



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, September 13, 2023 – 6:00 P.M.

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

<https://zoom.us/j/99404056281?pwd=OGVDR3ZPaml3VjhGMGxLSFllldU9XUT09>

Passcode: 086293

Board Agenda and Packet can be found at:

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

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

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

B. Written

IV. CONSENT CALENDAR

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.

Bernard Stewart, DDS
Board President

A. Consideration of Minutes of the Regular Meetings of the District Board: August 9, 21, 23 & 28, 2023

Motions Required

B. Consideration of Medical Staff: Family Medicine Privileges

C. Consideration of Medical Staff: Anesthesiology Privileges

- D. Consideration of Medical Staff: Pain Medicine Privileges
- E. Consideration of Medical Staff: Pediatric Privileges
- F. Consideration of Medical Staff: Pediatric Cardiology Privileges
- G. Consideration of Medical Staff: Pediatric Allergy Privileges
- H. Consideration of Medical Staff: Pediatric Surgery Privileges
- I. Consideration of Medical Staff: Special Privilege: Insertion of Acute Peritoneal Dialysis Catheters
- J. Consideration of Medical Staff: Special Privilege: Management of Plasmapheresis
- K. Consideration of Medical Staff: Gynecology Privileges
- L. Consideration of Medical Staff: Maternal and Fetal Medicine Privileges
- M. Consideration of Medical Staff: Certified Nurse Midwife Privileges
- N. Consideration of Medical Staff: Robotic-assisted Surgery Privileges
- O. Consideration of Medical Staff: Cardiac Surgery Privileges
- P. Consideration of Medical Staff: Vascular Surgery Privileges
- Q. Consideration of Medical Staff: Thoracic Surgery Privileges
- R. Consideration of Medical Staff: Orthopaedic Surgery Privileges
- S. Consideration of Medical Staff: Urology Privileges

- T. Consideration of Medical Staff: Neurosurgery Privileges
- U. Consideration of Medical Staff: Surgery of the Hand Privileges
- V. Consideration of Medical Staff: Oral and Maxillofacial Surgery Privileges
- W. Consideration of Medical Staff: Neuroradiologic Interventional Privileges
- X. Consideration of Medical Staff: Special Privilege: Aquablation Procedure
- Y. Consideration of Medical Staff: Policy: Medication Shortages

V. PRESENTATIONS

PRESENTED BY:

- A. American Heart Association Awards: Get with the Guidelines Stroke Award & Mission Lifeline STEMI Award
Joanne Pineda, Representative
American Heart Association
- B. WHEA: 2023 Don Pickinpaugh Scholarship Award
Shirley Ehrlich
WHEA President
- C. Community Support Services Overview
Tina Nunez
Vice President of Ambulatory and Administrative Services

Kayla Gupta
Community Outreach Manager
- D. Construction Update
Ed Fayen
Executive Vice President
& Chief Operating Officer

VI. REPORTS

- A. Medical Staff Report
Mark Saleh, MD
Chief of Medical Staff
- B. Service League Report
Sheela Vijay
Service League President

- | | |
|--|--|
| C. Quality Report: 2023 Influenza Prevention Program | Analyynn Cisneros
Quality Manager |
| | Dianne Martin, MD
Chair, Antimicrobial Stewardship
Program |
| D. Finance Report | Thomas McDonagh
Vice President & Chief Financial
Officer |
| E. Hospital Operations Report | Kimberly Hartz
Chief Executive Officer |
| F. Healthcare System Calendar Report | Kimberly Hartz
Chief Executive Officer |

VII. ACTION

VIII. ANNOUNCEMENTS

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.

A meeting of the Board of Directors of the Washington Township Health Care District was held on Wednesday, August 9, 2023 in the Board Room at 2000 Mowry Avenue, Fremont and Zoom access was provided. Director Stewart called the meeting to order at 6:00 p.m. and led those in attendance of the meeting in the Pledge of Allegiance.

CALL TO ORDER

PLEDGE OF ALLEGIANCE

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

ROLL CALL

Absent: Michael Wallace

Also present: Kimberly Hartz; Tina Nunez; Tom McDonagh; Terri Hunter; Larry LaBossiere; Paul Kozachenko; Cheryl Renaud; Shirley Ehrlich

Guests: Angus Cochran; Lauren Lucas, RN; Donald Pipkin; Dia Walrath; Erica Luna; Gisela Hernandez; Jerri Randrup; Jeffrey Sahrbeck; Robert Junqua; Kristin Ferguson, RN; Mary Bowron, RN; Michelle Hudson; Roy Coloma, RN; Sheela Vijay; Mark Saleh, MD; Lisel Wells; Marcus Watkins; John Zubiena; Melissa Garcia; Nick Legge; John Lee

Director Stewart welcomed any members of the general public to the meeting.

OPENING REMARKS

Director Stewart noted that Public Notice for this meeting, including Zoom information, was posted appropriately on our website. This meeting was recorded for broadcast at a later date.

The following individuals commented: Jahnell Shaw; Nicole Levya; Donna Mapp; Jessica Ulloa

*COMMUNICATIONS:
ORAL*

The District Clerk reported that there was a Written Communication received from Mabel Lam of CNA and it was provided to the Board Members.

*COMMUNICATIONS:
WRITTEN*

Director Stewart presented the Consent Calendar for consideration:

CONSENT CALENDAR

- A. Consideration of Minutes of the Regular Meetings of the District Board: July 12, 17, 24 & 26, 2023
- B. Consideration of Capital Equipment: Stryker Hospital Beds & Gurneys
- C. Consideration of Capital Purchase: Heat Exchanger Rebuild

Director Nicholson moved that the Board of Directors approve the Consent Calendar, Items A through C. Director Eapen seconded the motion.

Roll call was taken:

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

Motion Approved.

Kimberly Hartz, Chief Executive Officer, introduced Roy Coloma, Staff Nurse III PICC RN, who presented “Preventing CLABSI by Monitoring Chlorhexidine Bath Compliance”.

*PRESENTATION:
PREVENTING CLABSI
BY MONITORING
CHLORHEXIDINE
BATH COMPLIANCE*

Roy Coloma detailed how Washington Hospital Healthcare System addresses Central Line Associated Blood Stream Infections (CLABSI) to continually improve the safety of our patients. In October 2017, the customized Central Venous Catheter (CVC) dressing kit was developed. By implementing this and rolling out a “Buddy System” for dressing change audits, the rate of infection has decreased. The Standard Infection Rate (SIR) has decreased house wide from 1.752 in FY 2018 to 1.075 in FY 2021. Education is conducted during In-Service, Huddles, Unit Based Councils and included with New Hire & New Grad Demonstrations. In monitoring the Chlorhexidine (CHG) Bath Compliance, which started in October of 2021, the Goal for FY22 is set at <0.67. With the inter-professional teamwork including Nursing Leadership, Physicians, Pharmacy, Materials Management, Information Services, Infection Prevention, Education and Frontline Staff, Washington Hospital has been CLABSI free for 446 days.

Dr. Mark Saleh, Chief of Staff, reported that there are 595 Medical Staff members, including 340 active members.

*MEDICAL STAFF
REPORT*

Sheela Vijay, the Service League President, reported for July that there were 224 members of the Service League who contributed 2,884 hours to the Hospital. In March of 2020, there were 588 Active Volunteers. As of July 2023, there is now a total of 516 active volunteers.

*SERVICE LEAGUE
REPORT*

As Sheela’s goal to orient herself with each different assignment of Volunteers, this past month she shadowed Bentley, a four-legged volunteer who has volunteered since June of 2021, with his human partner, Ken Carlson. Currently, there are 7 WOOF therapy dogs in the program that provide a unique experience to our patients.

Mary Bowron, Chief Quality Officer, presented the Quality Dashboard for the quarter ending June 30, 2023, comparing WHHS statistics to State and National Benchmarks. There were zero Hospital Acquired MSRA in the past quarter, which was lower than the 0.62 predicted number of infections. We had zero Catheter Associated Urinary Tract Infections (CAUTI), which was lower than the 0.988 predicted number of infections; zero Central Line Bloodstream Infections

*QUALITY REPORT:
QUALITY DASHBOARD
Q/E JUNE 2023*

(CLABSI), which was lower than the 1.705 predicted number of infections; zero Surgical Site Infection (SSI) following Colon Surgery, which was lower than the 0.306 predicted number of infections. We had zero SSI following Abdominal Surgery, which was lower than the 0.137 predicted number of infections, and two hospital-wide Clostridium Difficile (C.diff) infections, which was lower than the 8.412 predicted number of infections. Hand Hygiene was at 86%.

Moderate fall with injury rate was lower than national rate for the quarter at 0.19. Hospital Acquired Pressure Ulcer rate of 0% was lower than the national rate of 1.83% this past quarter.

The 30-day readmission rate for AMI discharges was above the CMS national benchmark (17.6% versus 15%) and a higher percent of 30-day Medicare pneumonia readmissions, compared to the CMS national benchmark (21.2% versus 14.8%). 30-day Medicare Heart Failure readmissions were higher (25% versus 19.8%) than the CMS benchmark. 30-day Medicare Chronic Obstructive Pulmonary Disease (COPD) readmission rate was higher than the CMS benchmark (15% versus 19.8%). The 30-day Medicare CABG readmission rate was lower (0% versus 11.9%) than the CMS benchmark. 30-day Medicare Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) was lower than the CMS benchmark (0% versus 4.1%).

Tom McDonagh, Vice President & Chief Financial Officer, presented the Finance Report for June 2023. The average daily inpatient census was 153.6 with admissions of 858 resulting in 4,607 patient days. Outpatient observation equivalent days were 281. The average length of stay was 5.40 days. The case mix index was 1.488. Deliveries were 124. Surgical cases were 385. The Outpatient visits were 8,649. Emergency visits were 4,683. Cath Lab cases were 150. Joint Replacement cases were 170. Neurosurgical cases were 25. Cardiac Surgical cases were 8. Total FTEs were 1,408.1. FTEs per adjusted occupied bed were 6.36.

FINANCE REPORT

Kimberly Hartz, Chief Executive Officer, presented the Hospital Operations Report for July 2023. Preliminary information for the month indicated total gross revenue at approximately \$193.8 million against a budget of \$206.3.

*HOSPITAL
OPERATIONS REPORT*

The Average Length of Stay was 5.46. The Average Daily Inpatient Census was 152.3. There were 10 discharges with lengths of stay greater than 30 days, ranging from 31-99. Still in house at the end of July were 3 patients with length of stays of over 30 days and counting.

There were 4,722 patient days. There were 460 Surgical Cases and 149 Cath Lab cases at the Hospital. It was noted that there were 49 cases at the Peninsula Surgery Center in July.

Deliveries were 108. Non-Emergency Outpatient visits were 8,242. Emergency Room visits were 4,883. Total Government Sponsored Preliminary Payor Mix was

Board of Directors' Meeting

August 9, 2023

Page 4

71.9%, against the budget of 71.7%. Total FTEs per Adjusted Occupied Bed were 5.94. The Washington Outpatient Surgery Center had 493 cases and the clinics had approximately 14,768 visits.

There were \$375K in charity care adjustments in July.

August Employee of the Month: Zubieda Ramya, Certified Nurse Assistant on 4W.

*EMPLOYEE OF THE
MONTH*

Past Health Promotions & Community Outreach Events:

HOSPITAL CALENDAR

- Thursday Evenings, June 29-August 10: Fremont Summer Concert Series at Central Park Performance Pavilion at Lake Elizabeth
- July 16: WHHS participating in the Mariachi in the Park Festival
- June 21: WHEA organized the CleanStart Mobile Unit Clothing Drive Collection
- July 26: WHHS hosted "Simply the Best" Joint Commission Thank You Celebration
- July 26: Atrial Fibrillation: Symptoms and Treatment Options
- July 29: Road to Wellness: Family Health Fair
- Ongoing Every Monday, Wednesday, Friday, WHHS Food & Nutrition Services contributes to the Daily Bowl Food Donation of excess food products.

Upcoming Health Promotions & Community Outreach Events:

- August 10: Final Fremont Summer Concert Series
- August 12: Bay Area Community Health Ohana Health Fair
- August 14: Nutrition for Healthy Aging at Acacia Creek
- August 15: Welcome Teacher Day at Washington West
- August 16: Heart-Healthy Cooking Made Easy on Facebook Live and YouTube
- August 19: WHHS Health Education Booth at Federation of Indo-Americans' Festival of Globe in Central Fremont
- August 29: Medicare: What You Need to Know in the Anderson Auditorium and Facebook Live and YouTube
- August 31: Dr. Seema Sehgal presents "Understanding Anxiety & Depression" at the Niles Rotary Club
- September 7: Alisa Curry presents "Staying Active as you Age" at Acacia Creek

The Washington Hospital Healthcare Foundation continues to plan for the 37th Annual Top Hat Gala, scheduled for Saturday, October 14, 2023. This year's Top Hat will be a return to traditions of year's past with a lively garden cocktail reception, an elegant seated 3-course meal, a live dinner show... and more! Proceeds from this year's gala will support the expansion of the UCSF-Washington Cancer Center. Invitations will be mailed in late August.

In accordance with District Law, Policies and Procedures, Dr. Nicholson moved for adoption of Resolution No. 1254 whereby the Board of Directors approve the key terms of a Tentative Agreement to be incorporated into a new Memorandum of Understanding by and between the designated representative of Washington Hospital, that being the Chief Executive Officer and the ILWU Local 6, a recognized majority representative under the terms of Board Resolution 331A.

*ACTION ITEM:
CONSIDERATION OF
RESOLUTION No. 1254:
MEMORANDUM OF
UNDERSTANDING
BETWEEN
WASHINGTON
HOSPITAL AND LOCAL
6*

Roll call was taken:

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

Motion approved.

Director Stewart stated: *“Tonight, we have two separate action items regarding the potential issuance of revenue bonds and general obligation bonds by the District. Representatives from our Bond Counsel firm, Lisel Wells and Dia Walwrath, Nixon Peabody LLP, and our financial advisor, KaufmanHall, Jeff Sahrbeck, are present and available to answer any questions regarding these items.*

*ACTION ITEM:
CONSIDERATION OF
RESOLUTION NO. 1255:
APPROVING THE
ISSUANCE OF AND
DETERMINING TO
PROCEED WITH THE
NEGOTIATED SALE OF
CERTAIN REVENUE
BONDS OF THE
DISTRICT IN AN
AGGREGATE
PRINCIPAL AMOUNT
NOT TO EXCEED
\$40,000,000,
APPROVING THE
EXECUTION AND
DELIVERY OF A
SUPPLEMENTAL
INDENTURE, A
CONTINUING
DISCLOSURE
AGREEMENT, A
PRELIMINARY
OFFICIAL STATEMENT
AND CERTAIN OTHER
ACTIONS RELATED
THERE TO*

Item VII., B. on the Agenda, Resolution No. 1255, entitled “Resolution of the Board of Directors of the Washington Township Health Care District approving the issuance and sale of and determining to proceed with the negotiated sale of certain Revenue Bonds of the District in an aggregate principal amount not to exceed \$40,000,000, approving the execution and delivery of a Supplemental Indenture, a Continuing Disclosure Agreement, a Preliminary Official Statement and certain other actions related thereto.” Approval by 4/5 of the Members of the Board is required in order to proceed with the issuance of said Bonds.

Director Stewart asked if there were any comments from the Members of the Board. There were no questions or comments regarding this Resolution from the Board.

Director Stewart asked if there were any comments from the members of the public. There were no questions or comments regarding this Resolution from the public.

Dr. Nicholson moved for approval of Resolution No. 1255. Director Yee seconded the motion.

Roll call was taken:

Bernard Stewart, DDS – aye
William Nicholson, MD – aye

Jacob Eapen, MD – aye
Michael Wallace – absent
Jeannie Yee – aye

Motion Approved.

Item VII., C. on the Agenda, Resolution No. 1256, entitled “Resolution of the Board of Directors of Washington Township Health Care District authorizing the issuance and determining to proceed with negotiated sale of certain General Obligation Bonds of the District in an aggregate principal amount not to exceed \$125,000,000, and approving certain other matters relating to the Bonds.” Approval of a majority of the Members of the Board is required in order to proceed with the issuance of said Bonds.

*ACTION ITEM:
CONSIDERATION OF
RESOLUTION NO. 1256:
AUTHORIZING THE
ISSUANCE AND
DETERMINING TO
PROCEED WITH
NEGOTIATED SALE OF
CERTAIN GENERAL
OBLIGATION BONDS
OF THE DISTRICT IN
AN AGGREGATE
PRINCIPAL AMOUNT
NOT TO EXCEED
\$125,000,000, AND
APPROVING CERTAIN
OTHER MATTERS
RELATING TO THE
BONDS*

Director Stewart asked if there were any comments from the Members of the Board. There were no questions or comments regarding this Resolution from the Board.

Director Stewart asked if there were any comments from the members of the public. There were no questions or comments regarding this Resolution from the public.

Dr. Nicholson moved for approval of Resolution No. 1256. Director Eapen seconded the motion.

Roll call was taken:

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

Motion Approved.

There were no announcements.

ANNOUNCEMENTS

There being no further business, Director Stewart adjourned the meeting at 7:39 p.m.

ADJOURNMENT

Bernard Stewart, DDS
President

Jeannie Yee
Secretary

Board of Directors' Meeting

August 21, 2023

Page 1

A regular meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, August 21, 2023 in the Board Room at 2000 Mowry Avenue, Fremont and Zoom access was provided. Director Stewart called the meeting to order at 6:00 p.m. and led those present in the Pledge of Allegiance.

CALL TO ORDER

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

ROLL CALL

Also present: Kimberly Hartz; Tom McDonagh; Tina Nunez; Terri Hunter; Ed Fayen; Paul Kozachenko; John Zubiena; Cheryl Renaud; Shirley Ehrlich

Director Stewart welcomed any members of the general public to the meeting.

OPENING REMARKS

Director Stewart noted that Public Notice for this meeting, including Zoom information, was posted appropriately on our website. This meeting is being conducted in the Board Room and by Zoom.

The following persons commented: Graciela Mateo, Jahnell Shaw, Jessica Ulloa, Florian Capitulo, Letty Giacomazzi, Kim Lake, Fabrienne Ocampo and Jon Burdick

*COMMUNICATIONS
ORAL*

There were no Written Communications.

*COMMUNICATIONS
WRITTEN*

There were no Consent Calendar items for consideration.

CONSENT CALENDAR

There were no Action Items for consideration.

ACTION ITEMS

There were no announcements.

ANNOUNCEMENTS

Director Stewart adjourned the meeting to closed session at 6:39 p.m., as the discussion pertained to a Conference involving Trade Secrets pursuant to Health & Safety Code section 32106 (Strategic Planning Discussion). Director Stewart stated that the public has a right to know what, if any, reportable action takes place during closed session. Since this meeting was being conducted in the Board Room and via Zoom, there is no way of knowing when the closed session will end, the public was informed they could contact the District Clerk for the Board's report beginning August 22, 2023. The minutes of this meeting will reflect any reportable actions.

*ADJOURN TO CLOSED
SESSION*

Director Stewart reconvened the meeting to open session at 8:06 p.m. The District Clerk reported that there was no reportable action taken during closed session.

*RECONVENE TO OPEN
SESSION & REPORT ON
CLOSED SESSION*

There being no further business, Director Stewart adjourned the meeting at 8:06 p.m. *ADJOURNMENT*

Bernard Stewart, DDS
President

Jeannie Yee
Secretary

DRAFT

Board of Directors' Meeting

August 23, 2023

Page 1

A regular meeting of the Board of Directors of the Washington Township Health Care District was held on Wednesday, August 23, 2023 in the Board Room at 2000 Mowry Avenue, Fremont and Zoom access was provided. Director Stewart called the meeting to order at 6:00 p.m. and led those present in the Pledge of Allegiance.

CALL TO ORDER

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

ROLL CALL

Absent: Jacob Eapen, MD

Also present: Ed Fayen; Tom McDonagh; Larry LaBossiere; Terri Hunter; Paul Kozachenko; John Zubiena; Cheryl Renaud; Shirley Ehrlich

Director Stewart welcomed any members of the general public to the meeting.

OPENING REMARKS

Director Stewart noted that Public Notice for this meeting, including Zoom information, was posted appropriately on our website. This meeting is being conducted in the Board Room and by Zoom.

