



# 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, April 8, 2020 – 6:00 P.M.  
Meeting Conducted by Teleconference

### AGENDA

#### PRESENTED BY:

- |  |   |
|--|---|
| <p><b>I. CALL TO ORDER &amp; PLEDGE OF ALLEGIANCE</b></p>  | <p>Michael J. Wallace<br/>Board President</p> |
| <p><b>II. ROLL CALL</b></p>  | <p>Dee Antonio<br/>District Clerk</p>         |
| <p><b>III. 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></p> | <p>Michael J. Wallace<br/>Board President</p> |
| <p>A. Consideration of Minutes of the Regular Meetings of the District Board: March 11, 16, and 23, 2020</p>   | <p><i>Motion Required</i></p>                 |
| <p>B. Consideration of Medical Staff Credentialing Action Items (March 23, 2020)</p>   |   |
| <p>C. Consideration of Medical Executive Committee Approval: Anesthesia Department Manual, Anesthesia Privileges, and Cardiology Privileges</p>  |   |
| <p>D. Consideration of Budget Amendment for Completion of Perimeter Fence between 2000 Mowry Avenue and 1900 Mowry Avenue (\$2,046.54)</p>   |   |
| <p>E. Consideration of Unbudgeted Capital Request: (2) Zoll AutoPulse External Compression Device Systems (35,891.05)</p>  |   |
| <p>F. Consideration of Unbudgeted Emergency Capital Request for COVID-19 Situation: (30) Stryker/Hilrom Beds (\$28,712.50)</p>   |   |

**IV. 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**

**V. REPORTS**

**A. Finance Report**

**PRESENTED BY:**

Chris Henry  
Vice President & Chief Financial Officer

**B. Hospital Operations Report**

Kimberly Hartz  
Chief Executive Officer

**VI. ACTION ITEMS**

*Motion Required*

**VII. ANNOUNCEMENTS**

Kimberly Hartz  
Chief Executive Officer

**VIII. ADJOURN TO CLOSED SESSION**

*In accordance with Section 32106 and 32155 of the California Health & Safety Code, portions of this meeting may be held in closed session.*

**A. Report of Medical Staff and Quality Assurance Committee, Health & Safety Code section 32155**

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

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

Michael J. Wallace  
Board President

**X. ADJOURNMENT**

Michael J. Wallace  
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, March 11, 2020 in the Conrad E. Anderson, MD Auditorium, 2500 Mowry Avenue, Fremont, California. Director Wallace called the meeting to order at 6:00 pm and led those present in the Pledge of Allegiance.

*CALL TO ORDER*

*PLEDGE OF ALLEGIANCE*

Roll call was taken: Directors present: Michael Wallace; Jeannie Yee; Bernard Stewart, DDS; Jacob Eapen, MD  
Late: William Nicholson, MD (arrived at 7:07 pm)  
Absent:

*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, John Lee, John Zubiena, Kristin Ferguson, Mary Bowron, Donald Pipkin, Nick Legge, Jeff Stuart MD, Kimberlee Alvani, Angus Cochran, Rob Lanci

Director Wallace presented the Consent Calendar for consideration:

*CONSENT CALENDAR*

- A. Minutes of the Regular Meetings of the District Board: February 12, 24, and 26, 2020

In accordance with District law, policies, and procedures, Director Stewart moved that the Board of Directors approve the District Board Minutes for February 12, 24, and 26, 2020 as presented.

Director Eapen seconded the motion.

Roll call was taken:

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

The motion carried.

There were no Oral communications.

*COMMUNICATIONS:  
ORAL*

The following written communication received from Prasad Kilaru, MD, Chief of Staff, dated February 26, 2020 requesting approval of Medical Staff Credentialing Action Items as follows:

*COMMUNICATIONS:  
WRITTEN*

Initial Appointments – Two Year

Jalota, Leena MD; Lee, Cindy NP

Temporary Privileges

Jalota, Leena MD; Lee, Cindy NP; Spira, Alan MD

Waiver Request

Damman, Jennifer MD; Hsu, Mark MD; Okeigwe, Ljeoma MD; Tiglao, Lawrence MD

Reappointments – Two Year

Avon, Mark MD; Azizirad, Omeed MD; Dela Cruz, Rhodora MD; Ha, Huan MD; Leong, Shirley MD; Miller, Robert MD; Mogal, AmyCecilia MD; Ngo, Trang MD; Ragi-Singh, Kashmira MD; Tay, David MD; Tran, Thai-Hang NP; Tsoi, Timothy MD; Voscopoulos, Christopher MD

Reappointments – One Year

Achanta, Kranthi MD; DeGalan, Steven MD; Hung, Sammy MD; Khetrupal, Rabin MD; Larson, David MD; Minkin, Dale DDS

Transfer in Staff Category

Anwar, Moshur MD; Avon, Mark MD; Minkin, Dale DDS

Completion of Proctoring and Advancement in Staff Category

Hsu, Mark MD

Extension of Proctorship and Provisional Category 1-year

Damman, Jennifer MD; Hsu, Mark MD; Okeigwe, Ljeoma MD; Tiglao, Lawrence MD

New Privilege Requests

Leong, Shirley MD

Delete Privilege Requests

Leong, Shirley MD; Okeigwe, Ljeoma MD; Tiglao, Lawrence MD

Conflict of Interest Statement Updated

Achanta, Kranthi; Avon, Mark MD

Reinstatement of Leave of Absence

Spira, Alan MD

Resignations

Colburn, Gregory MD; Dao, Catherine MD; Sandhu, Sukhwinder MD; Stoll, Nancy MD; Yanga, Almario MD

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

Director Yee seconded the motion.

Roll call was taken:

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

The motion carried.

Kimberly Hartz introduced Dr. Jet Liu, specialist in foot and ankle surgery. Dr. Liu talked about two types of Achilles Tendonitis (Insertional and Non-insertional) and the treatments for both with a strong recommendation for non-surgical interventions.

*PRESENTATION  
Heel Pain – Diagnosis  
and Management*

Dr. Liu also talked about Plantar Fasciitis and the non-operative treatments associated with that condition. He then reviewed new techniques of surgical treatments that he performs: Ankle Arthroscopy, Angle Arthroplasty, and Multi-planar external fixation. He talked about soft tissue reconstruction for foot drop, flat foot and high arched foot as well as bony reconstruction related to degenerative conditions. Dr. Liu reviewed a variety of sports/traumatic injuries and their repairs.

Ruth McGautha, President of the Service League, reported on the Service League activities including the CAHHS Volunteer Leadership Conference she attended in February and the Washington Hospital Service League Annual Business Luncheon held on February 24<sup>th</sup>. Laura Pessagno received her 65 Years of Service Pin. Ms. McGautha was reelected as Board President to serve an additional year.

*SERVICE LEAGUE  
REPORT*

Dr. Prasad Kilaru reported there are 591 Medical Staff members including 360 active members.

*MEDICAL STAFF  
REPORT*

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

*HOSPITAL EVENTS  
REPORT  
Community Outreach*

**Past Health Promotions & Outreach Events**

Outreach Events included:

- Hand Hygiene presentations for students at Chadbourne Elementary School in Fremont and Searles Elementary School in Union City.
- Washington Hospital's Career Exploration program
- February 19<sup>th</sup> – Bone Density Screenings for Osteoporosis
- February 20<sup>th</sup> – Strategies to Live a Heart-Healthy Lifestyle
- February 21<sup>st</sup> – Sports Medicine hosted a 1<sup>st</sup> Aid booth at the Special Olympics basketball tournament at Newark Memorial High School in Newark
- February 27<sup>th</sup> – Ready, Set, Goal! A Healthier You in 2020
- March 10<sup>th</sup> – Women in Business Conference: The Perfect Moment is NOW

**Upcoming Health Promotions & Community Outreach Events**

All March and April Health & Wellness seminars are postponed due to COVID-19.

**Bay Area Healthier Together**

In the month of February, Bay Area Healthier Together's topic was Heart Health, featuring Dr. Rohit Sehgal, cardiologist.

*HOSPITAL EVENTS  
REPORT  
Bay Area Healthier  
Together*

**Washington Hospital Healthcare Foundation**

- The Foundation will host the 35<sup>th</sup> Annual Golf Tournament at Castlewood Country Club on Thursday, May 7, 2020.

*HOSPITAL EVENTS  
REPORT  
Washington Hospital  
Foundation Report*

**Washington Township Health Care District Board of Directors Report**

WTHCD Board Members attended the League of Volunteers'; Elegant Affaire Gala on February 14<sup>th</sup>, the Fremont Education Foundation's Excellence in Education Gala on February 28<sup>th</sup>, and the Abode Services Journey Home Breakfast on March 6<sup>th</sup>.

*HOSPITAL EVENTS  
REPORT  
District Board of  
Directors Report*

**Washington Hospital Employee Association, W.H.E.A.**

WHEA Partnered with Alameda County Commission on the Status of Women to raise donations of packaged, unopened, menstrual hygiene products which were donated to Union City Family Center who serve women and girls in our District.

*HOSPITAL EVENTS  
REPORT  
W.H.E.A.*

**Washington on Wheels**

The WOW Mobile Clinic served community members at these locations in February: Family Resource Center, Fremont Winter Shelter and Irvington Presbyterian Church in Fremont. The total number of community members receiving health care from the WOW van during the month of February was 19.

