

FILED

JUN 20 2000

SUPERIOR COURT OF CALIFORNIA
COUNTY OF TRINITY
BY: DONNA REGNANI, DEPUTY CLERK

TRINITY COUNTY GRAND JURY

1999-2000

**HEALTH AND HUMAN SERVICES COMMITTEE
FINAL REPORT**

TRINITY HOSPITAL

**This report was approved
On June 8, 2000**

**1999 - 2000 Trinity County Grand Jury
Health and Human Services Committee
Trinity Hospital Final Report**

PURPOSE:

The 1998 - 1999 Grand Jury recommended that the 1999 - 2000 Grand Jury investigate the Trinity Hospital personnel evaluation system. In addition, the Health and Human Services Committee conducted a review of other county hospital operations.

BACKGROUND:

Trinity Hospital is a 65 bed facility with 39 beds for medical / surgical patients and a 26 bed skilled nursing, long-term care, unit. The medical / surgical unit averages 15 patients and the skilled nursing unit averages 94% to 98% occupancy. The hospital also provides an emergency room, surgery, obstetrics, laboratory and other support services.

Trinity Hospital employs approximately 150 people under the supervision of an individual who is the Administrator / Chief Financial Officer / Director of Patient Services. A seven member Board of Directors governs the hospital. Financially the hospital, like many other community hospitals, has had difficulty showing a profit.

METHOD OF INVESTIGATION:

The Health and Human Services Committee of the Trinity County Grand Jury interviewed 24 employees of Trinity Hospital. Doctors, members of the hospital Board of Directors and County Officials were also interviewed. Committee members attended hospital board meetings and a joint Board of Supervisors / Hospital Board meeting and made a tour of the hospital.

FINDING #1:

The hospital administrator and division managers work well together forming a positive working relationship. This is not the finding for employees below management level. The Grand Jury finds a lack of positive rapport between the administrator and many employees below management level.

The new computer system is a marked improvement over the computer system it replaced.

The Quality Improvement Program appears to be in compliance with applicable laws.

Old and reconditioned equipment has been replaced thanks to a low interest loan negotiated by the Hospital Administrator.

RECOMMENDATION #1:

The Grand Jury commends the administrator and management team for the positive changes made at the hospital over the past two and a half years. Financially, the third quarter of the fiscal year 1999 / 2000 is encouraging. The Grand Jury commends the hospital administrator for the substantial improvements in equipment and programs made during his tenure. The Grand Jury urges the hospital Administrator to initiate an effort to improve employee relations and create a cooperative atmosphere throughout the organization.

FINDING #2:

It was indicated by the 1998-99 Grand Jury that there was some dissatisfaction with the personnel evaluation process. Problems noted centered around the excessive time taken to complete evaluation of the employees by their supervisors and the administrator. Some employees also felt that their evaluations were subjective and often based on personal relationships.

The committee's investigation indicated a general satisfaction with the timeliness of reviews this year. The Human Resources/Public Relations office has a tracking system in place consisting of a card file/calendar with "tickler" notices. Tickler notices are forwarded to the responsible supervisors so that overdue evaluations can be completed.

The evaluation process has been updated within the last 18 months, with a focus on objective criteria directly related to job description. Also, employee feedback is solicited.

RECOMMENDATION #2:

The Grand Jury would like to see the employee evaluation process incorporated, with appropriate security measures, into the new computer system as opposed to using the present card file system.

We compliment the administration for its development of a more effective evaluation system. The Grand Jury recommends establishment of a program in which the employee is given written notice of the desired changes in their performance and a time established for a follow-up review.

FINDING #3:

A number of employees indicated they are intimidated and upset by the tenor and forcefulness of directions given to them by the Hospital Administrator in face-to-face meetings.

RECOMMENDATION #3:

The Grand Jury believes that the supervision of employees, including their evaluation, should be delegated to their immediate supervisors. The Grand Jury recommends that the Administrator focus on business matters. Supervisors, with good

personnel management skills, can stimulate workers to be more productive and to take pride in their work. With skillful handling of employee concerns, job satisfaction could be maintained, while getting the job done in the way the administration deems appropriate.

FINDING #4:

The Health and Human Services Committee interviewed doctors who work at the Hospital. Of those, a majority was generally satisfied with the administration of the hospital, however there were some disagreements with the overall operation. All interviewed seemed to agree that a problem of low morale exists among many employees.

The disagreements had to do with the following:

- A. Contracts for medical coverage of the Emergency Room and additional doctor coverage of the Emergency Room.
- B. Administration of chemotherapy by Home Health Care.
- C. The medical advisor of Home Health not being contacted about the administration of experimental chemotherapy.
- D. Lack of hospital procedures for Laboratory Technician call out.
- E. Medical records unavailable when needed by a Doctor.
- F. The need for a midwife.
- G. The possible separation of the Board of Home Health from the Hospital Board of Directors.
- H. The Hospital Board of Directors bylaws being revised to require a two-thirds vote to terminate the Hospital Administrator.
- I. Doctors' access to the Board of Directors to be heard on issues of Concern.

The general consensus of all doctors interviewed was that there is a need to recruit and hire additional doctors. During the tenure of this Grand Jury a Doctor of Internal Medicine / Cardiologist declared his intent to practice medicine in Weaverville and Hayfork. This was the result of the internist contacting local physicians and their subsequent pursuit of his services.

RECOMMENDATION #4:

The Grand Jury agrees with the doctors and the hospital administrator that more doctors need to be actively recruited and hired. The present doctor recruitment program needs more vigor, specifically from the Hospital Board of Directors and the Hospital Administrator. Doctors' admission of patients to Trinity Hospital is of utmost importance to the financial stability and overall vitality of the hospital.

The hostilities between local doctors and the Hospital Administrator are counter productive and should be resolved by the Hospital Board of Directors, the doctors and the Hospital Administrator. With regard to the employee morale situation, it is the Grand

Jury's position that low morale affects a wide spectrum of issues ranging from productivity to quality of patient care. Immediate corrective action is needed.

FINDING #5:

Some experienced nurses have resigned from Trinity Hospital. Some physicians expressed concern regarding the relative number of experienced and inexperienced nurses. Some nurses reported harassment and demotion. The inference is that experienced nurses are leaving because of conflicts with the hospital administration.

RECOMMENDATION #5:

A shortage of experienced nurses, if it occurs, could have an impact on the quality of patient care and any problems in this area should be corrected immediately. The Hospital Board of Directors should implement a program to recruit and retain experienced nurses to staff the hospital facility.

FINDING #6:

The hospital medical laboratory supervisor will be leaving the staff of Trinity Hospital in the near future. During his tenure the laboratory was modernized to include the replacement of instrumentation and computerized to the point of being an almost totally automated laboratory that can provide accurate results to the physicians in a timely manner.

RECOMMENDATION #6:

The present laboratory supervisor is complimented for the upgrading of this department. The current laboratory standards should be maintained to ensure quality service. To maintain and uphold these standards a qualified replacement for the laboratory supervisor should be actively recruited.

FINDING #7:

Each member of the Trinity County Board of Supervisors appoints one person to the hospital Board of Directors. In addition, two at-large members are chosen, for a total of seven hospital Board members. The two at-large vacancies, when they occur, are publicly advertised and the selection is made by the hospital Board of Directors from those applicants.

The Hospital Board of Directors meets monthly on the second Thursday and holds additional meetings as needed. Each board member receives a monthly stipend of \$100.00 plus travel expenses. Longevity of the members range from seven years to several months. Historically there has not been a high degree of turnover.

RECOMMENDATION #7:

The Grand Jury commends the working relationship between the Administrator and the Hospital Board of Directors. The Grand Jury is concerned that members of the hospital Board are paid a \$100 monthly stipend in addition to their expenses. The Grand Jury believes that the \$8,400.00 per year paid to the hospital board would be better spent on the operation of the hospital.

30-DAY RESPONSE REQUESTED FROM:

Trinity County Hospital Board of Directors; Trinity County Hospital Administrator; Trinity County Board of Supervisors; Trinity County CAO; Trinity County Hospital Chief of Staff.



TRINITY COUNTY

OFFICE OF THE COUNTY ADMINISTRATOR

Administration — Human Resources — Risk Management

Grant Management — Information & Technology

P. O. Box 1613 Weaverville, CA 96093-1613

County Administrator Phone: (530) 623-1382

Human Resources Phone (530) 623-1325 FAX (530) 623-4222

JEANNIE NIX-TEMPLE, County Administrative Officer

To: Honorable John K. Letton, Presiding Judge of the Superior Court

From: *Jeannie Nix-Temple*
Jeannie Nix-Temple, County Administrative Officer

Date: August 7, 2000

RE: 1999/2000 Grand Jury Final Report of Trinity Hospital

In my role as County Administrative Officer, I have been asked to respond to the Grand Jury's report on Trinity Hospital. My responses are as follows:

Recommendation # 1

I appreciate the Grand Jury's recognition of the positive working relationship between the Hospital Administrator and the Trinity Hospital Management Team. That same relationship exists with the Hospital Board of Directors and the County Management Team. I am aware that there has been criticism of some of the Hospital Administrator's interactions with some employees. These have been primarily related to discipline. The reports involve a very small percentage of the employee population of Trinity Hospital. The Hospital Administrator has a very difficult job. I have confidence in his ability to do the job.

Recommendation #2

In the evaluation process the employee is given written notice of desired changes and verbal notice as well. Since I am in a position to monitor the evaluation process for all departments, I would say that Trinity Hospital has one of the best. Under this hospital administration a more detailed system has been developed. I believe that employees are given very clear direction.

Recommendation #3

Having reviewed many evaluations of employees and all disciplinary communications, I believe that the hospital administration is in compliance with this recommendation.

Recommendation #4

I believe that the majority of physicians are satisfied with the administration of the hospital. It is not unusual for differences to arise between physicians and the

administration of any hospital. Having been here in Trinity County and involved in government operations for the past 15 years, I have witnessed disagreements between each of the preceding administrators and one or more local physicians. The Hospital Administrator, the Hospital Board and the Board of Supervisors have addressed all the concerns listed in Finding #4. While I believe that some employees, or others, may have morale problems, the presentation of care given to patients at the hospital is outstanding. I have witnessed this from personal experience.

Recommendation #5

I disagree with the findings in #5. Our records do not indicate an exodus of qualified nurses because of the hospital administrator. We continue to recruit for qualified nurses and have been successful. Shortage of nurses is a nationwide problem.

Recommendation # 6

I concur. It is always our intention to recruit the best and brightest employees.

Recommendation #7

I do not agree with this recommendation. The \$100 per month stipend which is paid to each of the Hospital Board members is extremely small compared to the time, energy and dedication to the community these citizens put forth. Trinity Hospital has an annual budget of over \$10,000,000. I feel there is no reason not to compensate the governing board with this small sum.

Trinity Hospital
A Service of Trinity County

P.O. Box 1229
Weaverville, California 96093

Telephone: 530.623.5541
Fax: 530.623.6421

RECEIVED

AUG 16 2000

SUPERIOR COURT
JUDGE'S CHAMBERS

August 14, 2000

Hon. Judge John Letton
Superior Court of California, County of Trinity
P. O. Box 1258
Weaverville, California 96093

Dear Sir:

The purpose of this correspondence is to comply with California Penal Code Sections 933 and 933.05(f), that in pertinent part require written response to the findings and recommendations of the 1999-2000 Trinity County Grand Jury Report. This response is on behalf of the Trinity Hospital Board of Directors and the Trinity Hospital Administrator. (Signature page attached).

GENERAL OVERVIEW

The identified purpose of the Grand Jury was to investigate the Trinity Hospital personnel evaluation system and a review of other hospital operations. After reviewing the findings and recommendations of the Grand Jury, the major portion of the findings appears to focus on the performance of the hospital administrator. It should be noted, we are aware that a member of the Grand Jury is a current employee of Trinity Hospital whose negative opinion of the current administration is well known. Further, we find relying upon interviews to develop inferences and conclusions, without further research and gathering of documentation to fairly represent all sides of an issue, an inadequate process for evaluating an organization of the complexity of a hospital.

FINDING #1

We concur in part and disagree in part.

We appreciate the Grand Jury recognizing the positive relationship between administration and management and what they have accomplished with respect to quality improvement, compliance and capital equipment enhancements.

We disagree with the Grand Jury's conclusion regarding "a lack of positive rapport between the administrator and many employees below management level".

The Grand Jury's Method of Investigation documents interviews with 24 employees of Trinity Hospital. Apparently, of this 24, several were managers. There are currently 165 employees on the hospital's position control, (includes Extra-Help, Patient Service Registry Pool and Leave of Absences). An average of 135 employees are paid each payroll cycle. Therefore, the sampling of 24 employees interviewed represents between 14.5% and 17.7% of the total employees, respectively.

Members of the Board of Directors, the administrator and several managers met with the Grand Jury. Operations, mission, vision and organizational structure of Trinity Hospital, were all discussed in length and juxtaposed to the findings of the California Department of Health Services, Licensing and Certification Division survey of July 1997. The organization chart was provided to the Grand Jury and discussed several times, including explanations regarding our participative model of management and how responsibility and commensurate authority is delegated to the line managers. Clearly demonstrated was the fact that direct contact between the administrator and employees, other than informal exchanges during rounds, involve open meetings to discuss operational issues or employee

related system, service or disciplinary problems which have not been solved at the line management level. Problem based interchanges are complex but are consistently approached utilizing appropriate policies, procedures, ordinances and resolutions. The process is the same for all hospital employees, regardless of classification. In sum, positive interchanges and rapport between the administrator and non-managerial staff exist along side the negative interchanges.

RECOMMENDATION #1

It is the consensus of administration and the Board of Directors that the recommendation forwarded by the Grand Jury has already been complied with and will continue to be a cornerstone of daily operations.

Change is never comfortable. Within the health care system, it is said the only constant is change. When you are continually forced to do more with less, associated changes are even more difficult to adjust to and keep up with. Proper resource management includes insuring the right person, is doing the right job, in the right way on a consistent basis. Changing long standing, non-productive behaviors and addressing inappropriate attitudes that negatively affect the hospital's image, mission and vision is, at times, adversarial in nature, but necessary.

Many systems have been introduced and/or instituted to involve employees, in a more proactive manner, in the vast change processes of the past and future. These include, but are not necessarily limited to employee recognition programs, longevity recognition, objective position descriptions with associated competencies, improved evaluation processes, an employee council concept, employee newsletters, meetings with the managers, meetings with the administrator, Board of Directors recognition letters and staff education programs.

FINDING #2

We concur with the Grand Jury's finding and appreciate their recognition of the changes made.

RECOMMENDATION #2

The computerization of the existing card file system will be considered when the other software enhancements of the revenue producing departments are completed.

It is the consensus of administration and the Board of Directors that a system already exists wherein an employee is given written notice of the desired changes in their performance and a time established for a follow-up review. The position descriptions and associated competencies are clear and objective regarding expectations. These are reviewed with employees and each employee signs the forms indicating they have read them and understand the content. The county evaluation form is utilized on a frequent basis to keep employees informed of perceived changes in performance. Additionally, county and hospital policies regarding written documentation of needed changes in performance have been and will continue to be followed.

FINDING #3

There is insufficient information provided upon which concurrence or disagreement can be made. However, this finding appears to be related to FINDING # 1 regarding "positive rapport" and we would therefore incorporate the documentation provided in response to FINDING #1.

RECOMMENDATION # 3

This recommendation fails to recognize systems that have been in place for almost three years and appears contradictory to RECOMMENDATION #1. It is the consensus of administration and the Board of Directors that we are already in compliance with this recommendation.

FINDING #4

We concur in part and disagree in part.

We agree with the finding that the majority of the physicians are generally satisfied with the administration of the hospital; that there is some disagreement with overall operations; that there is a need for continued physician recruitment efforts; that issues regarding the administration of chemotherapy in Home Health exist; that there is a need for a midwife program; and that an internist/cardiologist is now practicing in Weaverville and Hayfork.

We disagree, in whole or in part with the remainder of the findings.

With respect to employee morale, we believe this relates in whole or in part to FINDING #1 and FINDING #3.

With respect to medical coverage of the emergency room, the pursuit of outside contractors was approved by the medical staff prior to being presented to the Board of Directors.

With respect to laboratory technician call-out, a system has been in place for several years.

With respect to medical record availability, a system to insure availability has been in place for several years.

With respect to the separation of board responsibility for Home Health, the current system is appropriate for our community.

With respect to the revision of the bylaws for the Hospital Board of Directors requiring a two-thirds vote to terminate the hospital administrator. This is patently false. (Copy of Bylaws attached as Exhibit 1).

With respect to doctors' access to the Board of Directors, the agenda process of a "Brown Act" board is adhered to and a public comment period is always agendized. Title 22 requirements for board/medical staff relations are followed and a medical staff attorney remains on retainer to insure the board's actions are appropriate.

With respect to the internist/cardiologist, the hospital was involved from the beginning with this physician's pursuit of practice opportunities in Trinity County.

RECOMMENDATION #4

Administration and the Board of Directors are committed to continue past efforts regarding physician recruitment and agree physician recruitment efforts must be increased. Currently, we are interacting with two recruiting firms to assist us in this endeavor and will pursue all other available options. It should be noted however that successful recruitment is largely dependent upon how candidates are treated by the existing medical staff and the community at large. Over the last two and one-half years, in addition to the family practitioner and the internist/cardiologist who are now practicing in Trinity County, four individuals were brought to Weaverville as part of our recruitment efforts. None of these individuals chose to establish practices in Weaverville.

Administration and the Board of Directors have been and will continue to be committed to maintaining an effective and professional working relationship with the medical staff. However, there are times when operational considerations of the hospital are in conflict with the wishes of the medical staff. These situations are difficult to move through and consensus can not always be gained. In these situations, outside counsel is utilized to monitor the interchanges and to insure the hospital is always protected.

The Grand Jury's recommendation and associated statements regarding employee morale are disappointing. By their statements, they infer quality patient care has been compromised by the staff of

Trinity Hospital. Nothing could be further from the truth. Continuous change and the instability of the health care marketplace do compromise employee feelings of well being and in turn can be reflected in perceived low morale. However, the employees of Trinity Hospital have always delivered an extraordinary level of quality patient care.

Administration and the Board of Directors are committed to supporting our employees to the fullest extent allowable as a public entity.

FINDING #5

We concur in part and disagree in part.

We agree some experienced nurses have left Trinity Hospital and agree the number of experienced versus inexperienced nurses fluctuates. We agree there have been reports of harassment, but these have been reported to be related to the medical staff and employee peers. Full investigations are always performed. While reorganization or restructuring has included title changes, change in scope of responsibility and/or changes in reporting relationships, the only demotion that has taken place was voluntary.

Health care, as an occupational area, is transient in nature. Nursing shortages, as well as shortages in other service areas are problematic nationwide, but not new. To insure a proper number of nurses are available, full-time, part-time, extra-help and per diem positions are all offered. (Many per diem and extra-help nurses are hired with an understanding, at their request, that it is not for a long term. Up until the fall of 1998, further augmentation via registry staff was also utilized. (While we maintain a contractual relationship for this purpose, no registry staff has been utilized since that time).

Education, environment, staffing, scheduling, pay, promotional possibilities, relationships with management, relationships with the medical staff and benefits all play important roles in recruitment, retention and morale. As a small, rural, county owned facility, we face almost insurmountable odds when competing for highly qualified licensed and/or certified staff, but we have, and continue to hold our own.

We wholly disagree with the inference of the Grand Jury regarding conflicts with the administrator as the reason for nurses leaving.

Of all employees who leave the employ of Trinity Hospital, a majority complete an exit interview with the Coordinator of Human Resources. From 6-1-97 through 6-20-2000, 30 nurses have left the employ of Trinity Hospital. (Six of the departures were prior to September 24, 1997, the beginning of the current administrators tenure with Trinity Hospital). Of the 30, 8 were full time, 1 was half time and the remainder were extra-help or per diem. Of the 30 nurses, 1 nurse, in June of 1998, relocated because of her dissatisfaction with administration. (This nurse was unsuccessful in her application for a new managerial position). The remainder left as follows:

Relocation/New Job	9	End of Per Diem/Extra Help	10
Personal Reasons	5	No Reason Given	1
Unavailability	3	Other Obligations	1

In sum, as of September 30, 1997, there were 21 full time/75% RNs, 1 half-time R.N., 6 Per Diem/Extra-Help RNs and 7 management level RNs for a total of 35 registered nurses. As of 7/31/2000, there are 18 full time/75% RNs 4 half-time RNs 13 Per Diem/Extra-Help RNs and 9 management level RNs for a total of 44 RNs.

Statewide, average annual turnover of hospital employees is 22.6%. The average annual turnover for Trinity Hospital is 23%. Given our location, pay rates and economic infrastructure, this is extraordinary.

RECOMMENDATION #5

Recruitment and retention of staff has been and will continue to be an essential concern and operational focus of administration and the Board of Directors.

FINDING #6

We concur.

RECOMMENDATION #6

Efforts to replace the Division Director of Laboratory Services has been undertaken. Recruitment and retention of qualified managers will consistently be an operational concern.

FINDING #7

We concur with this finding.

RECOMMENDATION #7

This recommendation will not be implemented.

All of the members of the board juggle economic and family responsibilities in order for them to meet their responsibilities as board members.

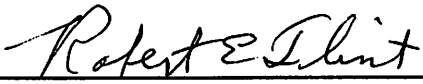
While the responsibilities of the Trinity Hospital Board of Directors are outlined in their bylaws and are couched in scheduled meetings, this is a small part of the time, effort and energy required to successfully administer an organization of the complexity of an acute care hospital.

The Board of Directors of Trinity Hospital is comprised of dedicated individuals who are essentially on duty at all times. At public events or trips to the grocery, questions and concerns regarding the hospital must always be professionally received and efficiently handled.

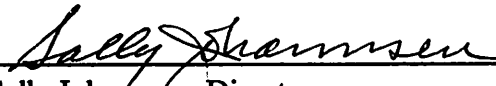
To be effective, board members are required to spend a considerable amount of time in self-education regarding federal and state legislative changes, affecting the operation of an acute care hospital, in order for them to understand the reports they receive from hospital staff and to make informed decisions.

The \$100.00 monthly stipend is appropriate and will continue.

Submitted by:


Robert Flint, Chairman of the Board


Kathy Manausa, Vice-Chair


Sally Johannsen, Director


Elena Letton, Director

Unavailable for signature
Jess Garst, Director


Pat Banducci, Director


David L. Yarbrough, RN/MD
Administrator/CFO/Director Patient Services

Trinity Hospital Board of Directors Guide

A. Purposes of This Manual

The "Guide" portion of this Manual is intended to provide Board members with a guideline for correct application of Bylaws provisions in specific matters, as well as general information regarding agendas, meetings and board materials.

B. Law Governing:

California Code of Regulations, Title XXII and other laws shall govern actions and activities of the Board of Directors.

C. Article 11, Members -- Section 2. Duties

This provision prohibits political activity by Board members in their official capacity as Board members either for or against any candidate for political office without the prior approval of the Board of Supervisors.

D. Article 11, Members -- Section 6. Conflict of Interest

Any Board member will excuse him/herself from discussion or vote on any matter where it might appear that the Board members comment and vote might be influenced by consideration of personal economic gain (such as owning or conducting a business which might be chosen by the Hospital to provide services authorized by the Board).

California law requires the Board of Directors adopt a Conflict of Interest Code for Board members and designated employees. The Code is adopted by the Board of Supervisors.

E. Article IV, Committees:

In performing their functions, these committees will deal with issues at the policy level, leaving day-to-day management decisions to the Hospital Administrator who has been selected by the Board as qualified and competent to manage the hospital's affairs efficiently.

F. Article V. Minutes -- Section 5. Minutes:

Minutes and proceedings of the Board of Directors and its committees are kept on file in the Hospital Administrator's office. Such minutes are available for public review.

Closed session minutes are not public documents. Board members may review such minutes in the Administrative Office. Such minutes may not be copied or removed from the Administrative office.

G. Agenda

Preparation: Agenda items for the Board of Directors meetings must be submitted no later than 5:00 p.m. on the Thursday preceding the regularly scheduled Thursday meeting.

Items of routine nature are placed on the Consent Agenda. Scheduled items are the Set Agenda. Unscheduled matters not requiring discussion or separate Board of Director action are placed under Items of Interest to the Board.

Copy Agenda for distribution and distribute per Distribution List.

Posting: The final agenda will be posted on the bulletin board in the hospital's main hallway and on the bulletin board outside the Courthouse no later than 12:30 p.m. on the Monday preceding the regularly scheduled Thursday meeting.

Only items listed on the Agenda can be acted upon by the Board of Directors at any given meeting. Open Agenda items can be heard but not acted upon. If need for Board of Director action arises after the agenda has been posted, it can be heard as a subsequent item. Board of Director action on subsequent matters is as follows:

"I move that we consider taking action on _____ my motion is based on the fact that there is a need to take immediate action and the need for action came to the attention of the board subsequent to the posting of the agenda."

On motion of Director _____, seconded by Director _____ and carried, agrees to discuss [subject] for immediate action pursuant to Government Code Section 54954.2(b)(2).

On motion of Director _____, seconded by Director _____ and carried, approves [subject].

Backup material for subsequent agenda items is placed with an agenda sheet numbered Subsequent [No.]

After the meeting, the original Agenda is placed in the Board of Director meeting file.

H. Notice of Cancellation of Board Meeting:

Must be posted on the bulletin board outside of the board meeting room if board meeting has been canceled or postponed by Chairman. The Secretary of the Board of Directors may continue a meeting due to the lack of a quorum [GCS 54955]

I. Distribution of Tentative Agenda and Minutes:

The Tentative Agenda and Minutes are distributed as follows:

Representatives of Board of Supervisors

Clerk of the Board of Supervisors

Personnel Office (County)

Chief of Staff

Vice Chief of Staff

All other Medical Staff

Ann Webster

Tentative Agenda Only to:

Trinity Journal (FAX)

Trade Mark (FAX)

Any party who is on the Agenda.

J. Board Packet Preparation:

Prepare the following packets:

Board of Directors (7) C.A.O. (1)

Public Information Book (1) Administrator (1)

**Clarification of Relationship and Responsibilities
Between the Board of Supervisors and the
Trinity Hospital Board of Directors**

Purpose:

These Bylaws have been prepared to serve as the basis for establishing a framework for delegating authority to the Board of Directors to allow it to fulfill its role as the Trinity Hospital governing board to the fullest extent of the law. The responsibilities of the hospital governing board have been reviewed and meet Title XXII requirements.

Budget:

The Board of Directors will be responsible for developing, preparing and recommending an operating and capital expenditure budget to the Board of Supervisors. The submitted budget will delineate the scope of services to be offered, costs or programs and justification for Capital expenditures. The operating budget will conform to the County required form and will reflect the needs of the Hospital as identified in the Strategic/Business Plan. The final budget approval rests with the Board of Supervisors.

Contracts:

Once a line item or specific project or contract for services is approved in the budget, the Board of Directors will have approval authority to negotiate and execute such a contract as long as the scope of the contract and the budgetarily approved costs are not exceeded.

All contracts will have County Counsel/Risk Management review to satisfy all legal requirements as to form and will be reviewed by the Hospital Administrator or Director Patient Care Services prior to signature by the Chairperson of the Board of Directors.

Board of Directors shall have the authority to purchase goods and services up to and including \$50,000 based upon previously approved budget. [Article I; Section 2.C.]

Unbudgeted expenditures exceeding \$10,000.00 will be forwarded to the Board of Supervisors for final approval based upon Board of Directors' recommendation unless a budget line item transfer is available.

The Board of Directors will manage all contracts through the complete process, bidding, award and final settlement upon completion of the contract. Administrator will be agent with Board approval.

Personnel:

The policies, classification system and parameters for negotiating union contracts are the responsibility of the Board of Supervisors since these decisions have county-wide impact.

Hospital Administrator:

Based upon the recommendation of an executive search committee comprised of the County Administrative Officer, two representatives of the Board of Supervisors, three representatives of the Board of Directors and one Medical Staff representative, appointment for the hiring of the Hospital Administrator will be the responsibility of the Board of Directors. An evaluation, job description and evaluation form will be developed by the Board of Directors which meets

the needs of both Boards. An agreed upon set of measurable goals will be mutually developed to serve as the basis for the performance evaluation.

Communications:

All actions taken by the Board of Directors will be documented and communicated in a timely fashion to the Board of Supervisors to ensure open lines of communications. All agendas and Board of Directors minutes will be distributed to the Board of Supervisors in a timely manner. A quarterly meeting between the hospital Board of Directors will be held with the Board of Supervisors. An annual meeting between the Board of Directors and the Board of Supervisors will be held. Any items which may have significant impact on hospital operations, policies and practices will be discussed with the Board of Supervisors. Major policy changes having community-wide impact will be communicated to the Board of Supervisors for review and concurrence prior to implementation.

Initiated:

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Definitions

Within the context of this document, the following definitions apply:

Annual Meetings means the yearly meeting that shall be set by the Board.

Appeal means the specific procedure(s) set forth in the Medical Staff Bylaws by which an applicant has the right to review an adverse decision on his/her application for staff membership and/or clinical privileges.

Board of Supervisors means the Trinity County Board of Supervisors.

Board or Board of Directors means the governing board of Trinity Hospital consisting of the appointed and ex-officio members.

Business Plan means the Bylaws related document containing a specific statement of defined goals and objectives for the next three (3) years and includes a one (1) year operating plan with a budget commitment for the first year.

Hospital Administrator means the individual selected, employed and empowered by the Board of Directors to manage daily hospital activities.

Compliance means operation of hospital affairs within limits established by such State and Federal statutes and regulations.

Conflict of Interest means direct or indirect economic interest, gained as the result of Board action in which the Board member participated; or any employment activity or economic enterprise for compensation which is inconsistent, incompatible, in conflict with, or inimical to his/her duties as a Board member.

County means the Legal Entity known as Trinity County, a political subdivision of the State of California.

Due Process means the procedure(s) referenced or established by these Bylaws, together with the careful implementation thereof, to accord and protect existing legal rights of practitioner(s)/applicant(s) for staff membership and/or clinical privileges.

Efficiency means those parameters of health care which are important to the Board and Administration of hospital services.

Efficient Practices means accomplishment of institutional management objectives and patient care objectives in a cost effective manner.

Ex-Officio means non-voting members of the Board of Directors whom have been appointed by the Board of Supervisors for various governance issues.

Gender means words of masculine gender include correlative words of the feminine and neuter gender unless the context shall otherwise indicate.

Hearing Process means the detailed description contained in Medical Staff Bylaws of due process afforded an aggrieved applicant following an adverse recommendation by the Executive Committee of the Medical Staff.

Hospital means Trinity Hospital intends to include patient care services provided in the hospital and/or other locations under hospital auspices.

Medical Staff means the staff of professional practitioners appointed by the Board. The details of Medical Staff organization are contained in the Medical Staff Bylaws.

Mission Statement means the Bylaws related document containing details of philosophy, goals, and objectives of Trinity Hospital.

Quality means those parameters of health care which are most important to patients and family members.

Regular Monthly Meeting means the meeting of the Board held monthly at Trinity Hospital.

Standards of Health Care means reasonable goals of quality and efficiency in the delivery of health care services.

Vacancy means an unfilled Board member seat or an unfilled office.

ARTICLE I

Mission, Authority, Obligations

Section 1. Mission:

Trinity Hospital, a service of Trinity County, is committed to developing a total quality service continuum of health and wellness for the county. We re committed to providing our communities with progressive quality health and wellness services, following the highest ethical and moral standards in all that we do.

Recognizing the significant positive financial impact on our county, we strive for financial solvency, while consistently adhering to changes in State and Federal regulations. Sound fiscal management contributes to job security, a stable population base, and our goal of maintaining the quality of life we enjoy in our rural county.

We pursue our responsibilities based upon our mission of developing a health and wellness nub for our county and on our goal of excellence and dedication to the county we serve.

To successfully implement the imperatives of this Mission Statement, as a matter of policy, we will continue to:

1. Provide a safe environment for all clients of Trinity Hospital;
2. Attract and retain competent, qualified healthcare professionals;
3. Ensure that high standards of practice are maintained utilizing the Continuous Quality Improvement and compliance progress;
4. Evaluate and improve the appropriateness and standards of patient care;
5. Offer a continuum of care which emphasizes illness prevention and encourages wellness; and
6. Integrate and reflect public interest.

Section 2: Authority:

A. Title to Property:

The title, direction and control of property is owned by the County of Trinity and is vested with the Board of Supervisors. Disposition shall be based upon consideration of recommendations from the Board of Directors. Purchases or sales of property and investment, transfer of other expenditures of trust funds shall be made only upon the written approval of the Board of Supervisors or their designee(s).

B. Medical and Allied Health Staff:

Medical and Allied Health Staff providing patient care services in or under the auspices of Trinity Hospital are subject to the authority of the Board of Directors. The Board of Directors shall be the Governing Board of the Hospital for medical credentialing.

Section 3. Responsibilities:

Pursuant to California Code Of Regulations, Title XXII, Article 7, Section 70701:

- (a) *The governing body shall:*
 - (1) *Adopt written bylaws in accordance with legal requirements and its community responsibility which shall include but not be limited to provision for:*
 - (A) *Identification of the purposes of the hospital and the means of fulfilling them.*
 - (B) *Appointment and reappointment of members of the medical staff.*
 - © *Appointment and reappointment of one or more dentists, podiatrists, and/or clinical psychologists to the medical staff respectively, when dental, podiatric, and/or clinical*

psychological services are provided.

- (D) *Formal organization of the medical staff with appropriate officers and bylaws.*
- (E) *Membership on the medical staff which shall be restricted to physicians, dentists, podiatrists, and clinical psychologists competent in their respective fields, worthy in character and in professional ethics. No hospital shall discriminate with respect to employment, staff privileges or the provision of professional services against a licensed clinical psychologist within the scope of his/her licensure, or against a licensed physician and surgeon or podiatrists on the basis of whether the physician and surgeon or podiatrist holds an M.D., D.O. or D.P.M. degree. Wherever staffing requirements for a service mandate that the physician responsible for the service be certified or eligible for certification by an appropriate American medical board, such position may be filled by an osteopathic physician who is certified or eligible for certification by the equivalent appropriate American Osteopathic Board.*
- (F) *Self-government by the medical staff with respect to the professional work performed in the hospital, periodic meetings of the medical staff to review and analyze at regular intervals their clinical experience and requirement that the medical records of the patients shall be the basis for such review and analysis.*
- (G) *Preparation and maintenance of a complete and accurate medical record for each patient.*
- (2) *Appoint an administrator whose qualifications, authority and duties shall be defined in a written statement adopted by the governing body.*
- (3) *The Department shall be notified in writing whenever a change of administrator occurs.*
- (4) *Provide appropriate physical resources and personnel required to meet the needs of the patients and shall participate in planning to meet the health needs of the community.*
- (5) *Take all reasonable steps to conform to all applicable federal, state and local laws and regulations, including those relating to licensure, fire inspection and other safety measures.*
- (6) *Provide for the control and use of the physical and financial resources of the hospital.*
- (7) *Require that the medical staff establish controls that are designed to ensure the achievement and maintenance of high standards of professional ethical practices including provision that all members of the medical staff be required to demonstrate their ability to perform surgical and/or other procedures competently and to the satisfaction of an appropriate committee or committees of the staff, at the time of original application for appointment to the staff and at least every two years thereafter.*
- (8) *Assure that medical staff by-laws, rules and regulations are subject to governing body approval, which approval shall not be withheld unreasonably.*
- (9) *These by-laws shall include an effective formal means for the medical staff, as a liaison, to participate in the development of all hospital policy.*

- A. The business of the Hospital shall be conducted and approved by the Board of Directors with due attention to relevant community interests and concerns designed to ensure high quality non discriminatory patient care.

In addition to the responsibilities outlined above, the Trinity Hospital Board of directors is responsible for:

1. Retaining fiduciary responsibility and authority for all aspects of hospital operations, except final budget approval which shall rest with the Board of Supervisors;
2. Delegate certain specific responsibilities, subject to Board of Directors authority, to the Medical Staff;
3. Act upon the Bylaws, Rules and Regulations of affiliated organizations whose

Bylaws are subject to Board approval;

4. Appoint and/or remove Medical Staff Members and grant and/or limit specific clinical privileges, acting upon recommendations from the Executive Committee of the Medical Staff;
5. Meet situations not specifically covered in these Bylaws through:
 - a. Adoption of Resolutions, and/or
 - b. Procedural descriptions in the Board Policy and Procedures Manual;
6. Account for Hospital funds and recommend the adoption of annual budget to the Board of Supervisors;
7. Provide oversight of Hospital operations to achieve and maintain quality management; quality assurance; quality improvement ; legal and fiscal compliance; performance and accreditation.
8. Meet quarterly on Hospital status with the Board of Supervisors;
9. Sign and adhere to the County's Conflict of Interest Statement (see Section 6);
10. As required, take and adhere to the County's Oath of Office; and
11. Sit as the Governing Board of Trinity Hospital Home Health Agency.
12. Conduct business in accordance with the Brown Act. [California Government Code Section 54959 et seq]

Article 11

Members

Section 1. Number, Qualifications, Selection, Term and Oath:

The Board of Directors shall consist of seven (7) voting members and two (2) ex-officio non-voting members:

- A. The seven (7) voting members shall reside in the County of Trinity. Appointment will take into consideration community diversity, representation and availability. Any resident of Trinity County shall be eligible for appointment as a Director.
- B. The two (2) ex-officio, non-voting members shall be annually appointed from the membership of the Trinity County Board of Supervisors.
- C. Selection of the seven (7) voting members shall be as follows:
 - i. Each supervisor shall recommend one appointee from his or her district;
 - ii. At large candidates may be recommended by any supervisor;
 - iii. Appointment shall be by vote of the Trinity County Board of supervisors
- D. The currently sitting Board of Directors will remain in place until 6/1/99. At that time Districts 1 and 4 will be subject to reappointment; on 6/1/2000, Districts 2, 3 and 5 will be subject to reappointment; and on 6/01/2001 the two at large members will be subject to reappointment.
- E. Term of office will be three (3) years.
- F. Appointment and Oath. The Board of Directors shall be legally constituted and have jurisdiction to proceed to act as provided by law upon the appointment of the members thereof by an order of the Board of Supervisors duly entered in the minutes and upon each of the members taking and filing oath of office as provided by law.

Section 2. Duties:

Duties of individual Board Members include, but are not necessarily limited to:

- A. Attend Board meetings;
- B. Attend meetings of committees to which the member is assigned;
- C. Relate community input to the Board;

- D. Support the Hospital in a positive and effective manner in public arenas;
- E. Educate themselves about Hospital management and patient care services so that the Board member can effectively evaluate actions and reports;
- F. Accept and fulfill reasonable assignments from the Chair of the Board;
- G. Participate in the orientation and educational programs for new Board members.

Section 3. Removal of Directors

Board members serve at the will of the County Board of Supervisors and may be removed with or without cause at any time during their term of appointment.

Section 4. Vacancies:

If a Board member is absent from (3) consecutive regular or committee meetings of the Board or its committees, the Board may by resolution declare that a vacancy on the Board exists.

If a vacancy occurs on the Board through resignation or removal, the Board of Supervisors will be notified.

Section 5. Compensation:

The members of the Board shall be compensated at a rate of \$100.00 a month for actual, and necessary, expenses incurred in the performance of official business of the Hospital. Seminars, meetings, and symposiums, to keep current with the business of health care, as assigned by the Board, shall be at the expense of the Hospital. Transportation to and from meetings shall be at County rate.

Section 6. Conflict of Interest

- A. No Director shall use official authority or influence for the purpose of interfering with, or affecting the results of an election or nomination for office, or directly or indirectly coerce, attempt to coerce, or advise county employees to pay, lend, or contribute anything of value to a party, committee, organization, agency, or person for political purposes.
- B. All county officers and employees are subject to the provisions of Section 3201 through 3209 of the State of California government code relating to political activities.
- C. All officers and employees whose employment is connected with an activity which is financed in whole or in part by loans or grants made by the United States Government or any federal agencies are subject to the provisions of Section 1501 through 1508, Title 5, United States Code.
- D. No Director shall accept, or solicit anything of value which is, or which may appear to be, designed to influence official conduct; nor shall a Director enter into any financial or other relationship with a county department, a private business, individual or other organization, which would constitute a conflict of interest with county responsibilities.
- E. This chapter does not prevent any such officer or employee from becoming, or continuing to be, a member of a political club or organization, from attending political meetings, or from seeking or accepting election or appointment to public office, during off-duty hours.

**Article III
Officers**

Section 1. List of Officers:

The Officers of the Board shall be:

- A. Chair
- B. Vice-Chair

Section 2. Qualifications, Selection and Term:

- A. Officers are elected by the Board at the Annual Meeting from among its own members. Election must be by no less than five (5) votes.
- B. Officers are elected for a period of one (1) year and shall serve until a successor has been duly elected.

Section 3. Duties:

- A. Chair

The Chair Shall:

- 1. Preside at all meetings of the Board of Directors;
- 2. Execute correspondence, conveyances, and other written instruments as authorized by the Board;
- 3. Appoint committee chairpersons and members of Board Committees.

- B. Vice Chair

The Vice Chair shall:

- 1. In the absence of the Chair assume the duties of the Chair;
- 2. Perform such reasonable duties as may be required by the Board or by the Chair of the Board.

- C. Secretary — Provided by Hospital

The Secretary shall;

- 1. Be responsible for maintaining minutes of Board meetings;
- 2. Be responsible for maintaining other documentation as may be required by the Board's activities;
- 3. Perform such reasonable duties as may be required by the Board or by the Chair of the Board.

Section 4 Vacancies and Removal of Officers:

- A. Vacancy in any office shall be filled by nomination and election by the Board of Directors as soon as is reasonably possible.
- B. Officers may be removed by vote of five (5) Board Members for failure to perform the duties of the office.

**Article IV
Committees**

Section 1. Appointment and Terms of Members of Board Committees:

The Chair shall appoint members of the Board committees.

Section 2. Standing Committees:

- A. Financial Planning

- 1. **Composition.** The Committee shall consist of two (2) members of the Board, with the Hospital Administrator/designee and others appointed as necessary.
- 2. **Duties.** Responsible with Hospital Administration for developing a five (5) year Business Plan for Trinity Hospital, as well as the process and its review of a two (2) year Operation Plan (first year of which is the Budget Commitment Plan).

Both plans contain specific measurable goals, objectives, project, time-lines, financial resource needs, etc. Plans include evaluation of Trinity Hospital's strengths and weaknesses; patient care needs; internal and external environments; impact of new technologies, including direction, financial options, community implications; resource constraints and marketing plans. Duties will also include Board orientation and on-going training.

B. Community Relations Committee:

1. **Composition.** The Community Relations Committee consists of two (2) Board members, the Director of Community Relations, Director of Activities, a representative of the Auxiliary, and others as appointed.
2. **Duties.** Promotes, through all means of communication and expression, good will and understanding among patients, employees and the community at large. Coordinates an overall Trinity Hospital public relations plan that includes the Administration and Board of Directors. Appoints and directs Community Advisory Board in their role per policy and procedure as approved by the Board of Directors.

C. Continuous Quality Improvement and Compliance Council:

1. **Composition.** This working arm of the Board of Directors is comprised of the following members: two (2) or more Board members, Administrator, Medical Staff appointed physician, Chair of the Nursing Executive Committee, Compliance Officer, Ethics Officer, manager of Medical Records, Staff Development, and County Counsel as an ad hoc member.
2. **Duties.** The council directs all CQIC activities including establishing standards and assuring compliance to those standards as well as the following:
 - (a) To establish and maintain an ongoing multidisciplinary CQIC program which demonstrates a workable mechanism to retrieve and evaluate patient care/financial information.
 - (b) To receive, evaluate and coordinate reports of CQIC activities.
 - © To give priority to those aspects of care/service that are most important to the health and safety of the patients served as well as any potential violation of Operation Restore Trust (ORT).
 - (d) To refer necessary information for assessment and corrective action to the appropriate services or committees and/or to recommend Quality Improvement Teams.
 - (e) To incorporate cost containment measures in problem solving.
 - (f) To report periodically to the Board of Directors. Reports will include significant findings, conclusions, recommendations, actions, and evaluation of the effectiveness of actions of monitoring and evaluation activities.
 - (g) To provide input to risk management activities and to utilize information from those activities in identifying problems and/or opportunities to improve care.
 - (h) To meet a minimum of 10 times per year.
 - (I) To evaluate the program annually in terms of vision, mission, core values, philosophy, objectives, oversight, organization, duties, structure, scope, compliance, interface, elements, activities, confidentiality, resources and evaluation.
 - (j) The Chair Person of the Board of Directors will give a report from each

Council meeting to the full Board of Directors. Closed session pursuant to the Brown Act will be utilized to discuss any potential litigation matters, quality assurance and risk management.

E. Executive Committee:

1. **Composition.** The Executive Committee consists of the Chair and Vice Chair of the Board of Directors and the Hospital Administrator.
2. **Duties.** Acts for the full board as specifically authorized by the Bylaws or when specifically empowered by a vote of the full Board of Directors constituting a quorum at a regular or special meeting. All actions of the Executive Committee shall be reported to the Board of Directors at its next regular meeting and shall be subject to revision and alteration by majority vote of the full Board.

The Committee's duties are designed to expedite the proper operation of the full Board and the Committee is empowered to study all recommendations of Standing and Special Committees, including personnel matters for Board action.

Section 3. Additional Committees:

Additional committees, whether permanent or temporary, may be established by the Board. At least one (1) member of Trinity Hospital's Medical Staff will be appointed as a member(s) of any governing board committee deliberating issues affecting the discharge of medical staff responsibilities.

**Article V
Meetings**

Section 1. Regular Meetings:

The Board of Directors will meet monthly with one meeting to be designated as the Annual Meeting. Meetings are open to all members of the Hospital staff and the general public.

The Board of Directors as Governing Board of the Trinity Home Health will meet quarterly as needed.

Committees of the Board shall meet quarterly or as frequently as is necessary to fulfill the committee's duties. However, the Financial Planning Committee shall meet monthly.

Section 2. Special Meetings:

Special meetings may be called at any time by the Board Chair, or on request of any three (3) Board members.

Written notice of a special meeting shall be delivered to all board members and the public at least twenty-four (24) hours in advance of the meeting.

Section 3. Quorum:

For regular and special meetings of the Board, a quorum shall be four (4) members.

For committees, a quorum shall be a majority of the members of that committee, and shall include at least one (1) Board member, except CQIC, for which a quorum requires (1) Board member, (1) Medical staff member and Administrator.

Section 4. Majority:

Actions of the Board shall be by a vote of at least four (4) Board members.

Section 5. Minutes:

A record of proceedings of all meetings of the Board and of committees of the Board shall be kept on file in the Recording Secretary's office.

Section 6. Public Meetings:

All meetings of the Board of Directors and committees shall be open to the public, unless otherwise provided by law. (California Government Code Section 54959 et seq.)

Article VI

Hospital Administrator

A qualified and competent Hospital Administrator will be appointed by the Trinity County Board of Supervisors upon the recommendation of the Board of Directors. The Hospital Administrator shall possess the requisite knowledge, skills and experience to sufficiently evaluate, support and monitor the quality of patient care and financial viability of the facility. (California Code of Regulations, Title XXII, Section 70701.)

The Hospital Administrator is evaluated annually by the Board of Directors with input from the County Administrative Officer.

The State Department of Health Services shall be notified in writing when the services of a new Hospital Administrator are retained.

Article VII

Medical Staff

Section 1. Appointment

The Board of Directors shall:

- A. Appoint a Medical Staff (see Medical Staff Bylaws which have been approved by the Board for detailed descriptions of qualifications and procedures for Medical Staff membership and/or clinical privileges). In appointing practitioners to the Staff, and in granting clinical privileges, the Board acts upon recommendations from the Executive Committee of the Medical Staff and shall diligently work to resolve any differences between the groups;
- B. Approve Medical Staff Bylaws by which the Medical Staff shall govern its affairs, including mechanisms for monitoring and evaluating the quality of patient care and opportunities for improvement, subject to Board policy and to relevant statutes, regulations and legal precedents. Approval will not be unreasonably withheld;
- C. Consider appointment and specific clinical privileges of each practitioner, including non-physician practitioners, at least every two [2] years. Appointments shall require that all practitioners be licensed, qualified, and competent to assess and treat their patients. The Board acts upon the Executive Committee of the Medical Staffs recommendations regarding renewal and/or upgrading and/or restriction of Medical Staff membership and/or clinical privileges for each practitioner subject to the Medical Staff Bylaws;
- D. Require that patient care services at the Hospital or under Hospital auspices be provided only by a member of the medical staff or under supervision or direct order of a member of the medical staff, and within the scope of privileges granted by the governing body;
- E. Receive, question, and act upon quality assurance reports of the clinical activities of the Medical Staff members and of other practitioners actively engaged in providing clinical services in or under the auspices of the Hospital;

- F. Direct that adequate support personnel be available to assist the Medical Staff with organizational functions, including Medical Staff membership and clinical privileges [credentialing], physician performance evaluation (peer review), and collection and analysis of clinical data (quality assurance, utilization review and risk management). (California Code of Regulations, Title XXII, Sections 70701, 70702.)

Section 2. Termination and Due Process:

Membership on the Medical Staff and specific practice privileges are subject to denial, suspension, termination, or curtailment for cause by the Board of Directors.

Article VIII

Auxiliary and Foundation

Section 1. Purposes and Bylaws:

Trinity Hospital Auxiliary and Trinity Hospital Board Scholarship will assist in promoting other funding sources for the health and welfare of the community in accordance with their Bylaws.

The Bylaws and Rules of the Hospital Auxiliary shall be subject to review and approval by the Board of Directors. The Bylaws and Rules of the Trinity Hospital Foundation shall be subject to review and acceptance by the Board of Directors.

Article IX

Indemnification

Section 1. Indemnification of Directors and Officers:

Directors (Board members) and officers shall be indemnified, defended, and held harmless to the full extent permitted by California law against all claims, liabilities and expenses incurred as a result of an action by the Board of Directors, except in the instance of willful misconduct in the performance of duties as a Directors or officer, or actions taken as a Directors or Officer which are beyond the normal course and scope of his/her duties as a Directors or officer.

Article X

Rules and Procedures

Agreed upon rules and detailed procedures for implementation of these Bylaws may be contained in a companion document entitled, "Board Policy and Procedures," if adopted by the Board.

Article X1

Adoption

The Board shall adopt Bylaws. Said adoption of Bylaws shall be by a majority of five (5) members, at any properly noticed meeting of the Board of Directors.

Article X11

Amendment

These Bylaws may be amended at any properly noticed meeting of the Board of Directors by a majority of five (5) Board members.

Article XIII

Review

Hospital Bylaws will be reviewed as necessary for revision.

Approved and Adopted this 8th day of October, 1998 by the Trinity Hospital Board of Directors.

Sally Johannsen,
Chairman of the Board of Directors

PASSED AND ADOPTED by the Board of Supervisors of the County of Trinity, State of California, at a regular meeting of said Board, held on October 20 1998, by the following vote:

AYES: (Roll call vote not required)

NOES:

ABSENT:

Ralph Modine

CHAIRMAN - Board of Supervisors
Of the County of Trinity, State of
California

ATTEST:

DERO FORSLUND

County Clerk & Ex-Officio Clerk
of the Board of Supervisors of the
County of Trinity.

By: Deane Miller
Deputy



AUG 3 1 2000

SUPERIOR COURT
JUDGE'S CHAMBERS

TRINITY COUNTY

BOARD OF SUPERVISORS

P.O. Drawer 1613 (530) 623-1217

WEAVERVILLE, CALIFORNIA 96093

Dero B. Forslund, Clerk

Jeannie Nix-Temple, County Administrative Officer

Date: 8/24/00

To: John K. Letton, Superior Court of Trinity County

From: Board of Supervisors

Re: 1999-2000 Trinity County Grand Jury Report
Response to Health and Human Services Committee (Trinity Hospital)

RECEIVED
NOV 1 2 2000
SUPERIOR COURT
JUDGE'S CHAMBERS

Finding #1:

The Board of Supervisors agree with 4 out of the 5 findings, they are:

1. Communications between administrator and division managers is excellent.
2. The new computer system is a great improvement.
3. Quality Improvement program has had a positive effect on the hospital.
4. Replacement of old or reconditioned equipment is commendable.

Recommendations #1:

We accept the recommendation and would like to point out that the Hospital Board, through the Administrator, have introduced a variety of new programs to recognize employees.

Efforts to improve employee relations are already in place.

Finding #2:

We agree with the Grand Jury's findings.

Recommendation #2:

We agree that appropriate security measures need to be implemented in the new computer system. We believe that a program, including performance evaluations and follow-up, is being implemented; more information is required at this time.

Finding #3:

Members of the Board of Supervisors agree to disagree with the Grand Jury's findings as presented and would refer back to Finding #1.

Recommendation #3:

We agree with this recommendation. We feel that it is, and has been in practice for some length of time.

Finding #4:

We agree with the finding that the majority of doctors are generally satisfied with the administration of the hospital. We disagree with the findings that low morale is due to the list of the 9 disagreements stated to the Grand Jury.

Recommendation #4:

We agree with the Grand Jury, but take exception to the recommendation to take 'immediate corrective action' to alleviate morale problems. The number of employees interviewed does not support this.

Finding #5:

Nursing shortages and turnover are at their all time high in California and through out the United States. There is no credible data to support the finding that a large number of nurses are leaving due to the hospital administrator.

Recommendation #5:

We concur with the Grand Jury's recommendation.

Finding #6:

If the current laboratory supervisor leaves, we will recruit for a replacement. Our goal is always to recruit for the best qualified.

Recommendation #6:

We concur and agree with the Grand Jury's recommendations.

Finding #7:

We concur and agree with findings.

Recommendation #7:

We concur with the responsibilities and appointments out-lined, although not all are listed. We disagree with the Grand Jury's recommendation to eliminate the \$100.00 stipend and travel expenses. These monies are appropriate and barely cover the time, education and other knowledge demanded to be an effective member of the Board of Directors for an organization such as an acute care hospital.

DATE: November 9, 2000

APPROVED: Ross Modine
CHAIRMAN-Board of Supervisors