



# 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 9, 2019 – 6:00 P.M.  
Conrad E. Anderson, MD Auditorium  
2500 Mowry Avenue, Fremont, CA

## AGENDA

### PRESENTED BY:

- |  |                                    |
|--|------------------------------------|
| <b>I. CALL TO ORDER &amp; PLEDGE OF ALLEGIANCE</b>   | Bernard Stewart<br>Board President |
| <b>II. ROLL CALL</b>   | Dee Antonio<br>District Clerk      |
| <b>III. 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> | Bernard Stewart<br>Board President |
| A. Approval of Minutes of the Regular Meetings of the District Board: September 11, 16, 23, and 25, 2019   | <i>Motion Required</i>             |
| B. Approval of Proposed Amendment to Medical Staff Rules and Regulations: Increase in Application Fee and Annual Dues  |                                    |
| C. Approval of WHHS Numbered Memorandum 7-019: Discontinuation of Care   |                                    |
| D. Approval of Budgeted Capital Request: Epic Urgent Care and Welcome Kiosks (\$99,221.00)   |                                    |
| E. Approval of Budgeted Capital Request: Stryker Surgicount Tablet Kit & Replacement Plan for Birthing Center (\$27,408.64)  |                                    |
| F. Approval of Budgeted Capital Request: Giraffe Bedded Warmer for Birthing Center (\$96,504.08)   |                                    |
| G. Approval of Budgeted Capital Request: Hologic 3Dimensions Mammography System (Tomosynthesis) with Biopsy Attachment (\$640,000.00)  |                                    |

**IV. 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**

From Prasad Kilaru, MD, Chief of Staff, dated September 25, 2019 requesting approval of Medical Staff Credentialing Action Items

*Motion Required*

**V. PRESENTATION**

Result of Annual Audit FY 2019

Chris Henry  
Vice President & Chief Financial Officer

Michael MacBryde  
Price Waterhouse Cooper

**VI. REPORTS**

**PRESENTED BY:**

**A. Service League Report**

Ruth McGautha  
Service League

**B. Medical Staff Report**

Prasad Kilaru, MD  
Chief of Staff

**C. Hospital Events Report**

Kimberly Hartz  
Chief Executive Officer

**D. Lean Report:  
Continuous Improvements in Sterile Processing**

Christine Santos  
Technician, Sterile Processing

Krishan Kumar  
Manager, Sterile Processing

**E. Quality Report:  
Quest for Zero – Program Beta**

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

**F. Finance Report**

Chris Henry  
Vice President & Chief Financial Officer

**G. Hospital Operations Report**

Kimberly Hartz  
Chief Executive Officer

**VII. ACTION ITEMS**

**A. Approval of Annual Audit FY 2019**

*Motion Required*

**VIII. ADJOURN TO CLOSED SESSION**

- A. Report involving a trade secret pursuant to Health & Safety Code section 32106
- B. 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 President

**X. ADJOURNMENT**

Bernard Stewart  
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, September 11, 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; Michael Wallace; Jacob Eapen, MD; Jeannie Yee

*ROLL CALL*

Absent:

Also present: Kimberly Hartz, Chief Executive Officer; Prasad Kilaru MD, Chief of Staff; Ruth McGautha, Service League President; Dee Antonio, District Clerk

Guests: Ed Fayen, Chris Henry, Tina Nunez, Stephanie Williams, Jeff Stuart MD, Kristin Ferguson, Mary Bowron, John Zubiena, David Hayne, Kimberlee Alvari, Rob Lanci, Paul Kozachenko

Kimberly Hartz introduced Dr. Prasad Katta, Medical Director for the Diabetes Program. Dr. Katta talked about Diabetes in the Tri-City area comparing our communities to Alameda County and the State of California. He discussed the costs associated with diabetes, the reasons for controlling diabetes, and the options for controlling diabetes. He reviewed the various medications prescribed for the treatment of diabetes and explained A1C testing. Dr. Katta ended by talking about the Washington Outpatient Diabetes Program and the help it gives the community.

*EDUCATION  
Diabetes Today*

Director Nicholson moved for approval of the minutes of August 14, 19, 26, and 28, 2019.

*APPROVAL OF  
MINUTES OF August  
14, 19, 26, and 28, 2019*

Director Wallace seconded the motion.

Roll call was taken:

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

The motion unanimously carried.

There were no Oral communications.

*COMMUNICATIONS:  
ORAL*

The following written communication received from Prasad Kilaru, MD, Chief of Staff, dated August 26, 2019 requesting approval of Medical Staff Credentialing Action Items as follows:

*COMMUNICATIONS:  
WRITTEN*

#### Appointments

Tran, Duc Minh DO; Trevathan, Elizabeth MD

#### Reappointments – Two Year

Beilin, Natasha MD; Bindra, Archana MD; Bindra, Sanjay MD; Brook, Michael MD; Burke, Patrick MD; Burr, Demetra MD; Cocalis, Mark MD; Espiritu, Chiara MD; Evey, Crystal MD; Feng, Peggy MD; Ge, Benjamin MD; Huynh, Tracy MD; Jackson, David MD; Leatherbury, Robert CCP; Li, Walter MD; Mah, Christopher

DPM; Mathew, Lincy MD; Obayashim, Derek MD; Pang, David MD; Pantell, Matthew MD; Patel, Divyang DPM; Serpa, Nancy MD; Stuart, Jeffrey MD

Reappointments – One Year

Gay, Andre MD; Harrell, Jill MD; Pareek, Gautham MD; Stearns, William MD; Wartman, Sarah MD

Conditional Reappointments

Gacote, Apolinar MD

Non-Reappointments – Deemed to Have Resigned

Ouye, Kai MD

Transfer in Staff Category

Best, Amanda CCP; Bindra, Archana MD; Espiritu, Chiara MD; Feng, Peggy MD; McNaught, William MD; Singh, Gurinder MD; Wiltner, Susan MD

Completion of Proctoring and Advancement in Staff Category

Mansouri, Jriza MD

Delete Privilege Requests

Bindra, Sanjay MD; Burr, Demetra MD; Gay, Andre MD; Huynh, Tracy MD

Conflict of Interest

Gay, Andre MD; Pareek, Gautham MD; Stuart, Jeffrey MD

Reinstatement of Leave of Absence

Best, Amanda CCP

Resignations

Doshi, Neeti MD; Fields, James MD; Gunda, Narayana MD; Kantamuneni, Uma MD; Kim, Sunghoon MD; Long, Richard MD; Patel, Mihir MD; Stevens, Michael MD

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

Director Nicholson seconded the motion.

