



**BOARD OF DIRECTORS**  
**BOARD MEETING MINUTES**

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
<b>PRESENT AT MEETING:</b>	<p><b>Board Members:</b> Ken Cutler, M.D., President; Roger Kahn, Vice President; Larry Long, Secretary; John Mohun, Treasurer</p> <p><b>Staff:</b> Bob Schapper, CEO; Virginia Razo, PharmD, Chief Operating Officer; Crystal Betts, Chief Financial Officer; Judy Newland, RN, Interim, Chief Nursing Officer; Jeanne McAuliffe, Executive Assistant</p> <p><b>Other:</b> Steve Gross, Legal Council</p>	
1. <b>Call to Order</b>	Dr. Cutler called the meeting to order at 4:05 p.m.	
2. <b>Roll Call</b>	Roll call reflects all Board Members were present, with the exception of Dr. Sessler.	
3. <b>Clear the Agenda/Items Not On the Posted Agenda/Input Audience</b>	The agenda was cleared. Audience input was sought, but none was offered.	
4. <b>Closed Session:</b>	The meeting proceeded into closed session at 4:07 p.m.	
A. <b>Approval of closed session minutes of 7/31/12</b>	The attachment is in the closed session packet.	<p><u>It was moved by Mr. Mohun and seconded by Mr. Long to approve the closed session minutes of 7/31/12 as presented. Motion carried unanimously.</u></p>
B. <b>Health &amp; Safety Code Section 32106: Trade Secrets – Proposed New Service or Program – Estimated Date of Public Disclosure 11/27/12</b>	<p>Ms. Schapper joined the meeting for this agenda item. The proposal was given. Questions and discussion was held.</p> <p>Ms. Schapper excused herself from the meeting.</p>	
C. <b>Health &amp; Safety Code Section 32155: Quality/Risk/Patient Safety Report</b>	Ms. Downing joined the meeting for this agenda item. The report was given.	
D. <b>California Government Code Section 54956.9(c): Potential</b>	<p>Mr. McConn joined the meeting for this agenda item.</p> <ul style="list-style-type: none"> <li>• Dr. Cutler stated that there is only one case before the</li> </ul>	



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<b>Litigation (2 cases)</b>	Board this evening, the other has been pulled from the agenda; <ul style="list-style-type: none"> <li>• The case was presented;</li> <li>• Discussion was held.</li> </ul> Mr. McConn excused himself from the meeting.	
<b>Dinner Break</b>	A dinner break was taken at 5:17 p.m. The meeting reconvened into closed session at 5:52 p.m.	
<b>E. Health &amp; Safety Code Section 32155: Medical Staff Credentials</b>	Dr. Coll and Ms. Schnieder joined the meeting for this agenda item. Dr. Coll presented the Medical Staff credentials as recommended for approval by the Medical Staff Executive Committee.	
<b>F. Government Code Section 54957: Chief Executive Officer Monthly Performance Evaluation</b>	There was no discussion regarding this agenda item.	
<b>G. Government Code Section 54957: Chief Executive Officer Annual Performance Evaluation</b>	Discussion was held.	
<b>5. Open Session Call To Order</b>	Dr. Cutler called the open session to order at 6:10 p.m.	
<b>PRESENT FOR OPEN SESSION:</b>	<b>Board Members:</b> Ken Cutler, M.D., President; Roger Kahn, Vice President; Larry Long, Secretary; John Mohun, Treasurer; <b>Staff:</b> Bob Schapper, CEO; Virginia Razo, PharmD, Chief Operating Officer; Judy Newland, RN, Interim Chief Nursing Officer; Chris Spencer, RN, NP, Director, Community Health Services; Midian Downing, RN, Interim Director, Quality; John Hummel, Director, IT; Stephanie Hanson, RN, CHA, Administrative Director Home Health/Hospice; Paige Thomason,	



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	<p>Director, Marketing &amp; Communications; Jayne O’Flanagan, Interim Director, HR; Alex MacLennan, Education Department Coordinator; Lynn Barr, CIO; Terri Schnieder, Director, Medical Staff Services; Tim Garcia-Jay, Executive Director Cancer Center; Jeanne McAuliffe, Executive Assistant</p> <p><b>Others Present:</b> Reini Jensen, M.D.; Shawni Coll, D.O.; Gaylan Larson; Lynn Larson; Margaret Moran</p>	
<p>6. <b>Clear The Agenda/Items Not on the Posted Agenda</b></p>	<p>The agenda was cleared. Dr. Cutler asked if there were any changes to the posted agenda; It was requested that the Wellness Neighborhood presentation, item 12 B on the agenda be moved up on the agenda to accommodate guests present;</p>	
<p>7. <b>Input Audience Employee Associations</b></p>	<p>Dr. Cutler asked if there was any input from the audience. Mr. Gaylan Larson addressed the Board:</p> <ul style="list-style-type: none"> <li>• He thanked them for serving the community;</li> <li>• He is here to talk about Measure C, the bond and the tax assessment;</li> <li>• The emphasis of the bond campaign was on earthquake standards;</li> <li>• After the bond was passed, it was made known that the District was exempt from these changes;</li> <li>• At the time the bond passed, the tax rate was approximately \$9 per \$100,000, now at the last Board meeting it was voted to raise the rate that is approximately triple that amount;</li> <li>• He is questioning why that kind of decision was made;</li> <li>• Assessed values in the town of Truckee have only dropped 6%, this is disturbing to him;</li> <li>• He would like to understand this;</li> <li>• It was still decided to issue the last issue on the bond, why would you do that;</li> </ul>	



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	<ul style="list-style-type: none"> <li>• He had some suggestions:                             <ul style="list-style-type: none"> <li>✓ Go back and revisit the \$26 million bond issue, retrieve those bonds and don't charge the community;</li> <li>✓ Dig into the \$4.4 million of hospital earnings to cover the extra bond;</li> <li>✓ He would like someone to provide the public with the initial bond calculation, how did it go so far wrong;</li> </ul> </li> <li>• How can the District even think about a Strategic Planning Retreat at Estes Park, it is illegal to have Board meeting away from the District;</li> <li>• Dr. Cutler thanked him for his comments.</li> <li>• It was explained that since this is not on the agenda, the Board cannot comment;</li> <li>• Mr. Kahn suggested that Mr. Larson contact Crystal Betts, the CFO, there is also information for contacting each Board Member and they can comment on what was brought up this evening;</li> <li>• In light of the public comment, it was suggested that the Strategic Planning/Estes Park item 14A on the agenda be moved up on the agenda as well.</li> </ul>	
<p>8. <b>Medical Staff Report</b></p> <p>A. Department of Surgery</p> <ul style="list-style-type: none"> <li>• Evotech Endoscope Reprocessing (NEW)</li> <li>• STERRAD 100NX Sterilization System, Operation of (NEW)</li> <li>• SPD Structure Standards (REVISED)</li> </ul> <p>B. Department of OB/Peds</p>	<p>Dr. Coll reported:</p> <ul style="list-style-type: none"> <li>• The Medical Staff received "Thank You" notes from a couple of students that were awarded a scholarship by the Medical Staff;</li> <li>• Alex MacLennan was awarded Educational Assistance to help him as he is going back to school;</li> <li>• The ER On Call Evaluation project with Dr. Shari Welsh is underway;</li> <li>• There are some approval items which are listed on this agenda as items 8 A-F;</li> </ul>	<p><u>It was moved by Mr. Kahn and seconded by Mr. Long to approve Items 8 A-F as listed on this agenda item. Motion carried unanimously.</u></p>



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<ul style="list-style-type: none"> <li>• C Section Post OP Orders (Revised)</li> <li>• Post Partum Orders (Revised)</li> <li>C. Department of Emergency Medicine                             <ul style="list-style-type: none"> <li>• Scribe Policy (NEW)</li> <li>• Scribe Job Description (NEW)</li> </ul> </li> <li>D. Radiation Safety Committee                             <ul style="list-style-type: none"> <li>• Radiation Oncology Policies and Procedure Manual (NEW)</li> <li>• Radiation Oncology Consent (NEW)</li> </ul> </li> <li>E. Interdisciplinary Practice Committee                             <ul style="list-style-type: none"> <li>• Standardized Procedure - RNFA Annual Review</li> <li>• Standardized Procedure - INFA Annual Review</li> <li>• Standardized Procedure - NP/PA Annual Review</li> <li>• Standardized Procedure - Discharge Patients Annual Review</li> <li>• Standardized Procedure - Perinatal Screening Exam By RN Revised</li> <li>• Standardized Procedure -</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Mr. Schapper explained for members of the audience that the Medical Staff is an organized group of physicians in the community, they pay dues to be on the medical staff and the medical staff has full discretion to provide scholarships and those are not District funds.</li> </ul>	



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<p>RN Administration of Vaccines Annual Review</p> <ul style="list-style-type: none"> <li>• Standardized Procedure - Health Screening of Newborns Annual Review</li> <li>• Lists of Standardized Procedures and who can perform SP—NP</li> <li>• OB/GYN Annual Review</li> <li>• Standardized Procedure – OB/GYN (NEW)</li> </ul> <p>F. QA Committee: Sentinel Event Policy – Revised to include new MediCal reporting requirements</p>		
<p>9. <b>Consent Calendar:</b></p> <ul style="list-style-type: none"> <li>A. Minutes of Meetings of: 7/31/12</li> <li>B. Pre-Audit June 2012 Financial Report</li> <li>C. Financial Report – July 2012</li> <li>D. Contract Renewals With No Changes for: <ul style="list-style-type: none"> <li>a) Hospice Medical Director, Johanna Koch, M.D.</li> <li>b) 2<sup>nd</sup> Amendment to MSC PSA, Robert Chase, M.D.</li> </ul> </li> <li>E. Auto Renewal Contracts for: <ul style="list-style-type: none"> <li>a) IVCH Medicine Call Coverage, North Tahoe Family Care, Inc. (Emily</li> </ul> </li> </ul>		<p><u>It was moved by Mr. Long and seconded by Mr. Mohun to approve items A-F as listed on the consent calendar. Motion carried unanimously.</u></p>



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Smith, M.D.) b) Surgery Locums Coverage Agreement, Roger Delgado, M.D. F. TFHD Bylaws – First Reading		
10. <b>Executive Officer’s Report</b> <b>A. COO Operations Report</b> <b>B. Nursing Report</b> <b>C. IVCH Report</b> <b>D. CIO Report</b>	<ul style="list-style-type: none"> <li>• Mr. Schapper reported:                             <ul style="list-style-type: none"> <li>✓ Approximately seven projects have been submitted to the Foundation, requesting assistance in forming Community Advisory Councils, more information is in the written report;</li> <li>✓ A meeting was held with the UC Davis Sports Medicine Group. Their physicians shared with us that they were interested in advancing Sports Medicine. Drs. Winans and Dodd also participated in this meeting;</li> <li>✓ He introduced Tim Garcia-Jay, the new Executive Director of the Cancer Center;</li> <li>✓ In the physician recruitment and development area, discussions have been held with Dr. Chase regarding the demand on ENT services and next steps. This will be brought back to the Board;</li> <li>✓ Tomorrow evening, another meeting will be held with Drs. Cox, Newman and Shaffer to align them with cancer services</li> </ul> </li> <li>• Ms. Razo reported:                             <ul style="list-style-type: none"> <li>✓ A consulting group has been engaged to come on site and train approximately 30 TFH managers on “Just Culture”;</li> <li>✓ The Just Culture model has organizations look at their policies and procedures to ensure that when and if an error is made, the organization looks at it in a way that</li> </ul> </li> </ul>	



