



TAHOE FOREST HOSPITAL DISTRICT

2015-12-21 Regular Meeting of the Board of Directors

2015-12-21 04:00 PM

Eskridge Conference Room

Meeting Book - 2015-12-21 Regular Meeting of the Board of Directors

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REGULAR MEETING OF THE BOARD OF DIRECTORS

REVISED AGENDA

(Revised – 12/18/2015 at 11:11 a.m.)

Monday, December 21, 2015 at 4:00 p.m.

Eskridge Conference Room – Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA

1. **CALL TO ORDER**

2. **ROLL CALL**

3. **CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**

4. **INPUT AUDIENCE:**

This is an opportunity for members of the public to comment on any closed session item appearing before the Board on this agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution.

5. **CLOSED SESSION:**

5.1. Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3))

A point has been reached where, in the opinion of the Board on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District.

Number of potential cases: Two

Facts and circumstances that might result in litigation but which the District believes are not yet known to potential plaintiff or plaintiffs. (Gov. Code § 54956.9(e)(1))

5.2. Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3))

A point has been reached where, in the opinion of the Board on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District.

Number of potential cases: One

The following facts and circumstances known to plaintiff or plaintiffs regarding (Gov. Code § 54956.9(e)(2)): Incident involving dissemination of plaintiff's personal information.

5.3. Report Involving Trade Secrets (Health & Safety Code § 32106)

Proposed New Services or Programs: One (1) item

Estimated date of public disclosure: 01/31/2016

5.4. Hearing (Health & Safety Code § 32155)◆

Subject Matter: Medical Staff Credentials

5.5. Approval of Closed Session Minutes ♦
11/24/2015

6. DINNER BREAK

APPROXIMATELY 6:00 P.M.

7. OPEN SESSION – CALL TO ORDER

8. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA

9. INPUT – AUDIENCE

This is an opportunity for members of the public to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Board cannot take action on any item not on the agenda. The Board may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

10. INPUT FROM EMPLOYEE ASSOCIATIONS

This is an opportunity for members of the Employee Associations to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes.

11. ACKNOWLEDGMENTS

11.1. CEO Welcome

12. MEDICAL STAFF REPORT ♦

12.1. Medical Staff Report ATTACHMENT

13. CONSENT CALENDAR ♦

These items are expected to be routine and non-controversial. They will be acted upon by the Board at one time without discussion. Any Board Member, staff member or interested party may request an item to be removed from the Consent Calendar for discussion prior to voting on the Consent Calendar.

13.1. Approval of Minutes of Meetings ♦

11/19/2015, 11/24/2015 ATTACHMENT

13.2. Financial Report ♦

Financial Report- Preliminary November 2015 ATTACHMENT

13.3. Contracts ♦

13.3.1. Kitts - Amendment to Agreement to Provide Coverage of Emergency Department Professional Services 2015 ATTACHMENT

13.3.2. North Tahoe Anesthesia Group - First Amendment to Agreement for Exclusive Provision of Anesthesia and Related Services 2016 ATTACHMENT

13.3.3. Sutton-Pado - Professional Services Agreement-MultiSpecialty Clinic 2016 ATTACHMENT

13.4. Policy Review ♦

13.4.1. ABD-04 Board of Directors Qualifications ATTACHMENT

13.4.2. ABD-07 Conflict of Interest Policy ATTACHMENT

13.4.3. ABD-12 Guidelines for Conduct of Business of TFHD Board of Directors ATTACHMENT

13.4.4. ABD-16 Malpractice Policy ATTACHMENT

14. ITEMS FOR BOARD DISCUSSION AND/OR ACTION

- 14.1. Facilities Development Plan Update** ATTACHMENT
The quarterly update of the Facilities Development Plan (FDP) will be provided; includes updates pertaining to the Measure C Projects and related Owner and Regulatory Scope Modifications.
- 14.2. Tahoe Institute for Rural Health Research, LLC** ♦ ATTACHMENT
Board will consider for approval a request for additional funds to TIRHR, LLC.
- 14.3. Tahoe Forest Foundation Update** ATTACHMENT
Tahoe Forest Foundation will provide the Board with a quarterly update.
- 14.4. Second Reading of Proposed Revisions to TFHD Board of Directors Bylaws** ♦ ATTACHMENT
Board will review and consider for approval an amended version of the TFHD Board of Directors Bylaws.
- 14.5. Placer County LAFCO Ballot** ♦ ATTACHMENT
Board will review and consider four candidates for the Placer County LAFCO Special District Representative seat.
- 14.6. Board Education**
Board will review and consider opportunities for board education and conferences.
- 14.7. Audit Presentation & Board Retreat Format**
Board will discuss the meeting format for the January 19, 2016 audit presentation and February 1, 2016 Board Retreat.

15. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

16. BOARD COMMITTEE REPORTS/RECOMMENDATIONS FOR DISCUSSION AND/OR ACTION

- 16.1. Governance Committee Meeting– 12/16/2015** ATTACHMENT
- 16.1.1. Compliance Program Update – Physician Compensation** ATTACHMENT
- 16.1.2. Potential Compliance Survey**
- 16.1.3. Process for Annual Board Self-Assessment**
- 16.2. Quality Committee Meeting – 12/16/2015** ATTACHMENT
- 16.2.1. Patient Satisfaction Policy** ♦ ATTACHMENT
Quality Committee recommends ABD-20 Patient Satisfaction policy change to AGOV classification.
- 16.3. Finance Committee Meeting** – No meeting held in December.
- 16.4. Community Benefit Committee** – No meeting held in December.
- 16.5. Personnel Committee** – No meeting held in December.

17. INFORMATIONAL REPORTS

These reports are provided for information only and not intended for discussion. Any Board Member may request discussion on an item, additional information from staff related to items included in a report, or request a topic be placed on a future agenda for further discussion.

- 17.1. Strategic Initiatives Updates** ATTACHMENT
Staff reports will provide updates related to key strategic initiatives.

18. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS

-Personnel Committee to review CEO compensation goals at an upcoming meeting.

19. ITEMS FOR NEXT MEETING

- Board of Directors Officer Elections
- Board Committee Assignments

20. BOARD MEMBERS REPORTS/CLOSING REMARKS

21. CLOSED SESSION CONTINUED, IF NECESSARY

22. OPEN SESSION

23. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

24. MEETING EFFECTIVENESS ASSESSMENT..... ATTACHMENT

The Board will identify and discuss any occurrences during the meeting that impacted the effectiveness and value of the meeting.

25. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is tentatively set for January 28, 2016, 11603 Donner Pass Rd., Truckee, CA. A copy of the Board meeting agenda is posted on the District's web site (www.tfhd.com) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting.

*Denotes material (or a portion thereof) may be distributed later.

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions.

Equal Opportunity Employer. The meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District's public meetings. If particular accommodations for the disabled are needed (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.

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PLEASE DO NOT REPRODUCE OR DISTRIBUTE

This is a Medical Staff Committee document protected by Sec. 1157 of the Calif. Evidence Code

DATE:12/16/15

Consent Agenda

REFERRED BY:	AGENDA ITEMS:	RECOMMEND/ ACTION
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1. Department of Emergency	The Department of Emergency Medicine recommended approval of the following policy via email: <ul style="list-style-type: none"> ➤ Critical Care Transport Flow Sheet - Used by the team as a document to improve communication between the supervising physician and the transporting nurse. 	Approval
2. Pharmacy & Therapeutics Committee	The P&T Committee recommended approval of the following policies and orders via email: <ul style="list-style-type: none"> ➤ Emergency Room Discharge Prescriptions Policy - minor revision to allow dispensing of pharmacy pre-pack items, not a limited med list ➤ Physician Admission Orders – revisions made to facilitate the ordering of oxygen ➤ Community Acquired Pneumonia Order Set - minor revision for dietary and swallow evaluation ➤ Ventilator Pre-Printed Orders - revisions to update order set for use with new ventilators ➤ Anesthesia – Post-Operative Epidural/Intraspinal Narcotics Orders - minor revision to streamline post-op pain control 	Approval
3. Department of Anesthesia	The Anesthesia Department approved the following at their meeting on 11/20/15: <ul style="list-style-type: none"> ➤ To have nitrous oxide available in the Cancer Center 	Approval
3. Infection Control Committee	The Infection Control Committee recommended approval of the following via email: <ul style="list-style-type: none"> ➤ Personal Protective Equipment Policy ➤ E S B L: Factsheet for Patients/Family ➤ Decontamination and Sterilization – General Statement Policy 	Approval



SPECIAL MEETING OF THE BOARD OF DIRECTORS

DRAFT MINUTES

Thursday, November 19, 2015 at 4:00 p.m.

Tahoe Conference Room – Tahoe Forest Hospital Administration Office
10054 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER

Meeting was called to order at 4:22 p.m.

2. ROLL CALL

Board: Karen Sessler, President; Chuck Zipkin, Vice President; Greg Jellinek, Secretary;
Dale Chamblin, Treasurer

Staff: Jayne O'Flanagan, Chief Human Resources Officer; Martina Rochefort, Clerk of the Board

Absent at time of roll call: John Mohun, Director

3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA

No changes were made to the agenda.

4. INPUT AUDIENCE

No public input received.

Open Session recessed at 4:24 p.m.

5. CLOSED SESSION

Discussion was held on a privileged matter.

6. OPEN SESSION

Open Session reconvened at 5:41 p.m.

7. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

No action taken in Closed Session.

8. ITEMS FOR NEXT MEETING

No discussion took place on this item.

9. MEETING EFFECTIVENESS ASSESSMENT

No discussion took place on this item.

10. ADJOURN

Open Session adjourned at 5:47 p.m.

DRAFT



REGULAR MEETING OF THE BOARD OF DIRECTORS

DRAFT MINUTES

Tuesday, November 24, 2015 at 4:00 p.m.

Tahoe Truckee Unified School District (TTUSD) Office
11603 Donner Pass Rd, Truckee, CA

1. CALL TO ORDER

Meeting was called to order at 4:05 p.m.

2. ROLL CALL

Board: Karen Sessler, President; Chuck Zipkin, Vice President; Greg Jellinek, Secretary; Dale Chamblin, Treasurer

Staff: Jake Dorst, Interim Chief Executive Officer; Crystal Betts, Chief Financial Officer; Judy Newland, Chief Nursing/Operations Officer; Jayne O'Flanagan, Chief Human Resources Officer; Martina Rochefort, Clerk of the Board

Other: David Ruderman, Acting General Counsel

Absent: John Mohun, Director

3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA

No changes were made to the agenda.

4. INPUT AUDIENCE:

No public input was received.

Open Session recessed at 4:06 p.m.

5. CLOSED SESSION

Discussion was held on privileged matters.

6. DINNER BREAK

APPROXIMATELY 6:00 P.M.

7. OPEN SESSION – CALL TO ORDER

Open Session reconvened at 6:00 p.m.

8. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA

Director Sessler requested item 23 report out from Closed Session be heard before item 9 on the agenda.

9. INPUT – AUDIENCE

Public comment received from Don Whiteside, HFS Consulting.

10. INPUT FROM EMPLOYEE ASSOCIATIONS

No public comment received from Employee Associations.

11. ACKNOWLEDGMENTS

11.1. IT was acknowledged for their excellent guest service.

11.2. CALNOC Performance Excellence Awards recognized TFH for reductions.

12. MEDICAL STAFF REPORT

12.1. Medical Staff Report

12.2. Medical Staff Bylaws Revision

Dr. Dodd provided a review of the November Medical Executive Committee Meeting.

Discussion was held.

ACTION: Motion made by Director Sessler, seconded by Director Zipkin, to approve MEC items 1-3 as presented.

AYES: Directors Chamblin, Zipkin, Sessler and Jellinek

NAYS: None

Abstention: None

ACTION: Motion made by Director Sessler, seconded by Director Chamblin, to approve Medical Staff Bylaws revisions as presented.

AYES: Directors Chamblin, Zipkin, Sessler and Jellinek

NAYS: None

Abstention: None

13. CONSENT CALENDAR

Director Zipkin asked to pull items 13.4.2. and 13.4.5 from the Consent Calendar for questions.

13.1. Approval of Minutes of Meetings

10/29/2015, 11/02/2015, 11/03/2015, 11/04/2015, 11/09/2015, 11/16/2015

13.2. Financial Report

Financial Report- Preliminary October 2015

13.3. Contracts

13.3.1. Coll – TFHD MDA for Strategic Planning and Innovation 2016

13.3.2. Foley – Orthopedic Call Coverage Agreement 2015

13.3.3. Incline Medical-TFHD – EHR Agreement

13.3.4. North Tahoe Family Care-TFHD – EHR Agreement

13.3.5. Tahoe Forest Women’s Center-TFHD – EHR Agreement

13.4. Annual Policy Review

13.4.1. ABD-03 Board Compensation and Reimbursement

- 13.4.2. ABD-04 Board of Directors Qualifications
- 13.4.3. ABD-05 Bond Fiscal Policy
- 13.4.4. ABD-08 Credit and Collection Policy
- 13.4.5. ABD-09 Financial Assistance
- 13.4.6. ABD-10 Emergency On Call Policy
- 13.4.7. ABD-11 Fiscal Policy
- 13.4.8. ABD-15 Investment Policy
- 13.4.9. ABD-18 New Programs and Services
- 13.4.10. ABD-22 Trade Secrets

ACTION: Motion made by Director Sessler, seconded by Director Jellinek to approve the consent calendar excluding items 13.4.2. and 13.4.5 as presented.

AYES: Directors Chamblin, Zipkin, Sessler and Jellinek

NAYS: None

Abstention: None

14. ITEMS FOR BOARD DISCUSSION AND/OR ACTION

14.1. Public Employee Appointment

Board ratified an Employment Agreement with Mr. Harry Weis for the position of Chief Executive Officer.

ACTION: Motion made by Director Jellinek, seconded by Director Zipkin to ratify an Employment Agreement with Harry Weis for the Chief Executive Officer position.

AYES: Directors Chamblin, Zipkin, Sessler and Jellinek

NAYS: None

Abstention: None

14.2. Tahoe Institute for Rural Health Research Presentation

Tahoe Institute for Rural Health Research gave an update presentation of their current projects.

14.3. First Reading of Proposed Revisions to TFHD Board of Directors Bylaws

Board reviewed proposed revisions to the TFHD Board of Directors Bylaws.

Staff was directed to incorporate additional two changes.

14.4. December Board Meeting Date

Board discussed moving the date of the December Regular Meeting of the Board of Directors to December 21, 2015.

ACTION: Motion made by Director Chamblin, seconded by Director Sessler, to move the date of the Regular Board Meeting in December to December 21, 2015.

AYES: Directors Chamblin, Zipkin, Sessler and Jellinek

NAYS: None

Abstention: None

14.5. Board Designated Funds

Board reviewed moving Board Designated Funds into Cash Reserve.

ACTION: Motion made by Director Chamblin, seconded by Director Zipkin, to move Board Designated Funds into Cash Reserve Fund.

AYES: Directors Chamblin, Zipkin, Sessler and Jellinek

NAYS: None

Abstention: None

15. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Items 13.4.2. and 13.4.5. were pulled from the Consent Calendar for discussion.

Discussion took place on item 13.4.2.

ABD-04 Board of Directors Qualifications policy

Board requested clarification on occupation vs. stock ownership.

Discussion took place on item 13.4.5.

ABD-09 Financial Assistance policy, section 2.0

CFO confirmed this policy was written in accordance with legislation. Before any changes can be made need to take it back and see if changes can be made.

16. BOARD COMMITTEE REPORTS/RECOMMENDATIONS FOR DISCUSSION AND/OR ACTION

16.1. Governance Committee Meeting

Director Sessler gave an update from the November 18, 2015 Governance Committee meeting.

16.2. Personnel Committee Meeting

Director Zipkin gave an update from the November 03, 2015 Personnel Committee meeting.

16.3. Finance Committee Meeting

Director Chamblin gave an update from the November 19, 2015 Finance Committee meeting. Audit presentation will be televised on January 19, 2016. Committee will not meet in December.

16.4. Community Benefit Committee – No meeting held in November.

16.5. Quality Committee – No meeting held in November.

17. INFORMATIONAL REPORTS

17.1. Strategic Initiatives Updates

No discussion was held.

18. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS

No discussion was held.

19. ITEMS FOR NEXT MEETING

Remainder of policies will come before Board at December.

20. BOARD MEMBERS REPORTS/CLOSING REMARKS

None.

21. CLOSED SESSION CONTINUED, IF NECESSARY

No additional Closed Session was held.

22. OPEN SESSION

Open Session continued.

23. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

Item 23 was heard before Item 9.

The Board voted unanimously to approve a contract to move forward with CEO Candidate Harry Weis. Mr. Weis will begin on December 7, 2015.

24. MEETING EFFECTIVENESS ASSESSMENT

No discussion took place on this matter.

25. ADJOURN

Meeting adjourned at 7:14 p.m.

**TAHOE FOREST HOSPITAL DISTRICT
NOVEMBER 2015 FINANCIAL REPORT
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13	STATEMENT OF CASH FLOW

Board of Directors
Of Tahoe Forest Hospital District

NOVEMBER 2015 FINANCIAL NARRATIVE

The following is a financial narrative analyzing financial and statistical trends for the five months ended November 30, 2015.

Activity Statistics

- TFH acute patient days were 327 for the current month compared to budget of 334. This equates to an average daily census of 10.90 compared to budget of 11.14.
- TFH Outpatient volumes were above budget in the following departments by at least 5%: Emergency Department visits, Endoscopy procedures, Diagnostic Imaging, Medical and Radiation Oncology procedures, MRI exams, Cat Scans, PET CTs, Pharmacy units, Oncology Drugs, Physical Therapy, and Occupational Therapy.
- TFH Outpatient volumes were below budget in the following departments by at least 5%: Home Health visits, Surgery cases, Oncology Lab, Nuclear Medicine, Ultrasounds, Respiratory Therapy, and Speech Therapy.

Financial Indicators

- Net Patient Revenue as a percentage of Gross Patient Revenue was 55.7% in the current month compared to budget of 53.3% and to last month's 54.8%. Current year's Net Patient Revenue as a percentage of Gross Patient Revenue is 56.6%, compared to budget of 53.3% and prior year's 54.1%.
- EBIDA was \$(51,299) (-.3%) for the current month compared to budget of \$(647,761) (-4.2%), or \$596,462 (3.9%) above budget. Year-to-date EBIDA was \$4,815,591 (5.5%) compared to budget of \$1,461,606 (1.7%) or \$3,353,985 (3.8%) above budget.
- Cash Collections for the current month were \$7,769,634 which is 84% of targeted Net Patient Revenue.
- Gross Days in Accounts Receivable were 57.9, compared to the prior month of 54.4. Gross Accounts Receivables are \$28,866,273 compared to the prior month of \$28,506,919. The percent of Gross Accounts Receivable over 120 days old is 24.4%, compared to the prior month of 23.4%.

Balance Sheet

- Working Capital Days Cash on Hand is 27.5 days. S&P Days Cash on Hand is 171.1. Working Capital cash decreased \$686,000. Cash collections fell short of target by 16%, the District received reimbursement for funds advanced on September and October Measure C projects in the amount of \$2,111,372, and Accounts Payable decreased \$1,191,000.
- Net Patients Accounts Receivable increased approximately \$136,000. Cash collections were at 84% of target and days in accounts receivable were 57.9 days, a 3.50 days increase.
- GO Bond Project Fund decreased \$2,111,372 after reimbursing the District for funds advanced on the September and October Measure C Projects.
- The District booked its 51% share of losses in TSC, LLC for the first three months of FY2016.
- We saw a decrease of \$1,191,000 in Accounts Payable due to the timing of the final check run in November.

November 2015 Financial Narrative

Operating Revenue

- Current month's Total Gross Revenue was \$15,290,835, compared to budget of \$15,365,388 or \$74,553 under budget.
- Current month's Gross Inpatient Revenue was \$4,538,801, compared to budget of \$4,990,217 or \$451,415 below budget.
- Current month's Gross Outpatient Revenue was \$10,752,033 compared to budget of \$10,375,171 or \$376,862 above budget. Volumes were up in some departments and down in others. See TFH Outpatient Activity Statistics above.
- Current month's Gross Revenue Mix was 34.7% Medicare, 19.0% Medi-Cal, .0% County, 3.5% Other, and 42.8% Insurance compared to budget of 36.3% Medicare, 19.0% Medi-Cal, .0% County, 3.6% Other, and 41.1% Insurance. Last month's mix was 37.5% Medicare, 17.6% Medi-Cal, .0% County, 4.6% Other, and 40.3% Insurance.
- Current month's Deductions from Revenue were \$6,780,180 compared to budget of \$7,181,948 or \$401,768 below budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 1.66% decrease in Medicare, a .01% decrease to Medi-Cal, a .02% decrease in County, a .05% decrease in Other, and Commercial was above budget 1.74%, 2) revenues fell short of budget by .50% and 2) we continue to see a pickup in Bad Debt as Self-Pay and Out of Country accounts are worked.

Operating Expenses

DESCRIPTION	November 2015 Actual	November 2015 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	3,464,228	3,426,318	(37,911)	Negative variance in Salaries & Wages was offset by a positive variance in Paid Leave and Long-term Sick.
Employee Benefits	1,186,777	1,249,104	62,327	
Benefits – Workers Compensation	53,860	60,541	6,681	
Benefits – Medical Insurance	589,842	750,099	160,256	
Professional Fees	1,432,009	1,348,903	(83,106)	Services provided to TIRHR, increased volumes in Outpatient therapies, legal and consulting services provided to Administration, Financial Administration consulting for Orthopedic Business Planning and General and Physician Strategies, and Locum coverage in Radiation Oncology created a negative variance in Professional Fees.
Supplies	1,146,905	1,179,240	32,335	TFH Drugs Sold to Patients revenues exceeded budget by 45.0%, creating a negative variance in Pharmacy Supplies. This negative variance was offset by positive variances in Other Non-Medical Supplies and Patient & Other Medical Supplies as Medical Supplies Sold to Patients revenue fell short of budget by 65.38%.
Purchased Services	868,273	851,639	(16,634)	Negative variance in Purchased Services related to services provided to the Employee Wellness Bank, Occupational Health, Quality, and Purchasing, outsourced management of the retail components at the Center for Health and Sports Performance, services provided to all Diagnostic Imaging areas for patient dose quantitation, X-ray tube evaluations, compliance and safety surveys, and Employee Health screenings.
Other Expenses	506,448	582,804	76,356	We saw small negative variances in MSC Building Rent and Human Resources Recruitment. The remainder of the Other Expenses were positive as management continues to monitor controllable/discretionary costs.
Total Expenses	9,248,343	9,448,648	200,305	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
NOVEMBER 2015

	Nov-15	Oct-15	Nov-14	
ASSETS				
CURRENT ASSETS				
* CASH	\$ 8,761,334	\$ 9,447,292	\$ 8,055,162	1
PATIENT ACCOUNTS RECEIVABLE - NET	13,455,669	13,319,191	14,100,599	2
OTHER RECEIVABLES	5,795,758	5,176,431	4,974,308	
GO BOND RECEIVABLES	1,529,958	1,135,401	1,927,777	
ASSETS LIMITED OR RESTRICTED	4,839,945	5,127,589	5,737,007	
INVENTORIES	2,315,512	2,296,461	2,529,539	
PREPAID EXPENSES & DEPOSITS	1,607,376	1,698,905	1,712,682	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	4,162,480	4,162,480	3,103,349	
TOTAL CURRENT ASSETS	42,468,033	42,363,750	42,140,423	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	45,792,365	45,792,365	40,679,741	1
BANC OF AMERICA MUNICIPAL LEASE	979,155	979,155	2,292,784	
TOTAL BOND TRUSTEE 2002	2	2	2	
TOTAL BOND TRUSTEE 2006	810,837	667,726	3,097,001	
TOTAL BOND TRUSTEE GO BOND	-	-	-	
GO BOND PROJECT FUND	7,513,030	9,624,402	17,335,958	3
GO BOND TAX REVENUE FUND	707,050	662,645	44,944	
BOARD DESIGNATED FUND	2,297	2,297	2,297	
DIAGNOSTIC IMAGING FUND	2,973	2,973	2,965	
DONOR RESTRICTED FUND	1,034,660	1,034,660	889,680	
WORKERS COMPENSATION FUND	11,208	14,161	17,782	
TOTAL	56,853,577	58,780,386	64,363,154	
LESS CURRENT PORTION	(4,839,945)	(5,127,589)	(5,737,007)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	52,013,632	53,652,797	58,626,147	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	282,871	324,395	428,977	4
PROPERTY HELD FOR FUTURE EXPANSION	836,353	836,353	836,353	
PROPERTY & EQUIPMENT NET	129,259,499	129,704,451	131,467,634	
GO BOND CIP, PROPERTY & EQUIPMENT NET	25,529,095	24,516,550	15,610,482	
TOTAL ASSETS	250,389,483	251,398,296	249,110,015	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	565,665	568,898	604,454	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,928,316	1,928,316	1,608,135	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	1,978,132	1,985,770	-	
GO BOND DEFERRED FINANCING COSTS	306,729	307,913	-	
DEFERRED FINANCING COSTS	219,499	220,539	-	
TOTAL DEFERRED OUTFLOW OF RESOURCES	\$ 4,998,341	\$ 5,011,435	\$ 2,212,589	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	\$ 4,858,595	\$ 6,049,163	\$ 6,172,568	5
ACCRUED PAYROLL & RELATED COSTS	7,923,877	7,537,681	7,656,403	
INTEREST PAYABLE	529,591	429,034	640,136	
INTEREST PAYABLE GO BOND	1,441,747	1,080,722	1,558,947	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	366,356	366,356	483,349	
HEALTH INSURANCE PLAN	1,307,731	1,307,731	997,635	
WORKERS COMPENSATION PLAN	404,807	404,807	1,006,475	
COMPREHENSIVE LIABILITY INSURANCE PLAN	824,203	824,203	890,902	
CURRENT MATURITIES OF GO BOND DEBT	530,000	530,000	315,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	2,323,994	2,323,994	2,300,830	
TOTAL CURRENT LIABILITIES	20,510,899	20,853,690	22,022,244	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	30,322,527	30,425,945	33,785,064	
GO BOND DEBT NET OF CURRENT MATURITIES	100,021,090	100,025,032	98,130,000	
DERIVATIVE INSTRUMENT LIABILITY	1,928,316	1,928,316	1,608,135	
TOTAL LIABILITIES	152,782,832	153,232,983	155,545,443	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	101,570,331	102,142,088	94,887,481	
RESTRICTED	1,034,660	1,034,660	889,680	
TOTAL NET POSITION	\$ 102,604,991	\$ 103,176,748	\$ 95,777,161	

* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
NOVEMBER 2015

1. Working Capital is at 27.5 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 171.1 days. Working Capital cash decreased \$686,000. Cash collections fell short of target by 16%, the District received reimbursement for funds advanced on September and October Measure C projects (See Note 3) in the amount of \$2,111,372, and Accounts Payable (See Note 5) decreased \$1,191,000.
2. Net Patient Accounts Receivable increased approximately \$136,000. Cash collections were 84% of target. Days in Accounts Receivable are at 57.9 days compared to prior months 54.4 days, a 3.50 days increase.
3. The District received reimbursement from the GO Bond Project Fund for monies advanced on Measure C projects in September and October in the amount of \$2,111,372.
4. The District booked its 51% share of losses in TSC, LLC for the first three months of fiscal year 2016.
5. Accounts Payable decreased approximately \$1,191,000 due to the timing of the final check run in November.

