



TAHOE FOREST HOSPITAL DISTRICT

2016-12-15 Regular Meeting of the Board of Directors

12-15-2016

TTUSD

11603 Donner Pass Rd

Truckee, CA 96161

Meeting Book - 2016-12-15 Regular Meeting of the Board of Directors

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REGULAR MEETING OF THE BOARD OF DIRECTORS

AGENDA

Thursday, December 15, 2016 at 4:00 p.m.

Tahoe Truckee Unified School District (TTUSD) Office
11603 Donner Pass Rd, Truckee, CA

1. **CALL TO ORDER**

2. **ROLL CALL**

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

4. **INPUT AUDIENCE**

This is an opportunity for members of the public to comment on any closed session item appearing before the Board on this agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Clerk of the Board 24 hours prior to the meeting to allow for distribution.

5. **BOARD MEMBER REORGANIZATION**

Administer oaths of office to newly elected Board Members.

6. **CLOSED SESSION**

6.1. **Hearing (Health & Safety Code § 32155) ♦**

Subject Matter: Report of quality assurance/medical audit committee

6.2. **Report Involving Trade Secrets (Health & Safety Code § 32106(c)) ♦**

Proposed New Program and Service: Two (2) items

Estimated date of public disclosure: 12/31/2016

6.3. **Conference with Real Property Negotiator (Gov. Code § 54956.8) ♦**

Property Addresses: 10833 Donner Pass Road, Truckee, CA; 10875 Pioneer Trail, Truckee, CA

Agency Negotiator: Rick McConn

Negotiating Parties: Chris Hinkel, Sotheby's Realty; Hidden Lake Properties, Inc. dba Pioneer Commerce Center

Under Negotiation: Price & Terms of Payment for property

6.4. **Report Involving Trade Secrets (Health & Safety Code § 32106(c)) ♦**

Proposed New Program: Four (4) items

Estimated date of public disclosure: 12/31/2017

6.5. **TIMED ITEM – 5:30PM – Hearing (Health & Safety Code § 32155) ♦**

Subject Matter: Medical Staff Credentials

6.6. **Approval of Closed Session Minutes ♦**

11/17/2016

7. **DINNER BREAK**

APPROXIMATELY 6:00 P.M.

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
December 15, 2016 AGENDA– Continued

8. OPEN SESSION – CALL TO ORDER

9. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

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

11. INPUT – AUDIENCE

This is an opportunity for members of the public to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Board cannot take action on any item not on the agenda. The Board may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

12. INPUT FROM EMPLOYEE ASSOCIATIONS

This is an opportunity for members of the Employee Associations to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes.

13. ACKNOWLEDGMENTS

13.1. TFHD Board of Directors Recognition of Service

13.2. December Employee of the Month ATTACHMENT

13.3. Employee of the Year ATTACHMENT

14. MEDICAL STAFF REPORT ♦

14.1 Medical Staff Report ♦ ATTACHMENT

14.1.1 Medical Executive Committee Agenda

14.1.2 Credentialing Applications in Progress

15. CONSENT CALENDAR ♦

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

15.1 Approval of Minutes of Meetings ♦

15.1.1 11/17/2016 ATTACHMENT

15.2 Staff Report(s)

15.2.1 CIO Board Report ATTACHMENT

15.2.2 CNO Board Report..... ATTACHMENT

15.2.3 COO Board Report ATTACHMENT

15.3 Contract(s)

15.3.1 Shawni Coll, DO; Chief Medical Officer Administrative Services Agreement . ATTACHMENT

15.3.2 North Tahoe Anesthesia Group Amendment ATTACHMENT

15.3.3 Jacob Blake, MD; Pain Management Professional Services Agreement ATTACHMENT

15.3.4 Andrew Ringnes, MD; On Call Coverage Agreement Amendment ATTACHMENT

15.3.5 Joseph Logan Norris, BOCO; Independent Contractor Agreement ATTACHMENT

15.4 IVCH Foundation Board Members ATTACHMENT

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
December 15, 2016 AGENDA – Continued

16. ITEMS FOR BOARD DISCUSSION AND/OR ACTION ♦

16.1 Tahoe Institute for Rural Health Research, LLC ♦

Board will consider for approval an increase to TIRHR, LLC line of credit and operational plan.

16.2 Patient Navigation Update ATTACHMENT

The Board will receive an update on Patient Navigation activities within the District.

16.3 Contracts ♦

16.3.1 Professional Services Agreement with Moss Adams for financial analysis of service options

16.3.2 Master Services Agreement: Tahoe Forest Hospital District services provided to Tahoe Forest HealthCare Services ATTACHMENT*

16.3.3 Master Services Agreement: Services provided by Tahoe Forest HealthCare Services to Tahoe Forest Hospital District ATTACHMENT*

16.4 2017 CMS Core Measure Quality Metric Review ATTACHMENT

The Board will receive in information report on the proposed 2017 CMS Core Measure Quality Metrics

16.5 Resolution 2016-11 Incentive Compensation to CEO ♦ ATTACHMENT

The Board will review and consider for approval a resolution authorizing the payment of incentive compensation to the CEO pursuant to the CEO’s Employment Agreement for fiscal year 2015-2016.

16.6 Resolution 2016-12 Provide Initial Capitalization of Tahoe Forest HealthCare System ♦

..... ATTACHMENT*

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

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

18.1. Community Benefit Committee Meeting – No Meeting held in December.

18.2. Governance Committee Meeting – No Meeting held in December.

18.3. Finance Committee Meeting – No Meeting held in December.

18.4. Quality Committee Meeting – 11/22/2016 ATTACHMENT

18.5. Personnel Committee Meeting – No meeting held in December.

19. INFORMATIONAL REPORTS

These reports are provided for information only and not intended for discussion. Any Board Member may request discussion on an item, additional information from staff related to items included in a report, or request a topic be placed on a future agenda for further discussion.

19.1. CEO Strategic Updates ATTACHMENT

CEO will provide updates related to his key strategic initiatives.

20. ELECTION OF OFFICERS ♦

Election of the 2017 President of the Tahoe Forest Board of Directors will take place. The new Board President will then preside over the election of the TFHD Vice President, Secretary and Treasurer for the 2017 calendar year.

21. BOARD COMMITTEE REVIEW ATTACHMENT

The Board of Directors will review the Board Committees for future appointment at the January 26, 2017 Board Meeting.

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
December 15, 2016 AGENDA– Continued

22. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS

23. ITEMS FOR NEXT MEETING

24. BOARD MEMBERS REPORTS/CLOSING REMARKS

25. MEETING EFFECTIVENESS ASSESSMENT..... ATTACHMENT

The Board will identify and discuss any occurrences during the meeting that impacted the effectiveness and value of the meeting.

26. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is January 26, 2017 at 11603 Donner Pass Rd., Truckee, CA. A copy of the Board meeting agenda is posted on the District's web site (www.tfhd.com) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting.

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

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

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



**Employee of the Month, December 2016
Ann Ajari, Social Worker- Wellness Neighborhood**

We are honored to announce Ann Ajari, Social Worker, Wellness Neighborhood as our December Employee of the Month. Ann always acts with the upmost kindness and compassion towards our patients, especially when dealing with difficult patients and family dynamics. She is determined to find a solution to any problem that arises and will go to great lengths to make a patient happy. Ann maintains a calm and reflective attitude throughout her work with patients as well as co-workers and is always reminding those around her to look at a problem from all sides.

Ann demonstrates excellence in all that she does from answering her cell phone 24/7 about patient issues, to going out of her way to find transportation and housing for a disabled patient that needed chemotherapy and radiation treatments for 7 weeks. Ann is a steward to all those around her. She is aware of all the community resources available in order to best provide services to those in need. Ann is a wonderful team member who provides advice and help as a teacher and leader in her field.

Ann meets and exceeds the definition of the TFHS mission and values but most of all has been an asset to our hospital with her caring and compassionate demeanor and willingness to go the extra step to provide the best service she can.

Please join us in congratulating all of our Terrific Nominees!

**Barbara Widder- Administrative Assistant, Nursing Admin
Lynn Gordon- Medical Assistant, Cancer Center**



2016 Employee of the Year
Ann Ajari, Social Worker- Wellness Neighborhood

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Ann meets and exceeds the definition of the TFHS mission and values but most of all has been an asset to our hospital with her caring and compassionate demeanor and willingness to go the extra step to provide the best service she can.

