



# Washington Township Health Care District

2000 Mowry Avenue, Fremont, California 94538-1716 | 510.797.1111

Kimberly Hartz, Chief Executive Officer

*Board of Directors*  
Jacob Eapen, MD  
William F Nicholson, MD  
Bernard Stewart, DDS  
Michael J. Wallace  
Jeannie Yee

## BOARD OF DIRECTORS MEETING

**Wednesday, December 11, 2019 – 6:00 P.M.**  
**Conrad E. Anderson, MD Auditorium**  
**2500 Mowry Avenue, Fremont, CA**

### AGENDA

#### PRESENTED BY:

- |   |                                    |
|---|------------------------------------|
| <b>I. CALL TO ORDER &amp; PLEDGE OF ALLEGIANCE</b>  | Bernard Stewart<br>Board President |
| <b>II. ROLL CALL</b>  | Dee Antonio<br>District Clerk      |
| <b>III. ELECTION OF OFFICERS</b>  | <i>Motion Required</i>             |
| <b>IV. CONSENT CALENDAR</b><br><i>Items listed under the Consent Calendar include reviewed reports and recommendations and are acted upon by one motion of the Board. Any Board Member or member of the public may remove an item for discussion before a motion is made.</i> | Board President                    |
| A. Consideration of Minutes of the Regular Meetings of the District Board: November 13, 18, and 25, 2019  | <i>Motion Required</i>             |
| B. Consideration of Resolution No. 1203: AIG Federal Savings Bank – Washington Township Health Care District Tax Deferred Savings Program   |                                    |
| C. Consideration of Resolution No. 1204: AIG Federal Savings Bank – Washington Hospital Deferred Compensation Plan  |                                    |
| D. Consideration of Resolution No. 1205: AIG Federal Savings Bank – Washington Township Health Care District Employer Matching Contribution Plan  |                                    |
| E. Consideration of Medical Executive Committee Presentation of Revised Emergency Department Manual   |                                    |

F. Consideration of Budgeted Capital Request:  
Replacement of Coils and Condensate Pan for  
Air Handler Unit 35 (\$76,475.00)

G. Consideration of Budgeted Capital Request:  
Hemisphere Advances Monitoring Platform  
(\$43,376.63)

H. Consideration of Budgeted Capital Request:  
Prismaflex Continuous Renal Replacement  
Therapy (CRRT) System (\$30,376.13)

**V. COMMUNICATIONS**

**A. Oral**

*This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not on the agenda and within the subject matter of jurisdiction of the Board.. "Request to Speak" cards should be filled out in advance and presented to the District Clerk. For the record, please state your name.*

**B. Written**

From Prasad Kilaru, MD, Chief of Staff, dated  
November 25, 2019 requesting approval of Medical  
Staff Credentialing Action Items

*Motion Required*

**VI. PRESENTATION**

Economic Impact Report

Ben Sigman  
Economic & Planning Systems  
Inc.

**PRESENTED BY:**

**VII. REPORTS**

A. Service League Report

Ruth McGautha  
Service League

B. Medical Staff Report

Prasad Kilaru, MD  
Chief of Staff

C. Hospital Events Report

Kimberly Hartz  
Chief Executive Officer

D. Lean Report:

Linking Strategy to Operational Improvement

John Boyko  
Director Kaizen Promotion Office  
and  
Bettina Kurkjian, MD  
Lean Physician Champion  
Carmen Agcaoili, MD  
Medical Director, Critical Care

E. Quality Report: Intensivist ICU Board Report –  
December 2019

F. Finance Report

Chris Henry  
Vice President & Chief Financial  
Officer

G. Hospital Operations Report

Kimberly Hartz  
Chief Executive Officer

**VIII. ACTION ITEMS**

*Motion Required*

**IX. ANNOUNCEMENTS**

Kimberly Hartz  
Chief Executive Officer

**X. ADJOURN TO CLOSED SESSION**

A. Report involving a trade secret pursuant to Health  
& Safety Code section 32106

B. Conference with Legal Counsel-Anticipated  
Litigation pursuant to Government Code section  
54956.9(d)(2)

C. Conference regarding Personnel Matters

**XI. RECONVENE TO OPEN SESSION &  
REPORT ON CLOSED SESSION**

Board President

**XII. ADJOURNMENT**

Board President

*In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact the District Clerk at (510) 818-6500. Notification two working days prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to this meeting.*

A meeting of the Board of Directors of the Washington Township Health Care District was held on Wednesday, November 13, 2019 in the Conrad E. Anderson, MD Auditorium, 2500 Mowry Avenue, Fremont, California. Director Stewart called the meeting to order at 6:00 pm.

*CALL TO ORDER*

The Flags were escorted into the room by the Color Guard of the Fremont Army Recruiting Station, led by Sergeant Johnson. The Color Guard led those present in the Pledge of Allegiance. Kimberly Hartz, Chief Executive Officer, spoke on the celebration of Veterans Day and the commemorative Veterans Recognition Wall located at Washington West. The following names were added to the Veterans Recognition Wall this year: Timothy Barnett, Angel Castro, Timothy Coyle, Terence Koontzy, Dr. Kristopher Kuhl, and Joshua San Diego. Ms. Hartz spoke on Washington Hospital's leave policy that allows members of the Armed Forces or National Guard to be granted military leave from work for the period required when called to active duty for training, inactive duty training, or active duty.

*PLEDGE OF ALLEGIANCE*

Roll call was taken: Directors present: Bernard Stewart, DDS; William Nicholson, MD; Michael Wallace; Jacob Eapen, MD; Jeannie Yee

*ROLL CALL*

Also present: Kimberly Hartz, Chief Executive Officer; Prasad Kilaru MD, Chief of Staff; Ruth McGautha, Service League President; Dee Antonio, District Clerk

Guests: Ed Fayen, Chris Henry, Tina Nunez, Stephanie Williams, Kristin Ferguson, Mary Bowron, John Lee. John Zubiena, Donald Pipkin, Nick Legge, Gisela Hernandez, Bruce Lin MD, Karen Duff, Shari Kellen, Walter Choto, Rob Lanci, Paul Kozachenko

Director Stewart presented the Consent Calendar for consideration:

*CONSENT CALENDAR*

- A. Minutes of the Regular Meetings of the District Board: October 9, 21, 23, and 28, 2019
- B. Resolution #1201 Corporate Resolution Fremont Bank – Operating Accounts
- C. Resolution #1202 Corporate Resolution Fremont Bank – Facsimile Signature Agreements
- D. Amendments to the Pension Investment Policy and Other Post Employment Benefits Investment Policy
- E. Budgeted Capital Request: Ultrasound (\$52,294.70)
- F. Unbudgeted Capital Request: Osteocool (\$76,325.00)

Mr. Wallace recused himself from voting on Items B and C, Resolutions pertaining to Fremont Bank. Mr. Wallace vacated the meeting room.

In accordance with District law, policies, and procedures, Director Eapen moved that the Board of Directors approve the Consent Calendar, items B and C.

Director Nicholson seconded the motion.

Roll call was taken:

Bernard Stewart, DDS – aye  
William Nicholson, MD – aye  
Michael Wallace – Recused  
Jacob Eapen, MD - aye  
Jeannie Yee - aye

The motion carried.

Mr. Wallace returned to the meeting room.

In accordance with District law, policies, and procedures, Director Wallace moved that the Board of Directors approve the Consent Calendar, items A, D, E, and F.

Director Nicholson seconded the motion.

Roll call was taken:

Bernard Stewart, DDS – aye  
William Nicholson, MD – aye  
Michael Wallace – aye  
Jacob Eapen, MD - aye  
Jeannie Yee - aye

The motion unanimously carried.

There were no Oral communications.

