



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, April 8, 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: | |
| Bohol, Philippines Medical Mission | Carmencita Agcaoili, MD
Kranthi Achanta, MD |
| IV. CONSIDERATION OF MINUTES | |
| March 11 and 23, 2015 | <i>Motion Required</i> |
| V. COMMUNICATIONS | |
| A. Oral | |
| B. Written | |
| From Peter Lunny, MD, Chief of Staff,
dated March 23, 2015 requesting approval
of Medical Staff Credentialing Action Items. | <i>Motion Required</i> |
| 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
2015 Infection Prevention Update | 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 Nurse Midwife Privilege Form | <i>Motion Required</i> |
| B. | Consideration of Nurse Practitioner – Surgery 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 |
| B. | Report involving a trade secret pursuant to Health & Safety Code section 32106 |

New Program

Estimated date of public disclosure: April 2016

- | | | |
|------------|---|--|
| IX. | RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION | Patricia Danielson, RHIT
Board Member |
| X. | ADJOURNMENT | Patricia Danielson, RHIT
Board Member |

A meeting of the Board of Directors of the Washington Township Health Care District was held on Wednesday, March 11, 2015 in the Conrad E. Anderson, MD Auditorium, 2500 Mowry Avenue, Fremont, California. Director Danielson called the meeting to order at 6:01 p.m. and led those present in the Pledge of Allegiance.

CALL TO ORDER

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

ROLL CALL

Also present: Peter Lunny, Chief of Medical Staff; Debbie Jackson, Service League President; Christine Nguyen-Flores, Senior Executive Assistant

Guests: Kimberly Hartz, Ed Fayen, Chris Henry, Bryant Welch, Stephanie Williams, Tina Nunez, Kristin Ferguson, Mary Bowron, John Lee, Albert Brooks, MD, Vera Teyrovsky

Kimberly Hartz, Senior Associate Administrator introduced Dr. Vandana Sharma, Medication Analysis Committee Chair. Dr. Sharma presented the Medication Safety presentation and shared the Medication safety outcome measurements, pre and post Electronic Health Records (EHR) Implementation, measurements of impact of EHR Implementation and the impact of EHR Implementation by Year. Dr. Sharma continued by sharing the medication error breakdown by process, including types of errors such as prescription order communication and administration. The measure of impact of distraction reduction was reported noting that contributing factors to medication errors caused by distractions include: nurses are exposed to a multitude of interruptions and distractions that affect the ability to focus and working during critical times, methods such as Medication Room Redesign and EHR Implementation are shown to reduce the impact of these environmental factors. Dr. Sharma went on to share the ranking strategies from the Most to Least Effective: Forcing Function, Automation, Standardization, and Education and shared the 1-2-3-4 Smart Strategies which include: address common infusion issues, managing and maximizing the use of alarms/alerts, making guardrail library effective, and educating frontline users.

*EDUCATION SESSION:
MEDICATION SAFETY*

Director Nicholson moved for approval of the minutes of February 11, 23, and 25, 2015.

*APPROVAL OF MINUTES
OF FEBRUARY 11, 23,
AND 25, 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 - aye

The motion unanimously carried.

There were no oral communications.

*COMMUNICATIONS
ORAL*

The following written communication received from Peter Lunny, M.D., Chief of Staff, dated February 23, 2015 requesting approval of Medical Staff Credentialing Action Items as follows:

Appointments:

Liang, Mark, MD and Sheridan, Christina, MD

Reappointments:

Achanta, Kranthi, MD; Andersen, Steven, MD; Andresen, Joseph, MD; Chen, Xiaochuan, MD; Ellner, Laurence, DPM; Goehner, Paul, MD; Habibi, Ali, MD; Hung, Sammy, MD; Khetrapal, Rabin, MD; Kilaru, Prasad, MD; Kishyama, Jeffrey, MD; Lam, Michael, MD; Larson, David, MD; Laver, David, DPM; Lee, Edwin, MD; Lewis, David, MD; Lin, Jiin, MD; Louis, Jennifer, MD; Low, Kenneth, MD; Nicholls, Ethan, MD; Singh, Geeta, MD; Smith, Brian, MD; Spears, Robert, MD; Sung, Yon, MD; Vora, Samir, MD; Wat, Norman, DDS; Wilson, Vanessa, MD; Wilson, Byron, MD

Completion of Proctoring & Advancement in Staff Category:

Kumar, Mrudula, MD and Prato, Steven, CCP

Completion of Proctoring prior to Eligibility for Advancement in Staff Category:

Reeves, Carla, CNM; Thiara, Randeep, MD; Wang, Sean, MD

New Privilege Requests:

Barrie, Stacey, MD; Calhoun, Siobhan, MD; Dai, Jing, MD; Johnson, Craig, MD; Lin, Jeff, MD; Prasad, Sudeepthi, MD; Sharma, Padmaja, MD

Resignations:

Carreon, Gloria, MD; Friedkin, Stephen, MD; Gupta, Ruchi, MD; Jamali, Amir, MD; Myint, Gerald, MD; Pflieger, Keith, CCP; Robbins, Allison, MD; Robertson, Kari, PA-C

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

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 – aye

The motion unanimously carried.

