



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, June 28, 2023 – 6:00 P.M.

Board Room of Washington Hospital, 2000 Mowry Avenue, Fremont and via Zoom

<https://zoom.us/j/91685521667?pwd=M2RsTmxjTGcxZC9Zd0NiMIBZTHhiQT09>

Passcode: 403254

Board Agenda and Packet can be found at:

[June 2023 | Washington Hospital Healthcare System \(whhs.com\)](https://www.whhs.com)

AGENDA

- | | PRESENTED BY: |
|--|---|
| I. CALL TO ORDER & PLEDGE OF ALLEGIANCE | Bernard Stewart, DDS
Board President |
| II. ROLL CALL | Cheryl Renaud
District Clerk |
| III. COMMUNICATIONS | |
| A. Oral | |
| <i>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.</i> | |
| B. Written | |
| IV. CONSENT CALENDAR | Bernard Stewart, DDS
Board President |
| <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> | |
| A. Consideration of Medical Staff: Allergy & Immunology Privileges | <i>Motion Required</i> |
| B. Consideration of Medical Staff: Dermatology Privileges | |
| C. Consideration of Medical Staff: Gastroenterology Privileges | |
| D. Consideration of Medical Staff: General Dentistry Privileges | |
| E. Consideration of Medical Staff: Moderate Sedation Privileges | |

- F. Consideration of Medical Staff: Nephrology Privileges
- G. Consideration of Medical Staff: Nurse Practitioner – Medicine Privileges
- H. Consideration of Medical Staff: Nurse Practitioner – Surgical Privileges
- I. Consideration of Medical Staff: Podiatry Privileges
- J. Consideration of Medical Staff: Psychiatry Privileges
- K. Consideration of Medical Staff: Radiology Privileges
- L. Consideration of Medical Staff: Radiosurgery Privileges
- M. Consideration of Medical Staff: Registered Nurse First Assistant Privileges
- N. Consideration of Medical Staff: Rheumatology Privileges
- O. Consideration of Medical Staff: Sleep Medicine Privileges
- P. Consideration of Medical Staff: Teleradiology Privileges

V. **ACTION**

- A. Consideration of Resolutions No. 1252 and Resolution No. 1253 Pension and OPEB Administrative and Assumption Modifications to Funding Policies *Motion Required*

VI. **ANNOUNCEMENTS**

VII. **ADJOURN TO CLOSED SESSION**

- A. Consideration of Closed Session Minutes of the Meetings of the District Board: May 15 & 24, 2023 *Motion Required*

- B. Reports regarding Medical Audit & Quality Assurance Matters pursuant to Health & Safety Code Section 32155 *Motion Required*

- Medical Staff Committee Report

- C. Conference involving Trade Secrets pursuant to Health & Safety Code section 32106

- Strategic Planning

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

Motion Required

VIII. **RECONVENE TO OPEN SESSION & REPORT
ON PERMISSIBLE ACTIONS TAKEN DURING
CLOSED SESSION**

Bernard Stewart, DDS
Board President

IX. **ADJOURNMENT**

Bernard Stewart, DDS
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.



Washington Hospital Medical Staff

2000 Mowry Avenue • Fremont, CA 94538
(510) 818-7446 • Fax (510) 792-0795
Washington Township Hospital District

Allergy and Immunology

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.**

Facilities

WH

Required Qualifications

Education/Training	Completion of an ACGME or AOA accredited Residency training program in Internal Medicine. AND Completion of an ACGME or AOA accredited Fellowship training program in Allergy & Immunology.
Licensure	Licensed MD or DO
Membership	Meet all requirements for medical staff membership.
Continuing Education	Applicant must attest to having completed 50 AMA PRA Category I CME credits within the previous 24 months directly related to the practice of allergy and immunology (waived for applicants who have completed training during the previous 24 months).
Certification	Current certification through the American Board of Allergy & Immunology or American Osteopathic Board of Internal Medicine in Allergy & Immunology. Exceptions to this requirement can be found in Bylaws Section 2.2-2
Clinical Experience	Applicant must be able to provide documentation of provision of allergy and immunology

- Initial Privileges services (at least 20 inpatient and outpatient procedures within the core which may include patient care in physician's office) representative of the scope and complexity of the privileges requested during the previous 24 months (waived for applicants who completed training during the previous year). Of the 20 procedures, 5 must be inpatient and 15 outpatient (which may include those done in the office).

Clinical Experience - Renewal of Privileges Applicant must be able to provide documentation of provision of allergy and immunology services (at least 20 of a variety of procedures within the Core; inpatient or outpatient) representative of the scope of privileges requested during the previous 24 months.

AND Active/Provisional Staff Only: Of the 20 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 Allergy and Immunology	
<p>Description: An allergist-immunologist diagnoses and manages disorders involving immune system conditions such as asthma, anaphylaxis, rhinitis and eczema as well as adverse reactions to drugs, foods and insect stings; also immune deficiency diseases and problems related to autoimmune disease, organ transplantation or malignancies of the immune system.</p>	
Request	<p>Check the Request checkbox to select all privileges listed below.</p> <p>Uncheck any privileges you do not want to request in that group.</p>
WH	<p><input type="checkbox"/> - Currently Granted privileges</p>
Evaluation and Management	
<input type="checkbox"/>	Admit to inpatient or appropriate level of care
<input type="checkbox"/>	Evaluate, diagnose, provide consultation, medically manage, and provide treatment to patients presenting with allergy and immunology diseases, disorders, or conditions. Privileges include medical management of general medical conditions in the age group where core training was completed (pediatrics or internal medicine) which are encountered in the care of the allergy and immunology patient.
<input type="checkbox"/>	Perform history and physical examination
Procedures	
<input type="checkbox"/>	Skin testing

FPPE (Dept. Chair to select)	
WH	
<input type="checkbox"/>	Six retrospective case reviews
<input type="checkbox"/>	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 emotional 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

WH

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Washington Hospital Medical Staff

2000 Mowry Avenue • Fremont, California 94538 • 510.818.7446

Dermatology

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.**

Facilities

WH

Required Qualifications

Education/Training	Completion of an ACGME or AOA accredited Residency training program in Dermatology.
Certification	Current certification through ABMS or AOA Board American Board of Dermatology in Dermatology. Exceptions to this requirement can be found in the Credentialing Policy 2.A.1.p
Clinical Experience (Initial)	Applicant must be able to provide documentation of provision of dermatology services (at least 20 inpatient and outpatient procedures within the core which may include patient care in physician's office) representative of the scope and complexity of the privileges requested within the last two years. Of the 20 procedures, 5 must be inpatient and 15 outpatient (which may include those done in the office).
Clinical Experience (Reappointment)	Applicant must be able to provide documentation of provision of dermatology services (at least 20 procedures of a variety of the procedures within the core; inpatient or outpatient) representative of the scope and complexity of the privileges requested during the previous 24 months. AND Active/Provisional Staff Only: Of the 20 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.

AND Meet all requirements for medical staff membership.

Licensure

Licensed M.D. or D.O.

Membership

Meet all requirements for medical staff membership.

Continuing Education

Applicant must attest to having completed 50 AMA PRA Category I CME credits during the previous 24 months directly related to the practice of dermatology (waived for applicants who have completed training during the previous 24 months).

Core Privileges in Dermatology

Description: Provision of specialized care to patients with diseases of the skin, hair, nails and mucous membranes. Evaluate, diagnose and treat patients with benign and malignant disorders of the integumentary system (epidermis, dermis, subcutaneous tissue, hair, nails, mouth, external genitalia and cutaneous glands) as well as sexually transmitted diseases.

Request	Check the Request checkbox to select all privileges listed below. Uncheck any privileges you do not want to request in that group.
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W/H	<input type="checkbox"/> - Currently Granted privileges
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<input type="checkbox"/>	Admit to inpatient or appropriate level of care
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<input type="checkbox"/>	Perform history and physical examination
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<input type="checkbox"/>	Evaluate, diagnose, provide consultation and medically manage and treat patients with dermatologic conditions or needs.
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	Procedures
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<input type="checkbox"/>	Adjacent tissue transfer
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<input type="checkbox"/>	Grafts - split or full
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<input type="checkbox"/>	Lip excision/wedge/vermillionectomy
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<input type="checkbox"/>	Benign or malignant skin lesion, biopsy, excisions, debridement and repair
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<input type="checkbox"/>	Botulinum toxin chemodenervation
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<input type="checkbox"/>	Injection of dermal fillers
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<input type="checkbox"/>	Nail procedures
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<input type="checkbox"/>	Scar revision
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<input type="checkbox"/>	Hair transplantation
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<input type="checkbox"/>	Skin Abscess I & D
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<input type="checkbox"/>	Use of energy sources (lasers, cryo, radiofrequency) as an adjunct to any privileged procedure.
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FPPE

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HM	
<input type="checkbox"/>	Six retrospective case reviews of a variety of cases within the Core.
<input type="checkbox"/>	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 emotional 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 WH

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Gastroenterology

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.**

Facilities

WH

Required Qualifications

Licensure	Licensed M.D. or D.O.
Membership	Meet all requirements for medical staff membership.
Continuing Education	Applicant must attest to having completed 50 AMA PRA Category I CME credits within the previous 24 months directly related to the practice of gastroenterology (waived for applicants who have completed training during the previous 24 months).
Education/Training	Completion of an ACGME or AOA accredited Residency training program in Internal Medicine. AND Completion of an ACGME or AOA accredited Fellowship training program in Gastroenterology.
Certification	Current certification through ABMS or AOA Board American Board of Internal Medicine in Gastroenterology. 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 gastroenterology 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 gastroenterology 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.

AND Active/Provisional Staff Only: Of the 20 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 Gastroenterology

Description: Evaluate, diagnose, provide consultation, treat and manage patients with diseases and disorders of the gastrointestinal tract, including the esophagus, stomach, small intestine, large intestine, pancreas, liver, gallbladder and biliary system.

Request	Check the Request checkbox to select all privileges listed below. Uncheck any privileges you do not want to request in that group.
WH	<input type="checkbox"/> - Currently Granted privileges

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Admit to inpatient or appropriate level of care |
| <input type="checkbox"/> | Perform history and physical examination |
| <input type="checkbox"/> | Evaluate, diagnose, provide consultation and medically manage and treat gastroenterology patients. Privileges include medical management of general medical conditions which are encountered in the course of caring for the gastroenterology patient. |
| Procedures | |
| <input type="checkbox"/> | Proctoscopy and/or flexible sigmoidoscopy |
| <input type="checkbox"/> | Colonoscopy with and without biopsy or polypectomy including colonic dilatation and placement of stent |
| <input type="checkbox"/> | Complete enteroscopy including single or double balloon enteroscopy (DBE) with or without biopsy |
| <input type="checkbox"/> | Upper gastrointestinal endoscopy with or without biopsy including hemostasis (injection, electrosurgical or ligation) and sclerotherapy or banding of esophageal varices and dilation of the esophagus or pylorus. |
| <input type="checkbox"/> | Upper gastrointestinal endoscopy device placement including stent. |
| <input type="checkbox"/> | Use of energy sources (excluding lasers) during an endoscopic procedure. |
| <input type="checkbox"/> | Percutaneous endoscopic gastrostomy (PEG) |

FPPE

- | | |
|--------------------------|--|
| WH | |
| <input type="checkbox"/> | Five retrospective chart reviews chosen to represent a diversity of medical conditions and management challenges. |
| <input type="checkbox"/> | Concurrent evaluation of two cases (to include one colonoscopy and one additional significant invasive procedure). |
| <input type="checkbox"/> | Reference from a referring physician (related to whether consultation was timely, appropriate and complete). |

Special Privileges: ERCP Procedures

Description: An endoscopic retrograde cholangiopancreatogram (ERCP) is a procedure that combines the use of a flexible, lighted scope (endoscope) with X-ray pictures to examine the tubes that drain the liver, gallbladder and pancreas.

Qualifications

Education/Training

Pathway 1 - Completion of an ACGME or AOA accredited Residency training program in Gastroenterology.

AND Pathway 2 - Completion of an ACGME or AOA accredited Fellowship training program in Gastroenterology.

AND Pathway 3 - Applicant must be able to provide documentation of successful completion of a didactic program or course to encompass ERCP, diagnostic and therapeutic. The outcome of this training should include a certificate of completion of hands-on laboratory skills deemed to be satisfactory by the Department Chair or designee and performed thirty (30) cases as a primary operator.

Clinical Experience (Initial)

If applying under Pathway 1 or 2, applicant must also be able to provide documentation of provision of gastroenterology services (at least 30 ERCP Diagnostic procedures) representative of the scope and complexity of the privileges requested during the previous 24 months.

Clinical Experience (Reappointment)

Applicant must also be able to provide documentation of provision of gastroenterology services (at least 10 ERCP Diagnostic procedures) representative of the scope and complexity of the privileges requested during the previous 24 months.

Request
WH

Check the Request checkbox to select all privileges listed below.

Uncheck any privileges you do not want to request in that group.

- Currently Granted privileges

Procedures

- ERCP with sphincterotomy and stone extraction
- ERCP with placement of biliary and/or pancreatic stent
- ERCP with placement of nasobiliary drainage

FPPE

WH

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

Special Privileges: Diagnostic and Therapeutic Endoscopic Ultrasonography (EUS)

Description: Endoscopic Ultrasound (EUS) is state-of-the art diagnostic imaging, utilizing ultrasound in a unique way to evaluate and diagnose many disorders of the gastrointestinal (GI) tract and as a supportive adjunct to therapeutic procedures.

Qualifications

Education/Training

Pathway 1 - Completion of an ACGME or AOA accredited Fellowship training program in Gastroenterology with specific emphasis on EUS participation and documentation in at least 10 EUS cases during training, with acceptable complication rates and outcomes.

OR Pathway 2 - Applicant must be able to provide documentation of successful completion of an approved fellowship in gastroenterology, but without specific emphasis on EUS should attend and successfully complete a didactic program or course to encompass anatomy, diagnostic and therapeutic EUS technique. The outcome of this training should include a certificate of completion of hands-on laboratory skills deemed to be satisfactory by the credentialing committee.

Clinical Experience (Reappointment)

Applicant must be able to provide documentation of provision of gastroenterology services (at least 4 procedures) representative of the scope and complexity of the privileges requested during the previous 24 months.

Request

Check the Request checkbox to select all privileges listed below.

Uncheck any privileges you do not want to request in that group.

WH

- Currently Granted privileges

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Diagnostic EUS - Pancreas |
| <input type="checkbox"/> | Diagnostic EUS - Esophagus, stomach and rectum |
| <input type="checkbox"/> | Therapeutic EUS - Mucosal resection esophagus, stomach and rectum |
| <input type="checkbox"/> | Therapeutic EUS - Mucosal resection small intestine and colon |
| <input type="checkbox"/> | Fine needle aspiration with EUS |

FPPE

WH

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Three direct observation case reviews. |
| <input type="checkbox"/> | Evaluation of OPPE data collected for review of competency/performance. |

Special Privileges: Sphincterotomy and Biliary Intervention

Description: An endoscopic retrograde cholangiopancreatogram (ERCP) is a procedure that combines the use of a flexible, lighted scope (endoscope) with X-ray pictures to examine the tubes that drain the liver, gallbladder and pancreas.

Qualifications

Education/Training

Pathway 1 - Completion of an ACGME or AOA accredited Fellowship training program in Gastroenterology and performed at least 30 cases with acceptable results during the fellowship and has a letter to authenticate from program director attesting to competence in sphincterotomy and biliary intervention.

OR Pathway 2 - Applicant must be able to provide documentation of successful completion of a didactic program or course to encompass sphincterotomy and biliary intervention. The outcome of this training should include a certificate of completion of hands-on laboratory skills deemed to be satisfactory by the Department Chair and/or designee and performed 30 cases as a primary operator with acceptable results.

Clinical Experience (Reappointment)

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

Request

Check the Request checkbox to select all privileges listed below.

Uncheck any privileges you do not want to request in that group.

WH

- Currently Granted privileges

Procedures

Procedures for fissure - lateral internal sphincterotomy

FPPE

WH

Five direct observation case reviews.

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 emotional 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 _____

WH

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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General Dentistry

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.**

Facilities	
<input checked="" type="checkbox"/>	WH

Required Qualifications	
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Licensure	Licensed M.D., D.D.S., or D.M.D. or equivalent degree
Membership	Meet all requirements for medical staff membership
Education/Training	Completion of an ACGME or AOA accredited Residency training program in general practice or a dental specialty which includes a hospital dentistry curriculum as outlined in the Medical Staff Bylaws.
Continuing Education	Applicants must attest to having completed 50 AMA PRA Category I CME credits within the previous 24 months directly related to the practice of general dentistry (waived for applicants who have completed training during the previous 24 months).
Clinical Experience (Initial)	<p>Applicant must be able to provide documentation of provision of general dental services (at least 50 inpatient and outpatient procedures within the core which may include patient care in physician's office) representative of the scope and complexity of the privileges requested during the previous 24 months.</p> <p>AND Must maintain an active ambulatory practice in the community.</p>
Clinical Experience (Reappointment)	<p>Applicant must be able to provide documentation of provision of general dental services (at least 50 inpatient and outpatient procedures within the core which may include patient care in physician's office) representative of the scope and complexity of the privileges requested during the previous 24 months.</p> <p>AND Active/Provisional Staff Only: Of the 50 procedures, 10 must be performed at Washington Hospital Healthcare System and/or the Washington Outpatient Surgery Center.</p> <p>AND If applicable, applicants who hold special privileges must meet the activity requirements as defined in the medical staff documents.</p>

Core Privileges in Dentistry (Adult or Pediatric)	
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Description: Dentistry is defined as the evaluation, diagnosis, prevention and/or treatment of diseases, disorders and/or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body, provided by a dentist, within the scope of his/her education, training and experience, in accordance with the ethics of the profession and applicable law. (97 ADA HOD) Pediatric dentistry is an age-defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs. Periodontics is that specialty of dentistry which encompasses the surrounding tissues of the teeth and their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.

Request	<p style="text-align: center;">Check the Request checkbox to select all privileges listed below.</p> <p style="text-align: center;">Uncheck any privileges you do not want to request in that group.</p>
WH	<p><input type="checkbox"/> - Currently Granted privileges</p> <p><input type="checkbox"/> Co-admission of patients that require hospitalization/one-day surgery for dental procedures</p>

<input type="checkbox"/>	Perform history and physical examination
<input type="checkbox"/>	Provide general dental diagnostic, preventive, and therapeutic oral health care to correct or treat various routine conditions of the oral cavity, dentition and related structures. Privileges include the use and interpretation of dental radiology.
<input type="checkbox"/>	Evaluate, diagnose, treat and provide consultation to patients with pathology, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the head, mouth, teeth, gums, jaws, and neck, and perform pre and post-operative management.
	Procedures
<input type="checkbox"/>	Administration of nitrous oxide (anxiety control)
<input type="checkbox"/>	Malocclusion and Space Management
<input type="checkbox"/>	Pulpal Therapy
<input type="checkbox"/>	Replacement of Teeth
<input type="checkbox"/>	Restorative dentistry, including crown and bridge preparation
<input type="checkbox"/>	Simple extractions
<input type="checkbox"/>	Soft tissue surgery (minor)
<input type="checkbox"/>	Periodontics

FPPE	
H/W	
<input type="checkbox"/>	Six retrospective case reviews of a variety of cases within the Core.
<input type="checkbox"/>	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 emotional 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 WH

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Washington Hospital Medical Staff

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Washington Township Hospital District

Moderate (Procedural) Sedation

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.**

Facilities	
<input checked="" type="checkbox"/> WH	<input checked="" type="checkbox"/> WOSC

Moderate (Procedural) Sedation
<p>Description: Default to organization policy and definition. The following definition is provided as an example: Moderate Sedation/Analgesia ("Conscious Sedation") is a drug-induced depression of consciousness. No interventions are required to maintain a patent airway, spontaneous ventilation is adequate and cardiovascular function is maintained.</p>

Qualifications

Licensure

Licensed M.D. or D.O.

AND Qualified practitioners within any of the Departments of the Medical Staff may apply for privileges contained in this document. The Anesthesia Chair or designee is responsible for reviewing the qualifications and making recommendation(s) for this privilege.

Membership

Meet all requirements for medical staff membership if applicable.

Education/Training

The physician must demonstrate that they have 1) the requisite knowledge to administer pharmacologic agents to predictably achieve and maintain desired levels of sedation, and 2) have the training and experience to recognize and rescue patients from the cardiovascular and respiratory depressive effects of unavoidably or unintentionally obtaining a deeper-than-desired level of sedation. Applicants applying for privileges may fulfill these requirements via 1 of 4 pathways. Pathway 1 - Administration of sedation and airway management were integral components of the applicant's training. This applies to the specialties of Anesthesia, Critical Care, Pulmonary Medicine, and Emergency Medicine. The applicant must provide documentation that they have provided moderate sedation, deep sedation, or endotracheal intubation for at least 12 patients in the last 24 months.

OR Pathway 2 - Applicants must possess current ACLS certification (or PALS for pediatricians), and pass a course developed by the Department of Anesthesiology. This course will include components on sedation and airway management.

OR Pathway 3 - Cardiologists routinely provide advanced cardiac care and may be exempted from the ACLS requirement. They must pass a course developed by the Department of Anesthesiology. This course will include components on sedation and airway management.

OR Pathway 4 - Applicants must possess current ACLS certification (or PALS for pediatricians), and provide proof of moderate sedation privileges at another facility. These physicians may be granted moderate sedation privileges if the training and testing requirements at that facility are deemed equivalent by the Chair of Anesthesiology

Clinical Experience (Initial)

When requested, the applicant must be able to demonstrate that s/he has administered moderate sedation, deep sedation or endotracheal intubation for at least 12 patients within the past 24 months.

OR Practitioners without the requisite prior experience may demonstrate instead successful completion of a CME course on moderate sedation approved in advance by the Chair of Anesthesiology, which includes procedural airway skills and/or simulation.

Clinical Experience (Reappointment)

The applicant must provide documentation of administration of moderate sedation services (at least 12 cases that can be a combination of moderate sedation, deep sedation, or endotracheal intubation) representative of the scope and complexity of the privileges requested over the last 24 months. Applicants granted privileges outside of Pathway 1 and 3 must maintain current ACLS certification (or PALS for pediatricians). If the applicant cannot provide this documentation for reappointment, they must re-apply for moderate sedation privileges.

