



TAHOE FOREST HOSPITAL DISTRICT

2017-09-28 Regular Meeting of the Board of Directors

Thursday, September 28, 2017 at 4:00 p.m.

Tahoe Truckee Unified School District (TTUSD)

11603 Donner Pass Road, Truckee, CA 96161

Meeting Book - 2017-09-28 Regular Meeting of the Board of Directors

9/28/17 Agenda Packet Contents

AGENDA

2017-09-28 Regular Board Meeting_FINAL Agenda.pdf Page 4

ITEMS 1 - 11 See Agenda

12. ACKNOWLEDGMENTS

12.1. September 2017 Employee of the Month.pdf Page 8

12.2. Tahoe Forest Health System Best Of Winners.pdf Page 9

12.3. Beckers Critical Access Hospital CEOs to Know.pdf Page 10

12.4. National Physician Assistant (PA) Week is October 6-12.pdf Page 12

13. MEDICAL STAFF EXECUTIVE COMMITTEE

13.1. Medical Staff Executive Committee.pdf Page 13

14. CONSENT CALENDAR

14.1. Approval of Meeting Minutes

2017-08-24 Regular Meeting of the Board of Directors_DRAFT Minutes.pdf Page 18

14.2. Financial Report

14.2.1. Financial Report - Preliminary August 2017.pdf Page 22

14.3. Contracts

14.3.1. Steven Thompson - Professional Services Agreement.pdf Page 27

14.3.2. Shawni Coll - Professional Services Agreement.pdf Page 58

14.3.3. Cara Streit - Professional Services Agreement.pdf Page 90

14.3.4. Cara Streit - Physician Recruitment Agreement.pdf Page 120

14.4. Informational Reports

14.4.1. COO Board Report - September 2017.pdf Page 139

14.4.2. CNO Board Report - September 2017.pdf Page 140

14.4.3. CMO Board Report - September 2017.pdf Page 141

15. ITEMS FOR BOARD ACTION

15.2. and 15.3. Executive Summary.pdf Page 142

15.2. Resolution 2017-05 UPCCAA.pdf Page 149

15.3. Resolution 2017-06 adopting CAPP policy.pdf Page 151

15.4. Draft FY18 CEO Incentive Compensation Criteria.pdf Page 157

16. ITEMS FOR BOARD DISCUSSION

16.1.1.CIIO Epic Board Presentation.pdf

Page 158

16.3. CEO Board Report - September 2017.pdf

Page 173

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

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

18.1. 2017-09-18 Board Governance Committee_FINAL Agenda.pdf

Page 175

18.2. 2017-09-19 Board Quality Committee_Agenda.pdf

Page 176

18.3. 2017-09-25 Board Finance Committee_Agenda.pdf

Page 178

ITEMS 19 - 24: See Agenda

25. ADJOURN



REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, September 28, 2017 at 4:00 p.m.

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

1. **CALL TO ORDER**
2. **ROLL CALL**
3. **CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**

4. **INPUT AUDIENCE**

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

5. **CLOSED SESSION**

5.1. **Hearing (Health & Safety Code § 32155)**

*Subject Matter: Second Quarter 2017 Quality Dashboard – Closed Session
Number of items: One (1)*

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

*Proposed New Program and Service: Four (4) items
Estimated date of public disclosure: 12/31/2017*

5.3. **TIMED ITEM – 4:45 PM - Conference with Legal Counsel; Existing Litigation (Gov. Code § 54956.9(d)(1))**

The District Board finds, based on advice from legal counsel, that discussion in open session will prejudice the position of the local agency in the litigation.

Case Name Unspecified: Case name would jeopardize service of process or settlement negotiations.

5.4. **Conference with Labor Negotiator (Government Code § 54957.6)**

*Name of District Negotiator(s) to Attend Closed Session: Alex MacLennan and Richard Rybicki
Employee Organization(s): Employees Association and Employees Association of Professionals*

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

Title: Chief Executive Officer

5.6. **Approval of Closed Session Minutes** ◆

08/24/2017

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

Subject Matter: Medical Staff Credentials

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
September 28, 2017 AGENDA – Continued

6. DINNER BREAK

APPROXIMATELY 6:00 P.M.

7. OPEN SESSION – CALL TO ORDER

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

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

10. INPUT – AUDIENCE

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

11. INPUT FROM EMPLOYEE ASSOCIATIONS

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

12. ACKNOWLEDGMENTS

- 12.1. September 2017 Employee of the MonthATTACHMENT
- 12.2. Tahoe Forest Health System “Best Of” winnersATTACHMENT
- 12.3. Harry Weis named on Becker’s Critical Access Hospital CEO to Know listATTACHMENT
- 12.4. National Physician Assistant (PA) Week is October 6-12.....ATTACHMENT

13. MEDICAL STAFF EXECUTIVE COMMITTEE ♦

- 13.1. Medical Executive Committee (MEC) Meeting Consent AgendaATTACHMENT
MEC recommends the following for approval by the Board of Directors: Standardized Procedure – Telephone Colonoscopy Screening Process.

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

- 8/24/2017.....ATTACHMENT

14.2. Financial Report

- 14.2.1. Financial Report - August 2017ATTACHMENT

14.3. Contracts

- 14.3.1. Steven Thompson, M.D. – Professional Services Agreement.....ATTACHMENT
- 14.3.2. Shawni Coll, D.O. – Professional Services AgreementATTACHMENT
- 14.3.3. Cara Streit, M.D. – Professional Services AgreementATTACHMENT
- 14.3.4. Cara Streit, M.D. – Physician Recruitment Agreement.....ATTACHMENT

14.4. Staff Reports (Information Only)

- 14.4.1. COO Board Report.....ATTACHMENT
- 14.4.2. CNO Board Report.....ATTACHMENT
- 14.4.3. CMO Board Report.....ATTACHMENT

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
September 28, 2017 AGENDA – Continued

15. ITEMS FOR BOARD ACTION ♦

15.1. Tahoe Institute for Rural Health Research (TIRHR)

The Board of Directors may consider a motion to approve a funding request from TIRHR.

15.2. Resolution 2017-05.....ATTACHMENT

The Board of Directors will review and consider for approval a resolution electing to become subject to Uniform Public Construction Cost Accounting Act.

15.3. Resolution 2017-06.....ATTACHMENT

The Board of Directors will review and consider for approval a resolution related to a policy on awarding public projects in compliance with the Uniform Public Construction Cost Accounting Act.

15.4. CEO Incentive Compensation.....ATTACHMENT

The Board of Directors will review and consider approval of FY18 CEO Incentive Compensation Criteria.

16. ITEMS FOR BOARD DISCUSSION

16.1. Strategic Plan Update

16.1.1. Electronic Medical RecordATTACHMENT

The Board of Directors will receive a presentation on EPIC, the District’s new electronic medical record system (EMR).

16.2. 2017 Employee Engagement Survey Results

Chief Human Resources will review the results of the 2017 Press Ganey Employee Engagement Survey.

16.3. CEO Board Report.....ATTACHMENT

Chief Executive Officer will review the contents of his board report.

16.4. Board Strategic Goals

The Board of Directors will discuss its long term strategic goals.

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

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

18.1. Governance Committee Meeting – 09/18/2017 ATTACHMENT

18.2. Quality Committee Meeting – 09/19/2017 ATTACHMENT

18.3. Finance Committee Meeting – 09/25/2017 ATTACHMENT

18.4. Personnel – Retirement Subcommittee Meeting – No meeting held in September.

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

19. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS

20. ITEMS FOR NEXT MEETING

-Date for special meeting

-Education on rural health clinic structure

21. BOARD MEMBERS REPORTS/CLOSING REMARKS

22. CLOSED SESSION CONTINUED, IF NECESSARY

23. OPEN SESSION

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

25. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is October 27, 2017 at Tahoe Truckee Unified School District (TTUSD), 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, September 2017
Julia Cuevas, Access Representative II- Pt. Reg**

We are honored to announce Julia Cuevas, Access Representative II, Patient Registration as our September Employee of the Month.

Julia is a huge part of the night shift within the Patient Registration and Emergency Department. She has worked for the Health System for over 17 years. After all these years she still comes to work with a smile on her face. She is fast and efficient and has trained many new employees to follow in her footsteps.

Julia demonstrates quality in all aspects of her job from answering the phone with "How may I help you?" to taking care of her preceptor tasks correctly the first time. Our medical staff in the ED have recognized her as an understanding and excellent employee. She never hesitates to help when needed and always holds herself to the highest standards. Both the physicians and fellow staff members describe her as a friendly team member who always goes above and beyond when she collaborates with colleagues and patients.

Julia meets and exceeds the definition of the TFHS mission and values but most of all has been an asset to our hospital with her continued dedication, compassion, and teamwork in every aspect of her position.

Please join us in congratulating all of our Terrific Nominees!

**Dee Dee Holmes- Benefits Coordinator- HR
Armando Reyes- EVS Aide- EVS
Janeth Waters- HRIS Specialist- HR**

Congratulations to OUR COMMUNITY'S BEST!

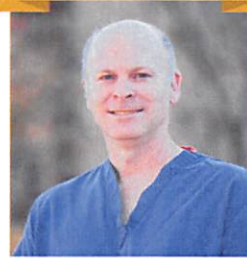


BEST HEALTHCARE PROVIDER



Tahoe Forest Hospital

BEST DOCTOR



Jeffrey Dodd, MD, APC
Tahoe Forest
MultiSpecialty Clinics

BEST NURSE



Chris Hess, RN
Tahoe Forest
MultiSpecialty Clinics

BEST THRIFT STORE



Tahoe Forest Hospice Gift & Thrift

RUNNER UP

BEST HEALTHCARE PROVIDER



Truckee Tahoe Medical Group
Reini Jensen, MD, Scott Samelson, MD,
Paul Krause, MD, Gregg Paul, MD,
Rick Ganong, MD, Gina Barta, MD,
Jeanne Plumb, MD

RUNNER UP BEST NURSE



Justin Nistler, RN
Tahoe Forest Hospital

RUNNER UP BEST PHARMACY



Tahoe Forest
Pharmacy

HONORABLE MENTION: BEST PHYSICAL THERAPY CLINIC

Tahoe Forest Physical Therapy

HONORABLE MENTION BEST DOCTOR



Gina Barta, MD
Truckee Tahoe
Medical Group

HONORABLE MENTION BEST DOCTOR



Gregory Tirdel, MD
Tahoe Forest
MultiSpecialty Clinics

HONORABLE MENTION BEST DOCTOR



Peter Taylor, MD, FCOG
Tahoe Forest
Women's Center

HONORABLE MENTION BEST NURSE



Carol Lindsay, RN, MSN, FNP
Truckee Tahoe
Medical Group

HONORABLE MENTION BEST NURSE



Janet Brooks, RNP
Tahoe Forest
Women's Center

HONORABLE MENTION BEST PHYSICAL THERAPIST



Ladd Williams, PT
Tahoe Forest
Physical Therapy

Thank you to **EVERY** care provider and staff member who works tirelessly to keep our community healthy and strong
...you are the BEST!





FOR IMMEDIATE RELEASE

August 29, 2017

Contact: Paige Thomason

Director of Marketing & Communications, TFHS

pthomason@tfhd.com

(530) 582-6290

**HARRY WEIS, CHIEF EXECUTIVE OFFICER of TAHOE FOREST HEALTH SYSTEM
RECOGNIZED BY BECKER'S HOSPITAL REVIEW**

Becker's Names Its 60 Critical Access Hospital CEOs to Know for 2017

[\(www.tfhd.com\)](http://www.tfhd.com)

(Truckee, CA)— Harry Weis, Chief Executive Officer of Tahoe Forest Health System, has been named in *Becker's Hospital Review* 2017 edition of "60 Critical Access Hospital CEOs to Know" list.

Weis is the only chief executive officer of a Critical Access Hospital in all of California, Nevada or Arizona to be named on *Becker's* list. The *Becker's Hospital Review* list recognizes CEOs, presidents and administrators for their leadership of nationally recognized critical access hospitals.

The men and women included on this list are at the helm of organizations regularly recognized for safety and quality. Many led their hospitals through expansions, mergers and EHR implementations. The individuals on this list are also key members of the community, serving on corporate boards and state-level initiatives to improve access to care.

"Our deep commitment to continuous improvement and expanding regional healthcare is based on our care and compassion for our community. As we continue to strive to provide the best care possible, every commendation we receive is a sincere *thank-you* back to our residents for the privilege of serving them," said Weis.

The full list of *Becker's* "60 Critical Access Hospitals to Know 2017" list and individual CEO profiles can be viewed [here](#).

Note: Individuals did not and cannot pay to be included on the list. Leaders are presented in alphabetical order.

#####

About Tahoe Forest Health System

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

About Becker's Hospital Review

Becker's Hospital Review is a monthly publication offering up-to-date business and legal news and analysis relating to hospitals and health systems. Articles are geared toward high-level hospital leaders, and we work to provide valuable information, including hospital and health system news, best practices and legal guidance specifically for these decision-makers. Each issue of Becker's Hospital Review reaches more than 18,000 people, primarily acute care hospital CEOs, CFOs and CIOs.

CONFIDENTIAL
 PLEASE DO NOT REPRODUCE OR DISTRIBUTE
 This is a Medical Staff Committee document protected by Sec. 1157 of the Calif. Evidence Code

**MEDICAL EXECUTIVE COMMITTEE
 CONSENT AGENDA
 Thursday, September 21, 2017**

REFERRED BY:	AGENDA ITEMS	RECOMMEND
--------------	--------------	-----------

MEDICAL STAFF	A motion was made, seconded, and carried to recommend approval of the following to the Board of Directors:	
Executive Committee	The Executive Committee recommends approval of the following:	Recommend approval
	Review and approval of policies and procedures. All individual policies have been approved by the medical staff department or chairman.	
1. Department of Medicine	<ul style="list-style-type: none"> Standardized Procedure: Telephone Colonoscopy Screening Process 	Recommend approval

TITLE: STANDARDIZED PROCEDURE - TELEPHONE COLONOSCOPY SCREENING PROCESS POLICY - DTMSC-1701

POLICY

Telephone colonoscopy screenings will be preformed by a Registered Nurse (RN) with documented competency. The screening will include verifying & updating current medications, past medical history (medical and surgical), family history, and social history, in order to determine if the patient can proceed with the screening colonoscopy procedure without seeing the provider in an office visit first.

SUPERVISION

The colonoscopy pre screening process is furnished under the physician's overall direction and control, but the physician's presence is not required during the colonoscopy pre screening process.

TRAINING

1.0 Documented Competency

- 1.1 Protocol privilege will be granted once the RN has observed six Telephone Colonoscopy Screenings and has been observed performing six Telephone Colonoscopy Screenings. This will be documented on the Skills Checklist of Competence and kept in the employee's file.
- 1.2 RN's in the MSC offices will review the Telephone Colonoscopy Screening standardized procedure at hire and annually. This will be documented on the Orientation Tool or the Annual Mandatory Review (AMR).
- 1.3 The Lead or Manager confirms the RN has reviewed the policy at the end of orientation and at each annual performance review.

PURPOSE

To establish a policy whereby telephone colonoscopy screening is preformed by licensed personnel ; using a standard protocol and assessment questioning, along with a pre formatted phrase in the EHR charting system, resulting in appropriate appraisal and recommendation to proceed with the procedure or schedule a follow up visit with the provider prior to the procedure.

PERSONNEL

- 1.0 In the state of California, telephone based colonoscopy screenings must be preformed by a Registered Nurse or providers of higher licensure.

PROCEDURE

1.0 Telephone Call Scheduling

- 1.1 The patient either self refers or is referred by their provider for a screening colonoscopy.
- 1.2 RN will review referral records and chart to determine if the referral is for a screening colonoscopy vs. a diagnostic colonoscopy or if the patient meets any of the criteria listed

below under section 2.1.1, which would require the patient to see the provider in the office before proceeding with the screening colonoscopy.

- 1.2.1 If determined the patient needs a diagnostic colonoscopy, for any other reason than polyp surveillance/history of polyps, the patient will be directed to schedule an appointment with the provider.
- 1.3 The RN will communicate with the front office staff to schedule the patient either with the provider or the RN via an interim note in Epic.
- 1.4 The patient will be scheduled by the front office staff.
- 1.5 The RN calls the patient at the scheduled time to conduct the telephone colonoscopy screening.

2.0 Telephone Colonoscopy Screening

2.1 Screening:

- 2.1.1 The RN will identify if the patient has ANY of the following conditions:
 - 2.1.1.1 Taking any anticoagulant medications
 - 2.1.1.2 Current or recent history of blood clots
 - 2.1.1.3 Bleeding disorders (Hemophilia, Von Willebrand disease, Thrombocytopenia - platelets <50,000)
 - 2.1.1.4 Sleep apnea
 - 2.1.1.5 BMI >35.
 - 2.1.1.6 Home oxygen and/or steroid dependent pulmonary disease
 - 2.1.1.7 CHF
 - 2.1.1.8 MI in the last 12 months
 - 2.1.1.9 Daily use of illicit drugs
 - 2.1.1.10 Chronic use of pain medications or current use of Suboxone
 - 2.1.1.11 Alcohol use: >28 beers or glasses of wine/week, >14 shots of liquor/cocktails/week
 - 2.1.1.12 Dialysis
 - 2.1.1.13 Current colostomy
 - 2.1.1.14 Recent/current GI symptoms, including rectal bleeding unrelated to hemorrhoids and sudden/unexplained weight loss.
 - 2.1.1.15 Current dysphagia/difficulty swallowing
 - 2.1.1.16 Barrettes Esophagus; last EGD > 3 years ago
 - 2.1.1.17 Chronic degenerative neurological disorders (MS, Myasthenia Gravis, Parkinson's)
 - 2.1.1.18 Previous issues with anesthesia/sedation
 - 2.1.1.18.1 If the patient has ANY of the above conditions, the RN will schedule the patient for follow up in office with the provider prior to the procedure.

2.1.2 The RN will document if the patient passed or failed the screening in the progress note. The interim note will then be forwarded to the provider letting them know the patient will see them in office first or that they will proceed with the screening colonoscopy if they passed the screening process with the RN.

2.1.3 Patients taking Aspirin:

2.1.3.1 If the patient is taking Aspirin daily, determine the indication and document that the patient is taking Aspirin, the strength and the reason in the progress note.

2.1.3.2 Advise the patient that the provider performing the colonoscopy will review the chart prior to the procedure and may recommend a change to the patient's Aspirin dose or frequency.

2.1.3.3 Advise the patient that if the provider performing the colonoscopy determines the patient should not take Aspirin prior to procedure, that provider's office or the Ambulatory Surgery Department (ASD) staff will call the patient prior to the procedure with instructions for when to hold and restart Aspirin.

2.1.3.4 If the patient is not called with further instructions prior to the procedure, the patient should continue taking Aspirin as instructed by their primary care provider.

2.2 Documentation:

2.2.1 A new encounter interim note will be used for the documentation process; the dot phrase .coloprescreening will be used within the progress note.

2.2.2 Once the encounter is completed, the *follow up* function will be used to route the encounter to the appropriate provider.

2.3 Ordering:

2.3.1 If the patient passes the colonoscopy screening, per protocol, the RN will place orders for the following:

2.3.1.1 Referral to GI procedure clinic

2.3.1.2 Colonoscopy procedure with status of *future*, class of *outside*:

2.3.1.2.1 45380 for screening colonoscopies and surveillance colonoscopies (hx of polyps) for patients with commercial insurance.

2.3.1.2.2 G0121 for Medicare patients

2.3.1.3 Diagnosis codes

2.3.1.3.1 For screening colonoscopies / no hx of polyps – use Z12.11 (screening for colon cancer)

2.3.1.3.2 For surveillance colonoscopies / hx of polyps – Z86.01 (History of colon polyps)

2.3.1.3.3 Add the diagnosis of Z80.0 for Family history of colon cancer, when the colonoscopy is needed at a younger age or increased frequency.

2.3.1.4 Bowel prep medication as directed by insurance coverage, including, but not limited to the following recommendations:

2.3.1.4.1 Medicare – Suprep, Golytely or Moviprep

2.3.1.4.2 Medicare w/AARP – Suprep

2.3.1.4.3 Medical – Golytely

2.3.1.4.4 BlueShield – Suprep

2.3.1.4.4.1 If the originally ordered bowel prep is not covered by insurance, the RN may change the prescription from recommendations listed above or based on pharmacy recommendation, based on insurance coverage.

2.3.2 Document within the progress note orders placed per protocol.

2.4 For patients with chronic constipation or previous failed/inadequate bowel preps the RN will advise the patient of the following bowel prep instructions *in addition to* standard bowel prep instructions:

2.4.1 The patient is to take 6-8 oz (follow package instructions) of over the counter Magnesium Citrate x 1 around 4 pm, 2 evenings prior to procedure; and

2.4.2 The patient is to start the clear liquid diet 2 evenings prior to procedure.

3.0 Record Keeping :

The interim note with a Chief Complaint of Colon Cancer Screening, used for documenting the screening phone call is automatically saved in the EHR under Encounters.

PERIODIC REVIEW

1.0 Standardized Procedure is reviewed and approved by Interdisciplinary Practice Committee (IDPC), the Medical Executive Committee and the TFHD Board of Directors.



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

Thursday, August 24, 2017 at 4:00 p.m.

Tahoe City Public Utility District Office
221 Fairway Drive, Tahoe City, CA 96145

1. CALL TO ORDER

Meeting was called to order at 4:01 p.m.

2. ROLL CALL

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

Staff in attendance: Harry Weis, Chief Executive Officer; Judy Newland, Chief Operations Officer; Alex MacLennan, Chief Human Resources Officer; Ted Owens, Executive Director of Governance and Business Development; Martina Rochefort, Clerk of the Board

Other: David Ruderman, Assistant General Counsel

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

One correction noted on the agenda. Item 17.3 should reflect that the Board Quality Committee did not meet in August.

4. INPUT AUDIENCE

No public comment was received.

Open Session recessed at 4:03 p.m.

5. CLOSED SESSION

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

Name of District Negotiator(s) to Attend Closed Session: Alex MacLennan and Richard Rybicki

Employee Organization(s): Employees Association and Employees Association of Professionals

Discussion was held on a privileged item.

5.2. Conference with Real Property Negotiator (Government Code § 54956.8)

Property Address: 10111 Lake Avenue, Truckee, CA 96161

Agency Negotiator: Judy Newland

Negotiating Parties: Christine Sproehle

Under Negotiation: Price & Terms of Payment

Discussion was held on a privileged item.

5.3. Hearing (Health & Safety Code § 32155)

Subject Matter: Corporate Compliance Report – Closed Session

Number of items: One (1)

Discussion was held on a privileged item.

5.4. Hearing (Health & Safety Code § 32155)

Subject Matter: Second Quarter 2017 Service Excellence Report – Closed Session

Number of items: One (1)

Discussion was held on a privileged item.

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

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

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))

Discussion was held on a privileged item.

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

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

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))

Discussion was held on a privileged item.

5.7. Approval of Closed Session Minutes ♦

07/27/2017

Discussion was held on a privileged item.

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

Subject Matter: Medical Staff Credentials

Discussion was held on a privileged item.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

Open Session reconvened at 6:15 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel stated eight items were considered in closed session. There was no reportable action on items 5.1.-5.6. Items 5.7. and 5.8. were both approved by a 5-0 vote.

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

One correction noted on the agenda. Item 17.3 should reflect that the Board Quality Committee did not meet in August.

10. INPUT – AUDIENCE

No public comment was received.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

No comment was received from the employee associations.

12. ACKNOWLEDGMENTS

- 12.1. Gwen Van Natta was named August 2017 Employee of the Month.
- 12.2. Jake Dorst was named on Becker's Top 100 Community Hospital CIO to Know list.
- 12.3. IVCH was awarded Healthcare Facilities Accreditation Program (HFAP) Accreditation.

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

7/27/2017

13.2. Financial Report

13.2.1. Financial Report - July 2017

13.3. Incline Village Community Hospital Foundation

13.3.1. Board Member Appointment

13.4. Staff Reports (Information Only)

13.4.1. CEO Board Report

13.4.2. COO Board Report

13.4.3. CNO Board Report

13.4.4. CIO Board Report

13.4.5. CMO Board Report

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

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

NAYS: None

Abstention: None

14. ITEMS FOR BOARD ACTION ♦

14.1. Corporate Compliance Report

Discussion was held.

No public comment was received.

ACTION: Motion made by Director Wong, seconded by Director Chamblin, to accept the Second Quarter Corporate Compliance Report.

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

NAYS: None

Abstention: None

15. ITEMS FOR BOARD DISCUSSION

15.1. Board Education

15.1.1. Master Plan Phase One Presentation

Discussion was held.

No public comment received.

15.2. Board Strategic Goals

Discussion was held.

Director Brown would like the rural health clinic to be discussed and its impact to community.

Board would like to meet in the future to discuss its strategic plan.

16. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

None.

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

17.1. Finance Committee Meeting – 08/22/2017

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

17.2. Personnel-Retirement Subcommittee Meeting – No meeting held in August.

17.3. Quality Committee Meeting – No meeting held in August.

17.4. Governance Committee Meeting – No meeting held in August.

17.5. Community Benefit Committee Meeting – No meeting held in August.

18. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS

None.

19. ITEMS FOR NEXT MEETING

-Strategic Planning

-RHC review

-CEO Incentive Compensation Criteria

20. BOARD MEMBERS REPORTS/CLOSING REMARKS

None.

21. CLOSED SESSION CONTINUED, IF NECESSARY

Not applicable.

22. OPEN SESSION

Not applicable.

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

Not applicable.

24. ADJOURN

Meeting adjourned at 6:57 p.m.

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
AUGUST 2017 - PRELIMINARY

ASSETS	PRELIMINARY Aug-17	PRELIMINARY Jul-17	Aug-16	
CURRENT ASSETS				
* CASH	\$ 9,905,994	\$ 9,582,400	\$ 11,227,731	1
PATIENT ACCOUNTS RECEIVABLE - NET	18,625,963	17,587,306	18,322,441	2
OTHER RECEIVABLES	5,066,186	4,587,325	4,933,470	
GO BOND RECEIVABLES	808,025	575,119	1,031	
ASSETS LIMITED OR RESTRICTED	6,482,211	6,407,082	6,286,244	
INVENTORIES	3,018,381	2,993,803	2,685,837	
PREPAID EXPENSES & DEPOSITS	2,047,057	2,198,098	1,662,606	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	11,373,304	8,698,102	3,343,891	3
TOTAL CURRENT ASSETS	57,327,122	52,629,236	48,463,252	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	61,374,995	61,374,995	55,958,822	1
BANC OF AMERICA MUNICIPAL LEASE	27,174	27,174	981,619	
TOTAL BOND TRUSTEE 2017	19,769	19,769	3	3
TOTAL BOND TRUSTEE 2015	272,301	136,569	350,701	
GO BOND PROJECT FUND	1	1	232,576	
GO BOND TAX REVENUE FUND	1,390,074	1,218,968	1,320,631	4
DIAGNOSTIC IMAGING FUND	3,186	3,186	3,164	
DONOR RESTRICTED FUND	1,150,299	1,150,298	1,140,621	
WORKERS COMPENSATION FUND	15,748	18,490	26,288	
TOTAL	64,253,546	63,949,451	60,014,424	
LESS CURRENT PORTION	(6,482,211)	(6,407,082)	(6,286,244)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	57,771,335	57,542,369	53,728,181	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(301,864)	(301,864)	43,372	
PROPERTY HELD FOR FUTURE EXPANSION	836,353	836,353	836,353	
PROPERTY & EQUIPMENT NET	130,221,923	130,645,082	128,610,018	
GO BOND CIP, PROPERTY & EQUIPMENT NET	33,701,397	33,485,282	30,322,444	
TOTAL ASSETS	279,556,267	274,836,457	262,003,619	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	497,786	501,018	536,574	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,548,299	1,548,299	2,281,527	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	6,220,134	6,243,839	6,504,591	
GO BOND DEFERRED FINANCING COSTS	487,433	489,367	510,647	
DEFERRED FINANCING COSTS	197,653	198,693	210,136	
TOTAL DEFERRED OUTFLOW OF RESOURCES	\$ 8,951,304	\$ 8,981,216	\$ 10,043,475	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	\$ 5,176,665	\$ 4,194,595	\$ 6,418,800	5
ACCRUED PAYROLL & RELATED COSTS	10,408,825	9,797,782	9,589,131	6
INTEREST PAYABLE	201,903	112,212	208,039	
INTEREST PAYABLE GO BOND	308,596	-	315,492	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	93,809	97,423	58,327	
HEALTH INSURANCE PLAN	1,211,751	1,211,751	1,307,731	
WORKERS COMPENSATION PLAN	1,703,225	1,703,225	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	329,167	329,167	2,379,095	
TOTAL CURRENT LIABILITIES	21,152,230	19,164,445	23,408,893	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	28,075,001	28,077,532	28,237,129	
GO BOND DEBT NET OF CURRENT MATURITIES	102,740,343	102,753,764	103,476,392	
DERIVATIVE INSTRUMENT LIABILITY	1,548,299	1,548,299	2,281,527	
TOTAL LIABILITIES	153,515,873	151,544,040	157,403,941	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS RESTRICTED	133,841,399	131,123,335	113,502,532	
	1,150,299	1,150,298	1,140,621	
TOTAL NET POSITION	\$ 134,991,698	\$ 132,273,633	\$ 114,643,153	

* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
AUGUST 2017 - PRELIMINARY

1. Working Capital is at 26.8 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 193.0 days compared to Preliminary July 2017 Days Cash on Hand at 198.5. Working Capital cash increased a net \$324,000. Accounts Payable increased \$982,000 (See Note 5), Accrued Payroll & Related Costs increased \$611,000 (See Note 6), the District remitted \$2,648,000 (See Note 3) to the State to participate in the IGT program, and cash collections exceeded budget by 9%.
2. Net Patient Accounts Receivable increased approximately \$1,039,000. Cash collections were 109% of target. Days in Accounts Receivable are at 50.0 days compared to prior months 51.6 days, a 1.60 days decrease.
3. Estimated Settlements, Medi-Cal & Medicare increased a net \$2,675,000. The District remitted its first round of funds to the State to participate in the IGT program.
4. GO Bond Tax Revenue Fund increased \$171,106 after recording the final receipt of FY2016/2017 property tax revenues.
5. Accounts Payable increased \$982,000 due to the timing of the final check run in the month.
6. Accrued Payroll & Related Costs increased \$611,000 as a result of twelve accrued payroll days at the close of August.

**Tahoe Forest Hospital District
Cash Investment
August 2017**

WORKING CAPITAL

US Bank	\$ 8,658,250		
US Bank/Kings Beach Thrift Store	68,067		
US Bank/Truckee Thrift Store	188,544		
US Bank/Payroll Clearing	(9,919)		
Umpqua Bank	<u>1,001,052</u>		
Total			\$ 9,905,994

BOARD DESIGNATED FUNDS

US Bank Savings	\$ -	0.03%	
Capital Equipment Fund	<u>-</u>		
Total			\$ -

Building Fund	\$ -		
Cash Reserve Fund	<u>61,374,995</u>	1.08%	
Local Agency Investment Fund			\$ 61,374,995

Banc of America Muni Lease			\$ 27,174
Bonds Cash 2017			\$ -
Bonds Cash 2017			\$ 19,769
Bonds Cash 2015			\$ 272,301
Bonds Cash 2008			\$ 1,390,075

DX Imaging Education	\$ 3,186	0.00%	
Workers Comp Fund - B of A	15,748		

Insurance			
Health Insurance LAIF	-	0.00%	
Comprehensive Liability Insurance LAIF	<u>-</u>	0.00%	
Total			<u>\$ 18,934</u>

TOTAL FUNDS			\$ 73,009,242
--------------------	--	--	----------------------

RESTRICTED FUNDS

Gift Fund			
US Bank Money Market	\$ 8,363	0.03%	
Foundation Restricted Donations	\$ 98,331		
Local Agency Investment Fund	<u>1,043,604</u>	0.00%	
TOTAL RESTRICTED FUNDS			<u>\$ 1,150,299</u>

TOTAL ALL FUNDS			<u><u>\$ 74,159,541</u></u>
------------------------	--	--	------------------------------------

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
AUGUST 2017 - PRELIMINARY

CURRENT MONTH				YEAR TO DATE				PRELIMINARY
ACTUAL	AUGUST 2016	VAR\$	VAR%	ACTUAL FY18	ACTUAL FY17	VAR\$	VAR%	FYE JUNE 2017
\$ 24,831,851	\$ 22,855,003	\$ 1,976,848	8.6%	\$ 47,281,555	\$ 43,350,467	\$ 3,931,087	9.1%	\$ 252,487,430
OPERATING REVENUE								
\$ 2,090,427	\$ 2,073,868	\$ 16,559	0.8%	\$ 4,009,284	\$ 4,134,579	\$ (125,294)	-3.0%	\$ 23,458,129
4,557,324	4,498,202	59,122	1.3%	8,064,557	8,005,726	58,831	0.7%	48,242,736
6,647,751	6,572,070	75,681	1.2%	12,073,841	12,140,304	(66,463)	-0.5%	71,700,865
18,184,101	16,282,934	1,901,167	11.7%	35,207,714	31,210,163	3,997,550	12.8%	180,786,565
18,184,101	16,282,934	1,901,167	11.7%	35,207,714	31,210,163	3,997,550	12.8%	180,786,565
9,671,101	10,438,111	767,010	7.3%	19,446,512	18,349,196	(1,097,316)	-6.0%	104,000,749
772,440	746,095	(26,344)	-3.5%	1,556,035	1,341,690	(214,345)	-16.0%	7,615,675
12,714	16,420	3,706	22.6%	62,545	16,420	(46,125)	-280.9%	287,548
(91,075)	162,386	253,461	-156.1%	136,496	7,273	(129,223)	1776.8%	(1,460,537)
(1,260)	-	1,260	0.0%	(12,706)	(131)	12,575	9598.9%	(4,777,099)
10,363,919	11,363,011	999,093	8.8%	21,188,883	19,714,448	(1,474,435)	-7.5%	105,666,336
74,381	35,134	39,247	111.7%	131,339	74,927	56,412	75.3%	761,283
620,082	911,810	(291,728)	-32.0%	1,122,428	1,764,382	(641,954)	-36.4%	8,636,323
15,162,396	12,438,937	2,723,459	21.9%	27,346,439	25,475,328	1,871,111	7.3%	156,218,699
OPERATING EXPENSES								
4,387,106	3,975,298	(411,808)	-10.4%	8,554,761	7,942,968	(611,794)	-7.7%	47,721,413
1,378,788	1,234,139	(144,649)	-11.7%	2,770,532	2,557,932	(212,599)	-8.3%	16,092,742
61,677	54,550	(7,128)	-13.1%	108,828	100,874	(7,954)	-7.9%	1,243,957
844,879	647,701	(197,178)	-30.4%	1,652,874	1,254,319	(398,555)	-31.8%	7,012,379
1,536,017	1,789,242	253,224	14.2%	3,035,565	3,771,246	735,681	19.5%	22,634,076
2,050,728	1,904,405	(146,323)	-7.7%	3,523,920	3,425,727	(98,192)	-2.9%	19,429,762
1,152,101	740,090	(412,012)	-55.7%	1,975,875	1,675,272	(300,603)	-17.9%	12,995,856
536,953	449,147	(87,806)	-19.5%	1,088,336	827,167	(261,169)	-31.6%	7,220,537
11,948,250	10,794,570	(1,153,679)	-10.7%	22,710,691	21,555,505	(1,155,186)	-5.4%	134,350,721
3,214,146	1,644,366	1,569,780	95.5%	4,635,748	3,919,823	715,925	18.3%	21,867,978
NON-OPERATING REVENUE/(EXPENSE)								
432,119	471,366	(39,247)	-8.3%	881,661	938,073	(56,412)	-6.0%	6,553,848
404,013	391,933	12,079	3.1%	808,025	783,867	24,159	3.1%	5,561,486
72,749	45,102	27,647	61.3%	143,729	90,003	53,726	59.7%	615,825
-	4	(4)	-100.0%	-	9	(9)	-100.0%	363
-	11,745	(11,745)	-100.0%	-	30,457	(30,457)	-100.0%	785,614
-	-	-	0.0%	-	-	-	0.0%	(345,235)
-	-	-	0.0%	-	-	-	0.0%	-
-	-	-	0.0%	-	-	-	0.0%	-
-	-	-	0.0%	-	-	-	0.0%	-
(967,356)	(967,356)	-	0.0%	(1,934,713)	(1,934,713)	-	0.0%	(11,273,560)
(93,989)	(102,453)	8,465	8.3%	(187,956)	(203,455)	15,499	7.6%	(1,260,265)
(320,815)	(320,371)	(443)	-0.1%	(643,716)	(640,742)	(2,974)	-0.5%	(2,719,610)
(473,280)	(470,031)	(3,249)	-0.7%	(932,970)	(936,501)	3,531	0.4%	(2,081,535)
\$ 2,740,866	\$ 1,174,335	\$ 1,566,531	133.4%	\$ 3,702,778	\$ 2,983,322	\$ 719,456	24.1%	\$ 19,786,443
12.9%	7.2%	5.7%		9.8%	9.0%	0.8%		8.7%

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
AUGUST 2017 - PRELIMINARY

CURRENT MONTH				YEAR TO DATE					PRELIMINARY	
ACTUAL	AUGUST 2016	VAR\$	VAR%	ACTUAL FY18	ACTUAL FY17	VAR\$	VAR%	FYE JUNE 2017		
				OPERATING REVENUE						
\$ 1,815,497	\$ 1,804,033	\$ 11,464	0.6%	Total Gross Revenue	\$ 3,794,686	\$ 3,578,179	\$ 216,507	6.1%	1	\$ 18,325,851
				Gross Revenues - Inpatient						
\$ 3,146	\$ 8,559	\$ (5,413)	-63.2%	Daily Hospital Service	\$ 3,146	\$ 11,624	\$ (8,478)	-72.9%		\$ 32,328
5,525	-	5,525	#DIV/0!	Ancillary Service - Inpatient	5,628	19,089	(13,461)	-70.5%		44,416
8,671	8,559	112	1.3%	Total Gross Revenue - Inpatient	8,774	30,713	(21,939)	-71.4%	1	76,744
1,806,826	1,795,474	11,352	0.6%	Gross Revenue - Outpatient	3,785,912	3,547,466	238,446	6.7%		18,249,107
1,806,826	1,795,474	11,352	0.6%	Total Gross Revenue - Outpatient	3,785,912	3,547,466	238,446	6.7%	1	18,249,107
				Deductions from Revenue:						
707,528	711,169	3,641	0.5%	Contractual Allowances	1,367,536	1,283,622	(83,913)	-6.5%	2	6,606,071
59,018	60,342	1,324	2.2%	Charity Care	125,840	119,847	(5,993)	-5.0%	2	618,066
12,714	16,420	3,706	22.6%	Charity Care - Catastrophic Events	18,333	16,420	(1,913)	-11.7%	2	49,786
(8,297)	(58,771)	(50,474)	85.9%	Bad Debt	53,218	(30,569)	(83,787)	274.1%	2	720,886
	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2	39,034
770,962	729,159	(41,803)	-5.7%	Total Deductions from Revenue	1,564,926	1,389,320	(175,606)	-12.6%	2	8,033,842
119,383	103,183	16,199	15.7%	Other Operating Revenue	193,424	175,251	18,172	10.4%	3	936,841
1,163,917	1,178,057	(14,139)	-1.2%	TOTAL OPERATING REVENUE	2,423,183	2,364,110	59,074	2.5%		11,228,850
				OPERATING EXPENSES						
293,032	311,607	18,575	6.0%	Salaries and Wages	606,241	627,028	20,787	3.3%	4	3,215,190
112,946	101,996	(10,950)	-10.7%	Benefits	203,171	199,149	(4,021)	-2.0%	4	1,215,490
2,357	1,965	(392)	-19.9%	Benefits Workers Compensation	4,713	4,430	(283)	-6.4%	4	23,991
38,213	40,738	2,525	6.2%	Benefits Medical Insurance	105,293	81,837	(23,456)	-28.7%	4	448,503
190,405	241,844	51,439	21.3%	Professional Fees	407,236	485,146	77,910	16.1%	5	2,851,583
67,108	58,218	(8,890)	-15.3%	Supplies	113,386	118,423	5,037	4.3%	6	754,001
48,938	31,218	(17,720)	-56.8%	Purchased Services	85,506	69,182	(16,324)	-23.6%	7	594,519
65,164	53,470	(11,693)	-21.9%	Other	118,629	91,826	(26,803)	-29.2%	8	661,169
818,162	841,055	22,893	2.7%	TOTAL OPERATING EXPENSE	1,644,174	1,677,022	32,847	2.0%		9,764,446
345,755	337,001	8,754	2.6%	NET OPERATING REV(EXP) EBIDA	779,009	687,088	91,921	13.4%		1,464,403
				NON-OPERATING REVENUE/(EXPENSE)						
-	-	-	0.0%	Donations-IVCH	-	3,858	(3,858)	-100.0%	9	396,399
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	-
(64,277)	(64,277)	-	0.0%	Depreciation	(128,553)	(128,553)	0	0.0%	11	(716,710)
(64,277)	(64,277)	-	0.0%	TOTAL NON-OPERATING REVENUE/(EXP)	(128,553)	(124,695)	(3,858)	-3.1%		(320,311)
\$ 281,478	\$ 272,725	\$ 8,754	3.2%	EXCESS REVENUE(EXPENSE)	\$ 650,456	\$ 562,393	\$ 88,063	15.7%		\$ 1,144,092
19.0%	18.7%	0.4%		RETURN ON GROSS REVENUE EBIDA	20.5%	19.2%	1.3%			11.3%

14.3. Contracts

Contracts redacted.

Available for public viewing via a Public Records request.



Board COO Report

By: Judith B. Newland

DATE: September 2017

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

IVCH was visited by the CMS Regional Administrator from the San Francisco Region IX Office. Mr. G Dill is the new Regional Administrator and has an interest in learning more about Critical Access Hospital’s and their challenges in the current healthcare environment. This opportunity to share our current and potential future challenges enabled Mr. Gill to hear about issues that are knocking at the door of small hospitals jeopardizing their sustainability.

This fall, the Tahoe Forest Retail Pharmacy will again provide to the community Flu Immunizations, Pneumococcal Vaccine and Shingles Vaccine at the pharmacy. The Retail Pharmacy continues to reach out to the community to become their pharmacy of choice.

Tahoe Forest Health System continues their commitment to providing the Perfect Care Experience for all individuals who receive services throughout the organization. For the month of September we continue to ask patients and each other “Is there anything else I can do for you?” Communication to patients and visitors through signage and scripting will occur throughout the Health System when we go live with EPIC.

Develop solid connections and relationships within the communities we serve.

IVCH partnered with Incline Elementary and Incline Dental Program to provide dental screening exams and fluoride applications for elementary students. An instructor and Dental Hygienist Students from Truckee Meadows Community College helped with the screening. There were 150 students who enrolled in the screening and 33 students were referred for further dental care.

Creating and implementing a New Master Plan

Construction Update:

- The Mammography upgrade to Tomosynthesis and Stereotactic Biopsy construction project began August 7th and is on schedule with completion in October. Licensing and staff training will then occur with projected scheduling of patients to begin late November. The Dexascan has been relocated to the 3 bay unit in the ED temporarily.
- Reroofing of the 1978 East Surgery Corridor (DI, Pharmacy ED, and Respiratory) and reroofing of the Skilled Nursing Facility is near completion.
- Nurse Call/PA replacement project continues on the med/surg units. Work consists of replacing existing nurse call in the entire Wester Addition as well as all Public Address Speakers throughout TFH.
- Orthopedic Office front lobby and registration project began September 15th.



Board CNO Report

By: Karen Baffone, RN, MS
Chief Nursing Officer

DATE: September, 2017

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

Approximately 30 of all staff have been trained on EPIC. Classes continue and will all be trained by the go live. We have worked to create classes for those employees that are on Leave of Absence or are new to the organization.

We are currently planning the go-live staffing to ensure that we will have enough credentialed trainers and super-users available for staff at both TFHD and IVCH.

This project has been quite extensive for our organization and there has been a team effort on the part of our staff, physicians, and administration. Our go-live is on target and I anticipate a successful launch of EPIC on November 1, 2017.

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

We have completed Interqual training for all Case Managers. We have fully integrated Case management into the Emergency Department at both hospitals. We have had several wins with hard to place patients and have focused on our chronically ill patients and keeping them coordinated with services that keep them at their optimal level of health. We have hired a Director of Case Management who will integrate both the Care Coordination and Case Management teams to better manage our patients across the continuum.

Strategy Six: Just Do IT

The ECC just completed a very successful CDPH/CMS survey process. This includes both patient care aspects as well as life safety for our residents.

An administrative huddle has been implemented for the leadership of the organization. The focus of this huddle is patient safety and improving the communication among departments in the organization. This is a 15 minute daily snapshot of things that are happening throughout the healthcare system.



Board Informational Report

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

DATE: September 10, 2017

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

Will be interviewing a neurology candidate in October and our search for a GI candidate is still in place. We are actively in discussion with some primary care physicians, along with TTMG, to increase our Primary Care Base. Provider burn out is a hot topic and we are looking at ways to provide support to our providers and to decrease burn out rates. Provider Satisfaction Survey went out in June and we are just now getting results. MEC will get results at the end of the month and we will come up with an action plan.

2. GOAL: Electronic Health Record

Physician training for Epic is in full force and we are getting positive feedback from providers. Our high risk areas are being well supported with additional shadow times and training.

3. GOAL: New Master Space Plan

Second floor build out of the Cancer Center has been reviewed by our CEO and COO with approval and expected to go to the BOD soon for final approval. This space will be functional for multispecialty use with a Care Team concept. We are reviewing and revising the Third Floor of the MOB, which will ultimately be the Pediatric Clinic space. This Third Floor will be built for multispecialty use also, to allow for future changes, if needed.

4. GOAL: Just Do It

Our current complaint process is causing provider burn out. We have a subcommittee to address and revamp this process to allow for appropriate intervention without bringing morale down in the organization.



Board Executive Summary

By: Matt Mushet
In-House Counsel

DATE: September 19, 2017

ISSUE: Bidding Policy, XXX

To increase the efficiency of the public bid process the District has created a policy to conform current District public bidding procedures to that of the Uniform Public Construction Cost Accounting Act (Public Contracts Code § 22000 et seq.).

BACKGROUND:

The District is currently following the public bid requirements of Health and Safety Code section 32132 which requires a public project of \$25,000 or greater to go through a formal bid procedure. By opting into the Uniform Public Construction Cost Accounting Act the public bid requirements are extended to: no bidding required at a project total of \$45,000 or less, an informal bidding procedure required at a project total of \$175,000 or less and a formal bidding procedure required for any project greater than \$175,000. This change gives the District much more flexibility in the procurement of public contracts.

Currently, the District uses an Agency Construction Manager delivery method to facilitate, publicize and administer the competitive bid process. This increase in monetary requirements allows the District, in its current set up, to self-perform many of these tasks and subsequently reduces the dependency on an Agency Construction Manager for smaller projects. The result is a more economic procurement method for projects less than \$175,000. There will be no significant changes to larger projects extending past the \$175,000 limit.

ACTION REQUESTED:

1. Approve board resolution 2017-05 to allow the District to opt into the Uniform Public Construction Cost Accounting Act.
2. Approve board resolution 2017-06 to approve the policy on awarding public projects in compliance with the Uniform Public Construction Cost Accounting Act.

CALIFORNIA UNIFORM PUBLIC CONSTRUCTION COST ACCOUNTING ACT FREQUENTLY ASKED QUESTIONS (FAQs)

These FAQs have been compiled to assist agencies that are participating in the California Uniform Public Construction Cost Accounting Act (“the Act”). Public Contract Code section 22000 et seq., unless stated otherwise, all references are to the Public Contract Code.

1. What is the Uniform Public Construction Cost Accounting Act?

The Act is legislation that was enacted in 1983 to help promote “uniformity of the cost accounting standards and bidding procedures on construction work performed or contracted by public entities in the state.” Section 22001. The Act is a voluntary program that is available to all public entities in the State but it only applies to those public agencies that have “opted in” to the provisions set forth by the Act. The entirety of the Act is found at Sections 22000-22045.

2. What are some of the key provisions of the Act?

The Act allows for public project work in the amount of \$45,000 or less to be performed by the public agency’s force account, by negotiated contract, or by purchase order. Section 22032(a). Public projects in the amount of \$175,000 or less can use the informal bidding procedures set forth in the Act in Section 22032(b). Public projects at a cost of more than \$175,000 shall use formal bidding procedures to let the contract pursuant PCC Section 22032(c).

3. What are the benefits of the program?

- a) Increased force account limit
- b) Informal bidding for projects that are \$175,000 or less which do not require advertising.
- c) Reduces the number of formal bids.
- d) Expedited contracting for small projects.

Many participants laud the program because it gives them more leeway in the execution of public works projects; has speeded up the awards process; has improved timeliness of the project completion; has eliminated considerable red tape and cumbersome paperwork relative to advertising and filing of reports; and has simplified administration. Many agencies have encountered only minimal challenges with the accounting requirements and the overhead portion. Moreover, where required, the adjustment was relatively simple; most of the required procedures were already actually in place, so there was no noticeable change in the existing operations. The Standard Accounting Codes Structure will satisfy the reporting requirements when used properly.

4. Is the Uniform Public Construction Cost Accounting Act mandatory for public agencies?

No. The Act is a voluntary program

5. How does a public agency become subject to the Act?

The governing body must elect by resolution to become subject to the Act and file a copy of the resolution with the State Controller's Office. Section 22030. Sample documents are available at: http://www.sco.ca.gov/ard_cuccac.html. Once an agency has opted into the Act it will remain a part of the program.

6. May a public agency withdraw from the Act?

Yes. An agency may withdraw from the Act by filing a resolution of the agency's election to withdraw with the State Controller's Office.

7. What is the California Uniform Construction Cost Accounting Commission?

It is the Commission created to administer the Act. Section 22010. It consists of fourteen (14) members: thirteen (13) members are appointed by the State Controller and one is a designated member of the Contractors' State License Board. Seven members represent the public sector (counties, cities, school districts, and special districts). Six members represent the private sector (public works contractors and unions). The Commission members receive no salary, but are eligible for reimbursement of their direct expenses related to the Commission.

8. What are the Uniform Public Construction Cost Accounting Procedures?

They are procedures to be used to estimate costs for determining if a public project is required to be bid out and to capture and record actual costs when a public project is performed by the agency's own work force found at www.sco.ca.gov/ard_cuccac.html. The procedures follow normal accounting in the industry and in many cases are not much different from those already in place at the agency. Sample forms are available in the CUCCAC Cost Accounting Policies and Procedures Manual at http://www.sco.ca.gov/Files-ARD-Local/CUCCAC_Manual.pdf

School districts may use the Standard Accounting Code Structure to comply with the tracking requirements.

9. Are the cost accounting policies and procedures applicable for agencies whose work force only performs maintenance tasks as defined in the Act and that contract all of its public projects to third parties?

The cost accounting policies and procedures are only applicable for agencies that perform public project work by force account. This does not exclude from the program agencies whose public projects are all contracted out. In fact, they might want to review the benefits available and elect to participate now in the event conditions change at some time in the future.

10. What is meant by the term "qualified contractors" as it pertains to the Act?

Qualified contractors are legally qualified contractors who perform work as a licensed contractor. In addition, the Commission has determined that nothing in the Act prohibits a participating agency from, at their discretion, using an objective pre-qualification process in the formation and maintenance of their Qualified Contractors lists.

11. Can a public agency disqualify or exclude certain contractors from the Qualified Contractors List required in Section 22034(a)(1)?

Agencies may disqualify contractors from the Qualified Contractors List when a contractor fails to furnish information to meet the minimum criteria as established by the Commission.

12. For agencies that do not maintain an informal bidders list, are they allowed to choose who will get notifications on information projects?

No. Section 22034(a)(2) provides for notifications to construction trade journals and exchanges in lieu of sending notifications to contractors on an informal bidders list.

13. What is the difference between qualifying contractors under the Act and requalification of contractors under Section 20101?

Qualifying contractors is a process that allows contractors to register with a public agency for notification of public works opportunities. The prequalification process under Section 20101 is a more complex process that requires a standardized questionnaire and evaluation of contractors using standard scoring criteria and does not apply to the Act. The prequalification process is applicable under the Local Agency Public Construction Act.

14. Must a public agency: (1) Notify contractors about public projects if the contractor is believed to not have the skills, credentials, or experience to perform the work required for the public project? (2) Consider bids submitted by a contractor that the public agency believes does not have the skills, credentials, or experience to perform the work?

- a) Yes. If a contractor is on the Qualified Contractors List the contractor must be notified by the agency of public projects for which he is licensed to perform. Section 22034(a)(1)
- b) Yes. All bids received from qualified contractors must be considered. Section 22034(a)(1).

15. Does the Act allow flexibility in cases of emergency and when repair or replacements are necessary to permit the continued conduct of the operations or services of a public agency?

For the purposes of the Public Contract Code, “emergency” is defined at Section 1102 as “a sudden, unexpected occurrence that poses a clear and imminent danger, requiring immediate action to prevent or mitigate the loss or impairment of life, health, property, or essential public services.” The Act sets forth in Section 22035(a) how a governing body would proceed in the case of emergency repairs or replacements. This section states, “In cases of emergency when repair or replacements are necessary, the governing body may proceed at once to replace or repair any public facility without adopting plans, specifications, strain sheets, or working details, or giving notice for bids to let contracts. The work may be done by day labor under the direction of the governing body, by contractor, or by a combination of the two.” Section 22050 et seq., provides the emergency contract procedures to be followed in these cases.

16. Do the alternative bidding procedures apply only to public projects as defined in Section 22002(c)?

No. The alternative bidding procedures can be used when contracting for “maintenance work” as defined at Section 22002(d) or when contracting for other work that does not fall within the definition of “public work” as defined in Section 22002(c).

17. What will membership in the Act cost my agency?

Nothing. There are no membership fees or dues. However, the Commission does accept grants to assist it in carrying out its duties. Section 22015(c).

18. What are the most common concerns addressed by the Act?

These are:

- a) Cost accounting policies and procedures;
- b) Informal bidding procedures;
- c) Accounting procedures review.

The cost accounting requirements follow those common to the construction industry. The informal bidding on public projects up to \$175,000 is seen by the agencies as an asset enhancing project completion. Maintenance of a Qualified Contractor Bid List is routine, since interested contractors make it a point to be included on the list. While an accounting procedures review could potentially hold up a project for a minimum of 45 days pursuant to Section 22043(c)(1), these types of reviews have been rare in the Commission’s history.

19. Does an agency have to calculate an overhead rate in order to apply the accounting procedures?

No. Cities with populations of less than 75,000 shall assume an overhead rate equal to 20% of the total costs of the public project, including the costs of material, equipment and labor. Section 22017(b)(1). Cities with a population of more than 75,000, may either calculate an actual overhead or assume an overhead rate of 30% of the total costs of a public project including the costs of material, equipment and labor. Section 22017(b)(2).

20. When a public entity opts into the Act, does the Act supersede other contracting legal requirements such as statutory requirements for performance bonds, prevailing wages, and certificates of insurance, etc.?

No. The Act only supersedes the bidding procedures used once a public agency has opted into the Act and has notified the Controller. All other contracting requirements are applicable.

21. Can a public agency, claim to be exempt from following all of the requirements in the Public Contract Code by claiming they only have to follow the language and procedures within the Act?

The Act is part of the Public Contract Code therefore, if the Act is silent on a particular matter the rest of the Public Contract Code would apply.

22. If public agencies are not following the advertising requirements in the Act, will the Commission address those agencies? Can a complaint be brought to the Commission?

No. The Commission cannot review any complaint of improper advertising by any public agency. The Commission can only review the accounting procedures of a public agency when a complaint from an interested party provides evidence that the participating agency:

1. Performs work, after rejecting all bids, claiming it can do it less expensively. (Section 22042(a))
2. The work performed exceeded the force account limits. (Section 22042(b))
3. The work has been improperly classified as maintenance. (Section 22042(c))
4. A public agency is accused of not complying with the informal bidding procedures set forth at Section 22034. (Section 22042.5)

23. Section 20112 specifically requires school districts to advertise twice for a two week period, while Section 22037 requires advertising once, 14 days in advance of the date of opening of bids. How do participating school districts reconcile this conflict?

When the Act is in conflict with any other section in the Public Contract Code, the Act shall supersede. Advertising once, 14 days in advance of the date of opening of bids is what is required by the Act. Districts participating in the Act may choose to maximize their outreach by continuing to advertise twice.

24. May a public agency contract separately for like work at the same site at the same time using the under \$45,000 Force Account method?

No. Section 22033 provides that, “It shall be unlawful to split or separate into smaller work orders or projects any project for the purpose of evading the provisions of this article requiring work to be done by contract after competitive bidding”. Separating “like work” would only be permitted as long as the total of all the “like work” is less than \$45,000. If the work is more than \$45,000, the work needs to be advertised and bid according to the provisions of the Act (i.e. bid informally if the total amount is less than \$175,000 and bid formally if the total amount exceeds \$175,000).

25. May a public agency bid out 2 separate projects that occur at the same time and site, but are different types of work?

Yes, there is no violation if the work is being competitively bid. If the agency wants to use the negotiated or informal bidding processes, the agency must apply the appropriate limits to each of the projects. Each project must be separate in scope. Projects may not be separated by trade to avoid bidding. If the total of all jobs is greater than \$45,000; the informal or formal bid limits will apply.

26. Does a value need to be assigned to the volunteer labor when the California Conservation Corps, or some such volunteer organization provides volunteer labor on a public project?

No. Volunteer labor from the California Conservation Corps, or some such volunteer organization does not need to be included as a cost of a public project for bid limits purposes where no costs are associated with the volunteer labor.

27. Does a public agency by opting into the Act, automatically bring all departments of the public agency into the Act?

Yes. When a public agency elects to become subject to the uniform construction cost accounting procedures, the entire legal entity is considered subject to the Act and no divisions or departments will be exempt.

28. When a public agency opts into the Act, does it automatically bring all districts under control of the Board into the Act?

No. Special Districts, which are governed by a board of supervisors or city council, are only subject if a separate election is made for each special district.

29. PCC 22034 requires that participating agencies adopt an Informal Bidding Ordinance. What do schools and special districts that cannot adopt Ordinances do to comply?

The Commission cannot provide legal advice. The school districts and special districts should check with their own legal counsel on how to comply with Section 22034.

Additional inquiries and questions can be directed to:

State Controller's Office

Local Government Programs and Services Division

Local Government Policy Section

P.O. Box 942850

Sacramento, CA 94250

or email LocalGovPolicy@sco.ca.gov

RESOLUTION NO. 2017-05

**RESOLUTION OF THE BOARD OF DIRECTORS OF TAHOE FOREST HOSPITAL
DISTRICT ELECTING TO BECOME SUBJECT TO THE UNIFORM PUBLIC
CONSTRUCTION COST ACCOUNTING ACT**

WHEREAS, local healthcare districts must competitively bid all public projects in excess of \$25,000 in accordance with the requirements of the California Health & Safety Code §32132 et seq.;

WHEREAS, in 1983, the California Legislature adopted Assembly Bill 1666 which added Chapter 2, commencing with section 22000, to Part 3 of Division 2 of the Public Contract Code, which provides for a uniform cost accounting standard for construction work performed or contracted by local agencies and further provides for an alternative method for bidding public projects;

WHEREAS, Public Contract Code section 22030 provides that any local agency that wishes to avail itself of the alternative procedures for bidding and contracting for public projects must elect, by resolution, to become subject to the uniform construction cost accounting procedures set forth in the Public Contract Code and must notify the State Controller of its election;

WHEREAS, the Tahoe Forest Hospital District ("District") desires to become subject to the uniform construction cost accounting procedures in the Public Contract Code, commencing with section 22000;

WHEREAS, Public Contract Code section 22034 requires each public agency that elects to become subject to the uniform construction cost accounting procedures to enact an informal bidding ordinance that complies with the requirements in Public Contract Code section 22034; and

WHEREAS, concurrently herewith, the Board has introduced Resolution No. 2017-06 that provides procedures governing public works contracts and establishes, among other things, informal bidding procedures in accordance with the requirements of Public Contract Code section 22034.

NOW, THEREFORE, THE BOARD OF DIRECTORS OF THE TAHOE FOREST HOSPITAL DISTRICT DOES HEREBY RESOLVE AS FOLLOWS:

SECTION 1. The Board hereby elects under Public Contract Code Section 22030 to become subject to the uniform construction cost accounting procedures in the Uniform Public Construction Cost Accounting Act, commencing with Public Contract Code section 22000 or any successor statute, and to the policies and procedures manual and cost accounting review procedures promulgated by the California Uniform Construction Cost Accounting Commission, as each may be amended from time to time.

SECTION 2. The Board Clerk is hereby directed to notify the State Controller forthwith of this election.

SECTION 3. This Resolution shall be effective on the date that Resolution No. 2017-06 becomes effective.

SECTION 4. The Board Clerk shall certify to the adoption of this Resolution.

THIS RESOLUTION was passed by the Board of Directors of the Tahoe Forest Hospital District at a regular meeting thereof on the 28th day of September, 2017, by the following vote:

AYES:

NOES:

ABSTAINING:

ABSENT:

Charles Zipkin, M.D., Chair of the Board

ATTEST:

Martina Rochefort, Board Clerk

RESOLUTION NO. 2017-06

**RESOLUTION OF THE BOARD OF DIRECTORS OF TAHOE FOREST HOSPITAL
DISTRICT ADOPTING A POLICY ON AWARDING PUBLIC PROJECTS TO COMPLY
WITH UNIFORM PUBLIC CONSTRUCTION COST ACCOUNTING ACT**

WHEREAS, the Board of Directors adopted Resolution No. 2017-05 causing the Tahoe Forest Hospital District ("District") to become subject to the Uniform Public Construction Cost Accounting Act ("UPCCAA") procedures set forth in Article 2 of Chapter 2 of Part 3 of Division 2 of the Public Contract Code (commencing with section 22010);

WHEREAS, the Board Clerk will provide a copy of Resolution No. 2017-05 to the California State Controller, consistent with the requirements of Public Contract Code section 22030; and

WHEREAS, Public Contract Code section 22034 requires any agency that is to become subject to the UPCCAA to adopt an ordinance or resolution in compliance with the requirements of that section.

NOW, THEREFORE, THE BOARD OF DIRECTORS OF THE TAHOE FOREST HOSPITAL DISTRICT DOES HEREBY RESOLVE AS FOLLOWS:

SECTION 1. The Board hereby adopts the attached policy regarding awarding public projects, which establishes regulations that apply to all public contracts at the District in a manner that is consistent with the requirements of the Uniform Public Construction Cost Accounting Act (Public Contracts Code § 22000 et seq.).

SECTION 2. If any provision, section, paragraph, sentence or word of this resolution or the attached policy, or the application thereof to any person or circumstance, is rendered or declared invalid by any court of competent jurisdiction, the remaining provisions, sections, paragraphs, sentences or words of this resolution and attached policy, and their application to other persons or circumstances, shall not be affected thereby and shall remain in full force and effect and, to that end, the provisions of this resolution are severable.

SECTION 3. The Board of Directors intends this resolution and attached policy to supplement, not to duplicate or contradict, applicable state and federal law, including the Public Contract Code, and this resolution and policy shall be construed in light of that intent.

SECTION 4. This resolution is exempt from the California Environmental Quality Act ("CEQA") pursuant to 14 Cal. Code Regs. § 15378(b)(4) and (5) as a creation of government funding mechanisms or other government fiscal activities which do not involve any commitment to any specific project which may result in a potentially significant physical impact on the environment and as an agency organizational or administrative activity that produces no physical changes to the environment.

SECTION 5. This Resolution shall be effective immediately.

SECTION 6. The Board Clerk shall certify to the adoption of this Resolution.

THIS RESOLUTION was passed by the Board of Directors of the Tahoe Forest Hospital District at a regular meeting thereof on the 28th day of September, 2017, by the following vote:

AYES:

NOES:

ABSTAINING:

ABSENT:

Charles Zipkin, M.D., Chair of the Board

ATTEST:

Martina Rochefort, Board Clerk



TAHOE FOREST HEALTH SYSTEM

Origination Date:	N/A
Last Approved:	N/A
Last Revised:	N/A
Next Review:	N/A
Department:	Board - ABD
Applies To:	

ABD-26 Awarding Public Construction Projects

AWARDING PUBLIC PROJECTS

PURPOSE:

This policy is intended to establish regulations to apply to all public contracts at Tahoe Forest Hospital District ("District") in a manner that is consistent with the requirements of the Uniform Public Construction Cost Accounting Act (Public Contracts Code § 22000 et seq.).

POLICY:

- A. **Public Projects.** Public projects consist of all services that are non-professional in nature and purchases of goods or equipment, with the exception of medical-surgical equipment or supplies, data processing or telecommunication goods or services as described in California Health & Safety Code §32132, in addition to general maintenance and other simple projects described in California Public Contracts Code §22002.
- B. **Bidding Not Required.** The Chief Executive Officer (CEO) or his designee, may cause public projects of forty-five thousand dollars (\$45,000.00) or less to be performed by employees of the District by force account, by negotiated contract, or by purchase order.
- C. **Informal Bidding.** Except as provided in subsection E of this section, public projects of one hundred seventy-five thousand dollars (\$175,000.00) or less, may be let to contract by informal procedures as set forth below.
- D. **Formal Bidding.** Except as provided in subsection E of this section, public projects of more than one hundred seventy-five thousand dollars (\$175,000.00) shall be let to contract by the formal bidding procedure outlined in DMM-22.
- E. **Automatic Adjustments.** The dollar limits set forth in subsections A and B of this section shall adjust without District action as necessary to comply with any adjustment mandated by the controller pursuant to the authority granted by Public Contract Code § 22020.
- F. **List of Contractors.** A list of contractors shall be developed and maintained in accordance with Public Contracts Code § 22034(a) and any criteria promulgated from time to time by the California Uniform Construction Cost Accounting Commission (Commission). Such list will be maintained by the Facilities Department.
- G. **Sole-source purchasing.** Prior to submitting a purchase request, the requesting department shall conduct a survey of available sources to determine whether there is only one source capable of competently and efficiently providing the required supplies, equipment or service. If it is determined that there is only a single source for the purchasing of a particular item or service, the Facilities Department

shall prepare a waiver of bid and the contract may be awarded to the sole source vendor without competition. In this case, the relevant Director shall conduct negotiations, as appropriate, as to price, delivery, and terms.