TAHOE FOREST HOSPITAL DISTRICT

MEDICAL EXECUTIVE COMMITTEE

CONFIDENTIAL
 PLEASE DO NOT REPRODUCE OR DISTRIBUTE
 This is a Medical Staff Committee document protected by Sec. 1157 of the Calif. Evidence Code

MEDICAL EXECUTIVE COMMITTEE
Thursday, December 15, 2016

REFERRED BY:	ITEMS	OVERHEAD/ ATTACHMENT	RECOMMEND
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MEDICAL STAFF			
A motion was made, seconded, and carried to recommend approval of the following to the Board of Directors:			
1. Executive Committee	<p>The Executive Committee recommends approval of the following new telemedicine service at TFH:</p> <ul style="list-style-type: none"> ➤ Telemedicine Service: UC Davis – PEANUT Program <p>Allows 24/7 neonatal telemedicine services for TFH patients from physician specialists at UC Davis Medical Center. These physician specialists, neonatologists, pediatric intensivists, and pediatric cardiologists, were approved by the Board as telemedicine providers during the November Board of Director’s meeting.</p>		Recommend approval
2. Locum Tenens and Credentialing	<p>Below is in response to the November 17 Board of Director’s meeting during which the Board chair requested a report on how the credentialing process is performed for a physician who applies to work as a locum tenens:</p> <p>A physician who applies for temporary privileges to cover for another physician for an expected absence is considered a locum tenens physician and may be considered for privileges for up to 90 days.</p> <p>The credentialing process for an applicant applying to work as a locum tenens physician is the same process as it is for an applicant who is requesting full time, active staff membership and privileges.</p> <p>The medical staff credentialing process is just as thorough with an application for locum tenens (temporary privileges) as it is for any other application.</p>		Informational



**TAHOE
FOREST
HOSPITAL
DISTRICT
MEDICAL STAFF**

**TAHOE FOREST HOSPITAL DISTRICT
Credentialing Applications in-Process
December 5, 2016**

Applicant [Specialty/Practice Assoc]	TFH TRUCKEE [Category]	Temp Privileges	IVCH INCLINE VILLAGE [Category]	Temp Privileges
Robert Floyd, MD Emergency Medicine	N/A	N/A	Courtesy	N/A
Christina Grayson, PA-C Emergency Medicine	AHP	None	N/A	N/A
Paul Haeder, MD Orthopedic Surgery	ACTIVE	None	N/A	N/A
Corey Maas, MD Otolaryngology/Plastics	COURTESY	None	N/A	N/A
Frank Pepe, PA-C Emergency Medicine	AHP	None	N/A	N/A
Jaime Shuff, M.D., Radiation Oncology/MSC	COURTESY	None	N/A	N/A
Jessica Starr, PA-C Emergency Medicine	AHP	None	N/A	N/A



REGULAR MEETING OF THE BOARD OF DIRECTORS

DRAFT MINUTES

Thursday, November 17, 2016 at 4:00 p.m.

Tahoe Truckee Unified School District (TTUSD) Office
11603 Donner Pass Rd, Truckee, CA

1. CALL TO ORDER

Meeting was called to order at 4:06 p.m.

2. ROLL CALL

Board: Charles Zipkin, M.D., Board President; Gregory Jellinek, M.D., Vice President; Dale Chamblin, Treasurer; John Mohun, Secretary; Karen Sessler, M.D., Board Member

Staff: Harry Weis, Chief Executive Officer; Crystal Betts, Chief Financial Officer; Jake Dorst, Chief Information Officer; Judy Newland, Chief Operating Officer; Janet Van Gelder, Director of Quality and Regulations; Ted Owens, Executive Director of Governance and Business Development; Sarah Jackson, Executive Assistant; Cindy Winn, Fox Group; Jayne O'Flanagan, Chief Human Resources Officer; Alex MacLennan, Director of Human Resources; Jean Steinberg, Director of Medical Staff; Jeff Dodd, MD, Chief of Staff; Scott Baker, Executive Director of Physician Services; Tammi Allowitz; Shawni Coll, DO;

Other: David Ruderman, Assistant General Counsel; Dr. Gregg Paul; Randy Hill;

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

None

4. INPUT AUDIENCE

No public comment was received.

Open Session recessed at 4:07 p.m.

5. CLOSED SESSION

Discussion was held on privileged items.

Open Session reconvened at 4:46 p.m.

President Zipkin announced Item 21.1 would be moved to Item 5.6 in Closed Session.

Open Session recessed at 4:47 p.m.

6. DINNER BREAK

APPROXIMATELY 6:00 P.M.

7. OPEN SESSION – CALL TO ORDER

Open Session reconvened at 6:00 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

No reportable action was taken on Items 5.1., 5.2. and 5.3. Items 5.4 and 5.5 were approved by the Board of Directors by unanimous vote. No reportable action on item 21.1.

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

Item 21.1 became item 5.6 in Closed Session.

10. INPUT – AUDIENCE

None public comment was received.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

No public comment was received.

12. ACKNOWLEDGMENTS

12.1. Jen Tirdel was awarded TFHD's November Employee of the Month.

12.2. IVCH named a 2016 Press Ganey Guardian of Excellence Award Winner for patient experience in the Emergency Room.

13. MEDICAL STAFF REPORT ♦

13.1 The Medical Staff Report and recommendations were reviewed by Dr. Dodd.

Discussion was held.

ACTION: Motion made by Director Sessler seconded by Director Zipkin, to accept the Medical Staff Report as presented.

No public comment received.

AYES: Directors Sessler, Mohun, Chamblin, Jellinek and Zipkin

NAYS: None

Abstention: None

14. CONSENT CALENDAR ♦

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

14.1. Approval of Minutes of Meetings

10/27/2016

14.2. Financial Report

14.2.1. Financial Report- October 2016

14.3. Tahoe Forest HealthCare Services By-Laws

14.3.1. TFHCS By-Laws

14.4. Staff Reports

14.4.1. CIO Report

14.4.2. CNO Report

14.4.3. COO Report

ACTION: Motion made by Director Jellinek, seconded by Director Sessler, to accept the Consent Calendar as presented.

No discussion was held.

AYES: Directors Sessler, Mohun, Chamblin, Jellinek and Zipkin

NAYS: None

Abstention: None

15. ITEMS FOR BOARD DISCUSSION AND/OR ACTION

15.1. Compliance Update

The Board of Directors will review and consider the Compliance Committee Report.

Cindy Winn of The Fox Group presented the Open Session Compliance Committee Report.

Discussion was held.

15.2. Side Letter Agreement for Employee Association Gain Sharing ◆

The Board of Directors will review and direct Administration to execute the Side Letter Agreement that has been approved by the Employee Association.

Jayne O’Flanagan, Chief Human Resources Officer, presented the Gain Sharing proposals.

Discussion was held.

ACTION: Motion made by Director Sessler, seconded by Director Chamblin, to direct Administration to execute the Side Letter Agreement.

AYES: Directors Sessler, Jellinek, Zipkin, Chamblin, Mohun

NAYS: None

Abstention: None

15.3. Side Letter Agreement for Employee Association of Professionals Gain Sharing ◆

The Board of Directors will review and direct Administration to execute the Side Letter Agreement that has been approved by the Employee Association of Professionals.

Jayne O’Flanagan, Chief Human Resources Officer, presented the Gain Sharing proposals.

Discussion was held.

ACTION: Motion made by Director Sessler, seconded by Director Chamblin, to direct Administration to execute the Side Letter Agreement.

AYES: Directors Sessler, Jellinek, Zipkin, Chamblin, Mohun

NAYS: None

Abstention: None

15.4. Audit Firm Contract with Moss Adams

The Board of Directors will review the engagement letter agreement presented by Moss Adams and may direct Administration to execute the agreement.

Director Chamblin discussed the proposed contract with Moss Adams.

Discussion was held.

ACTION: Motion made by Director Chamblin, seconded by Director Jellinek, to direct Administration to execute the Engagement Agreement after legal review.

AYES: Directors Sessler, Jellinek, Zipkin, Chamblin, Mohun

NAYS: None

Abstention: None

16. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

None.

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

17.1. Community Benefit Committee Meeting – No meeting was held in November.

17.2. Governance Committee Meeting – 11/16/2016.

17.3. Finance Committee Meeting – 11/17/2016.

17.4. Quality Committee Meeting – No meeting was held in November.

17.5. Personnel Committee Meeting – No meeting was held in November.

18. INFORMATIONAL REPORTS

These reports are provided for information only and not intended for discussion. Any Board Member may request discussion on an item, additional information from staff related to items included in a report, or request a topic be placed on a future agenda for further discussion.

18.1. CEO Strategic Updates

Mr. Weis presented his CEO Strategic Update.

Discussion was held.

19. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS

- CEO Incentive Compensation Discussion
- Receive an informational update on locums tenens services at Tahoe Forest Hospital.

20. ITEMS FOR NEXT MEETING

- Director Zipkin advised that the next regularly scheduled board meeting will be on 12/15/2016 which is one week early due to the Holidays.

21. **CLOSED SESSION**

This item was moved to Closed Session 5.6.

22. **OPEN SESSION – CALL TO ORDER**

n/a

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

n/a

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

- Director Chamblin advised there would be no financial report in December 2016.
- Ms. Van Gelder would like to recognize both Director Sessler and Director Mohun for their many years of public service.

25. **MEETING EFFECTIVENESS ASSESSMENT**

No discussion was held on this item.

26. **ADJOURN**

Meeting adjourned at 6:38 p.m.



Board Informational Report

By: Jake Dorst
CIO

DATE: 12/12/2016

STRATEGIC INITIATIVE 4.3

Develop a long-range IT EMR plan (3-10 years) to optimize potential strategic technology investments and execute after approval from the Board of Directors.

Mercy Epic

- Discovery documentation in progress. Lots of it!
- ED ASAP Webex scheduled for next Monday.
- Mercy on site week of Dec 12. Many meetings.
- Team meetings all have begun.
- Working on identification of all interfaces.

Tahoe Forest Women's Center

- Second call with OCHIN for billing options
- Will likely keep our current OCHIN Epic build until Mercy and adjust billing at the clearinghouse level.

NTO Press Ganey

- Initial work with EMA and Advanced MD (North Tahoe Orthopedics) to identify how we will get the data for PG from these systems was started.
- Will need to create file load from identified data for the clinic.

CancerLinQ

- Data validation beginning.
- Go live for providers in January

Varian (Cancer Center) Upgrade

- Version upgrade load to test ran into a data base issue that is being worked on with Varian.

Powerscribe 360 Upgrade: Nuance voice recognition software for Radiologists

- Upgrade loaded to our test server on Tuesday.
- Go live date set for February 13, 2017



Board CNO Report

By: Karen Baffone, RN, MS
Chief Nursing Officer

DATE: December 2016

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

Orthopedic Services: We have completed implementation of the “Boot Camp” for total joint replacements. This is an educational component of our program that has the goal of preparing patients for their surgery as well as incorporating discharge planning for those with pending surgery. We are also attempting to accomplish all of the necessary pre-operative work with just one visit and will eventually have services that will come to the patient to create a “one stop” pre-op visit versus having the patient travel from department to department. We will be hiring a full-time navigator that will attend to all of our total joint patients for a streamline process of moving through our System as well as the various venues of care. Follow up to our new programming will be addressed through our Patient-Family Advisory Council (PFAC).

Navigation Services: Patient Navigation implementation is scheduled for January 9, 2017. Our initial evaluation of this program will extend through the ski season with further expansion into the next fiscal year. This program will provide a “one call does it all” process for patients/families that are visiting our area or for those patients that are a part of our community. Refer to the power point presentation. Multiple members of the management team have been attending education at the University of Colorado. We will continue to educate our patient navigators and seek further involvement with this program with the California Hospital Association and the California Critical Access Hospital Network (CCAHN).

Strategy Five: “Just Do It” Continue to show measureable annual improvements in Quality, and Patient Satisfaction.

Blue Life: The Population Health programming continues to work with the CIO to expand the bluelife platform to include data for review of patient biometrics that are consistent with Chronic Disease Management. We have several organization that shown interest in having bluelife as their platform that would provide a consistency through organizations in Northern California.

Patient Safety: Safety rounds have continue for the quarter. These rounds are completed on both the day and night shifts with the nursing leadership team. Staff have used the rounding tools and the frequency of completion has increased as nursing leadership rounding is hard-wired into the system.

PRIME: The second quarter of reporting for the PRIME projects (Chronic Non-malignant Pain Management and Million Hearts) is due at the end of this month. All metric completion for the

quarter is expected and will be submitted as required. TFHD will be working with UC Davis to provide physician education related to chronic pain management.

Patient Satisfaction: We continue to develop our patient satisfaction program with the Quality Department. Our focus will be on the Priority Index as identified by the Press Ganey survey results. We will also focus on a more scripted pattern of communication to ensure that nursing is consistent with best practice Patient Satisfaction.

The Joseph Family Center for Women and Newborn Care for the second consecutive year has earned the 2017 Women's Choice Award as one of America's Best Hospitals for Obstetrics.



Board COO Report

By: Judith B. Newland

DATE: December 2016

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

The IVCH Laboratory Department had a successful COLA Accreditation survey. The survey occurs every two year over a one day period. The purpose of the survey is ensure compliance with clinical laboratory regulatory requirements, maintain accuracy of test results, and have a comprehensive scientific review of lab standards. The COLA survey was then followed by an unannounced CMS validation survey by the state of Nevada. A CMS validation survey reviews and monitors the surveying of the COLA accreditation program to assuring regulatory compliance. This was also a positive survey for IVCH. Congratulations to the Laboratory Department staff for two successful surveys.

We are in the process of recruiting for a Director of Foundation and Community Outreach at Incline Village Community Hospital. Betsy Kinsley, our current Director, has resigned from the position and will be moving out of the area. Betsy has been a dedicated and committed leader to IVCH and has increased our outreach program to the community. She will be missed and wish her the best in her new venture.

Construction projects:

1. At Incline Village Community Hospital (IVCH), the siding is completed. The second floor improvement project of the Multispecialty Clinic space is in Phase 3 with which includes new registration, waiting rooms and office areas.
2. At Tahoe Forest Hospital, the Measure C project for Dietary and Joseph Family Women and Newborn Care unit are waiting for Temporary Certificate of Occupancy from OSHPD. Both units have prepared for the move and look forward to occupying their new space. The Helipad will open once the Temporary Certificate of Occupancy from OSHPD is received.

Develop solid connections and relationships within the communities we serve.

A freshman Core 101 class at Sierra Nevada College (SNC) this semester selected IVCH as their community non-profit to provide recommendation for increasing communication and marketing of IVCH health care clinic services to the SNC students. Plans were created that outlined recommendations for promoting IVCH and health care services to their fellow SNC students. Titles included, “Students biggest Lack of Information – Healthcare”, “Promoting IVCH”, and “Educational Health Outreach for the College-Aged Demographic.” We will be utilizing some of their recommendations to improve communication of health care services to the SNC students.

Creating and implementing a New Master Plan

The Master Plan development continues with focus on clinical space for physicians, hospital activities and critical parking needs. Key stakeholders have been engaged to gain knowledge of future needs in 3, 5 and 10 years.

15.3. Contracts

Contracts redacted.

Available for public viewing via a Public Records request.



**INCLINE
VILLAGE
COMMUNITY
HOSPITAL
FOUNDATION**

**FOUNDATION
BOARD**

OFFICERS

Warren Kocmond
President

Mary Ansari
Secretary

Gerry Eick
Treasurer

MEMBERS

Dave Collins

Gary Finch

Kevin Hanna

Skip Heynen

Stuart Jed

Shane Johnson

Roger Kahn

Bob Kennedy

Ralph Kuhn

Margo Lalchandani

Donald Mason

Sean O'Neal

Jonathan Smith

Harry Weis
TFHS CEO

Charles Zipkin, MD
TFHD Board Liaison

Nan Healy &
Joan Hagy
NLTCHC Auxiliary

Judy Newland
IVCH Administrator

Betsy Kinsley
Foundation Director

Date: December 7, 2016

To: Tahoe Forest Hospital District Board of Directors via
COO/IVCH Administrator Judith Newland

From: Dave Collins, Chair, Nominating and Governance Committee
IVCH Foundation Board of Directors

Subject: Request for approval of new IVCHF Board Member terms and Returning Board
Member term renewals

Dear Tahoe Forest Hospital District Board Members,

At the October 10, 2016 IVCHF board meetings there was unanimous approval of the following actions and we respectfully request that the Tahoe Forest Hospital District Board ratify the following actions:

**2017 INCLINE VILLAGE COMMUNITY HOSPITAL FOUNDATION BOARD
ELECTIONS**

**MOTION FOR REAPPOINTMENT OF BOARD MEMBERS, (3-year term, effective
January 2017):**

Margo Lalchandani: Board Member Since 2004, Term 4 expires on 1/1/2017.

Mary Ansari: Board Member Since 2005, Term 4 expires on 1/1/2017.

Bob Kennedy: Board Member Since 2005, Term 4 expires on 1/1/2017.

Roger Kahn: Board Member Since 2014, Term 1 expires on 1/1/2017.

Skip Heynen: Board Member Since 2014, Term 1 expires on 1/1/2017.

**MOTION FOR APPOINTMENT OF NEW BOARD MEMBERS (3-year term,
effective January 2017):**

Lindsay Hardie

Michael Lacey

(Bios and/or resumes attached)

MOTION FOR APPOINTMENT OF OFFICERS (1-year term):

Gerry Eick, *President*

Jonathan Smith, *Vice President*

Mary Ansari, *Secretary*

Kevin Hanna, *Treasurer*

Depending IVCHF board approval at their December 12, 2016 meeting, we also respectfully request that the Tahoe Forest Hospital District Board ratify the following actions:

MOTION FOR APPOINTMENT OF NEW BOARD MEMBERS (3-year term, effective January 2017):

Nan Healy

Susanna Kintz

(Bios and/or resumes attached)

Respectfully submitted on behalf of the IVCH Foundation Nominating Committee (Dave Collins, Margo Lalchandani, Mary Ansari, Warren Kocmond, and Shane Johnson)

cc: Betsy Kinsley, IVCH Foundation Director

Lindsay Fletcher Hardie, PhD is a licensed clinical psychologist and received her degree from the University of Nevada, Reno in 2011. She is a mother of two young children and has lived in Incline Village for the past five years. She discovered Tahoe's Connection Families (TCF) as a new mom and found the support she needed to navigate the challenges that come with being a new parent. TCF is a non-profit that provides programs for care-givers and their children ages birth to five years old. She has been serving on the Board of Directors at TCF since 2013 and has been Board President since January 2016. Her husband is co-founder of a non-profit, the Tahoe Institute for Natural Science. Together they support local organizations such as the Tahoe Fund, Classical Tahoe, and Project Mana. She plans to start a private practice when her children are a bit older. She loves hiking, running, travel, skiing, spending time with family and friends, and practicing Buddhist meditation.

Curriculum Vitae (9/27/16)

Mike Lacey, M.D.

Personal Date of Birth: June 12, 1955
Date

Marital Status: Married

Interests Surgical Pathology, Hematopathology, Cytology, Immunohistochemistry

Education 1981 M.D.: Creighton University, Omaha, NE
 1877 B.S.: Creighton University, Omaha, NE
 1973 High School
 St. Dominic, O'fallon, MO

Residency 1981- 1985: Anatomic and Clinical Pathology, University of Wisconsin,
Madison, WI

Employment 6/1999-present: Medical Director, Cell Marque Corp., Rocklin, CA
(Specializing in Immunohistochemistry). This position has been
responsible for research and development, and/or evaluation and
subsequent marketing of some 130 antibody and associated products used
in the IHC technique.

12/1989-4/1999: President, National Park Pathology: Staff Pathologist at
National Park Medical Center, Hot Springs, AR
Duties – Solo Anatomic Pathology practice.

7/1987-8/1998: Medical Director of the Laboratory, National Park
Medical Center, Hot Springs, AR
Duties – Laboratory management, Quality Control/Quality improvement
responsibility for Blood Bank, Clinical Chemistry, Microbiology,
Hematology, phlebotomy

10/1986-5/1987: Medical Director of Laboratory; St. Joseph's Regional
Medical Center, 100 Whittington ave., Hot Springs, AR

6/1985-5/1986: Staff Pathologist, Gulf Coast Pathologists: Coverage of 4
Community Hospital Laboratories and Anatomic Pathology services.

1984-1985: Attending Physician, Biologic Products, Madison, WI

1978-1980: Manager, Phi Chi Fraternity, Omaha, NE

1976-1977: Respiratory Therapist, St. Joseph's Memorial Hospital, Omaha, NE

Positions Adjunct Assistant Professor in Dept. of Pathology; University of Arkansas for Medical Sciences (9/2004)

Licensure Medicine and Surgery: Arkansas
Private Pilot Certificate (1983), Instrument rating (1995)

Board

Certification Anatomic and Clinical Pathology: Nov. 1985

Committees Infection control committee: National Park Medical Center, 1988-1999 (Chairman; 1993-1999)
Medical records committee: National Park Medical Center, 1988
Quality assurance committee: National Park Medical Center 1988-1993
Continuing education committee: National Park Med Center 1993-1999 (Chairman 1994-1999)
Quality assurance committee: St. Joseph's Regional Health Center
Patient support committee: St. Joseph's Regional Health Center
Tissue and Transfusion committee: Oak Hill Community Hospital

Publications A Three-Month-old Infant with Seizures, Hypoglycemia, and Apnea: Russell W. Chesney, Richard J. Sveum, Michael Lacey, Sunita Arya, Thomas Saari, Stanley Berlow, Ralph Ellefson, Enid F. Gilbert, Gerard B. O'Dell and John Opitz: Am J Med Genetics 16:373-388 (1983)

Information Materials Cell Marque corp. catalog and reference guide – Vol. 9 (2010), Vol. 7 (2003), Vol. 6 (2001-2), Vol. 5 (2000)

Research

Experience "They Polycyanoethylation of Cyclohexanone" (March, 1977); Mentor-K.H. Takamura PhD., Dept. of Chemistry, Creighton University, Omaha, NE

Post-Chemotherapeutic Bone Marrow interpretation: Staff Pathologist-Gholam Reza Hafez, M.D., Dept. of Surgical Pathology, Univ. of Wisconsin, Madison, WI

Society

Memberships Institute for Latin American Concern 1980
Phi Chi Medical Fraternity 1977-1980
Wisconsin Citizens Concerned for Life 1982-1985

College of American Pathologists: Fellow 1985-2005
American Society of Clinical Pathologists 1987-2000
American Medical Association 1985-1987
Experimental Aviation Association 1981-2011
Pasco County Right to life 1986
Hold Every Life Precious 1987
Arkansas Right to Life 1986-1999; Board member 1986-1999
Civil Air Patrol, Sun Coast Squadron 1986

Honors Dean's List, Creighton University, 1973

Continuing Education Conferences

United States and Canadian Academy of Pathology
March 12-18, 2016, Seattle, WA
March 21-27, 2015, Boston, MA
March 1-7, 2014, San Diego, CA
March 2-8, 2013 Baltimore, MD
March 17 – 20, 2012, Vancouver, Canada
Feb. 26 – March 4, 2011 San Antonio, TX
March 20 – 26, 2010 – Washington, D.C.
March 9 – 11, 2009 – Boston, MA
March 24 – 30, 2007 – San Diego, CA
Feb. 12 – 17, 2006 – Atlanta, GA
Feb/March, 2005 – San Antonio, TX
March, 2004 – Vancouver, B.C.
March, 2003 – Washington, D.C.
March, 2001 - Atlanta, GA
March, 2000 – New Orleans, LA
March, 1999 – San Francisco, CA

UAMS Anatomic Pathology Conference
8th (Oct., 2005) – Little Rock, AR
7th (Sept. 2004) – Little Rock, AR
6th (Oct., 2003) – Little Rock, AR
5th (Oct., 2002) – Little Rock, AR
4th (Oct., 2001) – Hot Springs, AR

Texas Society of Pathology Meeting
Jan. 20-22, 2006, Houston, TX
Jan. 2005 – Austin, TX
Jan. 2004 – Dallas, TX
Jan. 2003 – Ft. Worth, TX
Jan. 2002 – Houston, TX

Florida Society of Pathologists Meeting
Jan. 27-29, 2006 – Orlando, FL

California Society of Pathologists Meeting

Nov. 27 - Dec. 1, 2012, San Francisco, CA (20.0 Hrs.)
Nov. 29, 2011 – San Francisco (24.5 Hrs)
Nov. 30, 2010 – San Francisco (22 Hrs)
Dec. 2, 2009 – San Francisco (12 Hrs)
Dec. 3-5, '08 – Los Angeles (13 hrs)
Dec., '07 – San Francisco, CA
Dec., 2004 – San Francisco, CA
Dec., 2003 – San Francisco, CA

ASCP/CAP

Oct. 2000 – San Diego, CA

Houston Society of Clinical Pathologists

45th (April 9, 2005) – Omni Houston Hotel, TX

First through 4th Annual International Course on Applied Immunohistochemistry
and Molecular Morphology

Jan. 23 – 28, 2010 Boca Raton, FL (20 Hrs.)
Jan. 26 – 29, 2009 Duck Key, FL
Second AIMM Course
Jan. 28 – Feb. 1, 2008, Santa Barbara, CA
Jan. 23 – 26, 2007 Duck Key, FL

Presentations

Louisiana Society of Histology

- “Latest IHC Applications” - May, 2004 – New Orleans, LA

Nan Healy

Nan Healy moved to Incline Village in 1991 from Bloomfield Hills, Michigan, where her husband John, had worked for Ford Motor Company for 30 years. They were married in 1958. They have two children and two grandchildren. Nan grew up in Dhahran, Saudi Arabia where her father worked for Arabian American Oil (now the Saudi Arabian Oil Co.) She graduated from Skidmore College with a B.S. Nan worked as an Executive secretary at Hughes Semiconductor and at First National Bank, Boston. She has been a PTA volunteer in three foreign countries, past President and Treasurer of the Women's Club of North Lake Tahoe, and is Co-President of the North Lake Tahoe Community Health Care Auxiliary at Incline Village Community Hospital.

Nan has been active at the Incline Village Community Hospital since it reopened in 1995. She was awarded the Star Award from Tahoe Forest Health System in 2002. In 2005, Nan received the rural volunteer Excellence in Volunteerism Award from the Nevada Hospital Association. She was recognized in the Tahoe Bonanza newspaper's "Locals 2006" award for her selfless service to Incline Village.

Susanna Truax Kintz

BIO

Susanna Truax Kintz is a partner at the law firm of Reese Kintz Guinasso, LLC in Incline Village. Susanna has been practicing law in Incline Village for six years and has lived in Incline for five years. Susanna is licensed to practice law in Nevada, California, and Illinois. Susanna practices business law (including non-profit law), estate planning, and probate and trust administration.

Susanna earned her undergraduate degree in mathematics and economics from the University of Southern California. She went on to earn a J.D. degree from IIT Chicago-Kent College of Law, and a LLM degree in International Tax from the Thomas Jefferson School of Law.

Susanna represents for-profit and non-profit businesses in Nevada and California. She assists for-profit clients with shareholder, partnership and LLC operating agreements, buy-sell agreements, secured transactions, contracts, and dispute resolution. Susanna assists non-profit clients with governance, compliance, and reporting requirements, and general business matters.

Susanna assists her estate planning clients with estate tax mitigation, business succession planning, charitable gifting, special needs planning, asset protection, trust administration, probate, and trust litigation.

Susanna moved to Tahoe six years ago because she loves the Tahoe lifestyle. She has four grown children: Sam has a MBA from Stanford and is head of Research at AbbVie Stemcentrx; Natalie recently earned a PhD in Neurology from University of Southern California and is continuing her research on Parkinson's Disease as a post-doc at USC; Matt graduated with honors from Berkeley and is a business consultant and budding entrepreneur in Portland, Oregon; and Corydon graduated *summa cum laude* from University of San Francisco and is a project manager at Invoice2go, a software development company. Susanna is married to Mike Fisher, of Goldfish Properties, LLC.

Patient Navigation

Accessing the Healthcare System With One Call

What is Navigation?

- ▶ The concept of patient navigation was founded and pioneered by Harold P. Freeman in 1990 for the purpose of eliminating barriers to timely cancer screening, diagnosis, treatment, and supportive care.
- ▶ Navigation has since evolved to include the timely movement of an individual across the entire health care continuum from prevention, detection, diagnosis, treatment, and supportive, to end-of-life care.



Why Navigate Patients?

Patient navigation has shown efficacy as a strategy to reduce cancer mortality and is currently being applied to reduce mortality in other chronic diseases as well as improving patient access to healthcare services.

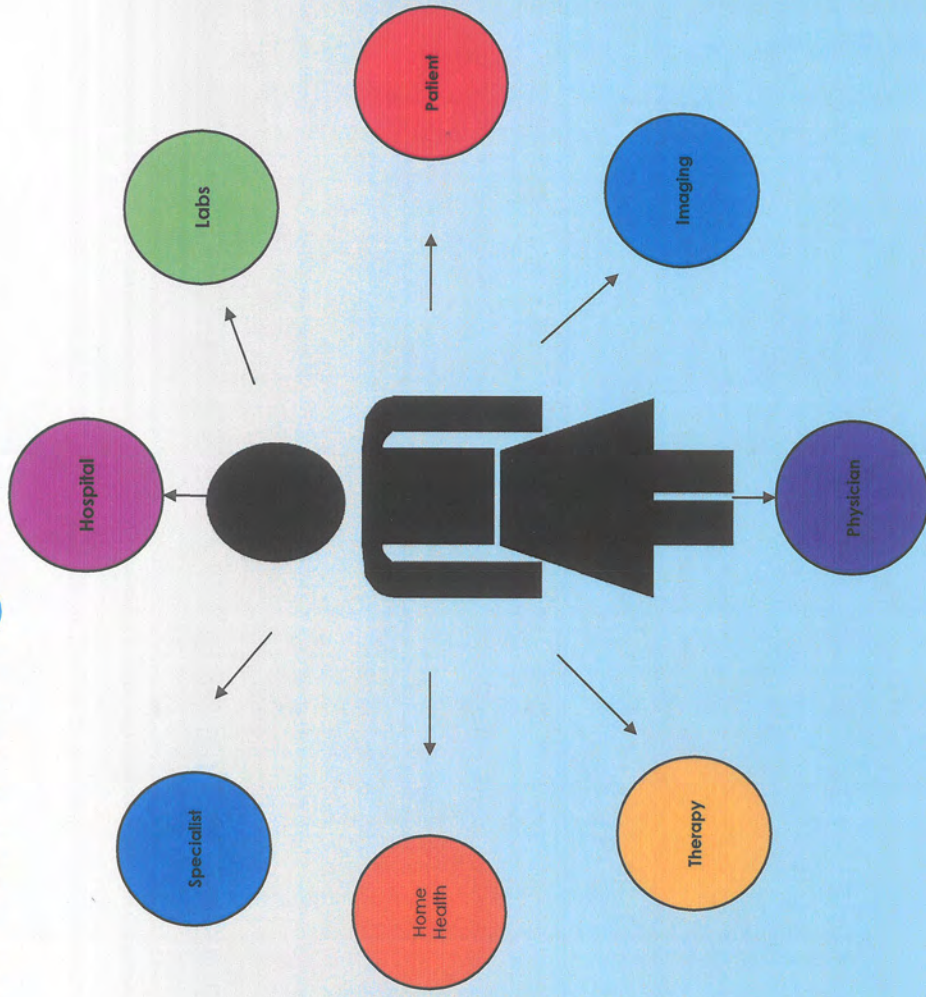
Eliminating Barriers

- ▶ Financial barriers (including uninsured and under insured)
- ▶ Communication barriers (such as lack of understanding, language/cultural)
- ▶ Medical system barriers (fragmented medical system, missed appointments, lost results)
- ▶ Psychological barriers (such as fear and distrust)
- ▶ Geographically rural areas that create other barriers (such as transportation and need for child care)

What is the role of a Patient Navigator?

- ▶ Patient navigators provide one-on-one guidance and assistance to individuals as they move through the health care continuum from prevention to end-of-life care.
- ▶ The principal function of the navigator is to eliminate any and all barriers to timely screening, diagnosis, treatment, and supportive care for each individual.
- ▶ Navigators act as the support hub for all aspects of patients' movement through the health care system.
- ▶ The navigator's role is to promote smooth and timely continuity of care to the point of resolution.
- ▶ Patient navigation has a definite endpoint when services provided are complete
- ▶ Patient navigators target a defined set of health services that are required to complete an episode of care

Patient Navigators



Logic Model

Target Population	Program Theory	Activities	Outcomes	Impact
<ul style="list-style-type: none"> Local patients and community Members Tourists Other hospital departments and providers 	<p>"One Call Does It All" Navigation will</p> <ul style="list-style-type: none"> Reduce patients' perceived barriers to accessing timely care Improve hospital "goodwill" and create loyalty to the Health System Decrease outmigration of patients Decrease unnecessary patient readmissions 	<ul style="list-style-type: none"> Implement "One Call Does It All" navigation pathway Provide patient education and assistance in connecting with appropriate health care service (including assistance with transportation, directions, scheduling, financial assistance, insurance etc) Streamline access to care and scheduling Reconnect Pts to TFHS services, if they need to travel outside the district for services Promote service in Marketing and branding plan for TFHD 	<ul style="list-style-type: none"> Increased collaboration between hospital departments and providers Improved customer service for patients Improve outpatient satisfaction scores Decrease outmigration Decrease readmissions 	<ul style="list-style-type: none"> Improve patient satisfaction with Health System Achieve and maintain 5 star rating Improve ease of patient access Increase clinic visits Increase utilization of health systems services



Next Steps

GO LIVE January 9, 2017



Board Executive Summary

By: Janet Van Gelder, RN, DNP, CPHQ
Director of Quality and Regulations

DATE: December 5, 2016

QUALITY REPORT: Core Measures Review

ISSUE:

The Board of Directors (BOD) of Tahoe Forest Health System (TFHS) has the ultimate responsibility for the quality of care and services provided throughout the system. The BOD assures that a planned and systematic process is in place for measuring, analyzing and improving the quality and safety of the Health System activities.

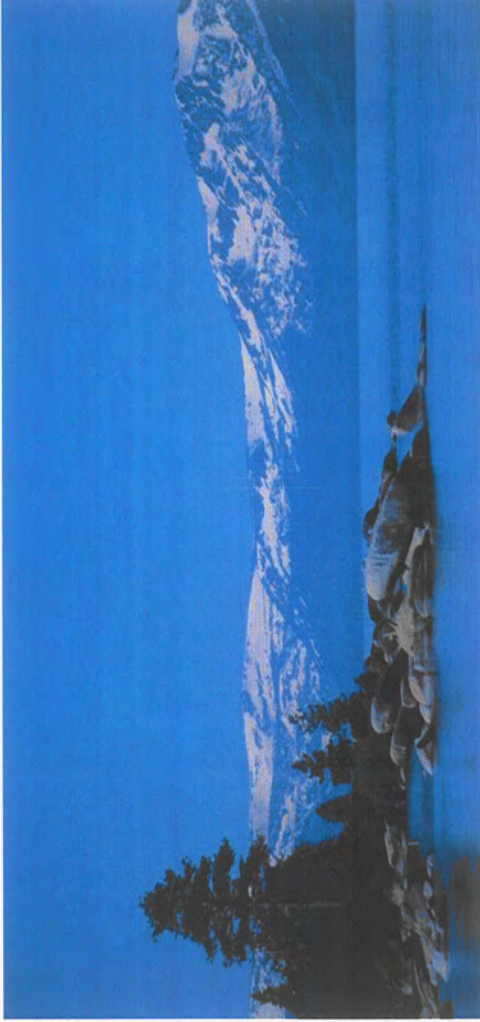
Tahoe Forest Health System chooses processes and outcomes to monitor based on the mission and scope of care and services provided and populations served. Data is analyzed to identify system changes that will help improve patient safety and promote a perfect care experience. TFHS recognizes the importance of collaborating with state and federal agencies to improve patient outcomes and reduce risks to patients by participating in voluntary quality reporting initiatives, such as core measures. The core measure data is reviewed at the Performance Improvement Committee (PIC), the Medical Staff Quality Committee (MSQC), and Medical Staff and Clinical Department meetings.

BACKGROUND/SUMMARY:

Core measures are national standardized processes and best practices to improve patient care. The Centers for Medicare & Medicaid Services (CMS), commercial plans, Medicare and Medicaid managed care plans, purchasers, physician and other care provider organizations, and consumers worked together through the Core Quality Measures Collaborative to identify core sets of quality measures that payers have committed to using for reporting. The guiding principles used by the Collaborative in developing the core measure sets are that they be meaningful to patients, consumers, and physicians, while reducing variability in measure selection, collection burden, and cost. The goal is to establish broadly agreed upon core measure sets that could be utilized across both commercial and government payers (CMS.gov web site).

ACTION REQUESTED:

There is no action required. This is an educational presentation.



Core Measures Review

Janet S. Van Gelder, RN, DNP, CPHQ
Director of Quality & Regulations

What are core measures?

- ▶ **Core Measures** are a set of care standards, required by the Centers for Medicare & Medicaid Services (CMS), which describes the care to be provided to our patients while in the hospital. These care standards have been shown, through scientific evidence, to improve patient outcomes and the quality of care.
- ▶ utilizes the Core Quality Measures Collaborative which
- ▶ identify core sets of quality measures that are:
 - ▶ meaningful to patients, consumers, & physicians
 - ▶ reduce variability in measure selection, abstraction, and cost



Where are core measures reported?

- ▶ Hospital Compare Web site at www.medicare.gov/hospitalcompare
- ▶ consumer-oriented website that provides information on how well hospitals provide recommended care to their patients
- ▶ help consumers make informed decisions about where to go for health care
- ▶ These results are organized by:
 - ▶ Survey of patients' experiences
 - ▶ Timely & effective care
 - ▶ Complications
 - ▶ Readmissions & deaths
 - ▶ Use of medical imaging
 - ▶ Payment & value of care



Inpatient Measures

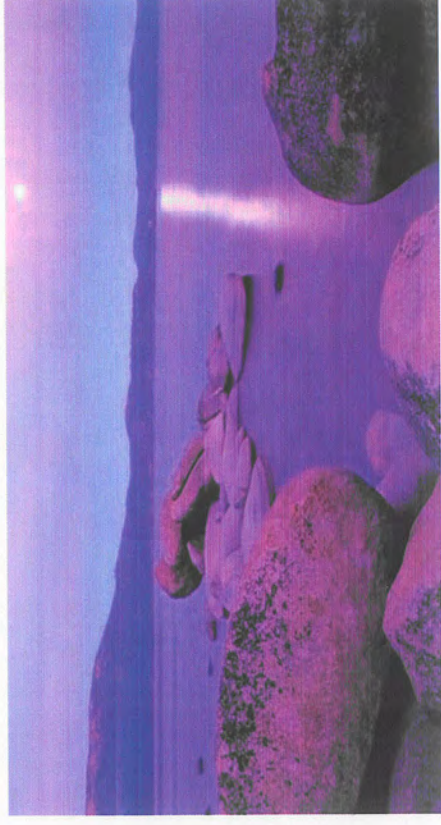
- ▶ Hospital Compare currently provides information on:
 - ▶ 27 quality measures, which include clinical process of care (24) and clinical outcome (3) measures
 - ▶ 10 patient experience of care topics
- ▶ Process of care measures are measures that show whether or not a health care provider gives recommended care; that is, the treatment known to give the best results for most patients with a particular condition.
- ▶ Outcome measures are measures designed to reflect the results of care, rather than whether or not a specific treatment or intervention was performed.
- ▶ Patient experience of care is measures by a national, standardized survey of hospital patients about their experiences during a recent inpatient hospital stay. This is also referred to as **HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems)**.

Outpatient Measures

- ▶ Outpatient often refers to a patient who leaves the facility after treatment on the same day but may include a patient who spends the night at the hospital for whom a doctor has not written an order for inpatient admission.
- ▶ Hospital Compare provides results on emergency department and outpatient surgical quality measures, which evaluate the quality of care provided to patients.
- ▶ Allows facilities to assess their performance and consumers to compare how well patients are being cared for at their local hospitals.
- ▶ Evaluate the regularity with which a healthcare provider administers the outpatient treatment known to provide the best results for most patients with a particular condition.

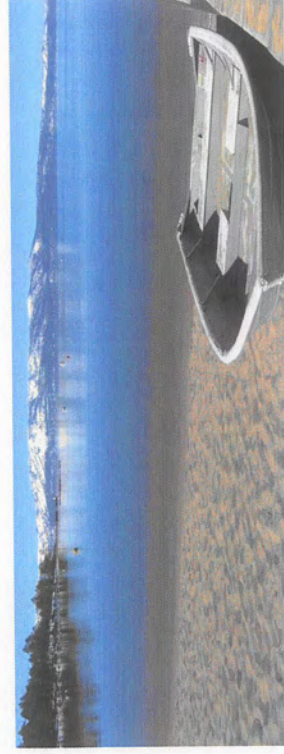
TFH & IVCH Core Measure Groups

- ▶ Measures are chosen based on our patient population & include:
 - ▶ Venous Thromboembolism (VTE)
 - ▶ Immunization
 - ▶ Perinatal Care Mothers (PCM)
 - ▶ Sepsis
 - ▶ Emergency Department (ED)
 - ▶ Stroke
 - ▶ Acute Myocardial Infarction (AMI)
 - ▶ Heart Failure
 - ▶ Out Patient Measures: Pain Management, ED throughput, AMI, Stroke

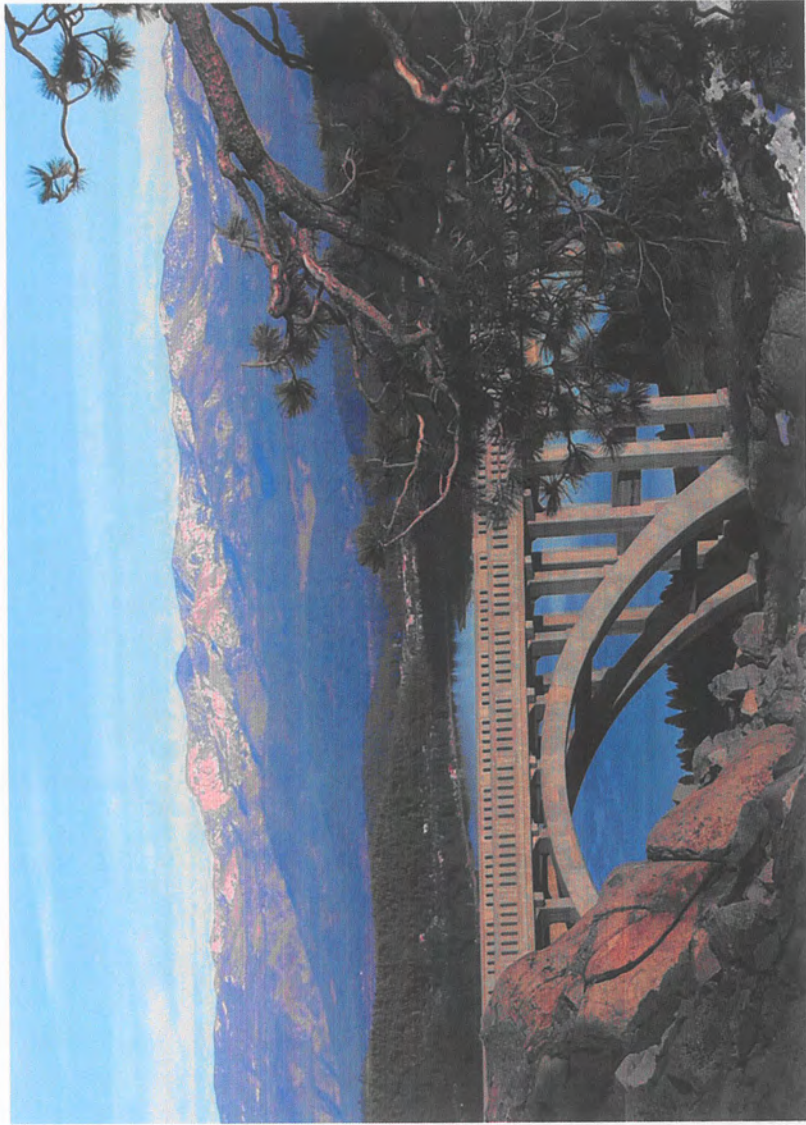


Core Measure Process

- ▶ Data collected and submitted to the Quality Improvement Organization (QIO)
- ▶ Data compiled and reviewed at
 - ▶ Performance Improvement Committee (PIC)
 - ▶ Medical Staff Quality Committee (MSQC)
 - ▶ Medical Staff and Clinical Department meetings
- ▶ Areas for improvement identified
- ▶ Plans of correction implemented
- ▶ QIO submits data to CMS



Questions



RESOLUTION NO. 2016-11

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE TAHOE FOREST HOSPITAL DISTRICT AUTHORIZING PAYMENT OF INCENTIVE COMPENSATION TO THE CHIEF EXECUTIVE OFFICER PURSUANT TO EMPLOYMENT AGREEMENT

WHEREAS, the Chief Executive Officer (“CEO”) of the Tahoe Forest Hospital District (“District”) receives compensation fixed by the Board of Directors (“Board”) pursuant to the CEO’s employment agreement;

WHEREAS, the CEO’s employment agreement of December 7, 2015 provides that the CEO shall participate in the District’s Incentive Compensation Plan;

WHEREAS, the Incentive Compensation Plan allows for additional compensation up to 20 percent of the CEO’s base salary based on achievement of financial and other targets established by the Board;

WHEREAS, the Board previously established the CEO’s FY 2015–2016 targets in two categories (financial and strategic), where the CEO’s ability to meet the established targets in each category accounts for up to 50 percent of the total possible incentive compensation award;

WHEREAS, the CEO’s financial targets set by the Board were:

1. Achieve target of an operating income (EBIDA) of \$2,054,000 (1%). Incentive payment cannot make EBIDA drop below target. EBIDA must be achieved for any incentive compensation payment.
2. Achieve target of 158 days cash on hand.
3. Achieve target of 60 days in accounts receivable.
4. Achieve target of 3.1 percent return on equity.

The CEO’s strategic targets set by the Board were:

1. Electronic Medical Record Platform (10%)—Develop a timeline that includes meeting Meaningful Use II in 2017 and hit timeline targets.
2. Compliance (10%)—Develop a plan to achieve and maintain a robust Compliance Program to include: physician education, physician alignment strategies, and complete contracts presented to the Board for approval.
3. Quality/Patient Satisfaction (10%)—Continue to show measurable improvements in quality and patient satisfaction.
4. Physician Alignment (10%)—Develop a plan for physician alignment to include care coordination, patient navigation and new models.
5. Outmigration (10%)—Develop a plan to gather data on outmigration;

WHEREAS, the Board has considered the District’s audited financial statements for FY 2015–2016 and the CEO’s performance and finds that he has met all financial and strategic targets;

WHEREAS, the Board finds the CEO is entitled to his full incentive compensation for FY 2015–2016 under his employment agreement, which is an amount equal to 20 percent of his base salary from his date of hire through June 30, 2016;

WHEREAS, the CEO earned \$195,193.20 in base salary from his hire date of December 7, 2015 through June 30, 2016; and

WHEREAS, 20 percent of \$195,193.20 is \$39,038.64.

NOW, THEREFORE IT IS RESOLVED THAT the Board authorizes payment of incentive compensation for FY 2015–2016 to the CEO in the amount of \$39,038.64, which represents 20 percent of his base salary, pursuant to the CEO’s employment contract.

PASSED, APPROVED AND ADOPTED at a regular meeting of the Board of Directors of Tahoe Forest Hospital District duly called and held in accordance with the Corporation’s bylaws this 15th day of December, 2016 by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

APPROVED:

CHARLES ZIPKIN, MD
President, Board of Directors
Tahoe Forest Hospital District

ATTEST:

SARAH JACKSON, Interim Clerk of the Board
Tahoe Forest Hospital District



BOARD QUALITY COMMITTEE AGENDA

Tuesday, November 22, 2016 at 12:00 p.m.
Human Resources Conference Room, Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA

1. **CALL TO ORDER**
2. **ROLL CALL**
Greg Jellinek, M.D., Chair; Karen Sessler, M.D., Board Member
3. **CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**
4. **INPUT – AUDIENCE**
This is an opportunity for members of the public to address the Committee on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Committee cannot take action on any item not on the agenda. The Committee may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.
5. **APPROVAL OF MINUTES OF: 8/16/2016ATTACHMENT**
6. **ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION**
 - 6.1. **Quality Committee Charter and Goals 2016ATTACHMENTS**
The *Quality Committee Charter and Goals 2016* were approved by the Committee at the February 9, 2016 meeting. Informational for reference during the meeting if needed.
 - 6.2. **Patient & Family Centered Care (PFCC)**
 - 6.2.1. **Patient & Family Advisory Council UpdateATTACHMENT**
An update will be provided related to the activities of the Patient and Family Advisory Council (PFAC).
 - 6.2.2 **Patient Experience Presentation**
Identify patients that may be interested in sharing their healthcare story at an upcoming TFHD Board of Directors (BOD) or BOD Quality Committee meeting.
 - 6.3 **HCAHPS Star Rating ReportATTACHMENT**
The Centers for Medicare & Medicaid Services (CMS) has developed HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) star ratings to make it easier for consumers to use the information on the Hospital Compare website and to spotlight excellence in healthcare quality. A review of the 1/1/15 through 12/31/15 and 4/1/15 through 3/31/16 CMS Star Rating Report and plans for improvement.
 - 6.4 **AHRQ Patient Safety Culture SurveyATTACHMENT**
Review the 2015 Hospital Survey on Patient Safety Culture results and the plan for improvement.

6.5 BOD Quality & Service Excellence DashboardATTACHMENT
Discuss the status of the plan to revise the quality and service excellence dashboard and the process for BOD review including content, quality metrics, benchmarks, and plans for improvement. Review an example at <http://mammothhospital.org/quality/>

6.6 Healthcare Facilities Accreditation Program (HFAP) Survey
Provide an update on preparation for the unannounced triennial HFAP accreditation survey in the spring of 2017. Discuss providing an accreditation survey process educational training to the BOD in February 2017.

6.7 Quadruple AimATTACHMENT
6.6.1 Sikka, R., Morath, J., & Leape, L. *The Quadruple Aim: care, health, cost and meaning in work.* BMJ Quality & Safety (2015)
6.6.2 Feeley D, Swensen SJ. *Restoring joy in work for the healthcare workforce.* Healthcare Executive. 2016 Sept; 31(5):70-71.

While burnout in the health professions is alarmingly high, restoring joy in work is more than just reducing burnout. This article describes four key steps that leaders can take to restore, foster, and nurture joy in the health care workforce. Discuss plan to obtain physician and staff engagement information with a goal to improve the experience of providing care.

6.8 Own the Bone Recognition.....ATTACHMENT
The American Orthopaedic Association's Own the Bone® program is a national post-fracture, systems-based, multidisciplinary fragility fracture prevention initiative. We submit quality data on 10 prevention measures with a goal to change physician and patient behavior to reduce incidence of future fractures and positively impact osteoporosis treatment.

6.9 Board Quality Education
The committee will review and discuss topics for future Board quality education.

7 REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

8 NEXT MEETING DATE
The date and time of the next committee meeting, Tuesday, January 10, 2017, at 1200 will be proposed and/or confirmed.

9 ADJOURN

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

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

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



Board Informational Report

By: Harry Weis
CEO

DATE: 12/7/2016

We want to wish all residents, guests in our region, our physicians, staff and our Board the very best of "safe and fun" Happy Holidays in the weeks ahead!

Calendar year 2016 has gone by very quickly!

We as a healthcare team are focusing in new ways on the spirit of "giving" as our entire team gives of their professional talents every day in service to our patients; we are now speaking of giving financially to save lives, too. We have reactivated our annual Employee Giving Campaign and I am and will be inviting all staff, all physicians, and all Board members to give financially to help us have and enlarge the much needed capacity as to tools, space and programs to save more lives in the days and years ahead.

Related to philanthropy, strategically we are looking to really grow the fundamentals of philanthropy with our Truckee and Incline Village Foundations as we develop new friends and donors each year growing Philanthropy as a source of funding for critical healthcare services or capital items.

Our leadership team is actively working to bring the offsite telephone answering function team onsite as quickly as possible. We need to install some software and hire the team to make this happen to further improve our telephone communications with our region. It's been an offsite program for more than a year. We will provide more updates in the next 6 weeks or so as we get close to naming the switch over date for this improved service.

We have been busier YTD this fiscal year than we were last year and we are honored that patients are choosing us in greater numbers when they do have choices for their healthcare.

Our leadership team has an intense focus and consideration on our Master Plan, one of top 6 Critical Strategies, as we examine location, function, legal structure and our estimates of future needs of current or critical missing services. We are examining all noted needs at Incline, Truckee and other operational sites including what is happening outside of our campus footprints as well.

Relative to our Critical Strategy of Physician Services makeover, we are reexamining our HPSA application filing completed last year which is a Health Professional Shortage Area designation application in our region and how this designation is relevant to the proper development of Rural Health Clinics to optimally serve as a backdrop for physician services in our system.

We are actively recruiting for a full time Family Practice Physician for Incline Village and we are actively recruiting for a full time GI Specialist for our health system. More to come on this as this directly relates to our Critical Strategy on Physician Services.

Tahoe Forest Healthcare Services, our management services organization is moving forward with two board meetings so far during the month of November and critical operational documents for your Board to consider on 12/15 regarding services the District provides to this entity and also in the reverse, services this entity will provide to the District.

Our Friendly Professional Corporation proposed to be named Tahoe Forest Medical Group continues to move forward as I have a meeting with a physician later this month to talk about the custodial duties of being the shareholder for this critical resources for our medical staff members who desired to be employed vs join us via independent contractor agreements.

We are performing the research to begin an evolving set of discussions with two physician groups on our medical staff who presently operate independent medical group practices in our district; as these groups are very important to us and all patients in our region, we'll examine how we can closely align in a win/win manner.

Our Health System team had a great annual Christmas Party on 12/3 with good attendance and it's really important in the life of any organization to have these types of events which are not focused on work. We reintroduced several prior year Annual Employees of the Year who were in attendance. We introduced all of the Employees of the Month for calendar year 2016 and we named the Employee of the Year for 2016 as well.

On the regulatory front we are monitoring a lot of healthcare literature as estimates are being made about many possibilities that might occur as to structural changes in the US healthcare system and relative to levels of Medicare and Medicaid funding across America. The tilt of most articles leans towards reduced funding from Medicaid and Medicare in the future and a possible repeal of the Affordable Care Act.

Speaking objectively on all types of healthcare providers across America and regarding what is estimated to be over 1000 administrative bureaucracies across America which would include all of the health insurers, all of the county, state and federal bureaucracies in America that touch healthcare; my personal estimate is that nearly 1 trillion of the current 3.6 trillion spent on healthcare in 2016 never touches a hospital, physician, home health agency, ambulance company, prescriptions, etc. The greatest difference in the total cost of healthcare in America vs. any other country in the world is the amount that is spent in here in America on administration and profit retainage by these estimated to be 1000 administrative bureaucracies that touch healthcare. So any new structural changes to healthcare from a federal level perspective that do not address this huge difference vs. any other country in the world is a material misdirected set of strategies. I'm willing to speak about strengths or weaknesses in any sector of healthcare providers and what will help or harm high quality healthcare, lower cost healthcare in America. Further, if major positive structural reforms can be had at a state or federal level, the actual providers of care can be more efficient in their required models of care as well.

We all need to buckle our seat belts as there will be a long series of rapid regulatory and market forces changes over the next 4+ years. Many wrong actions are likely too, which will require urgent corrective measures due to major unintended consequences as well.

2017 TFHD Board Committee Interest Survey

Appointments to Board Committees For 2017

Please rate your interest in serving on the following committees: **#1 = highest and #5 = lowest interest**. Please note that the Board Treasurer serves as chair of the Finance committee.

I am interested in being the chair of the following committee:

Finance:	Chamblin	<input type="checkbox"/>	Hill	<input type="checkbox"/>	Jellinek	<input type="checkbox"/>	Wong	<input type="checkbox"/>	Zipkin	<input type="checkbox"/>
Personnel/Retirement:	Chamblin	<input type="checkbox"/>	Hill	<input type="checkbox"/>	Jellinek	<input type="checkbox"/>	Wong	<input type="checkbox"/>	Zipkin	<input type="checkbox"/>
Governance:	Chamblin	<input type="checkbox"/>	Hill	<input type="checkbox"/>	Jellinek	<input type="checkbox"/>	Wong	<input type="checkbox"/>	Zipkin	<input type="checkbox"/>
Quality:	Chamblin	<input type="checkbox"/>	Hill	<input type="checkbox"/>	Jellinek	<input type="checkbox"/>	Wong	<input type="checkbox"/>	Zipkin	<input type="checkbox"/>
Community Benefit:	Chamblin	<input type="checkbox"/>	Hill	<input type="checkbox"/>	Jellinek	<input type="checkbox"/>	Wong	<input type="checkbox"/>	Zipkin	<input type="checkbox"/>

I am interested in serving on the following committee:

Finance:	Chamblin	<input type="checkbox"/>	Hill	<input type="checkbox"/>	Jellinek	<input type="checkbox"/>	Wong	<input type="checkbox"/>	Zipkin	<input type="checkbox"/>
Personnel/Retirement:	Chamblin	<input type="checkbox"/>	Hill	<input type="checkbox"/>	Jellinek	<input type="checkbox"/>	Wong	<input type="checkbox"/>	Zipkin	<input type="checkbox"/>
Governance:	Chamblin	<input type="checkbox"/>	Hill	<input type="checkbox"/>	Jellinek	<input type="checkbox"/>	Wong	<input type="checkbox"/>	Zipkin	<input type="checkbox"/>
Quality:	Chamblin	<input type="checkbox"/>	Hill	<input type="checkbox"/>	Jellinek	<input type="checkbox"/>	Wong	<input type="checkbox"/>	Zipkin	<input type="checkbox"/>
Community Benefit:	Chamblin	<input type="checkbox"/>	Hill	<input type="checkbox"/>	Jellinek	<input type="checkbox"/>	Wong	<input type="checkbox"/>	Zipkin	<input type="checkbox"/>

Each committee has responsibilities tied to the five **Foundations of Excellence**.

- Quality** - Provide excellence in clinical outcomes
- Service** - Best Place to be cared for
- People** - Best place to work and practice and volunteer
- Finance** - Provide superior financial performance
- Growth** - Meet the needs of the community

- Finance Committee - Finance
- Quality Committee - Quality and Service
- Personnel Committee - People
- Community Benefit Committee - Growth
- Governance Committee - no specific foundation - deals with contracts, organizational compliance, policies, governance improvement efforts.

Key staff for each committee - the CEO and COO participate in most committee meetings

- Finance - CFO Crystal Betts
- Quality - Janet Van Gelder, Peter Taylor MD
- Personnel - Jayne O'Flanagan
- Community Benefit – Karen Baffone, Ted Owens
- Governance - Ted Owens, Stephanie Hansen

Please type your name to indicate your interest in an appointment to one of the committee positions listed below and indicated your level of interest as **High, Medium, or Low**.

1. **Joint Conference Committee** (Board President and One Other Board Member)

Chamblin	
Hill	
Jellinek	
Wong	
Zipkin	

2. **IVCH Foundation Executive Committee** (Unofficial Member)

Chamblin	
Hill	
Jellinek	
Wong	
Zipkin	

3. **Bioethics Committee**

Chamblin	
Hill	
Jellinek	
Wong	
Zipkin	

4. **Citizen's Oversight Committee**

Chamblin	
Hill	
Jellinek	
Wong	
Zipkin	

5. **Health System Foundation**

Chamblin	
Hill	
Jellinek	
Wong	
Zipkin	

6. **Tahoe Institute for Rural Health Research & TIRHR, LLC**

Chamblin	
Hill	
Jellinek	
Wong	
Zipkin	

7. **Legislative Ad-Hoc Committee**

Chamblin	
Hill	
Jellinek	
Wong	
Zipkin	

8. **Med Tech Council**

Chamblin	
Hill	
Jellinek	
Wong	
Zipkin	

Tahoe Forest Hospital District Board of Directors Meeting Evaluation Form

Date: _____

		Exceed Expectations		Meets Expectations		Below Expectations
1	Overall, the meeting agenda is clear and includes appropriate topics for Board consideration	5	4	3	2	1
2	The consent agenda includes appropriate topics and worked well	5	4	3	2	1
3	The Board packet & handout materials were sufficiently clear and at a 'governance level'	5	4	3	2	1
4	Discussions were on target	5	4	3	2	1
5	Board members were prepared and involved	5	4	3	2	1
6	The education was relevant and helpful	5	4	3	2	1
7	Board focused on issues of strategy and policy	5	4	3	2	1
8	Objectives for meeting were accomplished	5	4	3	2	1
9	Meeting ran on time	5	4	3	2	1

Please provide further feedback here:
