



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, February 12, 2020 – 6:00 P.M.
Conrad E. Anderson, MD Auditorium
2500 Mowry Avenue, Fremont, CA

AGENDA

PRESENTED BY:

**I. CALL TO ORDER &
PLEDGE OF ALLEGIANCE**

Michael J. Wallace
Board President

II. ROLL CALL

Dee Antonio
District Clerk

III. CONSENT CALENDAR

Items listed under the Consent Calendar include reviewed reports and recommendations and are acted upon by one motion of the Board. Any Board Member or member of the public may remove an item for discussion before a motion is made.

Michael J. Wallace
Board President

- A. Consideration of Minutes of the Regular Meetings of the District Board: January 8, 22, and 27, 2020

Motion Required

- B. Consideration of Budgeted Capital Request: Copier Replacement (\$46,322.00)

- C. Consideration of New Privileges for Supervising Physician for Allied Health Professional, Maternal and Fetal Medicine and Urogynecology, and Revised Privileges for Pediatrics, Pediatric Cardiology, Pediatric Allergy, Gynecology, and Obstetrics as proposed by the Medical Executive Committee

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, M.D., Chief of Staff, dated
January 27, 2020 requesting approval of Medical
Staff Credentialing Action Items

Motion Required

V. PRESENTATION

Pediatric Asthma

Simon Lee, M.D.
Medical Director, Pediatric
Hospital Medicine Program
and
Katherine Caldwell, M.D.
Pediatric Hospitalist

VI. REPORTS

- A. Service League Report
- B. Medical Staff Report
- C. Hospital Events Report
- D. Quality Report:
2020 Antimicrobial Stewardship
Corona Virus

PRESENTED BY:

Ruth McGautha
Service League

Prasad Kilaru, M.D.
Chief of Staff

Kimberly Hartz
Chief Executive Officer

Dianne Martin, M.D.
Infectious Diseases

Dianne Martin, M.D.
Infectious Diseases

Chris Henry
Vice President & Chief Financial
Officer

Kimberly Hartz
Chief Executive Officer

VII. ACTION ITEMS

- A. Consideration of Resolution No. 1206 Resolution of
the Board of Directors of Washington Township
Health Care District to Authorize the Chief
Executive Officer to Take Action Regarding
Acquisition of Real Property
- B. Consideration of Budget Amendment for FY 2019-
2020 Budget for Architectural Fees and
Engagement of Architects

Motion Required

VIII. ANNOUNCEMENTS

Kimberly Hartz
Chief Executive Officer

IX. ADJOURNMENT

Michael J. Wallace
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, January 8, 2020 in the Conrad E. Anderson, MD Auditorium, 2500 Mowry Avenue, Fremont, California. Director Wallace called the meeting to order at 6:00 pm and led those present in the Pledge of Allegiance.

CALL TO ORDER

PLEDGE OF ALLEGIANCE

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

ROLL CALL

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, Mary Bowron, John Lee, John Zubiena, Donald Pipkin, Nick Legge, Kimberlee Alvari, Angus Cochran, Rob Lanci, Paul Kozachenko

Director Wallace presented the Consent Calendar for consideration:

CONSENT CALENDAR

- A. Minutes of the Regular Meetings of the District Board: December 11, 16, and 23, 2019
- B. Budgeted Capital Request: OB/OR Surgical Lights (\$125,000.00)
- C. Reappointment to Washington Township Hospital Development Corporation: Ben Sah MD, Russ Blowers, Miro Garcia, Gloria Villasana Fuerniss, and Steven Chan DDS

In accordance with District law, policies, and procedures, Director Stewart moved that the Board of Directors approve the Consent Calendar, items A through C.

Director Nicholson seconded the motion.

Roll call was taken:

Michael Wallace – aye
William Nicholson, MD – aye
Jeannie Yee - aye
Jacob Eapen, MD - aye
Bernard Stewart, DDS – 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 December 23, 2019 requesting approval of Medical Staff Credentialing Action Items as follows:

*COMMUNICATIONS:
WRITTEN*

Initial Appointments – Two Year

Aras, Mandar MD PhD; Finn, Siobhan PA-C; Garcia, Ryan PA-C; Lee, Ashley MD; Lucas, Shawn MD; Numdu, Zeba PA-C; Patel, Chirag, DMD MD; Robinson, Ronald MD; Ruby, Rodger DO; Shih, Chia-Ding DPM; Singh, Sarabjot MD; Singh, Tiger Tejpan MD; Wong, Breane PA-C

Temporary Privileges

Garcia, Ryan PA-C; Jamali, Mehrnaz MD; Lucas, Shawn MD; Mundu, Zeba PA-C;
Robinson, Ronald MD; Singh, Geeta MD; Singh, Sarabjot MD; Singh, Tiger Tejpal
MD; Wong, Breane PA-C

30 Days Extension Request – Application Not Complete
Gwalani, Priyanka MD; Patel, Robin MD

Waiver Request
Gadea, William PA-C; Ortlip, Timothy MD

Reappointments – Two Year
Arcilla, Lisa MD; Djavaheerian, Caesar MD; Jain, Aditya MD; Lunny, Peter MD;
Sehgal, Robit MD; Tsai, Shirley MD; Wang, Albert MD; Wey, Jaclyn MD

Reappointments – One Year
Ali, Zulfiqar MD; Beygui, Ramin MD

Transfer in Staff Category
Arcilla, Lisa MD

Completion of Proctoring and Advancement in Staff Category
Hiraoka, Toshi MD; Ortlip, Timothy MD; Pfaff, Nora MD

Extension of Proctorship and Provisional Category One-year
Gadea, William PA-C; Ortlip, Timothy MD

New Privilege Requests
Jamali, Mehrnaz MD; Singh, Geeta MD

Conflict of Interest Statement Updated
Djavaheerian, Caesar MD; Jain, Aditya MD; Lunny, Peter MD

Leave of Absence
Parmar, Kalgi DPM

Resignations
Bhimani, Meenesh MD; Jones, Maggie MD; Wozniak, Curtis MD

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

Director Nicholson seconded the motion.
Roll call was taken:

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

The motion unanimously carried.

Kimberly Hartz introduced Dr. Lawrence Tiglao, Medical Director for the OB Hospitalist Group at Washington Hospital. Dr. Tiglao reviewed WHHS' adoption of the Maternal Mental Health Conditions Education, Early Diagnosis and Treatment Act, passed September 26, 2018. This is a program relating to maternal mental health conditions including, but not limited to, postpartum depression. He reviewed some of the Risk Factors that can lead to postpartum depression (not to be confused for Baby Blues). He explained that screening allows for early detection and noted that WHHS uses the Edinburg Postnatal Depression Scale Tool with the results entered into EPIC. Education information is distributed to all postpartum patients and/or their families.

*PRESENTATION
New Maternal Health
Legislation in California:
No Mother Left Behind*

Ruth McGautha, President of the Service League, reported on the Service League activities including the presentation of service pins in recognition of Service Hours and Years of Service to date. The Service League has contributed a total 39,738 service hours this year (2019).

*SERVICE LEAGUE
REPORT*

Dr. Prasad Kilaru reported there are 586 Medical Staff members including 360 active members.

*MEDICAL STAFF
REPORT*

The Hospital Calendar video highlighted the following events:

*HOSPITAL EVENTS
REPORT
Community Outreach*

Past Health Promotions & Outreach Events

Outreach Events included:

- Hand Hygiene presentations for students at Grimmer Elementary School in Fremont.

Upcoming Health Promotions & Community Outreach Events

Health Promotions and Outreach Events will include:

- January 16th – A Happier You in 2020
- February 4th – Stroke Prevention
- February 11th – Life After a Stroke
- February 6th – Diabetes Matters: Heart Healthy Eating
- February 11 – Strategies to Help Lower Your Cholesterol and Blood Pressure

Bay Area Healthier Together

In the month of December, Bay Area Healthier Together's topic was Flu Prevention and the Importance of Flu Vaccination.

*HOSPITAL EVENTS
REPORT
Bay Area Healthier
Together*

Washington Hospital Healthcare Foundation

- Girl Scout Troop 31602 made soft scarves to bring some extra comfort and cheer to our patients
- Students from New Haven Memorial High School and the Leos Club of James Logan High School created hand-made holiday cards for Hospital inpatients.
- Employees from Boehringer-Ingelheim donated several hundred toys collected in a toy drive for pediatric patients.
- Bishop Realty employees donated toys.
- December 12th – Tree Lighting at the corner of Paseo Padre Parkway and Mowry Avenue.

*HOSPITAL EVENTS
REPORT
Washington Hospital
Foundation Report*

- The Foundation will host the 35th Annual Golf Tournament at Castlewood Country Club on Thursday, May 7, 2020.

Washington Hospital Employee Association, W.H.E.A.

WHEA donated medical supplies, gift cards, and other items to assist the victims of the Kincade Fire in Sonoma County.

*HOSPITAL EVENTS
REPORT
Washington Hospital
Employee Association,
WHEA*

Washington on Wheels

The WOW Mobile Clinic served community members at these locations in December: Family Resource Center, Bay Area Community Services, TCV Food Bank and Thrift Store, and Irvington Presbyterian Church in Fremont and the Union City Family Center in Union City. The total number of community members receiving health care from the WOW van during the month of December was 24.

*HOSPITAL EVENTS
REPORT
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 About WHHS with 24,106 views.

*HOSPITAL EVENTS
REPORT
Internet and Social Media
Marketing*

InHealth - Channel 78

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

- December Board of Directors Meeting

*HOSPITAL EVENTS
REPORT
InHealth*

Events and Announcements

Baby Preston Yang was born at 12:39 am on New Year's Day, the first baby born at Washington Hospital Birthing Center in 2020.

*HOSPITAL EVENTS
REPORT
Events & Announcements*

Employee of the Month

Patricia Ramirez, Managed Care Coordinator, was named as the December Employee of the Month.

*HOSPITAL EVENTS
REPORT
Employee of the Month --
Patricia Ramirez*

Kimberly Hartz introduced Christy Hold, Cardiovascular Service Line Director, and Terence Lin, MD, Medical Director for Invasive Vascular Imaging who presented the results of their continuation of the previous Cath Lab 5S exercise. This work became a priority in order to drive continuous improvements in quality, safety, value, and patient experience as well to reduce costs and increase financial strength and sustainability. The problems tackled included current inventory requiring too much space, supplies expiring on the shelf, and staff wasting time looking for supplies. Baselines were established and targets were set. Several physicians were engaged in this exercise. The result was a 17% reduction in the number of inventory line items and a 10% reduction in the value of quality on hand.

*LEAN REPORT
Improving Cath Lab
Procedure Supplies*

Mary Bowron, Chief of Quality and Resource Management, presented the Infection Prevention Program for 2020. She began with an introduction to the Infection Prevention Committee and the key program components. She explained how the

*QUALITY REPORT:
2020 Infection Prevention
Program*

data are reported out and reviewed the regulatory updates for 2020 (Joint Commission Hospital National Patient Safety Goals and the Centers for Disease Control/National Healthcare Safety Network). Ms. Bowron reported on the 2019 infection prevention data for CLABSI, Surgical Site Infections, C-Diff, and Hand Hygiene. She identified the focus areas for 2020 and the key improvement strategies for 2020.

Chris Henry, Vice President & Chief Financial Officer, presented the Finance Report for November 2019. The average daily census was 144.9 with admissions of 869 resulting in 4,347 patient days. Outpatient observation equivalent days were 199. The average length of stay was 4.68 days. The case mix index was 1.499. Deliveries were 117. Surgical cases were 366. Joint Replacement cases were 139. Neurosurgical cases were 25. Cardiac Surgical cases were 9. The Outpatient visits were 7,814 and Emergency visits were 4,237. Total productive FTEs were 1,341.5. FTEs per adjusted occupied bed were 6.21.

FINANCE REPORT

Kimberly Hartz presented the Hospital Operations Report for December 2019. Preliminary information indicated gross revenue for the month at approximately \$176,559,000. The Average Length of Stay of 4.60 and there were 4,566 patient days. There were 365 Surgical Cases and 521 Cath Lab procedures at the Hospital. Deliveries were 147. Non-Emergency Outpatient visits were 7,289. Total FTEs per Adjusted Occupied Bed were 6.81. The Washington Outpatient Surgery Center had 436 cases and the clinics saw approximately 3,380 patients. Total Government Sponsored Preliminary Payor Mix was 69.5%, below the budget of 71.9%. Homeless Patient Total Encounters were 227 with an estimated unreimbursed cost of homeless care of \$619,000 for the month of December..

*HOSPITAL
OPERATIONS REPORT*

None.

ANNOUNCEMENTS

There being no further business, Director Wallace adjourned the meeting at 7:34 pm.

ADJOURNMENT

Michael J. Wallace
President

Bernard Stewart, DDS
Secretary

A regular meeting of the Board of Directors of the Washington Township Health Care District was held on Wednesday, January 22, 2020 in the Board Room, 2000 Mowry Avenue, Fremont, California. Director Wallace called the meeting to order at 6:06 p.m. and led those present in the Pledge of Allegiance.

CALL TO ORDER

Roll call was taken. Directors present: Michael Wallace; William Nicholson, MD; Jacob Eapen, MD; Bernard Stewart, DDS
Absent: 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, Legal Counsel; Nick Kozachenko, Legal Counsel; Gisela Hernandez, Director Community Relations; Dee Antonio, District Clerk

There were no oral communications.

COMMUNICATIONS

There were no written communications.

Director Wallace presented the Consent Calendar for consideration:

CONSENT CALENDAR

A. Unbudgeted Capital Request: OR-5 Surgical Lights (\$54,000.00)

In accordance with District law, policies, and procedures, Director Stewart moved that the Board of Directors approve the Consent Calendar, item A.

Director Stewart seconded the motion.

Roll call was taken:

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

The motion carried.

These reports were deferred to closed session.

*REPORTS: SPP&PR and
DEVCO FINANCIALS*

Kimberly Hartz reported that we would be conducting a community survey. This will be a telephone survey and an email survey.

ANNOUNCEMENTS

Mr. Hartz also reported that Hirsch & Associates conducted a five-day mock Joint Commission Survey in preparation for The Joint Commission survey expected later this year. Hirsh & Associates will return March 30th for a second mock survey.

In accordance with Health & Safety Code Sections 32106 and California Government Code 54956.8, Director Wallace adjourned the meeting to closed session at 6:10 p.m., as the discussion pertained to a trade secret pursuant to Health & Safety Code section 32106 Facility and Program discussion and a conference with real property negotiators pursuant to Government Code Section 54956.8 for property at 45388 Warm Springs Boulevard, Fremont, CA.

*ADJOURN TO CLOSED
SESSION*

Director Wallace reconvened the meeting to open session at 7:19 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 Wallace adjourned the meeting at 7:19 pm.

ADJOURNMENT

Michael J. Wallace
President

Bernard Stewart, DDS
Secretary

DRAFT

A meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, January 27, 2020 in the Board Room, Washington Hospital, 2000 Mowry Avenue, Fremont, California. Director Nicholson 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: Jeff Stuart, MD; Prasad Kilaru, MD; Kranthi Achanta, MD; Shakir Hyder, MD; Tim Tsoi, MD; Jan Henstorf, MD; Kimberly Hartz, Chief Executive Officer; Stephanie Williams, Vice President & Chief Nursing Officer
Absent:

There were no oral or written communications.

COMMUNICATIONS

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

RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION

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

ADJOURNMENT

Michael Wallace
President

Bernard Stewart
Secretary



Memorandum

DATE: January 20, 2020

TO: Kimberly Hartz, Chief Executive Officer

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

SUBJECT: Copier Replacement

Hospital departments utilize multi-function copier equipment throughout the hospital for printing, scanning and copying data on a day-to-day basis. Each year, the Information Services department reviews service call history, page counts and technology usage for all copiers to identify which equipment needs to be replaced.

This year, we have identified six copiers that need to be replaced. The copiers marked for replacement service various departments including patient accounting, medical imaging and human resources. By replacing older and more problematic copiers we improve the efficiency of operations and allow staff to focus foremost on patient care.

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 for a total amount not to exceed **\$46,322.00**. This is an approved equipment line item in the 2020 Capital budget.



Washington Hospital
Healthcare System

S I N C E 1 9 4 8

Memorandum

DATE: January 20, 2020

TO: Kimberly Hartz, Chief Executive Officer

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

SUBJECT: MEC for Board Approval
New Privileges: Supervising Physician for Allied Health Professional, Maternal & Fetal Medicine, and Urogynecology
Revised Privileges: Pediatrics, Pediatric Cardiology, Pediatric Allergy, Gynecology, and Obstetrics

The Medical Executive Committee, at its meeting of January 20, 2020, approved the new privileges for Supervising Physician for Allied Health Professional, Maternal and Fetal Medicine and Urogynecology.

The Medical Executive Committee, at its meeting of January 20, 2020, approved the revised privileges for Pediatrics, Pediatric Cardiology, Pediatric Allergy, Gynecology, and Obstetrics.

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

Washington Hospital Medical Staff

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

Specialty: Supervising Physician - AHP 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.**

Required Qualifications	
Qualifications	Licensed M.D. or D.O. with a current unrestricted license from the State of California free of disciplinary or probationary conditions including prohibiting the supervision of Allied Health Professionals. AND Qualified practitioners within any of the Departments of the Medical Staff may apply for privileges contained in this document. The Department Chair or designee is responsible for reviewing the qualifications and making recommendation(s) for this privilege. AND The physician should be a member in good standing of the Active or Provisional Active Medical Staff.
Membership	Meet all requirements for medical staff membership if applicable.
Utilization of AHP in the Hospital Setting	The supervising physician shall not supervise more than (4) four Allied Health Professionals at one time. ##### Advanced Practice Professionals are not permitted to function independently in the inpatient or outpatient Hospital setting. Medical Staff members who serve as Supervising Physicians to AHP's must agree to abide by the standards set forth in the Credentialing Policy. ##### Advanced Practice Professionals are not granted inpatient admitting privileges and therefore may not admit

patients independent of the Supervising Physician.
#####

Advanced Practice Professionals may not independently provide patient consultations in lieu of the practitioners' Supervising Physicians. An Advanced Practice Professional may gather data and order tests; however, the Supervising Physician must personally perform the requested consultation within 24 hours (or more timely in the case of any emergency consultation request).
#####

It will be within the discretion of the Emergency Department physician requesting assistance whether it is appropriate to contact an Advanced Practice Professional prior to the Supervising Physician. Advanced Practice Professionals may not independently participate in the emergency on-call roster (formally, or informally by agreement with their Supervising Physicians) in lieu of the Supervising Physician. The Supervising Physician (or his or her covering physician) must personally respond to all calls directed to him or her in a timely manner, in accordance with requirements set forth in this Policy. Following discussion with the Emergency Department, the Supervising Physician may direct an Advanced Practice Professional to see the patient, gather data, and order tests for further review by the Supervising Physician. However, the Supervising Physician must still personally see the patient when requested by the Emergency Department physician.
#####

It will be within the discretion of the Hospital personnel requesting assistance to determine whether it is appropriate to contact an Advanced Practice Professional prior to the Supervising Physician. However, the Supervising Physician must personally respond to all calls directed to him or her in a timely manner.
#####

An Advanced Practice Professional may assist his or her Supervising Physician in fulfilling his or her responsibility to round daily on all inpatients for whom the Supervising Physician is the designated attending physician, as appropriate.

Supporting Documentation Delegation of Services Agreement outlining those specific duties that the PA would be permitted to perform under supervision and outside the immediate supervision and control.
#####

Protocols governing all procedures to be performed by the NP shall state the information to be given to the patient, the technique for the procedure and the follow up care. The minimum content for a protocol governing diagnosis and management as referred to in this section shall include the presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and education to be given the patient.

APP Definitions Licensed Independent Practitioners practicing at the Hospital are as follows:
#####

- 1) Nurse Practitioner, 2) Certified Nurse Midwife

Advanced Practice Professionals practicing at the Hospital are as follows:
#####

- 1) Physician Assistant, 2) Registered Nurse First Assist, 3) Perfusionist

Supervising Physician for Allied Health Professionals

Description: Supervising Physician accepts full legal and ethical responsibility for the performance of all professional activities of the AHP.

Request <input type="checkbox"/>	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec <input type="checkbox"/>
	Supervising Physician for Allied Health Professionals	

- Review of the first 3 cases of by a physician who has unrestricted Supervising Physician AHP privileges. The proctor does not need to be from the same specialty.
- Review of OPPE data collected related to Supervising AHP.

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 emotion 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

Date

Department Chair/Designee Recommendation - Privileges

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

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Department Chair/Designee Recommendation - FPPE Requirements

Signature of Department Chair/Designee

Date



Washington Hospital Medical Staff

2000 Mowry Avenue ♦ Fremont, CA 94538
(510) 791-3446 ♦ Fax (510) 792-0795
Washington Township Hospital District

Specialty: Maternal and Fetal Medicine NEW Jan 2020

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.**

Required Qualifications	
Qualifications	Licensed M.D. or D.O.
Membership	Meet all requirements for medical staff membership.
Education/Training	Completion of postgraduate residency program in Maternal Fetal Medicine.
Certification	Board Certified as outlined in the Medical Staff Bylaws.
Clinical Experience (Initial)	Applicant must be able to provide documentation of provision of maternal fetal medicine (at least 25 cases/procedures representative of the scope and complexity of the privileges requested within the previous 24 months.
Clinical Experience (Reappointment)	In addition to meeting the qualifications for reappointment stated in the Medical Staff Bylaws and Policies and Procedures, the member must provide documentation of performance of a minimum of 25 of a variety of the procedures within the core in the previous two years.

Core Privileges in Obstetrics

Description: Evaluate, diagnose, provide consultation, treat and manage surgical and medical complications of pregnancy (e.g., maternal cardiac, pulmonary, metabolic and connective tissue disorders; as well as fetal malformations, conditions or disease).

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
<input type="checkbox"/>		<input type="checkbox"/>
	Cognitive	
<input type="checkbox"/>	Admission to inpatient care or other level of care	<input type="checkbox"/>
<input type="checkbox"/>	Perform history and physical examination	<input type="checkbox"/>
<input type="checkbox"/>	Provide consultations and management of patient throughout hospitalization including management of pregnant patients including those with medical, surgical or obstetrical disorders of pregnancy, operative and post-operative care and complications for patients in any state of condition of pregnancy.	<input type="checkbox"/>
<input type="checkbox"/>	Order diagnostic studies and tests (including utilization of current diagnostic procedures of obstetrics and gynecology that involve radiology, including ultrasonography, CT scanning and MRI, and nuclear medicine) and interpret results with radiology assistance	<input type="checkbox"/>
	Procedures	
<input type="checkbox"/>	Interoperative support to obstetrician as request, including operative first assist	<input type="checkbox"/>
<input type="checkbox"/>	Chorionic villi sampling	<input type="checkbox"/>
<input type="checkbox"/>	Diagnostic Laparoscopy	<input type="checkbox"/>
<input type="checkbox"/>	Fetoscopy/embryoscopy	<input type="checkbox"/>
<input type="checkbox"/>	Genetic Amniocentesis	<input type="checkbox"/>
<input type="checkbox"/>	In Utero Fetal Shunt Placement	<input type="checkbox"/>
<input type="checkbox"/>	Obstetrical diagnostic procedures including ultrasonography and other relevant imaging	<input type="checkbox"/>
<input type="checkbox"/>	Percutaneous umbilical blood sampling	<input type="checkbox"/>
<input type="checkbox"/>	Cerclage	<input type="checkbox"/>
<input type="checkbox"/>	Level 1 Critical Care Privileges - Can only act as consultant and write orders within the scope of his/her specialty/expertise.	<input type="checkbox"/>

FPPE

- Six direct observation case reviews of a variety of cases within the Core.
- Evaluation of OPPE data collected for review of competency/performance.

Acknowledgment of Applicant

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

- A. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff Bylaws, policies and rules applicable generally and any applicable to the particular situation.
- B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.
- C. I certify that I have no emotion 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 Date

Department Chair Recommendation - Privileges

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

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Department Chair Recommendation - FPPE Requirements

 Signature of Department Chair/Designee Date



Washington Hospital Medical Staff

2000 Mowry Avenue ♦ Fremont, CA 94538

(510) 791-3446 ♦ Fax (510) 792-0795

Washington Township Hospital District

Specialty: Urogynecology New Jan 2020

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.**

Required Qualifications

Qualifications	Licensed M.D. or D.O.
Membership	Meet all requirements for medical staff membership.
Education/Training	Completion of an ACGME or AOA accredited Residency training program in Obstetrics and Gynecology. AND Completion of an ACGME or AOA fellowship in Female Pelvic Medicine and Reconstructive Surgery.
Certification	Board Certified as outlined in the Medical Staff Bylaws
Clinical Experience (Initial)	Applicant must be able to provide documentation of provision of female pelvic medicine and reconstructive surgery (at least 25 cases/procedures) representative of the scope and complexity

of the privileges requested within the previous 24 months.

**Clinical Experience
(Reappointment)**

In addition to meeting the qualifications for reappointment stated in the medical Staff Policies and Procedures, the member must provide documentation of performance of a minimum of 25 of a variety of the procedures within the core in the previous two years.

Active/Provisional Staff Only: Of the 25 procedures, 10 must be performed at Washington Hospital Healthcare System and/or the Washington Outpatient Surgery Center.

Core Privileges in Urogynecology

Description: Evaluate, diagnose, provide consultation, treat and manage pre, intra, post-operative care of treatment of infection, surgical complications and pain management necessary to correct or treat female patients presenting with illnesses, injuries and disorders of the pelvic floor, gynecological or genitourinary system.

Request	<p align="center">Request all privileges listed below. Uncheck any privileges that you do not want to request.</p>	Dept Chair Rec
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Admit to inpatient care or other level of care	<input type="checkbox"/>
<input type="checkbox"/>	Perform history and physical examination	<input type="checkbox"/>
<input type="checkbox"/>	Provide consultations and management of patient throughout hospitalization including management of operative and post-operative care and complications.	<input type="checkbox"/>
<input type="checkbox"/>	Order diagnostic studies and tests (including utilization of current diagnostic procedures that involve radiology, including ultrasonography, CT scanning and MRI, and nuclear medicine) and interpret results with radiology assistance.	<input type="checkbox"/>
	Procedures (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)	
<input type="checkbox"/>	Abdominal sacrocolpopexy (open/laparoscopic)	<input type="checkbox"/>
<input type="checkbox"/>	Anal sphincteroplasty	<input type="checkbox"/>
<input type="checkbox"/>	Anterior and/or posterior repairs with mesh or graph	<input type="checkbox"/>
<input type="checkbox"/>	Apical suspension	<input type="checkbox"/>
<input type="checkbox"/>	Botulinum toxin injections	<input type="checkbox"/>
<input type="checkbox"/>	Colpocleisis	<input type="checkbox"/>
<input type="checkbox"/>	Diagnostic and management of pelvic floor dysfunction including operations for its correction (e.g., repair of rectocele, enterocele, cystocele or pelvic prolapse).	<input type="checkbox"/>
<input type="checkbox"/>	Fistula repairs (retrovaginal or urinary tract-vaginal)	<input type="checkbox"/>
<input type="checkbox"/>	Flap procedures	<input type="checkbox"/>
<input type="checkbox"/>	Hysterectomy (vaginal, abdominal, laparoscopic)	<input type="checkbox"/>
<input type="checkbox"/>	Implantable sacral neuromodulation	<input type="checkbox"/>
<input type="checkbox"/>	Paravaginal repair (abdominal/vaginal)	<input type="checkbox"/>
<input type="checkbox"/>	Retropubic urethropexy/Burch colposuspension (open/laparoscopic)	<input type="checkbox"/>
<input type="checkbox"/>	Sacrospinous ligament suspension	<input type="checkbox"/>
<input type="checkbox"/>	Sling procedures	<input type="checkbox"/>
<input type="checkbox"/>	Urethral bulking agents	<input type="checkbox"/>
<input type="checkbox"/>	Uterosacral ligament suspension (high/mid)	<input type="checkbox"/>
<input type="checkbox"/>	Ureteral stenting	<input type="checkbox"/>
<input type="checkbox"/>	Ureteral surgery	<input type="checkbox"/>

FPPE

- Six direct observation case reviews of a variety of cases within the Core.
- Evaluation of OPPE data collected for review of competency/performance.

Acknowledgment of Applicant

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

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Urogynecology New Jan 2020

- 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 emotion 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

Date

Department Chair Recommendation - Privileges

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

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Department Chair Recommendation - FPPE Requirements

Signature of Department Chair/Designee

Date



Washington Hospital Medical Staff

2000 Mowry Avenue ♦ Fremont, CA 94538

(510) 791-3446 ♦ Fax (510) 792-0795

Washington Township Hospital District

Specialty: Pediatrics_ Revised 2017_2019

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.**

Required Qualifications	
Qualifications	Licensed M.D. or D.O.
Membership	Meet all requirements for medical staff membership
Education/Training	Completion of an approved residency training program in Pediatrics approved by the American Board of Pediatrics and Board certification as outlined in the Medical Staff Bylaws.
Continuing Education	Applicant must attest to having completed 50 AMA PRA Category I CME credits within the previous 24 months directly related to the practice of pediatrics (waived for applicants who have completed training during the previous 24 months).
Certification	Current certification through ABMS or AOA Board American Board of Pediatrics in Pediatrics or a sub-board of Pediatrics. Exceptions to this requirement can be found in Bylaws Section 2.2-2.

Clinical Experience (Initial) Applicant must be able to provide documentation of provision of pediatric services (at least 10 cases or procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested during the previous 24 months.

Clinical Experience (Reappointment) Applicant must be able to provide documentation of provision of pediatric services (at least 10 cases or procedures of a variety of procedures within the core) representative of the scope and complexity of the privileges requested during the previous 24 months.

AND

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

AND

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

Core Privileges in Pediatrics

Description: Provide treatment or consultative services to patients up to the 18th birthday including the ability to diagnose and manage various medical conditions, illnesses, or injuries. The only exceptions beyond 18 years will be patients under age 21 years who receive ongoing care by a pediatrician. Treatment must be in accordance with established guidelines for age appropriate care for pediatrics and adolescent patients.

Request <input type="checkbox"/>	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec <input type="checkbox"/>
	Cognitive	
<input type="checkbox"/>	Admission, rounding, and discharge of hospitalized pediatric patients	<input type="checkbox"/>
<input type="checkbox"/>	Consultation in the emergency department	<input type="checkbox"/>
<input type="checkbox"/>	Admission, rounding, and discharge of normal newborns	<input type="checkbox"/>
<input type="checkbox"/>	Attendance at newborn deliveries	<input type="checkbox"/>
<input type="checkbox"/>	Development medical management plans	<input type="checkbox"/>
<input type="checkbox"/>	Formulation of differential diagnosis	<input type="checkbox"/>
<input type="checkbox"/>	Interpretation of routine laboratory and radiographic studies	<input type="checkbox"/>
<input type="checkbox"/>	Order diagnostic studies and tests	<input type="checkbox"/>
<input type="checkbox"/>	Perform history and physical examination	<input type="checkbox"/>
<input type="checkbox"/>	Administer and assess efficacy of therapeutic interventions	<input type="checkbox"/>
	Procedures (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)	
	Head, Eyes, Ears, Nose, Throat (HEENT)	
<input type="checkbox"/>	Lingual frenotomy	<input type="checkbox"/>
<input type="checkbox"/>	Cautery of anterior nares	<input type="checkbox"/>
<input type="checkbox"/>	Removal of cerumen	<input type="checkbox"/>
<input type="checkbox"/>	Removal of foreign body from cornea, conjunctive, ear, or nose	<input type="checkbox"/>
<input type="checkbox"/>	Tympanometry	<input type="checkbox"/>
	Dermatologic	
<input type="checkbox"/>	Skin biopsy	<input type="checkbox"/>
<input type="checkbox"/>	Incision and drainage of superficial abscess	<input type="checkbox"/>
<input type="checkbox"/>	Repair of superficial lacerations	<input type="checkbox"/>
<input type="checkbox"/>	Wart destruction	<input type="checkbox"/>
<input type="checkbox"/>	Uncomplicated debridement of a burn or wound	<input type="checkbox"/>
<input type="checkbox"/>	Skin tag removal	<input type="checkbox"/>
<input type="checkbox"/>	Nail removal	<input type="checkbox"/>
<input type="checkbox"/>	Drainage of subungual hematoma	<input type="checkbox"/>
	Gastrointestinal	
<input type="checkbox"/>	Gastric Lavage	<input type="checkbox"/>
	Genitourinary	
<input type="checkbox"/>	Circumcision of newborns	<input type="checkbox"/>
<input type="checkbox"/>	Suprapubic aspiration	<input type="checkbox"/>
<input type="checkbox"/>	Bladder catheterization	<input type="checkbox"/>
	Medication Administration	
<input type="checkbox"/>	Subcutaneous, intradermal, intramuscular injection	<input type="checkbox"/>

	Neurologic	
<input type="checkbox"/>	Lumbar puncture	<input type="checkbox"/>
	Orthopedic	
<input type="checkbox"/>	Casting and splinting of simple fracture	<input type="checkbox"/>
	Vascular Access	
<input type="checkbox"/>	Arterial puncture	<input type="checkbox"/>
<input type="checkbox"/>	Venipuncture	<input type="checkbox"/>
<input type="checkbox"/>	Umbilical vessel catheterization	<input type="checkbox"/>
<input type="checkbox"/>	Placement of intraosseous line	<input type="checkbox"/>
<input type="checkbox"/>	Placement of intravenous line	<input type="checkbox"/>

FPPE

- Six retrospective case reviews of a variety of cases within the Core.
- Evaluation of OPPE data collected for review of competency/performance.

Special Privileges: Care of Sick Newborns

Description: Attendance at high-risk deliveries, including C-sections. Provide treatment to sick newborns at any gestational age.

Qualifications

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

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec <input type="checkbox"/>
<input type="checkbox"/>		
	Care of Sick Newborn	
<input type="checkbox"/>	Admit to inpatient or other level of care (includes neonatal intensive care unit)	<input type="checkbox"/>
<input type="checkbox"/>	Perform history and physician examination	<input type="checkbox"/>
<input type="checkbox"/>	Evaluate, diagnose, treat and provide care to newborns presenting with severe and complex life-threatening problems such as respiratory failure, shock, congenital abnormalities and sepsis	<input type="checkbox"/>
<input type="checkbox"/>	Provide consultation to mothers with high risk pregnancies	<input type="checkbox"/>
<input type="checkbox"/>	Attendance at both normal newborn and high risk deliveries	<input type="checkbox"/>
<input type="checkbox"/>	Manage Hypermagnesemia	<input type="checkbox"/>
	Procedures (This listing includes procedures typically performed by physicians in this	

	specialty. Other procedures that are extensions of the same techniques and skills may also be performed.	
	Cardiac	
<input type="checkbox"/>	Pericardiocentesis	<input type="checkbox"/>
	Gastrointestinal	
<input type="checkbox"/>	Paracentesis	<input type="checkbox"/>
	Genitourinary	
<input type="checkbox"/>	Suprapubic bladder aspiration	<input type="checkbox"/>
	Hematologic	
<input type="checkbox"/>	Perform exchange transfusion	<input type="checkbox"/>
	Neurologic	
<input type="checkbox"/>	Lumbar puncture	<input type="checkbox"/>
	Respiratory	
<input type="checkbox"/>	Management of airway including endotracheal intubation	<input type="checkbox"/>
<input type="checkbox"/>	Ventilator management - all modes	<input type="checkbox"/>
<input type="checkbox"/>	Thoracentesis	<input type="checkbox"/>
<input type="checkbox"/>	Thoracostomy tube placement	<input type="checkbox"/>
<input type="checkbox"/>	Continuous positive airway pressure	<input type="checkbox"/>
<input type="checkbox"/>	High flow nasal cannula	<input type="checkbox"/>
	Vascular	
<input type="checkbox"/>	Insertion and management of umbilical vessel catheters	<input type="checkbox"/>
<input type="checkbox"/>	Peripheral vessel catheters	<input type="checkbox"/>
<input type="checkbox"/>	Peripherally inserted central catheters (PICC)	<input type="checkbox"/>
<input type="checkbox"/>	Percutaneous central venous catheters (PCVC)	<input type="checkbox"/>

FPPE

- Three retrospective case reviews of a variety of cases within the Core.
- Evaluation of OPPE data collected for review of competency/performance.

Acknowledgment of Applicant

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

- A. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff Bylaws, policies and rules applicable generally and any applicable to the particular situation.
- B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.
- C. I certify that I have no emotion 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 _____
 Date

Department Chair Recommendation - Privileges

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

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Department Chair Recommendation - FPPE Requirements

Signature of Department Chair/Designee

Date



Washington Hospital Medical Staff

2000 Mowry Avenue ♦ Fremont, CA 94538
(510) 791-3446 ♦ Fax (510) 792-0795
Washington Township Hospital District

Specialty: Pediatric Cardiology Revised Jan 2020 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.

Required Qualifications

Qualifications	Licensed M.D. or D.O.
Membership	Meet all requirements for medical staff membership.
Education/Training	Completion of an ACGME or AOA accredited Residency training program in Pediatrics. AND Completion of an ACGME accredited Fellowship training program in Pediatric Cardiology
Continuing Education	Applicant must attest to having completed 50 AMA PRA Category I CME credits within the previous 24 months directly related to the practice of pediatric cardiology (waived for applicants who have completed training during the previous 24 months).
Certification	Current certification through ABMS or AOA Board American Board of Pediatrics in Pediatric Cardiology. Exceptions to this requirement can be found in Bylaws Section 2.2-2.

Clinical Experience (Initial) Applicant must be able to provide documentation of provision of pediatric cardiology services (at least 20 cases or procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested during the previous 24 months.

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

AND

Active/Provisional Staff Only: Of the 20 cases or procedures, 10 of the cases or procedures must be performed at Washington Hospital Healthcare System and/or the Washington Outpatient Surgery Center.

AND

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

Core Privileges in Pediatric Cardiology

Description: Evaluate, diagnose, provide consultation, treat and provide comprehensive care to patients up to the 18th birthday with cardiovascular problems, including congenital and rheumatic disease. Evaluation of cyanotic newborn infants; evaluation of cyanotic and acyanotic children and adolescents.

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Admit to inpatient or other level of care	<input type="checkbox"/>
<input type="checkbox"/>	Development of plans for short-term and long-term medical management	<input type="checkbox"/>
<input type="checkbox"/>	Management of preoperative and postoperative care of patients having both closed and open cardiac surgery	<input type="checkbox"/>
<input type="checkbox"/>	Order diagnostic studies and tests, including utilization of current diagnostic procedures of pediatric cardiology that involve radiology, including ultrasonography, CT scanning and MRI	<input type="checkbox"/>
<input type="checkbox"/>	Perform history and physical examination	<input type="checkbox"/>
	Evaluation, diagnosis and management of patients with	
<input type="checkbox"/>	Cardiomyopathy, heart failure, and transplantation in the pediatric patient	<input type="checkbox"/>
<input type="checkbox"/>	Collagen vascular disease	<input type="checkbox"/>
<input type="checkbox"/>	Congenital heart defects	<input type="checkbox"/>
<input type="checkbox"/>	Hypertensive and atherosclerotic heart disease, including hyperlipidemic states	<input type="checkbox"/>
<input type="checkbox"/>	Infectious and metabolic conditions	<input type="checkbox"/>
<input type="checkbox"/>	Infective endocarditis	<input type="checkbox"/>
<input type="checkbox"/>	Kawasaki disease	<input type="checkbox"/>
<input type="checkbox"/>	Rheumatic heart disease	<input type="checkbox"/>
<input type="checkbox"/>	Level 1 Critical Care Privileges - Can only act as consultant and write orders within the scope of his/her specialty/expertise.	<input type="checkbox"/>
	Procedures – Non-Invasive (includes interpretation where applicable)	
<input type="checkbox"/>	Ambulatory ECG monitoring studies	<input type="checkbox"/>
<input type="checkbox"/>	Cardioversion, elective	<input type="checkbox"/>
<input type="checkbox"/>	Cardiopulmonary resuscitation	<input type="checkbox"/>
<input type="checkbox"/>	Echocardiography (performance and interpretation)	<input type="checkbox"/>
<input type="checkbox"/>	Electrocardiograms	<input type="checkbox"/>
<input type="checkbox"/>	Exercise stress testing with ECG monitoring	<input type="checkbox"/>
	Procedures - Invasive (includes interpretation where applicable) (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)	
<input type="checkbox"/>	Angiocardiography	<input type="checkbox"/>
<input type="checkbox"/>	Arterial and venous access including central lines	<input type="checkbox"/>
<input type="checkbox"/>	Diagnostic cardiac catheterization	<input type="checkbox"/>
<input type="checkbox"/>	Electrophysiologic testing	<input type="checkbox"/>
<input type="checkbox"/>	Pacemaker implantation	<input type="checkbox"/>
<input type="checkbox"/>	Pericardiocentesis	<input type="checkbox"/>
<input type="checkbox"/>	Therapeutic cardiac catheterization	<input type="checkbox"/>
<input type="checkbox"/>	Thoracentesis	<input type="checkbox"/>

FPPE

- Six retrospective case reviews of a variety of cases within the Core.
- Evaluation of OPPE data collected for review of competency/performance (including data from cath lab, if cardiac cath privileges are granted)

Acknowledgment of Applicant

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

- A. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff Bylaws, policies and rules applicable generally and any applicable to the particular situation.
- B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.
- C. I certify that I have no emotion 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 _____
Date

Department Chair Recommendation - Privileges

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

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Recommend all requested privileges |
| <input type="checkbox"/> | Do not recommend any of the requested privileges |
| <input type="checkbox"/> | Recommend privileges with the following conditions/modifications/deletions (listed below) |

Privilege	Condition/Modification/Deletion/Explanation

Department Chair Recommendation - FPPE Requirements

Signature of Department Chair/Designee

Date



Washington Hospital Medical Staff

2000 Mowry Avenue ♦ Fremont, CA 94538
(510) 791-3446 ♦ Fax (510) 792-0795
Washington Township Hospital District

Specialty: Pediatric Allergy Revised Jan 2020 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.**

Required Qualifications	
Qualifications	Licensed M.D. or D.O.
Membership	Meet all requirements for medical staff membership
Education/Training	Completion of an ACGME or AOA accredited Residency training program in Pediatrics. AND Completion of an ACGME or AOA accredited Fellowship training program in Allergy and Immunology.
Certification	Board certification as outlines in the Medical Staff Bylaws.
Clinical Experience (Initial)	Applicant must be able to provide documentation of provision of pediatric allergy services (at least 10 cases or procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested during the previous 24 months.

**Clinical Experience
(Reappointment)**

Applicant must be able to provide documentation of provision of pediatric allergy services (at least 10 cases or procedures of a variety of procedures within the core) representative of the scope and complexity of the privileges requested during the previous 24 months.

AND

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

AND

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

Core Privileges in Pediatric Allergy

Description: Provide treatment or consultative services to patients up to the 18th Birthday including admission, work-up diagnosis, procedures, and medical care to correct various illnesses or conditions within allergy subspecialty.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Admit to inpatient or other level of care	<input type="checkbox"/>
<input type="checkbox"/>	Development of plans for short-term and long-term medical management	<input type="checkbox"/>
<input type="checkbox"/>	Order diagnostic studies and tests, including utilization of current diagnostic procedures of pediatric allergy that involve radiology, including ultrasonography, CT scanning and MRI	<input type="checkbox"/>
<input type="checkbox"/>	Perform history and physical examination	<input type="checkbox"/>
	Procedures	
<input type="checkbox"/>	Prick and intradermal skin testing	<input type="checkbox"/>

FPPE

- Six retrospective case reviews of a variety of cases within the Core.
 Evaluation of OPPE data collected for review of competency/performance.

Acknowledgment of Applicant

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

- A. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff Bylaws, policies and rules applicable generally and any applicable to the particular situation.
- B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.
- C. I certify that I have no emotion 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 _____

Date _____

Department Chair Recommendation - Privileges

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

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Department Chair Recommendation - FPPE Requirements

Signature of Department Chair/Designee

Date



Washington Hospital Medical Staff

2000 Mowry Avenue ♦ Fremont, CA 94538

(510) 791-3446 ♦ Fax (510) 792-0795

Washington Township Hospital District

Specialty: Gynecology_Revised Jan 2020

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.**

Required Qualifications

Qualifications	Licensed M.D. or D.O.
Membership	Meet all requirements for medical staff membership.
Education/Training	Completion of postgraduate residency program in Obstetrics and Gynecology approved by the American Board of Obstetrics/Gynecology.
Certification	Board Certified as outlines in the Medical Staff Bylaws.
Clinical Experience (Initial)	Performance of a minimum of 25 cases of a variety of the procedures within the core in the last two years.
Clinical Experience (Reappointment)	In addition to meeting the qualifications for reappointment stated in the Medical Staff bylaws and Policies and procedures, the member must provide documentation of performance of at least 25 of

a variety of the procedures within the core in the previous two years.

Core Privileges in Gynecology

Description: Treatment of female patients of all ages presenting with any medical or surgical illness, injury or disorder of the gynecological system.

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec <input type="checkbox"/>
<input type="checkbox"/>		
	Cognitive	
<input type="checkbox"/>	Admit to inpatient care or other level of care	<input type="checkbox"/>
<input type="checkbox"/>	Perform history and physical examination	<input type="checkbox"/>
<input type="checkbox"/>	Provide consultations and management of patient through hospitalization including management of operative and post-operative care and complications.	<input type="checkbox"/>
<input type="checkbox"/>	Order diagnostic studies and tests (including utilization of current diagnostic procedures of obstetrics and gynecology that involve radiology, including ultrasonography, CT scanning and MRI, and nuclear medicine) and interpret results with radiology assistance	<input type="checkbox"/>
	Procedural	
<input type="checkbox"/>	Major gynecological surgery including Colpocleisis, hysterectomy (including abdominal, vaginal and laparoscopic), myomectomy and other standard gynecological procedures involving the vulva, vagina, urethra, cervix, uterus, ovaries and fallopian tubes as well as other pelvic procedures	<input type="checkbox"/>
<input type="checkbox"/>	Adnexal surgery including ovarian cystectomy, oophorectomy, salpingectomy, and procedures for the treatment of ectopic pregnancy	<input type="checkbox"/>
<input type="checkbox"/>	Diagnostic and operative laparoscopy of gynecology system and organs, lysis of adhesions	<input type="checkbox"/>
<input type="checkbox"/>	Pelvic organ prolapse repairs (including colporrhaphy and vaginal suspension)	<input type="checkbox"/>
<input type="checkbox"/>	Bladder Suspension	<input type="checkbox"/>
<input type="checkbox"/>	Cystoscopy	<input type="checkbox"/>
<input type="checkbox"/>	Diagnostic and Operative Hysteroscopy	<input type="checkbox"/>
<input type="checkbox"/>	Diagnostic hernia repair without foreign body placement	<input type="checkbox"/>
<input type="checkbox"/>	Level 1 Critical Care Privileges - Can only act as consultant and write orders within the scope of his/her specialty/expertise	<input type="checkbox"/>

FPPE

- Six direct observation case reviews of a variety of cases within the Core.
- Evaluation of OPPE data collected for review of competency/performance.

Special Privileges: Laparoscopy with use of laser

Qualifications

Education/Training Completion of an approved residency program including training in laparoscopy with use of laser.
OR
Completion of an educational course specific to this procedure deemed appropriate by the Department of OB/GYN and three (3) cases performed as part of the course or subsequent to the course at another licensed accredited facility or at WHHS with another physician holding the same unrestricted privilege.

Clinical Experience (Initial) See training above

Clinical Experience Four (4) cases every two (2) years.

(Reappointment)

Additional Qualifications Gynecology Core Privileges

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Laparoscopy with Use of Laser	<input type="checkbox"/>

FPPE

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

Special Privileges: Use of Argon Beam Laser

Qualifications

Education/Training Completion of an approved residency program including training in Argon Beam Laser.
OR
Completion of an educational course specific to lasers deemed appropriate by the Department of Ob/Gyn and three (3) cases performed as part of the course or subsequent to the course at another license accredited facility or at WHHS with another physician holding the same unrestricted privilege.

Clinical Experience (Initial) None

Clinical Experience (Reappointment) None

Additional Qualifications Gynecology Core Privileges

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Use of Argon Beam Laser	<input type="checkbox"/>

FPPE

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

Special Privileges: Laparoscopic Vaginal Suspension

Qualifications

Qualifications Applicant must hold unrestricted Gynecology Core Privileges

Education/Training Completion of an approved residency program including training in Laparoscopic Vaginal

Suspension.

OR

Completion of an educational course specific to this procedure deemed appropriate by the Department of Ob/Gyn and three (3) cases performed as part of the course or subsequent to the course at another license accredited facility or at WHHS with another physician holding the same unrestricted privilege

Clinical Experience (Initial) See Training above

Clinical Experience (Reappointment) Four (4) cases every two years

<input type="checkbox"/>	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec <input type="checkbox"/>
<input type="checkbox"/>	Laparoscopic Vaginal Suspension	<input type="checkbox"/>

FPPE

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

Special Privileges: Laparoscopic Bladder Suspension

Qualifications

Qualifications Applicant must hold unrestricted Gynecology Core Privileges

Education/Training Completion of an approved residency program including training in Laparoscopic Bladder Suspension.

OR

Completion of an educational course specific to this procedure deemed appropriate by the Department of Ob/Gyn and three (3) cases performed as part of the course or subsequent to the course at another license accredited facility or at WHHS with another physician holding the same unrestricted privilege.

Clinical Experience (Initial) See training above

Clinical Experience (Reappointment) Four (4) cases every two years.

<input type="checkbox"/>	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec <input type="checkbox"/>
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FPPE

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

Special Privileges: Use of Morcellator System

Description: Laparoscopic Morcellator

Qualifications

Education/Training Completion of an educational course specific to this procedure deemed appropriate by the Department of Ob/Gyn. Certification in an approved course for using the Morcellator.

Clinical Experience (Initial) Performance of a minimum of four (4) cases in the previous two (2) years.

Clinical Experience (Reappointment) Performance of a minimum of four (4) cases in the previous two (2) years.

Additional Qualifications Applicant must hold unrestricted Gynecology Core Privileges

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

- Three direct observation case reviews.
- 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 emotion 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 _____
Date

Department Chair Recommendation - Privileges

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

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Department Chair Recommendation - FPPE Requirements

Signature of Department Chair/Designee

Date



Washington Hospital Medical Staff

2000 Mowry Avenue ♦ Fremont, CA 94538

(510) 791-3446 ♦ Fax (510) 792-0795

Washington Township Hospital District

Specialty: Obstetrics_Revised Jan 2020

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.**

Required Qualifications	
Qualifications	Licensed M.D. or D.O.
Membership	Meet all requirements for medical staff membership.
Education/Training	Completion of postgraduate residency program in Obstetrics and Gynecology approved by the American Board of Obstetrics/Gynecology.
Certification	Board Certified as outlined in the Medical Staff Bylaws.
Clinical Experience (Initial)	Performance of a minimum of 25 procedures of a variety of the procedures within the core in the last two years.
Clinical Experience (Reappointment)	In addition to meeting the qualifications for reappointment stated in the Medical Staff Bylaws and Policies and Procedures, the member must provide documentation of performance of a minimum of 25 of a variety of the procedures within the core in the previous two years.

Core Privileges in Obstetrics

Description: Provide treatment of female patients of all ages presenting in any condition of pregnancy, and the medical and surgical treatment of obstetric patients presenting with illness or injury.

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
<input type="checkbox"/>		<input type="checkbox"/>
	Cognitive	
<input type="checkbox"/>	Admission to inpatient care or other level of care	<input type="checkbox"/>
<input type="checkbox"/>	Perform history and physical examination	<input type="checkbox"/>
<input type="checkbox"/>	Provide consultations and management of patient throughout hospitalization including management of pregnant patients including those with medical, surgical or obstetrical disorders of pregnancy, operative and post-operative care and complications for patients in any state of condition of pregnancy.	<input type="checkbox"/>
<input type="checkbox"/>	Order diagnostic studies and tests (including utilization of current diagnostic procedures of obstetrics and gynecology that involve radiology, including ultrasonography, CT scanning and MRI, and nuclear medicine) and interpret results with radiology assistance	<input type="checkbox"/>
	Procedures	
<input type="checkbox"/>	Emergent and non-emergent spontaneous and operative vaginal delivery	<input type="checkbox"/>
<input type="checkbox"/>	Complications related to pregnancy and delivery including, but not limited to, treatment of or termination of pregnancy	<input type="checkbox"/>
<input type="checkbox"/>	Circumcision of infants	<input type="checkbox"/>
<input type="checkbox"/>	Pudanal Block	<input type="checkbox"/>
<input type="checkbox"/>	Level 1 Critical Care Privileges - Can only act as consultant and write orders within the scope of his/her specialty/expertise.	<input type="checkbox"/>
<input type="checkbox"/>	Caesarean Section	<input type="checkbox"/>
<input type="checkbox"/>	Hysterectomy Including Cesarean Hysterectomy	<input type="checkbox"/>
<input type="checkbox"/>	Management of TOAC/VBAC	<input type="checkbox"/>
<input type="checkbox"/>	D & C	<input type="checkbox"/>
<input type="checkbox"/>	Cerclage	<input type="checkbox"/>
<input type="checkbox"/>	Amniocentesis	<input type="checkbox"/>
<input type="checkbox"/>	Salpingectomy, partial or total	<input type="checkbox"/>

FPPE

- Six direct observation case reviews of a variety of cases within the Core.
 Evaluation of OPPE data collected for review of competency/performance.

Acknowledgment of Applicant

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

A. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff Bylaws, policies and rules applicable generally and any applicable to the particular situation.

B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

C. I certify that I have no emotion 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 _____
Date

Department Chair Recommendation - Privileges

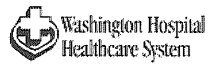
I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

- Recommend all requested privileges
- Do not recommend any of the requested privileges
- Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

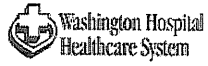
Department Chair Recommendation - FPPE Requirements

Signature of Department Chair/Designee _____
Date



WASHINGTON HOSPITAL
MONTHLY OPERATING REPORT

December 2019



WASHINGTON HOSPITAL
INDEX TO BOARD FINANCIAL STATEMENTS
December 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: February 7, 2020
TO: Board of Directors
FROM: Kimberly Hartz
SUBJECT: Washington Hospital – December 2019
Operating & Financial Activity

SUMMARY OF OPERATIONS – (Blue Schedules)

1. Utilization – Schedule Board 3

	<u>December Actual</u>	<u>December Budget</u>	<u>Current 12 Month Avg.</u>
<u>ACUTE INPATIENT:</u>			
Average Daily Census	147.3	158.1	170.1
# of Admissions	977	976	996
Patient Days	4,566	4,901	5,170
Discharge ALOS	4.60	5.02	5.13
<u>OUTPATIENT:</u>			
OP Visits	7,289	6,832	7,892
ER Visits	4,618	4,301	4,435
Observation Equivalent Days – OP	216	164	182

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

2. Staffing – Schedule Board 3

Total paid FTEs were 15.7 below budget. Total productive FTEs for December were 1,263.7, 15.3 above the budgeted level of 1,248.4. Nonproductive FTEs were 31.0 below budget. Productive FTEs per adjusted occupied bed were 5.72, 0.17 above the budgeted level of 5.55. Total FTEs per adjusted occupied bed were 6.81, 0.04 above the budgeted level of 6.77.

3. Income - Schedule Board 1

For the month of December the Hospital realized income of \$2,576,000 from operations.

Total Gross Patient Service Revenue of \$176,599,000 for December was 2.9% above budget.

Deductions from Revenue of \$135,529,000 represented 76.74% of Total Gross Patient Service Revenue. This percentage is below the budgeted amount of 77.60%, primarily due to payor mix.

Total Operating Revenue of \$41,507,000 was \$2,573,000 (6.6%) above the budget.

Total Operating Expense of \$38,931,000 was \$672,000 (1.7%) below the budgeted amount.

The Total Non-Operating Income of \$63,000 for the month includes an unrealized loss on investments of \$56,000 and property tax revenue of \$1,417,000.

The Total Net Income for December was \$2,639,000, which was \$3,313,000 more than the budgeted loss of \$674,000.

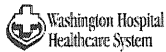
The Total Net Income for December using FASB accounting principles, in which the unrealized loss or income on investments, net interest expense on GO bonds and property tax revenues are removed from the non-operating income and expense, was \$2,410,000 compared to a budgeted loss of \$902,000.

4. Balance Sheet – Schedule Board 2

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

KIMBERLY HARTZ
Chief Executive Officer

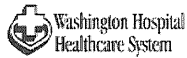
KH/CH



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

December				YEAR TO DATE				
ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.		ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.
OPERATING REVENUE								
\$ 117,684	\$ 120,666	\$ (2,982)	-2.5%	1	\$ 704,504	\$ 718,184	\$ (13,680)	-1.9%
58,915	50,941	7,974	15.7%	2	348,866	317,590	31,276	9.8%
176,599	171,607	4,992	2.9%	3	1,053,370	1,035,774	17,596	1.7%
(131,876)	(129,112)	(2,764)	-2.1%	4	(791,515)	(779,460)	(12,055)	-1.5%
(3,653)	(4,062)	409	10.1%	5	(25,620)	(24,545)	(1,075)	-4.4%
(135,529)	(133,174)	(2,355)	-1.8%	6	(817,135)	(804,005)	(13,130)	-1.6%
76.74%	77.60%			7	77.57%	77.62%		
41,070	38,433	2,637	6.9%	8	236,235	231,769	4,466	1.9%
437	501	(64)	-12.8%	9	2,755	3,012	(257)	-8.5%
41,507	38,934	2,573	6.6%	10	238,990	234,781	4,209	1.8%
OPERATING EXPENSES								
18,476	17,802	(674)	-3.8%	11	107,509	103,743	(3,766)	-3.6%
5,461	7,017	1,556	22.2%	12	41,853	41,142	(711)	-1.7%
5,032	4,601	(431)	-9.4%	13	30,334	28,428	(1,906)	-6.7%
4,192	4,472	280	6.3%	14	25,682	26,873	1,191	4.4%
1,692	1,633	(59)	-3.6%	15	10,090	10,351	261	2.5%
4,078	4,078	-	0.0%	16	24,432	24,432	-	0.0%
38,931	39,603	672	1.7%	17	239,900	234,969	(4,931)	-2.1%
2,576	(669)	3,245	485.1%	18	(910)	(188)	(722)	-384.0%
6.21%	-1.72%			19	-0.38%	-0.08%		
NON-OPERATING INCOME & (EXPENSE)								
338	362	(24)	-6.6%	20	1,962	2,171	(209)	-9.6%
(18)	-	(18)	0.0%	21	436	-	436	0.0%
(1,857)	(2,004)	147	7.3%	22	(11,144)	(12,099)	955	7.9%
239	237	2	0.8%	23	1,213	1,306	(93)	-7.1%
1,417	1,400	17	1.2%	24	8,524	8,439	85	1.0%
(56)	-	(56)	0.0%	25	(139)	-	(139)	0.0%
63	(5)	68	1360.0%	26	852	(183)	1,035	565.6%
\$ 2,639	\$ (674)	\$ 3,313	491.5%	27	\$ (58)	\$ (371)	\$ 313	84.4%
6.36%	-1.73%			28	-0.02%	-0.16%		
\$ 2,410	\$ (902)	\$ 3,312	367.2%	29	\$ (1,592)	\$ (1,721)	\$ 129	7.5%
5.81%	-2.32%				-0.67%	-0.73%		

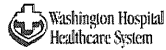
**NET INCOME (FASB FORMAT) EXCLUDES PROPERTY TAX INCOME, NET INTEREST EXPENSE ON GO BONDS AND UNREALIZED GAIN(LOSS) ON INVESTMENTS



WASHINGTON HOSPITAL
BALANCE SHEET
 December 2019
(In thousands)

SCHEDULE BOARD 2

ASSETS AND DEFERRED OUTFLOWS			December 2019	Audited June 2019	LIABILITIES, NET POSITION AND DEFERRED INFLOWS			December 2019	Audited June 2019
CURRENT ASSETS					CURRENT LIABILITIES				
1	CASH & CASH EQUIVALENTS	\$ 33,715	\$ 32,099	1	CURRENT MATURITIES OF L/T OBLIG	\$ 9,500	\$ 8,550		
2	ACCOUNTS REC NET OF ALLOWANCES	62,586	68,968	2	ACCOUNTS PAYABLE	16,153	23,784		
3	OTHER CURRENT ASSETS	13,945	11,672	3	OTHER ACCRUED LIABILITIES	53,506	53,148		
4	TOTAL CURRENT ASSETS	<u>110,246</u>	<u>112,739</u>	4	INTEREST	11,274	11,933		
				5	TOTAL CURRENT LIABILITIES	<u>90,433</u>	<u>97,415</u>		
ASSETS LIMITED AS TO USE					LONG-TERM DEBT OBLIGATIONS				
6	BOARD DESIGNATED FOR CAPITAL AND OTHER	158,194	156,039	6	REVENUE BONDS AND OTHER	224,538	224,309		
7	GENERAL OBLIGATION BOND FUNDS	31	43	7	GENERAL OBLIGATION BONDS	332,343	335,824		
8	REVENUE BOND FUNDS	22,906	18,613	OTHER LIABILITIES					
9	BOND DEBT SERVICE FUNDS	22,303	31,451	10	NET PENSION LIABILITY	58,761	63,510		
10	OTHER ASSETS LIMITED AS TO USE	9,851	9,779	11	WORKERS' COMP	7,889	7,750		
11	TOTAL ASSETS LIMITED AS TO USE	<u>213,285</u>	<u>215,925</u>	12	SUPPLEMENTAL MEDICAL RETIREMENT	35,945	37,299		
13	OTHER ASSETS	210,353	199,715	14	NET POSITION	506,753	506,810		
14	NET PROPERTY, PLANT & EQUIPMENT	703,529	726,001	15	TOTAL LIABILITIES AND NET POSITION	<u>\$ 1,256,662</u>	<u>\$ 1,272,917</u>		
15	TOTAL ASSETS	<u>\$ 1,237,413</u>	<u>\$ 1,254,380</u>	16	DEFERRED INFLOWS	39,181	44,923		
16	DEFERRED OUTFLOWS	58,430	63,460	17	TOTAL LIABILITIES, NET POSITION AND DEFERRED INFLOWS	<u>\$ 1,295,843</u>	<u>\$ 1,317,840</u>		
17	TOTAL ASSETS AND DEFERRED OUTFLOWS	<u>\$ 1,295,843</u>	<u>\$ 1,317,840</u>						



**WASHINGTON HOSPITAL
OPERATING INDICATORS**

December 2019

12 MONTH AVERAGE	December						YEAR TO DATE			
	ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.			ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.
170.1	147.3	158.1	(10.8)	-7%	1	ADULT & PEDS AVERAGE DAILY CENSUS	152.5	155.2	(2.7)	-2%
6.0	7.0	5.3	1.7	32%	2	OUTPT OBSERVATION AVERAGE DAILY CENSUS	6.1	5.3	0.8	15%
8.8	10.1	9.2	0.9	10%	3	NURSERY AVERAGE DAILY CENSUS	9.0	9.1	(0.1)	-1%
184.9	164.4	172.6	(8.2)	-5%	4	TOTAL	167.6	169.6	(2.0)	-1%
3.9	2.9	3.5	(0.6)	-17%	5	SPECIAL CARE NURSERY AVERAGE DAILY CENSUS *	3.4	3.4	-	0%
5,170	4,566	4,901	(335)	-7%	6	ADULT & PEDS PATIENT DAYS	28,066	28,559	(493)	-2%
182	216	164	52	32%	7	OBSERVATION EQUIVALENT DAYS - OP	1,124	980	144	15%
996	977	976	1	0%	8	ADMISSIONS-ADULTS & PEDS	5,705	5,737	(32)	-1%
5.13	4.60	5.02	(0.42)	-8%	9	AVERAGE LENGTH OF STAY-ADULTS & PEDS	4.90	4.98	(0.08)	-2%
1.465	1.441	1.398	0.043	3%	10	OTHER KEY UTILIZATION STATISTICS				
						OVERALL CASE MIX INDEX (CMI)	1.473	1.468	0.005	0%
						SURGICAL CASES				
150	132	120	12	10%	11	JOINT REPLACEMENT CASES	859	823	36	4%
25	20	26	(6)	-23%	12	NEUROSURGICAL CASES	145	147	(2)	-1%
9	14	11	3	27%	13	CARDIAC SURGICAL CASES	63	62	1	2%
200	199	195	4	2%	14	ALL OTHERS	1,180	1,244	(64)	-5%
384	365	352	13	4%	15	TOTAL CASES	2,247	2,276	(29)	-1%
406	521	357	164	46%	16	TOTAL CATH LAB PROCEDURES	2,728	2,138	590	28%
127	147	138	9	7%	17	DELIVERIES	791	802	(11)	-1%
7,892	7,289	6,832	457	7%	18	OUTPATIENT VISITS	48,158	43,947	4,211	10%
4,435	4,618	4,301	317	7%	19	EMERGENCY VISITS	26,141	25,379	762	3%
						LABOR INDICATORS				
1,344.3	1,263.7	1,248.4	(15.3)	-1%	20	PRODUCTIVE FTE'S	1,303.4	1,265.2	(38.2)	-3%
183.4	242.3	273.3	31.0	11%	21	NON PRODUCTIVE FTE'S	201.2	202.4	1.2	1%
1,527.7	1,506.0	1,521.7	15.7	1%	22	TOTAL FTE'S	1,504.6	1,467.6	(37.0)	-3%
5.47	5.72	5.55	(0.17)	-3%	23	PRODUCTIVE FTE/ADJ. OCCUPIED BED	5.72	5.65	(0.07)	-1%
6.22	6.81	6.77	(0.04)	-1%	24	TOTAL FTE/ADJ. OCCUPIED BED	6.60	6.56	(0.04)	-1%

* included in Adult and Peds Average Daily Census

RESOLUTION NO. 1206

**RESOLUTION OF THE BOARD OF DIRECTORS OF WASHINGTON
TOWNSHIP HEALTH CARE DISTRICT TO AUTHORIZE THE CHIEF
EXECUTIVE OFFICER TO TAKE ACTION REGARDING ACQUISITION OF
REAL PROPERTY**

WHEREAS, Washington Township Health Care District is a local health care district (“District”) which owns and operates a general acute care hospital and provides essential healthcare services to the population residing within the District’s political boundaries, including the cities of Fremont, Newark, Union City, parts of South Hayward and Sunol; and

WHEREAS, the Board previously approved the purchase of 45388 Warm Springs Boulevard in Fremont, California (the “Property”); and

WHEREAS, Government Code § 27281 requires a resolution of the Board whereby the Board authorizes one or more officers of the District to accept the grant deed to the Property; and

WHEREAS, the Board desires to authorize the Chief Executive Officer to accept the grant deed on behalf of the District as required by Government Code § 27281, and further to take any and all further actions which are necessary and proper to consummate the purchase of the Property.

NOW, THEREFORE, be it resolved that, the Chief Executive Officer is authorized to accept the grant deed to the Property on behalf of the District and to sign a Certificate of Acceptance, and to take any and all further actions, which in the determination of the Chief Executive Officer are necessary and proper to consummate the purchase of the Property.

Passed and adopted by the Board of Directors of the Washington Township Health Care District this 12th day of February, 2020 by the following vote:

AYES: Michael Wallace, William Nicholson MD, Jeannie Yee, Bernard Stewart

NOES:

ABSENT: Jacob Eapen MD

Michael J. Wallace
President, Board of Directors
Washington Township Health Care District

Bernard Stewart, DDS
Secretary, Board of Directors
Washington Township Health Care District

RESOLUTION NO. 1207

RESOLUTION OF THE BOARD OF DIRECTORS OF WASHINGTON TOWNSHIP HEALTH CARE DISTRICT TO ENGAGE ARCHITECTS AND TO AMEND THE FY 2019-2020 BUDGET TO AUTHORIZE PAYMENT OF ARCHITECTURAL FEES RELATED TO THE MORRIS HYMAN CRITICAL CARE PAVILION INFILL PROJECT

WHEREAS, Washington Township Health Care District is a local health care district (“District”) which owns and operates a general acute care hospital and provides essential healthcare services to the population residing within the District’s political boundaries, including the cities of Fremont, Newark, Union City, parts of South Hayward and Sunol;

WHEREAS, the Board previously passed Resolution No. 1189, which approved a budget for Fiscal Year 2019-2020;

WHEREAS, the Board previously determined that it would be necessary to build-out in unused shell space in the basement and on the first floor of the Morris Hyman Critical Care Pavilion (the “MHCCP Infill Project”) to support the expansion of services offered by the District;

WHEREAS, the first step in completing the MHCCP Infill Project is to hire an architect to design the improvements;

WHEREAS, the Board has not approved a separate budget for the MHCCP Infill Project, and the current budget did not allocate or authorize funds for architectural fees for the MHCCP Infill Project;

WHEREAS, the Chief Executive Officer has informed the Board that it would be in the interest of the District to engage architects in the current fiscal year to begin designing the MHCCP Infill Project;

WHEREAS, the anticipated architectural fees to be paid in connection with the MHCCP Infill Project will not exceed Seven Million Three Hundred Fifty Dollars (\$7,350,000.00);

WHEREAS, of the Seven Million Three Hundred Fifty Dollars (\$7,350,000.00), the Chief Executive Officer anticipates that approximately Five Hundred Thousand Dollars (\$500,000.00) will be spent in the current fiscal year, and has requested that the Board approve an increase to the Fiscal Year 2019-2020 budget by an amount not to exceed Five Hundred Thousand Dollars (\$500,000.00); and

Dollars (\$500,000.00) to cover the cost of architectural fees for the designing of the MHCCP Infill Project that will be spent in the current fiscal year;

NOW, THEREFORE, be it resolved that:

1. The Board approves an increase to the budget for the Fiscal Year 2019-2020 budget in an amount not to exceed Five Hundred Thousand Dollars (\$500,000.00);
2. The Board authorizes the Chief Executive Officer to enter into an agreement with the architects for the purposes described above; and
3. The Chief Executive Officer is hereby authorized to enter into any agreement or contract document necessary to carry out the intent of this Resolution, and to take any and all further actions, which in the determination of the Chief Executive Officer, are necessary and proper to effectuate the intent of this Resolution.

Passed and adopted by the Board of Directors of the Washington Township Health Care District this 12th day of February, 2020 by the following vote:

AYES:

NOES:

ABSENT:

MICHAEL J. WALLACE
President, Board of Directors
Washington Township Health Care District

BERNARD STEWART, DDS
Secretary, Board of Directors
Washington Township Health Care District