



TAHOE FOREST HOSPITAL DISTRICT

2016-03-24 Regular Meeting of the Board of Directors

Thursday, March 24, 2016 at 4:00 p.m.

Tahoe Truckee Unified School District (TTUSD)

11603 Donner Pass Road, Truckee, CA 96161

Meeting Book - 2016-03-24 Regular Meeting of the Board of Directors

03/24/16 Regular Board of Directors Meeting

AGENDA

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ITEMS 1 - 11 See Agenda

12. ACKNOWLEDGMENTS

12.1. National Doctor's Day

13. MEDICAL STAFF REPORT

13.1. Medical Staff Report.pdf Page 9

14. CONSENT CALENDAR

14.1. Approval of Meeting Minutes

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2016-02-25 Regular BOD Meeting_DRAFT Minutes.pdf Page 12

14.2. Financial Report

Financial Report - February 2016.pdf Page 16

14.3. Contracts

14.3.1. Cahill Call Coverage Agreement.pdf Page 28

14.3.2. Fountain - Physican Recruitment Agreement.pdf Page 59

14.4. Board Resolutions

14.4.1. 2016-03 Resolution National Doctors Day.pdf Page 99

15. ITEMS FOR BOARD DISCUSSION AND/OR ACTION

6:20 PM

15.1. Quarterly Facilities Development Update
Rick McConn & Mike Geney

15.1.1. TFHD Status Summary 12.31.15_2.pdf Page 100

15.1.2. TFHD FDP Current Project Expenditure Summary
12.31.15.pdf Page 101

15.1.3. TFHD FDP MC Expenditure Summary 12.31.15.pdf Page 102

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15.2. TFHD Values.pdf Page 108

15.3. Renaming of the Women and Family Department.pdf Page 120

15.4. ABD-12 Conduct for Business By TFHD Board of Directors.pdf Page 121

15.5. Kopp - Revised Consulting Engagement Letter.pdf Page 131

16. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF
NECESSARY

17. BOARD COMMITTEE REPORTS/RECOMMENDATIONS FOR
DISCUSSION AND/OR ACTION

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17.2. 2016-03-22 Finance Committee_Agenda.pdf Page 138

17.3. 2016-03-07 Community Benefit Committee_Agenda.pdf Page 140

18. INFORMATIONAL REPORTS

18.1. CEO BOD Report 2016_0324.pdf Page 142

18.2.1. CIO Board Update for March 2016.pdf Page 144

18.2.2. Director of Governance and Community Development
Staff Report
Ted Owens
Oral Report

ITEMS 19 - 24: See Agenda

25. MEETING EFFECTIVENESS ASSESSMENT

MeetingEvaluationForm.pdf

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26. ADJOURN



REGULAR MEETING OF THE BOARD OF DIRECTORS

AGENDA

Thursday, March 24, 2016 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 Clerk of the Board 24 hours prior to the meeting to allow for distribution.

5. **CLOSED SESSION:**

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

Proposed New Program: One (1) items

Estimated date of public disclosure: 05/31/2016

5.2. Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3))

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 549.56.9 (e)(1))

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

Subject Matter: Compliance Committee Report – Closed Session

Number of items: One (1)

5.4. Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3))

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 549.56.9 (e)(1))

5.5. Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3))

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.

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
March 24, 2016 AGENDA– Continued

The following facts and circumstances known to plaintiff regarding - Other: Medical Negligence in Diagnosis, Care and Treatment. (Gov. Code § 54956.9(e)(2))

5.6. TIMED ITEM – 5:30 p.m. – Hearing (Health & Safety Code § 32155) ♦
Subject Matter: Medical Staff Credentials

5.7. Approval of Closed Session Minutes ♦
02/25/2016

6. DINNER BREAK

APPROXIMATELY 6:00 P.M.

7. OPEN SESSION – CALL TO ORDER

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

9. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA

10. INPUT – AUDIENCE

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

11. INPUT FROM EMPLOYEE ASSOCIATIONS

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

12. ACKNOWLEDGMENTS

12.1. National Doctor’s Day

13. MEDICAL STAFF REPORT ♦

13.1. Medical Staff Report..... ATTACHMENT

14. CONSENT CALENDAR ♦

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

14.1. Approval of Minutes of Meetings ♦

02/24/2016, 02/25/2016..... ATTACHMENT

14.2. Financial Report ♦

Financial Report- February 2016..... ATTACHMENT

14.3. Contracts ♦

14.3.1. Cahill – TFHD Call Coverage Agreement..... ATTACHMENT

14.3.2. Fountain – Physician Recruitment Agreement..... ATTACHMENT

14.4. Resolutions ♦

14.4.1. 2016-03 National Doctor’s Day Recognition ATTACHMENT

15. ITEMS FOR BOARD DISCUSSION AND/OR ACTION

- 15.1. TIMED ITEM – 6:20 PM – Quarterly Facilities Development Update** ♦ ATTACHMENT
Rick McConn and Mike Geney will provide a quarterly update of the Facilities Development Plan (FDP; includes updates pertaining to the Measure C Projects and related Owner and Regulatory Scope Modifications.
- 15.2. Tahoe Forest Hospital District Values** ♦ ATTACHMENT
Board will review and consider for approval the proposed revised Values for Tahoe Forest Health District.
- 15.3. Renaming of the Women and Family Department** ♦ ATTACHMENT
Board will consider for approval a renaming of the Women and Family Department upon opening of the new unit.
- 15.4. ABD-12 Policy Revision** ♦ ATTACHMENT
Board will review and consider for approval revisions to ABD-12 Conduct for the Business by TFHD Board of Directors policy.
- 15.5. Approval of Revised Engagement Agreement** ♦ ATTACHMENT
Board will review and consider for approval a revised engagement with Walter Kopp, Medical Management Services.

16. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

17. BOARD COMMITTEE REPORTS/RECOMMENDATIONS FOR DISCUSSION AND/OR ACTION

- 17.1. Governance Committee Meeting**– 03/17/2016..... ATTACHMENT
- 17.2. Finance Committee Meeting** – 03/22/2016 ATTACHMENT
- 17.3. Community Benefit Committee Meeting** – 03/07/2016 ATTACHMENT
- 17.4. Personnel-Retirement Subcommittee Meeting** – No meeting held in March.
- 17.5. Quality Committee Meeting** – No meeting held in March.

18. 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.

- 18.1. CEO Strategic Updates** ATTACHMENT
CEO will provide updates related to his key strategic initiatives.
- 18.2. Staff Report(s)**
 - 18.2.1. CIO Board Report**..... ATTACHMENT
 - 18.2.2. Director of Governance and Community Development Staff Report**

19. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS

20. ITEMS FOR NEXT MEETING

21. BOARD MEMBERS REPORTS/CLOSING REMARKS

22. CLOSED SESSION CONTINUED, IF NECESSARY

- 22.1. Report Involving Trade Secrets (Health & Safety Code § 32106)**
Proposed New Program: Four (4) items

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
March 24, 2016 AGENDA– Continued

Estimated dates of public disclosure: 05/31/2016, 06/30/2016, 07/31/2016, 12/31/2016

23. OPEN SESSION

24. REPORT OF ACTIONS TAKEN IN CLOSED SESSION, IF NECESSARY

25. ITEMS FOR BOARD DISCUSSION AND/OR ACTION

25.1. Approval of Board Resolution 2016-04 ♦ *ATTACHMENT

Board will review and consider for approval a Resolution of the Board of Directors of the Tahoe Forest Hospital District Delegating Certain Authority to the Chief Executive Officer.

26. MEETING EFFECTIVENESS ASSESSMENT..... ATTACHMENT

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

27. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is April 28, 2016, 11603 Donner Pass Rd., Truckee, CA. A copy of the Board meeting agenda is posted on the District's web site (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.

DATE: March 16, 2016

**MEDICAL EXECUTIVE COMMITTEE
RECOMMENDATIONS TO THE BOARD OF DIRECTORS – OPEN MEETING
MARCH 24, 2016**

REFERRED BY:	AGENDA ITEMS:	RECOMMEND
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MEDICAL STAFF -	A motion was made, seconded and carried to recommend approval of the following to the Board of Directors:	Approved
1. Department of Emergency Medicine	The Emergency Medicine Department recommended approval of the following at their meeting on 3/8/16: <ul style="list-style-type: none"> ➤ Annual Policy Approvals – Emergency Medicine ➤ Annual Review - Emergency Medicine Privilege Form 	Recommend approval
2. Executive Committee	The Medical Executive Committee recommended approval of the following revised policy: <ul style="list-style-type: none"> ➤ Annual Review: Dues and Fees 	Recommend approval



SPECIAL MEETING OF THE BOARD OF DIRECTORS

DRAFT MINUTES

Wednesday, February 24, 2016 at 8:30 a.m.
Foundation Conference Room – Tahoe Forest Hospital District
10976 Donner Pass Road, Truckee, CA 96161

1. CALL TO ORDER

Meeting was called to order at 8:37 a.m.

2. ROLL CALL

Board: Charles Zipkin, Board President; John Mohun, Secretary; Karen Sessler, Board Member

Staff: Crystal Betts, CFO; Martina Rochefort, Clerk of the Board

Other: Gary Hicks

Absent: Dale Chamblin, Treasurer

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

No changes were made to the agenda.

4. INPUT – AUDIENCE

No public comment was received.

5. INPUT FROM EMPLOYEE ASSOCIATIONS

No public comment was received.

6. ITEMS FOR BOARD DISCUSSION AND/OR ACTION

6.1. Refinancing of General Obligation Bonds – Series B

CFO and Gary Hicks reviewed the refinancing of General Obligation Bonds – Series B.

ACTION: Motion made by Director Zipkin, seconded by Director Sessler, to approve Resolution 2016-01 as presented. Roll call vote taken.

AYES: Directors Mohun, Sessler and Zipkin

NAYS: None

Abstention: None

Gary Hicks departed the meeting at 9:01 a.m.

6.2. Chief Executive Officer Incentive Compensation Goals

Discussion was held on CEO Incentive Compensation Goals.

Director Chamblin joined the meeting at 9:16 a.m.

2016 Financial Goals – 50%

1. Achieve target of an operating income (EBIDA) of \$2,054,000 (1%). Incentive payment cannot make EBIDA drop below target. EBIDA must be achieved for any incentive compensation payment.
2. Achieve target of 158 Days Cash on Hand.
3. Achieve target of 60 Days in AR.
4. Achieve target of 3.1% return on equity.

Director Sessler departed the meeting at 9:50 a.m.

Director Sessler returned to the meeting at 9:52 a.m.

If all financial targets are achieved, CEO will receive 100% of 50% for total bonus.

Strategic Goals – 50%

1. Electronic Medical Record Platform (10%) - Develop a timeline that includes meeting Meaningful Use II in 2017 and hit timeline targets.
2. Compliance (10%) - Develop a plan to achieve and maintain a robust Compliance Program to include: Physician Education, Physician Alignment Strategies, and complete contracts presented to the Board for approval.
3. Quality/Patient Satisfaction (10%) - Continue to show measurable improvements in quality and patient satisfaction.
4. Physician Alignment (10%) - Develop a plan for Physician Alignment to include care coordination, patient navigation and new models.
5. Outmigration (10%) - Develop a plan to gather data on outmigration.

ACTION: Motion made by Director Mohun, seconded by Director Sessler, to approve the CEO Incentive Compensation Goals presented above for fiscal year 2016. Roll call vote taken.

AYES: Directors Mohun, Chamblin, Sessler and Zipkin

NAYS: None

Abstention: None

7. ITEMS FOR NEXT MEETING

No discussion was held.

8. BOARD MEMBERS REPORTS/CLOSING REMARKS

No discussion was held.

9. MEETING EFFECTIVENESS ASSESSMENT

No discussion was held.

10. ADJOURN

Meeting adjourned at 11:18 a.m.



REGULAR MEETING OF THE BOARD OF DIRECTORS

DRAFT MINUTES

Thursday, February 25, 2016 at 4:00 p.m.

Tahoe Truckee Unified School District (TTUSD) Office

11603 Donner Pass Rd, Truckee, CA

1. CALL TO ORDER

Meeting was called to order at 4:00 p.m.

2. ROLL CALL

Board: Charles Zipkin, Board President; Gregory Jellinek, Vice President; Dale Chamblin, Treasurer; John Mohun, Secretary; Karen Sessler, Board Member

Staff: Harry Weis, CEO; Crystal Betts, CFO; Jake Dorst, CIO; Martina Rochefort, Clerk of the Board

Other: Michael Colantuono, General Counsel

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

No changes were made to the agenda.

4. INPUT AUDIENCE:

No public comment was received.

Open Session recessed at 4:01 p.m.

5. CLOSED SESSION

Discussion was 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. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

Board unanimously denied the claim listed under Item 5.3.

9. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA

No changes were made to the agenda.

10. INPUT – AUDIENCE

No public comment was received.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

No comments from the Employee Associations were received.

12. ACKNOWLEDGMENTS

12.1. Becker Hospital Review ranked TFHD CIO, Jake Dorst, as top 100 to know in 2016.

12.2. Board President reported on actions taken at the February 24, 2016 Special Meeting of the Board of Directors.

13. MEDICAL STAFF REPORT

13.1. Medical Staff Report

Dr. Dodd presented the MEC report.

ACTION: Motion made by Director Mohun, seconded by Director Jellinek, to accept the MEC report items 1-6.

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

NAYS: None

Abstention: None

14. CONSENT CALENDAR

Director Mohun pulled item 14.3.3. for clarification.

14.1. Approval of Minutes of Meetings

01/19/2016, 01/28/2016, 02/01/2016, 02/02/2016

14.2. Financial Report

Financial Report- Preliminary January 2016

14.3. Contracts

14.3.1. Kopp – Consulting Engagement Letter

14.3.2. Legarza – Radiation Oncology Coverage Agreement

14.3.3. Allen – TFHD Call Coverage Agreement

ACTION: Motion made by Director Chamblin, seconded by Director Mohun, to approve the consent calendar as presented without item 14.3.3.

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

NAYS: None

Abstention: None

15. ITEMS FOR BOARD DISCUSSION AND/OR ACTION

15.1. Citizens Oversight Committee Annual Report

Gerald Herrick presented the Citizens Oversight Committee (COC) Annual Report.

Item 15.4. and Item 15.3. were heard before timed item 15.2.

15.2. TIMED ITEM – 6:30 p.m. – Corporate Compliance Program Annual Report

Jim Hook of The Fox Group presented the 2015 Corporate Compliance Program Annual Report.

Discussion was held.

15.3. TFHD Mission & Vision Statement

Discussion was held.

ACTION: Motion made by Director Chamblin, seconded by Director Jellinek, to approve Resolution 2016-02 as presented.

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

NAYS: None

Abstention: None

15.4. Caremark Case Review

Legal Counsel presented *In re Caremark International Inc. Derivative Litigation* to the Board.

Discussion was held.

16. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Discussion was held on Item 14.3.3.

Legal Counsel advised the Board to get a clean, executed copy without a strikethrough of Article V, Section 5.1 from the physician.

ACTION: Motion made by Director Chamblin, seconded by Director Mohun, to approve the contract with Legal Counsel advice to accept a clean copy with no insurance strikethrough.

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

NAYS: None

Abstention: None

17. BOARD COMMITTEE REPORTS/RECOMMENDATIONS FOR DISCUSSION AND/OR ACTION

17.1. Governance Committee Meeting– 02/17/2016

Director Mohun provided an update from the Governance Committee meeting.

17.2. Personnel-Retirement Subcommittee Meeting – 02/11/2016

Director Zipkin provided an update from the Personnel-Retirement Subcommittee Meeting.

17.3. Finance Committee Meeting – 02/22/2016

Director Chamblin provided an update from the Finance Committee meeting.

17.4. Quality Committee Meeting – 02/09/2016

Director Jellinek provided an update from the Quality Committee meeting.

17.5. Community Benefit Committee – No meeting held in February.

18. 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.

18.1. CEO Strategic Updates

CEO provided updates related to his key strategic initiatives.

18.2. Staff Report(s)

Staff reports will provide updates related to key strategic initiatives.

19. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS

Community Benefit Committee will be meeting on March 7, 2016.

20. ITEMS FOR NEXT MEETING

21. BOARD MEMBERS REPORTS/CLOSING REMARKS

None.

22. CLOSED SESSION CONTINUED, IF NECESSARY

No additional closed session was held.

23. OPEN SESSION

24. REPORT OF ACTIONS TAKEN IN CLOSED SESSION, IF NECESSARY

25. MEETING EFFECTIVENESS ASSESSMENT

No discussion was held on this item.

26. ADJOURN

Meeting adjourned at 7:08 p.m.

**TAHOE FOREST HOSPITAL DISTRICT
FEBRUARY 2016 FINANCIAL REPORT
INDEX**

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13	STATEMENT OF CASH FLOW

Board of Directors
Of Tahoe Forest Hospital District

FEBRUARY 2016 FINANCIAL NARRATIVE

The following is a financial narrative analyzing financial and statistical trends for the eight months ended February 29, 2016.

Activity Statistics

- ❑ TFH acute patient days were 442 for the current month compared to budget of 397. This equates to an average daily census of 15.25 compared to budget of 13.69.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Emergency Department visits, Endoscopy procedures, Laboratory tests, Diagnostic Imaging, Mammography, Oncology procedures, Nuclear Medicine, Cat Scans, Oncology Drugs, Physical Therapy, Speech Therapy, and Occupational Therapy.
- ❑ TFH Outpatient volumes were below budget in the following departments by at least 5%: Home Health visits, Surgical cases, Radiation Oncology procedures, MRI, PET CTs, Pharmacy units, and Respiratory Therapy.