The following persons commented: Raymond Tam, Araceli Zavala, Sarah Pham, Emmanuel Rivera, Corrina Flores and Jessica Ulloa.

*COMMUNICATIONS
ORAL*

There were no Written Communications.

*COMMUNICATIONS
WRITTEN*

Dr. Stewart presented the Consent Calendar for consideration:

CONSENT CALENDAR

A. Consideration of Capital Equipment: 3 Philips EPIQ Elite Diagnostic Ultrasound Machines

Director Nicholson moved that the Board of Directors approve the Consent Calendar, Item A. Director Wallace seconded the motion.

Roll call was taken:

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

Motion Approved.

Director Nicholson moved to approve the purchase of the AquaBeam Machine for Aquablation Treatment.

*ACTION ITEM:
AQUABEAM MACHINE
FOR AQUABLATION
TREATMENT*

Roll call was taken:

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

Motion Approved.

There were no announcements.

ANNOUNCEMENTS

Director Stewart adjourned the meeting to closed session at 6:37 p.m., as the discussion pertained to reports regarding Medical Audit & Quality Assurance Matters pursuant to Health & Safety Code Sections 32155 and Conference involving Trade Secrets pursuant to Health & Safety Code section 32106. Director Stewart stated that the public has a right to know what, if any, reportable action takes place during closed session. Since this meeting was being conducted in the Board Room and via Zoom, there is no way of knowing when the closed session will end, the public was informed they could contact the District Clerk for the Board's report beginning August 24, 2023. The minutes of this meeting will reflect any reportable actions.

*ADJOURN TO CLOSED
SESSION*

Director Stewart reconvened the meeting to open session at 7:47 pm. The District Clerk reported that during the closed session, the Board approved the closed session meeting minutes of July 17 & 26, 2023 and the Medical Staff Credentials Committee Report by unanimous vote of all Directors present.

*RECONVENE TO OPEN
SESSION & REPORT ON
CLOSED SESSION*

There being no further business, Director Stewart adjourned the meeting at 7:48 pm.

ADJOURNMENT

Bernard Stewart, DDS
President

Jeannie Yee
Secretary

A regular meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, August 28, 2023 in the Board Room at 2000 Mowry Avenue, Fremont and Zoom access was provided. Director Stewart called the meeting to order at 7:30 a.m.

CALL TO ORDER

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

ROLL CALL

Attending Remote Via Zoom: Jeannie Yee

In conformance with District Board Policy Number A-017, Director Jeannie Yee provided a written request of "just cause" to attend this Board Meeting remotely by Zoom due to illness.

Also present: Kimberly Hartz; John Romano, MD; Kranthi Achanta, MD; Ranjana Sharma, MD; Brian Smith, MD; Shirley Ehrlich

Guests: Thomas McDonagh; Lisel Wells; Robert Junqua; Jeff Sahrbeck

There were no Oral communications.

COMMUNICATIONS:
ORAL

There were no Written communications.

COMMUNICATIONS
WRITTEN

Director Stewart stated: *"Today, we have an action item regarding the potential issuance of revenue bonds by the District. Representatives from our Bond Counsel firm, Lisel Wells, of Nixon Peabody LLP, and our financial advisor, KaufmanHall, Jeff Sahrbeck, and Investment Banker from BofA, Robert Junqua, are present and available to answer any questions regarding this item."*

SECOND READING
AND APPROVAL OF
ORDINANCE No. 2023-
01 REVENUE BONDS
SERIES A

Item IV. on the Agenda, Ordinance No. 2023-01, "Approving a Formal Agreement for the Private Sale of the Washington Township Health Care District Revenue Bonds, 2023 Series A." Approval by 4/5 of the Members of the Board is required in order to proceed with the issuance of said Bonds. This Ordinance was subject to public referendum in accordance with Section 32320 of the Health & Safety Code of the State of California and is now being returned for a second reading and confirmation by roll-call vote, following the expiration of 30 days.

Director Stewart asked if there were any comments from the Members of the Board. There were no questions or comments regarding this Ordinance from the Board.

Director Stewart also asked if there were any comments from the members of the public. There were no questions or comments regarding this Ordinance from the public.

Director Nicholson motioned for reapproval of Ordinance No. 2023-01, "Approving a Formal Agreement for the Private Sale of the Washington Township Health Care District Revenue Bonds, 2023 Series A."

Roll call was taken:

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

Motion approved.

Director Stewart adjourned the meeting to closed session at 7:36 a.m. as the discussion pertained to Medical Audit and Quality Assurance Matters pursuant to Health & Safety Code Section 32155.

ADJOURN TO CLOSED SESSION

Director Stewart reconvened the meeting to open session at 8:32 a.m. and reported that no reportable action was taken in closed session.

RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION

There being no further business, the meeting adjourned at 8:32 a.m.

ADJOURNMENT

Bernard Stewart, DDS
President

Jeannie Yee
Secretary



Memorandum

DATE: August 21, 2023
TO: Kimberly Hartz, Chief Executive Officer
FROM: Mark Saleh, MD, Chief of Staff
SUBJECT: MEC for Board Approval:

The Medical Executive Committee, at its meeting on August 21, 2023, approved the below-listed privileges:

1. Family Medicine Privileges
2. Anesthesiology Privileges
3. Pain Medicine Privileges
4. Pediatrics Privileges
5. Pediatric Cardiology Privileges
6. Pediatric Allergy Privileges
7. Pediatric Surgery Privileges
8. Special Privilege: Insertion of Acute Peritoneal Dialysis Catheters
9. Special Privilege: Management of Plasmapheresis
10. Gynecology Privileges
11. Maternal and Fetal Medicine Privileges
12. Certified Nurse Midwife Privileges
13. Robotic-assisted Surgery Privileges
14. Cardiac Surgery Privileges
15. Vascular Surgery Privileges
16. Thoracic Surgery Privileges
17. Orthopaedic Surgery Privileges
18. Urology Privileges
19. Neurosurgery Privileges
20. Surgery of the Hand Privileges
21. Oral and Maxillofacial Surgery Privileges
22. Neuroradiologic Interventional Privileges

Please accept this memorandum as a formal request for presentation to the Board of Directors for final approval of the attached above-listed privileges.



Washington Hospital Medical Staff

2000 Mowry Avenue • Fremont, California 94538 • 510.818.7446

Family 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

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 Family Medicine.
Continuing Education	Applicants must attest to having completed 50 AMA PRA Category I CME credits within the past 24 months directly related to the practice of family medicine (waived for applicants who have completed family medicine training during the previous 24 months).
Certification	Current certification through ABMS or AOA Board American Board of Family Medicine in Family Medicine. 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 family medicine services (at least 10 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 family medicine services (at least 10 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 10 procedures, 10 must be performed at Washington Hospital Healthcare System and/or the Washington Outpatient Surgery Center.

Consideration of Medical Staff:

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

Core Privileges in Family Medicine

Description: This listing includes procedures typically performed by physicians in this primary care specialty in the ambulatory and inpatient setting.

Request

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

<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 generalist/primary care consultation, medically manage, and treat adolescent and adult patients.
<input type="checkbox"/>	Evaluate, diagnose, provide generalist/primary care consultation, medically manage, and treat pediatric patients.
	Procedures
<input type="checkbox"/>	Local anesthetic techniques including regional nerve blocks, peripheral nerve blocks and trigger point injections
<input type="checkbox"/>	Arthrocentesis and joint injection
<input type="checkbox"/>	Perform simple skin biopsy or excision, skin tags, and cryosurgery.
<input type="checkbox"/>	Treatment of burns, superficial and partial thickness
<input type="checkbox"/>	(Uncomplicated) wound closure
<input type="checkbox"/>	Incision and drainage or aspiration of superficial soft tissue mass
<input type="checkbox"/>	Management of epistaxis including placement of posterior nasal hemostatic packing
<input type="checkbox"/>	Stabilization of non-displaced closed fractures and uncomplicated dislocations including skeletal immobilization techniques
<input type="checkbox"/>	Rhinolaryngoscopy
<input type="checkbox"/>	EKG interpretation
<input type="checkbox"/>	Remove non-penetrating foreign body from the eye, nose, or ear
<input type="checkbox"/>	Crede or suprapubic bladder tap
<input type="checkbox"/>	Skin tag removal
<input type="checkbox"/>	Cryo ablation of superficial lesions
<input type="checkbox"/>	Drainage of subungual hematoma (Trephination of nail (evacuation of subungual hematoma))
<input type="checkbox"/>	Manage Hyperalimantation
<input type="checkbox"/>	Nail removal
<input type="checkbox"/>	Cerumen removal
<input type="checkbox"/>	Removal of foreign body from ears
<input type="checkbox"/>	Excision cyst, lipoma, and superficial breast mass

<input type="checkbox"/>	Transfusion
<input type="checkbox"/>	Endotracheal intubation
<input type="checkbox"/>	Attendance at anticipated normal newborn deliveries
<input type="checkbox"/>	Care of stable neonate in the newborn nursery including the performance of history and physical examination.
<input type="checkbox"/>	Circumcision
<input type="checkbox"/>	Management of pre-natal care in patients with or without complicating factors of pregnancy. Including multiple birth.
<input type="checkbox"/>	Management of pre-term, term and post-term labor and delivery. Including multiple birth.
<input type="checkbox"/>	Management of post-partum care in patients who have had C-sections or complications during delivery.
<input type="checkbox"/>	Consultative management of fetal demise
Gynecology and Reproductive Health	
<input type="checkbox"/>	Pap smear and endocervical culture
<input type="checkbox"/>	Biopsy of cervix, endometrium
<input type="checkbox"/>	Excision/biopsy of vulvar lesions
<input type="checkbox"/>	IUD placement and removal

FPPE	
<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 Privilege: Care of Sick Newborns	
Description:	
Qualifications	
Qualifications	Licensed M.D., D.O.
Training	Completion of an approved residency program in Family Practice with board certification as outlined in the Credentialing Policy 2.A.1.p
Experience (Initial)	Performance of a minimum of five cases in the previous two years. Satisfactory completion of a Neonatal Resuscitation Certification course as recommended by the American Academy of Pediatrics and American Heart Association and recertification every two years.
Proctoring	See Department Manual.
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> <p><input type="checkbox"/> - Currently Granted privileges</p>
Procedures	
<input type="checkbox"/>	Care of sick newborn

Special Privilege: Exercise Treadmill

Description:

Qualifications

Certification Current Advanced Life Support certification as recommended by the American Heart Association. Certification must be maintained while holding this privilege.

Clinical Experience (Initial) Applicant must be able to provide documentation of provision of family medicine services (at least 10 cases) representative of the scope and complexity of the privileges requested within 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.

- Currently Granted privileges

Procedures

Exercise treadmill

Special Privilege: Family Medicine - Obstetrics (Uncomplicated) Privileges

Description: Provide care to women throughout the course of normal pregnancy, labor, and delivery.

Qualifications

Education/Training	Confirmation from program director that residency training included a minimum of 12 weeks rotation in obstetrics.
Certification	Current certification in ALSO (Advanced Life Support Obstetrics) or NRP (Neonatal Resuscitation Program) sponsored by a national organization offering resuscitation courses using scientific program oversight, based on ILCOR CoSTR and including cognitive and "hands-on" education and terminal evaluation.
Clinical Experience (Initial)	Management of deliveries during the previous 24 months OR management of cases during the previous 24 month period reflective of the scope of privileges requested if delivery privileges are not requested. OR Completion of residency training in family medicine during the previous 12 months and confirmation from program director that the family physician managed deliveries during residency program.
Clinical Experience (Reappointment)	Management of deliveries during the previous 24 months OR management of cases during the previous 24 month period reflective of the scope of privileges requested if delivery privileges are not requested.
Additional Qualifications	Must qualify for and be granted primary privileges in Family Medicine in order to qualify for OB privileges.

Request

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

<input type="checkbox"/>	Management of pre-natal care in healthy women where a normal term single birth delivery is the expected outcome including the use of OB ultrasound for fetal position and presentation.
<input type="checkbox"/>	Management of post-partum care.
	Procedures
<input type="checkbox"/>	Oxytocin challenge test
<input type="checkbox"/>	Management of normal labor (not less than 36 weeks or more than 42 weeks) where vertex delivery of a single normal newborn is the expected outcome including the use of fetal monitoring.
<input type="checkbox"/>	Amniotomy
<input type="checkbox"/>	Episiotomy and repair of 3rd degree lacerations
<input type="checkbox"/>	Manual removal of placenta, post-delivery
<input type="checkbox"/>	Act as first assist at C-sections

FPPE

<input type="checkbox"/>	Five retrospective chart reviews chosen to represent a diversity of obstetrical conditions and management challenges.
<input type="checkbox"/>	Concurrent review of 1 delivery.
<input type="checkbox"/>	Obtain feedback from Nurse Manager, Obstetrics

Special Privilege: Bone Marrow Aspiration

Description: Aspiration and/or biopsy of bone marrow.

Qualifications

- Qualifications** M.D., D.O.
- Training** Board eligible or certified M.D., D.O., with experience and training in an accredited Family Practice residency program.
- Clinical Experience (Initial)** Performance of a minimum of two cases in the previous two years
- Proctoring** Two cases proctored concurrently.
- Recredentialing** Reappointment will be based on performing a minimum of two cases in the last two years.

Request

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

- Aspiration of bone marrow
- Biopsy of bone marrow

Special Privilege: Breast Biopsy

Description: Aspiration of breast cyst, excisional biopsy and/or excision including skin lesions, cysts, lipoma, and superficial breast mass

Qualifications

- Training** Board eligible or certified M.D., D.O., with experience and training in an accredited Family Practice residency program.
- Clinical Experience (Initial)** Performance of a minimum of 10 cases in the previous two years
- Proctoring** One case proctored concurrently.

Request

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

- Aspiration of breast cyst
- Excisional biopsy and/or excision including skin lesions, cysts, lipoma, and superficial breast mass

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

Anesthesiology

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	Applicants must attest to having completed 50 AMA PRA Category I CME credits within the prior 24 months directly related to the practice of anesthesiology services (waived for applicants who have completed training during the previous 24 months).
Education/Training	Completion of an ACGME or AOA accredited Residency training program in Anesthesiology.
Certification	Current certification through ABMS of AOA Board American Board of Anesthesiology in Anesthesiology. 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 anesthesiology services (at least 200 of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested within the previous 24 months.

Clinical Experience (Reappointment)

Applicant must be able to provide documentation of provision of anesthesiology services (at least 200 of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested within the previous 24 months.

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

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

Core Privileges in Anesthesiology

Description: An anesthesiologist is a physician who provides anesthesia for patients undergoing surgical, obstetric, diagnostic or therapeutic procedures while monitoring the patient's condition and supporting vital organ functions. The anesthesiologist also diagnoses and treats acute, chronic and/or cancer pain as well as provides resuscitation and medical management for patients with critical illnesses and severe injuries.

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

- Currently Granted privileges

- Assessment of, consultation for, and preparation of patients for anesthesia including performance of history and physical examination
- Delivery of anesthetic care and medical management of patients during the peri-operative period who are under physical and/or emotional stress and who may require specialized techniques
- Anesthetic management for patients immediately following anesthesia, including the direct care of patients in the post-anesthesia care unit, management of pain, hemodynamic changes, emergencies related to the post-anesthesia care unit, and critically-ill patients
- Clinical management and supervision of cardiac and pulmonary resuscitation.
- Procedures**
- Supervise and administer general anesthesia
- Supervise and administer regional anesthesia
- Supervise and administer anesthesia for patients undergoing cardiac and/or lung transplantation
- Management of cardiopulmonary bypass (CPB) and intra-aortic balloon counterpulsation
- Airway maintenance including intubation, laryngoscopy and fiberoptic bronchoscopy directed at airway patency
- Arterial line placement
- Central venous catheter placement
- Lumbar drain placement
- Pulmonary artery catheters
- Insertion of temporary pacemaker for life-threatening arrhythmias

FPPE

HM	
<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: Cardiothoracic Anesthesiology Privileges

Description: An anesthesiologist who specializes in Adult Cardiac Anesthesiology have expertise in the imaging, diagnosis, physiology, pharmacology and management of adults with advanced cardiac disease. Their practice includes medical and periprocedural care for patients with disease of the heart and great blood vessels, including diagnostic, surgical, minimally invasive and transcutaneous procedures that may require cardiopulmonary bypass or other mechanical circulatory assistance.

Qualifications

Education/Training	Completion of an ACGME fellowship training program in Adult Cardiothoracic Anesthesiology
Additional Criteria for Placement/Management of Coronary Sinus Catheter (CSC)	Completion of manufacturer designated training to include or be followed by (n) supervised cases on human subjects that were successfully performed as an independent operator. Practitioners who completed training greater than 12 months ago must provide documentation of ongoing clinical practice and an authoritative reference attesting to clinical competence. AND Concurrent privileges in TEE and authorization to utilize fluoroscopy.
Clinical Experience - Initial Privileges	Applicant must provide documentation of provision of clinical 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 privileges requested during the previous 24 months.
Additional Qualifications	Must qualify for and be granted primary privileges in anesthesiology.

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>
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WH	<input type="checkbox"/> - Currently Granted privileges
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Evaluation, Management, and Procedures	
<input type="checkbox"/>	Advanced-level perioperative transesophageal echocardiography (TEE)
<input type="checkbox"/>	Non-invasive cardiovascular evaluation, including electrocardiography, transthoracic echocardiography, cardiovascular imaging
<input type="checkbox"/>	Percutaneous placement and management of coronary sinus catheter under image guidance for purpose of cardioplegia

FPPE

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H/H	
<input type="checkbox"/>	Retrospective evaluation of a minimum of 2 cases of anesthesia performed for cardiothoracic cases in the OR. Focus of review will be evaluation of patient, formulation and implementation of anesthesia plan, documentation.
<input type="checkbox"/>	Reference from a cardiac surgeon who works with the privilege holder.

Special Privileges: Transesophageal Echocardiography (TEE)

Description: Placement of the transesophageal probe, image acquisition and interpretation.

Qualifications

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

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>
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H/H	<input type="checkbox"/> - Currently Granted privileges
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Procedures

<input type="checkbox"/>	Transesophageal Echocardiography (TEE) including probe placement, image acquisition and interpretation.
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FPPE

H/H	
<input type="checkbox"/>	One direct observation case review.
<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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Pain 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

WH

Required Qualifications

Membership	Meet all requirements for medical staff membership.
Education/Training	Completion of an ACGME or AOA accredited Residency training program in Pain Medicine OR Completion of an ACGME or AOA accredited Fellowship training program in Pain Medicine
Certification	Current certification through ABMS or AOA Board in primary specialty. 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 pain management services (at least 20 procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested within the previous 24 months.
Clinical Experience (Reappointment)	Applicant must be able to provide documentation of provision of pain management services (at least 20 procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested within 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.
Qualifications	Licensed M.D. or D.O. AND Qualified practitioners within the Department of Anesthesiology, or Physical Medicine and Rehabilitation or Interventional Radiology or the Department of Medicine may apply for

privileges contained in this document. No other specialists are eligible to apply.

Core Privileges in Pain Medicine	
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>
W/H	<p><input type="checkbox"/> - Currently Granted privileges</p>
Management and Evaluation	
<input type="checkbox"/>	Admit to inpatient or appropriate level of care
<input type="checkbox"/>	Conduct a psychiatric history with special attention to psychiatric and pain comorbidities
<input type="checkbox"/>	Conduct a mental status examination
<input type="checkbox"/>	Conduct a neurological examination to include cranial nerves, motor, sensory, reflex, cerebellum examination and gait
<input type="checkbox"/>	Order and interpret electro-diagnostic studies
<input type="checkbox"/>	Perform a comprehensive musculoskeletal and neuromuscular history and examination with emphasis on structure and function as applied to diagnosis of acute and chronic pain problems and development of rehabilitation programs
<input type="checkbox"/>	Perform history and physical examination (for inpatient admission)
Procedures	
<input type="checkbox"/>	Arthrocentesis, aspiration and/or injection, with or without image guidance
<input type="checkbox"/>	Cervical nerve root injections
<input type="checkbox"/>	Cervical or paravertebral sympathetic (autonomic) nerve blocks
<input type="checkbox"/>	Chemical neuromuscular denervation (e.g., Botox injection)
<input type="checkbox"/>	Discography and intradiscal/percutaneous disc treatments
<input type="checkbox"/>	Differential spinals and epidurals
<input type="checkbox"/>	Epidural and intrathecal injections
<input type="checkbox"/>	Fluoroscopic imaging
<input type="checkbox"/>	Injection of joint or bursa
<input type="checkbox"/>	Facet and medial branch blocks with or without imaging guidance
<input type="checkbox"/>	Intradiscal electrothermal therapy (IDET) or Intradiscal electrothermal annuloplasty (IDTA)
<input type="checkbox"/>	Lumbar and thoracic nerve root injections
<input type="checkbox"/>	Minimally Invasive Lumbar Decompression (MILD) procedure
<input type="checkbox"/>	Neuroablative procedures (cryo, chemical, and radiofrequency)
<input type="checkbox"/>	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter)
<input type="checkbox"/>	Percutaneous radiofrequency ablation (thermal destruction) of basivertebral nerve, including imaging guidance

<input type="checkbox"/>	Peripheral nerve block (plexus, nerve, or branch)
<input type="checkbox"/>	Percutaneous therapeutic discal injections including allograft injection
<input type="checkbox"/>	Percutaneous discectomy
<input type="checkbox"/>	Trigger point injection(s)

FPPE	
HM	
<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

Special Privileges: Neurolytic Techniques

Description:

Qualifications

Education/Training	Completion of an ACGME or AOA accredited Fellowship in Pain Medicine which involved direct training and experience in these procedures. OR Applicant must be able to provide proof documentation of appropriate training through a course approved by the American Board of Anesthesiology, Physical Medicine and Rehabilitation or Interventional Radiology involving direct experience with these procedures.
Clinical Experience (Initial)	Applicant must be able to provide documentation of provision of pain medicine procedures (4 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 pain medicine procedures (4 cases) representative of the scope and complexity of the privileges requested during the previous 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>
	<p><input type="checkbox"/> - Currently Granted privileges</p>

Procedures	
<input type="checkbox"/>	Neurolytic techniques including chemical and radiofrequency treatment for pain, peripheral and cranial nerve blocks and ablations, radiofrequency ablative procedures.

FPPE	
HM	
<input type="checkbox"/>	Four direct observation case reviews.

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

Special Privileges: Spinal Cord Stimulator Implantation

Description:

Qualifications

Continuing Education Applicant must provide documentation of having completed a course approved for CME credit, which includes both academic instruction and hands-on training. Documentation of CME is not required if the applicant provided documentation of experience in implantation of pain control pumps in a training program.

Certification Pathway 1 - Current certification through ABMS or AOA Board American Board of Anesthesiology in Anesthesiology, or Physical Medicine and Rehabilitation or Interventional Radiology. Exceptions to this requirement can be found in the Credentialing Policy 2.A.1.p.
OR Pathway 2 - Current certification through ABMS or AOA Board American Board of Surgery in Surgery. Exceptions to this requirement can be found in the Credentialing Policy 2.A.1.p.
OR Pathway 3 - Provide documentation of equivalent training.

Clinical Experience (Initial) Applicant must be able to provide documentation of current privileges for Surgery, Anesthesia, Interventional Radiology or Physical Medicine & Rehabilitation within the previous 24 months.
OR If applicant is unable to meet activity requirements, see Continuing Education requirements. If those requirements are met, this requirement will not apply.
AND Applicant must be able to provide documentation of spinal cord stimulator implantation (at least 6 cases) under the supervision of a physician who has privileges to implant spinal cord stimulators at this or another hospital.

Clinical Experience (Reappointment) Applicant must be able to provide documentation of provision of pain management services (at least 3 cases) with spinal cord stimulator implantation.

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

Implant Spinal Cord Stimulator

FPPE

WH

A minimum of three direct observation cases of spinal cord stimulator implantation.

Proctors must have spinal cord stimulator privileges, either at WHHS or another hospital.

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

Special Privileges: Intrathecal Pump and Catheters

Description:

Qualifications

Continuing Education

Applicant must provide documentation of having completed a course approved for CME credit, which includes both academic instruction and hands-on training. Documentation of CME is not required if the applicant provided documentation of experience in implantation of pain control pumps in a training program.

Certification

Pathway 1 - Current certification through ABMS or AOA Board American Board of Anesthesiology in Anesthesiology, or Physical Medicine and Rehabilitation or Interventional Radiology. Exceptions to this requirement can be found in the Credentialing Policy 2.A.1.p.

OR Pathway 2 - Current certification through ABMS or AOA Board American Board of Surgery in Surgery. Exceptions to this requirement can be found in the Credentialing Policy 2.A.1.p.

OR Pathway 3 - Provide documentation of equivalent training.

Clinical Experience (Initial)

Applicant must be able to provide documentation of current privileges for Surgery, Anesthesia, Interventional Radiology or Physical Medicine & Rehabilitation within the previous 24 months.

OR If applicant is unable to meet activity requirements. See Continuing Education requirements. If those requirements are met, this requirement will not apply.

OR Applicant must be able to provide documentation of intrathecal pump implantation (at least 6 cases) under the supervision of a physician who has privileges to implant intrathecal pumps at this or another hospital.

Clinical Experience (Reappointment)

Applicant must be able to provide documentation of provision of pain management services (at least 3 cases) with intrathecal pump implantation.

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 (This listing includes major types of colon and rectal surgery procedures. Other procedures that are extensions of the same techniques and skills may also be performed.)

Implantation of intrathecal pumps and catheters; Placement of permanent spinal drug delivery systems.

FPPE

WH

A minimum of three direct observation cases of intrathecal pump implantation.

Proctors must have intrathecal pump implantation privileges, either at WHHS or another hospital.

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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Pediatrics

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

Qualifications	Licensed M.D. or D.O.
Membership	Meet all requirements for medical staff membership
Education/Training	Completion of an approved residency training program in Pediatrics approved by the American Board of Pediatrics and Board certification as outlined in the Medical Staff Bylaws
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 pediatrics (waived for applicants who have completed training during the previous 24 months).
Certification	Current certification through ABMS or AOA Board American Board of Pediatrics in Pediatrics or a sub-board of Pediatrics. 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 pediatric services (at least 10 cases or 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 pediatric services (at least 10 cases or procedures of a variety of procedures within the core) representative of the scope and complexity of the privileges requested during the previous 24 months. AND Active/Provisional Active Staff Only: Of the 10 cases or procedures, the 10 submitted 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 Pediatrics

Description: Pediatricians practice the specialty of medical science concerned with the physical, emotional, and social health of children from birth to young adulthood. Pediatric care encompasses a broad spectrum of health services ranging from preventive health care to the diagnosis and treatment of acute and chronic diseases. Pediatricians understand the many factors that affect the growth and development of children. They understand that children are not simply small adults. Children change rapidly, and they must be approached with an appreciation for their stage of physical and mental development.

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

Cognitive

Admit to inpatient or appropriate level of care, rounding and discharge

Perform history and physical examination

Consultation anywhere in the hospital

Evaluate, diagnose, provide consultation, medically manage, and provide primary care, treatment or services, and health promotion to patients from birth to young adulthood presenting with various acute and chronic diseases, disorders, and conditions.

Care and management of newborn in the normal newborn nursery

Procedures

Anterior nasal cautery and/or packing to control nasal hemorrhage (epistaxis)

Arterial puncture for arterial blood gas (ABG) sampling

Arthrocentesis, aspiration and/or injection, knee, with or without image guidance

Attend delivery of anticipated normal newborn and assume care

Immobilization of simple fractures by casting or splinting and sprains by splinting

Catheterization of umbilical vein for diagnosis or therapy

Circumcision of infant less than 1 month of age (corrected for prematurity) with or without use of local anesthetic

Destruction of benign lesion (wart)

Excision of lingual frenum (frenectomy)

Removal of non-penetrating foreign body from the eye, ear, or nose

Removal of skin tag(s)

Skin excision, including biopsy and lesion removal

Suprapubic bladder aspiration for infants greater than 2500 grams

Trephination, avulsion, or excision of nail, partial or complete

Treatment of partial thickness burns

<input type="checkbox"/>	Wound care, incision and drainage of abscess, simple debridement, aspiration, wound closure, and local anesthetic techniques
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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 Privilege: Care of Sick Newborns

Description: Evaluate, diagnose, provide consultation, treat and manage sick infants as well as evaluation and management of the high risk pregnancy.

Qualifications

Education/Training	Completion of an approved residency program in Pediatrics with Board certification as outlined in the Credentialing Policy 2.A.1.p.
Clinical Experience (Initial)	Applicant must be able to provide documentation of provision of pediatric services (at least 10 cases or procedures) 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 pediatric services (at least 10 cases or procedures) representative of the scope and complexity of the privileges requested during the previous 24 months.
Additional Qualifications	Satisfactory completion of Neonatal Resuscitation Certification course as recommended by the American Academy of Pediatrics and American Heart Association and recertification every two years.

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 (includes neonatal intensive care unit)
<input type="checkbox"/>	Perform history and physical examination
<input type="checkbox"/>	Evaluate, diagnose, treat and provide care to newborns, presenting with severe and complex life-threatening problems such as respiratory failure, shock, congenital abnormalities and sepsis.
<input type="checkbox"/>	Provide consultation to mothers with high risk pregnancies
	Procedures
<input type="checkbox"/>	Attendance at both normal newborn and high risk deliveries
<input type="checkbox"/>	Management of airway including endotracheal intubation
<input type="checkbox"/>	Insertion and management of UAC, UVC and peripheral artery catheterization
<input type="checkbox"/>	Peripheral insertion of central venous catheter (PICC) placement

<input type="checkbox"/>	Ventilator management - all modes (including continuous positive airway pressure)
<input type="checkbox"/>	Thoracentesis
<input type="checkbox"/>	Thoracostomy tube placement
<input type="checkbox"/>	Paracentesis
<input type="checkbox"/>	Pericardiocentesis
<input type="checkbox"/>	Suprapubic bladder aspiration
<input type="checkbox"/>	Lumbar puncture
<input type="checkbox"/>	Exchange transfusion
<input type="checkbox"/>	Manage Hyperalimentionation
<input type="checkbox"/>	High flow nasal cannula

FPPE	
H/W	
<input type="checkbox"/>	One retrospective case review.
<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

Pediatric Cardiology

Delineation of Privileges

Applicant's Name: ,

Instructions:

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

Notes:

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

Facilities

WH

Required Qualifications

Education/Training	Completion of an ACGME accredited residency training program in Pediatrics AND Completion of an ACGME accredited fellowship training program in Pediatric Cardiology
Certification	Current certification through ABMS or AOA Board American Board of Pediatrics in Pediatric Cardiology. 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 pediatric cardiology services (at least 20 cases or 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 pediatric cardiology services (at least 20 cases or 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 cases or procedures, 10 of the cases or procedures 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.

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 pediatric cardiology (waived for applicants who have completed training during the previous 24 months).

Core Privileges in Pediatric Cardiology

Description: Evaluate, diagnose, provide consultation, treat and provide comprehensive care to patients with cardiovascular problems, including congenital and rheumatic disease.

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
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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 pediatric patients with cardiovascular complaints. Privilege holder may also provide clinical services to young adults with congenital heart problems persisting into adulthood. Privileges include medical management of general medical conditions which are encountered in the course of caring for the cardiovascular patient.
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Procedures - Non-Invasive (includes interpretation where applicable)

<input type="checkbox"/>	Cardioversion
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<input type="checkbox"/>	Cardiopulmonary resuscitation
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<input type="checkbox"/>	Transthoracic echocardiography
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<input type="checkbox"/>	Electrocardiograms including holter
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<input type="checkbox"/>	Electrophysiology testing
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<input type="checkbox"/>	Exercise and pharmacologic stress testing
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Procedures - Invasive (includes interpretation where applicable)

<input type="checkbox"/>	Angiography, venography, fistulography and lymphangiography
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<input type="checkbox"/>	Arterial, central and pulmonary artery catheter placement
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<input type="checkbox"/>	Diagnostic cardiac catheterization
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<input type="checkbox"/>	Pacemaker implantation
--------------------------	------------------------

<input type="checkbox"/>	Pericardiocentesis
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<input type="checkbox"/>	Therapeutic cardiac catheterization
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<input type="checkbox"/>	Thoracentesis
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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 (including data from cath lab, if cardiac cath privileges are granted)

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



Washington Hospital Medical Staff

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Pediatric Allergy

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 Pediatrics.. AND Completion of an ACGME or AOA accredited Fellowship training program in Allergy and Immunology.
Certification	Board certification as outlined in the Credentialing Policy 2.A.1.p.
Clinical Experience (Initial)	Applicant must be able to provide documentation of provision of pediatric allergy services (at least 10 cases or 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 pediatric allergy services (at least 10 cases or procedures of a variety of procedures within the core) representative of the scope and complexity of the privileges requested during the previous 24 months.

AND Active/Provisional Active Staff Only: Of the 10 cases or procedures, the 10 cases or procedures 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 Pediatric Allergy	
Description: Provide treatment or consultative services to patients up to the 18th Birthday including admission, work-up diagnosis, procedures, and medical care to correct various illnesses or conditions within allergy subspecialty.	
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
Evaluation and Management	
<input type="checkbox"/>	Admit to inpatient or appropriate level of care
<input type="checkbox"/>	Development of plans for short-term and long-term medical management
<input type="checkbox"/>	Order diagnostic studies and tests, including utilization of current diagnostic procedures of pediatric allergy that involve radiology, including ultrasonography, CT scanning and MRI
<input type="checkbox"/>	Perform history and physical examination
Procedures	
<input type="checkbox"/>	Prick and intradermal skin testing

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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Pediatric Surgery
Delineation of Privileges

Applicant's Name: ,

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Primary Privileges* or a Privilege Cluster.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign form electronically and submit with any required documentation.

Facilities

WH

Required Qualifications

- Membership** Meet all requirements for medical staff membership.
- Continuing Education** Applicant must have 50 Category I CME credits directly related to the practice of pediatric surgery in the previous 24 months.
OR Applicant must be active in the MOC (maintenance of certification) program in pediatric surgery.
- Education/Training** Completion of an ACGME accredited Residency training program in Surgery-General.
AND Completion of an ACGME accredited Fellowship training program in Pediatric Surgery
- Certification** Current certification in Surgery by the American Board of Surgery or American Osteopathic Board of Surgery as outlined in the Medical Staff Bylaws.
- Clinical Experience (Initial)** Applicant must be able to provide documentation of provision of pediatric surgery services of at least 100 cases of a variety of procedures within the Core in the previous two years.
- Clinical Experience (Reappointment)** Applicant must be able to provide documentation of provision of pediatric surgery services of at least 20 cases of a variety of procedures within the Core in the previous two years.
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.

Primary Privileges

Diagnosis, preoperative, operative, and postoperative management of surgical problems in children and adolescents.

Request	Request all privileges listed below. Click the top checkbox to Request all. Uncheck any privileges you do not want to request.
	<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, consult, and provide pre- and post-operative care to pediatric and adolescent patients, to surgically correct or treat various conditions, diseases, disorders, and injuries. May also provide care to young adults where they are continuing patients in the pediatric surgeon's practice and to adult patients with congenital conditions or pediatric conditions that persist into adulthood.

<input type="checkbox"/>	Soft Tissue Surgery
<input type="checkbox"/>	Incision of cutaneous, subcutaneous tissue.
<input type="checkbox"/>	Head and Neck Procedures
<input type="checkbox"/>	Head and neck surgery including: incision/excision of brachial cleft cysts and sinuses, thyroglossal duct cyst, benign or malignant lesions of the scalp or neck
<input type="checkbox"/>	Thoracic Procedures
<input type="checkbox"/>	Tube thoracostomy
<input type="checkbox"/>	Abdominal and Rectal Procedures
<input type="checkbox"/>	Surgery of the stomach and the intestines including: intestinal resection/anastomosis/enterostomy; gastrostomy; appendectomy (including laparoscopic)
<input type="checkbox"/>	Surgery on the abdomen and peritoneum including: exploratory laparotomy; repair of inguinal hernia; repair of abdominal hernia
<input type="checkbox"/>	Surgery on the liver: cholecystectomy (including laparoscopic).
<input type="checkbox"/>	Urinary, Reproductive Tract and Genital Surgery
<input type="checkbox"/>	Circumcision and orchidopexy
<input type="checkbox"/>	Miscellaneous Procedures
<input type="checkbox"/>	Lymph node biopsy or excision

FPPE	
WH	
<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

Acknowledgment of Applicant

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

A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff 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.

Practitioner's Signature _____ WH

Department Chair Recommendation - Privileges

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

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

2000 Mowry Avenue • Fremont, California 94538 • 510.818.7446

Special Privilege: Insertion of Acute Periotneal Dialysis Catheters

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	Licenses M.D. or D.O.
Education/Training	Successful completion of an approval fellowship in Nephrology
Experience (Initial)	Satisfactory performance of a minimum of eight (8) cases in the previous two years.
Proctoring	Proctorship of the first two (2) cases (whenever possible) by a physician with unrestricted privileges.
Recredentialing	Performance of a minimum of four (4) cases in the previous two years.

Core Privileges in Special Privilege: Insertion of Acute Periotneal Dialysis Catheters

Description: Evaluate, diagnose, provide consultation, treat and manage patients with chronic and/or acute diseases of the lungs and airways.

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>
	Insertion of Acute Periotneal Dialysis Catheters
	<input type="checkbox"/> Insertion of Acute Periotneal Dialysis Catheters

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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Special Privilege: Management of Plasmapheresis

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	Licenses M.D. or D.O.
Education/Training	Completion of an ACGME or AOA accredited Residency training program in Internal Medicine.
Experience (Initial)	Satisfactory performance of a minimum of eight (8) cases in the previous two years.
Proctoring	Proctorship of the first two (2) cases (whenever possible) by a physician with unrestricted privileges.
Recredentialing	Performance of a minimum of four (4) cases in the previous two years.

Special Privilege: Management of Plasmapheresis

Description: Evaluate, diagnose, provide consultation, treat and manage patients with chronic and/or acute diseases of the lungs and airways.	
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	<input type="checkbox"/> - Currently Granted privileges
Management of plasmapheresis	
<input type="checkbox"/>	Management of plasmapheresis

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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Gynecology

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.
Certification	Board Certified as outlines in the Medical Staff Bylaws.
Clinical Experience (Initial)	Performance of a minimum of 25 cases of a variety of the procedures within the core in the last two years.
Clinical Experience (Reappointment)	In addition to meeting the qualifications for reappointment stated in the Medical Staff bylaws and Policies and procedures, the member must provide documentation of performance of at least 25 of a variety of the procedures within the core in the previous two years

Primary Privileges in Gynecology

Evaluate, diagnose, provide consultation, treat and provide both surgical and non-surgical management of the reproductive and genitourinary health of female patients.

Qualifications

Additional Qualifications for Laparoscopic Radiofrequency Ablation of Leiomyoma

Practitioners who want to qualify for laparoscopic removal of uterine leiomyoma with radiofrequency ablation must complete manufacturer designated or sponsored training that included or was followed by supervised cases on human subjects.