Debbie Jackson, Service League President Elect presented the Service League Report. Ms. Jackson noted the Treasurer Donna Lim will be resigning as of mid-April. Ms. Lim has been training Sidne Margolis as her replacement. The 2015 California Hospital Volunteer Leadership Conference was held February 16-19th at the Hyatt Regency Indian Wells Resort and Spa. Ms. Jackson attended the numerous development sessions, roundtable discussions and informational sessions. Ms. Jackson shared that the plans for the 60th anniversary celebrations are under way. On Wednesday, March 4th, the committee met to discuss preparations for the gala to be held on Tuesday, October 14, 2015 under the Grand White Tent from 11:00am-2:00pm.

Dr. Lunny reported there are 548 Medical Staff members.

*MEDICAL STAFF
REPORT*

The Hospital Calendar video highlighted the following events:

*HOSPITAL CALENDAR:
Community Outreach*

Past Health Promotions & Outreach Events:

On Wednesday, February 11th, Dr. Victoria Leiphart, gynecologist, presented "Mind-Body Heart Health" to employees of Boehringer Ingelheim, a manufacturer of bio pharmaceutical products; 12 people attended.

On Tuesday, February 17th, Dr. Stacie Macdonald, OBGYN presented, "Women's Health: Minimally Invasive Gynecologic Surgery"; 8 people attended.

On Wednesday, February 18th Washington Hospital participated in the Fremont Community Health and Wellness Resource Fair at Unitek College. Staff provided health education, information on various health insurance programs, and bone density screenings for osteoporosis. 14 people were screened for Osteoporosis and over 300 people attended the event.

On Friday, February 20th the Washington Hospital Sports Medicine Program provided athletic trainers and hosted a first aid booth at the Tri-City area Special Olympics Basketball Tournament held at Newark Memorial High School. Over 290 student athletes participated in the event.

On Monday, February 23rd, Vy Nguyen, occupational therapist, presented "Therapeutic Strategies for Parkinson's" for the Parkinson's Support Group at the Fremont Senior Center; 35 people attended.

On Thursday, March 5th, as part of the Diabetes Matters Series, Chungmei Shih, R.N., presented "Diabetes & Your Skin: How Uncontrolled Blood Sugar Affects Wound Healing"; 12 people attended.

Upcoming Health Promotions & Community Outreach Events

On Tuesday, March 17th, from 1 to 3:00 p.m., Dr. Michael Parmley, Internist, will be presenting, "Healthy at All Ages."

On March 21st, from 10:00 a.m. to 1:00 p.m., Washington Hospital will host Stroke Awareness Day. This event screens community members for carotid artery blockage, atrial fibrillation and provides cholesterol, blood sugar and blood pressure screenings. This event is co-sponsored by Fremont Bank.

On Thursday, April 2nd, from 7:00 to 8:00 p.m., as part of the Diabetes Matters Series, Bing Bing Zhang, R.N., will be presenting, "Gastroparesis: When Diabetes Leads to a Lazy Stomach."

On Tuesday, April 7th, 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 "Acute Management of Stroke: Chronic Care and Stroke Rehabilitation"

On Monday, April 27th from 7 to 8:30 p.m., Dr. Victoria Leiphart, Gynecologist, will be presenting, "Restoring Balance", a four-week stress reduction program.

Washington Hospital Healthcare 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.

HOSPITAL CALENDAR:

*Washington Hospital
Foundation Report*

The Washington Township Healthcare District Board of Directors Report

Washington Township Healthcare District Board Members attended the Unitek College Ribbon Cutting and Health Fair on February 18th, the Fremont Education Foundation's Excellence in Education Gala on February 27th and Abode Services' 9th Annual Journey Home Breakfast on March 5th.

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

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

During the month of February, 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 in Fremont. The total number of community members receiving healthcare at the Washington On Wheels Clinic during the month of February was 59.

*HOSPITAL CALENDAR:
Washington On Wheels
Mobile Health Van*

Washington Hospital Employee Association, WHEA

In February, WHEA conducted the annual Sock and Undie drive to benefit those at both SAVE and ABODE Services. Along with WHEA, individual hospital employees donated, socks, undergarments, diapers and personal care items to those in need. WHEA is gearing up for the first Red Cross Blood Drive of the year. It will take place on Friday March 13th from 12 pm – 6 pm in the Anderson Auditorium at Washington West. The event is open to the public.

