



TAHOE FOREST HOSPITAL DISTRICT

# 2022-04-19 Board Governance Committee

Tuesday, April 19, 2022 at 9:30 a.m.

Pursuant to Assembly Bill 361, the Board Governance Committee meeting for April 19, 2022 will be conducted telephonically through Zoom.

Please be advised that pursuant to legislation and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting.

Committee Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

If you would like to speak on an agenda item, you can access the meeting remotely: Please use this web link: <https://tfhd.zoom.us/j/87556131758>

If you prefer to use your phone, you may call in using the following numbers: (346) 248 7799 or (301) 715 8592, Meeting ID: 875 5613 1758



## Meeting Book - 2022-04-19 Board Governance Committee

Governance Committee

### AGENDA

2022-04-19 Board Governance Committee\_FINAL Agenda.pdf 3

ITEMS 1 - 4: See Agenda

### 5. APPROVAL OF MINUTES

2022-01-19 Board Governance Committee\_DRAFT Minutes.pdf 5

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

#### 6.1. Board Governance

6.1.1. Board Self Assessment Tool.pdf 7

6.1.2. Board Enhancement Goals.pdf 10

6.1.3. Sample Board Education Calendar.pdf 11

#### 6.2. Board Policy Review

6.2.1. Inspection and Copying of Public Records, ABD-14  
2022\_04.pdf 12

6.2.2. Onboarding and Continuing Education of Board Members,  
ABD-19 2022\_04.pdf 21

6.2.3. Board of Directors Bylaws 2020\_0827 FINAL.pdf 23

ITEMS 7 - 9: See Agenda



# GOVERNANCE COMMITTEE AGENDA

Tuesday, April 19, 2022 at 9:30 a.m.

Pursuant to Assembly Bill 361, the Board Governance Committee meeting for April 19, 2022 will be conducted telephonically through Zoom. Please be advised that pursuant to legislation and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting. Committee Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

**If you would like to speak on an agenda item, you can access the meeting remotely:**

Please use this web link: <https://tfhd.zoom.us/j/87556131758>

**Or join by phone:**

If you prefer to use your phone, you may call in using the following numbers: (346) 248 7799 or (301) 715 8592, Meeting ID: 875 5613 1758

Public comment will also be accepted by email to [mrochefort@tfhd.com](mailto:mrochefort@tfhd.com). Please list the item number you wish to comment on and submit your written comments 24 hours prior to the start of the meeting.

Oral public comments will be subject to the three-minute time limitation (approximately 350 words). Written comments will be distributed to the board prior to the meeting but not read at the meeting.

**1. CALL TO ORDER**

**2. ROLL CALL**

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

**4. INPUT – AUDIENCE**

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

**5. APPROVAL OF MINUTES OF: 01/19/2022**

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

**6.1. Board Governance**

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

Governance Committee will review and discuss the Board Self-Assessment tool.

**6.1.2. Board Enhancement Goals** ..... ATTACHMENT

Governance Committee will review and discuss the Board Enhancement Goals from the retreat.

**6.1.3. Annual Board Education Calendar** ..... ATTACHMENT

Governance Committee will discuss development of an annual board education calendar.

**6.2. Policy Review**

Governance Committee will review the following board policies:

- 6.2.1. Inspection and Copying of Public Records, ABD-14**..... ATTACHMENT
- 6.2.2. Onboarding and Continuing Education for Board Members, ABD-19**..... ATTACHMENT
- 6.2.3. Board of Directors Bylaws** ..... ATTACHMENT

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

**8. NEXT MEETING DATE**

The Governance Committee will meet again as needed.

**9. ADJOURN**

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

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions. Equal Opportunity Employer. The telephonic meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District's public meetings. If particular accommodations for the disabled are needed or a reasonable modification of the teleconference procedures are necessary (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.

# GOVERNANCE COMMITTEE

## DRAFT MINUTES

Wednesday, January 19, 2022 at 2:00 p.m.

Pursuant to Assembly Bill 361, the Board Governance Committee meeting for January 19, 2022 will be conducted telephonically through Zoom. Please be advised that pursuant to legislation and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting. Committee Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

### 1. CALL TO ORDER

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

### 2. ROLL CALL

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

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

Other: Pam Knecht & Joel Emrich of ACCORD Limited

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

No changes were made to the agenda.

### 4. INPUT – AUDIENCE

No public comment was received.

### 5. APPROVAL OF MINUTES OF: 11/12/2021

Director Barnett moved to approve the Board Governance Committee minutes of November 12, 2021, seconded by Director Wong.

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

#### 6.1. Board Governance

##### 6.1.1. 2021 Board Self-Assessment Results

Pam Knecht and Joel Emrich of ACCORD, Limited presented results of the 2021 Board Self-Assessment.

Discussion was held on lower scoring areas.

Governance Committee discussed the question on approval of the Compliance Plan. The Board approves the compliance plan every January. Ms. Knecht suggested the Board Chair educate the board and help connect the dots. The Corporate Compliance Officer can also help educate the board through his presentation. Judy Newland, Chief Operating Officer, suggested reminding the board of its role in compliance.

Ms. Knecht and Mr. Emrich felt good about the question on board policies when adjusted for the “don’t know” answer. Board members just need to be educated on where they can access policies. Ms. Knecht commented the District has more policies developed than most other organizations.

Governance Committee discussed the question related to community health needs performance review. The committee felt the question is more global based on the wording. Board members need to see the connection during the Wellness Neighborhood presentation.

Director Barnett felt COVID played a role in the score on education during virtual meetings. Director Wong would like to see outside speakers. The board needs to determine what topics they would like to received education on.

Governance Committee discussed the question on Enterprise Risk Management. COO asked if the wording could be changed. Director Wong would like to move forward and educate the board on the Enterprise Risk Management wording.

#### **6.1.2. Governance Committee Charter Review**

Governance Committee reviewed and discussed the committee charter.

The following redline edits were made:

- Under Responsibilities section, change “addressing” to “overseeing” and delete “all”.
- Under Duties section, number one, remove “board policies” and add “submit recommendations to the Board of Directors as necessary”.
- Under Duties section, add a new line “Ensure board policies are reviewed by their respective committee as required” after number one.
- Under Duties section, number four, add “including formal board education and board orientation plans” to the end of the sentence.
- Under Duties section, number five, replace “the” with “an” and remove the date.
- Under Duties section, number six, add “annual” and remove the date.
- Under Composition section, remove “appointed by the Board Chair” and add “The Board Chair shall serve as the Chairperson of the Committee, and the second Committee member shall be appointed by the Board Chair.

#### **6.1.3. Board Education**

Governance Committee would like to create a list for 2022 board education.

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

The revised committee charter will be on the consent calendar for approval.

### **8. NEXT MEETING DATE**

The Governance Committee will meet again after the February board retreat.

### **9. ADJOURN**

**Meeting adjourned at 3:32 p.m.**

## Tahoe Forest Health System 2021 Board Self-Assessment

### **Introduction**

The purpose of this survey is to enable the assessment of Board performance as a whole in the following key focus areas and benchmark against 2020 results.

### **Focus Areas** (In Alpha Order):

1. Audit	7. CEO Performance	13. Qualitative comments
2. Board Chair Performance	8. Community Health	14. Quality
3. Board Culture/Dynamics	9. Compliance	15. Risk
4. Board Education/Orientation	10. Finance	16. Role of the Board
5. Board Meetings/Materials	11. Legal	17. Strategy
6. Board Policies/Procedures	12. Mission	

### **Scale**

Please use the following scale to answer each question:

- 1 – Strongly Disagree
- 2 – Disagree
- 3 – Neutral
- 4 – Agree
- 5 – Strongly Agree
- 0 – Don't know

The survey should take approximately 20 minutes to complete and all responses are considered confidential. Please contact Pam Knecht at [pknecht@accordlimited.com](mailto:pknecht@accordlimited.com) with any questions.

Thank you.

