



BOARD OF DIRECTORS
BOARD MEETING MINUTES

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
PRESENT AT MEETING:	<p>Board Members: John Mohun, Vice President; Karen Sessler, M.D., Secretary; Larry Long, Treasurer; Dale Chamblin, Board Member</p> <p>Staff: Virginia Razo, PharmD, Chief Operating Officer; Crystal Betts, Chief Financial Officer; Judy Newland RN, Administrator/Chief Nursing Officer; Jeanne McAuliffe, Executive Assistant; Michelle Cook, Administrative Assistant;</p> <p>Others: Steve Gross, Legal Counsel</p>	
1. Call to Order	Mr. Mohun called the meeting to order at 6:00 p.m.	
2. Roll Call	Roll call reflected that four Board Members were present.	
3. Clear the Agenda/Items Not On the Posted Agenda	<ul style="list-style-type: none"> • Mr. Mohun: <ul style="list-style-type: none"> ✓ Cleared the agenda; ✓ Announced the items that will be heard in closed session this evening; • Dr. Sessler requested to move up agenda items 14C-E. 	
4. Input -- Audience Employee Associations	Audience input was sought, but none was offered.	
5. Closed Session:	The meeting proceeded into closed session at 4:00 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 Dr. Sessler and seconded by Mr. Long to approve the closed session minutes of 3/26/13 as presented. Motion carried unanimously.</u></p>
B. Potential Litigation- 2 Cases (Risk Dept.)	Ms. Spaich and Ms. Jones joined the meeting for this agenda item. Discussion was held.	
C. Chief Executive Officer Monthly Performance		



BOARD OF DIRECTORS
BOARD MEETING MINUTES

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
-------------	-------------------------	---

Evaluation		
D. Medical Staff Credentials		It was moved by Mr. Long and seconded by Dr. Sessler to approve the Medical Staff Credentials items 1 (a) – (e) on the Medical Staff Executive Committee agenda and listed in the closed session minutes, as presented and recommended for approval by the Medical Staff Executive Committee. Motion carried unanimously.
6. Dinner Break	A dinner break was taken at 4:30 p.m.	
7. Open Session Call To Order	Mr. Mohun called the open session to order at 6:00 p.m.	
PRESENT FOR OPEN SESSION:	<p>Board Members: John Mohun, Vice President; Karen Sessler, M.D., Secretary; Larry Long, Treasurer; Dale Chamblin, Board Member</p> <p>Staff: Virginia Razo, PharmD, Chief Operating Officer; Crystal Betts, Chief Financial Officer; Judy Newland, RN, IVCH Administrator/Chief Nursing Officer; Jayne O’Flanagan, Director, HR; Martha Simon, Director, Fund Development; Linda Harman, RN, Director, Surgery; Stephanie Hanson, RN, Administrative Director, Home Health/Hospice; Lynn Barr, Chief Innovation Officer; Rick McConn, Facilities Director; Alex MacLennan, Non- Clinical Educator; Jim Sturtevant, RN, Director of Inpatient Services; Wendy Buchanan, Exercise Physiologist; Margaret Leonard, Executive Director, CAREHIN; Ted Owens, Director, Community Development; Paige Thomason, Director, Marketing & Communications; Jeanne</p>	



BOARD OF DIRECTORS
BOARD MEETING MINUTES

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
-------------	-------------------------	---

	McAuliffe, Executive Assistant, Michelle Cook, Administrative Assistant Others Present: Steve Gross, Legal Counsel; Gina Barta, M.D., Chief of Staff	
8. Clear The Agenda/Items Not on the Posted Agenda	The agenda was cleared. Mr. Mohun asked if there were any changes to the posted agenda. There were none.	
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"> ✓ Dr. Coll had shared the draft wording of the Medical Staff's Vision and Mission Statements and this was approved by the Medical Executive Committee; ✓ The physicians approved a \$1,000 educational assistance for Amanda Benzel, a Perioperative Technician in Surgical Services; ✓ The Joint Medical Staff and Board Planning meeting will be held in the Eskridge Conference Room on 5/22/13; ✓ Ms. Razo had updated the physicians on the ICD-10 Training, CPSI, and the T System upgrade; ✓ The Just Culture Medical Staff training will be held on 10/2/13; ✓ The Chief Nursing Officer presented a written report that April is the National Donate Life Month and the nursing staff will be wearing green Donate Life ribbons; ✓ Dr. Keats was concerned about housing observation patients in the Emergency Department due to the timing of the construction and the department being downsized 	



BOARD OF DIRECTORS
BOARD MEETING MINUTES

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
	<p>at the same time;</p> <ul style="list-style-type: none"> ○ Ms. Newland said that Ms. Brink is following up with Dr. Keats; ✓ There was discussion held regarding the interpreter services and the need to get communication out to the physicians. <ul style="list-style-type: none"> ○ Ms. Van Gelder is following up on this issue. <p>Approval of the following items:</p> <ul style="list-style-type: none"> ✓ Pharmacy and Therapeutics Committee Policies and Procedures and Pre-Printed Orders; ✓ Infection Control Committee Policies and Procedures: <ul style="list-style-type: none"> ○ AIPC- 26: Contact Precautions updates ○ AIPC-19: Updates pertaining to Respiratory Care Services ✓ Department of Emergency Medicine: <ul style="list-style-type: none"> ○ Scribe Policy revised ○ Annual Approval of Policies and Procedures (TFH & IVCH) ○ Patient Records for Follow-up ○ EMR <ul style="list-style-type: none"> • Dr. Sessler mentioned that the Board is requesting from Ms. Schnieder a one page executive summary in the future with the Medical Staff Report. They would also like the process outlined for the policy and procedures that come to the Board for review. 	<p><u>It was moved by Dr. Sessler and seconded by Mr. Long to approve the approval items 1 and 2 as listed on the Medical Executive Committee agenda. Motion carried unanimously.</u></p> <p><u>Ms. Schnieder will email the Board Members the policy that outlines the board approval process for policies and procedures.</u></p>
<p>12. Consent Calendar: A. Minutes of Meetings of: 3/26/13;</p>	<p>Mr. Mohun asked if anyone wanted to pull anything from the consent agenda. Dr. Sessler pulled agenda items 12D-E.</p>	<p><u>It was moved by Mr. Long and seconded by Dr. Sessler to approve items 12 A-C as listed</u></p>



BOARD OF DIRECTORS
BOARD MEETING MINUTES

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
<p>B. Financial Report – January and February 2013</p> <p>C. TFH and IVCH Patient Registration Policies and Procedures</p> <p>D. Patient Rights and Responsibilities- California</p> <p>E. Patient Rights and Responsibilities- Nevada</p>		<p><u>on the agenda and in these minutes, as presented. Motion carried unanimously.</u></p>
<p>13. Executive Officer’s Report</p> <p>A. COO Operations Report</p> <p>B. Nursing Report</p> <p>C. Legislative/Community Update</p> <p>D. IVCH Report</p> <p>E. CIO Report</p>	<p>Ms. Razo stated the following in addition to the CEO Report:</p> <ul style="list-style-type: none"> • The organization is in the process of accessing its readiness to move from the Healthcare Facilities Accreditation Program (HFAP) as our accrediting agency to The Joint Commission (TJC) for both Tahoe Forest Hospital and Incline Village Community Hospital (IVCH); • The physicians are working on the ER On-Call structure. There is concern because four of the existing physicians that currently take Medicine ER On-call shifts have expressed a desire to stop taking ER Call, thereby, putting a strain on the remaining physicians covering the hospital. It was recommended by the medical staff for TFH to expand its use of hospitalists. She is working with two entities for three potential options: 1) a partnership with a local entity 2) a partnership with a national entity or 3) build our own model. One of the hospitalists is currently working for the hospital short term until management decides the direction they will take. All contracts related to Hospitalist services will be reviewed by the Board Governance Committee; • Mr. Chamblin asked how the hospital recruits physicians; 	



BOARD OF DIRECTORS
BOARD MEETING MINUTES

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
	<ul style="list-style-type: none"> • Ms. Razo outlined the physician recruitment process; • Ms. Razo said the hospital has surgical needs, due to Dr. Kitts notifying the medical staff of his intent to stop providing elective surgery services. The hospital is working towards a general surgery model that will allow Dr. Kitts to participate as he wishes; • Dr. Barta discussed a potential neurologist candidate. The physician is retiring from his practice and is interested in working part time for the hospital; • Mr. Mohun asked if a neurologist is needs based for our region; • Dr. Barta said a neurologist is needs based because of the long appointment wait time our patients are presented with when they have to go see a neurologist in Reno or Sacramento. <p>Ms. Newland said the Chief Nursing Officer report is in the packet. She did not have any additions to the written report.</p> <ul style="list-style-type: none"> • Mr. Mohun said the Board was impressed with how the hospital eliminated patient falls. He asked Ms. Newland how this was accomplished; • Ms. Newland responded that the methodology was staff driven. Falls were identified in the Nurse Quality Peer Review Council as an area needing improvement within the hospital. They are still in the beginning stage and will continue to have no falls as a long term goal for nursing. 	
<p>14. Presentations/Staff Reports (Discussion and/or Action Possible)</p>		



BOARD OF DIRECTORS
BOARD MEETING MINUTES

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
<p>a. 2012 Home Health Executive Summary</p>	<p>Ms. Hanson reviewed the 2012 Home Health Executive Summary and Report, highlights are as follows:</p> <ul style="list-style-type: none"> • The report summarizes the Home Health Agency Program for the calendar year of 2012, and also covers the requirements of the Federal Conditions of Participation, California Title 22 and the Nevada Administrative Code; • The report consists of an administrative and professional review of the agency based on the Tahoe Forest Health Systems five foundations; • Home Health served a total of 194 unduplicated patients for the calendar year of 2012; <ul style="list-style-type: none"> ✓ The total amount of patients discharged was 196 for the calendar year of 2012; ✓ The total amount of new patients was 228 for the calendar year of 2012; • The department worked hard on controlling and managing the patients more efficiently while maintaining a high level of quality; • Productivity looked really good; this was an issue a few years ago; <ul style="list-style-type: none"> ○ Primary Diagnoses is aftercare orthopedic; ○ They have seen an increase in cancer patients due to the cancer center; • The six clinical quality outcomes are reviewed quarterly; • Readmission data is publically reported out at 14%, with a reported national average of 17%; • The agency is moving forward with new processes to keep patients out of the hospital; • There were no ethical issues or adverse events; • There were six potentially avoidable events that could have 	



BOARD OF DIRECTORS
BOARD MEETING MINUTES

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
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	<p>been avoided per Medicare;</p> <ul style="list-style-type: none"> ○ The events were related to patient falls, patients who develop UTI or incontinence, pressure ulcers, and a patient discharged with an catheter still in place; ○ One of the events upon further investigation, may have been preventable with proper documentation; <ul style="list-style-type: none"> ▪ The Supervisor is following up with staff regarding this event; ● There were no privacy or confidentiality of care issues; ● The agency has enough patients to participate in the HHCAP's Patient Satisfaction Survey, but are having an issue with patients returning the survey because of its length (30 questions); <ul style="list-style-type: none"> ○ The Director reviews each survey to look for trends and areas of satisfaction and improvement with staff; ○ The first year of patient survey results was posted on the Home Health Compare site; ● Mr. Mohun stated the CMS outcome measures are relatively new in regards to readmission. He asked Ms. Hanson what type of patients outside of the hospital does the department admit, and of those patients, what is the percentage of the hospital who initially took care of the patient; ● Ms. Hanson stated: <ul style="list-style-type: none"> ○ The hospital receives patients ranging from Nevada to the bay area; ○ The agency 11 patients readmitted- 8 were discharged from TFH and 3 from other hospitals; ○ 72% were discharge from TFH and readmitted within 30 days; ○ The data she receives from reporting can only have a 	
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BOARD OF DIRECTORS
BOARD MEETING MINUTES

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
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	<p>diagnosis;</p> <ul style="list-style-type: none"> ○ She will need to research to find out if preventable; ○ She mentioned the new procedure for orthopedic hips does not require Coumadin, but did have an increase in DVT readmission: ● Dr. Barta mentioned the importance of making the physicians aware of the hips issue and to communicate the trend with problem physicians; ● Ms. Hanson is looking to be included in the process; ● Mr. Mohun agreed there is a break in the physician communication. He questioned why there were 17 infections for 176 patients, with a ratio exceeding 10%; ● Ms. Hanson stated: <ul style="list-style-type: none"> ○ There were 194 patients with 17 infections. Of the 17 infections, most were due to super pubic catheter issues- four were chronic, and two were colostomies with cross contamination. Multiple patients had the same infection; ○ The second highest infection was due to urinary tract infections not related to foleys; ○ The agency does not track foley pulled in the hospital prior to when a patient goes home; ○ The rest were comprised of the following infections: respiratory infection, skin infection, and thrush related to cancer center patients; ○ They catch infections that could have occurred somewhere else and the patient is now in the home; ● Dr. Barta is working with staff to identify active UTI versus chronic; ● Mr. Mohun stated that if you look at the CMS 30 day rules, 	
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BOARD OF DIRECTORS
BOARD MEETING MINUTES

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
	<p>there are exceptions such as co-morbidity and cancer. The recommendation would include something specific regarding readmission concerns. We need a more concrete view of what we are doing with readmissions;</p> <ul style="list-style-type: none"> • Ms. Newland recommended Ms. Hanson work with Dr. Taylor and Ms. Van Gelder. The Quality Department could define the process. Infections would be reported in the hospital data, for example, an infection from the surgery site; • Mr. Long said that Dr. Bittman at the last medical staff meeting spoke about opportunities to better manage people's health. He asked Ms. Hanson if this has to do with better management of high risk patients; • Ms. Hanson responded that the Nurse Executive Council's goal is to transition the patient home to improve the discharge process. They are working on programs that are similar to Dr. Bittman's model but the patient would not meet the definition of a home health patient; • Dr. Barta recommended that it would be best holistically to work with Dr. Zipkin in the Wellness Neighborhood and Dr. Coll to figure out how to get the best communication with physicians, rather than only Dr. Taylor and Ms. Van Gelder. 	
<p>b. Approval of Home Health Professional Advisory Group</p>	<p>Ms. Hanson requested approval from the Board for the updated Professional Advisory Group for 2013.</p>	<p><u>It was moved by Dr. Sessler and seconded by Mr. Long to approve the Home Health Professional Advisory Group. The motion was passed unanimously.</u></p>



BOARD OF DIRECTORS
BOARD MEETING MINUTES

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
<p>c. Home Health Professional Advisory Group Recommendation to the Board</p>	<p>Recommendations from the Professional Advisory Group:</p> <ul style="list-style-type: none"> • The recommendation was made to work with TFHD to assist with the development of a process to reduce readmissions to hospital; • The recommendation was made to utilize innovative technology to reduce paper work and improve efficiency; • They are not on a work plan list for CPSI but will be for Home Health and Hospice. There will be some communication through EPIC. This would be specifically for them to order for Home Health. They are looking at a program specific to Home Health/Hospice and the possibility of using iPads; • Mr. Mohun suggested that EPIC may be a good platform to work from. 	<p>Ms. Hanson will bring the Hospice Executive Summary to the next Board meeting.</p> <p><u>It was moved by Mr. Long and seconded by Mr. Chamblin to approve the recommendations by the Professional Advisory Group. The motion was passed unanimously.</u></p>
<p>d. Wellness Neighborhood and Community Health Plan Progress Update</p>	<p>Margaret Leonard reported the Wellness Neighborhood Community Health Plan Progress Update, highlights as follows:</p> <ul style="list-style-type: none"> • She presented a summary from the Steering Committee and highlights from the Wellness Neighborhood Update PowerPoint presentation; • There are five different initiatives in the Wellness Neighborhood: <ol style="list-style-type: none"> 1. Primary Prevention (Immunizations, Be Fit, Health Fairs) 2. Chronic Disease Management (Outreach) 3. Dental Care (Cavity Free at 3) 4. Mental and Behavioral Health (Mental Health Providers, SBIRT, Alcohol EDU) 5. Ethic Disparities (Community Liaison, Promotoras, Transportation, Health Fairs) • Immunization Project: <ul style="list-style-type: none"> ○ The Wellness Neighborhood has done a lot of great 	



BOARD OF DIRECTORS
BOARD MEETING MINUTES

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
	<p>work with immunizations;</p> <ul style="list-style-type: none"> ○ The CAIR Registry was done right away with electronic records; <ul style="list-style-type: none"> ▪ TTMG is using CAIR; ▪ The Multi-Specialty Clinics are getting ready for their training; ○ The outreach activities include the kindergarten round-ups and early educator group. Dr. Arth educated the early educator group on the importance of immunizations. As a result, there was an immunization bump in the kindergarten round-ups; ○ The UC Davis nursing students have done a lot of hard work with the local school district on how we use this system. They want to make sure it is being used correctly; <ul style="list-style-type: none"> ● Dr. Sessler was concerned about the 2013 data not being entered, and then making a decision on immunizations from this information; for example, if a child is now 5 years old, then it will take 15 years until we have meaningful data. She asked Ms. Leonard how the data is gathered and entered; ● Ms. Leonard responded they have been using the immunization rates from school reports from Nevada County; work flow issue can be done at the clinical site when the parent comes in. The valuable information is being entered; they utilized the data in Nextgen; ● Dr. Barta mentioned in the EPIC chart some immunizations have been populated but not all have been automatically entered; ● Ms. Leonard said the goal is to improve the data. 	



BOARD OF DIRECTORS
BOARD MEETING MINUTES

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
	<p>Ms. Buchanan reported on the Be Fit Program, highlights as follows:</p> <ul style="list-style-type: none"> • It was piloted at Kings Beach Elementary to decrease childhood obesity; • The goal was to educate and motivate the students and to provide a resource for teachers; • Kings Beach Elementary was not meeting the state physical activity requirement of 200 minutes every 10 days; the schools average was 170 minutes; • The program’s goal was to promote monthly health themes and encourage self reported accountability measurements. • The parents were educated on promoting a culture of wellness; • Teachers reported a 24% decrease in disciplining restless or inattentive students, resulting from the activity bursts; • More parents identified the “limiting screen time” as the most valuable theme of the month; • Students reported an increase in eating breakfast and a decrease in screen time; • This year they have launched the program to all elementary schools in the district; • They tested Kings Beach Elementary against Tahoe Lake Elementary who had no intervention; <ul style="list-style-type: none"> ○ They found Kings Beach Elementary had a lower percentage rate of children who were compared overweight (BMI) to the control group; ○ Kings Beach Elementary had a higher fitness percentage in the one mile run test; ○ They had challenges with getting data from all the teachers; 	<p>Ms. Buchanan will send the Be</p>



BOARD OF DIRECTORS
BOARD MEETING MINUTES

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
-------------	-------------------------	---

	<ul style="list-style-type: none"> ○ They will do a healthy lunch for teachers who turn the tracking forms in; ● They will continue to work with Kings Beach Elementary; ● The full report is available to anyone interested; ● Ms. Razo asked if this general information is available to us publically or by consent; ● Ms. Buchanan said they had to get consent with the school for the fitness data; ● Mr. Chamblin asked if she speculates that some of the teachers are not turning in their tracking forms because they are not compliant with the program; ● Ms. Buchanan replied that some of these teachers may not be compliant with program and others may be compliant but not turning in their tracking forms. They are working with the school district office employees to get standardization at the administrative level; ● Dr. Sessler asked if the community is aware of this program and the hospital's involvement; ● Ms. Buchanan replied that Kings Beach is aware and it is hit and miss with the other schools. Parents did receive a newsletter with the hospital's name attached; ● Dr. Barta recommended a PTA champion for every site; ● Ms. Razo asked if the Be Fit Program was developed by the group or influenced by national programs that have been effective; ● Ms. Buchanan responded that they created the program by sampling from many resources emphasizing activity based curriculum and themes of the month; ● The board members appreciate the data and work gathered for this program. They recommend the data has measurable 	<p>Fit Program to Ms. McAuliffe to place on the portal for the Board.</p>
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BOARD OF DIRECTORS
BOARD MEETING MINUTES

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
	<p>goals.</p> <p>Ms. Leonard gave an updated on the following programs, highlights as follows:</p> <ul style="list-style-type: none"> • Cavity Free at 3 Program: <ul style="list-style-type: none"> ○ The final two pediatric providers were trained; ○ May 18 is Kid's Day; <ul style="list-style-type: none"> ▪ The pediatric providers will be doing fluoride applications and immunizations; • Disparities Program: <ul style="list-style-type: none"> ○ The grant for hiring the Latino Community Liaison was approved; ○ The position was posted at multiple locations and had a poor result in the quality of the applicants; ○ They are splitting the job to be 50% outreach and clinical in order to cast a higher net; • Alcohol EDU Program: <ul style="list-style-type: none"> ○ They will not have data until June; ○ There will be online access for parents to get up to speed with their high school students; • Mental Health Program: <ul style="list-style-type: none"> ○ In the year 2014 there will be more coverage in the area for mental health services; ○ The primary care provider will need to tie into the outreach program and website design; ○ People will be encouraged to get in touch with their primary care provider; ○ They put out a survey for mental health and substance abuse in the Tahoe Truckee community; <ul style="list-style-type: none"> ▪ The online survey deadline is May 26. 	



BOARD OF DIRECTORS
BOARD MEETING MINUTES

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
	<ul style="list-style-type: none"> ▪ Many providers would like to be part of the provider directory; • SBIRT Program: <ul style="list-style-type: none"> ○ A directory will be needed in order to refer patients; ○ The SBIRT training is May 31st with 20 providers in the community; ○ They are trying to learn from Grass Valley, who is three years into their program; • The board members thanked Ms. Leonard for the Wellness Neighborhood update. 	
<p>e. Tahoe Forest Hospital CT Scanner Replacement Project</p>	<p>Mr. McConn presented the CT Scanner Replacement estimate, highlights as follows:</p> <ul style="list-style-type: none"> • The schedule reflects a beneficial occupancy in June 2014; • The CT scanner will be located in the same area as the current one; • Mr. Long asked how the temporary CT scanner will be arranged; • Mr. McConn responded that they are setting up a utility infrastructure to set up with the rental. The temporary will be in a mobile unit outside the main building as was done recently at IVCH. He said you can adapt to what is being left; the power needs seem to change as equipment is upgraded; • Dr. Sessler asked what will be done with the old CT scanner; • Mr. McConn responded that Mr. Stokich will sell the old CT scanner, rather than trade it in, because the hospital will receive a higher return by sale; 	<p><u>It was moved by Dr. Sessler and seconded by Mr. Long for approval of the conceptual project and schedule. The motion was passed unanimously.</u></p>



BOARD OF DIRECTORS
BOARD MEETING MINUTES

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
-------------	-------------------------	---

	<ul style="list-style-type: none"> • He is requesting approval by the Board to move forward with the project. 	
<p>15. Board Committee Reports/Recommendations</p>		
<p>A. Finance Committee</p>	<p>Mr. Long stated:</p> <ul style="list-style-type: none"> • The Finance Committee met yesterday morning and they reviewed the January and February Financial Reports; • They were both relatively positive reports; • Both gross revenues were up due to outpatient visits, charges, and oncology; • Expenses were a little higher because of CPSI; • The contribution to the bottom line were positive in both months; • The year to date net income was right on target; • The theme through both months was high costs related to installation of CPSI; • Despite cash collections being down and accounts receivables being high, the hospital is expecting recovery back to normalcy in July; • The committee will review the March and April Financial Reports next month; • Mr. Long commended the business staff for the great job they did with catching up on the financials during the transition; • Mr. Mohun asked if patients are receiving their statements; • Ms. Betts said the business office is still struggling and are continuing to refine the process. The hospital's cash flow will not be 100% recovered by June 30th; however, the hospital is progressing on schedule for our August catch-up 	



BOARD OF DIRECTORS
BOARD MEETING MINUTES

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
	<p>date. The HIM department has made good progress on coding. The cashiers are behind because the CPSI process is more cumbersome;</p> <ul style="list-style-type: none"> • Dr. Sessler asked if there are concerns with the companies the District contracts out to releasing information; • Ms. Betts said there is some concern, but there are more laws coming with guidelines for vendors; this will hold them more accountable with hospitals. 	
<p>B. Governance Committee Meeting –</p>	<p>Mr. Mohun stated:</p> <ul style="list-style-type: none"> • At the Governance Committee Meeting they had a discussion with Shari Welsh from Quality Matters who did a presentation on the ED On-call; • Mr. Abalona also discussed the law and regulatory controls with regards to on call physicians and how it relates to fair market value. 	
<p>16. Items for Board Discussion And/Or Action</p>		
<p>A. Truckee Surgery Center- Direction from District Board of Directors</p>	<ul style="list-style-type: none"> • Dr. Sessler asked for an update from management on finding a new board member for the Truckee Surgery Center. She was concerned since the Board hasn't had a joint meeting with the Truckee Surgery Center Board for a year and a half. One of the Truckee Surgery Center Board members is asking for more direction from the Board; • Ms. Betts clarified that the appointment of the Truckee Surgery Center board member comes from the Board and not the management staff; • Mr. Mohun recommended the Board meet with the Truckee Surgery Center Board to find out if they are on the same path and to open the channels of communication. They had asked for a number of things from the hospital and he 	



BOARD OF DIRECTORS
BOARD MEETING MINUTES

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
	<p>wanted to make sure they received assistance;</p> <ul style="list-style-type: none"> • Mr. Long recommended this discussion should occur when Mr. Schapper is present because he has been the one meeting with the surgery center; • Ms. Betts updated the Board on the hospital's assistance and relationship with the Truckee Surgery Center, highlights as follows: <ul style="list-style-type: none"> ○ Tim Garcia-Jay joined the hospital as the Executive Director for the Cancer Center and is the liaison for the orthopedic program. He is the liaison for the surgery center board and is working with Mr. Schapper for further direction on this relationship. He is assisting in the development of an orthopedic program and is creating a relationship with the surgery center. If an issue is brought up, he communicates back to Mr. Schapper; ○ The District explored the Truckee Surgery Center's request regarding the District's assistance with third party contracts. Legally, the District cannot participate with negotiations because of a legal conflict, however, the surgery center can be part of the GPO as a separate entity; ○ The District has worked through issues with the surgery center; some were put aside because logistically it was too difficult. Mr. Stokich has assisted in areas where they needed advice and has assisted them with purchasing equipment; ○ Their financials are intermittent and the District hasn't seen anything since November. Internally, discussion has been held about whether the District can take over 	<p><u>Ms. Betts will meet with Mr. Schapper about setting up a</u></p>



BOARD OF DIRECTORS
BOARD MEETING MINUTES

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	<p> this function and bill them for this service which would help get their financials in a timely manner;</p> <ul style="list-style-type: none"> • Mr. Mohun would like the hospital Board to meet with the Truckee Surgery Center Board before the start of their fiscal year. He recommends the Board ask for Mr. Schapper's guidance on which members should participate; • Ms. Betts said the surgery center is already in their new fiscal year as of January. She recommends the Board have a meeting with those members appointed by the District Board for an update on operations. 	<p><u>joint board meeting with the Truckee Surgery Center.</u></p>
<p>B. COC Annual Report</p>	<p>Mr. Chamblin presented the COC Annual Report, highlights as follows:</p> <ul style="list-style-type: none"> • The COC lost Larry Mace, one of their two CPAs; recruitment effort is being made for a replacement; • They reported out last year to the community and they didn't get as much feedback as they had anticipated. The overall survey response from the public was positive; • Dr. Sessler mentioned there may be a conflict of interest with the new member Sarah Wolf because she is also a contractor for the District. 	<p>Mr. Chamblin will check with the COC Committee to make sure there is not a conflict of interest with their new member.</p>
<p>15. Agenda Input For Upcoming Committee Meetings</p>	<p>Surgery Center Governance Committee Finance Committee Personnel Committee</p>	
<p>16. Items for Next Meeting</p>	<p>Closed Session: Annual Summary for Quality Report</p>	
<p>17. Board Members Reports/Closing Remarks</p>	<p>There were none.</p>	
<p>18. Closed Session Continued, If Necessary</p>	<p>The meeting reconvened into closed session at 7:41 p.m. Medical Staff Credential Report.</p>	



BOARD OF DIRECTORS
BOARD MEETING MINUTES

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
19. Open Session	The meeting reconvened into open session at 7:48 p.m.	
20. Report of any Reportable Actions Taken in closed session	Mr. Gross reported, with respect to closed session agenda item 5B regarding potential litigation, that the Board decided by unanimous vote to deny the request to file a late claim.	
21. Adjourn	The meeting adjourned at 8:38 p.m.	

mcc