



**BOARD OF DIRECTORS**  
**REGULAR MEETING BOARD MINUTES**

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
<b>PRESENT AT MEETING:</b>	<p><b>Board Members:</b> Ken Cutler, M.D., President; Roger Kahn, Vice President; Larry Long, Secretary; John Mohun, Treasurer; Karen Sessler, M.D., Board Member</p> <p><b>Staff:</b> Bob Schapper, CEO; Virginia Razo, PharmD, Chief Operating Officer; Crystal Betts, Chief Financial Officer; Joan Sevy-Majers, RN, Interim Chief Nursing Officer; Judy Newland, RN, IVCH Administrator, Chief Nursing Officer; Terri Schnieder, Director, Medical Staff Services</p> <p><b>Others:</b> Shawni Coll, D.O., Chief of Staff,</p>	
1. <b>Call to Order</b>	Dr. Cutler called the meeting to order at 6:08 p.m.	
2. <b>Roll Call</b>	Roll call reflected that all Board Members were present.	
3. <b>Clear the Agenda/Items Not On the Posted Agenda</b>	The agenda was cleared.	
4. <b>Input -- Audience Employee Associations</b>	Audience input was sought	
5. <b>Closed Session:</b>	The meeting proceeded into closed session at 4:00 p.m.	
<b>A. Approval of closed session minutes of 10/23/12 and 10/30/12</b>	A copy of the attachment is in the closed session packet.	<u>It was moved by Roger Kahn and seconded by John Mohun to approve the closed session minutes of 10/23/12 and 10/30/12 as presented. Motion carried unanimously.</u>
<b>B. California Government Code Section 54956.9(a): Existing Litigation (2 cases)</b>	The cases were presented and discussion was held.	
<b>C. California Government Code Section 54956.9(b): Potential Litigation (3 potential cases)</b>	Ms. Spaich joined the meeting for this portion. A report was given to the Board.	



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<p><b>D. Government Code Section 54957: Chief Executive Officer Monthly Performance Evaluation/Continuation of Annual Evaluation</b></p>		
<p><b>E. Health &amp; Safety Code Section 32155: Medical Staff Quality &amp; Credentialing</b></p>	<p>The Medical Staff Quality &amp; Credentialing Report was given.</p>	<p><u>It was moved by Dr. Sessler and seconded by Mr. Long to approve the Medical Staff Credentials, items 1 (a) – (c) on the Medical Staff Executive Committee agenda and listed in these minutes, as presented and recommended for approval by the Medical Staff Executive Committee. Motion carried unanimously.</u></p>
<p><b>6. Dinner Break</b></p>	<p>A dinner break was taken at 6:00 p.m.</p>	
<p><b>7. Open Session Call To Order</b></p>	<p>Dr. Cutler called the open session to order at 6:08 p.m.</p>	
<p><b>PRESENT FOR OPEN SESSION:</b></p>	<p><b>Board Members:</b> Ken Cutler, M.D., President; Roger Kahn, Vice President; Larry Long, Secretary; John Mohun, Treasurer; Karen Sessler, M.D., Board Member  <b>Staff:</b> Bob Schapper, CEO; Virginia Razo, PharmD, Chief Operating Officer; Crystal Betts, Chief Financial Officer; Chief Nursing Officer; Stephanie Hanson, Svieta Schopp, Ted Owens, Martha Simons, John Hummel, Paige Thomson, Jay O’Hanlon, Rick McConn, Larry Larson, Terri Schnieder, Director, Medical Staff Services  <b>Others Present:</b> Shawni Coll, D.O.; Diane Laroche, community member, Steve Gross, Mike Geney, Jackie Ginley, Moonshine</p>	



