



# 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 11, 2023 – 6:00 P.M.

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

<https://zoom.us/j/91784791375?pwd=M2dqQy9LNTgvTWd5Y3k5TkRfc21Tdz09>

Passcode: 829870

Board Agenda and Packet can be found at:

[October 2023 | Washington Hospital Healthcare System \(whhs.com\)](#)

## AGENDA

### PRESENTED BY:

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

Bernard Stewart, DDS  
Board President

#### II. ROLL CALL

Cheryl Renaud  
District Clerk

#### III. 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

#### IV. 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.*

Bernard Stewart, DDS  
Board President

##### A. Consideration of Minutes of the Regular Meetings of the District Board: September 13, 18, 25 & 27, 2023

*Motion Required*

##### B. Consideration of the Blood Bank Upgrade and Epic Build including Reporting, ED Narrator, Order Sets, Registry, and Billing for Trauma

- C. Consideration of Two Cepheid GeneXpert GXVIR2  
16 Analyzers
- D. Consideration of Medical Staff: Anesthesiology  
Privileges
- E. Consideration of Medical Staff: Cardiology  
Privileges
- F. Consideration of Medical Staff: Endovascular  
Procedures Privileges
- G. Consideration of Medical Staff: Otolaryngology  
Privileges
- H. Consideration of Medical Staff: Gynecology  
Oncology Privileges
- I. Consideration of Medical Staff: Interventional  
Radiology (Non-Neuro) Privileges
- J. Consideration of Medical Staff: Obstetrical Neonatal  
Circumcision Privileges
- K. Consideration of Medical Staff: Ophthalmology  
Privileges
- L. Consideration of Medical Staff: Perfusionist  
Privileges
- M. Consideration of Medical Staff: Pulmonary  
Privileges
- N. Consideration of Medical Staff: Radiation Oncology  
Privileges
- O. Consideration of Medical Staff: Special Endoscopic  
Procedures Privileges
- P. Consideration of Medical Staff: Vertebroplasty and  
Kyphoplasty Privileges

**V. PRESENTATIONS**

- A. Alameda County Junior Livestock

**PRESENTED BY:**

Angus Cochran  
Chief, Community Support Services

B. Construction Update

Ed Fayen  
Executive Vice President  
& Chief Operating Officer

**VI. REPORTS**

A. Medical Staff Report

Mark Saleh, MD  
Chief of Medical Staff

B. Lean Report – Women's Center

James Farr  
Director of Medical Imaging Services

Christine Mikkelsen  
Women's Center Coordinator

C. Service League Report

Sheela Vijay  
Service League President

D. Quality Report: Annual SCN Program Update

James McGuire, MD  
Medical Director, Special Care Nursery

E. Finance Report

Thomas McDonagh  
Vice President & Chief Financial  
Officer

F. Hospital Operations Report

Kimberly Hartz  
Chief Executive Officer

G. Healthcare System Calendar Report

Kimberly Hartz  
Chief Executive Officer

**VII. ACTION**

**VIII. ANNOUNCEMENTS**

**IX. ADJOURNMENT**

Bernard Stewart, DDS  
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.*

Board of Directors' Meeting

September 13, 2023

Page 1

A meeting of the Board of Directors of the Washington Township Health Care District was held on Wednesday, September 13, 2023 in the Board Room at 2000 Mowry Avenue, Fremont and Zoom access was provided. Director Stewart called the meeting to order at 6:00 p.m. 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: Bernard Stewart, DDS; Michael Wallace; William Nicholson, MD; Jacob Eapen, MD; Jeannie Yee

*ROLL CALL*

Also present: Kimberly Hartz; Ed Fayen; Tina Nunez; Thomas McDonagh; Larry LaBossiere; Terri Hunter; Paul Kozachenko; Cheryl Renaud; Shirley Ehrlich; Mark Saleh, MD; Sri Boddu

Guests: John Zubiena; Laura Naumann; Jerri Randrup; Kel Kanady; Kim Burdick; Erica Luna; Mary Bowron; Maria Nunes; Alvin Aguirre; Terence Lin, MD; Jason Krupp, MD; Joanne Pineda; Analynn Cisneros; Prabhjot Khalsa, MD; Dan Nardoni; Laura Anning; Renee Garcia; John Lee; Michael Platzbecker RN; Gisela Hernandez; Betty Goodwin, RN; Melindajane Pagaoa; Kayla Gupta; Dianne Martin, MD; Michelle Hudson

Director Stewart welcomed any members of the general public to the meeting.

*OPENING REMARKS*

Director Stewart noted that Public Notice for this meeting, including Zoom information, was posted appropriately on our website. This meeting was recorded for broadcast at a later date.

The following individuals commented: Adam Gonzales; Jonathan Burdick; Vince Merano; Rey Navarro; Regina Sico

*COMMUNICATIONS:  
ORAL*

There were no Written Communications.

*COMMUNICATIONS:  
WRITTEN*

Director Stewart presented the Consent Calendar for consideration:

*CONSENT CALENDAR*

- A. Consideration of Minutes of the Regular Meetings of the District Board: August 9, 21, 23 & 28, 2023
- B. Consideration of Medical Staff: Family Medicine Privileges
- C. Consideration of Medical Staff: Anesthesiology Privileges
- D. Consideration of Medical Staff: Pain Medicine Privileges
- E. Consideration of Medical Staff: Pediatric Privileges
- F. Consideration of Medical Staff: Pediatric Cardiology Privileges

- G. Consideration of Medical Staff: Pediatric Allergy Privileges
- H. Consideration of Medical Staff: Pediatric Surgery Privileges
- I. Consideration of Medical Staff: Special Privilege: Insertion of Acute Peritoneal Dialysis Catheters
- J. Consideration of Medical Staff: Special Privilege: Management of Plasmapheresis
- K. Consideration of Medical Staff: Gynecology Privileges
- L. Consideration of Medical Staff: Maternal and Fetal Medicine Privileges
- M. Consideration of Medical Staff: Certified Nurse Midwife Privileges
- N. Consideration of Medical Staff: Robotic-assisted Surgery Privileges
- O. Consideration of Medical Staff: Cardiac Surgery Privileges
- P. Consideration of Medical Staff: Vascular Surgery Privileges
- Q. Consideration of Medical Staff: Thoracic Surgery Privileges
- R. Consideration of Medical Staff: Orthopaedic Surgery Privileges
- S. Consideration of Medical Staff: Urology Privileges
- T. Consideration of Medical Staff: Neurosurgery Privileges
- U. Consideration of Medical Staff: Surgery of the Hand Privileges
- V. Consideration of Medical Staff: Oral and Maxillofacial Surgery Privileges
- W. Consideration of Medical Staff: Neuroradiologic Interventional Privileges
- X. Consideration of Medical Staff: Special Privilege: Aquablation Procedure
- Y. Consideration of Medical Staff: Policy: Medication Shortages

Director Yee moved that the Board of Directors approve the Consent Calendar, Items A through Y. Director Eapen seconded the motion.

Roll call was taken:

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

Motion Approved.

Kimberly Hartz, Chief Executive Officer, introduced Joanne Pineda, Quality Improvement Manager with American Heart Association. Joanne presented the Washington Hospital Healthcare System with two awards: Get with the Guidelines Stroke GOLD PLUS with Target: Stroke Honor Roll Elite and Target: Type 2 Diabetes Honor Roll and the Mission Lifeline – STEMI Receiving Center – GOLD. She noted that Washington Hospital's achievement would be included in the US News & World Report Best Hospitals, Get With the Guideline Achievement Awards Digital Ad.

*PRESENTATION:  
AMERICAN HEART  
ASSOCIATION  
AWARDS: GET WITH  
THE GUIDELINES  
STROKE AWARD &  
MISSION LIFELINE  
STEMI AWARD*

Kimberly Hartz, Chief Executive Officer, provided background on the Washington Hospital Employee Association's Don Pickinpaugh Scholarship. WHEA established an annual scholarship in 2002 and it was renamed in 2008 in honor of Don Pickinpaugh, who was a long standing member of the Health Care District Board of Directors. Shirley Ehrlich, WHEA President, introduced Melindajane (MJ) Pagaoa as the recipient of this year's scholarship. MJ is the daughter of Robert Pagaoa, senior clinical laboratory scientist at Washington Hospital. She is currently enrolled at Cal Poly, San Luis Obispo, majoring in Microbiology, hoping to also become a clinical laboratory scientist.

*PRESENTATION:  
WHEA'S 2023 DON  
PICKINPAUGH  
SCHOLARSHIP AWARD*

Kimberly Hartz, Chief Executive Officer, introduced Kayla Gupta, Community Outreach Manager, who presented the Community Support Services Overview which has a wide area of focus. The focus of the Community Support through Community Outreach encompasses Health Insurance Information, Volunteer Services, Wellness Center, Community Sponsorships and Government Relations. Between July 2022 and August 2023, Washington Hospital participated in 19 Fairs. There are 2 Community Programs in development currently, which include Choking First Aid with Abdominal Thrust Education and Naloxone Administration Education. The collaboration with Marketing and Communications includes 2 presentations per month conducted virtually on live stream and 4 hybrid events each year which results in an average of 740 views. In Fiscal Year 2023, Washington Hospital partnered in 30 seminars with over 21,000 views. The Washington Wellness Center held 278 fitness classes, which had 1,325 enrollees and there were 1,380 massages performed. In January of 2023, all massage therapists will receive Oncology Massage Certification. Kristi Caracappa, the Health Insurance Information Coordinator, provided consultation with 1,484 residents.

*PRESENTATION:  
COMMUNITY SUPPORT  
SERVICES OVERVIEW*

Ed Fayen, Vice President and Chief Operating Officer, provided an update on the Construction of the Patient Bridge. He showed some photographs of the newly completed east side as of June 2023. The concrete was poured, forming the sidewalk below the structural support, which will serve as the new employee entrance from the garage. The driveway into the loading dock has a slightly different pitch and was resloped. Two partial sections of the bridge was welded and assembled off-site and was delivered and installed via crane and swung into place.

*PRESENTATION:  
CONSTRUCTION  
UPDATE*

Dr. Mark Saleh, Chief of Staff, reported that there are 605 Medical Staff members, including 341 active members. Dr. Saleh reports that he is anticipating performing Aquablation procedures within the next few weeks.

*MEDICAL STAFF  
REPORT*

Sheela Vijay, the Service League President, reported for August that there were 224 members of the Service League who contributed 2,494 hours to the Hospital.

*SERVICE LEAGUE  
REPORT*

This month, Sheela worked with the "Cuddler Volunteers". The Cuddler Program is designed to equip volunteers with the skills to engage with the babies in the Special Care Nursery. The Cuddlers ensure the babies receive human touch, thus enabling the nurses to fulfill their numerous duties. The Cuddlers undergo a rigorous selection process, which includes interview and background evaluations and specific training. Our Cuddler Program currently has 10 active volunteers with 2 additional volunteers currently in training. The exceptional group not only maintains a regular schedule, but also remains on call, day and night to provide care to these babies.

Kimberly Hartz introduced Dr. Dianne Martin, Chair of the Antimicrobial Program and Infection Prevention Consultant, who presented the annual Influenza Prevention overview for 2023-2024. Dr. Martin began with a discussion about the upcoming influenza season, noting that there may be more influenza cases than usual due to relaxed measures. There will be vaccines available for influenza, RSV and COVID-19. This year's influenza vaccine offers the most comprehensive coverage, covering four strains of influenza virus; 2 influenza A strains (H1N1 and H3N2) and 2 influenza B strains (Victoria and Yamagata lineage).

*QUALITY REPORT:  
QUALITY DASHBOARD  
2023-2024 INFLUENZA,  
COVID AND RSV  
UPDATE*

Dr. Martin provided an RSV update. As of September 2023, there are 2 single-dose RSV vaccines approved (Pfizer and GlaxoSmithKline).

Dr. Martin talked about the COVID-19 update. She stated that the viruses constantly change over time, through mutations that create new strains (variants). Currently there are no variants of high consequence. In Alameda County, 84.3% have had the primary vaccination series completed and 34.3% are up-to-date. 97.3% of Washington Hospital's Healthcare System is vaccinated against COVID-19.

Tom McDonagh, Vice President & Chief Financial Officer, presented the Finance Report for July 2023. The average daily inpatient census was 152.3 with discharges of 848 resulting in 4,722 patient days. Outpatient observation equivalent days were 352. The average length of stay was 5.46 days. The case mix index was 1.578. Deliveries were 108. Surgical cases were 460. The Outpatient visits were 7,859. Emergency visits were 4,883. Cath Lab cases were 149. Joint Replacement cases were 161. Neurosurgical cases were 19. Cardiac Surgical cases were 12. Total FTEs were 1,401.2. FTEs per adjusted occupied bed were 6.04.

*FINANCE REPORT*

Kimberly Hartz, Chief Executive Officer, presented the Hospital Operations Report for August 2023. Preliminary information for the month indicated total gross revenue at approximately \$195.1 million against a budget of \$205.8.

*HOSPITAL  
OPERATIONS REPORT*

The Average Length of Stay was 5.47. The Average Daily Inpatient Census was 158.3. There were 13 discharges with lengths of stay greater than 30 days, ranging from 31-71. Still in house at the end of the month, there were 3 patients with length of stays of over 30 days and counting.

There were 4,525 patient days. There were 475 Surgical Cases and 193 Cath Lab cases at the Hospital. It was noted that there were 68 cases at the Peninsula Surgery Center in August.

Deliveries were 134. Non-Emergency Outpatient visits were 8,959. Emergency Room visits were 4,997. Total Government Sponsored Preliminary Payor Mix was 71.3%, against the budget of 72.0%. Total FTEs per Adjusted Occupied Bed were 6.27. The Washington Outpatient Surgery Center had 543 cases and the clinics had approximately 16,745 visits.

There were \$195K in charity care adjustments in August.

September Employee of the Month: Veneranda Serpa, Patient Account Representative in Patient Financial Services.

*EMPLOYEE OF THE  
MONTH*

Past Health Promotions & Community Outreach Events:

*HOSPITAL CALENDAR*

- August 10: Final Fremont Summer Concert Series
- August 12: Bay Area Community Health Ohana Health Fair
- August 14: Nutrition for Healthy Aging at Acacia Creek
- August 15: Welcome Teacher Day at Washington West
- August 16: Heart-Healthy Cooking Made Easy
- August 19: Festival of Globe Community Fair
- August 21: Medicare: What You Need to Know
- August 29: Medicare: What You Need to Know
- August 30: Training for SNF staff on caring for post-surgical spine patients



- August 31: Embracing Light in the Shadows: Navigating Depression & Anxiety
- September 6: 2<sup>nd</sup> Annual Polly's Step Out Fitness Celebration
- September 7: Fall Prevention and Recovery
- September 12: When Heartburn is Acid Reflux

Upcoming Health Promotions & Community Outreach Events:

- September 14: City of Newark Benefits Fair
- September 16: Newark Days Parade
- September 17: Newark Days Community Info Faire
- September 19: Current Concepts in the Management of Shoulder Arthritis
- September 20: Dysphasia and Reflux Disease
- September 24: City of Fremont Disability Resource Festival
- September 26: Staying Healthy to Retirement and Beyond
- September 30: HERS Walk/Run/Yoga
- October 3: Genetic Testing for Breast Cancer Risk
- October 7: United Breast Cancer Foundation
- October 7: New Haven Schools Foundation Mutt Strut
- October 7: Acacia Creek Resident Council Street Fair
- October 7-8: Our Lady of the Rosary Parish Festival
- October 10: Optoma Technology Wellness Fair
- October 10: City of Fremont Employee Health Fair

The Washington Hospital Healthcare Foundation continues to plan for the 37<sup>th</sup> Annual Top Hat Gala, scheduled for Saturday, October 14, 2023. This year's Top Hat will be a return to traditions of year's past with a lively garden cocktail reception, an elegant seated 3-course meal, a live dinner show... and more! Proceeds from this year's gala will support the expansion of the UCSF-Washington Cancer Center. 60% of tickets have been sold thus far.

There were no announcements.

*ANNOUNCEMENTS*

There being no further business, Director Stewart adjourned the meeting at 8:25 p.m. *ADJOURNMENT*

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Bernard Stewart, DDS  
President

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Jeannie Yee  
Secretary

A meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, September 18, 2023 in the Board Room at 2000 Mowry Avenue, Fremont and Zoom access was provided. Director Stewart 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: Bernard Stewart, DDS; William Nicholson, MD; Jacob Eapen, MD; Michael Wallace; Jeannie Yee

*ROLL CALL*

Also present: Kimberly Hartz; Tina Nunez; Tom McDonagh; Ed Fayen; Larry LaBossiere; Paul Kozachenko; Cheryl Renaud; Shirley Ehrlich

Director Stewart welcomed any members of the general public to the meeting.

*OPENING REMARKS*

Director Stewart noted that Public Notice for this meeting, including Zoom information, was posted appropriately on our website. This meeting is being conducted in the Board Room and by Zoom.

There were no Oral Communications.

*COMMUNICATIONS  
ORAL*

There were no Written Communications.

*COMMUNICATIONS  
WRITTEN*

There were no Consent Calendar items for consideration.

*CONSENT CALENDAR*

There were no Action Items for consideration.

*ACTION ITEMS*

There were no Announcements.

*ANNOUNCEMENTS*

Director Stewart adjourned the meeting to closed session at 6:39 p.m., as the discussion pertained to a Conference involving Trade Secrets pursuant to Health & Safety Code section 32106 (Strategic Planning Discussion), Conference with Labor Negotiators pursuant to Government Code section 54957.6 and Conference with Legal Counsel – Existing Litigation pursuant to Government Code section 54956.9(d)(1). Director Stewart stated that the public has a right to know what, if any, reportable action takes place during closed session. Since this meeting was being conducted in the Board Room and via Zoom, there is 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 19, 2023. The minutes of this meeting will reflect any reportable actions.

*ADJOURN TO CLOSED  
SESSION*

Director Stewart reconvened the meeting to open session at 9:18 p.m. The District Clerk reported that there was no reportable action taken during closed session.

*RECONVENE TO OPEN  
SESSION & REPORT ON  
CLOSED SESSION*

There being no further business, Director Stewart adjourned the meeting at 9:18 p.m. *ADJOURNMENT*

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Bernard Stewart, DDS  
President

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Jeannie Yee  
Secretary

DRAFT

A meeting of the Board of Directors of the Washington Township Health Care District was held on Monday, September 25, 2023 in the Board Room at 2000 Mowry Avenue, Fremont and by Teleconference. Director Stewart called the meeting to order at 7:30 a.m.

*CALL TO ORDER*

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

*ROLL CALL*

Absent: Michael Wallace

Also present: Kimberly Hartz; Shakir Hyder, MD; Mark Saleh, MD; Ranjana Sharma, MD; Aaron Barry, MD; John Romano, MD; Kranthi Achanta MD; Larry LaBossiere; Terri Hunter; Prasad Kilaru, MD; Brian Smith, MD; Jaspreet Kaur

There were no Oral communications.

*COMMUNICATIONS:  
ORAL*

There were no Written communications.

*COMMUNICATIONS  
WRITTEN*

Director Stewart adjourned the meeting to closed session at 7:35 a.m. as the discussion pertained to Medical Audit and Quality Assurance Matters pursuant to Health & Safety Code Section 32155.

*ADJOURN TO CLOSED  
SESSION*

Director Stewart reconvened the meeting to open session at 8:20 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 8:20 a.m.

*ADJOURNMENT*

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Bernard Stewart, DDS  
President

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Jeannie Yee  
Secretary

Board of Directors' Meeting

September 27, 2023

Page 1

A meeting of the Board of Directors of the Washington Township Health Care District was held on Wednesday, September 27, 2023 in the Board Room at 2000 Mowry Avenue, Fremont and Zoom access was provided. Director Stewart 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: Bernard Stewart, DDS; Jacob Eapen, MD; William Nicholson, MD; Jeannie Yee

*ROLL CALL*

Absent: Michael Wallace

Also present: Kimberly Hartz; Tina Nunez; Larry LaBossiere; Terri Hunter; Paul Kozachenko; John Zubiena; Cheryl Renaud; Shirley Ehrlich

Director Stewart welcomed any members of the general public to the meeting.

*OPENING REMARKS*

Director Stewart noted that Public Notice for this meeting, including Zoom information, was posted appropriately on our website. This meeting is being conducted in the Board Room and by Zoom.

The following persons commented: Regyna Sico; Adam Gonzales; Jessica Ulloa

*COMMUNICATIONS  
ORAL*

There were no Written Communications.

*COMMUNICATIONS  
WRITTEN*

There were no items on the Consent Calendar for consideration.

*CONSENT CALENDAR*

There were no announcements.

*ANNOUNCEMENTS*

Director Stewart adjourned the meeting to closed session at 6:13 p.m., as the discussion pertained to reports regarding Medical Audit & Quality Assurance Matters pursuant to Health & Safety Code Sections 32155, Conference with Labor Negotiators pursuant to Government Code Section 54957.6 and Conference involving Trade Secrets pursuant to Health & Safety Code section 32106. Director Stewart stated that the public has a right to know what, if any, reportable action takes place during closed session. Since this meeting was being conducted in the Board Room and via Zoom, there is 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 28, 2023. The minutes of this meeting will reflect any reportable actions.

*ADJOURN TO CLOSED  
SESSION*

Director Stewart reconvened the meeting to open session at 8:31 pm. The District Clerk reported that during the closed session, the Board approved the closed session meeting minutes of August 21 & 23, 2023 and the Medical Staff Credentials Committee Report by unanimous vote of all Directors present.

*RECONVENE TO OPEN  
SESSION & REPORT ON  
CLOSED SESSION*

There being no further business, Director Stewart adjourned the meeting at 8:32 pm. *ADJOURNMENT*

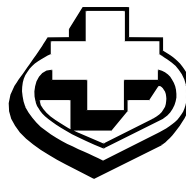
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Bernard Stewart, DDS  
President

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Jeannie Yee  
Secretary

DRAFT



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# Memorandum

**DATE:** September 15, 2023

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

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

**SUBJECT:** Blood Bank Upgrade and Epic Build including Reporting, ED Narrator, Order Sets, Registry, & Billing for Trauma

For our Trauma Designation, the Emergency Department has requested Epic Trauma Module software, ESO Trauma Registry, as well as needing to upgrade the Blood Bank software, Haemonetics SafeTrace TX. The Trauma Module will support the new trauma workflows for capturing documentation in real-time needed for Trauma Registry and reporting, including, but not limited to:

- Documentation of prehospital care, EMS alerts, and trauma activation
- Times of staff and physician arrival to trauma
- Trauma specific patient physical assessments
- Entering orders for patient prior to arrival to facility to support trauma care
- One-step medications (order entry/administration documentation) for trauma
- Blood bank documentation and tracing

The American College of Surgeons Committee on Trauma requires hospitals to report trauma information to a state-wide registry. The National Trauma Data Bank (NTDB) collects trauma registry data from participating trauma centers annually to produce annual reports, hospital benchmark reports, and data quality reports. Abstractors can use Reporting Workbench report ACS Trauma Registry Query Report to identify patients who might meet NTDB submission criteria. After manual review of those patients included on the report, abstractors can submit trauma-related information to their state's trauma registry.

The project will take approximately 9 months to fully complete and will be performed using both internal and external labor, in conjunction with vendor assistance.

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 the hardware, software, and implementation services, for a total amount not to exceed **\$585,871**. This was included in the FY 2024 capital budget.



# Memorandum

**DATE:** October 4, 2023

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

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

**SUBJECT:** Request for Purchase and Install of Two Cepheid GeneXpert GXVI R2 16 Analyzers

The Hospital Laboratory has been working with Cepheid to purchase two GeneXpert GXVI R2 16. These are compact fully automated walkaway analyzers that perform sample extraction, PCR amplification and detection. The laboratory currently has one GeneXpert XVI R1 that is 15 years old. This analyzer currently performs PCR amplification tests for Clostridium Difficile, Mycobacterium Tuberculosis, MRSA, SarsCov, RSV, Influenza A/B, and Chlamydia and Gonorrhea. In December 2022, Cepheid announced that parts for this model will no longer be in production and service will cease on May 30, 2023. This is critical equipment that aids in determining patient’s diagnosis and treatment.

We are recommending moving forward with the purchase of two analyzers in the amount of \$306,572.00. The purchase of the 2 analyzers are for the laboratory to have a system redundancy and capacity to perform additional respiratory testing when needed. We will be receiving trade in credits for the current analyzer and the 5 Xpert Xpress, which is currently not being utilized.

## Purchase Calculation

ITEM	COST
New GeneXpert XVI System	\$ 317,978.00
<b>Trade in</b>	
Current GeneXpert XVI	\$ 14,773.60
5 units of Xpert Xpress	\$ 26,949.00
Instrument Cost	\$ 276,255.40
Tax	\$ 28,316.21
Freight	\$ 2,000.00
<b>Total Cost</b>	<b>\$ 306,571.61</b>



In accordance with District Law, Policies and Procedures, it is requested that the Board of Directors authorize the Chief Executive Officer to proceed with entering into the necessary agreement and to move forward with the purchase of the GeneXpert analyzers in the amount not to exceed \$306,572.00, which includes shipping and taxes. The total amount was included in the FY2024 Capital Budget.



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# Memorandum

**DATE:** September 18, 2023  
**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 September 18, 2023, approved the below-listed privileges:

- A. Anesthesiology Privileges
- B. Cardiology Privileges
- C. Endovascular Procedures Privileges
- D. Otolaryngology Privileges
- E. Gynecology Oncology Privileges
- F. Interventional Radiology (Non-Neuro) Privileges
- G. Obstetrical Neonatal Circumcision Privileges
- H. Ophthalmology Privileges
- I. Perfusionist Privileges
- J. Pulmonary Privileges
- K. Radiation Oncology Privileges
- L. Special Endoscopic Procedures Privileges
- M. Vertebroplasty and Kyphoplasty Privileges

Please accept this memorandum as a formal request for presentation to the Board of Directors for final approval of the attached above-listed privileges.



## Washington Hospital Medical Staff

2000 Mowry Avenue • Fremont, California 94538 • 510.818.7446

### Anesthesiology

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.

#### 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

<b>Licensure</b>	Licensed M.D. or D.O.
<b>Membership</b>	Meet all requirements for medical staff membership.
<b>Continuing Education</b>	Applicants must attest to having completed 50 AMA PRA Category I CME credits within the prior 24 months directly related to the practice of anesthesiology services (waived for applicants who have completed training during the previous 24 months).
<b>Education/Training</b>	Completion of an ACGME or AOA accredited Residency training program in Anesthesiology.
<b>Certification</b>	Current certification through ABMS of AOA Board American Board of Anesthesiology in Anesthesiology. Exceptions to this requirement can be found in the Credentialing Policy 2.A.1.p.
<b>Clinical Experience (Initial)</b>	Applicant must be able to provide documentation of provision of anesthesiology services (at least 200 of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested within the previous 24 months.
<b>Clinical Experience (Reappointment)</b>	Applicant must be able to provide documentation of provision of anesthesiology services (at least 200 of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested within the previous 24 months. <b>AND Active/Provisional Staff Only:</b> Of the 200 procedures, 10 must be performed at Washington Hospital Healthcare System and/or the Washington Outpatient Surgery Center.

**AND** If applicable, applicants who hold special privileges must meet the activity requirements as defined in the medical staff documents.

Core Privileges in Anesthesiology	
<p><b>Description:</b> An anesthesiologist is a physician who provides anesthesia for patients undergoing surgical, obstetric, diagnostic or therapeutic procedures while monitoring the patient's condition and supporting vital organ functions. The anesthesiologist also diagnoses and treats acute, chronic and/or cancer pain as well as provides resuscitation and medical management for patients with critical illnesses and severe injuries.</p>	
<b>Request</b>	<p>Check the Request checkbox to select all privileges listed below.</p> <p><b>Uncheck</b> any privileges you do not want to request in that group.</p>
<b>WH</b>	<p><input type="checkbox"/> - Currently Granted privileges</p>
<input type="checkbox"/>	Assessment of, consultation for, and preparation of patients for anesthesia including performance of history and physical examination
<input type="checkbox"/>	Delivery of anesthetic care and medical management of patients during the peri-operative period who are under physical and/or emotional stress and who may require specialized techniques
<input type="checkbox"/>	Anesthetic management for patients immediately following anesthesia, including the direct care of patients in the post-anesthesia care unit, management of pain, hemodynamic changes, emergencies related to the post-anesthesia care unit, and critically-ill patients
<input type="checkbox"/>	Clinical management and supervision of cardiac and pulmonary resuscitation.
<b>Procedures</b>	
<input type="checkbox"/>	Supervise and administer general anesthesia
<input type="checkbox"/>	Supervise and administer regional anesthesia
<input type="checkbox"/>	Supervise and administer anesthesia for patients undergoing cardiac and/or lung transplantation
<input type="checkbox"/>	Management of cardiopulmonary bypass (CPB) and intra-aortic balloon counterpulsation
<input type="checkbox"/>	Airway maintenance including intubation, laryngoscopy and fiberoptic bronchoscopy directed at airway patency
<input type="checkbox"/>	Arterial line placement
<input type="checkbox"/>	Central venous catheter placement
<input type="checkbox"/>	Lumbar drain placement
<input type="checkbox"/>	Pulmonary artery catheters
<input type="checkbox"/>	Insertion of temporary pacemaker for life-threatening arrhythmias

FPPE	
<b>WH</b>	
<input type="checkbox"/>	Six direct observation case reviews of a variety of cases within the Core.
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

### Special Privileges: TEE with interpretation

**Description:** Placement of the transesophageal probe, image acquisition and interpretation.

#### Qualifications

<b>Membership</b>	Applicants applying for TEE must have unrestricted Core Anesthesiology privileges.
<b>Education/Training</b>	Completion of an ACGME or AOA accredited Residency or Fellowship training program that includes appropriate training in TEE as evidenced by a letter indicating competence from the department chair of the program. <b>OR</b> Documentation of completion of a course sponsored by a recognized specialty for perioperative transesophageal echocardiography.
<b>Clinical Experience (Initial)</b>	Applicant must be able to provide documentation of provision of anesthesia services (at least 3 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.
<b>Clinical Experience (Reappointment)</b>	Applicant must be able to provide documentation of provision of anesthesia services (at least 3 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.

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

<b>Procedures</b>
<input type="checkbox"/> TEE with interpretation

### FPPE

<b>W/H</b>	
<input type="checkbox"/>	One direct observation case review.
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

### Special Privileges: Neurolytic Techniques

**Description:**

## Qualifications

<b>Education/Training</b>	<p>Completion of an ACGME or AOA accredited Fellowship in Pain Medicine which involved direct training and experience in these procedures.</p> <p><b>OR</b> Applicant must be able to provide proof documentation of appropriate training through a course approved by the American Board of Anesthesiology, Physical Medicine and Rehabilitation or Interventional Radiology involving direct experience with these procedures.</p>
<b>Clinical Experience (Initial)</b>	<p>Applicant must be able to provide documentation of provision of pain medicine procedures (4 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.</p>
<b>Clinical Experience (Reappointment)</b>	<p>Applicant must be able to provide documentation of provision of pain medicine procedures (4 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.</p>

<b>Request</b>	<p>Check the Request checkbox to select all privileges listed below.</p> <p><b>Uncheck</b> any privileges you do not want to request in that group.</p>
<b>WH</b>	<p><input type="checkbox"/> - Currently Granted privileges</p>
<b>Procedures</b>	
<input type="checkbox"/>	Neurolytic techniques including chemical and radiofrequency treatment for pain, peripheral and cranial nerve blocks and ablations, radiofrequency ablative procedures.

## FPPE

<b>WH</b>	
<input type="checkbox"/>	Four direct observation case reviews.
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

## Special Privileges: Intrathecal Pump and Catheters

### Description:

## Qualifications

### Continuing Education

Applicant must provide documentation of having completed a course approved for CME credit, which includes both academic instruction and hands-on training. Documentation of CME is not required if the applicant provided documentation of experience in implantation of pain control pumps in a training program.

### Certification

Pathway 1 - Current certification through ABMS or AOA Board American Board of Anesthesiology in Anesthesiology, or Physical Medicine and Rehabilitation or Interventional Radiology. Exceptions to this requirement can be found in the Credentialing Policy 2.A.1.p.

**OR** Pathway 2 - Current certification through ABMS or AOA Board American Board of Surgery in Surgery. Exceptions to this requirement can be found in the Credentialing Policy 2.A.1.p.

**OR** Pathway 3 - Provide documentation of equivalent training.

### Clinical Experience (Initial)

Applicant must be able to provide documentation of current privileges for Surgery, Anesthesia, Interventional Radiology or Physical Medicine & Rehabilitation within the previous 24 months.

**OR** If applicant is unable to meet activity requirements. See Continuing Education requirements. If those requirements are met, this requirement will not apply.

**OR** Applicant must be able to provide documentation of intrathecal pump implantation (at least 6 cases) under the supervision of a physician who has privileges to implant intrathecal pumps at this or another hospital.

### Clinical Experience (Reappointment)

Applicant must be able to provide documentation of provision of pain management services (at least 3 cases) with intrathecal pump implantation.

Request

Check the Request checkbox to select all privileges listed below.

**Uncheck** any privileges you do not want to request in that group.

WH

- Currently Granted privileges

**Procedures (This listing includes major types of colon and rectal surgery procedures. Other procedures that are extensions of the same techniques and skills may also be performed.)**

Implantation of intrathecal pumps and catheters; Placement of permanent spinal drug delivery systems.

## FPPE

WH

A minimum of three direct observation cases of intrathecal pump implantation.

Proctors must have intrathecal pump implantation privileges, either at WHHS or another hospital.

Evaluation of OPPE data collected for review of competency/performance

## Special Privileges: Spinal Cord Stimulator Implantation

### Description:

## Qualifications

### Continuing Education

Applicant must provide documentation of having completed a course approved for CME credit, which includes both academic instruction and hands-on training. Documentation of CME is not required if the applicant provided documentation of experience in implantation of pain control pumps in a training program.

### Certification

Pathway 1 - Current certification through ABMS or AOA Board American Board of Anesthesiology in Anesthesiology, or Physical Medicine and Rehabilitation or Interventional Radiology. Exceptions to this requirement can be found in the Credentialing Policy 2.A.1.p.

**OR** Pathway 2 - Current certification through ABMS or AOA Board American Board of Surgery in Surgery. Exceptions to this requirement can be found in the Credentialing Policy 2.A.1.p.

**OR** Pathway 3 - Provide documentation of equivalent training.

### Clinical Experience (Initial)

Applicant must be able to provide documentation of current privileges for Surgery, Anesthesia, Interventional Radiology or Physical Medicine & Rehabilitation within the previous 24 months.

**OR** If applicant is unable to meet activity requirements, see Continuing Education requirements. If those requirements are met, this requirement will not apply.

**AND** Applicant must be able to provide documentation of spinal cord stimulator implantation (at least 6 cases) under the supervision of a physician who has privileges to implant spinal cord stimulators at this or another hospital.

### Clinical Experience (Reappointment)

Applicant must be able to provide documentation of provision of pain management services (at least 3 cases) with spinal cord stimulator implantation.

Request

Check the Request checkbox to select all privileges listed below.

**Uncheck** any privileges you do not want to request in that group.

WH

- Currently Granted privileges

### Procedures

Implant Spinal Cord Stimulator

## FPPE

WH

A minimum of three direct observation cases of spinal cord stimulator implantation.

Proctors must have spinal cord stimulator privileges, either at WHHS or another hospital.

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 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

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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## Washington Hospital Medical Staff

2000 Mowry Avenue • Fremont, California 94538 • 510.818.7446

### Cardiology

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.

#### 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

<b>Licensure</b>	Licensed M.D. or D.O.
<b>Membership</b>	Meet all requirements for medical staff membership.
<b>Continuing Education</b>	Applicant must attest to having completed 50 AMA PRA Category I CME credits within the previous 24 months directly related to the practice of cardiovascular services (waived for applicants who have completed training during the previous 24 months).
<b>Education/Training</b>	Completion of an ACGME or AOA accredited Residency training program in Cardiovascular Disease. <b>AND</b> Completion of an ACGME or AOA accredited Fellowship training program in Cardiovascular Disease.
<b>Certification</b>	Current certification through ABMS or AOA Board American Board of Internal Medicine in Cardiovascular Disease. Exceptions to this requirement can be found in the Credentialing Policy 2.A.1.p.
<b>Clinical Experience</b>	Applicant must be able to provide documentation of provision of cardiovascular disease

**(Initial)** services (at least 20 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.

**Clinical Experience (Reappointment)** Applicant must be able to provide documentation of provision of cardiovascular disease services (at least 20 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 in Cardiology**

**Description:** Evaluation, diagnosis, consultation and treatment of patients with acute and chronic cardiovascular conditions.

<b>Request</b>	<p>Check the Request checkbox to select all privileges listed below.</p> <p><b>Uncheck</b> any privileges you do not want to request in that group.</p>
<b>WH</b>	<p><input type="checkbox"/> - Currently Granted privileges</p>

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Admit to inpatient or appropriate level of care  |
| <input type="checkbox"/> | Perform history and physical examination   |
| <input type="checkbox"/> | Evaluate, diagnose, provide consultation and medically manage and treat patients with cardiovascular complaints. Privileges include medical management of general medical conditions which are encountered in the course of caring for the cardiovascular patient. |
|                          | <b>Procedures</b>  |
| <input type="checkbox"/> | Arterial catheter insertion  |
| <input type="checkbox"/> | Elective cardioversion   |
| <input type="checkbox"/> | Electrocardiogram (EKG) interpretation including ambulatory monitoring   |
| <input type="checkbox"/> | Insertion of central venous catheter   |
| <input type="checkbox"/> | Transthoracic echocardiography   |
| <input type="checkbox"/> | Stress testing: exercise or pharmacologic  |
| <input type="checkbox"/> | Tilt table test  |
| <input type="checkbox"/> | Coronary arteriography   |
| <input type="checkbox"/> | Diagnostic right and left heart catheterization  |
| <input type="checkbox"/> | Endomyocardial biopsy  |
| <input type="checkbox"/> | Insertion of intra-aortic balloon counter pulsation device   |
| <input type="checkbox"/> | Placement of temporary transvenous pacemaker   |
| <input type="checkbox"/> | Pericardiocentesis   |
| <input type="checkbox"/> | Implantation of temporary pacemaker  |
| <input type="checkbox"/> | Bundle of HIS Electrography  |
| <input type="checkbox"/> | Pulmonary Angiography  |
| <input type="checkbox"/> | Overdrive Pacing (Implantation of permanent pacemaker including programming, reprogramming and interrogation)  |

<input type="checkbox"/>	Aortogram for Iliac Visualization (Therapeutic vascular radiology including balloon angiography; angioplasty; stent placement; atherectomy; thrombolytic therapy; and embolization/ablation including transarterial chemoembolization (excludes carotid and intracranial intervention) and treatment of aneurysms; IVC filter placement and fistula repair/creation.)
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**FPPE**

<input type="checkbox"/>	A minimum of six retrospective case reviews of a variety of cases within the Core reflected in this document.
<input type="checkbox"/>	Review of OPPE data collected for review of competency/performance.

**Special Privileges: Clinical Cardiac Electrophysiology Privileges**

**Description:** Clinical Cardiac Electrophysiology encompasses the special knowledge and skills required of cardiologists who care for patients with complex cardiac rhythm disorders, particularly those receiving diagnostic and therapeutic intervention electrophysiologic procedures. Clinical cardiac electrophysiology focuses on diagnosis, consultation and treatment of atrial and ventricular arrhythmias, including the use of cardiac implantable electrical devices (CIEDs), and the application of other interventional ablative techniques and pharmacologic treatments

**Qualifications**

<b>Education/Training</b>	<p>Pathway 1 - Completion of an ACGME or AOA accredited Fellowship training program in Cardiovascular Disease.</p> <p><b>AND</b> Pathway 1 Continued - Completion of an ACGME or AOA accredited Fellowship training program in Clinical Cardiac Electrophysiology.</p> <p><b>AND</b> Pathway 1 Continued - Fellowship(s) included training in invasive electrophysiological studies and participation as operator or co-operator in a minimum of 100 invasive electrophysiological procedures with acceptable complication rates and outcomes.</p> <p><b>OR</b> Pathway 2 - Completion of an ACGME or AOA accredited Fellowship training program in Cardiovascular Disease, but without specific emphasis on invasive electrophysiological procedures.</p> <p><b>AND</b> Pathway 2 Continued - Attend approved didactic courses of at least 50 AMA PRA Category 1 CME hours to encompass the specialty of invasive electrophysiology.</p> <p><b>AND</b> Pathway 2 Continued - Perform as primary/co-operator in 100 invasive electrophysiological procedures with documentation of techniques, acceptable results and complication rates.</p>
<b>Clinical Experience (Reappointment)</b>	Applicant must be able to provide documentation of provision of cardiovascular disease services (at least 15 procedures) representative of the scope and complexity of the privileges requested during the previous 24 months.
<b>Additional Qualifications</b>	Applicant must qualify for and be granted privileges in cardiovascular disease (non-invasive).

