



TAHOE FOREST HOSPITAL DISTRICT

# 2019-04-25 Regular Meeting of the Board of Directors

Thursday, April 25, 2019 at 4:00 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161

# Meeting Book - 2019-04-25 Regular Meeting of the Board of Directors

04/25/19 Agenda Packet Contents

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## AGENDA

2019-04-25 Regular Meeting of the Board of Directors\_FINAL  
Agenda.pdf Page 4

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## ITEMS 1 - 11 See Agenda

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## 12. SAFETY FIRST

No related materials.

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## 13. ACKNOWLEDGMENTS

13.1. April Employee of the Month - Allie Rohe.pdf Page 8

---

## 14. MEDICAL STAFF EXECUTIVE COMMITTEE

Medical Executive Committee Consent Agenda.pdf Page 9  
03 Educational Assistance Fund for Employees- MSGEN-3.pdf Page 10  
04 Medical Ethics Case Consultation- MSGEN-1601.pdf Page 12  
05 Well Being Policy- MSGEN-9.pdf Page 14  
06 Anesthesia Privileges 05242018.docx Page 23  
07 General Dentistry 05242018.doc Page 27  
08 Ophthalmology 05242018.doc Page 31  
09 Oral and Maxillofacial 5242018.doc Page 35  
10 Orthopedics 05242018.docx Page 38  
11 Otolaryngology 05242018.doc Page 42  
12 Pain Medicine 05242018.doc Page 46  
13 Pathology.doc Page 49  
14 Plastic Surgery.docx Page 52  
15 Podiatry.doc Page 56  
16 Urology 05242018.docx Page 60  
17 Pediatric Privileges 5-2016.docx Page 66  
18 Anesthesia Standards of Practice- MSCP-1601-Draft.pdf Page 70

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## 15. CONSENT CALENDAR

### 15.1. Approval of Meeting Minutes

15.1.1. 2019-03-28 Regular Meeting of the Board of  
Directors\_DRAFT Minutes.pdf Page 73

### 15.2. Financial Report

15.2.1. Financial Report - March 2019.pdf Page 78

### 15.3. Board Reports

15.3.1. CEO Board Report - April 2019.pdf	Page 107
15.3.2. COO Board Report - April 2019.pdf	Page 110
15.3.3. CNO Board Report - April 2019.pdf	Page 113
15.3.4. CIO Board Report - April 2019.pdf	Page 115
15.3.5. CMO Board Report - April 2019.pdf	Page 116
15.3.6. Legislative Report - April 2019.pdf	Page 117

#### 15.4. Policy Review

15.4.1.a Cover Sheet - ABD-06.pdf	Page 120
15.4.1.b ABD-06 Conflict of Interest Code.pdf	Page 121
15.4.1.c Code Final 2019.pdf	Page 124

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#### 16. ITEMS FOR BOARD ACTION

16.1. Q1 2019 Compliance Program Report OPEN SESSION Informational Report.pdf	Page 128
--	----------

#### 16.2. Board Vacancy

No related materials.

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

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

18.1. 2019-04-23 Board Finance Committee_FINAL Agenda.pdf	Page 132
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ITEMS 19 - 24: See Agenda

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#### 25. ADJOURN



# REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, April 25, 2019 at 4:00 p.m.  
Tahoe Forest Hospital – Eskridge Conference Room  
10121 Pine Avenue, 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. Conference with Labor Negotiator (Government Code § 54957.6)**

*Name of District Negotiator(s) to Attend Closed Session: Alex MacLennan*

*Employee Organization(s): Employees Association and Employees Association of Professionals*

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

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

*Receipt of Claim pursuant to Tort Claims Act or other written communication threatening litigation (copy available for public inspection in Clerk's office). (Gov. Code 54956.9 (e)(3))*

*Name of Person Threatening Litigation: Chris Binkley*

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

*Subject Matter: 2018 Annual Quality Assurance/Performance Improvement Report*

*Number of items: One (1)*

**5.4. Hearing (Health & Safety Code § 32155)**

*Subject Matter: Quality Assurance Report*

*Number of items: One (1)*

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

*Subject Matter: First Quarter 2019 Corporate Compliance Report*

*Number of items: One (1)*

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

*Subject Matter: Compliance Report*

*Number of items: Two (2)*

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

*Property Address: 10099 Lake Avenue, Truckee, CA 96161; 10956 Donner Pass Road, Suite 260, Truckee, CA 96161*

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District  
**April 25, 2019 AGENDA – Continued**

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*Agency Negotiator: Judith Newland*

*Negotiating Parties: Kelly Hatfield; Gregory & Jennifer Tirdel*

*Under Negotiation: Price & Terms*

**5.8. Conference with Legal Counsel; Initiation of Litigation (Gov. Code § 54956.9(d)(4))**

*Number of Potential Cases: One (1)*

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

03/28/2019

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

*Subject Matter: Medical Staff Credentials*

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

**6. DINNER BREAK**

**7. OPEN SESSION – CALL TO ORDER**

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

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

**10. INPUT – AUDIENCE**

This is an opportunity for members of the public to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Board cannot take action on any item not on the agenda. The Board 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.** April Safety First Topic

**13. ACKNOWLEDGMENTS**

**13.1.** April 2019 Employee of the Month .....ATTACHMENT

**13.2.** 65<sup>th</sup> Annual Community Awards

**13.3.** National Nurses Week is May 6-12, 2019

**13.4.** National Hospital Week is May 12-18, 2019

**14. MEDICAL STAFF EXECUTIVE COMMITTEE** ◆

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

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

*Annual Review (No Changes): Educational Assistance Fund for Employees – MSGEN-3, Medical Ethics Case Consultation-MSGEN-1601, Well Being Policy-MSGEN-9, Anesthesia Privileges, General Dentistry Privilege, Ophthalmology Privileges, Oral and Maxillofacial Privileges, Orthopedics Privileges, Otolaryngology Privileges, Pain Medicine Privileges, Pathology Privileges,*

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District  
**April 25, 2019 AGENDA – Continued**

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*Plastic Surgery Privileges, Podiatry Privileges, Urology Privileges, Pediatric Privileges*  
Annual Review (With Changes): Anesthesia Standards of Practice-MSCP-1601

**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. 03/28/2019 .....ATTACHMENT

**15.2. Financial Reports**

15.2.1. Financial Report – March 2019 .....ATTACHMENT

**15.3. Staff Reports**

15.3.1. CEO Board Report .....ATTACHMENT

15.3.2. COO Board Report.....ATTACHMENT

15.3.3. CNO Board Report.....ATTACHMENT

15.3.4. CIIO Board Report .....ATTACHMENT

15.3.5. CMO Board Report.....ATTACHMENT

15.3.6. Legislative Report.....ATTACHMENT

**15.4. Approve Updated Policies**

15.4.1. ABD-06 Conflict of Interest Code .....ATTACHMENT

**16. ITEMS FOR BOARD ACTION ♦**

**16.1. Corporate Compliance Report** ♦ .....ATTACHMENT

The Board of Directors will review and consider approval of a First Quarter 2019 Corporate Compliance Report.

**16.2. TFHD Board of Directors Vacancy** ♦

The Board of Directors will consider appointment for filling its vacant board seat.

