



Washington Township Health Care District

2000 Mowry Avenue, Fremont, California 94538-1716 • (510) 797-1111

Nancy Farber, Chief Executive Officer

Board of Directors

Patricia Danielson, RHIT

Jacob Eapen, M.D.

William F. Nicholson, M.D.

Bernard Stewart, D.D.S.

Michael J. Wallace

BOARD OF DIRECTORS' MEETING

Wednesday, May 8, 2019 – 6:00 P.M.
Conrad E. Anderson, MD Auditorium

AGENDA

	PRESENTED BY:
I. CALL TO ORDER & PLEDGE OF ALLEGIANCE	Bernard Stewart Board Member
II. ROLL CALL	Dee Antonio District Clerk
III. OATH OF OFFICE Jeannie Yee	The Honorable Thomas Nixon
IV. EDUCATION Hybrid Vascular Surgery at Washington Hospital	Gabriel Herscu, M.D. Lynda Antes, RN, BS, MHA
V. CONSIDERATION OF MINUTES April 8, 9, 10, 15, 22, and 24, 2019	<i>Motion Required</i>
VI. COMMUNICATIONS A. Oral B. Written From Timothy Tsoi, MD Chief of Staff, dated April 22, 2019 requesting approval of Medical Staff Credentialing Action Items.	<i>Motion Required</i>
VII. INFORMATION	PRESENTED BY:
A. Service League Report	Ruth McGautha Service League
B. Medical Staff Report	Timothy Tsoi, MD Chief of Staff
C. Hospital Calendar	Nancy Farber Chief Executive Officer

D. Quality Report:
Quality Dashboard Quarter Ending March
31,2019

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

E. Finance Report

Chris Henry
Associate Administrator and
Chief Financial Officer

F. Hospital Operations Report

Nancy Farber
Chief Executive Officer

VII. ACTION

- A. Consideration of Glidoscopes
- B. Consideration of Appointment to DEVCO
Board: Steven Chan, D.D.S.
- C. Consideration of Contrast Media Usage, GFR
and Hydration Protocol
- D. Consideration of Privileges for Endovascular
Abdominal Aortic Aneurysm Stent Graft
Placement (EVAR) and Thoracic
Endovascular Aortic Aneurysm Stent Graft
Placement (TEVAR)

Motions Required

VIII. ADJOURN TO CLOSED SESSION

*In accordance with Section 1461, 1462, 32106 and
32155 of the California health & Safety Code and
Sections 54962 and 54954.5 of the California
Government Code, portions of this meeting may be
held in closed session.*

- A. Report and discussion regarding California
Government Code section 54957: Personnel
matters
- B. Conference regarding medical audit reports,
quality assurance reports and privileging
pursuant to Health & Safety Code Section
32155.
- C. Report involving a trade secret pursuant to
Health & Safety Code section 32106
- D. Conference with Legal Counsel-Anticipated
Litigation pursuant to Government Code
section 54956.9(d)(2)

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

Bernard Stewart
Board Member

X. ADJOURNMENT

Bernard Stewart
Board Member

A meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, April 8, 2019 in the Board Room, 2000 Mowry Avenue, Fremont, California. 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; Michael Wallace; Jacob Eapen, MD

ROLL CALL

There were no oral communications.

COMMUNICATIONS

There were no written communications.

In accordance with Health & Safety Code Sections 32106 and California Government Code 54957, Director Stewart adjourned the meeting to closed session at 6:00 p.m., as the discussion pertained to personnel matters.

ADJOURN TO CLOSED SESSION

Director Stewart reconvened the meeting to open session at 9:30 p.m. and reported no reportable action was taken in closed session.

RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION

There being no further business, Director Stewart adjourned the meeting at 9:30 p.m.

ADJOURNMENT

Bernard Stewart
President

Michael J. Wallace
Secretary

A meeting of the Board of Directors of the Washington Township Health Care District was held on Tuesday, April 9, 2019 in the Board Room, 2000 Mowry Avenue, Fremont, California. 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; Michael Wallace; Jacob Eapen, MD

ROLL CALL

Also present: Nancy Farber, Chief Executive Officer; Ed Fayen, Senior Associate Administrator; Robert Lanci, Security Manager; Paul Kozachenko, Legal Counsel; Dee Antonio, District Clerk

There were no oral communications.

COMMUNICATIONS

There were no written communications.

In accordance with Health & Safety Code Sections 32106 and California Government Code 54957, Director Stewart adjourned the meeting to closed session at 6:00 p.m., as the discussion pertained to personnel matters.

ADJOURN TO CLOSED SESSION

Director Stewart reconvened the meeting to open session at 9:30 p.m. and reported no reportable action was taken in closed session.

RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION

There being no further business, Director Stewart adjourned the meeting at 9:30 p.m.

ADJOURNMENT

Bernard Stewart
President

Michael J. Wallace
Secretary

A meeting of the Board of Directors of the Washington Township Health Care District was held on Wednesday, April 10, 2019 in the Conrad E. Anderson, MD Auditorium, 2500 Mowry Avenue, Fremont, California. Director Stewart called the meeting to order at 6:00 pm 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

ROLL CALL

Also present: Nancy Farber, Chief Executive Officer; Timothy Tsoi MD, Chief of Staff; Ruth McGautha, Service League President; Dee Antonio, District Clerk

Guests: Ed Fayen, Kimberly Hartz, Chris Henry, Tina Nunez, Stephanie Williams, Robert Alfieri, Jeff Stuart MD, John Lee, Kristin Ferguson, Mary Bowron, John Zubiena, David Hayne, Rob Lanci, Nick Legge, Paul Kozachenko

Also present: Patricia Danielson, Russ Blowers, Marla Blowers, Jack Rogers, Jeannie Yee, Rakesh Sharma

Director Wallace moved for the presentation of the Commendation for Patricia Danielson for the work she has done on behalf of the Washington Hospital Health Care District over the past eighteen years in her service as a Board Member.