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	<p>holds individuals accountable, but at the same time it allows the organization to continue to learn from mistakes and make the organization safer;</p> <ul style="list-style-type: none"> <li>✓ A 2 hour session will also be offered to the Medical Staff. This will take place in early October.</li> <li>• Mr. Schapper commented that this is part of the engagement of employees in the individual departments, which provides a great mechanism to engage them using best practices and policies along the way;</li> <li>• Ms. Razo continued with her report:                             <ul style="list-style-type: none"> <li>✓ Last month, a southern California firm, Steve Hirsch &amp; Associates, was engaged to assist us in getting ready for our upcoming survey;</li> <li>✓ Laws and Regulations change and we thought it was important to bringing someone in to assist us;</li> <li>✓ They spent 4 days with us and we expect to receive the report soon;</li> <li>✓ A Plan of Correction will be put in place, the life safety prospective was the main part of his engagement, but he did review some charts and made some recommendations;</li> <li>✓ That report will be shared through the Medical Staff Quality Committee, then the Board Quality Committee;</li> </ul> </li> <li>• Mr. Schapper stated that this is common practice amongst hospitals and this is important to assist us in preparing for the upcoming survey;</li> <li>• Ms. Newland reported:                             <ul style="list-style-type: none"> <li>✓ Jim Sturtevant has accepted the position for oversight of Med Surg.</li> <li>✓ IVCH is almost completed with Phase II of the</li> </ul> </li> </ul>	





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	<p>construction project;</p> <ul style="list-style-type: none"> <li>✓ An outreach to the community at Incline is being done, through the college, offering immunizations to the students;</li> <li>✓ Tomorrow there is an open house for the community;</li> <li>✓ On 9/20, a Chamber Mixer will be held for businesses to come and tour the facility;</li> <li>✓ Dr. Osgood started a clinic over at Incline a couple weeks ago;</li> <li>• Ms. Barr reported:                             <ul style="list-style-type: none"> <li>✓ We have gone live with the second EMR, EPIC in the MSC, TTMG and Dr. Koch's office;</li> <li>✓ It is going very well;</li> <li>✓ For CPSI, we have set a December 1st Go Live date;</li> <li>✓ It is a very challenging schedule over the next few months, it will be a multi-phased approach;</li> <li>✓ We are cautiously optimistic as we move forward with C{SO};</li> <li>✓ She is working with the Federal Government on a project which will be presented later in the agenda under Staff Presentations.</li> </ul> </li> </ul>	
<p>11. Presentations/Staff Reports</p> <ul style="list-style-type: none"> <li>A. Proposed Rural Shared Savings Demonstration Project</li> <li>B. Wellness Neighborhood</li> <li>C. TFH Auxiliary Newsletter (Information Only)</li> </ul>	<p><b>Wellness Neighborhood:</b></p> <ul style="list-style-type: none"> <li>• Ms. Barr gave a Power Point presentation, a copy of which is in the packet, highlights as follows:                             <ul style="list-style-type: none"> <li>✓ From the Community Needs Assessment, the Board came up with five goals;</li> <li>✓ Through those goals, the Wellness Neighborhood was created with five pillars:                                     <ul style="list-style-type: none"> <li>➢ Primary Prevention;</li> <li>➢ Chronic Disease Management;</li> </ul> </li> </ul> </li> </ul>	



