

**Tahoe Forest Hospital District
Citizens Oversight Committee Meeting
Minutes of Monday, May 17 2010, Eskridge Conference Room**

Members Present: Paul Leyton, Sherrin Fielder, Caroline Ford, Dale Chamblin, Gerald Herrick, Paul Kucharski, Gary Boxeth, Mark Tanner (4:10 PM)

Members excused or absent: Gary Davis

District Board representatives: Roger Kahn

Staff Present: Ginny Razo, Rick McConnell, Crystal Betts, Maia Schneider

Guests present: none

Topic / Agenda item	Discussion	Action steps/ Responsible party
I. Call to Order	Ford called meeting to order at 4:00 PM	
II. Roll call	<i>Please see above</i>	
III. Items not on the agenda/clear the agenda	Note: Members noted above were also present at 3:30 PM for photograph for COC web site.	
IV. Input from the audience	None	
V. Introduction of new COC members	Maia Schneider made introductions of Andrea Baltzegar and Larry Mace, two new (alternate) members. Roger Kahn noted that in this committee most decisions are made through consensus and not by vote; the new members should be considered an important part of the team. Larry and Andrea offered brief narratives of their backgrounds.	
VI. Standing items: 1. Minutes 2. Financials 3. Facilities	<p>1. Paul Kucharski moved approval of minutes, seconded by Dale Chamblin. Discussion: Paul Leyton asked for clarification re parking as a Measure C expense. Roger said as a Town requirement of the voter-approved project (ie Cancer Center) parking would be paid by MC. Minutes approved, Paul L. and Gary Boxeth abstained.</p> <p>2. Crystal Betts reviewed district financial statement from March. Discussion was held as to whether and when to publicly discuss additional bond sales and whether that was a Board activity or COC activity. Roger said it was appropriate to disclose this and be transparent once the Board has voted an action. Crystal suggested COC works with Paige Nebeker Thomason to determine best way to deliver this information to public. Paul L suggested that Board direct staff to develop a long-range plan for communications with the public. Roger explained that the Board directed these activities as an ongoing part of Marketing's mission. Gary B moved to accept financials, Paul K seconded. Passed unanimously.</p> <p>3. Rick McConnell provided update on facilities projects. Caroline Ford asked whether OSHPD was processing applications on time; Rick explained that we have allowed for delays in OSHPD in our timeline. Dale Chamblin moved to accept facilities report; Paul K seconded. Passed unanimously.</p>	

VII. Hospital Licensing
– Ginny Razo,
PharmD, COO

Maia introduced Ginny Razo, TFHS COO. Ginny explained that hospitals are highly regulated at federal, state and local levels. The Feds are primarily concerned with licensing as it relates to reimbursements for federal programs (MediCare, Medicaid). The state (department of health services) is concerned with a variety of issues relative to our operations. For example, our Basic ER requires an on-site physician 24-7, 365; functioning ICU, functioning lab, certain radiology, surgical services, post-surgical suites (PAC-U), blood bank services, etc. These are general, minimum requirements. So, when we surveyed our community re priorities for MC construction, we had to look at sub-components of each department, such as ER, to ensure they would be here in the long run to serve the department and by extension fulfill the licensing requirements. Title 22 sets forth the licensing requirements for each department and service. Construction creates new demand; for example, bringing in new diagnostics will increase usage which in turn impacts parking. So these services all link together. Paul L: are there different levels of ER? Yes, we are “Basic” which is one step below “Trauma.”

Paul L: does the Board decide what level of licensing to seek? Roger: clinical and administration staff make recommendations for licensing and programs; the BoD ultimately owns decisions re changes to licensing. The Board is concerned with longevity and quality of programming. The Board’s charge is also to ensure we spend money properly. Ginny: Our licensing agencies are also concerned with services we provide. If we had to discontinue ER for example, the state would bring in an outside agency to run the ER until they could assess what level of ER should exist in this community. Paul L: the word “ancillary” is a point here. It’s actually all one big connected thing. Caroline asked about the Critical Access Hospital (CAH) license and whether we might abandon that in the future to allow for more bed count? Ginny: we are managing the 25 bed limit well now. What we aren’t counting are potential admissions from other hospitals that we cannot admit because our census is too high. We are looking at that now. We are also working with Kauffman Hall to thoroughly review our patient volumes. Currently our average is 13 patients in the med/surg. Sometimes we have to manage the census when we get in the 20’s but that’s not typical or usual. Caroline: licensing regs are different for CAHs. What might the fiscal impact be of changing the status from a CAH? Crystal: we are always assessing this. We are currently cost based reimbursement as a CAH but that could change. Caroline: Are OB numbers changing? Are the forecasts different? Ginny: 2 years ago we had an anomalous year with a higher count; the numbers of deliveries have come back down since then. The regional school district enrollment is down and it’s possible the recession has forced families out of the area. Caroline: can you mix a med/surg patient with the OB unit? Ginny: typically we would not do that for the care and safety of the babies in the unit; it would be more likely that an OB patient would move to med/surg rather than vice-versa. Caroline clarified the definition of CAH for the benefit of the COC.

Sherrin Fielder: how are cancer centers typically reimbursed? Crystal: they’re paid on a “fee for service” model, or a DRG (diagnosis related group) with fixed fees regardless of actual costs.

Dale C: what would it take to move up to a Trauma license for the ER? Ginny: we have looked at that. The state would typically determine whether that’s appropriate for the area. There’s a requirement for on-site surgery capability 24/7, 365. That’s different than the on-call surgery model we use right now, plus there are other services we would need to elevate. The nearest trauma

	<p>centers are in Reno (Renown and St Mary's).</p> <p>Paul L: Ginny's presentation changed for me the understanding of the scope of our projects under Measure C by the virtue of the ancillary needs associated with each project. I'm not sure we understood that up to this point. As we move forward it would be helpful if Rick could explain how a project impacts other projects due to licensing requirements. This presentation was very enlightening. Roger: this will be an important element of our outreach to the community. Caroline: this is good information on the layering of regulation. Compliance with regs is important. Roger: we thought this through when we asked for \$98 million. We understood the associated elements of the projects as they related to the larger picture for each of the community's priorities. Caroline: we need another word aside from ancillary, such as "associated" or "integrated." Roger: we won't use "ancillary" in our outreach.</p>	
VIII. Report from Chair Caroline Ford	Nothing to report.	
IX. Finance sub committee report	<p>Sherrin: we always want to review only those projects that already been approved by the Board. The committee has asked Rick for a list of projects with associated costs. Rick: once the Board has adopted the new facilities plan this month I will provide this list to the committee. It's not a static list. Sherrin: when we have a full complement at the COC finance sub committee meeting we will discuss vice chairmanship and terms. Mark Tanner, Andrea and Larry will guest at this month's committee meeting. Motion to accept report by Paul K; seconded by Gary B. Accepted unanimously.</p>	
X. Communications sub committee	<p>Paul L: no meetings were held, nothing to report. The web site has been updated. Larry: what is the responsibility of individual members when approached by a member of the community re COC? Caroline: I haven't had that happen but I would refer them to the web sites. We don't have a policy about speaking as individuals to community members. Roger: when I respond to inquiries in the public I clarify that I'm not speaking on behalf of the Board, unless directed by the Board to do so. Dale: I have responded to inquiries by community but I haven't gotten into specifics. Paul L: none of us can speak on behalf of the committee. But we can speak as individuals. Sherrin: We need a unified voice whenever possible too. Roger: feel free to ask questions of any TFHS rep whenever you want to. Caroline: I encourage all members to bring questions that are appropriate for the COC to the committee, rather than approach a BoD member first. Let's address it at COC first if we can. We have two Board delegates to the COC so that takes care of a lot. Maia reviewed the District's plans for community outreach on Measure C projects. Andrea: will there be outreach in advance of road construction? Rick: as appropriate, we will publicize construction that may impact travel.</p>	
XI. TFHD Board member reports	Roger: commented about the District financials. Crystal, Bob and staff should be commended for their great work in meeting financial targets this year.	
XII. Next scheduled meeting: requested topics, tasks	Next regular meeting: June 21 @ 4:00 PM. Caroline will be absent in July; decision will be made at June meeting whether July meeting will be held. Rick mentioned that pre-qual program for contractors will be on TFHD BoD agenda in May.	

Adjourned at 5:19 pm