*COMMENDATION:
Patricia Danielson*

Director Nicholson seconded the motion. Director Stewart read the Commendation in its entirety.

Roll call was taken:

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

The motion unanimously carried.

It was announced that the Newark Clinic will be renamed the Danielson Clinic in Newark in Ms. Danielson's honor.

There was a brief 15-minutes recess and the meeting resumed at 6:30 pm.

Director Nicholson moved for approval of the minutes of March 7, 11, 13, 18, 25, 26, 27, and 28, 2019.

*APPROVAL OF
MINUTES OF March 7,
11, 13, 18, 25,26, 27, and
28, 2019*

Director Eapen seconded the motion.

Roll call was taken:

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

The motion carried.

The following written communication received from Timothy Tsoi, MD, Chief of Staff, dated March 25, 2019 requesting approval of Medical Staff Credentialing Action Items as follows:

*COMMUNICATIONS:
WRITTEN*

Appointments

Linn, Wutt MD; Matthews, Joshua MD; Massing, Thomas PA-C; Mehta, Andrew MD; Reynolds, Kerisimasi DO

Temporary Privileges

Linn, Wutt MD; Massing, Thomas PA-C

Reappointments – Two Year

Ahmadi, Ebrahim MD; Chetty, Shilpa MD; Chyu, Jacquelyn MD; Fields, James MD; Luo, Cindy PA-C; Mansouri, Jelriza MD; Meceda, Vistor MD; Patel, Neeta MD; Reddy, Aruna MD; Sheh, Bryant MD; Singh, Charan MD

Reappointments – One Year

Barash, Muni MD; Malek, Reza MD; Pipkin, Robert MD

Transfer in Staff Category

Chetty, Shilpa MD; Chyu, Jacquelyn MD; Malek, Reza MD; Pantell, Mathew MD; Tran, Thai Hang Thi NP

Completion of Proctoring Prior to Eligibility for Advancement in Staff Category

Kuhl, Kristopher DO

Completion of Proctoring and Advancement in Staff Category

Chetty, Shilpa MD; Chyu, Jacquelyn MD; Pantell, Mathew MD

Extension of Proctoring and Provisional Category 1-year

Bhimani, Meenesh MD; Carrington, Davi MD; Djavaherian, Caesar MD; Fox, Alex MD; Kestler, Arieh Zav MD; McBeth, Brian MD; Penner, Mark MD; Randazzo, Marco MD

Resignations

Banthia, Vishal MD; Gupta, Nisha MD; Rajaei, Sheeva MD; Sawhney, Rishi MD; Zachariah, Sybil MD; Zammuto, Joseph DO

Director Wallace moved for approval of the credentialing action items presented by Dr. Tsoi.

Director Nicholson seconded the motion.

Roll call was taken:

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

The motion carried.

Ruth McGautha, Service League, reported on the Service League activities, including the newly installed Counterpoint Point-of-Sales software in the Gift Shop, the Volunteer Appreciation Luncheon, and the Masquerade Jewelry Sale scheduled for April 30-May2.

*SERVICE LEAGUE
REPORT*

Dr. Timothy Tsoi reported there are 599 Medical Staff members which includes 354 active members.

*MEDICAL STAFF
REPORT*

The Hospital Calendar video highlighted the following events:

*HOSPITAL CALENDAR:
Community Outreach*

Past Health Promotions & Outreach Events

Outreach Events included:

- March 16th – Stroke Awareness Day
- March 16th – 3rd Annual Spring Charity Basketball Game – First Aid Booth
- March 19th – Advance Care Planning – Five Wishes
- March 21st – Laugh Without Leaking: Understanding Female Urinary Incontinence
- March 24rd – Blood Pressure Screenings at the 5th Annual Community Resource Fair Celebration
- March 26th – Diabetes Alert Day
- March 26th – Stop Diabetes Before It Starts
- April 3rd – Metabolic Disorders
-

Upcoming Health Promotions & Community Outreach Events

Health Promotions and Outreach Events will include:

- April 11th – Nutrition Myths
- April 17th – Early Detection and Prevention of Female Cancers
- April 18th – Menopause Essentials: What you need to know
- April 20th – Go Green
- May 2nd – Endometriosis: Causes, Symptoms, Diagnosis and Treatment
- May 7th – Gastrointestinal Disorders
- May 9th – Celebration of Life

Bay Area Healthier Together

In the month of February, Bay Area Healthier Together's topic was Diabetes featuring Vida Reed, RN and Diabetes Education Program Coordinator.

*HOSPITAL CALENDAR:
Bay Area Healthier
Together*

Washington Hospital Healthcare Foundation

- The Foundation will host the 34th Annual Golf Tournament at Castlewood Country Club on Thursday, May 2, 2019.

*HOSPITAL CALENDAR:
Washington Hospital
Foundation Report*

Board of Directors Report

WTHCD Board Members attended the Indo-American Community Federation's Unity Dinner on March 22nd, the Fremont Chamber of Commerce's State of the City address on March 22nd, and the Drivers for Survivors Annual Gala on April 6th.

*WASHINGTON
TOWNSHIP BOARD OF
DIRECTORS REPORT*

WHEA

WHEA collected clothing and toiletry items for the Fremont Winter Shelter for the Tri-City homeless community.

*WASHINGTON
HOSPITAL EMPLOYEES
ASSOCIATION (WHEA)*

Washington on Wheels

The WOW Mobile Clinic provided quality health care services at the TCV Food Bank and Thrift Store, the Family Resource Center and the Irvington Presbyterian Church in Fremont, Ruggieri Senior Center, Union City Family Center, and Our Lady of the Rosary Church in Union City, and the Viola Blythe Community Services Center and the Salvation Army in Newark. WOW also provided hearing and vision screenings for students of the Fremont Unified School District State Preschool Program. The total number of community members receiving health care from the WOW van during the month of March was 78.

*WASHINGTON ON
WHEELS (W.O.W.)
MOBILE HEALTH
CLINIC*

Internet and Social Media Marketing

Washington Hospital's website serves as a central source of information for the communities the District serves and beyond. The most viewed page was Employment with 24,055 views.