## Questions

1. The Board uses the following Mission statement to guide its decision making:  
*"We exist to make a difference in the health of our communities through excellence and compassion in all we do."*
2. The Board receives education on strategic external and internal environmental issues and trends at least once a year.
3. The Board has a formal plan for ongoing Board education.
4. The Board demands corrective action in response to underperformance on the quality and service goals (e.g., patient experience).
5. The Board annually approves the organization's compliance program/plan.
6. The Board regularly reviews the organization's performance against community health needs to ensure it is meeting its obligations as a healthcare district.
7. The Board monitors the organization's financial performance compared to its plans and relevant industry benchmarks.
8. The full Board is knowledgeable about the organization's audit and compliance performance.
9. All Board members respect the distinction between the role of the Board and the role of management.
10. There is a clear process in place for setting the CEO's annual goals.
11. Board meeting frequency and duration are appropriate.
12. The Board Chair runs Board meetings effectively. (Note to the GC: Should we add "respecting board members, staff and the public"?)
13. The Board has an effective orientation program in place for all new Board members.
14. Board members receive materials with sufficient time for review prior to meetings (e.g., in alignment with best practice of 4-7 days prior to meetings).
15. All Board members feel comfortable voicing opinions of concern regardless of how sensitive the issue may be.
16. The Board has in place sufficient written Board-level policies and procedures (e.g., written expectations, conflict of interest, code of conduct including confidentiality).
17. The Board is provided sufficient opportunities to engage in strategic discussion (e.g., in retreats, mini-retreats, educational sessions).



18. The Board is kept up to date on the results of enterprise risk management assessments (e.g., fire, cybersecurity, reputational, regulatory, operational).
19. Committees contribute effectively to the work of the Board (e.g. committee work is aligned with Board priorities; committees tee up discussions for the Board).
20. The Board as a whole is an effective working group (e.g., listens well, uses consensus decision making, is respectful of one another in deliberations, etc.)
21. What suggestions do you have to improve the effectiveness and efficiency of the Board?
22. What additional information or education do you need to help you as a Board member?

# Board Enhancement Goals

---

- establish a year long education plan
- establish annual committee and external education schedule
- create an ad hoc committee around community health needs
- support management in expanding and fostering community partnerships

# Sample Board Education Calendar

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<b>Educational Topics by Meeting</b> (Letters Correspond to Topic List on Previous Slides)	<b>Board</b>		A		D		E	F		G		I
	<b>Finance</b>	B		J		D		A		I		F
	<b>Gov. and Nom.</b>			J			E		J		H	
	<b>Community Benefit</b>		C		B		C		J		E	A
	<b>Quality</b>	D	I	C	B	D		A	J	H	F	E
	<b>Strategic Planning</b>	E,A			K,B			C,F			I,H	
	<b>Retreat/ Education Sessions</b>	B,J*		K*	A,B,E,F, H, K				C*		C,D,G,I, J	
	<b>Annual Board Orientation</b>	B, C, D,E,H, K										

A – Health Reform  
B – Fiduciary Duties  
C – Mission Matters

D – Quality Oversight  
E – Strategic Direction  
F – Physician Alignment

G – Advocacy  
H – Institutional Integrity  
I – Information Technology

J – Advanced Governance  
K – Leadership and Board Participation

# POLICY

## **Guidelines for the Accessibility of the Public Records of the Tahoe Forest Hospital District**

The following Guidelines shall govern the accessibility for inspection and copying of all of the public records of the Tahoe Forest Hospital District. These Guidelines have been set by the Board of Directors and are to be administered by the Chief Executive Officer.

### **A. Purpose of Guidelines**

The Guidelines are general rules to be followed by those charged with administration of the **Procedures Concerning Inspection and Copying of the Public Records of the Tahoe Forest Hospital District** adopted by the Board of Directors. Certain legal requirements must be followed relating to the disclosure of records and the protection of the confidentiality of records. These Guidelines set forth the general rules contained in those laws.

### **B. Definitions**

1. “Person” and “public records” are defined in the **Procedures Concerning Inspection and Copying of the Public Records of the Tahoe Forest Hospital District**. Those definitions apply here.
2. “Writing” means any handwriting, typewriting, printing, photostating, photographing, photocopying, transmitting by electronic mail or facsimile, and every other means of recording upon any tangible thing any form of communication or representation, including letters, words, pictures, sounds, or symbols, or combinations thereof, and any record thereby created, regardless of the manner in which the record has been stored.”
3. “Computer Records” means writings stored or maintained on a computer. Computer records are subject to disclosure as otherwise required or exempted by these guidelines. However, computer software, including computer mapping systems, computer programs and computer graphics systems, developed by Tahoe Forest Hospital District, are not “public records,” and are not subject to disclosure. The Hospital District may sell, lease, or license such software for commercial or noncommercial use.

### **C. Questions of Interpretation**

1. If there is any question whether District records should be disclosed under these Guidelines, the records should not be made accessible to the public until the Chief Executive Officer has reviewed and made a decision. The decision may be reviewed by the Board of Directors upon its own initiative, or the applicant may petition the Board for review, which the Board may grant or reject. If the Board of Directors reviews the question, its decision is final. If the Board of Directors does not review the decision, either on its own initiative or by petition within ten (10) days of Chief Executive Officer’s decision, the Chief Executive Officer’s decision is final.
2. The District shall justify the withholding of any record, or part thereof, by demonstrating that the record requested and withheld is exempt under Paragraph E of these Guidelines, or that on the facts of the particular case, the public interest served by not making the record public outweighs the public interest served by the disclosure of such record.
3. In the case of any denial of an Application for Inspection or Copying of Records, the District

shall, within the period allowed under Section F of **Procedures Concerning Inspection**, notify the applicant of the decision to deny the application and shall set forth the names and positions of each person responsible for the denial of the request.

**D. Following Procedures for Inspection and Copying**

The Procedures referred to herein shall be followed at all times. Records of inspections shall be accurately maintained.

**E. Records Subject to Inspection**

All public records of the District are subject to inspection pursuant to these Guidelines except as follows:

1. Records set forth hereinafter as records subject to inspection only with authorization;
2. Records **NOT SUBJECT** to inspection (unless by Court Order); or
3. Records which may be withheld by exercise of judgment, pursuant to Section I below.

**F. Records Subject to Inspection Only with Authorization**

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), any records relating to patients of the Tahoe Forest Hospital District (including but not limited to the patient's records of admission and discharge, medical treatment, diagnosis and other care and services) shall only be made available for inspection and/or copying under the following conditions:

1. Upon presentation of a **written** authorization therefore signed by an adult patient, by the guardian or conservator of his person or estate, or, in the case of a minor, by a parent or guardian of such minor, or by the personal representative or an heir of a deceased patient, and then only upon the presentation of the same by such person above named or an attorney at law representing such person.
2. Where records relating to a minor patient are sought by a representative, and the minor is authorized by law to consent to medical treatment, or the District determines that access to the information would have a detrimental effect on the patient-provider relationship or the minor's physical or psychological well-being, the District shall not permit inspection of such records, absent a court order.
3. The following information must be provided for disclosure under subsections (1) and (2) of this Section F:
  - a. The name of the patient whose records are requested.
  - b. The name and signature of the requestor.
  - c. A statement of the relationship to the patient, if the requestor is a patient representative.
  - d. Identification of the portion of the patient record to be inspected or copied.
  - e. The date of the request.
4. Except when requested by a licensed physician, surgeon, or psychologist designated by request of the patient, the District may decline to permit inspection of mental health records sought by a patient or representative, if the District determines that access to records by the

patient poses a substantial risk of significant adverse or detrimental consequences to the patient. The District must place a written record of the reason for refusal within the mental health records requested, including a description of the specific adverse or detrimental consequences, and a statement that refusal was made pursuant to Health and Safety Code Section 123115(b).

5. Upon presentation of a written order therefore issued by a Court of the State of California or of the United States of America (see reference to Subpoena Duces Tecum hereinafter) which specifically commands the District to disclose specified records.
6. Upon subpoena, when permitted under Paragraph J below.

