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The Iowa Hospital Association would like to thank the Kansas Hospital Association and The Walker Company for granting IHA permission to modify the KHA trustee manual to fit the needs of Iowa hospital trustees.
About Guthrie County Hospital

History
Guthrie County Hospital had its designated opening on October 7, 1951. The Hospital Auxiliary, supplying volunteers to assist in various areas within the hospital, began in 1982. The Guthrie County Health Care Foundation, has served to promote the hospital and facilitate fund raising since 1995.

Our Mission, Vision and Values
Our mission is the fundamental purpose or reason for our existence; it serves as the foundation for strategic thinking and strategic planning. Our values are the principles that guide our decision making. Our vision is a projection of the future that describes how our hospital will look in the future—it imagines our future possibilities, guides our strategic choices and provides a longer-range focus for our near-term and mid-term strategic decision making.

The responsibility and authority for determining the hospital’s mission, values and vision lies with the governing board. The board also is responsible for working with senior management to develop the goals, objectives and policies that grow out of, and are measured against, our mission, values and vision. Defining the hospital’s mission, and outlining a compelling vision of our future, with a recommended course of action to fulfill that vision, are among the most important contributions the board makes to our hospital’s success.

Our Mission…
To provide personalized quality healthcare.

Our Vision…
Continue to improve the health of the communities we serve.

Our Values…
Community, Compassion, Quality, Integrity
Our Board

Roberta Simmons, Chairman
Appointment/Election Date: January 2007
Expiration of Term: December 2018

Chris Schafer, Vice Chairman
Appointment/Election Date: September 2001
Expiration of Term: December 2016

Jim Robson, Treasurer
Appointment/Election Date: January 2007
Expiration of Term: December 2018

Peg Shroyer, Secretary
Appointment/Election Date: December 1997
Expiration of Term: December 2020

Ryan Ketelson
Appointment/Election Date: July 2014
Expiration of Term: December 2020
Gene Newell
Appointment/Election Date: January 2011
Expiration of Term: December 2016

Mary Sheeder
Appointment/Election Date: January 2009
Expiration of Term: December 2016
Our Service Area

Service Area Definition

The service area for GCH includes Guthrie County as well as a few zip codes along the boundaries of Guthrie County in Adair, Audubon, Carroll, Dallas, Greene and Madison counties. The map below (figure 3) indicates GCH dependence on this service area.

Based on 2013 inpatient discharges, GCH inpatient services are mostly dependent on the areas surrounding Guthrie Center and Panora (indicated in red and dark orange). Other areas of moderate dependence include Adair, Casey, Menlo and Linden (indicated in light orange).

![Map of service area](image)

Table 1 contains detailed information for the service area by zip code, including population and numbers of inpatient discharges and outpatient visits for patients from these zip codes in 2013. It also contains the market share for GCH within each zip code and across the service area.

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>City</th>
<th>Population</th>
<th>2013 Iowa</th>
<th>2013 GCH</th>
<th>GCH Share</th>
<th>2013 Iowa</th>
<th>2013 GCH</th>
<th>GCH Share</th>
</tr>
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<tbody>
<tr>
<td>50115</td>
<td>Guthrie Center</td>
<td>2,700</td>
<td>355</td>
<td>170</td>
<td>47.9%</td>
<td>5,444</td>
<td>4,549</td>
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<tr>
<td>50216</td>
<td>Panora</td>
<td>2,806</td>
<td>295</td>
<td>69</td>
<td>23.4%</td>
<td>3,772</td>
<td>2,507</td>
<td>66.5%</td>
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<tr>
<td>50250</td>
<td>Stuart</td>
<td>2,243</td>
<td>243</td>
<td>20</td>
<td>8.2%</td>
<td>484</td>
<td>231</td>
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<tr>
<td>50058</td>
<td>Coon Rapids</td>
<td>1,924</td>
<td>213</td>
<td>9</td>
<td>4.2%</td>
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<tr>
<td>50002</td>
<td>Adair</td>
<td>1,221</td>
<td>123</td>
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<td>897</td>
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<td>50070</td>
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<td>1,389</td>
<td>110</td>
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<td>1,093</td>
<td>437</td>
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<tr>
<td>50048</td>
<td>Casey</td>
<td>847</td>
<td>89</td>
<td>15</td>
<td>16.9%</td>
<td>904</td>
<td>351</td>
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<tr>
<td>50016</td>
<td>Menlo</td>
<td>660</td>
<td>77</td>
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<td>15.6%</td>
<td>2,815</td>
<td>670</td>
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<tr>
<td>50029</td>
<td>Bayard</td>
<td>619</td>
<td>74</td>
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<td>13.5%</td>
<td>2,317</td>
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<tr>
<td>50026</td>
<td>Bagley</td>
<td>575</td>
<td>72</td>
<td>3</td>
<td>4.2%</td>
<td>1,033</td>
<td>242</td>
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<tr>
<td>50146</td>
<td>Linden</td>
<td>519</td>
<td>60</td>
<td>11</td>
<td>18.3%</td>
<td>1,044</td>
<td>65</td>
<td>6.2%</td>
</tr>
<tr>
<td>50277</td>
<td>Yale</td>
<td>450</td>
<td>51</td>
<td>5</td>
<td>9.8%</td>
<td>846</td>
<td>73</td>
<td>8.6%</td>
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<tr>
<td>50128</td>
<td>Jamaica</td>
<td>356</td>
<td>39</td>
<td>0</td>
<td>0.0%</td>
<td>570</td>
<td>48</td>
<td>8.4%</td>
</tr>
</tbody>
</table>

Table 1

Service Area Totals: 17,843 1,924 350 18.2% 24,754 11,162 45.1%
Physical Facilities

ADAIR CLINIC
401 Audubon St.
Phone: (641) 742-1000
Monday thru Thursday 8:30a.m. - 4:30p.m.
Friday 7:30 a.m. - 3:30 p.m.

PANORA CLINIC
603 E. Main St.
Phone: (641) 755-4000
Monday thru Thurs. 8:00 a.m. - 5:00 p.m.
Friday 7:30 a.m. - 3:30 p.m.

STUART CLINIC
312 N. Fremont St.
Phone: (515) 523-8050
Monday 7:30 a.m. - 5:30 p.m.
Tuesday 7:30 a.m. - 5:00 p.m.
Wednesday 8:00 a.m. - 5:00 p.m.
Thursday 8:00 a.m. - 5:00 p.m.
Friday 8:00 a.m. - 4:00 p.m.