*HOSPITAL CALENDAR:
Washington Hospital
Employee Association,
WHEA*

The Washington Hospital Employees Association is currently accepting scholarship applications for the 2015 Don Pickinpaugh Memorial Scholarship. Don Pickinpaugh was the longest serving board member on the Washington Township Health Care District Board of Directors, during his 27 year tenure; he served as Board President 5 times. This \$2,000 Scholarship Is Available For Dependents of Washington Hospital Employees.

Internet Marketing

There were over 56,740 visits to the hospital website in the month of February. The hospital's Physician Finder section was the most viewed webpage with 16,524 page views, followed by the Employment section with 11,642 page views and About WHHS for 8,625 page views. The Volunteers section had 6,698 views and the Women's Health and Pregnancy with 2,298 page views.

*HOSPITAL CALENDAR:
Internet Report*

InHealth - Channel 78

During the month of February, Washington Hospital's cable channel 78, InHealth, captured new programming including a Diabetes Matters program: "Diabetes & Stroke: What is the Connection?", and a Health and Wellness Program titled Women's Health: Minimally Invasive Gynecologic Surgery. In addition, InHealth aired a Health and Wellness Program titled "Knee Pain & Replacement: Advances in Surgical Techniques"; an Enterovirus D68 Public Service Announcement; the February Board of Directors' meeting; and the Citizens' Bond Oversight Committee Meeting.

*HOSPITAL CALENDAR:
InHealth*

Additional Events

On Tuesday, February 24, Washington Hospital held the Groundbreaking Ceremony for the Morris Hyman Critical Care Pavilion. More than 300 people turned out to celebrate the largest public works project in the history of the Washington Township Health Care District. Named for the founder of Fremont Bank, the new building will house a new and expanded emergency department, a state-of-the-art intensive care unit and an advanced coronary care unit. The new emergency department will be approximately four times the size of the current facility, which was built more than 50 years ago and intended to serve 16,000 patients a year.

*HOSPITAL CALENDAR:
Additional Events*

Employee of the Month

Cecelia first joined Washington Hospital in February of 2007. She has been an integral part of the Nursing Staff Office for the last eight years as a staffing clerk. She has a vast knowledge of the staffing process and tries very hard to meet the needs of each unit. Cecelia is known for her compassion and commitment to the Staffing Office. What sets her apart is her intensely personal approach to what she does. She knows all of the PCS staff and they are not just "numbers" to her. When someone has to call in sick, she expresses empathy and when there is a bereavement call, she has a supportive, genuine word or two. Cecelia's real magic comes from her ability to gather together the staff we need for each unit every day. She knows how to juggle the ever-changing staffing needs so we provide the optimal staffing for each unit.

*HOSPITAL CALENDAR:
Employee of the Month –
Cecilia Salinas*

Ms. Hartz 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 that drills are on site and the drilling for the foundation for the garage has started. This will be the base upon which the first floor of the garage will sit; it is about 2/3 of the way through the process. Mr. Fayen shared photos of the Bart island modifications for fence realignment and removal of curb and gutter that made parking spots in the BART area. The sidewalk along Bart Way for residents walking to and from the Bart station stayed intact; there is a section that has been removed but they can comfortably cut over on a crosswalk that is already there. The date of completion for the garage is still February 2016. Mr. Fayen continued by providing an update on The Morris Hyman Critical Care Pavilion. Mr. Fayen shared photos of the Make Ready – Fire Line and the Make Ready – Fast Track Slab Demo. Rudolph and Sletten is currently involved with the Trade Bidding Phase. 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 Quality Dashboard Quarter Ending December 2014. Ms. Bowron reported on Core Measure Compliance which included heart failure, pneumonia, acute myocardial infarction, venous thromboembolism, stroke, surgical care improvement and hospital outpatient surgery. Ms. Bowron continued by sharing the Infection Prevention Indicators which included central line associated bloodstream infections (CLABSI), surgical site infection (SSI), C-difficile, catheter associated urinary tract infections (CAUTI), and hospital acquired MRSA bloodstream infections. The nurse sensitive indicators were also discussed: reducing hospital acquired pressure ulcers and reducing inpatient falls with injury. Ms. Bowron shared the Joint Commission National Patient Safety Goals which comprised of hand off communication, patient identification, procedure time out and hand hygiene as well as the readmission rates for Medicare pneumonia and heart failure.

*QUALITY REPORT
Quality Dashboard –
Quarter Ending December
2014*

Chris Henry, Chief Financial Officer, presented the Finance Report for January 2015. The average daily census was 183.5 with admissions of 1,178 resulting in 5,690 patient days. Outpatient observation equivalent days were 263. The average length of stay was 4.92 days. The case mix index was 1.440. Deliveries were 147. Surgical cases were 356. Joint Replacement cases were 117. Neurosurgical cases were 23. Cardiac Surgical cases were 12. The Outpatient visits were 7,687 and Emergency visits were 5,164. Total productive FTEs were 1,108. FTEs per adjusted occupied bed were 5.47.

FINANCE REPORT

Ms. Hartz presented the Hospital Operations Report for February. There were 987 patient admissions with an average daily census of 175. This was lower than the budget of 1,021 admissions. Preliminary information indicated inpatient revenue for the month of February at approximately \$120, 500,000; 56.5% was Medicare and 16.8% was Medi-Cal, for a total of 73.3% in government program revenue. There were 139 deliveries in the Hospital resulting in 270 baby days. There were 308 surgical cases at the Hospital and 611 cases at the Outpatient Surgery Center. The Emergency Room saw 4,407 patients. The clinics saw approximately 3,410 patients. FTEs per Adjusted Occupied Bed were 5.52.

*HOSPITAL OPERATIONS
REPORT*

In accordance with District Law, Policies and Procedures, Director Eapen moved for approval of the Medical Executive Committee proposed Allied Health Manual.

*APPROVAL OF ALLIED
HEALTH MANUAL*

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 - aye

The motion unanimously carried.

In accordance with District Law, Policies and Procedures, Director Eapen moved for approval of the Medical Executive Committee proposed Nurse Practitioner – Medicine privilege form.

*APPROVAL OF NURSE
PRACTITIONER –
MEDICINE PRIVILEGE
FORM*

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 - aye

The motion unanimously carried.

There being no further business, Director Danielson adjourned the meeting at 7:20p.m.

ADJOURNMENT

Patricia Danielson, RHIT
President

Bernard Stewart, DDS
Secretary

DRAFT

A meeting of the Board of Directors of the Washington Township Health Care District was held on March 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; 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 9:00 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



Washington Hospital
Healthcare System

S I N C E 1 9 4 8

Memorandum

DATE: April 1, 2015

TO: Nancy Farber, Chief Executive Officer

FROM: Albert Brooks, MD, Chief Medical Services

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

The Medical Executive Committee, at its meeting of March 16, 2015, approved the proposed new privilege form, Nurse Practitioner – Surgery. Please accept this memorandum as a formal request for presentation to the Board of Directors for final approval of the Nurse Practitioner – Surgery 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 - Surgery

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 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.

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 Committee 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 - Surgery
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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.

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	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]	<input type="checkbox"/>
<input type="checkbox"/>	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]	<input type="checkbox"/>
<input type="checkbox"/>	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]	<input type="checkbox"/>
<input type="checkbox"/>	Orders, furnishes, and prescribes medications, according to written standardized procedures. [see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs, Formulary Protocol]	<input type="checkbox"/>
<input type="checkbox"/>	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products as directed by supervising physician.	<input type="checkbox"/>
<input type="checkbox"/>	Order physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services as directed by the supervising physician.	<input type="checkbox"/>
<input type="checkbox"/>	Performs designated procedures after demonstrated competency, according to written standardized procedures where applicable and as directed by supervising physician.	<input type="checkbox"/>
<input type="checkbox"/>	Initiates arrangements for hospital admissions and discharges and completes appropriate documentation as directed by the supervising physician; including assisting with obtaining informed consent.	<input type="checkbox"/>
<input type="checkbox"/>	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.	<input type="checkbox"/>
<input type="checkbox"/>	Recognizes and considers age-specific needs of patients.	<input type="checkbox"/>
<input type="checkbox"/>	Effectively communicates and interacts with patients, families, staff and members of the community from diverse backgrounds.	<input type="checkbox"/>
<input type="checkbox"/>	Recognizes situations which require the immediate attention of a physician and initiates life-saving procedures when necessary.	<input type="checkbox"/>
<input type="checkbox"/>	Facilitates the coordination of inpatient and outpatient care and services as needed.	<input type="checkbox"/>
<input type="checkbox"/>	Facilitates collaboration between providers and coordination of community resources.	<input type="checkbox"/>
<input type="checkbox"/>	Ensures compliance with legal, regulatory and clinical policies and procedures.	<input type="checkbox"/>
<input type="checkbox"/>	Participates in quality improvement initiatives.	<input type="checkbox"/>
<input type="checkbox"/>	Provides and coordinates patient teaching and counseling.	<input type="checkbox"/>
<input type="checkbox"/>	Act as surgical first assistant, including privileges to perform deep and simplified tissue closure/cautery, cutting tissue; application of appliances and any other action delegated and directly	<input type="checkbox"/>

supervised by the physician	
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FPPE

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

Special Privileges: Cardiac Surgery

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	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Placement and removal of chest tubes	<input type="checkbox"/>
<input type="checkbox"/>	Wound closure	<input type="checkbox"/>
<input type="checkbox"/>	Harvesting of saphenous vein graft with preparation for bypass use	<input type="checkbox"/>

FPPE

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

Special Privileges: Thoracic Surgery

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	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Wound closure removal	<input type="checkbox"/>
<input type="checkbox"/>	Placement and removal of chest tubes	<input type="checkbox"/>

FPPE
<input type="checkbox"/> Ten concurrent case reviews.
<input type="checkbox"/> Evaluation of OPPE data collected for review of competency/performance.