<input type="checkbox"/>	<p>Check the Request checkbox to select all privileges listed below.</p> <p><b>Uncheck</b> any privileges you do not want to request in that group.</p>
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<input type="checkbox"/>	- Currently Granted privileges
<b>Electrophysiology Procedures</b>	
<input type="checkbox"/>	Comprehensive EP Studies
<input type="checkbox"/>	Epicardial ablation
<input type="checkbox"/>	Therapeutic catheter ablation procedures
<input type="checkbox"/>	Implantation of biventricular ICD including programming, reprogramming and interrogation
<input type="checkbox"/>	Lead extraction

FPPE	
WH	
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

### Special Privileges: Catheter Ablation

**Description:** Clinical Cardiac Electrophysiology encompasses the special knowledge and skills required of cardiologists who care for patients with complex cardiac rhythm disorders, particularly those receiving diagnostic and therapeutic intervention electrophysiologic procedures. Clinical cardiac electrophysiology focuses on diagnosis, consultation and treatment of atrial and ventricular arrhythmias, including the use of cardiac implantable electrical devices (CIEDs), and the application of other interventional ablative techniques and pharmacologic treatments

#### Qualifications

**Education/Training** Completion of an ACGME or AOA accredited Fellowship training program in Cardiovascular Disease.  
**AND** Completion of an ACGME or AOA accredited Fellowship training program in electrophysiology with specific training in invasive electrophysiological studies.  
**AND** Applicant must be able to provide documentation of participation as operator or co-operator in a minimum of 50 catheter ablation procedures with a mix of AV nodal reentrant tachycardia, atrial flutter, AV junction ablation, and ventricular tachycardia and accessory pathway ablations.

**Clinical Experience (Reappointment)** Applicant must be able to provide documentation of provision of cardiovascular disease services (at least 10 procedures) representative of the scope and complexity of the privileges requested during the previous 24 months.

Request	Check the Request checkbox to select all privileges listed below.
	<b>Uncheck</b> any privileges you do not want to request in that group.
WH	<input type="checkbox"/> - Currently Granted privileges

<b>Catheter Ablation</b>	
<input type="checkbox"/>	Therapeutic catheter ablation procedures

**FPPE****HM**

<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.
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**Special Privilege: Percutaneous Coronary Intervention (PCI)**

**Description:** The competent performance of PCI requires not only a complete knowledge base and technical skills but also sound clinical judgment based on specific experience. Privileges for Specialized Cardiovascular Procedures during PCI applies to: 1. Those procedures that are currently approved by the Federal Drug Administration for unrestricted use and not to experimental devices and are available at Washington Hospital. 2. As of 10-15-04 these procedures include but are not limited to: -Rotational coronary atherectomy -Directional coronary atherectomy - intracoronary ultrasound -intracoronary rheolytic therapy.

## Qualifications

### Education/Training

Pathway 1 - Applicant must be able to provide documentation of successful completion of a full cardiovascular training program.

**AND** Pathway 1 Continued - The program must meet the requirements of the ABIM for certification in Cardiovascular Disease and conform to the ACC 17th Bethesda Conference on Adult Cardiology Training. These requirements are the following: 1. Minimum of 12 months in a cardiac catheterization laboratory a. Participated in or performed a minimum of 300 coronary angiographic procedures; and, b. documentation of 200 angiographies as primary operator. 2. Additional year of formal PCI training a. Participated in or performed a minimum of 75 angioplasties; and, b. documentation of 35 angioplasties as primary operator. 3. Certification of a candidate's experience and competence by the program director or supervisor.

**OR** Pathway 2 - Completion of an ACGME or AOA accredited Fellowship training program in Cardiovascular Disease. Training sufficient to be board eligible or certified but did not include PCI training.

**AND** Pathway 2 Continued - Applicant must be able to provide documentation of a minimum of 2 years experience in performing cardiac catheterization without supervision with: a. minimum 250 cardiac catheterizations with documentation of complication rates within accepted guidelines.

**AND** Pathway 2 Continued - Applicant must provide documentation of certification of competence by director of cath lab or a colleague with recognized competence.

**AND** Pathway 3 - Applicant must be able to provide documentation of one of the following under this Pathway:

**AND** Pathway 3a - 25 hours of AMA PRA Category I CME instruction in PCI.

**OR** Pathway 3b - Performance of a minimum of 75 PCI procedures, 35 as primary operator under supervision of a physician with unrestricted PCI privileges.

**OR** Pathway 3c - Certification of results by a physician with unrestricted PCI privileges.

**OR** Pathway 3d - If experience gained prior to 1989, documentation of competence by laboratory director only.

### Clinical Experience (Reappointment)

Pathway 1 - Applicant must be able to provide evidence of performance of 35 PCI procedures during the previous 24 months as primary operator (at any Joint Commission accredited facility) with quality indicator results equal to or greater than the benchmarks approved by the Cardiology Section.\* The quality indicators will be selected by the Cardiology Section. If a practitioner meets the volume indicator, but fails to meet one or more of the quality benchmarks, s/he may be recredentialed but there must be a quality monitoring plan in place developed by the chair of the Cardiology Section and approved by the Medicine Committee. If a physician loses his/her PCI privileges, s/he must meet the original criteria for PCI. \*Quality Criteria: - Rate of PCI directly to OR - Rate of death following PCI - Rate of vascular complication following PCI.

**OR** Pathway 2 - If the practitioner has performed less than 35 PCIs, he/she must provide evidence of a combined total of 75 invasive cardiology procedures within that time period that include femoral artery catheterization. The combined total must include a minimum of 20 PCI's. The quality indicator results for the PCI procedures must be equal to or greater than the benchmarks approved by the Cardiology Section. There are no alternatives to Pathway 2. The practitioner must meet both the volume criteria and the quality criteria or lose privileges to perform PCI. If a practitioner loses his/her privileges, they must meet original criteria to perform PCI.

Check the Request checkbox to select all privileges listed below.

**Uncheck** any privileges you do not want to request in that group.

Request

<b>HM</b>	<input type="checkbox"/> - Currently Granted privileges
<b>Procedures</b>	
<input type="checkbox"/>	Coronary angioplasty and stent placement
<input type="checkbox"/>	Coronary flow reserve
<input type="checkbox"/>	Extraction, rotational and directional atherectomy
<input type="checkbox"/>	Fractional flow reserve
<input type="checkbox"/>	Intracoronary thrombolysis
<input type="checkbox"/>	Intracoronary thrombectomy
<input type="checkbox"/>	Intravascular ultrasound (IVUS) of coronaries

FPPE	
<b>HM</b>	
<input type="checkbox"/>	One direct observation case review. (First case done with a physician who has privileges to perform the procedure.) Attendance at the first procedure by a company representative familiar with the technique is preferable.
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

Special Privileges: Transesophageal Echocardiography (TEE)	
<b>Description:</b> Placement of the transesophageal probe, image acquisition and interpretation.	
Qualifications	
<b>Education/Training</b>	<p>Pathway 1 - Completion of an ACGME or AOA accredited Fellowship training program in Cardiovascular Disease, which included transesophageal echocardiography with a letter from the course director.</p> <p><b>OR</b> Pathway 2 - If not during fellowship, then applicant must be able to provide documentation of an approved course in transesophageal echocardiography and completion of 10 hours of AMA PRA Category I CME concerning TEE, or the individual responsible for the formal TEE training can submit a letter regarding the applicant's training.</p>
<b>Clinical Experience (Initial)</b>	Applicant must be able to provide documentation of provision of cardiology services (at least six cases with a physician with current and unrestricted TEE privileges) representative of the scope and complexity of the privileges requested during the previous 24 months.
<b>Clinical Experience (Reappointment)</b>	Applicant must be able to provide documentation of provision of cardiology services (at least 4 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.
<b>Additional Qualifications</b>	TEE for Monitoring in the Operating Room: The patient's own physician with these privileges should have the option of monitoring transesophageal echocardiography during any surgical procedure.



<b>Request</b>	<p>Check the Request checkbox to select all privileges listed below.</p> <p><b>Uncheck</b> any privileges you do not want to request in that group.</p>
<b>WH</b>	<p><input type="checkbox"/> - Currently Granted privileges</p>
<b>Procedures</b>	
<input type="checkbox"/>	Transesophageal Echocardiography (TEE) including probe placement, image acquisition and interpretation.

FPPE	
<b>WH</b>	
<input type="checkbox"/>	One direct observation case review.
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

### Special Privileges: ICD Implementation

**Description:** The competent performance of implantable cardioverter-defibrillator (ICD) device placement requires not only a complete knowledge base and technical skills, but also sound clinical judgment based on specific experience. The following guidelines for the training necessary to perform ICD device placement are established. This procedure will be performed either in the Operating Room or Cath Lab.

#### Qualifications

**Education/Training**

Pathway 1 - Completion of an ACGME or AOA accredited Fellowship training program in Cardiovascular Disease.

**AND** Pathway 1 Continued - Completion of an ACGME or AOA accredited Fellowship training program in electrophysiology with specific training in invasive electrophysiological studies.

**AND** Pathway 1 Continued - Applicant must be able to provide documentation of participation as operator or co-operator in a minimum of 15 ICD implantation procedures with acceptable complication rates and outcomes with a letter of recommendation from Program Director stating that s/he is adequately trained and clinically competent in the applied for procedure.

**OR** Pathway 2 - Fellowship trained cardiologists with proof of attendance at didactic courses designed to provide competence in and at which the indications, pathophysiology, complications and techniques of ICD device placement and management are presented, and "hands on" experience obtained. The course should carry a minimum of 10 qualified AMA PRA Category I CME credits concerning ICD implants. In addition, the candidate must have proof of participation in 15 ICD implantations as primary operator in the past three years. Proof shall consist of didactic procedure or operative reports, detailing method and procedure, the indications for the procedure, the patient's condition and complications at the termination of the procedure.

**Clinical Experience (Reappointment)**

Applicant must be able to provide documentation of provision of cardiovascular disease services (at least 5 procedures) representative of the scope and complexity of the privileges requested during the previous 24 months.

<b>Request</b>	<p>Check the Request checkbox to select all privileges listed below.</p> <p><b>Uncheck</b> any privileges you do not want to request in that group.</p>
<b>WH</b>	<p><input type="checkbox"/> - Currently Granted privileges</p>
	<b>ICD Implantation</b>
<input type="checkbox"/>	ICD Implantation

FPPE	
<b>WH</b>	
<input type="checkbox"/>	Six direct observation case reviews.
<input type="checkbox"/>	Three retrospective case reviews.
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

### Special Privilege: Bi V ICD Implantation

**Description:** The competent performance of implantable biventricular cardioverter-defibrillator device (Bi V ICD) placement requires not only a complete knowledge base and technical skills, but also sound clinical judgment based on specific experience. The following guidelines for the training necessary to perform Bi V ICD placement are established. This procedure will be performed either in the Operating Room or Cath Lab.

#### Qualifications

**Education/Training**

Pathway 1 - Completion of an ACGME or AOA accredited Fellowship training program in Cardiovascular Disease.

**AND** Pathway 1 Continued - Completion of an ACGME or AOA accredited Fellowship training program in electrophysiology with specific training in invasive electrophysiological studies.

**AND** Pathway 1 Continued - Applicant must be able to provide documentation of participation as operator or co-operator in a minimum of 15 Bi V ICD implantation procedures with acceptable complication rates and outcomes with a letter of recommendation from Program Director stating that s/he is adequately trained and clinically competent in the applied for procedure.

**OR** Pathway 2 - Fellowship trained cardiologists with proof of attendance at didactic courses designed to provide competence in and at which the indications, pathophysiology, complications and techniques of Bi V ICD device placement and management are presented, and "hands on" experience obtained. The course should carry a minimum of 15 qualified CME credits concerning Bi V ICD implants. In addition, the candidate must have proof of participation in 15 Bi V ICD implantations as primary operator in the past three years. Proof shall consist of didactic procedure or operative reports, detailing method and procedure, the indications for the procedure, the patient's condition and complications at the termination of the procedure.

**Clinical Experience (Reappointment)**

Applicant must be able to provide documentation of provision of cardiovascular disease services (at least 5 procedures) representative of the scope and complexity of the privileges requested during the previous 24 months.

<b>Request</b>	<p>Check the Request checkbox to select all privileges listed below.</p> <p><b>Uncheck</b> any privileges you do not want to request in that group.</p>
<b>WH</b>	<p><input type="checkbox"/> - Currently Granted privileges</p>
<b>Procedures</b>	
<input type="checkbox"/>	Bi V ICD Implantation

FPPE	
<b>WH</b>	
<input type="checkbox"/>	Six direct observation case reviews.
<input type="checkbox"/>	Three retrospective case reviews.
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

### Special Privileges: Cardiac Catheterization and Coronary Angiography

**Description:**

#### Qualifications

**Education/Training**      Completion of an ACGME accredited residency training program in Pediatrics  
**AND** Completion of an ACGME accredited fellowship training program in Pediatric Cardiology

**Certification**              Current certification in Pediatrics by the American Board of Pediatrics  
**AND** Current certification in Pediatric Cardiology by the American Board of Pediatrics

**Clinical Experience (Initial)**      Applicant must provide documentation of provision of pediatric cardiology services representative of the scope and complexity of the privileges requested during the previous 24 months (waived for applicants who completed training during the previous year).

**Clinical Experience (Reappointment)**      Applicant must provide documentation of provision of clinical services representative of the scope and complexity of privileges requested during the previous 24 months.

<b>Request</b>	<p>Check the Request checkbox to select all privileges listed below.</p> <p><b>Uncheck</b> any privileges you do not want to request in that group.</p>
<b>WH</b>	<p><input type="checkbox"/> - Currently Granted privileges</p>
<b>Procedures - Invasive (includes interpretation where applicable)</b>	
<input type="checkbox"/>	Diagnostic cardiac catheterization

<input type="checkbox"/>	Therapeutic cardiac catheterization
<input type="checkbox"/>	Inferior vena cava filter insertion
<input type="checkbox"/>	Percutaneous cardiopulmonary support
<input type="checkbox"/>	Placement/removal of percutaneous LV assist

FPPE	
<b>HM</b>	
<input type="checkbox"/>	One direct observation case review (First case done with a physician who has privileges to perform the procedure.) Attendance at the first procedure by a company representative familiar with the technique is preferable.
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

Special Privileges: CT Coronary Angiography	
<b>Description:</b>	

## Qualifications

### Qualifications

Licensed M.D. or D.O.

**AND** Qualified practitioners within the Department of Medicine (Cardiologists) or Department of Radiology (Radiologists) may apply for privileges contained in this document. No other specialists are eligible to apply.

### Education/Training

Pathway 1 - Completion of an ACGME or AOA accredited Fellowship training program in Radiology-Diagnostic.

**OR** Pathway 2 - Completion of an ACGME or AOA accredited Fellowship training program in Cardiovascular Disease.

**OR** Pathway 3 - Successful completion of the equivalent of Level II training as defined by the American College of Cardiology.

**OR** Pathway 4 - If no prior experience reading CT angiograms, application must be able to provide documentation of successful completion of 4 weeks of cumulative training, which includes AMA PRA Category 1 CME in cardiac imaging (including cardiac CT anatomy, physiology and pathology), which includes a minimum of 50 mentored exams performed and interpreted (performed and interpreted which is to be distinguished from studies that are interpreted only, which do not count towards this requirement) as defined by the American College of Cardiology.

**AND** Pathway 5 - If currently performing non cardiac chest CT, then applicant must be able to provide documentation of successful completion of 40 hours of accredited AMA PRA Category I CME in cardiac imaging which includes a minimum of 50 mentored exams performed and interpreted (performed and interpreted which is to be distinguished from studies that are interpreted only which do not count towards this requirement) as defined by American College of Radiology.

### Clinical Experience (Reappointment)

Applicant must be able to provide documentation of 20 Cardiac CT angiography (CTA) cases or approved case reviews as under Pathways 1, 2 or 3 below during the previous 24 months.

**AND** Pathway 1 - Applicant must be able to provide documentation of 20 Cardiac CTA cases via activity report within current reappointment cycle.

**OR** Pathway 2 - Applicant must be able to provide documentation of Cardiac CTA cases via activity report and approved Cardiac CTA case reviews via reference letter from Chair of member's Department totaling 20 cases within current reappointment cycle.

**OR** Pathway 3 - Applicant must be able to provide documentation of 20 approved Cardiac CTA case reviews within current reappointment cycle via reference letter from Chair of member's Department.

**AND** If applying for a Pathway requiring case reviews, approved case reviews can be obtained via the Cardiac CTA Case DVD developed by Matthew J. Budoff, M.D., FACC, Division of Cardiology Harbor-UCLA Medical Center. The DVD can be obtained by contacting the Chair of the Department of Radiology.

Check the Request checkbox to select all privileges listed below.

**Uncheck** any privileges you do not want to request in that group.

Request

WH

- Currently Granted privileges

### Procedures

CT Coronary Angiography

**FPPE**

HM

 Evaluation of OPPE data collected for review of competency/performance.
**Special Privilege: Peripheral Angiography**

**Description:** Privileges under this section will be limited to abdominal aortograms, upper and/or lower extremity arteriograms, and renal aortograms for the purpose of excluding renal artery stenosis.

**Qualifications****Qualifications**

Qualified practitioners within the Department of Surgery (Vascular, General Surgery, or Neurosurgery Specialists), or Department of Medicine (Cardiology Specialists) may apply for primary and/or special privileges contained in this document. No other specialists are eligible to apply. Department of Radiology (Neurointerventional Radiology or Vascular and Interventional Radiology Specialists) should apply for primary and/or special privileges contained in this document via their Primary Core. Core Peripheral Angiography privileges are not required to apply for special privileges contained in this document. Please refer to specific criteria.

**Education/Training**

Pathway 1 - Completion of an ACGME or AOA accredited Residency or Fellowship training program in Vascular Surgery, or Cardiology with specific training in peripheral angiography with specific emphasis on peripheral and renal angiography.

**AND** Pathway 1 Continued - Applicant must be able to provide documentation of participation in 50 peripheral angiographic procedures with acceptable complication rates and outcomes.

**AND** Pathway 2 - Completion of an ACGME or AOA accredited Residency or Fellowship training program in Vascular Surgery or Cardiology, but without specific emphasis on peripheral vascular angiography, should meet one of the criteria under Pathway 2a, 2b, or 2c.

**AND** Pathway 2a - Applicant must be able to provide documentation of attendance at an approved didactic course, acceptable to the Department Chair or designee, of at least 20 AMA PRA Category 1 CME hours to encompass anatomy, diagnostic evaluation and treatment of peripheral vascular disease.

**AND** Pathway 2a Continued - Applicant must be able to provide documentation of performance as primary/co-operator in 20 diagnostic peripheral angiograms over the last 48 months with documentation of appropriate indications, technique, acceptable results, and complication rates and lifetime experience of at least 200 intra-operative or percutaneous angiographic procedures as primary operator.

**OR** Pathway 2c - Applicant must be able to provide documentation of performance as primary operator in 50 diagnostic peripheral angiograms over the last 48 months with documentation of appropriate indications, technique, acceptable results, and complication rates.

**Clinical Experience (Initial)**

Applicant must be able to provide documentation of provision of endovascular services (at least 10 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.

**Clinical Experience (Reappointment)**

Applicant must be able to provide documentation of provision of endovascular services (at least 10 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.