*COMMUNICATIONS:  
ORAL*

The following written communication received from Prasad Kilaru, MD, Chief of Staff, dated October 28, 2019 requesting approval of Medical Staff Credentialing Action Items as follows:

*COMMUNICATIONS:  
WRITTEN*

Initial Appointments

Ibrahimi, Waheed MD; Prionas, Nicolas MD PhD

Temporary Privileges

Ibrahimi, Waheed MD; Prionas, Nicolas MD PhD

Waiver Request

MCNaught, William MD; Patel, Yesha DO

Reappointments – Two Year

Baeza, Jennifer CCP; Balakrishnan, Sangeetha MD; Busby, William MD; Chawla, Harman MD; Chen, Joan MD; Dugoni, William MD; Gorsulowski, David MD; Keyhan, Sanaz MD; Kramer, Scott MD; Paik, William MD; Siddiq, Simin MD; Siddiqi, Saif MD; Smith, Kelsey MD; Young, Philip MD

Reappointments – One Year

Ahuja, Rajiv MD; Chen, Kwan MD; Cheng, David MD; Iocco, John MD; Lee, Teng MD; Mahal, Anmol MD; Pavesi, Marco MD

Non-Reappointments – Deemed to Have Resigned

Clauson, William MD; Schuchard, Marilee MD

Transfer in Staff Category

Dao, Jackelynn NP; Kaur, Satinder MD; Lee, Teng MD

Completion of Proctoring Prior to Eligibility for Advancement in Staff Category

Beall DO; Waynard, Zariakhta MD

Completion of Proctoring and Advancement in Staff Category

Kaur, Satinder MD; Lee, Teng MD

Extension of Proctorship and Provisional Category 1-year

McNaught, William MD; Patel, Yesha DO

Delete Privilege Requests

Lee, Teng MD; Mahal, Anmol MD

Conflict of Interest Statement Updated

Gorsulowsky, David MD; Kramer, Scott MD; Mahal, Anmol MD

Reinstatement of Leave of Absence

Castro, Melanie PA-C

Withdrawal of Application

Gwalani, Tulsidas MD

U. Suspensions / Relinquishment

Bhandari, Bhupinder MD; Gay, Andre MD; Renolds, Kerisimasi DO; Sandhu, Sukhwinder "Goney" MD

Resignations

Boparai, Namrita MD; DaRoza, Ricardo MD; Jo, Daniel MD; Joshi, Nitin MD; Nguyen, Myhanh NP; Sun, Jiwu MD; Zheng, Hui MD

Director Nicholson moved for approval of the credentialing action items presented by Dr. Kilaru.

Director Wallace seconded the motion.

Roll call was taken:

Bernard Stewart, DDS – aye  
William Nicholson, MD – aye  
Michael Wallace – aye  
Jacob Eapen, MD - aye  
Jeannie Yee - aye

The motion unanimously carried.

Kimberly Hartz introduced Bruce Lin, MD, Medical Director of Vascular Interventional Radiology. Dr. Lin gave a history of vascular interventional radiology at Washington Hospital beginning with 2008. He reviewed the service lines: Vascular service line; Interventional Oncology; Spine, Musculoskeletal and Pain management service line; Women's health service line; Dialysis access service line; Genitourinary service line; Hepatobiliary and Gastrointestinal service line. Dr. Lin then described individual facets of each service line, with particular emphasis on specific services such as Carotid stenting; Embolization: bleed, aneurysms, AVMs; Deep vein thrombosis – thrombolysis, thrombectomy; Pulmonary embolism; Varicose veins: Venaseal and beyond; Chemoembolization of tumors in liver; Y90

*PRESENTATION  
Interventional Radiology*

radioembolization of tumors in liver; Uterine fibroid embolization; Compression fractures: kyphoplasty, vertebroplasty, sacroplasty, cementoplasty; and Prostate embolizations (BPH).

Dr. Lin reviewed the growth of services in vascular interventional radiology, both inpatient and outpatient.

Ruth McGautha, President of the Service League, reported on the Service League activities, including the various WHHS events served by the Volunteers: Top Hat, Think Pink, Biennial Children's Health Fair, Employee Health Blitz, AAA Screening, and Diabetes Screening. Ms. McGautha noted that the Gift Shop kicked off its Holiday Sales November 11, 2019/

*SERVICE LEAGUE  
REPORT*

Dr. Prasad Kilaru reported there are 580 Medical Staff members including 359 active members.

*MEDICAL STAFF  
REPORT*

**The Hospital Calendar video highlighted the following events:**

*HOSPITAL EVENTS  
REPORT*

**Past Health Promotions & Outreach Events**

*Community Outreach*

Outreach Events included:

- October 14<sup>th</sup> – Healthy Eating, Active Living
- October 17<sup>th</sup> – Think Pink Breast Health Awareness Event
- October 22<sup>nd</sup> & 23<sup>rd</sup> – Sports Physical Clinics @ Washington High School, Fremont
- October 24<sup>th</sup> – Overcoming Obesity at Danielson Clinic Conference Room
- October 25<sup>th</sup> – First Aid Station at the Special Olympics Soccer tournament – Glenmoor Elementary School, Fremont
- October 26<sup>th</sup> – Children's Health and Safety Fair featuring the Teddy Bear Clinic
- October 28<sup>th</sup> – Gender Matters: Heart Disease Risk in Women
- October 30<sup>th</sup> – Sideline by Back Pain? Get Back in the Game
- November 1<sup>st</sup> – First Aid Station at the Special Olympics Soccer tournament – American High School, Fremont
- November 2<sup>nd</sup> – Annual Abdominal Aortic Aneurysm Screening
- November 5<sup>th</sup> – Advancements in Lung Cancer Detection and Treatment
- November 9<sup>th</sup> – Annual Diabetes Awareness Health Fair
- November 12<sup>th</sup> – Anxiety: Stop Negative Thoughts

**Upcoming Health Promotions & Community Outreach Events**

Health Promotions and Outreach Events will include:

- November 21<sup>st</sup> – The Art of Relationships
- December 5<sup>th</sup> – Food is Medicine: Eat for Wellness, Vitality and Longevity
- Diabetes Matters: Italian Cooking

**Bay Area Healthier Together**

In the month of September, Bay Area Healthier Together's topic was Breast Health and Breast Cancer Diagnosis and Treatment.

*HOSPITAL EVENTS  
REPORT  
Bay Area Healthier  
Together*

### **Washington Hospital Healthcare Foundation**

- The Foundation hosted the 33<sup>rd</sup> annual Top Hat dinner dance on Saturday, October 12<sup>th</sup>, chaired by Fremont Police Chief Kimberly Peterson, Drs. Rohit and Seema Sehgal. Sponsors and donors contributed \$185,000 to support the purchase of a new 3-D mammography machine for the Washington Women's Center.
- Planning is underway for the annual Trees of Angels celebration.
- BASIS Independent School in Fremont created and donated 321 pairs of non-slip docks to the pediatric department.

*HOSPITAL EVENTS  
REPORT  
Washington Hospital  
Foundation Report*

### **Washington on Wheels**

The WOW Mobile Clinic served community members at these locations in September: Family Resource Center, Bay Area Community Services, TCV Food Bank and Thrift Store, and Irvington Presbyterian Church in Fremont; Ruggieri Senior Center, Alvarado Resource Center, and Our Lady of the Rosary Church in Union City; and the Solid Rock Community Services Center in Newark. The total number of community members receiving health care from the WOW van during the month of October was 406.

*HOSPITAL EVENTS  
REPORT  
Washington on Wheels  
(W.O.W.) Mobile Health  
Clinic*

### **Internet and Social Media Marketing**

Washington Hospital's website serves as a central source of information for the communities the District serves and beyond. The most viewed page was Employment with 34,967 views.

*HOSPITAL EVENTS  
REPORT  
Internet and Social Media  
Marketing*

### **InHealth - Channel 78**

During the month of September, Washington Hospital's cable channel 78, InHealth, aired these programs:

- Healthy Eating, Active Living
- Gender Matters: Heart Disease Risk in Women
- Sideline by Back Pain? Get Back in the Game
- Suffer from Sinus Problems
- Learn the Latest Treatment Options for GERD
- Healthy Gut, Healthy You
- Diabetes Matters: Asian Fusion
- Women's Health: Planning for Pregnancy
- October Board of Directors Meeting

*HOSPITAL EVENTS  
REPORT  
InHealth*

### **Awards & Recognitions**

- Healthgrades: America's 100 Best Hospitals for Joint Replacement – the only hospital in the Bay Area to receive this recognition for nine years in a row.
- Healthgrades: America's 100 Best Hospitals for Orthopedic Surgery – third consecutive years
- Healthgrades: Five Star distinction in Cranial Surgery for 2020 – one of four hospitals in the Bay area
- Pharmacy post graduate year 1 (PGY-1) residency program reaccreditation survey: the program was awarded the maximum eight years accreditation.

