



TAHOE FOREST HOSPITAL DISTRICT

2023-11-06 Board Governance Committee

Monday, November 6, 2023 at 2:00 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161



Meeting Book - 2023-11-06 Board Governance Committee

Governance Committee

AGENDA

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6.1.8. Environmental Stewardship
No related materials.

ITEMS 7 - 9: See Agenda



GOVERNANCE COMMITTEE AGENDA

Monday, November 6, 2023 at 2:00 p.m.
Tahoe Forest Hospital – Eskridge Conference Room
10121 Pine Avenue, 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 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: 05/04/2023**

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

6.1. **Board Governance**

6.1.1. **2023 Board Self-Assessment** ATTACHMENT

Governance Committee will review the 2023 Board Self-Assessment questions and format.

6.1.2. **Board Enhancement Goals** ATTACHMENT

Governance Committee will review Board Enhancement Goals discussed at the spring board retreat.

6.1.3. **Order & Decorum**..... ATTACHMENT

Governance Committee will review and discuss an updated Order & Decorum policy.

6.1.4. **Review Draft Community Grant Policies** ATTACHMENT

Governance Committee will review and discuss draft community grant policies.

6.1.5. **Board of Directors Bylaws** ATTACHMENT

Governance Committee will discuss a Board of Directors Bylaws revision about board committees.

6.1.6. **Veralon Education Sessions**

Governance Committee will discuss board education sessions with Veralon.

6.1.7. **AHA Rural Health Care Leadership Conference**..... ATTACHMENT

Governance Committee will discuss attending the AHA Rural Health Care Leadership Conference on February 11-14, 2024 in Orlando, Florida.

6.1.8. **Environmental Stewardship**

Executive Director of Governance will provide an update from recent regional meetings on climate and environmental stewardship.

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

8. NEXT MEETING DATE

The Governance Committee will meet again as needed.

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 telephonic 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 or a reasonable modification of the teleconference procedures are necessary (i.e., disability-related aids or other services), please contact the Clerk of the Board at 582-3481 at least 24 hours in advance of the meeting.

GOVERNANCE COMMITTEE

DRAFT MINUTES

Thursday, May 4, 2023 at 2:00 p.m.
Tahoe Forest Hospital – Human Resources Conference Room
10024 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER

Meeting was called to order at 2:00 p.m.

2. ROLL CALL

Board: Alyce Wong, Chair; Robert (Bob) Barnett, Board Member

Staff in attendance: Harry Weis, President & Chief Executive Officer; Crystal Felix, Chief Financial Officer; Matt Mushet, In-House Counsel; Ted Owens, Executive Director of Governance; Martina Rochefort, Clerk of the Board

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

No changes were made to the agenda.

4. INPUT – AUDIENCE

No public comment was received.

5. APPROVAL OF MINUTES OF: 02/13/2023

Director Barnett moved approval of the Board Governance Committee meeting minutes of February 13, 2023, seconded by Director Wong.

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

6.1. Board Governance

6.1.1. Board Self-Assessment

Governance Committee reviewed the Board Self-Assessment questions and format.

Governance Committee discussed the “neutral” scoring. Neutral answers do not provide any information. Director Barnett suggested removing the “neutral” category. CFO suggested adding a required text box if additional information is desired. Director Wong also supported removing “neutral.”

Governance Committee would like to move forward with the addition of a comment box (not mandatory) to each question and leave the questions alone for now to see if the comment box provides additional information.

6.1.2. Board Enhancement Goals

Governance Committee reviewed and discussed an action plan for the below goals discussed at the retreat:

- Refine the CEO incentive Comp structure.

- Convene at least two (2) full day board retreats each year on governance issues and key strategic issues. Director Barnett would like a portion of the board retreat dedicated to “community partnerships”.
- Ad Hoc Committee to make a recommendation to the Board by the end of June 2023 regarding next steps.
- Increase individual Board Members’ participation in community partnerships and public policy
 - Board members to share what each member is doing in this area.

The Ad Hoc Committee will meet on May 24, 2023. The board will receive a recommendation from the Ad Hoc Committee at the June meeting.

Board members could be helpful to send legislative support letters.

Director Wong asked if there are any relationships in town that the board could be more involved in. Ted Owens, Executive Director of Governance, said we should focus on county relationships. Harry Weis, President & Chief Executive Officer, said the board could establish a relationship with Tahoe Regional Planning Agency.

The Board of Directors will wait and see what happens with the general plan.

Governance Committee discussed the need to address the Climate Transformation Alliance. Executive Director of Governance would like to get Cindy Gustafson over here to meet and further discuss.

6.1.3. 2023 iProtean Education Sessions

Governance Committee reviewed a proposed list of education sessions with iProtean.

Board members have shared they view the education and then do not discuss it.

The Governance Committee would like to see a standing education item on the agenda.

Clerk of the Board will post the education topics on BoardEffect.

6.1.4. Committee Charter

Governance Committee reviewed proposed edits to its committee charter.

The committee recommended the charter move forward to the full board as discussed.

7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

No discussion as held.

8. NEXT MEETING DATE

The Governance Committee will meet again in the fall ahead of the next board retreat.

9. ADJOURN

Meeting adjourned at 2:58 p.m.

Draft 2023 Board Self-Assessment

Scale: Strongly Disagree, Disagree, Agree, Strongly Agree, Don't Know

Q1: The Board uses the following Mission statement to guide its decision making: "We exist to make a difference in the health of our communities through excellence and compassion in all we do."

Q2: The Board regularly reviews the organization's performance against community health needs to ensure it is meeting its obligations as a healthcare district.

Q3: The Board monitors the organization's financial performance compared to its plans and relevant industry benchmarks.

Q4: The Board demands corrective action in response to financial underperformance.

Q5: The Board is knowledgeable about the organization's external financial audit.

Q6: The Board annually approves the organization's internal compliance plan.

Q7: The Board is knowledgeable about the organization's compliance performance.

Q8: The Board receives education on strategic external and internal issues and trends at least once a year.

Q9: The Board is provided sufficient opportunities to engage in strategic discussion (e.g., in retreats, mini-retreats, educational sessions).

Q10: The Board approves quality, safety, and satisfaction goals.

Q11: The Board demands corrective action in response to underperformance on the quality, safety and satisfaction goals (e.g., patient experience).

Q12: The Board is kept up to date on the results of Enterprise Risk Management ("ERM") assessments (e.g., fire, cybersecurity, reputational, regulatory, operational).

Q13: There is a clear process in place for setting the CEO's annual goals.

Q14: The Board holds the CEO accountable for the organization's performance.

Q15: The Board Chair runs Board meetings effectively.

Q16: Board meetings are run respectfully, taking into consideration internal and external stakeholders (e.g., board members, management, the public).

Q17: Board members receive materials with sufficient time for review prior to meetings (e.g., in alignment with best practice of 4-7 days prior to meetings).

Q18: Committees contribute effectively to the work of the Board (e.g., committee work is aligned with Board priorities; committees tee up discussions for the Board)

Q19: The Board is an effective working group (e.g. listens well, uses consensus decision making, is respectful of one another in deliberations, etc.).

Q20: Board members respect the distinction between the role of the Board and the role of management.

Q21: The Board has in place sufficient written Board-level policies and procedures (e.g. expectations, conflict of interest, code of conduct including confidentiality)

Q22: The Board has a formal plan for ongoing Board education

Q23: The Board has an effective orientation program in place for new Board members

Q24: I feel comfortable voicing opinions of concern to the Board regardless of how sensitive the issue may be.

Q25: I am comfortable with the time commitment associated with Board and committee service (e.g., meeting frequency; meeting duration)

2023 Board of Directors Goals

Refine the process for CEO's goals and incentive compensation
Executive Compensation Committee Role

Convene at least two (2) Board Retreats each year.
Retreats are at least one (1) full day.
On Governance Issues and key strategic issues

Ad Hoc Committee to make a recommendation to the Board by the end of
June 2023 regarding next steps
If there are Gap(s) in services that can be provided
Should the Ad Hoc committee become a standing committee
Purpose
Title
Membership

Increase individual Board members' participation in community
partnerships and public policy

**TAHOE FOREST HEALTH SYSTEM
ORDER & DECORUM
Of
BOARD BUSINESS
2023**

1. PUBLIC PARTICIPATION IN BOARD MEETINGS

The public is encouraged to provide thoughtful comment regarding the health system's operation. The board chair reserves the privilege to recognize members of the public subject to reasonable rules of decorum. Board members are permitted to call attention to public members who wish to comment.

The following rules of decorum will guide participation in the meetings:

- A. Address the Board from the lectern. Speakers are encouraged but not required to give their name and city of residence before addressing the Board. Speakers shall address their comments to the Board, not the audience or staff.
- B. Comment on specific matters before the Board with reasons for the position taken.
- C. Public comment is limited to (3) minutes per speaker, however, the Chair may, at his or her discretion, allow up to (5) minutes for those who are serving as a spokesperson for a group or organization in lieu of individual speakers.
- D. A speaker may not yield time to another speaker.
- E. No individual may speak more than once during the Public Comment period or on an item on the agenda unless recognized by the Chair as having new information.
- F. In the interest of civil discourse, the rules specified in the Order & Decorum of Board Business and Robert's Rules of Order, to the extent such Rules are not in conflict with the Brown Act, shall apply at all Board meetings. It shall be the responsibility of the Chair to ensure public comments are conducted in a reasonable manner that avoids disruptive activity, promotes mutual respect, keeps comments focused on issues, and avoids personal attack and abusive behavior.
- G. The Chair may call for recess to maintain Order & Decorum.

2. PROMPTNESS AT MEETING TIME

Board members are requested to observe timely appearance at Board functions in respect to the public, staff and Board. With assistance of the Board Clerk, staff and other presenters will be scheduled in order to support the timely work of the Board. Board members are requested to notify the Clerk of the Board relative to their absence or anticipated late arrival as soon as such situation is known.

3. AGENDA ITEMS

No issues shall be placed on the agenda that are beyond the jurisdiction and authority of a California Health System Special District or that are non-essential to hospital district governance.

4. USE OF E-COMMUNICATION AT PUBLIC MEETINGS

Board members shall not use e-communication during a public meeting of the Board at which he or she is in attendance. In the event of an urgent family matter, a Board Member wishing to respond to a telephone or call during the meeting may do so during a recess or shall excuse him or herself from the meeting to place the return call or text in a manner that does not disrupt the meeting.

5. LAST MINUTE SUPPORTING DOCUMENTS

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

6. REQUESTS FOR INPUT OR DIALOGUE

Requests by Board members during a meeting for the opportunity to speak, for public input, or for additional staff input, shall be made through the Chair.

7. INDIVIDUAL BOARD MEMBER AGENDA REQUESTS

All individual Board items should be discussed with the Chair and CEO before agenda review. All items will be reviewed for completeness. Sufficient supporting documents must be provided in a timely manner so that appropriate staff may become involved. Items must meet scheduling requirements. No more than two items per board member will be considered at a board meeting.

8. ROLE OF THE CHAIR

- Run meetings and associated duties within meetings
- Preside over ceremonial situations
- Make committee appointments
- Approve agendas for completeness
- When authorized, ~~Speaks~~ speaks for the board to the media

9. BOARD VACANCIES

Board vacancies will be handled in accordance with applicable Government Code and Board of Directors Bylaws.

In the event a member of the Board of Directors vacates their position, remaining members of the District Board may fill the vacancy either by appointment or calling an election.

If the Board chooses to appoint, the Board may:

1. Appoint an individual of its choosing, or;
2. Seek candidates from which to make a selection.

If the Board fails to act within (90) days, the County Board of Supervisors may appoint the position.