Financial Indicators

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 56.1% in the current month compared to budget of 53.3% and to last month's 66.3%. Current year's Net Patient Revenue as a percentage of Gross Patient Revenue is 58.1%, compared to budget of 53.3% and prior year's 55.4%.
- ❑ EBIDA was \$906,850 (4.9%) for the current month compared to budget of \$378,583 (2.2%), or \$528,267 (2.7%) above budget. Year-to-date EBIDA was \$11,675,499 (8.0%) compared to budget of \$2,836,830 (2.0%) or \$8,838,668 (6.0%) above budget.
- ❑ Cash Collections for the current month were \$10,533,788 which is 83% of targeted Net Patient Revenue.
- ❑ Gross Days in Accounts Receivable were 56.1, compared to the prior month of 59.4. Gross Accounts Receivables are \$33,202,394 compared to the prior month of \$33,484,981. The percent of Gross Accounts Receivable over 120 days old is 19.9%, compared to the prior month of 20.0%.

Balance Sheet

- ❑ Working Capital Days Cash on Hand is 40.2 days. S&P Days Cash on Hand is 178.8. Working Capital cash increased \$4,705,000. Cash collections fell short of target by 17%, the District received funds in from the IGT Program totaling \$2,518,000, reimbursement of \$637,385 for funds advanced on January Measure C projects, and Accounts Payable increased \$447,000.
- ❑ Net Patients Accounts Receivable decreased approximately \$912,000. Cash collections were at 83% of target and days in accounts receivable were 56.1 days, a 3.30 days decrease.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased a net \$2,825,000 after recording the receipt of funds from the IGT Program.
- ❑ GO Bond Project Fund decreased \$637,385 after reimbursing the District for funds advanced on the January Measure C Projects.
- ❑ The District recorded its 51% share of losses in the Truckee Surgery Center for the month of December.
- ❑ Accounts Payable increased \$447,000 due to the timing of the final check run in February.

February 2016 Financial Narrative

Operating Revenue

- ❑ Current month's Total Gross Revenue was \$18,544,805, compared to budget of \$17,253,467 or \$1,291,339 above budget.
- ❑ Current month's Gross Inpatient Revenue was \$5,867,389, compared to budget of \$5,923,234 or \$55,845 below budget.
- ❑ Current month's Gross Outpatient Revenue was \$12,677,416 compared to budget of \$11,330,232 or \$1,347,184 above budget. Volumes were up in some departments and down in others. See TFH Outpatient Activity Statistics above.
- ❑ Current month's Gross Revenue Mix was 29.3% Medicare, 18.6% Medi-Cal, .0% County, 2.6% Other, and 49.5% Insurance compared to budget of 36.3% Medicare, 18.5% Medi-Cal, .0% County, 3.9% Other, and 41.3% Insurance. Last month's mix was 29.6% Medicare, 19.4% Medi-Cal, .0% County, 3.6% Other, and 47.4% Insurance.
- ❑ Current month's Deductions from Revenue were \$8,146,949 compared to budget of \$8,051,628 or \$95,321 over budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 7.03% decrease in Medicare, a .12% increase to Medi-Cal, a .02% decrease in County, a 1.37% decrease in Other, and Commercial was above budget 8.29%, and 2) Revenues exceeded budget by 7.5%

Operating Expenses

DESCRIPTION	February 2016 Actual	February 2016 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	3,539,107	3,590,194	51,087	
Employee Benefits	1,154,723	1,137,785	(16,938)	
Benefits – Workers Compensation	42,336	60,541	18,205	
Benefits – Medical Insurance	861,422	750,099	(111,323)	
Professional Fees	1,450,798	1,331,126	(119,672)	Accrual of MSC Physician RVU bonuses, legal and consulting services provided to Administration and TIRHR, and TFH and IVCH Physical and Occupational Therapy revenues exceeding budget created a negative variance in Professional Fees.
Supplies	1,907,126	1,222,788	(684,338)	Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues exceeded budget by 24.63% and IVCH Surgery and Medical Supplies Sold to Patients revenues exceeded budget, creating an over budget variance in Supplies.
Purchased Services	938,861	852,268	(86,593)	Services provided to the Wellness Neighborhood, Administration for outsourced contract management, Laundry & Linen, and MSC Administration for EMR and Practice Management fees were over budget, creating a negative variance in Purchased Services.
Other Expenses	535,363	469,846	(65,517)	Dues and Subscriptions were over budget in Administration, Governing Board, and IVCH Administration. We also witnessed a negative variance in travel for the Interim Director of Revenue Cycle and Interim Manager in the Business Office along with tuition reimbursements and outside training courses for Education, Information Technology, Human Resources, and Occupational Health.
Total Expenses	10,429,736	9,414,646	(1,015,090)	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
FEBRUARY 2016

	Feb-16	Jan-16	Feb-15	
ASSETS				
CURRENT ASSETS				
* CASH	\$ 13,294,590	\$ 8,589,595	\$ 7,417,436	1
PATIENT ACCOUNTS RECEIVABLE - NET	17,341,902	18,253,564	16,046,120	2
OTHER RECEIVABLES	4,276,155	3,860,562	3,776,795	
GO BOND RECEIVABLES	(123,869)	(515,640)	257,264	
ASSETS LIMITED OR RESTRICTED	5,088,088	4,942,148	5,719,035	
INVENTORIES	2,332,842	2,300,041	2,470,281	
PREPAID EXPENSES & DEPOSITS	1,462,716	1,630,575	1,463,629	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	3,397,500	6,222,208	3,313,502	3
TOTAL CURRENT ASSETS	47,069,925	45,283,053	40,464,063	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	45,834,718	45,834,718	40,705,163	1
BANC OF AMERICA MUNICIPAL LEASE	979,155	979,155	2,294,253	
TOTAL BOND TRUSTEE 2002	2	2	2	
TOTAL BOND TRUSTEE 2006	750,032	606,921	2,868,311	
TOTAL BOND TRUSTEE GO BOND	-	-	-	
GO BOND PROJECT FUND	4,896,560	5,533,945	14,921,275	4
GO BOND TAX REVENUE FUND	1,361,348	1,360,035	556,531	
BOARD DESIGNATED FUND	-	-	2,297	
DIAGNOSTIC IMAGING FUND	2,976	2,976	2,967	
DONOR RESTRICTED FUND	1,141,630	1,141,630	1,115,568	
WORKERS COMPENSATION FUND	5,870	4,090	14,245	
TOTAL	54,972,290	55,463,472	62,480,612	
LESS CURRENT PORTION	(5,088,088)	(4,942,148)	(5,719,035)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	49,884,202	50,521,323	56,761,576	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	202,785	223,258	393,277	5
PROPERTY HELD FOR FUTURE EXPANSION	836,353	836,353	836,353	
PROPERTY & EQUIPMENT NET	127,581,136	128,080,074	129,996,949	
GO BOND CIP, PROPERTY & EQUIPMENT NET	28,434,198	27,372,282	18,008,052	
TOTAL ASSETS	254,008,599	252,316,343	246,460,269	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	555,968	559,201	594,757	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,880,317	1,880,317	1,936,176	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	1,955,220	1,962,857	-	
GO BOND DEFERRED FINANCING COSTS	303,176	304,360	-	
DEFERRED FINANCING COSTS	216,378	217,418	-	
TOTAL DEFERRED OUTFLOW OF RESOURCES	\$ 4,911,058	\$ 4,924,153	\$ 2,530,933	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	\$ 5,091,997	\$ 4,645,468	\$ 3,818,482	6
ACCRUED PAYROLL & RELATED COSTS	7,434,064	7,075,002	7,195,309	
INTEREST PAYABLE	189,147	89,486	269,396	
INTEREST PAYABLE GO BOND	348,861	(12,163)	389,820	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	463,361	366,356	1,285,397	
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	
TOTAL CURRENT LIABILITIES	18,918,165	17,554,883	18,469,246	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	30,012,849	30,116,631	33,483,513	
GO BOND DEBT NET OF CURRENT MATURITIES	100,009,263	100,013,205	98,130,000	
DERIVATIVE INSTRUMENT LIABILITY	1,880,317	1,880,317	1,936,176	
TOTAL LIABILITIES	150,820,593	149,565,036	152,018,935	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	106,957,434	106,533,830	95,856,699	
RESTRICTED	1,141,630	1,141,630	1,115,568	
TOTAL NET POSITION	\$ 108,099,064	\$ 107,675,460	\$ 96,972,267	

* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
FEBRUARY 2016

1. Working Capital is at 40.2 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 178.8 days. Working Capital cash increased \$4,705,000. Cash collections fell short of target by 17%, however, cash collections were \$1,194,000 higher than January, the District received funds in from the IGT Program totaling \$2,518,000 (See Note 3), reimbursement of \$637,385 for funds advanced on January Measure C projects (See Note 4), and Accounts Payable increased \$447,000 (See Note 6).
2. Net Patient Accounts Receivable decreased approximately \$912,000. Cash collections were 83% of target. Days in Accounts Receivable are at 56.1 days compared to prior months 59.4 days, a 3.30 days decrease.
3. Estimated Settlements, Medi-Cal & Medicare decreased a net \$2,825,000 after recording the receipt of funds from the IGT Program.
4. GO Bond Project Fund decreased \$637,385 after reimbursing the District for funds advanced on the January Measure C projects.
5. The District recorded its 51% share of losses in the Truckee Surgery Center for the month of December.
6. Accounts Payable increased \$447,000 due to the timing of the final check run in February.

**Tahoe Forest Hospital District
Cash Investment
February 2016**

WORKING CAPITAL			
US Bank	\$ 12,789,714		
US Bank/Kings Beach Thrift Store	122,678		
US Bank/Truckee Thrift Store	382,199		
Wells Fargo Bank			
Local Agency Investment Fund	<u> -</u>	0.47%	
Total			\$ 13,294,590
 BOARD DESIGNATED FUNDS			
US Bank Savings	\$ -	0.03%	
Capital Equipment Fund	<u> -</u>		
Total			\$ -
 Building Fund			
Cash Reserve Fund	\$ -		
Local Agency Investment Fund	<u>45,834,718</u>	0.47%	
Total			\$ 45,834,718
 Banc of America Muni Lease			
			\$ 979,155
Bonds Cash 2002			
			\$ 2
Bonds Cash 2006			
			\$ 750,032
Bonds Cash 2008			
			\$ 6,257,907
 DX Imaging Education			
	\$ 2,976	0.47%	
Workers Comp Fund - B of A			
	5,870		
 Insurance			
Health Insurance LAIF	-	0.47%	
Comprehensive Liability Insurance LAIF	<u> -</u>	0.47%	
Total			\$ 8,846
TOTAL FUNDS			\$ 67,125,250
 RESTRICTED FUNDS			
Gift Fund			
US Bank Money Market	\$ 8,368	0.03%	
Foundation Restricted Donations	\$ 100,727		
Local Agency Investment Fund	<u>1,032,535</u>	0.47%	
TOTAL RESTRICTED FUNDS			\$ 1,141,630
TOTAL ALL FUNDS			<u>\$ 68,266,880</u>

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
FEBRUARY 2016

CURRENT MONTH				Note	YEAR TO DATE				PRIOR YTD FEB 2015	
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
\$ 18,544,805	\$ 17,253,467	\$ 1,291,339	7.5%		\$ 146,536,566	\$ 141,497,514	\$ 5,039,052	3.6%	1	\$ 137,794,999
OPERATING REVENUE										
Total Gross Revenue										
Gross Revenues - Inpatient										
\$ 2,028,382	\$ 1,805,494	\$ 222,888	12.3%		\$ 13,857,128	\$ 14,407,413	\$ (550,285)	-3.8%		\$ 13,609,071
3,839,007	4,117,741	(278,733)	-6.8%		29,094,628	31,693,058	(2,598,431)	-8.2%		32,122,494
5,867,389	5,923,234	(55,845)	-0.9%		42,951,756	46,100,471	(3,148,716)	-6.8%	1	45,731,564
Total Gross Revenue - Inpatient										
12,677,416	11,330,232	1,347,184	11.9%		103,584,811	95,397,043	8,187,768	8.6%		92,063,434
12,677,416	11,330,232	1,347,184	11.9%		103,584,811	95,397,043	8,187,768	8.6%	1	92,063,434
Total Gross Revenue - Outpatient										
Deductions from Revenue:										
Contractual Allowances										
7,573,929	7,074,165	(499,763)	-7.1%		58,296,264	58,043,443	(252,821)	-0.4%	2	54,421,230
556,825	563,521	6,696	1.2%		4,365,256	4,622,341	257,085	5.6%	2	4,269,459
1,248	-	(1,248)	0.0%		395,319	-	(395,319)	0.0%	2	-
14,947	413,942	398,995	96.4%		(562,761)	3,403,468	3,966,229	116.5%	2	2,491,667
-	-	-	0.0%		(1,133,224)	-	1,133,224	0.0%	2	270,924
8,146,949	8,051,628	(95,321)	-1.2%		61,360,854	66,069,252	4,708,398	7.1%		61,453,280
Total Deductions from Revenue										
Property Tax Revenue- Wellness Neighborhood										
50,930	58,410	(7,480)	-12.8%		491,631	484,399	7,232	1.5%		560,967
887,799	532,981	354,818	66.6%		5,761,825	4,431,590	1,330,236	30.0%	3	5,143,338
11,336,586	9,793,229	1,543,356	15.8%		91,429,168	80,344,250	11,084,918	13.8%		82,046,023
Other Operating Revenue										
TOTAL OPERATING REVENUE										
OPERATING EXPENSES										
Salaries and Wages										
3,539,107	3,590,194	51,087	1.4%		28,639,807	29,006,960	367,154	1.3%	4	27,046,703
1,154,723	1,137,785	(16,938)	-1.5%		9,967,913	9,346,295	(621,618)	-6.7%	4	9,277,799
42,336	60,541	18,205	30.1%		420,163	484,327	64,164	13.2%	4	410,883
861,422	750,099	(111,323)	-14.8%		5,148,190	6,000,790	852,600	14.2%	4	5,744,753
1,450,798	1,331,126	(119,672)	-9.0%		12,131,191	11,195,623	(935,568)	-8.4%	5	14,211,388
1,907,126	1,222,788	(684,338)	-56.0%		12,182,969	10,375,604	(1,807,364)	-17.4%	6	10,841,172
938,861	852,268	(86,593)	-10.2%		7,245,627	7,021,839	(223,788)	-3.2%	7	7,250,403
535,363	469,846	(65,517)	-13.9%		4,017,811	4,075,982	58,171	1.4%	8	4,460,090
10,429,736	9,414,646	(1,015,090)	-10.8%		79,753,669	77,507,419	(2,246,250)	-2.9%		79,243,190
Purchased Services										
Other										
TOTAL OPERATING EXPENSE										
906,850	378,583	528,267	139.5%		11,675,499	2,836,830	8,838,668	311.6%		2,802,833
NET OPERATING REVENUE (EXPENSE) EBIDA										
NON-OPERATING REVENUE/(EXPENSE)										
401,277	393,796	7,480	1.9%		3,153,375	3,133,254	20,121	0.6%	9	3,031,741
392,691	392,691	-	0.0%		3,143,923	3,141,530	2,392	0.1%		3,151,227
30,956	15,943	15,014	94.2%		225,003	156,719	68,283	43.6%	10	185,001
426	734	(308)	-42.0%		16,148	11,081	5,067	45.7%		24,000
42,601	34,671	7,929	22.9%		274,614	277,369	(2,755)	-1.0%	11	296,617
(20,473)	-	(20,473)	0.0%		(121,610)	(75,000)	(46,610)	0.0%	12	(67,418)
-	-	-	0.0%		-	-	-	0.0%	12	-
7,500	-	7,500	0.0%		7,500	-	7,500	0.0%	13	-
-	-	-	0.0%		-	-	-	0.0%	14	-
(856,217)	(855,178)	(1,039)	-0.1%		(6,818,343)	(6,841,425)	23,082	0.3%	15	(6,308,288)
(114,160)	(113,524)	(635)	-0.6%		(957,956)	(923,326)	(34,630)	-3.8%	16	(1,119,893)
(365,904)	(362,660)	(3,244)	-0.9%		(1,895,354)	(1,812,052)	(83,301)	-4.6%		(2,287,921)
(481,304)	(493,527)	12,223	2.5%		(2,972,701)	(2,931,850)	(40,850)	-1.4%		(3,094,935)
TOTAL NON-OPERATING REVENUE/(EXPENSE)										
\$ 425,546	\$ (114,944)	\$ 540,490	470.2%		\$ 8,702,798	\$ (95,020)	\$ 8,797,818	9259.0%		\$ (292,101)
INCREASE (DECREASE) IN NET POSITION										
NET POSITION - BEGINNING OF YEAR					99,396,265					
NET POSITION - AS OF FEBRUARY 29, 2016					\$ 108,099,063					
4.9%	2.2%	2.7%			8.0%	2.0%	6.0%			2.0%
RETURN ON GROSS REVENUE EBIDA										

6) Supplies

Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues exceeded budget by 24.63%, creating a negative variance in Pharmacy Supplies.

IVCH Surgery and Medical Supplies Sold to Patients revenues exceeded budget, lending to the negative variance in Patient & Other Medical Supplies.

Negative variance in Minor Equipment primarily related to the purchase of sensors for the Laboratory blood gas analyzers.