Special Privileges: Orthopedic Surgery

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

FPPE

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

Special Privileges: Vascular Surgery

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	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Percutaneous placement of intra-arterial and intravenous devices, catheters, etc.	<input type="checkbox"/>
<input type="checkbox"/>	Diagnostic arteriograms, angioplasty, etc.	<input type="checkbox"/>
<input type="checkbox"/>	Wound debridement	<input type="checkbox"/>
<input type="checkbox"/>	Wound closure	<input type="checkbox"/>

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	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Visit patients in the ICU/CCU	<input type="checkbox"/>
<input type="checkbox"/>	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]	<input type="checkbox"/>

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



Washington Hospital
Healthcare System

S I N C E 1 9 4 8

Memorandum

DATE: April 1, 2015

TO: Nancy Farber, Chief Executive Officer

FROM: Albert Brooks, MD, Chief Medical Services

SUBJECT: MEC Request for Board Approval - Nurse Midwife Privilege Form

The Medical Executive Committee, at its meeting of March 16, 2015, approved the proposed revised privilege form, Nurse Midwife. Please accept this memorandum as a formal request for presentation to the Board of Directors for final approval of the Nurse Midwife 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: Certified Nurse Midwife 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

Current licensure as a Registered Nurse in the State of California

AND

Current licensure as a Nurse Midwife by the Board of Registered Nurses in the State of California.

AND

Applicant must submit evidence of malpractice insurance with limits consistent with those required of Physicians practicing on this Medical Staff in the same area of specialty.

AND

Applicant shall submit a copy of a written agreement between the Nurse Midwife and the supervising Physician, which (1) demonstrates compliance with Title 16, California Code of Regulations and (2) is signed by the primary supervising Physician, the alternate supervising Physician(s) and the Nurse Midwife.

AND

In order to furnish controlled substances schedule II, III, IV and V, a CNM must register with the Drug Enforcement Agency (DEA), and obtain a DEA registration number in addition to their California furnishing number.

AND

- Membership** Meet all requirements for AHP staff membership.
- Education/Training** Completion of a Nurse Midwifery program approved by the American College of Nurse Midwives.
- Continuing Education** Applicant must attest to having completed 50 CE credits during the previous 24 months directly related to the the privileges requested (waived for applicants who have completed training during the previous 24 months).
- Certification** Current certification through American College of Nurse Midwives or the American Midwifery Certification Board. Exceptions to this requirement can be found in Bylaws Section 2.2-2.
- Clinical Experience (Initial)** Applicant must provide documentation of provision of clinical services 25 cases representative of the scope and complexity of the privileges requested during the previous year (waived for applicants who completed training with the past year)
- Clinical Experience (Reappointment)** Applicant must provide documentation of provision of clinical services of 25 cases representative of the scope and complexity of privileges requested during the previous 24 months

CORE A Privileges - Certified Nurse Midwife

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Perform physical assessment and evaluate health status of uncomplicated patients such as: Vaginal or Caesarean section post partum	<input type="checkbox"/>
<input type="checkbox"/>	Order labs or diagnostic testing as necessary in collaboration with supervising MD	<input type="checkbox"/>
<input type="checkbox"/>	Order pain management medications in collaboration with supervising MD	<input type="checkbox"/>
<input type="checkbox"/>	Provide education, guidance and instructions to patient to facilitate post partum or post surgical healing	<input type="checkbox"/>
<input type="checkbox"/>	Identify and counsel patients who need closer follow-up with their PCP or OB/GYN and provide referrals	<input type="checkbox"/>
<input type="checkbox"/>	Provide discharge orders with instructions for follow up	<input type="checkbox"/>
<input type="checkbox"/>	Document patient care in EPIC	<input type="checkbox"/>

FPPE

- Direct and concurrent supervision for the first 25 core privileges performed by the nurse midwife. This supervision shall be distributed between at least 5 different patients.
- Evaluation of OPPE data collected for review of competency/performance.

CORE B Privileges: Certified Nurse Midwife

Qualifications

Additional Qualifications Must possess Core A Privileges.

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
<input type="checkbox"/>		<input type="checkbox"/>
	Cognitive Obstetric	
<input type="checkbox"/>	Admission and discharge of obstetrical patients	<input type="checkbox"/>
<input type="checkbox"/>	Management of a normal, spontaneous vaginal delivery, including antepartum and postpartum care	<input type="checkbox"/>
<input type="checkbox"/>	Local anesthesia	<input type="checkbox"/>
<input type="checkbox"/>	Perform and repair of episiotomy and 1st and 2nd degree lacerations	<input type="checkbox"/>
<input type="checkbox"/>	After Physician consultation may manage induction and augmentation of labor	<input type="checkbox"/>
	Obstetrical Procedures	
<input type="checkbox"/>	Procedures for normal, non-emergent vaginal delivery	<input type="checkbox"/>
<input type="checkbox"/>	Internal and external fetal monitor placement	<input type="checkbox"/>
<input type="checkbox"/>	Pelvic exams	<input type="checkbox"/>
<input type="checkbox"/>	Repair of episiotomy and 1st and 2nd degree lacerations	<input type="checkbox"/>

FPPE

- Direct and concurrent supervision for the first 25 deliveries performed by the nurse midwife. This supervision shall be distributed between at least 5 different patients.

- 6 months proctorship in addition to the first 25 deliveries. Proctorship charts to be reviewed by PM&M or special committee.
- Evaluation of OPPE data collected for review of competency/performance.

Acknowledgment of Applicant

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

- A. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff Bylaws, policies and rules applicable generally and any applicable to the particular situation.
- B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.
- C. I certify that I have no emotion or physical condition that would affect my ability to perform these privileges.
- D. Furthermore, I attest that the information I have provided about my clinical activity is accurate and true.

Practitioner's Signature _____

Date _____

Department Chair Recommendation - Privileges

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

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

Privilege	Condition/Modification/Deletion/Explanation

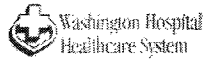
Department Chair Recommendation - FPPE Requirements

[applicant]

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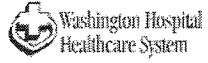
Signature of Department Chair/Designee

Date



WASHINGTON HOSPITAL
MONTHLY OPERATING REPORT

February 2015



**WASHINGTON HOSPITAL
INDEX TO BOARD FINANCIAL STATEMENTS
February 2015**

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



Memorandum

DATE: April 3, 2015
TO: Board of Directors
FROM: Nancy Farber
SUBJECT: Washington Hospital – February 2015
Operating & Financial Activity

SUMMARY OF OPERATIONS – (Blue Schedules)

1. Utilization – Schedule Board 3

<u>ACUTE INPATIENT:</u>	February <u>Actual</u>	<u>Budget</u>	Current 12 <u>Month Avg.</u>
Average Daily Census	181.4	174.6	154.3
# of Admissions	987	1,021	978
Patient Days	5,078	4,889	4,689
Discharge ALOS	4.74	4.78	4.73

<u>OUTPATIENT:</u>	February <u>Actual</u>	<u>Budget</u>	Current 12 <u>Month Avg.</u>
OP Visits	7,061	7,160	7,339
ER Visits	4,407	4,219	4,438
Observation Equivalent Days – OP	259	189	259

Comparison of February 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 slightly below 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 29.2 below budget. Total productive FTEs for February were 1,192.0, 36.1 below the budgeted level of 1,228.1. Nonproductive FTEs were 6.9 above budget. Productive FTEs per adjusted occupied bed were 4.88, 0.48 below the budgeted level of 5.36. Total FTEs per adjusted occupied bed were 5.51, 0.50 below the budgeted level of 6.01.

3. Income - Schedule Board 1

For the month of February the Hospital realized a gain of \$353,000 from operations.

Total Gross Patient Service Revenue of \$162,325,000 for February was 1.1% below budget.

Deductions from Revenue of \$127,482,000 represented 78.54% of Total Gross Patient Service Revenue. This percentage is above the budgeted amount of 76.84%.

Total Operating Revenue of \$35,224,000 was \$3,137,000 below the budget.

Total Operating Expense in February was \$3,123,000 (8.2%) below the budgeted amount.

The Total Non-Operating Gain of \$580,000 for the month of February includes an unrealized loss on investments of \$470,000 and property tax revenue of \$784,000. This property tax revenue will be used to pay the debt service for the general obligation bonds.

The Total Net Gain for February was \$933,000, which was \$511,000 less than the budgeted gain of \$1,444,000.

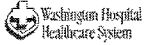
The Total Net Gain for February using FASB accounting principles, in which the unrealized loss on investments and property tax revenues are removed from the non-operating income and expense, was \$619,000 compared to a budgeted gain of \$660,000.

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

There were no noteworthy changes in assets and liabilities when compared to the January 2015 amounts.