10. CULTURE: EXPECTATIONS REGARDING ORGANIZATIONAL CULTURE

Expectations of Board members

- A. Always focus on what is best for the sustainability of the Tahoe Forest Health System ~~and for~~ the community it serves.
- B. Maintain good board relationships and visibly demonstrate respect for, and fairly represent each other.
- C. Be sensitive to your public image and conduct at all times.
- D. Be respectful, open, candid, honest and fair:
 1. Explain your perspective, rationale and reasoning.
 2. Remember that respect for debate, differing opinions and reasoning mitigates polarization.
 3. Demonstrate that it is fine to disagree, but not to be disagreeable.
 4. Don't be inhibiting or limiting.
 5. Value the staff as individuals and demonstrate mutual respect.
 6. Let staff know of questions you have on an agenda item or staff's recommendation with grace professionalism.
- E. Do your homework, be prepared when bringing an item to the Board, be as concise as possible, and don't repeat comments made by another Director.
- F. Recognizing that the Board is the staff's first priority:
 1. Provide clear direction to the President and CEO.
 2. ~~Prioritize the level of importance of issues and feel free to go~~ Go directly to the President and CEO ~~or the Executive Team~~ with any issues or concerns. Do not reach out to any staff member or provider without the concurrence of the President and CEO.

3. Go to the President and CEO's office and/or Executive Team and not to a front line employee on any issue, especially as it relates to committee meeting business.
- ~~4. Recognize that discussions with staff are welcome but do not constitute policy direction, which only comes from the full Board.~~
4. Recognize the sensitivity of personnel matters, direct all personnel concerns or complaints to the President and CEO's office and do not publicly discuss them; provided, however, that allegations of illegal misconduct by the President and CEO shall be directed to the General Counsel's office.
5. Contact the President and CEO within 24 hours regarding contacts a Board member receives or has had from anyone regarding the business of the District (e.g., staff, employee, physician, public).
6. **No Surprises.** Keep each other informed through the President and CEO and ~~or~~ the Board Chair.

Expectations of Staff

- A. Provide good services and show respect to the public.
- B. Present good staff reports: Pros and Cons.
 1. Give pros and cons, alternatives and a recommendation.
 2. Present accurate and quality visuals.
 3. Don't raise more questions than you can answer in a staff report.
 4. Stay well organized and manage the time.
- C. Apprise the Board in advance of:
 1. Meetings and special projects within the District.
 2. Any controversial issues or conversations; don't surprise the Board, especially on any "hot button" issues.
 3. Any "bad news".
 4. Deadlines that are slipping and why.
 5. Problems facing the staff.
- D. Set realistic deadlines, be proactive with regard to issues that need resolving, and produce timely documents.
- E. Work cooperatively, demonstrate cooperation among staff, support each other, and be sensitive to each other's workloads.
- F. Be loyal to the Hospital and be sensitive to your public image and conduct at all times.
- ~~G. Feel comfortable communicating with Board members. Maintain the need for full transparency and information that is not filtered.~~
- ~~H.G.~~ Do not participate in political activity while on duty or on TFHD campus.

Approved: _____

Chair of the Board & all Board Members

ALG -1921 to Request for Public Funds AGOV-2301

PURPOSE/RISK:

Failure to provide a clear community process for grant submissions and requests could lead to community dissatisfaction and confusion.

~~A. Under the law, the District may provide assistance to health care programs, services and activities at any location within the District for the benefit of the District and the people served by the District and to non-profit provider groups and clinics functioning in order to provide adequate health services to people in communities served by the District.~~

~~B. The community's health needs are served not only by traditional acute care hospitals, but also local health and wellness programs, community-based clinics, health provider educational programs, and other programs and organizations that promote physical, emotional and psychological well-being. Areas of consideration may include, but are not limited to, Behavioral Health, Dental, Rehabilitation, Women's Issues, Children's needs, Student Scholarships in human health care related studies, Senior programs, Telehealth technology and Community Services.~~

POLICY:

Under the law, the District may provide assistance to health care programs, services and activities at any location within the District for the benefit of the District and the people served by the District and to non-profit provider groups and clinics functioning in order to provide adequate health services to people in communities served by the District.

The community's health needs are served not only by traditional acute care hospitals, but also local health and wellness programs, community-based clinics, health provider educational programs, and other programs and organizations that promote physical, emotional and psychological well-being. Areas of consideration may include, but are not limited to, Behavioral Health, Dental, Rehabilitation, Women's Issues, Children's needs, Student Scholarships in human health care related studies, Senior programs, Telehealth technology and Community Services.

The District has a Grants program, as finances allow, to address identified community health needs as envisioned by the Mission Statement and Strategic Plan. The District shall determine the amount to be budgeted to help fund these grant and sponsorship needs. The final decision regarding grant and sponsorship recipients shall be made by ~~the District Board~~Administrative Team. The District Board will review and approves the annual budget which includes the funds budgeted for community development grants.~~this policy on an annual basis.~~

PROCEDURE:

A. Grant Requests:

1. Requirements:

a. Grants: \$7501 (minimum) - \$300,000 (maximum) are covered by this policy. For Sponsorships up to \$7500 (maximum) refer to policy AGOV-42.

a.b. All Grant requests must be submitted ~~between January 2 and March 15~~ November 1 and February 28, in writing ~~utilizing~~ on the TFHD Grant Form, which must be

filled out in accordance with instructions provided, and go through the District's formal ~~application~~application budget process.

- i. The formal application process ensures that grants meet the public purpose test; and
- ii. are an enumerated power of the District.
- iii. ~~Grant requests will be reviewed by the President & CEO and Administrative Team staff and the District Finance committee.~~
- iv. ~~Grant requests will be considered as part of the District's formal annual budget process; and may or may not be funded based on budgetary limitations. within the annual budget process~~
- ii. ~~Grant requests in excess of \$50,000 require formal Board review~~
- b.c. When requesting Grant funding for health fairs, health education and training projects, etc. requestors should provide complete information about the event/project and how it relates directly to providing health-related services to people in the District and aligns with the mission of the District.
- e.d. The District shall have the option to sponsor student scholarships in human health-related fields of higher learning, health education classes or other community services, at its own discretion, outside of the above ~~sponsorship grant~~ process, as deemed appropriate.