H. **Bid Conditions.** All bids submitted to the District shall be subject to the following general conditions:

1. Contracts for work shall be awarded to the lowest responsive responsible bidder. The Facilities Department reserves the right to determine the conditions of responsibility, including matters such as delivery date, products quality and the service and reliability of the supplier.
2. The District is under no obligation, express or implied, to accept the lowest bid received. The District has absolute discretion in the acceptance of bids, and the Facilities Department reserves the right to reject all bids if it so desires.
3. No illegal, unfair, unethical or otherwise improper advantage shall be accorded to any bidder by Tahoe Forest Hospital District.
4. If bids on more than one kind of item are solicited at the same time by the district, the Facilities Department shall have the right to accept parts of one or more bids, unless the bidder has specified otherwise.

PROCEDURE:

A. Informal Bidding Procedures

1. **Required Noticing.** When a public contract is to be bid pursuant to the procedures in this Policy, a notice inviting informal bids shall be mailed to all construction trade journals specified by the commission in accordance with Public Contract Code § 22036.
2. **Optional Noticing.** Notification may be also provided to the contractors on the list created pursuant to Policy Section F for the category of work being bid, and to any additional contractors and/or construction trade journals.
3. **Mailing Notices.** All mailing of notices to contractors and construction trade journals shall be completed not less than ten (10) calendar days before bids are due.
4. **Description of Project.** The notice inviting informal bids shall describe the project in general terms and how to obtain more detailed information about the project, and state the time and place for the submission of bids.

B. Formal Bidding Procedures (taken from DMM-22)

1. **Preparation of Plans, Specifications or Description of Proposed Work.** Upon determination that work is required and that formal bidding is required, the responsible staff or consultants selected by the Facilities Department shall prepare, or cause to be prepared, plans, specifications or descriptions of the work in such detail and with such specificity as the nature of the work may require. If the nature of the work so requires, such plans, specifications or descriptions shall include requirements for bid bonds and/or requirements for performance and completion bonds.
2. **Timing of Bids.** The plans, specifications or descriptions shall also set forth the procedure and final date and time for submission of bids.
3. **Copies.** Copies of the plans, specifications or descriptions may be sold to potential bidders at cost

C. **Request for Bids.** In instances where bidding is required by law, or where it is otherwise deemed desirable or appropriate to obtain formal bids, such bids shall be invited by a notice published in at least one of the following methods:

-
1. A notice inviting bids from qualified bidders, published in two (2) consecutive publications in a newspaper or periodical of broad circulation; or
 2. An announcement mailed to at least five (5) persons or firms reasonably believed to be able to undertake the performance of the work.

D. Timing of Notice. The last such published notice or such announcement shall be published or mailed at least three (3) weeks prior to the date fixed for opening of the bids.

E. Requirements of Notice. The notice required in Procedure Section C shall:

1. Describe the contemplated work,
2. Set forth the procedure by which potential bidder may obtain copies of the plans, specifications, or description's,
3. State the final date and address for submission of bids, and the date, time and place for opening of bids; and
4. Set forth such other matters, if any, as would reasonably enhance the number and quality of bids.

F. Preparation of Submission of Bids. Bids shall be in writing and shall refer specifically to the contemplated work. They shall be transmitted to a person or office designated by the District in the notice described in Procedure Section C. All bids shall remain sealed until the date and time set forth in such notice.

1. If the nature or performance of the work is such that pre-qualification may be required, is necessary or desirable, such procedures for such pre-qualification, shall be set forth in or provided with the plans, specifications or descriptions outlined in the notice described in Procedure Section C.
2. **Examination and Evaluation of Bids.** All bids timely filed or, if applicable, all pre-qualified bids, shall be publicly opened by the Facilities Department on the date and time and at the place specified for the opening of bids. Bidders, or their representatives, may be present at the time the bids are opened. The amount of each bid shall be read or a copy made available to any bidder or representative then present.
3. The bids and District's evaluation of them and the recommendations shall be presented to the Board of Directors at its next regular meeting, provided that the Board may delegate to the Director of Facilities the power to approve bids, pursuant to these policies and procedures.

G. Awarding of Contracts. The Board of Directors, or the Board's designee, shall award the contract for the performance of work to the lowest responsible bidder who has furnished such security as may have been specified by the Board of Directors. In the alternative, the Board may reject all bids.

1. **Rejection of Bidder.** If the Board of Directors, or the Board's designee, determines that the lowest bidder is not responsible, the contract may either be awarded to the lowest responsible bidder, or to the lowest bidder on the condition that the lowest bidder furnish security other than, or in addition to, that set forth in the plans, specifications or descriptions.
2. **Opportunity for Hearing.** If the Board of Directors decides to award the contract for the performance of work to a bidder, other than the lowest bidder, the Board shall notify the low monetary bidder of any evidence reflecting upon its responsibility received from others, or adduced as a result of an independent investigation. The Board shall afford evidence and shall permit it to present evidence that it is qualified to perform the contract. Such opportunity to rebut submitted in written form or at an informal hearing before the awarding body, committee and/or individual

H. Bidder's Security

1. **Type of Security Deposit or Bond.** When deemed necessary or appropriate, as with public works projects, the purchasing officer may require a bidding vendor to submit a bid security or performance bond in any of the following forms:
 - a. Cash;
 - b. A cashier's check made payable to the District;
 - c. A certified check made payable to the District;
 - d. A bidder's bond executed by a surety insurer admitted to do business in California, made payable to the District.
 2. **Amount of Security Deposit or Bond.** The security shall be in an amount equal to at least ten (10) percent of the bid amount.
 3. **Forfeiture of Security.** A vendor shall forfeit its bid security upon its refusal or failure to perform pursuant to the terms of its contract with the District within twenty (20) days after notice of award of contract or such lesser period specified in the notice inviting bids.
- I. **Failure to Perform:**
1. Upon refusal or failure of the lowest successful bidder to execute or perform the contract pursuant to its terms, the Board designee authorized to award the contract may award it to the next lowest responsible bidder.
 2. If the officer or agency of the city authorized to award the contract awards the contract to the next lowest bidder, the amount of the lowest bidder's security shall be applied by the District to the difference between the low bid and the second lowest bid, and the surplus, if any, shall be returned to the lowest bidder.
- J. **Tie Bids.** If two or more bids are submitted in the same total amount or unit price, quality and service being equal, and if the public interest will not permit the delay of re-advertising for bids, the officer or agency of the city authorized to award the contract may accept either bid.
- K. **No Bids Received.** If no bids are received following compliance with the requirements of this section, the officer or agency of the city authorized to award the contract may procure the requested supplies, equipment, or services without further compliance with this chapter.
- L. **Emergencies**
1. In cases of emergency when repair or replacements are necessary, the District may proceed at once to replace or repair any public facility without adopting plans, specifications, strain sheets, or working details, or giving notice for bids to let contracts. The work may be done by day labor under the direction of the Facilities Department, by contractor, or by a combination of the two.
 2. In case of an emergency, if notice for bids to let contracts will not be given, the District shall comply with Chapter 2.5 of Part 3 of Division 2 of the Public Contracting Code (commencing with Section 22050).
 3. When making an emergency purchase, the requesting department shall complete a waiver of bid form and submit it to the Director of Facilities.

All revision dates:

Attachments:

No Attachments

DRAFT FY18 CEO Incentive Compensation Criteria

Finance 60%

-Meet or exceed budgeted net income of __ (comes from FY18 budget once approved) __.

Service 10%

-Meet or exceed 93.76 Patient Satisfaction Scores as highlighted in the Gain Sharing Program.

Quality 10%

-Maintain or improve core measure in the sepsis bundle.

Growth 10%

-Meet or exceed 59,226 annual physician office visits total for all owned or managed physicians.

People 10%

- Meet or exceed national average of 4.03 for Physician Engagement Survey results.

**Odd years will use employee engagement survey results and even years will use physician engagement survey results.*

Health Information Systems Restructure Update

Jake Dorst

Chief Information and Innovation Officer



Mission and Vision

- *Our mission*
 - *We exist to make a difference in the health of our communities through excellence and compassion in all we do*
- *Our vision*
 - *To serve our region by striving to be the best mountain health system in the nation*



Strategic Goal 4: Choosing and implementing the correct new Electronic Health Record for our system that spans all physician, OP and IP services. Plus acquiring any other critical companion business operations software.

- Completed extensive RFP for new EHR Software (Dorst): 2016
- Selected host for EPIC software from Mercy Technical Services (Dorst): 2016
- Implement EHR software (Dorst): Anticipate go live date of 11/2017
- Completed RFP for Cost accounting and budget software (Dorst, Betts): 2016
- Implement Kaufman Hall budget advisor and Aperek cost accounting software in parallel with EPIC EHR software (Dorst, Betts): Anticipate go live 11/2017

Goal Matrix

Tahoe Forest Hospital District

Chief information and Innovation Officer Goals 2016-2017

Strategy Two: Electronic Health Record

Status Scale: = completed = partially completed; = not completed

Objectives	Actions	Exec.	Status	Results	Time Line
Objective 1: Complete extensive RFP for new EHR Software	a. Created very thorough RFP with input for many areas on what would be required and desired for a new EHR. b. This RFP was sent out to 4 different vendors (Meditech, Cerner, Athena, and Epic)	CIIO		<ul style="list-style-type: none"> Received details proposals for each major vendor. After careful consideration from many areas of the hospital Epic was chosen to be the vendor that would best meet our requirements. 	5/2015 - 10/2016
Objective 2: Select partner to host our Epic environment	a. Sent request to UC Davis, Renown Health, and Mercy Technologies to host our selected software environment.	CIIO		<ul style="list-style-type: none"> Received responses from Renown and Mercy Mercy was selected due to their experience in implementation and support of various other hospitals using their hosted Epic software. Contract was negotiated and executed. 	10/26/2017 – 3/07/2017
Objective 3: Select Cost accounting system based on RFP	a. Working closing with the finance department, a RFP was created and sent out to various vendors. b. Capability, functionality and price were considered.	CIIO/CFO		<ul style="list-style-type: none"> Kaufman Hall budget advisor and Aperek cost accounting software were deemed to be the best fit. 	10/2016 – 4/2017
Objective 4: Implementation of EHR and business operations software	a. Working with many vendors and Mercy Technologies to execute on a very detailed and thorough project plan.	CIIO		<ul style="list-style-type: none"> Anticipated go-live for all systems is 11/01/2017 	03/2017-

Project Conditions

- TFHD has recognized that the current state Health Information System (HIS) does not meet current, nor future, needs for functionality and integration for the District.
- Through an exhaustive RFI process over an 18 month period the district has made the strategic decision to restructure the HIS system through the implementation of EPIC community connect (through vendor/partner Mercy Technology of St. Louis, MO), Premier Aperek, and Kaufman Hall Axiom platform with Cost Accounting/ Decision support tools.
- The implementation of these systems and integration with specific software that will remain in use represents a significant step forward towards delivery of patient care and revenue cycle integrity for the district and the community.



Strategic rationale for this project

- Integrated EHR's help to improve diagnostics and patient outcomes.
- TFHD's needed to move to a single, integrated electronic health record and billing system.
- TFHD will remove 6 different health information systems and replace them with a single integrated system.
- A single unified HIS will better allow TFHD to implement a centralized scheduling platform.
- This system will allow a more longitudinal view of our patient's history for their various providers.

Source: <https://www.healthit.gov/providers-professionals/improved-diagnostics-patient-outcomes>



List of Major Changes

<u>Project</u>	<u>Category</u>	<u>Description</u>
EPIC Implementation	New Software	Primary HIS
EPIC Workflows	Process Redesign	Primary HIS
CORe	Process Redesign	Clinical Operations Readiness Program
ARCR	Process Redesign	Access and Revenue Cycle Readiness
Mmodal	New Software	Dictation and Transcription Services
NantHealth	New Software	Bridging software for our vital sign monitors
Fukuda	New Software	Vital Signs solution
Data Innovations	New Software	Laboratory Device integration software
MediWare	New Software	Blood Bank Software
GE Centricity L&D	New Software	Fetal Strip and Obstetrics Charting software
Legacy Data Conversion	TFHD Transition	Bringing in prior records
Hardware Plan/Procurement/Deployment	TFHD Transition	Hardware upgrades
Credentialed Trainers	TFHD Transition	Creating in -house Epic Trainers
GO LIVE training center	TFHD Transition	Build out of a temporary training center
Permanent Onboarding Program	TFHD Transition	Creating a permanent training program for new Employees and Physicians
Passport	New Software	Validate patient co-pay, benefit eligibility and deductible information at any point in the revenue cycle
APEREK	New Software	General Financial account, ordering and supply chain management
AXIOM	New Software	Budgeting, forecasting and cost accounting
Mirth Interface Redesign	TFHD Transition	Simplify our interfacing software and design
Desktop	TFHD Transition	Update our current desktop to Windows 10 and enhance security
LifeMed ID	New Software	Positive Patient Identification (PPI) software solution.
N-thrive	New Software	Charge Master Maintenance and Workflow

Clinical Benefits

- EPIC provides a higher level of continuity of care for our district residents as well as visitors to our region. EPIC is the premier electronic medical record in the United States. By implementing this system across the majority of our district, means one unified patient medical record that can be viewed in its entirety by any provider regardless of which care service our patients are seeking within the health system.
- In addition, transitioning to a centralized scheduling model provides patients with a singular point of non-emergent entry for accessing health services in the community to support navigating them through their care experience.
- Healthy Planet is Epic's population health platform and will provide patient data and information to our health coaches to facilitate our goals of creating a healthier community.
- Furthermore, because of EPIC's CareEverywhere™ interoperability platform our physicians will have the capability to access key portions of the patient record (if the patient's primary care health system is also an EPIC user). Similarly, physicians in other EPIC health systems will have the ability to access those same key portions of TFHD's patient's records when they travel to other regions.
- Through the use of EPIC's MyChart™ patient portal, our patients will have access to parts of their own patient record, be able to self-schedule visits in the clinics, review and pay their bills, and receive appointment reminders.

Financial Benefits

- The HIS restructure provides a number of operating efficiencies and integrity across the business elements of the district through streamlined charge capture and billing practices, data integration of operations/billing and financial management systems, and financial analysis/forecasting/ modeling/ cost accounting, and decision support.

MyChart Enhancements

- Manage your appointments .
 - Request your next appointment or view details of your past and upcoming appointments.
- Access your test results .
 - No more waiting for a phone call or letter. View your results and your doctor's comments within days.
- Communicate with your doctor.
 - Get answers to medical questions without phone tag or unnecessary appointments.
- Pay bills online.
 - Access and pay your copays and bills from home.
- Request prescription refills.
 - Send a refill request for any of your refillable medications.



Centralized Scheduling

- One call does it all.
- Maximization of the capabilities of the Epic enterprise application.
- Improved patient access.
- Efficient call handling.
- Opportunity to streamline and gain efficiencies in the workflow.
- Increased visibility into our schedules to maximize value.
- Standardization of the referral and scheduling process.



Other benefits of the HIS restructure

- Insight into our organizations data to help create strategies in our ever changing market forces.
- Population health will now be easier to perform with direct patient out reach and accurate data.
- Easing access to care
- Better patient engagement
- Patient navigation
- Telemedicine



Post Go-Live Enhancement Requests

- Single Sign-on
 - Make logging into Epic and other applications easier for our end users.
- Implement Beacon for Cancer Treatment
 - This will help to better integrate our patient record.
- Home Health
 - Anticipated go live in July 1, 2018
- Pyxis (pharmacy management system) Upgrade
 - Starts January 2018
- Move retail Rx to Epic
- Move SNF to Epic
- EKG interface to Epic
- Holter Monitor integration to Epic
- Ventilator integration to Epic
- Barcode entire supply chain
- Barcode scanning for implants in surgery
- Secure texting solution



Our dilemma is that we hate change and love it at the same time; what we really want is for things to remain the same but get better. -

Sydney J. Harris

- Healthcare is an ever evolving and increasingly competitive market.
- We must evolve as an organization to remain relevant, change is inevitable.
- This project represents an enormous amount of change in the organization that has affected every one of our employees at some level.
- The stress levels of our staff has been increased by this change, and we have worked hard to make sure we have addressed our associates concerns.
- We want to recognize the massive effort that has gone into this change and say ‘Thank You!’ to everyone involved.



Questions?





Board Informational Report

By: **Harry Weis**
CEO

DATE: 9/20/17

Fall is arriving this week and our health system has on an overall basis had a busy summer.

I am very appreciative on behalf of our hospital system and all residents in our region that our health system has completed two back to back high performance years that are approximately tenfold better than the average annual performance of the previous 66 years of the District. These results allow us to take a deeper and more rapid look at our critical needs and act on those needs to better serve our region.

As I have been here just under two years, I believe now is a very good time to bring in an outside firm to perform an organizational review that will greatly assist me in the context of our progress to date and our critical work to be done over the next several years. I believe this external review and commentary will be invaluable for our long term success.

We continue to make repairs for the winter, including roof repair where applicable, a back-up generator for our child care center and many other repairs. We are progressing with internal construction in our pharmacy to meet changing regulatory requirements as well.

This fiscal year will be very important as far as our master plan goes as we need to begin to remodel and commence construction on the second floor of the cancer center, the third floor of the MOB, and improvements to our ortho building. We need these improvements to be completed as quickly as possible.

As of the date of this memo, we are 42 days out from the major "go live" of our EPIC electronic healthcare record and several business software applications.

We are proposing to share detailed updates for one of our six critical strategies with discussion and input from the Board each month. This month a presentation will occur on our electronic health record key strategy.

Another key service improvement for all residents in our community is a centralized scheduling program for the health system. This new service will have many benefits for residents to access our health system. We will plan to have an educational item for the board on this no later than December.

The District's Community Health Needs Assessment is currently underway across our region. This survey generally occurs every three years so please watch for more news and findings on this topic.

I attended several meetings last week with the Association of California Healthcare Districts (ACHD) in San Diego. ACHD works across the state to improve the plight of CA District hospitals in the years to come with the myriad of state and federal regulation that is rapidly evolving. I have been asked to serve as ACHD's Treasurer and on ACHD's Governance and Advocacy committees as well.

We are keeping our eye on federal activities as the Affordable Care Act and successor legislation is being drafted with the hope of passage.



GOVERNANCE COMMITTEE AGENDA

Monday, September 18, 2017 at 1:00 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: 06/14/2017**

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

6.1. **Policy Review**

6.1.1. **Board of Director Bylaws**..... ATTACHMENT

Governance Committee will review proposed revisions to Board of Directors bylaws.

6.2. **Board Self-Assessment Discussion**

Governance Committee will discuss the board self-assessment tool and a potential date to administer the assessment.

7. **CLOSED SESSION**

7.1. **Approval of Closed Session Minutes: 06/14/2017**

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.



QUALITY COMMITTEE AGENDA

Tuesday, September 19, 2017 at 12:00 p.m.
Foundation Conference Room, Tahoe Forest Hospital
Donner Pass Road, Truckee, CA

1. CALL TO ORDER

2. ROLL CALL

Alyce Wong, RN, Chair; Charles Zipkin, M.D., Board Member

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

4. INPUT – AUDIENCE

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

5. APPROVAL OF MINUTES OF: 7/11/2017 ATTACHMENT

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

6.1. Quality Committee Charter and 2017 Focus ATTACHMENT

BOD Quality Committee Focus 2017 was approved on March 14, 2017 and available for reference during the meeting.

6.2. Patient & Family Centered Care (PFCC)

6.2.1. Patient & Family Advisory Council Update

An update will be provided related to the activities of the Patient and Family Advisory Council (PFAC).

6.2.2. Patient Experience Presentation

Identify patients that may be interested in sharing their healthcare story at an upcoming TFHD Board of Directors (BOD) or BOD Quality Committee meeting.

6.3. Epic Quality Reports ATTACHMENT

Discuss the quality reports that Epic is able to provide us when the system is implemented in November 2017.

6.4. Patient Safety ATTACHMENT

6.4.1 Sepsis Bundle

Review the sepsis bundle quality metrics and the process improvement teams plans for improvement.

6.4.2 AHRQ Patient Safety Culture Survey

Provide a status report on the biennial survey conducted in May 2017.

6.5. Medication Safety CommitteeATTACHMENT*
Review the Committee’s functions, including medication safety monitoring, and the impact of the Bar Coding system on patient safety.

6.6. Medical Staff Quality Assurance Committee (MSQAC)ATTACHMENT
Discuss the 2018 meeting calendar in which the Board Quality Committee will follow the MSQAC meeting.

6.7. Board Quality EducationATTACHMENT
Discuss the *Third International Consensus Definitions for Sepsis and Septic Shock (2016)*, JAMA, 315(8), 801-810.
The Committee will review and discuss topics for future board quality education. Identify best practice topics for review at future meetings.

7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

8. NEXT MEETING DATE
The date and time of the next committee meeting, Tuesday, November 14, 2017, at 12:00 p.m. will be confirmed.

9. ADJOURN

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

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

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



FINANCE COMMITTEE AGENDA

Monday, September 25, 2017 at 1:00 p.m.
Tahoe Conference Room - Tahoe Forest Hospital
10054 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER

2. ROLL CALL

Dale Chamblin, Chair; Mary Brown, Board Member

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

4. INPUT – AUDIENCE

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

5. APPROVAL OF MINUTES OF: 8/22/2017 ATTACHMENT

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

6.1. Financial Reports

6.1.1. Financial Report – Review of FYE 2017 Multi-Specialty Clinics ATTACHMENT

6.1.2. Financial Report – Pre-Audit June 2017..... ATTACHMENT*

6.1.3. Financial Report – Preliminary August 2017..... ATTACHMENT

6.2. FY17 Audit

The Finance Committee will receive an update on the status of FY17 audit preparation.

6.3. FY18 Budget Update

The Finance Committee will receive an update on the FY18 budget.

6.4. ACA Repeal/Replace Update..... ATTACHMENT

The Finance Committee will receive an update provided by the District Hospital Leadership Forum.

7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

8. AGENDA INPUT FOR NEXT FINANCE COMMITTEE MEETING..... ATTACHMENT

9. NEXT MEETING DATE ATTACHMENT

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.