NANCY FARBER
Chief Executive Officer

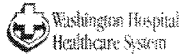
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**WASHINGTON HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
February 2015
GASB FORMAT
(In thousands)**

FEBRUARY				YEAR TO DATE				
ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.		ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.
\$ 120,535	\$ 125,127	\$ (4,592)	-3.7%	1	OPERATING REVENUE			
41,790	38,924	2,866	7.4%	2	INPATIENT REVENUE	\$ 956,389	\$ 1,000,446	\$ (44,057) -4.4%
				3	OUTPATIENT REVENUE	365,132	327,803	37,329 11.4%
162,325	164,051	(1,726)	-1.1%	4	TOTAL PATIENT REVENUE	1,321,521	1,328,249	(6,728) -0.5%
(127,482)	(126,054)	(1,428)	-1.1%	5	CONTRACTUAL ALLOWANCES	(1,020,584)	(1,015,790)	(4,794) -0.5%
78.54%	76.84%			6	CONTRACTUAL AS % OF REVENUE	77.23%	76.48%	
34,843	37,997	(3,154)	-8.3%	7	NET PATIENT REVENUE	300,937	312,459	(11,522) -3.7%
381	364	17	4.7%	8	OTHER OPERATING INCOME	1,714	1,784	(70) -3.9%
35,224	38,361	(3,137)	-8.2%	9	TOTAL OPERATING REVENUE	302,651	314,243	(11,592) -3.7%
				10	OPERATING EXPENSES			
12,952	12,867	(85)	-0.7%	11	SALARIES & WAGES	110,333	109,542	(791) -0.7%
5,662	5,925	263	4.4%	12	EMPLOYEE BENEFITS	42,744	47,011	4,267 9.1%
3,719	4,035	316	7.8%	13	SUPPLIES	32,327	33,153	826 2.5%
4,671	4,924	253	5.1%	14	PURCHASED SERVICES & PROF FEES	38,917	39,037	120 0.3%
1,098	1,248	150	12.0%	15	INSURANCE, UTILITIES & OTHER	10,202	10,613	411 3.9%
3,168	5,317	2,149	40.4%	16	PROVISION FOR DOUBTFUL ACCOUNTS	27,870	43,079	15,209 35.3%
2,715	2,843	128	4.5%	17	DEPRECIATION	22,128	22,205	77 0.3%
886	835	(51)	-6.1%	18	INTEREST EXPENSE	7,231	7,041	(190) -2.7%
34,871	37,994	3,123	8.2%	19	TOTAL OPERATING EXPENSE	291,752	311,681	19,929 6.4%
353	367	(14)	-3.8%	20	OPERATING INCOME (LOSS)	10,899	2,562	8,337 325.4%
1.00%	0.96%			21	OPERATING INCOME MARGIN %	3.60%	0.82%	
213	209	4	1.9%	22	NON-OPERATING INCOME & (EXPENSE)			
(22)	0	(22)	0.0%	23	INVESTMENT INCOME	1,783	1,764	19 1.1%
75	84	(9)	-10.7%	23	REALIZED GAIN/(LOSS) ON INVESTMENTS	(58)	0	(58) 0.0%
784	784	0	0.0%	24	RENTAL INCOME, NET	482	652	(170) -26.1%
(470)	0	(470)	0.0%	25	PROPERTY TAX REVENUE	6,797	6,793	4 0.1%
580	1,077	(497)	-46.1%	26	UNREALIZED GAIN/(LOSS) ON INVESTMENTS	(539)	0	(539) 0.0%
\$ 933	\$ 1,444	\$ (511)	-35.4%	27	TOTAL NON-OPERATING INCOME & EXPENSE	8,465	9,209	(744) -8.1%
2.65%	3.76%			28	NET INCOME (LOSS)	\$ 19,364	\$ 11,771	\$ 7,593 64.5%
				29	NET INCOME MARGIN %	6.40%	3.75%	
\$ 619	\$ 660	\$ (41)	-6.2%	30	NET INCOME (LOSS) USING FASB PRINCIPLES**	\$ 13,106	\$ 4,978	\$ 8,128 163.3%
1.76%	1.72%				NET INCOME MARGIN %	4.33%	1.58%	

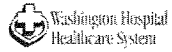
**NET INCOME (FASB FORMAT) EXCLUDES PROPERTY TAX INCOME AND UNREALIZED GAIN/(LOSS) ON INVESTMENTS



WASHINGTON HOSPITAL
BALANCE SHEET
 February 2015
(In thousands)