*HOSPITAL CALENDAR:
Internet and Social Media
Marketing*

InHealth - Channel 78

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

- Advance Care Planning: Five Wishes
- Diabetes and Heart Health
- Aortic Valve Disease: Treatment Options Including TAVR
- How to Prevent Financial Elder Abuse/Fraud
- February Citizen's Bond Oversight Committee Meeting
- March District Board of Directors Meeting

*HOSPITAL CALENDAR:
InHealth*

On Friday, March 29th, Washington Hospital celebrated national Doctors' Day

Awards and Recognition

- Radiation Oncology Center – Three year term of accreditation following review by the American College of Radiology (ACR).

*HOSPITAL CALENDAR:
Additional Events
HOSPITAL CALENDAR:
Awards and Recognition*

Employee of the Month

Monette Domingo joined Washington Hospital twenty years ago as a clerk in Central Registration. She became a phlebotomist and then a Senior Lab Assistant before going back to school to become a nurse. For the past eight years, she has worked in the Radiation Oncology Center and is currently the ROC Nurse Navigator.

*HOSPITAL CALENDAR:
Employee of the Month –
Monette Domingo, RN*

Mary Bowron, Chief of Quality and Resource Management, and Dr. Dianne Martin, Physician Consultant, presented the Washington Hospital Infection Prevention Program for 2019. The key components of the program were reviewed and the 2018-2019 Regulatory Updates were discussed. Other elements of the presentation included water management, environmental care, antimicrobial stewardship, influenza prevention, measles outbreak, C-diff prevention (in hospital and at home), tuberculosis surveillance, carbapenem resistant enteriobacteriaceae (CRE), and education for patients and staff.

*QUALITY REPORT:
Washington Hospital
Infection Prevention
Program - 2019*

Chris Henry, Chief Financial Officer, presented the Finance Report for February 2019. The average daily census was 200.8 with admissions of 989 resulting in 5,621 patient days. Outpatient observation equivalent days were 131. The average length of stay was 5.82 days. The case mix index was 1.486. Deliveries were 113. Surgical cases were 361. Joint Replacement cases were 154. Neurosurgical cases were 29. Cardiac Surgical cases were 8. The Outpatient visits were 7,212 and Emergency visits were 4,221. Total productive FTEs were 1,564.3. FTEs per adjusted occupied bed were 5.56.

FINANCE REPORT

Nancy Farber presented the Hospital Operations Report for March 2019. Preliminary information indicated gross revenue for the month at approximately \$202,608,000. The Average Length of Stay of 5.48 and there were 6,560 patient days. There were 405 Surgical Cases and 354 Cath Lab procedures at the Hospital. Deliveries were 139. Non-Emergency Outpatient visits were 8,114. Total FTEs per Adjusted Occupied Bed were 5.41. The Washington Outpatient Surgery Center had 501 cases and the clinics saw approximately 3,803 patients. Total Government Sponsored Preliminary Payor Mix was 73.9%, below the budget of 72.1%. Homeless Patient Total Encounters were 222 with an estimated unreimbursed cost of homeless care of \$397,238.

*HOSPITAL
OPERATIONS REPORT*

Director Stewart noted that all Board members have had an opportunity to review the five applications to fill the vacancy on the Board. He then asked if any Board members had any preliminary comments. There were none. Director Stewart then opened the public hearing and invited the public to address the Board. Mr. Jack Rogers spoke in support of candidate Steven Chan. Mr. Rakesh Sharma spoke in his own behalf. The public hearing was then closed. Director Stewart asked if there were any other comments from the Board members. There were none.

*CONSIDERATION OF
APPLICANTS –
APPOINTMENT TO
FILL BOARD VACANCY
SEAT*

Director Wallace moved to have Jeannie Yee fill the vacancy created as a result of the resignation of Patricia Danielson and to fill the remainder of the term until December 2020.

Director Nicholson seconded the motion.

Roll call was taken:

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

The motion unanimously carried.

In accordance with Health & Safety Code Sections 1461, 1462 and 32106 and Government Section 54954.5(h) Director Stewart adjourned the meeting to closed session at 8:14 pm, as the discussion pertained to Hospital trade secrets, Human Resources matters, and Risk Management.

*ADJOURN TO CLOSED
SESSION*

Director Stewart reconvened the meeting to open session at 9:02 pm and reported no action was taken in closed session.

*RECONVENE TO OPEN
SESSION & REPORT ON*

CLOSED SESSION

There being no further business, Director Stewart adjourned the meeting at 9:02 pm. *ADJOURNMENT*

Bernard Stewart
President

Michael J. Wallace
Secretary

DRAFT

A meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, April 15, 2019 in the Board Room, 2000 Mowry Avenue, Fremont, California. Director Stewart called the meeting to order at 6:01 p.m. and led those present in the Pledge of Allegiance.

CALL TO ORDER

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

ROLL CALL

Also present: Nancy Farber, Chief Executive Officer; Ed Fayen, Senior Associate Administrator; Kimberly Hartz, Senior Associate Administrator; Chris Henry, Senior Associate Administrator; Tina Nunez, Associate Administrator; Paul Kozachenko, Attorney; Carlo Coppo, Attorney; Dee Antonio, District Clerk

There were no oral communications.

COMMUNICATIONS

There were no written communications.

In accordance with Health & Safety Code Sections 32106 and California Government Code 54957, Director Stewart adjourned the meeting to closed session at 6:00 p.m., as the discussion pertained to personnel matters, trade secrets, and Conference with Legal Counsel regarding existing litigation pursuant to California Government Code Section 54956.9.

ADJOURN TO CLOSED SESSION

Director Stewart reconvened the meeting to open session at 7:16 p.m. and reported no reportable action was taken in closed session.

RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION

In accordance with District Law, Policies and Procedures, Director Wallace moved for the denial of a claim received on March 7, 2019 on behalf of Wayne Sanders and that the Chief Executive Officer be directed to provide notice in accordance with government code section 94956.

CONSIDERATION OF CLAIM – WAYNE SANDERS

Director Nicholson seconded the motion.

Roll call was taken:

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

The motion carried.

There being no further business, Director Stewart adjourned the meeting at 7:16 p.m.

ADJOURNMENT

Bernard Stewart
President

Michael J. Wallace
Secretary

A meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, April 22, 2019 in the Board Room, Washington Hospital, 2000 Mowry Avenue, Fremont, California. Director Stewart called the meeting to order at 7:30 a.m.

CALL TO ORDER

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

ROLL CALL

Also present: Timothy Tsoi, MD; Kranthi Achanta, MD; Peter Lunny, MD; Jan Henstorf, MD; Jeffrey Stuart, MD; John Romano, MD; Prasad Kilaru, MD; Nancy Farber, CEO

There were no oral or written communications.

COMMUNICATIONS

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

ADJOURN TO CLOSED SESSION

Director Stewart reconvened the meeting to open session at 8:30 a.m. and reported no reportable action was taken in closed session.

RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION

There being no further business, the meeting was adjourned at 8:30 a.m.

ADJOURNMENT

Bernard Stewart
President

Michael Wallace
Secretary

A meeting of the Board of Directors of the Washington Township Health Care District was held on Wednesday, April 24, 2019 in the Board Room, 2000 Mowry Avenue, Fremont, California. Director Stewart called the meeting to order at 6:04 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
Excused:

ROLL CALL

Also present: Nancy Farber, Chief Executive Officer; Kimberly Hartz, Senior Associate Administrator; Ed Fayen, Senior Associate Administrator; Chris Henry, Chief Associate Administrator; Stephanie Williams, Associate Administrator; Noah Rosenberg, Attorney; Dan Nardoni, Financial Services; Paul Kozachenko, Attorney; Dee Antonio, District Clerk

There were no oral communications.

COMMUNICATIONS

There were no written communications.

In accordance with Health & Safety Code Sections 32106 and California Government Code 54957, Director Stewart adjourned the meeting to closed session at 6:04 p.m., as the discussion pertained to personnel matters, trade secrets, and Conference with Legal Counsel regarding existing litigation pursuant to California Government Code Section 54956.9.

ADJOURN TO CLOSED SESSION

Director Stewart reconvened the meeting to open session at 7:17 p.m. and reported no reportable action was taken in closed session.

RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION

In accordance with District Law, Policies and Procedures, Director Eapen moved for the denial of a claim received on April 3, 2019 on behalf of Jack Tarkoff and that the Chief Executive Officer be directed to provide notice in accordance with government code section 94956.

CONSIDERATION OF CLAIM: JACK TARKOFF

Director Nicholson seconded the motion.

Roll call was taken:

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

In accordance with District Law, Policies and Procedures, Director Wallace moved for the denial of a claim received on March 9, 2019 on behalf of Shrinivas Kulkarni and that the Chief Executive Officer be directed to provide notice in accordance with government code section 94956.

CONSIDERATION OF CLAIM: SHRINIWAS KULKARNI

Director Nicholson seconded the motion.

Roll call was taken:

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

In accordance with District Law, Policies and Procedures, Director Eapen moved for the denial of a claim received on April 11, 2019 on behalf of Ethel Barajas and that the Chief Executive Officer be directed to provide notice in accordance with government code section 94956.

*CONSIDERATION OF
CLAIM: ANJALI
KULKARNI*

Director Nicholson seconded the motion.

Roll call was taken:

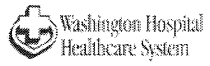
Bernard Stewart, DDS – aye
William Nicholson, MD – aye
Jacob Eapen, MD – aye
Michael Wallace – aye

There being no further business, Director Stewart adjourned the meeting at 7:23 p.m. *ADJOURNMENT*

Bernard Stewart
President

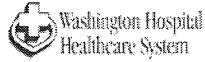
Michael J. Wallace
Secretary

DRAFT



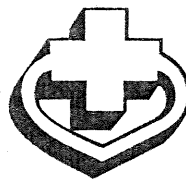
**WASHINGTON HOSPITAL
MONTHLY OPERATING REPORT**

March 2019



**WASHINGTON HOSPITAL
INDEX TO BOARD FINANCIAL STATEMENTS
March 2019**

<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: May 3, 2019
TO: Board of Directors
FROM: Nancy Farber
SUBJECT: Washington Hospital – March 2019
Operating & Financial Activity

SUMMARY OF OPERATIONS – (Blue Schedules)

1. Utilization – Schedule Board 3

	<u>March Actual</u>	<u>March Budget</u>	<u>Current 12 Month Avg.</u>
<u>ACUTE INPATIENT:</u>			
Average Daily Census	211.6	185.8	162.6
# of Admissions	1,123	1,202	990
Patient Days	6,560	5,761	4,940
Discharge ALOS	5.48	4.79	4.89
<u>OUTPATIENT:</u>			
OP Visits	8,114	7,764	7,368
ER Visits	4,840	4,966	4,228
Observation Equivalent Days – OP	220	141	168

Comparison of March acute inpatient statistics to those of the budget showed a lower level of admissions and a higher level of patient days. The average length of stay (ALOS) based on discharged days was above budget. Outpatient visits were higher than budget. Emergency Room visits were below budget for the month.

2. Staffing – Schedule Board 3

Total paid FTEs were 35.9 above budget. Total productive FTEs for March were 1,465.9, 50.5 above the budgeted level of 1,415.4. Nonproductive FTEs were 14.6 below budget. Productive FTEs per adjusted occupied bed were 4.98, 0.80 below the budgeted level of 5.78. Total FTEs per adjusted occupied bed were 5.41, 0.95 below the budgeted level of 6.36.

3. Income - Schedule Board 1

For the month of March, the Hospital realized income of \$1,891,000 from operations.

Total Gross Patient Service Revenue of \$202,608,000 for March was 2.1% above budget.