*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 32,030 views.

*HOSPITAL EVENTS  
REPORT  
Internet and Social Media  
Marketing*

**YouTube**

Recent additions to Washington Hospital's YouTube Channel include:

- Healthy Eating: Prescription for Health
- Active Living: Yoga Exercises
- Anxiety: Stop Negative Thoughts

*HOSPITAL EVENTS  
REPORT  
YouTube*

**InHealth - Channel 78**

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

- Heart Healthy Eating
- Ready, Set, Goal! A Healthier You in 2020
- Healthy Eating: Prescription for Health
- Active Living: Yoga Exercises
- Strategies to Help Lower Your Cholesterol and Blood Pressure
- February Board of Directors Meeting

*HOSPITAL EVENTS  
REPORT  
InHealth*

**Awards & Recognitions**

On February 29<sup>th</sup>, Washington Hospital recognized and celebrated 326 WHHS employees at the Employee Recognition Awards event. There were five 40-year awardees, one 45-year awardee and one 50-year awardee. This was the inaugural year of the Nancy Farber Patient First Ethic Award.

*HOSPITAL EVENTS  
REPORT  
Awards and Recognitions*

**Employee of the Month**

Neeloo Bhatt, Lead Clinical Lab Scientist, was named as the March Employee of the Month.

*HOSPITAL EVENTS  
REPORT  
Employee of the Month –  
Neeloo Bhatt*

**Coronavirus / COVID-19 Update**

Ms. Hartz presented some of the measures the Hospital has undertaken to curb the spread of the virus. These include:

*HOSPITAL EVENTS  
REPORT  
Coronavirus / COVID-19*

- Screening visitors at entry points to the hospital (entrance to Main Lobby and entrance to the Emergency Department) – taking temperatures and questioning
- No visitors under the age of 18 years (OB/Siblings excepted)
- Asking Physicians to screen patients in their offices
- Careful monitoring of supplies
- Information and links to the CDC on the hospital webpage
- Informational videos on the hospital webpage
- Notifications to patients through MyChart

Ms. Hartz introduced Felipe Villanueva, Director of Perioperative Services, who presented the Lean work completed so far in the Perioperative Departments which consist of Preop, Operating Room, PACU, Endoscopy, and Short Stay. In FY19, 4,558 cases were completed in the OR. Mr. Villanueva reviewed the front line huddle and the weekly/daily management system. He reviewed a staff-identified problem concerning the weight of the OR case trays and the outcome which reduced the weight of the trays by 47 pounds of instruments from six commonly used trays. He talked about other improvement work identified and led by staff.

*LEAN REPORT  
Continuous Improvements  
in Perioperative Services*

Mary Bowron, Chief of Quality & Resource Management, presented the Quality Dashboard for the quarter ending December 31, 2019 comparing WHHS statistics to State and National benchmarks.

*QUALITY REPORT:  
Quality Dashboard  
Quarter Ending  
December 2019*

#### **Infection Prevention Indicators**

We had no MRSA Bloodstream Infections this past quarter. C-Difficile: We were lower than predicted this quarter. Central Line Associated Bloodstream Infections: Our infection rate was higher than predicted. Catheter Associated Urinary Tract Infections (CAUTI): Our infection rate was higher than predicted. We had one VRE infection. We had no infections following colon surgery which was below the predicted number of infections. We had one infection following abdominal hysterectomy which was at the predicted number of infections.

#### **Nurse Sensitive Indicators**

Moderate Fall with Injury: Our rate was the same as 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 99.9% compliance in the last quarter. The Procedure Time Out was at 99.9% compliance. Hand Hygiene was at 87.5%.

#### **Readmission Rates**

Our 30-day Medicare Pneumonia Readmission rate was slightly above the CMS national benchmark 17.9% vs 16.6%). Our 30-day readmission rate for AMI discharges was above the CMS benchmark (20.8% versus 15.7%). Our 30-day Heart Failure Medicare readmission rate was below the CMS benchmark (19.6% vs

21.6%). Our 30-day Medicare THA/TKA readmission rate was below CMS benchmark 0.9% vs 4.0%). Our 30-day Medicare CABG readmission rate was above the CMS benchmark (33.3% vs 12.8%). Our 30-day Medicare COPD readmission rate was below the CMS benchmark (19.0% vs 19.5%).

Chris Henry, Vice President & Chief Financial Officer, presented the Finance Report for January 2020. The average daily census was 158.7 with admissions of 1030 resulting in 4,920 patient days. Outpatient observation equivalent days were 197. The average length of stay was 4.68 days. The case mix index was 1.431. Deliveries were 133. Surgical cases were 437. Joint Replacement cases were 194. Neurosurgical cases were 22. Cardiac Surgical cases were 12. The Outpatient visits were 8,127 and Emergency visits were 5,005. Total productive FTEs were 1,520.8. FTEs per adjusted occupied bed were 6.37.

*FINANCE REPORT*

Kimberly Hartz presented the Hospital Operations Report for February 2020. Preliminary information indicated gross revenue for the month at approximately \$175,114,000. The Average Length of Stay was 4.96 and there were 4,731 patient days. There were 375 Surgical Cases and 349 Cath Lab procedures at the Hospital. Deliveries were 112. Non-Emergency Outpatient visits were 7,729. Total FTEs per Adjusted Occupied Bed were 6.08. The Washington Outpatient Surgery Center had 479 cases and the clinics saw approximately 3,726 patients. Total Government Sponsored Preliminary Payor Mix was 73.1%, against the budget of 72.1%. Homeless Patient Total Encounters were 167 with an estimated unreimbursed cost of homeless care of \$623,056 for the month of February.

*HOSPITAL  
OPERATIONS REPORT*

In accordance with Health & Safety Code Section 32106 and 32155, Director Wallace adjourned the meeting to closed session at 7:34 pm, as the discussion pertained to Medical Staff and Quality Assurance and Hospital trade secrets.

*ADJOURN TO CLOSED  
SESSION*

Director Wallace reconvened the meeting to open session at 8:22 pm and reported that no reportable action was taken in closed session.

*RECONVENE TO OPEN  
SESSION & REPORT ON  
CLOSED SESSION*

None.

*ANNOUNCEMENTS*

There being no further business, Director Wallace adjourned the meeting at 8:22 pm.

*ADJOURNMENT*

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Michael J. Wallace  
President

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Bernard Stewart, DDS  
Secretary



A regular meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, March 16, 2020 in the Board Room, 2000 Mowry Avenue, Fremont, California. Director Wallace called the meeting to order at 6:00 p.m. and led those present in the Pledge of Allegiance.

*CALL TO ORDER*

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

*ROLL CALL*

Also present: Kimberly Hartz, Chief Executive Officer; Ed Fayen, Executive Vice President; Chris Henry, Vice President; Tina Nunez, Vice President; Stephanie Williams, Vice President; Paul Kozachenko, Legal Counsel; Nick Kozachenko, Legal Counsel; Dee Antonio, District Clerk

Guests: David Levin, MD; Garth Huberty, Director Laboratory; Larry Tramutola, Consultant (via WebEx); Timothy McLarney, Consultant) (via WebEx)

There were no oral communications.

*COMMUNICATIONS*

There were no written communications.

In accordance with District Law, Policies and Procedures, Director Yee moved that the Board of Directors authorize the Chief Executive Officer to proceed with the purchase of the Biomerieux BioFire TORCH 6-Module for an amount not to exceed \$158,555.00.

*CONSIDERATION OF  
CAPITAL REQUEST:  
BIOMERIEUX BIOFIRE  
TORCH-6 MODULE*

Director Eapen seconded the motion.

Roll call was taken:

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

The motion carried.

In accordance with Health & Safety Code Sections 32106 and 32155 and California Government Code 54956.9(d)(2), Director Wallace adjourned the meeting to closed session at 6:15 p.m., as the discussion pertained to a trade secret pursuant to Health & Safety Code section 32106 Continuing Program discussion, a Report of Medical Staff and Quality Assurance pursuant to Health & Safety Code Section 32155, and a conference with Legal Counsel on Anticipated Litigation pursuant to Government Code Section 54956.9 (d)(2).

*ADJOURN TO CLOSED  
SESSION*

Director Wallace reconvened the meeting to open session at 8:04 p.m. and reported that no reportable action was taken in Closed Session.

*RECONVENE TO OPEN  
SESSION & REPORT ON  
CLOSED SESSION*

In accordance with District Law, Policies and Procedures, Director Yee moved that the Board of Directors approve Resolution No. 1208 and therefore:

1. The Chief Executive Officer is authorized to execute the Tenants-in-Common Agreement and Escrow Contribution and Assignment Agreement; and

*CONSIDERATION OF  
RESOLUTION No. 1208  
TO APPROVE  
TENANCY-In-COMMON  
AGREEMENT, ESCROW*

2. The Board approves an increase to the budget for the Fiscal Year 2019-2020 budget in an amount not to exceed \$765,000.00; and
3. The Chief Executive Officer is authorized to take any and all further actions, which in the determination of the Chief Executive Officer are necessary and proper to consummate the purchase of the property.