SCHEDULE BOARD 2

ASSETS AND DEFERRED OUTFLOWS			LIABILITIES, NET POSITION AND DEFERRED INFLOWS				
	FEBRUARY 2015	AUDITED JUNE 2014		FEBRUARY 2015	AUDITED JUNE 2014		
CURRENT ASSETS			CURRENT LIABILITIES				
1	CASH & CASH EQUIVALENTS	\$ 15,330	\$ 13,995	1	CURRENT MATURITIES OF L/T OBLIG	\$ 5,994	\$ 10,010
2	ACCOUNTS REC NET OF ALLOWANCES	58,054	50,447	2	ACCOUNTS PAYABLE	14,291	20,804
3	OTHER CURRENT ASSETS	11,002	8,189	3	OTHER ACCRUED LIABILITIES	51,754	40,982
4	TOTAL CURRENT ASSETS	84,386	72,631	4	INTEREST	2,744	10,119
				5	TOTAL CURRENT LIABILITIES	74,783	81,915
ASSETS LIMITED AS TO USE			LONG-TERM DEBT OBLIGATIONS				
6	BOARD DESIGNATED FOR CAPITAL AND OTHER	173,800	165,678	6	REVENUE BONDS AND OTHER	208,608	213,386
7	GENERAL OBLIGATION BOND FUNDS	132,110	136,916	7	GENERAL OBLIGATION BONDS	197,435	198,703
8	REVENUE BOND FUNDS	10,390	10,388				
9	BOND DEBT SERVICE FUNDS	6,525	26,248	OTHER LIABILITIES			
10	OTHER ASSETS LIMITED AS TO USE	15,053	15,030	10	NET PENSION LIABILITY	42,334	71,400
11	TOTAL ASSETS LIMITED AS TO USE	337,878	354,260	11	WORKERS' COMP	8,877	8,418
13	OTHER ASSETS	121,687	113,193	12	SUPPLEMENTAL MEDICAL RETIREMENT	36,347	34,466
14	NET PROPERTY, PLANT & EQUIPMENT	395,878	401,352	14	NET POSITION	359,937	340,573
15	TOTAL ASSETS	\$ 939,829	\$ 941,436	15	TOTAL LIABILITIES AND NET POSITION	\$ 928,321	\$ 948,861
16	DEFERRED OUTFLOWS	3,900	23,403	16	DEFERRED INFLOWS	15,408	15,978
17	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 943,729	\$ 964,839	17	TOTAL LIABILITIES, NET POSITION AND DEFERRED INFLOWS	\$ 943,729	\$ 964,839



**WASHINGTON HOSPITAL
OPERATING INDICATORS**
February 2015

12 MONTH AVERAGE	FEBRUARY						YEAR TO DATE			
	ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.			ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.
154.3	181.4	174.6	6.8	4%	1	PATIENTS IN HOSPITAL				
8.5	9.3	6.8	2.5	37%	2	ADULT & PEDS AVERAGE DAILY CENSUS	154.4	159.8	(5.4)	-3%
10.8	9.6	10.3	(0.7)	-7%	3	OUTPT OBSERVATION AVERAGE DAILY CENSUS	8.7	7.1	1.6	23%
173.6	200.3	191.7	8.6	4%	4	NURSERY AVERAGE DAILY CENSUS	10.9	9.9	1.0	10%
						TOTAL	174.0	176.8	(2.8)	-2%
4,689	5,078	4,889	189	4%	5	ADULT & PEDS PATIENT DAYS	37,519	38,820	(1,301)	-3%
978	987	1,021	(34)	-3%	6	ADMISSIONS-ADULTS & PEDS	7,976	8,043	(67)	-1%
4.73	4.74	4.78	(0.04)	-1%	7	AVERAGE LENGTH OF STAY-ADULTS & PEDS	4.64	4.83	(0.19)	-4%
1.474	1.396	1.505	(0.109)	-7%	8	OTHER KEY UTILIZATION STATISTICS				
						OVERALL CASE MIX INDEX (CMI)	1.439	1.508	(0.069)	-5%
111	113	112	1	1%	9	SURGICAL CASES				
25	17	27	(10)	-37%	10	JOINT REPLACEMENT CASES	884	894	(10)	-1%
10	14	9	5	56%	11	NEURO SURGICAL CASES	195	206	(11)	-5%
50	24	57	(33)	-58%	12	CARDIAC SURGICAL CASES	88	75	13	17%
342	308	326	(18)	-6%	13	MINIMALLY INVASIVE CASES	314	481	(167)	-35%
602	571	553	18	3%	14	TOTAL CASES	2,737	2,746	(9)	0%
153	139	137	2	1%	15	TOTAL CATH LAB PROCEDURES	4,922	4,628	294	6%
7,339	7,061	7,160	(99)	-1%	16	DELIVERIES	1,246	1,163	83	7%
4,438	4,407	4,219	188	4%	17	OUTPATIENT VISITS	57,937	60,206	(2,269)	-4%
						EMERGENCY VISITS	36,039	34,044	1,995	6%
1,171.0	1,192.0	1,228.1	36.1	3%	18	LABOR INDICATORS				
182.5	155.1	148.2	(6.9)	-5%	19	PRODUCTIVE FTE'S	1,147.4	1,171.0	23.6	2%
1,353.5	1,347.1	1,376.3	29.2	2%	20	NON PRODUCTIVE FTE'S	184.0	175.2	(8.8)	-5%
5.55	4.88	5.36	0.48	9%	21	TOTAL FTE'S	1,331.4	1,346.2	14.8	1%
6.42	5.51	6.01	0.50	8%	22	PRODUCTIVE FTE/ADJ. OCCUPIED BED	5.38	5.52	0.14	3%
						TOTAL FTE/ADJ. OCCUPIED BED	6.24	6.35	0.11	2%