*AWARDS &  
RECOGNITIONS*



### **Employee of the Month**

Danielle DeNatale, Staff Nurse II, IMC was named as the October Employee of the Month.

*HOSPITAL EVENTS  
REPORT  
Employee of the Month –  
Danielle DeNatale*

Kimberly Hartz introduced Donald Pipkin, Chief of Strategic Management who presented Lean Certificates and Pins to Karen Duff, Shari Kellen, and Walter Choto upon completion of their Lean Certification Training. Dr. Gabriel Herscu, who also completed his training, was unable to attend. This is a 12-18 month process that requires proficiency in Lean concepts and tools. To date, we have certified forty-one Managers and four Physicians.

*LEAN REPORT  
Lean Leader Certification*

Mary Bowron, Chief of Quality & Resource Management, presented the Quality Dashboard for the quarter ending September 30, 2019 comparing WHHS statistics to State and National benchmarks.

*QUALITY REPORT:  
Quality Dashboard,  
Quarter Ending  
September 2019*

### **Infection Prevention Indicators**

Central Line Associated Bloodstream Infections: Our infection rate was lower than predicted. Catheter Associated Urinary Tract Infections (CAUTI): Our infection rate was higher than predicted. We had no MRSA Bloodstream Infections this past quarter. The last four quarters we had no VRE infections, which was better than our internal benchmark. C-Difficile: We were lower than predicted this quarter. We had no infections following colon surgery which was below the predicted number of infections. We had no infections following abdominal hysterectomy which was below the predicted number of infections.

### **Nurse Sensitive Indicators**

Moderate Fall with Injury: Our rate was below the national rate for the quarter. Hospital Acquired Pressure Ulcers (Acute Care – Category II+): our rate was above the National Rate this past quarter.

### **The Joint Commission National Patient Safety Goals**

The Hand Off Communication was 100%, better than the Joint Commission Goal of 90% for the last quarter, as well as over the past two years. Patient Identification was at 99.8% compliance in the last quarter. The Procedure Time Out was at 99.8% compliance. Hand Hygiene was at 85.1%.

### **Readmission Rates**

Our 30-day Medicare Pneumonia Readmission rate was below the CMS national benchmark 10.9% vs 16.7%). Our 30-day readmission rate for AMI discharges was slightly above the CMS benchmark (16.7% versus 16.0%). Our 30-day Heart Failure Medicare readmission rate was above the CMS benchmark (28.0% vs 21.7%). Our 30-day Medicare THA/TKA readmission rate was below CMS benchmark 0.8% vs 12.0%). Our 30-day Medicare CABG readmission rate was above the CMS benchmark (40% vs 13.2%). Our 30-day Medicare COPD readmission rate was below the CMS benchmark (10.7% vs 19.6%).

Chris Henry, Vice President & Chief Financial Officer, presented the Finance Report for September 2019. The average daily census was 137.8 with admissions of 918 resulting in 4,135 patient days. Outpatient observation equivalent days were 163. The average length of stay was 4.46 days. The case mix index was 1.443. Deliveries were 123. Surgical cases were 339. Joint Replacement cases were 146. Neurosurgical cases were 23. Cardiac Surgical cases were 5. The Outpatient visits were 8,026 and Emergency visits were 4,302. Total productive FTEs were 1,447.6. FTEs per adjusted occupied bed were 6.82.

*FINANCE REPORT*

Kimberly Hartz presented the Hospital Operations Report for October 2019. Preliminary information indicated gross revenue for the month at approximately \$174,138,000. The Average Length of Stay of 4.82 and there were 4,463 patient days. There were 371 Surgical Cases and 489 Cath Lab procedures at the Hospital. Deliveries were 123. Non-Emergency Outpatient visits were 8,748. Total FTEs per Adjusted Occupied Bed were 6.96. The Washington Outpatient Surgery Center had 578 cases and the clinics saw approximately 3,964 patients. Total Government Sponsored Preliminary Payor Mix was 73.4%, above the budget of 71.4%. Homeless Patient Total Encounters were 120 with an estimated unreimbursed cost of homeless care of \$519,000 for the month of September.

*HOSPITAL  
OPERATIONS REPORT*

In accordance with District Law, Policies and Procedures, Director Eapen moved that the Board of Directors adopt Resolution No. 1200 whereby the Board of Directors approve the terms agreed upon between Washington Hospital Healthcare System and the California Nurses Association (CNA) and enter into a Memorandum of Understanding in accordance with Resolution No. 331-A.

*CONSIDERATION OF  
RESOLUTION #1200  
MEMORANDUM OF  
UNDERSTANDING  
BETWEEN  
WASHINGTON  
HOSPITAL and  
CALIFORNIA NURSES  
ASSOCIATION*

Director Nicholson seconded the motion.

Roll call was taken:  
Bernard Stewart, DDS – aye  
William Nicholson, MD – aye  
Michael Wallace – aye  
Jacob Eapen, MD – aye  
Jeannie Yee - aye

The motion unanimously carried.

Kimberly Hartz announced that the City of Fremont Planning Commission approved the location of an outpatient center in Warm Springs at its recent meeting. This item will come before the Fremont City Council for approval on December 10, 2019.

*ANNOUNCEMENTS*

In accordance with Health & Safety Code Section 32106 and Government Sections 54957 and 54956.9(d)(2), Director Stewart adjourned the meeting to closed session at 7:50 pm, as the discussion pertained to Hospital trade secrets and Legal Counsel – Anticipated Litigation pursuant to Government Code section 54956.9(d)(2)..

*ADJOURN TO CLOSED  
SESSION*

Director Stewart reconvened the meeting to open session at 8:07 pm and reported that the Board of Directors approved a lease for approximately 9500 square feet of

*RECONVENE TO OPEN  
SESSION & REPORT ON  
CLOSED SESSION*

Board of Directors' Meeting

November 13, 2019

Page 8

space located at 350 Marine Parkway in Redwood City to accommodate an outpatient surgery center and the expansion of our Institute for Joint Restoration and Research.

There being no further business, Director Stewart adjourned the meeting at 8:47 pm. *ADJOURNMENT*

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Bernard Stewart  
President

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Jeannie Yee  
Secretary

DRAFT

A regular meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, November 18, 2019 in the Board Room, 2000 Mowry Avenue, Fremont, California. Director Stewart called the meeting to order at 6:022 p.m. and led those present in the Pledge of Allegiance.

*CALL TO ORDER*

Roll call was taken. Directors present: Bernard Stewart, DDS; William Nicholson, MD; Michael Wallace; Jacob Eapen, MD; Jeannie Yee

*ROLL CALL*

Also present: Kimberly Hartz, Chief Executive Officer; Ed Fayen, Executive Vice President; Chris Henry, Vice President; Stephanie Williams, Vice President; Tina Nunez, Vice President; Paul Kozachenko, Attorney; Ed Wohlieb, Consultant; Gordon Howie, Consultant; Donald Pipkin, Chief of Strategic Management; Dan McNevin, Consultant; Dee Antonio, District Clerk

There were no oral communications.

*COMMUNICATIONS*

There were no written communications.

Director Stewart presented the Consent Calendar for consideration:

*CONSENT CALENDAR*

- A. Budgeted Capital Request: MALDI-TOF LT/SH Smart Bacterial Identification System (\$316,076.56)
- B. Unbudgeted Capital Request: Smith and Nephew T-Max II and Spider 2 Shoulder Positioners (\$58,444.00)

In accordance with District law, policies, and procedures, Director Wallace moved that the Board of Directors approve the Consent Calendar, items A and B.

Director Nicholson seconded the motion.

Roll call was taken:

Bernard Stewart, DDS – aye  
William Nicholson, MD – aye  
Michael Wallace – aye  
Jacob Eapen, MD - aye  
Jeannie Yee - aye

The motion unanimously carried.

Ed Fayen reported on our Emergency Preparedness if we lose power due to a PG&E imposed blackout. He commented on the generators fuel capacity, arrangements with suppliers, data center and telephones, water, utilities, and food supplies.

