



BOARD OF DIRECTORS
BOARD MEETING MINUTES

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
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PRESENT AT MEETING:	<p>Board Members: Roger Kahn, President; John Mohun, Vice President; Karen Sessler, M.D., Secretary; Larry Long, Treasurer; Dale Chamblin, Board Member</p> <p>Staff: Bob Schapper, Chief Executive Officer; Virginia Razo, PharmD, Chief Operating Officer; Crystal Betts, Chief Financial Officer; Janet Van Gelder, Quality Director; Jeanne McAuliffe, Executive Assistant; Michelle Cook, Administrative Assistant</p> <p>Others: Steve Gross, Legal Counsel</p>	
1. Call to Order	Mr. Kahn called the meeting to order at 4:00 p.m.	
2. Roll Call	Roll call reflected that all Board Members were present.	
3. Clear the Agenda/Items Not On the Posted Agenda	<ul style="list-style-type: none"> • Mr. Kahn: <ul style="list-style-type: none"> ✓ Cleared the agenda; ✓ Announced the items that will be heard in closed session this evening; 	
4. Input -- Audience Employee Associations	Audience input was sought, but none was offered.	
5. Closed Session:	The meeting proceeded into closed session at 4:06 p.m.	
A. Approval of closed session minutes of	A copy of the attachment is in the closed session packet.	<p><u>It was moved by Mr. Mohun and seconded by Mr. Chamblin to approve the closed session minutes of 4/19/13, 4/23/13, and 5/10/13 as presented. Motion carried unanimously.</u></p>
B. Potential Litigation- 3 Cases (Risk Dept.)	Ms. Van Gelder joined the meeting for this agenda item. Discussion was held.	
C. Health & Safety Code Section 32106: Trade Secrets – Proposed New Program-	Discussion was held.	



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Estimated Date of Public Disclosure, 7/31/13		
D. Chief Executive Officer Monthly Performance Evaluation	There was no discussion held.	
E. Medical Staff Credentials	Dr. Barta joined the meeting for this agenda item.	
6. Dinner Break	A dinner break was taken at 5:20 p.m.	
7. Open Session Call To Order	Mr. Kahn called the open session to order at 6:05 p.m.	
PRESENT FOR OPEN SESSION:	<p>Board Members: Roger Kahn, President; John Mohun, Vice President; Karen Sessler, M.D., Secretary; Larry Long, Treasurer; Dale Chamblin, Board Member</p> <p>Staff: Bob Schapper, Chief Executive Officer; Virginia Razo, PharmD, Chief Operating Officer; Crystal Betts, Chief Financial Officer; Carl Gerlach, Director of Planning & Business Development; Judy Newland, RN, IVCH Administrator/Chief Nursing Officer; Martha Simon, Director, Fund Development; Linda Harman, RN, Director, Surgery; Stephanie Hanson, RN, Administrative Director, Home Health/Hospice; Rick McConnell, Facilities Director; Janet Van Gelder, Director of Quality; Alex MacLennan, Non-Clinical Educator; Jim Sturtevant, RN, Director of Inpatient Services; Ted Owens, Director, Community Development; Paige Thomason, Director, Marketing & Communications; Lynn Barr; Mike Geney; Jeanne McAuliffe, Executive Assistant, Michelle Cook, Administrative Assistant</p> <p>Others Present: Steve Gross, Legal Counsel; Gina Barta, M.D., Chief of Staff</p>	
8. Clear The Agenda/Items Not on the Posted Agenda	The agenda was cleared. Mr. Kahn asked if there were any changes to the posted agenda. There were none.	



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9. Input – Audience	Audience input was sought.	
10. Input From Employee Associations	There was no input from the Employee Associations.	
11. Medical Staff Report	<ul style="list-style-type: none"> • Dr. Barta gave the Medical Staff Report, highlights as follows: <ul style="list-style-type: none"> ✓ Ms. Razo reported on the ICD-10 Training. The consultant is working on a transition/conversion plan; ✓ The Just Culture Medical Staff Training will be held in October; ✓ Ms. Newland supplied a written report that included the following: <ul style="list-style-type: none"> ○ Nurse of the Year Ceremony- Sandy Walker, RN, MSC was named Nurse of the Year; The staff liked that the ceremony was held at the end of the day; ○ There will be water shut down on May 22, 2013 and a memo will be sent to the physicians in this regard; ○ There were no transfers due to bed capacity; ✓ Home Health and Hospice are in the process of reducing readmission rates and there were no falls last quarter; ✓ The x 3269 log was reviewed. The ATT cell service in the ED is still an issue; <ul style="list-style-type: none"> ○ Discussion was held about standardizing the oxygen requirements for discharging a patient; ○ A physician had requested that the ED nursing staff have access to the Epic outpatient EMR. This is designed as an IT project and will be prioritized; ○ Ms. Newland will follow-up on these issues; ✓ There were no questions. 	
12. Consent Calendar:	Mr. Kahn asked if anyone wanted to pull anything from the	<u>It was moved by Mr. Long and</u>



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<p>A. Minutes of Meetings of: 4/19/13, 4/23/13, 5/10/13;</p> <p>B. Financial Report – March 2013</p> <p>C. TFH and IVCH Patient Registration Policies and Procedures</p> <p>D. Contracts – Auto Renew with No Changes:</p> <p> a. Rural PRIME Site Preceptor Agreements for: Chris Arth, M.D., Gina Barta, M.D., Deborah Brown, M.D., Shawni Coll, D.O., Rick Ganong, M.D., Reini Jensen, M.D., Paul Krause, M.D., Jeanne Plumb, M.D.; Joshua Scholnick, M.D., Peter Taylor, M.D., Steve Thompson, M.D., Erin Winters, M.D.</p> <p> b. TF2020 Medical Advisor Agreements for: Chris Arth, M.D., Gina Barta, M.D., Shawni Coll, D.O., Ellen Cooper, M.D., Matthew Gustaffson, D.D.S., Reini Jensen, M.D., Syndi Keats, M.D., Paul Krause, M.D., J. Timothy Lombard, M.D., Michael MacQuarries, M.D.,</p>	<p>consent agenda. Ms. Razo pulled the agenda item H(i) Sierra Nevada Oncology, Inc. This contract was presented to the Governance Committee last week with incorrect flat fees included for the physicians. The contract’s third amendment with the correct compensation was dispersed at the meeting. Ms. Razo reviewed the third amendment of the agreement and requested approval from the Board.</p>	<p><u>seconded by Mr. Mohun to approve items 12 (A)-(K) as listed on the agenda and in these minutes, as presented. Motion carried unanimously.</u></p> <p><u>It was moved by Mr. Long and seconded by Mr. Mohun to approve the third amendment of the Sierra Nevada Oncology, Inc. Agreement. Motion carried unanimously.</u></p>



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<p>Greg Mohr, M.D., Steve Thompson, M.D., Josua Scholnick M.D., Tom Specht, M.D., Peter Taylor, M.D., Steve Thompson, M.D., Greg Tirdel, M.D., Erin Winter, M.D.</p> <p>c. Pain Management Agreement for Tom Specht, M.D.,</p> <p>d. Emergency Call Coverage Agreements for: General Surgery, M.D., and OB/Gyn: Tahoe Forest Women's Center</p> <p>G. New MultiSpecialty Contract for Julie Conyers, M.D., General Surgery</p> <p>H. MultiSpecialty Contract Renewals for: Lianne Burkholder, M.D., Ellen Cooper, M.D., Diane Higgins, M.D., North Lake Pediatrics, Patrick Osgood, M.D., Gerald Schaffer, M.D., Sierra MultiSpecialty Medical Group (J.Timothy Lombard, M.D., Sierra Nevada Oncology, Inc., Silver State Hearing & Balance, Greg Tirdel, M.D., Nina Winans, M.D.</p>		



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<p>I. Contract Renewals- No Changes, Medical Director Agreements:</p> <ul style="list-style-type: none"> • Home Health, Gina Barta, M.D. • Extended Care Center Medical Director, Gregg Paul, M.D. • Rehabilitation Services, Jeffrey Dodd • Hospice, Johanna Koch, M.D. <p>J. Contract Renewal with Revisions: Cancer Center Medical Director Agreement, Laurence Heifetz, M.D.,</p> <p>K. New Contracts:</p> <ul style="list-style-type: none"> • Cancer Center, Associate Medical Director Agreement for Melissa Kaime, M.D. • Gina Barta, M.D., Reini Jensen, M.D., Paul Krause, M.D., Greg Tirdel, M.D 		
<p>13. Executive Officer's Report</p> <p>A. COO Operations Report</p> <p>B. Nursing Report</p> <p>C. IVCH Report</p>	<p>Mr. Schapper stated:</p> <ul style="list-style-type: none"> ✓ The District developed a contract with Caroline Ford who will take on the project of the Wellness Neighborhood. Ms. Ford's beginning date is being finalized. Ms. Leonard will assist Ms. Ford and Ms. Schnieder; ✓ He thanked Ms. Barr for coordinating all the activities engaged with the Wellness Neighborhood and the 	



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	<p>physicians. He indicated that without Ms. Barr engaging at the level she did, a number of the hospital's initiatives through the Wellness Neighborhood Project would have progressed at a much slower pace;</p> <ul style="list-style-type: none"> ✓ He complemented Mr. Chihos for facilitating the Joint Board/ Medical Staff Meeting on May 22, 2013. At this meeting there was a lot of dialogue and engagement about the ideas presented at the Estes Park Conference. The goal was to continue to align all of the physicians with the District in order to work together to redesign our health care structure; ✓ He also thanked Drs. Barta and Coll for their participation at the meeting. He was impressed with their strategic vision for the medical staff and their alignment with the District Board's agenda; ✓ Mr. Schapper introduced Carl Gerlach, a contractor through Healthshare IQ. Mr. Gerlach is assisting with the planning and development for health care redesign. He is hoping to bolster the District's activity by doing analytics to redesign our delivery system and to create new revenue sources. Management will need to look into the hospital forming a sustainable operating service without the Cancer Center and Obstetrics (OB); ✓ Mr. Kahn asked when the Board will receive information from Mr. Gerlach about these variances service lines; ✓ Mr. Schapper indicated that Mr. Gerlach will be working internally. He suggested the District form a planning committee to bring the information forward to the Board; ✓ The District has been looking for relief with the OSHPD 3 changes. It was believed this would allow hospital based clinics to become less expensive in terms of meeting the 	
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	<p>building code requirements. This has not occurred. Management will work with legal counsel to see if there is a better model than the 1206(d) model to work with the medical staff. Before the District makes an investment into the buildings, management will need to revisit with Reese Hirsch. There needs to be a more cost effective way to house physicians;</p> <ul style="list-style-type: none"> ✓ In the last couple of months, the District has seen a larger volume and payer mix changes. OB is the only service line with volumes above budget. He is very concerned this will be one of the worst years financially for the District and that it will not make budget. A contributor is the IT conversion system. This issue was discussed at the Director's Meeting this morning and management is moving rapidly towards implementing cost reductive strategies; ✓ Ms. Razo stated: <ul style="list-style-type: none"> ○ She discussed the hospitalist model with the medical staff. They are balancing the clinics with the inpatient care. She is working towards a sustainable model with the physicians in the community and with Drs. Barta and Coll; ○ Management is working towards a better understanding about whether the District should pursue accreditation through The Joint Commission (TJC) or continue with the Healthcare Facilities Accreditation Program (HFAP). The current construction projects could place the District at risk. The final recommendation will be brought to the medical staff, Quality Committee, and the Board; ○ She also emphasized the District will need to be more 	



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	<p>efficient and reduce costs because of the changes in health care reform;</p> <ul style="list-style-type: none"> ✓ Mr. Mohun asked Ms. Razo for more explanation of the TJC issue in regards to the construction; <ul style="list-style-type: none"> ○ Ms. Razo responded that the hospital's timeline will need to be February for TJC to come. HFAP is aware of the construction unlike TJC. The organization is HFAP compliant and could move towards TJC in the future. She does not want to open up the organization to potential risks. Staff is working on closing the gaps and IVCH is one gap that is a significant challenge. Any other operational issue will be discussed with the medical staff; ✓ Ms. Newland had nothing to add to the written nursing report; ✓ Ms. Newland said that she and Mr. Schapper will be participating in a fireside chat for IVCH on May 30, 2013. 	
<p>14. Presentations/Staff Reports (Discussion and/or Action Possible</p>		
<p>a. Progress report on HRSA and UC Davis grants and potential activities- Lynn Barr</p>	<p>Ms. Barr presented the progress report on HRSA and the UC Davis grants and potential activities, highlights as follows:</p> <ul style="list-style-type: none"> ✓ The District received a grant from the State of California to build a data warehouse for the Ambulatory Services Department (ASD). When looking at payment reform, payment is moving towards ASD quality reporting. This reporting is not done by many providers in rural communities. The grant is for \$20,000 and \$100,000 in a matching fund to build the data warehouse and the reporting. This would support participation in the 	



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	<p>Accountable Care Organizations (ACOs);</p> <ul style="list-style-type: none"> ✓ With the HRSA grant, the District receives a \$300,000 a year grant to support rural communities in adopting EMRs; and a sustainability section to use electronic health records to promote community health; ✓ Many hospitals are supported under the HRSA grant. The Renown ACO is not appropriate for many under the HRSA grant. As a result, she has been developing the National Rural ACO. The rural communities have issues with beneficiary assignments under ACOs. She will be submitting an application on July 31st for the National Rural ACO; ✓ The District has the opportunity to apply for the advance payment program for infrastructure cost. The Innovation Challenge Grant discusses how the hospital wants to get paid and manage chronic patients. The request payment is provided for all care coordination visits; ✓ Mr. Long asked Ms. Barr that as she is developing the National Rural ACO is there a government contact she is utilizing for general direction in regards to CMS; ✓ Ms. Barr indicated that the Innovation Challenge Grant is competitive and the ACO is a defined structure where you must meet the requirements to become one. In order to apply you must clearly describe how the chronically ill patients will be managed, provide feedback at point of care, and a have a legal and governance structure. All of these requirements must be met before the ACO is approved; ✓ Dr. Paul Krause stated: <ul style="list-style-type: none"> ○ He is attending the board meeting as a representative of the Tahoe Truckee Medical Group (TTMG); 	



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	<ul style="list-style-type: none"> ○ They are interested in the ACO model and whether the District is going to join. They want to be aligned with the District's ACO. They have not felt aligned with the formation of the PPO since TTMG was not included in the discussion; ○ The recent bid on Northstar is a big part of their practice. This is going to be financially a big hit to them, if they are not involved; ○ He is requesting from the Board feedback and further discussion at the next board meeting; ✓ Mr. Kahn clarified that the District cannot form an ACO. He will make this a topic at one of the upcoming board meetings. 	
<p>b. Hospice Executive Summary- Stephanie Hanson</p>	<p>Ms. Hanson presented the Hospice Executive Summary, highlights as follows:</p> <ul style="list-style-type: none"> ● Hospice admitted 77 patients and discharged 88 patients in 2012; ● A patient that is briefly seen and revokes, and then comes back on is a discharge- this patient is represented in the discrepancy; ● 64 patients expired in the home, 32% of those patients passed away within 7 days; ● The primary conditions have changed, for example, cancer moved to top of this list because of referrals from Renown, Portola and Loyalton; ● The new Quality Plan is in effect for 2013. The new changes included are the reporting of quality indicators to Medicare. Hospice completed the first quarter and next year the full year will be reported. This data will be made public; ● Hospice is reporting the percent of patients whose pain is 	



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	<p>comfortable within 48 hours of admission;</p> <ul style="list-style-type: none"> • She discussed the Hospice Performance Improvement Projects. They looked at medication safety and rely on the Hospice Pharmacia, the Hospice department's Admission Medication Reconciliation (AMR). They must ensure the accuracy and there are a lot of fail safe measures in place. They were at 100% last quarter; • 32% of the hospice patients pass away with seven days of admission. The median length of stay is 19.8 days nationally. They have been working closely with the Cancer Center as 22% are from cancer referrals that pass away quickly; • A palliative care clinic was started with Dr. Koch in the Cancer Center to help improve the length of stay. These patients are seen earlier by Dr. Koch to help get their symptoms under control. In the last two months, the hospital has seen a big increase in these patients. There is more coordination and cooperation in care. She is hoping to see an increase in referrals and length of stay. The physicians have been educated on palliative care and hospice; • Dr. Sessler questioned the Fourth Quarter of 2012 results which indicated that 67% of the cancer patients died within seven days; • Ms. Hansen said they only received 2 referrals and 2 out of 3 patients passed away within seven days; • Mr. Long said it will be challenging goal to improve the seven day mark; • Ms. Hansen said most of the effort is through the Performance Improvement Committee. For infection control 	
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	<p>purposes, they track UTIs related to foley catheters. The department believes in antibiotics for a UTI if the patient wants them;</p> <ul style="list-style-type: none"> • There were no infections related to vascular devices; • The annual observance of hand washing was completed; • One ethical issue was identified from a treatment plan that was very aggressive for a patient with one week left to live. Dr. Koch spoke with the physician and resolved the issue; • All case managers have passed their national certification for hospice and palliative care. They can assist Dr. Koch with palliative care in the hospital; • Renee's place was given a new logo. They are representing the hospital with schools through the Suicide Task Force; • Hospice spent a lot of time in the community educating staff on POLST Form- the fire department, doctors, and every hospital department, except anesthesia. There is a big push in the states of California, New York, and Hawaii to utilize this form. The form indicates what comfort measures a patient wants done; • The Hospice Fiscal Year 2012 was reviewed; • Mr. Chamblin asked how Hospice recognizes their volunteers; <p>Ms. Hansen mentioned the annual volunteer luncheon.</p>	
<p>c. Facilities Development Plan Quarterly Update- Rick McConn</p>	<p>Mr. Geney presented the Facilities Development Plan Quarterly Update, highlights as follows:</p> <ul style="list-style-type: none"> • The board approved budget to date is \$85,144,079 and the development completed to date is 84% of the board budget to date. The board approved contingency to date is \$838,000. The owner/regulatory scope of modifications that qualify for MC funding include \$1.5 million in placeholders 	



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	<p>for added square footage for SNF and Medical Records in '66 Building, additional tenant improvements for final staff moves, and the South Building Birthing Center;</p> <ul style="list-style-type: none"> • The current projects under construction are on budget; • The modular plant is operating under a temporary certificate for occupancy due to OSHPD insisting upon installation of an additional exit door; • To date we have released 179 prime contracts for construction; • The Facilities Department is awaiting release for permits. They are working on closing files for the Central Energy Plant and one regarding non structural performance approval. They are preparing letters from the architect to sent to them for approval. The plan approval is set for June 4-7 and will need planned approval from OSHPD; • They will be discussing with OSHPD the redesigned package; • Mr. Kahn said that regarding the ED/SPD has OSHPD indicated with a letter that they will approve the permits; • Mr. Geney responded that OSHPD is fine with project in hand and are checking to make sure there are not any outstanding issues; • Mr. Chamblin asked for more information on the contracted disputes and likelihood for outcomes; • Mr. Gross responded that there are two law suits: the first one is approximately \$650,000 from a contractor and the second one is regarding metal with an amount unknown because they keep changing the amounts; • Mr. Geney said we have cleared all disciplines except for the Fire Life Safety Officer. Everything OSHPD needs in 	
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	terms of changes, is being discussed with the contractors.	
15. Board Committee Reports/Recommendations		
A. Finance Committee	<p>Mr. Long stated:</p> <ul style="list-style-type: none"> • The Finance Committee met on Friday, May 24, 2013; • Most financial reports were through March; • The Multi-Specialty Clinics: <ul style="list-style-type: none"> ○ Business was down due to the installation of Epic; ○ Gross revenues were up because of increases in patient charges; ○ Net revenue and expenses were down from budget; ○ The total budget was a little ahead of budget with a positive variance; • Tahoe Forest Hospital's March financials: <ul style="list-style-type: none"> ○ Gross revenues were up a little bit because of high contractual and adjusting gross revenue was down; ○ They had a negative variance of \$60,000; ○ The Ebida line was down \$7,000 from the year to date budgeted; ○ On the Balance Sheet cash was down and Accounts Receivable was up. The AR days and cash on hand were positive from the year to date; • Mr. Mohun requested from Ms. Betts more detail on the contractual allowances and professional fees; • Ms. Betts responded that the shift between inpatient to outpatient is affecting the contractual allowances and is directly related to payer mix. The professional fees are related to legal fees. The financial report for April is still under review and is not close to being strong. The District is 	



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	<p>implementing cost reductive measures internally to help offset by cutting back on overtime, standby, and call back. In the last three months the hospital is not seeing good volumes. The ICU volumes are down significantly in March;</p> <ul style="list-style-type: none"> • Mr. Long said in regards to the separate business entities the solid performers were Hospice and the Children’s Center who both exceeded the budgeted objectives for the year. The Center for Health and Sports Performance exceeded their goal thanks to Physical Therapy; • The Oncology Center is doing extremely well and helping out the bottom line and the PET CT was positive as well; • Mr. Chamblin noted that at last month’s board meeting it was reported that the Board should expect everything to be current by June. He asked Ms. Betts for an update on the progress; • Ms. Betts responded that the goal of cash on hand at 150’s should be attainable and would indicate a recovery from the transition but not a complete recovery; • Mr. Chamblin asked how much of an impact will this be on the District’s bond rating; • Ms. Betts responded that they have made the Standards Performance aware of the transition and the District may move from positive to stable. She indicated that \$1.8 to \$1.2 million spent out of operations will come back from the municipal lease. She anticipates the AR days getting better, but the challenges will be in the oncology accounts and the combined services in multiple areas. 	
<p>B. Governance Committee Meeting –</p>	<p>Mr. Mohun stated:</p> <ul style="list-style-type: none"> • The Governance Committee met on May 22, 2013 and reviewed a good portion of the contracts; 	



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	<ul style="list-style-type: none"> • These contracts were approved earlier this meeting; • The compliance audit was discussed at the meeting. The District's Compliance Program is modeled off of the Office of the Inspector General (OIG). The structure of the program is based off of the seven elements they understand as important for compliance. There will be a designated compliance officer that will work on training and education. When there is a problem, a response and corrective action are being used. There might be more discussion in how the Board approaches complaints. 	
<p>16. Items for Board Discussion And/Or Action</p>		
<p>A. Approval of New IVCH Foundation Board Member, Donald Mason</p>		<p><u>It was moved by Mr. Mohun and seconded by Mr. Long for approval of the new IVCH Foundation Board Member, Donald Mason. The motion was passed unanimously.</u></p>
<p>B. Next steps for Health Care Reform discussion, continued from Joint Board/Medical Staff Meeting on 5/22/13</p>	<p>Mr. Kahn stated:</p> <ul style="list-style-type: none"> • This item was placed on the agenda because of the Joint Board/ Medical Staff Meeting in order for the Board to come up with their own goals and objectives; • In the future, the Board may need to appoint an adhoc committee to work with Mr. Chihos and the administrative team. 	<p><u>Mr. Kahn and Mr. Mohun will meet with Mr. Chihos to discuss the next steps. A full presentation will be made at a future board meeting.</u></p>
<p>C. Discussion regarding Preferred Provider Organization "PPO" Proposal</p>	<ul style="list-style-type: none"> • Mr. Kahn added this agenda item in case further discussion was needed on the PPO from the Joint Board/Medical Staff Meeting; • Dr. Barta requested that details of the PPO be sent out to the medical staff. She said there needs to be more clarity in 	



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	<p>regards to the contracting portion;</p> <ul style="list-style-type: none"> • Mr. Schapper responded: <ul style="list-style-type: none"> ○ The details were reported out a year ago from the resort inquiry. He had shared with the Board that the District was contacted by the resort to resolve an access problem they had in the community. This was brought to the board as a model and was approved to move forward. This has been included in the reports to the medical staff and the board reports; ○ Employers want access to more providers at lower costs. They want to create an alternative model to contract directly with the employer who in turn will direct the payer for how payments are to be made; • Ms. Schapper added that most big health plans have a PPO network. The employee will have to use the employer's health plan. The benefit plan will depend on the employer and each employee contract will have a different provider list; • Mr. Kahn asked Ms. Schapper to provide a summary for the physicians indicating how a PPO might work. The Board would like a copy of the summary when it is dispersed. 	<p><u>Ms. Shapper will work with Dr. Barta on creating a summary for the physicians on how a PPO works. Ms. Schapper will copy the board members.</u></p>
<p>15. Agenda Input For Upcoming Committee Meetings</p>	<p>Quality Committee Finance Committee</p>	
<p>16. Items for Next Meeting</p>	<p>The Board goals will be discussed as a mid year review in June or July.</p>	
<p>17. Board Members Reports/Closing Remarks</p>	<ul style="list-style-type: none"> • The board members and Dr. Coll thanked Ms. McAuliffe for her many years of service and support to the Board and medical staff; • Dr. Sessler recommended online conference for "Science of Safety and Health Care" through Johns Hopkins 	



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	Armstrong University on June 3, 2013.	
18. Closed Session Continued, If Necessary	The meeting reconvened into closed session 8:26 p.m	
19. Open Session	The meeting reconvened into open session at 9:05 p.m.	
20. Report of any Reportable Actions Taken in closed session	Mr. Kahn stated that under potential litigation, the Board rejected an application to file a late claim and a second claim.	
21. Adjourn	The meeting adjourned at 9:07 p.m.	

mcc