GCH SPECIALTY CLINIC
710 N. 12th St.
Phone: (641) 332-3900
Call for appointment

GCH PEDIATRICS
Serving 3 convenient locations
GCH Specialty Clinic
Panora
Stuart
Phone: (641) 332-3920
Call for appointment
Hospital Organization Chart
Medical and MLP Roster

<table>
<thead>
<tr>
<th>ACTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FAMILY PRACTICE</strong></td>
</tr>
<tr>
<td>Allen, David R. – MD</td>
</tr>
<tr>
<td>Basecom, Steven R. – MD</td>
</tr>
<tr>
<td>Fillman, Donald R. - MD</td>
</tr>
<tr>
<td>Streile, Josh – DO</td>
</tr>
<tr>
<td><strong>INTERNAL MEDICINE</strong></td>
</tr>
<tr>
<td>McCleary, Michael – MD</td>
</tr>
<tr>
<td><strong>ORTHOPEDICS</strong></td>
</tr>
<tr>
<td>Wahl, Jeffrey - DO</td>
</tr>
<tr>
<td><strong>PEDIATRICS</strong></td>
</tr>
<tr>
<td>Saller, Cindy - DO</td>
</tr>
<tr>
<td><strong>MID-LEVEL PRACTITIONER</strong></td>
</tr>
<tr>
<td>CRNA</td>
</tr>
<tr>
<td>Navarro, Steven – CRNA</td>
</tr>
<tr>
<td>Schiara, Dianne - CRNA</td>
</tr>
<tr>
<td><strong>DERMATOLOGY</strong></td>
</tr>
<tr>
<td><strong>ER PROVIDERS</strong></td>
</tr>
<tr>
<td>Core, Kathleen – ARNP</td>
</tr>
<tr>
<td>Deets, Jane – ARNP</td>
</tr>
<tr>
<td>Hildreth, Patty – ARNP</td>
</tr>
<tr>
<td>Eischey, Andrea – ARNP</td>
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<tr>
<td><strong>FAMILY MEDICINE</strong></td>
</tr>
<tr>
<td>Opseth, Heather – PA-C</td>
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<tr>
<td><strong>MENTAL HEALTH</strong></td>
</tr>
<tr>
<td>Funk, Sasanna - ARNP</td>
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<tr>
<td><strong>NURSE PRACTITIONERS</strong></td>
</tr>
<tr>
<td>Peterson, Cynthia – ARNP</td>
</tr>
<tr>
<td>Roenfeld, Marcia - ARNP</td>
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<tr>
<td><strong>ASSOCIATES</strong></td>
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<tr>
<td><strong>DENTIST</strong></td>
</tr>
<tr>
<td>Sprag, Larry - DDS</td>
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<tr>
<td><strong>PODIATRY</strong></td>
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<tr>
<td>Miller, Todd - DPM</td>
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<tr>
<td><strong>PSYCHOLOGY</strong></td>
</tr>
<tr>
<td>McDermott, Deb - PhD</td>
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<tr>
<td><strong>CONSULTING</strong></td>
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<tr>
<td><strong>CARDIOLOGIST</strong></td>
</tr>
<tr>
<td>Bissang, Mark – DO</td>
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<tr>
<td>Khan, A. Nasser – MD</td>
</tr>
<tr>
<td>Lovell, James - MD</td>
</tr>
<tr>
<td>Nerheim, Pam – MD</td>
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<tr>
<td><strong>ENT</strong></td>
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<tr>
<td>Paulson, Thomas O. – MD</td>
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<tr>
<td><strong>GUTHRIE COUNTY HOSPITAL MEDICAL AND MLP ROSTER</strong></td>
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<tr>
<td><strong>FR PHYSICIAN</strong></td>
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<tr>
<td>Gerdau, Adam A. – MD</td>
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<tr>
<td>Foggia, Michael - DO</td>
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<tr>
<td>Grindberg, Christian - DO</td>
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<tr>
<td>Roseman-Bakshouse, Mary Pat - DO</td>
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<tr>
<td><strong>GENERAL SURGERY</strong></td>
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<tr>
<td>Cheney, Ronald – DO</td>
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<tr>
<td>Miller, Mark - DO</td>
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<tr>
<td>Smith, Josh – DO</td>
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<tr>
<td><strong>NEPHROLOGY</strong></td>
</tr>
<tr>
<td>Cregger, Hermen - CNN-NP</td>
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<tr>
<td>Smith, Robert N - DO</td>
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<tr>
<td>Thomas, Johnson - MD</td>
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<tr>
<td>Jones, Todd - MD</td>
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<tr>
<td><strong>OB-GYN</strong></td>
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<tr>
<td>Hoegg, Curtis – MD</td>
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<tr>
<td>Martin, Valenta - ARNP</td>
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<tr>
<td><strong>ONCOLOGY</strong></td>
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<td>Hatt, Bradley - DO</td>
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<tr>
<td>Morton, Rosie – MD</td>
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<tr>
<td><strong>PAIN MANAGEMENT</strong></td>
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<tr>
<td>Hanson, Chris - CRNA</td>
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<tr>
<td><strong>PATHOLOGY</strong></td>
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<tr>
<td>Abbott, Jarad – MD</td>
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<tr>
<td>Baldwin, Michael – MD</td>
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<tr>
<td>Cool, Jordan - MD</td>
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<tr>
<td>Ellerbroek, Tonay - MD</td>
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<tr>
<td>Heller, Larry – MD</td>
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<td>Matik, Jeffrey - MD</td>
</tr>
<tr>
<td>Millars, Tiffani - MD</td>
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<tr>
<td>Paufman, Ashok - MD</td>
</tr>
<tr>
<td>Rissman, L. Jeffrey - MD</td>
</tr>
<tr>
<td>Sramka, Jacob - MD</td>
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<tr>
<td><strong>PHYSICAL MEDICINE</strong></td>
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<tr>
<td>Troll, Todd - MD</td>
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<tr>
<td><strong>PLASTIC/RECONSTRUCTIVE SURGERY</strong></td>
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<tr>
<td><strong>PULMONOLOGY</strong></td>
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<tr>
<td>Semb, Mary Kathlene - PA-C</td>
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<tr>
<td>Spencer, Selden E. - MD</td>
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<td><strong>RADIOLOGY (cont)</strong></td>
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<tr>
<td>Mynett, Gopali - MD</td>
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<tr>
<td>Richardson, Brett - DO</td>
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<tr>
<td>Rizzi, John – MD</td>
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<tr>
<td>Soe, Michael - MD</td>
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<tr>
<td>Stans, Robert - MD</td>
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<tr>
<td>Steinberg, Frederick – MD</td>
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<tr>
<td>Stradling, Ben - DO</td>
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<tr>
<td>Waddell, Christopher - DO</td>
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<tr>
<td>Waggoner, Gary - MD</td>
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<td>Walker, Murvin – MD</td>
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<td>Westergaard, Jill - MD</td>
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<td><strong>UROLOGY</strong></td>
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<td>Rosenberg, Steven I. – MD</td>
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<tr>
<td><strong>VASCULAR</strong></td>
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<tr>
<td>Koflow, Alan - MD</td>
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<tr>
<td><strong>WOUND CARE</strong></td>
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<td>Smith, Cathy - NP</td>
</tr>
</tbody>
</table>

Updated: 4/9/2015, 6/11/2015, 8/24/2015
Quick Facts: 2015

**Staffed Beds:** 17
**Admissions:** 452
**Inpatient Days:** 1904
**Average Daily Census:** 5
**Average Stay:** 3
**Surgical Operations:** 379
**Births:** 0
**Emergency Department Visits:** 2687
**Other Outpatient Visits:** 32,870

**Active Medical Staff:** 7
**Total Number of Employees:** 120

**Payroll:** 6,214,037
**Employee Benefits:** 2,224,895

**Patient Service Revenue:** 16,927,734
**Other Revenue:** 192,480
**Total Revenue:** 13,443,643
**Operating Expense:** 14,876,185
**Excess Revenue (Loss):** (1,432,542)

**Market Share:**
- 52% Inpatient
- 48% Outpatient

**Unsponsored Care (charity care + bad debt):** 295,840
Related Entities

**Hospital Auxiliary** Guthrie County Hospital’s Board of Trustees authorizes the Guthrie County Hospital Auxiliary to be an integral part of Guthrie County Hospital under its bylaws.

