



TAHOE FOREST HOSPITAL DISTRICT

2018-11-29 Regular Meeting of the Board of Directors

Thursday, November 29, 2018 at 4:00 p.m.

Tahoe Truckee Unified School District

11603 Donner Pass Road, Truckee, CA 96161

Meeting Book - 2018-11-29 Regular Meeting of the Board of Directors

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REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, November 29, 2018 at 4:00 p.m.

Tahoe Truckee Unified School District
11603 Donner Pass Road, Truckee, CA 96161

1. **CALL TO ORDER**

2. **ROLL CALL**

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

4. **INPUT AUDIENCE**

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

5. **CLOSED SESSION**

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

Subject Matter: Third Quarter 2018 Service Excellence Report

Number of items: One (1)

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

Subject Matter: Quality Summary Report

Number of items: One (1)

5.3. **Conference with Real Property Negotiator (Gov. Code § 54956.8) ♦**

APN: 18-570-58

Agency Negotiator: Judith Newland

Negotiating Parties: Gateway Properties

Under Negotiation: Price

5.4. **Approval of Closed Session Minutes ♦**

10/25/2018

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

Subject Matter: Medical Staff Credentials

6. **DINNER BREAK**

APPROXIMATELY 6:00 P.M.

7. **OPEN SESSION – CALL TO ORDER**

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

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

10. **INPUT – AUDIENCE**

This is an opportunity for members of the public to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board

**Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
November 29, 2018 AGENDA – Continued**

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 President may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

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

12. SAFETY FIRST

12.1. November Safety First Topic

13. ACKNOWLEDGMENTS

- 13.1. November 2018 Employee of the MonthATTACHMENT
- 13.2. HHS 2018 Achievement Award for C-Section rate of 23.9% or lowerATTACHMENT
- 13.3. National Nurse Practitioner Week – November 11-17, 2018.....ATTACHMENT
- 13.4. Wildfire Relief

14. MEDICAL STAFF EXECUTIVE COMMITTEE ♦

- 14.1. Medical Executive Committee (MEC) Meeting Consent AgendaATTACHMENT
MEC recommends the following for approval by the Board of Directors: *DMNT-12 Neutropenic Diet Precautions Policy*

15. CONSENT CALENDAR ♦

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

15.1. Approval of Minutes of Meetings

- 15.1.1. 10/25/2018ATTACHMENT

15.2. Financial Reports

- 15.2.1. Financial Report – October 2018ATTACHMENT

15.3. Staff Reports

- 15.3.1. CEO Board ReportATTACHMENT
- 15.3.2. COO Board Report.....ATTACHMENT
- 15.3.3. CNO Board Report.....ATTACHMENT
- 15.3.4. CIO Board ReportATTACHMENT
- 15.3.5. CMO Board Report.....ATTACHMENT
- 15.3.6. CHRO Board ReportATTACHMENT

15.4. Policy Review

- 15.4.1. Second Reading of Proposed Revisions to TFHD Board of Directors BylawsATTACHMENT

15.5. Contracts

- 15.5.1. Jeffrey Dodd, MD – Professional Services AgreementATTACHMENT
- 15.5.2. Andrew P. Ringnes, Inc – Second Amendment to Professional Services Agreement .ATTACHMENT
- 15.5.3. Paul Haeder, MD – First Amendment to Professional Services Agreement.....ATTACHMENT

16. ITEMS FOR BOARD DISCUSSION

16.1. Board Education

- 16.1.1. Mental & Behavioral HealthATTACHMENT

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
November 29, 2018 AGENDA – Continued

The Board of Directors will receive a presentation on mental and behavioral health.

16.2. PRIME Update..... ATTACHMENT

The Board of Directors will receive an update on the PRIME program.

16.3. Annual Accomplishments Report – Fiscal Year 2018..... ATTACHMENT

The Board of Directors will receive a presentation on accomplishments from fiscal year 2018.

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

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

18.1. Executive Compensation Committee Meeting – 10/29/2018 ATTACHMENT

18.2. Quality Committee Meeting – 11/06/2018 ATTACHMENT

18.3. Governance Committee Meeting – No meeting held in November.

18.4. Finance Committee Meeting – No meeting held in November.

19. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS

20. ITEMS FOR NEXT MEETING

21. BOARD MEMBERS REPORTS/CLOSING REMARKS

22. CLOSED SESSION CONTINUED, IF NECESSARY

23. OPEN SESSION

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

25. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is December 20, 2018 at Tahoe Truckee Unified School District, 11603 Donner Pass Road, 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.



Employee of the Month, November 2018
Dennis Clark, Courier – Materials Management Department

We are honored to announce Dennis Clark, Courier - Materials Management Department as our November 2018 Employee of the Month!

Dennis has been a part of Tahoe Forest Health System for 15 years.

Dennis always has a positive attitude. He always makes sure that our mail is delivered come rain or shine! Dennis is just an all-around great person. Tahoe Forest is lucky to have as awesome of an employee as Dennis. We appreciate Dennis and all that he does!

Please join us in congratulating all of our Terrific Nominees!

Adriana Jimenez
Ana Zarate
Esperanza Espinoza
Joshua Fetbrandt
Kelly Witten
Lynelle Tyler
Wendy Lenz

State of California HEALTH AND HUMAN SERVICES AGENCY

EDMUND G. BROWN
JR.
GOVERNOR



MICHAEL WILKENING
SECRETARY

Aging
Child Support
Services
Community Services
and Development
Developmental
Services
Emergency Medical
Services Authority
Health Care Services
Managed Health Care
Office of Innovation
Office of Law
Enforcement Support
Office of Patient
Advocate
Office of Systems
Integration
Public Health
Rehabilitation
Social Services
State Hospitals
Statewide Health
Planning and
Development

November 7, 2018



Dear Hospital CEO,

On behalf of Smart Care California, I am pleased to recognize your hospital with a 2018 achievement award for meeting or surpassing the Healthy People 2020 target for low-risk, first-birth Cesarean sections (C-sections). By reaching this target, your team is delivering safer and more affordable care for Californians.

Smart Care California is a public-private partnership that promotes safe and accessible health care for all Californians. It is co-chaired by the California Department of Health Care Services, Covered California, and the California Public Employees Retirement System. Together, the groups leading and participating in Smart Care California purchase or manage health care for 16 million Californians, or 40 percent of the covered lives in California.

To receive this 2018 Smart Care California award, a California hospital must have achieved a C-section rate of 23.9 percent or lower for low-risk, first-birth deliveries. The award is based on 2017 Patient Discharge Data from the Office of Statewide Health Planning and Development linked to Birth Certificate Data from the California Department of Public Health-Vital Records, based on Joint Commission specifications, provided by Cal Hospital Compare.

This is the third year Smart Care California is honoring hospitals who have met or surpassed the 23.9 percent target for low-risk, first-birth C-sections. This year, we are recognizing 122 hospitals that have achieved the goal, which is up from the 111 hospitals recognized for 2017 award. In future years, we hope to be able to give this award to all 240 maternity hospitals in California.

Please extend our congratulations to all of your hospital's physicians, nurses, midwives, other clinical staff, and administrators who have made this achievement possible. I also encourage you to share the news of your award with your patients and in your community.

Sincerely,

A handwritten signature in black ink that reads "Michael Wilkening".

Michael Wilkening
Secretary



SMART CARE
CALIFORNIA

Tahoe Forest Hospital District
2018 Achievement Award

**For Meeting or Exceeding the Healthy People 2020 Goal
for Low-Risk, First-Birth Cesarean Deliveries**

To receive this award, a California hospital must achieve a Cesarean section (C-section) rate of 23.9 percent or lower for low-risk, first-birth deliveries. The award is based on 2017 data reported by hospitals to the Office of Statewide Health Planning and Development and the California Department of Public Health-Vital Records.

A handwritten signature in black ink, appearing to read "Michael Wilkening", is written over a horizontal line.

Michael Wilkening
Secretary, California Health and Human Services Agency

NATIONAL NURSE PRACTITIONER WEEK

#NPWEEK

November 11–17, 2018

AANP

American Association of
NURSE PRACTITIONERS®



- Nurse practitioners (NPs) provide high-quality, cost-effective, patient-centered health care.
- The health care providers of choice for millions of Americans, NPs conduct more than one billion patient visits annually.
- More than 248,000 solutions to the health care crisis in America, NPs help patients make educated health care decisions and healthy lifestyle choices.
- By providing high-quality care and counseling, NPs can lower the cost of health care.
- Studies show that patients who see NPs as their primary care provider often have fewer emergency room visits, shorter hospital stays and lower medication costs.

LEARN MORE ABOUT NPS: AANP.ORG

LOCATE AN NP: NPFINDER.COM

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LEARN MORE ABOUT NPS: AANP.ORG

LOCATE AN NP: NPFINDER.COM

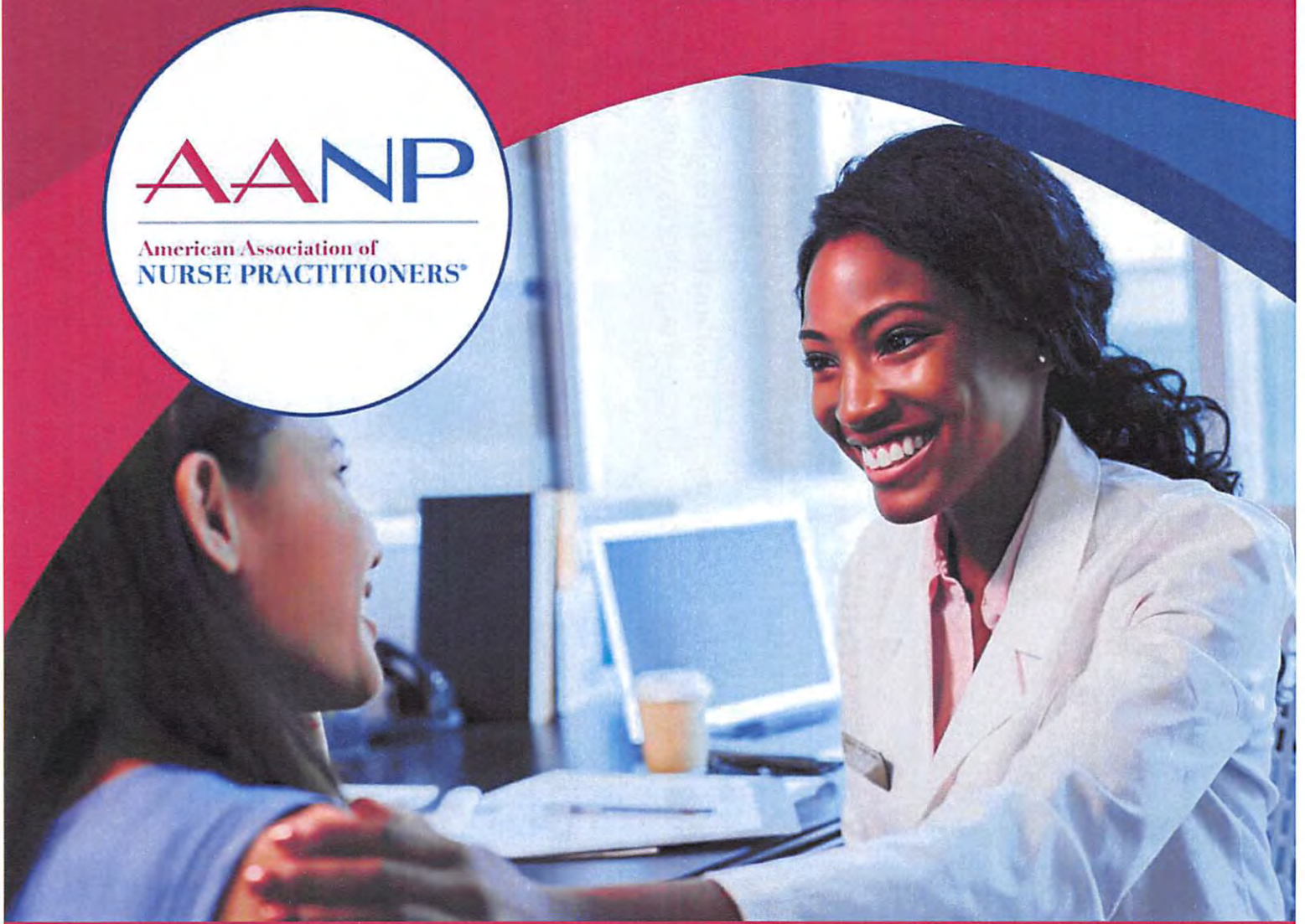
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LEARN MORE ABOUT NPS: AANP.ORG

LOCATE AN NP: NPFINDER.COM



Nurse Practitioners:

248,000

solutions to strengthening
health care for America

Nurse practitioners are leading the charge—providing high-quality, personalized health care that patients want and America needs.

National NP Week
November 11–17, 2018



ADVANCED DEGREES
NATIONAL BOARD CERTIFICATION

PRIMARY, ACUTE &
SPECIALTY CARE PROVIDERS

ORDER, PERFORM &
INTERPRET DIAGNOSTIC TESTS

PRESCRIBE MEDICATIONS &
OTHER TREATMENTS

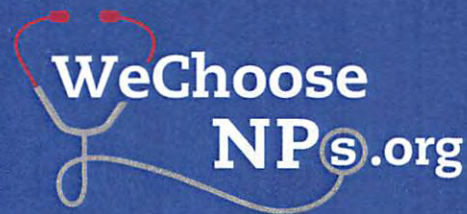
Celebrating America's NPs and the Patients Who Choose Them.



With 248,000 NPs delivering primary, acute and specialty health care to patients nationwide, there are more options than ever to find the health care provider that's right for you.

To the millions of patients who already choose an NP for their family's health, we say thank you. To those still searching for their health care provider, we invite you to consider an NP.

National Nurse Practitioner Week
November 11-17, 2018



**When Patients Choose,
Patients Win**

AANP
American Association of
NURSE PRACTITIONERS

Visit WeChooseNPs.org to learn more.

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 This is a Medical Staff Committee document protected by Sec. 1157 of the Calif. Evidence Code

**MEDICAL EXECUTIVE COMMITTEE
RECOMMENDATIONS TO THE BOARD OF DIRECTORS
 Thursday, November 15, 2018**

REFERRED BY:	AGENDA ITEMS	RECOMMEND
MEDICAL STAFF	A motion was made, seconded, and carried to recommend approval of the following to the Board of Directors:	
Medicine Department	The Executive Committee recommends approval of the following:	Recommend approval
	Neutropenic Diet Precautions, DMNT-12	

Neutropenic Diet Precautions, DMNT-12

PURPOSE:

This nutrition therapy addresses the food safety concerns of patients whose immunity is suppressed and who are at high risk for foodborne illness.

POLICY:

Patients who have a low absolute neutrophil count (ANC < 1.0) may have the additional comment of "Neutropenic Precautions" added to their diet order.

PROCEDURE:

A. Physician identifies neutropenic patients by ordering "neutropenic precautions" as a comment to the diet order.

B. Dietary receives order for diet with Neutropenic Precautions

1. Dietary staff labels menus as "neutropenic precautions" and follows the diet restrictions.

~~All fresh produce must be well washed, meaning the produce is soaked in water, the exterior is rubbed, water is drained away and then the produce is rinsed again.~~

~~Produce not allowed on diet: berries, raw garnishes such as parsley.~~

a. All fresh produce must be triple washed

b. Tap water and ice from dispenser are allowed. Avoid handling ice with bare hands. Bottled water will be available if preferred by patient.

c. All dairy, fruits and vegetable juice must be pasteurized.

d. No pre-sliced deli meats for cold sandwiches (roast beef & pastrami) allowed.

e. No Brie cheese, feta cheese, or blue cheese ~~or pepper jack cheese.~~ allowed

f. No salad dressings containing blue cheese or feta cheese.

g. No food brought from outside the hospital, unless approved by MD.

h. No iced tea from café dispenser, ice tea must be made using boiling water and allowed to cool.

~~No house made fresh salsa (red, green, mango)~~

~~Dietitian should provide dietary education on safe handling of foods which may pose infectious risks during period of neutropenia.~~

C. Dietitian should provide education on safe food handling to patient prior to discharge using materials consistent with cancer center.

Related Policies/Forms: AIPC-60, Food Safety Nutrition Therapy (patient education handout)

References: Academy of Nutrition and Dietetics, Nutrition Care Manual, 2016. www.cdc.gov/cancer/preventinfections/pdf/neutropenia.pdf. www.ons.org/intervention/environmental-interventions.

References: USDA 2018 Food Safety For People with Cancer



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

Thursday, October 25, 2018 at 4:00 p.m.
Tahoe Truckee Unified School District
11603 Donner Pass Road, Truckee, CA 96161

1. CALL TO ORDER

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

2. ROLL CALL

Board: Dale Chamblin, Board President; Randy Hill, Vice President; Charles Zipkin, M.D., Treasurer; Alyce Wong, Secretary; Mary Brown, Board Member

Staff in attendance: Harry Weis, Chief Executive Officer; Crystal Betts, Chief Financial Officer; Judy Newland, Chief Operating Officer; Jake Dorst, Chief Information and Innovation Officer; Dr. Shawni Coll, Chief Medical Officer; Matt Mushet, In-House Counsel; Martina Rochefort, Clerk of the Board

Other: David Ruderman, Assistant General Counsel; Kate Jackson and Brian Connors of Moss Adams

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

4. INPUT AUDIENCE

No public comment was received.

5. ITEMS FOR BOARD ACTION

5.1. Fiscal Year 2018 Audited Financial Statements Report

Moss Adams noted they will render an unmodified opinion. Discussion was held.

ACTION: Motion made by Director Zipkin, seconded by Director Wong, to accept the Fiscal Year 2018 Audited Financial Statements Report as presented.

AYES: Directors Brown, Wong, Zipkin, Hill and Chamblin

Abstention: None

NAYS: None

Absent: None

Open Session recessed at 4:45 p.m.

6. CLOSED SESSION

6.1. Hearing (Health & Safety Code § 32155)

Subject Matter: Third Quarter 2018 Corporate Compliance Report

Number of items: One (1)

Discussion was held on a privileged item.

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

Discussion will concern: Proposed new programs and facilities

Estimated date of disclosure: October 2018

Discussion was held on a privileged item.

6.3. Approval of Closed Session Minutes

09/27/2018

Discussion was held on a privileged item.

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

Subject Matter: Medical Staff Credentials

Discussion was held on a privileged item.

7. DINNER BREAK

8. OPEN SESSION – CALL TO ORDER

Open Session reconvened at 6:00 p.m.

9. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel noted there were four items considered in closed session. There was no reportable action on items 6.1 and 6.2. Item 6.3 was approved on a 5-0 vote. Item 6.4 was also approved on a 5-0 vote.

10. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

11. INPUT – AUDIENCE

Public comment was received by Carmen Carr.

12. INPUT FROM EMPLOYEE ASSOCIATIONS

No public comment was received.

13. SAFETY FIRST

13.1. Executive Director of Governance Ted Owens presented the October Safety First Topic of political in the workplace.

14. ACKNOWLEDGMENTS

14.1. Katrina Nunez was named October 2018 Employee of the Month.

14.2. October is Breast Health Awareness Month.

14.3. BETA Quest for Zero Recognition was received in OB (Tier 2) and Emergency Department (Tier 1).

14.4. Harry Weis was named on Becker's Hospital Review's List of "71 Critical Access Hospital CEOs to Know".

14.5. Healthcare Quality Week is October 21-27, 2018.

15. MEDICAL STAFF EXECUTIVE COMMITTEE

15.1. Medical Executive Committee (MEC) Meeting Consent Agenda

MEC recommends the following for approval by the Board of Directors: *PA/NP Privilege Form, Pediatric Early Warning Score (PEWS) and Algorithm, Medical Staff Bylaws amendments, and Medical Staff Rules and Regulations amendments.*

ACTION: Motion made by Director Brown, seconded by Director Hill, to approve the Medical Executive Committee Meeting Consent Calendar as presented.
AYES: Directors Brown, Wong, Zipkin, Hill and Chamblin
Abstention: None
NAYS: None
Absent: None

16. 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.

16.1. Approval of Minutes of Meetings

16.1.1. 09/27/2018

16.1.2. 10/08/2018

16.2. Financial Reports

16.2.1. Financial Report – September 2018

16.3. Staff Reports

16.3.1. CEO Board Report

16.3.2. COO Board Report

16.3.3. CNO Board Report

16.3.4. CIIO Board Report

16.3.5. CMO Board Report

16.3.6. CHRO Board Report

16.4. Policy Review

16.4.1. ABD-07 Conflict of Interest Policy

ACTION: Motion made by Director Zipkin, seconded by Director Wong, to approve the Consent Calendar as presented.
AYES: Directors Brown, Wong, Zipkin, Hill and Chamblin
Abstention: None
NAYS: None
Absent: None

17. ITEMS FOR BOARD ACTION

17.1. First Reading of Proposed Revisions to TFHD Board of Directors Bylaws

Discussion was held.

No public comment was received.

ACTION: Motion made by Director Brown, seconded by Director Hill to approve the Board of Directors Bylaws as presented.
AYES: Directors Brown, Wong, Zipkin, Hill and Chamblin
Abstention: None

NAYS: None
Absent: None

17.2. Minority Shares Purchase in an Outpatient Medical Facility

Discussion was held.

ACTION: Motion made by Director Zipkin, seconded by Director Hill, to approve the purchase of the minority shares in the Truckee Surgery Center as presented.

AYES: Directors Brown, Wong, Zipkin, Hill and Chamblin

Abstention: None

NAYS: None

Absent: None

18. ITEMS FOR BOARD DISCUSSION

18.1. Corporate Compliance Report

Discussion was held.

ACTION: Motion made by Director Wong, seconded by Director Brown, to accept the Third Quarter Corporate Compliance Report as presented.

AYES: Directors Brown, Wong, Zipkin, Hill and Chamblin

Abstention: None

NAYS: None

Absent: None

18.2. Board Education

18.2.1. High Reliability Organization

Hilary Ward, TFHD Medication Safety Pharmacist, presented education to the board on High Reliability Organization. Discussion was held.

19. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Not applicable.

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

20.1. Governance Committee Meeting – 09/28/2018

Director Brown provided an update on the recent Governance Committee meeting.

20.2. Finance Committee Meeting – No meeting held in October.

20.3. Executive Compensation Committee Meeting – No meeting held in October.

20.4. Quality Committee Meeting – No meeting held in October.

21. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS

None.

22. ITEMS FOR NEXT MEETING

The next meeting will be moved to Thursday, November 29, 2018 due to a conflict with the Thanksgiving holiday.

23. BOARD MEMBERS REPORTS/CLOSING REMARKS

Discussion was held about receiving public comment outside the District's jurisdiction.

24. CLOSED SESSION CONTINUED, IF NECESSARY

None.

25. OPEN SESSION

Not applicable.

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

Not applicable.

27. ADJOURN

Meeting adjourned at 7:06 p.m.

**TAHOE FOREST HOSPITAL DISTRICT
OCTOBER 2018 FINANCIAL REPORT
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13	STATEMENT OF CASH FLOWS

Board of Directors
Of Tahoe Forest Hospital District
OCTOBER 2018 FINANCIAL NARRATIVE

The following is the financial narrative analyzing financial and statistical trends for the four months ended October 31, 2018.

Activity Statistics

- ❑ TFH acute patient days were 401 for the current month compared to budget of 376. This equates to an average daily census of 12.90 compared to budget of 12.10.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Emergency Department visits, Clinic visits, Home Health visits, Medical Supplies Sold to Patients, Laboratory tests, Diagnostic Imaging, Mammography, Medical & Radiation Oncology visits, MRI, Cat Scans, Pharmacy units, Respiratory Therapy, Endoscopy procedures, Tahoe City Physical Therapy & Occupational Therapy, Physical Therapy, Speech Therapy and Occupational Therapy.

Financial Indicators

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 47.4% in the current month compared to budget of 53.8% and to last month's 47.0%. Current year's Net Patient Revenue as a percentage of Gross Patient Revenue is 49.2%, compared to budget of 53.7% and prior year's 52.8%.
- ❑ EBIDA was \$432,570 (1.5%) for the current month compared to budget of \$396,351 (1.6%), or \$36,219 (-.1%) under budget. Year-to-date EBIDA was \$7,590,727 (6.5%) compared to budget of \$4,242,304 (4.1%), or \$3,348,424 (2.4%) above budget.
- ❑ Cash Collections for the current month were \$15,777,226 which is 98% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$75,427,795 at the end of October compared to \$77,835,025 at the end of September. Legacy Gross Accounts Receivable was \$1,744,023 at the end of October compared to \$2,150,546 at the end of September, a reduction of \$406,523.

Balance Sheet

- ❑ Working Capital Days Cash on Hand is 9.9 days. S&P Days Cash on Hand is 151.5. Working Capital cash increased \$736,000. Accounts Payable decreased \$805,000, the District remitted its semi-annual Employer Deferred Compensation liability of \$1,100,000, reimbursement of \$2,181,000 was received from the Municipal Lease funds and cash collections fell short of target by 2%.
- ❑ Net Patients Accounts Receivable decreased approximately \$2,184,000 and Cash collections were at 98% of target. EPIC Days in A/R at the close of October were 78.0.
- ❑ Estimated Settlements, Medi-Cal and Medicare increased \$961,000 after booking estimated amounts due from the HQAF, IGT Rate Range, and Medi-Cal PRIME programs.
- ❑ The District booked monies available from the Municipal Lease 2018 funding and submitted and received its first reimbursement in the amount of \$2,181,000.
- ❑ GO Bond Tax Revenue fund increased \$37,487 after receiving remittance from Placer County.
- ❑ The District finalized the purchase of the remaining 49% ownership in Truckee Surgery Center, LLC and remitted funds for the acquisition.
- ❑ Accounts Payable decreased \$805,000 due to the timing of the final check run in October.
- ❑ Estimated Settlements, Medi-Cal and Medicare decreased \$159,900 after remitting an amount due to the Medicare program for overpayment on Part A (Inpatient) claims.
- ❑ Health Insurance Plan IBNR increased \$151,000 after booking an adjustment to the liability based on calculations performed by our Third Party Administrator.
- ❑ Other Long Term Debt net of Current Maturities increased \$8,000,000 after booking the additional debt assumed with the Municipal Lease 2018.

