



# 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, September 9, 2020 – 6:00 P.M.

Meeting Conducted by Zoom

Join from PC, Mac, Linux, iOS or Android:

<https://zoom.us/j/98554932074?pwd=ZXpBc1Z2RWtNWS84NTY2T1FEMWgydz09>

Password: 486580

## 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

*Motion Required*

A. Consideration of Minutes of the Regular Meetings of the District Board: August 12, 17, 24, and 26,, 2020

B. Consideration of Medical Staff Credentialing Action Items (August 24, 2020)

C. Consideration of Medical Staff Request for Final Approval: General Surgery Section Privileges; Endocrine Privileges; Nephrology Privileges; Neurosurgery Section Privileges; TAVR Privileges; TCAR Privileges; Urology Section Privileges

D. Consideration of Organizational Performance Plan for Fiscal Year 2021

- E. Consideration of Budgeted Capital Request:  
Lease Accelerator Accounting Application  
(\$158,400.00)

**IV. COMMUNICATIONS**

A. Oral

*This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not on the agenda and within the subject matter of jurisdiction of the Board.. "Request to Speak" cards should be filled out in advance and presented to the District Clerk. For the record, please state your name.*

B. Written

**V. PRESENTATION**

COVID-19 Update to the Community

**VI. REPORTS**

**PRESENTED BY:**

- A. Lean Report:  
Presentation of Lean Certificates

Donald Pipkin  
Chief, Strategic Development

- B. Quality Report:  
2020 Influenza Prevention Program

Dianne Martin, MD

- C. Finance Report

Chris Henry  
Vice President & Chief Financial  
Officer

- D. Hospital Operations Report

Kimberly Hartz  
Chief Executive Officer

**VII. ANNOUNCEMENTS**

Kimberly Hartz  
Chief Executive Officer

**VIII. ADJOURN TO CLOSED SESSION**

*In accordance with Section 32106 and 32155 of the California Health & Safety Code, portions of this meeting may be held in closed session.*

- A. Report of Medical Staff and Quality Assurance  
Committee, Health & Safety Code section  
32155
- B. Report involving a trade secret pursuant to  
Health & Safety Code section 32106

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

Michael J. Wallace  
Board President

**X. 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.*



Washington Hospital  
Healthcare System

S I N C E 1 9 4 8

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## Memorandum

**DATE:** September 1, 2020

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

**FROM:** Prasad Kilaru, MD  
Chief of Staff

**SUBJECT:** Final Credentials Actions

The Medical Executive Committee approved the Credential Action Items on August 11, 2020. Please accept this memorandum as a formal request for consideration of approval by the Board of Directors of the Credential Action Items as attached.

WASHINGTON HOSPITAL MEDICAL STAFF  
FINAL CREDENTIALS ACTION ITEMS

August 24, 2020

The following written communication received from Prasad Kilaru, MD, Chief of Staff, dated August 11, 2020 requesting approval of Medical Staff Credentialing Action Items as follows:

Initial Appointments – Two Year

Mawlavizada, Farhat PA-C; Vo, Christopher DO

Initial Appointments – One Year

None

Temporary Privileges

Vo, Christopher DO

Disaster Privileges – approved while application is waiting for Board approval

None

LocumTenens

None

30 Days Extension Request – Application Not Complete

None

Waiver Request

Thaghalli Siddegowda, Sunil Kumar MD

Reappointments – Two Year

Araj, Ramsey MD; Armstrong, Sherry CCP; Arora, Rohit MD; Banh, Co MD; Best, Amanda CCP; Chan, Linda MD; Crane, Lawrence MD; Dugoni, Susan MD; Freiheit, David MD; Friday, Jamilah MD; Hallaj-Pour, Ali MD; Halligan, Benjamin MD; Harrell, Jill MD; Hu, Mary MD; Irani, Adil MD; Jaureguito, John MD; Khalsa, Prabhjot MD; Kharbanda, Ameeta MD; Kuruma, Pavani MD; Le, Amanda MD; Lewis, Elizabeth CNM; Lin, Jeff MD; Lo, Diana MD; McCune, Holly MD; Motamed, Soheil MD; Multani, Kuljeet MD; Myint, Kyan MD; Prasad, Sudeepthi MD; Reeves, Carla CNM; Rimpel, Nicole MD; Sadiq, Ahmed MD; Sparks, Teresa MD; Unger, Alon MD; Van Gompel, Gabriel DPM; Yoshida, Emi MD

Reappointments – One Year

Pareek, Gautam MD; Siegal, Steven MD; Stearns, William MD; Wartman, Sarah MD

Addition of Physician Supervisor

None

Conditional Reappointments

None

Non-Reappointments – Deemed to Have Resigned

Gay, Andre MD

Transfer in Staff Category

Irani, Adil MD; Le, Amanda MD

Completion of Proctoring Prior to Eligibility for Advancement in Staff Category

Savalia, Ruchita DO

Completion of Proctoring and Advancement in Staff Category  
Tran, Duc Minh DO

Extension of Proctorship and Provisional Category 1-year  
Thaghalli Siddegowda, Sunil Kumar MD

New Privilege Requests  
Halligan, Benjamin MD; Ge, Mei MD; Khalsa, Prabhjot MD; Ngo, Trang, MD; Sarda-Maduro, Mary Ann MD; Wartman, Sarah MD

Delete Privilege Requests  
None

Conflict of Interest Statement Updated  
Araj, Ramsey MD; Banh, Co MD; Jaureguito, John MD; Motamed, Soheil MD; Von Gompel, Gabriel DPM

Leave of Absence  
None

Reinstatement of Leave of Absence  
None

Withdrawal of Application  
None

Suspensions / Relinquishment  
None

Resignations  
Fan, Wei MD; Kestler, Ariel MD; Koo, Ralph MD; Ibrahim, Waheed MD; Leatherbury, Robert CCP; Pham, Steve MD; Shotkin, Alan MD; Shalileh, Guyve MD; Van Dyk, Nathan MD



# Memorandum

**DATE:** August 24, 2020

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

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

**SUBJECT:** MEC for Board Approval:

The Medical Executive Committee, at its meeting of August 17, 2020, approved the following privileges:

Endocrine Privileges	Move Administration of 1-131 Therapy from Special Procedures into the CORE
General Surgery Section Privileges	Add new procedures into the CORE. Add Tracheostomy/cricothyroidomy to Advanced Head and Neck Privileges
Nephrology Privileges	Move Management of Plasmapheresis from Special Procedures into the CORE
Neurosurgery Privileges	Add Kyphoplasty under Spinal Procedures in the CORE
TAVR Privilege Request	New Privilege
TransCarotid Artery Revascularization (TCAR)	New Privilege
Urology Section Privileges	Add new procedures into the CORE. Move Minor and Major Laparoscopic procedures from Special Procedures into the CORE. Move Cryoablation of the Kidney for Renal Cancer from Special Procedures into the CORE

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) 791-3446 ♦ Fax (510) 792-0795

Washington Township Hospital District

## Specialty: Endocrinology Revised July 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

<b>Additional Qualifications</b>	Licensed M.D. or D.O.
<b>Membership</b>	Meet all requirements for medical staff membership
<b>Education/Training</b>	Completion of an ACGME or AOA accredited Residency training program in Internal Medicine. <b>AND</b> Completion of an ACGME or AOA accredited Fellowship training program in Endocrinology, Diabetes, and Metabolism.
<b>Continuing Education</b>	Applicant must attest to having completed 50 AMA PRA Category I CME credits during the previous 24 months directly related to the practice of endocrinology (waived for applicants who have completed training during the previous 24 months).
<b>Certification</b>	Current certification through ABMS or AOA Board American Board of Internal Medicine in



Endocrinology, Diabetes and Metabolism. 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 endocrinology services (at least 20 ~~procedures~~ privileges of a variety of the ~~procedures~~ privileges 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 endocrinology services (at least 20 ~~procedures~~ privileges of a variety of the ~~procedures~~ privileges 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 privileges procedures, 10 must be performed at Washington Hospital Healthcare System and/or the Washington Outpatient Surgery Center.

**AND**

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

### Core Privileges in Endocrinology, Diabetes and Metabolism

**Description:** Diagnosis and treatment of diseases associated with internal glandular secretions or hormones. Included in this field are diseases of diabetes, the thyroid, cholesterol disorders, hypertension, osteoporosis, adrenal and pituitary glands, hormonal disorders causing infertility, low blood sugar, lack of development and low blood pressure and weight problems.

Request	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Admit to inpatient or appropriate level of care	
	Interpret hormone assays	
	Interpret laboratory studies, including the effects of non-endocrine disorders on these studies	
	Interpret radiologic studies for diagnosis and treatment of endocrine and metabolic diseases including radionuclide localization of endocrine tissue and ultrasonography of the soft tissues of the neck	
	Perform history and physical examination	
	<b>Evaluate, diagnose, provide consultation, treat and manage patients with:</b>	
	Hormonal problems, including diseases, infections, neoplasms and other causes of dysfunction of the following endocrine organs: hypothalamus and pituitary; thyroid; adrenal cortex and medulla; pancreatic islets; ovaries and testes; and parathyroid.	
	Multifactorial disorders associated with hormonal regulation including: disorders of fluid, electrolyte, and acid-base metabolism; disorders of bone and mineral metabolism, with particular emphasis on the diagnosis and management of osteoporosis; calcium, phosphorus, and magnesium imbalance; diagnosis and management of ectopic hormone production; endocrine adaptations and maladaptations to systemic diseases; endocrine aspects of psychiatric diseases; parenteral nutrition support; nutritional disorders of obesity, anorexia nervosa, and bulimia; diagnosis and management of lipid and lipoprotein disorders; and genetic screening and counseling for endocrine and metabolic disorders.	
	Type-1 and type-2 diabetes, including acute, life-threatening complications of hyper and hypo-glycemia; intensive insulin management in critical care and surgical patients; long term goals, counseling, education and monitoring; intensive management of glycemic control in the ambulatory setting; prevention and surveillance of microvascular and macrovascular complications; diabetes detection and management during pregnancy; and multidisciplinary diabetes education and treatment program	
	<b>Procedures</b> (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.)	
	Perform and interpret stimulation and suppression tests	
	Administration of 1-131 Therapy	

#### 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: Fine needle aspiration of the thyroid

#### Qualifications

**Education/Training** Completion of an ACGME or AOA accredited Fellowship training program in Endocrinology,

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Endocrinology Revised July 2020

Diabetes, and Metabolism.

**Clinical Experience (Initial)** Applicant must be able to provide documentation of provision of endocrinology services (at least 20 cases) 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 endocrinology services (at least 10 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Perform fine needle aspiration of the thyroid	

**FPPE**

Three retrospective case reviews. (First 3 cases whenever possible by a physician with unrestricted privileges.)  
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 Medical Staff

2000 Mowry Avenue ♦ Fremont, CA 94538

(510) 791-3446 ♦ Fax (510) 792-0795

Washington Township Hospital District

### Specialty: General Surgery Revised May 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	
<b>Qualifications</b>	Licensed M.D. or D.O.
<b>Membership</b>	Meet all requirements for medical staff membership.
<b>Education/Training</b>	Completion of an ACGME or AOA accredited Residency training program in Surgery-General.
<b>Continuing Education</b>	Applicant must attest to having completed 50 AMA PRA Category 1 CME credits within the previous 24 months directly related to the practice of general surgery (waived for applicants who have completed training during the previous 24 months).
<b>Certification</b>	Current certification through ABMS or AOA Board American Board of Surgery in Surgery. Exceptions to this requirement can be found in Bylaws Section 2.2-2.
<b>Clinical Experience (Initial)</b>	Applicant must be able to provide documentation of provision of general surgery services (at least

100 procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested within the previous 24 months.

**Clinical Experience  
(Reappointment)**

Applicant must be able to provide documentation of provision of general surgery services (at least 100 procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested within the previous 24 months.

**AND**

Active/Provisional Staff Only: Of the 100 procedures, 10 must be performed at Washington Hospital Healthcare System and/or the Washington Outpatient Surgery Center.

**AND**

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

## Core Privileges in General Surgery

**Description:** Diagnosis and preoperative, operative, and postoperative management of patients to correct or treat diseases, disorders and injuries of the alimentary tract, abdomen and its contents, skin and soft tissue and endocrine system.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Admit to inpatient or appropriate level of care	
	Development of plans for short-term and long-term medical and/or surgical management	
	Management of patient throughout hospitalization	
	Order diagnostic studies and tests	
	Perform history and physical examination	
	Use of diagnostic ultrasoundography	
	<b>Procedures</b> (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.)	
	Amputations	
	Basic laparoscopic procedures, including appendectomy and cholecystectomy	
	Fine needle aspiration	
	IV access procedures (insertion and management of central venous catheter, arterial lines, pulmonary artery catheters and ports, <b>tunneled central venous catheters</b> )	
	<b>Alimentary tract procedures</b>	
	Abdomino-perineal resection	
	<b>Cecostomy</b>	
	Colectomy	
	Colostomy	
	Diverticulectomy	
	Drainage intra-abdominal abscess	
	Enterolysis	
	Enterectomy	
	Esophagectomy	
	Esophagomyotomy	
	Esophago-gastrectomy	
	Esophageal bypass procedure	
	Esophageal diverticulectomy	
	Exploratory laparotomy exclusive of trauma	
	Gastric procedures, excluding bariatric procedures	
	<b>Gastrostomy</b>	
	Hemorrhoidectomy	
	<b>Stapled hemorrhoidectomy/-plasty</b>	
	<b>Ligation of hemorrhoidal arteries</b>	
	<b>Hemorrhoid banding</b>	
	Ileostomy	
	<b>Jejunostomy</b>	
	<b>Perianal condylomas - excision</b>	

Proctectomy	
Rectal prolapse repair	
Repair perforated-colon, small bowel	
Sphincteroplasty/sphincterotomy	
Vagotomy	
<b>Abdominal procedures</b>	
Antireflux procedures	
Appendectomy	
Cholangiography	
Choledochoscopy	
Cholecystostomy	
Choledochoenteric anastomosis	
Common bile duct exploration	
Drainage liver abscess	
Hysterectomy - incidental	
Abdominal, inguinal, femoral, obturator hernias	
Insertion of peritoneal dialysis catheter	
Intraoperative ultrasound	
Lobectomy or segmentectomy	
Major retroperitoneal pelvic node dissection	
Nephrectomy	
Paracentesis	
Pelvic exenteration	
Pilonidal cystectomy	
Salpingo-oophorectomy - incidental	
Sarcoma resection	
Sphincteroplasty	
Splenectomy	
Vasectomy	
Wedge resection/open biopsy	
<b>Breast Procedures</b>	
Axillary lymph node dissection	
Cyst aspiration	
Ductal excision	
Excision biopsy	
Fine needle aspiration & biopsy	
Incision & drainage	
Injection of dyes	
Lumpectomy	
Mastectomy	
Modified radical mastectomy	
Nipple sparing mastectomy	
Radical mastectomy	
Resection of accessory breast tissue and gynecomastia	
Sentinel lymph node biopsy	
<b>Liver procedures</b>	
Drainage liver abscess	
Lobectomy or segmentectomy	
Wedge resection/open biopsy	



	<b>Pancreas procedures</b>	
	Drainage pancreatic abscess/necrosis	
	Drainage procedures and resection of pseudocyst	
	Pancreaticoduodenectomy	
	Pancreaticojejunostomy	
	Pancreatic necrosectomy	
	Resection of pancreas	
	<b>Endocrine Procedures</b>	
	Adrenalectomy	
	Pancreatic endocrine procedures	
	Parathyroidectomy	
	Thyroidectomy	
	<b>Skin/soft tissue procedures</b>	
	Major excision and re/graft for skin neoplasm	
	Completion lymph node dissection	
	Radical excision soft tissue tumor	
	Sentinel lymph node biopsy for melanoma	
	Soft tissue repair/graft	
	Soft tissue sarcoma resection	
	Therapeutic lymph node dissection	

#### 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: Endoscopic Procedures

**Description:** Endoscopic Procedures

#### Qualifications

#### Education/Training

Pathway 1 - Completion of an ACGME or AOA accredited Fellowship training program in Gastroenterology.

**OR**

Pathway 2 - Completion of an ACGME or AOA accredited Fellowship training program in Colon and Rectal Surgery.

**OR**

Pathway 3 - If not taught in an approved fellowship, the applicant must have completed a hands on training program for each procedure requested through preceptorship or proctorship. Applicant must provide documentation of proof of completion.

#### Clinical Experience (Initial)

Applicant must be able to provide documentation of provision of general surgery services (a minimum of 100 cases each as outlined below) representative of the scope and complexity of the privileges requested during the previous 24 months.

**AND**

Specifically, for each procedure requested, the applicant must be able to provide documentation that s/he has had the following minimal endoscopic experience within the previous 24 months: Diagnostic EGD (75 procedures), total colonoscopy (75 procedures), snare polypectomy (20 procedures), nonvariceal hemostasis (upper and lower) includes 10 active bleeders (20 procedures), variceal hemostasis includes 5 active bleeders (15 procedures), flexible sigmoidoscopy (25 procedures), PEG (5 procedures), ERCP (diagnostic) (50 procedures), ERCP (therapeutic) (25 procedures), tumor ablation (10 procedures), pneumatic dilation of achalasia (5 procedures), esophageal stent emplacement (10 procedures).

**Clinical Experience (Reappointment)** Applicant must be able to provide documentation of provision of general surgery services (at least 12 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.

**Additional Qualifications** Must qualify for and be granted privileges in general surgery

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	<b>Procedures</b> (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.)	
	Esophago-gastro-duodenoscopy	
	ERCP with/without papillotomy	
	Flexible colonoscopy with/without biopsy/polypectomy	
	Percutaneous endoscopic gastrostomy (PEG)	
	Sclerotherapy/banding esophageal varices	
	Sigmoidoscopy, rigid and flexible	

#### FPPE

Six direct observation case reviews.

Evaluation of OPPE data collected for review of competency/performance.

### Special Privileges: Advanced Head and Neck Procedures

**Description:** Management and treatment of the critically ill and postoperative patient, particularly the trauma victim, and treating and supporting patients with multiple organ dysfunction, hemodynamic instability, and complex coexisting medical problems.

#### Qualifications

**Education/Training** Pathway 1 - Completion of an ACGME or AOA accredited residency training program in general surgery, neurosurgery, urology or obstetrics and gynecology (surgeon must complete the primary program)

**OR**

Pathway 2 - Completion of an ACGME or AOA accredited Fellowship training program in Surgical Oncology or Head and Neck.

**OR**

If unable to qualify under Pathways 1 or 2, refer to Pathway 3. See Clinical Experience (Initial)."

**Clinical Experience (Initial)** Pathway 3 - If you were unable to qualify under Pathways 1 or 2, use this Pathway. Applicant must be able to provide documentation of proof of successful hands on training representative of the scope and complexity of the privileges being requested.

**AND**

Pathway 3 Continued - Applicant must provide documentation of provision of general surgery services (at least 5 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.

All applicants must be able to provide documentation of provision of general surgery services (at least 5 cases) 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 general surgery services (at least 3 cases) representative of the scope and complexity of the privileges requested during the

previous 24 months.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Esophagus trauma-closure/resection/exclusion	
	Hepatic resection	
	Parotid surgery	
	Tracheostomy/cricothyroidotomy	

#### FPPE

Two direct observation case reviews.

Evaluation of OPPE data collected for review of competency/performance.

### Special Privileges: Complex Laparoscopic/Minimally Invasive Procedures

**Description:** Advanced laparoscopic procedures

#### Qualifications

#### Education/Training

Pathway 1 - Fellowship program director must confirm that practitioner was trained in advanced laparoscopy procedures during fellowship program. If training occurred within the past 2 years, program director must confirm competency.

**OR**

Pathway 2 - Completion of a one year fellowship in minimally invasive surgery approved by The Fellowship Council.

#### Clinical Experience (Initial)

Applicant must be able to provide documentation of provision of general surgery services (at least 12 cases) 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 general surgery services (at least 12 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.

#### Additional Qualifications

Must qualify for and be granted privileges in colon and rectal surgery.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	<b>Procedures</b>	
	Minor laparoscopic urology procedures (including, but not limited to varix ligation, pelvic node dissection diagnostic laparoscopy).	
	Major laparoscopic urology procedures (including, but not limited to, all minor laparoscopic urology procedures plus nephrectomy, nephroureterectomy, adrenalectomy, ileal conduit, and other procedures thought to be appropriate for this category).	

Advanced laparoscopic urology procedures (including, but not limited to, all minor laparoscopic procedures, plus radical prostatectomy, and major operations on the bladder).
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#### FPPE

Four direct observation case reviews. The review will include the evaluation of cases supported by operative notes, and if possible, discharge summaries.

After ten cases are performed for any of the laparoscopic procedures granted, a comprehensive review of those ten cases, which may include the proctored cases, will be conducted. This review is not a condition of completion of proctorship.

Evaluation of OPPE data collected for review of competency/performance.

### Special Privileges: Use of Laser

#### Qualifications

<b>Qualifications</b>	Unrestricted General Surgery Core required to apply for this privilege.
<b>Education/Training</b>	Applicant must be able to provide documentation of participation in at least 10 hours of residency or post-graduate education concerning laser physics, indications, equipment use, and complications. Should also have hands on application of the laser.
<b>Clinical Experience (Initial)</b>	Applicant must be able to provide documentation of provision of general surgery services (at least 5 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.
<b>Clinical Experience (Reappointment)</b>	Applicant must be able to provide documentation of provision of general surgery services (at least 3 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.

Request	<b><i>Request all privileges listed below.</i></b> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
Use of lasers		

#### FPPE

Two 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: Nephrology for Revision March 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	
<b>Qualifications</b>	Licensed M.D. or D.O.
<b>Membership</b>	Meet all requirements for medical staff membership
<b>Education/Training</b>	Completion of an ACGME or AOA accredited Residency training program in Internal Medicine. <b>AND</b> Completion of an ACGME or AOA accredited Fellowship training program in Nephrology.
<b>Continuing Education</b>	Applicant must attest to having completed 50 AMA PRA Category I CME credits within the previous 24 months directly related to the practice of nephrology (waived for applicants who have completed training during the previous 24 months).
<b>Certification</b>	Current certification through ABMS or AOA Board American Board of Internal Medicine in Nephrology. 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 nephrology services (at least 20 ~~procedures~~ privileges of a variety of the ~~procedures~~ privileges 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 nephrology services (at least 20 ~~procedures~~ privileges of a variety of the ~~procedures~~ privileges 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 ~~procedures~~ privileges , 10 must be performed at Washington Hospital Healthcare System and/or the Washington Outpatient Surgery Center.

**AND**

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

## Core Privileges in Nephrology

**Description:** Evaluate, diagnose, provide consultation, treat and manage patients with congenital and acquired diseases of the kidney and urinary tract and renal diseases associated with systemic disorders. These include, but are not limited to, hypertension, diabetes, primary renal diseases, electrolyte disorders, acid-base problems, and the prevention of kidney stones.

Request	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Admit to inpatient or appropriate level of care	
	Development of plans for short-term and long-term medical management	
	Order diagnostic studies and tests	
	Management of patient throughout hospitalization	
	Perform history and physical examination	
	Use and interpret the results of radiologic tests of the kidney and urinary tract, including the following: radiology of vascular access; balloon angioplasty of vascular access, or other procedures utilized in the maintenance of chronic vascular access patency; therapeutic plasmapheresis; management of peritoneal catheters; and renal ultrasound.	
	<b>Procedures</b> (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.)	
	Acute and chronic hemodialysis	
	Continuous renal replacement therapy	
	Lithotripsy	
	Percutaneous biopsy of both autologous and transplanted kidneys	
	Peritoneal dialysis (excluding placement of temporary peritoneal catheters)	
	Placement of temporary vascular access for hemodialysis and related procedures	
	Management of Plasmapheresis	

### 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: Neurosurgery Revised June 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	
<b>Qualifications</b>	Licensed M.D. or D.O.
<b>Membership</b>	Meet all requirements for medical staff membership.
<b>Education/Training</b>	Completion of an ACGME or AOA accredited Residency or Fellowship training program in Neurological Surgery.
<b>Continuing Education</b>	Applicant must attest to having completed 50 AMA PRA Category I CME credits during the previous 24 months directly related to the practice of neurosurgery (waived for applicants who have completed training during the previous 24 months).
<b>Certification</b>	Current certification through ABNS or AOA Board American Board of Neurological Surgery in Neurological Surgery. 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 neurosurgery services (at least 50 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 neurosurgery services (at least 50 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 50 procedures, 10 must be performed at Washington Hospital Healthcare System and/or the Washington Outpatient Surgery Center.

**AND**

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

## Core Privileges in Neurosurgery

**Description:** Neurological surgery is a discipline of medicine and the specialty of surgery that provides the operative and nonoperative management (i.e., prevention, diagnosis, evaluation, treatment, critical care, and rehabilitation) of disorders of the central, peripheral, and autonomic nervous systems, including their supporting structures and vascular supply; the evaluation and treatment of pathological processes that modify the function or activity of the nervous system, including the hypophysis; and the operative and nonoperative management of pain. As such, neurological surgery encompasses the surgical, nonsurgical, and stereotactic radiosurgical treatment of adult and pediatric patients with disorders of the nervous system: disorders of the brain, meninges, skull, and skull base, and their blood supply, including the surgical and endovascular treatment of disorders of the intracranial and extracranial vasculature supplying the brain and spinal cord; disorders of the pituitary gland; disorders of the spinal cord, meninges, and vertebral column, including those that may require treatment by fusion, instrumentation, or endovascular techniques; and disorders of the cranial, peripheral, and spinal nerves throughout their distribution.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	<b>Cognitive Privileges for all Privileges</b>	
	Admit to inpatient or appropriate level of care	
	Development of plans for short-term and long-term medical and/or surgical management	
	Management of patient throughout hospitalization	
	Order diagnostic studies and tests	
	Perform history and physical examination	
	<b>Cerebrovascular Neurological Surgery Procedures</b> (This listing includes procedures typically performed by neurosurgeons who specialize in this clinical area. Other procedures that are extensions of the same techniques and skills may also be performed.)	
	Angiography	
	Carotid endarterectomy	
	Craniotomies, craniectomies and reconstructive procedures on the skull, brain, meninges, pituitary gland, and cranial nerves (includes microscopic procedures and surgery for intracranial vascular lesions)	
	Endovascular catheter procedures	
	Intraspinal vascular lesions	
	Microsurgical dissection of the Sylvian fissure	
	Perform and interpret neurodiagnostic studies	
	Perform lumbar puncture and cerebrospinal fluid (CSF) reservoir tapping	
	Perform routine and complicated twist drill or burr-hole procedures for the drainage of the ventricular system or intracranial hematomas	
	Perform exposure of the cervical carotid artery for endarterectomy or proximal arterial control	
	Burr-hole and twist-drill procedures for ventricular access or intracranial pressure monitoring	
	<b>Neurosurgical Oncology Procedures</b>	
	Resection of supra- and infratentorial intra-axial and extra-axial neoplasms	
	Resection of pituitary lesions	
	Skull base procedures	
	Drainage of brain abscess or cyst	
	Balloon occlusion test of the carotid artery	
	Embolization of tumors of the head and neck	

	<b>Neurotrauma and Neurosurgical Critical Care Procedures</b> (This listing includes procedures typically performed by neurosurgeons who specialize in this clinical area. Other procedures that are extensions of the same techniques and skills may also be performed.)	
	Craniotomy	
	Repair/cranialization of frontal sinus fracture	
	Craniectomy	
	Cranioplasty	
	Reconstruct complex cranial defects	
	Reconstruct traumatic skull base defects	
	Explore and repair peripheral nerve injuries	
	<b>Neurosurgical Pain Management Procedures</b> (This listing includes procedures typically performed by neurosurgeons who specialize in this clinical area. Other procedures that are extensions of the same techniques and skills may also be performed.)	
	Microvascular decompression and rhizotomy of the trigeminal nerve and glossopharyngeal nerves	
	Spinal ablative and augmentative techniques for management of pain	
	Implant, maintain and program spinal drug administration system and spinal cord stimulation systems	
	Revisions of spinal drug administration and spinal cord stimulation systems	
	Myelotomy and cordotomy	
	Neurolysis and nerve grafting techniques	
	Ganglion resection	
	Nerve blocks, simple and complex	
	Facet blocks	
	Neurolytic procedures	
	Sympathectomy	
	<b>Surgery of the Peripheral Nervous System (Procedures)</b> (This listing includes procedures typically performed by neurosurgeons who specialize in this clinical area. Other procedures that are extensions of the same techniques and skills may also be performed.)	
	Nerve repair	
	Nerve decompression	
	Intraoperative nerve conduction	
	Excision of nerve sheath tumor	
	Expose a brachial plexus injury	
	<b>Spinal Procedures</b> (This listing includes procedures typically performed by neurosurgeons who specialize in this clinical area. Other procedures that are extensions of the same techniques and skills may also be performed.)	
	Kyphoplasty	
	Occipital-cervical arthrodesis	
	Placement of sublaminar wires, lateral mass screws, lower cervical/upper thoracic pedicle screws, etc.	
	C1-2 arthrodesis	
	Anterior cervical corpectomy	
	Transthoracic, thoracoabdominal, retroperitoneal and transabdominal approaches to the thoracic and lumbar spine	
	Costotransverse and lateral extracavitary approaches to the thoracolumbar spine	
	Excision of a herniated thoracic disc	
	Vertebral corpectomy of the thoracolumbar spine	
	Resection of intradural spinal neoplasms	
	Spinal - anterior, lateral, posterior, and open percutaneous procedures of the spine and its contents including ablation, decompression, reconstruction, device implantation, instrumentation and stabilization for neoplasm, trauma, degenerative, infectious and congenital abnormalities	

	Open reductions of fractures and dislocations of the cervical, thoracic and lumbar spine	
	Intradural procedures for congenital, neoplastic and vascular lesions	

**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 emotional or physical condition that would affect my ability to perform these privileges.
- D. Furthermore, I attest that the information I have provided about my clinical activity is accurate and true.

\_\_\_\_\_  
 Practitioner's Signature

\_\_\_\_\_  
 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

## **Title: TAVR (Transcatheter Aortic Valve Replacement) Special Privileges**

**Description:** Minimally invasive procedure for replacement of the Aortic Valve. During this procedure, open surgical and endovascular techniques are used for the insertion of a new aortic valve through a transfemoral approach. If transfemoral TAVR approach is not feasible, other arteries such as the subclavian artery may be used as entry sites. Other approaches include but are not limited to transapical, transcaval and transaortic can also be used, where TAVR is performed when femoral or other arterial access is not feasible. The Aortic Valve endoprosthesis is delivered through a catheter under fluoroscopy and deployed over the native aortic valve. Every TAVR case will be reviewed for appropriateness and best treatment plan at a multidisciplinary TAVR case conference prior to being performed. In addition, the hospital will participate in the STS/ACC TVT national registry database as appropriate which will assess outcomes, complications, and national benchmarks.

This primarily endovascular procedure can be performed in a Cath Lab, OR or Hybrid OR if sterility requirements are met and the ability to convert to an open surgical procedure is present. This procedure is performed by a team of specialists including a Cardiac Surgeon, an Interventional Cardiologist, and a Cardiac Anesthesiologist. The Interventional Cardiologist and the Cardiac Surgeon must jointly participate in the intraoperative technical aspects of the procedure. In addition, Vascular Surgeons are occasionally involved in peripheral vascular access. Critical Care Services are required as needed for post-operative care of TAVR patients

**Qualifications:** MD or DO.

### **Training:**

- Board Certified in Interventional Cardiology and completion of a Fellowship in a Structural Interventional Program with a minimum of 1 year in which the trainee has performed at least 100 structural heart disease procedures including TAVR's.  
OR
- Board Certified in Interventional Cardiology without specific structural/TAVR training but documentation of at least 100 lifetime structural heart disease procedures including 30 left-sided structural cardiac procedures including 20 TAVRs during the past 5 years..  
OR
- Community (Washington Hospital ) track - Board certification in cardiology as required by Washington Hospital Bylaws with unrestricted privileges in percutaneous coronary intervention at Washington Hospital with documentation of participation in 20 TAVR procedures at Washington Hospital and sign off for competence by a cardiologist with unrestricted TAVR privileges.  
OR
- Board certification in Cardiothoracic Surgery. Documentation of at least 100 career open heart surgeries of which 25 must be aortic valve related .Documentation of specific training in TAVR procedures and/or able to document participation in 20 TAVR
- cases in the past 2 years as primary surgical operator for initial privileges.



**Proctoring:** Minimum of five (5) cases over a one year period and subject to successful sign off by Proctor including documentation of device specific training as required by the valve manufacturers.

**Re-credentialing:** 10 successful TAVR cases in the prior 2 years. Each successful TAVR case can be counted for both the primary Interventional cardiologist and a second cooperator cardiologist and a cardiac surgeon and a second cooperator cardiac surgeon for the given procedure.



## Washington Hospital Medical Staff

2000 Mowry Avenue ♦ Fremont, CA 94538

(510) 791-3446 ♦ Fax (510) 792-0795

*Washington Township Hospital District*

### Specialty: TransCarotid Artery Revascularization (TCAR)

Delineation of Privileges

**Applicant's Name:**

**Instructions:**

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

Notes:

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

<b>Request</b>	<p><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	<b>Dept Chair Rec</b>
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**Special Privileges: TransCarotid Artery Revascularization (TCAR) Procedure**

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

**Qualifications**

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

<b>Request</b>	<p><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	<b>Dept Chair Rec</b>
	<b>TransCarotid Artery Revascularization (TCAR) Procedure</b>	

**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):

	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/Designee Recommendation - FPPE Requirements

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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: Urology Revised June 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

<b>Qualifications</b>	Licensed M.D. or D.O.
<b>Membership</b>	Meet all requirements for medical staff membership.
<b>Education/Training</b>	Completion of an ACGME or AOA accredited Residency training program in Urology.
<b>Continuing Education</b>	Applicant must attest to having completed 50 AMA PRA Category I CME credits within the previous 24 months directly related to the practice of urology (waived for applicants who have completed training during the previous 24 months).
<b>Certification</b>	Current certification through ABMS or AOA Board American Board of Urology in Urology. 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 urology services (at least 50

procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested within the previous 24 months.

**Clinical Experience  
(Reappointment)**

Applicant must be able to provide documentation of provision of urology services (at least 50 procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested within the previous 24 months.

**AND**

Active/Provisional Staff Only: Of the 50 procedures, 10 must be performed at Washington Hospital Healthcare System and/or the Washington Outpatient Surgery Center.

**AND**

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

### Core Privileges in Urology (adult and pediatrics)

**Description:** Evaluate, diagnose, provide consultation, treat and medically and surgically manage patients with congenital and acquired conditions (benign or malignant) of the genitourinary system and contiguous structures including the adrenal gland.

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Dept Chair Rec
	Admit to inpatient or appropriate level of care	
	Management of patient throughout hospitalization	
	Metabolic management of recurrent nephrolithiasis and other conditions that can be medically managed	
	Order diagnostic studies and tests	
	Perform history and physical examination	
	Development of plans for short-term and long-term surgical and/or medical management	
	Pre- and post-operative management and treatment of severely ill neonates, children, and adolescents with genitourinary problems who require intensive medical care (i.e., neonatal or pediatric intensive care unit management)	
	Provide prenatal and postnatal genetic counseling for genitourinary tract anomalies	
	<b>Procedures</b> (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.)	
	Appendectomy as component of urologic procedure	
	Circumcision	
	Cryoablation of the Kidney for Renal Cancer	
	Cystoscopy	
	Cystolithotomy	
	Enterostomy as component of urologic procedure	
	ESWL	
	Female Incontinence	
	Inguinal herniorrhaphy as related to urologic procedure	
	Insertion/removal of ureteral stent	
	Laparoscopic surgery for disease of the urinary tract	
	Lymphadenectomy, Pelvic	
	Lymphadenectomy, Retroperitoneal	
	Minor laparoscopic urology procedures (including, but not limited to varix ligation, pelvic node dissection diagnostic laparoscopy).	
	Major laparoscopic urology procedures (including, but not limited to, all minor laparoscopic urology procedures plus nephrectomy, nephroureterectomy, adrenalectomy, ileal conduit, and other procedures thought to be appropriate for this category).	
	Microscopic surgery - epididymovasostomy, vasovasotomy	
	Penile Surgery	
	Percutaneous Renal Surgery	
	Prostatectomy, Radical	
	Prostate laser surgery	
	Radical Cystectomy	
	Renal Surgery, Partial or Total Nephrectomy	



Scrotal Surgery	
Transrectal Ultrasound/Prostate Biopsy	
Transurethral Prostate Surgery	
Transurethral Resection Bladder Tumor	
Ureteroscopy	
Urethroplasty/Urethral Surgery	
Urinary Diversion	
Use of lasers	
<b>Multi-disciplinary management of patients with</b>	
Urologic tumors	
Urologic trauma	
Nephrological and endocrinologic (adrenal) disease;	
Myelomeningocele and other neuropathic bladder entities	
Problems relating to sexual development and medical aspects of intersex states	
Perform and evaluate urodynamic studies	
<b>Renovascular Procedures</b>	
Embolectomy	
Endarterectomy	
Bypass-graft or vascular	
Resection and reanastomosis	
Aneurysmectomy	
<b>Lymphatic Procedures</b>	
Lymphadenectomy, pelvic	
Lymphadenectomy, inguinal or ilioinguinal	
Lymphadenectomy, retro peritoneal	
Lymph node biopsy	
<b>Abdomen Procedures</b>	
Drainage, retro peritoneal abscess	
Excision, retro peritoneal tumor/cyst	
Exploratory laparotomy	
Closure of evisceration	
Herniorrhaphy, incisional	
Reconstruction of cloacal anomaly (Pena Approach)	
Bowel bagionoplasty	
Laparoscopy	
Debride abdominal wall	
Abdominoplasty for prune belly syndrome	
Excise ovarian tumor	
Umbilicoplasty	
<b>Adrenal Procedures</b>	
Adrenalectomy, unilateral	
Adrenalectomy, bilateral	
<b>Kidney Procedures</b>	
Drainage renal or perirenal abscess	
Nephrostomy, open	
Nephrolithotomy, simple or staghorn	
Nephrolithotomy, percutaneous	
Pyelolithotomy	

Renal biopsy, open	
Nephrectomy, simple, unilateral	
Nephrectomy, simple, bilateral	
Nephrectomy, partial or radical (Wilm's)	
Nephroureterectomy	
Heminephroureterectomy	
Renal cyst, unroofing	
Pyeloplasty	
Pyeloplasty plus symphysiotomy percutaneous endopyeloplasty	
Homotransplantation	
Autotransplantation	
Harvest of cadaver kidneys	
Nephrectomy, donor	
Percutaneous nephrostomy	
Percutaneous nephroscopy	
ESWL	
Biopsy, needle	
<b>Ureter Procedures</b>	
Ureterolithotomy	
Ureteroscopy	
Ureteroscopy with calculus removal	
Ureteroscopy with biopsy or fulguration	
Ureterectomy (separate procedure)	
Ureterolysis	
Ureteroureterostomy	
Transureteroureterostomy	
Ureteroneocystostomy, unilateral or bilateral	
Ureteroneocystostomy, with bladder flap	
Ureterosigmoidostomy	
Ileal conduit, separate procedure	
Sigmoid conduit, separate procedure	
Continent urinary diversion, separate procedure	
Replacement of ureter with bowel	
Cutaneous pyelo or ureterostomy, unilateral or bilateral	
<b>Bladder Procedures</b>	
Cystolithotomy	
Excision urachal cyst or tumor	
Diverticulectomy	
Simple or partial cystectomy with ureteroneocystostomy, ileal conduit, ureterosigmoidostomy or cutaneous ureterostomy	
Radical cystectomy with ileal conduit, ureterosigmoidostomy or continent diversion	
Pelvic exenteration with urinary diversion	
Vesical neck plasty	
Urethropexy (Marshall-Marchetti)	
Vaginal Urethropexy (Stamey-Raz)	
Repair of rupture	
Repair of vesicovaginal fistula (abdominal or vaginal)	
Repair enterovesical fistula	
Repair of exstrophy (initial and continence procedure)	

