



TAHOE FOREST HOSPITAL DISTRICT

# 2020-06-25 Regular Meeting of the Board of Directors

Thursday, June 25, 2020 at 4:00 p.m.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for June 25, 2020 will be conducted telephonically through Zoom.

Please be advised that pursuant to the Executive Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting.

Board Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

If you would like to speak on an agenda item, you can access the meeting remotely: Please use this web link: <https://tfhd.zoom.us/j/99088949732>

If you prefer to use your phone, you may call in using the following numbers: (346) 248 7799 or (301) 715 8592, Meeting ID: 990 8894 9732

# Meeting Book - 2020-06-25 Regular Meeting of the Board of Directors

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### 12. SAFETY FIRST

No related materials.

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No related materials.

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#### 16.3. COVID-19 Update

No related materials.

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### ITEMS 17 - 22: See Agenda

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### 23. ADJOURN



# REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, June 25, 2020 at 4:00 p.m.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for June 25, 2020 will be conducted telephonically through Zoom. Please be advised that pursuant to the Executive Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting. Board Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

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(346) 248 7799 or (301) 715 8592

Meeting ID: 990 8894 9732

Public comment will also be accepted by email to [mrochefort@tfhd.com](mailto:mrochefort@tfhd.com). Please list the item number you wish to comment on and submit your written comments 24 hours prior to the start of the meeting.

Oral public comments will be subject to the three minute time limitation (approximately 350 words). Written comments will be distributed to the board prior to the meeting but not read at the meeting.

## **1. CALL TO ORDER**

## **2. ROLL CALL**

## **3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA**

## **4. INPUT AUDIENCE**

This is an opportunity for members of the public to comment on any closed session item appearing before the Board on this agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Clerk of the Board 24 hours prior to the meeting to allow for distribution.

## **5. CLOSED SESSION**

### **5.1. Hearing (Health & Safety Code § 32155)**

*Subject Matter: 2020 Claims Summary Report*

*Number of items: One (1)*

### **5.2. Hearing (Health & Safety Code § 32155)**

*Subject Matter: Quality Assurance Report*

*Number of items: One (1)*

**5.3. Conference with Legal Counsel; Existing Litigation (Gov. Code § 54956.9(d)(1))**

*The District Board finds, based on advice from legal counsel, that discussion in open session will prejudice the position of the local agency in the litigation.*

*Case Name: Adomitis v. Tahoe Forest Hospital District*

*Names of Parties: Frank Adomitis and Tahoe Forest Hospital District*

*Case Number: 2:17-cv-01879-KJM-DB*

**5.4. Report Involving Trade Secrets (Health & Safety Code § 32106)**

*Discussion will concern: Proposed new program*

*Estimated Date of Disclosure: December 2021*

**5.5. Approval of Closed Session Minutes** ◆

*05/28/2020*

**5.6. TIMED ITEM – 5:30PM - Hearing (Health & Safety Code § 32155)** ◆

*Subject Matter: Medical Staff Credentials*

**APPROXIMATELY 6:00 P.M.**

**6. DINNER BREAK**

**7. OPEN SESSION – CALL TO ORDER**

**8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION**

**9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA**

**10. INPUT – AUDIENCE**

This is an opportunity for members of the public to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Board cannot take action on any item not on the agenda. The Board Chair may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

**11. INPUT FROM EMPLOYEE ASSOCIATIONS**

This is an opportunity for members of the Employee Associations to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes.

**12. SAFETY FIRST**

**13. ACKNOWLEDGMENTS**

**13.1.** June 2020 Employee of the Month ..... ATTACHMENT

**14. MEDICAL STAFF EXECUTIVE COMMITTEE** ◆

**14.1.** Medical Executive Committee (MEC) Meeting Consent Agenda ..... ATTACHMENT

*MEC recommends the following for approval by the Board of Directors:*

*Policies with content changes*

- *Reporting Communicable Diseases, AIPC-105*
- *Labor – Cervical Ripening with Prostaglandin E1 (Cytotec) or E2 (Cervadil), DWFC-1488*

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District  
**June 25, 2020 AGENDA – Continued**

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**15. CONSENT CALENDAR** ◆

These items are expected to be routine and non-controversial. They will be acted upon by the Board without discussion. Any Board Member, staff member or interested party may request an item to be removed from the Consent Calendar for discussion prior to voting on the Consent Calendar.

**15.1. Approval of Minutes of Meetings**

**15.1.1.** 05/28/2020..... ATTACHMENT

**15.2. Financial Reports**

**15.2.1.** Financial Report – May 2020..... ATTACHMENT

**16. ITEMS FOR BOARD DISCUSSION**

**16.1. Gateway Mountain Center**

The Board of Directors will receive an update from Gateway Mountain Center.

**16.2. TFHD Athletic Trainer Program**

The Board of Directors will receive an update on the athletic trainer program..... ATTACHMENT

**16.3. COVID-19 Update**

The Board of Directors will receive an update on hospital and clinic operations related to COVID-19.

**17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY**

**18. BOARD COMMITTEE REPORTS**

**19. BOARD MEMBERS REPORTS/CLOSING REMARKS**

**20. CLOSED SESSION CONTINUED, IF NECESSARY**

**21. OPEN SESSION**

**22. REPORT OF ACTIONS TAKEN IN CLOSED SESSION, IF NECESSARY**

**23. ADJOURN**

*The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is July 23, 2020 at Tahoe Forest Hospital, 10121 Pine Avenue, Truckee, CA, 96161. A copy of the board meeting agenda is posted on the District’s web site ([www.tfhd.com](http://www.tfhd.com)) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting.*

\*Denotes material (or a portion thereof) may be distributed later.

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions. Equal Opportunity Employer. The telephonic meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District’s public meetings. If particular accommodations for the disabled are needed or a reasonable modification of the teleconference procedures are necessary (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.



## JUNE 2020 EMPLOYEE OF THE MONTH

# SAMANTHA SMITH

## NURSE PRACTITIONER/PHYSICIAN ASSISTANT – MSC IM/CARD

We are honored to announce Samantha Smith as our June 2020 Employee of the Month! Samantha has been with the Tahoe Forest Health System since October of 2013. Here are some of the great things Samantha's colleagues have to say about her:

Sam is always a person who is willing to help, provide guidance, and look for ways to improve the patient care experience. Most recently, she has gone above and beyond in facilitating a workflow to identify COVID -19 patients in our out-patient setting that helped keep both patients and staff safe.

Sam's calm demeanor helped staff band together to find the best way to service this new patient population without having the support of a physical exam room. Sam even volunteered on her day off to be the go-to Provider for COVID -19 patients. Throughout this difficult time, Sam's door is always open for anyone to ask questions, pose concerns, and brainstorm ways to make the process smoother.

As the COVID-19 situation continues to evolve, Sam is at the forefront trying to solve current problems as well as prepare for what might be lying ahead.

Thank you Samantha, for your invaluable work during this crisis, and for your ongoing commitment to our values!

**Please join us in congratulating all of our terrific nominees!**

**Abby Thomas**

**Arlette Tormey**

**Armando Reyes**

**Andrea Heidlbergerova**

**Ashley Severson**

**Ryan Kasten**

## AGENDA ITEM COVER SHEET

<b>ITEM</b>	Medical Executive Committee Meeting Consent Agenda
<b>RESPONSIBLE PARTY</b>	Greg Tirdel, MD Chief of Staff
<b>ACTION REQUESTED?</b>	For Board Action
<p><b>BACKGROUND:</b></p> <p>During the June 18, 2020 Medical Executive Committee meeting, the committee made the following open session consent agenda item recommendations to the Board of Directors at the June 25, 2020 meeting.</p>	
<p><b>SUMMARY/OBJECTIVES:</b></p> <p>Approval of the following consent agenda items:</p> <p><u>Policies Without Changes</u></p> <ul style="list-style-type: none"> <li>• Reporting Communicable Diseases, AIPC – 105</li> <li>• Labor – Cervical Ripening with Prostaglandin E1 (Cytotec) or E2 (Cervidil), DWFC-1488</li> </ul>	
<p><b>SUGGESTED DISCUSSION POINTS:</b></p> <ul style="list-style-type: none"> <li>• COVID-19 does not show on Washoe County’s list of communicable diseases. The county has not yet updated the list but under the emergency declaration, the District is required to report COVID-19 cases within 24 hours.</li> </ul>	
<p><b>SUGGESTED MOTION/ALTERNATIVES:</b></p> <p>Move to approve Medical Executive Committee Meeting Consent Agenda as presented.</p>	
<p><b>LIST OF ATTACHMENTS:</b></p> <p><u>Policies With Content Changes</u></p> <ul style="list-style-type: none"> <li>• Reporting Communicable Diseases, AIPC – 105</li> <li>• Labor – Cervical Ripening with Prostaglandin E1 (Cytotec) or E2 (Cervidil), DWFC-1488</li> </ul>	



TAHOE  
FOREST  
HEALTH  
SYSTEM

Origination Date:	10/2002
Last Approved:	01/2020
Last Revised:	01/2020
Next Review:	01/2021
Department:	<i>Infection Prevention and Control - AIPC</i>
Applicabilities:	<i>System</i>

## Reporting Communicable Diseases, AIPC-105

### PURPOSE:

To describe mandated reporting of communicable diseases to public health.

### POLICY:

All cases of reportable communicable disease, any outbreak or undue prevalence of infectious or parasitic disease or infestation, shall be reported to the public health authority in accordance with state regulations.

### PROCEDURE:

- A. Local public health departments/districts are notified according to criteria stated on the Reportable Disease lists for California (Nevada and Placer counties) and Washoe County (state of Nevada), these include:
1. When a reportable disease organism is identified in the laboratory, the clinical lab finalizing the report is responsible for faxing the final report along with the current Confidential Morbidity Report (CMR) Form containing patient demographics to the appropriate public health department.
  2. Physicians and health care providers are legally required to report suspected, lab-confirmed, and clinical diagnoses of specific diseases and conditions within specified time frames to the client's county of residence. Please refer to the references below for the list of specific conditions and reporting time frames.
  3. Providers with questions about reportable disease reporting should contact Lab at (530) 582-3401 or Infection Prevention at (530) 582-8231; patients should not be instructed to report directly to public health.
  4. An unusual occurrence: an outbreak, epidemic, fire, major accident, and strike, death from unnatural causes or catastrophe, or unusual occurrences which threaten the welfare, safety, or health of patients, personnel or visitors.
- B. Reporting phone and fax numbers for local public health:
1. Nevada County, California:
    - a. phone:weekdays: (530) 265-1420, after hours and weekends: (530) 265-7880;
    - b. fax: (530) 271-0836.
  2. Placer County, California:



- a. phone: weekdays: (530) 889-7183, after hours and weekends: (530) 889-7274;
- b. fax: (530) 886-2945.
- 3. Washoe County, Nevada:
  - a. phone: (775) 328-2447;
  - b. fax: (775) 328-3764.
- C. All positive cultures and sensitivities are available and reviewed by Infection Control through Electronic Medical Record surveillance reports.
  - 1. Trends or areas of concern are investigated and reported to the Infection Control Committee and/or Quality Management.
  - 2. Recommendations for action are forwarded to the appropriate departments/committees.

## Related Policies/Forms:

[Washoe County, NV - Confidential Case Report - Reportable Communicable Disease, Oct 2019](#)

[Washoe County, NV - Confidential Case Report - Sexually Transmitted Diseases/HIV, Oct 2019](#)

[California Communicable Disease Control Forms](#)

## References:

[Washoe County, NV - Reporting Requirements - Reportable Disease List, Oct 2019](#)

[Title 17 California Code of Regulations \(CCR\) Reportable Diseases and Conditions, Sept 2019](#)

All revision dates:

01/2020, 01/2020, 11/2018, 10/2016, 12/2007, 11/2003, 10/2002

## Attachments

No Attachments

## Approval Signatures

Step Description	Approver	Date
	Janet VanGelder: Director	01/2020
	Svetlana Schopp: Infection Preventionist	01/2020



# REPORTING REQUIREMENTS

## Updated October 2019

### PLEASE FAX REPORTS TO (775) 328-3764

Physicians, laboratories, and other health care providers are required to report suspected and confirmed diagnoses of the following diseases and conditions to the Washoe County Health District, pursuant to Nevada Administrative Code Chapter 441A. Other persons with obligations to report suspected or confirmed disease include persons in charge of schools, child care facilities, or correctional facilities.

#### REPORTABLE DISEASE LIST – Report within 24 hours unless otherwise noted below

Acquired immunodeficiency syndrome (AIDS) Amebiasis Animal bite from a rabies-susceptible animal <b>ANTHRAX*†¶</b> <b>BOTULISM *†¶</b> Brucellosis¶ Campylobacteriosis¶ Carbapenem resistant organisms ▲§¶ CD4 lymphocyte counts▲ Chancroid Chikungunya virus disease <i>Chlamydia trachomatis</i> infection of the genital tract Cholera Coccidioidomycosis Cryptosporidiosis Dengue Diphtheria†¶ Ehrlichiosis/anaplasmosis Encephalitis <i>Enterobacteriaceae, Carbapenem-resistant (CRE), including carbapenem-resistant Enterobacter spp., Escherichia coli and Klebsiella spp.¶</i> <b>EXTRAORDINARY OCCURRENCE OF ILLNESS (E.G., SMALLPOX, SARS) *†</b> Giardiasis Gonococcal infection Granuloma inguinale <i>Haemophilus influenzae</i> , type b invasive disease¶ Hansen's Disease (leprosy) Hantavirus	Hemolytic-uremic syndrome (HUS) Hepatitis A Hepatitis B Hepatitis C Hepatitis Delta Hepatitis E Hepatitis, unspecified Human immunodeficiency virus infection (HIV) <b>ILLNESS KNOWN OR SUSPECTED TO BE THE RESULT OF INTENTIONAL TRANSMISSION OR BIOTERRORISM*†</b> Influenza Legionellosis¶ Leptospirosis Listeriosis¶ Lyme disease Lymphogranuloma venereum Malaria¶ Measles (rubeola)† Meningitis (specify type) <b>MENINGOCOCCAL DISEASE*†¶</b> Mumps <b>OUTBREAKS, ALL (E.G., FOODBORNE, HEALTHCARE-ASSOCIATED, NOROVIRUS) *†</b> Pertussis¶ <b>PLAGUE*†¶</b> <b>POLIOVIRUS INFECTION*</b> <b>POLIOMYELITIS*†</b> Psittacosis	Q Fever¶ Rabies, animal <b>RABIES, HUMAN*†</b> Relapsing fever Respiratory syncytial virus infection (RSV) Rotavirus Rubella (including congenital)† Saint Louis encephalitis virus (SLEV) Salmonellosis¶ Severe reaction to immunization <i>Shiga toxin-producing Escherichia coli¶</i> Shigellosis¶ Spotted fever rickettsioses (including RMSF) <i>Staphylococcus aureus</i> (vancomycin-intermediate or vancomycin-resistant)¶ <i>Streptococcus pneumoniae</i> (invasive) Syphilis (including congenital) Tetanus¶ Toxic shock syndrome Trichinosis Tuberculosis†¶ <b>TULAREMIA*†¶</b> Typhoid fever Varicella (chickenpox) Vibriosis¶ <b>VIRAL HEMORRHAGIC FEVER*†</b> West Nile Virus Yellow fever Yersiniosis¶ Zika virus disease
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\*MUST REPORT IMMEDIATELY, anytime, day or night, including weekends and holidays, by calling (775) 328-2447  
 †Must report when suspect    ▲Laboratories only must report    ¶ Isolates must be submitted to Nevada State Public Health Lab  
 §Reporting of carbapenem-resistant Enterobacteriaceae (CRE), carbapenem-resistant pseudomonas aeruginosa (CRPA), and other carbapenem-resistant Gram negative bacilli (CRGNB) is now being requested pursuant to NAC 441A.235-3(a) from all hospital laboratories in Washoe County.

#### REQUIRED INFORMATION FOR REPORTS

- |                                |                                       |  |
|--------------------------------|---------------------------------------|--|
| ◆ Disease or suspected disease | ◆ Date of birth (if known)            | ◆ Health Care Provider's name & contact information                      |
| ◆ Patient's full name          | ◆ Sex, Race (if known)                | ◆ Any other information requested by the health authority, if available. |
| ◆ Address                      | ◆ Occupation, Employer (if known)     |  |
| ◆ Telephone number             | ◆ Date of disease onset and diagnosis |  |

#### CONTACTS FOR DISEASE SPECIFIC QUESTIONS

AIDS, HIV, CD4	Heather Holmstadt, RN, 328-6142 Jessica Conner, 328-6156, Jennifer Howell, 328-6147	Public Health Investigator Public Health Investigator, Program Coordinator
Sexually Transmitted Diseases	328-6161	On-duty Disease Intervention Specialist
TB	785-4785	On-duty Public Health Nurse
All other reportable diseases	328-2447	On-duty Public Health Investigator or Epidemiologist



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SYSTEM

Origination Date: 11/1996  
Last Approved: 05/2020  
Last Revised: 05/2020  
Next Review: 05/2021  
Department: Women and Family  
Center - DWFC  
Applicabilities: Tahoe Forest Hospital

## Labor - Cervical Ripening with Prostaglandin E1(Cytotec) or E2 (Cervidil), DWFC-1488

### PURPOSE:

To prepare an unfavorable cervix for induction when delivery is indicated, using synthetic prostaglandin E1 (PGE1, e.g., misoprostol), or prostaglandin E2 (PGE2, e.g., Cervidil®).

### POLICY:

- COPY**
- A. Cervical ripening may be used when delivery is indicated, no contraindications exist for a vaginal birth, and the cervix is unfavorable for induction (i.e., Bishop's score less than 8 for a nulliparous woman or less than 6 for a multiparous woman. *See table below*)
  - B. There is a valid indication for delivery such as:
    1. Premature rupture of membranes
    2. Chorioamnionitis
    3. Fetal demise
    4. Maternal medical conditions (diabetes, renal disease, hypertensive disorders or pulmonary disease)
    5. Fetal compromise where the risk of early delivery outweighs the risk of continuing the pregnancy (growth restriction, isoimmunization, abnormal Doppler flow studies)
    6. Post-term pregnancy
  - C. Contraindications for cervical ripening include:
    1. History of hypersensitivity to prostaglandins or constituents of agent
    2. History of cesarean birth or gynecologic surgery to the upper uterine segment (misoprostol and Cervidil® contraindicated specifically)
    3. Regular uterine contractions of moderate intensity
    4. Tachysystole or hypertonic uterine patterns
      - a. Tachysystole as defined by ACOG and AWHONN, more than 5 contractions in 10 minutes, averaged over 30 minutes

- D. Conditions requiring precaution
  - a. Asthma or history of asthma
  - b. Glaucoma or raised intraocular pressure
- The physician advises the woman of the potential risks and benefits of cervical ripening, and documents informed consent in the Electronic Medical Record (EMR).
- A. Assessment of gestational age, pelvic adequacy, fetal size and presentation, and cervical status is completed and documented by the physician in the EMR before the procedure.
- B. Physician should be readily available.
- C. Continuous electronic fetal monitoring is required.

## PROCEDURE:

- A. Establish an intravenous access.
- B. Obtain a 30-minute fetal heart rate (FHR) tracing. FHR pattern must be a Category I. Notify the physician if the tracing is Category II or III.
- C. Perform a vaginal examination to determine Bishop's score and document. Notify the physician if the Bishop's score is 8 or greater for a nulliparous woman or is 6 or greater for a multiparous woman.
- D. ~~Administer prostaglandin by placing the ordered agent in the posterior vaginal fornix (see specific information below).~~ Administer prostaglandin as directed by physician order.
- E. Assess and document maternal-fetal status per policy and prior to administration of each subsequent dose.
  1. If tachysystole as defined above occurs after placement of a prostaglandin, notify physician after intrauterine interventions have been implemented, discuss ongoing plan of care.
  2. Subsequent dosing is not to be delayed without physician consultation.
- F. Administer medications as ordered to relieve symptoms (e.g., nausea, diarrhea, and increase in temperature) that can be associated with cervical ripening agents.
  - A. **Misoprostol Vaginal:**
    - a. Initial dosing: 25 mcg intravaginally
    - b. Place Misoprostol in posterior vaginal fornix.
    - c. Administration may be repeated every 4 hours, until a painful uterine contraction pattern of 3 UCs per 10 minute period is established or a total of to 46 doses have been administered in a 24 hour period, providing the FHR pattern is Category I, ~~uterine tachysystole and the patient is not present, and the patient is not in active labor.~~
    - d. Woman should remain recumbent (lateral position preferred), for at least 30 minutes following administration.
    - e. Oxytocin may not be started less than 4 hours following the last misoprostol dose.

- B. **Misoprostol Oral:**

- a. Initial dosing: 50 mcg by mouth
- b. Subsequent dosing: ~~Reassessment to be completed 3-4 hours following initial dose. If the patient has not achieved an adequate contraction pattern as defined by three moderate or strong contractions lasting at least 45 seconds in a 10 minute period, the next dose may be given. The dose may be increased from 50 mcg to 100 mcg following administration of the second dose if an adequate contraction pattern as defined above has not been achieved following the first two 50 mcg administrations. If the contraction pattern is adequate at 3-4 hours but subsequently becomes inadequate, another dose may be given at that time. This dose should be less than or equivalent to the most recent dose provided.~~
  - i. Administration may be repeated every 4 hours, until a painful uterine contraction pattern of 3 UCs per 10 minute period is established or a total of to 6 doses have been administered in a 24 hour period, providing the FHR pattern is Category I, and the patient is not in active labor.
  - ii. The dose may be increased from 50 mcg to 100 mcg following administration of the second dose if an adequate contraction pattern as defined above has not been achieved following the first two 50 mcg administrations.
  - iii. If the contraction pattern is adequate at 3-4 hours but subsequently becomes inadequate, another dose may be given at that time.
    - a. This dose should be less than or equivalent to the most recent dose provided.