*REPORT: PG&E  
BLACKOUT  
PREPARATION*

In accordance with Health & Safety Code Sections 32106 and California Government Code 54957, Director Stewart adjourned the meeting to closed session at 6:33 p.m., as the discussion pertained to anticipated litigation pursuant to Government Code section 54956.9 (d)(2), personnel matters pursuant to California Gov Code 54957, and trade secrets pursuant to Health & Safety Code section 32106.

*ADJOURN TO CLOSED  
SESSION*

Director Stewart reconvened the meeting to open session at 8:33 p.m. and reported no reportable action taken in closed session.

*RECONVENE TO OPEN  
SESSION & REPORT ON  
CLOSED SESSION*

In accordance with District Law, Policies and Procedures, Director Eapen moved for the Denial of the claim received on August 9, 2019 on behalf of Edward and Lisha Capucion and that the Chief Executive Officer be directed to provide notice in accordance with government code section 945.6.

*CONSIDERATION OF  
CLAIM: EDWARD &  
LISHA CAPUCION*

Director Nicholson seconded the motion.

Roll call was taken:

Bernard Stewart, DDS – aye  
William Nicholson, MD – aye  
Michael Wallace – aye  
Jacob Eapen, MD – aye  
Jeannie Yee - aye

The motion unanimously carried.

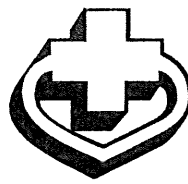
There being no further business, Director Stewart adjourned the meeting at 8:34 p.m. *ADJOURNMENT*

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Bernard Stewart  
President

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Jeannie Yee  
Secretary



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# Memorandum

**DATE:** December 4, 2019  
**TO:** Board of Directors  
**FROM:** Kimberly Hartz  
**SUBJECT:** Washington Hospital – October 2019  
Operating & Financial Activity

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## SUMMARY OF OPERATIONS – (Blue Schedules)

### 1. Utilization – Schedule Board 3

	<u>October Actual</u>	<u>October Budget</u>	<u>Current 12 Month Avg.</u>
<u>ACUTE INPATIENT:</u>			
Average Daily Census	145.1	153.7	171.6
# of Admissions	950	967	1,005
Patient Days	4,497	4,764	5,216
Discharge ALOS	4.82	4.93	5.14
<u>OUTPATIENT:</u>			
OP Visits	8,748	7,983	7,774
ER Visits	4,284	4,222	4,397
Observation Equivalent Days – OP	175	171	175

Comparison of October acute inpatient statistics to those of the budget showed a lower level of admissions and a lower level of patient days. The average length of stay (ALOS) based on discharged days was below budget. Outpatient visits were higher than budget. Emergency Room visits were above budget for the month.

### 2. Staffing – Schedule Board 3

Total paid FTEs were 67.7 above budget. Total productive FTEs for October were 1,349.1, 72.5 above the budgeted level of 1,276.6. Nonproductive FTEs were 4.8 below budget. Productive FTEs per adjusted occupied bed were 6.20, 0.51 above the budgeted level of 5.69. Total FTEs per adjusted occupied bed were 6.96, 0.52 above the budgeted level of 6.44.

3. **Income - Schedule Board 1**

For the month of October the Hospital realized a loss of \$531,000 from operations.

Total Gross Patient Service Revenue of \$174,138,000 for October was 1.5% below budget.

Deductions from Revenue of \$135,069,000 represented 77.56% of Total Gross Patient Service Revenue. This percentage is below the budgeted amount of 77.63%, primarily due to payor mix.

Total Operating Revenue of \$39,546,000 was \$518,000 (1.3%) below the budget.

Total Operating Expense of \$40,077,000 was \$150,000 (0.4%) above the budgeted amount.

The Total Non-Operating Income of \$295,000 for the month includes an unrealized gain on investments of \$184,000 and property tax revenue of \$1,417,000.

The Total Net Loss for October was \$236,000, which was \$249,000 less than the budgeted income of \$13,000.

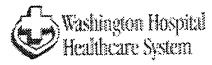
The Total Net Loss for October using FASB accounting principles, in which the unrealized loss or income on investments, net interest expense on GO bonds and property tax revenues are removed from the non-operating income and expense, was \$706,000 compared to a budgeted loss of \$216,000.

4. **Balance Sheet – Schedule Board 2**

There were no noteworthy changes in assets and liabilities when compared to September 2019.

KIMBERLY HARTZ  
Chief Executive Officer

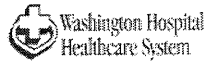
KH/CH



**WASHINGTON HOSPITAL**  
**MONTHLY OPERATING REPORT**

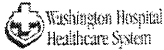
**October 2019**





**WASHINGTON HOSPITAL  
INDEX TO BOARD FINANCIAL STATEMENTS  
October 2019**

<b><u>Schedule Reference</u></b>	<b><u>Schedule Name</u></b>
<b>Board - 1</b>	Statement of Revenues and Expenses
<b>Board - 2</b>	Balance Sheet
<b>Board - 3</b>	Operating Indicators



**WASHINGTON HOSPITAL**  
**STATEMENT OF REVENUES AND EXPENSES**  
**October 2019**  
**GASB FORMAT**  
**(In thousands)**

October				YEAR TO DATE				
ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.		ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.
\$ 116,183	\$ 121,179	\$ (4,996)	-4.1%	1	\$ 481,090	\$ 474,978	\$ 6,112	1.3%
57,955	55,689	2,266	4.1%	2	230,684	213,379	17,305	8.1%
<b>174,138</b>	<b>176,868</b>	<b>(2,730)</b>	-1.5%	3	<b>711,774</b>	<b>688,357</b>	<b>23,417</b>	3.4%
(131,893)	(133,122)	1,229	0.9%	4	(535,796)	(518,016)	(17,780)	-3.4%
(3,176)	(4,187)	1,011	24.1%	5	(17,536)	(16,297)	(1,239)	-7.6%
<b>(135,069)</b>	<b>(137,309)</b>	<b>2,240</b>	1.6%	6	<b>(553,332)</b>	<b>(534,313)</b>	<b>(19,019)</b>	-3.6%
<b>77.56%</b>	<b>77.63%</b>			7	<b>77.74%</b>	<b>77.62%</b>		
<b>39,069</b>	<b>39,559</b>	<b>(490)</b>	-1.2%	8	<b>158,442</b>	<b>154,044</b>	<b>4,398</b>	2.9%
477	505	(28)	-5.5%	9	1,862	2,012	(150)	-7.5%
<b>39,546</b>	<b>40,064</b>	<b>(518)</b>	-1.3%	10	<b>160,304</b>	<b>156,056</b>	<b>4,248</b>	2.7%
18,474	17,582	(892)	-5.1%	11	71,654	68,598	(3,056)	-4.5%
6,684	6,955	271	3.9%	12	29,104	26,921	(2,183)	-8.1%
5,118	4,927	(191)	-3.9%	13	20,529	18,938	(1,591)	-8.4%
4,148	4,589	441	9.6%	14	17,199	17,991	792	4.4%
1,575	1,796	221	12.3%	15	6,798	6,988	190	2.7%
4,078	4,078	-	0.0%	16	16,276	16,276	-	0.0%
<b>40,077</b>	<b>39,927</b>	<b>(150)</b>	-0.4%	17	<b>161,560</b>	<b>155,712</b>	<b>(5,848)</b>	-3.8%
<b>(531)</b>	<b>137</b>	<b>(668)</b>	-487.6%	18	<b>(1,256)</b>	<b>344</b>	<b>(1,600)</b>	-465.1%
<b>-1.34%</b>	<b>0.34%</b>			19	<b>-0.78%</b>	<b>0.22%</b>		
329	361	(32)	-8.9%	20	1,317	1,447	(130)	-9.0%
(1)	-	(1)	0.0%	21	437	-	437	0.0%
(1,794)	(2,002)	208	10.4%	22	(7,430)	(8,092)	662	8.2%
160	200	(40)	-20.0%	23	774	827	(53)	-6.4%
1,417	1,400	17	1.2%	24	5,690	5,639	51	0.9%
184	-	184	0.0%	25	280	-	280	0.0%
<b>295</b>	<b>(41)</b>	<b>336</b>	819.5%	26	<b>1,068</b>	<b>(179)</b>	<b>1,247</b>	696.6%
<b>\$ (236)</b>	<b>\$ 96</b>	<b>\$ (332)</b>	-345.8%	27	<b>\$ (188)</b>	<b>\$ 165</b>	<b>\$ (353)</b>	-213.9%
<b>-0.60%</b>	<b>0.24%</b>			28	<b>-0.12%</b>	<b>0.11%</b>		
<b>\$ (706)</b>	<b>\$ (133)</b>	<b>\$ (573)</b>	-430.8%	29	<b>\$ (1,606)</b>	<b>\$ (728)</b>	<b>\$ (878)</b>	-120.6%
<b>-1.79%</b>	<b>-0.33%</b>				<b>-1.00%</b>	<b>-0.47%</b>		

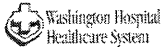
\*\*NET INCOME (FASB FORMAT) EXCLUDES PROPERTY TAX INCOME, NET INTEREST EXPENSE ON GO BONDS AND UNREALIZED GAIN(LOSS) ON INVESTMENTS



**WASHINGTON HOSPITAL  
BALANCE SHEET**

October 2019  
(In thousands)

ASSETS AND DEFERRED OUTFLOWS			October 2019	Audited June 2019	LIABILITIES, NET POSITION AND DEFERRED INFLOWS			October 2019	Audited June 2019
<b>CURRENT ASSETS</b>					<b>CURRENT LIABILITIES</b>				
1	CASH & CASH EQUIVALENTS		\$ 36,617	\$ 32,099	1	CURRENT MATURITIES OF L/T OBLIG	\$ 9,500	\$ 8,550	
2	ACCOUNTS REC NET OF ALLOWANCES		58,825	68,968	2	ACCOUNTS PAYABLE	16,033	23,784	
3	OTHER CURRENT ASSETS		14,650	11,672	3	OTHER ACCRUED LIABILITIES	47,145	53,148	
4	TOTAL CURRENT ASSETS		110,092	112,739	4	INTEREST	7,118	11,933	
					5	TOTAL CURRENT LIABILITIES	79,796	97,415	
<b>ASSETS LIMITED AS TO USE</b>					<b>LONG-TERM DEBT OBLIGATIONS</b>				
6	BOARD DESIGNATED FOR CAPITAL AND OTHER		158,060	156,039	6	REVENUE BONDS AND OTHER	224,757	224,309	
7	GENERAL OBLIGATION BOND FUNDS		91	43	7	GENERAL OBLIGATION BONDS	332,460	335,824	
8	REVENUE BOND FUNDS		21,865	18,613					
9	BOND DEBT SERVICE FUNDS		10,046	31,451	<b>OTHER LIABILITIES</b>				
10	OTHER ASSETS LIMITED AS TO USE		9,849	9,779	10	NET PENSION LIABILITY	62,739	63,510	
11	TOTAL ASSETS LIMITED AS TO USE		199,911	215,925	11	WORKERS' COMP	8,011	7,750	
					12	SUPPLEMENTAL MEDICAL RETIREMENT	36,287	37,299	
13	OTHER ASSETS		209,901	199,715					
14	NET PROPERTY, PLANT & EQUIPMENT		709,012	726,001	14	NET POSITION	506,622	506,810	
15	TOTAL ASSETS		<u>\$ 1,228,916</u>	<u>\$ 1,254,380</u>	15	TOTAL LIABILITIES AND NET POSITION	<u>\$ 1,250,672</u>	<u>\$ 1,272,917</u>	
16	DEFERRED OUTFLOWS		62,851	63,460	16	DEFERRED INFLOWS	41,095	44,923	
17	TOTAL ASSETS AND DEFERRED OUTFLOWS		<u>\$ 1,291,767</u>	<u>\$ 1,317,840</u>	17	TOTAL LIABILITIES, NET POSITION AND DEFERRED INFLOWS	<u>\$ 1,291,767</u>	<u>\$ 1,317,840</u>	



**WASHINGTON HOSPITAL  
OPERATING INDICATORS  
October 2019**

12 MONTH AVERAGE	October						YEAR TO DATE			
	ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.			ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.
	<b><u>PATIENTS IN HOSPITAL</u></b>									
171.6	145.1	153.7	(8.6)	-6%	1	ADULT & PEDS AVERAGE DAILY CENSUS	155.7	153.5	2.2	1%
5.7	5.6	5.5	0.1	2%	2	OUTPT OBSERVATION AVERAGE DAILY CENSUS	5.8	5.4	0.4	7%
8.8	7.9	8.8	(0.9)	-10%	3	NURSERY AVERAGE DAILY CENSUS	9.0	9.1	(0.1)	-1%
186.1	158.6	168.0	(9.4)	-6%	4	TOTAL	170.5	168.0	2.5	1%
3.8	2.9	3.4	(0.5)	-15%	5	SPECIAL CARE NURSERY AVERAGE DAILY CENSUS *	3.2	3.3	(0.1)	-3%
5,216	4,497	4,764	(267)	-6%	6	ADULT & PEDS PATIENT DAYS	19,153	18,878	275	1%
175	175	171	4	2%	7	OBSERVATION EQUIVALENT DAYS - OP	709	664	45	7%
1,005	950	967	(17)	-2%	8	ADMISSIONS-ADULTS & PEDS	3,859	3,796	63	2%
5.14	4.82	4.93	(0.11)	-2%	9	AVERAGE LENGTH OF STAY-ADULTS & PEDS	5.02	4.97	0.05	1%
1.463	1.456	1.453	0.003	0%	10	<b><u>OTHER KEY UTILIZATION STATISTICS</u></b> OVERALL CASE MIX INDEX (CMI)	1.474	1.473	0.001	0%
151	145	154	(9)	-6%	11	SURGICAL CASES JOINT REPLACEMENT CASES	588	550	38	7%
25	30	26	4	15%	12	NEUROSURGICAL CASES	99	97	2	2%
9	10	10	-	0%	13	CARDIAC SURGICAL CASES	40	40	-	0%
199	186	208	(22)	-11%	14	ALL OTHERS	789	825	(36)	-4%
384	371	398	(27)	-7%	15	TOTAL CASES	1,516	1,512	4	0%
383	489	356	133	37%	16	TOTAL CATH LAB PROCEDURES	1,802	1,428	374	26%
127	123	129	(6)	-5%	17	DELIVERIES	527	535	(8)	-1%
7,774	8,748	7,983	765	10%	18	OUTPATIENT VISITS	33,055	30,001	3,054	10%
4,397	4,284	4,222	62	1%	19	EMERGENCY VISITS	17,286	16,994	292	2%
1,343.7	1,349.1	1,276.6	(72.5)	-6%	20	<b><u>LABOR INDICATORS</u></b> PRODUCTIVE FTE'S	1,320.7	1,259.8	(60.9)	-5%
179.4	164.1	168.9	4.8	3%	21	NON PRODUCTIVE FTE'S	188.5	194.7	6.2	3%
1,523.1	1,513.2	1,445.5	(67.7)	-5%	22	TOTAL FTE'S	1,509.2	1,454.5	(54.7)	-4%
5.48	6.20	5.69	(0.51)	-9%	23	PRODUCTIVE FTE/ADJ. OCCUPIED BED	5.73	5.66	(0.07)	-1%
6.22	6.96	6.44	(0.52)	-8%	24	TOTAL FTE/ADJ. OCCUPIED BED	6.55	6.54	(0.01)	0%

\* included in Adult and Peds Average Daily Census



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## Memorandum

**DATE:** December 5, 2019  
**TO:** Board of Directors  
**FROM:** Chris Henry, Vice President and Chief Financial Officer  
**SUBJECT:** Valic Authorized Individuals Resolutions

Attached for your review and consideration are Resolution Numbers 1203, 1204 and 1205 pertaining to authorization of Kimberly Hartz, Tina Nunez and myself to act on behalf of the District in matters related to our Valic 403(b) and 457(b) deferred compensation plans. This includes the 403(b) employer match plan.

The resolutions for the three plans provide authority to Kimberly, Tina and I for the execution of any required documents relevant to the opening or maintaining of an account in the plan, including, but not limited to, providing oral or written instructions regarding account transactions. The resolutions further grant the responsibility and authority to take whatever actions necessary to execute documents for the day-to-day operations of the plans.

As always, the Board will maintain ultimate authority over the plans, and these resolutions do not allow the creation of any new plans without Board approval.

These resolutions will be included on the consent calendar for your consideration at the December 11, 2019 Board of Directors meeting.

**RESOLUTION NO. 1205 AUTHORIZING INDIVIDUALS  
TO ACT ON BEHALF OF PLAN**

**WHEREAS, Washington Township Health Care District** (hereinafter, the "Employer") established **Washington Township Health Care District Employer Matching Contributions Plan** for the benefit of its employees and their beneficiaries;

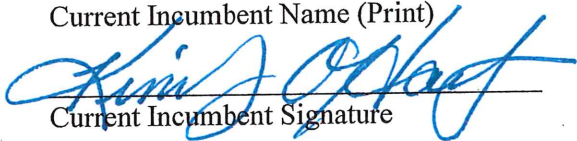
**WHEREAS, Employer** is establishing or has established a Custodial account for which AIG Federal Savings Bank serves as Custodian; and

**WHEREAS, the Employer** desires to authorize individuals holding certain positions with the Employer to act on behalf of the Plan;

**NOW, THEREFORE, BE IT RESOLVED** that the fullest authority has been invested in any individual (each an "Incumbent") holding a position identified below according to the title of the position (each a "Designated Position") for the duration of the period (the "Incumbency Period") in which such Incumbent holds the Designated Position; that each Incumbent is empowered during his or her Incumbency Period to execute any documents that AIG Federal Savings Bank requires relevant to the opening or maintaining of an account for the Plan; and that each Incumbent is empowered during his or her Incumbency Period to take any and all action deemed by any Incumbent to be proper in connection with said account, including, but not limited to, being empowered to give written or oral instructions to AIG Federal Savings Bank with respect to account transactions.

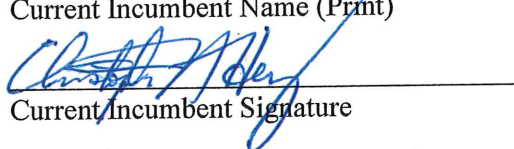
Chief Executive Officer  
Designated Position

Kimberly Hartz  
Current Incumbent Name (Print)

  
Current Incumbent Signature

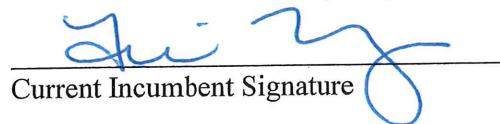
Vice President and Chief Financial Officer  
Designated Position

Christopher N. Henry  
Current Incumbent Name (Print)

  
Current Incumbent Signature

V. P. Ambulatory & Administrative Svc's.  
Designated Position

Tina Nunez  
Current Incumbent Name (Print)

  
Current Incumbent Signature

\_\_\_\_\_  
Designated Position

\_\_\_\_\_  
Current Incumbent Name (Print)

\_\_\_\_\_  
Current Incumbent Signature

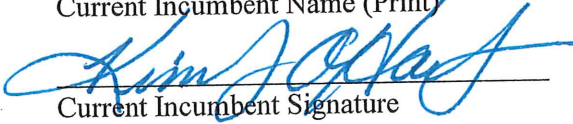
**BE IT FURTHER RESOLVED** that the responsibility and authority to take whatever actions and to execute whatever instruments that may be necessary or convenient for the day-to-day transactions and plan operations is granted to the person or persons in the positions identified below:

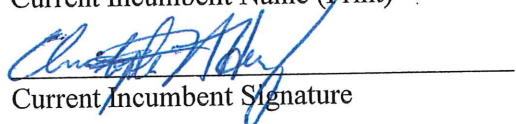
Chief Executive Officer  
Designated Position

Vice President and Chief Financial Officer  
Designated Position

Kimberly Hartz  
Current Incumbent Name (Print)

Christopher N. Henry  
Current Incumbent Name (Print)

  
Current Incumbent Signature

  
Current Incumbent Signature

V. P. Ambulatory & Administrative Svc's.  
Designated Position

\_\_\_\_\_  
Designated Position

Tina Nunez  
Current Incumbent Name (Print)

\_\_\_\_\_  
Current Incumbent Name (Print)

  
Current Incumbent Signature

\_\_\_\_\_  
Current Incumbent Signature

I, \_\_\_\_\_, do hereby certify that the above and foregoing was unanimously adopted by the Board of Directors at their meeting held at Fremont, CA on the \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

\_\_\_\_\_  
Signature

ATTEST:

\_\_\_\_\_  
Witness

**RESOLUTION NO. 1203 AUTHORIZING INDIVIDUALS  
TO ACT ON BEHALF OF PLAN**

**WHEREAS,** Washington Township Health Care District (hereinafter, the "Employer") established Washington Township Health Care District Tax Deferred Savings Program for the benefit of its employees and their beneficiaries;

**WHEREAS,** Employer is establishing or has established a Custodial account for which AIG Federal Savings Bank serves as Custodian; and

**WHEREAS,** the Employer desires to authorize individuals holding certain positions with the Employer to act on behalf of the Plan;

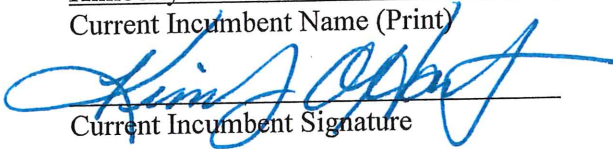
**NOW, THEREFORE, BE IT RESOLVED** that the fullest authority has been invested in any individual (each an "Incumbent") holding a position identified below according to the title of the position (each a "Designated Position") for the duration of the period (the "Incumbency Period") in which such Incumbent holds the Designated Position; that each Incumbent is empowered during his or her Incumbency Period to execute any documents that AIG Federal Savings Bank requires relevant to the opening or maintaining of an account for the Plan; and that each Incumbent is empowered during his or her Incumbency Period to take any and all action deemed by any Incumbent to be proper in connection with said account, including, but not limited to, being empowered to give written or oral instructions to AIG Federal Savings Bank with respect to account transactions.

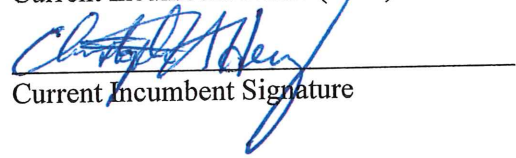
Chief Executive Officer  
Designated Position

Vice President and Chief Financial Officer  
Designated Position

Kimberly Hartz  
Current Incumbent Name (Print)

Christopher N. Henry  
Current Incumbent Name (Print)

  
Current Incumbent Signature

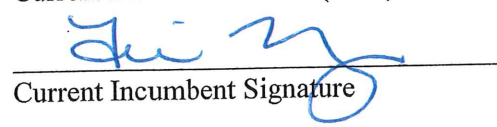
  
Current Incumbent Signature

V. P. Ambulatory & Administrative Svc's.  
Designated Position

\_\_\_\_\_  
Designated Position

Tina Nunez  
Current Incumbent Name (Print)

\_\_\_\_\_  
Current Incumbent Name (Print)

  
Current Incumbent Signature

\_\_\_\_\_  
Current Incumbent Signature



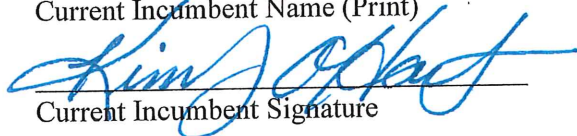
**BE IT FURTHER RESOLVED** that the responsibility and authority to take whatever actions and to execute whatever instruments that may be necessary or convenient for the day-to-day transactions and plan operations is granted to the person or persons in the positions identified below:

Chief Executive Officer  
Designated Position

Vice President and Chief Financial Officer  
Designated Position

Kimberly Hartz  
Current Incumbent Name (Print)

Christopher N. Henry  
Current Incumbent Name (Print)

  
Current Incumbent Signature

\_\_\_\_\_  
Current Incumbent Signature

V. P. Ambulatory & Administrative Svc's.  
Designated Position

\_\_\_\_\_  
Designated Position

Tina Nunez  
Current Incumbent Name (Print)

\_\_\_\_\_  
Current Incumbent Name (Print)

  
Current Incumbent Signature

\_\_\_\_\_  
Current Incumbent Signature

I, \_\_\_\_\_, do hereby certify that the above and foregoing was unanimously adopted by the Board of Directors at their meeting held at Fremont, CA on the \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

\_\_\_\_\_  
Signature

ATTEST:

\_\_\_\_\_  
Witness

**RESOLUTION NO. 1204 AUTHORIZING INDIVIDUALS  
TO ACT ON BEHALF OF PLAN**

**WHEREAS**, Washington Township Health Care District (hereinafter, the "Employer") established Washington Hospital Deferred Compensation Plan for the benefit of its employees and their beneficiaries;

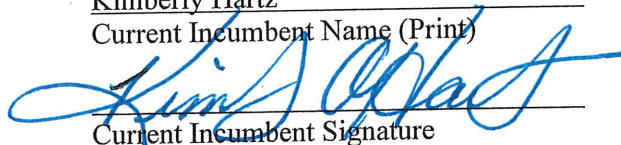
**WHEREAS**, Employer is establishing or has established a Custodial account for which AIG Federal Savings Bank serves as Custodian; and

**WHEREAS**, the Employer desires to authorize individuals holding certain positions with the Employer to act on behalf of the Plan;

**NOW, THEREFORE, BE IT RESOLVED** that the fullest authority has been invested in any individual (each an "Incumbent") holding a position identified below according to the title of the position (each a "Designated Position") for the duration of the period (the "Incumbency Period") in which such Incumbent holds the Designated Position; that each Incumbent is empowered during his or her Incumbency Period to execute any documents that AIG Federal Savings Bank requires relevant to the opening or maintaining of an account for the Plan; and that each Incumbent is empowered during his or her Incumbency Period to take any and all action deemed by any Incumbent to be proper in connection with said account, including, but not limited to, being empowered to give written or oral instructions to AIG Federal Savings Bank with respect to account transactions.

Chief Executive Officer  
Designated Position

Kimberly Hartz  
Current Incumbent Name (Print)

  
Current Incumbent Signature

Vice President and Chief Financial Officer  
Designated Position

Christopher N. Henry  
Current Incumbent Name (Print)

  
Current Incumbent Signature

V. P. Ambulatory & Administrative Svc's.  
Designated Position

Tina Nunez  
Current Incumbent Name (Print)

  
Current Incumbent Signature

\_\_\_\_\_  
Designated Position

\_\_\_\_\_  
Current Incumbent Name (Print)

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Current Incumbent Signature

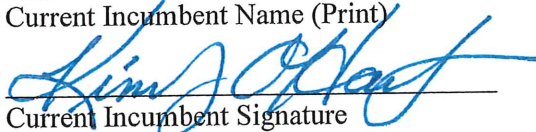
**BE IT FURTHER RESOLVED** that the responsibility and authority to take whatever actions and to execute whatever instruments that may be necessary or convenient for the day-to-day transactions and plan operations is granted to the person or persons in the positions identified below:

Chief Executive Officer  
Designated Position

Vice President and Chief Financial Officer  
Designated Position

Kimberly Hartz  
Current Incumbent Name (Print)

Christopher N. Henry  
Current Incumbent Name (Print)

  
Current Incumbent Signature

  
Current Incumbent Signature

V. P. Ambulatory & Administrative Svc's.  
Designated Position

\_\_\_\_\_  
Designated Position

Tina Nunez  
Current Incumbent Name (Print)

\_\_\_\_\_  
Current Incumbent Name (Print)

  
Current Incumbent Signature

\_\_\_\_\_  
Current Incumbent Signature

I, \_\_\_\_\_, do hereby certify that the above and foregoing was unanimously adopted by the Board of Directors at their meeting held at Fremont, CA on the \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

\_\_\_\_\_  
Signature

ATTEST:

\_\_\_\_\_  
Witness



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# Memorandum

**DATE:** November 1, 2019  
**TO:** Kimberly Hartz, Chief Executive Officer  
**FROM:** Jeffrey Stuart, MD, Chief Medical Staff Services  
**SUBJECT:** MEC for Board Approval:  
Emergency Department Manual

The Medical Executive Committee approved the Emergency Department Manual. Moderate sedation has been moved to the Core and these privileges will become retroactively approved for those ED providers currently undergoing the proctorship process as a special privilege.

Please accept this memorandum as a formal request for presentation to the Board of Directors for final approval of the Emergency Department Manual.

DEPARTMENT OF INTERNAL MEDICINE

CORE - Subspecialty - Emergency Medicine

**Cognitive:**

Provide treatment or consultative services including examination, admission, work-up diagnosis, initial interpretation of diagnostic procedures, performance of procedures, administration of medication and medical care to correct various conditions, illness or injuries in adults and children.

**Description of Procedures:**

**Anesthesiology procedures including** oral and nasal endotracheal intubation with neuromuscular rapid sequence intubation and mechanical ventilation, local regional and digital block anesthesia. Laryngoscopy and Nasopharyngeal endoscopy.

**Medicine procedures including** initial evaluation and stabilization of all patients who present to the ER, basic CPR & ACLS including emergency cardioversion, lumbar puncture, gastric lavage, monitoring EKG, arterial puncture and interpretation, intravenous therapy, emergency-pericardiocentesis, jugular, subclavian, femoral, central line placement with or without ultrasound placement, intraosseous access, emergency transthoracic pacemaker/pacemaker, thoracentesis, anoscopy (diagnostic), child abuse exams for both therapeutic and evidentiary purposes, other life or limb-saving emergency procedures;

**Ob/Gyn procedures including:** emergency vaginal delivery, removal of IUD, rape exam for both therapeutic and evidentiary purposes, other life and limb-saving emergency procedures;

**Surgery procedures including:** emergency needle or tube thoracostomy, cutdown venipuncture, emergency diagnostic paracentesis, repair of extensor tendon, emergency reduction of complex fracture with n/v compromise; closed reduction of wrist fractures; reduction of common dislocations (i.e. shoulder, hip, elbow, fingers), reduction of simple fractures (i.e. phalanges), incision and drain or excision of sebaceous cyst,

furuncle, subcutaneous abscess, initial ER treatment of 1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> degree burns including dressing, cauterize/cauterize turbinates, anterior or posterior pack, emergency tracheostomy, emergency cricothyroidotomy, emergency thoracotomy with cardiac massage, finger or toe nail trephination, or removal, repair of lacerations, removal of foreign bodies from ear, eye, nose and soft tissue, joint aspiration, injection of tendon, ligaments and trigger points, slit lamp utilization, other life and limb-saving emergency procedures -placement of foley catheter and suprapubic catheterization, cervical spine immobilization.

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Moderate Sedation: Because sedation is a continuum, it is not always possible to predict how an individual patient will respond. Therefore, the safe administration of moderate sedation requires not only the knowledge of the relevant pharmacological agents and their antagonists but also the ability to rapidly and competently manage cardiac and respiratory depression as well as the loss of protective reflexes. Refer to the Anesthesiology Dept. for locations where procedure may be performed.

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**Qualifications:**

Licensed M.D. or D.O.

**Training:**

Board certification as outlined in the Medical Staff Bylaws Completion of an ACGME or AOA accredited Residency training program in Emergency medicine.

Certification: Current certification through ABEM or AOA in Emergency Medicine. Exceptions to this requirements can be found in the Bylaws Section 2.2-2.

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**Experience:**

Performance of a minimum of 200 cases of a variety of the procedures within the core in the previous two

Additional Qualifications: Applicant must have a contract with the contracted group to provide services in the specialty.

**Proctorship Guidelines:** See Department Manual.

**Recredentialing Criteria:**

In addition to meeting the qualifications for reappointment stated in the Medical Staff Policies & Procedures, the member must provide documentation of performance of a minimum of 200 of a variety of the procedures within the core in the previous two years.