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

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

**18.1. Finance Committee Meeting – 04/23/2019** .....ATTACHMENT

**18.2. Executive Compensation Committee Meeting – No meeting in April.**

**18.3. Quality Committee Meeting – No meeting held in April.**

**18.4. Governance Committee Meeting – No meeting held in April.**

**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 May 23, 2019 at Tahoe Forest Hospital, 10121 Pine Avenue, Truckee, CA, 96161. A copy of the board meeting agenda is posted on the District's web site ([www.tfhd.com](http://www.tfhd.com)) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting.*

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

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions. Equal Opportunity Employer. The 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, APRIL 2019  
ALLIE ROHE, FINANCIAL COUNSELING COORDINATOR

We are honored to announce Allie Rohe, Financial Counseling Coordinator,  
as our April 2019 Employee of the Month!

Allie has been with Tahoe Forest for nearly three years.

Allie demonstrates teamwork every day. Allie is eager to share her knowledge when she discovers something new. You can always ask her questions, share ideas with her, and brainstorm with her.

Patients love Allie. They come to her with questions about their bills and she is always able to solve the issue and give peace of mind to them. Allie demonstrates understanding by taking the time to listen to them and makes sure she addresses all of their concerns.

Allie demonstrates excellence with willingness to take on new tasks and challenges. She is an asset to patient care, and the first person recommended when a patient has a question regarding their bills.

She brightens our day and is such a joy to work with.

**Please join us in congratulating all of our Terrific Nominees!**

**Andrea Heidlbergerova**

**Cecilia Murphy**

**Daisy Martinez**

**Emily Perez**

**Gwen Van Natta**

**Juanita Martinez**

**Misty Garberson**



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**MEDICAL EXECUTIVE COMMITTEE  
CONSENT AGENDA  
 Thursday, April 18, 2019**

REFERRED BY:	AGENDA ITEMS	RECOMMEND
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MEDICAL STAFF	A motion was made, seconded, and carried to recommend approval of the following to the Board of Directors:	
Executive Committee	The Executive Committee recommends approval of the following:	Recommend approval
A. Annual Plan and Policy Approval	Review and approval of policies, procedures, and privilege forms.  <u>Annual Review (No Changes):</u> 3. Educational Assistance Fund for Employees – MSGEN-3 4. Medical Ethics Case Consultation-MSGEN-1601 5. Well Being Policy-MSGEN-9 6. Anesthesia Privileges 7. General Dentistry Privilege 8. Ophthalmology Privileges 9. Oral and Maxillofacial Privileges 10. Orthopedics Privileges 11. Otolaryngology Privileges 12. Pain Medicine Privileges 13. Pathology Privileges 14. Plastic Surgery Privileges 15. Podiatry Privileges 16. Urology Privileges 17. Pediatric Privileges  <u>Annual Review (With Changes):</u> 18. Anesthesia Standards of Practice-MSCP-1601	



# TAHOE FOREST HEALTH SYSTEM

Origination Date:	09/1991
Last Approved:	02/2016
Last Revised:	02/2016
Next Review:	01/2019
Department:	Medical Staff - MSGEN
Applies To:	System

## Educational Assistance Fund for Employees, MSGEN-3

### POLICY:

On an annual basis the Medical Staff of Tahoe Forest Hospital District will set aside a given amount of money to be used by employees who endeavor to advance their level of knowledge in the medical field as a paraprofessional. Review of all educational requests will be considered in May and November each calendar year by the Executive Committee.

### PURPOSE:

The fund provides an avenue by which the Medical Staff can assist employees in obtaining educational goals. It is the hope that employees receiving educational assistance will utilize their skills within the Hospital setting, thereby increasing the quality and level of care provided for patients at Tahoe Forest Hospital District.

### PROCEDURE:

#### Criteria for Eligibility are:

- A. Any person employed at Tahoe Forest Hospital District or at one of the Hospital's associated health services.
- B. The employee must be enrolled in a college or program and demonstrate proof of enrollment.
- C. If the request is for advancement in clinical knowledge, the curriculum must be submitted for review and consideration. Workshops and seminars that are 2-4 days do not meet the criteria for assistance. Specialty certifications taking several weeks to month's education are worthy of submittal for consideration.
- D. All requests must narratively justify the need for assistance, the course content to be taken and how this additional education will be utilized within the Hospital setting.
- E. If the request is for books and other needed supplies, an itemized list must be submitted at the time of the request demonstrating how the money will be spent.
- F. All requests will be reviewed by the Executive Committee for approval or denial. Requests for assistance will be considered bi-annually by the Executive Committee. It is preferable, however, that requests be submitted twice a year at the beginning of each semester.

Related Policies/Forms:

References:	
Policy Owner: Director, Medical Staff Services.	
Approved by: General Staff - 9/12/91 Executive Com – 7/99; 9/11/02; 11/03; 2/05; 11/05; 2/06; 2/07; 1/08; 1/09; 1/10; 1/11	
All revision dates:	02/2016, 01/2014, 01/2013, 02/2005, 01/2005
<b>Attachments:</b>	<a href="#">Request for Financial Assistance Form</a>

COPY



# TAHOE FOREST HEALTH SYSTEM

Origination Date: 09/1994  
Last Approved: 02/2016  
Last Revised: 02/2016  
Next Review: 01/2019  
Department: *Medical Staff - MSGEN*  
Applies To: *Incline Village Community  
Hospital, Tahoe Forest Hospital*

## Medical Ethics Case Consultation, MSGEN-1601

### PURPOSE:

To serve as a guide to Medical Ethics resources when faced with an ethical dilemma in the provision of health care at Tahoe Forest Health System.

### POLICY:

- A. The Medical Ethics Committee is authorized and constructed according to the Medical Staff Rules and Regulations of Tahoe Forest Health System.
- B. Any practitioner, employee, patient, family member or member of the public may request a consultation of the Medical Ethics Committee for case consultation regarding an ethical dilemma when other measures have been initiated but consensus and resolution of the issue has not been reached.
  1. These measures may include:
    - a. Consultation with primary care physician
      - i. Second opinion from an impartial practitioner
    - b. Patient Care Conference(s) between providers, patient and/or family
    - c. Quality/ Performance Improvement referral
    - d. Risk Management referral
    - e. Appropriate medical staff committee referrals

### PROCEDURE:

- A. Call the Nursing Supervisor or designee to identify the issue for consultation.
- B. The Nursing Supervisor or designee will contact the chair or vice chair of the Medical Ethics Committee regarding a consultation.
- C. Thereafter the response to the consultation request will be the responsibility of the chair or vice chair of the Medical Ethics Committee.
- D. The current list of the Medical Ethics Committee Members can be found at the following location: g drive/ public/medical staff/Medical Ethics Committee. In the event a Patient Care Conference is conducted, this information shall be documented in the patient's medical record, and reported at the next Ethics Committee meeting.