Enterocystoplasty	
Vesicostomy	
Cystostomy, open, closure, trochar	
<b>Urethra Procedures</b>	
Urethrectomy, diverticulectomy	
Transpubic repair membranous stricture, perineal	
Urethroplasty for anterior stricture, one stage or staged	
Correction of chordee without hypospadias repair	
MAGPI (meatal advancement and glanuloplasty)	
Mathieu	
Island onlay flap, island flap tube, island flap tube plus scrotal tubul, interposition island tube, total complex repair (prepuce)	
Bladder mucosal graft, free graft urethroplasty (H-D)	
Pyramid	
Re-do hypospadias w/pedicled flap or w/tubularization	
Scrotoplasty	
Meatoplasty	
Fistula repair	
Reconstruction for incontinence (Young-Dees-Leadbetter), prosthesis for incontinence	
Closure, urethro-vaginal or urethro-rectal fistula	
Repair urethral injury	
Repair of episadias, repair of episadias with incontinence	
Urethrostomy, internal, external, perineal	
Meatotomy	
Incise and drain periurethral abscess	
Biopsy of urethra	
Excision of urethral prolapse	
<b>Penile Procedures</b>	
Amputation, partial or complete, plus ilioinguinal (inguinofemoral) lumphadenectomy	
Insertion penile prosthesis	
Repair major injury	
Shunt, cavernosum to spongiosum, open or percutaneous and shunt, cavernosum to saphenous vein,	
Revascularization (microsurgery)	
Circumcision	
<b>Testes Procedures</b>	
Orchiectomy, inguinal (simple, radical, unilateral or bilateral)	
Orchiopexy, unilateral or bilateral	
Biopsy, testis	
Vasotomy for vasogram	
Excision lesion of testis	
Insertion testicular prosthesis	
Repair testis (trauma)	
Reduction plus fixation, torsion	
<b>Epididymis and Spermatic Cord Procedures</b>	
Epididymovasostomy, unilateral	
Vasovasostomy	
Ligation internal spermatic vein	
Epididymectomy, unilateral	

	Excision spermatocele	
	Vasectomy	
	<b>Scrotum Procedures</b>	
	Excision, partial or complete	
	Incise and drain abscess	
	Hydrocelectomy	
	Repair scrotum (trauma)	
	<b>Endoscopy</b>	
	TUR prostate	
	TUR valves	
	TUR bladder neck	
	Cystoscopy	
	Cystoscopy w/laser bladder tumor	
	Cystoscopy: with placement or ureteral stent; plus ureteral catheterization; and fulguration; calibration and dilation stricture	
	Cystoscopy plus cup biopsy, bladder	
	Cystoscopy, internal urethrotomy	
	Cystoscopy, litholapaxy, foreign body removal	
	Cystoscopy, extraction ureteral calculus	
	Cystoscopy, hydrodistention of bladder	
	Cystoscopy, TUR bladder tumor (less than 2 cm)	
	Cystoscopy, TUR bladder tumor (greater than 2 cm)	

#### 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: Laparoscopic Urology procedures

#### Qualifications

#### Qualifications

Applicants applying for laparoscopic urology privileges must have privileges to do the procedure "open" and may request privileges from one of the defined categories on this form.

**AND**

Pathway 3 - If applicant does not qualify for Pathways 1 or 2, use this Pathway. There are three options within this Pathway designated as 3A, 3B, or 3C.

**AND**

Pathway 3A - For minor laparoscopic urology procedures, applicant must provide documentation of having successfully completed a course for CME credit, which includes both academic instruction and hands-on training with laboratory animals and/or cadaver dissection regarding these procedures.

**AND**

Pathway 3A Continued - Applicant must provide documentation of performance of 2 operations from this category with a surgeon or urologist, as a co-surgeon, who have unrestricted privileges to do these procedures laparoscopically at another licensed accredited facility. The urologist/surgeon must sign a statement that the urologist applying for these privileges has competently performed these operations.

**OR**

Pathway 3B - For major laparoscopic urology procedures, applicant must provide documentation of having successfully completed a course for CME credit, which includes both academic instruction and hands-on training with laboratory animals and/or cadaver dissection regarding these procedures.

**AND**

Pathway 3B Continued - Applicant must provide documentation of performance of 2 operations from this category with a surgeon or urologist, as a co-surgeon, who have unrestricted privileges

to do these procedures laparoscopically at another licensed accredited facility. The urologist/surgeon must sign a statement that the urologist applying for these privileges has competently performed these operations.

**OR**

Pathway 3C - For advanced laparoscopic urology procedures, all minor laparoscopic conditions must be met.

**AND**

Pathway 3C Continued - Applicant must provide documentation of having successfully completed a course for CME credit, which includes both academic instruction and hands-on training with cadaver dissection regarding these procedures.

**AND**

Pathway 3C Continued - Applicant must provide documentation of performance of 2 operations from this category with a surgeon or urologist, as a co-surgeon, who have unrestricted privileges to do these procedures laparoscopically at another licensed accredited facility. The urologist/surgeon must submit a letter that the urologist applying for these privileges has competently performed these operations.

**Education/Training**

Pathway 1- Completion of an ACGME or AOA accredited Residency training program in Urology. Must provide documentation of training in laparoscopic urology completed during residency. A letter from the program director that indicates adequate training in the applied for procedures will satisfy this requirement.

**OR**

Pathway 2 - Completion of an ACGME or AOA accredited Fellowship training program in Urology.

**OR**

Pathway 3 - If pathways 1 or 2 cannot be met, pathway 3 may be used to apply. Refer to the criteria under "Qualifications."

**Clinical Experience (Initial)**

Applicant must be able to provide documentation of provision of urology services (at least 4 cases within the highest category for which the urologist is credentialed and has current privileges) 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 urology services (at least 4 cases within the highest category for which the urologist is credentialed and has current privileges) representative of the scope and complexity of the privileges requested during the previous 24 months.

Request	<p align="center"><b>Request all privileges listed below.</b>                      Uncheck any privileges that you do not want to request.</p>	Dept Chair Rec
	<del>Minor laparoscopic urology procedures (including, but not limited to varix ligation, pelvic node dissection diagnostic laparoscopy).</del>	
	<del>Major laparoscopic urology procedures (including, but not limited to, all minor laparoscopic urology procedures plus nephrectomy, nephroureterectomy, adrenalectomy, ileal conduit, and other procedures thought to be appropriate for this category).</del>	
	Advanced laparoscopic urology procedures (including, but not limited to, all minor laparoscopic procedures, plus radical prostatectomy, and major operations on the bladder).	

**FPPE**

Four direct observation case reviews. The review will include the evaluation of cases supported by operative notes, and if possible, discharge summaries.

~~After ten cases are performed for any of the laparoscopic procedures granted, a comprehensive review of those 10 cases, which may include the proctored cases, will be conducted. This review is not a condition of completion of proctorship.~~

Evaluation of OPPE data collected for review of competency/performance.

**Special Privileges: ~~Cryoablation of the Kidney for Renal Cancer~~**

**Qualifications**

- Qualifications** Applicant must be ~~privileged for major laparoscopic urology privileges in order to perform renal cryosurgery laparoscopically.~~
- Education/Training** Pathway 1 ~~Completion of an ACGME or AOA accredited Residency training program in Urology. Letter of recommendation from program director must be submitted.~~  
**OR**  
 Pathway 2 ~~Completion of an ACGME or AOA accredited Fellowship training program in Urology. Letter of recommendation from program director must be submitted.~~  
**OR**  
 If unable to qualify under Pathways 1 or 2, refer to Pathway 3. See "Continuing Education."
- Continuing Education** Pathway 3 ~~If you were unable to qualify under Pathways 1 or 2, use this Pathway. Applicant must provide proof of successful completion of didactic course with "hands-on" experience by and accredited facility deemed to be appropriate by the Department.~~
- Clinical Experience (Initial)** Applicant must provide documentation of provision of urology services (at least 2 cases) 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 urology services (at least 2 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.

Request	<p align="center"><b><del>Request all privileges listed below.</del></b>  <del>Uncheck any privileges that you do not want to request.</del></p>	Dept Chair Rec
	Cryoablation of the Kidney for Renal Cancer	

**FPPE**

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

**Special Privileges: Cryosurgical ablation of the Prostate for Prostate Cancer**

**Qualifications**

- Education/Training** Pathway 1 - Completion of an ACGME or AOA accredited Residency training program in Urology. Letter of recommendation from program director must be submitted.  
**OR**  
 Pathway 2 - Completion of an ACGME or AOA accredited Fellowship training program in Urology. Letter of recommendation from program director must be submitted.  
**OR**  
 If unable to qualify under Pathways 1 or 2, refer to Pathway 3. See "Continuing Education."
- Continuing Education** Pathway 3 - If you were unable to qualify under Pathways 1 or 2, use this Pathway. Applicant must provide proof of successful completion of didactic course with hands-on experience by an accredited facility deemed to be appropriate by the Department.  
**OR**

If unable to qualify for Pathways 1, 2, or 3, refer to Pathway 4. See "Clinical Experience (Initial).

**Clinical Experience (Initial)** Pathway 4 - If you were unable to qualify under Pathways 1, 2, or 3, use this Pathway. Applicant must provide proof of current, unrestricted Level 3 urological privileges with course certification for cryoablation techniques for prostate cancer.  
 All applicants must provide documentation of provision of urology services (at least 4 cases) representative of the scope and complexity of the privileges requested during the previous 24 months. For salvage therapy with the use of prostatic cryosurgery, one of the proctored cryoablation procedures must have been performed for salvage therapy.

**Clinical Experience (Reappointment)** Applicant must be able to provide documentation of provision of urology services (at least 2 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Cryosurgical ablation of the prostate for prostate cancer	

**FPPE**

Four direct observation cases.  
 Evaluation of OPPE data collected for reiview 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





# Memorandum

**DATE:** August 12, 2020

**TO:** Medical Executive Committee (MEC)

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

**SUBJECT:** WHHS Fiscal Year 2021 Organizational Performance Improvement Plan

The mission of Washington Hospital Healthcare System is to meet the health care needs of the District residents through medical services, education and research. In order to help achieve this goal, all employees and Medical Staff need to participate in ongoing quality improvement efforts. Our Organizational Performance Improvement Plan encompasses these efforts and demonstrates Washington’s commitment to continuously improving the safety and quality of care we deliver. The Performance Improvement Plan outlines the goals and strategies for ensuring patient safety, delivering optimal care and achieving high patient satisfaction.

Attached is the updated Fiscal Year 2021 Organizational Performance Improvement Plan. The process of reviewing the Plan and for identifying the FY2021 priorities requires input and discussion with Hospital Administration and Medical Staff leadership, Hospital and Medical Staff departments along with other areas involved with quality performance measurement and improvement. The members of the Quality Steering Council (QSC) have taken this into account in addition to reviewing regulatory requirements, FY2020 Quality Steering Council data and reports, current performance activities along with using the prioritization matrix. The proposed FY2021 quality priorities are aligned with the overall organizational priorities I have established for this year.

The quality priorities for FY 2021 are as follows:

Reduction of Excess Readmissions	
Acute Myocardial Infarction (AMI)	Heart Failure (HF)
Chronic Obstructive Pulmonary Disease (COPD)	Pneumonia (PNA)
Reduction of Hospital-Acquired Conditions (HACs)	
CAUTI	<i>Clostridium difficile</i>
CLABSI	HAPU and falls
COVID-19 Response Planning	
Medication Safety	
Patient Safety	
Sentinel/Never Events	Hand Hygiene



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# Memorandum

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**TITLE:** ORGANIZATIONAL PERFORMANCE  
IMPROVEMENT PLAN FY2021

**MEMORANDUM #** 0-7E  
**Replaces** 07D

**RESPONSIBLE PERSON:** Chief of Quality & Resource Management

**Revised:** 08/11/2020  
**Original Issue:** 06/08/2011

**REVIEWED BY:**

<u> X </u> Department	<u>        </u> Division
<u>        </u> Medical Staff	<u>        </u> Management Staff
<u>        </u> Administrative	<u>        </u> Other

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**PURPOSE:** To establish Washington Hospital’s commitment to quality care and organizational performance improvement and to define the structure to accomplish quality and improvement activities.

**POLICY:**

Washington Hospital is committed to providing quality health care services to our patients. Washington Hospital systematically and continuously sets expectations, plans and manages processes to measure, assess and improve the organization’s governance, management, clinical and support activities. The results of Performance Improvement activities are confidential and protected as defined in the plan.

**PROCEDURE:**

The attached Organizational Performance Improvement Plan applies to all Washington Hospital staff and Medical Staff Departments and Services.

## ORGANIZATIONAL PERFORMANCE IMPROVEMENT PLAN FY2021

### **MISSION OF PROGRAM**

Washington Hospital is committed to providing quality health care services to all of our patients. As an organization, we realize that in order to provide quality patient care services we must continually measure, assess, and improve processes and outcomes related to those important services that we provide.

### **SUMMARY OF PROGRAM**

In order to consistently provide quality care, Washington Hospital systematically and continuously sets expectations, plans, and manages processes to measure, assess, and improve the organization's governance, management, clinical and support activities. Washington Hospital assures hospital employees are empowered and guided by our Patient First Ethic: All decisions made and actions taken are based on what is in the best interest of the patient; it is what unifies us in our never-ending pursuit of ways to support and sustain the good health of the community.

