



BOARD OF DIRECTORS
BOARD MEETING MINUTES

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
PRESENT AT MEETING:	<p>Board Members: Roger Kahn, President; John Mohun, Vice President; Karen Sessler, M.D., Secretary; Dale Chamblin, Board Member</p> <p>Staff: Bob Schapper, Chief Executive Officer; Virginia Razo, PharmD, Chief Operating Officer; Crystal Betts, Chief Financial Officer; Janet Van Gelder, Quality Director; Michelle Cook, Executive Assistant</p> <p>Others: Bill Abalona, Legal Counsel, and Steve Gross, Legal Counsel</p>	
1. Call to Order	Mr. Kahn called the meeting to order at 4:08 p.m.	
2. Roll Call	Roll call reflected that Four Board Members were present.	
3. Clear the Agenda/Items Not On the Posted Agenda	<ul style="list-style-type: none"> • Mr. Kahn: <ul style="list-style-type: none"> ✓ Cleared the agenda; ✓ Announced the items that will be heard in closed session this evening; 	
4. Input -- Audience Employee Associations	Audience input was asked, but none was offered.	
5. Closed Session:	The meeting proceeded into closed session at 4:09 p.m.	
A. Approval of closed session minutes of 6/25/13	A copy of the attachment is in the closed session packet.	<u>It was moved by Dr. Sessler and seconded by Mr. Long to approve the closed session minutes of 6/25/13 as presented. Motion carried unanimously</u>
B. California Government Code Section 54956.9 (d)(4)	Mr. Gross and Mr. Abalona joined the meeting for this agenda item to discuss a privileged legal matter. Discussion was held.	
C. California Government Code Section 54956.9 (d)(2)	Mr. Gross and Ms. Van Gelder joined the meeting for this agenda item. Discussion was held.	



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D. California Government Code Section 54956.9 (d)(1)	Mr. Gross and Ms. Van Gelder joined the meeting for this agenda item. Discussion was held.	
E. Chief Executive Officer Monthly Performance Evaluation	Discussion was held.	
F. Medical Staff Credentials	Dr. Barta joined the meeting for this agenda item.	
6. Dinner Break	A dinner break was taken at 5:41 p.m.	
7. Open Session Call To Order	Mr. Kahn called the open session to order at 6:26 p.m.	
PRESENT FOR OPEN SESSION:	<p>Board Members: Roger Kahn, President; John Mohun, Vice President; Karen Sessler, M.D., Secretary; Dale Chamblin, Board Member</p> <p>Staff: Bob Schapper, Chief Executive Officer; Virginia Razo, PharmD, Chief Operating Officer; Crystal Betts, Chief Financial Officer; Carl Gerlach, Director of Planning & Business Development; Terri Schnieder, Medical Staff Director; Judy Newland, RN, IVCH Administrator/Chief Nursing Officer; Linda Harman, RN, Director, Surgery; Rick McConn, Facilities Director; Alex MacLennan, Non-Clinical Educator; Ted Owens, Director, Community Development; Paige Thomason, Director, Marketing & Communications; Michelle Cook, Executive Assistant</p> <p>Others Present: Steve Gross, Legal Counsel; Gina Barta, M.D., Chief of Staff; Jeff Dodd, M.D.; Nina Winans, M.D.; Heidi Standteiner, M.D.; Paul Krause, M.D.; Rick Ganong, M.D.; Shawni Coll, M.D.; Reini Jensen, M.D.; Rob Etnyre; Andy Barr</p>	
8. Clear The Agenda/Items Not on the Posted Agenda	The agenda was cleared. Mr. Kahn asked if there were any changes to the posted agenda. There were none.	
9. Input – Audience	Audience input was sought.	



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<p>10. Input From Employee Associations</p>	<p>There was no input from the Employee Associations.</p>	
<p>11. Medical Staff Report</p> <p>A. Pharmacy and Therapeutics Committee:</p> <p>Approval of Pre Printed Orders:</p> <ul style="list-style-type: none"> • Anesthesia- Post Op Epidural- Intraspinal Narcotic Order • OB-PCEA Order • OB-C-section Preoperative Orders-Scheduled • Physician Pre-OP Testing/Admission Orders • ED Pre Op Orders • Adult Pain Med Orders <p>Formulary request Kadcylla</p> <ul style="list-style-type: none"> • Kadcylla addition • Zovirax oint-deletion, Abreva-addition and auto-sub <p>Approval of Policies and Procedures:</p> <ul style="list-style-type: none"> • Prescribing Ordering General Practices • Bowel Management Protocol • Pharmacy Renal Dosing Protocol (formerly Estimating Creatinine Clearance) 	<ul style="list-style-type: none"> • Dr. Barta gave the Medical Staff Report, highlights as follows: <ul style="list-style-type: none"> ✓ The Medical Executive Committee met on July 17, 2013; ✓ Ms. Razo provided the following updates to the medical staff: <ul style="list-style-type: none"> ○ Financial update – As of May, the hospital was 2 million dollars behind the projected margin due to the EMR implementation, payer mix changes, etc.. Ms. Betts will provide an update to the Medical Executive Committee at their next meeting; ○ ATT Cell Service – The cell service coverage in the Emergency Department is a high priority and is on the Project Plan; ○ Building Projects – As building projects are coming online, the staff is being engaged to look at supplies, linen, food, and garbage service to the outlying buildings. For example, the Extended Care Center will be a stand alone entity with no direct connection to the hospital during the Labor & Delivery construction project which will last about two years; ○ Pathway to Excellence- The nursing staff is working towards applying for re-designation; ✓ Ms. Newland gave a written report; ✓ Mr. Mohun gave a brief report on the Strategic Plan and the Direction of TFHS and the annual CEO evaluation; ✓ The x3269 Log was reviewed and they discussed transcription being placed on the inpatient chart in a 	<p><u>It was moved by Mr. Mohun and seconded by Dr. Sessler to approve items 11(A)-(C). Motion carried unanimously.</u></p>



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<ul style="list-style-type: none"> • Methotrexate for Ectopic Pregnancy • High Alert Medications <p>B. Infection Control Committee: Approval of Policies and Procedures:</p> <ul style="list-style-type: none"> • IV Therapy-Suspected Central Line Infection • Interim Life Safety Measures <p>C. Department of OB/Peds: Approval of Policies and Procedures:</p> <ul style="list-style-type: none"> • Cesarean Section/Induction of Labor Scheduling Policy • OB Diabetes Flow Sheet • Level One Nursery Admission • Newborn Admission • Post Partum Orders • Labor Orders • C Section Post Op Orders 	<p>timely manner. Dr. Barta indicated this had not been an issue for her;</p> <ul style="list-style-type: none"> ✓ The Hospitalist Resolution was reviewed. The resolution was recommended for approval by the Department of Medicine. The Medical Executive Committee also recommended approval to the Board; ✓ The Medical Executive Committee recommended approval of the preprinted orders to the Board. These were reviewed at OB Peds. 	
<p>12. Consent Calendar:</p> <p>A. Minutes of Meetings of: 6/25/13 and 5/10/13</p> <p>B. Contract Renewal with Revisions:</p> <p>a. OB/GYN ED Call Agreement -Shawni Coll, D.O., Peter Taylor, M.D.,</p>	<p>Mr. Kahn asked if anyone wanted to pull anything from the consent agenda.</p> <ul style="list-style-type: none"> • Mr. Mohun pulled agenda item 12(c), the hospitalist contracts, for further discussion and approval with the Hospitalist Resolution. 	<p><u>It was moved by Dr. Sessler and seconded by Mr. Mohun to approve agenda items 12(A)-(B). Motion carried unanimously.</u></p>



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<p>Steve Thompson, M.D</p> <p>C. New Contracts:</p> <p>b. Hospitalist Medical Director – Heidi Standteiner, M.D. - NEW</p> <p>c. Hospitalist Agreement for TTMG Providers: Gina Barta, M.D., Rick Ganong, M.D., Paul Krause, M.D., Reini Jensen, M.D. - NEW</p> <p>d. Hospitalist Agreement: Dr. Standteiner, M.D. – NEW</p> <p>e. Hospitalist Agreement: PSA Amendment for MSC Physicians: J. Timothy Lombard, M.D., Lisanne Burkholder, M.D., Greg Tirdel M.D. - NEW</p> <p>D. Joshua Scholnick, M.D. – NEW</p>		



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<p>13. Executive Officer's Report A. COO Operations Report B. Nursing Report C. IVCH Report</p>	<p>Mr. Schapper added the following in addition to the Chief Executive Officer's written report:</p> <ul style="list-style-type: none"> ✓ The hospital was contacted by Vail Resorts to communicate with their partners named in the Northstar grant, including the Truckee Tahoe Medical Group (TTMG). Ms. Razo will be leading the project. The project proposal creates a model for acute injury care and is replicated in other markets by Vail; • Ms. Razo gave her Chief Operating Officer Report, highlights as follows: <ul style="list-style-type: none"> ✓ She is finalizing the contract details for the Hospitalist Program. The program will begin in August. She thanked the physicians for keeping the program local and affordable; ✓ The Hospice Department is currently undergoing an accreditation survey by the California Department of Public Health (CDPH). The final report will be completed on Friday; ✓ The management team is working with the Finance staff on the budget and how to reduce the hospital's operating costs. She thanked Mr. Stokich for saving money on his contracts and service agreements, and leveraging technology on the services provided by the hospital; • Ms. Newland had nothing to add to the written nursing report. 	
<p>14. Presentations/Staff Reports</p>		
<p>A. Marketing/Communications Report</p>	<p>Ms. Thomason stated in addition to her written report:</p> <ul style="list-style-type: none"> • The TFHS Magazine hard copies will be distributed in the North Tahoe Bonanza this week. The magazine will be 	



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	<p>rolled out in phases and will be supported with a public relations effort. This will be a formalized way to communicate with the public. The magazine will be published three times a year;</p> <ul style="list-style-type: none"> • Ms. Schnieder said a notice to the physicians will be sent out tomorrow; • The Board members were impressed by the recent article. 	
<p>B. Fund Development Report</p>	<p>Ms. Simon added the following in addition to her written report:</p> <ul style="list-style-type: none"> • The Gene Upshaw Memorial Golf Classic completed its fifth year and grossed over \$326,000. She compared the event to the Indian Golf Classic the hospital had hosted five years ago that grossed \$25,000. She envisions a half a million dollar event in the future. The media was present and the hospital was on the front page of the San Francisco Chronicle; • Mr. Kahn brought to the Board's attention that Ms. Simon raised over a million dollars this year and that her five year goal is to raise two million dollars. He commended Ms. Simon on her achievement; • Mr. Chamblin commented that in Ms. Simon's Foundation Report to the Finance Committee this month, she will be tracking the Foundation staff's time. This will show how much of their time is utilized in fundraising. 	
<p>15. Board Committee Reports/ Recommendations</p>		
<p>A. Finance Committee Meeting</p>	<p>Mr. Chamblin stated:</p> <ul style="list-style-type: none"> • The Finance Committee met yesterday. The June financials are still being work on due to the CPSI issues; • The following were discussed: The GO Bond tax rates, Ms. Simon gave a report on the Foundation, and a narrative 	



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	<p>about the Medi-Cal reimbursement;</p> <ul style="list-style-type: none"> • A memo came out today from Ms. Betts about cash collections; <p>Ms. Betts stated:</p> <ul style="list-style-type: none"> • A written plan of correction was completed regarding the hospital's revenue cycle. There was a comparison of the June 2012 cycle with the increase from the system conversion. She outlined the additional resources, the cost, and the challenges. She is anticipating that the hospital's cash position will be recovered by the end of October. She will continue to update in the next 120 days; • Mr. Chamblin mentioned that a charge comparison of the hospital with similar California hospitals was reported at the committee regarding the Top 25 Procedures according to the Office of Statewide Health Planning and Development (OSHPD). The hospital was lower in price than 50 percent of these hospitals; • Ms. Betts stated that management set a methodology for pricing to keep the hospital competitive with the California and Reno market. The first step will be educating the public on where the hospital stands regionally in California pricing. It has been challenging to receive the Nevada pricing; • Ms. Razo added that the California data is publically available on the OSHPD website; • Ms. Betts said she will be working with Mr. Gerlach on how to strategically modify the hospital's pricing; • Mr. Kahn noted that this is included in the Town of Truckee Economic Plan. 	
<p>B. Governance Committee Meeting</p>	<p>Mr. Mohun stated:</p> <ul style="list-style-type: none"> • The Governance Committee met today; 	



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	<ul style="list-style-type: none"> • The OB/GYN Hospitalist Contracts were reviewed; • The Town of Truckee General Plan 2025 was discussed. Mr. Owens will be working on behalf of the District towards collaboration with the Town of Truckee; • Mr. Owens informed the committee on the California Hospital Association Political Association Committee (CHAPAC). The members can donate individually, if they have interest; • The Hospitalist Program was discussed and will help with the continuity of care. The new contracts for the Hospitalists were pulled in order to add more details. 	
<p>16. Items for Board Discussion And/Or Action</p>		
<p>A. Orthopedic and Sports Medicine Advisory Council Update</p>	<p>Mr. Schapper stated:</p> <ul style="list-style-type: none"> • The Orthopedic Advisory Council (OAC) business model will help engage the community to design models, and to expand the scope of services where the market data indicates the District can help improve services in the community; • The OAC has been working with the Foundation Board and the business leaders in the community on opportunities for growth and expansion. This will help with the economic value in the community; <p>Ms. Hobday gave her presentation, highlights as follows:</p> <ul style="list-style-type: none"> • The OAC was formed almost a year ago; • The hospital's vision of becoming the best mountain community will help to focus the project; • The OAC's vision is to create an integrated Orthopedic and Sports Medicine Institute that will be a recognized leader with a national draw. An integrated center does not currently 	



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	<p>exist in the nation where all components are integrated;</p> <ul style="list-style-type: none"> • The council will use benchmarking. The council members paid for themselves to attend all of the benchmarking best practices; • Ms. Hobday introduced Drs. Dodd and Winans; • Dr. Dodd said the OAC's dream is to be a one stop shop for musculoskeletal needs. They want to do it in an integrated fashion to provide the best care for the patient. The community will be able to stay as active as they want to be; • Dr. Winans said they want to provide care to athletes in the community and include an overview on how this is provided. This would allow the community to lead and have the OAC coordinate and set a standard much higher than any community as well as collaborate with UC Davis. They would benchmark and have outcome measures and research. This would help with concussion management. They have already started the program and are working with the Tahoe Truckee Unified School District; • Ms. Hobday said the subcommittee structure would consist of economic development, branding, innovation and technology; collaborating with TIRHR; business modeling; and, community outreach; • She thanked the Board, management, and those involved with the project; • Mr. Barr congratulated the Board and the hospital for creating programs with this scope. He wants to contribute to the community and wellness. The potential for innovation is a project worth the effort; • Mr. Etnyre stated that Tahoe Donner is an outdoor recreational focused community. The OAC's passion and 	



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	<p>work towards a better health system delivery is amazing;</p> <ul style="list-style-type: none"> • Mr. Chamblin commented that he understands the OAC would like to capture the market share in this community but how much of their dream is to bring to those outside of the community; • Ms. Hobday said once the business modeling is completed and the revenue is reviewed, then they can present options for delivery to those services outside the community; • The Board members thanked Ms. Hobday and her volunteers. 	
<p>B. Tahoe Truckee Medical Group “TTMG” Letter to the Board of Directors</p>	<ul style="list-style-type: none"> • Dr. Ganong spoke to the Board on behalf of TTMG. He stated that TTMG provides a significant amount of care for the community. They are heavily involved with the delivery of health care. At the moment, TTMG feel as if they are an outsider with the development of the Multi-Specialty Clinics (MSC). He understands that technically they do not work for the hospital. There is concern that communication is not present with the hospital. They have a lot to offer and are proposing a more collaborative approach. They are requesting a collaborative monthly meeting with a Board member(s), Bob Schapper, and TTMG to discuss the health care changes; • Drs. Barta, Krause, and Jensen agreed with Dr. Ganong. They also discussed their frustration that a meeting did not occur regarding the Northstar RFP and CEP. There was also a concern with the sports medicine fellows; • Mr. Schapper stated: <ul style="list-style-type: none"> ✓ He commented that the hospital had communicated in a timely manner with TTMG and had clearly stated that they wanted to partner with TTMG. He said there was 	



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	<p>no intention to disrespect TTMG or primary care. The hospital is a primary care hospital, and both the MSC and TTMG are primary care physicians;</p> <ul style="list-style-type: none"> ✓ The innovations are in areas such as acute injury care; ✓ Management had spoken with Northstar about what was important to them as an employer and to them it is all about caring for their guests. Advancing Northstar and Vail, as well as the partnership with physicians in community, will help TTMG economically; ✓ The District was awarded the contract because of the hospital's ability to provide a guest centric model rather than a physician centric model. This is going to be a different model but requires collaboration; ✓ He challenges TTMG to enhance the hospital's mutual communication but also in how we look at businesses' in the community to help advance their guests. The hospital's mechanism for delivering care is the highest standard of quality; ✓ He is available for a group meeting with TTMG for better collaboration and open dialogue; • Mr. Kahn thanked the physicians from TTMG for presenting their letter. He hopes they feel included and valued in all of the programs and he thanked them for their participation; • Mr. Mohun said he is available to attend as a Board member for the collaborative meeting; • Dr. Coll recommended that with all of the healthcare changes that a monthly/bimonthly meeting be set up with the primary care physicians, ER physicians, and the surgeons to plan for where the hospital should be in the next few years to create a true vision of the medical staff; 	
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	<ul style="list-style-type: none"> • Dr. Winans said there needs to be representation by all of the primary care physicians, including the MSC; • Mr. Kahn stated that he is not in support of monthly meetings. He does not believe it is proper to only include TTMG and not the MSC physicians. He is supportive of meeting a few times for clarity in communication; • Mr. Mohun agreed the MSC physicians should be included in these meetings; • Mr. Schapper mentioned the concern about the health care changes but the District will survive. These changes will require greater collaboration. He wants all of the physicians to engage collaboratively with Dr. Coll. This is an opportunity to reignite communication; • Dr. Krause said TTMG is committed to collaboration; • Dr. Sessler commented that it is unfortunate that on this topic the communication was not satisfactory on all levels. She suggested that initially some of the Board members meet with the primary care physicians, and then, the meetings should go through the proper venue as outlined by Dr. Coll. These meetings should include all physicians. 	
<p>C. Approval of the UC Davis California Health eQuality “CHeQ” Grant</p>	<ul style="list-style-type: none"> • Mr. Schapper said that over the past two years Ms. Barr was the Chief Innovation Officer and was looking to find new ways to leverage opportunities in the Affordable Care Act. She moved forward with a few projects. One project was for Ms. Barr to secure a grant from the Health Resources and Services Administration (HRSA). The grant looked at how to advance the EMR to critical hospitals in California. This project and the California Health eQuality (CHeQ) Grant advance the District’s purpose of helping California rural hospitals as well as to become innovators in healthcare; 	



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	<ul style="list-style-type: none"> • Ms. Barr gave background information on the grant, highlights as follows: <ul style="list-style-type: none"> ✓ The grant is to help hospitals adopt IT and use that information to provide better care at a lower cost; ✓ She submitted a grant to UC Davis that was accepted for \$300,000 and \$100,000 from matching funds. \$200,000 was for federal funds to create a data warehouse and quality reporting; • Mr. Schapper added that Ms. Barr resigned a month ago and she stayed on board to finish out the HRSA grant. Ms. Leonard was named as the Executive Director under the CHeQ and HRSA grant. The hospital does not have qualified internal candidates to administer the grants. A person needs to administer grant, and the challenge is that Ms. Barr is part of the National ACO; • He would like the Board's approval to discuss further with UC Davis and the California Critical Access Hospital Network (CCAHN). CCAHN was the original Board for Ms. Barr's HRSA grant and is an entity for all of the Critical Access Hospitals (CAH). He has spoken with the CCAHN leadership and they are open to helping with the administration of the grant; • Mr. Kahn is supportive of the CheQ grant and would like the CEO to decide how to administer it; • The Board members support the grant and the resources it grants for advancement; • Mr. Gross said the grant has complicated issues with the products developed with these funds; • Ms. Barr requested to be able to work with the replacement; • Mr. Kahn responded that Ms. Barr may speak with Mr. 	<p><u>It was moved by Mr. Chamblin and seconded by Dr. Sessler to approve the grant. The Board members designated Mr. Schapper to find a solution to manage the grant and to ratify it by Board approval. Motion carried unanimously.</u></p>
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<p>D. Resolution No. 2013-01 Resolution Directing Placer and Nevada Counties California, To Levy a Tax to Pay The Principal Of And Interest On The District's General Obligation Bonds for Fiscal Year 2013-14</p>	<p>Schapper or Mr. Gross at end of month;</p> <ul style="list-style-type: none"> • Mr. Chamblin said the Finance Committee met and reviewed all of the information regarding the General Bond tax rates. The committee recommended to approve the \$30.12 tax rate, which is lower than last year's \$30.67 tax rate. He said with the rate of growth in assessed values, there is a likelihood the tax rate will decrease over time; • Mr. Kahn asked if there were questions for Mr. Chamblin or Mr. Betts. No questions were asked. 	<p><u>It was moved by Mr. Chamblin and seconded by Dr. Sessler to approve Resolution No. 2013-01 Resolution Directing Placer and Nevada Counties California, To Levy a Tax to Pay The Principal Of And Interest On The District's General Obligation Bonds for Fiscal Year 2013-14. A roll call vote was taken as follows:</u> <u>Dr. Sessler, Aye,</u> <u>Mr. Mohun, Aye</u> <u>Mr. Kahn, Aye,</u> <u>Mr. Chamblin, Aye.</u> <u>Motion carried unanimously.</u></p>
<p>E. Resolution No. 2013-02 Resolution To Recommend Establishment of Hospitalist Program at Tahoe Forest Hospital And Related Mechanisms for the Granting of Clinical Privileges.</p>	<ul style="list-style-type: none"> • Dr. Barta stated that due to the success of the Canter Center, a lot of patients are being kept locally, and physicians are treating more patients. With sicker patients, it is tougher for the physicians to round. New physicians are not being trained in medical school to do both medicine and hospitalist medicine. The expectation is that they will do medicine or hospitalist medicine; • Mr. Kahn asked about the current model; • Ms. Razo stated: <ul style="list-style-type: none"> ✓ She said that over the last year the hospital has used a hybrid model, using both community physicians and full time hospitalists. The previous ED Call Arrangement had the hospital paying the physicians to be available for 24 	<p><u>It was moved by Dr. Sessler and seconded by Mr. Chamblin to approve Resolution No. 2013-02 Resolution To Recommend Establishment of Hospitalist Program at Tahoe Forest Hospital And Related Mechanisms for the Granting of Clinical Privileges. A roll call vote was taken as follows:</u> <u>Dr. Sessler, Aye,</u> <u>Mr. Mohun, Aye</u> <u>Mr. Kahn, Aye,</u></p>



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	<p>hours for ED on call. Physicians were seeing one another's patients. The TTMG physicians were billing and collecting their own professional fees under the previous ED Call model; the MSC physician professional fees were billed and collected under the MSC billing and collecting model. The new agreement requires a physician to be onsite at the hospital between the hours of 6:00 a.m. and 6:00 p.m., and readily available to come into the hospital within 30 minutes between the hours of 6:00 p.m. and 6:00 a.m. Administration and the physicians negotiated the terms of the current Agreement for more than six months;</p> <ul style="list-style-type: none"> ✓ Administration also looked at two external, independent Hospitalist Professional Service Organizations to compare operating costs. Although this model will cost the District and estimated increase of \$100,000-200,000 a year, this amount is lower than if the hospital contracted with the external Hospitalist PSOs; ✓ Another benefit this model affords the District is the ability to bill and collect all pro fees which will off set the cost of the program. Most importantly, the program is crucial for physician longevity and stabilization of the primary care in the community; ✓ There are three different contract types. She presented examples of some of the types being used: TTMG has a cash model on availability, the MSCs will earn equivalent income in revenue for clinic hours and a cash stipend for night, and Dr. Standteiner will be on cash model since she is a full time hospitalist. They also offered to provide insurance in order to stay competitive; 	<p><u>Mr. Chamblin, Aye.</u> <u>Motion carried unanimously.</u></p> <p><u>It was moved by Mr. Mohun and seconded Dr. Sessler to approve the hospitalist contracts, agenda item12(C).</u></p>



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	<ul style="list-style-type: none"> ✓ There are minor changes being made based on feedback provided by TTMG physicians. These changes are not about the content of services or the fiscal amount. She hopes to have the revisions back to TTMG and the contracts executed by August 1, 2013; ✓ There is eligibility for a bonus, if the hospital meets the EBIDA line. All of the five quality measures indicated will need to be met. Each metric is tied to a potential bonus of one percent. Patient satisfaction is tied into the bonus. If all measures are met, then five percent of the gross at the end of the year at the physician level will be issued to each physician; • Dr. Coll added that physicians are already burnt out. This program came about for the physicians well being. 	
<p>17. Agenda Input For Upcoming Committee Meetings</p>	<ul style="list-style-type: none"> • Personnel Committee Meeting • Finance Committee Meeting • Governance Committee Meeting • Joint Board/Medical Staff Meeting 	<p><u>Mr. Kahn requested Dr. Barta to submit the CEO evaluations to Ms. Cook by August 10, 2013.</u></p>
<p>18. Board Members Reports/Closing Remarks</p>	<p>There were no closing remarks.</p>	
<p>19. Closed Session Continued, If Necessary</p>	<p>The meeting reconvened into closed session at 9:16 p.m</p>	
<p>20. Open Session</p>	<p>The meeting reconvened into open session at 9:50 p.m.</p>	
<p>21. Report of any Reportable Actions Taken in closed session</p>	<p>Mr. Kahn reported that in closed session a claim was rejected.</p>	
<p>22. Adjourn</p>	<p>The meeting adjourned at 9:51 p.m.</p>	