Roll call was taken:

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

The motion unanimously carried.

Ruth McGautha, President of the Service League, reported on the Service League activities, she, Debbie Jackson, and Evangeline Imana-Iyemura attended the CAHHS Northern California Conference on August 15<sup>th</sup>. The Service League also attended the Danielson Clinic, Newark ribbon cutting ceremony.

*SERVICE LEAGUE  
REPORT*

Dr. Prasad Kilaru reported there are 592 Medical Staff members which include 372 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:

- August 15<sup>th</sup> – 2019 Central Park Summer Concert Series concluded
- August 15<sup>th</sup> – Don't Let Arthritis Slow You Down
- August 21<sup>st</sup> – Laugh Without Leading: Understanding Female Urinary Incontinence
- August 22<sup>nd</sup> – Concussion: The Invisible Injury
- August 26<sup>th</sup> – Depression: More than a State of Mind (Women's Health: Strategies for Wellness)
- August 29<sup>th</sup> – Learn the Signs and Symptoms of Sepsis
- September 4<sup>th</sup> – Birthing Center received Baby Friendly re-designation
- September 5<sup>th</sup> – WHHS Food & Nutrition donated 42 cases of food items to the Alameda County Food Bank
- September 7<sup>th</sup> – Peripheral Vascular Disease (PVD) Screening (sponsored by Fremont Bank)
- September 9<sup>th</sup> – Women's Health through the Years: Screenings Key to Aging Well (Women's Health: Strategies for Wellness)

**Upcoming Health Promotions & Community Outreach Events**

Health Promotions and Outreach Events will include:

- September 12<sup>th</sup> – Suffer from Sinus Problems
- September 17<sup>th</sup> – Learn the Latest Treatment Options for Gastroesophageal Reflux Disease
- September 18<sup>th</sup> – New To Medicare? What You Need to Know
- September 19<sup>th</sup> – The Five Wishes: Advance Care Planning
- September 23<sup>rd</sup> – Reproductive Health: Planning for Pregnancy
- September 26<sup>th</sup> – Healthy Gut, Health You
- October 1<sup>st</sup> – Medicare Open Enrollment: What You Need to Know
- October 3<sup>rd</sup> – Diabetes Matters: Asian Fusion
- October 8<sup>th</sup> – Stroke Prevention
- October 15<sup>th</sup> – Life After a Stroke

**Bay Area Healthier Together**

In the month of August, Bay Area Healthier Together's topic was Sports Injuries and Proper Rehabilitation..

*HOSPITAL CALENDAR:  
Bay Area Healthier  
Together*

**Washington Hospital Healthcare Foundation**

- The Foundation will host the 33<sup>rd</sup> annual Top Hat dinner dance on Saturday, October 12<sup>th</sup>. The proceeds will go towards the support of the Washington Hospital Women's Center with the purchase of 3D mammography equipment.

*HOSPITAL CALENDAR:  
Washington Hospital  
Foundation Report*

Co-Chairs are: Fremont Police Chief Kimberly Peterson, Drs. Rohit and Seema Sehgal.

### **Washington on Wheels**

The WOW Mobile Clinic served community members at these locations in August: Family Resource Center, Bay Area Community Services, TCV Food Bank and Thrift Store, and Irvington Presbyterian Church in Fremont; Union City Family Center, Ruggieri Senior Center, Alvarado Resource Center, and Our Lady of the Rosary Church in Union City; and the Viola Blythe Community Services Center in Newark. The total number of community members receiving health care from the WOW van during the month of August was 81.

*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 42,061 views.

*HOSPITAL CALENDAR:  
Internet and Social Media  
Marketing*

### **InHealth - Channel 78**

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

- Laugh Without Leaking: Understanding Female Urinary Incontinence
- Depression: More Than a State of Mind
- Diabetes Matters: Dining Out Around the World
- August Board of Directors Meeting

*HOSPITAL CALENDAR:  
InHealth*

### **Additional Events & Announcements**

August 26<sup>th</sup> – Special ribbon-cutting event to celebrate Danielson Clinic, Newark's new name and to honor Pat Danielson who helped cut the ribbon.

*ADDITIONAL EVENTS  
& ANNOUNCEMENTS*

### **Daisy Award**

Daisy Award was presented to the team of 3-West

### **Employee of the Month**

Hong Ly, CNA and Nurse Float was named as the August Employee of the Month.

*HOSPITAL CALENDAR:  
Employee of the Month –  
Hong Ly*

Kimberly Hartz introduced Richelle McCarthy, Director of UCSF-WHHS Oncology Program and Kari Kellen, Infusion Center Nurse Manager who spoke on utilizing the Lean ideology to improve the quality in the Infusion Clinic and Oncology Center. Ms. McCarthy reviewed the Infusion Center's volumes since its 2016 inception. She then explained using the A3 process for problem solving. The first project involved the Turnaround Time from order to start of chemotherapy, which was longer than expected impacting patient satisfaction and service availability. The second project was the accurate charging of supplies. Both project showed increased improvement at the time of this reporting.

*LEAN UPDATE  
Infusion Clinic and  
Oncology Quality  
Improvement*

Kimberly Hartz introduced Dr. Dianne Martin who presented the annual Influenza Prevention overview for 2019-20. Dr. Martin began with a definition of Influenza,

*QUALITY REPORT:*

how it is spread, and an explanation of Flu Shots. She discussed the flu vaccine itself and gave key facts for the 2019-2020 Flu Season. She talked about what WHHS is doing to prepare for the Flu season.

*Washington Hospital  
Influenza Prevention  
2019-20*

Chris Henry, Chief Financial Officer, presented the Finance Report for July 2019. The average daily census was 176.9 with admissions of 1,022 resulting in 5,484 patient days. Outpatient observation equivalent days were 177. The average length of stay was 5.29 days. The case mix index was 1.499. Deliveries were 137. Surgical cases were 416. Joint Replacement cases were 162. Neurosurgical cases were 26. Cardiac Surgical cases were 12. The Outpatient visits were 8,096 and Emergency visits were 4,448. Total productive FTEs were 1,498.4. FTEs per adjusted occupied bed were 6.17.

