



Washington Township Health Care District

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

Kimberly Hartz, Chief Executive Officer

Board of Directors

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

BOARD OF DIRECTORS' MEETING

Monday, July 21, 2025 – 6:00 P.M.

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

<https://whhs.zoom.us/j/95158776871?pwd=1GRTZgiRsXtz8z8RbBXr8sywem5Dz5.1>

Passcode: 341432

Board Agenda and Packet can be found at:

[July 2025 | Washington Health](#)

AGENDA

PRESENTED BY:

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

Michael Wallace
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.

Michael Wallace
President

V. **PRESENTATION**

A. Strategic Map: FY 2026-2028

Donald Pipkin
Assistant Vice President
& Chief Strategy Officer

VI. **ACTION**

Motions Required

A. Consideration of the Washington Health Strategic Map: FY 2026-2028

Kimberly Hartz
Chief Executive Officer

B. Consideration of Corporate Compliance Annual Plan

Kimberly Hartz
Chief Executive Officer

VII. **ANNOUNCEMENTS**

VIII. **ADJOURN TO CLOSED SESSION**

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

- Strategic Planning

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

Michael Wallace
President

X. **ADJOURNMENT**

Michael Wallace
President

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

MEMORANDUM

Date: July 16, 2025

To Washington Township Health Care District Board of Directors

From: Kimberly Hartz, Chief Executive Officer

Subject: Consideration of the Washington Health Strategic Map: FY 2026-2028

Attached for your approval is the Washington Health Strategic Map: FY 2026-2028. Washington Health has continued to work with Tim Fallon from the Clarion Group who has extensive experience facilitating strategic planning processes. Mr. Fallon has assisted senior leadership with further development of our strategic plan, and we conducted extensive interviews with leadership, staff, physicians, and other stakeholders.

During the development of this strategic map, Washington Health focused as a system on achieving strategic effectiveness – an organization’s ability to set the right goals and consistently achieve them. The planning process entailed assessing the current situation of Washington Health, the status of existing strategic goals, setting the future direction, and then creating a strategic map that depicts how to move from the “current” state to the “future” state. The strategic map depicts key elements of Washington Health’s three-year strategy, with the understanding that adjustments may need to be made as the environment changes.

The proposed Strategic Map: FY 2026-2028 will help to ensure Washington Health continues to develop, grow, and evolve as a strong, stable, and high quality healthcare provider in the District.

I am requesting that the Board of Directors approve and adopt the Washington Health Strategic Map: FY 2026-2028, which depicts the key elements of Washington Health’s three-year strategy with the understanding that adjustments may need to be made as the environment changes.

Washington Health
Strategic Map: FY 2026-2028

Excel as a Patient-Centered,
Integrated, Financially Stable System

A

Provide Optimum
Mix of Services to
Meet District
Needs

Grow Primary
Care

Achieve
Convenient,
Timely Access
to Care

Implement
integrated
Ambulatory
Care

Develop New
Clinical Areas
of Excellence

B

Strengthen
Leadership and
Workforce
Development

Improve Patient Experience
Across the Continuum of Care

Strengthen
Leadership
Development

Enhance Staff
Development

Improve
Recruiting and
Retention
Across the
System

C

Drive System
Reliability with
Quality, Safety,
Patient Experience,
and Efficiency

Enhance
Cultural
Excellence

Drive
Value-Based
Improvements
Across the
System

Optimize
Mission-Critical
Technology

D

Increase
Financial Strength
to Ensure
Sustainability

Grow
Services to
Support A
Sustainable Payor
Mix

Improve
Efficiency Across
the Revenue
Cycle

Continue
Implementation
of the Facilities
Master Plan

Align Philanthropy
to Support
Clinical Priorities

E

Expand and Strengthen Community Relationships and Support

MEMORANDUM

Date: July 21, 2025

To: Washington Township Health Care District Board of Directors

From: Kimberly Hartz, Chief Executive Officer

Subject: Consideration of the FY 2026 Washington Health Corporate Compliance Plan

This memo serves as a request for your review and approval of the FY 2026 Washington Health Corporate Compliance Program Plan.

The four key areas of the Corporate Compliance Program Plan for Washington Health include:

- Compliance Statement and Overarching Policy
- Compliance Program Purpose and Objectives
- Responsibility and Designation of a Chief Compliance Officer
- Elements of the Compliance Program

The only significant change to the Corporate Compliance Plan is a name change from Washington Hospital Healthcare System to Washington Health.

I am recommending that the Board approve the Corporate Compliance Program Plan.

CORPORATE COMPLIANCE PROGRAM PLAN

WASHINGTON HEALTH

I. COMPLIANCE POLICY

As described in its Organizational Ethics Statement (Attachment 1), WASHINGTON HEALTH (“WASHINGTON HEALTH”) is committed to ethical and legal business and clinical practices as essential to the advancement of its health care mission. WASHINGTON HEALTH hereby establishes and intends to maintain an effective corporate compliance program (the “Compliance Program”), which has been designed to conform to the standards set forth in the *Federal Sentencing Guidelines for Organizations*, effective November 1, 1991 (the “Guidelines”). The Compliance Program is operated under the authority of the WASHINGTON HEALTH Board of Directors and structured to encourage collaborative participation at all levels of the organization of WASHINGTON HEALTH. The Compliance Program focuses on the prevention and detection of violations of federal and state laws and regulations and fosters an environment in which WASHINGTON HEALTH employees are encouraged to report concerns about business and clinical practices without fear of retribution.

II. COMPLIANCE PROGRAM PURPOSE AND OBJECTIVES

The purpose and objectives of the Compliance Program are as follows:

- A. Commitment to Responsible Conduct. To demonstrate to the community, the commitment of WASHINGTON HEALTH to honest, ethical and responsible corporate conduct.
- B. Compliance with Federal and State Law. To (i) ensure compliance with Federal and State law and regulations (including without limitation the Local Health Care District Law), (ii) detect, and where possible, provide warning prior to misconduct developing into a civil or criminal violation, and (iii) reduce unlawful and unethical conduct and exposure to liability.
- C. Education of Directors, Officers and Employees. To educate WASHINGTON HEALTH Board of Directors, managers, employees and independent contractors regarding applicable State and Federal laws.
- D. Encourage Reporting of Potential Problems. To provide a methodology within the quality improvement structure that encourages employees to internally report potential problems that may expose WASHINGTON HEALTH to civil or criminal liability.
- E. Mechanism for Dissemination of Information. To disseminate information regarding changes in governmental requirements and regulations.
- F. Improve Response to Governmental Inquiries. To enhance WASHINGTON HEALTH’ ability to provide accurate and timely responses to government inquiries.
- G. Reduction in Exposure to Civil or Criminal Liability. To establish procedures that guide the prompt and thorough investigation of alleged misconduct that may expose WASHINGTON HEALTH to civil or criminal liability and the initiation of immediate and appropriate corrective action to reduce WASHINGTON HEALTH’

exposure to such liability.

- H. Reduction in Penalties. To reduce exposure to criminal fines and penalties through the implementation of a compliance program and to reduce the likelihood of exclusion from Medicare, Medicaid and other federal health care programs.

III. RESPONSIBILITY AND DESIGNATION OF A CHIEF COMPLIANCE OFFICER

The WASHINGTON HEALTH Board of Directors is responsible for establishing the Corporate Compliance Program. The Board of Directors authorizes the Chief Executive Officer (“CEO”) to appoint a Chief Compliance Officer (“CCO”). The CCO is responsible for the development, operation and oversight of the Compliance Program. The CCO reports to the CEO who, in turn, reports to the Board of Directors, regarding the implementation and operation of the Compliance Program. Managers from each of the departments are responsible for the implementation and operation of the Compliance Program as it relates to his or her specific department.

IV. ELEMENTS OF THE COMPLIANCE PROGRAM

The Compliance Program is administered under the general oversight of the CCO and contains the following elements:

A. COMPLIANCE POLICIES AND PROCEDURES

1. The Compliance Program includes written policies and procedures, designed to achieve regulatory and legal compliance. The Compliance Program includes organization wide policies (General Policies) and policies and procedures which relate to specific WASHINGTON HEALTH operating departments (“Department Specific Policies and Procedures”).
2. All Compliance Program policies and procedures are reviewed at least every three years and updated as needed, to reflect current laws and regulations. The CCO and the Department Managers will ensure the development, review and revision of Department Specific Compliance Policies and Procedures.
3. Policies and Procedures of the Compliance Program include, but are not limited to, policies and procedures regarding the following:
 - a. Admission and Discharge
 - b. Audits and Monitoring
 - c. Lawful Billing Practices
 - d. Code of Conduct
 - e. Compliance with the Emergency Medical Treatment and Active Labor Act (EMTALA)
 - f. Compliance with laws that protect the privacy of patients’ health information, including: Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH) California Medical Information Act (CMIA) and California Regulations SB 541 and AB 211.
 - g. Conflict of Interest

- h. Credentialing
- i. Discounts to Low Income Uninsured Patients
- j. Document Management
- k. Ethical Behavior
- l. Fundraising
- m. Gifts and Gratuities
- n. Gifts and Waivers to Federal Health Care Beneficiaries
- o. Grants
- p. Identity Theft Prevention (Red Flag Rule)
- q. Institutional Review Board (IRB)
- r. Investigations
- s. Medical Record Coding
- t. Peer Review
- u. Physician Recruitment and other Financial Relationships with Physicians and other Health Care Professionals
- v. Preventive Care
- w. Professional Courtesy
- x. Quality of Care
- y. Referrals
- z. Submission of Accurate Claims
- aa. Supplemental Medicare Reimbursement
- bb. Use of Information Technology for Billing & Coding