**Special Privileges:**

• ~~Moderate Sedation~~

- Deep Sedation

(see Department Manual for specific criteria)

**Criteria for Granting Privileges for Moderate Sedation**

(Approved by MEC 3/21/06; by Board 4/12/06, 5/11/11)

Because sedation is a continuum, it is not always possible to predict how an individual patient will respond. Therefore, the safe administration of moderate sedation requires not only the knowledge of the relevant pharmacological agents and their antagonists but also the ability to rapidly and competently manage cardiac and respiratory depression as well as the loss of protective reflexes. Refer to the Anesthesiology Dept. for locations where procedure may be performed.

**Definition**

Moderate sedation is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

**A. Initial Privilege Criteria**

1. Basic Education:

- M.D. or D.O.

2. Minimal Formal Training:

Practitioner must demonstrate via one of the following pathways that they have 1) the requisite knowledge to administer pharmacologic agents to predictably achieve and maintain desired levels of sedation, and 2) have the training and experience to recognize and rescue patients from the cardiovascular and respiratory effects of unavoidably or unintentionally obtaining a deeper than desired level of sedation.

PATHWAY 1: A component of sedation training as well as hemodynamic/respiratory rescue is required:

- Current ACLS certification (or similar age-appropriate course such as PALS for pediatricians), plus passage of a written examination on principles of sedation.
- OR-
- Pass a course that has been developed or approved by the Department of Anesthesiology. This course will include components on sedation and airway management.

PATHWAY 2: Practitioners who can show that training in the administration of sedation as well as airway management was an integral part of the applicant's training, such as an Anesthesiology or Emergency Medicine Residency or a Pulmonary Medicine Fellowship, or are board-certified in such a specialty.

PATHWAY 3: Practitioners with privileges for moderate sedation at another facility may be granted this privilege if the training and testing requirement at that facility is deemed to be essentially comparable by the chair of Anesthesiology.

3. Required previous experience:

When requested, the applicant must be able to demonstrate that s/he has administered moderate sedation, deep sedation or endotracheal intubation for at least 12 patients in the past 24 months. Practitioners without the requisite prior experience may demonstrate instead successful completion of a CME course on moderate sedation approved in advance by the chair of anesthesiology, and which includes procedural airway skills and/or simulation.

4. Proctorship:

First three cases to be proctored by a physician with moderate sedation privileges (proctor does not need to be from the same specialty). This proctoring may occur concurrently or separately with proctorship of the procedure requiring the sedation, but clearly documented separately from the primary procedure.

**B. Recredentialing Criteria:**

~~Performance of a combined total of at least 12 moderate sedation cases, deep sedation cases, or endotracheal intubations in the previous two years. Practitioners without adequate case volume must re-qualify for the privilege through Pathway 1 above.~~

**Criteria for Granting Privileges for Deep Sedation**

(Approved by Board 5/11/11)

Because sedation is a continuum, it is not always possible to predict how an individual patient will respond. Therefore, the safe administration of deep sedation requires not only the knowledge of the relevant pharmacological agents and their antagonists but also the ability to rapidly and competently manage cardiac and respiratory depression as well as the loss of protective reflexes. Refer to the Anesthesiology Department Manual for locations where deep sedation may be performed. Appropriate procedures are brief interventions that carry a minimal risk of cardiorespiratory compromise outside of the anesthetic risk; for example, closed reduction of a dislocated joint.

Because deep sedation results in a higher likelihood of respiratory or hemodynamic embarrassment that requires continuous intervention, the physician performing the sedation may not also perform the procedure necessitating the sedation. This requirement does not include sedation for Rapid Sequence Induction/endotracheal intubation, as in that procedure, the airway itself is the purpose of the intervention.

An anesthesiologist must be consulted for patients in ASA category IV or V.

Definition

Deep sedation is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

**A. Initial Privilege Criteria**

1. Basic Education:

- M.D. or D.O.

2. Minimal Formal Training:

Practitioners must show that training in the administration of deep sedation as well as airway management was an integral part of the applicant's training, such as an Anesthesiology or Emergency Medicine Residency.

3. Required previous experience:

When requested, the applicant must be able to demonstrate that s/he has administered deep sedation or endotracheal intubation for at least 6 patients in the past 24 months,  
-OR-

demonstrate completion of a deep sedation course, approved by the chair of Anesthesiology that includes deep sedation and rescue from General Anesthesia topics.

4. Proctorship:

First three cases to be proctored by a physician with deep sedation privileges or an anesthesiologist.

**B. Recredentialing Criteria:**

- Performance of a combined total of at least 6 deep sedation cases or endotracheal intubations in the previous two years.  
-OR-





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# Memorandum

**DATE:** November 26, 2019

**TO:** Kimberly Hartz, Chief Executive Officer

**FROM:** Edward Fayen, Executive Vice President & Chief Operating Officer

**SUBJECT:** **Replacement of coils and condensate pan for Air Handler Unit 35**

Air Handler Unit 35, which serves Cath Lab room 8 with re-conditioned warm and cool fresh air, is approximately 20 – 25 years old. Both the hot water and chilled water coils, as well as the condensate pan need to be replaced due to age related corrosion. A leak has already occurred into the main hospital's front lobby due to this corrosion, and a complete failure of the system is imminent.

This item was approved in the FY 20 Capital Budget and was assigned PR# 200014

In accordance with District Law, Policies and Procedures, it is requested that the Board of Directors authorize the Chief Executive Officer to proceed with the replacement of the coils and condensate pan for Air Handler Unit 35 for a total amount not to exceed **\$ \$76,475.00**.

EF/tl



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# Memorandum

**DATE:** October 30, 2019

**TO:** Kimberly Hartz, Chief Executive Officer

**FROM:** Stephanie Williams, VP and Chief Nursing Officer

**SUBJECT:** PURCHASE OF THE HEMOSPHERE ADVANCED MONITORING PLATFORM

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Please note the attached requisition for the capital purchase of a HemoSphere Advanced Monitoring Platform (HEMSGOX2) from Edwards Lifesciences, LLC. This platform is necessary to obtain continuous, accurate, and real-time monitoring of the hemodynamic status of the post-cardiovascular surgery patients, including the open heart patients. The existing Vigilance II device utilizes obsolete technology and is no longer supported.

The existing Vigilance II device was originally purchased in 2010. There is \$45,202.50 in the FY2020 Capital Budget for this purchase. We are requesting to use \$43,376.63 for the purchase of the HemoSphere Advanced Monitoring Platform, which includes a two-year protection support plan and freight cost.

In accordance with District Law, Policies and Procedures, it is requested that the Board of Directors authorize the Chief Executive Officer to execute the appropriate contract documents to complete the purchase of a HemoSphere Advanced Monitoring Platform, the amount of which is not to exceed **\$43,376.63**.



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# Memorandum

**DATE:** November 10, 2019

**TO:** Kimberly Hartz, Chief Executive Officer

**FROM:** Stephanie Williams, VP and Chief Nursing Officer

**SUBJECT:** Purchase of the Prismaflex Continuous Renal Replacement Therapy (CRRT) System

Please note the attached requisition for the capital purchase of a Prismaflex 7.21 CRRT system (model 955792) from Baxter Healthcare Corporation. This system is necessary to provide emergent continuous renal replacement therapy for critical-care patients with acute renal failure/injury. The purchase will provide the additional capacity to meet the need for continuous renal replacement therapy as it is not uncommon to have three critical-care patients that simultaneously require the treatment. In addition, the purchase will avoid the clinical disruption and additional expense associated with the need to rent a CRRT system on a demand basis. Finally, as the Prismaflex CRRT system is the technology currently utilized in the hospital, there are additional associated benefits, such as the familiarity of the system for both the clinical and biomedical staff members.

Baxter Healthcare Corporation is providing a \$5,000.00 discount on the purchase. There is \$30,644.19 in the FY 2020 Capital Budget for this purchase. We are requesting to use \$30,376.13 for the purchase of the Prismaflex 7.21 CRRT system, which includes the applicable freight and tax. This will leave a balance of \$268.06 from the approved budgeted amount.

In accordance with District Law, Policies and Procedures, it is requested that the Board of Directors authorize the Chief Executive Officer to execute the appropriate contract documents to complete the purchase of a Prismaflex 7.21 CRRT system, the amount of which is not to exceed **\$30,376.13**.