Pharmacy Supplies	\$ (576,089)	\$ (1,553,913)
Patient & Other Medical Supplies	(92,634)	(131,818)
Food	(2,463)	(61,628)
Office Supplies	(9,389)	(51,804)
Minor Equipment	(6,181)	(41,760)
Imaging Film	506	(560)
Other Non-Medical Supplies	1,911	34,119
Total	\$ (684,338)	\$ (1,807,364)

7) Purchased Services

Negative variance in Miscellaneous for services provided to the Wellness Neighborhood, Administration for outsourced contract management, Laundry and Linen, MSC Administration for EMR and Practice Management fees.

Outsourced management oversight of the retail components at CHSP created a negative variance in The Center. Management fees are paid based on revenue capture at The Center.

Document storage and retrieval and transcriptions services created a negative variance in Medical Records.

Employee Health screenings came in above budget estimations, creating a negative variance in Human Resources.

Positive variance in Patient Accounting related to collection agency fees falling short of budget projections.

Negative variance in Information Technology related to a true-up of licensing.

Miscellaneous	\$ (32,277)	\$ (373,031)
The Center	(9,700)	(54,674)
Diagnostic Imaging Services - All	478	(44,522)
Laboratory	(4,890)	(38,083)
Department Repairs	(1,431)	(33,501)
Medical Records	(10,013)	(16,046)
Human Resources	(21,503)	(6,354)
Pharmacy IP	3,907	(6,020)
Community Development	392	3,133
Hospice	1,493	13,924
Multi-Specialty Clinics	24	38,961
Patient Accounting	14,790	105,131
Information Technology	(27,861)	187,293
Total	\$ (86,593)	\$ (223,788)

8) Other Expenses

Negative variance in Dues and Subscriptions for services provided to Administration, Governing Board, and IVCH Administration.

Travel expenses for the Interim Director of Revenue Cycle, Interim Manager in the Business Office, tuition reimbursements, outside training courses for Education, Information Technology, Human Resources, and Occupational Health created a negative variance in Outside Training & Travel.

Negative variance in Miscellaneous is actually a positive for the District. During the FY16 budgeting process assumptions were made on the cost of human resources to upgrade the Laboratory and Surgery software systems. Labor costs that were budgeted to be capitalized as part of the projects are coming in below estimations.

Equipment Rent	\$ (4,549)	\$ (47,830)
Dues and Subscriptions	(7,490)	(41,351)
Outside Training & Travel	(29,552)	(34,752)
Human Resources Recruitment	(4,714)	(18,008)
Other Building Rent	417	(12,759)
Multi-Specialty Clinics Bldg Rent	(1,534)	(12,156)
Multi-Specialty Clinics Equip Rent	(18)	(901)
Innovation Fund	-	-
Physician Services	410	973
Miscellaneous	(39,662)	22,737
Insurance	4,206	35,868
Marketing	3,323	78,317
Utilities	13,646	88,034
Total	\$ (65,517)	\$ 58,171

9) District and County Taxes

Total	\$ 7,480	\$ 20,121
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10) Interest Income

Total	\$ 15,014	\$ 68,283
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11) Donations

IVCH	\$ (4,303)	\$ 989
Operational	12,232	(3,744)
Capital Campaign	-	-
Total	7,929	(2,755)

12) Gain/(Loss) on Joint Investment

The District booked its 51% share in losses at the Truckee Surgery Center for the month of December.

Total	\$ (20,473)	\$ (46,610)
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13) Gain/(Loss) on Sale

Positive variance in Gain/(Loss) on Sale related to the sale of used Ultrasound equipment.

Total	\$ 7,500	\$ 7,500
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15) Depreciation Expense

Total	\$ (1,039)	\$ 23,082
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16) Interest Expense

Total	\$ (635)	\$ (34,630)
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INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
FEBRUARY 2016

CURRENT MONTH				Note	YEAR TO DATE				PRIOR YTD	
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%	FEB 2015	
OPERATING REVENUE										
\$ 1,416,237	\$ 1,238,361	\$ 177,875	14.4%		\$ 11,708,219	\$ 10,340,079	\$ 1,368,140	13.2%	1	\$ 9,970,312
Total Gross Revenue										
Gross Revenues - Inpatient										
\$ -	\$ 3,513	\$ (3,513)	-100.0%		\$ 19,427	\$ 24,593	\$ (5,166)	-21.0%		\$ 23,422
-	5,419	(5,419)	-100.0%		24,665	37,634	(12,969)	-34.5%		26,199
-	8,932	(8,932)	-100.0%		44,092	62,227	(18,135)	-29.1%	1	49,621
Daily Hospital Service										
Ancillary Service - Inpatient										
Total Gross Revenue - Inpatient										
1,416,237	1,229,429	186,807	15.2%		11,664,127	10,277,852	1,386,275	13.5%		9,920,690
1,416,237	1,229,429	186,807	15.2%		11,664,127	10,277,852	1,386,275	13.5%	1	9,920,690
Gross Revenue - Outpatient										
Total Gross Revenue - Outpatient										
Deductions from Revenue:										
476,350	339,374	(136,976)	-40.4%		3,674,298	2,836,710	(837,588)	-29.5%	2	2,773,190
46,949	43,030	(3,919)	-9.1%		390,714	359,725	(30,989)	-8.6%	2	322,145
8,541	-	(8,541)	0.0%		8,541	-	(8,541)	0.0%	2	-
123,861	86,060	(37,801)	-43.9%		533,152	719,450	186,297	25.9%	2	831,007
-	-	-	0.0%		(150,715)	-	150,715	0.0%	2	15,278
655,701	468,464	(187,237)	-40.0%		4,455,990	3,915,884	(540,105)	-13.8%	2	3,941,620
Contractual Allowances										
Charity Care										
Charity Care - Catastrophic Events										
Bad Debt										
Prior Period Settlements										
Total Deductions from Revenue										
92,813	63,010	29,803	47.3%		676,043	510,330	165,713	32.5%	3	580,895
Other Operating Revenue										
853,349	832,907	20,442	2.5%		7,928,272	6,934,524	993,748	14.3%		6,609,587
TOTAL OPERATING REVENUE										
OPERATING EXPENSES										
246,903	255,640	8,737	3.4%		2,019,803	2,106,401	86,598	4.1%	4	1,968,731
77,193	81,377	4,184	5.1%		611,234	649,138	37,904	5.8%	4	718,861
2,496	2,490	(6)	-0.2%		18,687	19,922	1,235	6.2%	4	24,765
55,040	47,919	(7,121)	-14.9%		331,205	383,351	52,146	13.6%	4	387,371
214,412	218,904	4,492	2.1%		1,854,098	1,852,761	(1,336)	-0.1%	5	1,671,895
80,791	48,512	(32,279)	-66.5%		587,300	421,968	(165,333)	-39.2%	6	408,212
43,190	42,311	(879)	-2.1%		331,356	331,774	418	0.1%	7	329,312
75,685	53,546	(22,139)	-41.3%		477,896	414,851	(63,045)	-15.2%	8	397,321
795,710	750,699	(45,011)	-6.0%		6,231,580	6,180,166	(51,413)	-0.8%		5,906,469
Professional Fees										
Supplies										
Purchased Services										
Other										
TOTAL OPERATING EXPENSE										
57,639	82,208	(24,569)	-29.9%		1,696,692	754,358	942,335	124.9%		703,119
NET OPERATING REV(EXP) EBIDA										
NON-OPERATING REVENUE/(EXPENSE)										
30	4,333	(4,303)	-99.3%		35,656	34,666	989	2.9%	9	22,091
-	-	-	0.0%		-	-	-	0.0%	10	-
(58,359)	(58,359)	0	0.0%		(440,944)	(466,875)	25,931	-5.6%	11	(427,124)
(58,329)	(54,026)	(4,303)	-8.0%		(405,288)	(432,209)	26,921	6.2%		(405,033)
Gain/ (Loss) on Sale										
Depreciation										
TOTAL NON-OPERATING REVENUE/(EXP)										
\$ (690)	\$ 28,182	\$ (28,872)	-102.4%		\$ 1,291,404	\$ 322,149	\$ 969,255	300.9%		\$ 298,085
EXCESS REVENUE(EXPENSE)										
4.1%	6.6%	-2.6%			14.5%	7.3%	7.2%			7.1%
RETURN ON GROSS REVENUE EBIDA										

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
FEBRUARY 2016**

		<u>Variance from Budget</u>	
		<u>Fav<Unfav></u>	
		<u>FEB 2016</u>	<u>YTD 2016</u>
1) Gross Revenues			
Acute Patient Days were below budget by 1 at 0 and Observation Days were below budget by 2 at 1.	Gross Revenue -- Inpatient	\$ (8,932)	\$ (18,135)
	Gross Revenue -- Outpatient	186,807	1,386,275
		<u>\$ 177,875</u>	<u>\$ 1,368,140</u>
<p>Outpatient volumes were above budget in Emergency Department visits, Surgical cases, Laboratory tests, Radiology exams, Cat Scans, Pharmacy units, Physical Therapy, and Occupational Therapy.</p>			
2) Total Deductions from Revenue			
We saw a shift in our payor mix with an 3.96% increase in Commercial Insurance, a 4.62% decrease in Medicare, a 5.56% increase in Medicaid, a 4.90% decrease in Other, and a .01% decrease in County. Negative variance in Contractual Allowances is a result of revenues exceeding budget by 14.4% and the shift in Payor mix.	Contractual Allowances	\$ (136,976)	\$ (837,588)
	Charity Care	(3,919)	(30,989)
	Charity Care-Catastrophic Event	(8,541)	(8,541)
	Bad Debt	(37,801)	186,297
	Prior Period Settlement	-	150,715
	Total	<u>\$ (187,237)</u>	<u>\$ (540,105)</u>
3) Other Operating Revenue			
IVCH ER Physician Guarantee is tied to collections which exceeded budget in February.	IVCH ER Physician Guarantee	\$ 30,541	\$ 144,414
	Miscellaneous	(738)	21,300
	Total	<u>\$ 29,803</u>	<u>\$ 165,713</u>
4) Salaries and Wages			
	Total	<u>\$ 8,737</u>	<u>\$ 86,598</u>
Employee Benefits			
	PL/SL	\$ (745)	\$ 53,482
	Standby	2,613	11,944
	Other	2,234	(20,418)
	Nonproductive	82	(9,511)
	Pension/Deferred Comp	(1)	2,407
	Total	<u>\$ 4,184</u>	<u>\$ 37,904</u>
Employee Benefits - Workers Compensation			
	Total	<u>\$ (6)</u>	<u>\$ 1,235</u>
Employee Benefits - Medical Insurance			
	Total	<u>\$ (7,121)</u>	<u>\$ 52,146</u>
5) Professional Fees			
IVCH Physical and Occupational Therapy revenues exceeded budget by 6.01%, creating a negative variance in Therapy Services professional fees.	Multi-Specialty Clinics	\$ 413	\$ (11,128)
	Therapy Services	(5,877)	(10,816)
	Administration	(2,258)	(6,945)
	IVCH ER Physicians	(957)	(3,639)
	Miscellaneous	439	2,197
	Foundation	6,270	11,661
	Sleep Clinic	6,462	17,335
	Total	<u>\$ 4,492</u>	<u>\$ (1,336)</u>
Services provided for project management oversight created a negative variance in Administration.			
Foundation oversight was converted to an FTE, creating a positive variance in Foundation.			
Sleep Clinic professional fees are tied to collections, which fell short in February and created a positive variance in this category.			
6) Supplies			
Surgery and Medical Supplies Sold to Patients revenues exceeded budget by 50.81%, creating a negative variance in Patient & Other Medical Supplies.	Patient & Other Medical Supplies	\$ (26,308)	\$ (82,819)
	Pharmacy Supplies	(4,617)	(56,506)
	Minor Equipment	(501)	(14,889)
	Food	(1,704)	(8,422)
	Office Supplies	273	(1,520)
	Non-Medical Supplies	416	(859)
	Imaging Film	162	(319)
	Total	<u>\$ (32,279)</u>	<u>\$ (165,333)</u>
Drugs Sold to Patients revenue exceeded budget by 25.54%, creating a negative variance in Pharmacy Supplies.			

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
FEBRUARY 2016**

		<u>Variance from Budget</u>	
		<u>Fav<Unfav></u>	
		<u>FEB 2016</u>	<u>YTD 2016</u>
7) <u>Purchased Services</u>	Laboratory	\$ 2,104	\$ (18,888)
Negative variance in Department Repairs for a Surgical Scope repair along with minor repairs in Sterile Processing and Engineering.	EVS/Laundry	(1,176)	(4,325)
	Foundation	1,150	(682)
	Pharmacy	307	-
	Surgical Services	-	-
	Department Repairs	(4,596)	371
	Miscellaneous	610	3,220
	Multi-Specialty Clinics	700	4,087
	Diagnostic Imaging Services - All	(1,331)	6,197
	Engineering/Plant/Communications	1,353	10,438
	Total	\$ (879)	\$ 418
8) <u>Other Expenses</u>	Equipment Rent	\$ (10,490)	\$ (68,501)
Negative variance in Equipment Rent related to the final rental payment of the temporary chiller unit while the new unit was being installed.	Utilities	(1,800)	(3,553)
	Dues and Subscriptions	(1,839)	(2,333)
	Outside Training & Travel	(11,551)	(2,264)
Negative variance in Outside Training & Travel for tuition reimbursement.	Physician Services	-	-
	Multi-Specialty Clinics Equip Rent	-	-
	Multi-Specialty Clinics Bldg Rent	-	-
	Other Building Rent	871	871
	Insurance	223	1,782
	Miscellaneous	672	3,366
	Marketing	1,776	7,589
	Total	\$ (22,139)	\$ (63,045)
9) <u>Donations</u>	Total	\$ (4,303)	\$ 989
10) <u>Gain/(Loss) on Sale</u>	Total	\$ -	\$ -
11) <u>Depreciation Expense</u>	Total	\$ -	\$ 25,931

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	AUDITED FYE 2015	BUDGET FYE 2016	PROJECTED FYE 2016	ACTUAL FEB 2016	BUDGET FEB 2016	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	PROJECTED 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	\$ 7,190,440	\$ 2,054,135	\$ 10,846,836	\$ 906,850	\$ 378,583	\$ 528,267	\$ 4,890,732	\$ 2,113,378	\$ 4,851,424	\$ (1,008,698)
Interest Income	97,528	107,488	133,849	-	-	-	29,198	33,631	44,193	26,827
Property Tax Revenue	5,352,075	5,420,000	5,420,119	117,777	-	117,777	309,907	78,742	3,316,470	1,715,000
Donations	757,929	923,000	915,045	113,390	20,000	93,390	76,191	164,788	169,066	505,000
Debt Service Payments	(3,505,561)	(3,565,581)	(3,393,159)	(247,479)	(235,450)	(12,028)	(1,069,568)	(742,436)	(874,803)	(706,351)
Bank of America - 2012 Muni Lease	(1,243,531)	(1,243,644)	(1,243,648)	(103,637)	(103,637)	(0)	(310,912)	(310,912)	(310,912)	(310,911)
Copier	(8,962)	(8,760)	(8,759)	(730)	(730)	0	(2,190)	(2,190)	(2,190)	(2,190)
2002 Revenue Bond	(660,296)	(668,008)	(483,555)	-	-	-	(327,132)	-	(156,423)	-
2006 Revenue Bond	(1,592,771)	-	-	-	-	-	-	-	-	-
2015 Revenue Bond	-	(1,645,169)	(1,657,197)	(143,111)	(131,083)	(12,028)	(429,334)	(429,334)	(405,278)	(393,250)
Physician Recruitment	(155,902)	(311,000)	(288,669)	-	(10,000)	10,000	(216,785)	(5,884)	(6,000)	(60,000)
Investment in Capital										
Equipment	(2,491,260)	(1,418,900)	(1,418,900)	(15,362)	(157,447)	142,085	(302,633)	(286,725)	(351,431)	(478,111)
Municipal Lease Reimbursement	-	2,295,723	2,295,723	-	500,000	(500,000)	1,319,139	-	-	976,584
GO Bond Project Personal Property	(186,062)	(500,180)	(500,180)	(9,116)	(84,562)	75,446	(8,587)	(8,029)	(83,564)	(400,000)
IT	(1,394,200)	(559,300)	(559,300)	(28,218)	(4,702)	(23,516)	(318,453)	(193,238)	(38,126)	(9,483)
Building Projects	(2,218,063)	(4,487,480)	(4,487,480)	(320,940)	(600,333)	279,393	(337,663)	(674,563)	(1,125,275)	(2,349,980)
Health Information/Business System	(230,852)	(500,000)	(500,000)	(19,196)	(69,597)	50,401	(1,623)	(18,375)	(59,197)	(420,805)
Capital Investments										
Properties	(600,000)	-	-	-	-	-	-	-	-	-
Measure C Scope Modifications	-	(749,287)	(749,287)	(47,050)	(47,050)	-	-	(232,174)	(229,205)	(287,909)
Change in Accounts Receivable	2,648,682	282,832	N1 (541,612)	911,662	1,328,292	(416,630)	522,392	(891,685)	(1,257,560)	1,085,241
Change in Settlement Accounts	(2,438,657)	500,000	N2 831,939	2,518,000	2,514,295	3,705	623,667	(1,173,529)	1,631,801	(250,000)
Change in Other Assets	(1,717,188)	(768,000)	N3 (2,697,456)	(80,577)	400,000	(480,577)	(1,531,558)	(1,330,040)	309,142	(145,000)
Change in Other Liabilities	(30,538)	(71,000)	N4 (334,306)	905,253	500,000	405,253	247,630	(648,182)	31,246	35,000
Change in Cash Balance	1,078,371	(1,347,550)	4,989,080	4,704,995	4,432,027	272,967	4,247,906	(3,814,322)	6,328,181	(1,772,684)
Beginning Unrestricted Cash	50,951,760	52,227,897	52,227,897	54,424,313	54,424,313	-	52,227,897	56,475,803	52,661,481	58,989,662
Ending Unrestricted Cash	52,227,897	50,880,347	57,216,977	59,129,308	58,856,340	272,967	56,475,803	52,661,481	58,989,662	57,216,977
Expense Per Day	333,932	321,141	327,367	332,135	322,715	9,420	317,753	322,438	330,735	327,367
Days Cash On Hand	156	158	175	178	182	(4)	178	163	178	175

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.

14.3. Contracts

Contracts redacted.

Available for public viewing via a Public Records request.

**TAHOE FOREST HOSPITAL DISTRICT
RESOLUTION NO. 2016-03**

RESOLUTION RECOGNIZING MARCH 30, 2016 AS NATIONAL DOCTOR’S DAY

WHEREAS, TAHOE FOREST HOSPITAL DISTRICT (“District”) is a hospital district duly organized and existing under the “Local Health Care District Law” of the State of California; and

WHEREAS, March 30th marks the annual observation of National Doctor’s Day; and

WHEREAS, March 30, 1933 was the first observation of Doctor’s Day in Winder, Georgia where Dr. Charles B. Almond’s wife, Eudora wanted to have a day to honor physicians by mailing greeting cards and placing flowers on the graves of deceased doctors; and

WHEREAS, this day was officially nationally established by federal law in 1990 to recognize physicians, their work, and their contributions to society and the community; and

WHEREAS, all physicians who practice in the North Lake Tahoe and Truckee communities shall be recognized for performing critical diagnosis, treatment and care 365 days per year to countless people in need; and

NOW, THEREFORE, BE IT RESOLVED the Board of Directors of the Tahoe Forest Hospital District hereby observes March 30, 2016 as National Doctor’s Day and dedicates that day to the recognition of the diverse and valuable work Doctors perform in the service of the North Lake Tahoe and Truckee region.

PASSED AND ADOPTED at the meeting of the Tahoe Forest Hospital District Board of Directors held on the 24th day of March, 2016 by the following vote:

AYES: _____

NOES: _____

ABSENT: _____

ABSTAIN: _____

ATTEST:

Charles Zipkin, M.D.
President, Board of Directors
Tahoe Forest Hospital District

John Mohun
Secretary, Board of Directors
Tahoe Forest Hospital District

Facilities Development Plan
Tahoe Forest Hospital District
December 31, 2015

STATUS SUMMARY

Measure C Projects		\$	96,605,793
Owner Scope Modifications		\$	5,175,059
Regulatory Scope Modifications		\$	1,978,184
FDP with Scope Modifications / Total Projects Cost		\$	103,759,036
Development Completed / Paid to Date (93%)		\$	(96,291,484)
Balance to Complete		\$	7,467,552
Measure C Fund Balance			(5,533,945) *
Balance - TFHD Capital Requirement		\$	1,933,607
TFHD Capital Budget		\$	(1,705,795)
Variance		\$	227,812

* Measure "C" Interest Earned to Date \$1,570,337

- 14 of 15 Measure C Projects complete.
 - o South Building complete Fall 2016
 - o Remaining Projects within budget
- Campus-wide seismic compliance as of August 26, 2014.
- 233 prime contracts for construction issued to date and at present we are working with zero contractors regarding change order requests that are in dispute.
- Permitting
 - (11) OSHPD permits issued to date
 - (5) Town of Truckee permits issued to date

No further permitting is required



CURRENT PROJECTS - NON QUALIFIED EXPENDITURES COST SUMMARY

PROJECTS (*)	Current Project Estimate	Owner / Regulatory Scope Modifications	Board Approved Bid / Budget	Variance	Footnotes	Total Amount PTD (***)	Balance to Complete	% Complete	QTR Actual (Q4 2015)	Current Projects with Scope Modifications	Status/Notes
Current Projects - Non Qualified Expenditures											
ICU Renovations											
HARD COSTS: Construction Costs	\$ 629,394		\$ 629,394	\$ -		\$ 620,367	\$ 9,027	99%	\$ -	\$ 629,394	
SOFT COSTS	\$ 315,407		\$ 315,407	\$ -		\$ 315,407	\$ -	100%	\$ -	\$ 315,407	
CONTINGENCY	\$ 89,374		\$ 89,374	\$ -		\$ 71,534	\$ 17,840	80%	\$ -	\$ 89,374	
SUBTOTAL PROJECT COSTS	\$ 1,034,175	\$ -	\$ 1,034,175	\$ -		\$ 1,007,308	\$ 26,867	97%	\$ -	\$ 1,034,175	Construction Complete
CT Scanner Replacement											
HARD COSTS: Construction Costs	\$ 620,711		\$ 620,711	\$ -		\$ 613,843	\$ 6,868	99%	\$ -	\$ 620,711	
SOFT COSTS	\$ 1,542,926		\$ 1,542,926	\$ -		\$ 539,776	\$ 1,003,150	35%	\$ 5,081	\$ 1,542,926	
CONTINGENCY	\$ 124,142		\$ 124,142	\$ -		\$ 108,637	\$ 15,505	88%	\$ -	\$ 124,142	
SUBTOTAL PROJECT COSTS	\$ 2,287,779	\$ -	\$ 2,287,779	\$ -		\$ 1,262,256	\$ 1,025,523	55%	\$ 5,081	\$ 2,287,779	Construction Complete
OR Exam Lights Replacement											
HARD COSTS: Construction Costs	\$ 651,766		\$ 651,766	\$ -		\$ 521,569	\$ 130,197	80%	\$ 258,924	\$ 651,766	
SOFT COSTS	\$ 883,615		\$ 883,615	\$ -		\$ 722,759	\$ 160,856	82%	\$ 96,441	\$ 883,615	
CONTINGENCY COSTS	\$ 97,765		\$ 97,765	\$ -		\$ 62,397	\$ 35,368	64%	\$ 53,265	\$ 97,765	
SUBTOTAL PROJECT COSTS	\$ 1,633,146	\$ -	\$ 1,633,146	\$ -		\$ 1,306,725	\$ 326,421	80%	\$ 408,630	\$ 1,633,146	Construction in Progress
NPC-2 Filings											
HARD COSTS: Construction Costs	\$ -		\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ -	
SOFT COSTS	\$ 100,000		\$ -	\$ -		\$ 66,418	\$ 33,582	66%	\$ -	\$ 100,000	
CONTINGENCY COSTS	\$ -		\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ -	
SUBTOTAL PROJECT COSTS	\$ 100,000	\$ -	\$ -	\$ -		\$ 66,418	\$ 33,582	66%	\$ -	\$ 100,000	Construction Complete
PROJECT SUMMARY COSTS (Hard Costs + Soft Costs + Contingency) ****	\$ 5,055,100	\$ -	\$ 4,955,100	\$ -		\$ 3,576,289	\$ 1,378,811	72%	\$ 413,711	\$ 4,955,100	

Definitions:

Hard Costs = Administrative Requirements, Temporary Facilities, Execution Requirements, Site Construction, Concrete Construction, Masonry, Metals, Woods & Plastics, Thermal/Moisture Protection, Doors, Windows, Glazing, Finishes, Specialties, Equipment, Furnishings, Special Construction, Conveying Systems, Plumbing/Mechanical, Electrical.

Soft Costs = Equipment, Furniture, Signage, Preconstruction Services, Construction Scheduling, Architectural, Engineering, Testing & Inspections, IOR Testing, Agency Fees, State Review Fees (OSHDP), CM Fee, Insurance, Performance/Payment Bonding, Administrative Bond Contingency

Contingency Costs = Inflation, Unforeseen Conditions & Events

Footnotes:

(2) Overage includes additional equipment costs, related OSHDP Fees and other fee reallocations.

** FDP Report dated 12/31/2015

*** Reconciled with TFHD General Ledger dated December 31, 2015. Reference Application for Payment SOV located within applicable project section.

On or under budget
1-5% over budget
6% or beyond over budget



MEASURE C PROJECTS COST SUMMARY

PROJECTS (*)	Current FDP Estimate (**)	Owner / Regulatory Scope Modifications	Board Approved Bid / Budget	Variance	Footnotes	Total Amount PTD (***)	Balance to Complete (****)	% Complete	QTR Actual (Q4 2015)	FDP with Scope Modifications	Status/Notes
Measure C Project Expenditures											
Cancer Center; Building + LINAC											
HARD COSTS: Construction Costs	\$ 10,217,781	\$ 151,973	\$ 10,369,754	\$ -		\$ 10,369,754	\$ -	100%	\$ -	\$ 10,369,754	
SOFT COSTS	\$ 6,105,931		\$ 6,449,302	\$ 343,371		\$ 6,105,931	\$ -	100%	\$ (18,440)	\$ 6,105,931	
CONTINGENCY	\$ 1,017,160		\$ 1,036,975	\$ -		\$ 1,017,160	\$ -	100%	\$ -	\$ 1,017,160	
SUBTOTAL PROJECT COSTS	\$ 17,340,872	\$ 151,973	\$ 17,856,031	\$ 343,371		\$ 17,492,845	\$ -	100%	\$ (18,440)	\$ 17,492,845	Construction Complete
Cancer Center; Sitework, Concrete Construction, Structural Steel											
HARD COSTS: Construction Costs	\$ 5,154,785		\$ 5,154,785	\$ -		\$ 5,139,922	\$ 14,863	100%	\$ -	\$ 5,154,785	
SOFT COSTS	\$ 4,421,594		\$ 5,018,684	\$ 597,090		\$ 4,440,146	\$ (18,552)	100%	\$ -	\$ 4,421,594	
CONTINGENCY	\$ 515,479		\$ 515,479	\$ -		\$ 511,790	\$ 3,689	99%	\$ -	\$ 515,479	
SUBTOTAL PROJECT COSTS	\$ 10,091,858	\$ -	\$ 10,688,948	\$ 597,090		\$ 10,091,858	\$ -	100%	\$ -	\$ 10,091,858	Construction Complete
Utility Bypass, Phase I											
HARD COSTS: Construction Costs	\$ 522,092		\$ 522,092	\$ -		\$ 522,092	\$ -	100%	\$ -	\$ 522,092	
SOFT COSTS	\$ 99,565		\$ 130,145	\$ 30,580		\$ 99,565	\$ -	100%	\$ -	\$ 99,565	
CONTINGENCY COSTS	\$ 78,314		\$ 78,314	\$ -		\$ 78,314	\$ -	100%	\$ -	\$ 78,314	
SUBTOTAL PROJECT COSTS	\$ 699,971	\$ -	\$ 730,551	\$ 30,580		\$ 699,971	\$ -	100%	\$ -	\$ 699,971	Construction Complete
Cancer Center; Utility Bypass, Phase II (Undergrounding)											
HARD COSTS: Construction Costs	\$ -	\$ 525,199	\$ 544,877	\$ (19,678)		\$ 520,660	\$ 4,539	99%	\$ -	\$ 525,199	
SOFT COSTS	\$ -	\$ 349,974	\$ 349,974	\$ -		\$ 354,513	\$ (4,539)	101%	\$ -	\$ 349,974	
CONTINGENCY COSTS	\$ -	\$ 31,437	\$ 31,437	\$ -		\$ 31,437	\$ -	100%	\$ -	\$ 31,437	
SUBTOTAL PROJECT COSTS (Hard Costs+Soft Costs+Contingency Costs)	\$ -	\$ 906,610	\$ 926,288	\$ 19,678		\$ 906,610	\$ -	100%	\$ -	\$ 906,610	Construction Complete
Cancer Center; Equipment Upgrades											
LINEAR ACCELERATOR EQUIPMENT		\$ 860,000	\$ 860,000	\$ -		\$ 860,000	\$ -	100%	\$ -	\$ 860,000	
CT SIMULATOR (Pet CT)		\$ -	\$ 82,528	\$ 82,528		\$ -	\$ -	0%	\$ -	\$ -	
CHILLER EQUIPMENT		\$ 111,536	\$ 143,679	\$ 32,143		\$ 111,536	\$ -	100%	\$ -	\$ 111,536	
IT EQUIPMENT		\$ 58,211	\$ 133,250	\$ 75,039		\$ 58,211	\$ -	100%	\$ -	\$ 58,211	
ADDITIONAL EQUIPMENT		\$ -	\$ 69,633	\$ 69,633		\$ -	\$ -	0%	\$ -	\$ -	
SNOW MELT SYSTEM		\$ 81,523	\$ 71,904	\$ (9,619)		\$ 81,523	\$ -	100%	\$ -	\$ 81,523	
SECURITY ACCESS SYSTEM		\$ 99,257	\$ 99,257	\$ -		\$ 99,257	\$ -	100%	\$ -	\$ 99,257	
Revision of Construction Documents for Different Linear Accelerator		\$ 18,440	\$ -	\$ (18,440)		\$ 18,440	\$ -	100%	\$ 18,440	\$ 18,440	
SUBTOTAL PROJECT COSTS	\$ -	\$ 1,228,967	\$ 1,460,251	\$ 231,284		\$ 1,228,967	\$ -	100%	\$ 18,440	\$ 1,228,967	Construction Complete
Cancer Center; CAC Recommended Upgrades											
HARD COSTS: Construction Costs	\$ -	\$ 838,256	\$ 847,281	\$ 9,025		\$ 838,256	\$ -	100%	\$ -	\$ 838,256	
SOFT COSTS	\$ -	\$ 54,568	\$ 59,864	\$ 5,296		\$ 51,626	\$ 2,942	95%	\$ -	\$ 54,568	
CONTINGENCY COSTS	\$ -	\$ 84,728	\$ 84,728	\$ -		\$ 87,670	\$ (2,942)	103%	\$ -	\$ 84,728	
SUBTOTAL PROJECT COSTS	\$ -	\$ 977,552	\$ 991,873	\$ 14,321		\$ 977,552	\$ -	100%	\$ -	\$ 977,552	Construction Complete
TOTAL PROJECT COSTS (Hard Costs + Soft Costs + Contingency)	\$ 28,132,701	\$ 3,265,102	\$ 32,653,942	\$ 1,236,324		\$ 31,397,803	\$ -	100%	\$ -	\$ 31,397,803	



MEASURE C PROJECTS COST SUMMARY

PROJECTS (*)	Current FDP Estimate (**)	Owner / Regulatory Scope Modifications	Board Approved Bid / Budget	Variance	Footnotes	Total Amount PTD (***)	Balance to Complete (****)	% Complete	QTR Actual (Q4 2015)	FDP with Scope Modifications	Status/Notes
Measure C Project Expenditures											
Office Relocations											
HARD COSTS: Construction Costs	\$ 109,691	\$ -	\$ 111,305	\$ 1,614		\$ 109,691	\$ -	100%	\$ -	\$ 109,691	
SOFT COSTS	\$ 281,988	\$ -	\$ 281,995	\$ 7		\$ 281,988	\$ -	100%	\$ -	\$ 281,988	
CONTINGENCY COSTS	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ -	
TOTAL PROJECT COSTS (Hard Costs + Soft Costs + Contingency)	\$ 391,680	\$ -	\$ 393,300	\$ 1,621		\$ 391,680	\$ -	100%	\$ -	\$ 391,680	Construction Complete
IT Data Center											
HARD COSTS: Construction Costs	\$ 899,833		\$ 903,465	\$ 3,632		\$ 899,833	\$ -	100%	\$ -	\$ 899,833	
SOFT COSTS	\$ 299,483		\$ 301,122	\$ 1,639		\$ 299,483	\$ -	100%	\$ -	\$ 299,483	
CONTINGENCY COSTS	\$ 116,754		\$ 121,740	\$ 4,986		\$ 116,754	\$ -	100%	\$ -	\$ 116,754	
TOTAL PROJECT COSTS (Hard Costs + Soft Costs + Contingency)	\$ 1,316,070	\$ -	\$ 1,326,327	\$ 10,257		\$ 1,316,070	\$ -	100%	\$ -	\$ 1,316,070	Construction Complete
Central Plant Upgrades & Relocations; Utility Spine											
HARD COSTS: Construction Costs	\$ 2,640,481		\$ 2,642,537	\$ 2,056		\$ 2,640,481	\$ -	100%	\$ -	\$ 2,640,481	
SOFT COSTS	\$ 694,681		\$ 824,282	\$ 129,601		\$ 694,681	\$ -	100%	\$ -	\$ 694,681	
CONTINGENCY COSTS	\$ 657,714		\$ 658,011	\$ 297		\$ 657,714	\$ -	100%	\$ -	\$ 657,714	
SUBTOTAL PROJECT COSTS	\$ 3,992,876	\$ -	\$ 4,124,830	\$ 131,954		\$ 3,992,876	\$ -	100%	\$ -	\$ 3,992,876	Construction Complete
Central Plant Upgrades & Relocations; Generator Building											
HARD COSTS: Construction Costs	\$ 2,150,583	\$ 20,772	\$ 2,174,334	\$ 2,979		\$ 2,171,355	\$ -	101%	\$ -	\$ 2,171,355	
SOFT COSTS	\$ 1,612,171		\$ 1,655,159	\$ 42,988		\$ 1,612,171	\$ -	100%	\$ -	\$ 1,612,171	
CONTINGENCY COSTS	\$ 315,278		\$ 315,278	\$ -		\$ 315,278	\$ -	100%	\$ -	\$ 315,278	
SUBTOTAL PROJECT COSTS	\$ 4,078,032	\$ 20,772	\$ 4,144,771	\$ 45,967		\$ 4,098,804	\$ -	100%	\$ -	\$ 4,098,804	Construction Complete
Central Plant Upgrades & Relocations; Modular Units, Phase I											
HARD COSTS: Construction Costs	\$ 418,497		\$ 422,030	\$ -		\$ 418,497	\$ -	100%	\$ -	\$ 418,497	
SOFT COSTS	\$ 574,317		\$ 598,765	\$ 24,448		\$ 574,317	\$ -	100%	\$ -	\$ 574,317	
CONTINGENCY COSTS	\$ 245,335		\$ 245,887	\$ 552		\$ 245,335	\$ -	100%	\$ -	\$ 245,335	
SUBTOTAL PROJECT COSTS	\$ 1,238,149	\$ -	\$ 1,266,682	\$ 25,000		\$ 1,238,149	\$ -	100%	\$ -	\$ 1,238,149	Construction Complete
Central Plant Upgrades & Relocations; Modular Units, Phase II											
HARD COSTS: Construction Costs	\$ 4,800,719		\$ 4,800,719	\$ -		\$ 4,800,719	\$ -	100%	\$ -	\$ 4,800,719	
SOFT COSTS	\$ 1,083,872		\$ 1,189,314	\$ 105,442		\$ 1,083,872	\$ -	100%	\$ -	\$ 1,083,872	
CONTINGENCY COSTS	\$ 180,640		\$ 185,000	\$ 4,360		\$ 180,640	\$ -	100%	\$ -	\$ 180,640	
SUBTOTAL PROJECT COSTS	\$ 6,065,231	\$ -	\$ 6,175,033	\$ 109,802		\$ 6,065,231	\$ -	100%	\$ -	\$ 6,065,231	Construction Complete
TOTAL PROJECT COSTS (Hard Costs + Soft Costs + Contingency)	\$ 15,374,288	\$ 20,772	\$ 15,711,316	\$ 394,965		\$ 15,395,060	\$ -	100%	\$ -	\$ 15,395,060	
Skilled Nursing Facility											
HARD COSTS: Construction Costs	\$ 3,372,928	\$ 8,466	\$ 3,422,324	\$ 40,930		\$ 3,381,394	\$ -	100%	\$ -	\$ 3,381,394	
SOFT COSTS	\$ 1,394,779	\$ -	\$ 1,496,355	\$ 101,576		\$ 1,394,779	\$ -	100%	\$ (110,567)	\$ 1,394,779	
CONTINGENCY COSTS	\$ 342,232	\$ -	\$ 342,232	\$ -		\$ 342,232	\$ -	100%	\$ -	\$ 342,232	
OSHPD AMC; Drywall / Hat Channel at Lid	\$ -	\$ 110,567	\$ -	\$ (110,567)		\$ 110,567	\$ (110,567)	100%	\$ 110,567	\$ 110,567	
SUBTOTAL PROJECT COSTS	\$ 5,109,939	\$ 119,033	\$ 5,260,911	\$ 31,939		\$ 5,228,972	\$ -	102%	\$ -	\$ 5,228,972	Construction Complete



MEASURE C PROJECTS COST SUMMARY

PROJECTS (*)	Current FDP Estimate (**)	Owner / Regulatory Scope Modifications	Board Approved Bid / Budget	Variance	Footnotes	Total Amount PTD (***)	Balance to Complete (****)	% Complete	QTR Actual (Q4 2015)	FDP with Scope Modifications	Status/Notes
Measure C Project Expenditures											
<i>Skilled Nursing; Storage TI at '66 Bldg</i>											
HARD COSTS: Construction Costs	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ -	
SOFT COSTS	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ -	
CONTINGENCY COSTS	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ -	
SUBTOTAL PROJECT COSTS	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ -	Conceptual Design in Progress
TOTAL PROJECT COSTS (Hard Costs + Soft Costs + Contingency)	\$ 5,109,939	\$ 119,033	\$ 5,260,911	\$ 31,939		\$ 5,228,972	\$ -	102%	\$ -	\$ 5,228,972	
<i>ECC Flooring / Nurses Station</i>											
HARD COSTS: Construction Costs	\$ -	\$ 199,774	\$ 217,550	\$ 17,776		\$ 199,774	\$ -	92%	\$ -	\$ 199,774	
SOFT COSTS	\$ -		\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ -	
CONTINGENCY COSTS	\$ -		\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ -	
TOTAL PROJECT COSTS (Hard Costs + Soft Costs + Contingency)	\$ -	\$ 199,774	\$ 217,550	\$ 17,776		\$ 199,774	\$ -	92%	\$ -	\$ 199,774	Completed
<i>Infill Projects; Phase I Dietary / RT / MR / Dietary Office / Staff Lockers</i>											
HARD COSTS: Construction Costs	\$ 2,722,504		\$ 2,722,504	\$ -		\$ 2,665,549	\$ 56,955	98%	\$ -	\$ 2,722,504	
SOFT COSTS	\$ 1,699,858	\$ 13,970	\$ 1,713,828	\$ -		\$ 1,714,028	\$ (200)	100%	\$ -	\$ 1,713,828	
CONTINGENCY COSTS	\$ 898,541	\$ 29,052	\$ 272,250	\$ (655,343)		\$ 910,180	\$ 17,413	98%	\$ -	\$ 927,593	
SUBTOTAL PROJECT COSTS	\$ 5,320,903	\$ 43,022	\$ 4,708,582	\$ (655,343)		\$ 5,289,757	\$ 74,168	99%	\$ -	\$ 5,363,925	Construction Complete
<i>Infill Projects; Interim Birthing at Western Addition</i>											
HARD COSTS: Construction Costs	\$ 1,309,206		\$ 1,309,206	\$ -		\$ 1,299,543	\$ 9,663	99%	\$ -	\$ 1,309,206	
SOFT COSTS	\$ 640,928		\$ 771,135	\$ 130,207		\$ 630,880	\$ 10,048	82%	\$ (44,250)	\$ 640,928	
CONTINGENCY COSTS	\$ 130,921		\$ 130,921	\$ -		\$ 129,953	\$ 968	99%	\$ -	\$ 130,921	
OSHPD AMC; Redesign Revisions	\$ -	\$ 47,965	\$ -	\$ (47,965)		\$ 47,965	\$ -	100%	\$ 47,965	\$ 47,965	
SUBTOTAL PROJECT COSTS	\$ 2,081,055	\$ 47,965	\$ 2,211,262	\$ 82,242		\$ 2,108,341	\$ (27,286)	95%	\$ 3,715	\$ 2,129,020	Construction Complete
<i>Infill Projects; Pharmacy Relocation</i>											
HARD COSTS: Construction Costs	\$ 652,777		\$ 652,777	\$ -		\$ 652,777	\$ -	100%	\$ -	\$ 652,777	
SOFT COSTS	\$ 588,803		\$ 631,283	\$ 42,480		\$ 588,803	\$ -	93%	\$ -	\$ 588,803	
CONTINGENCY COSTS	\$ 95,724		\$ 127,292	\$ 31,568		\$ 95,724	\$ -	75%	\$ -	\$ 95,724	
SUBTOTAL PROJECT COSTS	\$ 1,337,304	\$ -	\$ 1,411,353	\$ 74,048		\$ 1,337,304	\$ -	95%	\$ -	\$ 1,337,304	Construction Complete
<i>Infill Projects; Medical Records at '66 Building</i>											
HARD COSTS: Construction Costs	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ -	
SOFT COSTS	\$ -		\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ -	
CONTINGENCY COSTS	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ -	
SUBTOTAL PROJECT COSTS	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ -	Conceptual Design in Progress
<i>Infill Projects; Final Personnel Move TI Office Space</i>											
HARD COSTS: Construction Costs	\$ -	\$ 250,000	\$ 250,000	\$ -		\$ 248,172	\$ 1,828	99%	\$ -	\$ 250,000	
SOFT COSTS	\$ -	\$ 125,000	\$ 125,000	\$ -		\$ 122,808	\$ 2,192	98%	\$ -	\$ 125,000	
CONTINGENCY COSTS	\$ -	\$ 30,000	\$ 30,000	\$ -		\$ 24,718	\$ 5,282	82%	\$ -	\$ 30,000	
SUBTOTAL PROJECT COSTS	\$ -	\$ 405,000	\$ 405,000	\$ -		\$ 395,698	\$ 9,302	0%	\$ -	\$ 405,000	Ongoing
TOTAL PROJECT COSTS (Hard Costs + Soft Costs + Contingency)	\$ 8,739,262	\$ 495,987	\$ 8,736,197	\$ (499,053)		\$ 9,131,100	\$ 104,149	105%	\$ 3,715	\$ 9,235,249	



MEASURE C PROJECTS COST SUMMARY

PROJECTS (*)	Current FDP Estimate (**)	Owner / Regulatory Scope Modifications	Board Approved Bid / Budget	Variance	Footnotes	Total Amount PTD (***)	Balance to Complete (****)	% Complete	QTR Actual (Q4 2015)	FDP with Scope Modifications	Status/Notes
Measure C Project Expenditures											
Emergency Department & Sterile Processing Department; Increment I											
HARD COSTS: Construction Costs	\$ 2,593,743		\$ 2,593,743	\$ -		\$ 2,593,743	\$ -	100%	\$ -	\$ 2,593,743	
SOFT COSTS	\$ 2,876,609		\$ 2,907,826	\$ 31,217		\$ 2,876,609	\$ -	99%	\$ (21,990)	\$ 2,876,609	
CONTINGENCY COSTS	\$ 236,999		\$ 236,999	\$ -		\$ 236,999	\$ -	100%	\$ -	\$ 236,999	
Redesign of Meds Room, Physicians Work, Air Curtain	\$ -	\$ 21,990	\$ -	\$ (21,990)		\$ 21,990	\$ -	100%	\$ 21,990	\$ 21,990	
EQUIPMENT UPGRADES - ATS Upgrades	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	100%	\$ -	\$ -	
SUBTOTAL PROJECT COSTS	\$ 5,707,351	\$ 21,990	\$ 5,738,568	\$ 9,227		\$ 5,729,341	\$ -	100%	\$ -	\$ 5,729,341	Construction Complete
Emergency Department & Sterile Processing Department; Increment II											
HARD COSTS: Construction Costs	\$ 4,534,232		\$ 4,534,232	\$ -		\$ 4,534,232	\$ -	100%	\$ -	\$ 4,534,232	
SOFT COSTS	\$ 2,135,294		\$ 2,135,294	\$ -		\$ 2,179,365	\$ (44,071)	102%	\$ 32,234	\$ 2,135,294	
CONTINGENCY COSTS	\$ 1,725,651		\$ 453,423	\$ (1,272,228)		\$ 1,725,651	\$ -	100%	\$ -	\$ 1,725,651	
EQUIPMENT UPGRADES - Trump Exam Lights	\$ -	\$ 68,362	\$ 68,362	\$ -		\$ 68,362	\$ -	100%	\$ -	\$ 68,362	
UPGRADES - Casework		\$ 5,218	\$ -	\$ -		\$ 5,218	\$ -	100%	\$ 5,218	\$ 5,218	
SUBTOTAL PROJECT COSTS	\$ 8,395,177	\$ 73,580	\$ 7,191,311	\$ (1,272,228)		\$ 8,512,828	\$ (44,071)	118%	\$ 37,452	\$ 8,468,757	Construction Complete
TOTAL PROJECT COSTS (Hard Costs + Soft Costs + Contingency)	\$ 14,102,528	\$ 95,570	\$ 12,929,879	\$ (1,263,001)		\$ 14,242,169	\$ (44,071)	110%	\$ 37,452	\$ 14,198,098	
Fluoroscopy / Nuc Med Upgrades / Diagnostic Imaging Equipment Replacement											
HARD COSTS: Construction Costs	\$ 533,565		\$ 619,422	\$ 85,857		\$ 533,565	\$ -	100%	\$ -	\$ 533,565	
SOFT COSTS	\$ 1,616,669		\$ 1,575,493	\$ (41,176)		\$ 1,616,669	\$ -	100%	\$ -	\$ 1,616,669	
CONTINGENCY COSTS	\$ 92,913		\$ 92,913	\$ -		\$ 92,913	\$ -	100%	\$ -	\$ 92,913	
TOTAL PROJECT COSTS (Hard Costs + Soft Costs + Contingency)	\$ 2,243,147	\$ -	\$ 2,287,828	\$ 44,681	(2)	\$ 2,243,147	\$ -	100%	\$ -	\$ 2,243,147	Construction Complete
South Building; Birthing / Dietary Phase II											
HARD COSTS: Construction Costs	\$ 13,033,262		\$ 13,033,262	\$ -		\$ 9,107,853	\$ 3,925,409	70%	\$ 3,139,224	\$ 13,033,262	
SOFT COSTS	\$ 5,355,106		\$ 5,980,895	\$ -		\$ 5,122,750	\$ 858,145	96%	\$ 307,296	\$ 5,355,106	
CONTINGENCY COSTS	\$ 1,262,026		\$ 1,262,026	\$ -		\$ 560,016	\$ 702,010	44%	\$ 103,228	\$ 1,262,026	
EQUIPMENT UPGRADES - Headwalls, Exam Lights, IT Equipment, A&E Fees	\$ -	\$ 307,465	\$ 307,465	\$ -		\$ -	\$ 307,465	0%	\$ -	\$ 307,465	
Administrative Requirements	\$ 661,325	\$ -	\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ 661,325	
CMU Wall Upgrades at 52 Bldg	\$ -	\$ 150,000	\$ 150,000	\$ -		\$ -	\$ 150,000	0%	\$ -	\$ 150,000	
CMU Wall Upgrades at 66 Bldg	\$ -	\$ 150,000	\$ 150,000	\$ -		\$ -	\$ 150,000	0%	\$ -	\$ 150,000	
OSHPD CO #16; Dietary Revisions	\$ -	\$ 70,188	\$ 70,188	\$ -		\$ -	\$ 70,188	0%	\$ -	\$ 70,188	
OSHPD CO #18; 2nd Floor Layout Revisions	\$ -	\$ 186,184	\$ 186,184	\$ -		\$ -	\$ 186,184	0%	\$ -	\$ 186,184	
SUBTOTAL PROJECT COSTS	\$ 20,311,719	\$ 863,837	\$ 21,140,020	\$ -		\$ 14,790,619	\$ 6,349,401	70%	\$ 3,549,748	\$ 21,175,556	Construction in Progress
South Building; Birthing Fourth LDR											
HARD COSTS: Construction Costs	\$ -	\$ 286,428	\$ 286,428	\$ -		\$ -	\$ 286,428	0%	\$ -	\$ 286,428	
SOFT COSTS	\$ -	\$ 187,720	\$ 187,720	\$ -		\$ -	\$ 187,720	0%	\$ -	\$ 187,720	
CONTINGENCY COSTS	\$ -	\$ 42,964	\$ 42,964	\$ -		\$ -	\$ 42,964	0%	\$ -	\$ 42,964	
SUBTOTAL PROJECT COSTS	\$ -	\$ 517,112	\$ 517,112	\$ -		\$ -	\$ 517,112	0%	\$ -	\$ 517,112	Construction in Progress



MEASURE C PROJECTS COST SUMMARY

PROJECTS (*)	Current FDP Estimate (**)	Owner / Regulatory Scope Modifications	Board Approved Bid / Budget	Variance	Footnotes	Total Amount PTD (***)	Balance to Complete (****)	% Complete	QTR Actual (Q4 2015)	FDP with Scope Modifications	Status/Notes
Measure C Project Expenditures											
South Building; Phase 5 Interim Birthing											
HARD COSTS: Construction Costs	\$ -	\$ 359,951	\$ 746,422	\$ -		\$ -	\$ 359,951	0%	\$ -	\$ 359,951	
SOFT COSTS	\$ -	\$ 112,310	\$ 172,765	\$ -		\$ -	\$ 112,310	0%	\$ -	\$ 112,310	
CONTINGENCY COSTS		\$ -	\$ 37,321	\$ -		\$ -	\$ -	0%	\$ -	\$ -	
SUBTOTAL PROJECT COSTS	\$ -	\$ 472,261	\$ 956,508	\$ 484,247		\$ -	\$ 472,261	0%	\$ -	\$ 472,261	Construction in Progress
South Building; Continuity Phase											
HARD COSTS: Construction Costs		\$ 996,982	\$ 996,982	\$ -		\$ 968,576	\$ 28,406	97%	\$ -	\$ 996,982	
SUBTOTAL PROJECT COSTS	\$ -	\$ 996,982	\$ 996,982	\$ -		\$ 968,576	\$ 28,406	97%	\$ -	\$ 996,982	
TOTAL PROJECT COSTS (Hard Costs + Soft Costs + Contingency)	\$ 20,311,719	\$ 2,850,192	\$ 23,610,622	\$ 484,247		\$ 15,759,195	\$ 7,402,716	67%	\$ 3,549,748	\$ 23,161,911	
Master Planning											
SOFT COSTS	\$ 802,508		\$ 802,508	\$ -		\$ 802,508	\$ -	100%	\$ -	\$ 802,508	
CONTINGENCY COSTS	\$ 81,951		\$ 81,951	\$ -		\$ 77,193	\$ 4,758	94%	\$ -	\$ 81,951	
CAMPUS SIGNAGE PLAN		\$ 78,075	\$ 85,000	\$ 6,925		\$ 78,075	\$ -	100%	\$ -	\$ 78,075	
SECURITY UPGRADES		\$ 28,738	\$ 75,000	\$ 46,262		\$ 28,738	\$ -	100%	\$ -	\$ 28,738	
TOTAL PROJECT COSTS (Hard Costs + Soft Costs + Contingency)	\$ 884,459	\$ 106,813	\$ 1,044,459	\$ 53,187		\$ 986,514	\$ 4,758	94%	\$ -	\$ 991,272	Ongoing
PROJECT SUMMARY COSTS (Hard Costs + Soft Costs + Contingency) ****	\$ 96,605,793	\$ 7,153,243	\$ 104,205,373	\$ 512,943		\$ 96,291,484	\$ 7,467,552	89%	\$ 3,590,915	\$ 103,759,036	

Definitions:

Hard Costs = Administrative Requirements, Temporary Facilities, Execution Requirements, Site Construction, Concrete Construction, Masonry, Metals, Woods & Plastics, Thermal/Moisture Protection, Doors, Windows, Glazing, Finishes, Specialties, Equipment, Furnishings, Special Construction, Conveying Systems, Plumbing/Mechanical, Electrical.

Soft Costs = Equipment, Furniture, Signage, Preconstruction Services, Construction Scheduling, Architectural, Engineering, Testing & Inspections, IOR Testing, Agency Fees, State Review Fees (OSHDP), CM Fee, Insurance, Performance/Payment Bonding, Administrative Bond Contingency

Contingency Costs = Inflation, Unforeseen Conditions & Events

Footnotes:

(2) Overage includes additional equipment costs, related OSHPD Fees and other fee reallocations.

* Project Descriptions located within applicable project section.

** FDP Report dated 12/31/2015

*** Reconciled with TFHD General Ledger dated December 31, 2015. Reference Application for Payment SOV located within applicable project section.

**** Total Owner Scope Modifications \$5,175,059 Regulatory Scope Modification \$1,978,184

*****Balance to Finish is calculated from FDP with Scope Modifications less Total Amount PTD

On or under budget
1-5% over budget
6% or beyond over budget



MEASURE C PROJECTS - NON QUALIFIED EXPENDITURE COST SUMMARY

PROJECTS (*)	Current FDP Estimate (**)	Owner / Regulatory Scope Modifications	Board Approved Bid / Budget	Variance	Footnotes	Total Amount PTD (***)	Balance to Complete	% Complete	QTR Actual (Q4 2015)	FDP with Scope Modifications	Status/Notes
<i>Measure C Projects - Non Qualified Expenditures</i>											
<i>Cancer Center; Building + LINAC</i>											
PERSONAL PROPERTY		\$ 1,281,523	\$ 1,246,012	\$ (35,511)		\$ 1,281,523	\$ -	100%	\$ -	\$ 1,281,523	
SUBTOTAL PROJECT COSTS	\$ -	\$ 1,281,523	\$ 1,246,012	\$ (35,511)		\$ 1,281,523	\$ (35,511)	100%	\$ -	\$ 1,281,523	Complete
<i>Skilled Nursing Facility</i>											
PERSONAL PROPERTY	\$ -	\$ 56,582	\$ 391,614	\$ 335,032		\$ 56,582	\$ -	100%	\$ -	\$ 56,582	
TOTAL PROJECT COSTS	\$ -	\$ 56,582	\$ 391,614	\$ 335,032		\$ 56,582	\$ -	100%	\$ -	\$ 56,582	Complete
<i>Infill Projects; Phase I Dietary / RT / MR / Dietary Office / Staff Lockers</i>											
PERSONAL PROPERTY	\$ -	\$ 116,280	\$ 116,280	\$ -		\$ 145,973	\$ (29,693)	126%	\$ -	\$ 116,280	
SUBTOTAL PROJECT COSTS	\$ -	\$ 116,280	\$ 116,280	\$ -		\$ 145,973	\$ (29,693)	126%	\$ -	\$ 116,280	
<i>Infill Projects; Interim Birthing at Western Addition</i>											
PERSONAL PROPERTY	\$ -	\$ 49,180	\$ 15,396	\$ (33,784)		\$ 49,180	\$ -	319%	\$ -	\$ 49,180	
SUBTOTAL PROJECT COSTS	\$ -	\$ 49,180	\$ 15,396	\$ (33,784)		\$ 49,180	\$ -	319%	\$ -	\$ 49,180	
<i>Infill Projects; Pharmacy Relocation</i>											
PERSONAL PROPERTY	\$ -	\$ 5,477	\$ 2,372	\$ (3,105)		\$ 5,477	\$ (3,105)	100%	\$ -	\$ 5,477	
SUBTOTAL PROJECT COSTS	\$ -	\$ 5,477	\$ 2,372	\$ (3,105)		\$ 5,477	\$ (3,105)	100%	\$ -	\$ 5,477	
TOTAL PROJECT COSTS	\$ -	\$ 170,937	\$ 134,048	\$ (36,889)		\$ 200,630	\$ (32,798)	117%	\$ -	\$ 170,937	Complete
<i>Emergency Department & Sterile Processing Department; Increment 2</i>											
PERSONAL PROPERTY	\$ -	\$ 753,881	\$ 708,123	\$ (45,758)		\$ 762,771	\$ (54,648)	108%	\$ 8,587	\$ 753,881	
TOTAL PROJECT COSTS	\$ -	\$ 753,881	\$ 708,123	\$ (45,758)		\$ 762,771	\$ (54,648)	108%	\$ 8,587	\$ 753,881	
<i>Fluoroscopy / Nuc Med Upgrades / Diagnostic Imaging Equipment Replacement</i>											
PERSONAL PROPERTY	\$ -	\$ 5,500	\$ 5,500	\$ -		\$ 5,500	\$ -	100%	\$ -	\$ 5,500	
TOTAL PROJECT COSTS	\$ -	\$ 5,500	\$ 5,500	\$ -		\$ 5,500	\$ -	100%	\$ -	\$ 5,500	Complete
<i>South Building / Birthing / Dietary Phase II</i>											
PERSONAL PROPERTY	\$ -	\$ 750,272	\$ 973,312	\$ 973,312		\$ 17,380	\$ 955,932	2%	\$ -	\$ 750,272	
TOTAL PROJECT COSTS	\$ -	\$ 750,272	\$ 973,312	\$ 973,312		\$ 17,380	\$ -	0%	\$ -	\$ 750,272	
<i>Non-Measure C Design Contingency</i>											
PERSONAL PROPERTY	\$ -	\$ 150,000	\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ 150,000	
TOTAL PROJECT COSTS	\$ -	\$ 150,000	\$ -	\$ -		\$ -	\$ -	0%	\$ -	\$ 150,000	
PROJECT SUMMARY COSTS	\$ -	\$ 2,414,814	\$ 2,750,486	\$ 1,235,944	\$ -	\$ 1,561,615	\$ (68,309)	57%	\$ -	\$ 2,414,814	

* Project Descriptions located within applicable project section.

** FDP Report dated 12/31/2015

*** Reconciled with TFHD General Ledger dated December 31, 2015. Reference Application for Payment SOV located within applicable project section.

On or under budget
1-5% over budget
6% or beyond over budget



Board Executive Summary

By: **Jayne O'Flanagan**
Chief Human Resources Officer

DATE: **March 24, 2016**

Thank you for giving us an opportunity to review the current values and the expected behaviors to meet them. We began with a review of the current values and immediately recognized a need for a change. The current values and a short list of expectations follow:

- Quality-holding ourselves to the highest **standards** and having personal **integrity** in all we do
- Understanding-being **aware** of the concerns of others, caring for and **respecting** each other as we interact
- Excellence-doing things right the first time, on time, every time; being **accountable** and **responsible**
- Service-service with a smile, **appreciating** difference and **anticipating** needs
- Teamwork-looking out for those we work with, finding ways to **support** each other in the jobs we do

We would like to replace Service with Stewardship. We feel the change in the mission statement to come back to focusing on our community gives us an opportunity to also focus staff on their responsibility to be responsible stewards. The following statement would replace Service.

- Stewardship-be a community steward in the care, handling and **responsible management** of resources while providing quality healthcare

The training of this value would focus on ethical decision making, planning for change and being agile. This changes, along with the change in the mission and vision, will be a focus of training at the Town Hall meetings.

On a separate note we would like to change the People foundation to read "Best Place to Work, Practice and Volunteer" to recognize the vital role volunteers play in supporting the organization.

ACTION REQUESTED:

Human Resources requests board approval of the revised TFHD values.

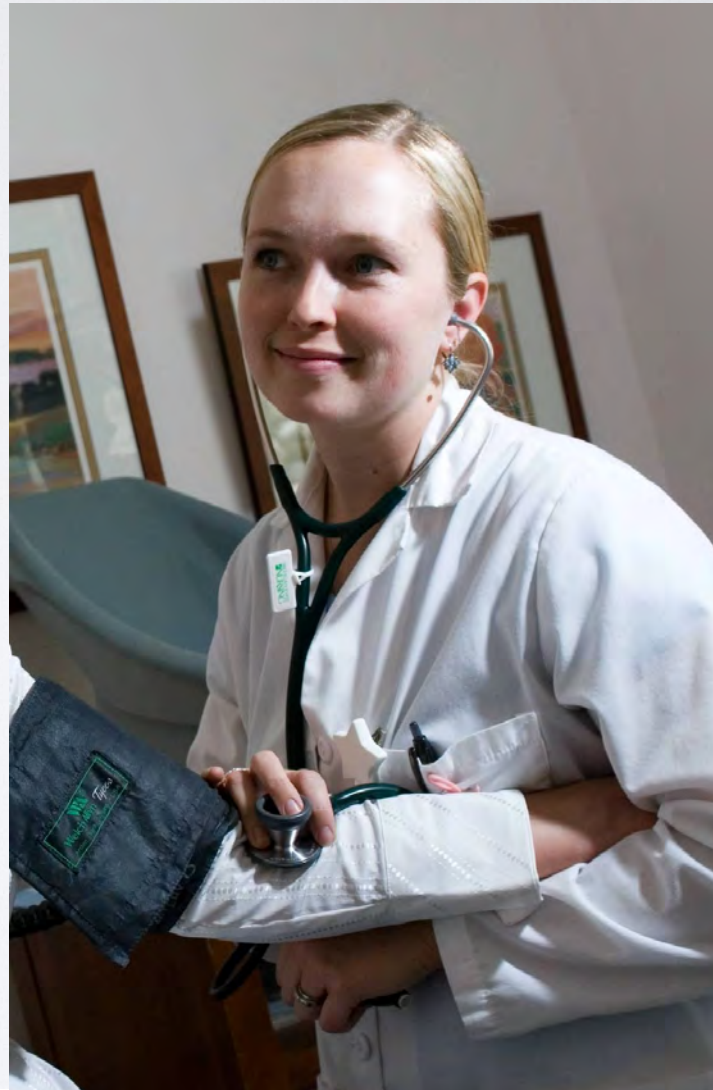
TAHOE FOREST HEALTH SYSTEM

Shared Values

March 2016

OUR CURRENT VALUES

- Quality
- Understanding
- Excellence
- Service
- Teamwork

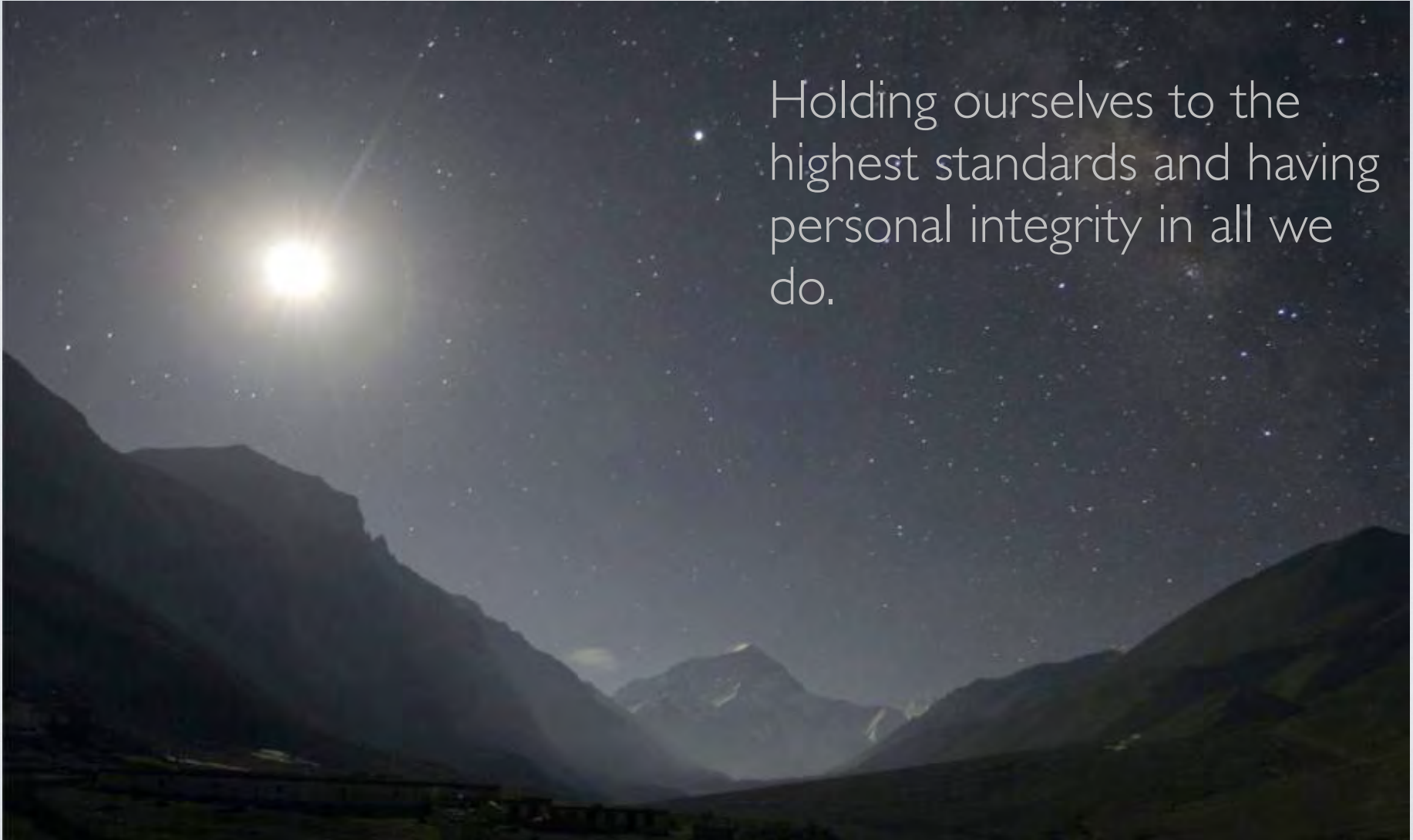


OUR PROPOSED VALUES

- Quality
- Understanding
- Excellence
- **Stewardship**
- Teamwork

QUALITY

Holding ourselves to the highest standards and having personal integrity in all we do.



Being aware of the concerns of others, caring for and respecting each other as we interact and appreciating differences.



UNDERSTANDING

EXCELLENCE

Doing things right the first time, on time, every-time; and being accountable and responsible.



STEWARDSHIP



Being a community steward in the care, handling and responsible management of resources while providing quality healthcare.

TEAMWORK

Looking out for those we work with, finding ways to support each other in the jobs we do.



CREATING THE PERFECT CARE EXPERIENCE



QUALITY
UNDERSTANDING
EXCELLENCE
STEWARDSHIP
TEAMWORK

FOUNDATIONS OF EXCELLENCE



FOUNDATIONS OF EXCELLENCE



**BEST PLACE TO
WORK,
PRACTICE AND
VOLUNTEER**



Board Executive Summary

By: **Jim Sturtevant,
Director of Acute
Services**

DATE: March 18, 2016

ISSUE: Renaming of the Women and Family Department to:

Joseph Family Obstetrics and Newborn Care

BACKGROUND:

The Physicians and Staff of the Women and Family Department have requested that we rename our department once we move to our new home in September. The staff submitted suggestions and we narrowed it down to three choices for the Administrative Council's consideration:

1. Joseph Family Obstetrics and Newborn Care (understanding that Martha Simon would have to secure usage of the Joseph name – this was our favorite choice reflecting the history of the founding of TFH)
2. Obstetrics and Newborn Care
3. Obstetrics / Labor and Delivery



The Administrative Council met on March 1st and decided on “Joseph Family Obstetrics and Newborn Care”

On March 17th Martha Simon, Foundation Director met with the trustees of the Joseph Trust and they are honored to endorse the renaming of the Women & Family department to the “Joseph Family Obstetrics and Newborn Care”

This renaming would honor the Joseph Family's generous donation of the land upon which Tahoe Forest Hospital campus now rests, and the continuous support of the Joseph Trust's annual donations to the Tahoe Forest Health System Foundation since 1951.

ACTION REQUESTED:

Approval of renaming of the Women and Family Department to “Joseph Family Obstetrics and Newborn Care” upon opening of our new unit.

		Tahoe Forest Health System			
		Title: Guidelines For Business By The Tahoe Forest Hospital District Board of Directors		Policy/Procedure #: ABD-12	
		Responsible Department: Board of Directors			
Type of policy		Original Date:	Reviewed Dates:	Revision Dates:	
<input checked="" type="checkbox"/>	Board	8/90	3/08: 1/12; 1/14	1/10, 6/14; 12/15	
<input type="checkbox"/>	Medical Staff				
<input type="checkbox"/>	Departmental				
Applies to: <input checked="" type="checkbox"/> System <input type="checkbox"/> Tahoe Forest Hospital <input type="checkbox"/> Incline Village Community Hospital					

PURPOSE:

To explain the guidelines for the Board of Directors in conducting business for the District.
 To clarify the requirements of state law for public meetings while conducting business and meetings on behalf of the District.

POLICY:

In an effort to make known to any interested party the general guidelines for the conduct of business by the Board of Directors of the Tahoe Forest Hospital District, the following compendium of provisions from the Tahoe Forest Hospital District Bylaws and the Ralph M. Brown Act, hereinafter referred to as Brown Act, is hereby established.

PROCEDURE:

1.0 Officers Of The Board of Directors

- 1.1 The officers of the Board of Directors are: President, Vice President, Secretary and Treasurer.
- 1.2 The officers shall be chosen every year by the Board of Directors at a Board Meeting in December and each officer shall hold office for a one-year term or until such officer's successor shall be elected and qualified or until such officer is otherwise disqualified to serve. The person holding the office of President of the Board of Directors may serve two successive terms by unanimous vote taken at a regularly scheduled meeting. The office of President, Vice President, Secretary and Treasurer shall be filled by members of the Board of Directors. The office of Clerk shall be filled by the Chief Executive Officer.

2.0 Meetings Of The Board of Directors

- 2.1 Regular Meetings: Regular meetings of the Board of Directors shall be held the fourth Thursday of each month at 6:00 PM at a location within the Hospital District Boundaries. The regular meeting shall begin with Open Session business in accordance with California Open Meeting Laws. Regular meetings will adjourn by 10:00 PM unless extended by a majority vote of Board Members

- present. The notice for meetings of the Board of Directors and Board Committees shall be posted per the requirements of the Ralph M. Brown Act.
- 2.2 It is the duty, obligation, and responsibility of the Board President and Board Committee chairpersons to call for Board of Directors and Board Committee meetings and meeting locations. This authority is vested within the office of the Board President or the Board Committee chair and is expected to be used with the best interests of the District, Directors, staff and communities we serve.
- 2.3 Special Meetings: Special meetings of the Board of Directors may be held from time to time as specified in the District Bylaws and with the required 24 hours notice as stated in the Brown Act.
- 2.3.1 The President of the Board, or three directors, may call a special meeting in accordance with the notice and posting provisions of the Brown Act .
- 2.3.2 Special meetings shall be called by delivering written notice to each Board member and to the public in compliance with the Brown Act (to each local newspaper of general circulation and radio or television station requesting notice in writing), including providing a description of the business to be transacted. Board members may dispense with the written notice provision if a written waiver of notice has been filed with the Clerk before a meeting convenes.
- 2.3.3 No business other than the purpose for which the special meeting was called shall be considered, discussed, or transacted at the meeting.
- 2.4 Emergency Meetings: Emergency meetings may be called in the event of an emergency situation, defined as a crippling disaster, work stoppage or other activity which severely impairs public health, safety or both, as determined by a majority of the Board, or in the event of a dire emergency, defined as a crippling disaster, mass destruction, terrorist act, or threatened terrorist activity so immediate and significant that requiring one hour notice before holding an emergency meeting may endanger the public health, safety, or both as determined by a majority of the board.
- 2.4.1 In the case of an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of public facilities, then a one (1) hour notice provision as prescribed by the Brown Act is required. In the event telephone services are not working, notice must be given as soon as possible after the meeting.
- 2.4.2 No business other than the purpose for which the emergency meeting was called shall be considered, discussed, or transacted at the meeting.
- 2.5 Closed Session Meetings: Closed Session meetings of the Board of Directors and Board committees may be held as deemed necessary by members of the Board of Directors or the Chief Executive Officer pursuant to the required notice and the restriction of subject matter as defined in Government Code Section 54950 et seq. (Brown Act). Under no circumstances shall the Board of Directors order a closed session meeting for the purposes of discussing or deliberating, or to permit the discussion or deliberation in any closed meeting of any proposals regarding:
- 2.5.1 The sale, conversion, contract for management, or leasing of any District health care facility or the assets thereof, to any for-profit or nonprofit

entity, agency, association, organization, governmental body, person, partnership, corporation, or other district.

2.5.2 The conversion of any District health care facility to any other form of ownership by the District.

2.5.3 The dissolution of the District.

2.6 Teleconferencing: Any regular, special, or emergency meeting at which teleconferencing is utilized shall be conducted in compliance with the provisions of the Brown Act. These include:

2.6.1 Teleconferences must comply with the rest of the Brown Act

2.6.2 All votes taken by teleconference must be taken by roll call

2.6.3 Agendas must be posted at all teleconference locations

2.6.4 Each teleconference location must be identified in the agenda

2.6.5 Each teleconference location must be accessible to the public

2.6.6 At least a quorum of the Board must participate from locations within the District boundaries

2.6.7 The agenda must provide for public comment at each teleconference location.

2.7 All meetings of the Board of Directors shall be chaired by members of the Board of Directors in the following order: President, Vice President Secretary or in the absence of all officers, another director selected by the Board to do so at the meeting in question.

3.0 Activities/Meetings of Board Committees

3.1 Board committees will undertake the activities of the committee as outlined in the Tahoe Forest Hospital District Bylaws. In addition, each standing committee will annually establish committee goals, and such goals will be presented to the Board of Directors for approval.

3.2 In order that Board standing committees function in the most efficient manner, the length of committee meetings will be kept to a reasonable length. Further, the most critical topics will be placed at the beginning of committee agendas to ensure their review in a timely manner.

4.0 Meetings Open to the Public

All meetings of the Board of Directors and Board standing committees are open to the public with the exception of the Closed Session portion of such meetings.

5.0 Notices of Meetings of the Board of Directors and Board Standing Committees Supplied to the Public

Notices of any Regular or Special meeting of the Board of Directors and Board standing committees shall be mailed to any interested party who has filed a written request for such notice. The request must be renewed annually in writing.

6.0 Board and Board Standing Committee Agenda Packets for Members of the Public

6.1 Board and Board standing committee agendas and agenda materials are available for review by any interested party at the administrative offices or at the Board or Board standing committee meeting itself.

6.2 Any requests from the public for Board and Board standing committee agenda packets shall be filled within a reasonable amount of time. Any member of the public requesting a Board or Board standing committee agenda packet with all attachments shall be charged \$.10 per page for such material. The charge is only intended to capture direct costs associated with complying with public requests for documents. In no way do we attempt to profit from this activity; but only seek to remain fiscally prudent and provide equity of service while maintaining easy access. Additionally, any members of the public being able to demonstrate true indigence shall be exempted from the fee per page charges. An agenda packet with all attachments shall be made available for use by any interested party at all Regular and Special meetings of the Board of Directors and Board standing committee meetings. Agenda packets are also posted to the District's website.

7.0 Public Input at Meetings of the Board of Directors and Board Standing Committee Meetings

On each agenda of Regular and Special meetings of the Board of Directors and Board standing committee meetings there shall be a provision made for input from the audience. The Board of Directors or Board standing committee may impose a time limit for such public input. Pursuant to the Brown Act, items which have not previously been posted on the meeting agenda may not be discussed or acted upon at that meeting by the Board of Directors with the following exceptions:

7.1 If a majority of the Board of Directors determines that an emergency situation exists as defined under the "Emergency Meetings" section of this policy, or

7.2 If two-thirds of the Board of Directors' full membership is present and agree an item needs to be placed on the agenda for prompt action and that fact came to the attention of the District after the agenda was posted, or

7.3 If the item was previously posted in connection with a meeting which occurred no more than 5 days prior to the date on which the proposed action will be taken.

8.0 Preparation Of The Agenda For Board or Board Standing Committee Meetings

8.1 Placing of Items On The Agenda By Members Of The Public:

8.1.1 As provided for in Government Code Sections 54950-54962 (Brown Act) pertaining to public input, the District will provide an opportunity for members of the public to address the Board on any matter within their subject matter jurisdiction at monthly, regularly scheduled meetings. It is the desire of the Board of Directors to adhere to legislative requirements and conduct the business of the District in a manner so as to address the needs and concerns of members of the public.

8.1.2 Members of the public are directed to contact the President of the Board of Directors, a Director of the Board or the Chief Executive Officer at least two weeks prior to the meeting of the Board of Directors at which they wish to have an items placed on the agenda for discussion/action. Requests to Directors of the Board will be referred to the Chief Executive Officer for follow up. While the District values public input, the Board and

District staff control meeting agendas and the District has no obligation to agendaize a matter requested by a member of the public. If a matter is not agendaized, the person seeking to discuss it may raise it in the public comment portion of a meeting.

- 8.2 The Chief Executive Officer and Executive Assistant, with input from members of the Board, shall prepare the agendas for the meetings of the Board of Directors or Board standing committees. Items to be placed on the Board agenda should be submitted to the Chief Executive Officer or the Executive Assistant no later than 10 days prior to the Board meeting. The power of Directors to place matters on an agenda is noted in section 12.9 of this Policy.
- 8.3 The format for agendas of meetings of the Board of Directors will be as follows unless the Board or Chief Executive Officer otherwise directs:
 - 8.3.1 Call to Order
 - 8.3.2 Roll Call
 - 8.3.3 Clear the Agenda/ Items Not on the Posted Agenda
 - 8.3.4 Input – Audience
 - 8.3.5 Medical Staff Report
 - 8.3.6 Consent Calendar
 - 8.3.7 Chief Executive Officer's Report
 - 8.3.8 Additional Administrative Reports
 - 8.3.9 Presentations/ Staff Reports
 - 8.3.10 Board Committee Reports/Recommendations
 - 8.3.11 Items for Board Discussion And/Or Action
 - 8.3.12 Agenda Input For Upcoming Committee Meetings
 - 8.3.13 Items for Next Meeting
 - 8.3.14 Board Members Reports/Closing Remarks
 - 8.3.15 Closed Session if necessary
- 8.4 The Board of Directors wishes to facilitate input from members of the Medical Staff. When possible, items of concern to the members of the Medical Staff will be placed as a timed item in the agenda as appropriate within the format as detailed above to minimize the demands on the time of the Medical Staff members..
- 8.5 The Board President and the Chief Executive Officer will create a "Consent Calendar" for those items on the agenda which are reasonably expected to be routine and non-controversial. The Board of Directors shall consider all of the items on the agenda marked Consent Calendar at one time by vote after a motion has been duly made and seconded. If any member of the Board of Directors or hospital staff requests that a consent item be removed from the list of consent items prior to the vote on the Consent Calendar, such item shall be taken up for separate consideration and disposition. Members of the public may request a Board Member to do so on their behalf.

8.6 If available, minutes of Board standing committee meetings will be included in Board agenda packets. If not available, the agenda for the committee meeting will be included. Recommendations from the Board standing committee to the Board of Directors will be highlighted at the beginning of the minutes for ease of presentation.

8.7 The President of the Board of Directors will approve the agenda before its distribution.

9.0 Notification by Board Member of Anticipated Absences

In the event a Board Member will be out of the area or unable to participate in a meeting, the Board Member is requested to provide notification to the Executive Assistant with information including the dates of absence, best method of contact, applicable telephone and fax numbers, and, if possible, a mailing address. If you do not wish to be contacted in the event of an emergency, you must acknowledge that written notices will be provided to your permanent address.

10.0 Minutes Of Meetings Of The Board Of Directors And Board Standing Committees

Minutes of meetings of the Board of Directors and Board standing committees shall be taken by the Executive Assistant. The minutes shall be transcribed by the Executive Assistant and reviewed by the Chief Executive Officer prior to submittal to the Board of Directors or Board committees for review and approval at their next regularly scheduled meeting.

11.0 Special Rules/Robert's Rules Of Order

Introduction: The Board of Directors has adopted Robert's Rules Of Order, Revised as the framework to guide discussion and actions within the Board of Directors' meetings and its subsidiary committee structure. With acknowledgement that the Tahoe Forest Hospital Board of Directors is somewhat different in form, membership and objective than is captured in Robert's Rules, the placement of "Special Rules" is appropriate to facilitate superior deliberation and decision making. With Robert's Rules providing the basis for debate and action, the following procedures and/or expectations shall take precedence over Robert's Rules of Order, Revised:

12.0 Discussion/Debate

12.1 As is practical, staff oral summaries shall precede motions.

12.2 Invited outside presenters, such as our auditors, accountants, legal counsel shall offer their comments and documentation prior to a motion being introduced by one of the Board Members.

12.3 *Brief* questions to fill in knowledge gaps or to provide clarification should be posed prior to motion language being introduced. This is not an opportunity for Board Members to state their views on the substance of a matter.

12.4 Any Board committee input or recommendations should be presented prior to a motion. Again, *brief* questioning for clarification may be engaged in prior to motions; this is not an opportunity for Boardmembers to state their views on the substance of a matter.

12.5 Public input/comments regarding items not on the agenda will be sought at the beginning of Board/Board standing committee meetings. Public input/comments regarding agenda items will be sought during the consideration of these items, before action is taken, at Board/Board standing committee meetings. It is noted

that presentations from outside organizations may be referred to a Board Committee by the Board President for the formulation of a recommendation to the Board of Directors.

- 12.6 At any point during a Board of Directors meeting any member may request, by motion that the Board go into "Committee of the Whole" to discuss any item on the agenda. Structurally, a motion is made to "go into Committee of the Whole to discuss item "x", a second is received, and a vote is taken. Simple majority rules on the matter. Such discussions are intended to act as an opportunity to present opinions and a fact, and/or receive input from other Board members in the absence of an "action" motion directly under consideration. To leave "Committee of the Whole" discussions and return to the agenda, or to present a motion for action, the Chair can pose that we have exhausted the topic, and by consent adjourn the Committee of the Whole and return to the Board agenda.
- 12.7 Or, if any member wishes to close the Committee of the Whole discussion, he/she can ask for such action, by motion, and receiving a second the request to move on will be voted upon. Again, simple majority rules on the matter.
- 12.8 A separate and distinct area of the agenda shall be devoted to discussion items. This section is intended to serve the function of allowing the Directorship an opportunity to engage in free flowing information and opinion exchanges without the necessity of relating one's thoughts to a pending action item or motion. When the Chair calls for this section of the meeting, we are in de-facto "Committee Of The Whole" discussion. Topics such as emerging trends, long range plans, events and the like are most appropriately considered within this format.
- 12.9 On each Board agenda there will be an "agendized" item asking for member input for future topics. A member can ask that a topic be placed on next month's agenda for discussion. The item will be placed on next month's agenda unless another Board Member objects, in which case the simple majority rules.

13.0 Voting/Motions

- 13.1 Any member of the Board of Directors may introduce or second a motion, including the Board President or other currently presiding officer. All members, including the Board President, are encouraged to vote on all motions presented while in attendance unless required to abstain by a conflict of interest or other law. If a Director's vote is not discernible, it shall be recorded as in favor of the motion.
- 13.2 Recording of the vote shall be first done by voice vote, with exception going to resolutions that require a roll call vote as a matter of law. Any member may request a roll call vote on any motion; such requests will not require a second and shall be performed at once.
- 13.3 "Secret ballots" or any other means of casting anonymous or confidential votes are strictly prohibited per law. All votes shall be recorded and be available for public review.
- 13.4 Unless otherwise noted, all Board related business, whether in committee or Board session (open or closed) shall be conducted in a fashion compliant with Robert's Rules of Order, Revised as modified by this Policy. The Board formally adopts this method of conducting business to ensure that all Board affairs are

conducted in an equitable, orderly and timely fashion. Parliamentary procedures are seen as a valuable tool for proper conduct in meetings, and should provide a degree of standardization in regards to other governmental interests, facilitating the public's understanding (and other governmental bodies' understanding) our actions.

14.0 Urgent Decisions

In the event that an urgent or emergent decision or action is required by the Board prior to a regularly scheduled meeting, the President of the Board, or a majority of the Board members, may call a special board meeting or an emergency meeting to take action.

15.0 Contingent Approval

15.1 In the event the Board approves an item at a Board meeting in which all of the terms, conditions, restrictions, commitments, etc. are clearly defined, but which such provisions have not been formalized in contracts or other appropriate documentation, the Board may give preliminary approval to the Chief Executive Officer to execute the contract or other appropriate documentation, contingent upon the following:

15.1.1 the terms are not substantively altered from those previously approved,

15.1.2 all involved parties to the transaction or agreement are notified in writing of the contingent approval of the terms pending ratification by the Board, and

15.1.3 the final terms and documentation are approved or rejected by the Board at a subsequent Board meeting.

15.2 If the terms of the supporting documentation are substantively different than those previously approved at the public meeting, then approval must be obtained at a subsequent board meeting.

16.0 Board Member Request for Information

16.1 Individual Board Members who may request data from the District shall fill out by completing a Board of Directors Information Request Form indicating the specific information requested.

16.1.1 The CEO will review the request to determine material availability, sensitivity, necessary resources and anticipated cost (if any) of production.

16.1.2 Should the CEO determine that materials are not readily available, sensitive in nature or costly to produce, the CEO may defer to a decision of the Board of Directors to fulfill the request.

16.1.3 All approved requests by the CEO and/or the Board of Directors will be produced and distributed to each member of the Board of Directors. ~~directing deny or~~

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Related Policies/Forms: [Inspection And Copying of Public Records ABD-14](#), Board of Directors Information Request Form

References: Ralph M. Brown Act (CA Govt Code §54950), Governance Institute

Policy Owner: Clerk of the Board

Approved by: Chief Executive Officer



Board of Directors Information Request Form

Date: _____

Requested by: _____

Information Requested:

Requested Delivery Date: _____

Signature: _____

FOR ADMIN USE

Data readily available? _____ YES _____ NO

Internal? _____ External? _____

Estimated time to complete: _____

Estimated cost: _____

Board approval (Y/N) _____

Date completed: _____ Completed by: _____

Information provided: _____



Board Executive Summary

By: **Harry Weis**
CEO

DATE: **March 17, 2016**

ISSUE:

Agreement with Walter Kopp of Medical Management Services needs to be extended.

BACKGROUND:

Tahoe Forest Health District (TFHD) has a critical need for physician medical group strategic and operational improvement services, especially in support of our # 1 Board of Director affirmed critical strategy of a thoughtful “makeover” of our physician services service line to make it sustainable in a rapidly changing world and to move it forward each year closer to “best practice.”

TFHD is seeing increased turnover in its medical staff because of many varied medical staff practice models and increasing operational challenges in each of these models.

Just as we have thoughtful agreements with at least two law firms, we also need a thoughtful agreement for physician services.

All work before it commences, has been or will be personally approved by me. I have meetings at least weekly with Walter Kopp and Brian Gregory, our internal Director of Physician Services for this critical service line.

The agreement costs the District nothing if the CEO does not assign any duties or projects to Walter Kopp, but is extremely valuable to really set the stage for a host of critical improvements in our physician service line during calendar year 2016, laying a foundation for future years.

The Medical Staff, TFHD Board of Directors and the community recently received a Phase I report from ECG Healthcare Consulting on a strategic model to develop a thoughtful “integrated healthcare system” with our physicians which is incremental each year and which is flexible to allow multiple types of physician practices to come together as a team to achieve a true system of care for all resident in our region.

A Partial List of Key Work as we look ahead:

1. I propose that Walter Kopp and his team members coupled with Brian Gregory complete all Phase II strategy work proposed by the ECG Healthcare Consulting team.

This strategic path will be less costly and more efficient than using ECG as many or most of the action steps proposed by ECG have to be completed by Walter and Brian on a high urgency basis based on challenges arising within our medical staff practices. Even if we chose to hire ECG, Walter would need to supervise all work they would perform so that we never had two groups accidentally working on the same topic. Our goal is to fully complete all foundational operational structures as proposed by ECG and bring them to life during calendar year 2016.

2. We have many critical medical staff contract renewals over the next several weeks and months that need equitable yet improved terms that move us closer to best practices each year.
3. We have many medical group operational improvements that need to be managed into existence over the next several weeks and months with the part time advice of Walter via Brian and his team.
4. We have two or more medical groups that are foundational to TFHS that need critical strategic and operational assistance in the next few weeks and months.
5. We have several medical staff recruitments to accomplish in the near future.
6. Other duties as assigned and as noted in Medical Management Services agreement.

ACTION REQUESTED:

Approval of expanded agreement with Walter Kopp of Medical Management Services.

This new agreement once approved by the Board of Directors will supercede all earlier agreements with Medical Management Services.

M e d i c a l M a n a g e m e n t S e r v i c e s

19 Fern Lane
San Anselmo, CA 94960

(415) 488-5786
Email walter@walterkopp.com

March 14, 2016

Harry Weis
Chief Executive Officer
Tahoe Forest Healthcare District
10121 Pine Ave
Truckee, CA 96161

Dear Harry,

I enjoyed working with you and your team to recently to analyse your current physician support approach at Tahoe Forest Healthcare District (TFHD). This letter summarizes our expanded consulting engagement.

This agreement when approved terminates all previous agreements and becomes the sole agreement for 12 months from the formal approval by the Tahoe Forest Board of Directors.

Based on our discussion my understanding is that your needs include;

- Assist in the development of an implementation and decision making work plan
- Assist to gain acceptance of this work plan with management and the board of directors.
- Assist to establish and coach a weekly Implementation team meeting that will be responsible for facilitating the process
- Coordinate and provide guidance to the physician recruitment process
- Evaluate physician practices that are candidates for joining the foundation and develop a proforma budget for each practice.
- Work with management to establish budgets for the management of these practices
- Work with compliance staff to ensure that contracts are completed correctly and meet compliance and Fair Market Value requirements
- Work with management to establish a 1206b and 1206g organizations
- Train and coach staff in the management practices needed to successfully manage these practices
- Work with key physicians to develop and implement a consistent physician compensation, directorship and call program that is fair and equitable.
- Assist management to develop a business plan for each option and present these plans to the board of directors for approval.
- Assist management with the negotiation and implementation of physician contracts.
- As appropriate assist with independent practice valuation services
- Review the current operations of the MSC and make recommendations for improvements to operations.

- Assist with the hiring and coaching of key staff who will operate these clinics for the hospital over long term.
- Review options for developing or outsourcing MSO services.
- Assist the hospital with other health plan and physician contract negotiations.
- Review of these options with management and assistance in negotiating contracts.
- Assistance to management as needed on additional tasks as requested.

My basic role will be to provide interim executive level staffing for this key area and to help facilitate the decision making and implementation process for the establishment of the new medical foundation.

I have helped many other medical centers to successfully complete this process and feel confident that we can be successful with this project.

We recommend that we begin with this implementation effort quickly given the urgent needs of the hospital to have this structure in place. At the end of each 30 day period we will evaluate our progress on this project and consider adding additional resources as needed.

Services for this engagement are provided through my consulting firm, Medical Management Services (“MMS”) according to the terms described herein. This letter agreement is between Medical Management Services, (“MMS”) and TFHD and shall confirm our understanding regarding the services.

The fees for this consulting service will be \$ 300 per hour, payable to Medical Management Services. You have asked that we work up to 120 hours per month or \$36,000 based on specific work you approve. This contract will reach out 12 months and cannot exceed 1440 hours or \$432,000. This contract will include all costs including travel and other out of pocket expenses. Additional work will be negotiated in subsequent phases of this project.

TFHD will be invoiced at the end of each month for the fees and expenses incurred during the month. All invoices are due net 30 days. Any payments outstanding in excess of 30 days will incur a finance charge of 1.5% per month, and will necessitate termination of all work being done, until payments are made current.

When authorized by TFHD, Medical Management Services will provide and invoice separately for assistance from other consultants in our team. The fees for these services will be based on the experience of the consultants. MMS will also bill for out-of-pocket expenses related to its work for TFHD.

All of our work will fully comply with all applicable federal and state laws.

In consideration for MMS’s work on this project, TFHD and MMS, shall to the maximum extent permitted by law, indemnify and hold each other and its employees and independent contractors harmless against all expenses including reasonable attorney fees judgments, settlements and other amounts included in connection with any proceedings arising by reason of their work with TFHD. In the event that MMS, its employees and independent contractors is a party to any action related to their work with TFHD each party will be responsible for their own attorneys fees and costs for their

defense. In addition TFHD and MMS will hold one another harmless for any and all claims, demands, causes of action, obligations, costs, expenses, damages, losses and liabilities, of whatever kind or nature, in law, equity or otherwise, whether known or unknown, arising from or related to such actions.

Any controversy or claim arising out of or relating to this contract, or breach thereof, shall be settled by arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association, and judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. Each party will be responsible for payment of their own time spent and expenses incurred in the preparation for and attendance at any depositions or hearings arising from this engagement.

Medical Management Services (MMS) is an independent consulting corporation and works for various organizations in the healthcare marketplace. Some of these organizations may be determined to be competitors of your organization. MMS will not be under legal obligation to put the interests of any one organization over another. MMS will notify all involved organizations if it becomes aware of any apparent conflict or interest.

Confidential Information: In connection with this current engagement between TFHD and MMS, the employees and independent contractors of MMS and TFHD may have access to certain confidential and proprietary business information and data regarding TFHD and MMS, including, without limitation, TFHD's or MMS's business plan and information regarding legal structure, management, operations, finances, goals and objectives and strategic plans (the foregoing information hereinafter referred to collectively as "Confidential Information"). The term "Confidential Information" does not include information about our organizations which 1) is or becomes generally available to the public, 2) was available on a non-confidential basis prior to its disclosure, or 3) becomes available on a non-confidential basis from an independent source. TFHD and MMS mutually agree to treat all Confidential Information imparted to or by employees and independent contractors of either organization to employees or independent contractors of the other organization as confidential under this Agreement, whether oral or written, and whether disclosed prior to or subsequent to the execution of this Agreement. This obligation survives the termination of the agreement and our business relationship.

I look forward to working with you on this project. If this letter reflects your understanding of our agreement, please sign the enclosed copy and return it to me. Your signature below as a representative of TFHD will constitute acceptance of this proposal and will authorize work to begin, as described above.

Sincerely yours,

For: TFHD

Walter C. Kopp
Medical Management Services

Accepted: _____

Date: _____



GOVERNANCE COMMITTEE AGENDA

Thursday, March 17, 2016 at 8:00 a.m.
Eskridge Conference Room - Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA 96161

1. **CALL TO ORDER**

2. **ROLL CALL**

John Mohun, 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. **CLOSED SESSION**

5.1. Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3))

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 549.56.9 (e)(1))

5.2. Hearing (Health & Safety Code § 32155)

Subject Matter: Compliance Committee Report – Closed Session

Number of items: One (1)

5.3. Approval of Closed Session Minutes: 02/17/2016

6. **APPROVAL OF MINUTES OF: 02/17/2016**

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

7.1. Meaningful Use Update ATTACHMENT

Governance Committee will receive an update on the Meaningful Use initiative.

7.2. Contracts

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.

- 7.2.1. Kopp – Revised Consulting Engagement Letter..... ATTACHMENT
- 7.2.2. Cahill - TFHD Call Coverage Agreement..... ATTACHMENT

8. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

9. NEXT MEETING DATE

The next Governance Committee meeting is scheduled for April 20, 2016 at 8:00 a.m.

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.



FINANCE COMMITTEE

AGENDA

Tuesday, March 22, 2016 at 2:00 p.m.
Tahoe Conference Room, Tahoe Forest Hospital
10054 Pine Avenue, Truckee, CA

1. CALL TO ORDER

2. ROLL CALL

Dale Chamblin, 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: 02/22/2016 ATTACHMENT

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

6.1. Financial Reports:

- 6.1.1. Financial Report – February 2016..... ATTACHMENT
- 6.1.2. Good Better Best Ratio Analysis ATTACHMENT
- 6.1.3. Property Tax Revenue Analysis..... ATTACHMENT
- 6.1.4. FYE 2015 Audited Financial Statements - IVCHF ATTACHMENT
- 6.1.5. FYE 2017 Budget Volumes and FTE's..... ATTACHMENT

6.2. Board Updates

- 6.2.1. Meaningful Use Status ATTACHMENT
- 6.2.2. HIS Financial and Supply Chain Management RFP ATTACHMENT
- 6.2.3. GO Bond Refinancing Update ATTACHMENT
- 6.2.4. Audit Firm RFP Timeline
- 6.2.5. Cash Investment Options
- 6.2.6. Outmigration Strategy

7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

8. AGENDA INPUT FOR NEXT FINANCE COMMITTEE MEETING..... ATTACHMENT

9. NEXT MEETING DATE ATTACHMENT

10. ADJOURN

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

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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.



COMMUNITY BENEFIT COMMITTEE

AGENDA

Monday, March 7, 2016 at 3:00 p.m.
Eskridge Conference Room - Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA.

1. **CALL TO ORDER**

2. **ROLL CALL**

Karen Sessler, M.D., Chair; Charles Zipkin, M.D., Board Member

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

4. **INPUT – AUDIENCE**

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

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

6.1. **2016 Committee Goals ATTACHMENT**

Committee will discuss and develop goals for 2016.

6.2. **Strategic Plan Initiatives *ATTACHMENT**

Committee will review Strategic Plan items related to the Community Benefit Committee.

6.3. **Community Benefit Committee Budget**

Committee will identify the budget for Community Benefit programs.

6.4. **Wellness Neighborhood Update**

Committee will receive an update on the Wellness Neighborhood structure and metrics.

6.5. **Community Benefit Communication Needs**

Committee will discuss strategies for communicating with the public through an annual report, website and other means.

6.6. **2017 Community Health Needs Assessment Planning**

Committee will discuss planning for a Community Health Needs Assessment in 2017.

6.7. **Community Perceptions Study**

Committee will consider doing a study on the community's perceptions.

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

8. **AGENDA INPUT FOR NEXT COMMITTEE MEETING**

9. **NEXT MEETING DATE**

10. **ADJOURN**

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Board Informational Report

By: Harry Weis
CEO

DATE: 3/18/16

As we have shared in earlier reports, we are very happy for the Truckee/Tahoe region in its first major winter in a few years. We as a Healthcare System have benefited from this stronger winter in both the Truckee area and in Incline Village, NV. The months of December, January and February have been much busier providing a strong 8-month YTD positive financial performance as outlined in our financials. We are happy for the improved economy of the entire region as they too have benefited from a strong winter this year.

Important Activities:

We have created a new and updated Mission and Vision Statement with Board input which we are grateful for approval on last month and at the 3/24/16 Board meeting we have a revised set of Values for your consideration and approval as we continue to focus on delivering ever improving humble, compassionate, high quality healthcare to all residents in our region.

Last month we shared our 6 most critical forward looking Strategies which have been affirmed by the Board and we are actively working on all six of these strategies to transform the care we provide and to make our system much more sustainable during the most rapid change period in healthcare.

In this month's Board meeting we have several critical business matters to assist us in our # 1 Strategy which is a total "respectful makeover of physician services" to make us more sustainable and to assist in a more aligned model of care with improved patient navigation and coordination.

We have engaged Agility Rehab organization to perform a thorough assessment of our large OP Rehab program. They have concluded their assessment, shared it with our current managers of this important program and now we have a response from our Management organization to evaluate. We will be bringing a recommendation to the Board in April to provide a stronger platform for sustainability and growth as we strive to serve our region in this service line from many locations. We are appreciative of the efforts of the Management organization to date, but believe it's time for a thoughtful new operational strategy.

We have also experienced a recent IRS visit which is not a random audit. To date on all topics examined and completed, no issues have arisen. Our team is responding to their latest area of questions and we'll report next month if any issues did arise.

Other areas of critical follow up by the CEO and his team are:

A. We are researching “outmigration” from several angles and are planning on bringing a fresh report on outmigration within the next 2 months to the Board. We do believe full implementation of our 6 critical strategies will greatly assist in lowering outmigration in future periods.

B. We proposed an update to policy ABD-12. This update included an Information Request tool to promote a consistent and efficient process in our team’s responsiveness to Board of Director requests for information.

For any request on information that is readily available, our team will promptly respond with no further board action needed. If the matter is deemed sensitive or is not readily available meaning, time and resources will have be consumed either by internal or external staff, then I will bring those requests for a majority vote by the Board to guide my staff and I on whether to continue with the request for information.

Also, all completed Information Request responses will be shared with all Board Members, whether it is readily available or was work product created to respond to a request.

Important Objective – getting to know the TFHD team and the Community.

My team and I continue to meet with many individuals in our community in one on one and in group settings as we work to listen to their views of our strengths and weaknesses and to share that we are committed to the highest ethics, quality and compassion in all we do, working to develop many new relationships in our community and region.

We are also meeting with other healthcare providers/healthcare systems throughout the region to become acquainted and to contemplate areas of collaboration as well as each of us focus on unmet needs in healthcare.

Legislative activities:

My team and I are very active in monitoring and becoming acquainted with our State elected officials and sharing views along with many other CA hospitals on legislation which is being proposed that help or make healthcare delivery more difficult. Many CA Hospital Association members from across the state were in Sacramento just this week being briefed and sharing feedback on proposed legislation.

The governor recently signed a bill which helped all skilled nursing facilities across the state avoid a large “clawback” of funds which was proposed simply as a cost savings measure for the state budget and which placed many skilled nursing facilities at risk for closure. As TFHD has a skilled nursing unit, we too are grateful that no “clawback” will occur.

We are also monitoring Federal legislation activities to see what can be helpful or challenging.

STRATEGIC INITIATIVE 4.0

Soft Lab Project

- Final go live date set for April 12th. Will be an 8 hour downtime that day. Very complicated go live because we have to coordinate with 5 vendors: CPSI, Soft, Varian, T Systems, OCHIN.
All require changes that day.
- Interface work with Varian. This testing is underway.
- First meeting to begin downtime planning held
- OCHIN interface Micro messages finalized. Moved interface to Release environment. Making great progress.
- Will now have the ability to produce discrete Microbiology results rather than a text page.

Amion Physician scheduling program

- Demo held 3/09/2016. Feedback was positive. Inexpensive solution. Many physicians and some staff have used this in other hospitals and feel it would be a good choice.
- Technical call to be scheduled since we found that although the user app is all web based, the administrator's application for anyone who creates schedules requires a PC software download. We have multiple schedulers, some in our facility and others outside: TTMG, NTO. We need to see what this involves.

Powerscribe Upgrade

- Mandatory upgrade to keep support. Must be done by Aug, 2016.

Care Plans

- Beginning Care Plan audits and retraining of all inpatient units in anticipation of HFAP

Home Health/Hospice

- Meeting about Direct Message CCDs for referrals from MSCs next week

CPSI/ Patch Testing

- We are experiencing some billing issues that CPSI says we need patch 1920.16 to fix. Working with CPSI on a workaround.

Passport

- Need to reimage 61 computers for this project.

- Working on our plan to accomplish this and may have a work around to help buy some needed time.

Tahoe Forest Hospital District

Board of Directors Meeting Evaluation Form

Date: _____

		Exceed Expectations	4	Meets Expectations	2	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:
