

MISSION STATEMENT

The mission of the Pine Eagle Health Planning Committee is to assure our community access to the best possible health care that we can provide.

CURRENT BOARD OF DIRECTORS AND TERM OF SERVICE

Rose Darting – Chairman PO Box 634 Halfway, OR 97834 rdarting@gmail.com	541-742-5066	2009-2012
Loren Goracke - Treasurer PO Box 501 Halfway, OR 97834 lgoracke@pinetel.com	541-742-4004	2008-2011
Tom Warmath PO Box 472 Halfway, OR 97834 warmatht@yahoo.com	541742-5758	2007-2010
Duane Miles 36232 Holbrook Spur Ln. Halfway, OR 97834 dmiles007@yahoo.com	541-742-5151	2006-2012
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Charles Peterson 46866 Fish Lake Rd Halfway, OR 97834 petersc@pinetel.com	541-742-7755	2007-2010

Halfway Oxbow Ambulance Service

Office Phone 742-7425

Halfway Ambulance 2122

Cell Halfway 541-540-1911

Oxbow Ambulance 2021

Cell Oxbow 541-540-2911

Drivers

2108	Jodel Thatcher	742-6590	cell 541-540-6591
2109	Jill Bridges	742-4418	cell 541-227-8080
2102	Rick Simpson	742-6254	cell 541-540-7200
2112	Mike Butner	742-6822	

First Responders

2107	Rod Tarter	742-4085	
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Basics

2104	Rachelle Robinette	742-5301	cell 541-403-1167
2103	Francis Tyler	742-5802	
2106	Tammy Tyler	742-5602	
2105	Robin Kearns	742-5366	
2111	Andrea Bryan	742-2456	cell 541-540-1410
2110	Susan Schmoe	742-5895	cell 541-540-5895
2101	Brianna Kossler	742-5345	cell 541-540-3386
2116	Phyllis Tomas	742-7071	

Intermediates

2113	Ben Bishop	742-5234	
2114	Dana Simrell	742-4595	cell 541-519-7592 or 7580
2115	Terry Schmoe	742-5895	cell 541-540-6857

ACLS

2118	Kate Grace	742-5344	cell 541-540-3387
2119	Mari Jo St. Claire	742-2323	

Dispatch 541-523-6415

Preamble

This policy manual serves as a foundation to the personnel policies, operational policies, and practices, for the Halfway/Oxbow Ambulance Service. These policies cover information needed for Ambulance Service Volunteers to perform their job and to best serve the needs of the community. In order to best serve the needs of the community, the Halfway Oxbow Ambulance Service will strive to provide well-trained volunteers who work as a team using modern practices and equipment to serve the community and its neighbors.

SECTION I:

DEFINITIONS

- 1.1: Halfway Oxbow Ambulance Service: hereafter referred to as “Service” means:
- a) All Personnel associated with the Ambulance and shall include the Pine-Eagle Health Planning Committee, the Physician Advisor, the Emergency Medical Staff, the Bookkeeper, and any other person working with or for those named above in an official capacity whether it is a temporary or permanent type of work.
 - b) All equipment and supplies owned or leased by the PEHPC regardless of who possesses the equipment and where it is being used or stored.
- 1.2: Pine Eagle Health Planning Committee: hereafter referred to as “Board” mean the nine members of the community that are elected by community ballot in regularly scheduled elections that oversees the non-medical Service functions as defined within these policies.
- 1.3: Physician Director or Physician Advisor: hereafter referred to as “Director” means the Physician contracted with to oversee the medical standards and procedures of the Service as required by Oregon Regulatory Statutes.
- 1.4: Bookkeeper: Hereafter referred to as “Bookkeeper” means the person who is hired or contracted by the board to do billing and other office duties as defined in the contract between the Bookkeeper and the board.
- 1.5: Halfway Oxbow Ambulance Emergency Medical Staff: hereafter referred to as “Staff” means all personnel who provide medical care or assist in medical care of patients on the ambulance(s). This shall include Drivers, First Responders, EMT’s, Nurses, Physician Assistants, ACLS, or any other medically trained individuals who are members of the Service. Staff does not include Board members, Physician Director, bookkeeper, or any person who is affiliated with an Ambulance Service other than Halfway/Oxbow Ambulance regardless of whether they are members of both Services.
- 1.6: Halfway Oxbow Emergency Medical Staff Handbook means any other documents or guidelines adopted by Staff to further assist or define procedures for staff personnel. Handbook items are strictly for staff use and are not to be interpreted as policy. Handbook items must be approved by the majority of staff personnel at a meeting in which all members of the staff have been notified in advance (at least one week) of the vote and in which 75% of the Staff attends that meeting.

SECTION I:

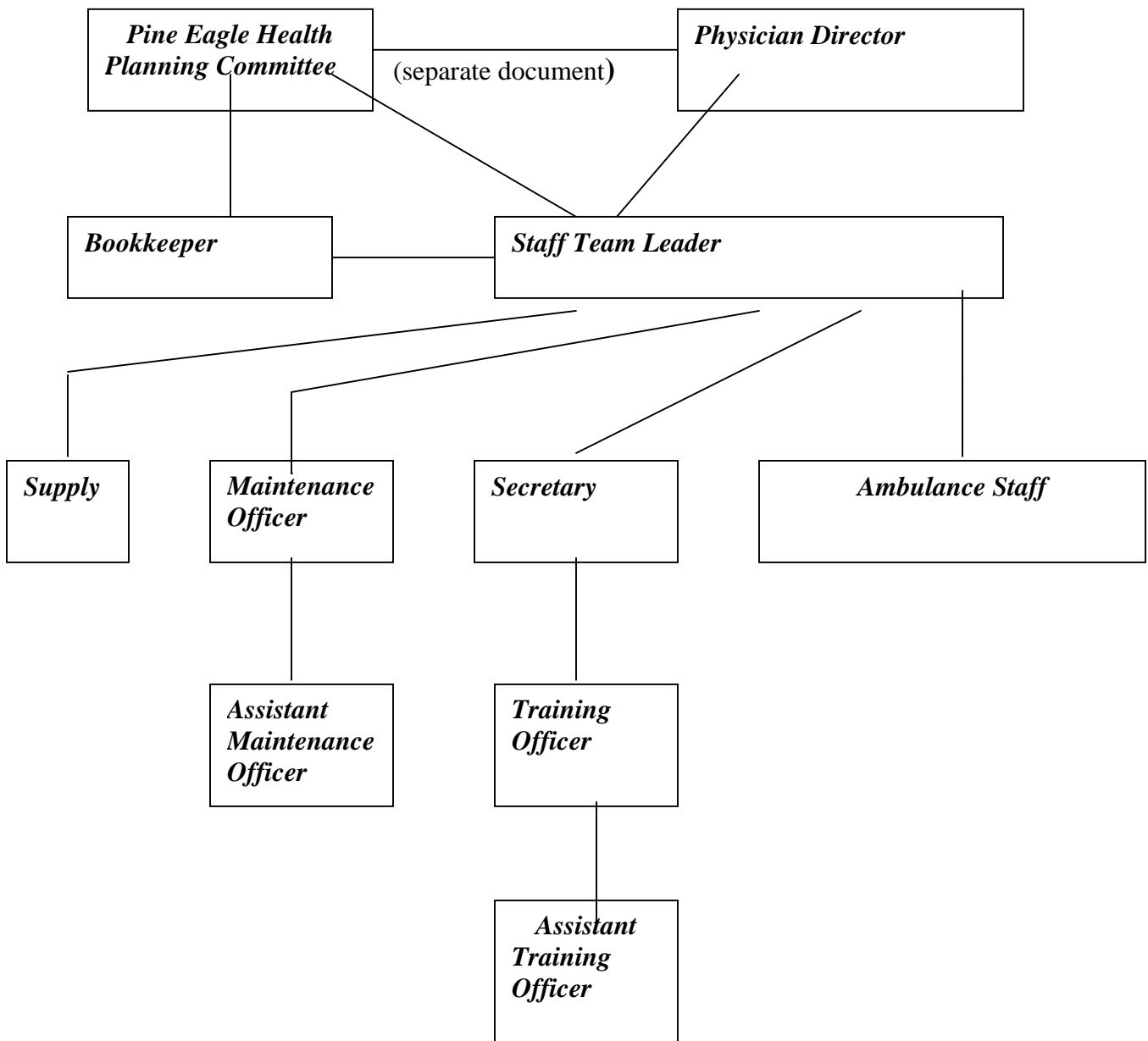
DEFINITIONS

1.7: Halfway Oxbow Ambulance Service Coordinators: hereafter referred to as “Cooperators” means any other officially recognized service or personnel who assists or are assisted by the Halfway Oxbow Ambulance Service through mutual **aid contracts**, other contracts, or any other legal means of preplanned assistance.

1.8: Pine Eagle Health Planning Committee policies mean all documents or guidelines that are adopted by the Board to define Board Operations and Protocols. Regardless of whether the policies have been adopted by the Board, only those policies within the Halfway Oxbow Ambulance Service Policies and Board Bylaws shall apply to the administration of the Halfway Oxbow Ambulance Service. The Board may have additional policy on other functions that they deal with, but those policies will not be effective upon the Service.

SECTION II:

CHAIN OF COMMAND



SECTION III:

ACCOUNTING PRACTICES

1. Billing and collection Policy

Statements will be sent out the first of each month.

Billing 60 days overdue: The bookkeeper will contact patients with bills 60 days overdue. If no payment is forthcoming, the first collection letter, signed by the bookkeeper, will be sent.

Bills 90 days overdue: If no payment has been made in response to the first collection letter, a second collection letter will be sent. If there is still no response or payment, a third collection letter will be drafted and brought to the board meeting for review in executive session. In extenuating circumstances, those reviewing the account have the authority to grant more time or to contact the debtor in person. The third collection letter, when sent, is signed by the chair of the board.

Ten days after the third letter is mailed, the bookkeeper is authorized to assign the account to the Credit Bureau. The Ambulance Service will mail the two-part collection letter from the Credit Bureau. After ten days, a second notice will be mailed. If the debtor pays the account in response to these mailings, the Ambulance Service retains all monies collected. If the account has not been paid by 10 days after the second Credit Bureau notice, the account will be turned over for full collection to the credit bureau. At the time the account is turned over, the Ambulance Service will add its collection cost fees to the balance. This will be 10% of the balance due. Copies of the Patient's Statement or ledger showing the charges that were incurred for the debt due will be pulled and kept in a collection file for future reference between patient and the Credit Bureau. The credit bureau has a 90-day letter service. The ambulance Service pays for the service and receives all monies collected. After the 90-day period, the Ambulance Service loses half of the monies due.

The Bookkeeper may choose to not immediately send a statement to the patient when insurance for that patient has been billed for collection. Upon receiving any payment from the insurance company, or at the next billing cycle, the bookkeeper shall send a statement to the patient and proceed with standard billing practices.

SECTION III:

ACCOUNTING PRACTICES

2. Internal Audit Policy

In December and June, the Board will appoint a qualified individual to review accounting procedures. The appointed person will report to the board on recommendations, corrections, or unresolved problems when the internal audit is complete. The appointed person may be from within the Ambulance Service group, but must be qualified to review billing and accounting practices.

3. Outside Review Policy

An independent accounting firm will do an outside review of Ambulance Finances annually.

4. Fee Schedule

Fee Schedules are to be reviewed annually by a committee appointed by the team leader. Fees should be in-line with surrounding area fees. When it is necessary to change fees, a new schedule will be presented to the Board for review and approval.

SECTION IV: ADMINISTRATIVE OPERATING POLICY

1. Employment Policy

- a. Volunteer members of the Halfway Oxbow Ambulance Service are “at will” employees of the Pine Eagle Health Planning Committee. Where applicable they are compensated in accordance with the policies of this document and bound by the guidelines herein.
- b. Members of the board and staff will adhere to HIPPA federal regulations. A breach of confidentiality is cause for immediate dismissal and will be reported to appropriate state authorities. Board members and staff members will sign a confidentiality statement.
- c. A staff member’s intention to terminate their employment from the ambulance service should be submitted in writing with a two-week notice.
- d. Termination of a staff member by the Service is to be effective immediately.
- e. New Staff members with no previous involvement with the Service will request admission to the service through the Team Leader. They will present their current qualifications (EMT Certificate, Record of Enrollment in Class, or other) to the team leader to verify their qualifications. At the next regularly scheduled meeting of the staff, staff members will vote in writing to accept or reject the new member. Acceptance into the service requires a majority vote of the staff in which seventy five percent of the staff has voted. If seventy five percent of the staff is not at the meeting, then the vote shall be tabled until the next regularly scheduled meeting or until a meeting of all staff members can be scheduled. If a candidate is accepted, the team leader will notify the Physician Director and get their approval of the new member. If accepted by the staff and physician director, the new member will be accepted and the board will be notified at their next regularly scheduled meeting.
- f. All new members will have a one-year probationary period in which they have all rights and duties of the other members except they may not hold any administrative office during this time, they are not allowed to vote during the election of officers for the service, and they may not vote on changes to written policies and/or procedures.

SECTION IV: ADMINISTRATIVE OPERATING POLICY

- g. If a person who has quit or resigned from the service wishes to rejoin, that person is to follow new member admission policy, except the personnel who wish to rejoin the staff shall present a letter stating why they wish to join the service. All rules and policies governing new members shall apply.

- h. If a person who was terminated from the Ambulance Service wishes to rejoin, that person shall request in writing to be on service. New member protocol will then be followed with the following also taking place:
 - 1. If Ambulance Staff terminated the person, then vote of the staff must be 75% in favor of allowing the person to join.

 - 2. If Physician Director terminated the person, then after the vote of the staff, the Physician Director in writing must approve of that person rejoining the ambulance service.

 - 3. If the Board terminated the person, then the Staff must approve, the Physician Director must approve, and a 75% vote of the Board is required for the person to be allowed to rejoin the Service again.

In addition, any person who has been terminated from the service shall have a two (2) year probationary period with the same regulations as new employees. (See section f above)

- i. Personnel working for the Ambulance Service are expected to follow all policies, procedures, handbooks, and state laws and regulations. Failure to follow these can result in disciplinary action or dismissal from the service.

SECTION IV: ADMINISTRATIVE OPERATING POLICY

2. Grievance Policy:

A: For Ambulance Staff

Complaints will be resolved in the following manner.

1. Staff should first try to resolve an issue with his/her Team Leader.
2. If the Team Leader is unable to resolve the problem, they should try to resolve the issue with the Physician Director.
3. If a Staff Member or Team Leader contacts someone on the Board first, the Board Member must notify the appropriate person designated in item #1 or #2 to resolve the issue first.
4. If not satisfied with the results from above steps, the Staff Member or Team Leader may file a written grievance with the Board within 30 days of the first attempt to resolve the problem. The written grievance should include a description of the complaint, the date it was first discussed for resolution, and a statement of adverse affect this problem is causing.
5. Within ten days of receipt of written complaint, the Chairperson of the Board will appoint a Board member(s) to investigate the grievance. The Board member(s) will discuss the issue with all parties and resolve the problem, if possible. The Board member(s) will report back to the Board at the next meeting or to the Chairperson, if action needs to be taken before then.
6. No minutes will be kept of the grievance or the investigation. The grievance and its resolution will be kept confidential.
7. A majority opinion of the Board shall be the final arbitration of the grievance.

B: For Ambulance Patients

Complaints will be resolved in the following manner:

1. Depending on the problem, the patient may discuss it with the Staff Members, Bookkeeper, or Physician Director.
2. Staff Members are responsible for trying to resolve problems and complaints and shall document such attempts and shall involve their appropriate supervisor.

3. If the grievance is not satisfactorily resolved or involves the Team Leader, the patient may request by submitting a signed complaint, a Physician Director and/or Board investigation of the issue. Board investigation will occur at the next regularly scheduled meeting. If necessary, a special board meeting will be convened at an earlier date.
4. The Board Chairperson will appoint board member(s) to investigate the grievance. The member will discuss the issue with all parties involved and resolve it if possible. The Board member will report back to the Board at the next meeting or to the Chairperson if action needs to be taken before then.
5. No minutes will be kept of the grievance or the investigation. The grievance and its resolution will be kept confidential.
6. A majority opinion of the Board shall be the final arbitration of the grievance.

C: For PEHPC Board Members

Complaints will be resolved in the following manner:

1. Complaints are to be submitted in writing to the chairperson of the Board (vice-Chair if the Chairman is involved) in a sealed envelope for review in executive session.
2. At a Board Executive session the issue will be discussed with the board member whom the letter applies to.
3. The Board Chairperson (vice-Chair if the Chairman is involved) will appoint a Board member(s) to investigate the grievance. The Board member will discuss the issue with all parties and resolve it if possible.
4. The Board member(s) will report back to the Board at the next meeting. If action is needed to take place before then, the Board Chairperson (vice-Chair if the Chairman is involved) will call an emergency meeting.
5. If within 10 days, the grievance is not satisfactorily resolved and executive session will be called to resolve the grievance with both parties present. If the grievance involves the chairperson, the vice chair will conduct the meeting.
6. No minutes will be kept of the grievance or the investigation. The grievance and its resolution will be kept confidential.
7. A majority opinion of the Board shall be the final arbitration of the grievance.

SECTION IV: ADMINISTRATIVE OPERATING POLICY

- D. Only grievances that are submitted in writing and signed shall be taken as serious grievances. If the party who brings forth the grievance is not identifiable then the grievance will be dropped and not taken into consideration.
- E. If at any time the grievance is about patient care and /or medical protocols, the grievance will be taken to the Physician Director and the Physician Director will have final say as to what steps should take place.

3. Staff Administrative Procedures

A. Medical records Availability and Transfer

Patient's medical records are confidential and may only be released to specific personnel. All medical records will be released only by strictly adhering to rules and regulations in Oregon regulatory Statutes and Oregon Administrative Rules on how and who can receive the records. If patient's records are released to someone other than themselves, the person who releases the records shall notify person of which the medical file belongs to that it has been released and to whom. The Ambulance Service will retain a copy of all records for their files even when the records have been turned over to another party.

B. Maintenance of Records

1. Appropriate records shall be maintained on all patients using the Pre-hospital Run Report Form. Any additions to the form in the way of statements or additions shall be attached to the Form.
2. All patient records shall be kept for OAR required timeframes and then shall be disposed of according to OAR regulations. (OAR 333-250-040(4)(j))
3. Patient Records and Personnel files shall remain in locked cabinets in the Ambulance Service office, except when being used for purposes of run reviews at regular meetings.

SECTION IV:

ADMINISTRATIVE OPERATING POLICY

C. Health Insurance Portability and Accountability Act

Members of the Halfway Oxbow Ambulance Service are required by law to maintain the privacy of health information. In an effort to keep patient information confidential, we will abide by the Policies and Procedures in the HIPAA Binder, located in the clinic office. This document is available to patrons upon request.

D. Infection Control and Biohazards

All Ambulance personnel will follow the Infection Control Plan when handling Biohazard Waste. Storage and disposal of Biohazards will follow operating procedures outlined in the infection control plan booklet.

2. Policy Review Practice:

The policies and principles within these policies shall be reviewed and updated as needed every three years.

Amendments or changes to the policies since the last review shall be added into the new version and made part of the policy manual.

A committee of no less than two Staff members and two Board members shall review policies.

3. Drug Policy

- a. An accurate inventory of all drugs on the ambulances shall be kept. When a drug is used it shall be recorded at the end of the ambulance run that it was used. All drugs shall be tracked to ensure proper security is followed and to ensure they are within expiration date.
- b. Drugs used solely by ACLS personnel shall be stored separate from all other drugs on the ambulance and in a locked compartment that access is only available to the ACLS personnel. ACLS personnel are responsible for inventory and/or stocking of ACLS drugs.
- c. Any Drugs that are used by Intermediate EMT's that are required to be secured by the State of Oregon (I.E. Morphine) shall be kept in a separate compartment from other drugs on the ambulance and in a locked compartment that's access is only available to the EMT Intermediate or ACLS Personnel.

- d. Personnel are not to remove drugs from the ambulance(s) except for use on patients, stocking/restocking of the drugs, and for formal training sessions.
- e. The Halfway Oxbow Ambulance Service will not store drugs anywhere except for within the ambulance(s) and only at the levels needed to stock the ambulance(s), with the exception of epinephrine 1:1,000, which may be carried by qualified staff in their personal kits.
- f. Drugs used by the Ambulance Service are for patient use only. Expired and unused portions of drugs shall be disposed of appropriately through the correct channels.
- g. Any medication error will be reported to the Physician Director for evaluation. Upon completion of the evaluation, the Physician Director shall meet with the personnel involved and discuss the matter. The Physician Director may issue recommendations or provide disciplinary action to level that the director sees appropriate for the circumstance.
- h. Controlled Substances used shall be documented, in writing, by the person who administered the drug, when the drug was given, how much was given, signature of a witness that it was administered, and sign that they were the one who administered the drug.

SECTION V: PEHPC POLICY RESOLUTIONS

Board of Directors:

- A.** Direct overall management of the Halfway Oxbow Ambulance Service.
- B.** Monitor the management and progress of development of the practice through a monthly review of all indexes available: i.e. income, expenses, purchases of supplies and equipment, patient load rate, collection ratio, and procedures.
- C.** Oversee maintenance of building and equipment, workload of staff.
- D.** Be aware of community reaction to service provided with resolution to any problems thereof.
- E.** Establish long-term mission goals for expansions and improvements. Manage finances, investments and the overall financial well being of the Ambulance Service.
- F.** Ensure that accurate records of operation are maintained and proper accounting procedures are used
- G.** Authorize all expenditures for equipment and other expendables which exceed the adopted budget
- H.** Ensure that proper credentials, licenses and permits are current for the Ambulance Service and it's staff.
- I.** Provide all required insurance coverage for the building, equipment, staff and board.

SECTION VI: DUTIES AND STAFF RESPONSIBILITIES

Team Leader

- Ensure that Personnel Files are current and meet state Standards.
- Coordinate ambulance Staff meetings and set agenda for meetings
- Report to board or ensure information is reported to board on current ambulance activities and needs at regularly scheduled board meetings.
- Arrange for an officer from the staff and at least one other person to attend board meetings monthly. (Team Leader may be one of those two who attend meeting)
- coordinate with the bookkeeper on financial matters, and assist with associated paperwork.
- Ensure staff members are completing jobs assigned and following polices and procedures.
- Delegate duties to other staff members as appropriate.
- Has Legal Signing Authority with the State of Oregon.
- Prepare or oversee preparation and submittal of any paperwork that the Ambulance Service is required to do that is not handled by the bookkeeper.

Secretary

- Records and types minutes of meetings.
- Sends out agendas for meetings
- Hands out any notices of events or happenings involving the Ambulance Service.
- Updates current Staff Roster for Ambulance Service and disperses copies to staff, board, and Dispatch personnel.
- May have other duties as delegated.
- Acts for Team Leader in their absence.

Training Officer

- Tracks training hours of each Staff member on the Service
- Schedules and coordinates trainings for the Ambulance Service
- Ensures that trainings are offered to meet state recertification requirements for all levels of Staff.
- Maintains up to date training file for each staff member.
- May delegate some of duties to Assistant Training Officer.
- Acts for Team Leader in the absence of the secretary and the team leader.

SECTION VI: DUTIES AND STAFF RESPONSIBILITIES

Assistant Training Officer

- Assists the Training officer in their duties.
- Acts in place of the training officer in their absence.

Maintenance Officer

- Ensures maintenance of equipment
- Keeps accurate records of all maintenance according to state standards.
- Schedules repairs and maintenance for equipment.
- May be anyone associated with the ambulance Service or may be contracted Service.

Assistant Maintenance Officer

- Assists Maintenance Officer
- Duties are as delegated by maintenance officer

Supply Officer

- Orders replacement supplies.
- Tracks use of supplies and keeps an inventory
- Ensures drugs and equipment are within expiration dates

Staff

- Responsible for responding to calls when available.
- Assists the team leader and Staff Officers as needed.
- Insures personal training obligations are being met.

PEHPC BYLAWS

1. MEMBERSHIP OF THE COMMITTEE:

Residents of the service area of the Pine Eagle Clinic who would be legally entitled to vote (whether or not registered) are members of the Committee and are entitled to one vote at Committee meetings.

2. MEETINGS:

The Board of Directors will meet once a month for general business and staff issues. There shall be one annual committee meeting each year no later than June. The Clinic's Medical Administrator and the Chairperson of the Board will give yearly evaluation reports. Election of new Board officers will take place. The monthly and annual meeting(s) are open to the general public. **(amended 4/21/03)**

3. GOVERNING BODY:

- A. The governing body shall be a Board of Directors ("The Board"), consisting of nine members, one of which will be selected by the board to serve as Chairperson of the Board and of the Committee. At least 50% of the Board members shall be active users (at least one visit in the previous 12 months) of the Pine Eagle Clinic.
- B. The officers of the Board shall consist of a Chairperson, Vice Chairperson, Secretary, and Treasurer. Each will have responsibilities appropriate to their position. These offices shall be filled and maintained in a manner deemed proper by the Board.
- C. Board members are expected to be active participants in the management of the Ambulance and the Clinic including regular attendance at Board meetings. Any member who is absent from more than three monthly meetings over a period of twelve continuous months without good cause shown shall be dismissed from the Board.
- D. The term of office for Board members shall be three years. Any vacancies created by resignation, incapacity, or board removal will be filled by a majority vote of the Board. The person appointed to fill a vacated seat shall serve the remainder of time left in the position they are filling.
- E. No person can be elected to the Board of Directors if s/he is employed by the Pine Eagle Clinic or engaged as a volunteer for the Halfway/Oxbow Ambulance (amended 4/21/03)
- F. Board members are expected to give of their time on a voluntary basis, but can be compensated for time without any conflict of interest if they are performing a certain duty or service within the operation of the clinic that they have a skill and knowledge for and that someone else, doing the same job, would be paid for. Any such arrangement requires a unanimous vote of the board members present at a meeting.

4. NOMINATIONS:

- A. Each year by the February meeting, the Board shall appoint three persons as a nominating committee. The members of the nominating committee shall be persons who are citizens of the service area and may not be Board members.
- B. The nominating committee shall give public notice of its membership and invite persons interested in being nominated for a position on the Board to contact them. The nominating committee shall select at least one candidate for each open position, plus at least one extra. Incumbents may run if he/she wishes.
- C. If there are more than four candidates expressing interest, the nominating committee will require additional candidates to be supported by a petition from thirty other members of the committee.

5. ELECTIONS:

- A. Election of the Board members shall take place by written ballot over a period of 30 days, preceding the annual meeting of the committee each year. Persons wishing to vote may register on a record to be kept at the polling place and simultaneously fill out a ballot. The ballot shall list all candidates and identify those candidates who are incumbent. In addition, the ballot shall include an instruction of “vote for three candidates only.” A single write-in slot will be provided to accommodate a possible write-in candidate. All completed ballots shall be inserted into a locked box, the key to which is held by a member of the nominating committee.
- B. The Board of Directors is responsible for notifying the public of their opportunity to vote and the location of balloting stations. At a minimum, there will be one balloting location in the town of Halfway, but an effort will be made to place a ballot box in Eagle Valley and somewhere near or in Oxbow. No electioneering may be engaged in the vicinity of any ballot box.
- C. Voting shall be closed 3 days prior to the annual June meeting to allow the nominating committee sufficient time to tabulate the ballots. There shall be no nominations from the floor or open voting at the meeting. Ballots in which more than the specified number of votes have been filled in shall be discarded and the votes not counted. The candidates receiving the highest number of votes will be confirmed as Board members for the succeeding three-year terms. The nominating committee will notify the Board Chair prior to meeting time. The Chair, in turn, will notify the winning candidates and invite them to attend the meeting.
- D. If, for any reason, a newly elected Board member cannot take their seat on the Board, the person receiving the next highest number of votes shall fill the position. Voting tabulations will be kept for one year, or until there is a new election.

6. RECALL:

- A. Board members are subject to recall by a two-thirds vote of members present at the annual Committee meeting. Such a recall must be confirmed by a special meeting of the Committee, to take place not sooner than 10 day nor later than 30 days after the meeting in which the recall vote is taken. In the interim, the recalled Board member(s) shall remain on the Board. Said second meeting must have proper public notice and must confirm again by a two-thirds vote for the recall to stand. In such a case, a new Board member must be elected at said second meeting by open nominations and secret voting.

7. DUTIES OF THE BOARD OF DIRECTORS:

- A. The Board will manage or arrange for the management and efficient operation of the Pine Eagle Clinic and the Halfway Oxbow Ambulance service.
- B. The Board will maintain a complete and accurate set of minutes of each Board meeting, accurate financial records based on the accrual method of accounting, and such other financial records as may be appropriate or required by Medicare and Medicaid. These records shall be open to inspection by any citizen upon request.
- C. The Board will take all reasonable steps to keep the community informed of the Clinic and Ambulance activities through regular news releases or advertising in appropriate media.

8. BOARD MEETINGS:

- A. The Board has the authority to conduct Committee business between annual Committee meetings. The Chairperson or any three Board members may call special Board meetings at any time. It is recommended that meetings follow Robert's Rules of Order.
- B. All Board meetings shall be open to the public. The Board shall, one week in advance, give public notice for all meetings including the date, time, place and proposed agenda. The Board may retire into executive session, which is closed to the public, for discussion of personnel issues.
- C. The subject matter and all related discussions of executive sessions is deemed confidential and shall not be disclosed except under penalty of contempt or other court order after the advice of legal counsel is obtained. Any breach of this provision shall be grounds for immediate removal from the Board and render the disclosing parties subject to liability for damages arising from such disclosure.
- D. A quorum of five Directors shall be required for the Board to take any action.
- E. The Board may delegate its authority to community members not on the Board. Such authority shall be limited to that needed to carry out the responsibilities of the delegated job. And such delegation should be done in writing where possible.

F. Proposals for Board consideration may be presented in writing at any Board meeting. The proposal will be considered at the following meeting. Such proposals must include:

- (1) The proposal
- (2) How much revenue it will generate
- (3) How much it will cost
- (4) What is the benefit to the clinic or ambulance
- (5) What line item it affects
- (6) What committee or person is involved

9. AMENDMENTS:

- A. The public shall be notified at least one week in advance of the annual committee meeting if any changes to the bylaws are proposed.
- B. These bylaws may be amended at the annual committee meeting by a two-thirds majority vote of committee members present. The results of the voting shall be made public.

(Bylaws amended 06/21/05)

(Bylaws amended 06/20/06)