



TAHOE FOREST HOSPITAL DISTRICT

# 2017-10-26 Regular Meeting of the Board of Directors

Thursday, October 26, 2017 at 4:00 p.m.

Tahoe Truckee Unified School District (TTUSD)

11603 Donner Pass Road, Truckee, CA 96161

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# Meeting Book - 2017-10-26 Regular Meeting of the Board of Directors

10/26/17 Agenda Packet

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## AGENDA

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16.2. Physician Engagement Survey Results

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17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

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

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25. ADJOURN



# REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, October 26, 2017 at 4:00 p.m.

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

1. **CALL TO ORDER**

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

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

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

*Name of Person Threatening Litigation: Kevin Baird*

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

*09/28/2017*

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

*Name of District Negotiator(s) to Attend Closed Session: Alyce Wong  
Unrepresented Employee: Chief Executive Officer*

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

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

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

*Subject Matter: Medical Staff Credentials*

6. **DINNER BREAK**

**APPROXIMATELY 6:00 P.M.**

7. **OPEN SESSION – CALL TO ORDER**



Regular Meeting of the Board of Directors of Tahoe Forest Hospital District  
**October 26, 2017 AGENDA – Continued**

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**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. October 2017 Employee of the Month .....ATTACHMENT
- 12.2. National Nurse Practitioner (NP) Week is November 12-18

**13. MEDICAL STAFF EXECUTIVE COMMITTEE ♦**

- 13.1. Medical Executive Committee (MEC) Meeting Consent Agenda .....ATTACHMENT  
MEC recommends the following for approval by the Board of Directors: New Clinical Policy -  
Labor-Care of the Patient Using the Jacuzzi Whirlpool Tub

**14. CONSENT CALENDAR ♦**

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

**14.1. Approval of Minutes of Meetings**

- 9/28/2017.....ATTACHMENT

**14.2. Financial Report**

- 14.2.1. Financial Report - September 2017 .....ATTACHMENT

**14.3. Contracts**

- 14.3.1. Steve Thompson, M.D. – Professional Services Agreement.....ATTACHMENT
- 14.3.2. Shawni Coll, D.O. – Professional Services Agreement .....ATTACHMENT
- 14.3.3. Cara Streit, M.D. – Professional Services Agreement.....ATTACHMENT
- 14.3.4. Medical Office Lease for 10175 Levon Avenue, Truckee, CA 96161 .....ATTACHMENT

**14.4. Staff Reports (Information Only)**

- 14.4.1. CEO Board Report .....ATTACHMENT
- 14.4.2. COO Board Report.....ATTACHMENT
- 14.4.3. CNO Board Report.....ATTACHMENT
- 14.4.4. CIIO Board Report .....ATTACHMENT
- 14.4.5. CMO Board Report.....ATTACHMENT

**14.5. Policy Review**

- 14.5.1. ABD-03 Board Compensation and Reimbursement .....ATTACHMENT

**15. ITEMS FOR BOARD ACTION ♦**

- 15.1. Rural Health Clinic .....ATTACHMENT\*

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District  
**October 26, 2017 AGENDA – Continued**

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The Board of Directors will receive a presentation on the structure and operation of a rural health clinic and consider for approval a resolution to proceed with a rural health clinic application.

**15.2. Chief Executive Officer Employment Agreement.....ATTACHMENT\***

The Board of Directors will review and consider for approval an employment contract for the Chief Executive Officer.

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

The Board of Directors will review proposed revisions to the TFHD Board of Directors Bylaws.

**15.4. Dissolution of Tahoe Endoscopy Center, Inc. ....ATTACHMENT**

The Board of Directors will consider the dissolution of Tahoe Endoscopy Center, Inc.

**16. ITEMS FOR BOARD DISCUSSION**

**16.1. Cancer Center Quality Report ..... ATTACHMENT**

The Board of Directors will receive a quality presentation from the Tahoe Forest Gene Upshaw Memorial Cancer Center.

**16.2. Physician Engagement Survey Results..... ATTACHMENT\***

The Board of Directors will review the results of a recent physician engagement survey.

**16.3. Strategic Plan Update**

**16.3.1. Community Relations ..... ATTACHMENT**

The Board of Directors will receive a presentation on the “Develop solid connections and relationships within the communities we serve” critical strategy.

**16.4. Board Education**

**16.4.1. Disaster Preparedness..... ATTACHMENT**

Chief Operating Officer will present an overview of the District’s disaster preparedness plan.

**17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY**

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

**18.1. Governance Committee Meeting – 10/16/2017 ..... ATTACHMENT**

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

**18.3. Finance Committee Meeting – 10/25/2017 ..... ATTACHMENT**

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

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

**19. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS**

**20. ITEMS FOR NEXT MEETING**

-Date for next Regular Board Meeting has changed to November 30, 2017. The location has also been changed to the Eskridge Conference Room at Tahoe Forest Hospital.

**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**

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District  
**October 26, 2017 AGENDA – Continued**

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**25. ADJOURN**

*The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is November 30, 2017 at Tahoe Forest Hospital, 10121 Pine Avenue, Truckee, CA 96161. A copy of the board meeting agenda is posted on the District's web site ([www.tfhd.com](http://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, October 2017 Simone Specht, Staff Nurse- MSC**

We are honored to announce Simone Specht, Staff Nurse, MSC as our October Employee of the Month.

Simone has been a part of the MultiSpecialty Clinics for over 2 years and the patients often times ask for her by name. She is devoted to patients' health and constantly goes above and beyond on a daily basis to help achieve patient satisfaction. Her knowledge of pediatric vaccines and her willingness to help a parent understand what is needed and why keeps our patients coming back.

Simone demonstrates understanding when she talks on the phone with a soft tone to sooth a concerned parent. She believes in a technique called "using your mommy instinct" and puts herself in their shoes. She is an amazing team player and has recently taken on new responsibilities. She is always willing to assist physicians and often times floats to other offices to help. Simone demonstrates quality in her knowledge and skills. She is the go-to nurse regarding vaccines and patient triage.

Simone meets and exceeds the definition of the TFHS mission and values but most of all has been an asset to our hospital with her knowledge and dedication to patients' health and her ability to comfort and sooth patients.

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

**Johny Lopez- Phlebotomist- Occ Health  
Pedro Rodriquez- Cook- Dietary  
Isaura Bobadilla- EVS Aide- EVS  
Cody Halvorson- Associate System Admin- IT**

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

**MEDICAL EXECUTIVE COMMITTEE  
 RECOMMENDATIONS TO BOARD OF DIRECTORS  
 Thursday, October 26, 2017**

REFERRED BY:	AGENDA ITEMS	OVERHEAD/ ATTACHMENT	RECOMMEND
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<b>MEDICAL STAFF</b>	<b>A motion was made, seconded, and carried to recommend approval of the following to the Board of Directors:</b>		
1. OB/Peds Department	The Executive Committee recommends approval of the following:  <u>New Clinical Policy: Labor-Care of the Patient Using the Jacuzzi Whirlpool Tub</u>		Recommend approval



TAHOE  
FOREST  
HEALTH  
SYSTEM

Origination Date: 08/2017  
Last Approved: 09/2017  
Last Revised: 09/2017  
Next Review: 09/2018  
Department: Women and Family Center -  
DWFC  
Applies To: Tahoe Forest Hospital

## Labor - Care of the Patient Using the Jacuzzi Whirlpool Tub, DWFC-1700

### PURPOSE:

- A. To provide guidelines for the safe and appropriate use of water labor on the obstetrical unit.
- B. To promote comfort and relaxation during labor

### CONTRAINDICATIONS:

- A. Abnormal fetal heart rate (FHR) tracing
- B. Immunosuppressed patients
- C. Maternal infection
  - 1. Hematogenous viral infection
  - 2. Open or draining wounds
  - 3. Clostridium Difficile and/ or Norovirus infections
- D. Abnormal or excessive vaginal bleeding
- E. Maternal temperature greater than 99.9 degrees Fahrenheit (F)
- F. Epidural analgesia/anesthesia
- G. IV Analgesia
- H. Patients with implanted catheters
  - I. Patients with surgical incisions

### POLICY:

- A. A provider order must be obtained prior to a laboring patient using the Jacuzzi Whirlpool tub
- B. All laboring patients using the Jacuzzi Whirlpool tub will practice good basic hygiene and shower with soap and water prior to immersing in the Jacuzzi Whirlpool tub.
- C. All laboring patients are accompanied by a support person or staff member at all times while in the Jacuzzi Whirlpool tub since hydrotherapy may potentially increase weakness, dizziness, nausea, maternal tachycardia, or maternal hypotension.
- D. Support person(s) or staff member(s) accompanying the laboring patient will practice appropriate hand

hygiene both before and after assisting the laboring patient.

- E. Document maternal and fetal assessment prior to the use of the Jacuzzi Whirlpool tub. Assess and document progress of labor, uterine contraction pattern, status of membranes, fetal position, maternal vital signs, and water temperature prior to patient entering water. Fetal heart rate is monitored during the use with telemetry fetal according to AWHONN guidelines. Maternal vital signs are taken and documented in accordance with unit guidelines.
- F. The patient should get out of the jetted bathtub if the baseline of the fetal heart rate is above 160 beats per minute (bpm).
- G. Maternal temperature is monitored every hour while laboring in the Jacuzzi Whirlpool tub. Discontinue use of the Jacuzzi tub if persistent maternal temperature is greater than or equal to 100.4 degrees F occurs.
- H. Fill the Jacuzzi Whirlpool tub with warm water to a level that covers the maternal abdomen. The water temperature is maintained at 91.4-100.4 degrees F not to exceed 100.4 degrees F and to patient comfort. Document the water temperature prior to use and every hour until water labor is discontinued.
- I. Explain the procedure and purpose of water labor to patient/family. Demonstrate the use of the emergency call light.
- J. Discuss the potential routes of infection caused by contaminated water including: accidental ingestion of the water , breathing sprays and aerosols from the water, and allowing wounds to come in direct contact with water.
- K. Patients using the Jacuzzi Whirlpool tub are observed for signs and symptoms of overheating and dehydration. ice chips, Popsicles, and/or IV fluids are provided as needed and consistent with physician orders.
- L. Assist the patient in and out of the tub
- M. Encourage oral hydration and frequent urination .
- N. Patients with ruptured membranes may utilize the Jacuzzi Whirlpool tub.
- O. Assist patient from tub if she feels dizzy during use
- P. Using a gloved hand, Remove any blood clots, debris or floating material from water. The water should be kept as clean as possible. The tub should be drained, cleaned and refilled as needed. (Refer to cleaning procedure below).
- Q. Keep floor free from water to prevent slippage.
- R. Use gloves when contacting water (Refer to policy Hand Hygiene and Glove Use, AIPC-46).
- S. Environmental Services to clean tub according to their policy after patient use (Refer to policy Jacuzzi Whirlpool Cleaning, DEVS-1611)

## **PROCEDURE:**

- A. Between Each Use (same patient)
  - 1. Drain the dirty water from the tub
  - 2. Wipe the walls and bottom of the tub with germicidal disposable wipes
  - 3. Let the solution stand for a minimum of 2 minutes
  - 4. Rinse tub with clean water

**DOCUMENTATION:**

- A. Time entering Jacuzzi Whirlpool tub
- B. Temperature of water upon entering Jacuzzi Whirlpool tub and every hour after
- C. Fetal heart rate (FHR) assessment prior to and after entering Jacuzzi Whirlpool. Continue FHR assessment according to department guidelines.
- D. Maternal vital signs per unit guidelines. Maternal temperature should be assessed and documented every hour while utilizing the jacuzzi tub.
- E. Patient's response to water labor
- F. Time when water labor discontinued.

**Related Policies/Forms:**

[Hand Hygiene and Glove Use, AIPC-46](#)

[Jacuzzi Whirlpool Cleaning, DEVS-1611](#)

**References:**

AWHONN (2000) "Clinical position statement-fetal assessment" Washington DC

Babosa, F.M. et al (2009) A randomized controlled trial evaluating the effect of immersion bath on labor pain. **Midwifery**. 25, 286-294

Benefield, R.D. (2002) Hydrotherapy in labor. **Journal of Nursing Scholarship** (34)4, 347-352

Centers for Disease Control and Prevention (CDC). Healthcare Infection Control Practices Advisory Committee (HICPAC). Guidelines for Environmental Infection Control in Health care Facilities. MMWR, 2003

Mackey, M.M. (2001). Use of water in labor and birth. **Clinical Obstetrics and Gynecology**. (44)4, 733-749.

Simpson & Creehan (2008) **AWHONN's Perinatal Nursing**, 3rd Edition, Lippincott.

All revision dates: 09/2017, 09/2017, 09/2017, 08/2017, 08/2017

**Attachments:**

No Attachments

**Approval Signatures**

Step Description	Approver	Date
	Kristy Blake: Director Women and Family	09/2017
OB Peds Committee	Kristy Blake: Director Women and Family	09/2017
	Kylie Morgan: Clinical Coordinator	09/2017





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

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**

Meeting was called to order at 4:00 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; Matt Mushet, In-House Counsel; Martina Rochefort, Clerk of the Board

Other: David Ruderman, Assistant General Counsel

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

The order of closed session items will be adjusted to accommodate presenter schedules. Items 5.1. and 5.3. will move to Closed Session later in the meeting.

## **4. INPUT AUDIENCE**

No public comment was received.

Open Session recessed at 4:01 p.m.

## **5. CLOSED SESSION**

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

*Subject Matter: Second Quarter 2017 Quality Dashboard – Closed Session*

*Number of items: One (1)*

*Item deferred to later in the meeting.*

### **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*

*Discussion was held on a privileged item.*

### **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.*

*Item deferred to later in the meeting.*

**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*

*Discussion was held on a privileged item.*

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

*Title: Chief Executive Officer*

*Discussion was held on a privileged item.*

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

08/24/2017

*Discussion was held on a privileged item.*

**5.7. 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 6:06 p.m.

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

General Counsel reported there were changes to the order of closed session items. Items 5.1. and 5.3. are being moved until after the open session concludes at item 22. There were no reportable actions on items 5.2., 5.4., and 5.5. Items 5.6 and 5.7. were approved on 5-0 vote.

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

Items 5.1. and 5.3. have been moved to later in the agenda.

**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.** Julia Cuevas was named September 2017 Employee of the Month.

**12.2.** Tahoe Forest Health System “Best Of” winners were featured.

**12.3.** Harry Weis was named on Becker’s Critical Access Hospital CEO to Know list.

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

**13. MEDICAL STAFF EXECUTIVE COMMITTEE** ◆

**13.1. Medical Executive Committee (MEC) Meeting Consent Agenda**

MEC recommends the following for approval by the Board of Directors: Standardized Procedure – Telephone Colonoscopy Screening Process.

Discussion was held.

Director Zipkin noted a change discussed at a Medical Executive Committee meeting on item 2.1.1.14 that had not been made in the document.

General Counsel noted 2.1.1.14 had been stricken from the version approved by Medical Executive Committee.

**ACTION: Motion made by Director Brown, seconded by Director Wong, to approve the Medical Executive Committee Meeting Consent Agenda with change noted.**

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

**Abstention: Zipkin**

**NAYS: None**

**14. CONSENT CALENDAR ◆**

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

**14.1. Approval of Minutes of Meetings**

8/24/2017

**14.2. Financial Report**

**14.2.1. Financial Report - August 2017**

**14.3. Contracts**

**14.3.1. Steven Thompson, M.D. – Professional Services Agreement**

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

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

**14.3.4. Cara Streit, M.D. – Physician Recruitment Agreement**

**14.4. Staff Reports (Information Only)**

**14.4.1. COO Board Report**

**14.4.2. CNO Board Report**

**14.4.3. CMO Board Report**

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

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

**Abstention: None**

**NAYS: None**

**15. ITEMS FOR BOARD ACTION ◆**

**15.1. Tahoe Institute for Rural Health Research (TIRHR)**

Discussion was held on the approval of a funding request.

**ACTION:** Motion made by Director Chamblin, seconded by Director Hill, to approve the Tahoe Institute of Rural Health Research funding request of \$125,000.  
**AYES:** Directors Wong, Brown, Hill, Chamblin and Zipkin  
**Abstention:** None  
**NAYS:** None

#### **15.2. Resolution 2017-05**

Discussion was held on a resolution electing to become subject to Uniform Public Construction Cost Accounting Act.

Public comment was received from Rick McConn, Chief Facilities Officer.

**ACTION:** Motion made by Director Hill, seconded by Director Chamblin, to approve Resolution 2017-05 as presented. Roll call vote taken.

No public comment received.

**Brown – AYE**  
**Wong – AYE**  
**Chamblin – AYE**  
**Hill – AYE**  
**Zipkin - AYE**

#### **15.3. Resolution 2017-06**

Discussion was held on a resolution related to a policy on awarding public projects in compliance with the Uniform Public Construction Cost Accounting Act.

**ACTION:** Motion made by Director Chamblin, seconded by Director Wong, to approve Resolution 2017-06 as presented. Roll call vote taken.

**Brown – AYE**  
**Wong – AYE**  
**Chamblin – AYE**  
**Hill – AYE**  
**Zipkin - AYE**

#### **15.4. CEO Incentive Compensation**

Discussion was held on FY18 CEO Incentive Compensation Criteria.

Public comment was received from Dr. Shawni Coll, Juan Abarca-Sanchez and Alex MacLennan.

The Board of Directors would like a note added to the presented CEO Incentive Compensation Criteria that the financial goal must be achieved in order for the remaining metrics to be paid out.

**ACTION:** Motion made by Director Brown, seconded by Director Wong, to approve the CEO Incentive Compensation presented for fiscal year 2018 with the addition noted above.

**AYES:** Directors, Brown, Wong, Chamblin, Hill and Zipkin  
**Abstention:** None

**NAYS: None**

**16. ITEMS FOR BOARD DISCUSSION**

**16.1. Strategic Plan Update**

**16.1.1. Electronic Medical Record**

Discussion was held on EPIC, the District's new electronic medical record system (EMR).

No public comment was received.

**16.2. 2017 Employee Engagement Survey Results**

Discussion was held on the results of the 2017 Press Ganey Employee Engagement Survey.

Public comment received from Juan Abarca-Sanchez.

**16.3. CEO Board Report**

Discussion was held on the CEO's board report.

No public comment was received.

**16.4. Board Strategic Goals**

No discussion was held.

No public comment was received.

**17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY**

Not applicable.

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

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

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

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

Director Wong gave an update from the recent Quality Committee meeting.

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

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

**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**

None.

**20. ITEMS FOR NEXT MEETING**

- date for special meeting
- education on rural health clinic structure
- disaster preparedness presentation

**21. BOARD MEMBERS REPORTS/CLOSING REMARKS**

None.

Open Session recessed at 7:45 p.m.

**22. CLOSED SESSION CONTINUED, IF NECESSARY**

Item 5.1. from earlier closed session

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

*Subject Matter: Second Quarter 2017 Quality Dashboard – Closed Session*

*Number of items: One (1)*

*Discussion was held on a privileged item.*

Item 5.3. from earlier closed session

**22.2. 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.*

*Discussion was held on a privileged item.*

**23. OPEN SESSION**

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

No reportable actions were taken on items 22.1. and 22.2.

**25. ADJOURN**

Meeting adjourned at 8:20 p.m.



TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF NET POSITION  
SEPTEMBER 2017-PRE-AUDIT

ASSETS	PRE-AUDIT Sep-17	PRE-AUDIT Aug-17	Sep-16	
<b>CURRENT ASSETS</b>				
* CASH	\$ 7,250,660	\$ 9,980,497	\$ 9,552,871	1
PATIENT ACCOUNTS RECEIVABLE - NET	18,200,267	18,625,963	18,227,528	2
OTHER RECEIVABLES	5,732,844	5,075,758	5,317,925	
GO BOND RECEIVABLES	1,211,282	808,025	393,297	
ASSETS LIMITED OR RESTRICTED	6,301,401	6,482,211	6,133,867	
INVENTORIES	3,034,352	3,018,999	2,694,363	
PREPAID EXPENSES & DEPOSITS	1,957,090	2,058,007	1,653,119	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	13,855,314	13,492,632	3,508,426	
<b>TOTAL CURRENT ASSETS</b>	<u>57,543,211</u>	<u>59,542,094</u>	<u>47,481,396</u>	
<b>NON CURRENT ASSETS</b>				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	61,374,995	61,374,995	55,958,822	1
BANC OF AMERICA MUNICIPAL LEASE	32,222	32,222	981,619	
TOTAL BOND TRUSTEE 2017	19,779	19,789	3	3
TOTAL BOND TRUSTEE 2015	546,496	272,301	486,433	
GO BOND PROJECT FUND	1	1	232,444	
GO BOND TAX REVENUE FUND	1,390,830	1,390,074	1,320,631	
DIAGNOSTIC IMAGING FUND	3,186	3,186	3,164	
DONOR RESTRICTED FUND	1,113,547	1,086,888	1,140,621	
WORKERS COMPENSATION FUND	23,146	15,748	27,467	
TOTAL	64,504,202	64,195,183	60,151,203	
LESS CURRENT PORTION	(6,301,401)	(6,482,211)	(6,133,867)	
<b>TOTAL ASSETS LIMITED OR RESTRICTED - NET</b>	<u>58,202,801</u>	<u>57,712,972</u>	<u>54,017,336</u>	
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	130,619,249	130,697,325	128,501,157	
GO BOND CIP, PROPERTY & EQUIPMENT NET	33,816,451	33,703,674	31,836,883	
<b>TOTAL ASSETS</b>	<u>280,716,202</u>	<u>282,190,554</u>	<u>262,716,496</u>	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	494,553	497,786	533,342	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,446,560	1,548,299	2,126,025	3
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	6,196,430	6,220,134	6,480,886	
GO BOND DEFERRED FINANCING COSTS	485,498	487,433	508,713	
DEFERRED FINANCING COSTS	196,612	197,653	209,096	
<b>TOTAL DEFERRED OUTFLOW OF RESOURCES</b>	<u>\$ 8,819,654</u>	<u>\$ 8,951,304</u>	<u>\$ 9,858,061</u>	
<b>LIABILITIES</b>				
<b>CURRENT LIABILITIES</b>				
ACCOUNTS PAYABLE	\$ 4,171,592	\$ 6,309,518	\$ 4,590,262	4
ACCRUED PAYROLL & RELATED COSTS	14,574,436	14,325,789	10,097,141	
INTEREST PAYABLE	264,323	201,903	299,138	
INTEREST PAYABLE GO BOND	617,192	308,596	630,984	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	47,577	47,577	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	1,049,645	329,167	2,260,819	5
<b>TOTAL CURRENT LIABILITIES</b>	<u>25,358,031</u>	<u>26,155,815</u>	<u>22,376,679</u>	
<b>NONCURRENT LIABILITIES</b>				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	27,350,537	28,075,001	28,250,589	5
GO BOND DEBT NET OF CURRENT MATURITIES	102,726,923	102,740,343	103,462,971	
DERIVATIVE INSTRUMENT LIABILITY	1,446,560	1,548,299	2,126,025	3
<b>TOTAL LIABILITIES</b>	<u>156,882,050</u>	<u>158,519,458</u>	<u>156,216,264</u>	
<b>NET ASSETS</b>				
NET INVESTMENT IN CAPITAL ASSETS RESTRICTED	131,540,258	131,535,512	115,217,672	
	1,113,547	1,086,888	1,140,621	
<b>TOTAL NET POSITION</b>	<u>\$ 132,653,805</u>	<u>\$ 132,622,400</u>	<u>\$ 116,358,293</u>	

\* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT  
NOTES TO STATEMENT OF NET POSITION  
SEPTEMBER 2017 – PRE-AUDIT

1. Working Capital is at 19.0 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 179.8 days. Working Capital cash decreased a net \$2,730,000. Accounts Payable decreased \$2,138,000 (See Note 4), the District purchased property near the campus in the amount of \$437,000 and cash collections fell short of projections 3%.
2. Net Patient Accounts Receivable decreased approximately \$426,000.00. Cash collections were 97% of target. Days in Accounts Receivable are at 49.50 days compared to prior months 50.0 days, a .50 days decrease.
3. To comply with GASB No. 63, the District has booked an adjustment to the asset and offsetting liability to reflect the fair value of the Piper Jaffray swap transaction at the close of September.
4. Accounts Payable decreased \$2,730,000 due to the timing of the final check run in the month.
5. Current Maturities of Other Long Term Debt and Other Long Term Debt Net of Current Maturities changed a net \$720,000 after a reclass of the final payments remitted on the Municipal Lease.



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

<b>WORKING CAPITAL</b>			
US Bank	\$ 5,894,723		
US Bank/Kings Beach Thrift Store	90,418		
US Bank/Truckee Thrift Store	266,149		
US Bank/Payroll Clearing	(1,683)		
Umpqua Bank	<u>1,001,052</u>	0.40%	
<b>Total</b>			<b>\$ 7,250,660</b>
 <b>BOARD DESIGNATED FUNDS</b>			
US Bank Savings	\$ -	0.03%	
Capital Equipment Fund	<u>-</u>		
<b>Total</b>			<b>\$ -</b>
Building Fund	\$ -		
Cash Reserve Fund	<u>61,374,995</u>	1.11%	
Local Agency Investment Fund			<b>\$ 61,374,995</b>
Banc of America Muni Lease			<b>\$ 32,222</b>
Bonds Cash 2017			<b>\$ 19,779</b>
Bonds Cash 2015			<b>\$ 546,496</b>
GO Bonds Cash 2008			<b>\$ 1,390,831</b>
DX Imaging Education	\$ 3,186		
Workers Comp Fund - B of A	23,146		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
<b>Total</b>			<b>\$ 26,333</b>
<b>TOTAL FUNDS</b>			<b>\$ 70,641,315</b>
 <b>RESTRICTED FUNDS</b>			
Gift Fund			
US Bank Money Market	\$ 8,363	0.03%	
Foundation Restricted Donations	34,920		
Local Agency Investment Fund	<u>1,070,264</u>	1.11%	
<b>TOTAL RESTRICTED FUNDS</b>			<b>\$ 1,113,547</b>
<b>TOTAL ALL FUNDS</b>			<b>\$ 71,754,862</b>



TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION  
SEPTEMBER 2017-PRE-AUDIT

CURRENT MONTH				YEAR TO DATE				PRE-AUDIT
ACTUAL	SEPT 2016	VAR\$	VAR%	ACTUAL FY18	ACTUAL FY17	VAR\$	VAR%	FYE JUNE 2017
<b>OPERATING REVENUE</b>				<b>OPERATING REVENUE</b>				
\$ 20,590,796	\$ 20,992,591	\$ (401,796)	-1.9%	\$ 67,872,351	\$ 64,343,059	\$ 3,529,292	5.5%	1 \$ 252,487,430
<b>Total Gross Revenue</b>				<b>Total Gross Revenue</b>				
<b>Gross Revenues - Inpatient</b>				<b>Gross Revenues - Inpatient</b>				
\$ 2,132,854	\$ 1,946,967	\$ 185,887	9.5%	\$ 6,142,138	\$ 6,081,546	\$ 60,593	1.0%	\$ 23,458,129
2,952,419	3,565,502	(613,083)	-17.2%	11,016,976	11,571,228	(554,251)	-4.8%	48,242,736
5,085,273	5,512,469	(427,196)	-7.7%	17,159,114	17,652,773	(493,659)	-2.8%	71,700,865
<b>Total Gross Revenue - Inpatient</b>				<b>Total Gross Revenue - Inpatient</b>				
15,505,523	15,480,123	25,400	0.2%	50,713,237	46,690,286	4,022,951	8.6%	180,786,565
15,505,523	15,480,123	25,400	0.2%	50,713,237	46,690,286	4,022,951	8.6%	180,786,565
<b>Total Gross Revenue - Outpatient</b>				<b>Total Gross Revenue - Outpatient</b>				
<b>Deductions from Revenue:</b>				<b>Deductions from Revenue:</b>				
9,202,892	9,309,827	106,935	1.1%	28,649,404	27,659,023	(990,381)	-3.6%	2 102,525,813
596,015	538,011	(58,004)	-10.8%	2,152,050	1,879,701	(272,349)	-14.5%	2 7,615,675
1,396	(16,420)	(17,816)	-108.5%	63,941	-	(63,941)	0.0%	2 287,548
(47,343)	281,781	329,124	116.8%	89,154	289,054	199,901	-69.2%	2 (1,460,537)
(1,725)	-	1,725	0.0%	(14,430)	(131)	14,299	10915.4%	2 (4,777,099)
9,751,236	10,113,200	361,964	3.6%	30,940,118	29,827,648	(1,112,471)	-3.7%	104,191,400
66,753	50,049	16,705	33.4%	203,279	124,975	78,304	62.7%	765,715
734,809	798,925	(64,116)	-8.0%	1,857,236	2,563,307	(706,071)	-27.5%	3 9,326,948
11,641,122	11,728,366	(87,244)	-0.7%	38,992,748	37,203,694	1,789,054	4.8%	158,388,692
<b>Property Tax Revenue- Wellness Neighborhood</b>				<b>Property Tax Revenue- Wellness Neighborhood</b>				
<b>Other Operating Revenue</b>				<b>Other Operating Revenue</b>				
<b>TOTAL OPERATING REVENUE</b>				<b>TOTAL OPERATING REVENUE</b>				
<b>OPERATING EXPENSES</b>				<b>OPERATING EXPENSES</b>				
4,312,125	3,708,343	(603,782)	-16.3%	12,913,989	11,651,311	(1,262,678)	-10.8%	4 51,226,674
1,430,971	1,219,744	(211,227)	-17.3%	4,191,491	3,777,677	(413,815)	-11.0%	4 16,553,069
51,313	43,264	(8,050)	-18.6%	160,141	144,137	(16,004)	-11.1%	4 1,243,957
632,910	567,528	(65,383)	-11.5%	2,316,910	1,821,847	(495,063)	-27.2%	4 7,012,379
1,846,015	1,912,186	66,171	3.5%	5,252,884	5,536,530	283,646	5.1%	5 22,626,576
1,371,403	1,649,162	277,759	16.8%	5,036,924	5,081,789	44,866	0.9%	6 19,429,823
924,540	972,097	47,557	4.9%	3,242,454	2,647,369	(595,085)	-22.5%	7 12,997,855
608,051	651,779	43,728	6.7%	1,752,109	1,478,946	(273,163)	-18.5%	8 7,220,537
11,177,329	10,724,103	(453,227)	-4.2%	34,866,902	32,139,606	(2,727,296)	-8.5%	138,310,870
463,793	1,004,263	(540,470)	-53.8%	4,125,846	5,064,088	(938,241)	-18.5%	20,077,822
<b>NET OPERATING REVENUE (EXPENSE) EBIDA</b>				<b>NET OPERATING REVENUE (EXPENSE) EBIDA</b>				
<b>NON-OPERATING REVENUE/(EXPENSE)</b>				<b>NON-OPERATING REVENUE/(EXPENSE)</b>				
439,747	456,451	(16,705)	-3.7%	1,316,221	1,394,525	(78,304)	-5.6%	9 6,549,416
404,013	391,933	12,079	3.1%	1,212,038	1,175,800	36,238	3.1%	5,561,486
70,750	43,717	27,033	61.8%	214,479	133,720	80,759	60.4%	10 620,873
-	335	(335)	-100.0%	-	344	(344)	-100.0%	363
-	42,085	(42,085)	-100.0%	-	72,542	(72,542)	-100.0%	11 785,614
-	-	-	0.0%	-	-	-	0.0%	12 (345,235)
-	-	-	0.0%	-	-	-	0.0%	12 -
-	-	-	0.0%	-	-	-	0.0%	13 -
-	-	-	0.0%	-	-	-	0.0%	14 -
(967,356)	(967,356)	-	0.0%	(2,902,069)	(2,902,069)	-	0.0%	15 (10,897,238)
(58,726)	(101,436)	42,710	42.1%	(246,681)	(304,891)	58,210	19.1%	16 (1,260,265)
(320,815)	845,148	(1,165,962)	-138.0%	(964,531)	198,956	(1,163,487)	-584.8%	(2,719,610)
(432,387)	710,877	(1,143,264)	-160.8%	(1,370,544)	(231,073)	(1,139,471)	-493.1%	(1,704,598)
<b>TOTAL NON-OPERATING REVENUE/(EXPENSE)</b>				<b>TOTAL NON-OPERATING REVENUE/(EXPENSE)</b>				
\$ 31,405	\$ 1,715,140	\$ (1,683,735)	-98.2%	\$ 2,755,303	\$ 4,833,015	\$ (2,077,712)	-43.0%	\$ 18,373,224
2.3%	4.8%	-2.5%		6.1%	7.9%	-1.8%		8.0%
<b>RETURN ON GROSS REVENUE EBIDA</b>				<b>RETURN ON GROSS REVENUE EBIDA</b>				

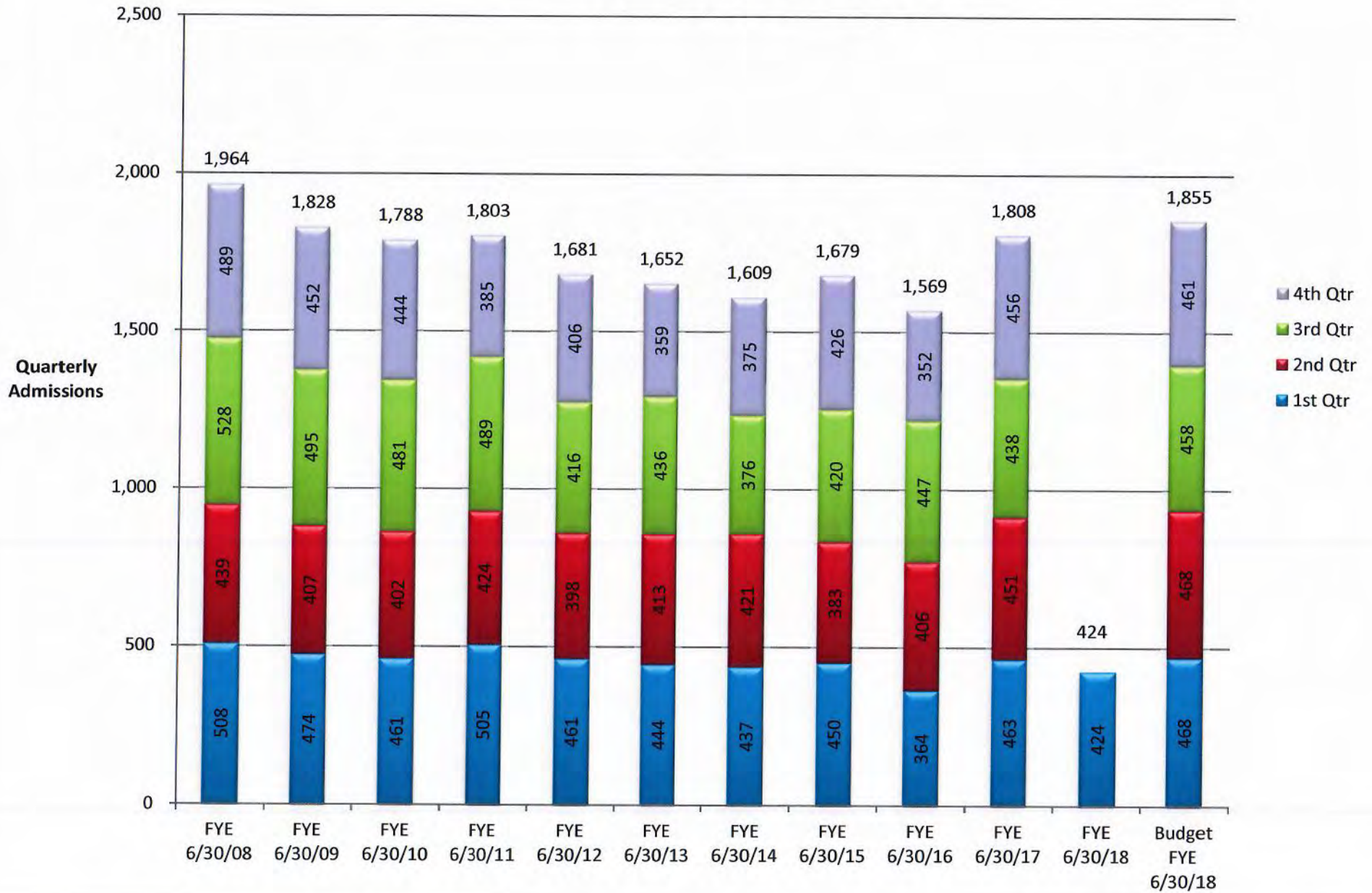


INCLINE VILLAGE COMMUNITY HOSPITAL  
STATEMENT OF REVENUE AND EXPENSE  
SEPTEMBER 2017-PRE-AUDIT

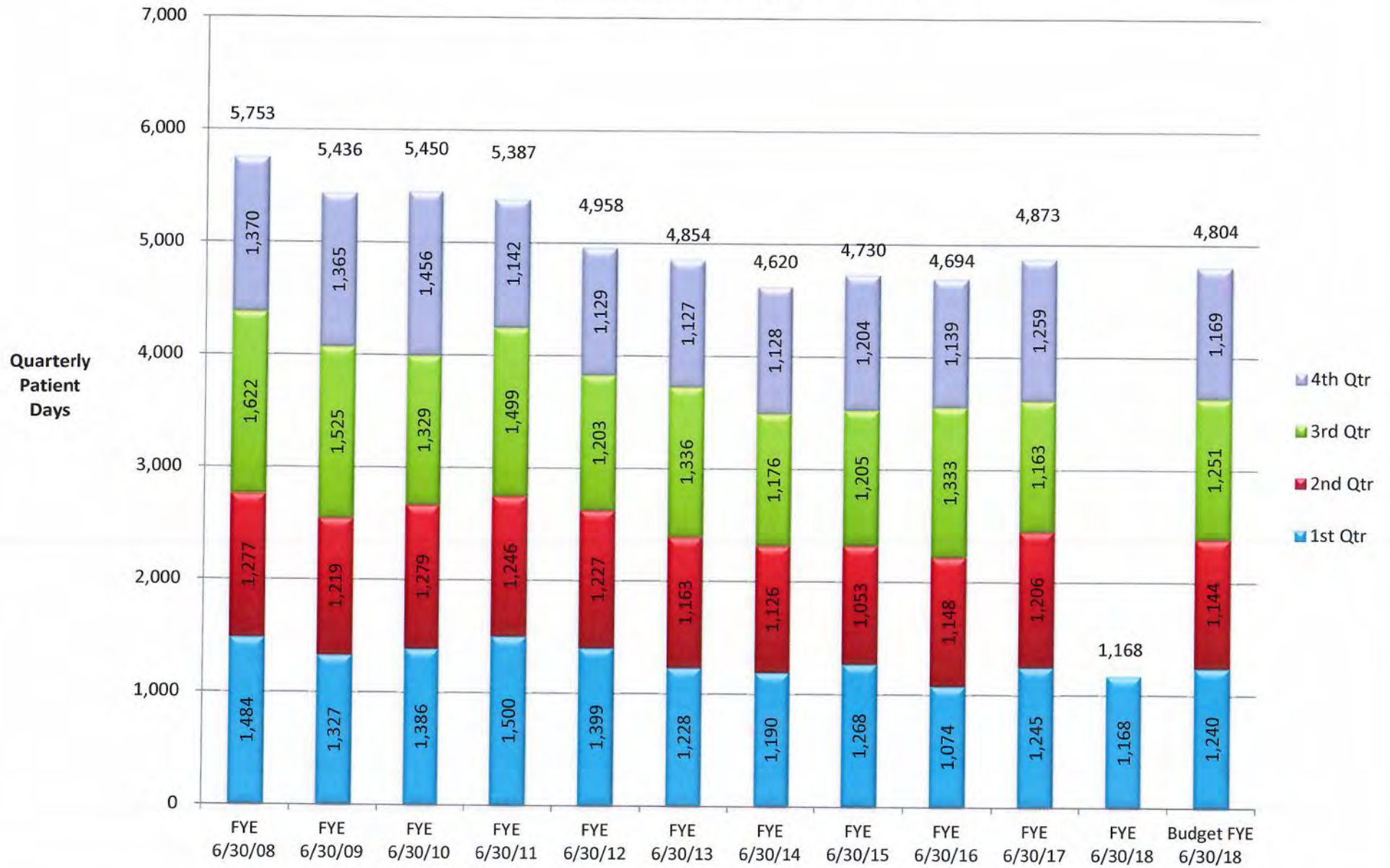
CURRENT MONTH				YEAR TO DATE				PRE-AUDIT
ACTUAL	SEPT 2016	VAR\$	VAR%	ACTUAL FY18	ACTUAL FY17	VAR\$	VAR%	FYE JUNE 2017
<b>OPERATING REVENUE</b>								
\$ 1,438,091	\$ 1,657,755	\$ (219,664)	-13.3%	\$ 5,232,777	\$ 5,235,933	\$ (3,157)	-0.1%	1 \$ 18,325,851
<b>Total Gross Revenue</b>								
<b>Gross Revenues - Inpatient</b>								
\$ (3,146)	\$ -	\$ (3,146)	0.0%	\$ -	\$ 11,624	\$ (11,624)	-100.0%	\$ 32,328
(4,433)	-	(4,433)	0.0%	1,196	19,089	(17,893)	-93.7%	44,416
(7,579)	-	(7,579)	0.0%	1,196	30,713	(29,517)	-96.1%	1 76,744
<b>Daily Hospital Service</b>								
<b>Ancillary Service - Inpatient</b>								
<b>Total Gross Revenue - Inpatient</b>								
1,445,669	1,657,755	(212,085)	-12.8%	5,231,581	5,205,221	26,360	0.5%	18,249,107
1,445,669	1,657,755	(212,085)	-12.8%	5,231,581	5,205,221	26,360	0.5%	1 18,249,107
<b>Gross Revenue - Outpatient</b>								
<b>Total Gross Revenue - Outpatient</b>								
<b>Deductions from Revenue:</b>								
517,661	584,442	66,781	11.4%	1,885,196	1,868,064	(17,132)	-0.9%	2 6,338,572
46,830	66,304	19,474	29.4%	172,670	186,151	13,481	7.2%	2 618,066
1,396	(16,420)	(17,816)	-108.5%	19,729	-	(19,729)	0.0%	2 49,786
85,317	103,688	18,370	17.7%	138,535	73,119	(65,417)	-89.5%	2 720,886
	-	-	0.0%	-	-	-	0.0%	2 39,034
651,204	738,013	86,810	11.8%	2,216,130	2,127,334	(88,796)	-4.2%	2 7,766,343
<b>Prior Period Settlements</b>								
114,439	109,248	5,191	4.8%	307,863	284,500	23,363	8.2%	3 936,841
<b>Total Deductions from Revenue</b>								
901,326	1,028,990	(127,664)	-12.4%	3,324,510	3,393,099	(68,590)	-2.0%	11,496,349
<b>Other Operating Revenue</b>								
<b>TOTAL OPERATING REVENUE</b>								
<b>OPERATING EXPENSES</b>								
307,105	270,939	(36,166)	-13.3%	913,346	897,967	(15,379)	-1.7%	4 3,479,913
73,081	71,694	(1,387)	-1.9%	282,663	270,844	(11,819)	-4.4%	4 1,248,977
2,357	1,965	(392)	-19.9%	7,070	6,395	(675)	-10.6%	4 23,991
38,138	28,680	(9,458)	-33.0%	143,431	110,517	(32,914)	-29.8%	4 448,503
238,501	236,615	(1,885)	-0.8%	704,159	721,761	17,602	2.4%	5 2,844,083
42,564	77,904	35,340	45.4%	156,394	196,327	39,933	20.3%	6 754,001
14,563	47,098	32,535	69.1%	124,579	116,280	(8,299)	-7.1%	7 594,519
49,530	55,724	6,194	11.1%	168,718	147,550	(21,168)	-14.3%	8 661,169
765,839	790,620	24,781	3.1%	2,500,361	2,467,641	(32,719)	-1.3%	10,055,157
<b>Salaries and Wages</b>								
<b>Benefits</b>								
<b>Benefits Workers Compensation</b>								
<b>Benefits Medical Insurance</b>								
<b>Professional Fees</b>								
<b>Supplies</b>								
<b>Purchased Services</b>								
<b>Other</b>								
<b>TOTAL OPERATING EXPENSE</b>								
135,488	238,370	(102,882)	-43.2%	824,149	925,458	(101,309)	-10.9%	1,441,192
<b>NET OPERATING REV(EXP) EBIDA</b>								
<b>NON-OPERATING REVENUE/(EXPENSE)</b>								
-	10,699	(10,699)	-100.0%	-	14,557	(14,557)	-100.0%	9 396,399
-	-	-	0.0%	-	-	-	0.0%	10 -
(64,277)	(64,277)	-	0.0%	(192,830)	(192,830)	-	0.0%	11 (685,353)
(64,277)	(53,578)	(10,699)	-20.0%	(192,830)	(178,273)	(14,557)	-8.2%	(288,954)
<b>Donations-IVCH</b>								
<b>Gain/ (Loss) on Sale</b>								
<b>Depreciation</b>								
<b>TOTAL NON-OPERATING REVENUE/(EXP)</b>								
\$ 71,211	\$ 184,793	\$ (113,581)	-61.5%	\$ 631,319	\$ 747,185	\$ (115,866)	-15.5%	\$ 1,152,238
<b>EXCESS REVENUE(EXPENSE)</b>								
9.4%	14.4%	-5.0%		15.7%	17.7%	-1.9%		11.3%
<b>RETURN ON GROSS REVENUE EBIDA</b>								



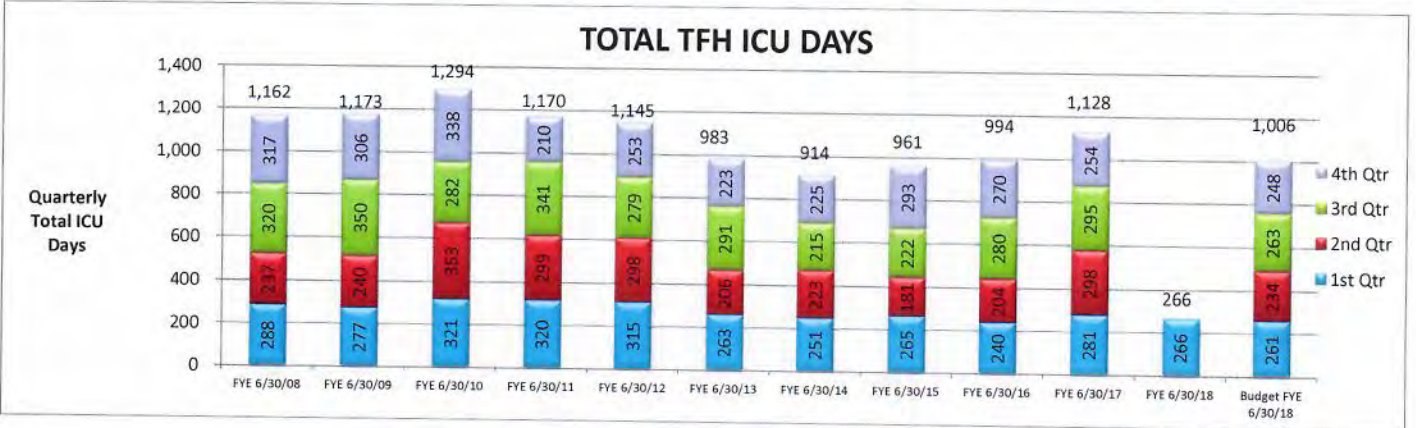
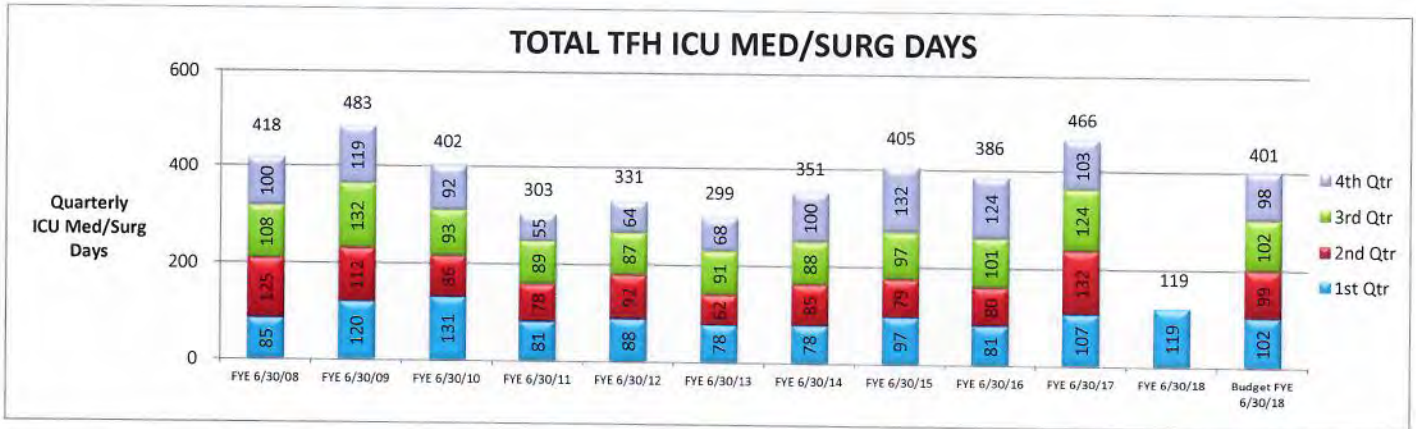
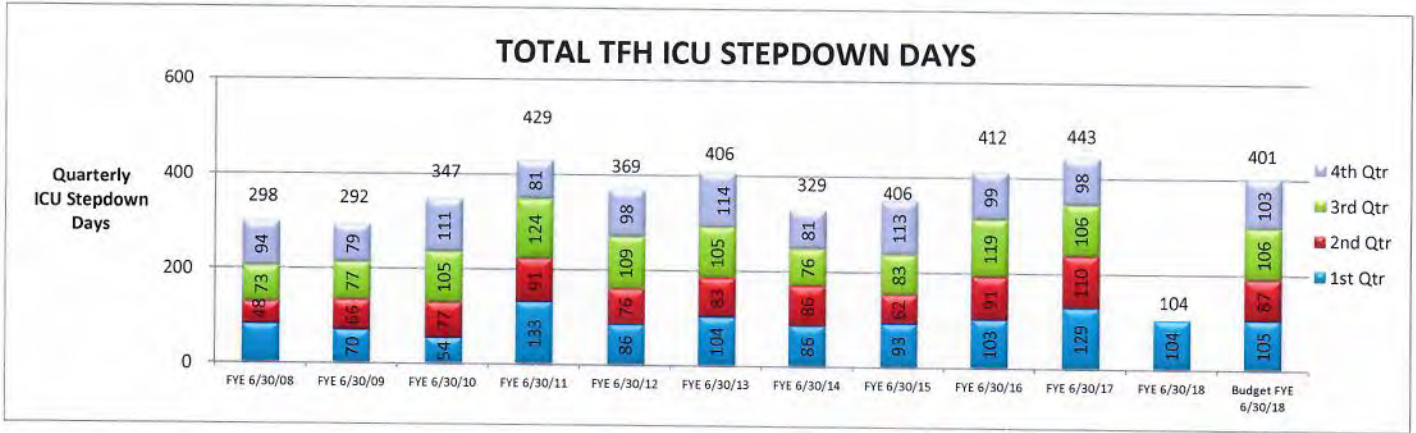
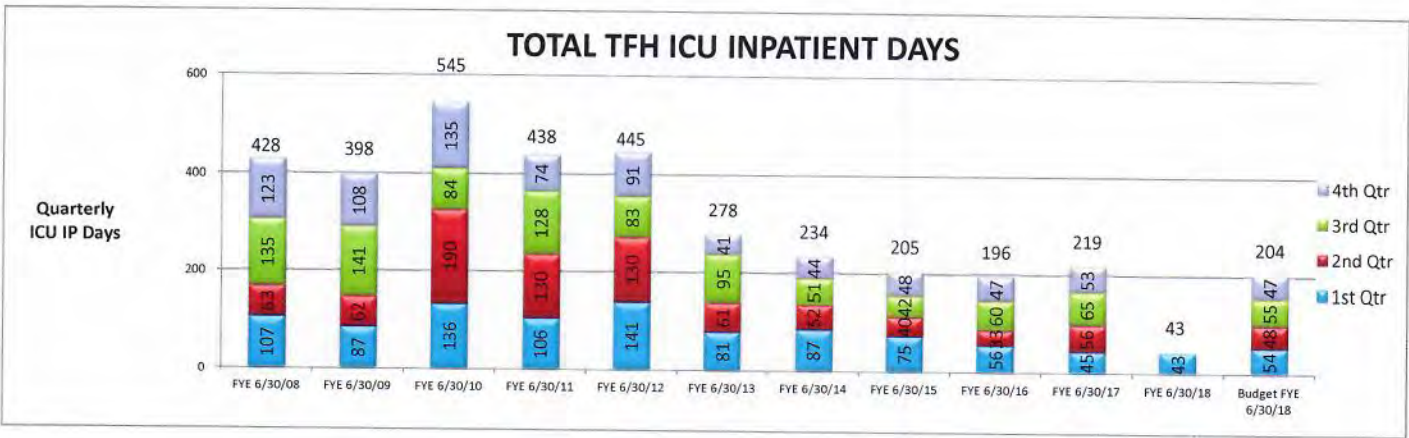
# TOTAL TFH ADMISSIONS



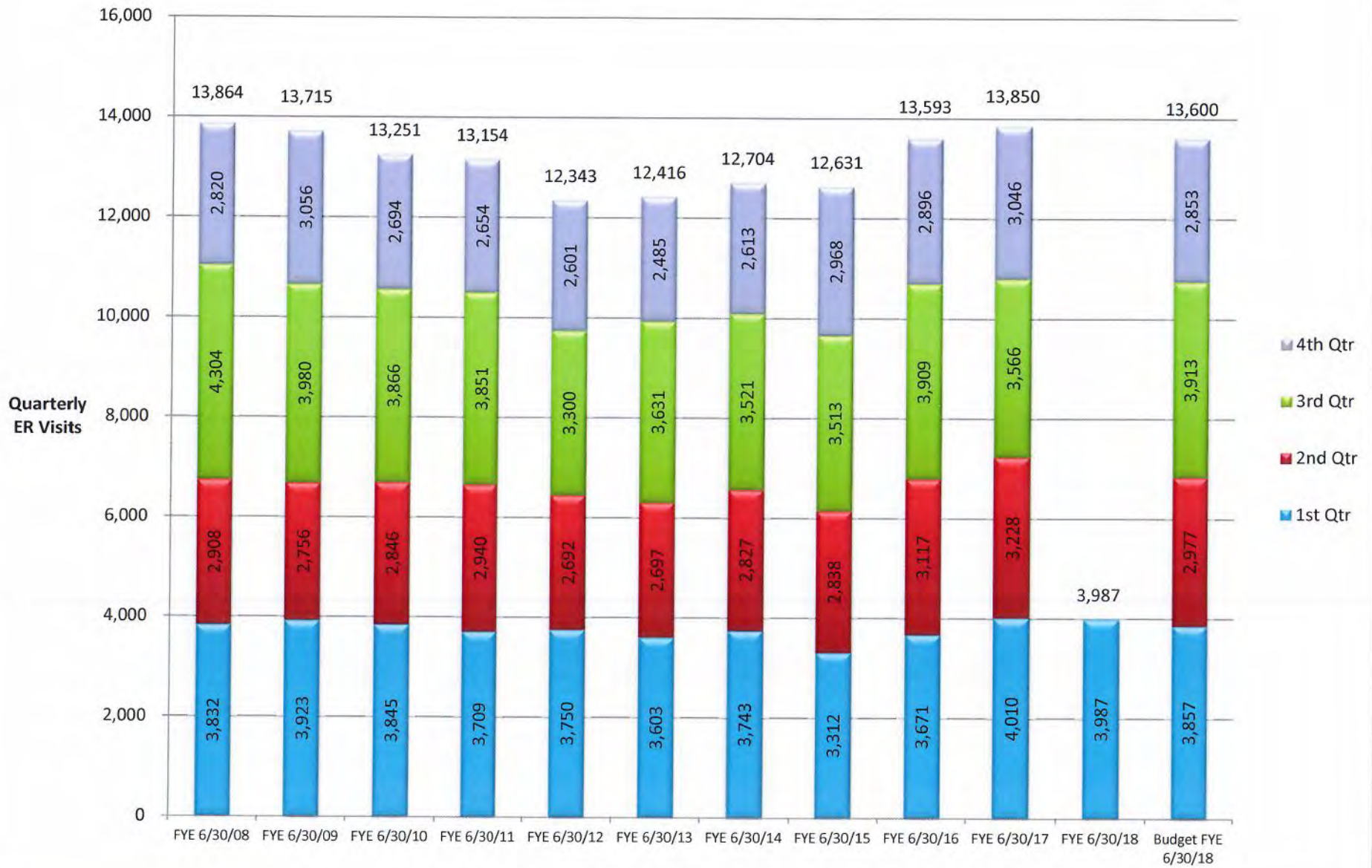
## TOTAL TFH PATIENT DAYS





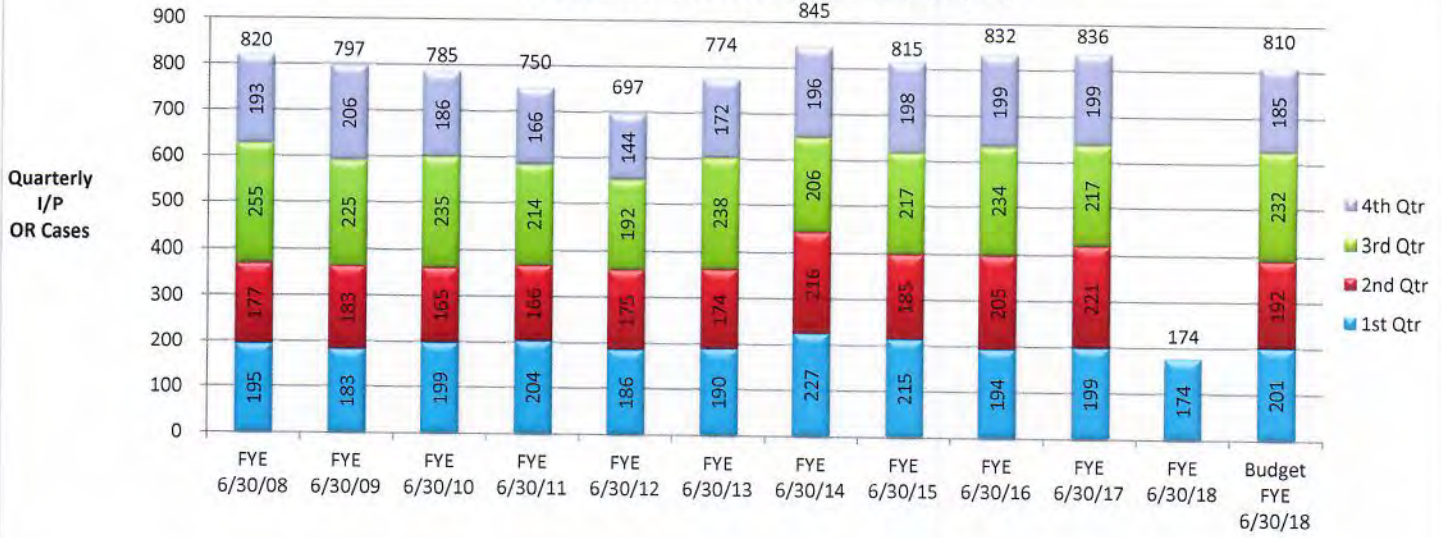


# TOTAL TFH ER VISITS

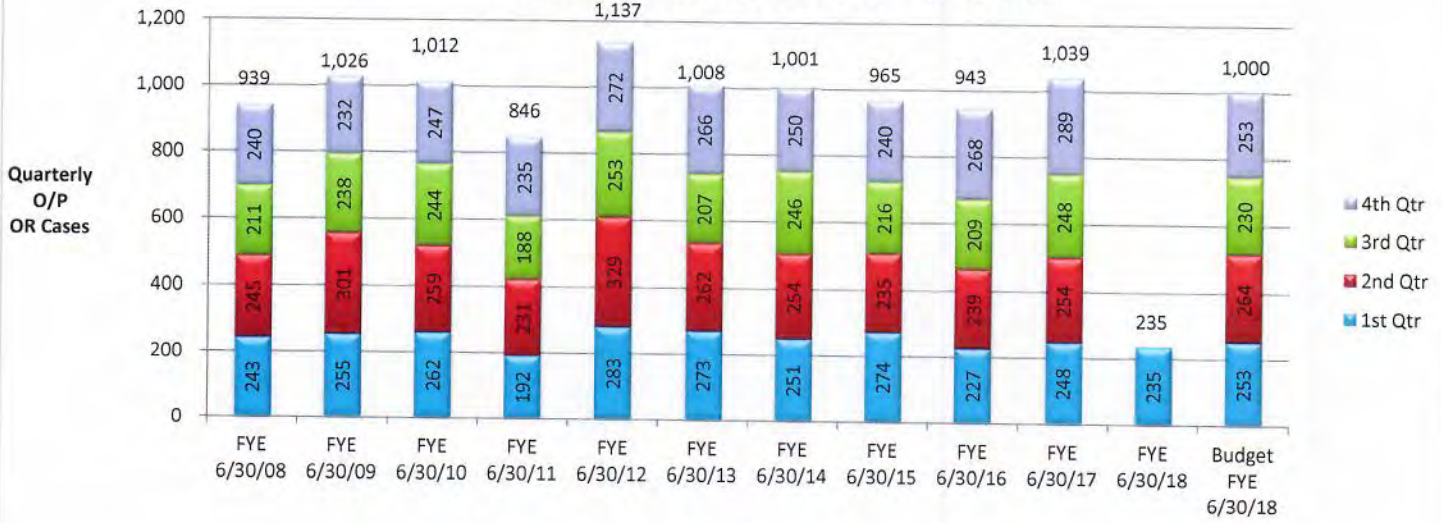




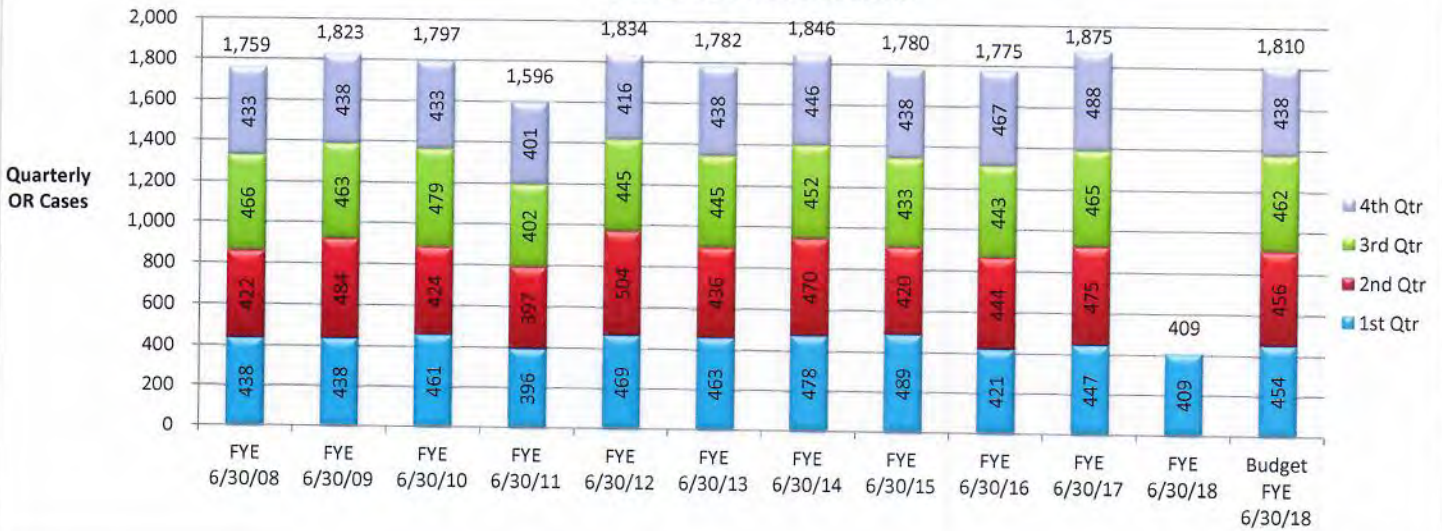
### TOTAL TFH INPATIENT OR CASES



### TOTAL TFH OUTPATIENT OR CASES

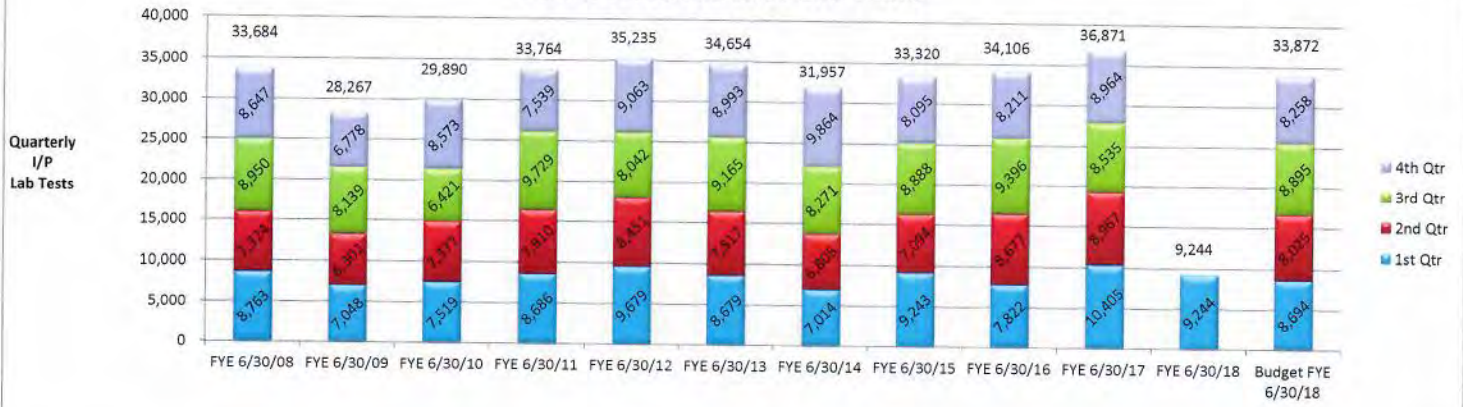


### TOTAL TFH OR CASES

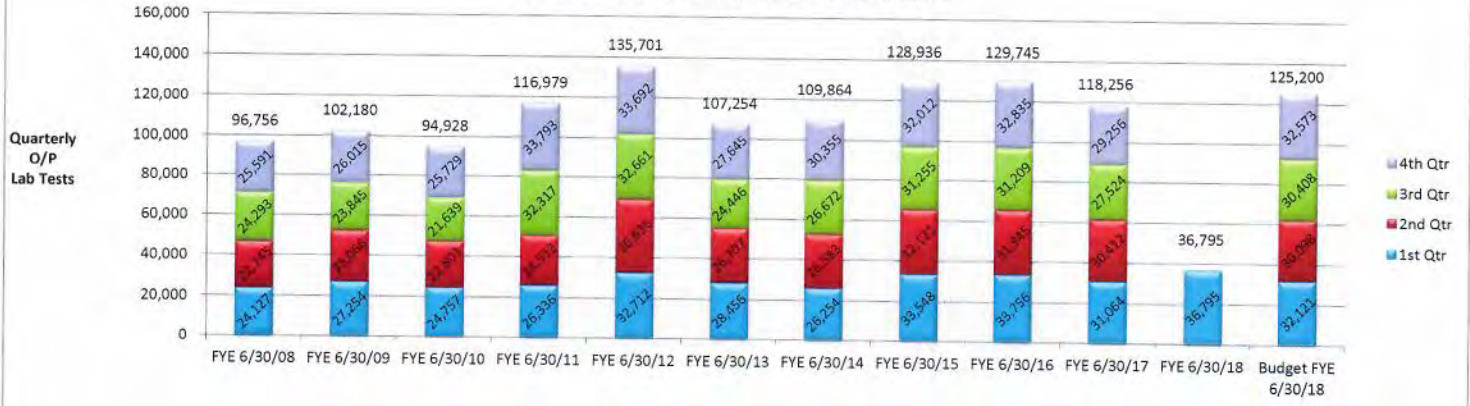




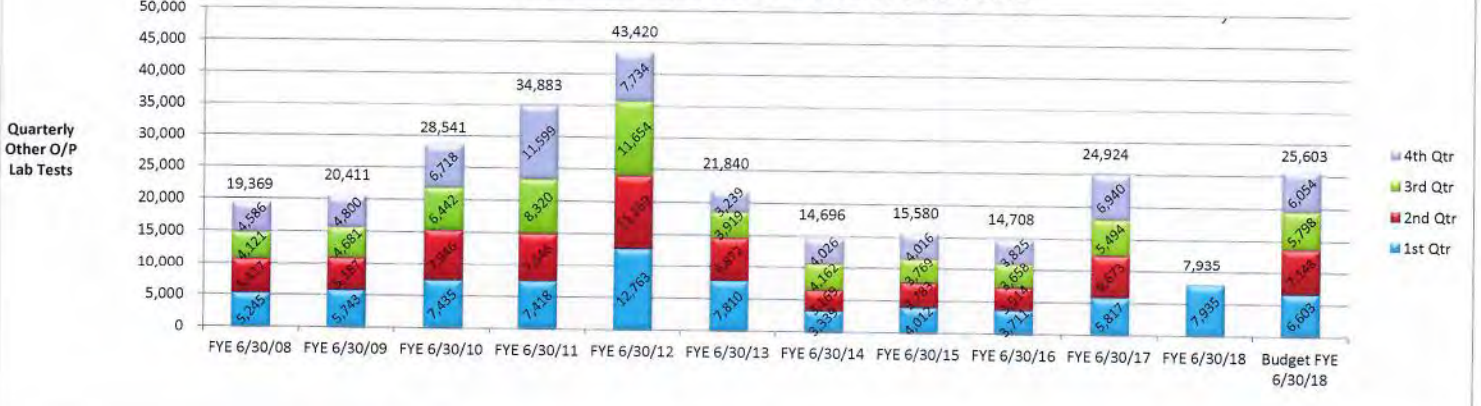
### TOTAL TFH INPATIENT LAB TESTS



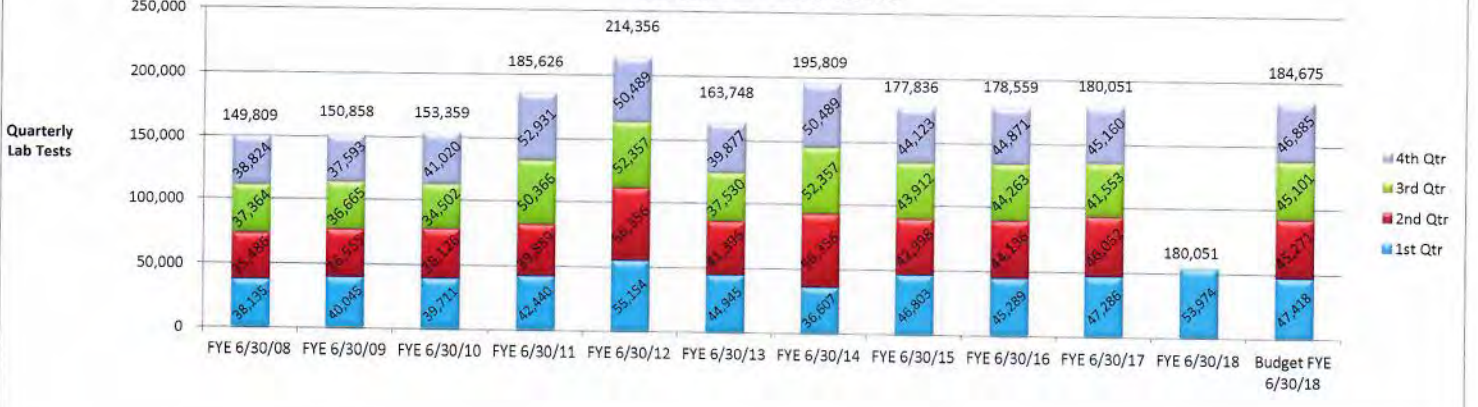
### TOTAL TFH OUTPATIENT LAB TESTS



### TOTAL TFH OTHER OUTPATIENT LAB TESTS

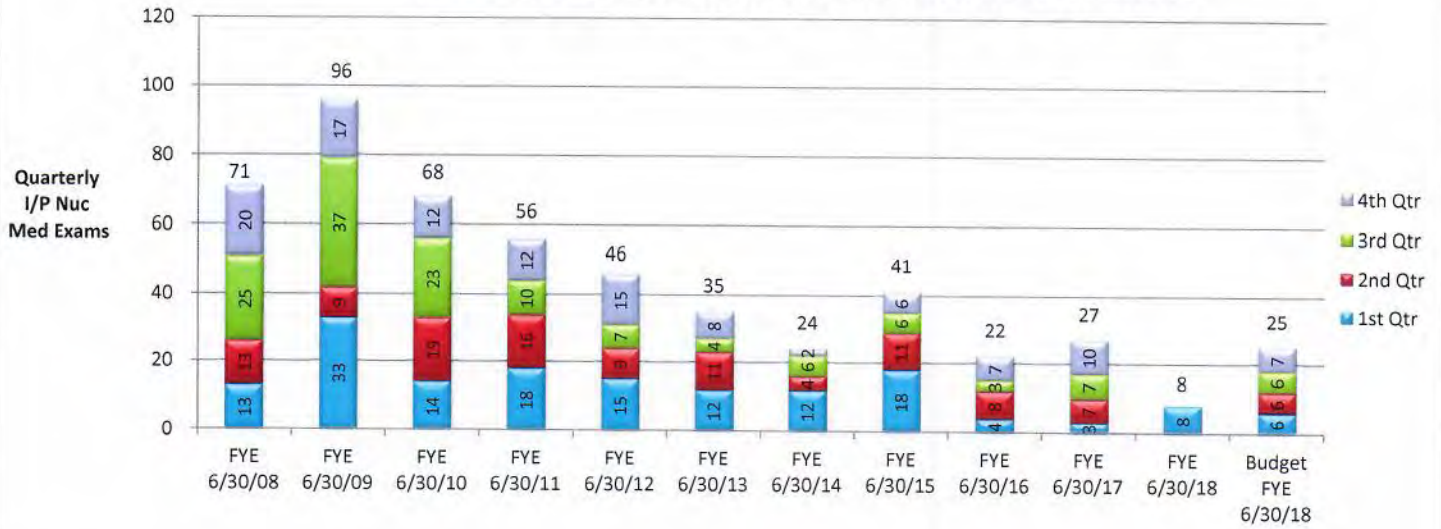


### TOTAL TFH LAB TESTS

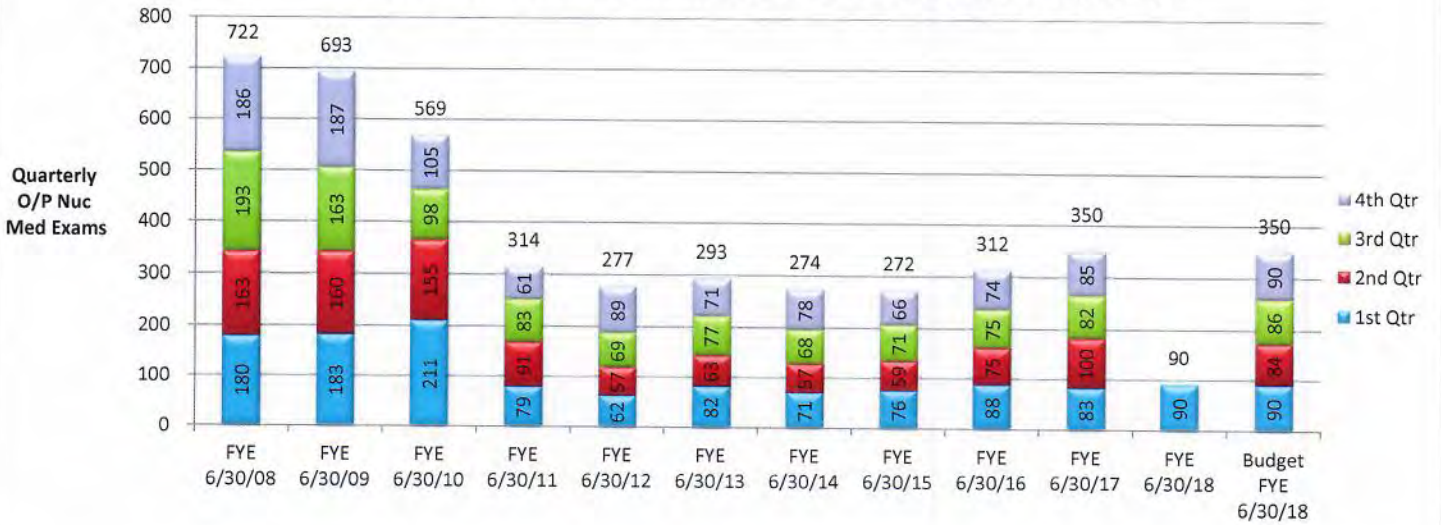




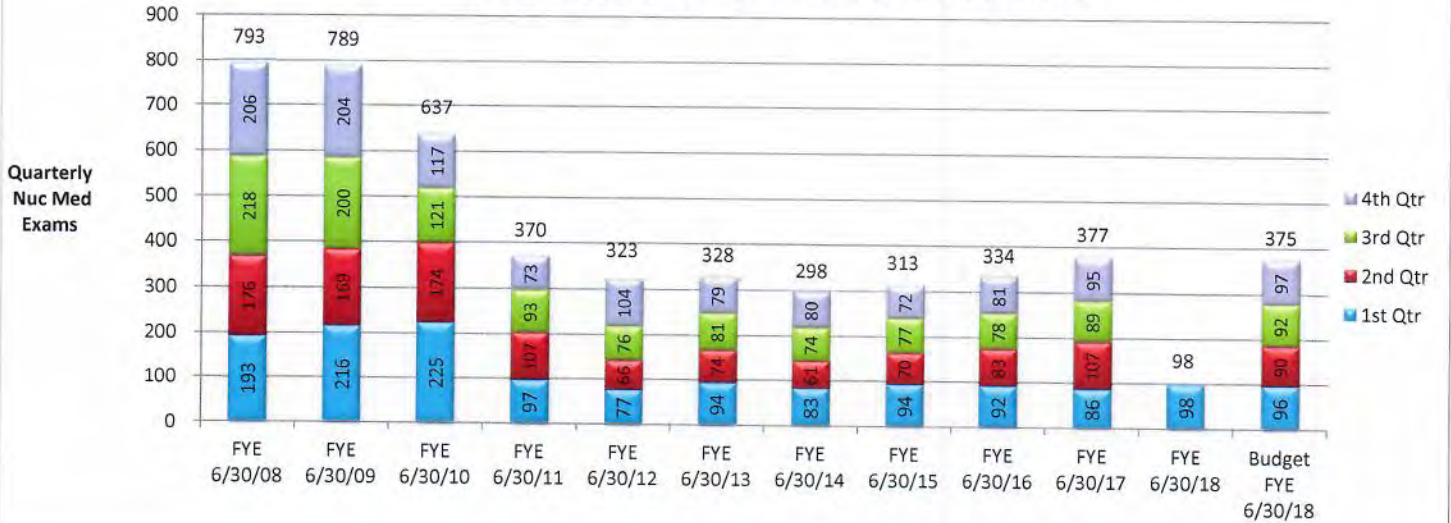
### TOTAL TFH NUCLEAR MEDICINE INPATIENT EXAMS



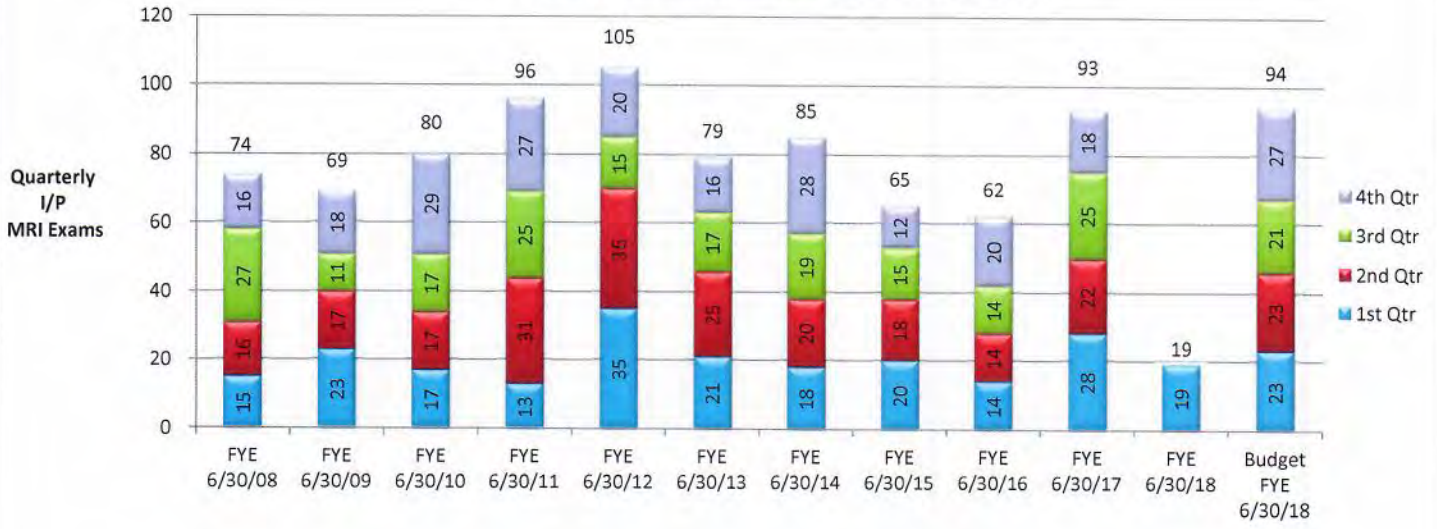
### TOTAL TFH NUCLEAR MEDICINE OUTPATIENT EXAMS