Operating Revenue

- ❑ Current month’s Total Gross Revenue was \$29,014,116, compared to budget of \$24,489,837 or \$4,524,279 above budget.
- ❑ Current month’s Gross Inpatient Revenue was \$6,533,885, compared to budget of \$6,785,844 or \$251,959 below budget.
- ❑ Current month’s Gross Outpatient Revenue was \$22,480,231 compared to budget of \$17,703,993 or \$4,776,238 above budget.
- ❑ Current month’s Gross Revenue Mix was 39.1% Medicare, 18.0% Medi-Cal, .0% County, 2.3% Other, and 40.6% Insurance compared to budget of 36.8% Medicare, 17.5% Medi-Cal, .0% County, 3.6% Other, and 42.1% Insurance. Last month’s mix was 42.6% Medicare, 13.5% Medi-Cal, .0% County, 4.8% Other, and 39.1% Insurance. Year-to-date Gross Revenue Mix was 40.6% Medicare, 15.9% Medi-Cal, .0% County, 3.3% Other, and 40.2% Insurance compared to budget of 36.4% Medicare, 17.4% Medi-Cal, .0% County, 3.7% Other, and 42.5% Commercial.
- ❑ Current month’s Deductions from Revenue were \$15,256,868 compared to budget of \$11,306,858 or \$3,950,010 over budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 2.34% increase in Medicare, a .51% increase to Medi-Cal, County at budget, a 1.28% decrease in Other, and Commercial was below budget 1.57%, 2) Revenues exceeded budget by 18.5%, 3) our IP Medicare Interim Reimbursement rate dropped by 13%, and our AR over 120 days increased which is reserved for at 100%.

DESCRIPTION	October 2018 Actual	October 2018 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	5,099,871	5,000,564	(99,307)	
Employee Benefits	1,304,653	1,426,280	121,627	
Benefits – Workers Compensation	81,069	55,820	(25,249)	
Benefits – Medical Insurance	1,538,681	598,402	(940,279)	Increased usage of our self-insured health insurance plan and an adjustment to our Health Insurance IBNR liability created a negative variance in Benefits-Medical Insurance.
Professional Fees	2,063,388	2,288,519	225,131	We saw positive variances in Human Resources Legal & Consulting fees, Anesthesia and Radiology Income Guarantee fees, and consulting fees budgeted for Finance/Accounting software implementations.
Supplies	1,836,704	2,030,712	194,009	Positive variance in Supplies related to Oncology Drugs Sold to Patients. Revenues fell short of budget by 26.35%.
Purchased Services	1,765,825	1,482,966	(282,859)	Negative variance in Purchased Services related to software maintenance agreements for Information Technology, the Cancer Center, and Laboratory, District wide maintenance projects, and expenses advanced for the Gene Upshaw Memorial Golf Classic.
Other Expenses	667,649	759,518	91,869	Negative variance in Marketing expenses and Equipment Rent was offset by positive variances in the remaining Other Expenses categories. Controllable costs continue to be monitored closely by Senior Leadership, aiding in this positive variance.
Total Expenses	14,357,841	13,642,782	(715,059)	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
OCTOBER 2018

	Oct-18	Sep-18	Oct-17	
ASSETS				
CURRENT ASSETS				
* CASH	\$ 4,368,653	\$ 3,632,905	\$ 12,666,942	1
PATIENT ACCOUNTS RECEIVABLE - NET	30,553,538	32,737,636	16,016,604	2
OTHER RECEIVABLES	7,653,227	7,192,415	7,010,079	
GO BOND RECEIVABLES	1,087,170	749,772	1,296,155	
ASSETS LIMITED OR RESTRICTED	7,418,024	7,043,218	7,715,591	
INVENTORIES	3,129,392	3,127,024	3,070,500	
PREPAID EXPENSES & DEPOSITS	2,054,038	1,922,423	1,863,586	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	6,727,272	5,766,412	7,314,780	3
TOTAL CURRENT ASSETS	62,991,314	62,171,803	56,954,237	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	62,460,296	62,129,099	61,539,114	1
MUNICIPAL LEASE 2018	5,818,864	-	32,222	4
TOTAL BOND TRUSTEE 2017	19,999	19,973	19,799	
TOTAL BOND TRUSTEE 2015	689,124	552,027	683,593	
GO BOND PROJECT FUND	-	-	1	
GO BOND TAX REVENUE FUND	837,019	799,532	1,425,443	5
DIAGNOSTIC IMAGING FUND	3,246	3,229	3,195	
DONOR RESTRICTED FUND	1,127,602	1,124,440	1,684,611	
WORKERS COMPENSATION FUND	1,450	12,765	(1,569)	
TOTAL	70,957,600	64,641,065	65,386,408	
LESS CURRENT PORTION	(7,418,024)	(7,043,218)	(7,715,591)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	63,539,576	57,597,847	57,670,817	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	501,785	-	-	6
PROPERTY HELD FOR FUTURE EXPANSION	894,951	873,491	836,353	
PROPERTY & EQUIPMENT NET	166,536,018	166,308,420	132,800,709	
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,841,394	1,822,165	33,409,499	
TOTAL ASSETS	296,305,038	288,773,726	281,671,615	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	452,533	455,765	491,321	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	899,886	899,886	1,446,560	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	5,888,268	5,911,973	6,172,725	
GO BOND DEFERRED FINANCING COSTS	460,349	462,284	483,564	
DEFERRED FINANCING COSTS	183,089	184,129	195,572	
TOTAL DEFERRED OUTFLOW OF RESOURCES	\$ 7,884,125	\$ 7,914,037	\$ 8,789,742	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	\$ 5,202,462	\$ 6,007,675	\$ 6,441,811	7
ACCRUED PAYROLL & RELATED COSTS	13,194,937	13,276,391	14,710,733	
INTEREST PAYABLE	391,572	307,510	347,591	
INTEREST PAYABLE GO BOND	953,527	635,685	1,283,259	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	262,512	422,412	47,577	8
HEALTH INSURANCE PLAN	1,463,491	1,312,436	1,211,751	9
WORKERS COMPENSATION PLAN	1,886,955	1,886,757	1,703,225	
COMPREHENSIVE LIABILITY INSURANCE PLAN	1,184,419	1,184,419	858,290	
CURRENT MATURITIES OF GO BOND DEBT	1,330,000	1,330,000	860,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	1,454,876	1,454,876	1,049,645	
TOTAL CURRENT LIABILITIES	27,324,751	27,818,161	28,513,880	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	33,512,687	25,515,259	27,348,004	10
GO BOND DEBT NET OF CURRENT MATURITIES	100,937,454	100,950,875	102,713,502	
DERIVATIVE INSTRUMENT LIABILITY	899,886	899,886	1,446,560	
TOTAL LIABILITIES	162,674,777	155,184,180	160,021,947	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS RESTRICTED	140,386,784	140,379,143	128,754,799	
	1,127,602	1,124,440	1,684,611	
TOTAL NET POSITION	\$ 141,514,386	\$ 141,503,583	\$ 130,439,410	

* Amounts included for Days Cash on Hand calculation

**TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
OCTOBER 2018**

1. Working Capital is at 9.9 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 151.5 days. Working Capital cash increased a net \$736,000. Accounts Payable decreased \$805,000 (See Note 7), the District funded its semi-annual Employer matching Deferred Compensation commitment of \$1,100,000, Cash Collections fell short of target by 2% and the District received its first reimbursement from the Municipal Lease 2018 funds in the amount of \$2,181,000 (See Note 4).
2. Net Patient Accounts Receivable decreased approximately \$2,184,000 and Cash collections were 98% of target. EPIC Days in A/R were 78.0 compared to 82.0 at the close of September, a 4.0 days decrease.
3. Estimated Settlements, Medi-Cal and Medicare increased a net \$961,000 after booking our estimated receivable for October from the HQAF and IGT Rate Range programs. The District also booked an amount due from the PRIME DY 13 program in the amount of \$472,000.
4. Municipal Lease 2018 increased a net \$5,819,000. The District closed on its Municipal Lease in October and booked the funds available from the debt. The first reimbursement request of \$2,181,000 was submitted and received prior to the close of October.
5. GO Bond Tax Revenue Fund increased \$37,487 after receiving payment from Placer County for GO Bond Property Tax revenues.
6. Purchase of the remaining 49% ownership in Truckee Surgery Center, LLC was completed in October and monies were transferred after the closing of the sale.
7. Accounts Payable decreased \$805,000 due to the timing of the final check run in the month.
8. Estimated Settlements, Medi-Cal and Medicare decreased \$159,900 after remitting an amount due to the Medicare program for overpayment of Part A claims for the first quarter of FY19.
9. An adjustment was made to the Health Insurance Plan IBNR liability account based on information calculated by our Third Party Administrator.
10. Other Long Term Debt Net of Current Maturities increased \$8,000,000 after booking the additional debt assumed with the Municipal Lease 2018.

**Tahoe Forest Hospital District
Cash Investment
October 2018**

WORKING CAPITAL			
US Bank	\$ 3,318,884		
US Bank/Kings Beach Thrift Store	10,177		
US Bank/Truckee Thrift Store	33,475		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,006,116</u>	0.40%	
Total			\$ 4,368,653
BOARD DESIGNATED FUNDS			
US Bank Savings	\$ -	0.03%	
Capital Equipment Fund	<u>-</u>		
Total			\$ -
Building Fund	\$ -		
Cash Reserve Fund	<u>62,460,296</u>	2.14%	
Local Agency Investment Fund			\$ 62,460,296
Municipal Lease 2018			\$ 5,818,864
Bonds Cash 2017			\$ 19,999
Bonds Cash 2015			\$ 689,124
GO Bonds Cash 2008			\$ 837,019
DX Imaging Education	\$ 3,246		
Workers Comp Fund - B of A	1,450		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ 4,696</u>
TOTAL FUNDS			\$ 74,198,651
RESTRICTED FUNDS			
Gift Fund			
US Bank Money Market	\$ 8,365	0.03%	
Foundation Restricted Donations	34,641		
Local Agency Investment Fund	<u>1,084,596</u>	2.14%	
TOTAL RESTRICTED FUNDS			<u>\$ 1,127,602</u>
TOTAL ALL FUNDS			<u>\$ 75,326,253</u>

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
OCTOBER 2018

CURRENT MONTH					YEAR TO DATE				PRIOR YTD OCT 2017	
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
\$ 29,014,116	\$ 24,489,837	\$ 4,524,279	18.5%	OPERATING REVENUE	\$ 117,042,786	\$ 103,383,120	\$ 13,659,666	13.2%	1	\$ 88,490,014
				Total Gross Revenue						
\$ 2,541,482	\$ 2,493,560	\$ 47,922	1.9%	Gross Revenues - Inpatient	\$ 11,508,908	\$ 10,188,177	\$ 1,320,731	13.0%		\$ 8,345,835
3,992,403	4,292,284	(299,881)	-7.0%	Daily Hospital Service	18,905,174	16,817,021	2,088,153	12.4%		14,180,494
6,533,885	6,785,844	(251,959)	-3.7%	Ancillary Service - Inpatient	30,414,081	27,005,197	3,408,884	12.6%	1	22,526,330
				Total Gross Revenue - Inpatient						
22,480,231	17,703,993	4,776,238	27.0%	Gross Revenue - Outpatient	86,628,705	76,377,923	10,250,782	13.4%		65,963,684
22,480,231	17,703,993	4,776,238	27.0%	Total Gross Revenue - Outpatient	86,628,705	76,377,923	10,250,782	13.4%	1	65,963,684
				Deductions from Revenue:						
13,810,150	10,271,932	(3,538,217)	-34.4%	Contractual Allowances	54,486,010	43,403,651	(11,082,359)	-25.5%	2	38,629,187
924,881	758,340	(166,541)	-22.0%	Charity Care	3,785,981	3,254,841	(531,140)	-16.3%	2	2,737,703
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	63,941
521,837	276,586	(245,251)	-88.7%	Bad Debt	1,262,769	1,234,907	(27,861)	-2.3%	2	355,109
-	-	-	0.0%	Prior Period Settlements	(95,577)	-	95,577	0.0%	2	(14,825)
15,256,868	11,306,858	(3,950,010)	-34.9%	Total Deductions from Revenue	59,439,182	47,893,399	(11,545,783)	-24.1%		41,771,115
117,425	88,430	(28,995)	-32.8%	Property Tax Revenue- Wellness Neighborhood	343,409	351,593	(8,184)	-2.3%		292,143
915,738	767,724	148,014	19.3%	Other Operating Revenue	3,509,214	3,076,867	432,348	14.1%	3	2,843,693
14,790,411	14,039,133	751,278	5.4%	TOTAL OPERATING REVENUE	61,456,227	58,918,181	2,538,046	4.3%		49,854,736
				OPERATING EXPENSES						
5,099,871	5,000,564	(99,307)	-2.0%	Salaries and Wages	19,347,785	20,647,405	1,299,620	6.3%	4	17,715,805
1,304,653	1,426,280	121,627	8.5%	Benefits	5,957,625	5,877,758	(79,867)	-1.4%	4	5,673,375
81,069	55,820	(25,249)	-45.2%	Benefits Workers Compensation	250,490	223,282	(27,208)	-12.2%	4	230,386
1,538,681	598,402	(940,279)	-157.1%	Benefits Medical Insurance	3,787,457	2,393,606	(1,393,851)	-58.2%	4	2,390,739
2,063,388	2,288,519	225,131	9.8%	Professional Fees	8,426,873	8,767,676	340,804	3.9%	5	7,699,249
1,836,704	2,030,712	194,009	9.6%	Supplies	8,137,259	8,349,078	211,818	2.5%	6	7,085,542
1,765,825	1,482,966	(282,859)	-19.1%	Purchased Services	5,292,462	5,583,367	290,905	5.2%	7	4,581,895
667,649	759,518	91,869	12.1%	Other	2,665,548	2,833,705	168,157	5.9%	8	2,692,380
14,357,841	13,642,782	(715,059)	-5.2%	TOTAL OPERATING EXPENSE	53,865,500	54,675,878	810,378	1.5%		48,069,369
432,570	396,351	36,219	9.1%	NET OPERATING REVENUE (EXPENSE) EBIDA	7,590,727	4,242,304	3,348,424	78.9%		1,785,367
				NON-OPERATING REVENUE/(EXPENSE)						
525,533	554,528	(28,995)	-5.2%	District and County Taxes	2,228,424	2,220,240	8,184	0.4%	9	2,268,153
374,886	374,886	0	0.0%	District and County Taxes - GO Bond	1,499,543	1,499,543	0	0.0%		1,331,524
150,378	130,802	19,576	15.0%	Interest Income	515,920	516,861	(941)	-0.2%	10	284,139
-	-	-	0.0%	Interest Income-GO Bond	-	-	-	0.0%		-
-	86,961	(86,961)	-100.0%	Donations	36,846	354,594	(317,749)	-89.6%	11	83,088
-	-	-	0.0%	Gain/ (Loss) on Joint Investment	-	-	-	0.0%	12	-
-	-	-	0.0%	Loss on Impairment of Asset	-	-	-	0.0%	12	-
4,850	-	4,850	0.0%	Gain/ (Loss) on Sale of Equipment	5,850	-	5,850	0.0%	13	-
-	-	-	0.0%	Impairment Loss	-	-	-	0.0%	14	-
(1,059,977)	(1,059,977)	(0)	0.0%	Depreciation	(4,239,908)	(4,239,908)	(0)	0.0%	15	(3,896,664)
(87,376)	(87,091)	(285)	-0.3%	Interest Expense	(380,751)	(348,364)	(32,387)	-9.3%	16	(333,302)
(330,061)	(310,014)	(20,047)	-6.5%	Interest Expense-GO Bond	(1,310,807)	(1,248,175)	(62,632)	-5.0%		(1,283,259)
(421,766)	(309,905)	(111,862)	-36.1%	TOTAL NON-OPERATING REVENUE/(EXPENSE)	(1,644,883)	(1,245,208)	(399,675)	-32.1%		(1,546,323)
\$ 10,803	\$ 86,446	\$ (75,643)	-87.5%	INCREASE (DECREASE) IN NET POSITION	\$ 5,945,844	\$ 2,997,095	\$ 2,948,749	98.4%		\$ 239,044
				NET POSITION - BEGINNING OF YEAR	135,568,542					
				NET POSITION - AS OF OCTOBER 31, 2018	\$ 141,514,386					
1.5%	1.6%	-0.1%		RETURN ON GROSS REVENUE EBIDA	6.5%	4.1%	2.4%			6.0%

**TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
OCTOBER 2018**

		Variance from Budget	
		Fav / <Unfav>	
		OCT 2018	YTD 2018
1) Gross Revenues			
<p>Acute Patient Days were above budget 6.64% or 25 days. Swing Bed days were over budget 22.58% or 7 days. Inpatient Ancillary revenues fell short budget by 7.00% due to the lower acuity levels in our patient population.</p> <p>Outpatient volumes were above budget in the following departments: Emergency Department visits, Clinic Visits, Home Health visits, Surgical services, Medical Supplies Sold to Patients, Laboratory tests, Diagnostic Imaging, Mammography, Medical & Radiation Oncology procedures, MRI, Cat Scans, Drugs Sold to Patients, Respiratory Therapy, Endoscopy procedures, Physical Therapy, Speech Therapy, and Occupational Therapy.</p>	<p>Gross Revenue – Inpatient</p> <p>Gross Revenue – Outpatient</p> <p>Gross Revenue – Total</p>	<p>\$ (251,959)</p> <p>\$ 4,776,238</p> <p>\$ 4,524,279</p>	<p>\$ 3,408,884</p> <p>\$ 10,250,782</p> <p>\$ 13,659,666</p>
2) Total Deductions from Revenue			
<p>The payor mix for October shows a 2.34% increase to Medicare, a .51% increase to Medi-Cal, 1.28% decrease to Other, County at budget, and a 1.57% decrease to Commercial when compared to budget. Contractual Allowances were over budget due to a shift in Payor Mix from Commercial to Medicare and Medi-Cal and revenues exceeding budget by 18.50%.</p>	<p>Contractual Allowances</p> <p>Charity Care</p> <p>Charity Care - Catastrophic</p> <p>Bad Debt</p> <p>Prior Period Settlements</p> <p>Total</p>	<p>\$ (3,538,217)</p> <p>(166,541)</p> <p>-</p> <p>(245,251)</p> <p>-</p> <p>\$ (3,950,010)</p>	<p>\$ (11,082,359)</p> <p>(531,140)</p> <p>-</p> <p>(27,861)</p> <p>95,577</p> <p>\$ (11,545,783)</p>
3) Other Operating Revenue			
<p>Retail Pharmacy revenues exceeded budget by 6.67%.</p> <p>Hospice Thrift Store revenues exceeded budget by 15.91% in October.</p> <p>IVCH ER Physician Guarantee is tied to collections which exceeded budget estimates in the month.</p> <p>Rebates & Refunds and Quality Assurance Fees created a positive variance in Miscellaneous.</p>	<p>Retail Pharmacy</p> <p>Hospice Thrift Stores</p> <p>The Center (non-therapy)</p> <p>IVCH ER Physician Guarantee</p> <p>Children's Center</p> <p>Miscellaneous</p> <p>Oncology Drug Replacement</p> <p>Grants</p> <p>Total</p>	<p>17,203</p> <p>14,925</p> <p>(4,877)</p> <p>25,404</p> <p>8,908</p> <p>\$ 77,451</p> <p>-</p> <p>9,000</p> <p>\$ 148,014</p>	<p>110,279</p> <p>117,274</p> <p>(38,309)</p> <p>78,278</p> <p>22,877</p> <p>\$ 132,949</p> <p>-</p> <p>9,000</p> <p>\$ 432,348</p>
4) Salaries and Wages			
<p>Negative variance in Salaries and Wages was offset by a positive variance in PL/SL.</p>	<p>Total</p>	<p>\$ (99,307)</p>	<p>\$ 1,299,620</p>
Employee Benefits			
<p>PL/SL</p> <p>Nonproductive</p> <p>Pension/Deferred Comp</p> <p>Standby</p> <p>Other</p> <p>Total</p>	<p>PL/SL</p> <p>Nonproductive</p> <p>Pension/Deferred Comp</p> <p>Standby</p> <p>Other</p> <p>Total</p>	<p>\$ 83,689</p> <p>11,170</p> <p>48,836</p> <p>(17,037)</p> <p>(5,032)</p> <p>\$ 121,627</p>	<p>\$ (108,701)</p> <p>(137,164)</p> <p>135,846</p> <p>(31,422)</p> <p>61,575</p> <p>\$ (79,867)</p>
Employee Benefits - Workers Compensation			
<p>Total</p>	<p>Total</p>	<p>\$ (25,249)</p>	<p>\$ (27,208)</p>
Employee Benefits - Medical Insurance			
<p>The District's health insurance plan is self-funded. We are witnessing an increased amount of employee claims being processed by our Third Party Administrator. In addition, the District booked an additional amount to its Health Insurance IBNR liability based on calculations received from our Third Party Administrator.</p>	<p>Total</p>	<p>\$ (940,279)</p>	<p>\$ (1,393,851)</p>
5) Professional Fees			
<p>Negative variance in Home Health/Hospice related to outsourced Therapist fees.</p> <p>Positive variance in Human Resources related to decreased usage of Legal and Consulting fees in October.</p> <p>Positive variances in Miscellaneous related to Anesthesia and Radiology income guarantee payments and consulting fees budgeted for implementation of our Long Range Forecasting & Decision Support/Cost Accounting software systems coming in below budget.</p> <p>Physician RVU bonuses paid in October exceeded estimated accruals, creating a negative variance in Multi-Specialty Clinics.</p>	<p>The Center (includes OP Therapy)</p> <p>Information Technology</p> <p>Home Health/Hospice</p> <p>TFH Locums</p> <p>TFH/IVCH Therapy Services</p> <p>IVCH ER Physicians</p> <p>Patient Accounting/Admitting</p> <p>Respiratory Therapy</p> <p>Administration</p> <p>Marketing</p> <p>Corporate Compliance</p> <p>Multi-Specialty Clinics Administration</p> <p>Medical Staff Services</p> <p>Financial Administration</p> <p>Oncology</p> <p>Sleep Clinic</p> <p>Managed Care</p> <p>Human Resources</p> <p>Miscellaneous</p> <p>Multi-Specialty Clinics</p> <p>Total</p>	<p>\$ 2,196</p> <p>(8,720)</p> <p>(16,285)</p> <p>28,814</p> <p>(2,089)</p> <p>(1,919)</p> <p>-</p> <p>-</p> <p>8,894</p> <p>1,267</p> <p>3,120</p> <p>4,426</p> <p>10,966</p> <p>3,112</p> <p>10,877</p> <p>2,307</p> <p>28,826</p> <p>41,056</p> <p>150,659</p> <p>(42,375)</p> <p>\$ 225,131</p>	<p>\$ (53,459)</p> <p>(29,631)</p> <p>(27,709)</p> <p>(13,442)</p> <p>(6,875)</p> <p>(3,848)</p> <p>-</p> <p>-</p> <p>1,725</p> <p>4,275</p> <p>10,425</p> <p>10,721</p> <p>11,810</p> <p>19,362</p> <p>30,891</p> <p>32,853</p> <p>42,769</p> <p>59,358</p> <p>83,869</p> <p>167,708</p> <p>\$ 340,804</p>

**TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
OCTOBER 2018**

		Variance from Budget	
		Fav / <Unfav>	
		OCT 2018	YTD 2018
6) <u>Supplies</u>	Patient & Other Medical Supplies	\$ (35,776)	\$ (249,016)
Medical Supplies Sold to Patients revenues exceeded budget by 24.26%, creating a negative variance in Patient & Other Medical Supplies.	Minor Equipment	(49,449)	(91,397)
Bulk purchase of Cat Scan battery replacements along with minor computer equipment and small office furnishing purchases for department expansions created a negative variance in Minor Equipment.	Food	(34,084)	(39,871)
Increases in Patient Days and Outpatient food and beverage services created a negative variance in Food.	Other Non-Medical Supplies	(26,815)	(6,720)
Oncology Drugs Sold to Patients revenues fell below budget by 26.35%, creating a positive variance in Pharmacy Supplies.	Imaging Film	40	194
	Office Supplies	(862)	27,648
	Pharmacy Supplies	340,955	570,981
	Total	\$ 194,009	\$ 211,818
7) <u>Purchased Services</u>	Laboratory	\$ (25,482)	\$ (58,435)
Negative variance in Laboratory related to outsourced lab and genomics testing.	Information Technology	(3,801)	(32,820)
Software maintenance agreements for Information Technology, the Cancer Center, Diagnostic Imaging, and Laboratory coupled with District wide maintenance projects created a negative variance in Department Repairs.	Diagnostic Imaging Services - All	(4,661)	(27,442)
Negative variance in Miscellaneous primarily related to the Gene Upshaw Golf Classic. These monies are advanced to the Foundation and refunded to the District once final calculations of event proceeds have been completed.	Department Repairs	(145,740)	(11,548)
Collection Agency fees came in below budget estimations, creating a positive variance in Patient Accounting.	Pharmacy IP	(2,475)	(4,576)
	Medical Records	(18,965)	(2,162)
	Community Development	(313)	(132)
	Home Health/Hospice	80	975
	The Center	(914)	23,293
	Multi-Specialty Clinics	(31,369)	38,319
	Human Resources	(9,894)	42,489
	Miscellaneous	(138,319)	107,723
	Patient Accounting	94,992	215,221
	Total	\$ (282,859)	\$ 290,905
8) <u>Other Expenses</u>	Outside Training & Travel	\$ 422	\$ (36,316)
Negative variance in Equipment Rent related to oxygen tank and surgical equipment rentals.	Equipment Rent	(16,316)	(28,699)
Space expansion needs for MSC Administration created a negative variance in Multi-Specialty Clinics Building Rent.	Other Building Rent	1,756	(10,303)
Media Branding costs for multiple District departments created a negative variance in Marketing.	Multi-Specialty Clinics Equip Rent	76	87
Controllable costs continue to be monitored by Senior Leadership, creating a positive variance in the remainder of the Other Expense categories.	Multi-Specialty Clinics Bldg Rent	(6,052)	2,009
	Dues and Subscriptions	1,486	2,060
	Physician Services	2,218	4,300
	Insurance	3,965	5,986
	Marketing	(59,202)	42,032
	Human Resources Recruitment	18,750	55,876
	Utilities	31,536	61,077
	Miscellaneous	\$ 113,230	\$ 70,049
	Total	\$ 91,869	\$ 168,157
9) <u>District and County Taxes</u>	Total	\$ (28,995)	\$ 8,184
10) <u>Interest Income</u>	Total	\$ 19,576	\$ (941)
11) <u>Donations</u>	IVCH	\$ -	\$ (7,032)
	Operational	(86,961)	(310,717)
	Capital Campaign	-	-
	Total	\$ (86,961)	\$ (317,749)
12) <u>Gain/(Loss) on Joint Investment</u>	Total	\$ -	\$ -
13) <u>Gain/(Loss) on Sale</u>	Total	\$ 4,850	\$ 5,850
15) <u>Depreciation Expense</u>	Total	\$ -	\$ -
16) <u>Interest Expense</u>	Total	\$ (285)	\$ (32,387)