**Tahoe Forest Hospital District
Cash Investment
November 2015**

WORKING CAPITAL			
US Bank	\$ 8,512,228		
US Bank/Kings Beach Thrift Store	61,762		
US Bank/Truckee Thrift Store	187,344		
Wells Fargo Bank			
Local Agency Investment Fund	-	0.374%	
Total			\$ 8,761,334
 BOARD DESIGNATED FUNDS			
US Bank Savings	\$ 2,297	0.03%	
Capital Equipment Fund	-		
Total			\$ 2,297
Building Fund	\$ -		
Cash Reserve Fund	45,792,365	0.374%	
Local Agency Investment Fund			\$ 45,792,365
Banc of America Muni Lease			\$ 979,155
Bonds Cash 2002			\$ 2
Bonds Cash 2006			\$ 810,837
Bonds Cash 2008			\$ 8,220,080
DX Imaging Education	\$ 2,973	0.374%	
Workers Comp Fund - B of A	11,208		
Insurance			
Health Insurance LAIF	-	0.374%	
Comprehensive Liability Insurance LAIF	-	0.374%	
Total			\$ 14,182
TOTAL FUNDS			\$ 64,580,251
 RESTRICTED FUNDS			
Gift Fund			
US Bank Money Market	\$ 8,368	0.03%	
Foundation Restricted Donations	\$ 103,722		
Local Agency Investment Fund	922,570	0.374%	
TOTAL RESTRICTED FUNDS			\$ 1,034,660
TOTAL ALL FUNDS			\$ 65,614,911

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
NOVEMBER 2015

CURRENT MONTH				Note	YEAR TO DATE				PRIOR YTD NOV 2014	
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
OPERATING REVENUE										
\$ 15,290,835	\$ 15,365,388	\$ (74,553)	-0.5%		\$ 87,381,849	\$ 87,496,837	\$ (114,988)	-0.1%	1	\$ 86,400,290
Total Gross Revenue										
Gross Revenues - Inpatient										
\$ 1,635,791	\$ 1,653,429	\$ (17,638)	-1.1%		\$ 8,113,512	\$ 8,908,109	\$ (794,597)	-8.9%		\$ 8,496,269
2,903,010	3,336,787	(433,777)	-13.0%		16,202,069	19,108,784	(2,906,715)	-15.2%		20,286,750
4,538,801	4,990,217	(451,415)	-9.0%		24,315,581	28,016,893	(3,701,312)	-13.2%	1	28,783,018
Total Gross Revenue - Inpatient										
10,752,033	10,375,171	376,862	3.6%		63,066,268	59,479,944	3,586,323	6.0%		57,617,272
10,752,033	10,375,171	376,862	3.6%		63,066,268	59,479,944	3,586,323	6.0%	1	57,617,272
Total Gross Revenue - Outpatient										
Deductions from Revenue:										
6,272,926	6,313,084	40,158	0.6%		35,546,113	35,890,777	344,664	1.0%	2	34,814,473
460,469	501,740	41,271	8.2%		2,621,745	2,858,699	236,954	8.3%	2	2,710,718
-	-	-	0.0%		-	-	-	0.0%	2	-
46,786	367,124	320,339	87.3%		(192,884)	2,110,476	2,303,360	109.1%	2	1,808,209
-	-	-	0.0%		(43)	-	43	0.0%	2	298,924
6,780,180	7,181,948	401,768	5.6%		37,974,931	40,859,952	2,885,021	7.1%		39,632,324
67,809	65,992	1,817	2.8%		292,816	306,397	(13,581)	-4.4%		409,139
618,580	551,455	67,125	12.2%		3,271,778	2,749,491	522,287	19.0%	3	3,046,351
9,197,043	8,800,887	396,157	4.5%		52,971,512	49,692,774	3,278,738	6.6%		50,223,456
Total Deductions from Revenue										
Property Tax Revenue- Wellness Neighborhood										
Other Operating Revenue										
TOTAL OPERATING REVENUE										
OPERATING EXPENSES										
3,464,228	3,426,318	(37,911)	-1.1%		17,732,036	17,772,708	40,672	0.2%	4	17,014,059
1,186,777	1,249,104	62,327	5.0%		6,102,364	5,872,398	(229,965)	-3.9%	4	5,596,613
53,860	60,541	6,681	11.0%		242,069	302,704	60,635	20.0%	4	232,275
589,842	750,099	160,256	21.4%		2,866,127	3,750,494	884,366	23.6%	4	3,360,605
1,432,009	1,348,903	(83,106)	-6.2%		7,508,218	6,982,530	(525,689)	-7.5%	5	9,375,192
1,146,905	1,179,240	32,335	2.7%		7,108,470	6,517,549	(590,921)	-9.1%	6	6,975,848
868,273	851,639	(16,634)	-2.0%		4,240,774	4,356,284	115,510	2.7%	7	4,667,895
506,448	582,804	76,356	13.1%		2,355,862	2,676,500	320,638	12.0%	8	2,746,884
9,248,343	9,448,648	200,305	2.1%		48,155,920	48,231,168	75,247	0.2%		49,969,372
(51,299)	(647,761)	596,462	-92.1%		4,815,591	1,461,606	3,353,985	229.5%		254,084
NET OPERATING REVENUE (EXPENSE) EBIDA										
NON-OPERATING REVENUE/(EXPENSE)										
384,398	386,214	(1,816)	-0.5%		1,968,219	1,954,636	13,583	0.7%	9	1,830,901
392,691	392,691	-	0.0%		1,963,457	1,963,457	-	0.0%		1,969,517
28,066	19,956	8,111	40.6%		132,471	101,271	31,200	30.8%	10	114,935
1,888	1,293	596	46.1%		12,131	8,227	3,904	47.5%		16,866
52,144	34,671	17,473	50.4%		154,831	173,356	(18,524)	-10.7%	11	174,781
(41,525)	-	(41,525)	0.0%		(41,525)	(37,500)	(4,025)	0.0%	12	(67,418)
-	-	-	0.0%		-	-	-	0.0%	12	-
-	-	-	0.0%		-	-	-	0.0%	13	-
-	-	-	0.0%		-	-	-	0.0%	14	-
(856,217)	(855,178)	(1,039)	-0.1%		(4,280,078)	(4,275,891)	(4,188)	-0.1%	15	(3,881,090)
(115,614)	(114,940)	(674)	-0.6%		(618,411)	(578,635)	(39,776)	-6.9%	16	(703,925)
(365,904)	(362,660)	(3,244)	-0.9%		(897,961)	(799,777)	(98,184)	-12.3%		(1,194,959)
(520,072)	(497,953)	(22,119)	-4.4%		(1,606,866)	(1,490,857)	(116,009)	-7.8%		(1,740,392)
TOTAL NON-OPERATING REVENUE/(EXPENSE)										
\$ (571,371)	\$ (1,145,714)	\$ 574,343	50.1%		\$ 3,208,726	\$ (29,250)	\$ 3,237,976	11069.9%		\$ (1,486,308)
INCREASE (DECREASE) IN NET POSITION										
NET POSITION - BEGINNING OF YEAR					99,396,265					
NET POSITION - AS OF NOVEMBER 30, 2015					\$ 102,604,991					
-0.3%	-4.2%	3.9%			5.5%	1.7%	3.8%			0.3%
RETURN ON GROSS REVENUE EBIDA										

**TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
NOVEMBER 2015**

		Variance from Budget	
		Fav / <Unfav>	
		NOV 2015	YTD 2016
1) Gross Revenues			
Acute Patient Days were below budget 2.10% or 7 days. Swing Bed days were above budget 35.0% or 7 days. Inpatient revenues fell short of budget on the Inpatient Ancillary side due to lower acuity levels in our patients.	Gross Revenue -- Inpatient	\$ (451,415)	\$ (3,701,312)
	Gross Revenue -- Outpatient	376,862	3,586,323
	Gross Revenue -- Total	\$ (74,553)	\$ (114,988)
Outpatient volumes were above budget in the following departments: Emergency Department visits, Endoscopy procedures, Laboratory tests, Diagnostic Imaging, Medical Oncology and Radiation Oncology procedures, MRI exams, Cat Scans, PET CT's, Pharmacy units, Oncology drugs, Physical Therapy, and Occupational Therapy.			
2) Total Deductions from Revenue			
The payor mix for November shows a 1.66% decrease to Medicare, a .01% decrease to Medi-Cal, .05% decrease to Other, a .02% decrease to County, and a 1.74% increase to Commercial when compared to budget. Contractual Allowances were under budget due to the decline in revenues and shift in payor mix from Medicare to Commercial.	Contractual Allowances	\$ 40,158	\$ 344,664
	Managed Care Reserve	-	-
	Charity Care	41,271	236,954
	Charity Care - Catastrophic	-	-
	Bad Debt	320,339	2,303,360
	Prior Period Settlements	-	43
	Total	\$ 401,768	\$ 2,885,021
We continue to see a positive pickup in Bad Debt as work continues in the Business Office on Self Pay accounts.			
3) Other Operating Revenue			
Hospice Thrift Store revenues exceeded budget by 11.28%.	Retail Pharmacy	\$ (3,550)	\$ 2,071
	Hospice Thrift Stores	9,778	55,100
	The Center (non-therapy)	(5,134)	(6,259)
	IVCH ER Physician Guarantee	16,725	88,902
	Children's Center	13,644	62,438
	Miscellaneous	26,912	289,284
	Oncology Drug Replacement	-	-
	Grants	8,750	30,750
	Total	\$ 67,125	\$ 522,287
IVCH ER Physician Guarantee is tied to collections which exceeded budget in November.			
Children's Center revenue exceeded budget by 21.86%.			
Positive variance in Miscellaneous related to a dividend received from BETA Healthcare Insurance agency.			
Positive variance in Grants related to funds received from the California Health Foundation to assist in performance improvement initiatives.			
4) Salaries and Wages			
Negative variance in Salaries and Wages was offset by positive variances in PL/SL benefits.	Total	\$ (37,911)	\$ 40,672
Employee Benefits			
Negative variance in Nonproductive related to accrued wages paid out on a retiring employee.	PL/SL	\$ 195,584	\$ 78,075
	Nonproductive	(68,691)	(136,844)
	Pension/Deferred Comp	372	(7,486)
	Standby	(1,348)	(45,691)
	Other	(63,589)	(118,020)
	Total	\$ 62,327	\$ (229,965)
Negative variance in Other primarily related to employer payroll taxes.			
Employee Benefits - Workers Compensation			
	Total	\$ 6,681	\$ 60,635
Employee Benefits - Medical Insurance			
	Total	\$ 160,256	\$ 884,366
5) Professional Fees			
Professional services provided to TIRHR created a negative variance in Miscellaneous.	Miscellaneous	\$ (22,679)	\$ (185,629)
	The Center (includes OP Therapy)	(23,190)	(155,214)
	TFH/IVCH Therapy Services	(3,703)	(126,125)
	Administration	(26,958)	(83,147)
	Multi-Specialty Clinics	(6,441)	(49,023)
	Information Technology	(6,513)	(29,371)
	Financial Administration	(25,530)	(27,680)
	TFH Locums	7,293	(11,140)
	Managed Care	(482)	(6,915)
	Multi-Specialty Clinics Admin	(5,708)	(6,151)
	Home Health/Hospice	(950)	(2,979)
	Patient Accounting/Admitting	-	-
	Business Performance	-	-
	IVCH ER Physicians	(1,815)	197
	Respiratory Therapy	(250)	550
	Oncology	(13,549)	3,820
	Sleep Clinic	5,710	3,975
	Marketing	2,375	11,875
	Medical Staff Services	189	15,578
	Corporate Compliance	13,757	25,176
	Human Resources	25,337	96,515
	Total	\$ (83,106)	\$ (525,689)
The Center (includes OP Therapy) revenues exceeded budget by 12.33%, creating a negative variance in this category.			
Negative variance in Administration related to legal services provided to the District and consulting services in connection with TSC, LLC.			
Services provided for the Orthopedic Business Planning and General and Physician Strategies created a negative variance in Financial Administration.			
Locum coverage in Radiation Oncology created a negative variance in Oncology.			
Positive variance in Corporate Compliance related to decreased use in legal services.			
We also saw decreased use of legal and consulting services in Human Resources, creating a positive variance in this category.			

6) Supplies

Drugs Sold to Patients revenue exceeded budget by 45.0%, creating a negative variance in Pharmacy Supplies.

Medical Supplies Sold to Patients revenue fell short of budget by 65.38%, creating positive variances in Other Non-Medical and Patient & Other Medical Supplies.

Pharmacy Supplies	\$ (32,216)	\$ (710,584)
Food	(5,469)	(48,707)
Office Supplies	(6,788)	(32,507)
Minor Equipment	(2,873)	(13,053)
Imaging Film	(327)	(1,426)
Other Non-Medical Supplies	19,160	40,702
Patient & Other Medical Supplies	60,848	174,655
Total	\$ 32,335	\$ (590,921)

7) Purchased Services

Negative variance in Miscellaneous for services provided to the Employee Wellness Bank, Occupational Health, Quality and Materials Management.

Services provided for Patient Dose Quantitation, X-Ray tube evaluations, compliance survey, and safety surveys on all Diagnostic Imaging units created a negative variance in this category.

Outsourced management oversight of the retail components at CHSP created a negative variance in The Center.

Laboratory volumes exceeded budget by 2.63% creating a negative variance in outsourced laboratory testing reads.

Employee Health screenings created a negative variance in Human Resources.

Positive variance in Patient Accounting related to collection agency fees falling short of budget projections.

Positive variance in Information Technology related to a decrease in services provided for Software and Network Maintenance during the month.

Miscellaneous	\$ (47,272)	\$ (115,380)
Diagnostic Imaging Services - All	(14,609)	(28,721)
The Center	(6,771)	(28,382)
Department Repairs	9,894	(11,029)
Laboratory	(7,517)	(8,008)
Pharmacy IP	(604)	(675)
Community Development	392	1,958
Human Resources	(8,997)	2,213
Medical Records	(2,112)	3,381
Hospice	1,017	8,428
Multi-Specialty Clinics	4,279	21,333
Patient Accounting	15,836	68,964
Information Technology	39,831	201,427
Total	\$ (16,634)	\$ 115,510

8) Other Expenses

Management continues to monitor controllable/discretionary costs.

Dues and Subscriptions	\$ (985)	\$ (22,032)
Other Building Rent	(969)	(9,787)
Multi-Specialty Clinics Bldg Rent	(4,218)	(7,520)
Multi-Specialty Clinics Equip Rent	27	(361)
Equipment Rent	1,574	(240)
Physician Services	(16)	(1)
Innovation Fund	-	-
Outside Training & Travel	19,957	3,963
Human Resources Recruitment	(4,246)	15,039
Insurance	4,206	23,249
Marketing	21,710	41,255
Utilities	7,862	82,150
Miscellaneous	31,454	194,925
Total	\$ 76,356	\$ 320,638

9) District and County Taxes

Total	\$ (1,816)	\$ 13,583
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10) Interest Income

Total	\$ 8,111	\$ 31,200
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11) Donations

Donations received from NLTCHA for equipment purchases and the IVCH Foundation for support of the Health Services Clinic at IVCH created a positive variance in Donations.

IVCH	\$ 30,256	\$ 12,923
Operational	(12,783)	(31,447)
Capital Campaign	-	-
Total	17,473	(18,524)

12) Gain/(Loss) on Joint Investment

The 51% share of losses in the Truckee Surgery Center were recorded for the first three months of this fiscal year creating a negative variance in the District's Joint Investment.

Total	\$ (41,525)	\$ (4,025)
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13) Gain/(Loss) on Sale

Total	\$ -	\$ -
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15) Depreciation Expense

Total	\$ (1,039)	\$ (4,188)
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16) Interest Expense

Total	\$ (674)	\$ (39,776)
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INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
NOVEMBER 2015

CURRENT MONTH				Note	YEAR TO DATE				PRIOR YTD NOV 2014	
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
OPERATING REVENUE										
\$ 997,696	\$ 1,062,842	\$ (65,146)	-6.1%	Total Gross Revenue	\$ 7,384,255	\$ 6,514,193	\$ 870,062	13.4%	1	\$ 6,132,559
Gross Revenues - Inpatient										
\$ -	\$ 3,513	\$ (3,513)	-100.0%	Daily Hospital Service	\$ 16,574	\$ 14,053	\$ 2,521	17.9%		\$ 15,190
-	4,839	(4,839)	-100.0%	Ancillary Service - Inpatient	24,146	21,203	2,943	13.9%		13,083
-	8,353	(8,353)	-100.0%	Total Gross Revenue - Inpatient	40,720	35,257	5,464	15.5%	1	28,273
997,696	1,054,489	(56,793)	-5.4%	Gross Revenue - Outpatient	7,343,535	6,478,937	864,598	13.3%		6,104,286
997,696	1,054,489	(56,793)	-5.4%	Total Gross Revenue - Outpatient	7,343,535	6,478,937	864,598	13.3%	1	6,104,286
Deductions from Revenue:										
384,593	291,867	(92,726)	-31.8%	Contractual Allowances	2,333,836	1,789,110	(544,726)	-30.4%	2	1,731,956
32,663	36,907	4,244	11.5%	Charity Care	247,498	226,763	(20,735)	-9.1%	2	198,317
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	-
61,163	73,814	12,652	17.1%	Bad Debt	245,776	453,526	207,749	45.8%	2	566,452
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2	43,278
478,418	402,588	(75,830)	-18.8%	Total Deductions from Revenue	2,827,110	2,469,398	(357,712)	-14.5%	2	2,540,003
78,868	63,510	15,358	24.2%	Other Operating Revenue	433,515	321,075	112,440	35.0%	3	374,135
598,146	723,764	(125,618)	-17.4%	TOTAL OPERATING REVENUE	4,990,660	4,365,870	624,790	14.3%		3,966,691
OPERATING EXPENSES										
245,283	229,851	(15,432)	-6.7%	Salaries and Wages	1,227,438	1,308,139	80,701	6.2%	4	1,208,026
63,212	69,724	6,512	9.3%	Benefits	352,494	404,749	52,255	12.9%	4	461,926
2,496	2,490	(6)	-0.2%	Benefits Workers Compensation	11,198	12,451	1,253	10.1%	4	15,539
37,983	47,919	9,936	20.7%	Benefits Medical Insurance	185,043	239,595	54,552	22.8%	4	226,676
211,251	223,420	12,169	5.4%	Professional Fees	1,195,817	1,180,671	(15,146)	-1.3%	5	996,592
47,381	46,249	(1,132)	-2.4%	Supplies	344,733	269,032	(75,701)	-28.1%	6	235,492
35,934	42,315	6,382	15.1%	Purchased Services	195,989	203,751	7,761	3.8%	7	222,451
43,733	50,887	7,155	14.1%	Other	250,348	253,844	3,497	1.4%	8	238,767
687,274	712,857	25,584	3.6%	TOTAL OPERATING EXPENSE	3,763,060	3,872,232	109,172	2.8%		3,605,470
(89,128)	10,906	(100,034)	-917.2%	NET OPERATING REV(EXP) EBIDA	1,227,600	493,638	733,962	148.7%		361,221
NON-OPERATING REVENUE/(EXPENSE)										
34,589	4,333	30,256	698.2%	Donations-IVCH	34,589	21,666	12,923	59.6%	9	6,761
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	-
(58,359)	(58,359)	0	0.0%	Depreciation	(291,795)	(291,797)	2	0.0%	11	(266,321)
(23,770)	(54,026)	30,256	56.0%	TOTAL NON-OPERATING REVENUE/(EXP)	(257,206)	(270,130)	12,925	4.8%		(259,561)
\$ (112,897)	\$ (43,120)	\$ (69,778)	161.8%	EXCESS REVENUE/(EXPENSE)	\$ 970,395	\$ 223,508	\$ 746,887	334.2%		\$ 101,660
-8.9%	1.0%	-10.0%		RETURN ON GROSS REVENUE EBIDA	16.6%	7.6%	9.0%			5.9%

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
NOVEMBER 2015**

		<u>Variance from Budget</u>	
		<u>Fav<Unfav></u>	
		<u>NOV 2015</u>	<u>YTD 2016</u>
1) Gross Revenues			
Acute Patient Days were below budget by 1 at 0 and Observation Days were under budget by 2 at 0.	Gross Revenue -- Inpatient	\$ (8,353)	\$ 5,464
	Gross Revenue -- Outpatient	(56,793)	864,598
		<u>\$ (65,146)</u>	<u>\$ 870,062</u>
Outpatient volumes were below budget in Emergency Department visits, Laboratory tests, Radiology exams, Cat Scans, Physical Therapy, and Occupational Therapy.			
2) Total Deductions from Revenue			
We saw a shift in our payor mix with an 1.18% increase in Commercial, Insurance, a 3.92% decrease in Medicare, a 4.37% increase in Medicaid, a 1.62% decrease in Other, and a .01% decrease in County. Negative variance in Contractual Allowances is a result of the shift in payor mix from Medicare to Medicaid.	Contractual Allowances	\$ (92,726)	\$ (544,726)
	Charity Care	4,244	(20,735)
	Charity Care-Catastrophic Event	-	-
	Bad Debt	12,652	207,749
	Prior Period Settlement	-	-
	Total	<u>\$ (75,830)</u>	<u>\$ (357,712)</u>
3) Other Operating Revenue			
IVCH ER Physician Guarantee is tied to collections which exceeded budget estimates in November.	IVCH ER Physician Guarantee	\$ 16,725	\$ 88,902
	Miscellaneous	(1,367)	23,538
	Total	<u>\$ 15,358</u>	<u>\$ 112,440</u>
4) Salaries and Wages			
Negative variance in Salaries and Wages related to converting consulting services for the Foundation to an employee status. We also saw a positive variance in PL/SL which helped offset the negative variance in this category.	Total	<u>\$ (15,432)</u>	<u>\$ 80,701</u>
Employee Benefits	PL/SL	\$ 8,826	\$ 59,923
	Standby	4,178	8,717
	Other	(6,763)	(9,284)
	Nonproductive	(100)	(9,141)
	Pension/Deferred Comp	371	2,039
	Total	<u>\$ 6,512</u>	<u>\$ 52,255</u>
Employee Benefits - Workers Compensation	Total	<u>\$ (6)</u>	<u>\$ 1,253</u>
Employee Benefits - Medical Insurance	Total	<u>\$ 9,936</u>	<u>\$ 54,552</u>
5) Professional Fees			
Therapy Services revenues fell short of budget by 21.46%, creating a positive variance in this category.	Multi-Specialty Clinics	\$ 1,254	\$ (8,494)
	Therapy Services	7,190	(6,893)
	Foundation	(245)	(4,803)
	Administration	-	-
Sleep Clinic professional fees are tied to collections which fell short of budget estimations in November.	IVCH ER Physicians	(1,815)	197
	Miscellaneous	75	871
	Sleep Clinic	5,710	3,975
	Total	<u>\$ 12,169</u>	<u>\$ (15,146)</u>
6) Supplies			
Drugs Sold to Patients revenue exceeded budget by 5.39%, creating a negative variance in Pharmacy Supplies.	Pharmacy Supplies	\$ 3,186	\$ (35,387)
	Patient & Other Medical Supplies	(1,172)	(25,981)
	Minor Equipment	(230)	(10,549)
	Food	(941)	(2,046)
Purchasing of patient promotional items created a negative variance in Non-Medical Supplies.	Non-Medical Supplies	(2,648)	(1,328)
	Office Supplies	547	(268)
	Imaging Film	125	(141)
	Total	<u>\$ (1,132)</u>	<u>\$ (75,701)</u>

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
NOVEMBER 2015**

		<u>Variance from Budget</u>	
		<u>Fav<Unfav></u>	
		<u>NOV 2015</u>	<u>YTD 2016</u>
7) <u>Purchased Services</u>			
	Positive variance in Engineering/Plant/Communications arose from lessened use of outsourced services.		
	Laboratory	\$ (1,308)	\$ (13,967)
	Foundation	1,235	(3,516)
	EVS/Laundry	(156)	(2,911)
	Surgical Services	-	-
	Pharmacy	-	614
	Miscellaneous	173	1,426
	Multi-Specialty Clinics	(10)	2,524
	Diagnostic Imaging Services - All	1,410	6,318
	Engineering/Plant/Communications	3,619	8,138
	Department Repairs	1,419	9,135
	Total	\$ 6,382	\$ 7,761
8) <u>Other Expenses</u>			
	Controllable costs continue to be monitored, creating positive variances in most of the Other Expense categories.		
	Equipment Rent	(1,051)	(5,076)
	Utilities	\$ 581	\$ (3,234)
	Miscellaneous	3,263	(434)
	Other Building Rent	-	-
	Physician Services	-	-
	Multi-Specialty Clinics Equip Rent	-	-
	Multi-Specialty Clinics Bldg Rent	-	-
	Dues and Subscriptions	670	806
	Insurance	223	1,114
	Marketing	2,084	4,641
	Outside Training & Travel	1,385	5,680
	Total	\$ 7,155	\$ 3,497
9) <u>Donations</u>			
	Donations received from NLTCHA for equipment purchases and the IVCH Foundation for support of the Health Services Clinic created a positive variance in Donations.		
	Total	\$ 30,256	\$ 12,923
10) <u>Gain/(Loss) on Sale</u>			
	Total	\$ -	\$ -
11) <u>Depreciation Expense</u>			
	Total	\$ 0	\$ 2

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	PRE-AUDIT FYE 2015	BUDGET FYE 2016	PROJECTED FYE 2016	ACTUAL NOV 2015	BUDGET NOV 2015	DIFFERENCE	ACTUAL 1ST QTR	PROJECTED 2ND QTR	PROJECTED 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	\$ 7,190,440	\$ 2,054,135	\$ 5,479,426	\$ (51,299)	\$ (647,761)	\$ 596,462	\$ 4,906,651	\$ 448,428	\$ 1,133,045	\$ (1,008,698)
Interest Income	97,528	107,488	116,760	-	-	-	29,198	33,631	27,104	26,827
Property Tax Revenue	5,352,075	5,420,000	5,503,649	-	-	-	309,907	78,742	2,890,000	2,225,000
Donations	757,929	923,000	986,616	67,982	30,000	37,982	76,191	207,425	90,000	613,000
Debt Service Payments	(3,505,561)	(3,565,581)	(3,388,710)	(247,479)	(247,478)	(0)	(1,069,568)	(742,436)	(870,355)	(706,351)
Bank of America - 2012 Muni Lease	(1,243,531)	(1,243,644)	(1,243,646)	(103,637)	(103,637)	(0)	(310,912)	(310,912)	(310,911)	(310,911)
Copier	(8,962)	(8,760)	(8,759)	(730)	(730)	0	(2,190)	(2,190)	(2,190)	(2,190)
2002 Revenue Bond	(660,296)	(668,008)	(491,136)	-	-	-	(327,132)	-	(164,004)	-
2006 Revenue Bond	(1,592,771)	-	-	-	-	-	-	-	-	-
2015 Revenue Bond	-	(1,645,169)	(1,645,169)	(143,111)	(143,111)	(0)	(429,334)	(429,334)	(393,250)	(393,250)
Physician Recruitment	(155,902)	(311,000)	(292,669)	-	(10,000)	10,000	(216,785)	(15,884)	(30,000)	(30,000)
Investment in Capital										
Equipment	(2,491,260)	(1,418,900)	(1,418,900)	(133,197)	(196,314)	63,117	(302,633)	(453,280)	(599,871)	(63,117)
Municipal Lease Reimbursement	-	2,295,723	2,295,723	-	-	-	1,319,139	-	976,584	-
GO Bond Project Personal Property	(186,062)	(500,180)	(500,180)	-	(12,168)	12,168	(8,587)	(20,706)	(273,424)	(197,463)
IT	(1,394,200)	(559,300)	(559,300)	13,809	(25,000)	38,809	(318,453)	(141,453)	(51,667)	(47,727)
Building Projects	(2,218,063)	(4,487,480)	(4,487,480)	(290,837)	(454,606)	163,769	(337,663)	(1,012,662)	(1,801,000)	(1,336,155)
Health Information/Business System	(230,852)	(500,000)	(500,000)	-	-	-	(1,623)	(4,639)	(243,738)	(250,000)
Capital Investments										
Properties	(600,000)	-	-	-	-	-	-	-	-	-
Measure C Scope Modifications	-	(749,287)	(749,287)	(9,289)	(9,289)	0	-	(232,175)	(258,556)	(258,556)
Change in Accounts Receivable	2,648,682	282,832	N1 676,224	(136,478)	841,168	(977,646)	522,392	664	(282,073)	435,241
Change in Settlement Accounts	(2,438,657)	500,000	N2 1,773,667	-	-	-	623,667	(1,200,000)	2,100,000	250,000
Change in Other Assets	(1,717,188)	(768,000)	N3 (1,816,824)	804,645	400,000	404,645	(1,531,558)	(65,267)	(75,000)	(145,000)
Change in Other Liabilities	(30,538)	(71,000)	N4 (218,652)	(703,815)	(200,000)	(503,815)	247,630	(976,282)	275,000	235,000
Change in Cash Balance	1,078,371	(1,347,550)	2,900,063	(685,958)	(531,448)	(154,510)	4,247,906	(4,095,893)	3,006,049	(257,999)
Beginning Unrestricted Cash	50,951,760	52,227,897	52,227,897	55,239,657	55,239,657	-	52,227,897	56,475,803	52,379,910	55,385,959
Ending Unrestricted Cash	52,227,897	50,880,347	55,127,960	54,553,699	54,708,209	(154,510)	56,475,803	52,379,910	55,385,959	55,127,960
Expense Per Day	333,932	321,141	320,796	318,784	319,499	(715)	317,753	318,358	321,982	320,796
Days Cash On Hand	156	158	172	171	171	(0)	178	165	172	172

Footnotes:

- N1 - Change in Accounts Receivable reflects the 30 day delay in collections. For example, in July 2015 we are collecting June 2015.
- N2 - Change in Settlement Accounts reflect cash flows in and out related to prior year and current year Medicare and Medi-Cal settlement accounts.
- N3 - Change in Other Assets reflect fluctuations in asset accounts on the Balance Sheet that effect cash. For example, an increase in prepaid expense immediately effects cash but not EBIDA.
- N4 - Change in Other Liabilities reflect fluctuations in liability accounts on the Balance Sheet that effect cash. For example, an increase in accounts payable effects EBIDA but not cash.

13.3 Contracts

Contracts redacted.

Available for public viewing via a Public Records request.

		Tahoe Forest Health System			
		Title: Board of Directors Qualifications		Policy/Procedure #: ABD-04	
		Responsible Department: Board of Directors			
Type of policy		Original Date:	Reviewed Dates:	Revision Dates:	
<input checked="" type="checkbox"/>	Administrative	9/23/08	2/10; 01/12; 1/14	6/14	
<input type="checkbox"/>	Medical Staff				
<input type="checkbox"/>	Departmental				
Applies to: <input checked="" type="checkbox"/> System <input type="checkbox"/> Tahoe Forest Hospital <input type="checkbox"/> Incline Village Community Hospital					

PURPOSE:

To provide a written list of qualifications for prospective candidates who would like to run for a seat on the hospital board of directors or for the hospital board of directors to use when, in the event of a vacancy, they-it must appoint a new board member.

POLICY:

- 1.0 **Must be a registered voter. Health and Safety Code 32100**
 The elective officers of a local hospital district shall be a board of hospital directors consisting of five members, each of whom shall be a registered voter residing in the district and whose term shall be four years, with the exception of the first board.
- 2.0 **Must reside in the District. Health and Safety Code 32100**
 The elective officers of a local hospital district shall be a board of hospital directors consisting of five members, each of whom shall be a registered voter residing in the district and whose term shall be four years, with the exception of the first board
- 3.0 **Must not have been convicted of a felony. Government Code 1021**
 - 3.1 A person is disqualified from holding any office upon conviction of designated crimes as specified in the Constitution and laws of the State.
 - 3.2 ~~A “conviction” for purpose of exclusion from public office consists of a jury verdict or court finding of guilt followed by a judgment upholding and implementing such verdict or finding. Helena Rubenstein Intern. v. Younger.~~
 - 3.3 ~~Although the meaning of “convicted” is ambiguous as variously construed by courts and defined by legislature, where a civil liability flows as a consequence of the “conviction,” a better rule is to require the entry of judgment, and where legislature has chosen to adopt that meaning for exclusions from public office its interpretation is dispositive.~~
 - 3.43.3 Within the meaning of Const. Art. 20, § 11, Govt. Code §§ 1770(h), 3000 and this section, a conviction consists of a jury verdict or court finding of guilt followed by a judgment upholding and implementing such verdict or finding, and the taking of an appeal would not stay or delay the effects of such a conviction.
 - 4.0 ~~Generally, conviction for racketeering, extortion and conspiracy disqualified member of State Board of Equalization from office under constitutional provision~~

~~disqualifying persons convicted of bribery, perjury, forgery, malfeasance in office, and other high crimes, together with implementing legislation. Lubin v. Wilson.~~

5.04.0 May not possess an ownership interest in another hospital serving the same area in the District. Health and Safety Code 32110.

5.14.1 Except as provided in subdivision (d) of Section 32110, no person who is a director, policymaking, management employee or medical staff officer of a hospital owned or operated by a district shall do either of the following:

5.1.14.1.1 Possess any ownership interest in any other hospital serving the same area as that served by the district hospital of which the person is a director, policymaking management employee or medical staff officer.

5.1.24.1.2 Be a director, policymaking management employee, or medical staff officer of any hospital serving the same area as the area served by the district hospital.

5.24.2 For purposes of this section, a hospital shall be considered to serve the same area as a district hospital when more than five percent (5%) of the hospital's patient admissions are residents of the district.

5.34.3 For purposes of this section, the possession of an ownership interest, including stocks, bonds, or other securities by the spouse, registered domestic partner, or minor children or any person shall be deemed to be the possession or interest of the person.

5.44.4 No person shall serve concurrently as a director or policymaking management employee of a district and as a director or policymaking management employee of any other hospital serving the same area as the district, unless the boards of directors of the district and the hospital have determined that the situation will further joint planning, efficient delivery of health care services and the best interest of the areas served by their respective hospitals, or unless the district and the hospital are affiliated under common ownership, lease or any combination thereof.

6.05.0 Candidate for Director must disclose on the ballot occupation and place of employment if s/he has stock in or works for a health care facility that does not serve the same area served by the District. Health and Safety Code 32110(e).

6.15.1 Any candidate who elects to run for the office of member of the board of directors of a district, and who owns stock in, or who works for any health care facility that does not serve the same area served by the district in which the office is sought, shall disclose on the ballot his or her occupation and place of employment.

7.06.0 May be a physician and provide services to the District under certain circumstances. Health and Safety Code 32111.

7.16.1 A member of a health care district's medical or allied health professional staff who is an officer of the district shall not be deemed to be "financially interested," for purposes of Section 1090 of the Government Code, in any of the contracts set forth in subdivision (b) made by any district body or board of which the officer is a member if all of the following conditions are satisfied:

7.1.16.1.1 The officer abstains from any participation in the making of the contract.

7.1.26.1.2 The officer's relationship to the contract is disclosed to the body or board and noted in its official records.

7.1.36.1.3 If the requirements of paragraphs (1) and (2) are satisfied, the body or board does both of the following, without any participation by the officer:

7.1.3.16.1.3.1 Finds that the contract is fair to the district and in its best interest.

7.1.3.26.1.3.2 Authorizes the contract in good faith.

7.26.2 Subdivision 6.1 shall apply to the following contracts:

7.2.16.2.1 A contract between the district and the officer for the officer to provide professional services to the district's patients, employees or medical staff members and their respective dependents, provided that similar contracts exist with other staff members and the amounts payable under the contract are no greater than the amounts payable under similar contracts covering the same or similar services.

7.2.26.2.2 A contract to provide services to covered persons between the district and any insurance company, health care service plan, employer or other entity that provides health care coverage, and that also has a contract with the officer to provide professional services to its covered persons.

7.2.36.2.3 A contract in which the district and the officer are both parties, if other members of the district's medical or allied health professional staff are also parties, directly or through their professional corporations or other practice entities, provided the officer is offered terms no more favorable than those offered any other party who is a member of the district's medical or allied health professional staff.

7.36.3 This section does not permit an otherwise prohibited individual to be a member of the board of directors of a district, including, but not limited to, individuals described in Section 32110 of the Health & Safety Code or in Section 53227 of the Government Code. Nothing in this section shall authorize a contract that would otherwise be prohibited by Section 2400 of the Business and Professions Code.

7.46.4 For purposes of this section, a contract entered into by a professional corporation or other practice entity in which the officer has an interest shall be deemed the same as a contract entered into by the officer directly.

8.07.0 May not be an employee of the District. Government Code 53227.

8.17.1 An employee of a local agency may not be sworn into office as an elected or appointed member of the legislative body of that local agency unless he or she resigns as an employee. If the employee does not resign, ~~the~~ his or her employment shall automatically terminate upon his or her being sworn into office.

~~8.2 For any individual who is an employee of a local agency and an elected or appointed member of that local agency's legislative body prior to January 1, 1996, this section shall apply when he or she is reelected or reappointed, on or after January 1, 1996, as a member of the local agency's legislative body.~~

9.08.0 May not be a Director and simultaneously hold another public office. Government Code 1099.

[9.18.1](#) A public officer, including, but not limited to, an appointed or elected member of a governmental board, commission, committee or other body, shall not simultaneously hold two public offices that are incompatible. Offices are incompatible when any of the following circumstances are present, unless simultaneous holding of the particular offices is compelled or expressly authorized by law:

[9.1.18.1.1](#) Either of the offices may audit, overrule, remove members of, dismiss employees of, or exercise supervisory powers over the other office or body.

[9.1.28.1.2](#) Based on the powers and jurisdiction of the offices, there is a possibility of a significant clash of duties or loyalties between the offices.

[9.1.38.1.3](#) Public policy considerations make it improper for one person to hold both offices.

[9.28.2](#) When two public offices are incompatible, a public officer shall be deemed to have forfeited the first office upon acceding to the second. This provision is enforceable pursuant to Section 803 of the Code of Civil Procedure.

[9.38.3](#) This section does not apply to a position of employment, including a civil service position that does not constitute a public office.

[9.48.4](#) This section shall not apply to a governmental body that has only advisory powers.

[9.58.5](#) For purposes of paragraph (1) of subdivision (a), a member of a multimember body holds an office that may audit, overrule, remove members of, dismiss employees of, or exercise supervisory powers over another office when the body has any of these powers over the other office or over a multimember body that includes that other office.

[9.68.6](#) ~~This section codifies the common law rule prohibiting an individual from holding incompatible public offices.~~

[10.09.0](#) **As a Director, you may not make, participate in making or in any way attempt to use your position as a Director to influence a decision of the District when you know or have a reason to know that you have a financial interest in the decision. Government Code 87100**

[10.19.1](#) No public official at any level of state or local government shall make, participate in making or in any way attempt to use his official position to influence a governmental decision in which he knows or has reason to know he has a material financial interest distinguishable from its effect on the public generally.

[11.010.0](#) **When you are a director, neither you nor the District may make any contract you are financially interested in. Government Code 1090.**

[11.110.1](#) Members of the Legislature, state, county, district, judicial district, and city officers or employees shall not be financially interested in any contract made by them in their official capacity, or by any body or board of which they are members. Nor shall state, county, district, judicial district, and city officers or employees be purchasers at any sale or vendors at any purchase made by them in their official capacity.

Related Policies/Forms: Conflict of Interest Policy ABD-7
References:
Policy Owner: Clerk of the Board

Approved by: ~~Bob Schapper, Chief Executive Officer~~ [Chief Executive Officer](#)

		Tahoe Forest Health System		
		Title: Conflict of Interest		Policy/Procedure #: ABD-7
		Responsible Department: Board of Directors		
Type of policy	Original Date:	Reviewed Dates:	Revision Dates:	
<input checked="" type="checkbox"/> Board of Directors	9/20/08	1/14	04/11; 1/12	
<input type="checkbox"/> Medical Staff				
<input type="checkbox"/> Departmental				
Applies to: <input checked="" type="checkbox"/> System <input type="checkbox"/> Tahoe Forest Hospital <input type="checkbox"/> Incline Village Community Hospital				

PURPOSE:

- 1.0 To protect the interests of Tahoe Forest Hospital District (TFHD) when it is contemplating entering into a transaction or arrangement that has the potential for benefiting the private interests of a member of the Board of Directors (“Director”), committee member or other “Interested Person,” as defined below.
- 2.0 To educate and guide Directors and staff on the statutory Conflict of Interest policy which requires that public officials, whether elected or appointed, should perform their duties in an impartial manner, free from bias caused by their own financial interests or the financial interests of persons who have supported them, (Political Reform Act Cal. Gov. Code §§ 81000-81016 and Cal. Gov. Code §§1090-1098), and to supplement the multiple laws that govern conflicts of interest for public officials.
- 3.0 To guide, assist and protect TFHD in determining whether a conflict exists under these laws and what required steps, if any, must be taken.
- 4.0 To ~~assure~~ ensure that all individuals who, due to their position, can influence decisions affecting the business, operations, ethical, and/or competitive position of TFHD, perform their duties in an impartial manner free from any bias created by personal interests of any kind.
- 5.0 To clarify the duties and obligations of public officials, in the context of potential conflicts of interest and to provide them with a method for disclosing and resolving potential conflicts of interest.
- 6.0 To establish general principles for the management of conflicts of interest in order to protect against situations that could prevent a public official from acting in the best interest of the organization.

DEFINITIONS:

- 1.0 **Conflict of Interest:** An Interested Person has a Conflict of Interest with respect to a contract, transaction, or arrangement in which the District is (or would be, if approved) a party if the person has, directly or indirectly, through a business, investment, family, or other relationship:
 - 1.1 an ownership or investment interest in any entity involved in such contract, transaction, or arrangement.

- 1.2 a compensation arrangement with an individual or entity involved in such contract, transaction, or arrangement.
- 1.3 a potential ownership or investment interest in, or compensation arrangement with, an individual or entity with which the District is negotiating such contract, transaction, or arrangement.
- 1.4 a fiduciary position (e.g., member, officer, Director, committee member) with respect to an entity involved in such contract, transaction, or arrangement.
- 1.5 a non-economic affiliation or relationship, directly (or indirectly, through a third party) with an individual or entity with which the District is negotiating or maintains a contract, transaction, or arrangement such that the affiliation or relationship could render the Director incapable of making a decision with only the best interests of the District in mind.

A conflict of interest may exist when an obligation or situation resulting from an individual's personal activities or financial interest may adversely influence, or reasonably be perceived as influencing, the individual's judgment in the performance of duties to the District. For purposes of this policy, personal activities or financial interests include, but are not limited to, a business, commercial or financial interest, either of the Director or staff deriving from family or marital relationships, from friends, or from former, existing or prospective business associations.

- 2.0 Interested Persons: For purposes of applying this Policy to any contract, transaction, or arrangement involving TFHD, ~~the term~~ "Interested Person" shall mean any person in a position to exercise substantial influence over the District in the ~~five-year~~twelve month period ending on the date the proposed contract, transaction or arrangement is formally presented to the Board for approval. Interested Person includes, but is not limited to, Directors, any executive leader or manager, or members of a committee with board-delegated powers. The Board may also determine, based upon all the facts and circumstances (with the advice of legal counsel, if necessary) that a person other than an Interested Person shall be treated as an Interested Person with respect to a particular contract, transaction or arrangement.

POLICY:

- 1.0 It is the policy of TFHD to comply with all laws, including all conflict of interest rules and regulations.
- 2.0 Each person who is a Board Director, Chief, or all employees of TFHD shall exercise good faith and best efforts in the performance of his or her duties to TFHD and all entities affiliated with TFHD. In all dealings with and on behalf of TFHD or any affiliated entity, each such person shall be held to a strict rule of honest and fair dealing with TFHD and its affiliated entities, and no such person shall use his or her position, or knowledge gained therebyfore, in such a manner as to create a conflict, or the appearance of a conflict, between the interest of TFHD or any affiliated entity and the interest of such person. The appearance of a conflict of interest is present if a reasonable person would conclude there is a potential for the personal interests of an individual to clash with his/her fiduciary duties. It is the policy of TFHD to require that any individual subject to this Policy promptly and fully disclose a written description of the material facts of the actual, apparent, or potential Conflict of Interest to the Board of Directors. The disclosure requirement is an ongoing responsibility as conditions change. An oral statement reflected in the minutes of a meeting constitutes a written disclosure under this policy.

- 3.0 TFHD will not engage in any contract, transaction, or arrangement involving a Conflict of Interest unless the disinterested members of the Board of Directors (acting at a duly constituted meeting thereof) (with the advice of legal counsel, if necessary) determine that appropriate safeguards to protect TFHD have been implemented, and the disinterested members approve the contract, transaction, or arrangement by a majority vote of a quorum of the Board or consistently with a rule of necessity provided under the Political Reform Act or other applicable law.
- 4.0 No person who is a Director, Chief, or employee of TFHD shall accept any (material) compensation, gift, or other favor which could influence or appear to a reasonable person to influence such person's actions affecting TFHD or any affiliated entity.
- 5.0 In compliance with the law, all Interested Persons and individuals occupying designated positions on TFHD's Conflict of Interest Code shall complete and file Statements of Economic Interest (Form 700) annually with TFHD. Disclosure is required as determined by the individual's Disclosure Category, which ~~are~~ is listed in the Conflict of Interest Code.

PROCEDURE:

1.0 Duty to Disclose.

- 1.1 An Interested Person has a continuing obligation to disclose (in the manner provided in this Policy) the existence and nature of any actual, apparent or potential conflict of interest he/she may have.
- 1.2 Whenever an Interested Person has a financial or personal interest, whether or not said matter is an actual, apparent or potential conflict of interest, in any matter coming before the Board of Directors, the affected person shall fully disclose the nature of the interest to the Board of Directors, and such disclosure shall be recorded in the minutes of the meeting, including enough of the material facts to adequately reflect the nature of the actual, apparent, or potential conflict of interest. The Statement of Disclosure may be oral or ~~printed~~ written.
- 1.2.1 TFHD Board of Director as an Interested Person.** If the Interested Person is a member of the TFHD Board of Directors, the Director:
- 1.2.1.1 Must publicly announce at a duly scheduled TFHD public meeting the specific financial interest that is the source of the disqualification, and
- 1.2.1.2 After announcing the financial interest, ~~may~~ must leave the room during any discussion or deliberations on the matter in question, ~~except to answer questions of the Board as may be necessary,~~ and may not participate in the decision or be counted for purposes of a quorum; as consent calendar items are not the subject of discussion or deliberation, a Director need not leave the room as to such items unless they are pulled from the consent calendar for discussion;
- 1.2.1.3 In the case of a closed session, the Director still must publicly declare his or her conflict in general terms but ~~need not refer to a specific financial interest~~ may do so in a way that does not disclose closed session information;
- 1.2.1.4 A disqualified Director may not attend a closed session or obtain any confidential information from the closed session.

All of these restrictions are separate and apart from the Director's right to appear in the same manner as any other member of the general public before an agency in the course of its prescribed governmental function solely to represent himself or herself on a matter which is related to his or her personal interests provided that such participation is permitted under applicable rules of the Fair Political Practices Commission.

1.2.2 All Other Interested Persons. All other Interested Persons, at the discretion of the Board of Directors, may be required to leave either the room or refrain from discussion during any discussion or deliberations on the matter in question or while the proposed contract, transaction or arrangement is discussed, and may not attend a closed session or obtain any confidential information from the closed session. The Interested Person shall leave the room while the matter is voted on and only disinterested Directors may vote to determine whether to approve the transaction or arrangement. No duty to leave the room shall apply to matters on the consent calendar which are not pulled from that calendar for discussion.

1.3 In determining whether and when to require ~~the an~~ Interested Person to leave the room during discussion of the proposed contract, transaction or arrangement, the disinterested Directors shall balance the need to facilitate the discussion by having such person on hand to provide additional information with the need to preserve the independence of the Board's decision determination process.

2.0 Determining Whether a Conflict Exists.

2.1 Generally, it is the legal responsibility of the Interest Person to comply with conflict of interest laws. However, when it has information that an Interest Person has an actual or potential conflict of interest with respect to one of its decisions and have not voluntarily abstained, the Board shall examine each transaction under its consideration in light of the relevant laws mandating impartiality and freedom from bias, and conduct an analysis of all the facts to determine if a conflict of interest exists which triggers a disqualification requirement.

2.2 At any time that an actual, apparent, or a potential Conflict of Interest is identified to the Board of Directors, whether through the voluntary submission of a Disclosure Statement, or by a disclosure by a person other than the subject Interested Person, the ~~remaining disinterested~~ Board ~~members~~ shall review the matter and determine by majority vote whether a Conflict of Interest exists. While the Board may not have the power to bar an interested Boardmember from participating in a discussion due to its conclusion he or she has a disqualifying conflict of interest, it can instruct its Clerk not to record the vote of a Director the Board determines on the advice of legal counsel to be disqualified from voting on a matter.

2.3 The Board shall evaluate whether a conflict of interest exists under the multiple laws governing conflicts by first applying ~~an eight~~ the four-step analysis promulgated by the Fair Political Practices Commission.

STEP 1: Is it reasonably foreseeable that the decision will have an effect on a financial interest of the individual a public official?

STEP 2: Is the public official making, participating in making, or influencing a governmental decision? If yes, is that effect material?

~~STEP 3: Does the public official have one of the six qualifying types of economic interest, which creates the potential for a “material financial effect”?~~

~~STEP 4: Is the economic interest directly or indirectly involved in the governmental decision? Is the effect on the public official’s financial interest the same as its effect on the interests of the public generally?~~

~~STEP 5: Will the governmental decision have a material financial effect on the public official’s economic interests?~~

2.4 If disqualification of the Interested Individual is not required as a result of this analysis, the Board shall further evaluate whether a conflict exists or has arisen out of matters other than a financial interest, e.g., friendship, blood relationship, or general sympathy for a particular viewpoint. The potential for a conflict arises when a Board Member (or committee member) has, directly or through a family member, a material personal interest in a proposed contract, transaction, arrangement, or affiliation to which TFHD may be a party.

2.5 To the extent that other Federal or State laws may impose more restrictive conflict-of-interest standards (including more extensive disclosures of actual or potential conflicts of interest), ~~the Board of Directors shall modify the substantive and procedural terms of this Policy to assure compliance~~Board of Directors, the District and any Interested person shall also comply with such additional standards.

2.6 The following is a non-exclusive list of the **types of questions** the Board may use as part of ~~their~~its efforts to determine whether an Interested Person’s interest constitutes a conflict of interest:

2.6.1 With respect to an ownership or investment interest:

- 2.6.1.1 The dollar value of the interest;
- 2.6.1.2 The dollar value of the interest as a percentage of ownership interest in the entity;
- 2.6.1.3 The perceived importance of the transaction or arrangement to TFHD and to the entity, respectively;
- 2.6.1.4 Whether the transaction or arrangement can reasonably be expected to have a materially favorable impact on the value of the ownership or investment interest;
- 2.6.1.5 The extent to which the ownership or investment interest might reasonably be expected to influence the entity in connection with its performance under the transaction or arrangement; and
- 2.6.1.6 Other similar factors.

2.6.2 With respect to a compensation arrangement:

- 2.6.2.1 The dollar value of the arrangement;
- 2.6.2.2 The nature of the underlying compensation arrangement.

2.6.3 With respect to public office and campaign contributions:

- 2.6.3.1 Whether a single official holds two public offices simultaneously;

- 2.6.3.2 Whether jurisdiction overlaps;
 - 2.6.3.3 Whether there is a pending issuance of a license, permit or entitlement;
 - 2.6.3.4 Whether there is a receipt of contributions of \$250 or more from any affected person in the 12 months before the decision;
 - 2.6.3.5 There is a receipt of gift(s);
 - 2.6.3.6 The date of contribution(s).
- 2.6.4 For **Vendors**:
- 2.6.4.1 The dollar value of the services;
 - 2.6.4.2 The dollar value of the goods or services relative to the overall volume of goods or services: (i) purchased by TFHD in general; (ii) purchased by TFHD for this particular good or service, i.e., legal services, etc.; or (iii) provided by the Interested Person or Interested Person's affiliated entity in general;
 - 2.6.4.3 The Interested Person's position within the vendor entity, i.e., owner, partner, or employee;
 - 2.6.4.4 The impact the business relationship with TFHD has on the Interested Person's compensation from or career advancement within this entity;
 - 2.6.4.5 Whether the Interested Person provides the services directly, supervises the delivery of services, or has no connection to the delivery of services; and
 - 2.6.4.6 Where in the TFHD organizational hierarchy lays the decision to authorize the goods or services to be purchased from the Interested Person/vendor directly or indirectly.
- 2.6.5 With respect to **non-financial interests**:
- 2.6.5.1 The materiality of the interest;
 - 2.6.5.2 The nature of the interest;
 - 2.6.5.3 The presence of specific factors that may prevent the Interested Person from acting in the best interests of TFHD in connection with the transaction or arrangement;
 - 2.6.5.4 With respect to multiple board memberships, the presence of specific factors indicating a potential whereby the Interested Person may subordinate his/her duty to TFHD to his/her duty to the other entity for which he serves as a board member; and
 - 2.6.5.5 Other similar factors.
- 2.7 Common **examples of financial interests** which could potentially create a conflict of interest, include, but are not limited to the following:
- 2.7.1 An ownership or investment interest in a business involved in a contract, transaction or arrangement with TFHD;

- 2.7.2 A compensation arrangement with an individual or entity involved in a contract, transaction or arrangement with TFHD;
- 2.7.3 A potential ownership or investment in, or compensation arrangement with, an individual or entity with which the non-profit organization is negotiating a contract, transaction, or arrangement for services
- 2.8 Some **examples of non-financial interests** which could potentially create a conflict of interest, include, but are not limited to the following:
 - 2.8.1 Director A serves on the board of a hospital, which is considering an expansion of its community ambulatory surgery centers, while simultaneously serving on the board of a local community college, which plans on establishing medical clinics to serve the needs of students, faculty, employees and those living in the area;
 - 2.8.2 Foundation Director B simultaneously serves on the board of a Museum, both of which are considering the commencement of a capital campaign that will target the same community of potential donors;
 - 2.8.3 The brother of Hospital Director A serves as the uncompensated chairman of the board of physician group, which is considering an affiliation with the hospital.

A finding of conflict of interest is not contingent on willful wrongdoing, or upon whether an individual's judgment has actually been ~~factually~~ affected. A conflict of interest may exist regardless of whether a monetary advantage has been or may have been given to an individual.

- 2.9 The Board may request additional information from all reasonable sources and may involve General Counsel in its deliberations.
- 2.10 Once all necessary information has been obtained, the Board shall make a finding by majority vote as to whether a conflict of interest indeed exists.

3.0 Addressing the Conflict of Interest.

- 3.1 Once the disinterested members of the Board of Directors have determined that an actual conflict of interest exists with respect to a particular transaction or arrangement:
 - 3.1.1 The disinterested members of the Board of Directors shall exercise due diligence to determine whether TFHD could obtain a more advantageous contract, transaction or arrangement with reasonable efforts under the circumstances and, if appropriate, shall appoint a non-Interested Person or committee to investigate lawful alternatives to the proposed contract, transaction or arrangement.
 - 3.1.2 In considering whether to enter into the proposed contract, transaction or arrangement, the Board of Directors may approve such a contract, transaction or arrangement by a majority vote only if the disinterested Directors determine that:
 - 3.1.2.1 The proposed contract, transaction or arrangement is in TFHD's best interests and for TFHD's own benefit; and
 - 3.1.2.2 The proposed transaction is fair and reasonable to TFHD, taking into account, among other relevant factors, whether

TFHD could obtain a more advantageous contract, transaction or arrangement with reasonable efforts under the circumstances.

4.0 Violations of the Conflicts of Interest Policy.

- 4.1 If the Board of Directors or committee has reason to believe that an Interested Person has failed to comply with the disclosure obligations of this Policy, the Board of Directors shall inform that person of the basis for its belief and provide that person an opportunity to address the alleged failure to disclose.
- 4.2 After hearing the response of such person and conducting such further investigation as may be warranted under the circumstances, the Board of Directors shall determine whether such person has, in fact, violated the disclosure requirements of this conflicts of interest policy.
- 4.3 If the Board determines that there has been a violation of the conflict of interest policy, the Board shall take appropriate disciplinary and corrective action, which may include removal from a Committee, if the Interested Person is a Board or committee member, or disciplinary action up to and including termination, if the Interested Person is an employee.
- 4.4 Board of Director violations of the conflict of interest policy may result in various consequences, such as citizen recall or criminal or civil sanctions or penalties imposed by the Fair Political Practices Commission (FPPC) for violations of the Political Reform Act.

5.0 Records of Proceedings.

The minutes of meetings of the Board of Directors and any committee with board delegated powers shall include:

- 5.1 the names of persons who disclosed or were otherwise found to have actual, apparent, or potential interests relevant to any matter under discussion at the meeting, a general statement as to the nature of such interest (e.g., employment arrangement, equity interest or board membership or officer position in another corporation), any action taken to determine whether a conflict of interest existed, and the board or committee's conclusion as to whether a conflict exists; and
- 5.2 the names of the persons (other than members of the general public) present for the discussions and votes relating to the transaction, or arrangement, a summary of the content of these discussions that contains the type of information regularly reported in board or committee minutes and identifies whether any alternatives were considered, and a record of any vote taken in connection therewith.

6.0 Annual Statements

6.1 Statement of Economic Interests (Form 700):

- 6.1.1 The Human Resources Director/Department shall notify aAll designated positions ~~shall be notified~~ of the requirements for completion of the Statement of Economic Interests. For more information, access the form and user instructions at <http://fppc.ca.gov/index.php?id=755>
- 6.1.2 Each individual will complete the form as required and return to Administration or the Human Resources Department as requested;

- 6.1.3** All forms are maintained by Administration and/or the Human Resource Department as required by regulation.
- 6.2** Form 700 Filing Deadlines
- 6.2.1** Individuals required to complete and file Statements of Economic Interest (Form 700) must do so:
- 6.2.1.1** Within thirty (30) days after the effective date of the adoption of the Conflict of Interest Code;
 - 6.2.1.2** Within thirty (30) days after assuming a position requiring filing such Statement;
 - 6.2.1.3** Within thirty (30) days after leaving a position requiring filing of such Statement; and,
 - 6.2.1.4** Annually, no later than April 1st, each year in which the individual occupies a position requiring filing of such Statement.
- 6.2.2** In the event the Statement of Economic Interest is not filed ~~by April 1st, a fine of ten dollars (\$10.00) per day for every day after the April 1st deadline shall be imposed~~, when due, the FPPC may impose fines or other civil and criminal sanctions for non-compliance.
- 6.3** Conflict-of-Interest ~~Disclosure Questionnaire and~~ Policy Acknowledgement:
Each person who is ~~a Director or Chief of TFHD, and those additional TFHD staff as the Board may determine,~~ required to fill out a Form 700 shall review this Conflict of Interest Policy. Each of those individuals shall annually acknowledge that he/she:
- 6.3.1** has received a copy of this Policy;
 - 6.3.2** has read and understands the Policy;
 - 6.3.3** agrees to comply with the Policy;
 - 6.3.4** understands that the Policy applies to members of committees and subcommittees;
 - 6.3.5** agrees to report to the Board any change to matters disclosed on the Form 700.
- The Conflict-of-Interest ~~Disclosure Questionnaire and~~ Policy Acknowledgement ~~(attached) shall be submitted annually with the Form 700 Statement of Economic Interests, or as otherwise directed by the TFHD Department of Human Resources is an available resource.~~
- 6.4** Monitoring and Auditing
- The Corporate Compliance Officer shall conduct or oversee periodic auditing and monitoring of:
- 6.4.1** Timely filing of Form 700s and Conflict-of-Interest Policy ~~Disclosure Questionnaires~~ Acknowledgement; -and
 - 6.4.2** Submitted Statements of Economic Interests to determine if disclosures of actual, potential, or perceived conflicts of interest have been brought to

Commented [1]: I am not sure we want to be in the business of imposing fines when the FPPC does not.

the attention of the Board of Directors, and have been addressed, resolved, or removed.