*FINANCE REPORT*

Kimberly Hartz presented the Hospital Operations Report for August 2019. Preliminary information indicated gross revenue for the month at approximately \$181,817,000. The Average Length of Stay of 5.45 and there were 5,037 patient days. There were 390 Surgical Cases and 514 Cath Lab procedures at the Hospital. Deliveries were 144. Non-Emergency Outpatient visits were 8,185. Total FTEs per Adjusted Occupied Bed were 6.53. The Washington Outpatient Surgery Center had 586 cases and the clinics saw approximately 3,483 patients. Total Government Sponsored Preliminary Payor Mix was 71.1%, above the budget of 71.4%. Homeless Patient Total Encounters were 144 with an estimated unreimbursed cost of homeless care of \$153,000 for the month of August.

*HOSPITAL  
OPERATIONS REPORT*

In accordance with District Law, Policies and Procedures, Director Wallace moved that the Board of Directors authorize the Chief Executive Officer to proceed with the purchase of the Shimadzu Digital Portable for an amount not to exceed \$152,404.00.

*CONSIDERATION OF  
SHIMADZU DIGITAL  
PORTABLE  
EQUIPMENT*

Director Nicholson seconded the motion.

Roll call was taken:  
Bernard Stewart, DDS – aye  
William Nicholson, MD – aye  
Michael Wallace – aye  
Jacob Eapen, MD – aye  
Jeannie Yee - aye

The motion unanimously carried.

In accordance with District Law, Policies and Procedures, Director Wallace moved 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 an amount not to exceed \$786,411.00.

*CONSIDERATION OF  
EPIC-ALARIS PUMP  
INTEGRATION*

Director Nicholson seconded the motion.

Roll call was taken:  
Bernard Stewart, DDS – aye  
William Nicholson, MD – aye



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

The motion unanimously carried.

In accordance with Health & Safety Code Section 32106 and Government Sections 54957 and 54956.9(d)(2), Director Stewart adjourned the meeting to closed session at 7:50 pm, as the discussion pertained to Hospital trade secrets, personnel matters, and Legal Counsel – Anticipated Litigation pursuant to Government Code section 54956.9(d)(2)..

*ADJOURN TO CLOSED  
SESSION*

Director Stewart reconvened the meeting to open session at 8:40 pm and reported no action taken in closed session.

*RECONVENE TO OPEN  
SESSION & REPORT ON  
CLOSED SESSION*

There being no further business, Director Stewart adjourned the meeting at 8:40 pm.

*ADJOURNMENT*

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Bernard Stewart  
President

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Jeannie Yee  
Secretary

A meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, September 16, 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; Jeannie Yee

*ROLL CALL*

Also present: Kimberly Hartz, Chief Executive Officer; Ed Fayen, Executive Vice President; Chris Henry, Vice President; Stephanie Williams, Vice President; Tina Nunez, Vice President; Paul Kozachenko, Attorney; Mike Matson, Architect; Warren Pottebaum, Consultant; Robert Alfieri, Chief of Facilities; 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 anticipated litigation pursuant to Government Code section 54956.9 (d)(2), and trade secrets pursuant to Health & Safety Code section 32106..

*ADJOURN TO CLOSED SESSION*

Director Stewart reconvened the meeting to open session at 8:04 p.m. and reported no reportable action 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 August 1, 2019 on behalf of Laila Khugyani and that the Chief Executive Officer be directed to provide notice in accordance with government code section 94956.

*CONSIDERATION OF CLAIM: Laila Khugyani*

Director Yee seconded the motion.

Roll call was taken:

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

The motion unanimously carried.

There being no further business, Director Stewart adjourned the meeting at 8:05 p.m.

*ADJOURNMENT*

\_\_\_\_\_  
Bernard Stewart  
President

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Jeannie Yee  
Secretary

A meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, September 23, 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; Jeannie Yee  
Excused: Michael Wallace

*ROLL CALL*

Also present: Prasad Kilaru, MD; Jan Henstorf, MD; Tim Tsoi, MD; Jeff Stuart, MD; Kranthi Achanta, MD; Shakir Hyder, MD; Kimberly Hartz, Chief Executive Officer; Stephanie Williams, Vice President & Chief Nursing Officer;

There were no oral or written communications.

*COMMUNICATIONS*

Director Stewart adjourned the meeting to closed session at 7:31 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*

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Bernard Stewart  
President

Jeannie Yee  
Secretary

A meeting of the Board of Directors of the Washington Township Health Care District was held on Wednesday, September 25, 2019 in the Board Room, 2000 Mowry Avenue, Fremont, California. Director Stewart called the meeting to order at 6:03 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: Jeannie Yee

*ROLL CALL*

Also present: Kimberly Hartz, Chief Executive Officer; Tina Nunez, Vice President; Stephanie Williams, Vice President; Dee Antonio, District Clerk; Paul Kozachenko, Legal Counsel; Michael MacBryde, Auditor; Larry Tramutola, Consultant; Ed Wohlieb, Consultant

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 6:03 p.m., as the discussion pertained to 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 7:49 p.m. and reported no reportable action taken in closed session.

*RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION*

There being no further business, Director Stewart adjourned the meeting at 7:49 p.m.