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>
	<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 non-operative management of reproductive health and genitourinary system. Including non-surgical treatment of injuries and disorders of the mammary glands.
	Procedures
<input type="checkbox"/>	Paracervical or pudendal block
<input type="checkbox"/>	Marsupialization or excision of Bartholin cyst or abscess
<input type="checkbox"/>	Soft tissue biopsy of the genital-urinary tract or incidental biopsy of other lesions encountered in the course of a gynecologic procedure
<input type="checkbox"/>	Excision or ablation (excluding laser) of lesion on the external genitalia, vagina or cervix
<input type="checkbox"/>	Simple vulvectomy
<input type="checkbox"/>	Hymenotomy
<input type="checkbox"/>	Dilatation and curettage
<input type="checkbox"/>	Cold-knife conization or LEEP
<input type="checkbox"/>	Colpotomy, culdocentesis
<input type="checkbox"/>	Colpocleisis
<input type="checkbox"/>	Colposcopy
<input type="checkbox"/>	Colpectomy, partial or complete
<input type="checkbox"/>	Hysterectomy, abdominal, total or subtotal with or without BSO
<input type="checkbox"/>	Hysterectomy, vaginal, with or without BSO
<input type="checkbox"/>	Myomectomy via laparotomy
<input type="checkbox"/>	Amputation of cervix with colporrhaphy (Manchester Procedure)
<input type="checkbox"/>	Colporrhaphy for urethrocele, cystocele, or rectocele
<input type="checkbox"/>	Fistula repair: recto- and vesico-vaginal
<input type="checkbox"/>	Repair of enterocele
<input type="checkbox"/>	Abdominal retropubic urethropexy (Burch; Marshall-Marchetti-Krantz, etc.)
<input type="checkbox"/>	Elective termination of pregnancy (1st trimester)
<input type="checkbox"/>	Cystoscopy as part of a gynecologic procedure
<input type="checkbox"/>	Laparoscopy (diagnostic)

<input type="checkbox"/>	Hysteroscopy (diagnostic)
<input type="checkbox"/>	Basic Operative Laparoscopy including treatment of endometriosis; assisted vaginal hysterectomy of uteri anticipated to be less than 12 weeks gestational size); salpingectomy; salpingostomy; salpingo-oophorectomy; lysis of adhesions; myomectomy (pedunculated myoma); and ovarian cystectomy.
<input type="checkbox"/>	Basic Operative Hysteroscopy including polypectomy; removal of IUD, incision of mild type 1 adhesions; resection of submucous myomas; resectoscopic endometrial ablation; global endometrial ablation; and hysteroscopic tubal sterilization.
<input type="checkbox"/>	Incidental hernia repair (umbilical, incisional, ventral)
<input type="checkbox"/>	Advanced Operative Laparoscopy including urethropexy (e.g. Burch); enterocele repair; vaginal vault suspension (sacrocolpopexy, utero-sacral ligament fixation); total/subtotal hysterectomy; assisted vaginal hysterectomy of uteri anticipated to be greater than 12 weeks gestational size; myomectomy (intramural, subserosal); presacral neurectomy; and tubal reanastomosis.
<input type="checkbox"/>	Advanced Operative Hysteroscopy including the following procedures and other procedures that are extensions of the same techniques and skills: incision of uterine septum; incision of moderate to severe (type 2-3) intrauterine adhesions.
<input type="checkbox"/>	Bladder suspension
<input type="checkbox"/>	Vaginal suspension

FPPE

<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.

Special Privilege: Use of a Laser

Description: A variety of laser wavelengths and laser delivery systems may be used medically to cut, coagulate, vaporize or remove tissue. The majority of "laser surgeries" actually use the laser device in place of other tools such as scalpels, electrosurgical units, cryosurgery probes or microwave devices to accomplish a standard procedure.

Qualifications

Additional Qualifications	Unrestricted Specialty Core required to apply for this privilege.
Education/Training	Applicant must be able to provide documentation of participations in at least 10 hours of residency or post-graduate education concerning laser physics, indications, equipment use, and complications. Should also have hands on application of the laser.
Clinical Experience (Initial)	Applicant must be able to provide documentation of provision of surgery services (at least 5 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 surgery services (at least 3 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.

- Currently Granted privileges

Procedure(s)

<input type="checkbox"/>	Use of lasers.
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FPPE

<input type="checkbox"/>	Two direct observation case reviews.
<input type="checkbox"/>	Evaluation of OPPE date collected for review of competency/performance.

Special Privileges: Use of Argon Beam Laser

Description: A variety of laser wavelengths and laser delivery systems may be used medically to cut, coagulate, vaporize or remove tissue. The majority of "laser surgeries" actually use the laser device in place of other tools such as scalpels, electrosurgical units, cryosurgery probes or microwave devices to accomplish a standard procedure.

Qualifications

Education/Training	Completion of an approved residency program including training in Argon Beam Laser. OR Completion of an educational course specific to lasers deemed appropriate by the Department of Ob/Gyn and three (3) cases performed as part of the course or subsequent to the course at another license accredited facility or at WHHS with another physician holding the same unrestricted privilege.
Clinical Experience (Initial)	None
Clinical Experience (Reappointment)	None
Additional Qualifications	Gynecology Core 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>
	<input type="checkbox"/> - Currently Granted privileges
	Procedure(s)
<input type="checkbox"/>	Use of Argon Beam Laser

FPPE

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

Special Privileges: Laparoscopic Bladder Suspension

Description:

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Qualifications

Qualifications	Applicant must hold unrestricted Gynecology Core Privileges
Education/Training	Completion of an approved residency program including training in Laparoscopic Bladder Suspension. OR Completion of an educational course specific to lasers deemed appropriate by the Department of Ob/Gyn and three (3) cases performed as part of the course or subsequent to the course at another license accredited facility or at WHHS with another physician holding the same unrestricted privilege.
Clinical Experience (Initial)	See training above
Clinical Experience (Reappointment)	Four (4) cases every two years.

Request

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

Procedure(s)

Laparoscopic Bladder Suspension

FPPE

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

Special Privileges: Use of Morcellator System

Description: Laparoscopic Morcellator

Qualifications

Qualifications	Applicant must hold unrestricted Gynecology Core Privileges to request this privilege.
Continuing Education	Applicant must be able to provide documentation of proof of completion of an educational course and certification in an approved course for use of the Morcellator deemed appropriate by the Department of Ob/Gyn.
Clinical Experience (Initial)	Applicant must be able to provide documentation of proof of completion of an educational course and certification in an approved course for use of the Morcellator deemed appropriate by the Department of Ob/Gyn.
Clinical Experience (Reappointment)	Applicant must be able to provide documentation of provision of gynecology services (at least 4 cases) representative of the scope and complexity of the privileges requested within the previous 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>
	<input type="checkbox"/> - Currently Granted privileges
Procedure(s)	
<input type="checkbox"/>	Currently NOT AVAILABLE since May 2014 due to the administrative decision after recent FDA STATEMENT in April 2014

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

Special Privileges: Laparoscopic Lymph Node Dissection	
Description:	
Qualifications	
Qualifications	Gynecology Core Privileges
Training	<p>Completion of an approved residency program including training in laparoscopic lymph node dissection.</p> <p>OR Completion of an educational course specific to this procedure deemed appropriate by the Department of OB/Gyn and three cases performed as part of the course or subsequent to the course at another licensed accredited facility or at Washington Hospital with another physician holding the same unrestricted privilege.</p>
Proctoring	Three cases at Washington Hospital
Recredentialing	Four cases every two years.
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>
	<input type="checkbox"/> - Currently Granted privileges
Procedure(s)	
<input type="checkbox"/>	Laparoscopic Lymph Node Dissection

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

Maternal and Fetal 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

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 Maternal and Fetal Medicine.
Certification	Board Certified as outlined in the Credentialing Policy 2.A.1.p
Clinical Experience (Initial)	Applicant must be able to provide documentation of provision of maternal fetal medicine (at least 25 cases/procedures representative of the scope and complexity of the privileges requested within the previous 24 months.
Clinical Experience (Reappointment)	In addition to meeting the qualifications for reappointment stated in the Medical Staff Bylaws and Polices and Procedures, the member must provide documentation of performance of a minimum of 25 of a variety of the procedures within the core in the previous two years.

Core Privileges in Maternal and Fetal Medicine

Description: Evaluate, diagnose, provide consultation, treat and provide surgical and non-surgical management of reproductive health and pregnancy of female patients.

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"/>	Provide consultations and management of patient throughout hospitalization including management of pregnant patients including those with medical, surgical or obstetrical disorders of pregnancy, operative and post-operative care and complications for patients in any state of condition of pregnancy.
<input type="checkbox"/>	Order diagnostic studies and tests (including utilization of current diagnostic procedures of obstetrics and gynecology that involve radiology, including ultrasonography, CT scanning and MRI, and nuclear medicine) and interpret results with radiology assistance.
	Procedures
<input type="checkbox"/>	Interoperative support to obstetrician as request, including operative first assist
<input type="checkbox"/>	Chorionic villi sampling
<input type="checkbox"/>	Diagnostic Laparoscopy
<input type="checkbox"/>	Fetoscopy/Embryoscopy
<input type="checkbox"/>	Genetic Amniocentesis
<input type="checkbox"/>	In Utero Fetal Shunt Placement
<input type="checkbox"/>	Obstetrical diagnostic procedures including ultrasonography and other relevant imaging
<input type="checkbox"/>	Percutaneous umbilical blood sampling
<input type="checkbox"/>	Cerclage

FPPE	
WH	
<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.

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

Certified Nurse Midwife

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

Qualifications

Current licensure as a Registered Nurse in the State of California

AND Current licensure as a Nurse Midwife by the Board of Registered Nurses in the State of California.

AND Applicant must submit evidence of malpractice insurance with limits consistent with those required of Physicians practicing on this Medical Staff in the same area of specialty.

AND Applicant shall submit a copy of a written agreement between the Nurse Midwife and the supervising Physician, which (1) demonstrates compliance with Title 16, California Code of Regulations and (2) is signed by the primary supervising Physician, the alternate supervising Physician(s) and the Nurse Midwife.

AND In order to furnish controlled substances schedule II, III, IV and V, a CNM must register with the Drug Enforcement Agency (DEA), and obtain a DEA registration number in addition to their California furnishing number.

Membership

Meet all requirements for AHP staff membership.

Continuing Education

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

Education/Training

Completion of a Nurse Midwifery program approved by the American College of Nurse Midwives.

Certification

Current certification through American College of Nurse Midwives or the American Midwifery

Certification Board. Exceptions to this requirement can be found in the Credentialing Policy 2.A.1.p.

Clinical Experience (Initial)

Applicant must provide documentation of provision of clinical services 25 cases representative of the scope and complexity of the privileges requested during the previous year (waived for applicants who completed training with the past year)

Clinical Experience (Reappointment)

Applicant must provide documentation of provision of clinical services of 25 cases representative of the scope and complexity of privileges requested during the previous 24 months

CORE A Privileges - Certified Nurse Midwife

Description: Midwifery practice as conducted by certified nurse-midwives (CNMs) is centered on women's health care, focusing particularly on pregnancy, childbirth, the post partum period, and the family planning and gynecologic needs of women.

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>

Core A Privileges - Certified Nurse Midwife

- Perform physical assessment and evaluate health status of uncomplicated patients such as: Vaginal or Caesarean section post partum.
- Order labs or diagnostic testing as necessary in collaboration with supervising MD.
- Order pain management medications in collaboration with supervising MD
- Provide education, guidance and instructions to patient to facilitate post partum or post surgical healing.
- Identify and counsel patients who need closer follow-up with their PCP or OB/GYN and provide referrals.
- Provide discharge orders with instructions for follow up
- Document patient care in EPIC.

FPPE

- | | |
|--------------------------|---|
| WH | |
| <input type="checkbox"/> | Direct and concurrent supervision for the first 25 core privileges performed by the nurse midwife. This supervision shall be distributed between at least 5 different patients. |
| <input type="checkbox"/> | Evaluation of OPPE data collected for review of competency/performance. |

CORE B Privileges: Certified Nurse Midwife

Description:

Qualifications

Additional Qualifications Must possess Core A Privileges.

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
WH	Cognitive Obstetric
	<input type="checkbox"/> Admission and discharge of obstetrical patients (Write patient admission and/or discharge summary for review and co-signature by radiologist from RA privileges) <input type="checkbox"/> Management of a normal, spontaneous vaginal delivery, including antepartum and postpartum care (Management of single spontaneous vertex vaginal delivery and fetal monitoring including administration of local and pudendal blocks and augmentation of labor) <input type="checkbox"/> Local anesthesia (Administration of local anesthesia including basic blocks) <input type="checkbox"/> Perform and repair of episiotomy and 1st and 2nd degree lacerations <input type="checkbox"/> After Physician consultation may manage induction and augmentation of labor
WH	Obstetrical Procedures
	<input type="checkbox"/> Procedures for normal, non-emergent vaginal delivery.
	<input type="checkbox"/> Internal and external fetal monitor placement.
	<input type="checkbox"/> Pelvic Exams
	<input type="checkbox"/> Repair of episiotomy and 1st and 2nd degree lacerations

FPPE

WH	
	<input type="checkbox"/> Direct and concurrent supervision for the first 25 deliveries performed by the nurse midwife. This supervision shall be distributed between at least 5 different patients.
	<input type="checkbox"/> 6 months proctorship in addition to the first 25 deliveries. Proctorship charts to be reviewed by PM&M or special committee.
	<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

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Robotic Assisted Surgery

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

Education/Training

Completion of an ACGME or AOA accredited residency or fellowship training program in a surgical discipline.

AND Applicants applying for Robotic privileges should request privileges in the following category: Robotic Assisted Surgery procedures - AND - meet one of the following criteria:

1) Be a graduate of a residency program approved by the Residency Review Council of the ABMS with specific training in the robotic surgery system and a letter from the program director that he/she was adequately trained in the applied for procedure and have manufacturer's certification.

OR 2) Be currently privileged at Washington Hospital for rigid manufacturer's endoscopic privileges in their specialty (for example, arthroscopy for orthopedics, thoroscopy for cardiac surgery, laparoscopy for general surgery, etc.) and have manufacturer's certification.

Clinical Experience (Initial)

Applicant must provide documentation of performance of 10 procedures representative of the scope of privileges requested during the previous 24 months using the device type available at this organization (waived for applicants who met the above training requirements during the previous year).

Clinical Experience (Reappointment)

Applicant must provide documentation of performance of 10 procedures representative of the scope of privileges requested during the previous 24 months.

Robotic Assisted Surgery	
Description: Minimally invasive surgery assisted by a fully robotic surgery platform (i.e., daVinci, Senhance, etc).	
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
Use of Robotic Platform	
<input type="checkbox"/>	Robotic assisted surgery

FPPE	
WH	
<input type="checkbox"/>	Four cases by a surgeon who has appropriate privileges and manufacturer's certification

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

Cardiac Surgery

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

Qualifications	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 Thoracic Surgery. AND Completion of an ACGME or AOA accredited Fellowship training program in Cardiac Surgery.
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 cardiac surgery services (waived for applicants who have completed cardiac surgery training during the previous 24 months).
Certification	Current certification through ABMS or AOA Board American Board of Thoracic Surgery in Thoracic Surgery. Exceptions to this requirement can be found in the Credentialing Policy 2.A.1.p.
Clinical Experience	Applicant must be able to provide documentation of provision of cardiac surgery services (at

(Initial)

least 50 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 cardiac surgery services (at least 50 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 50 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 Cardiac Surgery	
Description: Diagnosis and preoperative, operative, and postoperative management of patients with pathologic conditions within the chest. Generally, this includes treatment of conditions of the heart, great vessels, lungs, chest wall and diaphragm.	
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>
W/H	<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, consult, and provide pre- and post operative surgical care, to correct or treat various conditions of the heart and related blood vessels within the chest including surgical care of coronary artery disease; abnormalities of the great vessels and heart valves; congenital anomalies of the heart.
<input type="checkbox"/>	Ventilator management, intubation and central and arterial line placement including pulmonary artery catheters
<input type="checkbox"/>	Level 1 Critical Care
<input type="checkbox"/>	Assist at Surgery
General Thoracic Procedures	
<input type="checkbox"/>	Exploratory thoracotomy w/wo biopsy
<input type="checkbox"/>	Chest wall surgery including excision of tumors, thoracostomy, chest wall resection and thoracoplasty including chest wall reconstruction
<input type="checkbox"/>	Diaphragmatic surgery
<input type="checkbox"/>	Mediastinal surgery including exploration, excision of mediastinal cysts and tumors; and ligation of thoracic duct and mediastinoscopy
<input type="checkbox"/>	Sympathectomy, thoracolumbar-thoracoscopic
<input type="checkbox"/>	Thoracic outlet decompression procedures
<input type="checkbox"/>	Use of thoracoscopy in a procedure where the applicant is a concurrent privilege holder
<input type="checkbox"/>	VATs procedures
<input type="checkbox"/>	Endoscopic procedures and instrumentation involving the esophagus and tracheobronchial tree
Lung and Airway Procedures	

<input type="checkbox"/>	Surgery of the lungs and pleura including thoracentesis; tube thoracostomy; aspiration biopsy; thoracotomy; decortication; pneumonectomy; and lobectomy (including wedge resection).
<input type="checkbox"/>	Surgery on the airway including subglottic and tracheo-bronchial tree and tracheostomy
Cardiac and Great Vessel Procedures	
<input type="checkbox"/>	Open procedures upon the heart for the management of acquired cardiac disease, including surgery upon the pericardium, coronary arteries, the valves, and other internal structures of the heart and ventricular aneurysms including the aortic root
<input type="checkbox"/>	Open procedures upon the heart and great vessels for management of congenital heart disease including ASD, VSD, PFO, coarctation and correction of anomalies throughout the heart, great vessels, lymphatic system and lungs.
<input type="checkbox"/>	Correction or repair of all anomalies or injuries of great vessels and branches thereof, including aorta, pulmonary artery, pulmonary veins, and vena cava
<input type="checkbox"/>	Pacemaker and/or ICD implantation and management, transvenous and transthoracic
<input type="checkbox"/>	Minimally invasive cardiac surgery -- mitral valve, aortic valve and CABG
<input type="checkbox"/>	Ablative surgery for cardiac arrhythmias (including Maze)
<input type="checkbox"/>	Pericardiocentesis, thoracentesis, pericardial drainage procedures, pericardiectomy
<input type="checkbox"/>	Arteriogram
<input type="checkbox"/>	Placement of renal artery dialysis catheter
<input type="checkbox"/>	Placement of central venous and arterial lines
<input type="checkbox"/>	Placement of pulmonary artery flotation catheter

FPPE	
HM	
<input type="checkbox"/>	Concurrent observation of one major operative procedure (proctor may be surgeon in the same specialty or anesthesiologist).
<input type="checkbox"/>	Retrospective evaluation to include pre-operative work-up, surgical plan and post-operative course of events of 5 major surgeries.
<input type="checkbox"/>	Evaluation from the OR Supervisor

Special Privilege: Transcatheter Heart Valve Implantation
<p>Description: Minimally invasive procedure for replacement of the Aortic Valve. Minimally invasive procedure for replacement of the Aortic Valve. During this procedure, open surgical and endovascular techniques are used for the insertion of a new aortic valve through a transfemoral (or other) approach. The endoprosthesis is delivered through a catheter under fluoroscopy and deployed. Every case will be reviewed at a multidisciplinary case conference prior to being performed. In addition, the hospital will participate in a national registry database. This procedure can be performed in a Cath Lab, OR, or Hybrid OR if sterility requirements are met and the ability to convert to an open surgical procedure is present. This procedure is performed by a team of specialists including a Cardiac Surgeon, an Interventional Cardiologist, and a Cardiac Anesthesiologist. The Interventional Cardiologist and the Cardiac Surgeon must jointly participate in the intraoperative technical aspects of the procedure. Critical Care Services are required as needed.</p>

Qualifications

Qualifications	Basic Education: MD or DO
Training	<p>Board Certified in Interventional Cardiology and completion of a Fellowship in a Structural Interventional Program with a minimum of 1 year in which the trainee has performed at least 100 structural heart disease procedures including TAVR's.</p> <p>OR Board Certified in Interventional Cardiology without specific structural/TAVR training but documentation of at least 100 lifetime structural heart disease procedures including 30 left-sided structural cardiac procedures including 20 TAVRs during the past 5 years.</p> <p>OR Community (Washington Hospital) track - Board certification in cardiology as required by Washington Hospital Bylaws with unrestricted privileges in percutaneous coronary intervention at Washington Hospital with documentation of participation in 20 TAVR procedures at Washington Hospital and sign off for competence by a cardiologist with unrestricted TAVR privileges.</p> <p>OR Board certification in Cardiothoracic Surgery. Documentation of at least 100 career open heart surgeries of which 25 must be aortic valve related .Documentation of specific training in TAVR procedures and/or able to document participation in 20 TAVR cases in the past 2 years as primary surgical operator for initial privileges.</p>
Proctoring	Minimum of five (5) cases over a one year period and subject to successful sign off by Proctor including documentation of device specific training as required by the valve manufacturers.
Recredentialing	10 successful TAVR cases in the prior 2 years. Each successful TAVR case can be counted for both the primary Interventional Cardiologist and a second cooperator Cardiologist and a Cardiac Surgeon and a second cooperator Cardiac Surgeon for the given procedure.

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

TAVR (Transcatheter Aortic Valve Replacement)

FPPE

WH

Concurrent evaluation of 2 procedures representative of the privileges requested.