Request	<p>Check the Request checkbox to select all privileges listed below.</p> <p>Uncheck any privileges you do not want to request in that group.</p>	
	WH	WOSC
	<input type="checkbox"/> - Currently Granted privileges	
	Moderate Sedation (Must perform 12 every 2 Years)	

FPPE (Dept. Chair to select)

WH	WOSC	
<input type="checkbox"/>	<input type="checkbox"/>	Review of the first 3 cases of administration of moderate sedation by a physician who has unrestricted moderate sedation privileges. The proctor does not need to be from the same specialty. Proctorship of the procedure requiring the sedation must be documented separate from the primary procedure.
<input type="checkbox"/>	<input type="checkbox"/>	Feedback from involved clinical or administrative personnel

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 emotional 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 WH, WOSC

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Washington Hospital Medical Staff

2000 Mowry Avenue • Fremont, California 94538 • 510.818.7446

Nephrology

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.**

Facilities

WH

Required Qualifications

Licensure	Licensed M.D. or D.O.
Membership	Meet all requirements for medical staff membership.
Education/Training	Completion of an ACGME or AOA accredited Residency training program in Internal Medicine. AND Completion of an ACGME or AOA accredited Fellowship training program in Nephrology.
Continuing Education	Applicant must attest to having completed 50 AMA PRA Category I CME credits within the previous 24 months directly related to the practice of nephrology (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 Nephrology. 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 nephrology services (at least 20 privileges of a variety of the privileges 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 nephrology services (at least 20 privileges of a variety of the privileges within the core) representative of the scope and complexity of the privileges requested during the previous 24 months.

AND Active/Provisional Staff Only: Of the 20 privileges, 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 Nephrology

Description: Evaluate, diagnose, provide consultation, treat and manage patients with congenital and acquired diseases of the kidney and urinary tract and renal diseases associated with systemic disorders. These include, but are not limited to, hypertension, diabetes, primary renal diseases, electrolyte disorders, acid-base problems, and the prevention of kidney stones.

Request	Check the Request checkbox to select all privileges listed below. Uncheck any privileges you do not want to request in that group.
W/H	<input type="checkbox"/> - Currently Granted privileges

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Admit to inpatient or appropriate level of care |
| <input type="checkbox"/> | Perform history and physical examination |
| <input type="checkbox"/> | Evaluate, diagnose, provide consultation and medically manage and treat nephrology patients. Privileges include medical management of general medical conditions which are encountered in the course of caring for the nephrology patient. |
| <input type="checkbox"/> | Consultative interpretation of radiologic tests of the kidney and urinary tract |
| Procedures | |
| <input type="checkbox"/> | Acute and chronic hemodialysis |
| <input type="checkbox"/> | Acute and chronic peritoneal dialysis (excluding placement of peritoneal catheters) |
| <input type="checkbox"/> | Continuous renal replacement therapy |
| <input type="checkbox"/> | Plasma Pheresis (Apheresis and temporary dialysis catheters) |
| <input type="checkbox"/> | Percutaneous biopsy of autologous kidneys |
| <input type="checkbox"/> | Placement of temporary vascular access for hemodialysis and related procedures |
| <input type="checkbox"/> | Placement of temporary peritoneal dialysis catheter |

FPPE

- | | |
|--------------------------|---|
| W/H | |
| <input type="checkbox"/> | Six retrospective case reviews of a variety of cases within the Core. |
| <input type="checkbox"/> | 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 emotional 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

WH

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Washington Hospital Medical Staff

2000 Mowry Avenue • Fremont, California 94538 • 510.818.7446

Nurse Practitioner - Medical

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.**

Facilities

WH

Required Qualifications

Licensure

Licensure as a Registered Nurse (RN) in the State of California.

AND Certification as a Nurse Practitioner (NP) in the State of California

Additional Qualifications

Applicant may be employed by WHHS, but must still go through the credentialing process for this Allied Health Professional category.

AND Applicant must have a supervising physician who holds a current unrestricted license from the State of California. The physician should be a member in good standing of the active or provisional active Medical Staff.

AND The Supervising Physician must submit a request (to become a supervising physician) and establish the following in writing, along with any necessary supporting documentation to his/her Department Chair for review:

a. A delgation of service agreement (DSA) outlining those specific duties that the Nurse Practitioner would be permitted to perform under supervision and outside of the Supervising physician's immediate supervision and control, shall be signed and dated by the supervising

physician and the Nurse Practitioner. This will be submitted with the Nurse Practitioner's application.

b. Protocols governing all procedures to be performed by the Nurse Practitioner. Such protocols shall state the information to be given to the patient, the technique for the procedure, and the follow-up care;

c. A written statement indicating that the Supervising Physician accepts full legal and ethical responsibility for the performance of all professional activities of the Nurse Practitioner.

AND Complete a written application to the Medical Staff for such privileges.

AND Meet with the Credentials Committee or a representative to discuss the application, the application process, duties and obligations of the physician when required by the Chair of the Credentials Committee or the Chief of Staff.

AND Be approved by the Credentials Committee, Medical Executive Committee and the Hospital Board.

AND The supervising physician must provide proof of professional liability insurance, with limits as determined by the Board of Directors, for acts or omissions arising from supervision of the Nurse Practitioner the Supervising Physician shall verify such coverage in a form acceptable to the Medical Executive Committee.

AND The Supervising Physician will comply with all of the requirements as spelled out in the California Business & Professional Code and the California Code of Regulations (Title 16) as they relate to the supervision of Nurse Practitioners, which they will attest to have read.

AND The Supervising Physician shall:

a. Adopt protocols to govern the performance of a Nurse Practitioner for some or all tasks. The minimum content for a protocol governing diagnosis and management as referred to in this section shall include the presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and education to be given the patient For protocols governing procedures, the protocol shall state the information to be given the patient, the preparation and technique of the procedure, and the follow-up care.

b. Protocols shall be developed by the physician, adopted from, or referenced to texts or other sources. Protocols shall be signed and dated by the supervising physician and the Nurse Practitioner.

c. In the case of a patient proceeding to any invasive procedure the review must be prior to that procedure. A note must be created in EPIC by the Supervising Physician and must include a summary of the pertinent details of the history, important physical findings, the planned procedure, the rationale for the procedure, and documentation that the procedure has been explained to the patient by the Supervising Physician. The duty to obtain informed consent cannot be delegated;

d. Establish written guidelines for the timely supervision of any laboratory, screening, or therapeutic services performed by the Nurse Practitioner.

AND The supervising physician has continuing responsibility to follow the progress of the patient and to make sure that the Nurse Practitioner does not function autonomously. The supervising physician shall be responsible for all medical services provided by a Nurse Practitioner under his or her supervision•

Membership

Meet all requirements for AHP staff membership.

Education/Training

Master's or doctoral degree in nursing from an accredited college or university. Graduate from a NP program accredited by the National League of Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE).

Continuing Education

Applicant must attest to having completed 50 CE credits during the previous 24 months directly related to the privileges requested (waived for applicants who have completed training during the previous 24 months).

Certification

National Board Certification as a Nurse Practitioner (NP) from an agency accredited by the American Board of Nursing Specialties (ABNS). Note: New graduate NPs must obtain National Board Certification within twelve (12) months of their graduation date.

AND Certification in Basic Life Support (BLS) from the American Heart Association (AHA).

AND All applicants must provide proof of a valid Furnishing number from the Board of Registered Nurses for ordering drugs/devices, which must be included in all transmittals. The Furnishing must be current if holding privileges.

AND An individual Drug Enforcement Agency (DEA) license issued by the DEA for Schedule II-V controlled substances.

AND Additional board certification(s) may be required by certain specialties/departments.

Clinical Experience (Initial)

Applicant must be able to provide documentation of provision of nurse practitioner services (at least 24 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 (waived for applicants who completed training within the past year).

Clinical Experience (Reappointment)

Applicant must be able to provide documentation of provision of nurse practitioner services (at least 24 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 Nurse Practitioner - Medical

Description: A Nurse Practitioner may provide only those medical services which he/she is competent to perform, which are consistent with the NP's education, training, experience and Standardized Procedure which are delegated in writing by the supervising physician and performed under the supervision of that physician. A Nurse Practitioner shall consult with a physician regarding any task, procedure or diagnostic problem which the NP determines exceeds his/her level of competence or shall refer such cases to a collaborating physician.

Request	<p>Check the Request checkbox to select all privileges listed below.</p> <p>Uncheck any privileges you do not want to request in that group.</p>
WH	<p><input type="checkbox"/> - Currently Granted privileges</p>

Assessment of Health Status, Diagnosis and Development of Treatment Plan	
<input type="checkbox"/>	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty, according to written standardized procedures. [see Standardized Procedure: Assessment & Management of Patients]
<input type="checkbox"/>	Obtains complete histories and performs pertinent physical exams with assessment or normal and abnormal findings on new and return patients, according to written standardized procedures. [see Standardized Procedure: Assessment & Management of Patients]
<input type="checkbox"/>	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient, according to written standardized procedures. [see Standardized Procedure: Assessment & Management of Patients]
<input type="checkbox"/>	Orders, furnishes, and prescribes medications, according to written standardized procedures. [see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs, Formulary Protocol].
<input type="checkbox"/>	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products as directed by supervising physician.
<input type="checkbox"/>	Order physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services as directed by the supervising physician.
<input type="checkbox"/>	Performs designated procedures after demonstrated competency, according to written standardized procedures where applicable and as directed by supervising physician.
<input type="checkbox"/>	Initiates arrangements for hospital admissions and discharges and completes appropriate documentation as directed by the supervising physician; including assisting with obtaining informed consent.

<input type="checkbox"/>	As directed by the supervising physician, enrolls patients in investigational studies approved by the Investigational Review Board (IRB), and orders the necessary tests and medications. [see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs, Formulary Protocol] Medications that are not FDA-approved or are used for non-FDA-approved indication (off-label use) require patient specific order in advance from the supervising physician.
<input type="checkbox"/>	Recognizes and considers age-specific needs of patients.
<input type="checkbox"/>	Effectively communicates and interacts with patients, families, staff and members of the community from diverse backgrounds.
<input type="checkbox"/>	Recognizes situations which require the immediate attention of a physician and initiates life-saving procedures when necessary.
<input type="checkbox"/>	Facilitates the coordination of inpatient and outpatient care and services as needed.
<input type="checkbox"/>	Facilitates collaboration between providers and coordination of community resources.
<input type="checkbox"/>	Ensures compliance with legal, regulatory and clinical policies and procedures.
<input type="checkbox"/>	Participates in quality improvement initiatives.
<input type="checkbox"/>	Provides and coordinates patient teaching and counseling.
	Procedures
<input type="checkbox"/>	Initiate and manage blood component therapy

FPPE	
HM	
<input type="checkbox"/>	The supervising physician shall personally supervise the first 20 core privileges performed by the nurse practitioner. This supervision shall be distributed between at least 5 different patients. The level of supervision shall be PERSONAL, with special emphasis to be placed on the proper performance of histories and physicals, progress notes, and discharge summaries. The supervising physician shall report each event as "satisfactory" or "unsatisfactory". An unsatisfactory report requires continued personal supervision of that privilege. After 20 core privileges have been satisfactorily completed and approved by the supervising physician and chairman of the department the level of supervision for core privileges becomes GENERAL.
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

Special Privilege: Emergency Medicine	
Description: Privileges available to NPs working with emergency medicine physicians with the same privileges.	
Qualifications	
Certification	Current certification as an Emergency Nurse Practitioner (ENP-C) by the American Academy of Nurse Practitioners Certification Board (AANPCB)
Clinical Experience (Initial)	Applicant must provide documentation of provision of clinical services in the specific privileges requested during the previous 24 months (waived for applicants who completed training within the past year).
Clinical Experience (Reappointment)	Applicant must have provided clinical services in the specific privileges requested during the past 24 months.

Request	<p>Check the Request checkbox to select all privileges listed below.</p> <p>Uncheck any privileges you do not want to request in that group.</p>
WH	<p><input type="checkbox"/> - Currently Granted privileges</p>
<input type="checkbox"/>	Slit lamp examination including removal of foreign body; Conjunctiva/Cornea
<input type="checkbox"/>	Laceration repair including single and multilayer closures
<input type="checkbox"/>	Incision and drainage of subungual hematoma, abscess and paronychia
<input type="checkbox"/>	Trephination of nail including nail removal
<input type="checkbox"/>	Care of simple fractures including extremity, rib and clavicle; including skeletal immobilization
<input type="checkbox"/>	Care of simple strains and sprains including immobilization and application of splints
<input type="checkbox"/>	Reduce simple dislocation including digital, radial head, shoulder, hip and patellar
<input type="checkbox"/>	Posterior nasal packing and cautery
<input type="checkbox"/>	Emergent decompressive thoracostomy

FPPE	
WH	<p><input type="checkbox"/> Concurrent review of 2 cases representative of the scope and complexity of privileges requested.</p>

Special Privilege: ICU/CCU	
<p>Description: Nurse Practitioner Special Privileges are all those privileges not included in the Core. Nurse Practitioner special privileges shall be performed under physician licensed in the State of California and a member in good standing of the Washington Hospital Medical Staff.</p>	
Qualifications	
Education/Training	<p>Master's/post-master's or doctorate training included specific training for privileges requested; or didactic course with "hands-on" experience for each privilege requested at an accredited facility deemed to be appropriate by the Department Chair or designee. Applicant must be able to provide proof of documentation for each privilege requested.</p>
Clinical Experience (Initial)	<p>Applicant must be able to provide documentation of provision of services (# and type of cases) representative of the scope and complexity of the privileges requested during the previous year (waived for applicants who completed training within the past year and can document competence in this area).</p>
Clinical Experience (Reappointment)	<p>Applicant must have provided (# cases) representative of the scope of privileges requested during the past 24 months</p>
Additional Qualifications	<p>Must qualify for and be granted core privileges as a Nurse Practitioner.</p>

Request	<p>Check the Request checkbox to select all privileges listed below.</p> <p>Uncheck any privileges you do not want to request in that group.</p>
WH	<p><input type="checkbox"/> - Currently Granted privileges</p>
<input type="checkbox"/>	Visit patients in the IC/CCU
<input type="checkbox"/>	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients, according to written standardized procedures. [see Standardized Procedure: Assessment & Management of Patients]

FPPE	
WH	
<input type="checkbox"/>	Ten concurrent case reviews.
<input type="checkbox"/>	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 emotional 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 WH

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Washington Hospital Medical Staff

2000 Mowry Avenue • Fremont, California 94538 • 510.818.7446

Nurse Practitioner - Surgical

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.**

Facilities

WH

Required Qualifications

Licensure

Licensure as a Registered Nurse (RN) in the State of California.

AND Certification as a Nurse Practitioner (NP) in the State of California.

Additional Qualifications

Applicant may be employed by WHHS, but must still go through the credentialing process for this Allied Health Professional category.

AND Applicant must have a supervising physician who holds a current unrestricted license from the State of California. The physician should be a member in good standing of the active or provisional active Medical Staff.

AND The Supervising Physician must submit a request (to become a supervising physician) and establish the following in writing, along with any necessary supporting documentation to his/her Department Chair for review:

- a. A delgation of service agreement (DSA) outlining those specific duties that the Nurse Practitioner would be permitted to perform under supervision and outside of the Supervising physician's immediate supervision and control, shall be signed and dated by the supervising physician and the Nurse Practitioner. This will be submitted with the Nurse Practitioner's application.
- b. Protocols governing all procedures to be performed by the Nurse Practitioner. Such protocols shall state the information to be given to the patient, the technique for the procedure, and the follow-up care;
- c. A written statement indicating that the Supervising Physician accepts full legal and ethical responsibility for the performance of all professional activities of the Nurse Practitioner.

AND Complete a written application to the Medical Staff for such privileges.

AND Meet with the Credentials Committee or a representative to discuss the application, the application process, duties and obligations of the physician when required by the Chair of the Credentials Committee or the Chief of Staff.

AND Be approved by the Credentials Committee, Medical Executive Committee and the Hospital Board.

AND The supervising physician must provide proof of professional liability insurance, with limits as determined by the Board of Directors, for acts or omissions arising from supervision of the Nurse Practitioner the Supervising Physician shall verify such coverage in a form acceptable to the Medical Executive Committee.

AND The Supervising Physician will comply with all of the requirements as spelled out in the California Business & Professional Code and the California Code of Regulations (Title 16) as they relate to the supervision of Nurse Practitioners, which they will attest to have read.

AND The Supervising Physician shall:

a. Adopt protocols to govern the performance of a Nurse Practitioner for some or all tasks. The minimum content for a protocol governing diagnosis and management as referred to in this section shall include the presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and education to be given the patient For protocols governing procedures, the protocol shall state the information to be given the patient, the preparation and technique of the procedure, and the follow-up care.

b. Protocols shall be developed by the physician, adopted from, or referenced to texts or other sources. Protocols shall be signed and dated by the supervising physician and the Nurse Practitioner.

c. In the case of a patient proceeding to any invasive procedure the review must be prior to that procedure. A note must be created in EPIC by the Supervising Physician and must include a summary of the pertinent details of the history, important physical findings, the planned procedure, the rationale for the procedure, and documentation that the procedure has been explained to the patient by the Supervising Physician. The duty to obtain informed consent cannot be delegated;

d. Establish written guidelines for the timely supervision of any laboratory, screening, or therapeutic services performed by the Nurse Practitioner.

AND The supervising physician has continuing responsibility to follow the progress of the patient and to make sure that the Nurse Practitioner does not function autonomously. The supervising physician shall be responsible for all medical services provided by a Nurse Practitioner under his or her supervision•

Membership

Meet all requirements for AHP staff membership.

Education/Training

Master's or doctoral degree in nursing from an accredited college or university. Graduate from a NP program accredited by the National League of Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE).

Continuing Education

Applicant must attest to having completed 50 CE credits during the previous 24 months directly related to the privileges requested (waived for applicants who have completed training during the previous 24 months).

Certification

National Board Certification as a Nurse Practitioner (NP) from an agency accredited by the American Board of Nursing Specialties (ABNS). Note: New graduate NPs must obtain National Board Certification within twelve (12) months of their graduation date.

AND Certification in Basic Life Support (BLS) from the American Heart Association (AHA).

AND All applicants must provide proof of a valid Furnishing number from the Board of Registered Nurses for ordering drugs/devices, which must be included in all transmittals. The Furnishing must be current if holding privileges.

AND An individual Drug Enforcement Agency (DEA) license issued by the DEA for Schedule II-V controlled substances.

AND Additional board certification(s) may be required by certain specialties/departments.

Clinical Experience (Initial)

Applicant must be able to provide documentation of provision of nurse practitioner services (at least 24 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 (waived for applicants who completed training within the past year).

**Clinical Experience
(Reappointment)**

Applicant must be able to provide documentation of provision of nurse practitioner services (at least 24 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 Nurse Practitioner - Surgery	
<p>Description: A Nurse Practitioner may provide only those medical services which he/she is competent to perform, which are consistent with the NP's education, training, experience, and Standardized Procedure which are delegated in writing by the supervising physician and performed under the supervision of that physician. A Nurse Practitioner shall consult with a physician regarding any task, procedure or diagnostic problem which the NP determines exceeds his/her level of competence or shall refer such cases to a collaborating physician.</p>	
Request	<p>Check the Request checkbox to select all privileges listed below.</p> <p>Uncheck any privileges you do not want to request in that group.</p>
WH	<p><input type="checkbox"/> - Currently Granted privileges</p>
Assessment of Health Status, Diagnosis and Development of Treatment Plan	
<input type="checkbox"/>	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty, according to written standardized procedures. [see Standardized Procedure: Assessment & Management of Patients]
<input type="checkbox"/>	Obtains complete histories and performs pertinent physical exams with assessment or normal and abnormal findings on new and return patients, according to written standardized procedures. [see Standardized Procedure: Assessment & Management of Patients]
<input type="checkbox"/>	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient, according to written standardized procedures. [see Standardized Procedure: Assessment & Management of Patients]
<input type="checkbox"/>	Orders, furnishes, and prescribes medications, according to written standardized procedures. [see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs, Formulary Protocol].
<input type="checkbox"/>	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products as directed by supervising physician.
<input type="checkbox"/>	Order physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services as directed by the supervising physician.
<input type="checkbox"/>	Performs designated procedures after demonstrated competency, according to written standardized procedures where applicable and as directed by supervising physician.
<input type="checkbox"/>	Initiates arrangements for hospital admissions and discharges and completes appropriate documentation as directed by the supervising physician; including assisting with obtaining informed consent.
<input type="checkbox"/>	As directed by the supervising physician, enrolls patients in investigational studies approved by the Investigational Review Board (IRB), and orders the necessary tests and medications. [see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs, Formulary Protocol] Medications that are not FDA-approved or are used for non-FDA-approved indication (off-label use) require patient specific order in advance from the supervising physician.
<input type="checkbox"/>	Recognizes and considers age-specific needs of patients.
<input type="checkbox"/>	Effectively communicates and interacts with patients, families, staff and members of the community from diverse backgrounds.
<input type="checkbox"/>	Recognizes situations which require the immediate attention of a physician and initiates life-saving procedures when necessary.
<input type="checkbox"/>	Facilitates the coordination of inpatient and outpatient care and services as needed.

<input type="checkbox"/>	Facilitates collaboration between providers and coordination of community resources.
<input type="checkbox"/>	Ensures compliance with legal, regulatory and clinical policies and procedures.
<input type="checkbox"/>	Participates in quality improvement initiatives.
<input type="checkbox"/>	Provides and coordinates patient teaching and counseling.
<input type="checkbox"/>	Act as surgical first assistant, including privileges to perform deep and simplified tissue closure/cautery, cutting tissue; application of appliances and any other action delegated and directly supervised by the physician

FPPE

WH	
<input type="checkbox"/>	The supervising physician shall personally supervise the first 20 core privileges performed by the nurse practitioner. This supervision shall be distributed between at least 5 different patients. The level of supervision shall be PERSONAL, with special emphasis to be placed on the proper performance of histories and physicals, progress notes, and discharge summaries. The supervising physician shall report each event as "satisfactory" or "unsatisfactory". An unsatisfactory report requires continued personal supervision of that privilege. After 20 core privileges have been satisfactorily completed and approved by the supervising physician and chairman of the department the level of supervision for core privileges becomes GENERAL.
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

Special Privileges: Cardiac Surgery

Description: Nurse Practitioner Special Privileges are all those privileges not included in the Core. Nurse Practitioner special privileges shall be performed under physician licensed in the State of California and a member in good standing of the Washington Hospital Medical Staff.

Qualifications

Education/Training	Master's/post-master's or doctorate training included specific training for privileges requested; or didactic course with "hands-on" experience for each privilege requested at an accredited facility deemed to be appropriate by the Department Chair or designee. Applicant must be able to provide proof of documentation for each privilege requested.
Clinical Experience (Initial)	Applicant must be able to provide documentation of provision of services (# and type of cases) representative of the scope and complexity of the privileges requested during the previous year (waived for applicants who completed training within the past year and can document competence in this area).
Clinical Experience (Reappointment)	Applicant must have provided (# cases) representative of the scope of privileges requested during the past 24 months
Additional Qualifications	Must qualify for and be granted core privileges as a Nurse Practitioner.