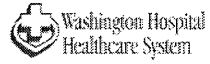
*ADJOURNMENT*

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Bernard Stewart  
President

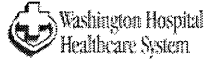
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Jeannie Yee  
Secretary



**WASHINGTON HOSPITAL**  
**MONTHLY OPERATING REPORT**

**August 2019**



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

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



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# Memorandum

**DATE:** October 4, 2019  
**TO:** Board of Directors  
**FROM:** Kimberly Hartz  
**SUBJECT:** Washington Hospital – August 2019  
Operating & Financial Activity

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## SUMMARY OF OPERATIONS – (Blue Schedules)

### 1. Utilization – Schedule Board 3

	August <u>Actual</u>	August <u>Budget</u>	Current 12 <u>Month Avg.</u>
<u>ACUTE INPATIENT:</u>			
Average Daily Census	162.5	154.0	172.2
# of Admissions	969	969	1,004
Patient Days	5,037	4,774	5,234
Discharge ALOS	5.45	4.93	5.15
<u>OUTPATIENT:</u>			
OP Visits	8,185	7,678	7,613
ER Visits	4,252	4,260	4,359
Observation Equivalent Days – OP	194	168	175

Comparison of August 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 73.2 above budget. Total productive FTEs for August were 1,348.6, 82.7 above the budgeted level of 1,265.9. Nonproductive FTEs were 9.5 below budget. Productive FTEs per adjusted occupied bed were 5.76, 0.13 above the budgeted level of 5.63. Total FTEs per adjusted occupied bed were 6.53, 0.06 above the budgeted level of 6.47.

**3. Income - Schedule Board 1**

For the month of August the Hospital realized a loss of \$1,239,000 from operations.

Total Gross Patient Service Revenue of \$181,818,000 for August was 4.4% above budget.

Deductions from Revenue of \$141,086,000 represented 77.60% of Total Gross Patient Service Revenue. This percentage is essentially at the budgeted amount of 77.61%.

Total Operating Revenue of \$41,235,000 was \$1,735,000 (4.4%) above the budget.

Total Operating Expense of \$42,474,000 was \$3,038,000 (7.7%) above the budgeted amount.

The Total Non-Operating Income of \$1,548,000 for the month includes an unrealized gain on investments of \$1,094,000 and property tax revenue of \$1,417,000.

The Total Net Income for August was \$309,000, which was \$274,000 more than the budgeted income of \$35,000.

The Total Net Loss for August 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 \$1,087,000 compared to a budgeted loss of \$193,000.

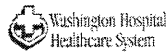
**4. Balance Sheet – Schedule Board 2**

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

KIMBERLY HARTZ  
Chief Executive Officer

KH/CH





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

August				YEAR TO DATE				
ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.		ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.
\$ 126,191	\$ 119,332	\$ 6,859	5.7%	1	\$ 261,372	\$ 237,546	\$ 23,826	10.0%
55,627	54,864	763	1.4%	2	116,764	107,742	9,022	8.4%
<b>181,818</b>	<b>174,196</b>	<b>7,622</b>	4.4%	3	<b>378,136</b>	<b>345,288</b>	<b>32,848</b>	9.5%
(135,661)	(131,074)	(4,587)	-3.5%	4	(287,187)	(259,822)	(27,365)	-10.5%
(5,425)	(4,124)	(1,301)	-31.5%	5	(9,304)	(8,175)	(1,129)	-13.8%
<b>(141,086)</b>	<b>(135,198)</b>	<b>(5,888)</b>	-4.4%	6	<b>(296,491)</b>	<b>(267,997)</b>	<b>(28,494)</b>	-10.6%
<b>77.60%</b>	<b>77.61%</b>			7	<b>78.41%</b>	<b>77.62%</b>		
<b>40,732</b>	<b>38,998</b>	<b>1,734</b>	4.4%	8	<b>81,645</b>	<b>77,291</b>	<b>4,354</b>	5.6%
503	502	1	0.2%	9	930	1,006	(76)	-7.6%
<b>41,235</b>	<b>39,500</b>	<b>1,735</b>	4.4%	10	<b>82,575</b>	<b>78,297</b>	<b>4,278</b>	5.5%
18,219	17,228	(991)	-5.8%	11	36,498	34,385	(2,113)	-6.1%
8,462	7,268	(1,194)	-16.4%	12	14,594	13,449	(1,145)	-8.5%
5,471	4,739	(732)	-15.4%	13	11,024	9,482	(1,542)	-16.3%
4,514	4,430	(84)	-1.9%	14	8,895	8,923	28	0.3%
1,743	1,706	(37)	-2.2%	15	3,455	3,492	37	1.1%
4,065	4,065	-	0.0%	16	8,140	8,140	-	0.0%
<b>42,474</b>	<b>39,436</b>	<b>(3,038)</b>	-7.7%	17	<b>82,606</b>	<b>77,871</b>	<b>(4,735)</b>	-6.1%
<b>(1,239)</b>	<b>64</b>	<b>(1,303)</b>	-2035.9%	18	<b>(31)</b>	<b>426</b>	<b>(457)</b>	-107.3%
<b>-3.00%</b>	<b>0.16%</b>			19	<b>-0.04%</b>	<b>0.54%</b>		
327	362	(35)	-9.7%	20	678	724	(46)	-6.4%
314	-	314	0.0%	21	345	-	345	0.0%
(1,830)	(2,004)	174	8.7%	22	(3,780)	(4,089)	309	7.6%
226	213	13	6.1%	23	426	435	(9)	-2.1%
1,417	1,400	17	1.2%	24	2,856	2,839	17	0.6%
1,094	-	1,094	0.0%	25	703	-	703	0.0%
<b>1,548</b>	<b>(29)</b>	<b>1,577</b>	5437.9%	26	<b>1,228</b>	<b>(91)</b>	<b>1,319</b>	1449.5%
<b>\$ 309</b>	<b>\$ 35</b>	<b>\$ 274</b>	782.9%	27	<b>\$ 1,197</b>	<b>\$ 335</b>	<b>\$ 862</b>	257.3%
<b>0.75%</b>	<b>0.09%</b>			28	<b>1.45%</b>	<b>0.43%</b>		
<b>\$ (1,087)</b>	<b>\$ (193)</b>	<b>\$ (894)</b>	-463.2%	29	<b>\$ (73)</b>	<b>\$ (99)</b>	<b>\$ 26</b>	26.3%
<b>-2.64%</b>	<b>-0.49%</b>				<b>-0.09%</b>	<b>-0.13%</b>		

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



**WASHINGTON HOSPITAL  
BALANCE SHEET**

August 2019  
(In thousands)

