



**Bay Area Hospital District
Board Education Session**

June 15, 2026 @ Bay Area Hospital, Myrtle Conference Room

TIME

4:00 Call to Order

Simon Alonzo, Chairperson

4:02 RCA Training

Kelli Dion, CQO

4:23 Bylaws Revision approval to draft

ACTION ITEM

Gretchen Nichols, CEO

4:43 Policy Review – Spending Authority

Patrick Banks, CFO

4:59 Good of the Order

5:00 Adjourn – next regular meeting - Tuesday, June 16, 2026

BAY AREA HOSPITAL DISTRICT BYLAWS

AMENDED AND APPROVED JUNE 15, 2026
AMENDED (Article V) and APPROVED JUNE 1, 2021
REVISED AND APPROVED MARCH 3, 2021

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BYLAWS

BAY AREA HOSPITAL DISTRICT

ARTICLE I. ORGANIZATION

1.1. Hospital District. The Bay Area Hospital District is a political subdivision and municipal corporation of the State of Oregon, located within Coos County, Oregon, created in its present form pursuant to ORS 440.305, and as such is governed by the provisions of ORS 440.315 to 440.410, and the Oregon laws relating to municipal corporations and special Districts.

1.2. Incorporation of Laws. There is incorporated as a part of these bylaws the applicable provisions of the Oregon Revised Statutes relating to special Districts, Hospital Districts, government ethics and conflicts of interest, public records and meetings, local budget, and health care facilities.

1.3. Fiscal Year. The fiscal year shall be July 1 through June 30.

ARTICLE II. PURPOSES AND GOALS

2.1. Purposes of District. As provided by ORS Chapter 440, the purposes of the District are to:

- a. Provide clinically related diagnostic, treatment, and rehabilitative services on an inpatient and outpatient basis.
- b. Provide outreach programs in health care education, research, and patient care;
- c. Serve as a resource for health care providers in the District;
- d. Promote the physical and mental health and well-being of District residents.

2.2. Level of Care. The Bay Area Hospital District shall endeavor to provide for its inhabitants all of the District's health care services and facilities that are necessary for the physical and mental health and well-being of the community, having due regard to the wishes of its inhabitants, the financial resources which are available for such purposes, and the limitations imposed by law. There shall be no discrimination in the level of care provided among patients with the same health problems based on their age, gender identity, sex, race, religion, or national origin.

2.3 Cooperation with Other Providers. The District shall cooperate with health care institutions in southwestern Oregon for the purpose of providing both quality and economy of health care services.

2.4 Education and Research. The District may support or participate in such educational and scientific research activities as are deemed to be necessary, desirable, and feasible for providing health care services.

ARTICLE III. DISTRICT BOARD

3.1. Composition and Selection. The District Board is composed of six (6) Board members who are elected at large in regular District elections according to Oregon law. District board members serve for staggered terms of four (4) years expiring June 30 following the District elections. Vacancies in office are filled until the next District election by the remaining Board members.

3.2. Eligibility. Each District Board member who is elected or appointed to such office shall be a registered voter within the Bay Area Hospital District as provided by ORS 440.325. Employees of the District may not serve as Directors. Cause for removal from the District Board shall include: 1) Failure to remain a registered voter of the District, or 2) Commencement of employment with the District.

3.3. Exercise of Powers. All powers, duties and functions of the District which are provided or permitted by the laws of the State of Oregon shall be exercised by motion or resolution of the District Board, except those powers, duties and functions which are otherwise delegated by state statutes, by these bylaws or by motion or resolution of the District Board.

3.4. Duties. The District Board shall have the following duties:

a) To organize itself and the administration of the District's facilities and programs in a manner which facilitates expedient performance of assigned duties, including adopting suitable bylaws and establishing a plan of organization providing single and distinct lines of authority and responsibility.

b) To formulate philosophy and policies of the District for the direction of its management. To appoint a Chief Executive Officer (CEO) who is qualified for the assigned responsibilities by education and experience and delegate to such administrator authority and responsibility for administrative action.

c) To evaluate, at least annually, the performance and salary of the CEO.

e) To define the mission, role and programs of the District, and the strategic plan appropriate to carry it out.

f) To identify the changing needs of the community, and the changes in the legal and regulatory climate.

g) To require the development of a sound personnel program in the District programs, recognizing legal rights of District employees.

h) To develop policies protecting patients from unlawful discrimination and assuring that District services are not inappropriately denied to those entitled to receive them.

i) To review and approve or modify proposed Auxiliary Bylaws, plans and programs and oversee its activities on behalf of the District.

j) To propose or review and take action on staff-proposed Medical Staff Bylaws, Fair Hearing Plan and Rules and Regulations.

k) To review and approve a quality improvement and patient safety system designed to evaluate health care rendered in District facilities.

l) To monitor Medical Staff and administrative efforts to evaluate and improve patient care.

m) To review and approve policies for the appropriate management of the financial affairs of the District including provisions for administration of funds given in trust, accurate records of finances and activities (including an annual audit), and an appropriate system of charges and collections.

n) To review and approve annual operating and capital budgets with assistance of the Finance Committee.

o) To secure adequate funding to keep the District's programs and facilities operating; raise capital and operating funds for personnel, medical improvements, equipment, and facilities, commensurate with District resources and priority of needs; and manage endowments.

p) To perform such other duties as federal and Oregon laws, rules, or regulations require of the governing body of the District.

3.5. Evaluation of Board Members. The District Board shall evaluate its own performance at least once a year.

3.6. Continuing Education of Directors. Directors shall participate in programs for continuing education relating to the duties and functions of the District Board, including its responsibility for quality of care and the District's quality improvement program; and new members of the District Board shall participate in an orientation program.

ARTICLE IV. MEETINGS

4.1. Regular Meetings. The District Board shall hold at least one (1) regular meeting each month at such times and places as may be established by motion or resolution of the District Board.

4.2. Notice of Meetings. All District Board members shall be given the notice and agenda for all regular meetings not less than four (4) days prior to the meeting. The District Board shall give public notice of meetings called to decide or deliberate toward a decision on any issue, using a form reasonably calculated to give actual notice to interested persons including news media which have requested notice. The notice shall include the time and place for such meetings and shall include a list of principal subjects anticipated to be considered. Failure to list a topic shall not preclude District Board consideration of that topic, however.

4.3. Executive Session. If any regular, special, or emergency meeting will be held solely as an executive session pursuant to ORS 192.660, the notice shall identify the specific provision of law authorizing the executive session. Unless the executive session is for the purpose of conducting deliberations with persons designated to carry on labor negotiations, the news media shall be allowed to attend but shall be required not to disclose the content except as specifically authorized by the District Board. Final action or decision shall not be taken on any matter during executive session.

4.4. Special Meetings. A special meeting of the District Board may be called by the Chair or any two members of the District Board by giving not less than twenty-four (24) hours' notice, of the time of such meeting and its purpose to all members who are then within the District, and no business shall be transacted except that which is described in the notice. Any member may waive notice of a special meeting; and if all members of the District Board are present at a special meeting, they may, on unanimous vote, waive notice of the business to be transacted at such meeting.

4.5. Notice of Special and Emergency Meetings. Absent an actual emergency, twenty-four (24) hours' notice of all special meetings convened to reach a decision or deliberate toward a decision shall be given to members of the District Board, the news media that have been required to notice, and the general public. In case of an actual emergency, a meeting may be held upon such notice as is appropriate to the circumstances, but the minutes shall reflect the basis for the emergency.

4.6. Meeting Location and Public Access. All non-emergency meetings of the District Board, whether general or special, convened to make a decision or deliberate toward a decision and not involving a joint meeting with another public body within its District, shall be held within the geographical boundaries of the

District, and, unless an Executive Session is declared by the presiding officer, shall be open to the public.

4.7. Telephonic Meetings. The District Board may conduct its meetings by use of telephone or other electronic communications in accordance with ORS 192.610 and 192.690, but if the meeting is convened to reach a decision or deliberate toward a decision and is not an executive session, at least one place shall be provided where the public can contemporaneously hear the communication. The media shall be given access to such a location for executive sessions if they would be entitled to attend if the meeting were held in person.

4.8. Quorum and Majority Decision. A majority of the District Board members (more than one half) shall constitute a quorum to do business and the affirmative vote of a majority of such quorum shall be sufficient to decide any question or issue, except as otherwise provided by law or these bylaws. In the absence of the Chair and Vice-Chair, any other member may preside at any meeting. The District Board may, from time to time, establish its own rules of procedure.

4.9. CEO and President of Medical Staff. The CEO and the President of the Medical Staff shall have the right to take part in the discussions of the District Board and District Board committees but shall have no vote therein. Except as otherwise provided by law, if the District Board discusses an issue that concerns a conflict between the District Board and the position of the CEO or President of the Medical Staff, the Board may exclude the CEO or President of the Medical Staff with whom the conflict exists during those discussions.

4.10. Minutes. Minutes shall be taken in writing of all District Board meetings convened to decide or deliberate toward a decision in any matter.

4.11. Attendance. The term of Director shall expire when the Director is absent from four (4) or more consecutive regular meetings of the District Board and the District Board declares the position vacant as provided in ORS 440.330(5).

ARTICLE V. OFFICERS

Officers of the District shall be Chair, Vice-Chair, Secretary, and Treasurer who shall be elected for a two-year term by the District Board from its members at the first meeting in July of every other year, and they shall hold their office until their successors are elected or appointed. The District Board may appoint officers pro tempore to serve during a temporary absence or disability of an elected officer or may appoint officers to serve until the next election of officers to fill a permanent vacancy in an office.

The officer of the District shall have those powers, functions, and duties that may be provided by law, these bylaws, or that may be delegated to them from time to time by the District Board; and such powers, duties, and functions shall include the following:

Chair: The Chair shall preside at all meetings of the District Board, shall execute documents that are the official acts of the District or its District Board, and shall make all committee appointments.

Vice-Chair: The Vice-Chair shall act as Chair during the absence or disability of the Chair.

Secretary: The Secretary shall have charge of and right to control the keeping of the minutes, correspondence and records of the District Board.

Treasurer: The Treasurer shall have general supervision of the funds of the District, shall provide for the deposit and investment of District funds, and shall be the Chair of the Finance Committee.

ARTICLE VI. COMMITTEES

6.1. Establishment of Committees. The District Board may, from time to time, establish and abolish committees of the District and may delegate to committees such powers, duties, and functions as are not inconsistent with the laws of the State of Oregon or these bylaws. Such committees may be composed of District members, non-board members, or both. Standing committees of the District shall consist of the Joint Conference Committee, Finance Audit Committee, and Quality Process Steering Committee (QPSC).

6.2. Appointment and Terms. Following the election of officers each year, the Chair of the District shall appoint members to serve on the Finance Committee, Quality Steering Committee, and all special committees. The Chair of the District shall appoint District Board members to serve on the Joint Conference Committee. All such committee members shall serve until their successors have been appointed following the election of officers the next year. Non-board members may be appointed to committees based on their interests, training, or experience in one or more of the subjects to be considered by the committee.

6.3. Fiduciary Duties of Staff Appointees and Employees Serving on Board Committees. Medical Staff appointees and District employees may be appointed to District Board committees, but if appointed, shall serve as individual

members and not as representatives or delegates of any group nor shall they be bound to follow directions of any constituency.

6.4. Finance/Audit Committee. The Finance/Audit Committee shall be composed of not fewer than five (5) and not more than seven (7) members, at least two

(2) of whom shall be members of the District Board. A majority of the members shall constitute a quorum. The Finance Committee shall:

a) Review and recommend policies for the appropriate management of the financial affairs of the District including provisions for administration of funds given in trust, accurate records of finances and activities (including an annual audit), and an appropriate system of charges and collections.

b) Review as necessary and approve annual operating and capital budgets with recommendations to the District Board.

c) Review and recommend to the District Board policies for the purchase and disposal of equipment.

d) Review and recommend to the District Board policies concerning investment and deposits of District funds.

6.5. Quality and Patient Safety Committee (QPSC). The Quality and Patient Safety Committee assists the Board in overseeing and ensuring the quality of clinical care, patient safety, and customer service/experience provided throughout the hospital organization. The Quality and Patient Safety Committee shall be composed of not fewer than five (5) and not more than seven (7) members at least two (2) of whom shall be members of the District Board. The remaining members of the committee should include qualified individuals from District executive management, Medical Staff, and the community. The committee shall meet monthly, or as necessary at the call of the Chair of the District Board.

The Quality and Patient Safety Committee shall:

a) Review and recommend to the District Board approval of a multiyear Strategic Quality Work Plan with long-term and annual improvement targets.

b) Review and recommend to the District Board quality/safety-related policies and standards.

c) Approve, monitor, and report to the District Board key performance indicators compared to District goals and industry benchmarks.

d) Review serious safety events and root cause analyses, and if appropriate, recommend corrective action to the District Board.

e) Monitor summary reports of hospital and medical staff quality and patient safety activities.

- f) Oversee compliance with quality and safety-related accreditation and regulatory standards.
- g) Monitor and facilitate performance related to complications, readmissions, safety, and efficacy of new or high-risk procedures.
- h) Provide recommendations to the District Board with respect to all matters related to the quality of care, patient safety, customer service/experience, and organizational culture.

ARTICLE VII. CHIEF EXECUTIVE OFFICER (CEO)

The District Board shall employ a competent and qualified person to serve as the District's CEO. The CEO of the District shall have the general supervision and control of the administrative functions of the District. The CEO shall have the following powers, duties, functions, and responsibilities:

- a) The CEO shall be responsible for carrying out the policies and programs adopted by the District Board and the rules and regulations provided by state or federal law or by the District Board.
- b) The CEO shall develop a plan of the organization for the personnel concerned in the operation of the District, shall be responsible for the selection, employment, control and discharge of employees and the development and maintenance of personnel policies and practices, shall establish means for accountability on the part of subordinates and shall provide for the lines of authority and communication within and between departments, medical staff, auxiliary and other personnel.
- c) The CEO shall attend meetings of the District Board and shall serve as liaison officer for official communications between the District Board, its committees, the Bay Area Hospital Community Foundation, Medical Staff and Auxiliary.
- d) The CEO shall pursue a continuing program of education in health care, administrative and management systems and procedures and may participate in community, state and national hospital associations and other professional activities which have as their objectives the improvement of health care, services, and procedures.

ARTICLE VIII. MEDICAL STAFF

8.1. Organizational Purposes and Documents. Fulfillment of the District's health care objectives requires a cooperative effort among the Medical Staff practicing in the District and the District Board and hospital administration, with

well-defined lines of communication, responsibility and authority throughout the organizational structure. Accordingly, the Medical Staff and District Board shall cooperatively develop Medical Staff Bylaws, Fair Hearing Plan and Rules and Regulations to provide the necessary framework for the Medical Staff to discharge its responsibilities of reviewing clinical work at the hospital, reviewing qualifications of applicants for clinical privilege, exchanging professional information and in-hospital education, and providing advice to the District Board on medical matters.

All independent practitioners authorized to conduct any part of their professional services on District premises or in District programs on a routine basis shall be organized with respect to their District practices as specified in the Medical Staff Bylaws, to accomplish the following purposes:

a) To provide the District Board with a means of routine assessment of professional and hospital care rendered to patients admitted to or treated in any of the District's facilities or programs.

b) To provide mechanisms for detecting and eliminating patterns of care at the District that fail to conform to the standards expected of reasonable, prudent health care practitioners.

c) To provide mechanisms to promote improved patient care at the District through Medical Staff educational programs.

d) To provide necessary expertise to the District Board in technical and professional matters, including evaluation of applicants for clinical privileges, and resolution of charges of unprofessional conduct, impairment or incompetence.

e) To provide a means whereby Medical Staff views on policy, planning and other issues concerning the District may be conveyed to the District Board and the CEO, as appropriate.

8.2. Medical Staff Authority. The Medical Staff shall be responsible and have authority for the following matters.

a) To review individual applications for Medical Staff appointment, reappointment or clinical privileges and make recommendations to the District Board regarding the applicant's professional qualifications.

To carry out a system of peer review of quality of medical services in the District through retrospective evaluation, patient care audits, proctoring and monitoring of the quality of patient care, identifying and resolving problems and identifying.

b) To carry out a system of utilization review based on provisions of the District's utilization review plan.

c) To conduct a continuing professional education program based at least in part on the needs demonstrated through the quality improvement and utilization review programs.

d) To assist the District in developing and obtaining Medical Staff compliance with the approved Medical Staff Bylaws, Rules and Regulations, and the District's other procedures, standards and policies.

e) On request, to assist the CEO and District Board in identifying community health needs, setting appropriate institutional goals and designing clinical programs to meet those needs.

f) To assist the District in compliance with licensing, accreditation, and other legal regulatory standards, including those related to disaster planning, records, maintenance, review organization audits, and billing requirements.

g) To review and revise the Medical Staff Bylaws and procedures when warranted.

8.3. Board-Staff Communication Lines. Proposed action or recommendations on policy or enforcement matters delegated to the Medical Staff by the District Board, as well as any other matters relating to patient care, which the Medical Staff appointees wish to bring to the Board for consideration, shall be submitted or taken through the organizational structure provided in the approved Medical Staff Bylaws and the Fair Hearing

8.4. Medical Staff Bylaws and Rules. The Medical Staff Bylaws, Fair Hearing Plan and Regulations shall not be inconsistent with these bylaws. Changes to Medical Staff Bylaws, Fair Hearing Plan and Rules and Regulations shall be effective when recommended by the Medical Staff and approved by the District Board.

8.5. Medical Staff Appointment and Clinical Privileges. Only graduates of accredited or equivalent colleges, universities and professional schools, who meet the personal and professional qualifications set forth in the approved Medical Staff Bylaws and Rules and Regulations shall be eligible for Medical Staff appointment or award of clinical privileges. Consideration of appointments, award of clinical privileges, subsequent renewals, and actions with respect to previously awarded appointments or privileges shall be made in accordance with the procedures set forth in the approved Medical Staff Bylaws and Fair Hearing Plan.

Any practitioner seeking appointment or clinical privileges at the District shall be given access to the Medical Staff Bylaws, Fair Hearing Plan, and Regulations, and shall specifically agree that he or she will:

a) Abide by the ethics of his or her profession, avoid acts and omissions constituting unprofessional conduct, comply with federal and state laws and regulations, including his or her written agreement not to engage in, be party to, or conduce unethical or illegal billing practices.

b) Provide his or her patients with care at the professional level of quality and efficiency generally recognized in this community.

c) Refrain from delegating (or accepting delegation of) diagnosis or care of hospitalized patients to persons not licensed or qualified to undertake such acts or not adequately supervised as required by the terms of any limited license or grant of privileges.

d) Abide by the approved Medical Staff Bylaws, the Rules and Regulations, the Fair Hearing Plan, and by all other lawful standards, policies, and rules of the District, as any of them may be amended from time to time.

e) Accept and appropriately discharge such Medical Staff, committee, and hospital functions for which he or she is responsible by Medical Staff category, appointment, and election or otherwise, including quality improvement, utilization review, proctoring, and service on hearing panels.

f) Prepare and complete in a timely fashion the medical, billing, and other required records for all patients in whose care he or she is involved in any way.

g) Personally provide or make adequate arrangements with another appropriate practitioner to provide continuous professional care for any patient in the hospital for whom he or she is the attending practitioner.

h) Accept and perform consultations within the scope of his or her privileges, except as otherwise provided for his or her Medical Staff category.

i) Engage in Medical Staff educational activities of the District; including attendance at and participation in committee and Medical Staff meetings.

j) Maintain the confidentiality of information with which he or she is entrusted in the scope of peer review and other activities on behalf of the District.

k) Cooperate with the officers, committees and other individuals and groups specified in the approved Medical Staff Bylaws, the Rules and Regulations, and Fair Hearing Plan in the performance of his or her duties, including giving accurate, complete, candid and timely responses to any inquiry he or she received from them.

l) Continuously maintain compliance with all criteria relevant to his or her appointment or clinical privileges.

Medical Staff appointment or particular clinical privileges shall not be denied on the basis of sex, race, creed, color, national origin, age or handicap unrelated to the ability to carry out professional responsibilities.

The District Board reserves to itself the right and power to determine the mission and goals of the District within relevant statutory restrictions and to determine those areas of community need and District priorities to which its assets shall be devoted.

8.6. Medical Staff Hearings and Appeals. Challenges to recommendations on the Medical Staff or decisions of the District Board concerning a practitioner's staff appointment status or clinical privileges shall be conducted in a timely fashion in accordance with the procedures in the approved Fair Hearing Plan, and notice of District Board determination relating to appointment or privileges shall be given as provided in the Medical Staff Bylaws and Fair Hearing Plan.

When an application for appointment or clinical privileges has been denied by the District Board in a final decision, the applicant may not reapply for appointment or those privileges until the expiration of two (2) years from the date of such denial unless the District Board provides otherwise.

8.7. Practitioner Responsibilities for Care. Practitioners awarded any form of clinical privileges shall accept and retain full responsibility for the determination and management of all clinical treatment ordered or required by their patients of the District.

ARTICLE X. AUXILIARY

An auxiliary may be organized for the purpose of rendering service to the District and its patients and may engage in other lawful activities that will promote health care services in the District. All articles of incorporation or bylaws, including revisions of such auxiliary, shall be subject to approval by the District Board before they shall become effective.

ARTICLE X. AMENDMENTS AND REVIEW

These bylaws may be amended by the affirmative vote of a majority of the entire District Board of the Bay Area Hospital District at a regular meeting or a special meeting called for such purpose. The District Board shall review these bylaws at least every other year in April and determine whether amendments are needed.

ARTICLE XI. CONFLICT OF INTEREST

Bay Area Hospital District is a public corporation and special District of the state of Oregon and is subject to the ethics and conflict-of-interest rules and regulations of the Oregon Government Standards and Practices Laws, contained in Chapter 244 of the Oregon Revised Statutes. There are incorporated as rules and regulations of the District the applicable sections of ORS Chapter 244 as they now exist or may hereafter be amended, including the Oregon statewide policy, definition

of terms, application of the laws, the code of ethics, methods of handling conflicts of interest, and the recording of notices of conflicts.

Members of the District Board and all employees and agents of the District have the responsibility to comply with the applicable rules and regulations of the Oregon Government Standards and Practices laws relating to government ethics and conflicts of interest, as incorporated in this policy. The CEO, senior management personnel, and department heads of the District have a further duty to provide the employees they supervise with information and direction concerning such laws and policies.

BYLAWS OF BAY AREA HOSPITAL DISTRICT

Enacted by the Bay Area Hospital District Board November 21, 1972 and amended by the District Board November 8, 1976; March 9, 1981; April 13, 1981; November 8, 1982; March 13, 1989; May 20, 1993; September 21, 1995; September 4, 1997; September 2, 1999; March 7, 2002; August 11, 2003; December 4, 2003; May 1, 2007; April 14, 2009; and March 1, 2016, March 3, 2021, June 1, 2021, **June 15, 2026.**

Attested As Approved by the Bay Area Hospital District Board of Directors

By:

Simon Alonzo, Board Chairperson

Date

Patrice Parrott, Board Secretary

Date



Bay Area Health District Board
Agenda Item Summary

Meeting Date:	June 16, 2026
Agenda Item:	Administrative Authority Limits Policy
Action requested:	Approve Policy
Who is making recommendation:	Patrick Banks, CFO

Action/Recommendation:

Approve updated Administrative Authority Limits policy to clarify in policy current delegation of authority to CEO.

Background Summary:

The current policy on file is out of date and needs to align with the Board's delegation of authority to the CEO.

Strategy/Values supported:

Transparency.

Alternatives Considered:

Questions have arisen in board meetings as to whether CEO spending authority should be expanded; this update does not contemplate any expansion of existing authority at this time.

Risks/Mitigation:

Reduces compliance and audit related risk and chance of miscommunication between Board and CEO.

Title: Administrative Authority Limits

BAH ID: ADM_0137

Start Date: 6/20/2002

Approval/Reviewed Date: 4/3/2024

Policy: Policy

~~Bay Area Hospital acknowledges that the~~ The President / Chief Executive Officer (CEO) is delegated Board authority to operate the Hospital including entering into contracts and committing hospital funds. (Chief Executive Officer) The CEO shall execute the delegated authority of the Board within these defined executive limitations. is responsible for administering the day-to-day operations of the hospital. To carry out these responsibilities effectively, the District Board of Directors delegates certain authorities to the President/CEO who, as such, is expected to function within the authority limits designated by this policy.

Objective:

The Board authorizes the President/CEO is authorized to make expenditures ~~approved in the~~ within the approved Annual Financial Plan annual operating budget and ~~, to continue hospital operations and~~ to make necessary increases or decreases due to changes in circumstances, volume, or personnel to maintain financial performance.

Prior approval of the Board is required for the following:

- The annual operating budget and capital plan;
- Capital purchases (including new capital leases) in excess of \$200,000;
- ~~The District Board of Directors may require Board specific approval of any contracts/agreements/purchases included in the Annual Financial Plan. The policy limits established in the following authority/limit guidelines, do not extend to any expenditures which contemplate, or may result in, a significant change in the hospital's current operations, services, or financial condition. Such expenditures shall require specific approval by the District Board of Directors.~~
- ~~Procedure:~~
- ~~The enactment, ratification, or amendment of any by-laws of the Hospital;~~ Capital Equipment
-
- ~~The President/CEO is authorized to purchase all items of capital equipment, specifically included in the Annual Financial Plan which has been approved by the District Board of Directors. The President/CEO may purchase items up to \$200,000 not on the approved capital budget if appropriate changes are made so~~

Title: Administrative Authority Limits

BAH ID: ADM_0137

Start Date: 6/20/2002

Approval/Reviewed Date:4/3/2024

~~that the overall capital budget is not exceeded. All leases approved in the Annual Financial Plan may be executed by the President/CEO. All new non-approved leases valued at more than \$200,000 for the life of the lease require the approval of the District Board of Directors.~~

- ~~• Real estate purchases and sales; Management Staff Salaries~~

~~•~~

- ~~• Space leases greater than \$200,000 per year; The President/CEO is authorized to perform annual evaluations and grant salary increases to all members of the management staff. The President/CEO will present a percentage and dollar budget for management salary increases to the District Board of Directors as a part of the Annual Financial Plan. Upon approval of the Annual Financial Plan, the President/CEO is authorized to grant raises throughout the year consistent with management performance market conditions, and the Annual Financial Plan.~~

~~•~~

- ~~• Sale, lease, exchange, or other disposition of all or substantially all of the assets of the Hospital.~~

- ~~• Closure or significant downgrade of Hospital service lines;~~

- ~~1. Employee Salaries~~

Title: Administrative Authority Limits

BAH ID: ADM_0137

Start Date: 6/20/2002

Approval/Reviewed Date: 4/3/2024

~~The President/CEO is authorized to implement annual salary increases for all hospital employees. The President/CEO will present percentage and dollar budget for employee salary increases to the District Board of Directors. The President/CEO will present recommendations for non-union and union employees as part of the Annual Financial Plan. The President/CEO is authorized to grant raises throughout the year consistent with employee performance, market conditions, and the Annual Financial Plan. All pension plan changes, gain sharing or any other form of deferred compensation or amendments to existing plans, shall be approved in advance by the District Board of Directors.~~

~~2. Union Negotiations~~

~~The President/CEO is authorized to negotiate and reach tentative agreement for all unions associated with the hospital. The District Board of Directors must approve all finalized labor agreements. The President/CEO may from time to time utilize third party negotiators for labor contract negotiations.~~

~~3. Contracts/Agreements Professional or Purchased Services Contracts~~

~~The President/CEO will present a budget for professional services as a part of the Annual Financial Plan. Upon approval of the Plan, the President/CEO is authorized to enter into professional service contracts necessary to administer the hospital and consistent with the Annual Financial Plan.~~

~~A. Physician Contracts~~

~~The President/CEO will present a budget for professional services as a part of the Annual Financial Plan. Upon approval of the Plan, the President/CEO is authorized to enter into professional service contracts necessary to administer the hospital and consistent with the Annual Financial Plan.~~

~~B. Managed Care Contracts~~

~~The President/CEO may sign managed care agreements that have been reviewed and recommended by the CFO (Chief Financial Officer) and/or the Managed Care Contract Review Team which are consistent with the approved Annual Financial Plan.~~

~~C. Renewal/Replacement of Contracts~~

~~The President/CEO may sign contract renewal or replacement of contracts as long as~~



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~~the amounts, terms, and responsibilities are similar to the previous agreement. There~~

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~~is no dollar limit for renewals that are necessary to continue normal operations and are consistent with the approved Annual Financial Plan.~~

~~D. Inter Governmental Agreements~~

~~The President/CEO is authorized to sign Inter Governmental Agreements that meet the needs of the Health District as specified in the Annual Financial Plan.~~

~~E. Contracts/Agreements Not Approved/Included in the Annual Financial Plan~~

~~The President/CEO is authorized to sign contracts in any of the above categories that are not included in the Approved Financial Plan that are necessary for administration of the hospital. This authorization is limited to contracts/contract renewals or replacements that do not exceed \$100,000 per year and have a maximum of 180 day cancellation clause. If the amount is over \$100,000 or the cancellation clause exceeds 180 days, the contact must be approved by the District Board of Directors.~~

~~F. Legal Contracts~~

~~The President/CEO is authorized to settle lawsuits or potential lawsuits against the hospital for up to \$100,000 per occurrence in conjunction with written agreement from the hospital's legal counsel. Settlements greater than \$100,000 must be approved by the District Board of Directors.~~

~~4. Purchase or Disposal of Property~~

~~The President/CEO is authorized to sell excess or obsolete hospital equipment with a current fair market value of \$100,000 or less in the course of normal operations of the hospital. The President/CEO is not authorized to purchase or sell real estate property or buildings without the approval of the District Board of Directors.~~

~~5. Fund Transfers~~

~~The President/CEO or designee may make fund transfers between hospital accounts for investment purposes and to conduct hospital business.~~



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BAH ID: ADM_0137

Start Date: 6/20/2002

Approval/Reviewed Date:4/3/2024

~~Adopted by the Health District Board October 24, 1996~~

~~Capital spending limits modified as of July 1, 2020 per board vote at the February 4, 2020 Board Meeting.~~

Title: Administrative Authority Limits

BAH ID: ADM_0137

Start Date: 6/20/2002

Approval/Reviewed Date:4/3/2024

Policy

The President / Chief Executive Officer (CEO) is delegated Board authority to operate the Hospital including entering into contracts and committing hospital funds. The CEO shall execute the delegated authority of the Board within these defined executive limitations.

The Board authorizes the CEO is authorized to make expenditures within the approved annual operating budget and to make necessary increases or decreases due to changes in circumstances, volume, or personnel to maintain financial performance.

Prior approval of the Board is required for the following:

- The annual operating budget and capital plan;
- Capital purchases (including new capital leases) in excess of \$200,000;
- The enactment, ratification, or amendment of any by-laws of the Hospital;
- Real estate purchases and sales;
- Space leases greater than \$200,000 per year;
- Sale, lease, exchange, or other disposition of all or substantially all of the assets of the Hospital.
- Closure or significant downgrade of Hospital service lines;