**G. Records Not Subject to Inspection (Unless by Court Order)**

The following records of the District are **not subject to inspection** by any person without a written order therefore issued by a Court of the State of California or of the United States of America (see reference to Subpoena Duces Tecum hereinafter):

1. Records of the proceedings or other records of an organized committee of medical or medical-dental staffs in the Tahoe Forest Hospital District having the responsibility of evaluation and improvement of the quality of care rendered in the Hospital.
2. Records pertaining to pending litigation to which the District is a party, or to claims made pursuant to Division 3.6 (commencing with Section 810) of Title 1 of the Government Code of California, until such litigation or claim has been finally adjudicated or otherwise settled.
3. Personnel, medical or similar files of non-patients, the disclosure of which would constitute an unwarranted invasion of personal privacy of the individual or individuals concerned.
4. Records of complaints to or investigations conducted by, or investigatory or security files compiled by the District for correctional, law enforcement or licensing purposes.
5. Test questions, scoring keys, and other examination data used to administer a licensing examination, examination for employment or academic examination.
6. The contents of real estate appraisals, engineering or feasibility estimates and evaluations made for or by the District relative to the acquisition of property, or to prospective public supply and construction contracts, until such time as all of the property has been acquired or all of the contract agreement obtained.
7. Records the disclosure of which is exempted or prohibited pursuant to provisions of federal or state law, including, but not limited to, provisions of the Evidence Code of California relating to privilege. (Privileges are conditionally provided for all communications between lawyer and client, physician and patient, and psychotherapist and patient).
8. Library circulation records kept for the purpose of identifying the borrower of items available in any District libraries.
9. Preliminary drafts, notes, or interdistrict, intradistrict or other memoranda, between districts, departments of the District, and/or other agencies, which are not retained by the District in the ordinary course of business, and provided that the public interest in withholding such records outweighs the public interest in disclosure.

10. Records in the custody of or maintained by legal counsel to the District.
11. Statements of personal worth or personal financial data required by any licensing agency and filed by an applicant with the licensing agency to establish his or her personal qualification for the license, certificate or permit applied for.
12. Records relating to any contract or amendment thereof, for inpatient services governed by Articles 2.6, 2.8 and 2.91 of Chapter 7 of Division 9 of the Welfare and Institutions Code, pertaining to Medi-Cal provider contracting. However, except for the portion of the contract containing rates of payment, the record shall be open to inspection within one year after the contract is fully executed. Rate of payment portions shall be open to inspection within three years after the contract is fully executed. Records relating to contracts for inpatient services shall be disclosed to the Joint Legislative Audit Committee upon request.
13. Records relating to any contract with insurers or nonprofit hospital services plans for inpatient or outpatient services for alternative rates pursuant to Sections 10133 of the Insurance Code. However, the record shall be open to inspection within one year after the contract is fully executed.
14. Records relating to any contract, or amendment thereof, with the Major Risk Medical Insurance Program for health coverage pursuant to former Parts 6.3, 6.5, 6.6 or 6.7 of Division 2 of the Insurance Code, or Chapter 2 or Chapter 4 of Part 3.3 of Division 9 of the Welfare and Institutions Code. However, except for the portion of the contract containing rates of payment, the record shall be open to inspection within one year after the contract is fully executed. Rate of payment portions shall be open to inspection within three years after the contract is fully executed. Records relating to contracts for inpatient services shall be disclosed to the Joint Legislative Audit Committee upon request.
15. "Trade secrets," including but not limited to any formula, plan, pattern, process, tool, mechanism, compound, procedure, production data, or compilation of information which is not patented, which is known only to certain individuals within the Hospital District who are using it to fabricate, produce, or compound an article or service having commercial value and which gives its user an opportunity to obtain a business advantage over competitors who do not know or use it.
16. Records of state agencies related to activities governed by Articles 2.6, 2.8, and 2.91 of Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, pertaining to Medi-Cal provider contracting, which reveal the special negotiator's deliberative processes, discussions, communications, or any other portion of the negotiations with providers of healthcare services, impressions, opinions, recommendations, meeting minutes, research, work product, theories, or strategy, or which provide instruction, advice or training to employees.
17. A final accreditation report of the American Osteopathic Association which has been transmitted to the State Department of Health Services pursuant to Subdivision (b) of Section 1282 of the Health and Safety Code.
18. Any other records the disclosure of which is prohibited or restricted by law.

#### **H. Records Submitted to Agencies Which Are Exempted From Disclosure By District Hospitals**

In addition to the limitations upon disclosure of public records otherwise set forth in these Guidelines, the District is not required to disclose public records, or permit the inspection of public records pertaining to financial or utilization data, other than such financial and utilization data as is filed with the California Health Facilities Commission and/or the Office of Statewide Health Planning and

Development. It is sufficient compliance with the law to permit inspection of financial and utilization information reported to the Office of Statewide Health Planning and Development pursuant to Health and Safety Code Sections 128675, et seq., known as the Health Data and Advisory Council Consolidation Act. In case of doubt, consult the District legal counsel.

**I. Discretionary Withholding of Records**

In addition to the limitations upon disclosure of records set forth in these Guidelines, the District may, in its judgment, withhold inspection of any record or writing when the District determines that on the facts of the particular case the public interest served by not making the record public clearly outweighs the public interest served by disclosure of the record. Such judgment shall be exercised by the District by and through the Chief Executive Officer whose decision shall be final unless overruled by the Board of Directors.

**J. Compliance with Subpoena Duces Tecum**

While a Subpoena Duces Tecum (a notice to appear and to bring records, or to produce records without appearance) is issued by a court, it is **not** an order of the court declaring that the particular records are subject to disclosure. Such records may still be subject to protection against disclosure by reason of the existence of a privilege or other legal excuse. Therefore, receipt of such a subpoena does not permit disclosure of records in and of itself and the following rules should be followed:

**1. Subpoena in action where District is a party:**

Immediately consult with legal counsel representing the District as to the proper response.

**2. Subpoena in other actions:**

- a. If the records sought to be discovered (which are ordered to be produced) fall within one of the categories in Paragraphs F, G, or H above, consult with the District's counsel prior to responding to the subpoena.
- b. If the records sought to be discovered are those which can be inspected, it is sufficient compliance with the subpoena (if it seeks only records and does not specify that "testimony" or "examination upon such records" will be required) to deliver a copy by mail or otherwise, following the procedure set forth in Exhibit "A" attached hereto.

**3. If only a portion of the records may be disclosed or inspected :**

If only portions of any requested records may be disclosed or inspected, any reasonably segregable portions shall be provided to the applicant after deletion of portions which are exempt and the segregated nondisclosable portions should be withheld unless and until a court orders their production.

**HOW TO COMPLY WITH SUBPOENA DUCES TECUM:**

- A. Except as provided in Paragraph E hereafter, when a Subpoena Duces Tecum is served upon the custodian of records or other qualified witness of the District in an action in which the District is neither a party, nor the place where any cause of action is alleged to have arisen, and such subpoena requires the production of all or any part of the records of the District, it is sufficient compliance if the custodian or other qualified witness, within five days after the receipt of such subpoena, delivers by mail or otherwise, a true, legible, and durable copy of all the records described in such subpoena to the clerk of the court, or to the judge if there is no clerk, or to the deposition officer set forth in said subpoena, together with the affidavit described in Paragraph C hereinafter.
- B. The copy of the records shall be separately enclosed in an inner envelope or wrapper, sealed, with the title and number of the action, name of witness, and date of subpoena clearly inscribed thereon; the



sealed envelope or wrapper shall then be enclosed in an outer envelope or wrapper, sealed and directed as follows:

1. If the subpoena directs attendance in court, to the clerk of such court or to the judge thereof if there is no clerk.
  2. If the subpoena directs attendance at a deposition, to the officer before who the deposition is to be taken at the place designated in the subpoena for the taking of the deposition or at this place of business.
  3. In other cases, to the officer, body or tribunal conducting the hearing, at a like address.
- C. The records shall be accompanied by the affidavit of the custodian or other qualified witness, stating in substance each of the following:
1. The affiant is the duly authorized custodian of the records or other qualified witness and has authority to certify the records.
  2. The copy is a true copy of all the records described in the subpoena.
  3. The records were prepared by the personnel of the District in the ordinary course of business at or near the time of the act, condition, or event.
- D. If the District has none of the records described, or only part thereof, the custodian or other qualified witness shall so state in the affidavit, and deliver the affidavit and such records as are available in the manner provided in Paragraph B above.
- E. Notwithstanding the procedure for sending records described above, the personal attendance of the custodian or other qualified witness and the production of the original records is required at the time and place designated if the Subpoena Duces Tecum contains a clause which reads:  
“The personal attendance of the custodian or other qualified witness and the production of the original records is required by this subpoena. The procedure authorized pursuant to subdivision (b) of Section 1560, and Sections 1561 and 1562, of the Evidence Code will not be deemed sufficient compliance with this subpoena.”
- F. In addition to copying costs, if any, pursuant to Section G of **Procedures Concerning Inspection**, where the business records described in a subpoena are patient records of a hospital, or of a physician and surgeon, osteopath, or dentist licensed to practice in this State, or a group of such practitioners, and the personal attendance of the custodian of such records or other qualified witness is not required, the fee for complying with such subpoena is provided by Evidence Code section 1563).
- G. Where the attorney or deposition officer, including, a licensed copyist, performs copying at the District’s facilities with their own copy equipment, the sole fee for complying with the subpoena is provided by Evidence Code section 1563.
- H. In addition to copying costs, if any, pursuant to Section G of **Procedures Concerning Inspection**, when the personal attendance of the custodian of a record or other qualified witness is required, he shall be entitled to reimbursement at \$.20 per mile traveled, round trip, and to thirty-five dollars (\$35.00) for each day of actual attendance.

# PROCEDURE

## Procedures Concerning Inspection and Copying of the Public Records of the Tahoe Forest Hospital District

- A. The following Procedures govern the inspection and copying of all Tahoe Forest Hospital District public records. These Procedures have been set by the District Board of Directors and are administered by the District Chief Executive Officer under the Guidelines adopted by the Board of Directors.

### B. Definitions

1. "Person" includes any natural person, corporation, partnership, limited liability company, firm or association.
2. "Public records" includes any writing containing information relating to the conduct of the business of the Tahoe Forest Hospital District prepared, owned, used or retained by the District regardless of physical form or characteristics.

### C. Time of Inspection

The public records of the District subject to inspection and copying pursuant to the **Guidelines for Accessibility of the Public Records of the Tahoe Forest Hospital District** may be inspected at all times during the regular office hours of the District's administrative office, i.e., on Monday through Friday (holidays excepted) between 9:00 AM and 5:00 PM.

### D. Place of Inspection

The public records of the District may be inspected at the administrative office of Tahoe Forest Hospital, Truckee, California.

### E. Application For Inspection

Every person desiring to inspect the public records will be requested to fill out an Application for Inspection or Copying of Records, which may be obtained at the place of inspection. The form shall state:

1. The name of the applicant. (The application may also ask applicant for the purpose of the request, but response to such question is optional and will be disclosed as optional on the Application. The purpose is not required, but would make it easier to weigh the public interest in disclosure versus nondisclosure cases.)
2. Date of the application.
3. The address of the applicant.
4. The telephone number of the applicant.
5. The date that inspection is requested.
6. An exact as possible description of the records which the applicant desires to inspect.
7. Whether the applicant desires a copy of such records, with disclosure of costs to be borne by the applicant given.

8. Whether the applicant has specific authorization to inspect the records (when such authorization is required pursuant to District Guidelines or other law). When specific written authorization is required to inspect the subject records, a copy of such authorization must accompany the application and shall be permanently affixed thereto.

#### **F. District's Response to Application For Inspection**

1. Upon receipt of an Application for Inspection or Copying of Records, the District shall record the date that it receives the application and determine within ten (10) days after the receipt of such application whether the request seeks copies of disclosable public records. The District shall immediately thereafter notify the person making the application of the District's determination and the reasons therefore.
2. In unusual circumstances, the District Chief Executive Officer, or his or her designee, can extend the ten (10) day period by written notice to the applicant. Such notice shall set forth the reasons for the extension and the date on which a determination is expected to be made. Any such extension will not exceed fourteen (14) days. As used in this paragraph, "unusual circumstances" means:
  - a. The need to search for and collect the requested records from field facilities;
  - b. The need to search for, collect and appropriately examine a voluminous amount of separate and distinct records demanded in a single request;
  - c. The need for consultation, which shall be conducted with practicable speed, with another agency having a substantial interest in the determination of the application or among two or more components of the District which have substantial interest in matters covered by the application.
  - d. The need to determine whether disclosure is authorized under the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

#### **G. Fee for Copying and Certifying Records**

1. When the applicant requests a copy of an identifiable public record, the writing shall be copied (if it can be done so with equipment then available at the place of inspection) by the District for a charge of 10 cents (\$.10) per page. The District shall request a deposit before copying any public records. If copying cannot be done by the District, for technical reasons, the District will obtain an estimate of the cost of copying from any available source and the applicant will be required to deposit the estimated amount with the District prior to copying.
2. The copying of records shall be accomplished by the District as soon as possible after the request without disruption of the normal business of the District. The applicant shall be given an estimate of the time needed to make the copies.
3. When the applicant desires a certification of such copy(ies) of such records, a fee of \$1.75 shall be paid for such certification.
4. When the applicant requests a copy of identifiable and disclosable public records stored in electronic format, the District will charge the direct cost to produce the record. Costs for electronic records will include any CD, flash drive or other storage device necessary to provide documents to the applicant. The District shall not charge per page of the record

requested or include such time spent searching for, compiling, and retrieving electronic records. The applicant shall be provided with an estimate of the total charge for a records request before any costs are incurred under this subdivision.

5. Under Government Code section 6253.9, the District can require the applicant to bear the actual cost of producing the record, including staff time and any specialized programming and computer services necessary to produce the record, if either:
  - a. the record is one that is produced only at otherwise regularly scheduled intervals; or
  - b. the request requires data compilation, extraction or programming.
  - c. Extraction is defined to include document redaction. The District will provide the applicant with an estimate of the total charge for a records request before any costs are incurred under this subdivision. Such charges shall not include costs associated with:
    - i. Maintaining and storing the information.
    - ii. The initial conversion into electronic format; or
    - iii. The initial gathering of the information;

#### **H. Records Not to Be Removed**

Inspecting parties cannot remove any records from the place of inspection whatsoever without an order of a court of competent jurisdiction.

#### **I. Guidelines Available**

A copy of the **District's Guidelines for the Accessibility of the Public Records of the Tahoe Forest Hospital District** is available upon request.

## **Related Policies/Forms:**

[Subpoenas ALG-1920](#); [Release of Protected Health Information DHIM-3](#)

## Onboarding and Continuing Education of Board Members, ABD-19

### **PURPOSE/RISK:**

~~The purpose of the onboarding and orientation process is to provide a new board member the information necessary to begin the governing work of the Board of Directors. Further development as a board member is through continuing education.~~

### **POLICY:**

Tahoe Forest Hospital District will provide essential knowledge of the District to all incoming board members within thirty (30) days of election or appointment.

Board members will be provided opportunities for continuing education to expand their knowledge on key healthcare issues and governance.

### **PROCEDURE:**

When onboarding, new board members complete the following steps:

#### Human Resources

1. Completes and signs necessary paperwork with Human Resources.
2. Reviews benefit package with Benefits Coordinator.

#### Clerk of the Board

3. Receives tablet, user ID and email.
4. Reviews board portal.
5. Completes FPPC Statement of Economic Interests Form 700.
6. Initiates required regulatory training (i.e. AB1234 Ethics training, Sexual Harassment Prevention training).

#### President & Chief Executive Officer

7. Meets with President & CEO to review the Mission, Vision, Values, Organizational Chart, Strategic Plan and Master Plan of the District.

#### General Counsel

8. Meets with General Counsel to review Brown Act, public meeting procedures, etc.

#### Corporate Compliance Officer

9. Reviews District's Corporate Compliance Program and Work Plan.

Executive Director of Governance

10. Reviews Order & Decorum, board policies, etc.

Chief Financial Officer

11. Reviews most recent audited financials, budget and 10 year forecast.
12. Reviews monthly financial report package.

Director of Quality

13. Reviews Quality Assurance Performance Improvement Plan (QA/PI).
14. Reviews Quality Dashboard.
15. Reviews CMS Star Ratings.
16. Reviews Risk Management structure and disclosure process.-
17. Reviews composition, role and duties of Grievance Committee.
18. Reviews composition, role and duties of Patient Family Advisory Council.

Director of Medical Staff Services

19. Reviews structure and duties of Medical Executive Committee.
20. Reviews current process for Medical Staff credentialing.
21. Reviews Medical Staff Peer Review process.

Director of Facilities

22. Conducts campus property tour.

Additional materials on governance, quality and finance topics will be distributed electronically.

Appropriate external continuing education and conference will be suggested by administration. Outside education costs will be paid in accordance with Board Compensation and Reimbursement, ABD-03 policy.

BYLAWS OF THE BOARD OF DIRECTORS  
TAHOE FOREST HOSPITAL DISTRICT

## Table of Contents

<b>ARTICLE I. NAME, AUTHORITY AND PURPOSE .....</b>	<b>1</b>
Section 1. Name .....	1
Section 2. Authority .....	1
Section 3. Purpose and Operating Policies.....	1
<b>ARTICLE II. BOARD OF DIRECTORS.....</b>	<b>2</b>
Section 1. Election.....	2
Section 2. Responsibilities.....	2
A. Philosophy and Objectives .....	2
B. Programs and Services .....	2
C. Organization and Staffing.....	3
D. Medical Staff .....	3
E. Finance .....	3
F. Grounds, Facilities and Equipment.....	3
G. External Relations.....	4
H. Assessment and Continuous Improvement of Quality of Care.....	4
I. Strategic Planning .....	4
Section 3. Powers.....	4
A. Overall Operations .....	4
B. Medical Staff .....	4
C. Auxiliary .....	4
D. Other Adjuncts .....	4
E. Delegation of Powers .....	5
F. Provisions to Prevail.....	5
G. Resolutions and Ordinances.....	5
H. Residual Powers .....	5
I. Grievance Process .....	5
Section 4. Vacancies .....	5
Section 5. Meetings .....	6
A. Regular Meetings .....	6
B. Special and Emergency Meetings .....	6
C. Policies and Procedures .....	6



Section 6. Quorum.....	6
Section 7. Medical Staff Representation .....	7
Section 8. Director Compensation and Reimbursement of Expenses .....	7
Section 9. Board Self-Evaluation .....	7
<b>ARTICLE III. OFFICERS .....</b>	<b>7</b>
Section 1. Officers .....	7
Section 2. Election of Officers.....	7
Section 3. Duties of Officers .....	8
A. Chair .....	8
B. Vice-Chair .....	8
C. Secretary .....	8
D. Treasurer .....	8
<b>ARTICLE IV. COMMITTEES .....</b>	<b>8</b>
Section 1. Committee Authority .....	8
Section 2. Ad Hoc Committees.....	8
Section 3. Standing Committees .....	8
<b>ARTICLE V. MANAGEMENT .....</b>	<b>9</b>
Section 1. President and Chief Executive Officer .....	9
Section 2. Authority and Responsibility.....	9
<b>ARTICLE VI TAHOE FOREST HOSPITAL .....</b>	<b>9</b>
Section 1. Establishment.....	9
<b>ARTICLE VII. INCLINE VILLAGE COMMUNITY HOSPITAL .....</b>	<b>9</b>
Section 1. Establishment.....	9
<b>ARTICLE VIII. MEDICAL STAFF.....</b>	<b>10</b>
Section 1. Nature of Medical Staff Membership.....	10
Section 2. Qualification for Membership .....	10
Section 3. Organization and Bylaws .....	10
Section 4. Appointment to Medical Staff .....	11
Section 5. Staff Meetings: Medical Records .....	12
Section 6. Medical Quality Assurance .....	12
Section 7. Hearings and Appeals .....	12
A. Time for Appeal.....	13
B. Grounds for Appeal .....	14
C. Time, Place and Notice .....	14

D. Appeal Board .....	14
E. Appeal Procedure .....	14
F. Decision .....	15
G. Right to One Hearing .....	15
H. Exception To Hearing Rights.....	15
<b>ARTICLE IX. REVIEW AND AMENDMENT OF BYLAWS .....</b>	<b>16</b>
<b>ADOPTION OF BYLAWS.....</b>	<b>16</b>
<b>REVISION HISTORY .....</b>	<b>16</b>

**BYLAWS OF THE BOARD OF DIRECTORS  
OF  
TAHOE FOREST HOSPITAL DISTRICT**

Pursuant to the provisions of Sections 32104, 32125, 32128, and 32150 of the Health and Safety Code of the State of California, the Board of Directors of TAHOE FOREST HOSPITAL DISTRICT adopts these Bylaws for the government of TAHOE FOREST HOSPITAL DISTRICT.

**ARTICLE I. NAME, AUTHORITY AND PURPOSE**

Section 1. Name.

The name of this District shall be "TAHOE FOREST HOSPITAL DISTRICT".

Section 2. Authority.

A. This District, having been established May 2, 1949, by vote of the residents of the District under the provisions of Division 23 of the Health and Safety Code of the State of California, otherwise known and referred to herein as "The Local Health Care District Law," and ever since that time having been operated there under, these Bylaws are adopted in conformance therewith, and subject to the provisions thereof.

B. In the event of any conflict between these Bylaws and the Local Health Care District Law, the latter shall prevail.

C. These Bylaws shall be known as the "District Bylaws."

D. Non-Discrimination: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of service, hiring, training and employment practices on the basis of age; race; color; creed; ethnicity; religion; national origin; marital status; sex; sexual orientation; gender identity or expression; disability; association; veteran or military status; or any other basis prohibited by federal, state, or local law.

Section 3. Purpose and Operating Policies.

A. Purpose.

Tahoe Forest Hospital District will strive to be the best mountain health system in the nation. We exist to make a difference in the health of our communities through excellence and compassion in all we do.

B. Operating Policies.

In order to accomplish the Mission of the District, the Board of Directors establishes the following Operating Policies:

1. Through planned development and responsible management, the assets of the District will be used to meet the service needs of the area in an efficient and cost-effective manner, after evaluation of available alternatives and other resources available to the District. This may include the development and operation of programs, services and facilities at any location within or without the District for the benefit of the people served by the District.

2. The District shall dedicate itself to the maximum level of quality consistent with sound fiscal management, and community-based needs.

3. Improvement of the health status of the area will be the primary emphasis of services offered by the District. In addition, the District may elect to provide other programs of human service outside of the traditional realm of health care, where unmet human service needs have been identified through the planning process.

## **ARTICLE II. BOARD OF DIRECTORS**

The Board of Directors:

### **Section 1. Election.**

There shall be five members of the Board of Directors who shall be elected for four-year terms as provided in the Local Health Care District Law.

### **Section 2. Responsibilities.**

Provides oversight for planning, operation, and evaluation of all District programs, services and related activities consistent with the District Bylaws.

#### **A. Philosophy and Objectives.**

Considers the health requirements of the region and the responsibilities that the District should assume in helping to meet them.

#### **B. Programs and Services.**

1. Takes action on recommendations of the President and Chief Executive Officer or designee with regard to long- and short-range plans for the development of programs and services.

2. Provides oversight to the President and Chief Executive Officer in the implementation of programs and service plans.

3. Takes action on board policies and other policies brought forth by the President and Chief Executive Officer or designee.

4. Evaluates the results of programs and services on the basis of previously

established objectives and requirements. Receives reports from the President and Chief Executive Officer or designees and directs the President and Chief Executive Officer to plan and take appropriate actions, where warranted.

C. Organization and Staffing.

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

D. Medical Staff.

1. Appoints and re-appoints all Medical Staff members.
2. Ensures that the District Medical Staff is organized to support the objectives of the District.
3. Reviews and takes final action on appeals involving Medical Staff disciplinary action.
4. Approves Medical Staff Bylaws and proposed revisions.

E. Finance.

1. Assumes responsibility for the financial soundness and success of the District and its wholly owned subsidiaries.
2. Assumes responsibility for the appropriate use of endowment funds and of other gifts to the District. Exercises trusteeship responsibility to see that funds are used for intended purposes.
3. Adopts annual budgets of the District, including both operating and capital expenditure budgets.
4. Receives and reviews periodic financial reports. Considers comments and recommendations of its Finance Committee and management staff.
5. Receives and reviews reports of the District's auditors.
6. Approves policies which govern the financial affairs of the District.
7. Authorizes officers of the District to act for the District in the execution of financial transactions.

F. Grounds, Facilities and Equipment.

1. Approves plans for development, expansion, modernization and replacement of the District's grounds, facilities, major equipment and other tangible assets.

2. Approves the acquisition, sale and lease of real property.

G. External Relations.

Assumes ultimate responsibility for representing the communities served by the District and representing the District to the communities served.

H. Assessment and Continuous Improvement of Quality of Care

Ensures that the proper organizational environment and systems exist to continuously improve the quality of care provided. Responsible for a system-wide quality assessment and performance improvement program that reflects all departments and services. Reviews Quality Assessment Reports focused on indicators related to improving health outcomes and the prevention and reduction of medical errors. Provides oversight to and annually approves the written Quality Assurance / Process Improvement plan.

I. Strategic Planning.

1. Oversees the strategic planning process.

2. Establishes long-range goals and objectives for the District's programs and facilities.

Section 3. Powers.

A. Overall Operations.

The Board of Directors shall determine policies and shall have control of, and be responsible for, the overall operations and affairs of this District and its facilities.

B. Medical Staff.

The Board of Directors shall authorize the formation of a Medical Staff to be known as "The Medical Staff of Tahoe Forest Hospital District". The Board of Directors shall determine membership on the Medical Staff, as well as the Bylaws for the governance of said Medical Staff, as provided in ARTICLE VIII of these Bylaws.

C. Auxiliary.

The Board of Directors may authorize the formation of service organizations from time to time as needed ("Auxiliary"), the Bylaws of which shall be approved by the Board of Directors.

D. Other Affiliated or Subordinate Organizations.

The Board of Directors may authorize the formation of other affiliated or subordinate organizations which it may deem necessary to carry out the purposes of the District; the Bylaws of such organizations shall be approved by the Board of Directors.

E. Delegation of Powers.

The Medical Staff, Auxiliary, and any other affiliated or subordinate organizations shall have those powers set forth in their respective Bylaws. All powers and functions not set forth in their respective Bylaws are to be considered residual powers still vested in the Board of Directors.

F. Provisions to Prevail.

These District Bylaws shall override any provisions to the contrary in the Bylaws, or Rules and Regulations of the Medical Staff, Auxiliary or any affiliated or subordinate organizations. In case of conflict, the provisions of these District Bylaws shall prevail.

G. Resolutions and Ordinances.

From time to time, the Board of Directors may pass resolutions regarding specific policy issues, which resolutions may establish policy for the operations of this District.

H. Residual Powers.

The Board of Directors shall have all of the other powers given to it by the Local Health Care District Law and other applicable provisions of law.

I. Grievance Process

The Board of Directors may delegate the responsibility to review and resolve grievances.

Section 4. Vacancies.

Any vacancy upon the Board of Directors shall be filled by appointment by the remaining members of the Board of Directors within sixty (60) days of the vacancy. Notice of the vacancy shall be posted in at least three (3) places within the District at least fifteen (15) days before the appointment is made. The District shall notify the elections officials for Nevada and Placer Counties of the vacancy no later than fifteen (15) days following either the date on which the District Board is notified of the vacancy or the effective date of the vacancy, whichever is later, and of the appointment no later than fifteen (15) days after the appointment. In lieu of making an appointment, the remaining members of the Board of Directors may within sixty (60) days of the vacancy call an election to fill the vacancy. If the vacancy is not filled by the Board of Directors or an election called within sixty (60) days, the Board of Supervisors of the County representing the larger portion of the Hospital District area in which an election to fill the vacancy would be held may fill the vacancy, within ninety (90) days of the vacancy, or may order the District to call an election. If the vacancy is not filled or an election called for within ninety (90) days of the vacancy, the District shall call an election to be held on the next available election date. Persons appointed to fill a vacancy shall hold office until the next District general election that is scheduled 130 or more days after the date the District and the elections officials for Nevada and Placer Counties were notified of

the vacancy and thereafter until the person elected at such election to fill the vacancy has been qualified, but persons elected to fill a vacancy shall hold office for the unexpired balance of the term of office.

Section 5. Meetings.

A. Regular Meetings.

Unless otherwise specified at the preceding regular or adjourned regular meeting, regular meetings of the Board of Directors shall be held on the fourth Thursday of each month at 4:00 PM at a location within the Tahoe Forest Hospital District boundaries. The Board shall take or arrange for the taking of minutes at each regular meeting.

B. Special and Emergency Meetings.

Special meetings of the Board of Directors may be held at any time and at a place designated in the notice and located within the District, except as provided in the Brown Act, upon the call of the Chair, or by not fewer than three (3) members of the Board of Directors, and upon written notice to each Director specifying the business to be transacted, which notice shall be delivered personally or by mail and shall be received at least twenty-four (24) hours before the time of such meeting, provided that such notice may be waived by written waiver executed by each member of the Board of Directors. Notice shall also be provided within such time period to local newspapers and radio stations which have requested notice of meetings. Such notice must also be posted twenty-four (24) hours before the meeting in a location which is freely accessible to the public. In the event of an emergency situation involving matters upon which prompt action is necessary due to disruption or threatened disruption of District services (including work stoppage, crippling disaster, mass destruction, terrorist act, threatened terrorist activity or other activity which severely impairs public health, safety or both), the Board may hold a special meeting without complying with the foregoing notice requirements, provided at least one (1) hour prior telephone notice shall be given to local newspapers and radio stations which have requested notice of meetings, and such meetings shall otherwise be in compliance with the provisions of Government Code Section 54956.5. The Board shall take or arrange for the taking of minutes at each special meeting.

C. Policies and Procedures.

The Board may from time to time adopt policies and procedures governing the conduct of Board meetings and District business. All sessions of the Board of Directors, whether regular or special, shall be open to the public in accordance with the Brown Act (commencing with Government Code Section 54950), unless a closed session is permitted under the Brown Act or Health and Safety Code Sections 32106 and 32155 or other applicable law.



Section 6. Quorum.

The presence of a majority of the Board of Directors shall be necessary to constitute a quorum to transact any business at any regular or special meeting, except to adjourn the meeting to a future date.

Section 7. Medical Staff Representation.

The Chief of the Medical Staff shall be appointed as a special representative to the Board of Directors without voting power and shall attend the meetings of the Board of Directors. In the event the Chief of Staff cannot attend a meeting, the Vice-Chief of the Medical Staff or designee shall attend in the Chief of Staff's absence.

Section 8. Director Compensation and Reimbursement of Expenses.

The Board of Directors shall be compensated in accordance with ABD-03 Board Compensation and Reimbursement policy.

Each member of the Board of Directors shall be allowed his or her actual necessary traveling and incidental expenses incurred in the performance of official business of the District as approved by the Board or President and Chief Executive Officer, pursuant to Board policy.

Section 9. Board Self-Evaluation.

The Board of Directors will monitor and discuss its process and performance at least annually. The self-evaluation process will include comparison of Board activity to its manner of governance policies.

**ARTICLE III. OFFICERS**

Section 1. Officers.

The officers of the Board of Directors shall be Chair, Vice-Chair, Secretary and Treasurer who shall be members of the Board.

Section 2. Election of Officers.

The officers of the Board of Directors shall be chosen every year by the Board of Directors in December of the preceding calendar year and shall serve at the pleasure of the Board. The person holding the office of Chair of the Board of Directors shall not serve successive terms, unless by unanimous vote of the Board of Directors taken at a regularly scheduled meeting. In the event of a vacancy in any office, an election shall be held at the next regular meeting following the effective date of the vacancy to elect the officer to fill such office.

Section 3. Duties of Officers.

A. Chair. Shall preside over all meetings of the Board of Directors. Shall sign as Chair, on behalf of the District, all instruments in writing which the Chair has been authorized and obliged by the Board to sign and such other duties as set forth in these Bylaws as well as those duties charged to the president under the Local Health Care District Law.

B. Vice-Chair. The Vice-Chair shall perform the functions of the Chair in case of the Chair's absence or inability to act.

C. Secretary. The Secretary shall ensure minutes of all meetings of the Board of Directors are recorded and shall see that all records of the District are kept and preserved. Shall attest or countersign, on behalf of the District, all instruments in writing which the Secretary has been authorized and obligated by the Board to attest/countersign as well as those charged to the secretary under the Local Health Care District Law.

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

**ARTICLE IV. COMMITTEES**

Section 1. Committee Authority.

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

Section 2. Ad Hoc Committees.

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

Section 3. Standing Committees.

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

The Chair shall recommend appointment of the members of these committees and the Chair thereof, subject to the approval of the Board by majority of Directors present. Committee appointments shall be for a period of one (1) year and will be made annually at or before the January Board meeting.

## **ARTICLE V. MANAGEMENT**

### **Section 1. President and Chief Executive Officer.**

The Board of Directors shall select and employ a President and Chief Executive Officer who shall act as its executive officer in the management of the District. The President and Chief Executive Officer shall be given the necessary authority to be held responsible for the administration of the District in all its activities and entities, subject only to the policies as may be adopted from time to time, and orders as may be issued by the Board of Directors or any of its committees to which it has delegated power for such action by a writing. The President and Chief Executive Officer shall act as the duly authorized representative of the Board of Directors.

### **Section 2. Authority and Responsibility.**

The duties and responsibilities of the President and Chief Executive Officer shall be outlined in the Employment Agreement and job description. Other duties may be assigned by the Board. The President and Chief Executive Officer, personally or through delegation, hires, assigns responsibility, counsels, evaluates and (as required) terminates all District employees.

## **ARTICLE VI. TAHOE FOREST HOSPITAL**

### **Section 1. Establishment**

The District owns and operates Tahoe Forest Hospital, which shall be primarily engaged in providing, including but not limited to, Emergency Services, Inpatient/Observation Care, Critical Care, Diagnostic Imaging Services, Laboratory Services, Surgical Services, Obstetrical Services and Long-Term Care Services.

## **ARTICLE VII. INCLINE VILLAGE COMMUNITY HOSPITAL**

### **Section 1. Establishment**

The District owns and operates Incline Village Community Hospital, which shall be primarily engaged in providing, including but not limited to, Emergency Services, Inpatient/Observation Care, Diagnostic Imaging Services, Laboratory Services, and Surgical Services.

## ARTICLE VIII. MEDICAL STAFF

### Section 1. Nature of Medical Staff Membership.

Membership on the Medical Staff of Tahoe Forest Hospital District is a privilege which shall be extended only to professionally competent practitioners who continuously meet the qualifications, standards and requirements set forth herein and in the Bylaws of the Medical Staff.

### Section 2. Qualifications for Membership.

A. Only physicians, dentists, oral surgeons, or podiatrists who:

1. Demonstrate and document their licensure, experience, education, training, current professional competence, good judgment, ethics, reputation and physical and mental health status so as to establish to the satisfaction of the Medical Staff and the Board of Directors that they are professionally qualified and that patients treated by them can reasonably expect to receive high quality medical care;
2. Demonstrate that they adhere to the ethics of their respective professions and that they are able to work cooperatively with others so as not to adversely affect patient care or District operations;
3. Provide verification of medical malpractice insurance coverage; and
4. Establish that they are willing to participate in and properly discharge those responsibilities determined according to the Medical Staff Bylaws and possess basic qualifications for membership on the Medical Staff. No practitioner shall be entitled to membership on the Medical Staff, assigned to a particular staff category, or granted or renewed particular clinical privileges merely because that person: (1) holds a certain degree; (2) is licensed to practice in California, Nevada, or any other state; (3) is a member of any particular professional organization; (4) is certified by any particular specialty board; (5) had, or presently has, membership or privileges at this or any other health care facility; or (6) requires a hospital affiliation in order to participate on health plan provider panels, to obtain or maintain malpractice insurance coverage, or to pursue other personal or professional business interests unrelated to the treatment of patients at this facility and the furtherance of this facility's programs and services.

### Section 3. Organization and Bylaws.

The Bylaws, Rules and Regulations, and policies of the Medical Staff shall be subject to approval of the Board of Directors of the District, and amendments thereto shall be effective only upon approval of such amendments by the Board of Directors, which shall not be withheld unreasonably. Neither the Medical Staff nor the Board of Directors may unilaterally amend the Medical Staff Bylaws or Rules and Regulations. The Bylaws of the Medical Staff shall set forth the procedure by which eligibility for Medical Staff membership and establishment of clinical privileges shall be determined, including standards for qualification. Such Bylaws shall provide that the Medical Staff,

or a committee or committees thereof, shall study the qualifications of all applicants and shall establish and delineate clinical privileges and shall submit to the Board of Directors recommendations thereon and shall provide for reappointment no less frequently than biennially. The Medical Staff shall also adopt Rules and Regulations or policies that provide associated details consistent with its Bylaws, as it deems necessary to implement more specifically the general principles established in the Bylaws.

#### Section 4. Appointment to Medical Staff

All appointments and reappointments to the Medical Staff shall be made by the Board of Directors as provided by the standards of the Healthcare Facility Accreditation Program. Final responsibility for appointment, reappointment, new clinical privileges, rejection or modification of any recommendation of the Medical Staff shall rest with the Board of Directors.

All applications for appointment and reappointment to the Medical Staff shall be processed by the Medical Staff in such manner as shall be provided by the Bylaws of the Medical Staff and, upon completion of processing by the Medical Staff, the Medical Staff shall make a report and recommendation regarding such application to the Board of Directors. This recommendation will also include the request by the practitioner for clinical privileges, and the Medical Staff's recommendation concerning these privileges.

Upon receipt of the report and recommendation of the Medical Staff, the Board of Directors shall adopt, reject or modify a favorable recommendation of the Medical Executive Committee, or shall refer the recommendation back to the Medical Executive Committee for further consideration, stating the reasons for the referral and setting a time limit within which the Medical Executive Committee shall respond.

If the Board of Directors is inclined to reject or modify a favorable recommendation, the Board shall refer the matter back to the Medical Executive Committee for further review and comments, which may include a second recommendation. The Executive Committee's response shall be considered by the Board before adopting a resolution.

If the Board's resolution constitutes grounds for a hearing under Article VII of the Medical Staff Bylaws, the President and Chief Executive Officer shall promptly inform the applicant, and he/she shall be entitled to the procedural rights as provided in that Article.

In the case of an adverse Medical Executive Committee recommendation or an adverse Board decision, the Board shall take final action in the matter only after the applicant has exhausted or has waived his/her procedural rights under the Medical Staff Bylaws. Action thus taken shall be the conclusive decision of the Board, except that the Board may defer final determination by referring the matter back for reconsideration. Any such referral shall state the reasons therefore, shall set a reasonable time limit

within which a reply to the Board of Directors shall be made, and may include a directive that additional hearings be conducted to clarify issues which are in doubt. After receiving the new recommendation and any new evidence, the Board shall make a final decision.

**Conflict Resolution.** The Board of Directors shall give great weight to the actions and recommendations of the Medical Executive Committee and in no event shall act in an arbitrary and capricious manner.

The Board of Directors may delegate decision-making authority to a committee of the Board; however, any final decision of the Board committee must be subject to ratification by the full Board of Directors at its next regularly scheduled meeting.

#### Section 5. Staff Meetings: Medical Records

The Medical Staff shall be self-governing with respect to the professional work performed in the Hospital. The Medical Staff shall meet in accordance with the minimum requirements of the Healthcare Facility Accreditation Program. Accurate, legible and complete medical records shall be prepared and maintained for all patients and shall be the basis for review and analysis.

For purposes of this section, medical records include, but are not limited to, identification data, personal and family history, history of present illness, review of systems, physical examination, special examinations, professional or working diagnosis, treatment, gross and microscopic pathological findings, progress notes, final diagnosis, condition on discharge and other matters as the Medical Staff shall determine.

#### Section 6. Medical Quality Assurance

The Medical Staff shall, in cooperation with the administration of the District, establish a comprehensive and integrated quality assurance and risk control program for the District which shall assure identification of problems, assessment and prioritization of such problems, implementation of remedial actions and decisions with regard to such problems, monitoring of activities to assure desired results, and documentation of the undertaken activities. The Board of Directors shall require, on a quarterly basis, reports of the Medical Staff's and District's quality assurance activities.

#### Section 7. Hearings and Appeals

Appellate review of any action, decision or recommendation of the Medical Staff affecting the professional privileges of any member of, or applicant for membership on, the Medical Staff is available before the Board of Directors. This appellate review shall be conducted consistent with the requirements of Business and Professions Code Section 809.4 and in accordance with the procedures set forth in the Medical Staff Bylaws. Nothing in these Bylaws shall abrogate the obligation of the District and the Medical Staff to comply with the requirements of Business and Professions Code Sections 809 through 809.9, inclusive. Accordingly, discretion is granted to the Medical

Staff and Board of Directors to create a hearing process which provides for the least burdensome level of formality in the process while still providing a fair review and to interpret the Medical Staff Bylaws in that light. The Medical Staff, Board of Directors, and their officers, committees and agents hereby constitute themselves as peer review bodies under the Federal Health Care Quality Improvement Act of 1986 and the California peer review hearing laws and claim all privileges and immunities afforded by the federal and state laws.

