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

BOARD OF DIRECTORS' MEETING

Monday, July 19, 2021–6:00 P.M. Meeting Conducted by Teleconference Dial In: 510-818-5900 Access Code: 6736

AGENDA

PRESENTED BY:

I. CALL TO ORDER & PLEDGE OF ALLEGIANCE

William Nicholson, M.D. Board President

II. ROLL CALL

Dee Antonio District Clerk

III. 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 covered by the agenda. "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

IV. ACTION

A. Consideration of Medical Staff: Goals and Objectives Maternal Fetal Medicine (MFM) Fellow Rotations

V. ANNOUNCEMENTS

VI. CLOSED SESSION

A. Action Item: Consideration of Closed Session Minutes: June 21, and 23, 2021

Kimberly Hartz Chief Executive Officer

 B. Conference with Labor Negotiators – Agency designated representatives: Kimberly Hartz, CEO and Chris Henry, CFO: Funding Priorities Pension Fund Board Meeting Agenda July 19, 2021

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

D. Conference involving Personnel Matters: Chief Executive Officer

VII. OPEN SESSION

Report on Permissible Actions Taken During
Closed Session

William Nicholson, M.D.
Board President

VIII. ADJOURNMENT William Nicholson, M.D. 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.

Memorandum

DATE: June 21, 2021

TO: Kimberly Hartz, Chief Executive Officer

FROM: Prasad Kilaru, MD, Chief of Staff

SUBJECT: MEC for Board Approval:

The Medical Executive Committee, at its meeting of June 21, 2021, approved Final Goal and Objectives Maternal Fetal Medicine (MFM) Fellow Rotations.

Please accept this memorandum as a formal request for presentation to the Board of Directors for final approval of the attached Final Goal and Objectives Material Fetal Medicine (MFM) Fellow Rotations.

Jeffrey S. Stuart, MD, MBA Chief Medical Staff Services Washington Hospital Healthcare System. Fremont, CA 94538

Dear Dr. Stuart,

Following our conversations with Ms. Kimberly Hartz (CEO, WHHS), Ms. Stephanie Williams (CNO, WHHS) and Dr. Juan Gonzalez (Director, UCSF MFM Fellowship Program), please see below the general guidelines and goals for the UCSF Maternal-Fetal Medicine Fellows whom we wish to rotate at Washington Hospital as part of their Fellowship education. The Fellows, compatible with their training experience at UCSF and affiliated programs, will be working under the supervision of Drs. Chetty, Hopkins, Arcilla and myself.

I would appreciate it if you would kindly present our application to the WHHS Medical Executive Committee. We are very much looking forward to the expansion of our existing collaboration within the UCSF/WHHS Prenatal Diagnostic Center.

THE WASHINGTON HOSPITAL HEALTHCARE SYSTEM MATERNAL-FETAL MEDICINE PRENATAL DIAGNOSTIC ROTATION

The University of California San Francisco (UCSF) Maternal-Fetal Medicine (MFM) Fellowship program provides world class training in the diagnosis and care of complex fetal abnormalities. UCSF was the first institution in the world to perform fetal surgery and continues to be recognized as a leader in fetal surgery and endoscopic fetal intervention. The institution's robust prenatal diagnostic program identifies candidates for fetal treatment and postnatal management. Equally important, the prenatal diagnostic program identifies pathologies involving the maternal-fetal-placental unit and accordingly, provides consultative services regarding maternal treatments and interventions. MFM Fellows have completed a 4-year Obstetrics and Gynecology Residency and the UCSF MFM Fellowship is a 3-year program (Post Graduate Years 5-7) fully accredited by the American Council of Graduate Medical Education (ACGME).

