



Washington Township Health Care District

Board of Directors

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

BOARD OF DIRECTORS' MEETING

Monday, September 21, 2026 – 6:00 P.M.

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

<https://whhs.zoom.us/j/95339256619?pwd=6C6itBxBUHLTPmap7QehmrR8jhEVN0.1>

Passcode: 397923

Board Agenda and Packet can be found at:

[September 2026 | Washington Health](#)

AGENDA

PRESENTED BY:

- | | | |
|------|--|------------------------------------|
| I. | CALL TO ORDER &
PLEDGE OF ALLEGIANCE | William Nicholson, MD
President |
| II. | ROLL CALL | Cheryl Renaud
District Clerk |
| III. | COMMUNICATIONS | |
| | A. Oral | |
| | <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not on the agenda and within the subject matter of jurisdiction of the Board. "Request to Speak" cards should be filled out in advance and presented to the District Clerk. For the record, please state your name.</i> | |
| | B. Written | |
| IV. | CONSENT CALENDAR | William Nicholson, MD
President |
| | <i>Items listed under the Consent Calendar include reviewed reports and recommendations and are acted upon by one motion of the Board. Any Board Member or member of the public may remove an item for discussion before a motion is made.</i> | |
| | A. Consideration of Medical Staff: Family Medicine Privilege Delineation (Revision) | <i>Motion Required</i> |

V. **ACTION**

VI. **ANNOUNCEMENTS**

VII. **ADJOURN TO CLOSED SESSION**

A. Conference Involving Trade Secrets pursuant to
Health & Safety Code Section 32106

- Strategic Planning

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

William Nicholson, MD
President

IX. **ADJOURNMENT**

William Nicholson, MD
President

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact the District Clerk at (510) 818-7401. Notification two working days prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to this meeting.

MEMORANDUM

Date: September 21, 2026

To: Kimberly Hartz, Chief Executive Officer

From: Aaron Barry MD, Chief of Staff

Subject: MEC Report to Board - Family Medicine Privilege Delineation (Revision)

The Medical Executive Committee, at its meeting on September 21, 2026, approved the attached revision to the Department of Family Medicine Privilege Delineation.

The attached privilege delineation has been revised to add "Obstetrics (Advanced)". This Special privilege has been approved by the Family Medicine Department to accommodate the needs of the Washington Health Maternal Child Health Services by privileging those family physicians who have completed a fellowship in complicated obstetrics, thereby being competent to treat both uncomplicated and complicated obstetric patients.

Please accept this memorandum as a formal request for presentation to the Board of Directors for final approval of this revision to the attached Family Medicine Privilege Delineation.



Family Medicine

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

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

Notes:

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

Facilities

☒ **WH**

Required Qualifications

Licensure	Licensed M.D. or D.O.
Membership	Meet all requirements for medical staff membership.
Education/Training	Completion of an ACGME or AOA accredited Residency training program in Family Medicine.
Continuing Education	Applicants must attest to having completed 50 AMA PRA Category I CME credits within the past 24 months directly related to the practice of family medicine (waived for applicants who have completed family medicine training during the previous 24 months).
Certification	Current certification through ABMS or AOA Board American Board of Family Medicine in Family Medicine. Exceptions to this requirement can be found in the Credentialing Policy 2.A.1.p.
Clinical Experience (Initial)	Applicant must be able to provide documentation of provision of family medicine services (at least 10 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 family medicine services (at least 10 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.

AND Active/Provisional Staff Only: Of the 10 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 Family Medicine

Description: This listing includes procedures typically performed by physicians in this primary care specialty in the ambulatory and inpatient setting.

