Washington Township Health Care District

2000 Mowry Avenue, Fremont, California 94538-1716 • (510) 797-1111

Nancy Farber, Chief Executive Officer

Board of Directors
Patricia Danielson, RHIT
Jacob Eapen, M.D.
William F. Nicholson, M.D.
Bernard Stewart, D.D.S.
Michael J. Wallace

BOARD OF DIRECTORS' MEETING

Wednesday, March 11, 2015 – 6:00 P.M.
Conrad E. Anderson, MD Auditorium

AGENDA

		PRESENTED BY:
I.	**CALL TO ORDER & PLEDGE OF ALLEGIANCE**	Patricia Danielson, RHIT Board Member
II.	**ROLL CALL**	Christine Flores Senior Executive Assistant
III.	**EDUCATION SESSION:**	
	Medication Safety	Vandana Sharma, MD, PhD, Medication Analysis Committee Chair
IV.	**CONSIDERATION OF MINUTES**	
	February 11, 23, and 25, 2015	*Motion Required*
V.	**COMMUNICATIONS**	
	A. Oral	
	B. Written	
	From Peter Lunny, MD, Chief of Staff, dated February 23, 2015 requesting approval of Medical Staff Credentialing Action Items.	*Motion Required*
VI.	**INFORMATION**	**PRESENTED BY:**
	A. Service League Report	Debbie Jackson Service League President

B.	Medical Staff Report	Peter Lunny, MD Chief of Staff
C.	Hospital Calendar	Nancy Farber Chief Executive Officer
D.	Construction Report	Ed Fayen, Senior Associate Administrator
E.	Quality Report Quality Dashboard Quarter Ending December 2014	Mary Bowron, DNP, RN, CIC Senior Director of Quality & Resource Management
F.	Finance Report	Chris Henry Chief Financial Officer
G.	Hospital Operations Report	Nancy Farber Chief Executive Officer

VII. ACTION

A. Consideration of Allied Health Manual — *Motion Required*

B. Consideration of Nurse Practitioner – Medicine Privilege Form

VIII. ADJOURN TO CLOSED SESSION

In accordance with Section 1461, 1462, 32106 and 32155 of the California health & Safety Code and Sections 54962 and 54954.5 of the California Government Code, portions of this meeting may be held in closed session.

A. Report and discussion regarding California Government Code section 54957: Personnel matters

IX. RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION — Patricia Danielson, RHIT
Board Member

X. ADJOURNMENT — Patricia Danielson, RHIT
Board Member

CALL TO ORDER

A meeting of the Board of Directors of the Washington Township Health Care District was held on Wednesday, February 11, 2015 in the Conrad E. Anderson, MD Auditorium, 2500 Mowry Avenue, Fremont, California. Director Danielson called the meeting to order at 6:08 p.m. and led those present in the Pledge of Allegiance.

ROLL CALL

Roll call was taken. Directors present: Patricia Danielson, RHIT; Michael Wallace; William Nicholson, MD; Bernard Stewart, DDS
Excused: Jacob Eapen, MD

Also present: Nancy Farber, Chief Executive Officer; Peter Lunny, Chief of Medical Staff; Debbie Jackson, Service League President Elect; Colleen Doerr, Executive Assistant
Excused: Christine Flores, Senior Executive Assistant

Guests: Kimberly Hartz, Ed Fayen, Chris Henry, Bryant Welch, Stephanie Williams, Tina Nunez, Kristin Ferguson, Cindy Noonan, Angus Cochran, Mary Bowron, John Lee, Albert Brooks, MD, Donald Pipkin, Larry Bowen

EDUCATION SESSION: SEXUAL ASSUALT RESPONSE TEAM (SART) PROGRAM

Ms. Farber introduced Michael Platzbecker, Emergency Room Manager. Mr. Platzbecker presented the Sexual Assault Response Team (SART) Program noting the State of California requires counties to have a sexual assault response team. Washington Hospital is one of two programs serving Alameda County. The Washington Hospital SART Program is victim-centered with priority patient treatment and serves all patients over 14 years of age. The objective of the SART Program is to improve the provision and adequacy of care, including forensic examinations for victims of sexual assault in our community and ensure accurate evidence collection to promote the apprehension and prosecution of perpetrators. The program provides a nurse on call 24/7, focuses on patient privacy which includes a private waiting room, interview and exam suite on the 3rd floor, as well as state of the art equipment and victim advocate support that include referrals provided for support post-screening. The Washington Hospital SART program provides service for Fremont, Newark, Union City, Pleasanton, BART, and Southern Alameda County Sheriff.

EDUCATION SESSION: THE RALPH M. BROWN ACT AND HEALTH CARE DISTRICTS: AN OVERVIEW

Ms. Farber introduced Paul Kozachenko, Legal Counsel. Mr. Kozachenko presented the Ralph M. Brown Act and Health Care Districts: An Overview, briefly discussing the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Confidentiality Medical Information Act (CMIA). Mr. Kozachenko continued by sharing the History & Purpose of the Ralph M. Brown Act and the basic requirements of the meetings and agendas which include: all meetings are open to the public unless an exception applies, all agendas must be noticed and an agenda must be posted 72 hours in advanced and items not on the agenda cannot be discussed or acted upon at the Board meeting. The public must have an opportunity to address the Board on each agenda item as well as items not on the agenda. Mr. Kozachenko went on to discuss closed session exceptions and hospital specific exceptions.

APPROVAL OF MINUTES OF JANUARY 14, 19, 26, AND 28, 2015

Director Wallace moved for approval of the minutes of January 14, 19, 26, and 28, 2015.

Director Stewart seconded the motion.
Roll call was taken:

Patricia Danielson, RHIT – aye
Michael Wallace - aye
William Nicholson, MD - aye
Bernard Stewart, DDS - aye
Jacob Eapen, MD - away

The motion carried.

COMMUNICATIONS ORAL

There were no oral communications.

COMMUNICATIONS WRITTEN

The following written communication received from Peter Lunny, M.D., Chief of Staff, dated January 26, 2015 requesting approval of Medical Staff Credentialing Action Items as follows:

Appointments:
Chun, Anna, PA-C and Pham, Steven, MD

Temporary Privileges:
Chun, Anna, PA-C

Reappointments:
Arias, Elizabeth, MD; Belton, Stephen, MD; Bhandari, Bhupinder, MD; Epstein, Gordon, MD; Jazayeri, Pooya, MD; Kang, Glara, MD; Lau, Chai-Kiong, MD; Lee, Philip, MD; Luu, Doan, MD; Nixon, Bruce, MD; Yumena, Lucia, MD

Transfer in Staff Category:
Martinez, Dennis, MD

Completion of Proctoring & Advancement in Staff Category:
Bezdikian, Vatche, MD; Jolly, Shashank, MD; Medheker, Vaibhav, MD; Shinghal, Rajesh, MD

Completion of Proctoring prior to Eligibility for Advancement in Staff Category:
Rose, Jack, MD

New Privilege Requests:
Bhatti, Naveenpal, MD

Temporary Privileges:
Bhatti, Naveenpal, MD

Withdrawal of Privileges:
Glaubiger, Susan, PA-C

Resignations:
Crawford, Shannon, MD; Grewal-Bahl, Ranu, MD; Hundal, Sarbjit, MD; Kurtz, Kimberly, PA-C; Lieberman, David, MD; Voong, David, MD

Director Wallace moved for approval of the credentialing action items presented by Dr. Lunny, not including Dr. Yumena's reappointment as this will be a separate action item.

Director Stewart seconded the motion.

Roll call was taken:

Patricia Danielson, RHIT – aye
Michael Wallace - aye
William Nicholson, MD - aye
Bernard Stewart, DDS - aye
Jacob Eapen, MD – away

The motion carried.

Director Wallace moved for approval of the reappointment credentialing action item for Dr. Lucia Yumena.

Director Stewart seconded the motion.

Roll call was taken:

Patricia Danielson, RHIT – aye
Michael Wallace - aye
William Nicholson, MD - abstain
Bernard Stewart, DDS - aye
Jacob Eapen, MD - away

The motion carried.

SERVICE LEAGUE REPORT

Debbie Jackson, Service League President Elect presented the Service League Report. Ms. Jackson noted that at the February 2, 2015, 60th Annual Service League Annual Meeting, the new Board of Directors for 2015-2016 were elected and installed.

President: Debbie Jackson
1st Vice President: Jose Aguirre
2nd Vice President: Pooja Mammen
Secretary: Shelly Chu/Barbara Wong (to Co-Chair)
Treasurer: Donna Lim
Parliamentarian: Jeannie Yee

Ms. Jackson reported that the annual donation to the hospital was presented. A donation of $60,000.00 was donated for the purchase of the Arctic Sun Temperature Management System and the partial purchase of the Intra-Aortic Balloon Pumps. Ms. Jackson noted the Service League was incorporated on March 28, 1955 and this year marks the 60th anniversary of the Service League; a gala is being planned for October 2015.

MEDICAL STAFF REPORT

Dr. Lunny reported there are 550 Medical Staff members.

HOSPITAL CALENDAR: Community Outreach

The Hospital Calendar video highlighted the following events:

During the month of January, Lucy Hernandez, Community Outreach Coordinator, presented 6 hand hygiene classes for students at Chadbourne Elementary School located in Fremont and Alvarado Elementary school located in Union City. Information was provided on proper hand washing and hygiene to prevent infection and the spread of germs; 176 students participated.

On January 11th and 17th, Michelle Hedding, Spiritual Care Coordinator presented on Advanced Health Care Directives at Mission Peak Universalist Unitarian Church in Fremont and Palma Ceia Baptist Church in Hayward . The presentations educated participants on Advanced Health Care Directives and end of life issues related to hospice and palliative care; 80 people attended.

On January 19th, 26th, and February 2nd and 9th, Dr. Victoria Leiphart, gynecologist, presented "Restoring Balance," a four-week stress reduction program; 8 people attended.

On January 23rd, Washington Hospital participated in the Health & Resource Fair hosted by Lincoln Elementary School in Newark. Washington Hospital staff provided health information to students, teachers and parents; over 300 people attended.

On January 24th, Kimberlee Alvari, Registered Dietitian, presented "Healthy Meals and Food Safety" to volunteers at Abode Sunrise Homeless Shelter in Fremont. The workshop provided helpful tips for those who prepare meals for the homeless; 60 people attended.

On January 2th, Dr. Eldan B. Eichbaum, neurosurgeon, and Kory Langwell, physical therapist, presented "Relief for Your Neck and Back Pain"; 15 people attended.

On February 3rd, as part of the Stroke Education Series, Dr. Ash Jain, cardiologist, Doug Van Houten, R.N., and Luanne Sadueste, R.N., presented "Living with Stroke: Future in Diagnosis and Management"; 5 people attended.

On Thursday, February 5th, as part of the Diabetes Matters Series, Luanne Sadueste, R.N., presented, "Diabetes & Stroke: What is the Connection"; 8 people attended.

Upcoming Health Promotions & Community Outreach Events

On Tuesday, February 17th from 1:00 to 3:00 p.m., Dr. Stacie Macdonald, obstetrician/gynecologist, will be presenting, "Women's Health: Minimally Invasive Gynecologic Surgery"

On Tuesday, March 3rd from 6:00 to 8:00 p.m., as part of the Stroke Education Series, Dr. Ash Jain, cardiologist, Doug Van Houten, R.N., and Luanne Sadueste, R.N., will be presenting "Introduction - Stroke: Risk Factors for Stroke"

On Thursday, March 5th from 7:00 to 8:00 p.m., as part of the Diabetes Matters Series, Chungmei Shih, R.N., will be presenting, "Diabetes & Your Skin: How Uncontrolled Blood Sugar Affects Wound Healing."