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	<ul style="list-style-type: none"> <li>➤ Behavioral Health/Mental Health;</li> <li>➤ Dental;</li> <li>➤ Disparities</li> <li>✓ A group of participants from throughout the District came together and committees were formed to address each of the five initiatives (slide 4 lists all agency participants);</li> <li>✓ The recommendations of each committee were presented to the Board of Directors at the June Board meeting;</li> <li>✓ After that meeting, an ad hoc committee was formed to go back and look at those initiatives to prioritize and refine the budget in the various areas;</li> <li>✓ The recommendations made by the ad hoc committee were reviewed, highlights as follows:                             <ul style="list-style-type: none"> <li>➤ Be Fit Program, slide #5, to reduce obesity in our children, promotes exercise awareness. The total annual budget is \$30,333 for one year, including additional start up costs in the first year. The Board Goal is to Eliminates Disparities;</li> <li>➤ Increase Immunizations, slide #6: The pediatricians got together and put together a program to increase immunizations by partnering with the school district. The total annual budget is \$21,650. The Board Goal is to Increase Immunizations;</li> <li>➤ Also toward the Board Goal of Reducing Disparities is Cavity Free at Three, slide #7), there is no fluoride treatment in our water. The recommendation is to work with a pediatric dentist, who would train the pediatricians to help reduce cavities. The total budget is \$24,770;</li> <li>➤ Alcohol EDU, the Board Goal is to Reduce</li> </ul> </li> </ul>	



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	<p>Substance Abuse, slide #8, there were two evidence based programs proposed by the Behavioral Health Committee. One is Alcohol EDU, which is an online program for teenagers through the high school, at the cost of \$6500. The other recommendation was SBIRT Training, which is an intervention that is done when a child or adult presents for medical care with evidence of substance abuse. It is an intervention and shown to be very effective. Dr. MacQuarrie has been consulted. We are able to access some grant funds from UCLA so the cost would be \$5,000. Total annual cost of \$11,593;</p> <ul style="list-style-type: none"> <li>➤ For the Board Goal, Improve Access to Mental Health, slide #9, the recommendation is co-location of BH/MH Providers. It was suggested that we start with 3 providers. It is proposed that we fund one mental health provider, the net cost would be \$107,000;</li> <li>✓ The biggest goal was to Eliminate Disparities. This will take a long time. Dr. Jensen is present this evening, she participated in this;</li> <li>✓ The Promotora program seems to be one of the most effective places to start. Transportation was identified as a barrier for those obtaining healthcare in the community. The total for the Promotora Program is \$138,200;</li> <li>✓ Additional Disparities Programs, it was suggested to expand lab screens to Kings Beach, to provide two community health fairs for the Latino community, Cultural Competency Training for physicians and staff. The total for the additional programs is \$20,680 with a total cost of</li> </ul>	



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	<p>\$158,880;</p> <ul style="list-style-type: none"> <li>• Dr. Jensen stated that the discussion from many of the groups was that it would be difficult to implement any of the programs without the Promotora Program. This Program would help to make all the other programs successful in the Latino community;</li> <li>• Ms. Bar continued with the presentation:               <ul style="list-style-type: none"> <li>✓ The Final Recommendation relates to the Board Goal that the Community will identify Primary Care Physician/Medical Home. Members would be enrolled in the program; expenses were reviewed. The total cost: \$122,414.56;</li> <li>✓ The five goals were summarized, the total cost of the Health Priorities is \$476,303.89;</li> </ul> </li> <li>• Dr. Cutler stated that this was agendized as a Presentation and with Dr. Sessler's absence he would like to postpone a vote until next meeting;</li> <li>• Mr. Kahn stated that this won't achieve success as much as it is a start. How do we measure success on any of these initiatives? Ms. Barr responded that in the full report, there are outcome measures listed;</li> <li>• Ms. Barr stated that an update to the report was distributed this evening;</li> <li>• Mr. Kahn stated:               <ul style="list-style-type: none"> <li>✓ For the first year, he would support the Board paying the total cost of this, but ultimately he would like to reach out to the community in these various areas and tell them we will match funds;</li> <li>✓ He suggested getting the System Foundation involved in reaching out in these various areas;</li> </ul> </li> </ul>	
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	<ul style="list-style-type: none"> <li>• Dr. Cutler stated that the Governance Institute lead cover story article in July was about Population Health, it will take new partnerships, training and data. That fits perfectly with what we're talking about;</li> <li>• Mr. Mohun stated that he thinks this is a great start;</li> <li>• Mr. Schapper stated:                             <ul style="list-style-type: none"> <li>✓ This is a new delivery system and what we're proposing is that the Health System be the capital partner the first year;</li> <li>✓ In the future, we will look to the Foundation for assistance;</li> <li>✓ At the same time, Ms. Barr would work with the Innovation Center to get funding to help capitalize resources needed;</li> <li>✓ We may be able to partner with the Health Plans so the burden of funding this won't just be on the back of traditional hospital revenues;</li> <li>✓ This is economically and intellectually very challenging;</li> </ul> </li> <li>• Discussion was held.</li> <li>• Dr. Cutler stated that it has been 17-18 months since the Community Health Needs Assessment. He requested that a link be inserted on the TFHD Website to the CHNA;</li> <li>• Mr. Schapper stated:                             <ul style="list-style-type: none"> <li>✓ Next month, the budget will be brought to the Board for approval;</li> <li>✓ The decision will include the question, will this be an unbudgeted cost or do we amend the Budget and adjust the EBIDA line to accommodate this;</li> <li>✓ With the CAREHIN, we may be able to relieve some of the pressure on the innovation fund so not all of these</li> </ul> </li> </ul>	<p>Ms. Thomason: Insert a link on the TFHD website to the Community Needs Assessment.</p>



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	<p>dollars need to come out of operations;</p> <ul style="list-style-type: none"> <li>✓ He thanked Dr. Jensen and her colleagues for all the work that has been done and the collaboration of other community leaders for the time spent on this project;</li> <li>• Dr. Coll stated that <i>Be Fit</i> and <i>Cavities</i> will be easy to measure, are all the other Programs designed with measurable outcomes. Ms. Barr responded that it is built into each program;</li> </ul> <p><b>Proposed Rural Shared Savings Demonstration Project:</b></p> <ul style="list-style-type: none"> <li>• Ms. Barr reported: <ul style="list-style-type: none"> <li>✓ She has had a series of phone calls with CMS regarding the shared savings program;</li> <li>✓ She was invited to bring some of the other rural hospitals that she has been working with to Washington;</li> <li>✓ A two day planning session was held prior to the trip to Washington;</li> <li>✓ She met with about 30 different high level executives from Health &amp; Human Services and requested that they give us the data they have collected;</li> <li>✓ We informed them that we want to design our own ACO Program;</li> <li>✓ They encouraged that because they don't understand rural hospitals;</li> <li>✓ She has been working with a group to draft a proposed shared savings program to submit in September;</li> <li>✓ She explained how the program works;</li> <li>✓ The proposal is for Medicare and Medicaid and if this is successful, the CAREHIN Network would negotiate this in other payors;</li> </ul> </li> <li>• Dr. Cutler asked how much physician input was used. Ms.</li> </ul>	
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	<p>Barr responded that the physicians have been very involved over the last two years. We are in the 25<sup>th</sup> percentile of the benchmark of other California rural hospital cohorts in aggregate pricing of the consumer for the top 20 procedures we do, including ER, Laboratory, DI, etc.</p> <ul style="list-style-type: none"> <li>• The Board requested a copy of that report;</li> <li>• Mr. Schapper stated that pricing is complex and what we're really trying to do is align consumers. This will be a very interesting project.</li> </ul>	<p>Ms. Barr: The Board requested a copy of the report mentioned regarding the benchmark of other California rural hospitals for aggregate pricing for the top 20 procedures.</p>
<p>12. <b>Board Committee Reports/ Recommendations</b>  <b>A. Finance Committee Meeting</b>  <b>B. Governance Committee Meeting – 7/30/12</b>  <b>C. Personnel/Retirement Committee – 8/20/12</b></p>	<ul style="list-style-type: none"> <li>• Mr. Mohun reported on Finance Committee: <ul style="list-style-type: none"> <li>✓ The 2012 Pre-Audit numbers came in very good;</li> <li>✓ EBIDA is at 3.9, which is above budget;</li> <li>✓ There was a positive variance of prior period settlements;</li> <li>✓ It was noted that management is controlling expenses and would have met budget even without the prior period settlements;</li> <li>✓ For July 2012: <ul style="list-style-type: none"> <li>✓ Days Cash on Hand is at 187.8 days;</li> <li>✓ EBIDA was \$250,000 under budget;</li> <li>✓ Gross Revenue was down;</li> <li>✓ There was a significant shift in payor mix compared to the anticipated budget;</li> <li>✓ Operating expenses were positive;</li> <li>✓ SBU's fiscal year end numbers were reviewed;</li> <li>✓ The Truckee Surgery Center financials were reviewed;</li> <li>✓ The State is talking about moving us to a reimbursement program similar to what public hospitals currently have. He asked Mr. Schapper to explain;</li> </ul> </li> </ul> </li> </ul>	



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	<ul style="list-style-type: none"> <li>• Mr. Schapper stated:                             <ul style="list-style-type: none"> <li>✓ The District Hospital Leadership (DHL) represents the non-designated hospitals on matters of financial and economic related issues associated with policy that may be set by the State or at the Federal level;</li> <li>✓ The DHL is now negotiating on behalf of District Hospitals on how we might mitigate the financial effect;</li> <li>✓ The designated public hospitals in California are a group of hospitals that are state and university hospitals which have very robust funding under a program approved by the Federal Government;</li> <li>✓ We fall under the non-designated hospital category and we have never been recognized as a public hospital;</li> <li>✓ The State is looking for modification of the State waiver from the Federal Government for reimbursement of 50%;</li> <li>✓ There is another fund for another 25%, and another Federal fund that would be similar to what the public hospitals receive;</li> <li>✓ We would be required to submit a quality report to qualify for funds;</li> <li>✓ The goal is to reach a place where 98% reimbursement is available for District hospitals;</li> <li>✓ It is very complicated</li> <li>✓ We should be at parity with other public hospitals because we have similar responsibilities;</li> <li>✓ This is continuing to evolve;</li> </ul> </li> <li>• Mr. Mohun stated if they do not allow the programs, we stand to lose about \$300,000 per year over the next 3 years;</li> <li>• Mr. Schapper stated that this could have tremendous impact on our organization.</li> </ul>	
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	<ul style="list-style-type: none"> <li>• Dr. Cutler reported on Governance Committee:                             <ul style="list-style-type: none"> <li>✓ The committee met the end of July, contract renewals were a big part of that meeting;</li> <li>✓ Dr. Sessler is working on tying Educational Goals to the Strategic Plan;</li> <li>✓ There have been minor revisions to the Bylaws;</li> <li>✓ Mission Statement review has begun to update the statement for the District;</li> <li>✓ The committee goals were reviewed.</li> </ul> </li> <li>• Mr. Mohun stated that the Mission Statement should address better patient experience, improve the health of the community and decrease cost of healthcare;</li> <li>• Mr. Kahn reported on Personnel/Retirement Committee:                             <ul style="list-style-type: none"> <li>✓ The committee was scheduled to meet, but Mr. Long was unable to make the meeting at the last minute so there was no official meeting;</li> <li>✓ The Fidelity Representatives were present and reviewed the retirement plan through the end of June;</li> <li>✓ There are a couple of funds on the watch list. If they're still there by the next meeting, a decision will need to be made if they should be replaced.</li> </ul> </li> </ul>	
<p><b>13. Items for Board Discussion And/ Or Action</b></p> <p><b>A. Strategic Planning / Estes Park</b></p> <p><b>B. Board/Medical Staff Planning Meetings</b></p>	<p>Strategic Planning / Estes Park</p> <ul style="list-style-type: none"> <li>• Mr. Schapper stated:                             <ul style="list-style-type: none"> <li>✓ In our Strategic Planning cycle, we generally start with a Board/Med Staff retreat which is usually held on site or somewhere large enough to accommodate the numbers;</li> <li>✓ About every 3 years, we invite the Medical Executive Committee (MEC) to attend an education session by the Estes Park Institute;</li> <li>✓ It has been three years since we last attended and</li> </ul> </li> </ul>	



**BOARD OF DIRECTORS**  
**BOARD MEETING MINUTES**

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
	<p>discussion has been held with Dr. Coll about inviting the MEC or a strategic group of physicians;</p> <ul style="list-style-type: none"> <li>✓ Is the Board interested in attending the education session this year?;</li> <li>✓ This has been put in the budget for this year;</li> <li>✓ The opportunity is in San Diego this year;</li> <li>✓ From a Strategic Planning prospective, in order to engage the Medical Staff, discussion had been held to hold a ½ day retreat prior to the November meeting;</li> </ul> <ul style="list-style-type: none"> <li>• Discussion was held;</li> <li>• Mr. Mohun stated that part of the Board’s fiduciary duty is to be educated to do their job as best as they can and that education costs money;</li> <li>• Dr. Coll stated that in discussing this, it was recommended to hand pick key physicians in the various departments, that have proven to be leaders to attend Estes Park, not just MEC;</li> <li>• Mr. Long stated that he liked the idea of having a pre-meeting to ensure as much as possible that we optimize the educational session;</li> <li>• A community member stated that when the community sees “Strategic Planning” on the agenda, they automatically think Board Meeting;</li> <li>• Mr. Schapper explained that The Governance Institute is another source of education that is available to Board Members;</li> <li>• Dr. Cutler stated that it was discussed in Governance Committee about whether it is important to have full Board representation or partial with other opportunities for other Board Members.</li> </ul>	



**BOARD OF DIRECTORS**  
**BOARD MEETING MINUTES**

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
	<ul style="list-style-type: none"> <li>• A meeting will be scheduled with Mr. Schapper, Ms. Razo, Dr. Coll and Dr. Cutler to discuss attendance for Estes Park.</li> </ul>	
<p><b>14. Agenda Input For Upcoming Committee Meetings</b></p>	<ul style="list-style-type: none"> <li>• Mr. Kahn stated that Personnel/Retirement Committee plans to meet on 9/4. The insurance brokers will be present to discuss the District's health plan. In closed session the committee will assimilate the feedback submitted for Mr. Schapper's CEO Evaluation;</li> <li>• Dr. Cutler stated that Quality Committee is scheduled for 9/4;</li> <li>• Mr. Mohun stated that Finance Committee will meet next month as usual.</li> </ul>	
<p><b>15. Items for Next Meeting</b></p>	<p>At the next meeting, there will be a Facilities Update/Value Analysis from the last year so the Board is clear on the cost saving elements that have been reinvested back into the project.</p>	
<p><b>16. Board Members Reports/Closing Remarks</b></p>	<ul style="list-style-type: none"> <li>• Dr. Cutler asked about the COC report and if there has been any feedback. There has been none.</li> <li>• Mr. Schapper stated:                         <ul style="list-style-type: none"> <li>✓ In regards to the community's lack of understanding regarding the tax rate, information will be pulled for the last several years and assembled into a formal report;</li> <li>✓ The District is not exempt from seismic requirements;</li> <li>✓ A massive amount of Measure C dollars are going toward seismic compliance;</li> <li>✓ At the same time, those spaces are being upgraded and modernized, but that is still not well understood;</li> <li>✓ If the community did not help support this, OB Services would go away as of January 2013;</li> </ul> </li> <li>• Dr. Cutler stated that he will look more closely at how items are agendaized for the Board Meeting to help alleviate confusion.</li> </ul>	



DATED: August 28, 2012

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**BOARD MEETING MINUTES**

<b>AGENDA ITEM</b>	<b>DISCUSSIONS/CONCLUSIONS</b>	<b>ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY</b>
17. <b>Open Session Report of any Reportable Actions Taken in closed session</b>	There were no reportable actions.	
18. <b>Adjournment</b>	The meeting adjourned at 8:25 p.m.	

jlm