*CONTRIBUTION and  
ASSIGNED  
AGREEMENT, and  
BUDGET AMENDMENT  
FOR ACQUISITION OF  
45388 WARM SPRINGS  
BOULEVARD*

Director Eapen seconded the motion.

Roll call was taken:

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

The motion carried.

In accordance with District Law, Policies, and Procedures, Director Yee moved for denial of the claim received on January 13, 2020 on behalf of John Jiang (son of Qing Jiang) and that the Chief Executive Officer be directed to provide notice in accordance with government code section 945.6.

*CONSIDERATION OF  
CLAIM: QING JIANG*

Director Eapen seconded the motion.

Roll call was taken:

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

The motion unanimously carried.

None

*ANNOUNCEMENTS*

There being no further business, Director Wallace adjourned the meeting at 8:08 pm.

*ADJOURNMENT*

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Michael J. Wallace  
President

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Bernard Stewart, DDS  
Secretary

A meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, March 23, 2020 in the Board Room, Washington Hospital, 2000 Mowry Avenue, Fremont, California. Due to COVID-19, this meeting was conducted via conference call.

*CALL TO ORDER*

Director Nicholson called the meeting to order at 7:30 a.m.

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

*ROLL CALL*

Also present: Jeff Stuart, MD; Prasad Kilaru, MD; Kranthi Achanta, MD; Shakir Hyder, MD; Tim Tsoi, MD; Jan Henstorf, MD; Kimberly Hartz, Chief Executive Officer; Stephanie Williams, Vice President & Chief Nursing Officer

There were no oral or written communications.

*COMMUNICATIONS*

Director Nicholson adjourned the meeting to closed session at 7:30 a.m. as the discussion pertained to Medical Audit and Quality Assurance Matters pursuant to Health & Safety Code Sections 1461 and 32155.

*ADJOURN TO CLOSED SESSION*

Director Nicholson reconvened the meeting to open session at 8:25 a.m. and reported no reportable action taken in closed session.

*RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION*

There being no further business, the meeting adjourned at 8:25 a.m.

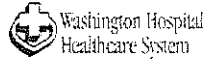
*ADJOURNMENT*

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Michael Wallace  
President

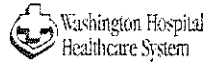
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Bernard Stewart  
Secretary



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

February 2020



**WASHINGTON HOSPITAL  
INDEX TO BOARD FINANCIAL STATEMENTS  
February 2020**

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



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# Memorandum

**DATE:** March 30, 2020  
**TO:** Board of Directors  
**FROM:** Kimberly Hartz  
**SUBJECT:** Washington Hospital – February 2020  
Operating & Financial Activity

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## SUMMARY OF OPERATIONS – (Blue Schedules)

### 1. Utilization – Schedule Board 3

	February <u>Actual</u>	February <u>Budget</u>	Current 12 <u>Month Avg.</u>
<u>ACUTE INPATIENT:</u>			
Average Daily Census	163.1	180.1	164.1
# of Admissions	911	972	987
Patient Days	4,731	5,223	5,008
Discharge ALOS	4.96	5.37	5.01
<u>OUTPATIENT:</u>			
OP Visits	7,729	7,468	7,958
ER Visits	4,482	4,180	4,490
Observation Equivalent Days – OP	208	146	188

Comparison of February 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 37.6 below budget. Total productive FTEs for February were 1,312.6, 38.2 below the budgeted level of 1,350.8. Nonproductive FTEs were 0.6 above budget. Productive FTEs per adjusted occupied bed were 5.35, 0.09 above the budgeted level of 5.26. Total FTEs per adjusted occupied bed were 6.08, 0.12 above the budgeted level of 5.96.

**3. Income - Schedule Board 1**

For the month of February the Hospital realized income of \$349,000 from operations.

Total Gross Patient Service Revenue of \$175,113,000 for February was 0.6% below budget.

Deductions from Revenue of \$137,797,000 represented 78.69% of Total Gross Patient Service Revenue. This percentage is above the budgeted amount of 77.68% primarily due to actual contractual rates exceeding the budgeted rates.

Total Operating Revenue of \$38,149,000 was \$1,676,000 (4.2%) below the budget.

Total Operating Expense of \$37,800,000 was \$1,795,000 (4.5%) below the budgeted amount.

The Total Non-Operating Income of \$1,453,000 for the month includes an unrealized gain on investments of \$1,233,000 and property tax revenue of \$1,417,000.

The Total Net Income for February was \$1,802,000, which was \$1,509,000 more than the budgeted income of \$293,000.

The Total Net Income for February 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 \$278,000 compared to budgeted income of \$66,000.

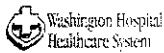
**4. Balance Sheet – Schedule Board 2**

The results of the annual actuarial valuations of the Pension Plan and the Other Post-Employment Benefit Plan were recorded in the month of February. Due primarily to strong investment earnings during calendar year 2019, there was a significant reduction in the Net Pension Liability and a related increase in Deferred Inflows.

There were no other noteworthy changes in assets and liabilities when compared to January 2020.

KIMBERLY HARTZ  
Chief Executive Officer

KH/CH

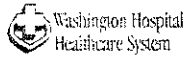


**WASHINGTON HOSPITAL**  
**STATEMENT OF REVENUES AND EXPENSES**  
 February 2020  
**GASB FORMAT**  
 (In thousands)

February				YEAR TO DATE				
ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.		ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.
				<b>OPERATING REVENUE</b>				
\$ 116,337	\$ 123,631	\$ (7,294)	-5.9%	1 INPATIENT REVENUE	\$ 947,452	\$ 969,299	\$ (21,847)	-2.3%
58,776	52,553	6,223	11.8%	2 OUTPATIENT REVENUE	471,499	428,531	42,968	10.0%
<b>175,113</b>	<b>176,184</b>	<b>(1,071)</b>	-0.6%	3 TOTAL PATIENT REVENUE	<b>1,418,951</b>	<b>1,397,830</b>	<b>21,121</b>	1.5%
(136,710)	(132,684)	(4,026)	-3.0%	4 CONTRACTUAL ALLOWANCES	(1,074,082)	(1,052,132)	(21,950)	-2.1%
(1,087)	(4,171)	3,084	73.9%	5 PROVISION FOR DOUBTFUL ACCOUNTS	(29,300)	(33,117)	3,817	11.5%
<b>(137,797)</b>	<b>(136,855)</b>	<b>(942)</b>	-0.7%	6 DEDUCTIONS FROM REVENUE	<b>(1,103,382)</b>	<b>(1,085,249)</b>	<b>(18,133)</b>	-1.7%
<b>78.69%</b>	<b>77.68%</b>			7 DEDUCTIONS AS % OF REVENUE	<b>77.76%</b>	<b>77.64%</b>		
<b>37,316</b>	<b>39,329</b>	<b>(2,013)</b>	-5.1%	8 NET PATIENT REVENUE	<b>315,569</b>	<b>312,581</b>	<b>2,988</b>	1.0%
833	496	337	67.9%	9 OTHER OPERATING INCOME	5,543	5,330	213	4.0%
<b>38,149</b>	<b>39,825</b>	<b>(1,676)</b>	-4.2%	10 TOTAL OPERATING REVENUE	<b>321,112</b>	<b>317,911</b>	<b>3,201</b>	1.0%
				<b>OPERATING EXPENSES</b>				
17,588	17,628	40	0.2%	11 SALARIES & WAGES	143,454	139,728	(3,726)	-2.7%
5,705	6,742	1,037	15.4%	12 EMPLOYEE BENEFITS	55,082	56,184	1,102	2.0%
4,896	4,749	(147)	-3.1%	13 SUPPLIES	40,712	38,135	(2,577)	-6.8%
4,142	4,548	406	8.9%	14 PURCHASED SERVICES & PROF FEES	34,194	36,074	1,880	5.2%
1,432	1,685	253	15.0%	15 INSURANCE, UTILITIES & OTHER	13,263	13,744	481	3.5%
4,037	4,243	206	4.9%	16 DEPRECIATION	32,563	32,919	356	1.1%
<b>37,800</b>	<b>39,595</b>	<b>1,795</b>	4.5%	17 TOTAL OPERATING EXPENSE	<b>319,268</b>	<b>316,784</b>	<b>(2,484)</b>	-0.8%
<b>349</b>	<b>230</b>	<b>119</b>	51.7%	18 OPERATING INCOME (LOSS)	<b>1,844</b>	<b>1,127</b>	<b>717</b>	63.6%
<b>0.91%</b>	<b>0.58%</b>			19 OPERATING INCOME MARGIN %	<b>0.57%</b>	<b>0.35%</b>		
				<b>NON-OPERATING INCOME &amp; (EXPENSE)</b>				
303	362	(59)	-16.3%	20 INVESTMENT INCOME	2,563	2,895	(332)	-11.5%
51	-	51	0.0%	21 REALIZED GAIN/(LOSS) ON INVESTMENTS	513	-	513	0.0%
(1,852)	(2,022)	170	8.4%	22 INTEREST EXPENSE	(14,813)	(16,145)	1,332	8.3%
301	323	(22)	-6.8%	23 RENTAL INCOME, NET	1,732	1,922	(190)	-9.9%
1,417	1,400	17	1.2%	24 PROPERTY TAX REVENUE	11,358	11,239	119	1.1%
1,233	-	1,233	0.0%	25 UNREALIZED GAIN/(LOSS) ON INVESTMENTS	2,142	-	2,142	0.0%
<b>1,453</b>	<b>63</b>	<b>1,390</b>	2206.3%	26 TOTAL NON-OPERATING INCOME & EXPENSE	<b>3,495</b>	<b>(89)</b>	<b>3,584</b>	4027.0%
<b>\$ 1,802</b>	<b>\$ 293</b>	<b>\$ 1,509</b>	515.0%	27 NET INCOME (LOSS)	<b>\$ 5,339</b>	<b>\$ 1,038</b>	<b>\$ 4,301</b>	414.4%
<b>4.72%</b>	<b>0.74%</b>			28 NET INCOME MARGIN %	<b>1.66%</b>	<b>0.33%</b>		
<b>\$ 278</b>	<b>\$ 66</b>	<b>\$ 212</b>	321.2%	29 NET INCOME (LOSS) USING FASB PRINCIPLES**	<b>\$ 986</b>	<b>\$ (766)</b>	<b>\$ 1,752</b>	228.7%
<b>0.73%</b>	<b>0.17%</b>			NET INCOME MARGIN %	<b>0.31%</b>	<b>-0.24%</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**  
February 2020  
(In thousands)

SCHEDULE BOARD 2

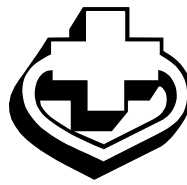
ASSETS AND DEFERRED OUTFLOWS			February 2020	Audited June 2019	LIABILITIES, NET POSITION AND DEFERRED INFLOWS			February 2020	Audited June 2019
<b>CURRENT ASSETS</b>					<b>CURRENT LIABILITIES</b>				
1	CASH & CASH EQUIVALENTS		\$ 34,940	\$ 32,099	1	CURRENT MATURITIES OF L/T OBLIG	\$ 9,500	\$ 8,550	
2	ACCOUNTS REC NET OF ALLOWANCES		64,758	68,968	2	ACCOUNTS PAYABLE	16,288	23,784	
3	OTHER CURRENT ASSETS		14,767	11,672	3	OTHER ACCRUED LIABILITIES	45,326	53,148	
4	TOTAL CURRENT ASSETS		<u>114,465</u>	<u>112,739</u>	4	INTEREST	2,935	11,933	
					5	TOTAL CURRENT LIABILITIES	<u>74,049</u>	<u>97,415</u>	
<b>ASSETS LIMITED AS TO USE</b>					<b>LONG-TERM DEBT OBLIGATIONS</b>				
6	BOARD DESIGNATED FOR CAPITAL AND OTHER		161,028	156,039	6	REVENUE BONDS AND OTHER	224,319	224,309	
7	GENERAL OBLIGATION BOND FUNDS		0	43	7	GENERAL OBLIGATION BONDS	332,226	335,824	
8	REVENUE BOND FUNDS		21,967	18,613					
9	BOND DEBT SERVICE FUNDS		10,939	31,451	<b>OTHER LIABILITIES</b>				
10	OTHER ASSETS LIMITED AS TO USE		10,021	9,779	10	NET PENSION LIABILITY	27,680	63,510	
11	TOTAL ASSETS LIMITED AS TO USE		<u>203,955</u>	<u>215,925</u>	11	WORKERS' COMP	8,079	7,750	
					12	SUPPLEMENTAL MEDICAL RETIREMENT	41,832	37,299	
13	OTHER ASSETS		214,260	199,715					
14	NET PROPERTY, PLANT & EQUIPMENT		696,219	726,001	14	NET POSITION	512,150	506,810	
15	TOTAL ASSETS		<u>\$ 1,228,899</u>	<u>\$ 1,254,380</u>	15	TOTAL LIABILITIES AND NET POSITION	<u>\$ 1,220,335</u>	<u>\$ 1,272,917</u>	
16	DEFERRED OUTFLOWS		64,504	63,460	16	DEFERRED INFLOWS	73,068	44,923	
17	TOTAL ASSETS AND DEFERRED OUTFLOWS		<u>\$ 1,293,403</u>	<u>\$ 1,317,840</u>	17	TOTAL LIABILITIES, NET POSITION AND DEFERRED INFLOWS	<u>\$ 1,293,403</u>	<u>\$ 1,317,840</u>	



**WASHINGTON HOSPITAL  
OPERATING INDICATORS  
February 2020**

12 MONTH AVERAGE	February						YEAR TO DATE			
	ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.			ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.
164.1	163.1	180.1	(17.0)	-9%	1	ADULT & PEDIATRIC AVERAGE DAILY CENSUS	154.6	160.2	(5.6)	-3%
6.2	7.2	5.0	2.2	44%	2	OUTPATIENT OBSERVATION AVERAGE DAILY CENSUS	6.3	5.4	0.9	17%
8.9	8.1	8.9	(0.8)	-9%	3	NURSERY AVERAGE DAILY CENSUS	9.0	9.0	-	0%
179.2	178.4	194.0	(15.6)	-8%	4	TOTAL	169.9	174.6	(4.7)	-3%
3.7	4.1	3.4	0.7	21%	5	SPECIAL CARE NURSERY AVERAGE DAILY CENSUS *	3.4	3.2	0.2	6%
5,008	4,731	5,223	(492)	-9%	6	ADULT & PEDIATRIC PATIENT DAYS	37,717	39,082	(1,365)	-3%
188	208	146	62	42%	7	OBSERVATION EQUIVALENT DAYS - OP	1,529	1,322	207	16%
987	911	972	(61)	-6%	8	ADMISSIONS-ADULTS & PEDIATRIC	7,646	7,759	(113)	-1%
5.01	4.96	5.37	(0.41)	-8%	9	AVERAGE LENGTH OF STAY-ADULTS & PEDIATRIC	4.88	5.04	(0.16)	-3%
1,467	1,490	1,486	0.004	0%	10	<b>OTHER KEY UTILIZATION STATISTICS</b> OVERALL CASE MIX INDEX (CMI)	1.470	1.464	0.006	0%
154	167	154	13	8%	11	SURGICAL CASES JOINT REPLACEMENT CASES	1,220	1,142	78	7%
24	20	24	(4)	-17%	12	NEUROSURGICAL CASES	187	195	(8)	-4%
10	13	10	3	30%	13	CARDIAC SURGICAL CASES	88	82	6	7%
198	175	177	(2)	-1%	14	ALL OTHERS	1,564	1,641	(77)	-5%
386	375	365	10	3%	15	TOTAL CASES	3,059	3,060	(1)	0%
400	349	350	(1)	0%	16	TOTAL CATH LAB PROCEDURES	3,408	2,844	564	20%
129	112	122	(10)	-8%	17	DELIVERIES	1,036	1,045	(9)	-1%
7,958	7,729	7,468	261	3%	18	OUTPATIENT VISITS	64,015	59,465	4,550	8%
4,490	4,482	4,180	302	7%	19	EMERGENCY VISITS	35,628	34,122	1,506	4%
1,333.7	1,312.6	1,350.8	38.2	3%	20	<b>LABOR INDICATORS</b> PRODUCTIVE FTE'S	1,306.4	1,283.8	(22.6)	-2%
186.5	180.3	179.7	(0.6)	0%	21	NON PRODUCTIVE FTE'S	198.8	197.8	(1.0)	-1%
1,520.2	1,492.9	1,530.5	37.6	2%	22	TOTAL FTE'S	1,505.2	1,481.6	(23.6)	-2%
5.55	5.35	5.26	(0.09)	-2%	23	PRODUCTIVE FTE/ADJ. OCCUPIED BED	5.64	5.56	(0.08)	-1%
6.33	6.08	5.96	(0.12)	-2%	24	TOTAL FTE/ADJ. OCCUPIED BED	6.50	6.41	(0.09)	-1%

\* included in Adult and Peds Average Daily Census



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# Memorandum

**DATE:** March 16, 2020

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

**FROM:** Jeffrey Stuart, MD, Chief Medical Staff Services

**SUBJECT:** MEC for Board Approval:  
Anesthesia Department Manual  
Anesthesia Privileges  
Cardiology Privileges

The Medical Executive Committee on March 16, 2020 approved the Anesthesia Department Manual, Anesthesia Privileges and Cardiology Privileges.

Please accept this memorandum as a formal request for presentation to the Board of Directors for final approval of the Anesthesia Department Manual, Anesthesia Privileges and Cardiology Privileges.

## DEPARTMENT MANUAL

### DEPARTMENT OF ANESTHESIOLOGY

#### Function

The function of the Washington Hospital Department of Anesthesiology shall be to provide high quality anesthesia care for patients in the Hospital and a program of continuing education for members of the Medical Staff and nursing personnel. The Department shall:

- A. Monitor and evaluate the quality of care rendered by its members.
- B. Formulate Department Rules and Regulations, including policies and procedures for patient care in the Post-Anesthesia Care Unit (PACU) and moderate sedation criteria throughout the hospital.
- C. Arrange scientific programs for Anesthesiology Department meetings, and provide opportunities for continuing medical education.
- D. Advise and consult with members of other services and departments as needed.

#### Composition

The Department of Anesthesiology will be composed of those members who have satisfactorily completed the formal training requirements of the American Board of Anesthesiology. Although the application process may begin just prior to completion of residency, final approval will require proof of completion. (Approved by Board 3-11-98)

#### Organization

- A. The Department of Anesthesiology Active Staff members shall elect an Assistant Chairperson at the May meeting of odd years. The Chairperson and Assistant Chairperson will be in office for two years and may be re-elected.
- B. The Anesthesiology Department will send the Chairperson to the Medical Executive Committee and the Assistant Chairperson to the Quality & Resource Management Committee. The Department will also appoint a representative to attend the Surgery Committee and a representative to attend the OB/GYN Committee.
- C. The Anesthesiology Department meeting shall be open to all active members of the Anesthesiology Department and three additional members (one each from the Departments of Surgery, OB/GYN, and Internal Medicine). Representatives from these outside departments will be appointed in odd years; they will not have voting privileges in the Anesthesiology Department meetings.
- D. All policy decisions of the Anesthesiology Department shall be subject to approval, modification or rejection by a simple majority of the active voting members of the Department of Anesthesiology.
- E. The Anesthesiology Department shall recommend the Anesthesiology Department privileges to the Medical Executive Committee.

#### Meetings

- A. The Department of Anesthesiology will attempt to meet monthly; and will meet, at minimum, 10 times per year. A quorum shall be required. The agenda for these meetings shall include Departmental matters, generate policy for the Department, and conduct peer review, Quality Assessment and improvement. Duties also include oversight of patient care in the Post-Anesthesia Care Unit and the Moderate Sedation Privileges. Minutes shall be generated and shall include a summary of peer review findings for information and educational purposes. QA

data with executive summary attached will be submitted to the Quality & Resource Management Committee at regular intervals determined by the QRM committee.

## Officers

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### A. Chairperson

1. The Chairperson shall preside at the Department of Anesthesiology meetings and shall perform the duties outlined in the Medical Staff Bylaws.

### B. Assistant Chairperson

1. The Assistant Chairperson shall preside and conduct business in the absence of the Chairperson.

### C. Officer position vacancies, due to any reason, shall be filled by special election.

## Anesthesiology Department Members

### A. Provide anesthetic care for WHHS, which includes:

- Patient care in all anesthetizing locations (refer to page 8)
- Patient care on Labor and Delivery
- Pre-operative patient care, including oversight of a pre-operative clinic for patient assessment and coordination of lab work, imaging and other studies
- Post-operative recovery of patients, including policies and procedures and patient care responsibilities of the PACU staff.
- Coordinate equipment needs with the operating room supervisor.
- Participate as instructors in the Hospital's program of continuing education.
- Participate in Quality Assurance and peer review activities.
- The Anesthesia Department will oversee Moderate Sedation Privileges

**Privileges-Department of Anesthesiology (change approved by Board 10/14/98)**

B. Evaluation and re-evaluation of applicants:

The Anesthesiology Department shall evaluate all applicants for Anesthesiology privileges. These evaluations will be forwarded to the Medical Executive Committee via the Credentials Committee. Re-evaluation of privileges shall occur every two (2) years.

C. Privilege information is found in MSOW.

Proctorship See WHHS Medical Staff FPPE Policy

(Changes approved by MEC 2/18/03, Board 3/12/03)



# Washington Hospital Medical Staff

2000 Mowry Avenue ♦ Fremont, CA 94538

(510) 791-3446 ♦ Fax (510) 792-0795

Washington Township Hospital District

## Specialty: Anesthesiology\_Rev March 2020

Delineation of Privileges

### Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Core Privileges* or *Special Privileges*.
2. Uncheck any privileges you do not want to request in that group.
3. When requesting your privileges, please remember you must be able to demonstrate current competency to be granted or to have a privilege renewed.
4. Please pay close attention to make sure you submit all required forms (i.e., activity, case logs), as incomplete files cannot be processed.
5. Electronically Sign/Date form.

### Notes:

- Applicants are not required to apply for all specialty-specific Core Privileges. If requirements exist for a particular specialty, the criteria will be outlined under the required qualifications section of each privilege form.
- Applicants may request privileges that apply to multiple specialties if they qualify.
- **IMPORTANT - If you have not met the minimum activity requirements for any privileges, do not check the boxes for those privileges.**

Required Qualifications	
<b>Qualifications</b>	Licensed M.D. or D.O.
<b>Membership</b>	Meet all requirements for medical staff membership.
<b>Education/Training</b>	Completion of postgraduate residency program in anesthesiology approved by the American Board of Anesthesiology
<b>Continuing Education</b>	Applicants must attest to having completed 50 AMA PRA Category I CME credits within the prior 24 months directly related to the practice of anesthesiology services (waived for applicants who have completed training during the previous 24 months).
<b>Certification</b>	Board certification as outlined in the Medical Staff Bylaws.

**Clinical Experience (Initial)** Performance of a minimum of 200 cases of a variety of the procedures within the core in the previous two years.

**Clinical Experience (Reappointment)** 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.

**AND**

Active/Provisional Staff Only: Of the 200 procedures, 10 must be performed at Washington Hospital Healthcare System and/or the Washington Outpatient Surgery Center.

**AND**

If applicable, applicants who hold special privileges must meet the activity requirements as defined in the medical staff documents.



## Core Privileges in Anesthesiology

**Description:** Plan and administer anesthesia care for patients with all anesthesia classifications. Provision of pain relief and maintenance or restoration, of a stable condition during and immediately following a surgical procedure or an obstetric or diagnostic procedure. Assess risk of the patient undergoing surgery and optimize the condition of the patient prior to, during, and after surgery.

Request	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	<b>Cognitive</b> (Privileges to provide anesthesia consultation and management to adults, children and neonates to include all cognitive skills within the scope of an anesthesiologist.)	
	Assessment of, consultation for, and preparation of patients for anesthesia, including performing a history and physical examination	
	Monitoring and maintenance of normal physiology during the perioperative period	
	Supervision and evaluation of performance of personnel, both medical and paramedical, involved in perioperative care	
	Treatment of perioperative pain	
	Clinical management and supervision of cardiac and pulmonary resuscitation	
	Evaluation of respiratory function and application of respiratory therapy	
	<b>Procedures</b> (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)	
	General Anesthesia - Inhalation (all forms including but not limited to mask and endotracheal) and intravenous	
	Placement of regional blocks or catheters for procedures or analgesia including but not limited to spinal, epidural and caudal blocks, peripheral, extremity and sympathetic nerve blocks, Bier blocks (intravenous regional blocks)	
	Sedation and Analgesia - intravenous, intramuscular, cutaneous, oral and rectal routes	
	Acute and Chronic pain therapy including patient controlled analgesia (PCA), patient controlled epidural analgesia (PCEA)	
	Insertion of Intravascular monitoring devices; to include but not limited; arterial and central venous lines, Swan-Ganz catheters	
	Lumbar drain placement	
	Epidural blood patch	
	Placement and monitoring of transesophageal echocardiography (TEE) probes	
	Cardiopulmonary resuscitation - basic and advanced	
	Insertion of temporary pacemaker for life-threatening arrhythmias	

### FPPE

Six direct observation case reviews of a variety of cases within the Core.  
Evaluation of OPPE data collected for review of competency/performance.

## Privilege Cluster:

### Qualifications

#### Membership

#### Education/Training

Published: 3/12/2020 6:15:38 PM

OR

Anesthesiology\_Rev March 2020

OR

**Clinical Experience (Initial)**

**Clinical Experience  
(Reappointment)**

<b>Request</b>	<b><i>Request all privileges listed below.</i></b> <i>Uncheck any privileges that you do not want to request.</i>	<b>Dept Chair Rec</b>
	<b>Procedures</b> (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)	

FPPE

**Special Privilege: Neurolytic Procedures Including Coeliac Plexus Blocks**

Qualifications

- Membership** Applicants applying for TEE must have unrestricted Core Anesthesiology privileges or Core Physician Medicine and Rehabilitation Privileges or Core Interventional Radiology Privileges
- Education/Training** Completion of an approved residency or fellowship in Pain Management which involved direct training and experience in these procedures;  
**OR**  
Appropriate training through an approved course involving direct experience with these procedures.
- Clinical Experience (Initial)** Applicant must be able to provide documentation of provision of at least 3 cases during the previous 24 months.
- Clinical Experience (Reappointment)** Applicant must be able to provide documentation of provision of at least 3 cases during the previous 24 months.

<b>Request</b>	<b><i>Request all privileges listed below.</i></b> <i>Uncheck any privileges that you do not want to request.</i>	<b>Dept Chair Rec</b>
	Neurolytic Procedures Including Coeliac Plexus Blocks	

FPPE

First three cases at Washington Hospital

**Special Privilege: Implantation of Pain Control Pump**

Qualifications

**Education/Training**

**Certification** Board certified in Surgery, Anesthesiology, Interventional Radiology or Physician Medicine and Rehabilitation  
**OR**  
 Demonstrate equivalent training  
**AND**  
 Have privileges in their respective specialty

**Clinical Experience (Initial)** Provide documentation of experience in implantation of pain control pumps in a residency or fellowship training;  
**OR**  
 Present evidence of having successfully completed a course approved for CME credit which includes both academic instruction and hands-on training;  
**AND**  
 Show evidence of having completed six (6) pain control pump implants under the supervision of a physician who has privileges to perform the procedure at this or another hospital

**Clinical Experience (Reappointment)** Performance of a minimum of three (3) cases in the previous two years

Request	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Implantation of Pain Control Pump	

**FPPE**  
 Three cases by a proctor who already has pain control pump privileges at this or another hospital

**Special Privilege: Spinal Cord Stimulator Implant**

**Qualifications**

**Certification** Board certified in Surgery, Anesthesiology, Interventional Radiology or Physician Medicine and Rehabilitation  
**AND**  
 Demonstrate equivalent training  
**OR**  
 Have privileges in their respective specialty

**Clinical Experience (Initial)** Provide documentation of experience in implantation of spinal cord stimulators in a residency or fellowship  
**OR**  
 Present evidence of having successfully completed a course approved for CME credit which includes both academic instruction and hands-on training  
**OR**  
 Show evidence of having completed six (6) spinal cord stimulator implants under the supervision of a physician who has privileges to perform the procedure at this or another hospital.

**Clinical Experience (Reappointment)** Performance of a minimum of three (3) cases in the previous two years

<b>Request</b>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	<b>Dept Chair Rec</b>
	Spinal Cord Stimulator Implant	

Be proctored for three (3) cases by a proctor who already has spinal cord stimulator privileges at this or another hospital.

**Acknowledgment of Applicant**

I have requested only those privileges for which I am qualified by education, training, current experience, and demonstrated current competency I am entitled to perform and that I wish to exercise at Washington Hospital and I understand that:

- A. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff Bylaws, policies and rules applicable generally and any applicable to the particular situation.
- B. Any restrict on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.
- C. I certify that I have no emotion or physical condition that would affect my ability to perform these privileges.
- D. Furthermore, I attest that the information I have provided about my clinical activity is accurate and true.

\_\_\_\_\_  
Practitioner's Signature \_\_\_\_\_  
Date

**Department Chair Recommendation - Privileges**

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

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Department Chair Recommendation - FPPE Requirements

\_\_\_\_\_  
Signature of Department Chair/Designee

\_\_\_\_\_  
Date



# Washington Hospital Medical Staff

2000 Mowry Avenue ♦ Fremont, CA 94538

(510) 791-3446 ♦ Fax (510) 792-0795

Washington Township Hospital District

## Specialty: Cardiology

Delineation of Privileges

**Applicant's Name:**

### Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Core Privileges* or *Special Privileges*.
2. Uncheck any privileges you do not want to request in that group.
3. When requesting your privileges, please remember you must be able to demonstrate current competency to be granted or to have a privilege renewed.
4. Please pay close attention to make sure you submit all required forms (i.e., activity, case logs), as incomplete files cannot be processed.
5. Electronically Sign/Date form.

### Notes:

- Applicants are not required to apply for all specialty-specific Core Privileges. If requirements exist for a particular specialty, the criteria will be outlined under the required qualifications section of each privilege form.
- Applicants may request privileges that apply to multiple specialties if they qualify.
- **IMPORTANT - If you have not met the minimum activity requirements for any privileges, do not check the boxes for those privileges.**

Required Qualifications	
<b>Qualifications</b>	Licensed M.D. or D.O.
<b>Membership</b>	Meet all requirements for medical staff membership.
<b>Education/Training</b>	Completion of an ACGME or AOA accredited Residency training program in Cardiovascular Disease.  <b>AND</b> Completion of an ACGME or AOA accredited Fellowship training program in Cardiovascular Disease.
<b>Continuing Education</b>	Applicant must attest to having completed 50 AMA PRA Category I CME credits within the previous 24 months directly related to the practice of cardiovascular services (waived for applicants who have completed training during the previous 24 months).

- Certification** Current certification through ABMS or AOA Board American Board of Internal Medicine in Cardiovascular Disease. Exceptions to this requirement can be found in Bylaws Section 2.2-2.
- Clinical Experience (Initial)** Applicant must be able to provide documentation of provision of cardiovascular disease services (at least 20 procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested during the previous 24 months.
- Clinical Experience (Reappointment)** Applicant must be able to provide documentation of provision of cardiovascular disease services (at least 20 procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested during the previous 24 months.

## Core Privileges in Cardiology

**Description:** Evaluation, diagnosis, consultation and treatment of patients with acute and chronic cardiovascular conditions. The following is a listing of such conditions, but is not exhaustive.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Admit to inpatient or appropriate level of care	
	Development of plans for short-term and long-term medical management	
	Management of patient throughout hospitalization	
	Order diagnostic studies and tests	
	Perform history and physical examination	
	<b>Evaluation and management of patients with:</b>	
	Acute myocardial infarction and other acute ischemic syndromes	
	Arrhythmias	
	Cardiomyopathy	
	Chronic coronary heart disease	
	Congenital heart disease	
	Congestive heart failure	
	Hypertension	
	Infections and inflammatory heart disease	
	Lipid disorders	
	Valvular heart disease	
	Management of cardiovascular rehabilitation	
	<b>Procedures</b> (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)	
	Arterial catheter insertion	
	Elective cardioversion	
	Electrocardiology interpretation including ambulatory monitoring and exercise stress testing	
	Insertion of central venous catheter	
	Transthoracic echocardiography	
	Dobutamine Echo Cardiogram	
	Supervision of Nuclear Stress Test	
	Doppler Studies	
	Holter Monitoring interpretation	
	Insertion of Temporary and Permanent Cardiac Pacemaker	
	Intra-Aortic Ballon Pump	
	Right and Left Heart Catheterization	
	Pericardiocentesis	
	Bundle of HIS Electrography	
	Myocardial Biopsy	
	Pulmonary Angiography	
	Overdrive Pacing	
	Aortogram for Iliac Visualization	
	Tilt Testing	



## FPPE

A minimum of six retrospective case reviews of a variety of cases within the Core reflected in this document.  
Review of OPPE data collected for review of competency/performance.

### Special Privileges: Clinical Cardiac Electrophysiology Privileges

**Description:** Evaluation, diagnosis, consultation and treatment of patients with rhythm disorders of the heart.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	<b>Evaluation and management of patients with:</b>	
	Disorders of cardiac rhythm, including but not limited to sinus node dysfunction; atrioventricular (AV) and intraventricular block; and supraventricular and ventricular tachyarrhythmias	
	Unexplained syncope	
	Palpitations	
	Wolff-Parkinson-White (WPW) syndrome	
	Prolonged QT syndrome	
	<b>Electrophysiology Procedures</b>	
	Epicardial ablation	
	Implantation of permanent pacemaker including programming, reprogramming and interrogation	
	Implantation of biventricular ICD including programming, reprogramming and interrogation	
	<del>Alt Testing - REMOVE</del>	

### Qualifications

<b>Education/Training</b>	<p>Pathway 1 - Completion of an ACGME or AOA accredited Fellowship training program in Cardiovascular Disease.</p> <p style="text-align: center;"><b>AND</b></p> <p>Pathway 1 Continued - Completion of an ACGME or AOA accredited Fellowship training program in Clinical Cardiac Electrophysiology.</p> <p style="text-align: center;"><b>AND</b></p> <p>Pathway 1 Continued - Fellowship(s) included training in invasive electrophysiological studies and participation as operator or co-operator in a minimum of 100 invasive electrophysiological procedures with acceptable complication rates and outcomes.</p> <p style="text-align: center;"><b>OR</b></p> <p>Pathway 2 - Completion of an ACGME or AOA accredited Fellowship training program in Cardiovascular Disease, but without specific emphasis on invasive electrophysiological procedures.</p> <p style="text-align: center;"><b>AND</b></p> <p>Pathway 2 Continued - Attend approved didactic courses of at least 50 AMA PRA Category 1 CME hours to encompass the specialty of invasive electrophysiology.</p> <p style="text-align: center;"><b>AND</b></p> <p>Pathway 2 Continued - Perform as primary/co-operator in 100 invasive electrophysiological procedures with documentation of techniques, acceptable results and complication rates.</p>
<b>Clinical Experience (Reappointment)</b>	Applicant must be able to provide documentation of provision of cardiovascular disease services (at least 15 procedures) representative of the scope and complexity of the privileges requested during the previous 24 months.
<b>Additional Qualifications</b>	Applicant must qualify for and be granted privileges in cardiovascular disease (non-invasive).

**FPPE**

Evaluation of OPPE data collected for review of competency/performance.

**Special Privileges: Catheter Ablation**

Request	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Therapeutic catheter ablation procedures	

**Qualifications**

<b>Education/Training</b>	<p>Completion of an ACGME or AOA accredited Fellowship training program in Cardiovascular Disease.</p> <p style="text-align: center;"><b>AND</b></p> <p>Completion of an ACGME or AOA accredited Fellowship training program in electrophysiology with specific training in invasive electrophysiological studies.</p> <p style="text-align: center;"><b>AND</b></p> <p>Applicant must be able to provide documentation of participation as operator or co-operator in a minimum of 50 catheter ablation procedures with a mix of AV nodal reentrant tachycardia, atrial flutter, AV junction ablation, and ventricular tachycardia and accessory pathway ablations.</p>
<b>Clinical Experience (Reappointment)</b>	<p>Applicant must be able to provide documentation of provision of cardiovascular disease services (at least 10 procedures) representative of the scope and complexity of the privileges requested during the previous 24 months.</p>

**FPPE**

Evaluation of OPPE data collected for review of competency/performance.