<b>Request</b>	<p>Check the Request checkbox to select all privileges listed below.</p> <p><b>Uncheck</b> any privileges you do not want to request in that group.</p>
<b>WH</b>	<p><input type="checkbox"/> - Currently Granted privileges</p>
	<p><b>Procedures</b></p>
	<p><input type="checkbox"/> Peripheral Angiography</p>

FPPE	
<b>WH</b>	
	<p><input type="checkbox"/> Five direct observation case reviews. (First 5 cases)</p>
	<p><input type="checkbox"/> Evaluation of OPPE data collected for review of competency/performance.</p>

### Special Privilege: Peripheral Vessel Stent Placement

<b>Description:</b>	
<b>Qualifications</b>	
<b>Qualifications</b>	<p>Licensed M.D. or D.O.</p> <p><b>AND</b> Applicants applying for this privilege must have unrestricted peripheral angiography privileges at Washington Hospital or meet all criteria for peripheral angiography at Washington Hospital.</p>
<b>Continuing Education</b>	<p>Applicant must be able to provide documentation of successful completion of 10 hours of AMA PRA Category 1 CME representative of the scope and complexity of the privileges requested deemed appropriate by the Department chair or designee.</p>
<b>Clinical Experience (Initial)</b>	<p>Applicant must be able to provide documentation of at least 5 cases representative of the scope and complexity of the privileges requested during the previous 24 months.</p>
<b>Clinical Experience (Reappointment)</b>	<p>Applicant must be able to provide documentation of at least 5 cases representative of the scope and complexity of the privileges requested during the previous 24 months.</p>

<b>Request</b>	<p>Check the Request checkbox to select all privileges listed below.</p> <p><b>Uncheck</b> any privileges you do not want to request in that group.</p>
<b>WH</b>	<p><input type="checkbox"/> - Currently Granted privileges</p>
	<p><b>Procedures</b></p>
	<p><input type="checkbox"/> Peripheral Vessel Stent Placement</p>

FPPE	
WH	
<input type="checkbox"/>	Five direct observation case reviews. (First 5 cases)
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

### Special Privilege: Percutaneous Transluminal Peripheral Angioplasty

**Description:**

#### Qualifications

<b>Qualifications</b>	<p>Licensed M.D. or D.O.</p> <p><b>AND</b> Applicants applying for this privilege must have unrestricted peripheral angiography privileges at Washington Hospital or meet all criteria for peripheral angiography at Washington Hospital.</p>
<b>Education/Training</b>	<p>Pathway 1 - Completion of an ACGME or AOA accredited Residency or Fellowship training program in Vascular Surgery or Cardiology. Applicant must also meet criteria under Pathway 1a and 1b as defined in this document.</p> <p><b>AND</b> Pathway 1a - Applicant must be able to provide documentation of successful completion of 20 hours of approved AMA PRA Category 1 CME encompassing indications for performance and complications of peripheral vascular interventions deemed appropriate by the Department Chair or designee.</p> <p><b>AND</b> Pathway 1b - Applicant must be able to provide documentation of performance of 25 cases of peripheral angioplasty procedures as the primary/co-operator over the last 48 months with documentation of appropriate indications, technique, acceptable results, and complication rates, and lifetime experience of at least 100 intra-operative or percutaneous vascular interventions as primary operator with documentation of appropriate indications, technique, acceptable results, and complication rates.</p> <p><b>OR</b> If unable to qualify under Pathway 1, refer to Pathway 2. See "Clinical Experience (Initial)."</p>
<b>Clinical Experience (Initial)</b>	<p>Pathway 2 - If you were unable to qualify under Pathway 1, use this Pathway. Applicant must be able to provide documentation of performance of 50 peripheral angioplasties with 25 being the primary operator over the last 48 months.</p> <p><b>AND</b> All applicants must be able to provide documentation of at least 5 cases representative of the scope and complexity of the privileges requested during the previous 24 months.</p>

Request	<p>Check the Request checkbox to select all privileges listed below.</p> <p><b>Uncheck</b> any privileges you do not want to request in that group.</p>
WH	<p><input type="checkbox"/> - Currently Granted privileges</p>

Procedures	
<input type="checkbox"/>	Percutaneous Transluminal Peripheral Angioplasty



FPPE	
WH	
<input type="checkbox"/>	Five direct observation case reviews. (First 5 cases)
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

## Special Privilege: Thoracic Aneurysm Stent Graft Placement

**Description:** The competent performance of thoracic aneurysm stent graft placement requires not only a complete knowledge base and technical skills, but also sound clinical judgment based on specific experience. The following guidelines for the training necessary to perform thoracic aneurysm stent graft placement at Washington Hospital are being established. This procedure will be performed in the Operating Room under the direction of a qualified team consisting of a cardio-thoracic surgeon and qualified interventionalist.

### Qualifications

#### Qualifications

Licensed M.D. or D.O.

**AND** Applicants applying for this privilege must have unrestricted peripheral angiography privileges at Washington Hospital or meet all criteria for peripheral angiography at Washington Hospital.

#### Education/Training

Pathway 1 - Completion of an ACGME or AOA accredited Residency or Fellowship training program in Vascular Surgery or Cardiology with specific training in thoracic aneurysm stent graft placement.

**AND** Pathway 2 - Completion of an ACGME or AOA accredited Residency or Fellowship training program in Vascular Surgery or Cardiology. Applicant must also meet criteria under Pathway 2a and 2b as defined in this document.

**AND** Pathway 2a - Applicant must be able to provide documentation of attendance and successful completion of a didactic program or course to encompass anatomy, diagnostic evaluation and treatment of thoracic aortic aneurysm with endovascular stent graft placement. The outcome of this training should include a certificate of completion of hands-on laboratory skills deemed to be satisfactory by the Peripheral Vascular and related credentialing committees.

**AND** Pathway 2b - Applicant must be able to provide documentation of performance as primary/co-operator in 10 abdominal aortic aneurysm stent graft placements over the last 48 months, with documentation of appropriate indications, technique, acceptable results and complication rates.

#### Clinical Experience (Initial)

Applicant must be able to provide documentation of at least 2 cases representative of the scope and complexity of the privileges requested during the previous 24 months.

#### Clinical Experience (Reappointment)

Applicant must be able to provide documentation of at least 2 cases representative of the scope and complexity of the privileges requested during the previous 24 months.

Check the Request checkbox to select all privileges listed below.

**Uncheck** any privileges you do not want to request in that group.

Request

WH

- Currently Granted privileges

<b>Procedures</b>
<input type="checkbox"/> Thoracic Aneurysm Stent Graft Placement

FPPE	
<b>WH</b>	
<input type="checkbox"/>	Three direct observation case reviews. (First 3 cases)
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

### Special Privilege: Endovascular Abdominal Aortic Aneurysm Stent Graft Placement (Under Supervision)

**Description:** The competent performance of abdominal aortic aneurysm (AAA) stent graft placement requires not only a complete knowledge base and technical skills, but also sound clinical judgment based on specific experience. The following guidelines for the training necessary to perform AAA stent graft placement are established as temporary criteria, to be updated as additional experience is gained at Washington Hospital. This procedure will be performed in the Operating Room under the direction of a qualified team consisting of a vascular surgeon and qualified interventionalist.

#### Qualifications

##### Qualifications

Licensed M.D. or D.O.

**AND** Applicants applying for this privilege must have unrestricted peripheral angiography privileges at Washington Hospital or meet all criteria for peripheral angiography at Washington Hospital.

##### Education/Training

Pathway 1 - Completion of an ACGME or AOA accredited Residency or Fellowship training program in Vascular Surgery or Cardiology with specific training in endovascular AAA stent graft placement, and participation and documentation in at least 10 endovascular AAA stent placements during training, with acceptable complication rates and outcomes.

**OR** Pathway 2 - Completion of an ACGME or AOA accredited Residency or Fellowship training program in Vascular Surgery or Cardiology without specific emphasis on endovascular AAA stent graft placement. Applicant must also meet criteria under Pathway 2a as defined in this document.

**AND** Pathway 2a - Applicant must be able to provide documentation of attendance and successful completion of a didactic program or course to encompass anatomy, diagnostic evaluation and treatment of abdominal aortic aneurysm with endovascular stent graft placement specific to the device selected for use. The outcome of this training should include a certificate of completion of hands-on laboratory skills deemed to be satisfactory by the credentialing committee.

##### Clinical Experience (Initial)

Applicant must be able to provide documentation of at least 4 cases representative of the scope and complexity of the privileges requested during the previous 24 months.

##### Clinical Experience (Reappointment)

Applicant must be able to provide documentation of at least 4 cases representative of the scope and complexity of the privileges requested during the previous 24 months.

Request

Check the Request checkbox to select all privileges listed below.

**Uncheck** any privileges you do not want to request in that group.

<b>HM</b>	<input type="checkbox"/> - Currently Granted privileges
<b>Procedures</b>	
<input type="checkbox"/>	Endovascular Abdominal Aortic Aneurysm Stent Graft Placement (Under Supervision)

FPPE	
<b>HM</b>	
<input type="checkbox"/>	Five direct observation case reviews. (First 5 cases)
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

Special Privilege: Endovascular Abdominal Aortic Aneurysm Stent Graft Placement	
<p><b>Description:</b> The competent performance of abdominal aortic aneurysm (AAA) stent graft placement requires not only a complete knowledge base and technical skills, but also sound clinical judgment based on specific experience. The following guidelines for the training necessary to perform AAA stent graft placement are established as temporary criteria, to be updated as additional experience is gained at Washington Hospital. This procedure will be performed in the Operating Room under the direction of a qualified team consisting of a vascular surgeon and qualified interventionalist.</p>	

## Qualifications

### Qualifications

Licensed M.D. or D.O.

**AND** Applicants applying for this privilege must have unrestricted peripheral angiography privileges at Washington Hospital or meet all criteria for peripheral angiography at Washington Hospital.

### Education/Training

Pathway 1 - Completion of an ACGME or AOA accredited Residency or Fellowship training program in Vascular Surgery or Cardiology with specific training in endovascular AAA stent graft placement, and participation and documentation in at least 10 endovascular AAA stent placements during training, with acceptable complication rates and outcomes.

**AND** Pathway 2 - Completion of an ACGME or AOA accredited Residency or Fellowship training program in Vascular Surgery or Cardiology without specific emphasis on endovascular AAA stent graft placement. Applicant must also meet criteria under Pathway 2a and 2b as defined in this document.

**AND** Pathway 2a - Applicant must be able to provide documentation of attendance and successful completion of a didactic program or course to encompass anatomy, diagnostic evaluation and treatment of abdominal aortic aneurysm with endovascular stent graft placement specific to the device selected for use. The outcome of this training should include a certificate of completion of hands-on laboratory skills deemed to be satisfactory by the credentialing committee.

**AND** Pathway 2b - Applicant must be able to provide documentation of performance as primary/co-operator in 5 endovascular AAA stent graft placements over the last 48 months, with documentation of appropriate indications, technique, acceptable results and complication rates.

### Clinical Experience (Initial)

Applicant must be able to provide documentation of at least 4 cases representative of the scope and complexity of the privileges requested during the previous 24 months.

### Clinical Experience (Reappointment)

Applicant must be able to provide documentation of at least 4 cases representative of the scope and complexity of the privileges requested during the previous 24 months.

<b>Request</b>	<p>Check the Request checkbox to select all privileges listed below.</p> <p><b>Uncheck</b> any privileges you do not want to request in that group.</p>
<b>W/H</b>	<p><input type="checkbox"/> - Currently Granted privileges</p>
<b>Procedures</b>	
<input type="checkbox"/>	Endovascular Abdominal Aortic Aneurysm Stent Graft Placement

FPPE	
<b>W/H</b>	
<input type="checkbox"/>	Five direct observation case reviews. (First 5 cases)
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

## Special Privilege: Intra Carotid And Cerebral Thrombolysis

<b>Description:</b>	
<b>Qualifications</b>	
<b>Qualifications</b>	Licensed M.D. or D.O. <b>AND</b> Applicants applying for this privilege must have unrestricted intravascular thrombolysis and carotid angioplasty and stenting privileges at Washington Hospital.
<b>Certification</b>	Current certification through ABMS or AOA Board American Board of Internal Medicine in Interventional Cardiology. <b>OR</b> Current certification through ABMS Board American Board of Surgery in Vascular Surgery.
<b>Clinical Experience (Initial)</b>	Applicant must be able to provide documentation of at least 10 cases (in carotid stenting) representative of the scope and complexity of the privileges requested during the previous 24 months.
<b>Clinical Experience (Reappointment)</b>	Applicant must be able to provide documentation of at least 4 cases representative of the scope and complexity of the privileges requested during the previous 24 months.
<b>Request</b>	Check the Request checkbox to select all privileges listed below.  <b>Uncheck</b> any privileges you do not want to request in that group.
<b>WH</b>	<input type="checkbox"/> - Currently Granted privileges
<b>Procedures</b>	
<input type="checkbox"/>	Intra Carotid And Cerebral Thrombolysis

FPPE	
<b>WH</b>	
<input type="checkbox"/>	Three retrospective case reviews.
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

Special Privilege: Percutaneous Transluminal Carotid Angioplasty, Stenting, and Thrombolysis	
<b>Description:</b>	

## Qualifications

### Qualifications

Licensed M.D. or D.O.

**AND** Applicants applying for this privilege must have unrestricted peripheral angiography privileges at Washington Hospital or meet all criteria for peripheral angiography at Washington Hospital.

### Education/Training

**Pathway 1** - Completion of an ACGME or AOA accredited Residency or Fellowship training program in Vascular Surgery or Cardiology with specific training in carotid interventional stent graft placement, and participation and documentation in at least 50 stent placements during training, with acceptable complication rates and outcomes.

**OR Pathway 2** - Completion of an ACGME or AOA accredited Residency or Fellowship training program in Vascular Surgery or Cardiology without specific emphasis on carotid stent graft placement. Applicant must also meet criteria under Pathway 2a and 2b as defined in this document.

**AND Pathway 2a** - Applicant must be able to provide documentation of attendance and successful completion of a didactic program or course to encompass anatomy, diagnostic evaluation and treatment of carotid disease and carotid intervention.

**OR Pathway 2b** - Applicant must be able to provide documentation of current unrestricted privileges for carotid angiography and unrestricted peripheral angioplasty with documentation of appropriate indications, technique, acceptable results and complication rates.

### Clinical Experience (Initial)

Applicant must be able to provide documentation of at least 4 cases representative of the scope and complexity of the privileges requested during the previous 24 months.

### Clinical Experience (Reappointment)

Applicant must be able to provide documentation of at least 4 cases representative of the scope and complexity of the privileges requested during the previous 24 months.

Request

Check the Request checkbox to select all privileges listed below.

**Uncheck** any privileges you do not want to request in that group.

WH

- Currently Granted privileges

### Procedures

Percutaneous Transluminal Carotid Angioplasty, Stenting, and Thrombolysis

## FPPE

WH

Five direct observation case reviews. (First 5 cases)

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

## Special Privilege: Neuroangiography

**Description:** Privileges under this section will include all angiographic procedures utilized to visualize the carotid and vertebral arteries and their branches in the head and neck. It is the standard in this hospital to always evaluate the extra cranial carotid and vertebral and intracranial circulation during these procedures. These privileges are prerequisite to interventional neuroangiographic privileges if such procedures are ultimately determined to be offered at this hospital.

**Qualifications**

**Qualifications** Licensed M.D. or D.O.

**Education/Training** Pathway 1 - Completion of an ACGME or AOA accredited Residency or Fellowship training program with demonstrated equivalent training including direct supervision and instruction by a Board certified radiologist/cardiologist/surgeon with specific competence in neuroangiography. Letter of recommendation from the program director/instructor as well as the residency or fellowship program director must be submitted. Letters must state that the candidate is adequately trained in neuroangiography.

**AND** Pathway 1 Continued - Training shall include: a. Anatomy, physiology and pathophysiology of neurovascular disease. b. Pre-procedural assessment of the patient including indications for the procedure, results of preceding non-invasive testing and the neurologic status of the patient. c. Technical aspects of performing the procedure, including the use of different catheters and guidewire systems, injection rates and volumes of appropriate contrast material, filming sequences, technique and indications for selective angiography and specialized views for optimal visualization. d. Performance and interpretation of at least 25 neuroangiographic exams as the primary operator. e. Familiarity with fluoroscopic and radiographic equipment, mechanical injectors, rapid film changers and digital subtraction techniques. f. Post-procedural patient management, especially recognition and initial management of complications.

**OR** Pathway 2 - In the absence of residency or fellowship training, should have current un-restricted privileges to do peripheral vascular angioplasty and successful completion of 25 neuroangiographic procedures in the past five years in which the candidate was the primary operator in the procedure and demonstrated technique in engagement of carotid/vertebral arteries. All cases must have included intracranial vascular assessment. These cases shall have been documented on cut films and/or digital films using appropriate technique and dictated reports describing specific techniques, catheters and guide wires utilized, and any complications and their management shall be provided. These reports shall include indications for the procedure and results of pre-procedural non-invasive testing as well. All complications shall be included and the rate of complications shall be within acceptable limits.

**Clinical Experience (Initial)** Applicant must be able to provide documentation of at least 4 cases representative of the scope and complexity of the privileges requested during the previous 24 months.

**Clinical Experience (Reappointment)** Applicant must be able to provide documentation of at least 4 cases representative of the scope and complexity of the privileges requested during the previous 24 months.

Request  
W/H

Check the Request checkbox to select all privileges listed below.  
**Uncheck** any privileges you do not want to request in that group.

- Currently Granted privileges

**Procedures**

Neuroangiography

FPPE	
<b>WH</b>	
<input type="checkbox"/>	Five direct observation case reviews.
<input type="checkbox"/>	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 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 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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## Washington Hospital Medical Staff

2000 Mowry Avenue • Fremont, California 94538 • 510.818.7446

### Endovascular Procedures

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.

#### 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

##### Qualifications

Qualified practitioners within the Department of Surgery (Vascular, General Surgery, or Neurosurgery Specialists), or Department of Medicine (Cardiology Specialists) may apply for primary and/or special privileges contained in this document. No other specialists are eligible to apply. Department of Radiology (Neurointerventional Radiology or Vascular and Interventional Radiology Specialists) should apply for primary and/or special privileges contained in this document via their Primary Core. Core Peripheral Angiography privileges are not required to apply for special privileges contained in this document. Please refer to specific criteria.

##### Education/Training

Pathway 1 - Completion of an ACGME or AOA accredited Residency or Fellowship training program in Vascular Surgery, or Cardiology with specific training in peripheral angiography with specific emphasis on peripheral and renal angiography.

**AND** Pathway 1 Continued - Applicant must be able to provide documentation of participation in 50 peripheral angiographic procedures with acceptable complication rates and outcomes.

**AND** Pathway 2 - Completion of an ACGME or AOA accredited Residency or Fellowship training program in Vascular Surgery or Cardiology, but without specific emphasis on peripheral vascular angiography, should meet one of the criteria under Pathway 2a, 2b, or 2c.

**AND** Pathway 2a - Applicant must be able to provide documentation of attendance at an approved didactic course, acceptable to the Department Chair or designee, of at least 20 AMA PRA Category 1 CME hours to encompass anatomy, diagnostic evaluation and treatment of peripheral vascular disease.

**AND** Pathway 2a Continued - Applicant must be able to provide documentation of performance as primary/co-operator in 20 diagnostic peripheral angiograms over the last 48 months with documentation of appropriate indications, technique, acceptable results, and complication rates and lifetime experience of at least 200 intra-operative or percutaneous angiographic procedures as primary operator.

**OR** Pathway 2c - Applicant must be able to provide documentation of performance as primary operator in 50 diagnostic peripheral angiograms over the last 48 months with documentation of appropriate indications, technique, acceptable results, and complication rates.

**Clinical Experience (Initial)**

Applicant must be able to provide documentation of provision of endovascular services (at least 10 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.

**Clinical Experience (Reappointment)**

Applicant must be able to provide documentation of provision of endovascular services (at least 10 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.

Core Privileges in Peripheral Endovascular Procedures	
<b>Description:</b> Privileges under this section will be limited to abdominal aortograms, upper and/or lower extremity arteriograms, and renal aortograms for the purpose of excluding renal artery stenosis.	
<b>Request</b>	<p>Check the Request checkbox to select all privileges listed below.</p> <p><b>Uncheck</b> any privileges you do not want to request in that group.</p>
<b>WH</b>	<input type="checkbox"/> - Currently Granted privileges
<b>Procedures</b>	
<input type="checkbox"/>	Peripheral Angiography

FPPE	
<b>WH</b>	
<input type="checkbox"/>	Five direct observation case reviews. (First 5 cases)
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

Special Privilege: Peripheral Vessel Stent Placement	
<b>Description:</b>	

## Qualifications

<b>Qualifications</b>	Licensed M.D. or D.O. <b>AND</b> Applicants applying for this privilege must have unrestricted peripheral angiography privileges at Washington Hospital or meet all criteria for peripheral angiography at Washington Hospital.
<b>Continuing Education</b>	Applicant must be able to provide documentation of successful completion of 10 hours of AMA PRA Category 1 CME representative of the scope and complexity of the privileges requested deemed appropriate by the Department chair or designee.
<b>Clinical Experience (Initial)</b>	Applicant must be able to provide documentation of at least 5 cases representative of the scope and complexity of the privileges requested during the previous 24 months.
<b>Clinical Experience (Reappointment)</b>	Applicant must be able to provide documentation of at least 5 cases representative of the scope and complexity of the privileges requested during the previous 24 months.

Request

WH

Check the Request checkbox to select all privileges listed below.  
**Uncheck** any privileges you do not want to request in that group.

- Currently Granted privileges

### Procedures

Peripheral Vessel Stent Placement

## FPPE

HM

Five direct observation case reviews. (First 5 cases)

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

## Special Privilege: Percutaneous Transluminal Peripheral Angioplasty

### Description:

## Qualifications

### Qualifications

Licensed M.D. or D.O.

**AND** Applicants applying for this privilege must have unrestricted peripheral angiography privileges at Washington Hospital or meet all criteria for peripheral angiography at Washington Hospital.

### Education/Training

Pathway 1 - Completion of an ACGME or AOA accredited Residency or Fellowship training program in Vascular Surgery or Cardiology. Applicant must also meet criteria under Pathway 1a and 1b as defined in this document.

**AND** Pathway 1a - Applicant must be able to provide documentation of successful completion of 20 hours of approved AMA PRA Category 1 CME encompassing indications for performance and complications of peripheral vascular interventions deemed appropriate by the Department Chair or designee.

**AND** Pathway 1b - Applicant must be able to provide documentation of performance of 25 cases of peripheral angioplasty procedures as the primary/co-operator over the last 48 months with documentation of appropriate indications, technique, acceptable results, and complication rates, and lifetime experience of at least 100 intra-operative or percutaneous vascular interventions as primary operator with documentation of appropriate indications, technique, acceptable results, and complication rates.

**OR** If unable to qualify under Pathway 1, refer to Pathway 2. See "Clinical Experience (Initial)."

### Clinical Experience (Initial)

Pathway 2 - If you were unable to qualify under Pathway 1, use this Pathway. Applicant must be able to provide documentation of performance of 50 peripheral angioplasties with 25 being the primary operator over the last 48 months.

**AND** All applicants must be able to provide documentation of at least 5 cases representative of the scope and complexity of the privileges requested during the previous 24 months.

Request

Check the Request checkbox to select all privileges listed below.

**Uncheck** any privileges you do not want to request in that group.

WH

- Currently Granted privileges

### Procedures

Percutaneous Transluminal Peripheral Angioplasty

## FPPE

WH

Five direct observation case reviews. (First 5 cases)

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

## Special Privilege: Thoracic Aneurysm Stent Graft Placement

**Description:** The competent performance of thoracic aneurysm stent graft placement requires not only a complete knowledge base and technical skills, but also sound clinical judgment based on specific experience. The following guidelines for the training necessary to perform thoracic aneurysm stent graft placement at Washington Hospital are being established. This procedure will be performed in the Operating Room under the direction of a qualified team consisting of a cardio-thoracic surgeon and qualified interventionalist.

**Qualifications**

<b>Qualifications</b>	<p>Licensed M.D. or D.O.</p> <p><b>AND</b> Applicants applying for this privilege must have unrestricted peripheral angiography privileges at Washington Hospital or meet all criteria for peripheral angiography at Washington Hospital.</p>
<b>Education/Training</b>	<p>Pathway 1 - Completion of an ACGME or AOA accredited Residency or Fellowship training program in Vascular Surgery or Cardiology with specific training in thoracic aneurysm stent graft placement.</p> <p><b>AND</b> Pathway 2 - Completion of an ACGME or AOA accredited Residency or Fellowship training program in Vascular Surgery or Cardiology. Applicant must also meet criteria under Pathway 2a and 2b as defined in this document.</p> <p><b>AND</b> Pathway 2a - Applicant must be able to provide documentation of attendance and successful completion of a didactic program or course to encompass anatomy, diagnostic evaluation and treatment of thoracic aortic aneurysm with endovascular stent graft placement. The outcome of this training should include a certificate of completion of hands-on laboratory skills deemed to be satisfactory by the Peripheral Vascular and related credentialing committees.</p> <p><b>AND</b> Pathway 2b - Applicant must be able to provide documentation of performance as primary/co-operator in 10 abdominal aortic aneurysm stent graft placements over the last 48 months, with documentation of appropriate indications, technique, acceptable results and complication rates.</p>
<b>Clinical Experience (Initial)</b>	Applicant must be able to provide documentation of at least 2 cases representative of the scope and complexity of the privileges requested during the previous 24 months.
<b>Clinical Experience (Reappointment)</b>	Applicant must be able to provide documentation of at least 2 cases representative of the scope and complexity of the privileges requested during the previous 24 months.

Request

WH

Check the Request checkbox to select all privileges listed below.  
**Uncheck** any privileges you do not want to request in that group.

- Currently Granted privileges

**Procedures**

Thoracic Aneurysm Stent Graft Placement

**FPPE**

WH

- Three direct observation case reviews. (First 3 cases)
- Evaluation of OPPE data collected for review of competency/performance.

## Special Privilege: Endovascular Abdominal Aortic Aneurysm Stent Graft Placement

**Description:** The competent performance of abdominal aortic aneurysm (AAA) stent graft placement requires not only a complete knowledge base and technical skills, but also sound clinical judgment based on specific experience. The following guidelines for the training necessary to perform AAA stent graft placement are established as temporary criteria, to be updated as additional experience is gained at Washington Hospital. This procedure will be performed in the Operating Room under the direction of a qualified team consisting of a vascular surgeon and qualified interventionalist.

### Qualifications

**Qualifications**

Licensed M.D. or D.O.

**AND** Applicants applying for this privilege must have unrestricted peripheral angiography privileges at Washington Hospital or meet all criteria for peripheral angiography at Washington Hospital.

**Education/Training**

Pathway 1 - Completion of an ACGME or AOA accredited Residency or Fellowship training program in Vascular Surgery or Cardiology with specific training in endovascular AAA stent graft placement, and participation and documentation in at least 10 endovascular AAA stent placements during training, with acceptable complication rates and outcomes.

**AND** Pathway 2 - Completion of an ACGME or AOA accredited Residency or Fellowship training program in Vascular Surgery or Cardiology without specific emphasis on endovascular AAA stent graft placement. Applicant must also meet criteria under Pathway 2a and 2b as defined in this document.

**AND** Pathway 2a - Applicant must be able to provide documentation of attendance and successful completion of a didactic program or course to encompass anatomy, diagnostic evaluation and treatment of abdominal aortic aneurysm with endovascular stent graft placement specific to the device selected for use. The outcome of this training should include a certificate of completion of hands-on laboratory skills deemed to be satisfactory by the credentialing committee.

**AND** Pathway 2b - Applicant must be able to provide documentation of performance as primary/co-operator in 5 endovascular AAA stent graft placements over the last 48 months, with documentation of appropriate indications, technique, acceptable results and complication rates.

**Clinical Experience (Initial)**

Applicant must be able to provide documentation of at least 4 cases representative of the scope and complexity of the privileges requested during the previous 24 months.

**Clinical Experience (Reappointment)**

Applicant must be able to provide documentation of at least 4 cases representative of the scope and complexity of the privileges requested during the previous 24 months.

Request

Check the Request checkbox to select all privileges listed below.

**Uncheck** any privileges you do not want to request in that group.

WH

- Currently Granted privileges

**Procedures**

Endovascular Abdominal Aortic Aneurysm Stent Graft Placement

### FPPE

WH

Five direct observation case reviews. (First 5 cases)

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

**Special Privilege: Intra Carotid And Cerebral Thrombolysis**

**Description:**

**Qualifications**

**Qualifications** Licensed M.D. or D.O.  
**AND** Applicants applying for this privilege must have unrestricted intravascular thrombolysis and carotid angioplasty and stenting privileges at Washington Hospital.

**Certification** Current certification through ABMS or AOA Board American Board of Internal Medicine in Interventional Cardiology.  
**OR** Current certification through ABMS Board American Board of Surgery in Vascular Surgery.

**Clinical Experience (Initial)** Applicant must be able to provide documentation of at least 10 cases (in carotid stenting) representative of the scope and complexity of the privileges requested during the previous 24 months.

**Clinical Experience (Reappointment)** Applicant must be able to provide documentation of at least 4 cases representative of the scope and complexity of the privileges requested during the previous 24 months.

<b>Request</b>	Check the Request checkbox to select all privileges listed below.  <b>Uncheck</b> any privileges you do not want to request in that group.
<b>WH</b>	<input type="checkbox"/> - Currently Granted privileges

**Procedures**

Intra Carotid And Cerebral Thrombolysis

**FPPE**

<b>WH</b>	
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Three retrospective case reviews.

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

**Special Privilege: Percutaneous Transluminal Carotid Angioplasty, Stenting, and Thrombolysis**

**Description:**

## Qualifications

### Qualifications

Licensed M.D. or D.O.

**AND** Applicants applying for this privilege must have unrestricted peripheral angiography privileges at Washington Hospital or meet all criteria for peripheral angiography at Washington Hospital.

### Education/Training

**Pathway 1** - Completion of an ACGME or AOA accredited Residency or Fellowship training program in Vascular Surgery or Cardiology with specific training in carotid interventional stent graft placement, and participation and documentation in at least 50 stent placements during training, with acceptable complication rates and outcomes.

**OR Pathway 2** - Completion of an ACGME or AOA accredited Residency or Fellowship training program in Vascular Surgery or Cardiology without specific emphasis on carotid stent graft placement. Applicant must also meet criteria under Pathway 2a and 2b as defined in this document.

**AND Pathway 2a** - Applicant must be able to provide documentation of attendance and successful completion of a didactic program or course to encompass anatomy, diagnostic evaluation and treatment of carotid disease and carotid intervention.

**OR Pathway 2b** - Applicant must be able to provide documentation of current unrestricted privileges for carotid angiography and unrestricted peripheral angioplasty with documentation of appropriate indications, technique, acceptable results and complication rates.

### Clinical Experience (Initial)

Applicant must be able to provide documentation of at least 4 cases representative of the scope and complexity of the privileges requested during the previous 24 months.

### Clinical Experience (Reappointment)

Applicant must be able to provide documentation of at least 4 cases representative of the scope and complexity of the privileges requested during the previous 24 months.

Request

WH

Check the Request checkbox to select all privileges listed below.

**Uncheck** any privileges you do not want to request in that group.

- Currently Granted privileges

### Procedures

Percutaneous Transluminal Carotid Angioplasty, Stenting, and Thrombolysis

## FPPE

WH

Five direct observation case reviews. (First 5 cases)

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

## Special Privilege: Neuroangiography



**Description:** Privileges under this section will include all angiographic procedures utilized to visualize the carotid and vertebral arteries and their branches in the head and neck. It is the standard in this hospital to always evaluate the extra cranial carotid and vertebral and intracranial circulation during these procedures. These privileges are prerequisite to interventional neuroangiographic privileges if such procedures are ultimately determined to be offered at this hospital.

**Qualifications**

**Qualifications** Licensed M.D. or D.O.

**Education/Training** Pathway 1 - Completion of an ACGME or AOA accredited Residency or Fellowship training program with demonstrated equivalent training including direct supervision and instruction by a Board certified radiologist/cardiologist/surgeon with specific competence in neuroangiography. Letter of recommendation from the program director/instructor as well as the residency or fellowship program director must be submitted. Letters must state that the candidate is adequately trained in neuroangiography.

**AND** Pathway 1 Continued - Training shall include: a. Anatomy, physiology and pathophysiology of neurovascular disease. b. Pre-procedural assessment of the patient including indications for the procedure, results of preceding non-invasive testing and the neurologic status of the patient. c. Technical aspects of performing the procedure, including the use of different catheters and guidewire systems, injection rates and volumes of appropriate contrast material, filming sequences, technique and indications for selective angiography and specialized views for optimal visualization. d. Performance and interpretation of at least 25 neuroangiographic exams as the primary operator. e. Familiarity with fluoroscopic and radiographic equipment, mechanical injectors, rapid film changers and digital subtraction techniques. f. Post-procedural patient management, especially recognition and initial management of complications.

**OR** Pathway 2 - In the absence of residency or fellowship training, should have current un-restricted privileges to do peripheral vascular angioplasty and successful completion of 25 neuroangiographic procedures in the past five years in which the candidate was the primary operator in the procedure and demonstrated technique in engagement of carotid/vertebral arteries. All cases must have included intracranial vascular assessment. These cases shall have been documented on cut films and/or digital films using appropriate technique and dictated reports describing specific techniques, catheters and guide wires utilized, and any complications and their management shall be provided. These reports shall include indications for the procedure and results of pre-procedural non-invasive testing as well. All complications shall be included and the rate of complications shall be within acceptable limits.

**Clinical Experience (Initial)** Applicant must be able to provide documentation of at least 4 cases representative of the scope and complexity of the privileges requested during the previous 24 months.

**Clinical Experience (Reappointment)** Applicant must be able to provide documentation of at least 4 cases representative of the scope and complexity of the privileges requested during the previous 24 months.

Request

WH

Check the Request checkbox to select all privileges listed below.

**Uncheck** any privileges you do not want to request in that group.

- Currently Granted privileges

**Procedures**

Neuroangiography

**FPPE**

<b>HM</b>	
<input type="checkbox"/>	Five direct observation case reviews.
<input type="checkbox"/>	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 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 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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## Washington Hospital Medical Staff

2000 Mowry Avenue • Fremont, California 94538 • 510.818.7446

### Otolaryngology

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.

#### 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

<b>Licensure</b>	Licensed M.D. or D.O.
<b>Membership</b>	Meet all requirements for medical staff membership.
<b>Education/Training</b>	Completion of an ACGME or AOA accredited Residency training program in Otolaryngology.
<b>Continuing Education</b>	Applicant must attest to having completed 50 AMA PRA Category I CME credits within the previous 24 months directly related to the practice of otolaryngology (waived for applicants who have completed training during the previous 24 months).
<b>Certification</b>	Current certification through ABMS or AOA Board American Board of Otolaryngology in Otolaryngology. Exceptions to this can be found in the Credentialing Policy 2.A.1.p.
<b>Clinical Experience (Initial)</b>	Applicant must be able to provide documentation of provision of otolaryngology services (at least 100 procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested within the previous 24 months.
<b>Clinical Experience (Reappointment)</b>	Applicant must be able to provide documentation of provision of otolaryngology services (at least 100 procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested within the previous 24 months. <b>AND</b> Active/Provisional Staff Only: Of the 100 procedures, 10 must be performed at Washington Hospital Healthcare System and/or the Washington Outpatient Surgery Center. <b>AND</b> If applicable, applicants who hold special privileges must meet the activity requirements as defined in the medical staff documents.

## Core Privileges in Otolaryngology

**Description:** Evaluate, diagnose, provide consultation, treat and medically and surgically manage patients with diseases and disorders that affect the ears, upper respiratory and upper alimentary systems and related structures, and the head and neck.

Request

WH

Check the Request checkbox to select all privileges listed below.

**Uncheck** any privileges you do not want to request in that group.

- Currently Granted privileges

Admit to inpatient or appropriate level of care

Perform history and physical examination

Evaluate, diagnose, provide consultation and comprehensive medical care to patients presenting with diseases, deformities, or disorders of the head and neck that affect the ears, nose, throat, the respiratory and upper alimentary systems and the treatment of disorders of hearing and voice.

### Procedures

Audiologic, vestibular, and vocal function testing

Biopsy and fine needle aspiration techniques

Use of lasers in ENT procedural areas where the physician has concurrent clinical privileges

External ear surgery

Middle ear and mastoid surgery including balloon dilation of eustachian tube

Laryngeal procedures

Tracheostomy

Arterial ligation

Conventional head and neck surgery including T&A and surgery on the maxilla, mandible, trachea, thyroid, parathyroid, cervical nodes and salivary glands (including thyroid gland).

Radical excision of benign and malignant lesions of the head and neck including radical neck dissection, parathyroid and temporal bone resection (including thyroid gland).

Repair of penetrating injuries of the head and neck

Use of minimally invasive technique in a procedural area where the applicant is a concurrent privilege holder

Cochlear implantation

Decompression of membranous labyrinth cochleosaculotomy, endolymphatic sac operation

Excision of glomus tumor

Labyrinthectomy

Middle/post fossa skull base surgery

VII nerve decompression, repair or substitution

Sleep apnea surgery

Mandibular reconstruction

<input type="checkbox"/>	Treatment of facial fractures - Reduction and stabilization of maxillofacial fractures, muscle and soft tissue injury??
<input type="checkbox"/>	Excision of skin lesions
<input type="checkbox"/>	Facial plastic surgery to include cosmetic surgery on the face, nose, external ear, eyelids and lips.
<input type="checkbox"/>	Uvulopharyngopalatoplasty/office uvulopharyngopalatoplasty
<b>Endoscopy</b>	
<input type="checkbox"/>	Endoscopy including nasopharyngeal or laryngoscopy with biopsy and/or removal of local lesion or foreign body
<input type="checkbox"/>	Bronchoscopy with biopsy and/or removal of local lesion or foreign body
<input type="checkbox"/>	Esophagoscopy with biopsy and/or removal of local lesion or foreign body

FPPE	
WH	
<input type="checkbox"/>	Six direct observation case reviews of a variety of cases within the Core.
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance

### Special Privileges: Liposuction (Head and Neck)

**Description:** Evaluate, diagnose, provide consultation, treat and medically and surgically manage patients who require repair, reconstruction, or replacement of physical defects of form or function involving the skin, musculoskeletal system, craniomaxillofacial structures.

#### Qualifications

<b>Continuing Education</b>	<p>Pathway 1 - Applicant must be able to provide documentation of proof of successful completion of a didactic course with hands on experience in an accredited facility deemed to be appropriate by the Department Chair or designee.</p> <p><b>OR</b> If unable to qualify under Pathway 1, refer to Pathway 2. See "Clinical Experience (Initial).</p>
<b>Clinical Experience (Initial)</b>	<p>Pathway 2 - If you were unable to qualify under Pathway 1, use this Pathway. Applicant must provide proof of documentation of otolaryngology services (performance of at least 4 procedures) during residency training or in facial plastic fellowship (accredited by the ACGME or AOA).</p> <p><b>AND</b> All applicants must be able to provide documentation of provision of otolaryngology services (at least 6 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.</p>
<b>Clinical Experience (Reappointment)</b>	<p>Applicant must be able to provide documentation of provision of otolaryngology services (at least 3 cases) representative of the scope of privileges requested during the previous 24 months.</p>

Request	<p>Check the Request checkbox to select all privileges listed below.</p> <p><b>Uncheck</b> any privileges you do not want to request in that group.</p>
WH	<p><input type="checkbox"/> - Currently Granted privileges</p>

<input type="checkbox"/>	Evaluate, diagnose, provide consultation, treat and medically and surgically manage patients who require repair, reconstruction, or replacement of physical defects of form or function involving the skin, musculoskeletal system, craniomaxillofacial structures.
<b>Procedures</b>	
<input type="checkbox"/>	Liposuction procedure for contour restoration, head and neck only.

FPPE	
HM	
<input type="checkbox"/>	Three direct observation case reviews.
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

### Special Privileges: Craniofacial Surgery Privileges

**Description:** Evaluate, diagnose, provide consultation, treat and medically and surgically manage patients who require repair, restoration of craniofacial form and function because of congenital and acquired deformities of the skull, face and jaws. Includes surgery dealing with hard and soft tissues, including bone, skin, muscle, teeth, etc. in the craniofacial region. Excludes surgery of the brain and eye.

#### Qualifications

<b>Clinical Experience (Initial)</b>	Applicant must be able to provide documentation of provision of otolaryngology services (at least 5 cases) during residency training or in a pediatric otolaryngology/facial plastic fellowship (accredited by the ACGME or AOA) representative of the scope and complexity of the privileges requested.  <b>AND</b> Applicant must be able to provide documentation of provision of otolaryngology services (at least 5 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.
<b>Clinical Experience (Reappointment)</b>	Applicant must be able to provide documentation of provision of otolaryngology services (at least 4 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.

Request	Check the Request checkbox to select all privileges listed below.  <b>Uncheck</b> any privileges you do not want to request in that group.
	<input type="checkbox"/> - Currently Granted privileges

<b>Procedures (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extension of the same techniques and skills may also be performed.)</b>	
<input type="checkbox"/>	Reconstruction of other craniofacial deformities (e.g., microtia, facial dysotosis).

FPPE	
HM	
<input type="checkbox"/>	Three direct observation case reviews.

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

**Special Privileges: Microsurgery (microvascular, nerve repairs, free flaps) on head and neck**

**Description:** Evaluate, diagnose, provide consultation, treat and medically and surgically manage patients who require repair, reconstruction, or replacement of physical defects of form or function involving the skin, musculoskeletal system, craniomaxillofacial structures.

**Qualifications**

**Education/Training** Pathway 1 - Completion of an ACGME or AOA accredited Residency training program in Plastic Surgery Within the Head and Neck.  
**AND** Pathway 1a - Completion of an ACGME or AOA accredited Fellowship training program in microsurgery.  
**OR** If not fellowship trained, refer to Pathway 1b under, "Clinical Experience (Initial)."

**Clinical Experience (Initial)** Pathway 1b - If unable to qualify under Pathway 1a above, follow this Pathway. Applicant must be able to provide documentation of provision of otolaryngology services (at least 10 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.  
**AND** All applicants must provide proof of documentation of provision of otolaryngology services (performance of at least 10 procedures) representative of the scope and complexity of the privileges requested during the previous 24 months.

**Clinical Experience (Reappointment)** Applicant must be able to provide documentation of provision of otolaryngology services (at least 5 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.

<b>Request</b>	<p>Check the Request checkbox to select all privileges listed below.</p> <p><b>Uncheck</b> any privileges you do not want to request in that group.</p>
<b>WH</b>	<p><input type="checkbox"/> - Currently Granted privileges</p>

<input type="checkbox"/>	Evaluate, diagnose, provide consultation, treat and medically and surgically manage patients who require restoration of craniofacial form and function because of congenital and acquired deformities of the skull, face and jaws. Includes surgery dealing with hard and soft tissues, including bone, skin, muscle, teeth, etc. in the craniofacial region. Excludes surgery of the brain and eye.
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**Procedures**

<input type="checkbox"/>	Reconstructive management of defects after ablative surgery for malignancy about the maxillofacial region, including pedicle and free flap surgery and bone grafting techniques
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**FPPE**

<b>WH</b>	
<input type="checkbox"/>	Three direct observation case reviews.
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

### Special Privileges: Cleft Lip Repair

**Description:** Evaluate, diagnose, provide consultation, treat and medically and surgically manage patients who require repair, reconstruction, or replacement of physical defects of form or function involving the skin, musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast and trunk, external genitalia or cosmetic enhancement of these areas of the body.

#### Qualifications

**Clinical Experience (Initial)**

Applicant must be able to provide proof of documentation of provision of otolaryngology services (performance of at least 5 procedures) during residency training or pediatric otolaryngology/facial plastic fellowship (accredited by the ACGME or AOA).

**AND** All applicants must be able to provide documentation of provision of otolaryngology services (at least 4 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.

**Clinical Experience (Reappointment)**

Applicant must be able to provide documentation of provision of otolaryngology services (at least 2 cases) representative of the scope of privileges requested during the previous 24 months.

Request

Check the Request checkbox to select all privileges listed below.  
**Uncheck** any privileges you do not want to request in that group.

WH

- Currently Granted privileges

**Procedures**

Surgery of congenital anomalies, including cleft lip and cleft palate.

### FPPE

WH

Two direct observation case reviews.

Evaluation of OPPE data collected for review of competency/performance

### Special Privileges: Facial Plastics

**Description:** Evaluate, diagnose, provide consultation, treat and medically and surgically manage patients who require repair, reconstruction, or replacement of physical defects of form or function involving the skin, musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast and trunk, external genitalia or cosmetic enhancement of these areas of the body.



**Qualifications**

**Clinical Experience (Initial)**

Applicant must be able to provide proof of documentation of provision of otolaryngology services (performance of at least 5 procedures) during residency training or in an otolaryngology/facial plastic fellowship (accredited by the ACGME or AOA).

**AND** Applicant must be able to provide documentation of provision of otolaryngology services (at least 5 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.

**Clinical Experience (Reappointment)**

Applicant must be able to provide documentation of provision of otolaryngology services (at least 4 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.

Request

Check the Request checkbox to select all privileges listed below.

**Uncheck** any privileges you do not want to request in that group.

WH

- Currently Granted privileges

**Procedures**

Facial plastic surgery to include cosmetic surgery of the face, nose, external ear, eyelids and lips

**FPPE**

WH

Three direct observation 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 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 \_\_\_\_\_

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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## Washington Hospital Medical Staff

2000 Mowry Avenue • Fremont, California 94538 • 510.818.7446

### Gynecology Oncology

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.

#### 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

<b>Licensure</b>	Licensed M.D. or D.O.
<b>Membership</b>	Meet all requirements for medical staff membership.
<b>Education/Training</b>	Completion of an ACGME or AOA accredited Residency training program in Obstetrics and Gynecology. <b>AND</b> Completion of an ACGME or AOA accredited Fellowship training program in Gynecologic Oncology.
<b>Certification</b>	Current certification through ABMS or AOA Board American Board of Obstetrics and Gynecology in Gynecologic Oncology. Exceptions to this requirement can be found in the Credentialing Policy 2.A.1.p.
<b>Clinical Experience (Initial)</b>	Applicant must be able to provide documentation of provision of Gynecology Oncology services (at least 25 procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested within the previous 24 months.
<b>Continuing</b>	Applicant must attest to having completed 50 AMA PRA Category I CME credits during the

**Education**

previous 24 months directly related to the practice of gynecology or gynecology oncology (waived for applicants who have completed training during the previous 24 months).

**Clinical Experience (Reappointment)**

Applicant must be able to provide documentation of provision of Gynecology Oncology services (at least 25 procedures of a variety of the procedures within the core) representative of the scope and complexity of the privileges requested within the previous 24 months.

**AND** Active/Provisional Staff Only: Of the 25 procedures, 10 must be performed at Washington Hospital Healthcare System and/or the Washington Outpatient Surgery Center.

**AND** If applicable, applicants who hold special privileges must meet the activity requirements as defined in the medical staff documents.

**Core Privileges in Gynecology Oncology**

**Description:** Evaluation, treatment, consultation and care of women with gynecologic cancer, including those diagnostic and therapeutic procedures necessary for the total care of the woman with gynecologic cancer or complications resulting from them.

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

**Core Privileges**

- Admit to inpatient or appropriate level of care
- Management of patient throughout hospitalization
- Order diagnostic studies and tests (including utilization of current diagnostic procedures of obstetrics and gynecology that involve radiology, including ultrasonography, CT scanning and MRI, and nuclear medicine) and interpret results with radiology assistance
- Perform history and physical examination
- Provide primary health care for female patients, including health maintenance, disease prevention, diagnosis, treatment, consultation, and referral, including management of uncomplicated nongynecological conditions
- Diagnose and stage gynecological malignancies
- Management of operative and post-operative complications
- Treatment planning with radiation oncology and management of radiation-induced complications

**Procedures**

- Gynecology Core
- Hysterectomy, radical
- Insertion of intracavity radiation application
- Laparoscopic surgical approaches where applicable, including: hysterectomies, salpingo-oophorectomies, lymphadenectomies, staging procedures
- Lymphadenectomy of the inguinal, femoral, pelvic and para-aortic areas
- Omentectomy
- Pelvic exenteration (anterior, posterior or total)

<input type="checkbox"/>	Vaginectomy - simple and radical
<input type="checkbox"/>	Vulvectomy - skinning, simple, partial and radical
<input type="checkbox"/>	Cesarean hysterectomy
<input type="checkbox"/>	Incidental appendectomy
<input type="checkbox"/>	Operative laparoscopy
<input type="checkbox"/>	Sigmoidoscopy
<input type="checkbox"/>	Bladder procedures including partial and total cystectomies
<input type="checkbox"/>	Cystotomies
<input type="checkbox"/>	Repairs of vesicovaginal fistulas with primary closures or secondary closures using interposition of autologous tissue(s), such as omentum and bulbocavernosus muscle
<input type="checkbox"/>	Ureter procedures including ureteroneocystostomies (with and without bladder flaps or psoas fixations), end-to-end ureteral re-anastomoses, transuretero-ureterostomies, small-bowel interpositions, cutaneous ureterostomies, repairs of intraoperative injuries to the ureters, conduits developed (from ileum, from colon, to be continent)
<input type="checkbox"/>	Vascular access including placement of central venous lines and arterial lines (include insertion of Mediport)
<input type="checkbox"/>	Placement of thoracostomy tube and thoracentesis
<input type="checkbox"/>	Select, initiate and administer chemotherapeutic agents for the treatment of cancer via all therapeutic routes
<input type="checkbox"/>	Radical hysterectomy with/without lymph node dissection including laparoscopic assist
<input type="checkbox"/>	Lymphadenectomy of the inguinal, femoral, pelvic and para-aortic areas
<input type="checkbox"/>	Intercavitary brachytherapy insertion
<input type="checkbox"/>	Use of a laparoscope in a procedure where the applicant is a concurrent privilege holder
<input type="checkbox"/>	Pelvic exenteration (anterior, posterior or total)
<input type="checkbox"/>	Ureteral anastomosis
<input type="checkbox"/>	Ureteral resection and reconstruction
<input type="checkbox"/>	Ureterolysis
<input type="checkbox"/>	Urinary diversion, including pouch
<input type="checkbox"/>	Ileal conduit or continent urinary diversion
<input type="checkbox"/>	Vaginectomy or vulvectomy - simple and radical
<input type="checkbox"/>	Neo-vaginoplasty and vulvar reconstruction
<input type="checkbox"/>	Interstitial perineal template
<input type="checkbox"/>	Resection of upper abdomen tumor metastases involving omentum
<input type="checkbox"/>	Endoscopic exam of the rectum and colon with or without biopsy
<input type="checkbox"/>	Renal Procedures (repair, nephrectomy - due to surgical injury)
<input type="checkbox"/>	Myocutaneous flaps
<input type="checkbox"/>	Skin grafting
<input type="checkbox"/>	Paracentesis
<input type="checkbox"/>	Microsurgery

<b>WH</b>	
<input type="checkbox"/>	Six direct observation case reviews of a variety of cases within the Core.
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

**Special Privileges: Laparoscopic Bladder Suspension**

**Description:**

**Qualifications**

<b>Qualifications</b>	Applicant must hold unrestricted Gynecology Core Privileges
<b>Education/Training</b>	Completion of an approved residency program including training in Laparoscopic Bladder Suspension. <b>OR</b> Completion of an educational course specific to lasers deemed appropriate by the Department of Ob/Gyn and three (3) cases performed as part of the course or subsequent to the course at another license accredited facility or at WHHS with another physician holding the same unrestricted privilege.
<b>Clinical Experience (Initial)</b>	See training above
<b>Clinical Experience (Reappointment)</b>	Four (4) cases every two years.

<b>Request</b>	<p>Check the Request checkbox to select all privileges listed below.</p> <p><b>Uncheck</b> any privileges you do not want to request in that group.</p>
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<b>WH</b>	<input type="checkbox"/> - Currently Granted privileges
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**Procedure(s)**

<input type="checkbox"/>	Laparoscopic Bladder Suspension
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**FPPE**

<b>WH</b>	
<input type="checkbox"/>	Three direct observation case reviews.
<input type="checkbox"/>	Evaluation of OPPE date collected for review of competency/performance.

**Special Privileges: Laparoscopic Lymph Node Dissection**

**Description:**

## Qualifications

**Qualifications** Gynecology Core Privileges

**Training** Completion of an approved residency program including training in laparoscopic lymph node dissection.  
**OR** Completion of an educational course specific to this procedure deemed appropriate by the Department of OB/Gyn and three cases performed as part of the course or subsequent to the course at another licensed accredited facility or at Washington Hospital with another physician holding the same unrestricted privilege.

**Proctoring** Three cases at Washington Hospital

**Recredentialing** Four cases every two years.

**Request** Check the Request checkbox to select all privileges listed below.  
**Uncheck** any privileges you do not want to request in that group.

**WH**  
 - Currently Granted privileges

### Procedure(s)

Laparoscopic Lymph Node Dissection

## FPPE

**WH**

Three direct observation cases reviewed.

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:

- 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.
- 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.
- I certify that I have no emotional or physical condition that would affect my ability to perform these privileges.
- Furthermore, I attest that the information I have provided about my clinical activity is accurate and true.

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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# Washington Hospital Medical Staff

2000 Mowry Avenue • Fremont, California 94538 • 510.818.7446

## Interventional Radiology (Non-Neuro)

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.

### 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

<b>Licensure</b>	Licensed M.D. or D.O.
<b>Membership</b>	Meet all requirements for medical staff membership.
<b>Education/Training</b>	Completion of an ACGME or AOA accredited Residency training program in Radiology-Diagnostic. <b>AND</b> Completion of an ACGME or AOA accredited Fellowship training program in Interventional Radiology approved by the American Board of Radiology. <b>AND</b> A letter from the program director stating that s/he was adequately trained and provided clinical competency in the applied-for procedure(s) is required.
<b>Continuing Education</b>	Applicant must attest to having completed 50 AMA PRA Category I CME credits within the previous 24 months directly related to the practice of interventional radiology non neuro services (waived for applicants who have completed residency training during the previous 24 months).
<b>Clinical Experience (Initial)</b>	Applicant must be able to provide documentation of provision of interventional radiology (non neuro) services (at least 30 procedures of a variety of the procedures within the cores) representative of the scope and complexity of the privileges requested within the previous 24 months.
<b>Clinical Experience (Reappointment)</b>	Applicant must be able to provide documentation of provision of interventional radiology (non neuro) services (at least 30 procedures of a variety of the procedures within the cores)

representative of the scope and complexity of the privileges requested within the previous 24 months.

**AND Active/Provisional Staff Only:** Of the 30 procedures, 10 must be performed at Washington Hospital Healthcare System and/or the Washington Outpatient Surgery Center.

**AND** If applicable, applicants who hold special privileges must meet the activity requirements as defined in the medical staff documents.

**Additional Qualifications**

Applicants applying for Interventional Radiology (non Neuro) cores and special privileges are required to hold unrestricted Radiology - Diagnostic Core.

Primary Privileges	
Diagnosis of disease/conditions utilizing medical imaging techniques, including X-Rays, Computer Tomography (CT), Magnetic Resonance Imaging (MRI), and Ultrasound.	
Request	<p>Check the Request checkbox to select all privileges listed below.</p> <p><b>Uncheck</b> any privileges you do not want to request in that group.</p>
WH	<input type="checkbox"/> - Currently Granted privileges

Core Privileges in Interventional Radiology Privileges	
Diagnosis of all abnormalities and anomalies of the arteries, veins, and lymphatics. Includes therapeutic vascular and nonvascular imaging-directed interventional procedures	
Request	<p>Check the Request checkbox to select all privileges listed below.</p> <p><b>Uncheck</b> any privileges you do not want to request in that group.</p>
WH	<input type="checkbox"/> - Currently Granted privileges
<input type="checkbox"/>	Admit to inpatient or appropriate level of care
<input type="checkbox"/>	Development of plans for short-term and long-term medical and/or surgical management
<input type="checkbox"/>	Management of patient throughout hospitalization
<input type="checkbox"/>	Order diagnostic studies and tests
<input type="checkbox"/>	Perform history and physical examination
<input type="checkbox"/>	<b>Procedures (This listing includes procedures typically performed by Interventional Radiologists who specialize in this clinical area. Other procedures that are extensions of the same techniques and skills may also be performed.)</b>
<input type="checkbox"/>	Angiography, venography, fistulography and lymphangiography



<input type="checkbox"/>	Therapeutic vascular radiology including balloon angiography; angioplasty; stent placement; atherectomy; thrombectomy; thrombolytic therapy; and embolization/ablation including transarterial chemoembolization and treatment of aneurysms; IVC filter placement and fistula repair/creation.
<input type="checkbox"/>	Transarterial radioembolization
<input type="checkbox"/>	Intravascular foreign body removal
<input type="checkbox"/>	Image guided procedures including percutaneous tube placement; fluid and cyst aspiration; nephrostomy; biliary drainage; venous sampling; gastrostomy tube placement; transcervical fallopian tube recanalization, and other procedures requiring the same techniques and skills.
<input type="checkbox"/>	Image guided ablation procedures -- all modes
<input type="checkbox"/>	Transcatheter genitourinary procedures for diagnosis and treatment of lithiasis, obstruction and fistula including ureteral stenting
<input type="checkbox"/>	Transjugular intrahepatic portosystemic shunt (TIPS)
<input type="checkbox"/>	Kyphoplasty or vertebroplasty
<input type="checkbox"/>	Insertion of vascular access catheters including peritoneal catheter insertion, and pleural catheter insertion (Vascular access and removal including central venous catheters, arterial lines and pulmonary artery catheters)
<input type="checkbox"/>	Transcatheter Infusion Therapy (Intracranial vessel infusion therapy)
<input type="checkbox"/>	Nerve blocks, simple and complex
<input type="checkbox"/>	Facet blocks
<input type="checkbox"/>	Neurolytic Procedures
<input type="checkbox"/>	Sympathectomy
<input type="checkbox"/>	Image guided Epidural Injection, lumbar drain insertion
<input type="checkbox"/>	Hepato Biliary Interventions including, Percutaneous transhepatic cholangiogram, Cholangioplasty, Biliary stenting, Percutaneous biliary stone removal, Transhepatic biliary biopsy, and Transjugular liver biopsy.
<input type="checkbox"/>	Thrombolysis or thrombectomy
<input type="checkbox"/>	Upper gastrointestinal endoscopy with or without biopsy including hemostasis (injection, electrosurgical or ligation) and sclerotherapy or banding of esophageal varices and dilation of the esophagus or pylorus.
<input type="checkbox"/>	Sclerotherapy including Phlebectomy (Procedures directed at the elimination of saphenous vein reflux)
<input type="checkbox"/>	Tracheobronchial stenting (Tracheostomy, tracheoplasty; bronchoplasty and repair of tracheoesophageal fistula)
<input type="checkbox"/>	Spinal neurostimulator trial and implant (Implantation of spinal cord stimulator)
<input type="checkbox"/>	Intrathecal pain pump trial and implant (Implantation and management of intrathecal programmable pump)

FPPE	
H/M	
<input type="checkbox"/>	Six retrospective case reviews of a variety of cases within the Core.
<input type="checkbox"/>	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 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

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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# Washington Hospital Medical Staff

2000 Mowry Avenue • Fremont, California 94538 • 510.818.7446

## Special Privilege: Obstetrical Neonatal Circmcision

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.

### 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	
<input checked="" type="checkbox"/>	WH

### Neonatal Circumcision

**Description:** Newborn male circumcision is a common elective surgical procedure for the removal of foreskin covering the glans penis.

## Qualifications

<b>Education/Training</b>	Completion of an ACGME or AOA Accredited Residency training program in Obstetrics and Gynecology. Applicant must provide proof of training in neonatal circumcision in training program. <b>OR</b> If applicant is unable to provide proof of training during residency, this requirement can be satisfied by completion of education. See criteria under "Continuing Education".
<b>Continuing Education</b>	If applicant was unable to provide proof of training during residency, applicant may provide proof of completion of an education course specific to this procedure deemed appropriate by the Department of Ob/Gyn.
<b>Clinical Experience (Initial)</b>	Applicant must be able to provide documentation of performance of at least 5 circumcisions within the previous 12 months. The 5 cases can be performed as part of the course or subsequent to the course at another licensed accredited facility with another physician holding the same unrestricted privilege.
<b>Clinical Experience (Reappointment)</b>	Applicant must be able to provide documentation of performance of 3 circumcisions within the previous 24 months.

Request

Check the Request checkbox to select all privileges listed below.

**Uncheck** any privileges you do not want to request in that group.

- Currently Granted privileges

### Neonatal Circumcision

Neonatal Circumcision

## FPPE

- Two direct observation 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 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 \_\_\_\_\_

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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## Washington Hospital Medical Staff

2000 Mowry Avenue • Fremont, California 94538 • 510.818.7446

### Ophthalmology

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.

#### 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

<b>Education/Training</b>	Completion of an ACGME or AOA accredited Residency training program in Ophthalmology.
<b>Certification</b>	Current certification through ABMS or AOA Board American Board of Ophthalmology in Ophthalmology. Exceptions to this requirement can be found in the Credentialing Policy 2.A.1.p.
<b>Clinical Experience (Initial)</b>	Applicant must be able to provide documentation of provision of ophthalmology services (at least 10 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.
<b>Clinical Experience (Reappointment)</b>	Applicant must be able to provide documentation of provision of ophthalmology services (at least 10 cases) representative of the scope of privileges requested during the previous 24 months. <b>AND</b> Active/Provisional Staff Only: Of the 10 cases, 10 must be performed at Washington Hospital Healthcare System and/or the Washington Outpatient Surgery Center. <b>AND</b> If applicable, applicants who hold special privileges must meet the activity requirements as defined in the medical staff documents.

- Licensure** Licensed M.D. or D.O.
- Membership** Meet all requirements for medical staff membership.
- Continuing Education** Applicant must attest to having completed 50 AMA PRA Category I CME credits within the previous 24 months directly related to the practice of ophthalmology (waived for applicants who have completed residency training during the previous 24 months).

### Core Privileges in Ophthalmology

**Description:** Evaluate, diagnose, provide consultation and medically and surgically manage patients with ocular and visual disorders. This includes problems affecting the eye and its component structures, the eyelids, the orbit, and the visual pathways.

<b>Request</b>	<p>Check the Request checkbox to select all privileges listed below.</p> <p><b>Uncheck</b> any privileges you do not want to request in that group.</p>
<b>WH</b>	<p><input type="checkbox"/> - Currently Granted privileges</p>
<input type="checkbox"/>	Admit to inpatient or appropriate level of care
<input type="checkbox"/>	Perform history and physical examination
<input type="checkbox"/>	Evaluate, diagnose, treat and provide consultation, order diagnostic studies and medically manage patients with ocular and visual disorders, the eyelid and orbit affecting the eye and the visual pathways.
<b>Procedures</b>	
<input type="checkbox"/>	Corneal, conjunctival and corneo-scleral surgery, not including refractive surgery
<input type="checkbox"/>	Refractive surgery
<input type="checkbox"/>	Cataract extraction with or without intraocular lens implantation
<input type="checkbox"/>	Use of lasers as an adjunctive tool in a concurrently privileged procedure
<input type="checkbox"/>	Strabismus surgery
<input type="checkbox"/>	Removal of foreign body, intraocular
<input type="checkbox"/>	Intra-vitreous Injection
<input type="checkbox"/>	Anterior vitrectomy
<input type="checkbox"/>	Temporal artery biopsy
<input type="checkbox"/>	Yag Capsulotomy
<input type="checkbox"/>	Lasik/PRK/CK
<input type="checkbox"/>	Penetrating keratoplasty
<input type="checkbox"/>	Pterygium excision
<input type="checkbox"/>	Filtering procedures (for glaucoma)
<input type="checkbox"/>	Shunting procedures (for glaucoma)
<input type="checkbox"/>	Cyclodestructive procedures (includes cryo)
<input type="checkbox"/>	Laser iridotomy

<input type="checkbox"/>	Laser trabeculoplasty
<input type="checkbox"/>	Other glaucoma lasers, including iridotomy
<input type="checkbox"/>	Blepharoplasty/reconstruction
<input type="checkbox"/>	Chalazion excision
<input type="checkbox"/>	Entropion/ectropion repair
<input type="checkbox"/>	Eye removal and implant (Enucleation or evisceration)
<input type="checkbox"/>	Eyelid laceration/canalicular repair
<input type="checkbox"/>	Lacrimal surgery (including DCR)
<input type="checkbox"/>	Ptosis repair
<input type="checkbox"/>	Tarsorrhaphy
<input type="checkbox"/>	Cryotherapy
<input type="checkbox"/>	Photocoagulation (laser)
<input type="checkbox"/>	Vitreous tap/inject

**FPPE**

<b>HM</b>	
<input type="checkbox"/>	Six direct observation case reviews of a variety of cases within the Core.
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

**Special Privilege: Use of a Laser in a Procedural Area Where the Applicant is a Concurrent Privilege Holder**

**Description:** A variety of laser wavelengths and laser delivery systems may be used medically to cut, coagulate, vaporize or remove tissue. The majority of "laser surgeries" actually use the laser device in place of other tools such as scalpels, electro-surgical units, cryosurgery probes or microwave devices to accomplish a standard procedure.

**Qualifications**

<b>Additional Qualifications</b>	Unrestricted Specialty Core required to apply for this privilege.
<b>Education/Training</b>	Applicant must be able to provide documentation of participations in at least 10 hours of residency or post-graduate education concerning laser physics, indications, equipment use, and complications. Should also have hands on application of the laser.
<b>Clinical Experience (Initial)</b>	Applicant must be able to provide documentation of provision of surgery services (at least 5 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.
<b>Clinical Experience (Reappointment)</b>	Applicant must be able to provide documentation of provision of surgery services (at least 3 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.

<b>Request</b>	<p>Check the Request checkbox to select all privileges listed below.</p> <p><b>Uncheck</b> any privileges you do not want to request in that group.</p>
<b>WH</b>	<p><input type="checkbox"/> - Currently Granted privileges</p>
<b>Procedure(s)</b>	
<input type="checkbox"/>	Use of lasers.

FPPE	
<b>WH</b>	
<input type="checkbox"/>	Two direct observation case reviews.
<input type="checkbox"/>	Evaluation of OPPE date 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 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 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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## Washington Hospital Medical Staff

2000 Mowry Avenue • Fremont, California 94538 • 510.818.7446

### Perfusionist

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.

#### 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

##### Qualifications

Applicant must be a Certified Clinical Perfusionist (CCP) by the American Board of Cardiovascular Perfusion.

**AND** Perfusionists may perform professional services at the Hospital upon the order and under the supervision of a cardiovascular surgeon or anesthesiologist who is licensed in the State of California and who is a member of the Active or Provisional/Active WHHS Medical Staff in good standing within the Department of Surgery or Department of Anesthesia.

**AND** Applicant may be employed by WHHS, but must still go through the credentialing process for this Allied Health Professional category.

##### Education/Training

Completion of a perfusion training program approved by the Committee on Allied Health Education and Accreditation of the American Medical Association and successfully completed the examination of the American Board of Cardiovascular Perfusion.

##### Continuing Education

Applicant must attest to having completed 50 CE credits within the previous 24 months directly related to the practice of perfusion services (waived for applicants who have completed training during the previous 24 months).

<b>Certification</b>	Current CCP designation. <b>OR</b> Perfusionists not certified at the time of appointment must obtain certification within four years of initial appointment. Perfusionists who do not meet this requirement will be deemed to have resigned from Allied Health at conclusion of their fourth year.
<b>Clinical Experience (Initial)</b>	Applicant must be able to provide documentation of provision of perfusion services (at least 40 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.
<b>Clinical Experience (Reappointment)</b>	Applicant must be able to provide documentation of provision of perfusion services (at least 80 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.
<b>Additional Qualifications</b>	<p>Cognitive: Assessment and interpretation of preoperative patients' physiologic status using patient history, laboratory data and catheterization report and by discussion with surgeon and anesthesiologist. Assessment and interpretation of patient's physiologic status on CPB using but not limited to laboratory data, hemodynamics, fluid balance, oxygen transfer, and heat transfer.</p> <p>Perfusionists shall operate the extracorporeal equipment only under the immediate supervision of the cardiovascular surgeon or anesthesiologist.</p> <p>The perfusionist will be responsible for:</p> <ol style="list-style-type: none"> <li>1. Input with regard to assessment, selection, assembly and management of cardiopulmonary bypass hardware and software and related technologies.</li> <li>2. Input with regard to assessment, selection, assembly and management of autotransfusion hardware and software and related technologies.</li> <li>3. Input with regard to assessment, selection, and management of related laboratory analyzers and their software.</li> <li>4. Assessment and interpretation of preoperative patient's physiologic status using patient history, laboratory data and catheterization report and by discussion with surgeon and anesthesiologist.</li> <li>5. Assessment and interpretation of patient's physiologic status on CPB using but not limited to laboratory data, hemodynamics, fluid balance, oxygen transfer, and heat transfer.</li> <li>6. Abiding by the Policy on Allied Health Professionals as outlined in the Washington Hospital Medical Staff Policies and Procedures.</li> </ol> <p>Behavioral Expectations:</p> <ol style="list-style-type: none"> <li>A. Participates in personal and professional development and the teaching of perfusionists.</li> <li>B. Be available when needed.</li> <li>C. Improves quality by offering suggestions, taking action to meet patient and physician needs, available for quality project teams, helps implement quality improvements, and assures that his / her own work achieves quality standards.</li> <li>D. Interacts with team members in a courteous and professional manner offering assistance to others as appropriate.</li> <li>E. Respects the confidential nature of all aspects of patient care.</li> <li>F. Adheres to safety standards, policies, and procedures, and accepts responsibility for the continuous improvement of work place safety.</li> </ol>

### Core Privileges: Perfusionist

**Description:** Definition: Perfusionists perform services necessary for the support, treatment, measurement, and supplementation of the cardiovascular and circulatory systems. These services include the operation of extracorporeal circulation equipment, such as a heart-lung machine, for cardiopulmonary bypass. Perfusionists also perform services such as counterpulsation, autotransfusion, and organ preservation.

<b>Request</b>	Check the Request checkbox to select all privileges listed below. <b>Uncheck</b> any privileges you do not want to request in that group.
	<input type="checkbox"/> - Currently Granted privileges
<b>Core Privileges</b>	
<input type="checkbox"/>	Management of cardiopulmonary bypass counterpulsation
<input type="checkbox"/>	Management of intra-aortic balloon counterpulsation
<input type="checkbox"/>	Circulatory support ventricular assistance
<input type="checkbox"/>	Extracorporeal membrane oxygenation (ECMO)
<input type="checkbox"/>	Blood conservation techniques / autotransfusion (Transfusion Medicine)
<input type="checkbox"/>	Myocardial preservation (Supervise the preparation, administration and the use of unsealed radionuclides and radiopharmaceuticals for diagnostic examinations of patients.)
<input type="checkbox"/>	Anticoagulation and hemotologic monitoring
<input type="checkbox"/>	Physiological monitoring
<input type="checkbox"/>	Blood gas and blood chemistry monitoring
<input type="checkbox"/>	Hemodilution
<input type="checkbox"/>	Hemofiltration
<input type="checkbox"/>	Administration of medications, blood components and anesthetic agents via the extracorporeal circuit
<input type="checkbox"/>	Access for dialysis during Cardiopulmonary bypass (CPB)
<input type="checkbox"/>	Documentation associated with described duties
<input type="checkbox"/>	Induction of hypothermia / hyperthermia with reversal as indicated

FPPE	
<input type="checkbox"/>	Six direct observation case reviews. Proctored by an Active Medical Staff member.
<input type="checkbox"/>	Feedback from OR Supervisor
<input type="checkbox"/>	Feedback from anesthesiologist
<input type="checkbox"/>	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 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 \_\_\_\_\_ 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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## Washington Hospital Medical Staff

2000 Mowry Avenue • Fremont, California 94538 • 510.818.7446

### Pulmonary

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.

#### 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

<b>Education/Training</b>	Completion of an ACGME or AOA accredited Residency training program in Internal Medicine. <b>AND</b> Completion of an ACGME or AOA accredited Fellowship training program in Pulmonary Disease.
<b>Licensure</b>	Licensed M.D. or D.O.
<b>Membership</b>	Meet all requirements for medical staff membership.
<b>Continuing Education</b>	Applicant must attest to having completed 50 AMA PRA Category I CME credits within the previous 24 months directly related to the practice of pulmonary/critical care medicine (waived for applicants who have completed training during the previous 24 months).
<b>Certification</b>	Current certification through ABMS or AOA Board American Board of Internal Medicine in Critical Care Medicine or Pulmonary Disease. Exceptions to this requirement can be found in the Credentialing Policy 2.A.1.p.
<b>Clinical Experience (Initial)</b>	Applicant must be able to provide documentation of provision of pulmonary/critical care medicine services (at least 20 procedures within the core) representative of the scope and complexity of the privileges requested within the last two years.
<b>Clinical Experience (Reappointment)</b>	Applicant must be able to provide documentation of provision of pulmonary/critical care medicine services (at least 20 procedures within the core) representative of the scope and complexity of the privileges requested within the last two years.

**AND Active/Provisional Staff Only:** Of the 25 procedures, 10 must be performed at Washington Hospital Healthcare System and/or the Washington Outpatient Surgery Center.

**AND** If applicable, applicants who hold special privileges must meet the activity requirements as defined in the medical staff documents.

Core Privileges in Pulmonary	
<b>Description:</b> Evaluate, diagnose, provide consultation, treat and manage patients with chronic and/or acute diseases of the lungs and airways.	
<b>Request</b>	<p>Check the Request checkbox to select all privileges listed below.</p> <p><b>Uncheck</b> any privileges you do not want to request in that group.</p>
<b>WH</b>	<p><input type="checkbox"/> - Currently Granted privileges</p>
<b>Evaluation and Management</b>	
<input type="checkbox"/>	Admit to inpatient or appropriate level of care
<input type="checkbox"/>	Perform history and physical examination
<input type="checkbox"/>	Evaluate, diagnose, provide consultation, medically manage and provide treatment to patients presenting with diseases or disorders of the respiratory system, including the lungs, upper airways, thoracic cavity and chest wall. Privileges include medical management of general medical conditions which are encountered in the course of caring for the pulmonary disease patient.
<b>Procedures</b>	
<input type="checkbox"/>	Fiberoptic bronchoscopy
<input type="checkbox"/>	Intubation and ventilator management (all modes)
<input type="checkbox"/>	Arterial line
<input type="checkbox"/>	Central venous catheter
<input type="checkbox"/>	Pulmonary artery catheters
<input type="checkbox"/>	Apheresis and temporary dialysis catheter
<input type="checkbox"/>	Cavity drainage and soft tissue aspiration including thorencetis, paracentesis, , and pericardiocentesis
<input type="checkbox"/>	Lumbar puncture
<input type="checkbox"/>	Insertion of thoracostomy tube
<input type="checkbox"/>	Placement of temporary transvenous pacemaker
<input type="checkbox"/>	Airway management
<input type="checkbox"/>	Management of pneumothorax (needle insertion and drainage system)

FPPE	
<b>WH</b>	
<input type="checkbox"/>	Six retrospective case reviews of a variety of cases within the Core.
<input type="checkbox"/>	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 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

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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## Washington Hospital Medical Staff

2000 Mowry Avenue • Fremont, California 94538 • 510.818.7446

### Radiation Oncology

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.

#### 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

<b>Licensure</b>	Licensed M.D. or D.O.
<b>Proctoring</b>	See Department Manual.
<b>Training</b>	Completion of post graduate residency program or fellowship in Radiation Oncology and board certification as outlined in the Medical Staff Bylaws.
<b>Experience (Initial)</b>	Performance of a minimum of ten consultations.
<b>Recredentialing</b>	In addition to meeting the requirements for reappointment as stated in the Medical Staff Policies and Procedures, a member must provide documentation of performance of a minimum of ten consultations within the core in the previous two years.

#### Core Privileges in Radiation Oncology

**Description:** Evaluate, diagnose, provide consultation, treat and manage patients with malignant tumors and certain nonneoplastic conditions that require application of oncologic principles, radiation oncology treatment techniques, radiation dosimetry, and radiation physics.



<b>Request</b>	<p>Check the Request checkbox to select all privileges listed below.</p> <p><b>Uncheck</b> any privileges you do not want to request in that group.</p>
<b>WH</b>	<p><input type="checkbox"/> - Currently Granted privileges</p>
<input type="checkbox"/>	Perform history and physical examination
<input type="checkbox"/>	Evaluation, consultation and treatment planning for patients with cancer related disorders, and therapeutic radiation for benign and malignant diseases including the management of inpatient/outpatient care.
<input type="checkbox"/>	Treat complications of radiation treatment
<b>Procedures</b>	
<input type="checkbox"/>	Plan and supervise external beam radiation therapy
<input type="checkbox"/>	Brachytherapy, both intracavitary and interstitial
<input type="checkbox"/>	Brachytherapy, prostate and breast
<input type="checkbox"/>	Radioactive isotope therapy: intraperitoneal, intracavitary, interstitial, intraluminal implantation, regional and systemic, and intravenous, radioactive antibody therapy.

FPPE	
<b>WH</b>	
<input type="checkbox"/>	Six retrospective case reviews of a variety of cases within the Core
<input type="checkbox"/>	Evaluation of OPPE data collected for review of competency/performance.

Special Privileges: Gamma Knife (Stereotactic Radiosurgery)	
<p><b>Description:</b> surgical procedure in which a device, the Gamma Knife, delivers intracranially 201 focused beams of cobalt 60 to a precise target to achieve the desired radio-surgical effect. This procedure can only be carried out if all three disciplines, ie, a neurosurgeon, radiation oncologist, and physicist are present and each sign off on every procedure and be available on campus.</p>	
Qualifications	
<p><b>Education/Training</b></p>	<p>Completion of an ACGME accredited Residency training program in Radiation Oncology  <b>OR</b> Completion of an ACGME accredited Residency training program in the applicable surgical specialty.  <b>AND</b> Residency/fellowship program director must verify the training and current competence of the applicant to perform the procedure.  <b>OR</b> Completion of a manufacturer's designated training course specific to the device to be used (if this training did not occur during residency or fellowship training) that included or was followed by supervised cases on human subjects.</p>
<p><b>Clinical Experience - Initial Privileges</b></p>	<p>Procedures during the past 24 months (waived for applicants that completed training during the previous year).</p>
<p><b>Clinical Experience - Renewal of Privileges</b></p>	<p>Procedures during the past 24 months.</p>

<b>Request</b>	<p>Check the Request checkbox to select all privileges listed below.</p> <p><b>Uncheck</b> any privileges you do not want to request in that group.</p>
<b>WH</b>	<input type="checkbox"/> - Currently Granted privileges
	<p><b>Procedure(s)</b></p>
<input type="checkbox"/>	<p>Gamma Knife (Stereotactic radiosurgery as a team procedure with both a qualified Radiation Oncologist and a qualified Surgeon participating in the case).</p>

<b>FPPE</b>	
<b>WH</b>	
<input type="checkbox"/>	Retrospective evaluation of 5 cases of stereotactic radiosurgery.
<input type="checkbox"/>	Feedback from involved clinician or administrative person who is knowledgeable about the services performed by the physician

**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 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 \_\_\_\_\_ 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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## Washington Hospital Medical Staff

2000 Mowry Avenue • Fremont, California 94538 • 510.818.7446

### Special Privileges: Endoscopic Procedures

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.

#### 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

<b>Education/Training</b>	<p>Pathway 1 - Completion of an ACGME or AOA accredited Fellowship training program in Gastroenterology.</p> <p><b>OR</b> Pathway 2 - Completion of an ACGME or AOA accredited Fellowship training program in Colon and Rectal Surgery.</p> <p><b>AND</b> Pathway 3 - If not taught in an approved fellowship, the applicant must have completed a hands on training for each procedure requested through preceptorship or proctorship. Applicant must provide documentation of proof of completion.</p>
<b>Clinical Experience (Initial)</b>	<p>Applicant must be able to provide documentation of provision of gastroenterology services (a minimum of 100 cases each as outlined below) representative of the scope and complexity of the privileges requested during the previous 24 months.</p> <p><b>AND</b> Specifically, for each procedure requested, the applicant must be able to provide documentation that s/he has had the following minimal endoscopic experience within the previous 24 months" Diagnostic EGD (75 procedures), total colonoscopy (75 procedures), snare polypectomy (20 procedures), nonvariceal hemostatis (upper and lower) includes 10 active bleeders (20 procedures), variceal hemostatis includes 5 active bleeders (15 procedures), flexible sigmoidoscopy (25 procedures), PEG (5 procedures), ERCP (diagnostic) (50 procedures), ERCP (therapeutic) (25 procedures), tumor ablation (10 procedures), pneumatic dilation of achalasia (5 procedures), esophageal stent emplacement (10 procedures).</p>
<b>Clinical Experience (Reappointment)</b>	<p>Applicant must be able to provide documentation of provision of gastroenterology services (at least 12 cases) representative of the scope and complexity of the privileges requested during</p>

the previous 24 months.

**Additional Qualifications**

Must qualify and be granted privileges in general surgery

Endoscopic Procedures	
<b>Description:</b>	
<b>Request</b>	<p>Check the Request checkbox to select all privileges listed below.</p> <p><b>Uncheck</b> any privileges you do not want to request in that group.</p>
<b>WH</b>	<p><input type="checkbox"/> - Currently Granted privileges</p>
<p><b>Procedures (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)</b></p>	
<input type="checkbox"/>	Esophago-gastro-duodenoscopy (EGD) including biopsy
<input type="checkbox"/>	ERCP with/without papillotomy
<input type="checkbox"/>	Flexible colonoscopy with/without biopsy/polypectomy
<input type="checkbox"/>	Percutaneous Endoscopic Gastrostomy (PEG) tube placement
<input type="checkbox"/>	Sclerotherapy/banding esophageal varices
<input type="checkbox"/>	Sigmoidoscopy, rigid or flexible

FPPE	
<b>WH</b>	
<input type="checkbox"/>	Six direct observation case review.
<input type="checkbox"/>	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 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 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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# Washington Hospital Medical Staff

2000 Mowry Avenue • Fremont, California 94538 • 510.818.7446

## Vertebroplasty and Kyphoplasty

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.

### 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	
<input checked="" type="checkbox"/>	WH

### Special Privilege: Vertebroplasty and Kyphoplasty

Description:

#### Qualifications

**Qualifications**

Licensed M.D. or D.O.

**AND** Qualified practitioners within the Department of Medicine (Physical Medicine and Rehab Specialists), the Department of Surgery (Orthopaedic or Neurosurgery Specialists), or Department of Radiology (Interventional Radiology-Non Neuro Specialists) may apply for privileges contained in this document. No other specialists are eligible to apply.

**AND** Current fluoroscopy operator and supervisor's permit must be maintained while holding these privileges (RHD, RHC, or RHL).

**AND** There are four Pathways available to qualify for privileges as defined within this document. Within each Pathway, there may be multiple ways to apply, which are designated with a, b, c, etc... Refer to the criteria under "Education/Training Pathways," and select one that applies to your education and training.

**Membership**

Meet all requirements for medical staff membership.

**Education/Training Pathway 1**

Pathway 1a - Completion of an ACGME or AOA accredited Residency training program in Orthopaedic Surgery.

**AND** Pathway 1b - Completion of an ACGME or AOA accredited Residency training program in Neurological Surgery.

**AND** Pathway 1c - Completion of an ACGME or AOA accredited Residency training program in Radiology-Diagnostic.

**AND** A letter from the program director stating that s/he was adequately trained and provided clinical competency in the applied-for procedure(s) is required if applying for Pathway 1a, 1b or 1c.

**Education/Training Pathway 2**

Pathway 2a - Completion of an ACGME or AOA accredited Fellowship training program in spinal surgical.

**AND** Pathway 2b - Completion of an ACGME or AOA accredited Fellowship training program in invasive radiology.

**AND** A letter from the program director stating that s/he was adequately trained and provided clinical competency in the applied-for procedure(s) is required if applying for Pathway 2a, or 2b.

**Education/Training Pathway 3**

Pathway 3 - Applicant must be able to provide documentation of proof of attendance at an approved didactic course(s) designed to provide competency in which the indications, biomechanics, pathophysiology, complications and techniques of percutaneous kyphoplasty and/or vertebroplasty were presented and hands-on experience was obtained.

**AND** Pathway 3 Continued - Applicant must be able to provide documentation of participation in at least four (4) cases as the co-surgeon, or two (2) cases as the primary surgeon for the purpose of kyphoplasty and/or vertebroplasty. Proof shall consist of didactic procedure or operative reports detailing the methods and procedure of percutaneous kyphoplasty and/or vertebroplasty, the indications for the procedure, the patient's condition and complications at the termination of the procedure. A letter must be submitted from his/her proctor, stating that the indications, technique, complications and outcomes were acceptable.

**Education/Training Pathway 4**

Pathway 4 - Applicant must be able to provide documentation of proof of attendance at approved didactic courses designed to provide competency in which the indications, biomechanics, pathophysiology, complications and techniques of percutaneous kyphoplasty and/or vertebroplasty were presented and "hands on" experience was obtained

**AND** Pathway 4 Continued - Applicant must be able to provide documentation of current unrestricted privileges for segmental spinal fixation (pedicle fixation) of the spine.

**Clinical Experience (Initial)**

Applicant must be able to provide documentation of provision of vertebroplasty and kyphoplasty surgery procedures (at least 4 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.

<b>Clinical Experience (Reappointment)</b>		Applicant must be able to provide documentation of provision of vertebroplasty and kyphoplasty surgery procedures (at least 4 cases) representative of the scope and complexity of the privileges requested during the previous 24 months.
<b>Request</b>	<p>Check the Request checkbox to select all privileges listed below.</p> <p><b>Uncheck</b> any privileges you do not want to request in that group.</p>	
<b>WH</b>	<input type="checkbox"/> - Currently Granted privileges	
<b>Procedures</b>		
<input type="checkbox"/>	Kyphoplasty or vertebroplasty	

FPPE	
<b>WH</b>	
<input type="checkbox"/>	Four direct observation case reviews.
<input type="checkbox"/>	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 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 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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**WASHINGTON HOSPITAL**  
**MONTHLY OPERATING REPORT**

**August 2023**



Washington Hospital  
Healthcare System

**WASHINGTON HOSPITAL  
INDEX TO BOARD FINANCIAL STATEMENTS  
August 2023**

<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:** September 30, 2023  
**TO:** Board of Directors  
**FROM:** Kimberly Hartz, Chief Executive Officer  
**SUBJECT:** Washington Hospital – August 2023  
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>			
IP Average Daily Census	146.0	147.0	157.5
Combined Average Daily Census	158.3	155.5	166.8
No. of Discharges	877	870	893
Patient Days	4,526	4,556	4,789
Discharge ALOS	5.47	5.24	5.39
<u>OUTPATIENT:</u>			
OP Visits	8,959	8,600	8,605
ER Visits	4,997	5,138	4,918
Observation Equivalent Days – OP	382	263	283

Comparison of August Actual acute inpatient statistics versus the Budget showed a higher level of discharges, and a lower level of patient days. The average length of stay (ALOS) based on discharged days was above Budget. Outpatient visits were higher than Budget. Emergency Room visits were below Budget for the month. Observation equivalent days were higher than Budget.

### 2. Staffing – Schedule Board 3

Total paid FTEs were above Budget. Total productive FTEs for August were 1,436.7, 21.7 above the budgeted level of 1,415.0. Nonproductive FTEs were 17.6 above Budget. Productive FTEs per adjusted occupied bed were 5.54, 0.19 below the budgeted level of 5.73. Total FTEs per adjusted occupied bed were 6.32, 0.16 below the budgeted level of 6.48.

**3. Income - Schedule Board 1**

For the month of August, the Hospital realized Net Operating Loss of \$1,221,000 from Operations, a (2.6%) Margin.

Total Gross Patient Revenue of \$197,698,000 for August was \$61,000 below Budget, 0.0%.

Deductions from Revenue of \$151,738,000 were 76.75% of Total Gross Patient Revenue, above the budgeted amount of 76.89%.

Total Operating Revenue of \$46,895,000 was \$247,000 below the Budget by 0.5%.

Total Operating Expense of \$48,116,000 was higher than the Budget by \$237,000, (.5%).

The Total Non-Operating Gain of \$478,000 for the month includes an unrealized gain on investments of \$227,000.

The Net Loss for August was \$743,000, which was \$56,000 below the budgeted loss of \$799,000, a (1.58%) Margin.

The Total Net Loss for August using FASB accounting principles, in which the unrealized gain on investments, net interest expense on GO bonds and property tax revenues are removed from the non-operating income and expense, was \$1,387,000 a (2.96% Margin) compared to budgeted loss of \$1,016,000 for an unfavorable variance of \$371,000.

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

There were no noteworthy changes in assets and liabilities when compared to July 2023.

KIMBERLY HARTZ  
Chief Executive Officer

KH/TM



**WASHINGTON HOSPITAL  
STATEMENT OF REVENUES AND EXPENSES  
August 2023  
GASB FORMAT  
(In thousands)**

August					YEAR TO DATE				
ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.		ACTUAL	BUDGET	FAV (UNFAV) VAR	% VAR.	
\$ 111,237	\$ 117,727	\$ (6,490)	-5.5%	<b>1</b>	\$ 218,148	\$ 242,856	\$ (24,708)	-10.2%	
86,461	80,032	6,429	8.0%	<b>2</b>	170,108	157,448	12,660	8.0%	
<b>197,698</b>	<b>197,759</b>	<b>(61)</b>	0.0%	<b>3</b>	<b>388,256</b>	<b>400,304</b>	<b>(12,048)</b>	-3.0%	
(147,429)	(148,516)	1,087	0.7%	<b>4</b>	(291,775)	(300,758)	8,983	3.0%	
(4,309)	(3,539)	(770)	-21.8%	<b>5</b>	(8,566)	(7,165)	(1,401)	-19.6%	
<b>(151,738)</b>	<b>(152,055)</b>	<b>317</b>	0.2%	<b>6</b>	<b>(300,341)</b>	<b>(307,923)</b>	<b>7,582</b>	2.5%	
<b>76.75%</b>	<b>76.89%</b>			<b>7</b>	<b>77.36%</b>	<b>76.92%</b>			
<b>45,960</b>	<b>45,704</b>	<b>256</b>	0.6%	<b>8</b>	<b>87,915</b>	<b>92,381</b>	<b>(4,466)</b>	-4.8%	
935	1,438	(503)	-35.0%	<b>9</b>	1,981	2,873	(892)	-31.0%	
<b>46,895</b>	<b>47,142</b>	<b>(247)</b>	-0.5%	<b>10</b>	<b>89,896</b>	<b>95,254</b>	<b>(5,358)</b>	-5.6%	
21,777	22,069	292	1.3%	<b>11</b>	43,442	44,750	1,308	2.9%	
8,760	8,298	(462)	-5.6%	<b>12</b>	16,166	15,859	(307)	-1.9%	
6,410	6,250	(160)	-2.6%	<b>13</b>	12,216	12,576	360	2.9%	
6,355	6,022	(333)	-5.5%	<b>14</b>	12,561	12,375	(186)	-1.5%	
1,840	2,065	225	10.9%	<b>15</b>	3,773	4,132	359	8.7%	
2,974	3,175	201	6.3%	<b>16</b>	6,136	6,352	216	3.4%	
<b>48,116</b>	<b>47,879</b>	<b>(237)</b>	-0.5%	<b>17</b>	<b>94,294</b>	<b>96,044</b>	<b>1,750</b>	1.8%	
<b>(1,221)</b>	<b>(737)</b>	<b>(484)</b>	-65.7%	<b>18</b>	<b>(4,398)</b>	<b>(790)</b>	<b>(3,608)</b>	-456.7%	
<b>-2.60%</b>	<b>-1.56%</b>			<b>19</b>	<b>-4.89%</b>	<b>-0.83%</b>			
472	283	189	66.8%	<b>20</b>	1,025	576	449	78.0%	
(193)	-	(193)	0.0%	<b>21</b>	(391)	-	(391)	0.0%	
(1,442)	(1,699)	257	15.1%	<b>22</b>	(3,027)	(3,364)	337	10.0%	
41	(19)	60	315.8%	<b>23</b>	106	(45)	151	335.6%	
-	-	-	0.0%	<b>24</b>	-	-	-	0.0%	
-	-	-	0.0%	<b>25</b>	-	-	-	0.0%	
-	-	-	0.0%	<b>25</b>	-	-	-	0.0%	
1,373	1,373	-	0.0%	<b>26</b>	2,896	2,896	-	0.0%	
227	-	227	0.0%	<b>27</b>	571	-	571	0.0%	
<b>478</b>	<b>(62)</b>	<b>540</b>	871.0%	<b>28</b>	<b>1,180</b>	<b>63</b>	<b>1,117</b>	1773.0%	
<b>\$ (743)</b>	<b>\$ (799)</b>	<b>\$ 56</b>	7.0%	<b>29</b>	<b>\$ (3,218)</b>	<b>\$ (727)</b>	<b>\$ (2,491)</b>	-342.6%	
<b>-1.58%</b>	<b>-1.69%</b>			<b>30</b>	<b>-3.58%</b>	<b>-0.76%</b>			
<b>\$ (1,387)</b>	<b>\$ (1,016)</b>	<b>\$ (371)</b>	-36.5%	<b>31</b>	<b>\$ (4,673)</b>	<b>\$ (1,312)</b>	<b>\$ (3,361)</b>	-256.2%	
<b>-2.96%</b>	<b>-2.16%</b>				<b>-5.20%</b>	<b>-1.38%</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 2023  
(In thousands)

SCHEDULE BOARD 2

<b>ASSETS AND DEFERRED OUTFLOWS</b>		<b>August 2023</b>	<b>Unaudited June 2023</b>	<b>LIABILITIES, NET POSITION AND DEFERRED INFLOWS</b>		<b>August 2023</b>	<b>Unaudited June 2023</b>
<b>CURRENT ASSETS</b>				<b>CURRENT LIABILITIES</b>			
1	CASH & CASH EQUIVALENTS	\$ 4,274	\$ 13,792	1	CURRENT MATURITIES OF L/T OBLIG	\$ 10,299	\$ 10,460
2	ACCOUNTS REC NET OF ALLOWANCES	67,922	66,610	2	ACCOUNTS PAYABLE	29,890	29,359
3	OTHER CURRENT ASSETS	24,730	22,509	3	OTHER ACCRUED LIABILITIES	54,375	57,874
4	TOTAL CURRENT ASSETS	96,926	102,911	4	INTEREST	1,718	10,476
				5	TOTAL CURRENT LIABILITIES	96,282	108,169
<b>ASSETS LIMITED AS TO USE</b>				<b>LONG-TERM DEBT OBLIGATIONS</b>			
5	BOARD DESIGNATED FOR CAPITAL AND OTHER	179,447	178,095	6	REVENUE BONDS AND OTHER	185,214	193,400
6	BOARD DESIGNATED FOR PENSION	0	0	7	GENERAL OBLIGATION BONDS	340,595	342,150
7	GENERAL OBLIGATION BOND FUNDS	19,562	19,399				
8	REVENUE BOND FUNDS	6,782	6,726				
9	BOND DEBT SERVICE FUNDS	12,849	34,708				
10	OTHER ASSETS LIMITED AS TO USE	9,747	9,792				
11	TOTAL ASSETS LIMITED AS TO USE	228,387	248,720	<b>OTHER LIABILITIES</b>			
12	OTHER ASSETS	326,445	319,098	8	SUPPLEMENTAL MEDICAL RETIREMENT	42,934	42,548
13	PREPAID PENSION	0	0	9	WORKERS' COMP AND OTHER	9,856	9,732
14	OTHER INVESTMENTS	18,967	18,952	10	NET PENSION	71,272	69,065
15	NET PROPERTY, PLANT & EQUIPMENT	574,360	576,944	11	ROU ASSET LONG-TERM	1,903	1,903
16	TOTAL ASSETS	<u>\$ 1,245,085</u>	<u>\$ 1,266,625</u>	12	NET POSITION	533,118	536,336
17	DEFERRED OUTFLOWS	66,258	70,928	13	TOTAL LIABILITIES AND NET POSITION	<u>\$ 1,281,174</u>	<u>\$ 1,303,303</u>
18	TOTAL ASSETS AND DEFERRED OUTFLOWS	<u>\$ 1,311,343</u>	<u>\$ 1,337,553</u>	14	DEFERRED INFLOWS	30,169	34,250
				15	TOTAL LIABILITIES, NET POSITION AND DEFERRED INFLOWS	<u>\$ 1,311,343</u>	<u>\$ 1,337,553</u>



**WASHINGTON HOSPITAL  
OPERATING INDICATORS  
August 2023**

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>									
157.5	146.0	147.0	(1.0)	-1%	1	ADULT & PEDIATRIC AVERAGE DAILY CENSUS	149.1	153.3	(4.2)	-3%
9.3	12.3	8.5	3.8	45%	2	OUTPATIENT OBSERVATION AVERAGE DAILY CENSUS	11.8	8.5	3.3	39%
166.8	158.3	155.5	2.8	2%	3	COMBINED AVERAGE DAILY CENSUS	160.9	161.8	(0.9)	-1%
8.2	8.5	8.3	0.2	2%	4	NURSERY AVERAGE DAILY CENSUS	8.0	8.8	(0.8)	-9%
175.0	166.8	163.8	3.0	2%	5	TOTAL	168.9	170.6	(1.7)	-1%
3.7	1.6	2.5	(0.9)	-36%	6	SPECIAL CARE NURSERY AVERAGE DAILY CENSUS *	2.7	3.1	(0.4)	-13%
4,789	4,525	4,556	(31)	-1%	7	ADULT & PEDIATRIC PATIENT DAYS	9,247	9,504	(257)	-3%
283	382	263	119	45%	8	OBSERVATION EQUIVALENT DAYS - OP	734	529	205	39%
893	877	870	7	1%	9	DISCHARGES-ADULTS & PEDIATRIC	1,725	1,813	(88)	-5%
5.39	5.47	5.24	0.23	4%	10	AVERAGE LENGTH OF STAY-ADULTS & PEDIATRIC	5.46	5.24	0.22	4%
	<b><u>OTHER KEY UTILIZATION STATISTICS</u></b>									
1.539	1.547	1.600	(0.053)	-3%	11	OVERALL CASE MIX INDEX (CMI)	1.563	1.607	(0.044)	-3%
	<b><u>SURGICAL CASES</u></b>									
166	146	159	(13)	-8%	12	JOINT REPLACEMENT CASES	307	314	(7)	-2%
24	28	27	1	4%	13	NEUROSURGICAL CASES	47	58	(11)	-19%
10	8	14	(6)	-43%	14	CARDIAC SURGICAL CASES	20	26	(6)	-23%
102	119	91	28	31%		ENDOSCOPY	119	187	(68)	-36%
162	174	168	6	4%	15	OTHER SURGICAL CASES	328	329	(1)	0%
464	475	459	16	3%	16	TOTAL CASES	821	914	(93)	-10%
163	193	187	6	3%	17	TOTAL CATH LAB CASES	342	368	(26)	-7%
123	134	126	8	6%	18	DELIVERIES	242	267	(25)	-9%
8,605	8,959	8,600	359	4%	19	OUTPATIENT VISITS	16,818	16,988	(170)	-1%
4,918	4,997	5,138	(141)	-3%	20	EMERGENCY VISITS	9,880	10,377	(497)	-5%
	<b><u>LABOR INDICATORS</u></b>									
1,428.6	1,436.7	1,415.0	(21.7)	-2%	21	PRODUCTIVE FTE'S	1,418.9	1,429.6	10.7	1%
203.1	203.3	185.7	(17.6)	-9%	22	NON PRODUCTIVE FTE'S	220.6	198.5	(22.1)	-11%
1,631.7	1,640.0	1,600.7	(39.3)	-2%	23	TOTAL FTE'S	1,639.5	1,628.1	(11.4)	-1%
5.30	5.54	5.73	0.19	3%	24	PRODUCTIVE FTE/ADJ. OCCUPIED BED	5.35	5.66	0.31	5%
6.06	6.32	6.48	0.16	2%	25	TOTAL FTE/ADJ. OCCUPIED BED	6.18	6.44	0.26	4%

\* included in Adult and Peds Average Daily Census