Supervising Physicians:

Jacquelyn K. Chyu, MD - Site Director, Health Sciences Clinical Professor of Obstetrics, Gynecology and Reproductive Sciences, Division Maternal-Fetal Medicine

Shilpa Chetty, MD – Associate Professor of Obstetrics, Gynecology and Reproductive Sciences, Division Maternal-Fetal Medicine

Linda Hopkins, MD – Health Sciences Associate Clinical Professor of Obstetrics, Gynecology and Reproductive Sciences, Division Maternal-Fetal Medicine

Lisa Arcilla, MD - Health Sciences Assistant Clinical Professor of Pediatrics, Division Pediatric Cardiology

Goals and Objectives:

The WHHS MFM Fellowship rotation is established to provide obstetrical ultrasound training to gain proficiency in the technical and interpretive aspects of MFM sonography in a community setting. The importance of Fellow education in the community derives from the unique diagnostic process and sonographic screening approach for pathologies in an unselected population, which differs from the problem based approach in referred patients. A primary site for this educational process will be the Washington Hospital Prenatal Diagnostic Center. This site will provide potential exposure to the full range of fetal conditions including fetal anatomical abnormalities, genetic anomalies, growth disorders and multifetal pregnancies.

The MFM Fellow will be expected to perform all technical aspects of ultrasound image acquisition in all categories below in addition to interpretation and reporting of all findings for all pregnancy trimesters. Amniocentesis and fetal echocardiography are available for participation. The MFM Fellow will log cases as required by the ACGME and American Board of Obstetrics and Gynecology (ABOG).

Specific List of Duties and Tasks to be Performed

Through performing a high volume of hands-on ultrasound exams combined with direct one-on-one instruction and supervision by the faculty, a competent PGY-7 MFM Fellow is expected to become proficient in the following performance measures:

1. Ultrasound:

- a. Perform and interpret first trimester anatomical survey for singleton and multiple gestations
- Perform nuchal translucency examinations under quality assurance per American Institute of Ultrasound in Medicine (AIUM) criteria and achieve Nuchal Translucency Certification
- Perform second trimester detailed fetal anatomical survey as described by the AIUM and improve hand-eye coordination in image acquisition in compliance with the AIUM quality standard definitions
- d. Perform and interpret third trimester fetal ultrasound as per AIUM criteria
- e. Recognize normal maternal, fetal and placental anatomy and discuss with faculty differential diagnoses and diagnostic workup
- f. Apply knowledge of limitations of ultrasound to determine need for targeted ultrasound imaging and further imaging modalities including fetal MRI

- g. Determine indications for and perform Doppler sonography of the uterine artery, middle cerebral artery, umbilical artery and vascular fields relevant to organ pathology
- h. Determine indications for and perform endovaginal ultrasound exams and cervical length assessment
- i. Diagnose and manage disorders of amniotic fluid volume
- j. Perform and interpret fetal echocardiography in compliance AIUM
- k. Perform ultrasound assessment of chorionicity in multifetal gestations
- 2. Evaluation, Management and diagnosis of fetal complications:
 - a. Fetal structural abnormalities
 - b. Fetal growth restriction
 - c. Genetic disorders
 - d. Fetal hydrops
 - e. Isoimmunization
 - f. Alloimmune thrombocytopenia
 - g. Fetal infections

Utilization/guidelines of Washington Hospitals EMR systems:

- 1. ViewPoint reporting system
 - a. Ultrasound exam reporting documentation is to be performed within ViewPoint.
 - b. All documentation will need to be cosigned by Dr. Chetty, Dr. Hopkins, Dr. Arcilla or myself.
 - c. Access/security should be equivalent to Dr. Chetty, Dr. Hopkins, Dr. Arcilla & myself.
- 2. Epic
 - a. The patient's medical record is to be viewed in Epic.
 - b. Documentation to be transcribed none
 - c. Orders none
 - d. Access/security- Read-only access is needed and should be restricted to ambulatory WH Prenatal Diagnostic Epic environment.
- 3. Additional hospital program access needed none

Sincerely,

Jacquelyn Chyu

Jacquelyn K. Chyu, MD Health Sciences Clinical Professor Obstetrics, Gynecology and Reproductive Sciences Maternal-Fetal Medicine UCSF