



# Washington Township Health Care District

2000 Mowry Avenue, Fremont, California 94538-1716 | 510.797.1111

Kimberly Hartz, Chief Executive Officer

## Board of Directors

Jacob Eapen, MD  
William F. Nicholson, MD  
Bernard Stewart, DDS  
Michael J. Wallace  
Jeannie Yee

## BOARD OF DIRECTORS MEETING

Wednesday, October 14, 2020 – 6:00 P.M.

Meeting Conducted by Zoom

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

<https://zoom.us/j/94635355564?pwd=cmo5SXJCbXQyMDJlK0xRRFo4djLQT09>

Password: 275490

## AGENDA - Revised

### PRESENTED BY:

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

Michael J. Wallace  
Board President

**II. ROLL CALL**

Dee Antonio  
District Clerk

**III. CONSENT CALENDAR**

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

Michael J. Wallace  
Board President

*Motion Required*

- A. Consideration of Minutes of the Regular Meetings of the District Board: September 9, 21, 23, and 28, 2020
- B. Consideration of Medical Staff Credentialing Action Items (September 21, 2020)
- C. Consideration of Medical Staff Proposed Amendments to the Rules and Regulations
- D. Consideration of Medical Staff Proposed Amendments to the Medical Staff Organizational Manual
- E. Consideration of Medical Staff Proposed Amendments to the Washington Hospital Medical Staff Professional Practice Evaluation Policy

F. Consideration of Resolution No. 1217:  
International Union of Operating Engineers,  
Service Engineers (Local 39) Memorandum of  
Understanding

G. Consideration of Budgeted Capital Request:  
HealthShare Interface Engine Project  
(\$199,947.00)

H. Consideration of Budgeted Capital Request:  
Control Air Compressor (\$54,625.00)

**IV. COMMUNICATIONS**

A. Oral

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

B. Written

**V. PRESENTATION**

A. Result of Annual Audit FY 2020

Will Cobb  
Price Waterhouse Cooper

Sara Ramos  
Price Waterhouse Cooper

B. Community Needs Assessment

Lucy Hernandez  
Manager, Community Outreach

Angus Cochran  
Chief, Community Support Services

**VI. ACTION ITEM**

A. Consideration of Annual Audit FY 2020

*Motion Required*

**VII. REPORTS**

**PRESENTED BY:**

A. Medical Staff Report

Prasad Kilaru, M.D.  
Chief of Medical Staff

B. Quality Report:  
2020 Special Care Nursery Program Annual  
Update

James McGuire, M.D., M.P.H.  
Medical Director

C. Finance Report

Chris Henry  
Vice President & Chief Financial  
Officer

D. Hospital Operations Report

Kimberly Hartz  
Chief Executive Officer

**VIII. ANNOUNCEMENTS**

Kimberly Hartz  
Chief Executive Officer

**IX. ADJOURN TO CLOSED SESSION**

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

A. Report of Medical Staff and Quality Assurance  
Committee, Health & Safety Code section  
32155

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

Michael J. Wallace  
Board President

**XI. ADJOURNMENT**

Michael J. Wallace  
Board President

*In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact the District Clerk at (510) 818-6500. Notification two working days prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to this meeting.*

A meeting of the Board of Directors of the Washington Township Health Care District was held on Wednesday, September 9, 2020 via Zoom in order to comply with California Governor Gavin Newsom's and Alameda County's mandatory orders to Shelter at Home and continue social distancing to reduce the risk of spread and the rate of transmission of COVID-19. Director Wallace called the meeting to order at 6:03 pm and led those in attendance of the meeting in the Pledge of Allegiance.

*CALL TO ORDER*

*PLEDGE OF ALLEGIANCE*

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

*ROLL CALL*

Also present: Kimberly Hartz, Chief Executive Officer; Dee Antonio, District Clerk

Guests: Chris Henry, Tina Nunez, Stephanie Williams, Paul Kozachenko, Mary Bowron, Dianne Martin MD, John Lee, Minh-Thu Dennen, Sandy Bemiss, Donald Pipkin, Kimberlee Alvari, Angus Cochran, Gisela Hernandez, Kel Kanady, Sri Boddu

Director Wallace welcomed any members of the general public to the meeting. He stated that Governor's Newsom's Executive Order N-29-20 explicitly waives The Brown Act provision that requires physical presence of members, the clerk or other personnel of the body, or of the public as a condition of participation in, or quorum for, a public meeting. He noted that Washington Township Health Care District continues to comply with the Brown Act in providing appropriate Dial-in information in order to provide the public the opportunity to participate in the meeting and that Public Notice for this meeting, including dial-in information, was posted appropriately on our website.

*OPENING REMARKS*

Mr. Wallace announced that this meeting, conducted via Zoom, will be recorded.

When asked if any members of the general public were in attendance and/or interested in speaking, there was no response.

Director Wallace presented the Consent Calendar for consideration:

*CONSENT CALENDAR*

- A. Minutes of the Regular Meetings of the District Board: August 12, 17, 24, and 26, 2020
- B. Medical Staff Credentialing Action Items
- C. Medical Staff Request for Final Approval: General Surgery Section Privileges; Endocrine Privileges; Nephrology Privileges; Neurosurgery Section Privileges; TAVR Privileges; TCAR Privileges; Urology Privileges
- D. Organizational Performance Plan for Fiscal Year 2021
- E. Budgeted Capital Request: LeaseAccelerator Accounting Application (\$158,400.00)

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

Director Eapen seconded the motion.

Roll call was taken:

Michael Wallace – aye

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

The motion unanimously carried.

There were no Oral communications.

*COMMUNICATIONS:  
ORAL*

There were no Written communications.

*COMMUNICATIONS:  
WRITTEN*

Kimberly Hartz introduced Dr. Dianne Martin, Infectious Disease Specialist. A video was shown which informed the community about the onset of COVID-19 in our community and the measures taken by Washington Hospital to treat patients while protecting, staff, physicians, and family members. This video will be linked on the District's website as well as on social media. Following the video presentation, Dr. Martin talked about COVID-19, the Influenza season, and the Flu shot and the location, dates, and times for "drive-by clinics."

*PRESENTATION:  
COVID-19 UPDATE TO  
THE COMMUNITY (A  
Video)*

Kimberly Hartz introduced Donald Pipkin, Chief of Strategic Management who congratulated Sandra Bemiss and Minh-Thu Dennen upon completion of their Lean Certification Training. This is a 12-18 month process that requires proficiency in Lean concepts and tools. To date, we have certified forty-three Managers and four Physicians.

*LEAN REPORT:  
PRESENTATION OF  
LEAN CERTIFICATES*

Kimberly Hartz introduced Dr. Dianne Martin who presented the annual Influenza Prevention overview for 2020-2021. Dr. Martin began with a discussion about the uncertainty of a COVID-19 impact on the influenza season and what WHHS is doing to prepare. She discussed the similar and differing signs and symptoms of both COVID-19 and the flu and how they spread. Dr. Martin noted that this year's flu vaccine covers four strains of influenza virus.

*QUALITY REPORT:  
INFLUENZA  
PREVENTION  
PROGRAM 2020*

Dr. Martin reviewed WHHS' control measures designed to minimize transmission of COVID-19 and WHHS' Influenza Response Plan. The Walk-In and Drive-Through locations for the flu vaccine were reviewed.

Chris Henry, Vice President & Chief Financial Officer, presented the Finance Report for July 2020. The average daily census was 158.0 with admissions of 883 resulting in 4,898 patient days. Outpatient observation equivalent days were 184. The average length of stay was 5.65 days. The case mix index was 1.615. Deliveries were 132. Surgical cases were 357. Joint Replacement cases were 148. Neurosurgical cases were 23. Cardiac Surgical cases were 6. The Outpatient visits were 7,268 and Emergency visits were 6,064. Total productive FTEs were 1,359.8. FTEs per adjusted occupied bed were 6.39.

*FINANCE REPORT*

Kimberly Hartz, Chief Executive Officer, presented the Hospital Operations Report for August 2020. Preliminary information for the month indicated gross revenue at approximately \$172,131,000. The Average Length of Stay was 5.75 and there were 5,120 patient days. The Average Daily Census was 165.2. There were 348 Surgical Cases and 309 Cath Lab procedures at the Hospital. Deliveries were 122. Non-Emergency Outpatient visits were 6,773. Total Government Sponsored Preliminary Payor Mix was 71.5%, against the budget of 71.0%. Total FTEs per Adjusted Occupied Bed were 6.39. The Washington Outpatient Surgery Center had 372 cases and the clinics saw approximately 2,599 patients. Homeless Patient Total Encounters were 201 with an estimated unreimbursed cost of homeless care of \$713,624 for the month of August. The estimated total unreimbursed cost of homeless care for FY21 Year-to-Date was \$713,624.

*HOSPITAL  
OPERATIONS REPORT*

In accordance with Health & Safety Code Section 32106 and 32155, Director Wallace adjourned the meeting to closed session at 7:15 pm, as the discussion pertained to Medical Staff and Quality Assurance and Hospital trade secrets. Mr. Wallace stated that the public has a right to know what, if any, reportable action takes place during closed session. Since this is a teleconference call and we have no way of knowing when the closed session will end, the public was informed they could contact the District Clerk for the Board's report beginning September 10, 2020. He indicated that the minutes of this meeting will reflect any reportable actions.

*ADJOURN TO CLOSED  
SESSION*

Director Wallace reconvened the meeting to open session at 8:10 pm and reported that no reportable action was taken in closed session.

*RECONVENE TO OPEN  
SESSION & REPORT ON  
CLOSED SESSION*

There being no further business, Director Wallace adjourned the meeting at 8:10 pm.

*ADJOURNMENT*

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Michael J. Wallace  
President

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Bernard Stewart, DDS  
Secretary

A regular meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, September 21, 2020 via Teleconference in order to comply with Alameda County's orders as revised on June 18, 2020 to slow the spread of COVID-19 and reduce the rate of transmission by sheltering at home and continued social distancing. Director Wallace called the meeting to order at 6:00 p.m. and led those present in the Pledge of Allegiance.

*CALL TO ORDER*

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

*ROLL CALL*

Absent:

Also present: Ed Fayen, Executive Vice President; Tina Nunez, Vice President; Stephanie Williams, Vice President; Paul Kozachenko, Legal Counsel; Dee Antonio, District Clerk

There were no oral communications.

*COMMUNICATIONS*

There were no written communications.

Director Wallace presented the Consent Calendar for consideration:

*CONSENT CALENDAR*

A. Resolution No. 1215 Authorizing Investments in the State of California's Local Agency Investment Fund

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

Director Yee seconded the motion.

Roll call was taken:

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

The motion unanimously carried.

Kimberly Hartz, Chief Executive Officer, reported that the first Flu Shot drive-through clinic was held on September 19<sup>th</sup> at WTMF. 390 Flu Shots were administered.

*ANNOUNCEMENTS*

In accordance with Health & Safety Code Sections 32106 and 32155 and California Government Code 54956.9(d)(2), Director Wallace adjourned the meeting to closed session at 6:07 p.m., as the discussion pertained to a trade secret pursuant to Health & Safety Code section 32106 Continuing Program discussion and a Report of Medical Staff and Quality Assurance pursuant to Health & Safety Code Section 32155. Mr. Wallace stated that the public has a right to know what, if any, reportable action takes place during closed session. Since this is a Teleconference/Zoom call and we have no way of knowing when the closed session

*ADJOURN TO CLOSED SESSION*

will end, the public was informed they could contact the District Clerk for the Board's report beginning September 21, 2020. He indicated that the minutes of this meeting will reflect any reportable actions.

Director Wallace reconvened the meeting to open session at 7:40 p.m. and reported that no reportable action was taken in Closed Session.

*RECONVENE TO OPEN  
SESSION & REPORT ON  
CLOSED SESSION*

In accordance with District Law, Policies, and Procedures, Director Stewart moved for denial of the claim received on August 21, 2020 on behalf of Elicia Medina and Eliza Medina and that the Chief Executive Officer be directed to provide notice in accordance with government code section 945.6.

*CONSIDERATION OF  
CLAIM: ELICIA  
MEDINA AND ELIZA  
MEDINA*

Director Yee seconded the motion.

Roll call was taken:

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

The motion unanimously carried.

There being no further business, Director Wallace adjourned the meeting at 7:42 pm. *ADJOURNMENT*

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Michael J. Wallace  
President

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Bernard Stewart, DDS  
Secretary



A regular meeting of the Board of Directors of the Washington Township Health Care District was held on Wednesday, September 23, 2020 via Teleconference in order to comply with Alameda County's orders as revised on June 18, 2020 to slow the spread of COVID-19 and reduce the rate of transmission by sheltering at home and continued social distancing. Director Wallace 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: Michael Wallace; William Nicholson, MD; Jeannie Yee; Jacob Eapen, MD; Bernard Stewart, DDS

*ROLL CALL*

Also present: Kimberly Hartz, Chief Executive Officer; Ed Fayen, Executive Vice President; Chris Henry, Vice President; Tina Nunez, Vice President; Stephanie Williams, Vice President; Paul Kozachenko, Legal Counsel; Dee Antonio, District Clerk

There were no oral communications.

*COMMUNICATIONS*

There were no written communications.

None

*ANNOUNCEMENTS*

In accordance with District Law, Policies and Procedures, Director Stewart moved for the adoption of Resolution No. 1216 whereby the Board of Directors approve the terms agreed upon between Washington Hospital Healthcare System and Service Employees International Union (SEIU), a recognized majority representative under the terms of Board Resolution 331A.

*CONSIDERATION OF  
RESOLUTION No. 1216  
MEMORANDUM OF  
UNDERSTANDING  
BETWEEN  
WASHINGTON  
HOSPITAL  
HEALTHCARE SYSTEM  
and SEIU*

Director Eapen seconded the motion.

Roll call was taken:

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

The motion unanimously carried.

In accordance with Health & Safety Code Sections 32106 and 32155 and California Government Code 54956.9(d)(2), Director Wallace adjourned the meeting to closed session at 6:05 p.m., as the discussion pertained to a trade secret pursuant to Health & Safety Code section 32106 Trade Secrets discussion and a Report of Medical Staff and Quality Assurance pursuant to Health & Safety Code Section 32155. Mr. Wallace stated that the public has a right to know what, if any, reportable action takes place during closed session. Since this is a teleconference call and we have no way of knowing when the closed session will end, the public was informed they could contact the District Clerk for the Board's report beginning September 24, 2020. He indicated that the minutes of this meeting will reflect any reportable actions.

*ADJOURN TO CLOSED  
SESSION*

Director Wallace reconvened the meeting to open session at 7:45 p.m. and reported that no reportable action was taken in Closed Session.

*RECONVENE TO OPEN  
SESSION & REPORT ON  
CLOSED SESSION*

There being no further business, Director Wallace adjourned the meeting at 7:45 pm.

*ADJOURNMENT*

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Michael J. Wallace  
President

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Bernard Stewart, DDS  
Secretary

A meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, September 28, 2020 via Teleconference in order to comply with Alameda County's orders as revised on June 18, 2020 to slow the spread of COVID-19 and reduce the rate of transmission by sheltering at home and continued social distancing. Director Nicholson called the meeting to order at 7:30 a.m.

*CALL TO ORDER*

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

*ROLL CALL*

Also present: Prasad Kilaru, MD; Kranthi Achanta, MD; Shakir Hyder, MD; Tim Tsoi, MD; Jan Henstorf, MD; Kimberly Hartz, Chief Executive Officer;

Excused: Jeff Stuart, MD; Stephanie Williams, Vice President & Chief Nursing Officer

There were no oral or written communications.

*COMMUNICATIONS*

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

*ADJOURN TO CLOSED SESSION*

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

*RECONVENE TO OPEN SESSION & REPORT ON CLOSED SESSION*

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

*ADJOURNMENT*

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Michael Wallace  
President

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Bernard Stewart  
Secretary



Washington Hospital  
Healthcare System

S I N C E 1 9 4 8

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## Memorandum

**DATE:** October 5, 2020

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

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

**SUBJECT:** Final Credentials Actions

The Medical Executive Committee approved the Credential Action Items on September 21, 2020. Please accept this memorandum as a formal request for consideration of approval by the Board of Directors of the Credential Action Items as attached.

WASHINGTON HOSPITAL MEDICAL STAFF  
FINAL CREDENTIALS ACTION ITEMS

September 28, 2020

The following written communication received from Prasad Kilaru, MD, Chief of Staff, dated September 8, 2020 requesting approval of Medical Staff Credentialing Action Items as follows:

Initial Appointments – Two Year

Ali, Syed MD; Collins-Pallett, Thomas MD; Gwalani, Jaimish MD; Kavali, Leena MD; Shroff, Yoshita MD

Initial Appointments – One Year

None

Temporary Privileges

Ali, Syed MD; Collins-Pallett, Thomas MD; Gwalani, Jaimish MD; Herscu, Gabriel MD; Kavali, Leena MD; Shroff, Yoshita MD

Disaster Privileges – approved while application is waiting for Board approval

None

LocumTenens

None

30 Days Extension Request – Application Not Complete

None

Waiver Request

Agrawal, Harsh MD, Alexander, Jesse MD PhD; Prionas, Nicolas MD PhD

Reappointments – Two Year

Ahmad, Shahzad MD; Amin, Nivek MD; Barry, Aaron MD; Blaurock, Madeleine MD; Borses, Mary MD; Caldwell, Katherine MD; Chantachote, Soelot MD; Cotter, Brooke MD; Dobson, Anthony MD; Fuller, Jessica MD; Kehl, Robert MD; Lin, Terence MD; Moran-Gates, Taylor MD; Rasheed, Sabiha MD; Sahota, Deepinder DDS; Salama, Nancy MD; Sharma, Padmaja MD; Shotkin, Alan MD; Silkiss, Rona MD; Song, James MD; Tilley, Spencer MD; Tilley, Subena DO; Tsang, Nally MD; Wang, Jennifer MD; Wu, Emily MD

Reappointments – One Year

Andrews, Harry MD; Bhattacharyya, Alok MD; Karipineni, Shakira MD; Kelsen, Kenneth MD; Puri, Veena MD; Safaya, Rakesh MD; Sanchez, Henry MD; Sunkavally, Rao MD

Addition of Physician Supervisor

None

Conditional Reappointments

None

Non-Reappointments – Deemed to Have Resigned

None

Transfer in Staff Category

Anwar, Moshiur MD

Completion of Proctoring Prior to Eligibility for Advancement in Staff Category

Tai, Christiana, MD

Completion of Proctoring and Advancement in Staff Category

Yuan, Tony MD

Extension of Proctorship and Provisional Category 1-year

Agrawal, Harsh MD; Alexander, Jesse MD PhD; Prionas, Nicolas MD PhD

New Privilege Requests

Andrews, Harry MD; Basra, Apram DO; Beall, Bryan DO; Bhatti, Naveenpal MD; Burrs, Demetra MD; Busby, William MD; Fox, Alex MD; Ge, Benjamin MD; Germany, Steve DO; Herscu, Gabriel MD; Hiraoka, Toshi MD; Ing, Jessica MD; Johnson, Craig MD; Lin, Bruce MD; Liu, Jeg MD; Ly, Jonathan MD; Morrissey, Kevin MD; Nguyen, Kier MD; Patel, Neeta MD; Penner, Mark DO; Randazzo, Marco MD; Silkiss, Rona MD; Singh, Tejpal MD; Wayand, Zarlakhta MD; Yuan, Tony MD

Delete Privilege Requests

Kelsen, Kenneth MD; Silkiss, Rona MD; Song, James MD; Sunkavally, Rao MD

Conflict of Interest Statement Updated

Safaya, Rakesh MD; Silkiss, Rona MD; Song, James MD; Sunkavally, Rao MD

Leave of Absence

Chun, Anna PA-C; Wilkins, Christopher PA-C

Reinstatement of Leave of Absence

None

Withdrawal of Application

None

Suspensions / Relinquishment

None

Resignations

Aulakh, Ritika DO; Chan, Steven DDS, Chen, Fulton MD; Cheng, Paul MD; Do, Hanh-Nguyen MD; Gin, Brian MD; Elias, Christine MD; Lee, Jennifer MD; Kaur, Satinder MD; Kharbanda, Ameeta MD; Tran, Duc DO



# Memorandum

**DATE:** September 21, 2020  
**TO:** Kimberly Hartz, CEO  
**FROM:** Prasad Kilaru, MD, Chief of Staff  
**SUBJECT:** Proposed Amendments to the Rules & Regulations

At the September 21, 2020 meeting of the Medical Executive Committee the following proposed amendments to the Medical Staff Rules & Regulations were approved.

Addition of language = **RED**  
Deletion of language = ~~strikethrough~~

NEW Article U Medical Record Responsibilities	<b>6. Patient Problem List</b> <b>During each admission, transfer and discharge the patient problem list must be reviewed and updated for lapsed, duplicate and related problems to maintain a clear, concise and accurate problem list.</b>
Tri-Annual Review Article Z Standardized Procedures	<p>Standardized Procedure for <u>ED Care Initiated by the Authorized Registered Nurse</u>. (Rev. IDPC 08/05/20, MEC 08/17/20)</p> <p>Standardized Procedure for <u>Peripherally Inserted Central Catheter (PIC Catheters)</u> (Rev. IDPC 09/02/20, MEC 09/21/20)</p> <p>Standardized Procedure for <u>Pronouncement of Patient Death</u> (Rev. IDPC 08/05/20, MEC 08/17/2020)</p> <p>Standardized Procedure for <u>Removal of Jackson-Pratt, Hemovac, &amp; Penrose Surgical Drains</u> (Rev. IDPC 09/02/20, MEC 09/21/2020)</p> <p>Standardized Procedure for <u>Medical Screening Examination for the Obstetrical Patient Performed by Registered Nurse</u> (Rev. IDPC 07/01/2020, MEC 08/17/2020)</p> <p>Standardized Procedure for <u>Sexual Assault Examination</u> (Rev. IDPC 07/01/2020, MEC 08/17/2020)</p> <p>Standardized Procedure for <u>Evaluation of Patients with Behavioral Emergencies and Involuntary Holds by Authorized Registered Nurses</u> (Rev. IDPC 09/02/20, MEC 09/21/2020)</p>

<p>Deletion – No Longer In Use</p>	<p>Standardized Procedure for <u>Rapid Response Team</u> (Rev. IDPC 08/05/20, MEC 08/17/20)</p> <p>Standardized Procedure for <u>Pressure Ulcer Prevention</u> (Rev. IDPC 08/05/20, MEC 08/17/20)</p> <p>Standard Procedure for <u>Midline Catheter Insertion, Removal, and Management</u> (Rev. IDPC 09/02/20, MEC 04/17/17)</p> <p><del>Standardized Procedure for <u>Nurse Intubation of the Neonate</u> (Rev. IDPC 04/12/2017, MEC 04/17/17, JCC 04/24/17)</del></p> <p><del>Standardized Procedure for <u>Intravascular Femoral Catheter(s) Removal</u> (Rev. IDPC 04/12/2017, MEC 04/17/17, JCC 04/24/17)</del></p> <p><del>Standardized Procedure for <u>Registered Nurse Administration of Intravenous Contrast Media</u> (Rev. IDPC 04/12/2017, MEC 04/17/17, JCC 04/24/17)</del></p>
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Hospital campus, and cannot easily access a computer. The physician must remain on the phone so the registered nurse (or health care professionals identified in Memorandum #3-176) can enter into WeCare and then read the order back to confirm it.

- e. All verbal and telephone orders must be authenticated by the ordering physician within forty-eight (48) hours. The ordering physician must enter all orders in the WeCare system, except for verbal or telephone orders entered by the registered nurse (or health care professionals identified in Memorandum #3-176). In cases where the ordering physician is not available, the attending or covering physician may authenticate verbal orders.

## 6. Patient Problem List

**During each admission, transfer and discharge the patient problem list must be reviewed and updated for lapsed, duplicate and related problems to maintain a clear, concise and accurate problem list.**

## 7. Progress Notes

- a. Daily progress notes are required on all patients and must be dated, timed and authenticated.

## 8. Post-Operative / Post-Procedure Notes

- a. A brief post-operative/post-procedure progress note which includes all pertinent information to anyone required to attend to the patient must be completed immediately after the procedure, and prior to the patient moving to the next level of care. Required elements are:

- name of the primary surgeon, assistants, and anesthesiologist;
- type of anesthesia;
- findings;
- procedures performed;
- descriptions of the procedures;
- estimated blood loss;
- complications;
- specimens removed;
- postoperative diagnosis

9. Operative/procedure report must be entered into WeCare or dictated within 24 hours of the time of the operation/procedure and must record the name of the primary surgeon, assistants, anesthesiologist, type of anesthesia, findings, procedures performed, comprehensive descriptions of the procedures, estimated blood loss, complications, specimens removed, and postoperative diagnosis. The note can be reported if the note includes a comprehensive description of the procedure.

## 10. Abbreviations

- a. Only approved symbols or abbreviations for medical records should be used. Abbreviations listed as never to be used must not appear in any portion of the medical record. Refer to Washington Hospital Numbered Memorandum 3-198 as a

precautions instituted, he or she may discuss the matter with the Infection Control Coordinator.

5. Any patient admitted with a draining wound, sinus tract or other purulent draining lesion will be placed on appropriate precautions, according to infection control policies.
6. Certain infectious diseases must, by law, be reported to the Public Health Department. It is the responsibility of the physician in charge to report the diagnosis to the Hospital Infection Control Coordinator. The list of reportable diseases and the procedure for reporting is contained in the Infection Control Policies.
7. Initiation and maintenance of intravenous lines is governed by Infection Control Policies, located in the Infection Control Manual.
8. All practitioners shall comply with current Hospital policy regarding proper hand hygiene. Refer to the Infection Control Policies as a guide (Change approved by MEC 11/15/04, Board 12/8/04).

#### Y. Patient Smoking Policy

The Medical Staff recognizes that Washington Hospital is a smoke-free environment. Physicians are encouraged to order nicotine replacement procedures for hospitalized patient and promote smoking cessation programs for patients and consider prescription of nicotine replacement products for hospitalized patients. (Rev. approved by MEC 6/21/04, Board 7/14/04)

#### Z. Standardized Procedures

The Medical Staff has approved the following standardized nursing procedures:

- Standardized Procedure for ED Care Initiated by the Authorized Registered Nurse. (Rev. IDPC ~~04/12/2017~~ 08/05/20, MEC ~~04/17/17~~ 08/17/2020, JCC 04/24/17)
- Standardized Procedure for Peripherally Inserted Central Catheter (PIC Catheters) (Rev. IDPC ~~04/12/2017~~ 09/02/20, MEC ~~04/17/17~~ 09/21/20, JCC 04/24/17)
- Standardized Procedure for Pronouncement of Patient Death (Rev. IDPC ~~04/12/2017~~ 08/05/20, MEC ~~04/17/17~~ 08/17/2020, JCC 04/24/17)
- Standardized Procedure for Removal of Jackson-Pratt, Hemovac, & Penrose Surgical Drains (Rev. IDPC ~~04/12/2017~~ 09/02/20, MEC ~~04/17/17~~ 09/21/2020, JCC 04/24/17)
- ~~Standardized Procedure for Nurse Intubation of the Neonate (Rev. IDPC 04/12/2017, MEC 04/17/17, JCC 04/24/17)~~
- ~~Standardized Procedure for Intravascular Femoral Catheter(s) Removal (Rev. IDPC 04/12/2017, MEC 04/17/17, JCC 04/24/17)~~
- ~~Standardized Procedure for Registered Nurse Administration of Intravenous Contrast Media (Rev. IDPC 04/12/2017, MEC 04/17/17, JCC 04/24/17)~~
- Standardized Procedure for Medical Screening Examination for the Obstetrical Patient Performed by Registered Nurse (Rev. IDPC ~~04/12/2017~~ 07/01/2020, MEC ~~04/17/17~~ 08/17/2020, JCC 04/24/17)
- Standardized Procedure for Sexual Assault Examination (Rev. IDPC ~~04/12/2017~~

- 07/01/2020, MEC ~~04/17/17~~ 08/17/2020, JCC 04/24/17)
- Standardized Procedure for Evaluation of Patients with Behavioral Emergencies and Involuntary Holds by Authorized Registered Nurses (Rev. IDPC ~~04/12/2017~~ 09/02/20, MEC ~~04/17/17~~ 09/21/2020, JCC 04/24/17)
- Standardized Procedure for Rapid Response Team (Rev. IDPC ~~04/12/2017~~ 08/05/20, MEC ~~04/17/17~~ 08/17/20, JCC 04/24/17)
- Standardized Procedure for Pressure Ulcer Prevention (Rev. IDPC ~~04/12/2017~~ 08/05/20, MEC ~~04/17/17~~, 08/17/20 JCC 04/24/17)
- Standard Procedure for Midline Catheter Insertion, Removal, and Management (Rev. IDPC ~~04/12/2017~~ 09/02/20, MEC 04/17/17, JCC 04/24/17)

#### AA. Form Evaluation Protocol

All requests for new or revised forms and order sets shall be processed through the WECARE Physician Steering Committee in accordance with Hospital policy. All patient instructions, new forms or forms with significant revisions that will become part of the medical record shall be approved by the appropriate departmental committee(s) and the Clinical Evaluation Committee. Following appropriate Medical Staff approval, proposed forms will then be returned the WECARE Physician Steering Committee for processing. (Rev. approved by MEC 6/21/04, Board 7/14/04)

#### BB. Telemedicine

**Telemedicine is the use of electronic communication or other communication technologies to provide or support clinical care at a distance.** The following services may be provided via telemedicine: diagnostic medical imaging, EKG interpretation, and communication of laboratory results.

#### CC. Medical Decision Making for the Incapacitated, Unrepresented Patient

In the event that a patient lacks capacity to make decisions and has no one to make decisions for them, assistance will be provided to the patient's physician(s) in making timely, thoughtful decisions regarding medical treatment according to Washington Hospital Numbered Memorandum 3-251, and in compliance with State and Federal regulations.

### III. Staff Membership Responsibilities

#### A. Department Assignment and Clinical Privileges

Each member shall be assigned to one (1) department and shall request a level of clinical privileges within that department. Except as defined in specific staff categories, each member shall also have delineated privileges. Documentation of appropriate training and experience to support the level and the delineated privileges will be required. Members may request additional privileges in other departments, with evidence of training and experience.

#### B. Liability Insurance

Minimum professional liability insurance coverage must be maintained by all practitioners in the amounts of \$1,000,000/occurrence and \$3,000,000/aggregate as designated by the MEC and the Board of Directors.



# Memorandum

**DATE:** September 21, 2020

**TO:** Kimberly Hartz, CEO

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

**SUBJECT:** Proposed Amendments to the Medical Staff Organizational Manual

At the September 21, 2020 meeting of the Medical Executive Committee, the following proposed amendments to the Medical Staff Organizational Manual were approved.

Addition of language = **RED**  
 Deletion of language = ~~strikethrough~~

Article 3 Medical Staff Committee	3.R.Quality and Resource Management (QRM) Committee 3.R.2 Duties (a) assist in implementation of the <del>Quality Assessment and Improvement Plan</del> <b>Organizational Performance Improvement Plan</b>
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a regular basis. The PPEC's reports will provide aggregate information regarding the PPE process (e.g., numbers of cases reviewed by department or specialty, types and numbers of dispositions for the cases, listing of education initiatives based on reviews, listing of system issues identified). These reports will generally not include the details of any reviews or findings regarding specific practitioners.

### 3.R.QUALITY AND RESOURCE MANAGEMENT ("QRM") COMMITTEE

#### 3.R.1.Composition:

- (a) The Chief of Staff will appoint a member of the Active Staff to serve as chair of the QRM Committee, subject to approval by the Medical Executive Committee. The chair must have ability and experience in the area of quality improvement. Unless the Chief of Staff determines otherwise, the chair will serve for a default term of two years.
- (b) The committee will consist of the assistant chairs of each department (unless they are not available, in which case the department may send a substitute representative).
- (c) The committee will include a representative from pathology.
- (d) The committee will also include:
  - (i) the chairs of the Critical Care and Clinical Evaluation Committees;
  - (ii) the Chief Nursing Officer;
  - (iii) the Chief of Compliance;
  - (iv) the Chief of Medical Services;
  - (v) the Chief of Staff-Elect;
  - (vi) the Clinical Resource Management Coordinator;
  - (vii) the CME Coordinator;
  - (viii) the Director of Quality; and
  - (ix) the Utilization Management Coordinator.
- (e) Other appropriate representatives from Administration may serve *ex officio* as non-voting members of the committee.

### 3.R.2.Duties:

The QRM Committee will perform the following functions:

- (a) assist in implementation of the ~~Quality Assessment and Improvement Plan;~~ **Organizational Performance Improvement Plan**
- (b) recommend approval of Medical Executive Committee plans for maintaining quality patient care within the Hospital, which may include mechanisms for:
  - (i) establishing systems to identify potential problems in patient care;
  - (ii) setting action priorities on problem correction;
  - (iii) referring priority problems for assessment and corrective action to appropriate departments or committees; and
  - (iv) monitoring the results of quality assessment activities throughout the Hospital;
- (c) coordinate quality assessment activities;
- (d) support a consistent level of care for patients within the facility;
- (e) evaluate the overall Quality Assessment and Improvement Program on an annual basis for comprehensiveness, effectiveness, integration, and cost-efficiency;
- (f) obtain, review, and evaluate information and raw statistical data generated by the Hospital's case management system;
- (g) coordinate the educational needs of each department with the Medical Staff's overall educational plan;
- (h) organize and implement educational programs for the Medical Staff, including providing speakers for Medical Staff meetings with programs designed to reach a broad audience and to represent a reasonable cross-section of the medical fields;
- (i) evaluate and implement continuing medical education and training programs at the Hospital and in the community (in cooperation with the American Medical Association and the California Medical Association); and
- (j) maintain a continuing audit of Medical Staff members' participation in post-graduate continuing medical education programs.

### 3.R.3.Meetings and Reports:

The QRM Committee will meet at least monthly, when possible, but at least ten times per year. It will submit regular, confidential reports to the Medical Executive Committee on the quality of medical care provided and on quality review activities conducted. The presence of at least 50% of the voting members of the committee shall constitute a quorum.

### 3.S.UTILIZATION MANAGEMENT COMMITTEE

#### 3.S.1.Composition:

- (a) The Utilization Management Committee will consist of at least three physicians.
- (b) Members must recuse themselves if they have provided professional care for a patient whose case is under review.
- (c) The Chief of Staff will appoint the chair of the Utilization Management Committee.
- (d) The Chief Executive Officer will recommend one or more senior administrative representatives to also serve on this committee.

#### 3.S.2.Duties:

The Utilization Management Committee will perform the following functions:

- (a) review the medical necessity of admissions, appropriateness of the setting, medical necessity of extended stays, and medical necessity of professional services;
- (b) perform its duties in accordance with the Policy on Review of Concerns Related to Utilization;
- (c) communicate the results of its studies (and other pertinent data) to the Medical Staff departments, and, where appropriate, the entire Medical Staff;
- (d) make recommendations for the optimum utilization of Hospital resources and facilities (commensurate with quality care and safety); and
- (e) formulate a written utilization review plan for the Hospital, subject to approval by the Medical Executive Committee and Board.



# Memorandum

**DATE:** September 21, 2020

**TO:** Kimberly Hartz, CEO

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

**SUBJECT:** Proposed Amendments to the Washington Hospital Medical Staff Professional Practice Evaluation Policy

At the September 21, 2020 meeting of the Medical Executive Committee the following proposed amendment to the Washington Hospital Medical Staff Professional Practice Evaluation Policy was approved.

Addition of language = **RED**  
 Deletion of language = ~~strike through~~

<p>NEW 4.B Peer Counseling</p>	<p><b>Peer Counseling is a less formal face-to-face discussion between the Practitioner and one of the Medical Staff Leaders (or designee) as compared to the more formal Collegial Intervention identified below (4.Cold, 4.D-new). As an example, this counseling can occur immediately during the peer review meeting at which the case is being discussed, or separately in a private, confidential space. It shall be followed by a letter that summarizes the discussion and, when applicable, the expectations regarding the practitioners' future practice in the Hospital. The Department Chair and PPEC will be notified of this determination. A copy of the follow up letter will be included in the Practitioners file.</b></p>
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Letter and responding to a particular incident in some other manner as warranted by the circumstances.

A copy of the Informational Letter shall be placed in the Practitioner's confidential file. It shall be considered in the reappointment process and in the assessment of the Practitioner's competence to exercise the clinical privileges granted.

A matter shall be subject to review by the Leadership Council in accordance with Section 5 of this Policy if: (i) the threshold number of Informational Letters to address a particular type of situation is reached as described in **Appendix B**; or (ii) a trend of noncompliance is otherwise identified based on the overall number of Informational Letters sent to a Practitioner or other relevant factors, even if none of the thresholds for a particular category in **Appendix B** are met.

*Informational letters may be signed by:* A Department Chair, the Chair of the PPEC, or the Chief of Staff. Individuals named in the preceding sentence may be copied on any Informational Letter that they do not personally sign.

**Appendix C** includes implementation issues.

- 4.B **Educational Letter.** An Educational Letter may be sent to the Practitioner involved that describes the opportunities for improvement that were identified in the care reviewed and offers specific recommendations for future practice. A copy of the letter will be included in the Practitioner's file along with any response that he or she would like to offer.

*Educational letters may be sent by:* The Leadership Council, the PPEC, or their designees. The Department Chair and applicable PPEC will be copied on any Educational Letter that is sent to a Practitioner.

- 4.C **Collegial Intervention.** Collegial intervention means a face-to-face discussion between the Practitioner and one or more Medical Staff Leaders. If the Collegial Intervention results from a matter that has been reported to the PPE Support Staff and reviewed through this Policy, it shall be followed by a letter that summarizes the discussion and, when applicable, the expectations regarding the Practitioner's future practice in the Hospital. A copy of the follow up letter will be included in the Practitioner's file along with any response that the Practitioner would like to offer.

*A Collegial Intervention may be personally conducted by:* One or more members of the Leadership Council or the PPEC, or these committees may facilitate an appropriate and timely Collegial Intervention by one or more designees (including, but not limited to, a Department Chair). The Department Chair, Leadership Council, and PPEC shall be informed of the substance of any

Add Peer Counseling  
Here - see attached



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# Memorandum

**DATE:** September 23, 2020

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

**FROM:** Kimberly Hartz  
Chief Executive Officer

**SUBJECT:** Summary of Contract Negotiations with  
International Union of Operating Engineers, Stationary Engineers (Local 39)

We concluded the contract negotiations for a successor Memorandum of Understanding with International Union of Operating Engineers, Stationary Engineers (Local 39) and the members voted to ratify the settlement terms on Tuesday, September 22, 2020.

The International Union of Operating Engineers, Stationary Engineers (Local 39) consists of Stationary Engineers and Biomedical Technicians and has approximately 25 benefitted employees.

I am proposing that the Board of Directors approve the terms agreed upon between Washington Hospital Healthcare System and the International Union of Operating Engineers, Stationary Engineers (Local 39) as summarized below.

### Across the Board Increases

The economic terms of the new Agreement are as follows:

For the first year of the contract, Local 39 employees will receive a 3.75 % increase to their base wages effective October 1, 2020.

For the second year of the contract, Local 39 employees will receive a 3.85 % increase to their base wages.

For the third year of the contract Local 39 employees will receive a 3.95% across the board increase to their base wage rates.

### Differentials

Senior Leads and Lead classifications differentials, above the stationary engineer's base rate of pay, will increase from 15% to 20% and 10% to 12.5%, respectively.

Further, the evening shift differential will increase from the current \$2.25 to \$2.50 and the night shift from the current \$2.25 to \$3.00. The relief shift will increase from the current \$2.25 to \$3.50.

**Training Fund**

The Hospital has agreed it will increase its contribution to the engineer's training fund by \$50 per year for each engineer employed, consistent with other Local 39 labor agreements.

**Benefits**

The Agreement also provides employees who have a covered spouse on another medical plan with the option to waive coverage under Washington's medical plan and in turn receive a waiver credit of \$70 per pay period.

**Non-Economics**

The only non-economic term that was negotiated was an update on the union membership clause to reflect current law on the subject.

**Total Cost**

The total cost of the negotiated provisions of the contract amounts to \$996,588 over the life of the 3-year contract.

**RESOLUTION 1217**  
**INTERNATIONAL UNION OF OPERATING ENGINEERS, SERVICE ENGINEERS**  
**(LOCAL 39)**

Washington Township Health Care District, a local health care district, does hereby resolve as follows:

A List of Amendments to the current Agreement as outlined in the Cover Letter will be incorporated into a new Memorandum of Understanding by and between the designated representative of Washington Hospital, that being the Chief Executive Officer, and the International Union of Operating Engineers, Stationary Engineers (Local 39), a recognized majority representative under the terms of Board Resolution 331A.

The terms and conditions of the List of Amendments will be implemented in their entirety effective on the various dates specified with the Memorandum.

Passed and adopted by the Board of Directors of Washington Township Health Care District this 14<sup>th</sup> day of October, 2020, by the following vote:

AYES:

NOES:

ABSENT:

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Michael Wallace  
President of the Washington Township  
Health Care District Board of Directors

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Bernard Stewart  
Secretary of the Washington Township  
Health Care District Board of Directors



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# Memorandum

**DATE:** September 1, 2020

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

**FROM:** John Lee, Chief Information Officer

**SUBJECT:** HealthShare Interface Engine Project

I recommend replacing our existing Cloverleaf interface engine with InterSystem's HealthShare product. An interface engine sends information across disparate systems. We have dozens of active interfaces that exchange information such as orders and results between our WeCare Epic system and multiple external and internal points of connection. The expansion of healthcare interoperability requires expanding connections through our interface engine. Our need to interface continues to increase and the costs associated with maintaining and growing our Cloverleaf interface engine have risen significantly.

The five-year total cost of ownership for HealthShare is estimated to be approximately 60% of the current engine over the same period. Licensing costs for expansion are expected to remain predictable as Intersystems' licensing model is based on hospital size rather than the number of interface connections. HealthShare has the functionality needed by WHHS as well as features not available in the current engine. HealthShare also has a significantly higher customer rating over the last few years than our current engine.

This item was included in the FY2021 Capital Budget.

In accordance with District Law, Policies and Procedures, it is requested that the Board of Directors authorize the Chief Executive Officer to enter into the necessary contracts and proceed with the purchase of software and implementation services for a total amount not to exceed **\$199,947**.



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# Memorandum

**DATE:** October 6, 2020

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

**FROM:** Edward Fayen, Executive Vice President & Chief Operating Officer

**SUBJECT:** **Control Air Compressor**

The control air compressor we are replacing was part of the original 1970's 6-story tower construction project. The compressor pushes air to the pneumatic controls that manage the temperature of the main hospital. The original equipment is no longer functioning.

This item was approved in the FY 21 Fixed Asset Capital Budget for \$54,625.

In accordance with District Law, Policies and Procedures, it is requested that the Board of Directors authorize the Chief Executive Officer to proceed with the purchase and installation of a control air compressor for a total amount not to exceed **\$54,625.00**.

EF/ld



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

**August 2020**



Washington Hospital  
Healthcare System

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

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





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# Memorandum

**DATE:** October 8, 2020  
**TO:** Board of Directors  
**FROM:** Kimberly Hartz, Chief Executive Officer  
**SUBJECT:** Washington Hospital – August 2020  
Operating & Financial Activity

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## SUMMARY OF OPERATIONS – (Blue Schedules)

### 1. Utilization – Schedule Board 3

	August <u>Actual</u>	August <u>Budget</u>	Current 12 <u>Month Avg.</u>
<u>ACUTE INPATIENT:</u>			
Average Daily Census	165.2	141.3	144.0
# of Admissions	842	886	858
Patient Days	5,120	4,379	4,394
Discharge ALOS	5.75	4.94	5.00
<u>OUTPATIENT:</u>			
OP Visits	6,773	7,232	6,727
ER Visits	5,646	5,994	4,545
Observation Equivalent Days – OP	173	162	172

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

### 2. Staffing – Schedule Board 3

Total paid FTEs were 138.0 above budget. Total productive FTEs for August were 1,387.6, 152.2 above the budgeted level of 1,235.4. Nonproductive FTEs were 14.2 below budget. Productive FTEs per adjusted occupied bed were 5.73, 0.14 above the budgeted level of 5.59. Total FTEs per adjusted occupied bed were 6.39, 0.02 above the budgeted level of 6.37.

**3. Income - Schedule Board 1**

For the month of August the Hospital realized a loss of \$3,143,000 from operations.

Total Gross Patient Service Revenue of \$172,131,000 for August was 3.0% above budget.

Deductions from Revenue of \$133,606,000 represented 77.62% of Total Gross Patient Service Revenue. This percentage is above the budgeted amount of 77.20%, primarily due to payor mix.

Total Operating Revenue of \$38,793,000 was \$350,000 (0.9%) above the budget.

Total Operating Expense of \$41,936,000 was \$2,885,000 (7.4%) above the budgeted amount.

The Total Non-Operating Income of \$960,000 for the month includes an unrealized loss on investments of \$150,000 and property tax revenue of \$1,447,000.

The Total Net Loss for August was \$2,183,000, which was \$1,621,000 less than the budgeted loss of \$562,000.

The Total Net Loss for August using FASB accounting principles, in which the unrealized loss or income on investments, net interest expense on GO bonds and property tax revenues are removed from the non-operating income and expense, was \$2,340,000 compared to a budgeted loss of \$836,000.

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

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

KIMBERLY HARTZ  
Chief Executive Officer

KH/CH



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

<u>August</u>				<u>YEAR TO DATE</u>				
<u>ACTUAL</u>	<u>BUDGET</u>	<u>FAV (UNFAV) VAR</u>	<u>% VAR.</u>		<u>ACTUAL</u>	<u>BUDGET</u>	<u>FAV (UNFAV) VAR</u>	<u>% VAR.</u>
\$ 117,482	\$ 106,829	\$ 10,653	10.0%	<b>1</b>	\$ 236,414	\$ 213,071	\$ 23,343	11.0%
54,649	60,286	(5,637)	-9.4%	<b>2</b>	116,785	121,412	(4,627)	-3.8%
<b>172,131</b>	<b>167,115</b>	<b>5,016</b>	3.0%	<b>3</b>	<b>353,199</b>	<b>334,483</b>	<b>18,716</b>	5.6%
(129,546)	(125,584)	(3,962)	-3.2%	<b>4</b>	(267,582)	(251,399)	(16,183)	-6.4%
(4,060)	(3,424)	(636)	-18.6%	<b>5</b>	(7,889)	(6,852)	(1,037)	-15.1%
<b>(133,606)</b>	<b>(129,008)</b>	<b>(4,598)</b>	-3.6%	<b>6</b>	<b>(275,471)</b>	<b>(258,251)</b>	<b>(17,220)</b>	-6.7%
<b>77.62%</b>	<b>77.20%</b>			<b>7</b>	<b>77.99%</b>	<b>77.21%</b>		
<b>38,525</b>	<b>38,107</b>	<b>418</b>	1.1%	<b>8</b>	<b>77,728</b>	<b>76,232</b>	<b>1,496</b>	2.0%
268	336	(68)	-20.2%	<b>9</b>	547	672	(125)	-18.6%
<b>38,793</b>	<b>38,443</b>	<b>350</b>	0.9%	<b>10</b>	<b>78,275</b>	<b>76,904</b>	<b>1,371</b>	1.8%
19,418	16,900	(2,518)	-14.9%	<b>11</b>	38,851	34,278	(4,573)	-13.3%
6,850	6,522	(328)	-5.0%	<b>12</b>	13,972	13,128	(844)	-6.4%
5,239	5,175	(64)	-1.2%	<b>13</b>	10,615	10,585	(30)	-0.3%
4,747	4,719	(28)	-0.6%	<b>14</b>	9,658	9,406	(252)	-2.7%
1,680	1,733	53	3.1%	<b>15</b>	3,284	3,384	100	3.0%
4,002	4,002	-	0.0%	<b>16</b>	8,004	8,004	-	0.0%
<b>41,936</b>	<b>39,051</b>	<b>(2,885)</b>	-7.4%	<b>17</b>	<b>84,384</b>	<b>78,785</b>	<b>(5,599)</b>	-7.1%
<b>(3,143)</b>	<b>(608)</b>	<b>(2,535)</b>	-416.9%	<b>18</b>	<b>(6,109)</b>	<b>(1,881)</b>	<b>(4,228)</b>	-224.8%
<b>-8.10%</b>	<b>-1.58%</b>			<b>19</b>	<b>-7.80%</b>	<b>-2.45%</b>		
310	317	(7)	-2.2%	<b>20</b>	659	633	26	4.1%
(5)	-	(5)	0.0%	<b>21</b>	22	-	22	0.0%
(1,856)	(1,927)	71	3.7%	<b>22</b>	(3,700)	(3,847)	147	3.8%
145	251	(106)	-42.2%	<b>23</b>	374	535	(161)	-30.1%
-	(38)	38	100.0%	<b>24</b>	-	(77)	77	100.0%
1,069		1,069	0.0%	<b>25</b>	1,069	-	1,069	0.0%
1,447	1,443	4	0.3%	<b>24</b>	2,847	2,886	(39)	-1.4%
(150)	-	(150)	0.0%	<b>25</b>	159	-	159	0.0%
<b>960</b>	<b>46</b>	<b>914</b>	1987.0%	<b>26</b>	<b>1,430</b>	<b>130</b>	<b>1,300</b>	1000.0%
<b>\$ (2,183)</b>	<b>\$ (562)</b>	<b>\$ (1,621)</b>	-288.4%	<b>27</b>	<b>\$ (4,679)</b>	<b>\$ (1,751)</b>	<b>\$ (2,928)</b>	-167.2%
<b>-5.63%</b>	<b>-1.46%</b>			<b>28</b>	<b>-5.98%</b>	<b>-2.28%</b>		
<b>\$ (2,340)</b>	<b>\$ (836)</b>	<b>\$ (1,504)</b>	-179.9%	<b>29</b>	<b>\$ (5,397)</b>	<b>\$ (2,291)</b>	<b>\$ (3,106)</b>	-135.6%
<b>-6.03%</b>	<b>-2.17%</b>				<b>-6.89%</b>	<b>-2.98%</b>		

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



**WASHINGTON HOSPITAL  
BALANCE SHEET**

August 2020  
(In thousands)

SCHEDULE BOARD 2

ASSETS AND DEFERRED OUTFLOWS			LIABILITIES, NET POSITION AND DEFERRED INFLOWS		
	August 2020	Unaudited June 2020		August 2020	Unaudited June 2020
<b>CURRENT ASSETS</b>			<b>CURRENT LIABILITIES</b>		
1	CASH & CASH EQUIVALENTS	\$ 58,118	1	CURRENT MATURITIES OF L/T OBLIG	\$ 9,920
2	ACCOUNTS REC NET OF ALLOWANCES	68,224	2	ACCOUNTS PAYABLE	18,488
3	OTHER CURRENT ASSETS	13,416	3	OTHER ACCRUED LIABILITIES	109,301
4	TOTAL CURRENT ASSETS	139,758	4	INTEREST	2,870
5			5	TOTAL CURRENT LIABILITIES	140,579
			0		
<b>ASSETS LIMITED AS TO USE</b>			<b>LONG-TERM DEBT OBLIGATIONS</b>		
6	BOARD DESIGNATED FOR CAPITAL AND OTHER	215,647	6	REVENUE BONDS AND OTHER	216,549
7	REVENUE BOND FUNDS	10,860	7	GENERAL OBLIGATION BONDS	329,096
8	BOND DEBT SERVICE FUNDS	9,667	8		
9	OTHER ASSETS LIMITED AS TO USE	10,140	9	<b>OTHER LIABILITIES</b>	
10	TOTAL ASSETS LIMITED AS TO USE	246,314	10	NET PENSION LIABILITY	34,159
11			11	SUPPLEMENTAL MEDICAL RETIREMENT	42,957
12	<b>OTHER ASSETS</b>	227,799	12	WORKERS' COMP AND OTHER	8,601
13					
13	<b>OTHER INVESTMENTS</b>	11,692			
14	<b>NET PROPERTY, PLANT &amp; EQUIPMENT</b>	674,668	14	<b>NET POSITION</b>	527,155
15	<b>TOTAL ASSETS</b>	\$ 1,300,231	15	<b>TOTAL LIABILITIES AND NET POSITION</b>	\$ 1,299,096
16	<b>DEFERRED OUTFLOWS</b>	58,989	16	<b>DEFERRED INFLOWS</b>	60,124
17	<b>TOTAL ASSETS AND DEFERRED OUTFLOWS</b>	\$ 1,359,220	17	<b>TOTAL LIABILITIES, NET POSITION AND DEFERRED INFLOWS</b>	\$ 1,359,220



**WASHINGTON HOSPITAL  
OPERATING INDICATORS  
August 2020**

12 MONTH AVERAGE	August						YEAR TO DATE			
	ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.			ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.
	<b><u>PATIENTS IN HOSPITAL</u></b>									
144.0	165.2	141.3	23.9	17%	1	ADULT & Peds AVERAGE DAILY CENSUS	161.6	140.3	21.3	15%
5.7	5.6	5.2	0.4	8%	2	OUTPT OBSERVATION AVERAGE DAILY CENSUS	5.8	5.4	0.4	7%
8.1	7.3	10.1	(2.8)	-28%	3	NURSERY AVERAGE DAILY CENSUS	7.7	9.8	(2.1)	-21%
157.8	178.1	156.6	21.5	14%	4	TOTAL	175.1	155.5	19.6	13%
3.6	3.4	3.6	(0.2)	-6%	5	SPECIAL CARE NURSERY AVERAGE DAILY CENSUS *	3.4	3.6	(0.2)	-6%
4,394	5,120	4,379	741	17%	6	ADULT & Peds PATIENT DAYS	10,018	8,701	1,317	15%
172	173	162	11	7%	7	OBSERVATION EQUIVALENT DAYS - OP	357	335	22	7%
858	842	886	(44)	-5%	8	ADMISSIONS-ADULTS & Peds	1,675	1,759	(84)	-5%
5.00	5.75	4.94	0.81	16%	9	AVERAGE LENGTH OF STAY-ADULTS & Peds	5.70	4.95	0.75	15%
1.503	1.648	1.498	0.150	10%	10	<b><u>OTHER KEY UTILIZATION STATISTICS</u></b> OVERALL CASE MIX INDEX (CMI)	1.632	1.519	0.113	7%
138	128	167	(39)	-23%	11	SURGICAL CASES JOINT REPLACEMENT CASES	276	331	(55)	-17%
22	24	18	6	33%	12	NEUROSURGICAL CASES	47	38	9	24%
8	5	13	(8)	-62%	13	CARDIAC SURGICAL CASES	11	24	(13)	-54%
173	191	191	-	0%	14	ALL OTHERS	371	378	(7)	-2%
341	348	389	(41)	-11%	15	TOTAL CASES	705	771	(66)	-9%
361	306	358	(52)	-15%	16	TOTAL CATH LAB PROCEDURES	728	736	(8)	-1%
124	122	151	(29)	-19%	17	DELIVERIES	254	294	(40)	-14%
6,727	6,773	7,232	(459)	-6%	18	OUTPATIENT VISITS	14,041	14,401	(360)	-2%
3,793	3,695	3,872	(177)	-5%	19	EMERGENCY VISITS, EXCLUDING RSTU VISITS	6,997	7,922	(925)	-12%
752	1,951	2,122	(171)	-8%	20	RSTU VISITS	4,713	4,244	469	11%
1,295.3	1,387.6	1,235.4	(152.2)	-12%	21	<b><u>LABOR INDICATORS</u></b> PRODUCTIVE FTE'S	1,373.7	1,236.6	(137.1)	-11%
180.7	159.3	173.5	14.2	8%	22	NON PRODUCTIVE FTE'S	168.1	190.7	22.6	12%
1,476.0	1,546.9	1,408.9	(138.0)	-10%	23	TOTAL FTE'S	1,541.8	1,427.3	(114.5)	-8%
6.07	5.73	5.59	(0.14)	-3%	24	PRODUCTIVE FTE/ADJ. OCCUPIED BED	5.69	5.61	(0.08)	-1%
6.93	6.39	6.37	(0.02)	0%	25	TOTAL FTE/ADJ. OCCUPIED BED	6.39	6.48	0.09	1%

\* included in Adult and Peds Average Daily Census