



TAHOE FOREST HOSPITAL DISTRICT

2017-12-21 Regular Meeting of the Board of Directors

(REVISED on 12/18/17 at 10:44 a.m.)

Tuesday, December 21, 2017 at 4:00 p.m.

Tahoe Truckee Unified School District

11603 Donner Pass Road, Truckee, CA 96161

Meeting Book - 2017-12-21 Regular Meeting of the Board of Directors

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17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

18. BOARD COMMITTEE REPORTS/RECOMMENDATIONS FOR

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REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, December 21, 2017 at 4:00 p.m.

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

1. **CALL TO ORDER**

2. **ROLL CALL**

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

4. **INPUT AUDIENCE**

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

5. **CLOSED SESSION**

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

*Name of District Negotiator(s) to Attend Closed Session: Alex MacLennan and Richard Rybicki
Employee Organization(s): Employees Association and Employees Association of Professionals*

5.2. Hearing (Health & Safety Code § 32155)

*Subject Matter: Corporate Compliance Report
Number of items: One (1)*

5.3. Hearing (Health & Safety Code § 32155)

*Subject Matter: Third Quarter 2017 Service Excellence Report
Number of items: One (1)*

5.4. Approval of Closed Session Minutes ◆

11/30/2017

6. **DINNER BREAK**

APPROXIMATELY 6:00 P.M.

7. **OPEN SESSION – CALL TO ORDER**

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

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

10. **INPUT – AUDIENCE**

This is an opportunity for members of the public to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
December 21, 2017 AGENDA – Continued

Board cannot take action on any item not on the agenda. The Board may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

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

12. ACKNOWLEDGMENTS

- 12.1. 2017 Employee of the YearATTACHMENT
- 12.2. TFHS Foundation
- 12.3. IVCH Foundation

13. MEDICAL STAFF EXECUTIVE COMMITTEE ♦

- 13.1. Medical Executive Committee (MEC) Meeting Consent AgendaATTACHMENT
MEC recommends the following for approval by the Board of Directors: *Partner with UC Davis to provide telemedicine neurology consultative services at Tahoe Forest Hospital.*

14. CONSENT CALENDAR ♦

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

14.1. Approval of Minutes of Meetings

- 11/30/2017 – Special Meeting.....ATTACHMENT
- 11/30/2017 – Regular Meeting.....ATTACHMENT

14.2. Financial Report

- 14.2.1. Financial Report - October 2017ATTACHMENT*

14.3. Staff Reports (Information Only)

- 14.3.1. CEO Board ReportATTACHMENT
- 14.3.2. COO Board Report.....ATTACHMENT
- 14.3.3. CNO Board Report.....ATTACHMENT
- 14.3.4. CIIO Board ReportATTACHMENT
- 14.3.5. CMO Board Report.....ATTACHMENT

15. ITEMS FOR BOARD ACTION ♦

- 15.1. Fiscal Year 2017 CEO Incentive CompensationATTACHMENT
The Board of Directors will review and consider for approval the FY17 CEO Incentive Compensation.

16. ITEMS FOR BOARD DISCUSSION

16.1. Board Education

- 16.1.1. Centralized SchedulingATTACHMENT
The Board of Directors will receive board education on centralized scheduling.

16.2. Board Self-AssessmentATTACHMENT

The Board of Directors will review the proposed board self-assessment.

16.3. Strategic Planning ProcessATTACHMENT

The Board of Directors will review a timeline of the strategic planning process.

16.4. Physician Alignment Meeting

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
December 21, 2017 AGENDA – Continued

The Board of Directors will discuss a physician alignment meeting to be held in January with the Medical Executive Committee.

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

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

- 18.1. Executive Compensation Committee Meeting – 12/12/2017 ATTACHMENT**
- 18.2. Quality Committee Meeting – 12/12/2017 ATTACHMENT**
- 18.3. Finance Committee Meeting – No meeting held in December.**
- 18.4. Governance Committee Meeting – No meeting held in December.**

19. ELECTION OF BOARD OFFICERS

Election of the 2018 President of the Tahoe Forest Board of Directors will take place. The new Board President will then preside over the election of the TFHD Vice President, Secretary and Treasurer for the 2018 calendar year.

20. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS

21. ITEMS FOR NEXT MEETING

22. BOARD MEMBERS REPORTS/CLOSING REMARKS

23. CLOSED SESSION CONTINUED, IF NECESSARY

24. OPEN SESSION

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

26. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is January 25, 2018 at Tahoe Truckee School District, 11603 Donner Pass Road, Truckee, CA 96161. A copy of the board meeting agenda is posted on the District's web site (www.tfhd.com) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting.

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

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

2017

Employee of the Year

Payton Davis, Access Rep I- Cancer Center



We are honored to announce Payton Davis, Access Rep I, Cancer Center as our 2017 Employee of the Year. Payton works efficiently at a quick and sometimes hurried pace with keeping patients on their appointment schedules. She is a main component in the registration process and does a wonderful job even with interruptions. Payton presents herself with a professional demeanor at all times, regardless of the piling on of tasks.

Payton demonstrates Quality and Teamwork in her commitment to keep patients on schedule and being able to prioritize necessary work to keep the process going. She provides Stewardship and Understanding to the patients of the Cancer Center by

making sure all lab tests are “medically necessary” for insurance therefore saving a patient from another needlestick or lab. Not only is she understanding of others she provides happiness in random places through her seasonal or themed art work. It is a great way to stop, smile, and breath, in a quick paced environment. Payton is a wonderful example of “behind the scenes” custom service.

Payton meets and exceeds the definition of the TFHS mission and values but most of all has been an asset to our hospital with her commitment to efficiency, professional demeanor, and a touch of creativity.

Please join us in congratulating all of our Terrific Employee of the Year Nominees!

Mona Fasesky- Payroll Coordinator, Accounting

Luz Martinez- Receptionist Front Office, MSC Peds

Enedina Guerrero- EVS Aide, EVS IVCH

Martha Waters- CNA, ECC/LTC

Christine Smigel- Customer Care Navigator, Center for Health

Dean Rinde- CLS, Lab

Gwen VanNatta- Administrative Assistant

Julia Cuevas- Access Rep II, Pt. Reg

Simone Specht- Staff Nurse, MSC Peds

Christina Lee- Administrative Assistant, HR

Johny Lopez- Medical Assistant/Phlebotomist, Occ Health

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**MEDICAL EXECUTIVE COMMITTEE
 RECOMMENDATION TO TFHD BOARD OF DIRECTORS
 December 21, 2017**

REFERRED BY:	AGENDA ITEMS	RECOMMEND
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MEDICAL STAFF	A motion was made, seconded, and carried to recommend approval of the following to the Board of Directors:	
Executive Committee	The Executive Committee recommends approval of the following:	Recommend approval
1. New Telemedicine Service at TFH	<ul style="list-style-type: none"> <u>Partner with UC Davis to provide telemedicine neurology consultative services at Tahoe Forest Hospital:</u> Per Article 5.11 of the TFHD Medical Staff Bylaws, “After consulting with the Medical Executive Committee, the Board of Directors may approve specific types of telemedicine services to be utilized at the hospital. Such services may be provided pursuant to a contract. Practitioners who wish to provide permitted types of telemedicine services will be credentialed in accordance with this section.” The proposed telemedicine service provides 24/7 neurology consultative services to TFH via a telemedicine link provided by UC Davis. The benefit of this program is to provide immediate neurology consultative services to providers and their patients with a concentration on improving patient care and access at TFH. 	Recommend approval



Medical Executive Committee

Tahoe Forest Hospital District

12/4/2017

Medical Executive Committee:

I am writing to request approval to partner with UC Davis, utilizing our existing partnership and a new contract, to provide telemedicine Neurology consult services in the hospital in Truckee. The agreement provides 24/7 consult services via a telemedicine cart provided by UC Davis credentialed Neurologists. The benefit of this program is providing immediate Neurology consultative services to patients and providers with a concentration on improving patient care and access. In addition, if deemed appropriate by the involved providers, TFHD would retain more patients in the hospital and provide care locally.

Thank you for your consideration

A handwritten signature in blue ink, appearing to read "S. Baker", with a long horizontal flourish extending to the right.

Scott Baker

Executive Director of Physician Services



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

Thursday, November 30, 2017 at 4:00 p.m.
Eskridge Conference Room – Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER

Meeting was called to order at 4:00 p.m.

2. ROLL CALL

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

Staff: Harry Weis, Chief Executive Officer; Judy Newland, Chief Operating Officer; Crystal Betts, Chief
Financial Officer; Stephanie Hanson, Compliance Analyst; Martina Rochefort, Clerk of the Board

Other: David Ruderman, Assistant General Counsel; Jim Hook of The Fox Group

Absent: Alyce Wong, Secretary

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.

Open Session recessed at 4:01 p.m.

5. CLOSED SESSION

5.1. Hearing (Health & Safety Code § 32155)

Subject Matter: Third Quarter Corporate Compliance Report

Number of items: One (1)

Discussion was held on a privileged item.

5.2. Report Involving Trade Secrets (Health & Safety Code § 32106(c))

Proposed New Program and Service: One (1) item

Estimated date of public disclosure: 12/31/2017

Discussion was held on a privileged item.

5.3. Hearing (Health & Safety Code § 32155)

Subject Matter: 2017 AHRQ Patient Safety Culture Survey

Number of items: One (1)

Discussion was held on a privileged item.

5.4. Hearing (Health & Safety Code § 32155)

Subject Matter: Medical Quality Assurance Committee

Number of items: One (1)

Discussion was held on a privileged item.

5.5. Public Employee Performance Evaluation (Government Code § 54957)

Title: Chief Executive Officer

Discussion was held on a privileged item.

5.6. Approval of Closed Session Minutes

10/26/2017 (Regular Meeting), 10/26/2017 (Special Meeting), 11/02/2017

Discussion was held on a privileged item.

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

Subject Matter: Medical Staff Credentials

Discussion was held on a privileged item.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

Open Session reconvened at 6:01 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel noted there were no reportable actions on items 5.1.-5.5. Items 5.6. and 5.7. were both approved on a 4-0 vote.

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

No changes were made to the agenda.

10. INPUT – AUDIENCE

Public comment was received from Tamsen Panelli, Lynn Redner, Eileen Riotto, Mary Moniz, and Holly Patient.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

No public comment was received.

12. ACKNOWLEDGMENTS

12.1. Christina Lee was November 2017 Employee of the Month.

12.2. CALNOC Awards

12.3. Board President acknowledged the terrific work on the Epic go-live.

13. MEDICAL STAFF EXECUTIVE COMMITTEE

13.1. Medical Executive Committee (MEC) Meeting Consent Agenda

MEC recommends the following for approval by the Board of Directors: New Policy –
Computerized Physician Order Entry (CPOE)
Discussion was held.

ACTION: Motion made by Director Brown, seconded by Director Hill, to approve the
Medical Executive Committee Meeting Consent Agenda as presented.
AYES: Directors Brown, Chamblin, Hill and Zipkin
Abstention: None
NAYS: None

14. CONSENT CALENDAR

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

14.1. Approval of Minutes of Meetings

10/26/2017 (Regular Meeting), 10/26/2017 (Special Meeting), 11/02/2017

14.2. Financial Report

14.2.1. Financial Report - October 2017

14.3. Staff Reports (Information Only)

14.3.1. COO Board Report

14.3.2. CNO Board Report

14.3.3. CIIO Board Report

14.3.4. CMO Board Report

14.4. Tahoe Forest Health System Foundation

14.4.1. Board Member Nominations

ACTION: Motion made by Director Hill, seconded by Director Brown, to approve the
Consent Calendar as presented.
AYES: Directors Brown, Chamblin, Hill and Zipkin
Abstention: None
NAYS: None

15. ITEMS FOR BOARD ACTION

15.1. Fiscal Year 2017 Audited Financial Statements Report

Brian Conner and Ben Mack of Moss Adams presented the FY17 audited financial statements.

Discussion was held.

No public comment was received.

ACTION: Motion made by Director Chamblin, seconded by Director Brown, to accept the
FY17 Audited Financial Statements as presented.
AYES: Directors Brown, Chamblin, Hill and Zipkin
Abstention: None
NAYS: None

15.2. Second Reading of TFHD Board of Directors Bylaws

Discussion was held.

No public comment was received.

ACTION: Motion made by Director Brown, seconded by Director Hill, to approve the Board of Director Bylaws as presented.

AYES: Directors Brown, Chamblin, Hill and Zipkin

Abstention: None

NAYS: None

15.3. Committee Charters

Discussion was held.

Staff was directed to strike item 7 on the Executive Compensation Committee charter. The board directed staff to include representation from employees on the retirement plan committee and to look into the liability insurance for board members on this item.

Staff was directed to change “hospital” to “District” in the purpose statements of the charters.

Staff was also directed to add “District” to Tahoe Forest Hospital Medical Staff and strike “and improvement” on the Quality Committee charter.

Discussion was held.

No public comment was received.

ACTION: Motion made by Director Hill, seconded by Director Chamblin, to approve the Committee Charters as amended.

AYES: Directors Brown, Chamblin, Hill and Zipkin

Abstention: None

NAYS: None

16. ITEMS FOR BOARD DISCUSSION

16.1. Corporate Compliance Report

Discussion was held.

16.2. Strategic Planning Process

Discussion was held.

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

None.

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

18.1. Governance Committee Meeting – 11/16/2017

Director Hill provided an update from the recent Governance Committee meeting.

18.2. Personnel Committee Meeting – No meeting held in November.

18.3. Finance Committee Meeting – No meeting held in November.

18.4. Quality Committee Meeting – No meeting held in November.

18.5. Community Benefit Committee Meeting – No meeting held in November.

19. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS

None.

20. ITEMS FOR NEXT MEETING

- The date for next Regular Board Meeting has changed to December 21, 2017.
- Board Self-Assessment

21. BOARD MEMBERS REPORTS/CLOSING REMARKS

None.

22. CLOSED SESSION CONTINUED, IF NECESSARY

Not applicable.

23. OPEN SESSION

Not applicable.

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

Not applicable.

25. ADJOURN

Meeting adjourned at 7:30 p.m.



SPECIAL MEETING OF THE BOARD OF DIRECTORS

DRAFT MINUTES

Thursday, November 30, 2017 at 2:00 p.m.

Eskridge Conference Room – Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER

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

2. ROLL CALL

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

Staff: Harry Weis, Chief Executive Officer; Crystal Betts, Chief Financial Officer; Martina Rochefort, Clerk of the Board

Absent: Alyce Wong, Secretary

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. ITEMS FOR BOARD ACTION

5.1. TFHD Fiscal Year 2018 Budget

CFO presented the FY2018 budget.

Discussion was held.

No public comment was received.

ACTION: Motion made by Director Chamblin, seconded by Director Brown, to approve the Fiscal Year 2018 budget as presented.

AYES: Directors Brown, Chamblin, Hill and Zipkin

Abstention: None

NAYS: None

5.2. TFHD 3 Year Capital Plan – FY2019-2021

Discussion was held.

ACTION: Motion made by Director Brown, seconded by Director Hill, to approve the FY2019-2021 Three Year Capital Plan as presented.

AYES: Directors Brown, Chamblin, Hill and Zipkin

Abstention: None

NAYS: None

6. ADJOURN

Meeting adjourned at 3:09 p.m.

DRAFT



Board Informational Report

By: Harry Weis
CEO

DATE: 12/12/17

Our team is thoughtfully working on our six critical strategies to continue to improve the access, quality and volume of healthcare we can provide to all residents and guests in our region.

We have received a notice from our Medicare intermediary where they have been informed of our Rural Health Clinic (RHC) application for our Pediatric office here in the health system. This is encouraging as we sequentially work to develop RHCs in several other physician office sites in our health system. This is truly one of the most important business transformation strategies within our physician service line strategy.

The entire team, including physicians, has spent many additional hours and weekends on the preparation and implementation of Epic go live. We are grateful to our entire team to make this clinical care transformation.

As Thanksgiving has come and gone and we are now rapidly moving through December, we have really turned our focus to our healthcare team for their hard work over the past year. Success in any organization is truly a team effort. This is a time where we thank our team for their service and honor them in the first rollout of our employee gain sharing program. I am working on personally connecting with all eligible employees, by December 19 if possible, to thank them for our team's success.

We are grateful our health system performance has improved tenfold in the last two fiscal years versus the average performance of the previous 66 years. This higher level of performance is critical for our health system to be able to thoughtfully execute our ten year Master Plan. This Master Plan includes improved and enlarged physician office space, new patient and employee parking, improved healthcare space and equipment for overhead and clinical departments. The direct result of these implementations will prepare us for the continued increases in the demand for healthcare services in this region and will make us more nimble for the changes coming in the healthcare industry.

We continue to collaborate and build friendships with other healthcare systems in Northern California. Collaboration in healthcare is a critical strategy to consider all across America.

We are also active at the state level to improve the collaboration and possible consolidation of statewide associations that support California district hospitals. This will provide a greater assurance that California district hospitals have the state and federal support they need for success in the months and years ahead.

We continue to see new national changes in healthcare where for example CVS is attempting to buy Aetna. This act will likely trigger other non-traditional companies to buy other health insurance companies as massive consolidation of insurers occurs.

We are also seeing the consolidation of multiple large health systems, like Dignity Health merging with CHI. Other similar large health system mergers are also in the works.

We want to wish all of our team members and all residents and guests in our region the very best holiday season ever!



Board COO Report

By: Judith B. Newland

DATE: December 2017

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

SB1299 is a new Cal OSHA regulation that requires all California hospitals to adopt a workplace violence prevention plan as part of the hospital’s injury and illness prevention plan to protect health care workers and other facility personnel from aggressive and violent behavior. This regulation requires numerous standards to be met and designed to hopefully reduce incidents of violence. Tahoe Forest Health System recently received an outside assessment of our preparation for this regulation. Our Workplace Violence Prevention Plan will include reporting of events, staff training, assessments/monitoring of plan, and evaluation of local partnerships and hospital infrastructure for prevention.

The Mercy Epic transition continues for medical staff and health system staff. Teams continue to work together to improve processes for efficiencies. .

Develop solid connections and relationships within the communities we serve.

TFHS sponsored the annual Winter Illness Injury Symposium on Monday, December 4th that took place in Incline Village. There were approximately 300 attendees that included Ski Patrol Professionals, Paramedics, EMS services and Registered Nurses. This event had four speakers.

Creating and implementing a New Master Plan

Construction Update:

- Mammography upgrade to Tomosynthesis has received full certification. Tomosynthesis services for our community has begun.
- The IVCH Foundation is supporting the upgrade of Incline Village Community Hospital lab. The upgrade includes a new lab draw area, ADA restroom, entrance and greeting area and privacy for patients. While this work is occurring improvement to the HVAC system in laboratory will occur. This work is scheduled to begin mid January.
- The Master Plan project continues with completing design on the Cancer Center 2nd floor and MOB 3rd floor. Increase in exam rooms at the Internal Medicine/ Cardiology office will occur winter of 2018 in the west work space area to increase exam room availability.



Board CNO Report

By: Karen Baffone, RN, MS
Chief Nursing Officer

DATE: December 12, 2017

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

- We continue to address ongoing “growing pains” in the EPIC system
- Two additional Mercy trainers were brought on to assist our physician groups with their day to day operations as it relates to EPIC
- We continue to have in-house support of all areas for EPIC and are continuously addressing the “punch list” for our transition to EPIC.
- We will be working on the transition to an electronic health record in Home Health and Hospice right after the first of the year. This will be especially monumental as these two departments are still on a paper process.

Strategy Six: Just Do IT

Performance Improvement: All departments that report up through the CNO are currently developing their performance Improvement Plans for 2018. Each department is asked to look at low volume – high risk categories as well as those initiatives that continue to require ongoing attention. Those reports are due during the beginning of January.

Strategic Planning: The Inpatient and Outpatient areas will be meeting the second week in January to discuss strategic initiatives that will allow for incorporation into the Board/AC strategic planning process. This will include all five foundations: Service, People, Quality, Finance, and Growth.

Nursing Councils: The Nursing Councils will resume activity during the 3rd quarter (Jan-Mar) of 2018. These councils allow for staff input into those areas that are directly related to their nursing practice. We will be combining some of these charters to encourage a better attendance rate and a more finite plan of goals and objectives that can be met. The councils will also be addressing the topic of a career ladder, which they have had in the past and would like to revisit.



Board Informational Report

By: Jake Dorst

DATE: 11/20/2017

CIIO

Mercy Epic

- We are now almost 2 months post go live.
- We are refining the workflows in all areas to help improve efficiency and accuracy.
- We still have added support onsite from outside agencies until March 2018.

Single Sign-on (SSO)

- Working with a vendor to demo their software in the first portion of January 2018.

Positive Patient Identification

- Working with our current vendor, lifemed ID to start enhancing our positive patient identification beyond the physical smart chip card to biometrics and integration with Epic.

Network

- We recently made a trip to the Hewlett Packard headquarters in Roseville, CA.
- HP has a well-rounded offering for our future networking need and may be able to save the district significant expense in the next 5 years.
- We are beginning to develop a plan on what a switch to HP would look like and what the savings would look like compared to our current Cisco solution.



Board Informational Report

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

DATE: December 12, 2017

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

We are in the middle of evaluating a Locums gastroenterologist while also actively looking for a full time candidate. We have promising candidate that will likely come visit after the holidays. We have interviewed a promising neurologist and doing references checks currently.

Scott Baker has been working hard on contracts for a few new primary care physicians. We continue our search for ENT coverage however Dr. Mancuso is willing to stay until he gets credentialed in Arizona.

2. GOAL: Electronic Health Record

The providers are still adjusting to the new work flows and the provider support has been key. I would like to recognize those in IT and Project Management for recognizing that having the provider support is key to making the transition successful. There are still some work flow concerns however we are actively working to address these.

3. GOAL: New Master Space Plan

Master planning meetings are scheduled for next week, so we can move forward.

4. GOAL: Just Do It

We have gone to specialty-specific peer review that are now being use and this process is set to go completely electronic in January of 2018. We are also having the practitioners look up their own complications (for surgeons/those doing procedures: the risk to the procedure, national complication rates, ways to prevent the complication, etc. or for medical issues: looking up the recommended medications/antibiotics/best practice). Lessons learned are then shared with the MSQAC or their department for everyone's education.

We are also looking closely at a new "event reporting system" to make reporting easier, less time consuming and to encourage reporting. We hope to increase reporting, which will in turn allow us to evaluate our systems and processes to make improvements and improve safety. We are also looking at new ways to report back to the staff the safety improvements we make and to share near misses, as an opportunity to learn from them.

FY17 CEO Incentive Compensation Criteria

The Board of Directors agreed on the following incentive compensation and performance criteria:

- Achieve net income of \$4,080,024 - 6/30/17 WEIGHTED: 60%
- Achieve target of 170 days cash on hand - 6/30/17 WEIGHTED: 10%

****Both of these metrics have to be achieved for payout.**

6 major goals (previously defined as strategies) WEIGHTED: 30%

- Compliance (WEIGHTED: 10%)

The CEO will assure and demonstrate that a current and comprehensive compliance program is in place.

- Patient Satisfaction/Quality (WEIGHTED: 10%)

Achieve 93.76 (same as 6/30/16) for Patient Satisfaction score from Press Ganey (IP, OP, Ambulatory, TFH/IV ER, MSC).

- Physician service lines (WEIGHTED: 5%)

Complete makeover, Considering ECG work & task force work, Walter Kopp input.

- Information Technology (WEIGHTED: 2%)

Define with best terms the next EMR for TFHS and the related business software.

- Create a new Master Plan (WEIGHTED: 1%)

All physician services, clinical services, overhead services and parking.

- Community Relations (WEIGHTED: 2%)

Fiscal Year 2017
CEO Incentive Compensation Criteria

On Tuesday, December 12, 2017, the Executive Compensation Committee met and reviewed the Incentive Compensation Criteria for Fiscal Year 2017 and discussed with the CEO the behaviors demonstrated for each of the criteria. Following are the highlights of the discussion:

Achieve Net income of \$4,080,024 – June 30, 2017

Fiscal Year 2017 achieve a net income of a record \$18,373,224.

Achieve a least 170 days of cash on hand - June 30, 2017

Cash on hand as of June 30, 2017 was 191 days.

Compliance – the CEO will assure and demonstrate that current and comprehensive compliance program is in place

During fiscal year 2017, Jim Hook, the corporate compliance officer has provided regular updates on all compliance matters. Somewhere around 33 compliance investigations were done and 19 were closed.

Most recently a new Code of Conduct booklet was created and all employees were updated on it.

Achieve 93.76 Patient Satisfaction score from Press Ganey (IP, OP, Ambulatory TFH/IV ER, MSC)

On 6/30/2017, it was reported by Press Ganey the Patient Satisfaction score achieved 93.84% thus exceed the goal.

Physician Service Lines - complete makeover, considering ECG work and task force work, Walter Kopp input

Over the year, experienced leadership has been put in place to support the clinical aspects and operational ones of the physician services lines. Orthopedics, Obstetrics and Women's health are now part of the Multispecialty Clinics. The application process for Rural Health Clinic status is making progress which will provided a great benefit to patient access and improve financial sustainability for the health district.

Information Technology – Define with best terms the next EMR for TFHS and the related Business software

Epic was selected as the EMR for the healthcare system and the organization was able to purchase at a much lower cost than it could have in the past. With recognition to all

the staff and physician, November 1, the Go Live, date went well with minor glitches. Work is still being done to bring some of the outlying buildings onto the EMR system.

Create new Master Plan – all physician services, clinical services, overhead services and parking

The Board of Directors have approved the 10 year Master Plan that was presented to them. The plan utilizes all of the campus and proximate land in and around the hospital which will greatly improve access for the increasing volume of patients our healthcare system will see. Plans for utilization of the second floor of the Cancer Center for Physician Offices are being developed as well as use of the third floor of the Medical Office Building. Increase availability of parking is considered in the plan.

Community Relations –

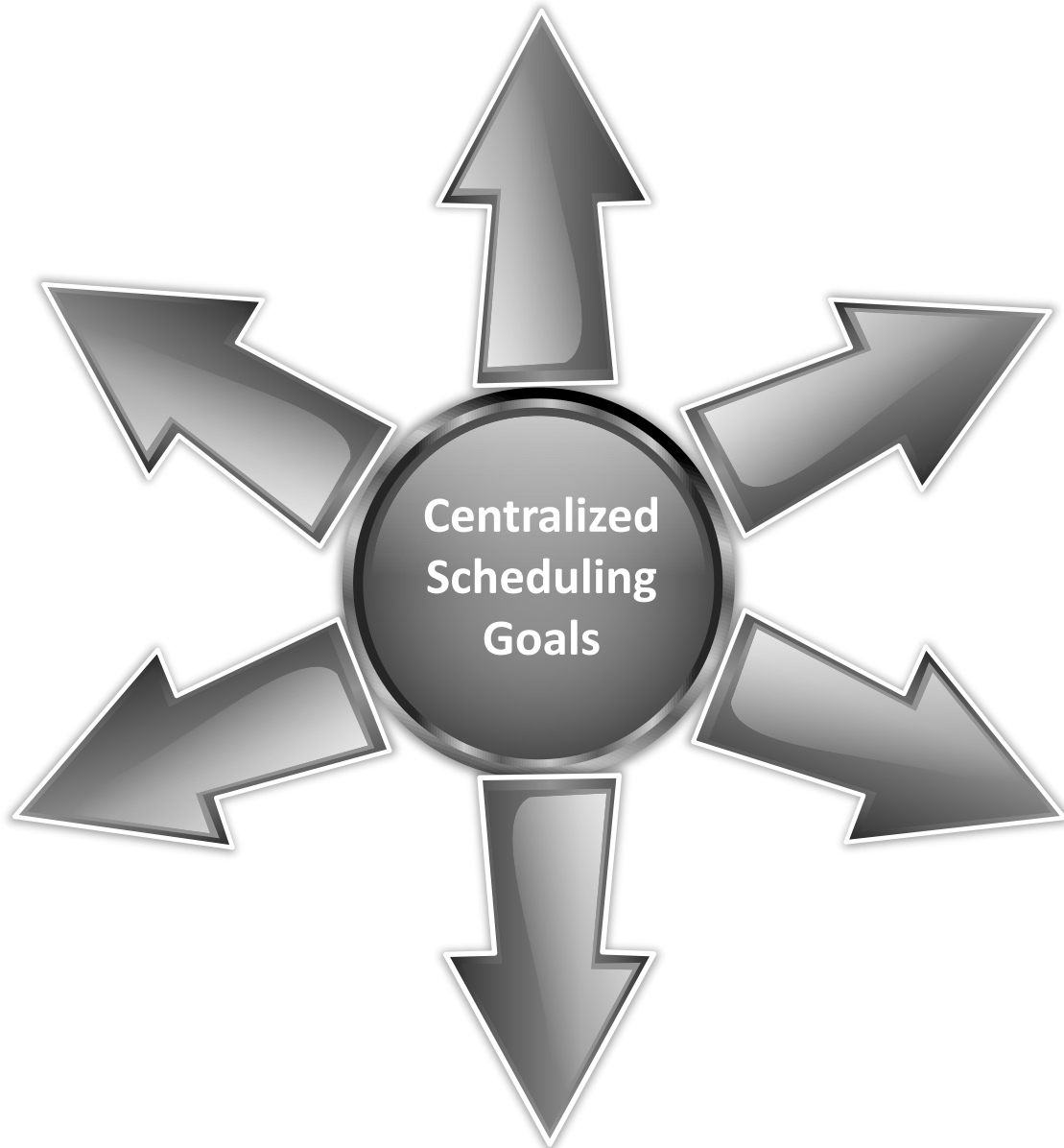
The CEO has been visible and actively engaged within our community, district, region and state. He regularly participates in community organization meetings in Truckee, Tahoe City and Incline Village. Through his televised Mountain Health presentations and written letters to homeowners, Mr. Weiss informs the community on the current state of healthcare locally, nationally and how their taxes are being used. Through the media, he has become a recognizable person across the district. His leadership is respected in the community as he sits on local foundation and management boards. This year he is on the Board of CHA representing rural hospitals and sits on a committee of ACHD.

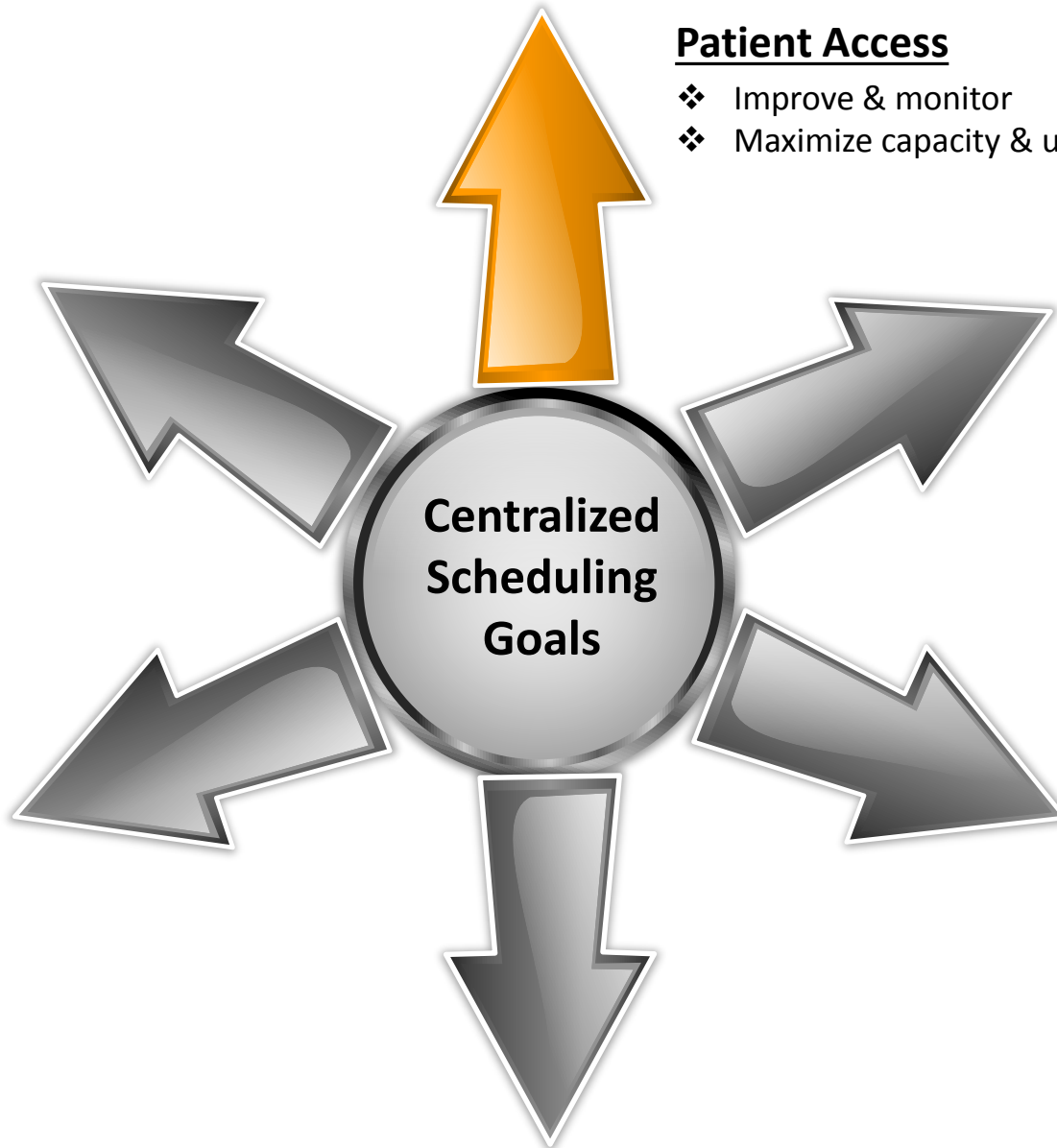
This information is presented to the Board of Directors as a basis of determining the amount of incentive compensation to be given to the Chief Executive Officer for Fiscal Year 2017.

Access Center Status Update



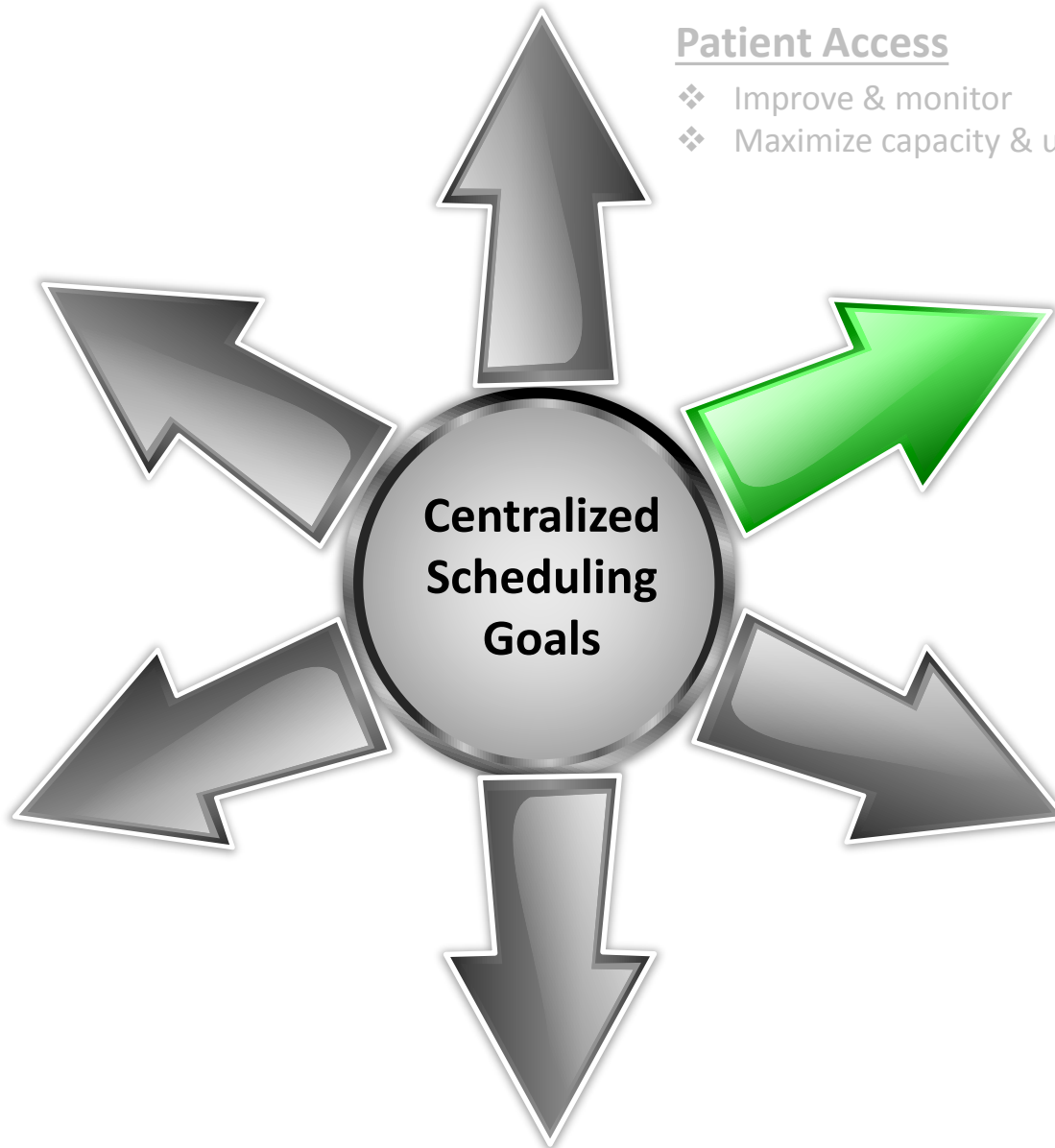
December 21, 2017





Patient Access

- ❖ Improve & monitor
- ❖ Maximize capacity & utilization

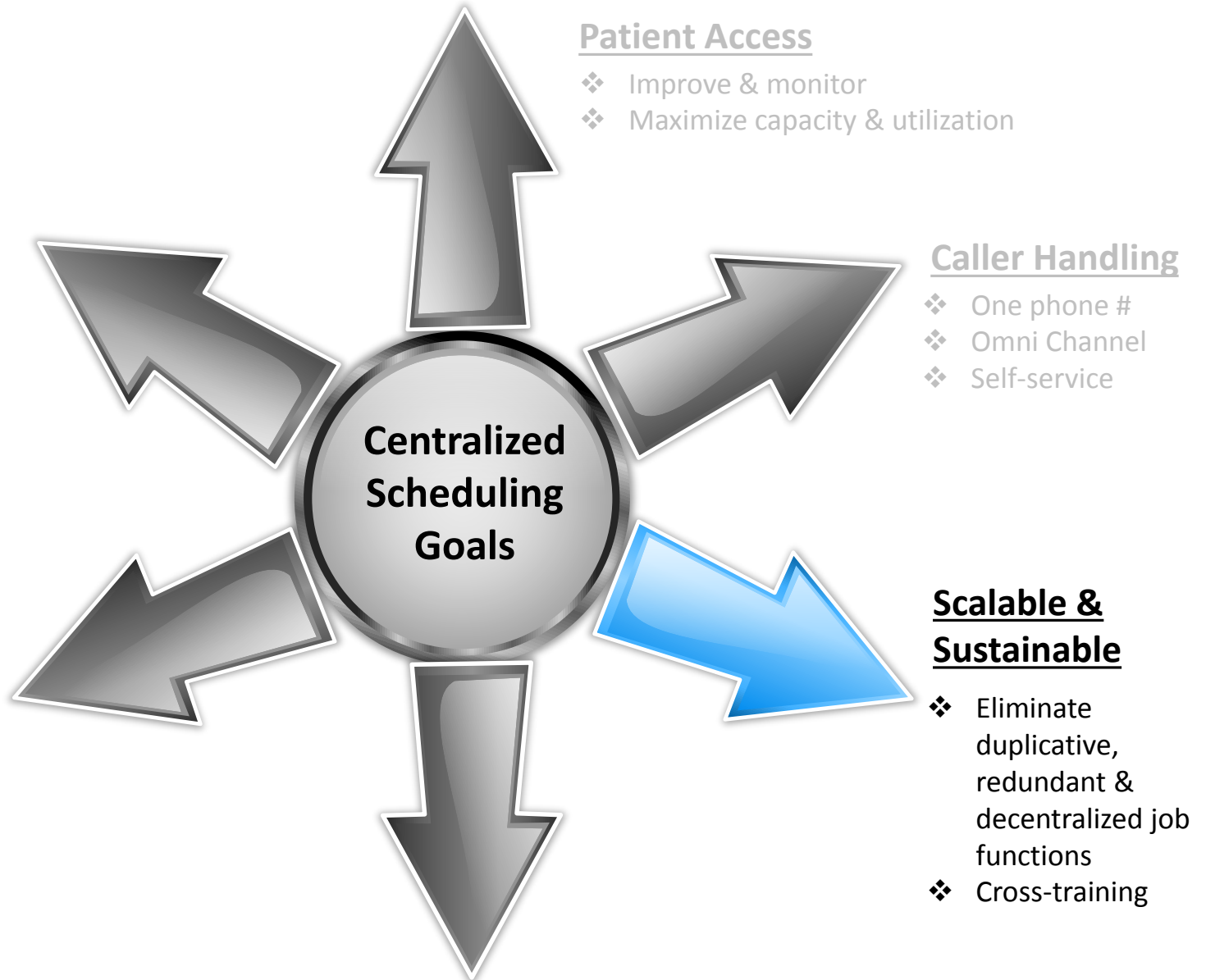


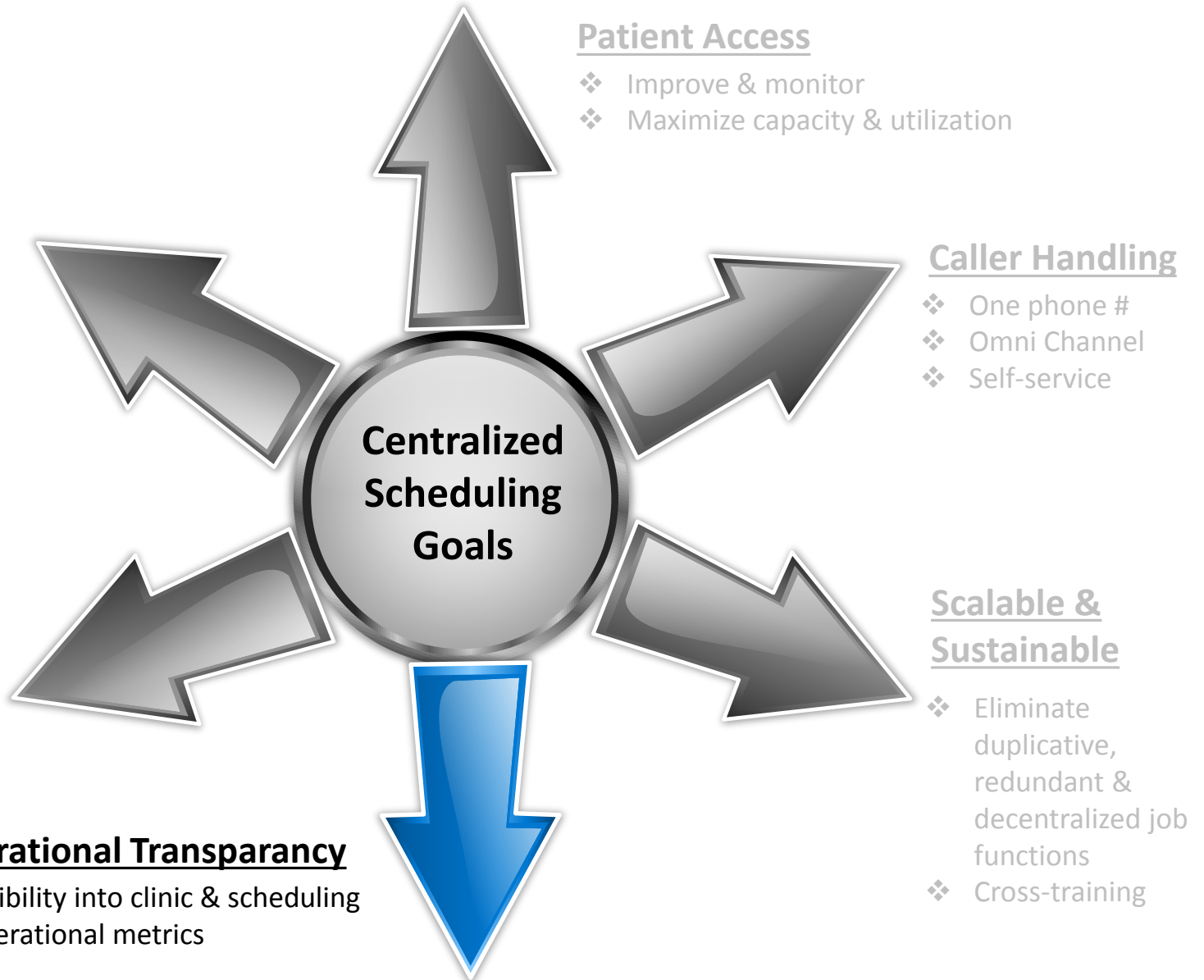
Patient Access

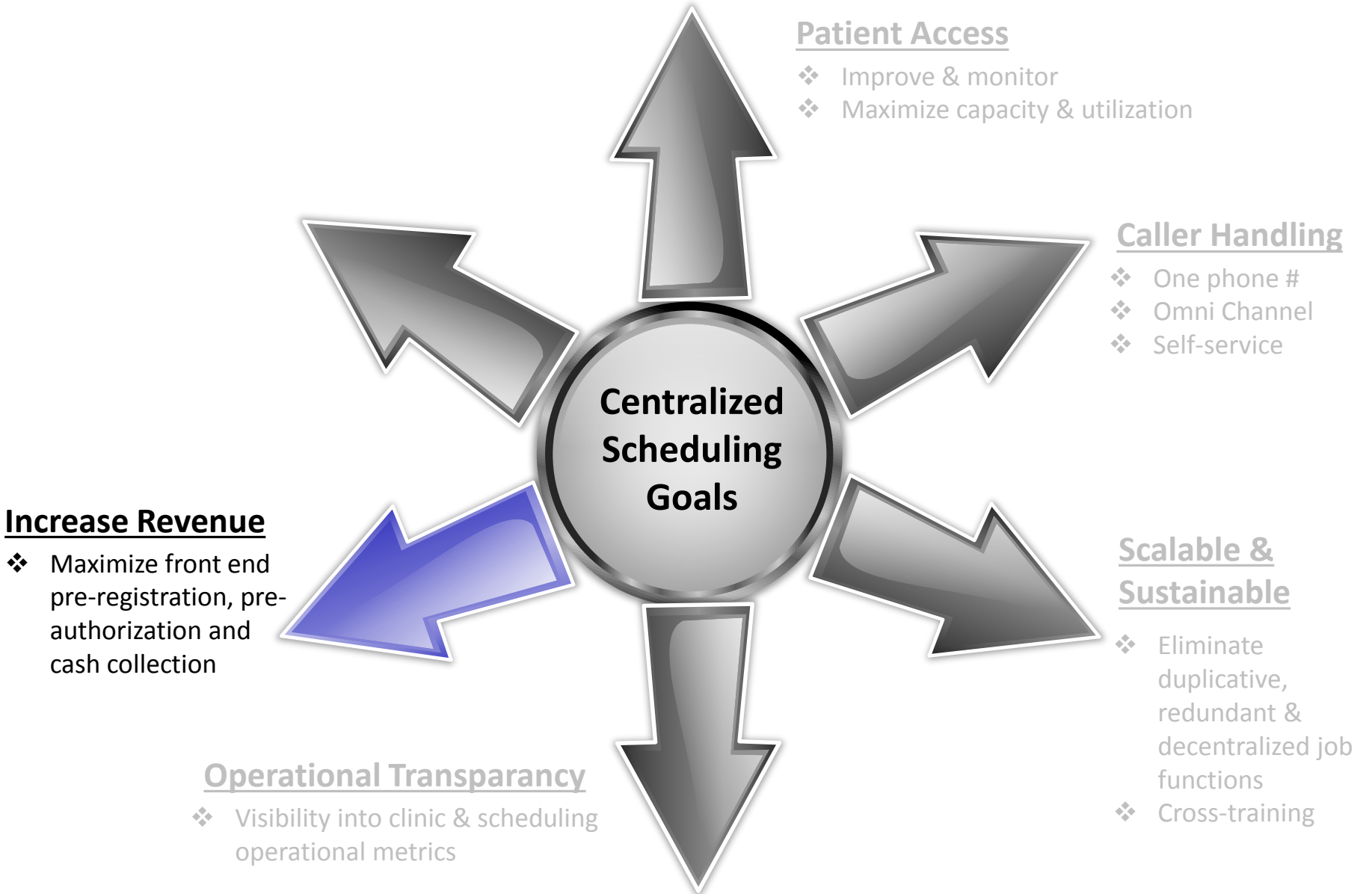
- ❖ Improve & monitor
- ❖ Maximize capacity & utilization

Caller Handling

- ❖ One phone #
- ❖ Omni Channel
- ❖ Self-service







**Centralized
Scheduling
Goals**

Maximize Epic Investment

- ❖ Utilize all available functionality available with Mercy Epic

Patient Access

- ❖ Improve & monitor
- ❖ Maximize capacity & utilization

Caller Handling

- ❖ One phone #
- ❖ Omni Channel
- ❖ Self-service

Scalable & Sustainable

- ❖ Eliminate duplicative, redundant & decentralized job functions
- ❖ Cross-training

Increase Revenue

- ❖ Maximize front end pre-registration, pre-authorization and cash collection

Operational Transparency

- ❖ Visibility into clinic & scheduling operational metrics



Maximize Epic Investment

- ❖ Utilize all available functionality available with Mercy Epic

Patient Access

- ❖ Improve & monitor
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- ❖ Cross-training

Operational Transparency

- ❖ Visibility into clinic & scheduling operational metrics

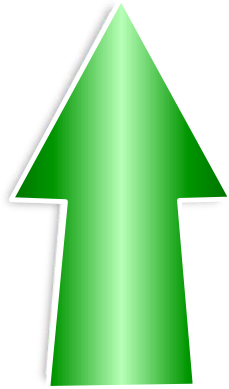
Benefits

Patient Access



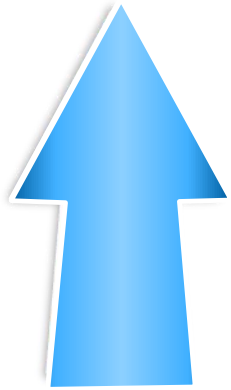
- Patients can access TFHD easily
 - Extended hours of operation
- Technology to manage & direct callers appropriately
 - Monitor service levels
 - Optimize auto-attendant
 - Auto-confirmation software
- Provider and resource schedules
 - Standardize
 - Maximize daily use of appointment slots

Call Handling



- One phone number
- Multi-channel
- Self-service options
 - Auto-attendant
 - Auto-confirmations
 - MyChart
- Contact management
 - Queuing
 - Routing
 - Recording
 - Quality assurance

Scalable & Sustainable



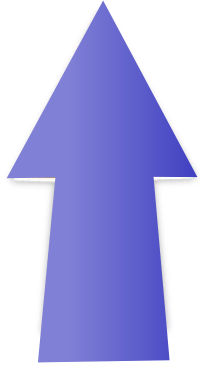
- Eliminate duplicative, redundant & decentralized job functions
- Cross-training
- Staff accountability to productivity standards and quality assurance goals

Operational Transparency



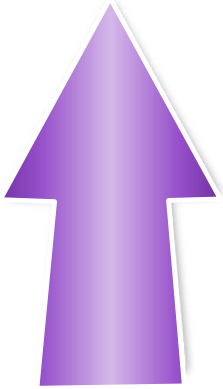
- Industry standard benchmarks for contact centers
 - Service level
 - Average speed of answer
 - Patient/provider satisfaction
 - Staff productivity
- Insight into clinic operations
 - First availability
 - Provider capacity & utilization rates
 - No-show, cancellation & reschedule rates

Increase Revenue



- 20%+ shift in self-pay collections to pre-service
- 5%+ increase in self-pay collections
- Reduced no-show rates
- Up to 50% reduction in denials related to registration, authorization and medical necessity
- 5-20% improvement in resource utilization due to standardization and automation of scheduling processes


Maximize Epic Investment



- Utilize all available functionality
 - Prelude
 - ABN functionality
 - Cadence
 - Radiant
 - Benefits Engine
 - Patient Work Queues
 - Referrals

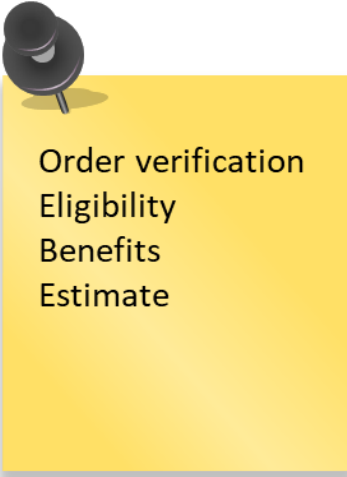
“Schegistration”

“Schegistration”

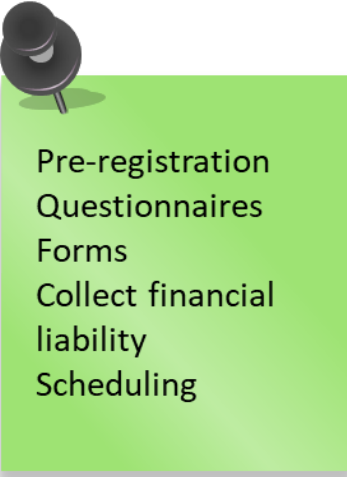


Order verification
Eligibility
Benefits
Estimate

“Schegistration”

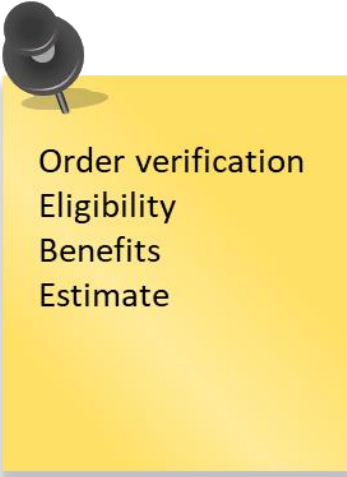


Order verification
Eligibility
Benefits
Estimate



Pre-registration
Questionnaires
Forms
Collect financial
liability
Scheduling


“Schegistration”



Order verification
Eligibility
Benefits
Estimate

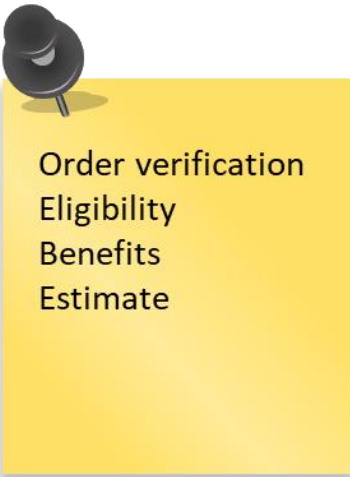


Pre-registration
Questionnaires
Forms
Collect financial
liability
Scheduling



Financial
counseling

“Schegistration”



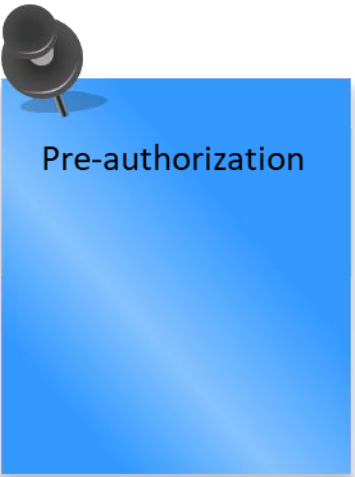
Order verification
Eligibility
Benefits
Estimate



Pre-registration
Questionnaires
Forms
Collect financial liability
Scheduling




Financial counseling



Pre-authorization


“Schegistration”



Order verification
Eligibility
Benefits
Estimate



Pre-registration
Questionnaires
Forms
Collect financial
liability
Scheduling



Financial
counseling



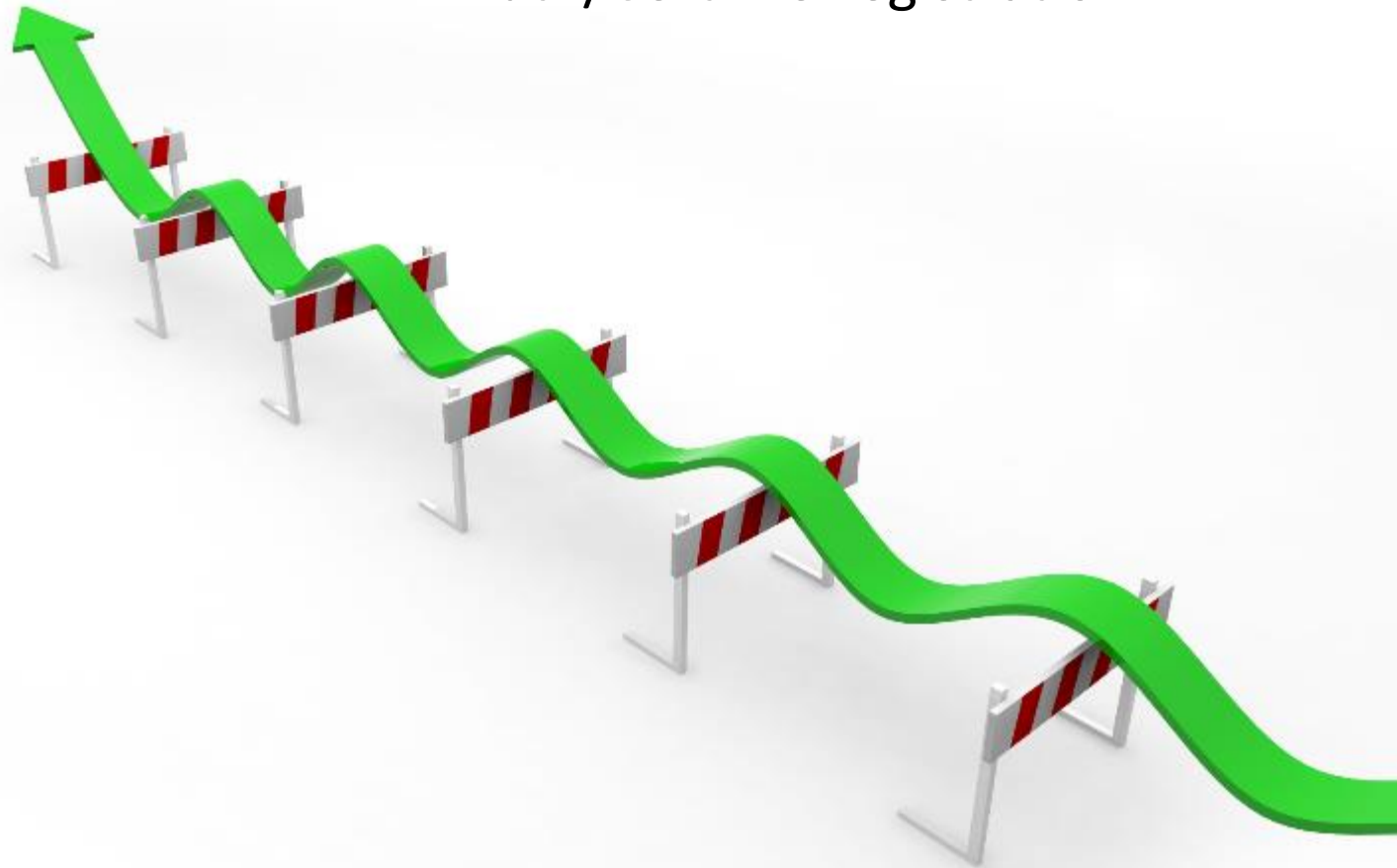
Pre-authorization



Go/No Go

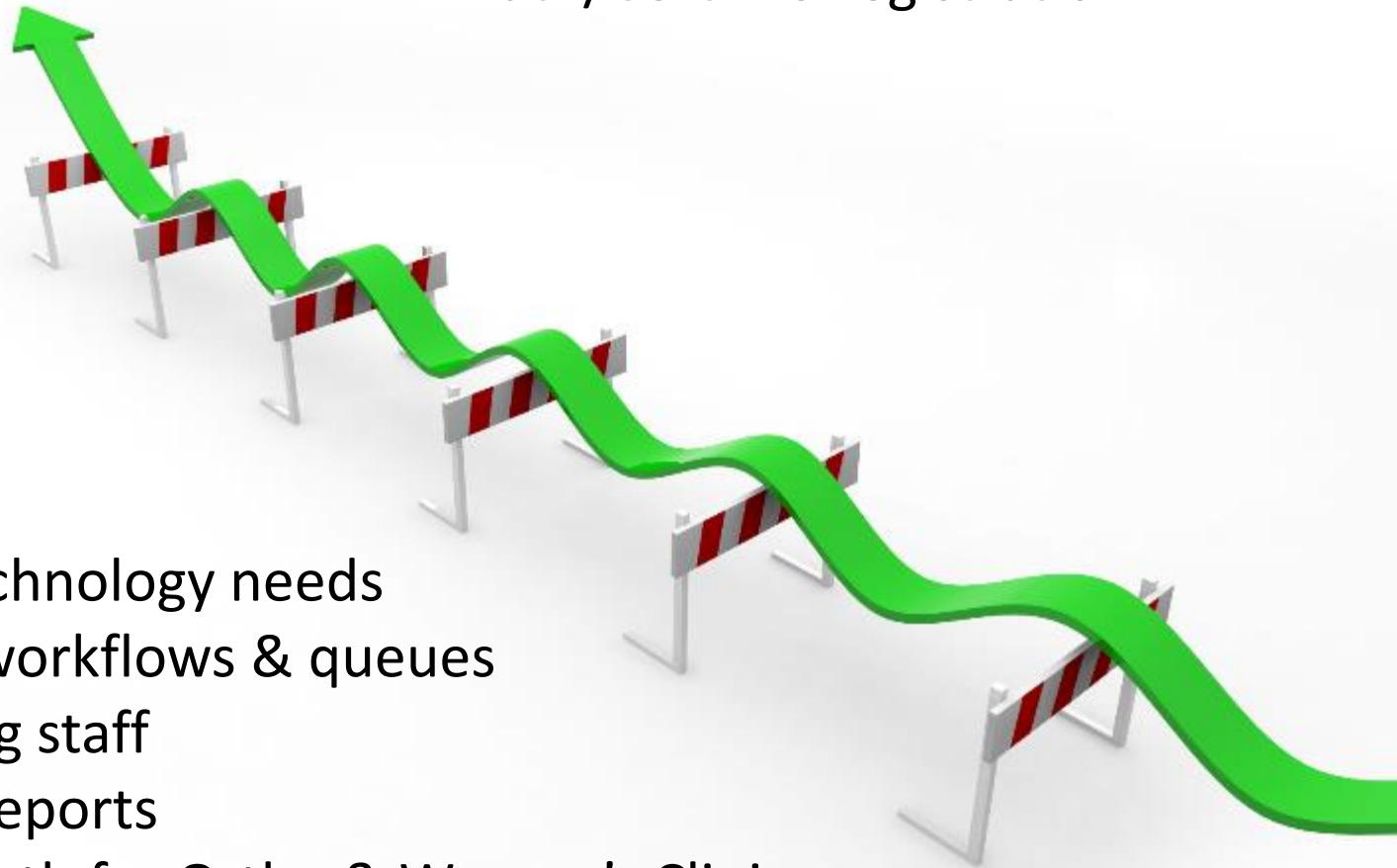
Phase 0

- ✓ Identified initial team
- ✓ Relocated to Pioneer
- ✓ Went live on Mercy Epic
- ✓ Diagnostic Imaging scgistration
- ✓ Auth/Cert Pre-registration



Phase 0

- ✓ Identified initial team
- ✓ Relocated to Pioneer
- ✓ Went live on Mercy Epic
- ✓ Diagnostic Imaging scegration
- ✓ Auth/Cert Pre-registration



- ✓ Identified technology needs
- ✓ Developing workflows & queues
- ✓ Cross-training staff
- ✓ Developing reports
- ✓ Added pre-auth for Ortho & Women's Clinics

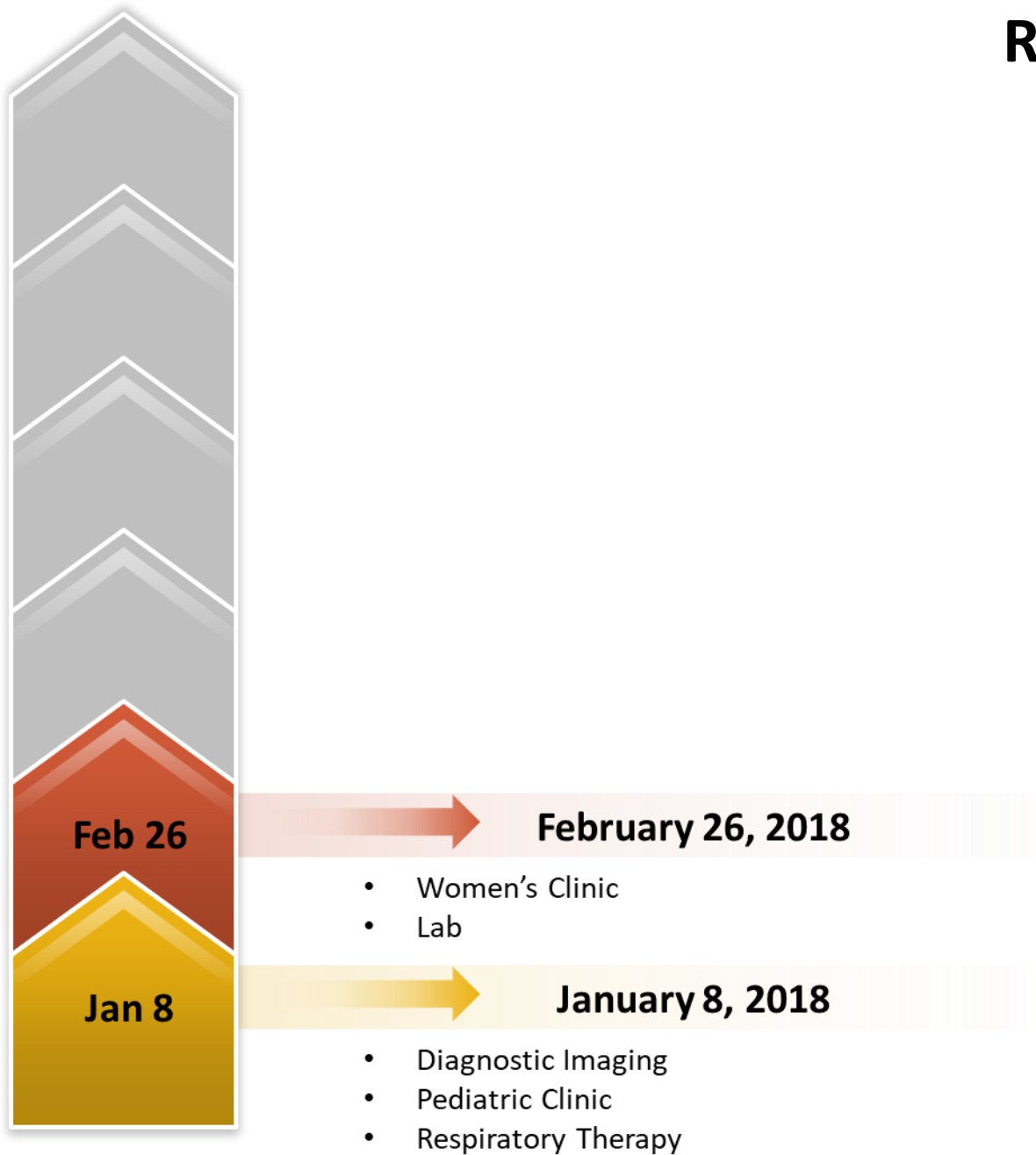
Roll-out



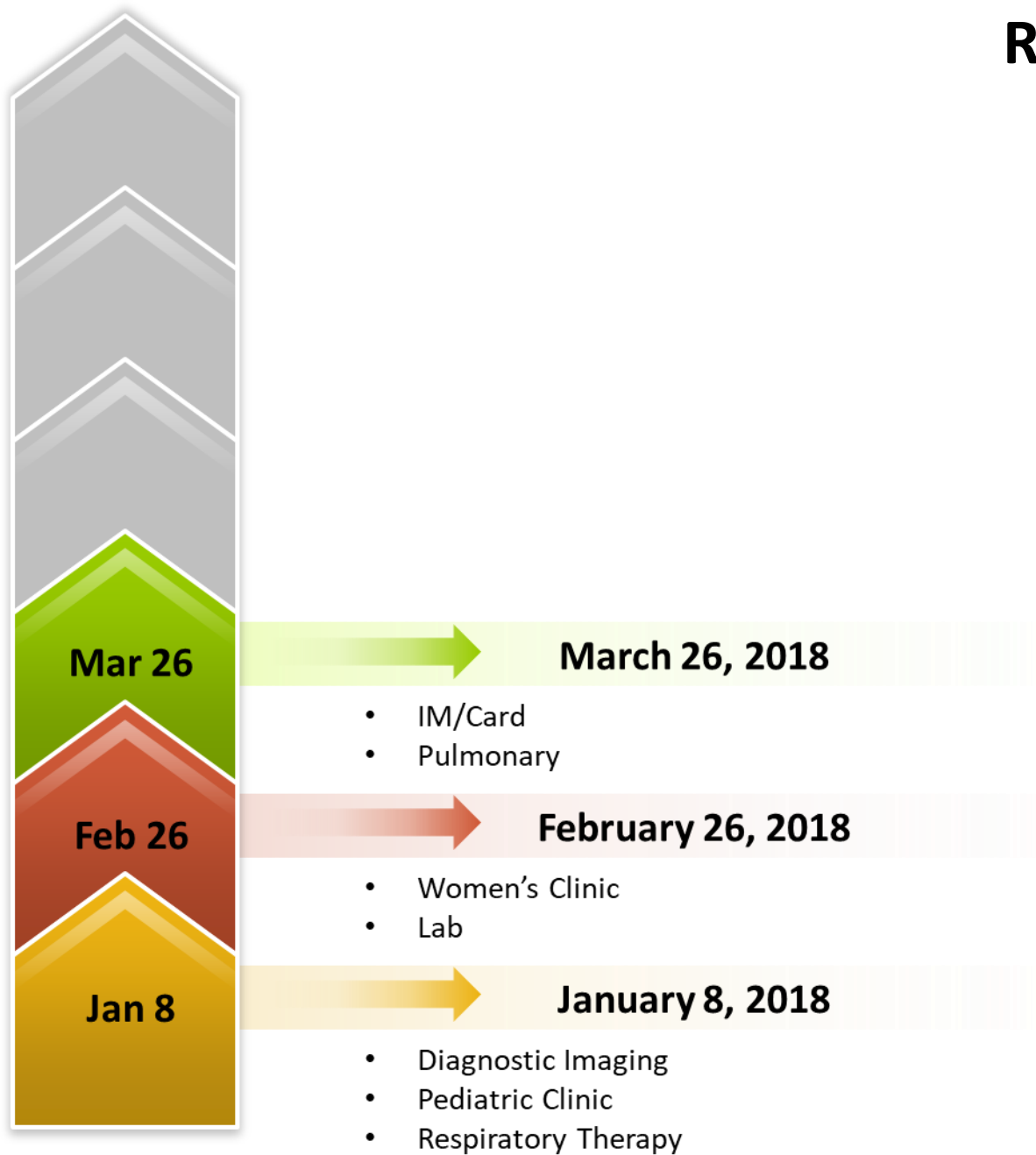
January 8, 2018

- Diagnostic Imaging
- Pediatric Clinic
- Respiratory Therapy

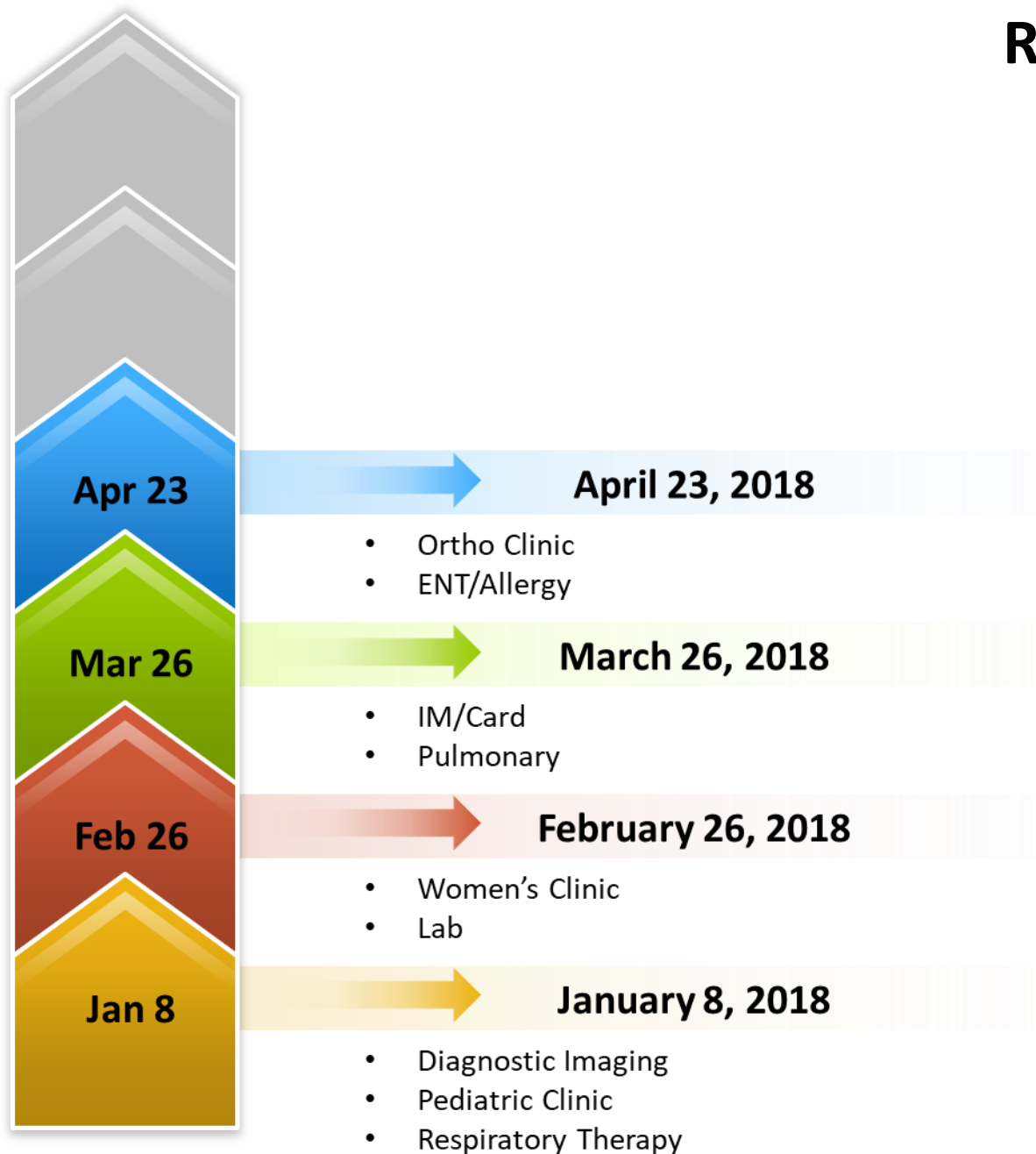
Roll-out



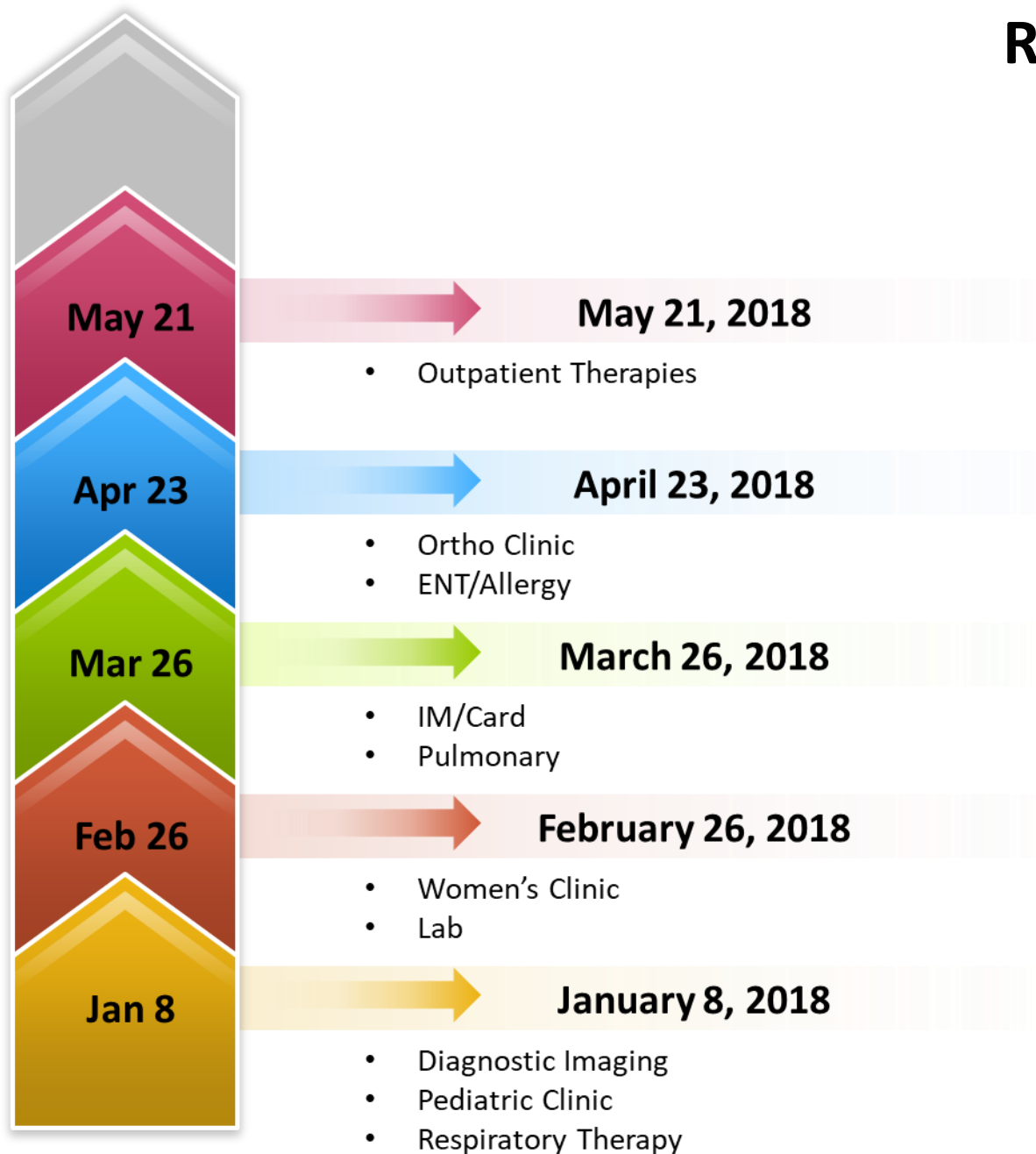
Roll-out



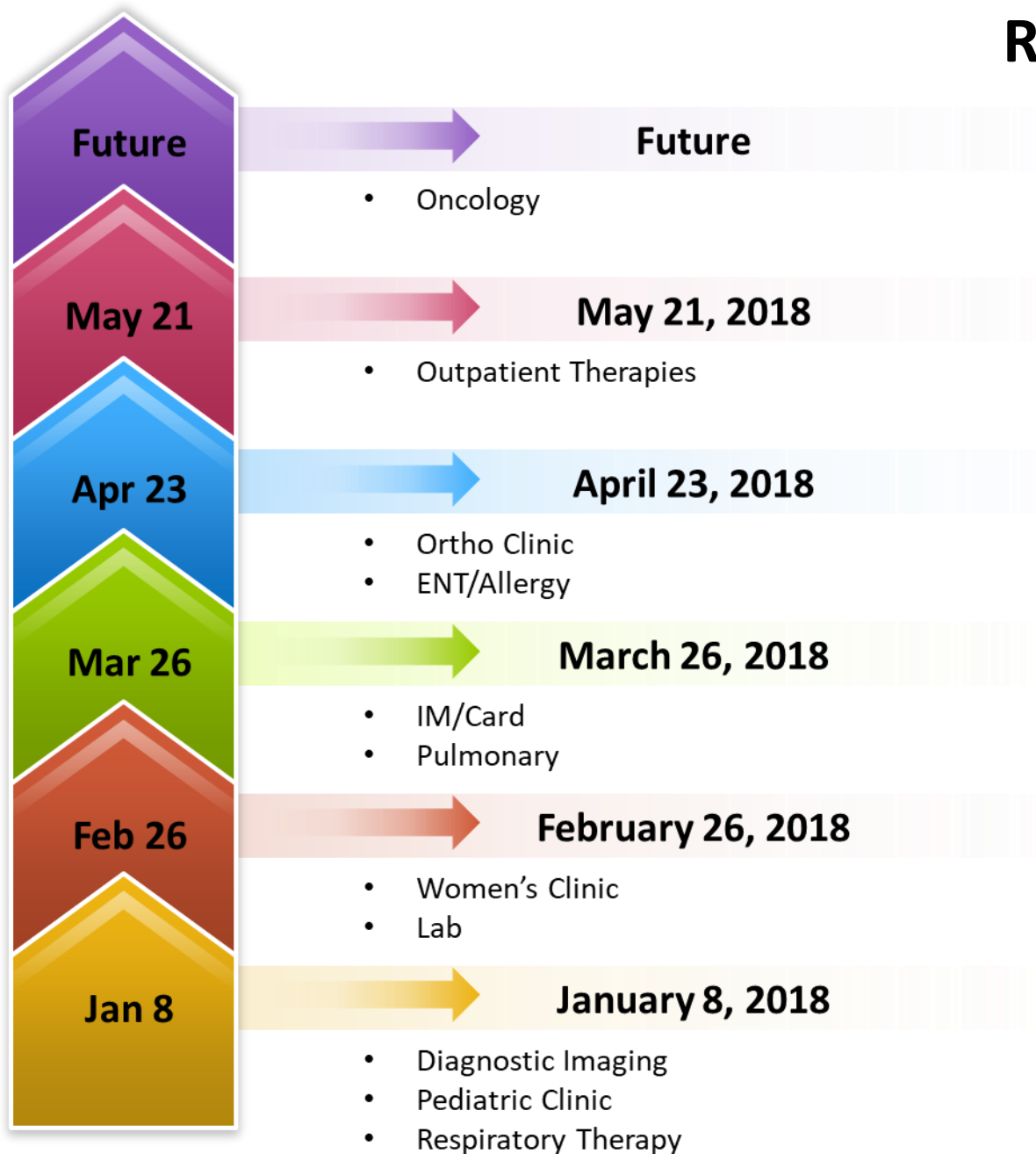
Roll-out



Roll-out



Roll-out





Introduction

Welcome to the Tahoe Forest Healthcare District 20XX Board Self-Assessment questionnaire. Responses to this survey will be used in conjunction with the board member interviews conducted by Via Healthcare Consulting to develop an assessment report that includes a prioritized list of issues, and recommendations for board consideration to be discussed at the upcoming Board Retreat. This survey will be administered electronically by sending an e-mail to board members that includes a secure link to the Survey Monkey website where board members will enter their responses to the questions. Answers will be sent only to Via Healthcare Consulting.

Instructions to Board Members Completing the Survey

Completing the survey will take approximately 30 minutes. You do not have to complete the survey in one sitting. You can close the survey at any time and return later to the section where you stopped by returning to the invitation email and clicking on the link again. However, once you have clicked “submit survey” on the final page, you will not be allowed to return to make changes.

Your candid responses are a key part of continued enhancement and improvement for the board; we encourage you to be honest and direct. Individual responses will *not* be shared; information gathered will be used in the aggregate only. Do not hesitate to indicate you “Don’t Know” to any question if in fact you don’t know. Also use the “Don’t Know” answer if it is not clear to you how the board handles the practice. If a question refers to a practice that the board does not follow, please indicate “Not Applicable.” When in doubt about your choice, select the more conservative response (e.g. if your response falls somewhere between “Strongly Agree” and “Agree,” select “Agree.”) It is important to note that this assessment process was designed to gauge the effectiveness and efficiency of the Board as a whole, not of the individual Board members.

Use the “Comments” field at the end of each section to explain your answers, particularly for those which you answered ‘Neutral’, ‘Disagree’, ‘Strongly Disagree’ or ‘Don’t Know.’ There is also a final comments section included at the end of the survey and we encourage you to use this to provide any general feedback you may have on the survey. Individual phone interviews to be conducted after this survey will allow you to provide additional clarification if necessary. Written comments will be kept anonymous and confidential.

If you have any questions, please contact Karma Bass (760-814-8578, kbass@viahcc.com) or Erica Osborne (760-683-8303, eosborne@viahcc.com) at **Via Healthcare Consulting**. Thank you in advance for your time and thoughtful responses.

This survey is broken down into the following areas of board responsibilities/activities:

- Section I** **Mission and Planning Oversight: Setting Strategic Direction**
- Section II** **Quality Oversight: Monitoring Service, Safety and Quality**
- Section III** **Legal and Regulatory Oversight: Ensuring Organizational Integrity**
- Section IV** **Finance and Audit Oversight: Following the Money**
- Section V** **Management Oversight: Enhancing Board-Executive Relations**

Section VI Board Effectiveness: Optimizing Board Functioning

Section I Mission and Planning Oversight: Setting Strategic Direction

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Not Applicable
1. There is consensus about and clear understanding of the organization's Mission.	5	4	3	2	1	DK	NA
2. Board members appear to be in agreement on the purpose of the organization and why it exists.	5	4	3	2	1	DK	NA
3. The board uses the Mission statement to guide its decision-making.	5	4	3	2	1	DK	NA
4. The board is appropriately involved in establishing the organization's strategic direction (e.g. creating a long-range vision, setting strategic priorities, and developing/approving the strategic plan).	5	4	3	2	1	DK	NA
5. The board spends a sufficient amount of time in its meetings on strategic (vs. operational) issues.	5	4	3	2	1	DK	NA
6. The board monitors management's implementation of the strategic plan on a regular basis.	5	4	3	2	1	DK	NA
7. The board receives education on strategic, external and internal environmental issues and trends at least once a year.	5	4	3	2	1	DK	NA

Comments:

Section II Quality Oversight: Monitoring Service, Safety and Quality

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Not Applicable
8. The board is well-informed about the quality of care and patient safety provided by TFHD.	5	4	3	2	1	DK	NA
9. The board receives adequate information regarding quality improvement programs undertaken at TFHD.	5	4	3	2	1	DK	NA
10. The board oversees setting annual goals for the organization's performance on quality and service.	5	4	3	2	1	DK	NA
11. The board receives adequate information regarding quality improvement programs undertaken at TFHD.	5	4	3	2	1	DK	NA
12. The board demands corrective action in response to under-performance on the quality and service goals.	5	4	3	2	1	DK	NA
13. All board members receive education at least once a year on the Board's responsibilities for quality oversight and/or TFHD's quality metrics.	5	4	3	2	1	DK	NA

Comments:

Section III Legal and Regulatory Oversight: Ensuring Organizational Integrity

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Not Applicable
14. The board has knowledge of all reasonably available and relevant information before taking action on any significant issue.	5	4	3	2	1	DK	NA
15. All board members adhere to TFHD board policies.	5	4	3	2	1	DK	NA
16. All board members adhere to their duty of loyalty to the organization ahead of the interests of any particular constituency group.	5	4	3	2	1	DK	NA
17. All board members keep closed-session board discussions confidential.	5	4	3	2	1	DK	NA
18. The board members responsible for overseeing executive compensation all are 'independent' (i.e. free from any conflicts of interest).	5	4	3	2	1	DK	NA
19. The board annually approves the organization's compliance program/plan.	5	4	3	2	1	DK	NA
20. The board regularly reviews the organization's performance against community health needs to ensure it is meeting its obligations as a healthcare district.	5	4	3	2	1	DK	NA

Comments:

Section IV Finance and Audit Oversight: Following the Money

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Not Applicable
21. The board establishes realistic financial goals and objectives for the organization.	5	4	3	2	1	DK	NA
22. The board monitors the organization's financial performance compared to its plans and relevant industry benchmarks.	5	4	3	2	1	DK	NA
23. The board demands corrective action in response to under-performance on the financial and capital plans.	5	4	3	2	1	DK	NA
24. The full board is adequately informed of the organization's current financial position.	5	4	3	2	1	DK	NA
25. The board members responsible for audit oversight meet with the external auditors, without management present, at least annually.	5	4	3	2	1	DK	NA
26. The full board is knowledgeable about the organization's audit and compliance performance.	5	4	3	2	1	DK	NA

Comments:

Section V Management Oversight: Enhancing Board-Executive Relations

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Not Applicable
27. All board members respect the distinction between the role of the board and the role of management.	5	4	3	2	1	DK	NA
28. The board currently has a productive working relationship with the CEO.	5	4	3	2	1	DK	NA
29. All board members ask appropriately challenging questions of the CEO and senior management.	5	4	3	2	1	DK	NA
30. There is a clear process in place for setting the CEO's annual goals.	5	4	3	2	1	DK	NA
31. The full board participates in the annual evaluation and review of the CEO's performance.	5	4	3	2	1	DK	NA
32. The full board approves all elements of the CEO's compensation.	5	4	3	2	1	DK	NA
33. Individual board members invest time between board meetings to keep current and assist the CEO and other board members, as requested.	5	4	3	2	1	DK	NA

Comments:

Section VI Board Effectiveness: Optimizing Board Functioning

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Not Applicable
34. The board has set written expectations of its members regarding attendance, committee service, etc.	5	4	3	2	1	DK	NA
35. The board meeting frequency and duration are appropriate.	5	4	3	2	1	DK	NA
36. The board chair runs board meetings effectively.	5	4	3	2	1	DK	NA
37. The board has an effective orientation program in place for all new board members.	5	4	3	2	1	DK	NA
38. All board members come to meetings well prepared to discuss agenda items.	5	4	3	2	1	DK	NA
39. The board members receive materials with sufficient time for review.	5	4	3	2	1	DK	NA
40. All board members display professional courtesy and respect when interacting with other board members.	5	4	3	2	1	DK	NA
41. All board members feel comfortable voicing opinions of concern regardless of how sensitive the issue may be.	5	4	3	2	1	DK	NA
42. The board has in place sufficient written board-level policies and procedures.	5	4	3	2	1	DK	NA
43. The board has a formal plan for on-going board education.	5	4	3	2	1	DK	NA

Additional Comments

Please include any additional comments you may have below. These comments (as well as this entire questionnaire's responses) will be kept confidential and anonymous.

Conclusion

Thank you for your contributions and commitment to TFHD Healthcare. Your time, dedication, and experience serving TFHD's mission are tremendously valued. Thank you for also taking the time to complete this survey.

If you have any questions about the survey questions or the process, please contact Karma Bass (760-814-8578, kbass@viahcc.com) or Erica Osborne (760-683-8303, eosborne@viahcc.com) at Via Healthcare Consulting. Thank you again.

Tahoe Forest Healthcare District Strategic Planning Update Process 2018

Task	Responsible Party		Completion Date
1. Launch Strategic Planning Process Confirm project objectives, deliverables and timeline; consider composition of the Strategic Planning Task Force (SPTF).	Exec/AC	Consultant	Early Jan 2018
2. Prepare for Input Gathering of Qualitative Data: Determine stakeholders, identify topics and issues to be explored and agree on methodologies for data collection from each stakeholder group (e.g. survey, interview, focus group).	Consultant		Jan - Feb 2018
3. Quantitative Data Collection and Analysis: Assist with the strategic assessment development, working closely with individuals responsible for the quantitative data collection and analysis. Review to ensure that all needed information is included, the information provided is evaluated appropriately and it is presented in a format that will help TFHD draw strategic-level conclusions.	Consultant		Jan – April 2018
4. Board Strategic Planning Session: Review project approach, discuss data collection efforts and receive feedback on proposed topics and critical issues to be explored through the strategic planning process.	Full Board		Feb 6/7, 2018
5. Survey, Interviews and Focus Groups: Conduct survey(s), interviews and, focus groups; summarize findings.	Consultant		Feb - April 2018
6. Full or Half-Day Strategic Assessment Session: Present results of the strategic assessment; affirm conclusions; prioritize key assumptions and critical issues; frame recommendations.	SPTF		May 2018
7. Draft Strategic Plan Framework: Develop a draft strategic plan framework, based on the decisions made during the strategic assessment session	Consultant		May 2018
8. Executive Leadership Team Session on Objectives and Metrics: Refine the strategic goals and major areas of focus as well as identify objectives, metrics, and dashboard measures	Exec/AC		June 2018

Tahoe Forest Healthcare District Strategic Planning Update Process 2018

<p>9. Strategic Plan Review Session Facilitation: Review and provide input on the draft strategic plan.</p>	SPTF	July 2018
<p>10. Support for TFHD’s Feedback Sessions: Conduct “feedback sessions” with key stakeholders who were part of the initial input gathering phase to ensure the final plan will be well-received and increase buy-in.</p>	Exec/AC	July – August 2018
<p>11. Presentation of Final Draft of Strategic Plan: Review and take action on the strategic plan document. This session will include presentation of a dashboard to monitor progress against strategic plan goals and an implementation plan showing responsible parties and due dates for the FY2018-2019 strategic goals.</p>	Board	September Board Meeting



BOARD EXECUTIVE COMPENSATION COMMITTEE AGENDA

Tuesday, December 12, 2017 at 10:30 a.m.
Pine Cafe Conference Room - Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER

2. ROLL CALL

Alyce Wong, R.N., Chair; Dale Chamblin, Board Member

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

4. INPUT – AUDIENCE

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

5. APPROVAL OF MINUTES OF: 10/23/2017..... ATTACHMENT

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

6.1. FY17 CEO Incentive Compensation ATTACHMENT

Executive Compensation Committee will review the metrics for FY17 CEO Incentive Compensation and provide a recommendation to the Board of Directors.

6.2. Committee Charter ATTACHMENT

Executive Compensation Committee will review and discuss its committee charter.

7. CLOSED SESSION

7.1. Approval of Closed Session Minutes

10/23/2017

8. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

9. NEXT MEETING DATE

Personnel Committee will meet as needed.

10. ADJOURN

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

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

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



QUALITY COMMITTEE AGENDA

Tuesday, December 12, 2017 at 12:00 p.m.
Eskridge Conference Room, Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA

1. CALL TO ORDER

2. ROLL CALL

Alyce Wong, RN, Chair; Charles Zipkin, M.D., Board Member

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

4. INPUT – AUDIENCE

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

5. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

5.1. Patient & Family Centered Care (PFCC)

5.1.1. Patient Experience Presentation

Community member will share his healthcare experience at Tahoe Forest Hospital District.

5.1.2. Patient & Family Advisory Council (PFAC) Update ATTACHMENT

An update will be provided related to the activities of the PFAC.

5.2. Quality Committee Charter and 2017 Focus ATTACHMENT

BOD Quality Committee Focus 2017 was approved on March 14, 2017 and available for reference during the meeting. Provide status report and accomplishments for each Focus 2017.

5.3. BOD Quality & Service Dashboard ATTACHMENT

Review the BOD Quality & Service dashboard and discuss additions or deletion of key quality metrics.

5.4. Board Quality Education ATTACHMENT

The Committee will review topics for future board quality education and identify best practice topics for review at future meetings. The Committee will also review Pugh, M. (2011). *How to Ensure Quality (Chapter 5) Healthcare Governance: A Guide for Effective Boards*. Chicago, IL: Health Administration Press.

6. APPROVAL OF MINUTES OF: 9/19/2017 ATTACHMENT

7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

8. NEXT MEETING DATE

The date and time of the next committee meeting, Tuesday, February 1, 2018 at 9:00 a.m. will be confirmed.

9. ADJOURN

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

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

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