

Palomar Pomerado Health
BOARD OF DIRECTORS
ANNUAL SPECIAL BOARD SELF-EVALUATION MEETING
 Rancho Bernardo Inn, Andalucia II Room, 17550 Bernardo Oaks Drive
 Rancho Bernardo, CA 92128
 Wednesday, December 15, 2004

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
CALL TO ORDER	7:05 p.m. (Dinner 6 p.m.) Quorum comprised Directors Bassett, Greer, Kleiter, Krider, Larson, Rivera, Scofield.		
NOTICE OF MEETING	Notice of Meeting was mailed consistent with legal requirements		
PUBLIC COMMENTS	None		
REVIEW OF BOARD SELF-EVALUATION SURVEY RESULTS	Chairman Larson commenced the meeting, introducing Ron Riner, M.D., of the Riner Group Inc., St. Louis who would provide a report on the Board's Self-Evaluation Survey results received from the Governance Institute.		

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Potential Retreats	Chairman Larson inquired of the Board as to preferences for full board retreats, individual seminars, in-house education, etc., noting that Premier's Governance Conference was scheduled for the end of January.		
	Director Scofield commended Michael Covert on the February, 2004 Estes Park Board Retreat noting that the full Board and Medical Staff attended. She suggested future annual full Board retreats in addition to individual seminars, particularly for new trustees.		
	Director Kleiter agreed with an annual Board Retreat in different locations, noting that Premier is proposed for 2005 and he felt possibly Governance Institute at another time as this provides educational and social interaction with board and staff. However, he advocated caution as we are a public entity and that we should recognize the need for education but concern for location, cost etc. He also felt that members had a duty to report back to board meetings on their attendance at seminars they may have attended and if necessary, obtain approval to such attendances.		
	Director Bassett noted that it was determined sometime ago that individual seminars be made within reason regarding distance, cost, etc., with a choice of two individual seminars a year.		
	Director Krider stated that it was important for the Board and Chiefs of Staff to get away but felt this was an astute board and would be aware of the parameters.		
	Director Rivera agreed there should be one off-site annual board retreat for education and camaraderie, in addition to potential on-site seminars to fill the greatest need e.g., financial, quality, facilities master plan, etc., with potential planning for one or 2 day conferences to bring in speakers on such subjects of relevant interest.		

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--Summation	<p>Chairman Larson's summation from these comments indicated that the Board would like to have one annual offsite retreat, plus one on-site retreat including EMT, nursing staff, and leaders and bringing in speakers of current relevance on topics of board interest, such as the recent "Hospital of the Future" on-site staff retreat with the board. Director Kleiter agreed.</p>		
--Dr. Riner	<p>In follow-up to this input, Dr. Riner stated that it was not uncommon for boards to attend relevant retreats, particular for education, camaraderie and networking, but they should choose wisely, highlighting issues of importance. Following a board member's return he suggested that they should provide a brief 5-10 minute update to the full board, possibly under Board Members' Comments, which is a means to continue to educate the board. We are on target with this.</p> <p>Michael Covert referred to the current monthly lunchtime educational special board meetings as possibly continuing, but would appreciate direction with list of speakers, e.g., Baldrige, possibly Ellen Riley of Kauffman Hall, etc. Director Kleiter felt that educational board meetings should be non-mandatory so that they may choose whether or not to attend.</p>		
Presentation by Dr. Riner	<p>Dr. Riner commenced presentation of his report based upon the Board Self-Evaluation Survey and results received from the Governance Institute, copy of which is attached to original of these minutes.</p> <p>He noted that he had reformatted the Governance Institute's survey results and referred to the Interpretation of Results indicating how the Board had voted on an individual basis, followed by graph formats for each category ranging from dark green (excellent) through good and fair, to red (poor).</p>		



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	<p>Categories included Mission and Planning Oversight which generally showed a good result. Some concerns regarding board community involvement before Proposition BB were indicated, but Director Kleiter commented that many board members took part on a volunteer basis in the community specifically for BB.</p> <p>Weaknesses with other hospital boards, other hospitals and top businesses were noted and some legislative contacts with board members were minimal. Communication amongst the board members and potential communication with legislators was recognized as possibly being needed.</p> <p>Also, how a proposal that is presented effects our Mission Statement as Director Kleiter indicated that when Staff presents a proposal it should be stated thereon that it meets our mission or vision.</p>		
	<p>Quality Oversight – several responses were in the red category regarding review of recommendations of the Medical Staffs concerning new physicians. Director Rivera felt we did not do a good job of reviewing physicians' performance and we needed to develop that aspect much more, ideally looking at outcomes, utilization, returns within 30 days, and managed care vs non-managed care. This could possibly be construed as "economic credentialing".</p> <p>Dr. Riner responded that this was not an economic credentialing issue as such, but that the dollars for quality stops with the Board and we have to engage our Medical Staffs in working with comparative outcome data.</p>		

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	<p>Director Scofield referred to our now having balanced scorecards and Director Krider stated that he had undertaken audits of medical charts at the medical staff offices, but was a little uncomfortable when the board approved credentialing. Director Kleiter had a concern in this area as we are a public board, and we as a board delegate to the Medical Staffs such powers. Non-profits may discuss such matters at their board meetings, but we as a public agency have a problem with that aspect.</p> <p>Director Rivera felt that through the CEO and the Chief Quality Management Officer, negotiation with the Medical Staffs regarding "performance" may be possible. Director Krider felt that "peer review" was protected. Assurance was needed, but Director Bassett suggested that such issues come to the Closed Session of the Quality Review Committee. It was felt that certain guidelines may need to be established.</p> <p>Dr. Riner emphasized that the Board does not undertake credentialing, but looks towards management and medical staff leadership that such guidelines are in place.</p> <p>Michael Covert stated that the use of a Joint Conference/Medical Staff Committee would likely alleviate many concerns.</p>		
	<p>Financial Oversight – questionnaire returns showed concern over the board receiving and adopting long-term capital expenditure plan estimating projected sources, use and costs of future funds for building and equipment, and receiving follow-up reports on programs previously approved. Director Rivera suggested that reporting by exception on the agenda may be the best way to clarify.</p>		

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	<p>Management Oversight – discussion ensued whereby efforts would need to be made to ensure “succession planning” if something were to happen to the CEO, or senior management, and resultant running of the organization in the interim.</p> <p>Board Oversight - Director Kleiter stated that with regard to A) – Board policies/criteria for selecting new board members are clearly defined and followed to ensure continued leadership and appropriate representation, only apply when the Board appoints someone, as being a public agency we are subject to elections.</p> <p>Regarding B) – the governing body evaluates its own performance and that of each board member to determine appropriateness of continued service on the board, again Director Kleiter emphasized that the board is part of a public agency and subject to elections by the people. We are a relatively small board of 7 members so that any anonymous comments/report cards would be suspected of possibly having been made by another member in such an evaluation.</p>		

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	<p>Director Kleiter continued that we are a public hospital district because we receive tax monies. It is not for the public to have any decision in our hospitals, but the public has a right to know how we use that public money. Our board meetings are to conduct hospital business, not to provide information to the public but the public is there to observe that everything is running smoothly and correctly, which is the reason for a public board meeting.</p>		
	<p>Regarding the question of frequency and duration of board and committee meetings, discussion ensued on possible mthly, bi-monthly, quarterly, or need to meet basis for committee meetings. Fewer committees had been suggested by some, however Chairman Larson requested that the Board should not go back to Governance Committee to delete committees which had been set up for current specific purposes. The newly created 5013C committee regarding community grants is interwoven with the Community Relations Committee and would become a part of that committee.</p> <p>We may wish to review our Mission and Vision on an annual basis to assure that it is still relevant.</p> <p>Chairman Larson suggested that we might review other possible venues for meetings in Escondido or San Marcos should we need to meet in locations other than the hospitals, due in part to pressure on meeting space and to assure balance between Escondido and Poway areas.</p> <p>Concerning receipt of meeting agendas and packets including back-up materials, Director Scofield particularly reiterated this point. Board policy indicated distribution 5 days</p>		

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	<p>ahead. Director Kleiter however, felt that materials should not be received too far ahead as he knew from administrative experience that these could change and updates are then distributed by Staff prior to meetings. He would prefer to receive current information and felt that we should abolish the 5-day policy. To be realistic, if the policy is retained, he suggested 3-5 days receipt prior to a meeting. Following further discussion it was generally agreed that the policy should be amended to indicate distribution 3 – 5 days ahead of meeting as this would be a reasonable guideline.</p>		
	<p>Individual Self-Assessment - Director Rivera suggested several personal and organizational goals as being:</p> <ol style="list-style-type: none"> 1. Successful operation of the health system; 2. Working on outstanding quality of care; 3. Implementation of the Master Facility Plan; in keeping with the community 4. Continue to work in a harmonious manner. <p>Director Kleiter agreed with this summation.</p>		
Self-Evaluation Peer Review Questionnaire	<p>Following brief discussion it was agreed that this was a useful tool for future use.</p>		
Dr. Riner - Summation	<p>Chairman Larson thanked Dr. Riner for his informative report and his role as facilitator in this meeting, noting that Board Education in the form of Retreats – one off-site and one on-site as a group; Community Relations including legislative and community contact; and the setting of quality expectations via the anticipated Joint Conference/Medical Staff Committee would assist in this regard. A Succession Planning program had been suggested by the board, as well as a request for meeting and back-up materials in a timely manner.</p>		
ADJOURNMENT	10:00 p.m.		

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SIGNATURES <ul style="list-style-type: none"> <li data-bbox="310 297 548 326">▪ Board Secretary <li data-bbox="310 423 541 453">▪ Board Assistant 	<div style="text-align: center;">  <hr/> Nancy L. Bassett, R.N., M.B.A. </div> <div style="text-align: center; margin-top: 20px;">  <hr/> Christine D. Meaney </div>		