



TAHOE FOREST HOSPITAL DISTRICT

# 2015-10-29 Special Meeting of the Board of Directors

## REVISED Agenda Packet

Oct 29, 2015 at 04:00 PM - 10:00 PM

TTUSD Boardroom

,

# Meeting Book - 2015-10-29 Special Meeting of the Board of Directors

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No related materials.

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# REGULAR MEETING OF THE BOARD OF DIRECTORS

## AGENDA

Thursday, October 29, 2015 at 4:00 p.m.  
Tahoe Truckee Unified School District (TTUSD) Office  
11603 Donner Pass Rd, Truckee, CA

1. **CALL TO ORDER**

2. **ROLL CALL**

3. **CLEAR THE AGENDA/ITEMS NOT ON 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 Board Clerk 24 hours prior to the meeting to allow for distribution.

5. **CLOSED SESSION:**

**5.1. Quality Report (Health & Safety Code § 32155) ♦**

Number of items: One (1)

**5.2. Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3)) / Quality Assurance Report (Health & Safety Code § 32155) (2 matters)**

A point has been reached where, in the opinion of the Board on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District.

- a. Receipt of Claim pursuant to the Tort Claims Act or other written communication threatening litigation (copy available for public inspection in Clerk's office). (Gov. Code § 54956.9(e)(3)): Name of person(s) or entity(ies) threatening litigation: Sovinsky
- b. Receipt of Claim pursuant to the Tort Claims Act or other written communication threatening litigation (copy available for public inspection in Clerk's office). (Gov. Code § 54956.9(e)(3)): Name of person(s) or entity(ies) threatening litigation: Baulch

**5.3. TIMED ITEM – 4:30 p.m. Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3)) (1 matter)**

A point has been reached where, in the opinion of the Board on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District.

Facts and circumstances that might result in litigation but which the District believes are not yet known to potential plaintiff or plaintiffs. (Gov. Code § 54956.9(e)(1))

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

Proposed New Services or Programs: One (1) item

**5.5. Medical Staff Credentials (Health & Safety Code § 32155)**

**5.6. Approval of Closed Session Minutes of:**

09/29/2015, 10/05/2015, 10/07/2015, 10/12/2015, 10/15/2015

**6. DINNER BREAK**

APPROXIMATELY 6:00 P.M.

**7. OPEN SESSION – CALL TO ORDER**

**8. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**

**9. 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 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.

**10. 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.

**11. ACKNOWLEDGMENTS**

**11.1. Patient Letter ..... ATTACHMENT**

The Board will review a patient letter highlighting excellent care received at Tahoe Forest Hospital.

**12. MEDICAL STAFF REPORT ♦**

**12.1. Medical Staff Report ..... ATTACHMENT**

**13. CONSENT CALENDAR ♦**

These items are expected to be routine and non-controversial. They will be acted upon by the Board at one time 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.

**13.1. Approval of Minutes of Meetings ♦**

09/29/2015, 10/05/2015, 10/06/2015, 10/07/2015, 10/12/2015, 10/15/2015 ..... ATTACHMENT

**13.2. Financial Report ♦**

Financial Report- Preliminary September 2015..... ATTACHMENT

**13.3. Contracts ♦**

**13.4.1. Kitts – Amendment to Agreement to Provide Coverage of Emergency Department**

Professional Services 2011..... ATTACHMENT

**13.4.2. Coll – TFHD MDA for Strategic Planning and Innovation 2016 ..... ATTACHMENT**

**14. ITEMS FOR BOARD DISCUSSION AND/OR ACTION**

**14.1. Communications & Marketing Update ..... ATTACHMENT**

The Board will receive a quarterly marketing update.

**14.2. CEO Search**

A verbal update will be provided related to the status of the CEO Search.

**14.3. December Board Meeting Date ♦**

The Board will discuss possibly moving the date of the December Regular Meeting of the Board of Directors.

**14.4. Future Board Meeting Date ♦**

The Board will discuss possibly moving the day of future Regular Meetings of the Board of Directors to the last Thursday of every month.

**15. BOARD COMMITTEE REPORTS/RECOMMENDATIONS FOR DISCUSSION AND/OR ACTION**

**15.1. Governance Committee Meeting– 10/21/2015 ..... ATTACHMENT**

**15.1.1. ABD-06 Conflict-Of-Interest Code Adoption ♦ ..... ATTACHMENT**

**15.1.2. Closed Session Minutes Format ♦**

**15.1.3. Q3 Compliance Report ..... ATTACHMENT**

**15.1.4. Contract Updates ..... ATTACHMENT**

15.1.4.1. California Emergency Physicians Medical Group Emergency Department

15.1.4.2. North Tahoe Anesthesia Group - Agreement for Exclusive Provision of Anesthesia and Related Services 2015

**15.2. Quality Committee Meeting – 10/20/2015 ..... ATTACHMENT**

**15.3. Finance Committee Meeting – 10/26/2015 ..... ATTACHMENT**

**15.4. Community Benefit Committee – No meeting held in October.**

**15.5. Personnel/Retirement Plan Committee – No meeting held in October.**

**16. INFORMATIONAL REPORTS**

These reports are provided for information only and not intended for discussion. Any Board Member may request discussion on an item, additional information from staff related to items included in a report, or request a topic be placed on a future agenda for further discussion.

**16.1. Strategic Initiatives Updates ..... ATTACHMENT**

Staff reports will provide updates related to key strategic initiatives.

**16.2. Wellness Neighborhood Update ..... ATTACHMENT**

The Board will receive a quarterly update on the Wellness Neighborhood.

**17. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS**

**18. ITEMS FOR NEXT MEETING**

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

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

**21. OPEN SESSION**

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

**23. MEETING EFFECTIVENESS ASSESSMENT**..... ATTACHMENT

The Board will identify and discuss any occurrences during the meeting that impacted the effectiveness and value of the meeting.

**24. ADJOURN**

*The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is November 24, 2015, at 11603 Donner Pass Rd., Truckee, CA. 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 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 (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.

September 28, 2015

Greetings Mr. Dorst and Ms. Newland:

My husband and I purchased a home in Truckee last year after many years of searching. One of the reasons we decided to buy a second home in Truckee was the proximity of health care services and reputation of your hospital for its outstanding care.

I was fortunate to experience such care when I was a patient at Tahoe Forest Hospital recently. I came through the Emergency Department in the early hours on September 12th after experiencing epigastric pain that quickly escalated. I was in extreme pain when I arrived and was escorted immediately back to a treatment room where I was greeted by not one, but two ER nurses, who quickly assessed my situation and administered pain medication. I was then examined by Dr. Miles Congress, who was a familiar face as he treated one of my sons at Good Samaritan Hospital in San Jose. One of the things that impressed me the most was that your ER intake staff noted that I was in significant pain, and waited to ask for our insurance card and ID until I was taken into a room to be evaluated. Both my husband and I were very impressed by the ED staff. I honestly do not think I would have received such excellent care, (and definitely not as timely) in San Jose.

After it was determined that I needed surgery to remove my gallbladder, Dr. Julie Conyers introduced herself to me and we were again very impressed by her professionalism, calm and confident demeanor and obvious skill. My surgery and subsequent recovery went very well.

My room was amazing, from the view of the forest to the immaculate condition and spaciousness. The nursing staff on the 2nd floor was caring, compassionate and professional. I felt from the minute I walked through the door in the ED like I was in good hands, and that proved to be true throughout my experience.

I have been a healthcare professional for 29 years, having spent most of my adult life in the hospital setting, and I cant say enough about the care I received at Tahoe Forest Hospital. My husband and I both feel like the choice we made to buy a second home (and perhaps a place we can retire in a few years) was the right one.

Please share this with the unbelievable staff who had a hand in caring for me during a time when I was most definitely not at my best. We will be stopping by on one of our next trips up to say hello and thank you to the staff in person.

Please feel free to contact me if you would like additional feedback at (*phone number redacted*) or via email.

Warm Regards,

(*name redacted*)



DATE: October 29, 2015  
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**MEDICAL EXECUTIVE COMMITTEE'S  
RECOMMENDATIONS FOR APPROVAL BY THE BOARD OF DIRECTORS - OPEN MEETING  
October 29, 2015**

CONSENT AGENDA ITEM	REFERRED BY:	RECOMMEND/ ACTION
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Consent Approval Items		
1. Interdisciplinary Practice Committee (IDPC)	The IDPC recommended approval of the following at their meeting on 9/17/15: ➤ Allied Health Professional Manual	Approval
2. Quality Assessment Committee	The Quality Assurance Committee recommended approval at their meeting on 10/8/15 of the following: ➤ Event Reporting ➤ Hand Off Communication	Approval
3. Department of OB/PEDS	The Department of OB/PEDS recommended approval of the following policies at their meeting on 10/19/15: ➤ Labor - Breech Presentation ➤ Labor - Pediatrician Attendance at Delivery ➤ Labor - Precipitous Delivery by the RN ➤ Labor - Trial of Labor After Cesarean ➤ Labor - Vaginal Birth after Cesarean Section ➤ Neonate - Temperature Guidelines ➤ Deletion: Labor - Polyhydramnios Patient - No reason to have it per AWHON.	Approval
5. Infection Control	The IC Committee recommended approval of the following at their meeting on 10/21/15: ➤ DOCC-13: influenza prevention ➤ AIPC-96: pet & pet-assisted therapy. More work on this policy will be forthcoming as more discussions are held. ➤ DMM-16; protocol for sales reps ➤ AIPC-83: MRSA screening ➤ AIPC-1501: transmission based (isolation) precautions ➤ AIPC-85: patient placement in outpatient setting ➤ DOCC-43: Personnel restrictions due to illness	Approval

**MEDICAL EXECUTIVE COMMITTEE'S  
RECOMMENDATIONS FOR APPROVAL BY THE BOARD OF DIRECTORS - OPEN MEETING  
October 29, 2015**

CONSENT AGENDA ITEM	REFERRED BY:	RECOMMEND/ ACTION
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<p>6. Pharmacy &amp; Therapeutics Committee</p>	<p>The P&amp;T Committee recommended approval of the following at their meeting on 10/21/15:</p> <p><b>Pre-Printed Annual Orders reviewed/approved:</b></p> <ul style="list-style-type: none"> <li>➤ Adult Acute Pain Management – minor revisions to include pre-med for painful procedure, sub of Lortab elixir for Norco 10</li> <li>➤ Anesthesia – Post Op Epidural – Intraspinial – minor revision order for oral med when anesthesia begins to wear off</li> <li>➤ Discharge – minor revision order to give oral med prior to D/C</li> <li>➤ General Surgery – minor revision to give oral med when regional begins to wear off</li> <li>➤ Outpatient Post-Op – minor revision to give oral med prior to D/C</li> <li>➤ PCA – minor revision to delete max bolus b/c not on current pumps</li> <li>➤ Pneumonia – Community Acquired – minor revision to delete Gram Stain per lab</li> <li>➤ ENT Orders – change Cipro HC ear drops to Ofloxacin EYE drops for Otic use</li> <li>➤ Swing-Skilled Admission - #11</li> <li>➤ OB - Labor 4 15 - #12</li> <li>➤ OB - Post Tubal ligation orders - #13</li> <li>➤ OB - Post-Partum - #14</li> </ul> <p><b>Approvals for updates to the Formulary included:</b></p> <ul style="list-style-type: none"> <li>➤ Removal of Erythromycin Base – expensive, rarely used, ok with general surgeons</li> <li>➤ On-Q pump for Ropivacaine only, expand use to nerve blocks</li> <li>➤ Add Opdivo (Nivolumab) – new Anti-PD1 agent for melanoma and lung cancer</li> <li>➤ Add Brilinta (ticagrelor) – preferred agent</li> <li>➤ Remove Auralgan – no longer on market, FDA unapproved agent and labeling</li> </ul>	<p>Approval</p>
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**MEDICAL EXECUTIVE COMMITTEE'S**  
**RECOMMENDATIONS FOR APPROVAL BY THE BOARD OF DIRECTORS - OPEN MEETING**  
**October 29, 2015**

CONSENT AGENDA ITEM	REFERRED BY:	RECOMMEND/ ACTION
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	<p><b>Revised policies and procedures included:</b></p> <ul style="list-style-type: none"> <li>➤ Fentanyl IV Admin Guidelines – add Special Care Unit RN and ER RN to infusion privilege for Therapeutic Hypothermia orders</li> <li>➤ ECC Delivery Process; Floor Stock Medications – minor revision, update to current process</li> <li>➤ ECC Delivery Process; Medication Packaging – minor revision, update to current process</li> <li>➤ ECC Delivery Process; Medications Brought in by Resident or Family – major revision, update to current process</li> <li>➤ ECC Delivery Process; Ordering and Receiving Medications – minor revision to meet reg for record storage</li> <li>➤ ECC Delivery; Transfer of Medications – minor revision, update to current process</li> <li>➤ ECC Disposal; Discontinued Medications – minor revision based on survey finding</li> <li>➤ ECC Monitoring; Continuous Quality Improvement – minor revision, update to current process</li> <li>➤ ECC Monitoring; Preventing and Detecting Adverse Consequences – minor revision, update to current process</li> <li>➤ ECC Orders; Prescriber Medication Orders – major revision, update to current process</li> <li>➤ ECC Pharmaceutical Services Subcommittee – minor revision, update to current language</li> <li>➤ ECC Prep; Enteral Tube Medications – major revision, title should state Parenteral Medications</li> <li>➤ ECC Provider Pharmacy Requirements – minor revision for change to TFH Retail</li> <li>➤ ECC Storage; Medication Storage – minor revision based on survey findings</li> <li>➤ High Alert Medications – minor revision, refer to correct title of sedation</li> </ul>	
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**MEDICAL EXECUTIVE COMMITTEE'S**  
**RECOMMENDATIONS FOR APPROVAL BY THE BOARD OF DIRECTORS - OPEN MEETING**  
**October 29, 2015**

CONSENT AGENDA ITEM	REFERRED BY:	RECOMMEND/ ACTION
	<ul style="list-style-type: none"> <li>➤ policy</li> <li>➤ Medication Administration – major revision, re-organized, referenced other policies, combined with ANS policy on IV Med Admin, removed pain management statements</li> <li>➤ Pyxis – minor revision, add use of BioID for access</li> </ul> <p><b>Retire policies and procedures include:</b></p> <ul style="list-style-type: none"> <li>➤ ECC Delivery Process; Ordering and Receiving Medications from Non-Contracted Pharmacies</li> </ul> <p>ECC Non-Contract Pharmacy Arrangements</p>	



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

Tuesday, September 29, 2015 at 4:00 p.m.

Tahoe Truckee Unified School District (TTUSD) Office  
11603 Donner Pass Rd, Truckee, CA

## 1. CALL TO ORDER

Meeting called to order at 4:01 p.m.

## 2. ROLL CALL

Board: Karen Sessler, President; Chuck Zipkin, Vice President; Greg Jellinek, Secretary; Dale Chamblin, Treasurer; John Mohun, Director

Staff: Jake Dorst, Interim Chief Executive Officer; Crystal Betts, Chief Financial Officer; Judy Newland, Chief Nursing/Operations Officer; Martina Rochefort, Clerk of the Board

Other: Michael Colantuono, General Counsel

## 3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA

None.

## 4. INPUT AUDIENCE:

None.

General Counsel read the Board into Closed Session.

Open session recessed at 4:03 p.m.

## 5. CLOSED SESSION:

Discussion held on privileged matters.

## 6. DINNER BREAK

APPROXIMATELY 6:00 P.M.

## 7. OPEN SESSION – CALL TO ORDER

Open session reconvened at 6:00 p.m.

## 8. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA

None.

## 9. INPUT – AUDIENCE

Public comment was received from Lynn Larson, Amy Milholen, Galen Larson, Mandie Sabo, Lisa Pelletier, Dr. Lianne Burkholder, Dr. Ellen Cooper and others.

**10. INPUT FROM EMPLOYEE ASSOCIATIONS**

None.

**11. ACKNOWLEDGMENTS**

**11.1. CEP Patient Satisfaction Survey Results**

Jake Dorst, Interim CEO, introduced Dr. Jonathan Laine, Director of ER Services. ER dept just got recognized by CEP as the number one in patient satisfaction.

Discussion was held.

**12. MEDICAL STAFF REPORT**

**12.1. Medical Staff Report**

Dr. Dodd provided a review of the MEC September meeting.

Discussion was held.

**ACTION: Motion made by Director Zipkin, seconded by Director Mohun to approve MEC items 1-4 as presented. Roll call vote taken.**

**AYES: Directors Mohun, Chamblin, Zipkin, Sessler and Jellinek**

**NAYS: None**

**Abstention: None**

**13. CONSENT CALENDAR**

**13.1. Approval of Minutes of Meetings**

08/25/2015, 09/10/2015

**13.2. Financial Report**

Financial Report- Preliminary August 2015

**ACTION: Motion made by Director Jellinek, seconded by Director Chamblin, to approve the consent calendar as presented. Roll call vote taken.**

**AYES: Directors Mohun, Chamblin, Zipkin, Sessler and Jellinek**

**NAYS: None**

**Abstention: None**

**14. ITEMS FOR BOARD DISCUSSION AND/OR ACTION**

**14.1. Quarterly Facilities Update**

Rick McConn and Mike Genet presented the quarterly update of the Facilities Development Plan.

No action taken.

Staff was directed to bring an update on local helicopter service to next board meeting.

**14.2. CEO Search**

The Board identified a number of candidates to interview at TFHD in the next couple of weeks and will narrow their selection down to two candidates to bring back for further interviews.

No input from public.

### **14.3. Contracts**

#### **14.3.1. New Radiation Oncology Medical Directorship**

The Board reviewed the terms and conditions of the contract prior to final approval.

Discussion was held.

**ACTION:** Motion made by Director Zipkin, seconded by Director Chamblin, to approve the contract as presented.

Discussion took place on the motion.

Public comment was taken.

**Roll call vote was taken.**

**AYES:** Directors Mohun, Chamblin, Zipkin, Sessler and Jellinek

**NAYS:** None

**Abstention:** None

Open session recessed at 7:53 p.m.

Open session reconvened at 8:00 p.m.

### **15. BOARD COMMITTEE REPORTS/RECOMMENDATIONS FOR DISCUSSION AND/OR ACTION**

*Item 15.2 heard out of order to accommodate staff schedule.*

#### **15.1. Governance Committee Meeting– 09/11/2015**

*Crystal Betts departed the meeting at 8:19 p.m.*

##### **15.1.1. AGOV-xx Physician Non- Monetary Compensation Policy**

The Fox Group recommended the addition of Exhibit A and formatting changes to policy.

Discussion was held.

**ACTION:** Motion made by Director Zipkin, seconded by Director Jellinek, to approve AGOV-xx Physician Non-Monetary Compensation Policy as presented. Roll call vote taken.

**AYES:** Directors Mohun, Chamblin, Zipkin, Sessler and Jellinek

**NAYS:** None

**Abstention:** None

##### **15.1.2. ABD-13 Innovation Policy removal**

Governance Committee recommended the removal of ABD-13 Innovation Policy.

**ACTION:** Motion made by Director Sessler, seconded by Director Zipkin, to approve the removal policy ABD-13 Innovation Policy. Roll call vote taken.

**AYES:** Directors Mohun, Chamblin, Zipkin, Sessler and Jellinek

**NAYS: None**  
**Abstention: None**

**15.1.3. Board Education**

Board reviewed conference options from Governance Institute, Estes Park and California Special Districts Association (CSDA).

*Director Jellinek departed the meeting at 8:25 p.m.*

**15.1.4. Board Retreat Update from Ted Owens**

Board's retreat is scheduled for next Tuesday, October 5, 2015. Agenda topics for the retreat were reviewed.

*Director Jellinek returned to the meeting at 8:31 p.m.*

**15.1.5. Future Board Meeting at a North Lake Tahoe location**

Ted Owens, Director of Governance and Government Affairs, provided an update on a future Board Meeting possibly taking place in Tahoe City.

**15.2. Finance Committee Meeting – 09/23/2015**

*Item 15.2. heard before Item 15.1. No public comment regarding change.*

CFO presented the financial package for August.

CFO requested a televised Board Meeting when audit presentation occurs.

**15.2.1. Annual Audited Financial Statements Format**

Discussion took place about the current format of the annual Audited Financial Statements.

CFO recommends unqualified opinion for annual audited financial statements.

**ACTION: Motion made by Director Zipkin, seconded by Director Jellinek to proceed with an Unqualified Opinion and to combine the annual Audited Financial Statements and include the Foundations as components. Roll call vote taken.**  
**AYES: Directors Mohun, Chamblin, Zipkin, Sessler and Jellinek**  
**NAYS: None**  
**Abstention: None**

**15.3. Community Benefit Committee – 09/09/2015**

Director Zipkin gave an update from the Community Benefit Committee meeting.

Staff was directed to agendize a presentation by the Wellness Neighborhood for a future meeting.

**15.4. Personnel/Retirement Plan Committee – 09/09/2015**

Director Zipkin gave an update from the Personnel Committee meeting.



**16. INFORMATIONAL REPORTS**

**16.1. Strategic Initiatives Updates**

No discussion took place.

**17. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS**

Governance Committee will continue annual review of policies.

Missing biographies for ACHD need to be submitted to the Clerk by Wednesday.

**18. ITEMS FOR NEXT MEETING**

-Wellness Neighborhood update

-Board requested staff to send a copy of the press releases submitted to media.

-Board requested staff to clean up board portal. Governance Committee will review in 2 months after Clerk of the Board has had time to familiarize with the board portal.

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

Director Chamblin attended Medical Executive Committee meeting this month.

Director Zipkin attended IVCH Foundation and noted the Foundation has a new Executive Director, Betsy Kingsley. Director Zipkin noted Incline Village community members are continually requesting a drop-in facility.

**Open session recessed at 8:53 p.m.**

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

Discussion continued on privileged matters.

**21. OPEN SESSION**

**Open session reconvened at 9:32 p.m.**

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

No action was taken during Closed Session.

**23. MEETING EFFECTIVENESS ASSESSMENT**

No discussion took place on this matter.

**24. ADJOURN**

**Meeting adjourned at 9:34 p.m.**



# SPECIAL MEETING OF THE BOARD OF DIRECTORS OF TAHOE FOREST HOSPITAL DISTRICT

## DRAFT MINUTES

Monday, October 5, 2015 at 8:30 a.m.  
Eskridge Conference Room,  
Tahoe Forest Hospital, 10121 Pine Avenue, Truckee, CA

### 1. CALL TO ORDER

Meeting called to order at 8:30 a.m.

### 2. ROLL CALL

Board: Karen Sessler, President; Chuck Zipkin, Vice President; Greg Jellinek, Secretary; Dale Chamblin, Treasurer

Staff: Jayne O'Flanagan, Chief Human Resources Officer; Martina Rochefort, Clerk of the Board

Other: Don Whiteside, HFS Consulting

### 3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA

No changes made.

### 4. INPUT – AUDIENCE

None.

### 5. INPUT FROM EMPLOYEE ASSOCIATIONS

None.

### 6. ITEMS FOR BOARD DISCUSSION

#### 6.1. CEO Candidate Interview Format

Discussion took place about the format the Board will use in the CEO candidate interviews.

*Director Chamblin departed the meeting at 8:54 a.m.*

*Director Chamblin returned to the meeting at 8:55 a.m.*

*Jayne O'Flanagan departed the meeting at 8:59 a.m.*

**Open session recessed at 8:59 a.m.**

### 7. CLOSED SESSION

Discussion took place on privileged matters.

**8. OPEN SESSION**

Open session reconvened at 3:33 p.m.

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

No report out from Closed Session.

**10. ITEMS FOR NEXT MEETING**

None discussed.

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

None.

**12. MEETING EFFECTIVENESS ASSESSMENT**

No discussion took place on this matter.

**13. ADJOURN**

Open session adjourned at 3:33 p.m.

DRAFT

**Board Retreat**

Tuesday, October 6, 2015 at 8:00 a.m.  
Cedar House Sport Hotel – Cervino Room  
10918 Brockway Road, Truckee, CA 96161

**1. CALL TO ORDER**

**Meeting called to order at 8:06 a.m.**

**2. ROLL CALL**

Board: Karen Sessler, President; Chuck Zipkin, Vice President; Dale Chamblin, Treasurer; John Mohun, Director

Staff: Jake Dorst, Interim Chief Executive Officer; Crystal Betts, Chief Financial Officer; Judy Newland, Chief Nursing/Operations Officer; Martina Rochefort, Clerk of the Board; Ted Owens, Director of Governance, Government Affairs & Community Development; Dr. Shawni Coll, D.O.; Karen Gancitano, Executive Director - Post Acute Services; Tim Garcia-Jay, Executive Director - MSC; Gayle McAmis, MSC Business Office; Paige Thomason, Director of Marketing

Other: Lisa Toutant, elte

**3. INPUT – AUDIENCE**

None.

**4. RETREAT ITEMS FOR BOARD DISCUSSION**

**4.1. Introduction**

Retreat facilitator, Lisa Toutant, gave an introduction and brief overview of the retreat agenda.

*Director Jellinek joined the Meeting at 8:10 a.m.*

**4.2. ECG – Physician Alignment Presentation**

Dr. Shawni Coll introduced Darin Libby and Krista Fakoory of ECG Management Consultants.

ECG gave the Board a presentation on the dynamics of Physician-Hospital Alignment.

ECG presented the following Key Objectives:

- Understand the impetus for healthcare delivery system changes and the various integration and alignment options being implemented across the country.
- Evaluate how various alignments structures will fit with TFHS goals and resources, as well as local market dynamics.
- Determine a preferred physician alignment strategy.
- Gain consensus among TFHD and community physicians on the preferred alignment.

ECG's presentation highlighted why alignment was happening, the motivation for physicians to seek tighter alignment with hospitals, the significant role physicians play in the creation or loss of value in healthcare delivery systems and the benefits of alignment.

ECG reviewed different types of Physician Alignment Models.

Director Sessler requested copies of ECG's presentation be made available to Board Members.

Phase One of ECG's work will be on the vision and objectives, as well as, a review of the different models. The next step for ECG will be to hold two additional steering committee meetings and will develop a proposed alignment model in approximately 30 days.

**Meeting recessed at 10:21 a.m.**

**Meeting reconvened at 10:32 a.m.**

#### 4.3. **California Hospital Council Presentation**

Director of Governance and Community Benefit introduced guest speakers Brian Jensen of California Hospital Council and Peggy Wheeler of California Hospital Association.

California Hospital Council provided a summary of the various challenges hospitals in Northern California are facing.

A summary of upcoming initiatives and legislation as well as their implications was presented. Highlights included the End of Life bill signed by the Governor on October 5, 2015 and an upcoming bill the Governor will sign regarding meal period waivers.

Discussion took place about future physician recruitment.

**Meeting recessed at 11:59 a.m.**

**Meeting reconvened at 12:35 p.m.**

#### 4.4. **Board Revisit of SWOT Analysis**

The Board worked with the facilitator to identify their strengths, weaknesses, opportunities and threats (SWOT) as a Board.

**Meeting recessed at 1:48 p.m.**

**Meeting reconvened at 2:06 p.m.**

The Board reviewed the goals and priorities they set at the Board Retreat in March 2015.

*Michael Colantuono joined the meeting at 2:18 p.m.*

Discussion took place on each goal and its respective tactics, whether or not tactics should be added or improved to complete the goal, and whether the goal was being or had been already been accomplished.

*Crystal Betts departed the meeting at 2:43 p.m.*

Discussion took place about the Board using JUST culture as a tool to deal with problems.

**Meeting recessed at 3:23 p.m.**

**Meeting reconvened at 3:40 p.m.**

#### 4.5. **Board Order & Decorum Follow Up**

General Counsel Michael Colantuono reviewed the “Making Meeting Manageable” presentation he gave to the Board at their retreat in March 2015.

General Counsel reviewed Guidelines for Board Conduct, as well as, the following sections from the Board’s Governance documents: Goal, Manner of Governance, Chairperson’s role and Role of Directors.

##### Practice Tips

- Don’t stump or surprise staff or each other.
- Don’t attack staff or each other.
- Value open communications; listen deeply.
- Be prepared for Board and Committee meetings.
- Maintain your commitment to civility.

##### Suggestions

- Give report out of closed session every meeting to ritualize disclosure.
- Consider possibly splitting closed and open sessions into two meetings.
- Invite ethics into the room.

#### 4.6. **Confidential Information and Document Management**

Discussion took place regarding the types of confidential documentation the Board may have access to and protection of the District’s interests.

*Crystal Betts returned to the meeting at 4:13 p.m.*

The Board discussed how they would like to manage and receive confidential information and directed the Governance Committee to develop a policy regarding dissemination of confidential information.

Board members can abstain during voting.

General Counsel suggested tools for the Board to manage dialogue at meetings.

General Counsel advised adding to standard text of public comment to add line at end of “staff or board members can respond briefly to issues raised in public comment.”

Discussion took place on General Counsel's conflict of scheduling for TFHD Board of Directors Meetings. Staff was directed to work on potential new dates for board meetings.

**5. MEETING EFFECTIVENESS ASSESSMENT**

No discussion occurred on this matter.

**6. PUBLIC COMMENT**

None.

**7. ADJOURN**

**Meeting adjourned at 5:13 p.m.**



# SPECIAL MEETING OF THE BOARD OF DIRECTORS OF TAHOE FOREST HOSPITAL DISTRICT

## DRAFT MINUTES

Wednesday, October 7, 2015 at 1:30 p.m.  
Eskridge Conference Room,  
Tahoe Forest Hospital, 10121 Pine Avenue, Truckee, CA

### 1. CALL TO ORDER

Meeting called to order at 1:30 p.m.

### 2. ROLL CALL

Board: Karen Sessler, President; Chuck Zipkin, Vice President; Greg Jellinek, Secretary; Dale Chamblin, Treasurer; John Mohun, Director

Staff: Jayne O'Flanagan, Chief Human Resources Officer; Martina Rochefort, Clerk of the Board

### 3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA

No changes made.

### 4. INPUT – AUDIENCE

None.

### 5. INPUT FROM EMPLOYEE ASSOCIATIONS

None.

Open session recessed at 1:31 p.m.

### 6. CLOSED SESSION:

Discussion took place on a privileged matter.

### 7. OPEN SESSION

Open session reconvened at 3:35 p.m.

### 8. ITEMS FOR BOARD DISCUSSION

#### 8.1. Review of Chief Executive Officer Candidates

The Board identified Thursday, October 15, 2015 as the next date for a Special Meeting of the Board of Directors to review the CEO candidates.

### 9. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

No report out from Closed Session.



**10. ITEMS FOR NEXT MEETING**

Discussion took place on following up on the dissemination of confidential reports.

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

None.

**12. MEETING EFFECTIVENESS ASSESSMENT**

No discussion occurred on this matter.

**13. ADJOURN**

Open session adjourned at 3:53 p.m.

DRAFT



# **SPECIAL MEETING OF THE BOARD OF DIRECTORS OF TAHOE FOREST HOSPITAL DISTRICT**

## **DRAFT MINUTES**

Monday, October 12, 2015 at 9:00 a.m.  
Eskridge Conference Room,  
Tahoe Forest Hospital, 10121 Pine Avenue, Truckee, CA

### **1. CALL TO ORDER**

Meeting called to order at 9:03 a.m.

### **2. ROLL CALL**

Board: Karen Sessler, President; Chuck Zipkin, Vice President; Greg Jellinek, Secretary; Dale Chamblin, Treasurer

Staff: Sarah Jackson, Executive Assistant

Other: Don Whiteside, HFS Consulting

### **3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**

No changes were made to the agenda.

### **4. INPUT – AUDIENCE**

None.

### **5. INPUT FROM EMPLOYEE ASSOCIATIONS**

None.

Open session recessed at 9:03 a.m.

### **6. CLOSED SESSION:**

Discussion took place on privileged matters.

### **7. OPEN SESSION**

Open session reconvened at 3:33 p.m.

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

No report out from Closed Session.

### **9. ITEMS FOR NEXT MEETING**

None.

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

None.

**11. MEETING EFFECTIVENESS ASSESSMENT**

No discussion took place on this matter.

**12. ADJOURN**

Open session adjourned at 3:35 p.m.

DRAFT



# SPECIAL MEETING OF THE BOARD OF DIRECTORS OF TAHOE FOREST HOSPITAL DISTRICT

## DRAFT MINUTES

Thursday, October 15, 2015 at 11:00 a.m.  
Eskridge Conference Room,  
Tahoe Forest Hospital, 10121 Pine Avenue, Truckee, CA

### 1. CALL TO ORDER

Meeting was called to order at 11:04 a.m.

### 2. ROLL CALL

Board: Karen Sessler, MD, President; Charles Zipkin, Vice President; Dale Chamblin, Treasurer; Greg Jellinek, MD, Secretary; John Mohun, Director

Staff: Jake Dorst, Interim Chief Executive Officer/Chief Information Officer; Crystal Betts, Chief Financial Officer; Jayne O'Flanagan, Chief Human Resources Officer; Judy Newland, Chief Nursing Officer/Chief Operations Officer; Martina Rochefort, Clerk of the Board

Other: Don Whiteside, HFS Consulting

### 3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA

None.

### 4. INPUT – AUDIENCE

None.

### 5. INPUT FROM EMPLOYEE ASSOCIATIONS

None.

Open Session recessed at 11:04 a.m.

### 6. CLOSED SESSION

Discussion held on privileged matters.

### 7. OPEN SESSION

Open Session reconvened at 2:36 p.m.

*CEO, CFO, CHRO and Clerk of the Board rejoined the meeting at 2:36 p.m.*

*Ted Owens, Director of Governance & Community Development joined the meeting at 2:36 p.m.*

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

No action taken in Closed Session. Closed Session discussion to continue after Open Session timed item.

**9. ITEMS FOR BOARD DISCUSSION**

**9.1. TIMED ITEM - 2:30 p.m. - General Counsel Presentation on Governance Improvement**

*General Counsel Michael Colantuono joined the meeting.*

General Counsel gave tools and suggestions on how to handle contentious issues the Board may face.

Moving forward contracts will be sent to entire Board ahead being reviewed in the Governance Committee meeting. Board Members will direct any questions to CEO. Staff will discuss concerns at Governance Committee. Contracts will then be added to the consent calendar at board meetings.

Staff will continue to use default rules on dissemination of confidential information until the Board decides on a different process.

**Open Session recessed at 3:44 p.m.**

**Open Session reconvened at 4:06 p.m.**

**10. ITEMS FOR NEXT MEETING**

None.

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

Closed Session report out: The Board has selected a group of finalists to bring back for further consideration.

**12. MEETING EFFECTIVENESS ASSESSMENT**

No discussion occurred on this matter.

**13. ADJOURN**

**Meeting adjourned at 4:09 p.m.**

**TAHOE FOREST HOSPITAL DISTRICT  
SEPTEMBER 2015 FINANCIAL REPORT  
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**Board of Directors**  
*Of Tahoe Forest Hospital District*

## **SEPTEMBER 2015 FINANCIAL NARRATIVE**

The following is a financial narrative analyzing financial and statistical trends for the three months ended September 30, 2015.

### **Activity Statistics**

- ❑ TFH acute patient days were 346 for the current month compared to budget of 370. This equates to an average daily census of 11.54 compared to budget of 12.34.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Emergency Department visits, Laboratory tests, Oncology Lab, Oncology procedures, Nuclear Medicine, MRI, PET CT, Pharmacy units, Oncology Pharmacy units, Physical Therapy, Speech Therapy, and Occupational Therapy.
- ❑ TFH Outpatient volumes were below budget in the following departments by at least 5%: Home Health visits, Surgery cases, Endoscopy procedures, Ultrasound, and Respiratory Therapy.

### **Financial Indicators**

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 57.3% in the current month compared to budget of 53.3% and to last month's 56.4%. Current year's Net Patient Revenue as a percentage of Gross Patient Revenue is 57.3%, compared to budget of 53.4% and prior year's 56.2%.
- ❑ EBIDA was \$1,130,874 (6.3%) for the current month compared to budget of \$130,647 (.8%), or \$1,000,227 (5.6%) above budget. Year-to-date EBIDA was \$4,895,318 (8.9%) compared to budget of \$1,923,406 (3.5%) or \$2,971,912 (5.4%) over budget.
- ❑ Cash Collections for the current month were \$9,572,061 which is 93% of targeted Net Patient Revenue.
- ❑ Gross Days in Accounts Receivable were 56.3, compared to the prior month of 54.6. Gross Accounts Receivables are \$30,698,752 compared to the prior month of \$31,399,650. The percent of Gross Accounts Receivable over 120 days old is 21.8%, compared to the prior month of 21.4%.

### **Balance Sheet**

- ❑ Working Capital Days Cash on Hand is 33.7 days. S&P Days Cash on Hand is 177.7. Working Capital cash decreased \$2,293,000. Cash collections fell short of target by 7% and the District transferred \$5,000,000 to its LAIF Cash Reserve Fund. The District received reimbursement of \$2,023,706 for funds advanced on July and August Measure C projects.
- ❑ Net Patients Accounts Receivable decreased approximately \$974,000. Cash collections were at 93% of target and days in accounts receivable were 56.3 days, a 1.70 days increase.
- ❑ G.O. Bond Project Fund decreased \$2,023,706 after reimbursing the District for funds advanced on Measure C projects in the months of July and August.
- ❑ To comply with GASB No. 63, the District booked an adjustment to the asset and offsetting liability to reflect the fair value of the Piper Jaffray swap transaction at the close of September.

### **Operating Revenue**

- ❑ Current month's Total Gross Revenue was \$17,833,260, compared to budget of \$16,766,428 or \$1,066,832 above budget.
- ❑ Current month's Gross Inpatient Revenue was \$5,495,210, compared to budget of \$5,401,376 or \$93,834 above budget.
- ❑ Current month's Gross Outpatient Revenue was \$12,338,051, compared to budget of \$11,365,052 or \$972,999 above budget. Volumes were up in some departments and down in others. See TFH Outpatient Activity Statistics above.

## September 2015 Financial Narrative

- Current month's Gross Revenue Mix was 39.0% Medicare, 16.7% Medi-Cal, .0% County, 2.9% Other, and 41.4% Insurance compared to budget of 36.4% Medicare, 18.8% Medi-Cal, .0% County, 3.6% Other, and 41.2% Insurance. Last month's mix was 38.4% Medicare, 15.9% Medi-Cal, .0% County, 3.0% Other, and 42.7% Insurance.
- Current month's Deductions from Revenue were \$7,619,496 compared to budget of \$7,837,224 or \$217,727 below budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 2.63% increase in Medicare, a 2.12% decrease to Medi-Cal, a .02% decrease in County, a .77% decrease in Other, and Commercial was above budget .27%, 2) revenues exceeded budget by 6.4%, and 3) we continue to see a pickup in Bad Debt as Self-Pay and Out of Country accounts are worked.

## Operating Expenses

DESCRIPTION	September 2015 Actual	September 2015 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	3,406,325	3,414,228	7,903	
Employee Benefits	1,072,191	1,113,529	41,338	We saw a positive variance in PL/SL due to fewer vacation days taken.
Benefits – Workers Compensation	47,011	60,541	13,530	
Benefits – Medical Insurance	863,508	750,099	(113,410)	
Professional Fees	1,428,483	1,422,334	(6,149)	IP and OP Therapy Services revenues exceeded budget creating a negative variance in the related Professional Fees along with Locum coverage in the Emergency Department. These negative variances were mostly offset by positive variances in the remaining Professional Fees categories.
Supplies	1,568,333	1,240,167	(328,166)	Drugs Sold to Patients and Oncology Pharmacy revenues exceeded budget by 8.60%, creating a negative variance in Pharmacy Supplies. Surgical Service line revenues were over budget by 11.35%, creating a negative variance in Patient & Other Medical Supplies. We also saw a negative budget variance in Office Supplies purchases during the month.
Purchased Services	812,430	835,518	23,088	Negative variances occurred in the Wellness Neighborhood, Medical Records, Retail Pharmacy, and Financial Administration for services provided in the Miscellaneous category. The annual contract minimum true-up remittance created a negative variance in Diagnostic Imaging – All. These budget variances were offset by positive variances in Multi-Specialty Clinics, Human Resources, Patient Accounting, and Information Technology.
Other Expenses	641,615	557,771	(83,845)	An adjustment to the Foundation receivable for BOTC and GUGC expenses created a negative variance in Other Expenses.
Total Expenses	9,839,896	9,394,186	(445,710)	



TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF NET POSITION  
SEPTEMBER 2015

ASSETS	Sep-15	Aug-15	Sep-14	
<b>CURRENT ASSETS</b>				
* CASH	\$ 10,716,693	\$ 13,009,477	\$ 12,492,008	1
PATIENT ACCOUNTS RECEIVABLE - NET	14,332,302	15,306,144	16,278,735	2
OTHER RECEIVABLES	4,784,162	4,323,038	4,238,555	
GO BOND RECEIVABLES	793,786	398,788	1,191,058	
ASSETS LIMITED OR RESTRICTED	5,192,823	5,143,103	5,795,033	
INVENTORIES	2,306,103	2,312,070	2,514,001	
PREPAID EXPENSES & DEPOSITS	1,646,846	1,638,053	1,916,178	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	4,136,918	3,899,303	3,412,998	
<b>TOTAL CURRENT ASSETS</b>	<b>43,909,632</b>	<b>46,029,976</b>	<b>47,838,565</b>	
<b>NON CURRENT ASSETS</b>				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	45,759,110	40,759,110	40,655,350	1
BANC OF AMERICA MUNICIPAL LEASE	978,207	979,068	2,291,388	
TOTAL BOND TRUSTEE 2002	2	2	2	
TOTAL BOND TRUSTEE 2006	524,614	412,038	2,778,447	
TOTAL BOND TRUSTEE GO BOND	-	-	-	
GO BOND PROJECT FUND	9,616,061	11,639,767	18,815,319	3
GO BOND TAX REVENUE FUND	662,645	662,645	44,944	
BOARD DESIGNATED FUND	2,297	2,297	2,297	
DIAGNOSTIC IMAGING FUND	2,971	2,971	2,963	
DONOR RESTRICTED FUND	1,229,141	1,157,248	832,677	
WORKERS COMPENSATION FUND	218	10,613	17,876	
TOTAL	58,775,265	55,625,757	65,441,263	
LESS CURRENT PORTION	(5,192,823)	(5,143,103)	(5,795,033)	
<b>TOTAL ASSETS LIMITED OR RESTRICTED - NET</b>	<b>53,582,442</b>	<b>50,482,654</b>	<b>59,646,230</b>	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	324,395	324,395	496,395	
PROPERTY HELD FOR FUTURE EXPANSION	836,353	836,353	836,353	
PROPERTY & EQUIPMENT NET	130,028,688	130,297,190	131,565,421	
GO BOND CIP, PROPERTY & EQUIPMENT NET	23,062,279	21,246,865	13,381,638	
<b>TOTAL ASSETS</b>	<b>251,743,789</b>	<b>249,217,433</b>	<b>253,764,602</b>	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	572,130	575,363	610,919	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,928,316	1,774,439	1,608,135	4
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	1,993,407	2,001,045	-	
GO BOND DEFERRED FINANCING COSTS	309,097	310,281	-	
DEFERRED FINANCING COSTS	221,579	222,619	-	
<b>TOTAL DEFERRED OUTFLOW OF RESOURCES</b>	<b>\$ 5,024,530</b>	<b>\$ 4,883,747</b>	<b>\$ 2,219,053</b>	
<b>LIABILITIES</b>				
<b>CURRENT LIABILITIES</b>				
ACCOUNTS PAYABLE	\$ 5,873,328	\$ 5,554,035	\$ 6,556,210	
ACCRUED PAYROLL & RELATED COSTS	7,887,437	7,614,695	8,028,209	
INTEREST PAYABLE	327,580	227,023	393,001	
INTEREST PAYABLE GO BOND	719,697	358,673	779,473	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	366,356	366,399	926,480	
HEALTH INSURANCE PLAN	1,307,731	1,307,731	997,635	
WORKERS COMPENSATION PLAN	404,807	404,807	1,006,475	
COMPREHENSIVE LIABILITY INSURANCE PLAN	824,203	824,203	890,902	
CURRENT MATURITIES OF GO BOND DEBT	530,000	530,000	315,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	2,323,994	2,323,994	2,300,830	
<b>TOTAL CURRENT LIABILITIES</b>	<b>20,565,133</b>	<b>19,511,559</b>	<b>22,194,215</b>	
<b>NONCURRENT LIABILITIES</b>				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	30,526,294	30,630,641	33,985,148	
GO BOND DEBT NET OF CURRENT MATURITIES	100,028,975	100,032,917	98,130,000	
DERIVATIVE INSTRUMENT LIABILITY	1,928,316	1,774,439	1,608,135	4
<b>TOTAL LIABILITIES</b>	<b>153,050,717</b>	<b>151,949,556</b>	<b>155,917,498</b>	
<b>NET ASSETS</b>				
NET INVESTMENT IN CAPITAL ASSETS RESTRICTED	102,488,460	100,994,377	99,233,481	
	1,229,141	1,157,248	832,677	
<b>TOTAL NET POSITION</b>	<b>\$ 103,717,601</b>	<b>\$ 102,151,625</b>	<b>\$ 100,066,158</b>	

\* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT  
NOTES TO STATEMENT OF NET POSITION  
SEPTEMBER 2015

1. Working Capital is at 33.7 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 177.7 days. Working Capital cash decreased \$2,293,000. Cash collections fell short of target by 7% and the District transferred \$5,000,000 to its LAIF Cash Reserve Fund. The decrease was offset, in part, from the receipt of Measure C reimbursements (See Note 3) for July and August project expense advances.
2. Net Patient Accounts Receivable decreased approximately \$974,000. Cash collections were 93% of target. Days in Accounts Receivable are at 56.3 days compared to prior months 54.6 days, a 1.70 days increase.
3. GO Bond Project Fund decreased \$2,023,706 after reimbursing the District for funds advanced on Measure C projects in the months of July and August.
4. To comply with GASB No. 63, the District has booked an adjustment to the asset and offsetting liability to reflect the fair value of the Piper Jaffray swap transaction at the close of September.

**Tahoe Forest Hospital District  
Cash Investment  
September 2015**

<b>WORKING CAPITAL</b>			
US Bank	\$ 10,666,929		
US Bank/Kings Beach Thrift Store	14,329		
US Bank/Truckee Thrift Store	35,435		
Wells Fargo Bank			
Local Agency Investment Fund	-	0.335%	
Total			\$ 10,716,693
 <b>BOARD DESIGNATED FUNDS</b>			
US Bank Savings	\$ 2,297	0.03%	
Capital Equipment Fund	-		
Total			\$ 2,297
 <b>Building Fund</b>			
Cash Reserve Fund	\$ -		
Local Agency Investment Fund	45,759,110	0.335%	
			\$ 45,759,110
 <b>Banc of America Muni Lease</b>			
			\$ 978,207
<b>Bonds Cash 2002</b>			
			\$ 2
<b>Bonds Cash 2006</b>			
			\$ 524,614
<b>Bonds Cash 2008</b>			
			\$ 10,278,706
 <b>DX Imaging Education</b>			
Workers Comp Fund - B of A	\$ 2,971	0.335%	
	218		
 <b>Insurance</b>			
Health Insurance LAIF	-	0.335%	
Comprehensive Liability Insurance LAIF	-	0.335%	
Total			<u>\$ 3,189</u>
<b>TOTAL FUNDS</b>			<b>\$ 68,262,817</b>
 <b>RESTRICTED FUNDS</b>			
<b>Gift Fund</b>			
US Bank Money Market	\$ 8,368	0.03%	
Foundation Restricted Donations	\$ 298,570		
Local Agency Investment Fund	922,203	0.335%	
<b>TOTAL RESTRICTED FUNDS</b>			<u>\$ 1,229,141</u>
<b>TOTAL ALL FUNDS</b>			<u><u>\$ 69,491,958</u></u>

**TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF NET POSITION  
KEY FINANCIAL INDICATORS  
SEPTEMBER 2015**

	<b>Current Status</b>	<b>Desired Position</b>	<b>Target</b>	<b>Bond Covenants</b>	<b>FY 2016 Jul 15 to Sept 15</b>	<b>FY 2015 Jul 14 to June 15</b>	<b>FY 2014 Jul 13 to June 14</b>	<b>FY 2013 Jul 12 to June 13</b>	<b>FY 2012 Jul 11 to June 12</b>	<b>FY 2011 Jul 10 to June 11</b>	<b>FY 2010 Jul 09 to June 10</b>
<b>Return On Equity:</b> Increase (Decrease) in Net Position Net Position		↑	-3.1% (1)	-0.02	4.2%	2.19%	.001%	-4.0%	8.7%	6.3%	12.4%
<b>Days in Accounts Receivable (excludes SNF &amp; MSC)</b> <u>Gross Accounts Receivable</u> 90 Days		↓	FYE 63 Days		56	60	75	97	64	59	60
<u>Gross Accounts Receivable</u> 365 Days					61	62	75	93	64	59	59
<b>Days Cash on Hand Excludes Restricted:</b> <u>Cash + Short-Term Investments</u> (Total Expenses - Depreciation Expense)/ by 365		↑	Budget FYE 158 Days  Budget 1st Qtr 161 Days  Projected 1st Qtr 172 Days	60 Days  BBB- 147 Days	178	156	164	148	203	209	219
<b>Accounts Receivable over 120 days (excludes payment plan, legal and charitable balances)</b>		↓	13%		17%	18%	22%	29%	15%	11%	13%
<b>Accounts Receivable over 120 days (includes payment plan, legal and charitable balances)</b>		↓	18%		22%	23%	25%	34%	19%	16%	18%
<b>Cash Receipts Per Day (based on 30 day lag on Patient Net Revenue) excludes managed care reserve</b>	 	↑	FYE Budget \$303,615  End 1st Qtr Budget \$321,990  End 1st Qtr Actual \$364,493		\$314,617	\$290,776	\$286,394	\$255,901	\$254,806	\$240,383	\$256,059
<b>Debt Service Coverage:</b> Excess Revenue over Exp + <u>Interest Exp + Depreciation</u> Debt Principal Payments + Interest Expense		↑	Without GO Bond 2.01 With GO Bond 1.18	1.95	2.86  1.48	3.28  1.59	2.18  1.29	.66  .89	4.83  2.70	4.35  2.45	3.48  3.00

Footnotes:

(1) Target Return on Equity was established during the FY16 budgeting process. Fiscal year 2015 ended with a higher net income than projected. Based upon the actual fiscal year end net asset number, our Target Return on Equity was 2.15%.

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION  
SEPTEMBER 2015

CURRENT MONTH				Note	YEAR TO DATE				PRIOR YTD
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%	SEPT 2014
\$ 17,833,260	\$ 16,766,428	\$ 1,066,832	6.4%		\$ 55,308,430	\$ 55,159,167	\$ 149,263	0.3%	\$ 55,530,134
<b>OPERATING REVENUE</b>									
Total Gross Revenue					\$ 55,308,430	\$ 55,159,167	\$ 149,263	0.3%	\$ 55,530,134
Gross Revenues - Inpatient									
\$ 1,693,838	\$ 1,752,880	\$ (59,042)	-3.4%		\$ 4,852,307	\$ 5,487,148	\$ (634,841)	-11.6%	\$ 5,625,119
3,801,372	3,648,496	152,875	4.2%		10,015,068	12,025,261	(2,010,193)	-16.7%	13,051,637
5,495,210	5,401,376	93,834	1.7%		14,867,375	17,512,408	(2,645,034)	-15.1%	18,676,756
Total Gross Revenue - Inpatient					14,867,375	17,512,408	(2,645,034)	-15.1%	18,676,756
Gross Revenue - Outpatient					40,441,056	37,646,759	2,794,297	7.4%	36,853,378
12,338,051	11,365,052	972,999	8.6%		40,441,056	37,646,759	2,794,297	7.4%	36,853,378
12,338,051	11,365,052	972,999	8.6%		40,441,056	37,646,759	2,794,297	7.4%	36,853,378
Deductions from Revenue:									
7,145,284	6,885,615	(259,669)	-3.8%		22,266,695	22,589,880	323,185	1.4%	21,665,916
520,866	547,702	26,836	4.9%		1,674,690	1,802,690	128,000	7.1%	1,786,441
-	-	-	0.0%		-	-	-	0.0%	-
(46,611)	403,906	450,517	111.5%		(328,929)	1,337,760	1,666,690	124.6%	860,737
(43)	-	43	0.0%		(43)	-	43	0.0%	-
7,619,496	7,837,224	217,727	2.8%		23,612,412	25,730,330	2,117,918	8.2%	24,313,094
Total Deductions from Revenue					23,612,412	25,730,330	2,117,918	8.2%	24,313,094
55,699	59,098	(3,398)	-5.8%		144,299	179,314	(35,015)	-19.5%	263,715
701,307	536,531	164,776	30.7%		1,901,818	1,625,245	276,573	17.0%	1,809,654
Property Tax Revenue- Wellness Neighborhood					144,299	179,314	(35,015)	-19.5%	263,715
Other Operating Revenue					1,901,818	1,625,245	276,573	17.0%	1,809,654
10,970,770	9,524,833	1,445,937	15.2%		33,742,136	31,233,396	2,508,740	8.0%	33,290,409
TOTAL OPERATING REVENUE					33,742,136	31,233,396	2,508,740	8.0%	33,290,409
<b>OPERATING EXPENSES</b>									
3,406,325	3,414,228	7,903	0.2%		10,442,957	10,851,622	408,664	3.8%	10,132,572
1,072,191	1,113,529	41,338	3.7%		3,863,838	3,549,255	(314,583)	-8.9%	3,602,603
47,011	60,541	13,530	22.3%		138,488	181,623	43,134	23.7%	160,211
863,508	750,099	(113,410)	-15.1%		1,637,746	2,250,296	612,550	27.2%	2,063,662
1,428,483	1,422,334	(6,149)	-0.4%		4,474,295	4,241,537	(232,757)	-5.5%	5,167,788
1,568,333	1,240,167	(328,166)	-26.5%		4,440,396	4,032,799	(407,597)	-10.1%	4,403,040
812,430	835,518	23,088	2.8%		2,495,219	2,668,598	173,379	6.5%	2,739,392
641,615	557,771	(83,845)	-15.0%		1,353,878	1,534,261	180,383	11.8%	1,551,954
9,839,896	9,394,186	(445,710)	-4.7%		28,846,817	29,309,990	463,173	1.6%	29,821,222
TOTAL OPERATING EXPENSE					28,846,817	29,309,990	463,173	1.6%	29,821,222
<b>1,130,874</b>	<b>130,647</b>	<b>1,000,227</b>	<b>765.6%</b>		<b>4,895,318</b>	<b>1,923,406</b>	<b>2,971,912</b>	<b>154.5%</b>	<b>3,469,187</b>
<b>NET OPERATING REVENUE (EXPENSE) EBIDA</b>									
<b>NON-OPERATING REVENUE/(EXPENSE)</b>									
396,508	393,109	3,399	0.9%		1,212,322	1,177,305	35,016	3.0%	1,080,309
392,691	392,691	-	0.0%		1,178,074	1,178,074	-	0.0%	1,181,710
24,443	20,009	4,433	22.2%		76,096	60,652	15,444	25.5%	68,626
2,321	1,826	495	27.1%		8,429	5,599	2,831	50.6%	10,178
54,976	34,671	20,305	58.6%		69,133	104,013	(34,880)	-33.5%	59,767
-	(37,500)	37,500	0.0%		-	(37,500)	37,500	0.0%	-
-	-	-	0.0%		-	-	-	0.0%	-
-	-	-	0.0%		-	-	-	0.0%	-
-	-	-	0.0%		-	-	-	0.0%	-
(856,217)	(855,178)	(1,039)	-0.1%		(2,567,644)	(2,565,534)	(2,109)	-0.1%	(2,262,958)
(147,091)	(115,183)	(31,908)	-27.7%		(384,239)	(347,726)	(36,513)	-10.5%	(422,671)
565,655	631,239	(65,584)	-10.4%		(166,153)	(74,458)	(91,695)	-123.2%	(415,485)
433,286	465,685	(32,399)	7.0%		(573,982)	(499,575)	(74,408)	-14.9%	(700,524)
TOTAL NON-OPERATING REVENUE/(EXPENSE)					(573,982)	(499,575)	(74,408)	-14.9%	(700,524)
<b>\$ 1,564,160</b>	<b>\$ 596,332</b>	<b>\$ 967,827</b>	<b>-162.3%</b>		<b>\$ 4,321,336</b>	<b>\$ 1,423,831</b>	<b>\$ 2,897,505</b>	<b>-203.5%</b>	<b>\$ 2,768,663</b>
<b>INCREASE (DECREASE) IN NET POSITION</b>					<b>\$ 4,321,336</b>	<b>\$ 1,423,831</b>	<b>\$ 2,897,505</b>	<b>-203.5%</b>	<b>\$ 2,768,663</b>
<b>NET POSITION - BEGINNING OF YEAR</b>					<b>99,396,265</b>				
<b>NET POSITION - AS OF SEPTEMBER 30, 2015</b>					<b>\$ 103,717,601</b>				
<b>6.3%</b>	<b>0.8%</b>	<b>5.6%</b>			<b>8.9%</b>	<b>3.5%</b>	<b>5.4%</b>		<b>6.2%</b>
<b>RETURN ON GROSS REVENUE EBIDA</b>					<b>8.9%</b>	<b>3.5%</b>	<b>5.4%</b>		<b>6.2%</b>

**TAHOE FOREST HOSPITAL DISTRICT**  
**NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION**  
**SEPTEMBER 2015**

		<b>Variance from Budget</b>	
		<b>Fav / &lt;Unfav&gt;</b>	
		<b>SEPT 2015</b>	<b>YTD 2016</b>
<b>1) Gross Revenues</b>			
Acute Patient Days were below budget 6.49% or 24 days. Swing bed days were above budget 235.71% or 33 days.	Gross Revenue -- Inpatient	\$ 93,834	\$ (2,645,034)
	Gross Revenue -- Outpatient	972,999	2,794,297
	Gross Revenue -- Total	\$ 1,066,832	\$ 149,263
Outpatient volumes were above budget in the following departments: Emergency Department visits, Laboratory tests, Oncology Lab, Diagnostic Imaging, Oncology procedures, Nuclear Medicine, MRI exams, Cat Scans, PET CT's, Pharmacy units, Oncology Drugs, Physical Therapy, Speech Therapy, and Occupational Therapy.			
<b>2) Total Deductions from Revenue</b>			
The payor mix for September shows a 2.63% increase to Medicare, a 2.12% decrease to Medi-Cal, .77% decrease to Other, a .02% decrease to County, and a .27% increase to Commercial when compared to budget. Contractual Allowances were over budget as a result of revenues exceeding budget by 6.4%.	Contractual Allowances	\$ (259,669)	\$ 323,185
	Managed Care Reserve	-	-
	Charity Care	26,836	128,000
	Charity Care - Catastrophic	-	-
	Bad Debt	450,517	1,666,690
	Prior Period Settlements	43	43
	Total	\$ 217,727	\$ 2,117,918
We continue to see a positive pickup in Bad Debt as work continues in the Business Office on Self Pay accounts.			
<b>3) Other Operating Revenue</b>			
Retail Pharmacy revenues exceeded budget by 20.41%	Retail Pharmacy	\$ 44,404	\$ (41,433)
	Hospice Thrift Stores	12,744	43,502
	The Center (non-therapy)	(13)	(3,395)
	IVCH ER Physician Guarantee	29,250	45,067
	Children's Center	12,177	42,298
	Miscellaneous	67,464	194,285
	Oncology Drug Replacement	-	-
	Grants	(1,250)	(3,750)
	Total	\$ 164,776	\$ 276,573
Hospice Thrift Stores revenues exceeded budget by 14.71%			
IVCH ER Physician Guarantee is tied to collections which exceeded budget in September.			
Child Care revenues also exceeded budget by 19.72%.			
A Quality Assurance Fee received from the State of California created a positive variance in Miscellaneous.			
<b>4) Salaries and Wages</b>			
	Total	\$ 7,903	\$ 408,664
<b>Employee Benefits</b>			
Positive variance in PL/SL is a result of fewer vacation days taken.	PL/SL	\$ 60,304	\$ (186,159)
	Nonproductive	(21,885)	(52,704)
	Pension/Deferred Comp	341	(8,230)
	Standby	(10,275)	(51,624)
	Other	12,853	(15,866)
	Total	\$ 41,338	\$ (314,583)
Negative variance in Nonproductive related to the purchase of the annual employee and physician anniversary pins.			
<b>Employee Benefits - Workers Compensation</b>	Total	\$ 13,530	\$ 43,134
<b>Employee Benefits - Medical Insurance</b>	Total	\$ (113,410)	\$ 612,550
<b>5) Professional Fees</b>			
TFH/IVCH Therapy Services revenues exceeded budget by 27.59% creating a negative variance in this category.	Miscellaneous	\$ 8,109	\$ (139,267)
	TFH/IVCH Therapy Services	(40,763)	(91,966)
	The Center (includes OP Therapy)	(47,563)	(73,511)
	Multi-Specialty Clinics	(6,266)	(43,111)
	Administration	(8,151)	(35,903)
	TFH Locums	(12,093)	(18,449)
	Corporate Compliance	23,643	(14,081)
	Multi-Specialty Clinics Admin	(4,119)	(8,151)
	Managed Care	670	(2,633)
	Home Health/Hospice	(900)	(979)
	Patient Accounting/Admitting	-	-
	Business Performance	-	-
	IVCH ER Physicians	(610)	257
	Respiratory Therapy	200	600
	Marketing	2,375	7,125
	Sleep Clinic	3,501	7,521
	Information Technology	12,872	23,248
	Oncology	24,086	37,083
	Medical Staff Services	10,005	38,302
	Human Resources	31,673	40,065
	Financial Administration	(2,817)	41,091
	Total	\$ (6,149)	\$ (232,757)
The Center (includes OP Therapy) revenues exceeded budget by 37.75%, also creating a negative variance in this category.			
Negative variance in TFH Locums related to contracted Locum services to cover absences.			
Positive variance in Information Technology due to a decrease in Consulting Services needed in August.			
Positive variance in Oncology related to locums coverage coming in below budget.			
Positive variance in Medical Staff Services is a result of decreased usage of Legal services.			
Budgeted Legal and Pension services fell short of budget, creating a positive variance in Human Resources.			

**6) Supplies**

Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues exceeded budget by 8.60%, creating a negative variance in Pharmacy Supplies.

Negative variance in Office supplies related to copy machine paper, restocking employee smartcard badges in Human Resources, Patient Financial Services forms, and forms for the Surgical Services departments.

Surgical Services revenues exceeded budget by 11.35%, creating a negative variance in Patient & Other Medical Supplies.

Pharmacy Supplies	\$ (245,544)	\$ (549,149)
Food	(1,181)	(17,490)
Office Supplies	(17,208)	(17,159)
Imaging Film	(1,194)	(762)
Other Non-Medical Supplies	1,486	14,497
Minor Equipment	9,487	29,281
Patient & Other Medical Supplies	(74,012)	133,185
<b>Total</b>	<b>\$ (328,166)</b>	<b>\$ (407,597)</b>

**7) Purchased Services**

Negative variance in Miscellaneous for services provided to the Wellness Neighborhood, Medical Records for record retention and retrieval, 340B administration in the Retail Pharmacy, and Financial Administration for the Interim Arbitrate Rate Analysis on the G.O. Bond, Series B.

True-up for the annual minimum contract commitment created a negative variance in Diagnostic Imaging - All.

Positive variance in Information Technology related to a decrease in services provided for Software and Network Maintenance during the month.

Department Repairs	\$ 29	\$ (17,279)
Miscellaneous	(30,516)	(15,881)
Diagnostic Imaging Services - All	(35,898)	(13,310)
Laboratory	29	(10,480)
The Center	(5,891)	(7,911)
Pharmacy IP	(2,008)	477
Community Development	392	1,175
Medical Records	2,057	4,336
Hospice	2,757	5,223
Multi-Specialty Clinics	10,293	11,407
Human Resources	11,181	27,077
Patient Accounting	8,059	44,000
Information Technology	62,605	144,547
<b>Total</b>	<b>\$ 23,088</b>	<b>\$ 173,379</b>

**8) Other Expenses**

Subscription services provided to the Tahoe Institute of Rural Health Research and changes in the Medical Directorship over Laboratory created a negative variance in Dues and Subscriptions.

Tuition reimbursements and Interim Director travel in the Emergency Department, Surgery, Revenue Cycle, and Business Office created a negative variance in Outside Training and Travel.

Negative variance in Miscellaneous related to a receivable adjustment from the Foundation for BOTC and GUGC expenses.

Dues and Subscriptions	\$ (26,260)	\$ (24,414)
Other Building Rent	(2,035)	(6,399)
Multi-Specialty Clinics Bldg Rent	(1,580)	(1,768)
Outside Training & Travel	(17,029)	(446)
Multi-Specialty Clinics Equip Rent	(18)	(54)
Innovation Fund	-	-
Physician Services	3	11
Marketing	2,372	8,658
Equipment Rent	(107)	12,555
Insurance	4,206	14,836
Human Resources Recruitment	(4,193)	15,256
Utilities	14,413	50,183
Miscellaneous	(53,617)	111,966
<b>Total</b>	<b>\$ (83,845)</b>	<b>\$ 180,383</b>

**9) District and County Taxes**

<b>Total</b>	<b>\$ 3,399</b>	<b>\$ 35,016</b>
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**10) Interest Income**

<b>Total</b>	<b>\$ 4,433</b>	<b>\$ 15,444</b>
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**11) Donations**

IVCH	\$ (4,333)	\$ (13,000)
Operational	24,638	(21,880)
Capital Campaign	-	-
<b>Total</b>	<b>20,305</b>	<b>(34,880)</b>

**12) Gain/(Loss) on Joint Investment**

<b>Total</b>	<b>\$ 37,500</b>	<b>\$ 37,500</b>
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**13) Gain/(Loss) on Sale**

<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>
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**15) Depreciation Expense**

<b>Total</b>	<b>\$ (1,039)</b>	<b>\$ (2,109)</b>
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**16) Interest Expense**

Payment for the Arbitrage rebate on the refunding of the 2006 Revenue Bonds created a negative variance in Interest Expense.

<b>Total</b>	<b>\$ (31,908)</b>	<b>\$ (36,513)</b>
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**TAHOE FOREST HOSPITAL DISTRICT**  
**STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION**  
**KEY FINANCIAL INDICATORS**  
**SEPTEMBER 2015**

	Current Status	Desired Position	Target	FY 2016 Jul 15 to Sept 15	FY 2015 Jul 14 to June 15	FY 2014 Jul 13 to June 14	FY 2013 Jul 12 to June 13	FY 2012 Jul 11 to June 12	FY 2011 Jul 10 to June 11	FY 2010 Jul 09 to June 10
<b>Total Margin:</b> <u>Increase (Decrease) In Net Position</u> Total Gross Revenue		↑	FYE -1.4%  1st Qtr 2.6%	7.8%	1.0%	.01%	-2.2%	5.3%	3.6%	5.8%
<b>Charity Care:</b> <u>Charity Care Expense</u> Gross Patient Revenue		↓	FYE 3.3%  1st Qtr 3.3%	3.0%	3.1%	3.2%	3.2%	2.6%	3.0%	3.1%
<b>Bad Debt Expense:</b> <u>Bad Debt Expense</u> Gross Patient Revenue		↓	FYE 2.4%  1st Qtr 2.4%	-0.1%	1.6%	1.6%	4.6%	4.3%	3.8%	4.1%
<b>Incline Village Community Hospital:</b> EBIDA: Earnings before interest, Depreciation, amortization  <u>Net Operating Revenue &lt;Expense&gt;</u> Gross Revenue		↑	FYE 5.3%  1st Qtr 10.0%	21.9%	9.1%	4.9%	11.5%	10.8%	12.3%	6.7%
<b>Operating Expense Variance to Budget (Under&lt;Over&gt;)</b>		↑	-0-	\$463,173	\$(6,371,653)	\$2,129,279	\$(1,498,683)	\$790,439	\$15,188	\$2,662,695
<b>EBIDA:</b> Earnings before interest, Depreciation, amortization  <u>Net Operating Revenue &lt;Expense&gt;</u> Gross Revenue		↑	FYE 1.0%  1st Qtr 3.5%	8.9%	3.5%	2.0%	.9%	5.6%	5.1%	6.6%



INCLINE VILLAGE COMMUNITY HOSPITAL  
STATEMENT OF REVENUE AND EXPENSE  
SEPTEMBER 2015

CURRENT MONTH				Note	YEAR TO DATE				PRIOR YTD SEPT 2014		
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%			
				<b>OPERATING REVENUE</b>							
\$ 1,508,763	\$ 1,236,406	\$ 272,357	22.0%		Total Gross Revenue	\$ 5,036,160	\$ 4,266,530	\$ 769,630	18.0%	1	\$ 4,096,123
				<b>Gross Revenues - Inpatient</b>							
\$ -	\$ 3,513	\$ (3,513)	-100.0%		Daily Hospital Service	\$ 16,574	\$ 7,027	\$ 9,547	135.9%		\$ 15,190
-	4,991	(4,991)	-100.0%		Ancillary Service - Inpatient	24,146	11,526	12,620	109.5%		13,083
-	8,504	(8,504)	-100.0%		Total Gross Revenue - Inpatient	40,720	18,553	22,167	119.5%	1	28,273
1,508,763	1,227,901	280,861	22.9%		Gross Revenue - Outpatient	4,995,440	4,247,977	747,463	17.6%		4,067,850
1,508,763	1,227,901	280,861	22.9%		Total Gross Revenue - Outpatient	4,995,440	4,247,977	747,463	17.6%	1	4,067,850
				<b>Deductions from Revenue:</b>							
499,344	339,064	(160,281)	-47.3%		Contractual Allowances	1,547,505	1,171,873	(375,632)	-32.1%	2	1,166,174
49,884	42,977	(6,907)	-16.1%		Charity Care	170,455	148,679	(21,776)	-14.6%	2	135,557
-	-	-	0.0%		Charity Care - Catastrophic Events	-	-	-	0.0%	2	-
13,195	85,953	72,759	84.6%		Bad Debt	153,316	297,358	144,042	48.4%	2	232,833
-	-	-	0.0%		Prior Period Settlements	-	-	-	0.0%	2	-
562,423	467,993	(94,430)	-20.2%		Total Deductions from Revenue	1,871,276	1,617,911	(253,365)	-15.7%	2	1,534,564
91,779	63,110	28,669	45.4%		Other Operating Revenue	235,054	189,080	45,974	24.3%	3	236,073
1,038,119	831,522	206,597	24.8%		<b>TOTAL OPERATING REVENUE</b>	<b>3,399,938</b>	<b>2,837,699</b>	<b>562,239</b>	<b>19.8%</b>		<b>2,797,632</b>
				<b>OPERATING EXPENSES</b>							
234,207	250,144	15,937	6.4%		Salaries and Wages	739,687	831,628	91,940	11.1%	4	751,290
79,348	80,067	719	0.9%		Benefits	218,630	259,421	40,791	15.7%	4	300,935
2,496	2,490	(6)	-0.2%		Benefits Workers Compensation	7,491	7,471	(20)	-0.3%	4	10,689
55,520	47,919	(7,601)	-15.9%		Benefits Medical Insurance	105,861	143,757	37,896	26.4%	4	139,232
238,577	232,542	(6,035)	-2.6%		Professional Fees	743,285	724,522	(18,763)	-2.6%	5	595,311
75,650	51,850	(23,800)	-45.9%		Supplies	196,399	172,153	(24,246)	-14.1%	6	163,891
43,482	39,707	(3,774)	-9.5%		Purchased Services	130,549	121,755	(8,794)	-7.2%	7	148,484
46,786	51,239	4,453	8.7%		Other	154,608	152,450	(2,158)	-1.4%	8	152,377
776,067	755,959	(20,108)	-2.7%		<b>TOTAL OPERATING EXPENSE</b>	<b>2,296,510</b>	<b>2,413,156</b>	<b>116,646</b>	<b>4.8%</b>		<b>2,262,209</b>
<b>262,052</b>	<b>75,564</b>	<b>186,488</b>	<b>246.8%</b>		<b>NET OPERATING REV(EXP) EBIDA</b>	<b>1,103,428</b>	<b>424,543</b>	<b>678,885</b>	<b>159.9%</b>		<b>535,423</b>
				<b>NON-OPERATING REVENUE/(EXPENSE)</b>							
-	4,333	(4,333)	-100.0%		Donations-IVCH	-	13,000	(13,000)	-100.0%	9	-
-	-	-	0.0%		Gain/ (Loss) on Sale	-	-	-	0.0%	10	-
(58,359)	(58,359)	0	0.0%		Depreciation	(175,077)	(175,078)	1	0.0%	11	(159,119)
(58,359)	(54,026)	(4,333)	-8.0%		<b>TOTAL NON-OPERATING REVENUE/(EXP)</b>	<b>(175,077)</b>	<b>(162,078)</b>	<b>(12,999)</b>	<b>-8.0%</b>		<b>(159,119)</b>
<b>\$ 203,693</b>	<b>\$ 21,538</b>	<b>\$ 182,155</b>	<b>845.8%</b>		<b>EXCESS REVENUE(EXPENSE)</b>	<b>\$ 928,351</b>	<b>\$ 262,465</b>	<b>\$ 665,886</b>	<b>253.7%</b>		<b>\$ 376,304</b>
<b>17.4%</b>	<b>6.1%</b>	<b>11.3%</b>			<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>21.9%</b>	<b>10.0%</b>	<b>12.0%</b>			<b>13.1%</b>

**INCLINE VILLAGE COMMUNITY HOSPITAL  
NOTES TO STATEMENT OF REVENUE AND EXPENSE  
SEPTEMBER 2015**

		<u>Variance from Budget</u>	
		<u>Fav&lt;Unfav&gt;</u>	
		<u>SEPT 2015</u>	<u>YTD 2016</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 2 at 4.	Gross Revenue -- Inpatient	\$ (8,504)	\$ 22,167
	Gross Revenue -- Outpatient	280,861	747,463
		<u>\$ 272,357</u>	<u>\$ 769,630</u>
Outpatient volumes exceeded budget in Emergency Department visits, Laboratory tests, Diagnostic Imaging, Cat Scans, Pharmacy units, Physical Therapy, and Occupational Therapy.			
<b>2) <u>Total Deductions from Revenue</u></b>			
We saw a shift in our payor mix with an 1.92% increase in Commercial, Insurance, a 5.52% decrease in Medicare, a 3.42% increase in Medicaid, a .19% increase in Other, and a .01% decrease in County. Negative variance in Contractual Allowances is a result of revenues exceeding budget by 22.0% along with continued shifts from Bad Debt.	Contractual Allowances	\$ (160,281)	\$ (375,632)
	Charity Care	(6,907)	(21,776)
	Charity Care-Catastrophic Event	-	-
	Bad Debt	72,759	144,042
	Prior Period Settlement	-	-
	Total	<u>\$ (94,430)</u>	<u>\$ (253,365)</u>
<b>3) <u>Other Operating Revenue</u></b>			
IVCH ER Physician Guarantee is tied to collections which exceeded budget estimations in September.	IVCH ER Physician Guarantee	\$ 29,250	\$ 45,067
	Miscellaneous	(581)	907
	Total	<u>\$ 28,669</u>	<u>\$ 45,974</u>
<b>4) <u>Salaries and Wages</u></b>			
	Total	<u>\$ 15,937</u>	<u>\$ 91,940</u>
<b><u>Employee Benefits</u></b>			
	PL/SL	\$ 1,068	\$ 45,508
	Standby	2,315	861
	Other	(363)	682
	Nonproductive	(2,673)	(7,557)
	Pension/Deferred Comp	371	1,297
	Total	<u>\$ 719</u>	<u>\$ 40,791</u>
<b><u>Employee Benefits - Workers Compensation</u></b>			
	Total	<u>\$ (6)</u>	<u>\$ (20)</u>
<b><u>Employee Benefits - Medical Insurance</u></b>			
	Total	<u>\$ (7,601)</u>	<u>\$ 37,896</u>
<b>5) <u>Professional Fees</u></b>			
Physical and Occupational Therapy revenues exceeded budget by 3.29% creating a negative variance in Therapy Services.	Therapy Services	\$ (5,476)	\$ (12,967)
	Multi-Specialty Clinics	(6,223)	(9,090)
	Foundation	3,072	(5,189)
	Administration	-	-
	IVCH ER Physicians	(610)	257
	Miscellaneous	(299)	704
	Sleep Clinic	3,501	7,521
	Total	<u>\$ (6,035)</u>	<u>\$ (18,763)</u>
<b>6) <u>Supplies</u></b>			
Medical Supplies Sold to Patients revenue exceeded budget by 31.25% creating a negative variance in Patient & Other Medical Supplies	Patient & Other Medical Supplies	\$ (12,587)	\$ (17,239)
	Pharmacy Supplies	(9,566)	(5,663)
	Minor Equipment	(2,452)	(3,364)
	Imaging Film	(122)	(404)
	Food	(251)	238
	Office Supplies	296	811
	Non-Medical Supplies	880	1,374
	Total	<u>\$ (23,800)</u>	<u>\$ (24,246)</u>
Drugs Sold to Patients revenue also exceeded budget by 28.61%, creating a negative variance in Pharmacy Supplies.			

**INCLINE VILLAGE COMMUNITY HOSPITAL  
NOTES TO STATEMENT OF REVENUE AND EXPENSE  
SEPTEMBER 2015**

		<b>Variance from Budget</b>	
		<b>Fav&lt;Unfav&gt;</b>	
		<b>SEPT 2015</b>	<b>YTD 2016</b>
<b>7) <u>Purchased Services</u></b>			
Negative variance in Diagnostic Imaging Services - All related to the annual minimum contract true-up.	Laboratory	\$ (1,138)	\$ (8,229)
	Foundation	248	(4,311)
	EVS/Laundry	(89)	(3,368)
	Diagnostic Imaging Services - All	(4,853)	(2,381)
	Surgical Services	-	-
	Pharmacy	-	307
	Miscellaneous	(901)	441
	Multi-Specialty Clinics	691	1,631
	Engineering/Plant/Communications	(1,303)	3,059
	Department Repairs	3,571	4,058
	<b>Total</b>	<b>\$ (3,774)</b>	<b>\$ (8,794)</b>
<b>8) <u>Other Expenses</u></b>			
Controllable costs continue to be monitored, creating positive variances in most of the Other Expense categories.	Miscellaneous	\$ (322)	\$ (3,840)
	Utilities	381	(1,798)
	Dues and Subscriptions	(427)	(1,034)
	Equipment Rent	898	(802)
	Other Building Rent	-	-
	Physician Services	-	-
	Multi-Specialty Clinics Equip Rent	-	-
	Multi-Specialty Clinics Bldg Rent	-	-
	Insurance	223	668
	Marketing	3,224	1,778
	Outside Training & Travel	477	2,869
	<b>Total</b>	<b>\$ 4,453</b>	<b>\$ (2,158)</b>
<b>9) <u>Donations</u></b>	<b>Total</b>	<b>\$ (4,333)</b>	<b>\$ (13,000)</b>
<b>10) <u>Gain/(Loss) on Sale</u></b>	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>
<b>11) <u>Depreciation Expense</u></b>	<b>Total</b>	<b>\$ -</b>	<b>\$ 1</b>

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF CASH FLOWS

	PRE-AUDIT FYE 2015	BUDGET FYE 2016	PROJECTED FYE 2016	ACTUAL SEPT 2015	BUDGET SEPT 2015	DIFFERENCE	ACTUAL 1ST QTR	BUDGET 2ND QTR	BUDGET 3RD QTR	BUDGET 4TH QTR
Net Operating Rev/(Exp) - EBIDA	\$ 7,190,440	\$ 2,054,135	\$ 5,033,216	\$ 1,130,874	\$ 130,647	\$ 1,000,227	\$ 4,906,651	\$ 2,218	\$ 1,133,045	\$ (1,008,698)
Interest Income	97,528	107,488	110,216	-	-	-	29,198	27,087	27,104	26,827
Property Tax Revenue	5,352,075	5,420,000	5,494,907	-	-	-	309,907	70,000	2,890,000	2,225,000
Donations	757,929	923,000	884,191	20,896	60,000	(39,104)	76,191	105,000	90,000	613,000
Debt Service Payments	(3,505,561)	(3,565,581)	(3,388,710)	(247,479)	(247,478)	(0)	(1,069,568)	(742,435)	(870,355)	(706,351)
Bank of America - 2012 Muni Lease	(1,243,531)	(1,243,644)	(1,243,645)	(103,637)	(103,637)	(0)	(310,912)	(310,911)	(310,911)	(310,911)
Copier	(8,962)	(8,760)	(8,760)	(730)	(730)	0	(2,190)	(2,190)	(2,190)	(2,190)
2002 Revenue Bond	(660,296)	(668,008)	(491,136)	-	-	-	(327,132)	-	(164,004)	-
2006 Revenue Bond	(1,592,771)	-	-	-	-	-	-	-	-	-
2015 Revenue Bond	-	(1,645,169)	(1,645,169)	(143,111)	(143,111)	(0)	(429,334)	(429,334)	(393,250)	(393,250)
Physician Recruitment	(155,902)	(311,000)	(306,785)	(5,978)	(10,000)	4,022	(216,785)	(30,000)	(30,000)	(30,000)
Investment in Capital										
Equipment	(2,491,260)	(1,418,900)	(1,418,900)	(43,805)	(69,550)	25,745	(302,633)	(468,996)	(647,271)	-
Municipal Lease Reimbursement	-	2,295,723	2,295,723	-	-	-	1,319,139	500,000	476,584	-
GO Bond Project Personal Property	(186,062)	(500,180)	(500,180)	(5,399)	(12,155)	6,756	(8,587)	(216,504)	(150,044)	(125,045)
IT	(1,394,200)	(559,300)	(559,300)	(275,784)	(176,352)	(99,432)	(318,453)	(65,847)	(100,000)	(75,000)
Building Projects	(2,218,063)	(4,487,480)	(4,487,480)	(66,856)	(142,914)	76,058	(337,663)	(2,863,817)	(601,000)	(685,000)
Health Information/Business System	(230,852)	(500,000)	(500,000)	-	-	-	(1,623)	-	(248,377)	(250,000)
Capital Investments										
Properties	(600,000)	-	-	-	-	-	-	-	-	-
Measure C Scope Modifications	-	(749,287)	(749,287)	-	-	-	-	(232,175)	(258,556)	(258,556)
Change in Accounts Receivable	2,648,682	282,832	N1 545,356	973,842	572,450	401,392	522,392	(630,204)	217,927	435,241
Change in Settlement Accounts	(2,438,657)	500,000	N2 1,123,667	-	-	-	623,667	-	250,000	250,000
Change in Other Assets	(1,717,188)	(768,000)	N3 (1,626,558)	510,336	60,000	450,336	(1,531,558)	125,000	(75,000)	(145,000)
Change in Other Liabilities	(30,538)	(71,000)	N4 (798,370)	692,592	600,000	92,592	247,630	(556,000)	(325,000)	(165,000)
Change in Cash Balance	1,078,371	(1,347,550)	1,151,707	2,683,239	764,648	1,918,591	4,247,906	(4,976,673)	1,779,057	101,418
Beginning Unrestricted Cash	50,951,760	52,227,897	52,227,897	53,792,563	53,792,563	-	52,227,897	56,475,803	51,499,129	53,278,186
Ending Unrestricted Cash	52,227,897	50,880,347	53,379,604	56,475,803	54,557,212	1,918,591	56,475,803	51,499,129	53,278,186	53,379,604
Expense Per Day	333,932	321,141	319,849	317,606	322,551	(4,946)	317,606	316,480	320,720	319,849
Days Cash On Hand	156	158	167	178	169	9	178	163	166	167

Footnotes:

- N1 - Change in Accounts Receivable reflects the 30 day delay in collections. For example, in July 2015 we are collecting June 2015.
- 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 Hospital  
 Operating Indicators  
 Inpatient Volumes  
 Month & YTD June 2016  
 September 30, 2015

	Sep-14 Actual	Sep-14 YTD Actual	Jul-15 Actual	Aug-15 Actual	Sep-15 Actual	Sep-15 Budget	Sep-15 Variance	Sep-15 % Variance	Sep-15 YTD Actual	Sep-15 YTD Budget	YTD Variance	YTD % Variance
<b>Acute</b>												
Admissions - (Excludes Swing)	132	450	120	116	128	136	(8.00)	-5.88%	364	434	(70)	-16.13%
Swing Admits	1	8	9	4	11	2	9.00	450.00%	24	11	13	118.18%
Total Admissions	133	458	129	120	139	138	1.00	0.72%	388	445	(57)	-12.81%
Length of Stay - Acute	2.84	2.78	2.77	2.39	2.70	2.72	(0.02)	-0.74%	2.68	2.71	0	0.00%
Length of Stay - Swing	4.50	8.67	4.00	3.40	7.83	7.00	0.83	11.86%	4.17	5.27	(1)	-19.98%
Length of Stay - Acute & Swing	2.87	2.84	2.85	2.44	2.93	2.78	0.15	5.40%	2.77	2.78	0	0.00%
LOS - Acute & Swing - Medicare	2.72	2.91	3.39	2.76	3.55	N/A	N/A	N/A	2.97	N/A	N/A	N/A
LOS - Acute & Swing - MediCal	3.00	2.91	2.83	2.27	2.14	N/A	N/A	N/A	2.83	N/A	N/A	N/A
LOS - Acute & Swing - Self Pay	3.67	2.11	3.00	2.25	3.00	N/A	N/A	N/A	2.23	N/A	N/A	N/A
LOS - Acute & Swing - Commercial	2.25	2.76	1.82	2.44	1.87	N/A	N/A	N/A	2.51	N/A	N/A	N/A
LOS - Acute & Swing - Contract	3.13	2.83	2.25	2.17	2.88	N/A	N/A	N/A	2.80	N/A	N/A	N/A
Average Daily Census - Acute	11.2	13.3	11.5	8.8	11.5	12.4	(0.90)	-7.26%	10.6	12.7	(2.1)	-16.54%
Average Daily Census - Swing	0.3	0.5	1.2	0.5	1.6	0.5	1.10	220.00%	1.1	0.6	0.5	83.33%
Avg Daily Census - Acute & Swing	11.5	13.8	12.7	9.3	13.1	12.9	0.20	1.55%	11.7	13.3	(1.6)	-12.03%
Occupancy Percentage - Acute	44.8%	53.1%	45.8%	35.2%	46.1%	47.7%	(0.02)	-3.35%	42.3%	51.2%	-8.9%	-17.38%
Occupancy Percentage - Swing	1.2%	2.0%	4.6%	2.2%	6.3%	1.8%	0.05	250.00%	4.3%	2.5%	1.8%	72.00%
Occupancy % - Acute & Swing	45.9%	55.1%	50.5%	37.4%	52.4%	49.5%	0.03	5.86%	46.7%	53.7%	-7.0%	-13.04%
Patient Days (excludes swings)	347	1,221	355	273	346	370	(24.00)	-6.49%	974	1,177	(203.0)	-17.25%
Swing Days (inc swings)	9	47	36	17	47	14	33.00	235.71%	100	58	42	72.41%
Total Patient Days	356	1,268	391	290	393	384	9.00	2.34%	1,074	1,235	(161)	-13.04%
ICU I/P Days	22	75	21	21	14	14	0.00	0.00%	56	51	5	9.80%
ICU Stepdown Days	34	93	35	37	31	29	2.00	6.90%	103	93	10	10.75%
ICU Med/Surg Days	35	97	24	20	37	32	5.00	15.63%	81	87	(6)	-6.90%
Medical/Surgical Days	185	710	207	112	188	218	(30.00)	-13.76%	507	701	(194)	-27.67%
Medical/Surgical in OB Days	0	0	0	0	0	1	(1.00)	-100.00%	0	1	(1)	-100.00%
Obstetrics Days	71	246	68	83	76	76	0.00	0.00%	227	243	(16)	-6.58%
Nursery Re-Admits	0	0	0	0	0	0	0.00	0.00%	0	1	(1)	-100.00%
Total Acute Patient Days (excludes swings)	347	1,221	355	273	346	370	(24.00)	-6.49%	974	1,177	(203)	-17.25%
M/S Swing Days	9	47	36	17	47	14	33.00	235.71%	100	58	42	72.41%
Total Patient Days (includes swings)	356	1,268	391	290	393	384	9.00	2.34%	1,074	1,235	(161)	-13.04%
Nursery Days	57	221	60	83	76	67	9.00	13.43%	219	223	(4)	-1.79%
Deliveries	25	96	30	29	35	30	5.00	16.67%	94	100	(6)	-6.00%
ICU (Med/Surg) Days	35	97	24	20	37	32	5.00	15.63%	81	87	(6)	-6.90%
I/P Medical / Surgical Days	185	710	207	112	188	218	(30.00)	-13.76%	507	701	(194)	-27.67%
Medical / Surgical Days in OB	0	0	0	0	0	1	(1.00)	-100.00%	0	1	(1)	-100.00%
Total Medical / Surgical Days	220	807	231	132	225	251	(26.00)	-10.36%	588	789	(201)	-25.48%
Medical / Surgical Swings Days	9	47	36	17	47	14	33.00	235.71%	100	58	42	72.41%
Total Med/Surg Days (inc Swings)	229	854	267	149	272	265	7.00	2.64%	688	847	(159)	-18.77%
<b>Average Daily Census</b>												
ICU I/P Days	0.7	0.8	0.7	0.7	0.5	0.5	0.00	0.00%	0.6	0.6	0.0	0.00%
ICU Stepdown Days	1.1	1.0	1.1	1.2	1.0	1.0	0.00	0.00%	1.1	1.0	0.1	10.00%
ICU Boarder Days	1.1	1.1	0.8	0.6	1.2	1.1	0.10	9.09%	0.9	0.9	0.0	0.00%
I/P Medical / Surgical Days	6.0	7.7	6.7	3.6	6.3	7.3	(1.00)	-13.70%	5.5	7.6	(2.1)	-27.63%
Medical / Surgical Days in OB	0.0	0.0	0.0	0.0	0.0	0.0	0.00	0.00%	0.0	0.0	0.0	0.00%
Obstetrics Days	2.3	2.7	2.2	2.7	2.5	2.5	0.00	0.00%	2.5	2.6	(0.1)	-3.85%
Newborn Re-Admits	0.0	0.0	0.0	0.0	0.0	0.0	0.00	0.00%	0.0	0.0	0.0	0.00%
Total Acute Patient Average Daily Census	11.2	13.3	11.5	8.8	11.5	12.4	(0.90)	-7.26%	10.6	12.7	(2.1)	-16.54%
Medical / Surgical - Swing	0.3	0.5	1.2	0.5	1.6	0.5	1.10	220.00%	1.1	0.6	0.5	83.33%
Total Patient Avg Daily Census (inc swing)	11.5	13.8	12.7	9.3	13.1	12.9	0.20	1.55%	11.7	13.3	(1.6)	-12.03%
<b>Skilled Nursing Unit</b>												
Patient Days	1,030	3,176	964	959	970	1,020	(50.00)	-4.90%	2,893	3,128	(235)	-7.51%
Average Daily Census	34	35	31	31	32	34	(2.00)	-5.88%	31	34	(3)	-8.82%
Occupancy Percentage	94.9%	96.6%	88.8%	88.4%	92.4%	97.1%	(0.05)	-4.84%	89.8%	97.1%	-7.3%	-7.52%
<b>Operating Room</b>												
Cases	66	215	60	65	69	61	8.00	13.11%	194	201	(7)	-3.48%
Minutes	7,908	22,519	5,197	6,588	6,876	6,435	441.00	6.85%	18,661	21,079	(2,418)	-11.47%

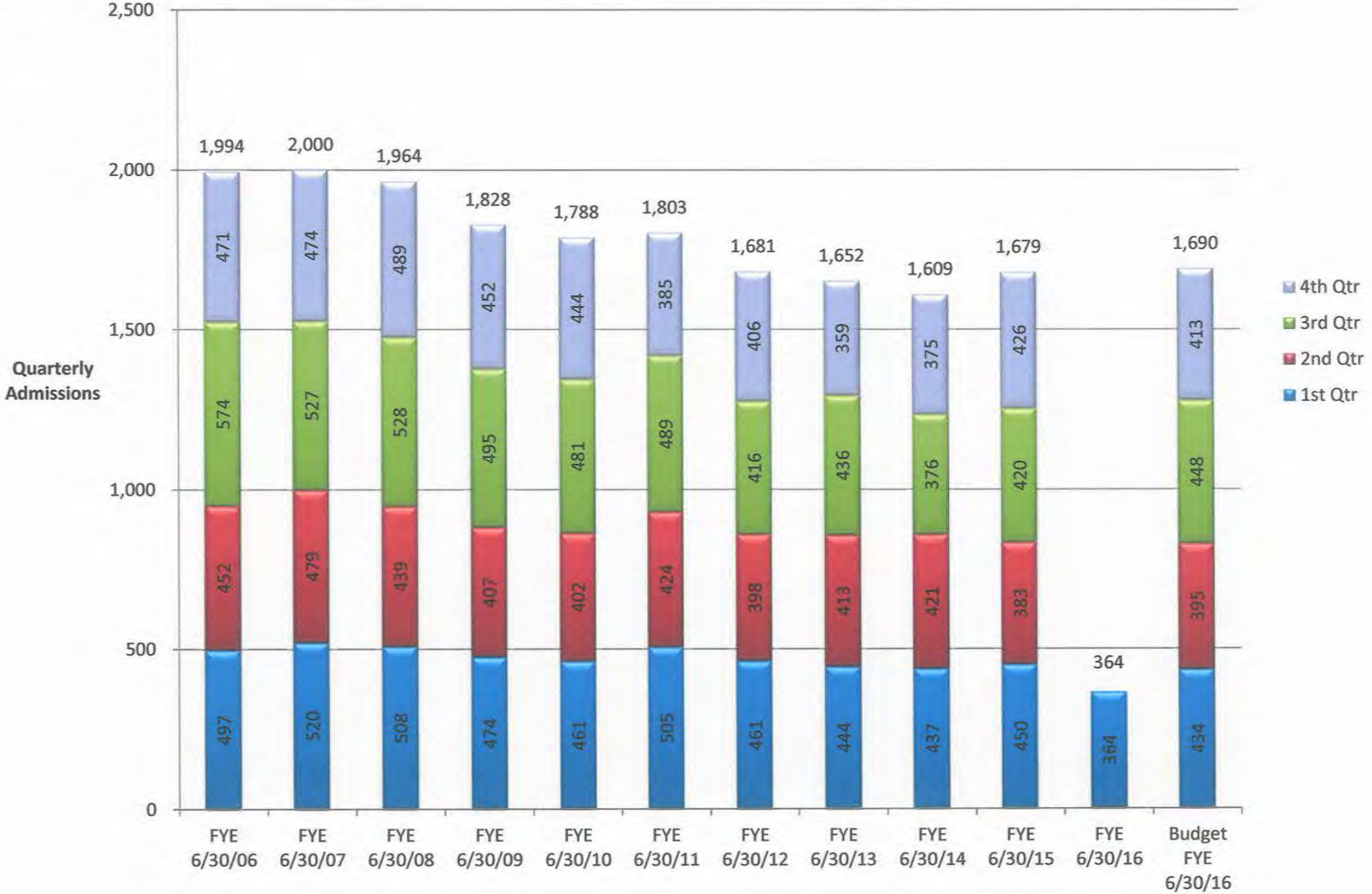
Tahoe Forest Hospital  
 Operating Indicators  
 Outpatient Volumes  
 Month & YTD June 2016

	Sep-14 Actual	Sep-14 YTD Actual	Jul-15 Actual	Aug-15 Actual	Sep-15 Actual	Sep-15 Budget	Sep-15 Variance	Sep-15 % Variance	YTD Actual	YTD Budget	YTD Variance	YTD % Variance
<u>Outpatient</u>												
E/R Visits	878	3,312	1,397	1,240	1,034	929	105.00	11.30%	3,671	3,521	150	4.28%
TF Laboratory Tests	8,358	26,497	9,200	8,677	8,896	7,517	1,379.00	18.35%	26,773	23,354	3,419	14.64%
TC Laboratory Tests	933	3,155	1,005	854	825	911	(86.00)	-9.44%	2,684	2,869	(185)	-6.45%
IVCH Laboratory Tests	398	1,221	464	424	418	414	4.00	0.97%	1,306	1,298	8	0.62%
MOB Tests	464	1,296	719	549	567	442	125.00	28.28%	1,835	1,363	472	34.63%
Clinic Accounts Tests	606	1,379	371	331	456	573	(117.00)	-20.42%	1,158	1,426	(268)	-18.79%
Send Outs O/P Tests	1,410	4,012	1,304	1,185	1,222	1,592	(370.00)	-23.24%	3,711	4,875	(1,164)	-23.88%
Total O/P Tests	12,169	37,560	13,063	12,020	12,384	11,449	935.00	8.17%	37,467	35,185	2,282	6.49%
Home Health Visits	260	803	472	230	255	299	(44.00)	-14.72%	957	935	22	2.35%
Radiology Exams	521	2,251	785	676	585	576	9.00	1.56%	2,046	2,167	(121)	-5.58%
Ultrasound Exams (excludes Breast US)	199	785	294	237	204	224	(20.00)	-8.93%	735	740	(5)	-0.68%
Cat Scan Exams	221	868	248	272	236	225	11.00	4.89%	756	853	(97)	-11.37%
MRI Scan Exams	136	460	168	152	150	134	16.00	11.94%	470	507	(37)	-7.30%
<u>Operating Room</u>												
Cases	71	274	89	77	61	84	(23.00)	-27.38%	227	255	(28)	-10.98%
Minutes	4,740	18,670	5,948	5,116	4,249	5,755	(1,506.00)	-26.17%	15,313	17,363	(2,050)	-11.81%

Incline Village Community Hospital  
 Operating Indicators  
 Month & YTD June 2016  
 September 30, 2015

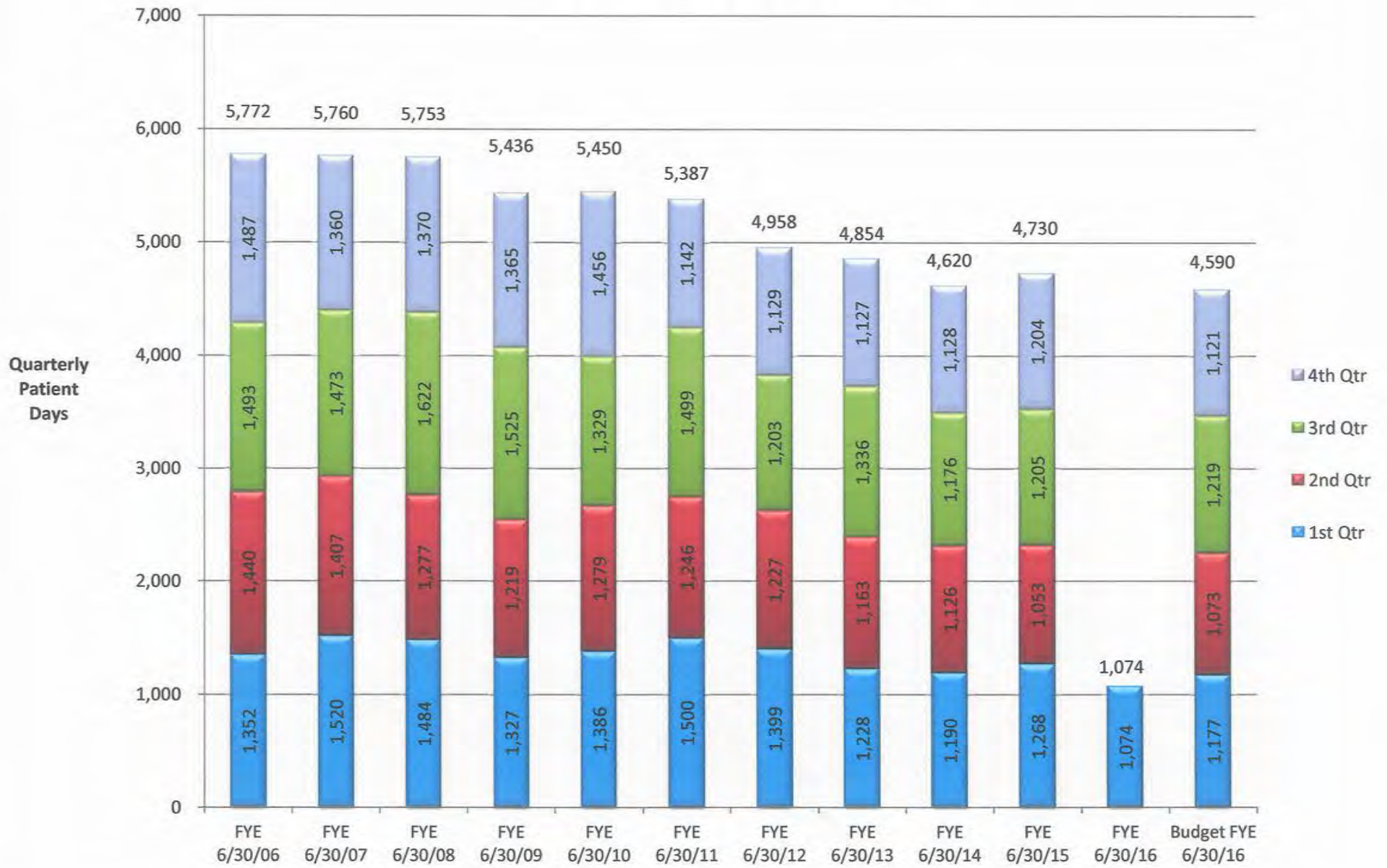
	Sep-14 Actual	Sep-14 YTD Actual	Jul-15 Actual	Aug-15 Actual	Sep-15 Actual	Sep-15 Budget	Sep-15 Variance	Sep-15 % Variance	YTD Actual	YTD Budget	YTD Variance	YTD % Variance
Admissions	0	4	1	1	0	1	(1.00)	-100.00%	2	3	-1	-33.33%
Registrations	795	2,669	987	897	813	813	0.00	0.00%	2,697	2,827	(130)	-4.60%
I/P Days	0	5	4	2	0	1	(1.00)	-100.00%	6	2	4	200.00%
Observation Days	0	3	1	5	4	2	2.00	100.00%	10	7	3	42.86%
Total Days	0	8	5	7	4	3	1.00	33.33%	16	9	7	77.78%
Emergency Visits	317	1,130	467	422	330	285	45.00	15.79%	1,219	1,127	92	8.16%
<u>Surgical Services:</u>												
Cases - Inpatient	0	0	0	0	0	0	0.00	0.00%	0	0	0	0.00%
Cases - Outpatient	5	24	6	7	8	8	0.00	0.00%	21	22	(1)	-4.55%
Total Cases	5	24	6	7	8	8	0.00	0.00%	21	22	(1)	-4.55%
Minutes	1,400	7,155	2,557	2,286	2,499	2,481	18.00	0.73%	7,342	6,735	607	9.01%
Laboratory Tests (inc EKG's)	2,644	8,394	3,322	2,818	2,928	2,278	650.00	28.53%	9,068	7,543	1,525	20.22%
Radiology - I/P Exams	0	0	1	2	0	0	0.00	0.00%	3	1	2	200.00%
Radiology - O/P Exams	57	210	62	70	77	64	13.00	20.31%	209	214	(5)	-2.34%
Radiology - ER Exams	128	481	187	201	130	116	14.00	12.07%	518	458	60	13.10%
Radiology (inc mammos) Totals	185	691	250	273	207	180	27.00	15.00%	730	673	57	8.47%
CT - I/P Exams	0	0	0	0	0	0	0.00	0.00%	0	0	0	0.00%
CT - O/P Exams (Inc. U/S)	16	51	7	15	11	13	(2.00)	-15.38%	33	42	(9)	-21.43%
CT - ER Exams	33	126	72	97	66	37	29.00	78.38%	235	146	89	60.96%
Total Cat Scan Exams	49	177	79	112	77	50	27.00	54.00%	268	188	80	42.55%
Pharmacy - I/P units	0	87	60	41	0	18	(18.00)	-100.00%	101	40	61	152.50%
Pharmacy - O/P units	564	2,447	994	896	773	627	146.00	23.29%	2,663	2,478	185	7.47%
Pharmacy Totals	564	2,534	1,054	937	773	645	128.00	19.84%	2,764	2,518	246	9.77%
IV's - Inpatient	0	2	3	0	0	1	(1.00)	-100.00%	3	2	1	50.00%
IV's - Outpatient	12	27	12	15	12	40	(28.00)	-70.00%	39	157	(118)	-75.16%
Total IV's	12	29	15	15	12	41	(29.00)	-70.73%	42	159	(117)	-73.58%
RT - I/P Procedures	0	17	28	30	0	0	0.00	0.00%	58	0	58	0.00%
RT - O/P Procedures	91	400	147	150	216	0	216.00	0.00%	513	0	513	0.00%
R/T Totals	91	417	175	180	216	0	216.00	0.00%	571	0	571	0.00%
Sleep Clinic Visits	18	40	13	26	13	14	(1.00)	-7.14%	52	43	9	20.93%
<u>Perioperative Services Minutes</u>												
OR - Inpatients	0	0	0	0	0	0	0.00	0.00%	0	0	0	0.00%
OR - Outpatients	332	2,004	744	760	682	668	14.00	2.10%	2,186	1,812	374	20.64%
OR - Total	332	2,004	744	760	682	668	14.00	2.10%	2,186	1,812	374	20.64%
Total ASD	897	4,359	1,603	1,332	1,586	1,580	6.00	0.38%	4,521	4,288	233	5.43%
I/P Recovery	0	0	0	0	0	0	0.00	0.00%	0	0	0	0.00%
O/P Recovery	171	737	210	194	231	233	(2.00)	-0.86%	635	635	0	0.00%
Total Recovery	171	737	210	194	231	233	(2.00)	-0.86%	635	635	0	0.00%
Pain Clinic	0	0	0	0	0	0	0.00	0.00%	0	0	0	0.00%
Procedure Room	0	0	0	0	0	0	0.00	0.00%	0	0	0	0.00%
Total Surgicenter Minutes	1,400	7,100	2,557	2,286	2,499	2,481	18.00	0.73%	7,342	6,735	607	9.01%
<u>Anesthesia - Minutes</u>												
Inpatient	0	0	0	0	0	0	0.00	0.00%	0	0	0	0.00%
Out Patient	357	2,131	747	782	712	697	15.00	2.15%	2,241	1,891	350	18.51%
Elsewhere	0	0	0	0	0	0	0.00	0.00%	0	0	0	0.00%
Total Anesthesia - Minutes	357	2,131	747	782	712	697	15.00	2.15%	2,241	1,891	350	18.51%
<u>Dietary</u>												
Patient Meals	61	232	83	98	73	70	3.00	4.29%	254	218	36	16.51%
Pantries	230	659	252	161	238	173	65.00	37.57%	651	557	94	16.88%
Non-patient Meals	0	0	0	0	0	0	0.00	0.00%	0	0	0	0.00%
Total Meals	291	891	335	259	311	243	68.00	27.98%	905	775	130	16.77%
Flu Shots	74	74	0	0	0	53	(53.00)	-100.00%	0	53	(53)	-100.00%
P/T - 42 076	2,211	6,966	3,011	2,820	2,678	2,551	127.00	4.98%	8,509	8,176	333	4.07%
OT - 42 080	175	436	87	99	104	96	8.00	8.33%	290	326	(36)	-11.04%
Diamond Peak - Patients Seen	0	0	0	0	0	0	0.00	0.00%	0	0	0	0.00%
Incline Village Health Clinic	109	309	112	158	143	85	58.00	68.24%	413	255	158	61.96%

# TOTAL TFH ADMISSIONS

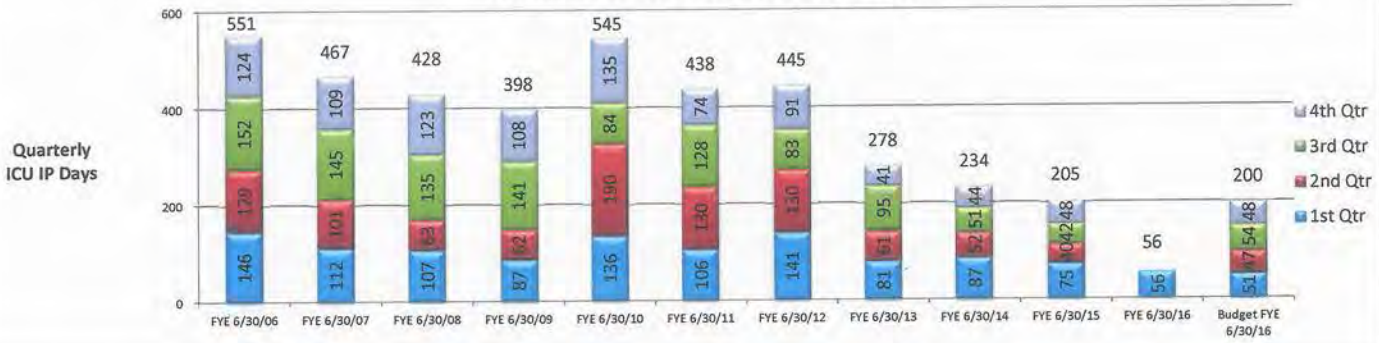




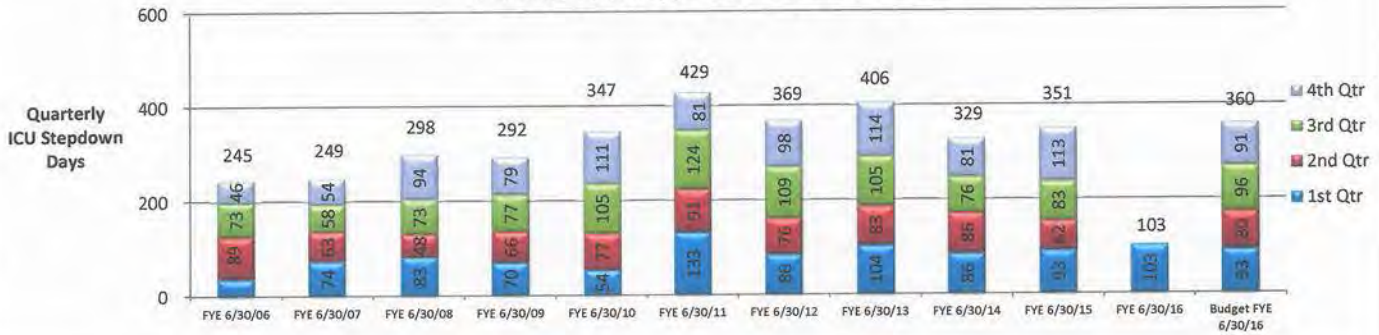
## TOTAL TFH PATIENT DAYS



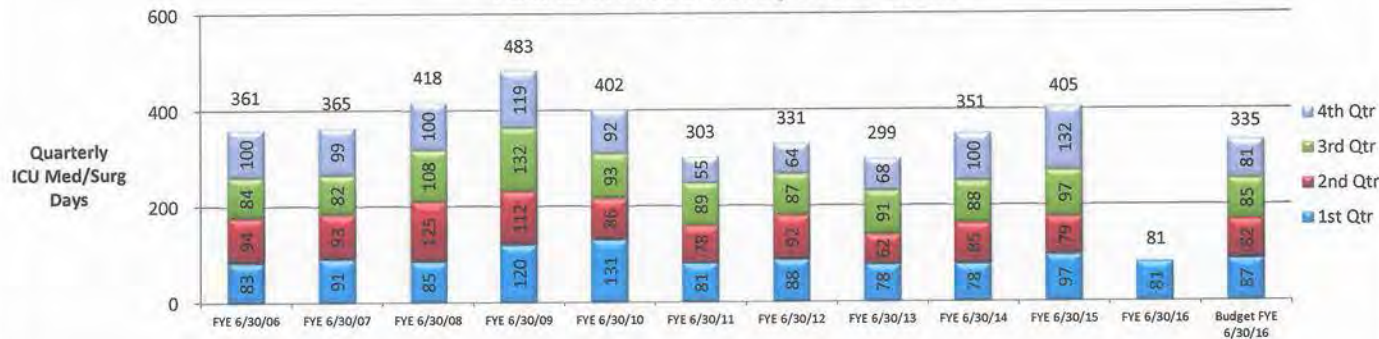
### TOTAL TFH ICU INPATIENT DAYS



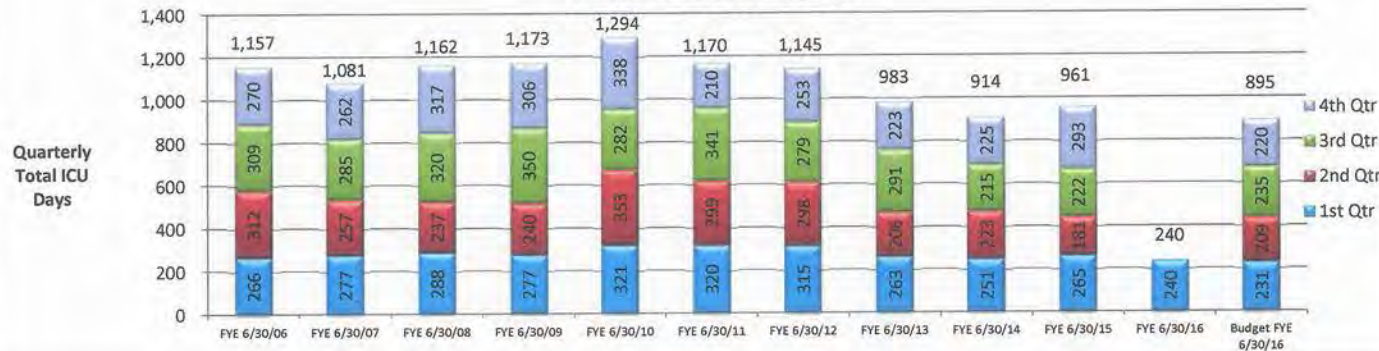
### TOTAL TFH ICU STEPDOWN DAYS



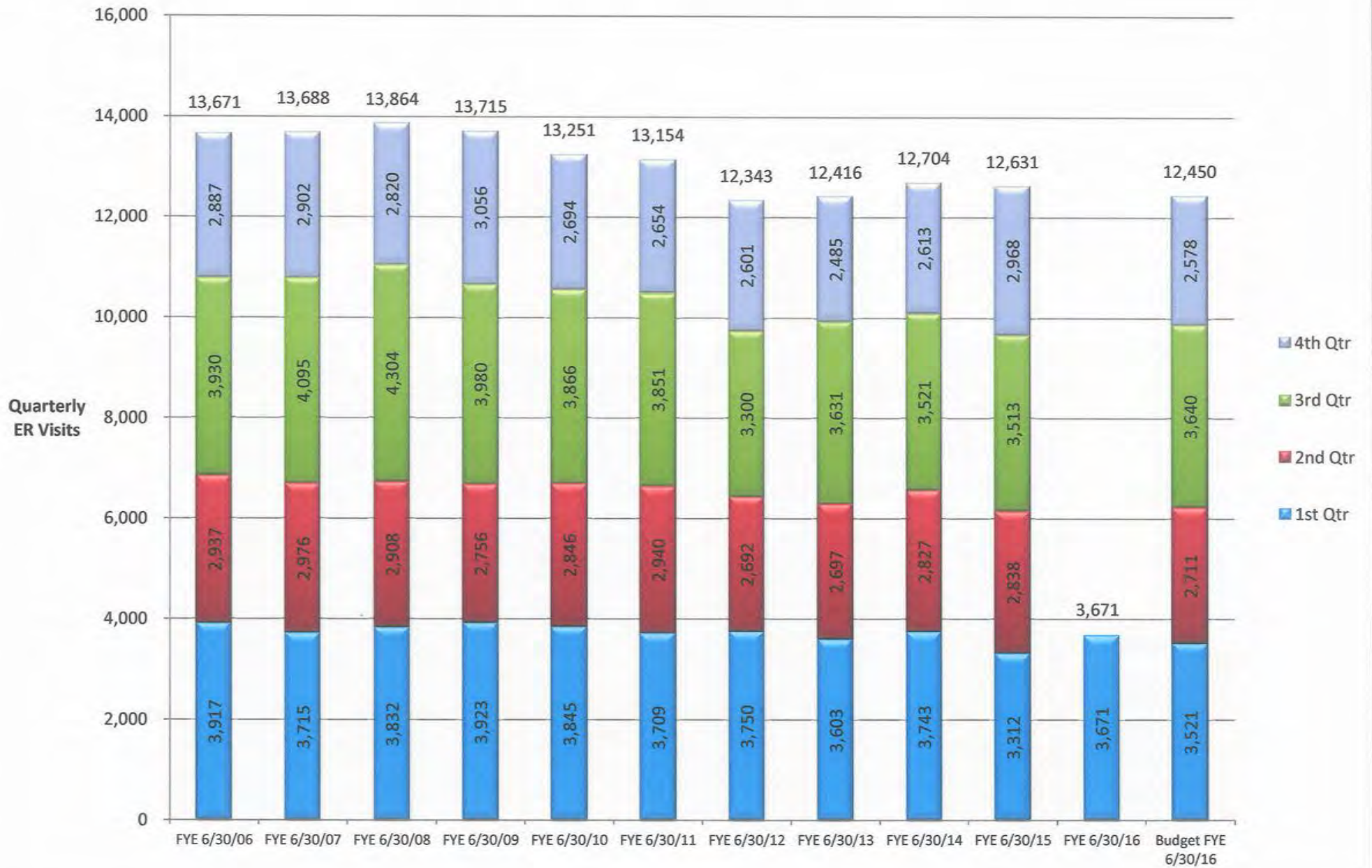
### TOTAL TFH ICU MED/SURG DAYS



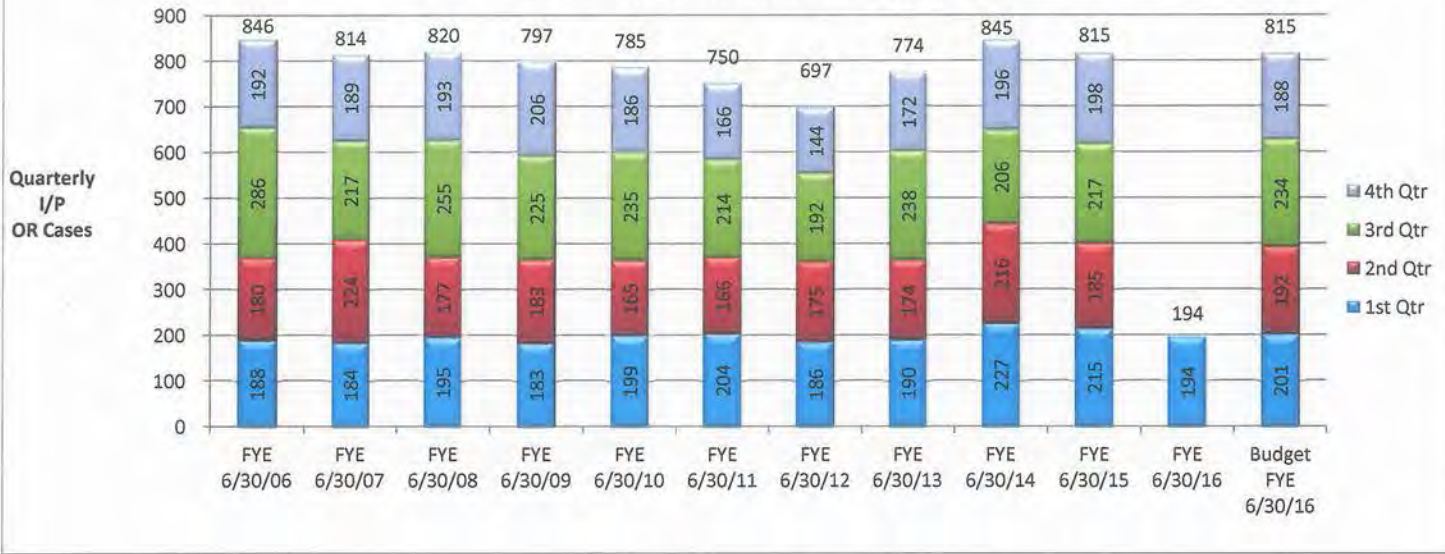
### TOTAL TFH ICU DAYS



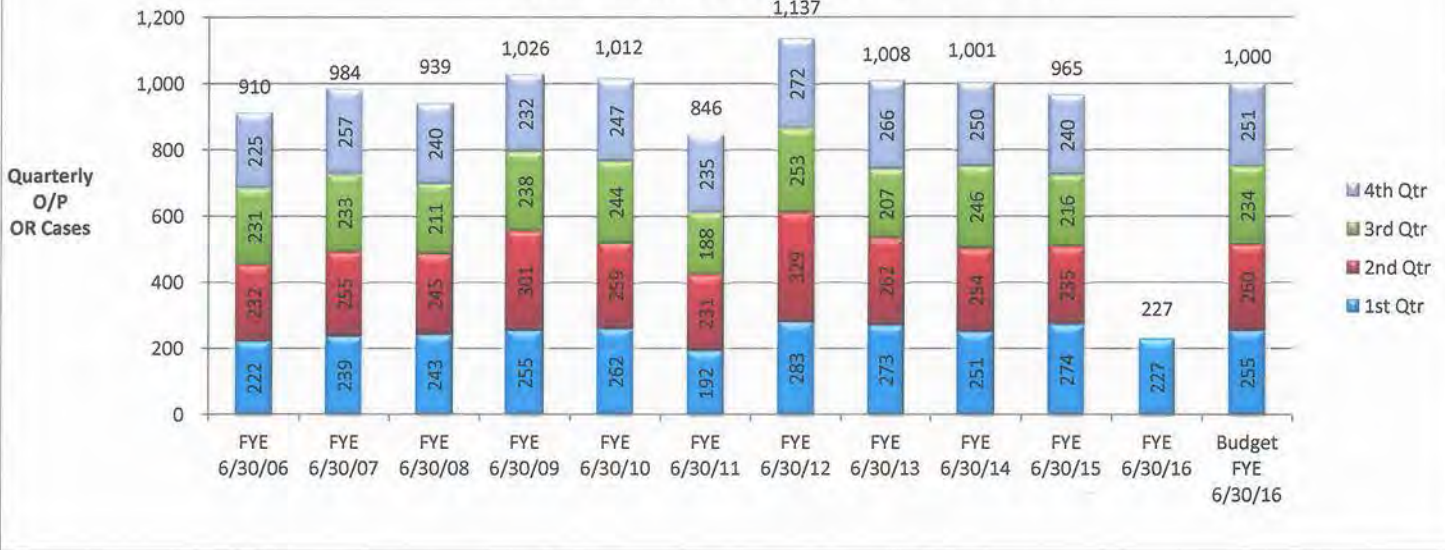
## TOTAL TFH ER VISITS



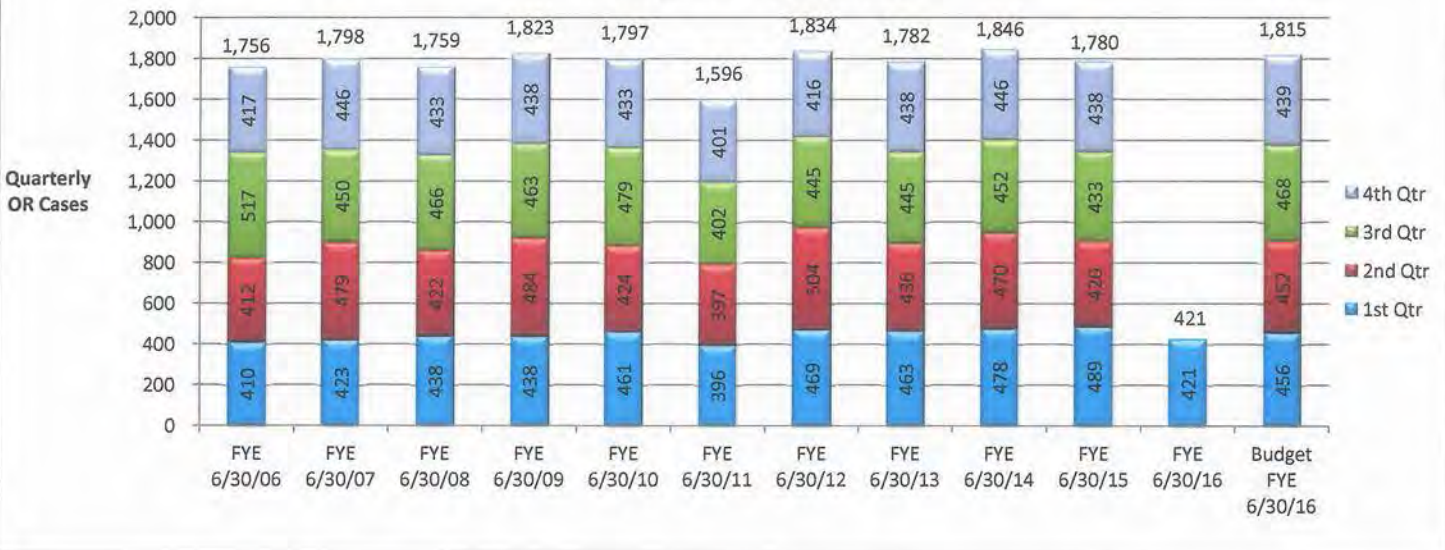
### TOTAL TFH INPATIENT OR CASES



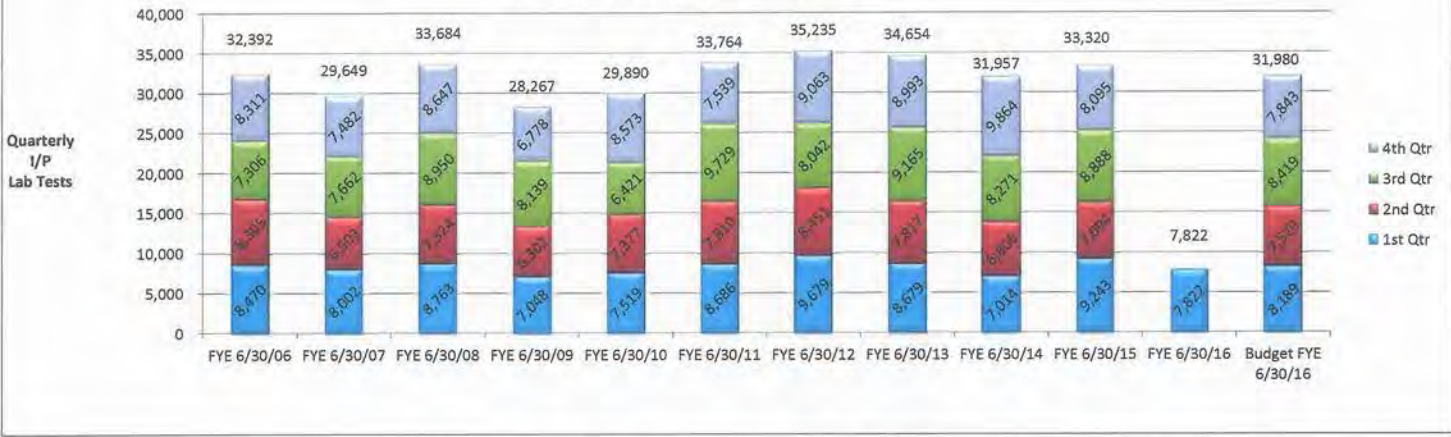
### TOTAL TFH OUTPATIENT OR CASES



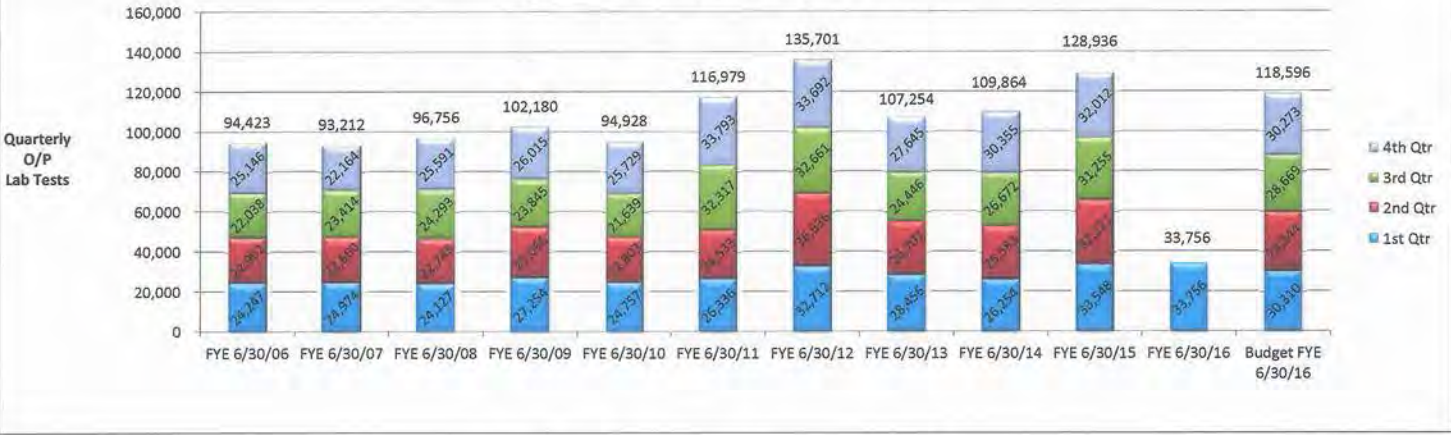
### TOTAL TFH OR CASES



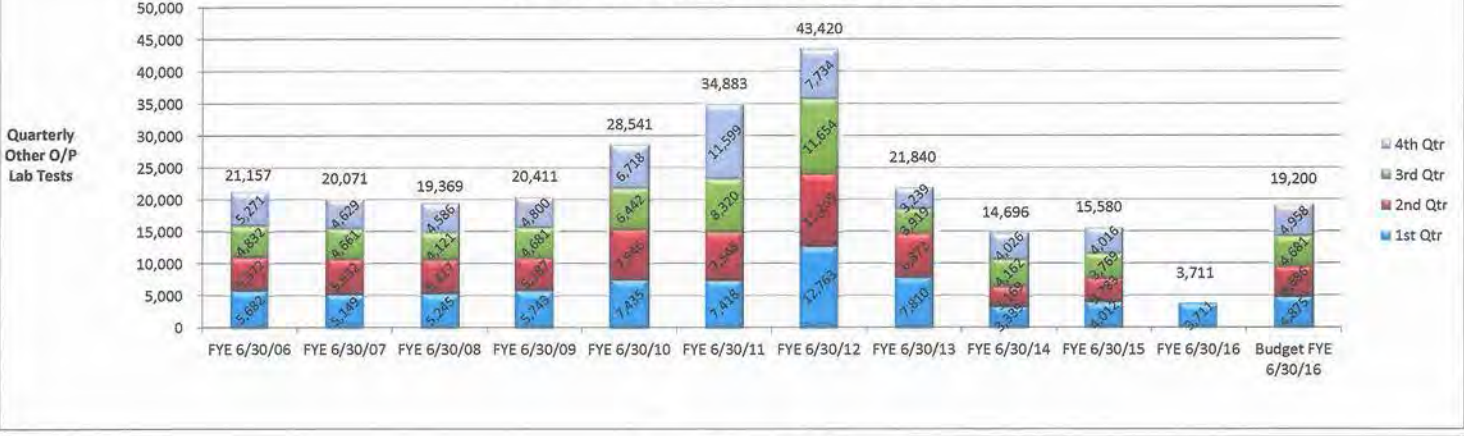
### TOTAL TFH INPATIENT LAB TESTS



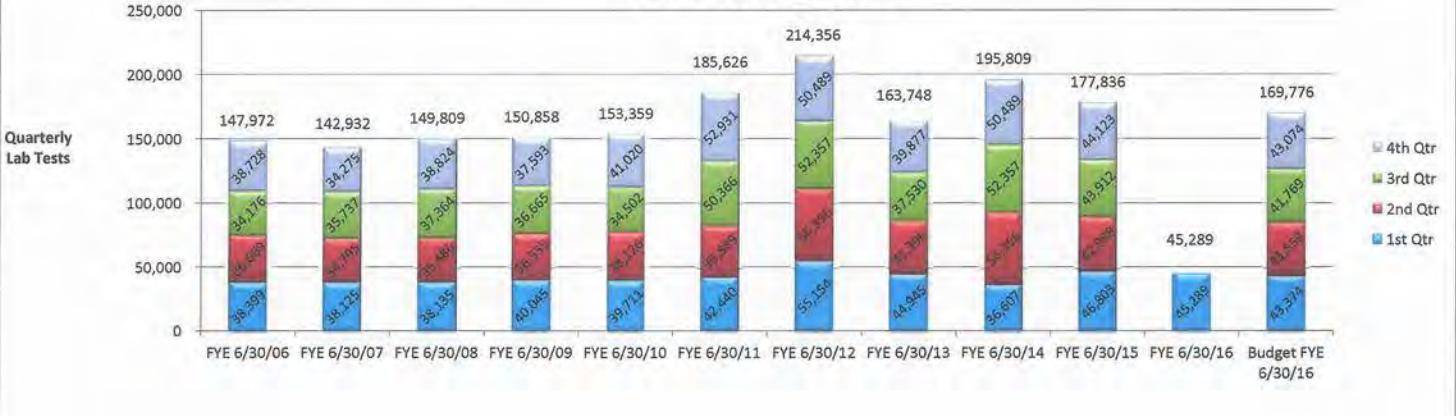
### TOTAL TFH OUTPATIENT LAB TESTS



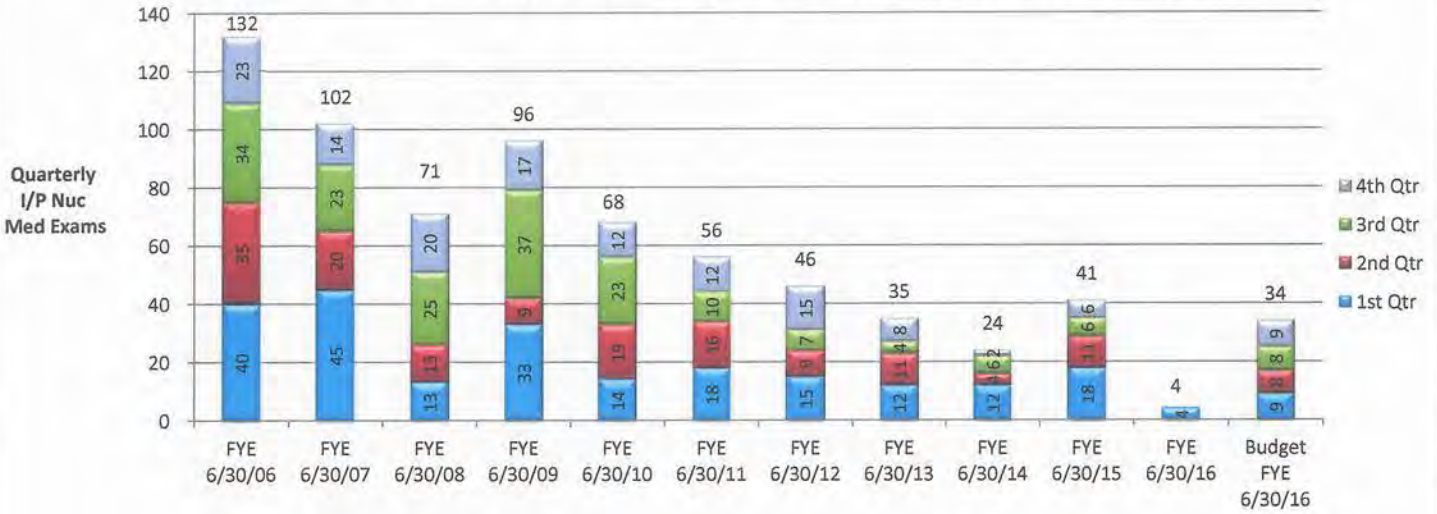
### TOTAL TFH OTHER OUTPATIENT LAB TESTS



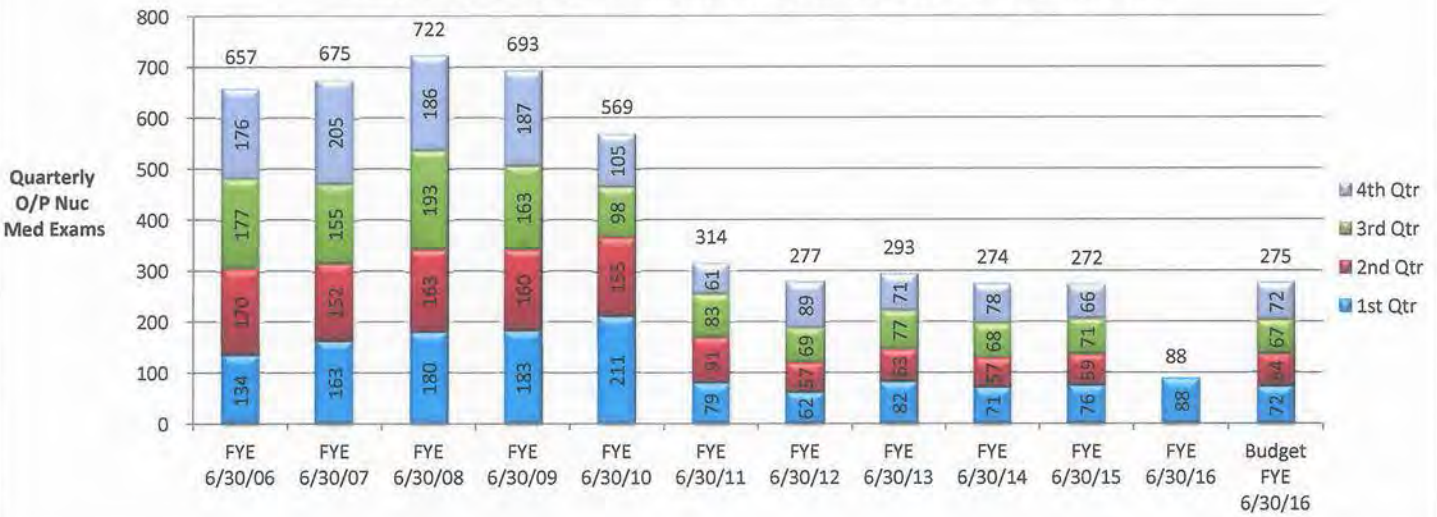
### TOTAL TFH LAB TESTS



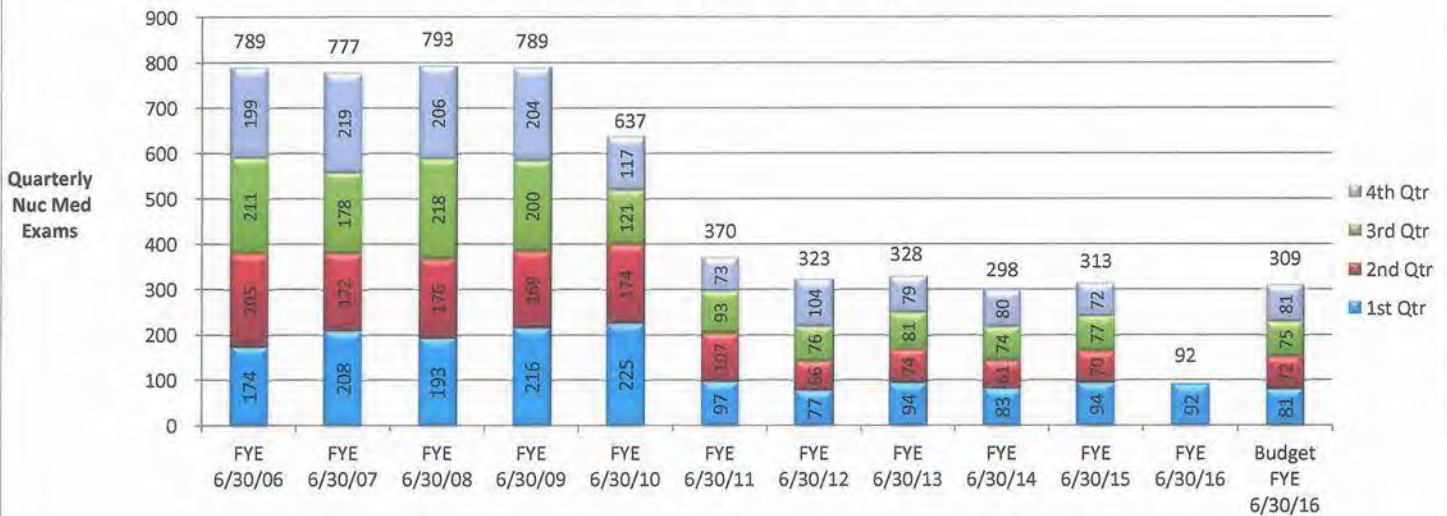
### TOTAL TFH NUCLEAR MEDICINE INPATIENT EXAMS



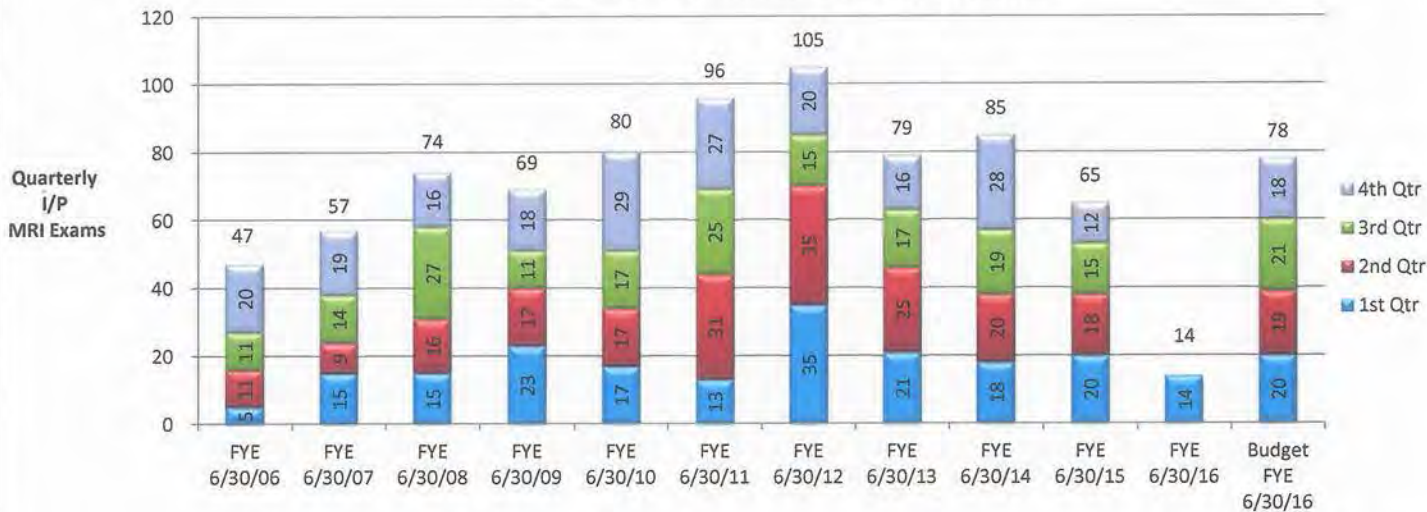
### TOTAL TFH NUCLEAR MEDICINE OUTPATIENT EXAMS



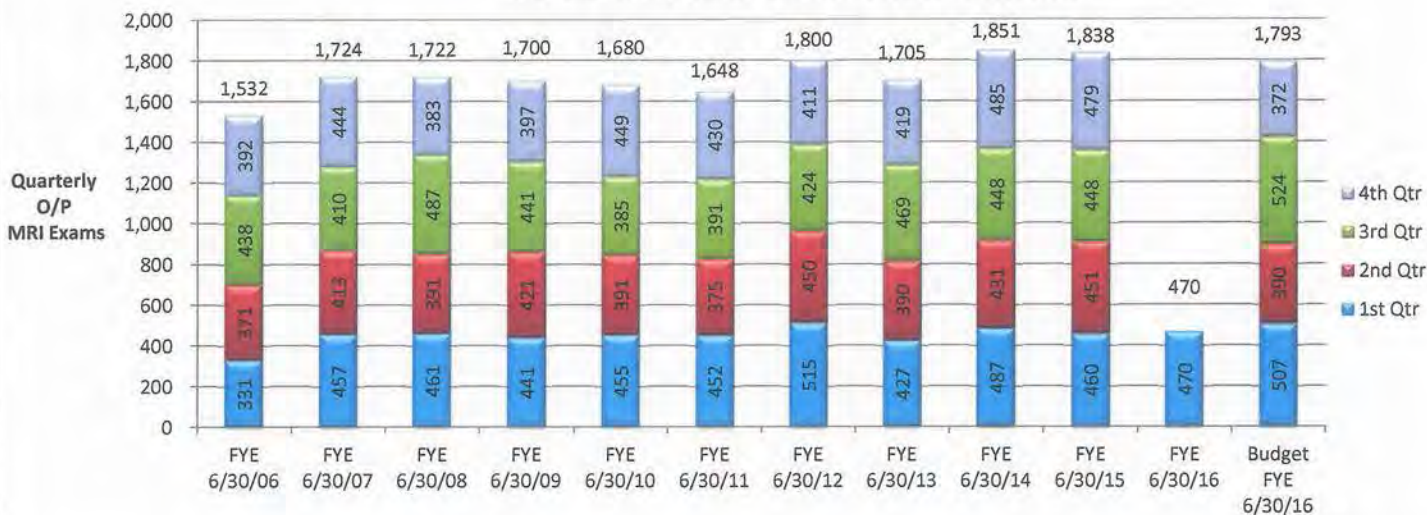
### TOTAL TFH NUCLEAR MEDICINE EXAMS



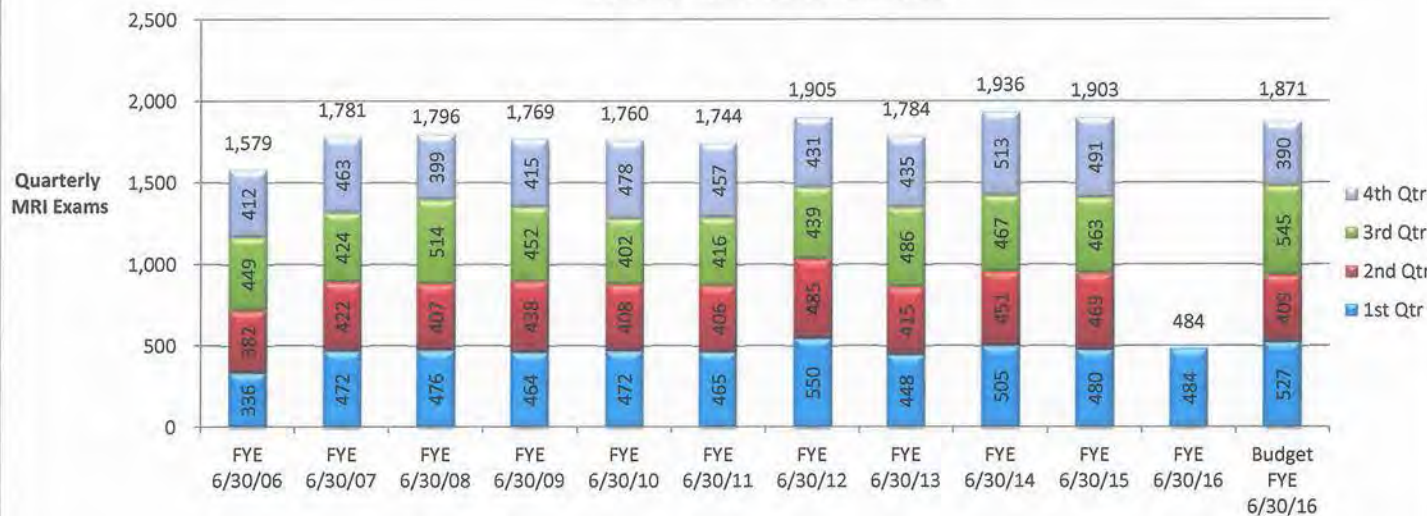
### TOTAL TFH MRI INPATIENT EXAMS



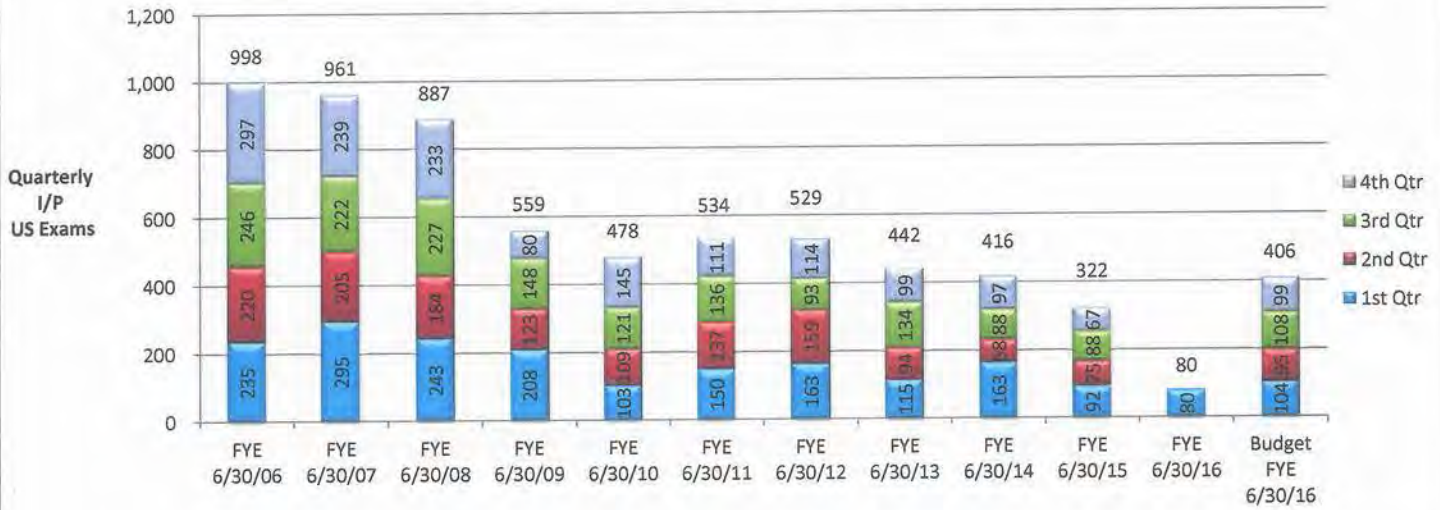
### TOTAL TFH MRI OUTPATIENT EXAMS



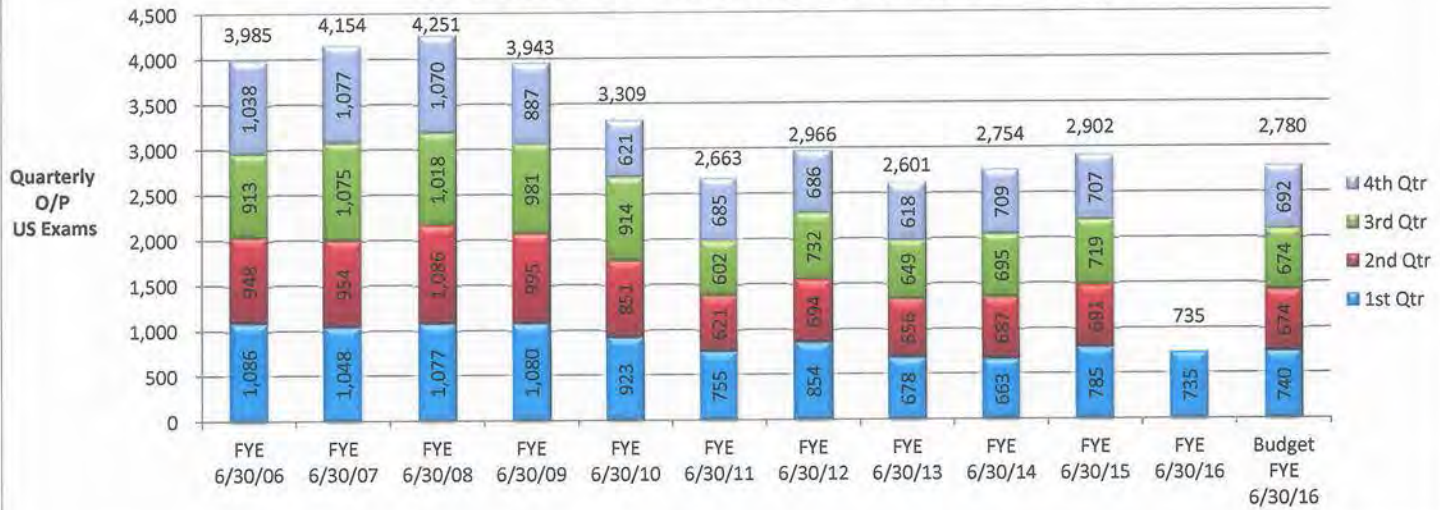
### TOTAL TFH MRI EXAMS



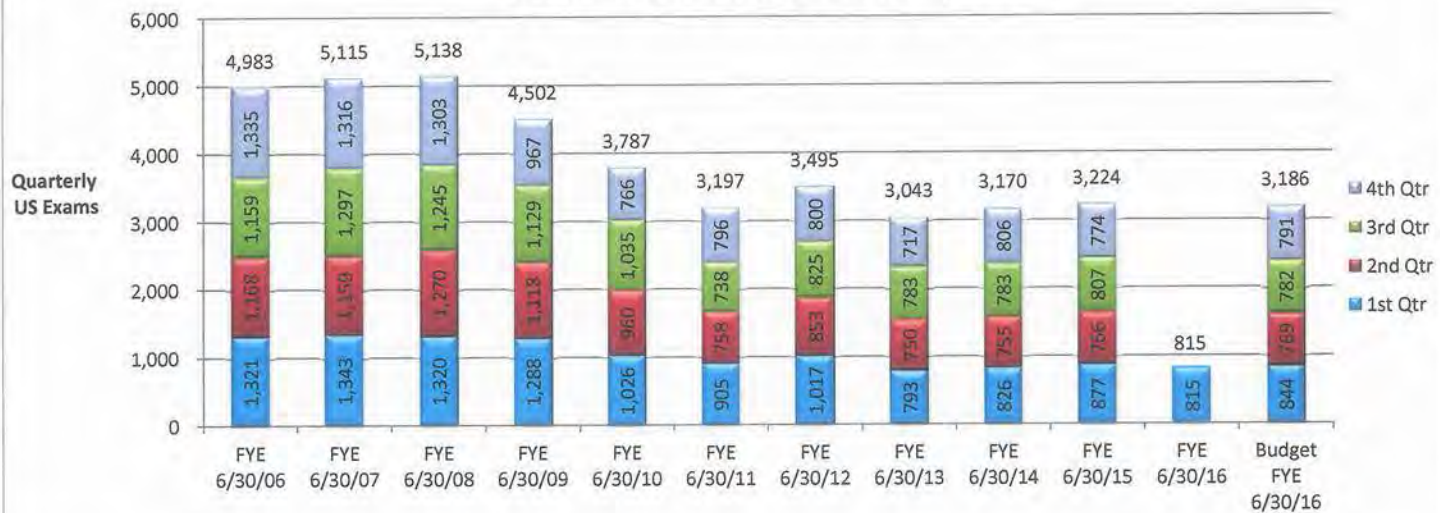
### TOTAL TFH ULTRASOUND INPATIENT EXAMS



### TOTAL TFH ULTRASOUND OUTPATIENT EXAMS

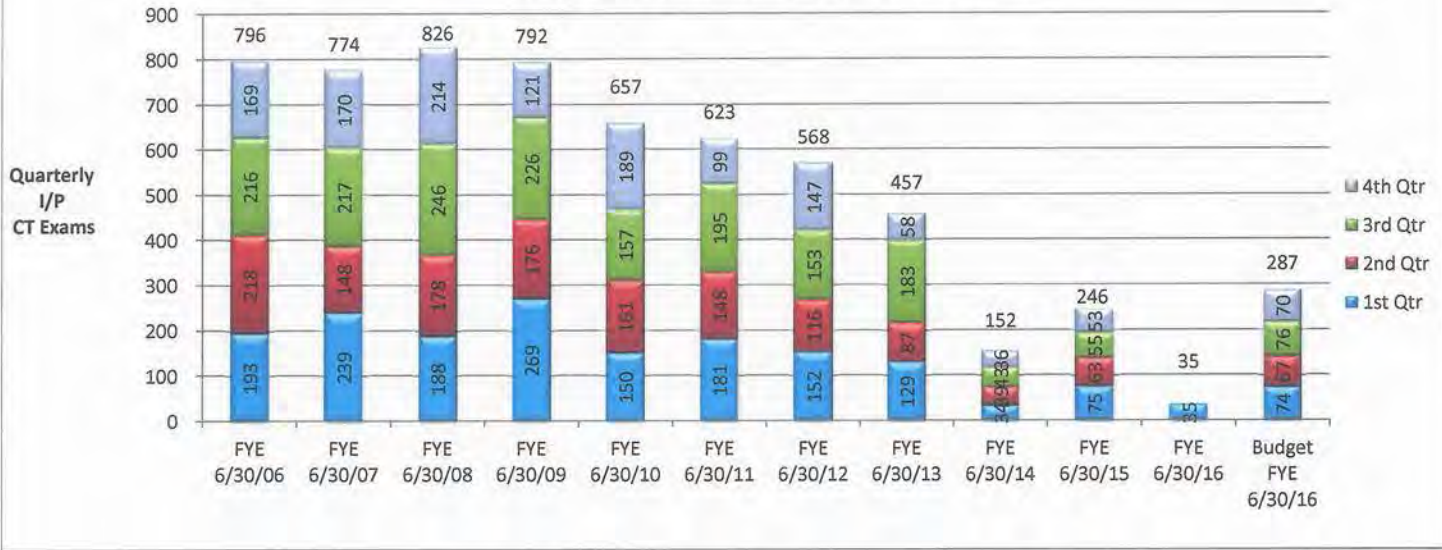


### TOTAL TFH ULTRASOUND EXAMS

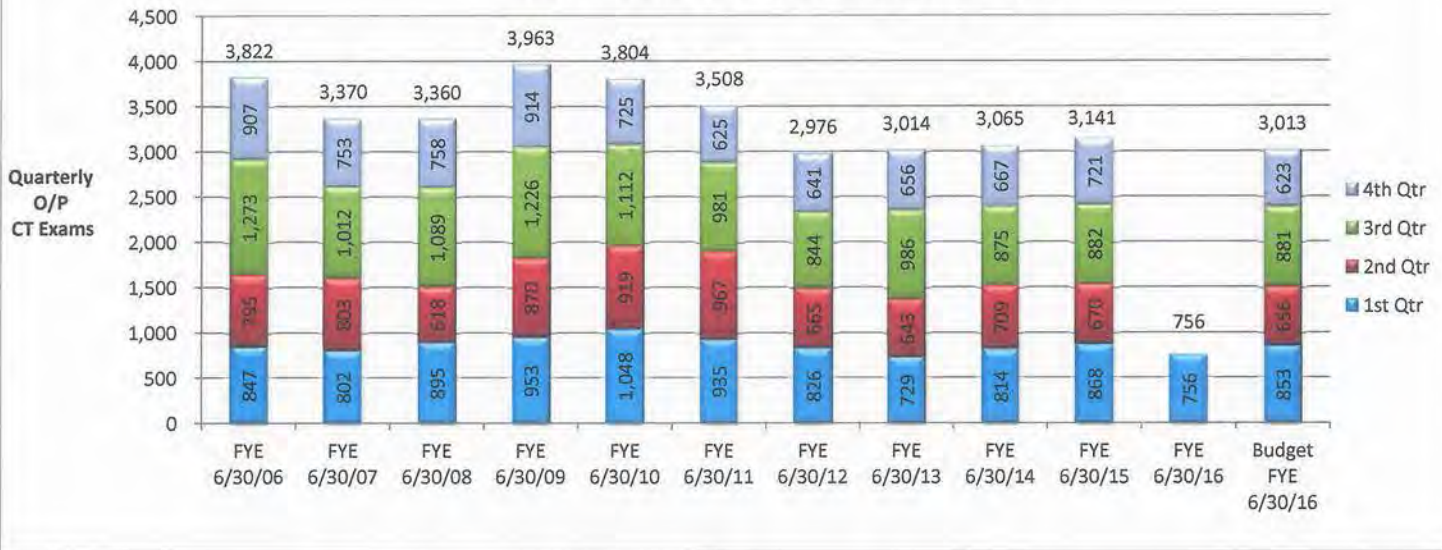




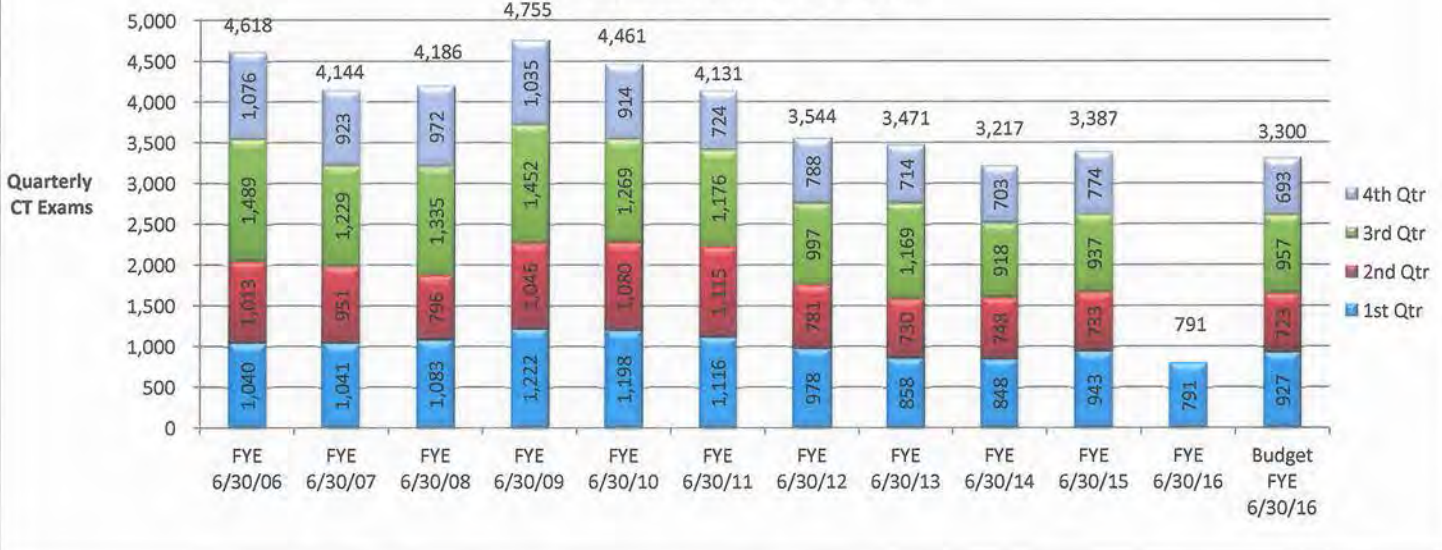
### TOTAL TFH CT INPATIENT EXAMS



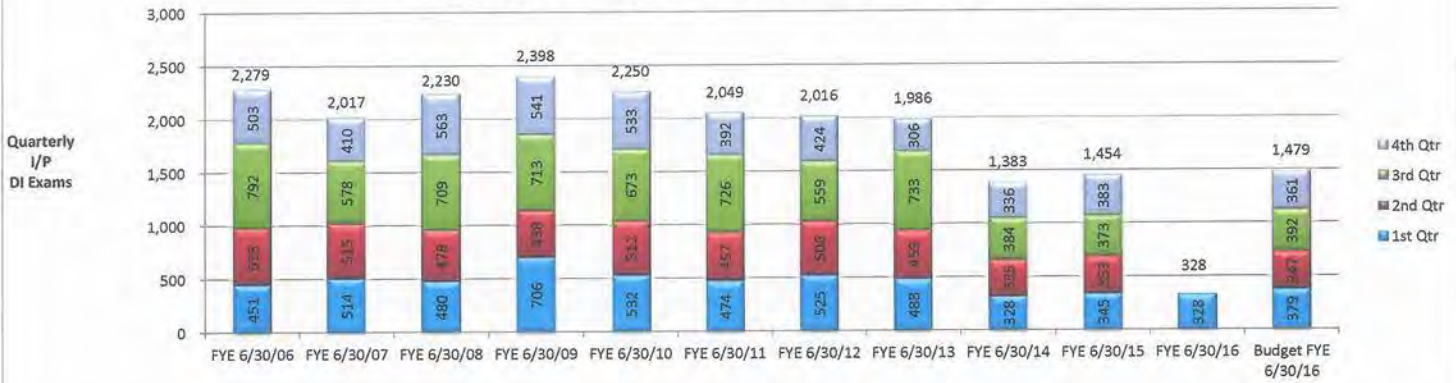
### TOTAL TFH CT OUTPATIENT EXAMS



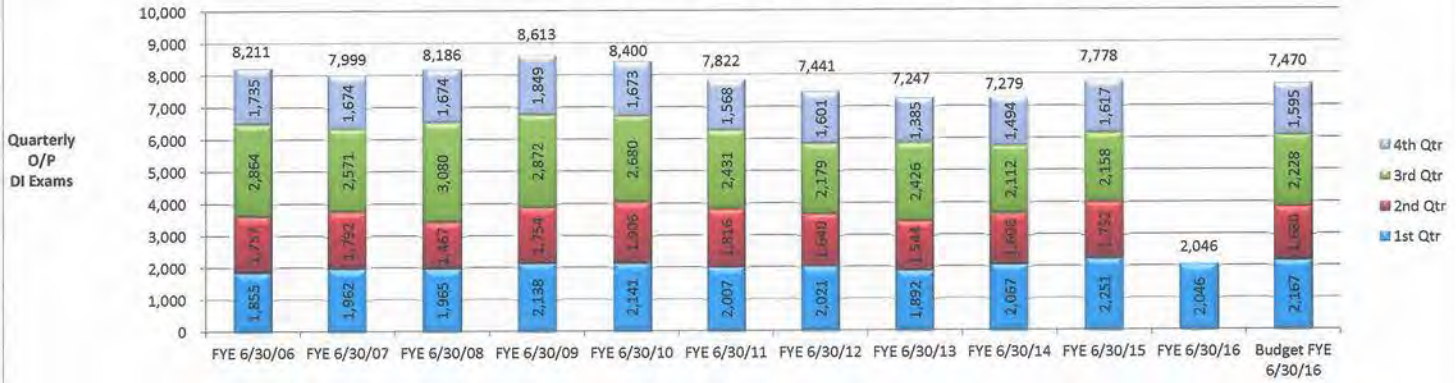
### TOTAL TFH CT EXAMS



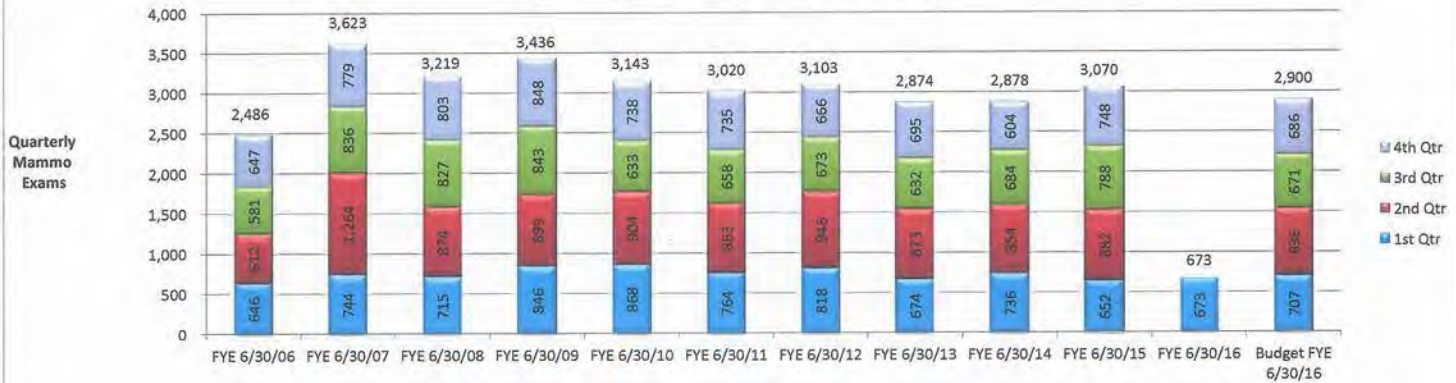
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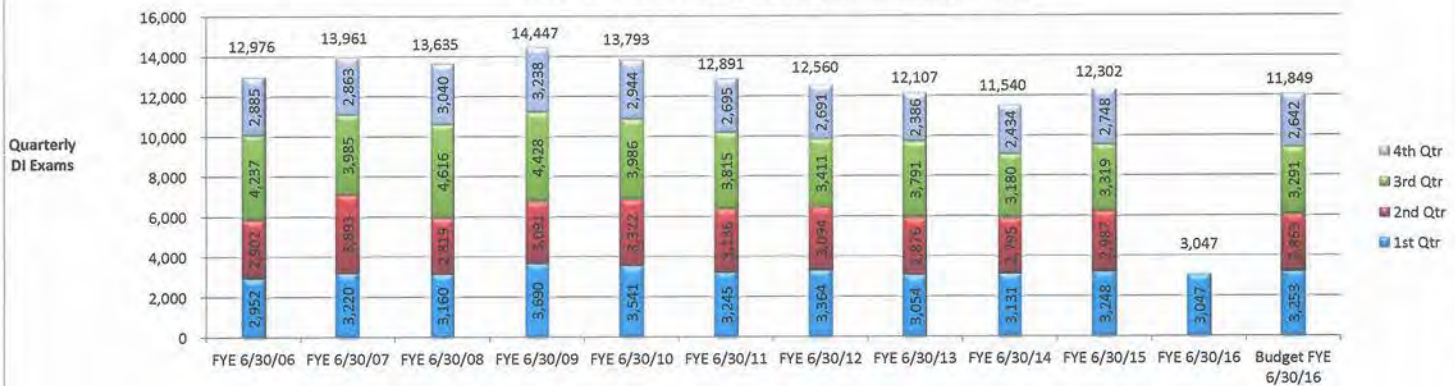
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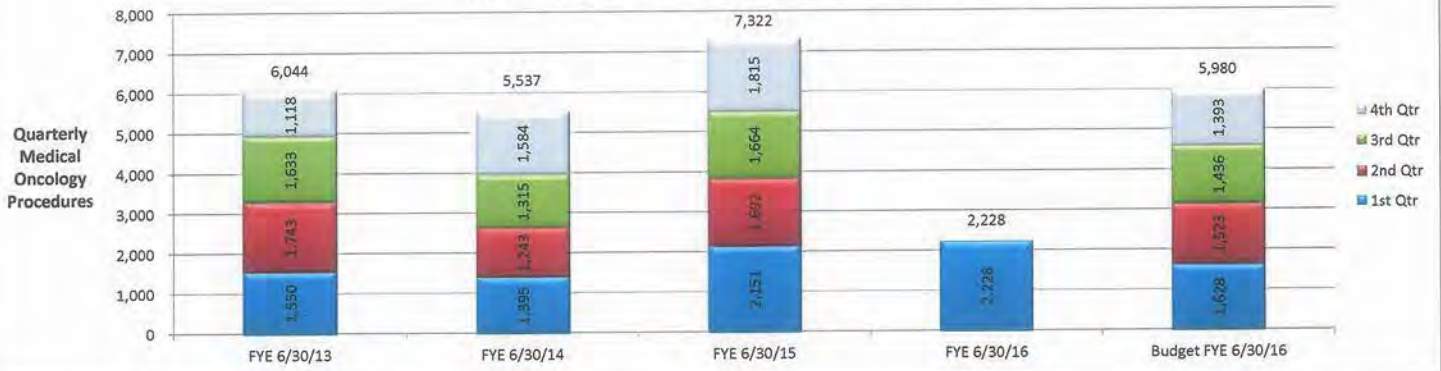
### TOTAL TFH MAMMOGRAPHY EXAMS



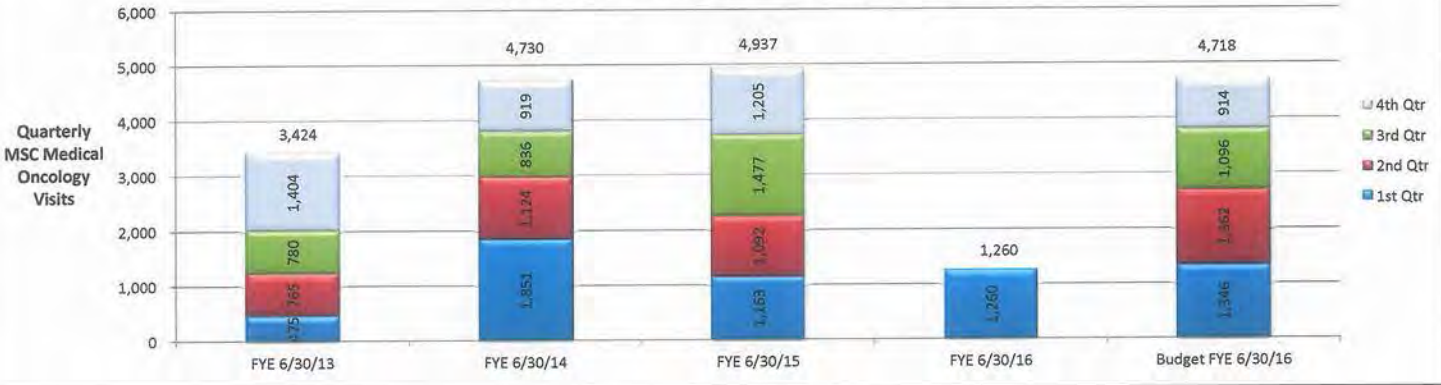
### TOTAL TFH DIAGNOSTIC IMAGING EXAMS



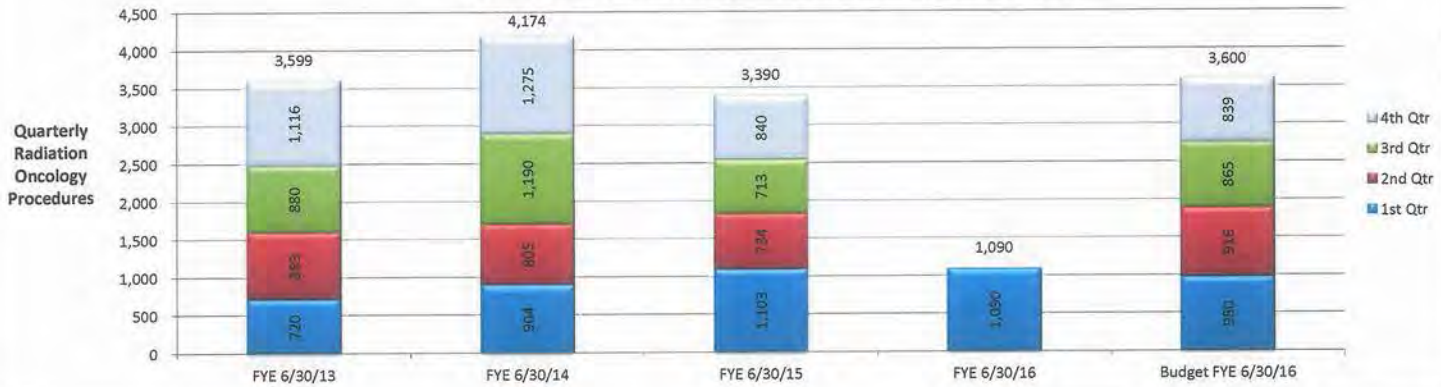
### TOTAL TFH MEDICAL ONCOLOGY PROCEDURES



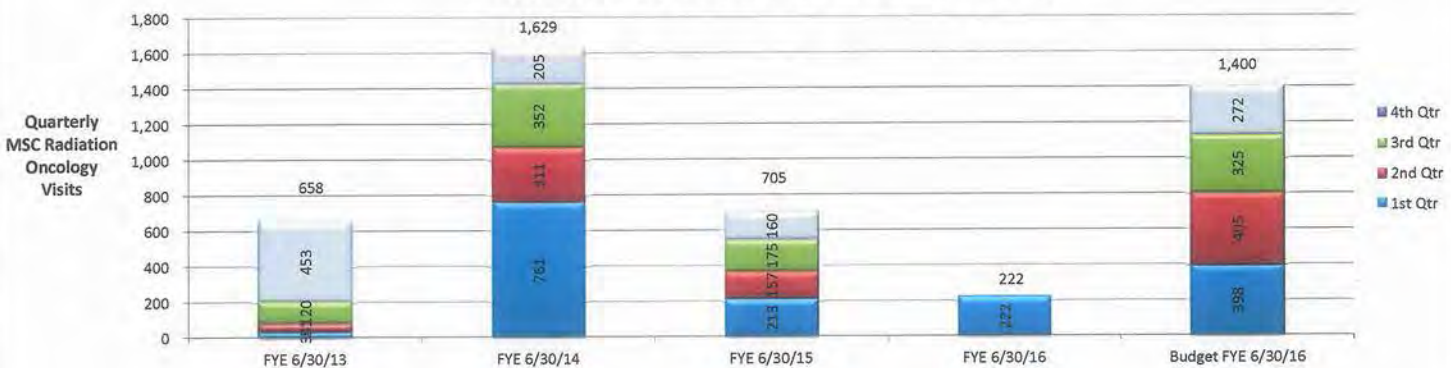
### TOTAL TFH MSC MEDICAL ONCOLOGY VISITS



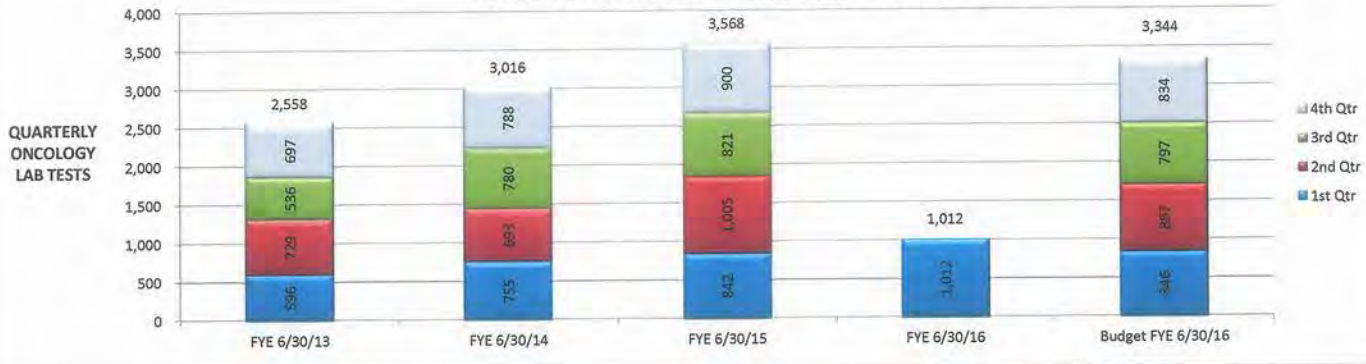
### TOTAL TFH RADIATION ONCOLOGY PROCEDURES



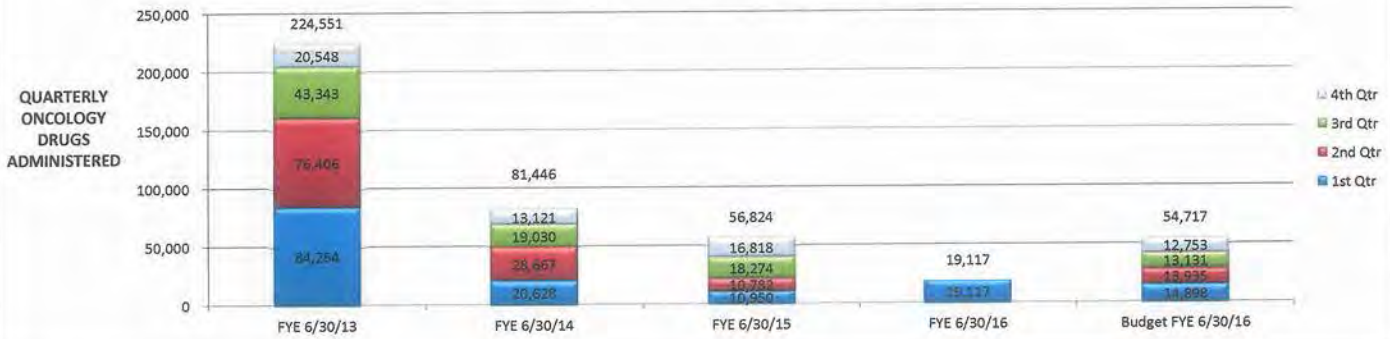
### TOTAL TFH MSC RADIATION ONCOLOGY VISITS



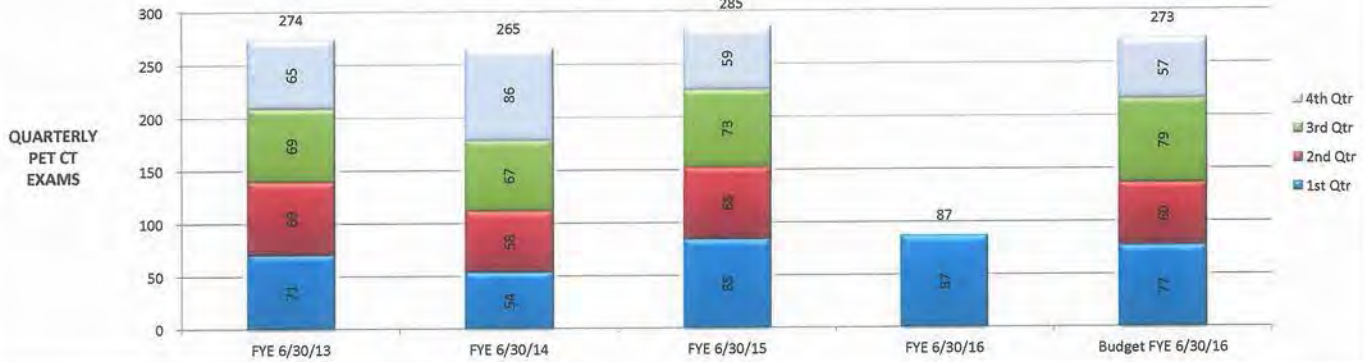
### TOTAL TFH ONCOLOGY LABORATORY TESTS



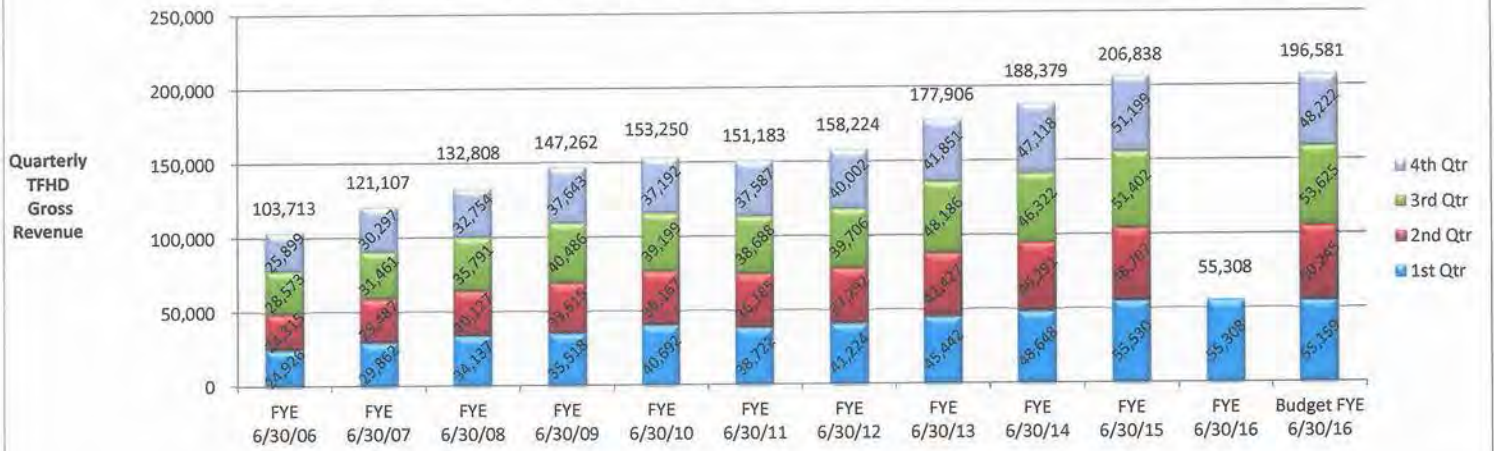
### TOTAL TFH ONCOLOGY DRUGS SOLD TO PATIENTS



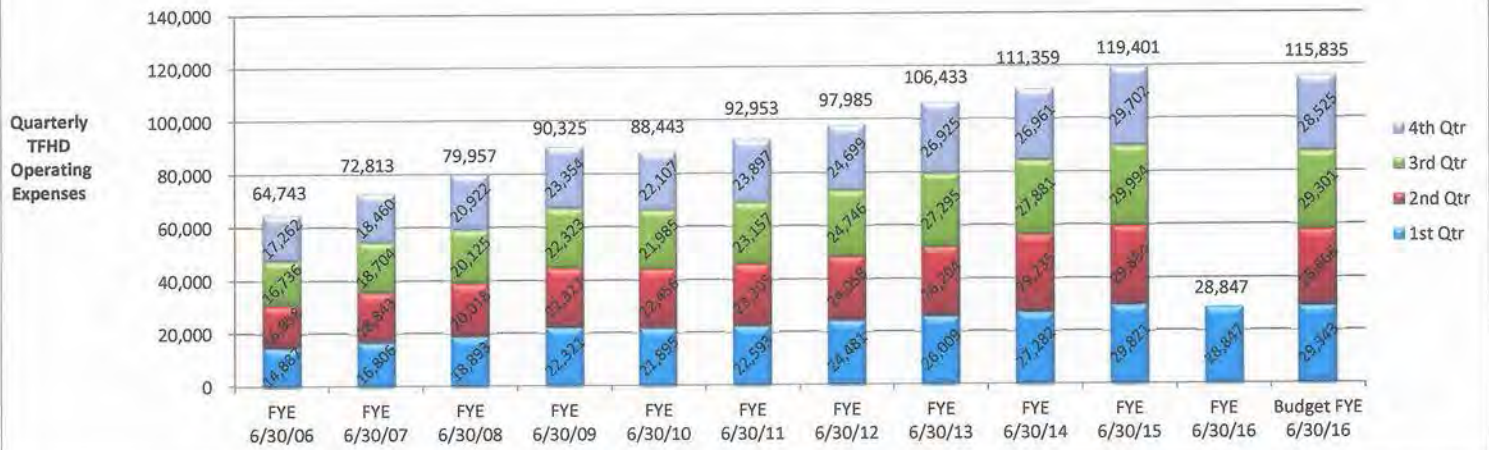
### TOTAL TFH PET CT EXAMS



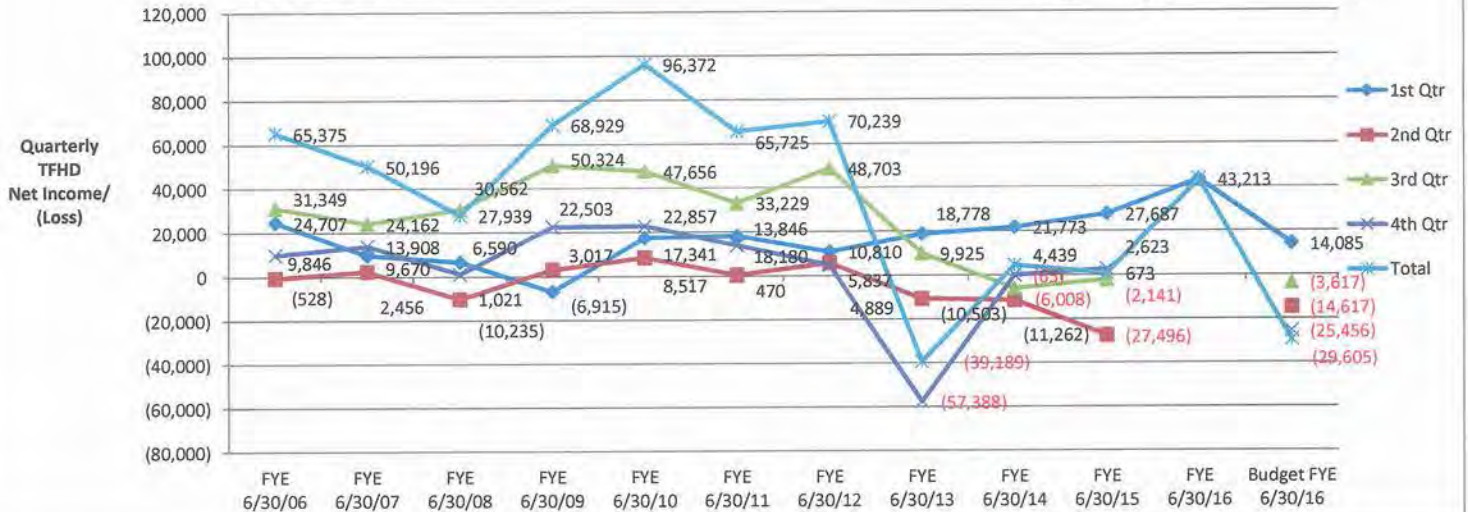
### TAHOE FOREST HOSPITAL DISTRICT TOTAL GROSS REVENUE (In Thousands)



### TAHOE FOREST HOSPITAL DISTRICT TOTAL OPERATING EXPENSES (In Thousands)



### TAHOE FOREST HOSPITAL DISTRICT TOTAL NET INCOME/(LOSS) (In Hundreds)





## Board Executive Summary

**By: Jake Dorst**  
Interim CEO

**DATE:** 10/22/2015

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### ISSUE:

Extend the term of Dr. Kitts' On-Call agreement.

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### BACKGROUND:

The board recently changed the compensation for Dr. Kitts' on-call agreement. Stark Law requires that all compensation agreements be in place for a year and if terminated/expired before that year is up that the parties not enter into a similar comp. agreement for those same services within a year from the effective date; we are extending the term to remain stark compliant because we will continue to need his services.

### ACTION REQUESTED:

Staff requests that this contract be extended the term for 1 year where it will be reviewed again for renewal. If approved, we will gather the physician signature and bring back to the board on the consent calendar next month.

### **13.3 Contracts**

Contracts redacted.

Available for public viewing via a Public Records request.



## Board Executive Summary

**By: Jake Dorst**  
Interim CEO

**DATE:** 10/22/2015

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### **ISSUE:**

Medical Director of Strategic Planning and Innovation contract is coming due and needed a new contract to incorporate an annual hourly cap and defined activity logging requirements.

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### **BACKGROUND:**

This is a new contract for the Medical Director of Strategic Planning and Innovation. This new Contract contains updated language surrounding an annual hourly cap of total hours allowed and narrative logging of time. The Governance Committee approved this contract on 10/21/2015. The version approved by Governance has changed since that time and the redlined version of the contract before you to identify these changes.

The Medical Director of Strategic Planning and Innovation is responsible for many administrative duties involving collaboration with Medical Staff on Health System alignment, performance improvement programs, facility planning, consultation with various hospital committees, succession planning, physician recruitment, staying current with national and statewide health care trends in order to better prepare the health system for oncoming changes. These duties are essential to TFHD and provide valuable insight and alignment with the medical professionals. These administrative functions are also outlined in section 2.14-2 of the medical staff rules and regulations.

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### **ACTION REQUESTED:**

Staff requests that this contract be approved with the addition of the annual cap of hours and the well-defined hourly logging requirements. Once approved Staff will gather the physician agreement and signature and bring it back to the board next month on the consent agenda.



### **13.3 Contracts**

Contracts redacted.

Available for public viewing via a Public Records request.

**- MEDICAL STAFF BYLAWS EXCERPT -**

**2.1 STRATEGIC PLANNING COMMITTEE**

**2.1-1 COMPOSITION**

The Strategic Planning Committee shall be composed of at least the following members: five (5) physicians including the Medical Director of Strategic Planning and Innovation, one member of Hospital Administration which may include Director of Medical Staff Services, a Nurse Practitioner and/or Physician Assistance representative(s). Additional members may be appointed by the Chief of Staff.

**2.1-2 DUITES**

The purpose of the Strategic Planning Committee is to impact positively upon the quality of health care provided by the Hospital by:

- (a) Understanding current physician practice dynamics and future practice trends;
- (b) Provide leadership and direction for development of physician practices and hospital physician relationships;
- (c) Engage physicians constructively in formal planning for their own practices, for the medical staff as a whole, and for the hospital;
- (d) Delineate and prioritize the joint hospital and physician development opportunities;
- (e) Optimize medical staff enthusiasm and commitment to implementing strategic plans;
- (f) Review, revise and addend the Medical Staff Tactics of the Medical Staff Strategic Plan;
- (f) Collaboration with Administration and Board of Directors as to the direction of healthcare in our community.

**2.1-3 MEETINGS**

The Strategic Planning Committee shall meet as often as necessary to accomplish its purpose and shall maintain a record of its proceedings and report its activities to the Medical Executive Committee.

- (a) Ad Hoc Committees of the Strategic Planning Committee will be formed as needed including but not limited to Recruitment, Retention and Succession Planning Ad Hoc Committee, Space Planning Ad Hoc Committee, etc.



## Board Informational Report

**By: Paige Thomason**  
Director of Marketing & Communications

**DATE:** October 2015

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### Current Projects, April-July 2015

**Health System Magazine:** The sixth edition of the TFHS Magazine is in initial outline form, to be published in early 2016. The topics tentatively scheduled to for coverage include the Patient and Family Advocate Program, making laboratory appointments online, new CT and EEG services, physician profiles, Cancer Center Hero's, Cancer Center ACOS designation, IVCH Press Ganey award, call to action for Best of Tahoe Chefs and Gene Upshaw Memorial Golf Tournament, as well as regular edition features about how to access any program or service in the Health System.

Distribution includes insertions in the Sierra Sun, N. Tahoe Bonanza, Truckee/North Tahoe Chambers and Visitor Centers, local physician offices and direct mailing lists. Total distribution not counting website downloads is 14,174. The piece is promoted heavily through public relations outreach, print advertising, website and social media.

**Orthopedic Advisory Council:** Work continues with this community group to develop programs and messaging. Marketing support was provided for community outreach to service groups throughout the late summer and fall of 2015.

**Total Joint Program:** Development continues with Dan Coll for marketing outreach of the Total Joint Program which includes promotion of the direct anterior approach hip replacement, and partial and total knee surgery and shoulder replacements. Web pages, print and online advertising, public relations and collateral materials have been completed and awaiting final compliance approval to move forward.

**Wellness Neighborhood:** The third iteration of the Mental Health Provider Handbook was recently completed, mailed and posted online. Outreach for the "Rethink Healthy" and "BeFit" campaigns are ongoing.

**Website:** A complete re-face of the TFHD website is underway, and scheduled for completion and roll out in early 2016. The site will have improved navigation based on our needs today.

**Continued-**

**Other Marketing, Advertising and Public Relations Activities Completed or in Progress:**

Breast Health Month

Flu Shots advertising

Walktober promotions

Blue Life promotions

Website re-face

National Quality week

Five star hospital advertising, PR and social media campaign

Becker's Top Hospital advertising

Quality pages redesign/update, TFHD website

iBios Health Management Program

Place Based Marketing committee

IVCH marketing support for monthly programs such as sports physicals, health talks, ER

Hospice Thrift Store support

CEO search community outreach

Yoga for Life marketing support

Community Walking Challenge marketing support

Cancer Center marketing support

Breast Health Awareness Month planning

MultiSpecialty Clinics advertising

Sleep Medicine program

Affordable Health Screenings

Center for Health and Sports Performance programs and services

**###**



TAHOE  
FOREST  
HEALTH  
SYSTEM

# GOVERNANCE COMMITTEE AGENDA

Wednesday, October 21, 2015 at 3:00 p.m.

Human Resources Conference Room - Tahoe Forest Human Resources Building  
10024 Pine Ave, Truckee, CA.

1. **CALL TO ORDER**

2. **ROLL CALL**

Karen Sessler, M.D., Chair; Greg Jellinek, M.D., Board Member

3. **CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**

4. **INPUT – AUDIENCE**

5. **APPROVAL OF MINUTES OF: 09/11/2015**

6. **CLOSED SESSION**

6.1. **Approval of Closed Session Minutes: 09/11/2015**

6.2. **Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2)): Exposure to Litigation (Number of Potential Cases: 2)**

A point has been reached where, in the opinion of the Board on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District.

Facts and circumstances that might result in litigation but which the District believes are not yet known to potential plaintiff or plaintiffs. (Gov. Code § 54956.9(e)(1))

7. **ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION**

7.1. **Q3 Compliance Report** ..... ATTACHMENT

The Fox Group will present the 3<sup>rd</sup> Quarter Compliance Report.

7.2. **Policies** ..... ATTACHMENT

Committee will review the proposed project plan for completion of annual review of board policies and discuss potential updates to various policies.

7.2.1. ABD-02 TFHD Chief Executive Compensation

7.2.2. ABD-10 Emergency On Call Policy

7.2.3. ABD-19 Board Orientation and Continuing Education

7.3. **Contracts** ..... ATTACHMENTS

New, amended, and auto renewed contracts are submitted to the Governance Committee for review and consideration for recommendation of approval by the Board of Directors.

7.3.1. California\_Emergency\_Physicians\_Medical\_Group\_Emergency\_Department\_Agreement

2013

7.3.2. North\_Tahoe\_Anesthesia\_Group\_Agreement\_for\_Exclusive\_Provision\_of\_Anesthesia\_and\_Related\_Services\_2015

7.3.3. Kitts\_Amendment\_to\_Agreement\_to\_Provide\_Coverage\_of\_Emergency\_Department\_Professional\_Services\_2011

7.3.4. Coll\_TFHD\_MDA\_for\_Strategic\_Planning\_and\_Innovation\_2016

**7.4. Open Session and Closed Session Minutes Format**

Committee will discuss feedback on current open session action minutes format and proposed action minutes for regular meeting closed sessions.

**8. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS**

**9. NEXT MEETING DATE**

**10. ADJOURN**

\*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 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 (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.

**TAHOE FOREST HOSPITAL DISTRICT**  
**CONFLICT-OF-INTEREST CODE**

The Political Reform Act (Government Code Section 81000, et seq.) requires state and local government agencies to adopt and promulgate conflict-of-interest codes. The Fair Political Practices Commission has adopted a regulation (2 California Code of Regulations Section 18730) that contains the terms of a standard conflict-of-interest code, which can be incorporated by reference in an agency's code. After public notice and hearing, the standard code may be amended by the Fair Political Practices Commission to conform to amendments in the Political Reform Act. Therefore, the terms of 2 California Code of Regulations Section 18730 and any amendments to it duly adopted by the Fair Political Practices Commission are hereby incorporated by reference. This regulation and the attached Appendices, designating positions and establishing disclosure categories, shall constitute the conflict-of-interest code of the **Tahoe Forest Hospital District (District)**.

Individuals holding designated positions shall file their statements of economic interests with the **District**, which will make the statements available for public inspection and reproduction. (Gov. Code Sec. 81008.) All statements will be retained by the **District**.

**Appendix A  
Designated Positions**

<u>Designated Positions</u>	<u>Category</u>
1. <b>Members of the Board of Directors</b>	1, 2
2. Chief Executive Officer	1, 2
3. Chief Operating Officer	1, 2
4. Chief Human Resources Officer	1, 2
5. Chief Information and Innovation Officer	1, 2
6. Administrator, Incline Village Community Hospital (IVCH)/ Chief Nursing Officer	1, 2
7. Chief Facilities Development Officer	1, 2
8. General Counsel	1, 2
9. Consultants	*
10. Buyer	1
11. Compliance Officer	3
12. Controller	3
13. Coordinator, OR Materials Coordinator	3
14. Director, Cancer Center	3
15. Director, Children's Center	3
16. Director, Community Development	3
17. Director, Diagnostic Imaging/Patient Registration Services	3
18. Director, Education	3
19. Director, Emergency Services	3
20. Director, Facilities Management	3
21. Director, Health Information Management	3
22. Director, Infection Control	3
23. Director, Information Technology & System Innovation	3
24. Director, Information Technology Operations	3
25. Director, Inpatient Services	3
26. Director, IVCH Patient Care Services	3
27. Director, Laboratory Services	3
28. Director, Marketing & Communications	3
29. Director, Materials Management	1
30. Director, Medical Staff Services	3
31. Director, Nutrition & Environmental Services, TFH & IVCH	3
32. Director, Patient Financial Services	3
33. Director, Pharmacy	3
34. Director, Quality & Regulations	3
35. Director, Rehabilitation Services	3
36. Director, Respiratory Therapy	3
37. Director, Surgical Services	3
38. Director, Tahoe Forest Foundation	3



39.	Executive Director, MultiSpecialty Clinics	3
40.	Executive Director, Post Acute Services	3
41.	Manager, Network Infrastructure	3
42.	Manager, Nursing Informatics	3
43.	Manager, Revenue Cycle	3
44.	Purchasing Assistant	3

\*Consultants/new positions are included in the list of designated positions and shall disclose pursuant to the broadest disclosure category in the code, subject to the following limitation:

The Chief Executive Officer may determine in writing that a particular consultant or new position, although a "designated position," is hired to perform a range of duties that is limited in scope and thus is not required to fully comply with the disclosure requirements in this section. Such written determination shall include a description of the consultant's or new position's duties and, based upon that description, a statement of the extent of disclosure requirements. The Chief Executive Officer's determination is a public record and shall be retained for public inspection in the same manner and location as this conflict-of-interest code. (Gov. Code Section 81008.)

**Note:** The positions of General Counsel, Director, Rehabilitation Services, and Director, Respiratory Therapy are filled by outside consultants, but act in a staff capacity.

**Officials Who Manage Public Investments**

It has been determined that the positions listed below manage public investments and will file a statement of economic interests pursuant to Government Code Section 87200. These positions are listed for informational purposes only:

- Chief Financial Officer

An individual holding one of the above-listed positions may contact the Fair Political Practices Commission for assistance or written advice regarding their filing obligations if they believe their position has been categorized incorrectly. The Fair Political Practices Commission makes the final determination whether a position is covered by Government Code Section 87200.

**Appendix B  
Disclosure Categories**

1. An individual holding a designated position in this category must report investments, business positions in business entities and income (including receipt of gifts, loans and travel payments) from sources of the type to provide:

- medical/health care treatment, facilities, services, products, equipment, machines
- medical insurance products and services
- and other products and services utilized (or planned to be utilized) by the District including telecommunications and information technology, janitorial, and legal.

The medical/health care sources include the full range of products and services including: medical providers, hospitals, pharmaceutical products/facilities, transportation companies and consultants.

2. ~~All interests in real property, located in whole or in part within the boundaries of the District or within two miles of the District.~~ property within 2,000 feet from property owned or used by the District or that may be acquired by the District for its use.
3. All investments, business positions, and sources of income, including receipt of loans, gifts, and travel payments, from sources that provide, or have provided, in the last two years, services, supplies, materials, machinery, or equipment of the type utilized by designated employee's department or division.

All disclosure required herein shall be in accordance with the Political Reform Act and the regulations of the Fair Political Practices Commission.

This is the last page of the conflict of interest code of the **Tahoe Forest Hospital District**.



**CERTIFICATION OF FPPC APPROVAL**

Pursuant to Government Code Section 87303, the conflict of interest code for the **Tahoe Forest Hospital District** was approved on 10/5/2015. This code will become effective on 11/4/2015.

A handwritten signature in black ink, appearing to read "B. Lau", written over a horizontal line.

Brian G. Lau

Senior Commission Counsel

Fair Political Practices Commission



## Board Informational Report

**By: Jim Hook**  
Corporate Compliance  
Consultant, The Fox Group

**DATE:** October 14, 2015

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### **ISSUE:**

#### **2015 Compliance Program 3<sup>rd</sup> Quarter Report (Open Session)**

The Compliance Committee is providing the Board of Directors with a report of the 3<sup>rd</sup> Quarter 2015 Corporate Compliance Program activities.

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### **BACKGROUND:**

The Board of Directors has overall responsibility for the TFHD Corporate Compliance Program. This report facilitates the Board's monitoring and oversight of the Corporate Compliance Program, according to the seven components of the Compliance Program.

## 2015 Corporate Compliance Program Annual Report

### OPEN SESSION

Period Covered by Report: **July 1 –September 30, 2015**

Completed by: James Hook, Compliance Consultant, The Fox Group

#### **1. Written Policies and Procedures**

1.1. The District's Corporate Compliance Policies and Procedures are reviewed and updated as needed. Policies have been adopted, revised, or are in development to meet regulatory changes or in response to compliance activities. The following policies were reviewed by the Compliance Department with recommendations to the Board of Directors:

1.1.1. Physician Non-Monetary Compensation #AGOV1502

#### **2. Compliance Oversight / Designation of Compliance Individuals**

2.1. Corporate Compliance Committee:

2.1.1. Stephanie Hanson, RN, title changed to "Compliance Analyst".

#### **3. Education & Training**

3.1. New employee orientation training in Health Stream was updated based on recommendations from the Compliance Consultants.

3.2. All new employees are educated during orientation.

3.3. "Compliance Corner" continues in the monthly employee newsletter providing ongoing compliance education for staff.

#### **4. Effective Lines of Communication/Reporting**

4.1. A Compliance log is maintained for all calls to the Compliance Hotline and other reports made to the Compliance Department.

4.1.1. No calls were received on the Hotline in the 3<sup>rd</sup> quarter.

4.1.2. Six reports were made directly to the Compliance Department for the 3<sup>rd</sup> quarter.

4.2. HIPAA violations are reported to the Privacy Officer. Privacy Officer maintains a log of reported events.

#### **5. Enforcing Standards through well-publicized Disciplinary Guidelines**

5.1. Ninety-three percent (93%) of Orientation and Health Stream annual training modules were completed for eligible employees in the 3<sup>rd</sup> quarter.

5.2. All new staff hires, and newly privileged physicians, receive criminal background checks and are checked against the OIG and GSA list of exclusions. All vendors are checked using the vendor credentialing program annually, and ongoing monitoring continues at various intervals.

OPEN SESSION

**6. Auditing & Monitoring**

- 6.1. Two audits were started during the 3<sup>rd</sup> quarter as part of the 2015 corporate compliance work plan.
- 6.1.1. An audit of compliance with the two-midnight rules. This audit was comprised of reviewing 50 inpatient charts for July 2015 for documentation to meet the two midnight rule, authentication of the orders, and review of one day inpatient stays that meet the Medicare one day inpatient exception. Compliance results were 98%. One chart fell out for early discharge due to insufficient documentation of improvement. The case managers will continue to work with the physicians on documentation for these special situations. A second audit was performed on 4 patients, for July 2015, who were placed in observation for two days, to see if they should have been placed in the hospital as an inpatient per the two midnight rule. The audit showed that the patients were appropriate for an outpatient observation admission.
- 6.1.2. A test of the IT Business Continuity and Disaster Recovery Plan was conducted. It revealed that more/faster memory hardware is required to meet the HIPAA standard for recovery of electronic health records within the prescribed 4 hour period. The new hardware should reduce recovery time to 1 minute or less.

**7. Responding to Detected Offenses & Corrective Action Initiatives**

- 7.1. Investigations of suspected and actual breach incidents were initiated. Several investigations revealed no violations. Remediation measures including, additional staff training and updated policies and procedures, were implemented to prevent further violations.



## Board Executive Summary

**By: Jake Dorst**  
Interim CEO

**DATE:** 10/22/2015

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### ISSUE:

California Emergency Physicians provide our Emergency Department services. This contract expires on 12/31/2015.

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### BACKGROUND:

This contract was approved in its current state by the governance board and is included here for discussion. We are not seeking approval at this time as we are waiting on the final additions from CEP. We will bring the changes to the governance board and the regular board next month.

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### ACTION REQUESTED:

If there are any issues with the current contract as it is it would be helpful for staff to know about them early so there is no delay in the future.

**Contracts Update**

Draft contracts redacted.





## Board Executive Summary

**By:** **Judith Newland**  
Chief Nursing Officer  
Chief Operating Officer

**DATE:** October 22, 2015

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### **ISSUE:**

Management is evaluating the Agreement with North Tahoe Anesthesia Group (NTAG) as outlined in the Agreement. This is an annual Agreement with expiration of December 31, 2015. The agreement was presented at Board Governance Council October 21 for input by Board members. On completion of data analysis any recommendations for change of the agreement will be presented to NTAG and then to the Board Governance Council for review and input.

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### **BACKGROUND:**

The North Tahoe Anesthesia Group (NTAG) has been providing anesthesia services for TFHD. The group has partnered with TFHD to ensure the health system and its patients have anesthesia services available 24 hours per day, 7 days per week and 365 days per year. Contract was created and went into effect January 1, 2015 to ensure service line market stability.

NTAG is responsible for anesthesia staffing to meet the needs of the Health System including in-patient, out-patient and emergency surgical cases. Their scope has administrative functions that are necessary for the delivery of anesthesia services that include Medical Director Oversight of services, Peer Review, chart preparation, maintaining compliance in accordance with regulatory agency, policy review, and development and participation with the District's quality review.

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### **ACTION REQUESTED:**

No action is requested. This summary is informational only to notify Board of Directors status of renewing Agreement.

### **Alternatives:**

**Contracts Update**

Draft contracts redacted.



# QUALITY COMMITTEE AGENDA

Tuesday, October 20, 2015 at 12:00 p.m.  
Human Resources Conference Room, Tahoe Forest Hospital  
10024 Pine Avenue, Truckee, CA

1. **CALL TO ORDER**

2. **ROLL CALL**

Greg Jellinek, M.D., Chair; John Mohun, Board Member

3. **CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**

4. **INPUT – AUDIENCE**

This is an opportunity for members of the public to address the Committee 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 Committee cannot take action on any item not on the agenda. The Committee 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.

5. **APPROVAL OF MINUTES OF: 8/20/2015 ..... ATTACHMENT**

6. **ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION**

6.1. **Quality Committee Goals 2015 & Charter ..... ATTACHMENT**

The *Quality Committee Charter and 2015 Goals* were approved by the full board at the June 30, 2015 meeting. Informational for reference during the meeting if needed.

6.2. **Patient & Family Centered Care (PFCC)**

6.2.1. **Patient & Family Advisory Council Update**

An update will be provided related to the activities of the Patient and Family Advisory Council (PFAC).

6.3. **TFHS Website Quality Information Update**

Committee will review and provide input related to the Tahoe Forest Health System website quality information.

6.4. **National Healthcare Quality Week**

Healthcare Quality professionals at Tahoe Forest Health System join those around the nation in celebrating **National Healthcare Quality Week, October 18-24, 2015**. The week highlights the influence of healthcare quality professionals in achieving improved patient care outcomes and healthcare delivery systems. Healthcare quality professionals ensure their facility meets specific requirements set forth by accrediting bodies for healthcare organizations and programs, such as Healthcare Facilities Accreditation Program (HFAP), Centers for Medicare & Medicaid Services (CMS), California Department of Public Health (CDPH) and Nevada Healthcare Quality & Compliance (HCQC).

**6.5. Lean Training Program**

An update will be provided about the Lean training program that TFHD staff has been participating in. This has been funded through a grant from the National Rural Health Resource Center and the CHA Flex Grant.

**6.6. Beta Disclosure & Communication Program**

The Committee will be provided an updated on the lessons learned at this program including the Care for the Caregiver program.

**6.7. BETA Zero Harm Program Recognition**

BETA Healthcare Group is focused on improving reliability and reducing risk exposure. As Partners in Patient Safety, BETA provides their members the opportunity for significant reductions in their contributions. The **Quest for Zero** patient safety program offers a tiered approach to this award in Obstetrics and the Emergency Department.

**6.8. Annual Board Policy Review**

6.8.1. ABD-20 Patient Satisfaction

**6.9. Board Quality Education**

The committee will review and discuss topics for future Board quality education.

**7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS****8. NEXT MEETING DATE**

The date and time of the next committee meeting will be proposed and/or confirmed.

**9. ADJOURN**

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# FINANCE COMMITTEE AGENDA

Monday, October 26, 2015 at 1:00 p.m.  
Eskridge Conference Room, Tahoe Forest Hospital  
10121 Pine Avenue, Truckee, CA

1. **CALL TO ORDER**
2. **ROLL CALL**  
Dale Chamblin, Committee Chair; Greg Jellinek, M.D., Board Member
3. **CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**
4. **INPUT – AUDIENCE**  
This is an opportunity for members of the public to address the Committee 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 Committee cannot take action on any item not on the agenda. The Committee 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.
5. **APPROVAL OF MINUTES OF: 09/23/2015** ..... ATTACHMENT
6. **ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION**
  - 6.1. Financial Reports:
    - 6.1.1. Financial Report – September 2015 Quarterly Packet ..... ATTACHMENT
    - 6.1.2. Quarterly Review Financial Status of Separate Entities ..... ATTACHMENT
    - 6.1.3. Quarterly Review of Revenue Payor Mix ..... ATTACHMENT
    - 6.1.4. TIRHR Expenditure Report ..... ATTACHMENT
  - 6.2. Annual Policy Review
    - 6.2.1. ABD-05 Bond Fiscal Policy ..... ATTACHMENT
    - 6.2.2. ABD-08 Credit and Collection Policy ..... ATTACHMENT
    - 6.2.3. ABD-09 Financial Assistance Program Full & Discount Partial Charity Care .... ATTACHMENT
    - 6.2.4. ABD-11 Fiscal Policy ..... ATTACHMENT
    - 6.2.5. ABD-15 Investment Policy ..... ATTACHMENT
    - 6.2.6. ABD-18 New Programs and Services ..... ATTACHMENT
  - 6.3. Board Update and/or Action Items:
    - 6.3.1. Board Designated Funds ..... ATTACHMENT
7. **REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS**
8. **AGENDA INPUT FOR NEXT FINANCE COMMITTEE MEETING**..... ATTACHMENT

9. NEXT MEETING DATE ..... ATTACHMENT

10. ADJOURN

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## Board Informational Report

By: **Jake Dorst**  
CEO/CIO

DATE:10/22/2015

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### **STRATEGIC INITIATIVE 3.0 Maintain Financial Performance**

- ICD-10 conversion occurred on October 1<sup>st</sup>. Process went smoothly and we are working with the new codes and processes. We will be diligent to make sure our entire process is monitored and going forward.

### **STRATEGIC INITIATIVE 5.3**

**Explore potential opportunities to collaborate with local medical providers to improve health delivery**

- ECG met with the board and the physician group to go over preliminary findings and possible options to update everyone on the project currently underway to explore new options for physician alignment.

### **STRATEGIC INITIATIVE 4.1 & 4.3**

**Develop a long-range IT EMR plan (3-10 years) to optimize potential strategic technology investments and execute after approval from the Board of Directors.**

- TFHD made a site visit to Barton Hospital on 10/21/2015 to gather information on their EPIC software that is hosted by Renown. The feedback was positive and we are planning another site visit to Renown next month.
- Renown EPIC and Cerner have submitted preliminary quotes
- Cerner has completed its quote and we have had phone conversations with them to further define the scope of a potential project.

### **STRATEGIC INTATIVE 1**

**Patients Service and Quality**

- A MSC wide meeting was held on October 7th to discuss customer service and how we can improve upon it. This meeting had 10-12 different breakout tables staffed by a management member to better understand the needs of the MSC staff and patients. The turnout was good and the staff was very engaged. We look forward to implementing some of the ideas that came from this meeting to improve on customer service.



## Board CNO/COO Report

By: Judith Newland

DATE: October 22, 2015

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### Strategic Initiative 1. Patient Safety and Quality

- In a meeting Jake Dorst and Judy Newland had with Care Flight they notified us they are changing hours of operation for their location at the Truckee Airport. They are tentatively changing from 24 hour coverage to 8:00am-8:00pm coverage in Truckee. Care Flight did inform us they are interested in providing 24/7 service to this area. A discussion occurred on how that may occur and there is to be further follow-up meetings. When Care Flight is not in Truckee they have a 12 minute response time from Reno. The District utilizes helicopter transfers for patients from the Emergency Department, ICU and Women and Family Center. Nursing Services in collaboration with Truckee Fire Department, Emergency Department Physicians and Respiratory Therapy developed a formalized Critical Care Nursing Transport ground program. This initiative provides a competency program for Registered Nurses who will continue care of the patient during ambulance transport for nurse specific interventions for Emergency and ICU patients if helicopter services are delayed.
- In October the Aviation Safety Officer for the Office of Airports California Department of Transportation inspected the heliport. During their inspection they found the approach to the heliport would be clear of obstructions once the construction equipment and containers were removed. They informed us of improvements that would need to occur such as repainting and replacement of lights when it is time to get the heliport back in service. This was a positive change for the District to be informed we may be able to get the heliport back in service on completion of the south building construction project.
- Effective October of 2015 the Tahoe Forest Skilled Nursing Facility has been awarded four stars for their quality and service. All skilled nursing facilities are given a star rating from 1-5 by the Center for Medicare and Medicaid Services. Congratulations to the staff for their continued diligence and efforts to maintain high quality service for our communities' elderly.
- Beta Healthcare Group sponsored a two day *Communication and Disclosure Workshop* for hospitals. Tahoe Forest Health System was represented by Peter Taylor, Ricki Alpert, Julie Conyers, Janet Van Gelder, and Carl Blumberg. The workshop focused on the following:
  1. Acquired the knowledge, skills, and attitudes necessary for implementing effective communication processes following patient harm.
  2. Demonstrated the ability, in simulated settings, to provide consultation or coach a health care team through the critical phases of the open communication process.
  3. The ability to assess whether the health care team is ready to conduct the communication effectively, and if not, the understanding of how to activate institutional leadership to formulate a revised communication plan.



4. An understanding of how the communication consultation and coaching process interfaces with the care-for-the-caregiver program, and the ability to provide initial emotional first aid to clinicians.
5. The ability to support their own institutions in establishing a comprehensive approach to patient harm that includes disclosure and care for the caregiver.
6. An understanding and ability to engage standardized patients in the training and establishing a communication consultation and coaching service.

This multidisciplinary team are in the process of educating the Medical and Clinical Staff on key aspects learned at the workshop and determining how to incorporate in our practice following our *Disclosure of Error or Unanticipated Outcome to Patients/Families* and *Support for Employee Caregivers Involved in Sentinel or Adverse Events* policies.

# WELLNESS NEIGHBORHOOD / COMMUNITY HEALTH

UPDATE FOR THE TAHOE FOREST HEALTH SYSTEM BOARD OF DIRECTORS

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SUBMITTED BY KAREN GANCITANO, BS, MS, DIRECTOR POST ACUTE SERVICES

OCTOBER, 2015

## BACKGROUND:

In 2011 Tahoe Forest Health System (TFHS) along with a collaborative working group representing local health and human services agencies, non-profits, faith-based organizations and local governments conducted a regional Community Health Needs Assessment (CHNA) to determine the health status and health behaviors of our community. After reviewing the findings, the TFHS Board of Directors identified five health priorities to address:

1. All members of our community shall be able to identify and access a primary care provider
2. We shall reduce the incidence of vaccine-preventable disease
3. We shall reduce substance abuse in our community
4. Anyone who needs mental health care shall be able to access it
5. There shall be no disparities in health outcomes based on race or ethnicity

TFHS community health programs were refined or launched with partner agencies in response to the findings of the CHNA. The Wellness Neighborhood, a framework for developing population health programming, was created. The programs were fostered through a “medical home” model with five program areas:

- Chronic Disease
- Mental and Behavioral Health
- Dental Health
- Ethnic Disparities
- Primary Care

Volunteer Co-Chairs of physicians and community leaders for each program area, or medical home, led the work to foster new and revised programs to address the most urgent needs of the region. In 2014 the CHNA was updated with current data. Those findings primarily validated the work already being done, but also offered an opportunity to refine programming to reach desired outcomes.

## TRANSITION:

In 2015 the TFHS Community Health Department and the Wellness Neighborhood came together to address community population health (CHWN). This CHWN partnership or team has streamlined the community health programming of TFHS, strengthened working relationships within TFHS as well as with external partner agencies, and clarified roles both internal and external to TFHS. The goals of this partnership were:

- Attain effective, equitable and accessible community health and wellness services through evidence-based practice;
- Align and strengthen existing community health services and programs internally and externally; and
- Integrate community systems of care

The CHWN team is better able to react to community data and social issues proactively, and can refine programming, measure outcomes, and engage stakeholders more effectively.

A period of internal program review and refinement followed this partnering. The CHWN team scoured the data from both CHNAs, evaluated outcomes from programming, and re-prioritized programs to ensure the Board of Directors goals were being addressed through appropriate population health activities.

## CURRENT STATE

To address population health goals, the Wellness Neighborhood medical home model has evolved. No longer led by volunteers through the five key areas of focus, the CHWN programs are now designed and deployed by the CHWN team and partners through four strategic areas:

- Optimize Health / Primary and Preventive Care
- Mental and Behavioral Health
- Substance Use and Abuse
- Access to Care and Care Coordination

The CHWN team structured its working model under the “TFHS Foundations of Excellence” framework:

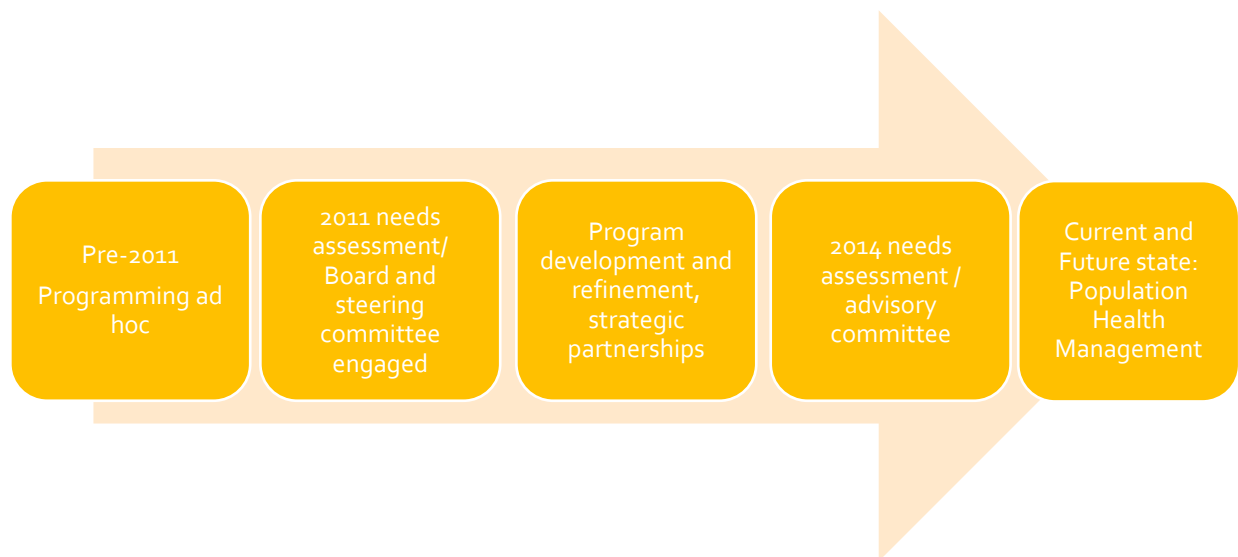
Quality – Develop and deploy programs which are evidence-based with measureable outcomes

Service – Population health programming which considers the whole person / healthy patient approach

People – Work collaboratively and effectively with partner agencies to achieve population health goals

Growth – Align programming with the focus of Affordable Care Act

Finance – Ensure every available reimbursement is achieved; aggressively seek grant funding and partner investment



In the following pages, examples of the programs are provided in each of the four strategic areas. These lists are intended to be illustrative of the CHWN/stakeholder programming currently offered for population health management. These are not exhaustive lists of all CHWN programs.

INITIATIVE ONE: OPTIMIZE HEALTH / PRIMARY AND PREVENTIVE HEALTH

**Goal: Reduce per capita costs of healthcare by reducing unnecessary ED visits and readmissions. Improve population health by decreasing disease-specific mortality, reducing health disparities based on ethnicity and increasing medical home enrollment.**

Program	Objectives
Promotores	Community Health Education Screenings and Prevention
Peri-natal education	Education; link to services
TNT Youth Health Initiative	Improve adolescent health, increase youth access to care
TTUSD B-Fit	Encourage, promote and increase physical activity for youth
Expanded screenings	Prevent and provide early diagnosis
Immunizations collaboration	Accurately track and improve childhood immunizations rates

INITIATIVE TWO: MENTAL AND BEHAVIORAL HEALTH

**Goal: Increase access to mental health care. Reduce ER admissions for mental health crises. Reduce the suicide rate within our community for all age groups.**

Program	Objectives
Know the Signs	Educate medical providers and community on suicide ideation, identification and action
Mindfulness In Schools / Seniors	Decrease stress
Tele-psychiatry	Expand access to mental health care
Mental health care in FRCs	Expand access to mental health care for underserved
Mountain Gateway Center support	Expand access to mental health care for youth

## INITIATIVE THREE: SUBSTANCE USE AND ABUSE

**Goal: Significantly reduce substance abuse in the community and resultant DUIs, accidents, domestic violence, injuries and deaths related to substance use. Reduce normalization of drug use community-wide with a specific emphasis on school-age children. Educate population on dangers of alcohol, prescription and recreation drug abuse.**

Program	Objective
Safe prescribing program	Treat pain safely, effectively and appropriately
Alcohol Edu	Educate students and families on effects of alcohol use and consumption prevention strategies
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Educate all ED physicians on SBIRT best practices
Rx take-back program	Reduce substance abuse



INITIATIVE FOUR: ACCESS TO CARE AND CARE COORDINATION

**Goal: Increase access to care through deployment of deliberate evidence-based strategies on behalf of all ages, ethnicities and geographic areas of the region to improve community health.**

Program	Objective
Promotores	Chronic Disease Self Management Care Navigation
Chronic disease / transitional care	Care coordination
School-based Care Coordinator	Collaborate and coordinate services for youth
Dental Sealants	Increase access to dental care for youth

## COMMUNITY PARTNERSHIPS

A consistent theme throughout the evolution of the Community Health and Wellness Neighborhood programming is that of TFHS engagement with local, regional, county and even state stakeholders. There are a number of reasons for these collaborations, many of which are intuitive:

- We share a common vision for population health
- We have the will to transform health care delivery
- We have shared and varied experience and skills to ensure continual improvement
- We share results of our work with each other: “all teach, all learn”

Beyond the intuitive reasons for community engagement, hospitals are being tasked with population health management to achieve the goals of the Affordable Care Act (ACA) and it is clear that hospital-community partnerships are critical to the success of this goal. According to the California Hospital Association (CHA), “Historically, hospitals have defined their service area based on the origin of the patients served in their inpatient facilities. As population health evolves, hospitals will assume a broader role in the care of patients across the full continuum of care sites (or a portion thereof) in a region.” (CHA Population Health Issue Brief #3 July 2015). Further, the CHA writes,

“For many executives, trustees, clinicians and non-clinical staff, attitudinal or cultural change will be required to recognize the organization’s new clinical direction — from acute care treatment to proactive prevention and treatment across the acuity spectrum. A persistent population health outlook recognizes the following:

- Hospitals, health care systems, physicians and other health care providers must work collaboratively to develop new systems to track and manage the care of patients, particularly those with chronic illness
- Health care organizations must operate as efficiently as possible in providing evidence-based services
- Evidence-based services should be provided to all patients regardless of the payer or payer agreements

In risk arrangements, utilization creates expense, not revenue; hospitals and health care systems become viewed as cost centers. Health care organizations that learn how to operate with a population health mindset will gain critical experience that provides strategic flexibility over time as markets and stakeholders change. The process will be neither quick nor easy, so commitment to the long haul is vital. A significant amount of time and sharp attention to the redesign of care processes are needed to provide the necessary interventions.”

Current key strategic partnerships to develop and deploy health programs exist between TFHS and

- Nevada and Placer Counties Public Health Departments
- Tahoe Truckee Unified School District
- Family Resource Center of Truckee
- North Tahoe Family Resource Center

- Suicide Prevention Coalition
- Tahoe Truckee Future Without Drug Dependence

We also engage with local law enforcement, non-profits and the faith-based communities, as well as othersocial services and non-profits, for programming and outreach.

## CONCLUSION

The current work plan of the Community Health/Wellness Neighborhood team is aligned with the TFHS strategic plan goals, as well as the larger population health goals of the Affordable Care Act. Our focus is to continue to deliver and refine community health programming which is:

- Aligned with the CMS Triple Aim of better population health, decreased costs and improved patient care experience;
- Financially sustainable;
- Provides measureable and sustainable improvements

Additionally, we will continually seek sources of revenue and funding for population health programming, and sustain and strengthen key partnerships throughout the communities we serve. The CHWN team and its work is now, more than any other time in the Health System's history, a vitally important component of the Health System in reaching TFHS strategic plan and ACA goals.

Monthly detailed updates on CHWN programs and outcomes will be provided to the Community Benefit Committee of the TFHS Board of Directors following this report.

# Tahoe Forest Hospital District

## Board of Directors Meeting Evaluation Form

Date: \_\_\_\_\_

		Exceed Expectations		Meets Expectations		Below Expectations
1	Overall, the meeting agenda is clear and includes appropriate topics for Board consideration	5	4	3	2	1
2	The consent agenda includes appropriate topics and worked well	5	4	3	2	1
3	The Board packet & handout materials were sufficiently clear and at a 'governance level'	5	4	3	2	1
4	Discussions were on target	5	4	3	2	1
5	Board members were prepared and involved	5	4	3	2	1
6	The education was relevant and helpful	5	4	3	2	1
7	Board focused on issues of strategy and policy	5	4	3	2	1
8	Objectives for meeting were accomplished	5	4	3	2	1
9	Meeting ran on time	5	4	3	2	1

Please provide further feedback here:

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