Related Policies/Forms: Conflict of Interest Code ; Statement of Economic Interests (Form 700) ; Conflict-of-Interest Disclosure Questionnaire
References: Political Reform Act (Cal Gov. Code, §§ 87100 et seq.) The Brown Act (Cal Gov. Code, §§ 54950 et seq.) The Bagley Keene Open Meeting Act (Cal Gov. Code §§ 11120 et seq.) Public Reporting of Financial Interests Political Reform Act (Cal Gov. Code, §§ 87200-87313) Financial Interests in Contracts (Cal Gov. Code, §§ 1090 et seq.) Conflict of Interest Resulting from Campaign Contributions (Cal Gov. Code, § 84308) Prohibitions Applicable to Specified Officers (Cal Gov. Code §§ 1090-1099) Receipt of Direct Monetary Gain or Loss (Cal Gov. Code, § 8920) Transportation, Gifts or Discounts Cal. Const., art. XII, § 7 Incompatible Activities (Cal Gov. Code, §§ 1125 et seq.) (local officials); (Cal Gov. Code, § 19990) (state officials) Former State Officials and Their Former Agencies Political Reform Act (Cal Gov. Code, §§ 87400-87405) The Governance Institute
Policy Owner: Carl Blumberg , Corporate Compliance Officer
Approved by: Robert Schapper , Chief Executive Officer



Conflict-of-Interest **Disclosure Questionnaire** and **Policy Acknowledgement**

Name _____

Position _____

The Conflict of Interest Policy adopted by the Tahoe Forest Hospital District (TFHD) Board of Directors requires disclosure of certain interests. To carry out the purpose of this Policy, you are required to disclose if you or your family members have affiliations, interests or relationships, and/or have taken part in transactions that, when considered in conjunction with your position with or relationship to TFHD (including any subsidiary or affiliate of TFHD), might possibly constitute or give rise to an actual, apparent, or potential conflict of interest as defined under the Policy.

Those individuals considered to be “family members” for purposes of this Policy include: your spouse (including a registered domestic partner), brothers or sisters (by whole or half blood), spouses of brothers or sisters, ancestors, children, grandchildren, great-grandchildren, and spouses of children, grandchildren, and great-grandchildren.

The following serves as a guideline for you to examine and explain any possible conflicts of interest, including all material facts. All actual, apparent, or potential conflicts of interest that existed or that exist since the filing of your last Form 700 (or since the beginning of your Board of Director tenure, employment, independent contractor, or agency relationship if no prior Form 700 was filed) should be reported on this disclosure. In addition, you must report to the TFHD Board of Directors any further financial interest, situation, activity, interest, or conduct that may develop before completion of the next annual Form 700.

I. OUTSIDE INTERESTS

- A. Do you or any of your family members hold, or within the past five (5) years have you or any of your family members held, directly or indirectly, (i) a position or (ii) a material financial non-publicly traded interest in any outside entity with which you or your family member have reason to believe TFHD (a) does business, including obtaining goods or services, or (b) provides services competitive with TFHD?

A “material” financial interest is one which involves or has a fair market value of more than One Thousand Dollars (\$1,000.00) or which represents more than 5% of the total ownership interest in the outside entity.

No Yes—Explain below...

- 1) Are you or any of your family members currently engaged, or within the past five (5) years have you or any of your family members been engaged, in any for-profit business outside of your duties with TFHD that in any way does business with or competes with activities with TFHD?

No Yes—Explain below...

- 2) Are you or any of your family members, or within the past five (5) years have you or any of your family members been, an officer or director of any company or organization (for-profit or not-for-profit) other than TFHD that does business with or competes with TFHD?

No Yes—Explain below...

- 3) Do you or any of your family members have, or within the past five (5) years have you or any of your family members had, any personal loans, advances, or borrowings from any customer or supplier who also does business with TFHD? (You may exclude charge cards



Conflict-of-Interest Disclosure Questionnaire and Policy Acknowledgement

and personal or mortgage loans at market rates at financial institutions such as banks, finance companies, insurance companies, and savings and loan associations.)

No Yes—Explain below...

B. Do you or any of your family members compete, directly or indirectly, with TFHD in the purchase or sale of property rights, interests, or provision of ambulatory or ancillary medical services?

No Yes—Explain below...

C. Do you or any of your family members render, or within the past five (5) years have you or any of your family members rendered, directive, managerial, consultative or other services to or on behalf of any outside entity that does business with or competes with the services of TFHD?

No Yes—Explain below...

D. Do you or any of your family members employ or otherwise retain, or within the past five (5) years have you or any of your family members employed or otherwise retained, personnel of TFHD for work on non-corporate business done outside of TFHD?

No Yes—Explain below...

E. Have you or any of your family members used property of TFHD to conduct business, which is not TFHD business, without prior approval of the TFHD Board of Directors?

No Yes—Explain below...

F. Do you or any of your family members serve any other organization (public, private, or charitable) as a director, trustee, officer, or in a similar capacity?

No Yes—Explain below...

G. Have you during the past five years been a party to any action, suit, or proceeding that might be deemed material to evaluating your ability or integrity?

No Yes—Explain below...

H. Do you know of any recent or pending actions, suits, or proceedings in which you have an interest adverse to the interests of, or are a party adverse to TFHD?

No Yes—Explain below...

II. INSIDE ACTIVITIES

A. Do you employ or otherwise retain any of your family members or other individuals with whom you have a business or personal relationship in your area of direct responsibility within TFHD? Have you or any of your family members attempted to influence TFHD concerning the employment or retention of any family member or other individual with whom you have a business or personal relationship?

No Yes—Explain below...

B. Have you disclosed or used privileged information of TFHD for any personal profit or advantage, or the profit or advantage of any of your family members or individuals with whom you have a personal relationship?

No Yes—Explain below...



**Conflict-of-Interest Disclosure Questionnaire
and Policy Acknowledgement**

III. GIFTS, GRATUITIES, AND ENTERTAINMENT

A. Have you or any of your family members accepted gifts, entertainment, benefits, discounts, or other favors from any outside entity that does or is seeking to do business with, or is a competitor of, TFHD, under circumstances from which it might be inferred that such action was intended to influence or possibly would influence you in the performance of your duties? This does not cover or prohibit the acceptance of reasonable entertainment by suppliers or prospective suppliers, or items of nominal value that are clearly tokens of respect or friendship and not related to any particular transaction or activity, when the value of such entertainment or items does not exceed One Hundred Dollars (\$100.00). Note that gifts of more than \$50 in a calendar year must be reported on the annual Form 700 for those officers and employees of the District required to file that form.

No Yes—Explain below...

B. Have you or any of your family members accepted any gifts, honoraria, perquisites, favors, or benefits valued in excess of One Hundred Dollars (\$100.00) from customers, suppliers, or agents of TFHD?

No Yes—Explain below...

In the space below, disclose any other interests, activities, investments, or involvement of or concerning you or your family members that you believe might be considered relevant for purposes of disclosure of all actual, apparent, or possible conflicts of interest (Use additional pages as necessary.)

ACKNOWLEDGMENT

I hereby state each of the following:

- (1) I have received a copy of the Conflicts of Interest Policy;
- (2) I have read and understand the Policy;
- (3) I agree to comply with the Policy;
- (4) I understand that the Corporation is a not-for-profit public benefit organization and that to maintain its federal tax-exempt status it must engage primarily in activities which accomplish its tax-exempt purposes;
- (5) I agree to report promptly to the Governance Committee of the Board of Directors of Tahoe Forest Hospital District any change in the responses to each of the foregoing questions which may result from changes in circumstances or any further financial interest, situation, activity, interest, or conduct that may develop before completion of my next annual questionnaire; and
- (6) The information contained herein is true and accurate to the best of my knowledge and belief as of this ____ day of _____, 20__.

Commented [2]: This is not appropriate for the District, but it might be appropriate for some of its affiliates.

Signed: _____

Print Name: _____

	Tahoe Forest Health System				
	Title: Guidelines For The Conduct Of Business By The Tahoe Forest Hospital District Board of Directors			Policy/Procedure #: ABD-12	
	Responsible Department: Board of Directors				
Type of policy		Original Date:	Reviewed Dates:	Revision Dates:	
<input checked="" type="checkbox"/>	Board	8/90	3/08; 1/12; 1/14	1/10, 6/14	
<input type="checkbox"/>	Medical Staff				
<input type="checkbox"/>	Departmental				
Applies to: <input checked="" type="checkbox"/> System <input type="checkbox"/> Tahoe Forest Hospital <input type="checkbox"/> Incline Village Community Hospital					

PURPOSE:

To explain the guidelines for the Board of Directors in conducting business for the District.
 To clarify the requirements of state law for public meetings while conducting business and meetings on behalf of the District.

POLICY:

In an effort to make known to any interested party the general guidelines for the conduct of business by the Board of Directors of the Tahoe Forest Hospital District, the following compendium of provisions from the Tahoe Forest Hospital District Bylaws and the Ralph M. Brown Act, hereinafter referred to as Brown Act, is hereby established.

PROCEDURE:

1.0 Officers Of The Board of Directors

- 1.1 The officers of the Board of Directors are: President, Vice President, Secretary and Treasurer.
- 1.2 The officers shall be chosen every year by the Board of Directors at ~~the first meeting of such calendar year~~ Board Meeting in December and each officer shall hold office for a one-year term or until such officer's successor shall be elected and qualified or until such officer is otherwise disqualified to serve. The person holding the office of President of the Board of Directors ~~shall not~~ may serve two successive terms. The office of President, Vice President, Secretary and Treasurer shall be filled by members of the Board of Directors. The office of Clerk shall be filled by the Chief Executive Officer.

2.0 Meetings Of The Board of Directors

- 2.1 Regular Meetings: Regular meetings of the Board of Directors shall be held the ~~last Tuesday~~ fourth Thursday of each month at 6:00 PM at a location within the Hospital District Boundaries. The regular meeting shall begin with Open Session business in accordance with California Open Meeting Laws. Regular meetings will adjourn by 10:00 PM unless extended by a majority vote of Board Members

present. The notice for meetings of the Board of Directors and Board Committees shall be posted per the requirements of the Ralph M. Brown Act.

- 2.2 It is the duty, obligation, and responsibility of the Board President and Board Committee chairpersons to call for Board of Directors and Board Committee meetings and meeting locations. This authority is vested within the office of the Board President or the Board Committee chair and is expected to be used with the best interests of the District, Directors, staff and communities we serve.
- 2.3 Special Meetings: Special meetings of the Board of Directors may be held from time to time as specified in the District Bylaws and with the required 24 hours notice as stated in the Brown Act.
 - 2.3.1 ~~If there is a determination by the President of the Board, or by two-thirds of the Board three directors, that there is a need to take immediate action upon an item(s) requiring Board approval, and the need for action comes prior to a regular meeting, then may call~~ a special meeting ~~shall be called and conducted~~ in accordance with the notice and posting provisions of the Brown Act ~~in order to obtain Board approval.~~
 - 2.3.2 Special meetings shall be called by delivering written notice to each Board member and to the public in compliance with the Brown Act (to each local newspaper of general circulation and radio or television station requesting notice in writing), including providing a description of the business to be transacted. Board members may dispense with the written notice provision if a written waiver of notice has been filed with the Clerk ~~prior to the time before~~ a meeting convenes.
 - 2.3.3 No business other than the purpose for which the special meeting was called shall be considered, discussed, or transacted at the meeting.
- 2.4 Emergency Meetings: Emergency meetings may be called in the event of an emergency situation, defined as a crippling disaster, work stoppage or other activity which severely impairs public health, safety or both, as determined by a majority of the Board, or in the event of a dire emergency, defined as a crippling disaster, mass destruction, terrorist act, or threatened terrorist activity so immediate and significant that requiring one hour notice before holding an emergency meeting may endanger the public health, safety, or both as determined by a majority of the board.
 - 2.4.1 In the case of an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of public facilities, then a one (1) hour notice provision as prescribed by the Brown Act is required. In the event telephone services are not working, notice must be given as soon as possible after the meeting.
 - 2.4.2 No business other than the purpose for which the emergency meeting was called shall be considered, discussed, or transacted at the meeting.
- 2.5 Closed Session Meetings: Closed Session meetings of the Board of Directors and Board committees may be held as deemed necessary by members of the Board of Directors or the Chief Executive Officer pursuant to the required notice and the restriction of subject matter as defined in Government Code Section 54950 ~~et seq.~~ (Brown Act). Under no circumstances shall the Board of Directors order a closed session meeting for the purposes of discussing or deliberating, or to

permit the discussion or deliberation in any closed meeting of any proposals regarding:

2.5.1 The sale, conversion, contract for management, or leasing of any District health care facility or the assets thereof, to any for-profit or nonprofit entity, agency, association, organization, governmental body, person, partnership, corporation, or other district.

2.5.2 The conversion of any District health care facility to any other form of ownership by the District.

2.5.3 The dissolution of the District.

2.6 Teleconferencing: Any regular, special, or emergency meeting at which teleconferencing is utilized shall be conducted in compliance with the provisions of the Brown Act. These include:

2.6.1 Teleconferences must comply with the rest of the Brown Act

2.6.2 All votes taken by teleconference must be taken by roll call

2.6.3 Agendas must be posted at all teleconference locations

2.6.4 Each teleconference location must be identified in the agenda

2.6.5 Each teleconference location must be accessible to the public

2.6.6 At least a quorum of the Board must participate from locations within the District boundaries ~~(a Board member outside the geographical location of the District may be counted toward the quorum if fifty percent (50%) of the number of members that would establish the quorum is present within the geographical boundaries)~~

2.6.7 The agenda must provide for public comment at each teleconference location.

2.7 All meetings of the Board of Directors shall be chaired by members of the Board of Directors in the following order: President, Vice President ~~or Secretary~~ or in the absence of all officers, another director selected by the Board to do so at the meeting in questiony.

3.0 Activities/Meetings of Board Committees

3.1 Board committees will undertake the activities of the committee as outlined in the Tahoe Forest Hospital District Bylaws. In addition, each standing committee will annually establish committee goals, and such goals will be presented to the Board of Directors for approval.

3.2 In order that Board standing committees function in the most efficient manner, the length of committee meetings will be kept to a reasonable length. Further, the most critical topics will be placed at the beginning of committee agendas to ensure their review in a timely manner.

4.0 Meetings Open to the Public

All meetings of the Board of Directors and Board standing committees are open to the public with the exception of the Closed Session portion of such meetings.

5.0 Notices of Meetings of the Board of Directors and Board Standing Committees Supplied to the Public

Notices of any Regular or Special meeting of the Board of Directors and Board standing committees shall be mailed to any interested party who has filed a written request for such notice. The request must be renewed annually in writing.

6.0 Board and Board Standing Committee Agenda Packets for Members of the Public

6.1 Board and Board standing committee agendas and agenda materials are available for review by any interested party at the administrative offices or at the Board or Board standing committee meeting itself.

6.2 Any requests from the public for Board and Board standing committee agenda packets shall be filled within a reasonable amount of time. Any member of the public requesting a Board or Board standing committee agenda packet with all attachments shall be charged \$.10 per page for such material. The charge is only intended to capture direct costs associated with complying with public requests for documents. In no way do we attempt to profit from this activity; but only seek to remain fiscally prudent and provide equity of service while maintaining easy access. Additionally, any members of the public being able to demonstrate true indigence shall be exempted from the fee per page charges. An agenda packet with all attachments shall be made available for use by any interested party at all Regular and Special meetings of the Board of Directors and Board standing committee meetings. [Agenda packets are also posted to the District's website.](#)

7.0 Public Input at Meetings of the Board of Directors and Board Standing Committee Meetings

On each agenda of Regular and Special meetings of the Board of Directors and Board standing committee meetings there shall be a provision made for input from the audience. The Board of Directors or Board standing committee may impose a time limit for such public input. Pursuant to the Brown Act, items which have not previously been posted on the meeting agenda may not be discussed or acted upon at that meeting by the Board of Directors with the following exceptions:

7.1 If a majority of the Board of Directors determines that an emergency situation exists as defined under the "Emergency Meetings" section of this policy, or

7.2 If two-thirds of the Board of Directors' full membership is present and agree an item needs to be placed on the agenda for [prompt action and that fact came to the attention of the District](#) after the agenda was posted, or

7.3 If the item was previously posted in connection with a meeting which occurred no more than 5 days prior to the date on which the proposed action will be taken.

8.0 Preparation Of The Agenda For Board or Board Standing Committee Meetings

8.1 Placing of Items On The Agenda By Members Of The Public:

8.1.1 As provided for in Government Code Sections 54950-54962 (Brown Act) pertaining to public input, the District will provide an opportunity for members of the public to address the Board on any matter within their subject matter jurisdiction [at monthly, regularly scheduled meetings](#). It is the desire of the Board of Directors to adhere to legislative requirements and conduct the business of the District in a manner so as to address the needs and concerns of members of the public.

8.1.2 Members of the public are directed to contact the President of the Board of Directors, a Director of the Board or the Chief Executive Officer at least two weeks prior to the meeting of the Board of Directors at which they wish to have an items placed on the agenda for discussion/action. Requests to Directors of the Board will be referred to the Chief Executive Officer for follow up. While the District values public input, the Board and District staff control meeting agendas and the District has no obligation to agendize a matter requested by a member of the public. If a matter is not agendized, the person seeking to discuss it may raise it in the public comment portion of a meeting.

8.1.28.1.3

- 8.2 The Chief Executive Officer and Executive Assistant, with input from members of the Board, shall prepare the agendas for the meetings of the Board of Directors or Board standing committees. Items to be placed on the Board agenda should be submitted to the Chief Executive Officer or the Executive Assistant no later than 10 days prior to the Board meeting. The power of Directors to place matters on an agenda is noted in section 12.9 of this Policy.
- 8.3 The format for agendas of meetings of the Board of Directors will be as follows unless the Board or Chief Executive Officer otherwise directs:
- 8.3.1 ~~6:00 PM~~ Call to Order
 - 8.3.2 Roll Call
 - 8.3.3 Clear the Agenda/ Items Not on the Posted Agenda
 - 8.3.4 Input – Audience
 - 8.3.5 Medical Staff Report
 - 8.3.6 Consent Calendar
 - 8.3.7 Chief Executive Officer’s Report
 - 8.3.8 Additional Administrative Reports
 - 8.3.9 Presentations/ Staff Reports
 - 8.3.10 Board Committee Reports/Recommendations
 - 8.3.11 Items for Board Discussion And/Or Action
 - 8.3.12 Agenda Input For Upcoming Committee Meetings
 - 8.3.13 Items for Next Meeting
 - 8.3.14 Board Members Reports/Closing Remarks
 - 8.3.15 Closed Session if necessary (The Board may conducted closed session at 4:00 PM or at other times.)
- 8.4 The Board of Directors wishes to facilitate input from members of the Medical Staff. When possible, items of concern to the members of the Medical Staff will be placed as a timed item early in the agenda as appropriate within the format as detailed above to minimize the demands on the time of the Medical Staff members.
- 8.5 The Board President and the Chief Executive Officer will create a "Consent Calendar" for those items on the agenda which are reasonably expected to be

routine and non-controversial. The Board of Directors shall consider all of the items on the agenda marked Consent Calendar at one time by vote after a motion has been duly made and seconded. If any member of the Board of Directors or, hospital staff or any interested person in the audience requests that a consent item be removed from the list of consent items prior to the vote on the Consent Calendar, such item shall be taken up for separate consideration and disposition following action on the remaining items on the Consent Calendar. Members of the public may request a Board Member to do so on their behalf.

8.6 If available, minutes of Board standing committee meetings will be included in Board agenda packets. If not available, the agenda for the committee meeting will be included. Recommendations from the Board standing committee to the Board of Directors will be highlighted at the beginning of the minutes for ease of presentation.

8.7 The President of the Board of Directors will approve the finalized-agenda prior to before its distribution.

9.0 Notification by Board Member of Anticipated Absences

In the event a Board Member will be out of the area or unable to participate in a meeting, the Board Member is requested to provide notification to the Executive Assistant with information including the dates of absence, best method of contact, applicable telephone and fax numbers, and, if possible, a mailing address. If you do not wish to be contacted in the event of an emergency, you must waive your right to be contacted in writing acknowledge that written notices will be provided to your permanent address.

10.0 Minutes Of Meetings Of The Board Of Directors And Board Standing Committees

Minutes of meetings of the Board of Directors and Board standing committees shall be taken by the Executive Assistant. The minutes shall be transcribed by the Executive Assistant and reviewed by the Chief Executive Officer prior to submittal to the Board of Directors or Board committees for review and approval at their next regularly scheduled meeting.

11.0 Special Rules/Robert's Rules Of Order

Introduction: The Board of Directors has adopted Robert's Rules Of Order, Revised as the framework to guide discussion and actions within the Board of Directors' meetings and its subsidiary committee structure. With acknowledgement that the Tahoe Forest Hospital Board of Directors is somewhat different in form, membership and objective than is captured in Robert's Rules, the placement of "Special Rules" is appropriate to facilitate superior deliberation and decision making. With Robert's Rules providing the basis for debate and action, the following procedures and/or expectations shall take precedence over Robert's Rules of Order, Revised:

12.0 Discussion/Debate

12.1 As is practical, staff oral summaries shall precede motions.

12.2 Invited outside presenters, such as our auditors, accountants, legal counsel shall offer their comments and documentation prior to a motion being introduced by one of the Board Members.

12.3 *Brief* questions to fill in knowledge gaps or to provide clarification should be posed prior to motion language being introduced. This is not an opportunity for Boardmembers to state their views on the substance of a matter.

- 12.4 Any Board committee input or recommendations should be presented prior to a motion. Again, *brief* questioning for clarification may be engaged in prior to motions; this is not an opportunity for Boardmembers to state their views on the substance of a matter.
- 12.5 Public input/comments regarding items not on the agenda will be sought at the beginning of Board/Board standing committee meetings. Public input/comments regarding agenda items will be sought during the consideration of these items, before action is taken, at Board/Board standing committee meetings. It is noted that presentations from outside organizations may be referred to a Board Committee by the Board President for the formulation of a recommendation to the Board of Directors.
- 12.6 At any point during a Board of Directors meeting any member may request, by motion that the Board go into "Committee of the Whole" to discuss any item on the agenda. Structurally, a motion is made to "go into Committee of the Whole to discuss item "x", a second is received, and a vote is taken. Simple majority rules on the matter. Such discussions are intended to act as an opportunity to present opinions and a fact, and/or receive input from other Board members in the absence of an "action" motion directly under consideration. To leave "Committee of the Whole" discussions and return to the agenda, or to present a motion for action, the Chair can pose that we have exhausted the topic, and by consent adjourn the Committee of the Whole and return to the Board agenda.
- 12.7 Or, if any member wishes to close the Committee of the Whole discussion, he/she can ask for such action, by motion, and receiving a second the request to move on will be voted upon. Again, simple majority rules on the matter.
- 12.8 A separate and distinct area of the agenda shall be devoted to discussion items. This section is intended to serve the function of allowing the Directorship an opportunity to engage in free flowing information and opinion exchanges without the necessity of relating one's thoughts to a pending action item or motion. When the Chair calls for this section of the meeting, we are in de-facto "Committee Of The Whole" discussion. Topics such as emerging trends, long range plans, events and the like are most appropriately considered within this format. ~~On each Board agenda there will be, under this section, an "agenda item asking for member input for future topics.~~
- 12.9 ~~On each Board agenda there will be, under this section, an "agenda item asking for member input for future topics.~~ A member can ask that a topic be placed on next month's agenda for discussion. The item will be placed on next month's agenda unless another Board Member objects, in which case the simple majority rules.
- 13.0 Voting/Motions
- 13.1 Any member of the Board of Directors may introduce or second a motion, including the Board President or other currently presiding officer. All members, including the Board President, are obliged-encouraged to vote on all motions presented while in attendance unless required to abstain by a conflict of interest or other law. If a Director's vote is not discernible, it shall be recorded as in favor of the motion.
- 13.2 Recording of the vote shall be first done by voice vote, with exception going to resolutions that require a roll call vote as a matter of law. Any member may request

a roll call vote on any motion; such requests will not require a second and shall be performed at once.

- 13.3 "Secret ballots" or any other means of casting anonymous or confidential votes are strictly prohibited per law. All votes shall be recorded and be available for public review.
- 13.4 Unless otherwise noted, all Board related business, whether in committee or Board session (open or closed) shall be conducted in a fashion ~~conversant-compliant~~ with Robert's Rules of Order, Revised as modified by this Policy. The Board formally adopts this method of conducting business to ensure that all Board affairs are conducted in an equitable, orderly and timely fashion. Parliamentary procedures are seen as a valuable tool for proper conduct in meetings, and should provide a degree of standardization in regards to other governmental interests, facilitating the public's understanding (and other governmental bodies' understanding) our actions.

14.0 Urgent Decisions

In the event that an urgent or emergent decision or action is required by the Board prior to a regularly scheduled meeting, the President of the Board, or a majority of the Board members, may call a special board meeting or an emergency meeting to take action.

15.0 Contingent Approval

15.1 In the event the Board approves an item at a Board meeting in which all of the terms, conditions, restrictions, commitments, etc. are clearly defined, but which such provisions have not been formalized in contracts or other appropriate documentation, the Board may give preliminary approval to the Chief Executive Officer to execute the contract or other appropriate documentation, contingent upon the following:

15.1.1 the terms are not substantively altered from those previously approved,

15.1.2 all involved parties to the transaction or agreement are notified in writing of the contingent approval of the terms pending ratification by the Board, and

15.1.3 the final terms and documentation are approved or rejected by the Board at ~~its next regularly scheduled~~ a subsequent Board meeting.

15.2 If the terms of the supporting documentation are substantively different than those previously approved at the public meeting, then approval must be obtained at ~~the a next regular~~ subsequent board meeting, ~~or a special meeting may be called.~~

Related Policies/Forms: Inspection And Copying of Public Records ABD-14
References: Ralph M. Brown Act (CA Govt Code §54950), Governance Institute
Policy Owner: Clerk of the Board
Approved by: Robert Schapper, Chief Executive Officer Chief Executive Officer

		Tahoe Forest Health System			
		Title: Malpractice Policy		Policy/Procedure #: ABD-16	
		Responsible Department: Board of Directors			
Type of policy		Original Date:	Reviewed Dates:	Revision Dates:	
<input checked="" type="checkbox"/>	Board	7/21/86	1/10; 1/12; 1/14	8/04	
<input type="checkbox"/>	Medical Staff				
<input type="checkbox"/>	Departmental				
Applies to: <input checked="" type="checkbox"/> System <input type="checkbox"/> Tahoe Forest Hospital <input type="checkbox"/> Incline Village Community Hospital					

PROCEDURE:

It is a mandate of the Tahoe Forest Hospital District Board Of Directors that all Medical Staff members carry malpractice insurance in the minimum amount of \$1,000,000 per occurrence and \$3,000,000 annual aggregate.

Related Policies/Forms:
References:
Policy Owner: Michelle Cook , Clerk of the Board
Approved by: Robert Schapper , Chief Executive Officer

Facilities Development Plan
Tahoe Forest Hospital District
September 30, 2015

STATUS SUMMARY

Measure C Projects	\$ 96,143,430
Owner Scope Modifications	\$ 5,152,464
Regulatory Scope Modifications	\$ 1,860,082
FDP with Scope Modifications / Total Projects Cost	\$ 103,155,976
Development Completed / Paid to Date (90%)	\$ (92,747,955)
Balance to Complete	\$ 10,408,021
Project Fund Balance	(9,609,813)
Projected Interest Earned	TBD
Balance - TFHD Capital Budget	\$ 798,208

- 14 of 15 Measure C Projects complete.
 - o South Building complete Summer 2016
 - o Remaining Projects within budget

- Campus-wide seismic compliance as of August 26, 2014.

- 233 prime contracts for construction issued to date and at present we are working with zero contractors regarding change order requests that are in dispute.

- Permitting
 - (11) OSHPD permits issued to date

 - (5) Town of Truckee permits issued to date

 - No further permitting is required



CURRENT PROJECTS - NON QUALIFIED EXPENDITURES COST SUMMARY

PROJECTS (*)	Current Project Estimate	Owner / Regulatory Scope Modifications	Board Approved Bid / Budget	Variance	Footnotes	Total Amount PTD (***)	Balance to Complete	% Complete	QTR Actual (Q3 2015)	Current Projects with Scope Modifications	Status/Notes
Current Projects - Non Qualified Expenditures											
ICU Renovations											
HARD COSTS: Construction Costs	\$ 629,394		\$ 629,394	\$ -		\$ 620,367	\$ 9,027	99%	\$ 2,226	\$ 629,394	
SOFT COSTS	\$ 315,407		\$ 315,407	\$ -		\$ 315,407	\$ -	100%	\$ -	\$ 315,407	
CONTINGENCY	\$ 89,374		\$ 89,374	\$ -		\$ 71,534	\$ 17,840	80%	\$ -	\$ 89,374	
SUBTOTAL PROJECT COSTS	\$ 1,034,175	\$ -	\$ 1,034,175	\$ -		\$ 1,007,308	\$ 26,867	97%	\$ 2,226	\$ 1,034,175	Construction Complete
CT Scanner Replacement											
HARD COSTS: Construction Costs	\$ 620,711		\$ 620,711	\$ -		\$ 613,843	\$ 6,868	99%	\$ 76,426	\$ 620,711	
SOFT COSTS	\$ 1,542,926		\$ 1,542,926	\$ -		\$ 534,695	\$ 1,008,231	35%	\$ -	\$ 1,542,926	
CONTINGENCY	\$ 124,142		\$ 124,142	\$ -		\$ 108,637	\$ 15,505	88%	\$ 29,307	\$ 124,142	
SUBTOTAL PROJECT COSTS	\$ 2,287,779	\$ -	\$ 2,287,779	\$ -		\$ 1,257,175	\$ 1,030,604	55%	\$ 105,733	\$ 2,287,779	Construction Complete
OR Exam Lights Replacement											
HARD COSTS: Construction Costs	\$ 651,766		\$ 651,766	\$ -		\$ 262,645	\$ 389,121	40%	\$ 262,645	\$ 651,766	
SOFT COSTS	\$ 883,615		\$ 883,615	\$ -		\$ 626,318	\$ 257,297	71%	\$ 94,170	\$ 883,615	
CONTINGENCY COSTS	\$ 97,765		\$ 97,765	\$ -		\$ 9,132	\$ 88,633	9%	\$ 9,132	\$ 97,765	
SUBTOTAL PROJECT COSTS	\$ 1,633,146	\$ -	\$ 1,633,146	\$ -		\$ 898,095	\$ 735,051	55%	\$ 365,947	\$ 1,633,146	Construction in Progress
NPC-2 Filings											
HARD COSTS: Construction Costs	\$ -		\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ -	
SOFT COSTS	\$ 100,000		\$ -	\$ -		\$ 66,418	\$ 33,582	66%	\$ -	\$ 100,000	
CONTINGENCY COSTS	\$ -		\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ -	
SUBTOTAL PROJECT COSTS	\$ 100,000	\$ -	\$ -	\$ -		\$ 66,418	\$ 33,582	66%	\$ -	\$ 100,000	Construction Complete
PROJECT SUMMARY COSTS (Hard Costs + Soft Costs + Contingency) ****	\$ 5,055,100	\$ -	\$ 4,955,100	\$ -		\$ 3,162,578	\$ 1,792,522	64%	\$ 473,906	\$ 4,955,100	

Definitions:

Hard Costs = Administrative Requirements, Temporary Facilities, Execution Requirements, Site Construction, Concrete Construction, Masonry, Metals, Woods & Plastics, Thermal/Moisture Protection, Doors, Windows, Glazing, Finishes, Specialties, Equipment, Furnishings, Special Construction, Conveying Systems, Plumbing/Mechanical, Electrical.

Soft Costs = Equipment, Furniture, Signage, Preconstruction Services, Construction Scheduling, Architectural, Engineering, Testing & Inspections, IOR Testing, Agency Fees, State Review Fees (OSHPD), CM Fee, Insurance, Performance/Payment Bonding, Administrative Bond Contingency

Contingency Costs = Inflation, Unforeseen Conditions & Events

Footnotes:

(2) Overage includes additional equipment costs, related OSHPD Fees and other fee reallocations.

** FDP Report dated 9/30/2015

*** Reconciled with TFHD General Ledger dated September 30, 2015. Reference Application for Payment SOV located within applicable project section.

On or under budget
1-5% over budget
6% or beyond over budget



MEASURE C PROJECTS COST SUMMARY

PROJECTS (*)	Current FDP Estimate (**)	Owner / Regulatory Scope Modifications	Board Approved Bid / Budget	Variance	Footnotes	Total Amount PTD (***)	Balance to Complete (****)	% Complete	QTR Actual (Q3 2015)	FDP with Scope Modifications	Status/Notes
Measure C Project Expenditures											
Cancer Center; Building + LINAC											
HARD COSTS: Construction Costs	\$ 10,217,781	\$ 151,973	\$ 10,369,754	\$ -		\$ 10,369,754	\$ -	100%	\$ -	\$ 10,369,754	
SOFT COSTS	\$ 6,124,371		\$ 6,449,302	\$ 324,931		\$ 6,124,371	\$ -	100%	\$ -	\$ 6,124,371	
CONTINGENCY	\$ 1,017,160		\$ 1,036,975	\$ -		\$ 1,017,160	\$ -	100%	\$ -	\$ 1,017,160	
SUBTOTAL PROJECT COSTS	\$ 17,359,312	\$ 151,973	\$ 17,856,031	\$ 324,931		\$ 17,511,285	\$ -	100%	\$ -	\$ 17,511,285	Construction Complete
Cancer Center; Sitework, Concrete Construction, Structural Steel											
HARD COSTS: Construction Costs	\$ 5,154,785		\$ 5,154,785	\$ -		\$ 5,139,922	\$ 14,863	100%	\$ -	\$ 5,154,785	
SOFT COSTS	\$ 4,421,594		\$ 5,018,684	\$ 597,090		\$ 4,440,146	\$ (18,552)	100%	\$ -	\$ 4,421,594	
CONTINGENCY	\$ 515,479		\$ 515,479	\$ -		\$ 511,790	\$ 3,689	99%	\$ -	\$ 515,479	
SUBTOTAL PROJECT COSTS	\$ 10,091,858	\$ -	\$ 10,688,948	\$ 597,090		\$ 10,091,858	\$ -	100%	\$ -	\$ 10,091,858	Construction Complete
Utility Bypass, Phase I											
HARD COSTS: Construction Costs	\$ 522,092		\$ 522,092	\$ -		\$ 522,092	\$ -	100%	\$ -	\$ 522,092	
SOFT COSTS	\$ 99,565		\$ 130,145	\$ 30,580		\$ 99,565	\$ -	100%	\$ -	\$ 99,565	
CONTINGENCY COSTS	\$ 78,314		\$ 78,314	\$ -		\$ 78,314	\$ -	100%	\$ -	\$ 78,314	
SUBTOTAL PROJECT COSTS	\$ 699,971	\$ -	\$ 730,551	\$ 30,580		\$ 699,971	\$ -	100%	\$ -	\$ 699,971	Construction Complete
Cancer Center; Utility Bypass, Phase II (Undergrounding)											
HARD COSTS: Construction Costs	\$ -	\$ 525,199	\$ 544,877	\$ (19,678)		\$ 520,660	\$ 4,539	99%	\$ -	\$ 525,199	
SOFT COSTS	\$ -	\$ 349,974	\$ 349,974	\$ -		\$ 354,513	\$ (4,539)	101%	\$ -	\$ 349,974	
CONTINGENCY COSTS	\$ -	\$ 31,437	\$ 31,437	\$ -		\$ 31,437	\$ -	100%	\$ -	\$ 31,437	
SUBTOTAL PROJECT COSTS (Hard Costs+Soft Costs+Contingency Costs)	\$ -	\$ 906,610	\$ 926,288	\$ 19,678		\$ 906,610	\$ -	100%	\$ -	\$ 906,610	Construction Complete
Cancer Center; Equipment Upgrades											
LINEAR ACCELERATOR EQUIPMENT		\$ 860,000	\$ 860,000	\$ -		\$ 860,000	\$ -	100%	\$ -	\$ 860,000	
CT SIMULATOR (Pet CT)		\$ -	\$ 82,528	\$ 82,528		\$ -	\$ -	0%	\$ -	\$ -	
CHILLER EQUIPMENT		\$ 111,536	\$ 143,679	\$ 32,143		\$ 111,536	\$ -	100%	\$ -	\$ 111,536	
IT EQUIPMENT		\$ 58,211	\$ 133,250	\$ 75,039		\$ 58,211	\$ -	100%	\$ -	\$ 58,211	
ADDITIONAL EQUIPMENT		\$ -	\$ 69,633	\$ 69,633		\$ -	\$ -	0%	\$ -	\$ -	
SNOW MELT SYSTEM		\$ 81,523	\$ 71,904	\$ (9,619)		\$ 81,523	\$ -	100%	\$ -	\$ 81,523	
SECURITY ACCESS SYSTEM		\$ 99,257	\$ 99,257	\$ -		\$ 99,257	\$ -	100%	\$ -	\$ 99,257	
SUBTOTAL PROJECT COSTS	\$ -	\$ 1,210,527	\$ 1,460,251	\$ 249,724		\$ 1,210,527	\$ -	100%	\$ -	\$ 1,210,527	Construction Complete
Cancer Center; CAC Recommended Upgrades											
HARD COSTS: Construction Costs	\$ -	\$ 838,256	\$ 847,281	\$ 9,025		\$ 838,256	\$ -	100%	\$ -	\$ 838,256	
SOFT COSTS	\$ -	\$ 54,568	\$ 59,864	\$ 5,296		\$ 51,626	\$ 2,942	95%	\$ -	\$ 54,568	
CONTINGENCY COSTS	\$ -	\$ 84,728	\$ 84,728	\$ -		\$ 87,670	\$ (2,942)	103%	\$ -	\$ 84,728	
SUBTOTAL PROJECT COSTS	\$ -	\$ 977,552	\$ 991,873	\$ 14,321		\$ 977,552	\$ -	100%	\$ -	\$ 977,552	Construction Complete
TOTAL PROJECT COSTS (Hard Costs + Soft Costs + Contingency)	\$ 28,151,141	\$ 3,246,662	\$ 32,653,942	\$ 1,236,324		\$ 31,397,803	\$ -	100%	\$ -	\$ 31,397,803	
Office Relocations											
HARD COSTS: Construction Costs	\$ 109,691	\$ -	\$ 111,305	\$ 1,614		\$ 109,691	\$ -	100%	\$ -	\$ 109,691	
SOFT COSTS	\$ 281,988	\$ -	\$ 281,995	\$ 7		\$ 281,988	\$ -	100%	\$ -	\$ 281,988	
CONTINGENCY COSTS	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ -	
TOTAL PROJECT COSTS (Hard Costs + Soft Costs + Contingency)	\$ 391,680	\$ -	\$ 393,300	\$ 1,621		\$ 391,680	\$ -	100%	\$ -	\$ 391,680	Construction Complete



MEASURE C PROJECTS COST SUMMARY

PROJECTS (*)	Current FDP Estimate (**)	Owner / Regulatory Scope Modifications	Board Approved Bid / Budget	Variance	Footnotes	Total Amount PTD (***)	Balance to Complete (****)	% Complete	QTR Actual (Q3 2015)	FDP with Scope Modifications	Status/Notes
Measure C Project Expenditures											
IT Data Center											
HARD COSTS: Construction Costs	\$ 899,833		\$ 903,465	\$ 3,632		\$ 899,833	\$ -	100%	\$ -	\$ 899,833	
SOFT COSTS	\$ 299,483		\$ 301,122	\$ 1,639		\$ 299,483	\$ -	100%	\$ -	\$ 299,483	
CONTINGENCY COSTS	\$ 116,754		\$ 121,740	\$ 4,986		\$ 116,754	\$ -	100%	\$ -	\$ 116,754	
TOTAL PROJECT COSTS (Hard Costs + Soft Costs + Contingency)	\$ 1,316,070	\$ -	\$ 1,326,327	\$ 10,257		\$ 1,316,070	\$ -	100%	\$ -	\$ 1,316,070	Construction Complete
Central Plant Upgrades & Relocations; Utility Spine											
HARD COSTS: Construction Costs	\$ 2,640,481		\$ 2,642,537	\$ 2,056		\$ 2,640,481	\$ -	100%	\$ -	\$ 2,640,481	
SOFT COSTS	\$ 694,681		\$ 824,282	\$ 129,601		\$ 694,681	\$ -	100%	\$ -	\$ 694,681	
CONTINGENCY COSTS	\$ 657,714		\$ 658,011	\$ 297		\$ 657,714	\$ -	100%	\$ -	\$ 657,714	
SUBTOTAL PROJECT COSTS	\$ 3,992,876	\$ -	\$ 4,124,830	\$ 131,954		\$ 3,992,876	\$ -	100%	\$ -	\$ 3,992,876	Construction Complete
Central Plant Upgrades & Relocations; Generator Building											
HARD COSTS: Construction Costs	\$ 2,150,583	\$ 20,772	\$ 2,174,334	\$ 2,979		\$ 2,171,355	\$ -	101%	\$ -	\$ 2,171,355	
SOFT COSTS	\$ 1,612,171		\$ 1,655,159	\$ 42,988		\$ 1,612,171	\$ -	100%	\$ -	\$ 1,612,171	
CONTINGENCY COSTS	\$ 315,278		\$ 315,278	\$ -		\$ 315,278	\$ -	100%	\$ -	\$ 315,278	
SUBTOTAL PROJECT COSTS	\$ 4,078,032	\$ 20,772	\$ 4,144,771	\$ 45,967		\$ 4,098,804	\$ -	100%	\$ -	\$ 4,098,804	Construction Complete
Central Plant Upgrades & Relocations; Modular Units, Phase I											
HARD COSTS: Construction Costs	\$ 418,497		\$ 422,030	\$ -		\$ 418,497	\$ -	100%	\$ -	\$ 418,497	
SOFT COSTS	\$ 574,317		\$ 598,765	\$ 24,448		\$ 574,317	\$ -	100%	\$ -	\$ 574,317	
CONTINGENCY COSTS	\$ 245,335		\$ 245,887	\$ 552		\$ 245,335	\$ -	100%	\$ -	\$ 245,335	
SUBTOTAL PROJECT COSTS	\$ 1,238,149	\$ -	\$ 1,266,682	\$ 25,000		\$ 1,238,149	\$ -	100%	\$ -	\$ 1,238,149	Construction Complete
Central Plant Upgrades & Relocations; Modular Units, Phase II											
HARD COSTS: Construction Costs	\$ 4,800,719		\$ 4,800,719	\$ -		\$ 4,800,719	\$ -	100%	\$ -	\$ 4,800,719	
SOFT COSTS	\$ 1,083,872		\$ 1,189,314	\$ 105,442		\$ 1,083,872	\$ -	100%	\$ -	\$ 1,083,872	
CONTINGENCY COSTS	\$ 180,640		\$ 185,000	\$ 4,360		\$ 180,640	\$ -	100%	\$ -	\$ 180,640	
SUBTOTAL PROJECT COSTS	\$ 6,065,231	\$ -	\$ 6,175,033	\$ 109,802		\$ 6,065,231	\$ -	100%	\$ -	\$ 6,065,231	Construction Complete
TOTAL PROJECT COSTS (Hard Costs + Soft Costs + Contingency)	\$ 15,374,288	\$ 20,772	\$ 15,711,316	\$ 312,723		\$ 15,395,060	\$ -	100%	\$ -	\$ 15,395,060	
Skilled Nursing Facility											
HARD COSTS: Construction Costs	\$ 3,372,928	\$ 8,466	\$ 3,422,324	\$ 40,930		\$ 3,381,394	\$ -	100%	\$ -	\$ 3,381,394	
SOFT COSTS	\$ 1,505,346		\$ 1,496,355	\$ -		\$ 1,505,346	\$ -	100%	\$ -	\$ 1,505,346	
CONTINGENCY COSTS	\$ 342,232		\$ 342,232	\$ -		\$ 342,232	\$ -	100%	\$ -	\$ 342,232	
SUBTOTAL PROJECT COSTS	\$ 5,220,506	\$ 8,466	\$ 5,260,911	\$ 40,930		\$ 5,228,972	\$ -	100%	\$ -	\$ 5,228,972	Construction Complete
Skilled Nursing; Storage TI at '66 Bldg											
HARD COSTS: Construction Costs	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ -	
SOFT COSTS	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ -	
CONTINGENCY COSTS	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ -	
SUBTOTAL PROJECT COSTS	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ -	Conceptual Design in Progress
TOTAL PROJECT COSTS (Hard Costs + Soft Costs + Contingency)	\$ 5,220,506	\$ 8,466	\$ 5,260,911	\$ 40,930		\$ 5,228,972	\$ -	100%	\$ -	\$ 5,228,972	



MEASURE C PROJECTS COST SUMMARY

PROJECTS (*)	Current FDP Estimate (**)	Owner / Regulatory Scope Modifications	Board Approved Bid / Budget	Variance	Footnotes	Total Amount PTD (***)	Balance to Complete (****)	% Complete	QTR Actual (Q3 2015)	FDP with Scope Modifications	Status/Notes
Measure C Project Expenditures											
<i>ECC Flooring / Nurses Station</i>											
HARD COSTS: Construction Costs	\$ -	\$ 199,774	\$ 217,550	\$ 17,776		\$ 199,774	\$ -	92%	\$ -	\$ 199,774	
SOFT COSTS	\$ -		\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ -	
CONTINGENCY COSTS	\$ -		\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ -	
TOTAL PROJECT COSTS (Hard Costs + Soft Costs + Contingency)	\$ -	\$ 199,774	\$ 217,550	\$ 17,776		\$ 199,774	\$ -	92%	\$ -	\$ 199,774	Completed
<i>Infill Projects; Phase I Dietary / RT / MR / Dietary Office / Staff Lockers</i>											
HARD COSTS: Construction Costs	\$ 2,722,504		\$ 2,722,504	\$ -		\$ 2,665,549	\$ 56,955	98%	\$ -	\$ 2,722,504	
SOFT COSTS	\$ 1,699,858	\$ 13,970	\$ 1,713,828	\$ -		\$ 1,714,028	\$ (200)	100%	\$ -	\$ 1,713,828	
CONTINGENCY COSTS	\$ 898,541	\$ 29,052	\$ 272,250	\$ (655,343)		\$ 910,180	\$ 17,413	98%	\$ 1,570	\$ 927,593	
SUBTOTAL PROJECT COSTS	\$ 5,320,903	\$ 43,022	\$ 4,708,582	\$ (655,343)		\$ 5,289,757	\$ 74,168	99%	\$ 1,570	\$ 5,363,925	Construction Complete
<i>Infill Projects; Interim Birthing at Western Addition</i>											
HARD COSTS: Construction Costs	\$ 1,309,206		\$ 1,309,206	\$ -		\$ 1,299,543	\$ 9,663	99%	\$ -	\$ 1,309,206	
SOFT COSTS	\$ 688,893		\$ 688,893	\$ -		\$ 675,130	\$ 13,763	98%	\$ 14,393	\$ 688,893	
CONTINGENCY COSTS	\$ 130,921		\$ 130,921	\$ -		\$ 129,953	\$ 968	99%	\$ -	\$ 130,921	
SUBTOTAL PROJECT COSTS	\$ 2,129,020	\$ -	\$ 2,129,020	\$ -		\$ 2,104,626	\$ 24,394	99%	\$ 14,393	\$ 2,129,020	Construction Complete
<i>Infill Projects; Pharmacy Relocation</i>											
HARD COSTS: Construction Costs	\$ 652,777		\$ 652,777	\$ -		\$ 652,777	\$ -	100%	\$ -	\$ 652,777	
SOFT COSTS	\$ 588,803		\$ 631,283	\$ 42,480		\$ 588,803	\$ -	93%	\$ -	\$ 588,803	
CONTINGENCY COSTS	\$ 95,724		\$ 127,292	\$ 31,568		\$ 95,724	\$ -	75%	\$ -	\$ 95,724	
SUBTOTAL PROJECT COSTS	\$ 1,337,304	\$ -	\$ 1,411,353	\$ 74,048		\$ 1,337,304	\$ -	95%	\$ -	\$ 1,337,304	Construction Complete
<i>Infill Projects; Medical Records at '66 Building</i>											
HARD COSTS: Construction Costs	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ -	
SOFT COSTS	\$ -		\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ -	
CONTINGENCY COSTS	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ -	
SUBTOTAL PROJECT COSTS	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ -	Conceptual Design in Progress
<i>Infill Projects; Final Personnel Move TI Office Space</i>											
HARD COSTS: Construction Costs	\$ -	\$ 250,000	\$ 250,000	\$ -		\$ 248,172	\$ 1,828	99%	\$ 9,845	\$ 250,000	
SOFT COSTS	\$ -	\$ 125,000	\$ 125,000	\$ -		\$ 122,808	\$ 2,192	98%	\$ -	\$ 125,000	
CONTINGENCY COSTS	\$ -	\$ 30,000	\$ 30,000	\$ -		\$ 24,718	\$ 5,282	82%	\$ -	\$ 30,000	
SUBTOTAL PROJECT COSTS	\$ -	\$ 405,000	\$ 405,000	\$ -		\$ 395,698	\$ 9,302	0%	\$ 9,845	\$ 405,000	Ongoing
TOTAL PROJECT COSTS (Hard Costs + Soft Costs + Contingency)	\$ 8,787,227	\$ 448,022	\$ 8,653,955	\$ (581,295)		\$ 9,127,385	\$ 107,864	105%	\$ 25,808	\$ 9,235,249	
<i>Emergency Department & Sterile Processing Department; Increment I</i>											
HARD COSTS: Construction Costs	\$ 2,593,743		\$ 2,593,743	\$ -		\$ 2,593,743	\$ -	100%	\$ -	\$ 2,593,743	
SOFT COSTS	\$ 2,898,599		\$ 2,907,826	\$ -		\$ 2,898,599	\$ -	100%	\$ -	\$ 2,898,599	
CONTINGENCY COSTS	\$ 236,999		\$ 236,999	\$ -		\$ 236,999	\$ -	100%	\$ -	\$ 236,999	
EQUIPMENT UPGRADES - ATS Upgrades		\$ 27,824	\$ 27,824	\$ -		\$ 27,824	\$ -	100%	\$ -	\$ 27,824	
SUBTOTAL PROJECT COSTS	\$ 5,729,341	\$ 27,824	\$ 5,766,392	\$ -		\$ 5,757,165	\$ -	100%	\$ -	\$ 5,757,165	Construction Complete



MEASURE C PROJECTS COST SUMMARY

PROJECTS (*)	Current FDP Estimate (**)	Owner / Regulatory Scope Modifications	Board Approved Bid / Budget	Variance	Footnotes	Total Amount PTD (***)	Balance to Complete (****)	% Complete	QTR Actual (Q3 2015)	FDP with Scope Modifications	Status/Notes
Measure C Project Expenditures											
Emergency Department & Sterile Processing Department; Increment II											
HARD COSTS: Construction Costs	\$ 4,534,232		\$ 4,534,232	\$ -		\$ 4,534,232	\$ -	100%	\$ 97,891	\$ 4,534,232	
SOFT COSTS	\$ 2,135,294		\$ 2,135,294	\$ -		\$ 2,147,131	\$ (11,837)	101%	\$ 11,837	\$ 2,135,294	
CONTINGENCY COSTS	\$ 1,725,651		\$ 453,423	\$ (1,272,228)		\$ 1,725,651	\$ -	100%	\$ 124,285	\$ 1,725,651	
EQUIPMENT UPGRADES - Trump Exam Lights	\$ -	\$ 68,362	\$ 68,362	\$ -		\$ 68,362	\$ -	100%	\$ -	\$ 68,362	
UPGRADES - Flooring and Casework		\$ 35,659	\$ 35,659	\$ -		\$ 19,562	\$ 16,097	55%	\$ 19,562	\$ 35,659	
SUBTOTAL PROJECT COSTS	\$ 8,395,177	\$ 104,021	\$ 7,226,970	\$ (1,272,228)		\$ 8,494,938	\$ 4,260	118%	\$ 253,575	\$ 8,499,198	Construction Complete
TOTAL PROJECT COSTS (Hard Costs + Soft Costs + Contingency)	\$ 14,124,518	\$ 131,845	\$ 12,993,362	\$ (1,272,228)		\$ 14,252,103	\$ 4,260	110%	\$ 253,575	\$ 14,256,363	
Fluoroscopy / Nuc Med Upgrades / Diagnostic Imaging Equipment Replacement											
HARD COSTS: Construction Costs	\$ 533,565		\$ 619,422	\$ 85,857		\$ 533,565	\$ -	100%	\$ -	\$ 533,565	
SOFT COSTS	\$ 1,616,669		\$ 1,575,493	\$ (41,176)		\$ 1,616,669	\$ -	100%	\$ -	\$ 1,616,669	
CONTINGENCY COSTS	\$ 92,913		\$ 92,913	\$ -		\$ 92,913	\$ -	100%	\$ -	\$ 92,913	
TOTAL PROJECT COSTS (Hard Costs + Soft Costs + Contingency)	\$ 2,243,147	\$ -	\$ 2,287,828	\$ 44,681	(2)	\$ 2,243,147	\$ -	100%	\$ -	\$ 2,243,147	Construction Complete
South Building; Birthing / Dietary Phase II											
HARD COSTS: Construction Costs	\$ 13,033,262		\$ 13,033,262	\$ -		\$ 5,968,629	\$ 7,064,633	46%	\$ 2,287,524	\$ 13,033,262	
SOFT COSTS	\$ 5,355,106		\$ 5,355,106	\$ -		\$ 4,815,454	\$ 539,652	90%	\$ 8,715	\$ 5,355,106	
CONTINGENCY COSTS	\$ 1,262,026		\$ 1,262,026	\$ -		\$ 456,788	\$ 805,238	36%	\$ 159,331	\$ 1,262,026	
EQUIPMENT UPGRADES - Headwalls, Exam Lights, IT Equipment, A&E Fees	\$ -	\$ 307,465	\$ 307,465	\$ -		\$ -	\$ 307,465	0%	\$ -	\$ 307,465	
CMU Wall Upgrades at 52 Bldg	\$ -	\$ 150,000	\$ 150,000	\$ -		\$ -	\$ 150,000	0%	\$ -	\$ 150,000	
CMU Wall Upgrades at 66 Bldg	\$ -	\$ 150,000	\$ 150,000	\$ -		\$ -	\$ 150,000	0%	\$ -	\$ 150,000	
OSHPD CO #16; Dietary Revisions	\$ -	\$ 70,188	\$ 70,188	\$ -		\$ -	\$ 70,188	0%	\$ -	\$ 70,188	
OSHPD CO #18; 2nd Floor Layout Revisions	\$ -	\$ 186,184	\$ 186,184	\$ -		\$ -	\$ 186,184	0%	\$ -	\$ 186,184	
SUBTOTAL PROJECT COSTS	\$ 19,650,394	\$ 863,837	\$ 20,514,231	\$ -		\$ 11,240,871	\$ 9,273,360	55%	\$ 2,455,570	\$ 20,514,231	Construction in Progress
South Building; Birthing Fourth LDR											
HARD COSTS: Construction Costs	\$ -	\$ 286,428	\$ 286,428	\$ -		\$ -	\$ 286,428	0%	\$ -	\$ 286,428	
SOFT COSTS	\$ -	\$ 187,720	\$ 187,720	\$ -		\$ -	\$ 187,720	0%	\$ -	\$ 187,720	
CONTINGENCY COSTS	\$ -	\$ 42,964	\$ 42,964	\$ -		\$ -	\$ 42,964	0%	\$ -	\$ 42,964	
SUBTOTAL PROJECT COSTS	\$ -	\$ 517,112	\$ 517,112	\$ -		\$ -	\$ 517,112	0%	\$ -	\$ 517,112	Construction in Progress
South Building; Phase 5 Interim Birthing											
HARD COSTS: Construction Costs	\$ -	\$ 359,951	\$ 746,422	\$ -		\$ -	\$ 359,951	0%	\$ -	\$ 359,951	
SOFT COSTS	\$ -	\$ 112,310	\$ 172,765	\$ -		\$ -	\$ 112,310	0%	\$ -	\$ 112,310	
CONTINGENCY COSTS	\$ -	\$ -	\$ 37,321	\$ -		\$ -	\$ -	0%	\$ -	\$ -	
SUBTOTAL PROJECT COSTS	\$ -	\$ 472,261	\$ 956,508	\$ 484,247		\$ -	\$ 472,261	0%	\$ -	\$ 472,261	Construction in Progress
South Building; Continuity Phase											
HARD COSTS: Construction Costs		\$ 996,982	\$ 996,982	\$ -		\$ 968,576	\$ 28,406	97%	\$ -	\$ 996,982	
SUBTOTAL PROJECT COSTS	\$ -	\$ 996,982	\$ 996,982	\$ -		\$ 968,576	\$ 28,406	97%	\$ -	\$ 996,982	
TOTAL PROJECT COSTS (Hard Costs + Soft Costs + Contingency)	\$ 19,650,394	\$ 2,850,192	\$ 22,984,833	\$ 484,247		\$ 12,209,447	\$ 10,291,139	53%	\$ 2,455,570	\$ 22,500,586	



MEASURE C PROJECTS COST SUMMARY

PROJECTS (*)	Current FDP Estimate (**)	Owner / Regulatory Scope Modifications	Board Approved Bid / Budget	Variance	Footnotes	Total Amount PTD (***)	Balance to Complete (****)	% Complete	QTR Actual (Q3 2015)	FDP with Scope Modifications	Status/Notes
<i>Measure C Project Expenditures</i>											
<i>Master Planning</i>											
SOFT COSTS	\$ 802,508		\$ 802,508	\$ -		\$ 802,508	\$ -	100%	\$ -	\$ 802,508	
CONTINGENCY COSTS	\$ 81,951		\$ 81,951	\$ -		\$ 77,193	\$ 4,758	94%	\$ -	\$ 81,951	
CAMPUS SIGNAGE PLAN		\$ 78,075	\$ 85,000	\$ 6,925		\$ 78,075	\$ -	100%	\$ -	\$ 78,075	
SECURITY UPGRADES		\$ 28,738	\$ 75,000	\$ 46,262		\$ 28,738	\$ -	100%	\$ -	\$ 28,738	
TOTAL PROJECT COSTS (Hard Costs + Soft Costs + Contingency)	\$ 884,459	\$ 106,813	\$ 1,044,459	\$ 53,187		\$ 986,514	\$ 4,758	94%	\$ -	\$ 991,272	Ongoing
PROJECT SUMMARY COSTS (Hard Costs + Soft Costs + Contingency) ****	\$ 96,143,430	\$ 7,012,546	\$ 103,527,783	\$ 348,223		\$ 92,747,955	\$ 10,408,021	90%	\$ 2,734,953	\$ 103,155,976	

Definitions:

Hard Costs = Administrative Requirements, Temporary Facilities, Execution Requirements, Site Construction, Concrete Construction, Masonry, Metals, Woods & Plastics, Thermal/Moisture Protection, Doors, Windows, Glazing, Finishes, Specialties, Equipment, Furnishings, Special Construction, Conveying Systems, Plumbing/Mechanical, Electrical.