B. EDUCATION AND TRAINING

1. The CCO has responsibility to oversee the development and implementation of communications and educational programs to achieve understanding and acceptance of the Compliance Program. This includes:
 - a. Orientation and on-going education of the WASHINGTON HEALTH Board of Directors regarding Corporate Compliance issues.
 - b. New employee orientation to include introduction to the Compliance Program, legal compliance issues, employee responsibility for reporting and reporting mechanisms for potential breach of Compliance Program policies and procedures.
 - c. Continuing Department-specific training and educational programs for identified employees to ensure employees understand the importance of compliance, their role in maintaining compliance through application of the Department Specific Policies and Procedure, and their obligation to report potential compliance problems.
 - d. Annual education for all employees on identifying and reporting compliance issues.
2. Employees are informed that strict compliance with the requirements of the Compliance Program is a condition of employment, and that:

- a. The promotion of, and adherence to, the requirements of the Compliance Program are elements of evaluating employees; and
- b. WASHINGTON HEALTH has a policy concerning the discipline of staff who fail to comply with policies and procedures including those of the Compliance Program.

C. AUDITING AND MONITORING SYSTEM

1. The Compliance Program includes monitoring and auditing systems designed to evaluate practice and assess compliance with Federal, State and District laws and regulations. A periodic Risk Assessment based on internal and external activities and information is conducted. An audit calendar is established annually by the CCO and the Compliance Committee.
2. The CCO coordinates appropriate periodic internal audits and surveys to verify adherence to and awareness of compliance policies and procedures of WASHINGTON HEALTH.
3. Audit results are provided to the CEO.
4. Monitoring includes an annual assessment of the elements of the Compliance Program. The annual report and assessment are provided to the CEO and the Board of Directors.

D. REPORTING PROCESS

1. Each employee has the responsibility to notify either the Department Manager or the CCO, in a timely manner, of any violations or suspected violations of the standards of ethical and legal conduct. Staff are informed that in some instances, the mere failure to report a suspected violation may itself be a basis for disciplinary action against an employee.
2. Reporting may be via direct communication to the CCO, by use of a designated Hot Line or by submitting a Midas Report.
3. Personnel will not be subject to reprisal for reporting, in good faith, actions, which they feel violate the law or established ethical standards. The anonymity of reporting personnel shall be protected.

E. DISCIPLINARY MEASURES

Information on disciplinary measures is disseminated to all employees. Consistent application of these measures is necessary for employees at all levels within the organization. Failure to comply with WASHINGTON HEALTH policies and procedures will result in appropriate disciplinary action.

F. INVESTIGATIVE PROCESS

All reports of a suspicion of unlawful or unethical practice are investigated to determine whether a violation of applicable law or the Compliance Program has occurred. All suspicions of improper practice or violations shall be brought to the attention of the CEO. Investigations may be conducted internally or with the assistance of an external entity, as directed by the CEO. Legal counsel will be involved in investigations. Follow-up to the investigative process will include taking appropriate steps to prevent reoccurrence of the improper practice and development of a monitoring process.

G. COMPLIANCE COMMITTEE

There shall be a Compliance Committee to advise the Chief Compliance Officer (CCO). The Committee provides oversight to the Compliance Activities of WASHINGTON HEALTH, receives reports on the Compliance Activities of Washington Health Medical Group (WHMG) and the Washington Township Hospital Development Corporation (DEVCO). The membership is appointed by the Chief Executive Officer.

H. COMPLIANCE REPORTS TO THE BOARD OF DIRECTOR

The Chief Compliance Officer provides reports to the WASHINGTON HEALTH Board of Directors at least once per year.

Corporate Compliance Program

Approved: _____
Kristin Ferguson, R.N.
Chief Compliance Officer

_____ Date

Approved: _____
Kimberly Hartz
Chief Executive Officer

_____ Date

Approved: _____
Michael J. Wallace
President, Board of Directors

_____ Date



Memorandum

TITLE: ORGANIZATIONAL ETHICS STATEMENT

MEMORANDUM # 0-2B

Replaces 0-2A

RESPONSIBLE PERSON: Chief Executive Officer

Revised: 03/23/2021

Original Issue 01/15/03

REVIEWED BY: _____ **Department**
_____ **Medical Staff**
_____ **Administrative**

___x___ **Division Chiefs**
_____ **Management Staff**
_____ **Other**

PURPOSE: To codify the general principles of organizational ethics of the Washington Hospital Healthcare System (WHHS).