**Special Privileges: Percutaneous Coronary Intervention (PCI)**

**Description:** The competent performance of PCI requires not only a complete knowledge base and technical skills but also sound clinical judgment based on specific experience. Privileges for Specialized Cardiovascular Procedures during PCI applies to: 1. Those procedures that are currently approved by the Federal Drug Administration for unrestricted use and not to experimental devices and are available at Washington Hospital. 2. As of 10-15-04 these procedures include but are not limited to: -Rotational coronary atherectomy -Directional coronary atherectomy -intracoronary ultrasound -intracoronary rheolytic therapy

Request	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	<b>Procedures</b> (This listing includes coronary procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)	
	Coronary Interventions	

**Qualifications**

<b>Education/Training</b>	<p>Pathway 1 - Applicant must be able to provide documentation of successful completion of a full cardiovascular training program.</p> <p style="text-align: center;"><b>AND</b></p>
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Pathway 1 Continued - The program must meet the requirements of the ABIM for certification in Cardiovascular Disease and conform to the ACC 17th Bethesda Conference on Adult Cardiology Training. These requirements are the following: 1. Minimum of 12 months in a cardiac catheterization laboratory a. Participated in or performed a minimum of 300 coronary angiographic procedures; and, b. documentation of 200 angiographies as primary operator. 2. Additional year of formal PCI training a. Participated in or performed a minimum of 75 angioplasties; and, b. documentation of 35 angioplasties as primary operator. 3. Certification of a candidate's experience and competence by the program director or supervisor.

**OR**

Pathway 2 - Completion of an ACGME or AOA accredited Fellowship training program in Cardiovascular Disease. Training sufficient to be board eligible or certified but did not include PCI training.

**AND**

Pathway 2 Continued - Applicant must be able to provide documentation of a minimum of 2 years experience in performing cardiac catheterization without supervision with: a. minimum 250 cardiac catheterizations with documentation of complication rates within accepted guidelines.

**AND**

Pathway 2 Continued - Applicant must provide documentation of certification of competence by director of cath lab or a colleague with recognized competence.

**AND**

Pathway 3 - Applicant must be able to provide documentation of one of the following under this Pathway:

**AND**

Pathway 3a - 25 hours of AMA PRA Category I CME instruction in PCI.

**OR**

Pathway 3b - Performance of a minimum of 75 PCI procedures, 35 as primary operator under supervision of a physician with unrestricted PCI privileges.

**OR**

Pathway 3c - Certification of results by a physician with unrestricted PCI privileges.

**OR**

Pathway 3d - If experience gained prior to 1989, documentation of competence by laboratory director only.

### **Clinical Experience (Reappointment)**

Pathway 1 - Applicant must be able to provide evidence of performance of 35 PCI procedures during the previous 24 months as primary operator (at any Joint Commission accredited facility) with quality indicator results equal to or greater than the benchmarks approved by the Cardiology Section.\* The quality indicators will be selected by the Cardiology Section. If a practitioner meets the volume indicator, but fails to meet one or more of the quality benchmarks, s/he may be recertified but there must be a quality monitoring plan in place developed by the chair of the Cardiology Section and approved by the Medicine Committee. If a physician loses his/her PCI privileges, s/he must meet the original criteria for PCI.

\*Quality Criteria: - Rate of PCI directly to OR - Rate of death following PCI - Rate of vascular complication following PCI

**OR**

Pathway 2 - If the practitioner has performed less than 35 PCIs, he/she must provide evidence of a combined total of 75 invasive cardiology procedures within that time period that include femoral artery catheterization. The combined total must include a minimum of 20 PCI's. The quality indicator results for the PCI procedures must be equal to or greater than the benchmarks approved by the Cardiology Section. There are no alternatives to Pathway 2. The practitioner must meet both the volume criteria and the quality criteria or lose privileges to perform PCI. If a practitioner loses his/her privileges, they must meet original criteria to perform PCI.

### **FPPE**

One direct observation case review. (First case done with a physician who has privileges to perform the procedure.) Attendance at the first procedure by a company representative familiar with the technique is preferable. Evaluation of OPPE data collected for review of competency/performance.

### **Special Privileges: Transesophageal Echocardiography (TEE)**

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Dept Chair Rec
	Transesophageal Echocardiography (TEE)	

#### Qualifications

<b>Education/Training</b>	<p>Pathway 1 - Completion of an ACGME or AOA accredited Fellowship training program in Cardiovascular Disease, which included transesophageal echocardiography with a letter from the course director.</p> <p align="center"><b>OR</b></p> <p>Pathway 2 - If not during fellowship, then applicant must be able to provide documentation of an approved course in transesophageal echocardiography and completion of 10 hours of AMA PRA Category I CME concerning TEE, or the individual responsible for the formal TEE training can submit a letter regarding the applicant's training.</p>
<b>Clinical Experience (Initial)</b>	<p>Applicant must be able to provide documentation of provision of cardiology services (at least six cases with a physician with current and unrestricted TEE privileges) representative of the scope and complexity of the privileges requested during the previous 24 months.</p>
<b>Clinical Experience (Reappointment)</b>	<p>Applicant must be able to provide documentation of provision of cardiology services (at least 4 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.</p>
<b>Additional Qualifications</b>	<p>TEE for Monitoring in the Operating Room: The patient's own physician with these privileges should have the option of monitoring transesophageal echocardiography during any surgical procedure.</p>

#### FPPE

- One direct observation case review.
- Evaluation of OPPE data collected for review of competency/performance.

#### Special Privileges: ICD Implantation

**Description:** The competent performance of implantable cardioverter-defibrillator (ICD) device placement requires not only a complete knowledge base and technical skills, but also sound clinical judgment based on specific experience. The following guidelines for the training necessary to perform ICD device placement are established. This procedure will be performed either in the Operating Room or Cath Lab.

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Dept Chair Rec
	ICD Implantation	

#### Qualifications

<b>Education/Training</b>	<p>Pathway 1 - Completion of an ACGME or AOA accredited Fellowship training program in Cardiovascular Disease.</p> <p align="center"><b>AND</b></p> <p>Pathway 1 Continued - Completion of an ACGME or AOA accredited Fellowship training program in electrophysiology with specific training in invasive electrophysiological studies.</p> <p align="center"><b>AND</b></p>
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Pathway 1 Continued - Applicant must be able to provide documentation of participation as operator or co-operator in a minimum of 15 ICD implantation procedures with acceptable complication rates and outcomes with a letter of recommendation from Program Director stating that s/he is adequately trained and clinically competent in the applied for procedure.

**OR**

Pathway 2 - Fellowship trained cardiologists with proof of attendance at didactic courses designed to provide competence in and at which the indications, pathophysiology, complications and techniques of ICD device placement and management are presented, and "hands on" experience obtained. The course should carry a minimum of 10 qualified AMA PRA Category I CME credits concerning ICD implants. In addition, the candidate must have proof of participation in 15 ICD implantations as primary operator in the past three years. Proof shall consist of didactic procedure or operative reports, detailing method and procedure, the indications for the procedure, the patient's condition and complications at the termination of the procedure.

**Clinical Experience (Reappointment)**

Applicant must be able to provide documentation of provision of cardiovascular disease services (at least 5 procedures) representative of the scope and complexity of the privileges requested during the previous 24 months.

**FPPE**

- Six direct observation case reviews.
- Three retrospective case reviews.
- Evaluation of OPPE data collected for review of competency/performance.

**Special Privileges: Bi V ICD Implantation**

**Description:** The competent performance of implantable biventricular cardioverter-defibrillator device (Bi V ICD) placement requires not only a complete knowledge base and technical skills, but also sound clinical judgment based on specific experience. The following guidelines for the training necessary to perform Bi V ICD placement are established. This procedure will be performed either in the Operating Room or Cath Lab.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Bi V ICD Implantation	

**Qualifications**

**Education/Training**

Pathway 1 - Completion of an ACGME or AOA accredited Fellowship training program in Cardiovascular Disease.

**AND**

Pathway 1 Continued - Completion of an ACGME or AOA accredited Fellowship training program in electrophysiology with specific training in invasive electrophysiological studies.

**AND**

Pathway 1 Continued - Applicant must be able to provide documentation of participation as operator or co-operator in a minimum of 15 Bi V ICD implantation procedures with acceptable complication rates and outcomes with a letter of recommendation from Program Director stating that s/he is adequately trained and clinically competent in the applied for procedure.

**OR**

Pathway 2 - Fellowship trained cardiologists with proof of attendance at didactic courses designed to provide competence in and at which the indications, pathophysiology, complications and techniques of Bi V ICD device placement and management are presented, and "hands on" experience obtained. The course should carry a minimum of 15 qualified CME credits concerning Bi V ICD implants. In addition, the candidate must have proof of participation in 15 Bi V ICD implantations as primary operator in the past three years. Proof shall consist of didactic procedure

or operative reports, detailing method and procedure, the indications for the procedure, the patient's condition and complications at the termination of the procedure.

**Clinical Experience (Reappointment)**

Applicant must be able to provide documentation of provision of cardiovascular disease services (at least 5 procedures) representative of the scope and complexity of the privileges requested during the previous 24 months.

**FPPE**

- Six direct observation case reviews.
- Three retrospective case reviews.
- Evaluation of OPPE data collected for review of competency/performance.

**Special Privileges: Cardiac Catheterization and Coronary Angiography**

Request	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	<b>Procedures</b> (This listing includes coronary procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)	
	Diagnostic cardiac catheterization	
	Therapeutic cardiac catheterization	
	Inferior vena cava filter insertion	
	Percutaneous cardiopulmonary support	

**Qualifications**

- Education/Training** Applicant must be able to provide documentation of successful completion of a full cardiovascular training program with a minimum of 12 months in a cardiac catheterization laboratory.
- AND**
- Applicant must be able to provide documentation of 150 angiographic procedures, 100 angiographic procedures as primary operator, and certification of experience and competence by the Program Director.
- AND**
- Applicants who apply for Inferior vena cava filter insertion and/or Percutaneous cardiopulmonary support must have unrestricted cardiac catheterization lab privileges.
- Continuing Education** Applicant must attest to having completed 10 AMA PRA Category I CME credits within the previous 24 months directly related to the practice of cardiac catheterization and coronary angiography services.
- Clinical Experience (Initial)** Full cardiovascular training program with a minimum of 12 months in a cardiac catheterization laboratory. 150 angiographic procedures, 100 angiographic procedures as primary operator. Certification of experience and competence by the Program Director.
- Clinical Experience (Reappointment)** Applicant must be able to provide documentation of provision of cardiac catheterization and coronary angiography services, at least 25 procedures as primary operator per year, representative of the scope and complexity of the privileges requested. 10 hours CME in cardiology every two years. Failure to meet maintenance criteria: Probationary period of closer surveillance by a physician with full privileges and six month proctoring period.
- Additional Qualifications** Failure to meet maintenance criteria may result in a probationary period of closer surveillance by a physician with full privileges and six month proctoring period.

**FPPE**

One direct observation case review. (First case done with a physician who has privileges to perform the procedure.)  
 Attendance at the first procedure by a company representative familiar with the technique is preferable.  
 Evaluation of OPPE data collected for review of competency/performance.

**Acknowledgment of Applicant**

I have requested only those privileges for which I am qualified by education, training, current experience, and demonstrated current competency I am entitled to perform and that I wish to exercise at Washington Hospital and I understand that:

- A. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff Bylaws, policies and rules applicable generally and any applicable to the particular situation.
- B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.
- C. I certify that I have no emotion or physical condition that would affect my ability to perform these privileges.
- D. Furthermore, I attest that the information I have provided about my clinical activity is accurate and true.

\_\_\_\_\_  
 Practitioner's Signature \_\_\_\_\_  
 Date

**Department Chair Recommendation - Privileges**

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

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Department Chair Recommendation - FPPE Requirements

\_\_\_\_\_  
Signature of Department Chair/Designee

\_\_\_\_\_  
Date





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# Memorandum

**DATE:** March 23, 2020

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

**FROM:** Prasad Kilaru, MD  
Chief of Staff

**SUBJECT:** Final Credentials Actions

The Joint Conference Committee, on recommendation from the Medical Executive Committee, approved the Credential Action Items on March 23, 2020. Please accept this memorandum as a formal request for consideration of approval by the Board of Directors the Credential Action Items as attached.

WASHINGTON HOSPITAL MEDICAL STAFF  
FINAL CREDENTIALS ACTION ITEMS

March 23, 2020

The following written communication received from Prasad Kilaru, MD, Chief of Staff, dated March 23, 2020 requesting approval of Medical Staff Credentialing Action Items as follows:

Initial Appointments – Two Year

Gomez, Joseph PA-C; Hans, Kulbinder NP; Perez, Carlos MD; Savalia, Ruchita DO; Vo, Thuy NP; Wahlen, John MD

Initial Appointments – One Year

None

Temporary Privileges

Gomez, Joseph PA-C; Hans, Kulbinder NP; Perez, Carlos MD; Savalia, Ruchita DO; Vo, Thuy NP

Locum Tenens

None

30 Days Extension Request – Application Not Complete

Groetsema, Gregory MD

Waiver Request

None

Reappointments – Two Year

Annadurai, Bala MD; Chang, Andy MD; Chang, Surong MD; Cheng, Jye-Shem MD; Franco, Kelly NP; Hsu, Susan MD; Lin, Mimi MD; Miranda, Gabriel MD; Naing, Lin MD; Ray, Vincent MD; Roe, Bernardita NP; Tsai, Vivian MD

Reappointments – One Year

Barash, Muni MD

Addition of Physician Supervisor

Kelly, Franco NP

Conditional Reappointments

None

Non-Reappointments – Deemed to Have Resigned

Malek, Reza MD

Transfer in Staff Category

Linn, Wutt MD

Completion of Proctoring Prior to Eligibility for Advancement in Staff Category

Datta, Gaurav MD; Shamim, Sadiya MD; Trevathan, Elizabeth MD

Completion of Proctoring and Advancement in Staff Category

Massing, Thomas PA-C

Extension of Proctorship and Provisional Category 1-year

None

New Privilege Requests

Costouros, John MD; Dugoni, William MD; Jain, Ashit MD; Mehigan, John MD; Naing, Lin MD; Nord, Russell MD; Patel, Robin MD

Delete Privilege Requests

Annadurai, Bala MD; Ragi-Singh, Kashmira MD

Conflict of Interest Statement Updated

None

Leave of Absence

None

Reinstatement of Leave of Absence

Parmar, Kalgi DPM

Withdrawal of Application

None

Suspensions / Relinquishment

None

Resignations

Mark, Nancy MD; Matthews, Joshua MD; Oki, Yasuhiro MD; Raj, Kavitha MD; Reynolds, Kerisimasi DO; Steckel, Thomas MD



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# Memorandum

**DATE:** April 2, 2020

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

**FROM:** Ed Fayen, Executive Vice President and COO

**SUBJECT:** Budget Amendment – Perimeter Fence between 2000 Mowry Avenue and 1900 Mowry Avenue

In February 2018, the Board approved the installation of a six-foot black fence around the perimeter of the 2000 Mowry campus, to include areas in front of the Morris Hyman Critical Care Pavilion. This was done to improve security of the entire campus.

During the installation of the fence, it was identified that the area on the eastern side of the 1900 building was going to be left open to connecting properties. The CEO at the time decided to place the fence in this area as well.

The Bailey Fence Company completed this work as part of the main project as well as other modifications due to existing conditions. The estimates we received fell within the budget that was Board approved. Bailey Fence has come back to us at the end of the job and asserted that additional costs were incurred in the amount of \$2,046.54.

In accordance with District Law, Policies and Procedures, it is requested that the Board of Directors authorize the Chief Executive Officer to approve a budget amendment for the completion of the perimeter fence of the 2000 Mowry campus in an amount not to exceed \$2,046.54.



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# Memorandum

**DATE:** March 24<sup>th</sup>, 2020

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

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

**SUBJECT:** Purchase of the Zoll AutoPulse External Compression Device Systems

Please note the attached requisition for the unbudgeted capital purchase of two (2) Zoll AutoPulse external compression device (ECD) systems. The AutoPulse system is an automated external compression device that provides consistent and effective cardiac compressions during resuscitative events. Additional benefits of the automated external compression system are a reduction in the risk of staff injury associated with prolonged resuscitation as well as the minimization of exposure associated with resuscitation efforts in patients with communicable infectious diseases.

The purchase price will include two (2) AutoPulse external compression systems, including the necessary Lifeband compression bands, two (2) SurePower chargers, six (6) Li-Ion batteries, two (2) roll stands, and the associated tax and freight costs. We are requesting to use \$35,891.05 for the unbudgeted purchase of the two (2) Zoll AutoPulse ECD Systems. The purchase price reflects Vizient Tier 2 pricing.

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 two (2) Zoll AutoPulse ECD Systems, the amount of which is not to exceed **\$35,891.05**.



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# Memorandum

**DATE:** April 3, 2020

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

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

**SUBJECT: Purchase of Additional Beds – EMERGENCY PURCHASE**

Over the last several weeks, we have been planning and preparing for a surge of COVID-19 patients to come to Washington Hospital for treatment. Various projections have indicated that the influx of very sick patients will peak around mid- to late-April. In preparation for this COVID-19 Surge, we have determined we will need many more beds that we currently have in house.

We have located a vendor who can provide thirty refurbished hospital beds with a quick turnaround delivery time. These beds are in “as is” working condition and will serve us during this critical time of need. The cost for these beds, including shipping and sales tax, is \$28,712.50. This amount was not included in the Fiscal Year 2019-2020 Fixed Asset Capital Budget.

In accordance with District Law, Policies and Procedures, I request that the Board of Directors authorize the Chief Executive Officer to proceed with the execution of the purchase orders necessary to purchase thirty beds in “as is” working condition for an amount not to exceed \$28,712.50.