Deductions from Revenue of \$160,113,000 represented 79.03% of Total Gross Patient Service Revenue. This percentage is above the budgeted amount of 78.79%, primarily due to payor mix.

Total Operating Revenue of \$42,945,000 was \$19,000 (0.0%) above the budget.

Total Operating Expense of \$41,054,000 was \$1,242,000 (3.1%) above the budgeted amount.

The Total Non-Operating Income of \$641,000 for the month includes an unrealized gain on investments of \$713,000 and property tax revenue of \$1,439,000.

The Total Net Income for March was \$2,532,000, which was \$500,000 less than the budgeted income of \$3,032,000.

The Total Net Income for March using FASB accounting principles, in which the unrealized loss or income on investments, net interest expense on GO bonds and property tax revenues are removed from the non-operating income and expense, was \$1,567,000 compared to budgeted income of 2,772,000.

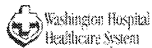
4. Balance Sheet – Schedule Board 2

In March, the Hospital balance sheet amounts related to the defined benefit pension plan were updated to reflect the actuarial valuation of pension-related assets and liabilities as of January 1, 2019. The pension liability and the pension-related deferred outflows both increased significantly, primarily as a result of the investment losses on the pension asset portfolio during calendar year 2018.

There were no other noteworthy changes in assets and liabilities when compared to February 2019.

NANCY FARBER
Chief Executive Officer

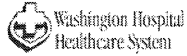
NF/CH



WASHINGTON HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
March 2019
GASB FORMAT
(In thousands)

March				YEAR TO DATE				
ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.		ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.
\$ 145,557	\$ 150,553	\$ (4,996)	-3.3%	1	\$ 1,108,138	\$ 1,214,392	\$ (106,254)	-8.7%
57,051	47,947	9,104	19.0%	2	467,486	387,139	80,347	20.8%
202,608	198,500	4,108	2.1%	3	1,575,624	1,601,531	(25,907)	-1.6%
(154,700)	(152,223)	(2,477)	-1.6%	4	(1,194,812)	(1,219,283)	24,471	2.0%
(5,413)	(4,174)	(1,239)	-29.7%	5	(39,057)	(33,556)	(5,501)	-16.4%
(160,113)	(156,397)	(3,716)	-2.4%	6	(1,233,869)	(1,252,839)	18,970	1.5%
79.03%	78.79%			7	78.31%	78.23%		
42,495	42,103	392	0.9%	8	341,755	348,692	(6,937)	-2.0%
450	823	(373)	-45.3%	9	7,729	6,797	932	13.7%
42,945	42,926	19	0.0%	10	349,484	355,489	(6,005)	-1.7%
19,573	18,481	(1,092)	-5.9%	11	156,005	156,120	115	0.1%
6,691	6,138	(553)	-9.0%	12	58,932	58,776	(156)	-0.3%
5,193	5,138	(55)	-1.1%	13	44,111	43,137	(974)	-2.3%
4,209	4,702	493	10.5%	14	40,997	42,280	1,283	3.0%
1,657	1,622	(35)	-2.2%	15	14,945	15,194	249	1.6%
3,731	3,731	-	0.0%	16	28,787	29,771	984	3.3%
41,054	39,812	(1,242)	-3.1%	17	343,777	345,278	1,501	0.4%
1,891	3,114	(1,223)	-39.3%	18	5,707	10,211	(4,504)	-44.1%
4.40%	7.25%			19	1.63%	2.87%		
362	344	18	5.2%	20	3,257	3,133	124	4.0%
(52)	-	(52)	0.0%	21	(410)	-	(410)	0.0%
(2,032)	(2,041)	9	0.4%	22	(11,805)	(12,252)	447	3.6%
317	282	35	12.4%	23	2,429	2,367	62	2.6%
(106)	(106)	-	0.0%	24	(1,504)	(1,504)	-	0.0%
-	-	-	0.0%	25	(2,402)	(2,379)	(23)	-1.0%
1,439	1,439	-	0.0%	26	12,868	12,868	-	0.0%
713	-	713	0.0%	27	2,074	-	2,074	0.0%
641	(82)	723	881.7%	28	4,507	2,233	2,274	101.8%
\$ 2,532	\$ 3,032	\$ (500)	-16.5%	29	\$ 10,214	\$ 12,444	\$ (2,230)	-17.9%
5.90%	7.06%			30	2.92%	3.50%		
\$ 1,567	\$ 2,772	\$ (1,205)	-43.5%	31	\$ 2,281	\$ 6,638	\$ (4,357)	-65.6%
3.65%	6.46%				0.65%	1.87%		

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

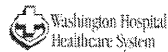


**WASHINGTON HOSPITAL
BALANCE SHEET**

March 2019
(In thousands)

SCHEDULE BOARD 2

ASSETS AND DEFERRED OUTFLOWS			LIABILITIES, NET POSITION AND DEFERRED INFLOWS				
	March 2019	Audited June 2018		March 2019	Audited June 2018		
CURRENT ASSETS			CURRENT LIABILITIES				
1	CASH & CASH EQUIVALENTS	\$ 34,069	\$ 31,346	1	CURRENT MATURITIES OF L/T OBLIG	\$ 8,550	\$ 7,200
2	ACCOUNTS REC NET OF ALLOWANCES	71,322	58,517	2	ACCOUNTS PAYABLE	18,616	43,344
3	OTHER CURRENT ASSETS	12,719	11,100	3	OTHER ACCRUED LIABILITIES	47,408	53,279
4	TOTAL CURRENT ASSETS	118,110	100,963	4	INTEREST	5,338	12,090
				5	TOTAL CURRENT LIABILITIES	79,912	115,913
ASSETS LIMITED AS TO USE			LONG-TERM DEBT OBLIGATIONS				
6	BOARD DESIGNATED FOR CAPITAL AND OTHER	150,463	172,782	6	REVENUE BONDS AND OTHER	224,506	231,469
7	GENERAL OBLIGATION BOND FUNDS	43	15,355	7	GENERAL OBLIGATION BONDS	336,007	338,739
8	REVENUE BOND FUNDS	18,424	47,409				
9	BOND DEBT SERVICE FUNDS	13,421	29,413	OTHER LIABILITIES			
10	OTHER ASSETS LIMITED AS TO USE	12,392	12,161	10	NET PENSION LIABILITY	59,904	42,389
11	TOTAL ASSETS LIMITED AS TO USE	194,743	277,120	11	WORKERS' COMP	8,578	8,118
				12	SUPPLEMENTAL MEDICAL RETIREMENT	34,102	70,252
13	OTHER ASSETS	193,567	175,600				
14	NET PROPERTY, PLANT & EQUIPMENT	726,132	725,883	14	NET POSITION	500,741	490,528
15	TOTAL ASSETS	\$ 1,232,552	\$ 1,279,566	15	TOTAL LIABILITIES AND NET POSITION	\$ 1,243,750	\$ 1,297,408
16	DEFERRED OUTFLOWS	63,029	39,445	16	DEFERRED INFLOWS	51,831	21,603
17	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 1,295,581	\$ 1,319,011	17	TOTAL LIABILITIES, NET POSITION AND DEFERRED INFLOWS	\$ 1,295,581	\$ 1,319,011



**WASHINGTON HOSPITAL
OPERATING INDICATORS
March 2019**

12 MONTH AVERAGE	March						YEAR TO DATE				
	ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.			ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.	
	<u>PATIENTS IN HOSPITAL</u>										
162.6	211.6	185.8	25.8	14%	1	ADULT & PEDS AVERAGE DAILY CENSUS	165.8	170.8	(5.0)	-3%	
5.5	7.1	4.5	2.6	58%	2	OUTPT OBSERVATION AVERAGE DAILY CENSUS	5.7	4.3	1.4	33%	
8.7	8.7	9.9	(1.2)	-12%	3	NEWBORN NURSERY AVERAGE DAILY CENSUS	8.9	9.8	(0.9)	-9%	
176.8	227.4	200.2	27.2	14%	4	TOTAL	180.4	184.9	(4.5)	-2%	
3.6	5.2	4.8	0.4	8%	5	SPECIAL CARE NURSERY AVERAGE DAILY CENSUS *	3.5	4.5	(1.0)	-22%	
4,940	6,560	5,761	799	14%	6	ADULT & PEDS PATIENT DAYS	45,429	46,792	(1,363)	-3%	
990	1,123	1,202	(79)	-7%	7	ADMISSIONS-ADULTS & PEDS	8,909	9,866	(957)	-10%	
4.89	5.48	4.79	0.69	14%	8	AVERAGE LENGTH OF STAY-ADULTS & PEDS	4.98	4.74	0.24	5%	
	<u>OTHER KEY UTILIZATION STATISTICS</u>										
1.473	1.440	1.476	(0.036)	-2%	9	OVERALL CASE MIX INDEX (CMI)	1.461	1.483	(0.022)	-1%	
	<u>SURGICAL CASES</u>										
145	141	140	1	1%	10	JOINT REPLACEMENT CASES	1,283	1,286	(3)	0%	
24	26	31	(5)	-16%	11	NEUROSURGICAL CASES	218	248	(30)	-12%	
8	11	8	3	38%	12	CARDIAC SURGICAL CASES	68	94	(26)	-28%	
198	227	198	29	15%	13	GENERAL SURGICAL CASES	1,818	1,666	152	9%	
375	405	377	28	7%	14	TOTAL SURGICAL CASES	3,387	3,294	93	3%	
345	354	378	(24)	-6%	15	TOTAL CATH LAB PROCEDURES	3,165	3,003	162	5%	
128	139	152	(13)	-9%	16	DELIVERIES	1,168	1,306	(138)	-11%	
7,368	8,114	7,764	350	5%	17	OUTPATIENT VISITS	66,735	66,087	648	1%	
4,228	4,840	4,966	(126)	-3%	18	EMERGENCY VISITS	38,311	41,102	(2,791)	-7%	
	<u>LABOR INDICATORS</u>										
1,272.3	1,465.9	1,415.4	(50.5)	-4%	19	PRODUCTIVE FTE'S	1,286.9	1,319.7	32.8	2%	
179.7	128.6	143.2	14.6	10%	20	NON PRODUCTIVE FTE'S	180.2	189.7	9.5	5%	
1,452.0	1,594.5	1,558.6	(35.9)	-2%	21	TOTAL FTE'S	1,467.1	1,509.4	42.3	3%	
5.61	4.98	5.78	0.80	14%	22	PRODUCTIVE FTE/ADJ. OCCUPIED BED	5.46	5.86	0.40	7%	
6.41	5.41	6.36	0.95	15%	23	TOTAL FTE/ADJ. OCCUPIED BED	6.22	6.70	0.48	7%	

* included in Adult and Peds Average Daily Census



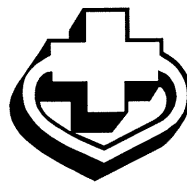
Memorandum

DATE: April 15, 2019
TO: Nancy Farber, CEO
FROM: Ed Fayen
SUBJECT: Capital Purchase - Glidescopes

Currently we use Glidescopes in the Operating Room, the Emergency Department, and the Obstetrics Operating Room. This equipment is used to provide reliable and consistent views during difficult endotracheal intubation. The FY19 Capital Budget included replacing the units in the OR (2), ED (1), and OB OR (1). One was purchased for the OR in July 2018 as we were having reliability issues with the current units. The other functioning unit has since been retired by Biomed as it can no longer be repaired. We are requesting the purchase two (2) units: one (1) for the OR to replace the retired unit, and one (1) For the ED. The units we are replacing have not been supported since December 31, 2017.

The current equipment was purchased in 2008 and has no remaining book value. Verathon is giving us a \$1,000 discount for each unit we trade in. In addition, they have discounted each unit by an extra \$1,475, which aligns us closely with MD Buyline's recommended purchase price. There is \$50,882 in the FY19 Capital Budget for this purchase. We are requesting to use \$31,890 for this purchase, which will leave \$18,992 remaining.