POLICY: WHHS has established a statement of organizational ethics and supporting policy statements in recognition of the institution's responsibility to patients, staff, physicians, and the community it serves. Underlying the principles of ethical behavior is the WHHS organization's overall commitment to act with integrity in all activities business and clinical, and to treat the organization's patients, employees, volunteers, physicians, guests, anyone that interfaces with the organization, and the community it serves with honesty, dignity, caring, courtesy, and respect.

PROCEDURE:

I. General Principles

- A. Members of WHHS are expected to act in a manner that is consistent with the organization's ethics statement and policies, and to be guided by its principles. Expectations are defined in the WHHS Code of Professional Conduct, Numbered Memorandum # 0-5.
- B. WHHS is dedicated to the principle that all patients, employees, physicians, and visitors are to be treated with dignity, respect, and courtesy.
- C. WHHS will protect the integrity of clinical decision-making regardless of how the Hospital is compensated or shares in financial risk.
- D. WHHS will provide services to meet the identified needs of patients and constantly seek to avoid the provision of those services that are unnecessary or known to be non-efficacious.

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Kimberly Hartz, Chief Executive Officer

- E. WHHS supports the patient's right to access protective services, including guardianship, advocacy services, conservatorship, and child or adult protective services in order to assure that the patient's best interests are met.
 - F. WHHS will adhere to a uniform standard of care throughout the organization.
 - G. WHHS will provide care in a most efficient and cost effective manner.
 - H. WHHS will conduct all of its activities in accordance with current laws and regulations, including the Local Hospital District Law of the State of California.
 - I. WHHS will conduct itself in a fair and ethical manner in its dealings with other healthcare providers, businesses, and payers.
 - J. Emergent patients in need of services will be treated without regard to their ability to pay and in accordance with current laws and regulations.
 - K. WHHS will provide only those services for which it has established competencies and capabilities.
 - L. WHHS will take steps to encourage staff, patients and others associated with the Healthcare System to develop a life style of dietary habits, recreation, disease prevention and exercise to optimize physical and emotional health.
- II. Confidentiality

WHHS recognizes the need to maintain the confidentiality of patient and business information. Specific policies on confidentiality have been adopted by the organization. This confidentiality applies to any information in whatever form it exists, including electronic information.

III. Code of Conduct

WHHS is committed to excellence in Patient Care, Education and Training, Research and Stewardship of District Resources. To further the goal of excellence and the Patient First Ethic, all at WHHS are expected to adhere to the Code of Professional Conduct in their interactions with patients, colleagues, other health professionals, students and the public.

IV. Admission, Discharge and Transfer

Patients will be treated with dignity, respect, and courtesy. WHHS will be fair and non-discriminatory in admission, transfer, and discharge policies. Services provided will be based on the identified needs of patients. Patients, or their designee, will be involved in decisions regarding the care delivered to the extent that such is practical or possible. Physicians will inform their patients of the benefits, therapeutic alternatives, and risks associated with the care they are seeking; Hospital staff will verify the informed consent. Hospital staff will constantly seek to understand and respect their patient's objectives for care. Copies of a "Patient's Bill of Rights" and patient consent forms will be provided to all patients. In all circumstances, attempts will be made to treat patients in a manner that gives consideration to their background, religion, culture, and other defined needs.

V. Resolution of Conflict Regarding Patient Care

It is recognized that, occasionally, conflicts will arise among those who participate in Hospital and patient care divisions. Whether this conflict is between members of Administration, Medical Staff, employees, patient caregivers, and the patients or others, an attempt will be made to resolve conflicts fairly and objectively in accordance with established policies and procedures of the Hospital. The Medical Staff Bioethics Committee is responsible for developing guidelines for reviewing patient care with specific bioethical implications, and for evaluation and resolution of conflict of these cases. The Bioethics Committee will define institutional policies in the bioethical area.

VI. Conflicts of Interest

The potential for conflict of interest exists for all decision-makers in WHHS. It is, therefore, policy for this organization to request the disclosure of potential conflicts of interest so that appropriate actions may be taken to ensure that such conflict does not inappropriately influence decisions made by members of the organization. Board members and defined leadership are required to submit and to disclose potential conflicts of interest annually. In those cases where a potential conflict of interest may arise in any area, the organization, through its Chief Executive Officer, will review the issue.

VII. Business Practices

WHHS will conduct business with vendors and payers in an ethical manner and according to applicable laws and regulations. Billing will accurately reflect services, charges and dates of services. Every attempt will be made to resolve questions and objections to the satisfaction of the patient, without harassment, while considering the organization's interest as well. WHHS provides the services of a Patient Representative to facilitate such situations. Washington Hospital will maintain a Corporate Compliance Program.

VIII. Marketing

WHHS will fairly and accurately represent the organization and its capabilities to any public. The organization will be truthful and accurate in its marketing.

This memorandum will be reflected in department-specific policies.

KIMBERLY HARTZ
Chief Executive Officer

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