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
OCTOBER 2018

CURRENT MONTH				YEAR TO DATE				PRIOR YTD OCT 2017
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%	
				OPERATING REVENUE				
\$ 1,854,604	\$ 1,713,035	\$ 141,568	8.3%	\$ 8,279,546	\$ 7,977,449	\$ 302,098	3.8%	1 \$ 6,544,671
				Gross Revenues - Inpatient				
\$ -	\$ -	\$ -	0.0%	\$ 14,601	\$ 25,992	\$ (11,391)	-43.8%	\$ -
-	1,462	(1,462)	-100.0%	15,124	28,966	(13,842)	-47.8%	1,196
-	1,462	(1,462)	-100.0%	29,725	54,958	(25,233)	-45.9%	1,196
1,854,604	1,711,573	143,031	8.4%	8,249,821	7,922,490	327,331	4.1%	6,543,476
1,854,604	1,711,573	143,031	8.4%	8,249,821	7,922,490	327,331	4.1%	6,543,476
				Deductions from Revenue:				
666,988	669,612	2,624	0.4%	2,843,849	3,173,854	330,005	10.4%	2,461,964
70,660	52,259	(18,401)	-35.2%	315,450	297,265	(18,185)	-6.1%	217,307
-	-	-	0.0%	-	-	-	0.0%	19,729
84,543	48,818	(35,725)	-73.2%	226,470	280,851	54,381	19.4%	189,012
-	-	-	0.0%	-	-	-	0.0%	-
822,191	770,689	(51,501)	-6.7%	3,385,769	3,751,970	366,201	9.8%	2,888,012
95,346	70,378	24,968	35.5%	413,854	335,062	78,792	23.5%	390,980
1,127,759	1,012,724	115,035	11.4%	5,307,632	4,560,541	747,091	16.4%	4,047,639
				OPERATING EXPENSES				
324,302	267,588	(56,714)	-21.2%	1,261,725	1,321,475	59,750	4.5%	1,196,236
91,700	88,157	(3,542)	-4.0%	398,413	382,930	(15,482)	-4.0%	367,816
8,264	4,912	(3,352)	-68.2%	18,097	19,649	1,553	7.9%	9,427
90,629	35,246	(55,383)	-157.1%	223,084	140,985	(82,099)	-58.2%	152,575
254,396	274,231	19,835	7.2%	1,021,758	1,108,190	86,432	7.8%	995,815
49,000	68,547	19,547	28.5%	227,805	302,139	74,335	24.6%	204,806
48,680	42,753	(5,927)	-13.9%	179,967	178,108	(1,859)	-1.0%	164,645
78,366	66,165	(12,201)	-18.4%	296,212	267,884	(28,328)	-10.6%	231,728
945,337	847,599	(97,738)	-11.5%	3,627,060	3,721,361	94,301	2.5%	3,323,047
182,422	165,125	17,297	10.5%	1,680,571	839,180	841,391	100.3%	724,592
				NON-OPERATING REVENUE/(EXPENSE)				
-	36,961	(36,961)	-100.0%	7,032	154,594	(147,562)	-95.5%	13,500
-	-	-	0.0%	-	-	-	0.0%	10
(59,302)	(59,302)	-	0.0%	(237,208)	(237,208)	-	0.0%	(249,686)
(59,302)	(22,341)	(36,961)	-165.4%	(230,176)	(82,614)	(147,562)	-178.6%	(236,186)
\$ 123,120	\$ 142,784	\$ (19,664)	-13.8%	\$ 1,450,395	\$ 756,566	\$ 693,829	91.7%	\$ 488,406
9.8%	9.6%	0.2%		20.3%	10.5%	9.8%		11.1%

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
OCTOBER 2018**

		<u>Variance from Budget</u>	
		<u>Fav<Unfav></u>	
		<u>OCT 2018</u>	<u>YTD 2019</u>
1) <u>Gross Revenues</u>			
Acute Patient Days were at budget at 0 and Observation Days were .50 day below budget at .50 days.	Gross Revenue – Inpatient	\$ (1,462)	\$ (25,233)
	Gross Revenue – Outpatient	143,031	327,331
		<u>\$ 141,568</u>	<u>\$ 302,098</u>
Outpatient volumes exceeded budget in Emergency Department visits, Laboratory tests including EKGs, Pharmacy units, and Occupational Therapy.			
2) <u>Total Deductions from Revenue</u>			
We saw a shift in our payor mix with a 3.87% decrease in Commercial Insurance, a 1.47% increase in Medicare, a 1.22% increase in Medicaid, a 1.11% increase in Other, and County was at budget. We saw a positive variance in Contractual Allowances as a result of a shift in Deductions from Revenue to Charity Care and Bad Debt.	Contractual Allowances	\$ 2,624	\$ 330,005
	Charity Care	(18,401)	(18,185)
	Charity Care-Catastrophic Event	-	-
	Bad Debt	(35,725)	54,381
	Prior Period Settlement	-	-
	Total	<u>\$ (51,501)</u>	<u>\$ 366,201</u>
3) <u>Other Operating Revenue</u>			
IVCH ER Physician Guarantee is tied to collections which exceeded budget in October.	IVCH ER Physician Guarantee	\$ 25,404	\$ 78,278
	Miscellaneous	(436)	514
	Total	<u>\$ 24,968</u>	<u>\$ 78,792</u>
4) <u>Salaries and Wages</u>			
Negative variance in Salaries and Wages related to RN salaries in the Med/Surg unit. We also saw negative variances in Clerical, PA/FNPs, and Management wages.	Total	<u>\$ (56,714)</u>	<u>\$ 59,750</u>
<u>Employee Benefits</u>			
	PL/SL	\$ 3,804	\$ (15,092)
	Standby	(2,518)	1,505
	Other	(4,728)	(939)
	Nonproductive	(100)	(957)
	Pension/Deferred Comp	-	-
	Total	<u>\$ (3,542)</u>	<u>\$ (15,482)</u>
<u>Employee Benefits - Workers Compensation</u>	Total	<u>\$ (3,352)</u>	<u>\$ 1,553</u>
<u>Employee Benefits - Medical Insurance</u>	Total	<u>\$ (55,383)</u>	<u>\$ (82,099)</u>
The District's health insurance plan is self-funded. We are witnessing an increased amount of employee claims being processed by our Third Party Administrator. In addition, the District booked an additional amount to its Health Insurance IBNR Liability based on calculations received from our Third Party Administrator.			
5) <u>Professional Fees</u>			
Physician Fees in our Health Clinic, MSC Orthopedic Surgery, and MSC IM/Pediatrics fell short of budget, creating a positive variance in Multi-Specialty Clinics.	IVCH ER Physicians	\$ (1,919)	\$ (3,848)
	Administration	-	-
	Foundation	-	1
	Miscellaneous	-	2,330
	Therapy Services	(3,166)	15,059
	Sleep Clinic	2,307	32,853
	Multi-Specialty Clinics	22,613	40,037
	Total	<u>\$ 19,835</u>	<u>\$ 86,432</u>
6) <u>Supplies</u>			
Positive variance in Patient & Other Medical Supplies related to Implants and Patient Chargeable supply costs. Revenues fell short of budget by 65.59%.	Non-Medical Supplies	\$ 2,824	\$ (7,167)
	Minor Equipment	(843)	(3,896)
	Office Supplies	(251)	1,684
	Food	1,818	3,331
	Pharmacy Supplies	4,454	37,571
	Patient & Other Medical Supplies	11,544	42,812
	Imaging Film	-	-
	Total	<u>\$ 19,547</u>	<u>\$ 74,335</u>

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
OCTOBER 2018**

		Variance from Budget:	
		Fav<Unfav>	
		OCT 2018	YTD 2019
7) <u>Purchased Services</u>			
Surplus cleaning services for MSC Primary Care created a negative variance in Multi-Specialty Clinics.	Multi-Specialty Clinics	\$ (3,565)	\$ (7,174)
	Engineering/Plant/Communications	(24)	(5,113)
	EVS/Laundry	(2,189)	(2,649)
	Surgical Services	-	-
	Pharmacy	-	-
	Department Repairs	(215)	12
	Foundation	275	87
	Diagnostic Imaging Services - All	1,394	3,515
	Laboratory	(914)	4,206
	Miscellaneous	(888)	5,256
	Total	\$ (5,927)	\$ (1,859)
8) <u>Other Expenses</u>			
Negative variance in Miscellaneous associated with Laboratory transfer of labor costs from TFH to IVCH. Tests performed at TFH for IVCH exceeded budget during the month of October.	Miscellaneous	\$ (8,078)	\$ (33,422)
	Outside Training & Travel	235	(6,667)
	Insurance	(78)	(233)
	Other Building Rent	-	1
	Physician Services	-	-
RHC application fees created a negative variance in Dues and Subscriptions.	Marketing	(191)	2,600
	Dues and Subscriptions	(2,385)	(260)
Communication expenses created a negative variance in Utilities.	Multi-Specialty Clinics Bldg Rent	(95)	3,681
	Utilities	(1,494)	4,535
	Equipment Rent	(115)	1,437
	Total	\$ (12,201)	\$ (28,328)
9) <u>Donations</u>	Total	\$ (36,961)	\$ (147,562)
Capital Campaign donations fell short of budget estimations, creating a negative variance in Donations.			
10) <u>Gain/(Loss) on Sale</u>	Total	\$ -	\$ -
11) <u>Depreciation Expense</u>	Total	\$ -	\$ -

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	AUDITED FYE 2018		BUDGET FYE 2019	PROJECTED FYE 2019	ACTUAL OCT 2018	BUDGET OCT 2018	DIFFERENCE	ACTUAL 1ST QTR	PROJECTED 2ND QTR	BUDGET 3RD QTR	BUDGET 4TH QTR
Net Operating Rev/(Exp) - EBIDA	\$ 9,897,289		\$ 8,876,838	\$ 12,152,703	\$ 432,570	\$ 398,351	\$ 36,219	\$ 7,158,158	\$ 937,445	\$ 1,911,636	\$ 2,145,464
Interest Income	667,478		1,232,724	1,221,937	334,416	331,763	2,653	231,207	334,416	331,763	324,550
Property Tax Revenue	6,938,847		6,985,000	6,994,130	91,633	90,000	1,633	442,497	91,633	3,680,000	2,800,000
Donations	1,449,325		800,000	766,732	1,732	85,000	(83,268)	-	91,732	250,000	425,000
Debt Service Payments	(2,078,463)		(3,058,371)	(3,058,124)	(137,975)	(138,057)	82	(1,012,051)	(560,532)	(414,171)	(1,071,370)
2018 Municipal Lease	(103,515)		-	-	-	-	-	-	-	-	-
Copier	(11,482)		(11,520)	(11,272)	(878)	(960)	82	(2,714)	(2,798)	(2,880)	(2,880)
2017 VR Demand Bond	(319,664)		(1,401,687)	(1,401,687)	-	-	-	(588,045)	(146,443)	-	(657,199)
2015 Revenue Bond	(1,643,802)		(1,645,164)	(1,645,165)	(137,097)	(137,097)	(0)	(411,292)	(411,291)	(411,291)	(411,291)
Physician Recruitment	(160,536)		(187,500)	(185,863)	-	-	-	(145,863)	-	(20,000)	(20,000)
Investment in Capital											
Equipment	(2,766,680)		(2,911,369)	(2,911,369)	(151,752)	(187,175)	35,423	(936,378)	(581,525)	(1,200,000)	(213,466)
Municipal Lease Reimbursement	219,363		-	5,081,136	2,181,136	-	2,181,136	-	2,181,136	1,500,000	1,400,000
IT/EMR/Business Systems	(4,182,129)		(3,986,507)	(3,986,507)	(240,168)	(535,545)	295,377	(844,873)	(1,456,634)	(1,175,000)	(510,000)
Building Projects/Properties	(4,415,940)		(15,438,772)	(15,438,772)	(921,102)	(2,784,860)	1,863,858	(1,819,774)	(8,040,942)	(4,295,774)	(1,282,282)
Capital Investments	(475,000)		(452,000)	(452,000)	-	-	-	-	(452,000)	-	-
Change in Accounts Receivable	(6,540,593)	N1	3,103,131	3,130,983	2,184,097	2,923,669	(739,572)	(8,013,339)	8,725,531	2,172,497	246,294
Change in Settlement Accounts	6,898,578	N2	1,609,698	1,451,031	(1,120,761)	(183,333)	(937,428)	853,760	(3,276,937)	2,911,430	962,778
Change in Other Assets	(6,700,275)	N3	(2,812,500)	(3,875,415)	(784,277)	(250,000)	(534,277)	(1,651,139)	(1,154,277)	(535,000)	(535,000)
Change in Other Liabilities	(857,461)	N4	375,000	366,848	(802,608)	(550,000)	(252,608)	694,254	(2,052,606)	1,525,000	200,000
Change in Cash Balance	(2,106,197)		(5,884,628)	1,257,249	1,066,944	(802,287)	1,869,231	(5,043,542)	(5,193,559)	6,622,381	4,871,968
Beginning Unrestricted Cash	72,911,743		70,805,546	70,805,546	65,762,004	65,762,004	-	70,805,546	65,762,004	60,568,446	67,190,827
Ending Unrestricted Cash	70,805,546		64,920,918	72,062,795	66,828,949	64,959,717	1,869,231	65,762,004	60,568,446	67,190,827	72,062,795
Expense Per Day	414,300		448,115	446,477	441,026	445,887	(4,861)	432,620	445,317	444,924	446,477
Days Cash On Hand	171		145	161	152	146	6	152	136	151	161

Footnotes:

N1 - Change in Accounts Receivable reflects the 60 day delay in collections.

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

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

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



Board Informational Report

By: **Harry Weis**
CEO

DATE: 11/19/18

We have been very busy as a health system with volumes over budget approximately 20% each month during the months of September and October. This level of change in activity is very notable and not very common among healthcare systems.

Our team has been very focused on the important elements of our new Strategic Plan including preparing for an important "first" here in many years and that is the creation of an annual report document named Fiscal Year 2018 Accomplishments. Our goal is to produce and share this report around September or no later than October in future years.

The area where the old Administration building was located has been fully converted into patient and staff parking. This new parking area increases our parking capacity by 58 total spaces. We have also been creative in finding and using additional good weather parking spaces on Spring Lane and Lake Avenue.

Construction is underway at both the Cancer Center second floor space and in our medical office building 3rd floor space. We hope to have these areas completed no later than early fall of next year.

Our team has really been touched and affected by the various fire disasters and other unfortunate events that have happened in California. We are hopeful for the right kind of weather this week to end all of the California fires and hopefully it will not hamper discovery of any missing persons.

Our Financial Customer Service program and team is progressing nicely. I have already received some very happy patient comments from this greatly expanded program. Our Financial Customer Service phone number is (530) 582-3598. We have a marketing plan to share this important resource with our patients and the community.

The team is gearing up for the hard work to install EPIC software in our Cancer Center. A kick off meeting was held last week with more than 60 people in attendance including our Mercy team members. We are also gearing up for the Physician Billing module of EPIC for physician services which we believe will be a large improvement for our providers.

As the election is over, we will now monitor legislative changes and will continue to advocate for new policies to have a sustainable chance for the long term.

Keeping you informed.
Harry



Board COO Report

By: Judith B. Newland

DATE: November 2018

Pursue Excellence in Quality, Safety and Patient Experience

Focus on our culture of safety

Incline Village Community Hospital (IVCH) participated in a Nevada state wide emergency preparedness earthquake drill. The Incident Command System was implemented with pre-assigned participant positions. Opportunities for improved communication between Tahoe Forest Hospital and IVCH were identified. It was a successful drill.

Prioritize the patient and family perspective

A HCAHPS (Hospital Consumers Assessment of Healthcare Providers and Systems) Team has been developed to strive for a continual 5 star status. This team will focus on those scores we have an opportunity to improve on to be a 5-star organization for our patient experience scores.

Foster and Grow Community and Regional Relationships

Enhance and promote our value to the community

Tahoe Forest Health System participated in the annual Junior Career Fair held at the Truckee-Donner Recreation and Park District. Participating departments included Nursing Services, Respiratory Therapy, Therapy Services, Dietary, Laboratory, Physician Services, Infection Control, Children's Center, Wellness and Nutrition. Additionally, a table was available to answer any questions from the students concerning health care careers. Thank you to the staff who participated in this one-day event.

Optimize Deliver Model to Achieve Operational and Clinical Efficiency

Implement a focused master plan

Report provided by Dylan Crosby, Manger Facilities and Construction Management

Moves:

- The TFHS Foundation moved to a new location at 11075 Donner Pass Road.
- The Physician Services leadership has moved to the old TFHS Foundation location at 10976 Donner Pass Road.
- The offices for Medical Staff, Chief Medical Officer, Marketing, Governance and Compliance have moved to 10895 Spring Lane.

Projects in Progress:

Project: TFH Fire Alarm Replacement Project

Start of Construction: 3/12/2018

Estimated Completion: 7/12/2019

Summary of Work: Remove and replace existing Fire Alarm System.

Update Summary: Loop transition is 100% complete, Chime and Strobe replacement is 100% complete. The last phase of the project, the replacement of fire smoke damper maintenance switches, 75% complete.

Project: TFHD Pharmacy Clean Room, OSHPD S170926-29-00

Estimated Start of Construction: 4/30/2018

Estimated Completion: Spring 2019

Summary of Work: To meet new federal USP 800 regulations the surgical special procedures room will be reconstructed to house pharmacy compounding during construction, Phase 1. Phase 2 will be to reconstruct the Pharmacy to meet USP 800 requirements.

Update Summary: OSHPD has granted occupancy of the temporary room, Board of Pharmacy and CDPH approval is in progress.

Project: IM Cardiology Expansion

Estimated Start of Construction: 6/11/2018

Estimated Completion: 10/1/2018

Summary of Work: Construct 3 new exam rooms and a MD/MA office in the west end of IM Cardiology to increase access for care.

Update Summary: Project has been given occupancy and providers are working in the area. There is one punch list item remaining which is in progress.

Project: 3rd Floor MOB Phase 1

Estimated Start of Construction: 11/19/2018

Estimated Completion: Fall 2019

Summary of Work: Phase 1 reconstruct the 3rd Floor MOB 2 western suites for increased flexibility and additional exam rooms.

Update Summary: Project has commenced.

Project: Cancer Center 2nd Floor

Estimated Start of Construction: 10/18/2018

Estimated Completion: Fall 2019

Summary of Work: Construct the 2nd floor of the Cancer Center for expansion of Rural Health Clinic Services.

Update Summary: Demolition has completed. Crews are working at night downstairs for utility installation.

Project: Tahoe Forest Hospital Site Improvements Phase 1

Estimated Start of Construction: 10/15/2018

Estimated Completion: 12/7/2018

Summary of Work: Demolish the existing administrative building to increase patient parking.

Update Summary: Project is completed.

Project: Tahoe City Physical Therapy Expansion

Estimated Start of Construction: February 2019

Estimated Completion: May 2019

Summary of Work: Lease and renovate the remainder of the second floor of existing building.

Update Summary: Permit has been approved. The project is out to bid.

Project: Center for Health and Sports Performance Renovation

Estimated Start of Construction: February 2019

Estimated Completion: May 2019

Summary of Work: Transform existing center into open floor concept and provide additional treatment tables.

Update Summary: Permit has been approved. The project is out to bid.

Projects in Permitting:

Project: Campus Water Improvements

Estimated Start of Construction: June 2019

Estimated Completion: August 2019

Summary of Work: Move the PRV station to Donner Pass Rd allowing the Hospital campus to tie into the high pressure water line in Donner Pass Rd. This will allow for a higher average of water pressure throughout the campus.

Update Summary: Permit has yet to be approved by PUD. We have withdrawn the project from public bidding and will send out bids late winter for spring construction.

Projects in Design:

Project: Day tank and Underground Storage tank replacement.

Estimated Start of Construction: TBD

Estimated Completion: TBD

Summary of Work: Remove and replace the 30-year-old underground storage tank and existing day tank.

Update Summary: Project is in the process of being designed.

Project: 2nd Floor MOB

Estimated Start of Construction: TBD

Estimated Completion: TBD

Summary of Work: Remodel 3 suites of the 2nd floor of the MOB.

Update Summary: Project is in the process of being designed.

Project: ECC Interior Upgrades

Estimated Start of Construction: TBD

Estimated Completion: TBD

Summary of Work: Remodel all patient rooms and dining area of the 1985 building of the ECC

Update Summary: Project is in the process of being designed.



Board CNO Report

By: Karen Baffone, RN, MS
Chief Nursing Officer

DATE: November 2018

Service: Optimize delivery model to achieve operational and clinical efficiency

Use technology to improve efficiencies

- EPIC kick off for the Cancer Center.
- Care Coordination Mercy EPIC determined the appropriate coding as well as reports that will identify readmissions to the hospital.
- EAP Codes for wound care have been corrected for appropriate charging.

People: Best place to work, practice, and volunteer

Build trust

- Second meeting with the Emergency Department to address morale, process improvement, Level III trauma.
- Employee engagement completion rate at 25% as of 11/14/18. Our goal is 80% and staff have a variety of times and locations to complete as well as in their respective departments.

Quality: Provide clinical excellence in clinical outcomes

Identify and promote best practice and evidence-based medicine

- The ECC did not have any Emergency Department visits for the entire month of October. This is a dramatic improvements and has not been achieved for the past 16 months. This is attributed to the early recognition of symptoms that has been a focus of nursing.
- The new quality boards have arrived and will be installed soon. These boards will allow for a more public display of our quality initiatives and results that will allow our patients, staff, and community to visualize our outcomes.
- 2/3 of our nursing staff have completed their Trauma Nurse Certification Course in preparation for the Level III trauma.
- A group of nurses from the ICU are working towards their Critical Care Nursing certification.
- A group of physicians, care coordinators, and ED staff are working on the Emergency Department Bridge program launch. This program will provide Suboxone through the Emergency Department.

Growth: Meets the needs of the community

Enhance and promote our value to the community

- Meet and greet of all surgery staff.

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- The Emergency Department is moving forward with the Level III trauma designation and are in the process of hiring a trauma coordinator and medical director for the program. The second group of nurses has completed their trauma certification.
- Behavioral Health programs and services continue development: There have been numerous referrals to our new Psychiatric PA.
- TFH has been awarded \$15,000 for our wellness emersion group that will be used for behavioral health services.
- Soroptimist International of Truckee Donner donated \$500 for 4 young women to receive nutritional counselling.



Board Informational Report

By: Jake Dorst

DATE: 11/12/2018

Chief Information & Innovation Officer

- Network/Infrastructure Refresh project continues December 4th for Corporate Firewalls.
- Xcelera-Cardiology software for Echocardiograms go live Nov 28.
- Epic Cancer Center/Beacon project will kick off the week of November 12 with Mercy onsite.
- Kaufmann Hall Project involving many data file transfers.
- Lockbox Project beginning involving many data file transfers.
- Rash Curtis Associates (replacing Med Assist) Project - data file transfers.
- Imprivata-Single sign on/tap card/rapid access to Epic project underway.
- Varian Server Virtualization Project actively underway.
- Dietary Software project underway. Interfacing to Epic ADT and Orders.
- Medware Blood Bank large upgrade to begin in December 2018.
- HIPAA Meaningful Use Security Audit work underway.
- Onboarding of many physicians and new staff.
- Staff member completed Epic Ambulatory module Certification.
- Diagnostic Imaging Physician Preference Lists for IP and OP created. Will improve correct ordering and efficiency for the providers in quickly ordering the correct DI tests. Rollout planning in progress to individually meet with each provider.
- Help Desk/Knowledge Base Software vendor review in progress.
- Clinical Informatics Team completing mock Tracers for survey readiness. Following complex patients through the phases of care in the Epic system.
- Inpatient nursing focused help references created for high risk/low volume documentation including quick reference tools for ID badges.
- Securing clinical resource for Epic Cancer Center Beacon project with strong Epic experience and Beacon implementation experience.
- Hosted Barton ASAP and Physician Informatics analysts for a review of our ED ASAP build and Epic processes.
- KaufmanHall forecasting is well underway, budgeting to follow in Fiscal Q3.
- EPIC v18 preparation to begin in December. Go Live April 10 2019.
- Truckee Surgery Center onboarding project initial leadership meeting in November. Full kickoff in December.
- MyChart Steering committee 1st quarterly meeting in December.
- Epic Resolute PB/HB project signed-off and will begin in January.
- Sergej Popov has passed the Project Management Professional (PMP) licensure exam.



Board Informational Report

By: Shawni L. Coll D.O., FACOG
Chief Medical Officer

DATE: November 19, 2018

1. PEOPLE: Strengthen a highly-engaged culture that inspires teamwork

We are working with Human Resources to develop an internal communication platform for staff and physicians. We recently had an Executive Session at the General Medical staff meeting to elicit ideas to help improve trust. We continue to look for another Gastroenterologist and General Surgeon. We have a Locum's General Surgeon who will be joining us in the next few months, in hopes that it will be a good fit for a permanent position.

2. SERVICE: Optimize delivery model to achieve operational and clinical efficiency

Physician Services is in the process of adding a couple positions, specifically for outpatient setting, to directly support continued improvements in EPIC utilization and understanding for providers and key staff.

3. QUALITY: Pursue excellence in quality, safety, and patient experience

We continue to educate our new providers to Just Culture, our robust Disclosure program with physician advocates, and our Care for the Caregiver program. We are also updating these policies to ensure the most streamlined procedure.

4. FINANCE: Ensure a highly sustainable financial future

5. GROWTH: Foster and grow community and regional relationships

A small leadership team attended Renown's first annual "Transfer Center Symposium" to further solidifying our transfer arrangement with Renown and learn how they can help keep our patients within our hospital and community, when appropriate. Renown has been responsive to our requests for improved communication and support of our transfer program.

On December 3, the hospital is putting on the Winter Injury Symposium with multiple providers, Paul LeSage, and others to bring together local EMS and Ski Patrol along with nurses and providers for a comprehensive educational program.



Board CHRO Report

By: **Alex MacLennan, PHR**
Chief Human Resources Officer

DATE: November 2018

Priority One: Strengthen a highly-engaged culture that inspires teamwork

- Goal – Build Trust
 - Our Value advocacy Committee has continued to meet and is proving to be very valuable.
 - Our Employee Engagement survey was launched on November 12th. The survey will be open for 2 weeks. We have enlisted help from the Values advocacy committee to increase our response rates. We look forward to getting great feedback for improvement efforts.
 - We held another employee focus group in the beginning of November and received valuable feedback from employees.
 - The adoption of a new intranet site will be launched soon.
 - The holiday Party planning is far underway. This is a large event to honor our staff at the holidays as well as recognize the employee of the months, and announce the employee of the year.
- Goal – Build a culture based on the foundation of our Values
 - We continue to hold our Values based training monthly where new employee attend a full day to understand our unique TFHS culture.
 - We have been developing an orientation for Managers, Supervisors and Directors to help guide them with many of the Human Resources policies and practices as well as important laws and regulations that are unique to us.
- Goal – Attract, develop and retain strong talent and promote great careers
 - We have hired an internal candidate for the Non-Clinical Education coordinator which will start in December. We are very excited to both build and enhance the current educational opportunities that we offer as well as build some new education for our employees to help them succeed.
 - We are working on the annual Winter Illness and Injury Symposium. This event usual has between 300-400 attendees and this year will be held at the Hyatt in Incline Village. The education is targeted for pre-hospital care providers with attendees many professions including Physicians, Firefighters, EMT's, Ski-Patrol, Nurses, CNA's, Paramedics and more.

Stats October:

17	New Employees
16	Ended Employment
29	New Leave of Absence (LOA)
30	Total LOA (18 Intermittent)

BYLAWS OF THE BOARD OF DIRECTORS
TAHOE FOREST HOSPITAL DISTRICT

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**BYLAWS OF THE BOARD OF DIRECTORS
OF
TAHOE FOREST HOSPITAL DISTRICT**

Pursuant to the provisions of Sections 32104, 32125, 32128, and 32150 of the Health and Safety Code of the State of California, the Board of Directors of TAHOE FOREST HOSPITAL DISTRICT adopts these Bylaws for the government of TAHOE FOREST HOSPITAL DISTRICT.

ARTICLE I. NAME, AUTHORITY AND PURPOSE

Section 1. Name.

The name of this District shall be "TAHOE FOREST HOSPITAL DISTRICT".

Section 2. Authority.

A. This District, having been established May 2, 1949, by vote of the residents of said District under the provisions of Division 23 of the Health and Safety Code of the State of California, otherwise known and referred to herein as "The Local Health Care District Law", and ever since that time having been operated there under, these Bylaws are adopted in conformance therewith, and subject to the provisions thereof.

B. In the event of any conflict between these Bylaws and "The Local Health Care District Law", the latter shall prevail.

C. These Bylaws shall be known as the "District Bylaws".

D. Non-Discrimination: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of service, hiring, training and employment practices on the basis of age; race; color; creed; ethnicity; religion; national origin; marital status; sex; sexual orientation; gender identity or expression; disability; association; veteran or military status; or any other basis prohibited by federal, state, or local law.

Section 3. Purpose and Operating Policies.

A. Purpose.

Tahoe Forest Hospital District will strive to be the best mountain health system in the nation. We exist to make a difference in the health of our communities through excellence and compassion in all we do.

B. Operating Policies.

In order to accomplish the Mission of the District, the Board of Directors establishes the following Operating Policies:

1. Through planned development and responsible management, the assets of the District will be used to meet the service needs of the area in an efficient and cost effective manner, after evaluation of available alternatives and other resources available to the District. This may include the development and operation of programs, services and facilities at any location within or without the District for the benefit of the people served by the District.

2. The District shall dedicate itself to the maximum level of quality consistent with sound fiscal management, and community based needs.

3. Improvement of the health status of the area will be the primary emphasis of services offered by the District. In addition, the District may elect to provide other programs of human service outside of the traditional realm of health care, where unmet human service needs have been identified through the planning process.

ARTICLE II. BOARD OF DIRECTORS

The Board of Directors:

Section 1. Election.

There shall be five members of the Board of Directors who shall be elected for four year terms as provided in "The Local Health Care District Law".

Section 2. Responsibilities.

Provides oversight for planning, operation, and evaluation of all District programs, services and related activities consistent with the District Bylaws.

A. Philosophy and Objectives.

Considers the health requirements of the region and the responsibilities that the District should assume in helping to meet them.

B. Programs and Services.

1. Takes action on recommendations of the Chief Executive Officer or designee with regard to long and short range plans for the development of programs and services.

2. Provides oversight to the Chief Executive Officer in the implementation of programs and service plans.

3. Takes action on board policies and other policies brought forth by the Chief Executive Officer or designee.

4. Evaluates the results of programs and services on the basis of previously

established objectives and requirements. Receives reports from the Chief Executive Officer or designees and directs the Chief Executive Officer to plan and take appropriate actions, where warranted.

C. Organization and Staffing.

1. Selects and appoints the Chief Executive Officer.
2. Evaluates the continuing effectiveness of the organization.

D. Medical Staff.

1. Appoints all Medical Staff members.
2. Ensures that the District Medical Staff is organized to support the objectives of the District.
3. Reviews and takes final action on appeals involving Medical Staff disciplinary action.
4. Approves Medical Staff Bylaws and proposed revisions.

E. Finance.

1. Assumes responsibility for the financial soundness and success of the District and its wholly owned subsidiaries.
2. Assumes responsibility for the appropriate use of endowment funds and of other gifts to the District. Exercises trusteeship responsibility to see that funds are used for intended purposes.
3. Adopts annual budgets of the District, including both operating and capital expenditure budgets.
4. Receives and reviews periodic financial reports. Considers comments and recommendations of its Finance Committee or management staff.
5. Receives and reviews reports of the District's auditors.
6. Approves policies which govern the financial affairs of the District.
7. Authorizes officers of the District to act for the District in the execution of financial transactions.

F. Grounds, Facilities and Equipment.

1. Approves plans for development, expansion, modernization and replacement of the District's grounds, facilities, major equipment and other tangible assets.

2. Approves the acquisition, sale and lease of real property.

G. External Relations.

Assumes ultimate responsibility for representing the communities served by the District and representing the District to the communities served.

H. Assessment And Continuous Improvement Of Quality Of Care

Ensures that the proper organizational environment and systems exist to continuously improve the quality of care provided. Responsible for a system wide quality assessment and performance improvement program that reflects all departments and services. Reviews Quality Assessment Reports focused on indicators related to improving health outcomes and the prevention and reduction of medical errors. Provides oversight to and annually approves the written Quality Assurance / Process Improvement plan.

I. Strategic Planning.

1. Oversees the strategic planning process.
2. Establishes long range goals and objectives for the District's programs and facilities.

Section 3. Powers.

A. Overall Operations.

The Board of Directors shall determine policies and shall have control of, and be responsible for, the overall operations and affairs of this District and its facilities.

B. Medical Staff.

The Board of Directors shall authorize the formation of a Medical Staff to be known as "The Medical Staff of Tahoe Forest Hospital District". The Board of Directors shall determine membership on the Medical Staff, as well as the Bylaws for the governance of said Medical Staff, as provided in ARTICLE VIII of these Bylaws.

C. Auxiliary.

The Board of Directors may authorize the formation of service organizations from time to time as needed ("Auxiliary"), the Bylaws of which shall be approved by the Board of Directors.

D. Other Affiliated or Subordinate Organizations.

The Board of Directors may authorize the formation of other affiliated or subordinate organizations which it may deem necessary to carry out the purposes of the District; the Bylaws of such organizations shall be approved by the Board of Directors.

E. Delegation of Powers.

The Medical Staff, Auxiliary, and any other affiliated or subordinate organizations shall have those powers set forth in their respective Bylaws. All powers and functions not set forth in their respective Bylaws are to be considered residual powers still vested in the Board of Directors.

F. Provisions to Prevail.

These District Bylaws shall override any provisions to the contrary in the Bylaws, or Rules and Regulations of the Medical Staff, Auxiliary or any affiliated or subordinate organizations. In case of conflict, the provisions of these District Bylaws shall prevail.

G. Resolutions and Ordinances.

From time to time, the Board of Directors may pass resolutions regarding specific policy issues, which resolutions may establish policy for the operations of this District.

H. Residual Powers.

The Board of Directors shall have all of the other powers given to it by "The Local Health Care District Law" and other applicable provisions of law.

I. Grievance Process

The Board of Directors may delegate the responsibility to review and resolve grievances.

Section 4. Vacancies.

Any vacancy upon the Board of Directors shall be filled by appointment by the remaining members of the Board of Directors within sixty (60) days of the vacancy. Notice of the vacancy shall be posted in at least three (3) places within the District at least fifteen (15) days before the appointment is made. The District shall notify the elections officials for Nevada and Placer Counties of the vacancy no later than fifteen (15) days following either the date on which the District Board is notified of the vacancy or the effective date of the vacancy, whichever is later, and of the appointment no later than fifteen (15) days after the appointment. In lieu of making an appointment, the remaining members of the Board of Directors may within sixty (60) days of the vacancy call an election to fill the vacancy. If the vacancy is not filled by the Board of Directors or an election called within sixty (60) days, the Board of Supervisors of the County representing the larger portion of the Hospital District area in which an election to fill the vacancy would be held may fill the vacancy, within ninety (90) days of the vacancy, or may order the District to call an election. If the vacancy is not filled or an election called for within ninety (90) days of the vacancy, the District shall call an election to be held on the next available election date. Persons appointed to fill a vacancy shall hold office until the next District general election that is scheduled 130 or more days after the date the District and the elections officials for Nevada and Placer Counties were notified of

the vacancy and thereafter until the person elected at such election to fill the vacancy has been qualified, but persons elected to fill a vacancy shall hold office for the unexpired balance of the term of office.

Section 5. Meetings.

A. Regular Meetings.

Unless otherwise specified at the preceding regular or adjourned regular meeting, regular meetings of the Board of Directors shall be held on the fourth Thursday of each month at 4:00 PM at a location within the Tahoe Forest Hospital District Boundaries. The Board shall take or arrange for the taking of minutes at each regular meeting.

B. Special Meetings.

Special meetings of the Board of Directors may be held at any time and at a place designated in the notice and located within the District, except as provided in the Brown Act, upon the call of the [PresidentChair](#), or by not fewer than three (3) members of the Board of Directors, and upon written notice to each Director specifying the business to be transacted, which notice shall be delivered personally or by mail and shall be received at least twenty-four (24) hours before the time of such meeting, provided that such notice may be waived by written waiver executed by each member of the Board of Directors. Notice shall also be provided within such time period to local newspapers and radio stations which have requested notice of meetings. Such notice must also be posted twenty-four (24) hours before the meeting in a location which is freely accessible to the public. In the event of an emergency situation involving matters upon which prompt action is necessary due to disruption or threatened disruption of District services (including work stoppage, crippling disaster or other activity which severely impairs public health, safety or both), the Board may hold a special meeting without complying with the foregoing notice requirements, provided at least one (1) hour prior telephone notice shall be given to local newspapers and radio stations which have requested notice of meetings, and such meetings shall otherwise be in compliance with the provisions of Government Code Section 54956.5. The Board shall take or arrange for the taking of minutes at each special meeting.

C. Policies and Procedures.

The Board may from time to time adopt policies and procedures governing the conduct of Board meetings and District business. All sessions of the Board of Directors, whether regular or special, shall be open to the public in accordance with the Brown Act (commencing with Government Code Section 54950), unless a closed session is permitted under the Brown Act or Health and Safety Code Sections 32106 and 32155 or other applicable law.

Section 6. Quorum.

The presence of a majority of the Board of Directors shall be necessary to

constitute a quorum to transact any business at any regular or special meeting, except to adjourn the meeting to a future date.

Section 7. Medical Staff Representation.

The Chief of the Medical Staff shall be appointed as a special representative to the Board of Directors without voting power and shall attend the meetings of the Board of Directors. In the event the Chief of Staff cannot attend a meeting, the Vice-Chief of the Medical Staff or designee shall attend in the Chief of Staff's absence.

Section 8. Director Compensation and Reimbursement Of Expenses.

The Board of Directors shall be compensated in accordance with ABD-03 Board Compensation and Reimbursement policy.

Each member of the Board of Directors shall be allowed his or her actual necessary traveling and incidental expenses incurred in the performance of official business of the District as approved by the Board or Chief Executive Officer, per Board policy.

Section 9. Board Self-Evaluation.

The Board of Directors will monitor and discuss its process and performance at least annually. The self-evaluation process will include comparison of Board activity to its manner of governance policies.

ARTICLE III. OFFICERS

Section 1. Officers.

The officers of the Board of Directors shall be [PresidentChair](#), Vice-[PresidentChair](#), Secretary and Treasurer who shall be members of the Board.

Section 2. Election of Officers.

The officers of the Board of Directors shall be chosen every year by the Board of Directors in December of the preceding calendar year and shall serve at the pleasure of the Board. The person holding the office of [PresidentChair](#) of the Board of Directors shall not serve successive terms, unless by unanimous vote of the Board of Directors taken at a regularly scheduled meeting. In the event of a vacancy in any office, an election shall be held at the next regular meeting following the effective date of the vacancy to elect the officer to fill such office.

Section 3. Duties of Officers.

A. [PresidentChair](#). Shall preside over all meetings of the Board of Directors.

Shall sign as [PresidentChair](#), on behalf of the District, all instruments in writing which he/she has been authorized and obliged by the Board to sign and such other duties as set forth in these Bylaws as well as those duties charged to the president under the Local Health Care District Law.

B. Vice-PresidentChair. The Vice-[PresidentChair](#) shall perform the functions of the [PresidentChair](#) in case of the [PresidentChair](#)'s absence or inability to act.

C. Secretary. The Secretary shall ensure minutes of all meetings of the Board of Directors are recorded and shall see that all records of the District are kept and preserved.

D. Treasurer. The Treasurer will serve as the chairperson of the Board Finance Committee and shall ensure the Board's attention to financial integrity of the District.

ARTICLE IV. COMMITTEES

No Committee shall have the power to bind the District, unless the Board provides otherwise in writing.

Section 1. Ad Hoc Committees.

Ad Hoc Committees may be appointed by the [PresidentChair](#) of the Board of Directors from time to time as he/she deems necessary or expedient. No Committee shall have the power to bind the District, unless the Board provides otherwise in writing, but shall perform such functions as shall be assigned to them by the [PresidentChair](#), and shall function for the period of time specified by the [PresidentChair](#) at the time of appointment or until determined to be no longer necessary and disbanded by the [PresidentChair](#) of the Board of Directors. The [PresidentChair](#) shall appoint each Committee chair.

Section 2. Standing Committees.

Standing Committees and their respective charters will be affirmed annually by resolution, duly adopted by the Board of Directors.

The [PresidentChair](#) shall recommend appointment of the members of these committees and the Chair thereof, subject to the approval of the Board by majority of Directors present. Committee appointments shall be for a period of one (1) year and will be made annually at the December Board meeting, following the election of Board Officers.

ARTICLE V. MANAGEMENT

Section 1. Chief Executive Officer.

The Board of Directors shall select and employ a Chief Executive Officer who shall act as its executive officer in the management of the District. The Chief Executive Officer shall be given the necessary authority to be held responsible for the administration of the District in all its activities and entities, subject only to the policies as may be adopted from time to time, and orders as may be issued by the Board of Directors or any of its committees to which it has delegated power for such action by a writing. The Chief Executive Officer shall act as the duly authorized representative of the Board of Directors.

Section 2. Authority and Responsibility.

The duties and responsibilities of the Chief Executive Officer shall be outlined in the Employment Agreement and job description. Other duties may be assigned by the Board. Chief Executive Officer, personally or through delegation, hires, assigns responsibility, counsel, evaluates and (as required) terminates all District employees.

ARTICLE VI. TAHOE FOREST HOSPITAL

Section 1. Establishment

The District owns and operates Tahoe Forest Hospital (TFH), which shall be primarily engaged in providing, including but not limited to, Emergency Services, Inpatient/Observation Care, Critical Care, Diagnostic Imaging Services, Laboratory Services, Surgical Services, Obstetrical Services and Long Term Care Services.

ARTICLE VII. INCLINE VILLAGE COMMUNITY HOSPITAL

Section 1. Establishment

The District owns and operates Incline Village Community Hospital (IVCH), which shall be primarily engaged in providing, including but not limited to, Emergency Services, Inpatient/Observation Care, Diagnostic Imaging Services, Laboratory Services, and Surgical Services to patients.

ARTICLE VIII. MEDICAL STAFF

Section 1. Nature of Medical Staff Membership.

Membership on the Medical Staff of Tahoe Forest Hospital District is a privilege which shall be extended only to professionally competent practitioners who continuously meet the qualifications, standards and requirements set forth herein and in the Bylaws of the Medical Staff.

Section 2. Qualifications for Membership.

A. Only physicians, dentists or podiatrists who:

1. Demonstrate and document their licensure, experience, education, training, current professional competence, good judgment, ethics, reputation and physical and mental health status so as to establish to the satisfaction of the Medical Staff and the Board of Directors that they are professionally qualified and that patients treated by them can reasonably expect to receive high quality medical care;
2. Demonstrate that they adhere to the ethics of their respective professions and that they are able to work cooperatively with others so as not to adversely affect patient care or District operations;
3. Provide verification of medical malpractice insurance coverage;
4. Establish that they are willing to participate in and properly discharge those responsibilities determined according to the Medical Staff Bylaws and shall be deemed to possess basic qualifications for membership on the Medical Staff. No practitioner shall be entitled to membership on the Medical Staff, assignment to a particular staff category, or be able to exercise particular clinical privileges solely by virtue of the fact that he/she is duly licensed to practice in California, Nevada, or any other state, or that he/she is a member of any particular professional organization, or is certified by any particular specialty board, or that he/she had or presently has, membership or privileges at this or another health care facility, or requires a hospital affiliation in order to participate on health plan provider panels, to obtain or maintain malpractice insurance coverage, or to pursue other personal or professional business interests unrelated to the treatment of patients at this facility and the furtherance of this facility's programs and services.

Section 3. Organization and Bylaws.

The Bylaws, Rules and Regulations, and policies of the Medical Staff shall be subject to approval of the Board of Directors of the District, and amendments thereto shall be effective only upon approval of such amendments by the Board of Directors, which shall not be withheld unreasonably. Neither the Medical Staff nor the Board of Directors may unilaterally amend the Medical Staff Bylaws or Rules and Regulations. The Bylaws of the Medical Staff shall set forth the procedure by which eligibility for Medical Staff membership and establishment of clinical privileges shall be determined, including standards for qualification. Such Bylaws shall provide that the Medical Staff, or a committee or committees thereof, shall study the qualifications of all applicants and shall establish and delineate clinical privileges and shall submit to the Board of Directors recommendations thereon and shall provide for reappointment no less frequently than biennially. The Medical Staff shall also adopt Rules and Regulations or policies that provide associated details consistent with its Bylaws, as it deems necessary to implement more specifically the general principles established in the Bylaws.

Section 4. Appointment to Medical Staff

All appointments and reappointments to the Medical Staff shall be made by the Board of Directors as provided by the standards of the Healthcare Facility Accreditation Program. Final responsibility for appointment, reappointment, new clinical privileges, rejection or modification of any recommendation of the Medical Staff shall rest with the Board of Directors.

All applications for appointment and reappointment to the Medical Staff shall be processed by the Medical Staff in such manner as shall be provided by the Bylaws of the Medical Staff and, upon completion of processing by the Medical Staff, the Medical Staff shall make a report and recommendation regarding such application to the Board of Directors. This recommendation will also include the request by the practitioner for clinical privileges, and the Medical Staff's recommendation concerning these privileges.

Upon receipt of the report and recommendation of the Medical Staff, the Board of Directors adopt, reject or modify a favorable recommendation of the Medical Executive Committee, or shall refer the recommendation back to the Medical Executive Committee for further consideration, stating the reasons for the referral and setting a time limit within which the Medical Executive Committee shall respond.

If the Board of Directors is inclined to reject or modify a favorable recommendation, the Board shall refer the matter back to the Medical Executive Committee for further review and comments, which may include a second recommendation. The Executive Committee's response shall be considered by the Board before adopting a resolution.

If the Board's resolution constitutes grounds for a hearing under Article VII of the Medical Staff Bylaws, the Chief Executive Officer shall promptly inform the applicant, and he/she shall be entitled to the procedural rights as provided in that Article.

In the case of an adverse Medical Executive Committee recommendation or an adverse Board decision, the Board shall take final action in the matter only after the applicant has exhausted or has waived his/her procedural rights under the Medical Staff Bylaws. Action thus taken shall be the conclusive decision of the Board, except that the Board may defer final determination by referring the matter back for reconsideration. Any such referral shall state the reasons therefore, shall set a reasonable time limit within which a reply to the Board of Directors shall be made, and may include a directive that additional hearings be conducted to clarify issues which are in doubt. After receiving the new recommendation and any new evidence, the Board shall make a final decision.

Conflict Resolution. The Board of Directors shall give great weight to the actions and recommendations of the Medical Executive Committee and in no event shall act in an arbitrary and capricious manner.

The Governing Body may delegate decision-making authority to a committee of the Governing Body; however, any final decision of the Governing Body committee must be subject to ratification by the full Governing Body at its next regularly scheduled meeting.

Section 5. Staff Meetings: Medical Records

The Medical Staff shall be self-governing with respect to the professional work performed in the Hospital. The Medical Staff shall meet in accordance with the minimum requirements of the Healthcare Facility Accreditation Program. Accurate, legible and complete medical records shall be prepared and maintained for all patients and shall be the basis for review and analysis.

For purposes of this section, medical records include, but are not limited to, identification data, personal and family history, history of present illness, review of systems, physical examination, special examinations, professional or working diagnosis, treatment, gross and microscopic pathological findings, progress notes, final diagnosis, condition on discharge and other matters as the Medical Staff shall determine.

Section 6. Medical Quality Assurance

The Medical Staff shall, in cooperation with the administration of the District, establish a comprehensive and integrated quality assurance and risk control program for the District which shall assure identification of problems, assessment and prioritization of such problems, implementation of remedial actions and decisions with regard to such problems, monitoring of activities to assure desired results, and documentation of the undertaken activities. The Board of Directors shall require, on a quarterly basis, reports of the Medical Staff's and District's quality assurance activities.

Section 7. Hearings and Appeals

Appellate review of any action, decision or recommendation of the Medical Staff affecting the professional privileges of any member of, or applicant for membership on, the Medical Staff is available before the Board of Directors. This appellate review shall be conducted consistent with the requirements of Business and Professions Code Section 809.4 and in accordance with the procedures set forth in the Medical Staff Bylaws. Nothing in these Bylaws shall abrogate the obligation of the District and the Medical Staff to comply with the requirements of Business and Professions Code Sections 809 through 809.9, inclusive. Accordingly, discretion is granted to the Medical Staff and Board of Directors to create a hearing process which provides for the least burdensome level of formality in the process while still providing a fair review and to interpret the Medical Staff Bylaws in that light. The Medical Staff, Board of Directors, and their officers, committees and agents hereby constitute themselves as peer review bodies under the Federal Health Care Quality Improvement Act of 1986 and the California peer review hearing laws and claim all privileges and immunities afforded by the federal and state laws.

If adverse action as described in these provisions is taken or recommended, the practitioner must exhaust the remedies afforded by the Medical Staff Bylaws before resorting to legal action.

The rules relating to appeals to the Board of Directors as set forth in the Medical Staff Bylaws are as follows; capitalized terms have the meaning defined by the Medical Staff Bylaws:

A. Time For Appeal

Within ten (10) days after receipt of the decision of the Hearing Committee, either the Practitioner or the Medical Executive Committee may request an appellate review. A written request for such review shall be delivered to the Chief Executive Officer and the other party in the hearing. If a request for appellate review is not received by the Chief Executive Officer within such period, the decision of the Hearing Committee shall thereupon become final, except if modified or reversed by the Board of Directors.

It shall be the obligation of the party requesting appellate review to produce the record of the Hearing Committee's proceedings. If the record is not produced within a reasonable period, as determined by the Board of Directors or its authorized representative, appellate rights shall be deemed waived

In the event of a waiver of appellate rights by a Practitioner, if the Board of Directors is inclined to take action which is more adverse than that taken or recommended by the Medical Executive Committee, the Board of Directors must consult with the Medical Executive Committee before taking such action. If after such consultation the Board of Directors is still inclined to take such action, then the Practitioner shall be so notified. The notice shall include a brief summary of the reasons for the Board's contemplated action, including a reference to any factual findings in the Hearing Committee's Decision that support the action. The Practitioner shall be given ten (10) days from receipt of that notice within which to request appellate review, notwithstanding his or her earlier waiver of appellate rights. The grounds for appeal and the appellate procedure shall be as described below. However, even if the Practitioner declines to appeal any of the Hearing Committee's factual findings, he or she shall still be given an opportunity to argue, in person and in writing, that the contemplated action which is more adverse than that taken or recommended by the Medical Executive Committee is not reasonable and warranted. The action taken by the Board of Directors after following this procedure shall be the final action of the Hospital.

B. Grounds For Appeal

A written request for an appeal shall include an identification of the grounds of appeal, and a clear and concise statement of the facts in support of the appeal. The recognized grounds for appeal from a Hearing Committee decision are:

1. substantial noncompliance with the standards or procedures required by the Bylaws, or applicable law, which has created demonstrable prejudice; or

2. the factual findings of the Hearing Committee are not supported by substantial evidence based upon the hearing record or such additional information as may be permitted pursuant to this section; or

3. The Hearing Committee's failure to sustain an action or recommendation of the Medical Executive Committee that, based on the Hearing Committee's factual findings, was reasonable and warranted.

C. Time, Place and Notice

The appeal board shall, within thirty (30) days after receipt of a request for appellate review, schedule a review date and cause each side to be given notice of time, place and date of the appellate review. The appellate review shall not commence less than thirty (30) or more than sixty (60) days from the date of notice. The time for appellate review may be extended by the appeal board for good cause.

D. Appeal Board

The Board of Directors may sit as the appeal board, or it may delegate that function to an appeal board which shall be composed of not less than three (3) members of the Board of Directors. Knowledge of the matter involved shall not preclude any person from serving as a member of the appeal board so long as that person did not take part in a prior hearing on the action or recommendation being challenged. The appeal board may select an attorney to assist it in the proceeding, but that attorney shall not be entitled to vote with respect to the appeal.

E. Appeal Procedure

The proceedings by the appeal board shall be in the nature of an appellate review based upon the record of the proceedings before the Hearing Committee. However, the appeal board may accept additional oral or written evidence, subject to a foundational showing that such evidence could not have been made available to the Hearing Committee in the exercise of reasonable diligence, and subject to the same rights of cross-examination or confrontation that are provided at a hearing. The appeal board shall also have the discretion to remand the matter to the Hearing Committee for the taking of further evidence or for clarification or reconsideration of the Hearing Committee's decision. In such instances, the Hearing Committee shall report back to the appeal board, within such reasonable time limits as the appeal board imposes. Each party shall have the right to be represented by legal counsel before the appeal board, to present a written argument to the appeal board, to personally appear and make oral argument and respond to questions in accordance with the procedure established by the appeal board. After the arguments have been submitted, the appeal board shall conduct its deliberations outside the presence of the parties and their representatives.

F. Decision

Within thirty (30) days after the submission of arguments as provided above, the appeal board shall send a written recommendation to the Board of Directors. The appeal board may recommend, and the Board of Directors may decide, to affirm, reverse or modify the decision of the Hearing Committee. The decision of the Board shall constitute the final decision of the Hospital and shall become effective immediately upon notice to the parties. The parties shall be provided a copy of the appeal board's recommendation along with a copy of the Board of Director's final decision.

G. Right To One Hearing

No practitioner shall be entitled to more than one (1) evidentiary hearing and one (1) appellate review on any adverse action or recommendation.

H. Exception to Hearing Rights

1. Exclusive Contracts

The hearing rights described in this Article shall not apply as a result of a decision to close or continue closure of a department or service pursuant to an exclusive contract or to transfer an exclusive contract, or as a result of action by the holder of such an exclusive contract.

2. Validity of Bylaw, Rule, Regulation or Policy

No hearing provided for in this article shall be utilized to make determinations as to the merits or substantive validity of any Medical Staff bylaw, rule, regulation or policy. Where a Practitioner is adversely affected by the application of a Medical Staff bylaw, rule, regulation or policy, the Practitioner's sole remedy is to seek review of such bylaw, rule, regulation or policy initially by the Medical Executive Committee. The Medical Executive Committee may in its discretion consider the request according to such procedures as it deems appropriate. If the Practitioner is dissatisfied with the action of the Medical Executive Committee, the Practitioner may request review by the Board of Directors, which shall have discretion whether to conduct a review according to such procedures as it deems appropriate. The Board of Directors shall consult with the Medical Executive Committee before taking such action regarding the bylaw, rule, regulation or policy involved. This procedure must be utilized prior to any legal action.

3. Department, Section or Service Formation or Elimination

A Medical Staff department, section, or service can be formed or eliminated only following a review and recommendation by the Medical Executive Committee regarding the appropriateness of the department, section, or service elimination or formation. The Board of Directors shall consider the recommendations of the Medical Executive Committee prior to making a final determination regarding the formation or elimination.

The Medical Staff Member(s) who's Privileges may be adversely affected by department, section, or service formation or elimination are not afforded hearing rights pursuant to Article VII.

ARTICLE IX. AUXILIARY

The formation of Auxiliary organizations Bylaws shall be approved by the Board of Directors.

ARTICLE X. REVIEW AND AMENDMENT OF BYLAWS

Section 1. At intervals of no more than two (2) years, the Board of Directors shall review these Bylaws in their entirety to ensure that they comply with all provisions of the Local Health Care District Law, that they continue to meet the needs of District Administration and Medical Staff, and that they serve to facilitate the efficient administration of the District.

These Bylaws may from time to time be amended by action of the Board of Directors. Amendments may be proposed at any Regular meeting of the Board of Directors by any member of the Board. Action on proposed amendments shall be taken at the next Regular meeting of the Board of Directors following the meeting at which such amendments are proposed.

ADOPTION OF BYLAWS

Originally passed and adopted at a meeting of the Board of Directors of the TAHOE FOREST HOSPITAL DISTRICT, duly held on the 9th day of January, 1953 and most recently revised on the [3029](#)th day of November 20178.

REVISION HISTORY

1975

Revised – March, 1977

Revised – October, 1978

Revised – April, 1979

Revised – March, 1982

Revised – May, 1983

Revised – February, 1985

Revised – July, 1988

Revised – March, 1990

Revised – November, 1992

Revised – February, 1993

Revised – May, 1994

Revised – April, 1996

Revised – September, 1996

Revised – April, 1998

Revised – September, 1998

Revised – March, 1999

Revised – July, 2000
Revised – January, 2001
Revised – November, 2002
Revised – May, 2003
Revised – July, 2003
Revised – September, 2004
Revised – March, 2005
Revised – December, 2005
Revised – October, 2006
Revised – March, 2007
Revised – April, 2008
Revised – January, 2009
Revised – September, 2010
Revised – September, 2012
Revised – November, 2014
Revised – December, 2015
Revised – November, 2017
[Revised – November, 2018](#)

15:5. Contracts

Contracts redacted.

Available for public viewing via a Public Records request.



The Current & Future State of Behavioral Health at TFHS

Scott Baker

Executive Director of Physician Services

Karen Baffone, RN, MS

Chief Nursing Officer/Executive Director Population Health

November 2018

Defining Mental Health and Behavioral Health



According to the World Health Organization behavioral health is our cognitive, behavioral, and emotional wellbeing. It is a state of wellbeing in which the individual realizes his/her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

Why Do We Need Behavioral Health?

30 million Americans receive a prescription for psychiatric meds (mostly in primary care) but only 25% improve



1 psych bed for every 5,856 people in California



Patients with serious mental illness die 10-20 years earlier (heart disease, stroke, diabetes)



1 in 10 people seek help for Behavioral Health Disorder



40% get mental health treatment in Primary care

Current State of California

There are 58 counties in California

- 25** Counties without adult behavioral health beds (45% of state)
- 42** Counties without child/adolescent behavioral health beds (72% of state)
- 56** Counties without gero-psych (long-term) beds (97% of state)
- 55** Counties without psych intensive care beds (95% of state)
- 48** Counties without chemical dependency beds (83% of state)
- 25** Counties have ZERO inpatient psych services (45% of state)

Prove the Need: Data Mining to Find Our Opportunities

County	# of Current Behavioral Health Beds	# of Beds Needed
Nevada	0	50
Placer	4.2	190
Plumas	0	9
Sierra	0	1
TFH Service Area Shortage	4.2	250
TOTAL State Shortage	6610	19,572

Prove the Need: Data Mining to Find Our Opportunities

County Level:

- Health Professional Shortage Area Mental Health designation (Nevada, Placer, surrounding counties)
 - 2 Psychiatrists – Private Pay only – one with sliding scale
- Suicide rates significantly higher than State levels

Community level data (Community Health Needs Assessment CHNA):

- 57% with depressive symptoms
- 28.3% Binge drinking behavior (double state average)
- 34% Substance Use Disorder

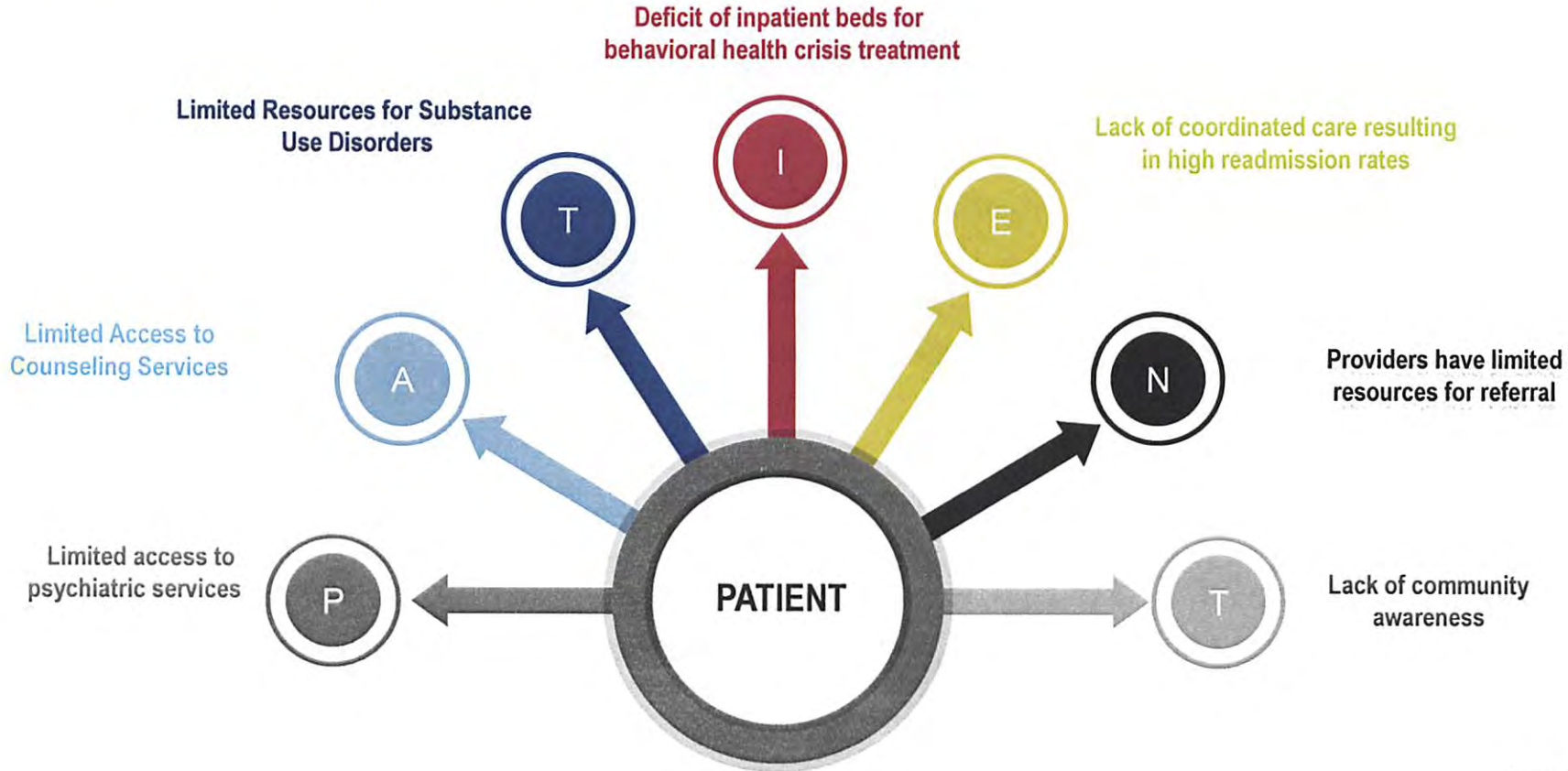
Inpatient Data:

- ED: 5150 average 17 patients per month; there is a 94% increase in patients being seen in the ED from outside of the service area between 2014 to 2018
- 44% of all-payer, all-cause readmissions have a primary or significant Behavioral Health or Substance Use Disorder diagnosis

Outpatient Data:

- Chronic Care Management patients:
 - 45% have a Behavioral Health or Substance condition
 - 38% with a positive depression screen
- Medicare Annual Wellness Visit: 20% patients have a positive depressive screen

Barriers to Behavioral Health Access



Current Programs and Services for Behavioral Health

Inpatient/Outpatient Services

- Social Services
- Psychiatric PA consulting (Weekdays/No call)**
- Clinical psychology and LCSW support and counseling services**
- Perinatal counseling services**
- Medication Assisted Treatment Services**
- Bereavement Counseling

Primary Care-Provider Support

- LCSW services on call including counseling**
- Referral services: Substance Use Disorders and Mental Health Counseling**
- Medication Assisted Treatment**
- Annual Wellness Screens for Medicare patients**

Emergency Department

- County Crisis Workers/Intervention
- Psychiatric PA for consult**
- Pending tele-psych services**



Community Health Programs:

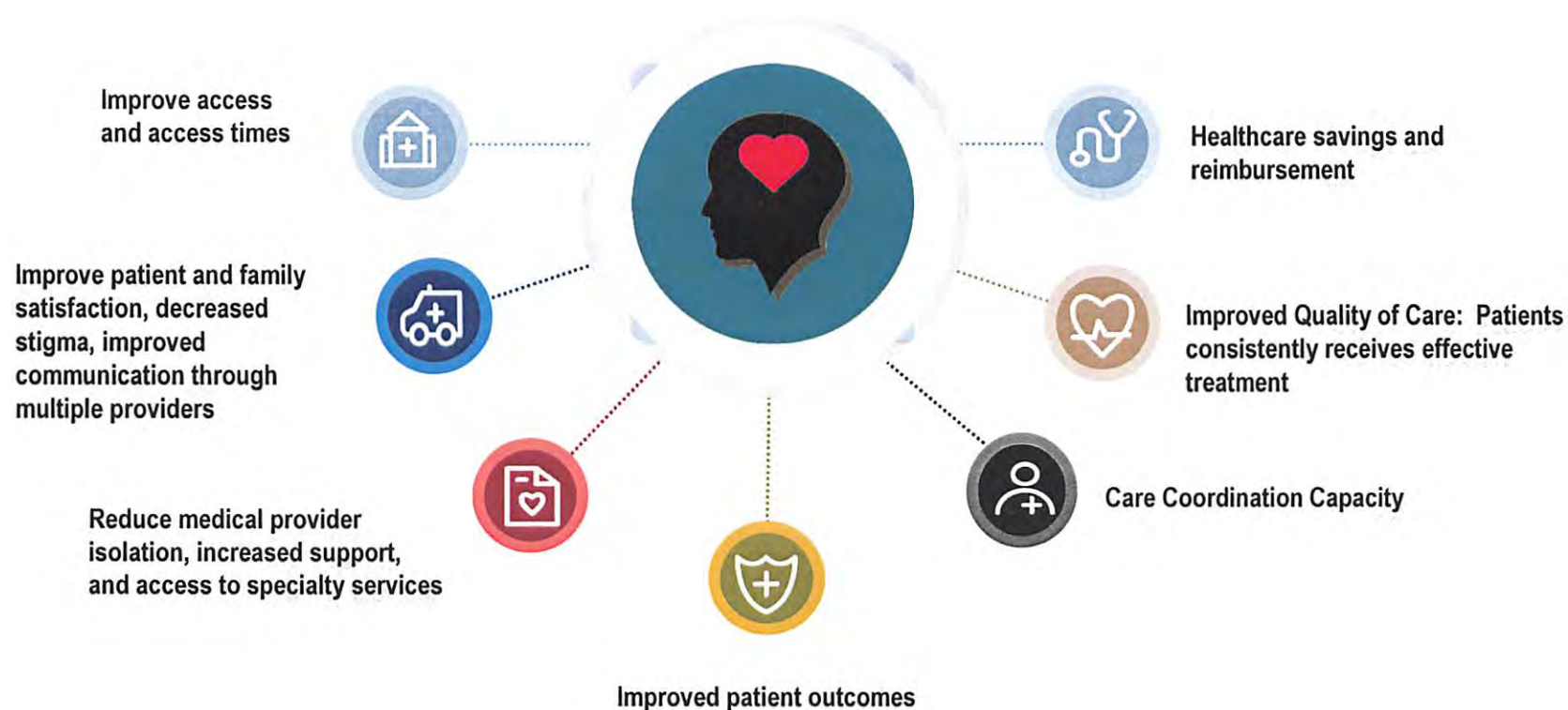
- Youth Health Care Coordination for Mental Health in the schools
- Community partnerships
- Chronic Disease Self-Management Programs; added Chronic Pain**
- Medication Assisted Treatment (MAT)**

Care Coordination:

- CCM
- TCM
- Behavioral Health**

** New services within the last year

Goals for the Behavioral Health Program



Community Partnerships

Community Recovery Resources - CoRR Tahoe

Family Resource Center of Truckee

North Tahoe Family Resource Center

Gateway Mountain Center: Substance Use Disorders (Youth/Teens) will take MediCal

Nevada County Behavioral Health - MediCal patients only

Placer County Behavioral Health Services - MediCal

Sierra Mental Wellness Group - MediCal

Tahoe Family Solutions- Washoe County (Incline Village)

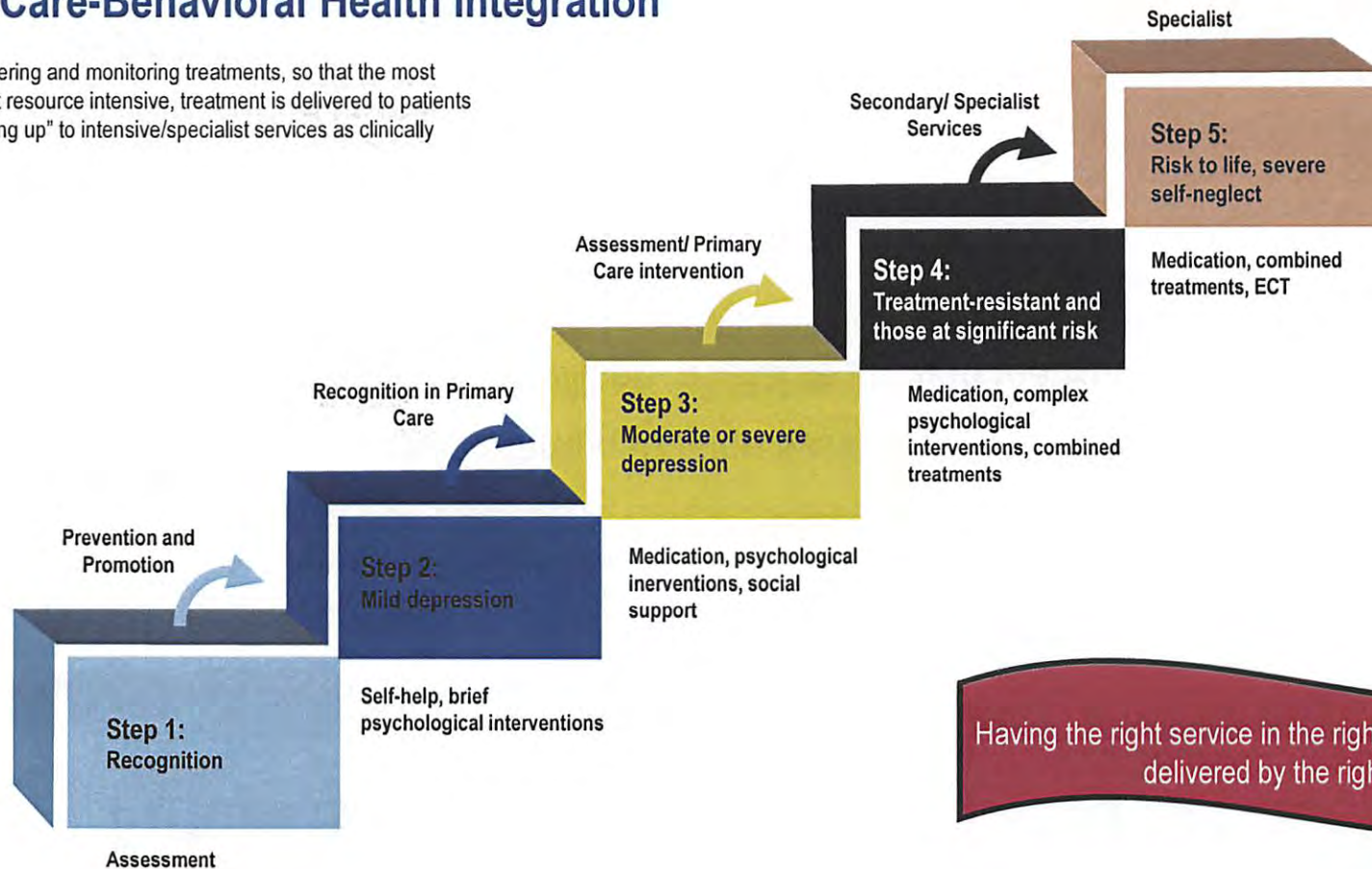
Tahoe SAFE Alliance – Truckee, Kings Beach, Incline Village - No Fee Domestic Violence, Sexual Assault, Child Abuse



Organizational Framework - The Stepped Model

Primary Care-Behavioral Health Integration

A system of delivering and monitoring treatments, so that the most effective yet least resource intensive, treatment is delivered to patients first. Only "stepping up" to intensive/specialist services as clinically required.



Future Behavioral Health Expanded Services

Additional Providers and Services

- Expanded access for the community to the Behavioral Health Services
 - Community Outreach programs and Services that will be available through Primary Care, RHC, Outpatient Programs (Home Health, Cancer Center , Hospice).
- Tele-psych services available throughout the system
- All Care Management services will be available through the Rural Health Clinic including; Chronic, Transitional, and Behavioral Health
- Behavioral Intensivist
- Inpatient:
 - Psychiatric consult programs
 - Tele-psychiatry

Develop Outcome Measurement



- PRIME
 - Depression screening – measure the % of patients that have this completed
- Depression screening rates (PHQ-9)
 - Year over year improvement with the Behavioral Health services provided.
- Readmission rates
 - Quarterly reported to PIC
 - State and National comparison rates

Secure Resources: Grant Funding



- PRIME Medi-Cal Grant
 - Chronic Pain Program counselling and care coordination
- Aegis Hub and Spoke Grant (through April 2020)
 - APN for MAP
 - Free Suboxone clinic
 - ED Bridge to Suboxone
 - Free Naloxone
- ED Bridge Program
 - ED-BRIDGE is a partnership with the California Poison Control System and the California Hub and Spoke
 - System to provide 24-7 emergency access to initiation of buprenorphine treatment for opioid use disorder in all California communities.

Behavioral Health Billing and Reimbursement

Care Coordination Billing

- **Behavioral Health: (\$48/month) 99484**
 - Patients with behavioral health or Substance Use Disorders
 - Coordinates care and resources
- **CoCM: Collaborative Care Management: (\$128.88/month >60min)** Coordinates care, tracks progress and close follow up
 - Weekly caseload review with psychiatrist
 - Brief Interventions
 - Must be RN, MSW or psychologist

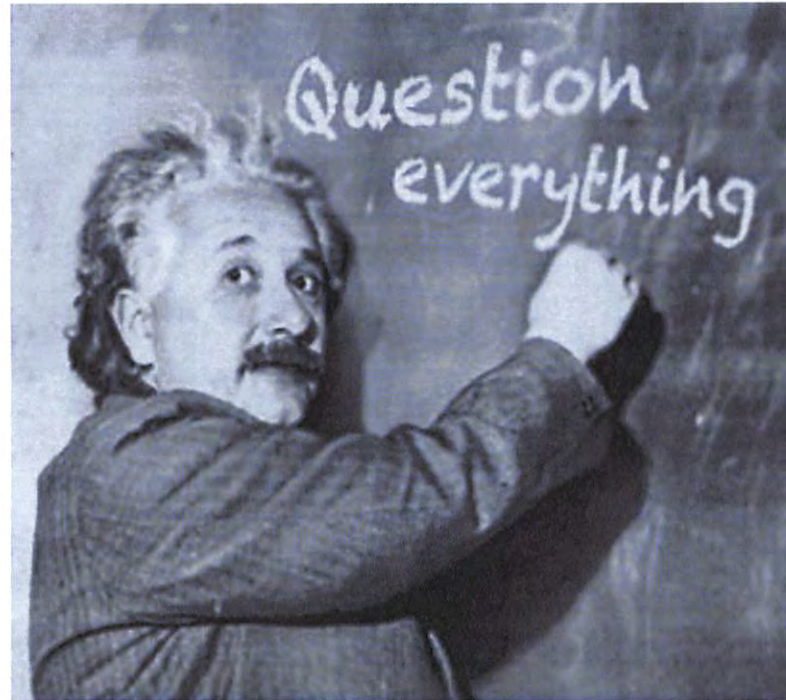
Primary & Specialty Care

- **SBIRT: Screening, Brief Intervention and Referral to Treatment (\$29.42 G0396 15-30 min) or (\$65.51 G0397 for >30 min)**
 - Targets individuals with Substance Abuse for intervention and treatment
 - Must be provided by physician, LCSW, Psychologist, ANP, PA
- **Medication Assisted Therapy (MAT) (Cost Neutral)**
 - Qualified patients include: underinsured, uninsured, MediCAL, for Suboxone
 - Onsite Counseling Groups
 - Provide Methadone and Suboxone
- **Telepsych – In progress**

How Many Patients Assisted This Year

Clinical Behavioral/ Mental Health Staff	Discipline	Dates Service Began	Number of Unduplicated Patients	Number of Encounters
Psychiatric PA	In patient, ED	Started 10/2018	17	22
Licensed Clinical Social Worker	Youth, Schools, Pediatric	1/1/2018	138	No Billing: Offered through the Wellness Neighborhood
Clinical Psychologist	Substance Use Disorders	1/1/2018	68	750
Licensed Marriage and Family Therapist	Perinatal Mood and Anxiety Disorder (PMAD), General BH, PRIME	1/1/2018	81	Data not collected
Masters Prepared Social Worker	Care Coordination	Started 10/1/2018	41	131
TOTAL			345	903

Questions



[Home](#) >

FIND A PROVIDER

Search name
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 Language Spanish
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 County

Includes

A-Z Mental Health Provider Directory

<u>Provider</u>	<u>Payment</u>	<u>Spanish</u>	<u>Gender</u>	<u>County</u>	<u>Includes</u>	<u>Practice Information</u>
Aegis Treatment Center 1133 Coloma Way, Suite 3 Roseville, CA 95661 (916) 774-6647				Placer	Substance/Alcohol Abuse	Substance abuse treatment centers, withdrawal management, opioid/narcotic treatment.
Ajari, Ann, LCSW Truckee, CA 96161 (530) 412-3262	Private pay Sliding scale based on need		Female	Nevada	Youth/Teen	Appointment only, Mon - Sat Child, family and elderly
Andersen, Jeff, LMFT 10098 Jibboom St #103 Truckee, CA 96161 (831) 278-1056	Insurance Private pay Sliding scale		Male	Nevada	Youth/Teen	Appointment only, Mon - Sat Teens, adults, couples and families utilizing cognitive behavioral and solution-focused approaches
Barmann, Barry C, PhD and Barmann, Mary B, LMFT / Center for Anxiety and Chronic Worry 937 Tahoe Blvd #210 Incline Village, NV 89451 (775) 831-2436	Commercial insurance Private pay			Washoe	Youth/Teen	Appointment only, Mon - Thurs 9 am - 6 pm, Fri 9 am - 5 pm, Sat 10 am - 2 pm Specializing in the treatment of anxiety disorders: obsessive-compulsive disorder (OCD), social anxiety, generalized anxiety, chronic worry, panic disorder, phobias, health anxiety. Depression and relationship therapy for couples and families. Info-seminars on anxiety and worry are offered monthly.
Benjaminson, Shawn, LMFT 10775 Pioneer Trail #216-A Truckee, CA 96161 (530) 363-2034	Private pay Sliding scale based on need		Female	Nevada	Substance/Alcohol Abuse, Youth/Teen	Appointment only, Mon - Fri, 9 am - 5 pm Children, teens and families, substance abuse
Bickett, Liesbet, MS / Sacred Connections 205 Stateline Kings Beach, CA 96143 (510) 393-7588	Private pay Sliding scale		Female	Placer		Mon - Fri, 9 am - 6 pm Coaching and training for individuals/couples/organizations. Minimize conflict, maximize peace and connection. Partner, parent, relate with peace and compassion. Nonviolent communication, restorative practices. www.sacredconnections.space
Boys & Girls Club of North Lake Tahoe		Yes		Placer	Youth/Teen	

Provider:	Payment:	Spanish:	Gender:	County:	Includes:	Practice Information:
8125 Steelhead Kings Beach, CA 96143 (530) 546-4324						Mon - Fri, 6:45 am - 9:05 am and 2:20 pm - 6 pm Referrals for youth
Briozza, Debra, MFT 10363 High St #5 Truckee, CA 96161 (530) 582-4977 ext 2	Insurance Private pay 20% discount for private pay		Female	Nevada	Substance/Alcohol Abuse	Mon - Fri, 12 pm to 5 pm Women's issues, chronic illness, substance abuse
Common Goals 256 Buena Vista St, Suite 100 Nevada City,, CA 95945 (530) 274-2000				Nevada	Substance/Alcohol Abuse	Substance abuse treatment facility, outpatient substance abuse treatment, sober living residences, recovery residencies
Community Recovery Resources - CoRR 180 Sierra College Dr Grass Valley, CA 95945 (530) 273-9541 12183 Locksley Ln, Suite 101- 104 Auburn, CA 95802 (530) 885-1961	Insurance Private pay Medi-Cal (outpatient only)			Nevada	Substance/Alcohol Abuse	Substance abuse treatment center, withdrawal management, opioid/narcotic treatment, residential/inpatient, outpatient, DUI, perinatal program
Community Recovery Resources - CoRR Tahoe 8491 N Lake Blvd Kings Beach, CA 96143 (530) 546-5641	Insurance Private pay Medi-Cal (outpatient only)	Yes		Placer	Substance/Alcohol Abuse, Youth/Teen	Tue, Wed, Thur, 12 pm - 8 pm DUI, substance abuse counseling
Community Recovery Resources - CoRR Truckee 10015 Palisades Dr, Suite 1 Truckee, CA 96161 (530) 587-8194	Insurance Private pay Medi-Cal (outpatient only)	Yes		Nevada	Substance/Alcohol Abuse, Youth/Teen	Mon - Thur, 12 pm - 8 pm, Fri 9 am - 5 pm DUI, substance abuse counseling
Cross, Mark, PA-C/Tahoe Forest Hospital Inpatient/Outpatient Psychiatry 10121 Pine Ave Truckee, CA 96161 (530) 582-3505	Commercial insurance Medi-Cal Medicare Private pay Sliding scale	Yes	Male		Substance/Alcohol Abuse, Youth/Teen	Monday - Friday, 8:00 AM - 6:30 PM Inpatient consults and traditional outpatient psychiatric treatment
Department of Rehabilitation State of California 2489 Lake Tahoe Blvd #4 South Lake Tahoe, CA 96154 (530) 541-3226	No fee	Yes	Male	Washoe	Youth/Teen	Mon - Fri 8 am - 12 pm and 1 pm - 5 pm Vocational services for people with all types of disabilities. Services include assessment, vocational counseling, training, job placement, job coaching, assistive technology
Ditterich, Kirk, PsyD 1604 Christy Hill Rd Olympic Valley, CA 96146 (530) 414-0909	Private pay		Male	Placer	Youth/Teen	Appointment only, Wed 5 pm - 7 pm Families, teens, adults
Donohue, Pamela, LMFT 889 Alder Ave #200 Incline Village, NV 89451 (775) 833-3030	Insurance Private pay		Female	Washoe		Mon - Fri, by appointment Individuals and couples
Draheim, Barbara, PhD / Lake Tahoe Counseling Center 3190 North Lake Blvd #3 Tahoe City, CA 96145 (530) 581-0385, (775) 831-7204	Free phone consult available Private pay		Female	Placer	Substance/Alcohol Abuse, Youth/Teen	Appointment only, Mon - Sat. Individuals, couples/relationships, family. Custody evaluation and mediation. Adolescent ADHD, child anxiety, depression, and

Provider:	Payment:	Spanish:	Gender:	County:	Includes:	Practice Information:
Family Resource Center of Truckee: 11695 Donner Pass Rd Truckee, CA 96161 (530) 587-2513	No fee	Yes		Nevada	Youth/Teen	anger management; Co-parenting; court issues and divorce mediation Mon, Tues, Thurs 8 am – 4 pm; Wed 10 am – 6 pm; closed Fridays Referrals for families and individuals in English and Spanish
Ferguson, Abby, PsyD 10020 Church St (inside Clever Minds) Truckee, CA 96161 abbyfergusonpsych@gmail.com	Private pay		Female	Nevada	Youth/Teen	Dr. Ferguson works with children, families and adults providing individual and family therapy. She has experience helping clients with anxiety, depression, relational issues, school and learning issues, ADHD and autism. She uses a variety of clinical methods such as CBT, family therapy and play therapy.
Flowers, Kimberlie, LMFT 10356 Donner Pass Rd Truckee, CA 96161 (530) 587-6941	Commercial insurance Private pay		Female	Nevada	Youth/Teen	Monday and Tuesday, 9 am - 4 pm Children, teens, women's empowerment, wilderness therapy, couples, wellness presenter
For Goodness Sake 10157 Donner Pass Rd Truckee, CA 96161 (530) 550-8981	No fee			Nevada		Variety of workshops and classes Schedule: www.goodnesssake.org Spiritual exploration of the nature of God, man and the universe
Gaffney, Robb, MD 600 N Lake Blvd Tahoe City, CA 96145 (530) 583-4233	Private pay		Male	Placer		Appointment only and on a case-by-case basis if clinically appropriate. Anxiety disorders including OCD, panic, and social phobia
Gateway Mountain Center 10038 Meadow Way, Suite A Truckee, CA 96161 (530) 428-2110	Low-fee Medi-Cal No fee Private pay Sliding scale	Yes		Placer	Substance/Alcohol Abuse, Youth/Teen	Appointment only Mon, Tues, Thurs, Fri 9 am – 5 pm Nature-based therapeutic mentoring providing weekly, multi-hour sessions for youth experiencing behavioral, mental health, and/or substance-use related challenges
Gene Upshaw Memorial Tahoe Forest Cancer Center 10121 Pine Avenue Truckee, CA 96161 (530) 582-6450	No fee Must be a cancer patient	Yes	Female, Male	Nevada		Appointment only Counseling - crisis and ongoing
Gessford, Paul, LMFT, MAC 889 Alder Ave #200 Incline Village, NV 89451 (775) 833-1003	Insurance Private pay		Male	Washoe	Substance/Alcohol Abuse	Mon - Sat by appointment only EMDR, anxiety, depression, relationship, addictions
Grossman, Danielle B, MFT 10356 Donner Pass Rd	Private pay		Female	Nevada	Substance/Alcohol Abuse, Youth/Teen	Appointment only Relationships, anxiety, loss/grief,

Provider:	Payment:	Spanish:	Gender:	County:	Includes:	Practice Information:
Truckee, CA 96161 (530) 470-2233						addiction, co-dependence, substance abuse
Howden, Mary, LMFT 250 Village Blvd #3 Incline Village, NV 89451 (775) 772-2049	Insurance Private pay		Female	Washoe	Substance/Alcohol Abuse	Mon - Fri, 9 am - 5 pm Health and well-being of clients, substance abuse
Hurt-Coppola, Jackie, LMFT / Play Heals 10098 Jibboom St #101 Truckee, CA 96161 (530) 448-6985	Insurance Private pay Sliding scale		Female	Nevada	Youth/Teen	Adults, children and adolescents, parenting and co-parenting, anxiety, depression
Kramen-Kahn, Barbara, PhD 10956 Donner Pass Rd #380 Truckee, CA 96161 (530) 582-5459	Private pay Payment is expected at time of service.		Female	Nevada		Appointment only Adults, stress management, depression, anxiety, Emotional Freedom Technique (EFT)
Livak, Kirsten, LCSW / Indigo Waters Counseling Services Inc 10038 Meadow Way Truckee, CA 96161 (530) 475-6678 <i>also:</i> The Sanctuary 205 Stateline Rd Kings Beach, CA 96143	Insurance Private pay Sliding scale ComPsych/Guidance Resources	Yes	Female	Nevada	Youth/Teen	By appointment, Tues, Thurs 9 am - 6 pm, Fri - Sat appointments available Professional mental health, counseling and therapeutic services, indigowaterscounseling.com . Bilingual provider for Nevada County Health and Human Services Moving Beyond Depression Program
Loftis, Maureen, MA, JD, LMFT 3080 North Lake Blvd, Suite 2B Tahoe City, CA 96145 (530) 386-7992	Private pay Sliding scale		Female	Placer	Substance/Alcohol Abuse, Youth/Teen	Appointment only, Mon - Fri Adolescents, adults, families, couples. Experience helping clients struggling with anxiety, depression, anger, relationships, substance abuse
Lundholm, Gloria, MA, LMFT / Lundholm Conflict Management Services 7836 Pinedrop Ln Tahoe Vista, CA 96148 (530) 546 4985	Insurance Private pay		Female	Placer	Substance/Alcohol Abuse, Youth/Teen	By appointment only, Mon - Fri, 12 pm - 8 pm Couples, adolescents, individuals; anxiety, depression, grief, trauma, substance abuse, DUI, relationships, mediation, co- dependence
Mausloff, Christopher, LMFT / Nevada County Behavioral Health 10075 Levon Ave #207 Truckee, CA 96161 (530) 582-7885	Medi-Cal Possible grant- funded for non- insured	Yes	Male	Nevada	Substance/Alcohol Abuse, Youth/Teen	Mon - Fri, 8 am - 5 pm Children, adolescents and Spanish-speaking adults, trauma- focused cognitive behavioral therapy, parent-child interaction therapy, motivational interviewing, attachment-based family therapy
McAdams, Jeannine, PsyD-I / Nevada County Health and Human Services Agency, Behavioral Health Services 10075 Levon Ave, Suite 207 Truckee, CA 96161 (530) 582-7810	Medi-Cal		Female	Nevada		Mon - Fri, 8:30 am – 5 pm Adult therapist for Nevada County
Mercer, Victoria, PhD 1604 Christy Hill Rd Olympic Valley, CA 96146 (530) 563-6769	Private pay Sliding scale based on need		Female	Placer	Substance/Alcohol Abuse, Youth/Teen	By appointment only Mon 9 am - 2 pm, Tues - Thurs, 9 am - 4 pm Adult individual therapy. Anxiety,

<u>Provider:</u>	<u>Payment:</u>	<u>Spanish</u>	<u>Gender</u>	<u>County:</u>	<u>Includes:</u>	<u>Practice Information</u>
						behavioral health (pain, health-related coping), depression, substance use, life transitions. Primary methods include CBT, ACT
New Leaf Counseling Center 1254 High St. Auburn, CA 95603 (530) 889-9195				Placer	Substance/Alcohol Abuse	Substance abuse treatment facility, residential treatment facility, outpatient treatment facility
North Tahoe Family Resource Center 265 Bear St Kings Beach, CA 96143 (530) 546-0952	No fee	Yes		Placer		Mon - Fri, 9 am - 5 pm Referrals for families and individuals in English and Spanish. Specializing in helping the uninsured access mental health services.
Peek, Tina, LMFT, LPCC / Changing Strides 12318 Union Mills Rd Truckee, CA 96161 (775) 745-7796	Private pay		Female	Nevada	Substance/Alcohol Abuse, Youth/Teen	Call for appointment, Mon - Sat Equine assisted psychotherapy, individuals, couples and family counseling, substance abuse, anxiety, depression, personal development
Pier, Kimball C., PhD, LMFT / Sierra Agape Therapeutic Services 11209 Brockway Rd #206 Truckee, CA 96161 (530) 414-1885	CA Health & Wellness Commercial insurance Medi-Cal Medicare Private pay Sliding scale		Female	Nevada	Substance/Alcohol Abuse, Youth/Teen	Tues 8:30 am - 12:30 pm, Wed 2 pm - 7 pm, Thurs 12:30 pm - 5:30 pm, Fri 2 pm - 6 pm Sierra Agape is a 501c3 non-profit whose mission is to provide affordable therapy and adjunct healing services. We provide individual, couples and family therapy, trauma healing through the body (Somatic Experiencing), mindfulness-based stress reduction (MBSR), holistic approach to reducing anxiety, depression, and overwhelm including body-work and meditation training.
Placer County Behavioral Health Services (866) 293-1940						
Family & Children's Services (916) 872-6549 Toll free (866) 293-1940 Adult Crisis & Intake Line (888) 886-5401 or (916) 787-8860				Placer	Youth/Teen	Appointment only Mental health assessment, wraparound services, crisis services, therapeutic behavioral services, and outpatient services
Prichard, Gail A, MD 11209 Brockway Rd #303 Truckee, CA 96161 (530) 536-5060	Private pay Sliding scale based on need		Female	Nevada	Youth/Teen	Appointment only, Mon - Fri, flexible hours General adult and adolescent psychiatry, consultations, treatment, medication management, mood and anxiety disorders including PTSD, post-concussion, ADHD
Progress House 2844 Coloma St Placerville, CA 95667 (530) 626-9240				EI Dorado	Substance/Alcohol Abuse	Substance abuse treatment centers, residential substance

<u>Provider</u>	<u>Payment</u>	<u>Spanish</u>	<u>Gender</u>	<u>County</u>	<u>Includes</u>	<u>Practice Information</u> abuse treatment facilities, recovery residencies
Recovery Now Roseville, CA 95747 (916) 868-2207				Placer	Substance/Alcohol Abuse	Substance abuse treatment facility, sober living facility, recovery residencies
Redstone, Alan, LMFT 10956 Donner Pass Rd #360 Truckee, CA 96161 (530) 587-0111	Private pay Sliding scale			Nevada	Substance/Alcohol Abuse, Youth/Teen	Appointment only: Sun, Mon, Wed (limited hours), Fri, Sat Families, couples, adults, teens and men's issues, CBT, emotional intelligence, hypnosis, stress reduction, addictions and recovery
Rendinaro, Katy, CTRS, Case Manager 2690 Lake Forest Rd #202 Tahoe City, CA 96145 (530) 581-4054	Commercial insurance Medi-Cal Sliding scale		Female	Placer	Substance/Alcohol Abuse	Monday - Friday 9 AM - 5 PM Provides assistance with enrollment in Social Security, Disability, MediCal, Medicaid, connections to community resources, assistance with housing, job placements, life skills, well-being.
Robbins, Richard, LMFT 210 Grove St Tahoe City, CA 96145 (530) 581-0884	Insurance Private pay		Male	Placer		Mon - Fri, 1 pm - 9 pm Adults, couples
Root, Kelly, LMFT 770 Northwood Blvd #5 Incline Village, NV 89451 (775) 833-9052	Private pay Sliding scale based on need		Female	Washoe	Substance/Alcohol Abuse	Appointment only, Tues - Fri Primary focus: help people reach their goals in a caring, non- judgmental environment; substance abuse
Roth, Chelsea, LCSW 10775 Pioneer Trail #216-A Truckee, CA 96161 (530) 913-0307	Insurance Private pay Sliding scale based on need		Female	Nevada	Youth/Teen	Appointment only, Mon and Wed, 8 am - 6 pm Children, adolescents, teens, young adults, geriatric, social skills, life skills, family therapy, anxiety, depression, phase of life, relationship issues
Ryan, Polly, MA, MFT / InnerAction Therapy 10956 Donner Pass Rd #360 Truckee, CA 96161 (530) 587-1978	Private pay Payment is expected at time of service. Some insurance plans accepted		Female	Nevada	Youth/Teen	Appointment only, Tues and Thur 9 am - 6 pm, Wed 11 am - 6 pm EMDR, couples, family, divorce recovery/mediation/co- parenting/stepfamily relations, mediation for business and personal relationships, child/adolescent therapy, parenting, equine experiential education trainer, meditation teacher, PTSD, depression, anxiety, grief, sobriety stabilization
Sable, Karin, LMFT 3080 N Lake Blvd #B Tahoe City, CA 96145 (530) 581-0339	Insurance Private pay Sliding scale based on need		Female	Placer	Substance/Alcohol Abuse, Youth/Teen	Appointment only, Mon - Fri Individuals, couples, families, children and adolescents, specializing in mood disorders,

Provider	Payment	Spanish	Gender	County	Includes	Practice Information
Scott, Shana L Wapstra, MFT 10344 Donner Pass Rd #C Truckee, CA 96161 (530) 412-3650	Insurance Medi-Cal Private pay		Female	Nevada	Youth/Teen	trauma and anxiety, substance abuse Appointment only, Mon, Wed, Fri, 11 am - 2 pm Psychotherapy for depression, anxiety, loss/grief, eating disorders, parenting and personal development for individuals, adolescents and families
Sierra Mental Wellness Group 2690 Lake Forest Rd #B Tahoe City, CA 96145 (530) 581-4054	Private pay Sliding scale Medi-Cal (Placer County offices)	Yes		Placer	Youth/Teen	Mon - Fri, 8 am - 5 pm Individuals, families, children, teens, couples and families, innovative and traditional approaches to address the identified needs of our clients
Spillman, Dawn, MA, MFT 10956 Donner Pass Rd #360 Truckee, CA 96161 (530) 414-3809	Private pay Sliding scale		Female	Nevada	Youth/Teen	Mon and Wed, 9 am - 6 pm Individual, couples, family, children, in-depth psychotherapy and short-term therapy
Stahl, Stacy, LCSW / Truckee Therapy 10344 Donner Pass Rd, Suite C Truckee, CA 96161 (530) 414-8014	Anthem-Managed Medi-Cal Insurance Medicare Private pay Sliding scale Victims of Crime		Female	Nevada	Youth/Teen	Seven days a week, by appointment only Individuals: adolescents and adults, attachment-based emotionally-focused couples therapy and emotionally-focused family therapy. Trauma, eating disorders, domestic violence, sexual assault, depression, anxiety, grief and loss
Steffke, Rob, LMFT / Crows Calling In- and out-of office sessions in Truckee Truckee, CA 96161 (805) 459-8742	Insurance Private pay Sliding scale		Male	Nevada	Substance/Alcohol Abuse, Youth/Teen	Appointment only, Mon - Sat Adolescents, young parents, families, men. Specializing in addiction, relationships, communication, and nature-based therapy. Visit crowscalling.org for information about youth programming
Stekert, Lisa, ACSW / Indigo Waters Counseling Services, Inc. The Sanctuary, 205 Stateline Rd Kings Beach, CA 96143 (530) 580-8008	Private pay Sliding scale		Female	Placer	Youth/Teen	Appointment only Individuals, children, teens
Susman, Jan, MFT 10098 Jibbom St #103 Truckee, CA 96161 (530) 913-2831	Insurance Private pay Sliding scale based on need		Female	Nevada	Substance/Alcohol Abuse, Youth/Teen	Appointment only Individuals, couples, families, teens, children, substance abuse
Tahoe Family Solutions 774 May's Blvd., Suite 13 Incline Village, NV 89451 (775) 413-5145	Sliding scale	Yes		Washoe	Youth/Teen	Mon - Fri, 8:30 am - 5 pm intake Children, adolescents, families, individuals, couples. Also, no-cost information, assistance and referrals in English and Spanish
Tahoe Forest Health System Bereavement 10083 Lake Ave	No fee		Female	Nevada	Youth/Teen	Appointment only Bereavement and general grief

Provider:	Payment:	Spanish:	Gender:	County:	Includes:	Practice Information:
Truckee, CA 96161 (530) 582-6575						support Grief Support Group - 1st Tuesday of every month, 5:30 pm - 7 pm Call for more information
Tahoe Forest Health System Medical Social Worker 10121 Pine Ave Truckee, CA 96161 (530) 582-6575	Insurance Medicare Private pay		Female	Nevada		Appointment only Home health, hospice, community resources
Tahoe Forest Health System Substance Use Disorder Psychologist 10121 Pine Avenue Truckee, CA 96161 (530) 582-6367	Medi-Cal/Medicare accepted for addiction treatment. Smoking cessation is free.		Female	Nevada	Substance/Alcohol Abuse	Mon 9 am – 4 pm, Tue 9 am – 5 pm, Wed 10 am – 5 pm, Thurs 9 am – 6 pm, Fri 9 am – 5 pm Substance abuse and smoking cessation (which is available in Spanish)
Tahoe SAFE Alliance - Incline Village 948 Incline Way #212 Incline Village, NV 89451 (775) 298-0004	No fee	Yes		Washoe	Youth/Teen	Mon - Fri 9 am - 5 pm Crisis intervention and peer counseling for adults, youth and children who have experienced domestic violence, sexual assault, and child abuse. Referrals and resources available for support groups, therapy, legal information, education, and emergency shelter
Tahoe SAFE Alliance - Kings Beach 265 Bear St Kings Beach, CA 96143 (530) 546-7804	No fee	Yes		Placer	Youth/Teen	Mon - Fri 9 am - 5 pm Crisis intervention and peer counseling for adults, youth and children who have experienced domestic violence, sexual assault, and child abuse. Referrals and resources available for support groups, therapy, legal information, education, and emergency shelter
Tahoe SAFE Alliance - Truckee 12257 Business Park Dr #6 Truckee, CA 96161 (530) 582-9117	No fee	Yes		Nevada	Youth/Teen	Mon - Fri 9 am - 5 pm Crisis intervention and peer counseling for adults, youth and children who have experienced domestic violence, sexual assault, and child abuse. Referrals and resources available for support groups, therapy, legal information, education, and emergency shelter
Tahoe Truckee Unified School District Student Services 11603 Donner Pass Rd Truckee, CA 96161 (530) 582-2560	All services free for students			Nevada	Youth/Teen	Mon - Fri 8 am - 5 pm Student Services
Tenney, Barbara, MFT (530) 913-8216	Insurance Private pay Sliding scale based on need		Female	Nevada		Appointment only Mon - Fri Family, marriage, anxiety, depression
Tyler, Lynelle A., PsyD 11209 Brockway Rd, Suite 303 Truckee, CA 96161 (530) 386-1772	Private pay Sliding Scale		Female	Nevada	Substance/Alcohol Abuse, Youth/Teen	Appointment only, Fri 4 pm – 6 pm, Sat 12 pm – 6 pm Addiction, adjustment disorders,

<u>Provider</u>	<u>Payment</u>	<u>Spanish</u>	<u>Gender</u>	<u>County</u>	<u>Includes</u>	<u>Practice Information</u> physical and learning disabilities; LGBTQ
Vail, Amy, MA, PsyD 1604 Christy Hill Rd Olympic Valley, CA 96148 (530) 581-2539	Private pay Sliding scale based on need	Yes	Female	Placer	Substance/Alcohol Abuse, Youth/Teen	Appointment only. Relationally-oriented, solution- focused CB therapy for individuals, families, teens and adolescents. Drug and alcohol use and abuse. Group therapy, Reiki master and energetic medicine practitioner
Yops, Rebecca, LMFT 11025 Pioneer Trail Suite 200B Truckee, CA 96161 (530) 388-8680	Private pay Sliding scale		Female	Nevada	Youth/Teen	Appointment only Mon - Sat Couples, teens, postpartum depression, anxiety, OCD, cognitive behavioral therapy

Source URL: <https://www.tfhd.com/services/mental-health-providers>

PRIME

EILEEN KNUDSON, RN

DIRECTOR PRIME

NOVEMBER 29, 2018

What is PRIME?

- ▶ Public Hospital Redesign and Incentives in Medi-Cal (PRIME)
 - ▶ Designed to improve infrastructure to manage high cost populations
 - ▶ Triple Aim: Better care, Better Health, and Lower costs
 - ▶ Ex: early identification and intervention of behavioral health problems expected to decrease ED visits
 - ▶ Aims to improve access and improve health outcomes
- ▶ Monitored by California Department of Health Care(DHCS)
- ▶ 27 projects (TFHD choose 2) Million Hearts and Chronic Non-malignant Pain rational based on:
 - ▶ Community Health Needs Assessment (2011 and 2014)
 - ▶ TFHD Strategic plan
 - ▶ Method: Specific metric achievement
 - ▶ Clinical outcomes
 - ▶ Quantitative outcomes endorsed by National Quality Forum, Agency for Health Care Research and Quality, CMS
 - ▶ Potentially preventable events
 - ▶ Patient experience
- ▶ Analysis: UCLA using OSHPD data

OBJECTIVES

▶ Million Hearts

- ▶ Identify cost effective, evidenced based approaches to : support MH clinical targets, hypertension control, tobacco cessation and appropriate aspirin use
- ▶ Reduce disparities in target population
- ▶ Reduce variation and improve performance



▶ Chronic Pain

- ▶ Improve assessment
- ▶ Improve the use of multimodal management strategies
- ▶ Develop safe prescribing practices
- ▶ Improve effective use of non-opioid meds
- ▶ Improve identification and treatment of opioid use disorders
- ▶ Decrease rate of opioid prescriptions
- ▶ Decrease rate of ED visits
- ▶ Increase access to Naloxone



Million Hearts

PROJECT 1.5	2016 Infrastructure Build	2017 Mid Year Infrastructure Build 1/1/16-12/31/16	2017 Year End Achievement Value Numerator/Denominator 7/1/16-6/30/17	2018 Mid-year Achievement Value Numerator/Denominator 1/1/17-12/31/17	2018 Year End Achievement Value Numerator/Denominator 7/1/17-6/30/18
Controlling BP	14 Measures to achieve the infrastructure build with payment	15 Measures	73.5% (N/A) 39/53	76.5% (70.4%) 91/119	75.3% (70%) 116/154
IVD	14 Measures to achieve the infrastructure build with payment	15 Measures	66.6% (N/A) 12/18	88.5% (70.2 %) 31/35	81.6% (70%) 31/38
Screening & Follow-up	14 Measures to achieve the infrastructure build with payment	15 Measures	10.3% (N/A) 15/146	56.7% (28%) 147/259	60.3% (28%) 234/388
Tobacco Assessment & Counseling	14 Measures to achieve the infrastructure build with payment	15 Measures	94% (N/A) 1248/1320	91.8% (94.7%) 634/691	94.7% (94.7%) 526/555

N/A = no target

Data discrepancy: EHR conversion and changes to metric requirements

Chronic Non-Malignant Pain

PROJECT 2.6	2016 24 Infrastructure	2017 Mid Year Infrastructure Build 1/1/16-12/31/16	2017 Year End Achievement Value Numerator/Denominator 7/1/16-6/30/17	2018 Mid-year Achievement Value Numerator/Denominator 1/1/17-12/31/17	2018 Year End Achievement Value Numerator/Denominator 7/1/17-6/30/18
Alcohol and Drug misuse	24 Measures to achieve the infrastructure build with payment	37 Measures	2.5% (N/A) 13/515	9% (N/A) 64/674	20% (N/A) 96/480
Assessment and Management (opioid agreement and Urine toxicology)	24 Measures to achieve the infrastructure build with payment	37 Measures	5% (N/A) 8/159	9% (N/A) 14/150	27.5% (N/A) 32/116
PDMP (CURES checked)	24 Measures to achieve the infrastructure build with payment	37 Measures	9% (N/A) 8/87	8.5% (N/A) 7/82	28.4% (N/A) 33/116
Screening for Clinical Depression (PHQ9)	24 Measures to achieve the infrastructure build with payment	37 Measures	5% (N/A) 8/151	19.2% (18%) 24/125	32% (18%) 40/124
Multi-Modal Therapy (PT, Acupuncture, etc)	24 Measures to achieve the infrastructure build with payment	37 Measures	76% (N/A) 71/93	84% (N/A) 114/135	85.6% (N/A) 167/195

Chronic Pain Highlights

- ▶ Developed Advisory group engaged community partners and volunteer
- ▶ Safe Prescribe Policy and Procedures
- ▶ Trained Providers (EHR, CME, Project ECHO-UC Davis)
- ▶ Chronic Pain Self Management classes
- ▶ Hired and trained Clinical Psychologist
- ▶ Hired Health Coach (Motivational Interviewing skills)
- ▶ Workflow process change to include front office staff and MA's to address SBIRT and PHQ9
- ▶ Integrated Medication Assisted Treatment(MAT)program with grant funded Hub and Spoke model
- ▶ Scholarship Intervention for Multimodal Therapy
- ▶ Implementation of Care Coordination

SAFE PAIN MEDICINE PRESCRIBING

We care about you. Our goal is to treat your medical conditions, including pain, effectively, safely and in the right way. Pain relief treatment can be complicated. Mistakes or abuse of pain medicine can cause serious health problems and death. Our emergency department will only provide pain relief options that are safe and correct.

For your SAFETY, we routinely follow these rules when helping you with your pain.

1. We look for and treat emergencies. We use our best judgment when treating pain. These recommendations follow legal and ethical advice.
2. You should have only ONE provider and ONE pharmacy helping you with pain. We do not usually prescribe pain medication if you already receive pain medicine from another health care provider.
3. If pain prescriptions are needed for pain, we will only give you a limited amount.
4. We do not refill absent prescriptions. We do not refill lost prescriptions. If your prescription is absent, please contact the police.
5. We do not prescribe long acting pain medicines such as Oxycodone, Morphine, Fentanyl, Oxycodone, Methadone, Opana ER, Exalgo, and others.
6. We do not provide mixed doses of Subutex, Suboxone, or Methadone.
7. We do not usually give shots for flare-ups of chronic pain. Medicines taken by mouth may be offered instead.
8. Health care laws, including HIPAA, allow us to ask for all of your medical records. These laws allow us to share information with other health providers who are helping you.
9. We may ask you to show a photo ID when you receive a prescription for pain medicines.
10. We use the California Prescription Drug Monitoring Program called CURES. The statewide computer system tracks opioid pain medications and other controlled substance prescriptions.

If you need help with substance abuse problems, please call **1-800-662-HELP (4357)** for confidential advice and treatment.

Logos: CALIFORNIA ACEP, FQMC, CALIFORNIA HOSPITAL ASSOCIATION, UC Davis Health System.

Financial Compensation

Projects	F/Y 2017	F/Y 2018	Total
Million Hearts & Chronic Pain	\$1,643,333.34	\$906,666.67	\$2,550,000

Tahoe Forest Hospital District	DY 13	Domain 1	Project 1.5-Million Hearts Initiative	1.5.1.b Controlling Blood Pressure	\$ 188,888.89	\$ 94,444.45			\$ 94,444.45
Tahoe Forest Hospital District	DY 13	Domain 1	Project 1.5-Million Hearts Initiative	1.5.2.i Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	\$ 188,888.89	\$ 94,444.45			\$ 94,444.45
Tahoe Forest Hospital District	DY 13	Domain 1	Project 1.5-Million Hearts Initiative	1.5.3 PQRS # 317 Preventative Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	\$ 188,888.89	\$ 94,444.45			\$ 94,444.45
Tahoe Forest Hospital District	DY 13	Domain 1	Project 1.5-Million Hearts Initiative	1.5.4.t Tobacco Assessment and Counseling	\$ 188,888.89	\$ -			\$ 188,888.89
Tahoe Forest Hospital District	DY 13	Domain 2	Project 2.6-Chronic Non-Malignant Pain Management	2.6.1 Alcohol and Drug Misuse (SBIRT)	\$ 188,888.89	\$ 94,444.45			\$ 94,444.45
Tahoe Forest Hospital District	DY 13	Domain 2	Project 2.6-Chronic Non-Malignant Pain Management	2.6.2 Assessment and management of chronic pain	\$ 188,888.89	\$ 94,444.45			\$ 94,444.45
Tahoe Forest Hospital District	DY 13	Domain 2	Project 2.6-Chronic Non-Malignant Pain Management	2.6.3 Patients with chronic pain on long term opioid therapy checked in PDMPs	\$ 188,888.89	\$ 94,444.45			\$ 94,444.45
Tahoe Forest Hospital District	DY 13	Domain 2	Project 2.6-Chronic Non-Malignant Pain Management	2.6.4 Screening for Clinical Depression and follow-up	\$ 188,888.89	\$ 94,444.45			\$ 94,444.45
Tahoe Forest Hospital District	DY 13	Domain 2	Project 2.6-Chronic Non-Malignant Pain Management	2.6.5 Treatment of Chronic Non-Malignant Pain with Multi-Modal Therapy	\$ 188,888.88	\$ 94,444.44			\$ 94,444.44

\$ 1,700,000.00



Fiscal Year 2018 Accomplishments



Tahoe Forest Health System

Organizational Excellence Model



OUR VISION

To serve our region by striving to be the best mountain health system in the nation



OUR MISSION

We exist to make a difference in the health of our communities through excellence and compassion in all we do



VALUES – We believe in

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, 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



Foundations of Excellence



QUALITY

FY 18 Accomplishments

Quality

- For the fourth year in a row, Tahoe Forest Hospital (TFH) was named in Becker's Hospital Review's list of "Critical Access Hospitals to Know" in the United States.
- Gene Upshaw Memorial Tahoe Forest Cancer Center completed the American Society for Radiation Oncology's Accreditation Program for Excellence (APEX) and received a four year accreditation for Radiation Oncology Services.
- Gene Upshaw Memorial Tahoe Forest Cancer Center continued as a UC Davis Rural Center of Excellence.

BECKER'S
Hospital Review

Designated
UCDAVIS
RURAL CENTER
OF
EXCELLENCE

Quality

- Incline Village Community Hospital (IVCH) had a successful unannounced two day CMS Validation Survey. The purpose of the survey is for CMS to monitor the survey work of deemed authority agencies such as Healthcare Facilities Accreditation Program (HFAP). Both TFH and IVCH had successful three year unannounced deemed accreditation surveys in fiscal year 2017.
- TFHS established a Multidisciplinary Sepsis Early Management Bundle Performance Improvement to increase core measure compliance. Compliance increased to 76%, up from 62.1% in fiscal year 2017.
- TFHS expanded Performance Improvement Committee participants. Both clinical and non clinical departments report their quality metric results and improvements twice a year. Participation increased from 36 to 51 departments.

Quality - Technology

- TFHS implemented the Mercy EPIC Electronic Health Record. After a year of rigorous investigation and negotiation, the team decided on using Mercy Technology Services to host and implement the full version of the EPIC solution to replace seven of the District's disparate patient records software solutions. 3,401 trainings were completed prior to go live in November 2017. This implementation improves patient safety and provides a continuity of care between providers.
- In conjunction with the new EPIC software, TFHS implemented a new MyChart patient portal that allows patients to view their records, communicate with their care provider, refill prescriptions, request appointments, and other modern conveniences.

Quality – Patient Safety

- Tahoe Forest Health System opted in to the BETA HEART (healing, empathy, accountability, resolution, trust) Program which promotes organization-wide culture change and instills trust, that results in improved partnerships with patients, patients' families and caregivers. Its goal is to introduce a holistic approach to reducing harm in health program. Executive leadership, nursing and physicians have attended specialized training including disclosure training.



Quality – Patient Safety

- Nursing implemented daily safety huddles which were expanded to include all departments.
- All TFHS staff participated in a two-hour Workplace Violence Training Program. This program educated staff on how to protect themselves from aggressive and violent behavior and included hands on training exercises.
- TFHS committed to improving security by adding security services to TFH and IVCH.
- A Culture of Safety Survey was conducted, achieving a 63% response rate and developed an action plan based on survey results. This annual survey will enable the Health System to monitor our Culture of Safety improvements.

Quality - Nursing

- Leadership rounds were expanded to Medical/Surgical, Emergency Department and Joseph Family Center for Women and Newborn Care units to interview patients about the quality of care they received.
- TFH received the following Collaborative Alliance of Nursing Outcome (CALNOC) Performance Excellence Awards:
 - *Best Performance in Preventing Moderate and Injury Falls*
 - *Best Performance in Preventing Hospital Acquired Pressure Injuries (HAPI)*
 - *Special Recognition for Preventing both HAPI and Injury Falls*



Quality - Perinatal

- TFH received the 2018 Women's Choice Award as One of America's Best Hospitals for Obstetrics. The recognition signifies TFH is in the top 17% of 2,815 U.S. hospitals offering obstetrics. This is the fourth time Tahoe Forest Hospital has been awarded the Women's Choice Award.
- TFH achieved recognition for BETA Healthcare Group's Quest for Zero: Excellence in OB. This is the seventh year in a row meeting 100% Tier 1 and Tier 2 requirements. Participation includes both nursing and medical staff. This recognition is for the commitment to deliver optimal perinatal care and strive to reach zero preventable harm. BETA is a provider of professional liability and risk management services. This award also results in premium credits for the District.



Quality – Perinatal

- TFHD received the 2017 Smart Care California achievement award for achieving the Healthy People 2020 target for low-risk first-Birth Cesarean Sections.
- TFH maintained its National Baby Friendly Designation.
- Labor & Delivery moved into the new Joseph Family Center for Women and Newborn Care unit allowing for expanded capacity with 4 Labor and Delivery suites, 4 Postpartum suites and a surgical suite.
- Nitrous oxide was implemented for labor pain management.
- To improve support for families who have a loss, all OB nurses completed a Perinatal Loss training program.



Quality - Emergency Department

- IVCH achieved recognition for BETA Healthcare Group's Quest for Zero: Excellence in Emergency Department. This is the fifth year in a row meeting Tier 1 requirements. This recognition is for the commitment to strive to eliminate preventable harm to those in need of emergent care.
- TFH achieved recognition for BETA Healthcare Group's Quest for Zero: Excellence in Emergency Department. This is the seventh year in a row meeting Tier 1 requirements. This recognition is for the commitment to strive to eliminate preventable harm to those in need of emergent care.
- TFH began work on an initiative to become a Level III Trauma Center. This will be an 18-24 month process that will require a survey by the American College of Surgeons.

Quality - Orthopedic Services

- American Orthopaedic Association's Own the Bone program addresses the emerging epidemic of osteoporosis-related fragility fractures and uses a clinically-proven, web-based patient registry and 10 prevention measures to accomplish its goals. TFHS was recognized as an *Own The Bone Star Performer* for achieving an exception compliance rate on the 10 prevention measures of the program as highlighted in *U.S. News & World Report*.



Quality – Population Health

- Tahoe Forest Health System increased access to mental and behavioral health by working collaboratively with Mountain Gateway Center.
 - Implemented Youth Therapeutic Mentoring Program.
 - Provided 933 hours of service for a total unreimbursed cost of \$87,702 of which TFHS supported 106 hours of that time.
 - 12 youth and transitional age youth were served in the mentoring program this year.
- 92% of all local kindergarteners are vaccinated.
- Wellness Neighborhood developed and implemented a pre-diabetes class with an 80% completion rate.



Quality – Population Health

- The Center for Health moved from a fitness based gym to a medically managed fitness program. This new program incorporates chronic disease self-management, weight loss, nutrition and mindfulness stress reduction for a more comprehensive approach to health and wellness.
- Over 500 physician referrals were made to wellness related programs.
- TFHS initiated an Incline Village Community Hospital Wellness Committee comprised of local community members to address the Community Health Needs Assessment and increase access to wellness services.

Quality - PRIME

- For the third year in a row, TFHD completed the Public Hospital Redesign & Incentives in Medi-Cal (PRIME). All criteria for year three were met for maximum financial benefit of the programs in the intergovernmental match.
 - Million Hearts
 - Wellness visits were integrated into primary care. Medical Assistants were trained to complete these annual visits.
 - PRIME participants with Heart Disease increased their utilization of aspirin from 67% to 88%.
 - Chronic Non-Malignant Pain Management
 - Behavioral health services were integrated into the pain management program.
 - Depression screenings were increased by 52% in our Primary Care clinics.



Quality – Case Management and Care Coordination

- Case Management was integrated into the Emergency Departments at both TFHD and IVCH.
- Care Coordination was integrated into Primary Care offices which led to a decrease in our Medicare readmissions rate from 12% to 9.8%.
(The National Medicare Readmission Rate is 15.8%.)
- TFHS implemented Orthopedic Care Coordination which saw over 90 patients.
- Care Coordination was expanded to include Obstetrics.
- The Utilization Committee was separated from the Quality Committee to focus on improving hospital utilization and transitions of care.



PATIENT SATISFACTION

Patient Satisfaction

- Tahoe Forest Health System saw an improvement in its Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores from the rollout of “Creating the Perfect Care Experience” initiative
 - Percentile ranking for “Rate this Hospital 9 or 10” increased from 92% in the first quarter to 99% in the fourth quarter.
 - Percentile ranking for “Recommend this Hospital” increased from 95% in the first quarter to 98% in the fourth quarter.
- The overall Patient Satisfaction score for fiscal year 2018 was 94.11, exceeding a goal of 93.76. Patient Satisfaction has increased year over year as the overall Patient Satisfaction score in fiscal year 2017 was 93.84 and fiscal year 2016 was 93.76.
- Ambulatory Surgery patient satisfaction scores increased from 75% in the first quarter to 99% in the fourth quarter. This was accomplished through an Ambulatory Performance Improvement Team initiative.

Patient Satisfaction

- All Multi-Specialty Clinic (MSC) front line staff attended a two hour training on empathy and communication to discuss setting expectations around creating a positive patient experience every time. The training was well received with good involvement and feedback from staff.
- MSC Percentile Rank increased from 54% in the first quarter to 68% in the fourth quarter. This was accomplished with the commitment of MSC staff and the patient experience training.

Patient Satisfaction

- TFHS celebrated its fourth year with Patient and Family Advisory Council (PFAC) volunteers. Eight volunteers have been actively engaged in operational suggestions to improve Health System processes and the experience of our patients and visitors.
- The patient complaint process was streamlined by transitioning from a Patient Advocate to a Patient Experience Specialist with a clinical Registered Nurse background. The improved clinical knowledge has increased both patient and provider satisfaction.

A large group of approximately 100 people, including men, women, and children, are posed for a group photo in front of a building. The building features a prominent dark wooden structure with a large overhang and several windows. The people are arranged in multiple rows, with some kneeling in the front. The overall scene is bright and outdoors.

PEOPLE

FY 18 Accomplishments

People

- Communication efforts were increased throughout the Health System:
 - 495 employees attended Town Hall sessions with a focus on communication and teamwork.
 - Many departmental focus groups met with the Chief Executive Officer and Human Resources.
 - Began distribution of Weekly Bulletins.
 - Lunch and Learns were set up to provide employees with critical Health System updates.
- Over 252 new employees were recruited and on boarded. The Human Resources department also on boarded three new physician offices converting their staff to TFHS.

People

- With the addition of new services and programs, Tahoe Forest Health System has 858 employees and 210 Volunteers.
- Employee engagement was increased through a number of successful events including a Hospital Week BBQ, Annual Picnic, Night Out at the Aces, and Holiday Party.
- Departments also participated in pumpkin carving, Uncle Sam hat decorating and gingerbread house contests.

People

- Wellness at Work: Results of annual TFHS Employee wellness screenings indicate overall improvement.
 - Participation of benefit eligible employees increased to 84%.
 - High cholesterol ratios showed a reduction from 10.5% to 7.9%.
 - High glucose numbers decreased to 3.8% compared to 7.5% in 2016.
 - Smoking rates dropped from 4.8% to 4%.

People - Education

- 24 staff leaders completed the first Tahoe Forest Hospital Leadership program. The leadership program was provided on campus in partnership with the University of Nevada Reno.
- A new Clinical Orientation was developed and implemented for all clinical staff. This program improves and prepares new clinical staff to begin work with the health system.
- The Resuscitation Quality Improvement program continued and will be featured in an American Heart Association case study article highlighting our success as an “early adopter” of the program.
- Monthly Lunch & Learn programs were developed and implemented for all staff to get up to date information on a variety of topics.
- During the 2017-18 winter season, TFHS hosted four Winter Injury Learning Sessions open to medical and mountain professionals.

People - Medical Staff

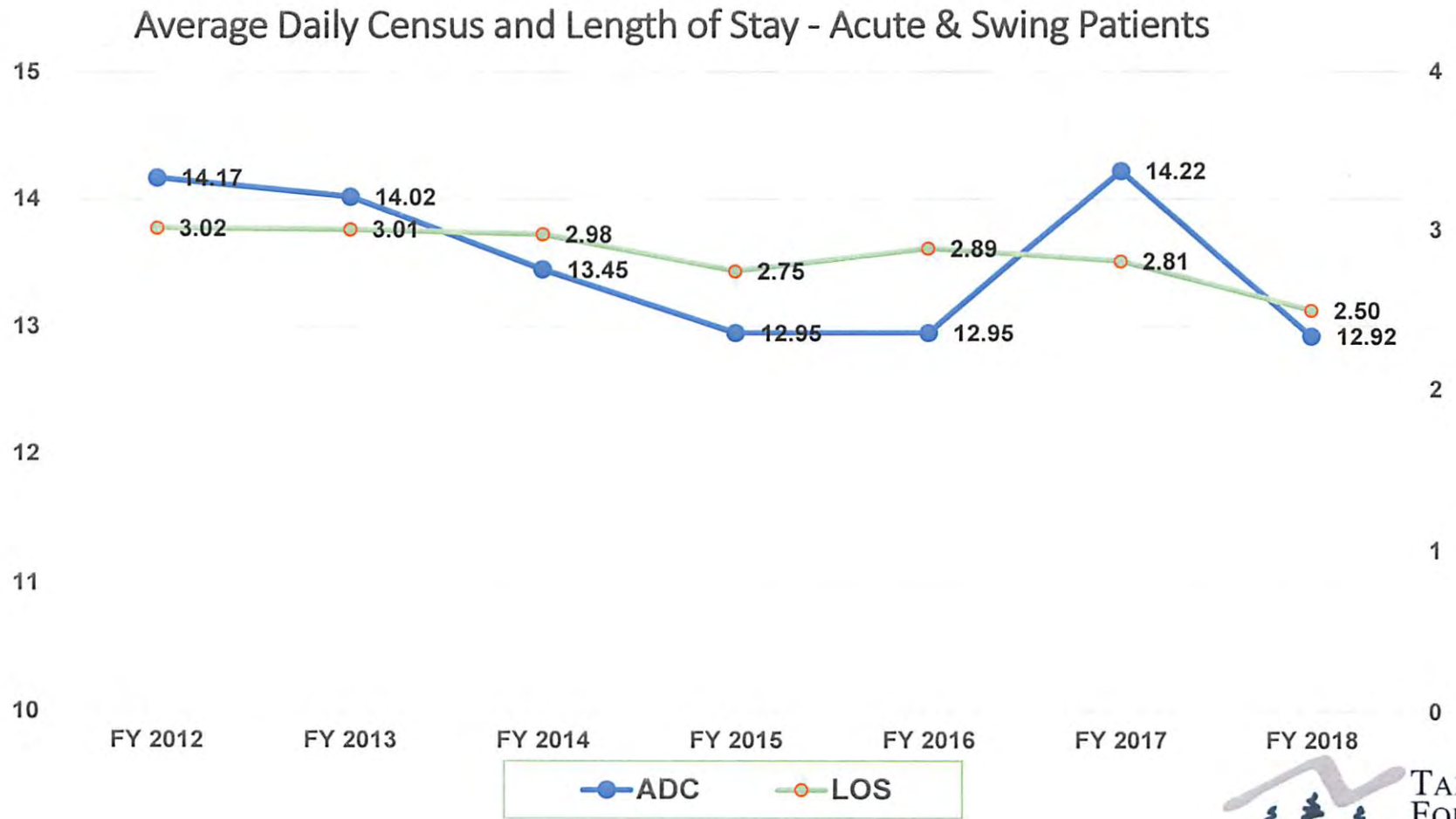
- Tahoe Forest Health System has grown its Medical Staff provider team to 146 in fiscal year 2018, up from 115 in fiscal year 2015.
- TFHS hosted 31 medical students in the areas of Orthopedics, Family Medicine, OB/Gyn, General Surgery, Emergency Medicine, Pediatrics, Radiology and Oncology.
- TFHS hosted 11 Physician Assistant students in the areas of Orthopedics, Family Medicine, OB/Gyn, General Surgery, Emergency Medicine, Occupational Health, Oncology and Cancer Center Psychiatry.
- TFHS hosted 10 Continuing Medical Education (CME) events for providers.

A photograph of a person's hands using a calculator on a desk. A pen is held in the right hand, and the left hand is on the calculator. A pair of glasses is on the desk to the left. The word "FINANCE" is overlaid in the center.

FINANCE

FY 18 Accomplishments

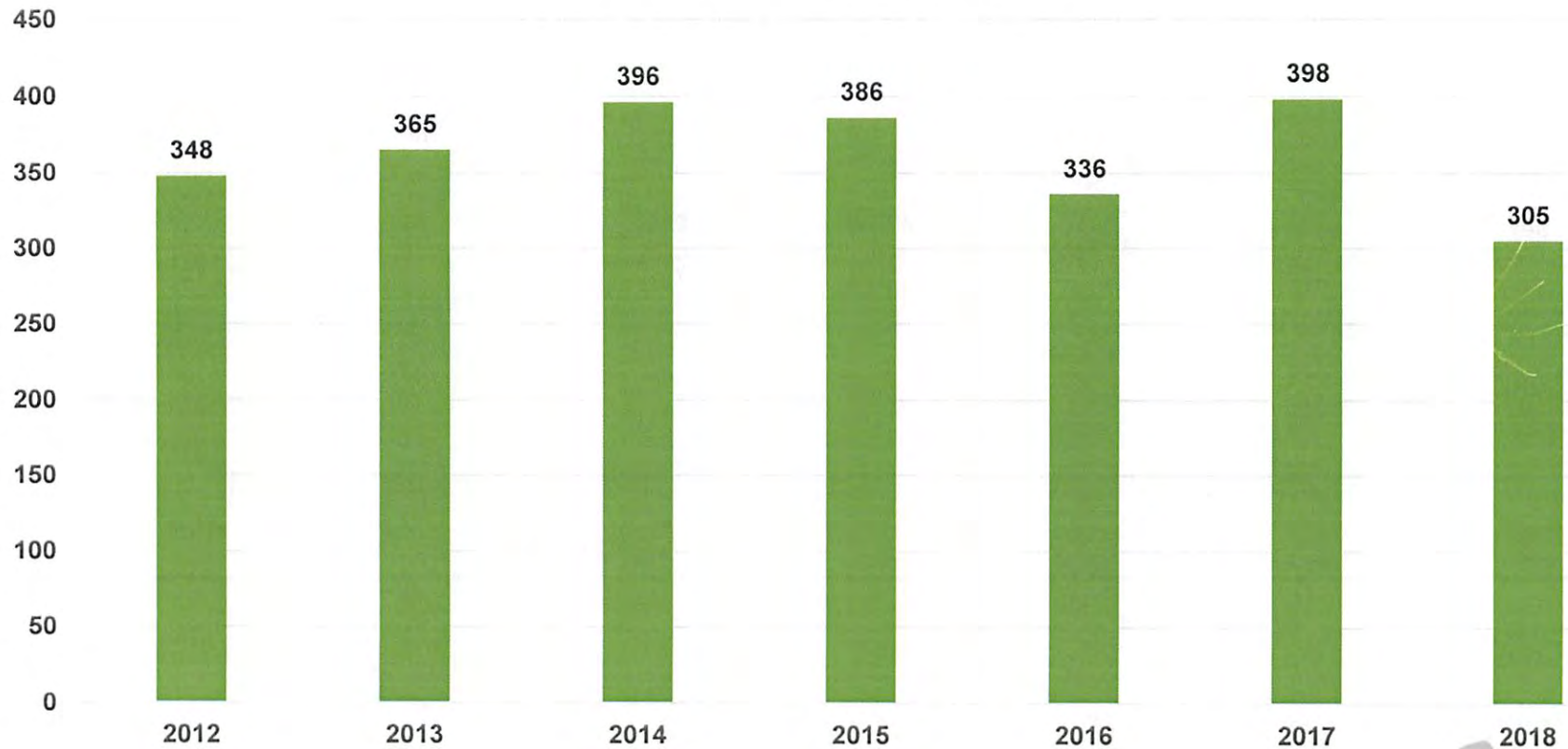
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FY18 Accomplishments

Finance

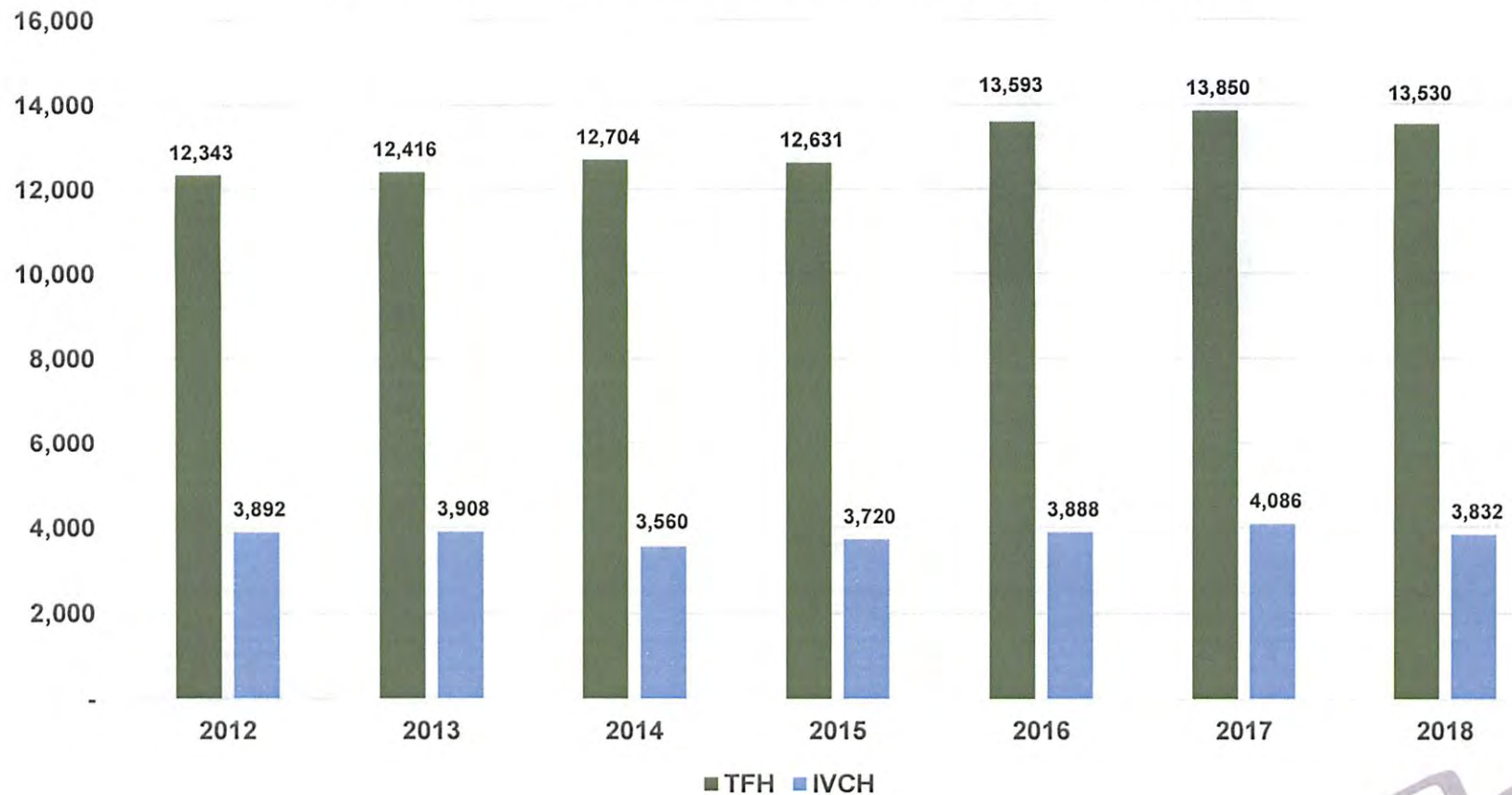
Deliveries Per Annum



FY18 Accomplishments

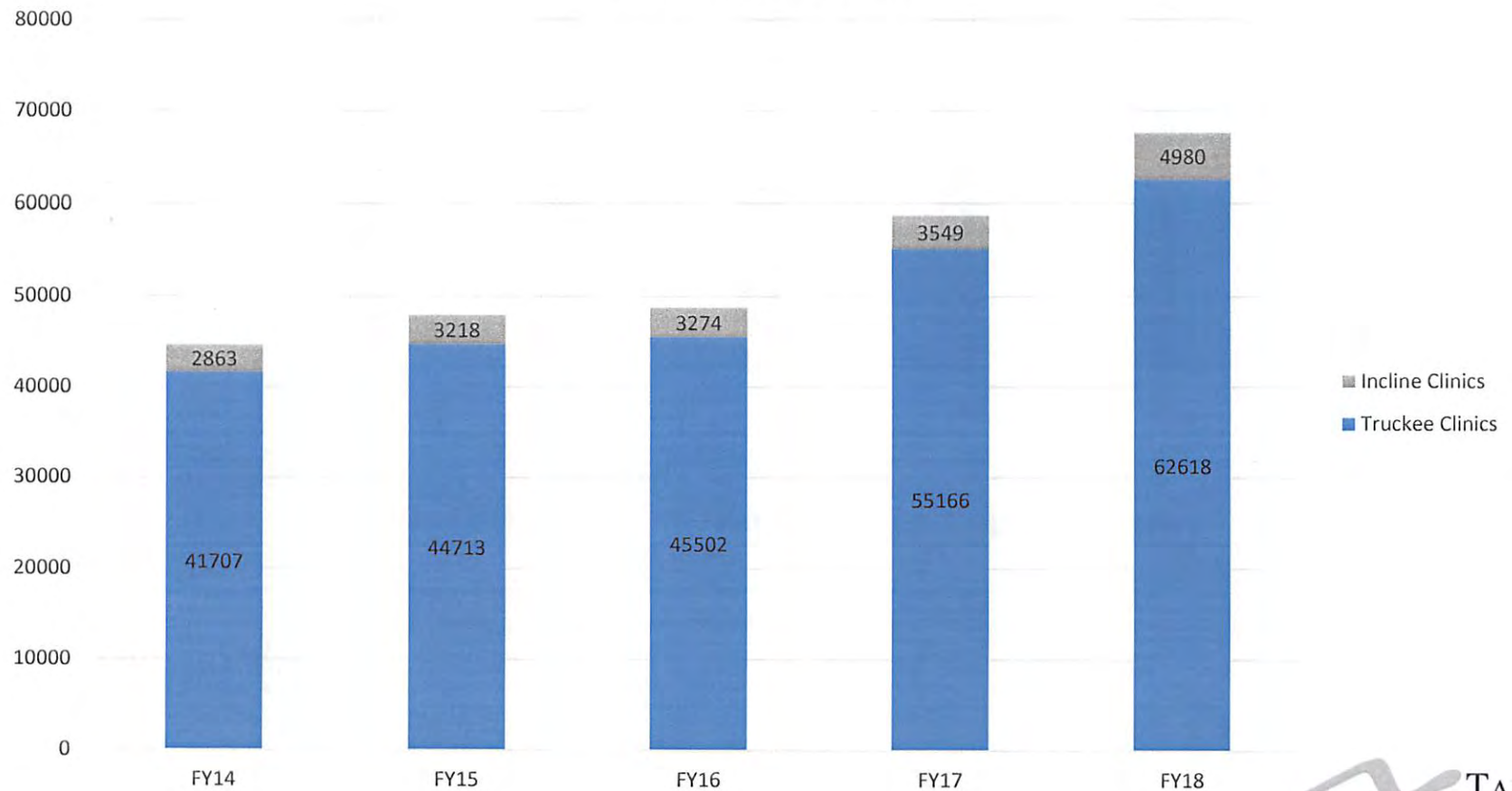
Finance

Emergency Department Visits Per Annum



Finance

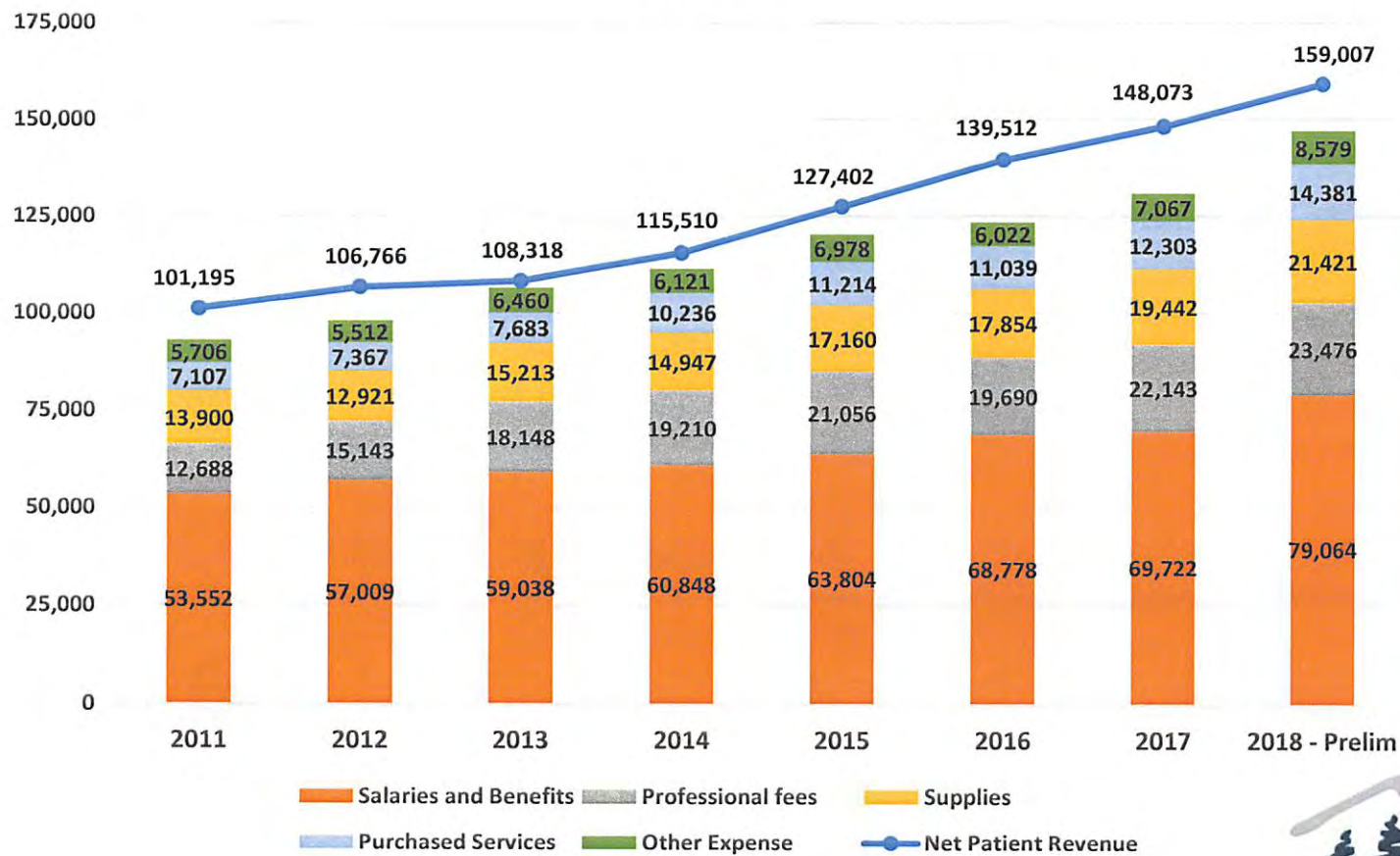
Provider Office Visits



FY18 Accomplishments

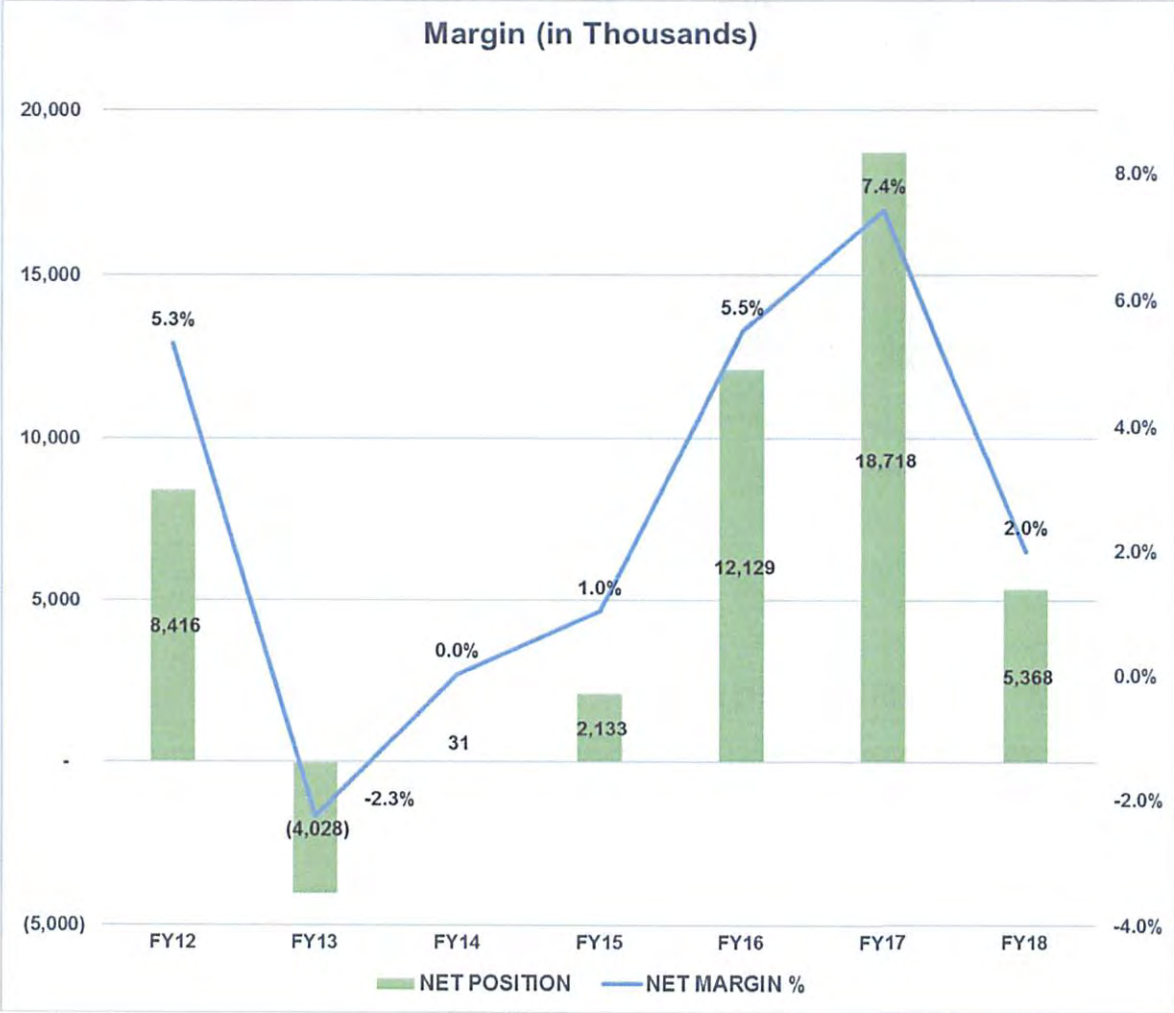
Finance

Hospital Revenue Vs Expense Trend (\$'000's)



FY18 Accomplishments

Finance



FY18 Accomplishments

Finance - Technology

- Hospital Meaningful Use Hardship applications were completed and accepted by CMS due to Epic implementation project. This avoids reimbursement penalties for both TFH and IVCH.
- As part of the Nuance PS360 upgrade, TFHS will have software to provide Radiology specific data for reporting to insure compliance of CMS' "Patient Quality Reporting System" (MACRA/MIPS) to insure maximum reimbursement Quality Tracking metrics, A "Clinical Decision Support" tool specific to Radiology and improved software to check critical results, laterality and patient sex prior to results being distributed.
- In an effort to greatly improve security and reduce risks, TFHS upgraded to a Palo Alto firewall and TRAPS Endpoint Virus Protection to prevent a broad range of attacks.

Finance - Technology

- Genesys Call Center Solution was implemented to assist the Access Center with reporting on call times, hold times, hang-ups, etc.
- Nutanix Hyperconverged Storage is a new storage and computer platform that allows TFHS to virtualize its server environment and grow by adding modules.
- All Pyxis Med Station Automated Dispensing Machines were updated and replaced. Additionally a Pyxis unit was added to IVCH second floor Med Surg unit.
- As a component of the HIS Restructure program the district took advantage of the opportunity to redesign and deploy our interface engine that allows TFHD computer systems to interoperate (share clinical and financial information) securely with each other and with systems that exist outside of our network.

Finance - Legal

- TFHS enhanced its legal services and reduced outside legal fees by hiring an In-House Counsel.
- The overall contracting process was improved by having in-house counsel review all contracts.
- TFHD opted into California's Uniform Construction Cost Accounting Act which provides public agencies economic benefits and greater freedom to expedite public works projects.
- The Vendor Evaluation Forms (VEF) module in Meditract was initiated to improve compliance and contracting processes. The module documents and triggers an annual review of all contracts.

GROWTH

Growth

- Tahoe Forest Health System saw continued growth of its physician service line and offered the following specialties:

TFH Campus

- Cardiology
- Ear, Nose & Throat/Audiology
- Family Medicine
- Gastroenterology
- General Surgery
- Hospitalist
- Internal Medicine
- Neurology
- Obstetrics & Gynecology
- Occupational Health
- Oncology
- Orthopedics & Sports Medicine
- Pediatrics
- Pulmonology

- Radiation Oncology
- Urology

IVCH Campus

- Incline Health Center
 - Cardiology
 - Family Medicine
 - Ear, Nose & Throat
 - Pediatrics
 - Sleep Center
- Lakeside Family Medicine

Growth

- TFHS successfully recruited the following providers to increase services to its communities:
 - Family Medicine
 - 2.5 providers in Truckee
 - 2 providers in Incline Village
 - Orthopedics
 - 2 providers
 - Gastroenterology
 - 0.75 provider
 - Urology
 - 1 provider
 - Hospitalist
 - 1 provider
 - Locums to permanent in progress
 - 1 provider in ENT
 - 0.5 provider in Neurology

Growth

- Rural Health Clinic (RHC) applications were submitted to the state for Pediatrics, Internal Medicine/Cardiology and Incline Health Center.
- Provider office visits grew to 67,598 from 58,715 in fiscal year 2017.
- TFHD on boarded three physicians and a Nurse Practitioner from Tahoe Forest Women's Center. An additional physician was also added since integration into health system.
- The Lakeside Family Medicine clinic in Incline Village was on boarded into the Health System. This included a physician and Nurse Practitioner.
- A new part time ENT physician was added in the Incline Health Center.
- The leadership structure of Multi-Specialty Clinics was expanded to meet the growing provider services. This included adding a Director of Specialty Services and Director of Orthopedics and Sports Medicine. Dedicated management support was also added in Oncology, Orthopedics and Sports Medicine, Primary Care and Specialties.

Growth - Navigation

- The Patient Navigation department was designed to give our patients one number to call for assistance with navigating through the healthcare system to programs and services that best meet their healthcare needs.
- This year the patient navigation program expanded from five to seven days a week. Navigation directs clients to programs and services that are most appropriate.
- The patient navigation department assisted over 583 patients to improve coordination and create a seamless transition into the healthcare system.

Growth - Governance

- TFHS was active during the legislative session penning over 20 letters of support or opposition.
 - TFHS was a key participant in killing SB538 which would have impacted small, rural healthcare systems with burdensome new contracting requirements.
 - At the request of Association of Hospital District and California Special District Association, TFHD testified before the Assembly Health Committee during hearings on healthcare districts in March.
 - Influential participant in California Hospital Association Legislative visits.
 - Active role in defeating key bills such as SB 1288 – Nurse Patient Ratio Penalties
- TFHS conducted outreach with senior leadership at other local healthcare districts, such as Barton Health, Renown Health, St. Mary's, Eastern Plumas Hospital District and Plumas District Hospital, to continue relationship building and address local and regional healthcare challenges.

Growth - Governance

- TFHD has a representative on the Mountain Housing Council Board. The District participates on the Advocacy Sub-Committee to assist in the development of lobby efforts related to housing. TFHD also participates on the Policy Committee to assist in the development of potential policies for governmental agencies that might aid and assist in the goal of “achievable housing” in the region.
- The District participated in the development of a Town of Truckee Public Finance Policy that will not negatively impact special districts.
- Board of Directors redesigned monthly agenda and agenda review that has resulted in board meeting efficiencies. This also included redesign of the subcommittee structure.

Growth

- TFH installed a state-of-the-art 3D digital mammography system increasing the ability to detect breast cancer in women at an early state.
- TFH installed a Stereotactic 3D Biopsy system that enables patients requiring breast biopsy with challenging lesions to have service at TFH.
- TFH Retail Pharmacy expanded services to community by providing Flu Immunizations, Pneumococcal Vaccine and Shingles Vaccine.



FY 18 Accomplishments

Growth

- TFHS developed and finalized a 10 year Master Plan that will increase access to care, expand provider office space and improve parking. The Master Plan was presented to the Board of Directors, Town of Truckee and Health System Staff.
- TFHS received OSHPD approval for a Master Plan second floor of the cancer center and third floor of the medical office building that increases exam rooms and access to care.
- TFHS initiated a multi-step nine month strategic planning process to review, analyze, set and deploy organizational goals and objectives. The planning process is comprehensive and will reflect TFHS Strategic Priorities and Goals for 2019 – 2021.



Questions?



**BOARD EXECUTIVE
COMPENSATION COMMITTEE
AGENDA**

Monday, October 29, 2018 at 10:00 a.m.
Pine Street Cafe Conference Room - Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA 96161

1. **CALL TO ORDER**
2. **ROLL CALL**
Alyce Wong, R.N., Chair; Randy Hill, 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: 04/23/2018..... ATTACHMENT**
6. **ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION**
 - 6.1. **Review CEO Evaluation Template ATTACHMENT**
Executive Compensation Committee will review the CEO performance evaluation and discuss.
 - 6.2. **Fiscal Year 2018 CEO Incentive Compensation ATTACHMENT**
Executive Compensation Committee will discuss metrics for FY18 CEO Incentive Compensation.
7. **CLOSED SESSION**
 - 7.1. **Conference with Labor Negotiator (Government Code § 54957.6)**
Name of District Negotiator(s) to Attend Closed Session: Alyce Wong
Unrepresented Employee: Chief Executive Officer
8. **REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS**
9. **NEXT MEETING DATE**
Personnel Committee will discuss its next meeting date.
10. **ADJOURN**

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

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions.

Equal Opportunity Employer. The meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District's public meetings. If particular accommodations for the disabled are needed (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.



QUALITY COMMITTEE AGENDA

Tuesday, November 6, 2018 at 12:00 p.m.
Eskridge Conference Room, Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA

1. CALL TO ORDER

2. ROLL CALL

Alyce Wong, RN, Chair; Charles Zipkin, M.D., Board Member

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

4. INPUT – AUDIENCE

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

5. APPROVAL OF MINUTES OF: 08/09/2018ATTACHMENT

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

6.1. Safety First

6.2. Patient & Family Centered Care (PFCC)

6.2.1. Follow up from Patient Experience Presentation

Provide status report on Mental Health coordination and resources for patients in our community.

6.2.2. Patient & Family Advisory Council Update ATTACHMENT

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

6.3. Patient Safety

6.3.1. Beta HEART Program ATTACHMENT

Provide update regarding the Beta Healthcare Group culture of safety program.

6.3.2 Beta Quest for Zero Harm Recognition..... ATTACHMENT

Share Beta Healthcare Group Quest for Zero Harm recognition in Obstetrics and Emergency Care.

6.4. Hospital Compare Star Rating ATTACHMENT

Provide update regarding the Hospital Compare star rating program.

6.5. Complaint/Grievance Policy.....ATTACHMENT

Provide overview of the Complaint/Grievance Policy (AGOV-24) and the Grievance Committee functions to address patient complaints.

6.6. Board Quality EducationATTACHMENT

The Committee will review and discuss the CMS Rural Health Strategy (2018) Retrieved June 7, 2018 from <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Rural-Strategy-2018.pdf>

7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

8: NEXT MEETING DATE

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

9. ADJOURN

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