SCHEDULE BOARD 2

ASSETS AND DEFERRED OUTFLOWS			LIABILITIES, NET POSITION AND DEFERRED INFLOWS				
	August 2019	Audited June 2019		August 2019	Audited June 2019		
<b>CURRENT ASSETS</b>			<b>CURRENT LIABILITIES</b>				
1	CASH & CASH EQUIVALENTS	\$ 32,525	\$ 32,099	1	CURRENT MATURITIES OF L/T OBLIG	\$ 9,500	\$ 8,550
2	ACCOUNTS REC NET OF ALLOWANCES	63,976	68,968	2	ACCOUNTS PAYABLE	18,133	23,784
3	OTHER CURRENT ASSETS	13,845	11,672	3	OTHER ACCRUED LIABILITIES	47,526	53,148
4	<b>TOTAL CURRENT ASSETS</b>	<b>110,346</b>	<b>112,739</b>	4	INTEREST	2,962	11,933
				5	<b>TOTAL CURRENT LIABILITIES</b>	<b>78,121</b>	<b>97,415</b>
<b>ASSETS LIMITED AS TO USE</b>			<b>LONG-TERM DEBT OBLIGATIONS</b>				
6	BOARD DESIGNATED FOR CAPITAL AND OTHER	157,711	156,039	6	REVENUE BONDS AND OTHER	224,976	224,309
7	GENERAL OBLIGATION BOND FUNDS	133	43	7	GENERAL OBLIGATION BONDS	332,577	335,824
8	REVENUE BOND FUNDS	25,631	18,613				
9	BOND DEBT SERVICE FUNDS	9,246	31,451	<b>OTHER LIABILITIES</b>			
10	OTHER ASSETS LIMITED AS TO USE	9,858	9,779	10	NET PENSION LIABILITY	53,757	63,510
11	<b>TOTAL ASSETS LIMITED AS TO USE</b>	<b>202,579</b>	<b>215,925</b>	11	WORKERS' COMP	8,008	7,750
13	<b>OTHER ASSETS</b>	<b>203,136</b>	<b>199,715</b>	12	SUPPLEMENTAL MEDICAL RETIREMENT	35,951	37,299
14	<b>NET PROPERTY, PLANT &amp; EQUIPMENT</b>	<b>714,904</b>	<b>726,001</b>	14	<b>NET POSITION</b>	<b>508,007</b>	<b>506,810</b>
15	<b>TOTAL ASSETS</b>	<b>\$ 1,230,965</b>	<b>\$ 1,254,380</b>	15	<b>TOTAL LIABILITIES AND NET POSITION</b>	<b>\$ 1,241,397</b>	<b>\$ 1,272,917</b>
16	<b>DEFERRED OUTFLOWS</b>	<b>53,441</b>	<b>63,460</b>	16	<b>DEFERRED INFLOWS</b>	<b>43,009</b>	<b>44,923</b>
17	<b>TOTAL ASSETS AND DEFERRED OUTFLOWS</b>	<b>\$ 1,284,406</b>	<b>\$ 1,317,840</b>	17	<b>TOTAL LIABILITIES, NET POSITION AND DEFERRED INFLOWS</b>	<b>\$ 1,284,406</b>	<b>\$ 1,317,840</b>



**WASHINGTON HOSPITAL  
OPERATING INDICATORS  
August 2019**

12 MONTH AVERAGE	August						YEAR TO DATE			
	ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.			ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.
172.2	162.5	154.0	8.5	6%	1	ADULT & PEDS AVERAGE DAILY CENSUS	169.7	152.9	16.8	11%
5.7	6.3	5.4	0.9	17%	2	OUTPT OBSERVATION AVERAGE DAILY CENSUS	6.0	5.4	0.6	11%
8.8	9.8	9.6	0.2	2%	3	NURSERY AVERAGE DAILY CENSUS	9.5	9.4	0.1	1%
186.7	178.6	169.0	9.6	6%	4	TOTAL	185.2	167.7	17.5	10%
3.7	3.0	2.9	0.1	3%	5	SPECIAL CARE NURSERY AVERAGE DAILY CENSUS *	2.9	3.0	(0.1)	-3%
5,234	5,037	4,774	263	6%	6	ADULT & PEDS PATIENT DAYS	10,521	9,478	1,043	11%
175	194	168	26	15%	7	OBSERVATION EQUIVALENT DAYS - OP	371	334	37	11%
1,004	969	969	-	0%	8	ADMISSIONS-ADULTS & PEDS	1,991	1,912	79	4%
5.15	5.45	4.93	0.52	11%	9	AVERAGE LENGTH OF STAY-ADULTS & PEDS	5.37	4.96	0.41	8%
1.472	1.498	1.470	0.028	2%	10	OTHER KEY UTILIZATION STATISTICS				
						OVERALL CASE MIX INDEX (CMI)	1.499	1.448	0.051	4%
149	135	139	(4)	-3%	11	SURGICAL CASES				
26	20	21	(1)	-5%	12	JOINT REPLACEMENT CASES	297	272	25	9%
8	13	10	3	30%	13	NEUROSURGICAL CASES	46	45	1	2%
206	222	217	5	2%	14	CARDIAC SURGICAL CASES	25	20	5	25%
389	390	387	3	1%	15	ALL OTHERS	438	415	23	6%
372	514	360	154	43%	16	TOTAL CASES	806	752	54	7%
129	144	140	4	3%	17	TOTAL CATH LAB PROCEDURES	925	734	191	26%
7,613	8,185	7,678	507	7%	18	DELIVERIES	281	278	3	1%
4,359	4,252	4,260	(8)	0%	19	OUTPATIENT VISITS	16,281	14,966	1,315	9%
						EMERGENCY VISITS	8,700	8,676	24	0%
1,331.7	1,348.6	1,265.9	(82.7)	-7%	20	LABOR INDICATORS				
177.1	179.9	189.4	9.5	5%	21	PRODUCTIVE FTE'S	1,343.2	1,251.7	(91.5)	-7%
1,508.8	1,528.5	1,455.3	(73.2)	-5%	22	NON PRODUCTIVE FTE'S	193.7	211.6	17.9	8%
5.44	5.76	5.63	(0.13)	-2%	23	TOTAL FTE'S	1,536.9	1,463.3	(73.6)	-5%
6.16	6.53	6.47	(0.06)	-1%	24	PRODUCTIVE FTE/ADJ. OCCUPIED BED	5.47	5.63	0.16	3%
						TOTAL FTE/ADJ. OCCUPIED BED	6.26	6.58	0.32	5%

\* included in Adult and Peds Average Daily Census



# Memorandum

**DATE:** October 2, 2019

**TO:** Kimberly Hartz, Chief Executive Officer

**FROM:** Jeffrey Stuart, MD, Chief Medical Staff Services

**SUBJECT:** MEC for Board Approval:  
Amendments to Medical Staff Rules and Regulations

At its meeting of September 16, 2019, the Medical Executive Committee approved amendments to the Rules and Regulations related to an increase in Application Fees and Annual Dues as follows:

A. Application Fee

	Current	Proposed
Application for Medical Staff Membership	\$450.00	\$600.00
Application for Locum Tenens Temporary Privileges	\$450.00	\$600.00
Reapplication for Locum Tenens Temporary Privileges	\$300.00	\$450.00
Application for Temporary Privileges	\$100.00	\$250.00

B. Annual Dues

For Active, Consulting, Ambulatory, Administrative Staff, Allied Health Professionals, and Provisional/Active and Provisional Allied Health Professionals who join the staff July through December of the current year	\$200.00	\$300.00
For Provisional/Active Staff, Ambulatory, and Provisional Allied Health Professionals who join January through June of the current year	\$100.00	\$150.00
For Courtesy and Provisional/Courtesy Staff who join the staff July through December of the current year	\$300.00	\$400.00
For Provisional/Courtesy Staff who join January through June of the current year	\$150.00	\$200.00
Dentists (does not include oral surgeons)	\$50.00	\$100.00
Honorary and Retired Staff	\$0.00	\$0.00
Members on Leave of Absence – the full amount becomes due and payable when privileges are reinstated		

Please accept this memorandum as a formal request to the Board of Directors for final approval of these amendments to the Medical Staff Rules and Regulations.



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## Memorandum

**DATE:** October 2, 2019  
**TO:** Kimberly Hartz, Chief Executive Officer  
**FROM:** Kristin Ferguson, Chief of Compliance  
**SUBJECT:** Numbered Memorandum # 7-019 Discontinuation of Care Policy  
Amendments to Medical Staff Rules and Regulations

Like many other hospitals across the Nation, Washington Hospital has had to face an increase in violence in its patient care areas, including the Emergency Department. In many instances, we are faced with patients who present a threat to the safety and security of our staff and other patients and who are so disruptive that providing care becomes impossible.

We continue to make all reasonable efforts to prevent and/or resolve problems between providers or staff and patients and have implemented several policies and programs to educate and support our staff and physicians when instances of verbal and/or physical abuse by a patient or visitor occur, such as the Washington Hospital Behavioral Emergency Response Team (BERT) Plan and the Resilience and Emotional Support Team (REST) Policy. We continue to use the EDIE system to track problem patients throughout our County. We educate our patients and visitors as to their rights and responsibilities and created a Handbook for Patients and Visitors outlining their behavioral expectations and responsibilities. We implemented a Behavioral Contract that is enforced by our Safety and Security Staff.

The purpose of the Discontinuation of Care policy is to establish guidelines for the discontinuation of care of a patient from Washington Hospital or the Healthcare System in accordance with federal and state laws and regulations. The decision to discontinue the care of a patient will include consideration of both the patient's health care needs and the obligations of Washington Hospital related to the safety of its patients, employees, medical staff, volunteers, and visitors. Discontinuation of patient care will be managed in a thoughtful manner with attention to providing alternatives for care outside the Washington Hospital Healthcare System.

Please accept this memorandum as a formal request to the Board of Directors for final approval of this Numbered Memorandum.



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# Memorandum

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**TITLE: DISCONTINUATION OF CARE**

**MEMORANDUM # 7-019  
NEW**

**RESPONSIBLE PERSON: CHIEF OF COMPLIANCE**

**REVIEWED BY:**             Department                             Division Chiefs  
                                   X   Medical Staff                                       X   Management Staff  
                                   X   Administrative                                     Other

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**PURPOSE:** To establish guidelines for the discontinuation of care of a patient from Washington Hospital or the Healthcare System, in accordance with federal and state laws and regulations.

**POLICY:** It is the policy of Washington Hospital to make all reasonable efforts to prevent and/or resolve problems between providers or staff and patients prior to considering discontinuance of care. A decision to discontinue the care of a patient will include consideration of both the patient's healthcare needs and the obligations of Washington Hospital related to the safety of its patients, employees, medical staff, volunteers and visitors.

Examples of circumstances when discontinuation of care of a patient may be considered include the following:

1. When there is a serious breakdown in communication between the patient and the provider resulting in a lack of trust in the patient-provider relationship (For example, when a patient repeatedly verbalizes lack of confidence in the provider/team or clinical outcome).
2. When treatment options have been exhausted because the patient is non-compliant with the medical treatment plan and in the provider's judgment, no further treatment options exist.
3. When there is serious abuse of institutional services by the patient and efforts to correct this abuse or manage the patient's behavior have been exhausted or not possible.
4. When the patient is abusive, disruptive, threatening or violent, or is in violation of Washington Hospital's expectations of his/her responsibilities as a patient.

Discontinuation of patient care will be managed in a thoughtful manner with attention to providing alternatives for care outside the Washington Hospital Healthcare System. There are internal resources available to assist with difficult patient situations or patients who exhibit the above referenced behavior. Those resources include Administration, Medical Staff Leadership,

Those resources include Administration, Medical Staff Leadership, Chief of Staff, Risk Management/Compliance, Security, Social Services, Spiritual Care Services, Nursing and departmental managers and supervisors, Patient Relations and Ambulatory Care Services Administration.

**PROCEDURE:**

**A. Guidelines for Discontinuing Care**

The circumstances necessitating a decision to discontinue care of a patient may vary and the process for implementing the discontinuation will be determined on a case by case basis. Input will be required from Administration, Medical Staff Leadership, Chief of Staff, the involved providers and staff, Risk Management and Security, based on general guidelines as outlined below. Exceptions to these guidelines may be made in the event a patient presents a threat to the safety of other patients, providers, staff, medical staff, volunteers or visitors. General guidelines for the process include:

**1. Address the inappropriate behavior and request behavioral modification:**

Whenever possible, except in circumstances outlined in section D below, discussion should occur with the patient regarding problematic behaviors. Risk Management/Patient Representative and the responsible healthcare provider(s) should meet with the patient and as appropriate, the patient's family or surrogate to discuss the specific behavior that is felt to be problematic, and any expected changes and consequences for failure to modify the behavior. Patients may be given suggestions for preventing discontinuation from care through behavior modification or alternative courses of action.

**2. Review the patient's clinical condition:**

- a. When discontinuation of care from Washington Hospital is contemplated, care will be taken to determine clinical consequences, so that transition of care to alternative providers can be planned. Care cannot be discontinued without first ensuring that it is appropriate to discharge the patient from the hospital, as determined by the attending physician of record, Chief Executive Office or designee, Risk Management, the Chief of staff and the Chief of Medical Staff Services. **Care may not be discontinued for emergency services.**
- b. Consideration of discontinuation of care from Washington Hospital Healthcare System will be escalated to the Chief Executive Officer or designee, and the Ambulatory Medical/Administrative designee for determination of appropriateness of discontinuation of care.

**3. Consider Letter of Warning:**

If a personal meeting or telephone conversation with the patient or family is unsuccessful in resolving difficulties, a warning letter to the patient may be appropriate. The letter should contain a summary of prior discussions regarding the difficulties encountered in providing care. The consequences for continuation of the behavior should be clearly stated. Contact Risk Management for drafting of the warning letters.

**4. Documentation in the Medical Record:**

- a. All specific behaviors that form the basis for the decision to discontinue care and discussion with the patient and/or family about the issues should be placed in the patient's medical record by the attending physician of record.
- b. If appropriate, an incident report should be generated. A copy of the incident report should NOT be placed in the patient's medical record.
- c. A copy of any warning letter, discontinuation of care letter or written communication to the patient should be placed in the patient's medical record.

**5. Notify appropriate departments:**

When care of a patient is discontinued, the appropriate departments will be notified in order to coordinate communication regarding the patient's ongoing access to services of the Healthcare System and to determine the appropriateness of placing a registration alert in the patient's medical records. Such departments may include:

- Security
- Risk Management/Patient Representative
- Hospital Administration-Chief Executive Officer
- Patient Care Services Administrator-CNO, ACNO
- Emergency Department Services
- Ambulatory Care Services Administrator

**B. Emergency Care**

**Emergency Medical Treatment and Labor Act (EMTALA)**- EMTALA is a federal law that requires medicare-participating hospitals with an emergency department to medically screen every patient who seeks emergency care and to stabilize or transfer those with medical emergencies, regardless of health insurance status or ability to pay.

**Emergency Medical Condition**- A condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health [or the health of an unborn child] in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of bodily organs.”



Under federal law, patients cannot be prevented from seeking and receiving care at Washington Hospital on an emergency basis, as set forth in **Numbered Memorandum #3-239 EMTALA Compliance: Emergency Medical Screening, Treatment, Transfer and On-Call Roster.**

**Care may not be discontinued for emergency services.** However, patients whose care has been discontinued and are not eligible to return to Washington Hospital or to the Healthcare System for services, may be referred to another facility for continued care after their emergency condition is evaluated and stabilized, and it has been determined that inpatient services are not necessary.

If a patient whose care has been discontinued from the Hospital or the Healthcare System presents to the Emergency Department with an emergency condition that cannot be immediately stabilized and requires in-patient admission, the following steps are to be taken:

1. Implement the Buddy System
2. Notify Hospital Administration
3. Notify the appropriate Care Providers
4. Notify Security
5. Coordinate a Plan of Care-involving Hospital Administration, Provider(s), Nursing, Social Services, Security and Risk Management
6. Once patient's medical condition is stabilized, determine timeframe for safe and appropriate discharge from the in-patient care setting

#### C. Discontinuation of Care Letters

1. Patients must be informed in writing of the decision to discontinue care.
2. Contact Risk Management for the drafting of the Discontinuation of Care letters. All Discontinuation of Care letters will be reviewed by Risk Management and subject to administrative review and approval prior to being sent to the patient.
3. If discontinuation of care from Washington Hospital is determined to be appropriate, the Discontinuation of Care letter will be signed by the Chief Executive Officer or designee and the Chief of Staff Provisions for offering referrals and/or options for continued care and for addressing emergency needs must be included in documentation letters.
4. If the discontinuation of care from the Healthcare System is determined to be appropriate, the Discontinuation of Care letter will be signed by the Chief Executive Officer and the Ambulatory Medical/Administrative designee. Provisions for offering referrals and/or options for continued care and for addressing emergency needs must be included in documentation letters

#### D. Exceptions to the policy

Exceptions to the delineated steps outlined in this policy may be made on a rare case by case basis where there is a threat to other patients, staff, medical staff, volunteers and visitors. Such determination of care shall be made only with the approval of the Chief Executive Officer or designee, the Chief of Staff and the Chief of Medical Staff Services or designee after conferring with Risk Management, Security, department managers, providers and staff involved.

E. Patient Requests for Access to Care Following Discontinuation of Care

Under special circumstances, the patient whose care has been discontinued from Washington Hospital or the Healthcare System may request to be allowed to access care again. Such requests are to be handled as follows:

1. Requests may be initiated in writing by the patient and submitted to the Risk Management Department for review and escalation for decision.
2. Reviews will be conducted by Risk Management and will include the following individuals as appropriate: Hospital Administration-Chief Executive Officer or designee, Patient Care Services Administrator-CNO or ACNO, Chief of Staff, Chief of Medical Staff Services, Provider(s) and Security.
3. Recommendations will be presented to the Chief Executive Officer or designee for consideration and final decision. A final decision will be delivered to the patient in writing.
4. In addition to patient initiated requests to review discontinuation of care status, a provider or administrative staff member may also initiate a review. Such requests for review will be handled in the same manner outlined above.

**RESPONSIBILITY:**

Questions about the implementation of this policy should be directed to Risk Management.

