



TAHOE FOREST HOSPITAL DISTRICT

2015-10-21 Board Governance Committee

Oct 21, 2015 at 03:00 PM - 05:00 PM

Human Resources Conference Room

,

2015-10-21 Board Governance Committee

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GOVERNANCE COMMITTEE AGENDA

Wednesday, October 21, 2015 at 3:00 p.m.

Human Resources Conference Room - Tahoe Forest Human Resources Building
10024 Pine Ave, Truckee, CA.

1. **CALL TO ORDER**

2. **ROLL CALL**

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

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

4. **INPUT – AUDIENCE**

5. **APPROVAL OF MINUTES OF: 09/11/2015**

6. **CLOSED SESSION**

6.1. **Approval of Closed Session Minutes: 09/11/2015**

6.2. **Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2)): Exposure to Litigation (Number of Potential Cases: 2)**

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

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

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

7.1. **Q3 Compliance Report** ATTACHMENT

The Fox Group will present the 3rd Quarter Compliance Report.

7.2. **Policies** ATTACHMENT

Committee will review the proposed project plan for completion of annual review of board policies and discuss potential updates to various policies.

7.2.1. ABD-02 TFHD Chief Executive Compensation

7.2.2. ABD-10 Emergency On Call Policy

7.2.3. ABD-19 Board Orientation and Continuing Education

7.3. **Contracts** ATTACHMENTS

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

7.3.1. California_Emergency_Physicians_Medical_Group_Emergency_Department_Agreement

2013

7.3.2. North_Tahoe_Anesthesia_Group_Agreement_for_Exclusive_Provision_of_Anesthesia_and_Related_Services_2015

7.3.3. Kitts_Amendment_to_Agreement_to_Provide_Coverage_of_Emergency_Department_Professional_Services_2011

7.3.4. Coll_TFHD_MDA_for_Strategic_Planning_and_Innovation_2016

7.4. Open Session and Closed Session Minutes Format

Committee will discuss feedback on current open session action minutes format and proposed action minutes for regular meeting closed sessions.

8. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

9. NEXT MEETING DATE

10. ADJOURN

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

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

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



GOVERNANCE COMMITTEE

DRAFT MINUTES

Friday, September 11, 2015 at 12:00 p.m.
Foundation Conference Room - Tahoe Forest Health System Foundation
10976 Donner Pass Rd, Truckee, CA.

1. **CALL TO ORDER**

Meeting called to order at 12:01 p.m.

2. **ROLL CALL**

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

Staff: Jake Dorst, interim CEO/CIO; Carl Blumberg, Risk and Patient Safety Manager; Stephanie Hanson, Compliance Coordinator; Ted Owens, Director of Community Development; Martina Rochefort, Clerk of the Board

Other: Michael Colantuono, acting General Counsel participated via phone; Jim Hook, The Fox Group participated via phone

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

None.

4. **INPUT – AUDIENCE**

None.

5. **APPROVAL OF MINUTES OF: 08/12/2015**

Recommendation made by Director Jellinek, seconded by Director Sessler, to approve minutes of August 12, 2015. Approved unanimously.

Open session recessed at 12:03 p.m.

6. **CLOSED SESSION**

6.1. Approval of Closed Session Minutes: 08/12/15

6.2. Conference with Legal Counsel; Initiation of Litigation (Gov. Code § 54956.9(d)(4)): Exposure to Litigation (Number of Potential Cases: 1)

Discussion was held on a privileged matter.

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

Open Session reconvened at 12:16 p.m.

7.1. Policies

The Committee reviewed the following policies as part of their annual review.

7.1.1. AGOV-xx Physician Non-Monetary Compensation Policy

Board had previously approved policy. OIG produces new updated amount that hospital can provide in Physician Non-Monetary Compensation Policy which has increased to \$392 for 2015 calendar year. \$33 or less per year for incidental benefits. Exhibit has been added on advertising.

AGOV-xx, Section 1.4.2: How is value of on-campus CME event determined? Value is total cost incurred by district to host CME event, divided per doctor invited for the event.

AGOV-xx, Section 2.2.3: Does this allow us take doctors not on governing board? Reference to 2.2.5 allows for “necessary expenses directly related to a TFHD business activity such as education service, meeting, activity, and site visit, etc.”

AGOV-xx, Exhibit A – Discussion took place on recent advertising such as total joint program, orthopedic, etc. Advertisement cannot encourage people to call a direct phone number of a specific doctor.

Director Jellinek inquired about whether a link to MSC on the website was in compliance. Discussion took place on MSC website link. Per Exhibit A, Section 8, TFHD is allowed to list a directory on website. TFHD encourages staff to give all information when callers inquire.

Recommendation by Director Jellinek, seconded by Sessler to bring AGOV-xx Physician Non-Monetary Compensation Policy to full Board.

Topic benefits committee to bring to October or November Governance meeting for 20-30 min time range. Something that helps committee be better prepared in compliance realm.

Jim Hook signed off from conference line at 12:36pm.

1.1.1. ABD-3 Board Compensation and Reimbursement

Director of Community Development’s recommended changes are as follows:

ABD-3, Page 1, Section 3.0: Strike “including appropriate discounts, which this coverage”.

ABD-3, Page 2, Section 3.0: Strike entire paragraph.

ABD-3, Page 2, Section 4.0: Change title to “Board of Directors Travel and Expense Allowance”

ABD-3, Page 2, Section 5.0: Move paragraph to 4.0 on page 1.

Policy goes to legal counsel then comes back to Governance Committee and then on to the full Board.

1.1.2. ABD-04 Board of Director’s Qualifications

ABD – 04, Section 1.0: Sections 1.0 and 2.0 can be combined to read “Must be a registered voter and reside in the District”

ABD – 04, Section 3.3: Ambiguous paragraph. District counsel to review.

ABD – 04, Section 3.5: Redundant of 3.1. District counsel to review.

ABD – 04, Section 4.2: Change “same area” to “district boundaries”. District counsel to review.

ABD – 04, Section 4.3: Change “same area” to “district boundaries.” District counsel to review.

ABD – 04, Section 4.7: Non-enforceable policy. Statement “shall disclose on the ballot his or her occupation and place of employment” cannot be enforced. Cut and paste from Health and Safety Code. District counsel to review. Request to make compliant with election code.

ABD – 04, Section 6.2-7.0: District counsel to review sections in their entirety.

1.1.3. ABD-10 Emergency On Call Policy

Does this remain board policy? History of this policy was stating to staff this was the direction the Board was taking.

ABD-10, Sections 6.0 and 9.0: Remove sections from policy. Clarify definitions of “level of on call services available”, “Employee satisfaction” and “effectiveness”. Revise policy. Staff to bring recommendation and bring to Governance Committee next month.

Director Jellinek departed the meeting 1:15 p.m.

Director Jellinek returned to the meeting 1:16 p.m.

1.1.4. ABD-12 Guidelines for the Conduct of Business by the TFHD Board of Directors

Committee reviewed changes to ABD-12 policy.

ABD-12, Section 2.6.6: Does not make sense. District counsel to review.

ABD-12, Section 6.2: Add “when digital file already exists” to second sentence. Language should be added regarding charging when creating a digital file that does not previously exist.

ABD-12, Section 8.1.2: Need to create a form for the public to request items on Board agenda. Board policy should be that items added to agenda must be under Board’s jurisdiction.

ABD-12, Section 8.2: Reference form from Section 8.1.2.

ABD-12, Section 8.3: Change “will” to “may” or “generally follow”.

ABD-12, Section 8.4: Change “timed item” to “time certain”.

Next step will be for District counsel to review entire policy.

1.1.5. ABD-13 Innovation Policy

Committee discussed ABD-13 and feels this policy can be eliminated. Committee would like an executive summary from staff that policy be deleted and why for the next board meeting.

1.1.6. ABD-16 Malpractice Policy

Committee inquired if this policy existed elsewhere. Discussion took place that ABD-16 was covered in

Medical Staff bylaws. Committee feels it can be removed from board policy because it lives elsewhere.

1.2. Board Education Program

Jumped to discussion on Item 7.3

Discussion took place about board members and possibly some medical staff and administration staff attending an Estes Park Conference at La Quinta in March 2016. Conference alternatives to be brought to full board for review.

Staff has been directed to provide education to the board for the next three months about hospital out migration.

1.3. Retreat Planning

The Committee discussed the upcoming follow-up retreat on October 6, 2015.

Director of Community Development indicated facilitator Lisa Toutant of elite will be reaching out to all Board Members. Director Sessler requested Lisa send the checkups to each board member prior to her call.

The retreat will begin with a presentation from Brian Jensen of California Hospital Council on what is occurring with other district hospitals and end with a presentation from acting general counsel, Michael Colantuono, on ethics, board development, and running meetings.

Director of Community Development recommended a component on order and decorum be determined and a large portion of January retreat take place on this topic.

8. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

Update on Excellence in Governance information

Update dashboard on 2015 Policy and Procedure Annual Review

Review policies ABD-17-19, 22, compliance education.

Possibly of ABD-7 if counsel has reviewed.

9. NEXT MEETING DATE

The next Governance Committee meeting is tentatively scheduled for October 14, 2015 at 12:00 p.m.

10. ADJOURN

Meeting adjourned at 1:58 p.m.



Board Informational Report

By: Jim Hook
Corporate Compliance
Consultant, The Fox Group

DATE: October 14, 2015

ISSUE:

2015 Compliance Program 3rd Quarter Report (Open Session)

The Compliance Committee is providing the Board of Directors with a report of the 3rd Quarter 2015 Corporate Compliance Program activities.

BACKGROUND:

The Board of Directors has overall responsibility for the TFHD Corporate Compliance Program. This report facilitates the Board's monitoring and oversight of the Corporate Compliance Program, according to the seven components of the Compliance Program.

2015 Corporate Compliance Program Annual Report

OPEN SESSION

Period Covered by Report: **July 1 –September 30, 2015**

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

1. Written Policies and Procedures

1.1. The District's Corporate Compliance Policies and Procedures are reviewed and updated as needed. Policies have been adopted, revised, or are in development to meet regulatory changes or in response to compliance activities. The following policies were reviewed by the Compliance Department with recommendations to the Board of Directors:

1.1.1. Physician Non-Monetary Compensation #AGOV1502

2. Compliance Oversight / Designation of Compliance Individuals

2.1. Corporate Compliance Committee:

2.1.1. Stephanie Hanson, RN, title changed to "Compliance Analyst".

3. Education & Training

3.1. New employee orientation training in Health Stream was updated based on recommendations from the Compliance Consultants.

3.2. All new employees are educated during orientation.

3.3. "Compliance Corner" continues in the monthly employee newsletter providing ongoing compliance education for staff.

4. Effective Lines of Communication/Reporting

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

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

4.1.2. Six reports were made directly to the Compliance Department for the 3rd quarter.

4.2. HIPAA violations are reported to the Privacy Officer. Privacy Officer maintains a log of reported events.

5. Enforcing Standards through well-publicized Disciplinary Guidelines

5.1. Ninety-three percent (93%) of Orientation and Health Stream annual training modules were completed for eligible employees in the 3rd quarter.

5.2. All new staff hires, and newly privileged physicians, receive criminal background checks and are checked against the OIG and GSA list of exclusions. All vendors are checked using the vendor credentialing program annually, and ongoing monitoring continues at various intervals.



OPEN SESSION

6. Auditing & Monitoring

- 6.1. Two audits were started during the 3rd quarter as part of the 2015 corporate compliance work plan.
- 6.1.1. An audit of compliance with the two-midnight rules. This audit was comprised of reviewing 50 inpatient charts for July 2015 for documentation to meet the two midnight rule, authentication of the orders, and review of one day inpatient stays that meet the Medicare one day inpatient exception. Compliance results were 98%. One chart fell out for early discharge due to insufficient documentation of improvement. The case managers will continue to work with the physicians on documentation for these special situations. A second audit was performed on 4 patients, for July 2015, who were placed in observation for two days, to see if they should have been placed in the hospital as an inpatient per the two midnight rule. The audit showed that the patients were appropriate for an outpatient observation admission.
- 6.1.2. A test of the IT Business Continuity and Disaster Recovery Plan was conducted. It revealed that more/faster memory hardware is required to meet the HIPAA standard for recovery of electronic health records within the prescribed 4 hour period. The new hardware should reduce recovery time to 1 minute or less.

7. Responding to Detected Offenses & Corrective Action Initiatives

- 7.1. Investigations of suspected and actual breach incidents were initiated. Several investigations revealed no violations. Remediation measures including, additional staff training and updated policies and procedures, were implemented to prevent further violations.

	Tahoe Forest Health System				
	Title: TFHD Chief Executive Officer Compensation		Policy/Procedure #: ABD-2		
	Responsible Department: Board of Directors				
Type of policy		Original Date:	Reviewed Dates:	Revision Dates:	
<input checked="" type="checkbox"/>	Board	6/00	3/08; 1/10; 1/14		
<input type="checkbox"/>	Medical Staff				
<input type="checkbox"/>	Departmental				
Applies to: <input checked="" type="checkbox"/> System <input type="checkbox"/> Tahoe Forest Hospital <input type="checkbox"/> Incline Village Community Hospital					

POLICY:

Tahoe Forest Hospital District Chief Executive Officer Compensation

PROCEDURE:

1.0 **Policy Statement**

Tahoe Forest Hospital District wants to ensure that the Chief Executive Officers compensation decisions are competitive, fair and equitable as well as compliant with appropriate regulatory guidelines and representative of best market practices. Compensation philosophy for all executives will tie to an overall organizational philosophy.

2.0 **Guiding Principles**

The Board of Directors of the Tahoe Forest Hospital District recognizes that if we are to achieve our goal to be the Best mountain community health care system in the country that we must attract and retain exceptional leaders. As elected trustees we also have the duty to appropriately care for the resources of the Tahoe Forest Hospital District on behalf of the community. It is the responsibility of the Board Personnel Committee to review executive compensation and to manage the Chief Executive Officer contract renewal process. The Board Personnel Committee is composed of two board members and is appointed annually by the Board President. An effort will be made to have the most independent Board Members serve on this committee during the Chief Executive Officer contract renewal process. In accordance with the California Brown Act, debate and decisions on executive compensation will be held in open and public meetings.

3.0 **Total Compensation**

Total compensation for the Chief Executive Officer position with TFHD may include:

- 3.1 Personal leave
- 3.2 Long Term Sick Leave
- 3.3 \$500,000 life insurance benefit
- 3.4 Automobile allowance
- 3.5 Housing assistance
- 3.6 Health, dental and vision insurance
- 3.7 Long Term Disability policy

- 3.8 Participation in Money Purchase Pension Plan
- 3.9 Employer match into 457 Deferred Compensation Plan
- 3.10 Discretionary deferred compensation
- 3.11 Incentive Compensation Plan
- 3.12 Severance agreement

4.0 **Markets**

- 4.1 The Personnel Committee will review survey data from various sources including, but not limited to, the California Hospital Association Executive Compensation Survey and other targeted data. Reviews will take place one year prior to the contract expiration date of standing Chief Executive Officer and as needed for recruitment.
- 4.2 Survey comparisons will be to like size healthcare systems. Review of stand alone facilities and healthcare systems will include the size of the organization, scope of services offered, gross/net revenue, operating expenses, number of FTE's, number of beds and scope of responsibility (e.g. Bi-state organizations, Multi-specialty Clinic services) and other applicable information.



5.0 **Target**

- 5.1 The 50th percentile of current pay practices will be targeted to establish base compensation. "At Risk" compensation and other rewards will be targeted at above industry standards to off set base pay at the 50th percentile. It is our intention to provide total compensation comparable to industry standards with a focus on mountain community healthcare systems. Due to the housing market forces in our area, additional housing related benefits may be included in a total compensation package. These benefits may be more generous than industry standards due to local market and housing conditions.
- 5.2 The Board maintains the discretion to pay base compensation in excess of the 50th percentile based on other factors such as experience and results and to pay total compensation up to the 100th percentile based on extraordinary results.

6.0 **Other factors**

- 6.1 Other factors such as competitive market forces, each individual's job responsibilities are also considered in TFHD compensation and benefit decisions. These include:
- 6.2 Organizational complexity (the number and variety of services and/or organizational units).
- 6.3 Current and future management challenges (such as bankruptcies, major financing, construction projects, consolidations, increased competition, etc.).
- 6.4 The availability or lack of availability of staff experts.
- 6.5 The depth and breadth of the executive's knowledge and experience.
- 6.6 The rate of organizational growth.
- 6.7 The executive's value in the labor market as reflected, in part, by his salary history elsewhere.
- 6.8 The hospital's prior success in recruiting and retaining competent executive personnel.
- 6.9 Fees charged for comparable services by recognized hospital management companies.

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

		Tahoe Forest Health System		
		Title: Emergency On-Call Policy		Policy/Procedure #: ABD-10
		Responsible Department: Board of Directors		
Type of policy	Original Date:	Reviewed Dates:	Revision Dates:	
<input checked="" type="checkbox"/> Board	4/01	1/14	3/08; 2/10; 01/12	
<input type="checkbox"/> Medical Staff			10/15	
<input type="checkbox"/> Departmental				
Applies to: <input checked="" type="checkbox"/> System <input type="checkbox"/> Tahoe Forest Hospital <input type="checkbox"/> Incline Village Community Hospital				

PURPOSE:

Tahoe Forest Hospital Districts has an ethical, moral, ~~s and~~ social, and legal responsibility to ~~serve provide screening examination and care to patients presenting to its facilities with emergency conditions~~ patients. The Board understands, ~~based on the Emergency Medical Treatment and Active Labor Act ("EMTALA - EMTALA" or "Act"), and federal and state regulations, and CMS regulations that, that federal law requires~~ hospitals with a dedicated emergency department to maintain a list of physicians who are on call to come to the hospital and provide treatment as necessary to stabilize an individual with an emergency medical condition, within the capabilities of the District. ~~to provide on-call physicians in appropriate specialties.~~

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POLICY:

- 1.0 Patients who present to the Tahoe Forest Hospital District facilities ~~requesting emergency care~~ are entitled to a "Medical Screening Examination" as described in the ~~Act, timely, quality emergency consultative services~~ regardless of their ability to pay.
- 2.0 The District's Board of Directors, Administration and Medical Staff leadership will work collaboratively to determine the District's capabilities for providing 24-hour emergency health care.
- 3.0 Tahoe Forest Hospital District operates Tahoe Forest Hospital and Incline Village Community Hospital.
 - 3.1 Tahoe Forest Hospital (TFH), a Critical Access Hospital ~~that~~ has been ~~licensed~~ designated by the State of California ~~asto~~ providing ~~ing~~ "Basic" Emergency ~~services~~ Services. ~~TFH and will provide on-call physician coverage in the Emergency Department for the basic services required for licensure and for supplemental services listed on the hospital license; will provide 24-hour physician coverage for emergency consultation and services for these specialties to the best of our capabilities:~~
 - 3.1.1 Emergency Medicine
 - 3.1.2 General Medicine
 - 3.1.3 General Surgery

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- 3.1.4 Radiology
- 3.1.5 Anesthesia
- 3.1.6 Pathology
- 3.1.7 OB/Gyn
- 3.1.8 Pediatrics
- 3.1.9 Orthopedics
- ~~3.1.10 Ophthalmology~~
- ~~3.1.11 Gastrointestinal (GI)~~
- 3.2 Incline Village Community Hospital, ~~Incline in Incline~~ Village, Nevada will provide 24-hour physician coverage for Emergency ~~and~~ Medicine Services.
- 3.3 ~~TFH Other specialties will may~~ provide ~~specialty on-call coverage activation coverage~~ for emergency consultations and services according to the capabilities of ~~members of the medical staff who have privileges in~~ that specialty.
- 4.0 The Chief Executive Officer will work with the Medical Staff to provide emergency consultative coverage that meets federal and state laws, ~~our~~ licensing requirements and the needs of ~~the our~~ community. To achieve these goals, the Chief Executive Officer may utilize, but not be limited to:
 - 4.1 Stipends for call coverage
 - 4.2 Contracts for professional services
 - 4.3 Locum tenens privileges
 - 4.4 Transfer agreements with other healthcare facilities
- 5.0 At least annually, Tahoe Forest Hospital District Board of Directors will review and approve the level of emergency on-call services available. We will utilize the hospital's quality assurance system to monitor emergency on-call practices.
- 6.0 In order to provide this coverage, every effort will be made to create a system that is voluntary, fair and equitable without imposing an undue burden on physicians or on the Tahoe Forest Hospital District. Collaboration with current members of the Tahoe Forest Hospital District's Medical Staff will be the preferred method for providing these services, with recruitment of new physicians as needed.
- 7.0 Physicians who seek charity care fund reimbursement at Medicare rates for emergency services provided in the hospital to indigent patients, should refer to Financial Assistance Program Full Charity Care And ~~DiscounDiscount #Partialpartial~~ Charity Care (ABD-09) for guidance and distribution criteria. Tahoe Forest Hospital District will keep abreast of other funds, state or otherwise, that might be available for the purpose of providing payment to physicians who treat the under/~~un~~-insured population.
- ~~8.0 We will utilize the hospital's quality assurance system to monitor emergency on-call practices with annual reports to the Board of Directors on the actual call coverage, effectiveness of these practices, as well as physician, patient and employee satisfaction.~~
- ~~9.08.0~~ A roster and procedure are in place to address the provision of specialty medical care when services are needed which are outside the capabilities of the Tahoe Forest Hospital District and its Medical Staff.

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

		Tahoe Forest Health System			
		Title: Orientation And Continuing Education		Policy/Procedure #: ABD-19	
		Responsible Department: Administration			
Type of policy		Original Date:	Reviewed Dates:	Revision Dates:	
<input checked="" type="checkbox"/>	Board	8/90	3/08; 01/12; 1/14	1/10	
<input type="checkbox"/>	Medical Staff				
<input type="checkbox"/>	Departmental				
Applies to: <input checked="" type="checkbox"/> System <input type="checkbox"/> Tahoe Forest Hospital <input type="checkbox"/> Incline Village Community Hospital					

POLICY:

It is the policy of the Board of Directors of Tahoe Forest Hospital District to provide for the continuing education of all Board Members. It is also the policy to ensure that all new Board Members are appropriately oriented concerning the hospital’s mission, organization, scope of services, long range plans, legal responsibilities, quality assurance program and the governing board and medical staff bylaws of the hospital.

PROCEDURE:

- 1.0 In carrying out the above policy concerning orientation of new Board Members, the following materials and information will be provided: An orientation to the physical plant of Districts’ facilities. This will be conducted by the Chief Executive Officer or designees.
 - 1.1 Orientation materials will include a copy of the Mission Statement, Organizational Chart, Business Goals and Objectives/Strategic Plan, QA Plan, Guidelines for the Conduct of Business Policy, and other information pertinent to the role and responsibilities of the new Board Member. An overview of these documents discussing their importance, legal implications and relevance will be provided as well by the Chief Executive Officer. An additional manual will be made which will contain the Tahoe Forest Hospital District, Medical Staff and Auxiliary Bylaws, and the policies of the Board of Directors.
 - 1.2 A copy of the District’s operating and capital expenditure plan for the current fiscal year for review with the Chief Executive Officer.
 - 1.3 Scheduling for attendance at the next convenient Governance educational event.
 - 1.4 A copy of the current Quality Improvement Program of the District.
 - 1.5 The District has implemented a [Board Portal](#) to help board members organize and streamline the governance process, and to support best practices. The Portal contains:
 - 1.5.1 Board Meeting Books and the Board Manual;
 - 1.5.2 Committee Workrooms

- 1.5.3 Calendar
- 1.5.4 Directory; and
- 1.5.5 A Resource Library (including, but not limited to, relevant journals, texts and conference materials).

Access to the Portal is maintained by the Executive Assistant who assigns access permissions.

- 1.6 The District's Conflict Of Interest Code and Statement Of Economic Interest.
- 1.7 A meeting with the District's legal counsel. The purpose of this meeting will be to review in greater detail various aspects of hospital law that impact upon governing board members, including The Brown Act.
- 1.8 The standard agenda format for governing board meetings.
- 1.9 The District's most recently completed financial audit, as well as the current financial report on District's operations.
- 1.10 The system facility master plan.
- 1.11 The District's Foundations' Mission Statements.

2.0 **Documentation Updates**

- 2.1 Orientation/Board Reference Manual binders will be periodically updated and maintained.

3.0 **Procedure For Providing Continuing Education**

- 3.1 In carrying out the Board of Director's policy concerning continuing education, the following procedures will be offered:
- 3.2 Board Members are expected to expand their knowledge of District governance and key healthcare issues. Attendance at a relevant program at least annually will be encouraged. To ensure financial resources are spent in alignment with the Mission, Vision and Strategic Plan of the District, the Chief Executive Officer will apprise Board Members of educational opportunities as they arise.
- 3.3 As necessary, relevant in-service educational programs will be conducted in conjunction with the Board meeting scheduled for that month. The subjects that will be covered during this in-service will relate to various medico-administrative issues, new technology, quality assurance, Board Member responsibilities, etc.
- 3.4 All reasonable expenses arising out of the continuing education and orientation activities required by this policy will be reimbursed using the procedures as outlined in the Board of Directors policy entitled [Board of Directors Compensation and Reimbursement](#) ABD-3.

4.0 **Documentation Procedure**

- 4.1 In carrying out the governing board's policy concerning orientation and continuing education, the following documents will be maintained:
 - 4.1.1 A checklist documenting adherence to the governing board's policy on orientation will be maintained for each Board Member.

- 4.1.2 A file documenting formal continuing education attendance at the governing board level will also be maintained.
- 4.1.3 Upon completion of a Board Member's attendance at a seminar/course/workshop, the Board Member shall deliver an oral or written report to the Board as a whole so as to allow others to gain from the attendee's experience.

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

7.3 Contracts

Contracts redacted.

Available for public viewing via a Public Records Request.