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
☐	Admit to inpatient or appropriate level of care
☐	Perform history and physical examination
☐	Evaluate, diagnose, provide generalist/primary care consultation, medically manage, and treat adolescent and adult patients.
☐	Evaluate, diagnose, provide generalist/primary care consultation, medically manage, and treat pediatric patients.
	Procedures
☐	Local anesthetic techniques including regional nerve blocks, peripheral nerve blocks and trigger point injections
☐	Arthrocentesis and joint injection
☐	Perform simple skin biopsy or excision, skin tags, and cryosurgery.
☐	Treatment of burns, superficial and partial thickness
☐	(Uncomplicated) wound closure
☐	Incision and drainage or aspiration of superficial soft tissue mass
☐	Management of epistaxis including placement of posterior nasal hemostatic packing
☐	Stabilization of non-displaced closed fractures and uncomplicated dislocations including skeletal immobilization techniques
☐	Rhinolaryngoscopy
☐	EKG interpretation
☐	Remove non-penetrating foreign body from the eye, nose, or ear
☐	Crede or suprapubic bladder tap
☐	Skin tag removal

Core Privileges in Family Medicine

Description: This listing includes procedures typically performed by physicians in this primary care specialty in the ambulatory and inpatient setting.

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
☐	Cryo ablation of superficial lesions
☐	Drainage of subungual hematoma (Trephination of nail (evacuation of subungual hematoma))
☐	Manage Hyperalimentation
☐	Nail removal
☐	Cerumen removal
☐	Removal of foreign body from ears
☐	Excision cyst, lipoma, and superficial breast mass
☐	Transfusion
☐	Endotracheal intubation
☐	Attendance at anticipated normal newborn deliveries
☐	Care of stable neonate in the newborn nursery including the performance of history and physical examination.
☐	Circumcision
☐	Management of pre-natal care in patients with or without complicating factors of pregnancy. Including multiple birth.
☐	Management of pre-term, term and post-term labor and delivery. Including multiple birth.
☐	Management of post-partum care in patients who have had C-sections or complications during delivery.
☐	Consultative management of fetal demise
	Gynecology and Reproductive Health
☐	Pap smear and endocervical culture
☐	Biopsy of cervix, endometrium
☐	Excision/biopsy of vulvar lesions
☐	IUD placement and removal

FPPE

☐ Six retrospective case reviews of a variety of cases within the Core.

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

Special Privilege: Care of Sick Newborns

Description:

Qualifications

Qualifications Licensed M.D., D.O.

Training Completion of an approved residency program in Family Practice with board certification as outlined in the Credentialing Policy 2.A.1.p

Experience (Initial) Performance of a minimum of five cases in the previous two years. Satisfactory completion of a Neonatal Resuscitation Certification course as recommended by the American Academy of Pediatrics and American Heart Association and recertification every two years.

Proctoring See Department Manual.

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

Procedures

☐ Care of sick newborn

Special Privilege: Exercise Treadmill

Description:

Qualifications

Certification Current Advanced Life Support certification as recommended by the American Heart Association. Certification must be maintained while holding this privilege.

Clinical Experience (Initial) Applicant must be able to provide documentation of provision of family medicine services (at least 10 cases) representative of the scope and complexity of the privileges requested 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

Procedures

☐ Exercise treadmill

Special Privilege: Family Medicine - Obstetrics (Uncomplicated) Privileges

Description: Provide care to women throughout the course of normal pregnancy, labor, and delivery.

Qualifications

Education/Training	Confirmation from program director that residency training included a minimum of 12 weeks rotation in obstetrics.
Certification	Current certification in ALSO (Advanced Life Support Obstetrics) or NRP (Neonatal Resuscitation Program) sponsored by a national organization offering resuscitation courses using scientific program oversight, based on ILCOR CoSTR and including cognitive and "hands-on" education and terminal evaluation.
Clinical Experience (Initial)	Management of deliveries during the previous 24 months OR management of cases during the previous 24 month period reflective of the scope of privileges requested if delivery privileges are not requested. OR Completion of residency training in family medicine during the previous 12 months and confirmation from program director that the family physician managed deliveries during residency program.
Clinical Experience (Reappointment)	Management of deliveries during the previous 24 months OR management of cases during the previous 24 month period reflective of the scope of privileges requested if delivery privileges are not requested.
Additional Qualifications	Must qualify for and be granted primary privileges in Family Medicine in order to qualify for OB privileges.