**REFERENCES**

The Joint Commission Accreditation Standards Manual RI 02.01.01

- The Hospital informs the patient about his or her responsibilities related to his or her care, treatment and services

Emergency Medical Treatment and Active Labor Act (EMTALA) 42 U.S. Code § 1395DD

Washington Hospital Behavioral Emergency Response Team (BERT) Plan


Washington Hospital Security Management Plan

Washington Hospital Numbered Memorandums:

- Memorandum #5.25 Workplace Violence Prevention Program
- Memorandum #5-04 Tobacco-Free Smoke-Free Campus Policy
- Memorandum #3-116 Use of Alcohol and Non-Prescribed Drugs by Patients
  
- Memorandum #3-220 Illegal Drugs on Hospital Property, Abandoned Or in Possession of a Visitor or Patient
- Memorandum #3-203 Restraints
- Memorandum #1-131 Patient Compliments, Complaints and Grievances
- Memorandum #1-104 Patient's Bill of Rights and Responsibilities
- Memorandum #3-151 Visitation



KIMBERLY HARTZ  
Chief Executive Officer



PRASAD KILARU, M.D.  
Chief of Staff



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## Memorandum

**DATE:** September 19, 2019

**TO:** Kimberly Hartz, Chief Executive Officer

**FROM:** Ed Fayen, Executive Vice President and Chief Operating Officer  
John Lee, Chief Information Officer

**SUBJECT:** Epic Urgent Care and Welcome Kiosks

We are requesting an upgrade from the current Urgent Care build within Epic to a new Urgent Care solution that is now available. The new Epic module is a hybrid of both an ambulatory clinic (current build) and an Emergency Department build. It incorporates key features from both modules. Some features include online notification of upcoming arrival time, electronic check-in, automated published wait times, online symptom questionnaires and self-scheduling into available time slots.

In addition, we will deploy two Welcome Kiosks, where patients would quickly be able to check in after arriving at the clinic. Overall solution advantages to providers and staff at Urgent Care include track boards with patient status views, event tracking, color coded timers and direct transfers to the Emergency Department if necessary. The project will take approximately 3 months to complete.

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 hardware and implementation services required for a total amount not to exceed \$99,221.



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## Memorandum

**DATE:** October 2, 2019  
**TO:** Kimberly Hartz, Chief Executive Officer  
**FROM:** Stephanie Williams, Vice President & Chief Nursing Officer  
**SUBJECT:** Stryker Surgicount Tablet Kit & Replacement Plan for Birthing Center

The Stryker Surgicount Tablet and Replacement plan is needed because the company has upgraded the system. We are required to do this upgrade in order to be supported for services. This system allows us to measure blood loss for all of the caesarean section patients. The main OR uses the same system and included us in the upgrade which is required by Surgicount.

The cost of the Surgicount Tablet Kit and Replacement Plan is \$25,088.00 plus \$2,329.64 tax for a total of \$27,408.64.

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 the Stryker Surgicount Tablet Kit & replacement Plan for the Birthing Center for a total amount not to exceed \$27,408.64. The total amount was included in the Fiscal Year 2019/2020 Fixed Asset Capital Budget.



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## Memorandum

**DATE:** October 2, 2019  
**TO:** Kimberly Hartz, Chief Executive Officer  
**FROM:** Stephanie Williams, Vice President & Chief Nursing Officer  
**SUBJECT:** Four GE Giraffe Bedded Warmers for the Birthing Center

The Giraffe Warmer is the warmer that is used with our deliveries for the stabilization of the babies. Over the past six years, we have been slowly replacing the older Panda models that we use on the Birthing Center with these Giraffe warmers. The Special Care Nursery exclusively has the Giraffe Bedded Warmers and it is important for the division to have the same warmers in order to prevent the clinicians from having to transfer these babies once they arrive in the Special Care Nursery, thus decreasing the risk of lines accidentally being pulled out.

The cost of the GE Giraffe Bedded Warmers is \$88,333.25 plus \$8,170.83 tax, for a total of \$96,504.08.

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 four GE Giraffe Bedded Warmers for the Birthing Center for a total amount not to exceed \$96,504.08. The total amount was included in the Fiscal Year 2019/2020 Fixed Asset Capital Budget.



## Memorandum

**DATE:** September 12, 2019

**TO:** Washington Township Health Care District Board of Directors

**FROM:** Kimberly Hartz, Chief Executive Officer

**SUBJECT:** Request for Purchase of Hologic 3Dimensions Mammography System (Tomosynthesis) with Biopsy Attachment.

We are recommending moving forward with the purchase of a Hologic 3Dimensions Mammography System with biopsy attachment along with license fee for PACS viewing and additional storage. We currently have two digital 2D mammography systems that were installed in 2006 and are at end of service life. We are recommending replacing one of the units with this new piece of equipment, also known as 3D tomosynthesis. The second unit is functioning and is being serviced by a third party vendor and we will address this unit in a future year.

Tomosynthesis creates a 3 dimensional picture of the breast using x-rays. It is similar to getting a mammogram, but it allows for better detection of tumors, especially in dense breast tissue. For women with dense breasts, 3D mammography is needed and those women receive a letter to discuss with their physician which screening option is right for them. Even with breasts of normal density, there are times when the radiologist requires that the person be "called back" for additional tests to determine if the cancer is present or not. 3D mammography improves the ability to detect early breast cancer and also reduces the number of women for call backs for additional tests for findings that are not cancerous. This technology is becoming more common and patients are requesting it. It is available at most centers throughout the Bay Area. The technology does require additional storage for the images since more images are taken at each patient visit.

The following outlines the costs associated with the implementation of this equipment:

Purchase price with tax of Hologic 3Dimension	\$ 525,863.95
Estimated cost to upgrade Electrical Panel	\$ 10,000.00
Purchase price of Merge License Fee	\$ 70,265.00
Approximate cost of "on-Site" training	\$ 1,500.00
Purchase price and tax for Cancom (Hitachi) Storage	\$ 26,471.83
<u>Contingency for Image transfer issues</u>	<u>\$ 5,000.00</u>
Total project price	\$ 639,100.78

In accordance with District Law, Policies and Procedures, it is requested that the Board of Directors authorize the Chief Executive Officer to proceed with the purchase of the Hologic 3Dimension Mammography System with Biopsy attachment, license fee for PACS and additional storage for an amount not to exceed \$640,000.00. The total amount was included in the Fiscal Year 2019/20 Fixed Asset Capital Budget. Funds raised from this year's Top Hat gala are going towards the support of this equipment.