Soft Costs = Equipment, Furniture, Signage, Preconstruction Services, Construction Scheduling, Architectural, Engineering, Testing & Inspections, IOR Testing, Agency Fees, State Review Fees (OSHDP), CM Fee, Insurance, Performance/Payment Bonding, Administrative Bond Contingency

Contingency Costs = Inflation, Unforeseen Conditions & Events

Footnotes:

(2) Overage includes additional equipment costs, related OSHPD Fees and other fee reallocations.

* Project Descriptions located within applicable project section.

** FDP Report dated 9/30/2015

*** Reconciled with TFHD General Ledger dated September 30, 2015. Reference Application for Payment SOV located within applicable project section.

**** Total Owner Scope Modifications \$5,152,464 Regulatory Scope Modification \$1,860,082

*****Balance to Finish is calculated from FDP with Scope Modifications less Total Amount PTD

On or under budget
1-5% over budget
6% or beyond over budget



MEASURE C PROJECTS - NON QUALIFIED EXPENDITURE COST SUMMARY

PROJECTS (*)	Current FDP Estimate (**)	Owner / Regulatory Scope Modifications	Board Approved Bid / Budget	Variance	Footnotes	Total Amount PTD (***)	Balance to Complete	% Complete	QTR Actual (Q3 2015)	FDP with Scope Modifications	Status/Notes
Measure C Projects - Non Qualified Expenditures											
<i>Cancer Center; Building + LINAC</i>											
PERSONAL PROPERTY		\$ 1,281,523	\$ 1,246,012	\$ (35,511)		\$ 1,281,523	\$ -	100%	\$ -	\$ 1,281,523	
SUBTOTAL PROJECT COSTS	\$ -	\$ 1,281,523	\$ 1,246,012	\$ (35,511)		\$ 1,281,523	\$ (35,511)	100%	\$ -	\$ 1,281,523	Complete
<i>Skilled Nursing Facility</i>											
PERSONAL PROPERTY	\$ -	\$ 56,582	\$ 391,614	\$ 335,032		\$ 56,582	\$ -	100%	\$ -	\$ 56,582	
TOTAL PROJECT COSTS	\$ -	\$ 56,582	\$ 391,614	\$ 335,032		\$ 56,582	\$ -	100%	\$ -	\$ 56,582	Complete
<i>Infill Projects; Phase I Dietary / RT / MR / Dietary Office / Staff Lockers</i>											
PERSONAL PROPERTY	\$ -	\$ 116,280	\$ 116,280	\$ -		\$ 145,973	\$ (29,693)	126%	\$ -	\$ 116,280	
SUBTOTAL PROJECT COSTS	\$ -	\$ 116,280	\$ 116,280	\$ -		\$ 145,973	\$ (29,693)	126%	\$ -	\$ 116,280	
<i>Infill Projects; Interim Birthing at Western Addition</i>											
PERSONAL PROPERTY	\$ -	\$ 49,180	\$ 15,396	\$ (33,784)		\$ 49,180	\$ -	319%	\$ -	\$ 49,180	
SUBTOTAL PROJECT COSTS	\$ -	\$ 49,180	\$ 15,396	\$ (33,784)		\$ 49,180	\$ -	319%	\$ -	\$ 49,180	
<i>Infill Projects; Pharmacy Relocation</i>											
PERSONAL PROPERTY	\$ -	\$ 5,477	\$ 2,372	\$ (3,105)		\$ 5,477	\$ (3,105)	100%	\$ -	\$ 5,477	
SUBTOTAL PROJECT COSTS	\$ -	\$ 5,477	\$ 2,372	\$ (3,105)		\$ 5,477	\$ (3,105)	100%	\$ -	\$ 5,477	
TOTAL PROJECT COSTS	\$ -	\$ 170,937	\$ 134,048	\$ (36,889)		\$ 200,630	\$ (32,798)	117%	\$ -	\$ 170,937	Complete
<i>Emergency Department & Sterile Processing Department; Increment 2</i>											
PERSONAL PROPERTY	\$ -	\$ 753,881	\$ 708,123	\$ (45,758)		\$ 762,771	\$ (54,648)	108%	\$ 8,587	\$ 753,881	
TOTAL PROJECT COSTS	\$ -	\$ 753,881	\$ 708,123	\$ (45,758)		\$ 762,771	\$ (54,648)	108%	\$ 8,587	\$ 753,881	
<i>Fluoroscopy / Nuc Med Upgrades / Diagnostic Imaging Equipment Replacement</i>											
PERSONAL PROPERTY	\$ -	\$ 5,500	\$ 5,500	\$ -		\$ 5,500	\$ -	100%	\$ -	\$ 5,500	
TOTAL PROJECT COSTS	\$ -	\$ 5,500	\$ 5,500	\$ -		\$ 5,500	\$ -	100%	\$ -	\$ 5,500	Complete
<i>South Building / Birthing / Dietary Phase II</i>											
PERSONAL PROPERTY	\$ -	\$ 750,272	\$ 973,312	\$ 973,312		\$ 17,380	\$ 955,932	2%	\$ -	\$ 750,272	
TOTAL PROJECT COSTS	\$ -	\$ 750,272	\$ 973,312	\$ 973,312		\$ 17,380	\$ -	0%	\$ -	\$ 750,272	
<i>Non-Measure C Design Contingency</i>											
PERSONAL PROPERTY	\$ -	\$ 150,000	\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ 150,000	
TOTAL PROJECT COSTS	\$ -	\$ 150,000	\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ 150,000	
PROJECT SUMMARY COSTS	\$ -	\$ 2,414,814	\$ 2,750,486	\$ 1,235,944	\$ -	\$ 1,561,615	\$ (68,309)	57%	\$ -	\$ 2,414,814	

* Project Descriptions located within applicable project section.

** FDP Report dated 9/30/2015

*** Reconciled with TFHD General Ledger dated September 30, 2015. Reference Application for Payment SOV located within applicable project section.

On or under budget
1-5% over budget
6% or beyond over budget



Board Executive Summary

By: Tom Hobday

DATE: 12/14/2015

ISSUE:

Request to the Tahoe Forest Hospital District Board of Directors for an increase in the Line of credit to the Tahoe Institute for Rural Health Research - December 21, 2015.

BACKGROUND:

The Tahoe Institute for Rural Health Research was initially envisioned as a research arm of the Tahoe Forest Health System in order to meet the requirements of the UC Davis Health System "Rural Center of Excellence" designation as a hospital that exceeded the standards of quality in the areas of Quality Clinical Care, Education and Research.

Recognizing the need to encourage collaboration between researchers and practitioners, UC Davis Health System and Tahoe Forest Hospital District came together in 2008 to recommend the formation of the Tahoe Institute for Rural Health Research. It was further recommended that the Institute be structured as a practice-based research network (PBRN). Defined by the Agency for Healthcare Research and Quality (AHRQ), a practice-based research network is a "group of ambulatory care practices devoted principally to the primary care of patients, and affiliated in their mission to investigate questions related to community-based practice and to improve the quality of primary care." While the Institute would engage a broad group of physician, nursing, and other health professionals, the PBRN model provided a context in which to conceptualize the structure of the entity. In addition, the Institute would focus on the use of technology to address barriers to care and advancing the quality of care in a variety of settings.

It was envisioned that this entity would conduct traditional research in a rural setting, submit requests for grants and publish its findings in professional journals. This entity would be an additional expense to the Health System.

It was discovered during the development of the Institute that its mission could be altered to become a potential significant revenue source for the TFHS by utilizing a collection of world class scientists and seasoned business people who were willing to assist with this program who lived in the region.

The model was changed to solicit healthcare needs from local practitioners and determine if a solution could be found to solve those needs and commercialize the resulting technologies utilizing collaboration agreements with UC Davis and others.

The board of the TFHD determined that instead of providing an annual expenditure of monies to further research, it would instead extend a line of credit to the Institute, a wholly owned subsidiary, to pay for the cost of developing these technologies. The line of credit would be paid back to the Health System and any revenues exceeding that amount would help to further the mission of the TFHD.

The Institute was incorporated initially as a 501 c.3. nonprofit corporation in 2009. Later a parent, wholly owned TIRHR, LLC was formed to develop the projects that did not have to be located in a nonprofit. Both entities are owned by the TFHD.

A line of credit was initially provided by the district of \$2,000,000 in order to develop the projects of the Institute. This line was increased to \$2,250,000 in July.

At the present time, the nonprofit entity is conducting the mTBI research project, which has been funded by grants primarily from the Gene Upshaw Memorial Golf Tournament. This project is moving along and has developed a system to objectively diagnose a concussion or mTBI on or near the sideline within about 15 minutes. This system is currently showing about a 93% success rate in meeting its objectives. It needs an additional statistically valid number of mTBI patients to volunteer to be parts of its study to prove its accuracy to a 95% level. Since the beginning of November, the team has been able to include an additional 13 subjects primarily because of the onset of a real ski season. It is also hoped that this system will assist in determining when the brain of the injured patient has healed enough to return to play or normal activity.

Our PACE (Protocols and Algorithms for Critical Events) system has been completed and we are currently in discussions with a major international computer company to buy this technology outright. We hope to have this completed by the end of the next quarter. Should this be successful, we expect that a significant part of the Line of Credit will be paid back to the District upon the completion of that transaction. We have passed a significant milestone with the potential buyer of this technology since the last District Board Meeting and are moving on to the next phase of this process.

Our Vital Signs monitor project has met the guidelines required by the National Science Foundation who has provided a \$225,000 grant to pursue that project, which is currently funded by the grant and outside investors in the project. There will be additional funding required from the Institute in January to maintain its ownership interest level in the LLC that was developed while meeting the requirements of the NSF.

The Portable Complete Blood Count Monitor project has received \$300,000 in grants from the National Science Foundation to pay for a part of the research we have conducted at the UC Davis Center for Biophotonics Research. We have proven the technology for a system to provide a complete blood count utilizing a “finger stick” on site, within 10 minutes. This system can be utilized in a physician’s office, at a patients’ home where it will be self-administered, or in a remote clinic. We currently have five entities we are in discussions with to either partner with us or invest in this system. It will take us additional time to formalize whichever of these relationships proves financially viable.

The TIRHR, LLC currently has 18 patents pending on the three products it has or is developing, and owns the technology with extremely favorable royalty agreements with UC Davis where needed.

ACTION REQUESTED:

We have an outstanding debt to the UC Davis Center for Biophotonics in the amount of \$127,000 to reimburse them for research they conducted on the PBCM project. This debt is due December 31, 2015, and has to be paid to meet NSF requirements under the grant we received.

We also need approximately \$85,000 to cover the ongoing expenses of the TIRHR, LLC until the end of March when we expect to finalize the sale of the PACE product and be able to begin to pay down the line of credit.

- We are requesting an additional increase of \$210,000 to the TIRHR, LLC Line of Credit.



Board Informational Report

By: Martha Simon

Director, Tahoe Forest Health System Foundation (TFHSF)

DATE: December 7, 2015

Quarterly Foundation Report

- The Foundation's Year-End Appeal was mailed the first week of December. We also coordinated an electronic version of our year-end appeal with Incline Village Community Hospital Foundation. Fundraising Goal: \$60,000
- Final Phase of the Circle of Life is underway. The Circle of Life is comprised of inlaid stonework which greets patients and families in the lobby of the Gene Upshaw Memorial Tahoe Forest Cancer Center. 82 spaces remain. Once all spaces have been sold, we plan to completely re-paint each name and seal it so that all engravings will be visible in perpetuity. Proceeds benefit the Community for Cancer Care Endowment. Fundraising Goal: \$167,500. www.endowment4cancercare.com
- Super Bowl Raffle. As of today's date, we have 11 tickets available to sell. Raffle tickets are \$100 each and only 300 are sold. Prize includes roundtrip coach airfare for two, 4 nights lodging and 2 premier tickets to Super Bowl 50 at Levi's Stadium February 2, 2016. Donated by NFL Foundation, proceeds from this raffle benefit the Gene Upshaw Memorial Fund. Fundraising Goal: \$30,000
- Best of Tahoe Chefs scheduled Sunday, May 15th at the Ritz-Carlton, Lake Tahoe. Tickets on sale now. www.bestoftahoechefs.org Sponsorship opportunities available. Fundraising Goal: \$165,000
- Gene Upshaw Memorial Golf Classic scheduled for July 17 & 18, 2016. Once again, Schaffer's Mill Golf & Lake Club will serve as the \$100,000 Presenting Sponsor. Golf Slots, Sponsorships available now. www.GU63.org Fundraising Goal: \$250,000
- Grateful Patient: The Foundation continually receives heartfelt testimonials from patients about their positive experiences at Tahoe Forest Health System. We have the honor of bestowing orange Guardian Angel name badges to the staff, physicians, nurses, & caregivers who receive accolades from grateful patients and family members.
- Three (3) new Restricted Funds have been established with the Tahoe Forest Health System Foundation:
 - The **Emergency Patient Assistance Fund** was launched with a lead gift from [It's My Community Store](http://www.itsmycommunitystore.com), Tahoe Forest's new office supply vendor. This vendor is committed to giving back to the Foundation up to 10% of the total dollar amount of office products ordered. The Emergency Patient Assistance Fund provides modest sums for food, a change of clothes, transportation and other essentials that make a difference for patients during a difficult moment in their lives. In certain instances, we can help individuals or families with bigger needs like rent, utilities and furniture to ensure patients return to a stable and healing home environment. In the saddest cases, we help with funeral expenses. Fundraising Goal: \$5,000 www.itsmycommunitystore.com
 - Former Auxiliary Advisory Council** (FAAC) wishes to establish a restricted fund with the Foundation with monies remaining from the closure of the Auxiliary. \$24,434.33 will be transferred to the Foundation to be used to support TFHD Volunteer Services (*pending review and approval by TFHSF Board at next quarterly meeting*).
 - The **Annalise King Hall Fund** established through a generous gift of a private donor who wishes to support Tahoe Forest Hospital's Women & Family Department These funds will be used specifically to purchase items that will assist families experiencing a loss of their newborn. (\$25,000)

Collaborations with Community Organizations

- TFHSF is participating in the 2nd Annual “Tahoe Gives Back” campaign through the Tahoe Truckee Community Foundation. 73 local nonprofits are sharing their missions and end-of-year goals to inspire full and part time residents, as well as all of the people who love to visit: <https://www.givebacktahoe.org/#npo/tahoe-forest-health-system-foundation>
- TFHSF and The Gift Tree will host the 2nd Annual Artisan Fair, December 10 at Tahoe Forest Hospital from 11am – 3PM. This event provides community members and TFHD employees an opportunity to showcase their talents and sell their hand-made items.
- The Foundation continues to work with Wellness Neighborhood staff to discuss and brainstorm our grant seeking strategic plan for the TNT Youth Health Initiative. This initiative emerged in 2014 from community-based collaborative efforts to address teen suicide and critical adolescent health needs in the Truckee-North Tahoe region of northern California. TNT Youth Health Initiative Partners include Tahoe Truckee Unified School District (TTUSD); Placer County Health and Human Services; Nevada County Health and Human Services; Wellness Neighborhood of Tahoe Forest Health System; Community Collaborative of Tahoe Truckee

BYLAWS OF THE BOARD OF DIRECTORS
TAHOE FOREST HOSPITAL DISTRICT

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**BYLAWS OF THE BOARD OF DIRECTORS
OF
TAHOE FOREST HOSPITAL DISTRICT**

Pursuant to the provisions of Sections 32104, 32125 and 32128 of the Health and Safety Code of the State of California, the Board of Directors of TAHOE FOREST HOSPITAL DISTRICT adopts these Bylaws for the government of TAHOE FOREST HOSPITAL DISTRICT.

ARTICLE I. NAME, AUTHORITY AND PURPOSE

Section 1. Name.

The name of this District shall be "TAHOE FOREST HOSPITAL DISTRICT".

Section 2. Authority.

A. This District, having been established May 2, 1949, by vote of the residents of said District under the provisions of Division 23 of the Health and Safety Code of the State of California, otherwise known and referred to herein as "The Local Health Care District Law", and ever since that time having been operated there under, these Bylaws are adopted in conformance therewith, and subject to the provisions thereof.

B. In the event of any conflict between these Bylaws and "The Local Health Care District Law", the latter shall prevail.

C. These Bylaws shall be known as the "District Bylaws".

Section 3. Purpose and Operating Policies.

A. Purpose.

Tahoe Forest Hospital District is committed to be the best mountain community health care system in our nation. All members of our team, working together, will ensure that the services we provide are satisfying, effective, efficient and of the highest quality, with access for all. We will strive each day to exceed patient, community, physician and employee expectations.

B. Operating Policies.

In order to accomplish the Mission of the District, the Board of Directors establishes the following Operating Policies:

1. **Non-Discrimination:** It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of service, hiring, training and employment practices on the basis of age; ancestry; color; disability; gender, gender identity, or gender expression; marital status; medical condition; national origin; political affiliation; race; religion; sexual orientation; veteran status/military service; genetic information.

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2. Through planned development and responsible management, the assets of the District will be used to meet the service needs of the area in an efficient and cost effective manner, after evaluation of available alternatives and other resources available to the District. This may include the development and operation of programs, services and facilities at any location within or without the District for the benefit of the people served by the District.

3. The District shall dedicate itself to the maximum level of quality consistent with sound fiscal management, and community based needs.

4. The Board shall provide a means for effective consumer participation and involvement in planning the future course of the District. Planning shall be accomplished in conjunction with other community resources, and will be coordinated with other service providers, when appropriate.

5. Improvement of the health status of the area will be the primary emphasis of services offered by the District. This will be accomplished through programs of inpatient and outpatient care, as well as outreach services in the areas of health education and prevention.

In addition, the District may elect to provide other programs of human service outside of the traditional realm of health care, where unmet human service needs have been identified through the planning process.

ARTICLE II. BOARD OF DIRECTORS

The Board of Directors:

Section I. Election.

There shall be five members of the Board of Directors who shall be elected for four year terms as provided in "The Local Health Care District Law".

Section 2. Responsibilities.

Provides continuing direction for planning, operation, and evaluation of all District programs, services and related activities consistent with the District Bylaws.

A. Philosophy and Objectives.

Considers the health requirements of the District and the responsibilities that the District should assume in helping to meet them.

B. Programs and Services.

1. Approves long and short range plans for the development of programs and services to be provided by the District. Takes action on recommendations of the Planning Committee and Chief Executive Officer.

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2. Provides general direction to the Chief Executive Officer in the implementation of programs and service plans.

3. Approves policies which govern programs and services.

4. Evaluates the results of programs and services on the basis of previously established objectives and requirements. Receives reports from the Chief Executive Officer and directs the Chief Executive Officer to plan and take appropriate actions, where warranted.

C. Organization and Staffing.

1. Adopts the plan of organization of the District, including plans of organization of the Board of Directors, Administration and Medical Staff.

2. Elects officers of the District in accordance with provisions of the Bylaws.

3. Confirms the appointment of both Directors and others to committees of the Board.

4. Selects and appoints the Chief Executive Officer.

5. Evaluates the continuing effectiveness of the organization.

D. Medical Staff.

1. Appoints all Medical Staff members.

2. Ensures that the District Medical Staff is organized to support the objectives of the District.

3. Reviews and takes final action on appeals involving Medical Staff disciplinary action.

4. Approves Medical Staff Bylaws and proposed revisions.

E. Finance.

1. Assumes ultimate responsibility for the financial soundness and success of the District.

2. Assumes ultimate responsibility for the appropriate use of endowment funds and of other gifts to the District. Exercises trusteeship responsibility to see that funds are used for intended purposes.

3. Adopts annual budgets of the District, including both operating and capital expenditure budgets.

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4. Receives and reviews periodic financial reports. Considers comments and recommendations of its Finance Committee or management staff.

5. Receives and reviews reports of the District's auditors.

6. Approves policies which govern the financial affairs of the District.

7. Authorizes officers of the District to act for the District in the execution of financial transactions.

F. Grounds, Facilities and Equipment.

1. Approves plans for development, expansion, modernization and replacement of the District's grounds, facilities, major equipment and other tangible assets.

2. Approves the acquisition, sale and lease of real property.

G. External Relations.

Assumes ultimate responsibility for representing the communities served by the District and representing the District to the communities served.

H. Assessment And Continuous Improvement Of Quality Of Care

Ensures that the proper organizational environment and systems exist to continuously improve the quality of care provided. Responsible for a system wide quality assessment and performance improvement program that reflects all departments and services. Reviews Quality Assessment Reports focused on indicators related to improving health outcomes and the prevention and reduction of medical errors. Provides oversight to and annually approves the written Quality Assurance / Process Improvement plan.

I. Strategic Planning.

1. Oversees the strategic planning process.

2. Establishes long range goals and objectives for the District's programs and facilities.

Section 3. Powers.

A. Overall Operations.

The Board of Directors shall determine policies and shall have control of, and be responsible for, the overall operations and affairs of this District and its facilities.

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B. Medical Staff.

The Board of Directors shall authorize the formation of a Medical Staff to be known as "The Medical Staff of Tahoe Forest Hospital District". The Board of Directors shall determine membership on the Medical Staff, as well as the Bylaws for the government of said Medical Staff, as provided in ARTICLE IX of these Bylaws.

C. Auxiliary.

The Board of Directors may authorize the formation of service organizations to be known as "The Tahoe Forest Hospital Auxiliary" and "The North Lake Tahoe Community Health Care Auxiliary", the Bylaws of which shall be approved by the Board of Directors.

D. Other Adjuncts.

The Board of Directors may authorize the formation of other adjunct organizations which it may deem necessary to carry out the purposes of the District; the Bylaws of such organizations shall be approved by the Board of Directors.

E. Delegation of Powers.

The Medical Staff, Auxiliary, and any other adjunct organizations shall have those powers set forth in their respective Bylaws. All powers and functions not set forth in their respective Bylaws are to be considered residual powers still vested in the Board of Directors.

F. Provisions to Prevail.

These District Bylaws shall override any provisions to the contrary in the Bylaws, or Rules and Regulations of the Medical Staff, Auxiliary or any of the adjunct organizations. In case of conflict, the provisions of these District Bylaws shall prevail.

G. Resolutions and Ordinances.

From time to time, the Board of Directors may pass resolutions regarding specific policy issues, which resolutions may establish policy for the operations of this District.

H. Residual Powers.

The Board of Directors shall have all of the other powers given to it by "The Local Health Care District Law" and other applicable provisions of law.

I. Grievance Process

The Board of Directors delegates the responsibility to review and resolve grievances to the Grievance Committee.

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Section 4. Vacancies.

Any vacancy upon the Board of Directors shall be filled by appointment by the remaining members of the Board of Directors within sixty (60) days of the vacancy. Notice of the vacancy shall be posted in at least three (3) places within the District at least fifteen (15) days before the appointment is made. The District shall notify the elections officials for Nevada and Placer Counties of the vacancy no later than fifteen (15) days following either the date on which the District Board is notified of the vacancy or the effective date of the vacancy, whichever is later, and of the appointment no later than fifteen (15) days after the appointment. In lieu of making an appointment, the remaining members of the Board of Directors may within sixty (60) days of the vacancy call an election to fill the vacancy. If the vacancy is not filled by the Board of Directors or an election called within sixty (60) days, the Board of Supervisors of the County representing the larger portion of the Hospital District area in which an election to fill the vacancy would be held may fill the vacancy, within ninety (90) days of the vacancy, or may order the District to call an election. If the vacancy is not filled or an election called for within ninety (90) days of the vacancy, the District shall call an election to be held on the next available election date. Persons appointed to fill a vacancy shall hold office until the next District general election that is scheduled 130 or more days after the date the District and the elections officials for Nevada and Placer Counties were notified of the vacancy and thereafter until the person elected at such election to fill the vacancy has been qualified, but persons elected to fill a vacancy shall hold office for the unexpired balance of the term of office.

Section 5. Meetings.

A. Regular Meetings.

Unless otherwise specified at the preceding regular or adjourned regular meeting, regular meetings of the Board of Directors shall be held on the ~~last-fourth~~ **Thursday** of each month at 4:00 PM at a location within the Tahoe Forest Hospital District Boundaries. The Board shall take or arrange for the taking of minutes at each regular meeting.

B. Special Meetings.

Special meetings of the Board of Directors may be held at any time and at a place designated in the notice and lying within the District, except as provided in the Brown Act, upon the call of the President, or by not fewer than three (3) members of the Board of Directors, and upon written notice to each Director specifying the business to be transacted, which notice shall be delivered personally or by mail and shall be received at least twenty-four (24) hours before the time of such meeting, provided that such notice may be waived by written waiver executed by each member of the Board of Directors. Notice shall also be provided within such time period to local newspapers and radio stations which have requested notice of meetings. Such notice must also be posted twenty-four (24) hours before the meeting in a location which is freely accessible to the public. In the event of an emergency situation involving matters upon which

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prompt action is necessary due to disruption or threatened disruption of District services (including work stoppage, crippling disaster or other activity which severely impairs public health, safety or both), the Board may hold a special meeting without complying with the foregoing notice requirements, provided at least one (1) hour prior telephone notice shall be given to local newspapers and radio stations which have requested notice of meetings, and such meetings shall otherwise be in compliance with the provisions of Government Code Section 54956.5. The Board shall take or arrange for the taking of minutes at each special meeting.

C. Policies and Procedures.

The Board may from time to time adopt policies and procedures governing the conduct of Board meetings and District business. All sessions of the Board of Directors, whether regular or special, shall be open to the public in accordance with the Brown Act (commencing with Government Code Section 54950), unless a closed session is permitted under the Brown Act or Health and Safety Code Sections 32106 and 32155 or other applicable law.

Section 6. Quorum.

The presence of a majority of the Board of Directors shall be necessary to constitute a quorum to transact any business at any regular or special meeting, except to adjourn the meeting to a future date.

Section 7. Medical Staff Representation.

The Chief of the Medical Staff shall be appointed as a special representative thereof to the Board of Directors without voting power, however, and shall attend the meetings of the Board of Directors. In the event the Chief of Staff cannot attend a meeting, the Vice-Chief of the Medical Staff shall attend during the absence of the Chief of Staff.

