



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, October 25, 2023 – 6:00 P.M.

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

<https://zoom.us/j/93695014751?pwd=WEdpZ2RaUEExTjVhSkdwMkozVUNoQT09>

Passcode: 123087

Board Agenda and Packet can be found at:

[October 2023 | Washington Hospital Healthcare System \(whhs.com\)](#)

AGENDA

PRESENTED BY:

- | | |
|---|---|
| <p>I. CALL TO ORDER & PLEDGE OF ALLEGIANCE</p> | <p>Bernard Stewart, DDS Board President</p> |
| <p>II. ROLL CALL</p> | <p>Cheryl Renaud District Clerk</p> |
| <p>III. COMMUNICATIONS</p> <p>A. Oral <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not on the agenda and within the subject matter of jurisdiction of the Board. "Request to Speak" cards should be filled out in advance and presented to the District Clerk. For the record, please state your name.</i></p> <p>B. Written</p> | |
| <p>IV. CONSENT CALENDAR</p> <p><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: TransCarotid Artery Revascularization (TCAR) Privileges</p> | <p>Bernard Stewart, DDS Board President</p> |
| <p>V. ACTION</p> | |

VI. ANNOUNCEMENTS

VII. ADJOURN TO CLOSED SESSION

A. Consideration of Closed Session Minutes of the Meetings of the District Board: September 18 & 27, 2023 *Motion Required*

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

- Medical Staff Committee Report

C. Conference with Labor Negotiators pursuant to Government Code Section 54957.6; Agency designated representatives: Kimberly Hartz, CEO,

D. Conference involving Trade Secrets pursuant to Health & Safety Code Section 32106

- Strategic Planning

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.



Memorandum

DATE: October 16, 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 October 16, 2023, approved the below-listed privileges:

- TransCarotid Artery Revascularization (TCAR) 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

Special Privilege: TransCarotid Artery Revascularization (TCAR)

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

TransCarotid Artery Revascularization (TCAR)

Description: The TransCarotid Artery Revascularization (TCAR) Procedure involves extracranial carotid artery balloon angioplasty and stent placement through an open exposure of the carotid artery. This procedure is supplemented by unique surgical devices providing sheath arterial access, interventional balloons and embolic protection devices, which allows for a hybrid (open surgical and endovascular) approach to revascularization of the extracranial carotid artery in higher risk individuals. This procedure is performed in the Operating Room by a vascular surgeon with use of fluoroscopy (angiography) and open surgical techniques. This procedure does not include intracranial arterial angiography and intervention. When TCAR is unable to be performed for technical reasons, conversion to open surgical endarterectomy of the carotid artery is indicated in same operative setting.

Qualifications

| | |
|--------------------------------------|--|
| License | Licensed M.D. or D.O. |
| Education/Training | <p>MD or DO applying who has successfully completed an approved residency/fellowship in vascular surgery containing specific training in carotid endarterectomy and endovascular treatment of peripheral arterial disease. Applicant should have current unrestricted privileges at Washington Hospital for carotid endarterectomy AND peripheral arterial angiography with intervention.</p> <p>OR MD or DO who has successfully completed approved residency/fellowship in vascular surgery, with specific training in carotid endarterectomy but without specific emphasis on endovascular treatment of arterial disease should: 1) Have current unrestricted privileges at Washington Hospital for carotid endarterectomy and peripheral arterial angiography with intervention</p> <p>AND Applicant will attend and successfully complete a didactic program or course to encompass anatomy, diagnostic evaluation and treatment of carotid artery stenosis with stent placement. The outcome of the this training should include a certificate of completion of hands-on laboratory skills deemed to be satisfactory by the Vascular Surgery Section and related credentialing committees.</p> |
| Clinical Experience (Initial) | See Training |
| Proctoring | First two (2) cases |
| Recredentialing | Two (2) cases of extracranial carotid revascularization (carotid endarterectomy OR TCAR) in past 24 months. Concomitant renewal of unrestricted privileges at Washington Hospital for carotid endarterectomy AND peripheral arterial angiography with intervention, based upon established criteria at Washington Hospital. |

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

TransCarotid Artery Revascularization (TCAR) Procedure

FPPE

Concurrent review of two cases

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 |
|-----------|---|
|-----------|---|