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 Mowry Avenue • Fremont, California 94538 • 510.818.7446

Vascular Surgery

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 Surgery- General. AND Completion of an ACGME or AOA accredited Fellowship training program in Vascular Surgery.
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 vascular surgery services (waived for applicants who have completed Vascular Surgery training during the previous 24 months).
Certification	Current certification through ABMS or AOA Board American Board of Surgery in Vascular Surgery. 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 vascular surgery services (at least 40 procedures of a variety of the procedures within the core) representative of the

scope and complexity of the privileges requested within the previous 24 months.

Clinical Experience (Reappointment)

Applicant must be able to provide documentation of provision of vascular surgery services (at least 40 procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested within the previous 24 months.

AND Active/Provisional Staff Only: Of the 40 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 Vascular Surgery

Description: Diagnosis and preoperative, operative, and postoperative management of patients to correct or treat diseases, disorders and injuries of the arterial, venous, and lymphatic circulatory systems, exclusive of those circulatory vessels intrinsic to the heart and intracranial vessels.

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, consult and provide care to patients presenting with diseases/disorders of the arterial, venous, and lymphatic circulatory systems, excluding the intracranial vessels and the heart |
| Procedures | |
| <input type="checkbox"/> | Arterial embolectomy, endarterectomy or direct repair |
| <input type="checkbox"/> | Open repair of aneurysm |
| <input type="checkbox"/> | Bypass for occlusive disease of an artery |
| <input type="checkbox"/> | Thoracic outlet decompression including rib resection |
| <input type="checkbox"/> | Sympathectomy cervical, thoracic or lumbar |
| <input type="checkbox"/> | Intraoperative thrombolysis |
| <input type="checkbox"/> | Anterior spine exposure; thoracic and abdominal |
| <input type="checkbox"/> | Hemodialysis access procedures |
| <input type="checkbox"/> | Open venous procedures |
| <input type="checkbox"/> | Vena cava filter placement |
| <input type="checkbox"/> | Subfascial endoscopic perforator surgery (SEPS) |
| <input type="checkbox"/> | Amputation of upper and lower extremity |
| <input type="checkbox"/> | Carotid and brachiocephalic endarterectomy or bypass |
| <input type="checkbox"/> | Vascular graft including revision |
| <input type="checkbox"/> | Lymphatic procedures |

<input type="checkbox"/>	Placement of venous and arterial vascular access devices, catheters, ports and pumps
<input type="checkbox"/>	Excise infected graft, abdomen-thorax (Vascular graft including revision)
<input type="checkbox"/>	Excise carotid body tumor (Carotid body excision including creation of shunt)
<input type="checkbox"/>	Vertebral artery operation (Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection)
<input type="checkbox"/>	Direct repair aortic arch branches (Correction or repair of all anomalies or injuries of great vessels and branches thereof, including aorta, pulmonary artery, pulmonary veins, and vena cava)
<input type="checkbox"/>	Repair neck vessels (Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection)
<input type="checkbox"/>	Cervical bypass aortic arch branches (Correction or repair of all anomalies or injuries of great vessels and branches thereof, including aorta, pulmonary artery, pulmonary veins, and vena cava)
<input type="checkbox"/>	Duplex scan of extracranial arteries (e.g., carotid)
<input type="checkbox"/>	Peripheral arterial physiologic tests (i.e., extremity pressures, doppler waveforms, exercise testing and reactive hyperemia)
<input type="checkbox"/>	Peripheral arterial duplex ultrasound
<input type="checkbox"/>	Venous duplex ultrasound
<input type="checkbox"/>	Diagnostic angiography
<input type="checkbox"/>	Angioplasty and stenting
<input type="checkbox"/>	Thrombectomy and Thrombolysis
<input type="checkbox"/>	Atherectomy
<input type="checkbox"/>	Grafts
<input type="checkbox"/>	Filter placement
<input type="checkbox"/>	Fistula repair/creation
<input type="checkbox"/>	Embolization including coil

FPPE	
WH	
<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

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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Thoracic Surgery

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.
Management	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 thoracic surgery (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 Thoracic Surgery.
Certification	Current certification through ABMS or AOA Board American Board of Thoracic Surgery in Thoracic Surgery. 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 thoracic services (at least 10 procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested within the previous 24 months.
Clinical Experience (Reappointment)	Applicant must be able to provide documentation of provision of thoracic services (at least 10 procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested within the previous 24 months. AND Active/Provisional Staff Only: Of the 10 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.

Primary Privileges	
Diagnosis and preoperative, operative, and postoperative management of patients with pathologic conditions within the chest. Generally, this includes treatment of conditions of the lungs, chest wall, esophagus and diaphragm.	
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, and provide consultation to patients with illnesses, injuries and disorders within the thoracic abdominal cavity including surgical cancers of the lung, esophagus and chest wall, abnormalities of the trachea, congenital anomalies of the chest, tumors of the mediastinum, and diseases of the diaphragm, and management of the airway.
Procedures	
<input type="checkbox"/>	Exploratory thorotomy w/wo biopsy
<input type="checkbox"/>	Chest wall surgery including excision of tumors, chest wall resection and thoracoplasty including chest wall reconstruction
<input type="checkbox"/>	Mediastinal surgery including mediastinotomy, excision of mediastinal cysts and tumors; and ligation of thoracic duct, including mediastinoscopy.
<input type="checkbox"/>	Surgery of the lungs and pleura including thoracentesis; tube thoracostomy; pneumocentesis for aspiration biopsy; thorotomy; decortication; pneumonectomy; and lobectomy (including wedge resection).
<input type="checkbox"/>	Tracheostomy, tracheoplasty; bronchoplasty and repair of tracheoesophageal fistula
<input type="checkbox"/>	Repair of diaphragmatic hernia (transthoracic or combined thoracoabdominal)
<input type="checkbox"/>	Esophageal surgery including cervical and thoracic approach for esophagostomy; diverticulectomy; repair of wound or rupture; or excision of lesion.
<input type="checkbox"/>	Esophagectomy, esophagomyotomy
<input type="checkbox"/>	Esophagogastrectomy, combined thoracoabdominal
<input type="checkbox"/>	Esophagojejunostomy
<input type="checkbox"/>	Open drainage of empyema
<input type="checkbox"/>	Pacemaker insertion
<input type="checkbox"/>	Placement and management of phrenic nerve stimulator
<input type="checkbox"/>	Pericardial surgery
<input type="checkbox"/>	Sympathectomy, thoracolumbar-thoracoscopic
<input type="checkbox"/>	Thoracic outlet decompression procedures
<input type="checkbox"/>	Use of thoracoscopy in a procedural area where privileges are currently held
<input type="checkbox"/>	Diagnostic bronchoscopy with biopsy and aspiration or removal of foreign body

<input type="checkbox"/>	Esophagoscopy including biopsy; removal of foreign body and dilatation
<input type="checkbox"/>	Ventilator management, including intubation, central, arterial and pulmonary artery line placement
<input type="checkbox"/>	Use, supervision, and clinical management of Extracorporeal Membrane Oxygenation (ECMO)/Extracorporeal Life Support (ECLS)
<input type="checkbox"/>	Vascular procedures exclusive of thorax. (Placement of vascular access including V-V (veno-venous) and V-A (veno-arterial) (This may not be privileged via this privilege form if it is expected that applicants will qualify for vascular access privileges via their own core specialty privilege forms or if these privileges are to be limited to surgeons only.))

FPPE

WH	
<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

Special Privileges: Therapeutic Bronchoscopy Privileges

Bronchoscopy is a technique of visualizing the inside of the airways for diagnostic and therapeutic purposes. An instrument (bronchoscope) is inserted into the airways, usually through the nose or mouth, or occasionally through a tracheostomy.

Qualifications

Education/Training	Documentation of prior training in privileges requested during fellowship OR in a course sponsored by a respected organization that included or was followed by supervised training on human subjects. AND If specialized device related privileges are requested the applicant must provide documentation of completion of manufacturer designated training on the device to be utilized that included supervised cases on human subjects.
Clinical Experience (Initial)	Applicant must provide documentation of provision of clinical 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 (Reappointment)	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of 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	<input type="checkbox"/> - Currently Granted privileges
<input type="checkbox"/>	Bronchoscopy
<input type="checkbox"/>	Ablation - all modes
<input type="checkbox"/>	Placement of stents
<input type="checkbox"/>	Endobronchial valve management
<input type="checkbox"/>	Brachytherapy in conjunction with a privileged radiation oncologist

<input type="checkbox"/>	Rigid bronchoscopy
<input type="checkbox"/>	Thermal airway bronchoscopy including laser, cryotherapy, argon plasma beam and electrocautery
<input type="checkbox"/>	Transbronchial lung biopsy (TBFNA) in conjunction with EBUS

FPPE

HM	
<input type="checkbox"/>	Concurrent observation of one major operative procedure (proctor may be surgeon in the same specialty or anesthesiologist).
<input type="checkbox"/>	Retrospective evaluation to include pre-operative work-up, surgical plan and post-operative course of events of 5 cases reflective of the scope of privileges requested.
<input type="checkbox"/>	Evaluation from the OR Supervisor

Special Privileges: Therapeutic Esophagoscopy Privileges

Esophagoscopy is a procedure in which a flexible endoscope is inserted through the mouth, or more rarely, through the nares, and into the esophagus. The endoscope uses a charge-coupled device to display magnified images on a video screen. The procedure allows visualization of the esophageal mucosa from the upper esophageal sphincter all the way to the esophageal gastric junction, or EG junction.

Qualifications

Education/Training	Completion of manufacturer designated training on the device to be utilized that included supervised experience on human subjects.
Clinical Experience (Initial)	Applicant must provide documentation of provision of 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 (Reappointment)	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of privileges requested during the previous 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	<input type="checkbox"/> - Currently Granted privileges
<input type="checkbox"/>	Ablation - all modes
<input type="checkbox"/>	Submucosal dissection
<input type="checkbox"/>	Placement of stents
<input type="checkbox"/>	Anti-reflux surgery

FPPE

WH	
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<input type="checkbox"/>	Concurrent observation of one procedure.
<input type="checkbox"/>	Retrospective evaluation to include pre-operative work-up, surgical plan and post-operative course of events of 5 cases.

Special Privileges: Great Vessel Surgery

Involves surgery on the great vessels arising from or leaving the heart or lungs. Surgery could be for trauma, tumor, aneurysm, or atherosclerosis.

Qualifications

Education/Training	<p>Pathway 1 - Completion of an ACGME or AOA accredited Residency training program in Thoracic Surgery.</p> <p>AND Pathway 2 - Applicant must be able to provide documentation of successful completion of a course for CME which the applicant participated in a recognized didactic/laboratory program devoted to the procedure taught by a board certified surgeon who is proficient in the procedure.</p>
Clinical Experience (Initial)	Applicant must be able to provide documentation of provision of thoracic surgery services (at least 5 cases) 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 (Reappointment)	Applicant must be able to provide documentation of provision of thoracic surgery services (at least 2 cases) 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).

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"/>	Repair/correct anomalies or injuries of great vessels and branches, including aorta, pulmonary artery, pulmonary veins and vena cava

FPPE

WH	
<input type="checkbox"/>	Two direct observation 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

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Orthopaedic Surgery

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 Orthopaedic Surgery.
Certification	Current certification through ABMS or AOA Board American Board of Orthopaedic Surgery in Orthopaedic Surgery. 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 orthopaedic services (at least 100 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 orthopaedic services (at least 100 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 100 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.
Licensure	Licensed M.D. or D.O.
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 orthopaedic surgery (waived for applicants who have completed orthopaedic surgery training during the previous 24 months).

Core Privileges in Orthopaedic Surgery	
Description: Evaluate, diagnose, provide consultation, treat and medically and surgically manage patients with congenital deformities, trauma, infections, tumors, metabolic disturbances of the musculoskeletal system, deformities, injuries, and degenerative diseases of the skeleton including joints, spine and hand. An orthopaedic surgeon is also concerned with primary and secondary muscular problems and the effects of central or peripheral nervous system lesions of the musculoskeletal system.	
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>
<input type="checkbox"/>	Admit to inpatient or appropriate level of care
<input type="checkbox"/>	Perform history and physical examination
<input type="checkbox"/>	Evaluate, diagnose, treat and provide consultation to correct or treat various conditions and injuries of the extremities, spine, and associated structures by medical and physical means.
Procedures	
<input type="checkbox"/>	Amputation surgery including immediate prosthetic fitting in the operating room
<input type="checkbox"/>	Arthrocentesis and joint injection
<input type="checkbox"/>	Arthrography
<input type="checkbox"/>	Arthrodesis, osteotomy (non-spine)
<input type="checkbox"/>	Bone grafts and allografts
<input type="checkbox"/>	Acute and secondary muscle and tendon repair including tendon grafts
<input type="checkbox"/>	Ligament reconstruction
<input type="checkbox"/>	Tenotomy
<input type="checkbox"/>	Debridement, excision and biopsy of soft tissue and bony masses or lesions.
<input type="checkbox"/>	Management of infectious and inflammations of bones, joints and tendon sheaths
<input type="checkbox"/>	Incision and drainage of infection and mass
<input type="checkbox"/>	Open and closed reduction and internal/external fixation of fractures and dislocations of the skeleton including use of instrumentation
<input type="checkbox"/>	Reconstruction of nonspinal congenital musculoskeletal anomalies
<input type="checkbox"/>	Diagnostic and therapeutic arthroscopy
<input type="checkbox"/>	Arthroplasty including total replacement
<input type="checkbox"/>	Metastatic malignancy and benign lesion of the bone including resection
<input type="checkbox"/>	Use of radiofrequency ablation for coagulation or ablation of metastatic lesions in the bone in a procedural area where concurrent operative privileges are held
<input type="checkbox"/>	Endoscopic intervention in a procedural area where the applicant is an existing privilege holder

<input type="checkbox"/>	Simple hand surgery procedures including repair of lacerations; superficial/deep infection; digital tip injuries; skin grafts; amputations; trigger finger (DeQuervain's disease); carpal tunnel decompression; fractured metacarpals, phalanges and wrist; ganglion (palm or wrist, flexor sheath); arthrodesis (metacarpophalangeal, interphalangeal).
<input type="checkbox"/>	Skin grafts
<input type="checkbox"/>	Lysis of adhesions
<input type="checkbox"/>	Limb shortening
<input type="checkbox"/>	Peripheral nerve release
<input type="checkbox"/>	Manipulation under anesthesia (Local anesthetic techniques including regional nerve blocks, peripheral nerve blocks and trigger point injections)

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.

Special Privilege: Endoscopic Carpal Tunnel Release

Description: During endoscopic carpal tunnel release, an optical device is inserted through a small incision into the carpal tunnel of the wrist in order to release pressure on the median nerve, which passes through this canal into the wrist.

Qualifications

- Training** Completion of an approved residency program.
OR If residency did not include training in endoscopic carpal tunnel release, the physician should have participated in a recognized didactic/laboratory CME program devoted to the procedure taught by a board certified surgeon who is proficient in the procedure. Should have open carpal tunnel release privileges.
- Experience (Initial)** Performance of a minimum of five cases at an accredited facility in the previous two years.
- Proctoring** Proctorship of two cases.
- Recredentialing** Performance of a minimum of three cases every two years.

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>
	<p><input type="checkbox"/> - Currently Granted privileges</p>
W/H	
	Procedure
<input type="checkbox"/>	Endoscopic Carpal Tunnel Release

Special Privilege: Complex Acetabular Fracture Repair

Description: Open reduction and internal fixation of acetabular fractures including significant displacement of the anterior and/or posterior columns and/or anterior/posterior walls.

Qualifications

- Training** Completion of an approved residency program with a letter from the program director confirming familiarity with complex pelvic trauma.
OR Completion of orthopedic traumatology fellowship.
OR CME course with cadaveric training taught by board certified orthopedic surgeon.
- Experience (Initial)** Performance of a minimum of two cases at an accredited facility in the previous two years.
- Proctoring** Proctorship of two cases.
- Recredentialing** Performance of a minimum of three cases every two years.

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

- Currently Granted privileges

Procedure

Complex acetabular fracture repair

Special Privilege: Forequarter and Hemipelvectomy Amputation

Description: Hi-level pelvic amputation involving resection of half of the pelvis and leg, typically performed for trauma or cancer.

Qualifications

- Training** Completion of orthopedic oncology fellowship.
- Experience (Initial)** Performance of a minimum of two cases at an accredited facility in the previous two years.
- Proctoring** Proctorship of two cases.
- Recredentialing** Performance of a minimum of three cases every two years.

Request

Check the Request checkbox to select all privileges listed below.
Uncheck any privileges you do not want to request in that group.

HM	<input type="checkbox"/> - Currently Granted privileges
Procedure	
<input type="checkbox"/>	Forequarter and Hemipelvectomy Amputation

Special Privilege: Limb lengthening

Description: Extremely lengthening and reconstruction techniques are used to replace bone defects and to lengthen or correct deformities, utilizing ilizarov principle of distraction osteogenesis. Lengthening is performed by osteotomy and gradual lengthening.

Qualifications

Training	Approved pediatric orthopedic fellowship with experience in limb-lengthening. OR Letter from orthopedic surgery residency director. OR Didactic course with limb-lengthening experience.
Experience (Initial)	Performance of a minimum of two cases at an accredited facility in the previous two years.
Proctorship	Proctorship of two cases.
Recredentialing	Performance of a minimum of two cases every two years.

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>
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WH	<input type="checkbox"/> - Currently Granted privileges
Procedure	
<input type="checkbox"/>	Limb lengthening

FPPE

WH	
<input type="checkbox"/>	Two direct observation case reviews.
<input type="checkbox"/>	Evaluation of OPPE date collected for review of competency/performance.

Special Privilege: Limb Salvage

Description: Includes all the surgical procedures designed to accomplish removal of a malignant tumor and reconstruction of the limb and surgical defect.

Qualifications	
Training	Completion of orthopedic oncology fellowship.
Experience (Initial)	Performance of a minimum of two cases at an accredited facility in the previous two years.
Recredentialing	Performance of a minimum of two cases every two years.
Proctoring	Proctorship of two cases.
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
Procedure	
<input type="checkbox"/>	Limb salvage

FPPE	
WH	
<input type="checkbox"/>	Concurrent observation of one major surgical procedure.
<input type="checkbox"/>	Retrospective evaluation to include pre-operative work-up, surgical plan and post-operative course of events of 5 major surgeries.
<input type="checkbox"/>	Evaluation from the OR Supervisor.

Special Privilege: Microsurgery-Flap Surgery or Nerve Repair, Including Replantation	
Description: These include multiple procedures that involve the use of an operating microscope to perform arterial, venous, or nerve repairs as part of a reconstructive procedure.	
Qualifications	
Training	Completion of an approved residency program in orthopedic surgery and a subsequent fellowship in microsurgery and hand surgery. AND If not fellowship trained, should have documentation of hands on training and performance of a minimum of 10 cases in the prior two years.
Experience (Initial)	Performance of a minimum of 10 cases at an accredited facility in the previous two years.
Proctoring	Proctorship of three cases.
Recredentialing	Performance of a minimum of five cases every two years.

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>
Procedure	
<input type="checkbox"/>	Microsurgery-Flap surgery or nerve repair, including replantation

Special Privilege: Pelvic Osteotomy	
Description: Cutting of the pelvis to allow rotation of the acetabulum into a better position over the femoral head, to stabilize the hip joint.	
Qualifications	
Training	Adult reconstruction or pediatric orthopedic fellowship with experience in pelvic osteotomy.
Experience (Initial)	Performance of a minimum of two cases at an accredited facility in the previous two years.
Recredentialing	Performance of a minimum of two cases every two years.
Proctoring	Proctorship of two cases.
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>
Procedure	
<input type="checkbox"/>	Pelvic osteotomy

Special Privilege: Use of a Laser in a Procedural Area Where the Applicant is a Concurrent Privilege Holder	
Description: A variety of laser wavelengths and laser delivery systems may be used medically to cut, coagulate, vaporize or remove tissue. The majority of "laser surgeries" actually use the laser device in place of other tools such as scalpels, electrosurgical units, cryosurgery probes or microwave devices to accomplish a standard procedure.	

Qualifications	
Qualifications	Board certified or eligible in a specialty
Training	Has taken a hands-on laser course dealing with the theoretical safety aspects of laser surgery. Documentation of laser training during residency program may be substituted for such a course.
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
Procedure	
<input type="checkbox"/>	Use of lasers.

FPPE	
WH	
<input type="checkbox"/>	Two direct observation case reviews.
<input type="checkbox"/>	Evaluation of OPPE date collected for review of competency/performance.

Privilege Cluster: Musculoskeletal Oncology Privileges	
Description: Evaluate, diagnose, provide consultation, treat and medically and surgically manage patients with benign and primary tumors of bone and connective soft tissues. Includes palliative management of patients with metastatic malignancy to the bone.	
Qualifications	
Education/Training	Completion of an ACGME Fellowship training program in Musculoskeletal Oncology.
Clinical Experience (Initial)	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of the privileges requested during the previous 24 months (waived for applicants who completed fellowship training during the previous year).
Clinical Experience (Reappointment)	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of 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	<input type="checkbox"/> - Currently Granted privileges
Procedure	

<input type="checkbox"/>	Primary bone tumor and soft tissue resection
--------------------------	--

FPPE

H/W	
<input type="checkbox"/>	Concurrent observation of one major surgical procedure.
<input type="checkbox"/>	Retrospective evaluation to include pre-operative work-up, surgical plan and post-operative course of events of 5 major surgeries.
<input type="checkbox"/>	Evaluation from the OR Supervisor

Privilege Cluster: Joint Replacement and Revision Privileges

Description: Replace joints and subsequent revisional surgery including use of open and minimally invasive technique.

Qualifications

Education/Training	Documentation of prior training during residency or fellowship. OR If training occurred greater than 2 years ago the applicant must provide evidence of ongoing clinical practice representative of the privileges requested.
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 fellowship training during the previous year).
Clinical Experience (Reappointment)	Applicant must provide documentation of provision of clinical services in the specific privileges requested during the previous 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>
H/W	<input type="checkbox"/> - Currently Granted privileges

Procedures

<input type="checkbox"/>	Ankle
<input type="checkbox"/>	Elbow

FPPE

H/W	
<input type="checkbox"/>	Concurrent observation of one major surgical procedure.
<input type="checkbox"/>	Retrospective evaluation to include pre-operative work-up, surgical plan and post-operative course of events for 5 major surgeries encompassing each operative area where privileges have been granted.
<input type="checkbox"/>	Evaluation from the OR Supervisor

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

Urology

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 urology (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 Urology.
Certification	Current certification through ABMS or AOA Board American Board of Urology in Urology. Exceptions to this requirement can be found in the Credentialing Policy 2.A.1.p.
Clinical Experience - Initial Privileges	Applicant must be able to provide documentation of provision of urology services (at least 50 procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested within the previous 24 months.
Clinical Experience - Renewal of Privileges	Applicant must be able to provide documentation of provision of urology services (at least 50 procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested within the previous 24 months. 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. AND If applicable, applicants who hold special privileges must meet the activity requirements as defined in the medical staff documents.

Core Privileges in Urology

Description: A urologist, also known as a genitourinary surgeon, focusing on diagnosing and treating disorders of the urinary tracts of males and females, and on the reproductive system of males. This specialist manages non-surgical problems such as urinary tract infections and benign prostatic hyperplasia, as well as surgical problems such as the surgical management of cancers, the correction of congenital abnormalities, and correcting stress incontinence.

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

Evaluation and Management

Admit to inpatient or appropriate level of care

Evaluate, diagnose, provide consultation, medically and/or surgically manage, and provide surgical and/or non-surgical treatment to patients presenting with congenital or acquired diseases, disorders, injuries, and conditions of the genitourinary tract, including the adrenal gland and external genitalia

Perform history and physical examination

Kidney Procedures

Extracorporeal Shock Wave Lithotripsy (ESWL)

Nephrectomy, open renal biopsy, excision or marsupialization of renal cyst

Open kidney procedures, including perirenal or renal abscess drainage, nephrostomy, nephrotomy, nephrolithotomy, pyelotomy, pyelostomy, pyeloplasty, and nephrorrhaphy

Percutaneous renal biopsy including fine needle aspiration

Placement and management of percutaneous nephrostomy catheter and renal endoscopy, including biopsy, foreign body or calculus removal, and tumor resection

Renal endoscopy through nephrotomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography with endopyelotomy (includes cystoscopy, urteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)

Ureteral Procedures

Ureteroscopy, including catheterization, biopsy, fulguration or incision, foreign body or calculus removal

Ureteral procedures, including ureterotomy, ureter stent placement and management, ureterolithotomy, ureterectomy, ureteroplasty, ureterolysis, and ureterostomy

Ureteral anastomosis procedures

Bladder Procedures

Bladder procedures, including cystoscopy, cystolithotomy, cystotomy for bladder neck or diverticula excision, bladder repair, cystectomy, pelvic exenteration, cystourethroplasty, including bladder neck suspension procedures, cystourethroscopy procedures, transurethral bladder neck procedures in males, insertion and management of bladder neck sphincter, and transurethral radiofrequency bladder neck remodeling in females

Excision urachal cyst or tumor

Cutaneous appendico-vesicostomy

Cystocele repair

<input type="checkbox"/>	Enterocystoplasty (bladder augmentation)
<input type="checkbox"/>	Implantation and management of neuromodulation device (e.g., InterStim) for bladder control
<input type="checkbox"/>	Incontinence surgery, including endoscopic urethral bulking, bladder neck or urethral suspension procedures, sling operations, urethral/bladder neck sphincter insertion and management, periurethral transperineal adjustable balloon continence device insertion, and transurethral radiofrequency bladder neck remodeling in females
<input type="checkbox"/>	Insertion and management of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
<input type="checkbox"/>	Percutaneous and cystourethroscopic bladder procedures
	Urethral Procedures
<input type="checkbox"/>	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch), with or without endoscopic control (eg, Stamey, Raz, modified Pereyra), Pereyra procedure, including anterior colporrhaphy
<input type="checkbox"/>	Cystourethroscopic and open urethral biopsy and excision or fulguration of urethral lesions, tumors, polyps, caruncles, prolapse or Skene's glands
<input type="checkbox"/>	Distal hypospadias repair (1-stage), with or without chordee or circumcision; with simple meatal advancement (eg, Magpi, V-flap), with urethroplasty by local skin flaps (eg, flip-flap, prepuccial flap)
<input type="checkbox"/>	Urethroplasty
<input type="checkbox"/>	Urethrotomy, urethrectomy, and urethral diverticulectomy, including urethroplasty
<input type="checkbox"/>	Meatoplasty
	Prostate Procedures
<input type="checkbox"/>	Prostate biopsy, prostatectomy, open or transurethral, including bladder neck surgery
<input type="checkbox"/>	Radical prostatectomy
<input type="checkbox"/>	Transurethral lifting or repositioning of the prostate
	Genital Surgery
<input type="checkbox"/>	Erectile dysfunction procedures, including revascularization and prosthesis insertion and management
<input type="checkbox"/>	Penectomy; partial or complete
<input type="checkbox"/>	Performance of circumcision, using clamp or other device with regional dorsal penile or ring block
<input type="checkbox"/>	Scrotal procedures, including inguinal hernia repair, testicular biopsy, orchiectomy, testicular torsion reduction, orchiopexy, spermatocele, hydrocele, or varicocele excision, epididymectomy, scrotal abscess drainage, vasectomy, and vasovasostomy
<input type="checkbox"/>	Surgical correction for Peyronie's Disease or Chordee
<input type="checkbox"/>	Surgical intervention for priapism, including irrigation, fistulization, or shunt placement
<input type="checkbox"/>	Insertion of testicular prosthesis
<input type="checkbox"/>	Repair testis (trauma)
<input type="checkbox"/>	Repair scrotum (trauma)
	Miscellaneous Procedures
<input type="checkbox"/>	Urinary diversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)
<input type="checkbox"/>	Repair of rupture
<input type="checkbox"/>	Repair of vesicovaginal fistula (abdominal or vaginal)
<input type="checkbox"/>	Repair enterovesical
	Abdomen Procedures
<input type="checkbox"/>	Drainage, retro peritoneal abscess

<input type="checkbox"/>	Excision, retro peritoneal tumor/cyst
<input type="checkbox"/>	Exploratory laparotomy
<input type="checkbox"/>	Closure of evisceration
<input type="checkbox"/>	Debride abdominal wall

FPPE	
W/H	
<input type="checkbox"/>	Concurrent observation of one major operative procedure (proctor may be surgeon in the same specialty or anesthesiologist).
<input type="checkbox"/>	Retrospective evaluation to include pre-operative work-up, surgical plan and post-operative course of events of 5 major surgeries.
<input type="checkbox"/>	Evaluation from the OR Supervisor

Use of a Laser in a Procedural Area Where the Applicant is a Concurrent Privilege Holder	
Description: A variety of laser wavelengths and laser delivery systems may be used medically to cut, coagulate, vaporize or remove tissue. The majority of "laser surgeries" actually use the laser device in place of other tools such as scalpels, electrosurgical units, cryosurgery probes or microwave devices to accomplish a standard procedure.	
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
Procedure(s)	
<input type="checkbox"/>	Use of lasers.

FPPE	
W/H	
<input type="checkbox"/>	Two direct observation case reviews.
<input type="checkbox"/>	Evaluation of OPPE date collected for review of competency/performance.

Special Privileges: Advanced Laparoscopic Urology Privileges	
Description: Minimally invasive surgery	

Qualifications

Qualifications

Applicants applying for laparoscopic urology privileges must have privileges to do the procedure "open" and may request privileges from one of the defined categories on this form.

AND Pathway 3 - If applicant does not qualify for Pathways 1 or 2, use this Pathway. There are three options within this Pathway designated as 3A, 3B, or 3C.

AND Pathway 3A - For minor laparoscopic urology procedures, applicant must provide documentation of having successfully completed a course for CME credit, which includes both academic instruction and hands-on training with laboratory animals and/or cadaver dissection regarding these procedures.

AND Pathway 3A Continued - Applicant must provide documentation of performance of 2 operations from this category with a surgeon or urologist, as a co-surgeon, who have unrestricted privileges to do these procedures laparoscopically at another licensed accredited facility. The urologist/surgeon must sign a statement that the urologist applying for these privileges has competently performed these operations.

OR Pathway 3B - For major laparoscopic urology procedures, applicant must provide documentation of having successfully completed a course for CME credit, which includes both academic instruction and hands-on training with laboratory animals and/or cadaver dissection regarding these procedures.

AND Pathway 3B Continued - Applicant must provide documentation of performance of 2 operations from this category with a surgeon or urologist, as a co-surgeon, who have unrestricted privileges to do these procedures laparoscopically at another licensed accredited facility. The urologist/surgeon must sign a statement that the urologist applying for these privileges has competently performed these operations.

OR Pathway 3C - For advanced laparoscopic urology procedures, all minor laparoscopic conditions must be met.

AND Pathway 3C Continued - Applicant must provide documentation of having successfully completed a course for CME credit, which includes both academic instruction and hands-on training with cadaver dissection regarding these procedures.

AND Pathway 3C Continued - Applicant must provide documentation of performance of 2 operations from this category with a surgeon or urologist, as a co-surgeon, who have unrestricted privileges to do these procedures laparoscopically at another licensed accredited facility. The urologist/surgeon must submit a letter that the urologist applying for these privileges has competently performed these operations.

Education/Training

Pathway 1- Completion of an ACGME or AOA accredited Residency training program in Urology. Must provide documentation of training in laparoscopic urology completed during residency. A letter from the program director that indicates adequate training in the applied for procedures will satisfy this requirement.

OR Pathway 2 - Completion of an ACGME or AOA accredited Fellowship training program in Urology.

OR Pathway 3 - If pathways 1 or 2 cannot be met, pathway 3 may be used to apply. Refer to the criteria under "Qualifications."

Clinical Experience - Initial Privileges

Applicant must be able to provide documentation of provision of urology services (at least 4 cases within the highest category for which the urologist is credentialed and has current privileges) representative of the scope and complexity of the privileges requested during the previous 24 months.

Clinical Experience - Renewal of Privileges

Applicant must be able to provide documentation of provision of urology services (at least 4 cases within the highest category for which the urologist is credentialed and has current privileges) representative of the scope and complexity of the privileges requested during the previous 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>
Procedures	
<p><input type="checkbox"/> Advanced Laparoscopic Special Privilege</p>	

FPPE	
WH	
<p><input type="checkbox"/> Four direct observation case reviews. The review will include the evaluation of cases supported by operative notes, and if possible, discharge summaries.</p>	
<p><input type="checkbox"/> Evaluation of OPPE data collected for review of competency/performance.</p>	

Special Privileges: Cryoablation of the Kidney for Renal Cancer	
Description: Cryoablation of the Kidney for Renal Cancer	
Qualifications	
Qualifications	Applicant must be privileged for major laparoscopic urology privileges in order to perform renal cryosurgery laparoscopically.
Education/Training	<p>Pathway 1 - Completion of an ACGME or AOA accredited Residency training program in Urology. Letter of recommendation from program director must be submitted.</p> <p>OR Pathway 2 - Completion of an ACGME or AOA accredited Fellowship training program in Urology. Letter of recommendation from program director must be submitted.</p> <p>OR If unable to qualify under Pathways 1 or 2, refer to Pathway 3. See "Continuing Education."</p>
Continuing Education	Pathway 3 - If you were unable to qualify under Pathways 1 or 2, use this Pathway. Applicant must provide proof of successful completion of didactic course with "hands-on" experience by and accredited facility deemed to be appropriate by the Department.
Clinical Experience (Initial)	Applicant must provide documentation of provision of urology services (at least 2 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 urology services (at least 2 cases) representative of the scope and complexity of the privileges requested during the previous 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	

<input type="checkbox"/>	- Currently Granted privileges
Procedures	
<input type="checkbox"/>	Cryoablation of the Kidney for Renal Cancer

FPPE	
HM	
<input type="checkbox"/>	Four direct observation cases.
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

Special Privileges: Cryosurgical ablation of the Prostate of Prostate Cancer

Description: Cryosurgical ablation of the Prostate of Prostate Cancer

Qualifications

Education/Training	<p>Pathway 1 - Completion of an ACGME or AOA accredited Residency training program in Urology. Letter of recommendation from program director must be submitted.</p> <p>OR Pathway 2 - Completion of an ACGME or AOAO accredited Fellowship training program in Urology. Letter of recommendation from program director must be submitted.</p> <p>OR If unable to qualify under Pathways 1 or 2, refer to Pathway 3. See "Continuing Education."</p>
Continuing Education	<p>Pathway 3 - If you were unable to qualify under Pathways 1 or 2, use this Pathway. Applicant must provide proof of successful completion of didactic course with "hands-on" experience by and accredited facility deemed to be appropriate by the Department.</p> <p>AND If unable to qualify for Pathways 1, 2, or 3, refer to Pathway 4. See "Clinical Experience (Initial)"</p>
Clinical Experience (Initial)	<p>Pathway 4 - If you were unable to qualify under Pathways 1, 2, or 3, use this Pathway. Applicant must provide proof of current, unrestricted Level 3 urological privileges with course certification for cryoablation techniques for prostate cancer. All applicants must provide documentation of provision of urology services (at least 4 cases) representative of the scope and complexity of the privileges requested during the previous 24 months. For salvage therapy with the use of prostatic cryosurgery, one of the proctored cryoablation procedures must have been performed for salvage therapy.</p>
Clinical Experience (Reappointment)	<p>Applicant must be able to provide documentation of provision of urology services (at least 2 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.</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>
	<p><input type="checkbox"/> - Currently Granted privileges</p>

Procedures	
<input type="checkbox"/>	Cryosurgical ablation of the Prostate of Prostate Cancer

FPPE	
WH	
<input type="checkbox"/>	Four direct observation cases.
<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

Neurosurgery

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 Neurological Surgery.
Certification	Current certification or active participation in the examination process leading to certification in Neurological Surgery by the American Board of Neurological Surgery or Neurological Surgery by the American Osteopathic Board of Surgery. 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)	Applicant must provide documentation of provision of neurological surgery 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 (Reappointment)	Applicant must have provided clinical services representative of the scope and complexity of privileges requested during the past 24 months.
Additional	Complex device related privileges in any cluster require documentation of completion of

Qualifications

manufacturer designated training that was followed by supervised cases on human subjects.

Core Privileges in Neurological Surgery

Description: Neurological surgery is a discipline of medicine and the specialty of surgery that provides the operative and nonoperative management (i.e., prevention, diagnosis, evaluation, treatment, critical care, and rehabilitation) of disorders of the central, peripheral, and autonomic nervous systems, including their supporting structures and vascular supply.

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 and provide treatment to patients with neurological conditions or complaints. |
| <input type="checkbox"/> | Vascular access including placement of arterial lines, central venous lines, and pulmonary artery catheters |
| <input type="checkbox"/> | Lumbar puncture and/or lumbar drain placement |
| <input type="checkbox"/> | Twist drill, burr holes, or trephine for ventricular puncture, pressure recording device, evacuation and/or drainage of hematoma, brain abscess or cyst. |
| <input type="checkbox"/> | Craniectomy or Craniotomy for evacuation of hematoma, excision or drainage of intracranial abscess, excision of tumor in skull or infected bone, excision of foreign body from brain, repair of dural/cerebrospinal fluid leak, repair of encephalocele. |
| <input type="checkbox"/> | Craniectomy or Craniotomy for microvascular decompression |
| <input type="checkbox"/> | Craniotomy for aneurysms or arteriovenous malformations |
| <input type="checkbox"/> | Craniotomy or craniectomy for intra-axial tumor for resection, or involving region of brainstem, sella, suprasellar region or third or fourth ventricle; and for extra-axial tumors involving CP angle (including vestibular schwannomas and meningiomas), skull base, sella or suprasellar, or clival region. |
| <input type="checkbox"/> | Neuroendoscopy, intracranial, with dissection of adhesions, fenestration, placement of catheters, retrieval of foreign body or excision of tumor including transeptal/transsphenoidal resection of pituitary lesion |
| <input type="checkbox"/> | Carotid endarterectomy |

FPPE

WH	
<input type="checkbox"/>	Retrospective review of 5 varied cases.

Special Privilege: Cerebrovascular and Cranial Neurological Surgery

Description: Evaluate, diagnose, provide consultation, treat and medically and surgically manage patients with cerebrovascular diseases, including ischemic and hemorrhagic stroke, and other diseases and malformations of intracranial, extracranial, and spinal vasculature.

Qualifications

Clinical Experience (Initial)

Applicant must provide documentation of provision of clinical 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).

OR Program Director of the neurosurgical residency program must provide confirmation that the applicant was trained and is competent in the procedures requested if training was completed in the previous 12 months.

Clinical Experience (Reappointment)

Applicant must have provided clinical services representative of the scope and complexity of privileges requested during the past 24 months.

Additional Qualifications for Use of Adjunctive or Navigational Devices

Applicants must provide documentation of completion of manufacturer designated training for the specific navigational device to be utilized including (n) supervised cases on human subjects.

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

- Elevation of depressed skull fracture
- Cranioplasty for skull defect
- Ventriculocisternostomy
- Creation of shunt, ventriculo-atrial, -jugular, -auricular, -peritoneal, -pleural, or other terminus
- Anastomosis of extracranial to intracranial vessels
- Adjunctive use of a navigational tool /device in conjunction with a cranial privileged procedure
- Stereotactic biopsy or aspiration of intracranial lesion
- Stereotactic computer assisted navigational procedure where the practitioner is a current privilege holder in the corresponding minimally invasive or open procedure
- Implantation of brain intracavitary chemotherapy agent
- Carotid body excision including creation of shunt

FPPE

WH

Concurrent observation of one major operative procedure (proctor may be neurological surgeon or anesthesiologist)

<input type="checkbox"/>	Retrospective evaluation to include pre-operative work-up, surgical plan and post-operative course of events of 5 major surgeries
<input type="checkbox"/>	Evaluation from the OR Supervisor

Special Privilege: Spinal Surgery

Description: Evaluate, diagnose, provide consultation, treat and medically and surgically manage patients with disorders of the spine, its connecting ligaments, the spinal cord, the cauda equina, and the spinal roots.

Qualifications

Clinical Experience (Initial)

Applicant must provide documentation of provision of clinical 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).

OR Program Director of the neurosurgical residency program must provide confirmation that the applicant was trained and is competent in the procedures requested if training was completed in the previous 12 months.

Clinical Experience (Reappointment)

Applicant must have provided clinical services representative of the scope and complexity of privileges requested during the past 24 months.

Additional Qualifications for Adjunctive Use of Navigational Device

Applicants must provide documentation of completion of manufacturer designated training for the specific navigational device to be utilized including (n) supervised cases on human subjects.

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

- Posterior laminotomy or laminectomy for decompression of neural elements or excision of disc with or without fusion or instrumentation including posterior segmental or non-segmental spinal instrumentation
- Placement of sublaminar wires, lateral mass screws, cervical or thoracic pedicle screws
- Transpedicular or costovertebral approach for posterolateral extradural decompression with or without fusion or instrumentation
- Anterior, anteriolateral or lateral lumbar or cervical spine for extradural decompression with or without fusion or instrumentation
- Resection or biopsy of intra-axial spinal cord lesion
- Resection or biopsy of extradural, intradural, or extra-axial spinal cord lesion or arteriovenous malformation
- Cordotomy
- Release of tethered cord
- Endoscopic or minimally invasive technique in a procedure where the applicant is a concurrent privilege holder
- Intrathecal or epidural drug infusion pump implantation and management

<input type="checkbox"/>	Kyphoplasty or vertebroplasty (with cement)
<input type="checkbox"/>	Vertebroplasty utilizing spacer decompression system
<input type="checkbox"/>	Percutaneous sacroplasty (with cement)
<input type="checkbox"/>	Percutaneous radiofrequency ablation of the basivertebral nerve
<input type="checkbox"/>	Use of radiofrequency ablation for coagulation or ablation of metastatic lesions in the spine
Complex Procedures	
<input type="checkbox"/>	Placement and management of spinal cord stimulator
<input type="checkbox"/>	Adjunctive use of a navigational tool /device in conjunction with a spinal privileged procedure
<input type="checkbox"/>	Degenerative adult scoliosis correction with fusion/instrumentation
<input type="checkbox"/>	Implantation of artificial disc and allograft injection for degenerative disc
<input type="checkbox"/>	Lumbar or thoracic complete corpectomy with fusion/instrumentation
<input type="checkbox"/>	Iliac crest instrumentation
<input type="checkbox"/>	Occipito-cervical fusion or instrumentation
<input type="checkbox"/>	Transoral approach to skull base, brainstem or upper spinal cord biopsy
<input type="checkbox"/>	Exposure for lateral, trans-psoas approach to lumbar spine fusion/instrumentation
<input type="checkbox"/>	Lumbar pedicle subtraction osteotomy with fusion instrumentation
<input type="checkbox"/>	Idiopathic scoliosis correction; cervico-thoracic pedicle subtraction osteotomy with fusion/instrumentation; correction of Scheuermann's thoracic kyphosis; video assisted thoracoscopic surgery and endoscopic scoliosis correction.
<input type="checkbox"/>	Repair of syringomyelia or syringohydromyelia
<input type="checkbox"/>	Repair of meningocele or meningomyelocele
<input type="checkbox"/>	Sacrectomy

FPPE**H/H**

<input type="checkbox"/>	Concurrent observation of one major operative procedure (proctor may be neurological surgeon or anesthesiologist)
<input type="checkbox"/>	Retrospective evaluation to include pre-operative work-up, surgical plan and post-operative course of events of 5 major surgeries
<input type="checkbox"/>	Evaluation from the OR Supervisor

Special Privilege: Surgery of the Peripheral Nervous System

Description: Evaluate, diagnose, provide consultation, treat and medically and surgically manage patients with peripheral nerve diseases.

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Qualifications

Clinical Experience (Initial)

Applicant must provide documentation of provision of clinical 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 (Reappointment)

Applicant must have provided clinical services representative of the scope and complexity of privileges requested during the past 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

- Peripheral nerve biopsy
- Nerve block and facet injection
- Nerve exploration and repair
- Nerve decompression
- Destruction of nerve by neurolytic agent (i.e. Chemical, thermal, electrical, compression or radiofrequency) sever nerve.
- Excision of peripheral neuroma
- Implantation and management of peripheral nerve stimulator

FPPE

WH

- Concurrent observation of one major operative procedure (proctor may be neurological surgeon or anesthesiologist)
- Retrospective evaluation to include pre-operative work-up, surgical plan and post-operative course of events of 5 major surgeries
- Evaluation from the OR Supervisor

Special Privilege: Neuroendovascular Intervention

Description: Use of endovascular catheter based intervention.

Qualifications

Education/Training	Completion of a formal or accredited neuroendovascular intervention program
Clinical Experience (Initial)	Applicant must provide documentation of provision of clinical services ("N" cases) 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 (Reappointment)	Applicant must have provided clinical services ("N" cases) representative of the scope and complexity of privileges requested during the past 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

<input type="checkbox"/>	Intracranial or spinal embolization procedure
<input type="checkbox"/>	Head and neck embolization (non-CNS, e.g. epistaxis embolization)
<input type="checkbox"/>	Cervico-cerebral or spinal angiography associated with neurovascular therapeutic procedure
<input type="checkbox"/>	Intracranial and cervical vessel thrombolysis or thrombectomy
<input type="checkbox"/>	Temporary balloon test occlusion of vessel associated with neurovascular therapeutic procedure
<input type="checkbox"/>	Intracranial vessel angioplasty and stenting
<input type="checkbox"/>	Extracranial vertebral vessel angioplasty
<input type="checkbox"/>	Intracranial vessel infusion therapy

FPPE

WH	
<input type="checkbox"/>	Concurrent observation of one major operative procedure (proctor may be neurological surgeon or anesthesiologist)
<input type="checkbox"/>	Retrospective evaluation to include pre-operative work-up, surgical plan and post-operative course of events of 5 major surgeries
<input type="checkbox"/>	Evaluation from the OR Supervisor

Special Privilege: Complex Stereotactic and Functional Neurosurgery

Description: Procedural use of stereotactic instrument and procedures directed at seizure control.

Qualifications

Clinical Experience (Initial)

Applicant must provide documentation of provision of clinical 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).

OR Program Director of the neurosurgical residency program must provide confirmation that the applicant was trained and is competent in the procedures requested if training was completed in the previous 12 months.

Clinical Experience (Reappointment)

Applicant must have provided clinical services representative of the scope and complexity of privileges requested during the past 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.

W/H

- Currently Granted privileges

Procedures

- Twist drill, burr hole, craniotomy or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site, subdural implantation of strip electrodes
- Creation of lesion by stereotactic method, including localizing and recording techniques
- Craniotomy for lobectomy, temporal lobe, for excision of epileptogenic focus including transection of corpus callosum or hemispherectomy or subpial transections or selective amygdalohippocampectomy for control of seizures
- Implantation and management of vagal nerve stimulator

FPPE

W/H

- Concurrent observation of one major operative procedure (proctor may be neurological surgeon or anesthesiologist)
- Retrospective evaluation to include pre-operative work-up, surgical plan and post-operative course of events of 5 major surgeries
- Evaluation from the OR Supervisor

Special Privilege: Minimally Invasive Robotic Assisted Laser Thermotherapy

Description: Robotic assisted energy source ablation of a lesion using minimally invasive technique under image guidance.

Qualifications

Education/Training	<p>The applicant must be concurrently privileged in minimally invasive technique in the procedural area where laser thermotherapy is to be utilized.</p> <p>AND The applicant must have documented experience performing procedures using navigational systems.</p> <p>AND The applicant must present documentation of completing manufacturer sponsored training which includes both didactic training and case observation at a center selected by the manufacturer. This training will be followed by supervision of cases by a qualified physician preceptor with privileges for this procedure. (A manufacturers representative will also attend all cases.)</p>
Clinical Experience (Initial)	Applicant must provide documentation of provision of clinical 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 (Reappointment)	Applicant must have provided clinical services representative of the scope and complexity of privileges requested during the past 24 months.
Additional Qualifications	Concurrent privileging in stereotactic navigation and use of lasers is required. (Stereotactic navigational surgery is separately privileged under Cerebrovascular and Cranial Neurosurgery.)

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

Robotic assisted ablation of lesion with a laser using minimally invasive technique under image guidance (i.e., NeuroBlate System)

FPPE

WH

Concurrent observation of initial case.

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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Surgery of the Hand

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 Plastic Surgery.
Certification	Current certification through ABMS or AOA Board American Board of Plastic Surgery in Plastic Surgery. 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 plastic surgery services (at least 100 procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested within the previous 24 months.
Clinical Experience (Reappointment)	Applicant must be able to provide documentation of provision of plastic surgery services (at least 100 procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested within the previous 24 months. AND Active/Provisional Staff Only: Of the 100 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.
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 every within the previous 24 months directly related to the practice of plastic surgery (waived for applicants who have completed training during the previous 24 months).

Core Privileges in Surgery of the Hand

Description: Evaluate, diagnose, provide consultation, treat and medically and surgically manage patients with congenital and acquired defects of the hand and wrist that compromise the function of the hand.

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

- Admit to inpatient or appropriate level of care
- Perform history and physical examination
- Evaluate, diagnose, treat and provide consultation to patients with acquired or congenital disorders of the hand.

Procedures

- Amputation
- Arthroscopy
- Arthroplasty
- Joint implants
- Bone graft
- Tendon reconstruction including tendon grafts, complex tenolysis, pulley reconstruction, and tendon transfer
- Foot to hand transfer
- Foreign body removal
- Open reduction and internal fixation of complex fractures, carpal instability and dislocations
- Nerve repair, including major and digital, graft, neurolysis, surgical treatment of neuroma, transpositions, and tendon decompressions
- Reconstruction of or surgically address congenital and acquired deformities of the hand and wrist (including pollicization)
- Replantation, revascularization
- Skin repair, including grafts and flaps, multiple tissue flaps, free microscopic tissue transfers, and insertion of tissue expanders
- Surgery for Dupuytren's contracture
- Surgical treatment of complex bone and soft tissue tumors
- Tenosynovectomy (de Quervain)

FPPE

WH

- Six direct observation case reviews of a variety of cases within the Core.
- 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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Oral and Maxillofacial Surgery

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 American Dental Association Commission on Dental Accreditation (ADA CODA) residency training program in oral and maxillofacial surgery.
Certification	Current certification in oral and maxillofacial surgery from the American Board of Oral and Maxillofacial Surgery.
Clinical Experience (Initial)	Applicant must provide documentation of provision of oral and maxillofacial surgical 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 (Reappointment)	Applicant must provide documentation of provision of clinical services representative of the scope of privileges requested during the past 24 months.
Additional Qualifications	Current Oral and Maxillofacial Surgery Permit or Elective Cosmetic Surgery Permit (as applicable) issued by the State of _____ (if required by the State in which practice will occur).

Core Privileges in Oral and Maxillofacial Surgery

Description: Diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial regions.

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>
	<input type="checkbox"/> - Currently Granted privileges
WH	<input type="checkbox"/>
	Admit to inpatient or appropriate level of care
	Perform history and physical examination
	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.
	General Procedures
	Management of dentoalveolar surgery: including surgical management, implants, and management of diseases, injury and deformity.
	Administration of local anesthesia including basic blocks
	Trauma Related Procedures
	Open and closed reductions of fractures of the mandible, maxilla, zygomatico-maxillary, nose, naso-frontal-orbital-ethmoidal and midface region
	Repair of facial, oral, soft tissue injuries
	Tracheostomies and cricothyrotomy
	Pathology Related Procedures
	Diagnosis and management of benign pathological conditions and localized malignant disease of the facial skeleton and soft tissues of the head and neck (excluding parotid glands and eyes)
	Surgical treatment of head and neck infections
	Cystectomy of bone and soft tissue
	Fifth nerve surgery
	Major maxillary sinus procedures
	Sialoadenectomy
	Sialolithotomy
	Orthognathic Procedures - Surgical correction of functional and cosmetic orofacial and craniofacial deformities of the mandible, maxilla, zygoma and other facial bones
	Le Fort I, II and III procedures
	Surgical correction of dentofacial deformity.
	Reconstructive Surgery
	Surgically address deformities and defects of the facial skeleton and soft tissue including grafts (allo-, xeno-, and auto-) and implants.
	Harvesting local cartilage and harvesting skin and mucosa from anywhere in the body.
	Facial cleft repair
	Vestibuloplasties
	Temporomandibular Joint Surgery
	Arthroscopy (including lysis and lavage), arthrotomies, arthroplasty

<input type="checkbox"/>	Prosthetic joint replacement
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FPPE

H/M	
<input type="checkbox"/>	Concurrent observation of one major surgical procedure.
<input type="checkbox"/>	Retrospective evaluation to include pre-operative work-up, surgical plan and post-operative course of events of 5 varied cases.
<input type="checkbox"/>	Feedback from involved clinician or administrative person who is knowledgeable about the services performed by the practitioner

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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Neuroradiologic Interventional Privileges

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

Qualifications	Licensed M.D. or D.O. AND Qualified practitioners within the Department of Radiology and/or Neurosurgery Specialists within the Department of Surgery may apply for privileges contained in this document. No other specialists are eligible to apply.
Membership	Meet all requirements for medical staff membership.
Education/Training	Pathway 1 - Completion of an ACGME or AOA accredited Fellowship training program in Interventional Radiology. OR Pathway 2 - Completion of an ACGME or AOA accredited Fellowship training program in Neurointerventional Radiology. OR Pathway 3 - Completion of an ACGME or AOA accredited Neurosurgery residency or fellowship that includes training in Neurointerventional procedures. AND A letter from the program director stating that s/he was adequately trained and provided clinical competency in the applied-for procedure(s) is required if applying via

Pathway 3.

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 neuroradiologic interventional services (waived for applicants who have completed residency training during the previous 24 months).

Certification

Current certification through ABMS or AOA Board American Board of Radiology in Diagnostic Radiology. Exceptions to this requirement can be found in the Credentialing Policy 2.A.1.p
OR Current certification through ABMS American Board of Neurological Surgery in Neurological Surgery. Exceptions to this requirement can be found in the Credentialing Policy 2.A.1.p
AND Current Fluoroscopy certification is required while holding these privileges.

Clinical Experience (Initial)

Applicant must be able to provide documentation of provision of neuroradiologic interventional services (at least 40 procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested within the previous 24 months.

Clinical Experience (Reappointment)

Applicant must be able to provide documentation of provision of neuroradiologic interventional services (at least 40 procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested within the previous 24 months.
AND Active/Provisional Staff Only: Of the 40 procedures, 10 must be performed at Washington Hospital Healthcare System and/or the Washington Outpatient Surgery Center.
AND If activity requirement is not met, acceptable to provide proof of CAQ eligibility or certification for requirement to be met.
AND If applicable, applicants who hold special privileges must meet the activity requirements as defined in the medical staff documents.

Additional Qualifications

Applicant must hold core privileges in his or her primary specialty in order to request this privilege.

Core Privileges in Neuroradiologic Intervention	
Description: Neuroradiologic Interventional privileges are done for the purpose of imaging the brain, orbital contents, spine, and spinal cord or involve entry into either the arterial or venous portions of these anatomic regions. Examinations limited to the extracerebral vasculature do not require neuroradiologic privileges.	
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>
Select, perform and interpret	
<input type="checkbox"/>	Admit to inpatient or appropriate level of care
<input type="checkbox"/>	Interpretation of radiographic studies pertinent to the practice of Endovascular Surgical Neuroradiology (ESN)
<input type="checkbox"/>	Management of patient through hospitalization and/or treatment
<input type="checkbox"/>	Neurointensive care management
<input type="checkbox"/>	Order diagnostic studies and tests

<input type="checkbox"/>	Perform history and physical examination; provide consultation
<input type="checkbox"/>	Perform neurological examinations to evaluate patients with neurological disorders
	Procedures (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)
<input type="checkbox"/>	Angiography
<input type="checkbox"/>	Embolization procedure, brain
<input type="checkbox"/>	Embolization procedure, spine
<input type="checkbox"/>	Temporary balloon test occlusion of vessel
<input type="checkbox"/>	Thrombolysis or thrombectomy for stroke
<input type="checkbox"/>	Angioplasty and stenting (include carotid and vertebral arteries), both extracranial and intracranial
<input type="checkbox"/>	Intracranial vessel infusion therapy
<input type="checkbox"/>	Nerve block, facet injections, epidurals, myelography and spine biopsy under image guidance
<input type="checkbox"/>	Extracranial brachiocephalic PTA and stenting (e.g. innominate, common and internal carotid, subclavian, and vertebral arteries)

FPPE	
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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Memorandum

DATE: September 8, 2023
TO: Kimberly Hartz, Chief Executive Officer
FROM: Mark Saleh, MD, Chief of Staff
SUBJECT: MEC for Board Approval:

The Medical Executive Committee, at a Special meeting to be held on September 12 or 13, 2023, is expected to approve the below-listed privilege:

Special Privilege: Aquablation Procedure

Please accept this memorandum as a formal request for presentation to the Board of Directors for final approval of the attached above-listed privilege.



Washington Hospital Medical Staff

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Special Privileges: Aquablation Procedure

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

Qualifications

Licensed M.D. or D.O.

AND Qualified Urologists within the Department of Surgery may apply for the privilege contained in this document. No other specialists are eligible to apply.

Education/Training Pathway 1

Applicant must hold concurrent privileges in TURP (TransUrethral Resection of the Prostate) and Cystoscopy.

AND 1) Applicant must provide Certification of training from the manufacturer (after the first five cases are proctored by the manufacturer's rep).

OR 2) Applicant must provide proof of education and training from a Residency/Fellowship Training Program accompanied by a letter from its Director confirming the training and the applicant's competence.

Aquablation Procedure	
Description:	
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
Procedure(s)	
<input type="checkbox"/>	Aquablation

FPPE	
WH	
<input type="checkbox"/>	Three direct observation case reviews by assigned staff surgeon

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: September 8, 2023
TO: Kimberly Hartz, Chief Executive Officer
FROM: Mark Saleh, MD, Chief of Staff
SUBJECT: MEC for Board Approval:

The Medical Executive Committee on August 21, 2023, approved the below-listed Pharmacy Policy:

SUBJECT: MEDICATION SHORTAGES,
Policy #3:06:70

Please accept this memorandum as a formal request for presentation to the Board of Directors for final approval of the attached above-listed policy.

WASHINGTON HOSPITAL PHARMACY DEPARTMENT POLICY & PROCEDURE	Policy #: 3:06:70
SUBJECT: MEDICATION SHORTAGES	Effective Date: 12/18 Revised: 3/21, 5/23, 6/23
Approved by: Minh-Thu Dennen, Director of Pharmacy Pharmacy, Nutrition, & Therapeutics Committee	

I. PURPOSE

To establish a process for the ongoing evaluation, communication and management of medication shortages.

II. DEFINITIONS

- Medication shortage – A supply issue that affects how the pharmacy prepares or dispenses a medication product or influences patient care when prescribers must use an alternative agent.
- Significant impact medication shortage – A supply issue that requires any changes in medication product distribution (e.g. changes in form, quantity, supply location), and/or impacts prescribing practice (e.g. medication substitution, dose change, patient evaluation, or changes in monitoring).
- Medication shortage can occur as a result of the following situation(s):
 1. The distributor is unable to supply a medication.
 2. The manufacturer is unable to supply a medication.
 3. The manufacture discontinues manufacturing a product for business reasons.
 4. The medication shortage is caused by increased demand.
 5. The medication is allocated to hospitals by the manufacturer via limited access.
 6. Voluntary or mandatory recall of a medication product.

III. POLICY

The Pharmacy Department is responsible for ongoing evaluation and management of all medication shortages to minimize impact on patient care. The status and proposed action plans for the management of medication shortages likely to have significant patient impact are communicated to clinical departments and the Medical Staff, if appropriate, as soon as information is available. The Pharmacy, Nutrition, & Therapeutics (PN&T) Committee approves any plans for restricting or rationing limited supplies.