**G. Cervidil**

- a. Place medication in posterior vaginal fornix.
- b. Woman should remain recumbent (lateral position preferred), for 2 hours after insertion.
- c. Cervidil should be removed for any of the following reasons:
  - a. 12 hours after insertion
  - b. Category III FHR pattern noted
  - c. Persistent uterine tachysystole pattern noted.
- d. Notify provider of Category II or III FHR pattern to obtain orders.
- e. Oxytocin may not be started less than 4 hours following the last Cervidil® insertion.

**Bishop scoring system\*** Based on a -3 to +3 scale

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Dilation, cm	Closed	1-2	3-4	5-6
Effacement, percent	0-30	40-50	60-70	≥80
Station*	-3	-2	-1, 0	+1, +2
Cervical consistency	Firm	Medium	Soft	
Position of the cervix	Posterior	Midposition	Anterior	

## Related Policies:

[Labor - Electronic Fetal Monitoring, DWFC-1412](#); [Labor - Cervical Ripening with a Foley Catheter Bulb, DWFC-1498](#)

## References:

American College of Obstetricians and Gynecologists (ACOG). (2009). Induction of labor (ACOG practice bulletin No. 107). *Obstetrics & Gynecology*, 114(2 Pt.1), 386-397.

American College of Obstetricians and Gynecologists (ACOG). (2010). Vaginal birth after previous cesarean delivery (ACOG Practice Bulletin No. 115). *Obstetrics & Gynecology*, 116(2 Pt.1), 450-463.

Simpson, K. R. (2008). *Cervical ripening and induction and augmentation of labor* (3rd ed.). Washington, D. C.: Association of Women's Health, Obstetric and Neonatal Nurses.

All revision dates: 05/2020, 08/2019, 06/2018, 05/2017, 02/2015, 03/2014, 11/2013, 01/2011, 01/2010, 01/2009

## Attachments

No Attachments

## Approval Signatures

Step Description	Approver	Date
	Kerry Milligan: Director, Acute Servies	05/2020
	Ellie Cruz: Nurse Manager, W & F	05/2020

**COPY**



# REGULAR MEETING OF THE BOARD OF DIRECTORS **DRAFT** MINUTES

Thursday, May 28, 2020 at 4:00 p.m.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for May 28, 2020 will be conducted telephonically through Zoom. Please be advised that pursuant to the Executive Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting. Board Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

## 1. CALL TO ORDER

Meeting was called to order at 4:02 p.m.

## 2. ROLL CALL

Board: Alyce Wong, Board Chair; Mary Brown, Vice Chair; Art King, Secretary; Dale Chamblin, Treasurer; Michael McGarry, Board Member

Staff in attendance: Harry Weis, Chief Executive Officer; Karen Baffone, Chief Nursing Officer; Matt Mushet, In-House Counsel; Martina Rochefort, Clerk of the Board

Other: David Ruderman, Assistant General Counsel

## 3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

## 4. INPUT AUDIENCE

No public comment was received.

Open Session recessed at 4:04 p.m.

## 5. CLOSED SESSION

### 5.1. Hearing (Health & Safety Code § 32155)

*Subject Matter: Annual Home Health & Hospice Quality Report*

*Number of items: One (1)*

Discussion was held on a privileged item.

### 5.2. Hearing (Health & Safety Code § 32155)

*Subject Matter: Third Quarter Fiscal Year 2020 Quality Dashboard Report*

*Number of items: One (1)*

Discussion was held on a privileged item.

### 5.3. Hearing (Health & Safety Code § 32155)

*Subject Matter: Quality Assurance Report*

*Number of items: One (1)*

Discussion was held on a privileged item.

**5.4. Approval of Closed Session Minutes**

04/23/2020 – Special Meeting, 04/23/2020 – Regular Meeting

Discussion was held on a privileged item.

**5.5. TIMED ITEM – 5:30PM - Hearing (Health & Safety Code § 32155)**

*Subject Matter: Medical Staff Credentials*

Discussion was held on a privileged item.

**6. DINNER BREAK**

**7. OPEN SESSION – CALL TO ORDER**

Open Session reconvened at 6:03 p.m.

**8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION**

General Counsel reported the board took no reportable action on items 5.1.-5.3. The board approved item 5.4 on a 5-0 vote. Item 5.5. was also approved on a 5-0 vote.

**9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA**

No changes were made to the agenda.

**10. INPUT – AUDIENCE**

No public comment was received.

**11. INPUT FROM EMPLOYEE ASSOCIATIONS**

No public comment was received.

**12. ACKNOWLEDGMENTS**

**12.1.** Dolores Corona was named May 2020 Employee of the Month.

**12.2.** Nurses Week was recognized on May 6-12, 2020.

**12.3.** National Hospital Week was recognized on May 10-16, 2020.

**13. MEDICAL STAFF EXECUTIVE COMMITTEE**

**13.1.** Level 3 Trauma Update

Dr. Greg Tirdel, Chief of Staff, provided an update on the Level 3 Trauma program.

The Board of Directors support pursuit of Level 4 Trauma Designation and asked for their support to be recorded in the minutes.

**13.2.** Medical Executive Committee (MEC) Meeting Consent Agenda



*MEC recommends the following for approval by the Board of Directors:*

Policies without content changes

- *Diagnostic Imaging*
- *TFH/IVCH Pharmacy 2020 Annual Policies & Procedures List*

Policies with content changes

- *Late Career Provider, MSCP-1701*
- *Tahoe Forest Health System Formulary 2020*
- *Scanning Advance Directives/POLSTS into the Electronic Health Record, DHIM-2001*

No public comment was received.

**ACTION:** Motion made by Director King, to approve the Medical Executive Committee Meeting Consent Agenda as presented, seconded by Director Brown. Roll call vote taken.

McGarry – AYE

Chamblin – AYE

King – AYE

Brown – AYE

Wong – AYE

**14. CONSENT CALENDAR**

**14.1. Approval of Minutes of Meetings**

**14.1.1.** 04/23/2020 – Special Meeting

**14.1.2.** 04/23/2020 – Regular Meeting

**14.2. Financial Reports**

**14.2.1.** Financial Report – April 2020

**14.3. Approve President & Chief Executive Officer Job Description**

**14.3.1.** President & CEO Job Description

No public comment was received.

**ACTION:** Motion made by Director Chamblin to approve the Consent Calendar as presented, seconded by Director McGarry Roll call vote taken.

McGarry – AYE

Chamblin – AYE

King – AYE

Brown – AYE

Wong – AYE

**15. ITEMS FOR BOARD DISCUSSION**

**15.1. COVID-19 Update**

Harry Weis, President & Chief Executive Officer, provided an update on hospital and clinic operations related to COVID-19.

**16. ITEMS FOR BOARD ACTION**

**16.1. Contract for Exit and Security Door and Central Supply Storage Project**

Dylan Crosby, Director of Facilities and Construction, presented a contract for the Exit and Security Doors and Central Supply Storage Project to J.M. Streamline, Inc. dba Streamline Construction for \$359,750.00.

**ACTION:** Motion made by Director Chamblin, to award the Exit and Security Doors and Central Supply Storage Project to J.M. Streamline, Inc. dba Streamline Construction for \$359,750.00 as presented, seconded by Director King. Roll call vote taken.

McGarry – AYE

Chamblin – AYE

King – AYE

Brown – AYE

Wong – AYE

**16.2. President & CEO Employment Agreement with Harry Weis**

Discussion was held.

**ACTION:** Motion made by Director McGarry, to approve the President and Chief Executive Officer Employment Agreement with Harry Weis dated July 1, 2020 as presented, seconded by Director Chamblin. Roll call vote taken.

McGarry – AYE

Chamblin – AYE

King – AYE

Brown – AYE

Wong – AYE

**16.3. Resolution 2020-05**

The Board of Directors reviewed and considered approval of a resolution determining to consolidate the hospital district general election with the statewide general election and authorizing the canvass of returns by the respective Boards of Supervisors of Placer and Nevada Counties, California.

No public comment was received.

**ACTION:** Motion made by Director Chamblin, to approve Resolution 2020-05 as presented, seconded by Director Brown. Roll call vote taken.

McGarry – AYE

Chamblin – AYE

King – AYE

Brown – AYE

Wong – AYE

**16.4. Delay of Fiscal Year 2021 Budget**

Discussion was held.

**ACTION:** Motion made by Director Chamblin, to delay the fiscal year 2021 budget presentation until September 15, 2020, seconded by Director McGarry. Roll call vote taken.

McGarry – AYE

Chamblin – AYE

King – AYE

Brown – AYE

Wong – AYE

**17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY**

Not applicable.

**18. BOARD COMMITTEE REPORTS**

Director Brown provided an update from the recent Quality Committee.

Director McGarry provided an updated from the recent TFHS Foundation meeting.

**19. BOARD MEMBERS REPORTS/CLOSING REMARKS**

Director Wong reminded board members to be the role models for the community as places begin to open up in town.

**20. CLOSED SESSION CONTINUED, IF NECESSARY**

Not applicable.

**21. OPEN SESSION**

**22. REPORT OF ACTIONS TAKEN IN CLOSED SESSION, IF NECESSARY**

**23. ADJOURN**

Meeting adjourned at 7:26 p.m.

**TAHOE FOREST HOSPITAL DISTRICT  
MAY 2020 FINANCIAL REPORT  
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**Board of Directors**  
*Of Tahoe Forest Hospital District*  
**MAY 2020 FINANCIAL NARRATIVE**

The following is the financial narrative analyzing financial and statistical trends for the eleven months ended May 31, 2020.

**Activity Statistics**

- ❑ TFH acute patient days were 351 for the current month compared to budget of 343. This equates to an average daily census of 11.3 compared to budget of 11.1.
- ❑ TFH Outpatient volumes were below budget in the following departments by at least 5%: Emergency Department visits, Clinic visits, Home Health and Hospice visits, Diagnostic Imaging, Medical Oncology procedures, Nuclear Medicine, MRI, PET CTs, Respiratory Therapy, Gastroenterology cases, Physical Therapy, Speech Therapy, and Occupational Therapy.

**Financial Indicators**

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 51.4% in the current month compared to budget of 50.0% and to last month's 57.1%. Current year's Net Patient Revenue as a percentage of Gross Patient Revenue was 50.8% compared to budget of 50.0% and prior year's 52.4%.
- ❑ EBIDA was \$(1,636,070) (-6.4%) for the current month compared to budget of \$597,237 (2.0%), or \$(2,233,308) (-8.4%) below budget. Year-to-date EBIDA was \$12,896,621 (3.7%) compared to budget of \$11,788,417 (3.4%), or \$1,108,204 (.2%) above budget.
- ❑ Net Income was \$8,325,591 for the current month compared to budget of \$200,695 or \$8,124,897 above budget. Year-to-date Net Income was \$21,342,059 compared to budget of \$7,303,753 or \$14,038,307 above budget. Without the COVID-19 Emergency Funding received from HHS Net Income would have been \$(1,282,095) and Year-to-date Net Income would have been \$7,954,121.
- ❑ Cash Collections for the current month were \$9,256,775, which is 65% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$76,482,962 at the end of May compared to \$80,857,861 at the end of April.

**Balance Sheet**

- ❑ Working Capital is at 103.1 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 245.1 days. Working Capital cash increased a net \$8,899,000. Accrued Payroll & Related Costs decreased \$2,017,000. The District received \$4,104,000 from Anthem Blue Cross for the FY19 Rate Range IGT program and \$934,000 from the Medi-Cal PRIME program, and \$9,605,000 from HHS for COVID-19 Emergency Funding. Cash collections were below budget 35%.
- ❑ Net Patient Accounts Receivable increased approximately \$3,496,000 and Cash collections were 65% of target. EPIC Days in A/R were 102.1 compared to 83.0 at the close of April, a 19.10 days increase. This swing is due to the variability of Gross Revenue.
- ❑ Other Receivables and GO Bond Receivables decreased a net \$1,528,000 and \$1,635,000, respectively, after recording receipt of property tax revenues from Nevada and Placer Counties.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased a net \$4,409,000. The District recorded the estimated May FY20 receivable from the Rate Range IGT, Medi-Cal PRIME, and Quality Assurance Fee programs. The District received and recorded \$4,104,000 from Anthem Blue Cross for the FY19 Rate Range IGT program and \$934,000 from the Medi-Cal PRIME program for Demonstration Year 15.
- ❑ Accrued Payroll & Related Costs decreased a net \$2,017,000 due to a decrease in accrued payroll days in May.

**Operating Revenue**

- ❑ Current month’s Total Gross Revenue was \$25,463,182, compared to budget of \$29,895,982 or \$4,432,800 below budget.
- ❑ Current month’s Gross Inpatient Revenue was \$5,511,281, compared to budget of \$7,787,972 or \$2,276,691 below budget.
- ❑ Current month’s Gross Outpatient Revenue was \$19,951,901 compared to budget of \$22,108,010 or \$2,156,109 below budget.
- ❑ Current month’s Gross Revenue Mix was 36.0% Medicare, 18.3% Medi-Cal, .0% County, 2.2% Other, and 43.5% Insurance compared to budget of 38.5% Medicare, 16.2% Medi-Cal, .0% County, 2.9% Other, and 42.4% Insurance. Last month’s mix was 36.3% Medicare, 18.0% Medi-Cal, .0% County, 6.6% Other, and 39.1% Insurance. Year-to-date Gross Revenue Mix was 38.1% Medicare, 14.8% Medi-Cal, .0% County, 3.1% Other, and 44.0% Insurance compared to budget of 38.2% Medicare, 15.8% Medi-Cal, .0% County, 3.1% Other, and 42.9% Insurance.
- ❑ Current month’s Deductions from Revenue were \$12,372,591 compared to budget of \$14,961,580 or \$2,588,989 below budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 2.46% decrease in Medicare, a 2.05% increase to Medi-Cal, County at budget, a .72% decrease in Other, and Commercial was above budget 1.13% and 2) Revenues fell short of budget by 14.80%.

DESCRIPTION	May 2020 Actual	May 2020 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	6,848,059	6,059,733	(788,326)	Negative variance in Salaries & Wages due to the addition of TTMG Physicians and Employees (unbudgeted) and increases in Technical and RN wages for testing and treating Coronavirus patients, as well as Shelter in Place and Federal Emergency Sick Time pay programs.
Employee Benefits	2,369,529	2,039,925	(329,605)	Negative variance in Employee Benefits related to increased use of Paid Leave for staff who chose to Shelter in Place and not remain available for the Labor Pool along with negative variances in Employer Related Payroll Taxes.
Benefits – Workers Compensation	50,934	78,105	27,171	
Benefits – Medical Insurance	810,276	1,177,057	366,781	With healthcare services being limited to only urgent or emergent we saw a decrease in claim submissions during the month.
Medical Professional Fees	824,544	1,241,266	416,722	We saw positive variances in Therapy professional fees due to the temporary closure of services in most of May.
Other Professional Fees	297,812	173,792	(124,020)	Negative variance in Other Professional Fees related to consulting services provided to the Accounting department for the Cost Accounting/Decision Support implementation and to the I/T department for Cancer Center EPIC conversion support and the Analytics Milestone project.
Supplies	1,935,339	2,176,661	241,322	Drugs Sold to Patients revenues fell short of budget by 6.22% and Implant costs were 27.76% below budgeted expenses due to cancellation of non-urgent/emergent surgeries, creating positive variances in Pharmaceuticals and Patient Chargeable Supplies.
Purchased Services	1,659,764	1,582,717	(77,047)	Use of the District’s contracted therapists for Labor Pool support, increased security services, and outsourced vendors in Revenue Cycle to help work the older, aged A/R accounts created a negative variance in Purchased Services.
Other Expenses	848,212	861,508	13,296	Natural Gas/Propane, Electricity, Water/Sewer, Telephone costs and rental fees on the Mobile CT created negative variances in Other Expenses. These negative variances were offset by positive variances in most of the remaining categories.
Total Expenses	15,644,470	15,390,763	(253,707)	

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF NET POSITION  
MAY 2020

	May-20	Apr-20	May-19	
<b>ASSETS</b>				
<b>CURRENT ASSETS</b>				
* CASH	\$ 54,030,115	\$ 45,131,066	\$ 20,235,458	1
PATIENT ACCOUNTS RECEIVABLE - NET	21,593,893	18,097,809	26,264,650	2
OTHER RECEIVABLES	6,891,344	8,419,160	7,474,277	3
GO BOND RECEIVABLES	(402,148)	1,232,943	(821,656)	4
ASSETS LIMITED OR RESTRICTED	8,063,422	8,272,953	5,182,439	
INVENTORIES	3,511,287	3,521,953	3,128,933	
PREPAID EXPENSES & DEPOSITS	2,374,721	2,561,315	2,320,843	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	6,844,731	11,253,262	7,412,704	5
<b>TOTAL CURRENT ASSETS</b>	102,907,365	98,490,461	71,197,649	
<b>NON CURRENT ASSETS</b>				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	74,384,022	74,384,022	64,209,805	1
MUNICIPAL LEASE 2018	2,350,316	2,350,316	5,119,709	
TOTAL BOND TRUSTEE 2017	20,530	20,520	20,251	
TOTAL BOND TRUSTEE 2015	1,173,334	1,035,909	1,161,735	
GO BOND PROJECT FUND	-	-	-	
GO BOND TAX REVENUE FUND	3,950,157	1,902,146	3,537,767	6
DIAGNOSTIC IMAGING FUND	3,343	3,343	3,286	
DONOR RESTRICTED FUND	1,137,882	1,137,882	1,134,903	
WORKERS COMPENSATION FUND	47,043	23,474	23,567	
TOTAL	83,066,627	80,857,611	75,211,023	
LESS CURRENT PORTION	(8,063,422)	(8,272,953)	(5,182,439)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	75,003,206	72,584,658	70,028,583	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(381,754)	(381,754)	701,785	
PROPERTY HELD FOR FUTURE EXPANSION	906,720	904,927	837,909	
PROPERTY & EQUIPMENT NET	177,035,861	177,547,526	173,095,232	
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,791,406	1,791,406	1,876,799	
<b>TOTAL ASSETS</b>	357,262,803	350,937,224	317,737,956	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	391,118	394,350	429,906	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,782,460	1,782,460	1,137,905	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	5,437,879	5,461,584	5,722,336	
GO BOND DEFERRED FINANCING COSTS	423,593	425,527	446,807	
DEFERRED FINANCING COSTS	163,323	164,364	175,807	
<b>TOTAL DEFERRED OUTFLOW OF RESOURCES</b>	\$ 8,198,373	\$ 8,228,285	\$ 7,912,761	
<b>LIABILITIES</b>				
<b>CURRENT LIABILITIES</b>				
ACCOUNTS PAYABLE	\$ 5,687,901	\$ 5,861,850	\$ 6,095,081	
ACCRUED PAYROLL & RELATED COSTS	13,246,346	15,262,965	9,957,891	7
INTEREST PAYABLE	435,999	353,623	441,259	
INTEREST PAYABLE GO BOND	1,248,454	967,964	1,346,198	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	23,690,397	23,690,397	1,126,533	
HEALTH INSURANCE PLAN	2,166,758	2,166,758	1,463,491	
WORKERS COMPENSATION PLAN	2,396,860	2,396,860	1,888,341	
COMPREHENSIVE LIABILITY INSURANCE PLAN	1,172,232	1,172,232	1,184,419	
CURRENT MATURITIES OF GO BOND DEBT	1,330,000	1,330,000	1,330,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	2,612,247	2,612,247	2,545,824	
<b>TOTAL CURRENT LIABILITIES</b>	53,987,194	55,814,896	27,379,037	
<b>NONCURRENT LIABILITIES</b>				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	32,999,892	33,188,693	36,681,597	
GO BOND DEBT NET OF CURRENT MATURITIES	99,352,461	99,365,881	100,843,509	
DERIVATIVE INSTRUMENT LIABILITY	1,782,460	1,782,460	1,137,905	
<b>TOTAL LIABILITIES</b>	188,122,006	190,151,931	166,042,049	
<b>NET ASSETS</b>				
NET INVESTMENT IN CAPITAL ASSETS	176,201,288	167,875,697	158,473,765	
RESTRICTED	1,137,882	1,137,882	1,134,903	
<b>TOTAL NET POSITION</b>	\$ 177,339,170	\$ 169,013,579	\$ 159,608,668	

\* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT  
NOTES TO STATEMENT OF NET POSITION  
MAY 2020

1. Working Capital is at 103.1 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 245.1 days. Working Capital cash increased a net \$8,899,000. Accrued Payroll & Related Costs decreased \$2,017,000 (See Note 7). The District received remittance from Anthem Blue Cross for \$4,104,000 for the FY19 Rate Range IGT program and \$934,000 from the Medi-Cal PRIME program (See Note 5), along with \$9,605,000 from HHS in Covid-19 Emergency funding. Cash collections were below budget by 35%.
2. Net Patient Accounts Receivable increased approximately \$3,496,000. Cash collections were 65% of target, however, Days in A/R over 120 decreased 25% creating a pickup in Reserves against A/R. The District reserved additional amounts against its Managed Care A/R based on conversations occurring with our Payors. EPIC Days in A/R were 102.1 compared to 83.0 at the close of April, a 19.1 days increase, driven by dramatically decreased gross revenues per day. Under normal operations, Days in A/R would have been 69.5.
3. Other Receivables decreased a net \$1,528,000 after recording receipt of property tax revenues received from Nevada and Placer Counties.
4. GO Bond Receivables decreased a net \$1,635,000 after recording receipt of property tax revenues received from Nevada and Placer Counties.
5. Estimated Settlements, Medi-Cal & Medicare decreased a net \$4,409,000. The District recorded the estimated May FY20 receivable from the Rate Range IGT, Medi-Cal PRIME, and Quality Assurance Fee programs. The District received and recorded \$4,104,000 from Anthem Blue Cross for the FY19 Rate Range IGT and \$934,000 from the Medi-Cal PRIME Program for Demonstration Year 15.
6. GO Bond Tax Revenue Fund increased \$2,048,011 after transferring the receipt of property tax revenues.
7. Accrued Payroll & Related Costs decreased a net \$2,017,000 due to a decrease in month-end accrued payroll days.