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	Ink Reporter	
8. <b>Clear The Agenda/Items Not on the Posted Agenda</b>	The agenda was cleared. Dr. Cutler asked if there were any changes to the posted agenda. There were none.	
9. <b>Input Audience</b>	<p>Audience input was sought.</p> <ul style="list-style-type: none"> <li>• Diane Laroche, community member, addressed the Board.</li> <li>• Dr. Cutler informed her that the input from the audience is limited to 3 minutes per person to voice concerns. There will be no action taken.</li> <li>• Ms. Laroche reported that she received a call from the Chief of Staff and expressed her concern that the Chief of Staff wasn't familiar with the details of her husband's case and she had to relive it all over again. She also took reservation that she would ask whether Ms. Laroche was seeking counseling for her anger. Ms. Laroche wants the Board to be accountable to the community. She further stated that her husband had rights and responsibilities while in the hospital which were not honored. She highlighted the following:               <ol style="list-style-type: none"> <li>1. Impartial access to treatment;</li> <li>2. Considerate and respectful care;</li> <li>3. Reasonable responses to any reasonable requests made for service;</li> <li>4. Formulate advance directives;</li> <li>7. Access information contained in your clinical records;</li> <li>9. Have a surrogate (parent, legal guardian, person with medical power of attorney) exercise the patients rights when the patient is unable to do so, without coercion, discrimination or retaliation.</li> <li>15. Receive information about your health status, course of treatment, prospects for recovery and outcomes of care</li> </ol> </li> </ul>	



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	<p>(including unanticipated outcomes) in terms you can understand.</p> <p>16. Be fully informed in advance of care or treatment and actively participate in the planning of his/her care, planning and treatment.</p> <p>23. Examine and receive an explanation of the hospital's bill regardless of the source of payment.</p> <ul style="list-style-type: none"> <li>• Ms. Laroche stated that she feels that all the rights listed above were violated in her husband's treatment and care. After reading the article in the paper, she demands answers. She will continue to pay the tax assessment fees but she will not go away until there is accountability from the Board.</li> <li>• It was noted that many of the points and concerns raised are being addressed by the Board Quality Committee, the Medical Staff Quality Committee and are being incorporated into the PI Plan for 2013. This will foster change in the organization. The Board QA Committee just met on 11/26/12.</li> </ul>	
<p>10. Input From Employee Associations</p>	<p>None</p>	
<p>11. Medical Staff Report A. P&amp;T Committee</p>	<p>Dr. Coll provided the Medical Staff Report. (see attached) The following was highlighted:</p> <ul style="list-style-type: none"> <li>• A facilitator came in and worked with the Medical Executive Committee on goal setting and integration into the Medical Staff Strategic Plan.</li> <li>• Medical Staff Holiday Party is 12/13/2012 at Plumpjacks</li> <li>• The take home messages from Estes Park Institute were discussed. The plan is to have a Joint Medical Staff and Board Planning meeting in January or February 2013.</li> <li>• Medical Staff Bylaws changes have been sent for vote.</li> </ul>	<p><u>It was moved by Dr. Sessler and seconded by Mr. Long to approve the Medical Staff approval items A-C as recommended for approval by the Medical Executive Committee. Motion carried unanimously.</u></p>



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	<p><b>Annual approval of Pre-printed orders</b></p> <ul style="list-style-type: none"> <li>• Admission Order-Minor additions of PRN medications to prevent TOV, pharmacy electrolyte protocol</li> <li>• Insulin Sliding Scale-Deletion</li> <li>• Newborn Orders-revisions not associated with medications</li> <li>• OB C-Section Post Op-revisions to help clarify sequence of pain medication</li> <li>• OB Labor-minor revision for category of labor</li> <li>• OB Post Partum-minor revision for duplicate indications of medications</li> <li>• Orthopedic In-patient-minor addition for Oxycodone</li> <li>• Orthopedic Out-patient-minor addition of Oxycodone</li> <li>• Orthopedic post TKA-minor addition of Oxycodone</li> </ul> <p><b>Policies and Procedures and Protocols</b></p> <ul style="list-style-type: none"> <li>• Aminoglycoside Protocol-Minor quality how it is monitored</li> <li>• Black Box Warning-NEW</li> <li>• ECC Physician Order Transcription-Minor</li> <li>• Emergency Medications-Crash Carts-Minor change for new process to secure them</li> <li>• Fentanyl Patch Protocol-NEW</li> <li>• Medication Administration- Revised 30 minute rule,</li> <li>• Parenteral Nutrition Protocol-Minor</li> <li>• Pharmacy Electrolyte Replacement Protocol-NEW</li> <li>• Pre-printed Order Sets-Minor</li> <li>• Unit Inspections-Minor</li> <li>• Vancomycin Pharmacy Protocol-Minor</li> </ul>	
<p><b>B. Infection Control Committee</b></p>	<ul style="list-style-type: none"> <li>• DPS-48 Dress &amp; Grooming Perioperative (revised)</li> <li>• AIPC-75 Suction Canisters (revised)</li> </ul>	



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	<ul style="list-style-type: none"> <li>• AIPC-5 (Retired)</li> <li>• AIPC-83 MRSA screening and accompanying form (revised)</li> <li>• AIPC-34 Isolation Precautions (c diff clarification)</li> <li>• AIPC-124 TB Engineering Controls</li> <li>• AIPC- Linen Management (combined multiple policies)</li> </ul>	
<p><b>C. QA Committee</b></p>	<ul style="list-style-type: none"> <li>• Abbreviations Policy (revised)</li> <li>• Patient Complaint and Grievance Policy (revised)</li> </ul>	
<p>12. Consent Calendar:  <b>A. Minutes of Meetings of:            10/23/12 Special Board Meeting, 10/30/12 Special Board Meeting, 10/30/12 Special Meeting in Lieu of Regular Board Meeting</b>  <b>B. Financial Report – October 2012</b></p>	<p>The items on the consent calendar were approved as noted.</p>	<p><u>It was moved by Mr. Kahn and seconded by Mr. Mohun to approve consent calendar items as listed on the agenda. Motion carried unanimously.</u></p>
<p>13. Executive Officer's Report  <b>A. COO Operations Report</b>  <b>B. Nursing Report</b>  <b>C. IVCH Report</b>  <b>D. CIO Report</b></p>	<ul style="list-style-type: none"> <li>• Mr. Schapper presented the Executive Officer's Report and highlighted the following:               <ul style="list-style-type: none"> <li>✓ The Team from the Health System that attended the Estes Park Institute gained a lot of insight regarding the National direction of health reform. The content was rich regarding the future of health care delivery. This information will assist the Board, Administration and the Medical Staff to move forward with strategic planning.</li> <li>✓ Other strategic initiatives are outlined in the CEO Report. (see attached) Mr. Schapper asked the Board for feedback about his written report and whether there is enough information related to the strategic direction.</li> <li>✓ Ms Barr and Mr. Schapper are looking at the Affordable Care Act and the sweeping impact that it is going to</li> </ul> </li> </ul>	



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	<p>have on Tahoe Forest Health System and to strategize for the future including threats to the rural healthcare delivery system. We will need to explore partnerships and ventures with other healthcare entities. The Board requested to hear more about the various alternatives being explored. The quarterly Planning Committee meetings will be a great opportunity to share this information in more detail. Tahoe Forest Health System needs to have plans and be committed to execute the right moves to position the Health System sustainability into the future. As external forces come into play, the Board requested to be kept apprised of the information. The biggest concern for the Health System is the financial impacts which could affect the sustainability. It will be about cutting enormous costs out of the System moving forward. The Board felt that the written report was very helpful with the verbal updates at each meeting to keep the Board well informed.</p> <ul style="list-style-type: none"> <li>✓ Discussions have been underway with Dr. Coll, current Chief of Staff, regarding how to formulate a strategic planning structure with the Medical Staff, the Board, and Administration moving forward. Dr. Coll invited a group of Medical Staff members to Estes Park to educate them on healthcare reform. That group gave enormous validation of the urgency of this topic.</li> <li>✓ The Board will benefit from having a broader view of the industry. The Board portal can be used for a library to post ready materials for the Board.</li> <li>• Ms. Razo reported on the following:             <ul style="list-style-type: none"> <li>✓ Discussions have been underway with the core</li> </ul> </li> </ul>	



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	<p>anesthesiologists regarding the economics, low volumes while the 4 of them work in 3 different locations. It is difficult to recruit 5th anesthesiologists in this environment. Part of the discussion has included how the District can assist them without losing them with the challenging times ahead. At this time, Ms. Razo is working on a process to announce the intentions of the Board to enter into an exclusive contract arrangement with the anesthesiologists. Public notice was in the paper to make this announcement and to solicit RFPs. After discussion with legal council, another announcement will be put in the paper in the coming weeks to solicit public comment including input from the Medical Staff. This will be taken under consideration by the Board. Question was raised as to when the Board would be available to hear the public comment if there is not regular Board meeting in December. Approval by the Board would allow Tahoe Forest Health System to enter into an agreement with the anesthesiologists. The public and the Medical staff need to be afforded the opportunity to provide comment to the Board before such a decision is made. The Board requested the pros and cons to entering into such an arrangement. The goal is to have a decision by the Board by January 1, 2013.</p> <ul style="list-style-type: none"> <li>✓ Update provided on the vacant positions for Chief Nursing Officer, ECC Nursing Administrator, and Director of Quality. There are applicants for each of the positions and interviews are pending. The interviews will include management as well as members of the Medical Staff.</li> </ul>	<p><u>Ms. Razo will follow up.</u></p>





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	<ul style="list-style-type: none"> <li>✓ The QA Department hired a new Patient Advocate. The person will manage all the patient complaints and grievances. There will be a training period going forward. She is a current employee. It is estimated that she will begin part time in the beginning of December.</li> <li>✓ EMR Updated provided. CPSI Go Live is on 12/1/12. Training is underway for staff and physicians. A Communication Plan is being developed. The Medical Staff can expect to see regulator announcements from Ms. Razo. It was noted that not everything will be perfect on Day #1. There is a cutover and contingency plan in place. The level of confidence is high and so it the anxiety around such a big initiative.</li> <li>• Ms. Sevy-Majers reported on the following:               <ul style="list-style-type: none"> <li>✓ There have been no transfers due to staffing or bed availability.</li> <li>✓ The new manager of the Women of Family starts on 12/3/12.</li> <li>✓ Ms. Sevy-Majers will be providing her evaluation to BE Smith that provides feedback and outlines opportunities for improvement within the organization.</li> <li>✓ IVCH no report by Ms. Newland.</li> </ul> </li> <li>• Mr. Hummel reported that Go Live is in 72 hours. Staff was complimented for a job well done.</li> </ul>	
<p><b>14. Presentations/Staff Reports</b> <b>A. Facilities Development Update and Discussion</b></p>	<ul style="list-style-type: none"> <li>• Rick McConn provided a quarterly update on the Facilities Development Plan as follows:               <ul style="list-style-type: none"> <li>✓ Measure C projects are at 95.5 million dollars;</li> <li>✓ Construction is underway in the ED;</li> <li>✓ OB modifications are underway;</li> <li>✓ Personal property has remained static;</li> </ul> </li> </ul>	



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	<ul style="list-style-type: none"> <li>✓ Provided quarterly facilities plan update.</li> <li>• Mr. Geney provided the following update:                             <ul style="list-style-type: none"> <li>✓ Completed 10 projects to date, 2 projects pending;</li> <li>✓ Total development 79.6 million, 76% complete</li> <li>✓ 5.4% contingency of 4.3 million</li> <li>✓ Contingency Remaining is 593K;</li> <li>✓ There is still \$1.5 in placeholders for owner/regulatory scope modifications for added square footage for SNF and Medical Records in the 66 building, additional tenant improvements for final staff moves and 4<sup>th</sup> LDR in the South Building B birthing Center;</li> <li>✓ Current projects under construction are on budget;</li> <li>✓ The Modular Plant is operating under a temporary certificate of occupancy due to OSHPD insisting upon installation of an additional exit door;</li> <li>✓ 168 prime contracts for construction issued to date;</li> <li>✓ Working with 4 contractors regarding change order requests that are in dispute;</li> <li>✓ 3 OSHPD permits pending;</li> <li>✓ OSHPD finalized agreement for the Interim Birthing Project permit pending with all 10 alternative means of compliance 4/13;</li> <li>✓ South building permit pending issuance 12/13.</li> </ul> </li> <li>• Further discussion was held regarding bringing forward the Interim Birthing plans and the South Building Plans to the Board understands the seismic requirements and for context so the Board can approve and bring forward Interim Birthing and south Building project to understand what the seismic requirements were, sb90 the context the board would have to approve interim project.</li> </ul>	



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	<ul style="list-style-type: none"> <li>• Mr. McConn reported that all the code disputes with OSHPD regarding the Interim Birthing Project have been resolved. A new entrance enhancement is being worked on for the South Building. This will be brought back to the Medical Staff and Board for approval in January 2013.</li> <li>• It was noted that there was recent communication in the local newspaper suggesting that there are seismic waivers that we could apply for. This was clarified and TFHS didn't qualify for these waivers.</li> </ul>	
<b>B. Tahoe Forest Hospital District Auxiliary Newsletter (Informational Only)</b>	A copy of the newsletter is in the packet for informational purposes only.	
<b>C. Musculoskeletal/Orthopedic/ Sports Medicine Update (Pam Hobday)</b>	Deferred to another meeting.	
<b>15. Board Committee Reports/ Recommendations</b>		
<b>A. Finance Committee Meeting</b>	<ul style="list-style-type: none"> <li>• Mr. Mohun reported that Finance Committee met on 11/26/12. The following was noted:                             <ul style="list-style-type: none"> <li>✓ Unfortunately, total operating revenue is decreasing; part of the problem is the contractual allowances and less commercial payers.</li> <li>✓ Revenue and operating expenses are going up</li> <li>✓ Salaries and Wages are up due to the EMR implementation, this trend may continue.</li> <li>✓ Working capital is 35. 1 days.</li> <li>✓ Days Cash on Hand is 167.2 days.</li> </ul> </li> <li>• Further discussion was held about Finance Committee not meeting in December.</li> </ul>	



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<p><b>B. Personnel/Retirement Committee Meeting – 11/12/12</b></p>	<ul style="list-style-type: none"> <li>• Mr. Kahn reported on the Retirement Committee Meeting held on 11/12/12 as follows:                             <ul style="list-style-type: none"> <li>✓ Reviewed the Retirement Plan with Fidelity and John Chambers;</li> <li>✓ 3<sup>rd</sup> Quarter performance was good;</li> <li>✓ Market update provided;</li> <li>✓ Discussion was held on the health insurance review. Stop loss premiums are increasing dramatically. There was a large increase last year and again this year.</li> <li>✓ Moving forward with the bargaining units, need to benchmark other healthcare benefits. There may be modifications. The benefits provided by TFHS are very rich.</li> <li>✓ Ms. O’Flanagan provided t total reward statement.</li> <li>✓ Negotiations discussed contracts up 7/1/13. Question was raised whether we start earlier? Engagement will be probably begin in 2<sup>nd</sup> Quarter of 2013.</li> </ul> </li> </ul>	
<p><b>C. Board Quality Committee Meeting – 11/26/12</b></p>	<ul style="list-style-type: none"> <li>• Dr. Cutler reported on the Board Quality Committee that met on 11/26/2012::                             <ul style="list-style-type: none"> <li>✓ Focus review of the 2013 PI Plan was conducted. There was a lot of input from the Board members as well as the Medical Staff members present. There was considerable feedback to edit the plan;</li> <li>✓ PI Priorities were reviewed;</li> <li>✓ Organization framework developed;</li> <li>✓ PI Structure reviewed;</li> <li>✓ Performance Improvement Committee established;</li> <li>✓ DMAIC is the scientific PI model used;</li> <li>✓ Once the document is finalized the entire Board will review for more comment.</li> </ul> </li> </ul>	



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<p><b>D. Upcoming Governance Committee Meeting – 12/11/12</b></p>	<p>Governance Committee is scheduled for 12/11/2012; this will include several contract reviews. The Governance Committee will also review the mission statement.</p>	
<p><b>16. Items for Board Discussion And/ Or Action</b></p>		
<p><b>A. Recommendation to Board to Renew Citizen’s Oversight Committee Members, Dale Chamblin, Gerald Herrick, Gary Boxeth, Christy Curtis, Gary Davis and Mark Tanner for an Additional Two Year Term</b></p>	<p>Dale Chamberlin, member of the Citizen’s Oversight Committee attended the Finance Committee. The COC is doing a great job.</p>	<p><u>It was moved by Dr. Sessler and seconded by Mr. Long to approve renewal of the Citizen’s Oversight Committee members for an additional two year term. Motion carried unanimously.</u></p>
<p><b>B. CEO Incentive Compensation Award</b></p>	<ul style="list-style-type: none"> <li>• Dr. Cutler reported that there is a process in place to evaluate the Chief Executive Officer and to award up to 15% base pay incentive compensation. The following was noted:                             <ul style="list-style-type: none"> <li>✓ Mr. Schapper met the various financial goals. The Board has reviewed performance for the Fiscal year 2012. Audited financial statement showed compliance and were favorable.</li> <li>✓ Mr. Schapper was commended for the due diligence process for the outpatient and inpatient EMRs.</li> <li>✓ The clinical quality CMS core measures scores for CHF, Pneumonia and Surgical Site Infection were favorable.</li> <li>✓ The patient satisfaction scores are in the top decile.</li> <li>✓ Tahoe forest engaged stakeholders for the Wellness Neighborhood based on identified community health needs assessment priorities outlined by the Board.</li> <li>✓ Mr. Schapper did not meet the philanthropic goals but a plan is underway to do so.</li> </ul> </li> </ul>	<p><u>It was moved by Dr. Kahn and seconded by Mr. Long to approve award to Mr. Schapper of 13% of base pay for incentive compensation for 2011-2012. Motion carried unanimously.</u></p>



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	<ul style="list-style-type: none"> <li>✓ The Employee satisfaction survey for engagement was not address.</li> <li>✓ The Board is pleased to award Mr. Schapper CEO Incentive Compensation in the amount of 13% of his base salary.</li> <li>✓ The Board thanked Mr. Schapper for his dedication and work with the Health System.</li> </ul>	
<p><b>C. Estes Park Institute Conference Discussion / Lessons Learned &amp; Next Steps &amp; Strategic Planning Process</b></p>	<ul style="list-style-type: none"> <li>• Three board members, administrative staff and members of the medical staff attended the Estes Park Institute in San Diego on 11/4-11/7. The presentations at the conference centered around HealthCare Reform and the challenges we face. The presenters were very influential people. One was the governor of Oregon, the CEO of Virginia Mason in Seattle, Washington, and Stuart Altman, Professor of Health Policy. The Board, Administration and Medical Staff ended Estes park Institute in San Diego. The Board, Administration and the Medical Staff need to collaborate to drive change in the organization.</li> <li>• In order to make the changes needed to create community care units to rally around patients and provide them with what they need to keep healthy, there will need to be an infusion of resources. This is modeled in our own development of the Wellness Neighborhood. This is just a fragment of the overall transformation. Tahoe Forest Health System needs to find our appropriate niche in the new system and try to sustain ourselves through the changes. We need to figure out how to improve the health of our community. Patient care will be across the continuum focusing on wellness. This process is confusing. No one has the definitive answers or solutions but TFHS needs to be a</li> </ul>	



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	<p>learning organization and think outside of the box.</p> <ul style="list-style-type: none"> <li>• We are trying to bring Barry Bittman, M.D., a speaker at the conference, here to discuss this further. Historically, the Joint Board and Medical Staff Planning meeting is held in November but plans are to have a meeting in January or February 2013.</li> <li>• Ms. Barr is in Washington working on how to position TFHS in the future. The folks from Estes Park and Dr. Bittman are interested in what TFHS is doing.</li> <li>• Need to come to a place how can we optimize a structure to work the physicians, staff, the community, board and leadership. There is a need to have a physician leader to help facilitate this into the future. Dr. Coll has submitted a proposal to Administration to be a physician liaison/leader to help work on the Strategic Planning. . Next step is to identify regular meeting times and dates for Strategic Planning sessions engaging after January 1, 2013. There might be an opportunity to identify other physicians who might benefit from attending Estes Park Institute in March 2013. This will be reviewed at the next Medical Executive Committee meeting to suggest a structure they are comfortable with. Ms. Schnieder will provide the administrative leadership to support the medical staff in this endeavor.</li> <li>• This is the most transformational time in healthcare delivery in our history and there are ample of opportunities for innovation.</li> </ul>	
<p><b>D. Community Recommendation to Consider Televising District Board Meetings</b></p>	<ul style="list-style-type: none"> <li>• Mr. Schapper reported that a recommendation came from the Foundation Board to consider televising District Board meetings. A suggestion was made to explore this and to understand if other District Hospitals televise their meetings.</li> </ul>	



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	<ul style="list-style-type: none"> <li>Mr. Owens reported that at the 11/15 Foundation Board meeting, the Communication Subcommittee wanted to research the probability of live streaming Board meetings. A discussion was held regarding the pros and cons. Mr. Owens requested the Board's permission for staff to do the background work to present to the Board the pros and cons for the Board's further consideration. Items for consideration include:                             <ul style="list-style-type: none"> <li>✓ Identify other District Hospital's who televise their meetings and find out if it expanded the audience.</li> <li>✓ Was the public more engaged?</li> <li>✓ What are the costs involved?</li> <li>✓ Where would the venue be?</li> </ul> </li> </ul>	
<p><b>E. Discussion Regarding December Board Meeting – 12/18/12</b></p>	<ul style="list-style-type: none"> <li>The December board meeting was discussed related to whether to go dark or not. There will not be much from the strategic side nor will the financials be available by 12/18. There are no medical staff reappointments that require approval.</li> <li>Further discussion was held regarding the planned Governance Committee on 12/11/2012, and the abundance of contracts that will need approval. A suggestion was made to perhaps have a Special Board meeting and to tailor the agenda to include only those items absolutely necessary.</li> <li>Discussion was also held related to hearing public comment related to the exclusive contract arrangement for the Department of Anesthesia service. Further notification will be posted in the Sierra Sun and a separate communication will be prepared for the Medical Staff.</li> </ul>	
<p><b>17. Agenda Input For Upcoming Committee Meetings</b></p>	<p>Input for upcoming committee meetings:</p> <ul style="list-style-type: none"> <li>Special Board meeting for public comment for the</li> </ul>	<p><u>Ms. Schnieder to follow up with Ms. McAuliffe about a date for</u></p>





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	<p>Anesthesia Services. .</p> <ul style="list-style-type: none"> <li>• Governance Committee agenda is complete.</li> <li>• No Finance Committee will be held.</li> <li>• Related to Estes Park, a suggestion was made to have Finance Committee review the top 10% of patients that consume most of the healthcare dollars.</li> </ul>	<p><u>public comment related to anesthesia services.</u></p> <p><u>Follow up with Ms. Betts.</u></p>
<p>18. <b>Items for Next Meeting/Board Members Reports/Closing Remarks</b></p>	<p>There will be a Board meeting on 12/18/2012 and a Special Board meeting planned to hear public comment related to the exclusive contract arrangement with the Department of Anesthesia.</p>	
<p>19. <b>Closed Session Continued, if Necessary</b></p>	<p>Adjourned open session at 8:10 p.m. and reconvened into closed session.</p>	
<p>20. <b>Open Session</b></p>	<p>A discussion was held about the Member to committee requests to the Board members.</p>	
<p>21. <b>Report of any Reportable Actions Taken in closed session</b></p>		<p><u>Formal action to direct Porter Simon to represent TFHD in the law suit. The rate for litigation work is higher than the standard rates: \$300 per hour for Simon and \$225 for young associate.</u></p> <p><u>It was moved by Dr. Sessler and seconded by Mr. Long to approve engaging Porter Simon to defend the District in the lawsuit against American Tile and attempt to seek some alternative dispute resolution. The following roll call vote was taken:</u></p>



**BOARD OF DIRECTORS  
REGULAR MEETING BOARD MINUTES**

AGENDA ITEM	DISCUSSIONS/CONCLUSIONS	ACTIONS/FOLLOW-UP/ RESPONSIBLE PARTY
		<p><u>Mr. Mohun: Aye</u>  <u>Dr. Cutler: Aye</u>  <u>Dr. Sessler: Aye</u>  <u>Mr. Kahn: Aye</u>  <u>Mr. Longer: Aye3</u>  <u>Motion carried unanimously.</u></p> <p><u>Formal Action:</u>  <u>It was moved by Mr. Long and</u>  <u>seconded by Mr. Mohun to</u>  <u>accept the recommendation of</u>  <u>the Medical Executive</u>  <u>Committee to move towards</u>  <u>using TJC vs. HFAP for our</u>  <u>accrediting body. The Board</u>  <u>unanimously approved this</u>  <u>motion.</u></p>
22. <b>Adjourn</b>	The meeting adjourned at 8:10 p.m.	

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