Washington Hospital Healthcare Foundation Report

HOSPITAL CALENDAR: Washington Hospital Foundation Report

On January 26th, the Foundation held its annual meeting for trustees and members. At the meeting, trustees elected Peter Farber Szekrenyi, Anu Natarajan, and Raj Salwan to join the board of trustees. Also elected as members of the Foundation were Nina Clymer, Patti Montejano, and Captain Jared Rinetti. Rod Silveira was elected to a two-year term as President of the Foundation. At the annual meeting, trustees approved the disbursement of over $168,000 to support a wide variety of clinical services at Washington Hospital, including cancer care, the Community Mammography Program, diabetes education, childbirth and family services, and wound care.

Washington Hospital Healthcare Foundation is proud to announce that it will host the 30th Annual Golf Tournament at Castlewood Country Club on April 27, 2014. Held in memory of long-time Fremont businessman, Gene Angelo Pessagno, the tournament promises a day of great golf and fun surprises. Tournament chair, Lamar Hinton, promises another enjoyable tournament. He says, "We had a great round of golf at Castlewood last year. So gather up some friends and enter a foursome. It's a great day out and it's for a great cause."

The Washington Township Healthcare District Board of Directors Report

HOSPITAL CALENDAR: The Washington Township Healthcare District Board of Directors Report

Washington Township Healthcare District Board Members attended the League of Volunteers' Elegant Affaire on February 6th.

Washington On Wheels Mobile Health Clinic, W.O.W.

HOSPITAL CALENDAR: Washington On Wheels Mobile Health Van

During the month of January, the Washington On Wheels Mobile Health Clinic (W.O.W.) continued to serve community members at the Fremont Family Resource Center, the Fremont Senior Center, the Ruggeri Senior Center in Union City, as well as Brier Elementary School.

Washington Hospital Employee Association, WHEA

HOSPITAL CALENDAR: Washington Hospital Employee Association, WHEA

In January, WHEA held its Annual Wish List event in which various hospital departments submit non-budgeted requests for patient care items. WHEA awarded $7,095 for items, such as exercise equipment for Cardiac Rehab, single use electrode kits for Speech Rehabilitation, crayons for Pediatric patients and special gas analyzers for the Clinical Lab.

Internet Marketing

HOSPITAL CALENDAR: Internet Report

There were over 52,717 visits to the hospital website in the month of January. The hospital's Physician Finder section was the most viewed webpage with 16,949 page views, followed by the Employment section with 10,821 page views and About WHHS for 9,006 page views. The Volunteers section had 7,914 views and the Women's Health and Pregnancy with 2,983.

InHealth - Channel 78

HOSPITAL CALENDAR: InHealth

During the month of January, Washington Hospital's cable channel 78, InHealth, captured new programming including a Diabetes Matters program: Diabetes and Your Eyes, a Health and Wellness program; Back and Neck Pain, and the January Citizens' Bond Oversight Committee Meeting. In addition, InHealth aired the Whooping Cough Public Service Announcement, Diabetes Matters: Insulin Use, and the January Board of Director's Meeting.

Additional Events

On February 2nd, the Washington Hospital Service League held their annual meeting. The installation of the new Service League Board Members took place. In addition, the Service League donated $60,000 to Washington Hospital to purchase an Arctic Sun temperature management system. The Arctic Sun Temperature Management System is a non-invasive Targeted Temperature Management System used to modulate a patients temperature with precision by circulating chilled water in pads directly adhered to the patient's skin. Cooling a patient's temperature and slowly brining the temperature back up can assist in recovery from cardiac and some neurological injuries.

HOSPITAL CALENDAR: Additional Events

Employee of the Month

Donna was born in Santa Maria, California but has lived in Union City most of her life, graduating from Logan High School in Union City. She attended San Jose State University School of Nursing and graduated in 2000, and started working at Washington Hospital in August of that year as a new grad. Her career at Washington has gone through many changes—new grad, Med/Surg (6 West), charge nurse, break relief, and joined the EPIC team in June 2011. She works closely with her IT and Epic co-workers, physicians, nursing leadership and nursing staff. Donna is a chronic overachiever and we know that anything asked of her will be done in a quality manner.

HOSPITAL CALENDAR: Employee of the Month – Donna Duran

Ms. Farber introduced Ed Fayen, Senior Associate Administrator. Mr. Fayen presented a construction update regarding the parking garage and the Morris Hyman Critical Care Pavilion. Mr. Fayen shared photos of the asphalt grinding for site clearing, as well as photos of underground utility work that has started and precursor to Underground Piers – drilling and testing. The timeline has not changed; the garage construction completion date is still set for February 28, 2016. Mr. Fayen reported we are continuing to get bids in for the Morris Hyman Pavilion. Rudolph and Sletten is currently involved with the Trade Bidding Phases. The Project Team's efforts are focused on completing the final phase of Value Engineering aimed at closing the budget gap.

CONSTRUCTION REPORT Construction Update

Mary Bowron, Senior Director of Quality and Resource Management presented the Nursing Sensitive Indicators presentation. Ms. Bowron noted that Nursing Sensitive Indicators are those care quality measures sensitive to the input of nursing care and these indicators have been studied and found to be reliably linked to quality care and patient outcomes. Currently, there are 15 nationally recognized nurse sensitive indicators. Ms. Bowron went on to note that we measure Nurse Sensitive Indicators to ensure a reliable standard for data collection and reporting, engage nurses in quality-improvement activities, inform patients about clinically effective and efficient nursing, proven to result in best patient outcomes, indicators directly linked to improved nursing quality, and creating a culture of excellence by benchmarking against excellence. Ms. Bowron provided history on Nurse Sensitive Indicators, Indicators at Washington Hospital, the Magnet Journey and Recognition, areas of Nurse Sensitive Indicators and discussed the difference measurements which included: pain assessment, hospital acquired pressure ulcers, restraints, falls with moderate/severe injury, catheter associated urinary tract infections, and central line association bloodstream infections.

QUALITY REPORT Nursing Sensitive Indicators

FINANCE REPORT

Chris Henry, Chief Financial Officer, presented the Finance Report for December 2014. The average daily census was 148.6 with admissions of 976 resulting in 4,606 patient days. Outpatient observation equivalent days were 273. The average length of stay was 4.39 days. The case mix index was 1.497. Deliveries were 159. Surgical cases were 341. Joint Replacement cases were 108. Neurosurgical cases were 21. Cardiac Surgical cases were 10. The Outpatient visits were 6,998 and Emergency visits were 4,469. Total productive FTEs were 1,101.8. FTEs per adjusted occupied bed were 6.42.

HOSPITAL OPERATIONS REPORT

Ms. Farber presented the Hospital Operations Report for January. There were 1,178 patient admissions with an average daily census of 184. This was lower than the budget of 1,183 admissions and 0.9% above the budgeted average daily census of 182. Preliminary information indicated inpatient revenue for the month of January at approximately $137,800,000; 61% was Medicare and 14.7% was Medi-Cal, for a total of 75.7% in government program revenue. There were 147 deliveries in the Hospital resulting in 321 baby days. There were 356 surgical cases at the Hospital and 590 cases at the Outpatient Surgery Center. The Emergency Room saw 5,164 patients. The clinics saw approximately 4,124 patients. FTEs per Adjusted Occupied Bed were 5.47.

APPROVAL OF CITRIX NETSCALERS

In accordance with District Law, Policies and Procedures, Director Wallace moved the Chief Executive Officer be authorized to enter into the necessary contracts and proceed with the purchase of the hardware, software and implementation services for the Citrix Netscalers for a total amount not to exceed $77,782.40. This is an approved project in the 2015 Capital Project Budget.

Director Nicholson seconded the motion.
Roll call was taken:

Patricia Danielson, RHIT – aye
Michael Wallace - aye
William Nicholson, MD - aye
Bernard Stewart, DDS - aye
Jacob Eapen, MD - away

The motion carried.

ADOPTION OF RESOLUTION NO. 1152, RESOLUTION OF THE BOARD OF DIRECTORS OF WASHINGTON TOWNSHIP HEALTH CARE DISTRICT FOR A TOBACCO AND SMOKE-FREE CAMPUS

In accordance with District Law, Policies and Procedures, Director Wallace moved for adoption of Resolution No. 1152, which is the Resolution of the Board of Directors of Washington Township Health Care District for a Tobacco and Smoke-Free Campus.

Director Nicholson seconded the motion.
Roll call was taken:

Patricia Danielson, RHIT – aye
Michael Wallace - aye
William Nicholson, MD - aye
Bernard Stewart, DDS - aye
Jacob Eapen, MD - away

The motion carried.

APPROVAL OF BUDGET AMENDMENT FOR NURSE TRAINING PROGRAMS

In accordance with District Law, Policies and Procedures, Director Wallace moved the Chief Executive Officer be authorized to enter into the necessary agreements in order to re-establish Washington Hospital Healthcare System's New Graduate Program for Nursing and Specialty Care Training Programs for a total amount not to exceed $1,517,780.00.

Director Nicholson seconded the motion.
Roll call was taken:

Patricia Danielson, RHIT – aye
Michael Wallace - aye
William Nicholson, MD - aye
Bernard Stewart, DDS - aye
Jacob Eapen, MD - away

The motion carried.

APPROVAL OF MEDICAL STAFF REQUIREMENT FOR ANNUAL TB TESTING

In accordance with District Law, Policies and Procedures, Director Wallace moved for approval of the Medical Executive Committee proposed revisions to the Medical Staff Rules and Regulations Article II, section 10 Infection Control Policies, requiring all Medical and Allied Health staff to comply with the current hospital policy regarding Tuberculosis Screening for Healthcare Workers.

Director Nicholson seconded the motion.
Roll call was taken:

Patricia Danielson, RHIT – aye
Michael Wallace - aye
William Nicholson, MD - aye
Bernard Stewart, DDS - aye
Jacob Eapen, MD - away

The motion carried.

ADJOURN TO CLOSED SESSION

In accordance with Health & Safety Code Sections 1461, 1462, and 32106 and Government Code Section 54954.6(h). Director Danielson adjourned the meeting to closed section at 7:58p.m. as the discussion pertained to Hospital trade secrets, human resources matters and risk management.

RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION

Director Danielson reconvened the meeting to open session at 9:20p.m. and reported no action was taken in closed session.

ADJOURNMENT

There being no further business, Director Danielson adjourned the meeting at 9:20p.m.

Patricia Danielson, RHIT
President

Bernard Stewart, DDS
Secretary

A meeting of the Board of Directors of the Washington Township Health Care District was held on February 23, 2015 in the Boardroom, Washington Hospital, 2000 Mowry Avenue, Fremont, California. Director Danielson called the meeting to order at 7:30 a.m.

CALL TO ORDER

Roll call was taken. Directors present: Patricia Danielson, RHIT; William Nicholson, Jacob Eapen, MD; Bernard Stewart, DDS
Excused: Michael Wallace

ROLL CALL

Also present: Peter Lunny, MD; Jan Henstorf, MD; Kranthi Achanta, MD; John Romano, MD; Albert Brooks, MD; Stephanie Williams

There were no oral or written communications.

COMMUNICATIONS

Director Danielson adjourned the meeting to closed session at 7:30 a.m. as the discussion pertained to Medical Audit and Quality Assurance Matters pursuant to Health & Safety Code Sections 1461 and 32155.

ADJOURN TO CLOSED SESSION

Director Danielson reconvened the meeting to open session at 8:40 a.m. and reported no reportable action was taken in closed session.

RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION

There being no further business, the meeting adjourned at 9:00 a.m.

ADJOURNMENT

_____ _____

Patricia Danielson, RHIT
President

Bernard Stewart, DDS
Secretary

CALL TO ORDER

A meeting of the Board of Directors of the Washington Township Health Care District was held on Wednesday, February 25, 2015 in the Conrad E. Anderson, MD Auditorium 2500 Mowry Avenue, Fremont, California. Director Danielson called the meeting to order at 6:06 p.m. and led those present in the Pledge of Allegiance.

ROLL CALL

Roll call was taken. Directors present: Patricia Danielson, RHIT; Michael Wallace; William Nicholson, Jacob Eapen, MD; Bernard Stewart, DDS

Also present: Kimberly Hartz, Senior Associate Administrator; Ed Fayen, Senior Associate Administrator; Bryant Welch, Associate Administrator; Stephanie Williams, Associate Administrator; Chris Henry, Associate Administrator; Paul Kozachenko, Donald Pipkin, Christine Flores, Senior Executive Assistant

COMMUNICATIONS

There were no oral communications.

There were no written communications.

ADJOURN TO CLOSED SESSION

In accordance with Health & Safety Code Sections 1461, 1462 and 32106 and Government Code Section 54954.5(h) Director Danielson adjourned the meeting to closed session at 6:07 p.m., as the discussion pertained to Hospital trade secrets, Human Resources matters and Risk Management.

RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION

Director Danielson reconvened the meeting to open session at 8:10 p.m. and reported no reportable action was taken in closed session.

ADJOURNMENT

There being no further business, Director Danielson adjourned the meeting at 8:10 p.m.

Patricia Danielson, RHIT
President

Bernard Stewart, DDS
Secretary

Washington Hospital Healthcare System
SINCE 1948

Memorandum

DATE: March 5, 2015

TO: Nancy Farber, Chief Executive Officer

FROM: Albert Brooks, MD, Chief Medical Services

SUBJECT: MEC Request for Board Approval – Allied Health Manual

The Medical Executive Committee, at its meeting of February 17, 2015, approved the proposed Allied Health Manual. Please accept this memorandum as a formal request for presentation to the Board of Directors for final approval of the Allied Health Manual. The proposed document is attached.

WASHINGTON HOSPITAL HEALTHCARE SYSTEM

ALLIED HEALTH PROFESSIONAL MANUAL

2015

Interdisciplinary Practice Committee

Ad Hoc Group:

John Thomas Mehigan, M.D., Chairman

Albert Brooks, M.D.

John Romano, M.D.

Stephen Ross, M.D.

Jan Henstorf, M.D.

IDPC M/S/C: February 4, 2015

MEC M/S/C: February 17, 2015

BOARD APPROVAL: March 11, 2015

ALLIED HEALTH MANUAL 2015

TABLE OF CONTENTS

SECTION 1 - NURSE PRACTITIONER

I. PHYSICIAN SUPERVISION OF NURSE PRACTITIONER

A. DEFINITION

1. Is a licensed physician and surgeon overseeing the activities of, and accepts responsibility for the medical services rendered by the Nurse Practitioner
2. **Supervision of a Nurse Practitioner by a physician is a special privilege**

B. REQUIREMENTS

1. The Supervising Physician must submit a request (to become a supervising physician) *and* establish the following in writing, along with any necessary supporting documentation to his/her Department Chair for review:
   a. A delegation of service agreement (DSA) outlining those specific duties that the Nurse Practitioner would be permitted to perform under supervision and outside of the Supervising physician's immediate supervision and control, shall be signed and dated by the supervising physician and the Nurse Practitioner. This will be submitted with the Nurse Practitioner's application.
   b. Protocols governing all procedures to be performed by the Nurse Practitioner. Such protocols shall state the information to be given to the patient, the technique *for* the procedure, and the follow-up care;
   c. A written statement indicating that the Supervising Physician accepts full legal and ethical responsibility for the performance of all professional activities of the Nurse Practitioner
2. The physician must have a current unrestricted license from the State of California.
3. The physician should be a member in good standing of the active or provisional active Medical Staff.
4. Complete a written application to the Medical Staff for such privileges
5. Meet with the Credentials Committee or a representative to discuss the application, the application process, duties and obligations of the physician when required by the Chair of the Credentials Committee or the Chief of Staff.
6. Be approved by the Credentials Committee, Medical Executive Committee and the Hospital Board.
7. The Supervising Physician must provide proof of professional liability insurance, with limits as determined by the Board of Directors, for acts or omissions arising from supervision of the Nurse Practitioner (the Supervising Physician shall verify such coverage in a form acceptable to the Medical Executive Committee
8. The Supervising Physician will comply with all of the requirements as spelled out in the California Business & Professional Code and the California Code of Regulations (Title 16) as they relate to the supervision of Nurse Practitioners, which they will attest to have read.
9. The Supervising Physician may:
   a. Adopt protocols to govern the performance of a Nurse Practitioner for some or all tasks. The minimum content for a protocol governing diagnosis and management as referred to in this section shall include the presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and education to be given the patient For protocols governing

procedures, the protocol shall state the information to be given the patient, the preparation and technique of the procedure, and the follow-up care.

b. Protocols shall be developed by the physician, adopted from, or referenced to texts or other sources. Protocols shall be signed and dated by the supervising physician and the Nurse Practitioner. .

c. In the case of a patient proceeding to any invasive procedure the review must be prior to that procedure. A note must be *created in EPIC* by the Supervising Physician and must include a summary of the pertinent details of *the* history, important physical findings, the planned *procedure,* the rationale for the *procedure,* and documentation that the procedure has been explained to the patient by the Supervising Physician. The duty to obtain informed consent cannot be delegated;

d. Establish written guidelines for the timely supervision of any laboratory, screening, or therapeutic services performed by the Nurse Practitioner.

10. The supervising physician has continuing responsibility to follow the progress of the patient and to make sure that the Nurse Practitioner does not function autonomously. The supervising physician shall be responsible for all medical services provided by a Nurse Practitioner under his or her supervision·

C. DUTIES & OBLIGATIONS

1. **Be responsible for the Nurse Practitioner's familiarity with the Bylaws, Rules and Regulations code of conduct, customs and practices at Washington Hospital,**
2. **It is the supervising physician's special duty to scrupulously avoid any action statement or implication that the nurse practitioner is a physician or a substitution for a physician**
3. **Consistently practice the principal that the Nurse Practitioner is an extension of the supervising physician, never a replacement**
4. **The Supervising Physician shall not sign out to the Nurse Practitioner.**
5. **If the supervising physician is not expected to be available as required by these standards, He/She shall hand off patient care responsibility to another physician with like privileges as required in the Medical Staff Bylaws. The nurse practitioner may work with the covering physician if a separate "Delegation of Services" agreement has been completed by that physician.**
6. **The physician cannot delegate obtaining informed consent to a Nurse Practitioner**
7. **The supervising physician must be a mentor, a teacher, a counselor and a role model to the Nurse Practitioner**
8. **The supervising physician must regard himself/herself as continually responsible, as well as accountable for the Nurse Practitioner's activities, in all respects.**
9. **The signature of a Nurse Practitioner should always be accompanied by the name of the supervising physician, on all documents.**

II. STANDARDS FOR NURSE PRACTIONERS (NP)

A. Qualifications

1. Education
   a. Master's or doctoral degree in nursing from an accredited college or university.
   b. *Note: NPs hired prior to January 1, 2008 are not subject to this educational requirement. (BRN Div. 2, Ch.6, 2835.5, d)*
   c. Graduate from a NP program accredited by the National League of Nursing Accrediting Commission (NLNAC) or the Commission-on Collegiate Nursing Education (CCNE).

2. Licensure/Certification
   a. Licensure as a Registered Nurse (RN) in the State of California.
   b. Certification as a Nurse Practitioner (NP) in the State of California.
   c. National Board Certification as a Nurse Practitioner (NP) from an agency accredited by the American Board of Nursing Specialties (ABNS). *Note: New graduate NPs must obtain National Board Certification within six (6) months of their graduation date.*
   d. Certification in Basic Life Support (BLS) from the American Heart Association (AHA).
   e. Furnishing license issued by the Board of Registered Nurses (BRN), *required only if furnishing medications.*
   f. An individual Drug Enforcement Agency (DEA) license issued by the DEA for Schedule II-V controlled substances.
   g. Additional board certification(s) may be required by certain specialties/departments.

B. Requirements

1. A Nurse Practitioner shall have a Supervising Physician who:

a. Has a current and unrestricted license from the State of California
b. Is an Active member in good standing of the Washington Hospital Medical Staff and has been approved by the Medical Staff to supervise Nurse Practitioners. At the discretion of the MEC a provisional-active physician may supervise a NP.

III. Nurse Practitioner Scope of Practice. See Allied Health Manual - Nurse Practitioner Core and special Privileges

IV. A Nurse Practitioner-May Not:

A. Obtain informed consent without direct communication with the supervising physician.
B. Admit patient without direct communication with the supervising physician.
C. Discharge patients without direct communication with the supervising physician.
D. Be supervised by a physician who does not have a Delegation of Services agreement with the NP
E. Treat patients in the Intensive Care Unit unless granted as a special privilege
F. Treat patients in the Coronary Care Unit unless granted as a special privilege
G. Perform any task or function that requires the peculiar skill, training or experience of a physician, dentist or dental hygienist
H. Administer, provide, or issue a drug order to a patient for Schedule II through

Schedule V controlled substances without advance approval by a supervising physician for that particular patient unless protocols in compliance with CCR Title 16 are in place.

REFERENCES:

1. **The nurse practitioner may visit patients in the Intensive Care Unit setting, obtain a history and perform a physical examination, review the record, and communicate with the Intensive Care Unit staff as is appropriate. However, actual treatment of a patient in the Intensive Care Unit setting is a special privilege.**
2. **The nurse practitioner may visit patients in the Coronary Care Unit setting, obtain a history and perform a physical examination, review the record, and communicate with the Coronary Care Unit staff as is appropriate. However, actual treatment of a patient in the Coronary Care Unit setting is a special privilege**

V. TYPES OF PRIVILEGES FOR NURSE PRACTIONERS

There are two TYPES OF PRIVILEGES for nurse practitioners (NP):

A. CORE PRIVILEGES: A group of privileges that by the nature of the training and experience of all NPs are granted, regardless of the specialty of the supervising physician, when the NP join the Allied Health Staff at Washington Hospital.

B. SPECIAL P R IVILEGES: All privileges for N P s not identified, under core privilege need to be specifically requested in writing by the supervising physician and the NP. The request will be submitted to the supervising physician's Department for review. The Department will make its recommendations to the Credentials committee and the MEC. Successful completion of an approved course may be required before the privilege is granted. The Board of Directors will make the final determination.

C. In general, a supervising physician must himself or herself have the privilege to perform the procedure for which the special privilege is requested.

VI. LEVELS OF PHYSICIAN SUPERVISION FOR NURSE PRACTITIONERS

There are three LEVELS OF PHYSICIAN SUPERVISION for NPs.

A. PERSONAL SUPERVISION-Physician is present in the examining room, operating room, catheterization laboratory or in the procedure area while the service is being provided by the Nurse Practitioner.

B. DIRECT SUPERVISION physician is on the premises personally available within 10 minutes.

C. GENERAL SUPERVISION-Physician is available by electronic means at all times.

D. Under special circumstances a CHANGE IN LEVEL OF SUPERVISION for a particular procedure may be requested.

VII. CORE PRIVILEGES FOR NURSE PRACTITIONERS

A. General Description

A Nurse Practitioner may provide only those medical services which he/she is competent to perform, which are consistent with the NP's education, training, experience, Standardized Procedure which are delegated in writing by the supervising physician and performed under the supervision of that physician.