The Board of Trustees shall approve any and all capital expenditures by the Auxiliary for equipment or the physical improvement of the Hospital and any projects affecting treatment of patients.

The Auxiliary may have bank accounts by reason of its own income from dues, activities, and gifts, but the disbursement there from shall be subject to the above.

The Auxiliary works cooperatively with the Hospital Administrator and submits all changes to its Bylaws, Rules and Regulations to the Secretary of the Board of Trustees.

Auxiliary Officers:

- President - Jackie Ritchie
- Vice President - Ethel Kunkle
- Treasurer - Terry Detroit
- Secretary - Joan Henderson

**Hospital Foundation** Guthrie County Hospital Foundation was founded in 1995 and was organized to generate and manage donations to Guthrie County Hospital. A major advantage of the Foundation is its designation as a 501(C)3 non-profit entity, which enables individuals, corporations and private foundations to receive maximum tax benefits.

Foundations Officers:

- President - Nancy Armstrong
- Vice President - Dennis Flanery
- Treasurer - Dale Grotjohn
- Secretary - Kim Finnegan
Health Care Basics

Types of Hospitals

There are many different “types” of hospitals, owned and governed through different methodologies. However, regardless of the type of ownership, community leaders have an opportunity – in fact an obligation – to recommend qualified and viable candidates for board positions. This holds true whether the board is selected through local elections, appointed by a government entity or a corporation with headquarters located out of town, or selected through a self-perpetuating process.

Regardless of the type of hospital, board members must work closely with the hospital Chief Executive Officer CEO/administrator and his/her leadership team who are responsible for the day-to-day operations of the hospital.

Guthrie County Hospital is a critical access hospital.

General Hospitals (Community, Full-Service Hospitals)

There are more than 6,500 hospitals in the United States. The majority of them are “general” hospitals set up to deal with the full range of medical conditions for which most people require treatment. Many Iowa hospitals are designated as Critical Access Hospitals which are also considered general hospitals, but with a focus on basic inpatient and outpatient care.

Critical Access Hospitals

Iowa has 82 Critical Access Hospitals (CAHs). These are hospitals that are certified to receive cost-based reimbursement from Medicare. The reimbursement that CAHs receive is intended to improve their financial performance and thereby maintain access to basic health care in rural areas. CAHs are certified under a modified set of Medicare Conditions of Participation that are more flexible than acute care hospital Conditions of Participation.

To be a CAH, hospitals must meet specific requirements, including:

- Being located in a rural area and meeting one of the following criteria:
  - over 35 mile distance from another hospital; NOTE: Guthrie County Hospital, a designated Necessary Provider, is exempt from the CAH distance requirement under current law.
  - 15 miles from another hospital in mountainous terrain or areas with only secondary roads;
- or state-certified as a necessary provider of health care services to residents in the area.

- A maximum of 25 acute or swing beds.

- Maintaining an annual average length of stay of 96 hours or less for acute care patients (there is no length of stay limit for swing bed patients).

- Providing 24-hour emergency services, with medical staff on-site, or on-call and available on-site within 30 minutes (60 minutes if certain frontier area criteria are met).

- Developing agreements with an acute care hospital related to patient referral and transfer, communication, emergency and non-emergency patient transportation. CAHs also may have an agreement with their referral hospital for quality improvement or choose to have that agreement with another organization.

**Teaching Hospitals**

Large teaching/research hospitals have a variety of goals. In addition to treating patients, they are training sites for physicians and other health professionals. Teaching institutions are affiliated with a medical school, which means patients have access to highly skilled specialists who teach at the school and are familiar with up-to-the-minute technology.

**Public Hospitals**

Iowa has three types of public hospitals, those established by the state, county or municipal government. Public hospitals have specific chapters of the Iowa Code they must follow and in addition, these entities are subject to Iowa’s open meeting and open records laws.

**Not-for-Profit Hospitals**

A not-for-profit hospital is a community facility operating under religious or other voluntary auspices. Ultimate responsibility for all that takes place at the hospital rests with its board of trustees, the members of which are generally selected (based on board competency) from the community’s business and professional community, and typically serve without pay. The trustees appoint a paid CEO/administrator to manage the hospital.

**Investor-Owned Hospitals**

Investor-owned hospitals are owned by shareholders. They are profit-making institutions. Investor-owned hospitals are owned by corporations or individuals such as physicians.
**Limited Service Facilities**

More than 1,000 hospitals in the United States specialize in a particular disease or condition (cancer, rehabilitation, psychiatric illness, cardiac, orthopedic, etc.), or in one type of patient (children, elderly, etc.). These facilities are often physician owned.

**Regulatory Basics**

Hospitals and hospital trustees must be aware of health care laws and the requirements of the various regulatory bodies. Below are some of the most important regulatory basics:

**Federal**

**Health and Human Services**

The United States Department of Health and Human Services (HHS) is a cabinet-level department of the executive branch charged with protecting the health of all Americans and providing essential human services. HHS includes over 300 programs, including research, disease prevention, food and drug safety, Medicare and Medicaid, prevention of child abuse and domestic violence, services for older Americans and health services for Native Americans. Due to the large number of programs under the Department’s umbrella, HHS has many operating divisions, divided into two sections:

**Public Health Service Operating Divisions**

- National Institutes of Health (NIH)
- Food and Drug Administration (FDA)
- Centers for Disease Control and Prevention (CDC)
- Indian Health Service (HIS)
- Health Resources and Services Administration (HRSA)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Agency for Healthcare Research and Quality (AHRQ)

**Human Services Operating Divisions**

- Centers for Medicare and Medicaid Services (CMS)
- Administration for Children and Families (ACF)
• Administration on Aging (AoA)
• U.S. Public Health Service Commissioned Corps

**HHS Office of Inspector General**

HHS and Congress established the HHS Office of Inspector General (OIG) in 1976 to promote efficiency and identify and eliminate waste, fraud and abuse in the Department’s operations. The OIG addresses these issues through nationwide audits, investigations and inspections. Part of reducing fraud includes investigating violations of the Medicare and Medicaid anti-kickback statute, which penalizes anyone who knowingly and willfully solicits, receives, offers or pays anything of value as an inducement in return for referring a patient or recommending, purchasing, leasing, or ordering any facility, good or service payable under Medicare or Medicaid. This carries criminal penalties as well as exclusion from participation in the Medicare and Medicaid programs.

