

Board of Directors

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

BOARD OF DIRECTORS' MEETING

Monday, December 22, 2025 – 7:30 a.m.
Board Room of Washington Hospital, 2000 Mowry Avenue, Fremont

Meeting also accessible by Teleconference
Dial In: 510-818-5900 Access Code: 6736#

Board Agenda and Packet can be found at:
[December 2025 | Washington Health](#)

AGENDA

PRESENTED BY:

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

A. Consideration of Medical Staff: Robotic Assisted Surgery Privilege Delineation

V. ADJOURN TO CLOSED SESSION

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

- Medical Staff Committee Report

*Aaron Barry, MD
Chief of Staff*

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

William F. Nicholson, MD
President

A. Report on Closed Session

VII. ADJOURNMENT

William F. 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) 818-6500. Notification two working days prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to this meeting.



MEMORANDUM

Date: December 15, 2025

To: Kimberly Hartz, Chief Executive Officer

From: Aaron Barry MD, Chief of Staff

Subject: MEC for Board Approval

The Medical Executive Committee, at its meeting on December 15, 2025, approved the attached revised Robotic Assisted Surgery Privilege Delineation.

Please accept this memorandum as a formal request for presentation to the Board of Directors for final approval of the attached revised Robotic Assisted Surgery Privilege Delineation.



Robotic Assisted Surgery

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

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

Notes:

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

Facilities

WH

Required Qualifications

Education/Training

Education/Training

Completion of an ACGME or AOA accredited residency or fellowship training program in a surgical discipline or pulmonary medicine.

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

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

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

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

Robotic Assisted Surgery

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

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

FPPE

WH	
<input type="checkbox"/> Four cases by a surgeon who has appropriate privileges and manufacturer's certification	

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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