A Nurse Practitioner shall consult with a physician regarding any task, procedure or diagnostic problem which the NP determines exceeds his/her level of competence or shall refer such cases to a collaborating physician

B. <u>Level of Supervision - General</u>

1. Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty, according to written standardized procedures. *[see Standardized Procedure: Assessment & Management of Patients]*
2. Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients, according to written standardized procedures. *[see Standardized Procedure: Assessment & Management of Patients]*

3. Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient, according to written standardized procedures. *[see Standardized Procedure: Assessment & Management of Patients]*
4. Orders, furnishes, and prescribes medications, according to written standardized procedures. *[see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs, Formulary Protocol]*
5. Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products as directed by the supervising physician.
6. Order physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services as directed by the supervising physician.
7. Performs designated procedures after demonstrated competency, according to written standardized procedures where applicable and as directed by the supervising physician.
8. Initiates arrangements for hospital admissions and discharges and completes appropriate documentation as directed by the supervising physician; including assisting with obtaining informed consent.
9. As directed by the supervising physician, enrolls patients in investigational studies approved by the Investigational Review Board (IRB), and orders the necessary tests and medications. *[see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs, Formulary Protocol]* Medications that are not FDA-approved or are used for non-FDA-approved indication (off-label use) require patient-specific order in advance from the supervision physician.
10. Recognizes and considers age-specific needs of patients.
11. Effectively communicates and interacts with patients, families, staff and members of the community from diverse backgrounds.
12. Recognizes situations which require the immediate attention of a physician and initiates life-saving procedures when necessary.
13. Facilitates the coordination of inpatient and outpatient care and services as needed.
14. Facilitates collaboration between providers and coordination of community resources.
15. Ensures compliance with legal, regulatory and clinical policies and procedures.
16. Participates in quality improvement initiatives.
17. Provides and coordinates patient teaching and counseling.

VIII. Furnishing or Ordering of Drugs or Devices by Nurse Practitioners (California Business and Professions Code, Division 2, Chapter 6, Article 8, 2836.1. and California Health and Safety Codes 11055 and 11056.)

The drugs or devices are furnished or ordered by a nurse practitioner in accordance with California Business and Professions Code, Division 2, Chapter 6, Article 8, 2836.1. and California Health and Safety Codes 11055 and 11056.

IX. SPECIAL PRIVILEGES FOR NURSE PRACTITIONERS

A. Definition: Nurse Practitioner Special Privileges are all those privileges not included in the Core Nurse practitioner special privileges shall be performed under physician licensed in the State of California and a member in good standing of the Washington Hospital Medical Staff

B. The level of supervision for Nurse Practitioner special privileges – will be specified for each special privilege.

In many circumstances, a supervising physician may wish that a NP perform specialty specific tasks not mentioned in the core. These include but are not limited to the following examples:

1. Cardiac Surgery
    a. Placement and removal of chest tubes
    b. Wound closure
    c. Harvesting of saphenous vein graft with preparation for bypass use
2. Thoracic Surgery
    a. Wound closure removal
    b. Removal, placement of chest tubes
3. Orthopedic Surgery:
    a. Cast applications
    b. Wound debridement
    c. Wound closure
4. Vascular Surgery:
    a. Percutaneous placement of intra-arterial and intravenous devices, catheters, etc.
    b. Diagnostic arteriograms, angioplasty, etc.
    c. Wound debridement
    d. Wound closure

C. Cardiology: All Catheterization Laboratory procedures

1. The request by the supervising physician for special privileges for the NP should be made in writing. The need for such privileges should be illustrated. The supervising physician should in general have, himself or herself, the same privilege, as well as the credentials to teach the technique. In some cases approval of an approved course or program may be required.
2. A request should be submitted in writing to the Chairman of the Department for review and approval. The chair will forward the departments commendation through the credentials committee and the Medical Executive Committee. The final determination is to be made by the Board of Directors.

X. CHANGE IN LEVEL OF SUPERVISION FOR SPECIAL PRIVILEGES FOR NURSE PRACTITIONERS

A. In certain circumstances, a nurse practitioner may have become so proficient in performing a special privilege that the supervising physician may have the opinion that DIRECT SUPERVISION is no longer necessary.

B. The supervising physician may than apply for a change in level of supervision to GENERAL. The application is to be made through the chair of the department in writing and should include:
   1. The title of the special privilege
   2. The number of procedures performed in the past and over what time
   3. The outcome and complications of such procedures.
   4. How the change would affect patient care.

C. If approved, the Nurse Practitioner would then be proctored for four cases by any physician with like privileges other than the supervising physician. If the proctorship is satisfactorily completed, then the department chair may forward his recommendations to the Credential Committee and the Medical Executive Committee and finally the Board of Directors.

XI. PROFESSIONAL PRACTICE EVALUATION FOR NURSE PRACTITIONERS

A. INITIAL PROCTORING

The supervising physician shall personally supervise the first 20 core privileges performed by the nurse practitioner. This supervision shall be distributed between at least *5* different patients. The level of supervision shall be PERSONAL, with special emphasis to be placed on the proper performance of histories and physicals, progress notes, and discharge summaries.

The supervising physician shall report each event as "satisfactory" or "unsatisfactory". An unsatisfactory report requires continued personal supervision of that privilege.

After 20 core privileges have been satisfactorily completed and approved by the supervising physician and chairman of the department the level of supervision for core privileges becomes GENERAL.

B. PROVISIONAL STATUS

The nurse practitioner membership in the Allied Health Staff shall be provisional for the first year. After completion of 12 months of provisional membership, a review of all activities performed by the nurse practitioner/physician assistant shall be done by the department chair/designee and the credentials committee. If satisfactory, the provisional status will be lifted.

C. RE-CREDENTIALING

Re-credentialing of the nurse practitioner/physician assistant will occur every 2 years as prescribed by the Washington Hospital Medical Staff Bylaws.

SECTION 2 - Physician Assistant

I. PHYSICIAN SUPERVISION OF PHYSICIAN ASSISTANT

A. DEFINITION

1. Is a licensed physician and surgeon overseeing the activities of, and accepting the responsibility for, the medical services rendered by the physician assistant. (CA B&P Code 3501 -f)
2. **Supervision of a Physician Assistant by a physician is a special privilege.**

B. REQUIREMENTS

1. The supervising physician shall submit a request (to become a supervising physician) and establish the following in writing, along with any necessary supporting documentation to his/her Department Chair for review:

    a. A delegation of service agreement (DSA) outlining those specific duties that the physician assistant would be permitted to perform under supervision shall be signed and dated by the supervising physician and the physician assistant. This will be submitted with the physician assistant's application.
    b. Protocols governing all procedures to be performed by the Physician's Assistant. Such protocols shall state the information to be given to the patient, the technique for the procedure, and the follow-up care;
    c. A written statement indicating that the supervising physician accepts full legal and ethical responsibility for the performance of all professional activities by the physician assistant.
2. The physician must have a current unrestricted license from the State of California
3. The physician should be a member in good standing of the active or provisional active Medical staff.
4. Complete a written application to the Medical Staff for such privileges
5. Meet with the Credentials Committee or a representative to discuss the application, the application process, duties and obligations of the physician when required by the Chair of the Credentials Committee or the Chief of Staff .
6. Sign off on duties and obligations.
7. Be approved by the Credentials Committee, Medical Executive Committee and the Hospital Board.
8. The Supervising Physician must be covered by professional liability insurance, with limits as determined by the Board of Directors, for acts or omissions arising from supervision of the Physician's Assistant (the Supervising Physician shall verify such coverage in a form acceptable to the Medical Executive Committee.
9. The Supervising Physician will comply with all of the requirements as spelled out in the California Business & Professional Code and the California Code (Title 16) as they relate to the supervision of Physician Assistants, which they will attest to have read.
10. The Supervising Physician shall: (Consider substituting may here)
    a. Adopt protocols to govern the performance of a physician assistant for some or all

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

b. Protocols shall be developed- by the physician, adopted from, or referenced to, texts or other sources. Protocols shall be signed and dated by the supervising physician and the physician assistant.

c. In the case of a patient proceeding to any invasive procedure, the review must be prior-to that procedure. A note must be written by the Supervising Physician and must include a summary of the pertinent details of the. history, important physical findings, the planned procedure, the rationale for the procedure, and documentation that the procedure has been explained to the patient by the Supervising Physician. The duty to obtain informed consent cannot be delegated;

d. Establish written guidelines for the timely supervision of any laboratory screening or therapeutic services performed by the Physician's Assistant;

11. The supervising physician has continuing responsibility to follow the progress of the patient and to make sure that the physician assistant does not function autonomously. The supervising physician shall be responsible for all medical services provided by a physician assistant under his or her supervision.

C. DUTIES & OBLIGATIONS

1. **Be responsible for the physician assistant's familiarity with the bylaws, rules and regulations code of conduct; customs and practices at Washington Hospital.**
2. **It is the supervising physician's special duty to scrupulously avoid any action, statement or implication that physician assistant is a physician or a substitution for a physician.**
3. **The Supervising Physician shall not sign out to the physician assistant.**
4. **If the supervising physician is not expected to be available as required by these standards, He/She shall hand off patient care responsibility to another physician with like privileges as required in the Medical Staff Bylaws. The physician assistant may work with the covering physician if a separate "Delegation of Services" agreement has been completed by that physician.**
5. **The physician cannot delegate obtaining informed consent to a physician assistant.**
6. **The supervising physician must be a mentor, a teacher, a counselor and a role model to the physician assistant.**
7. **The supervising physician must regard himself/herself as continually responsible, as well as accountable for the physician assistant activities, in all respects.**
8. **The signature of a physician assistant should always be accompanied the name of the supervising physician, on all documents.**

II. STANDARDS FOR PHYSICIAN ASSISTANTS

A. Qualifications

1. Education
   a. Bachelor's degree or above from an accredited college or university.
   b. Graduate of a PA program accredited by the Accreditation Review Commission on Education for the Physician Assistant, Inc.
2. Licensure/Certification
   a. Licensure as a Physician Assistant (PA) in the State of California.
   b. Initial Certification as a Physician Assistant (PA) by the National Commission on
   c. Certification of Physician Assistants (NCCPA).
   d. Certification in Basic Life Support (BLS) from the American Heart Association (AHA).
   e. An individual Drug Enforcement Agency (DEA) License issued by the United States DEA for Schedule II-V controlled substances.
   f. Additional board certification(s) may be required by certain services/departments.

B. Requirements

1. A Physician's Assistant shall have a Supervising Physician who:
   a. Has a current and unrestricted license from the State of California
   b. Is an Active member in good standing of the Washington Hospital Medical Staff and has been approved by the Medical Staff to supervise PAs At the discretion of the MEC, a provisional-active physician may supervise a PA.

III. SCOPE OF PRACTICE

See Allied Health Manual- Physician Assistant Core and Special Privileges

IV. THE PHYSICIAN ASSISTANT MAY NOT:

A. Obtain informed consent.2

B. Admit patient without direct communication with the supervising physician

C. Discharge patients without direct communication with the supervising physician.

D. Be supervised by a-physician who does not have a Delegation of Services agreement with the physician- assistant.

E. Treat patients in the Intensive Care Unit unless granted as a special privilege.

F. Treat patients in the Coronary Care Unit unless granted as a special privilege. 5

G. Perform any task or function that requires the peculiar skill, training or experience of a physician, dentist or dental hygienist

H. Administer, provide, or issue a drug order to a patient for Schedule II through Schedule V controlled substances without advance approval by a supervising physician and surgeon for that particular patient **unless protocols in compliance with CCR Title 16 are in place**.

