



TAHOE FOREST HOSPITAL DISTRICT

2017-11-30 Regular Meeting of the Board of Directors

Thursday, November 30, 2017 at 4:00 p.m.

Eskridge Conference Room - Tahoe Forest Hospital

10121 Pine Avenue, Truckee, CA 96161

Meeting Book - 2017-11-30 Regular Meeting of the Board of Directors

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Materials will be distributed at a later time.

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15.1. FY17 Audited Financial Statements

Materials will be distributed at a later time.

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16. ITEMS FOR BOARD DISCUSSION

16.1. 2017 Compliance Program 3rd Quarter Report OPEN SESSION
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16.2. Strategic Planning Process
No related materials for this item.

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF
NECESSARY

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

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REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, November 30, 2017 at 4:00 p.m.
Eskridge Conference Room – Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA 96161

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 Clerk of the Board 24 hours prior to the meeting to allow for distribution.

5. **CLOSED SESSION**

5.1. Hearing (Health & Safety Code § 32155)

*Subject Matter: Third Quarter Corporate Compliance Report
Number of items: One (1)*

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

*Proposed New Program and Service: One (1) item
Estimated date of public disclosure: 12/31/2017*

5.3. Hearing (Health & Safety Code § 32155)

*Subject Matter: 2017 AHRQ Patient Safety Culture Survey
Number of items: One (1)*

5.4. Hearing (Health & Safety Code § 32155)

*Subject Matter: Medical Quality Assurance Committee
Number of items: One (1)*

5.5. Public Employee Performance Evaluation (Government Code § 54957)

Title: Chief Executive Officer

5.6. Approval of Closed Session Minutes ◆

10/26/2017 (Regular Meeting), 10/26/2017 (Special Meeting), 11/02/2017

5.7. TIMED ITEM – 5:30PM – Hearing (Health & Safety Code § 32155) ◆

Subject Matter: Medical Staff Credentials

6. **DINNER BREAK**

APPROXIMATELY 6:00 P.M.

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
November 30, 2017 AGENDA – Continued

7. OPEN SESSION – CALL TO ORDER

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

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

10. 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.

11. 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.

12. ACKNOWLEDGMENTS

- 12.1. November 2017 Employee of the MonthATTACHMENT
- 12.2. CALNOC AwardsATTACHMENT

13. MEDICAL STAFF EXECUTIVE COMMITTEE ♦

- 13.1. Medical Executive Committee (MEC) Meeting Consent AgendaATTACHMENT
MEC recommends the following for approval by the Board of Directors: New Policy –
Computerized Physician Order Entry (CPOE)

14. CONSENT CALENDAR ♦

These items are expected to be routine and non-controversial. They will be acted upon by the Board 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.

14.1. Approval of Minutes of Meetings

- 10/26/2017 (Regular Meeting), 10/26/2017 (Special Meeting), 11/02/2017.....ATTACHMENT

14.2. Financial Report

- 14.2.1. Financial Report - October 2017ATTACHMENT*

14.3. Staff Reports (Information Only)

- 14.3.1. COO Board Report.....ATTACHMENT
- 14.3.2. CNO Board Report.....ATTACHMENT
- 14.3.3. CIIO Board ReportATTACHMENT
- 14.3.4. CMO Board Report.....ATTACHMENT

14.4. Tahoe Forest Health System Foundation

- 14.4.1. Board Member NominationsATTACHMENT

15. ITEMS FOR BOARD ACTION ♦

- 15.1. Fiscal Year 2017 Audited Financial Statements ReportATTACHMENT*

The Board of Directors will consider acceptance of the audited financial statements presented by Moss Adams.

- 15.2. Second Reading of TFHD Board of Directors BylawsATTACHMENT

The Board of Directors will consider approval of the TFHD Board of Directors Bylaws.

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
November 30, 2017 AGENDA – Continued

- 15.3. Committee Charters**ATTACHMENT
The Board of Directors will review and consider approval of committee charters.
- 16. ITEMS FOR BOARD DISCUSSION**
- 16.1. Corporate Compliance Report** ATTACHMENT
The Board of Directors will receive a third quarter corporate compliance report.
- 16.2. Strategic Planning Process**
The Board of Directors will discuss their undertaking of a strategic planning process.
- 17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY**
- 18. BOARD COMMITTEE REPORTS/RECOMMENDATIONS FOR DISCUSSION AND/OR ACTION**
- 18.1. Governance Committee Meeting – 11/16/2017** ATTACHMENT
- 18.2. Personnel Committee Meeting** – No meeting held in November.
- 18.3. Finance Committee Meeting** – No meeting held in November.
- 18.4. Quality Committee Meeting** – No meeting held in November.
- 18.5. Community Benefit Committee Meeting** – No meeting held in November.
- 19. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS**
- 20. ITEMS FOR NEXT MEETING**
-The date for next Regular Board Meeting has changed to December 21, 2017.
- 21. BOARD MEMBERS REPORTS/CLOSING REMARKS**
- 22. CLOSED SESSION CONTINUED, IF NECESSARY**
- 23. OPEN SESSION**
- 24. REPORT OF ACTIONS TAKEN IN CLOSED SESSION, IF NECESSARY**
- 25. ADJOURN**

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is December 21, 2017 at Tahoe Truckee School District, 11603 Donner Pass Road, Truckee, CA 96161. 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.

Employee of the Month, November 2017

Christina Lee, Administrative Assistant Human Resources

We are honored to announce Christina Lee, Administrative Assistant in Human Resources as the November Employee of the Month.

Christina always goes above and beyond her role, always offering help to anyone that needs it. She has elevated the level of customer service at the HR front desk by greeting employees, vendors, and visitors with a smile, every time. Consistently, Christina is overheard saying, "No problem, I will take care of that for you" when employees come in for help.

Christina's passion for her job, employees, and the health system shines bright every day. She is always looking for ways to help the HR team and she is accountable and responsible as well as very respectful towards everyone.

Christina never says "no", or "that's not my job". She is always dependable and a person you can rely on.

Christina not only lives our values of Quality, Understanding, Excellence, Stewardship, and Teamwork, she inspires others to do the same.

Congratulations Christina!

Please also join us in congratulating all of our Terrific Nominees!

Johny Lopez- Phlebotomist- Occ Health

Carl Blumberg - Risk and Patient Safety - Quality

Gail Lieberman - Lab Assistant - Lab

Nicole Dean - Medical Assistant - MSC

Tawnie Wentz - Master Teacher - Childrens Center

Nick Munoz - Access Rep, Lead - Patient Registration



FOR IMMEDIATE RELEASE

November 8, 2017

Contact: Paige Nebeker Thomason

Director of Marketing and Communications, TFHS

pthomason@tfhd.com

530.582.6290

TAHOE FOREST HOSPITAL RECOGNIZED AS A LEADER IN PATIENT SAFETY

CALNOC Performance Excellence Awards recognizes top performers in hospital safety

(Tahoe/Truckee, Calif.) – CALNOC, the nation’s first nurse quality indicators database, announced its annual CALNOC Performance Excellence Awards in October, recognizing distinguished hospitals for excellent performance in the reduction of hospital acquired pressure ulcers, injuries from falls and infections.

Tahoe Forest Hospital was recognized for Performance Excellence in:

- **Best Performance in Preventing Moderate and Injury Falls**
- **Best Performance in Preventing Hospital Acquired Pressure Injuries (HAPI)**
- **Special Recognition for Preventing Both HAPI and Injury Falls**

This recognition represents the dedication and commitment Tahoe Forest Hospital has to ensuring quality patient care and safety. Tahoe Forest has not only able to achieve excellence in preventing harm to patients but has also been able to sustain excellent performance over many quarters.

“This is a tremendous recognition of the exacting quality care standards at Tahoe Forest Hospital,” said Harry Weis, CEO, TFHS. “We are proud of our team, who were recognized for these important safety programs, but we really thank our community. The awards and recognitions we receive are really our expression of appreciation to the communities we serve.”

Tahoe Forest’s performance is the result of a team effort involving many—physicians, nurses, technicians, and support staff all working together.

“We applaud the efforts of these hospitals in improving patient health and safety. Their work is exemplary and represents a lasting commitment to healthcare quality,” said Tony Sung, Chief Executive Officer for CALNOC.

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About CALNOC

The Collaborative Alliance for Nursing Outcomes (CALNOC) is the leading provider of Business Intelligence and Research on nurse sensitive quality indicators. Always on the forefront of patient care excellence, CALNOC created the first database registry of nurse sensitive indicators that turns patient outcome data into powerful information for hospital executives to guide decisions to advance global patient care. Hundreds of hospitals have joined CALNOC to monitor and benchmark performance in order to deliver excellence in patient care. CALNOC is a non-profit 501 (c) (3) public benefit corporation with headquarters in San Ramon, California. For more information call 888-586-1994 or visit <http://www.calnoc.org>.

About Tahoe Forest Health System

Tahoe Forest Health System, which includes Tahoe Forest Hospital in Truckee, CA, and Incline Village Community Hospital in Incline Village, NV, offers 24-hour emergency care, a total joint orthopedic program including direct anterior hip replacement surgery, physician multi-specialty clinics, OB department, and CoC-accredited cancer center. With a strong focus on high quality patient care, community collaboration, clinical excellence and innovation, Tahoe Forest Health System is a UC Davis Rural Center of Excellence. For a complete list of physician specialties and services, visit www.tfhd.com.

High Resolution photo attached: TFH Nurses. Caption: Tahoe Forest Hospital Nurses and Staff Recognized for Excellence in Patient Safety.



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**MEDICAL EXECUTIVE COMMITTEE
 CONSENT AGENDA
 Thursday, November 1, 2017**

REFERRED BY:	AGENDA ITEMS	RECOMMEND
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MEDICAL STAFF	A motion was made, seconded, and carried to recommend approval of the following to the Board of Directors:	
Executive Committee	The Executive Committee recommends approval of the following:	Recommend approval
	Review and approval of policies and procedures. All individual policies have been approved by the medical staff department or chairman.	
1. General Medical Staff	<ul style="list-style-type: none"> <u>New Policy</u>: Computerized Physician Order Entry (CPOE) 	Recommend approval



**TAHOE
FOREST
HEALTH
SYSTEM**

Origination Date:	N/A
Last Approved:	N/A
Last Revised:	N/A
Next Review:	N/A
Department:	<i>Medical Staff - MSGEN</i>
Applies To:	<i>System</i>

Computerized Physician Order Entry (CPOE), MSGEN-1701

PURPOSE:

To define the official method for order entry at Tahoe Forest Healthcare System (TFHS). Computerized physician order entry (CPOE) in the Electronic Health Record (EHR) is to enhance patient safety and to decrease medical errors. In addition, analysis of the data captured by the system will facilitate improvements in evidenced based patient care and improve adherence to standards by regulatory agencies.

POLICY:

It is the expectation that all caregivers will enter orders electronically into the EHR. Physicians will enter orders as they round on patients, or remotely by logging on to the EHR in a secure manner. Physicians who use Physician Assistants or Nurse Practitioners (PA/NP) to write/enter orders on their behalf are responsible for ensuring that their PA/NP adhere to this policy.

EXCEPTIONS:

- A. The use of verbal, telephone or hand written orders is to be minimized to the fullest extent possible. All orders will be entered in the TFHS EHR by the physician or their PA/NP, unless electronic communication is not feasible or the order type is restricted/ limited. Verbal, telephone, and hand-written orders are not to be used for provider convenience.
 - 1. Orders are needed and the physician/PA/NP does not have access to a device to communicate such orders electronically. This includes but is not limited to routine, STAT, and admission orders.
 - 2. Pre-approved typed orders for preoperative surgical/ procedure patients.
 - 3. Verbal orders during a bona fide emergency/situation that prevents the physician/PA/NP from entering orders immediately.
 - 4. Verbal orders during a procedure/surgery.
 - 5. Computer system down time (Refer to policy: Downtime Procedures for HIS, AIT-128).
 - 6. Care provider called away for an emergency.

PROCEDURE:

- A. All physicians and PA/NP will electronically enter their patient care orders into the EHR with exceptions

listed above.

- B. Verbal, telephone or hand written orders that are accepted by TFHS employees will be promptly entered into the EHR by the authorized person who received the order (Refer to policy: Telephone/Verbal Orders - Receiving and Documenting, ANS-1702).
- C. Physicians and PA/NP who are unable or unwilling to do electronic order entry and do not fall into the exception guidelines listed above will be reported to the Chief Medical Officer (CMO) and/or chief of their department and managed in accordance with the Medical Staff policy *Medical Staff Professionalism Complaint Process*, MSGEN1. The CMO and/or chief of the department, or designee will address the specific circumstances of each event according to the TFHD Medical Staff Bylaws, Rules and Regulations.
- D. Supervising physicians are responsible for the conduct of their PAs/NPs. Non-compliance to CPOE by a PA/NP will be reported to the appropriate supervising physician, the CMO, the chair of the Interdisciplinary Planning Committee, and/or chief of their department.

Related Policies/Forms:

[Downtime Procedures for HIS, AIT-128](#)

Telephone/Verbal Orders - Receiving and Documenting, ANS-1702

[Medical Staff Professionalism Complaint Process, MSGEN1](#)

Medical Staff Bylaws, [Rules and Regulations - MREG-2](#)

Special Instructions / Definitions:

EHR - Electronic Health Record

CPOE - Computerized Physician Order Entry

CMO - Chief Medical Officer

All revision dates:

Attachments:

No Attachments



SPECIAL MEETING OF THE BOARD OF DIRECTORS

DRAFT MINUTES

Thursday, October 26, 2017 at 3:45 p.m.

Tahoe Truckee Unified School District
11603 Donner Pass Road, Truckee, CA 96161

1. CALL TO ORDER

Meeting was called to order at 3:45 p.m.

2. ROLL CALL

Board: Charles Zipkin, M.D., Board President; Randy Hill, Vice President; Dale Chamblin, Treasurer; Alyce Wong, R.N., Secretary; Mary Brown, Board Member

Staff in attendance: Harry Weis, Chief Executive Officer; Martina Rochefort, Clerk of the Board

Other: David Ruderman, Assistant General Counsel

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

No changes were made to the agenda.

4. INPUT – AUDIENCE

No public comment was received.

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: One.

Receipt of Claim pursuant to Tort Claims Act or other written communication threatening litigation (copy available for public inspection in Clerk's office). (Gov. Code 54956.9 (e)(3))

Name of Person Threatening Litigation: Robert Schapper

Discussion was held on a privileged matter.

6. REPORT OUT FROM CLOSED SESSION

General Counsel stated there were no reportable actions taken in closed session.

7. ADJOURN

Meeting was adjourned at 4:08 p.m.



REGULAR MEETING OF THE BOARD OF DIRECTORS **DRAFT MINUTES**

Thursday, October 26, 2017 at 4:00 p.m.
Tahoe Truckee Unified School District Office
11603 Donner Pass Road, Truckee, CA 96161

1. CALL TO ORDER

Meeting was called to order at 4:08 p.m.

2. ROLL CALL

Board: Charles Zipkin, M.D., Board President; Randy Hill, Vice President; Dale Chamblin, Treasurer; Alyce Wong, R.N., Secretary; Mary Brown, Board Member

Staff in attendance: Harry Weis, Chief Executive Officer; Martina Rochefort, Clerk of the Board

Other: David Ruderman, Assistant General Counsel

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

No changes were made to the agenda.

4. INPUT AUDIENCE

No public comment was received.

Open Session recessed at 4:09 p.m.

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: One.

Receipt of Claim pursuant to Tort Claims Act or other written communication threatening litigation (copy available for public inspection in Clerk's office). (Gov. Code 54956.9 (e)(3))

Name of Person Threatening Litigation: Kevin Baird

Discussion was held on a privileged matter.

5.2. Approval of Closed Session Minutes

09/28/2017

Discussion was held on a privileged matter.

5.3. Conference with Labor Negotiator (Government Code § 54957.6)

Name of District Negotiator(s) to Attend Closed Session: Alyce Wong

Unrepresented Employee: Chief Executive Officer

Discussion was held on a privileged matter.

5.4. TIMED ITEM – 5:00PM – Hearing (Health & Safety Code § 32155)

Subject Matter: Quality Assurance Committee

Number of items: One (1)

Discussion was held on a privileged matter.

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

Subject Matter: Medical Staff Credentials

Discussion was held on a privileged matter.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

Meeting reconvened at 6:07 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel reported item 5.1. was voted by the Board 5-0 to deny the claim. Item 5.2. was approved on a 5-0 vote. There was no reportable action on item 5.3. Item 5.4. was not completed and will continue later in the meeting. Item 5.5 was also approved on a 5-0 vote.

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

No changes were made to the agenda.

10. INPUT – AUDIENCE

No public comment was received.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

Public comment was received by Juan Abarca-Sanchez.

12. ACKNOWLEDGMENTS

12.1. Simone Specht was named October 2017 Employee of the Month.

12.2. National Nurse Practitioner (NP) Week is November 12-18.

13. MEDICAL STAFF EXECUTIVE COMMITTEE

13.1. Medical Executive Committee (MEC) Meeting Consent Agenda

MEC recommended the following for approval by the Board of Directors: New Clinical Policy
- Labor-Care of the Patient Using the Jacuzzi Whirlpool Tub.

Discussion was held.

ACTION: Motion made by Director Brown, seconded by Director Wong, to approve the Medical Executive Committee Meeting Consent Agenda as presented.

AYES: Directors Brown, Wong, Chamblin, Hill and Zipkin

Abstention: None

NAYS: None

14. CONSENT CALENDAR

These items are expected to be routine and non-controversial. They will be acted upon by the Board 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.

14.1. Approval of Minutes of Meetings

9/28/2017

14.2. Financial Report

14.2.1. Financial Report - September 2017

14.3. Contracts

14.3.1. Steve Thompson, M.D. – Professional Services Agreement

14.3.2. Shawni Coll, D.O. – Professional Services Agreement

14.3.3. Cara Streit, M.D. – Professional Services Agreement

14.3.4. Medical Office Lease for 10175 Levon Avenue, Truckee, CA 96161

14.4. Staff Reports (Information Only)

14.4.1. CEO Board Report

14.4.2. COO Board Report

14.4.3. CNO Board Report

14.4.4. CIO Board Report

14.4.5. CMO Board Report

14.5. Policy Review

14.5.1. ABD-03 Board Compensation and Reimbursement

ACTION: Motion made by Director Wong seconded by Director Hill, to approve the consent calendar as presented.

AYES: Directors Brown, Wong, Chamblin, Hill and Zipkin

Abstention: None

NAYS: None

15. ITEMS FOR BOARD ACTION

15.1. Rural Health Clinic Presentation and Resolution

Discussion was held.

Public comment received from Porscha Adams.

Discussion was held.

ACTION: Motion made by Director Brown, seconded by Director Hill, to approve Resolution 2017-07 as presented. Roll call vote taken.

Brown - AYE

Wong - AYE

Chamblin - AYE

Hill - AYE

Zipkin - AYE

15.2. Chief Executive Officer Employment Agreement

Discussion was held.

ACTION: Motion made by Director Chamblin, seconded by Director Wong, to approve the CEO Employment Agreement as presented.

AYES: Directors Brown, Wong, Chamblin, Hill and Zipkin

Abstention: None

NAYS: None

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

Discussion was held.

Public comment was received from Juan Abarca-Sanchez.

ACTION: Motion made by Director Brown, seconded by Director Chamblin, to accept the Board of Directors Bylaws as presented and move it to a second reading.

AYES: Directors Brown, Wong, Chamblin, Hill and Zipkin

Abstention: None

NAYS: None

15.4. Dissolution of Tahoe Endoscopy Center, Inc.

Discussion was held.

ACTION: Motion made by Director Wong, seconded by Director Chamblin, to dissolve Tahoe Endoscopy Center, Inc.

AYES: Directors Brown, Wong, Chamblin, Hill and Zipkin

Abstention: None

NAYS: None

16. ITEMS FOR BOARD DISCUSSION

16.1. Cancer Center Quality Report

Discussion was held.

No public comment was received.

16.2. Physician Engagement Survey Results

Discussion was held.

Public comment was received from Dr. Larry Heifetz.

Discussion was held.

16.3. Strategic Plan Update

16.3.1. Community Relations

Discussion was held.

16.4. Board Education

16.4.1. Disaster Preparedness

Discussion was held.

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

None.

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

18.1. Governance Committee Meeting – 10/16/2017

Director Hill provided an update from the recent Governance Committee meeting.

18.2. Personnel Committee Meeting – 10/03/2017, 10/23/2017

Director Wong provided an update from the recent Personnel Committee meeting.

18.3. Finance Committee Meeting – 10/25/2017

Director Chamblin provided an update from the recent Finance Committee meeting.

18.4. Quality Committee Meeting – No meeting held in October.

18.5. Community Benefit Committee Meeting – No meeting held in October.

19. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS

None.

20. ITEMS FOR NEXT MEETING

The date for the next Regular Board Meeting has changed to November 30, 2017, due to a conflict with Thanksgiving. The location has also been changed to the Eskridge Conference Room at Tahoe Forest Hospital.

21. BOARD MEMBERS REPORTS/CLOSING REMARKS

None.

Open Session recessed at 7:48 p.m.

22. CLOSED SESSION CONTINUED, IF NECESSARY

Discussion was held on a privileged item. Item 5.4. was continued.

23. OPEN SESSION

Open Session reconvened at 8:46 p.m.

24. REPORT OF ACTIONS TAKEN IN CLOSED SESSION, IF NECESSARY

General Counsel noted there were no reportable actions taken in closed session.

25. ADJOURN

Meeting adjourned at 8:46 p.m.



SPECIAL MEETING OF THE BOARD OF DIRECTORS **DRAFT MINUTES**

Thursday, November 2, 2017 at 8:30 a.m.

Cedar House Sport Hotel – Cervino Room
10918 Brockway Road, Truckee, CA 96161

1. CALL TO ORDER

Meeting was called to order at 8:32 a.m.

2. ROLL CALL

Board: Charles Zipkin, M.D., Board President; Randy Hill, Vice President; Dale Chamblin, Treasurer; Alyce Wong, R.N., Secretary; Mary Brown, Board Member

Staff in attendance: Harry Weis, Chief Executive Officer; Ted Owens, Executive Director of Governance; Martina Rochefort, Clerk of the Board

Other: Karma Bass, Via Healthcare Consulting

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

No changes were made to the agenda.

4. INPUT AUDIENCE

No public comment was received.

5. ITEMS FOR BOARD DISCUSSION

5.1. Board Strategic Planning [8:30 a.m. – 2:00 p.m.]

Karma Bass, retreat facilitator, reviewed the agenda for the retreat.

Retreat objectives

- Develop a common understanding of what constitutes a strategic issue.
- Agree on an approach for how the board can become more strategic at meetings.
- Identify the board's goals for what TFHD might optimally "look like" in 3-5 years.
- Develop a high-level action plan for what comes next with strategic planning in TFHD.

The Board of Directors reviewed its fiduciary duties and roles.

Open Session recessed at 9:48 a.m.

Open Session reconvened at 9:54 a.m.

The Board of Directors reviewed the District's mission, vision and values.

Facilitator reviewed a sample strategic planning process. Discussion was held on the strategic planning process specific to TFHD.

Open Session recessed at 12:14 p.m.

Open Session reconvened at 12:31 p.m.

The Board directed CEO to be mindful of agenda items.

Board members developed what they believed to be strategic issues facing the District.

Additional board education on rural health clinics was requested.

The board felt retention/recruitment and competition are their top two concerns. Ms. Bass recommended tying board agenda items back to strategic issues.

It is the board's position that TFHD is a fully integrated full-service healthcare provider with center of excellence serving the needs of the community.

Action planning and next steps

- The board will take action at its next meeting to commence the strategic planning process.
- CEO was directed bring back a timeline with external help on strategic planning process.
- Board President will give MEC a "heads up" at their next meeting about this.

Next steps

- Full board to go over process and *consider* appointing an ad hoc committee.
- Review another organization's final strategic plan as an example (Via to provide).

Board members will be signed up for The Governance Institute's e-briefings distribution. Clerk of the Board will follow up.

Facilitator suggested putting on an agenda item for discussion the month following after white papers are released.

Future items for follow up:

- Medical Staff education (i.e. someone go to MEC to discuss role of board).
- More interactions with Medical Staff, Board of Directors, administration (i.e. dinner w/ educational presentation).
- More discussions on telemedicine.
- Safety/harm issues to come before the board.
- More education on RHC.

David Ruderman, Assistant General Counsel, joined the meeting via phone at 2:37 p.m.

Ms. Bass, CEO and Clerk of the Board departed the meeting at 2:39 p.m.

Open Session recessed at 2:39 p.m.

6. CLOSED SESSION

6.1. Public Employee Performance Evaluation (Government Code § 54957)

Title: Chief Executive Officer

Discussion was held on a privileged item.

Open Session reconvened at 4:00 p.m.

7. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

No reportable actions were taken.

8. ADJOURN

Meeting adjourned at 4:00 p.m.

DRAFT



Board COO Report

By: Judith B. Newland

DATE: November 2017

Just Do It" – Demonstrate measurable improvements annually in both Quality and Patient Satisfaction.

A big thank you to the commitment and dedication of hospital and medical staff for the implementation of Mercy Epic. Appreciative of all the positive and committed individuals who continue to work to make this transition and identify and improve processes. A simple thank you does not speak enough to the hours and dedication that were given by many individuals. This improvement will make a positive difference for our patients and for us.

A new physician assistant has joined the team at Incline Health Center. A full time family medicine physician will be joining the Care Team at Incline in February. These two additional providers will support the ongoing health care provider needs of the Incline Village/Crystal Bay community.

Thank you to the Patient and Family Advisory Council who provided input into way finding on the first floor of TFH at their recent Council meeting. Community members walked between the ED and front lobby and back and shared signage needs to ease finding the location they were looking for.

Develop solid connections and relationships within the communities we serve.

TFHS employees participated at the STEAM (Science, Technology, Engineering, Art Mathematics)) Fair sponsored by Truckee Rotary Club in Truckee. The purpose of the fair is to introduce students to STEAM fields. Thank you to the staff for volunteering their time at this important community event.

Creating and implementing a New Master Plan

Construction Update:

- The Master Plan project continues with completing design on the Cancer Center 2nd floor and MOB 3rd floor. Increase in exam rooms at the Internal Medicine/ Cardiology office will occur winter of 2018 in the west work space area to increase exam room availability.
- Mammography upgrade to Tomosynthesis has received full certification. Tomosynthesis services for our community will begin in early December, Stereotactic Biopsy service will begin in late January.
- USP 800 is a regulation that applies to the handling of hazardous drugs during receipt, storage, compounding, dispensing, administration, and disposal and affects all healthcare workers who perform these activities. The regulations describe practice and quality standards for handling hazardous drugs in healthcare settings and help promote patient safety, worker safety, and environmental protection. It defines processes intended to minimize the exposures to hazardous drugs in healthcare settings. The nature of this regulation is such that it will impact departments throughout the hospitals. For compliance, our pharmacy sterile compounding area will need modification and that work is anticipated to begin in January/February.
- The IVCH Foundation is supporting the upgrade of Incline Village Community Hospital lab. The upgrade includes a new lab draw area, ADA restroom, entrance and greeting area and privacy for patients. While this work is occurring improvement to the HVAC system in laboratory will occur. This work is anticipated to begin in January/February.



Board CNO Report

By: Karen Baffone, RN, MS
Chief Nursing Officer

DATE: November, 2017

Strategy Two: Choosing and implementing the correct new Electronic Health Record for our system that spans all physician, OP and IP services.

- The EPIC implementation at 0700 on November 1 2017 was almost flawless. The gaps that exist have been addressed on a daily basis. Both organizations have been able to move through downtime with minimal issues and have completed downtime multiple times.
- The staff that participated as either super users or credentialed trainers have done a remarkable job of flexing their schedules to meet the needs of the organization.
- Mercy has commended our organizations as having top performers for the go live.
- Daily safety huddles will resume on November 20, 2017

Strategy Four: Developing and implementing a comprehensive Care Coordination Plan coupled with Patient Navigation for all patients that touch our healthcare system.

Integration of Care Coordination with Case Management will begin after Jan 1, 2018. Our goal is to expand our coverage of care coordination to include a larger span of patients. We will be working to move procedures that in the past may have been completed as follow up in the Emergency Department to the clinics when patients will be more appropriately served.

Strategy Six: Just Do IT

2017 Community Health Needs Assessment Update

- Phone survey was completed by late September.
- Total number of participants surveyed = 415
 - Incline residents = 22% (91 participants)
 - California residents = 78% (324 participants)

We are in the process of checking and analyzing the data with Franklin and Marshall College.

Low participation rates by Hispanic and young adults and we are implementing targeted focus groups to these population groups as well as one to the homeless population. Focus groups should be complete in early December.



Board Informational Report

By: Jake Dorst

DATE: 11/20/2017

CIIO

Mercy Epic

- We are 19 days post go-live.
- The Epic Go Live was a success and demanded an intense effort by all IT resources to accomplish the preparation and go live. The IT staff worked very long hours, weekends and nights to assure the go live.
- There is still a large work effort from all IT staff to streamline the delivery of the Epic application both remotely and in house.
- All Epic modules are needing refinement of workflows and reinforcement of training.
- We are working with our providers to optimize workflows and addressing any issues as quickly as possible.

Single Sign-on (SSO)

- Beginning primary demonstrations of SSO software to help the providers by reducing the amount of time that is spent entering credentials and passwords by hand.



Board Informational Report

By: Shawni L. Coll D.O., FACOG
Chief Medical Officer

DATE: November 22, 2017

1. **GOAL: A complete makeover of our Physician service line**

We are closely evaluating the right size medical staff. We are sad to inform you that Dr. Robert Mancuso will be leaving the medical staff in January along with Dr. Ephraim Dickinson. We wish them both well. We are looking for locums ENT coverage until we can get a full-time physician in place. We are also interviewing orthopedic surgeons.

We continue our search for neurologist and have had one very promising interview and another scheduled in December. We continue to search for the right gastroenterologist for our area but are looking at a locums GI physician until we find our full-time physician.

2. **GOAL: Electronic Health Record**

We are 3 weeks into our Epic Go Live. The providers have been doing well with the amazing provider support set up by our IT team. We are getting daily reports from our provider support with tickets being places, additional resources recommended, etc. This helps us to understand our areas for concern and the wins for that day.

3. **GOAL: New Master Space Plan**

Master planning has been on hold due to the Epic Go Live.

4. **GOAL: Just Do It**

Jean Steinberg and I attended a Horty Springer conference and brought home many pearls. We plan to make suggestions to the Bylaws Committee for changes along with some rules/Regs changes. Making these changes will help to protect the Hospital and Medical Staff in the future. We will also be proposing a new "Leadership Counsel" for the Medical Staff to the MEC in the next year.



TAHOE FOREST HEALTH SYSTEM FOUNDATION

Date: November 16, 2018

To: Tahoe Forest Hospital District Board of Directors

From: Martha Simon, Executive Director – Tahoe Forest Health System Foundation (TFHSF) and
Foundation Board Nominating Committee

Re: Request to ratify new TFHSF Board Candidates

Dear Tahoe Forest Hospital District:

At the November 16, 2018 phone conference meeting of the TFHSF Board of Directors, the board agreed to approve nominations of the following new board members.

Resume or Bio of candidates attached.

1. Katherine Miller
2. Stacy De La Rosa
3. Art King

Respectfully submitted on behalf of the TFHSF Board of Directors.



Katherine Miller

Dr. Miller's career has been focused around a passion for science, medicine, and teaching. She is a scientist by training, with a Ph.D. in Biophysics from the University of California at Berkeley and a B.A. in Chemistry from Boston University. She spent the first decade of her career in the lab doing scientific research on topics such as cancer immunology and protein biochemistry.

After completing her Ph.D., Dr Miller moved away from the bench and into management consulting to focus on higher level business problems affecting forward progress in science and medicine. She has worked for McKinsey and Co., a global management consulting firm, for the past 6 years, advising clients in the healthcare space. Her current focus is on building McKinsey's internal healthcare learning programs, a move that allowed her the career flexibility to relocate to the Tahoe area full time.

Katherine lives in Truckee with her partner, Derek DeVre, and their dog Bruno (proudly adopted from the Humane Society of Truckee-Tahoe, where he is famous in his own right). She spends most of her free time walking Bruno, skiing at Squaw Valley, and riding her horse.



Stacy De La Rosa

Stacy De La Rosa is the Founder of the local start-up kidtrip, an online platform where local families can rent travel essentials to families visiting the Lake Tahoe area. She spent many years in the beverage industry in sales, marketing and management before obtaining her MBA where she studied sustainable business models and the implementation of environmental and social values into company operations. She holds an undergraduate degree from the University of Wisconsin in Bio-Medical Science and Chemistry and has an aptitude for science and complex systems.

Since moving to Truckee four years ago, Mrs. De La Rosa has been involved in strategic planning and community engagement at the KidZone. As a mother of two young children, Mrs. De La Rosa has a connection to young families in Truckee and works to help support mother entrepreneurs in our community.



Art King

Art King is a retired Certified Public Accountant who spent his entire 35 year career with Moss Adams, a West Coast CPA Firm. During his time at Moss Adams, he worked in Eugene, Oregon; Vancouver, Washington; San Francisco; Santa Rosa and Seattle. He spent most of his time as an Auditor of mid-sized privately held companies in addition to strategic planning and budgeting. He was the managing partner in the Santa Rosa and Seattle offices; on the Firms Executive Committee for eight years. His last three years were spent as the Northwest Regional Managing Partner, overseeing eleven offices. In late 2009, he retired and moved full time to Olympic Valley.

Art and his wife Irene have been married 46 years and have two daughters and three grand children. They spend much of their time traveling to visit their children, who live in Eugene, Oregon and Redondo Beach, California.

He graduated from the University of Oregon in 1974 with a Bachelor of Business Administration, with an emphasis in Accounting. Both daughters also graduated from Oregon so they are a totally Oregon "Duck" family. He served in the National Guard from 1970 to 1976.

Art has enjoyed being involved with whatever community he has lived in. He is currently a member and Treasurer of Truckee Rotary; is Chairman of the Tahoe Donner HOA Finance Committee; Treasurer of Homesites of Squaw Creek HOA. Prior to living here, he was President of the Santa Rosa Sunrise Rotary Club and Emerald City Rotary Club in Seattle. He was also on the Board of the North Coast Builders Exchange.

For enjoyment, Art golfs, skis, bikes and hikes. In 2016, he and Irene finished hiking the entire 168 mile Tahoe Rim Trail. Currently, he is learning to play the guitar.

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, 32128, and 32150 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".

D. 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; race; color; creed; ethnicity; religion; national origin; marital status; sex; sexual orientation; gender identity or expression; disability; association; veteran or military status; or any other basis prohibited by federal, state, or local law.

Section 3. Purpose and Operating Policies.

A. Purpose.

Tahoe Forest Hospital District will strive to be the best mountain health system in the nation. We exist to make a difference in the health of our communities through excellence and compassion in all we do.

B. Operating Policies.

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

1. 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.

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

3. Improvement of the health status of the area will be the primary emphasis of services offered by the District. 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 1. 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 oversight 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 region and the responsibilities that the District should assume in helping to meet them.

B. Programs and Services.

1. Takes action on recommendations of the Chief Executive Officer or designee with regard to long and short range plans for the development of programs and services.

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

3. Takes action on board policies and other policies brought forth by the Chief Executive Officer or designee.

4. Evaluates the results of programs and services on the basis of previously

established objectives and requirements. Receives reports from the Chief Executive Officer or designees and directs the Chief Executive Officer to plan and take appropriate actions, where warranted.

C. Organization and Staffing.

1. Selects and appoints the Chief Executive Officer.
2. 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 responsibility for the financial soundness and success of the District and its wholly owned subsidiaries.
2. Assumes 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.
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.

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 governance of said Medical Staff, as provided in ARTICLE VIII of these Bylaws.

C. Auxiliary.

The Board of Directors may authorize the formation of service organizations from time to time as needed ("Auxiliary"), the Bylaws of which shall be approved by the Board of Directors.

D. Other Affiliated or Subordinate Organizations.

The Board of Directors may authorize the formation of other affiliated or subordinate 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 affiliated or subordinate 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 affiliated or subordinate 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 may delegate the responsibility to review and resolve grievances.

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 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 located 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 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 to the Board of Directors without voting power 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 or designee shall attend in the Chief of Staff's absence.

Section 8. Director Compensation and Reimbursement Of Expenses.

The Board of Directors shall be compensated in accordance with ABD-03 Board Compensation and Reimbursement policy.

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 1. Officers.

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

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 preceding calendar year and shall serve at the pleasure of the Board. The person holding the office of President of the Board of Directors shall not serve 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 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 Treasurer will serve as the chairperson of the Board Finance Committee and shall ensure the Board's attention to financial integrity of the District.

ARTICLE IV. COMMITTEES

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

Section 1. Ad Hoc Committees.

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. No Committee shall have the power to bind the District, unless the Board 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 and their respective charters will be affirmed annually by resolution, duly adopted by the Board of Directors.

The President shall recommend appointment of the members of these committees and the Chair thereof, subject to the approval of the Board by majority of Directors present. Committee appointments shall be for a period of one (1) year and will be made annually at the December Board meeting, following the election of Board Officers.

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 duties and responsibilities of the Chief Executive Officer shall be outlined in the Employment Agreement and job description. Other duties may be assigned by the Board. Chief Executive Officer, personally or through delegation, hires, assigns responsibility, counsel, evaluates and (as required) terminates all District employees.

ARTICLE VI. TAHOE FOREST HOSPITAL

Section 1. Establishment

The District owns and operates Tahoe Forest Hospital (TFH), which shall be primarily engaged in providing, including but not limited to, Emergency Services, Inpatient/Observation Care, Critical Care, Diagnostic Imaging Services, Laboratory Services, Surgical Services, Obstetrical Services and Long Term Care Services.

ARTICLE VII. INCLINE VILLAGE COMMUNITY HOSPITAL

Section 1. Establishment

The District owns and operates Incline Village Community Hospital (IVCH), which shall be primarily engaged in providing, including but not limited to, Emergency Services, Inpatient/Observation Care, Diagnostic Imaging Services, Laboratory Services, and Surgical Services to patients.

ARTICLE VIII. 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 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, assignment to a particular staff category, or be able to exercise particular clinical privileges solely by virtue of the fact that he/she is duly licensed to practice in California, Nevada, or any other state, or that he/she is a member of any particular professional organization, or is certified by any particular specialty board, or that he/she had or presently has, membership or privileges at this or another health care facility, or requires a hospital affiliation in order to participate on health plan provider panels, to obtain or maintain malpractice insurance coverage, or to pursue other personal or professional business interests unrelated to the treatment of patients at this facility and the furtherance of this facility's programs and services.

Section 3. Organization and Bylaws.

The Bylaws, Rules and Regulations, and policies 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, which shall not be withheld unreasonably. Neither the Medical Staff nor the Board of Directors may unilaterally amend the Medical Staff Bylaws or Rules and Regulations. 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 or policies that provide associated details consistent with its Bylaws, as it deems necessary to implement more specifically the general principles established in the Bylaws.

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, reappointment, new clinical privileges, rejection or modification of any recommendation of the Medical Staff shall rest with the Board of Directors.

All applications for appointment and reappointment 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 request by the practitioner for clinical privileges, and the Medical Staff's recommendation concerning these privileges.

Upon receipt of the report and recommendation of the Medical Staff, the Board of Directors adopt, reject or modify a favorable recommendation of the Medical Executive Committee, or shall refer the recommendation back to the Medical Executive Committee for further consideration, stating the reasons for the referral and setting a time limit within which the Medical Executive Committee shall respond.

If the Board of Directors is inclined to reject or modify a favorable recommendation, the Board shall refer the matter back to the Medical Executive Committee for further review and comments, which may include a second recommendation. The Executive Committee's response shall be considered by the Board before adopting a resolution.

If the Board's resolution constitutes grounds for a hearing under Article VII of the Medical Staff Bylaws, the Chief Executive Officer shall promptly inform the applicant, and he/she shall be entitled to the procedural rights as provided in that Article.

In the case of an adverse Medical Executive Committee recommendation or an adverse Board decision, the Board shall take final action in the matter only after the applicant has exhausted or has waived his/her procedural rights under the Medical Staff Bylaws. Action thus taken shall be the conclusive decision of the Board, except that the Board may defer final determination by referring the matter back for reconsideration. Any such referral shall state the reasons therefore, shall set a reasonable time limit within which a reply to the Board of Directors shall be made, and may include a directive that additional hearings be conducted to clarify issues which are in doubt. After receiving the new recommendation and any new evidence, the Board shall make a final decision.

Conflict Resolution. The Board of Directors shall give great weight to the actions and recommendations of the Medical Executive Committee and in no event shall act in an arbitrary and capricious manner.

The Governing Body may delegate decision-making authority to a committee of the Governing Body; however, any final decision of the Governing Body committee must be subject to ratification by the full Governing Body at its next regularly scheduled meeting.

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. Accordingly, discretion is granted to the Medical Staff and Board of Directors to create a hearing process which provides for the least burdensome level of formality in the process while still providing a fair review and to interpret the Medical Staff Bylaws in that light. The Medical Staff, Board of Directors, and their officers, committees and agents hereby constitute themselves as peer review bodies under the Federal Health Care Quality Improvement Act of 1986 and the California peer review hearing laws and claim all privileges and immunities afforded by the federal and state laws.

If adverse action as described in these provisions is taken or recommended, the practitioner must exhaust the remedies afforded by the Medical Staff Bylaws before resorting to legal action.

The rules relating to appeals to the Board of Directors as set forth in the Medical Staff Bylaws are as follows; capitalized terms have the meaning defined by the Medical Staff Bylaws:

A. Time For Appeal

Within ten (10) days after receipt of the decision of the Hearing Committee, either the Practitioner or the Medical Executive Committee may request an appellate review. A written request for such review shall be delivered to the Chief Executive Officer and the other party in the hearing. If a request for appellate review is not received by the Chief Executive Officer within such period, the decision of the Hearing Committee shall thereupon become final, except if modified or reversed by the Board of Directors.

It shall be the obligation of the party requesting appellate review to produce the record of the Hearing Committee's proceedings. If the record is not produced within a reasonable period, as determined by the Board of Directors or its authorized representative, appellate rights shall be deemed waived

In the event of a waiver of appellate rights by a Practitioner, if the Board of Directors is inclined to take action which is more adverse than that taken or recommended by the Medical Executive Committee, the Board of Directors must consult with the Medical Executive Committee before taking such action. If after such consultation the Board of Directors is still inclined to take such action, then the Practitioner shall be so notified. The notice shall include a brief summary of the reasons for the Board's contemplated action, including a reference to any factual findings in the Hearing Committee's Decision that support the action. The Practitioner shall be given ten (10) days from receipt of that notice within which to request appellate review, notwithstanding his or her earlier waiver of appellate rights. The grounds for appeal and the appellate procedure shall be as described below. However, even if the Practitioner declines to appeal any of the Hearing Committee's factual findings, he or she shall still be given an opportunity to argue, in person and in writing, that the contemplated action which is more adverse than that taken or recommended by the Medical Executive Committee is not reasonable and warranted. The action taken by the Board of Directors after following this procedure shall be the final action of the Hospital.

B. Grounds For Appeal

A written request for an appeal shall include an identification of the grounds of appeal, and a clear and concise statement of the facts in support of the appeal. The recognized grounds for appeal from a Hearing Committee decision are:

1. substantial noncompliance with the standards or procedures required by the Bylaws, or applicable law, which has created demonstrable prejudice; or

2. the factual findings of the Hearing Committee are not supported by substantial evidence based upon the hearing record or such additional information as may be permitted pursuant to this section; or

3. The Hearing Committee's failure to sustain an action or recommendation of the Medical Executive Committee that, based on the Hearing Committee's factual findings, was reasonable and warranted.

C. Time, Place and Notice

The appeal board shall, within thirty (30) days after receipt of a request for appellate review, schedule a review date and cause each side to be given notice of time, place and date of the appellate review. The appellate review shall not commence less than thirty (30) or more than sixty (60) days from the date of notice. The time for appellate review may be extended by the appeal board for good cause.

D. Appeal Board

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

E. Appeal Procedure

The proceedings by the appeal board shall be in the nature of an appellate review based upon the record of the proceedings before the Hearing Committee. However, 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 Hearing Committee in the exercise of reasonable diligence, and subject to the same rights of cross-examination or confrontation that are provided at a hearing. The appeal board shall also have the discretion to remand the matter to the Hearing Committee for the taking of further evidence or for clarification or reconsideration of the Hearing Committee's decision. In such instances, the Hearing Committee shall report back to the appeal board, within such reasonable time limits as the appeal board imposes. Each party shall have the right to be represented by legal counsel before the appeal board, to present a written argument to the appeal board, to personally appear and make oral argument and respond to questions in accordance with the procedure established by the appeal board. After the arguments have been submitted, the appeal board shall conduct its deliberations outside the presence of the parties and their representatives.

F. Decision

Within thirty (30) days after the submission of arguments as provided above, the appeal board shall send a written recommendation to the Board of Directors. The appeal board may recommend, and the Board of Directors may decide, to affirm, reverse or modify the decision of the Hearing Committee. The decision of the Board shall constitute the final decision of the Hospital and shall become effective immediately upon notice to the parties. The parties shall be provided a copy of the appeal board's recommendation along with a copy of the Board of Director's final decision.

G. Right To One Hearing

No practitioner shall be entitled to more than one (1) evidentiary hearing and one (1) appellate review on any adverse action or recommendation.

H. Exception to Hearing Rights

1. Exclusive Contracts

The hearing rights described in this Article shall not apply as a result of a decision to close or continue closure of a department or service pursuant to an exclusive contract or to transfer an exclusive contract, or as a result of action by the holder of such an exclusive contract.

2. Validity of Bylaw, Rule, Regulation or Policy

No hearing provided for in this article shall be utilized to make determinations as to the merits or substantive validity of any Medical Staff bylaw, rule, regulation or policy. Where a Practitioner is adversely affected by the application of a Medical Staff bylaw, rule, regulation or policy, the Practitioner's sole remedy is to seek review of such bylaw, rule, regulation or policy initially by the Medical Executive Committee. The Medical Executive Committee may in its discretion consider the request according to such procedures as it deems appropriate. If the Practitioner is dissatisfied with the action of the Medical Executive Committee, the Practitioner may request review by the Board of Directors, which shall have discretion whether to conduct a review according to such procedures as it deems appropriate. The Board of Directors shall consult with the Medical Executive Committee before taking such action regarding the bylaw, rule, regulation or policy involved. This procedure must be utilized prior to any legal action.

3. Department, Section or Service Formation or Elimination

A Medical Staff department, section, or service can be formed or eliminated only following a review and recommendation by the Medical Executive Committee regarding the appropriateness of the department, section, or service elimination or formation. The Board of Directors shall consider the recommendations of the Medical Executive Committee prior to making a final determination regarding the formation or elimination.

The Medical Staff Member(s) who's Privileges may be adversely affected by department, section, or service formation or elimination are not afforded hearing rights pursuant to Article VII.

ARTICLE IX. AUXILIARY

The formation of Auxiliary organizations Bylaws shall be approved by the Board of Directors.

ARTICLE X. REVIEW AND AMENDMENT OF BYLAWS

Section 1. 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 30th day of November 2017.

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 – December, 2015
Revised – November, 2017

DRAFT Charter
Executive Compensation Committee
(formerly Personnel Committee)
Board of Directors
Tahoe Forest Hospital District

PURPOSE:

The purpose of this document is to define the charter of the Executive Compensation Committee of the Hospital's Board of Directors and, further, to delineate the Committee's duties and responsibilities.

RESPONSIBILITIES:

The Executive Compensation Committee is responsible for assisting the Board in oversight of Chief Executive Officer (CEO) relations and the work done through the Foundations of Excellence.

DUTIES:

1. Oversee the identification and recruitment of the organization's CEO as directed by the Board of Directors
2. Assure an annual CEO performance evaluation process is in place.
3. In conjunction with the CEO, annually review and recommend modifications of goals and objectives which will be used to evaluate the performance of the CEO.
4. Review annually the CEO's comprehensive compensation package, and make recommendations to the Board of Directors as necessary
5. In conjunction with the CEO, review and evaluate annually the CEO position description to ensure its continued relevance. Recommend revisions to the Board of Directors as necessary
6. Annually review the CEO Succession Plan and make recommendations to the Board.
7. Review employee and physician satisfaction survey results.

COMPOSITION:

The Committee is comprised of at least two (2) board members appointed by the Board President.

MEETING FREQUENCY:

The Committee shall meet at least once annually and then on an as needed basis.

Charter
Governance Committee
Board of Directors
Tahoe Forest Hospital District

Purpose:

The purpose of this document is to define the charter of the Governance Committee of the Hospital's Board of Directors and, further, to delineate the Committee's duties and responsibilities.

Responsibilities:

The Governance Committee of the Board shall function as a standing committee of the Board responsible for addressing all governance-related issues. The Committee shall develop, maintain, and implement the necessary governance-related policies and procedures that define the Hospital's governance practices.

Duties:

1. Conduct at least a biennial review of the Bylaws and Board policies.
2. Submit recommendations to the Board of Directors for changes to Bylaws and Board policies as necessary.
3. Develop new Board policies and procedures as necessary or as directed by the Board of Directors.
4. Advance best practices in board governance.
5. Assure, in conjunction with the Board Chair, the annual board self-assessment and board goal setting process is conducted.

Composition:

The Committee shall be comprised of at least two (2) Board members appointed by the Board President.

Meeting Frequency:

The Committee shall meet as needed.

Charter
Quality Committee
Board of Directors
Tahoe Forest Hospital District

PURPOSE:

The purpose of this document is to define the charter of the Quality Committee of the Hospital's Board of Directors and, further, to delineate the Committee's duties and responsibilities.

RESPONSIBILITIES:

The Quality Committee shall function as the standing committee of the Board responsible for providing oversight for Quality Assessment and Performance Improvement, assuring the hospital's quality of care, patient safety, and patient experience.

DUTIES:

1. Recommend to the Board, as necessary, policies and procedures governing quality care, patient safety, environmental safety, and performance improvement throughout the organization.
2. Assure the provision of organization-wide quality of care, treatment, and service provided and prioritization of performance improvement throughout the organization.
3. Monitor the improvement of care, treatment, and services to ensure that it is safe, beneficial, patient-centered, customer-focused, timely, efficient, and equitable.
4. Monitor the organization's performance in national quality measurement efforts, accreditation programs, and subsequent quality improvement activities.
5. Monitor the development and implementation of ongoing board education focusing on service excellence, performance improvement, risk-reduction/safety enhancement, and healthcare outcomes.

COMPOSITION:

The Committee is comprised of at least two (2) board members 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).

MEETING FREQUENCY:

The Committee shall meet quarterly.

DRAFT Charter

Finance Committee Board of Directors Tahoe Forest Hospital District

PURPOSE: The purpose of this document is to define the charter of the Finance Committee of the Hospital's Board of Directors and, further, to delineate the Committee's duties and responsibilities.

RESPONSIBILITIES: The Finance Committee is responsible for assisting the Board in oversight of financial affairs by monitoring the organization's financial policies and the adequacy of its reporting, and recommending actions to protect and enhance the community's investment in the hospital. It will also assure that appropriate policies and procedures are in place to safeguard and preserve the assets of the hospital.

DUTIES:

1. Review quarterly the District operating, cash and capital budgets, budget performance and financial management and make recommendations.
2. Review financial statements quarterly.
3. Oversee the annual independent audit and supervision of any necessary corrective measures.
4. Review annually the investment of District funds.
5. Review at least semi-annually budgets and expenditures for facility projects.
6. Annually review the financial plans for consistency with hospital and system-wide strategic objectives.
7. Monitor financial indicators relative to industry benchmarks and like organizations.

COMPOSITION:

The Committee is comprised of at least two (2) members. The Board Treasurer shall serve as Chairperson of the Committee, and the second Committee member shall be appointed by the Board President.

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



Board Informational Report

By: Jim Hook
Corporate Compliance
Consultant, The Fox Group

DATE: October 26, 2017

2017 Compliance Program 3rd Quarter (Open Session)

The Compliance Committee is providing the Board of Directors (BOD) with a report of the 3rd Quarter 2017 Compliance Program activities report (open session). This report assists the BOD to meet its obligations to be knowledgeable about the content and operation of the seven components of the Compliance Program.

OPEN SESSION

Period Covered by Report: **July 1, 2017- September 30, 2017**

Completed by: James Hook, Compliance Consultant, The Fox Group

1. Written Policies and Procedures

1.1. The District's Corporate Compliance Policies and Procedures are reviewed and updated as needed. The following policies were reviewed or revised by the Compliance Department with recommendations to the Board of Directors:

1.1.1. Revised HIPAA and Security Breach Investigation, Response, and Corrective Action Plans-AGOV-43

1.1.2. Code of Conduct completed and published

2. Compliance Oversight / Designation of Compliance Individuals

2.1. Corporate Compliance Committee Membership as of September 30, 2017:

2.1.1. The Fox Group – Compliance Consultants

2.1.2. Judy Newland, RN – Chief Operating Officer

2.1.3. Karen Baffone RN- Chief Nursing Officer

2.1.4. Harry Weiss – Chief Executive Officer

2.1.5. Crystal Betts – Chief Financial Officer

2.1.6. Kristy Lugert – Director of Health Information Management

2.1.7. Jake Dorst – Chief Information and Innovation Officer

2.1.8. Alex MacLennan – Chief Human Resources Officer

2.1.9. Matt Mushet – Inhouse Legal Counsel

2.1.10. Stephanie Hanson, RN – Compliance Analyst

3. Education & Training

3.1. Compliance program training to new directors, managers and supervisors every quarter.

3.2. All new employees are oriented to compliance on first day orientation by Compliance Analyst.

3.3. Completed Code of Conduct

3.4. Completed compliance training for three new board member

3.5. Completed code of conduct and annual compliance training for Medical staff.

4. Effective Lines of Communication/Reporting

4.1. A Compliance log is maintained for all calls to the Compliance Hotline and other reports made to the Compliance Department.

4.1.1. No calls were received on the Hotline for the 3rd quarter.

OPEN SESSION

- 4.1.2. Six reports were made directly to the Compliance Department for the quarter.
- 4.2. HIPAA violations are reported to the Privacy Officer. The Privacy Officer maintains a log of reported events and investigations.
- 5. Enforcing Standards through well-publicized Disciplinary Guidelines**
 - 5.1. Ninety-one percent (91.3%) of Health Stream corporate compliance modules were completed for eligible employees for the 3rd quarter of 2017.
 - 5.2. All new staff hires, and newly privileged physicians, receive criminal background checks and are checked against the OIG and GSA list of exclusions. All vendors are checked using the vendor credentialing program annually, and ongoing monitoring continues at various intervals.
- 6. Auditing & Monitoring**
 - 6.1. Two audits was completed during the 3rd quarter as part of the 2017 corporate compliance work plan.
 - 6.1.1. Payments to physicians working in the Medical Service Clinics during the period April 1 through June 30, 2017 were reviewed. No discrepancies were found.
 - 6.1.2. External Audit for Coding for Emergency Department and Physical Therapy diagnosis coding showed 95.7% accuracy.
- 7. Responding to Detected Offenses & Corrective Action Initiatives**
 - 7.1. Investigations of suspected and actual compliance issues incidents were initiated. Several investigations revealed no violations. Remediation measures included: refunds of overpayments, additional staff training, changes in processes, updated policies and procedures, were implemented to prevent further violations.



GOVERNANCE COMMITTEE

AGENDA

Thursday, November 16, 2017 at 10:00 a.m.
Tahoe Forest Health System Foundation Conference Room
10976 Donner Pass Road, Truckee, CA 96161

1. **CALL TO ORDER**

2. **ROLL CALL**

Randy Hill, Chair; Mary Brown, 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: 10/16/2017**

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

6.1. **Policy Review**

6.1.1. **Committee Charters**..... ATTACHMENT

Governance Committee will review proposed committee charters.

6.1.2. **ABD-12 Guidelines for Business by the TFHD Board of Directors**..... ATTACHMENT

Governance Committee will review and discuss ABD-12 Guidelines for Business by the Tahoe Forest Hospital District Board of Directors.

6.1.3. **ABD-17 Manner of Governance for the TFHD Board of Directors** ATTACHMENT

Governance Committee will review and discuss ABD-17 Manner of Governance for the Tahoe Forest Hospital District Board of Directors.

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

8. **NEXT MEETING DATE**

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.