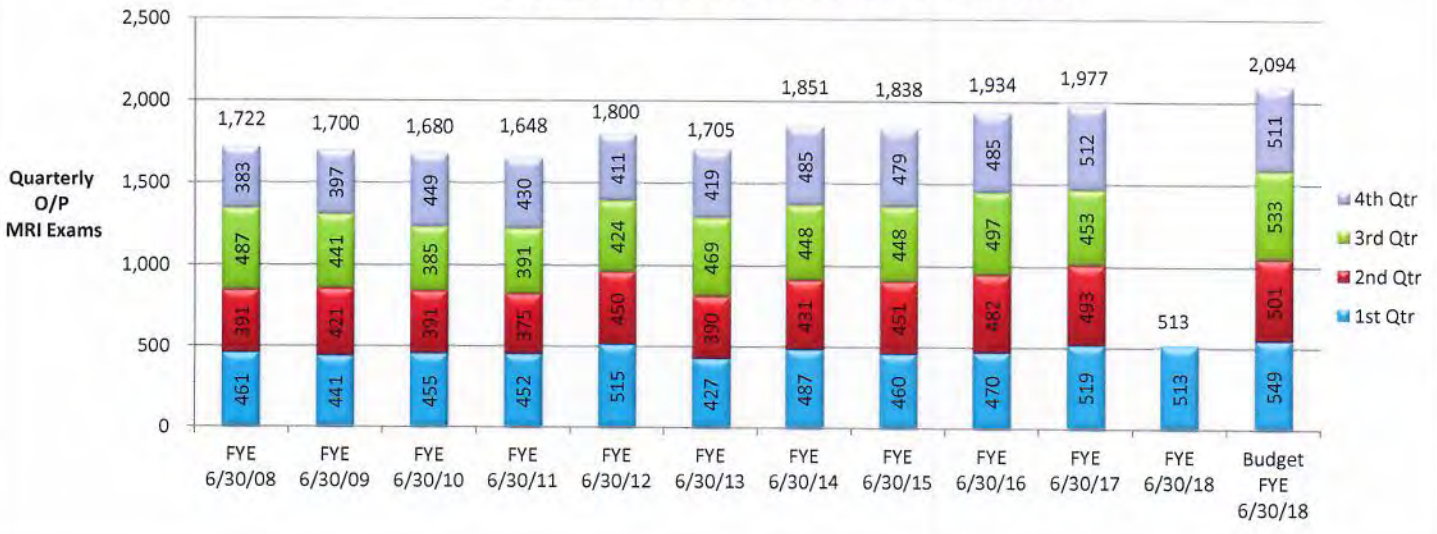
### TOTAL TFH NUCLEAR MEDICINE EXAMS



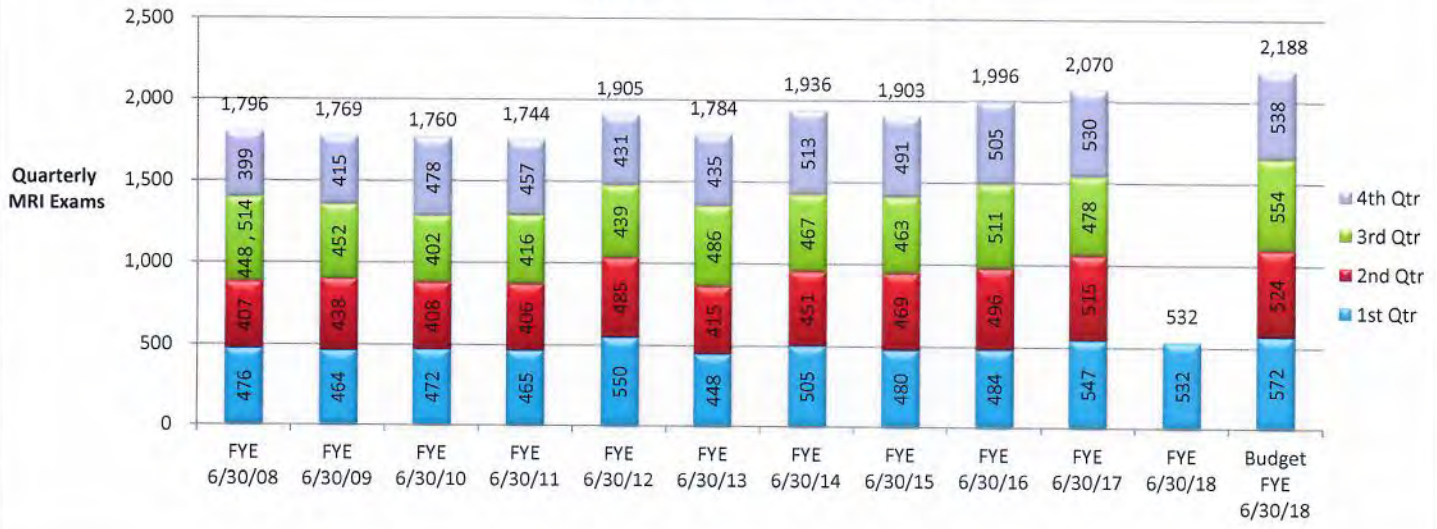
### TOTAL TFH MRI INPATIENT EXAMS



### TOTAL TFH MRI OUTPATIENT EXAMS

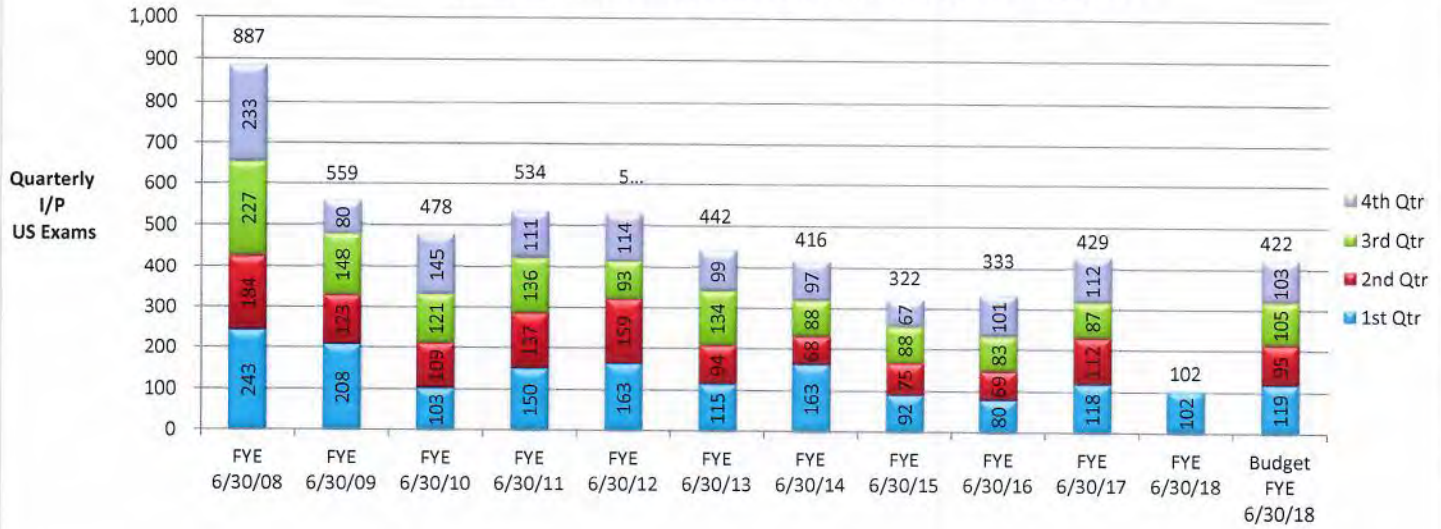


### TOTAL TFH MRI EXAMS

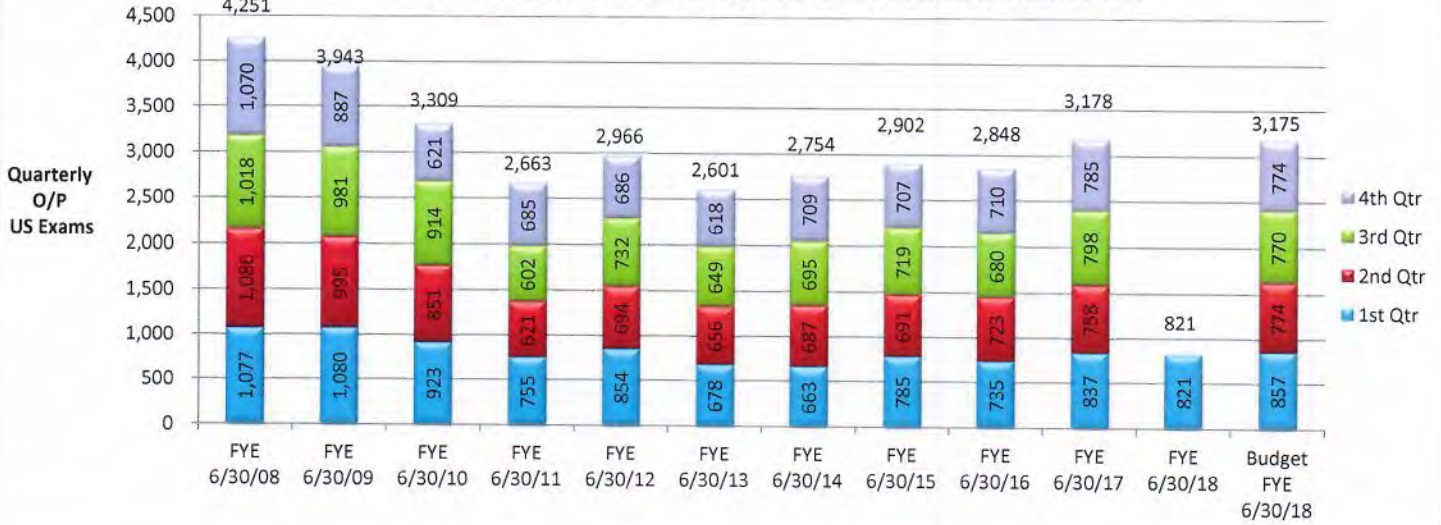




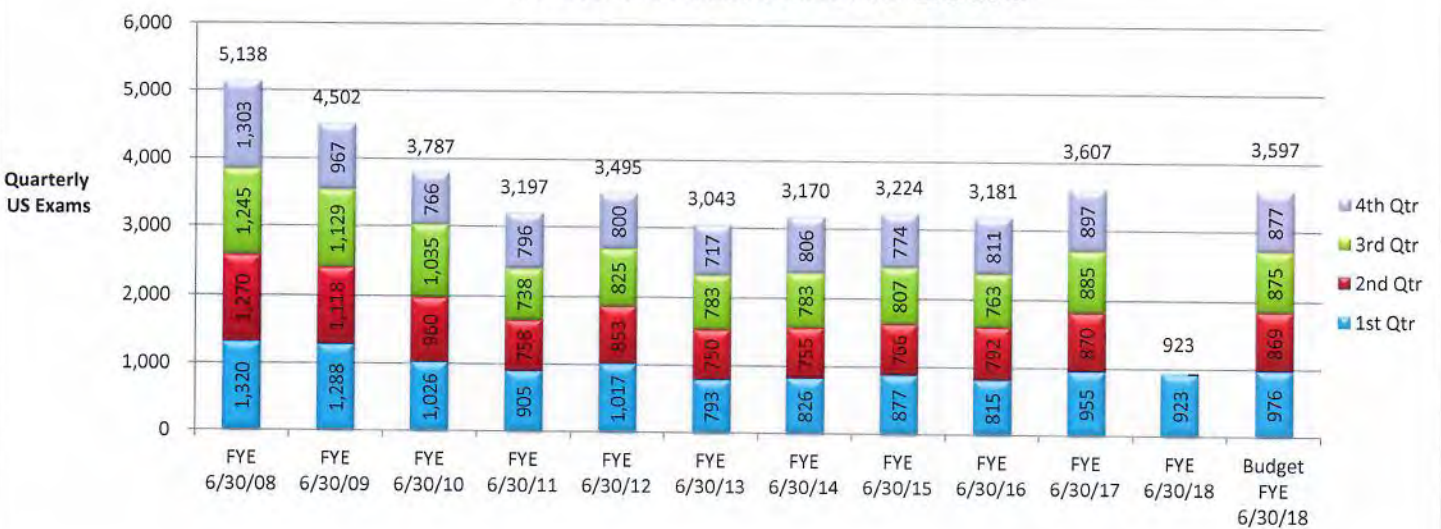
### TOTAL TFH ULTRASOUND INPATIENT EXAMS



### TOTAL TFH ULTRASOUND OUTPATIENT EXAMS

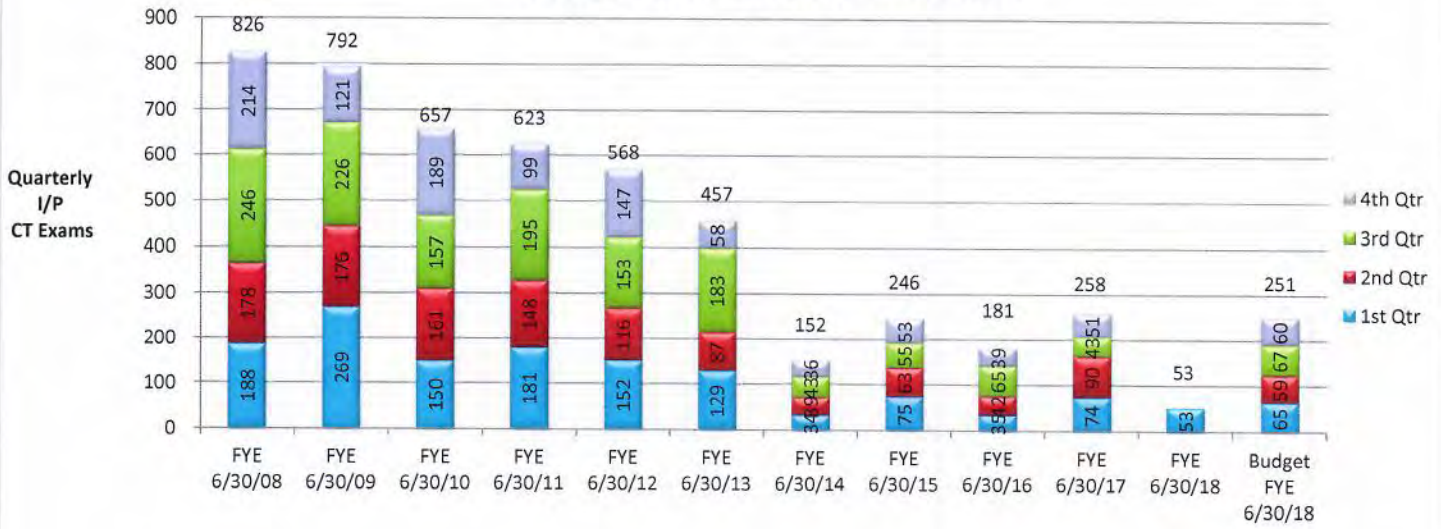


### TOTAL TFH ULTRASOUND EXAMS

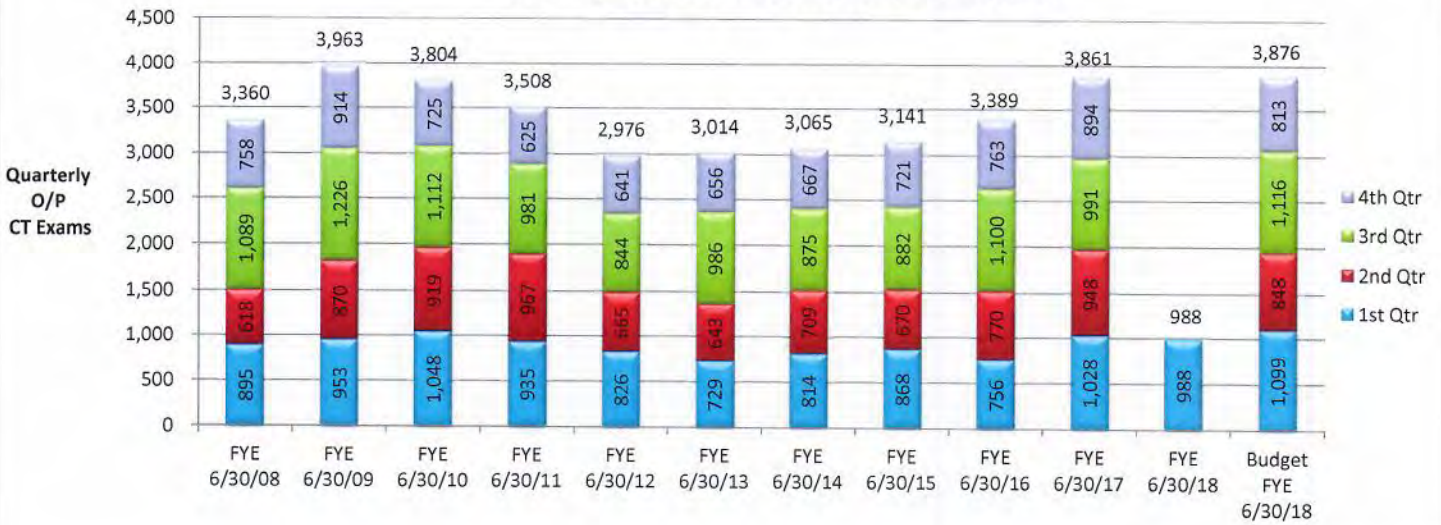




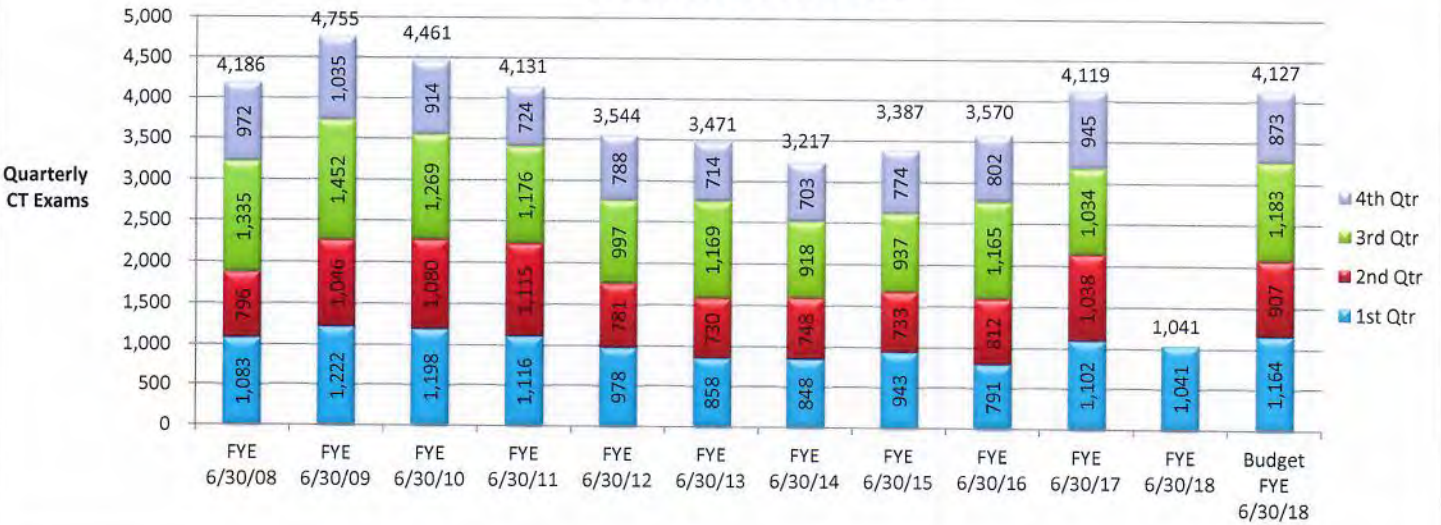
### TOTAL TFH CT INPATIENT EXAMS



### TOTAL TFH CT OUTPATIENT EXAMS

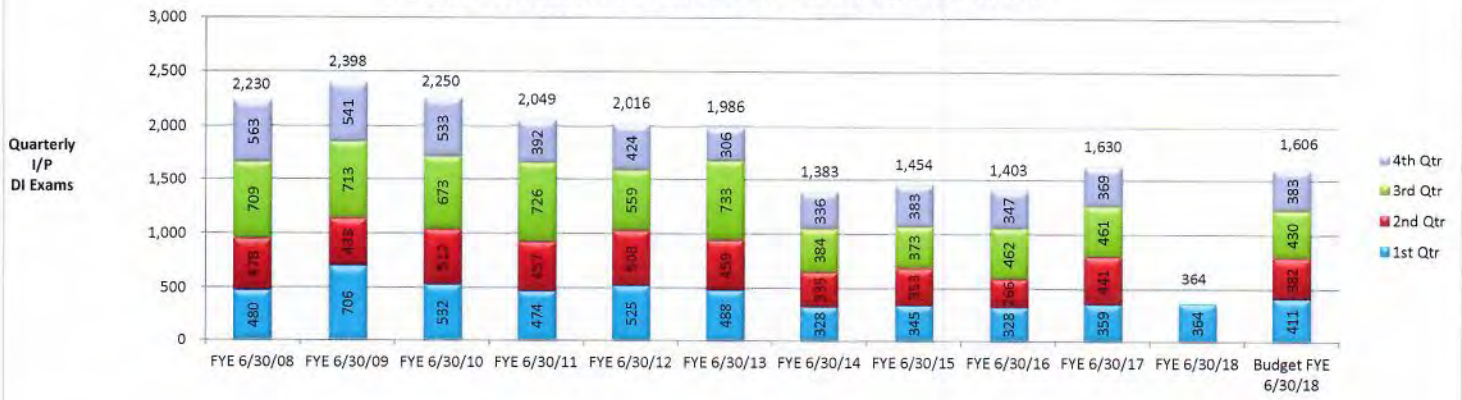


### TOTAL TFH CT EXAMS

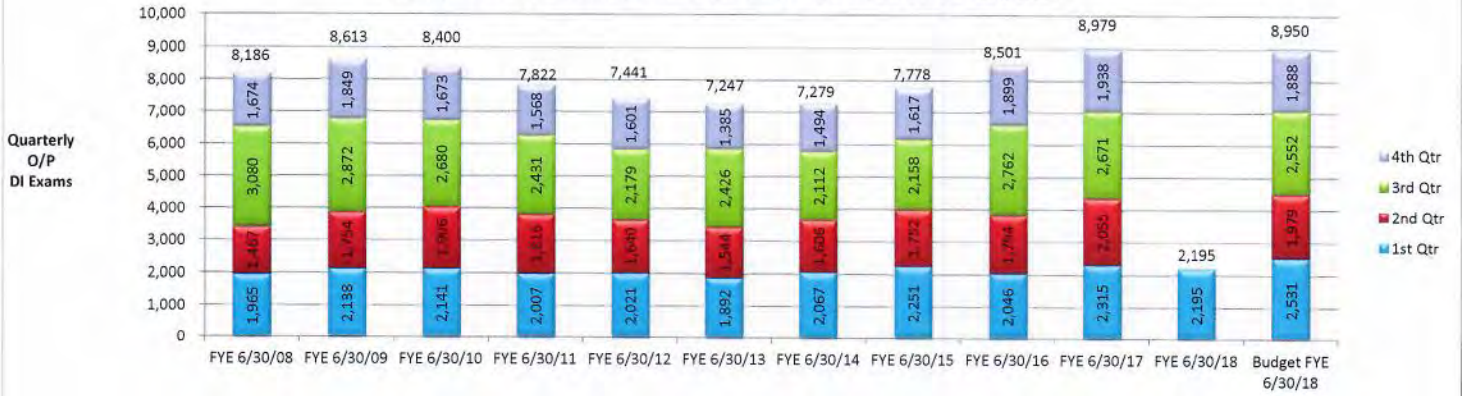




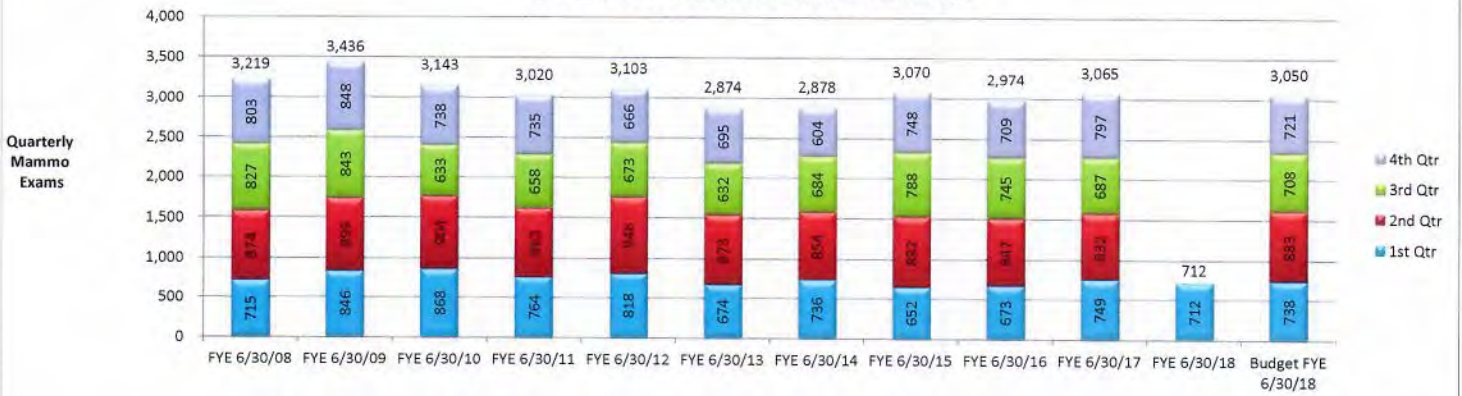
### TOTAL TFH INPATIENT DIAGNOSTIC IMAGING EXAMS



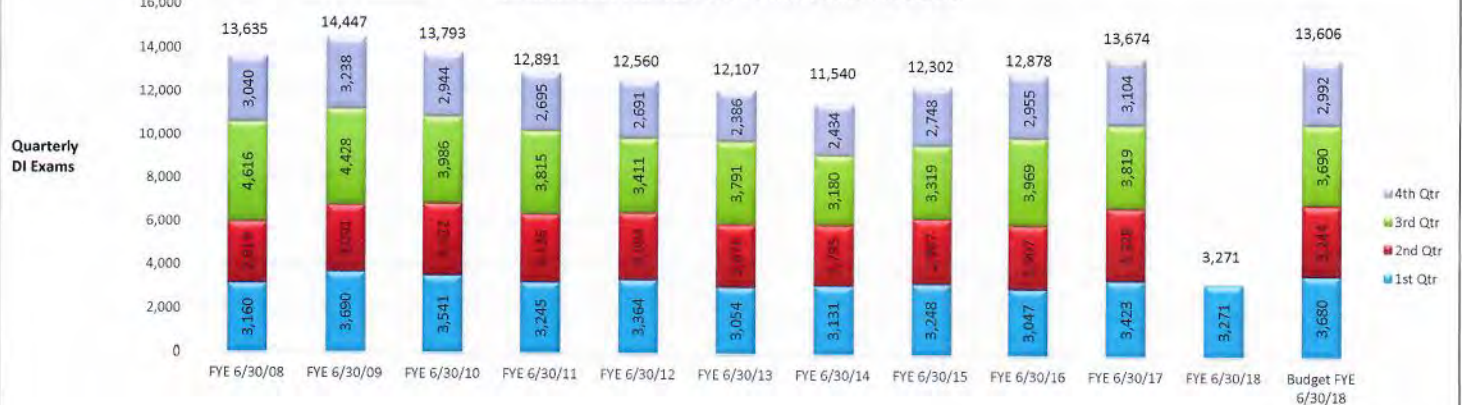
### TOTAL TFH OUTPATIENT DIAGNOSTIC IMAGING EXAMS



### TOTAL TFH MAMMOGRAPHY EXAMS

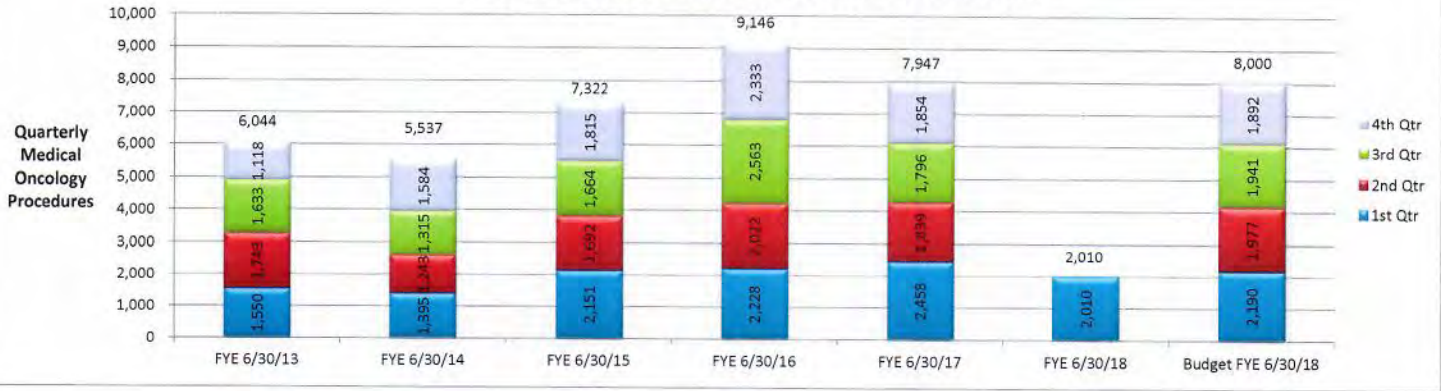


### TOTAL TFH DIAGNOSTIC IMAGING EXAMS

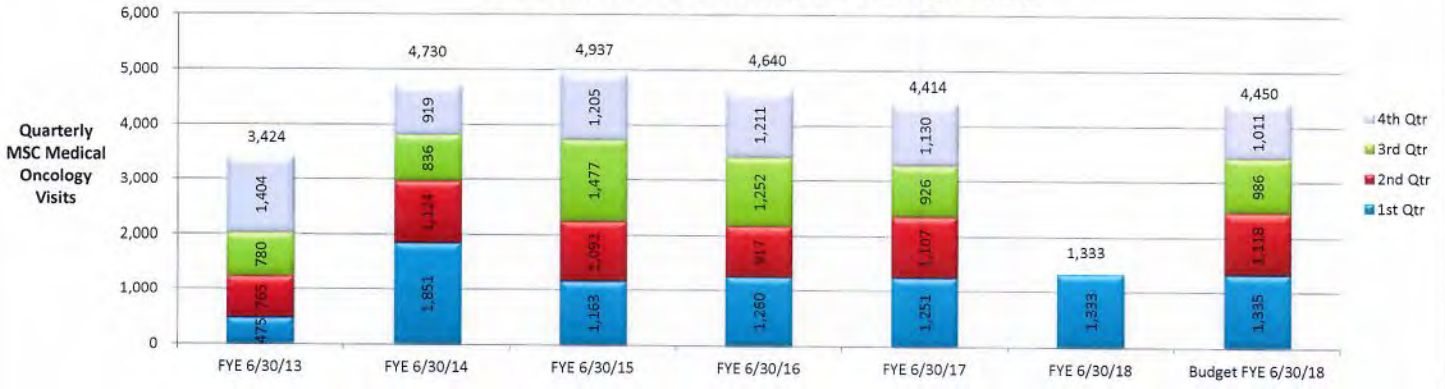




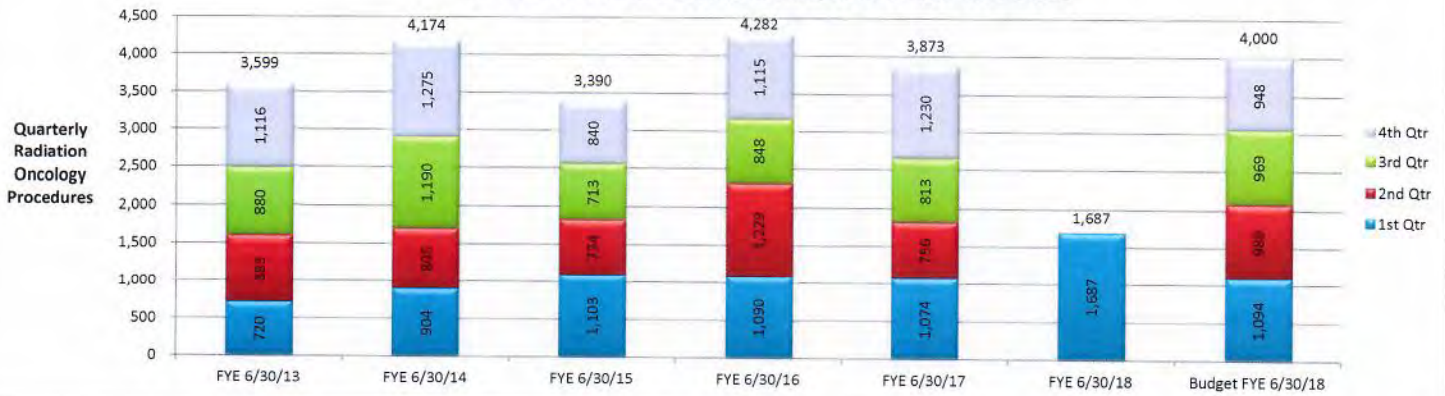
### TOTAL TFH MEDICAL ONCOLOGY PROCEDURES



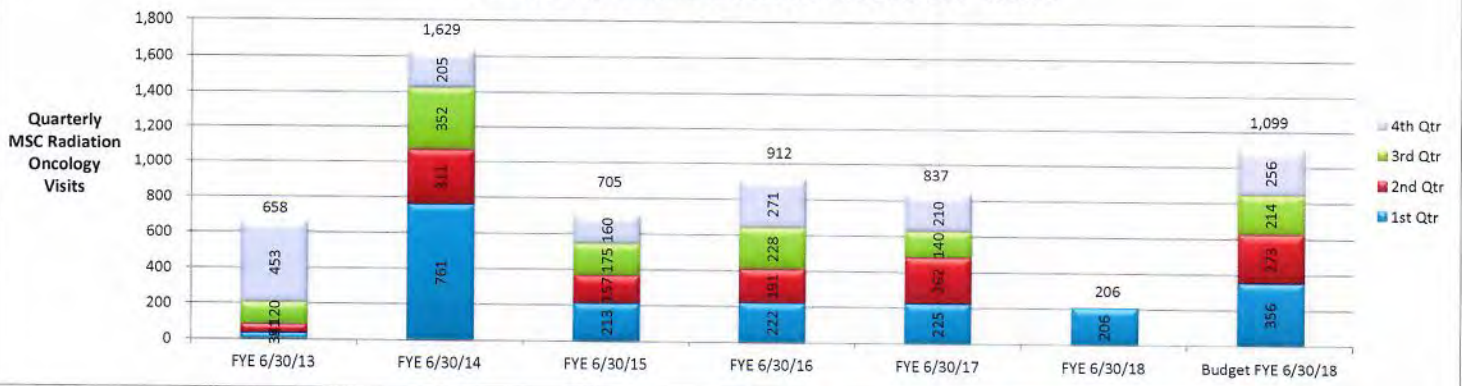
### TOTAL TFH MSC MEDICAL ONCOLOGY VISITS



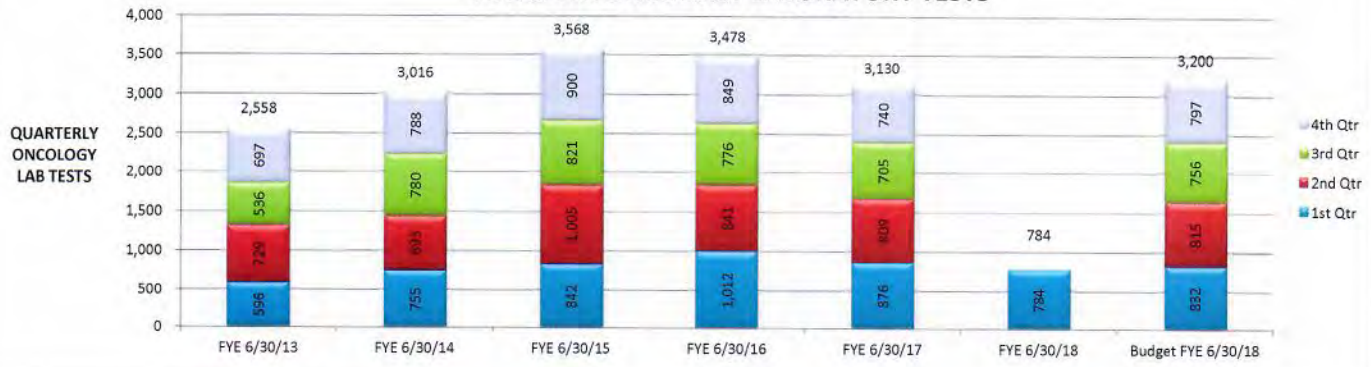
### TOTAL TFH RADIATION ONCOLOGY PROCEDURES



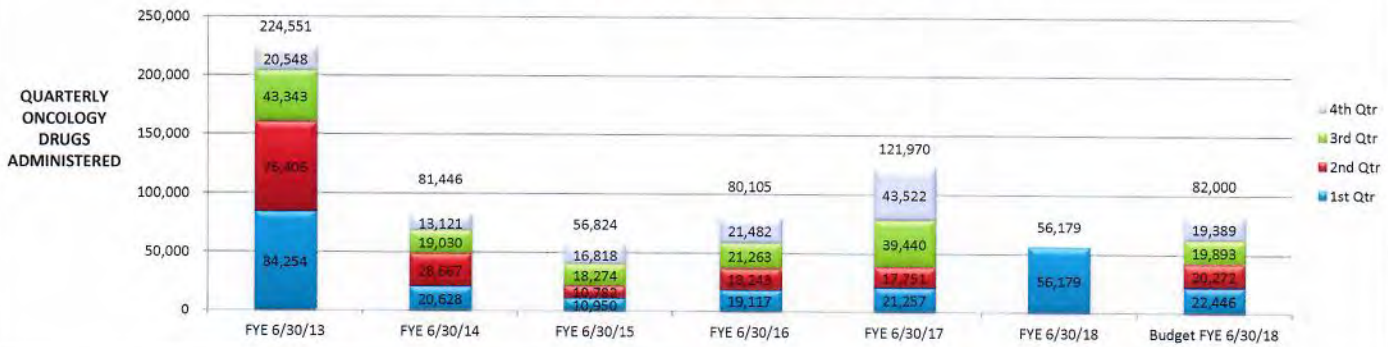
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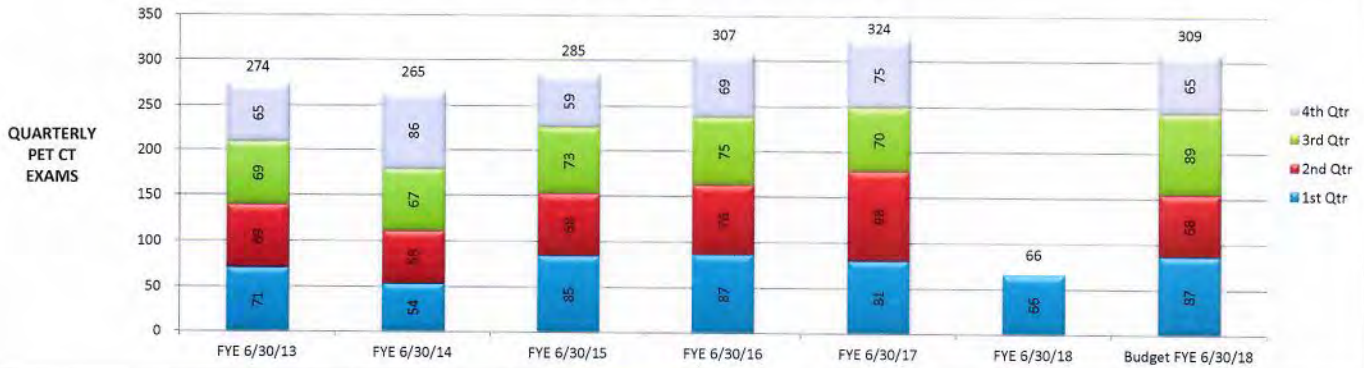
### TOTAL TFH ONCOLOGY LABORATORY TESTS



### TOTAL TFH ONCOLOGY DRUGS SOLD TO PATIENTS



### TOTAL TFH PET CT EXAMS





Incline Village Community Hospital  
 Operating Indicators  
 Month & YTD June 2018  
 September 30, 2017

	YTD Actual	YTD Budget	YTD Variance	YTD % Variance
Admissions	1	1	0	0.00%
Registrations	2,718	2,735	(17)	-0.62%
I/P Days	2	2	0	0.00%
Observation Days	5	8	(3)	-37.50%
Total Days	7	10	(3)	-30.00%
Emergency Visits	1,283	1,259	24	1.91%
<u>Surgical Services:</u>				
Cases - Inpatient	0	0	0	0.00%
Cases - Outpatient	20	23	(3)	-13.04%
Total Cases	20	23	(3)	-13.04%
Minutes	7,708	7,038	670	9.52%
Laboratory Tests (inc EKG's)	8,883	8,564	319	3.72%
Radiology - I / P Exams	0	0	0	0.00%
Radiology - O / P Exams	224	204	20	9.80%
Radiology - ER Exams	448	569	(121)	-21.27%
Radiology (inc mammos) Totals	672	773	(101)	-13.07%
CT - I / P Exams	0	0	0	0.00%
CT - O / P Exams ( Inc. U/S)	62	42	20	47.62%
CT - ER Exams	165	219	(54)	-24.66%
Total Cat Scan Exams	227	261	(34)	-13.03%
Pharmacy - I/P units	5	45	(40)	-88.89%
Pharmacy - O/P units	17,033	4,282	12,751	297.78%
Pharmacy Totals	17,038	4,327	12,711	293.76%
IV's - Inpatient	1	1	0	0.00%
IV's - Outpatient	156	126	30	23.81%
Total IV's	157	127	30	23.62%
RT - I/P Procedures	0	0	0	0.00%
RT - O/P Procedures	325	0	325	0.00%
R/T Totals	325	0	325	0.00%
Sleep Clinic Visits	33	45	(12)	-26.67%
<u>Perioperative Services Minutes</u>				
OR - Inpatients	0	0	0	0.00%
OR - Outpatients	1,707	1,986	(279)	-14.05%
OR - Total	1,707	1,986	(279)	-14.05%
Total ASD	3,418	4,490	(1,072)	-23.88%
I/P Recovery	0	0	0	0.00%
O/P Recovery	341	562	(221)	-39.32%
Total Recovery	341	562	(221)	-39.32%
Pain Clinic	0	0	0	0.00%
Procedure Room	0	0	0	0.00%
Total Surgicenter Minutes	5,466	7,038	(1,572)	-22.34%
<u>Anesthesia - Minutes</u>				
Inpatient	0	0	0	0.00%
Out Patient	1,769	2,026	(257)	-12.69%
Elsewhere	0	0	0	0.00%
Total Anesthesia - Minutes	1,769	2,026	(257)	-12.69%
<u>Dietary</u>				
Patient Meals	225	190	35	18.42%
Pantries	661	986	(325)	-32.96%
Non-patient Meals	0	0	0	0.00%
Total Meals	886	1,176	(290)	-24.66%
Flu Shots	0	31	(31)	-100.00%
P/T - 42 076	7,194	7,974	(780)	-9.78%
OT - 42 080	339	313	26	8.31%
Diamond Peak - Patients Seen	0	0	0	0.00%
Incline Village Health Clinic	846	562	284	50.53%

### **14.3. Contracts**

Contracts redacted.

Available for public viewing via a Public Records request.



## Board Informational Report

**By: Harry Weis**  
CEO

**DATE: 10/17/17**

For the first month this calendar year we have been seeing slightly lower patient volumes in the month of October. We have not had the normal “shoulder season” patient volume drop off this year or even last year to the best of my recollection. Volumes usually pick up again in the next month or so.

We had a great outreach visit with the CEO of Eastern Plumas Hospital District in Portola, CA earlier this month; as rural health systems we share many similar needs and goals. We do believe as we meet with other area providers over the next several weeks in our region, it’s possible a seventh critical strategy might evolve or be proposed to facilitate new cooperative working arrangements to preserve more sustainable healthcare in our rural communities.

As you visit businesses in our region, you will see “help wanted” signs in many of them. We at Tahoe Forest are experiencing difficulty in filling and retaining some staff positions in some areas of the hospital as well, so we are really examining market conditions and external competitive pay data to improve retention and reduce turnover. It is very likely we will have to change some of our pay practices in the not too distant future.

The rapid economic growth in Reno is one of several factors driving a tighter employment market for businesses all around Lake Tahoe and in our local region. We expect that we will continue to see the impacts of what is going on in Reno in an ever increasing manner for several years to come in and around our region.

At Incline Village Community Hospital a great luncheon was held this month with wonderful friends of the hospital from the Incline Village community. Dr. Laning Andrews, one of the Emergency Department physicians spoke. There is a true sense of a larger and deeper bond with this community and the hospital each year!

Our team has produced another six shows this month on Mountain Health Today. These television shows which will be released over the next several months on important topics, detailing how Tahoe Forest is working to improve patient safety, communicate important improvements at the hospital and to improve more timely access to healthcare. As these programs become available on TV they will also be available 24/7 on our website [www.tfhd.com](http://www.tfhd.com).

In addition, we sent a letter to households in our region sharing the launch of EPIC, our new electronic health record system, effective 11/1/2017. We advised that our team is going through a transition as we seek to improve the care we provide to all in our region.

Every October, we honor employees who have reached 5, 10, 15, 20, 25, 30, 35 and 40 years of service in our health system. The group we honored this year was quite large so we held two events this month to honor these great employees who have served the health system for many, many years!

We are on the countdown of roughly 14 days on the date of this memo to our “go live” with EPIC and 2 related business software applications. Our team including physicians is working hard to make this “go live” a success. There are significant daily activities going on each day now and have been for a long time, to assure the smoothest start possible on 11/1. This event is always very stressful for any hospital team and I applaud our team for their courage and commitment to make this important change to serve our community better for years to come with these new tools.

We continue to monitor and act on all activities of the federal or state government as applicable to assure that our voice is heard on critical regulatory or policy concerns that might help or harm healthcare in this region or in America.



## Board COO Report

**By: Judith B. Newland**

**DATE: October 2017**

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

As part of the State of Nevada Emergency Services response program, IVCH communicated daily with the Emergency Operation Committee overseeing the Las Vegas shooting. IVCH provided bed availability.

TFHD completed a successful disaster exercise in collaboration with Nevada County Health Department and local school district. The drill included working with Nevada County to obtain vaccinations and supplies for immunizing small pox. Hospital staff and school district were involved in the drill.

Thank you to the Patient and Family Advisory Council who provided input into communication with patients and visitors when we go live with Epic on November 1<sup>st</sup>. A communication plan was implemented based on their recommendations. The hospital and medical staff continue to be diligent in their preparation for the transition to Mercy Epic.

IVCH completed a successful disaster exercise in October that was a statewide, full-scale exercise in which all hospitals were asked to participate. The exercise was a swarm of major earthquakes occurring within Nevada causing significant damage and injuries throughout the state. Thank you to the hospital and medical staff who participated.

### **Develop solid connections and relationships within the communities we serve.**

The Incline Village Community Hospital Foundation (IVCHF) had a successful Donor Appreciation Luncheon in October. The luncheon was held at IVCH with excellent catering by TFHS dietary services. Dr. Andrews, IVCH Emergency Department physician gave a talk. Flu shots were made available to those attending.

IVCH in collaboration with Washoe County Sheriff hosted a Prescription Round Up in October. This community service enables residents to drop of medication for appropriate disposal.

### **Creating and implementing a New Master Plan**

Construction Update:

- The Mammography upgrade to Tomosynthesis and Stereotactic Biopsy unit is installed and going through the 45 day testing and certification phase. 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.
- Nurse Call/PA replacement project continues on the med/surg units. Work consists of replacing existing nurse call in the entire Western Addition as well as all Public Address Speakers throughout TFH. Additionally new televisions are being installed.



## Board CNO Report

**By: Karen Baffone, RN, MS**  
Chief Nursing Officer

**DATE: October, 2017**

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

The GLR 15 days to EPIC occurred on October 16, 2017. The majority of all gaps will be addressed by go-live. Last week the CORE (operational readiness) and ARCR (revenue cycle) group voted unanimously to proceed with the November 1, 2017 GO LIVE. Training continues for staff and physicians and the technical testing of systems is proceeding.

Daily Huddles are addressing the gaps with forward progress being made ongoing to launch date and subsequent months following. We will continue these EPIC focused huddles to ensure a successful launch of the EHR.

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

We have hired a new Director of Case Management and Care Coordination, Karyn Grow who will join the organization on October 23, 2017. This addition will launch the integration of these two departments to enhance service across the continuum with the focus of decreasing our readmission rate, providing services both in and out of the health system, and keeping our community healthy and at their optimal level of functioning.

### **Strategy Six: Just Do IT**

The PRIME project has submitted another quarter of data. The programs of "Nonmalignant chronic pain management and healthy hearts continue to impact our MediCal population and will expand to other patients as the project progresses.

The nursing division has submitted application for the 2018 Pathways to Excellence designation. The Pathway to Excellence Program defines and measures the essential elements of an optimal nursing practice environment. Designation confirms to the community that our healthcare organization is committed to nurses, recognizes what is important to nursing practice, and values nurses' contributions in the workplace.



## Board Informational Report

**By: Jake Dorst**

**DATE: 10/18/2017**

CIIO

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### **Mercy Epic**

- Go-Live has been given the green light and set for November 1<sup>st</sup>.
- All departments are showing ready status with a few last minute items to be addressed but nothing that will prevent go-live.
- Mercy will have staff on-site for 2 weeks to help with any issues.
- We are keeping additional help on contract through March 2<sup>nd</sup> for anyone that requires additional help.
- Wish us luck!





## Board Informational Report

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

**DATE:** October 15, 2017

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

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. We are especially aware of this as we Go Live with Mercy Epic on November 1, 2017.

We have interviewed two new Family Practice candidates that are interested in moving to the area and have leads on neurologists and a gastroenterologist. We continue to struggle with physician recruitment and retention due to high call volumes, high cost of living, and the higher skill set needed for rural medicine.

**2. GOAL: Electronic Health Record**

Provider training is coming to an end and provider specific workshops will be held to have the provider's preferences set into the "live environment" and ready on Day #1 of Mercy Epic. We have Superuser staff that will be available 24/7 for the first few weeks of Go Live and also provider specific support in the OR and on the floor. These proactive management strategies should ensure a positive transition next month.

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

We are in the final review stages for the Third Floor of the MOB, which will ultimately be the Pediatric Clinic space. We have also been formulating plans in the IM/Cards building to help accommodate more providers.

**4. GOAL: Just Do It**

We are actively revising our current complaint process and will be rolling out the provider specific peer review forms. Provider Satisfaction Survey results are in and an action plan is being formulated to address the opportunities for advancement.



## ABD-03 Board Compensation and Reimbursement Policy

### PURPOSE:

To provide reimbursement to the Board of Directors, consistent with legislative regulations, for the performance of the duties of their office.

### POLICY:

- B. As allowed by [California Health & Safety Code, Section 32103](#), and Local Health Care District Law, and required by the Political Reform Act (as amended by §§ 1234, 200), the payment of One Hundred Dollars (\$100.00) per meeting not to exceed five (5) meetings a month as further defined below, is authorized as compensation to each member of the Board of Directors. Each member of the Board of Directors shall further be allowed his/her actual necessary traveling and incidental expenses incurred in the performance of official business of the District.
- C. For the purpose of compensation, a meeting is defined as:
  1. Regular and Special Board Meetings
  2. Board Committee meetings
  3. Hospital District meetings at which the Board member is present as a designated Board representative (e.g., Medical Executive Committee, Bioethics Committee, CH Foundation, TFH Foundation, TRHR Board)
  4. Meetings of governmental agencies and community organizations, etc. where the Board member is representing the TFHD (i.e., Rotary, Tahoe City Breakfast Club, Trucsee Daybreak Club) To be compensated, the Board member must be on the program or speaking to an item on the agenda related to the Hospital District at the request of the Board President or Chief Executive Officer.
- D. Conferences, seminars and other educational meetings do not qualify for meeting compensation.
- E. Members of the Board of Directors of the Tahoe Forest Hospital District and their eligible dependents shall be eligible to participate in the health, dental, vision and life insurance programs of Tahoe Forest Hospital District in a manner, including appropriate discounts, comparable to that offered to the management staff of the District.

### PROCEDURE:

- A. Board members are responsible for notifying the Executive Assistant in writing of meetings attended in the prior month, noting the day and purpose of each meeting prior to the last business day of each month.
- B. Board members shall also provide brief oral reports on meetings attended at the expense of TFHD at the next regular Board meeting.

~~C. TFHD provides compensation to Board members per meeting and provides reimbursement for actual and necessary expenses incurred by Board members in the performance of official duties; therefore, all agency officials, including Board members shall receive training in ethics pursuant to §§ 1234. The ethics training shall last for at least two hours and occur every two years. These ethics courses may be taken at home, in person, or online.~~

#### ~~D.C.~~ Board of Directors Travel Allowance

1. Meals will be reimbursed up to a daily per diem rate based on the location of the conference subject to RR per diem guidelines.
  2. Air Fare for Board members only.
  3. Parking and/or taxi fees and other transportation expenses will be reimbursed.
  4. If driving, mileage will be reimbursed at current RR rates.
- a. Hotel room will be covered in full for Board member.
    - a. If, however, the lodging is in connection with a conference or organized educational

activity that does not qualify as a meeting and is conducted in compliance with California Government Code, Section 4922(c), including ethics training required by California Government Code, Section 3234, then lodging costs shall not exceed the maximum group rate published by the conference or activity sponsor as long as the group rate is available to the board member at the time of booking. If the group rate is not available, then the board member shall use comparable lodging.

6. Tuition fees for board members will be paid in full.
7. Conference educational materials (books, audio tapes, etc.) not to exceed \$10.
8. Receipts are required for all reimbursable expenses.
9. Board members shall use government and group rates offered by a provider of transportation or lodging services for travel and lodging when available.
10. All expenses that do not fall within the adopted travel reimbursement policy of the Board shall be approved by the Board, in a public meeting before the expense is incurred.

D. Upon election or appointment to a seat on the Board of Directors of the Tahoe Forest Hospital District, the appropriate paperwork which is necessary to complete for enrollment will be given to the board member by the Human Resources Department. Coverage will begin on the first of the month following election or appointment to the Board of Directors and completion of the necessary enrollment forms

Related Policies/Forms:

References: California Government Code, §§ 3232.2(d), 3232.3(a), 3233(a), (b) & [§§ 490 - 493 California Health & Safety Code, Section 32103](#)

Policy Owner: Clerk of the Board

Approved by: Chief Executive Officer

**WIPFLi**<sup>LLP</sup>  
CPAs and Consultants  
HEALTH CARE PRACTICE

**Tahoe Forest  
Hospital District**

**October 26<sup>th</sup>, 2017**



# Rural Health Clinic Presentation

Steven Rousso, Partner

**WIPFLI**<sub>LLP</sub>  
CPAs and Consultants  
HEALTH CARE PRACTICE





# Rural Health Clinic Introduction/Requirements



# RHC Intro/Requirements

## What Is a Rural Health Clinic?

The rural health clinic certification is a designation that clinics providing primary care in certain rural, underserved areas can obtain from the Centers for Medicare & Medicaid Services (CMS), which provides an alternative, cost-based reimbursement system (or APM) for treating Medicare and Medicaid beneficiaries.

# RHC Intro/Requirements (cont)

## General Requirements for RHC Certification

- Located in a rural area (non-urbanized defined by the Census Bureau)
- Current underserved designation (HPSA or MUA)
- Primarily outpatient primary care services
- Midlevel practitioner at least 50% of time clinic is open
  - At least one midlevel practitioner is employed
- Certain lab services must be able to be performed

# RHC Intro/Requirements (cont)

## What Is Different About RHC Billing?

RHC services are billed and reimbursed by Medicare and Medicaid in under an all-inclusive payment rate regardless of the type of practitioner (physician vs. midlevel) or the complexity of services performed (99212 vs. 99215, E/M vs. surgical procedure).

RHC services are billed to Medicare on the UB-04 claim format instead of the CMS 1500 form often used for billing physician services.



# RHC Allowable Providers

- Allowable RHC Providers include:
  - MD or DO
  - PA, NP or CNM
  - LCSW
  - Clinical Psychologist
  - Chiropractor
  - Optometrist
  - Dentist
  - Specialists

# RHC Intro/Requirements

- Provider based versus free-standing RHC's
- Medicare: No upper payment limit for RHCs that are provider-based to a hospital with less than 50 beds!
- Medi-Cal: no cost limit regardless of bed size
- Result: RHC PPS rates could be \$200 to \$300 a visit (based on costs per visit)
- Advantage: Getting reimbursed for overhead

# RHC - Advantages/Disadvantages

- Advantages:
- Disadvantages:
- Why develop RHC's?

# Questions?

# Contact Information

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Health Care Practice

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**WIPEFLI**<sup>i</sup> LLP

CPAs and Consultants

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HEALTH CARE PRACTICE

[www.wipfli.com/healthcare](http://www.wipfli.com/healthcare)

**TAHOE FOREST HOSPITAL DISTRICT  
RESOLUTION NO. 2017-07**

**RESOLUTION TO SUBMIT A RURAL HEALTH CLINIC APPLICATION FOR  
PEDIATRIC CLINIC, “TAHOE FOREST MULTISPECIALITY CLINIC –  
PEDIATRICS”**

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WHEREAS, TAHOE FOREST HOSPITAL DISTRICT (“District”) is a hospital district duly organized and existing under the “Local Health Care District Law” of the State of California; and

WHEREAS, the Board of Directors of Tahoe Forest Hospital District desires to create a rural healthcare clinic for the benefit of its communities; and

WHEREAS, the Board of Directors has delegated authority to the Director of Operations of the Multispecialty Clinics to handle all decisions concerning the daily operation of Tahoe Forest Multispecialty Clinic - Pediatrics; and

NOW, THEREFORE, the Board of Directors of the Tahoe Forest Hospital District hereby would submit an application for the creation of a rural health clinic specializing in Pediatrics and operating as an Outpatient department of the hospital, under the hospital license.

PASSED AND ADOPTED at the meeting of the Tahoe Forest Hospital District Board of Directors held on the 2<sup>nd</sup> day of October, 2017 by the following vote:

AYES:

NOES:

ABSENTS:

PRESENT:

ATTEND:

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Charles Hipkin, M.D.  
President, Board of Directors  
Tahoe Forest Hospital District

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Lyce Wong  
Secretary, Board of Directors  
Tahoe Forest Hospital District



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

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

Pursuant to the provisions of Sections 32104, 32125, ~~and 32128-32128, and 32150~~ of the Health and Safety Code of the State of California, the Board of Directors of TAHOE FOREST HOSPITAL DISTRICT adopts these Bylaws for the government of TAHOE FOREST HOSPITAL DISTRICT.

**ARTICLE I. NAME, AUTHORITY AND PURPOSE**

Section 1. Name.

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

Section 2. Authority.

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

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

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

D. Non-Discrimination: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of service, hiring, training and employment practices on the basis of age; ~~race; ancestry; color; creed; ethnicity; religion; national origin; marital status; sex; sexual orientation; disability; gender, gender identity, or gender expression; disability; association; marital status; medical condition; national origin; political affiliation; race; religion; sexual orientation; veteran or military status; or any other basis prohibited by federal, state, or local law/military service; genetic information or ability to pay.~~

Section 3. Purpose and Operating Policies.

A. Purpose.

Tahoe Forest Hospital District ~~will strive is committed~~ to be the best mountain ~~community health care~~ system in ~~our the~~ nation. ~~All members of our team, working together, will ensure that the services we provide are satisfying, effective, efficient and of the highest quality, with access for all. We exist to make a difference in the health of our communities through excellence and compassion in all we do. We will strive each~~



~~day to exceed patient, community, physician and employee expectations.~~

B. Operating Policies.

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

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

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

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

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

~~5. — 3.~~ Improvement of the health status of the area will be the primary emphasis of services offered by the District. ~~This will be accomplished through programs of inpatient and outpatient care, as well as outreach services in the areas of health education and prevention.~~

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

**ARTICLE II. BOARD OF DIRECTORS**

The Board of Directors:

Section I. Election.

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

Section 2. Responsibilities.



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

A. Philosophy and Objectives.

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

B. Programs and Services.

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

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

3. ~~Approves Takes action on board policies and other policies brought forth by the Chief Executive Officer or designee which govern programs and services.~~

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

C. Organization and Staffing.

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

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

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

4.1. Selects and appoints the Chief Executive Officer.

5.2. Evaluates the continuing effectiveness of the organization.

D. Medical Staff.

1. Appoints all Medical Staff members.

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

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

disciplinary action.

4. Approves Medical Staff Bylaws and proposed revisions.

E. Finance.

1. Assumes ~~ultimate~~ responsibility for the financial soundness and success of the District and its wholly owned subsidiaries.

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

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

~~3.~~

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

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

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

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

F. Grounds, Facilities and Equipment.

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

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

G. External Relations.

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

H. Assessment And Continuous Improvement Of Quality Of Care

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



Improvement plan.

I. Strategic Planning.

1. Oversees the strategic planning process.
2. Establishes long range goals and objectives for the District's programs and facilities.

Section 3. Powers.

A. Overall Operations.

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

B. Medical Staff.

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

C. Auxiliary.

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

D. Other ~~Adjuncts~~ Affiliated or Subordinate Organizations.

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

E. Delegation of Powers.

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

F. Provisions to Prevail.

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

shall prevail.

G. Resolutions and Ordinances.

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

H. Residual Powers.

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

I. Grievance Process

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

Section 4. Vacancies.

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

Section 5. Meetings.

A. Regular Meetings.

Unless otherwise specified at the preceding regular or adjourned regular meeting, regular meetings of the Board of Directors shall be held on the fourth Thursday of each month at 4:00 PM at a location within the Tahoe Forest Hospital District



Boundaries. The Board shall take or arrange for the taking of minutes at each regular meeting.

B. Special Meetings.

Special meetings of the Board of Directors may be held at any time and at a place designated in the notice and ~~lying-located~~ within the District, except as provided in the Brown Act, upon the call of the President, or by not fewer than three (3) members of the Board of Directors, and upon written notice to each Director specifying the business to be transacted, which notice shall be delivered personally or by mail and shall be received at least twenty-four (24) hours before the time of such meeting, provided that such notice may be waived by written waiver executed by each member of the Board of Directors. Notice shall also be provided within such time period to local newspapers and radio stations which have requested notice of meetings. Such notice must also be posted twenty-four (24) hours before the meeting in a location which is freely accessible to the public. In the event of an emergency situation involving matters upon which prompt action is necessary due to disruption or threatened disruption of District services (including work stoppage, crippling disaster or other activity which severely impairs public health, safety or both), the Board may hold a special meeting without complying with the foregoing notice requirements, provided at least one (1) hour prior telephone notice shall be given to local newspapers and radio stations which have requested notice of meetings, and such meetings shall otherwise be in compliance with the provisions of Government Code Section 54956.5. The Board shall take or arrange for the taking of minutes at each special meeting.

C. Policies and Procedures.

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

Section 6. Quorum.

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

Section 7. Medical Staff Representation.

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



Section 8. Director Compensation and Reimbursement Of Expenses.

The Board of Directors shall be compensated in accordance with ABD-03 Board Compensation and Reimbursement policy. ~~serve without compensation, except that the Board of Directors, by a resolution adopted by a majority vote of the members of the Board, may authorize the payment of not to exceed more than one hundred dollars (\$100.00) per meeting, and not to exceed more than five (5) meetings five hundred dollars (\$500.00) a per month total, as compensation to each member of the Board of Directors.~~

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

Section 9. Board Self-Evaluation.

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

**ARTICLE III. OFFICERS**

Section 1. Officers.

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

Section 2. Election of Officers.

The officers of the Board of Directors shall be chosen every year by the Board of Directors in December of the preceding calendar year and shall serve at the pleasure of the Board. The person holding the office of President of the Board of Directors shall not serve ~~two~~ successive terms, unless by unanimous vote of the Board of Directors taken at a regularly scheduled meeting. In the event of a vacancy in any office, an election shall be held at the next regular meeting following the effective date of the vacancy to elect the officer to fill such office.

Section 3. Duties of Officers.

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

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



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

D. Treasurer.

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

~~E. Clerk. The Chief Executive Officer or his designee shall be appointed the Clerk of the Board of Directors, and shall perform the functions of the Secretary in case of the Secretary's absence or inability to act.~~

#### ARTICLE IV. COMMITTEES

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

##### Section 1. Ad Hoc Committees.

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

##### Section 2. Standing Committees.

~~Standing Committees and their respective charters will be affirmed annually by resolution, duly adopted by the Board of Directors. Standing Committees may from time to time be created by resolution duly adopted by the Board of Directors.~~

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

##### Standing

~~The initial Standing Committees will consist of the following:~~

~~A. Joint Conference Committee.~~



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

~~2. The Committee shall meet as needed.~~

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

~~4. The JCC shall constitute a forum for the discussion of matters of District and Medical Staff policy, practice and planning, and a forum for interaction between the Board of Directors and the Medical Staff on such matters as may be referred by the Executive Committee or the Board of Directors. The JCC shall exercise other responsibilities set forth in these Bylaws.~~

~~B. Finance Committee.~~

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

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

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

~~a. Development Review of District operating, cash and capital budgets for approval by the Board of Directors.~~

~~b. Monitoring of District budget performance and financial management.~~

~~c. Review of capital purchase recommendations before presentation to the Board of Directors.~~

~~d. Review and comment on monthly financial statements and expenditure reports.~~

~~e. Oversight of annual independent audit and supervision of any necessary corrective measures.~~

~~f. Supervision Oversight of the investment of District funds.~~



~~g. Special projects, as required in the area of financial management, or as directed by the Board of Directors.~~

~~h. Oversight Review of budget and expenditures for facility projects.~~

~~C. Governance Committee~~

~~1. The Committee shall be comprised of two (2) Board Members appointed by the Board President.~~

~~2. The Committee shall meet as needed.~~

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

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

~~b. Conduct at least a periodic biannual review of these Bylaws and Board policies.~~

~~c. Submit recommendations to the Board of Directors for changes in these documents as necessary and desirable.~~

~~d. Draft Direct creation of new Board policies and procedures as necessary or as directed by the Board of Directors for recommendation to the Board.~~

~~e. Advance best practices in board governance.~~

~~f. Conduct the annual board self-assessment and board goal setting process.~~

~~D. Personnel Committee~~

~~1. The Committee shall be comprised of two (2) Board Members appointed by the Board President.~~

~~2. The Committee shall meet at least once annually and then on an as needed basis.~~

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

~~a. Chief Executive Officer Relations~~

~~1. Employment Agreement~~



- ~~2. — Performance Evaluation~~
- ~~3. — Incentive Compensation Program~~
- ~~b. — Chief Executive Officer/Board of Directors Liaison~~
- ~~4. — Memorandum of Understanding with District bargaining units~~

~~— E. Retirement Plan Committee~~

- ~~1. — The Committee is a sub-committee of the Personnel Committee.~~
- ~~2. — The Committee shall comprise the two (2) Board Members of the Personnel Committee appointed by the Board President, Chief Executive Officer, CFO, and Chief Human Resources Officer.~~

~~3. — The Committee shall meet as needed.~~

~~4. — The Committee shall have the following responsibilities:~~

- ~~a. — Establish and administer the District's Investment Policy Statement.~~
- ~~b. — Provide administrative oversight for the Tahoe Forest Hospital District Money Purchase Pension Plan and the Tahoe Forest Hospital District Deferred Compensation Plan.~~

~~G. — Quality Committee~~

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

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

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

- ~~a. — Provide oversight for the organization-wide Quality Assessment and Performance Improvement Plan;~~
- ~~b. — Set expectations of quality care, patient safety, environmental safety, and performance improvement throughout the organization;~~
- ~~c. — Ensure the provision of organization-wide quality of care, treatment, and service provided and prioritization of performance improvement throughout the organization;~~
- ~~d. — Monitor the improvement of care, treatment, and services to ensure that it~~



is safe, beneficial, patient-centered, customer-focused, timely, efficient, and equitable;

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

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

~~H.——Community Benefit Committee~~

~~1.——The Committee shall be comprised of two (2) Board Members.~~

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

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

~~a.——Ensure Health System strategic planning and stated goals include community and population health initiatives to improve health, decrease costs, and improve the patient experience.~~

~~b.——Provide advice and input in the deployment of the tri-annual Community Health Needs Assessment (CHNA).~~

~~c.——Review resulting data from CHNA, provide input into the Community Health Improvement Plan (CHIP), and assist in development of long-term strategies, aligned with Health System goals, to address key health issues.~~

~~d.——Monitor the planning, development, implementation and results of major programs aimed at improving the health of the community.~~

~~e.——With collaborative partners, make recommendations for program continuation or termination based on progress toward identified measurable objectives, available resources, level of community ownership, and alignment with criteria for priorities.~~

~~f.——Review and provide input on proposed public communications about the organization's community benefit activities.~~

~~g.——Engage the community to achieve community health improvement goals through partnerships.~~



## ARTICLE V. MANAGEMENT

### Section 1. Chief Executive Officer.

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

### Section 2. Authority and Responsibility.

The ~~duties and responsibilities of the~~ Chief Executive Officer shall ~~have the following duties and responsibilities as follows~~ be outlined in the Employment Agreement and job description. Other duties may be assigned by the Board.

Chief Executive Officer, personally or through delegation, hires, assigns responsibility, counsel, evaluates and (as required) terminates all District employees.

~~A. — Assists, counsels, and advises the Board of Directors on the establishment of Hospital policies; acts as agent of the Board in carrying out such policies.~~

~~B. — Recommends District policy positions regarding legislation, government, administrative operation and other matters of public policy as required.~~

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

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

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

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

~~G. — Establishes concise reporting relationships for all positions and departments in the District. Establishes methods which will foster the achievement of District goals and objectives and support the efficiency and effectiveness of all~~



operations through proper communication and coordination.

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

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

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

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

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

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

~~N. — Develops strong marketing and public relations programs.~~

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

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

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

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

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

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

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

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



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

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

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

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

## ARTICLE VI: HOME HEALTH CARE SERVICE

### Section 1. Establishment

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

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

### Section 2. Governing Body/Professional Advisory Committee

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

### Section 3. Policies, Rules and Regulations

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



## ARTICLE VII. HOSPICE

### Section 1. Establishment

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

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

### Section 2. Governing Body/Appointment Of Qualified Administrator

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

### Section 3. Policies, Rules and Regulations

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

## ARTICLE VIII. TAHOE FOREST HOSPITAL

### Section 1. Establishment

~~There is hereby established as a subdivision of this District, owns and operates~~ Tahoe Forest Hospital (TFH), which shall be primarily engaged in providing, including but not limited to, Emergency Services, Inpatient/Observation Care, Critical Care,



Diagnostic Imaging Services, Laboratory Services, Surgical Services, Obstetrical Services and Long Term Care Services.

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

~~Section 2. Governing Body~~

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

~~Section 3. Policies, Rules and Regulations~~

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

**ARTICLE VIIX. INCLINE VILLAGE COMMUNITY HOSPITAL**

Section 1. Establishment

~~There is hereby established, as a subdivision of this District, owns and operates Incline Village Community Hospital (IVCH), which shall be primarily engaged in providing, including but not limited to, Emergency Services, Inpatient/Observation Care, Radiological Diagnostic Imaging Services including Mammography and Ultrasound, Laboratory Services, Outpatient Surgery and Sleep Disorder Services Surgical Services to patients.~~

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

~~Section 2. Governing Body~~

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

~~Section 3. Policies, Rules and Regulations~~



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

## ARTICLE VIII. MEDICAL STAFF

### Section 1. Nature of Medical Staff Membership.

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

### Section 2. Qualifications for Membership.

A. Only physicians, dentists or podiatrists who:

1. Demonstrate and document their licensure, experience, education, training, current professional competence, good judgment, ethics, reputation and physical and mental health status so as to establish to the satisfaction of the Medical Staff and the Board of Directors that they are professionally qualified and that patients treated by them ~~at the hospital~~ can reasonably expect to receive high quality medical care;

2. Demonstrate that they adhere to the ethics of their respective professions and that they are able to work cooperatively with others so as not to adversely affect patient care or District operations;

3. Provide verification of medical malpractice insurance coverage;

4. Establish that they are willing to participate in and properly discharge those responsibilities determined according to the Medical Staff Bylaws and shall be deemed to possess basic qualifications for membership on the Medical Staff. No practitioner shall be entitled to membership on the Medical Staff, assignment to a particular staff category, or be able to exercise particular clinical privileges ~~in the Hospital~~ solely by virtue of the fact that he/she is duly licensed to practice in California, Nevada, this or any other state, or that he/she is a member of any particular professional organization, or is certified by any particular specialty board, or that he/she had ~~in the past~~, or presently has, membership or such privileges at ~~Tahoe Forest Hospital~~ this or another ~~hospital~~ health care facility, or requires a hospital affiliation in order to participate on health plan provider panels, to obtain or maintain malpractice insurance coverage, or to pursue other personal or professional business interests unrelated to the treatment of patients at this facility and the furtherance of this facility's programs and services.

### Section 3. Organization and Bylaws.

The Bylaws, Rules and Regulations, and policies of the Medical Staff shall be



~~subject to approval of the Board of Directors of the District, and amendments thereto shall be effective only upon approval of such amendments by the Board of Directors, which shall not be withheld unreasonably. Neither the Medical Staff nor the Board of Directors may unilaterally amend the Medical Staff Bylaws or Rules and Regulations. The Medical Staff shall have the authority to organize itself and to adopt have the initial responsibility and delegated authority to formulate, adopt, and recommend Medical Staff Bylaws and amendments not inconsistent with these Bylaws for the government of the Medical Staff, which shall be effective when approved by the Board of Directors.~~

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

~~The Bylaws, and Rules and Regulations, and policies of the Medical Staff shall be subject to approval of the Board of Directors of the District, and amendments thereto shall be effective only upon approval of such amendments by the Board of Directors, which shall not be withheld unreasonably. Neither the Medical Staff nor the Board of Directors may unilaterally amend the Medical Staff Bylaws or Rules and Regulations.~~

#### Section 4. Appointment to Medical Staff

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

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

All applications for appointment and reappointment to the Medical Staff shall be processed by the Medical Staff in such manner as shall be provided by the Bylaws of the Medical Staff and, upon completion of processing by the Medical Staff, the Medical Staff shall make a report and recommendation regarding such application to the Board of Directors. This recommendation will also include the specific request by the practitioner for clinical privileges requested by the practitioner, and the Medical Staff's recommendation concerning these privileges. ~~No duly licensed physician or surgeon~~



~~shall be excluded from Medical Staff membership solely because he or she is licensed by the Osteopathic Medical Boards of California and Nevada.~~

~~Upon receipt of the report and recommendation of the Medical Staff, the Board of Directors adopt, reject or modify a favorable recommendation of the Medical Executive Committee, or shall refer the recommendation back to the Medical Executive Committee for further consideration, stating the reasons for the referral and setting a time limit within which the Medical Executive Committee shall respond. shall take action upon the application by granting or rejecting the same and shall cause notice of its actions to be given to the applicant and to the Medical Staff. Whenever the Board of Directors does not concur in a Medical Staff recommendation relative to clinical privileges, the matter will be referred to the Joint Conference Committee for review before final action is taken by the Board of Directors.~~

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

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

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

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

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

## Section 5. Staff Meetings: Medical Records



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

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

#### Section 6. Medical Quality Assurance

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

#### Section 7. Hearings and Appeals

Appellate review of any action, decision or recommendation of the Medical Staff affecting the professional privileges of any member of, or applicant for membership on, the Medical Staff is available before the Board of Directors. This appellate review shall be conducted consistent with the requirements of Business and Professions Code Section 809.4 and in accordance with the procedures set forth in the Medical Staff Bylaws. Nothing in these Bylaws shall abrogate the obligation of the District and the Medical Staff to comply with the requirements of Business and Professions Code Sections 809 through 809.9, inclusive. Accordingly, discretion is granted to the Medical Staff and Board of Directors to create a hearing process which provides for the least burdensome level of formality in the process while still providing a fair review and to interpret the Medical Staff Bylaws in that light. The Medical Staff, Board of Directors, and their officers, committees and agents hereby constitute themselves as peer review bodies under the Federal Health Care Quality Improvement Act of 1986 and the California peer review hearing laws and claim all privileges and immunities afforded by the federal and state laws.

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

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



Staff Bylaws:

A. Time For Appeal

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

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

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

~~Within fifteen (15) days after receipt of the decision of the Judicial Review Committee, either the practitioner or the Executive Committee may request an appellate review. A written request for that review shall be delivered to the Chief of Staff, the Chief Executive Officer and the other party in the hearing. If a request for appellate review is not presented within that period, both parties shall be deemed to have waived their rights to appeal. Thereafter, the Board of Directors shall consider whether to accept the Judicial Review Committee decision as the final decision of the District or to initiate an appellate review by its own action. If the Board of Directors votes to initiate an appellate review, the Board of Directors shall consider the matter as an appeal in accordance with this Article. Its decision following that appeal shall constitute the final action of the District.~~

B. Grounds For Appeal

A written request for an appeal shall include an identification of the grounds of



appeal, and a clear and concise statement of the facts in support of the appeal. The recognized grounds for appeal from a Hearing Committee decision are:

1. substantial noncompliance with the standards or procedures required by the Bylaws, or applicable law, which has created demonstrable prejudice; or
2. the factual findings of the Hearing Committee are not supported by substantial evidence based upon the hearing record or such additional information as may be permitted pursuant to this section; or
3. The Hearing Committee's failure to sustain an action or recommendation of the Medical Executive Committee that, based on the Hearing Committee's factual findings, was reasonable and warranted.

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

#### C. Time, Place and Notice

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

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

#### D. Appeal Board

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

~~The Board of Directors may sit as the appeal board, or it may appoint an appeal board which shall be composed of not fewer than three (3) members of the Board of Directors. Knowledge of the matter involved shall not preclude any person from serving~~



~~as member of the appeal board, so long as that person did not take part in a prior hearing on the same matter. The appeal board may select an attorney at law to assist it in the proceeding, but that attorney shall not be entitled to vote with respect to the appeal.~~

#### E. Appeal Procedure

The proceedings by the appeal board shall be in the nature of an appellate review based upon the record of the proceedings before the Hearing Committee. However, the appeal board may accept additional oral or written evidence, subject to a foundational showing that such evidence could not have been made available to the Hearing Committee in the exercise of reasonable diligence, and subject to the same rights of cross-examination or confrontation that are provided at a hearing. The appeal board shall also have the discretion to remand the matter to the Hearing Committee for the taking of further evidence or for clarification or reconsideration of the Hearing Committee's decision. In such instances, the Hearing Committee shall report back to the appeal board, within such reasonable time limits as the appeal board imposes. Each party shall have the right to be represented by legal counsel before the appeal board, to present a written argument to the appeal board, to personally appear and make oral argument and respond to questions in accordance with the procedure established by the appeal board. After the arguments have been submitted, the appeal board shall conduct its deliberations outside the presence of the parties and their representatives.

~~The proceeding by the appeal board shall be in the nature of an appellate review based upon the record of the hearing before the Judicial Review Committee, provided that the appeal board may accept additional oral or written evidence, subject to a foundational showing that such evidence could not have been made available to the Judicial Review Committee in the exercise of reasonable diligence and subject to the same rights of cross-examination or confrontation provided at the Judicial Review Committee hearing; or the appeal board may remand the matter to the Judicial Review Committee for the taking of further evidence and for decision. Each party shall have the right to present a written statement in support of his/her position on appeal. During the appeal, each party or representative shall have the right to appear personally before the Board of Directors or the appeal board, for the purpose of presenting oral argument and responding to questions in accordance with procedures to be established by the Board of Directors or appeal board. Each party shall have the right to be represented by an attorney or by any other designated representative during that appearance. The Board of Directors or the appeal board shall determine the procedures to be observed during that meeting and shall determine the role of legal counsel. The appeal board may then conduct, at a time convenient to itself, deliberations outside the presence of the appellant and respondent and their representatives. The appeal board shall present to the Board of Directors its written recommendations as to whether the Board of Directors should affirm, modify, or reverse the Judicial Review Committee decision, or remand the matter to the Judicial Review Committee for further review and decision.~~

#### F. Decision



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

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

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

#### G. Right To One Hearing

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

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

#### H. Exception to Hearing Rights

##### Exclusive Contracts

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

##### Validity of Bylaw, Rule, Regulation or Policy

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



Directors shall consult with the Medical Executive Committee before taking such action regarding the bylaw, rule, regulation or policy involved. This procedure must be utilized prior to any legal action.

#### Department, Section or Service Formation or Elimination

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

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

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

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

### ARTICLE IXI. AUXILIARY

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

### ARTICLE XII. REVIEW AND AMENDMENT OF BYLAWS

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

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

## ADOPTION OF BYLAWS

Originally passed and adopted at a meeting of the Board of Directors of the TAHOE FOREST HOSPITAL DISTRICT, duly held on the 9th day of January, 1953 and most recently revised on the 30th 21<sup>st</sup> day of ~~December-2014~~ November 2017.

## REVISION HISTORY

1975

Revised - March, 1977

Revised- October, 1978

Revised- April, 1979

Revised- March, 1982

Revised- May, 1983

Revised- February, 1985

Revised- July, 1988

Revised- March, 1990

Revised- November, 1992

Revised- February, 1993

Revised- May, 1994

Revised- April, 1996

Revised- September, 1996

Revised – April, 1998

Revised - September, 1998

Revised – March, 1999

Revised – July, 2000

Revised – January, 2001

Revised – November, 2002

Revised – May, 2003

Revised – July, 2003

Revised – September, 2004

Revised – March, 2005

Revised – December, 2005

Revised – October, 2006

Revised – March, 2007

Revised – April, 2008

Revised – January, 2009

Revised – September, 2010

Revised – September, 2012

Revised – November, 2014

Revised – December, 2015

Revised –November, 2017



BYLAWS OF THE BOARD OF DIRECTORS  
TAHOE FOREST HOSPITAL DISTRICT

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

Pursuant to the provisions of Sections 32104, 32125, 32128, and 32150 of the Health and Safety Code of the State of California, the Board of Directors of TAHOE FOREST HOSPITAL DISTRICT adopts these Bylaws for the government of TAHOE FOREST HOSPITAL DISTRICT.

**ARTICLE I. NAME, AUTHORITY AND PURPOSE**

Section 1. Name.

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

Section 2. Authority.

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

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

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

D. Non-Discrimination: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of service, hiring, training and employment practices on the basis of age; race; color; creed; ethnicity; religion; national origin; marital status; sex; sexual orientation; gender identity or expression; disability; association; veteran or military status; or any other basis prohibited by federal, state, or local law.

Section 3. Purpose and Operating Policies.

A. Purpose.

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

B. Operating Policies.

In order to accomplish the Mission of the District, the Board of Directors



establishes the following Operating Policies:

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

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

4. 3. Improvement of the health status of the area will be the primary emphasis of services offered by the District. In addition, the District may elect to provide other programs of human service outside of the traditional realm of health care, where unmet human service needs have been identified through the planning process.

## **ARTICLE II. BOARD OF DIRECTORS**

The Board of Directors:

### **Section I. Election.**

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

### **Section 2. Responsibilities.**

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

#### **A. Philosophy and Objectives.**

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

#### **B. Programs and Services.**

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

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

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

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

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

C. Organization and Staffing.

1. Selects and appoints the Chief Executive Officer.
2. Evaluates the continuing effectiveness of the organization.

D. Medical Staff.

1. Appoints all Medical Staff members.
2. Ensures that the District Medical Staff is organized to support the objectives of the District.
3. Reviews and takes final action on appeals involving Medical Staff disciplinary action.
4. Approves Medical Staff Bylaws and proposed revisions.

E. Finance.

1. Assumes responsibility for the financial soundness and success of the District and its wholly owned subsidiaries.
2. Assumes responsibility for the appropriate use of endowment funds and of other gifts to the District. Exercises trusteeship responsibility to see that funds are used for intended purposes.
3. Adopts annual budgets of the District, including both operating and capital expenditure budgets.
4. Receives and reviews periodic financial reports. Considers comments and recommendations of its Finance Committee or management staff.
5. Receives and reviews reports of the District's auditors.
6. Approves policies which govern the financial affairs of the District.
7. Authorizes officers of the District to act for the District in the execution of financial transactions.

F. Grounds, Facilities and Equipment.

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

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

G. External Relations.

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

H. Assessment And Continuous Improvement Of Quality Of Care

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

I. Strategic Planning.

1. Oversees the strategic planning process.
2. Establishes long range goals and objectives for the District's programs and facilities.

Section 3. Powers.

A. Overall Operations.

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

B. Medical Staff.

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

C. Auxiliary.

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

D. Other Affiliated or Subordinate Organizations.

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



E. Delegation of Powers.

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

F. Provisions to Prevail.

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

G. Resolutions and Ordinances.

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

H. Residual Powers.

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

I. Grievance Process

The Board of Directors may delegate the responsibility to review and resolve grievances.

Section 4. Vacancies.

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

the vacancy and thereafter until the person elected at such election to fill the vacancy has been qualified, but persons elected to fill a vacancy shall hold office for the unexpired balance of the term of office.

Section 5. Meetings.

A. Regular Meetings.

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

B. Special Meetings.

Special meetings of the Board of Directors may be held at any time and at a place designated in the notice and located within the District, except as provided in the Brown Act, upon the call of the President, or by not fewer than three (3) members of the Board of Directors, and upon written notice to each Director specifying the business to be transacted, which notice shall be delivered personally or by mail and shall be received at least twenty-four (24) hours before the time of such meeting, provided that such notice may be waived by written waiver executed by each member of the Board of Directors. Notice shall also be provided within such time period to local newspapers and radio stations which have requested notice of meetings. Such notice must also be posted twenty-four (24) hours before the meeting in a location which is freely accessible to the public. In the event of an emergency situation involving matters upon which prompt action is necessary due to disruption or threatened disruption of District services (including work stoppage, crippling disaster or other activity which severely impairs public health, safety or both), the Board may hold a special meeting without complying with the foregoing notice requirements, provided at least one (1) hour prior telephone notice shall be given to local newspapers and radio stations which have requested notice of meetings, and such meetings shall otherwise be in compliance with the provisions of Government Code Section 54956.5. The Board shall take or arrange for the taking of minutes at each special meeting.

C. Policies and Procedures.

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

Section 6. Quorum.

The presence of a majority of the Board of Directors shall be necessary to

constitute a quorum to transact any business at any regular or special meeting, except to adjourn the meeting to a future date.

Section 7. Medical Staff Representation.

The Chief of the Medical Staff shall be appointed as a special representative to the Board of Directors without voting power and shall attend the meetings of the Board of Directors. In the event the Chief of Staff cannot attend a meeting, the Vice-Chief of the Medical Staff or designee shall attend in the Chief of Staff's absence.

Section 8. Director Compensation and Reimbursement Of Expenses.

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

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

Section 9. Board Self-Evaluation.

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

**ARTICLE III. OFFICERS**

Section 1. Officers.

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

Section 2. Election of Officers.

The officers of the Board of Directors shall be chosen every year by the Board of Directors in December of the preceding calendar year and shall serve at the pleasure of the Board. The person holding the office of President of the Board of Directors shall not serve successive terms, unless by unanimous vote of the Board of Directors taken at a regularly scheduled meeting. In the event of a vacancy in any office, an election shall be held at the next regular meeting following the effective date of the vacancy to elect the officer to fill such office.

Section 3. Duties of Officers.

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



these Bylaws.

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

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

D. Treasurer.

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

#### **ARTICLE IV. COMMITTEES**

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

##### **Section 1. Ad Hoc Committees.**

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

##### **Section 2. Standing Committees.**

Standing Committees and their respective charters will be affirmed annually by resolution, duly adopted by the Board of Directors.

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

#### **ARTICLE V. MANAGEMENT**

##### **Section 1. Chief Executive Officer.**

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

Section 2. Authority and Responsibility.

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

**ARTICLE VI. TAHOE FOREST HOSPITAL**

Section 1. Establishment

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

**ARTICLE VII. INCLINE VILLAGE COMMUNITY HOSPITAL**

Section 1. Establishment

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

**ARTICLE VIII. MEDICAL STAFF**

Section 1. Nature of Medical Staff Membership.

Membership on the Medical Staff of Tahoe Forest Hospital District is a privilege

which shall be extended only to professionally competent practitioners who continuously meet the qualifications, standards and requirements set forth herein and in the Bylaws of the Medical Staff.

## Section 2. Qualifications for Membership.

A. Only physicians, dentists or podiatrists who:

1. Demonstrate and document their licensure, experience, education, training, current professional competence, good judgment, ethics, reputation and physical and mental health status so as to establish to the satisfaction of the Medical Staff and the Board of Directors that they are professionally qualified and that patients treated by them can reasonably expect to receive high quality medical care;
2. Demonstrate that they adhere to the ethics of their respective professions and that they are able to work cooperatively with others so as not to adversely affect patient care or District operations;
3. Provide verification of medical malpractice insurance coverage;
4. Establish that they are willing to participate in and properly discharge those responsibilities determined according to the Medical Staff Bylaws and shall be deemed to possess basic qualifications for membership on the Medical Staff. No practitioner shall be entitled to membership on the Medical Staff, assignment to a particular staff category, or be able to exercise particular clinical privileges solely by virtue of the fact that he/she is duly licensed to practice in California, Nevada, or any other state, or that he/she is a member of any particular professional organization, or is certified by any particular specialty board, or that he/she had or presently has, membership or privileges at this or another health care facility, or requires a hospital affiliation in order to participate on health plan provider panels, to obtain or maintain malpractice insurance coverage, or to pursue other personal or professional business interests unrelated to the treatment of patients at this facility and the furtherance of this facility's programs and services.

## Section 3. Organization and Bylaws.

The Bylaws, Rules and Regulations, and policies of the Medical Staff shall be subject to approval of the Board of Directors of the District, and amendments thereto shall be effective only upon approval of such amendments by the Board of Directors, which shall not be withheld unreasonably. Neither the Medical Staff nor the Board of Directors may unilaterally amend the Medical Staff Bylaws or Rules and Regulations. The Bylaws of the Medical Staff shall set forth the procedure by which eligibility for Medical Staff membership and establishment of clinical privileges shall be determined, including standards for qualification. Such Bylaws shall provide that the Medical Staff, or a committee or committees thereof, shall study the qualifications of all applicants and shall establish and delineate clinical privileges and shall submit to the Board of Directors recommendations thereon and shall provide for reappointment no less frequently than biennially. The Medical Staff shall also adopt Rules and Regulations or policies that



provide associated details consistent with its Bylaws, as it deems necessary to implement more specifically the general principles established in the Bylaws.

#### Section 4. Appointment to Medical Staff

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

All applications for appointment and reappointment to the Medical Staff shall be processed by the Medical Staff in such manner as shall be provided by the Bylaws of the Medical Staff and, upon completion of processing by the Medical Staff, the Medical Staff shall make a report and recommendation regarding such application to the Board of Directors. This recommendation will also include the request by the practitioner for clinical privileges, and the Medical Staff's recommendation concerning these privileges.

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

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

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

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

receiving the new recommendation and any new evidence, the Board shall make a final decision.

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

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

#### Section 5. Staff Meetings: Medical Records

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

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

#### Section 6. Medical Quality Assurance

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

#### Section 7. Hearings and Appeals

Appellate review of any action, decision or recommendation of the Medical Staff affecting the professional privileges of any member of, or applicant for membership on, the Medical Staff is available before the Board of Directors. This appellate review shall be conducted consistent with the requirements of Business and Professions Code Section 809.4 and in accordance with the procedures set forth in the Medical Staff Bylaws. Nothing in these Bylaws shall abrogate the obligation of the District and the Medical Staff to comply with the requirements of Business and Professions Code Sections 809 through 809.9, inclusive. Accordingly, discretion is granted to the Medical Staff and Board of Directors to create a hearing process which provides for the least

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

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

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

#### A. Time For Appeal

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

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

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



#### B. Grounds For Appeal

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

1. substantial noncompliance with the standards or procedures required by the Bylaws, or applicable law, which has created demonstrable prejudice; or
2. the factual findings of the Hearing Committee are not supported by substantial evidence based upon the hearing record or such additional information as may be permitted pursuant to this section; or
3. The Hearing Committee's failure to sustain an action or recommendation of the Medical Executive Committee that, based on the Hearing Committee's factual findings, was reasonable and warranted.

#### C. Time, Place and Notice

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

#### D. Appeal Board

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

#### E. Appeal Procedure

The proceedings by the appeal board shall be in the nature of an appellate review based upon the record of the proceedings before the Hearing Committee. However, the appeal board may accept additional oral or written evidence, subject to a foundational showing that such evidence could not have been made available to the Hearing Committee in the exercise of reasonable diligence, and subject to the same rights of cross-examination or confrontation that are provided at a hearing. The appeal board shall also have the discretion to remand the matter to the Hearing Committee for the taking of further evidence or for clarification or reconsideration of the Hearing Committee's decision. In such instances, the Hearing Committee shall report back to the appeal board, within such reasonable time limits as the appeal board imposes. Each party shall have the right to be represented by legal counsel before the appeal board, to present a written argument to the appeal board, to personally appear and make oral argument and respond to questions in accordance with the procedure established by the appeal board. After the arguments have been submitted, the appeal board shall conduct its deliberations outside the presence of the parties and their

representatives.

#### F. Decision

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

#### G. Right To One Hearing

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

#### H. Exception to Hearing Rights

##### Exclusive Contracts

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

##### Validity of Bylaw, Rule, Regulation or Policy

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

##### Department, Section or Service Formation or Elimination

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

the Medical Executive Committee prior to making a final determination regarding the formation or elimination.

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

#### **ARTICLE IX. AUXILIARY**

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

#### **ARTICLE XII. REVIEW AND AMENDMENT OF BYLAWS**

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

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

#### **ADOPTION OF BYLAWS**

Originally passed and adopted at a meeting of the Board of Directors of the TAHOE FOREST HOSPITAL DISTRICT, duly held on the 9th day of January, 1953 and most recently revised on the 30th day of November 2017.

#### **REVISION HISTORY**

1975

Revised - March, 1977

Revised- October, 1978

Revised- April, 1979

Revised- March, 1982

Revised- May, 1983

Revised- February, 1985

Revised- July, 1988

Revised- March, 1990

Revised- November, 1992

Revised- February, 1993

Revised- May, 1994

Revised- April, 1996

Revised- September, 1996



Revised – April, 1998  
Revised - September, 1998  
Revised – March, 1999  
Revised – July, 2000  
Revised – January, 2001  
Revised – November, 2002  
Revised – May, 2003  
Revised – July, 2003  
Revised – September, 2004  
Revised – March, 2005  
Revised – December, 2005  
Revised – October, 2006  
Revised – March, 2007  
Revised – April, 2008  
Revised – January, 2009  
Revised – September, 2010  
Revised – September, 2012  
Revised – November, 2014  
Revised – December, 2015  
Revised –November, 2017



## Board Executive Summary

By: **Matt Mushet, Esq. CHC**  
In-House Counsel

DATE: October 18, 2017

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### ISSUE:

Tahoe Endoscopy Center, Inc. was originally registered as a corporation on May 17, 1999, with Frederic Neuman, MD listed as the president. On July 14, 2005, it was sold in its entirety to Tahoe Forest Hospital District ("District"). For at least the past several years, the corporation has ceased doing business and its status with the California Secretary of State ("State") is listed as suspended. However, the District continues to pay the minimum annual tax as required.

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### ASSESSMENT:

Because the corporation is no longer in use and the District does not plan to revive the business, we recommend that it be dissolved. This would allow the District to stop paying the minimum annual tax. All known debts and liabilities of the company have already been paid.

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### ACTION REQUESTED:

In-house Counsel provides this briefing and respectfully requests that the Board of Directors vote to dissolve the corporation. If approved, a majority of Directors will sign the necessary forms to be filed with the State.

## **Tahoe Forest Gene Upshaw Memorial Cancer Center 2017 Quality Report to Board**

Melissa Kaime, M.D., Medical Oncologist, Cancer Committee/Quality Program Chair and

Kelley Bottomley, CTR, Coordinator, Quality Improvement Outcomes & Accreditation Compliance

The Tahoe Forest Hospital District Cancer Program began evaluating and treating patients in 2006. The program grew and moved to the Gene Upshaw Memorial Tahoe Forest Cancer Center in 2012.

The Cancer Registry initiated data collection on all cancer patient with submission to the National Cancer Data Base starting 1 January 2009. The total number of cancer patients seen with data submitted between 2009 and 2016 is 1542.

The Cancer Center has initiated many different endeavors to insure quality care is provided. In addition to the affiliation with UC Davis Cancer Care Network, the Cancer Center has partnered with many national quality organizations. The Cancer Center had a successful initial application and site survey accreditation with the American College of Surgeons Commission on Cancer (CoC) in 2011. The Center was fully re-accredited with commendation in 2015. In 2011 the Cancer Committee was formed to insure the organization was meeting all CoC standards, which encompasses care of cancer patients across the entire enterprise, from community screening and prevention programs, to appropriate surgical and medical care, to psychosocial services.

The Cancer Registry captures patient level data in a standardized format. The CoC, along with other quality focused organizations such as the National Quality Forum and the Centers for Medicare and Medicaid Services, uses the registry data to assess the quality of care provided. Some of these quality measures are accountability measures that can be used for public reporting, payment incentives, selection of providers by consumers, health plans, and purchasers. These measures have a high expected performance rate of usually 90%. Other measures are quality improvement measures that are intended for internal monitoring of performance within an organization, and they have an expected performance rate between 80 and 85%. Other measures are surveillance measures assessed to provide insight into patterns of care and opportunities for improvement. There are 20 different CoC quality measures for eight of the common cancers, and Cancer Committee assesses our performance in all of them annually.

Specific examples of quality measures in breast cancer and colon cancer will be discussed. In all cases where the performance falls below a minimum standard the Cancer Committee evaluates the circumstances for measure. In this way we discover improvements to increase our performance. These improvements may involve patient and provider education, new equipment, new technological processes, a change in clinical throughput, or a change in electronic medical recording. Our discussion will highlight each of these types of improvements. In our efforts to better evaluate a performance that may fall below standards we often find validated reasons for seemingly low quality measures. Cancer care is complex and we believe the analysis of quality metrics requires a keen clinical eye to look for possible confounding variables.



A relatively new quality assessment endeavor is that of QOPI, Quality Oncology Practice Initiative. This is an oncologist-led, practice-based quality assessment program designed to promote excellence in cancer care by helping practices create a culture of self-examination and improvement. The accreditation process for QOPI is data intensive, but the cancer center submitted comprehensive data on 88 patients in 2016 and demonstrated a very high rate of compliance with quality measures. QOPI has 195 distinct quality measures to select from for assessment of care. A follow up assessment in 2017 demonstrated 100% compliance almost universally.

As every practice has unique challenges, the Cancer Committee evaluates process improvements within our practice environment. In a two-step process, the committee evaluates a pattern of care to determine if there is an opportunity for improvement. If there are reasonable options for improvement the committee will work with parties within the organization to effect change. We will provide some examples of program driven improvements.

The last quality initiative to be discussed will be that of CancerLinQ. This national system retrieves data from or electronic medical record and provides a unique visual timeline of each patient's care. It also assesses the quality of care as determined by 17 standard quality metrics, shared of which are shared by QOPI and the CoC. It allows a clinician to quickly identify which patients may be falling short of standard practices, allowing a change in care. CancerLinQ also capitalizes on the big data repository of de-identified real patient data on over 150,000 patients. This allows a provider to query the database to answer clinical questions relating to the actual outcomes of thousands of other similar patients.

Both QOPI and CancerLinQ will allow Cancer Center physicians to submit data to the Merit-based Incentive Payment System, MIPS, for future reimbursement for care provided.

With the information presented, it will be clear that the Gene Upshaw Memorial Tahoe Forest Cancer Center has demonstrated a willingness to partner with many quality assessment organizations in many different formats. We know of no other rural Cancer Center that has achieved these multiple accreditations.

Tahoe Forest  
Gene Upshaw Memorial Cancer  
Center  
2017 Quality Report to Board

Melissa Kaime, M.D.

Medical Oncologist

Cancer Committee/Quality Program Chair

and

Kelley Bottomley, CTR

Coordinator, Quality Improvement Outcomes & Accreditation Compliance

# Cancer Program Initial Milestones

- Cancer Program began evaluating and treating patients in 2006
- Cancer Registry initiated data collection and submission to the National Cancer Data Base 1 January 2009
- Successful initial application and site survey accreditation with the American College of Surgeons Commission on Cancer (CoC) in 2011
- Establishment of Cancer Committee to meet CoC standards
- Establishment of Cancer Conference (Tumor Board)



# Patients Seen within the Cancer Center from 2009 through 2016 for a Cancer Diagnosis

Patient Type	Number of Patients	Percentage
Number of Newly Diagnosed and/or Treated Patients (analytic cases reported and tracked through the National Cancer Data Base)	1180	77%
Number of patients previously diagnosed (prior to reference date) or traveling in the area	362	23%
Total Number of Patients Seen and Treated in the Cancer Center 2009 through 2016	1542	100%

# Cancer Program Accreditations & Affiliations

Accreditation/Affiliation	Status
American College of Surgeons - Commission on Cancer (CoC) Accreditation Reaccreditation Years 2015-2017 Annual Compliance of 27 Standards	Fully Accredited with Commendation Site Survey October 2018
American Society of Clinical Oncology (ASCO) Quality Oncology Practice Initiative (QOPI) Certification Compliance of 16 Quality Measures	Certification Granted February 2017
American Society of Radiation Oncology (ASTRO) Accreditation Program for Excellence (APEX) 3-Year Accreditation Annual Compliance of 156 Standards	Fully Accredited March 2017
Addario Lung Foundation Center of Excellence Annual Submission of 22 Quality Measures	Center of Excellence Member
Implementation of CancerLinQ Data System	Completed January 2017
National Accreditation Program for Breast Centers (NAPBC) Program Development for Accreditation Annual Compliance of 29 Standards	2018 Apply for On-Site Survey Accreditation Pending

# Quality Program and Improvement

Cancer Program general and specialty accreditations help shape the quality program for the cancer center

- Accreditation requires compliance with required standards
- Data analysis and outcome studies for identified national measures
- Program goal setting completed annually
- Quality studies identified through Cancer Committee program review
- Quality improvement projects identified annually and in “real time”



# CoC Quality of Care Measures

- Cancer registry data elements are nationally standardized and endorsed by
  - CoC – Commission on Cancer
  - NQF – National Quality Forum
  - CMS – Centers for Medicare & Medicaid Services
- The CoC uses the registry data to assess quality of care
- Measures assess performance at the hospital, not just the Cancer Center
  - Accountability measures can be used for public reporting, payment incentives, selection of providers by consumers, health plans, purchasers
  - Quality improvement measures are intended for internal monitoring of performance within an organization
- Responsibility of Cancer Committee to annually assess and monitor measure outcomes

# Commission on Cancer CP3R Quality Measures

Number of CP3R Quality Measures	
Breast Cancer - three measures added in 2015	6
Colon Cancer	2
Rectal Cancer	1
Gastric Cancer – one measure added in 2015	1
Lung Cancer – three measures added in 2015	3
Cervical Cancer – three surveillance measures added for 2016	3
Endometrial Cancer – two surveillance measures added for 2016	2
Ovarian Cancer – two surveillance measures added for 2016	2
<b>2016 Total Quality Measures</b>	<b>20</b>

CP3R: Cancer Program Practice Profile Reports  
Description of all measures available for review in handout

# Breast Cancer Outcomes



## Standard 4.4 CP3R Accountability Measures

### CoC Measures for Quality of Breast Cancer Care – 2014 Cases

### CoC Quality Measure Development with National Quality Forum

Breast	Expected Performance Rate	Measure Description	2014 Performance Rate	Action Plan
BCSRT	90%	(NQF #219) Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer	100%	NA
MAC	90%	(NQF #559) Combination chemotherapy is recommended or administered within 4 months (120 days) or Stage IB-III hormone receptor negative breast cancer	100%	NA
HT	90%	(NQF #220) Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with Stage IB-III hormone positive breast cancer	100%	NA
MASTRT	90%	Radiation Therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with $\geq 4$ positive regional lymph nodes	100%	NA

# Diagnosing Breast Cancer

nBx: Quality Outcome Measure for Needle Biopsy –  
Image or palpation-guided needle biopsy to the  
primary site is performed to establish diagnosis of  
breast cancer

Expected performance rate is 80%

# **Tahoe Forest Experience with image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer**

- Initial evaluation of 2012 data results were lower than expected at 56%
- Cancer Committee recommended we increase needle biopsy rates as part of the 2015 clinical goal setting process
  - One barrier identified is the lack of community access to stereotactic biopsy; this noninvasive procedure is currently referred outside of Truckee
  - Cancer Committee has worked with the radiology department and implementation is planned second quarter 2018, pending purchase of equipment
  - Late 2013 and through 2016 surgeons increased the focus, at the time of consultation, to address needle biopsy discussions
  - Increase focus during patient rounds in the cancer program and cancer conference
- As a result of these interventions, the use of image or palpation-guided needle biopsy in breast cancer patients increased significantly to 96% in 2015
- Measure continues to be measured annually, as required by the CoC, through the National Cancer Database

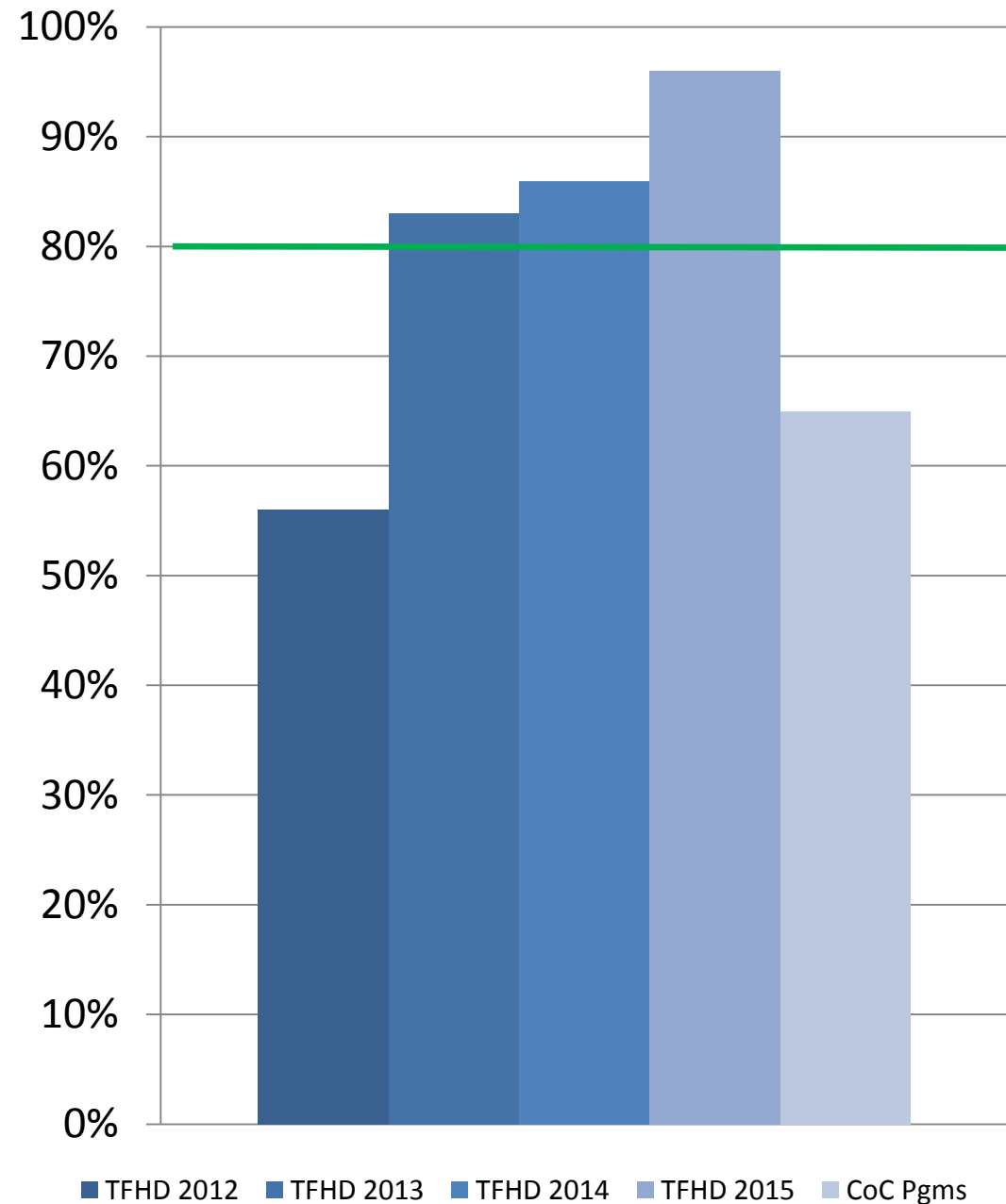


**Tahoe Forest Cancer Center  
Quality Improvement Measure  
2016 Breast Cancer Management Review**

**Quality Outcome Measure for Needle  
Biopsy – Image or palpation-guided  
needle biopsy to the primary site is  
performed to establish diagnosis of  
breast cancer**

**80% compliance is required**

**Tahoe Forest has improved compliance  
from 56% to 96% over 4 years**



# Breast Conservation Surgery

BCS: Breast conservation surgery rate for women with clinical Stage 0, I, or II breast cancer

This is a surveillance measure with no expected performance rate

# Tahoe Forest Experience: Monitoring Breast Conservation Surgery

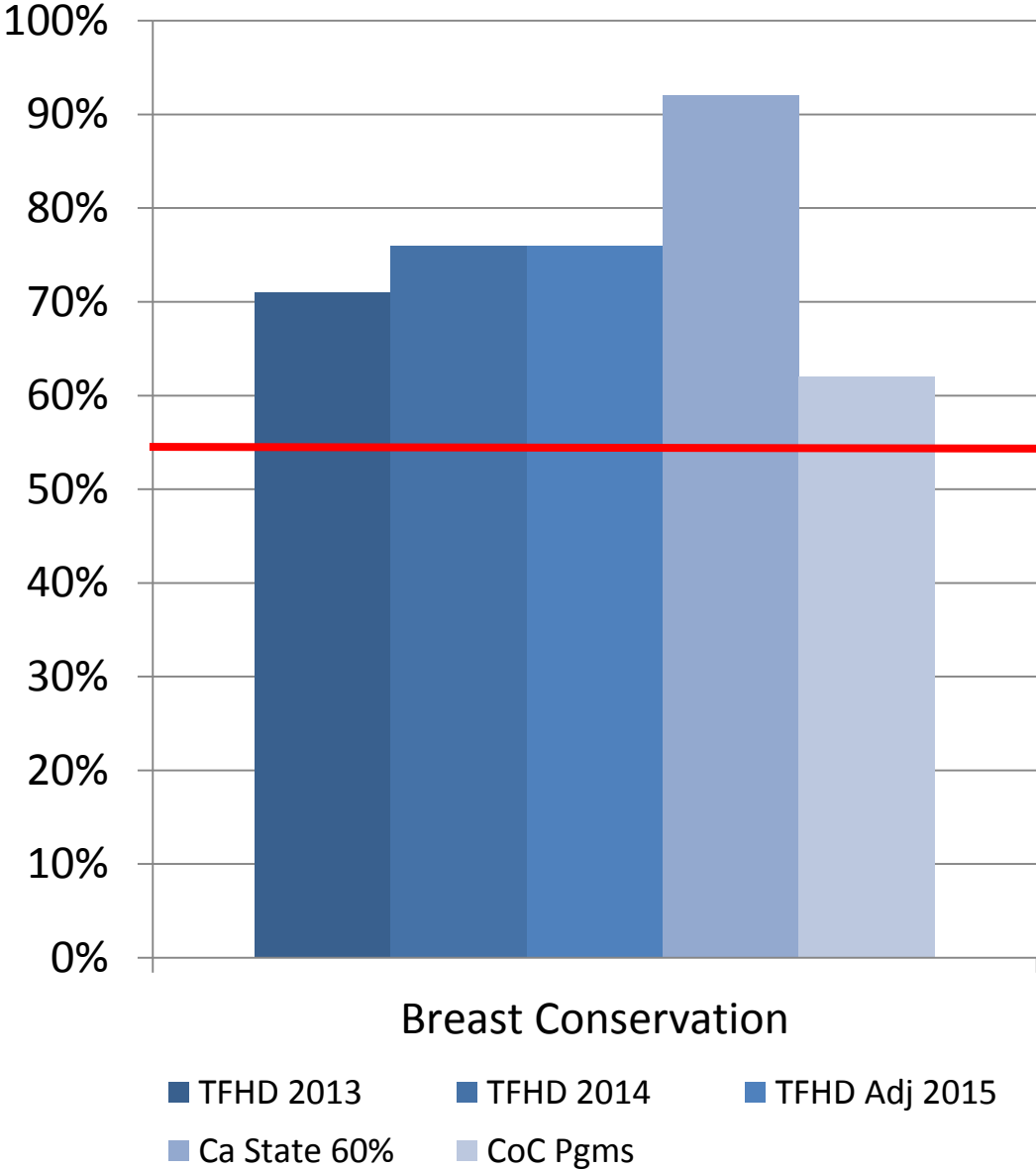
- 2015 and 2016 - program goal identified to recommend that all patients eligible for breast conservation (lumpectomy) be offered a radiation consult to be completed prior to surgical decision
  - Cancer Committee found that in 2014 only 14% of these patients had a radiation consult prior to surgical decision
  - 2015: efforts were implemented to increase awareness through cancer conference presentations, patient rounds, nurse navigation involvement, and support of the surgeons in their consultative process
  - 2015: breast cancer cases reviewed to determine timeline for consultations. 81% of patients did have radiation consultation prior to definitive surgical procedure



# Tahoe Forest Cancer Center Surveillance Measure

## Quality Outcome Measure BCS – Breast conservation surgery rate for women with clinical Stage 0, I, II breast cancer

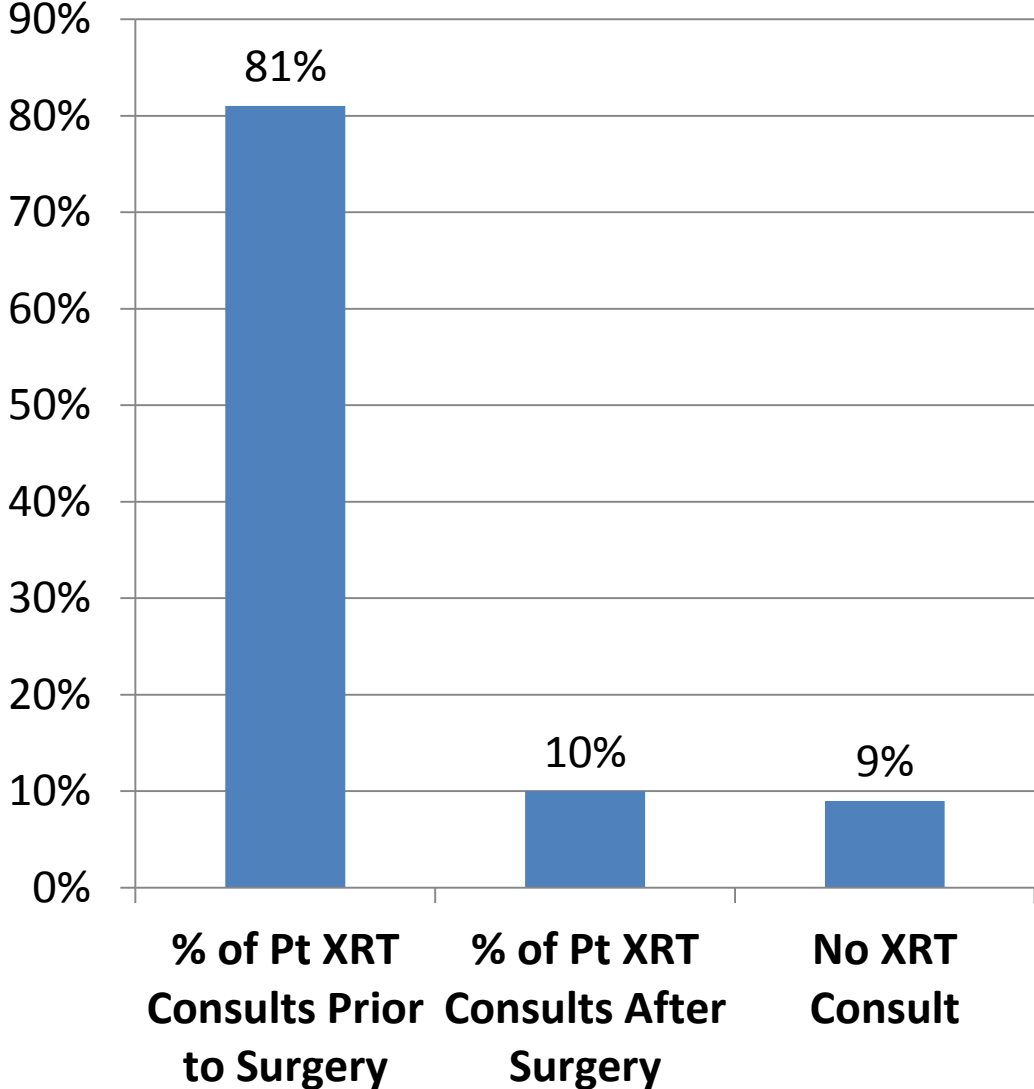
- Breast Conserving Surgery (BCS) is offered to appropriate patients with breast cancer
- National rate of BCS has dropped in recent years to 58% of all eligible patients diagnosed with early stage breast cancer (Stage 0, I, II)
- The BCS rate is evaluated annually by the program leadership



# 2015 Quality Study: Timeline for Radiation Consultations

- The choice of mastectomy or lumpectomy followed by radiation is a personal decision
- A consultation with a radiation oncologist prior to breast surgery allows a woman to make a better informed decision

### 2015 Breast Cancer Cases



# Study to Review Patients Eligible for Breast Conservation Surgery

- 2015 review includes 51 patients eligible for breast conservation surgery
  - Initial review identified a breast conservation rate of 73%; 14 patients had a mastectomy
  - We assessed the reasons for 14 patients having a mastectomy
- Analysis of the patients having mastectomy resulted in an adjusted conservation rate of 92%
  - This outcome demonstrates an excellent result of 2015/2016 program efforts to increase the awareness and patient decision process
  - Although patients may choose mastectomy, there are contributing issues resulting in appropriate decision making between patients and physicians

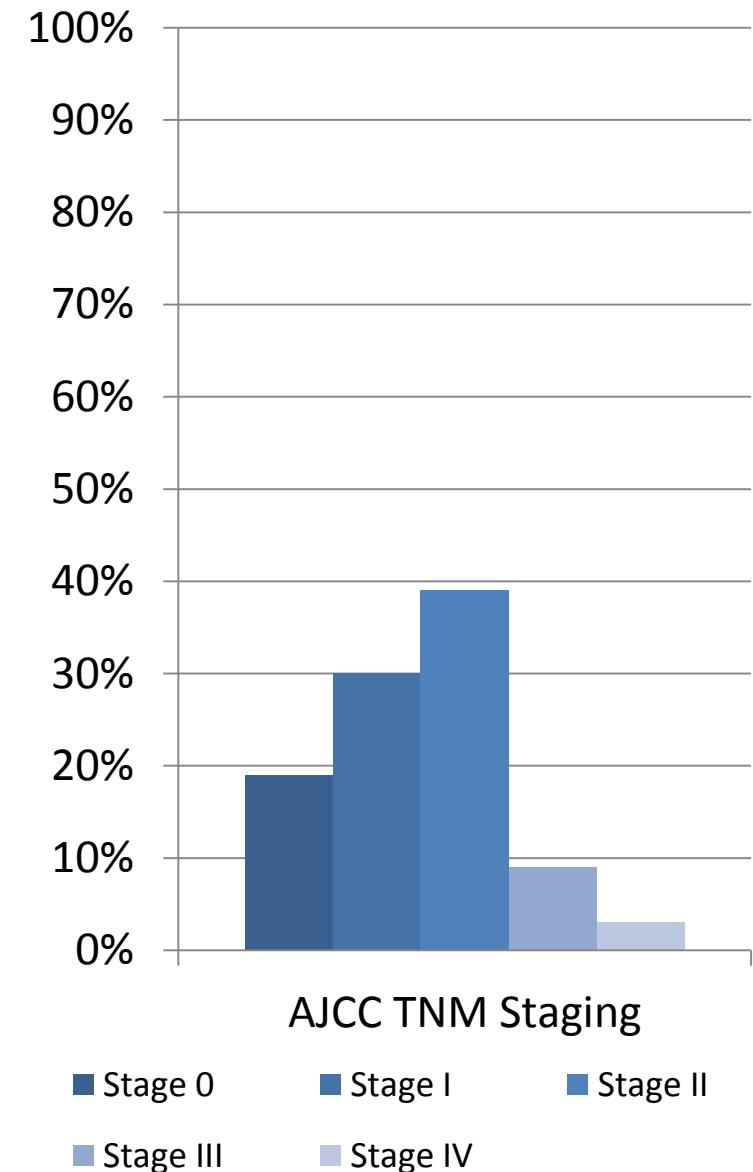


# **2015 Mastectomy Cases Who Were Eligible for Breast Conservation, n=14**

- 4 Patients with intended conservation having positive margins then choosing mastectomy
- 1 Patient BRCA+
- 1 Patient with previous history of breast cancer
- 1 Patient with significant positive family history
- 3 Patients 90+ years of age (contributing medical issues)
- 1 Patient with co-morbid conditions
- 2 Patients with travel issues (1 in Plumas & 1 in So Lake Tahoe)
- 1 Patient who chose Bilateral Mastectomy with Reconstruction

# Staging of Breast Cancer Patients

- Staging is reviewed on an ongoing basis in weekly chart rounds for both medical oncology and radiation oncology, and tumor boards. Staging is utilized in NCCN guidelines and treatment decisions.
- Quality review of 100% of staging is performed by the Cancer Registry staff during the abstracting process, and reviews the staging accuracy by the managing physician. This is reported at Cancer Committee annually.
- Cancer Committee performed a comprehensive evaluation of breast cancer care provided in 2015:
  - Fifty-seven patients diagnosed in 2015 were reviewed
    - 9% had DCIS (non-invasive cancer) and 93% had invasive breast cancer
    - 88% were diagnosed with early stage breast cancer (Stages 0, I and II)
- This demonstrates excellent community screening mammography programs
- Further analysis revealed appropriate treatment with hormonal therapy options and appropriate referrals for genetic counseling and testing



# Colon Cancer Outcomes

# Colon Cancer Quality Measure – 12RLN: Number of Lymph Nodes Removed at Surgical Resection (NQF #0225)

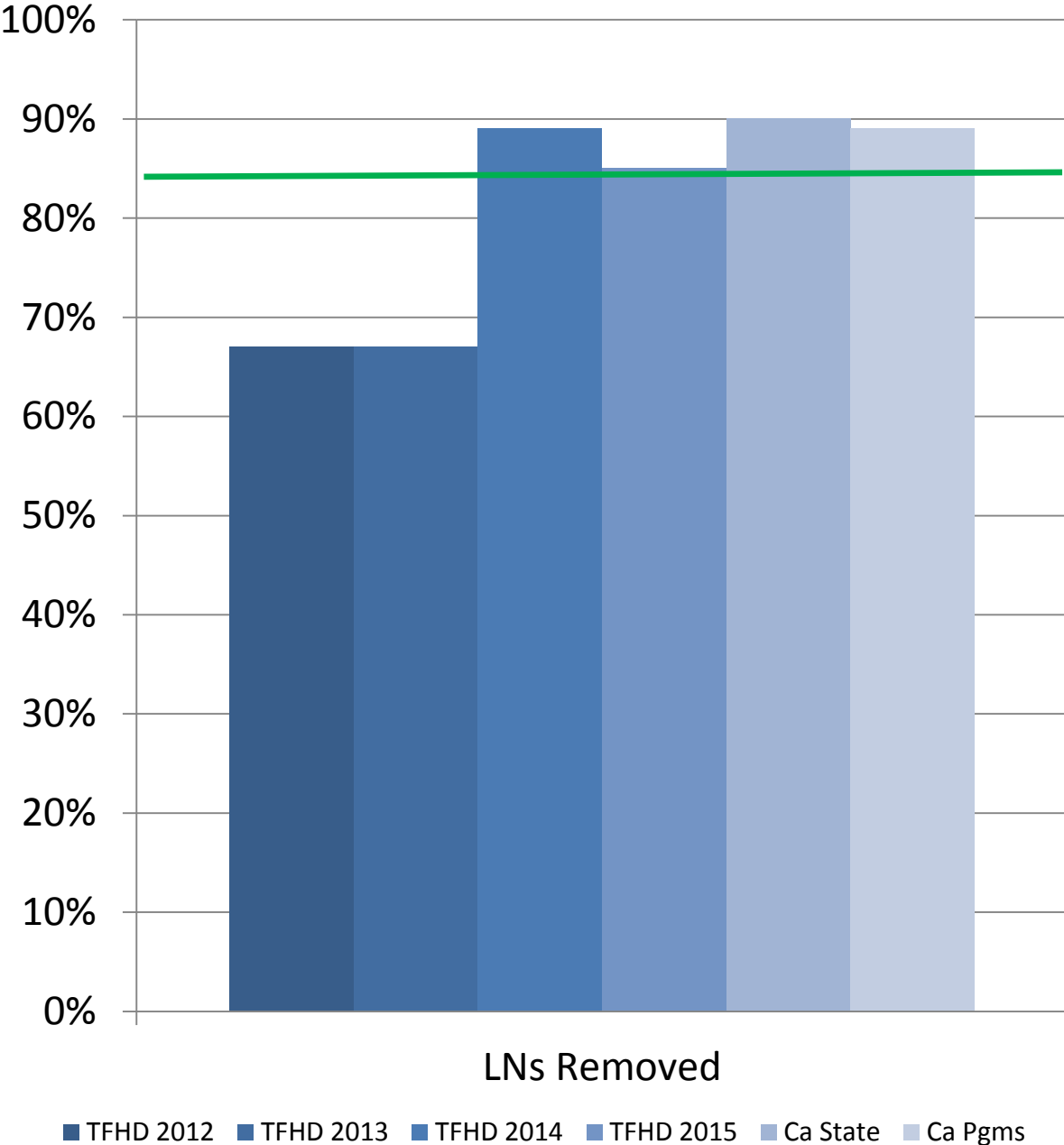
- Cancer Committee noted a rate of 50% in 2012 and 67% in 2013, falling below the requirement of 85%
- In 2014/2015, Cancer Committee worked with the pathology department to ensure the use of fat clearing solutions to increase the identification of lymph nodes in surgical resection specimens
- Significant improvement in the following years:
  - 2014: 89%
  - 2015: 85%



**Tahoe Forest Cancer Center  
Quality Improvement Measure  
2012-2015 Colon Cancer Management**

**Quality Outcome Measure 12RNL – At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer**

**85% compliance required**



# QOPI Quality Measures

## Quality Oncology Practice Initiative

An oncologist-led, practice-based quality assessment program designed to promote excellence in cancer care by helping practices create a culture of self-examination and improvement

195 quality measures

Description of all measures available in handout

Module	Description	Num	Denom	Site Rate (%)	Percentile	QOPI Aggregate (%)	Difference from QOPI Aggregate
Core	Core 1: Pathology report confirming malignancy*	55	55	100	N/A	99.32	0.68
Core	Core 2: Staging documented within one month of first office visit*	49	54	90.74	58.94	86.24	4.5
Core	Core 6: Pain addressed appropriately (defect-free measure, 3, 4a, and 5)*	52	55	94.55	70.73	83.85	10.7
Core	Core 9: Documented plan for antineoplastic treatment, including doses, route, and time intervals	32	32	100	N/A	87.17	12.83
Core	Core 10: Antineoplastic treatment intent (curative vs. non-curative) documented before or within two weeks after administration	32	32	100	N/A	94.02	5.98
Core	Core 24: Patient emotional well-being assessed by the second office visit*	55	55	100	N/A	80.08	19.92
Core	Core 21a: Smoking status/tobacco use documented in past year	53	55	96.36	4.67	99.35	-2.99
Symptom	Symptom 27: Corticosteroids and serotonin antagonist prescribed or administered with moderate/high emetic risk antineoplastic treatment	27	27	100	N/A	96.11	3.89
Symptom	Symptom 33: Infertility risks discussed prior to antineoplastic treatment with patients of reproductive age	1	2	50	60.07	42.51	7.49
EOL	EOL 38: Pain addressed appropriately (defect-free measure, 35, 36a, and 37)*	33	37	89.19	44.64	82.75	6.44
EOL	EOL 45a: Hospice enrollment and enrolled more than 7 days before death (defect-free measure, 42 and inverse 45)	12	34	35.29	46.43	37.62	-2.33
Breast	Breast 53: Combination antineoplastic treatment received within 4 months of diagnosis by women under 70 with AJCC stage IA (T1c) and IB - III ER/PR negative breast cancer	3	3	100	N/A	97.03	2.97

Module	Description	Num	Denom	Site Rate (%)	Percentile	QOPI Aggregate (%)	Difference from QOPI Aggregate
Breast	Breast 54: Test for Her-2/neu overexpression or gene amplification*	34	34	100	N/A	98.1	1.9
Breast	Breast 56a: Trastuzumab not received when Her-2/neu is negative or undocumented (inverse of 56)*	12	12	100	N/A	99.3	0.7
Breast	Breast 57: Trastuzumab received by patients with AJCC IA (T1c) and IB - III Her-2/neu positive breast cancer*	3	3	100	N/A	98.45	1.55
Breast	Breast 59: Tamoxifen or AI received within 1 year of diagnosis by patients with AJCC stage IA(T1c) and IB - III ER or PR positive breast cancer*	12	12	100	N/A	94.94	5.06
Colorectal	Colorectal 66: CEA within 4 months of curative resection for colorectal cancer*	3	5	60	5.79	90.64	-30.64
Colorectal	Colorectal 68: Adjuvant antineoplastic treatment received within 4 months of diagnosis by patients with AJCC stage III colon cancer	1	1	100	N/A	95.33	4.67
Colorectal	Colorectal 72: Adjuvant antineoplastic treatment received within 9 months of diagnosis by patients with AJCC stage II or III rectal cancer	1	1	100	N/A	97.38	2.62
Colorectal	Colorectal 73: Colonoscopy before or within 6 months of curative colorectal resection or completion of primary adjuvant antineoplastic treatment	5	5	100	N/A	84.99	15.01
Colorectal	Colorectal 74: KRAS testing for patients with metastatic colorectal cancer who received anti-EGFR MoAb therapy*	0	0	0**		80.45	
Colorectal	Colorectal 75a: Anti-EGFR MoAb therapy not received by patients with KRAS mutation (Inverse of 75)*	1	1	100	N/A	87.46	12.54
NSCLC	NSCLC 81: Adjuvant cisplatin-based antineoplastic treatment received within 60 days after curative resection by patients with AJCC stage II or IIIA NSCLC	0	0	0**		66.67	
NSCLC	NSCLC 84: Performance status documented for patients with initial AJCC stage IV or distant metastatic NSCLC*	3	3	100	N/A	83.92	16.08
NSCLC	NSCLC 85: Platinum doublet first-line antineoplastic treatment or EGFR-TKI (or other targeted therapy with documented DNA mutation) received by patients with initial AJCC stage IV or distant metastatic NSCLC with performance status of 0-1 without prior history of antineoplastic treatment	1	1	100	N/A	97.88	2.12
NSCLC	NSCLC 88: Positive mutation for patients with stage IV NSCLC who received first-line EGFR tyrosine kinase inhibitor or other targeted therapy*	0	0	0**		89.91	



# QOPI Spring 2017 Measure Report

	Measure	Num	Denom	Rate
COR 1	Pathology report confirming malignancy*	35	35	100
COR 2	Staging documented within one month of first office visit*	33	34	97.06
COR 3	Pain assessed by second office visit	35	35	100
COR 4a	Pain intensity quantified by second office visit	35	35	100
COR 5	Plan of care for moderate/severe pain documented	6	6	100
COR 6	Pain addressed appropriately (defect-free measure 3, 4a, and 5)*	35	35	100
COR 6a	Pain assessed on either of the two most recent office visits	35	35	100
COR 6b	Pain intensity quantified on either of the two most recent office visits	35	35	100
COR 6c	Plan of care for moderate/severe pain documented on either of the two most recent office visits	5	5	100
COR 6d	Pain addressed appropriately on either of the two most recent office visits (defect-free measure 6a, 6b, and 6c)	35	35	100
COR 6e	Pain addressed appropriately by second office visit and during most recent office visits (defect-free measure 6 and 6d)	35	35	100
COR 7	Effectiveness of narcotic assessed on visit following prescription	4	4	100
COR 8	Constipation assessed at time of narcotic prescription or following visit	4	4	100
COR 9	Documented plan for Chemotherapy, including doses, route, and time intervals*	22	22	100
COR 10	Chemotherapy intent (curative vs. non-curative) documented before or within two weeks after administration*	22	22	100
COR 11	Chemotherapy intent discussion with patient documented	22	22	100
COR 12	Number of chemotherapy cycles documented	17	17	100
COR 13	Chemotherapy planning completed appropriately (defect-free measure, 9, 10, and 12)	22	22	100
COR 13aa	Performance status documented prior to initiating chemotherapy regimen (Test Measure)	22	22	100
COR 13a1	Chemotherapy administered to patients with metastatic solid tumor with performance status of 3, 4, or undocumented (Lower Score - Better) (Top 5 Measure) (Defect-free measure 13a1a, 13a1b)	0	4	0
COR 13a1a	Chemotherapy administered to patients with metastatic solid tumor with performance status of 3 or 4 (Lower Score - Better) (Top 5 Measure)	0	4	0
COR 13a1b	Chemotherapy administered to patients with metastatic solid tumor with performance status undocumented (Lower Score - Better)(Top 5 Measure)	0	4	0
COR 13oral4	Documented plan for Oral Chemotherapy (defect-free Measure 13oral4a -13oral4d) (Test Measure)	0	2	0
COR 13oral4a	Documented plan for oral chemotherapy: dose (Test Measure)	2	2	100
COR 13oral4b	Documented plan for oral chemotherapy: administration schedule (start day, days of treatment/rest and planned duration) (Test Measure)	2	2	100
COR 13oral4c	Documented plan for oral chemotherapy provided to patient/caregiver prior to start of therapy and practitioner(s) providing continuing care (PCP) within 3 months of starting therapy(Test Measure)	0	2	0
COR 13oral4d	Documented plan for oral chemotherapy: Indications (Test Measure)	2	2	100
COR 13oral5	Oral chemotherapy education provided prior to the start of therapy (defect-free Measure 13oral5aoc - 13oral5coc) (Test Measure)	2	2	100
COR 13oral5a	Oral chemotherapy education provided prior to the start of therapy: missed doses (Test Measure)	2	2	100
COR 13oral5b	Oral chemotherapy education provided prior to the start of therapy: Toxicities (Test Measure)	2	2	100
COR 13oral5c	Oral chemotherapy education provided prior to the start of therapy: Clinic contact instructions (Test Measure)	2	2	100
COR 13oral6	Oral chemotherapy monitored on visit/contact following start of therapy (defect-free Measure 13oral6aoc - 13oral6boc) (Test Measure)	2	2	100
COR 13oral6a	Oral chemotherapy monitored on visit/contact following start of therapy: Medication adherence assessed (Test Measure)	2	2	100
COR 13oral6b	Oral chemotherapy monitored on visit/contact following start of therapy: Medication adherence addressed (Test Measure)	0	0	0
COR 14	Signed patient consent for chemotherapy	0	22	0
COR 15	Patient consent documented in practitioner note	22	22	100
COR 16	Patient consent for chemotherapy (combined measure, 14 or 15 )	22	22	100

# Program Driven Improvements

## Standard 4.7: 2017 Quality Improvement – 4.8 iFOB Screening

- Concern identified in 2016 with non standardized results reporting of iFOB screening resulting in difficulty reporting and tracking of results
- Review of 20 patients screened in 2016 to determine outcome:
  - Medical Group patients results reported in the clinic setting in a text field
  - Reporting of results was not standardized (i.e. text results of positive, pos, +, negative, neg, or -)
  - Confirmed concerns in regards to difficulty reporting and tracking within cancer committee and community screening departments

## **Standard 4.8: 2017 Quality Improvement – 4.8 iFOB Screening**

- Community Outreach department shared concerns with primary care clinics of TFHD medical groups
- Issue addressed in second quarter of 2017
- Medical groups worked collaboratively with electronic record vendor to create drop down menus
  - Document ordering of iFOB screening
  - Document results (positive or negative) of screening
- Reports are now easily available to assess number patients screened as well as accurate assessment of screening results



# 2015/2016 Program Quality Improvement

- Increase the number of sites we can push/pull diagnostic images

5/29/2015	12/8/2016
UC Davis	UC Davis
Barton	Barton
Reno Diagnostic Center	Reno Diagnostic Center
Renown	Renown
Roseville Sutter	Roseville Sutter
	Saint Mary's Medical Center
	Plumas District
	Eastern Plumas

# CancerLinQ

- CancerLinQ<sup>®</sup> is a system that continually learns from itself and enables change:
- Tracks the quality of care in real time to ensure that patients receive evidence based care
- Gains insights from real world de-identified data on hundreds of thousands of patients, potentially identifying important trends and increasing the confidence of care decisions
- Visualizes patients' medical histories in powerful new ways

### My Patients

<b>My Patient Dashboard</b> 2,744 Patients	<b>My Priority Patients</b> My actionable patients 11 Patients	<b>My Practice's Priority Patients</b> My practice's actionable patients 46 Patients	<b>My Patients Case Mix</b> My patients' population characteristics	<b>My Patients Age Distribution</b> My patients' age distribution by diagnosis	<b>My Patients Encounters</b> My patients' frequency of encounters
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### My Patients

<b>My Patient Dashboard</b> 2,744 Patients	<b>My Priority Patients</b> My actionable patients 11 Patients	<b>My Patients Case Mix</b> My patients' population characteristics	<b>My Patients Age Distribution</b> My patients' age distribution by diagnosis	<b>My Patients Encounters</b> My patients' frequency of encounters
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### Quality Performance Analytics

<b>Quality Performance Indicators</b> Explore your clinical quality measures 17 Measures	<b>Quality Performance Indicators - Practice</b> My practice's clinical quality measures 17 Measures
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### Quality Performance Analytics

<b>Quality Performance Indicators</b> Explore your clinical quality measures 17 Measures
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### Data Exploration

### Quality Performance Analytics

**Quality Performance Indicators**  
Explore your clinical quality measures



**17**  
Measures

**Quality Performance Indicators - Practice**  
My practice's clinical quality measures



**17**  
Measures

### Quality Performance Analytics

**Quality Performance Indicators**  
Explore your clinical quality measures



**17**  
Measures

### Data Exploration

**CancerLinQ Insights - My Patients**  
Cohort creation and insights - practice level


**2,744**  
Patients

**CancerLinQ Insights - All Patients**  
Cohort creation and insights - population level


**595.58k**  
Patients

### Data Visualizations

**Practice Data**  
Practice data visualizations and reports



**Clinical Data**  
Clinical data visualizations and reports



### CancerLinQ Collaborators



Categories
All (17)
Breast (5)
Colorectal (2)
<b>Core (6)</b>
EOL (3)
MIPS Measures (5)
NHL (1)
Oncology Care Model (4)

### My Locations Measures - ALL MEASURES

■ My Locations Aggregate Rate 
 ■ My Practice Aggregate Rate 
 ○ CancerLinQ Aggregate Rate

<p><b>97.2%</b> Pain Assessment during First 2 Encounters</p> <p>365 days 180 of my locations' patients</p>	<p><b>81.4%</b> Pain Intensity Quantified on Most Recent Encounter for Medical and Radiation Oncology Patients</p> <p>365 days 118 of my locations' patients</p>
<p><b>96.7%</b> Pain Quantification Score during First 2 Encounters</p> <p>365 days 180 of my locations' patients</p>	<p><b>79.5%</b> Staging Documented within One Month of First Office Visit</p> <p>365 days 146 of my locations' patients</p>
<p><b>86.0%</b> Tobacco Use Assessment</p> <p>365 days 143 of my locations' patients</p>	<p><b>100.0%</b> Tobacco Use Screening and Cessation Intervention</p> <p>365 days 128 of my locations' patients</p>

Categories	My Locations Measures - ALL MEASURES	
	<span style="color: green;">■</span> My Locations Aggregate Rate <span style="color: blue;">■</span> My Practice Aggregate Rate <span style="color: lightblue;">○</span> CancerLinQ Aggregate Rate	
All (17)		
Breast (5)	 <p>100.0%    Combination Chemotherapy Received for Breast Cancer                      ⌚ 365 days    👤 1 of my locations' patients</p>	 <p>94.1%    HER2/neu Negative and No Trastuzumab                      ⌚ 365 days    👤 17 of my locations' patients</p>
Colorectal (2)		
Core (6)	 <p>67.7%    HER2/neu Testing for Breast Cancer Patients                      ⌚ 365 days    👤 31 of my locations' patients</p>	 <p>77.8%    Hormonal Therapy for Breast Cancer Patients within One Year of Diagnosis                      ⌚ 365 days    👤 9 of my locations' patients</p>
EOL (3)		
MIPS Measures (5)	 <p>0.0%    Trastuzumab Received for HER2/neu Positive Breast Cancer                      ⌚ 365 days    👤 1 of my locations' patients</p>	
NHL (1)		
Oncology Care Model (4)		

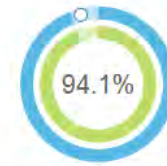
- Categories
- All (17)
- Breast (5)
- Colorectal (2)
- Core (6)
- EOL (3)
- MIPS Measures (5)**
- NHL (1)
- Oncology Care Model (4)

### My Locations Measures - ALL MEASURES

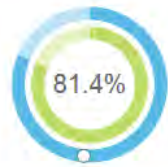
■ My Locations Aggregate Rate ■ My Practice Aggregate Rate ○ CancerLinQ Aggregate Rate



Chemotherapy Administration during Last 2 Weeks of Life  
⌚ 365 days 🧑 13 of my locations' patients



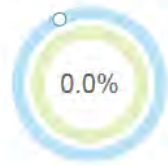
HER2/neu Negative and No Trastuzumab  
⌚ 365 days 🧑 17 of my locations' patients



Pain Intensity Quantified on Most Recent Encounter for Medical and  
⌚ 365 days 🧑 118 of my locations' patients



Tobacco Use Screening and Cessation Intervention  
⌚ 365 days 🧑 128 of my locations' patients













Trastuzumab Received for HER2/neu Positive Breast Cancer  
⌚ 365 days 🧑 1 of my locations' patients



# Cancer Program Accreditations & Affiliations

Accreditation/Affiliation	Number of US Participating Practices
American College of Surgeons - Commission on Cancer (CoC) Accreditation	1500
American Society of Clinical Oncology (ASCO) Quality Oncology Practice Initiative (QOPI) Certification	389
American Society of Radiation Oncology (ASTRO) Accreditation Program for Excellence	60
Addario Lung Foundation Center of Excellence Membership	11
Implementation of CancerLinQ Data System	100



Strategic Initiative: Community Outreach					
Develop solid connections and relationships within the communities we serve.					
Status Scale for Objectives		- Objective/Action Completed			
		- Objective/Action In Progress			
		- Objective/Action Not Started			
Objectives	Actions	Responsible Executive	Status of Action	Progress Report	Time Line
Objective 1: Broaden brand exposure through inter-governmental and service organization participation.	1. Participate in local Inter-governmental organizations.	Weis Owens		1/2016-10/2017: 1. Truckee Donner Public Utility District (housing opportunity sites) Weis 2. Town of Truckee Successor Agency member Owens 3. Truckee Tahoe Airport District (Zagster-Public Bicycle Project 4. Truckee North Tahoe Transportation Management Agency-Recognition 2017 for Transportation Pilot Program Grant 5. Placer LAFCo (TFHD/updated Municipal Services Review	2016-2020
	2. Participate in local service and community organizations.	Weis Owens		1/2016 - 10/2017: 1. Truckee Rotary Weis, Owens, Van Gelder, McConn ; Incline Village Rotary Epstein 2. Sierra Senior Service BOD Member Krasne 3. Truckee Chamber Annual Awards Banquet Weis 4. Truckee Tahoe community Steering Committee Weis 5. Health System represented at Truckee Thursday's 6. Employee volunteers 4'th of July-sunscreen/lip balm 7. Tahoe City Chamber/Music on the Commons-sponsor 8. Tahoe Institute for Natural Sciences-sponsor 9. Truckee Donner Rec & Park/Music in the Park-sponsor 10. Truckee Donner Land Trust / BOD Owens 11. Truckee Chamber of Commerce BOD Member Owens 11. Humane Society Owens 12. Public Agency Block Party-Wellness	2016-2020

Objectives	Actions	Responsible Executive	Status of Action	Progress Report	Time Line
<u>Objective 1</u> <u>Continued:</u> Broaden brand exposure through inter-governmental and service organization participation.	3. Participate in external organizations that support sustainability of health system.	Weis Owens		1/2016 - 10/2017: 1. Regional Housing Council Owens 2. District Hospital Leadership Forum: BOD, Advocacy - Washington DC Weis 3. Association of California Healthcare Districts: BOD, Advocacy Committee and Law Committee, California Legislative meetings Weis, Owens 4. California Hospital Association - California Legislative meetings Weis, Owens 5. California Hospital Association - Washington DC Owens	2016-2020
<u>Objective 2:</u> Communicate and educate to community and region about Tahoe Forest Health System Services	1. Develop verbal opportunities and topics of interest to the communities we serve.	Weis Owens		1/2016 - 10/2017: 1. Health Care 101 Community Forum-Fact or Fiction Weis 2. Mountain Health Today 8 programs 3. Member of Regional Managers Weis 4. ACHD Annual Meeting-Panelist Owens 5. TFHS booth at TTUSD Career Day/keynote speaker Owens 6. Testimony - California Assembly Loc. Gov. Committee Owens	2016-2020
	2. Develop written opportunities and topics of interest to the communities we serve.	Weis Owens		2016 - 2017: 1. CEO Letters to taxpayers 2. Advocacy letters to legislators and federal representatives	2016-2020
<u>Objective 3:</u> Outreach to second home owners to increase communication on services at TFHS.	1. Identify friendly engagement opportunities to introduce TFHS, tell our story and to share our service structure and quality.	Weis Owens		1/2016 - 10/2017: 1. Specific Healthcare and introductory meeting with new Town Manager, Jeff Loux Weis., Owens 2. Hosted California Legislative Analyst Office and Chief's of Staff at TFHD 3. Meeting with T. Hayes, CEO Eastern Plumas - Broadening relationships Weis 4. Good Morning Truckee Weis 5. TC Breakfast Club Weis 3. Hosted Congressman McClintock campus visit	2016-2020
	2. "Get to Know us Before You Have to"	Weis Owens			2018-2020

Objectives	Actions	Responsible Executive	Status of Action	Progress Report	Time Line
<u>Objective 4:</u> Increase Business Leader Engagement	1. Meet with leaders in business community to determine healthcare concerns.	Weis Owens		1/2017 - 10/2017: 1. Senior leadership - KSL Squaw Valley Weis 2. Contractors Association of Truckee Tahoe Owens 3. Tahoe Sierra Board of Realtors Weis, Owens 4. Several meetings with Sierra Senior Services / Meals on Wheels Weis, Owens	2016-2020
	2. Meet with leaders in business community to build relationships.	Weis Owens		1/2017 - 10/2017: 1. Meeting with Senior Leadership KSL Squaw Valley 2. Mountain Housing Council leadership meeting 3. Northstar leadership meeting 4. District Fire Chief's Weis 5. TTUSD Weis 6. Contractors Association of Truckee Tahoe 7. Truckee Chamber of Commerce 8. Truckee Tomorrow (economic development) Weis Owens	2017-2020

Tahoe Forest Health System

EMERGENCY PREPAREDNESS  
PROGRAM



# Foundations of an Emergency Preparedness Program



# Risk Assessment and Planning

- ▶ Annual risk assessment on likely hazards for community service areas.
  - ▶ Human Related Events: mass casualty incident, terrorism
  - ▶ Naturally Occurring Events: forest fire, flood, blizzards, epidemic
  - ▶ Technologic Events: electrical failure, phone failure,
- ▶ Emergency Operations Plan updated annually based on risk assessment.
- ▶ National Incident Command System (NIMS)

# Policies and Procedures

- ▶ California Region IV Multi-Casualty Incident Plan
- ▶ Nevada County Healthcare Surge and Alternate Care Site Plan
- ▶ Washoe County Mutual aid and Evacuation Annex
- ▶ HICS - Hospital Incident Command System
- ▶ Weapons of Mass Destruction Plan
- ▶ Disaster Surge Plan
- ▶ Food and Nutrition Plans
- ▶ Policies and Procedures address a range of issues.

# Communication Plan

- ▶ Notification of disaster - activation level
  - ▶ Level 1 - Alert
  - ▶ Level 2 - Partial
  - ▶ Level 3 - Full
- ▶ Medical Health Area Operational Coordinator (MHAOC)- Nevada County
- ▶ Washoe County Emergency Management
- ▶ Communication options: computer /phone pop up messages, mobile radios, runners, email, text, satellite phones, amateur radio



# Disaster Activation Levels

## Level 1 - Alert

**Event Phase:** Alert

**Parameters:**

- Available information indicates that normal hospital resources are adequate to handle the incident.
- The Hospital Command Center (HCC) is not activated.
- Personnel remain on duty through their normal shift and continue routine work unless reassigned to support the incident
- There is no recall of staff unless specified by the IC.
- The labor pool is not open.

**Which HICS positions are activated:**

- IC Only

WHO IS NOTIFIED:	
Who?	By Whom?
Administrator On-Call	House Supervisor or IC
On-Duty Hospital Personnel	Overhead page: Code Triage (Internal or External) – Alert
Off-Duty Hospital Personnel	<ul style="list-style-type: none"> <li>• <b><u>The IC or delegate will only call in staff needed to support the specific situation.</u></b></li> <li>• IC or delegate will send a System Wide Email</li> </ul>

**After Hours Notification:**

- Open departments will notify their directors.

**Examples:**

- Severe Weather Advisory
- Incident impacting 2 or more departments
- Localized power failures
- Special Events/VIP

Updated: 5/12

## Level 2 - Partial

**Event Phase:** Partial Activation

**Parameters:**

- Available information indicates the incident may exceed our available resources.
- The HCC will be activated, Disaster Resource Lists are activated - on-duty employee availability is documented then faxed to **582-6511**.
- Labor Pool will be opened as indicated.

**Which HICS positions are activated:**

- IC, Operations, Logistics, Planning, Finance and Command Staff *as needed*.

WHO IS NOTIFIED:	
Who?	By Whom?
Administrator On-Call	House Supervisor or IC
On-Duty Hospital Personnel	Overhead page: Code Triage (Internal or External) – Partial Activation
Off-Duty Hospital Personnel	<ul style="list-style-type: none"> <li>• <b><u>Only call off-duty employees if directed to do so by the Incident Commander.</u></b></li> <li>• IC or delegate will send a System Wide Email</li> </ul>
MHOAC	IC or delegate

**After Hours Notification:**

- The IC will give the Extended Care Center (ECC) a list of directors needed to manage the incident. ECC will call those directors.
- Those directors will be responsible to activate their DRL as determined by the IC.

**Examples:**

- Moderate Earthquake
- Wildfire affecting campus
- Major wind or rain storm
- Multi-Casualty Incident
- Extended campus wide power outages
- System wide phone or internet failure

## Level 3 - Full

**Event Phase:** Full Activation

**Parameters:**

- A major incident has occurred requiring considerable resources.
- The HCC is activated.
- Disaster Resource Lists are activated - document availability of on duty employees then fax to **582-6511**.
- Labor Pool will be opened.

**Which HICS positions are activated:**

- IC, Operations, Logistics, Planning, Finance and Command Staff *as needed*

WHO IS NOTIFIED:	
Who?	By Whom?
Administrator On-Call	House Supervisor or IC
On-Duty Hospital Personnel	Overhead page: Code Triage (Internal or External) – Full Activation
Off-Duty Hospital Personnel	<ul style="list-style-type: none"> <li>• <b><u>Only call off-duty employees if directed to do so by the Incident Commander.</u></b></li> <li>• IC or delegate will send a System Wide Email</li> </ul>
MHOAC	IC or delegate

**After Hours Notification:**

- ECC will automatically notify all business hour directors.
- The business hour Directors will be responsible to activate their DRL as determined by the IC.

**Examples:**

- Major campus or regional emergency
- Incidents with heavy resource involvement
- Major earthquake
- External Hazardous Spill with many victims

# Training and Testing

- ▶ Annual emergency preparedness training through Health Stream
- ▶ HICS training with key staff
- ▶ Two disaster exercises per year.
- ▶ One exercise includes community, county or state involvement.
- ▶ Monthly Inter-hospital Emergency Coordinating Council meetings - Washoe County.
- ▶ Quarterly meetings with California-Nevada Border Counties Emergency Planning Committee
- ▶ Quarterly meetings with Nevada County Healthcare Preparedness Program

# Questions?



# GOVERNANCE COMMITTEE

## AGENDA

Monday, October 16, 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: 09/18/2017**

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.

6.1.2. **Committee Charters**..... ATTACHMENT  
Governance Committee will review proposed committee charters.

6.1.3. **ABD-03 Board Compensation and Reimbursement** ..... ATTACHMENT  
Governance Committee will review and discuss ABD-03 Board Compensation and Reimbursement policy.

6.2. **Board Self-Assessment Discussion**..... ATTACHMENT

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

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

8. **NEXT MEETING DATE**

9. **ADJOURN**

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

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

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





# BOARD PERSONNEL COMMITTEE AGENDA

Tuesday, October 3, 2017 at 1:00 p.m.  
Human Resources Conference Room - Tahoe Forest Hospital  
10024 Pine Avenue, Truckee, CA 96161

**1. CALL TO ORDER**

**2. ROLL CALL**

Alyce Wong, R.N., Chair; Dale Chamblin, Board Member

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

**4. INPUT – AUDIENCE**

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**5. APPROVAL OF MINUTES OF: 7/24/2017..... ATTACHMENT**

**6. CLOSED SESSION**

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

*Name of District Negotiator(s) to Attend Closed Session: Alyce Wong  
Unrepresented Employee: Chief Executive Officer*

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

**7.1. Employee Relations**

Chief Human Resources Officer will review any open items related to employee relations and Employee Associations.

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

**9. NEXT MEETING DATE**

Personnel Committee will discuss its next meeting date.

**10. ADJOURN**

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## **BOARD PERSONNEL COMMITTEE AGENDA**

Monday, October 23, 2017 at 1:00 p.m.  
Human Resources Conference Room - Tahoe Forest Hospital  
10024 Pine Avenue, Truckee, CA 96161

- 1. CALL TO ORDER**
- 2. ROLL CALL**  
Alyce Wong, R.N., Chair; Dale Chamblin, Board Member
- 3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**
- 4. INPUT – AUDIENCE**  
This is an opportunity for members of the public to address the Committee on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Committee cannot take action on any item not on the agenda. The Committee may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.
- 5. APPROVAL OF MINUTES OF: 10/03/2017..... ATTACHMENT**
- 6. CLOSED SESSION**
  - 6.1. Conference with Labor Negotiator (Government Code § 54957.6)**  
*Name of District Negotiator(s) to Attend Closed Session: Alyce Wong*  
*Unrepresented Employee: Chief Executive Officer*
  - 6.2. Approval of Closed Session Minutes**  
10/03/2017
- 7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS**
- 8. NEXT MEETING DATE**  
Personnel Committee will meet as needed.
- 9. ADJOURN**

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# FINANCE COMMITTEE

## AGENDA

Wednesday, October 25, 2017 at 9:00 a.m.  
Pine Street Cafe Conference Room - Tahoe Forest Hospital  
10121 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: 9/25/2017 ..... ATTACHMENT**
6. **ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION**
  - 6.1. **Financial Reports**
    - 6.1.1. Financial Report – Preliminary September 2017 Quarterly Package ..... ATTACHMENT
    - 6.1.2. Quarterly Review Financial Status of Separate Entities ..... ATTACHMENT
    - 6.1.3. Quarterly Review of Revenue Payor Mix..... ATTACHMENT
    - 6.1.4. TIRHR Expenditure Report ..... ATTACHMENT
  - 6.2. **FY17 Audit**  
The Finance Committee will receive an update on the status of FY17 audit preparation.
7. **REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS**
8. **AGENDA INPUT FOR NEXT FINANCE COMMITTEE MEETING..... ATTACHMENT**
9. **NEXT MEETING DATE ..... ATTACHMENT**
10. **ADJOURN**

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