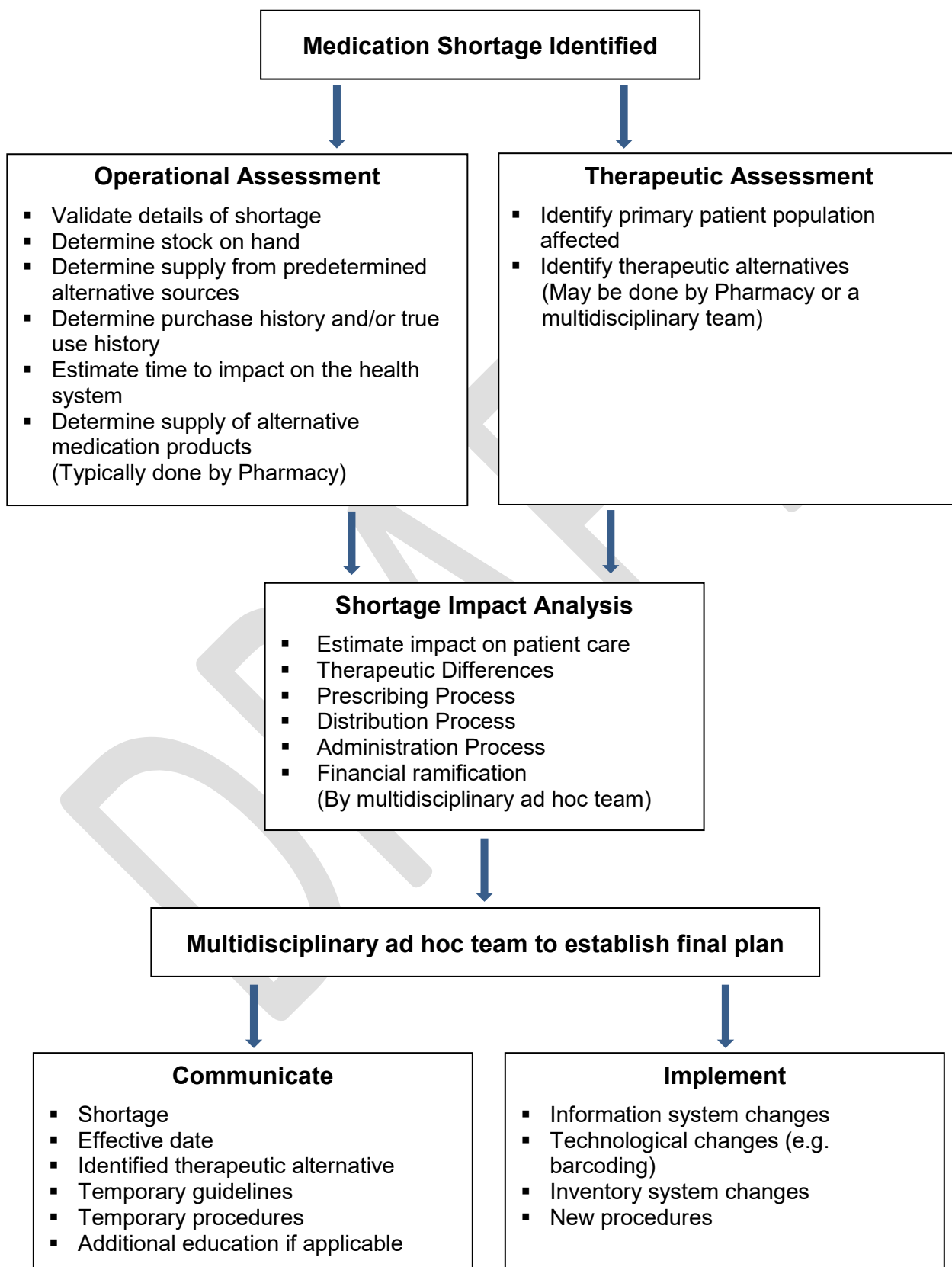
IV. PROCEDURE

1. The Pharmacy Department maintains ongoing oversight of medication shortages through national databases, medication manufacturers and the pharmacy group purchasing organization. It investigates potential medication shortages and contacts alternative manufacturers and vendors to procure adequate supplies.
2. When applicable, the current PN&T approved Therapeutic Interchanges policy will be used to substitute with a therapeutically equivalent alternative product. For any other alternatives listed outside this policy
3. If the Pharmacy Department assesses that the shortage may impact prescribing or administration, a multidisciplinary ad hoc team with representatives from departments likely to be affected by the shortage is convened to develop a management strategy. (Refer to

the algorithm on page 3). Any education related to alternative products, patient evaluation or monitoring is also developed by the team.

4. Should resources become so scarce that they need to be allocated on a case-by-case basis, such decisions will be made by the multidisciplinary ad hoc team.
 - a. Allocation of limited-supply drugs must be prioritized in a transparent and data-driven fashion to ensure thoughtful and equitable distribution.
 - b. All patients shall be treated equally, regardless of disease, age, race, ethnicity, gender, disability, perceptions of quality of life, insurance or socioeconomic status, perceptions of social worth, immigration status, etc.
 - c. All patients receive individualized assessments by clinicians based on the best available objective medical evidence.
5. The Pharmacy Department notifies the Chair of the Pharmacy, Nutrition, & Therapeutics Committee if immediate action and approval is required. The action plan is then submitted for approval by the full committee at the next scheduled meeting.
6. Pharmacy, clinical departments, and Medical Staff are notified of the medication shortage and plan for addressing the shortage in multiple ways that may include, but are not limited to:
 - Emails to unit managers to be forwarded to staff as appropriate
 - Addition of Pyxis alerts if feasible, accompanied by education
 - Epic – Pharmacy Communication Board
 - Epic Alternative Alerts – alerts the clinician at the time they try to order the medication in shortage
 - Memo from pharmacy to unit managers and management team
 - MD communication – Memo or Portal based on urgency
 - Pharmacy staff communication via email or department postings
 - Pharmacy Drug Shortages SharePoint Intranet site
7. The information provided will include when applicable:
 - Products affected
 - Reason for the shortage
 - Estimated date of product availability based on information known at the time
 - Rationing or restriction strategies
 - Specific management strategies such as removal or substitution of products from automated dispensing devices, centralizing distribution etc.
 - Recommendations for alternative products if applicable
 - Staff education materials if applicable
8. The Pharmacy Department monitors the status of the medication shortage until the supply situation no longer meets the definition of a medication product shortage. Information about the resolution of the medication shortage is communicated to all affected clinicians.

Process for Decision-Making in the Management of Medication Product Shortages



General Principles for Allocation of Limited-Supply Oncology-Related Medications

- I. Patients should be prioritized based on a combination of factors:
 - A. Guidance from position statements from various medical societies and healthcare systems as available.
 - B. Evidence level and availability of alternatives
 1. Moderate-high evidence with no alternatives of comparable efficacy
 2. Moderate-high evidence with alternatives of comparable efficacy
 3. Low level of evidence and no alternatives of comparable efficacy
 4. Low level of evidence and alternatives with comparable efficacy
 - C. Stage/Grade of disease
 1. High-grade, early-stage disease
 2. Advanced-stage disease
 - D. Goal of treatment
 1. Curative before palliative
 2. Induction before maintenance
- II. Other strategies to maximize supply
 - A. Round doses down to the nearest vial size or within 10%
 - B. Increase the interval between cycles when clinically acceptable to do so.
 1. Where guidelines may state a range for cycle duration, default to the lower end of that range (e.g., if doses are recommended every 3 to 4 weeks, default to every 4 weeks).
 2. Avoid weekly dosing
 - C. Use lower doses when clinically acceptable to do so.
 1. Where guidelines state a range of dosing, default to the lowest therapeutically appropriate dose (e.g., if the carboplatin dose is recommended AUC 4-6, default to AUC 4).
- III. When inventory supplies are completely depleted, patients in need of treatment will be tracked and monitored and will be notified once adequate supply for treatment has been procured.



WASHINGTON HOSPITAL
MONTHLY OPERATING REPORT

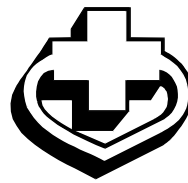
July 2023



Washington Hospital
Healthcare System

**WASHINGTON HOSPITAL
INDEX TO BOARD FINANCIAL STATEMENTS
July 2023**

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



Memorandum

DATE: August 31, 2023
TO: Board of Directors
FROM: Kimberly Hartz, Chief Executive Officer
SUBJECT: Washington Hospital – July 2023
Operating & Financial Activity

SUMMARY OF OPERATIONS – (Blue Schedules)

1. Utilization – Schedule Board 3

	July <u>Actual</u>	July <u>Budget</u>	Current 12 <u>Month Avg.</u>
<u>ACUTE INPATIENT:</u>			
IP Average Daily Census	152.3	159.6	157.6
Combined Average Daily Census	163.7	168.2	166.7
No. of Discharges	848	943	893
Patient Days	4,722	4,948	4,791
Discharge ALOS	5.46	5.25	5.43
<u>OUTPATIENT:</u>			
OP Visits	7,859	8,388	8,630
ER Visits	4,883	5,239	4,898
Observation Equivalent Days – OP	352	266	278

Comparison of July Actual acute inpatient statistics versus the Budget showed a lower level of discharges, and a lower level of patient days. The average length of stay (ALOS) based on discharged days was above Budget. Outpatient visits were lower than Budget. Emergency Room visits were below Budget for the month. Observation equivalent days were higher than Budget.

2. Staffing – Schedule Board 3

Total paid FTEs were below Budget. Total productive FTEs for July were 1,401.2, 43.1 below the budgeted level of 1,444.3. Nonproductive FTEs were 26.7 above Budget. Productive FTEs per adjusted occupied bed were 5.16, 0.43 below the budgeted level of 5.59. Total FTEs per adjusted occupied bed were 6.04, 0.37 below the budgeted level of 6.41.

3. Income - Schedule Board 1

For the month of July, the Hospital realized Net Operating Loss of \$3,177,000 from Operations, a (7.4%) Margin.

Total Gross Patient Revenue of \$190,558,000 for July was 5.9% below Budget.

Deductions from Revenue of \$148,603,000 were 78% of Total Gross Patient Revenue, above the budgeted amount of 77%.

Total Operating Revenue of \$43,000,000 was \$5,111,000 below the Budget by 10.6%.

Total Operating Expense of \$46,177,000 was lower than the Budget by \$1,988,000, (4.1%).

The Non-Operating Gain of \$702,000 for the month includes an unrealized gain on investments of \$344,000.

The Total Net Loss for July was \$2,475,000, which was \$2,547,000 below the budgeted income of \$72,000, a (5.8%) Margin.

The Total Net Loss for July using FASB accounting principles, in which the unrealized loss on investments, net interest expense on GO bonds and property tax revenues are removed from the non-operating income and expense, was \$3,286,000 a (7.64% Margin) compared to budgeted loss of \$296,000 for an unfavorable variance of \$2,990,000.

4. Balance Sheet – Schedule Board 2

There were no noteworthy changes in assets and liabilities when compared to June 2023.

KIMBERLY HARTZ
Chief Executive Officer

KH/TM



**WASHINGTON HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
July 2023
GASB FORMAT
(In thousands)**

July					YEAR TO DATE				
ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.		ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.	
\$ 106,911	\$ 125,129	\$ (18,218)	-14.6%	1	\$ 106,911	\$ 125,129	\$ (18,218)	-14.6%	
83,647	77,416	6,231	8.0%	2	83,647	77,416	6,231	8.0%	
190,558	202,545	(11,987)	-5.9%	3	190,558	202,545	(11,987)	-5.9%	
(144,346)	(152,242)	7,896	5.2%	4	(144,346)	(152,242)	7,896	5.2%	
(4,257)	(3,626)	(631)	-17.4%	5	(4,257)	(3,626)	(631)	-17.4%	
(148,603)	(155,868)	7,265	4.7%	6	(148,603)	(155,868)	7,265	4.7%	
77.98%	76.95%			7	77.98%	76.95%			
41,955	46,677	(4,722)	-10.1%	8	41,955	46,677	(4,722)	-10.1%	
1,046	1,435	(389)	-27.1%	9	1,046	1,435	(389)	-27.1%	
43,001	48,112	(5,111)	-10.6%	10	43,001	48,112	(5,111)	-10.6%	
21,665	22,681	1,016	4.5%	11	21,665	22,681	1,016	4.5%	
7,406	7,561	155	2.0%	12	7,406	7,561	155	2.0%	
5,806	6,326	520	8.2%	13	5,806	6,326	520	8.2%	
6,206	6,353	147	2.3%	14	6,206	6,353	147	2.3%	
1,933	2,067	134	6.5%	15	1,933	2,067	134	6.5%	
3,162	3,177	15	0.5%	16	3,162	3,177	15	0.5%	
46,178	48,165	1,987	4.1%	17	46,178	48,165	1,987	4.1%	
(3,177)	(53)	(3,124)	-5894.3%	18	(3,177)	(53)	(3,124)	-5894.3%	
-7.39%	-0.11%			19	-7.39%	-0.11%			
553	293	260	88.7%	20	553	293	260	88.7%	
(198)	-	(198)	0.0%	21	(198)	-	(198)	0.0%	
(1,585)	(1,665)	80	4.8%	22	(1,585)	(1,665)	80	4.8%	
65	(26)	91	350.0%	23	65	(26)	91	350.0%	
-	-	-	0.0%	24	-	-	-	0.0%	
-	-	-	0.0%	25	-	-	-	0.0%	
-	-	-	0.0%	25	-	-	-	0.0%	
1,523	1,523	-	0.0%	26	1,523	1,523	-	0.0%	
344	-	344	0.0%	27	344	-	344	0.0%	
702	125	577	461.6%	28	702	125	577	461.6%	
\$ (2,475)	\$ 72	\$ (2,547)	-3537.5%	29	\$ (2,475)	\$ 72	\$ (2,547)	-3537.5%	
-5.76%	0.15%			30	-5.76%	0.15%			
\$ (3,286)	\$ (296)	\$ (2,990)	-1010.1%	31	\$ (3,286)	\$ (296)	\$ (2,990)	-1010.1%	
-7.64%	-0.62%				-7.64%	-0.62%			

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



**WASHINGTON HOSPITAL
BALANCE SHEET**
July 2023
(In thousands)

SCHEDULE BOARD 2

ASSETS AND DEFERRED OUTFLOWS			July 2023	Unaudited June 2023	LIABILITIES, NET POSITION AND DEFERRED INFLOWS			July 2023	Unaudited June 2023		
CURRENT ASSETS					CURRENT LIABILITIES						
1	CASH & CASH EQUIVALENTS	\$	11,480	\$	13,792	1	CURRENT MATURITIES OF L/T OBLIG	\$	10,855	\$	10,460
2	ACCOUNTS REC NET OF ALLOWANCES		68,063		66,611	2	ACCOUNTS PAYABLE		34,444		32,908
3	OTHER CURRENT ASSETS		22,907		22,508	3	OTHER ACCRUED LIABILITIES		56,370		57,285
4	TOTAL CURRENT ASSETS		102,450		102,911	4	INTEREST		8,230		10,456
						5	TOTAL CURRENT LIABILITIES		109,899		111,109
ASSETS LIMITED AS TO USE					LONG-TERM DEBT OBLIGATIONS						
5	BOARD DESIGNATED FOR CAPITAL AND OTHER		179,018		178,095	6	REVENUE BONDS AND OTHER		185,330		193,400
6	BOARD DESIGNATED FOR PENSION		0		0	7	GENERAL OBLIGATION BONDS		342,105		342,150
7	GENERAL OBLIGATION BOND FUNDS		19,478		19,399						
8	REVENUE BOND FUNDS		6,727		6,726						
9	BOND DEBT SERVICE FUNDS		23,120		34,708						
10	OTHER ASSETS LIMITED AS TO USE		9,802		9,792						
11	TOTAL ASSETS LIMITED AS TO USE		238,145		248,720	OTHER LIABILITIES					
12	OTHER ASSETS		322,865		319,098	8	SUPPLEMENTAL MEDICAL RETIREMENT		42,606		42,548
13	PREPAID PENSION		0		0	9	WORKERS' COMP AND OTHER		9,843		9,732
14	OTHER INVESTMENTS		18,967		18,952	10	NET PENSION		70,168		69,065
15	NET PROPERTY, PLANT & EQUIPMENT		572,093		575,072	11	ROU ASSET LONG-TERM		749		749
16	TOTAL ASSETS		\$ 1,254,520		\$ 1,264,753	12	NET POSITION		530,203		532,678
17	DEFERRED OUTFLOWS		68,593		70,928	13	TOTAL LIABILITIES AND NET POSITION		\$ 1,290,903		\$ 1,301,431
18	TOTAL ASSETS AND DEFERRED OUTFLOWS		\$ 1,323,113		\$ 1,335,681	14	DEFERRED INFLOWS		32,210		34,250
						15	TOTAL LIABILITIES, NET POSITION AND DEFERRED INFLOWS		\$ 1,323,113		\$ 1,335,681

\$ -



**WASHINGTON HOSPITAL
OPERATING INDICATORS
July 2023**

12 MONTH AVERAGE	July						YEAR TO DATE			
	ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.			ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.
<u>PATIENTS IN HOSPITAL</u>										
157.6	152.3	159.6	(7.3)	-5%	1	ADULT & PEDS AVERAGE DAILY CENSUS	152.3	159.6	(7.3)	-5%
9.1	11.4	8.6	2.8	33%	2	OUTPT OBSERVATION AVERAGE DAILY CENSUS	11.4	8.6	2.8	33%
166.7	163.7	168.2	(4.5)	-3%	3	COMBINED AVERAGE DAILY CENSUS	163.7	168.2	(4.5)	-3%
8.2	7.5	9.3	(1.8)	-19%	4	NURSERY AVERAGE DAILY CENSUS	7.5	9.3	(1.8)	-19%
174.9	171.2	177.5	(6.3)	-4%	5	TOTAL	171.2	177.5	(6.3)	-4%
3.7	3.8	3.7	0.1	3%	6	SPECIAL CARE NURSERY AVERAGE DAILY CENSUS *	3.8	3.7	0.1	3%
4,791	4,722	4,948	(226)	-5%	7	ADULT & PEDS PATIENT DAYS	4,722	4,948	(226)	-5%
278	352	266	86	32%	8	OBSERVATION EQUIVALENT DAYS - OP	352	266	86	32%
893	848	943	(95)	-10%	9	DISCHARGES-ADULTS & PEDS	848	943	(95)	-10%
5.43	5.46	5.25	0.21	4%	10	AVERAGE LENGTH OF STAY-ADULTS & PEDS	5.46	5.25	0.21	4%
<u>OTHER KEY UTILIZATION STATISTICS</u>										
1.544	1.578	1.599	(0.021)	-1%	11	OVERALL CASE MIX INDEX (CMI)	1.578	1.599	(0.021)	-1%
<u>SURGICAL CASES</u>										
168	161	155	6	4%	12	JOINT REPLACEMENT CASES	161	155	6	4%
24	19	31	(12)	-39%	13	NEUROSURGICAL CASES	19	31	(12)	-39%
10	12	12	-	0%	14	CARDIAC SURGICAL CASES	12	12	-	0%
103	114	96	18	19%		ENDOSCOPY	114	96	18	19%
163	154	161	(7)	-4%	15	OTHER SURGICAL CASES	154	161	(7)	-4%
468	460	455	5	1%	16	TOTAL CASES	460	455	5	1%
164	149	181	(32)	-18%	17	TOTAL CATH LAB CASES	149	181	(32)	-18%
123	108	141	(33)	-23%	18	DELIVERIES	108	141	(33)	-23%
8,630	7,859	8,388	(529)	-6%	19	OUTPATIENT VISITS	7,859	8,388	(529)	-6%
4,898	4,883	5,239	(356)	-7%	20	EMERGENCY VISITS	4,883	5,239	(356)	-7%
<u>LABOR INDICATORS</u>										
1,422.3	1,401.2	1,444.3	43.1	3%	21	PRODUCTIVE FTE'S	1,401.2	1,444.3	43.1	3%
204.3	237.9	211.2	(26.7)	-13%	22	NON PRODUCTIVE FTE'S	237.9	211.2	(26.7)	-13%
1,626.6	1,639.1	1,655.5	16.4	1%	23	TOTAL FTE'S	1,639.1	1,655.5	16.4	1%
5.29	5.16	5.59	0.43	8%	24	PRODUCTIVE FTE/ADJ. OCCUPIED BED	5.16	5.59	0.43	8%
6.05	6.04	6.41	0.37	6%	25	TOTAL FTE/ADJ. OCCUPIED BED	6.04	6.41	0.37	6%

* included in Adult and Peds Average Daily Census