



YOUR REPORT

FROM THE STATE MEDICAL BOARD OF OHIO

WINTER 1997-1998

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A WORD FROM THE EDITORS

At a recent Board meeting, physician member Robert Heidt, Sr. passed around a photograph showing how he spent part of his summer vacation. The picture shows Dr. Heidt, who stands about 6'3", next to a chin-high tower of hearing transcripts and medical records, all from cases to be debated at the Medical Board's next monthly meeting.

New appointees to the Medical Board are rarely prepared for the volumes of "homework" that come with the job. Physician and consumer members, already actively involved in their professions, are challenged to find the time to prepare for monthly Board meetings, multiple committee assignments, and stacks of licensure poll votes. Yet when the Board president strikes the gavel to call each meeting to order, the commitment of our members to serving both the public and the profession is unsurpassed.

We are fortunate that three of our experienced members, consumer representatives Raymond Albert and Nora Noble, and incoming President Dr. David Buchan, D.P.M., will be committing their considerable energy to our cause for a few more years, both having been recently reappointed by Ohio Governor George Voinovich. Collectively, our 12 members now bring over 73 years of regulatory experience and 234 years of medical practice experience to the Board room table each month! Our goal is to devote that expertise to helping you meet the demands of Ohio's regulatory laws. This *Report* is dedicated to that end.

*Charles D. Stienecker, M.D.
& Lauren Lubow, J.D., co-editors*

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From the Secretary's Desk: Your Medical Records

by Thomas E. Gretter, M.D., 1997 Secretary

From where I sit, it seems that alteration of patient medical records is becoming a significant problem. To be sure, there are times when editing a medical record is appropriate and necessary. Making mistakes when entering data is not unusual. These are busy, hurried times; it is too easy to enter information in the wrong record or for that information to be inaccurate. Unfortunately, regulators may have difficulty in distinguishing a legitimate after-the-fact correction from a self-serving alteration intended to cover up or change the truth. This article is meant as a reminder about the purpose of medical records and appropriate methods for correcting them when necessary.

The medical record is a chronological account of a patient's health care. The physician is the party ultimately responsible for record maintenance. As health care providers, we are all aware of the elements that make up that record. These include identifying data, insurance and billing information, patient remarks such as a chief complaint, physical examination findings, a diagnosis or provisional diagnoses, laboratory reports, and other diagnostic studies and consultant reports. The record documents treatment, including medications provided and telephone advice rendered.

Over the years, the original role of the medical record has expanded. It has become the basis for billing (reimbursement or evidence of level of service), a tool for measuring quality of care, and evidence in malpractice actions. The record has become a legal document, demanding even greater care in its creation and maintenance. We are aware that a whole cadre of individuals may read the record for their own specific purposes. Besides health care professionals, the record has become essential to insurers for financial

reasons, attorneys for medical-legal reasons, and the government for payment and regulatory reasons.

After a record is made, it should be

corrected or edited only by using the proper methodology. Once detected, errors should be corrected promptly. The proper method is for the author of the entry to draw a single line through the incorrect information without obliterating it. The correct information should then be recorded above, below, or beside the original incorrect data, and should be initialed and dated. Being able to read what has been edited or changed is important. This procedure applies to all records, including those generated in a practitioner's office and in the hospital setting. Remember, all records have the same scrutiny potential.

Deleting with correction fluid, erasing, or blotting out, or adding information at a different time than the original note are not appropriate ways to correct a record. Any of these actions may be viewed as alteration.

In my capacity as the Medical Board's primary enforcement officer, I have had the opportunity to review patient records of diverse quality.

The physician is the party ultimately responsible for record maintenance.

Even well-kept records sometimes contain information about which reasonable practitioners disagree or have a different opinion. This scenario may occur when several physicians or other health care professionals are writing in the same chart, such as that of a hospitalized patient. Honest differences that develop in patient care should be recognized. These differences should be based on facts and expressed as such. Here is an example of the type of entry I have in mind:

My diagnosis is deep vein thrombosis on the calf, not cellulitis. This is based on the swelling, deep tenderness, Homan's sign and the positive ultrasound.

This, on the other hand, is the note I would advise against:

Who is the idiot who thought this was cellulitis?

After all, you never know who may be looking at your records. ♦



CHANGE OF ADDRESS

Do we know where you are? State law requires that you notify the Medical Board in writing of your new address within 30 days.

The Quest for Quality

Panels Intervene to Correct Substandard Practices

Last year, the State Medical Board of Ohio implemented a novel program that captured the attention of regulators, consumer groups, and medical practitioners nationwide. The Quality Intervention Program, launched in January 1996, offers physicians the opportunity to correct identified substandard practices using peer review before the need for a formal disciplinary action by the Medical Board arises. On October 1, 1997, new legislation added statutory definition to the program designed to ensure that Ohio's citizens receive the quality medical care they deserve.

The Quality Intervention Program (QIP) was developed to address those quality of care complaints filed with the Medical Board that indicate that a licensee has developed poor practice patterns or has failed to keep up with current practice standards. As long as there is no identifiable impairment issue, such as a physical or mental illness or chemical abuse, an educational intervention may be all that is needed to bring the physician up to current standards and practices. If intervention is successful, both

the physician and the patient community benefit from an improved practice pattern. At the same time, the Medical Board is able to ensure public protection without adversely impacting the availability of quality care.

Two panels are currently working within the scope of the program. The first, made up of five physicians practicing in the areas of cardiology, infectious disease, general surgery, family practice and psychiatry, meets monthly. Both allopathic and osteopathic physicians are represented. This group also includes a non-physician member who represents the consumer perspective. The second panel, comprised of three podiatrists and one consumer member, meets quarterly to discuss podiatric care issues. The Medical Board prefers that panel members be certified in their particular specialty and spend at least 50% of their professional time in clinical practice. Additionally, all of the panel members are devoted to the type of peer review process that is mirrored by QIP.

See QUEST on page 4

At present, both the physician and podiatric QIP panels are reviewing cases referred to the program by the Medical Board's Secretary and Supervising Member, the two members of the Board who oversee the agency's investigative activities. Those complaints that are most likely to be referred involve licensees who appear to demonstrate a singular identified practice deficiency. Licensees who are presently facing formal disciplinary action or have been disciplined in the past are not candidates for Quality Intervention.

It is the panel's responsibility to assess a physician's practice in order to affirm a suspected practice deficit, further define the deficit, and determine if the defined deficit can be corrected through a course of re-education. It is also the panel's charge to identify any impairment or other problem that may render educational intervention ineffective.

When the panel is initially presented with a referral to the program, it is provided with copies of patient records of the licensee under review. The panel members review the records independently, and then discuss them as a group. Specialists and subspecialists may be called in as consultants to assist when a case under review falls outside the panel's

expertise. If, upon review, the panel believes that the patient records demonstrate practice deficiencies, it may request that the practitioner be called in for a meeting. At the meeting, panel members may conduct a chart-stimulated case review and talk with the licensee about the minimal standards concerns raised by the records. Although the meeting is intended to be a peer-to-peer interaction discussing medical issues, the physician may choose to be accompanied by an attorney. This is a decision that can only be made by the physician, in consultation with legal counsel. It must be clearly understood that the meeting is **not** an administrative hearing.

If the physician decides not to meet with the Panel, there is no need to send an attorney as a representative.

Since QIP's inception, residency training programs throughout the state have expressed interest in assisting the Medical Board with the educational and assessment portions of the program. When appropriate, the Secretary and Supervising Member may refer a licensee under review to such an educational program for further, in-depth evaluation of his/her learning needs.

A year and a half after its inauguration, QIP finally came into its own when the State's biennial budget bill took effect

on October 1, 1997. Amendments to the Medical Practices Act that were incorporated into the budget package blanket the program's educational providers with the same protections and representation afforded the Board, its staff and its agents when acting in good faith and in the scope of their authority. In addition, they provide for the confidentiality of a licensee's participation in any portion of the program. The new law also places the financial obligation for costs arising from an educational intervention on the participating licensee. All case review and assessment provided by the QIP is considered a part of the Medical Board's investigatory process pursuant to Section 4731.22, Ohio Revised Code. Section 4731.22(C)(1), Ohio Revised Code, provides that all information received as part of an investigation is confidential and not subject to discovery in any civil proceeding. Accordingly, records of discussions held by the Panel and its recommendations to the Secretary and Supervising Member are confidential investigatory material and are not subject to public disclosure.

Regular public reports are made to the Medical Board as a whole, detailing the activities of the QIP. However, the identity of the licensee under review and the patients whose records were

reviewed will not be provided to the Board or disclosed to the public.

The Quality Intervention Panels can only make recommendations. All decisions regarding a licensee's ability to practice or actual referral for an evaluation or to an educational program remain the responsibility of the Board's Secretary and Supervising Member. The panel may make a number of recommendations concerning a licensee's practice. One may be to close the investigation after a closer look reveals that the care provided did not represent substandard practice after all. In instances where the panel does identify a specific problem that it believes can be corrected through education, it may recommend a specific educational program to address the identified deficiency. Referral to remedial education courses or mini-residencies through Ohio's existing residency programs may be suggested. If the Secretary and Supervising Member agree with the recommendation for interventional education, the licensee would attend at his/her own expense. A more extreme recommendation may be that the problem identified is too severe to be corrected and should be referred for formal disciplinary proceedings.

If the licensee successfully

completes a recommended training program and follow-up investigation reveals that he/she has incorporated the material learned into actual practice, the complaint that initiated the referral to QIP will be closed, and will not be used by the Board as the basis for formal disciplinary action in the absence of other evidence of violations of the Medical Practices Act.

The Board is ever-seeking ways to better its services to its licensees as well as to Ohio's citizens. Quality Intervention is a means through which both will receive great benefits; licensees through self-regulation of their professions and the opportunity for individual correction; and the public through assurance that care is being provided by a quality practitioner. ♦

QUALITY INTERVENTION PROGRAM

Physician Panel Members

Michael Amalfitano, D.O., Cardiology; Mansfield
Martin Macklin, M.D., Psychiatry; Chardon
Joseph Segal, M.D., Infectious Diseases; Cincinnati
Chris Simpson, D.O., Family Practice; Athens
Robert Stern, M.D., General Surgery; Lima
Elvena Stranahan, Consumer Representative; Lancaster

Podiatric Panel Members

Michael Cragel, D.P.M.; Oregon
Steven Lakamp, D.P.M.; Cincinnati
John Stephens, D.P.M.; Columbus
James Starkey, Consumer Representative; Columbus

Legislative Update

The following summary of legislation is provided to assist licensees in being aware of changes in the law that may affect their practices. The summary does not purport to be all-inclusive. Licensees are encouraged to periodically review relevant portions of the Ohio Revised Code (statutes) and Ohio Administrative Code (rules) to

See **LEGISLATION** on page 6

remain current in their knowledge and understanding of the legal parameters impacting their medical practice. You may also wish to consult your state and local professional associations for further information.

The summary in this newsletter utilizes language taken directly from the Final Analysis of the bill, as prepared by the Legislative Service Commission of the State of Ohio.

Substitute House Bill 187 (*Intractable Pain*) was passed by the 122nd General Assembly and signed by the Governor, and became effective October 14, 1997.

Sponsors: Reps. Thomas, Van Vyven, Brading, Taylor, Terwilleger, Myers, Mottley, Garcia, Harris, Corbin, Lewis, Opfer, O'Brien, Grendell, Lucas, Bender, Ford, Olman, Fox, Tavares, Lawrence, Thompson, Prentiss, Logan, Boyd, Vesper, Williams, Patton, Mason, Core, Mottl, Sykes, Carey, Padgett, Sawyer, Ogg, Mead, Householder, Reid, Johnson, Beatty, Healy, Cates, Stapleton, Verich, Roman, Jones, Miller, Salerno. Sens. Drake, Gillmor, Nein, Jagan, Kearns, Carnes, Watts, Oelslager, Schafrath.

- Requires the State Medical Board to adopt rules establishing standards and procedures for physicians in the diagnosis and treatment of intractable pain, including standards for managing intractable pain by prescribing, dispensing, or administering dangerous drugs in amounts that may not be appropriate when treating other medical conditions.
- Provides that a physician is subject to discipline for treatment of intractable pain with dangerous drugs only if the physician fails to comply with the requirements imposed by the act or the rules adopted by the Board.

CONTENT AND OPERATION

Board rules, statutory requirements, and physician discipline

The State Medical Board is required by the act to adopt rules in accordance with the Administrative Procedure Act establishing standards and procedures for physicians diagnosing and treating intractable pain, including standards for managing intractable pain by prescribing, dispensing, or administering dangerous drugs¹ in amounts or combinations that may not be appropriate when treating other medical conditions. "Intractable pain" is defined as a state of pain that is determined, after reasonable medical efforts have been made to relieve the pain or cure its cause, to have a cause for which no treatment or cure is possible or for which none has been found. In developing the rules, the Board is required to consult with and permit review by physicians with experience in diagnosing and treating intractable pain. The act expressly authorizes physicians to treat intractable pain by managing it with dangerous drugs in amounts or combinations that may not be appropriate in treating other medical conditions, so long as the diagnosis and treatment are made according to accepted and prevailing standards for medical care and prior to the diagnosis of intractable pain the patient is evaluated by at least one other physician who specializes in the area, system, or organ perceived as the source of the pain. In addition, each physician must record all of the following: (1) the medical history and physical examination of the individual, (2) the diagnosis of the intractable pain, including signs, symptoms, and causes, (3) the plan of treatment proposed, the patient's response to treatment, and any modification of the plan of treatment, (4) the

¹ A dangerous drug is a drug that is available only by prescription, is a Schedule V controlled substance available without a prescription, or is intended for administration by injection.

dates on which, and the name and address of the individual to or for whom, dangerous drugs were prescribed, dispensed, or administered, and the amounts and dosage forms, and (5) a copy of the report made by the physician to whom the patient was referred for evaluation.

A physician who treats intractable pain with dangerous drugs is not subject to discipline by the Board solely because the physician treated the intractable pain with dangerous drugs. The act provides that the physician is subject to discipline only if the physician fails to comply with the requirements of the act and the rules adopted by the Board governing the use of dangerous drugs to treat intractable pain.

Continuing medical education requirements

The Board is required by the act to approve one or more continuing medical education courses to assist physicians in diagnosing and treating intractable pain. The approval must occur not later than 90 days after the act's effective date.

* * * *

Future issues of Your Report will include updates on the progress of rules being promulgated by the Medical Board in accordance with the mandates of this legislation. ♦

**STATE MEDICAL BOARD OF OHIO
POSITION PAPER**

**SUPERVISION OF
PHYSICIAN ASSISTANTS**

Adopted April 9, 1997

The authorized scope of practice for a physician assistant depends upon the utilization plan as approved by the State Medical Board for the supervising physician under whose supervision the physician assistant is practicing. Although Section 4730.21, Ohio Revised Code (O.R.C.), establishes the minimum supervision requirements that must be met under all circumstances, standard utilization plan applications as approved by the Board often include a higher level of supervision. Supplemental utilization plan applications specify specific, additional functions and also specify supervisory responsibilities that differ from those in the standard utilization plan (see Section 4730.17(B), O.R.C.).

The supervision agreement that must be filed by all supervising physicians prior to initiating supervision of a physician assistant requires the physician and the physician assistant to agree that they will practice in accordance with the conditions specified in the utilization plan approved by the Board. Practicing in a manner inconsistent with the standard or supplemental utilization plan as approved by the Board is both a ground for discipline (Section 4730.25(B)(1), O.R.C.) and a criminal offense (Sections 4730.02(E) and 4730.99, O.R.C.). Failure of a supervising physician to maintain the required supervision is also a ground for discipline (Section 4731.22(B)(32), O.R.C.) and a criminal offense (Sections 4730.02(F), O.R.C.).

It is therefore of paramount importance that the Board be very precise in specifying a level of supervision for particular functions when approving a standard or supplemental utilization plan. In order to assist the supervising physician and the physician assistant in maintaining compliance with the conditions under which the utilization plans are approved by the Board, the Board hereby explains what is meant by the following levels of supervision to which it may refer when approving a standard or supplemental utilization plan.

See **SUPERVISION** on page 8

DIRECT SUPERVISION

The highest level of supervision is “direct supervision.” This means that the supervising physician is actually in sight of the physician assistant when the physician assistant is performing the function requiring direct supervision. Although the physician may be performing some other task at the same time, he is physically present in the same room, so that he may immediately provide direction or assume the performance of the task if difficulties arise. This does not require that the physician is watching “over the shoulder” of the physician assistant as would be required during the training period to ensure that the physician assistant is competent to perform the task. The term “immediate presence” means that direct supervision is being provided. While direct supervision would not be required for performance of tasks included on a standard utilization plan, it may be required for certain functions carrying high risks that are requested on a supplemental utilization plan.

ON-SITE SUPERVISION

The next level of supervision is “on-site supervision.” On-site supervision requires the physical presence of the supervising physician in the same location (i.e., the physician’s office suite) as the physician assistant, but does not require his physical presence in the same room. This level of supervision is normally required by statute for all physician assistants when new patients are being seen. It is also required by statute for all physician assistants practicing within a facility’s emergency department. (See, Section 4730.21(D), Ohio Revised Code) This level of supervision may also be appropriately required for the performance of specific functions requested through a supplemental utilization plan. If a physician states in the standard utilization plan that supervision will be on-site at all times, then he and the physician

assistant must practice in accordance with that declaration.

OFF-SITE SUPERVISION

The remaining level of supervision is “off-site supervision.” When providing off-site supervision, the supervising physician must be continuously available for direct communication with the physician assistant and must be in a location that under normal conditions is not more than sixty minutes travel time from the physician assistant’s location. (See, Section 4730.21(A), Ohio Revised Code) Off-site supervision is appropriate for some functions included in the standard utilization plan (subject to the additional restraints of Paragraph (D) of Section 4730.21, Ohio Revised Code), but would rarely be authorized for functions requested on supplemental utilization plans. ♦



Stay tuned: The biennial budget bill recently passed by Ohio’s General Assembly included a provision that changes the State’s licensure renewal system for MDs, DOs and DPMs to a staggered schedule. All physicians will be sent renewal notices in March 1998. Subsequent staggered renewal dates will be based on the first letter of your last name. Notices will be mailed in March 1998 to all currently licensed physicians informing them of the appropriate renewal fee and their license expiration date. The March mailing will provide detailed renewal information, including the time period needed to accumulate continuing medical education (CME) hours to satisfy the requirements for the staggered renewal.

It is hoped that, by staggering the renewal process, the Medical Board can better serve its licensees and expedite the processing of the renewal applications. ♦

USE OF ANESTHESIA IN THE OFFICE SETTING

Adopted June 11, 1997

The economics of the managed care environment has significantly increased the number of surgeries performed under local anesthesia, with or without conscious sedation, in the office setting. The American Society of Anesthesiologists reported a three-fold increase in office surgery from 1989 to 1990, with the number increasing from 400,000 to 1.2 million per year. The State Medical Board's concern is for the safety of patients and the quality of care when anesthesia is administered in the office setting. The purpose of this position paper is to offer some guidelines for the use of anesthesia in settings other than hospitals or ambulatory surgical facilities regulated by the Department of Health.

Types of Anesthesia

Pharmacologically induced general anesthesia is intended to render the patient unconscious and nonreactive to pain and emotional stress. Unconscious sedation (deep sedation) is a pharmacologically induced depressed level of consciousness retaining a response to strong stimuli, but which may further lead to loss of airway reflexes. The use of general anesthesia and unconscious sedation is only appropriate in either hospitals or ambulatory surgical facilities. Conscious sedation is a minimally depressed level of consciousness in which the patient will respond purposefully to verbal stimuli. Anesthesia has progressed beyond conscious sedation if reflex withdrawal to painful stimuli is the only response which can be elicited. Regional anesthesia produces insensibility of a part of the body by interrupting the sensory nerve conductivity from that region of the body. Major conduction anesthesia (spinal, subarachnoid, caudal, epidural, peridural, saddle blockade and Bier blocks), although technically regional anesthesia, carries much higher risks of complications than peripheral or local regional anesthesia; it also may require very rapid conversion to general anesthesia. Therefore, major conduction anesthesia must be used only where and under the same conditions general anesthesia can be used. Some types of regional anesthesia, such as digital blocks and local anesthetics, are appropriate in the office setting.

The use of conscious sedation may be appropriate in the office setting, if the following guidelines are observed. Failure to abide by the guidelines could be construed as a departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, in violation of Section 4731.22(B)(6), Ohio Revised Code.

Guidelines for Conscious Sedation in the Office Setting:

The Ramsay sedation scale is useful for measuring and documenting the level of sedation. Under this system, a sedated patient is classified on a six-point scale:

See ANESTHESIA on page 10

ANESTHESIA (cont.)

- Level 1: Anxious, agitated or restless
- Level 2: Cooperative, oriented, tranquil
- Level 3: Drowsy but responds to commands
- Level 4: Asleep but exhibits a brisk response to a stimuli
- Level 5: Asleep and exhibits a sluggish response to a stimuli
- Level 6: Asleep with no response to stimuli

A patient at Ramsay Level 2 or 3 is ready for a procedure. Levels 5 and 6 constitute the onset of general anesthesia which goes beyond the desirable limits of conscious sedation.

Pharmacopoeia: New potent drugs continue to increase the anesthetic pharmacopoeia. There is no universally safe and effective dosing regime for attaining conscious sedation. A protocol should be developed for the use of these drugs. Ultra short acting barbiturates, such as ketamine and propofol, must be used with utmost caution in the office setting. Pharmacological antagonists, such as naloxone hydrochloride and flumazenil, must be available for use.

The Pre-Op Evaluation: Patients with significant cardiopulmonary and/or neurologically compromised status must be considered for the hospital setting. A focused physical examination must be performed and at least the following factors should be taken into consideration when deciding whether anesthesia in the office setting is appropriate:

1. Abnormalities of major organ systems.
2. Previous adverse experience with sedation/analgesia, as well as regional and general anesthesia.
3. Current medications and drug allergies.
4. Times and nature of the last oral intake.
5. History of tobacco, alcohol or substance use or abuse.

The patient should be informed of the benefits, risks and limitations associated with conscious sedation and possible alternatives. Informed consent must be clearly documented.

Equipment: The following is necessary for conscious sedation: oxygen (wall source or portable tanks), suction sources (wall source or portable), emergency cardiac medications, nasal oxygen cannulas (simple and nonrebreathing oxygen masks), ambu bag and assorted masks, oral and nasal airways, endotracheal tubes and stylet, laryngoscopes (at least two), continuous pulse oximeter, continuous electrocardiograph, blood pressure monitor, temperature monitor, intravenous access and method to summon additional help.

Personnel: Individuals administering medications for anesthesia should have appropriate clinical pharmacological training and must be legally authorized to administer anesthesia.¹ A designated qualified individual must be exclusively assigned to monitor the patient; when conscious sedation is being used, this should be the same person who is administering the anesthetic agents. An individual must be readily available who is experienced in airway management and advanced cardiac life support.

Monitoring during procedure:

1. Level of conscious sedation - Verbal commands should be used to evaluate the depth of sedation according to the Ramsay Sedation Scale. This would allow adverse drug reactions or sedation that has progressed beyond the desired level to be diagnosed and treated in a timely manner to avoid cardiovascular decompensation and cerebral hypoxia.
2. Pulmonary ventilation - Hypoxemia is detected much earlier with the use of a

pulse oximeter than with clinical assessment. Therefore, the use of a pulse oximeter is highly recommended during the procedure. Although supplemental oxygen may be used to treat mild early hypoxemia, it must be recognized that such use may delay the detection of an underlying serious problem causing the hypoxia.

3. Blood pressure should be monitored regularly at intervals of five to ten minutes during the procedure.
4. Continuous use of electrocardiography is recommended in patients with a history of cardiovascular compromised state or predisposing factors for cardiovascular disease.

Records: All medications, the dosage and time of administration should be recorded. Vital signs, blood pressure and respiratory rate should be recorded every five to ten minutes. Patients with cardiovascular compromise or predisposing factors for cardiovascular disease should have continuous cardiac monitoring which should be documented in the record.

Following the Procedure: Vital signs should be checked every five to ten minutes for a minimum of 30 minutes following the last IV sedation dose. If the patient is progressing normally, vital signs can then be checked every fifteen minutes until the patient returns to the pre-procedural state.

Discharge Criteria: Discharge criteria should address the following issues:

1. Vital signs and oxygen saturation levels are stable
2. All reflexes are completely recovered
3. The patient is alert and can sit unaided
4. The patient can walk with assistance
5. Nausea and dizziness are minimal

6. Hydration is adequate
7. The patient is being discharged into the care of a competent adult

The patient should be given written post-op instructions and a 24 hour emergency contact number upon discharge. ◆

¹Allopathic and osteopathic physicians may administer anesthesia. Podiatrists are authorized to administer or to supervise the administration of local anesthesia and conscious sedation in the office setting within the scope of practice of podiatry. Certified Registered Nurse Anesthetists are authorized by Ohio Revised Code Sections 4731.35 and 4723.43 to provide anesthesia with the supervision and in the immediate presence of a physician or podiatrist. Ohio Revised Code Section 4731.36 permits a dentist to administer anesthesia. Physician Assistants are permitted to administer local anesthetics (such as digital blocks) in connection with the care and suturing of minor lacerations only, but are otherwise not authorized to administer, monitor or maintain an anesthetic (See, Section 4730.03(E), Ohio Revised Code).

Surfing the Net? Stop by and visit the State Medical Board of Ohio's web site:

www.state.oh.us/med/

E-mail your comments and topic suggestions to:

med_lubow@ohio.gov

STATE MEDICAL BOARD OF OHIO

DISCIPLINARY ACTIONS

January 1997 - September 1997

ADAMS, Robert Harry (MD #56168) - St. Marys
Voluntary Surrender - Permanent revocation authorized by doctor in lieu of formal proceedings pursuant to Section 4731.22(B)(10), O.R.C., which gives Board authority to take action for commission of an act that would constitute a felony, and Section 4731.22(B)(26), O.R.C., impairment of ability to practice due to excessive use or abuse of drugs or alcohol. Agreement effective 1/30/97; Entry filed 5/13/97.

ANDOSCA, Karyl (MT #5102) - Cleveland Heights
Board Order - Massage therapy certificate permanently revoked based on massage therapist's plea of guilty to one count of Workers' Compensation Fraud, a first degree misdemeanor. Effective 3/28/97. **Court Action** - Notice of appeal of Board's 3/12/97 permanent revocation Order filed by massage therapist with Franklin County Court of Common Pleas on 4/11/97.

AUGE, Wayne Kenneth II (MD #64142) - Sante Fe, NM
Pre-hearing suspension - Pursuant to Section 3719.121(C), Ohio Revised Code, doctor's license immediately suspended based on his having been found guilty of one felony count of Illegal Processing of Drug Documents. Notice mailed 1/10/97. **Board Order** - Medical license suspended for at least two years; conditions for reinstatement and subsequent probationary terms, conditions and limitations for at last three years established. Based on doctor having been found guilty of one felony count of Illegal Processing of Drug Documents and violation of Board rules pertaining to utilization of steroids and specified hormones. Effective 7/1/97. **Court Action** - Notice of appeal of Board's 6/11/97 indefinite suspension Order filed by doctor in Franklin County Court of Common Pleas on 7/15/97.

BAILEY, Gordon A. (MD #36965) - Zanesville
Voluntary Surrender - Permanent revocation authorized by doctor in lieu of further formal proceedings based on doctor's admitted improper dispensing of controlled substances and other dangerous drugs. Surrender effective 6/3/97; surrender accepted on behalf of Board on 6/11/97.

BAMMER, Craig Howard (DO #2899) - Huron
Consent Agreement - Medical license indefinitely suspended based on doctor's admissions that he suffered a chemical dependency relapse by obtaining prescriptions for and utilizing Stadol nasal spray, that he had written and/or telephoned Stadol prescriptions for a specified patient without maintaining records for that patient and had used some of the patient's medication, and that his ability to practice is impaired by

excessive or habitual use of drugs or alcohol. Conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement incorporating probationary terms, conditions and limitations to monitor practice. Agreement effective 7/10/97. **Consent Agreement** - Medical license reinstated subject to probationary terms, conditions and limitations for at least five years based on doctor's admission that he has suffered impairment due to excessive or habitual use of drugs and alcohol, for which he has received treatment and aftercare through a Board-approved provider. Doctor ineligible to hold or apply for D.E.A. registration without Board approval. Effective 9/10/97.

BONITATIBUS, Patricia Joan (MD #64470) - Wheeling
Pre-hearing suspension - Medical license summarily suspended based on Board's determination that there is clear and convincing evidence that doctor violated conditions of limitation imposed on her license by 9/6/95 consent agreement and that her ability to practice is impaired due to chemical dependency relapse; and the Board's determination that the doctor's continued practice presents a danger of immediate and serious harm to the public. Notice mailed 4/14/97.

BRANNON, Robert William (MD #19491) - Columbus
Consent Agreement - Medical license indefinitely suspended based on doctor's admission that he has written prescriptions for Lortab, a Schedule III controlled substance, in the names of other individuals for his own use. Conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement incorporating probationary terms, conditions and limitations to monitor practice. Effective 8/13/97.

BROWN, David H. (DO #2256) - North Lima
Board Order - Medical license permanently revoked based on doctor having pled to and been found guilty of one felony count of Conspiracy to Distribute Controlled Substances. (*Goldman* hearing - no request for hearing filed) Effective 1/16/97.

BRYNIARSKI, Christopher Edward (DPM #2874)
Mayfield Heights
Board Order - Podiatry license permanently revoked based on doctor's pleas of guilty to one felony count of knowingly possessing, with intent to distribute, approximately 200 grams of marijuana, and less than 5 grams of cocaine. Effective 4/11/97.

BURWELL, Jeffrey E. (PA #971) - Port Huron, MI
Consent agreement - Application for registration as a

physician assistant granted subject to probationary terms, conditions and limitations based on applicant's admission that he suffers from dependence on opiates, barbiturates and alcohol, for which he has received treatment and monitoring; that he was convicted of Driving Under the Influence in 1989; that, prior to entering treatment, he diverted controlled substances from the clinic at which he was employed; and that his registration in Michigan was the subject of disciplinary action based on his diversion of controlled substances and failure at that time to complete recommended substance abuse treatment. Agreement effective 2/12/97; agreement to remain in effect for at two years prior to any request for termination.

CAMPBELL, Jessica Beatrice (MD #57773) - Zanesville
Pre-hearing suspension - Pursuant to Section 3719.121(C), Ohio Revised Code, doctor's license immediately suspended based on her having been found guilty of ten felony counts of Theft of Dangerous Drugs. Notice mailed 2/14/97.
Board Order - Permanent revocation stayed subject to suspension for at least one year; interim monitoring conditions, conditions for reinstatement, and subsequent probationary terms, conditions and limitations for at least five years established. Based on doctor having been found guilty of ten felony counts of Theft of Dangerous Drugs, the acts underlying which involved the removal of a schedule III narcotic from the medical drawers of hospital patients. Effective 6/10/97.

CARPENTER, Nathan Harry (MD #23523)
Ft. Lauderdale, FL
Board Order - Medical license permanently revoked based on doctor's failure to advise Ohio Medical Board on license renewal application that disciplinary action had been initiated and taken against his Florida medical license by that state's medical board. (Journal Entry - no hearing request filed)
Effective 2/12/97.

CARR, Phillip Charles (MD #47868) - Hamilton
Child support default suspension - Pursuant to determination by Butler County Child Support Enforcement Agency that doctor is in default under a child support order, medical license immediately suspended until such time as Board receives notice from Butler County Child Support Enforcement Agency that doctor is no longer determined to be in default. Notice mailed 4/25/97; suspension effective upon doctor's receipt of notice on 4/28/97. **Reinstatement** - License reinstated effective 4/28/97 pursuant to Notice to Reinstate/Reissue Professional License from Butler County Child Support Enforcement Agency.

CARRIGAN, Thomas Warren (MD #53465) - Troy
Pre-hearing suspension - Pursuant to Section 3719.121(C), O.R.C., doctor's license immediately suspended based on his having been found eligible for treatment in lieu of conviction of Deception to Obtain Dangerous Drugs. Notice mailed 4/14/97. **Board Order** - Permanent revocation stayed, subject to indefinite suspension for a minimum of two years; conditions during suspension and subsequent probationary terms,

conditions and limitations for at least four years established. Based on doctor's plea of no contest to twelve counts of Deception to Obtain Dangerous Drugs, for which he was granted treatment in lieu of conviction; failure to maintain full compliance with terms of monitoring agreement following treatment for alcohol, benzodiazepene and opiate dependence; and chemical dependency relapse. Effective 9/8/97.

CHEEK, John Christopher (MD #63948) - Shaker Heights
Pre-hearing suspension - Pursuant to Section 3719.121(C), O.R.C., doctor's license immediately suspended based on his having been found guilty of one felony count of Possession of Drugs. Notice mailed 5/15/97.

COX, William Anthony (MD #42327) - Hudson
Board Order - Doctor reprimanded based on his pleas of guilty to two misdemeanor counts of Unlawful Interest in a Public Contract, two misdemeanor counts of Soliciting or Accepting Improper Compensation, one misdemeanor count of Improper Use of Authority to Secure a Thing of Value, one misdemeanor count of Improper Soliciting and Receipt of a Thing of Value, and three misdemeanor counts of Failure to Disclose Sources and Amounts of Income Required by Law. Effective 5/1/97.

DAMBROGIO, James Patrick (DO #1861) - Hubbard
Child support default suspension - Pursuant to determination by Trumbull County Child Support Enforcement Agency that doctor is in default under a child support order, medical license immediately suspended until such time as Board receives notice from Trumbull County Child Support Enforcement Agency that doctor is no longer determined to be in default. Notice mailed 6/26/97; suspension effective upon doctor's receipt of notice.
Reinstatement - License reinstated effective 7/9/97 pursuant to Notice To Reinstate/Reissue Professional License from Trumbull County Child Support Enforcement Agency.

DRESKIN, O. Herman (MD #16197) - Cincinnati
Board Order - Medical license permanently revoked based on inappropriate utilization of controlled substances and other dangerous drugs in the routine course of treatment of specified patient, and failure to maintain adequate patient records to justify medications prescribed or dispensed to those patients. Effective 10/16/97.

DUNIFER, Charles De Leon (MD #39071) - Cleveland
Voluntary Surrender - Permanent revocation authorized by doctor in lieu of formal proceedings based on doctor's pleas of guilty to one felony count of Involuntary Manslaughter and four counts of Trafficking in Drugs. Effective 5/16/97.

FARR, Dennis L. (MD applicant) - Newark, DE
Board Order - Application for medical licensure denied based on previous denial of licensure by Ohio Medical Board and revocation of doctor's Delaware medical license following

findings by the Delaware Board of Medical Practice of misconduct in the doctor's practice of medicine and unethical conduct likely to harm and deceive the public. (*Goldman* hearing - no request for hearing filed) Effective 3/14/97.

GERACI, Thomas L. (DPM #2265) - Hilliard

Pre-hearing suspension - License summarily suspended effective 7/30/97 based on Board's determination that there is clear and convincing evidence that doctor is unable to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs or alcohol, and that doctor's continued practice presents a danger of immediate and serious harm to the public. Notice mailed and hand-delivered on 7/30/97.

GILREATH, Valerie Shearman (DO #3431) - Pontiac, MI

Board Order - Medical license suspended for at least six months; conditions for reinstatement and subsequent probationary terms, conditions and limitations for at least five years established; license permanently limited to restrict doctor from performing surgery of any kind. Based on prior action against doctor's Michigan license by that state's osteopathic medical board, whereby doctor was prohibited from performing surgery following a finding that his conduct failed to conform to minimal standards of care. (*Goldman* hearing - no request for hearing filed) Effective 2/4/97.

GOMEZ, Ben Albert (MD #66233) - Beaver creek

Probationary terms, conditions and limitations imposed for a minimum of three years based on doctor having been found guilty of one count of Public Indecency, a first degree misdemeanor, the acts underlying which involved his having unintentionally exposed himself in a public swimming pool. Three separate evaluations found no evidence of any psychopathology, including no evidence of paraphilia, impulse control disorder, or other aberrant behavior problem, and concluded that there was no evidence to suggest that doctor poses threat to patients. Agreement effective 4/24/97.

GOLDMAN, Douglas (CT #3754) - Springfield

Court Action - By Agreed Entry filed 1/29/97, Franklin County Court of Common Pleas remanded matter to Medical Board for further proceedings, pursuant to instructions of Tenth District Court of Appeals. **Board Order** - Cosmetic therapy certificate suspended for at least two years; conditions for reinstatement and subsequent probationary terms, conditions and limitations for at least five years established. Based on cosmetic therapist having improperly identified himself as a medical doctor and having used the designation "Dr." in connection with his name. (*Goldman* hearing - no hearing request filed) Effective 6/23/97. **Court Action** - Notice of appeal of Board's 5/14/97 indefinite suspension Order filed with Franklin County Court of Common Pleas on behalf of cosmetic therapist on 6/6/97. By Decision and Entry filed 6/20/97, Franklin County Court of Common Pleas denied cosmetic therapist's motion for a stay of Board's 5/14/97 indefinite suspension Order.

GOTSIS, George (MD #28693) - Lorain

Board Order - Application for restoration denied based on Board's prior denial of doctor's 1988 application for restoration following the Board's conclusions that doctor had prescribed controlled substances without performing exams and without medical indication to persons he had reason to believe were either abusing or selling the drug, and that the doctor had been convicted of nine felony counts of Illegal Processing of Drug Documents; revocation of medical license by Washington, D.C.'s medical board. Effective 5/23/97.

GRODEN, David Lee (MD #56586) - Marshfield, WI

Board Order - Medical license permanently revoked based on doctor's plea of guilty to one felony count of Knowingly and Intentionally Distributing Cocaine to a Person Under 21 Years of Age; and prior action against the doctor's Wisconsin medical license based upon findings by that state's medical board that the doctor had pleaded guilty to providing cocaine to his stepdaughter and had admitted that he had personally used and become dependent upon cocaine that he had procured for research. Effective 4/11/97.

HAAS, Thomas Stewart (DO #6725) - Elmhurst, IL

Consent Agreement - License to practice osteopathic medicine granted, subject to probationary terms, conditions and limitations for a minimum of two years based on doctor's admissions to self-medication with prescription drugs and alcohol abuse, for which he subsequently received treatment. Effective 8/13/97.

HADLEY, Robert Edward (PA #562) - Reynoldsburg

Voluntary Surrender - Permanent revocation authorized by physician assistant in lieu of formal proceedings based on his having been found guilty of practicing medicine without a license. Effective 6/26/97.

HARRIS, Ellen (DO #2117) - Kent

Board Order - License suspended for at least two years; conditions for reinstatement and subsequent probation for at least five years established. Based on improper prescribing of controlled substance anorectics; improper prescribing of controlled substances, including benzodiazepines and narcotic analgesics, to a patient despite indication that patient had drug habit and showed multiple problems related to drug usage; improper delegation of authority to examine patients and dispense controlled substance diet medications to a lay person when the doctor was not present and not directly supervising that individual. Effective 7/10/97. **Court Action** - Notice of appeal to Franklin County Court of Common Pleas of Board's 5/14/97 indefinite suspension Order filed with Board by doctor on 6/20/97.

HAUSERMAN, Allison Butts (MT #5067) - Cleveland

Board Order - Application for reinstatement of massage therapy certificate granted subject to reprimand based on massage therapist's practice of massage after her license had lapsed due to non-renewal. Effective 8/5/97.

HENRY, Scott R. (MT #7436) - Akron

Consent agreement - Certificate to practice massage therapy granted, subject to probationary terms, conditions and limitations based on massage therapist's admissions that he had been convicted of alcohol related misdemeanor offenses in 1991 and 1992 and has been diagnosed with alcohol abuse/dependence with abstinence since 1992. Agreement effective 3/12/97; Agreement to remain in effect for at least two years prior to any request for termination.

HERMAN, Michael Lee (MD #54884) - Canfield

Consent Agreement - Medical license indefinitely suspended based on doctor's admitted chemical dependency relapse, for which he is undergoing treatment. Conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement incorporating probationary terms, conditions and limitations to monitor practice. Agreement effective 7/14/97.

HOCKING TECHNICAL COLLEGE, MASSAGE THERAPY SCHOOL/Nadine Goebel, Director - Nelsonville

Consent Agreement #1 - Provisional certificate of good standing issued to school subject to probationary terms conditions and limitations for at least two years based on school's admission that it had enrolled students prior to their obtaining preliminary education certificates as required by Medical Board rule. Agreement effective 3/12/97; agreement to run concurrently and be read in conjunction with Consent Agreement #2.

Consent Agreement #2 - Provisional certificate of good standing issued pursuant to Consent Agreement #1 placed on probationary status for a period of time beginning on its date of issuance and continuing through next two succeeding administrations of massage therapy exam, plus any administrative time it may take Board to review and assess performance of school's graduates to determine if they are demonstrating minimally adequate performance on massage therapy exam. Based on school's admission that its graduates failed to demonstrate minimally adequate performance on Board's limited branch examination. Agreement effective 3/12/97; Agreement to run concurrently and be read in conjunction with Consent Agreement #1.

JARRELL, Daniel Lee (DO #6644) - Massillon

Consent Agreement - License granted subject to probationary terms, conditions and limitations based on doctor's admission that he was convicted of domestic violence on two occasions; that he has participated in counseling, and that a psychiatric evaluation found that the acts underlying his convictions did not affect his work situation or medical practice. Agreement effective 5/14/97; agreement to remain in effect for at least two years prior to any request for termination.

JOHNSON, Roy Joseph Jr. (MD #25065) - Shelby

Board Order - Medical license permanently revoked based on doctor's utilization of controlled substances and other

dangerous drugs in an inappropriate manner in the routine course of treatment of 15 specified patients. Effective 8/11/97.

Court Action - Notice of Appeal to Franklin County Court of Common Pleas of Board's 7/9/97 permanent revocation Order filed by Doctor on 7/25/97.

KAUFMAN, Enrique N. (MD #35247) - Cincinnati

Consent agreement - Medical license suspended for at least two years; conditions for reinstatement and subsequent probation for a minimum of three years established. Based on doctor's admission that he improperly reported the number of contract hours worked, resulting in an overpayment of approximately \$12,000 by his employer, the Pauline Warfield Lewis Center. Effective 2/12/97.

KAVANAUGH, Daniel Martin (DPM #1761) - Akron

Board Order - Podiatry license permanently revoked based on doctor having been found guilty of three felony counts of Trafficking in Drugs. (*Goldman* hearing - no request for hearing filed) Effective 1/16/97.

KAYE, Larry Carl (DPM #2678) - Cleveland

Board Order - Podiatry license permanently revoked based on doctor's pleas of guilty to felony counts of Trafficking in Drugs, Illegal Processing of Drug Documents, and Medicaid Fraud. Effective 3/14/97. **Court Action** - Notice of Appeal to Franklin County Court of Common Pleas of Board's 3/12/97 permanent revocation Order filed by Doctor on 3/25/97.

KING, John Paul (MD #23069) - Reynoldsburg

Board Order - Medical license permanently revoked based on doctor's failure, in specified cases, to conduct appropriate exams prior to treatment, make diagnoses, appropriately follow up on abnormal lab reports, appropriately work-up patients, and meet minimal standards of care with respect to medical record keeping; inappropriate prescribing of controlled substances and dangerous drugs. Effective 8/10/97. **Court Action** - Notice of Appeal to Franklin County Court of Common Pleas of Board's 6/11/97 permanent revocation Order filed by doctor 4/14/97. By entry filed 8/1/97, Franklin County Court of Common Pleas granted a partial stay of Board's 6/11/97 permanent revocation Order to permit doctor to perform F.A.A. flight physicals. By Decision filed 8/27/97, Franklin County Court of Common Pleas denied doctor's motion for clarification/modification of the stay Order.

KOEHLER, Donald A. II (PA #658) - Alexandria, KY

Pre-hearing suspension - Pursuant to Section 3719.121(C), O.R.C., physician assistant's license immediately suspended based on his having been found eligible for treatment in lieu of conviction for Theft of Drugs. Notice mailed 7/10/97. **Board Order** - Certificate of registration permanently revoked based on physician assistant's plea of guilty to two felony counts of Theft of Drugs, for which he was granted treatment in lieu of conviction. Effective 9/10/97. (Journal Entry - no hearing requested)

LAKWOOD COLLEGE OF COSMETIC THERAPY/ Michael A. Coggins, President - Lakewood, OH/Plymouth, MI
Board Order - Provisional certificate of good standing revoked and application for renewal of provisional certificate of good standing denied based on school's practice of enrolling specified students prior to obtaining preliminary education certificates as required by state law; failure to provide credentials for basic sciences instructor to Medical Board; and school's failure to post schedule of operations as required by Board rule. Effective 6/11/97. (Journal Entry - no request for hearing filed)

LEE, Myron S. (MD #55963) - Monroe
Board Order - Medical license suspended for six (6) months, effective immediately upon reinstatement or restoration of doctor's medical license, which lapsed for failure to renew on 10/1/96. Based on failure to conform to minimal standards of care with respect to eight specified patients due to performance of unnecessary cataract surgery. Order mailed 3/5/97. **Court Action** - Notice of appeal of Board's 2/13/97 suspension Order filed by doctor with Franklin County Court of Common Pleas on 3/17/97.

LEUVOY, Randall Don (DO #4367) - Lancaster
Child support default suspension - Pursuant to determination by Franklin County Child Support Enforcement Agency that doctor is in default under a child support order, medical license immediately suspended until such time as Board receives notice from Franklin County Child Support Enforcement Agency that doctor is no longer determined to be in default. Notice mailed 5/30/97; suspension effective upon doctor's receipt of notice.
Reinstatement - License reinstated effective 6/30/97 pursuant to Notice to Reinstate/Reissue Professional License from Franklin County Child Support Enforcement Agency. **Court Action** - Pursuant to Judgment Entry filed 6/5/97, Franklin County Court of Common Pleas stayed Board's child support default suspension Order until further order of the court. Doctor's civil action seeking to restrain imposition of Board's suspension Order voluntarily dismissed without prejudice by stipulation filed on 7/7/97.

MAHER, William Patrick (DO #4405) - Westerville
Board Order - License to practice osteopathic medicine permanently revoked based on doctor's violation of conditions of limitation imposed on his license by 8/14/96 consent agreement, and impairment of ability to practice due to chemical dependency relapse. Effective 4/11/97.

MCLAUGHLIN, Rosemary W. (MD #25953) - Columbus
Consent agreement - Probationary terms, conditions and limitations imposed based on doctor's admission that she violated terms of 9/6/95 consent agreement by obtaining prescriptions for dental pain from another who had no knowledge of her history of chemical dependency. Agreement effective 1/9/97; Agreement to remain in effect for at least five years prior to any request for termination.

MERSOL, Joseph (MD#24058) - Struthers
Voluntary Surrender - Medical license permanently surrendered in lieu of further formal proceedings based on doctor's plea of guilty to three misdemeanor counts of knowingly refusing and failing to keep and furnish invoices and records in connection with the receipt, dispensation and destruction of Schedule III, IV and V controlled substances. Effective 7/23/97.

MIGNONA, Michael Joseph (DPM#896) - Cleveland
Voluntary Surrender - Permanent revocation of podiatry license authorized by doctor in lieu of further formal proceedings pursuant to Section 4731.22(B), O.R.C. Effective 2/11/97.

NARAMORE, Lloyd Stanley, Jr. (DO #2518) - Topeka, KS
Board Order - On the basis of felony conviction of Attempted First Degree Murder, medical license permanently revoked; on the basis of felony conviction of Second Degree Murder, medical license permanently revoked. (Journal Entry - no hearing request filed) Effective 2/12/97.

OLIVERIO, Salvatore Lee (DPM #2484) - Akron
Pre-hearing suspension - Pursuant to Section 3719.121(C), Ohio Revised Code, doctor's license immediately suspended based on his having been found eligible for treatment in lieu of conviction of Deception to Obtain a Dangerous Drug, a felony. Notice mailed 1/10/97. **Court Action** - Notice of appeal of 1/8/97 immediate suspension Order filed by doctor with Franklin County Court of Common Pleas on or about 1/27/97. By Decision and Entry filed 3/18/97, Franklin County Court of Common Pleas granted Board's motion to dismiss doctor's appeal.

OHIO COLLEGE OF MASSOTHERAPY/Ann K. Morrow, President - Akron
Board Order - School's certificate of good standing subjected to probationary terms, conditions and limitations for a least one year based on school's practice of enrolling students prior to their obtaining preliminary education certificates as required by Medical Board Rule. Effective 7/1/97.

ORR, Dennis Paul (DO #2473) - Canfield
Board Order - Medical license permanently revoked based on doctor's plea of guilty to twelve felony counts of distributing controlled substances without a legitimate medical purpose, which pleas were based on doctor having sold schedule III and IV controlled substances to a confidential informant posing as a patient. Effective 1/16/97. **Court Action** - Notice of appeal to Franklin County Court of Common Pleas filed by doctor on 1/23/97. By Decision rendered on 6/7/97 and filed on 7/8/97, Franklin County Court of Common Pleas affirmed Board's 1/8/97 permanent revocation Order. Entry filed 8/6/97. Notice of appeal to Tenth District Court of Appeals filed on behalf of doctor on 9/5/97.

OSBORNE, Ronald Theodore (DPM #1371) - Dayton
Pre-hearing suspension - Pursuant to Section 3719.121(C),

O.R.C., podiatrist's license immediately suspended based on his having been found guilty of one felony count of Aggravated Trafficking in Drugs and two felony counts of Illegal Processing of Drug Documents. Notice mailed 5/15/97.

Board Order - Permanent revocation of medical license stayed subject to five year suspension; doctor permanently ineligible to apply for or hold D.E.A. registration. Based on doctor having been found guilty of one felony count of Aggravated Trafficking in Drugs and two felony counts of Illegal Processing of Drug Documents, the acts underlying which include the doctor's issuance of prescriptions in the names of two individuals who were not his patients; and doctor's failure to maintain adequate patient records. Effective 10/1/97.

PASSIAS, James Nicholas (DO #4232) - Columbus

Consent agreement - Probationary terms, conditions and limitations imposed based on doctor's admissions that he had relapsed on opiates in 8/92 and 5/93; that he had initially failed to fully disclose information about his relapse to the Board; and that he subsequently received treatment through a Board-approved provider and has maintained continued compliance with the terms of his advocacy contract since entering into it on 6/30/93. Agreement effective 1/9/97; Agreement to remain in effect for at least two years prior to any request for termination.

PETERSON, Paul S. (PA applicant) - Macon, GA

Board Order - Application for registration as a physician assistant denied based on applicant having represented himself as being registered in Ohio as a P.A. from 1979 to 1995 when he in fact was not. Effective 2/14/97.

PHOTIADIS, James (MD #55076) - Springboro

Consent agreement - Medical license reinstated effective 3/17/97, subject to probationary terms, conditions and limitations established by 12/4/96 Board Order for at least two years, and with the limitation that doctor not engage in the practice of anesthesiology without prior Board approval. Agreement effective 3/12/97; Agreement to remain in effect for a minimum of two years prior to any request for termination.

PRASAD, Kolli Mohan (MD #41939) - Boardman

Consent agreement - Medical license indefinitely suspended; interim monitoring conditions and conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement incorporating probationary terms, conditions and limitations to monitor practice. Based on doctor's admission that he has suffered alcoholism relapses. Agreement effective 2/12/97.

REYES, Samson D., Jr. (MD #37648) - St. Clairsville

Pre-hearing suspension - Pursuant to Section 3719.121(C), O.R.C., doctor's license immediately suspended based on his pleas of guilty to felony counts of Trafficking in Drugs and Illegal Processing of Drug Documents. Notice mailed 3/14/97.

REYNOLDS, Michael D. (MD #67665) - Lima

Board Order - Medical license suspended for at least six months; conditions for reinstatement and subsequent probationary terms, conditions and limitations for at least three years established; license permanently limited to restrict doctor from treating family members without appropriate recordkeeping, except in the event of life-threatening emergency. Based on doctor's failure to maintain adequate medical records pertaining to his prescribing of controlled substances to a specified patient in violation of Board rules. (*Goldman* hearing - no request for hearing filed) Effective 2/16/97. **Reinstatement** - Doctor's request for reinstatement effective 8/16/97 granted by vote of the Board on 7/9/97, subject to probationary terms, conditions and limitations established by 1/8/97 Board Order.

SAUNDERS, Neil Evan (DPM #2506) - Sylvania

Probationary terms, conditions and limitations imposed based on doctor's admission that he wrote and/or telephoned prescriptions for Lorcet, a Schedule II narcotic, in the name of another individual using the name and DEA number of another physician in order to obtain those prescriptions for his personal use; and that he subsequently completed inpatient treatment and received outpatient treatment through a Board-approved provider for addiction to narcotic analgesics. Effective 8/13/97.

SHERRETS, Bruce William (MT applicant) - Athens

Board Order - Application for massage therapy certificate denied based on applicant having been found guilty, in separate instances, of the following: Gross Sexual Imposition on a Female Less Than 13 Years of Age; a felony (in 1985); Public Indecency, a misdemeanor (in 1979, 1982, and 1988); Driving While Intoxicated, a misdemeanor (in 1984). Effective 1/16/97.

SHOEMAKER, Larry W. (MD #28306) - Worthington

Probationary terms, conditions and limitations imposed based on doctor's admission that he had given signed blank prescriptions to a nurse, which could have led to the aiding and abetting of the unlicensed practice of medicine. The blank prescriptions were designated for existing patients for whom dosage and safety of the medication had already been established. Effective 8/13/97.

SINGH, Rajinder (MD #46289) - East Liverpool

Board Order - Medical license permanently revoked based on impairment of ability to practice according to acceptable and prevailing standards of care due to habitual or excessive use or abuse of drugs; violation of conditions of limitation previously imposed on license. Effective 2/4/97. **Court Action** - Notice of appeal of Board's 1/8/97 permanent revocation Order filed by doctor on 2/7/97. By Decision filed on 8/21/97, Franklin County Court of Common Pleas affirmed Board's 1/8/97 permanent revocation Order.

SPEAR, Mark Alan (MD #71876) - Cincinnati

Consent agreement - Application for medical license granted

subject to probationary terms, conditions and limitations based on doctor's admission that he has a medical history of severe depression and mixed personality disorder, with borderline and narcissistic features (primary diagnosis), for which he has received treatment. Agreement effective 1/9/97; agreement to remain in effect for at least two years prior to any request for termination.

STEPHENSON, Melanie Ann (MD #72154) - Shaker Heights
Consent agreement - Medical license granted subject to probationary terms, conditions and limitations based on doctor's admission that she suffered from chemical dependency, depression and post-traumatic stress disorder for which she received treatment and continues to receive monitoring through Board-approved providers. Agreement effective 3/12/97; agreement to remain in effect for at five years prior to any request for termination.

SWIGER, Frank Joseph (DPM #2925) - Willowick
Board Order - Podiatry license permanently revoked based on doctor's plea of guilty to one felony count of knowingly possessing, with intent to distribute, approximately 200 grams of marijuana, and less than 5 grams of cocaine. Effective 4/11/97.

THORNE, Robert B., Jr., (MD applicant) - Kinnelon, NJ
Board Order - Application for medical license granted, subject to appropriate completion, following Board's determination that doctor's acts, conduct and/or omissions did not rise to the level necessary to constitute violations of the Medical Practices Act. Effective 3/5/97.

TURNER, Ronald Ross (MD #37284) - Portsmouth
Voluntary Surrender - Permanent revocation authorized by doctor in lieu of formal proceedings based on impairment of doctor's ability to practice due to alcoholism. Effective 8/4/97.

VILLAVECER, Hermenegildo (MD #33806) - Westerville
Voluntary Surrender - Permanent revocation authorized by doctor in lieu of formal proceedings based on doctor's plea of guilty to one felony count of Conspiracy to Violate the Healthcare Anti-Kickback statute. Effective 8/12/97.

WARD, David Carl (DO #4483) - Willoughby
Board Order - License permanently revoked based on inappropriate prescribing of controlled substances and other dangerous drugs in the routine course of treatment of six specified patients. Effective 7/10/97. **Court Action** - Notice of appeal to Franklin County Court of Common Pleas of Board's 5/14/97 permanent revocation Order filed with Board by doctor on 6/16/97.

WEITZEL, Richard Leonard (MD #53990) - Youngstown
Pre-hearing suspension - Pursuant to Section 3719.121(C), Ohio Revised Code, doctor's license immediately suspended based on his plea of guilty in federal district court to one felony count of Deception to Obtain A Controlled Substance. Notice

mailed 2/14/97. **Board Order** - Permanent revocation stayed subject to suspension for at least one year, such time to be calculated from 2/12/97 (the date of the Board's pre-hearing suspension Order); conditions for reinstatement and subsequent probationary terms, conditions and limitations for at least five years established. Based on doctor's plea of guilty in Federal District Court to one felony count of Deception to Obtain a Controlled Substance. Effective 6/10/97.

WHITSON, Thomas Jeffrey (MT #7435) - Columbus
Consent agreement - Certificate to practice massage therapy granted subject to probationary terms, conditions and limitations based on therapist's admission that he has been diagnosed with and receives treatment for schizoaffective disorder. Agreement effective 2/12/97; agreement to remain in effect for at least three years prior to any request for termination.

WICKREMASINGH, Felix Anoman (MD #67870)
West Union
Consent Agreement - Medical license indefinitely suspended; interim monitoring conditions and conditions for reinstatement established, including requirement that doctor enter into subsequent consent agreement incorporating probationary terms, conditions and limitations to monitor practice. Agreement effective 6/11/97.

WILSON, Paul Wesley (DO #2939) - Belpre
Board Order - Doctor reprimanded based on his failure to advise Medical Board on license renewal application that he had been found guilty of Disorderly Conduct, a fourth degree misdemeanor. Effective 2/4/97.

WRIGHT, Lance Paul (MD #53065) - Lebanon
Consent Agreement - Medical license indefinitely suspended; conditions for reinstatement and subsequent probation for a minimum of ten years established based on doctor having been found guilty of one misdemeanor count of Public Indecency. Effective 9/10/97.

ZAMA, Nche (MD #54284) - Cleveland
Child support default suspension - Pursuant to determination by Hamilton County Child Support Enforcement Agency that doctor is in default under a child support order, medical license immediately suspended until such time as Board receives notice from Hamilton County Child Support Enforcement Agency that doctor is no longer determined to be in default. Notice mailed 2/13/97.

Continuing Medical Education Actions

LEFKOVITZ, Norman Wayne (MD #49231) - Fairlawn
Consent Agreement - Doctor reprimanded; probationary terms,

conditions and limitations imposed for three biennial registration periods. Based on doctor's failure to timely submit documentation of Continuing Medical Education hours in response to Board audit, although required hours had been timely completed. Agreement effective 7/17/97.

RIGGINS, Murray Joseph Jr. (MD #49530) - Anniston, AL
Board Order - Medical license suspended for at least thirty days; conditions for reinstatement and subsequent probation for three biennial registration periods established based on doctor's failure to submit documentation of compliance with continuing medical education requirements in response to Board audit. (Journal Entry - no request for hearing filed) Effective 7/10/97.

RIVERA, Apollo (MD #45041) - Ashland
Medical license suspended for at least thirty days; conditions for reinstatement and subsequent probationary terms, conditions and limitations for three biennial registration periods established. Based on doctor's failure to provide acceptable documentation of satisfactory completion of Continuing Medical Education hours, despite his having certified on his license renewal application that the requisite hours had been completed. Effective 9/15/97.

COURT APPEAL UPDATE

BOUQUETT, Gaston (MD #28634) - Dayton
Court Action - Notice of appeal of 12/2/96 Court of Common Pleas ruling filed by doctor with Tenth District Court of Appeals on 12/13/96. By Opinion rendered on 9/16/97 and documented by Entry filed on 9/16/97, Tenth District Court of Appeals affirmed the 11/1/96 Decision of the Franklin County Court of Common Pleas that had upheld Board's 7/14/93 Order denying doctor's application for reinstatement of his revoked medical license.

CASTRO, Orlando (MD #39236) - East Liverpool
Court Action - Notice of appeal of Board's 9/11/96 indefinite suspension Order filed by doctor in Franklin County Court of Common Pleas on 10/11/96.

DAVIDSON, Jerome Philip (DPM #1210) - Youngstown
Court Action - By Decision and Entry filed 1/16/97, Franklin County Court of Common Pleas denied doctor's request for a stay of Board's 11/13/96 indefinite suspension Order. Notice of appeal of Court of Common Pleas' 1/16/97 Decision and Entry denying doctor's stay request filed by doctor with Tenth District Court of Appeals on 1/23/97. Doctor's appeal to Tenth District Court of Appeals of 1/16/97 Court of Common Pleas ruling denying his request for stay dismissed by Entry of the Court of Appeals on 2/6/97 for lack of a final appealable order. By Decision rendered 6/18/97 and filed on 6/19/97, Franklin County Court of Common Pleas affirmed Board's 11/13/96

indefinite suspension Order. Entry filed 7/14/97. Notice of appeal to Tenth District Court of Appeals filed by doctor on 7/7/97. (Pursuant to Appellate Rule 4c, notice is deemed to be timely filed as of 7/14/97, the date of filing of the Court of Common Pleas' Judgment Entry.)

DAWSON, Bruce (MD #37709) - Granville
By Decision rendered 8/18/97 and filed on 8/21/97, Franklin County Court of Common Pleas affirmed Board's 8/9/95 permanent revocation Order.

GARWOOD, Richard M. (DO #2655) - Twinsburg
Court Action - By Decision filed on 7/24/97, Franklin County Court of Common Pleas vacated the suspension portion of Board's 3/13/96 order and remanded matter to Board for appropriate consideration of its disciplinary guidelines as applied to the specifics of doctor's case. Court found that Board's decision was adequately supported, but that penalty was not. Entry to be filed.

GUANZON, Noel Araneta (MD #67652) - Belpre
Court Action - Notice of appeal to Tenth District Court of Appeals filed by doctor on 1/6/97. By Entry filed 1/27/97, Tenth District Court of Appeals denied doctor's request for a stay of Board's 6/12/96 permanent revocation Order.

KRAIN, Lawrence Stirling (MD #30640) - Chicago, IL
Court Action - By Decision rendered on 5/29/97 and filed on 5/30/97, Franklin County Court of Common Pleas affirmed Board's 12/6/95 indefinite suspension Order. Entry filed 7/2/97. Notice of appeal to Tenth District Court of Appeals filed by doctor on 8/1/97.

KRALIK, Rita Marie (MD #50161) - Mayfield Heights/
Roosevelt Island, NY
Court Action - By decision rendered on 4/10/97, the Tenth District Court of Appeals affirmed the 8/1/96 judgment of Franklin County Court of Common Pleas, which had dismissed doctor's appeal of Board's 4/17/96 indefinite suspension order based on doctor's failure to file notice of appeal with Medical Board.

LARACH, Fernando C. (MD #51160) - St. Petersburg, FL
Court Action - By Decision filed 3/27/97, Franklin County Court of Common Pleas denied state's motion for reconsideration of Court's 12/16/96 Decision reversing Board's 5/9/96 suspension Order. Entry filed 4/10/97; Entry Nunc Pro Tunc filed 7/8/97 to specify costs are to be paid by Medical Board.

NASSIF, Rita Mae (MD #25916) - Cleveland
Court Action - By Decision filed 12/20/96, Franklin County Court of Common Pleas affirmed Board's 3/13/96 permanent revocation Order. Entry filed 1/15/97. Notice of appeal to Tenth District Court of Appeals filed by doctor on 2/6/97. By Entry filed 3/28/97, Tenth District Court of Appeals denied

doctor's motion for a stay of Board's permanent revocation Order. By Decision and Entry filed 6/30/97, Tenth District Court of Appeals affirmed Board's 3/13/96 permanent revocation Order.

POLITO, Matthew Anthony (DPM #1531) - Willowick
Court Action - By Decision filed 2/20/97 and documented be Entry filed on 3/20/97, Franklin County Court of Common Pleas affirmed Board's 8/14/96 permanent revocation Order.

RAJAN, Semur P. G. (MD #33496) - Mansfield
Court Action - By Opinion and Entry filed on 2/13/97, Tenth District Court of Appeals affirmed Board's 9/13/95 suspension Order insofar as it was based on the conclusion that doctor had failed to conform to minimal standards of care, but reversed Board's conclusion that doctor had published a "false, fraudulent, deceptive or misleading statement." Matter remanded to Court of Common Pleas with instructions to remand to Board for further proceedings consistent with Court's Opinion.

RICH, Joseph E. (MD applicant) - Midwest City, OK
Court Action - By decision filed on 6/17/97, Franklin County

Court of Common Pleas affirmed Board's 8/14/96 Order denying medical licensure. Entry filed 7/30/97.

SINGH, Rajinder (MD#46289) - East Liverpool
Notice of appeal of Board's 1/8/97 permanent revocation Order filed by doctor on 2/7/97.

URELLA, Rocco Philip (MD #61396) - Ardmore, PA
Court Action - By Opinion rendered 3/6/97, Tenth District Court of Appeals affirmed judgment of Franklin County Court of Common Pleas, which had reversed Board's 8/9/95 permanent revocation Order and remanded matter to Medical Board with instructions to immediately reinstate doctor's Ohio medical license. Entry to be filed.

WEINER, Alan (DPM #1360) - Pepper Pike
Court Action - By Entry filed 1/27/97, Franklin County Court of Common Pleas denied doctor's motion to stay Board's 12/4/96 permanent revocation Order.

WENSINGER, Jerome Arthur (MD #23025) - Marion
Court Action - Notice of dismissal of appeal with prejudice filed by doctor in Franklin County Court of Common Pleas on 3/3/97. Suspension effective 4/3/97 through 5/2/97.

STATE OF OHIO
THE STATE MEDICAL BOARD
77 South High Street, 17th Floor
Columbus, Ohio 43266-0315

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