



TAHOE FOREST HOSPITAL DISTRICT

2018-03-22 Regular Meeting of the Board of Directors

Thursday, March 22, 2018 at 4:00 p.m.

Tahoe Truckee Unified School District

11603 Donner Pass Road, Truckee, CA 96161

Meeting Book - 2018-03-22 Regular Meeting of the Board of Directors

03/22/18 Agenda Packet Contents

AGENDA

2018-03-22 Regular Meeting of the Board of Directors_FINAL
Agenda.pdf Page 4

ITEMS 1 - 11 See Agenda

12. ACKNOWLEDGMENTS

12.1. Employee of the Month.pdf Page 7

12.2. Doctors Day - March 30.pdf Page 9

13. CONSENT CALENDAR

13.1. Approval of Meeting Minutes

2018-02-22 Regular Meeting of the Board of Directors_DRAFT
Minutes.pdf Page 10

13.2. Informational Reports

13.2.1. CEO Board Report - March 2018.pdf Page 16

13.2.2. COO Board Report - March 2018.pdf Page 18

13.2.3. CNO Board Report - March 2018.pdf Page 21

13.2.4. CIIO Board Report - March 2018.pdf Page 22

13.2.5. CMO Board Report - March 2018.pdf Page 23

13.2.6. Employee Engagement Survey update.pdf Page 24

13.2.7. Legislative Report - March 2018.pdf Page 26

13.3. Contracts

13.3.1. Jennifer Racca, MD - Professional Services Agreement.pdf Page 28

13.4. Policy Review

13.4.1.a ABD-01 CEO Performance Evaluation 2018_0314 edits
clean.pdf Page 61

13.4.1.b ABD-01 CEO Performance Evaluation 2018_0314 edits
redline.pdf Page 62

13.4.2.a ABD-02 TFHD Chief Executive Officer Compensation
2018_0314 edits clean.pdf Page 64

13.4.2.b ABD-02 TFHD Chief Executive Officer Compensation
2018_0314 edits redline.pdf Page 66

13.4.3. Order and Decorum 2018.pdf Page 68

13.4.4. Executive Compensation Committee Charter FY18
2018_0220 Committee edits.pdf Page 73

14. ITEMS FOR BOARD DISCUSSION

14.1. Children's Center Presentation March 2018.pdf Page 74

14.2. Infection Prevention Report.pdf	Page 85
14.3. Strategic Plan Update - Patient Navigation Care Coordination.pdf	Page 100
14.4. Strategic Planning Update.pdf	Page 107

15. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

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

16.1. 2018-03-08 Board Finance Committee_FINAL Agenda.pdf	Page 108
---	----------

16.2. 2018-03-21 Board Governance Committee
Materials will be distributed at a later time. Not available at the time of production.

ITEMS 17 - 22: See Agenda

23. ADJOURN



REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, March 22, 2018 at 4:00 p.m.

Tahoe Truckee Unified School District
11603 Donner Pass Road, Truckee, CA 96161

1. **CALL TO ORDER**

2. **ROLL CALL**

3. **DELETIONS/CORRECTIONS TO 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. **CLOSED SESSION**

5.1. **Conference with Legal Counsel; Initiation of Litigation (Gov. Code § 54956.9(d)(4))** ◆

Number of Cases: One (1)

5.2. **Hearing (Health & Safety Code § 32155)** ◆

Subject Matter: Fourth Quarter 2017 Service Excellence Report

Number of items: One (1)

5.3. **Conference with Labor Negotiator (Government Code § 54957.6)**

Name of District Negotiator(s) to Attend Closed Session: Alex MacLennan

Employee Organization(s): Employees Association and Employees Association of Professionals

5.4. **Approval of Closed Session Minutes** ◆

02/22/2018

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

Subject Matter: Medical Staff Credentials

6. **DINNER BREAK**

APPROXIMATELY 6:00 P.M.

7. **OPEN SESSION – CALL TO ORDER**

8. **REPORT OF ACTIONS TAKEN IN CLOSED SESSION**

9. **DELETIONS/CORRECTIONS TO THE POSTED AGENDA**

10. **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

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
March 22, 2018 AGENDA – Continued

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 President 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.

11. 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.

12. ACKNOWLEDGMENTS

- 12.1. March 2018 Employee of the Month.....ATTACHMENT
- 12.2. Doctor’s Day is March 30, 2018ATTACHMENT

13. 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.

13.1. Approval of Minutes of Meetings

- 02/22/2018ATTACHMENT

13.2. Staff Reports

- 13.2.1. CEO Board ReportATTACHMENT
- 13.2.2. COO Board Report.....ATTACHMENT
- 13.2.3. CNO Board Report.....ATTACHMENT
- 13.2.4. CIIO Board ReportATTACHMENT
- 13.2.5. CMO Board Report.....ATTACHMENT
- 13.2.6. CHRO Update on Employee Engagement SurveyATTACHMENT
- 13.2.7. Legislative Update Report.....ATTACHMENT

13.3. Contracts

- 13.3.1. Jennifer Racca, M.D. – Professional Services Agreement.....ATTACHMENT

13.4. Policy Review

- 13.4.1. ABD-01 CEO Performance EvaluationATTACHMENT
- 13.4.2. ABD-02 CEO CompensationATTACHMENT
- 13.4.3. Order and DecorumATTACHMENT
- 13.4.4. Board Executive Compensation Committee Charter.....ATTACHMENT

14. ITEMS FOR BOARD DISCUSSION

- 14.1. Children’s Center UpdateATTACHMENT

The Board of Directors will receive an update from the Tahoe Forest Children’s Center.

- 14.2. Infection Control PresentationATTACHMENT

The Board of Directors will receive a presentation on the District’s Infection Control program.

- 14.3. Strategic Update on Patient Navigation/Care CoordinationATTACHMENT

The Board of Directors will receive an update on Patient Navigation and Care Coordination programs.

- 14.4. Strategic Planning Update.....ATTACHMENT

The Board of Directors will receive an update on the Strategic Planning process.

15. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

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

- 16.1. Finance Committee Meeting – 03/08/2018..... ATTACHMENT

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
March 22, 2018 AGENDA – Continued

- 16.2. **Governance Committee Meeting** – 03/21/2018 ATTACHMENT*
- 16.3. **Quality Committee Meeting** – No meeting held in March.
- 16.4. **Executive Compensation Committee Meeting** – No meeting held in March.

17. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS

18. ITEMS FOR NEXT MEETING

19. BOARD MEMBERS REPORTS/CLOSING REMARKS

20. CLOSED SESSION CONTINUED, IF NECESSARY

21. OPEN SESSION

22. REPORT OF ACTIONS TAKEN IN CLOSED SESSION, IF NECESSARY

23. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is April 26, 2018 at Tahoe Truckee School District, 11603 Donner Pass Road, Truckee, CA 96161. 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, March 2018

Donn Demostene, Facilities Engineer-Facilities Mgmt

We are honored to announce **Donn Demostene**, Facilities Engineer, Facilities Mgmt as our March Employee of the Month.

Donn is Mr. Cheerful as he goes throughout his day with a smile. He is fantastic at his job and is especially kind to all those he interacts with. Donn's positive attitude and energy impresses those around him. He has quite the ability to make everyone feel equally special and appreciated. Whenever Donn has to complete a task in ECC, he interacts with the residents in such a warm and caring way. He knows all the residents by name and takes the time to greet them and ask how they are doing. He remembers what's going on in their lives and picks up the conversation right where they left of.

Donn demonstrates quality and excellence in his daily tasks and never leaves a job undone or to the best of his ability. He is truly understanding of all of those around him and makes each and everyone feel special. Donn's high level of customer service is second to none.

Donn meets and exceeds the definition of the TFHS mission and values but most of all has been an asset to our hospital through his kind and gentle demeanor and his hard work.

Please join us in congratulating all of our Terrific Nominees!

Breezy Salmonsens- Patient Care Tech/Unit Clerk, MedSurg

Tara Urso- Revenue Cycle Analyst, Revenue Cycle

Jessica Dias- Diagnostic Imaging Assistant, DI

Heather Hiller- Staff RN, ICU

Kathy Avis- Care Coord Ortho Sports Med, Community Case Mgmt

2018 National Doctors' Day March 30th



History of National Doctors' Day

On March 30, 1958, a Resolution Commemorating Doctors' Day was adopted by the United States House of Representatives. In 1990, legislation was introduced in the House and Senate to establish a National Doctors' Day. Following overwhelming approval by the United States Senate and the House of Representatives, on October 30, 1990, President George Bush signed S.J. R&S. #366 (which became Public Law 101-473) designating March 30th as "National Doctors' Day." Today, the red carnation is commonly used as the symbolic flower for National Doctors' Day.



REGULAR MEETING OF THE BOARD OF DIRECTORS **DRAFT MINUTES**

Thursday, February 22, 2018 at 4:00 p.m.

Tahoe Truckee Unified School District
11603 Donner Pass Road, Truckee, CA 96161

1. CALL TO ORDER

Meeting was called to order at 4:02 p.m.

2. ROLL CALL

Board: Dale Chamblin, Board President; Randy Hill, Vice President; Charles Zipkin, M.D., Treasurer; Alyce Wong, Secretary; Mary Brown, Board Member

Staff in attendance: Harry Weis, Chief Executive Officer; Judy Newland, Chief Operating Officer; Dr. Shawni Coll, Chief Medical Officer; Janet Van Gelder, Director of Quality and Regulations; Carl Blumberg, Risk Manager and Patient Safety Officer; Martina Rochefort, Clerk of the Board

Other: David Ruderman, Assistant General Counsel

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

4. INPUT AUDIENCE

No public comment was received.

Open Session recessed at 4:03 p.m.

5. CLOSED SESSION

5.1. Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3)) ◆

A point has been reached where, in the opinion of the Board on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District. Number of Potential Cases: One.

Receipt of Claim pursuant to Tort Claims Act or other written communication threatening litigation (copy available for public inspection in Clerk's office). (Gov. Code 54956.9 (e)(3))

Name of Person Threatening Litigation: Shalyn Sample

Discussion was held on a privileged item.

5.2. Hearing (Health & Safety Code § 32155)

Subject Matter: 2014-2017 Risk Management Summary Report

Number of items: One (1)

Discussion was held on a privileged item.

5.3. Hearing (Health & Safety Code § 32155)

Subject Matter: Medical Staff Peer Review Report

Number of items: One (1)

Discussion was held on a privileged item.

5.4. Hearing (Health & Safety Code § 32155) ♦

Subject Matter: Third Quarter 2017 Quality Report

Number of items: One (1)

Discussion was held on a privileged item.

5.5. Conference with Labor Negotiator (Government Code § 54957.6)

Name of District Negotiator(s) to Attend Closed Session: Alex MacLennan

Employee Organization(s): Employees Association and Employees Association of Professionals

Discussion was held on a privileged item.

5.6. Approval of Closed Session Minutes

01/25/2018

Discussion was held on a privileged item.

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

Subject Matter: Medical Staff Credentials

Discussion was held on a privileged item.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

Meeting reconvened at 6:10 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel reported item 5.1 was denied on a 5-0 vote. There was no reportable action take on items 5.2-5.5. Items 5.6 was approved on a 5-0 vote. Item 5.7 was also approved on a 5-0 vote.

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

Item 16.3 will be moved up to accommodate presenter schedule.

10. INPUT – AUDIENCE

No public comment was received.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

No public comment was received.

12. ACKNOWLEDGMENTS

- 12.1. Brenda Kegebein was named February 2018 Employee of the Month.
- 12.2. Own The Bone Orthopedic Recognition
- 12.3. Health & Human Services Healthy 2020 C-Section Rate Recognition
- 12.4. Patient Safety Week is March 11-17, 2018

13. MEDICAL STAFF EXECUTIVE COMMITTEE

13.1. Medical Executive Committee (MEC) Meeting Consent Agenda

MEC recommends the following for approval by the Board of Directors: Annual Review of the following Policies & Procedures: *Quality Assurance Committee (Risk Management Plan, Patient Safety Plan, Infection Control Plan, MERP, Environment of Care/Life Safety Plan, Utilization Review/Discharge Plan), IVCH Duties of the Lakeview RN in the ED, IVCH Structure Standards, Legal Blood Evaluations, Nitrous Oxide Use), Extended Care Center, Home Health, Hospice, Emergency Department (Notification of On-Call Physicians, Admission of Emergency Department Patient, Charting Standards, Laboratory Results Culture Screening, Laboratory Tests, Psychiatric/Suicidal Patients, Respiratory Services Scope, Volunteers in the ED)*

ACTION: Motion made by Director Brown, seconded by Director Zipkin, to approve the Medical Executive Committee Meeting Consent Agenda as presented.

AYES: Directors Brown, Wong, Zipkin, Hill and Chamblin

Abstention: None

NAYS: 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

01/25/2018, 02/06/2018-02/07/2018

14.2. Financial Report

14.2.1. Financial Report - November 2017

14.2.2. Financial Report - December 2017

14.3. Staff Reports (Information Only)

14.3.1. CEO Board Report

14.3.2. COO Board Report

14.3.3. CNO Board Report

14.3.4. CIIO Board Report

14.3.5. CMO Board Report

14.4. Policy Review

14.4.1. ABD-10 Emergency On-Call Policy

14.5. Quality Assurance Performance Improvement Plan

Director Zipkin pulled item 14.2 Financial Reports and item 14.5 Quality Assurance Performance Improvement Plan from the Consent Calendar. Director Hill pulled items 14.3.1 CEO Board Report and 14.3.4 CIIO Board Report.

ACTION: Motion made by Director Hill, seconded by Director Brown, to approve the Consent Calendar excluding items 14.2, 14.3.1, 14.3.4 and 14.5.
AYES: Directors Brown, Wong, Zipkin, Hill and Chamblin
Abstention: None
NAYS: None

15. ITEMS FOR BOARD DISCUSSION

15.1. Board Education

15.1.1. BETA Heart Program

Deanna Tarnow of BETA presented on the HEART program.

Discussion was held.

15.2. Community Health Needs Assessment (CHNA) Results

Karen Baffone, Chief Nursing Officer reviewed the results of the recent Community Health Needs Assessment.

Discussion was held.

15.3. Corporate Compliance Self-Assessment Follow-Up

Jim Hook of The Fox Group presented a follow up of the open items from the Corporate Compliance Program Self-Assessment.

Discussion was held.

16. ITEMS FOR BOARD ACTION

16.1. Mountain Gateway Center Resolution

Discussion was held.

ACTION: Motion made by Director Wong, seconded by Director Brown, to approve Resolution 2018-03 as presented. Roll call vote taken.
Brown – AYE
Wong – AYE
Zipkin – AYE
Hill – AYE
Chamblin - AYE

16.2. Rural Health Clinic

Discussion was held on rural health clinics.

16.2.1. Resolution 2018-01

Discussion was held.

ACTION: Motion made by Director Zipkin, seconded by Director Wong, to approve Resolution 2018-01 as presented.
Brown – AYE
Wong – AYE
Zipkin – AYE

Hill – AYE
Chamblin – AYE

16.2.2. Resolution 2018-02

Discussion was held.

ACTION: Motion made by Director Zipkin, seconded by Director Wong, to approve Resolution 2018-02 as presented.

No public comment received.

Brown – AYE

Wong – AYE

Zipkin – AYE

Hill – AYE

Chamblin – AYE

16.3. Fire Alarm System Replacement Project

Discussion was held.

ACTION: Motion made by Director Wong, seconded by Director Hill, to approve the Fire Alarm System Replacement Project as presented.

No public comment received.

AYES: Directors Brown, Wong, Zipkin, Hill and Chamblin

Abstention: None

NAYS: None

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Item 14.2. Financial Reports was discussed.

Finance Committee recommends a Special Meeting of the Board of Directors to discuss the financials in depth.

Item 14.5. Quality Assurance Performance Improvement Plan was discussed.

Director Zipkin noted a typographical error on page 115 of the packet. On line 8, the initial minimum of crystalloid should be 30ml/kg, not 20ml/kg as stated.

ACTION: Motion made by Director Zipkin, seconded by Director Wong, to approve the Quality Assurance Performance Improvement Plan with the correction noted above.

AYES: Directors Brown, Wong, Zipkin, Hill and Chamblin

Abstention: None

NAYS: None

Item 14.3.1. CEO Board Report was discussed.

Item 14.3.4. CIIO Board Report was discussed.

ACTION: Motion made by Director Hill, seconded by Director Zipkin, to approve item 14.3.1 CEO Board Report and 14.3.4 CIO Board Report as presented.

AYES: Directors Brown, Wong, Zipkin, Hill and Chamblin

Abstention: None

NAYS: None

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

18.1. Quality Committee Meeting – 02/01/2018

Director Wong provided an update from the recent Board Quality Committee meeting.

18.2. Executive Compensation Committee Meeting – 02/20/2018

Director Wong provided an update from the recent Board Executive Compensation Committee meeting.

18.3. Finance Committee Meeting – 02/20/2018

No discussion was held.

18.4. Governance Committee Meeting – No meeting held in February.

19. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS

None.

20. ITEMS FOR NEXT MEETING

-Strategic Planning Update

-TIRHR

21. BOARD MEMBERS REPORTS/CLOSING REMARKS

None.

22. CLOSED SESSION CONTINUED, IF NECESSARY

Not applicable.

23. OPEN SESSION

Not applicable.

24. REPORT OF ACTIONS TAKEN IN CLOSED SESSION, IF NECESSARY

Not applicable.

25. ADJOURN

Meeting adjourned at 8:15 p.m.



Board Informational Report

By: Harry Weis
CEO

DATE: 3/15/18

It appears the State of California is making a valiant effort to achieve the last 50% of its average annual precipitation in the month of March, for which we are very grateful relative to the tremendous water needs across our entire state.

As we have shared in several prior months we are experiencing below budget volumes this fiscal year to date in several areas of the hospital including our ER. Overall inpatient and outpatient revenues are below budget this fiscal year to date and our payor mix has rotated slightly to lower quality levels of payors as well. A weak snowfall during the months of December through February also contributed to lower healthcare volumes. We are looking for ways to clearly and easily show in understandable ways the reduction in “acute” healthcare services our patients who actively participate in our care coordination programs are experiencing. This lessening need for acute healthcare services is at the very heart of our wellness commitment for all residents in our region and is the best way to show our value proposition to our region.

All of this being said, we are grateful to be in the black relative to our Net Income at the 7 month fiscal year to date interval. We are hopeful we will see more improvement in our bottom line through February. We do have a special board meeting to review our financial performance through the first 8 months of this fiscal year on Tuesday, March 20, 2018.

I remain hopeful we can achieve our \$2,200,000 budgeted net income for this fiscal year even with the tremendous investments we have been making for our long term future.

I am pleased with the hard work and progress our team is making in the huge, very impactful electronic health record IT conversion along with several important business software applications which allow us to have financial management information, budgeting and cost accounting. Again, this is the most impactful single strategy any individual or multi-hospital system ever takes on.

The positive patient impact stories are starting to climb as a direct result of our “go live” with the EPIC electronic health record. These positive impacts are one of many reasons why we pursued the very best electronic health record for all residents of this region.

On the physician strategy area, we have created a strong physician and midlevel team at Incline Village Community Hospital (IVCH). This result has taken years to complete. We have more primary care physicians joining us during the summer and we are excited to have a strong female GI specialist whose contract will be brought to the Board for approval.

We are also actively speaking with other health systems in the region for opportunities to collaborate, build friendships and fill specialty gaps such as neurology that we need to fill soon. We believe these relationships with other health systems will yield dividends as we look to solve similar challenges we each face.

Also in the physician arena, we are hopeful to have a urologist join us in the late summer. We are happy to have Dr. Watson working with us as a new locums ENT physician and we remain hopeful he will consider joining us full time for the longer term.

We are seeing market force changes around us as various stakeholder groups are seeking ways to improve the quality and speed of healthcare that is being delivered. We believe we can be a key continuing player in these market force changes.

We want to pause and say a special thank you to all of the physicians in our health system and physicians all around the world for their healing hands and dedicated service. In America, National Doctors Day is March 30 and we want to say thank you for all of the lives saved due to their dedicated efforts!

Our employees are a tremendously important asset to our health system as well, and we have been spending time focusing on critical topics important to our employees. We have been holding employee focus groups, holding daily administrative huddles and performing other rounding throughout the health system. Our Town Hall forums will be scheduled for May and June and will focus in several more specific ways on our employees as well.

As we approach late spring, we hope to be actively involved in construction of the 2nd floor of our Cancer Center for physician services and on our 3rd floor of our 3 story medical office building. We also have minor construction planned for the Gateway Medical Office building to optimize the number of providers we can place there.

Achieving Rural Health Clinic (RHC) approved status continues to be a critical top strategy for us as we hope to have at least four RHCs in our health system within 3 to 4 years.

We continue to be very thorough on monitoring and taking action where applicable on all federal and state legislation or policy improvement opportunities.



Board COO Report

By: Judith B. Newland

DATE: March 2018

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

Tahoe Forest Health System employees participated in one of four Perfect Care Experience Forums to prioritize tactics to improve the Perfect Care Experience for our patients. The top 3 items the employees identified as opportunities to improve the Perfect Care Experience were:

- Always introduce yourself, who you are, what you do, and answer questions from patients, families, and colleagues
- Communicate timing with every interaction, including what to expect, and updates on delays
- End every conversation with “Is there anything else I can do for you?”

As part of our commitment to the BETA Heart program, we have asked our hospital and medical staff to participate in the SCORE survey during the month of March. This Safety, Communication, Operational Reliability and Engagement (SCORE) Survey assists us in understanding the attitude and perceptions of the work environment in our departments. We take safety seriously and in order to achieve the best safety environment for our patients and staff we need to hear from both hospital and medical staff. We are looking to achieve a 60% response rate from both hospital and medical staff to participate in the SCORE survey.

We received our American College of Radiation Accreditation for the new mammography system with tomosynthesis. Congratulations to the Diagnostic Imaging Department for completing the requirements for this accreditation.

Creating and implementing a New Master Plan

Report provided by Dylan Crosby, Manger Facilities and Construction Management

Projects in Progress:

Project: Nurse Call/PA System Replacement, OSHPD S162529-29-00

Start of Construction: 8/1/2017

Estimated Completion: 3/9/2018 - COMPLETED

Summary of Work: Replace all existing Nurse Call for Med/Surg, ICU, Briner and Cardiac Rehab. Replace all Code Blue in Med/Surg, ICU, Briner, Cardiac Rehab and ECC. Replace existing PA throughout Tahoe Forest Hospital.

Project: Pioneer Phase 2

Start of Construction: 2/5/2018

Estimated Completion: 5/2/2018

Summary of Work: Construct leased space at Pioneer for: Access Center, HIM, Home Health and to relocate Business Office.

Update Summary: Construction continues and the project has been framed. Electrical, data, and drywall install continues.

Project: IVCH Lab

Start of Construction: 2/12/2018

Estimated Completion: 7/5/2018

Summary of Work: Reconstruct existing IVCH Lab draw area and update HVAC.

Update Summary: Phase 1 continues which includes the relocation of Lab Draw for the duration of the project, a new access door to the lab and building of the phlebotomist work station.

Project: First Floor Corridor Doors, OSHPD S163426-29-00

Start of Construction: 2/5/2018

Estimated Completion: 5/18/2018

Summary of Work: Install magnetic hold opens on first floor South Building/1966 Building doors to improve work flow and access. Remove and replace 1978 Building smoke compartment doors for proper exiting. Modify Imaging Department door for security.

Update Summary: Installation of magnetic hold opens is 90% complete, this has eliminated much for the impediment on delivery and materials management services.

Projects in Pre-Construction:

Project: TFHD Retail Pharmacy

Estimated Start of Construction: 4/2/2018

Estimated Completion: 4/30/2018

Summary of Work: To improve security of the Retail Pharmacy an enclosure and door will be installed to limit access to the medication area of the pharmacy.

Update Summary: Plans are under review by the Town of Truckee.

Project: Fire and Police amplification System

Estimated Start of Construction: 3/5/2018

Estimated Completion: 4/27/2018

Summary of Work: Install amplifiers throughout Tahoe Forest Hospital to allow for local emergency services radio communication.

Update Summary: The installation of the new fire panel has commenced and system integration is planned to start next week.

Projects in Design:

Project: IM Cardiology Expansion

Estimated Start of Construction: 4/2/2018

Estimated Completion: 6/8/2018

Summary of Work: Construct 3 new exam rooms and a MD/MA office in the west end of IM Cardiology to increase access for care.

Update Summary: Project is being submitted to the Town of Truckee for permitting

Project: 3rd Floor MOB

Estimated Start of Construction: 6/14/2018

Estimated Completion: 3/20/2019

Summary of Work: Phase 1 reconstruct the 3rd Floor MOB 2 western suites for increased flexibility and additional exam rooms. Phase 2 reconstruct and integrate the 3rd Floor MOB adjacent suite for increased flexibility and additional exam rooms.

Update Summary: Project is in the process of being designed.

Project: Cancer Center 2nd Floor

Estimated Start of Construction: 6/4/2018

Estimated Completion: 3/15/2019

Summary of Work: Construct the 2nd floor of the Cancer Center for expansion of Rural Health Clinic Services.

Update Summary: Project is in the process of being designed.

Project: Tahoe Forest Hospital Site Improvements

Estimated Start of Construction: 5/25/2018

Estimated Completion: 8/16/2018

Summary of Work: Demolish the existing curves building to increase patient parking. Demolish the North Levon Apartments for additional parking and snow storage.

Update Summary: Project is in the process of being designed.



Board CNO Report

By: Karen Baffone, RN, MS
Chief Nursing Officer

DATE: March 2018

Strategy Two: Choosing and implementing the correct new Electronic Health Record for our system that spans all physician, OP and IP services.

- Improved charging and charge capture for all areas
- Met with EPIC for planned implementation for Charge Capture of all Wellness activities.
- Created reports that allow capture of core measure data
- Updated the administrative dashboard in EPIC to provide relevant daily information

Strategy Four: Care Coordination

- Strategic plan update included in the board packet

Strategy Six: Just Do IT

PRIME: Med year report is being prepared for submission. We have moved from pay for report to a pay for performance payment model. This will necessitate participation of all physicians that are involved in either of the two projects: Chronic non malignant pain management and million hearts.

CORE MEASURES: Nursing is working with quality to investigate all of the points of documentations that allows us to meet our core measure criteria. EPIC has many ways that allow for documentation that assists us in achieving great results. Formal education will be provided to all staff.

PRODUCTIVITY: All nursing departments have develop a daily process of measuring the productivity that are consistent with their hours per unit of service. This will allow for easier flexing of staff based on current volumes and meeting the budget.

NURSING ORIENTATION: Together with the HR Educator the nursing department has developed a more comprehensive orientation program that will provide a better overview of our services within the system. The first orientation was held on March 12 and had great reviews from the people in attendance.

BEHAVIORAL HEALTH: We have been completing and RFP for behavioral health services in the Emergency Department anticipate that we will have a contract in place prior to the end of this fiscal The care coordination team is also looking to expand into the behavioral health service line.



Board Informational Report

By: Jake Dorst

DATE: 3/14/2018

Chief Information & Innovation Officer

- Progress on Infrastructure projects
- Upgrading the Microsoft email exchange server
- Upgrading the Microsoft Domain Controllers
- Working on eliminating the old Citrix Environment and presenting a unified desktop.
- Network team working on connectivity projects at Levon, Dr. Koch, and Pioneer Center
- Genesys software and phones setup for the access center complete
- PYXIS- This is a large project
- Nuance power scribe for radiology software update
- Starting prep work for a printing contract request for proposals (RFP)
- Home Health and Hospice Epic software integration kicked off with Mercy
- Continuing work on moving cancer center to Epic
- Training is going on to support the physicians with IT Individuals when Sean leaves
- Starting a project to send radiology PACS images and reports to UCSF, Stanford, and Kaiser. They all use a specific software to receive images.
- IT and project management are looking at expenses along with the rest of the District to reduce costs
- Current training and certifying many support personnel on the Epic software



Board Informational Report

By: Shawni L. Coll D.O., FACOG
Chief Medical Officer

DATE: March 8, 2018

1. **GOAL: A complete makeover of our Physician service line**

We are very excited to announce that Dr. Jennifer Racca, gastroenterologist, will be joining Dr. Schaffer in providing GI services to our community. Dr. Racca has been practicing in Reno for many years and is excited to come serve our community. We also have two very strong orthopedic candidates that are interested in our opportunity. We still are struggling to find a neurologist, as it is a difficult specialty to recruit. Dr. Katy Schousen has signed on to join our growing Primary Care team beginning Sept 1. Dr. Schousen received her medical degree from Oregon Health and Science University and will complete her residency in June at the Kaiser Permanente Washington Family Medicine program in Seattle, WA. She has special interest in opioid dependence, PrEP, end of life management and patient-centered medical home. We continue to interview primary care providers, as this will be needed for a strong foundation of primary care for our community.

2. **GOAL: Electronic Health Record**

The providers seem to be more proficient at the new EHR however the new workflows still tend to be most difficult aspect. The IT team and providers have been diligently working through these processes to optimize our workflow.

3. **GOAL: New Master Space Plan**

New physician space plans are being reviewed, discussed with key stakeholders, and will be sent to the town for approval soon. Developing new provider space will be key for access to care along with future provider recruitment.

4. **GOAL: Just Do It**

Tim Garcia-Jay has been collecting data and able to help formulate plans for MSC Clinic operation optimizations. The team has already started daily huddles, will be trained in customer service during the latter half of March, and is helping to define space opportunities until new space can be built out.



Board Executive Summary

By: Alex MacLennan

DATE: 3/14/2017

Employee Engagement Survey Follow-Up

The Board has asked for an update on the action items from the work being conducted as a result of the Employee Engagement Survey. The Administrative team has been doing a lot of work as it relates to engagement and overall satisfaction. We continue to hear positive comments about the various things that are being done.

We have started the employee focus groups, and they are ongoing, but so far have yielded excellent results. The focus groups have been held with employees and the CEO, with HR to facilitate the conversation but no other management staff are present. We are asking two questions, "What is going well?" and "What could be improved". Nothing is off the table and this gives employees an opportunity to speak directly with the CEO. We have found many items that we were able to address immediately, as well as received some great feedback which we will work to improve long term.

As it relates to internal communication, an Administrative huddle is now conducted each weekday morning at 0800hrs and then a report is sent via email to all employees giving a snapshot of the day as well as immediate communications on items that vary from safety issues, to lighting in a patient's room. Health System daily stats are included such as census, as well as important items such as patient falls and employee injuries. We are continually enhancing the daily huddle to become more effective.

We have been developing a new intranet site which will help us more easily post and update information in real time. We are also exploring other technology that would help us communicate more urgent information to key stakeholders when necessary.

Another action item was for Harry to circulate and participate in department meetings as well as the administrative team rounding throughout the hospital. Harry had the opportunity to circulate through every department and connected with most staff individually while also handing out the gainsharing checks. Harry has also continued to be present throughout different shifts while rounding. The Administrative team has increased rounding on all shifts, including some rounding on holidays and we are looking at ways to formalize this process.

Harry also stated that he would make the CEO board report more accessible. As you know this report is posted on www.tfhd.com and all employee have access to read this. Harry also has included the link to this information in important emailed communications.

Individual Administrative team members continue to work on their own areas as it relates to employee engagement specific to their operational unit. They are also receiving feedback from the information gathered in Focus Groups which helps ensure the right things are being focused on.



Board Informational Report

By: Ted Owens
Executive Director, Governance & Business Development

DATE: March 13, 2018

Legislation Report:

Federal

The Federal legislative healthcare agenda is taking a back seat to the upcoming mid-term elections. Healthcare legislation is not expected to advance until after the new session begins in 2019. As such, advocates from the District Hospital Leadership Forum (DHLF) have suspended the annual trip to Washington DC until February 2019 when things are expected to heat up again.

In addition, it will be critical to meet “new faces” of the 116th US Congress particularly those assigned to healthcare related committees.

State of California

The state legislature is in year two of its current session and has several bills on the table and a few new bills in a variety of forms. Focus areas are opioids, single-payer and mental health services. As of this writing, a package of healthcare related bills are being crafted and have not been day-lighted yet.

Some to watch:

[SB 562](#) (Lara) Healthy California-Single Payer (Watch)

The bill seeks to create a “single-payer” system providing healthcare to all California residents.

Introduced in 2017 and approved by the senate, SB 562 has been held up in the assembly as Speaker Rendon felt it “incomplete”. There have been several committee hearings investigating viability. SB 562’s complexity and cost challenges make it unlikely to go anywhere in this session. But keep an eye out for the 2019-2020 session for its revival and for the notion to be a big topic during the gubernatorial election later this year.

[AB 2789](#) (Wood) Prescriptions – electronic transmission (Watch)

Current law allows for electronic transmission of prescriptions with specified requirements in addition to oral and written prescriptions. This bill would require health care practitioners authorized to issue prescriptions to have the “capability” to transmit electronic prescriptions and for pharmacies to also have the “capability” to receive.

AB 1795 (Gipson) Emergency medical services: community care facilities (Priority)

This would authorize a local emergency medical services agency to submit, as a part of its emergency services plan, a plan to transport specified patients to a community care facility in lieu of transport to an acute care hospital.

SB 1288 (Leyva) Health care facilities: inspections (Priority)

Would require state periodic inspections of healthcare facilities to include review of nurse to patient ratios and other staff assignment regulations and would require the State Department of Public Health to ensure that these inspections are not announced in advance of the date of the inspection.

SB 538 (Monning) Hospital contracts (Oppose)

This bill lost steam last year, however it is still alive. It prohibits specific provisions in contracts between health plans and hospitals.

Bond Initiatives

17-0047 California Care Act (SEIU-UHW)

Raises income tax 1% on earnings over \$1 million with funds dedicated to the health care safety net. Of the funds collected, 20% would be available to hospitals owned and operated by local health care districts.

17-0019 Establishes a Health Care Fund (Enact Universal Healthcare)

This initiative creates a fund within the state treasury for funding healthcare and related healthcare expenses to encourage the legislature to enact policies and funding mechanisms. This would allow the legislature to raise taxes dedicated to this fund by a simple majority vote rather than two thirds. Funds would be exempt from certain constitutional requirements such as; GANN spending limit, minimum spending for schools (Prop 98), and state reserve deposits. This is a pre-cursor attempting to lay ground work for SB 562 Single Payer legislation.

13.3. Contracts

Contracts redacted.

Available for public viewing via a Public Records request.

ABD-01 CHIEF EXECUTIVE OFFICER PERFORMANCE EVALUATION

POLICY:

A formal system of performance evaluation shall be established for the Chief Evaluation Officer and shall be annually completed by the Board of Directors.

PURPOSE:

To establish a process or processes designed to ensure that the Chief Executive Officer is performing the duties to achieve Tahoe Forest Hospital District's Mission and Vision and are reflective of the organization's values.

PROCEDURE:

- A. The objectives of the formal performance evaluation system are:
 - 1. To reveal areas in which the Chief Executive Officer has opportunities for growth.
 - 2. To optimize the performance of the Chief Executive Officer of the Tahoe Forest Hospital District.
- B. Chief Executive Officer Performance Evaluation: The Chief Executive Officer's performance will be formally reviewed in November, based on pre-determined criteria. The process will be accomplished by the full Board of Directors and will be documented through a written report.
- C. The TFHD Board of Directors will provide regular feedback to the Chief Executive Officer relating to his/her performance in accomplishment of objectives.
- D. At the time of the performance evaluation, an annual review of the Chief Executive Officer's Employment Agreement will also be conducted. The Board will have the option to extend the Employment Agreement.

Related
Policies/Forms:
[AHR-68](#)
[Performance](#)
[Reviews](#)

References:

Policy Owner:
Clerk of the
Board

Approved by:
Chief
Executive
Officer

ABD-01 CHIEF EXECUTIVE OFFICER PERFORMANCE EVALUATION

POLICY:

~~A formal system of performance evaluation shall be established for the Chief Evaluation Officer and shall be annually completed by the Board of Directors.~~

Formatted: Body Text

PURPOSE:

~~To establish a process or processes designed to ensure that all individuals who provide services on behalf of Tahoe Forest Hospital District ("TFHD") be competent to provide such services, the Chief Executive Officer is performing the duties to achieve Tahoe Forest Hospital District's Mission and Vision and are reflective of the organization's values.~~

PROCEDURE:

POLICY:

~~A. Since the outcome of services rendered by Tahoe Forest Hospital District affects the quality of life of its patients and community, it is important that the delivery of these services be monitored. Inherent in this process is the periodic review of each individual providing service on behalf of Tahoe Forest Hospital District including its employees and professional contract providers of clinical care. Of equal importance is the Board of Directors' commitment to periodically review its own performance and that of the hospital's Chief Executive Officer.~~

~~B.A. Therefore, formal systems of performance evaluation shall be established to cover all such individuals. The usual period for which an evaluation is documented is one year. Nevertheless, the system should encourage continuing activity so as to effect performance improvement more quickly and to provide motivational rewards on a timely basis. The objectives of the formal performance evaluation system ~~is~~are:~~

- ~~1. To reveal areas in which each team member can work to improve the Chief Executive Officer has opportunities for growth.~~
- ~~2. To optimize the performance of each member the Chief Executive Officer of the Tahoe Forest Hospital District team.~~
- ~~3. To provide a logical manner by which compensation decisions can be made, and thereby maximize the motivational value of the rewards.~~

PROCEDURE:

A. Employee Evaluation:

- ~~1. All employees are regularly evaluated to document their compliance with TFHD goals, personal goals, TFHD policies and procedures and job performance. Evaluations are given at the end of the probationary period and annually thereafter. The quality of patient care services provided by these individuals is reviewed as part of the hospital's quality assurance program. The procedure for this category of individuals is more fully delineated in the District policy AHR 68 Performance Reviews.~~
- ~~2. On an annual basis, the department head of a clinical care area who engages the services of a professional contract provider will conduct and document a review of the services rendered by that professional contract provider.~~

~~B. B. Chief Executive Officer Performance Evaluation: The Chief Executive Officer's performance will be formally reviewed in November, based on pre-determined criteria, at least annually. The process will be accomplished by the full Board of Directors and will be documented through a written report.~~

- ~~1. It is the responsibility of the hospital's Chief Executive Officer to prompt the scheduling of such a review through the timely placement of this item on the Closed Session agenda.~~

Formatted: Indent: Left: 0.49", No bullets or numbering

~~In recognition that a performance appraisal is not intended to limit feedback to a once a year event, C. The District TFHD Board of Directors are encouraged to will provide regular feedback to the Chief Executive Officer relating to his/her performance in accomplishment of objectives.~~

Formatted: Indent: Left: 0.98", No bullets or numbering

~~2. D. At the time of the performance evaluation, an annual review of the Chief Executive Officer's Employment Agreement will also be conducted. The Board will have the option to extend the Employment Agreement.~~

Formatted: No bullets or numbering

~~C. Board Evaluation:~~

- ~~1. The Board will monitor and discuss the Board's process and performance at least annually. The self-evaluation process will include comparison of Board activity to manner of governance policies. The process may include, but not be limited to:~~
 - ~~a. Evaluation of feedback gathered from surveys of Medical Staff, employees and community.~~
 - ~~b. Use of an appropriate Board self-evaluation tool.~~
 - ~~e. Achievements relative to the District's mission and strategic goals.~~

Formatted: Indent: Left: 1.47", No bullets or numbering

Related Policies/Forms:
[AHR-68 Performance Reviews](#)

References:

Policy Owner:
Clerk of the Board

Approved by:
Chief Executive Officer

ABD-02 CEO Compensation

PURPOSE:

Tahoe Forest Hospital District (“TFHD”) Board of Directors wants to ensure that the Chief Executive Officer’s compensation decisions are competitive, fair and equitable as well as compliant with appropriate regulatory guidelines and representative of best market practices.

POLICY:

It is the responsibility of the Board Executive Compensation Committee to review executive compensation and to manage the Chief Executive Officer contract renewal process. The Board Executive Compensation Committee is composed of two board members and is appointed annually by the Board President.

PROCEDURE:

A. Total Compensation

Total compensation for the Chief Executive Officer position with TFHD may include, but not limited to:

1. Personal leave
2. Long Term Sick Leave
3. \$1,000,000 life insurance benefit
4. Automobile allowance
5. Housing assistance
6. Health, dental and vision insurance
7. Long Term Disability policy
8. Participation in Money Purchase Pension Plan
9. Employer match into 457 Deferred Compensation Plan
10. Discretionary deferred compensation
11. Incentive Compensation Plan
12. Severance agreement

The Executive Compensation Committee will review survey data from various sources including, but not limited to, the California Hospital Association Executive Compensation Survey, third party compensation expert, and other targeted data. Survey comparisons will be to like size healthcare systems. Review of standalone facilities and healthcare systems will include the size of the organization, scope of services offered, gross/net revenue, operating expenses, number of FTE's, number of beds and scope of responsibility (e.g. Bi-state organizations, Multi-specialty Clinic services) and other applicable information.

B. Target

The 50th percentile of current pay practices will be targeted to establish base compensation. "At Risk" compensation and other rewards will be targeted at above industry standards to offset base pay at the 50th percentile. It is our intention to provide total compensation comparable to industry standards with a focus on mountain community healthcare systems. Due to the housing market forces in our area, additional housing related benefits may be included in a total compensation package. These benefits may be more generous than industry standards due to local market and housing conditions.

The Board maintains the discretion to pay base compensation in excess of the 50th percentile based on other factors such as experience and results and to pay total compensation up to the 100th percentile based on extraordinary results.

C. Other factors

Other factors such as competitive market forces, each individual's job responsibilities are also

considered in TFHD compensation and benefit decisions. These may include:

1. Organizational complexity (the number and variety of services and/or organizational units).
2. Current and future management challenges (such as bankruptcies, major financing, construction projects, consolidations, increased competition, etc.).
3. The availability or lack of availability of staff experts.
4. The depth and breadth of the executive's knowledge and experience.
5. The rate of organizational growth.
6. The executive's value in the labor market as reflected, in part, by his salary history elsewhere.
7. The hospital's prior success in recruiting and retaining competent executive personnel.
8. Fees charged for comparable services by recognized hospital management companies.

Related
Policies/Forms:

References:

Policy Owner:
Clerk of the
Board

Approved
by: Chief
Executive
Officer

ABD-02 CEO Compensation

POLICY:

Tahoe Forest Hospital District Chief Executive Officer Compensation

PROCEDURE:

Policy Statement PURPOSE:

Tahoe Forest Hospital District (“TFHD”) Board of Directors wants to ensure that the Chief Executive Officer’s compensation decisions are competitive, fair and equitable as well as compliant with appropriate regulatory guidelines and representative of best market practices. Compensation philosophy for all executives will tie to an overall organizational philosophy.

A.

B. Guiding Principles POLICY:

~~The Board of Directors of the Tahoe Forest Hospital District recognizes that if we are to achieve our goal to be the Best mountain community health care system in the country that we must attract and retain exceptional leaders. As elected trustees we also have the duty to appropriately care for the resources of the Tahoe Forest Hospital District on behalf of the community.~~ It is the responsibility of the Board Personnel Executive Compensation Committee to review executive compensation and to manage the Chief Executive Officer contract renewal process. The Board Personnel Executive Compensation Committee is composed of two board members and is appointed annually by the Board President. ~~An effort will be made to have the most independent Board Members serve on this committee during the Chief Executive Officer contract renewal process. In accordance with the California Brown Act, debate and decisions on executive compensation will be held in open and public meetings.~~

C. Total Compensation

Total compensation for the Chief Executive Officer position with TFHD may include, but not limited to:

1. Personal leave
2. Long Term Sick Leave
3. \$~~5~~1,000,000 life insurance benefit
4. Automobile allowance
5. Housing assistance
6. Health, dental and vision insurance
7. Long Term Disability policy
8. Participation in Money Purchase Pension Plan
9. Employer match into 457 Deferred Compensation Plan
10. Discretionary deferred compensation
11. Incentive Compensation Plan
12. Severance agreement

D. Markets

~~1-~~ The Personnel Executive Compensation Committee will review survey data from various sources including, but not limited to, the California Hospital Association Executive Compensation Survey, third party compensation expert, and other targeted data. ~~Reviews will take place one year prior to the contract expiration date of standing Chief Executive Officer and as needed for recruitment.~~

~~2-~~ Survey comparisons will be to like size healthcare systems. Review of standalone facilities and healthcare systems will include the size of the organization, scope of services offered, gross/net revenue, operating expenses, number of FTE’s, number of beds and scope of responsibility (e.g. Bi-state organizations, Multi-specialty Clinic services) and other applicable information.

E.B. Target

Formatted: Indent: Left: 0.29", No bullets or numbering

Formatted: Indent: Left: 0.49", No bullets or numbering

Formatted: No bullets or numbering

Formatted: Indent: Left: 0.98", No bullets or numbering

The 50th percentile of current pay practices will be targeted to establish base compensation. "At Risk" compensation and other rewards will be targeted at above industry standards to ~~off~~ ~~set/offset~~ base pay at the 50th percentile. It is our intention to provide total compensation comparable to industry standards with a focus on mountain community healthcare systems. Due to the housing market forces in our area, additional housing related benefits may be included in a total compensation package. These benefits may be more generous than industry standards due to local market and housing conditions.

The Board maintains the discretion to pay base compensation in excess of the 50th percentile based on other factors such as experience and results and to pay total compensation up to the 100th percentile based on extraordinary results.

F. C. Other factors

~~+~~ Other factors such as competitive market forces, each individual's job responsibilities are also considered in TFHD compensation and benefit decisions. These may include:

- ~~2~~-1. Organizational complexity (the number and variety of services and/or organizational units).
- ~~3~~-2. Current and future management challenges (such as bankruptcies, major financing, construction projects, consolidations, increased competition, etc.).
- ~~4~~-3. The availability or lack of availability of staff experts.
- ~~5~~-4. The depth and breadth of the executive's knowledge and experience.
- ~~6~~-5. The rate of organizational growth.
- ~~7~~-6. The executive's value in the labor market as reflected, in part, by his salary history elsewhere.
- ~~8~~-7. The hospital's prior success in recruiting and retaining competent executive personnel.
- ~~9~~-8. Fees charged for comparable services by recognized hospital management companies.

Related
Policies/Forms:

References:

Policy Owner:
Clerk of the
Board

Approved
by: Chief
Executive
Officer

Formatted: Indent: Left: 0.49", No bullets or numbering

Formatted: Indent: Left: 0.98", No bullets or numbering

ORDER & DECORUM OF BOARD BUSINESS FOR 2018

1. PUBLIC PARTICIPATION IN BOARD MEETINGS

The public's participation in the affairs the health system's governance assists in understanding the public's input through the governing process and has value. Consideration will be given to this value while the board president reserves the privilege to recognize members of the public. Board members assistance in calling attention to public members they desire to be recognized is encouraged.

2. PROMPTNESS AT MEETING TIME

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

3. AGENDA ITEMS

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

4. LAST MINUTE SUPPORTING DOCUMENTS

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

5. CONSENT CALENDAR PROCEDURE

Board members are encouraged to seek from staff answers to questions regarding the consent calendar prior to the board meeting. Board members are encouraged to notify the board president and CEO prior to a meeting if there is intent to pull an item and/or provide questions and concerns. There are to be no surprises.

The public may request a board member pull an item from the consent calendar.

Department Heads, or their designated representative, will be present during the consent calendar to answer any questions.

If the Department Head is unable to attend, the Chief Executive Officer will respond to questions and/or the item may be postponed until later in the meeting or a following meeting if necessary.

6. REQUESTS FOR INPUT OR DIALOGUE

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

7. MOTIONS

Once a motion is made, seconded, and under discussion, no other motion shall be made on the subject matter until a vote on the main motion has occurred. No more than one motion can be considered at a time.

8. AMENDMENT OF A MOTION

Once a motion has been made and seconded, it may only be amended by the motion maker with the concurrence of the second.

9. VOTE

Three votes of the Board, unless a greater number is required by law, are required to constitute a Board action. A tie vote on a motion affecting the merits of any matter shall be deemed to be a denial of the matter.

10. VOICE VOTE

The Board shall act by voice vote on all matters before it with the exception of resolutions which require a roll call vote. A Board member may ask for a roll call vote on any voting matter. Any Director present who does not vote or abstain audibly shall be recorded as voting "yes".

11. DISQUALIFICATION/ABSTENTION

Any Director may abstain from voting on any matter. A disqualification/abstention from voting on the merit of any matter shall be announced by the Director audibly. The Director may state the reason for the disqualification/abstention. However, any Director disqualifying due to a conflict of interest shall state the reason and the Director shall completely abstain from participating in discussion on the matter.

Abstention shall not count as a vote for or against a matter for which a vote is taken.

12. MOTION FOR RECONSIDERATION

When additional information has surfaced at a meeting after a motion has duly passed or failed, a motion for reconsideration may be accepted only if advanced or seconded by a Board member on the original motion.

The President may reschedule an item if the participating public was present when originally considered and departed before reconsideration.

Questions from the board will occur prior to public comment. Items will not be debated by the board until after public comment has been "closed".

13. INDIVIDUAL BOARD MEMBER AGENDA REQUESTS

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

14. CLOSED SESSION

Documentation for closed sessions will be provided on the Board portal for two days prior to the session. Once the session has been completed, all documentation will be removed from the portal. Hard copy documentation will be available during the actual closed session, but will be returned by all board members at the completion of the closed session.

As a best practice, closed session will be attended by General Counsel.

15. WORKSHOPS

Study sessions in the form of workshops will be held as needed. The goal will be to gain in-depth information, edification of the public and to allow the board a clear understanding of the complex issues of healthcare and district government.

16. PRESIDENT AND VICE PRESIDENT YEARLY SELECTION PROCEDURE

Selection of the President and Vice President will be by majority vote of the Board. The President will not serve a consecutive term unless by unanimous vote of the Board.

17. ROLE OF THE PRESIDENT

- Run meetings and associated duties within meetings
- Preside over ceremonial situations
- Committee appointments
- Approve agendas for completeness
- Speaks for the board to the media.

CULTURE

18. EXPECTATIONS REGARDING ORGANIZATIONAL CULTURE

EXPECTATIONS OF BOARD MEMBERS

- A. Always focus on what is best for Tahoe Forest Hospital District, represent the Hospital.
- B. Maintain good board relationships and visibly demonstrate respect for, and fairly represent each other.
- C. Be sensitive to your public image and conduct at all times.
- D. Be respectful, open, candid, honest and fair:
 - 1. Explain your perspective, rationale and reasoning.
 - 2. Remember that respect for debate, differing opinions and reasoning mitigates polarization.
 - 3. Demonstrate that it is fine to disagree but not be disagreeable.
 - 4. Don't be inhibiting or limiting.
 - 5. Value the staff as individuals and demonstrate mutual respect.
 - 6. Let staff know of questions you have on an agenda item or staff's recommendation with grace.
- E. Do your homework, be prepared when bringing an item to the Board, be as concise as possible, and don't repeat comments made by another Director.
- F. Recognizing that the Board is the staff's first priority:
 - 1. Provide clear direction to the staff.
 - 2. Prioritize the level of importance of issues and feel free to go directly to the CEO or the Executive Team.
 - 3. Go to the CEO's office and/or Executive Team and not to a front line employee on any issue, especially as it relates to committee meeting business
 - 4. Recognize that discussions with staff are welcome but do not constitute policy direction, which only comes from the full Board.
 - 5. Recognize the sensitivity of personnel matters, direct all personnel concerns or complaints to the CEO's office and do not publicly discuss them.
- I. **No Surprises.** Keep each other informed with each other or staff.

EXPECTATIONS OF STAFF

- A. Provide good services and show respect to the public.
- B. Present good staff reports: pros and cons
 - 1. Give pros and cons, alternatives, and a recommendation.
 - 2. Present accurate and quality visuals.
 - 3. Don't raise more questions than you can answer in a staff report.
 - 4. Stay well organized and manage the time.
- C. Apprise the Board in advance of:

1. Meetings and special projects within the District.
 2. Any controversial issues or conversations; don't surprise the Board, especially on any "hot button" issues.
 3. Any "bad news."
 4. Deadlines that are slipping and why.
 5. Problems facing the staff.
- D. Set realistic deadlines, be proactive with regard to issues that need resolving, and produce timely documents.
- E. Work cooperatively, demonstrate cooperation among staff, support each other, and be sensitive to each other's workloads.
- F. Be loyal to the Hospital and be sensitive to your public image and conduct at all times.
- G. Feel comfortable communicating with Board members.
- H. Do not participate in political activity while on duty or on TFHD campus.

Approved: _____

President of the Board & all Board Members

Charter
Executive Compensation Committee
(formerly Personnel Committee)
Tahoe Forest Hospital District
Board of Directors

PURPOSE:

The purpose of ~~this document is to define~~ the charter is to delineate the responsibilities and duties of the Executive Compensation Committee of the District's Board of Directors ~~and, further, to delineate the Committee's duties and responsibilities.~~

RESPONSIBILITIES:

The Executive Compensation Committee is responsible for assisting the Board in oversight of Chief Executive Officer (CEO) relations and the work done through the Foundations of Excellence.

DUTIES:

1. Oversee the identification and recruitment of the organization's CEO as directed by the Board of Directors
2. Assure an annual CEO performance evaluation process is in place.
3. In conjunction with the CEO, annually review and recommend modifications of goals and objectives which will be used to evaluate the performance of the CEO.
- ~~4.~~ Review annually the CEO's comprehensive compensation package, and make recommendations to the Board of Directors as necessary.
- ~~5.~~ Review metrics annually for the CEO's Incentive Compensation Criteria and make recommendations to the Board of Directors as necessary.
- ~~4-6.~~ Review annually the CEO's Employment Agreement, and make recommendations to the Board of Directors as necessary
- ~~5-7.~~ In conjunction with the CEO, review and evaluate annually the CEO position description to ensure its continued relevance. Recommend revisions to the Board of Directors as necessary
- ~~6-8.~~ Annually review the CEO Succession Plan and make recommendations to the Board.

COMPOSITION:

The Committee is comprised of at least two (2) board members appointed by the Board President.

MEETING FREQUENCY:

The Committee shall meet at least once annually and then on an as needed basis.

Tahoe Forest Children's Center

Rebekah Shurtleff
Director

Tahoe Forest Children's Center Business Plan Update

Purpose

- Overview of Children's Center
- Current Demographics
- Benefits to TFHD
- Benefit to Community
- Operational Excellence



Overview of Children's Center

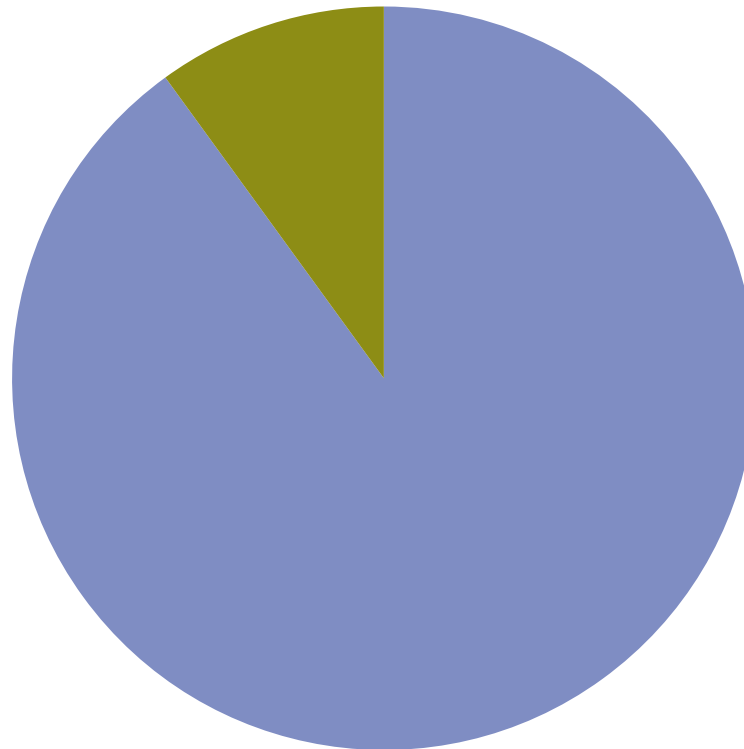
- Background
 - Opened in 1991
 - Fills gap in access to child care in Truckee
 - Priority given to TFHD employees
 - Center currently able to accommodate all TFHD who need care
 - Child care results in TFHD staff retention



Current TFCC Demographics

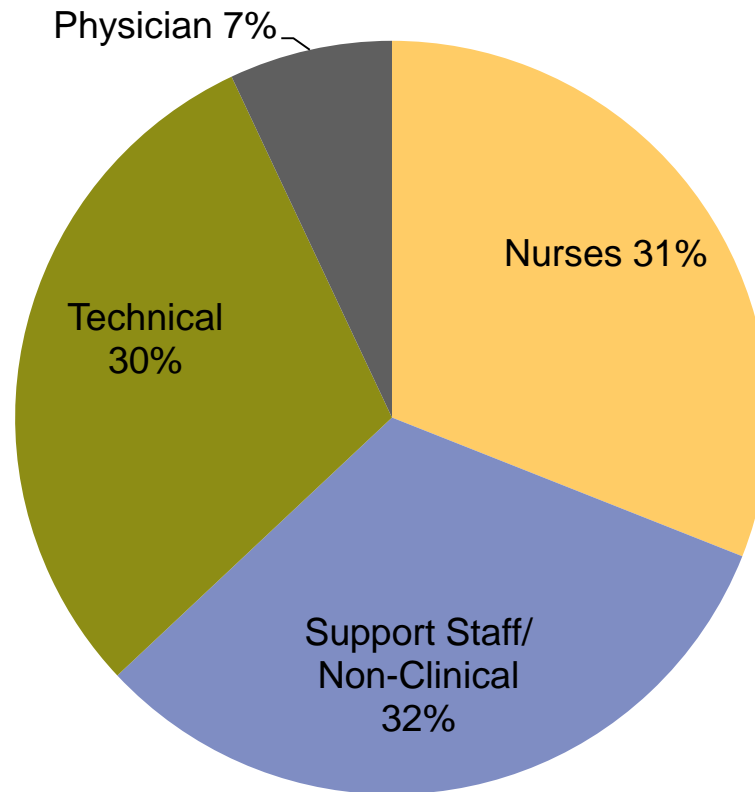
Overall Customer Demographics

- TFHD employee 90%
- Community 10%



Current TFHD Client Demographics

Tahoe Forest Hospital Employee Clients



Facts about Children's Center

■ Service

- Operation hours
 - Monday to Friday
 - 6:55 am to 6:00 pm
 - Open snow days
- Only center-based care in Tahoe area with Licensed Infant and Toddler Care
- Largest Child Care center in Eastern Nevada County
- One-stop child care: Infant to 3rd grade
- TFHD employees receive 40% discount off tuition

Benefits of Children's Center

■ Benefits to TFHD

- Operate at budget neutral since 2006
- Retention tool for TFHD staff
- Recruitment benefit of new TFHD staff
- Accommodates Health System staff schedules
 - Open earlier and later than local care providers
 - Available for additional child care when needed
 - Available for flex scheduling of TFHD staff
- Served 95 Hospital Employees in 2017, projected 112 in 2018
- Current enrollment 135 children
 - 39 Infants, 66 preschoolers, 30 school age kids
- Staff return to work early with close infant care
- Nevada County 5 Star Quality Rated

Benefits of Children's Center

■ Benefits to Community

- TFCC sets a standard of Quality child care for community
- Partner with TTUSD
 - Kindergarten Articulation partnership with child care providers and kindergarten teachers
 - Tahoe Truckee annual Child Development Conference
- Partner with Nutrition Coalition
- Wellness Neighborhood education of children and parents ie Dental health and tooth sealing
- Provide Sierra College with Practicum/mentoring of students; Guest speaker in Child Development Classes
- Offer child care training for community care providers
- Per Nevada County Child Care Planning Council report there are more children needing care than available child care.

Director Involvement for Quality Care

■ Community Involvement of Director:

- Truckee-Tahoe Child Development Conference board
- Kindergarten Articulation board (coordination of kindergarten and preschools for best interest of children)
- Nutrition Coalition 0-5y Nutrition Coordinator
- Nevada County Local Child Care Planning Council Board
- Nevada County Early Education Leadership Council Board
- Eastern Nevada County Quality Peer Mentor
- Speaker at Sierra College Child Development Classes

■ National Involvement of Director

- Selected as National Emerging leader for 2016 (one of 50)
- President of Child Care in Health Care, national association of directors of child care facilities since 2015

Operational Excellence

National Best Practices in Infant/Toddler and Preschool	5 Star rating based on national standard of best practices Environmental Rating Scale Re-evaluation 2018
Staff Education and training	Child Development, Best Practices, Health and Sanitation, Social Emotional Health,
Parent Satisfaction Survey	Consistently score in 99% overall satisfaction based on National Standards (NAEYC) and Childcare in Health Care survey questions
Benchmark with other Hospital Child Care Centers	Childcare in Health Care statistics of operations, benefits, efficiency
Sierra College Practicum and Mentorship	Mentor Child Development Practicum students

Questions





Board Executive Summary

By: **Svieta Schopp, RN, MSN**
Infection Preventionist

DATE: **March 12, 2018**

INFECTION PREVENTION and CONTROL: Review of system-wide function

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 facility-wide systematic process is in place to identify, investigate, measure, analyze, report and improve quality and safety. The Infection Prevention and Control function performs essential activities that adhere to nationally recognized evidence-based practices and guidelines, and comply with applicable federal, state, and local agencies as well as accreditation requirements for critical access hospitals.

The purpose of the Infection Control (IC) and Prevention Plan is to identify infections and reduce the risk of disease transmission through the introduction of preventive measures. The aim of the program is to deliver safe, cost-effective care to patients, staff, visitors, and others in the healthcare environment. There is an emphasis on populations at high risk for infection. The program is designed to prevent and reduce healthcare associated infections (HAI) and provide information and support to all staff regarding the principles and practices of Infection Control (IC) in order to support the development of a safe environment for all who enter the facilities of TFHS.

BACKGROUND/SUMMARY:

Ongoing education, adherence monitoring of evidence-based best practices, relevant and rigorous surveillance, data collection, analysis, and transparent reporting requires teamwork. Design of reliable systems to prevent and control infections and communicable diseases is done in a fiscally responsible fashion.

Training and education are essential to promote a culture of quality. Employees, contracted workers, volunteers, and Medical Staff receive education about infection prevention and control at initial orientation; additional departmental orientation follows. Community education is also an important part of the infection control plan.

This presentation provides a brief overview of TFHS' Infection Prevention and Control function.

ACTION REQUESTED:

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



Infection Prevention & Control Report to TFHD BOD

March 22, 2018

SVETLANA SCHOPP, INFECTION PREVENTIONIST
JANET VAN GELDER, DIRECTOR OF QUALITY & REGULATIONS

Objectives



- What is Infection Prevention and Control?
- Mandatory reporting
- Hand hygiene
- Community outreach
- Update on this year's flu season
- Clostridium difficile infection
- Antimicrobial stewardship
- New electronic medical record (EMR)

Infection Prevention & Control



- Customer-focused
- Utilize evidence-based best practices
- Follow state & federal regulatory mandates & public health policy
- National Healthcare Safety Network (NHSN) reporting – Centers for Disease Control (CDC)
- Foundationally linked to quality & process improvement
- Surveillance of process & outcome measures
- Risk assessment driven
- Survey ready

Quality Indicators:

aligned with reporting mandates



- Report through NHSN:
 - Surgical Site Infections (SSIs)
 - Device-related & other infections
 - ✦ Central line-associated bloodstream infections (CLABSI); insertion practices (CLIP)
 - ✦ Ventilator-associated events/pneumonias (VAE, VAP)
 - ✦ Catheter-associated urinary tract infections (CAUTI)
 - ✦ Lab identification events:
 - *Clostridium difficile* (C. diff)
 - Methicillin-resistant staph aureus (MRSA)/Vancomycin-resistant enterococci (VRE) bloodstream infections
 - Healthcare worker influenza vaccination rates
- Monitor hand hygiene compliance
- Employee health's occupational exposure track /trend

Infection Prevention & Control Team



- Primary aim: prevent healthcare-associated (HAIs) infections
- Infection prevention is everyone's responsibility
- Good hand hygiene – most important way to prevent spread of infection



Hand Hygiene



- Hand hygiene

- What:

- ✦ Always wash when visibly soiled (friction over time at least 15-20 seconds = “Happy birthday” song x 2)
- ✦ Use alcohol-based hand sanitizer if hands are not visibly soiled

- When:

- ✦ Before preparing/eating food
- ✦ After using restroom/toilet
- ✦ Before and after touching your eyes, nose, or mouth
- ✦ After blowing your nose, coughing, or sneezing
- ✦ After touching high touch surfaces: door knobs, phones, keyboards, grocery carts, etc.
- ✦ Before and after caring for someone who is ill

Community Education & Outreach



- Flu vaccines for TTUSD as part of disaster drill for Nevada County - Oct 2017
- Annual PPE, flu vaccine, & TB testing Oct/Nov 2017:
 - Truckee/NorthStar/Tahoe City Fire Departments
 - Squaw & Alpine Ski Patrol
- High school Career Fair Nov 2017
- Breakfast Club Meeting of Tahoe City Feb 2018
- North Tahoe Science Expo for elementary schools March 2018
- STEAM Fair rescheduled to June 2018

Flu Season 2018



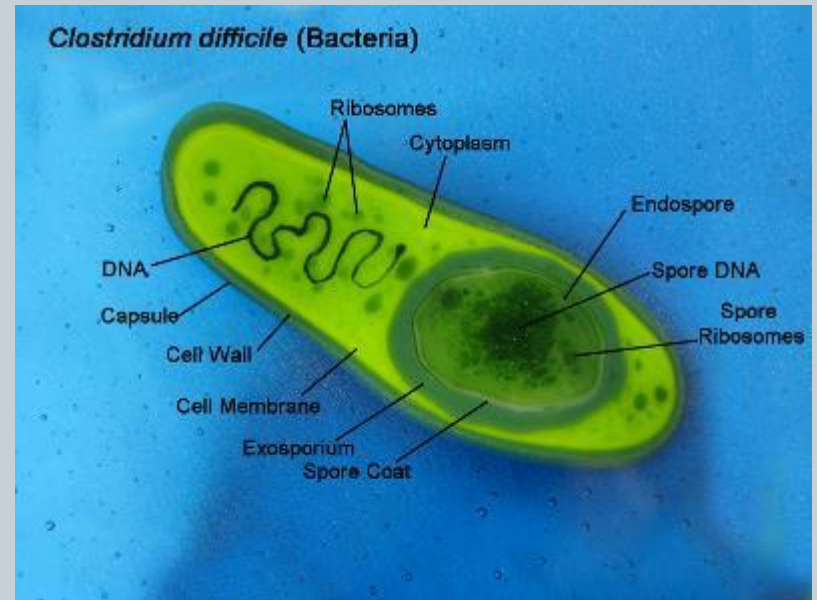
- More severe than previous years, now on decline
- Influenza A (H3N2) strains are predominant (69% of influenza infections through beginning of February)
 - Tend to be more fatal to young children and adults >65 years old
 - Flu vaccine is not as effective
- Currently more influenza B strains
 - Tend to be less severe
- Vaccine effectiveness this year (interim estimate from CDC – 02/16/18)
 - influenza A (H3N2) - 25%
 - influenza A (H1N1) - 67%
 - influenza B - 42%



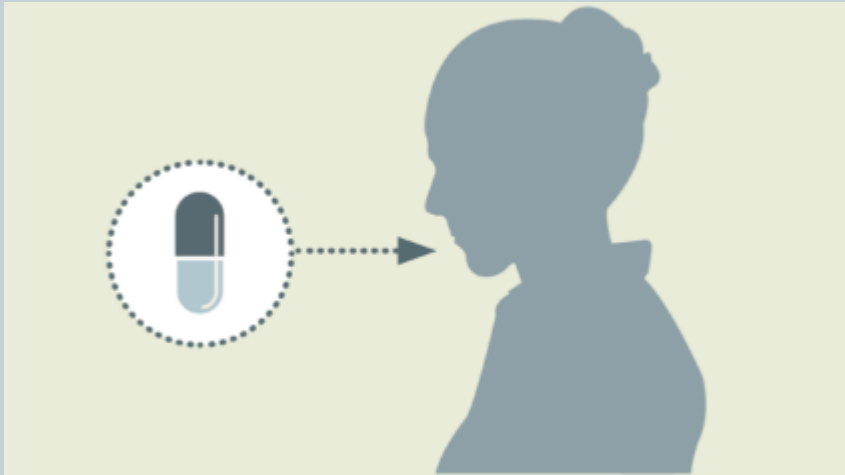
Clostridium *difficile* Infection



- Clostridium *difficile* (C. diff) a germ that causes potentially deadly diarrhea
- Symptoms of C. diff:
 - Watery diarrhea
 - Fever
 - Loss of appetite
 - Nausea
 - Belly pain & tenderness
- C. diff is spore-forming bacteria -> can live on surfaces for up to 5 months -> high potential for spreading



Clostridium *difficile* Infection



- **Risk:**
 - People on antibiotics are 7-10 times more likely to get *C. diff* while on the drugs and during the month after
 - Being in healthcare settings, especially hospitals or nursing homes
 - More than 80% of *C. difficile* deaths occurred in people 65 and older

Clostridium *difficile* Infection



- **Prevention:**

- Improve prescribing of antibiotics
- Wash hands often, hand sanitizer does not kill *C. diff*
- Use best tests for accurate results to prevent spread
- Readily identify and isolate patients with suspected *C. diff*
- Wear gloves and gowns when treating patient with *C. diff*
- Clean room surfaces with EPA-approved, spore-killing disinfectant (such as bleach), where *C. diff* patients are treated







Antimicrobial Stewardship

Antimicrobial Stewardship: program that promotes the appropriate use of antimicrobials (including antibiotics), improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms.

Source: APIC

Bacteria vs. Virus

 BACTERIA	 BOTH	 VIRUS
Strep throat Tuberculosis Whooping cough UTI	Bronchitis Ear infection Sinus infection	Common cold Flu Sore throat
Antibiotics? YES	Antibiotics? MAYBE	Antibiotics? NO



Source: CDC

New EMR: Mercy Epic



- Implemented November 1, 2017
- ICON module
 - Infection Prevention & Control Specific
 - Built in algorithms to collect regulatory data
 - Provides extensive clinical information
 - Greater reporting capability
 - Built in best practice advisories (BPAs) for various medical conditions (e.g. Sepsis, vaccine screening, isolation precautions recommendations)

Questions? Comments? Suggestions?














- Svetlana Schopp, Infection Preventionist, RN, MSN
 - (530) 582-8231
 - sschopp@tfhd.com
- Janet Van Gelder, Director of Quality & Regulations, RN, DNP
 - (530) 582-6629
 - jvangelder@tfhd.com










Chief Karen Baffone, Chief Nursing Officer, Executive Director Population Health Management Goals: 2016 - 2020







Strategic Initiative: Care Coordination





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







Status Scale for Objectives	 - Objective/Action Completed				
	 - Objective/Action In Progress				
	 - Objective/Action Not Started				
Objective	Actions	Responsible Executive	Status of Action	Progress Report	Time Line
<u>Objective 1</u> Establish intergration of patient access through post-acute care level of service	1. Chronic Care Coordinators to attend all morning huddles for improved handoff communication.	Baffone		1/2016-3/2018: 1. 100% Attendance 2. Care Coordinators are in attendance Monday - Friday at tier one huddles. 3. Currently there is no weekend coverage. We have seen an increase in Transitional Case Management (TCM) patients and currently there is no TCM coverage in the ED. We have just implemented Case Management in the ED and will work to coordinate and integrate patient services throughout the continuum. 4. Care Transition team to review HCAHPS Solution Starters to develop an effective plan to improve these scores. This score should also improve through the implementation of TCM and Care Coordination.	2016 - 2018
	2. Collaborate with Case Management (CM) and Post-Acute Service for discharge plan	Baffone		1/2016-12/2017: 1. Improved HCAHPS scores for discharge information from 64% rank to 84%.	2016 - 2018
	3. Integrate a tiered huddle reporting system at all levels of the organization to improve coordination of patient care services while continuously improving outcomes.	Baffone		1/2016-12/2017: 1. Goal is to improve HCAHPS scores for Care Transition, went from 97% rank down to 84%.	2016 - 2020
	4. Transitional care management patients will all be seen by the primary care provider within 7 - 14 days based on complexity	Baffone		1/2016-12/2017: 1. Readmission rate of chronic care coordinated patients at 1.2%	2016 - 2018
	5. All patients will be contacted within 24 hours post discharge	Baffone		1/2016-12/2017: 1. Number of TCM patients seen/ month. Average 40/ month.	2016 - 2017
<u>Objective 2</u> Implementation of	1. Establish a consistent platform for integration of patient care services through EPIC			1/2017-3/2018: 1. Successful implementation on November	





Nurse Navigation software, integration into EMR, integration with medical home wearable technology	implementation on Nov 1, 2017. (This may eliminate the need for Navigation software through the EPIC reporting systems).	Dorst Baffone		1, 2017 2. No purchase of Navigation software related to the implementation of EPIC. Await evaluation of Healthy Planet. We will not be able to evaluate the ongoing need for light beam data or develop reports in EPIC until the GO-LIVE of the project has been completed.	2017 - 2018
	2. Evaluate the ongoing need for light beam data.	Dorst Baffone		1/2016-3/2018: 1. Completed and discontinued contract for lightbeam	2016-2018
	3. Reports for Care Coordination data to be developed with Mercy team.	Dorst Baffone		11/2017-3/2018: 1. Unable to build out at this time.	2017-2019
	4. Research home monitoring (weight, BP, pulse ox, glucose) though Sales Force, NurseNav, Blue Life	Dorst Baffone		11/2017-3/2018: 1. Exploring options in Mercy Epic My Chart to implement home monitoring	2017 - 2020
<u>Objective 3</u> Enhance our culture with engaged physicians for improved system wide integrated care	1. Physician/Provider education and outreach at staff meetings	Baffone		1/2017-3/2018: 1. 30 MSC patients enrolled in Community Case Management 2. Medical Provider training to continue with new EHR to assure referral process flows are consistent	2017 - 2018
	2. Integrated referral system in EPIC	Baffone		1/2017-3/2018: 1. Referrals increased from 5/mo to 92/mo	2017 - 2018
<u>Objective 4</u> Improve cultural competence to reduce disparities in access to and quality of health care	1. Train bilingual health promotora to align with the care coordination model of care	Baffone		1/2016-3/2018: 1. Ave 22 patients per month 2. Plan for Promotoras to be certified as Medical Assistants (MAs) for increased reimbursement	2016-2018
	2. Promotora to participate in "On the Verge" leadership training	Baffone		1/2016-2/2017: 1. Training completed February, 2017.	2016 - 2017

<u>Objective 5</u> Develop Customer Care Navigation Program	1. Attend navigation seminar at University of Colorado	Baffone		1/2017-3/2018: 1. Customer Care Navigation program is launched. 2. Next step to complete data analysis and program improvement for FY2018.	2017 - 2019
	2. Navigation concept development and planning	Baffone		1/2017-12/2017: 1. Developed marketing material for program. 2. Phone number for program obtained.	2017
	3. Hire navigation staff	Baffone		1/2017-12/2017: 1. 3 FTE Navigation staff hired. 2. Navigation staff trained.	2017
	4. Customer Care Navigation Launch	Baffone		1/2017-12/2017: 1. Marketing material distributed to communities. 2. Presentation to TFH Medical Staff March 2017 3. Presentation to IVCH Medical Staff 4. Presentation to IVCH Foundation	2017
<u>Objective 6</u> Implement Customer Care Navigation Program	1. Reduce Patients' perceived barriers to accessing timely care	Baffone		1/2017-3/2018: 1. Increased collaboration and communication between hospital departments and medical providers (calls navigated/calls received)	2017 - 2018
	2. Increase patient knowledge and self-management skills	Baffone		1/2017-3/2018: 1. Improved customer service for patients (calls navigated/calls received)	2017 - 2018
	3. Improve hospital "goodwill" and create loyalty to the Health System	Baffone		1/2017-3/2018: 1. Increase referral to local providers	2017 - 2018
	4. Improve access to TFHD services to provide efficient and timely care	Baffone		1/2017-3/2018: 1. Open appointments communicated at daily huddle	2017 - 2018
	5. Improve community and interdisciplinary relationships	Baffone		1/2017-3/2018: 1. Monitor and improve out-patient Satisfaction Scores (Top Box rating)	2017 - 2019

	6. Decrease out migration of patients	Baffone		1/2017-3/2018: 1. Link patients back to Primary Care Physician and streamline care 2. 484 patients Navigated 3. 30% of patients navigated scheduled for services 4. Volume of navigation has increased looking into Software tracking programs to increase efficiency	2017 - 2020
	7. Improve patient satisfaction through high quality service	Baffone		1/2017-3/2018: 1. Increased participation of Community Members in TFHS services	2017 - 2018
<u>Objective 7</u> Integration of CR exercise into other prevention and wellness programs	Implement programming into other modalities such as PRIME Million Hearts	Baffone		1/2017-3/2018: 1. Referral process established through Customer Care Navigation and EPIC 2. Implement programming into other modalities such as Diabetes Clinic 3. Explore, develop and implement home monitoring program for cardiac rehab patients	2017 - 2020
<u>Objective 8</u> Expand wellness programming into the orthopedic continuum of care.	1. Integration of orthopedic Care Coordination into total joint program	Baffone		1/2017-3/2018: 1. Develop marketing plan for orthopedic service expansion to Sierra Valley and Tahoe City 2. Integrate home exercise platform	2017 - 2018
	2. Hired, oriented and train care coordinator	Baffone		1/2017-3/2018: 1. Position hired.	2017
	3. Launch Total Joint class	Baffone		1/2017-3/2018: 1. Launch ACL and Total joint exercise program 2. 48 participants in Joint class 3. Caseload of 90 patients	2017 - 2018

<u>Objective 9</u> Expand Chronic Disease Self-Management Programming	1. Incorporate Chronic Pain Self-management into self-management	Baffone		1/2017-3/2018: 1. 111 Patients completed a 6-week self-management series	2017 - 2018
	2. Collaborate with community partners	Baffone		1/2017-3/2018: 1. Programs communicated with community partners	2017 - 2018
<u>Objective 10</u> Integrate appropriate screening practices in Primary Care	1. Provider and clinical staff education and training	Baffone		1/2017-3/2018: 1. Results for F/Y 2017 will be available by September 30, 2017 2. Submit first annual report due by 1/31/18	2017 - 2018
	2. Develop and implement new work flows within the new EHR	Baffone		1/2016-3/2018: 1. Depression screenings implemented (Pediatrics, Medicare, Medi-cal, Perinatal) SBIRT Screenings 2. Adherence to Safe Prescribe Practices o Prescription Drug Monitoring Program o Urine toxicology o Medication Agreement	2017 - 2018
<u>Objective 11</u> Assure health maintenance for all Medicare patients	1. Hire Population Health Nurse (MSC) for AWWs	Baffone		1/2017-3/2018: 1. Population Health Nurse position filled Sept 17	2017
	2. Orient and Train Population Health Nurse	Baffone		1/2017-3/2018: 1. Orientation and training completed	2017 - 2018
	3. Develop process flow for integration into Care Coordination	Baffone		1/2017-12/2017: 1. Integration and referral process developed and implemented.	2017
<u>Objective 12</u> Implement community health education and outreach programming to improve population health and well-	1. Identified evidenced based programming to reduce the risk for developing DM o Implement CDC Prevent T2 program o On track to complete requirements for CDC certification and Medicare reimbursement in 2018	Baffone		1/2017-3/2018: 1. Implemented first cohort of Prevent T2 Diabetes prevention Program - 9 participants enrolled for 12 month program 2. In process of data collection and data analytics for CDC Certification	2017 - 2018

being	<p>2. Developed strategy for HPV immunization outreach</p> <ul style="list-style-type: none"> o Developed patient brochure (English/Spanish) o Provider education o Dental provider education and outreach 	Baffone		<p>9/2016-12/2017:</p> <ol style="list-style-type: none"> 1. HPV Brochures completed and disseminated - 2016 2. MSC and TTMG Provider and staff HPV education - 3/2017 3. Dental Provider HPV education and outreach - 4/2017 	2016 - 2017
	<p>3. Implemented Child dental health prevention program</p> <ul style="list-style-type: none"> o Developed Fluoride varnish brochure (English/Spanish) o Promoted Fluoride varnish application at well-child visits o Place based education, dental screenings, and varnish application in partnership with TTUSD 	Baffone		<p>1/2016-12/2017:</p> <ol style="list-style-type: none"> 1. Fluoride Varnish Brochures completed - 2016 2. Number of varnish applications at well child checks in Pediatrician clinic - 206 FL Varnish Applications - April/May 2017 3. 108 children and parents reached 	2016 - 2020
	<p>4. Increase awareness of warning signs of suicide and knowledge of where to seek help</p> <ul style="list-style-type: none"> o Supported Giving Voice youth -led community presentations o Provided Know the Signs presentation 	Baffone		<p>1/2016-12/2017:</p> <ol style="list-style-type: none"> 1. 2 presentations to youth (approximately 300 youth in attendance) 2. 13 presentations to 471 people 	2016 - 2017
	<p>5. Provide monthly affordable lab draws in Truckee and Incline Village</p>	Baffone		<p>1/2016-3/2018:</p> <ol style="list-style-type: none"> 1. 503 participants 	2016 - 2020
<p><u>Objective 13</u> Improve and maintain health of TFHD employees and spouses</p>	<p>1. Offer annual wellness screenings, consultations and health coaching programs</p>	Baffone		<p>1/2016-3/2018:</p> <ol style="list-style-type: none"> 1. 738 participants in annual wellness health screenings and consultations - 90% participation rate 	2016 - 2020
	<p>2. Launch new mobile health tracking app Blue Life</p>	Baffone		<p>1/2016- 12/2017:</p> <ol style="list-style-type: none"> 1. Total user logins:13,011 2. Total user posts: 34,621 3. Email/text engagement:18,279 4. % users set own health goal: 61% 5. % with Connected Device:35% 6. Top Devices: Fitbit and iPhone 7. 3 monthly challenges through Blue Life 8. 450 total participants 9. Avg steps/day: 10,325 	2016 - 2020

	3. Improve population health for TFHS employees/ spouses	Baffone		1/2016-12/2017: 1. 20% reduction in health care claims	2016 - 2017
<u>Objective 14</u> Redesign TCHSP to align with community health needs	1. Transition the Fitness Center to a Medically Managed Fitness Facility	Baffone		1/2016-12/2016: 1. Developed new Medically Managed Fitness Program 2. New membership rollout September 1, 2016	2016
	2. Partner with other Fitness Facilities	Baffone		1/2016-12/2017: 1. Establish partnerships with 5 local fitness facilities, FY2016/17 compared to FY2015/16	2016 - 2017
	3. Grow and Integrate all TFHS wellness programming	Baffone		1/2016-3/2018: 1. 200% increase Nutrition services 2. 169% increase Biofeedback 3. 140% increase Mindfulness services 4. 429% increase Massage services 5. 344% increase individual wellness consults/ services	2016 - 2018



3142 Tiger Run Court • Suite 113 • Carlsbad, CA 92010

March 12, 2018

TO: Tahoe Forest Healthcare District (TFHD) Board of Directors

FROM: Karma Bass and Erica Osborne
Via Healthcare Consulting

SUBJECT: Monthly Strategic Planning Project Update

Since the board last met in February, work has continued on the development of TFHD's new strategic plan. The process timeline has been finalized and the TFHD Strategic Planning Task Force (SPTF) has officially begun its work. The following are a list of key dates and next steps:

Key dates:

- SPTF Strategic Assessment Session: June 4, 2018
- Full board review of strategic framework: To be scheduled at the end of June 2018
- SPTF review of draft plan: (tentative dates) July 30 – Aug 3
- Final SPTF conference call: (tentative dates) August 27 – 31
- Presentation to the full board: Sept 27, 2018

Environmental Assessment:

- Krentz and Associates continue to work with the members of the Administrative team on the quantitative data collection and analyses as part of the Environmental Assessment process
- Results to be presented to the SPTF at the June 4, 2018 Strategic Assessment session

Stakeholder Input:

- The internal and external interview guides have been reviewed and finalized by the TFHD Strategic Planning Task Force (SPTF)
- Interviews to be conducted between March 26 – May 4

In-person Focus Groups:

- Focus group questions have been reviewed and finalized by the SPTF
- Focus groups to be conducted by Via consultant between April 16 - 20

Web-based Survey:

- Draft survey instrument to be sent to the SPTF for review and finalized by March 16
- Link to finalized survey to be provided to TFHD for distribution by April 2
- Survey to be open for input by stakeholders between April 2 - 23

Please let us know if you have any questions or comments. Thank you for entrusting us with this important work.



FINANCE COMMITTEE AGENDA

Thursday, March 08, 2018 at 9:00 a.m.
Tahoe Conference Room - Tahoe Forest Hospital
10054 Pine Avenue, Truckee, CA 96161

1. **CALL TO ORDER**
2. **ROLL CALL**
Chuck Zipkin, M.D., Chair; Mary Brown, 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: 02/20/2018 ATTACHMENT**
6. **ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION**
 - 6.1. **Financial Reports**
 - 6.1.1. Financial Report – January 2018..... ATTACHMENT
7. **REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS**
8. **AGENDA INPUT FOR NEXT FINANCE COMMITTEE MEETING**
9. **NEXT MEETING DATE**
10. **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.