



# 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, August 12, 2020 – 6:00 P.M.

Meeting Conducted by Zoom

Join from PC, Mac, Linux, iOS or Android:

<https://zoom.us/j/98342095604?pwd=ZlJaVzJlYV4Q3l5MkE4dGtLMjZlXU09>

Password: 436792

## AGENDA - REVISED

### PRESENTED BY:

- |  |                                       |
|--|---------------------------------------|
| <b>I. CALL TO ORDER &amp; PLEDGE OF ALLEGIANCE</b>   | Michael J. Wallace<br>Board President |
| <b>II. ROLL CALL</b>   | Dee Antonio<br>District Clerk         |
| <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> | Michael J. Wallace<br>Board President |
| <i>Motion Required</i>   |                                       |
| A. Consideration of Minutes of the Regular Meetings of the District Board: July 8, 20, 22, and 27, 2020  |                                       |
| B. Consideration of Medical Staff Credentialing Action Items (July 20, 2020)   |                                       |
| C. Consideration of Medical Staff Request to Establish New Procedure: Transcatheter Aortic Valve Replacement (TAVR)  |                                       |
| D. Consideration of Budgeted Capital Request: Dialysis Remodel and Expansion (\$81,937.50)   |                                       |
| E. Consideration of Budgeted Capital Request: Physicians Lounge Remodel (\$87,400.00)  |                                       |

**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. PRESENTATION**

American Heart Association Stroke Awards:  
Get With the Guidelines Gold Plus

JoAnne Pineda, Representative  
American Heart Association

Jack Rose, M.D., Medical Director

**VI. REPORTS**

**PRESENTED BY:**

A. Quality Report  
Quality Dashboard Quarter Ending June 30,  
2020

Mary Bowron, DNP, RN, CIC  
Chief of Quality & Resource  
Management

B. Finance Report

Chris Henry  
Vice President & Chief Financial  
Officer

C. Hospital Operations Report

Kimberly Hartz  
Chief Executive Officer

**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

Board of Directors' Meeting

August 12, 2020

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**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, July 8, 2020 via Zoom in order to comply with Governor Gavin Newsom's and Alameda County's mandatory orders to Shelter at Home to reduce the risk of spread of COVID-19. Director Wallace called the meeting to order at 6:00 pm and led those in attendance of the meeting in the Pledge of Allegiance.

*CALL TO ORDER*

*PLEDGE OF ALLEGIANCE*

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

*ROLL CALL*

Also present: Kimberly Hartz, Chief Executive Officer; Dee Antonio, District Clerk

Guests: Ed Fayen, Chris Henry, Stephanie Williams, Tina Nunez, Paul Kozachenko, Larry Tramutola, Gisela Hernandez

Director Wallace welcomed any members of the general public to the meeting. He stated that Governor's Newsom's Executive Order N-29-20 explicitly waives The Brown Act provision that requires physical presence of members, the clerk or other personnel of the body, or of the public as a condition of participation in, or quorum for, a public meeting. He noted that Washington Township Health Care District continues to comply with the Brown Act in providing teleconference Dial-in information in order to provide the public the opportunity to attend the meeting and that Public Notice for this meeting, including dial-in information, was posted appropriately on our website. When asked if any members of the general public were in attendance and interested in speaking, there was no response.

*OPENING REMARKS*

Director Wallace presented the Consent Calendar for consideration:

*CONSENT CALENDAR*

- A. Minutes of the Regular Meetings of the District Board: June 10, 15, 22, and 24, 2020
- B. Medical Staff Credentialing Action Items

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

Director Yee seconded the motion.

Roll call was taken:

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

The motion unanimously carried.

There were no Oral communications.

*COMMUNICATIONS:  
ORAL*

There were no Written communications.

*COMMUNICATIONS:  
WRITTEN*

Ed Fayen, Senior Vice President & Chief Operating Officer, presented the background and an update on the current Facility Master Plan. Phase One included the construction of the Central Plant which is rated by OSHPD as NPC 4 (Non-Structural Performance Category 4) and SPC 5 (Structural Performance Category 5). The definitions for NPC 4 and SPC 5 are as follows:

*PRESENTATION  
FACILITY MASTER  
PLAN and SEISMIC  
UPDATE*

- NPC 4: The building meets the criteria for NPC “3” and all architectural, mechanical, electrical systems, components and equipment, and hospital equipment meet the bracing and anchorage requirements of Part 2, Title 24. All buildings must be at NPC4 by January 1, 2020 or 2030 depending on the Seismic Design Category and extension request requirements. (*California Administrative Code, Chapter 6, Table 11.1*)
- SPC 5: Buildings in compliance with the structural provisions of the Alquist Hospital Facilities Seismic Safety Act, and are reasonably capable of providing services to the public following strong ground motion. Buildings in this category will have been constructed or reconstructed under a building permit obtained through OSHPD. These buildings may be used without restriction to January 1, 2030, and beyond. (*California Administrative Code, Chapter 6, Table 2.5.3*)

Also included in Phase One was the CJR (Center for Joint Restoration) which was not in the original plan. The CJR was completed in 2013-14 with an OSHPD rating of NPC 4 and SPC 5.