If adverse action as described in these provisions is taken or recommended, the practitioner must exhaust the remedies afforded by the Medical Staff Bylaws before resorting to legal action.

The rules relating to appeals to the Board of Directors as set forth in the Medical Staff Bylaws are as follows; capitalized terms have the meaning defined by the Medical Staff Bylaws:

#### A. Time For Appeal

Within ten (10) days after receipt of the decision of the Hearing Committee, either the Practitioner or the Medical Executive Committee may request an appellate review. A written request for such review shall be delivered to the President and Chief Executive Officer and the other party in the hearing. If a request for appellate review is not received by the President and Chief Executive Officer within such period, the decision of the Hearing Committee shall thereupon become final, except if modified or reversed by the Board of Directors.

It shall be the obligation of the party requesting appellate review to produce the record of the Hearing Committee's proceedings. If the record is not produced within a reasonable period, as determined by the Board of Directors or its authorized representative, appellate rights shall be deemed waived

In the event of a waiver of appellate rights by a Practitioner, if the Board of Directors is inclined to take action which is more adverse than that taken or recommended by the Medical Executive Committee, the Board of Directors must consult with the Medical Executive Committee before taking such action. If after such consultation the Board of Directors is still inclined to take such action, then the Practitioner shall be so notified. The notice shall include a brief summary of the reasons for the Board's contemplated action, including a reference to any factual findings in the Hearing Committee's Decision that support the action. The Practitioner shall be given ten (10) days from receipt of that notice within which to request appellate review, notwithstanding his or her earlier waiver of appellate rights. The grounds for appeal and the appellate procedure shall be as described below. However, even if the Practitioner declines to appeal any of the Hearing Committee's factual findings, he or she shall still be given an opportunity to argue, in person and in writing, that the contemplated action which is more adverse than that taken or recommended by the Medical Executive Committee is not reasonable and warranted. The action taken by the Board of Directors after following this procedure shall be the final action of the Hospital.

## B. Grounds For Appeal

A written request for an appeal shall include an identification of the grounds of appeal, and a clear and concise statement of the facts in support of the appeal. The recognized grounds for appeal from a Hearing Committee decision are:

1. substantial noncompliance with the standards or procedures required by the Bylaws, or applicable law, which has created demonstrable prejudice; or

2. the factual findings of the Hearing Committee are not supported by substantial evidence based upon the hearing record or such additional information as may be permitted pursuant to this section; or

3. The Hearing Committee's failure to sustain an action or recommendation of the Medical Executive Committee that, based on the Hearing Committee's factual findings, was reasonable and warranted.

## C. Time, Place and Notice

The appeal board shall, within thirty (30) days after receipt of a request for appellate review, schedule a review date and cause each side to be given notice of time, place and date of the appellate review. The appellate review shall not commence less than thirty (30) or more than sixty (60) days from the date of notice. The time for appellate review may be extended by the appeal board for good cause.

## D. Appeal Board

The Board of Directors may sit as the appeal board, or it may delegate that function to an appeal board which shall be composed of not less than three (3) members of the Board of Directors. Knowledge of the matter involved shall not preclude any person from serving as a member of the appeal board so long as that person did not take part in a prior hearing on the action or recommendation being challenged. The appeal board may select an attorney to assist it in the proceeding, but that attorney shall not be entitled to vote with respect to the appeal.

## E. Appeal Procedure

The proceedings by the appeal board shall be in the nature of an appellate review based upon the record of the proceedings before the Hearing Committee. However, the appeal board may accept additional oral or written evidence, subject to a foundational showing that such evidence could not have been made available to the Hearing Committee in the exercise of reasonable diligence, and subject to the same rights of cross-examination or confrontation that are provided at a hearing. The appeal board shall also have the discretion to remand the matter to the Hearing Committee for the taking of further evidence or for clarification or reconsideration of the Hearing Committee's decision. In such instances, the Hearing Committee shall report back to the appeal board, within such reasonable time limits as the appeal board imposes.



Each party shall have the right to be represented by legal counsel before the appeal board, to present a written argument to the appeal board, to personally appear and make oral argument and respond to questions in accordance with the procedure established by the appeal board. After the arguments have been submitted, the appeal board shall conduct its deliberations outside the presence of the parties and their representatives.

#### F. Decision

Within thirty (30) days after the submission of arguments as provided above, the appeal board shall send a written recommendation to the Board of Directors. The appeal board may recommend, and the Board of Directors may decide, to affirm, reverse or modify the decision of the Hearing Committee. The decision of the Board shall constitute the final decision of the Hospital and shall become effective immediately upon notice to the parties. The parties shall be provided a copy of the appeal board's recommendation along with a copy of the Board of Director's final decision.

#### G. Right To One Hearing

No practitioner shall be entitled to more than one (1) evidentiary hearing and one (1) appellate review on any adverse action or recommendation.

#### H. Exception to Hearing Rights

##### 1. Exclusive Contracts

The hearing rights described in this Article shall not apply as a result of a decision to close or continue closure of a department or service pursuant to an exclusive contract or to transfer an exclusive contract, or as a result of action by the holder of such an exclusive contract.

##### 2. Validity of Bylaw, Rule, Regulation or Policy

No hearing provided for in this article shall be utilized to make determinations as to the merits or substantive validity of any Medical Staff bylaw, rule, regulation or policy. Where a Practitioner is adversely affected by the application of a Medical Staff bylaw, rule, regulation or policy, the Practitioner's sole remedy is to seek review of such bylaw, rule, regulation or policy initially by the Medical Executive Committee. The Medical Executive Committee may in its discretion consider the request according to such procedures as it deems appropriate. If the Practitioner is dissatisfied with the action of the Medical Executive Committee, the Practitioner may request review by the Board of Directors, which shall have discretion whether to conduct a review according to such procedures as it deems appropriate. The Board of Directors shall consult with the Medical Executive Committee before taking such action regarding the bylaw, rule, regulation or policy involved. This procedure must be utilized prior to any legal action.

### 3. Department, Section or Service Formation or Elimination

A Medical Staff department, section, or service can be formed or eliminated only following a review and recommendation by the Medical Executive Committee regarding the appropriateness of the department, section, or service elimination or formation. The Board of Directors shall consider the recommendations of the Medical Executive Committee prior to making a final determination regarding the formation or elimination.

The Medical Staff Member(s) who's Privileges may be adversely affected by department, section, or service formation or elimination are not afforded hearing rights pursuant to Article VII.

## **ARTICLE IX. REVIEW AND AMENDMENT OF BYLAWS**

At intervals of no more than two (2) years, the Board of Directors shall review these Bylaws in their entirety to ensure that they comply with all provisions of the Local Health Care District Law, that they continue to meet the needs of District Administration and Medical Staff, and that they serve to facilitate the efficient administration of the District.

These Bylaws may from time to time be amended by action of the Board of Directors. Amendments may be proposed at any Regular meeting of the Board of Directors by any member of the Board. Action on proposed amendments shall be taken at the next Regular meeting of the Board of Directors following the meeting at which such amendments are proposed.

## **ADOPTION OF BYLAWS**

Originally passed and adopted at a meeting of the Board of Directors of the TAHOE FOREST HOSPITAL DISTRICT, duly held on the 9th day of January, 1953 and most recently revised on the 27th day of August, 2020.

## **REVISION HISTORY**

1975

Revised – March, 1977

Revised – October, 1978

Revised – April, 1979

Revised – March, 1982

Revised – May, 1983

Revised – February, 1985

Revised – July, 1988

Revised – March, 1990

Revised – November, 1992

Revised – February, 1993

Revised – May, 1994

Revised – April, 1996

Revised – September, 1996  
Revised – April, 1998  
Revised – September, 1998  
Revised – March, 1999  
Revised – July, 2000  
Revised – January, 2001  
Revised – November, 2002  
Revised – May, 2003  
Revised – July, 2003  
Revised – September, 2004  
Revised – March, 2005  
Revised – December, 2005  
Revised – October, 2006  
Revised – March, 2007  
Revised – April, 2008  
Revised – January, 2009  
Revised – September, 2010  
Revised – September, 2012  
Revised – November, 2014  
Revised – December, 2015  
Revised – November, 2017  
Revised – November, 2018  
Revised – August, 2020