Request	<p>Check the Request checkbox to select all privileges listed below.</p> <p>Uncheck any privileges you do not want to request in that group.</p>
WH	<p><input type="checkbox"/> - Currently Granted privileges</p> <p><input type="checkbox"/> Placement and removal of chest tubes.</p>

<input type="checkbox"/>	Wound care: simple superficial debridement; wound closure; general care for wounds including performance of topical or field infiltration of anesthetic solutions. Select and apply appropriate wound dressings including liquid or spray occlusive materials, removal of drains, application of immobilizing dressing (soft or rigid).
<input type="checkbox"/>	Harvesting of saphenous vein graft with preparation for bypass use.

FPPE

WH	
<input type="checkbox"/>	Ten concurrent case reviews.
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

Special Privileges: Thoracic Surgery

Description: Nurse Practitioner Special Privileges are all those privileges not included in the Core. Nurse Practitioner special privileges shall be performed under physician licensed in the State of California and a member in good standing of the Washington Hospital Medical Staff.

Qualifications

Education/Training	Master's/post-master's or doctorate training included specific training for privileges requested; or didactic course with "hands-on" experience for each privilege requested at an accredited facility deemed to be appropriate by the Department Chair or designee. Applicant must be able to provide proof of documentation for each privilege requested.
Clinical Experience (Initial)	Applicant must be able to provide documentation of provision of services (# and type of cases) representative of the scope and complexity of the privileges requested during the previous year (waived for applicants who completed training within the past year and can document competence in this area).
Clinical Experience (Reappointment)	Applicant must have provided (# cases) representative of the scope of privileges requested during the past 24 months
Additional Qualifications	Must qualify for and be granted core privileges as a Nurse Practitioner.

Request	Check the Request checkbox to select all privileges listed below. Uncheck any privileges you do not want to request in that group.
WH	<input type="checkbox"/> - Currently Granted privileges

<input type="checkbox"/>	Wound care: simple superficial debridement; wound closure; general care for wounds including performance of topical or field infiltration of anesthetic solutions. Select and apply appropriate wound dressings including liquid or spray occlusive materials, removal of drains, application of immobilizing dressing (soft or rigid).
<input type="checkbox"/>	Placement and removal of chest tubes.

FPPE

WH	
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<input type="checkbox"/>	Ten concurrent case reviews.
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

Privilege Cluster: Orthopedic Surgery Procedures

Description: Privileges available to an NP working with an orthopedic surgeon

Qualifications

Education/Training	Master's/post-master's or doctorate training included specific training for privileges requested; or didactic course with "hands-on" experience for each privilege requested at an accredited facility deemed to be appropriate by the Department Chair or designee. Applicant must be able to provide proof of documentation for each privilege requested.
Clinical Experience (Initial)	Applicant must be able to provide documentation of provision of services (# and type of cases) representative of the scope and complexity of the privileges requested during the previous year (waived for applicants who completed training within the past year and can document competence in this area).
Clinical Experience (Reappointment)	Applicant must have provided (# cases) representative of the scope of privileges requested during the past 24 months
Additional Qualifications	Must qualify for and be granted core privileges as a Nurse Practitioner.

Request	<p>Check the Request checkbox to select all privileges listed below.</p> <p>Uncheck any privileges you do not want to request in that group.</p>
WH	<input type="checkbox"/> - Currently Granted privileges

<input type="checkbox"/>	Casting
<input type="checkbox"/>	Wound care: simple superficial debridement; wound closure; general care for wounds including performance of topical or field infiltration of anesthetic solutions. Select and apply appropriate wound dressings including liquid or spray occlusive materials, removal of drains, application of immobilizing dressing (soft or rigid).

FPPE

WH	
<input type="checkbox"/>	Ten concurrent case reviews.
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

Special Privileges: Vascular Surgery

Description: Nurse Practitioner Special Privileges are all those privileges not included in the Core. Nurse Practitioner special privileges shall be performed under physician licensed in the State of California and a member in good standing of the Washington Hospital Medical Staff.

Qualifications

Education/Training Master's/post-master's or doctorate training included specific training for privileges requested; or didactic course with "hands-on" experience for each privilege requested at an accredited facility deemed to be appropriate by the Department Chair or designee. Applicant must be able to provide proof of documentation for each privilege requested.

Clinical Experience (Initial) Applicant must be able to provide documentation of provision of services (# and type of cases) representative of the scope and complexity of the privileges requested during the previous year (waived for applicants who completed training within the past year and can document competence in this area).

Clinical Experience (Reappointment) Applicant must have provided (# cases) representative of the scope of privileges requested during the past 24 months

Additional Qualifications Must qualify for and be granted core privileges as a Nurse Practitioner.

Request	<p>Check the Request checkbox to select all privileges listed below.</p> <p>Uncheck any privileges you do not want to request in that group.</p>
WH	<p><input type="checkbox"/> - Currently Granted privileges</p>

<input type="checkbox"/>	Percutaneous placement of intra-arterial and intravenous devices, catheters, etc. (Vascular access including placement of central venous catheters, arterial lines and pulmonary artery catheters.)
<input type="checkbox"/>	Wound care: simple superficial debridement; wound closure; general care for wounds including performance of topical or field infiltration of anesthetic solutions. Select and apply appropriate wound dressings including liquid or spray occlusive materials, removal of drains, application of immobilizing dressing (soft or rigid).

FPPE

WH	
<input type="checkbox"/>	Ten concurrent case reviews.
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

Special Privilege: ICU/CCU

Description: Nurse Practitioner Special Privileges are all those privileges not included in the Core. Nurse Practitioner special privileges shall be performed under physician licensed in the State of California and a member in good standing of the Washington Hospital Medical Staff.

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Qualifications

Education/Training	Master's/post-master's or doctorate training included specific training for privileges requested; or didactic course with "hands-on" experience for each privilege requested at an accredited facility deemed to be appropriate by the Department Chair or designee. Applicant must be able to provide proof of documentation for each privilege requested.
Clinical Experience (Initial)	Applicant must be able to provide documentation of provision of services (# and type of cases) representative of the scope and complexity of the privileges requested during the previous year (waived for applicants who completed training within the past year and can document competence in this area).
Clinical Experience (Reappointment)	Applicant must have provided (# cases) representative of the scope of privileges requested during the past 24 months
Additional Qualifications	Must qualify for and be granted core privileges as a Nurse Practitioner.

Request

Check the Request checkbox to select all privileges listed below.

Uncheck any privileges you do not want to request in that group.

WH

- Currently Granted privileges

<input type="checkbox"/>	Visit patients in the IC/CCU
<input type="checkbox"/>	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients, according to written standardized procedures. [see Standardized Procedure: Assessment & Management of Patients]

FPPE

WH

<input type="checkbox"/>	Ten concurrent case reviews.
<input type="checkbox"/>	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 emotional 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 _____

WH

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance

of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Washington Hospital Medical Staff

2000 Mowry Avenue • Fremont, California 94538 • 510.818.7446

Podiatry

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.**

Facilities

WH

Required Qualifications

Licensure	Licensed D.P.M.
Membership	Meet all requirements for medical staff membership.
Continuing Education	Applicants must attest to having completed 50 AMA PRA Category I CME credits within the previous 24 months directly related to the practice of podiatric medicine (waived for applicants who have completed training during the previous 24 months).
Education/Training	Completion of a Residency program approved by the Council for Podiatric Medical Education in podiatric medicine and surgery.
Clinical Experience (Initial)	Applicant must be able to provide documentation of provision of podiatric services (at least 25 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 podiatric services (at least 25 procedures within the core inclusive of office, surgery center/hospital cases) representative of the scope and complexity of the privileges requested during the previous 24 months. AND Active/Provisional Staff Only: Of the 25 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 Podiatry

Description: Evaluation, diagnosis and treatment of diseases, disorders, and injuries of the foot and ankle, by medical, biomechanical, and surgical means.

Request

Check the Request checkbox to select all privileges listed below.

Uncheck any privileges you do not want to request in that group.

WH

- Currently Granted privileges

Co-admit to inpatient or appropriate level of care

Perform history and physical examination

Evaluate, diagnose, provide consultation to patients and treat diseases, injuries and complaints involving the foot.

General Procedures

Local infiltration anesthetic injection including basic blocks

Soft tissue surgery involving a nail or plantar wart excision, avulsion of toenail, excision or destruction of nail matrix, removal of foreign body

Surgical Privileges for the Forefoot, Midfoot and Non-reconstructive Hind Foot

Onychoplasty

Debridement of ulcer

Excision of soft tissue mass (neuroma, ganglion, fibroma)

Digital surgery including digital exostectomy; digital fusions; tenotomy/capsulotomy; open/closed reduction of digital fracture; simple digital amputation, syndactylization and polydactylism, digital tendon transfers, lengthening, repair

Metatarsal surgery including open/closed reduction of fractures; metatarsal exostectomy; metatarsal osteotomy

Excision of sesamoids

Tenotomy/capsulotomy, metatarsal, phalangeal joint

Hallux valgus repair with or without metatarsal osteotomy (including 1st metatarsal cuneiform joint) (including fusion).

Midtarsal and tarsal exostectomy (include posterior calc spur)

Excision of benign bone cysts and bone tumors, forefoot

Plantar fasciotomy with or without excision of calc spur

Neurolysis of forefoot nerves

Treatment of deep wound infections, osteomyelitis

Metatarsal excision

Neurolysis or nerve decompression, rearfoot

Skin graft

Excision of benign bone cyst or bone tumors, rearfoot

<input type="checkbox"/>	Tarsal coalition repair
<input type="checkbox"/>	Tendon lengthening
<input type="checkbox"/>	Osteotomies of the midfoot and rearfoot
<input type="checkbox"/>	Tendon transfers
<input type="checkbox"/>	Rearfoot fusion
<input type="checkbox"/>	Implant arthroplasty forefoot

FPPE	
W/H	
<input type="checkbox"/>	Six direct observation case reviews of a variety of cases within the Core.
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

Privilege Cluster: Reconstructive Rearfoot and Ankle Surgery Procedures

Description: Reconstructive rearfoot and ankle surgery procedures

Qualifications

Education/Training	<p>Pathway 1 - Successful completion of a residency or fellowship program in podiatric medicine and surgery.</p> <p>OR Pathway 2 - If not fellowship trained, applicant must be able to provide proof of documentation of hands on training and performance of a minimum of 10 cases in the previous 24 months.</p>
Certification	Current certification in Reconstructive Rearfoot/Ankle Surgery by the American Board of Podiatric Surgery (ABPS)
Clinical Experience (Initial)	Applicant must be able to provide documentation of provision of podiatric procedures (at least 10 cases for each special privilege requested) 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 podiatric procedures (at least 5 cases for each special privilege requested) representative of the scope and complexity of the privileges requested during the previous 24 months.
Additional Qualifications	Must qualify for and be granted primary privileges in podiatry.

