

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

3.9A



**FROM:** Riverside University Health System

**SUBMITTAL DATE:**  
May 19, 2016

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


**RECOMMENDED MOTION:** That the Board of Supervisors:  
1. Request approval of podiatry clinical privilege form.

**BACKGROUND:**

**Summary**

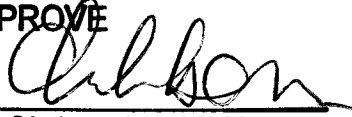
The Medical Executive Committee on May 12, 2016, recommended to refer the following to the Board of Supervisors for review and action:

- A. Podiatry Clinical Privilege Form - Additional privilege added – See Attachment  
A request for approval was submitted to add Supervision of Allied Health Professional privileges to Podiatry Clinical Privilege form.

  
 Zareh Sarrafian  
 Chief Executive Officer or Designee

| 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          |   |


|                         |                               |
|-------------------------|-------------------------------|
| <b>SOURCE OF FUNDS:</b> | <b>Budget Adjustment:</b> No  |
|                         | <b>For Fiscal Year:</b> 15/16 |

**C.E.O. RECOMMENDATION:** APPROVE  
 BY:   
 County Executive Office Signature Christopher M. Hans

**MINUTES OF THE BOARD OF SUPERVISORS**

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

Ayes: Jeffries, Washington and Benoit  
 Nays: None  
 Absent: Tavaglione and Ashley  
 Date: June 7, 2016  
 xc: RUHS

Kecia Harper-Ihem  
 Clerk of the Board  
 By:   
 Deputy

Prev. Agn. Ref.: \_\_\_\_\_ District: 5/5 Agenda Number: \_\_\_\_\_

**2-12**

Departmental Concurrence

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

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

**FORM 11: Medical Staff Appointments, Reappointments and Clinical Privileges**

**DATE: May 19, 2016**

**PAGE: Page 2 of 2**

**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.

**PODIATRY CLINICAL PRIVILEGES**Name: \_\_\_\_\_  
(Last, First, Initial)

- 
- Initial Appointment
- 
- 
- Reappointment

Effective: \_\_\_\_\_  
(From—To) (To be completed by MSO)

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**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 RECONSTRUCTIVE SURGICAL PROCEDURES – FOREFOOT

**Criteria:** To be eligible to apply for core privileges in Reconstructive Surgical Procedures – Forefoot, the initial applicant must meet the membership requirements of Riverside University Health System and the following criteria:

- Successful completion of a twenty-four-month (24) podiatric surgical residency. All residency programs must be certified as a residency in podiatric surgery (PSR) as set forth by the Council of Podiatric Medical Education. Rotating podiatric residencies (non-surgical) and podiatric orthopedic residencies are not deemed as adequate postdoctoral training in surgery.
- Current board certification/qualification or active participation in the examination process leading to certification in foot surgery by the American Board of Podiatric Surgery or the Royal College of Physicians and Surgeons of Canada.

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

- Current competence in the privileges requested and performance of at least 25 forefoot podiatric procedures during the past 12 months.

**OR**

- Demonstrate successful completion of an accredited podiatric surgery residency within the past 12 months.

**Reappointment Requirements:** To be eligible to renew core privileges in Reconstructive Surgical Procedures - Forefoot, the applicant must meet the following maintenance-of-privilege criteria:

- Current demonstrated competence and an adequate volume of experience (25 forefoot podiatric procedures) with acceptable results in the privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes.
- Meet the Continuing Medical Education (CME) requirement necessary for licensure by the applicable California medical board. Submit copies of CME certificates.
- Evidence of current ability to perform privileges requested is required of all applicants for renewal of clinical privileges.

\* Unless privileges granted prior to August 2010.

**PODIATRY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_  
(Last, First, Initial)

- Initial Appointment
- Reappointment

Effective: \_\_\_\_\_  
(From—To) (To be completed by MSO)

**RECONSTRUCTIVE SURGICAL PROCEDURES – FOREFOOT CORE PRIVILEGES**

**Requested** Co-admit, evaluate, and treat patients of all ages, except as specifically excluded from practice, with podiatric problems/conditions of the forefoot and midfoot, to include all soft-tissue and bony procedures involving the phalanges and metatarsal bones distal to the tarso-metatarsal joint; all soft-tissue and bony procedures involving the cuneiform, navicular, and cuboid bones distal to the midtarsal joint; all soft-tissue and simple exostectomy procedures. Order and interpret diagnostic tests related to podiatric patients, apply or prescribe foot appliances, orthotics, shoe modifications, and special footwear. Write prescriptions for medications commonly used in practice of podiatry.

Privileges include performance of medical history and physical exam and assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

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

**QUALIFICATIONS FOR CORE RECONSTRUCTIVE SURGICAL PROCEDURES – REARFOOT**

**Criteria:** To be eligible to apply for core privileges in Reconstructive Surgical Procedures - Rearfoot, the initial applicant must meet the membership requirements of Riverside University Health System and the following criteria:

- Successful completion of a twenty-four-month (24) podiatric surgical residency. All residency programs must be certified as a residency in podiatric surgery (PSR) as set forth by the Council of Podiatric Medical Education. Rotating podiatric residencies (non-surgical) and podiatric orthopedic residencies are not deemed as adequate postdoctoral training in surgery.
- Current board certification/qualification or active participation in the examination process leading to certification in foot surgery by the American Board of Podiatric Surgery.\*

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

- Current competence in the privileges requested and performance of at least 25 rearfoot podiatric procedures during the past 12 months.

**OR**

- Demonstrate successful completion of an accredited podiatric surgery residency within the past 12 months.

\* Unless privileges granted prior to August 2010.

**PODIATRY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_  
(Last, First, Initial)

- Initial Appointment
- Reappointment

Effective: \_\_\_\_\_  
(From—To) (To be completed by MSO)

**Reappointment Requirements:** To be eligible to renew core privileges in Reconstructive Surgical Procedures - Rearfoot, the applicant must meet the following maintenance of privilege criteria:

- Current demonstrated competence and an adequate volume of experience (25 rearfoot podiatric procedures) with acceptable results in the privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes.
- Meet the Continuing Medical Education (CME) requirement necessary for licensure by the applicable California medical board. Submit copies of CME certificates.
- Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

**CORE PRIVILEGES**

**RECONSTRUCTIVE SURGICAL PROCEDURES – REARFOOT CORE PRIVILEGES**

**Requested** Co-admit, evaluate, and treat patients of all ages, except as specifically excluded from practice, with podiatric problems/conditions of the rearfoot, to include all procedures involving osteotomies, arthrodesis, and open repair of fractures of the talar and calcaneal bones distal to the ankle joint.

Privileges include the performance of history and physical exam and assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

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

**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.

**PODIATRY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_  
 (Last, First, Initial)

- Initial Appointment  
 Reappointment

Effective: \_\_\_\_\_  
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**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, 2<sup>nd</sup> 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

**PODIATRY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_  
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**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.
- 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

**PODIATRY CLINICAL PRIVILEGES**

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 (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.

**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.

**Forefoot and Midfoot:**

1. All podiatric infections or systemic illness which can manifest itself in a pedal complaint being concurrently treated by a physician
2. Amputation; digital, transmetatarsal
3. Application of casts and dressings
4. Arthrodesis; digital midtarsal, forefoot
5. Biopsy/incision/excision/drainage of sebaceous cysts, lymphomas, nevus, warts
6. Bunionectomy with osteotomy, with prosthesis, with joint resection
7. Debridement of wound
8. Desyndactylization of toes
9. Excision of accessory bones, bone tumors, cutaneous lesions, exostosis, foreign body, ganglion, neuroma, soft-tissue lesion, spurs
10. Foreign-body removal
11. Fractures, metatarsals, phalanges, open and closed reduction
12. Hammer toe correction
13. Incision and drainage of infection
14. Metatarsal head resection
15. Metatarsal osteotomy
16. Metatarsus adductus correction
17. Minor regional nerve block
18. Nerve entrapment release
19. Neurectomy for chronic pain syndrome
20. Phalangectomy
21. Plastic repair of injury; skin graft or bone graft
22. Repair of laceration
23. Sesamoidectomy
24. Syndactylization of toes
25. Tarsectomy
26. Tendon repair, transfer, capsulotomy
27. Toenail surgery
28. Wound care in Outpatient Clinic



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**Rearfoot (includes all Forefoot procedures in addition to the following as requested):**

1. Amputation, below Syme's level
2. Arthrodesis, rearfoot, subtalar, ankle
3. Arthroplasty
4. Arthrotomy
5. Bone graft
6. Cavus foot surgery
7. Club foot correction
8. Endoscopic plantar fascial release
9. Fasciotomy, plantar
10. Flat foot surgery
11. Fractures, closed reduction, open reduction to ankle
12. Nerve surgery to include neurolysis, posterior tibial nerve decompression, tarsal tunnel decompression
13. Osteotomy
14. Tarsectomy
15. Tendon surgery; Achilles lengthening, major tendon repair, major tendon transfer

**PODIATRY CLINICAL PRIVILEGES**

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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 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**

**PODIATRY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_  
 (Last, First, Initial)

- Initial Appointment
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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:**

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<br>B. Retrospective<br>C. Reciprocal |
| Forefoot Core Procedures              | 5 Varied Cases                   |  |
| Rearfoot Core Procedures              | 5 Varied Cases                   |  |
|                                       |                                  |  |
|                                       |                                  |  |
|                                       |                                  |  |
|                                       |                                  |  |

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