### **PRIORITIZATION OF AREAS FOR MEASUREMENT**

The process for identifying priorities for measurement requires input and discussion with senior leadership, departments, and services from all areas involved with quality performance measurement and improvement. Priorities are identified based on leadership objectives, regulatory requirements, opportunities identified in external benchmark projects, opportunities identified through analysis of patient safety event reports and opportunities identified through sentinel events, standard of care findings or "Sentinel Event Alerts." These objectives or topics are then displayed in a matrix to better understand which areas of importance and relevance they cross (high risk, high volume, problem prone, mission, internal and external customer satisfaction, clinical outcome, safety, and regulatory). See Appendix A where the priorities of the objectives are defined.

### **DEVELOPING MEASURE SPECIFICATIONS**

Work groups or committees define the metrics (indicators, goals, and benchmarks) for each topic. Representatives from all involved services collaboratively develop quality performance measure specifications based on the opportunities identified to be studied. Team members are identified with the help of clinical and administrative leadership. Work groups develop written measurement specifications, along with data abstraction tools when necessary.

## GATHERING DATA

Data is then gathered on a pre-determined timeframe (weekly, monthly, and quarterly). Regular reporting of data requires continued attention from teams. A designated person will be assigned and held accountable for gathering data and having the information available when due.

The primary goals of Washington Hospital's Organizational Performance Improvement Plan are based on annual performance and are to:

1. Use Lean methodology system to improve quality, safety and value through the elimination of waste.
2. Continually and systematically plan, design, measure, assess and improve performance of priority focus areas.
3. Reduce and prevent medication and health care errors.
4. Incorporate performance improvement throughout the facility.
5. Provide a systematic mechanism for Washington Hospital staff, departments, and professions to function collaboratively in their efforts toward performance improvement.
6. Provide feedback and learning throughout the organization.
7. Identify patient experience standards and metrics, to evaluate Washington Hospital's performance in meeting these needs.
8. Determine ongoing opportunities for improvement by analyzing Washington Hospital's performance.
9. Plan and incorporate processes for conducting thorough and credible root cause analyses, focusing on process and system factors in response to sentinel events and other critical incidents as defined by the hospital.
10. Develop methods for continuously improving measures of patient outcomes and satisfaction.
11. Continuously improve clinical and operational processes that include, but are not limited to:
  - **Safety:** the avoidance of injuries to patients from the care that is intended to help them.
  - **Timeliness:** reducing wait time and sometimes-harmful delays for both those who receive and those who provide care.
  - **Effectiveness:** providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit.
  - **Efficiency:** avoiding waste, including waste of equipment, supplies, and energy.
  - **Equitableness:** providing care that does not vary in quality due to the personal characteristics of patients such as gender, ethnicity, geographic location, and socioeconomic status.
  - **Patient-Centeredness:** providing care that is respectful of, and responsive to the individual patient preferences, needs, values and ensuring that patient values guide all clinical decisions.

## **SCOPE OF ACTIVITIES**

The Organizational Performance Improvement Plan encompasses organization-wide activities related to quality control, quality assessment, and performance improvement.

- A. Patient care is a coordinated and collaborative effort; the approach to improving performance involves multiple departments and disciplines in establishing the plans, processes, and mechanisms that comprise performance improvement activities at Washington Hospital.
- The Organizational Performance Improvement Plan, established by the Quality Steering Council (QSC) with the support and approval from the governing body, has as its scope the monitoring of every aspect of patient care and service, including contracted services. Monitoring of care and service extends from the patient's entry into the Hospital through the patient's diagnosis, treatment, recovery, discharge and care transition. Monitoring is undertaken in order to identify and resolve any breakdowns that may result in suboptimal patient care and safety, while striving to continuously improve and facilitate positive patient outcomes.
  - Collaborative and specific indicators of key processes are designed, measured, and assessed by all appropriate departments, services, and disciplines of the facility in an effort to improve patient safety and organizational performance. These indicators are objective, measurable, based on current knowledge and experience, and structured to produce statistically valid, data-driven, performance measures. The mechanism also provides for evaluation of improvements and sustainability over time. Indicators are compared to nationally specific standards and benchmarks.
  - Lean Methodology is a process improvement methodology that aims to increase efficiency and productivity while reducing waste and cost. Hospital staff and physicians collaborate to identify and repair inefficiencies in the care processes and boost productivity.
- B. In addition, the scope of the Organizational Performance Improvement Plan includes: monitoring, assessment, and evaluation for the dimensions of performance of patient care. Findings of the QSC, continuous performance improvement activities of the Medical Staff and all appropriate departments, services and disciplines that impact patient care and safety will be reviewed, assessed and evaluated. At a minimum, the organization collects data on measures as outlined by the Joint Commission Standards, the Centers for Medicare and Medicaid Services, and applicable federal, state and county regulations including, but not limited to:
- Operative/Invasive procedures
  - Appropriateness of clinical practice patterns
  - Significant deviation from established patterns of clinic practice

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- Medication management and significant adverse drug reactions and errors
- Blood and blood product use and all reported and confirmed transfusion reactions
- Behavior management and treatment, use of restraints
- Resuscitation and outcomes
- Mortality review and autopsy screening
- Medical record documentation review
- National Patient Safety Goals
- Adverse events related to anesthesia and sedation
- Patient experience
- Infection and isolation as required

The Hospital also collects data and information for the following areas:

- Staff opinions and needs, perceptions of risks, suggestions for improving patient safety and willingness to report unanticipated adverse events.
- The effectiveness of all fall reduction activities including assessment, interventions, and education.
- The effectiveness of the response to change or deterioration in a patient's condition.
- Perceptions of care, treatment and services of patients, including their specific needs and expectations, how well the Hospital meets these needs and expectations, how the Hospital can improve patient safety and the effectiveness of overall care to safely transition patients to the next level of care after their Hospital visit
- Patient flow

C. Relevant information developed from the following activities is integrated into performance improvement initiatives. This process is consistent with any Hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law.

- Risk Management
- Utilization Management
- Quality Assurance
- Infection Prevention surveillance and reporting
- Hospital-Acquired Conditions:
  1. Hospital-Associated Infections (HAI)
  2. Falls
  3. Pressure Ulcers
- Research, as applicable
- Autopsies, when performed
- Organ procurement
- Hazardous conditions
- Staffing effectiveness issues
- Core measure data

- D. Support service processes that impact patient care are monitored. Data shall be obtained via the Electronic Medical Record (EMR) as the main source of truth whenever such data exists in the EMR. Data are systematically aggregated and analyzed. Undesirable patterns or trends in performance are analyzed.
- Analyses are performed when data comparisons indicate that levels of performance, patterns, or trends vary substantially from expected.
  - Analyses occur for those topics chosen by leaders as performance improvement priorities.
  - Analyses are performed when undesirable variations occur which changes priorities.
- E. Finally, the scope of the Organizational Performance Improvement Plan includes an overall assessment of the efficacy of performance improvement activities with a focus on continually improving care provided and patient safety practices throughout the Hospital.

## **LEADERSHIP OF PROGRAM**

Leaders play a central role in fostering improvement. At Washington Hospital, leaders include the Board of Directors, the Chief Executive Officer (CEO), the Joint Conference Committee (JCC), the Medical Executive Committee (MEC), the QSC, the Administrative Team, and department managers and supervisors. Leaders foster performance improvement and reduce risk through planning, educating, setting priorities, and providing support such as time and resources. The focus is on indicators that improve health outcomes and the prevention and reduction of errors. (See Addendum A).

## **STRUCTURE**

### **Joint Conference Committee (JCC)**

The JCC consists of the Chief of Staff (the committee's chairperson), the Chief of Staff-Elect, the Immediate-Past Chief of Staff, the Medical Staff Liaison Officer, the CEO, the Chief of Medical Staff Affairs, representatives from the Board of Directors and other individuals that are identified. The JCC constitutes a forum for the discussion of matters of Hospital and Medical Staff policy, practice, and planning, and a forum for interaction between the Medical Staff, the Board and Administration. The JCC meets at least once monthly. The Chief of Staff will be responsible for the agenda.

### **Quality Steering Council (QSC)**

The Quality Steering Council is accountable for the development and has oversight of organization-wide performance improvement and the Medication Safety Program. The QSC assures the integration and coordination of Medical Staff, direct patient care, and support services performance improvement activities. Quality is defined as the degree to which health care services for individuals and populations

increase the likelihood of desired health outcomes and is consistent with current professional knowledge. Improving quality will enhance the overall delivery of care to the patients and community. The QSC also facilitates integration of performance improvement functions by providing necessary resources for training and education and facilitates the development of interdisciplinary teams that assess and improve specific processes and/or systems across departmental lines. QSC annually identifies Hospital-wide performance improvement priorities through consensus, based on a review of risk assessments, past performance and selected measures and community needs. In keeping with the organizational mission, values, and the Patient First Ethic, the QSC also prioritizes specific processes for performance improvement team activities. The QSC membership includes: the CEO, the identified Vice Presidents, the Chief of Medical Staff, the Chief of Medical Staff Affairs, the Chief of Quality and Resource Management, the Chief Nursing Officer (CNO), the Patient Safety Officer, and other key medical and operational leaders for the organization. Members and the Chairperson are appointed by the CEO. The QSC Chairperson will provide quarterly reports to the Board of Directors.

### **Medical Executive Committee (MEC)**

The Medical Executive Committee receives and takes action on reports and recommendations from the Medical Staff committees; monitors and evaluates the medical care rendered to patients in the Hospital; reviews and prioritizes clinical effectiveness studies and development of clinical guidelines, based on trending information, including high risk, high volume, and problem prone issues; reviews and approves the Hospital-wide performance improvement plan. The MEC ensures that there is an effective program of Ongoing Professional Performance Evaluation (OPPE) and Focus Professional Performance Evaluation for the Medical Staff. The results of the Professional Performance Evaluations are considered in the (re)credentialing and privileging process.

### **Clinical Operation Committees**

Each Committee oversees the interdisciplinary operation of a clinical service or clinical product line. Current clinical services provided at Washington Hospital include, but are not limited to:

- Cardiac Surgery
- Critical Care
- Diabetes
- Dialysis
- Emergency Medicine
- Laboratory
- Joint Replacement
- Special Care Nursery / Women and Children
- Spine
- Stroke

The core membership includes the clinical service medical director, clinical expert, an administrative representative and a process owner. Other team members will be appointed by the core team as deemed appropriate. The performance improvement activities for these committees are reported to the QSC at least annually.



## **Quality and Resource Management Committee (ORM)**

The Quality and Resource Management Committee, represented by members of the Medical Staff oversees, coordinates, and directs performance improvement activities, including patient safety initiatives, and prioritizes and charters quality action teams; monitors the results of performance improvement activities and refers priority problems for assessment and corrective action to the appropriate committee and/or department; evaluates sentinel events for potential liability and process improvements; reviews medical necessity of admissions and continued stays; and submits reports and recommendations to the MEC.

## **Medical Staff Department Committees and Sections**

The organized Medical Staff ensures a uniform standard of quality of care for treatment, and services provided. The Medical Staff Committees review, evaluate, and monitor the quality of care and appropriateness of treatment provided to patients within the service, including identifying ongoing indicators and measurements related to the key processes of the Hospital; overseeing ongoing measurement, periodic assessment, and periodic improvement of the key processes; and makes recommendations to the MEC, Professional Practice Evaluation Committee (PPEC), or the QRM Committee on issues for potential quality action teams or clinical effectiveness studies.

## **Pharmacy Nutrition & Therapeutics Committee (PN&T)**

The Pharmacy Nutrition & Therapeutics Committee is responsible for assisting in the formulation of professional practices regarding medication use in the Hospital, developing and maintaining a formulary, initiating drug use evaluations, and monitoring adverse drug reactions. Members are appointed by the Chief of Staff.

## **Clinical Evaluation Committee (CEC)**

The Clinical Evaluation Committee is responsible for assisting in developing a Hospital-wide Infection Control Program and maintaining surveillance over the program. CEC works with the Health Information Management (HIM) department on matters related to physician practices. Members are appointed by the Chief of Staff.

## **Quality Management Team (OMT)**

The Quality Management Team reviews and evaluates indicators and measurements for all Hospital departments or divisions on an ongoing basis: identifies issues for performance improvement and safety issues in ancillary service departments; implements performance improvement work groups for identified issues; recommends issues for quality action teams to the QSC. The QMT is comprised of Hospital Division Chiefs and other selected leaders.

## **Medication Analysis Committee (MAC)**

The Medication Analysis Committee evaluates the medication use process including the elements of prescribing, order communication, labeling, packaging, compounding, dispensing, distribution administration, education, monitoring and use; develops strategies for process improvement. MAC is comprised of physicians, Hospital Administration, and selected leaders from Pharmacy. It shall submit regular reports to the PN&T Committee. The Chairperson is appointed by the CEO.

## **Patient Safety Committee**

The Patient Safety Committee is responsible for day-to-day operation of the Patient Safety Program Plan including compliance with the National Patient Safety Goals, implementing risk-reduction strategies to address patient safety issues, promoting a culture of safety and accountability, and communicating regulatory updates related to patient safety. The Committee includes members from the Medical Staff and other Hospital Divisions. The Chairperson is appointed by the CEO.

## **Quality Department**

The Quality Department has the responsibility to support the achievement of Washington Hospital's goals related to quality and to foster integration of all quality assessment functions, including Medical Staff, Nursing, and ancillary staff and support services. The Quality Department carries out the following functions:

- Assist professional staff in the development of an effective monitoring and evaluation system, a quality assessment and performance improvement plan, and use of statistical control processes for analyses.
- Provide for the integration and coordination of data utilizing automated data sources when available, as well as traditional sources of information.
- Attend Medical Staff, nursing staff, and other clinical staff's quality meetings or Hospital's performance improvement activities as requested to support identification of conclusions, recommendations, actions, and follow-up monitoring and evaluation activities.
- Perform data abstraction and summaries of monitoring and evaluation activities including, but not limited to, surgical case review, blood usage review, core measures, and physician criteria-based indicator studies.
- Report occurrences of significant adverse outcomes and potential adverse trends to the QSC and appropriate leaders.
- Refer cases to the Medical Staff Department, Nursing, Risk Management, and ancillary/support services for peer review or other follow-up when identified through concurrent review, unusual occurrence reports, or other sources.
- Provide educational and resource information related to quality outcomes management and performance improvement.
- Review quality reports and refers identified problems to the appropriate Hospital department or Medical Staff Committee Chairperson for further investigation and follow-up.
- Develop the organization's Performance Improvement Plan, coordinate and write the annual

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evaluation of the plan, and revise the Plan as needed in collaboration with the organized Medical Staff.

- Maintain all performance improvement monitoring and evaluation of data in a secure and confidential manner.
- Provide the Chief of Medical Staff Services with provider-specific quality assurance information sufficient to be used in the evaluation of the Medical Staff and Allied Health Professionals.

### **Hospital Departments / Ancillary Services**

Directors, Managers, and Supervisors of all departments and services (including inpatient, outpatient, and contracted services) have responsibility for the quality of the services provided in their area as listed:

- Continuously assessing and improving the performance of care and services provided.
- Integrating the service into the primary functions of the organization.
- Coordinating and integrating interdepartmental and intradepartmental services.
- Developing and implementing policies and procedures that guide and support the provision of services.
- Recommending a sufficient number of qualified and competent persons to provide care, including treatment.
- Determining the qualifications and competence of department personnel who provide patient care services and who are not licensed independent practitioners.
- Maintaining quality assurance as appropriate.
- Participating in patient satisfaction reporting and improvement activities.
- Orienting and providing in-service training and continuing education of all persons in the department.
- Recommending space and other resources needed by the department.
- Participating in the selection of sources for services not provided by the department or the organization.
- Integrating contracted services that fall under the department into performance improvement activities and annually review with the Medical Director, if applicable, all outside services and contracted services for quality and performance.

### **Design of New Processes/Services**

When consideration is given to adopting a new process and service, leadership, in collaboration with stakeholders (including staff), will ensure the process considers the following:

- The organization's mission, vision and strategic plan
- Patient, staff, and community needs and expectations
- Information about performance and outcomes of the process or service including utilizing outside reference databases for current knowledge of best practices
- Data regarding potential risks to patients
- Data relevant to sentinel events, including published Sentinel Event Alerts

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- Testing and review to assure improvement after proposed process or service is in place

## **Clinical Guidelines**

Clinical guidelines are considered as part of the Performance Improvement Plan at Washington Hospital.

The selection criteria for when guidelines will be developed and used are the same criteria established in the Performance Improvement Plan for selecting a patient population for a study or a clinical improvement project. When a new clinical project has been selected using these criteria, the process owner and working group will consider use of a guideline in the planning phase of the project. If the working group deems that use of guidelines would be appropriate for a defined patient population, the following may be considered for selection of the guidelines to be used.

The following will be utilized in consideration of selecting guidelines:

1. Guidelines should be evidence-based, reflecting the most current medical evidence available. Possible conflicts of interest should be considered.
2. External sources for existing guidelines published by professional medical societies, healthcare or physician organizations, or other sources such as the Agency for Health Care Policy and Research (AHRQ), or other healthcare organizations with established and effective pathway tools, should be considered.
3. Suggested resources: AMA (American Medical Association), JAMA (Journal of the American Medical Association), AHRQ (Agency for Healthcare Research and Quality), CDC (Centers for Disease Control), CDPH (California Department of Public Health), CMS (Centers for Medicare & Medicaid Services), and pertinent websites.
4. External pathways may be reviewed and modified for use.

The following process will be followed:

1. Approval process requires review and approval by appropriate committees, which may vary based on the guideline. The following committees should be considered:
  - the QSC
  - the MEC
  - Related Medical Staff Department
2. Evaluation, selection and development of a guideline will involve administrative and clinical staff, including Medical Staff, nursing and other discipline representation from areas that are expected to be impacted or involved in the implementation of the guideline.
3. The guideline will be periodically reviewed and revised as necessary to remain current and useful.
4. Measurements to monitor the effectiveness of the guideline will be established, including the review of variances from the guidelines, and modifications made as necessary.

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## **Periodic Assessment and Improvement**

Topics and projects for periodic assessment and improvement arise from ongoing measurement, staff suggestions, and from other sources. Specifically, assessment may be triggered by the following situations:

- Important undesirable single events, levels, or patterns
- When the organization's performance significantly and undesirably varies from that of other organizations or from recognized standards
- When the organization wishes to improve notably positive performance
- In response to all major discrepancies or discrepancy patterns between pre-operative and post-operative diagnoses
- All confirmed transfusion reactions
- All significant adverse drug reactions
- All significant adverse Anesthesia outcomes or events during moderate or deep sedation
- All significant medication errors
- Staffing effectiveness issues
- Identified hazardous conditions
- Serious medical errors or adverse patient events
- Issues related to the competence of an individual physician or other independent practitioner will be referred to the appropriate Medical Staff Department Committee for Professional Performance Evaluation and will be referred to the MEC and the Board of Directors as appropriate issues; related to the performance of Hospital Staff will be referred to the Department Director, Manager or Supervisor and the division Vice President for evaluation

## **Prioritization**

When necessary, the QSC, in conjunction with Hospital and Medical Staff leadership, will prioritize the processes to be evaluated, and the data to be collected. In determining prioritization, the following will be considered:

- The needs of the community
- Patient safety
- Patient satisfaction
- Patient outcome
- Number of patients affected by the process
- Processes which have been or are likely to be problem prone or high-risk
- The needs and expectations of staff, patients, and other customers

## **Performance Improvement Methodology**

Quality and performance improvement in the Hospital will use Plan, Do, Check, Act (PDCA) as the methodology for improvement and continuous change. PDCA in conjunction with the Lean methodology will be utilized to decrease errors and defects in the care delivery system as well as improvements in patient, physician and employee satisfaction.

PDCA begins with identifying the problem and including an aim statement. The goal must be identified and measurable. The four phases of the problem-solving system are:

Plan	A written statement of interventions supporting the goal
Do	Implementing the written plan
Check	Observe and review a list of the most influential factors, including any unanticipated events
Act	Evaluate the plan, monitor results, and adjust as needed.

Improvement activities are reviewed and reprioritized in response to significant events in both the internal and external environment.

1. Failure, Mode, and Effects Analysis (FMEA) Process at least every 18 months  
The FMEA model may be used to identify potential problems
2. Lean Methodology: Kaizen workshops and Value Stream Mapping.
3. Root Cause Analysis (RCA)
  - a. The root cause analysis model is used for sentinel events or near miss analysis, followed by PDCA to improve the identified problem and prevent further occurrences. Feedback is provided to Administrative and medical staff leaders on a regular basis. Change is managed and implemented incrementally.

### **Data Systematically Aggregated and Analyzed**

Aggregating and analyzing data means transforming data into information. Aggregating data at points in time enables the Hospital to judge a particular process' stability or a particular outcome's predictability in relation to performance expectations. Accumulated data are analyzed in such a way that current performance levels, patterns, or trends can be identified.

1. Collected data are aggregated and analyzed.
2. Data are aggregated at the frequency appropriate to the activity or process being studied.
3. Statistical tools and techniques are used to analyze and display data.
4. Data are analyzed and compared internally over time and externally with other sources of information when available.
5. Comparative data are used to determine if there is excessive variability.

### **Transparency & External Data Sharing**

Core Measure Reporting: Core Measures are quality, safety or service metrics that are required or recommended to be reported to either the Center's for Medicare and Medicaid Services (CMS) or The Joint Commission (TJC). The current Core Measures reported to CMS and TJC are: Emergency Department (ED) Throughput, Stroke, Venous thromboembolism (VTE), and

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Perinatal Care (PC).

Hospital Compare: CMS posts each hospital's performance on Core Measures, and Hospital Inpatient Quality Reporting (IQR) and has developed additional administrative metrics that are created based on billing data that CMS has, and do not require any action on the hospital's part. Some examples of administrative data include 30-day readmission rates, 30-day mortality rates, complication rates, patient safety indicators, inpatient quality indicators, hospital acquired conditions, and Medical Imaging utilization rates. Patient Satisfaction is also measured and reported as HCAHPS scores.

Promoting Interoperability: CMS has initiated a program that encourages hospitals to demonstrate meaningful use of their EMR to improve health outcomes and access to healthcare information through submission of electronic clinical quality metrics (eCQMs). Over time, the Core Measures will be directly pulled from the EMR instead of manual abstraction, and feedback will be closer to 'real time'. Stroke, VTE, and ED Turnaround metrics are being initiated as eCQM measures at this time.

Value-Based Purchasing (VBP): CMS has initiated a 'pay-for-performance' program that pays for care and services based on the quality and value of care, not only the quantity of services provided. VBP includes clinical outcomes such as mortality, hip and knee surgical complications, HAIs, HCAHPS surveys and also uses claims based data such as Medicare spending per beneficiary. There are financial incentives to improve our performance as compared to other hospitals.

### **Reporting of Data**

The Quality Department will be responsible for assisting the organization with disseminating aggregated and analyzed data throughout the organization and to the community.

### **Data Sources**

Data for performance improvement activities can come from a variety of sources. Sources include, but are not limited to:

#### **Patient Specific Data**

- Interviews/Observation
- Medical Records Information Patient Complaints/Compliments/Concerns Quality Review Reports (QRRs) / Report Data Entry (RDE)
- Midas
- EMR (EPIC)

#### **Aggregate Data**

- Case Mix Index
- Cost Accounting System
- Financial Management Reports
- Infection Surveillance Data
- Patient Satisfaction Surveys

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- Reports from Regulatory Licensing or Accreditation Surveys
- Safety and Patient Safety Committee Findings
- Utilization Review Findings
- Safety and Patient Safety Issues

### **Knowledge-Based Information**

- Internet

### **Comparative Data**

Washington Hospital participates in the following comparative databases:

1. Local, State and Federal Databases

- Cardiac Arrest Registry to Enhance Survival (CARES)
- Centers for Medicare and Medicaid Services-Hospital Compare
- National Health Safety network (NHSN)
- OSHPD – Statewide Hospital Utilization Database
- OSHPD – California CABG Outcomes Reporting Program (CCORP)
- Press Ganey (including HCAHPS)
- Alameda County Public Health Department Database

2. Clinical Databases

- American College of Cardiology (ACC)
- MIDAS+
- National Database for Nursing Quality (NDNQI)
- Neurovascular Quality Initiative (NVQI)
- Society of Thoracic Surgeons (STS)
- Tumor Registry
- Vascular Quality initiative (VQI)

### **Contract Services**

All services provided to patients in the facility by contract will be required to provide an annual report on their performance improvement activities to the responsible associate administration.

### **Confidentiality**

Washington Hospital invokes all privileges, immunities and confidentiality rights attached to documentation and discussions generated in the course and scope of business operations, including without limitation Evidence Code section 1157 and the attorney-client and work product privileges as set forth in Evidence Code section 952, et seq., and Code of Civil Procedure section 2018, respectively. All such documentation and discussions shall be confidential and not subject to discovery unless otherwise required by law. (All individuals participating in such discussions or in the preparation of such documentation shall conduct themselves in a way to preserve confidentiality and all applicable privileges and immunities.)



## **Evaluation Mechanism**

The Performance Improvement Plan will be evaluated by the Administration and Medical Staff Leadership on an ongoing basis to assure it meets the objectives of the program. At least annually, all identified measurements and indicators will be reviewed by the Medical Staff Committees and the QMT; revisions may be recommended, when appropriate. The plan will be reviewed annually by the QSC, submitted to the MEC, and the Board of Directors will have final approval.

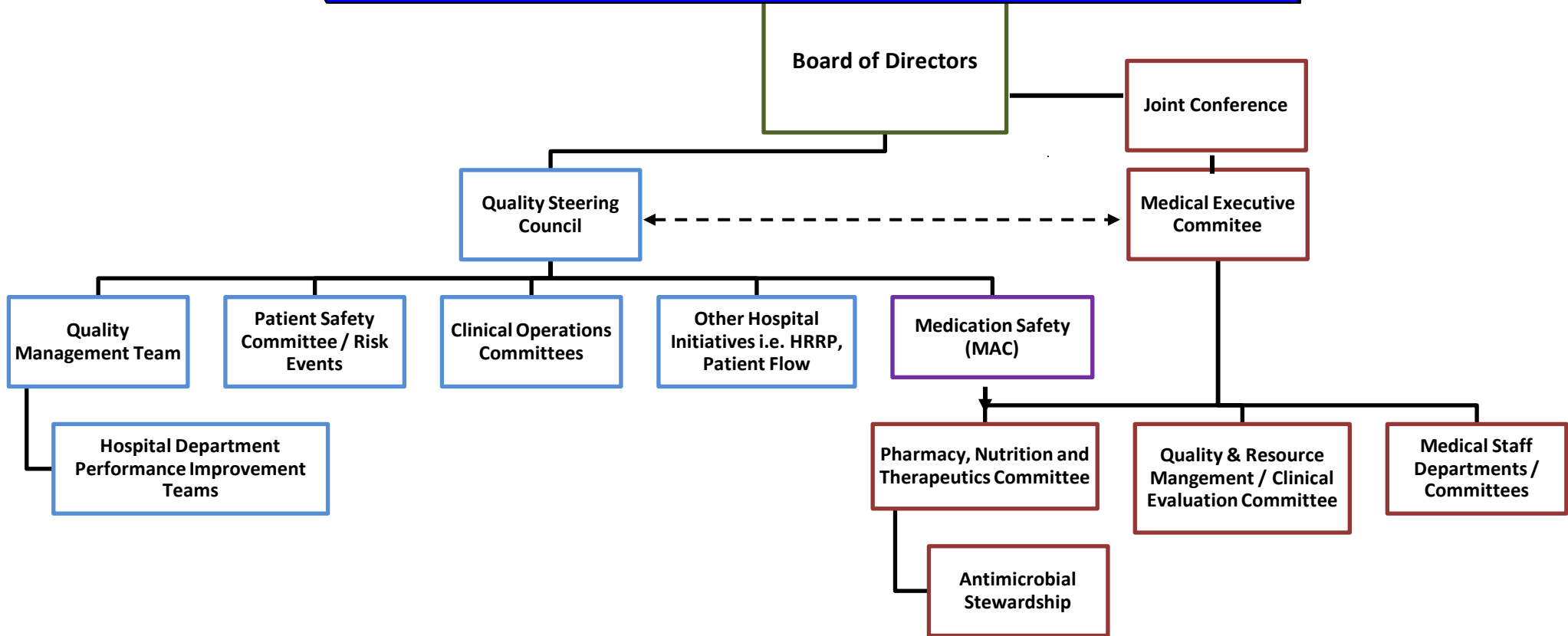
## **Performance Improvement Education**

All employees receive training on Performance Improvement Plan, Mission, and Values of Washington Hospital as part of their new hire orientation. Ongoing performance improvement education and “just-in-time training” is provided to the Board, Administrative and Medical Staff Leadership, directors, managers, physicians and employees when PI reports are presented at committee, team and staff meetings or through specially developed educational sessions.

## **Organizational Ethics**

**Confidentiality** - All employees are expected to act in accordance with the Washington Hospital’s Code of Professional Conduct. Members of the Medical Staff are expected to act in accordance with the bylaws, rules and regulations of the Medical Staff. All performance improvement data/activities and the information disseminated is protected under California Evidence Code Sections 1156 and 1157, California Senate Bill 1211, California Civil Code (Section 56.01 et. seq.), the Federal Health Care Quality Improvement Act and regulations promulgated there under, and any other applicable state or federal statutes, rules or regulations regarding all quality management and patient medical record documentation.

# Addendum A WASHINGTON HOSPITAL Organizational Performance Improvement Structure

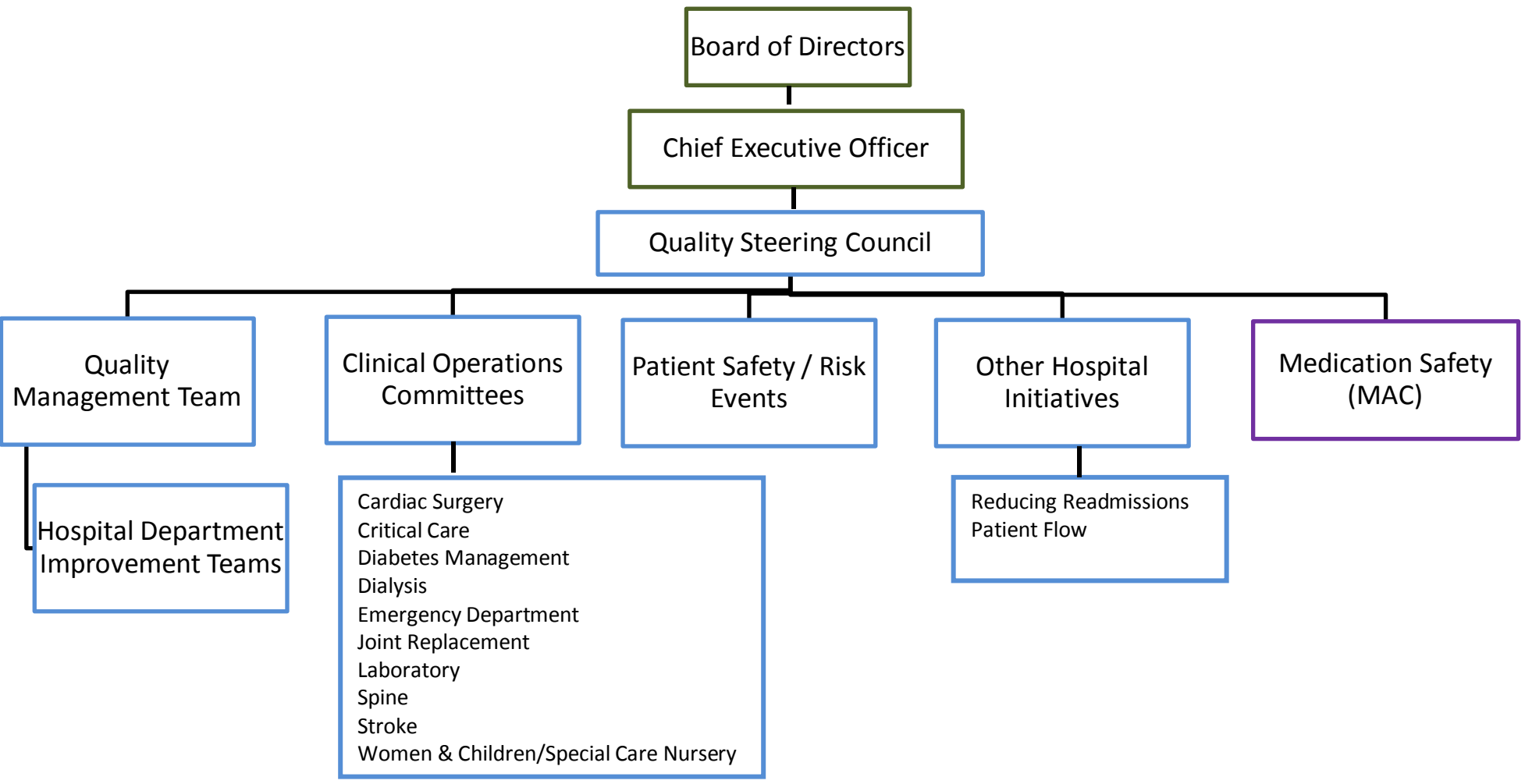


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Kimberly Hartz, Chief Executive Officer

The official Numbered Memorandum (“#d Memo”) Binder, located in Compliance, is the authoritative resource for #d Memos.  
This copy is made available on the Washington Hospital Intranet to facilitate word searches & for reference purposes only.

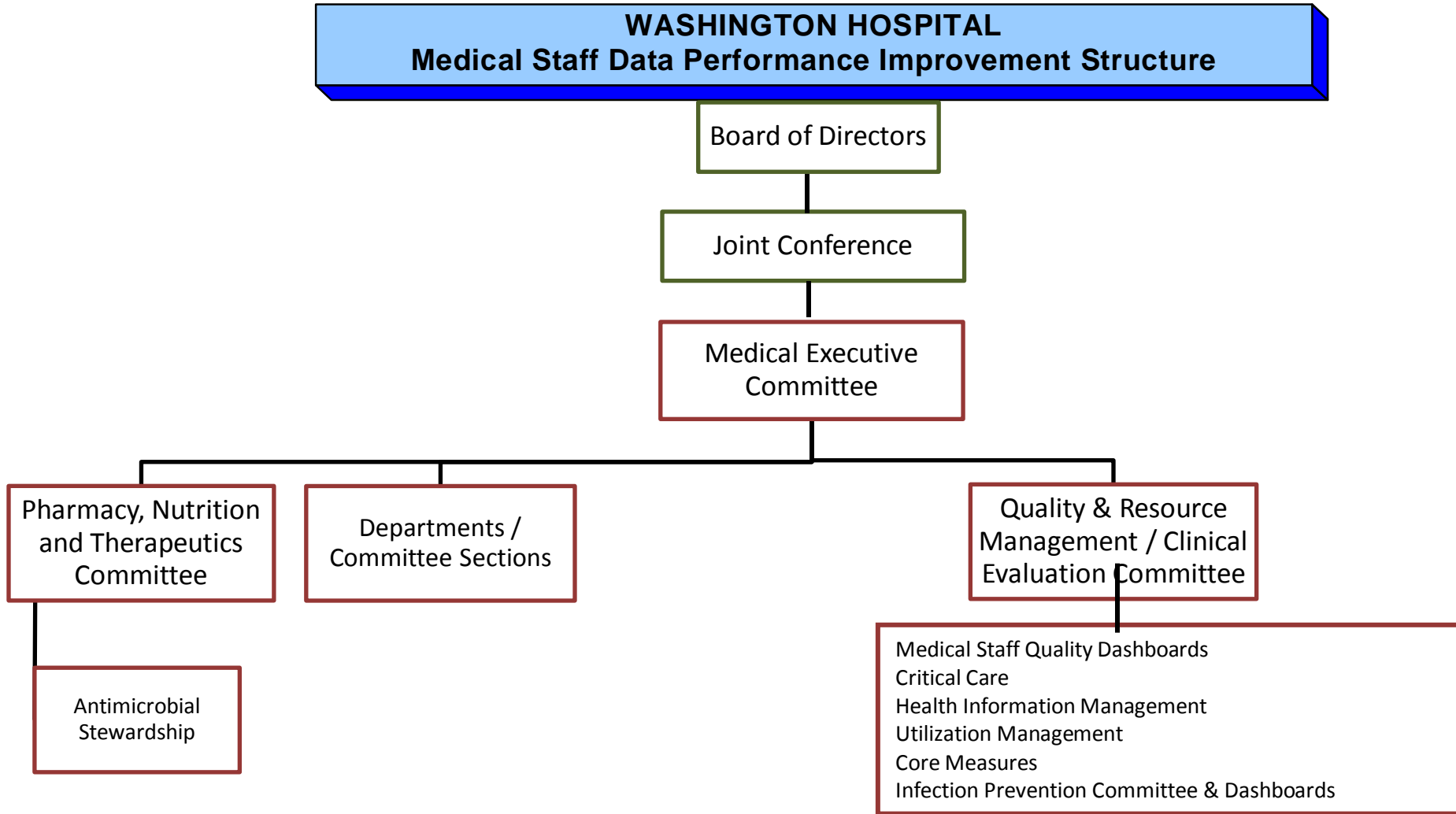
### Addendum B

## WASHINGTON HOSPITAL Hospital Performance Improvement Structure



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Kimberly Hartz, Chief Executive Officer

### Addendum C



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Kimberly Hartz, Chief Executive Officer

**Appendix A**

**WHHS PRIORITIZATION MATRIX FY2021**

**Quality and Patient Safety Goals**

Opportunity	High Risk	High Volume	Problem Prone	Important to Mission	Patient Satisfaction	Staff Satisfaction	Physician Satisfaction	Clinical Outcome	Safety	Regulatory Requirement
Hospital Associated Events	✓		✓	✓	✓			✓	✓	✓
Patient Safety Events	✓			✓				✓	✓	✓
Falls	✓		✓	✓	✓			✓	✓	✓
Medication Errors	✓			✓	✓		✓	✓	✓	✓

**Improve Resource Utilization**

Opportunity	High Risk	High Volume	Problem Prone	Important to Mission	Patient Satisfaction	Staff Satisfaction	Physician Satisfaction	Clinical Outcome	Safety	Regulatory Requirement
Patient Throughput	✓			✓	✓			✓	✓	✓
Reduce Readmission	✓			✓	✓			✓	✓	

**Improve Patient Satisfaction**

Opportunity	High Risk	High Volume	Problem Prone	Important to Mission	Customer Satisfaction	Staff Satisfaction	Physician Satisfaction	Clinical Outcome	Safety	Regulatory Requirement
Patient Satisfaction	✓		✓	✓	✓	✓	✓	✓	✓	✓

**Reduce Hospital Associated Infections**

Opportunity	High Risk	High Volume	Problem Prone	Important to Mission	Patient Satisfaction	Staff Satisfaction	Physician Satisfaction	Clinical Outcome	Safety	Regulatory Requirement
COVID-19 Pandemic Planning	✓		✓	✓	✓			✓	✓	✓
Ventilator Associated Events	✓		✓	✓	✓			✓	✓	✓
Hand Hygiene	✓		✓	✓	✓			✓	✓	✓
Surgical Site Infections	✓		✓	✓	✓			✓	✓	✓
Catheter-Associated Blood Stream Infections	✓		✓	✓	✓			✓	✓	✓
Catheter Associated Urinary tract Infections	✓		✓	✓	✓			✓	✓	✓

**Regulatory/Compliance**

Opportunity	High Risk	High Volume	Problem Prone	Important to Mission	Patient Satisfaction	Staff Satisfaction	Physician Satisfaction	Clinical Outcome	Safety	Regulatory Requirement
Hazard Management	✓							✓	✓	✓
Autopsy		✓		✓	✓			✓	✓	✓
Resource Utilization				✓						✓
Core Measures				✓						✓
Adverse Drug Reaction	✓		✓	✓				✓	✓	✓
Blood Utilization				✓						✓

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Kimberly Hartz, Chief Executive Officer

/S/

\_\_\_\_\_  
MARY BOWRON, DNP, RN, CIC, CNL  
Chief of Quality & Resource Management

\_\_\_\_\_  
Date Approved

/s/

\_\_\_\_\_  
BRIAN SMITH, M.D.  
Chairman, Quality Steering Council

\_\_\_\_\_  
Date Approved

/S/

\_\_\_\_\_  
Khalid A. Baig , M.D.  
Chairman, Quality & Resource Management Committee

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Prasad Kilaru, M.D.  
Chief of Medical Staff

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Date Approved

/S/

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Kimberly Hartz  
Chief Executive Officer

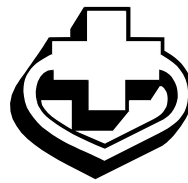
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Date Approved

/S/

\_\_\_\_\_  
Michael Wallace  
President, Board of Directors

\_\_\_\_\_  
Date Approved

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Kimberly Hartz, Chief Executive Officer



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# Memorandum

**DATE:** September 1, 2020

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

**FROM:** David Tapia, Director of Accounting

**SUBJECT:** LeaseAccelerator Accounting Application Implementation

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Starting Fiscal Year 2022, the Hospital is required by Government Accounting Standards Board (GASB) under GASB87 to account for all equipment and property leases as capital leases. To assist in complying with this new accounting requirement and to establish a base year of comparison for FY22, LeaseAccelerator was selected as the best, economical application to meet the needs of the Hospital.

To assist in scoping, data collection, customization and implementation of the LeaseAccelerator application, the Hospital engaged RGP as our consultant. Phase I (scoping) and II (data collection) of this project has been completed.

During FY21, the final phase (Phase III) of the project is budgeted to be performed. The Scope of Work (SOW) has been approved and included in the FY21 Capital Budget.

In accordance with District Law, Policies and Procedures, it is requested that the Board of Directors authorize the Chief Executive Officer to proceed with the implementation services required for a total amount not to exceed \$158,400.



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

**July 2020**





**WASHINGTON HOSPITAL  
INDEX TO BOARD FINANCIAL STATEMENTS  
July 2020**

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



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# Memorandum

**DATE:** September 3, 2020  
**TO:** Board of Directors  
**FROM:** Kimberly Hartz, Chief Executive Officer  
**SUBJECT:** Washington Hospital – July 2020  
Operating & Financial Activity

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## SUMMARY OF OPERATIONS – (Blue Schedules)

### 1. Utilization – Schedule Board 3

	July <u>Actual</u>	July <u>Budget</u>	Current 12 <u>Month Avg.</u>
<u>ACUTE INPATIENT:</u>			
Average Daily Census	158.0	139.4	143.8
# of Admissions	833	873	869
Patient Days	4,898	4,322	4,387
Discharge ALOS	5.65	4.95	4.97
<u>OUTPATIENT:</u>			
OP Visits	7,268	7,169	6,845
ER Visits	6,064	6,172	4,429
Observation Equivalent Days – OP	184	173	174

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

### 2. Staffing – Schedule Board 3

Total paid FTEs were 91.1 above budget. Total productive FTEs for July were 1,359.8, 122.1 above the budgeted level of 1,237.7. Nonproductive FTEs were 31.0 below budget. Productive FTEs per adjusted occupied bed were 5.65, 0.01 above the budgeted level of 5.64. Total FTEs per adjusted occupied bed were 6.39, 0.19 below the budgeted level of 6.58.

**3. Income - Schedule Board 1**

For the month of July the Hospital realized a loss of \$2,966,000 from operations.

Total Gross Patient Service Revenue of \$181,068,000 for July was 8.2% above budget.

Deductions from Revenue of \$141,865,000 represented 78.35% of Total Gross Patient Service Revenue. This percentage is above the budgeted amount of 77.22%, primarily due to payor mix.

Total Operating Revenue of \$39,482,000 was \$1,021,000 (2.7%) above the budget.

Total Operating Expense of \$42,448,000 was \$2,714,000 (6.8%) above the budgeted amount.

The Total Non-Operating Income of \$470,000 for the month includes an unrealized gain on investments of \$309,000 and property tax revenue of \$1,400,000.

The Total Net Loss for July was \$2,496,000, which was \$1,307,000 less than the budgeted loss of \$1,189,000.

The Total Net Loss for July 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 \$3,057,000 compared to a budgeted loss of \$1,455,000.

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

There were no noteworthy changes in assets and liabilities when compared to June 2020.

KIMBERLY HARTZ  
Chief Executive Officer

KH/CH



**WASHINGTON HOSPITAL  
STATEMENT OF REVENUES AND EXPENSES  
July 2020  
GASB FORMAT  
(In thousands)**

July				YEAR TO DATE				
ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.		ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.
\$ 118,932	\$ 106,242	\$ 12,690	11.9%	1	\$ 118,932	\$ 106,242	\$ 12,690	11.9%
62,136	61,126	1,010	1.7%	2	62,136	61,126	1,010	1.7%
<b>181,068</b>	<b>167,368</b>	<b>13,700</b>	8.2%	3	<b>181,068</b>	<b>167,368</b>	<b>13,700</b>	8.2%
(138,036)	(125,815)	(12,221)	-9.7%	4	(138,036)	(125,815)	(12,221)	-9.7%
(3,829)	(3,428)	(401)	-11.7%	5	(3,829)	(3,428)	(401)	-11.7%
<b>(141,865)</b>	<b>(129,243)</b>	<b>(12,622)</b>	-9.8%	6	<b>(141,865)</b>	<b>(129,243)</b>	<b>(12,622)</b>	-9.8%
<b>78.35%</b>	<b>77.22%</b>			7	<b>78.35%</b>	<b>77.22%</b>		
<b>39,203</b>	<b>38,125</b>	<b>1,078</b>	2.8%	8	<b>39,203</b>	<b>38,125</b>	<b>1,078</b>	2.8%
279	336	(57)	-17.0%	9	279	336	(57)	-17.0%
<b>39,482</b>	<b>38,461</b>	<b>1,021</b>	2.7%	10	<b>39,482</b>	<b>38,461</b>	<b>1,021</b>	2.7%
19,433	17,378	(2,055)	-11.8%	11	19,433	17,378	(2,055)	-11.8%
7,122	6,606	(516)	-7.8%	12	7,122	6,606	(516)	-7.8%
5,376	5,410	34	0.6%	13	5,376	5,410	34	0.6%
4,911	4,687	(224)	-4.8%	14	4,911	4,687	(224)	-4.8%
1,604	1,651	47	2.8%	15	1,604	1,651	47	2.8%
4,002	4,002	-	0.0%	16	4,002	4,002	-	0.0%
<b>42,448</b>	<b>39,734</b>	<b>(2,714)</b>	-6.8%	17	<b>42,448</b>	<b>39,734</b>	<b>(2,714)</b>	-6.8%
<b>(2,966)</b>	<b>(1,273)</b>	<b>(1,693)</b>	-133.0%	18	<b>(2,966)</b>	<b>(1,273)</b>	<b>(1,693)</b>	-133.0%
<b>-7.51%</b>	<b>-3.31%</b>			19	<b>-7.51%</b>	<b>-3.31%</b>		
349	316	33	10.4%	20	349	316	33	10.4%
27	-	27	0.0%	21	27	-	27	0.0%
(1,844)	(1,920)	76	4.0%	22	(1,844)	(1,920)	76	4.0%
229	284	(55)	-19.4%	23	229	284	(55)	-19.4%
-	(39)	39	100.0%	24	-	(39)	39	100.0%
1,400	1,443	(43)	-3.0%	24	1,400	1,443	(43)	-3.0%
309	-	309	0.0%	25	309	-	309	0.0%
<b>470</b>	<b>84</b>	<b>386</b>	459.5%	26	<b>470</b>	<b>84</b>	<b>386</b>	459.5%
<b>\$ (2,496)</b>	<b>\$ (1,189)</b>	<b>\$ (1,307)</b>	-109.9%	27	<b>\$ (2,496)</b>	<b>\$ (1,189)</b>	<b>\$ (1,307)</b>	-109.9%
<b>-6.32%</b>	<b>-3.09%</b>			28	<b>-6.32%</b>	<b>-3.09%</b>		
<b>\$ (3,057)</b>	<b>\$ (1,455)</b>	<b>\$ (1,602)</b>	-110.1%	29	<b>\$ (3,057)</b>	<b>\$ (1,455)</b>	<b>\$ (1,602)</b>	-110.1%
<b>-7.74%</b>	<b>-3.78%</b>				<b>-7.74%</b>	<b>-3.78%</b>		

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



**WASHINGTON HOSPITAL  
BALANCE SHEET**  
July 2020  
(In thousands)

SCHEDULE BOARD 2

ASSETS AND DEFERRED OUTFLOWS			July 2020	Unaudited June 2020	LIABILITIES, NET POSITION AND DEFERRED INFLOWS			July 2020	Unaudited June 2020
<b>CURRENT ASSETS</b>					<b>CURRENT LIABILITIES</b>				
1	CASH & CASH EQUIVALENTS		\$ 57,799	\$ 68,355	1	CURRENT MATURITIES OF L/T OBLIG	\$ 9,815	\$ 9,500	
2	ACCOUNTS REC NET OF ALLOWANCES		66,463	61,017	2	ACCOUNTS PAYABLE	17,283	18,886	
3	OTHER CURRENT ASSETS		13,206	12,523	3	OTHER ACCRUED LIABILITIES	109,854	116,193	
4	TOTAL CURRENT ASSETS		<u>137,468</u>	<u>141,895</u>	4	INTEREST	8,172	11,247	
5					5	TOTAL CURRENT LIABILITIES	<u>145,124</u>	<u>155,826</u>	
					0				
<b>ASSETS LIMITED AS TO USE</b>					<b>LONG-TERM DEBT OBLIGATIONS</b>				
6	BOARD DESIGNATED FOR CAPITAL AND OTHER		215,480	214,744	6	REVENUE BONDS AND OTHER	216,647	223,881	
6	BOARD DESIGNATED FOR PENSION		0	0					
7	GENERAL OBLIGATION BOND FUNDS		0	0	7	GENERAL OBLIGATION BONDS	331,934	331,992	
8	REVENUE BOND FUNDS		10,891	10,923	8				
9	BOND DEBT SERVICE FUNDS		19,497	31,387	9	<b>OTHER LIABILITIES</b>			
10	OTHER ASSETS LIMITED AS TO USE		10,222	10,155	10	NET PENSION LIABILITY	32,978	31,798	
11	TOTAL ASSETS LIMITED AS TO USE		<u>256,090</u>	<u>267,209</u>	11	SUPPLEMENTAL MEDICAL RETIREMENT	42,665	42,578	
12					12	WORKERS' COMP AND OTHER	8,662	8,440	
13	OTHER ASSETS		225,246	222,268	13				
14									
14	OTHER INVESTMENTS		11,685	11,679					
15	NET PROPERTY, PLANT & EQUIPMENT		677,914	684,274	15	<b>NET POSITION</b>	529,338	531,834	
16	TOTAL ASSETS		<u>\$ 1,308,403</u>	<u>\$ 1,327,325</u>	16	TOTAL LIABILITIES AND NET POSITION	<u>\$ 1,307,348</u>	<u>\$ 1,326,349</u>	
17	DEFERRED OUTFLOWS		60,647	62,304	17	DEFERRED INFLOWS	61,702	63,280	
18	TOTAL ASSETS AND DEFERRED OUTFLOWS		<u>\$ 1,369,050</u>	<u>\$ 1,389,629</u>	18	TOTAL LIABILITIES, NET POSITION AND DEFERRED INFLOWS	<u>\$ 1,369,050</u>	<u>\$ 1,389,629</u>	



**WASHINGTON HOSPITAL  
OPERATING INDICATORS  
July 2020**

12 MONTH AVERAGE	July						YEAR TO DATE			
	ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.			ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.
143.8	158.0	139.4	18.6	13%	1					
5.7	5.9	5.6	0.3	5%	2					
8.3	8.1	9.5	(1.4)	-15%	3					
157.8	172.0	154.5	17.5	11%	4					
3.6	3.4	3.6	(0.2)	-6%	5					
4,387	4,898	4,322	576	13%	6					
174	184	173	11	6%	7					
869	833	873	(40)	-5%	8					
4.97	5.65	4.95	0.70	14%	9					
1,490	1,615	1,539	0.076	5%	10					
138	148	164	(16)	-10%	11					
21	23	20	3	15%	12					
9	6	11	(5)	-45%	13					
175	180	187	(7)	-4%	14					
343	357	382	(25)	-7%	15					
378	422	378	44	12%	16					
126	132	143	(11)	-8%	17					
6,845	7,268	7,169	99	1%	18					
4,429	6,064	6,172	(108)	-2%	19					
1,292.0	1,359.8	1,237.7	(122.1)	-10%	20					
182.4	176.9	207.9	31.0	15%	21					
1,474.4	1,536.7	1,445.6	(91.1)	-6%	22					
6.08	5.65	5.64	(0.01)	0%	23					
6.94	6.39	6.58	0.19	3%	24					

\* included in Adult and Peds Average Daily Census