REFERENCES:

1. **4 The physician assistant may visit patients in the Intensive Care Unit setting, obtain a history and perform a physical examination, review the record, and communicate with the Intensive Care Unit staff as is appropriate. However, actual treatment of a patient in the Intensive Care Unit setting is a special privilege.**
2. **The physician assistant may visit patients in the Coronary Care Unit setting, obtain a history and perform a physical examination, review the record, and communicate with the Coronary Care Unit staff asis appropriate. However, actual treatment of a patient in the Coronary Care Unit setting is a special privilege.**

V. TYPES OF PRIVILEGES FOR PHYSICIAN ASSISTANTS

There are two types of privileges for physician assistants (PA):

A. Core Privileges: A group of privileges that by the nature of the training and experience of all PAs are granted, regardless of the specialty of the supervising physician, when the PA join the Allied Health Staff at Washington Hospital.

B. Special Privileges: All privileges for PAs not identified under core privilege need to be specifically requested in writing by the supervising physician and the PA. The request will be submitted to the supervising physician's Department for review. The Department will make its recommendations to the Credentials Committee and the MEC. Successful completion of an approved course may be required before the privilege is granted. The Board of Directors will make the final determination.

C. In general, a supervising physician must himself or herself have the privilege to perform the procedure for which the special privilege is requested.

VI. LEVELS OF PHYSICIAN SUPERVISION FOR PHYSICIAN ASSISTANTS

There are three levels of physician supervision for PAs:

A. Personal supervision – Physician is present in the examining room, operating room, catheterization laboratory or in the procedure area while the service is being provided by the Physician Assistant.

B. Direct Supervision – Physician is on the premises personally available within 10 minutes.

C. General Supervision – Physician is available by electronic means at all times.

D. Under special circumstances a change in level of supervision for a particular procedure may be requested.

VII. CORE PRIVILEGES FOR PHYSICIAN ASSISTANTS

A. DEFINITION: PA core privileges are basic privileges granted to all qualified PAs. Physician Assistant shall perform under the supervision of a physician licensed in the State of California.

B. Level of Supervision - General

1. May only provide those medical services which he/she is competent to perform -and which are consistent with the physician assistant's education, training and experience and which are delegated in writing by the supervising physician who is responsible for the patients cared for by the physician assistant.
2. Perform histories and physicals which must be countersigned by the supervising physician within 24 hours before surgery or after admission;

3. Order appropriate lab and x-ray procedures;
4. Write or dictate progress notes which must be countersigned within 48 hours and discharge summaries which must be countersigned within seven days;
5. Transmit orders for referral to appropriate medical clinics and/or physician consultants which must be countersigned within 48 hours.
6. Perform peripheral venipuncture
7. Transmit orders orally or on a patient's charts as instructed by the supervising physician. These orders must be countersigned within 48 hours;
8. May prescribe or dispense medications and devices based on the supervising physician's practice-specific protocols as outlined in the delegation of service agreement and as approved by the department/section chair
9. May issue a drug order based on protocols for Schedule II controlled substances which shall address the diagnosis of illness, injury, or condition for which the Schedule II controlled substance is being administered, provided, or issued. The drugs listed in the protocols shall constitute the formulary and shall include only drugs that are appropriate for use in the type of practice engaged in by the supervising physician and surgeon. When issuing a drug order, the physician assistant is acting on behalf of and as an agent for a supervising physician and surgeon. (CA B&P Code 3502.1)
10. Clean wounds and apply dressing and bandages within the scope of practice of the supervising physician.
11. Monitor and record vital signs of patient's receiving regional or local anesthetic agent according to established protocols.

VIII. SPECIAL PRIVILEGES FOR PHYSICIAN ASSISTANTS

A. DEFINITION: Physician Assistant Special Privileges are all those privileges not included in the Core. Physician Assistant special privileges shall be performed under physician licensed in the State of California and a member in good standing of the Washington Hospital Medical Staff

B. **The level of supervision for Physician Assistant special privileges – will be specified for each special privilege.**

In many circumstances a supervising physician may wish that a PA perform specialty specific tasks not mentioned in the core. These include but are not limited to the following examples:

1. Cardiac Surgery
   a. Placement and removal of chest tubes
   b. Wound closure
   c. Harvesting of saphenous vein graft with preparation for bypass use
2. Thoracic Surgery
   a. Wound closure removal
   b. Removal, placement of chest tubes
3. Orthopedic Surgery:
   a. Cast applications
   b. Wound debridement

c. Wound closure

4. Vascular Surgery:
   a. Percutaneous placement of intra-arterial and intravenous devices, catheters, etc.
   b. Diagnostic arteriograms, angioplasty, etc.
   c. Wound debridement
   d. Wound closure

C. Cardiology: All Catheterization Laboratory procedures
   1. The request by the supervising physician for special privileges for the PA should be made in writing. The need for such privileges should be illustrated. The supervising physician should in general have, himself or herself, the same privilege, as well as the credentials to teach the technique. In some cases approval of an approved course or program may be required.
   2. A request should be submitted in writing to the Chairman of the Department for review and approval. The chair will forward the departments commendation through the credentials committee and the Medical Executive Committee. The final determination is to be made by the Board of Directors.

IX. CHANGE IN LEVEL OF SUPERVISION FOR SPECIAL PRIVILEGES FOR PHYSICIAN ASSISTANTS

A. In certain circumstances, a Physician Assistant may have become so proficient in performing a special privilege that they supervising physician may have the opinion that Direct Supervision is no longer necessary.

B. The supervising physician may than apply for a change in level of supervision to General. The application is to be made through the chair of the department in writing and should include:

1. The title of the special privilege
2. The number of procedures performed in the past and over what time.
3. The outcome and complications of such procedures
4. How the change would affect patient care

C. If approved, the Physician Assistant practitioner would then be proctored for four cases by any physician with like privileges other than the supervising physician. If the proctorship is satisfactorily completed, then the department chair may forward his recommendations to the Credentials Committee and the Medical Executive Committee and finally the Board of Directors.

X. PROFESSIONAL PRACTICE EVALUATION FOR PHYSICIAN ASSISTANTS

A. <u>INITIAL PROCTORING</u>

The supervising physician shall personally supervise the first 20 core privileges performed by the Physician Assistant. This supervision shall be distributed between at least *5* different patients. The level of supervision shall be <u>PERSONAL</u>, with special emphasis to be placed on the proper performance of histories and physicals, progress notes, and discharge summaries.

The supervising physician shall report each event as "satisfactory" or "unsatisfactory". An unsatisfactory report requires continued personal supervision of that privilege.

After 20 core privileges have been satisfactorily completed and approved by the supervising physician and chairman of the department the level of supervision for core privileges becomes GENERAL.

B. PROVISIONAL STATUS

The Physician Assistant membership in the Allied Health Staff shall be provisional for the first year. After completion of 12 months of provisional membership, a review of all activities performed by the Physician Assistant shall be done by the department chair/designee and the credentials committee. If satisfactory, the provisional status will be lifted.

C. RE-CREDENTIALING

Re-credentialing of the Physician Assistant will occur every 2 years as prescribed by the Washington Hospital Medical Staff Bylaws.

SECTION 3 - REGISTERED NURSE FIRST ASSISSTANT (RNFA)

I. STANDARDS FOR REGISTERED NURSE FIRST ASSISTANTS (RNFA)

A. Qualifications

1. Education:
   a. Bachelor of Science in Nursing - BSN from an accredited college or university
2. Licensure/Certification/Experience
   a. Current California RN license
3. Current certification as a "certified nurse operating room" (CNOR) by the National Certification Board, Perioperative Nursing.
4. Current Advanced Cardiac Life Support (ACLS) certification,
5. Completion of an RN First Assistant course at an institution approved by the appropriate regional accrediting body for higher education, in which the curriculum addressed all the content areas of the Core Curriculum for the RN First Assistant with confirmation of a degree or certificate.

B. Requirements

1. An RNFA may receive privileges to perform professional services at the Hospital under the personal supervision of a physician who is an active member of the Medical Staff at Washington Hospital. An RNFA may receive privileges to perform professional services at the Hospital under the personal supervision of a physician who is a provisional active member of the Medical Staff at Washington Hospital if that provisional member is given special privilege to supervise the RFNA.

C. Scope of Practice: See Allied Health Manual- RNFA Core & Special Privileges

D. The RNFA May Not:

1. Act as primary surgeon.
2. Function concurrently as a scrub nurse or a circulating nurse while acting as a First Assistant.
3. Perform consultations.
4. Obtain informed consent.
5. Perform daily rounds in lieu of the supervising physician
6. Admit patients
7. Discharge patients
8. Treat patients in the emergency room setting
9. Treat patients in the ICU-CCU setting
10. Perform any task or function that requires the peculiar skill, training or experience of a physician, dentist or dental hygienist Simply by statement, action or appearance that s/he is a physician or is a substitution for a physician.

II. CORE PRIVILEGES FOR REGISTERED NURSE FIRST ASSISTANTS

A. General Description

The Registered Nurse First Assistant (RNFA) at surgery assists the surgeon in performing a safe operation with optimal outcomes for the patient. The RNFA practices perioperative nursing and must have acquired the necessary specific knowledge, skills, and judgment. The RNFA practices under the personal supervision of the surgeon. RNFA's shall abide by the Bylaws, policies and procedures of the Medical Staff, the Operating Room Department policies and the policies and procedures of the appropriate Medical Staff Department and of the Hospital.

B. Privileges

1. Perform the following preoperative services:

   a. conduct patient interviews;
   b. perform patient assessments;
   c. perform patient teaching;

2. Perform the following intraoperative services:

   a. Assist with the positioning, prepping and draping of the patient or perform these independently, if so directed by the surgeon.
   b. Provide retraction by.
   c. Assist with dissection of tissue as directed by the surgeon.
   d. Perform basic suturing techniques.

   Provide hemostasis as directed by the surgeon. f. Provide closure of tissue layers as directed by the supervising surgeon.

   g. Assist with affixing and stabilizing drains, cleaning the wound, appiying dressing and applying casts.
   h. In the event the operating surgeon, during surgery, becomes incapacitated or needs to leave the OR due to an emergency, the responsibility of the RNFA is:
   i. Remaining at the field scrubbed in appropriate attire (gown, mask, gloves, cap), while a replacement surgeon is being located;
      1. maintaining hemostasis;
      2. keeping the surgical site moistened, as necessary, according to the type of surgery;
      3. maintaining the integrity of the sterile field.

3. The RNFA shall perform the following postoperative services:

   a. Remove dressings, sutures, skin staples, drains, and casts;
   b. Perform postoperative assessments;
   c. Perform postoperative teaching; and
   d. Conduct discharge planning.

SECTION 4 – PERFUSIONIST

I. STANDARDS FOR PERFUSIONIST

A. Qualifications

1. Education:
    a. Graduate from a perfusion training program that has been approved by the Committee on Allied Health Education and Accreditation of the American Medical Association; and ssuccessfully completed the examination of the American Board of Cardiovascular Perfusion
2. Licensure/Certification:
    a. A person is deemed to have satisfied the education and examination requirements if he or she is certified as a "certified clinical perfusionist" ("C.C.P.") by the American Board of Cardiovascular Perfusion.
    b. Neither the MBC nor any other governmental organization licenses or certifies percussionists

B. Requirements:

1. Perfusionist shall operate the extracorporeal equipment only under the personal supervision of the cardiovascular surgeon or anesthesiologist. In addition, the perfusioni will be responsible for:

    a. Input with regard to assessment, selection, assembly and management of cardiopulmonary bypass hardware and software and related technologies.
    b. Input with regard to assessment, selection, assembly and-management of auto transfusion hardware and software and related technologies.
    c. Input with regard to assessment, selection, and management of related laboratory analyzers and their software.
    d. Abiding by Article VIII on Allied Health Professionals as outlined in the Washington Hospital Medical Staff Bylaws.

