TAHOE FOREST HOSPITAL DISTRICT

2018-06-28 Regular Meeting of the Board of Directors

Thursday, June 28, 2018 at 4:00 p.m.

Tahoe Truckee Unified School District

11603 Donner Pass Road, Truckee, CA 96161

Meeting Book - 2018-06-28 Regular Meeting of the Board of Directors

06/28/2018 Agenda Packet Contents

13.4. Policy Review

Governance Committee reviewed and recommended the following policies for approval.

14. ITEMS FOR BOARD ACTION

15. ITEMS FOR BOARD DISCUSSION

15.4. Revenue Cycle Update

Crystal Betts, CFO

No related materials at the time of posting.

16. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

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

ITEMS 18 - 23: See Agenda

24. ADJOURN

TAHOE FOREST HOSPITAL DISTRICT

REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, June 28, 2018 at 4:00 p.m.

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

1. **CALL TO ORDER**

2. **ROLL CALL**

3. **DELETIONS/CORRECTIONS TO 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: First Quarter 2018 Quality Report
     Number of items: One (1)
   - **5.2. Conference with Legal Counsel; Initiation of Litigation (Gov. Code § 54956.9(d)(4))**
     Number of Potential Cases: One (1)
   - **5.3. Report Involving Trade Secrets (Health & Safety Code § 32106)**
     Discussion will concern: potential new service
     Estimated date of disclosure: August 2018
   - **5.4. Approval of Closed Session Minutes◈**
     05/24/2018
   - **5.5. TIMED ITEM – 5:30PM – Hearing (Health & Safety Code § 32155)◈**
     Subject Matter: Medical Staff Credentials

6. **DINNER BREAK**

   APPROXIMATELY 6:00 P.M.

7. **OPEN SESSION – CALL TO ORDER**

8. **REPORT OF ACTIONS TAKEN IN CLOSED SESSION**

9. **DELETIONS/CORRECTIONS TO 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 President 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.

◈ Denotes Action Item

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. June 2018 Employee of the Month.....ATTACHMENT
12.2. Staff member completion of Chamber Leadership Program
12.3. Anatomy Lab .....ATTACHMENT

13. 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.

13.1. Approval of Minutes of Meetings
13.1.1. 05/24/2018 .....ATTACHMENT
13.2. Financial Reports
13.2.1. Financial Report – May 2018 .....ATTACHMENT
13.3. Staff Reports
13.3.1. CEO Board Report .....ATTACHMENT
13.3.2. COO Board Report.....ATTACHMENT
13.3.3. CNO Board Report.....ATTACHMENT
13.3.4. CIIO Board Report .....ATTACHMENT
13.3.5. CMO Board Report.....ATTACHMENT
13.4. Policy Review
13.4.1. ABD-12 Guidelines for Business by TFHD Board of Directors.....ATTACHMENT
13.4.2. TFHD Ticket and Pass Distribution Policy.....ATTACHMENT

14. ITEMS FOR BOARD ACTION◈

14.1. Resolution 2018-05◈.....ATTACHMENT
The Board of Directors will consider approval of a resolution to form a Limited Liability Company (LLC) for the purpose of acquiring and managing real property.

15. ITEMS FOR BOARD DISCUSSION

15.1. Patient & Family Advisory Council.....ATTACHMENT
The Board of Directors will receive an update from a Patient and Family Advisory Council member and the efforts of the council.
15.2. Patient Safety Report.....ATTACHMENT
The Board of Directors will receive an update on the District's patient safety activities.
15.3. Strategic Planning Update.....ATTACHMENT
The Board of Directors will receive an update on the Strategic Planning process.
15.4. Revenue Cycle Update .....ATTACHMENT*
Chief Financial Officer will provide an update to the Board of Directors on the District's Revenue Cycle process.

16. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

◈ Denotes Action Item

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

17.1. Governance Committee Meeting – 06/11/2018 ..... ATTACHMENT

17.2. Quality Committee Meeting – No meeting held in June.

17.3. Executive Compensation Committee Meeting – No meeting held in June.

17.4. Finance Committee Meeting – No meeting held in June.

18. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS

19. ITEMS FOR NEXT MEETING

20. BOARD MEMBERS REPORTS/CLOSING REMARKS

21. CLOSED SESSION CONTINUED, IF NECESSARY

22. OPEN SESSION

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

24. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is July 26, 2018 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, June 2018
Julie Lorrain, Accounts Payable Clerk
Accounting Department

We are honored to announce Julie Lorrain, Accounts Payable Clerk, as our June 2018 Employee of the Month!

Julie has been a part of Tahoe Forest Health System for five years, and three months.

Julie consistently exhibits the District's values in each and every action she undertakes. She is always positive, with a smile on her face, even in the midst of challenging and heavy workload occasions.

Julie practices patience, understanding, humor, support, and teamwork with colleagues in the Accounting department, throughout the District, and with our external customers. There is not a week that goes by that Directors, Managers, and Supervisors don't comment on what a wonderful asset she is to the District.

Please join us in congratulating all of our Terrific Nominees!

Nicole Klein
Tamsen Rosario
Paul Young
Brenda Medina
Chris Hess

Hands On Surgical Experience For Local High School Students

More than 60 high school students from Truckee, North Tahoe and Incline High Schools had first-hand surgical experience under the guidance of an orthopedic surgeon in the University of Nevada, Reno (UNR) Advanced Surgical Training Lab. Students enrolled in advanced placement biology, and human body systems classes at local high schools scrubbed-in to view and participate in a total knee replacement surgery.

Orthopedic Surgeon Dr. Andrew Ringnes performed surgery on a cadaver while giving in-depth explanations throughout the procedure. The high school students had the opportunity to use the surgical instruments and participate in the operation. Following the surgery, students toured the medical school's anatomy and physiology lab.

Dan Coll, MHS, PA-C, Surgical Physician Assistant and Director of Orthopedics and Sports Medicine at Tahoe Forest Hospital has organized this field trip for three consecutive years with the help of the Tahoe Forest Health System's surgical support staff and the hospital's orthopedic surgeons.

"This field trip is an incredible learning experience for these students, and informs them about career opportunities in the medical field," Coll explained. "From the surgeon, anesthesiologist, surgical physician assistant, OR RNs, to the surgical tech and other support staff, there are many positions that play a vital role in healthcare."

The experience made a big impact on students such as Mariana, who said “This was the real-deal and reinforced my interest in being a nurse. The surgical experience was so great and it gave me a chance to see if I can really handle it. Now I know I can!”

“TTUSD is committed to ensuring our students are college and career ready by the time they graduate. Hands-on learning like this surgical experience make a huge impact on our students and gives them the opportunity to learn first-hand about multiple career opportunities in the medical field,” said Superintendent Chief Learning Officer Rob Leri with the Tahoe Truckee Unified School District. “We are so grateful for our amazing community partners who made this unique learning experience possible for our students.”

TAHOE FOREST HOSPITAL DISTRICT

REGULAR MEETING OF THE BOARD OF DIRECTORS
DRAFT MINUTES

Thursday, May 24, 2018 at 4:00 p.m.
Tahoe Truckee Unified School District
11603 Donner Pass Road, Truckee, CA 96161

1. CALL TO ORDER
Meeting was called to order at 4:00 p.m.

2. ROLL CALL
Board: Dale Chamblin, Board President; Randy Hill, Vice President; Alyce Wong, Secretary; Mary Brown, Board Member

Staff in attendance: Harry Weis, Chief Executive Officer; Crystal Betts, Chief Financial Officer; Judy Newland, Chief Operating Officer; Dr. Shawni Coll, Chief Medical Officer; Matt Mushet, In-House Counsel; Martina Rochefort, Clerk of the Board

Other: David Ruderman, Assistant General Counsel

Absent: Charles Zipkin, M.D., Treasurer

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA
No changes were made to the agenda.

4. INPUT AUDIENCE
No public comment was received.

Open Session recessed at 4:02 p.m.

5. CLOSED SESSION

5.1. Hearing (Health & Safety Code § 32155)
Subject Matter: First Quarter 2018 Service Excellence Report
Number of items: One (1)
Discussion was held on a privileged item.

5.2. Report Involving Trade Secrets (Health & Safety Code § 32106)
Discussion will concern: potential new service
Estimated date of disclosure: December 2018
Discussion was held on a privileged item.

5.3. Conference with Legal Counsel; Initiation of Litigation (Gov. Code § 54956.9(d)(4))
Number of Potential Cases: One (1)
Discussion was held on a privileged item.

5.4. Approval of Closed Session Minutes◈
04/26/2018
Discussion was held on a privileged item.

5.5. TIMED ITEM – 5:30PM – Hearing (Health & Safety Code § 32155)◈
Subject Matter: Medical Staff Credentials
Discussion was held on a privileged item.

6. DINNER BREAK

APPROXIMATELY 6:00 P.M.

7. OPEN SESSION – CALL TO ORDER
Open Session reconvened at 6:00 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION
General Counsel reported there were no actions taken on items 5.1. – 5.3. Item 5.4. Approval of Closed Session Minutes was approved on a 4-0 vote. Item 5.5. Medical Staff Credentials was also approved on a 4-0 vote.

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA
No changes were made to the agenda.

10. INPUT – AUDIENCE
No public comment was received.

11. INPUT FROM EMPLOYEE ASSOCIATIONS
No public comment was received.

12. ACKNOWLEDGMENTS
12.1. Kathy Avis was named May 2018 Employee of the Month.
12.2. Arlette Tormey, Christy Jordan, Heather Hiller, Natalie de Ryk and Sarah Jane Stull were honored as 2018 Nurses of Excellence.

13. MEDICAL STAFF EXECUTIVE COMMITTEE◈
13.1. Medical Executive Committee (MEC) Meeting Consent Agenda
MEC recommends the following for approval by the Board of Directors: *Annual Review and approval of policies and medical staff privilege forms: Anesthesiology, Otolaryngology/ENT, Dentistry, Obstetrics/Gynecology, Ophthalmology, Oral & Maxillofacial, Orthopedics, Pain Medicine, Podiatry, Radiology, Urology, Annual Clinical Quality Indicators, Clinical Laboratory, Quality Plan, Pharmacy Policies*

ACTION: **Motion made by Director Brown, seconded by Director Hill, to approve the Medical Staff Executive Committee Meeting Consent Agenda as presented.**
No public comment was received.
AYES: Directors Brown, Wong, Hill and Chamblin
Abstention: None
NAYS: None

Absent: Director Zipkin

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

14.1.1. 04/26/2018

14.2. Financial Reports

14.2.1. Financial Report – April 2018

14.3. Staff Reports

14.3.1. CEO Board Report
14.3.2. COO Board Report
14.3.3. CNO Board Report
14.3.4. CIIO Board Report
14.3.5. CMO Board Report
14.3.6. Legislative Report

14.4. Policy Review

14.4.1. ABD-04 Board of Directors Qualifications
14.4.2. CEO Job Description

No public comment was received.

ACTION: **Motion made by Director Hill, seconded by Director Brown, to approve the Consent Calendar as presented.**
AYES: Directors Brown, Wong, Hill and Chamblin
Abstention: None
NAYS: None
Absent: Director Zipkin

15. ITEMS FOR BOARD ACTION◈

15.1. IM/Cardiology Remodel Project Bids and Contracts

Dylan Crosby, Manager of Facilities Management, presented the IM/Cardiology remodel bid package for approval.

ACTION: **Motion made by Director Hill, seconded by Director Wong to approve the IM/Cardiology remodel project and dispense with further bids for the two items as presented.**
AYES: Directors Brown, Wong, Hill and Chamblin
Abstention: None
NAYS: None
Absent: Director Zipkin

15.2. Resolution Requesting Election Services

Discussion was held.

ACTION: **Motion made by Director Brown, seconded by Director Wong, to approve Resolution-04 requesting election services as presented.**
No public comment was received.
AYES: Directors Brown, Wong, Hill and Chamblin
Abstention: None
NAYS: None
Absent: Director Zipkin

16. ITEMS FOR BOARD DISCUSSION

16.1. Board Education

16.1.1. Rural Center of Excellence Presentation

Janet Van Gelder, Director of Quality and Regulations, presented criteria for Rural Center of Excellence designation.

Discussion was held.

16.1.2. Telemedicine Presentation – Part II

Crystal Betts, Chief Financial Officer, presented on telemedicine.

Discussion was held.

No public comment was received.

16.2. Security and Network Infrastructure

Jake Dorst, Chief Information and Innovation Officer, presented on the District's security and network infrastructure.

Discussion was held.

ACTION: **Motion made by Director Hill, seconded by Director Brown, to approve the District to move forward with Hewlett Packard Enterprise (HPE) for network infrastructure and security.**
No public comment was received.
AYES: Directors Brown, Wong, Hill and Chamblin
Abstention: None
NAYS: None
Absent: Director Zipkin

16.3. Mountain Housing Council Update

Ted Owens, Executive Director of Governance, provided an update on the Mountain Housing Council's efforts.

Discussion was held.

16.4. Strategic Planning Update

Harry Weis, Chief Executive Officer, provided an update on the Strategic Planning process.

Discussion was held.

16.5. Chief Executive Officer Incentive Compensation Criteria

Discussion was held.

Board of Directors directed the following changes be made:
-Financial target must be met for any incentive payout.
-"Inpatient" be removed from the quality goal.

ACTION: **Motion made by Director Wong, seconded by Director Brown, to approve the Fiscal Year 2019 Chief Executive Officer Incentive Compensation criteria with the changes noted above.**
No public comment was received.
AYES: Directors Brown, Wong, Hill and Chamblin
Abstention: None
NAYS: None
Absent: Director Zipkin

16.6. Chief Executive Officer Performance Evaluation Template

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. Quality Committee Meeting – 05/08/2018

Director Wong provided an update from the recent Board Quality Meeting.

18.2. Governance Committee Meeting – No meeting held in May.

18.3. Executive Compensation Committee Meeting – No meeting held in May.

18.4. Finance Committee Meeting – No meeting held in May.

19. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS

Director Wong asked board members to submit their input on the annual quality report presentation.

20. ITEMS FOR NEXT MEETING

-Resources and status of mental health in our area (if not satisfied at 6/4/18 Special Meeting)
-Request for next meeting to hear about billing experience start to finish
-Patient & Family Advisory Council member presentation
-TIRHR update during the summer

21. BOARD MEMBERS REPORTS/CLOSING REMARKS

None.

22. CLOSED SESSION CONTINUED, IF NECESSARY

Not applicable.

23. OPEN SESSION

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

Not applicable.

25. ADJOURN

Meeting adjourned at 8:08 p.m.

TAHOE FOREST HOSPITAL DISTRICT
MAY 2018 FINANCIAL REPORT
INDEX

Board of Directors

Of Tahoe Forest Hospital District

MAY 2018 FINANCIAL NARRATIVE

The following is the financial narrative analyzing financial and statistical trends for the eleven months ended May 31, 2018.

Activity Statistics

- Working with our vendor, Mercy Health System, we have identified the reporting criterions needed to gather our monthly departmental statistics. We achieved our targeted date of completion for the project at the end of May and have entered the interface build portion of the project. Some statistical highlights for May were:

- TFH acute patient days were 438 for the current month compared to budget of 367. This equates to an average daily census of 14.12 compared to budget of 11.83.

- TFH Outpatient volumes were above budget in the following departments by at least 5%: Surgical cases, Laboratory tests, Oncology Lab tests, EKG's, Vascular Imaging, Mammography, Medical Oncology procedures, Radiation Oncology procedures, MRIs, Cat Scans, PET CTs, Oncology Pharmacy units, Tahoe City Physical & Occupational Therapy, and Speech Therapy.

Financial Indicators

- Net Patient Revenue as a percentage of Gross Patient Revenue was 50.3% in the current month compared to budget of 55.6% and to last month's 55.2%. Current year's Net Patient Revenue as a percentage of Gross Patient Revenue is 54.9%, compared to budget of 55.5% and prior year's 55.5%.

- EBIDA was $2,518,252 (10.5%) for the current month compared to budget of $(270,486) (-1.3%), or $2,788,738 (11.8%) above budget. Year-to-date EBIDA was $10,130,727 (4.2%) compared to budget of $6,648,008 (2.8%), or $3,482,718 (1.5%) above budget.

- Cash Collections for the current month were $11,501,241 which is 106% of targeted Net Patient Revenue.

- EPIC Gross Accounts Receivables were $47,021,175 at the end of May compared to $42,946,099 at the end of April. Legacy Gross Accounts Receivable was $5,556,889 at the end of May compared to $6,278,584 at the end of April, a reduction of $721,695.

Balance Sheet

- Working Capital Days Cash on Hand is 35.5 days. S&P Days Cash on Hand is 151.5. Working Capital cash increased $2,671,000. Accounts Payable decreased $1,128,000, Accrued Payroll & Related Costs increased $878,000, cash collections exceeded goal by 6%, the District received its second installment of property tax revenues in the amount of $2,700,000 and $250,000 from the State for the second quarter 2017 Hospital Quality Assurance Fee (HQAF).

- Net Patients Accounts Receivable decreased approximately $859,000 and Cash collections were at 106% of target. EPIC Days in A/R at the close of May were 68.4.

- The District received its second installment of property tax revenues in May, decreasing Other Receivables and G.O. Bond Other Receivables.

- Estimated Settlements, Medi-Cal and Medicare increased $2,215,000 after booking amounts due from the State for the 2017 and 2018 HQAF program, the PRIME program, the FY14 and FY15 AB113 Medi-Cal Expansion Population additional payments, and the FY14 and FY15 AB915 Medi-Cal Newly Eligible Adult Population additional payments.

- G.O. Bond Tax Revenue Fund increased $1,675,000 with the receipt of the second installment of G.O. Bond property tax revenues.

- Accounts Payable decreased $1,128,000 due to the timing of the final check run in May.

- Accrued Payroll & Related Costs increased a net $878,000 due to additional accrued payroll days in May.

Operating Revenue

- Current month's Total Gross Revenue was $24,070,403, compared to budget of $20,317,850 or $3,752,553 above budget.
- Current month's Gross Inpatient Revenue was $6,424,754, compared to budget of $5,587,309 or $837,445 above budget.
- Current month's Gross Outpatient Revenue was $17,645,649 compared to budget of $14,730,541 or $2,915,108 above budget.
- Current month's Gross Revenue Mix was 38.7% Medicare, 16.8% Medi-Cal, .0% County, 3.3% Other, and 41.2% Insurance compared to budget of 34.8% Medicare, 17.9% Medi-Cal, .0% County, 3.5% Other, and 43.8% Insurance. Last month's mix was 34.1% Medicare, 19.6% Medi-Cal, .0% County, 1.9% Other, and 44.4% Insurance. Year-to-date Gross Revenue Mix was 36.4% Medicare, 17.8% Medi-Cal, .0% County, 3.7% Other, and 42.1% Insurance compared to budget of 34.8% Medicare, 17.6% Medi-Cal, .0% County, 3.8% Other, and 43.8% Insurance.
- Current month's Deductions from Revenue were $11,957,484 compared to budget of $9,026,716 or $2,930,768 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 3.87% increase in Medicare, a 1.07% decrease to Medi-Cal, County at budget, a .28% decrease in Other, and Commercial was under budget 2.53%, 2) Revenues exceeded budget by 18.5%, and 3) additional reserves were calculated due to the aging of the EPIC accounts receivable. We saw significant activity in Prior Period Settlements during May as the District trued-up amounts due from the State for the FY14 and FY15 Medi-Cal Expansion and Newly Eligible Adult Populations and the Hospital Quality Assurance Fee program.

DESCRIPTION	May 2018 Actual	May 2018 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	4,572,428	4,523,340	(49,088)	
Employee Benefits	1,509,617	1,569,930	60,313	
Benefits – Workers Compensation	67,681	53,880	(13,801)	
Benefits – Medical Insurance	633,008	621,624	(11,384)	
Professional Fees	1,825,734	2,117,316	291,582	We saw positive variances in MSC Physician RVU Bonus Pro fees against budget, Anesthesia Income Guarantee fees, Legal services provided to the District, and Information Technology professional fees.
Supplies	1,930,080	1,559,506	(370,574)	Negative variance in Supplies related to Oncology Drugs Sold To Patients pharmacy costs. Revenues exceeded budget by 17%.
Purchased Services	1,001,616	1,245,745	244,129	True-up of accrued snow removal services, services provided for our Information Systems Network Maintenance, Employee Health & Pre-Employment Screenings, Laundry & Linen services, and Business Office Collection Agency fees fell short of budget, creating a positive variance in Purchased Services.
Other Expenses	665,559	655,773	(9,786)	
Total Expenses	12,205,725	12,347,114	141,389	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
MAY 2018

	May-18	Apr-18	May-17	
ASSETS				
CURRENT ASSETS				
* CASH	$ 14,350,000	$ 11,678,857	$ 18,181,969	1
PATIENT ACCOUNTS RECEIVABLE - NET	19,955,689	20,815,074	17,647,971	2
OTHER RECEIVABLES	5,580,376	7,168,016	3,378,764	3
GO BOND RECEIVABLES	(375,232)	967,338	(996,187)	3
ASSETS LIMITED OR RESTRICTED	6,259,047	6,172,892	5,838,143	
INVENTORIES	3,007,434	3,016,971	2,729,601	
PREPAID EXPENSES & DEPOSITS	1,508,941	1,753,238	1,636,274	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	19,392,581	17,177,302	721,221	4
TOTAL CURRENT ASSETS	69,678,836	68,749,688	49,137,756	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	46,900,135	46,900,135	56,244,140	1
BANC OF AMERICA MUNICIPAL LEASE	-	-	246,537	
TOTAL BOND TRUSTEE 2017	19,882	19,849	3	
TOTAL BOND TRUSTEE 2015	1,643,274	1,506,177	1,572,285	
GO BOND PROJECT FUND	-	-	231,734	
GO BOND TAX REVENUE FUND	3,575,463	1,900,012	3,975,142	5
DIAGNOSTIC IMAGING FUND	3,217	3,217	3,179	
DONOR RESTRICTED FUND	1,451,916	1,451,915	1,146,114	
WORKERS COMPENSATION FUND	18,857	13,745	6,076	
TOTAL	53,612,743	51,795,049	63,425,210	
LESS CURRENT PORTION	(6,259,047)	(6,172,892)	(5,838,143)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	47,353,697	45,622,158	57,587,067	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	-	-	(140,146)	
PROPERTY HELD FOR FUTURE EXPANSION	841,020	837,909	836,353	
PROPERTY & EQUIPMENT NET	163,176,108	163,386,008	129,821,675	
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,792,395	1,753,625	33,192,847	
TOTAL ASSETS	282,842,056	280,349,387	270,435,552	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	468,694	471,927	507,483	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,117,841	1,117,841	1,469,762	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	6,006,792	6,030,497	6,291,248	
GO BOND DEFERRED FINANCING COSTS	470,022	471,956	493,237	
DEFERRED FINANCING COSTS	188,290	189,330	200,774	
TOTAL DEFERRED OUTFLOW OF RESOURCES	$ 8,251,640	$ 8,281,552	$ 8,962,503	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	$ 3,983,632	$ 5,111,797	$ 4,593,207	6
ACCRUED PAYROLL & RELATED COSTS	11,902,936	11,024,507	9,221,460	7
INTEREST PAYABLE	845,034	751,916	891,881	
INTEREST PAYABLE GO BOND	1,318,969	998,154	1,290,818	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	103,511	263,010	205,097	
HEALTH INSURANCE PLAN	1,211,751	1,211,751	1,307,731	
WORKERS COMPENSATION PLAN	1,704,611	1,704,413	1,120,980	
COMPREHENSIVE LIABILITY INSURANCE PLAN	858,290	858,290	751,298	
CURRENT MATURITIES OF GO BOND DEBT	860,000	860,000	1,260,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	1,049,645	1,049,645	1,953,186	
TOTAL CURRENT LIABILITIES	23,838,378	23,833,482	22,595,656	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	27,329,955	27,332,485	27,715,330	
GO BOND DEBT NET OF CURRENT MATURITIES	102,619,557	102,632,978	103,355,606	
DERIVATIVE INSTRUMENT LIABILITY	1,117,841	1,117,841	1,469,762	
TOTAL LIABILITIES	154,905,732	154,916,786	155,136,354	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	134,736,048	132,262,237	123,115,588	
RESTRICTED	1,451,916	1,451,915	1,146,114	
TOTAL NET POSITION	$ 136,187,964	$ 133,714,152	$ 124,261,701	

* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
MAY 2018

1. Working Capital is at 35.5 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 151.5 days. Working Capital cash increased a net $2,671,000. Accounts Payable decreased $1,128,000 (See Note 6), Accrued Payroll & Related Costs increased $878,000 (See Note 7), Cash Collections exceeded target by 6%, the District received its second installment of property tax revenues in the amount of $2,700,000 (See Note 3) and $250,000 from the State for the second quarter 2017 Hospital Quality Assurance Fee (HQAF).

2. Net Patient Accounts Receivable decreased approximately $859,000 and Cash collections were 106% of target. EPIC Days in A/R were 68.4 at the close of May.

3. Other Receivables and G.O. Bond Receivables decreased a net $1,588,000 and 1,343,000 respectively after the District received its second installment of property tax revenues.

4. Estimated Settlements, Medi-Cal and Medicare increased $2,215,000. The District booked amounts due from the State for the 2017 and 2018 HQAF program, monies due from the PRIME program, the FY14 and FY15 AB113 Medi-Cal Expansion Population additional monies, and the FY14 and FY15 AB915 Medi-Cal Newly Eligible Adult Population additional monies.

5. G.O. Bond Tax Revenue Fund increased $1,675,000 with the receipt of the second installment of G.O. Bond property tax revenues.

6. Accounts Payable decreased $1,128,000 due to the timing of the final check run in the month.

7. Accrued Payroll & Related Costs increased a net $878,000 due to additional accrued payroll days at the close of May.

Tahoe Forest Hospital District
Cash Investment
May 2018

WORKING CAPITAL				
US Bank	$ 12,900,010			
US Bank/Kings Beach Thrift Store	82,069			
US Bank/Truckee Thrift Store	363,859			
US Bank/Payroll Clearing	-			
Umpqua Bank	1,004,062	0.40%		
Total			$	14,350,000
BOARD DESIGNATED FUNDS				
US Bank Savings	$ -	0.03%		
Capital Equipment Fund	-			
Total			$	-
Building Fund	$ -			
Cash Reserve Fund	46,900,135	1.76%		
Local Agency Investment Fund			$	46,900,135
Banc of America Muni Lease			$	-
Bonds Cash 2017			$	19,882
Bonds Cash 2015			$	1,643,274
GO Bonds Cash 2008			$	3,575,463
DX Imaging Education	$ 3,217			
Workers Comp Fund - B of A	18,857			
Insurance				
Health Insurance LAIF	-			
Comprehensive Liability Insurance LAIF	-			
Total			$	22,074
TOTAL FUNDS			$	66,510,828
RESTRICTED FUNDS				
Gift Fund				
US Bank Money Market	$ 8,364	0.03%		
Foundation Restricted Donations	364,320			
Local Agency Investment Fund	1,079,232	1.76%		
TOTAL RESTRICTED FUNDS			$	1,451,916
TOTAL ALL FUNDS			$	67,962,744

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
MAY 2018

CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VAR$	CURRENT MONTH VAR%		YEAR TO DATE ACTUAL	YEAR TO DATE BUDGET	YEAR TO DATE VAR$	YEAR TO DATE VAR%		PRIOR YTD MAY 2017
				OPERATING REVENUE						
$ 24,070,403	$ 20,317,850	$ 3,752,553	18.5%	Total Gross Revenue	$ 243,893,247	$ 240,980,966	$ 2,912,281	1.2%	1	$ 229,873,849
				Gross Revenues - Inpatient						
$ 2,339,753	$ 1,918,764	$ 420,989	21.9%	Daily Hospital Service	$ 24,843,183	$ 21,695,927	$ 3,147,256	14.5%		$ 21,503,671
4,085,001	3,668,545	416,456	11.4%	Ancillary Service - Inpatient	40,917,051	44,268,254	(3,351,203)	-7.6%		44,156,671
6,424,754	5,587,309	837,445	15.0%	Total Gross Revenue - Inpatient	65,760,234	65,964,181	(203,947)	-0.3%	1	65,660,342
17,645,649	14,730,541	2,915,108	19.8%	Gross Revenue - Outpatient	178,133,013	175,016,785	3,116,228	1.8%		164,213,507
17,645,649	14,730,541	2,915,108	19.8%	Total Gross Revenue - Outpatient	178,133,013	175,016,785	3,116,228	1.8%	1	164,213,507
				Deductions from Revenue:						
12,560,573	8,120,209	(4,440,364)	-54.7%	Contractual Allowances	106,057,146	96,498,045	(9,559,101)	-9.9%	2	97,824,625
752,975	657,987	(94,988)	-14.4%	Charity Care	7,736,879	7,798,898	62,019	0.8%	2	6,927,155
-	-	-	0.0%	Charity Care - Catastrophic Events	266,812	-	(266,812)	0.0%	2	282,956
12,832	248,520	235,688	94.8%	Bad Debt	1,990,028	2,952,208	962,180	32.6%	2	(1,745,539)
(1,368,896)	-	1,368,896	0.0%	Prior Period Settlements	(6,146,905)	-	6,146,905	0.0%	2	(1,088,542)
11,957,484	9,026,716	(2,930,768)	-32.5%	Total Deductions from Revenue	109,903,959	107,249,151	(2,654,808)	-2.5%		102,200,655
67,278	101,711	34,433	33.9%	Property Tax Revenue- Wellness Neighborhood	755,630	1,125,753	(370,123)	-32.9%		686,801
2,543,779	683,783	1,859,996	272.0%	Other Operating Revenue	9,732,671	7,419,210	2,313,461	31.2%	3	8,200,875
14,723,977	12,076,628	2,647,349	21.9%	TOTAL OPERATING REVENUE	144,477,589	142,276,778	2,200,811	1.5%		136,560,870
				OPERATING EXPENSES						
4,572,428	4,523,340	(49,088)	-1.1%	Salaries and Wages	49,357,908	49,435,623	77,715	0.2%	4	42,857,717
1,509,617	1,569,930	60,313	3.8%	Benefits	16,596,762	15,460,699	(1,136,063)	-7.3%	4	14,049,761
67,681	53,880	(13,801)	-25.6%	Benefits Workers Compensation	609,475	592,684	(16,791)	-2.8%	4	599,972
633,008	621,624	(11,384)	-1.8%	Benefits Medical Insurance	6,162,274	6,837,865	675,591	9.9%	4	6,944,187
1,825,734	2,117,316	291,582	13.8%	Professional Fees	21,533,050	22,981,678	1,448,628	6.3%	5	20,088,149
1,930,080	1,559,506	(370,574)	-23.8%	Supplies	19,544,578	18,363,757	(1,180,821)	-6.4%	6	17,868,877
1,001,616	1,245,745	244,129	19.6%	Purchased Services	12,902,548	14,195,215	1,292,667	9.1%	7	11,215,733
665,559	655,773	(9,786)	-1.5%	Other	7,640,267	7,761,249	120,982	1.6%	8	6,484,883
12,205,725	12,347,114	141,389	1.1%	TOTAL OPERATING EXPENSE	134,346,863	135,628,770	1,281,907	0.9%		120,109,281
2,518,252	**(270,486)**	**2,788,738**	**1031.0%**	**NET OPERATING REVENUE (EXPENSE) EBIDA**	**10,130,727**	**6,648,008**	**3,482,718**	**52.4%**		**16,451,590**
				NON-OPERATING REVENUE/(EXPENSE)						
572,796	538,363	34,433	6.4%	District and County Taxes	6,318,177	5,915,060	403,117	6.8%	9	4,913,067
332,881	332,881	-	0.0%	District and County Taxes - GO Bond	3,649,612	3,661,692	(12,080)	-0.3%		4,311,267
102,603	70,867	31,736	44.8%	Interest Income	866,840	779,541	87,299	11.2%	10	554,463
-	-	-	0.0%	Interest Income-GO Bond	-	-	-	0.0%		359
372,000	74,917	297,083	396.5%	Donations	532,922	824,083	(291,161)	-35.3%	11	388,648
-	(20,000)	20,000	100.0%	Gain/ (Loss) on Joint Investment	-	(220,000)	220,000	100.0%	12	(183,517)
-	-	-	0.0%	Loss on Impairment of Asset	-	-	-	0.0%	12	
-	-	-	0.0%	Gain/ (Loss) on Sale of Equipment	9,494	-	9,494	0.0%	13	
-	-	-	0.0%	Impairment Loss	-	-	-	0.0%	14	
(994,665)	(993,555)	(1,110)	-0.1%	Depreciation	(10,859,317)	(10,929,108)	69,791	0.6%	15	(10,167,984)
(96,474)	(98,944)	2,470	2.5%	Interest Expense	(1,046,362)	(1,088,505)	42,143	3.9%	16	(1,124,003)
(333,034)	(320,815)	(12,219)	-3.8%	Interest Expense-GO Bond	(3,614,494)	(3,528,961)	(85,533)	-2.4%		(2,407,465)
(43,892)	(416,286)	372,394	89.5%	TOTAL NON-OPERATING REVENUE/(EXPENSE)	(4,143,129)	(4,586,198)	443,070	9.7%		(3,715,167)
$ 2,474,360	**$ (686,772)**	**$ 3,161,132**	**460.3%**	**INCREASE (DECREASE) IN NET POSITION**	**$ 5,987,598**	**$ 2,061,810**	**$ 3,925,788**	**190.4%**		**$ 12,736,423**
				NET POSITION - BEGINNING OF YEAR	**130,200,366**					
				NET POSITION - AS OF MAY 31, 2018	**$ 136,187,964**					
10.5%	**-1.3%**	**11.8%**		**RETURN ON GROSS REVENUE EBIDA**	**4.2%**	**2.8%**	**1.5%**			**7.2%**

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
MAY 2018

CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VAR$	CURRENT MONTH VAR%		YEAR TO DATE ACTUAL	YEAR TO DATE BUDGET	YEAR TO DATE VAR$	YEAR TO DATE VAR%		PRIOR YTD MAY 2017
				OPERATING REVENUE						
$ 1,485,671	$ 1,446,015	$ 39,655	2.7%	Total Gross Revenue	$ 16,789,502	$ 17,883,437	$ (1,093,935)	-6.1%	1	$ 16,941,655
				Gross Revenues - Inpatient						
$ -	$ 5,657	$ (5,657)	-100.0%	Daily Hospital Service	$ 101,764	$ 56,574	$ 45,190	79.9%		$ 32,328
-	2,815	(2,815)	-100.0%	Ancillary Service - Inpatient	99,003	33,400	65,603	196.4%		44,416
-	8,472	(8,472)	-100.0%	Total Gross Revenue - Inpatient	200,767	89,974	110,793	123.1%	1	76,744
1,485,671	1,437,543	48,128	3.3%	Gross Revenue - Outpatient	16,588,735	17,793,462	(1,204,728)	-6.8%		16,864,911
1,485,671	1,437,543	48,128	3.3%	Total Gross Revenue - Outpatient	16,588,735	17,793,462	(1,204,728)	-6.8%	1	16,864,911
				Deductions from Revenue:						
735,925	529,216	(206,709)	-39.1%	Contractual Allowances	7,006,578	6,506,872	(499,706)	-7.7%	2	6,040,350
54,200	55,046	846	1.5%	Charity Care	591,216	665,531	74,315	11.2%	2	572,386
-	-	-	0.0%	Charity Care - Catastrophic Events	50,019	-	(50,019)	0.0%	2	45,195
23,460	50,680	27,220	53.7%	Bad Debt	599,664	611,572	11,908	1.9%	2	569,018
-	-	-	0.0%	Prior Period Settlements	(106,438)	-	106,438	0.0%	2	(22,833)
813,585	634,942	(178,642)	-28.1%	Total Deductions from Revenue	8,141,040	7,783,975	(357,064)	-4.6%	2	7,204,115
(431)	119,714	(120,145)	-100.4%	Other Operating Revenue	846,469	910,354	(63,885)	-7.0%	3	855,167
671,655	930,787	(259,132)	-27.8%	TOTAL OPERATING REVENUE	9,494,931	11,009,815	(1,514,884)	-13.8%		10,592,707
				OPERATING EXPENSES						
281,390	289,726	8,336	2.9%	Salaries and Wages	3,169,513	3,353,295	183,781	5.5%	4	2,900,009
103,545	130,848	27,303	20.9%	Benefits	1,044,204	1,063,669	19,466	1.8%	4	1,089,944
2,357	2,357	(0)	0.0%	Benefits Workers Compensation	26,760	25,922	(839)	-3.2%	4	22,026
39,874	39,151	(723)	-1.8%	Benefits Medical Insurance	384,397	430,665	46,268	10.7%	4	443,427
241,906	269,742	27,836	10.3%	Professional Fees	2,571,300	2,875,177	303,877	10.6%	5	2,623,006
42,578	65,143	22,565	34.6%	Supplies	479,659	769,737	290,078	37.7%	6	709,703
52,059	46,648	(5,411)	-11.6%	Purchased Services	451,369	573,008	121,639	21.2%	7	516,273
63,687	59,171	(4,516)	-7.6%	Other	635,915	641,511	5,596	0.9%	8	592,315
827,395	902,786	75,391	8.4%	TOTAL OPERATING EXPENSE	8,763,117	9,732,984	969,866	10.0%		8,896,704
(155,740)	**28,001**	**(183,741)**	**-656.2%**	**NET OPERATING REV(EXP) EBIDA**	**731,814**	**1,276,831**	**(545,018)**	**-42.7%**		**1,696,003**
				NON-OPERATING REVENUE/(EXPENSE)						
372,000	-	372,000	0.0%	Donations-IVCH	394,361	-	394,361	0.0%	9	24,267
-	-	-	0.0%	Gain/ (Loss) on Sale		-	-	0.0%	10	
(56,857)	(56,857)	0	0.0%	Depreciation	(647,683)	(625,425)	(22,258)	-3.6%	11	(652,434)
315,143	(56,857)	372,000	654.3%	TOTAL NON-OPERATING REVENUE/(EXP)	(253,322)	(625,425)	372,103	59.5%		(628,166)
$ 159,403	**$ (28,856)**	**$ 188,259**	**652.4%**	**EXCESS REVENUE(EXPENSE)**	**$ 478,492**	**$ 651,407**	**$ (172,915)**	**-26.5%**		**$ 1,067,837**
-10.5%	**1.9%**	**-12.4%**		**RETURN ON GROSS REVENUE EBIDA**	**4.4%**	**7.1%**	**-2.8%**			**10.0%**

