedures

Tele-radiology Privileges Only

- Requested
- Approved
- Not Approved*

Required previous experience: An applicant for initial appointment must be able to demonstrate performance and interpretation of 50 cases of experience with acceptable results in the last 12 months in each of the radiological privileges requested OR successful completion of a hospital-affiliated accredited residency.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER RADIOLOGY CLINICAL PRIVILEGES

Reappointment Requirements: To be eligible to renew core privileges in teleradiology, the applicant must demonstrate current competence and 100 cases of experience with acceptable results in each of the privileges requested for the past 24 months based on ongoing professional practice evaluation and outcomes.

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

1. Diagnostic plain film radiology
2. Diagnostic and vascular ultrasound
3. Computed tomography imaging
4. Magnetic Resonance Imaging
5. Diagnostic Nuclear Medicine and/or PET

Vascular and Interventional Radiology

The following are vascular and interventional radiology privileges. Demonstration of current competency is required.

- Requested
- Approved
- Not Approved*

Required Previous Experience: An applicant for initial appointment must be able to demonstrate performance of at least 25 vascular or interventional radiology - in the past 12 months OR successful completion of a hospital-affiliated accredited residency or fellowship within the last 12 months.

Reappointed Requirements: To be eligible to renew core privileges in vascular and interventional radiology, the applicant must demonstrate current competence in 50 vascular or interventional radiology procedures and four moderate sedation procedures in the past 24 months based on ongoing professional practice evaluation and outcomes.

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

1. Peripheral or pulmonary angiography
2. Peripheral venography
3. Peripheral arterial embolization
4. [REDACTED]
5. Central venous access, tunneled or non tunneled
6. Cerebral angiography
7. Placement of catheter for tumor treatment
8. Neurointervention including embolization, coiling, stenting
9. Inferior Vena Cava Filter placement
10. Infusion of vasoactive or anti thrombogenic agents

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

	<p>11. Peripheral embolization 12. Vertebroplasty or kyphoplasty 13. Fallopian tube recanalization [REDACTED] 15. Nephrostomy [REDACTED] 18. Facet Injection 19. Celiac axis block 20. Peritoneal dialysis catheter thrombolysis/angioplasty [REDACTED]</p>
<p align="center">Moderate (Conscious)/Deep Sedation Demonstration of current competency is required.</p>	
<p><input type="checkbox"/> Requested <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved*</p>	<p>Criteria: Meet the qualifications as required in the Privileging criteria and Delineation for Moderate Sedation and the Patient Care Services Policy, 628: Moderate Sedation/Analgesia</p> <ul style="list-style-type: none"> • 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 RCRMC practitioner holding this privilege. <p>Reappointment Requirements: To be eligible to renew core privileges in moderate sedation, the applicant must meet the following maintenance of privilege criteria:</p> <ul style="list-style-type: none"> • 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.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER RADIOLOGY CLINICAL PRIVILEGES

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 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 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

MEC Approval: 6/11/09; 4/8/10; 10/14/10,10/11/12

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER RADIOLOGY CLINICAL PRIVILEGES

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 legibly.

Privileges/Procedures to be Proctored	Number of Cases to be Proctored	Method of Proctoring A. Concurrent B. Retrospective C. Reciprocal
Computed Tomography	2	A,B,C as applicable
Diagnostic plain film	2	A,B,C as applicable
Magnetic Resonance Imaging	2	A,B,C as applicable
Nuclear Medicine or PET	2	A,B,C as applicable
Ultrasound	2	A,B,C as applicable
Mammography	2	A,B,C as applicable
Stereotactic Breast Biopsy	2	A,B,C as applicable
Vascular and Interventional	10	A,B,C as applicable
Moderate Sedation	1	A,B,C as applicable