**Centers for Medicare and Medicaid Services**

The Centers for Medicare and Medicaid Services (CMS), formerly the Health Care Financing Administration (HCFA) is a federal agency within the US Department of Health and Human Services. CMS is responsible for the implementation, oversight and/or regulation of:

- Medicare.
- Medicaid.
- State Children’s Health Insurance Program (SCHIP), called HealthWave in Iowa, in collaboration with the Health Resources and Services Administration.
- All laboratory testing (except research) performed on humans in the United States, based on the Clinical Laboratory Improvement Amendments of 1988 (CLIA).
- The Health Insurance Portability and Accountability Act of 1996 (HIPAA).

As a part of running the Medicare and Medicaid programs, CMS 1) establishes reimbursement policies; 2) assures the programs are properly run to avoid fraud and abuse; 3) conducts research on the effectiveness of methods for health care management, treatment and financing; and 4) assesses the quality of health care facilities receiving Medicare and Medicaid funds, taking appropriate actions if necessary.
CMS is comprised of three centers that support the organization’s functions:

- **The Center for Medicare Management**, focusing on management of traditional fee-for-service (FFS) reimbursement, including the development of payment policies and management of Medicare FFS contractors.

- **The Center for Beneficiary Choices**, focusing on providing information for beneficiaries regarding Medicare plans as well as management of Medicare+Choice plans, consumer research and demonstrations and grievance and appeals.

- **The Center for Medicaid and State Operations**, emphasizing programs administered by the states, including Medicaid, SCHIP, insurance regulation functions, survey and certification and CLIA.

### Medicare Conditions of Participation

Conditions of Participation (CoP) are the minimum health and safety standards that health care organizations must meet in order to be Medicare and Medicaid certified. The requirements are developed by the Centers for Medicare and Medicaid Services, and address a wide range of topics, from medical records to medications to smoke alarms and hand washing procedures. Hospitals must meet or exceed the CMS requirements to participate in Medicare and Medicaid.

**Telligen**

Telligen (formerly the Iowa Foundation for Medical Care (IFMC)) is the Quality Improvement Organization (QIO) for Iowa. The QIO program was established by the Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 to promote the quality, medical necessity and appropriateness of services reimbursed through Medicare and Medicaid. The federal government hires QIOs to review the care provided to Medicare and Medicaid patients, who use government-approved criteria to measure whether services were used appropriately. Sometimes the care is pre-certified, and in other cases the care is reviewed after the patient is discharged. Each QIO may use a slightly different process, but all QIOs share the common goals of ensuring that:

- Government funded services are medically necessary;

- Care is provided in the appropriate clinical setting; and

- The quality of care is consistent with accepted medical standards.

**Fiscal Intermediary**

The fiscal intermediary administers Medicare claims and assesses allowable costs to determine the total amount of payment due to the provider under Medicare provisions. WPS is the fiscal intermediary for Iowa.
Federal Trade Commission and the Department of Justice

The Federal Trade Commission Act of 1914 created the Federal Trade Commission (FTC), an independent administrative agency with the power to study, issue findings and judicially enforce findings regarding “unfair methods of competition” and “unfair or deceptive acts.” The FTC and the US Department of Justice (DOJ) enforce the Sherman Antitrust Act of 1890 and the Clayton Act of 1914 (a supplement to the Sherman Act), which carry both civil and criminal penalties.

Antitrust litigation and enforcement in the health care field was minimal or nonexistent prior to 1975. It has emerged as a major legal issue since then, as the number of health care professionals and alternative delivery systems increased and the health care field became more complex.

State

Iowa Department of Inspections and Appeals (DIA)

The Department of Inspections and Appeals (DIA) is the agency responsible for inspecting, licensing and/or certifying health care providers and suppliers, restaurants and grocery stores, social and charitable gambling operations, hotels and motels, and barber and beauty shops. In addition, DIA staff investigates alleged fraud in the State's public assistance programs and conducts contested case hearings to settle disputes between Iowans and various state government agencies.

The Department’s Health Facilities Division inspects, licenses and/or certifies under the Medicare and Medicaid Programs more than 4,000 health care providers and suppliers in the State of Iowa. Among the regulated providers and suppliers are long-term care facilities, hospitals, hospices, end-stage renal disease units, rural health clinics, and child-placing agencies. Survey teams from the Division conduct unannounced on-site inspection at health care facilities to assess the quality of care and services provided to clients, patients, residents and tenants. If problems are discovered during an inspection, the Division can initiate corrective and/or disciplinary action to assure a facility’s compliance with state and federal rules.

Additionally, the Health Facilities Division staffs the state’s Hospital Licensing Board. The Board advises the Division and the Department on issues impacting the administration of hospitals in the State of Iowa.
Iowa Department of Public Health

The Iowa Department of Public Health (IDPH) partners with local public health, policymakers, health care providers, business and many others to fulfill its mission of promoting and protecting the health of Iowans.

IDPH is organized into six divisions and the Director's office.

Department of Public Health Director's Office
The director is the spokesperson and advocate for public health in Iowa and acts as a liaison to local boards of health, local public health agencies, health care providers, and consumers. The director also represents the department in a variety of national organizations and works with policymakers at the local, state, national and international levels.

- Iowa Dental Board
- Iowa Board of Medicine
- Iowa Board of Nursing
- Iowa Board of Pharmacy
- Office of the State Medical Examiner
- State Board of Health

Acute Disease Prevention and Emergency Response
Provides support, technical assistance, education, and consultation about infectious disease prevention and control, injury prevention and control, and public health and healthcare emergency preparedness and response.

Administration and Professional Licensure
Provides services for birth, marriage and death certificates, monitors and reports progress on health objectives and identifies emerging health issues, coordinates 19 licensure boards regulating the activities of more than 30 health professions, fiscal management of department revenues and contract administration, as well as software, network and computer support. The Bureau of Professional Licensure licenses the following professions:

- Athletic Training
- Barber
- Behavioral Science
- Chiropractic
- Cosmetology Arts and Sciences
- Dietetic
- Hearing Aid Dispenser
- Massage Therapy
- Mortuary Science
- Nursing Home Administrator
- Optometry
- Physical & Occupational Therapy
- Physician Assistant
- Podiatry
- Psychology
- Respiratory Care Practitioner
- Sign Language Interpreters and Translitterators
- Social Work
- Speech Pathology & Audiology

**Behavioral Health**
Promotes the prevention of substance abuse and problem gambling, secondary conditions among people with disabilities, and violent behavior, regulates substance abuse and gambling treatment programs.

**Environmental Health**
Provides technical assistance to local boards of health, local environmental health professionals, public health nurses, and local communities in areas relating to environmental health.

**Health Promotion and Chronic Disease Prevention**
Promotes and supports healthy behaviors and communities, the prevention and management of chronic diseases, and the development of public health infrastructure and access to health care/services at local and state levels.

**Tobacco Use Prevention and Control**
Promotes partnerships among state government, local communities, and the people of Iowa to reduce tobacco use.