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	AUDITED FYE 2017		BUDGET FYE 2018	PROJECTED FYE 2018	ACTUAL MAY 2018	BUDGET MAY 2018	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	ACTUAL 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	$ 19,312,107		$ 7,189,726	$ 11,261,761	$ 2,518,252	$ (270,486)	$ 2,788,738	$ 4,097,395	$ (7,352,907)	$ 9,527,121	$ 4,990,152
Interest Income	361,479		725,902	667,478	-	-	-	133,270	356,321	-	177,887
Property Tax Revenue	6,497,384		7,681,300	6,932,279	2,699,929	3,250,000	(550,071)	393,337	85,046	3,753,968	2,699,929
Donations	1,537,778		890,200	1,245,950	372,000	101,500	270,500	25,091	13,500	133,088	1,074,271
Debt Service Payments	(3,553,754)		(2,678,403)	(2,562,216)	(138,057)	(138,057)	0	(516,336)	(663,487)	(386,688)	(995,704)
Bank of America - 2012 Muni Lease	(1,243,406)		(103,637)	(103,515)	-	-	-	(103,515)	-	-	-
Copier	(11,295)		(11,520)	(11,483)	(959)	(960)	1	(2,894)	(2,419)	(3,338)	(2,831)
2017 VR Demand Bond	(677,214)		(918,082)	(803,416)	-	-	-	-	(112,679)	(109,155)	(581,582)
2015 Revenue Bond	(1,621,839)		(1,645,164)	(1,643,802)	(137,097)	(137,097)	(0)	(409,926)	(548,389)	(274,195)	(411,292)
Physician Recruitment	-		(120,000)	(170,536)	-	(10,000)	10,000	(25,536)	(30,000)	(105,000)	(10,000)
Investment in Capital											-
Equipment	(1,388,213)		(3,744,975)	(2,726,265)	(103,304)	(109,379)	6,075	(163,719)	(930,500)	(510,565)	(1,121,481)
Municipal Lease Reimbursement	735,082		219,363	219,363	-	-	-	219,363	-	-	-
GO Bond Project Personal Property	(1,175,083)		-	-	-	-	-	-	-	-	-
IT	(176,532)		(2,122,817)	(389,415)	(87,658)	(70,000)	(17,658)	(88,529)	(71,000)	(20,094)	(209,792)
Building Projects	(3,511,541)		(12,540,118)	(4,699,270)	(687,501)	(438,522)	(248,979)	(971,928)	(672,341)	(1,328,812)	(1,726,189)
Health Information/Business System	(4,478,846)		(2,050,000)	(3,909,291)	-	-	-	(726,407)	(2,228,554)	(886,185)	(68,145)
Capital Investments											
Properties	(2,373,193)		(1,355,000)	(475,000)	-	-	-	-	(475,000)	-	-
Measure C Scope Modifications	(1,725,552)		-	-	-	-	-	-	-	-	-
										-	
Change in Accounts Receivable	(2,134,289)	N1	304,109	61,502	859,385	402,328	457,057	(16,563)	412,276	(2,629,268)	2,295,057
Change in Settlement Accounts	(5,374,275)	N2	5,453,885	(1,445,494)	(2,374,778)	-	(2,374,778)	(2,777,362)	8,201,107	(4,728,312)	(2,140,928)
Change in Other Assets	(923,047)	N3	(1,962,591)	(6,629,460)	(230,507)	(340,000)	109,493	(1,741,634)	(3,164,013)	(394,398)	(1,329,415)
Change in Other Liabilities	2,649,423	N4	1,920,000	(866,182)	(156,618)	1,006,930	(1,163,548)	(1,914,066)	(2,862,455)	2,920,974	989,365
Change in Cash Balance	4,278,928		(2,189,419)	(3,484,794)	2,671,143	3,384,314	(713,170)	(4,073,623)	(9,382,006)	5,345,830	4,625,006
Beginning Unrestricted Cash	68,632,815		72,911,743	72,911,743	58,578,992	58,578,992	-	72,911,743	68,838,120	59,456,114	64,801,943
Ending Unrestricted Cash	72,911,743		70,722,324	69,426,950	61,250,135	61,963,305	(713,170)	68,838,120	59,456,114	64,801,943	69,426,950
Expense Per Day	382,387		408,686	405,060	404,159	408,110	(3,951)	382,013	400,457	405,878	405,060
Days Cash On Hand	191		173	171	152	152	(0)	180	148	160	171

Footnotes:
N1 - Change in Accounts Receivable reflects the 60 day delay in collections.
N2 - Change in Settlement Accounts reflect cash flows in and out related to prior year and current year Medicare and Medi-Cal settlement accounts.
N3 - Change in Other Assets reflect fluctuations in asset accounts on the Balance Sheet that effect cash. For example, an increase in prepaid expense immediately effects cash but not EBIDA.
N4 - Change in Other Liabilities reflect fluctuations in liability accounts on the Balance Sheet that effect cash. For example, an increase in accounts payable effects EBIDA but not cash.

TAHOE FOREST HOSPITAL DISTRICT

Board Informational Report

By: Harry Weis
CEO

DATE: 6/13/18

The Health System's overall patient volumes in most sectors seem to be increasing now versus the past few months. Our physician/provider office visits are growing at a strong pace year over year which is a major focus of our health system. There is a focus on same day, same week or no wait listing provider access for residents in our region.

We are thrilled to have Dr. Jennifer Racca, a new Gastroenterologist, who joined our team a few weeks ago. She will be working with Dr. Gerald Schaffer.

We look to welcome Dr. Mark Wainstein, a full time Urologist, in early July.

Additionally, as we have shared earlier, the Health System has more physicians arriving between now and December than we have ever had in our history.

For a few years now, we have been working with high school students who have an interest in healthcare. This year, the group was much larger and included students from both Truckee High School, North Lake High School and Incline Village High School. These students were able to participate in a surgical procedure at University of Nevada Reno last Thursday. As we engage with high school students in many forums, we are optimistic that many will choose one of more than 200 great careers in healthcare!

Our focus is keeping our residents healthy and out of the hospital to the greatest degree possible. It is important to note in our primary service areas of Truckee and Incline Village, we have some of the lowest "total inpatient discharges" per 1000 population anywhere in the country. Both of these primary service areas are averaging 40 discharges per 1000 population. The California average is 82 discharges per 1000 population and the Nevada average is 94 discharges per 1000 population. Our areas are materially below other nearby regions in our extended services areas.

This very low level of inpatient discharges per 1000 population saves the payors of healthcare, which include Medicare, Medicaid, health insurance companies and patients, a combined $20,000,000 plus per year versus the California average number of inpatient discharges per year. This is a small part of our value proposition in this multi-factorial topic of promoting wellness in our region.

We have observed a 10% decrease in our Inpatient Med/Surgical census this year versus last year.

Unlike large health systems, such as Kaiser, that receive monthly capitated revenues regardless of the amount of inpatient services they provide; the District needs a fair reimbursement for services provided as we are not paid “per member” or “per patient” per month amount of monies regardless of the amount of services a patient uses.

Our health system is focusing on additional Outpatient services for our patients which are of high quality and of lower cost than Inpatient services.

As a result of our EPIC electronic health record and two related business software conversions, we are conducting audits, reviews, and education sessions and are working with Mercy EPIC to fix all system issues for optimal performance. We welcome all input from patients both positive and negative as we rapidly work to perfect this important resource for all of our residents, even those just visiting our area.

We have always tracked and followed up on all Quality and Patient Satisfaction related patient feedback. In addition, we have also tracked and followed up on all patient financial concerns regarding their healthcare services.

Since 2014, we have seen a rapid explosion of “high deductible” health insurance plans being sold across America. These high deductible health insurance plans coupled with the state and federal policies that all hospitals are required to operate under is a top healthcare concern by patients and hospitals alike.

Since 1987, we have seen a rapid growth of “free-standing” healthcare providers such as imaging centers, surgery centers and lab facilities. The total annual expense of healthcare has greatly increased year over year. In 1998, the total annual healthcare expenses across America reached one trillion per year, then just eight years later in 2006, annual healthcare expenses reached two trillion per year. It is forecasted by 2019 that total healthcare expenses will be four trillion and by 2023, they are estimated to reach five trillion per year.

Excess capacity is one of the great annual inflation increase variables in healthcare. Excess capacity does not lower the cost of healthcare like it lowers the cost of goods sold in all other industries.

The greatest fear of these “free standing healthcare providers” is to awaken tomorrow and learn that regulations have changed and they are required to be open 24/7 and take all patients. These “free standing healthcare providers” want nothing to do with these hospital level regulations, and if this regulatory change happened, you would immediately see permanently closed signs on nearly all doors of these providers. As consumers in America, we should all be aware of this and should have hopefully already reached this individual conclusion as well.

They are not interested in competing with hospitals on a flat playing field basis where they would have to be open 24/7 and would have to take “all comers or all patients!” It is important that every resident in our region and in America understand the business principles of “free standing healthcare providers”. Their primary concern is that the patients they see meet their financial requirements and what their bottom line is.

If any person is ill or injured and knocks on the doors of these free-standing healthcare providers at 5:00 a.m. or 7:00 p.m. or on a weekend, no matter how hard a person beats on the door or yells, that business is not interested in the person’s illness or injury.

Lowering excess capacity in healthcare within each region to the degree it exists has to be a major new policy direction for states and the United States. Only as excess capacity decreases does the cost per unit of service in healthcare entities drop.

I attended an important two day board meeting recently with the American Hospital Association's Small and Rural Hospital Governing Council. There are existing and several new entrants into the healthcare picture that are viewed as "disrupters" to the national healthcare system. Example are a retail pharmacy company merging with a health insurance company and Amazon contemplating collaboration with Berkshire Hathaway regarding healthcare. The apparent areas of interest do not appear to be in serving the uninsured or underinsured or Medicaid populations that exist in large numbers in America. Presently we have over 100 M underinsured residents in American, over 32 M uninsured residents in America. Its estimated there are between 70 and 80 M Medicaid residents in America.

The United States needs to be a country of innovation where many innovation programs are underway in different regions of the country regarding healthcare. This is not currently happening in America.

What I am seeing in general is a continual flow of new entrants or niche providers into the healthcare picture who are looking to only serve a small segment of the healthcare needs of any region; that small population can afford to pay the financial requirements of these new entrants into healthcare.

These new entrants into healthcare again create new levels of excess capacity which will boost the annual level of inflation in healthcare even more than in the past, as those individuals and organizations still really don't know how healthcare works from an economics perspective.

The Tahoe Forest Health System Foundation hosted a great community fundraiser, "Best of Tahoe Chefs" recently which was sold out. We sincerely thank our communities for their strong support of cancer care and other healthcare services here in this region. As I reflected during this event on the important work that every team member does here, I asked myself how I or anyone out there can really put a value on the amazing dedication and skill of this team as it serves this region.

We had a great community get acquainted event over in Incline Village recently where Dr. Michelle Kim was introduced to the community. Our provider office visits are really growing strongly in Incline Village. We are seeing real excitement there with the strong full-time team of providers.

We have upcoming community events in Incline Village as well as Truckee.

We continue to work on many state or federal level legislative matters both in Nevada and in California.

Keeping you Informed!

Harry

TAHOE FOREST HOSPITAL DISTRICT

Board COO Report

By: Judith B. Newland **DATE: June 2018**

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

All TFHS staff are participating in a two-hour Workplace Violence Training Program. This program educates staff on how to protect themselves from aggressive and violent behavior. The program includes an interactive session where staff practice if a patient or visitor were holding or attacking them. This two-hour program was developed and taught by staff at TFHS. It is an excellent training session and thank you to the staff who taught the program.

Staff are attending the Annual Employee Town Hall Meetings located in the Eskridge Conference Room at Tahoe Forest Hospital. These meetings include a presentation by Harry Weis, CEO, on the state of the Health System, a brainstorming session with staff on team concepts, and a question and answer session with senior leadership. The sessions are 1.5 hours in length with 4 days of sessions at TFH and one at IVCH.

Scott Cooper, Director of Pharmacy, has submitted his letter of resignation, he and his family is relocating to Oregon. Mr. Cooper has provided strong vision and leadership for our inpatient and outpatient pharmacy services. We are in the process of interviewing for a new Director of Pharmacy.

Develop solid connections and relationships within the communities we serve.

IVCH participated in the Every 15 Minute program with Incline Village High School and other local agencies in Incline Village. The Every 15 Minutes program is a program focusing on high school juniors and seniors, which challenges them to think about drinking, driving, personal safety, the responsibility of making mature decisions and the impact their decisions have on family, friends, their community, and many others. Thank you to the physicians and nurses for participating in this program.

TFHS employees participated at the STEAM (Science, Technology, Engineering, Art Mathematics) Fair for students 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.

Incline Village and Truckee High School students both participated in the Anatomy Lab Tour and Joint Replacement Demonstration at University of Reno. This exceptional program coordinated by Dan Coll, PA-C with participation by Dr. Ringnes, had 80 students participate.

Creating and implementing a New Master Plan

Report provided by Dylan Crosby, Manger Facilities and Construction Management

Projects in Progress:

Project: TFH Fire Alarm Replacement Project
Start of Construction: 3/12/2018

Estimated Completion: 7/12/2019
Summary of Work: Remove and replace existing Fire Alarm System.
Update Summary: Loop transition is 90% complete, Chime and Strobe replacement is 60% complete. When a department's work area is to be effected, engineering will coordinate with the Director.

Project: Pioneer Phase 2
Start of Construction: 2/5/2018
Estimated Completion: 4/30/2018
Summary of Work: Construct leased space at Pioneer for: Home Health and Hospice have moved into the Pioneer Space. HIM and Business Office are in process of moving and should be moved by board meeting.
Update Summary: Construction complete and temporary occupancy issued.

Project: IVCH Lab
Start of Construction: 2/12/2018
Estimated Completion: 6/29/2018
Summary of Work: Reconstruct existing IVCH Lab draw area. ED Exam Room 5 completed and in use.
Update Summary: Project is 95% completed, remaining items have been punch listed.

Project: TFHD Pharmacy Clean Room, OSHPD S170926-29-00
Estimated Start of Construction: 4/30/2018
Estimated Completion: 11/7/2018
Summary of Work: To meet new federal USP 800 regulations the surgical special procedures room will be reconstructed to house pharmacy compounding during construction, Phase 1. Phase 2 will be to reconstruct the Pharmacy to meet USP 800 requirements.
Update Summary: Construction to the special procedures room is 95% complete and we are in the process of having the room certified.

Project: TFHD Retail Pharmacy
Estimated Start of Construction: 8/16/2018
Estimated Completion: 9/10/2018
Summary of Work: To improve security of the Retail Pharmacy. An enclosure and door will be installed to limit access to the medication area of the Pharmacy.
Update Summary: Project has been permitted and material is being ordered.

Project: IM Cardiology Expansion
Estimated Start of Construction: 6/11/2018
Estimated Completion: 8/31/2018
Summary of Work: Construct 3 new exam rooms and a MD/MA office in the west end of IM Cardiology to increase access for care.
Update Summary: Construction is underway and framing has been started.

Projects in Permitting:

Project: 3rd Floor MOB
Estimated Start of Construction: 8/6/2018
Estimated Completion: 5/10/2019
Summary of Work: Phase 1 reconstruct the 3rd Floor MOB 2 western suites for increased flexibility and additional exam rooms. Phase 2 reconstruct and integrate the 3rd Floor MOB adjacent suite for increased flexibility and additional exam rooms.
Update Summary: Comments have been received by the Town, preparing for resubmittal.

Project: Cancer Center 2nd Floor
Estimated Start of Construction: 8/6/2018
Estimated Completion: 5/10/2019
Summary of Work: Construct the 2nd floor of the Cancer Center for expansion of Rural Health Clinic Services.
Update Summary: Comments have been received by the Town, preparing for resubmittal.

Project: Administration House Renovation
Estimated Start of Construction: 7/9/2018
Estimated Completion: 7/27/2018
Summary of Work: **R**enovate the new Administration Services house, old home health house, in preparation for the site improvement project.
Update Summary: Plans are under review by the Town.

Project: Tahoe City Physical Therapy Expansion
Estimated Start of Construction: 8/13/2018
Estimated Completion: 10/31/2018
Summary of Work: Lease and renovate the remainder of the second floor of existing building.
Update Summary: Plans are under review by the County.

Project: Tahoe Forest Hospital Site Improvements
Estimated Start of Construction: 8/20/2018
Estimated Completion: 10/15/2018
Summary of Work: Demolish the existing curves building to increase patient parking. Demolish the North Levon Apartments for additional parking and snow storage.
Update Summary: Project is in the process of being designed. Entitlement permit is under review from the town.

Projects in Design:

Project: Day tank and Underground Storage tank replacement.
Estimated Start of Construction: TBD
Estimated Completion: TBD
Summary of Work: Remove and replace the 30 year old underground storage tank and existing day tank.
Update Summary: Project is in the process of being designed.

Project: Center for Health and Sports Performance Renovation
Estimated Start of Construction: 9/10/2018
Estimated Completion: 11/16/2018
Summary of Work: Transform existing center into open floor concept and provide additional treatment tables.
Update Summary: Project is in the process of being designed.

TAHOE FOREST HOSPITAL DISTRICT

Board CNO Report

By: Karen Baffone, RN, MS **DATE: June 2018**
Chief Nursing Officer

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

- Completed hiring process for the Clinical Integration Analyst/Auditor.
- Completed audit process in all inpatient areas for supply capture.
- Developing process to capture telemedicine in the ER for mental/behavioral health patients.
- Ongoing work queue meeting to ensure that we have a clean claim on the first cycle
- Home Health/Hospice Epic build in progress for an 8-1-18 go live.

Strategy Four: Care Coordination

- Developing strategies for the implementation of integrated Behavioral and mental health care coordination.

Strategy Six: Just Do IT

- Service: Trial of new software programming called “Likemoji”. This is a real time program that allows our patients and family to rate 11 different aspect of care they receive in our System.

- Employee engagement: Have started to receive feedback from employee forums and implementing solutions boards in all of the inpatient areas to encourage a positive and proactive approach to creating the best work environment for our employees.

- Ongoing formalization of leader rounding to include weekends began in June and was well received by the staff.

- TNCC Certification training for the ER nurses started for the Level III trauma designation.

- Completed monitor replacement bids.

TAHOE FOREST HOSPITAL DISTRICT

Board Informational Report

By: Jake Dorst **DATE:** 6/21/2018

CIIO

- Successful site visits to Mercy's cancer treatment centers in Oklahoma City, Oklahoma and Fort Smith, Arkansas.
    - Attendees included Drs. Daphne Palmer, Larry Heifetz, and Tom Semrad.
    - Also included on the trip were Hillary Ward, PharmD, Bruno Carlini, Jim McKenna, Sergej Popov, Jeff Rosenfeld and myself.
    - It was a very insightful trip on processes and techniques that we can utilize to ensure a successful implementation of the Epic Beacon Cancer Treatment Module.
- IT team identified non-linked procedure codes and we are working with revenue cycle and Mercy to correct.
- Pyxis upgrade project is underway.
- Cardiac PACS project to upgrade Xcelera continues.
- Finalizing contract with Imprivata to enable single sign-on for Tahoe Forest.
- Beginning project planning for Network and security replacement and installation.
- A tour of the Switch Facility in Sparks, Nevada for possible disaster recovery co-location hosting was completed with the IT team.

TAHOE FOREST HOSPITAL DISTRICT

Board Informational Report

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

DATE: June 20, 2018

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1. **GOAL: A complete makeover of our Physician service line**
   Our new gastroenterologist has starting working and doing procedures, we are excited to have her on our team. Our new Urologist will begin seeing patient in early July. We are in negotiations with a promising neurologist who hopefully will start in Late August or September. Space is our biggest limiting factor at this time.

2. **GOAL: Electronic Health Record**
   Physicians seem to be on track with their progression of mastering the new Mercy Epic system. Additional training and support resources have been put in place to provide continuing education and ongoing support for new and struggling providers.

3. **GOAL: New Master Space Plan**
   We await the start of the construction for both the second floor of the cancer center and the third floor of Medical Office Building (MOB). The current schedule has construction underway by the end of the summer and both facilities to be up and running in early summer 2019.

ABD-12 Guidelines for Business by Tahoe Forest Hospital District Board of Directors

PURPOSE:

To explain the guidelines for the Board of Directors in conducting business for the District.

To clarify the requirements of state law for public meetings while conducting business and meetings on behalf of the District.

POLICY:

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

PROCEDURE:

A. Officers Of The Board of Directors

1. The officers of the Board of Directors are: President, Vice President, Secretary and Treasurer.
2. The officers shall be chosen every year by the Board of Directors at a Board Meeting in December and each officer shall hold office for a one-year term or until such officer's successor shall be elected and qualified or until such officer is otherwise disqualified to serve. The person holding the office of President of the Board of Directors may serve ~~two~~ successive terms by unanimous vote taken at a regularly scheduled meeting. The office of President, Vice President, Secretary and Treasurer shall be filled by members of the Board of Directors. ~~The office of Clerk shall be filled by the Chief Executive Officer.~~

B. Meetings Of The Board of Directors

1. Regular Meetings: Regular ~~m~~Meetings of the Board of Directors shall be held the fourth Thursday of each month at ~~6~~4:00 PM at a location within the Hospital District ~~Boundaries~~boundaries. The regular meeting shall begin ~~with~~ in Open Session ~~business~~ in accordance with ~~California Open Meeting Laws~~the Brown Act and may adjourn to closed session in compliance with law. ~~Regular meetings will adjourn by 10:00 PM unless extended by a majority vote of Board Members present.~~ The notice for meetings of the Board of Directors and Board Committees shall be posted per the requirements of the ~~Ralph M.~~ Brown Act.
2. It is the duty, obligation, and responsibility of the Board President and Board Committee chairpersons to call for Board of Directors and Board Committee meetings and meeting locations. This authority is vested within the office of the Board President or the Board Committee chair and is expected to be used with the best interests of the District, Directors, staff and communities we serve.
3. Special Meetings: Special ~~m~~Meetings of the Board of Directors may be held from time to time as specified in the District Bylaws and with the required 24 hours' notice as stated in the Brown Act.
    a. The President of the Board, or three directors, may call a special meeting in accordance with the notice and posting provisions of the Brown Act~~-~~.
    b. Special meetings shall be called by delivering written notice to each Board member and to the public in compliance with the Brown Act (to each local newspaper of general circulation and radio or television station requesting notice in writing), including providing a description of the business to be transacted. Board members may dispense with the written notice provision if a written waiver of notice has been filed with the Clerk before a meeting convenes.
    c. No business other than the purpose for which the special meeting was called shall be considered, discussed, or transacted at the meeting.
4. Emergency Meetings: Emergency meetings may be called in the event of an emergency

situation, defined as a crippling disaster, work stoppage or other activity which severely impairs public health, safety or both, as determined by a majority of the Board, or in the event of a dire emergency, defined as a crippling disaster, mass destruction, terrorist act, or threatened terrorist activity so immediate and significant that requiring one hour notice before holding an emergency meeting may endanger the public health, safety, or both as determined by a majority of the board.

a. In the case of an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of public facilities, then a one (1) hour notice provision as prescribed by the Brown Act is required. In the event telephone services are not working, notice must be given as soon as possible after the meeting.
b. No business other than the purpose for which the emergency meeting was called shall be considered, discussed, or transacted at the meeting.

5. Closed Session Meetings: Closed Session meetings of the Board of Directors and Board committees may be held as deemed necessary by members of the Board of Directors or the Chief Executive Officer pursuant to the required notice and the restriction of subject matter as defined in ~~Government Code Section 54950 et seq. the(~~ Brown Act and the Local Health Care District Law~~)~~.

~~5.~~a. Under no circumstances shall the Board of Directors order a closed session meeting for the purposes of discussing or deliberating, or to permit the discussion or deliberation in any closed meeting of any proposals regarding:

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

b. Documentation for Closed Session will be provided on the board portal at least 72 hours prior to the session for regular meetings and 24 hours before special closed session meetings. Once the session has been completed, all documentation will be removed from the portal. Hard copy documentation will be available during the actual closed session but will be returned by all board members at the completion of the closed session.
c. As a best practice, closed session will be attended by General Counsel.

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

~~a. Teleconferences must comply with the rest of the Brown Act.~~
~~b.~~a. All votes taken by teleconference must be taken by roll call.
~~c.~~b. Agendas must be posted at all teleconference locations.
~~d.~~c. Each teleconference location must be identified in the agenda.
~~e.~~d. Each teleconference location must be accessible to the public.
~~f.~~e. At least a quorum of the Board must participate from locations within the District boundaries.
~~g.~~f. The agenda must provide for public comment at each teleconference location.

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

C. Activities/Meetings of Board Committees

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

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

D. Meetings Open to the Public

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

E. Notices of Meetings of the Board of Directors and Board ~~Standing Committees~~Committees Supplied to the Public

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

F. Board and Board ~~Standing Committee~~Committee Agenda Packets for Members of the Public

1. Board and Board ~~standing committee~~Committee agendas and agenda materials are available for review by any interested party at the administrative offices or at the Board or Board ~~standing committee~~Committee meeting itself.
2. Any requests from the public for Board and Board ~~standing committee~~Committee agenda packets shall be filled within a reasonable amount of time. Any member of the public requesting a Board or Board ~~standing committee~~Committee agenda packet with all attachments shall be charged $.10 per page for such material. The charge is only intended to capture direct costs associated with complying with public requests for documents provided by the California Public Records Act. In no way does the District ~~we attempt to~~ profit from this activity; but only seeks to remain fiscally prudent and provide equity of service while maintaining easy access. Additionally, any members of the public being able to demonstrate true indigence shall be exempted from the fee per page charges. An agenda packet with all attachments shall be made available for use by any interested party at all Regular and Special meetings of the Board of Directors and Board ~~standing committee~~Committee meetings. Agenda packets in whole or in part ~~are~~ may also posted to the District's website.

G. Public Input at Meetings of the Board of Directors and Board ~~Standing Committee~~Committee Meetings

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

1. If a majority of the Board of Directors determines that an emergency situation exists as defined under the "Emergency Meetings" section of this policy, or
2. If two-thirds of the Board of Directors' full membership is present and agree an item needs to be placed on the agenda for ~~prompt~~ immediate action and that fact came to the attention of the District after the agenda was posted, or
3. If the item was previously posted in connection with a meeting which occurred no more than 5 days prior to the date on which the proposed action will be taken.

H. Preparation Of The Agenda For Board or Board ~~Standing Committee~~Committee Meetings

1. Placing of Items On The Agenda ~~By Members Of The Public~~:
    a. As provided for in ~~Government Code Sections 54950-54962 (~~ the Brown Act~~)~~ pertaining to public input, the District will provide an opportunity for members of the public to address the Board on any matter within their subject matter jurisdiction at monthly, regularly scheduled meetings. It is the desire of the Board of Directors to adhere to legislative requirements and conduct the business of the District in a manner so as to address the needs and concerns of members of the public.
    b. Members of the public are directed to contact the President of the Board of Directors, a Director of the Board or the Chief Executive Officer at least two weeks prior to the

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

c. No matters shall be placed on the agenda that are beyond the jurisdiction and authority of a ~~California Health System Special~~Local Health Care District or that are ~~non-essential~~not relevant to hospital district governance.

~~b.~~d. Last minute supporting documents by staff put Board members at a disadvantage by diluting the opportunity to study the documents. All late submission of supporting documents must be justified in writing stating the reasons for the late submission. The Clerk will notify the Board of late submissions and their justification when appropriate. Bona fide emergency items involving public health and safety requiring Board action will be excluded.

2. The Chief Executive Officer and ~~Executive Assistant~~Board President, with input from members of the Board, shall prepare the agendas for the meetings of the Board of Directors. The Chief Executive Officer or his or her designee and the Board Committee chairperson shall prepare the agendas for the meetings of ~~or~~the Board ~~standing committees~~Committees. Items to be placed on ~~the B~~boardan agenda should be submitted to the Chief Executive Officer or the ~~Executive Assistant~~Clerk of the Board no later than 10 days prior to the Board meeting. ~~The power of Directors to place matters on an agenda is noted in section 12.9 of this Policy. No more than two items per board member will be considered at a board meeting.~~

3. ~~On each Board agenda there will be an "agendized" item asking for member input for future topics.~~ In addition to discussing with the Board President or Chief Executive Officer, ~~A~~a Board member can ask that a topic be placed on next month's agenda for discussion during the ~~.~~appropriate time at a Board meeting. An item ~~The item~~ will be placed on next month's agenda ~~unless another Board Member objects, in which case the simple majority rules~~if a majority of the Board concurs. No more than two items per board member will be considered at a board meeting.

~~2.~~

~~3.~~4. The format for agendas of meetings of the Board of Directors will be as follows unless the Board or Chief Executive Officer otherwise directs:

a. Call to Order
b. Roll Call
c. ~~Clear the Agenda/ Items Not on~~Deletions/Corrections to the Posted Agenda
d. Input – Audience
~~d.~~e. Closed Session, if necessary
f. Acknowledgments
~~e.~~g. Medical Staff ~~Report~~ Executive Committee
~~f.~~h. Consent Calendar
~~g. Chief Executive Officer's Report~~
~~h. Additional Administrative Reports~~
~~i. Presentations/ Staff Reports~~
~~j. Board Committee Reports/Recommendations~~
i. Items for Board Action
j. Items for Board Discussion ~~And/Or Action~~
~~k.~~ Discussion of Consent Calendar Items Pulled, if necessary
~~l.~~k. Agenda Input For Upcoming Committee Meetings
~~m.~~l. Items for Next Meeting
~~n.~~m. Board Members Reports/Closing Remarks
~~o. Closed Session if necessary~~

~~4.~~5. The Board of Directors wishes to facilitate input from members of the Medical Staff.

When possible, items of concern to the members of the Medical Staff will be placed as a timed item in the agenda as appropriate within the format as detailed above to minimize the demands on the time of the Medical Staff members.~~.~~

6. The Board President and the Chief Executive Officer will create a "Consent Calendar" for those items on the agenda which are reasonably expected to be routine and non-controversial. The Board of Directors shall consider all of the items on the agenda marked Consent Calendar at one time by vote after a motion has been duly made and seconded. If any member of the Board of Directors~~, or~~ or hospital staff ~~or public~~ requests that a consent item be removed from the list of consent items prior to the vote on the Consent Calendar, such item shall be taken up for separate consideration and disposition. Members of the public may request a Board Member do so on their behalf, or may provide public comment on a particular item before the Board votes on the consent calendar.~~Members of the public may request a Board Member to do so on their behalf.~~
    a. Board members are encouraged to notify the Board President and ~~CEO~~Chief Executive Officer prior to a meeting if there is intent to pull an item and/or provide questions and concerns. ~~There are to be no surprises~~This will enable proper preparation to address questions and concerns.
    ~~5.~~b. Department Heads, or their designated representative, will be present during the consent calendar to answer any questions. If the Department Head is unable to attend, the Chief Executive Officer will respond to questions and/or the item may be postponed until later in the meeting or a following meeting if necessary.

~~6.~~7. If available, minutes of Board ~~standing committee~~Committee meetings will be included in Board agenda packets. If not available, the agenda for the committee meeting will be included. Recommendations from ~~the~~ a Board ~~standing committee~~Committee to the Board of Directors will be highlighted at the beginning of the minutes for ease of presentation.

~~7.~~8. The President of the Board of Directors will approve the agenda before its distribution.

I. Notification by Board Member of Anticipated Absences

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

J. Minutes Of Meetings Of The Board Of Directors And Board ~~Standing Committees~~Committees

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

K. Special Rules/Robert's Rules Of Order

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

L. Discussion/Debate

1. As is practical, staff oral summaries shall precede motions and public comment on an agendized item.
2. Invited outside presenters, such as our auditors, accountants, and legal counsel shall offer their comments and documentation prior to a motion being introduced by one of the Board Members and public comment on an agendized item.

3. *Brief* questions to fill in knowledge gaps or to provide clarification should be posed prior to motion language being introduced and public input/comments on an agendized item. This is not an opportunity for Board Members to state their views on the substance of a matter.
4. Any Board committee input or recommendations should be presented prior to a motion. Again, *brief* questioning for clarification may be engaged in prior to motions; this is not an opportunity for Board members to state their views on the substance of a matter.
5. Public input/comments regarding items not on the agenda will be sought at the beginning of Board/Board ~~standing committee~~Committee meetings. Public input/comments regarding agendized items will be sought during the consideration of these items, before action is taken, at Board/Board ~~standing committee~~Committee meetings. It is noted that presentations from outside organizations may be referred to a Board Committee by the Board President for the formulation of a recommendation to the Board of Directors.

~~5.~~6. Requests by Board Members during a meeting for the opportunity to speak, for public input, or for additional staff input, should be made through the Board President.

~~6. At any point during a Board of Directors meeting any member may request, by motion that the Board go into "Committee of the Whole" to discuss any item on the agenda. Structurally, a motion is made to "go into Committee of the Whole to discuss item "x", a second is received, and a vote is taken. Simple majority rules on the matter. Such discussions are intended to act as an opportunity to present opinions and a fact, and/or receive input from other Board members in the absence of an "action" motion directly under consideration. To leave "Committee of the Whole" discussions and return to the agenda, or to present a motion for action, the Chair can pose that we have exhausted the topic, and by consent adjourn the Committee of the Whole and return to the Board agenda.~~

~~7. Or, if any member wishes to close the Committee of the Whole discussion, he/she can ask for such action, by motion, and receiving a second the request to move on will be voted upon. Again, simple majority rules on the matter.~~

~~8. A separate and distinct area of the agenda shall be devoted to discussion items. This section is intended to serve the function of allowing the Directorship an opportunity to engage in free flowing information and opinion exchanges without the necessity of relating one's thoughts to a pending action item or motion. When the Chair calls for this section of the meeting, we are in de-facto "Committee Of The Whole" discussion. Topics such as emerging trends, long range plans, events and the like are most appropriately considered within this format.~~

~~9.~~1. ~~On each Board agenda there will be an "agendized" item asking for member input for future topics. A member can ask that a topic be placed on next month's agenda for discussion. The item will be placed on next month's agenda unless another Board Member objects, in which case the simple majority rules.~~

M. Voting/Motions

1. Any member of the Board of Directors may introduce or second a motion, including the Board President or other currently presiding officer. All members, including the Board President, are encouraged to vote on all motions presented while in attendance unless required to abstain by a conflict of interest or other law. If a Director's vote is not discernible, ~~it~~ the vote shall be recorded as in favor of the motion.
2. Amendment of a motion may only be amended by the motion maker with the concurrence of the second.

~~1.~~3. No more than one motion can be considered at a time.

4. Recording of the vote shall be first done by voice vote, with exception going to resolutions that require a roll call vote as a matter of law. Any member may request a roll call vote on any motion; such requests will not require a second and shall be performed at once.
5. Three votes of the Board, unless a greater number is required by law, are required to constitute a Board action. ~~-~~A tie vote on a motion affecting the merits of any matter shall be deemed to be a denial of the matter.

~~2.~~

6. Motion of Reconsideration: When additional information has surfaced at a meeting after a motion has duly passed or failed, a motion for reconsideration may be accepted only if advanced or seconded by a Board Member on the original motion. The Board President may reschedule an item if the participating public was present when originally considered and departed before reconsideration. Questions from the Board will occur prior to public comment. Items will not be debated by the Board until after public comment has been closed.

~~3.~~7. "Secret ballots" or any other means of casting anonymous or confidential votes are strictly prohibited per law. All votes shall be recorded and be available for public review.

~~4.~~8. Unless otherwise noted, all Board related business, whether in committee or Board session (open or closed) shall be conducted in a fashion compliant with Robert's Rules of Order, Revised as modified by this Policy. The Board formally adopts this method of conducting business to ensure that all Board affairs are conducted in an equitable, orderly and timely fashion. Parliamentary procedures are seen as a valuable tool for proper conduct in meetings, and should provide a degree of standardization in regards to other governmental interests, facilitating the public's understanding (and other governmental bodies' understanding) our actions.

N. Urgent Decisions

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

O. Contingent Approval

1. In the event the Board approves an item at a Board meeting in which all of the terms, conditions, restrictions, commitments, etc. are clearly defined, but which such provisions have not been formalized in contracts or other appropriate documentation, the Board may give preliminary approval to the Chief Executive Officer to execute the contract or other appropriate documentation, contingent upon the following:
    a. the terms are not substantively altered from those previously approved,
    b. all involved parties to the transaction or agreement are notified in writing of the contingent approval of the terms pending ratification by the Board, and
    c. the final terms and documentation are approved or rejected by the Board at a subsequent Board meeting.
2. If the terms of the supporting documentation are substantively different than those previously approved at the public meeting, then approval must be obtained at a subsequent board meeting.

P. Complaints Addressed to the Board

Written comments or complaints addressed to any or all members of the Board that are received by board members or an Health System staff member must be forwarded immediately to the Clerk of the Board. The Clerk of the Board will deliver copies of complaints to the Health System's Patient Advocate.

~~P.~~Q. Board Member Request for Information

1. Individual Board Members may request data from the District by completing a Board of Directors Information Request Form indicating the specific information requested.
    a. The CEO will review the request to determine material availability, sensitivity, necessary resources and anticipated cost (if any) of production.
    b. Should the CEO determine that materials are not readily available, sensitive in nature or costly to produce, the CEO may defer to a decision of the Board of Directors to fulfill the request.
    c. All approved requests by the CEO and/or the Board of Directors will be produced and distributed to each member of the Board of Directors.

Related Policies/Forms: Inspection And Copying of Public Records ABD-14 , Board of Directors Information Request Form

References: Ralph M. Brown Act (CA Govt Code §54950), Governance Institute

Policy Owner: Clerk of the Board

Approved by: Chief Executive Officer

ABD-12 Guidelines for Business by Tahoe Forest Hospital District Board of Directors

PURPOSE:

To explain the guidelines for the Board of Directors in conducting business for the District.

To clarify the requirements of state law for public meetings while conducting business and meetings on behalf of the District.

POLICY:

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

PROCEDURE:

A. Officers Of The Board of Directors

1. The officers of the Board of Directors are: President, Vice President, Secretary and Treasurer.
2. The officers shall be chosen every year by the Board of Directors at a Board Meeting in December and each officer shall hold office for a one-year term or until such officer's successor shall be elected and qualified or until such officer is otherwise disqualified to serve. The person holding the office of President of the Board of Directors may serve successive terms by unanimous vote taken at a regularly scheduled meeting. The office of President, Vice President, Secretary and Treasurer shall be filled by members of the Board of Directors.

B. Meetings Of The Board of Directors

1. Regular Meetings: Regular Meetings of the Board of Directors shall be held the fourth Thursday of each month at 4:00 PM at a location within the Hospital District boundaries. The regular meeting shall begin in Open Session in accordance with the Brown Act and may adjourn to closed session in compliance with law. The notice for meetings of the Board of Directors and Board Committees shall be posted per the requirements of the Brown Act.
2. It is the duty, obligation, and responsibility of the Board President and Board Committee chairpersons to call for Board of Directors and Board Committee meetings and meeting locations. This authority is vested within the office of the Board President or the Board Committee chair and is expected to be used with the best interests of the District, Directors, staff and communities we serve.
3. Special Meetings: Special Meetings of the Board of Directors may be held from time to time as specified in the District Bylaws and with the required 24 hours' notice as stated in the Brown Act.
    a. The President of the Board, or three directors, may call a special meeting in accordance with the notice and posting provisions of the Brown Act.
    b. Special meetings shall be called by delivering written notice to each Board member and to the public in compliance with the Brown Act (to each local newspaper of general circulation and radio or television station requesting notice in writing), including providing a description of the business to be transacted. Board members may dispense with the written notice provision if a written waiver of notice has been filed with the Clerk before a meeting convenes.
    c. No business other than the purpose for which the special meeting was called shall be considered, discussed, or transacted at the meeting.
4. Emergency Meetings: Emergency meetings may be called in the event of an emergency situation, defined as a crippling disaster, work stoppage or other activity which severely impairs public health, safety or both, as determined by a majority of the Board, or in the event of a dire emergency, defined as a crippling disaster, mass destruction, terrorist act, or threatened terrorist activity so immediate and significant that requiring one hour notice

before holding an emergency meeting may endanger the public health, safety, or both as determined by a majority of the board.

a. In the case of an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of public facilities, then a one (1) hour notice provision as prescribed by the Brown Act is required. In the event telephone services are not working, notice must be given as soon as possible after the meeting.
b. No business other than the purpose for which the emergency meeting was called shall be considered, discussed, or transacted at the meeting.

5. Closed Session Meetings: Closed Session meetings of the Board of Directors and Board committees may be held as deemed necessary by members of the Board of Directors or the Chief Executive Officer pursuant to the required notice and the restriction of subject matter as defined in the Brown Act and the Local Health Care District Law.
    a. Under no circumstances shall the Board of Directors order a closed session meeting for the purposes of discussing or deliberating, or to permit the discussion or deliberation in any closed meeting of any proposals regarding:
        a. The sale, conversion, contract for management, or leasing of any District health care facility or the assets thereof, to any for-profit or nonprofit entity, agency, association, organization, governmental body, person, partnership, corporation, or other district.
        b. The conversion of any District health care facility to any other form of ownership by the District.
        c. The dissolution of the District.
    b. Documentation for Closed Session will be provided on the board portal at least 72 hours prior to the session for regular meetings and 24 hours before special closed session meetings. Once the session has been completed, all documentation will be removed from the portal. Hard copy documentation will be available during the actual closed session but will be returned by all board members at the completion of the closed session.
    c. As a best practice, closed session will be attended by General Counsel.
6. Teleconferencing: Any regular, special, or emergency meeting at which teleconferencing is utilized shall be conducted in compliance with the provisions of the Brown Act. These include:
    a. All votes taken by teleconference must be taken by roll call.
    b. Agendas must be posted at all teleconference locations.
    c. Each teleconference location must be identified in the agenda.
    d. Each teleconference location must be accessible to the public.
    e. At least a quorum of the Board must participate from locations within the District boundaries.
    f. The agenda must provide for public comment at each teleconference location.
7. All meetings of the Board of Directors shall be chaired by members of the Board of Directors in the following order: President, Vice President, and Secretary or in the absence of all officers, another director selected by the Board to do so at the meeting in question.

C. Activities/Meetings of Board Committees

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

D. Meetings Open to the Public

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

E. Notices of Meetings of the Board of Directors and Board Committees Supplied to the Public

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

F. Board and Board Committee Agenda Packets for Members of the Public

1. Board and Board Committee agendas and agenda materials are available for review by any interested party at the administrative offices or at the Board or Board Committee meeting itself.
2. Any requests from the public for Board and Board Committee agenda packets shall be filled within a reasonable amount of time. Any member of the public requesting a Board or Board Committee agenda packet with all attachments shall be charged $.10 per page for such material. The charge is only intended to capture direct costs associated with complying with public requests for documents provided by the California Public Records Act. In no way does the District profit from this activity; but only seeks to remain fiscally prudent and provide equity of service while maintaining easy access. Additionally, any members of the public being able to demonstrate true indigence shall be exempted from the fee per page charges. An agenda packet with all attachments shall be made available for use by any interested party at all Regular and Special meetings of the Board of Directors and Board Committee meetings. Agenda packets in whole or in part may also posted to the District's website.

G. Public Input at Meetings of the Board of Directors and Board Committee Meetings

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

1. If a majority of the Board of Directors determines that an emergency situation exists as defined under the "Emergency Meetings" section of this policy, or
2. If two-thirds of the Board of Directors' full membership is present and agree an item needs to be placed on the agenda for immediate action and that fact came to the attention of the District after the agenda was posted, or
3. If the item was previously posted in connection with a meeting which occurred no more than 5 days prior to the date on which the proposed action will be taken.

H. Preparation Of The Agenda For Board or Board Committee Meetings

1. Placing of Items On The Agenda:
    a. As provided for in the Brown Act pertaining to public input, the District will provide an opportunity for members of the public to address the Board on any matter within their subject matter jurisdiction at monthly, regularly scheduled meetings. It is the desire of the Board of Directors to adhere to legislative requirements and conduct the business of the District in a manner so as to address the needs and concerns of members of the public.
    b. Members of the public are directed to contact the President of the Board of Directors, a Director of the Board or the Chief Executive Officer at least two weeks prior to the meeting of the Board of Directors at which they wish to have an items placed on the agenda for discussion/action. Requests to Directors of the Board will be referred to the Chief Executive Officer for follow up. While the District values public input, the Board and District staff control meeting agendas and the District has no obligation to agendize a matter requested by a member of the public. If a matter is not agendized, the person seeking to discuss it may raise it in the public comment portion of a meeting.
    c. No matters shall be placed on the agenda that are beyond the jurisdiction and authority of a Local Health Care District or that are not relevant to hospital district governance.
    d. Last minute supporting documents by staff put Board members at a disadvantage by diluting the opportunity to study the documents. All late submission of supporting documents must be justified in writing stating the reasons for the late submission. The Clerk will notify the Board of late submissions and their justification when appropriate. Bona fide emergency items involving public health and safety requiring Board action will be excluded.
2. The Chief Executive Officer and Board President, with input from members of the Board, shall prepare the agendas for the meetings of the Board of Directors. The Chief Executive

Officer or his or her designee and the Board Committee chairperson shall prepare the agendas for the meetings of the Board Committees. Items to be placed on an agenda should be submitted to the Chief Executive Officer or the Clerk of the Board no later than 10 days prior to the Board meeting.

3. In addition to discussing with the Board President or Chief Executive Officer, a Board member can ask that a topic be placed on next month's agenda for discussion during the appropriate time at a Board meeting. An item will be placed on next month's agendaif a majority of the Board concurs. No more than two items per board member will be considered at a board meeting.
4. The format for agendas of meetings of the Board of Directors will be as follows unless the Board or Chief Executive Officer otherwise directs:
    a. Call to Order
    b. Roll Call
    c. Deletions/Corrections to the Posted Agenda
    d. Input – Audience
    e. Closed Session, if necessary
    f. Acknowledgments
    g. Medical Staff Executive Committee
    h. Consent Calendar
    i. Items for Board Action
    j. Items for Board Discussion
    k. Discussion of Consent Calendar Items Pulled, if necessaryAgenda Input For Upcoming Committee Meetings
    l. Items for Next Meeting
    m. Board Members Reports/Closing Remarks
5. The Board of Directors wishes to facilitate input from members of the Medical Staff. When possible, items of concern to the members of the Medical Staff will be placed as a timed item in the agenda as appropriate within the format as detailed above to minimize the demands on the time of the Medical Staff members.
6. The Board President and the Chief Executive Officer will create a "Consent Calendar" for those items on the agenda which are reasonably expected to be routine and non-controversial. The Board of Directors shall consider all of the items on the agenda marked Consent Calendar at one time by vote after a motion has been duly made and seconded. If any member of the Board of Directors orhospital staff requests that a consent item be removed from the list of consent items prior to the vote on the Consent Calendar, such item shall be taken up for separate consideration and disposition. Members of the public may request a Board Member do so on their behalf, or may provide public comment on a particular item before the Board votes on the consent calendar.
    a. Board members are encouraged to notify the Board President and Chief Executive Officer prior to a meeting if there is intent to pull an item and/or provide questions and concerns. This will enable proper preparation to address questions and concerns.
    b. Department Heads, or their designated representative, will be present during the consent calendar to answer any questions. If the Department Head is unable to attend, the Chief Executive Officer will respond to questions and/or the item may be postponed until later in the meeting or a following meeting if necessary.
7. If available, minutes of Board Committee meetings will be included in Board agenda packets. If not available, the agenda for the committee meeting will be included. Recommendations from a Board Committee to the Board of Directors will be highlighted at the beginning of the minutes for ease of presentation.
8. The President of the Board of Directors will approve the agenda before its distribution.

I. Notification by Board Member of Anticipated Absences

In the event a Board Member will be out of the area or unable to participate in a meeting, the Board Member is requested to provide notification to the Clerk of the Board with information including the dates of absence, best method of contact, applicable telephone and fax numbers, and, if possible, a mailing address. If you do not wish to be contacted in the event of an emergency,

you must acknowledge that written notices will be provided to your permanent address.

J. Minutes Of Meetings Of The Board Of Directors And Board Committees Minutes of meetings of the Board of Directors and Board Committees shall be taken by the Clerk of the Board. The minutes shall be transcribed by the Clerk of the Board and reviewed by the Chief Executive Officer prior to submittal to the Board of Directors or Board Committees for review and approval at their next regularly scheduled meeting.

K. Special Rules/Robert's Rules Of Order

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

L. Discussion/Debate

1. As is practical, staff oral summaries shall precede motions and public comment on an agendized item.
2. Invited outside presenters, such as our auditors, accountants, and legal counsel shall offer their comments and documentation prior to a motion being introduced by one of the Board Members and public comment on an agendized item.
3. *Brief* questions to fill in knowledge gaps or to provide clarification should be posed prior to motion language being introduced and public input/comments on an agendized item. This is not an opportunity for Board Members to state their views on the substance of a matter.
4. Any Board committee input or recommendations should be presented prior to a motion. Again, *brief* questioning for clarification may be engaged in prior to motions; this is not an opportunity for Board members to state their views on the substance of a matter.
5. Public input/comments regarding items not on the agenda will be sought at the beginning of Board/Board Committee meetings. Public input/comments regarding agendized items will be sought during the consideration of these items, before action is taken, at Board/Board Committee meetings. It is noted that presentations from outside organizations may be referred to a Board Committee by the Board President for the formulation of a recommendation to the Board of Directors.
6. Requests by Board Members during a meeting for the opportunity to speak, for public input, or for additional staff input, should be made through the Board President.

M. Voting/Motions

1. Any member of the Board of Directors may introduce or second a motion, including the Board President or other currently presiding officer. All members, including the Board President, are encouraged to vote on all motions presented while in attendance unless required to abstain by a conflict of interest or other law. If a Director's vote is not discernible, the vote shall be recorded as in favor of the motion.
2. Amendment of a motion may only be amended by the motion maker with the concurrence of the second.
3. No more than one motion can be considered at a time.
4. Recording of the vote shall be first done by voice vote, with exception going to resolutions that require a roll call vote as a matter of law. Any member may request a roll call vote on any motion; such requests will not require a second and shall be performed at once.
5. Three votes of the Board, unless a greater number is required by law, are required to constitute a Board action. A tie vote on a motion affecting the merits of any matter shall be deemed to be a denial of the matter.
6. Motion of Reconsideration: When additional information has surfaced at a meeting after a motion has duly passed or failed, a motion for reconsideration may be accepted only if advanced or seconded by a Board Member on the original motion. The Board President may reschedule an item if the participating public was present when originally considered and departed before reconsideration. Questions from the Board will occur prior to public comment. Items will not be debated by the Board until after public comment has been closed.

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

N. Urgent Decisions

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

O. Contingent Approval

1. In the event the Board approves an item at a Board meeting in which all of the terms, conditions, restrictions, commitments, etc. are clearly defined, but which such provisions have not been formalized in contracts or other appropriate documentation, the Board may give preliminary approval to the Chief Executive Officer to execute the contract or other appropriate documentation, contingent upon the following:
    a. the terms are not substantively altered from those previously approved,
    b. all involved parties to the transaction or agreement are notified in writing of the contingent approval of the terms pending ratification by the Board, and
    c. the final terms and documentation are approved or rejected by the Board at a subsequent Board meeting.
2. If the terms of the supporting documentation are substantively different than those previously approved at the public meeting, then approval must be obtained at a subsequent board meeting.

P. Complaints Addressed to the Board

Written comments or complaints addressed to any or all members of the Board that are received by board members or an Health System staff member must be forwarded immediately to the Clerk of the Board. The Clerk of the Board will deliver copies of complaints to the Health System’s Patient Advocate.

Q. Board Member Request for Information

1. Individual Board Members may request data from the District by completing a Board of Directors Information Request Form indicating the specific information requested.
    a. The CEO will review the request to determine material availability, sensitivity, necessary resources and anticipated cost (if any) of production.
    b. Should the CEO determine that materials are not readily available, sensitive in nature or costly to produce, the CEO may defer to a decision of the Board of Directors to fulfill the request.
    c. All approved requests by the CEO and/or the Board of Directors will be produced and distributed to each member of the Board of Directors.

Related Policies/Forms: Inspection And Copying of Public Records ABD-14 , Board of Directors Information Request Form

References: Ralph M. Brown Act (CA Govt Code §54950), Governance Institute

Policy Owner: Clerk of the Board

Approved by: Chief Executive Officer

TAHOE FOREST HOSPITAL DISTRICT
TICKET AND PASS DISTRIBUTION POLICY
(Approved by the Board of Directors on _____, 2018)

1. Purpose of Policy

1.1. The purpose of the Ticket and Pass Distribution Policy of the Tahoe Forest Hospital District ("District") is to ensure all tickets and passes distributed by the District are issued in furtherance of public purposes of the District as required under Section 18944.1 of the Regulations of the Fair Political Practices Commission ("FPPC"). This policy applies to any tickets or passes which the District: (i) receives from a third party; (ii) controls as a sponsor of, or otherwise because it has control over, an event; or (iii) purchases.

1.2. This policy shall be applicable to every officer, agent and employee of the District who is obligated to file an Annual Statement of Economic Interests (Form 700) under state law or the District's current Conflict of Interest Code, ABD-06.

2. Limitations

2.1. This policy only applies to the District's distribution of tickets and passes to a public official, or at the request of a public official, for which no consideration of equal value is provided by the public official. Reimbursement of actual and necessary expenses of any member of the District Board or any District committee incurred in the performance of official duties shall be governed by the District's Reimbursement Policy, ABD-03.

2.2. Nothing in this policy shall inhibit the District's full compliance with the federal anti-kickback statute, which prohibits the acceptance of any item of value (remuneration) made directly or indirectly, in cash or in kind, that may induce or appear to induce the purchase or referral of any kind of health care goods, services, or items reimbursed by a federal or state health care program (Medicare and Medicaid). The unlawful acceptance of any gifts or business courtesies from vendors or others with whom the District presently conducts, or potentially could conduct business is strictly prohibited.

3. Official Duties; Ceremonial Roles

Tickets provided to public officials as part of their official duties, or tickets provided so that the public official may perform a ceremonial role or function on behalf of the District are exempt from any disclosure or reporting requirements under Section 18944.1 of the FPPC Regulations and this policy.

4. Public Purposes

4.1. The District may provide a ticket or pass to a person subject to this policy for any of the following District purposes provided the Chief Executive Officer or his or her designee, or the District Board, determines that providing the ticket or pass actually benefits the District by accomplishing one or more of the following:

4.1.1. Promotion of District-controlled or sponsored events, activities, or programs, including conventions and conferences.

4.1.2. Promotion of community programs and resources available to District employees, including nonprofit organizations and youth programs.

4.1.3. Highlighting the achievements of District officials, employees, or hospital stakeholders.

4.1.4. Promotion of private facilities available to District residents, including charitable and nonprofit facilities.

4.1.5. Promotion of public facilities available to District employees.

4.1.6. Promotion of District growth and development, including economic development and job creation opportunities, which contributes to the healthcare of the community in the future.

4.1.7. Promotion of special events conducted pursuant to a contract to which the District is party.

4.1.8. Promotion of the District on a local, regional, state, or national scale.

4.1.9. Promotion of open government by participation of public officials at business or community events.

4.1.10. Implementation of written contracts under which tickets or passes are required to be made available for District use.

4.1.11. Furtherance of employment retention programs.

4.1.12. Furtherance of special outreach programs for veterans, teachers, emergency services, medical personnel and other civil service occupations.

4.1.13. To reward a hospital healthcare partner for its contributions to the District or the community.

4.1.14. To provide opportunities to those who are receiving services from county and state agencies consistent with the District's goals for the particular population (e.g., for use by juvenile wards in the custody of the Chief Probation Officer or mental health clients and seniors receiving services from the Health and Human Services Agency/Public Health); or

4.1.15. Any similar purpose stated in any District contract.

4.2. Tickets distributed under this section are not gifts within the meaning of the applicable FPPC regulations, and as such need not be reported on the employee's Form 700. However, the Chief Executive Officer or his or her designee shall report tickets distributed for a public purpose under this section on FPPC form 802 within 45 days of distribution. A completed Form 802 will be maintained as a public record and forwarded to the FPPC for posting on the FPPC web site.

5. Return of Tickets and Passes

5.1. Any public official may refrain from using or return any ticket or pass to the District. Under no circumstances may either the public official or a member of his or her immediate family sell any ticket and pass provided under this policy.

5.2. If a public official transfers a ticket he or she has received from the District to another person, as opposed to returning the ticket to the District for redistribution, then the value of the ticket or tickets he or she transfers shall constitute a gift to him or her and shall be reportable as provided by the regulations of the FPPC.

6. Chief Executive Officer

The District delegates the authority to distribute any ticket and pass in accordance with this policy to the Chief Executive Officer or his or her designee and such authority includes the power to distribute such a ticket to the Chief Executive Officer provided that doing so is otherwise consistent with this Policy.

7. Website Posting

This policy and Form 802 reports required by Section 18944.1 of the FPPC Regulations shall be posted on the District's website as required by that Section.

RESOLUTION NO. 2018-05

RESOLUTION OF THE BOARD OF DIRECTORS OF TAHOE FOREST HOSPITAL DISTRICT TO FORM A LIMITED LIABILITY COMPANY AND AUTHORIZE THE EXECUTION OF NECESSARY DOCUMENTS

WHEREAS, Tahoe Forest Hospital District ("District") is a local health care district duly formed and organized under the laws of the State of California;

WHEREAS, the District as the authority establish, maintain, and carry on its activities through one or more corporations, joint ventures, or partnerships for the benefit of the District under Health and Safety Code section 32121, subdivision "o"; and

WHEREAS, District is contemplating forming and operating a limited liability company as a "special purpose entity" for the purpose of acquiring and managing real property.

NOW, THEREFORE, BE IT RESOLVED, by the Board of Directors of the Tahoe Forest Hospital District that:

SECTION 1. The District hereby approves the formation of a single member limited liability company (the "**LLC**") under the laws of California; the name of the LLC shall be P & O Holdings, LLC.

SECTION 2. The District, as the sole member of the LLC, hereby adopts the operating agreement attached hereto as Attachment A.

SECTION 3. Any officer of the District so designated by the Chief Executive Officer of the District, be and is hereby authorized, directed, and empowered, acting alone, in the name of the LLC, and on behalf of the LLC, to execute any and all documents or instruments evidencing the formation, qualification to do business, or conducting of the business of the LLC.

SECTION 4. All actions heretofore taken by the Manager of the Company or the officers and directors of the District as the sole Member of the Company, in connection with the transactions contemplated by these resolutions be, and they hereby are, approved, ratified, and affirmed in all respects.

PASSED AND ADOPTED at a regular meeting of the Board of Directors of the Tahoe Forest Hospital District duly called and held in the District this 28th day of June, 2018 by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

APPROVED:

_____
DALE CHAMBLIN
President, Board of Directors
Tahoe Forest Hospital District

ATTEST:

_____
MARTINA ROCHEFORT, Clerk of the Board
Tahoe Forest Hospital District

ATTACHMENT A

Operation Agreement of P & O Holdings, LLC

P & O HOLDINGS, LLC

Operating Agreement

THE LLC INTERESTS REPRESENTED BY THIS AGREEMENT HAVE NOT BEEN REGISTERED UNDER THE SECURITIES ACT OF 1933, AS AMENDED, OR UNDER THE SECURITIES LAWS OF ANY STATE. SUCH LLC INTERESTS MAY NOT BE SOLD OR TRANSFERRED UNLESS SUBSEQUENTLY REGISTERED OR UNLESS AN EXEMPTION FROM REGISTRATION IS AVAILABLE. THE LLC OPERATING AGREEMENT (AS DEFINED BELOW) PROVIDES FOR FURTHER RESTRICTIONS ON TRANSFER OF THE LLC INTERESTS REPRESENTED HEREBY.

This Operating Agreement (this "**Agreement**") is entered into this ___ day of _____, 2018 by Tahoe Forest Hospital District, a California local health care district ("**TFHD**"), its sole Member.

Explanatory Statement

TFHD has determined to organize a limited liability company in accordance with the terms and subject to the conditions set forth in this Agreement.

NOW, THEREFORE, TFHD declares as follows:

ARTICLE I
Defined Terms

1.1 Capitalized terms not defined in this Agreement shall have the meanings specified in the California Revised Uniform Limited Liability Company Act, as amended from time to time (the "Act").

ARTICLE II
Formation and Name; Purpose; Term

2.1 *Organization*. TFHD hereby organizes a limited liability company pursuant to the Act and the provisions of this Agreement. The Company has caused Articles of Organization to be prepared, executed and filed with the Secretary of State.

2.2 *Name of the Company*. The name of the Company shall be "P & O Holdings, LLC." The Company may do business under that name and under any other name or names which the Manager selects. If the Company does business under a name other

than that set forth in its Articles of Organization, the Company shall file and publish a fictitious business name statement as required by law.

2.3 *Purpose.* The purpose of the Company is to engage in any lawful activities for which a Company may be organized under the Statute; provided that the Company shall not conduct any banking, insurance or trust company business.

2.4 *Term*. The Company shall continue in existence perpetually, unless sooner dissolved as provided by this Agreement or required by the Act.

2.5 *Member*. The name, present mailing address, taxpayer identification number, and Percentage of the Member is set forth on *Exhibit A.*

ARTICLE III
Capital; Capital Accounts

3.1 *Initial Contributions*. Upon the execution of this Agreement, the Member shall contribute to the Company cash in the amount set forth on *Exhibit A.*

3.2 *Capital Accounts.* A separate capital account shall be maintained for each Member and will be maintained according to generally accepted accounting principles.

ARTICLE IV
Profit, Loss and Distribution

4.1 *Profit or Loss*. For any taxable year of the Company, Profit or Loss shall be allocated to the Interest Holders in proportion to their Percentages. "*Profit*" and "*Loss*" means, for each taxable year of the Company (or other period for which Profit or Loss must be computed), the Company's taxable income or loss determined in accordance with IRC Section 703(a).

4.2 *Cash Flow*. Cash Flow for each taxable year of the Company shall be distributed to the owners of an interest in the Company (the "**Interest Holders**") in proportion to their Percentages. As of the date of this Operating Agreement, TFHD is the sole Member and Interest Holder.

4.3 *Liquidation and Dissolution*.

(a) Upon liquidation of the Company, the assets of the Company shall be distributed to the Interest Holders in accordance with the positive balances in their respective capital accounts, after giving effect to all Contributions, Distributions and allocations for all periods.

(b) No Interest Holder shall be obligated to restore a Negative Capital Account. "*Negative Capital Account*" means a capital account with a balance of less than zero.

4.4 *General*.

(a) Except as otherwise provided in this Agreement, the timing and amount of all Distributions shall be determined by the Manager.

(b) The Manager is hereby authorized, upon the advice of the Company's tax counsel, to amend this Article IV to comply with the Code and the Regulations promulgated under IRC Section 704(b); provided, however, that no amendment shall materially affect Distributions to an Interest Holder without the Interest Holder's prior written consent. "*Code*" means the Internal Revenue Code of 1986, as amended, or any corresponding provision of any succeeding revenue law. "*Regulation*" means the income tax regulations, including any temporary regulations, from time to time promulgated under the Code.

ARTICLE V
Management: Rights, Powers and Duties

5.1 *Management*.

(a) *Manager*. The Company shall be managed by a Manager. The Chief Executive Officer of the sole Member shall be the Manager.

(b) *General Powers*. The Manager shall have full, exclusive and complete discretion, power and authority, subject in all cases to the other provisions of this Agreement and the requirements of applicable law, to manage, control, administer and operate the business and affairs of the Company for the purposes herein stated and to make all decisions affecting such business and affairs.

(c) *Limitations*. Expenditures by the Company in excess of $1,000.00 shall be approved by both the Manager and the Chief Financial Officer of the sole Member. The consent of the sole Member shall be required for: (1) sale, exchange or other disposition of all or substantially all of the Company's assets; (2) the admission of a member; and (3) the merger of the Company with another entity.

5.2 *Indemnification of the Manager*.

(a) The Manager shall not be liable, responsible or accountable, in damages or otherwise, to any Member or to the Company for any act performed by

such Manager within the scope of the authority conferred on such Manager by this Agreement and within the standard of care specified in *Section* 5.2(b).

(b) The Company shall indemnify the Manager for any act performed by the Manager within the scope of the authority conferred on the Manager by this Agreement, unless such act constitutes grossly negligent or reckless conduct, intentional misconduct or a knowing violation of law.

ARTICLE VI
Transfer of Interests

6.1 *Transfers*. Except as provided herein or with the written consent of all Members, no Member may transfer, sell, convey, encumber or hypothecate (collectively a "**Transfer**") all, or any portion of, or any interest or rights in, the Membership Interest owned by the Member. Each Member hereby acknowledges the reasonableness of this prohibition in view of the purposes of the Company and the relationship of the Members. The attempted Transfer of any portion or all of a Membership Interest in violation of the prohibition contained in this *Section* 6.1 shall be deemed invalid, null and void, and of no force or effect, except any Transfer mandated by operation of law and then only to the extent necessary to give effect to such Transfer by operation of law.

ARTICLE VII
Dissolution, Liquidation and Termination of the Company

7.1 *Events of Dissolution*. The Company shall be dissolved upon the happening of any of the following events:

(a) when the period fixed for its duration in Section 2.4 has expired;

(b) upon the unanimous written agreement of the Members.

ARTICLE VIII
Books, Records, Accounting and Tax Elections

8.1 *Bank Accounts*. All funds of the Company shall be deposited in a bank account or accounts opened in the Company's name. The Manager shall determine the financial institution or institutions at which the accounts will be opened and maintained, the types of accounts and the persons who will have authority with respect to the accounts and the funds therein.

8.2 *Partnership Representative*. The Manager shall be the Partnership Representative Tax Matters Partner for purposes of Bipartisan Budget Act of 2015, and shall have all the authority granted by the Code to the Partnership Representative.

8.3 *Title to Company Property*. All real and personal property acquired by the Company shall be acquired and held by the Company in the Company's name.

8.4 *Accounting and Tax Elections*. The fiscal year end of the Company shall be June 30 of each calendar year. The Company shall use the accrual method of accounting. The Company shall not elect to be taxed as a corporation**.**

ARTICLE IX
General Provisions

9.1 *Notifications*. Any notice, demand, consent, election, offer, approval, request or other communication (collectively, a "notice") required or permitted under this Agreement must be in writing and delivered personally, sent by certified or registered mail, postage prepaid, return receipt requested or sent by overnight courier. Any notice to be given hereunder by the Company shall be given by the Manager. A notice must be addressed to an Interest Holder at the Interest Holder's last known address on the records of the Company. A notice to the Company must be addressed to the Company's principal office. A notice delivered personally will be deemed given only when acknowledged in writing by the person to whom it is delivered. A notice that is sent by Mail will be deemed given three (3) business days after it is Mailed. A notice that is sent by courier will be deemed given one (1) business day after it is couriered. Any party may designate, by notice to all of the others, substitute addresses or addressees for notices; and, thereafter, notices are to be directed to those substitute addresses or addressees.

9.2 *Integration*. This Agreement constitutes the complete and exclusive statement of the agreement among the Members. It supersedes all prior written and oral statements, including any prior representation, statement, condition or warranty. Except as expressly provided otherwise herein, this Agreement may not be amended without the written consent of all of the Members.

9.3 *Applicable Law*. All questions concerning the construction, validity and interpretation of this Agreement and the performance of the obligations imposed by this Agreement shall be governed by the internal law, not the law of conflicts, of the State of California.

IN WITNESS WHEREOF, TFHD has executed this Agreement as of the date first above written.

Tahoe Forest Hospital District, a California local health care district

By: _____
Name: _____
Title: _____

P & O Holdings, LLC
Operating Agreement

Exhibit A
List of Members, Capital, and Percentages

Name and Address of Members	Initial Capital Contribution	Percentage Interest
Tahoe Forest Hospital District 10121 Pine Ave. Truckee, CA 96161 (EIN: 94-6004062)	$1,000.00	100%
Total	$1,000.00	100%

AGENDA ITEM COVER SHEET

	ITEM	**Patient and Family Advisory Council**
	RESPONSIBLE PARTY	Janet Van Gelder, RN, DNP, CPHQ Director of Quality and Regulations
	ACTION REQUESTED?	For Information Only

BACKGROUND:

The Patient and Family Advisory Council (PFAC) will have an active role in improving the patient and family care experience by identifying opportunities, gathering and providing feedback and perspectives on services, activities, and programs related to patient and family centered health care.

Vision - The Tahoe Forest Health System (TFHS) values the perspectives of the patients and families we serve. The PFAC represents the collective voice of patients and families in our community by sharing health related experiences and engaging in the process of quality improvement. In collaboration with TFHS, the PFAC acts as a resource and provides valuable input to improve and enhance the health care experience, one patient and family at a time.

Membership - The TFHS PFAC is comprised of 8 to 10 members and will meet at least six times annually. The council welcomes all patients and families and strives to include people with diverse backgrounds in order to represent an array of cultures and healthcare issues of TFHS patients. Staff members and health care providers from various departments of the health system will serve on the PFAC. Membership term will be for one (1) year with a renewal option.

New Membership/Recruitment - Recommendations for members are received from current Council members, TFHS staff and healthcare providers, as well as self-referrals. A new applicant must submit a completed application to the PFAC. If approved by a majority vote by the PFAC, the applicant will be screened through the TFHS Volunteer screening process. If the screening process is cleared, the applicant will be offered a position on the PFAC. Membership recruitment will be an ongoing process.

TFHS PFAC Member Expectations

Attend Volunteer Orientation. Adhere to TFHS policies and procedures. Actively participate in and out of meetings to achieve the purpose of the council. Members are encouraged to attend all meetings. A minimum of 50% of meetings are required. If member is not meeting this requirement, membership will be reevaluated. Work effectively with other council members, as well as TFHS staff/healthcare providers, patient and families to ensure a positive patient and family centered care experience.

SUMMARY/OBJECTIVES:

The PFAC is committed to assisting the health system to improve TFHD patient's experiences by reviewing patient feedback data and comments and offering their insights and expertise as community members and patients and families to improve every patient experience in the settings in which we need improvement. Currently we are focusing our improvement efforts in the outpatient and medical practice settings. Committee also reviews any new or ongoing initiatives in which we value our PFAC's input prior to implementation of new ideas, processes etc.

SUGGESTED MOTION/ALTERNATIVES:

Not applicable.

LIST OF ATTACHMENTS:

- PFAC Highlights

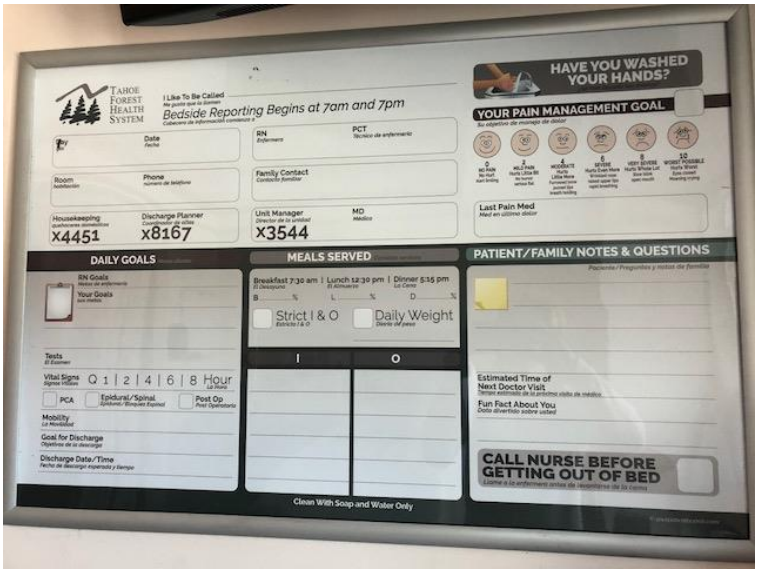
Highlights from PFAC accomplishments since inception

2016

1. Gave input for My Chart patient portal
2. Reviewed grievance letters that go out to our patients after filing a grievance
3. Reviewed Press Ganey patient feedback and recommended customer service training for staff
4. Reviewed drafts for changes to TFHD web site. Suggested drop down buttons for Spanish translation.
5. Streamline PFAC orientation process as it seems excessive in its requirements
6. Reviewed visitor policy to make sure all visitors were welcome to support loved ones while in the hospital.
7. Discussed having PFAC members attend other hospital meetings ie board quality, and safety meetings.
8. Directors to attend PFAC meetings to gain input on areas for improvement.

2017

1. Worked on ideas for noise reduction in the emergency department
2. Care coordination presented to PFAC to discuss programs for high risk patients and transition from hospital to home.
3. Nancy Wolf to serve on Board Quality Meeting as a PFAC member
4. Doug Wright filmed a segment for TV on our PFAC
5. Reviewed a nursing care rounds card after nurses perform their rounds to let patients know they checked on them if they were asleep or not there.
6. Communication Boards in patient rooms. PFAC gave their input on what information they would want on this communication board when they are an inpatient or their family member is in the hospital.



7. Provided the idea to have a bench at the entrance of the hospital.

8. Suggestion to have field trips to various departments to see their services
9. Have TV screens marketing the services and promoting them to patients and families throughout the health system
10. PFAC gave input on the EPIC implementation posters and flyers that are going to be posted for patients and families to let them know about new Electronic Medical Record.

<u>2018</u>

1. Having the PFAC work on their own Strategic plan to align with patient experience improvement initiatives for the services we are scoring low in. Reviewing improvements in patient experience for Outpatient and Multispecialty Clinic visits.
2. Currently giving input on behaviors that matter when patients first check in and throughout their visit. Created a map of moments of truth points of contact and what would matter most to our patients.
    a. Welcome immediately with eye contact and acknowledgment
    b. Make everyone feel welcome
    c. Ask “How can I help you?”
    d. Pay attention to me and keep me informed
    e. Remember that people are not at their best, they are scared, anxious and in general don’t want to be here.
    f. Communication is key
    g. Use volunteers to help with wayfinding

AGENDA ITEM COVER SHEET

	ITEM	**Patient Safety Report**
	RESPONSIBLE PARTY	Janet Van Gelder, RN, DNP, CPHQ Director of Quality and Regulations
	ACTION REQUESTED?	For Information Only

BACKGROUND:

The Board of Directors (BOD) of Tahoe Forest Health System (TFHS) has the ultimate responsibility for the quality of care and services provided throughout the system. The BOD assures that a planned and systematic process is in place for measuring, analyzing and improving the quality and safety of the Health System activities.

Quality, grounded in patient safety, is a value and a discipline of knowledge, skills and practices to achieve excellence in products, services and environments based on the requirements, perceptions and future needs of those served. The foundations for quality include evidence-based medicine and practice, relevant and rigorous measurement, teamwork and transparency, detection and reductions of errors and defects, and design of reliable systems of care to prevent harm, eliminate waste and unnecessary complexity in all forms (*Blueprint for Advancing Quality & Patient Safety in California,* Hospital Quality Institute, May 2014).

Patient safety is the cornerstone of high-quality health care. Much of the work defining patient safety and practices that prevent harm have focused on negative outcomes of care, such as mortality and morbidity. Over the past few years, there has been movement toward prevention and mitigation activities, as well as looking at possible areas of risk and opportunities for process improvement rather than simply looking at errors. The National Quality Forum-endorsed Safe Practices cover a range of practices that, if utilized, would reduce the risk of harm in certain processes, systems or environments of care. There are practices aimed at: leadership and teamwork; preventing illness and infections; creating and sustaining a culture of safety; matching care needs to service capability, improving information transfer and communication; improving medication management; healthcare associated infections; and specific care processes.

SUMMARY/OBJECTIVES:

Training and education are essential to promote a culture of quality and safety within the Tahoe Forest Health System. All employees and Medical Staff receive education about patient safety upon initial orientation. Employees and Medical Staff receive additional annual training on various topics related to patient safety. Community education is also an important part of the Patient Safety plan. This presentation will provide a brief overview of Patient Safety activities at TFHD.

SUGGESTED DISCUSSION POINTS:

None.

SUGGESTED MOTION/ALTERNATIVES:

Not applicable.

LIST OF ATTACHMENTS:

- NQF-34 Presentation to BOD
- NQR-34 Safe Practices Summary Report

Patient Safety Update

Janet Van Gelder, Director, RN, DNP
Director of Quality and Regulations

Patient Safety

- Making care continually safer by reducing harm & preventable death
  - Health system wide safety (community, primary care, hospitals) and the integration of safe care between levels
  - Utilize new methods for leadership to predict and anticipate safety issues; and
  - Assess new measures of harm and means to address them

http://www.ihi.org/Topics/PatientSafety/Pages/Overview.aspx

Quality + Safety

Where quality of care and the safety of our patients guides everything we do.

Patient Safety-Best Practice

- National Quality Forum (NQF) Safe Practices for Better Healthcare
  - Originally published in 2003; updated 2006 & 2009
  - Widely endorsed and implemented
  - Used by Leapfrog, Healthcare Facilities Accreditation Program (HFAP), and Institute for Healthcare Improvement (IHI) to name a few

http://www.qualityforum.org/Home.aspx

NQF - Safe Practices

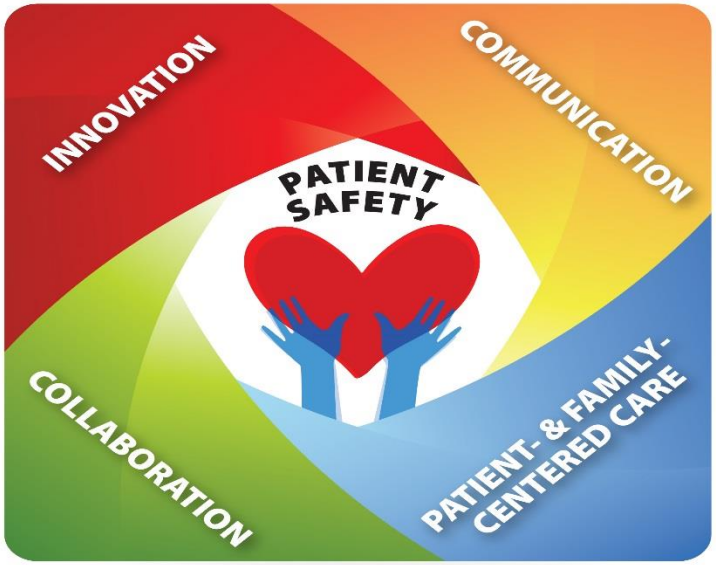
- Organized into seven content areas:
  - Culture of Safety
  - Patient Centered Care
  - Disclosing Errors
  - Communication
  - Managing medications
  - Preventing healthcare-associated infections
  - Engaging patients and families

NQF - Safe Practices

- These focus on practices that:
  - have strong evidence that they are effective in reducing the likelihood of harming a patient;
  - are generalizable (i.e., they may be applied in multiple clinical care settings and/or for multiple types of patients);
  - are likely to have a significant benefit to patient safety if fully implemented; and
  - have knowledge about them that is usable by consumers, purchasers, providers, and researchers

Safe Practice

- Focus on safety
- Policies & procedures
- Staff education at all levels
- Process improvement teams
- Event analysis/case reviews
- Mercy Epic implementation
- Infection prevention practices



Safe Practice

- Error & near miss reporting
- Just Culture
- High Reliability Organization focus
- Quality reporting & benchmarking
- Beta HEART program
  - Disclosure
  - Care for the Caregiver

Questions

National Quality Forum (NQF) Endorsed Set of 34 Safe Practices*

Updated for Tahoe Forest Hospital District 2018

NQF Endorsed Set of Safe Practices		*Summary of Activities 1st half 2018*
1.	**Leadership Structures and Systems** Leadership structures and systems must be established to ensure that there is organization-wide awareness of patient safety performance gaps, direct accountability of leaders for those gaps, and adequate investment in performance improvement abilities, and that actions are taken to ensure safe care of every patient served.	PS/RM Plans approved by BOD in Feb 2018. Quarterly reports to all levels of the organization. Ongoing fiscal and organization support for Beta HEART training/program, High Reliability Organization training (including Just Culture)
2.	**Culture Measurement, Feedback, and Intervention** Healthcare organizations must measure their culture, provide feedback to leadership and staff, and undertake interventions that will reduce patient safety risk.	AHRQ Culture of Safety Survey ongoing work and several actions completed, transitioned to SCORE Survey per Beta HEART agreement; SCORE survey completed in March, results reviewed, and action plans are being developed.
3.	**Teamwork Training and Skill Building** Healthcare organizations must establish a proactive, systematic, organization- wide approach to developing team-based care through teamwork training, skill building, and team-led performance improvement interventions that reduce preventable harm to patients.	Team attended 2 of 3 Beta HEART workshops; customer service training completed in MSC's; Town Hall meetings including teamwork initiatives; communication and teamwork training planned for WFC for this summer
4.	**Identification and Mitigation of Risks and Hazards** Healthcare organizations must systematically identify and mitigate patient safety risks and hazards with an integrated approach in order to continuously reduce preventable patient harm.	Safety surveillance in Quantros with increased rigor in follow-up to events; event analysis & case conference as indicated; summary & action plans reported to departments; Daily Safety Huddles implemented; Alarm system risk assessment completed May 2018 with action plans being developed

*The National Quality Forum: "Safe Practices for Better Healthcare – 2/2013 Update"

National Quality Forum (NQF) Endorsed Set of 34 Safe Practices*

Updated for Tahoe Forest Hospital District 2018

5.	**Informed Consent** Ask each patient or legal surrogate to "teach back," his or her own words, key information about the proposed treatments or procedures for which he or she is being asked to provide informed consent.	Policy & forms revised; staff educated. Consent " Teach back" Initiative pending (continued focus for 2018)
6.	**Life-Sustaining Treatment** Ensure that written documentation of the patient's preferences for life- sustaining treatments is prominently displayed in his or her chart.	Advance Directive and POLST information being scanned into new EHR. Working on linkage with Cancer Center EHR.
7.	**Disclosure** Following serious unanticipated outcomes, including those that are clearly caused by systems failures, the patient and, as appropriate, the family should receive timely, transparent, and clear communication concerning what is known about the event.	Initiated formal Beta HEART program, additional staff and providers attended Beta HEART training. Policy & process in place and team is looking at ways to improve general staff knowledge/ activation of rapid response. Several Disclosures have been completed this year & documented in EHR.
8.	**Care of the Caregiver** Following serious unintentional harm due to systems failures and/or errors that resulted from human performance failures, the involved caregivers (clinical providers, staff, and administrators) should receive timely and systematic care to include: treatment that is just, respect, compassion, supportive medical care, and the opportunity to fully participate in event investigation and risk identification and mitigation activities that will prevent future events.	Policy & process revised. Team training from BETA this past year, and additional training for new team members completed. Beta HEART team meeting monthly to implement improved education/communication about Care for the Caregiver

*The National Quality Forum: "Safe Practices for Better Healthcare – 2/2013 Update"

National Quality Forum (NQF) Endorsed Set of 34 Safe Practices*

Updated for Tahoe Forest Hospital District 2018

9.	**Nursing Workforce** Implement critical components of a well-designed nursing workforce that mutually reinforce patient safeguards, including the following: • A nurse staffing plan with evidence that it is adequately resourced and actively managed and that its effectiveness is regularly evaluated with respect to patient safety. • Senior administrative nursing leaders, such as a Chief Nursing Officer, as part of the hospital senior management team. • Governance boards and senior administrative leaders that take accountability for reducing patient safety risks related to nurse staffing decisions and the provisions of financial resources for nursing services. • Provision of budgetary resources to support nursing staff in the ongoing acquisition and maintenance of professional knowledge and skills.	Nurse Exec Council/HR plan in place with continuous review of staffing needs. IVCH has recently revised some staffing plans
10.	**Direct Caregivers** Ensure that non-nursing direct care staffing levels are adequate, that staff is competent, and that they have had adequate orientation, training, and education to perform their assigned direct care duties.	Nurse Exec Council/HR plan in place with continuous review of staffing needs. IVCH has recently revised some staffing plans
11.	**Intensive Care Unit Care** All patients in general intensive care units (both adult and pediatric) should be managed by physicians who have specific training and certification in critical care medicine.	Policies in place; privileging by Medical Staff Services
12.	**Patient Care Information** Ensure that care information is transmitted and appropriately documented in a timely manner and in a clearly understandable form to patients and to all of the patient's healthcare providers/professional, within and between care settings, who need that information to provide continued care.	Epic implementation completed in Nov 2017. SBAR, CUS & handoff policies & forms in place. Education complete. Ongoing education of these principals in weekly huddles, Pacesetter, Medical Staff meetings

National Quality Forum (NQF) Endorsed Set of 34 Safe Practices*

Updated for Tahoe Forest Hospital District 2018

13.	**<u>Order Read-Back and Abbreviations</u>** Incorporate within your organization a safe, effective communication strategy, structures, and systems to include the following: • For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person who is receiving the information record and "read-back" the complete order or test result. • Standardize a list of "**Do Not Use**" abbreviations, acronyms, symbols, and dose designations that cannot be used throughout the organizations.	Mercy EPIC implementation in late 2017 with policy in place; staff educated. Quality criteria in physicians' contracts.
14.	**<u>Labeling of Diagnostic Studies</u>** Implement standardized policies, processes, and systems to ensure accurate labeling of radiographs, laboratory specimens, or other diagnostic studies, so that the right study is labeled for the right patient at the right time.	Policy DXR-21 & process in place. Some revision to new workflows with re-education of workflows and labeling. Implemented new process for tracking lab specimens from OR. DI/Lab performs monthly quality checks with follow up for non-compliance.
15.	**<u>Discharge Systems</u>** A "discharge plan" must be prepared for each patient at the time of hospital discharge, and a concise discharge summary must be prepared for and relayed to the clinical caregiver accepting responsibility for post-discharge in care in a timely manner. Organizations must ensure that there are confirmations of receipt of the discharge information by the independent licensed practitioner who will assume the responsibility for care after discharge.	Policy & process in place; staff educated. Newly implemented Care Coordination Program with new RN Navigators hired.
16.	**<u>Safe Adoption of Computerized Prescriber Order Entry</u>** Implement a computerized prescriber order entry (CPOE) system built upon the requisite foundation of re-engineered evidence-based care, an assurance of healthcare organization staff and independent practitioner readiness, and an integrated information technology infrastructure.	Epic implementation November 2017. New policy in place for VO/TO. Monitoring compliance and providing feedback through MERP and Med Staff. TO/VO compliance currently ~94-96% (vs national benchmark of 74%)

National Quality Forum (NQF) Endorsed Set of 34 Safe Practices*

Updated for Tahoe Forest Hospital District 2018

17.	**Medication Reconciliation** The healthcare organization must develop, reconcile, and communicate an accurate patient medication list throughout the continuum of care.	New EHR implemented in in late 2017, with training and re-education on Med Rec. Policy, education & audit in place. Current performance in Medication Reconciliation is ~95%
18.	**Pharmacist Leadership Structures and Systems** Pharmacy leaders should have an active role on the administrative leadership team that reflects their authority and accountability for medication management systems performance across the organization.	Quarterly Med Safety & P&T Committee which oversees MERP. Anti-microbial stewardship committee Concerns reported at Daily Safety Huddle
19.	**Hand Hygiene** Comply with current Centers for Disease Control (CDC) and Prevention Hand Hygiene Guidelines, World Health Organization (WHO) Guidelines on Hand Hygiene and Institute for Healthcare Improvement (IHI) – Improving Hand Hygiene – Improving Hand Hygiene.	Policy, staff education, and self-observation and self-reporting in place. Approved & reported to IC Committee.
20.	**Influenza Prevention** Comply with current Centers for Disease Control and Prevention (CDC) recommendations for influenza vaccinations for healthcare personnel and the annual recommendations of the CDC Advisory Committee on Immunization Practices for individual influenza prevention and control.	Policy, staff education, and audit in place. Approved & reported to IC Committee. Continued work by Infection Preventionist on hospital-wide Flu vaccination program and monitoring
21.	**Central Line-Associated Bloodstream Infection Prevention** Take actions to prevent central line-associated bloodstream infection by implementing evidence-based intervention practices.	Policy, staff education, and audit in place. Approved & reported to IC Committee & NHSN
22.	**Surgical-Site Infection Prevention** Take action to prevent surgical-site infections by implementing evidence- based intervention practices.	Policy, staff education, and audit in place. Approved & reported to IC Committee & NHSN.

*The National Quality Forum: "Safe Practices for Better Healthcare – 2/2013 Update"

National Quality Forum (NQF) Endorsed Set of 34 Safe Practices*

Updated for Tahoe Forest Hospital District 2018

23.	**Care of the Ventilated Patient** Take actions to prevent complications associated with ventilated patients: specifically, ventilator-associated pneumonia, venous thromboembolism, peptic ulcer disease, dental complications, and pressure ulcers.	Policy, education, order set & audit in place.
24.	**Multidrug-Resistant Organism Prevention** Implement a systematic multi-drug resistant organism (MDRO) eradication program built upon the fundamental elements of infection control, an evidence-based approach, and a re-engineered identification and care process for those patients with or at risk for MDRO infections. Note: This practice applies to, but is not limited to, epidemiologically important organisms such as methicillin-resistant *Staphylococcus aureus*, vancomycin-resistant *enterococci*, and *Clostridium difficile*. Multidrug- resistant gram-negative bacilli, such as *Enterobacter* species, *Klebsiella* species, *Pseudomonas* species, and *Escherichia coli*, and vancomycin-resistant *Staphylococcus aureus*, should be evaluated for inclusion on a local system level based on	Antibiotic Stewardship program in place. Medical & Clinical staff education. ID MD consultants on staff. Lab & Pharmacy monitoring. Reported to P&T Committee
25.	**Catheter-Associated Urinary Tract Infection Prevention** Take actions to prevent catheter-associated urinary tract infection by implementing evidence-based intervention practices.	Order set, education & monitoring in IC Plan.
26.	**Wrong-Site, Wrong-Procedure, Wrong-Person Surgery Prevention** Implement universal guidelines for preventing surgery on the wrong person or the wrong site or for performing the wrong procedure for all invasive practices.	Policy and checklist, ongoing staff education and auditing of practice.
27.	**Pressure Ulcer Prevention** Take actions to prevent pressure ulcers by implementing evidence-based intervention practices.	Admit assessment monitoring in place. Braden Scale risk score calculated each shift.
28.	**Venous Thromboembolism Prevention** Evaluate each patient upon admission, and regularly thereafter, for the risk of developing venous thromboembolism. Utilize clinically appropriate, evidence-based methods of thromboprophylaxis.	VTE order set; staff education & monitoring. Submit and trend core measure data

*The National Quality Forum: "Safe Practices for Better Healthcare – 2/2013 Update"

National Quality Forum (NQF) Endorsed Set of 34 Safe Practices*

Updated for Tahoe Forest Hospital District 2018

29.	**Anticoagulation Therapy** Organizations should implement practices to prevent patient harm due to anticoagulant therapy.	VTE order set; staff education & monitoring. Submit core measure data
30.	**Contrast Media-Induced Renal Failure Prevention** Utilize validated protocols to evaluate patients who are at risk for contrast media-induced renal failure and gadolinium-associated nephrogenic systemic fibrosis, and utilize a clinically appropriate method for reducing the risk of adverse events based on the patient's risk evaluations.	Policy DXR-07 in place. Staff education complete: core training competency
31.	**Organ Donation** Hospital policies that are consistent with applicable law and regulations should be in place and should address patient and family preferences for organ donation, as well as specify the roles and desired outcomes for every stage of the donation process.	Policy & staff education in place. Included in post-mortem checklist. MS QAC review reports
32.	**Glycemic Control** Take actions to improve glycemic control by implementing evidence-based intervention practices that prevent hypoglycemia and optimize the care of patients with hyperglycemia and diabetes.	New EHR includes diabetic order sets and panels. Staff education
33.	**Fall Prevention** Take actions to prevent patient falls and to reduce fall-related injuries by implementing evidence-based intervention practices.	Policy, Yellow ID plan, nursing assessment in process. Audit and monitoring via Quantros. Initiated report out from IP and ECC in daily safety huddle.
34.	**Pediatric Imaging** When CT imaging studies are undertaken on children, "child-size" techniques should be used to reduce unnecessary exposure to ionizing radiation.	ACR compliant for CT dose reduction. Staff educated re: the exam protocol.

*The National Quality Forum: "Safe Practices for Better Healthcare – 2/2013 Update"

3142 Tiger Run Court ● Suite 113 ● Carlsbad, CA 92010

June 19, 2018

TO: Tahoe Forest Healthcare District (TFHD) Board of Directors

FROM: Karma Bass and Erica Osborne
Via Healthcare Consulting

SUBJECT: Monthly Strategic Planning Project Update

The Tahoe Forest Healthcare District (TFHD) strategic planning process is continuing to move forward. Data collection and analysis for the strategic assessment report has concluded and results were presented at the June 4, 2018 Strategic Assessment Session. During the half-day session, the Strategic Planning Task Force (SPTF) reviewed the results and began the process of identifying and prioritizing the key assumptions/ critical issues facing Tahoe Forest over the next 3 years.

Due to time constraints, the group requested that the CEO, Administrative Council, and Dr. Tom Semrad meet again on July 2, 2018 to formalize the draft list of key priorities and begin to develop the strategic goals and major areas of focus. A list of draft strategic priorities suggested as a strawman by Director Zipkin will be used to inform the July 2, 2018 discussion. The resulting priorities and goals will be included in the draft Strategic Plan Framework to be presented at special TFHD Board of Directors meeting to be held on July 10, 2018 for their review and input. The following are a list of key dates and next steps:

Key dates:

- Administrative Council Session on Key Priorities and Strategic Goals: July 2, 2018, 1:00 – 5:00 pm
- Half-day board review of strategic framework: July 10, 9:00 am – 12:00 pm
- SPTF review of draft plan: (tentative dates) July 30 – Aug 3
- Final SPTF conference call: (tentative dates) August 27 – 31
- Presentation to the full board: Sept 27, 2018

GOVERNANCE COMMITTEE AGENDA

Monday, June 11, 2018 at 12:30 p.m.
Tahoe Conference Room - Tahoe Forest Hospital
10054 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER

2. ROLL CALL
Mary Brown, Chair; Randy Hill, 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: 03/21/2018

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

6.1. Policy Review
Governance Committee will review and discuss the following policies:

- **6.1.1. TFHD Electronic Ticket and Pass Distribution Policy** ..... ATTACHMENT
- **6.1.2. TFHD Electronic Data Retention Policy** ..... ATTACHMENT
- **6.1.3. ABD-12 Guidelines for Business by the TFHD Board of Directors** ..... ATTACHMENT
- **6.1.4. ABD-17 Manner of Governance for the TFHD Board of Directors** ..... ATTACHMENT

6.2. Board Governance

- **6.2.1. First Quarter 2018 Meeting Evaluations** ..... ATTACHMENT
  Governance Committee will review and discuss the results of the first quarter 2018 meeting effectiveness evaluations.
- **6.2.2. Agenda Item Cover Sheet** ..... ATTACHMENT
  Governance Committee will review and discuss a board item cover sheet template.
- **6.2.3. Board Action Plan** ..... ATTACHMENT
  Governance Committee will review and discuss the Board Action Plan.

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.

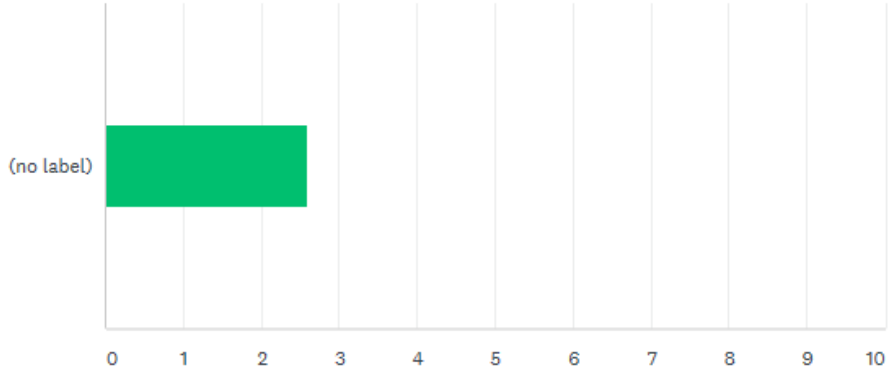
Jan/Feb/Mar 2018 Meeting Evaluation Results

Q1

Customize | Export

Overall, the meeting agendas were clear and included appropriate topics for board consideration.

Answered: 5 Skipped: 0



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(no label)	0.00% 0	0.00% 0	60.00% 3	40.00% 2	0.00% 0	0.00% 0	5	2.60

Comments (1)

RESPONSES (1) TEXT ANALYSIS TAGS (0)

Add Tags Filter by Tag Search responses

Showing **1** response

I believe it will take some time and effort to shift our agendas to include more strategic discussions

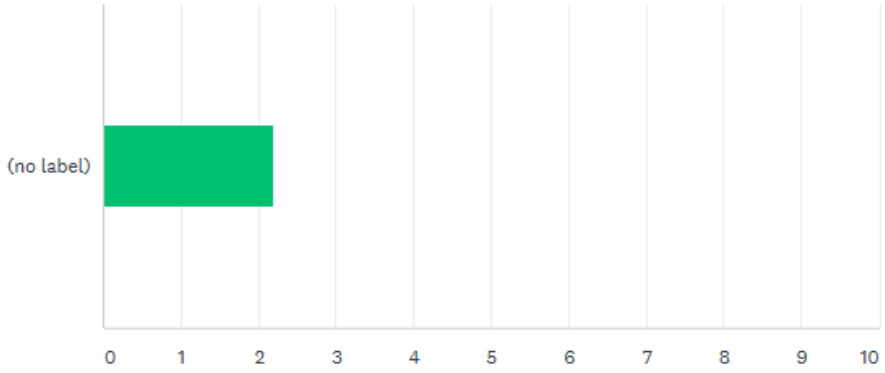
3/28/2018 4:10 PM View respondent's answers

Q2

Customize Export

The board packet & handout materials were at a 'governance level' and an appropriate number of pages.

Answered: 5 Skipped: 0



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(no label)	0.00% 0	0.00% 0	40.00% 2	40.00% 2	20.00% 1	0.00% 0	5	2.20

Comments (3)

RESPONSES (3) TEXT ANALYSIS TAGS (0)

Add Tags Filter by Tag Search responses

Showing 3 responses

You know where this is coming from: Materials are primarily operational in content.

3/31/2018 10:35 AM View respondent's answers

Appreciates when chiefs and directors write a succinct narrative summary explaining all the data they produce on grafts....CFO has been consistently doing it and now Quality is starting.

3/28/2018 5:47 PM View respondent's answers

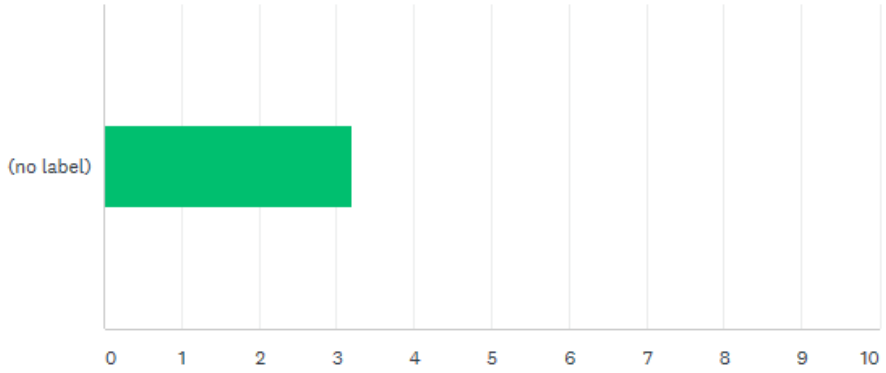
Again, headed in the right direction, but more work to be done with just summary info and less detail

Q3

Customize Export

The board packet was distributed far enough in advance to allow sufficient time to review.

Answered: 5 Skipped: 0



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(no label)	0.00% 0	20.00% 1	80.00% 4	0.00% 0	0.00% 0	0.00% 0	5	3.20

Comments (1)

RESPONSES (1) TEXT ANALYSIS TAGS (0)

Add Tags Filter by Tag Search responses

Showing **1** response

Would prefer getting packet the Friday before the meeting.

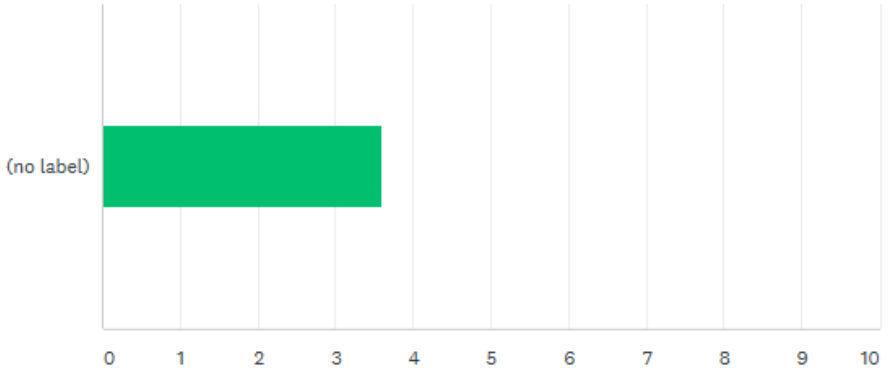
3/28/2018 5:47 PM View respondent's answers

Q4

Customize Export

The board packet & handout materials were easy to access and review.

Answered: 5 Skipped: 0



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(no label)	0.00% 0	60.00% 3	40.00% 2	0.00% 0	0.00% 0	0.00% 0	5	3.60

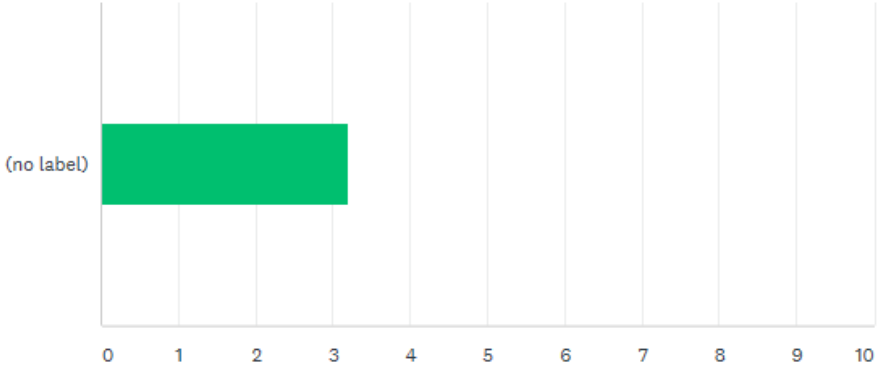
Comments (0)

Q5

Customize Export

There was enough time to discussion at the meetings.

Answered: 5 Skipped: 0



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(no label)	0.00% 0	20.00% 1	80.00% 4	0.00% 0	0.00% 0	0.00% 0	5	3.20

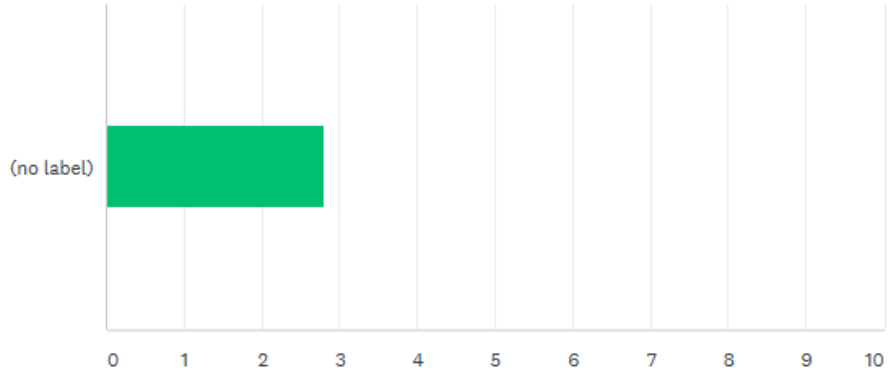
Comments (0)

Q6

Customize Export

The meeting discussions were relevant and productive.

Answered: 5 Skipped: 0



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(no label)	0.00% 0	20.00% 1	40.00% 2	40.00% 2	0.00% 0	0.00% 0	5	2.80

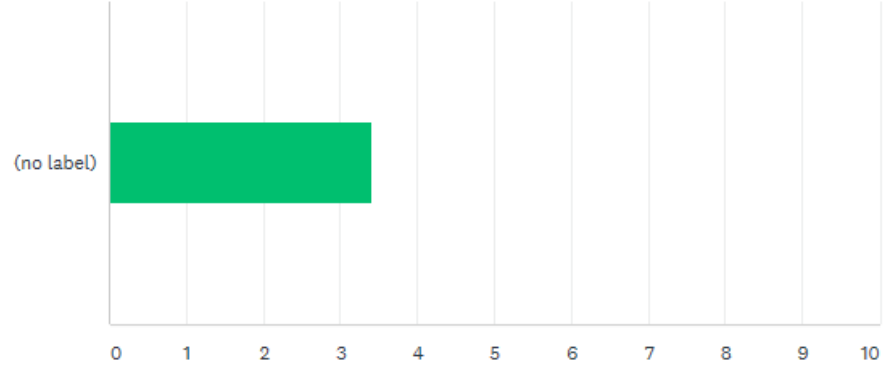
Comments (1)

Q7

Customize Export

Board members were prepared and involved.

Answered: 5 Skipped: 0



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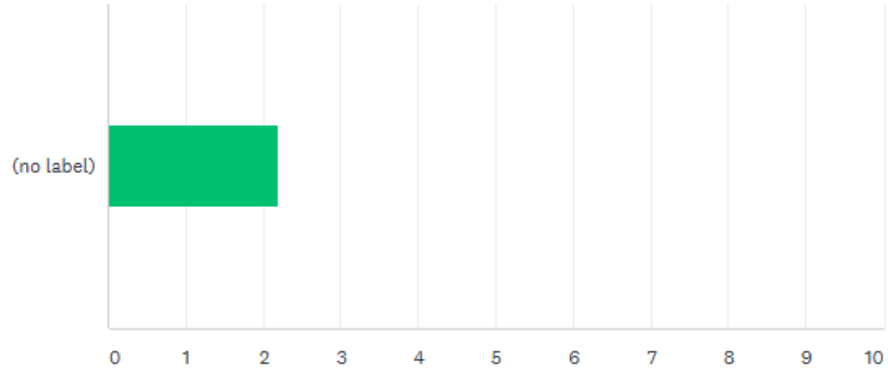
Comments (0)

Q8

Customize Export

Board focused on issues of quality, strategy and policy.

Answered: 5 Skipped: 0



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(no label)	0.00% 0	0.00% 0	40.00% 2	40.00% 2	20.00% 1	0.00% 0	5	2.20

Comments (2)

RESPONSES (2) TEXT ANALYSIS TAGS (0)

Add Tags Filter by Tag Search responses

Showing **2** responses

But we are evolving.

3/31/2018 10:35 AM View respondent's answers

The Board as a whole has shown improvement and desire to do so.

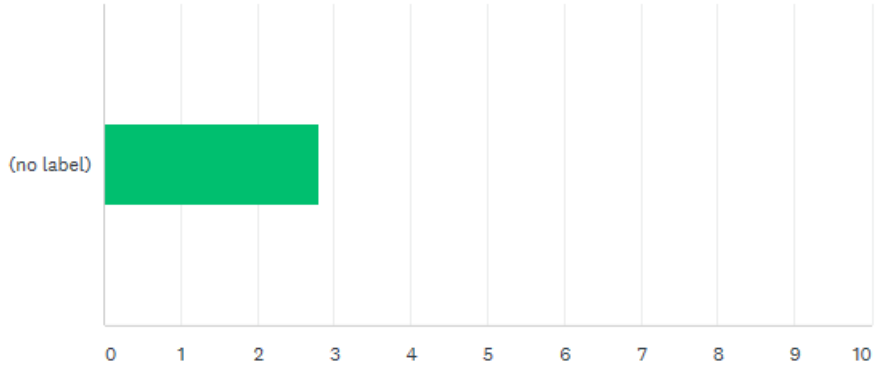
3/28/2018 5:47 PM View respondent's answers

Q9

Customize Export

Objectives for meetings were accomplished.

Answered: 5 Skipped: 0



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(no label)	0.00% 0	20.00% 1	60.00% 3	0.00% 0	20.00% 1	0.00% 0	5	2.80

Comments (1)

RESPONSES (1) TEXT ANALYSIS TAGS (0)

Add Tags Filter by Tag Search responses

Showing **1** response

As appropriate for the agendas presented.

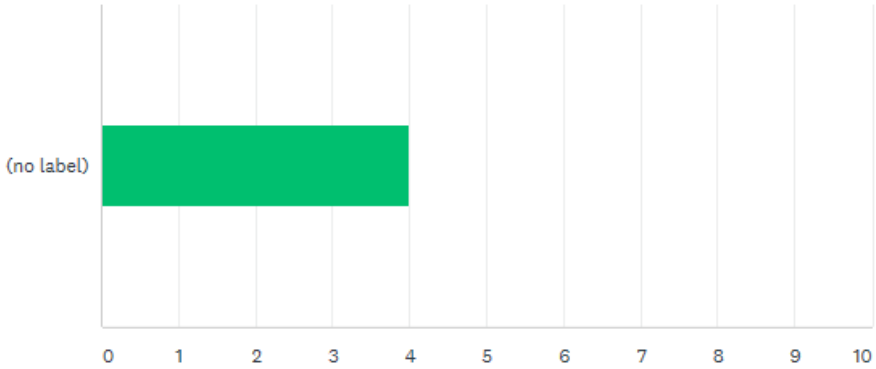
3/28/2018 4:10 PM View respondent's answers

Q10

Customize Export

Meetings ran on time.

Answered: 5 Skipped: 0



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Comments (1)

RESPONSES (1) TEXT ANALYSIS TAGS (0)

Add Tags Filter by Tag Search responses

Showing **1** response

Dr. Zipkin during his tenure as Board Chair kept the meeting moving and now Dale Chamblin is developing his leadership to do so and keeping the meeting productive.

3/28/2018 5:47 PM View respondent's answers