Phase Two was the construction of the Morris Hyman Critical Care Pavilion which was completed in 2018. Its OSHPD rating is also NPC 4 and SPC 5. Phase Three includes constructing new buildings or retrofitting current ones to bring the rest of the campus into compliance with the seismic mandate by 2030.

Mr. Fayen noted that the six-story tower is OSHPD rated at SPC 2 / NPC 2 and will be upgraded to meet NPC 3 standards within the next year. He noted that the Operating Rooms, Catheterization Lab, and Laboratory in their current locations will not be OSHPD compliant after the 2030 deadline. While there have been discussion in the California Legislature about extending this deadline, no new legislation has been passed.

Mr. Fayen emphasized that the seismic deficiencies in Washington Hospital’s remaining facility structures must be addressed now so that new buildings or retrofitted structures will be on-line and operational by the 2030 deadline.

Chris Henry, Vice President & Chief Financial Officer, presented the Finance Report for May 2020. The average daily census was 128.2 with admissions of 762 resulting in 3,974 patient days. Outpatient observation equivalent days were 134. The average length of stay was 4.75 days. The case mix index was 1.477. Deliveries were 122. Surgical cases were 328. Joint Replacement cases were 152. Neurosurgical cases were 13. Cardiac Surgical cases were 4. The Outpatient visits

*FINANCE REPORT*

were 4,728 and Emergency visits were 4,367. Total productive FTEs were 1,280.2. FTEs per adjusted occupied bed were 7.59. Mr. Henry noted the increase in Payor Mix was due to the increase in surgeries for senior patients and the resulting lower Medicare.

Kimberly Hartz, Chief Executive Officer, presented the Hospital Operations Report for June 2020 indicating that this was our first full month open. Preliminary information for the month indicated gross revenue at approximately \$165,859,000. The Average Length of Stay was 5.05 and there were 4,001 patient days. The Average Daily Census was 133.4. There were 380 Surgical Cases and 417 Cath Lab procedures at the Hospital. Deliveries were 114. Non-Emergency Outpatient visits were 6,196. Total Government Sponsored Preliminary Payor Mix was 69.5%, against the budget of 72.0%. Total FTEs per Adjusted Occupied Bed were 6.85. The Washington Outpatient Surgery Center had 392 cases and the clinics saw approximately 2,703 patients. Homeless Patient Total Encounters were 177 with an estimated unreimbursed cost of homeless care of \$490,000 for the month of June. The estimated total unreimbursed cost of homeless care for FY20 Year-to-Date is \$5.9M.

*HOSPITAL  
OPERATIONS REPORT*

Ms. Hartz emphasized that the community not delay seeking health care. She also announced that Washington Hospital was named Best Hospital in the “Best of” awards.

*ANNOUNCEMENTS*

In accordance with Health & Safety Code Section 32106 and 32155, Director Wallace adjourned the meeting to closed session at 6:43 pm, as the discussion pertained to Medical Staff and Quality Assurance and Hospital trade secrets. Mr. Wallace stated that the public has a right to know what, if any, reportable action takes place during closed session. Since this is a teleconference call and we have no way of knowing when the closed session will end, the public was informed they could contact the District Clerk for the Board’s report beginning July 9, 2020. He indicated that the minutes of this meeting will reflect any reportable actions.

*ADJOURN TO CLOSED  
SESSION*

Director Wallace reconvened the meeting to open session at 7:30 pm and reported that no reportable action was taken in closed session.

*RECONVENE TO OPEN  
SESSION & REPORT ON  
CLOSED SESSION*

There being no further business, Director Wallace adjourned the meeting at 7:30 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, July 20, 2020 via Zoom in order to comply with Alameda County's orders as revised on June 18, 2020 to slow the spread of COVID-19 and reduce the rate of transmission by sheltering at home and continued social distancing. Director Wallace called the meeting to order at 6:02 p.m. and led those present in the Pledge of Allegiance.

*CALL TO ORDER*

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

*ROLL CALL*

Absent:

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; Dee Antonio, District Clerk, Donald Pipkin, Strategic Management; Gisela Hernandez, Community Relations; Lisalee Wells (Consultant); and Graham Beck (Consultant)

There were no oral communications.

*COMMUNICATIONS*

There were no written communications.

Kimberly Hartz introduced Chris Henry, Vice President and Chief Financial Officer, and Dan Nardoni, Chief Financial Officer for Washington Township Medical Foundation to give the Budget Presentation for Fiscal Year 2020-2021. Mr. Henry began with a description of the COVID-19 pandemic environment and the stress to federal and state budgets. The long-term impact on the economy is yet to be determined due to unknowns such as the potential of high unemployment for prolonged periods, possible significant increases in the uninsured, the potential to slip into and out of shelter-in-place restrictions, and the development of an effective vaccine. Mr. Henry also spoke about unfunded mandates such as the unreimbursed costs of homeless care.

*PRESENTATION:  
BUDGET ESTIMATE  
FOR FY 2020-2021*

Mr. Henry noted that we anticipate seeing significant reductions in revenues as volumes are reduced due to shelter-in-place orders and consumers exhibit anxiety about accessing hospital services. We will see increases in cost due to additional personnel needed to deal with issues specific to COVID-19 as well as an increase in facilities and equipment spending and increasing supply costs. Going forward, we will need to balance between focusing on the operations and managing the COVID-19 pandemic by securing PPE and other necessary supplies and equipment, improving the facility, and managing the financial resources.