2. Approved Grant Requests

- a. The ~~Grants Committee~~District shall notify the applicant of the ~~grant award~~status of the request after the Board has approved the applicable FY(s) budget.
- a.b. All Grant awards will be contained within the budget process and approved by adoption of the District annual budget by the Board of Directors.
- b.c. Grants shall be awarded for a period not to exceed three (3) years.
- e.d. Approved Grants are listed on District's website in accordance with applicable California State statutes.

B. Accountability:

1. Grant recipients may be asked to make a brief 5-minute presentation to the ~~Board~~Administrative Team, approximately one (1) year after receiving the grant award, to account for appropriate intended use of the grant.
2. Grant recipients shall provide the ~~Board~~Administrative Team with a final accounting of grant awards at the end of each fiscal year.
3. Grant recipients who do not effectively administer their grant funding as intended, may be asked to return unused grant money and may become ineligible to apply for future grants for a period of up to two (2) years.

Special Instructions / Definitions:

Related Policies/Forms: Recommend form to be built into TFHD.com site

References:

AGOV-42 Community Sponsorships

PURPOSE/RISK:

Failure to provide a clear community process for sponsorship submissions and requests could lead to community dissatisfaction and confusion.

POLICY:

Tahoe Forest Hospital District/~~Health System~~ will ~~allocate attempt to budget~~ Marketing funds for the purpose of community development sponsorships each fiscal year. The purpose of community development sponsorships is to support the positive image of the Health System, and demonstrate our commitment to local youth programs and service organizations. Sponsorships are intended to advance the Health Systems visibility in the community, and promote health and wellness. ~~programming if possible.~~

PROCEDURE:

A. Sponsorship Requests:

- ~~A.1.~~ Tahoe Forest Hospital District may sponsor local organizations without violating the constitutional prohibition against making a gift of public funds if it reasonably determines that such sponsorships serve a public purpose, a nexus with health care by helping the district accomplish its and the mission and vision of the District. The purpose behind community development sponsorships can include increased utilization of the District's services and facilities, enhancing the community's image of the District as an organization that cares and gives back to the local community, and allowing the District to better compete for patients who have a choice when it comes to selecting their health care services.
- ~~2.~~ Sponsorship requests must be submitted ~~in writing to the Marketing and Communications Department for consideration~~ utilizing the District's formal application process.
 - ~~1.~~ The application process ensures that sponsorships meet the public purpose test.
 - ~~2.~~ Sponsorships requests will be reviewed by the President & CEO or his/her designee.
 - ~~3.~~ Sponsorship requests will be considered as part the District's formal annual budget process; and may or may not be funded based on budgetary limitations.

B. Criteria for sponsorships are:

1. Sponsorships: 7500 (maximum). For grants \$7501 (minimum) - \$300,000 (maximum) refer to policy AGOV-2301
- ~~2.~~ Advances the understanding of health and wellness issues locally.
- ~~3.~~ Focus on youth and senior health, education, wellness, or outreach programs. Preference will be given to groups, teams, or organizations.
4. A level of sponsorship visibility that enhances the ~~hospital's~~ District's image.
5. Sponsorship receiving entity must exist within the Tahoe Forest Hospital District boundaries.
- ~~3.~~ Sponsorship requests in excess of \$5,000 will require review by the Chief Executive Officer

RELATED FORMS: Recommend form to be

built into TFHD.com site

A.

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" (hereinafter "District").

Section 2. Authority.

A. This District, having been established May 2, 1949, by vote of the residents of the 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 health system of choice in our region and the best mountain health system in the nation. We exist to enhance 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.

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 1. 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 President and 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 President and Chief Executive Officer in the implementation of programs and service plans.

3. Takes action on board policies and other policies brought forth by the President and 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 President and Chief Executive Officer or designees and directs the President and Chief Executive Officer to plan and take appropriate actions, where warranted.

C. Organization and Staffing.

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

D. Medical Staff.

1. Appoints and re-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 and 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 VIII of these District 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 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. The Board of Directors may appoint an individual without engaging in public solicitation of candidates. 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 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, except for regular meetings for the months of November and December which shall be held on the third Thursday of the month at 4:00 PM. The Board shall take or arrange for the taking of minutes at each regular meeting.

B. Special and Emergency 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 Chair, 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 or e-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, mass destruction, terrorist act, threatened terrorist activity 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, special, or emergency, 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 President and Chief Executive Officer, pursuant to 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 Chair, Vice-Chair, 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 Chair 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. Chair. Shall preside over all meetings of the Board of Directors. Shall sign as Chair, on behalf of the District, all instruments in writing which the Chair has been authorized and obliged by the Board to sign and such other duties as set forth in these Bylaws as well as those duties charged to the president under the Local Health Care District Law. The Board Chair will serve as the chairperson of the Board Governance Committee.

B. Vice-Chair. The Vice-Chair shall perform the functions of the Chair in case of the Chair'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. Shall attest or countersign, on behalf of the District, all instruments in writing which the Secretary has been authorized and obligated by the Board to attest/countersign as well as those charged to the secretary under the Local Health Care District Law.

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

ARTICLE IV. COMMITTEES

Section 1. Committee Authority.

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

Section 2. Ad Hoc Committees.

Ad Hoc Committees may be appointed by the Chair of the Board of Directors from time to time as deemed necessary or expedient. Ad Hoc Committees shall perform such functions as shall be assigned to them by the Chair, and shall function for the period of time specified by the Chair at the time of appointment or until determined to be no longer necessary and disbanded by the Chair of the Board of Directors. The Chair shall appoint each Ad Hoc Committee chair.

Section 3. Standing Committees.

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

The Chair 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 or before the January Board meeting.

ARTICLE V. MANAGEMENT

Section 1. President and Chief Executive Officer.

The Board of Directors shall select and employ a President and Chief Executive Officer who shall act as its executive officer in the management of the District. The President and 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 President and 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 President and Chief Executive Officer shall be outlined in the Employment Agreement and job description. Other duties may be assigned by the Board. The President and Chief Executive Officer, personally or through delegation, hires, assigns responsibility, counsels, evaluates and (as required) terminates all District employees.

ARTICLE VI. TAHOE FOREST HOSPITAL

Section 1. Establishment

The District owns and operates Tahoe Forest Hospital, 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, 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.

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, oral surgeons, 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; and
4. Establish that they are willing to participate in and properly discharge those responsibilities determined according to the Medical Staff Bylaws and possess basic qualifications for membership on the Medical Staff. No practitioner shall be entitled to membership on the Medical Staff, assigned to a particular staff category, or granted or renewed particular clinical privileges merely because that person: (1) holds a certain degree; (2) is licensed to practice in California, Nevada, or any other state; (3) is a member of any particular professional organization; (4) is certified by any particular specialty board; (5) had, or presently has, membership or privileges at this or any other health care facility; or (6) 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 shall 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 President and 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 Board of Directors may delegate decision-making authority to a committee of the Board; however, any final decision of the Board committee must be subject to ratification by the full Board of Directors 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 (42 U.S.C. § 11101 et seq.) 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 President and Chief Executive Officer and the other party in the hearing. If a request for appellate review is not received by the President and 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

1. 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.

2. 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.

3. 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. REVIEW AND AMENDMENT OF BYLAWS

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 27th day of October, 2022.

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
Revised – November, 2018
Revised – August, 2020
Revised – October, 2022

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Summary **Agenda** Speakers

Register Now

37TH ANNUAL

SIGNIA BY HILTON ORLANDO BONNET CREEK

Agenda

Use the Filters button to search by topics and speakers.

All Dates
2/11-2/14

Sunday
2/11

Monday
2/12

Tuesday
2/13

Wednesday
2/14

Filters



Q Search

February 11, 2024

12:30 PM ET

Building Better Board Leadership in a Time of Crisis

12:30 PM-3:30 PM

Pre-Conference Intensive – Fee \$199

Registration for this session is only open to board chairs, incoming board chairs and their CEOs of AHA member hospitals and health systems. CEOs and Board Chairs or CEOs and Incoming Board Chairs should plan to attend this session together. ... Seating is limited for this session. Lunch will be served.



Pamela Knecht
President and Chief Executive Officer
ACCORD LIMITED



Jamie Orlikoff
President, Orlikoff & Associates, Inc.
National Advisor on Governance a...

Governance Exc...

2:00 PM ET

Co-Designing Innovative Solutions to Advance Health Equity

2:00 PM-3:30 PM

Come prepared to roll up your sleeves as you work jointly to design plans for strategy, implementation, policies and practices to address common challenges impacting health equity faced by rural hospitals and health systems. Using the AHA's Health Equity Roadmap as a framework, you'll be guided through an innovation design thinking session to tackle complex issues in health equity such as use and ...



Leon Caldwell
Senior Director of Health Equity, Stra...
Institute for Diversity and Health E...



Julie Kim
Senior Program Manager
Institute for Diversity and Health E...

Health Equity

High Impact Cyber Attacks and AI: Cyber Risk Governance and Preparedness in Rural Hospitals

2:00 PM-3:30 PM



John Riggi
National Advisor for Cybersecurity and Risk
American Hospital Association

Telehealth, IT an... Cybersecurity

3:00 PM ET

Hosted Buyer Forum

3:00 PM-5:30 PM

Private session for AHA Organizational Members. By invitation only.

3:30 PM ET

Refreshment Break

3:30 PM-4:00 PM

4:00 PM ET

Closing the Gap on Youth in Distress: Virtual Training for Communities

4:00 PM-5:30 PM

Since the pandemic, schools have seen a dramatic spike in discipline problems, adverse student behaviors and cases of depression and anxiety, placing tremendous stress on school personnel to meet their students' needs. The Dartmouth Health Behavioral Health Workforce Development team received a grant from the Health Resources and Services Administration (HRSA) to promote ways to fill ...



Julie Balaban
Assistant Professor of Psychiatry an...
Dartmouth-Hitchcock Medical Cen...



Barbara Dieckman
Director of Knowledge Map and Pati...
Dartmouth Health, Lebanon, N.H.

Behavioral Health Telehealth, IT an...

Creating Harmony in Health Care: How to Cultivate Strong Relationships with Vital Stakeholders

4:00 PM-5:30 PM

Fostering strong relationships with key stakeholders is paramount to the success and sustainability of any hospital or health system in the dynamic and ever-evolving governance landscape. Achieving this goal is easier said than done, however. This panel will explain the critical importance of building and nurturing connections with various key stakeholders, including the C-suite, employees, medical staff ...



Benjamin Anderson
VP for Rural Health and Hospitals
Colorado Hospital Association



Todd Linden
President
Linden Consulting



Governance Exc...

February 12, 2024

7:00 AM ET

Continental Breakfast in the Sponsor Hall

7:00 AM-8:30 AM

8:30 AM ET

Plenary Session: Transforming Rural Health Care: Navigating the Digital Frontier

8:30 AM-10:00 AM

Conference Welcome

Fireside Chat with the American Hospital Association...



Joanne Conroy
Chief Executive Officer and Presiden...
Chair-Elect, AHA Board of Trustees



Geeta Nayyar
Former Chief Medical Officer, Salesf...
Author of Dead Wrong: Diagnosin...



10:00 AM ET

Refreshment Break

10:00 AM-10:15 AM

10:15 AM ET

7 Minutes to Innovation: Building a More Flexible and Sustainable Workforce

10:15 AM-11:15 AM

In today's rapidly evolving health care landscape, rural hospitals face unique challenges when building and maintaining a flexible and sustainable workforce. Join us for a dynamic and fast-paced session where five rural hospital leaders will share their innovative strategies and experiences in addressing workforce challenges. Each leader will have just seven minutes to present their hospital's ...



Elisa Arespachoga
Vice President, Clinical Affairs and ...
American Hospital Association



Chelsie Falk
Senior Director
Sanford Wheaton Medical Center, ...



Workforce

Engaging Boards in Quality and Patient Safety

10:15 AM-11:15 AM

How well is your board meeting its quality responsibilities? The board plays a significant role ensuring that quality care is provided, and that the organization has processes in place to measure and deliver quality care. There are actions boards can and should consider taking to drive organizational change to improve the culture of quality and safety. Kathy Leonhardt, M.D., MPH, Principal Consultant, ...



Jeannie Cross
Trustee Emeritus
Adirondack Health, Saranac Lake,...



Kathy Leonhardt
Principal Consultant
The Joint Commission International



Governance Exc...

Quality, patient s...

Planning and Developing Rural Graduate Medical Education

10:15 AM-11:15 AM

Rural graduate medical education (GME) programs can lead to better patient care and help address workforce shortage concerns. Explore strategies to develop and cultivate relationships between sponsoring institutions, rural hospitals and hospital networks to develop a rural GME program. Also learn how to advocate for federal and state funding to support the program.



David Brash
Chief Executive Officer
Logan Regional Medical Center, L...



Michael Canady
Chief Executive Officer
Holzer Health System, Jackson, O...



Mergers, joint ve...

Real-World Lessons in Converting to a Rural Emergency Hospital

10:15 AM-11:15 AM

What does it take to successfully convert to a Rural Emergency Hospital (REH) and what considerations should factor into the evaluation? Join this diverse panel of experts for answers and insights. Participants will hear from a rural hospital CEO how the REH model has created a pathway for sustainability for access to care in one community. Updates also will be provided on pending legislati...



Anna Anna
Program Director
Rural Health Redesign Center



Emily Jane Cook
Partner
McDermott Will & Emery LLP



New Models of C...

Rural Hospital Engagement in Economic Development: Why and How

10:15 AM-11:15 AM

A body of research supports the idea that both the financial health of rural hospitals and the physical health of patients is largely influenced by the local economy. However, health care leaders face a multitude of pressing problems more closely linked to their hospitals' daily operations. This session will provide a comprehensive case that you can make to your board and local leaders for your ...



Marie Barry
Director of Community Economic De...
Rural Wisconsin Health Cooperati...



Luke Beirl
Chief Executive Officer
Hayward Area Memorial Hospital, ...



Operational and f... Community Econ... Community and p...

11:15 AM ET

Refreshment Break

11:15 AM-11:30 AM

11:30 AM ET

Best-In-Class Leadership Solutions for Sustaining Rural Health Care

11:30 AM-12:30 PM

Health care leaders have a multifaceted impact on both health care delivery and economic prosperity in rural communities. The high turnover rates among CEOs of rural health care systems (18-20%, and as high as 30% in some states) is a challenge that threatens the stability and efficacy of these crucial organizations. From integration into the community to provider partnerships and growth ...



Steve Loveless
Owner and Principal
SoundMind Leadership



Steve Todd
Chief Executive Officer
St. Luke Community Healthcare, P...



Workforce

Navigating Crises in Rural Health Care: Implementing a Comprehensive Response Plan

11:30 AM-12:30 PM

Rural health care facilities often face unique challenges when it comes to crisis management due to limited resources, geographical barriers and the need to build trust within their communities. By focusing on effective communication strategies, rural health care providers can enhance their crisis response capabilities and ensure timely and accurate information dissemination. To help you ...



Paige Marsolais-Heitman
Marketing and Public Relations Dire...
Phelps Health, Rolla, Mo.



Somer Overshon
Associate Vice President of Strategi...
Phelps Health, Rolla, Mo.

Planning and res...

Protect the Progress: Sustaining Health Equity in Rural Communities

11:30 AM-12:30 PM

Hospitals and health systems are facing financial and political pressures that make it challenging to focus on health care transformation and innovation. Increased expenses not only hurt hospital and health systems financially, but also impact patient access to quality care due to resulting cost cutting. Unfortunately, we often see health equity and DEI initiatives on the proverbial chopping block first. Hear ...

Health Equity

Strategies for Successful Collaboration Between a CAH and Academic Medical Center

11:30 AM-12:30 PM

This unique approach to partnership that did not involve a financial or governance merger has significantly improved access to care in the rural community, improved quality, patient satisfaction and financial strength. The speakers will share data and strategies that have worked — and failed — over the course of the unique 12-year clinical collaboration. Participants will learn joint strategic planning and ...



James Heilman
Vice President of Strategic Outreach
Oregon Health & Science University



Erik Thorsen
Chief Executive Officer
Columbia Memorial Hospital, Asto...

Mergers, joint ve...

Transforming Rural Post-Acute Care: Innovative Partnerships and Care Models

11:30 AM-12:30 PM

Gain a deeper understanding of the dynamic strategies and various partnership models that are reshaping post-acute care in rural communities and improving health care outcomes. Discover the steps taken toward the development of innovative home-based care alternatives tailored to rural areas and gain an understanding of the challenges posed by health care disparities and post-acute "desert..."



Eric Garrard
Vice President, Rehabilitation and S...
Wellstar Health System, Marietta, ...



Bryce Sillyman
Vice President and Chief Operating ...
Wellstar West Georgia Medical Ce...

Mergers, joint ve...

New Models of C...

Quality, patient s...

Telehealth, IT an...

12:30 PM ET

Networking Lunch in the Sponsor Hall

12:30 PM-1:45 PM

1:45 PM ET

Plenary Session: Driving Innovation and Access in Rural Health Care

1:45 PM-3:00 PM



Chris DeRienzo
Senior Vice President and Chief Phy...
American Hospital Association



M. Michelle Hood
Executive Vice President and Chief ...
American Hospital Association



3:00 PM ET

Refreshment Break

3:00 PM-3:30 PM

3:30 PM ET

Mass Violence Incidents: Use of Simulation Training to Enhance Preparedness and Response C...

3:30 PM-4:30 PM

In response to the rising number of mass shootings, health care organizations must be equipped to respond rapidly to these types of incidents. This panel session will explore how simulation training can be used to enhance preparedness and response capabilities. Garner invaluable insights and strategies for effectively navigating incidents of mass violence, with a focus on the unique circumstance...



Elisa Arespachoga
Vice President, Clinical Affairs and ...
American Hospital Association



Haru Okuda
Chief Executive Officer & Executive ...
Associate Vice President, Interpro...



Planning and res...

Prioritizing Health in the First 1,000 Days of Life: Integrating Behavioral Health and Prenatal Care

3:30 PM-4:30 PM

The 1,000 days from pregnancy to age two offer a crucial window of opportunity to create brighter, healthier futures. For too many in rural America, a healthy first 1,000 days is out of reach in both biomedical and social-emotional outcomes. Behavioral health disparities in rural communities contribute to poor maternal and neonatal care outcomes. St. James Healthcare (now part of Intermountain Health...



Jana Distefano
Director, Community Health
PRC



Joslin Hubbard
Social Worker
St. James Healthcare - Intermount...



Behavioral Health Maternal and chil...

Resilience and Innovation in Rural Health Care: Lessons from an Independent Critical Access Ho...

3:30 PM-4:30 PM

Advancing community and population health while fostering economic development in a rural setting can be difficult in the best of times, but the challenges today are far greater, particularly for independent, rural critical access hospitals (CAHs). Join in as this independent CAH shares its journey of resilience, innovation and collaboration in maintaining independence while optimizing limited resources and ...



Tammy Groves
Chief Human Resource Officer
Wyandot Memorial Hospital, Uppe...



Matt Mercer
Chief Financial Officer
Wyandot Memorial Hospital, Sand...



Community and p... Community Econ...

5:00 PM ET

Networking Reception in the Sponsor Hall

5:00 PM-6:30 PM

February 13, 2024

7:00 AM ET

Continental Breakfast in the Sponsor Hall

7:00 AM-8:00 AM

8:00 AM ET

Community Health Investments for Sustainable Impact

8:00 AM-9:00 AM

Hospitals and health systems are increasingly focused on addressing the root causes of poor health. Social factors outside the four walls of the hospital – the conditions in which people live, work, play, and pray – play a crucial role in equitable health outcomes. When health care providers partner to invest in these upstream conditions, they can make a long-term, sustainable difference in improving the health...

M J Michele Juffer
Board Member, Wagner Community ...
Executive Director, Wagner Area ...



Rebecca Lemmons
Regional Director of Community Hea...
Saint Alphonsus Health System, B...



Community and p... Community Econ...

Leading Through a Revenue Cycle Crisis in a Critical Access Hospital

8:00 AM-9:00 AM

This interactive learning session for rural hospital board leaders presents a real-life case in which a new chief executive officer takes the helm of a community hospital and quickly uncovers serious business challenges. The CEO must work with the board to develop a plan to protect the viability of the hospital. Participate in small-group activities and large-group discussion to analyze the situation, propose ...



Benjamin Anderson
VP for Rural Health and Hospitals
Colorado Hospital Association



Korrey Klein
Chief Executive Officer
Family Health West, Fruita, Co.



Governance Exc... Operational and f...

Leading Together: The Importance of Building Strong CEO and Board Chair Relationships

8:00 AM-9:00 AM

In today's rapidly changing health care landscape, the ability of organizations to be able to adapt quickly to new challenges and opportunities is more important than ever. This flexibility requires strong and effective leadership, and the relationship between the CEO and the board chair is critical. This session will explore building trust, communication and mutual respect between the CEO and board ...



Annie Bass
Chair, Board of Trustees
Phelps Health, Rolla, Mo.



Jason Shenefield
President and Chief Executive Officer
Phelps Health, Rolla, Mo.

Governance Exc...

Strengthening Tribal Partnerships for Equitable Health Care: Best Practices and Future Initiatives

8:00 AM-9:00 AM

Arizona is home to 22 federally recognized American Indian tribes, and two tribal communities are situated in close proximity to HonorHealth's medical centers in Scottsdale, Ariz., including facilities located on the land of the Salt River Pima-Maricopa Indian Community. Recognizing the importance of collaboration, HonorHealth has embarked on a journey to partner with neighboring tribes t...

E S Evener Scott
Director of Diversity, Equity and Inclusion
HonorHealth, Scottsdale, Ariz.

Health Equity Care for America...

9:00 AM ET

Refreshment Break

9:00 AM-9:15 AM

9:15 AM ET

Plenary: Washington Update

9:15 AM-10:00 AM

Join American Hospital Association leaders for a discussion on the latest from Capitol Hill. Learn what policies Congress is considering and what it means for rural community hospitals.



Tina Freese Decker
President and Chief Executive Office...
Corewell Health, Grand Rapids, Mi...



Travis Robey
Vice President, Political Affairs
American Hospital Association



Public Policy

10:00 AM ET

Refreshment Break

10:00 AM-10:15 AM

10:15 AM ET

Accelerating Excellence: Snapshots of Rural Quality and Patient Safety

10:15 AM-11:15 AM

In the fast-paced world of health care, quality is essential, especially in rural hospital settings where unique challenges abound. Join us for an inspiring and informative session where you'll hear from two rural hospital leaders who will share their compelling stories of success, transformation and lessons learned. In these rapid-fire presentations, you'll gain valuable insights into the innovative strategi...



Casey Baird
Director of Quality and Infection Prev...
UP Health System – Portage, Han...



Ellen Thompson
Director of Risk, Compliance & Quality
Western Wisconsin Health, Baldwi...

Quality, patient s...

Building a More Sustainable Rural Nursing Workforce with Technology and AI

10:15 AM-11:15 AM

To address the well-documented acute nursing shortage that is adversely impacting rural hospitals and health systems, a growing number of organizations are using technology and artificial intelligence-based programs to generate predictive analytics, remote nursing solutions like computerized vision and telemonitoring to strengthen retention and recruitment efforts. These tools are helping to improv...



Erica DeBoer
Chief Nursing Officer
Sanford Health, Sioux Falls, S.D.

Telehealth, IT an... Workforce

Connecting with Compassion: Leveraging TelePalliative Care to Meet Rural Community Needs

10:15 AM-11:15 AM

The specialty of palliative care has grown significantly in recent years, particularly in urban and academic settings where there is a relative abundance of resources and staffing to provide in-person care. In rural America, however, access to this care often is limited and the population faces a higher probability of multiple serious illnesses. This can lead to disparities and misalignments between patient ...



Karl Bezak
Assistant Professor of Medicine
UPMC, Pittsburgh



Adrienne Goldberg
TelePalliative Social Work Lead
Providence Sacred Heart Medical ...



Telehealth, IT an...

How the Rehabilitation Department Transformed a Critical Access Hospital

10:15 AM-11:15 AM

Hear the story of how Family Health West, a critical access hospital in western Colorado, became one of the largest rehabilitation providers in the state. By dramatically growing its physical and occupational therapy/speech-language pathologist/wellness services, the hospital experienced shared growth in primary care, rehabilitation medicine and orthopedic surgeries. Gain insight into the hospital's ...



William Cummins
Associate Vice President of Business Development and Rehabilitation
Family Health West, Fruita, Co.

New Models of C...

Innovative Care Delivery Models in Maternity Care Deserts

10:15 AM-11:15 AM

Many American Indian/Alaska Native (AI/AN) families reside in rural communities, where 12.8% deliver in maternity care deserts and 26.7% of AI/AN babies are born in areas of limited or no access to maternity care. The Indian Health Service (IHS) has adapted innovative delivery care models to increase access to care and decrease gaps in health equity. The IHS developed an Obstetric ...



Tina Pattara-Lau
Maternal Child Health Consultant
Indian Health Service



Stacey Dawson
Women's Health Consultant
Indian Health Service

New Models of C... Care for America... Maternal and chil...

11:15 AM ET

Refreshment Break

11:15 AM-11:30 AM

11:30 AM ET

Policy and Research Update: Financial Models for Rural Hospitals

11:30 AM-12:30 PM

Learn to assess emerging opportunities for rural hospitals, including Rural Emergency Hospital status, value-based payment, and strategies for optimizing finances and operations. Christina Campos, a rural hospital administrator, will discuss her hospital's decision points and transition process in becoming one of the country's first Rural Emergency Hospitals. George Pink and Keith Mueller, nation...



Christina Campos
Administrator
Guadalupe County Hospital, Sant...



Kristen Dillon
Chief Medical Officer
Federal Office of Rural Health Poli...



New Models of C... Operational and f...

Preventing Workplace Violence in Rural Emergency Departments

11:30 AM-12:30 PM

Violence committed by patients and visitors against staff, Type II workplace violence (WPV), is prevalent in emergency departments (EDs) throughout the US and leads to trauma, burnout, attrition, and reduced quality of care. The WPV committee representing two community/rural hospitals of a large multi hospital system completed a gap analysis and action plan to address the growing problem of...



Carolyn Leja
Chief Nursing Officer
Corewell Health Big Rapids & Ree...



Beth Langenburg
Chief Operating Officer
Corewell Health Big Rapids & Ree...

Team-Based Care and Community Paramedicine: Outcomes-based Population Health Initiatives

11:30 AM-12:30 PM

In rural communities, team-based care and community paramedicine programs are growing in popularity to reduce barriers to care for patients suffering from chronic conditions and the cost of care. After implementing team-based care into a primary care setting, Fisher-Titus Health realized improved outcomes within one year including fall risk screening, influenza immunization, colorectal cancer ...



Ashley Ballah
Senior Director, Ancillary Services
Fisher-Titus Medical Center, Norw...



Jason Gahring
Vice President for Ambulatory Servic...
Fisher-Titus Medical Center, Norw...

Community and p...

The High Reliability Journey to Zero Harm

11:30 AM-12:30 PM

Commitment to a culture of zero harm is key for organizations that strive to deliver safe, high quality, patient-centered care. Pursuit of high reliability is an ongoing journey, and organizations must begin now in order to thrive in the future of health care. Creating a culture where vigilance and constant improvement is everyone's responsibility, the senior leadership team of two critical access hospitals will ...



Kevin Andryc
Chief Medical Officer
University Hospitals - Conneaut a...



Denise Didonato
Director of Operations and Clinical S...
University Hospitals - Conneaut a...



Quality, patient s...

12:30 PM ET

Networking Lunch in the Sponsor Hall with Conversation Starter Tables

12:30 PM-1:45 PM

Join a Conversation Starter table to connect for meaningful discussions with other attendees with similar roles or topical interests. Every Conversation Starter table will have a host to launch the talk. Topics may vary from perennial challenges like rural physician recruitment, tactics for leveraging telehealth, and building great boards, to creative workforce strategies.

1:45 PM ET

Plenary Session: Rural Hospitals at the Tipping Point

1:45 PM-3:00 PM

“Don't it always seem to go that you don't know what you got till it's gone?” Rural hospitals are closing services, and some are closing their doors; fewer than half of rural hospitals have maternity units, and more than 2 million women of childbearing age live in rural maternity deserts. The list goes on. Rural hospitals and the entire U.S. health care system are at an unprecedented inflection point wit...



Jamie Orlikoff
President, Orlikoff & Associates, Inc.
National Advisor on Governance and Leadership to the American Hospital Association

Governance Exc...

3:00 PM ET

Leisure Time – On Your Own

3:00 PM-8:00 PM

The Hilton by Signia Bonnet Creek and the adjacent Waldorf Astoria resort offer an array of activities and amenities for a delightful afternoon and evening. Whether your idea of a perfect afternoon involves unwinding by the pool, enjoying a round of golf, treating yourself to a spa day, savoring delectable cuisine, or embarking on a Disney adventure, these resorts offer many choices for enjoying ... your free time

February 14, 2024

7:00 AM ET

Continental Breakfast

7:00 AM-8:00 AM



Questions?

Contact Us