Request	<p>Check the Request checkbox to select all privileges listed below.</p> <p>Uncheck any privileges you do not want to request in that group.</p>
W/H	<input type="checkbox"/> - Currently Granted privileges
<input type="checkbox"/>	Open/closed reduction of foot fracture other than digital or metatarsal excluding calcaneal
<input type="checkbox"/>	Excision of benign bone cyst or bone tumors, rearfoot
<input type="checkbox"/>	Tendon rupture repair

<input type="checkbox"/>	Excision of accessory ossicles, midfoot and rearfoot
<input type="checkbox"/>	Rearfoot fusion
<input type="checkbox"/>	Arthrotomy
<input type="checkbox"/>	ORIF and closed reduction of rearfoot and calcaneal fractures
<input type="checkbox"/>	External fixation (multiplane) confined to the foot
	Ankle procedures
<input type="checkbox"/>	Treatment of fractures with or without instrumentation
<input type="checkbox"/>	Tendon and ligament repair
<input type="checkbox"/>	Diagnostic arthroscopy
<input type="checkbox"/>	Therapeutic arthroscopy including debridement and soft tissue repair
<input type="checkbox"/>	Ankle implant prosthesis
<input type="checkbox"/>	Subtalar arthroereisis

FPPE	
H/W	
<input type="checkbox"/>	Three direct observation case reviews for each special privilege granted.
<input type="checkbox"/>	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 emotional 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 _____ WH

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Washington Hospital Medical Staff

2000 Mowry Avenue • Fremont, California 94538 • 510.818.7446

Psychiatry

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.**

Facilities

WH

Required Qualifications

Licensure	Licensed M.D. or D.O.
Membership	Meet all requirements for medical staff membership.
Education/Training	Completion of an ACGME or AOA accredited Residency training program in Psychiatry.
Continuing Education	Applicants must attest to having completed 50 AMA PRA Category I CME credits within the previous 24 months directly related to the practice of psychiatry (waived for applicants who have completed training during the previous 24 months).
Certification	Current certification through ABMS or AOA Board American Board of Psychiatry and Neurology in Psychiatry. Exceptions to this requirement can be found in the Credentialing Policy 2.A.1.p
Clinical Experience (Initial)	Applicant must be able to provide documentation of provision of psychiatry services (at least 20 inpatient and outpatient procedures within the core which may include patient care in physician's office) representative of the scope and complexity of the privileges requested during the previous 24 months. Of the 20 procedures, 5 must be inpatient and 15 outpatient (which may include those done in the office).
Clinical Experience (Reappointment)	Applicant must be able to provide documentation of provision of psychiatry services (at least 20 of a variety of procedures within the Core; inpatient or outpatient) representative of the scope of privileges requested during the previous 24 months. AND Active/Provisional Staff Only: Of the 20 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 Psychiatry

Description: A psychiatrist specializes in the evaluation and treatment of mental, addictive and emotional disorders such as schizophrenia and other psychotic disorders, mood disorders, anxiety disorders, substance-related disorders, sexual and gender-identity disorders and adjustment disorders.

Request	Check the Request checkbox to select all privileges listed below. Uncheck any privileges you do not want to request in that group.
WH	<input type="checkbox"/> - Currently Granted privileges

Evaluation and Management	
<input type="checkbox"/>	Admit to inpatient or appropriate level of care
<input type="checkbox"/>	Perform history and physical examination, including mental status and neurological examination
<input type="checkbox"/>	Evaluate, diagnose, provide consultation, medically manage, and provide treatment to adolescent and adult patients presenting with behavioral, addictive and emotional disorders, including providing pharmacotherapy, psychotherapy, behavior modification and biofeedback therapy
<input type="checkbox"/>	Administration and management of ECT.
<input type="checkbox"/>	Brief therapy
<input type="checkbox"/>	Cognitive behavioral therapy
<input type="checkbox"/>	Psychodynamic therapy
<input type="checkbox"/>	Psychotherapy combined with psychopharmacology
<input type="checkbox"/>	Pharmacotherapy
<input type="checkbox"/>	Light therapy
<input type="checkbox"/>	Treatment of substance abuse

FPPE

WH	
<input type="checkbox"/>	Six retrospective case reviews of a variety of cases within the core.
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance..

Special Privileges: Addiction Psychiatry Privileges

Description: A psychiatrist who focuses on the evaluation and treatment of individuals with alcohol, drug or other substance-related disorders and of individuals with the dual diagnosis of substance-related and other psychiatric disorders.

Qualifications

Education/Training	Completion of an ACGME or AOA accredited Fellowship training program in Addiction Psychiatry.
Certification	Current certification or active participation in the examination process leading to certification in Addiction Psychiatry by the [board name] or Addiction Medicine by the American Osteopathic Board of Neurology & Psychiatry. Board certification must be achieved within five years of completion of training and must be continuously maintained. Exceptions to this requirement can be found in Bylaws Section 2.2-2
Clinical Experience - Initial Privileges	Applicant must provide documentation of provision of addiction psychiatry services representative of the scope and complexity of the privileges requested during the previous 24 months (waived for applicants who completed training during the previous year).
Clinical Experience - Renewal of Privileges	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of the privileges requested during the past 24 months.

Request

WH

Check the Request checkbox to select all privileges listed below.

Uncheck any privileges you do not want to request in that group.

- Currently Granted privileges

Evaluation and Management

<input type="checkbox"/>	Evaluate, diagnose, provide consultation, medically manage, and provide treatment to psychiatric patients with chemical or alcohol dependency and co-morbid psychopathology, including providing behavior modification, biofeedback and specialized pharmacologic therapy
<input type="checkbox"/>	Use of the various psychotherapeutic modalities involved in the ongoing management of the chronic substance abusing patient, including individual psychotherapies (e.g., cognitive-behavioral therapy), couples therapy, family therapy, group therapy, motivational enhancement therapy, and relapse prevention therapy

FPPE

WH

<input type="checkbox"/>	Six retrospective case reviews of a variety of cases within the core.
<input type="checkbox"/>	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:

- 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.
- 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.
- I certify that I have no emotional or physical condition that would affect my ability to perform these privileges.
- Furthermore, I attest that the information I have provided about my clinical activity is accurate and true.

Practitioner's Signature _____

WH

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Washington Hospital Medical Staff

2000 Movry Avenue • Fremont, CA 94538
 (510) 818 -7446 • Fax (510) 792-0795
 Washington Township Hospital District

Radiology

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.**

Facilities
<input checked="" type="checkbox"/> WH

Required Qualifications

Licensure	Licensed M.D. or D.O.
Membership	Meet all requirements for medical staff membership.
Continuing Education	Applicant must attest to having completed 50 AMA PRA Category I CME credits within the previous 24 months directly related to the practice of radiology-diagnostic services (waived for applicants who have completed training during the previous 24 months).
Education/Training	Completion of an ACGME or AOA accredited Residency training program in Diagnostic Radiology.
Certification	Current certification through American Board of Radiology or American Osteopathic Board of Radiology in Diagnostic Radiology. Exceptions to this requirement can be found in Bylaws Section 2.2-2. AND Current Fluoroscopy permit (RHC-Flouro, RHD, or RHL) required while holding Radiology - Diagnostic privileges.
Clinical Experience (Initial)	Applicant must be able to provide documentation of provision of radiology - diagnostic services and/or nuclear radiology services and/or breast imaging services (at least 500 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. AND Completion of at least 40 hours Category 1 Continuing Medical Education (CME) in Cardiac Imaging, including Cardiac CT, Anatomy, Physiology and/or Pathology, or documented equivalent supervised experience in a center actively performing Cardiac CT.

Clinical Experience (Reappointment)

Applicant must be able to provide documentation of provision of radiology-diagnostic services and/or nuclear radiology services and/or breast imaging services (at least 500 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.

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

Additional Qualifications

Applicant must have a contract with Washington Radiologist Medical Group to provide services in this specialty.

AND If mammography privileges are requested: All mammography must be performed in conformance with the Mammography Quality Standards Act (MQSA) regulations.

Core Privileges in Radiology	
Description: Diagnosis of disease/conditions utilizing medical imaging techniques, including X-Rays, Computer Tomography (CT), Magnetic Resonance Imaging (MRI), Ultrasound and Nuclear Medicine.	
Request	<p>Check the Request checkbox to select all privileges listed below.</p> <p>Uncheck any privileges you do not want to request in that group.</p>
WH	<p><input type="checkbox"/> - Currently Granted privileges</p>
Select, perform and interpret	
<input type="checkbox"/>	Perform history and physical examination
<input type="checkbox"/>	Routine imaging, including bone density scans, fluoroscopy, IVP (intravenous pyelography), x-rays
<input type="checkbox"/>	Diagnostic ultrasound
<input type="checkbox"/>	Diagnostic CT (computed-tomography), CTA (computed-tomography angiography), including coronary.
<input type="checkbox"/>	MRI (magnetic resonance imaging) or MRA (magnetic resonance imaging angiography)
<input type="checkbox"/>	Mammography
<input type="checkbox"/>	Image guided biopsy and drainage (excludes breast biopsies)
<input type="checkbox"/>	Diagnostic image guided procedures such as contrast studies of the gastrointestinal and genitourinary systems; arthrography; lumbar puncture; discography; myelography; and cisternography.
<input type="checkbox"/>	Diagnostic nuclear medicine studies
<input type="checkbox"/>	Diagnostic breast imaging consultation which may include diagnostic mammography or other imaging studies
<input type="checkbox"/>	MR or CT-guided biopsy
<input type="checkbox"/>	Ultrasound-guided breast biopsy
<input type="checkbox"/>	Stereotactic breast biopsy
<input type="checkbox"/>	Interpret the results of diagnostic examinations of patients using unsealed radionuclides and radiopharmaceuticals.
<input type="checkbox"/>	Perform radioimmunoassay examinations and manage radioactively contaminated patients and facilities
<input type="checkbox"/>	Supervise the preparation, administration and the use of unsealed radionuclides and radiopharmaceuticals for diagnostic examinations of patients.
<input type="checkbox"/>	Supervise the preparation, administration and the use of unsealed radionuclides for therapeutic purposes.

<input type="checkbox"/>	PET imaging
<input type="checkbox"/>	PET-CT imaging

FPPE (Dept. Chair to select)

H/M	
<input type="checkbox"/>	A minimum of six retrospective case reviews of a variety of cases within the Cores reflected in this document.
<input type="checkbox"/>	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 emotional 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 _____ WH

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Washington Hospital Medical Staff

2000 Mowry Avenue • Fremont, California 94538 • 510.818.7446

Radiosurgery

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.**

Facilities

 WH

Required Qualifications

Licensure	Licensed M.D. or D.O. Qualified practitioners within the Department of Radiology (Radiation Oncology Specialist) and/or Neurosurgery Specialists within the Department of Surgery may apply for privileges contained in this document. No other specialists are eligible to apply unless otherwise stated in this document.
Membership	Meet all requirements for medical staff membership.
Education/Training	<p>Pathway 1 - Completion of an ACGME or AOA accredited Residency training program in Neurological Surgery.</p> <p>OR Pathway 2 - Completion of an ACGME or AOA accredited Residency training program in Radiation Oncology.</p> <p>AND Demonstrate completion of an approved education course on the Leksell Gamma Knife Perfexion.</p> <p>OR Pathway 3 - Demonstrate having received such training with the Leksell Gamma Knife Perfexion in Residency to show current clinical competence.</p>
Certification	<p>Current certification through ABMS Board or AOA American Board of Neurological Surgery in Neurological Surgery. Exceptions to this requirement can be found in Bylaws Section 2.2-2.</p> <p>OR Current certification through ABMS or AOA Board American Board of Radiology in Radiation Oncology. Exceptions to this requirement can be found in Bylaws Section 2.2-2.</p>
Clinical Experience (Initial)	Applicant must be able to provide documentation of provision of radiation oncology or neurosurgery services (at least 12 cases) 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 gamma knife services (at least 6 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.
Additional Qualifications	Applicant must hold core privileges in his or her primary specialty in order to request any Gamma Knife privileges listed in this document.

Stereotactic Radiosurgery

Description: The delivery of radiation beams (via a single high-dose-or sometimes smaller, multiple doses) that converge on the specific area of the body where a tumor or other abnormality resides. Stereotactic radiosurgery minimizes the amount of radiation to healthy brain tissue. There are different forms of stereotactic radiosurgery, each of which uses different instruments and sources of radiation: Gamma Knife and Linear accelerator (LINAC) machines and Cyberknife.