Ms. Hartz talked about moving ahead with our Strategic Initiatives by developing and implementing growth strategies and marketing strategies for targeted services lines: Cardiac Services, Oncology, Maternal Child Health, Neurosciences, and Orthopedics. We will continue to expand and strengthen our physician alignment, develop Behavioral Health Services for the community, enhance the Patient Experience, and begin implementation of the third phase of the Facilities Master Plan.

Mr. Henry stated that this budget is our best estimate based on what we know today and noted that we may need to revise our estimates based on rapidly changing conditions.

Mr. Nardoni reviewed the FY 2020-21 provisions as outlined in the budget, the Income Statement, Volume Indicators, and Performance Indicators. He showed a comparison of Actual 2019, Projected 2020, and Budgeted 2021 numbers for Admissions, Admissions by Payor, Patient Days, Deliveries, Total Surgical Cases, Total Cath Lab Procedures, Emergency Room Visits, and Outpatient Visits (non-ER). He reviewed Patient Service Revenue and Operating Expense Summary.

His graph showed an operating expense trend of total expenses and total operating revenue meeting, then separating with Expenses surpassing Revenue. This is something we will be monitoring very closely. Mr. Nardoni covered the EBITDA numbers and gave a summary of the non-operating income and expense. He also reviewed the Capital Project Requests for facilities projects and IT projects and the Capital Requests for equipment.

Donald Pipkin, Chief of Strategic Management, and Ed Fayen, Executive Vice President and Chief Operating Officer, presented "Planning for the Future of Your Local Hospital." Washington Hospital Healthcare System is owned by all of the residents of the Washington Township Health Care District. The boundaries encompass the communities of Fremont, Union City, Newark, unincorporated Sunol and portions of the southernmost zip codes of Hayward. 75% of the patients that are seen at Washington Hospital live in these communities, the population of which is approximately 365,000 residents.

*PRESENTATION:  
PLANNING FOR THE  
FUTURE OF YOUR  
LOCAL HOSPITAL*

California has mandated seismic regulations, Senate Bill 1953, which hospitals must comply with by specific deadlines; the facility master plan addresses these requirements and deadlines, along with the future health care needs of the community. It was noted that SB 1953 is an unfunded mandate which means that state and federal dollars are not available to assist hospitals in paying for necessary improvements.

Washington Hospital's main campus is located approximately 500 yards from the Hayward fault.

Washington Hospital has already completed facility improvements as part of a multi-phase approach given the health care needs of the District and the seismic mandates: Central Utility Plan (2011), Center for Joint Replacement (2012), Parking Garage (2016), and Morris Hyman Critical Care Pavilion (2018).

The next phase (Phase III) of the Facility Master Plan encompasses Surgery/ORs, Imaging, Pharmacy, Clinical Lab, PT/OT Rehab, Nursing/Med Surg, Intensive Care for Infants, Labor & Delivery, Pediatrics, and other support services. The budget for this phase is \$425M (excluding medical equipment). Mr. Fayen showed conceptual



renderings of the seismically compliant building that would be constructed to house many of these services.

Given the current seismic regulations, the Board of Directors is being asked to consider approval of a resolution for a \$425M General Obligation Bond Measure on the November 2020 ballot. This measure will provide for funds for the District to comply with current California seismic regulations in order to meet the un-funded 2030 deadline, and the future health care needs and growth of the community. In order to meet the 2030 deadline, planning needs to start now to complete facility design and the California OSHPD approval process. For Washington Township Health Care District residents, the rate would equate to 1 cent per \$100 of assessed value, or \$50 per year per household based on a median assessed value of a home within the District of \$500,000.

In accordance with District Law, Policies, and Procedures, Dr. Eapen moved for the adoption of Resolution No. 1213 whereby the Board of Directors orders an election to authorize the issuance of General Obligation bonds in an amount not to exceed \$425,000,000, setting forth the specifications thereof, requesting consolidation with other elections occurring on November 3, 2020, and authorizing certain actions and accountability measures with respect thereto.

Director Stewart seconded the motion.

Roll call was taken:

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

The motion unanimously carried.

In accordance with District Law, Policies, and Procedures, Dr. Eapen moved for the adoption of Resolution No. 1214, which is the Budget Estimate for Fiscal Year 2020-2021. This Resolution provides for the necessary funds required for the operation of the District and for the continued support of the Washington Township Hospital Development Corporation in its operations to promote the charitable and community service mission of the District.

Director Stewart seconded the motion.

Roll call was taken:

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

*CONSIDERATION OF  
RESOLUTION No. 1213:  
RESOLUTION  
ORDERING ELECTION,  
SETTING FORTH the  
SPECIFICATIONS  
THEREOF and  
REQUESTING and  
AUTHORIZING  
CERTAIN ACTIONS and  
ACCOUNTABILITY  
MEASURES with  
RESPECT THERETO*

*CONSIDERATION PF  
RESOLUTION No. 1214:  
BUDGET ESTIMATE FY  
2020-2021*

The motion unanimously carried.

None

*ANNOUNCEMENTS*

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 7:13 p.m., as the discussion pertained to a trade secret pursuant to Health & Safety Code section 32106 Continuing Program discussion and a Report of Medical Staff and Quality Assurance pursuant to Health & Safety Code Section 32155. Mr. Wallace stated that the public has a right to know what, if any, reportable action takes place during closed session. Since this is a Zoom call and we have no way of knowing when the closed session will end, the public was informed they could contact the District Clerk for the Board's report beginning July 21, 2020. He indicated that the minutes of this meeting will reflect any reportable actions.

*ADJOURN TO CLOSED SESSION*

Director Wallace reconvened the meeting to open session at 7:33 p.m. and reported that no reportable action was taken in Closed Session.

*RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION*

There being no further business, Director Wallace adjourned the meeting at 7:33 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 Wednesday, July 22, 2020 via Teleconference in order to comply with Alameda County's orders as revised on June 18, 2020 to slow the spread of COVID-19 and reduce the rate of transmission by sheltering at home and continued social distancing. Director Wallace called the meeting to order at 6:01 p.m. and led those present in the Pledge of Allegiance.

*CALL TO ORDER*

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

*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; Dee Antonio, District Clerk

There were no oral communications.

*COMMUNICATIONS*

There were no written communications.

None

*ANNOUNCEMENTS*

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 6:04 p.m., as the discussion pertained to a trade secret pursuant to Health & Safety Code section 32106 Continuing Program discussion and a Report of Medical Staff and Quality Assurance pursuant to Health & Safety Code Section 32155. Mr. Wallace stated that the public has a right to know what, if any, reportable action takes place during closed session. Since this is a teleconference call and we have no way of knowing when the closed session will end, the public was informed they could contact the District Clerk for the Board's report beginning July 23, 2020. He indicated that the minutes of this meeting will reflect any reportable actions.

*ADJOURN TO CLOSED SESSION*

Director Wallace reconvened the meeting to open session at 8:48 p.m. and reported that no reportable action was taken in Closed Session.

*RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION*

There being no further business, Director Wallace adjourned the meeting at 8:48 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, June 27, 2020 via Teleconference in order to comply with Alameda County's orders as revised on June 18, 2020 to slow the spread of COVID-19 and reduce the rate of transmission by sheltering at home and continued social distancing. Director Nicholson called the meeting to order at 7:30 a.m.

*CALL TO ORDER*

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 8:30 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 8:30 a.m.

*ADJOURNMENT*

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Michael Wallace  
President

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Bernard Stewart  
Secretary



Washington Hospital  
Healthcare System

S I N C E 1 9 4 8

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## Memorandum

**DATE:** July 14, 2020

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

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

**SUBJECT:** Final Credentials Actions

The Medical Executive Committee approved the Credential Action Items on July 14, 2020. Please accept this memorandum as a formal request for consideration of approval by the Board of Directors of the Credential Action Items as attached.

WASHINGTON HOSPITAL MEDICAL STAFF  
FINAL CREDENTIALS ACTION ITEMS

July 27, 2020

The following written communication received from Prasad Kilaru, MD, Chief of Staff, dated July 14, 2020 requesting approval of Medical Staff Credentialing Action Items as follows:

Initial Appointments – Two Year

Campbell, Christopher MD; Carrington, David MD; Catalya, Stephen MD; Graw, Bradley MD; Mahadevan, Vaikom MD; Sun, Lena DPM; Vu, Phuoc DO

Initial Appointments – One Year

None

Temporary Privileges

Carrington, David MD; Catalya, Stephen MD; Mahadevan, Vaikom MD

Disaster Privileges – approved while application is waiting for Board approval

None

LocumTenens

None

30 Days Extension Request – Application Not Complete

Vo, Christopher MD

Waiver Request

Carrington, David MD; Mahadevan, Vaikom MD

Reappointments – Two Year

Banipalsin, Sarkis MD; Bauer, Kevin MD; Belay, Abren MD; Chawla, Varun MD; Che, Qi MD; Cheng, Walter MD; Cole, Alexandra MD; Curran, Steven MD; Dastgah, Amir DPM; Ge, Mai MD; Giddens, John MD; Halimi, Kadeer DO; Hsu, Wendy MD; Husain, Lubna MD; Hyder, Shakir MD; Jhurani, Sonia MD; Kimm, Simon MD; Kompella, Suvarchala MD; Lam, Khoi MD; Lin, Kirk MD; McNaught, William MD; Raj, Kavitha MD; Ranchod, Tushar MD; Sethi, Saurabh MD; Sharma, Anamika MD; Sharma, Vandana MD; Singh, Gurinder DO; Solimani, Nazhat MD; Spira, Alan MD; Srivatsa, Arun MD; Sud, Suhil MD; Sundar, Shalini MD; Wang, Yi-Chiun MD; Wong, Francis DO

Reappointments – One Year

Dickler, Neal MD; Erasmus, Desmond MD; Hussain, Karim MD; Reen, Gurcharan MD; Reddy, Thirupathi MD; Schmidt, Bernd MD

Addition of Physician Supervisor

None

Conditional Reappointments

None

Non-Reappointments – Deemed to Have Resigned

None

Transfer in Staff Category

Che, Qi MD; Ruby, Rodger DO; Schmidt, Bernd MD

Completion of Proctoring Prior to Eligibility for Advancement in Staff Category

Gomez, Joseph Chris PA-C; Robinson, Ronald MD; Singh, Sarabjot MD; Vo, Thuy NP

Completion of Proctoring and Advancement in Staff Category

Liu, Jet MD; Patel, Kavita MD

Extension of Proctorship and Provisional Category 1-year

None

New Privilege Requests

Halimi, Kadeer DO; Husain, Lubna MD; Lam, Khoi MD; Sharma, Vandana MD; Spira, Alan MD; Wong, Francis DO

Delete Privilege Requests

Bauer, Kevin MD

Conflict of Interest Statement Updated

Chawla, Varun MD; Che, Qi MD; Halimi, Kadeer DO; Mahadevan, Vaikom MD; Reddy, Thirupathi MD; Sharma, Anamika MD; Sethi, Saurabh MD; Srivatsa, Arun MD

Leave of Absence

None

Reinstatement of Leave of Absence

None

Withdrawal of Application

None

Suspensions / Relinquishment

Koo, Ralph MD; Shalileh, Guyve MD

Resignations

Djavaherian, Caesar MD; Macdonald, Stacie MD; Mansouri, Jelriza MD; Miller, Kelly MD; Nguyen, Amy PA-C; Tafti, Mona MD; Tang, Heng MD; Van Dyk, Nathan MD



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# Memorandum

**DATE:** August 3, 2020

**TO:** Board of Directors

**FROM:** Prasad Kilaru, M.D.  
Chief of Medical Staff

**SUBJECT:** Establish New Procedure, TAVR

This memorandum is to request permission to develop and establish a new procedure at Washington Hospital Healthcare System. The procedure is Transcatheter Aortic Valve Replacement (TAVR). During this procedure, open surgical and endovascular techniques are used for the insertion of a new aortic valve delivered through a catheter under fluoroscopy and implanted over the diseased, native aortic valve. This procedure is a less invasive alternative to open aortic valve surgery.

According to the Washington Hospital Medical Staff Credentialing Policy relating to “Clinical Privileges for New Procedures” (4.A.3), the following information is respectfully submitted.

1. This procedure is performed by a multidisciplinary team consisting of an Interventional Cardiologist and Cardiac Surgeon, with additional, Industry-approved training, working together in a Cath Lab/Hybrid OR environment.
2. The indication for this procedure is severe, symptomatic aortic valve stenosis, including patients at low surgical risk.
3. Is there empirical evidence? Yes. TAVR was found to be statistically significantly superior to standard therapy with regard to most study outcomes such as mortality, rehospitalization, stroke, balloon valvuloplasty, and NYHA III or IV frequencies. Echocardiographic findings showed that both methods (open and transcatheter) had a similar aortic regurgitation at 2 years. (HO and RABB, CANADIEN AGENCY FOR DRUGS & TECHNOLOGIES IN HEALTH; 2013 APR.)
4. An inverse relationship is expected between volume and mortality (NEJM 2019; 380: 2541-2550). It is anticipated that we would perform twenty cases per year.
5. Significantly lower rates of both AKI (Acute Kidney Injury) and major bleeding events, and non-significant trends on overall mortality and stroke have been identified. There is a statistical decrease in LOS (length of stay).



From 2007 to 2016, complication rates have decreased:

- 30-day mortality, 10.48% to 2.27%
- AKI, 12% to 10%
- Vascular complication, 8% to 5%
- Transfusion, 31% to 10%
- Shock, 3% to 1%

Pacemaker need has increased, 2% to 12%. (AHA 2018 PRESENTATION)

6. This is not an experimental procedure. TAVR was first approved by the FDA for high risk and inoperable patients with symptomatic aortic valvular stenosis in November, 2011. Subsequently, after several clinical trials, TAVR has been approved by the FDA for moderate and low risk surgical patients as well. Over 100,000 procedures have been performed. TAVR is reimbursed by the Centers for Medicare Services (CMS) and commercial payors, as well.
7. TAVR is being performed at multiple hospitals in the Bay Area, including: UCSF, JOHN MUIR, SANTA ROSA MEMORIAL, STANFORD, MILLS-PENINSULA, GOOD SAM, ALTA BATES, CPMC and both KAISER AND SUTTER facilities. Santa Rosa Memorial Hospital reported performing thirty TAVR procedures in its first six months!

We have several patients every year from our healthcare district that travel to other centers to undergo this procedure. We wish to offer this procedure to our patients here at Washington Hospital.

8. The Operation and Support Division has indicated that Washington Hospital has the resources necessary to safely and effectively perform this new procedure.

Thank you for your consideration. Offering this procedure here at Washington Hospital would be a major benefit to the patients served by us.



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# Memorandum

**DATE:** August 6, 2020

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

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

**SUBJECT: Doctor's Lounge Refresh**

The Doctor's Lounge Refresh project will consist of updating the existing finishes due to wear and tear. Updates will include wallpaper removal, patching and painting of the walls, removal of outdated and inefficient window dressings and blinds. It will also include the removal and replacement of carpeting to a wood laminate floor, which is worn out in locations and has become an infection control concern. Additional work will be done to clean up the kitchen area, restrooms and mail room.

The following is an outline of the Doctor's Lounge Refresh:

## I. Construction

Actual Construction Estimate	\$	70,000
Design Contingency	\$	0
Construction Contingency	\$	7,400
Owner Contingency	\$	0
Sub-Total	\$	77,400

## II. Equipment

Medical Equipment	\$	0
Furniture	\$	5,000
Computer, Software & Telecommunications	\$	5,000
Sub-Total	\$	10,000

## III. Consulting Fees

Design Fees	\$	0
Permit Fees	\$	0
Inspection & Testing	\$	0
Construction Management	\$	0
Sub-Total	\$	0

Capitalized Interest	\$	0
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<b>PROJECT TOTAL</b>	<b>\$</b>	<b>87,400</b>
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This item was approved in the FY2021 Capital Budget for \$87,400.00

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 refresh of the Doctor's Lounge for a total amount not to exceed **\$ 87,400.00.**

EF/ra/mc



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# Memorandum

**DATE:** August 6, 2020

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

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

**SUBJECT:** **Dialysis Remodel & Expansion (3 South, Room 10)**

The Dialysis Unit has not been updated the last 25 years. Due to heavy utilization, infection control issues, and CDPH square footage requirements, a remodel and expansion of the existing in-house dialysis service provided in room 10 is necessary.

The remodel will include a new split system air conditioner and headwall finishes.

The following is an outline of the Dialysis Remodel and Expansion budget estimate:

## I. Construction

Actual Construction Estimate	\$ 50,500
Design Contingency	\$ 0
Construction Contingency	\$ 8,000
Owner Contingency	\$ 0
Sub-Total	\$ 58,500

## II. Equipment

Medical Equipment	\$ 0
Furniture	\$ 5,000
Computer, Software & Telecommunications	\$ 7,937.50
Sub-Total	\$ 12,937.50

## III. Consulting Fees

Design Fees	\$ 7,500
Permit Fees	\$ 2,000
Inspection & Testing	\$ 1,000
Construction Management	\$ 0
Sub-Total	\$ 10,500

Capitalized Interest	\$ 0
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<b>PROJECT TOTAL</b>	<b>\$ 81,937.50</b>
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This item was approved in the FY2021 Capital Budget for \$81,937.50

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 remodel of 3 South - Room 10, in the Dialysis Unit, for a total amount not to exceed **\$ 81,937.50**.

EF/ra/mc



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

**June 2020**



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

<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



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# Memorandum

**DATE:** August 6, 2020  
**TO:** Board of Directors  
**FROM:** Kimberly Hartz, Chief Executive Officer  
**SUBJECT:** Washington Hospital – June 2020  
Operating & Financial Activity

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## SUMMARY OF OPERATIONS – (Blue Schedules)

### 1. Utilization – Schedule Board 3

	<u>June Actual</u>	<u>June Budget</u>	<u>Current 12 Month Avg.</u>
<u>ACUTE INPATIENT:</u>			
Average Daily Census	133.4	155.4	145.4
# of Admissions	771	943	885
Patient Days	4,001	4,663	4,436
Discharge ALOS	5.05	4.94	4.95
<u>OUTPATIENT:</u>			
OP Visits	6,196	7,234	6,914
ER Visits	5,355	4,104	4,294
Observation Equivalent Days – OP	186	140	174

Comparison of June 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 above budget. Outpatient visits were lower than budget. Emergency Room visits were above budget for the month.

### 2. Staffing – Schedule Board 3

Total paid FTEs were 13.0 above budget. Total productive FTEs for June were 1,313.0, 44.5 above the budgeted level of 1,268.5. Nonproductive FTEs were 31.5 below budget. Productive FTEs per adjusted occupied bed were 6.14, 0.47 above the budgeted level of 5.67. Total FTEs per adjusted occupied bed were 6.84, 0.37 above the budgeted level of 6.47.



**3. Income - Schedule Board 1**

For the month of June the Hospital realized income of \$2,270,000 from operations.

Total Gross Patient Service Revenue of \$166,072,000 for June was 1.8% below budget.

Deductions from Revenue of \$127,676,000 represented 76.88% of Total Gross Patient Service Revenue. This percentage is below the budgeted amount of 77.65%, primarily due to payor mix.

Total Operating Revenue of \$40,120,000 was \$1,836,000 (4.8%) above the budget.

Total Operating Expense of \$37,850,000 was \$1,103,000 (2.8%) below the budgeted amount.

The Total Non-Operating Income of \$28,818,000 for the month includes an unrealized gain on investments of \$138,000, property tax revenue of \$1,417,000 and recognition of \$28,763,000 in Federal funding for COVID-19 relief, which was received in May and June.

The Total Net Income for June was \$31,088,000, which was \$32,473,000 more than the budgeted loss of \$1,385,000.

The Total Net Income for June 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 \$30,680,000 compared to a budgeted loss of 1,610,000.

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

Net Patient Receivables increased by \$8.2 million in June, as Hospital volumes continued to increase.

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

KIMBERLY HARTZ  
Chief Executive Officer

KH/CH



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

June				YEAR TO DATE				
ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.		ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.
				<b>OPERATING REVENUE</b>				
\$ 103,646	\$ 117,413	\$ (13,767)	-11.7%	1	\$ 1,334,643	\$ 1,465,821	\$ (131,178)	-8.9%
62,426	51,676	10,750	20.8%	2	652,857	636,423	16,434	2.6%
<b>166,072</b>	<b>169,089</b>	<b>(3,017)</b>	-1.8%	3	<b>1,987,500</b>	<b>2,102,244</b>	<b>(114,744)</b>	-5.5%
(123,744)	(127,303)	3,559	2.8%	4	(1,498,087)	(1,582,744)	84,657	5.3%
(3,932)	(4,003)	71	1.8%	5	(41,153)	(49,794)	8,641	17.4%
<b>(127,676)</b>	<b>(131,306)</b>	<b>3,630</b>	2.8%	6	<b>(1,539,240)</b>	<b>(1,632,538)</b>	<b>93,298</b>	5.7%
<b>76.88%</b>	<b>77.65%</b>			7	<b>77.45%</b>	<b>77.66%</b>		
<b>38,396</b>	<b>37,783</b>	<b>613</b>	1.6%	8	<b>448,260</b>	<b>469,706</b>	<b>(21,446)</b>	-4.6%
1,724	501	1,223	244.1%	9	8,517	7,335	1,182	16.1%
<b>40,120</b>	<b>38,284</b>	<b>1,836</b>	4.8%	10	<b>456,777</b>	<b>477,041</b>	<b>(20,264)</b>	-4.2%
				<b>OPERATING EXPENSES</b>				
17,216	17,190	(26)	-0.2%	11	211,896	212,089	193	0.1%
4,980	6,136	1,156	18.8%	12	75,849	82,156	6,307	7.7%
4,664	4,620	(44)	-1.0%	13	57,648	57,278	(370)	-0.6%
4,693	4,855	162	3.3%	14	51,543	54,988	3,445	6.3%
2,052	1,888	(164)	-8.7%	15	19,738	20,418	680	3.3%
4,245	4,264	19	0.4%	16	49,062	49,953	891	1.8%
<b>37,850</b>	<b>38,953</b>	<b>1,103</b>	2.8%	17	<b>465,736</b>	<b>476,882</b>	<b>11,146</b>	2.3%
<b>2,270</b>	<b>(669)</b>	<b>2,939</b>	439.3%	18	<b>(8,959)</b>	<b>159</b>	<b>(9,118)</b>	-5734.6%
<b>5.66%</b>	<b>-1.75%</b>			19	<b>-1.96%</b>	<b>0.03%</b>		
				<b>NON-OPERATING INCOME &amp; (EXPENSE)</b>				
320	362	(42)	-11.6%	20	3,897	4,342	(445)	-10.2%
90	-	90	0.0%	21	1,255	-	1,255	0.0%
(1,878)	(2,026)	148	7.3%	22	(22,265)	(24,235)	1,970	8.1%
(32)	298	(330)	-110.7%	23	2,215	3,170	(955)	-30.1%
-	(750)	750	100.0%	24	-	(750)	750	100.0%
28,763		28,763	0.0%	25	28,763	-	28,763	0.0%
1,417	1,400	17	1.2%	24	17,026	16,839	187	1.1%
138	-	138	0.0%	25	3,091	-	3,091	0.0%
<b>28,818</b>	<b>(716)</b>	<b>29,534</b>	4124.9%	26	<b>33,982</b>	<b>(634)</b>	<b>34,616</b>	5459.9%
<b>\$ 31,088</b>	<b>\$ (1,385)</b>	<b>\$ 32,473</b>	2344.6%	27	<b>\$ 25,023</b>	<b>\$ (475)</b>	<b>\$ 25,498</b>	5368.0%
<b>77.49%</b>	<b>-3.62%</b>			28	<b>5.48%</b>	<b>-0.10%</b>		
<b>\$ 30,680</b>	<b>\$ (1,610)</b>	<b>\$ 32,290</b>	2005.6%	29	<b>\$ 18,646</b>	<b>\$ (3,187)</b>	<b>\$ 21,833</b>	685.1%
<b>76.47%</b>	<b>-4.21%</b>				<b>4.08%</b>	<b>-0.67%</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**

June 2020  
(In thousands)

SCHEDULE BOARD 2

ASSETS AND DEFERRED OUTFLOWS			LIABILITIES, NET POSITION AND DEFERRED INFLOWS		
	June 2020	Audited June 2019		June 2020	Audited June 2019
<b>CURRENT ASSETS</b>			<b>CURRENT LIABILITIES</b>		
1 CASH & CASH EQUIVALENTS	\$ 68,355	\$ 32,099	1 CURRENT MATURITIES OF L/T OBLIG	\$ 9,500	\$ 8,550
2 ACCOUNTS REC NET OF ALLOWANCES	61,017	68,968	2 ACCOUNTS PAYABLE	18,886	23,784
3 OTHER CURRENT ASSETS	12,523	11,672	3 OTHER ACCRUED LIABILITIES	116,193	53,148
4 TOTAL CURRENT ASSETS	141,895	112,739	4 INTEREST	11,247	11,933
5			5 TOTAL CURRENT LIABILITIES	155,826	97,415
			0		
<b>ASSETS LIMITED AS TO USE</b>			<b>LONG-TERM DEBT OBLIGATIONS</b>		
6 BOARD DESIGNATED FOR CAPITAL AND OTHER	214,744	156,039	6 REVENUE BONDS AND OTHER	223,881	224,309
7 GENERAL OBLIGATION BOND FUNDS	0	43	7 GENERAL OBLIGATION BONDS	331,992	335,824
8 REVENUE BOND FUNDS	10,923	18,613	8		
9 BOND DEBT SERVICE FUNDS	31,387	31,451	9 <b>OTHER LIABILITIES</b>		
10 OTHER ASSETS LIMITED AS TO USE	10,155	9,779	10 NET PENSION LIABILITY	31,798	63,510
11 TOTAL ASSETS LIMITED AS TO USE	267,209	215,925	11 SUPPLEMENTAL MEDICAL RETIREMENT	42,578	37,299
12			12 WORKERS' COMP AND OTHER	8,440	7,750
13 OTHER ASSETS	222,268	199,715	13		
14					
14 OTHER INVESTMENTS	11,679	0			
15 NET PROPERTY, PLANT & EQUIPMENT	684,274	726,001	15 <b>NET POSITION</b>	531,834	506,810
16 TOTAL ASSETS	\$ 1,315,646	\$ 1,254,380	16 TOTAL LIABILITIES AND NET POSITION	\$ 1,326,349	\$ 1,272,917
17 DEFERRED OUTFLOWS	62,304	63,460	17 DEFERRED INFLOWS	63,280	44,923
18 TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 1,389,629	\$ 1,317,840	18 TOTAL LIABILITIES, NET POSITION AND DEFERRED INFLOWS	\$ 1,389,629	\$ 1,317,840



**WASHINGTON HOSPITAL  
OPERATING INDICATORS  
June 2020**

12 MONTH AVERAGE	June						YEAR TO DATE			
	ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.			ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.
	<b><u>PATIENTS IN HOSPITAL</u></b>									
145.4	133.4	155.4	(22.0)	-14%	1	ADULT & PEDIATRIC AVERAGE DAILY CENSUS	145.4	162.5	(17.1)	-11%
5.7	6.2	4.7	1.5	32%	2	OUTPATIENT OBSERVATION AVERAGE DAILY CENSUS	5.7	5.2	0.5	10%
8.4	6.9	8.1	(1.2)	-15%	3	NURSERY AVERAGE DAILY CENSUS	8.4	8.8	(0.4)	-5%
159.5	146.5	168.2	(21.7)	-13%	4	TOTAL	159.5	176.5	(17.0)	-10%
3.5	2.8	4.3	(1.5)	-35%	5	SPECIAL CARE NURSERY AVERAGE DAILY CENSUS *	3.5	3.4	0.1	3%
4,436	4,001	4,663	(662)	-14%	6	ADULT & PEDIATRIC PATIENT DAYS	53,231	59,487	(6,256)	-11%
174	186	140	46	33%	7	OBSERVATION EQUIVALENT DAYS - OP	2,082	1,893	189	10%
885	771	943	(172)	-18%	8	ADMISSIONS-ADULTS & PEDIATRIC	10,615	11,726	(1,111)	-9%
4.95	5.05	4.94	0.11	2%	9	AVERAGE LENGTH OF STAY-ADULTS & PEDIATRIC	4.95	5.07	(0.12)	-2%
	<b><u>OTHER KEY UTILIZATION STATISTICS</u></b>									
1.480	1.539	1.490	0.049	3%	10	OVERALL CASE MIX INDEX (CMI)	1.480	1.463	0.017	1%
	<b><u>SURGICAL CASES</u></b>									
139	163	139	24	17%	11	JOINT REPLACEMENT CASES	1,672	1,744	(72)	-4%
22	31	23	8	35%	12	NEUROSURGICAL CASES	258	293	(35)	-12%
10	6	11	(5)	-45%	13	CARDIAC SURGICAL CASES	114	125	(11)	-9%
178	180	209	(29)	-14%	14	ALL OTHERS	2,139	2,425	(286)	-12%
349	380	382	(2)	-1%	15	TOTAL CASES	4,183	4,587	(404)	-9%
377	417	347	70	20%	16	TOTAL CATH LAB PROCEDURES	4,528	4,203	325	8%
127	114	118	(4)	-3%	17	DELIVERIES	1,520	1,540	(20)	-1%
6,914	6,196	7,234	(1,038)	-14%	18	OUTPATIENT VISITS	82,963	89,722	(6,759)	-8%
4,294	5,355	4,104	1,251	30%	19	EMERGENCY VISITS	51,526	50,834	692	1%
	<b><u>LABOR INDICATORS</u></b>									
1,291.0	1,313.0	1,268.5	(44.5)	-4%	20	PRODUCTIVE FTE'S	1,291.0	1,290.9	(0.1)	0%
184.9	148.7	180.2	31.5	17%	21	NON PRODUCTIVE FTE'S	184.9	189.8	4.9	3%
1,475.9	1,461.7	1,448.7	(13.0)	-1%	22	TOTAL FTE'S	1,475.9	1,480.7	4.8	0%
5.96	6.14	5.67	(0.47)	-8%	23	PRODUCTIVE FTE/ADJ. OCCUPIED BED	5.96	5.54	(0.42)	-8%
6.82	6.84	6.47	(0.37)	-6%	24	TOTAL FTE/ADJ. OCCUPIED BED	6.82	6.35	(0.47)	-7%

\* included in Adult and Peds Average Daily Census