In accordance with District Law, Policies and Procedures, it is requested that the Board of Directors authorize the Chief Executive Officer to execute the appropriate documents to proceed with the purchase of two Verathon Glidescopes in an amount not to exceed \$31,890.00.



Memorandum

DATE: May 1, 2019

TO: Board of Directors, Washington Township Health Care District

FROM: Nancy Farber, Chief Executive Officer

SUBJECT: Appointment to the Washington Township Hospital Development Corporation

The Washington Township Hospital Development Corporation is a public benefit (nonprofit) California Corporation which is affiliated with the District. A five-member Board of Directors governs the Washington Township Hospital Development Corporation (DEVCO). Jeannie Yee was reappointed to the DEVCO Board in January 2019 for the 2019 calendar year. She has left the DEVCO Board following her appointment to the Washington Township Health Care District Board of Directors. This creates a vacancy on the DEVCO Board.

In accordance with District Law, Policies and Procedures, it is requested that the Board of Directors appoint Steven Chan, D.D. S. to fill the vacant position on the Washington Township Hospital Development Corporation Board of Directors for the remainder of the 2019 calendar year.



Memorandum

DATE: May 1, 2019
TO: Nancy Farber, Chief Executive Officer
FROM: Jeffrey Stuart, MD, Chief Medical Staff Services
SUBJECT: MEC for Board Approval:
Contrast Media Usage, GFR and Hydration Protocol

The Medical Executive Committee, at its meeting of April 22, 2019, approved the list of contrast media approved for use in the Medical Imaging Department.

Please accept this memorandum as a formal request for presentation to the Board of Directors for final approval of the Contrast Media Usage, GFR and Hydration Protocol. The document is attached.

**Washington Hospital
Department of Medical Imaging**

CONTRAST MEDIA USAGE, GFR AND HYDRATION PROTOCOL

Following is the list of contrast media that has been approved for use in the Medical Imaging Department. For dosages of specific procedures, please contact the On-Call Radiologist. Dosage varies by type of procedure, patient's medical condition etc.

<u>PROCEDURE</u>	<u>NON-IONIC</u>	<u>TYPICAL DOSE</u>
Cervical Myelogram	Omnipaque 180/240	20 ml
Lumbar Myelogram	Omnipaque 180/240	20 ml
Arteriogram in Surgery	Omnipaque 240	150 ml
Hysterosalpingogram	Omnipaque 240	50 ml
Operative Cholangiogram	Omnipaque 240	50 ml
Intravenous Pyelogram ≤ 90 Kg	Omnipaque 350	50 ml
Intravenous Pyelogram ≥ 90 Kg	Omnipaque 350	100 ml
T-Tube Cholangiogram	Omnipaque 350	50 ml
Venogram	Omnipaque 350	150 ml
Transhepatic Cholangiogram	Omnipaque 350	150 ml
AV Fistulagrams	Omnipaque 350	50 ml
Sinogram	Omnipaque 350	50 ml
Cystogram	Omnipaque 350	150 ml
CT **	Omnipaque 350	150 ml

****Pediatric** ≤ 45.5 kg = 2.0 ml / kg

****CT Procedures:**

CT procedures ordered "without and with contrast" may be changed by the Radiologist to "with contrast only" in order to reduce radiation exposure to the patient.

eGFR:

The level of creatinine in the blood is a useful guide to kidney function, but GFR (glomerular filtration rate) is a more accurate measure. Blood creatinine can be used to estimate GFR (eGFR) using age, sex, and race, and this is often calculated by computer and reported along with the creatinine blood test.

Because eGFR estimation is not very accurate at near-normal levels of kidney function, many labs only report eGFR < 60ml/min

For CT, we currently, typically use the following contrast dosage:

Brain	80ml
Chest	50ml
Abdomen/ Pelvis	100ml
Abdomen and extremity run-off	150ml
Upper and Lower Extremity Venogram	150ml

Normal; eGFR \geq 60 mls/min/1.73m² (Normalized to surface area)---okay for contrast.

Low Risk: <60 - 50 ml/min, decrease contrast by 10%, except for Angio and PE.

Oral Volume Expansion:

- Prior to procedure, liberal water intake up to 2 hours before procedure with goal of passing very light colored urine.
- Use Caution in CHF patients.

Moderate Risk: <49 - 40 ml/min, decrease contrast by 10%, except for Angio and PE .

Oral Volume Expansion:

- Prior to procedure, liberal water intake up to 2 hours before procedure with goal of passing very light colored urine.
- Caution in CHF patients.

OR

IV Volume Expansion or Fluid Bolus:

- Normal Saline (0.9% Sodium Chloride).
 1. **Inpatient Protocol:**
1mL/Kg/hr. for 6 hrs. before and 1mL/Kg/hr. for 6 hrs. after procedure
 2. **Outpatient Protocol:**
3mL/Kg/hr, 1 hr. before procedure and 1.5mL/Kg/hr, for 2 hrs. after procedure.
 3. Use Caution in CHF patients. Rate of infusion at discretion of physician.

Follow-Up:

- Follow up with ordering physician.

High Risk: <39 - 30 ml/min, decrease contrast by 10%, except for Angio and PE .

NOTE: Use alternative study if possible, otherwise consider obtaining Nephrology Consult.

IV Volume Expansion or Fluid Bolus:

- Normal Saline (0.9% Sodium Chloride).
 - 1 Inpatient Protocol:**
1mL/Kg/hr. for 6 hrs. before and 1mL/Kg/hr. for 6 hrs. after procedure
 - 2 Outpatient Protocol:**
3mL/Kg/hr. 1 hr. before procedure and 1.5mL/Kg/hr. for 2 hrs. after procedure.
 3. Use Caution in CHF patients. Rate of infusion at discretion of physician.

Staging:

- If feasible, perform diagnostic and interventional procedures sequentially. If intervention is delayed, then recheck eGFR for contrast media induced acute kidney impairment before intervention.

Follow-Up:

- Follow up with ordering physician.

Severe renal disease: <30 ml/min

Only administer contrast if the patient is on dialysis or after carefully considering the clinical risks versus benefits.

** For Angiogram, Abdomen/ Lower Extremity run off and for Upper and lower extremity Venogram usually need a full 150 ml, oral hydration for GFR 60-50 consider renal protection protocol for GFR 49-40.

Usually race is taken into account when the eGFR is calculated.

In the case of an African American patients whose GFR appears to be too low for contrast, confirm that the race was entered when calculating the GFR, to make sure that the GFR is not underestimated, in which case the patient might actually still be a candidate for contrast. Assuming that race was considered when calculating the GFR, we can use that GFR the same way that we would for any patient.

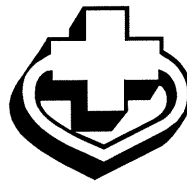
Reference: The Renal Association: <http://www.renal.org/information-resources/the-uk-eckd-guide/about-egfr#sthash.8pg3wnYv.y9auDwYL.dpuf>

The American College of Radiology manual on Contrast media Version 10.2, 2016

Approved by the Dr. Smith-PNT Committee March 2019

Approved by the Radiology Department Aug. 2018

Contrast media usage. Protocol & GFR policy manual.jt.doc



Memorandum

DATE: May 1, 2019

TO: Nancy Farber, Chief Executive Officer

FROM: Jeffrey Stuart, MD, Chief Medical Staff Services

SUBJECT: MEC for Board Approval:
Endovascular Abdominal Aortic Aneurysm Stent Graft Placement (EVAR)
Thoracic Endovascular Aortic Aneurysm Stent Graft Placement (TEVAR)

The Medical Executive Committee, at its meeting of April 22, 2019, approved the privileges for Endovascular Abdominal Aortic Aneurysm Stent Graft Placement (EVAR) and Thoracic Endovascular Aortic Aneurysm Stent Graft Placement (TEVAR).

Please accept this memorandum as a formal request for presentation to the Board of Directors for final approval of the EVAR and TEVAR privileges. The privileging criteria are attached.

Criteria for Granting Endovascular Abdominal Aortic Aneurysm Stent Graft Placement (EVAR)

(Approved by MEC 2/22/00 and by Board 3/8/00, MEC 7/17/06, Board 8/9/06)

The competent performance of endovascular abdominal aortic aneurysm stent graft placement requires not only a complete knowledge base and technical skills, but also sound clinical judgment based on specific experience. This procedure will be performed in the Operating Room under the direction of a qualified team consisting of a vascular surgeon (who will be immediately available) and qualified interventionalist.

I. **Basic Education:** M.D. or D.O.

II. **Training:**

A. M.D. or D.O. applying who has successfully completed an approved residency/fellowship in vascular surgery, cardio-thoracic surgery, radiology or cardiology, with specific training in endovascular abdominal aortic aneurysm stent graft placement, and participation and documentation in at least 10 endovascular abdominal aortic aneurysm stent placements during training, with acceptable complication rates and outcomes.

OR

B. M.D. or D.O. applying who has successfully completed an approved residency/fellowship in vascular surgery, cardio-thoracic surgery, radiology or cardiology, but without specific emphasis on endovascular abdominal aortic aneurysm stent graft placement should:

1. meet all criteria for peripheral angiography privileges at Washington Hospital

AND

2. attend and successfully complete a didactic program or course to encompass anatomy, diagnostic evaluation and treatment of abdominal aortic aneurysm with endovascular stent graft placement. The outcome of this training should include a certificate of completion of hands-on laboratory skills deemed to be satisfactory by the Peripheral Vascular Section and related credentialing committees.

AND

3. performance as primary/co-operator in 10 endovascular abdominal aortic aneurysm stent graft placements over the last 24 months, with documentation of appropriate indications, technique, acceptable results and complication rates.

III. **Proctoring**

First five (5) cases.

IV. **Recredentialing Criteria**

Four (4) endovascular abdominal aortic aneurysm stent graft placements over the last 24 months.

Criteria for Granting Thoracic Endovascular Aortic Aneurysm Stent Graft Placement (TEVAR)

(Approved: Surgery Cmte & Dept 9/06, Medicine 9/06, Radiology C&D 10/06, MEC 11/06, Board 12/06)

The competent performance of thoracic endovascular aortic aneurysm stent graft placement requires not only a complete knowledge base and technical skills, but also sound clinical judgment based on specific experience. This procedure will be performed in the Operating Room under the direction of a qualified team consisting of a cardio-thoracic surgeon (who will be immediately available) and qualified interventionalist.

- I. Basic Education: M.D. or D.O.
- II. Training:

- A. M.D. or D.O. applying who has successfully completed an approved residency/fellowship in vascular surgery, cardio-thoracic surgery, radiology or cardiology, with specific training in thoracic endovascular aortic aneurysm stent graft placement, and participation and documentation in at least 10 thoracic endovascular aortic aneurysm stent placements during training, with acceptable complication rates and outcomes..

OR

- B. M.D. or D.O. applying who has successfully completed an approved residency/fellowship in vascular surgery, cardio-thoracic surgery, radiology or cardiology, but without specific emphasis on thoracic endovascular aortic aneurysm stent graft placement should:
 - 1. meet all criteria for peripheral angiography privileges at Washington Hospital.

AND

- 2. attend and successfully complete a didactic program or course to encompass anatomy, diagnostic evaluation and treatment of thoracic aortic aneurysm with endovascular stent graft placement. The outcome of this training should include a certificate of completion of hands-on laboratory skills deemed to be satisfactory by the Peripheral Vascular Section and related credentialing committees.

AND

- 3. performance as primary/co-operator in 10 thoracic endovascular aortic aneurysm stent graft placements over the last 24 months, with documentation of appropriate indications, technique, acceptable results and complication rates.

- III. Proctoring

First five (5) cases.

- IV. Recredentialing Criteria

Four (4) thoracic endovascular aortic aneurysm stent graft placements over the last 24 months.