Qualifications

Education/Training	<p>Completion of an ACGME accredited Residency training program in Radiation Oncology OR Completion of an ACGME accredited Residency training program in the applicable surgical specialty. AND Residency/fellowship program director must verify the training and current competence of the applicant to perform the procedure. OR Completion of a manufacturer's designated training course specific to the device to be used (if this training did not occur during residency or fellowship training) that included or was followed by supervised cases on human subjects.</p>
Clinical Experience - Initial Privileges	Procedures during the past 24 months (waived for applicants that completed training during the previous year).
Clinical Experience - Renewal of Privileges	Procedures during the past 24 months.

Request	<p>Check the Request checkbox to select all privileges listed below. Uncheck any privileges you do not want to request in that group.</p>
WH	<p><input type="checkbox"/> - Currently Granted privileges</p>
	Procedure(s)
<input type="checkbox"/>	Gamma Knife

FPPE	
WH	
<input type="checkbox"/>	Four retrospective case reviews with successful results. There will be no "cross-proctoring," (i.e., only a neurosurgeon can proctor a neurosurgeon).
<input type="checkbox"/>	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 emotional 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 WH

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Registered Nurse First Assistant

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.**

Facilities	
<input checked="" type="checkbox"/>	WH

Required Qualifications

Licensure

Current license as an RN

AND Applicant must have a supervising physician licensed in the State of California. The supervising physician must be a member of the Active or Provisional/Active WHHS Medical Staff in good standing within the Department of Surgery and has obtained prior approval from the Medical Board of California to be a Supervising Physician.

AND Applicant may be employed by WHHS, but must still go through the credentialing process for this Allied Health Professional category.

Education/Training

Applicant must provide proof of documentation of a minimum of 5 years diversified operating

room nursing experience.

AND Completion of an RNFA program that meets the "AORN standards for RN first assistant education programs" and is accepted by CCI. These programs should be equivalent to one academic year of formal, post-basic nursing study; consist of curricula that address all of the modules in the Core Curriculum for the RN First Assistant; and award college credits and degrees or certificates of RNFA status upon satisfactory completion of all requirements. The RNFA programs should be associated with schools of nursing at universities or colleges that are accredited for higher education by an accrediting agency that is nationally recognized by the Secretary of the US Department of Education.

AND The registered nursing program should be approved by a state licensing jurisdiction for nursing programs at the university, college, or community college level or by another national or regional agency that is nationally recognized by the Secretary of the US Department of Education as a specialized accrediting agency for nursing programs.

Continuing Education

Applicant must attest to having completed 50 CE credits within the previous 24 months directly related to the practice of RNFA services (waived for applicants who have completed training during the previous 24 months).

Certification

Current ACLS

AND Certification in Operating Room Nursing (CNOR) by the Competency and Credentialing Institute (CCI).

AND Current certification as a CRNFA by the CCI.

Clinical Experience (Initial)

Applicant must be able to provide documentation of provision of RNFA services (at least 12 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 RNFA services (at least 12 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 Registered Nurse First Assistant	
Description:	
Request	<p>Check the Request checkbox to select all privileges listed below.</p> <p>Uncheck any privileges you do not want to request in that group.</p>
WH	<p><input type="checkbox"/> - Currently Granted privileges</p>
Perioperative Privileges	
<input type="checkbox"/>	Perform preoperative evaluation/focused nursing assessment (interview the surgical patient for a comprehensive health history)
<input type="checkbox"/>	Provide patient education
<input type="checkbox"/>	Communicate/collaborate with other health care providers regarding the patient plan of care
<input type="checkbox"/>	Document preoperative orders in conformance with established protocols
Intraoperative Surgical First-Assisting under Direct Physician Supervision	
<input type="checkbox"/>	Use and apply instruments/appliances/medical devices
<input type="checkbox"/>	Cut tissue and provide wound/field exposure
<input type="checkbox"/>	Provide hemostasis by applying hemostatic clamps or clips, coagulating bleeding points and ligating bleeding vessels

<input type="checkbox"/>	Suturing fascia, subcutaneous, and skin tissues
Postoperative Patient Management	
<input type="checkbox"/>	Document postoperative orders/operative notes in conformance with established protocols
<input type="checkbox"/>	Participate in postoperative rounds to evaluate patient condition
<input type="checkbox"/>	Perform postoperative activities, including removing sutures, chest tubes, drains or pacing wires
<input type="checkbox"/>	Assist with discharge planning, provision of discharge instructions and identify appropriate community resources as needed

FPPE	
WH	
<input type="checkbox"/>	Six direct observation case reviews. Proctored by an Active Medical Staff member.
<input type="checkbox"/>	Feedback from OR Supervisor
<input type="checkbox"/>	Feedback from anesthesiologist
<input type="checkbox"/>	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 emotional 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 WH

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Rheumatology

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.**

Facilities	
<input checked="" type="checkbox"/>	WH

Required Qualifications

Licensure	Licensed M.D. or D.O.
Membership	Meet all requirements for medical staff membership.
Education/Training	Completion of an ACGME or AOA accredited Residency training program in Internal Medicine. AND Completion of an ACGME or AOA accredited Fellowship training program in Rheumatology.
Continuing Education	Applicant must attest to having completed 50 AMA PRA Category I CME credits within the previous 24 months directly related to the practice of rheumatology (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 Rheumatology. 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 rheumatology 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 rheumatology 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.

AND Active/Provisional Staff Only: Of the 20 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 Rheumatology	
Description: Evaluate, diagnose, provide consultation, treat and manage patients with diseases of joints, muscle, bones and tendons.	
Request	<p>Check the Request checkbox to select all privileges listed below.</p> <p>Uncheck any privileges you do not want to request in that group.</p>
WH	<p><input type="checkbox"/> - Currently Granted privileges</p>
<input type="checkbox"/>	Admit to inpatient or appropriate level of care
<input type="checkbox"/>	Perform history and physical examination
<input type="checkbox"/>	Evaluate, diagnose, provide consultation, medically manage and treat rheumatology patients including systemic diseases with rheumatic manifestations. Privileges include medical management of general medical conditions which are encountered in the course of caring for the rheumatology patient.
<input type="checkbox"/>	Consultative interpretation of laboratory and radiologic tests related to joints, bones, and periarticular structures.
Procedures	
<input type="checkbox"/>	Diagnostic aspiration and analysis by light and compensated polarized light microscopy of synovial fluid
<input type="checkbox"/>	Therapeutic injection of diarthrodial joints, bursae, tenosynovial structures, and entheses
<input type="checkbox"/>	Biopsies of tissues relevant to the diagnosis of rheumatic diseases

FPPE	
WH	
<input type="checkbox"/>	Six retrospective case reviews of a variety of cases within the Core.
<input type="checkbox"/>	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 emotional 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

WH

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Washington Hospital Medical Staff

2000 Mowry Avenue • Fremont, CA 94538
(510) 818-7446 • Fax (510) 792-0795
Washington Township Hospital District

Sleep Medicine

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.**

Facilities	
<input checked="" type="checkbox"/>	WH

Required Qualifications

Licensure	Licensed M.D. or D.O. Qualified practitioners within the Department of Medicine (Neurologist, Internal Medicine, Pulmonologist, Psychiatrist), the Department of Pediatrics (Pediatrician), or the Department of Surgery (Otolaryngologists) may apply for primary and/or special privileges contained in this document. No other specialists are eligible to apply. Applicant must hold core privileges in his or her primary specialty in order to request this privilege.
Membership	Meet all requirements for medical staff membership.
Education/Training	Applicants must be able to provide documentation of successful completion of an American Council for Graduate Medical Education/American Osteopathic Association (ACGME/AOA) accredited postgraduate training program in a primary medical specialty, followed by successful completion of a postgraduate sleep medicine training program accredited by the American Academy of Sleep Medicine (AASM) or Accreditation council of Graduate Medical Education (ACGME). AND A letter of reference must come from the director of the applicant's sleep medicine training program. Alternatively, a letter of reference regarding competence should come from

the chief of sleep medicine at the institution where the applicant most recently practiced.

Clinical Experience (Initial)

Applicants must be able to provide documentation of provision of sleep medicine services representative of the scope and complexity of the privileges requested. Demonstrate that during the past 12 months, they have successfully evaluated at least 400 sleep medicine patients, including 200 new patients and 200 follow-up patients, in addition to the successful interpretation/review of raw data for 200 Polysomnograms (PSGs) and 25 Multiple Sleep latency Tests (MSLTs).

Clinical Experience (Reappointment)

Applicants must be able to provide documentation of provision of sleep medicine services (at least 200 sleep medicine patients, including 50 new patients and 50 follow-up patients, in addition to the successful interpretation/review of raw data for 200 PSGs and 25 MSLTs annually during the reappointment cycle) representative of the scope and complexity of the privileges requested during the previous 24 months.

Core Privileges in Sleep Medicine

Description: Evaluation, monitoring, treatment and prevention of sleep disorders by using a combination of techniques (clinical evaluation, physiologic testing, imaging, and intervention) and medication. Treatment of patients with apnea and other sleep-related breathing disorders; circadian rhythm disorders; insomnia; narcolepsy and related excessive daytime sleepiness disorders; parasomnias; sleep problems related to other factors and diseases such as medications and psychiatric and medical disorders.

Request	Check the Request checkbox to select all privileges listed below. Uncheck any privileges you do not want to request in that group.
	<input type="checkbox"/> - Currently Granted privileges
	<input type="checkbox"/> Admit to inpatient or appropriate level of care
	<input type="checkbox"/> Perform history and physical examination
	<input type="checkbox"/> Evaluate, diagnose, provide consultation and medically manage patients with sleep complaints. Integrate information obtained from patient history, physical examination, physiologic records, imaging studies, psychometric testing, pulmonary function and biochemical and molecular tests results to arrive at a diagnosis and treatment plan
	Procedures
	<input type="checkbox"/> Actigraphy
	<input type="checkbox"/> Administer, score and interpret polysomnograms (including sleep stage scoring)
	<input type="checkbox"/> Maintenance of wakefulness testing (MWT)
	<input type="checkbox"/> Monitoring with interpretation of EKG, EEG, EOG, EMG+, Flow, O2 saturation, leg movements, thoracic and abdominal movement, CPAP/BiPAP titration
<input type="checkbox"/> Multiple sleep latency testing (MSLT)	
<input type="checkbox"/> Oximetry in the clinical assessment of sleep disorders	

FPPE (Dept. Chair to select)

<input type="checkbox"/>	Three retrospective case reviews.
<input type="checkbox"/>	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 emotional 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

WH

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Washington Hospital Medical Staff

2000 Mowry Avenue • Fremont, CA 94538
 (510) 818-7446 • Fax (510) 792-0795
 Washington Township Hospital District

Teleradiology

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.**

Facilities
<input checked="" type="checkbox"/> WH

Required Qualifications	
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Licensure	Licensed M.D. or D.O.
Membership	Meet all requirements for medical staff membership as Courtesy members.
Education/Training	Completion of an ACGME or AOA accredited Residency training program in Radiology-Diagnostic.
Continuing Education	Applicant must attest to having completed 50 AMA PRA Category I CME credits within the previous 24 months directly related to the practice of diagnostic - radiology teleradiology (waived for applicants who have completed residency training during the previous 24 months).
Certification	Current certification through American Board of Radiology or Diagnostic Radiology by the American Osteopathic Board of Radiology in Diagnostic Radiology. Exceptions to this requirement can be found in Bylaws Section 2.2-2
Clinical Experience	Applicant must be able to provide documentation of provision of diagnostic - radiology

- (Initial)** teleradiology services (at least 500 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 diagnostic - radiology teleradiology services (at least 500 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.
AND Active/Provisional Staff Only: Of the 500 procedures, 10 must be performed for Washington Hospital Healthcare System and/or the Washington Outpatient Surgery Center.
- Additional Qualifications** Other than the Teleradiology Core, applicants for Teleradiology do not qualify to apply for Core privileges in the Department of Radiology.

Teleradiology	
Description: The transmission imaging from the location where the patient is being seen to a remote location for the purposes of interpretation and/or consultation by a physician at the remote location.	
Request	<p style="text-align: center;">Check the Request checkbox to select all privileges listed below.</p> <p style="text-align: center;">Uncheck any privileges you do not want to request in that group.</p>
WH	<p><input type="checkbox"/> - Currently Granted privileges</p>
Interpret	
<input type="checkbox"/>	Interpretation of routine imaging, including bone density scans, fluoroscopy, x-rays
<input type="checkbox"/>	Interpretation of ultrasounds
<input type="checkbox"/>	Interpretation of CT (computed-tomography), CTA (computed-tomography angiography), including coronary.
<input type="checkbox"/>	Interpretation of MRI
<input type="checkbox"/>	Interpretation of Nuclear Medicine studies

FPPE (Dept. Chair to select)	
WH	
<input type="checkbox"/>	Six retrospective case reviews of a variety of cases within the Core.
<input type="checkbox"/>	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 emotional 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

WH

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Memorandum

DATE: June 26, 2023

TO: Washington Township Health Care District Board of Directors

FROM: Kimberly Hartz, Chief Executive Officer
Thomas McDonagh, Vice President and Chief Financial Officer

SUBJECT: Retirement Plan and OPEB Funding Policy Updates

Attached for your consideration are Resolutions No. 1252 and No. 1253 regarding the funding policy for the Washington Township Health Care District Retirement Plan (Pension) and the Other Post-Employment Benefits Plan (OPEB). The existing funding policy for these two Plans requires updating to provide appropriate detail and direction to our actuary in order to determine the District's Actuarial Determined Contribution (ADC).

The main financial objective of the two Plans, a defined benefit pension plan, and a retiree medical supplemental plan, is to fund the long-term costs of retirement benefits and mitigate the amount of medical costs in retirement for eligible Plan participants. This is accomplished through a systematic and disciplined accumulation of resources (contributions and related investment earnings) sufficient to pay benefits to the Plans' participants over their respective lifetimes.

The District previously adopted Governmental Accounting Standards Board Statement Number 68 (GASB 68) for the Plan's pension obligations and adopted Governmental Accounting Standards Board Statement Number 75 (GASB 75) for the Plan's OPEB obligations. Both of these standards are designed to improve accounting and financial reporting with respect to these type of benefits. GASB 68 and GASB 75 require a funding policy to establish minimum standards for the funding of each of the respective Plans, Pension and OPEB by the District.

Additionally, the Plan's actuary requires WHHS to select a funding policy in order for them to properly determine how to measure the Plan's funded status and compute the ADC for the respective Plans each year.

The District previously adopted a funding policy for both the Pension and OPEB plans, which the actuary used to determine the ADC for these Plans in prior years.

The actuary for the Plans, following discussion with the Finance team, is now recommending, based on industry standards, that the existing funding policies for the Pension and OPEB Plans be enhanced by utilizing both:

- (i) a five-year asset smoothing method to determine the actuarial value of the Plan's assets and;
- (ii) a 20-year layered level dollar amortization of actuarial gains and losses.

It is therefore recommended that the Board of Directors approve Resolutions No. 1252 and No. 1253.

**RESOLUTION NO. 1252
OF THE
BOARD OF DIRECTORS OF THE
WASHINGTON TOWNSHIP HEALTH CARE DISTRICT
RETIREMENT PLAN FUNDING POLICY**

WHEREAS, the Washington Township Health Care District (District) maintains the Washington Township Health Care District Retirement Plan (Plan) for employees and retirees pursuant to section 401(a) of the Internal Revenue Code.

WHEREAS, the main financial objective of the Plan, a defined benefit pension plan, is to fund the long-term costs of defined benefits to Plan participants through a systematic and disciplined accumulation of resources (contributions and related investment earnings) that are sufficient, on an actuarially determined basis, to pay promised benefits to Plan participants over their lifetimes.

WHEREAS, the District has adopted Governmental Accounting Standards Board Statement Number 68 (GASB 68), designed to improve accounting and financial reporting by State and local governments with respect to pension benefits such as those provided under the Plan.

WHEREAS, GASB 68 requires a funding policy to establish minimum standards for the funding of the Plan's pension obligations by the District.

WHEREAS, the Plan's actuary also requires a funding policy in order for the Plan's actuary to determine how to measure the Plan's funded status and to compute the Actuarial Determined Contribution (ADC) for the Plan for each year.

WHEREAS, the District previously adopted a funding policy for the Plan that the Plan's actuary has reviewed and utilized to determine the ADC for the Plan for prior years.

WHEREAS, the Plan's actuary is now recommending that the existing funding policy be enhanced by the utilization of both (i) a five-year asset smoothing method to determine the actuarial value of the Plan's assets and (ii) a 20-year layered level dollar amortization of actuarial gains and losses.

WHEREAS, the District understands the rationale behind each of these techniques and wishes to implement these techniques by adopting a revised funding policy for the Plan.

NOW THEREFORE, the District hereby adopts this resolution implementing a revised Retirement Plan Funding Policy and directing the Chief Executive Officer and the Chief Financial Officer to take the appropriate steps to fully implement the intent of this Resolution.

The District believes that its funding policy, as generally described below, and its implementation satisfy the requirements of both GASB 68 and the Plan's actuary by addressing the following general policy objectives:

- Ensure pension funding is based on actuarially determined contributions;
- Build funding discipline into the policy to ensure that promised benefits can be paid; and
- Require clear reporting to show how and when pension plans will be adequately funded.

The key indicator of future contributions is based on professional, actuarial-based judgment applied to projected cash flows from contributions made by the District as the contributing entity and the contributions made by employees who are subject to the California Public Employees' Pension Reform Act of 2013 (PEPRA). The District expects to achieve that goal by earning its assumed rate of return over the long-term, prudently managing its liabilities and depending on consistent payment of required contributions. Efforts will be made to keep the District's pension contributions relatively stable from year to year. Pension costs will be allocated and spent from assets of the Plan. In determining the ACD for the Plan each year, the Plan's actuary will utilize both (i) a five-year asset smoothing method to determine the actuarial value of the Plan's assets and (ii) a 20-year layered level dollar amortization of actuarial gains and losses.

The Chief Financial Officer and the Plan's actuary are authorized and directed to take the steps that are necessary or appropriate to address any matters that arise in connection with the implementation of this policy in a manner that is consistent with and furthers the goals of this policy. This policy will be reviewed annually by the Chief Financial Officer, who shall periodically report on the funded status of the Plan and the implementation of this policy to the Chief Executive Officer, the Board of Directors, or both, as requested. In addition, to help offset related risks, efforts will be made to provide a reasonable margin for adverse experience.

PASSED AND ADOPTED by the Board of Directors of the WASHINGTON TOWNSHIP HEALTH CARE DISTRICT this 28th day of June, 2023, by the following vote:

AYES:

NOES:

ABSENT:

BERNARD STEWART, DDS
President of the Washington Township
Health Care District Board of Directors

JEANNIE YEE
Secretary of the Washington Township
Health Care District Board of Directors

DRAFT

**RESOLUTION NO. 1253
OF THE
BOARD OF DIRECTORS OF THE
WASHINGTON TOWNSHIP HEALTH CARE DISTRICT**

OTHER POST-EMPLOYMENT BENEFITS FUNDING POLICY

WHEREAS, the Washington Township Health Care District (District) maintains the Washington Township Health Care District Other Post-Employment Benefits Plan (Plan) for employees and retirees pursuant to section 106 of the Internal Revenue Code.

WHEREAS, the main financial objective of the Plan, is to provide retirement benefits other than pension benefits (i.e. other post-employment benefits or OPEB), to fund the long-term costs of accrued benefits to Plan participants through a systematic and disciplined accumulation of resources (contributions and related investment earnings) in an established OPEB Trust that are sufficient, on an actuarially determined basis, to pay promised benefits to Plan participants.

WHEREAS, the District has the option, at its discretion, to pay the benefit costs directly from the operations of the District and not pay the costs directly from the OPEB Trust.

WHEREAS, the District has adopted Governmental Accounting Standards Board Statement Number 75 (GASB 75), designed to improve accounting and financial reporting by State and local governments with respect to other post-employment benefits such as those provided under the Plan.

WHEREAS, GASB 75 requires a funding policy to establish minimum standards for the funding of the Plan's benefit obligations by the District.

WHEREAS, the Plan's actuary also requires a funding policy in order for the Plan's actuary to determine how to measure the Plan's funded status and to compute the Actuarial Determined Contribution (ADC) for the Plan for each year.

WHEREAS, the District previously adopted a funding policy for the Plan that the Plan's actuary has reviewed and utilized to determine the ADC for the Plan for prior years.

WHEREAS, the Plan's actuary is now recommending that the existing funding policy be enhanced by the utilization of both (i) a five-year asset smoothing method to determine the actuarial value of the Plan's assets and (ii) a 20-year layered level dollar amortization of actuarial gains and losses.

WHEREAS, the District understands the rationale behind each of these techniques and wishes to implement these techniques by adopting a revised funding policy for the Plan.

NOW THEREFORE, the District hereby adopts this resolution implementing a revised OPEB Funding Policy and directing the Chief Executive Officer and the Chief Financial Officer to take the appropriate steps to fully implement the intent of this Resolution.

The District believes that its funding policy, as generally described below, and its implementation satisfy the requirements of both GASB 75 and the Plan's actuary by addressing the following general policy objectives:

- Ensure OPEB funding is based on actuarially determined contributions;
- Build funding discipline into the policy to ensure that promised benefits can be paid; and
- Require clear reporting to show how and when OPEB plans will be adequately funded.

The key indicator of future contributions is based on professional, actuarial-based judgment applied to projected cash flows from contributions made by the District as the contributing entity. The District expects to achieve that goal by earning its assumed rate of return over the long-term, prudently managing its liabilities and depending on consistent payment of required contributions. Efforts will be made to keep the District's OPEB contributions relatively stable from year to year. OPEB costs will be allocated and spent from the OPEB Trust. In determining the ACD for the Plan each year, the Plan's actuary will utilize both (i) a five-year asset smoothing method to determine the actuarial value of the Plan's assets and (ii) a 20-year layered level dollar amortization of actuarial gains and losses.

The Chief Financial Officer and the Plan's actuary are authorized and directed to take the steps that are necessary or appropriate to address any matters that arise in connection with the implementation of this policy in a manner that is consistent with and furthers the goals of this policy. This policy will be reviewed annually by the Chief Financial Officer, who shall periodically report on the funded status of the Plan and the implementation of this policy to the Chief Executive Officer, the Board of Directors, or both, as requested. In addition, to help offset related risks, efforts will be made to provide a reasonable margin for adverse experience.

PASSED AND ADOPTED by the Board of Directors of the WASHINGTON TOWNSHIP HEALTH CARE DISTRICT this 28th day of June, 2023, by the following vote:

AYES:

NOES:

ABSENT:

BERNARD STEWART, DDS
President of the Washington Township
Health Care District Board of Directors

JEANNIE YEE
Secretary of the Washington Township
Health Care District Board of Directors