



# 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

## AMENDED

### BOARD OF DIRECTORS MEETING

Wednesday, May 24, 2023 – 6:00 P.M.

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

<https://zoom.us/j/96099689019?pwd=RWsvOExDUC83UTRvNVRUbStBVFNWdz09>

Passcode: 038735

Board Agenda and Packet can be found at:

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

## AGENDA

PRESENTED BY:

- |   |   |
|---|---|
| <p>I. <b>CALL TO ORDER &amp; PLEDGE OF ALLEGIANCE</b></p>   | <p>Bernard Stewart, DDS<br/>Board President</p>                               |
| <p>II. <b>ROLL CALL</b></p>   | <p>Cheryl Renaud<br/>District Clerk</p>                                       |
| <p>III. <b>COMMUNICATIONS</b></p> <p>A. Oral<br/><i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not on the agenda and within the subject matter of jurisdiction of the Board. "Request to Speak" cards should be filled out in advance and presented to the District Clerk. For the record, please state your name.</i></p> <p>B. Written</p>   |   |
| <p>IV. <b>CONSENT CALENDAR</b><br/><i>Items listed under the Consent Calendar include reviewed reports and recommendations and are acted upon by one motion of the Board. Any Board Member or member of the public may remove an item for discussion before a motion is made.</i></p> <p>A. Consideration of Medical Staff: Hospice and Palliative Care Medicine Privileges</p> <p>B. Consideration of Medical Staff: Infectious Disease Privileges</p> <p>C. Consideration of OnBase Upgrade</p> | <p>Bernard Stewart, DDS<br/>Board President</p> <p><i>Motion Required</i></p> |

V. **ACTION**

VI. **ANNOUNCEMENTS**

VII. **ADJOURN TO CLOSED SESSION**

A. Consideration of Closed Session Minutes of the Meetings of the District Board: April 17 & 26, 2023 *Motion Required*

B. Reports regarding Medical Audit & Quality Assurance Matters pursuant to Health & Safety Code Sections 1461 and 32155 *Motion Required*

- Medical Staff Committee Report

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

- Strategic Planning

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

VIII. **RECONVENE TO OPEN SESSION & REPORT ON PERMISSIBLE ACTIONS TAKEN DURING CLOSED SESSION** Bernard Stewart, DDS  
Board President

IX. **ADJOURNMENT** Bernard Stewart, DDS  
Board President

*In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact the District Clerk at (510) 818-6500. Notification two working days prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to this meeting.*



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# Memorandum

**DATE:** May 15, 2023  
**TO:** Kimberly Hartz, Chief Executive Officer  
**FROM:** Shakir Hyder, MD, Chief of Staff  
**SUBJECT:** MEC for Board Approval:

The Medical Executive Committee, at its meeting on May 15, 2023, approved the Hospice and Palliative Medicine Privileges and Infectious Disease Privileges.

Please accept this memorandum as a formal request for presentation to the Board of Directors for final approval of the attached Hospice and Palliative Medicine Privileges and Infectious Disease Privileges.



**Washington Hospital Medical Staff**

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

**Hospice and Palliative Medicine**

Delineation of Privileges

Applicant's Name: ,

**Instructions:**

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

**Notes:**

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

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

Required Qualifications	
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<b>Licensure</b>	Licensed M.D. or D.O.
<b>Membership</b>	Meet all requirements for medical staff membership.
<b>Education/Training</b>	<p>Completion of an ACGME or AOA accredited residency training program in Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics/Gynecology, Neurology, Pediatrics, Physical Medicine/Rehabilitation, Psychiatry, Radiation Oncology, or Surgery.</p> <p><b>AND</b> Completion of a 12-month ACGME or AOA training program in Hospice and Palliative Medicine.</p> <p><b>OR</b> Completion of an above listed accredited residency program and meet the following experience requirements: 1) demonstrate at least 800 hours of clinical involvement in subspecialty-level practice of Hospice and Palliative Medicine during the last five years prior to application for examination including: • at least two years, 24 months, and 100 hours of participation with a Hospice or Palliative Care Team*, and • participation in the active care of at least 50 terminally ill patients (25 for pediatrics), OR 2) provide documentation of current certification by the American Board of Hospice and Palliative Medicine. *To qualify,</p>

interdisciplinary Hospice or Palliative Care Teams must have all of the following characteristics: (a) provide active clinical care, (b) hold regular meetings, (c) have regular membership of a physician, nurse, and at least one other professional from a psychosocial discipline, and (d) operate in a context in which a substantial number of the team's patients are n

**Continuing Education**

Applicant must have 5 Category I CME credits per year directly related to the practice of hospice and palliative medicine (waived for applicants who have completed fellowship training during the previous 24 months) for a total of 10 CME credits in the past 2 years.

**OR** Applicant must be active in the MOC (maintenance of certification) program in Hospice and Palliative Medicine.

**Certification**

Current certification in Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics/Gynecology, Neurology, Pediatrics, Physical Medicine/Rehabilitation, Psychiatry, Radiation Oncology or General Surgery by an ABMS recognized board.

**OR** Current certification in Hospice and Palliative Medicine by an ABMS Board (Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Physical Medicine and Rehabilitation, Psychiatry and Neurology, Radiation Oncology and Surgery). Exceptions to this requirement can be found in Bylaws Section 2.2-2.

**Clinical Experience - Initial Privileges**

Applicant must provide documentation of provision of Hospice and Palliative Medicine services (10 cases) representative of the scope and complexity of the privileges requested during the previous year (waived for applicants who completed training during the previous year).

**Clinical Experience - Renewal of Privileges**

Applicant must have provided clinical services (20 cases) representative of the scope and complexity of privileges requested during the past 24 months.

<b>Core Privileges in Hospice and Palliative Medicine</b>	
<p><b>Description:</b> Assessment and care of patients with advanced disease and catastrophic injury; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse settings; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care. *It should be noted that all physicians care for patients with these characteristics. However, this delineation is intended to set physicians with formal training in this area apart from the generalist and to establish them as expert consultants in this field.</p>	
<b>Request</b>	<p>Check the Request checkbox to select all privileges listed below.</p> <p><b>Uncheck</b> any privileges you do not want to request in that group.</p>
<b>WH</b>	<p><input type="checkbox"/> - Currently Granted privileges</p>
<b>Evaluation and Management</b>	
<input type="checkbox"/>	Admit to inpatient or appropriate level of care
<input type="checkbox"/>	Perform history and physical examination
<input type="checkbox"/>	Evaluate, diagnose, provide consultation, medically manage and provide treatment and therapeutic services to patients presenting with life-threatening or life-limiting illnesses who require, or may require, specialist level services to address the needs of patients with serious illnesses, including symptom-control interventions, clinical and non-clinical issues related to serious illness, the dying process, and bereavement.
<input type="checkbox"/>	Act as an expert consultative resource for other physicians in the area of hospice and palliative care.

**FPPE (Dept. Chair to select)**

<b>HM</b>	
<input type="checkbox"/>	Three retrospective chart reviews chosen to represent a diversity of medical conditions and management challenges.
<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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### Infectious Disease

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

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

**(Initial)** (at least 20 procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested during the previous 24 months.

**Clinical Experience (Reappointment)** Applicant must be able to provide documentation of provision of infectious disease services (at least 20 procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested during the previous 24 months.

**AND** Of the 20 procedures, 10 must be performed at Washington Hospital Healthcare System and/or the Washington Outpatient Surgery Center.

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

**Core Privileges in Infectious Disease**

**Description:** Evaluate, diagnose, provide consultation, treat and manage patients with a wide variety of acute, chronic and/or suspected infectious diseases in both inpatient and ambulatory settings. Evaluation and management of patients with pleuropulmonary infections; infections and other complications in patients with HIV/AIDS; cardiovascular infections; central nervous system infections; gastrointestinal and intra-abdominal infections; skin and soft tissue infections; bone and joint infections; infections of prosthetic devices; infections related to trauma; sepsis syndromes; nosocomial infections; and urinary tract infections.

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

<b>Procedures</b>	
<input type="checkbox"/>	Administration of antimicrobial and biological products via all therapeutic routes
<input type="checkbox"/>	Management, maintenance and removal of indwelling venous access catheters

**FPPE (Dept. Chair to select)**

<b>WH</b>	
<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

**Agenda Item: IV., C.**

**DATE:** May 17, 2023  
**TO:** Washington Township Health Care District Board of Directors  
**FROM:** Kimberly Hartz, Chief Executive Officer  
**SUBJECT:** OnBase Upgrade

The Hyland OnBase system provides document management within our Epic Electronic Medical Record (EMR) solution. An OnBase upgrade is needed to ensure compatibility and compliance with future Epic EMR upgrades which are scheduled twice per year. By upgrading OnBase, we align our systems with the latest features, enhancements, and security measures available. In addition, this Onbase upgrade provides a new reporting module and improves rendering of images.

The OnBase upgrade also includes several software fixes that address compatibility issues with document types such as PDFs. It will also enable new hardware models such as scanners to be used that are not compatible with our current version. The project will take approximately 3 months to complete and will be performed using internal labor with vendor assistance.

In accordance with District Law, Policies and Procedures, it is requested that the Board of Directors authorize the Chief Executive Officer to enter into the necessary contracts and proceed with the purchase of software and implementation services, for a total amount not to exceed **\$188,772**. This project was included in the FY 2023 Capital Budget.