**Iowa Board of Medicine**
The Iowa Board of Medicine is the regulatory agency for physicians and surgeons (M.D.s) osteopathic physicians and surgeons (D.O.s) and licensed acupuncturists (L.Ac.s) in Iowa.

**Iowa Board of Nursing**
The Iowa Board of Nursing ensures that nursing is practiced by competent individuals who practice within their authorized scope of practice.

**Iowa Board of Pharmacy**
The Iowa Board of Pharmacy is responsible for regulating the practice of pharmacy and the legal distribution and dispensing of prescription drugs and precursor substances throughout the State.
Other

The Joint Commission

The Joint Commission is an independent, not-for-profit organization that serves as the nation’s predominant standards-setting and accrediting body for health care organizations. The standards established by The Joint Commission are for each component of the health care organization. The hospital standards are categorized into patient-focused functions, organization functions and structural functions. Examples of patient-focused functions are patient rights, organization ethics, patient and family education and assessment of patients. Organization functions include: infection prevention and control, management of human resources, improving organization performance and safety.

Structural functions address governance, management/administration, medical staff and nursing. The emphasis is placed on meeting the standards through performance and continuing to improve performance.

DNV

DNV Healthcare Inc. was approved in 2008 by the Centers for Medicare and Medicaid Services (CMS) to accredit acute care hospitals in the United States and since then has also been granted CMS deeming authority for critical access hospitals. DNV has also developed quality-based certifications for medical specialty areas such as Primary Stroke Centers. It is part of the larger multinational DNV group.

With its background in quality certifications and risk management for complex industries, DNV set its sights on hospital accreditation, investing four years to create a new, modern accreditation program that integrates ISO 9001:2008 Quality Management System into the Medicare COPs. This unique program is called NIAHO (National Integrated Accreditation of Healthcare Organizations). Globally, DNV Healthcare is extending the NIAHO accreditation platform to hospitals seeking to establish consistent, benchmarked standards for quality of care and patient safety. The company is also leveraging its expertise in biorisk to bring new infection management regimes to the world’s health systems.

DNV Healthcare is a wholly owned subsidiary of Det Norske Veritas, a global organization with 8600 employees operating in over 100 countries.

Other Regulatory Bodies with Oversight Over Health Care Organizations

Several other regulatory bodies also have varying levels of oversight of health care organizations:

- Drug Enforcement Administration (DEA)
• Organ Procurement Organizations (OPOs)
• Securities and Exchange Commission (SEC)
• Internal Revenue Service (IRS)
• Environmental Protection Agency (EPA)
• Federal Trade Commission (FTC)
• Federal Commerce Commission (FCC)
• Health Resources and Services Administration (HRSA)
• National Institute for Occupational Safety and Health (NIOSH)
• Nuclear Regulatory Commission (NRC)
• Department of Labor (DOL)
• Federal Bureau of Investigation (FBI)
• Occupational Safety and Health Administration (OSHA)
• Department of Transportation (DOT)
• Food and Drug Administration (FDA)

**Reimbursement Basics**

Hospitals and health systems are reimbursed for services provided through four primary methods:

- Medicare, the federal insurance for individuals over age 65.
- Medicaid, the state insurance program for low-income individuals.
- Insurance companies.
- Self-pay patients.

**Medicare**

Medicare is a health insurance program for people 65 years of age and older, some people with disabilities under age 65, and people with end-stage renal disease (permanent kidney failure requiring dialysis or a transplant). Medicare has four parts: Part A, Part B, Part C and Part D. Part A is hospital insurance; most Medicare recipients do not have to pay for this part. It helps pay for care in hospitals as an inpatient, critical access hospitals, skilled nursing facilities, hospice care, and some home health care. Part B is medical insurance; most people pay monthly for this part. It helps cover doctors’ services, outpatient hospital care, and
some other medical services that Part A does not cover, such as the services of physical and occupational therapists, and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary. Part C is the Medicare Managed Care program for HMOs and the Medicare Advantage PPOs. Part D is the Prescription Drug Program for seniors.

Hospitals must accept the payment from Medicare and may not bill the patient for the difference other than the patient’s deductible and co-insurance.

**Medicaid**

Medicaid is a state administered health insurance program available to certain low-income individuals and families who fit an eligibility group that is recognized by federal and state law. Each state has its own guidelines regarding eligibility and services. Specific requirements often include age, whether the recipient is pregnant, disabled, blind or aged, whether he/she is a U.S. citizen or a lawfully admitted immigrant. The rules for counting income and resources vary from state to state and from group to group.

In large part due to state and federal budget limitations and deficits, adequate, stable and predictable financing is one of the most critical issues facing health care organizations today. According to data collected by the American Hospital Association, the majority of hospitals lose money on both Medicare and Medicaid patients. This issue is compounded for hospitals - while they are struggling with Medicare and Medicaid reimbursement, demographic changes are resulting in a significant growth in enrollment in both programs.

**Insurance Companies**

The Iowa Insurance Division supervises all insurance business transacted in the state. The insurance commissioner oversees companies and individuals in the sale of insurance in Iowa and has general control over all aspects of their business, from the forms they use to the rates they charge. The Insurance Division also has statutory authority over many activities related to the sale of securities and other regulated products in the state.

**Self-Pay Patients**

Patients that are not covered by either Medicare or Medicaid or by an insurance company are generally classified as “self-pay.” Self-pay patients are subject to the hospital’s usual and customary charges from the services they receive. Oftentimes these individuals lack sufficient financial means to pay for the services received. Hospitals will have policies and procedures in place that address billing, financial assistance and collection practices consistent with their mission for these patients.
Leadership Role Overview

CEO/Executive Staff

The Guthrie County Hospital board/CEO relationship is a trusting partnership in which both trustees and the CEO understand their respective roles and work together as a team to achieve the highest level of organizational success. The relationship is built upon a collective understanding of one another's needs, clear communication, shared goals and objectives, structured meetings and a constant sharing of information.

Specific responsibilities of the CEO and administrative team include:

- Providing input to the long-term strategic plan.
- Establishing and carrying out the details of implementing both short-term and long-term plans.
- Making all management decisions and developing policies and procedures for day-to-day operations.
- Preparing budgets, assumptions and targets to present to the board for approval.
- Preparing requests and information to present to the board for capital purchases and decisions about the hospital’s facility, renovation, leasing and expansion.
- Following board policies regarding supply purchases and repairs.
- Developing a fee schedule and proposing billing, credit and collections policies for the board to approve, and implementing the policies after they are approved.
- Hiring, assigning responsibilities, determining responsibilities, training, evaluating and terminating staff.
- Recommending personnel policies to the board, negotiating labor contracts and implementing and evaluating employee satisfaction surveys.
- Preparing regular updates about strategic progress for the board.
- Overseeing medical staff affairs and policies.
- Establishing and implementing quality improvement initiatives.
- Establishing a corporate compliance plan.
- Knowledge of current issues and development of legislative/political action plan.
- Providing communication and transparency to the community.
- Establishing a plan and priorities to address the community’s health needs.
**Medical Staff**

Currently, there are seven (7) voting members of the medical staff: family practice – 4; internal medicine – 1; orthopod – 1; and pediatrician - 1.

Hospital leadership is a collaborative effort between the medical staff, administration and the board of trustees. The Guthrie County Hospital medical staff participates meaningfully in hospital governance, serves on committees and actively contributes to strategic direction and decisions.

*See Medical and MLP Roster (p.10)*

**System Affiliations**

Guthrie County Hospital partners with UnityPoint Health-Des Moines through both a management agreement and a Critical Access Hospital Network agreement. Guthrie County Hospital has had a standing affiliation with UnityPoint Health-Des Moines (formerly known as Iowa Health Des Moines) for the last 12 years when the Critical Access Hospital Network agreement was made. As of January 1, 2014, GCH enhanced the affiliation to also include the management agreement.

This affiliation enables the hospital to retain its governance structure while taking advantage of greater system-wide resources, clinical platforms, best practices and many other advantages which will benefit the peoples in the communities we serve. Guthrie County Hospital remains locally governed by a board of trustees. The CEO is employed by UnityPoint Health-Des Moines, while key administration positions are still employed by Guthrie County Hospital to oversee the day-to-day operations of the hospital and its employees.

In addition, this affiliation affords Guthrie County Hospital the management expertise and educational offerings of a larger organization that would not otherwise be readily available to a county hospital. The management agreement and Critical Access Hospital agreement with UnityPoint Health-Des Moines makes the hospital a vital member of Iowa's largest healthcare provider network.

UnityPoint Health successfully operates a decentralized governance model with emphasis on physician-driven, patient-centric care. This model allows its affiliates to maintain local autonomy in all significant areas where local control provides the highest quality, most cost-effective service to patients and their families.
Governance Operations

Fiduciary Duties

Duty of Care requires that trustees apprise themselves of all reasonably available information before taking action; and then, having been so informed, to act with attentiveness and care appropriate under the circumstances in the discharge of their duties.

Duty of Loyalty requires trustees to discharge their duties unselfishly, in a manner designed to benefit only the corporate enterprise and not the trustees personally. It incorporates a duty to disclose situations which may present a potential for conflict with the corporation’s mission, as well as a duty to avoid competition with, and appropriation of the assets of, the corporation.

Duty of Obedience requires that trustees be faithful to the underlying charitable purposes and goals of the nonprofit corporation they serve, as set forth in the corporation’s governing documents. It presumes that the mission of the corporation, and the means to achieve it, are inseparable.

Fulfilling the fiduciary responsibilities includes the following:

- Maintaining the confidentiality of board meetings and executive sessions.
- Preparing for each board meeting by studying the agenda and supporting information.
- Attending the entire board meeting(s). If unable to attend, trustees should notify the administrative assistant as far in advance as possible.
- Participating in board meetings and voicing opinions.
- Carrying out committee and board assignments.
- Publicly supporting board actions, even if the trustee may not agree with the decision.
- Having some knowledge about hospital and health care challenges and issues.
- Attending continuing education programs.
- Acting as a trustee for the assets and investments of the hospital for the residents of the service area.
- Selecting, advising, supporting, evaluating and appropriately compensating the CEO.
• Granting physicians staff privileges and ensuring that quality medical care is provided.

• Providing broad direction for the affairs of the hospital and ensuring the development and growth of the institution’s services.

• Participating in and promoting board education and self-evaluation.

• Promoting and maintaining positive external relationships with the community, local business, government, funding sources, and other health-related organizations.

• Promoting and maintaining positive external relationships with the medical staff.

• Creating an environment for assessing, maintaining and improving the quality of care provided.

• Ensuring that the hospital complies with and meets regulatory, legal and accreditation standards and requirements.

**Basic Board Roles**

Management is responsible for the day-to-day tasks of running the hospital. The board delegates the day-to-day management to the Chief Executive Officer (CEO). The CEO and the senior management team is guided, but not directed, by the governing board. They lead the hospital’s staff to carry out the mission and vision that has been developed and approved by the governing board.

The roles and responsibilities of the governing board involves everything from ensuring the cost-effective utilization of resources to determining the hospital’s mission, and establishing a long-range strategic plan to help attain that mission. The board has primary responsibility in six key areas:

• Ensuring the achievement of the hospital’s mission, vision and strategic direction.

• Ensuring quality and patient safety.

• Building strong board/CEO relationships.

• Providing informed and effective financial leadership and oversight.

• Advocating for the hospital’s interests, and building strong community relations.

• Medical staff credentialing.
Trustee Job Description

Major Responsibilities

Guthrie County Hospital trustees are responsible for overseeing the progress and success of Guthrie County Hospital. The board of trustees must ensure that the medical center achieves its mission, vision and values. The board also assists in the development and approval of the medical center’s strategic plan, evaluation of the plan’s implementation, and taking corrective action when necessary. Guthrie County Hospital’s board of trustees is responsible for hiring, determining the compensation of and evaluating the CEO. The board of trustees assumes ultimate responsibility for the quality of care and patient safety provided by the hospital, and is accountable for the financial soundness and success of the medical center. Key duties include:

- Identifying important community constituencies, and designing a plan for trustee involvement that advances the hospital’s image, reputation and market awareness levels; include resource requirements, objectives and projected outcomes.
- Ensuring that the board has a clear and consensus-driven understanding of the most important community health needs and issues.
- Defining and measuring improvement in the community’s health.
- Regularly measuring the public’s perceptions of the hospital's programs and services, community contribution, perceived trust, economic impact and overall value as a community health asset.
- Working with others in the community to develop collaborative partnerships in building a healthier community.
- Establishing a process for eliciting community input and viewpoints about the value and appropriateness of current services, and future service needs and opportunities; solicit community ideas for ways the hospital can best achieve its mission and vision.
- Relating with other community service organizations, schools and social agencies.
- Developing opportunities for trustees to interact with the public on local health care issues, and demonstrate strong, competent leadership, serving as well-informed “ambassadors” or spokespersons on behalf of the hospital.
- Developing a strategy to ensure that the hospital’s objectives, priorities, and challenges are successfully shared with the community, engaging leaders and residents and building community advocates.
• Being well educated on public policy, the board’s role in providing healthy community leadership, and other health care advocacy issues that are critical to hospital success; engage trustees in a focused advocacy plan of action, when required.

• Acting as a liaison with the institution’s local, state, and federal government representatives and agencies.

• Ensuring that patient satisfaction assessments are performed continuously, and that improvement objectives are defined, measured and reported.

**Trustee Success Factors**

The successful Guthrie County Hospital trustee has strong interpersonal skills, and is comfortable interacting with other board members, the CEO, medical staff leaders and the hospital’s executive team. Trustees must commit the time necessary for successful board service, and have a willingness and a desire to learn and understand the complexities of the health care environment and the challenges of meeting [Hospital Name]’s patient and community needs. The ability to constructively challenge the status quo, understand and evaluate financial information and collaborate with a broad range of diverse stakeholder groups is key to the success of our trustees. It is vital that trustees understand and follow their fiduciary obligations to the organization, and not serve any individual constituency or group.

**Necessary Personal Skills and Assets**

Successful trustees build positive relationships with other board members, the hospital’s executive team, medical staff leaders and the organization’s other key stakeholders.

Adaptability, flexibility, organization, initiative, leadership and analytical skills are key qualities which enable our trustees to be successful. Other important personal assets include sound, independent judgments and decisions; the ability to analyze complex issues and develop effective solutions; and the ability to create a vision for the future, given the many uncertainties prevalent in today’s health care environment. Trustees should have a basic general understanding of the health care field, be committed to preparing for active insightful involvement in board and committee meetings, and be able to read, understand, and apply industry information and financial acumen to strategic decisions. Strong communication skills are essential. Trustees must be deeply committed to the hospital and the community we serve, and have no irresolvable conflicts of interest with [Hospital Name]’s operations or key stakeholders. When conflicts of interest do arise, trustees must abstain from discussions and votes surrounding the issue.
**Board Member Selection**

Properly identifying, assessing and successfully recruiting new trustees is one of the board's most important functions. Our board begins by conducting a comprehensive governance self-assessment to determine where we may have potential leadership “gaps,” either now or in the future. After identifying specific characteristics and skills sets desired, the board talks with a variety of candidates who may meet our board service requirements. Once specific desired skills and characteristics have been identified, the board recruits individuals that meet these specifications.

Several approaches are used to find candidates, including:

- Maintaining a list of potential board candidates, including the specific skills they can bring to the organization.
- Assessing the leadership potential of individuals who already volunteer for the hospital in other capacities, such as serving on the hospital's foundation, or participating in ad hoc committees and task forces.
- Seeking out individuals who have a record of successful governing service on other boards, and who have the potential to bring credibility, expertise and community connections to board work.
- Asking the CEO and former board members to suggest replacements for outgoing members.
- Contacting successful former board members who were highly regarded for their leadership skills, and ask if they would be willing to serve again. These individuals are often a deep well of information and perspective.
- Considering expanding the “network” of potential candidates, perhaps looking outside the immediate community for qualified trustees.

Once a potential trustee (or trustees) has been identified, several additional steps are taken before extending an offer to serve on the board:

- Double-check for potential conflicts-of-interest.
- Invite the prospective board member to meet with the board chair and the CEO for a detailed overview of the organization as well as relevant organizational materials, a board member job description, etc.
- Provide the candidate with the names and contact information for board members he or she may contact with questions.
- Invite the prospective new member to observe a board meeting, and follow up with the candidate after the meeting to discuss his or her continuing interest.
**Strategic Planning**

The board governs and leads the strategic plan; it does not create or manage it.

The board has a fiduciary duty of trust to the stakeholders of the organization to ensure that the hospital is healthy, serves the interests of the stakeholders, and moves in the right future direction. The board is the driver and keeper of the Guthrie County Hospital mission, values, vision, goals and strategic development process, but it does not dictate the plans for delivering on those expectations.

The board of trustees is accountable to the organization’s stakeholders—patients, community members, employees, physicians, donors and others. The board serves as the stakeholders’ representatives, bearing the duty of trust, or fiduciary responsibility, to secure their interests in achieving the mission, vision and values.

Although the board is not involved in the details of the strategic plan development and implementation, it plays a pivotal role in the strategic planning process, determining the path for the medical center’s future and setting a course for the organization to achieve its mission and vision.

The board bears ultimate responsibility for the design of the strategic planning process and for the organization’s success or failure. Key trustee responsibilities throughout the strategic planning process include:

- Ensuring that a productive planning process is in place.
- Aligning responsibility to successfully oversee the process.
- Making policy decisions on the strategic direction of the organization.
- Ensuring that the strategic direction is consistent with the mission and vision, and is appropriate relative to the environment.
- Reviewing and approving specific projects and actions to verify that they are consistent with and support the strategic plan.
- Monitoring the implementation of the strategic plan and how goals and objectives are being achieved.
- Modifying and updating the plan on a regular basis.

**Our Strategic Plan**

**Guthrie County Hospital Priorities:**

1. Financial stability
2. Specialty clinics
3. Outreach/Communication/Advertising
4. Degree of Affiliation
5. EHR Decision
6. Quality measurement

Mission: To provide personalized quality healthcare
Vision: Continue to improve the health of the communities we serve
Values: Community, Compassion, Quality, Integrity
Standards: Collaboration, Communication, Respect, Accountability, Safety, Professionalism, Innovation, Commitment

Medical Staff Credentialing

Medical staff credentialing is one of the most important tasks our board undertakes to ensure the quality of care in our organization. Credentialing is conducted by the Medical Staff. Approval of the Medical Staff recommendations is done by the board. The overall objective of credentialing is to ensure that only qualified doctors are admitted to (and remain on) the hospital's medical staff, and that they practice within their scope of experience and competence.

Medical staff credentialing is a two-pronged process that involves establishing requirements and evaluating individual qualifications for entry into a particular medical staff status. Credentialing first involves considering and establishing the professional training, experience, and other requirements for medical staff membership. The second aspect of credentialing involves obtaining and evaluating evidence of the qualifications of an individual applicant.

Credentialing requires primary source verification – direct contact of the sources of credentialing, such as schools, residency programs, and licensing agencies – to assure that statements of education, training, experience and other qualifications are legitimate. Primary source verification is not only important in meeting the requirements of main accreditors, such as Joint Commission on Accreditation of Healthcare Organizations, but also critical in avoiding legal problems and ensuring quality patient care.

Another aspect of the credentialing process is privileging the medical staff applicant. Privileging is a three-pronged process that determines:

- The diagnostic and treatment procedures a hospital is equipped and staffed to support.
- The minimum training and experience necessary for a clinician to competently carry out each procedure.
- Whether the credentials of applicants meet minimum requirements and allow authorization to carry out requested procedures.

Often called “delineation of clinical privileges,” this process determines what procedures may be performed or which conditions each medical staff member may treat.
Delineation of privileges is an ongoing process that must not only be flexible enough to add new procedures or conditions to treat, but also be firm, fair and consistent.

**Legislative and Community Advocacy**

One of the most important roles of the board is to maintain strong and vibrant community relationships that build community understanding and loyalty to the hospital. Our Trustees play a vital role in securing strong public perceptions of the hospital and raising its profile as a premier community financial, health care and social services asset.

Our community has a wide range of key constituencies or stakeholders who should be communicated with and influenced by the hospital. The board of trustees is the ideal conduit between the hospital and these community groups, which include, but are not limited to:

- Community spokespersons or health advocates.
- Purchasers of health care.
- Insurers and other payers.
- Patients and families.
- Legislative and regulatory bodies.
- The news media.
- Civic groups, agencies and organizations.
- Religious leaders.
- Business owners.
- Educational institutions.

These stakeholder groups have varied interests in the activities of the hospital, but all are dependent in one way or another on the long-term success of the hospital.

The board of trustees is accountable to the community for the quality of care provided by the hospital and the efficacy of the various services provided by the hospital. Trustees ensure that the hospital’s community service role is well-articulated in the hospital’s mission statement, and ensure strong and meaningful understanding by various community segments of the challenges facing the hospital today and the challenges it will face in the future. By building this level of awareness and understanding, the hospital will be in a better position to solidify needed community support, build strong bridges, and ensure broad based and wide-spread loyalty to the hospital as an economic engine and as a vital health care resource.
Key Roles

Advocate: Taking the hospital's message to legislators through lobbying or delivering testimony at hearings; representing the community’s interests in board decision making.

Educator: Speaking on issues facing the hospital at schools or civic groups; appearing on local television or radio shows to discuss health care.

Spokesperson: Being a designated board contact for the news media.

Conduit: Participating in public forums to discuss issues facing the hospital and to learn about community opinions or health care needs.

Ambassador: Representing the hospital at important community social gatherings.

Host: Presiding over visits of legislators, senior citizens, or key business leaders to the hospital to help them learn about available services and to hear about their interests or needs.

Conflict of Interest

To be “independent,” a trustee must be free of relationships with the organization or management that might influence his or her ability to make decisions. Potentially conflicting relationships include indirect links through family, business or charitable organizations where an individual may hold an officer or trustee position.

By ensuring ethical, independent, and conflict of interest-free behavior, health care organizations will be able to sustain greater fiscal solvency and provide the highest quality of care to patients while simultaneously earning and reinforcing employee and community trust.
Confidentiality
The confidentiality of governance discussions and decisions is an absolute requirement of our hospital board members. Significant damage may be done if board members reveal confidential matters with anyone outside of the board meetings.

Legal Protection
Trustees have protection when their duties are exercised according to the duty of care standard. That duty requires that at trustee perform their responsibilities in good faith, in a manner reasonably believed to be in the best interest of the hospital, and with the care that a prudent person would reasonably be expected to exercise in a like position and under similar circumstances. In order to meet this standard, trustees must make reasonable inquiry, demonstrate a deliberative process, and make an informed decision. Even in those instances in which a trustee has not exercise the functions of the duty of care standard, the trustee may not be held liable unless the breach of duty was the cause of the damage suffered by the hospital.

Additionally, a trustee needs to exercise such reasonable care and skill as a person of ordinary prudence would employ in dealing with personal property. This standard is known as the “prudent man” standard.”

Board members can be protected from liability by 1) responsible governance; 2) indemnification; 3) directors’ and officers’ liability insurance; and 4) general hospital liability insurance.

Responsible governance is the first line of defense for board members. Trustees who are knowledgeable about their legal responsibilities and mindful of their duties to the hospital are protected from liability in most cases.

Board Self-Assessment
Our board of trustees' leadership self-assessment is an annual quantitative and qualitative evaluation of the board’s satisfaction with all aspects of its performance in fulfilling its governance responsibilities. It combines ratings of various statements about the hospital’s governance environment, processes, focus and performance with trustee recommendations for change to improve leadership performance. Our board self-assessment process (a combination of the assessment and the action plans created from it) enables the board to identify critical “leadership gaps”, and achieve and maintain the level of governing excellence required for success in today’s challenging health care environment.
Meeting Schedules

Our board meetings are organized and focused on the important, timely, strategic planning decisions facing the organization. These meetings are designed around a carefully-crafted agenda, allowing board members to prepare ahead of time for discussions and become informed on the relevant topics.

- **Board meetings** are the first Thursday of each month, beginning at 6:00 p.m.
- **Committee meetings** are at various dates and times.

Association Memberships

Iowa Hospital Association

The Iowa Hospital Association (IHA) is a nonprofit/advocacy organization and is the state of Iowa’s only trade association for hospitals and health systems. IHA provides value and service to Iowa’s hospitals through its strategic priorities of:

- **Advocacy** - Effectively represent hospitals public policy interests that maintain quality health services for Iowa communities.
- **Education** - Provide learning opportunities that assist members in complying with regulations, knowledge of best practices and preparing for changes in health care delivery.
- **Information** - Develop resources for hospitals and consumers to better understand health care trends and hospital data.
- **Membership Support** - Create business partnerships that financially benefit member hospitals and preserve IHA resources.

**Mission**

The Iowa Hospital Association is the organization that represents Iowa hospitals and supports them in achieving their missions and goals.
Vision
The Iowa Hospital Association will be Iowa’s most trusted, respected, and influential leader in health policy and advocacy, and a valued resource for information and education.

Values
The Iowa Hospital Association is committed to Integrity, Leadership, Innovation, Engagement

All Iowa hospitals are members of IHA. IHA also has 149 Associate Members. These organizations are law firms, accounting firms, architects, consultants, and health care vendors with significant health practices.

IHA has two subsidiary corporations, The Iowa Hospital Education and Research Foundation (IHERF) and ServiShare of Iowa, Inc. (SSI). IHERF is the Association’s research and education foundation. SSI is the Association’s taxable subsidiary providing an array of fee supported programs for IHA members.

IHA Trustee Education Certification
IHA has developed a special voluntary trustee certification designed to make a good board member great and a committed board member an exceptional asset. The certification is a process of verifying an individual trustee’s initiatives to improve personal health care knowledge, leadership effectiveness and compliance with a variety of governance best practices. The IHA Trustee Education Certification (TEC) recognizes hospital trustees who participate in education offerings and confirm their board has adopted governance best practices. Commit as an individual or as an entire board and publicly confirm your effort to be a high-performing board to community members, business leaders and government officials.

Enrollment materials are available under the “Members and Groups” section on the IHA Web site.

IHA Governance Education
Annually IHA provides a governance forum designed specifically to address current issues of interest to hospital trustees. At this one-day meeting, individual trustees and entire boards are also recognized for completing their Trustee Education Certification. In addition, the IHA Annual Meeting each October has a track dedicated to governance issues and content throughout the convention of value to trustees. The IHA Summer Leadership Forum is also an important learning opportunity for Iowa hospital trustees who are encouraged to attend along with their CEO and senior leaders. Each of these events will provide content supporting trustees completing their certification.
American Hospital Association

The American Hospital Association (AHA) is the national organization that represents and serves all types of hospitals, health care networks, and their patients and communities. Close to 5,000 hospitals, health care systems, networks, other providers of care and 37,000 individual members form the AHA. Founded in 1898, the AHA provides education for health care leaders and is a source of information on health care issues and trends.

Through representation and advocacy activities, AHA ensures that members’ perspectives and needs are heard and addressed in national health policy development, legislative and regulatory debates, and judicial matters. Its advocacy efforts include the legislative and executive branches and include the legislative and regulatory arenas.

The vision of the AHA is “a society of healthy communities, where all individuals reach their highest potential for health.”

The mission of the AHA is “to advance the health of individuals and communities. The AHA leads, represents and serves hospitals, health systems and other related organizations that are accountable to the community and committed to health improvement.”

The IHA is independent of AHA, but works closely with AHA on federal advocacy and resources.