Section 8. Director Compensation and Reimbursement Of Expenses.

The Board of Directors shall serve without compensation, except that the Board of Directors, by a resolution adopted by a majority vote of the members of the Board, may authorize the payment of not to exceed one hundred dollars (\$100.00) per meeting, not to exceed five (5) meetings a month, as compensation to each member of the Board of Directors.

Each member of the Board of Directors shall be allowed his or her actual necessary traveling and incidental expenses incurred in the performance of official business of the District as approved by the Board or Chief Executive Officer, per Board policy.

/ /

Section 9. Board Self-Evaluation.

The Board of Directors will monitor and discuss its process and performance at least annually. The self-evaluation process will include comparison of Board activity to its manner of governance policies.

ARTICLE III. OFFICERS

Section I. Officers.

The officers of the Board of Directors shall be President, Vice-President, Secretary and Treasurer who shall be members of the Board, and a Clerk.

Section 2. Election of Officers.

The officers of the Board of Directors shall be chosen every year by the Board of Directors ~~in December of the preceeding~~at the first meeting of such calendar year and ~~each officer shall hold office for a one (1) year term or until such officer's successor shall be elected and qualified or until such officer is otherwise disqualified to serve~~shall serve at the pleasure of the Board. The person holding the office of President of the Board of Directors shall not serve two successive terms, unless by unanimous vote of the Board of Directors taken at a regularly scheduled meeting. In the event of a vacancy in any office, an election shall be held at the next regular meeting following the effective date of the vacancy to elect the officer to fill such office.

Section 3. Duties of Officers.

A. President. Shall preside over all meetings of the Board of Directors. Shall sign as President, on behalf of the District, all instruments in writing which he/she has been authorized and obliged by the Board to sign and such other duties as set forth in these Bylaws.-

B. Vice-President. The Vice-President shall perform the functions of the President in case of the President's absence or inability to act.

C. Secretary. The Secretary shall ~~ensure be responsible to record~~ minutes of all meetings of the Board of Directors are recorded and shall see that all records of the District are kept and preserved.

D. Treasurer. ~~The Controller may be appointed by the Treasurer, and shall be charged with the safekeeping and disbursement of the funds in the treasury of the District, subject to the policies established by the Board of Directors.~~

~~The Treasurer w~~ill serve as the chairperson of the Board Finance Committee and shall ensure the Board's attention to financial integrity of the District.

E. Clerk. The Chief Executive Officer or his designee shall be appointed the Clerk of the Board of Directors, and shall perform the functions of the Secretary in case

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of the Secretary's absence or inability to act.

ARTICLE IV. COMMITTEES

No Committee shall have the power to bind the District, unless the Board otherwise in writing.

Section 1. ~~Special-Ad Hoc~~ Committees.

~~Special-Ad Hoc~~ Committees may be appointed by the President of the Board of Directors from time to time as he/she deems necessary or expedient. ~~Such Committees shall have no power to commit the Board of Directors or the District in any manner. No~~ Committee shall have the power to bind the District, unless the Board declares provides otherwise in writing, but shall perform such functions as shall be assigned to them by the President, and shall function for the period of time specified by the President at the time of appointment or until determined to be no longer necessary and disbanded by the President of the Board of Directors. The President shall appoint each Committee chair.

Section 2. Standing Committees.

Standing Committees may from time to time be created by resolution duly adopted by the Board of Directors. The President shall appoint the members of these committees and the Chair thereof, subject to the approval of the Board by majority of quorum. Committee appointments shall be for a period of one (1) year and will be made annually at the ~~January-December~~ Board meeting, following the election of Board Officers. The initial Standing Committees will consist of the following:

A. Joint Conference Committee.

1. The Joint Conference Committee (JCC) shall consist of the Chief of Staff, the Vice Chief of Staff, the Chief Executive Officer, and the President of the Board of Directors and one other member of the Board appointed by the President. The Chair shall alternate at the beginning of the Medical Staff year between a Medical Staff JCC member selected by the Chief of Staff and a Board of Directors JCC member selected by the President of the Board of Directors.

2. The Committee shall meet as needed.

3. The JCC shall review policy relating to the performance of the Medical Staff and shall serve as a forum for discussion of mutual concerns of the Board of Directors, the Chief Executive Officer and his/her management staff, and the Medical Staff.

4. The JCC shall constitute a forum for the discussion of matters of District and Medical Staff policy, practice and planning, and a forum for interaction between the Board of Directors and the Medical Staff on such matters as may be referred by the

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Executive Committee or the Board of Directors. The JCC shall exercise other responsibilities set forth in these Bylaws.

B. Finance Committee.

1. The Committee shall comprise two (2) Board Members. The Board Treasurer shall serve as Chairperson of the Committee, and the second Committee member shall be appointed by the Board President.

2. The Committee shall meet as needed. A report will be made to the Board of Directors quarterly, or otherwise as requested.

3. The Committee shall have the following responsibilities pursuant to the policies of the Board of Directors:

- a. Development of District operating, cash and capital budgets for approval by the Board of Directors.
- b. Monitoring of District budget performance and financial management.
- c. Review of capital purchase recommendations before presentation to the Board of Directors.
- d. Review and comment on monthly financial statements and expenditure reports.
- e. Oversight of annual independent audit and supervision of any necessary corrective measures.
- f. Supervision of the investment of District funds.
- g. Special projects, as required in the area of financial management, or as directed by the Board of Directors.
- h. Oversight of budget and expenditures for facility projects.

C. Governance Committee

1. The Committee shall comprise two (2) Board Members appointed by the Board President.

2. The Committee shall meet as needed.

3. The Committee shall ~~be advisory in nature with~~ have the following responsibilities pursuant to the policies of the Board of Directors:

- a. Provide oversight of the Compliance program efforts to achieve regulatory compliance by reviewing its activities, quality and effectiveness, and to monitor that management appropriately addresses compliance recommendations;

- b. Conduct periodic review of- these Bylaws and Board policies.
- c. Submit recommendations to the Board of Directors for changes in these documents as necessary and desirable.
- d. Draft new Board policies and procedures as necessary or as directed by the Board of Directors for recommendation to the Board.
- e. Advance best practices in board governance.
- f. Conduct the annual board self-assessment and board goal setting process.

D. Personnel Committee

- 1. The Committee shall comprise two (2) Board Members appointed by the Board President.
- 2. The Committee shall meet as needed.
- 3. The Committee shall ~~be advisory in nature with~~have the following responsibilities pursuant to the policies of the Board of Directors:
 - a. Chief Executive Officer Relations
 - 1. Employment Agreement
 - 2. Performance Evaluation
 - 3. Incentive Compensation Program
 - b. Chief Executive Officer/Board of Directors Liaison
- 4. Memorandum of Understanding with District bargaining units

E. Retirement Plan Committee

- 1. The Committee is a sub-committee of the Personnel Committee.
- 2. The Committee shall comprise the two (2) Board Members of the Personnel Committee appointed by the Board President, Chief Executive Officer, CFO, and ~~Chief~~Human Resources ~~Director~~Officer.
- 3. The Committee shall meet as needed.
- 4. The Committee shall have the following responsibilities:
 - a. Establish and administer the District's Investment Policy Statement.

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b. Provide administrative oversight for the Tahoe Forest Hospital District Money Purchase Pension Plan and the Tahoe Forest Hospital District Deferred Compensation Plan.

G. Quality Committee

1. The Committee membership shall be comprised of a minimum of two members of the Board of Directors as appointed by the Board President and two (2) members of the Tahoe Forest Hospital Medical Staff as appointed by the Medical Executive Committee. {Recommend Chief of Staff or designee and Chairperson of the Quality Assessment and Improvement Committee}

2. The Committee shall meet a minimum of four (4) times per calendar year.

3. The Committee is accountable to the Board of Directors for the following:

a. Provide oversight for the organization-wide Quality Assessment and Performance Improvement Plan;

b. Set expectations of quality care, patient safety, environmental safety, and performance improvement throughout the organization;

c. Ensure the provision of organization-wide quality of care, treatment, and service provided and prioritization of performance improvement throughout the organization;

d. Monitor the improvement of care, treatment, and services to ensure that it is safe, beneficial, patient-centered, customer-focused, timely, efficient, and equitable;

e. Oversee and be accountable for the organization's participation and performance in national quality measurement efforts, accreditation programs, and subsequent quality improvement activities;

f. ~~Assure-Ensure~~ the development and implementation of ongoing education focusing on service excellence, performance improvement, risk-reduction/safety enhancement, and healthcare outcomes.

H. Community Benefit Committee

1. The Committee shall comprise two (2) Board Members.

2. The Committee shall meet at least 4 times a year and additionally as needed.

3. The Committee shall ~~be advisory in nature with~~have the following responsibilities pursuant to the policies of the Board of Directors:

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- a. Ensure Health System strategic planning and stated goals include community and population health initiatives to improve health, decrease costs, and improve the patient experience.
- b. Provide advice and input in the deployment of the tri-annual Community Health Needs Assessment (CHNA).
- c. Review resulting data from CHNA, - provide input into the Community Health Improvement Plan (CHIP), -and assist in development of long term strategies, aligned with Health System goals, to address key health issues.
- d. Monitor the planning, development, implementation and results of major programs aimed at improving the health of the community.
- e. With collaborative partners, make recommendations for program continuation or termination based on progress toward identified measurable objectives, available resources, level of community ownership, and alignment with criteria for priorities.
- f. Review and provide input on proposed public communications about the organization's community benefit activities.
- g. Engage the community to achieve community health improvement goals through partnerships.

ARTICLE V. MANAGEMENT

Section 1. Chief Executive Officer.

The Board of Directors shall select and employ a Chief Executive Officer who shall act as its executive officer in the management of the District. The Chief Executive Officer shall be given the necessary authority to be held responsible for the administration of the District in all its activities and entities, subject only to the policies as may be adopted from time to time, and orders as may be issued by the Board of Directors or any of its committees to which it has delegated power for such action by a writing. The Chief Executive Officer shall act as the duly authorized representative of the Board of Directors.

Section 2. Authority and Responsibility.

The Chief Executive Officer shall have the following duties and responsibilities as follows. Other duties may be assigned by the Board.

- A. Assists, counsels, and advises the Board of Directors on the establishment of Hospital policies; acts as agent of the Board in carrying out such policies.
- B. Recommends District policy positions regarding legislation, government,

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administrative operation and other matters of public policy as required.

C. Assists the Board of Directors in effectively fulfilling its responsibilities by keeping the Board informed, on a monthly basis, of the operating results of the District; compares monthly operations to Board approved plans and budgets explaining variances that may arise.

D. Assists and advises the Board with respect to the District's authority under the law and changes in state statutory guidelines and requirements.

E. Develops and implements appropriate strategic and annual operating plans that document the long and short-term goals and objectives of the District.

F. Actively pursues and supports the appraisals and development of new programs which could benefit the long-range success and survival of the District.

G. Establishes concise reporting relationships for all positions and departments in the District. Establishes methods which will foster the achievement of District goals and objectives and support the efficiency and effectiveness of all operations through proper communication and coordination.

H. Coordinates all operations with the Medical Staff, its committee structure and its leadership; demonstrates a proactive and positive relationship with the Medical Staff.

I. Ensures a consistency of purpose and mutuality of interest between the operations and bylaws of the Medical Staff and the policies and bylaws of the District.

J. Develops and maintains quality improvement programs designed to enhance quality and customer satisfaction.

K. Establishes operating policies and procedures for all departments, delegating specific responsibility for documentation, monitoring, compliance, and reporting or results to subordinates, as required.

L. Establishes, implements and maintains a comprehensive budgeting program for the District. This program includes an appropriate consideration of operational, financial and statistical information needed to efficiently and effectively control all District operations.

M. Consistently generates sufficient net income to meet established financial goals.

N. Develops strong marketing and public relations programs.

O. Ensures the competitive viability and continuance of the District.

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P. Through various techniques, encourages the development of services which promote District growth and expanded potential constituencies.

Q. Ensures the coordination of Auxiliary and Foundation Bylaws and operations with the Bylaws and operations of the District.

R. Establishes a proper, consistent image of the District and its operations.

S. Personally represents the District to a variety of individuals, community groups, and health industry organizations.

T. Maintains active professional contacts through local, state and national associations in order to effectively network, as required.

U. Demonstrates the ability to effectively represent the District at national, state and local meetings, conferences and conventions, as required.

V. Remains current with national and local issues affecting District administration and their potential impact on the District; serves as a well-informed advisor to the Board of Directors.

W. Personally or through delegation, hires, assigns responsibility, counsel, evaluates and (as required) terminates all District employees.

X. Personally or through delegation serves as Clerk of the Board of Directors.

Y. Actively participates in outside programs and community affairs in order to represent the District as appropriate.

Z. Assists, counsels, and advises the Board of Directors on the establishment of personnel policies; acts as agent of the Board in carrying out such policies.

ARTICLE VI: HOME -HEALTH CARE SERVICE

Section 1. Establishment

There is hereby established, as a subdivision of this District, Tahoe Forest Home Health Service (TFHHS), which shall be primarily engaged in providing skilled nursing services and other therapeutic services such as physical, speech, occupational, medical social, medical nutritional therapy and home health aide services and infusion therapy to patients in their homes.

Non-Discrimination: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of service, hiring, training and employment practices on the basis of age; ancestry; color; disability; gender, gender identity, or gender expression; marital status; medical condition; national origin; political affiliation; race; religion; sexual orientation;; veteran status/military service; or genetic information.

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Section 2. Governing Body/Professional Advisory Committee

The governing body of TFHHS shall be the Board of Directors of Tahoe Forest Hospital District (Governing Body). To assist the Governing Body, the Director of TFHHS may appoint a Professional Advisory Committee. The Professional Advisory Committee of TFHHS shall consist of at least the Director of TFHHS, the Medical Director of TFHHS, the Chief Executive Officer, the Director of Quality Management, the Director of Inpatient Services, a registered nurse, appropriate representation from three (3) other professional disciplines, and at least (1) one member of the community at large. The Professional Advisory Committee shall be subject to the control and direction of the Governing Body. Appointments must be made every 2 (two) years.

Section 3. Policies, Rules and Regulations

Policies, rules and regulations for the TFHHS may be adopted from time to time by the Governing Body, after recommendation of such policies, rules and regulations by the Professional Advisory Committee.

ARTICLE VII. HOSPICE

Section 1. Establishment

There is hereby established, as a subdivision of this District, Tahoe Forest Hospice which shall be engaged primarily in providing interdisciplinary health care that is designed to provide palliative care and alleviate the physical, emotional, social, and spiritual discomforts of an individual who is experiencing the last phases of life due to the existence of a terminal disease. Tahoe Forest Hospice provides services directly or through arrangements with other qualified providers. Core services include the following: skilled nursing services, social services/counseling, medical direction, bereavement services, volunteer services, inpatient care arrangements, and home health aide/homemaker services. Other therapeutic services such as physical, speech, occupational, nutritional therapy, respite care and infusion care will also be provided.

Non-Discrimination: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of service, hiring, training and employment practices on the basis of age; ancestry; color; disability; gender, gender identity, or gender expression; marital status; medical condition; national origin; political affiliation; race; religion; sexual orientation;; veteran status/military service; or genetic information..

Section 2. Governing Body/Appointment Of Qualified Administrator

The governing body of Tahoe Forest Hospice shall be the Board of Directors of Tahoe Forest Hospital District (Governing Body). The Governing Body assumes full legal authority and responsibility for the operation of the hospice. The Governing Body oversees the management and fiscal affairs of the hospice. To assist the Governing Body, the Board appoints a qualified administrator. The qualified administrator is responsible for organizing and directing hospice functions and maintaining liaison with the Governing Body and the interdisciplinary team. Under the direction of the

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Governing Body, the qualified administrator arranges for professional services and designates in writing all services provided by the hospice.

Section 3. Policies, Rules and Regulations

Policies, rules and regulations for Tahoe Forest Hospice may be adopted from time to time by the Governing Body, after recommendation of such policies, rules and regulations by the Chief Executive Officer, the qualified administrator, and the Interdisciplinary Hospice Team.

ARTICLE VIII. TAHOE FOREST HOSPITAL

Section 1. Establishment

There is hereby established as a subdivision of this District, Tahoe Forest Hospital (TFH), which shall be primarily engaged in providing Emergency Services, Inpatient/Observation Care, Critical Care, Diagnostic Imaging Services, Laboratory Services, Surgical Services, Obstetrical Services and Long Term Care Services.

Non-Discrimination: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of service, hiring, training and employment practices on the basis of age; ancestry; color; disability; gender, gender identity, or gender expression; marital status; medical condition; national origin; political affiliation; race; religion; sexual orientation; veteran status/military service; or genetic information..

Section 2. Governing Body

The governing body of TFH shall be the Board of Directors of Tahoe Forest Hospital District (Governing Body).

Section 3. Policies, Rules and Regulations

Policies, rules and regulations for TFH must be approved by the Governing Body after recommendation of such policies, rules and regulations by the Chief Executive Officer. TFH shall operate under the California Department of Health Services.

ARTICLE IX. INCLINE VILLAGE COMMUNITY HOSPITAL

Section 1. Establishment

There is hereby established, as a subdivision of this District, Incline Village Community Hospital (IVCH), which shall be primarily engaged in providing Emergency Services, Inpatient/Observation Care, Radiological Services including Mammography and Ultrasound, Laboratory Services, Outpatient Surgery and Sleep Disorder Services to patients.

Non-Discrimination: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of service, hiring, training and employment

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practices on the basis of age; ancestry; color; disability; gender, gender identity, or gender expression; marital status; medical condition; national origin; political affiliation; race; religion; sexual orientation; veteran status/military service; or genetic information..

Section 2. Governing Body

The governing body of IVCH shall be the Board of Directors of Tahoe Forest Hospital District (Governing Body).

Section 3. Policies, Rules and Regulations

Policies, rules and regulations for IVCH must be approved by the Governing Body, after recommendation of such policies, rules and regulations by the Chief Executive Officer. IVCH shall operate under the Nevada State Bureau of Licensing.

ARTICLE X. MEDICAL STAFF

Section 1. Nature of Medical Staff Membership.

Membership on the Medical Staff of Tahoe Forest Hospital District is a privilege which shall be extended only to professionally competent practitioners who continuously meet the qualifications, standards and requirements set forth herein and in the Bylaws of the Medical Staff.

Section 2. Qualifications for Membership.

A. Only physicians, dentists or podiatrists who:

1. Demonstrate and document their licensure, experience, education, training, current professional competence, good judgment, ethics, reputation and physical and mental health status so as to establish to the satisfaction of the Medical Staff and the Board of Directors that they are professionally qualified and that patients treated by them at the hospital can reasonably expect to receive high quality medical care;
2. Demonstrate that they adhere to the ethics of their respective professions and that they are able to work cooperatively with others so as not to adversely affect patient care or District operations;
3. Provide verification of medical malpractice insurance coverage;
4. Establish that they are willing to participate in and properly discharge those responsibilities determined according to the Medical Staff Bylaws **and** shall be deemed to possess basic qualifications for membership on the Medical Staff. No practitioner shall be entitled to membership on the Medical Staff or be able to exercise particular clinical privileges in the Hospital solely by virtue of the fact that he/she is duly

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licensed to practice in this or any other state, or that he/she is a member of any professional organization, or that he/she had in the past, or presently has, such privileges at Tahoe Forest Hospital or another hospital.

Section 3. Organization and Bylaws.

The Medical Staff shall have the authority to organize itself and to adopt Bylaws not inconsistent with these Bylaws for the government of the Medical Staff.

The Bylaws of the Medical Staff shall set forth the procedure by which eligibility for Medical Staff membership and establishment of clinical privileges shall be determined, including standards for qualification. Such Bylaws shall provide that the Medical Staff, or a committee or committees thereof, shall study the qualifications of all applicants and shall establish and delineate clinical privileges and shall submit to the Board of Directors recommendations thereon and shall provide for reappointment no less frequently than biennially. The Medical Staff shall also adopt Rules and Regulations consistent with its Bylaws for the conduct of the Medical Staff in its practice in the Hospital.

The Bylaws and Rules and Regulations of the Medical Staff shall be subject to approval of the Board of Directors of the District, and amendments thereto shall be effective only upon approval of such amendments by the Board of Directors. Neither the Medical Staff nor the Board of Directors may unilaterally amend the Medical Staff Bylaws or Rules and Regulations.

Section 4. Appointment to Medical Staff

All appointments and reappointments to the Medical Staff shall be made by the Board of Directors as provided by the standards of the Healthcare Facility Accreditation Program. Final responsibility for appointment, rejection or cancellation of any appointment shall rest with the Board of Directors.

Non-Discrimination: It is the policy of the District to not discriminate in admissions, provisions of service, hiring, training and employment practices on the basis of age; ancestry; color; disability; gender, gender identity, or gender expression; marital status; medical condition; national origin; political affiliation; race; religion; sexual orientation; veteran status/military service; or genetic information..

All applications for appointment to the Medical Staff shall be processed by the Medical Staff in such manner as shall be provided by the Bylaws of the Medical Staff and, upon completion of processing by the Medical Staff, the Medical Staff shall make a report and recommendation regarding such application to the Board of Directors. This recommendation will also include the specific clinical privileges requested by the practitioner, and the Medical Staff's recommendation concerning these privileges. No duly licensed physician or surgeon shall be excluded from Medical Staff membership solely because he or she is licensed by the Osteopathic Medical Boards of California and Nevada.

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Upon receipt of the report and recommendation of the Medical Staff, the Board of Directors shall take action upon the application by granting or rejecting the same and shall cause notice of its actions to be given to the applicant and to the Medical Staff. Whenever the Board of Directors does not concur in a Medical Staff recommendation relative to clinical privileges, the matter will be referred to the Joint Conference Committee for review before final action is taken by the Board of Directors.

Section 5. Staff Meetings: Medical Records

The Medical Staff shall be self-governing with respect to the professional work performed in the Hospital. The Medical Staff shall meet in accordance with the minimum requirements of the Healthcare Facility Accreditation Program. Accurate, legible and complete medical records shall be prepared and maintained for all patients and shall be the basis for review and analysis.

For purposes of this section, medical records include, but are not limited to, identification data, personal and family history, history of present illness, review of systems, physical examination, special examinations, professional or working diagnosis, treatment, gross and microscopic pathological findings, progress notes, final diagnosis, condition on discharge and other matters as the Medical Staff shall determine.

Section 6. Medical Quality Assurance

The Medical Staff shall, in cooperation with the administration of the District, establish a comprehensive and integrated quality assurance and risk control program for the District which shall assure identification of problems, assessment and prioritization of such problems, implementation of remedial actions and decisions with regard to such problems, monitoring of activities to assure desired results, and documentation of the undertaken activities. The Board of Directors shall require, on a quarterly basis, reports of the Medical Staff's and District's quality assurance activities.

Section 7. Hearings and Appeals

Appellate review of any action, decision or recommendation of the Medical Staff affecting the professional privileges of any member of, or applicant for membership on, the Medical Staff is available before the Board of Directors. This appellate review shall be conducted consistent with the requirements of Business and Professions Code Section 809.4 and in accordance with the procedures set forth in the Medical Staff Bylaws. Nothing in these Bylaws shall abrogate the obligation of the District and the Medical Staff to comply with the requirements of Business and Professions Code Sections 809 through 809.9, inclusive. The rules relating to appeals to the Board of Directors as set forth in the Medical Staff Bylaws are as follows:

A. Time For Appeal Within fifteen (15) days after receipt of the decision of the Judicial Review Committee, either the practitioner or the Executive Committee may request an appellate review. A written request for that review shall be delivered to the Chief of Staff, the Chief Executive Officer and the other party in the hearing. If a request for appellate review is not presented within that period, both parties shall be

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deemed to have waived their rights to appeal. Thereafter, the Board of Directors shall consider whether to accept the Judicial Review Committee decision as the final decision of the District or to initiate an appellate review by its own action. If the Board of Directors votes to initiate an appellate review, the Board of Directors shall consider the matter as an appeal in accordance with this Article. Its decision following that appeal shall constitute the final action of the District.

B. Grounds For Appeal A written request for an appeal shall include a specification of the grounds for appeal and a concise statement of the arguments in support of the appeal. The grounds for appeal from the hearing shall be: (1) substantial and material failure to comply with the procedures required by these Bylaws or applicable law for the conduct of a hearing; (2) the decision was not supported by substantial evidence in the hearing record.

C. Time, Place and Notice If an appellate review is to be conducted, the appeal board shall, within thirty (30) days after receipt of notice of appeal, decide upon the specific procedures to be followed and endeavor to advise each party. The date for completion of the appellate review shall not be fewer than thirty (30) days nor more than sixty (60) days from the date of such receipt of that notice, provided, however, that when a request for appellate review concerns a member who is under suspension or restriction which is then in effect, the appellate review shall be held as soon as the arrangements may reasonably be made. The time for appellate review may be extended by the Board of Directors or its Chair for good cause.

D. Appeal Board The Board of Directors may sit as the appeal board, or it may appoint an appeal board which shall be composed of not fewer than three (3) members of the Board of Directors. Knowledge of the matter involved shall not preclude any person from serving as member of the appeal board, so long as that person did not take part in a prior hearing on the same matter. The appeal board may select an attorney at law to assist it in the proceeding, but that attorney shall not be entitled to vote with respect to the appeal.

E. Appeal Procedure The proceeding by the appeal board shall be in the nature of an appellate review based upon the record of the hearing before the Judicial Review Committee, provided that the appeal board may accept additional oral or written evidence, subject to a foundational showing that such evidence could not have been made available to the Judicial Review Committee in the exercise of reasonable diligence and subject to the same rights of cross-examination or confrontation provided at the Judicial Review Committee hearing; or the appeal board may remand the matter to the Judicial Review Committee for the taking of further evidence and for decision. Each party shall have the right to present a written statement in support of his/her position on appeal. During the appeal, each party or representative shall have the right to appear personally before the Board of Directors or the appeal board, for the purpose of presenting oral argument and responding to questions in accordance with procedures to be established by the Board of Directors or appeal board. Each party shall have the right to be represented by an attorney or by any other designated representative during that appearance. The Board of Directors or the appeal board shall determine the

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procedures to be observed during that meeting and shall determine the role of legal counsel. The appeal board may then conduct, at a time convenient to itself, deliberations outside the presence of the appellant and respondent and their representatives. The appeal board shall present to the Board of Directors its written recommendations as to whether the Board of Directors should affirm, modify, or reverse the Judicial Review Committee decision, or remand the matter to the Judicial Review Committee for further review and decision.

F. Decision

1. Except as otherwise provided herein, within thirty (30) days after the conclusion of any appellate meeting, the Board of Directors shall render a decision in writing and shall transmit copies thereof to each side involved in the appeal. The Board's decision shall be final.

2. The Board of Directors may affirm, modify, or reverse the decision of the Judicial Review Committee or remand the matter to the Judicial Review Committee for reconsideration. If the matter is remanded to the Judicial Review Committee for further review and recommendation, that Committee shall promptly conduct its review and issue any appropriate decision and report.

G. Right To One Hearing No member or applicant shall be entitled to more than one evidentiary hearing and one appellate review on any matter which shall have been the subject of adverse action or recommendation.

H. Review Initiated By Board of Directors

1. Notice of Action In the event neither the person who requested the hearing before the Medical Staff Judicial Review Committee nor the body whose decision prompted the hearing requests an appeal according to this Article, the decision of the Judicial Review Committee shall be delivered to the Chief Executive Officer for transmittal to the Board of Directors.

2. Board of Directors Review The Board of Directors may, at any time within fifteen (15) days of such delivery, initiate appellate review. The procedures for such review shall be as set forth in Subsections A through G above, substituting the date of action by the Board of Directors initiating appellate review for the date of Notice of Appeal.

ARTICLE XI. AUXILIARY

The Auxiliary organizations shall be known as the "Tahoe Forest Hospital Auxiliary" and the "North Lake Tahoe Community Health Care Auxiliary." The Bylaws of the Auxiliaries shall be approved by the Board of Directors.

ARTICLE XII. REVIEW AND AMENDMENT OF BYLAWS

Section I At intervals of no more than two (2) years, the Board of Directors shall review these Bylaws in their entirety to ensure that they comply with all provisions of the Local Health Care District Law, that they continue to meet the needs of District Administration and Medical Staff, and that they serve to facilitate the efficient administration of the District.

These Bylaws may from time to time be amended by action of the Board of Directors. Amendments may be proposed at any Regular meeting of the Board of Directors by any member of the Board. Action on proposed amendments shall be taken at the next Regular meeting of the Board of Directors following the meeting at which such amendments are proposed.

ADOPTION OF BYLAWS

Originally passed and adopted at a meeting of the Board of Directors of the TAHOE FOREST HOSPITAL DISTRICT, duly held on the 9th day of January, 1953 and most recently revised on the 25th day of November 2014.

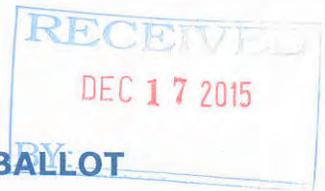
REVISION HISTORY

1975
Revised - March, 1977
Revised- October, 1978
Revised- April, 1979
Revised- March, 1982
Revised- May, 1983
Revised- February, 1985
Revised- July, 1988
Revised- March, 1990
Revised- November, 1992
Revised- February, 1993
Revised- May, 1994
Revised- April, 1996
Revised- September, 1996
Revised – April, 1998
Revised - - September, 1998
Revised – March, 1999
Revised – July, 2000
Revised – January, 2001
Revised – November, 2002
Revised – May, 2003
Revised – July, 2003
Revised – September, 2004
Revised – March, 2005
Revised – December, 2005
Revised – October, 2006
Revised – March, 2007

Revised – April, 2008
Revised – January, 2009
Revised – September, 2010
Revised – September, 2012
Revised – November, 2014
Revised – November, 2015

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PLACER LAFCO ALTERNATE SPECIAL DISTRICT VOTING BALLOT

PLEASE VOTE FOR ONE:

____ Neil Cochran, Foresthill Public Utility District

____ Susan Daniels, North Tahoe Public Utilities District

____ Alex Harvey, Placer Hills Fire Protection District

____ Mike Lynch, Auburn Recreation District

Ballots due back to Placer LAFCO by January 11, 2016

Neil Cochran
5344 Crestline Dr., Foresthill, CA 95631
Director – Foresthill Public Utility District (FPUD)



Candidate: LAFCO Alternate Special District Representative

Member FPUD Board since 2013, and member of Planning Committee. Prior to 2013, was chairman of FPUD volunteer Information Technology (IT) committee for two years.

Born in Kansas City, KS, Married with two children. Six years military experience in Kansas National Guard.

Work and Leadership Experience

- District Sales Manager – Addressograph Corporation Chicago – 20 Years
- Territory Manager – Wang Laboratories Boston – 3 Years
- Technical Manager – Xerox Corporation New York – 15 Years
- Assignments at the above organizations required extensive nationwide travel and offered increasing levels of responsibility

Retired to Foresthill in 2001

Foresthill Leadership and Public Service Experience

- Reporter/Correspondent *Foresthill Messenger* since 2001
- Past President Foresthill Lions Club
- Past Director Foresthill Chamber of Commerce
- Volunteer US Forest Service
- Volunteer Foresthill Fire Safe Council
- Publicity Director Foresthill Heritage Celebration
- Pro Bono Computer and Software Support for local residents and organizations

Foresthill Public Utility District Experience

- Member of FPUD Board of Directors since 2013
- Member of FPUD Planning Committee
- Researched and wrote three successful Grant Applications to PCWA 2013-2015
- Attends all Mountain Counties Water Resources Association meetings
- Familiar with Dam and Treatment Plant Operations and Communications Systems
- Familiar with Budget, Audits, Master Plan, IT Plan, Finance Committee,
- Planning Committee, Rate Studies & California Proposition 218,
- Familiar with a currently pending Water Rights Application before the California Water Resources Control Board
- Familiar with the California CEQA Process
- Completed Special FPUD Brown Act Workshop 2013
- Completed mandatory training sessions on Ethics and Workplace Harassment

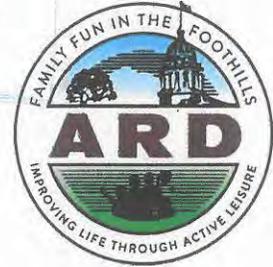
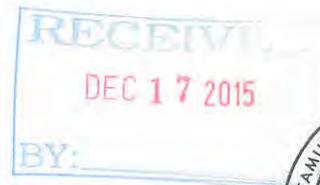
Candidate Statement: *“I would be honored to serve the Placer County LAFCO as an alternate representative of the FPUD Special District and the small rural communities of the County.”*

To: LAFCO Special Districts

From: Mike Lynch
Candidate for the Special Districts Alternate Representative

Date: November 30, 2015

Subject: Background of Mike Lynch for LAFCO representative



As a candidate for the vacant Special Districts Alternate Representative (nominated by the Auburn Area Recreation and Park District), I wanted to provide you with information about my background and experience related to this position.

First, I have lived in Placer County, near Auburn, since 1977. I am married and my spouse of 42 years, Patricia, is a retired county public health nurse.

I currently serve on the Board of Directors for the Auburn Area Recreation and Park District, the Placer County Visitors Bureau, the Placer County Historical Foundation and the California State Park Rangers Association.

I retired in September of 2014, after a 40 year career with California State Parks. During my state park career, I served as a ranger, supervision ranger and park superintendent. My last assignment was as Superintendent in charge of the Auburn State Recreation Area (ASRA).

As the ASRA Superintendent, I worked regularly with a wide variety of jurisdictions over the years including Placer County, El Dorado County, City of Auburn, US Bureau of Reclamation, US Forest Service and the US Bureau of Land Management. Additionally as superintendent, I worked with many agencies and Districts including the Auburn Area Recreation and Park District, Placer County Water Agency, Foresthill Fire Protection District, Placer County Fire, CalFire, Placer County Sheriff's Department, and various state agencies including CalTrans and CHP.

In my job as superintendent and as member of various boards, I am very familiar with budgets, financial reports, environment reports and requirements, legal requirements and guidelines regarding agencies and governing entities, and working with the public and public input.

Some of my other background and experience includes serving as a volunteer firefighter, a part-time community college instructor, a registered parliamentarian, an author of six books, and an Eagle Scout.

To help me better understand LAFCO and the Commission work, I reviewed all the information on the last two LAFCO meetings and discussed the role and function of LAFCO with two former and one current commissioner. Too, I met with Kris Berry who provided me with information on the role and operation of LAFCO and on the issues the Commission is currently addressing.

Considering my background and my understanding of LAFCO, I feel very confident that I can make a well balanced, informed and positive contribution to LAFCO as the alternate special districts representative.

Please contact me if you have any questions.

Yours,

M.G. "Mike" Lynch
530-305-1166 - lynch3212@gmail.com
P.O. Box 3212, Bowman, CA 95604-3212





Established 1949

BOARD OF DIRECTORS
PLACER HILLS FIRE PROTECTION DISTRICT

Alex Harvey Peter Hills Fred Lofrano Russell McCray Mark Wright

December 8, 2015

To Placer LAFCO Special Districts

From: Alex Harvey
Candidate for the Special Districts Alternate Representative



Thank you for taking the time to consider me for the position of alternate on the LAFCO Special Districts Board. I have worked for over 33 years as a firefighter, starting in 1973 as a seasonal with the California Department of Forestry and ending my career with the City of San Rafael retiring in 2009. I moved to the foothills in 1997.

In my retirement I have enjoyed volunteering my time with the Meals on Wheels program and the Native Sons of the Golden West. Since 2012, I have been sitting on the Board of Directors of the Placer Hills Fire Protection District and I am currently holding the position of Vice President.

With talks right now about consolidation of six fire districts in Placer County, it has to be more important than ever to have a voice on the LAFCO board representing at least one of these districts. If elected, it would be my honor to fill the position of Alternate for the Special Districts.

Sincerely,

Alex Harvey



November 30, 2015

Placer County LAFCO
ATTN: Kris Berry, Executive Officer
110 Maple Street
Auburn, CA 95603

RE: Sue Daniels, Biography for Special District Representative Nominee

My name is Susan Daniels, and I usually go by Sue. I was raised in Placer County, specifically the Tahoe area, and have lived here full time since 1958. I was elected as a director for the North Tahoe Public Utility District in 2006, and am currently serving as vice president for the District's Board of Directors.

I have seen many changes and I know of much of the background and history of the area. I worked as a forest manager, ski area employee at Squaw, Alpine and spent 12 years working for Northstar. I have been a Realtor for over 25 years serving on the area Tahoe Sierra Board of Realtors and MLS as board member and board president.

Naturally, in my work I talk to more people than the average person is able to, and I gain broad perspective of lifestyles, preferences, balance and values that puts me in a special position to evaluate the most beneficial solutions to any proposal.

I feel it is important to have more representation in the Tahoe and Martis Valley portion of the county and I would be most excited to add my perspective, experience and knowledge to the decisions made by our LAFCO.

Thank you,

Sue Daniels



GOVERNANCE COMMITTEE AGENDA

Wednesday, December 16, 2015 at 1:30 p.m.
Foundation Conference Room - Tahoe Forest Hospital
10121 Donner Pass Road, Truckee, CA.

1. **CALL TO ORDER**

2. **ROLL CALL**

Karen Sessler, M.D., Chair; Greg Jellinek, M.D., Board Member

3. **CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**

4. **INPUT – AUDIENCE**

This is an opportunity for members of the public to address the Committee on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Committee cannot take action on any item not on the agenda. The Committee may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

5. **APPROVAL OF MINUTES OF: 11/18/2015**

6. **CLOSED SESSION**

6.1. **Approval of Closed Session Minutes: 11/18/2015**

7. **ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION**

7.1. **Contracts** ATTACHMENT

New, amended, and auto renewed contracts are submitted to the Governance Committee for review and consideration for recommendation of approval by the Board of Directors.

7.1.1. Kitts - Amendment to Agreement to Provide Coverage of Emergency Department Professional Services 2015

7.1.2. Wicks - Physician Recruitment Agreement for Student Loan Repayment 2016

7.1.3. Wicks - TFH Call Coverage Agreement 2016

7.1.4. Wicks - Professional Services Agreement-MultiSpecialty Clinics 2016

7.1.5. North Tahoe Anesthesia Group - First Amendment to Agreement for Exclusive Provision of Anesthesia and Related Services 2016

7.1.6. Sutton-Pado - Professional Services Agreement-MultiSpecialty Clinic 2016

7.2. **Board Compliance Education** ATTACHMENT

Committee will review proposed Compliance Education for the Board from The Fox Group.

7.3. **OIG Work Plan Review** ATTACHMENT

Committee will review selected portions of the 2016 OIG Workplan in preparation for developing the TFHD 2016 Corporate Compliance Workplan.

7.4. Compliance Program – Physician Compensation ATTACHMENT
Committee will review an information report from The Fox Group on a physician compensation audit.

7.5. Governance Committee Goals ATTACHMENT
Committee will review and update 2015 goals.

7.6. Policy Review Update
Committee will receive an update on remaining policies to be reviewed.

7.7. Board of Directors Retreat Update
Committee will receive an update on Board of Directors Retreat scheduled for February 2016.

7.8. Board Meeting at North Tahoe Location
Committee will receive an update on a future Board Meeting to be held at an alternative North Lake Tahoe location.

7.9. BoardEffect Web Portal
Committee will receive an update on the upgrade to the Board of Directors web portal.

8. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

9. NEXT MEETING DATE

10. ADJOURN

*Denotes material (or a portion thereof) may be distributed later.

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions.

Equal Opportunity Employer. The meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District's public meetings. If particular accommodations for the disabled are needed (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.



Board Informational Report

By: Jim Hook
Corporate Compliance
Consultant, the Fox Group

DATE: December 16, 2015

Physician Compensation

SITUATION

The Compliance Department is continuing to review physician compensation by Tahoe Forest Hospital District to ensure the compensation terms specified in the agreement are being implemented correctly.

BACKGROUND:

Payments to physicians and medical groups for administrative and clinical services have in some instances not followed the terms of the agreement in the past years. Examples include holiday pay rates for hospitalist coverage, emergency department on-call coverage and payments to MSC physicians. The Compliance Department has previously conducted internal monitoring and audits of physician payments for emergency department on-call services and PSA services.

ASSESSMENT

A review of 11 payments in October 2015 covered by professional agreements for physician services in the Medical Service Clinics, revealed there were no discrepancies on physician payments in that month.

A review of 55 invoices for emergency on-call services, for medical director services, and for preceptor program services in November 2015, revealed discrepancies on 2 invoices. These discrepancies were corrected before submission to the Accounting Department for payment.

RECOMMENDATION

The most recent internal monitoring of invoices pointed to improvements to be considered in the processing of invoices for preceptor services and OCC Health Medical Director Services. The Compliance Committee will consider these and other improvements to the processing of physician payments at its next meeting. The Compliance Department is proposing to include such internal monitoring and audits in the TFHD 2016 Corporate Compliance Work plan



QUALITY COMMITTEE

AGENDA

Wednesday, December 16, 2015 at 12:00 p.m.
Eskridge Lobby Conference Room, Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA

1. **CALL TO ORDER**
2. **ROLL CALL**
Greg Jellinek, M.D., Chair; John Mohun, Board Member
3. **CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**
4. **INPUT – AUDIENCE**
This is an opportunity for members of the public to address the Committee on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Committee cannot take action on any item not on the agenda. The Committee may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.
5. **APPROVAL OF MINUTES OF: 10/20/2015 ATTACHMENT**
6. **ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION**
 - 6.1. **Quality Committee Goals 2015 & Charter.....ATTACHMENT**
The *Quality Committee Charter and 2015 Goals* were approved by the full board at the June 30, 2015 meeting. Informational for reference during the meeting if needed.
 - 6.2. **Patient & Family Centered Care (PFCC)**
 - 6.2.1. **Patient & Family Advisory Council UpdateATTACHMENT**
An update will be provided related to the activities of the Patient and Family Advisory Council (PFAC).
 - 6.3. **Patient Satisfaction Surveys..... ATTACHMENTS**
Press Ganey patient satisfaction surveys will be reviewed.
 - 6.4. **Beta Disclosure & Communication ProgramATTACHMENT**
The Committee will be provided an updated on the lessons learned at this program including the Care for the Caregiver program.
 - 6.5. **Annual Board Policy Review.....ATTACHMENT**
 - 6.5.1. ABD-20 Patient Satisfaction
Review the policy and discuss if this should continue as a BOD policy or be moved to an administrative AGOV policy.

- 6.6. **Board Quality Education****ATTACHMENT**
Discuss the Governance Institute white paper on *Maximizing the Effectiveness of the Board's Quality Committee*. The committee will review and discuss topics for future Board quality education.

7. **REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS**

8. **NEXT MEETING DATE**

The date and time of the next committee meeting, Wednesday, February 17, 2016, will be proposed and/or confirmed.

9. **ADJOURN**

*Denotes material (or a portion thereof) may be distributed later.

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions.

Equal Opportunity Employer. The meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District's public meetings. If particular accommodations for the disabled are needed (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.

		Tahoe Forest Health System		
		Title: Patient Satisfaction		Policy/Procedure #: ABD- 20 AGOV-xx
		Responsible Department: Board of Directors		
Type of policy	Original Date:	Reviewed Dates:	Revision Dates:	
<input checked="" type="checkbox"/> Board	8/96	2/11; 1/12; 1/14	5/06; 2/14; <u>11/15</u>	
<input type="checkbox"/> Medical Staff				
<input type="checkbox"/> Departmental				
Applies to: <input checked="" type="checkbox"/> System <input type="checkbox"/> Tahoe Forest Hospital <input type="checkbox"/> Incline Village Community Hospital				

PURPOSE:

Tahoe Forest Health System ~~ospital District's~~ (TFHS) is committed to providing patient and family- centered care services. The Patient Satisfaction Survey System provides feedback on how we are meeting the needs of our patients, our objective is to exceed expectations and, in an effort to attain this collective goal, we shall measure our success, monitor opinions, and make improvements as necessary.

POLICY:

- 1.0 As an integral component of our Patient Satisfaction/Service Excellence program, the organization shall provide patients, residents, and/or clients/customers an opportunity to share their experiences, express how well the organization has met their expectations and convey the level of satisfaction with the care/service provided.
- 2.0 Patients, residents, and/or clients/customers have the right to freely voice their opinions and/or recommendations without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and service.
- 3.0 Perceptions of care/service, from patients, residents, and/or client/customers, may be received through various methods and via multiple communication mechanisms which may include, but are not limited, to the following:
 - 3.1 ~~Patient Satisfaction~~ or Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Patient Expectation survey (internal and/or external process)
 - ~~3.2 Participation in a state, federal, and/or quality agency patient expectation survey/study~~
 - ~~3.3.2 Quality Care Flyers~~ Service Excellence notices requesting patient/family comments and feedback about their care are available for the public posted throughout the Health System and adjacent to Service Excellence contact information provided for comments.
 - ~~3.4.3~~ Complaint Reports and Event Reports in the Event Reporting system completed by TFHD staff or medical staff, concerning patient, resident, and/or client/customer dissatisfaction.
 - ~~3.5.4~~ Written communication to include receipt via mail, email, fax, hand delivery, and/or addendum to a survey response

~~3-63.5~~ Telephonic and/or verbal communication received by TFHD personnel and/or medical staff

- 4.0 Information obtained through the Patient Satisfaction/ Service Excellence program, ~~Complaint-complaint~~ reporting, and ~~Event-event~~ reporting, to promote service excellence, patient ~~and family~~-centered ~~quality of~~ care, and patient safety, shall be aggregated and analyzed and will be utilized to:
 - 4.1 Understand the needs of patients, residents, and/or client/customers;
 - 4.2 Respond in a timely, flexible, and appropriate manner while incorporating the Baldrige National Quality Program philosophy;
 - 4.3 Address, in an effective and sustainable way, opportunities for improvement practices through the Risk Management, Quality Assurance, Performance Improvement, and/or the Patient Safety programs;
 - 4.4 Build relationships to acquire, satisfy, and retain patients and other customers, to increase loyalty, and to develop new healthcare service opportunities; and
 - 4.5 Reinforce an ethos of quality by demonstrating to our patients, residents, and/or clients/customers that Tahoe Forest Hospital District fosters positive relationships and holds itself accountable as an agent of change and improvement.

PROCEDURE:

- 1.0 Administration, accountable to the Board of Directors, shall be responsible to develop a culture that supports quality improvement and patient ~~and family~~-centered care through the encouragement of feedback, suggestions, and recommendations from those who access care, treatment, services and visit our facilities.
- 2.0 Leadership (administration, medical staff leadership, and/or the Board of Directors) may choose to participate in a *Patient Satisfaction* or ~~Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)~~*Patient Expectation* survey process coordinated by state, federal, or other external organizations.
- 3.0 Specific patient populations shall be contacted to elicit information related to the care, treatment, and/or service rendered at Tahoe Forest Hospital District.
 - 3.1 Leadership shall designate the specific patient populations that will be eligible to participate in a *Patient Satisfaction* ~~or Patient Expectation~~ survey process.
 - 3.2 Leadership shall designate whether the entire population or a representative sample shall be contacted to participate in the *Patient Satisfaction* ~~or Patient Expectation~~ survey process.
 - 3.3 The *Patient Satisfaction* ~~or Patient Expectation~~ survey information may be requested via a verbal, telephonic, electronic, and/or written survey format.
- 4.0 Administration, ~~personnel~~*hospital staff*, Medical Staff, and/or volunteers may receive information related to sharing of an experience, expressing how well the organization has met an expectation, perception of care/service, and/or revealing the level of satisfaction.
 - 4.1 Organization-wide information collection processes include the following:
 - 4.1.1 *Patient Satisfaction* ~~or Patient Expectation~~ survey/questionnaire process;
 - ~~4.1.2 Patient Communication Forms (PCF);~~
~~4.1.44.1.3~~ Written communication to include receipt via mail, email, fax, hand delivery, and/or addendum to a survey response; and
~~4.1.54.1.4~~ Telephonic and/or verbal communication
 - 4.2 Service/unit/department-specific information collection

- 5.0 Organization-wide information shall be routed directly to the Quality and Regulations Department.
 - 5.1 Information shall be collected and aggregated
 - 5.2 Data shall be analyzed to identify any trends and/or patterns
 - 5.3 Data analysis and metrics shall be reported on a quarterly basis to appropriate operational and medical staff committees
 - 5.4 Trends and/or patterns shall be incorporated into the Performance Improvement (PI) prioritization process to identify organization-wide PI initiatives.
 - 5.5 The Board of Directors shall receive a quarterly report by the Director of Quality & Regulations via minutes of the medical staff committees.
- 6.0 Service/unit/department-specific ~~Patient Satisfaction or Patient Expectation~~ survey/questionnaire information.
 - 6.1 Information shall be collected and aggregated;
 - 6.2 Data shall be analyzed to identify any trends and/or patterns;
 - 6.3 Data shall be incorporated into the Service/unit/department-specific performance improvement focus;
 - 6.4 Data analysis and metrics shall be reported on a quarterly basis to appropriate operational and medical staff committees;
 - 6.5 The Board of Directors shall receive a quarterly report by the Director of Quality & Regulations via minutes of the medical staff committees.
- 7.0 Patient Satisfaction process confidentiality
 - 7.1 The Quality and Regulations Department, in an effort to maintain confidentiality, will be responsible for securely maintaining all correspondence, reports, recommendations, and notes made or taken pursuant to this policy.
 - 7.2 Furthermore, ~~personnel staff, department heads~~ Director/Managers, and Medical Staff committees ~~and/or panels~~ charged with making reports, findings, recommendations or investigations pursuant to this policy shall be considered to be acting on behalf of the Tahoe Forest Hospital District Medical Staff and Board of Directors and shall be deemed to be 'professional review bodies' as that term is defined by the Healthcare Quality Improvement Act of 1986.

Related Policies/Forms: <u>Patient and Customer Service Recovery Policy AGOV-23; Patient/Family Complaints/Grievances AGOV-24; Quality Assurance/Performance Improvement AQPI-05; Event Reporting AQPI-06</u>
References: Center for Medicare and Medicaid Services (CMS), <u>2005-2015</u> Conditions of Participation, <u>§482.13(a)(2)(iii); Joint Commission for Accreditation of Hospitals and Healthcare Organizations-2006; Healthcare Facilities Accreditation Program (HFAP), 2014</u>
Policy Owner: Michelle Cook , Clerk of the Board
Approved by: Robert Schapper , Chief Executive Officer

- Field Code Changed
- Field Code Changed
- Field Code Changed



Board Informational Report

By: Harry Weis
CEO

DATE: 12/15/15

Thank you for the opportunity to serve all of the residents of this district and region as CEO of Tahoe Forest Health System. I joined your fine system 8 days ago, so this is an early preliminary report.

Important Objective – getting to know the TFHD team and the Community.

I had the privilege of meeting many staff and medical members at a “meet and greet” held on 12/7/15. My goal is to create a work environment where I can regularly interact with all of our team members at each campus of care.

I attended the annual Medical Staff meeting and dinner on 12/10/15 which is great to acknowledge the great work our Medical Staff do throughout the year and to become acquainted with many of the medical staff.

I attended the annual employee Christmas party in Reno which is really important to say thank to our entire team and our volunteers too, for their great work throughout the year. It also provided an opportunity to meet many of our team members.

I have met with our Foundation leadership as Philanthropy is one of 4 critical cash flow sources for our long term success. I look forward to many interactions with our community from a philanthropy perspective.

I am also making connections with community leaders each week which is highly valued and important and will continue to do this into the future.

Strategic Initiative 5.3:

Explore potential opportunities to collaborate with local medical providers to improve healthcare delivery.

I will be meeting with ECG on 12/21/15 and working with our physicians and executive staff on the critically important model(s) of working together for long term success of all parties in healthcare. I’m hopeful that we can define the direction(s) in this area no later than the first quarter of 2016. This strategy is one of the most important strategies that THFD can ever undertake.

Strategic Initiative 4.1 & 4.3:

Develop a long range IT EMR plan (3 to 10 years) to optimize potential strategic technology investments and execute after approval from the Board of Directors.

I'm very pleased with the work of our CIO and other TFHD team members on this critical tool for long term success in healthcare. This clinical and business tool will reach seamlessly across all OP and IP healthcare activities when fully in place. We hope to be able to share soon that we have reached agreement on the path to put this tool in place.

Process Improvement Opportunities:

I believe we have many opportunities to really improve to best practice in the operations of the healthcare system. To name a few:

- We have an opportunity to further improve our Compliance program.
- We have an opportunity to further improve our contracting processes.
- We also have some key employee recent turnover positions to fill.
- I will be assessing our Org Chart for areas for improvement as well.

Areas of Innovation:

I've had the opportunity to meet with important groups on important new innovations in healthcare for our region and beyond. I'm truly excited by the rare talent that exists in this community to pursue thoughtful innovations in healthcare.

Partial list of other activities in the weeks ahead:

- Visit all hospital departments and offsite operations locations
- Learn about our year over year trending in our Quality of Care
- Learn about our year over year trending in Patient Satisfaction
- Learn about our year over year service line and overall financial performance
- Once learning has occurred work with the senior leadership team to make necessary changes



Board CNO/COO Report

By: Judith Newland

DATE: December 14, 2015

Strategic Initiative 1. Patient Safety and Quality

- For the convenience of the Tahoe/Truckee community, Tahoe Forest Health System now offers appointment scheduling for lab services, online or by telephone. Patients can now schedule appointments at Tahoe Forest's three convenient laboratory locations, Tahoe Forest Hospital (TFH), Tahoe City Laboratory, and Incline Village Community Hospital (IVCH). This change will make laboratory visits faster, easier and more efficient for patients at TFH and IVCH.
- Nursing services has implemented a process to review inpatient core measure metrics concurrently while the patient remains in the hospital. The goal is to assure inpatient core measures are 100% compliant. Jim Sturtevant, Director of Acute Services, is overseeing this initiative.

Strategic Initiative 1.3. Develop a customer service improvement initiative that will include the creation of a patient advisory council.

- The Patient and Family Advisory Council (PFAC) continue to meet along with members of the hospital staff. Earlier this year the PFAC provided input into the Communication Boards that are now being utilized for educating patients on their plan of care while in the hospital. Recently the PFAC reviewed quality information that will be posted to the TFHD website. Thank you to the community members who volunteer their time to be on the PFAC.

Strategic Initiative 7.3. Develop and expand philanthropic and volunteer service.

- Incline Village Community Hospital (IVCH) has appointed a new Director of the IVCH Foundation. Betsy Kinsley, JD, will lead fund development with the IVCH Foundation Board and will be responsible for public affairs and community relations for the hospital. Kinsley comes to Incline from San Luis Obispo, California, where she was chief of staff for the office of the President of Cal Poly State University. Her background also includes serving as a chief of staff to the president of San Diego State University, chief of staff to the San Diego City Council president, as a legislative aide and law clerk to the U.S. House of Representatives Committee on Energy and Commerce, and as a community volunteer for sustainable community initiatives. Kinsley earned her BA at the University of Richmond in Virginia, and her law degree at the University of San Diego School of Law and is a member of the State Bar of California.



By: Jake Dorst
CIO

DATE: 12/16/2015

STRATEGIC INITIATIVE 2.1

Develop an accountable and fully engaged team / establish a formal system of communication and feedback with the medical staff organization and medical staff leadership to optimize medical staff involvement in strategic planning, projects and program innovation.

STRATEGIC INITIATIVE 5.3

Explore potential opportunities to collaborate with local medical providers to improve health delivery

- We are finalizing the LifeMed ID cards to reflect the Blue:Life initiative.
- This program will be rolling out in a few months.

STRATEGIC INITIATIVE 4.1 & 4.3

Develop a long-range IT EMR plan (3-10 years) to optimize potential strategic technology investments and execute after approval from the Board of Directors.

- Cerner Community Works- Cerner sent new figures to accommodate a true number of users.
Added Batch Scanning
Included Monitor Device Connectivity
Added OP PT
Increased users to 1016 unique users
- Renown Site (EPIC) visits were very successful. (ED, MS/ICU, OB, Radiology, HH/Hospice)
Pharmacy visited Barton. Revenue Cycle team met with Renown.
Rescheduling the physician site visit that had to be cancelled for snow.
Future visits for Dec or Jan: Surgical Services, Ancillaries, Clinics
List of modules for preparation for the Board arrived yesterday.
- We have final proposals for a full EHR replacement to a unified record for both EPIC and Cerner.
- We are comparing prices and services and beginning negotiation on the pricing.
- We will have a recommendation and estimated costs to the district in a month.

STRATEGIC INTATIVE 1

Patients Service and Quality:

- VSS Scheduling Project grew from our original scope. We are doing cross training in my group so that Jen is not the only one able to help with this program. Many units are live as well as Med Staff
- Lab Upgrade: On Schedule. Build and interface work underway.

Tahoe Forest Hospital District

Board of Directors Meeting Evaluation Form

Date: _____

		Exceed Expectations		Meets Expectations		Below Expectations
1	Overall, the meeting agenda is clear and includes appropriate topics for Board consideration	5	4	3	2	1
2	The consent agenda includes appropriate topics and worked well	5	4	3	2	1
3	The Board packet & handout materials were sufficiently clear and at a 'governance level'	5	4	3	2	1
4	Discussions were on target	5	4	3	2	1
5	Board members were prepared and involved	5	4	3	2	1
6	The education was relevant and helpful	5	4	3	2	1
7	Board focused on issues of strategy and policy	5	4	3	2	1
8	Objectives for meeting were accomplished	5	4	3	2	1
9	Meeting ran on time	5	4	3	2	1

Please provide further feedback here:
