



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

Monday, November 16, 2020– 6:00 P.M.
Meeting Conducted by Teleconference
Dial In: 510-818-5900 Access Code: 6736

AGENDA

PRESENTED BY:

- | | |
|--|---|
| I. CALL TO ORDER & PLEDGE OF ALLEGIANCE | Michael Wallace
Board President |
| II. ROLL CALL | Dee Antonio
District Clerk |
| III. COMMUNICATIONS | |
| A. Oral
<i>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 covered by the agenda. "Request to Speak" cards should be filled out in advance and presented to the District Clerk. For the record, please state your name.</i> | |
| B. Written | |
| IV. CONSENT CALENDAR | <i>Motion Required</i> |
| A. Consideration of Proposed Amendments to the Medical Staff Bylaws | |
| B. Consideration of Thoracic Surgery Resident Guidelines | |
| V. ANNOUNCEMENTS | Kimberly Hartz
Chief Executive Officer |
| VI. CLOSED SESSION | Kimberly Hartz
Chief Executive Officer |
| <i>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.</i> | |
| A. Conference involving trade secrets pursuant to Health & Safety Code section 32106 | |
| B. Report of Medical Staff and Quality Assurance Committee, Health & Safety Code section 32155 | |

Board Meeting Agenda
November 16, 2020

C. Conference with Legal Counsel-Anticipated
Litigation pursuant to Government Code section
54956.9(d)(2)

- a. Claim: Ji Young Park
- b. Claim: Brigitte Gullatt

D. Conference Involving Personnel Matters: Chief
Executive Officer

VII. OPEN SESSION

Report on Closed Session

Michael Wallace
Board President

VIII. ADJOURNMENT

Michael 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.



Memorandum

DATE: October 26, 2020

TO: Kimberly Hartz, Chief Executive Officer

FROM: Prasad Kilaru, MD, Chief of Staff

SUBJECT: Proposed Amendments to the Bylaws

The Medical Executive Committee meeting on August 17, 2020, reviewed the following proposed amendments to the Bylaws and recommended Friday, September 11, 2020 as the deadline to vote. At the September 21, 2020 Medical Executive Committee not enough votes were received and it was recommended to extend the voting deadline until October 19, 2020.

The Bylaws state the amendment must be voted on by at least 33% of the voting staff, and the amendment must receive a majority of the votes cast. As of October 1, 2020 there are 349 Active Staff members therefore 115 total votes are require with a 58 majority to pass. At the October 19, 2020 Medical Executive Committee, there were 123 votes received, 111 YES and 12 NO Votes were received.

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

Article 2 Categories of the Medical Staff	2.A. ACTIVE STAFF 2.A.1. Qualifications The Active Staff shall consist of those members of the Medical Staff who are involved in at least 10 patient contacts at Washington Hospital or WOSC during the two-year appointment term.
Article 2 Categories of the Medical Staff	2.A. ACTIVE STAFF 2.A.2. Eligibility Guidelines Any member who has fewer than 10 patient contacts at Washington Hospital or WOSC during his or her two-year appointment term will not be eligible to request Active Staff status at the time of reappointment
Article 2 Categories of the Medical Staff	2.B. COURTESY STAFF 2.B.1. Qualifications: (a) are involved in fewer than 10 patient contacts at Washington Hospital or WOSC during the two-year appointment term; (b) are members of the Active Staff or Associate Staff at another acute care hospital (unless their clinical specialty does not support an active inpatient practice and the Board makes an exception to this requirement based upon the recommendations of the Medical Staff); and
Article 2 Categories of the Medical Staff	2.C. CONSULTING STAFF 2.C.1. Qualifications (c) are members of the Active Staff or Associate Staff at another acute care hospital licensed in California (unless their clinical specialty does not support an active inpatient practice and the Board makes an exception to this requirement); and

<p>Article 2 Categories of the Medical Staff</p>	<p>2.C. CONSULTING STAFF 2.C.3. Eligibility Guidelines If a member of the Consulting Staff fails to have at least two patient contacts during his or her two-year appointment term, his or her Consulting Staff status will automatically terminate. The Consulting Staff member may avoid this automatic termination by providing at least two favorable references from another acute care hospital, freestanding surgery center, or recognized medical institution.</p>
<p>Article 2 Categories of the Medical Staff</p>	<p>2.D. AMBULATORY STAFF 2.D.1. Qualifications The Ambulatory Staff shall consist of those members of the Medical Staff who desire to be associated with the Hospital for the purpose of providing ambulatory care. Ambulatory Staff members are exempt from the threshold eligibility criterion relating to recent clinical activity in an acute care hospital (as set forth at Section 2.A of the Credentialing Policy). However, they must demonstrate recent clinical activity of 50 contacts in an ambulatory care setting (in their primary area of practice) within the past two years.</p>
<p>Article 4 Clinical Departments</p>	<p>4.C. FUNCTIONS OF CLINICAL DEPARTMENTS 2) to monitor the practice of all those with clinical privileges or a scope of practice in a given service area and recommend privileges to Credentials Committee.</p>
<p>Article 5 Medical Staff Committees</p>	<p>5.D. MEDICAL EXECUTIVE COMMITTEE 5.D.1. Composition The Medical Executive Committee will also include members of clinical entities greatly impacting patient care; (inclusion of these members would be based on impact on patient care of their specific service and membership could vary from year to year depending on the degree of patient care impact). The Officers of the Medical Staff, with input from the Chief Executive Officer, Chief of Medical Staff Affairs, and other sources to be determined by the MEC would appoint such members to the MEC. a representative from the Pharmacy, Nutrition, and Therapeutics committee and a representative from the Clinical Evaluation Committee, ex officio, without vote.</p>
<p>Appendix B History and Physician Examinations</p>	<p>SHORT STAY AND ELECTIVE PROCEDURES (2) History and physical examinations for all other elective surgical and invasive procedures (except PTCA) must be dictated or documented in the record by noon on the day prior to the procedure</p>



Washington Hospital
Healthcare System

S I N C E 1 9 4 8

Memorandum

DATE: November 2, 2020

TO: Kimberly Hartz, Chief Executive Officer

FROM: Prasad Kilaru, MD
Chief of Staff

SUBJECT: Thoracic Surgery Resident Guidelines

The Medical Executive Committee approved the Thoracic Surgery Resident Guidelines on October 19, 2020. Please accept this memorandum as a formal request for consideration of approval by the Board of Directors of the Thoracic Surgery Resident Guidelines as attached.



UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

**CARDIOTHORACIC
SURGERY**

**500 Parnassus Ave, San
Francisco, California 94143**



**Ramin E. Beygui, MD.
Professor of Surgery
Cardiothoracic Surgery
TEL: (510) 248-1400
(510) 248-1408
FAX: (510) 797-0301**

Jeffrey S. Stuart M.D., M.B.A.
Chief Medical Staff Services Washington
Hospital Healthcare System Fremont, CA
94538

10/15/2020

Dear Dr. Stuart,

Following our conversation with Dr. Jasleen Kukreja, Dr. Johannes Kratz (UCSF Thoracic Surgery Residency Director and Co-Director), and Ms. Camille Perez (UCSF Thoracic Surgery Residency Coordinator) and Mr. Don Pipkin, I'm providing you with the general guideline for goals for the UCSF Thoracic Surgery Residents who will be rotating at Washington Hospital Healthcare System (WHHS). The Residents, compatible with their training experience at UCSF and affiliated programs, will be working under the supervision of Dr. Teng Lee and myself.

THE WASHINGTON HOSPITAL HEALTHCARE SYSTEM CARDIOTHORACIC ROTATION

The University of California San Francisco Cardiothoracic Surgery Residency was established in 1968 and has maintained full accreditation by the Accreditation Council for Graduate Medical Education (ACGME) to date. The program has a record of producing distinguished leaders in cardiothoracic surgery, which is a goal of our education mission. With emerging cardiovascular techniques and changes in the discipline of thoracic surgery, we extended the length of our residency program in 2006 from two to three years to encompass the wider range of complex techniques and technologies in these clinical areas.

Supervising Physicians

Ramin E. Beygui, MD (Site Director, Professor of Surgery, UCSF) Teng C.
Lee, MD (Associate Professor of Surgery, UCSF)

Goals and Objectives

This rotation is designed to provide an exposure to high volume adult cardiothoracic surgery in a community practice setting. As such, in addition to a broad range of common disorders and fundamental surgical cases, the Thoracic resident also has extensive exposure to percutaneous cardiovascular procedures (TEVAR, TAVR) as well as general thoracic oncology. The primary site will be the Washington Hospital Health System campus, where exposure to surgery for acquired heart disease is emphasized. Coronary bypass surgery, valve replacement (surgical and TAVR) and surgery of the thoracic aorta are available. The resident will also participate in basic thoracic procedures during the rotation. The resident participates in outpatient clinics (weekly), inpatient ward and ICU rounds (daily), operating theater (daily), and clinical teaching conferences (weekly) all on site. Under direct

supervision, the resident is expected to formulate pre- and post-operative diagnostic and treatment plans for patients with acquired cardiac diseases. The resident is expected to participate as primary surgeon in approximately 50-75% of the surgical cases under the direct supervision of the faculty. Specific technical milestones for the Thoracic residents who rotate at WHHS are stated below.

As a competent PGY 7 Thoracic Surgery Resident we would anticipate that the resident under the supervision of the faculty and are anticipated to become proficient in the following tasks:

1. Perform opening and closing of the sternum, thorax, body cavities compatible with the exposure needed.
2. Perform cannulation for cardiopulmonary bypass (CPB), conduct of CPB, and weaning and separation from CPB, followed by decannulation.
3. Manage complex valvular and coronary disease (e.g., redo AVR, MVR, CABG, VSD, ischemic mitral regurgitation, aortic surgery, off pump CABG, Maze Procedures, etc.)
4. Consistently performs anastomosis.
5. Able to position the heart and set up the field of operation according to surgeon-specific routine and target vessel, valves, and structures.
6. Performs off-pump CABG
7. Identifies difficult to find target vessels correlating angiogram and surface anatomy
8. Provides feedback to adapt surgical plan according to target vessel quality, valve anatomy, and conduit availability
9. Performs mobilization of the mammary grafts
10. Selects optimal approach for patients with combined valvular, carotid, and coronary disease.

EPIC – Utilization/guidelines of Washington Hospitals EMR system:

A. Documentations to be transcribed in Epic:

1. Progress Notes
2. H and P's
3. Consults
4. Discharge summaries
5. Brief OP Notes
6. Procedure Notes

• **Any note written by the fellow should include the supervising physician's name**

• **Consult and progress notes are co-signed by Dr. Beygui and Dr. Lee within 24-hours**

- B. Orders – Residents are authorized to provide verbal orders as well as enter orders including medications. As it is understood with our cardiac physician assistants; the orders should be 'active' and actionable immediately, but should still require Dr. Lee or myself to cosign within a specified period of time.
- C. Access - EPIC access/security should be equivalent to Dr. Lee & I, including both inpatient and ambulatory
- D. Additional hospital program access needed:
 1. ISCV
 2. PACS

Sincerely yours,



Ramin E. Beygui, MD
Professor of Surgery, Cardiothoracic Surgery, UCSF Medical
Director of Cardiothoracic Surgery at WHHS