**Tahoe Forest Hospital District  
Cash Investment  
May 2020**

<b>WORKING CAPITAL</b>			
US Bank	\$ 52,968,295	0.01%	
US Bank/Kings Beach Thrift Store	32,485		
US Bank/Truckee Thrift Store	14,374		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,014,961</u>	0.05%	
<b>Total</b>			<b>\$ 54,030,115</b>
 <b>BOARD DESIGNATED FUNDS</b>			
US Bank Savings	\$ -	0.01%	
Capital Equipment Fund	<u>-</u>		
<b>Total</b>			<b>\$ -</b>
Building Fund	\$ -		
Cash Reserve Fund	<u>74,384,022</u>	1.36%	
Local Agency Investment Fund			<b>\$ 74,384,022</b>
Municipal Lease 2018			<b>\$ 2,350,316</b>
Bonds Cash 2017			<b>\$ 20,530</b>
Bonds Cash 2015			<b>\$ 1,173,334</b>
GO Bonds Cash 2008			<b>\$ 3,950,157</b>
DX Imaging Education	\$ 3,343		
Workers Comp Fund - B of A	47,043		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
<b>Total</b>			<b><u>\$ 50,386</u></b>
<b>TOTAL FUNDS</b>			<b>\$ 135,958,861</b>
 <b>RESTRICTED FUNDS</b>			
Gift Fund			
US Bank Money Market	\$ 8,361	0.01%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,102,212</u>	1.36%	
<b>TOTAL RESTRICTED FUNDS</b>			<b><u>\$ 1,137,882</u></b>
<b>TOTAL ALL FUNDS</b>			<b><u><u>\$ 137,096,742</u></u></b>

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION  
MAY 2020

CURRENT MONTH				YEAR TO DATE				PRIOR YTD MAY 2019
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%	
<b>OPERATING REVENUE</b>								
\$ 25,463,182	\$ 29,895,982	\$ (4,432,800)	-14.8%	\$ 344,501,982	\$ 343,194,442	\$ 1,307,540	0.4%	1 \$ 327,776,622
<b>Total Gross Revenue</b>								
<b>Gross Revenues - Inpatient</b>								
\$ 2,452,965	\$ 2,303,083	\$ 149,883	6.5%	\$ 31,810,355	\$ 27,665,654	\$ 4,144,701	15.0%	\$ 32,742,873
3,058,315	5,484,889	(2,426,574)	-44.2%	48,436,841	61,429,271	(12,992,430)	-21.2%	54,282,912
5,511,281	7,787,972	(2,276,691)	-29.2%	80,247,196	89,094,924	(8,847,728)	-9.9%	87,025,785
<b>Total Gross Revenue - Inpatient</b>								
19,951,901	22,108,010	(2,156,109)	-9.8%	264,254,787	254,099,518	10,155,268	4.0%	240,750,837
19,951,901	22,108,010	(2,156,109)	-9.8%	264,254,787	254,099,518	10,155,268	4.0%	240,750,837
<b>Total Gross Revenue - Outpatient</b>								
<b>Deductions from Revenue:</b>								
10,163,336	13,386,388	3,223,052	24.1%	150,129,896	153,292,545	3,162,649	2.1%	2 145,539,337
-	-	-	0.0%	1,000,000	-	(1,000,000)	0.0%	2 1,200,000
1,065,879	1,062,900	(2,979)	-0.3%	13,116,152	12,327,400	(788,752)	-6.4%	2 12,188,973
-	-	-	0.0%	-	-	-	0.0%	2 -
1,143,376	512,292	(631,084)	-123.2%	6,903,274	6,040,811	(862,464)	-14.3%	2 3,821,485
-	-	-	0.0%	(1,597,100)	-	1,597,100	0.0%	2 (6,852,931)
12,372,591	14,961,580	2,588,989	17.3%	169,552,222	171,660,755	2,108,533	1.2%	155,896,864
71,123	101,835	(30,712)	-30.2%	1,035,989	1,161,517	(125,529)	-10.8%	3 1,003,454
846,686	951,764	(105,078)	-11.0%	11,649,575	10,694,611	954,963	8.9%	3 10,209,795
14,008,400	15,988,001	(1,979,601)	-12.4%	187,635,324	183,389,816	13,416,380	7.3%	183,093,006
<b>TOTAL OPERATING REVENUE</b>								
<b>OPERATING EXPENSES</b>								
6,848,059	6,059,733	(788,326)	-13.0%	67,927,377	66,870,906	(1,056,471)	-1.6%	4 54,849,309
2,369,529	2,039,925	(329,605)	-16.2%	22,595,300	20,450,364	(2,144,935)	-10.5%	4 17,936,858
50,934	78,105	27,171	34.8%	811,987	859,155	47,168	5.5%	4 697,553
810,276	1,177,057	366,781	31.2%	11,790,664	12,947,627	1,156,963	8.9%	4 9,477,160
824,544	1,241,266	416,722	33.6%	15,759,315	15,778,664	19,349	0.1%	5 22,670,110
297,812	173,792	(124,020)	-71.4%	2,638,961	2,526,427	(112,533)	-4.5%	5 2,088,914
1,935,339	2,176,661	241,322	11.1%	26,486,489	24,798,200	(1,688,289)	-6.8%	6 23,477,653
1,659,764	1,582,717	(77,047)	-4.9%	18,568,402	17,647,745	(920,657)	-5.2%	7 14,822,280
848,212	861,508	13,296	1.5%	8,160,209	9,722,310	1,562,102	16.1%	8 7,893,301
15,644,470	15,390,763	(253,707)	-1.6%	174,738,703	171,601,399	(3,137,304)	-1.8%	153,913,138
<b>TOTAL OPERATING EXPENSE</b>								
<b>(1,636,070)</b>	<b>597,237</b>	<b>(2,233,308)</b>	<b>-373.9%</b>	<b>12,896,621</b>	<b>11,788,417</b>	<b>1,108,204</b>	<b>9.4%</b>	<b>29,179,868</b>
<b>NET OPERATING REVENUE (EXPENSE) EBIDA</b>								
<b>NON-OPERATING REVENUE/(EXPENSE)</b>								
538,461	507,748	30,712	6.0%	5,669,428	5,543,900	125,529	2.3%	9 6,110,846
412,919	412,919	0	0.0%	4,542,114	4,542,114	0	0.0%	4,123,744
109,273	165,106	(55,833)	-33.8%	1,712,829	1,765,400	(52,571)	-3.0%	10 1,579,478
-	-	-	0.0%	-	-	-	0.0%	-
854,750	88,155	766,594	869.6%	1,289,886	969,707	320,179	33.0%	11 938,785
-	-	-	0.0%	(833,539)	-	(833,539)	0.0%	12 -
-	-	-	0.0%	-	-	-	0.0%	12 (538,384)
-	-	-	0.0%	7,546	-	7,546	0.0%	13 18,969
9,607,686	-	9,607,686	100.0%	13,387,938	-	13,387,938	100.0%	14 -
(1,154,497)	(1,154,615)	118	0.0%	(12,699,465)	(12,700,770)	1,305	0.0%	15 (12,597,180)
(114,222)	(114,069)	(153)	-0.1%	(1,298,538)	(1,281,769)	(16,769)	-1.3%	16 (1,154,766)
(292,708)	(301,788)	9,080	3.0%	(3,332,762)	(3,323,246)	(9,516)	-0.3%	(3,621,234)
9,961,662	(396,544)	10,358,205	2612.1%	8,445,438	(4,484,664)	12,930,103	288.3%	(5,139,742)
<b>TOTAL NON-OPERATING REVENUE/(EXPENSE)</b>								
<b>\$ 8,325,591</b>	<b>\$ 200,695</b>	<b>\$ 8,124,897</b>	<b>4048.4%</b>	<b>\$ 21,342,059</b>	<b>\$ 7,303,753</b>	<b>\$ 14,038,307</b>	<b>192.2%</b>	<b>\$ 24,040,126</b>
<b>INCREASE (DECREASE) IN NET POSITION</b>								
<b>NET POSITION - BEGINNING OF YEAR</b>				<b>155,997,111</b>				
<b>NET POSITION - AS OF MAY 31, 2020</b>				<b>\$ 177,339,170</b>				
<b>-6.4%</b>	<b>2.0%</b>	<b>-8.4%</b>		<b>3.7%</b>	<b>3.4%</b>	<b>0.3%</b>		<b>8.9%</b>
<b>RETURN ON GROSS REVENUE EBIDA</b>								

**TAHOE FOREST HOSPITAL DISTRICT**  
**NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION**  
**MAY 2020**

		<b>Variance from Budget</b>	
		<b>Fav / &lt;Unfav&gt;</b>	
		<b>MAY 2020</b>	<b>YTD 2020</b>
<b>1) Gross Revenues</b>			
<p>Acute Patient Days were above budget 2.33% or 8 days. Swing Bed days were below budget 54.35% or 25 days. Inpatient Ancillary revenues were below budget due to the cancellation of Inpatient Surgical cases due to COVID-19.</p> <p>Outpatient volumes were below budget in the following departments: Emergency Department visits, Clinic visits, Home Health and Hospice visits, Oncology Labs, Diagnostic Imaging, Nuclear Medicine, MRI's, Medical Oncology procedures, Nuclear Medicine, MRIs, Ultrasounds, PET CT's, Respiratory Therapy, Gastroenterology cases, Physical Therapy, Speech Therapy, and Occupational Therapy.</p>	<p>Gross Revenue -- Inpatient</p> <p>Gross Revenue -- Outpatient</p> <p>Gross Revenue -- Total</p>	<p>\$ (2,276,691)</p> <p>(2,156,109)</p> <p>\$ (4,432,800)</p>	<p>\$ (8,847,728)</p> <p>10,155,268</p> <p>\$ 1,307,540</p>
<b>2) Total Deductions from Revenue</b>			
<p>The payor mix for May shows a 2.46% decrease to Medicare, a 2.05% increase to Medi-Cal, .72% decrease to Other, County at budget, and a 1.13% increase to Commercial when compared to budget. We saw a positive variance in Contractual Allowances due to revenues coming in below budget 14.80% along with a shift to Bad Debt. Gross A/R over 120 Days decreased from April attributing to the positive variance in Contractual Allowances as we were able to decrease our Balance Sheet reserves.</p>	<p>Contractual Allowances</p> <p>Managed Care</p> <p>Charity Care</p> <p>Charity Care - Catastrophic</p> <p>Bad Debt</p> <p>Prior Period Settlements</p> <p>Total</p>	<p>\$ 3,223,052</p> <p></p> <p>(2,979)</p> <p>-</p> <p>(631,084)</p> <p></p> <p>\$ 2,588,989</p>	<p>\$ 3,162,649</p> <p>\$ (1,000,000)</p> <p>(788,752)</p> <p>-</p> <p>(862,464)</p> <p>1,597,100</p> <p>\$ 2,108,533</p>
<b>3) Other Operating Revenue</b>			
<p>Retail Pharmacy revenues exceeded budget by 23.11%.</p> <p>We witnessed negative variances in Thrift Store revenues, Fitness &amp; Wellness classes offered at The Center, Children's Center revenues, Cafeteria sales, and Community Wellness classes due to temporarily closing down retail services stemming from COVID-19 and social distancing requirements.</p>	<p>Retail Pharmacy</p> <p>Hospice Thrift Stores</p> <p>The Center (non-therapy)</p> <p>IVCH ER Physician Guarantee</p> <p>Children's Center</p> <p>Miscellaneous</p> <p>Oncology Drug Replacement</p> <p>Grants</p> <p>Total</p>	<p>\$ 54,080</p> <p>(66,068)</p> <p>(20,968)</p> <p>(28,537)</p> <p>(35,178)</p> <p>(12,639)</p> <p>-</p> <p>4,232</p> <p>\$ (105,078)</p>	<p>\$ 756,822</p> <p>(354,813)</p> <p>(20,241)</p> <p>73,691</p> <p>(123,936)</p> <p>629,926</p> <p>-</p> <p>(6,486)</p> <p>\$ 954,963</p>
<b>4) Salaries and Wages</b>			
<p>Negative variance related to TTMG Physician and Staff salaries which were non budgeted items, increases in Technical &amp; RN salaries for treating and testing Coronavirus patients, as well as Shelter in Place and Federal Emergency Sick Time pay programs.</p>	<p>Total</p>	<p>\$ (788,326)</p>	<p>\$ (1,056,471)</p>
<b>Employee Benefits</b>			
<p>Negative variance in PL/SL related to greater usage of Paid Leave for staff who chose to Shelter in Place and not remain available for the Labor Pool.</p> <p>Negative variance in Other related to Employer Payroll Taxes.</p>	<p>PL/SL</p> <p>Nonproductive</p> <p>Pension/Deferred Comp</p> <p>Standby</p> <p>Other</p> <p>Total</p>	<p>\$ (262,772)</p> <p>(54,232)</p> <p>-</p> <p>(2,426)</p> <p>(10,174)</p> <p>\$ (329,605)</p>	<p>\$ (1,638,383)</p> <p>(270,853)</p> <p>(1,038)</p> <p>(29,878)</p> <p>(204,783)</p> <p>\$ (2,144,935)</p>
<b>Employee Benefits - Workers Compensation</b>			
	<p>Total</p>	<p>\$ 27,171</p>	<p>\$ 47,168</p>
<b>Employee Benefits - Medical Insurance</b>			
	<p>Total</p>	<p>\$ 366,781</p>	<p>\$ 1,156,963</p>
<b>5) Professional Fees</b>			
<p>Positive variance in Multi-Specialty Clinics related to budgeted physician fees that are now falling under Salaries &amp; Wages.</p> <p>Anesthesia Physician Guarantee and consulting services provided to Accounting for the Cost Accounting/Decision Support software implementations created a negative variance in Miscellaneous.</p> <p>Negative variance in Information Technology related to consulting services provided for the Cancer Center EPIC conversion and the I/T Analytics Milestone project.</p> <p>Positive variance in The Center (includes OP Therapy) due to temporary closure of face to face patient visits during most of May along with a shift in expenses to the Emergency Preparedness Department to assist with the Labor Pool.</p>	<p>Multi-Specialty Clinics</p> <p>Miscellaneous</p> <p>Human Resources</p> <p>Information Technology</p> <p>The Center (includes OP Therapy)</p> <p>Home Health/Hospice</p> <p>Financial Administration</p> <p>Truckee Surgery Center</p> <p>Patient Accounting/Admitting</p> <p>Respiratory Therapy</p> <p>Medical Staff Services</p> <p>Corporate Compliance</p> <p>Multi-Specialty Clinics Administration</p> <p>IVCH ER Physicians</p> <p>Managed Care</p>	<p>\$ 33,205</p> <p>(137,106)</p> <p>(1,470)</p> <p>(43,085)</p> <p>192,235</p> <p>(2,877)</p> <p>(412)</p> <p>-</p> <p>-</p> <p>-</p> <p>4,031</p> <p>2,000</p> <p>15,683</p> <p>5,383</p> <p>(319)</p>	<p>\$ (692,117)</p> <p>(400,844)</p> <p>(89,716)</p> <p>(85,298)</p> <p>(72,392)</p> <p>(27,401)</p> <p>(14,058)</p> <p>(146)</p> <p>-</p> <p>-</p> <p>3,308</p> <p>22,000</p> <p>22,160</p> <p>24,610</p> <p>37,033</p>

**TAHOE FOREST HOSPITAL DISTRICT**  
**NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION**  
**MAY 2020**

		<u>Variance from Budget</u>	
		<u>Fav / &lt;Unfav&gt;</u>	
		<u>MAY 2020</u>	<u>YTD 2020</u>
<b>5) Professional Fees (cont.)</b>			
Positive variance in TFH/IVCH Therapy Services due to temporary closure of face to face patient visits during most of May along with a shift in expenses to the Emergency Preparedness Department to assist with the Labor Pool.	Marketing	4,583	64,558
	Sleep Clinic	9,898	65,890
	Administration	(8,676)	131,327
	Oncology	4,464	165,749
	TFH/IVCH Therapy Services	173,903	198,092
	TFH Locums	41,262	554,060
	<b>Total</b>	<b>\$ 292,702</b>	<b>\$ (93,184)</b>
Positive variance in TFH Locums associated with a decrease in Emergency Department visits.			
<b>6) Supplies</b>			
Oncology Drugs Sold to Patients revenues were above budget by 10.71%, however, Drugs Sold to Patients revenues were below budget 6.22% minimizing the positive variance in Pharmacy Supplies.	Pharmacy Supplies	\$ 25,466	\$ (1,627,172)
	Minor Equipment	(26,582)	(188,989)
	Other Non-Medical Supplies	2,882	(81,793)
	Patient & Other Medical Supplies	187,184	(64,914)
	Office Supplies	12,376	99,008
	Food	39,997	175,570
	<b>Total</b>	<b>\$ 241,322</b>	<b>\$ (1,688,289)</b>
Negative variance in Minor Equipment related to PPE and other supplies for use in treating COVID-19 patients and ensuring protection of Clinicians and Staff.			
Medical Supplies Sold to Patients revenues were below budget 10.23% creating a positive variance in Patient & Other Medical Supplies.			
<b>7) Purchased Services</b>			
Use of the District's contracted Therapists to support the Labor Pool and increased use of our Security Company created a negative variance in Miscellaneous.	Miscellaneous	\$ (114,908)	\$ (1,008,095)
	Medical Records	13,320	(355,247)
	Patient Accounting	(134,503)	(173,232)
	Diagnostic Imaging Services - All	16,124	(16,224)
	Community Development	(398)	1,521
	Department Repairs	33,728	3,736
	The Center	11,027	5,265
	Pharmacy IP	9,268	38,174
	Home Health/Hospice	10,503	56,325
	Information Technology	25,913	76,797
	Laboratory	21,918	106,567
	Multi-Specialty Clinics	(18,185)	111,406
	Human Resources	49,145	232,351
	<b>Total</b>	<b>\$ (77,047)</b>	<b>\$ (920,657)</b>
Negative variance in Patient Accounting due to an increase in use of our third party vendors to work down the Aged A/R over 120 days.			
Positive variance in Department Repairs related to a decrease in services which required fewer maintenance needs for our hospital buildings and equipment.			
Mercy EMR support services invoices for our Primary Care/Urgent Care clinics created a negative variance in Multi-Specialty Clinics.			
Human Resources Pre-Employment and Employee Health screenings came in below budget, creating a positive variance in this category.			
<b>8) Other Expenses</b>			
Rental fees for the Mobile CT created a majority of the negative variance in Equipment Rent.	Equipment Rent	\$ (80,706)	\$ (237,259)
	Physician Services	1,944	(6,108)
	Multi-Specialty Clinics Equip Rent	(88)	364
	Other Building Rent	2,563	17,733
	Multi-Specialty Clinics Bldg Rent	(3,394)	37,220
	Dues and Subscriptions	(25,174)	37,957
	Insurance	3,930	63,781
	Human Resources Recruitment	10,342	110,861
	Utilities	(17,699)	120,801
	Marketing	7,409	201,060
	Outside Training & Travel	90,766	562,691
	Miscellaneous	23,404	653,000
	<b>Total</b>	<b>\$ 13,296</b>	<b>\$ 1,562,102</b>
Building rent on our new Primary Care/Urgent Care buildings created a negative variance in Multi-Specialty Clinics Building Rent.			
OSHPD fees to close out older, completed construction projects created a negative variance in Dues & Subscriptions.			
Natural Gas/Propane, Electricity, Water/Sewer, and Telephone costs exceeded budget, creating a negative variance in Utilities.			
<b>9) District and County Taxes</b>			
	<b>Total</b>	<b>\$ 30,712</b>	<b>\$ 125,529</b>
<b>10) Interest Income</b>			
The impact on the country's economy due to COVID-19 has caused interest rates to increasingly fall, creating a negative variance in Interest Income.	<b>Total</b>	<b>\$ (55,833)</b>	<b>\$ (52,571)</b>
<b>11) Donations</b>			
The TFH & IVCH Foundations transferred the <i>generous</i> community member donations received in response to COVID-19 emergency response needs of the District.	IVCH	\$ 534,058	\$ 134,378
	Operational	232,536	185,801
	<b>Total</b>	<b>\$ 766,594</b>	<b>\$ 320,179</b>
<b>12) Gain/(Loss) on Joint Investment</b>			
	<b>Total</b>	<b>\$ -</b>	<b>\$ (833,539)</b>
<b>13) Gain/(Loss) on Sale or Disposal of Assets</b>			
	<b>Total</b>	<b>\$ -</b>	<b>\$ 7,546</b>
<b>14) COVID-19 Emergency Funding</b>			
The District received stimulus monies from HHS to help offset lost revenues and the increase in Emergency Preparedness expenses to combat the Coronavirus.	<b>Total</b>	<b>\$ 9,607,686</b>	<b>\$ 13,387,938</b>
<b>15) Depreciation Expense</b>			
	<b>Total</b>	<b>\$ 118</b>	<b>\$ 1,305</b>
<b>16) Interest Expense</b>			
	<b>Total</b>	<b>\$ (153)</b>	<b>\$ (16,769)</b>

INCLINE VILLAGE COMMUNITY HOSPITAL  
STATEMENT OF REVENUE AND EXPENSE  
MAY 2020

CURRENT MONTH				YEAR TO DATE				PRIOR YTD MAY 2019		
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
<b>OPERATING REVENUE</b>										
\$ 1,342,687	\$ 2,054,880	\$ (712,193)	-34.7%	Total Gross Revenue	\$ 21,189,708	\$ 25,272,263	\$ (4,082,555)	-16.2%	1	\$ 21,796,128
<b>Gross Revenues - Inpatient</b>										
\$ -	\$ 4,724	\$ (4,724)	-100.0%	Daily Hospital Service	\$ 16,423	\$ 108,426	\$ (92,003)	-84.9%		\$ 73,173
-	831	(831)	-100.0%	Ancillary Service - Inpatient	18,864	79,805	(60,942)	-76.4%		54,812
-	5,555	(5,555)	-100.0%	Total Gross Revenue - Inpatient	35,287	188,231	(152,945)	-81.3%	1	127,985
1,342,687	2,049,325	(706,638)	-34.5%	Gross Revenue - Outpatient	21,154,421	25,084,032	(3,929,611)	-15.7%		21,668,143
1,342,687	2,049,325	(706,638)	-34.5%	Total Gross Revenue - Outpatient	21,154,421	25,084,032	(3,929,611)	-15.7%	1	21,668,143
<b>Deductions from Revenue:</b>										
588,541	838,345	249,804	29.8%	Contractual Allowances	9,115,790	10,193,192	1,077,402	10.6%	2	8,439,428
68,831	87,528	18,697	21.4%	Charity Care	1,091,239	1,191,593	100,354	8.4%	2	982,826
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	-
180,983	87,528	(93,455)	-106.8%	Bad Debt	1,316,501	1,191,593	(124,908)	-10.5%	2	1,213,328
-	-	-	0.0%	Prior Period Settlements	(229,532)	-	229,532	0.0%	2	74,873
838,356	1,013,401	175,045	17.3%	Total Deductions from Revenue	11,293,998	12,576,378	1,282,380	10.2%	2	10,710,455
57,940	83,667	(25,727)	-30.7%	Other Operating Revenue	1,097,089	1,025,094	71,995	7.0%	3	1,047,403
562,272	1,125,146	(562,874)	-50.0%	<b>TOTAL OPERATING REVENUE</b>	10,992,799	13,720,979	(2,728,181)	-19.9%		12,133,075
<b>OPERATING EXPENSES</b>										
393,846	333,651	(60,195)	-18.0%	Salaries and Wages	3,909,230	4,062,933	153,703	3.8%	4	3,324,357
136,009	150,686	14,677	9.7%	Benefits	1,466,525	1,317,588	(148,937)	-11.3%	4	1,179,998
3,013	4,303	1,290	30.0%	Benefits Workers Compensation	58,607	47,333	(11,274)	-23.8%	4	39,464
45,856	67,391	21,535	32.0%	Benefits Medical Insurance	674,452	741,301	66,849	9.0%	4	617,113
134,501	233,847	99,346	42.5%	Medical Professional Fees	2,634,710	2,729,578	94,868	3.5%	5	3,022,502
2,010	1,536	(474)	-30.8%	Other Professional Fees	19,627	16,899	(2,728)	-16.1%	5	23,369
21,022	46,707	25,685	55.0%	Supplies	528,750	663,270	134,520	20.3%	6	602,169
67,090	47,705	(19,385)	-40.6%	Purchased Services	715,469	619,910	(95,559)	-15.4%	7	546,843
46,892	75,204	28,312	37.6%	Other	735,513	838,895	103,382	12.3%	8	780,578
850,239	961,030	110,791	11.5%	<b>TOTAL OPERATING EXPENSE</b>	10,742,882	11,037,707	294,825	2.7%		10,136,391
<b>(287,968)</b>	<b>164,116</b>	<b>(452,084)</b>	<b>-275.5%</b>	<b>NET OPERATING REV(EXP) EBIDA</b>	<b>249,916</b>	<b>2,683,272</b>	<b>(2,433,356)</b>	<b>-90.7%</b>		<b>1,996,683</b>
<b>NON-OPERATING REVENUE/(EXPENSE)</b>										
575,392	41,334	534,058	1292.1%	Donations-IVCH	589,048	454,670	134,378	29.6%	9	201,155
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	-
3,347,951	-	3,347,951	100.0%	COVID-19 Emergency Funding	3,609,091	-	3,609,091	100.0%	11	-
(65,676)	(65,043)	(633)	1.0%	Depreciation	(722,434)	(715,471)	(6,963)	-1.0%	12	(678,510)
3,857,667	(23,709)	3,881,376	16370.9%	<b>TOTAL NON-OPERATING REVENUE/(EXP)</b>	3,475,704	(260,801)	3,736,505	1432.7%		(477,355)
<b>\$ 3,569,699</b>	<b>\$ 140,407</b>	<b>\$ 3,429,292</b>	<b>2442.4%</b>	<b>EXCESS REVENUE(EXPENSE)</b>	<b>\$ 3,725,621</b>	<b>\$ 2,422,471</b>	<b>\$ 1,303,150</b>	<b>53.8%</b>		<b>\$ 1,519,328</b>
<b>-21.4%</b>	<b>8.0%</b>	<b>-29.4%</b>		<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>1.2%</b>	<b>10.6%</b>	<b>-9.4%</b>			<b>9.2%</b>

**INCLINE VILLAGE COMMUNITY HOSPITAL  
NOTES TO STATEMENT OF REVENUE AND EXPENSE  
MAY 2020**

		<u>Variance from Budget</u>	
		<u>Fav&lt;Unfav&gt;</u>	
		<u>MAY 2020</u>	<u>YTD 2020</u>
<b>1) <u>Gross Revenues</u></b>			
Acute Patient Days were below budget by 1 at 0 and Observation Days were above budget by 1 at 1.	Gross Revenue -- Inpatient	\$ (5,555)	\$ (152,945)
	Gross Revenue -- Outpatient	(706,638)	(3,929,611)
		<u>\$ (712,193)</u>	<u>\$ (4,082,555)</u>
Outpatient volumes were below budget in Emergency Department visits, Clinic visits, Diagnostic Imaging, Cat Scans, Pharmacy units, Physical Therapy, Speech Therapy, and Occupational Therapy.			
<b>2) <u>Total Deductions from Revenue</u></b>			
We saw a shift in our payor mix with a .07% increase in Medicare, a 6.59% increase in Medicaid, a 5.97% decrease in Commercial insurance, a .67% decrease in Other, and County was below budget by .01%. We saw a positive variance in Contractuals due to revenues falling short of budget by 34.7% along with a shift to Bad Debt.	Contractual Allowances	\$ 249,804	\$ 1,077,402
	Charity Care	18,697	100,354
	Charity Care-Catastrophic Event	-	-
	Bad Debt	(93,455)	(124,908)
	Prior Period Settlement	-	229,532
	Total	<u>\$ 175,045</u>	<u>\$ 1,282,380</u>
<b>3) <u>Other Operating Revenue</u></b>			
IVCH ER Physician Guarantee is tied to collections which fell short of budget in May.	IVCH ER Physician Guarantee	\$ (28,537)	\$ 73,691
	Miscellaneous	2,810	(1,696)
	Total	<u>\$ (25,727)</u>	<u>\$ 71,995</u>
<b>4) <u>Salaries and Wages</u></b>			
	Total	<u>\$ (60,195)</u>	<u>\$ 153,703</u>
<b><u>Employee Benefits</u></b>			
	PL/SL	\$ 5,801	\$ (159,882)
	Standby	2,730	18,958
	Other	(458)	(12,447)
	Nonproductive	6,605	5,426
	Pension/Deferred Comp	-	(992)
	Total	<u>\$ 14,677</u>	<u>\$ (148,937)</u>
<b><u>Employee Benefits - Workers Compensation</u></b>			
	Total	<u>\$ 1,290</u>	<u>\$ (11,274)</u>
<b><u>Employee Benefits - Medical Insurance</u></b>			
	Total	<u>\$ 21,535</u>	<u>\$ 66,849</u>
<b>5) <u>Professional Fees</u></b>			
COVID-19 closure of non urgent/emergent services created a positive variance in Sleep Clinic professional fees.	Multi-Specialty Clinics	\$ -	\$ (111,907)
	Foundation	(473)	(2,728)
	Administration	-	-
	Miscellaneous	26	293
Positive variance in Therapy Services associated with closure of face to face patient visits for most of May along with a shift of expenses to the Emergency Preparedness department for Labor Pool support.	IVCH ER Physicians	5,383	24,610
	Sleep Clinic	9,898	65,890
	Therapy Services	84,039	115,982
	Total	<u>\$ 98,872</u>	<u>\$ 92,140</u>
<b>6) <u>Supplies</u></b>			
Decrease in patient visits and procedures created positive variances in Patient & Other Medical Supplies and Pharmacy Supplies.	Food	\$ 655	\$ (604)
	Imaging Film	-	-
	Non-Medical Supplies	1,422	1,665
	Office Supplies	892	4,916
	Minor Equipment	2,900	8,487
	Patient & Other Medical Supplies	6,891	39,794
	Pharmacy Supplies	12,925	80,262
	Total	<u>\$ 25,685</u>	<u>\$ 134,520</u>

**INCLINE VILLAGE COMMUNITY HOSPITAL**  
**NOTES TO STATEMENT OF REVENUE AND EXPENSE**  
**MAY 2020**

		<u>Variance from Budget</u>	
		<u>Fav&lt;Unfav&gt;</u>	
		<u>MAY 2020</u>	<u>YTD 2020</u>
<b>7) <u>Purchased Services</u></b>			
Use of our contracted Therapists in the COVID-19 Labor Pool created a negative variance in Miscellaneous.	Miscellaneous	\$ (16,601)	\$ (111,411)
	Diagnostic Imaging Services - All	2,086	(7,464)
	Multi-Specialty Clinics	(421)	(4,747)
	Pharmacy	(982)	(4,021)
Laboratory and Cat Scan maintenance agreements, Elevator maintenance, and minor Facility repairs created a negative variance in Department Repairs.	Department Repairs	(4,892)	(1,067)
	Laboratory	(58)	(883)
	Surgical Services	-	-
	Foundation	1,045	1,683
	EVS/Laundry	818	13,272
	Engineering/Plant/Communications	(379)	19,078
	<b>Total</b>	<u>\$ (19,385)</u>	<u>\$ (95,559)</u>
<b>8) <u>Other Expenses</u></b>			
Electricity and Telephone came in below budget creating a positive variance in Utilities.	Utilities	\$ 1,854	\$ (15,840)
	Other Building Rent	(886)	(7,225)
	Equipment Rent	1,821	(1,399)
	Dues and Subscriptions	1,384	(664)
Transfer of Laboratory labor costs from TFH to IVCH came in below budget creating a positive variance in Miscellaneous.	Physician Services	-	-
	Multi-Specialty Clinics Bldg Rent	-	-
	Marketing	1,917	7,575
	Insurance	1,366	12,351
	Outside Training & Travel	4,668	38,732
	Miscellaneous	16,188	69,853
	<b>Total</b>	<u>\$ 28,312</u>	<u>\$ 103,382</u>
<b>9) <u>Donations</u></b>			
The IVCH Foundation transferred the <i>generous</i> community member donations received in response to COVID-19 emergency response needs of the District.	<b>Total</b>	<u>\$ 534,058</u>	<u>\$ 134,378</u>
<b>10) <u>Gain/(Loss) on Sale</u></b>			
	<b>Total</b>	<u>\$ -</u>	<u>\$ -</u>
<b>11) <u>COVID-19 Emergency Funding</u></b>			
The District received stimulus monies from HHS to help offset lost revenues a Total the increase in Emergency Preparedness expenses to combat the Coronavirus.		<u>\$ 3,347,951</u>	<u>\$ 3,609,091</u>
<b>12) <u>Depreciation Expense</u></b>			
	<b>Total</b>	<u>\$ (633)</u>	<u>\$ (6,963)</u>

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF CASH FLOWS

	AUDITED FYE 2019		BUDGET FYE 2020	PROJECTED FYE 2020	ACTUAL MAY 2020	PROJECTED MAY 2020	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	ACTUAL 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	\$ 25,310,161		\$ 12,072,919	\$ 12,055,716	\$ (1,636,070)	\$ (2,358,698)	\$ 722,628	\$ 9,856,557	\$ 6,757,769	\$ 2,354,328	\$ (6,912,938)
Interest Income	1,322,573		1,854,579	1,555,099	323	35,000	(34,677)	414,192	423,396	387,673	329,839
Property Tax Revenue	7,435,543		7,125,000	7,922,288	3,025,813	2,950,000	75,813	496,314	96,653	4,303,508	3,025,813
Donations	968,991		1,060,000	1,296,604	103,741	80,000	23,741	75,072	69,371	198,420	953,741
Emergency Funds	-		-	13,437,399	9,607,686	9,413,012	194,674	-	-	-	13,437,399
Debt Service Payments	(3,938,422)		(5,031,900)	(5,522,471)	(352,004)	(353,249)	1,244	(1,522,582)	(1,060,089)	(1,291,601)	(1,648,199)
Property Purchase Agreement	(270,643)		(811,932)	(805,927)	(67,661)	(67,661)	-	(202,982)	(202,982)	(264,642)	(135,321)
2018 Municipal Lease	(1,148,646)		(1,717,332)	(1,574,216)	(143,111)	(143,111)	0	(286,221)	(429,332)	(429,332)	(429,332)
Copier	(24,163)		(64,560)	(62,470)	(4,136)	(5,380)	1,244	(16,235)	(16,139)	(16,001)	(14,095)
2017 VR Demand Bond	(853,995)		(792,912)	(1,448,714)	-	-	-	(620,221)	-	(170,334)	(658,159)
2015 Revenue Bond	(1,640,975)		(1,645,164)	(1,631,144)	(137,097)	(137,097)	(0)	(396,924)	(411,636)	(411,292)	(411,292)
Physician Recruitment	(145,863)		(180,000)	(278,670)	-	(15,000)	15,000	(152,500)	(111,170)	-	(15,000)
Investment in Capital											
Equipment	(3,296,438)		(5,320,498)	(3,412,055)	(81,647)	(532,316)	450,669	(688,769)	(983,613)	(1,382,675)	(356,998)
Municipal Lease Reimbursement	4,530,323		4,650,000	1,164,582	-	-	-	-	608,279	556,303	-
IT/EMR/Business Systems	(3,016,084)		(4,222,246)	(2,605,386)	(84,453)	(230,000)	145,547	(667,043)	(501,585)	(1,069,604)	(367,154)
Building Projects/Properties	(12,443,362)		(23,169,292)	(8,267,442)	(475,691)	(1,035,000)	559,309	(2,220,489)	(3,431,604)	(1,234,758)	(1,380,591)
Capital Investments	(916,898)		-	-	-	-	-	-	-	-	-
Change in Accounts Receivable	(2,492,148)	N1	2,451,297	2,959,674	(3,496,085)	(2,728,259)	(767,826)	(708,340)	1,165,101	3,075,661	(572,748)
Change in Settlement Accounts	265,612	N2	1,615,831	24,345,996	4,408,530	3,971,689	436,841	(4,680,479)	(410,433)	(805,682)	30,242,590
Change in Other Assets	(5,018,346)	N3	(2,400,000)	563,471	(12,901)	(500,000)	487,099	3,116,473	(479,352)	(1,407,249)	(666,400)
Change in Other Liabilities	7,647,518	N4	(695,000)	(3,674,249)	(2,108,192)	1,000,000	(3,108,192)	507,806	(5,762,386)	3,189,297	(1,608,966)
Change in Cash Balance	16,213,160		(10,189,310)	41,540,558	8,899,050	9,697,178	(798,128)	3,826,212	(3,619,663)	6,873,620	34,460,388
Beginning Unrestricted Cash	70,805,546		87,018,706	87,018,706	119,515,088	119,515,088	-	87,018,706	90,844,918	87,225,255	94,098,876
Ending Unrestricted Cash	87,018,706		76,829,396	108,178,727	108,033,600	108,831,728	(798,128)	90,844,918	87,225,255	94,098,876	108,178,727
Restricted Cash - Medicare Accelerated Pymts	-		-	20,380,537	20,380,537	20,380,537	-	-	-	-	20,380,537
Expense Per Day	486,737		516,504	525,026	523,920	519,676	4,245	519,036	509,924	518,350	525,026
Days Cash On Hand - Unrestricted	179		149	206	206	209	(3)	175	171	182	206
Days Cash On Hand - with Medicare Acc Pymts				245	245	249					245

Footnotes:

N1 - Change in Accounts Receivable reflects the 30 day delay in collections.

N2 - Change in Settlement Accounts reflect cash flows in and out related to prior year and current year Medicare and Medi-Cal settlement accounts.

N3 - Change in Other Assets reflect fluctuations in asset accounts on the Balance Sheet that effect cash. For example, an increase in prepaid expense immediately effects cash but not EBIDA.

N4 - Change in Other Liabilities reflect fluctuations in liability accounts on the Balance Sheet that effect cash. For example, an increase in accounts payable effects EBIDA but not cash.





# TAHOE FOREST ORTHOPEDICS & SPORTS MEDICINE

*Exceptional Care Begins Here*

## TFHD Athletic Trainers' Data

Jordan Myers

Anna Aldridge

# What is An Athletic Trainer?

- An athletic trainer is a certified and licensed healthcare professional.
- Services provided by ATCs comprise of prevention, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions.
- ATCs work under the supervision of physicians, as prescribed by state licensure statutes



*Exceptional Care Begins Here*

# Athletic Trainers Outside the Training Room

- Physician offices as physician extenders
- Rural and urban hospitals, hospital emergency rooms, urgent and ambulatory care centers.
- Clinics with specialties in sports medicine, cardiac rehab, medical fitness, wellness and physical therapy.
- Occupational health departments in commercial settings
- Police and fire departments and academies, municipal departments, branches of the military.
- In certain states (like Nevada) there are CPT codes for Athletic Trainers
  - Codes are: athletic training evaluation (97005) and re-evaluation (97006); these codes are part of the Physical Medicine and Rehabilitation (PMR) CPT family of codes.



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# Positions Currently at TFHD

- 2 Full Time Certified Athletic Trainers
  - Truckee High School
  - North Tahoe High School
- 1 Contracted Certified Athletic Trainer
  - Incline High School



*Exceptional Care Begins Here*

# A Typical Day and Week

- Truckee: 25+ hours per week covering practices and games
  - On average 20 athletes were seen by the ATC per day
  - Spent a minimum of 1 hour per day on administrative work
- North Tahoe: 25+ hours per week covering practices and games
  - On average 8 athletes were seen by the ATC per day
  - Spent a minimum of 1 hour per day on administrative work
- Incline: Average of 10 hours per week covering practices and games
  - On average 2 athletes were seen by the ATC per day

# Injury Data

	Injuries	Referrals	Concussions
Truckee	254	50	18
North Tahoe	108	25	5
Incline	73	7	4

# Breakdown of Referral Data

	Referrals	Physician Visits	PT Visits	X-Rays	MRIs	CT's	ER Visits	Surgeries
Truckee	50	93	100	31	9	2	4	2
North Tahoe	25	57	55	19	1	2	5	2
Incline	7	4	4	3	0	0	3	0

# Last Year to This Year

## Truckee

	Injuries	Referrals	Surgeries	Concussions
2018-2019	163	66	6	24
2019-2020	254	50	2	18

## North Tahoe

	Injuries	Referrals	Surgeries	Concussions
2018-2019	61	5	N/A	2
2019-2020	108	25	2	5



# Baseline Screening and Return to Sport for the Lower Extremity

- Implemented baseline screening at all three high schools
- Utilized baseline test for return to sport following an injury and for pre-season conditioning/ injury prevention classes (i.e. - ACL injury prevention program- soccer, Throwers Ten program for overhead athletes)
- Tests within baseline screening are based on evidence based research

# Baseline Screening at the High Schools

- Over 130 athletes tested at THS
  - Football
  - Volleyball
  - Boys and Girls Soccer
    - Summer Strength Program for soccer teams for injury prevention
  - Boys and Girls Basketball
- Over 80 athletes tested at NTHS
  - Football
  - Volleyball
  - Boys and Girls Soccer
  - Boys Basketball
- Over 30 athletes tested at HIS
  - Boys Basketball

## Functional Knee Test

Goal: >80% of uninvolved side

	<u>Left</u>	<u>Right</u>	<u>L:R Ratio</u>
1. Single Leg Press 1 RM Shuttle <i>(Goal- Male= 1.4x BW, Female= 1.2x BW)</i> <i>Athlete Weight = _____ lbs</i>	_____ lbs	_____ lbs	_____
2. 60° knee flexion with stick <i>(Heel lateral off 6-8" box- reps to failure)</i>	_____ reps	_____ reps	_____
3. Gluteus medius strength <i>(MMT 0-5)</i>	_____	_____	_____
4. Isometric Single Leg Bridge <i>(Limit 2 minutes; pelvis level, knee-hip-shoulder level)</i>	_____ sec	_____ sec	_____
5. 10-80° Hamstring Curl <i>(5% of body weight ankle weight= BW x .05= _____)</i> <i>(Stand with ASIS against wall)</i>	_____ reps	_____ reps	_____
6. Side plank with leg lift for time <i>(Limit 1 minute)</i>	_____ sec	_____ sec	_____
7. FMS Linear stability test <i>(Rating 0-3)</i>	_____	_____	_____
8. Single leg triple hop for distance	_____ in _____ in	_____ in _____ in	_____
9. Bowtie Square Test <i>(Reps in 30 seconds, dinged for every line touch)</i>	_____ reps	_____ reps	_____

# Our Success Stories



# What's Next?