C. Scope of Practice: See Allied Health Manual - Perfusionist Core & Special Privileges

D. Competencies

1. Annual competency reports will be completed by the Cardiovascular Operative Services Medical Director or designee in order to maintain privileges. Re-credentialing is required every two years

II. CORE PRIVILEGES FOR PERFUSIONISTS

A. Perfusionists perform services necessary for the support, treatment, measurement, and supplementation of the cardiovascular and circulatory systems. These services include the operation of extracorporeal circulation equipment, such as a heart-lung machine, for cardiopulmonary bypass (CPB). Perfusionists also perform services such as-counter-pulsation, autotransfusion, and organ preservation.

B. Perfusionists shall operate the extracorporeal equipment only under the personal supervision of the

cardiovascular surgeon or anesthesiologist.

C. Privileges to perform the following Perioperative Services:

Perfusionist may receive privileges to perform the following professional services at the Hospital upon the order and under the personal supervision of a cardiovascular surgeon or anesthesiologist:

1. Counterpulsation
2. Circuratory support ventricular assistance
3. Extracorporeal membrane oxygenation (ECMO)
4. Blood conservation techniques / autotransfusion
5. Myocardial preservation
6. Anticoagulation and hematologic monitoring
7. Physiological monitoring
8. Blood gas and blood chemistry- monitoring
9. Induction of hypothermia / hyperthermia with reversal as indicated.
10. Hemodilution
11. Hemofiltration
12. Administration of medications, blood components and anesthetic agents via the extracorporeal circuit
13. Isolated limb / organ perfusion
14. Access for dialysis during CPB
15. Documentation associated with described duties.
16. Assessment and interpretation of preoperative patient's physiologic status using patient history, laboratory data and catheterization report and by discussion with surgeon and anesthesiologist.
17. Assessment and interpretation of patient's physiologic status on CPB using but not limited to laboratory data, hemodynamics, fluid balance, oxygen transfer, and heat transfer.

SECTION 5 – CERTIFIED NURSE MIDWIFE

Medical Staff Bylaws

Article VIII

ALLIED HEALTH PROFESSIONALS

ALLIED HEALTH PROFESSIONAL (AHP): An individual [Nurse Practitioners, RN First Assistants, Midwives, Perfusionists and Physician Assistants), other than a licensed physician, dentist, oral surgeon or podiatrist, who is not eligible for Medical Staff membership, but who is permitted to provide-patient care services in the Hospital within the areas of his or her professional competence and the limits established by the Board of Trustees, the Medical Staff and applicable St-ate Practice Act. All AHPs will have a supervising Physician.

QUALIFICATIONS AND SCOPE OF PRACTICE- See the relevant AHP Standards in the Allied Health Manual.

APPOINTMENT AND RE-APPOINTMENT- See Article IV- Appointment and Re-appointment. The Medical Staff shall perform this function for AH.

PROCEDURAL RIGHTS OF ALLIED HEALTH PROFESSIONALS

1. AHP applicants and/or AHP holding clinical privileges that are subject to action/recommendation to deny, revoke, restrict or not renew any or all of such AHP's privileges shall be entitled to the rights set forth below:
2. The affected AHP shall be given written notice of the recommended action.
3. The affected AHP shall have ten (1 0) days within which to request a Medical
4. Executive Committee (MEC) review hearing of the action.
5. If a review is requested, the affected AHP shall be given written notice of the general reasons for the action, and the date, time and place that the MEC review hearing is scheduled. Such date shall afford the AHP at least 14 calendar days notice.
6. The affected AHP shall have ten [10) days to submit written information and argument in support of his/her position.
7. The affected AHP shall have a right to appear at the MEC hearing, to hear such evidence as it present in support of the Committee's recommended action, and to present evidence in support of the AHP's challenge to that recommendation. Neither party shall be represented by legal counsel in the hearing.
8. The MEC may then, at a time convenient to itself, deliberate outside the presence of the parties.
9. The MEC's decision following such a hearing shall be effective immediately, but shall be subject to appeal to the Board of Directors (or, at the discretion of the Board of Directors, to an Appeal Board appointed by the Board of Directors).

The affected AHP shall be promptly informed, in writing, of the MEC's decision, and of his or her right to appeal the decision.

The affected AHP shall have ten (1 0) days to request an appeal hearing. The request for appeal shall state, with specificity, the basis for the appeal.

The appeal hearing shall be conducted within 30 days. The parties to the appeal shall be the MEC [which shall be represented by a member of the Medical Staff, who may, but need not be, a member of the Medical Executive Committee) and the AHP.

Each party shall have the right to present a written statement in support of his, her or its position on appeal. The Board of Directors (or Appeal Board, if applicable) Chair may establish reasonable time-frames for the appealing party to submit written statement and for the responding part to respond. Each party has the right to personally appear and make oral argument. The Board of Directors (or Appeal Board, if applicable) may then, at a time convenience to itself, deliberate outside the presence of the parties.

The Board of Directors [or Appeal Board, if applicable) shall issue a final decision in writing.

B. Exception to Procedural Rights- Automatics Actions:

1. Notwithstanding anything in these Bylaws that may be to the contrary in certain circumstances an AHP will not be entitled to the rights specified in this Article. Such circumstances include, but are not necessarily limited to situations where, by operation of the specific facts or laws, the AHP may not practice lawfully at the Hospital because certain eligibility criteria are not fulfilled. Except as may otherwise be addressed in this subsection, such circumstances will be addressed on a case-by-case basis.
2. Supervising Practitioner Unavailability: When conditioned upon supervision by a Medical Staff member, an AHP's privilege to provide care to the Hospital is subject to immediate and automatic suspension at any time that it is determined that the Supervising Practitioner is unavailable to supervise the AHP for any reason. Under such circumstances, the AHP may attempt to find another Supervising Physician who may apply for privileges to supervise the AHP. Any AHP whose authority to practice at the Hospital has been suspended under this Section, may not resume practice unless and until a new Supervising Physician has been granted authority to supervise the AHP.

PREROGATIVES OF ALLIED HEALTH PROFESSIONALS

The prerogatives of an AHP are to:

1. Provide specifically designated patient care services upon specific request of his/her Supervising Physician who is a member of the Medical Staff who has been granted privileges to provide such care and that are- within the scope of the AHP's licensure and certifications.

2. Write orders to the extent specified in the Medical Staff Rules & Regulations or the position standards, but not beyond the scope on the AHP's license, certificate, Supervising Physician, or other legal credential.

3. Serve on staff, department, section and Hospital committees where his/her special training and knowledge is requested. Voting will be governed by Article 3.10.

4. Attend staff, Hospital department or section education programs and clinical meetings related to his/her discipline with approval of his/her supervisor.

s. Exercise such other prerogatives as the MEC may accord AHPs in general or to a specific category of AHPs.

OBLIGATIONS OF ALLIED HEALTH PROFESSIONALS

1. The ongoing responsibilities of each Allied Health Professional shall include:
2. Providing patients with the quality of care meeting the professional standards of the Medical Staff of this Hospital.
3. Abiding by the Medical Staff Bylaws, Policy & Procedures, Medical Staff Rules &
4. Regulations and relevant AHP Standards.
5. Discharging in a responsible and cooperative manner such reasonable responsibilities and assignments imposed upon the Allied Health Professional including, but not limited to, committee assignments, peer review.
6. Preparing and completing in timely fashion medical records for all the patients to whom the Allied Health Professional provides care in the Hospital.
7. Working cooperatively with members of the Medical Staff, nurses, Hospital administration and others so as to promote a Hospital environment appropriate to quality patient care.
8. Refusing to engage in improper inducements for patient referral and not knowingly be a party to the unnecessary treatment of the patient.
9. Participating in continuing education programs as determined by the Medical *Staff* and aiding in any Medical Staff approved educational programs for staff physicians and dentists, Allied Health professionals, nurses, and other personnel.
10. Discharging such other obligations as may be lawfully established from time to time by the Medical Staff or MEC.
11. Retaining appropriate responsibility within his/her area of professional competence for the care and supervision of each patient in the Hospital for whom he/she is providing services, or arranges and alerts the principal attending practitioner of the need to arrange a suitable alternative for such care and supervision.
12. Participating as appropriate in the quality assurance program activities, in supervising Allied Health appointe.es of his/her same professional area during the provisional period and in discharging such other staff functions as may be required from time to time.
13. Paying all staff dues and assessments promptly.
14. Maintaining professional liability insurance coverage as outlined in the Rules & Regulations III, B.
15. Participates in personal and professional development and the teaching.
16. Be available when needed.
17. Improves quality by offering suggestions, taking action to meet patient and physician needs, available for quality project teams, helps implement quality improvements, and assures that his / her own work achieves quality standards.
18. Interacts with team members in a courteous and professional manner offering assistance to others as appropriate.
19. Respects the confidential nature of all aspects of patient care.
20. Adheres to safety standards, policies, and procedures, and accepts responsibility for the continuous improvement of work place safety.

LIMITATION OF PREROGATIVES

The prerogatives set forth under each staff category and for the AHPs are general in nature and may be subject to limitation by special conditions attached to the AHP's association with the staff, by any section of the Medical Staff Bylaws and Rules & Regulations and the related manuals, and by other policies of the Hospital.

The prerogatives of dentist and podiatrist members of the staff and AHPs are limited to those for which they have demonstrated the requisite level of education, training, experience, and ability.

WASHINGTON HOSPITAL ALLIED HEALTH MANUAL
SIGNATURE PAGE

ADOPTED by the Medical Executive Committee on 02/17/2015

_____
Peter Lunny, M.D., Chief of Staff

APPROVED by the Board of Directors on 03/11/2015

_____
Patricia Danielson, RHIT
Secretary, Board of Directors

Washington Hospital Healthcare System
SINCE 1948

Memorandum

DATE: March 5, 2015

TO: Nancy Farber, Chief Executive Officer

FROM: Albert Brooks, MD, Chief Medical Services

SUBJECT: MEC Request for Board Approval - Nurse Practitioner-Medicine Privilege Form

The Medical Executive Committee, at its meeting of February 17, 2015, approved the proposed new privilege form, Nurse Practitioner – Medicine. Please accept this memorandum as a formal request for presentation to the Board of Directors for final approval of the Nurse Practitioner – Medicine privilege form. The proposed document is attached.

Washington Hospital Medical Staff

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

Specialty: Nurse Practitioner - Medical

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.

Note:

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

Required Qualifications	
Qualifications	Licensure as a Registered Nurse (RN) in the State of California. **AND** Certification as a Nurse Practitioner (NP) in the State of California. **AND** Applicant may be employed by WHHS, but must still go through the credentialing process for this Allied Health Professional category. **AND** Applicant must have a supervising physician who holds a current unrestricted license from the State of California. The physician should be a member in good standing of the active or provisional active Medical Staff. **AND** The Supervising Physician must submit a request (to become a supervising physician) and establish the following in writing, along with any necessary supporting documentation to his/her Department Chair for review: a. A delgation of service agreement (DSA) outlining those specific duties that the Nurse

Practitioner would be permitted to perform under supervision and outside of the Supervising physician's immediate supervision and control, shall be signed and dated by the supervising physician and the Nurse Practitioner. This will be submitted with the Nurse Practitioner's application.

b. Protocols governing all procedures to be performed by the Nurse Practitioner. Such protocols shall state the information to be given to the patient, the technique for the procedure, and the follow-up care;

c. A written statement indicating that the Supervising Physician accepts full legal and ethical responsibility for the performance of all professional activities of the Nurse Practitioner.

AND

Complete a written application to the Medical Staff for such privileges.

AND

Meet with the Credentials Committee or a representative to discuss the application, the application process, duties and obligations of the physician when required by the Chair of the Credentials Committe or the Chief of Staff.

AND

Be approved by the Credentials Committee, Medical Executive Committee and the Hospital Board.

AND

The supervising physician must provide proof of professional liability insurance, with limits as determined by the Board of Directors, for acts or omissions arising from supervision of the Nurse Practitioner the Supervising Physician shall verify such coverage in a form acceptable to the Medical Executive Committee

AND

The Supervising Physician will comply with all of the requirements as spelled out in the California Business & Professional Code and the California Code of Regulations (Title 16) as they relate to the supervision of Nurse Practitioners, which they will attest to have read.

AND

The Supervising Physician shall:

a. Adopt protocols to govern the performance of a Nurse Practitioner for some or all tasks. The minimum content for a protocol governing diagnosis and management as referred to in this section shall include the presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and education to be given the patient For protocols governing procedures, the protocol shall state the information to be given the patient, the preparation and technique of the procedure, and the follow-up care.

b. Protocols shall be developed by the physician, adopted from, or referenced to texts or other sources. Protocols shall be signed and dated by the supervising physician and the Nurse Practitioner.

c. In the case of a patient proceeding to any invasive procedure the review must be prior to that procedure. A note must be created in EPIC by the Supervising Physician and must include a summary of the pertinent details of the history, important physical findings, the planned procedure, the rationale for the procedure, and documentation that the procedure has been explained to the patient by the Supervising Physician. The duty to obtain informed consent cannot be delegated;

d. Establish written guidelines for the timely supervision of any laboratory, screening, or therapeutic services performed by the Nurse Practitioner.

AND

The supervising physician has continuing responsibility to follow the progress of the patient and to make sure that the Nurse Practitioner does not function autonomously. The supervising physician shall be responsible for all medical services provided by a Nurse Practitioner under his or her supervision•

Membership

Meet all requirements for AHP staff membership

Education/Training

Master's or doctoral degree in nursing from an accredited college or university.

Graduate from a NP program accredited by the National League of Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE).

Continuing Education	Applicant must attest to having completed 50 CE credits during the previous 24 months directly related to the privileges requested (waived for applicants who have completed training during the previous 24 months).
Certification	National Board Certification as a Nurse Practitioner (NP) from an agency accredited by the American Board of Nursing Specialties (ABNS). Note: New graduate NPs must obtain National Board Certification within six (6) months of their graduation date. **AND** Certification in Basic Life Support (BLS) from the American Heart Association (AHA). **AND** All applicants must provide proof of a valid Furnishing number from the Board of Registered Nurses for ordering drugs/devices, which must be included in all transmittals. The Furnishing must be current if holding privileges. **AND** An individual Drug Enforcement Agency (DEA) license issued by the DEA for Schedule II-V controlled substances. **AND** Additional board certification(s) may be required by certain specialties/departments.
Clinical Experience (Initial)	Applicant must be able to provide documentation of provision of nurse practitioner services (at least 24 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 (waived for applicants who completed training within the past year).
Clinical Experience (Reappointment)	Applicant must be able to provide documentation of provision of nurse practitioner services (at least 24 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.

Core Privileges: Nurse Practitioner - Medical

Description: A Nurse Practitioner may provide only those medical services which he/she is competent to perform, which are consistent with the NP's education, training, experience, Standardized Procedure which are delgated in writing by the supervising physician and performed under the supervision of that physician. A Nurse Practitioner shall consult with a physician regarding any task, procedure or diagnostic problem which the NP determines exceeds his/her level of competence or shall refer such cases to a collaborating physician.

Request ☐	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Dept Chair Rec ☐
☐	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty, according to written standardized procedures. [see Standardized Procedure: Assessment & Management of Patients]	☐
☐	Obtains complete histories and performs pertinent physical exams with assessment or normal and abnormal findings on new and return patients, according to written standardized procedures. [see Standardized Procedure: Assessment & Management of Patients]	☐
☐	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient, according to written standardized procedures. [see Standardized Procedure: Assessment & Management of Patients]	☐
☐	Orders, furnishes, and prescribes medications, according to written standardized procedures. [see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs, Formulary Protocol]	☐
☐	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products as directed by supervising physician.	☐
☐	Order physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services as directed by the supervising physician.	☐
☐	Performs designated procedures after demonstrated competency, according to written standardized procedures where applicable and as directed by supervising physician.	☐
☐	Initiates arrangements for hospital admissions and discharges and completes appropriate documentation as directed by the supervising physician; including assisting with obtaining informed consent.	☐
☐	As directed by the supervising physician, enrolls patients in investigational studies approved by the Investigational Review Board (IRB), and orders the necessary tests and medications. [see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs, Formulary Protocol] Medications that are not FDA-approved or are used for non-FDA-approved indication (off-label use) require patient specific order in advance from the supervising physician.	☐
☐	Recognizes and considers age-specific needs of patients.	☐
☐	Effectively communicates and interacts with patients, families, staff and members of the community from diverse backgrounds.	☐
☐	Recongnizes situations shich require the immediate attention of a physician and initiates life-saving procedures when necessary.	☐
☐	Facilitates the coordination of inpatient and outpatient care and services as needed.	☐
☐	Facilitates collaboration between providers and coordination of community resources.	☐
☐	Ensures compliance with legal, regulatory and clinical policies and procedures.	☐
☐	Participates in quality improvement initiatives.	☐
☐	Provides and coordinates patient teaching and counseling.	☐

FPPE

- ☐ The supervising physician shall personally supervise the first 20 core privileges performed by the nurse practitoner. This supervision shall be distributed between at least 5 different patients. The level of supervision shall be PERSONAL, with special emphasis to be placed on the proper performance of histories and physicals, progress notes, and discharge summaries. The supervising physician shall report each event as "satisfactory" or "unsatisfactory". An unsatisfactory report requires continued personal supervision of that privilege. After 20 core privileges have been satisfactorily completed and approved by the supervising physician and chairman of the department the level of supervision for core privileges becomes GENERAL.
- ☐ Evaluation of OPPE data collected for review of competency/performance.

Special Privileges: Emergency Department

Description: Nurse Practitioner Special Privileges are all those privileges not included in the Core. Nurse Practitioner special privileges shall be performed under physician licensed in the State of California and a member in good standing of the Washington Hospital Medical Staff.

Qualifications	
Education/Training	Master's/post-master's or doctorate training included specific training for privileges requested; or didactic course with "hands-on" experience for each privilege requested at an accredited facility deemed to be appropriate by the Department Chair or designee. Applicant must be able to provide proof of documentation for each privilege requested.
Clinical Experience (Initial)	Applicant must be able to provide documentation of provision of services (# and type of cases) representative of the scope and complexity of the privileges requested during the previous year (waived for applicants who completed training within the past year and can document competence in this area).
Clinical Experience (Reappointment)	Applicant must have provided (# cases) representative of the scope of privileges requested during the past 24 months
Additional Qualifications	Must qualify for and be granted core privileges as a Nurse Practitioner.

Request ☐	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	**Dept Chair Rec** ☐
☐	Slit lamp examination including removal of foreign body; Conjunctiva/Cornea	☐
☐	Laceration repair including single and multilayer closures	☐
☐	Incision and drainage of subungual hematoma, absecess and paronychia	☐
☐	Trephination of nail including nail removal	☐
☐	Care of simple fractures including extremity, rib and clavicle; including skeletal immobilization	☐
☐	Care of simple strains and sprains including immobilization and application of splints	☐
☐	Reduce simple dislocation including digital, radial head, shoulder, hip and patellar	☐
☐	Posterior nasal packing and cautery	☐
☐	Emergent decompressive thoracostomy	☐
☐	Direct fiberoptic laryngoscopy and airway management including intubation	☐

FPPE

- ☐ Ten concurrent case reviews.
- ☐ Evaluation of OPPE data collected for review of competency/performance.

Special Privileges: ICU/CCU

Description: Nurse Practitioner Special Privileges are all those privileges not included in the Core. Nurse Practitioner special privileges shall be performed under physician licensed in the State of California and a member in good standing of the Washington Hospital Medical Staff.

Qualifications	
Education/Training	Master's/post-master's or doctorate training included specific training for privileges requested; or didactic course with "hands-on" experience for each privilege requested at an accredited facility deemed to be appropriate by the Department Chair or designee. Applicant must be able to provide proof of documentation for each privilege requested.
Clinical Experience (Initial)	Applicant must be able to provide documentation of provision of services (# and type of cases) representative of the scope and complexity of the privileges requested during the previous year (waived for applicants who completed training within the past year and can document competence in this area).
Clinical Experience (Reappointment)	Applicant must have provided (# cases) representative of the scope of privileges requested during the past 24 months
Additional Qualifications	Must qualify for and be granted core privileges as a Nurse Practitioner.

Request ☐	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	**Dept Chair Rec** ☐
☐	Visit patients in the ICU/CCU	☐
☐	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients, according to written standardized procedures. [see Standardized Procedure: Assessment & Management of Patients]	☐

FPPE

☐ Ten concurrent 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):

☐	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

Submit

Washington Hospital Healthcare System

WASHINGTON HOSPITAL

MONTHLY OPERATING REPORT

January 2015

Washington Hospital Healthcare System

WASHINGTON HOSPITAL
INDEX TO BOARD FINANCIAL STATEMENTS
January 2015

Washington Hospital Healthcare System
SINCE 1948

Memorandum

DATE: March 6, 2015

TO: Board of Directors

FROM: Nancy Farber

SUBJECT: Washington Hospital – January 2015 Operating & Financial Activity

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SUMMARY OF OPERATIONS – (Blue Schedules)

1. **Utilization – Schedule Board 3**

ACUTE INPATIENT:	January Actual	Budget	Current 12 Month Avg.
Average Daily Census	183.5	181.9	153.5
# of Admissions	1,178	1,183	975
Patient Days	5,690	5,638	4,667
Discharge ALOS	4.92	4.77	4.76

OUTPATIENT:	January Actual	Budget	Current 12 Month Avg.
OP Visits	7,687	8,230	7,373
ER Visits	5,164	4,742	4,419
Observation Equivalent Days – OP	263	226	256

Comparison of January 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 lower than budget. Emergency Room visits were above budget for the month.

2. **Staffing – Schedule Board 3**

Total paid FTEs were 82.1 below budget. Total productive FTEs for January were 1,108.0, 130.9 below the budgeted level of 1,238.9. Nonproductive FTEs were 48.8 above budget. Productive FTEs per adjusted occupied bed were 4.54, 0.66 below the budgeted level of 5.20. Total FTEs per adjusted occupied bed were 5.47, 0.47 below the budgeted level of 5.94.

3. **Income - Schedule Board 1**

For the month of January the Hospital realized a gain of $2,035,000 from operations.

Total Gross Patient Service Revenue of $183,119,000 for January was 1.0% below budget.

Deductions from Revenue of $143,645,000 represented 78.44% of Total Gross Patient Service Revenue. This percentage is above the budgeted amount of 76.93%.

Total Operating Revenue of $39,757,000 was $3,266,000 below the budget.

Total Operating Expense in January was $3,821,000 (9.2%) below the budgeted amount.

The Total Non-Operating Gain of $1,793,000 for the month of January includes an unrealized gain on investments of $722,000 and property tax revenue of $785,000. This property tax revenue will be used to pay the debt service for the general obligation bonds.

The Total Net Gain for January was $3,828,000, which was $1,248,000 more than the budgeted gain of $2,580,000.

The Total Net Gain for January using FASB accounting principles, in which the unrealized gain on investments and property tax revenues are removed from the non-operating income and expense, was $2,321,000 compared to a budgeted gain of $1,796,000.

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

There were no noteworthy changes in assets and liabilities when compared to the December 2014 amounts.

NANCY FARBER
Chief Executive Officer

NF/CH:cd

SCHEDULE BOARD 1

Washington Hospital Healthcare System

WASHINGTON HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
January 2015
GASB FORMAT
(In thousands)

JANUARY						YEAR TO DATE			
ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.			ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.
				1	**OPERATING REVENUE**				
$ 137,765	$ 141,094	$ (3,329)	-2.4%	2	INPATIENT REVENUE	$ 835,854	$ 875,319	$ (39,465)	-4.5%
45,354	43,792	1,562	3.6%	3	OUTPATIENT REVENUE	323,342	288,879	34,463	11.9%
183,119	**184,886**	**(1,767)**	-1.0%	4	**TOTAL PATIENT REVENUE**	**1,159,196**	**1,164,198**	**(5,002)**	-0.4%
(143,645)	**(142,224)**	**(1,421)**	-1.0%	5	**CONTRACTUAL ALLOWANCES**	**(893,102)**	**(889,736)**	**(3,366)**	-0.4%
78.44%	**76.93%**			6	**CONTRACTUAL AS % OF REVENUE**	**77.04%**	**76.42%**		
39,474	**42,662**	**(3,188)**	-7.5%	7	**NET PATIENT REVENUE**	**266,094**	**274,462**	**(8,368)**	-3.0%
283	361	(78)	-21.6%	8	OTHER OPERATING INCOME	1,333	1,420	(87)	-6.1%
39,757	**43,023**	**(3,266)**	-7.6%	9	**TOTAL OPERATING REVENUE**	**267,427**	**275,882**	**(8,455)**	-3.1%
				10	**OPERATING EXPENSES**				
14,592	15,036	444	3.0%	11	SALARIES & WAGES	97,381	96,675	(706)	-0.7%
5,854	6,117	263	4.3%	12	EMPLOYEE BENEFITS	37,082	41,086	4,004	9.7%
4,216	4,392	176	4.0%	13	SUPPLIES	28,608	29,118	510	1.8%
4,508	4,911	403	8.2%	14	PURCHASED SERVICES & PROF FEES	34,246	34,113	(133)	-0.4%
1,271	1,389	118	8.5%	15	INSURANCE, UTILITIES & OTHER	9,104	9,365	261	2.8%
3,548	6,004	2,456	40.9%	16	PROVISION FOR DOUBTFUL ACCOUNTS	24,702	37,762	13,060	34.6%
2,843	2,843	0	0.0%	17	DEPRECIATION	19,413	19,362	(51)	-0.3%
890	851	(39)	-4.6%	18	INTEREST EXPENSE	6,345	6,206	(139)	-2.2%
37,722	**41,543**	**3,821**	9.2%	19	**TOTAL OPERATING EXPENSE**	**256,881**	**273,687**	**16,806**	6.1%
2,035	**1,480**	**555**	37.5%	20	**OPERATING INCOME (LOSS)**	**10,546**	**2,195**	**8,351**	380.5%
5.12%	**3.44%**			21	**OPERATING INCOME MARGIN %**	**3.94%**	**0.80%**		
				22	**NON-OPERATING INCOME & (EXPENSE)**				
226	231	(5)	-2.2%	23	INVESTMENT INCOME	1,570	1,555	15	1.0%
(3)	0	(3)	0.0%	23	REALIZED GAIN/(LOSS) ON INVESTMENTS	(36)	0	(36)	0.0%
63	85	(22)	-25.9%	24	RENTAL INCOME, NET	407	568	(161)	-28.3%
785	784	1	0.1%	25	PROPERTY TAX REVENUE	6,013	6,009	4	0.1%
722	0	722	0.0%	26	UNREALIZED GAIN/(LOSS) ON INVESTMENTS	(69)	0	(69)	0.0%
1,793	**1,100**	**693**	63.0%	27	**TOTAL NON-OPERATING INCOME & EXPENSE**	**7,885**	**8,132**	**(247)**	-3.0%
$ 3,828	**$ 2,580**	**$ 1,248**	48.4%	28	**NET INCOME (LOSS)**	**$ 18,431**	**$ 10,327**	**$ 8,104**	78.5%
9.63%	**6.00%**			29	**NET INCOME MARGIN %**	**6.89%**	**3.74%**		
$ 2,321	**$ 1,796**	**$ 525**	29.2%	30	**NET INCOME (LOSS) USING FASB PRINCIPLES****	**$ 12,487**	**$ 4,318**	**$ 8,169**	189.2%
5.84%	**4.17%**				**NET INCOME MARGIN %**	**4.67%**	**1.57%**		

**NET INCOME (FASB FORMAT) EXCLUDES PROPERTY TAX INCOME AND UNREALIZED GAIN(LOSS) ON INVESTMENTS

SCHEDULE BOARD 2

Washington Hospital Healthcare System

WASHINGTON HOSPITAL
BALANCE SHEET
January 2015
(In thousands)

	ASSETS AND DEFERRED OUTFLOW	JANUARY 2015	AUDITED JUNE 2014
	CURRENT ASSETS		
1	CASH & CASH EQUIVALENTS	$ 13,231	$ 13,995
2	ACCOUNTS REC NET OF ALLOWANCES	56,810	50,447
3	OTHER CURRENT ASSETS	8,506	8,189
4	TOTAL CURRENT ASSETS	78,547	72,631
	ASSETS LIMITED AS TO USE		
6	BOARD DESIGNATED FOR CAPITAL AND OTHER	173,848	165,678
7	GENERAL OBLIGATION BOND FUNDS	134,520	136,916
8	REVENUE BOND FUNDS	10,389	10,388
9	BOND DEBT SERVICE FUNDS	11,442	26,248
10	OTHER ASSETS LIMITED AS TO USE	15,294	15,030
11	**TOTAL ASSETS LIMITED AS TO USE**	345,493	354,260
13	**OTHER ASSETS**	119,925	113,193
14	**NET PROPERTY, PLANT & EQUIPMENT**	395,494	401,352
15	**TOTAL ASSETS**	**$ 939,459**	**$ 941,436**
16	**DEFERRED OUTFLOWS**	4,026	23,403
17	**TOTAL ASSETS AND DEFERRED OUTFLOWS**	**$ 943,485**	**$ 964,839**

	LIABILITIES, NET POSITION AND DEFERRED INFLOWS	JANUARY 2015	AUDITED JUNE 2014
	CURRENT LIABILITIES		
1	CURRENT MATURITIES OF L/T OBLIG	$ 6,002	$ 10,010
2	ACCOUNTS PAYABLE	15,101	20,804
3	OTHER ACCRUED LIABILITIES	49,794	40,982
4	INTEREST	5,879	10,119
5	TOTAL CURRENT LIABILITIES	76,776	81,915
	LONG-TERM DEBT OBLIGATIONS		
6	REVENUE BONDS AND OTHER	208,603	213,386
7	GENERAL OBLIGATION BONDS	197,457	198,703
	OTHER LIABILITIES		
10	NET PENSION LIABILITY	41,442	71,400
11	WORKERS' COMP	8,784	8,418
12	SUPPLEMENTAL MEDICAL RETIREMENT	36,077	34,466
14	**NET POSITION**	359,004	340,573
15	**TOTAL LIABILITIES AND NET POSITION**	**$ 928,143**	**$ 948,861**
16	**DEFERRED INFLOWS**	15,342	15,978
17	**TOTAL LIABILITIES, NET POSITION AND DEFERRED INFLOWS**	**$ 943,485**	**$ 964,839**

Washington Hospital Healthcare System

WASHINGTON HOSPITAL
OPERATING INDICATORS
January 2015

12 MONTH AVERAGE	JANUARY ACTUAL	JANUARY BUDGET	JANUARY FAV (UNFAV) VAR	JANUARY % VAR.			YEAR TO DATE ACTUAL	YEAR TO DATE BUDGET	YEAR TO DATE FAV (UNFAV) VAR	YEAR TO DATE % VAR.
						PATIENTS IN HOSPITAL				
153.5	183.5	181.9	1.6	1%	1	ADULT & PEDS AVERAGE DAILY CENSUS	150.9	157.8	(6.9)	-4%
8.4	8.5	7.3	1.2	16%	2	OUTPT OBSERVATION AVERAGE DAILY CENSUS	8.7	7.1	1.6	23%
10.9	10.4	9.5	0.9	9%	3	NURSERY AVERAGE DAILY CENSUS	11.1	9.9	1.2	12%
172.8	202.4	198.7	3.7	2%	4	TOTAL	170.7	174.8	(4.1)	-2%
4,667	5,690	5,638	52	1%	5	ADULT & PEDS PATIENT DAYS	32,441	33,931	(1,490)	-4%
975	1,178	1,183	(5)	0%	6	ADMISSIONS-ADULTS & PEDS	6,989	7,022	(33)	0%
4.76	4.92	4.77	0.15	3%	7	AVERAGE LENGTH OF STAY-ADULTS & PEDS	4.63	4.83	(0.20)	-4%
						OTHER KEY UTILIZATION STATISTICS				
1.485	1.440	1.505	(0.065)	-4%	8	OVERALL CASE MIX INDEX (CMI)	1.445	1.508	(0.063)	-4%
						SURGICAL CASES				
111	117	120	(3)	-3%	9	JOINT REPLACEMENT CASES	771	782	(11)	-1%
25	23	28	(5)	-18%	10	NEURO SURGICAL CASES	178	179	(1)	-1%
10	12	11	1	9%	11	CARDIAC SURGICAL CASES	74	66	8	12%
53	42	57	(15)	-26%	12	MINIMALLY INVASIVE CASES	290	424	(134)	-32%
344	356	355	1	0%	13	TOTAL CASES	2,429	2,420	9	0%
600	622	606	16	3%	14	TOTAL CATH LAB PROCEDURES	4,351	4,075	276	7%
153	147	142	5	4%	15	DELIVERIES	1,107	1,026	81	8%
7,373	7,687	8,230	(543)	-7%	16	OUTPATIENT VISITS	50,876	53,046	(2,170)	-4%
4,419	5,164	4,742	422	9%	17	EMERGENCY VISITS	31,632	29,825	1,807	6%
						LABOR INDICATORS				
1,181.1	1,108.0	1,238.9	130.9	11%	18	PRODUCTIVE FTE'S	1,141.6	1,163.6	22.0	2%
182.0	225.5	176.7	(48.8)	-28%	19	NON PRODUCTIVE FTE'S	187.8	178.7	(9.1)	-5%
1,363.1	1,333.5	1,415.6	82.1	6%	20	TOTAL FTE'S	1,329.4	1,342.3	12.9	1%
5.63	4.54	5.20	0.66	13%	21	PRODUCTIVE FTE/ADJ. OCCUPIED BED	5.46	5.54	0.08	1%
6.49	5.47	5.94	0.47	8%	22	TOTAL FTE/ADJ. OCCUPIED BED	6.35	6.40	0.05	1%