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

☐	Management of pre-natal care in healthy women where a normal term single birth delivery is the expected outcome including the use of OB ultrasound for fetal position and presentation.
☐	Management of post-partum care.
	Procedures
☐	Oxytocin challenge test
☐	Management of normal labor (not less than 36 weeks or more than 42 weeks) where vertex delivery of a single normal newborn is the expected outcome including the use of fetal monitoring.
☐	Amniotomy
☐	Episiotomy and repair of 3rd degree lacerations
☐	Manual removal of placenta, post-delivery

☐ Act as first assist at C-sections

FPPE

- ☐ Five retrospective chart reviews chosen to represent a diversity of obstetrical conditions and management challenges.
- ☐ Concurrent review of 1 delivery.
- ☐ Obtain feedback from Nurse Manager, Obstetrics

Privilege Cluster: Family Medicine - Obstetrics (Advanced)

Description: Provide care to women throughout the course of pregnancy, labor, and delivery periods in both the ambulatory and inpatient setting. Manage female patients with high-risk pregnancy, management of difficult labor and delivery, and perform procedures associated with high-risk pregnancy and difficult labor.

Qualifications

- Education/Training** Completion of a one year family medicine obstetric fellowship in an organization that also offers an ACGME accredited family medicine and obstetrics and gynecology residency program. Applicant must provide documentation of management of at least (#) deliveries, including (#) cesarean births as primary surgeon. This documentation must be confirmed by program director.
- Clinical Experience - Initial Privileges** Management of high risk patients, including delivery, during the previous 24 months that reflect the scope and complexity of privileges requested.
OR Completion of fellowship training in obstetrics (see above) during the previous 12 months
- Clinical Experience - Renewal of Privileges** Management of high risk patients, including delivery, during the previous 24 months that reflect the scope and complexity of privileges requested.
- Additional Qualifications** Must qualify for and be granted privileges for Obstetrics (uncomplicated)

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

Evaluation and Management

☐ Labor and delivery management for pre-term, term, or post-term pregnancies, including multiple births

☐ Management of post-partum care in patients who have had cesarean sections or complications during delivery

☐ Prenatal management in pregnancy, with or without complications, including multiple fetuses.

Procedures

☐	Operative delivery, including the use of forceps or vacuum
☐	Perform cesarean-section delivery
☐	Curettage, post-partum
☐	Repair of 4th degree vaginal, cervical, or perineal lacerations
☐	Tubal ligation associated with cesarean-section

FPPE

☐	Retrospective review of the records of 5 patients presenting with a variety of advanced (complex) medical problems arising from pregnancy or co-existing with pregnancy (Department Chair to select the advanced (complex) medical problems to be evaluated). Review should focus on evaluation and management, clinical judgment and decision making, utilization of tests, appropriateness of referrals and/or consultations, EHR documentation, and the overall efficiency and effectiveness of the care, treatment, and services provided.
☐	Reference from an anesthesia provider who has worked directly with the applicant within the past 30 days. Evaluation should focus on the applicant's ability to communicate effectively with all members of the healthcare team, timeliness, responsiveness, and overall patient management.
☐	Concurrent review and evaluation of 1 cesarean section. Review should focus on knowledge and technical skill, utilization of tests, management of any complications, communication with the healthcare team, patient, and family, and the overall efficiency and effectiveness of the care, treatment, and services provided.

Special Privilege: Bone Marrow Aspiration

Description: Aspiration and/or biopsy of bone marrow.

Qualifications

Qualifications	M.D., D.O.
Training	Board eligible or certified M.D., D.O., with experience and training in an accredited Family Practice residency program.
Clinical Experience (Initial)	Performance of a minimum of two cases in the previous two years
Proctoring	Two cases proctored concurrently.
Recredentialing	Reappointment will be based on performing a minimum of two cases in the last 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.

☐ - Currently Granted privileges

Procedures

☐ Aspiration of bone marrow



Biopsy of bone marrow

Special Privilege: Breast Biopsy**Description:** Aspiration of breast cyst, excisional biopsy and/or excision including skin lesions, cysts, lipoma, and superficial breast mass**Qualifications**

Training	Board eligible or certified M.D., D.O., with experience and training in an accredited Family Practice residency program.
Clinical Experience (Initial)	Performance of a minimum of 10 cases in the previous two years
Proctoring	One case proctored concurrently.

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

Procedures



Aspiration of breast cyst



Excisional biopsy and/or excision including skin lesions, cysts, lipoma, and superficial breast mass

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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