



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, April 24, 2024 – 6:00 P.M.

Board Room of Washington Hospital, 2000 Mowry Avenue, Fremont and via Zoom

<https://zoom.us/j/92680397305?pwd=M3FabHVINDRkNFpZZHZTOG92emRDUT09>

Passcode: 588075

Board Agenda and Packet can be found at:

[April 2024 | Washington Hospital Healthcare System \(whhs.com\)](https://www.whhs.com)

AGENDA

PRESENTED BY:

- | | |
|--|--|
| <p>I. CALL TO ORDER & PLEDGE OF ALLEGIANCE</p> | <p>Jacob Eapen, MD
President</p> |
| <p>II. ROLL CALL</p> | <p>Cheryl Renaud
District Clerk</p> |
| <p>III. COMMUNICATIONS</p> <p>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 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.</i></p> <p>B. Written</p> | |
| <p>IV. CONSENT CALENDAR</p> <p><i>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.</i></p> <p>A. Consideration of Medical Staff: Hyperbaric Medicine for Nurse Practitioner Privileges</p> <p>B. Consideration of Medical Staff: Robotic-Assisted Surgery Privileges</p> | <p>Jacob Eapen, MD
President</p> <p><i>Motion Required</i></p> |

V. **ACTION**

VI. **ANNOUNCEMENTS**

VII. **ADJOURN TO CLOSED SESSION**

Jacob Eapen, MD
President

A. Consideration of Closed Session Minutes of the Meetings of the District Board: March 18 & 27, 2024

Motion Required

B. Reports regarding Medical Audit & Quality Assurance Matters pursuant to Health & Safety Code Section 32155

Motion Required

- Medical Staff Committee Report

C. Conference involving Trade Secrets pursuant to Health & Safety Code Section 32106

- Strategic Planning

D. Conference with Legal Counsel – Anticipated Litigation pursuant to Government Code Section 54956.9(d)(2)

Number of Cases: One Case

E. Conference involving Personnel Matters: Chief Executive Officer

VIII. **RECONVENE TO OPEN SESSION & REPORT ON PERMISSIBLE ACTIONS TAKEN DURING CLOSED SESSION**

Jacob Eapen, MD
President

IX. **ADJOURNMENT**

Jacob Eapen, MD
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: April 15, 2024
TO: Kimberly Hartz, Chief Executive Officer
FROM: Mark Saleh, MD, Chief of Staff
SUBJECT: MEC for Board Approval

The Medical Executive Committee, at its meeting on April 15, 2024, approved the attached Delineation of Privileges for:

- 1)Hyperbaric Medicine for Nurse Practitioner
- 2)Robotic-Assisted Surgery

Please accept this memorandum as a formal request for presentation to the Board of Directors for final approval of the attached Delineation of Privileges for the Hyperbaric Medicine for Nurse Practitioner and Robotic-Assisted Surgery.



Washington Hospital Medical Staff

1000 Mowry Avenue • Fremont, California 94558 • 510.818.7446

Hyperbaric Medicine for Nurse Practitioner Delineation of Privileges

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

Facilities

WH

Required Qualifications

Membership	Hold current Nurse Practitioner Core Privileges
Education/Training	<p>Pathway 1- Document successful completion of a UHMS (Undersea and Hyperbaric Medicine Society) – approved <i>Introductory Course in Hyperbaric Medicine</i></p> <p>OR</p> <p>Pathway 2 - Applicant must provide proof of successful completion of a UHMS 'PATH' (Program for Advanced Training in Hyperbaric Medicine) and hold a Certificate of Advanced Education (CAE)</p>
Clinical Experience (Initial	If the training under "Education/Training" is more than 12 months old the applicant must be able to provide documentation of provision of hyperbaric treatment services (successful management of a minimum of 10 cases) during the previous 24 months
Clinical Experience (Reappointment)	Applicant must be able to provide documentation of provision of hyperbaric treatment services (successful management of a minimum of 10 cases) during the previous 24 months
Qualifications	Qualified Nurse Practitioners must have an unlimited licensed physician holding <i>Independent Supervisor of HBO</i> privileges and a supervision agreement immediately available (close physical proximity within the same or connected building) to render assistance if needed

Special Privileges: Hyperbaric Medicine

Description: Therapeutic use of the delivery of oxygen under pressure to treat localized tissue injury or disease.

	Perform history and physical examination
	Evaluation, diagnosis, and therapeutic management of stable conditions utilizing hyperbaric oxygen therapy to patients, presenting with diabetic foot infections (subcutaneous tissue, muscle, fascia or bone); refractory osteomyelitis; radiation injury; failed flaps and any other approved indications for hyperbaric oxygen treatment.

FPPE	FPPE
	Five concurrent case reviews by a physician currently holding unrestricted hyperbaric medicine privileges.
	Five retrospective case reviews by a physician currently holding unrestricted hyperbaric medicine privileges.
	Evaluation of OPPE data collected for review of competency/performance.

Acknowledgment of Applicant:

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

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

Practitioner's Signature

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based on the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested.

Department Chair

Date



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Robotic Assisted Surgery

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

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

Notes:

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

Facilities

WH

Required Qualifications

Education/Training

Education/Training Completion of an ACGME or AOA accredited residency or fellowship training program in a surgical discipline.

AND Applicants applying for Robotic privileges should request privileges in the following category: Robotic Assisted Surgery procedures - AND - meet one of the following criteria:

1) Be a graduate of an ACGME or AOA residency program with documented evidence of specific training in the robotic surgery system and a letter from the program director that he/she was adequately trained in the applied for procedure and have manufacturer's certification.

OR 2) Be currently privileged at Washington Hospital for rigid manufacturer's endoscopic privileges in their specialty (for example, arthroscopy for orthopedics, thoroscopy for cardiac surgery, laparoscopy for general surgery, etc.) and have manufacturer's certification.

Clinical
Experience
(Initial)

Applicant must provide documentation of performance of 10 procedures representative of the scope of privileges requested during the previous 24 months using the device type available at this organization (waived for applicants who met the above training requirements during the previous year).

Clinical
Experience
(Reappointment)

Applicant must provide documentation of performance of 10 procedures representative of the scope of privileges requested during the previous 24 months.

Robotic Assisted Surgery

Description: Minimally invasive surgery assisted by a fully robotic surgery platform (i.e., daVinci, Senhance, etc).

Request	Check the Request checkbox to select all privileges listed below. Uncheck any privileges you do not want to request in that group.
W/H	<input type="checkbox"/> - Currently Granted privileges
	Use of Robotic Platform
	<input type="checkbox"/> Robotic assisted surgery

FPPE

W/H	
	Four cases by a surgeon who has appropriate privileges and manufacturer's certification

Acknowledgment of Applicant

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- C. I certify that I have no emotional or physical condition that would affect my ability to perform these privileges.
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Practitioner's Signature _____

WH

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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