All revision dates:

02/2016, 05/2015, 05/2014, 03/2013, 02/2012, 02/2011

**Attachments:**

No Attachments

COPY



# TAHOE FOREST HEALTH SYSTEM

Origination Date:	02/1995
Last Approved:	04/2016
Last Revised:	04/2016
Next Review:	04/2019
Department:	Medical Staff - MSGEN
Applies To:	System

## Well Being Policy, MSGEN-9

### POLICY:

The Hospital and its Medical Staff (physicians, dentists, allied health practitioners, hereafter referred to as practitioners) are committed to providing quality care, which can be compromised if a member of the Medical Staff is suffering from an **"impairment."** Impairment is defined as the inability to practice the member's profession with reasonable skill, care, and diligence due to a physical, emotional or mental disability including, but not limited to, deterioration due to the aging process, psychiatric disorders, loss of motor or sensory skills or abuse of drugs or alcohol. Impairment implies any condition that adversely affects an individual's ability to practice safely and competently. Impairment may also manifest as aberrant or disruptive behavior (The Joint Commission has now defined this as "behaviors that undermine a culture of safety"), which may result in a practitioner's inability to work with others, a disregard for rules, unethical conduct, or patient endangerment, although not all disruptive behavior is related to an "impairment." Disruptive behavior that is related to personality defects such as common rudeness or similar causes is not generally within the scope of this Policy or the purview of the WBC, although the WBC may provide assistance in addressing underlying problems, if asked.

### FUNCTION:

The Well Being Committee's function is to:

- A. Promote practitioner health and wellness.
- B. Assist and support optimal health for the care giver in circumstances of personal or profession stress or any situation that may lead to impairment.
- C. Advocate and provide care for the caregiver when adverse outcomes of care have a traumatic effect on a practitioner. This may include intense or severe events with expected or unpredicted outcomes, including errors. The committee has put in place a process to assist the practitioner when it is alerted to an adverse event involving member of Medical Staff /Allied Health:
  1. The Medical Staff Office will be notified by the Supervisor of the unit where the adverse outcome occurred, risk manager, advocate, or any concerned party naming the practitioner(s) involved in the case. The individual practitioner may also self refer.
  2. A member of the Well Being Committee (WBC) will contact the affected practitioner as soon as possible after the event to debrief with the practitioner.
  3. The WBC member will assess the case for possible immediate relief of duties for the practitioner for

- a few days/shifts/other timeline, while the practitioner regroups.
4. The WBC member may recommend the practitioner consult with a professional counseling resource and could potentially have up to 3 consultations (paid for from Medical Staff funds)
- D. Accept self-referrals when a practitioner realizes s/he needs to obtain support and counsel from the Well Being Committee because of impairment issues of any kind.
  - E. Provide a mechanism whereby an impaired practitioner (physician, dental or allied health practitioner) can be identified, referred to the WBC and, when possible, rehabilitated, while protecting patients who may be exposed to an impaired practitioner. Since practitioner health issues include a range of problems from substance abuse to physical or mental illness, all steps outlined in this Policy may not be applicable in every circumstance. The authorization and release forms attached as appendices to this Policy are models, only, and should be reviewed carefully for appropriateness and legal compliance, and adapted to the specific situation as necessary, prior to use.
  - F. Monitor affected practitioners and the safety of patients until the rehabilitation or any disciplinary process is complete.
  - G. Report to the Chief of Staff or Department Chair instances in which a provider is providing unsafe care that puts patients at risk.
  - H. Develop educational programs to assist Medical Staff and other hospital staff to recognize signs and symptoms of potential or actual impairment.
  - I. Develop programs to assist practitioners in dealing with stress.

## **WELL BEING COMMITTEE:**

- A. The composition and basic duties of the WBC are described in the Medical Staff Rules and Regulations. The purpose of this Policy is to supplement those provisions with details that will assist the Committee in performing its functions and give additional guidance to those who might wish to utilize the WBC as a resource. In the event of an inconsistency between this Policy and the Rules and Regulations, the latter will take precedence.
- B. To the extent possible, and consistent with quality of care concerns, the WBC will handle impairment matters in a confidential fashion. The WBC shall keep the Chief of Staff (COS) apprised of matters under review. Unless not feasible, members of the WBC should not serve on other committees having review or authority over members of the Medical Staff (e.g.; Executive or Judicial Review Committees). When a WBC member is serving on the MEC, he/she will abstain from any votes regarding physician investigation or restriction of privileges. Membership terms ideally will be several years so as to provide continuity and development of expertise.
- C. The WBC will meet as frequently as necessary. It will report to the MEC as needed. The WBC is advisory in nature and does not provide treatment or take disciplinary action.

## **MECHANISM FOR REPORTING, REVIEWING AND ACTING UPON POTENTIAL IMPAIRMENT CONCERNS:**

- A. Practitioners who are concerned about issues in themselves or their colleagues that could lead to impairment are encouraged to voluntarily discuss this with the Well Being Committee, so that appropriate steps can be taken to protect patients and to help the physician to practice safely and competently.
- B. Any individual who is concerned that a member of the Medical Staff is impaired is encouraged to discuss

his/her concern with the practitioner directly. If this is not possible or appropriate, the concerned party should contact the chair of the WBC (or his/her designee) and may be requested to submit a written report factually describing the incident(s) that led to the concern to the Chair of the WBC. If the situation involves suspicion of acute impairment or a threat of immediate harm to patients or others, the Fitness for Duty policy should be followed. The concerned individual should also alert the appropriate medical staff department chairperson or COS. The Chair of the WBC shall have the option of doing so on his or her own initiative. When warranted, notice will also be given to the appropriate administrative representative. If the concern regards the COS, the Vice Chief of Staff shall receive the information and initiate the evaluation process. The report must be factual and contain an explanation of what circumstances and specific incident(s) led to the belief that the practitioner may be impaired. If requested by the person submitting the report, confidentiality of their identity will be respected, unless permission to disclose is obtained in writing or disclosure is required by law.

- C. The Chair of the WBC (or his/her designee), the COS and/or the department chair will confer as warranted, and proceed as they deem appropriate. The individual who filed the report may be consulted as part of this process. If the issue is aberrant or disruptive behavior that does not involve an impairment, the Code of Conduct Policy and Medical Staff Bylaws will be followed, as applicable. The COS will inform the MEC of the matter, if appropriate, and conduct that appears to present an unreasonable risk of harm or substandard care to patients or threatens the safety of others shall be addressed as prescribed by the Corrective Action provisions of the Medical Staff Bylaws (the Bylaws). The WBC will meet as soon as possible, to address any substantial concerns that are related to its functions.
- D. The COS shall inform the individual who filed the report that follow-up action was taken; however the specifics of any action shall not be shared in light of the confidential nature of the circumstance.

## **INVESTIGATION/EVALUATION BY THE WBC:**

- A. The WBC shall act expeditiously in reviewing concerns of potential impairment. As part of its review, the WBC may meet with the individual(s) who filed the initial report.
- B. If the WBC believes that the physician is or might be impaired and would be receptive to assistance, it shall attempt to meet with the physician. At this meeting, the physician should be told that there is a concern that he or she might be suffering from impairment and advised of the nature of the concern but should not be told who filed the initial report unless the claimant (referral source) agrees in writing. The WBC may:
  - 1. Receive and assess information and seek corroboration and additional information concerning the probability of such impairment or other problem.
  - 2. Provide advice, counseling or referrals on a voluntary basis.
  - 3. Meet with identified individual, discuss the concerns and establish a program or plan by which the individual will address identified and acknowledged concerns and problems.
  - 4. Request that the practitioner be evaluated by an outside physician or organization and have the results of the evaluation provided to it. (Model forms to facilitate this process are attached to this Policy.)
  - 5. When the impairment is due to age, irreversible medical illness, or other factors not subject to rehabilitation, the sections of the Policy dealing with rehabilitation and reinstatement of the physician might not be applicable.
- C. When the concerns are disruptive behaviors or unprofessional interaction, the WBC may evaluate and



counsel awareness and coping strategies as well as referral for specific treatment, which may include confidential sessions with a professional counseling resource.. Nothing in this Policy is intended to excuse non-compliance with the Professional Expectations policy or to undermine the remedies available to the Medical Staff leadership under the Corrective Action provisions of 6.4 of the Medical Staff Bylaws Depending on the type, severity, and/or number of reports and the results of any outside review, the committee may:

1. Record the incident only.
  2. Record the incident and monitor, i.e., assign a committee member to have repeated contact with the member for a specified length of time.
  3. Record the incident and request the member submit to an examination (physical, psychiatric, laboratory screening, as appropriate).
  4. Record the incident and arrange for immediate intervention, at which time the practitioner will be told that the results of the evaluation process indicate that the practitioner suffers from an impairment that affects his or her practice. Immediate recommendation of further evaluation and treatment alternatives (including arrangements for entry to a rehabilitation program) will follow.
  5. When the impairment rises to a level of concern for patient safety and competent practice, the WBC may recommend to the practitioner that he or she:
    - a. take a voluntary leave of absence to participate in a rehabilitation program or receive medical treatment; or
    - b. voluntarily refrain from exercising some or all privileges until an accommodation can be made to ensure that the practitioner is able to practice safely and competently; or
    - c. voluntarily agree to conditions or restrictions on his or her practice.
- D. The process for requesting a leave of absence and subsequent reinstatement is governed by the Bylaws. The COS and/or MEC may consult with the WBC regarding leave of absence issues related to impairment, and the WBC shall take into account all relevant factors in providing its input.
- E. Respond as appropriate to the referral source, i.e., the author of the original written report of concern, to the extent allowed by this Policy.
- F. Respond and make recommendations to the MEC, as appropriate..
- G. If the WBC recommends that the practitioner participate in a rehabilitation or treatment program, it shall assist the practitioner in locating a suitable program, as requested.
- H. If the practitioner does not agree to abide by the WBC's recommendations, the matter shall be referred to the MEC for an investigation or action to be conducted pursuant to the Bylaws.
- I. If the practitioner agrees to abide by the recommendations of the WBC, a confidential report may be made to the applicable department chair and the COS, as appropriate. In the event either of these individuals is concerned that the action of the WBC is not sufficient to protect patients, the matter will be referred back to the WBC with specific recommendations on how to revise the action or it will be referred to the MEC for an investigation or action.

## **RETURN TO PRACTICE RECOMMENDATION GUIDELINES:**

- A. Upon sufficient documentation that a physician has successfully completed a rehabilitation or treatment program, the WBC may assist the physician in returning to practice or recommend to the MEC that the practitioner's clinical privileges be reinstated if a leave of absence or corrective action adversely affecting

clinical privileges was taken. In making such a recommendation, patient care interests shall be paramount.

- B. Since the practice of medicine at the hospital is a privilege, it is the practitioner's responsibility to provide the information required by the medical staff as a prerequisite for re-entry. It is the recovering practitioner's duty to assure the public, the profession, and the hospital of returned health and continued responsibility for personal well-being and patient safety.
- C. Each practitioner should be treated individually. Factors to be considered are the type of practice the provider intends to pursue, the privileges requested, recommendations from the treatment program, the legal status of the practitioner's licensure, and situational relationship with law enforcement or federal regulatory agencies. Should the WBC have questions regarding the ability of the practitioner to practice, the WBC shall either obtain appropriate expert opinion(s) or refer the matter to the MEC for its consideration. Not all provisions listed under recommended guidelines need apply to every practitioner.
- D. Prior to recommending return to practice or reinstatement, the WBC must obtain a letter from the physician overseeing the rehabilitation or treatment program. (Model forms authorizing this activity are attached to this Policy.) The returning practitioner must supply an evaluation including the following to the hospital at the time of request for reinstatement:
  - 1. the nature of the practitioner's condition;
  - 2. whether the practitioner is participating in a rehabilitation program or treatment plan and a description of the program or plan;
  - 3. whether the practitioner is in compliance with all of the terms of the program or treatment plan;
  - 4. to what extent the practitioner's behavior and conduct need to be monitored;
  - 5. whether the practitioner is rehabilitated or has completed treatment;
  - 6. whether, if applicable, an after-care program has been recommended to the practitioner and, if so, a description of the after-care program; and
  - 7. whether the practitioner is capable of resuming medical practice and providing continuous, competent care to patients.
- E. Before recommending reinstatement, the WBC may request a second opinion on the above issues from a physician of its choice. (See model forms.)
- F. Assuming that all of the information received indicates that the practitioner is capable of safely resuming care of patients, the following additional precautions shall be taken before the practitioner's clinical privileges are reinstated:
  - 1. The practitioner must identify at least one practitioner who is willing to assume responsibility for the care of his or her patients in the event of the returning practitioner's inability or unavailability; and
  - 2. The practitioner shall be required to provide periodic reports to the WBC from his or her attending physician or other treating professionals for a period of time specified by the WBC, stating that the returning practitioner is continuing rehabilitation or treatment, as appropriate, and that his or her ability to treat and care for patients in the Hospital is not impaired.
  - 3. Additional conditions may also be recommended for the practitioner's reinstatement.
  - 4. The practitioner's exercise of clinical privileges in the Hospital shall be monitored by the department chair or by a "supervising physician" appointed by the department chair. The nature of that monitoring (see Monitoring Program below) shall be recommended by the WBC in consultation with

the department chair.

5. If the impairment is related to substance abuse, the practitioner must, as a condition of reinstatement, agree to submit to random alcohol or drug screening tests at the request of the COS, department chair or any member of the WBC.

## **MONITORING PROGRAM:**

- A. A personalized written monitoring plan will be established for a recovering practitioner, which includes elements of an aftercare and recovery plan. Specific requirements/responsibilities of the recovering practitioner will be explained therein. It will be designed to accumulate information, which will, over time, document the practitioner's participation in the recovery/aftercare plan and assure the Medical Staff that the practitioner can practice medicine safely. The monitoring shall be overseen by the WBC (a member of which will be designated as coordinator) and may include:
  1. A written report ( ) from the practitioner's personal physician (defined as the physician who will provide the general medical care of the recovering practitioner).
  2. A written report from the "worksite monitor" defined as the person who will oversee the medical activities/practice of the recovering practitioner.
  3. A written report from the physician or therapist who treated the recovering practitioner's specific impairment problem.
  4. Evidence, through personal affidavit or program director documentation of continued attendance, at the following therapeutic activities:
    - a. Practitioner recovery group
    - b. Monitored aftercare program
    - c. AA/NA (if appropriate to the practitioner's impairment)
  5. Individual therapist
  6. Random urine/blood samples for chemical analysis when requested by the COS, Department Chair, WBC or other monitoring program designee. These tests will be performed at the expense of the recovering practitioner.
  7. Maintenance of chemical-free lifestyle using only medications prescribed by the personal physician or the treatment provider.
  8. Written reports may be required from several sources, such as office colleagues, hospital work place (e.g. worksite monitor –or family and are the responsibility of the recovering practitioner. The frequency of these reports should be determined for each practitioner on an individual basis.
  9. Assurance that any required medication (e.g., deterrents as Antabuse or Naltrexone) is being taken.
  10. Report from outside qualified Physician's Health Program summarizing practitioner's/participant's compliance with contract of participation in such program and continued advocacy for medical practice.
- B. Individualized recovery/aftercare plan(s) will be re-evaluated (as needed, outside experts may be consulted) at least annually by the WBC to assure that it remains appropriate and does not require elements no longer necessary to the situation. Changes made will be in writing and signed by the recovering practitioner.

## RELAPSE

- A. A relapse or resumption of the use of alcohol or drugs is not an uncommon phenomenon for those recovering from chemical dependency. The committee will meet and review information after a relapse has been reported. It is preferable that the recovering practitioner self-reports any relapse. Possible responses to a verified relapse include:
1. Corrective Action as provided in the Bylaws, especially if it is not the first relapse and such relapse isn't self-reported (i.e., the circumstances are discovered by third party or urine/blood test).
  2. (Re)-entry into a treatment program for evaluation and/or treatment.
  3. Revision of the recovery/aftercare plan to include stricter requirements.
  4. The practitioner must show proof that the relapse has been rectified and he/she is again free of chemicals.
  5. If a contingency contract exists and its conditions are met, the license or privileges—surrendering letter will be sent.
  6. In the event of a relapse, a report will be given back to the MEC.
- B. Noncompliance by the recovering practitioner with any of the above requirements will result in referral to the COS and/or MEC for consideration of corrective action, including suspension of privileges.

## HOSPITAL REPORTING:

- A. Priority is given to rehabilitation whenever possible, without adversely affecting a practitioner's privileges under the Corrective Action provisions of the Bylaws
- B. Violations of law will be reported as required (for example, in cases of child or elder abuse), and may be reported in other instances, as deemed appropriate by the COS and/or Hospital Administration.
- C. The WBC shall provide a quarterly report to the MEC with the participating impaired physicians referenced by case number without mention of their names.
- D. The affected practitioner should identify his impairment circumstance to the Medical Staff of each hospital where he/she has privileges: to the Physician Well Being Committee or Practitioner Health Committee, if one exists, or to the Chief of Staff or Chief Executive Officer, if no committee exists.
- E. In the event of any apparent or actual conflict between this Policy and the Bylaws, Rules and Regulations, the latter shall take precedence. In the event of a conflict with other policies of the Hospital or its Medical Staff, the COS, the MEC, and/or the Hospital Administration, as appropriate, shall determine which provisions shall take precedence.

## RECORD KEEPING:

- A. Records should be kept which are appropriate to the responsibilities given to the WBC. Detailed records of the deliberations about an individual practitioner are not appropriate; however, each recovering practitioner will have a file maintained which will include copies of the original written report of concern, intervention, evaluation and/or treatment reports, monitoring plan, agreements between the practitioner and monitoring committee, random urine/blood test results, reports required for aftercare, etc.
- B. All records of the WBC should be maintained in the strictest confidence, preferably in locked files to which only certain key committee members and staff have access. The records will be used strictly for quality

assurance activities and be maintained exclusively as part of the peer review committee records.

- C. A simple form indicating a Well Being file exists on a practitioner will be kept in the practitioner's credential file.

## **COMMUNICATIONS:**

- A. In the normal course of its activities as described in the Bylaws and this Policy, the WBC may communicate with individuals both within and outside the Medical Staff and Hospital. The following principles will apply:
  - 1. An evaluating or treating practitioner to whom an individual has been referred by the WBC may be provided such information as the WBC or its Chair deems appropriate for purposes of the referral.
  - 2. A committee or official of the Medical Staff or the Hospital to whom a situation is being reported for consideration of action to protect the safety of patients or others may be provided such information as the WBC or its Chair deems appropriate under the circumstances.
  - 3. The WBC may respond directly to inquiries from the COS or the MEC, in accordance with the principles of confidentiality described elsewhere in this Policy.
  - 4. If the WBC receives an inquiry from a government agency, an official or committee of another hospital or medical staff, or any other external source, it will refer the inquiry to the COS and respond only as authorized by the COS, in consultation with legal counsel, as warranted.
- B. The forms attached to this Policy are models, and shall be used only upon careful review, adaptation as necessary, and confirmation of appropriateness and legality, for purposes of facilitating communications as described above.
- C. In all of its communications, the WBC shall take appropriate care to preserve the applicable protections and immunities provided by state and federal law, including but not necessarily limited to Section 1157 of the California Evidence Code. Legal counsel will be consulted as warranted for this purpose.

## **DOCUMENTATION AND CONFIDENTIALITY:**

The WBC shall maintain appropriate documentation of its affairs, including all of the reports that it receives, its meetings and other activities, and its related communications. Its records shall be preserved indefinitely, and maintained in confidence as described in this Policy and as appropriate to the sensitivity of its functions.

## **REFERENCES:**

- A. CMA Guidelines for Physician Well Being Committees Medical Staff Bylaws 10.3.2(k)
- B. Tahoe Forest Hospital District Executive Committee Policy for "Well Being Policy."
- C. Title 22 Section 70703(d)
- D. Nevada Administrative Code 449
- E. California Civil Code GG56.10, California Health and Safety Codes 11977 and 11812
- F. California Evidence Code 1157, California Lanterman-Petris-Short (LPS) Act, Federal Health Care Quality Improvement Act.
- G. Harty Springer Publications: Medical Staff Handbook, Policy on Practitioner Health Issues
- H. Nevada Health Professionals Assistance Program, Peter A. Mansky, MD, Director, 9811 W. Charleston

Blvd. Las Vegas, Nevada 89117

I. Stanford Hospital & Clinics: Health & Wel Being of Medical Staff & Physicians in Training

Related Policies/Forms:

References:

Policy Owner: Director, Medical Staff Services.

Approved by: Well Being Committee (4/5/16),  
Medical Executive Committee (4/20/16),  
Board of Directors ( )

All revision dates:

04/2016, 01/2014, 01/2013, 01/2012, 05/2009

**Attachments:**

No Attachments

COPY

# TAHOE FOREST HOSPITAL DISTRICT

## Department of Anesthesia Delineated Privilege Request

SPECIALTY: ANESTHESIOLOGY

NAME: \_\_\_\_\_

**Check one:**     **Tahoe Forest Hospital (TFH)**     **Incline Village Community Hospital (IVCH)**  
**Check One:**     **Initial**                       **Change in Privileges**                       **Renewal of Privileges**

To be eligible to request these clinical privileges, the applicant must meet the following threshold criteria:

<b>Core Education:</b>	MD, DO
<b>Minimum Formal Training:</b>	Successful completion of an ACGME or AOA-accredited residency training program in anesthesiology.
<b>Board Certification:</b>	Board certified or board eligible by the American Board of Anesthesiology required. Current ABA Board Certification (or AOA equivalent board certification); or attain Board Certification within five years of completion of residency or fellowship training program. Maintain board certification and to the extent required by the specialty board, satisfy recertification requirements. ..
<b>Required Previous Experience:</b> (required for new applicants)	Applicant must be able to document that he/she has managed anesthesia care for 200 hospital cases in the past 24 months (ASAIII or higher). Recent residency or fellowship training experience may be applicable. If training has been completed within the last 5 years, documentation to include letter from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago, documentation will include letter from chairman of department at hospital where you have maintained active privileges attesting to competency in the privileges requested.
<b>Clinical References:</b> (required for new applicants)	Training director or appropriate department chair from another hospital where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. (At least one peer reference should be a surgeon and one an anesthesiologist.)
<b>Proctoring Requirements:</b>	See specific proctoring requirements in this document.
<b>Other:</b>	<ul style="list-style-type: none"> <li>• Current, unrestricted license to practice medicine in CA and/or NV, as applicable.</li> <li>• Malpractice insurance in the amount of \$1m/\$3m, minimum.</li> <li>• Current, unrestricted DEA certificate in CA (approved for drug schedules 2-5) and/or DEA to practice in NV and an unrestricted Nevada State Board of Pharmacy Certificate, as applicable.</li> <li>• Ability to participate in federally funded program (Medicare or Medicaid).</li> </ul>

If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competence.

# TAHOE FOREST HOSPITAL DISTRICT

## Department of Anesthesia

Name: \_\_\_\_\_

**Applicant:** Place a check in the (R) column for each privilege **Requested**. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months. **Unless otherwise noted, privileges are available at both Hospitals and granting of privileges is contingent upon meeting all general, specific, and threshold criteria defined above.**

**Recommending individual/committee must note:** (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

REQUESTED	APPROVED		Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<b>GENERAL PRIVILEGES - ANESTHESIOLOGY</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Core:</b> History and Physical examinations. Admitting privileges for patients related to anesthesia procedures. Preoperative, intraoperative and postoperative examination, consultation, management, monitoring, evaluation and treatment of patients who are to be rendered unconscious or insensitive to pain during a surgical, obstetrical, dental and/or medical invasive procedure, and treatments that fall within the usual and customary scope of practice of a fully trained general anesthetist. Such privileges include:</p> <ul style="list-style-type: none"> <li>• airway management, including cricothyroidotomy</li> <li>• anesthesia for laser surgery of the airway</li> <li>• cardio-pulmonary resuscitation including tracheal intubation, ventilation, and Core and advanced CPR monitoring</li> <li>• central neuraxial blockage (spinal, epidural)</li> <li>• complicated airway management - fiberoptic bronchoscopy</li> <li>• complicated airway management - retrograde intubation</li> <li>• complicated airway management - transtracheal jet-ventilation</li> <li>• conductive anesthesia procedures to include central axis neural blockade including spinals, epidurals, caudals, spinal and epidural narcotics, and airway management</li> <li>• diagnostic and management of chronic pain</li> <li>• general anesthesia procedures to include inhalation, intravenous, and invasive monitoring</li> <li>• general anesthesia, including monitoring, respiratory therapy, including long-term ventilatory support</li> <li>• Intra osseus Needle insertion</li> <li>• intravenous conscious/moderate sedation</li> <li>• local and regional anesthesia with and without sedation, including topical and infiltration, minor and major nerve blocks</li> <li>• major plexus blocks</li> <li>• management of acute pain</li> <li>• management of common intraoperative anesthesia complications</li> <li>• management of common PACU problems</li> <li>• management of fluid, electrolyte and metabolic parameters</li> <li>• manipulation of body temperature</li> <li>• manipulation of cardiovascular parameters</li> <li>• management of hypovolemia from any cause</li> <li>• peripheral nerve block</li> <li>• Preoperative evaluation/anesthetic</li> </ul>	_____	Inpatient Outpatient	First 5 Cases  Proctoring must include at least: 1 spinal 1 epidural 2 generals	200 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<p><b><u>Tahoe Forest Hospital only</u></b></p> <ul style="list-style-type: none"> <li>• arterial and central venous cannulation</li> <li>• Management of 1 lung ventilator</li> <li>• obstetrical anesthesia</li> <li>• placement of central venous catheters</li> <li>• pulmonary artery catheter insertion and management consultation</li> <li>• Thoracic epidural</li> </ul>				



# TAHOE FOREST HOSPITAL DISTRICT

## Department of Anesthesia

Name: \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<p>REMOVAL FROM GENERAL PRIVILEGES: Should applicant's current practice limitations or current competence exclude performance of any privileges specified in the list of core privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion.</p> <p>_____</p> <p>_____</p>				
		<p><b>SELECTED PROCEDURES</b></p> <p><b>These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.</b></p>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Pain Management:</b> Admission, consultation, diagnosis, treatment, and management of painful syndromes, including post traumatic musculoskeletal pain, myofascial pain syndrome, cancer pain, reflex sympathetic dystrophies by the use of nerve blocks; drug therapy. The following procedures are included:</p> <ul style="list-style-type: none"> <li>• Lumbar sympathetic block</li> <li>• Stellate ganglion block</li> </ul> <p><b>Required Additional Criteria:</b></p> <p><input type="checkbox"/> Evidence of 12 months residency devoted to Pain Management ; <b>or</b> a formalized fellowship in Pain Management which included workup, diagnosis and treatment of pain problems; <b>or</b> ABA board certification with added qualification in Pain Management; <b>or</b></p> <p><input type="checkbox"/> Evidence of successful performance of at least 10 invasive pain management procedures during past 24 months (e.g.: nerve blocks ).</p> <p><b>Activity level required for initial and renewal.</b></p>	_____	Inpatient Outpatient	2	5
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Fluoroscopy</b> Current Department of Health Services fluoroscopy certificate (required in CA only)</p>	_____	TFH	none	Maintain current certificate (CA only)
		<p><b>ADDITIONAL PRIVILEGES:</b> A request for any additional privileges not included on this form must be submitted to the Medical Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel &amp; equipment requirements.</p>				
		<p><b>EMERGENCY:</b> In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.</p>				

I certify that I meet the minimum threshold criteria to request the above privileges and have provided documentation to support my eligibility to request each group of procedures requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Anesthesia**

**Name:** \_\_\_\_\_

**DEPARTMENT CHAIR REVIEW**

I certify that I have reviewed and evaluated this individual's request for clinical privileges, the verified credentials, quality data and/or other supporting information. Based on the information available and/or personal knowledge, I recommend the practitioner be granted:

- privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend (explain)

\_\_\_\_\_

\_\_\_\_\_

Modifications or Other Comments:

\_\_\_\_\_

**Medical Executive Committee:** \_\_\_\_\_ (date of Committee review/recommendation)

- privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend (explain)

**Board of Directors:** \_\_\_\_\_ (date of Board review/action)

- privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend (explain)

Department Review Dates: 6/16/06, 11/2013; 6/2014; 10/10/2016; 04/09/2018

Medical Executive Committee: 7/10/2006, 11/2013; 6/2014; 10/19/2016; 05/17/2018

Board of Directors: 7/23/2006, 11/2013; 6/2014; 10/27/2016; 05/24/2018;

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Surgery**  
**Delineated Clinical Privilege Request**

**SPECIALTY: GENERAL DENTISTRY**

**NAME:** \_\_\_\_\_  
(Please print)

Check one or both:     Tahoe Forest Hospital (TFH)             Incline Village Community Hospital (IVCH)  
Check one:             Initial                                     Change in Privileges             Renewal of Privileges

To be eligible to request these clinical privileges, the applicant must meet the following threshold criteria:

<b>Core Education:</b>	DDS, DMD
<b>Minimum Formal Training:</b>	Applicant must have graduated from a dental school recognized by the American Dental Association.
<b>Required Previous Experience:</b> (required for new applicants)	Applicant must be able to document that he/she has managed at least 10 dental inpatient, outpatient, emergency service, or consultative procedures in the past 24 months. Recent post doctoral training experience may be applicable. If training has been completed within the last 5 years, documentation will be requested from program director attesting to competency in the privileges requested including program log. If training completed greater than 5 years ago, documentation will be requested from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested.
<b>Clinical Competency References:</b> (required for new applicants)	Training director or appropriate department chair from another hospital where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. At least one peer reference must be a DDS or DMD. Medical Staff Office will request information
<b>Proctoring Requirements:</b>	See "Proctoring New Applicants" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring, evaluation may be required if minimum number of cases cannot be documented.
<b>Other:</b>	<ul style="list-style-type: none"> <li>• Current, unrestricted license to practice medicine in CA and/or NV.</li> <li>• Malpractice insurance in the amount of \$1m/\$3m.</li> <li>• Current, unrestricted DEA certificate in CA (approved for all drug schedules) and/or DEA to practice in NV and an unrestricted Nevada State Board of Pharmacy Certificate.</li> </ul>

If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competence.

# TAHOE FOREST HOSPITAL DISTRICT

## Department of Surgery

**SPECIALTY: GENERAL DENTISTRY**

Name: \_\_\_\_\_

**Applicant:** Place a check in the (R) column for each privilege Requested. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months. **Unless otherwise noted, privileges are available at both Hospitals and granting of privileges is contingent upon meeting all general, specific, and threshold criteria defined above.**

**Recommending individual/committee must note:** (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

REQUESTED	APPROVED	<b>GENERAL PRIVILEGES – GENERAL DENTISTRY</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Core – Tahoe Forest Hospital</b> History and Physical examinations related to dental information. Co-Admitting with a physician member of the medical staff required.</p> <p>Core privileges include ability to evaluate total oral health needs, work up and provide comprehensive general dental diagnostic, preventative, consultative, refer patients to appropriate specialists while preserving continuing of care, and therapeutic oral health care to patients of all ages to correct or treat various routine conditions of the oral cavity. Core privileges include:</p> <ul style="list-style-type: none"> <li>• Manage extremely fearful patients</li> <li>• Minor oral surgery               <ul style="list-style-type: none"> <li>○ Simple removal of teeth</li> <li>○ Complicated removal of teeth</li> <li>○ Alveolectomy, alveoloplasty, alveotomy</li> <li>○ Prosthetic replacement of teeth</li> <li>○ Prosthetics</li> <li>○ Frenelectomies</li> </ul> </li> <li>• Pathology               <ul style="list-style-type: none"> <li>○ Intraoral incision and drainage of minor infections</li> <li>○ Minor biopsies</li> <li>○ Root canal therapy</li> </ul> </li> <li>• Restorative dentistry               <ul style="list-style-type: none"> <li>○ Operative restorations</li> <li>○ Crown and bridge preparation</li> </ul> </li> <li>• Trauma               <ul style="list-style-type: none"> <li>○ Reimplantation and stabilization of avulsed and/or subluxated teeth</li> <li>○ Repair of minor intraoral lacerations</li> </ul> </li> </ul>	_____	Surgery, ED if appropriate	1 <sup>st</sup> case observed and 4 cases of various types	5 cases/2 years or add'l proctoring
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Core – INCLINE VILLAGE HOSPITAL</b></p> <ul style="list-style-type: none"> <li>• History and Physical examinations related to dental information.</li> <li>• Fluoride application</li> <li>• Sealants</li> <li>• No prescribing of scheduled drugs</li> </ul>	_____	IVCH		
		<p>REMOVAL FROM CORE PRIVILEGES: Should applicant's current practice limitations or current competence exclude performance of any privileges specified in the list of core privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion.</p> <p>_____</p> <p>_____</p> <p>_____</p>				

# TAHOE FOREST HOSPITAL DISTRICT

## Department of Surgery

**SPECIALTY: GENERAL DENTISTRY**

Name: \_\_\_\_\_

REQUESTED	APPROVED		Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
		<b>GENERAL PRIVILEGES – GENERAL DENTISTRY</b>				
		<b>SELECTED PROCEDURES</b> These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	Intravenous Procedural Sedation (see attached credentialing criteria)	NA		Take and pass the test	2 cases in 2 years or re-take test
<input type="checkbox"/>	<input type="checkbox"/>	Open or closed reduction of fractures of jaw or related structures Documentation required of training and/or experience	_____		1 case proctored	1 case/2 years Or proctoring required
<input type="checkbox"/>	<input type="checkbox"/>	Periodontal surgery Documentation required of additional training and recent experience	_____		1 case proctored	1 case/2 years or proctoring required
<input type="checkbox"/>	<input type="checkbox"/>	Dental implant surgery Documentation required of training and recent experience	_____		1 case proctored	1 case/2 years or proctoring required
		<b>ADDITIONAL PRIVILEGES:</b> A request for any additional privileges not included on this form must be submitted to the Medial Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.				
		<b>EMERGENCY:</b> In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.				

I certify that I meet the minimum threshold criteria to request the above privileges and have provided documentation to support my eligibility to request each group of procedures requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

### DEPARTMENT CHAIR REVIEW

I certify that I have reviewed and evaluated this individual's request for clinical privileges, the verified credentials, quality data and/or other supporting information. Based on the information available and/or personal knowledge, I recommend the practitioner be granted:

privileges as requested     privileges with modifications (see modifications below)     do not recommend (explain)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair Signature

Modifications or Other Comments:

\_\_\_\_\_

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Surgery**

**SPECIALTY: GENERAL DENTISTRY**

**Name:** \_\_\_\_\_

**Medical Executive Committee:** \_\_\_\_\_ (date of Committee review/recommendation)

privileges as requested     privileges with modifications (see modifications below)     do not recommend (explain)

**Board of Directors:** \_\_\_\_\_ (date of Board review/action)

privileges as requested     privileges with modifications (see modifications below)     do not recommend (explain)

Department Review Dates:    3/12/07, 7/12; 4/15; 04/19/2018

Medical Executive Committee: 3/21/07; 7/12; 4/15; 05/17/2018

Board of Directors:            3/27/07; 7/12; 4/15; 05/24/2018

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Surgery**  
**Delineated Clinical Privilege Request**

**SPECIALTY: OPHTHALMOLOGY**

**NAME:** \_\_\_\_\_  
Please print

**Check one:**  Tahoe Forest Hospital (TFH)

Incline Village Community Hospital (IVCH)

**Check one:**  Initial     Change in Privileges     Renewal of Privileges

To be eligible to request these clinical privileges, the applicant must meet the following threshold criteria:

<b>Core Education:</b>	MD, DO
<b>Minimum Formal Training:</b>	Successful completion of an ACGME or AOA-approved residency training program in Ophthalmology.
<b>Board Certification:</b>	Board qualification required. Current American Board of Ophthalmology Board Certification (or AOA equivalent Board); or attain Board Certification within five years of completion of training program. Maintenance of Board Certification required for reappointment eligibility.
<b>Required Previous Experience:</b> (required for new applicants)	Applicant must be able to document that he/she has managed 50 patients in the past two years. Recent residency or fellowship training experience may be applicable. If training has been completed within the last 5 years, documentation will be requested from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago, documentation will be requested from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested.
<b>Clinical Competency References:</b> (required for new applicants)	Training director or appropriate department chair from another hospital where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. (At least one peer reference must be an ophthalmologist.) Medical Staff Office will request information
<b>Proctoring Requirements:</b>	See "Proctoring New Applicants" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring, evaluation may be required if minimum number of cases cannot be documented.
<b>Other:</b>	<ul style="list-style-type: none"> <li>• Current, unrestricted license to practice medicine in CA and/or NV.</li> <li>• Malpractice insurance in the amount of \$1m/\$3m.</li> <li>• Current, unrestricted DEA certificate in CA (approved for all drug schedules) and/or unrestricted Nevada State Board of Pharmacy Certificate and DEA to practice in the state of (NV) if applicable.</li> <li>• Ability to participate in federally funded program (Medicare or Medicaid).</li> </ul>

**If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competence.**

# TAHOE FOREST HOSPITAL DISTRICT

**Department of Surgery**

**Name:** \_\_\_\_\_

**Applicant:** Place a check in the (R) column for each privilege Requested. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months. **Granting of privileges is contingent upon meeting all general, specific, and threshold criteria defined above.**

**Recommending individual/committee must note:** (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

(R)	(A)	<b>GENERAL PRIVILEGES – OPHTHALMOLOGY</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria If no cases, add'l proctoring may be required
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>CORE PRIVILEGES</b> History and Physical examinations. Admitting privileges for patients related to ophthalmology</p> <p>Core privileges, including swing admissions in ophthalmology include the ability to admit, work up, diagnose and the performance of surgical procedures on patients all ages presenting with illnesses, injuries, and disorders of the eye, including its related structures and visual pathways. These privileges include the provision of consultation as well as the ordering of diagnostic studies and procedures related to ophthalmology problems. Core privileges also include the performance of procedures in the following areas:</p> <ul style="list-style-type: none"> <li>• Repair of simple laceration</li> <li>• Removal of foreign body</li> <li>• Enucleation</li> <li>• Insertion of IOL and reposition</li> <li>• Repair, reconstruction of eyelids</li> <li>• Lid and Ocular adnexal surgery including plastic procedures, chalazion, ptosis, ectropion, entropion, repair of laceration, blepharoplasty, nasolacrimal duct probing, canalicular system repair, insertion of tubes</li> <li>• Conjunctiva surgery including grafts, flaps, tumors, pterygium, and pingueculum</li> <li>• Corneal/scleral laceration repairs</li> <li>• Glaucoma surgery</li> <li>• Intra and extra capsular cataract extraction with or without lens implant or phacoemulsification (pre-case review of planned surgery if possible for non-phacoemulsification methods)</li> <li>• Glaucoma reoperation</li> <li>• Injection of intravitreal medications</li> </ul>	_____	TFH only	5 different cases observed and evaluated	Successfully performed 50 cases during the past 2 years
<input type="checkbox"/>	<input type="checkbox"/>	Consultation only	_____	IVCH		
<input type="checkbox"/>	<input type="checkbox"/>	<p>REMOVAL FROM CORE PRIVILEGES: Should applicant's current practice limitations or current competence exclude performance of any privileges specified in the list of Core privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion.</p> <p>_____</p> <p>_____</p> <p>_____</p>				



# TAHOE FOREST HOSPITAL DISTRICT

		<b>SELECTED PROCEDURES</b> These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	Intravenous Procedural Sedation (see attached credentialing criteria)	NA	TFH	Take and pass competency	Maintain privileges requiring this procedure
<input type="checkbox"/>	<input type="checkbox"/>	YAG Laser Procedures _____ Included in residency, or  Documentation of appropriate training in use and safety of laser equipment	_____	TFH	Instruction to be given prior to use on recommended initial laser settings for YAG capsulotomies and YAG peripheral iridotomies, how to turn laser on	1 case/2 years
<input type="checkbox"/>	<input type="checkbox"/>	Anterior and Posterior Seg Documentation of appropriate training in use and safety of laser equipment	_____	TFH	Instruction to be given prior to use on recommended initial laser settings for YAG capsulotomies and YAG peripheral iridotomies, how to turn laser on	
<input type="checkbox"/>	<input type="checkbox"/>	Direct Eyebrow Lift Documentation of appropriate training in residency or previous practice experience within the last 2 years.	_____	TFH	None	2 cases/5years
<input type="checkbox"/>	<input type="checkbox"/>	Canaloplasty  Documentation of recent certification course completion of training by Science and/or current practice experience within the last 2 years.	_____	TFH	3 By qualified Ophthalmologist	25 cases/2 years
		<b>ADDITIONAL PRIVILEGES:</b> A request for any additional privileges not included on this form must be submitted to the Medial Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.				
		<b>EMERGENCY:</b> In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.				

I certify that I meet the minimum threshold criteria to request the above privileges and have provided documentation to support my eligibility to request each group of procedures requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

# TAHOE FOREST HOSPITAL DISTRICT

## DEPARTMENT CHAIR REVIEW

I certify that I have reviewed and evaluated this individual's request for clinical privileges, the verified credentials, quality data and/or other supporting information. Based on the information available and/or personal knowledge, I recommend the practitioner be granted:

- privileges as requested     privileges with modifications (see modifications below)     do not recommend (explain)

\_\_\_\_\_

\_\_\_\_\_

Date

Department Chair Signature

Modifications or Other Comments:

\_\_\_\_\_

**Medical Executive Committee:** \_\_\_\_\_ (date of Committee review/recommendation)

- privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend (explain)

**Board of Directors:** \_\_\_\_\_ (date of Board review/action)

- privileges as requested     with modifications (see attached description of modifications)     not approved (explain)

Department Review Dates: 5/7/07; 9/09; 11/09; 9/11; 04/09/2018

Medical Executive Committee: 5/16/07; 11/09; 9/11; 05/17/2018

Board of Directors: 5/29/07; 11/09; 9/11; 05/24/2018

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Surgery**  
**Delineated Clinical Privilege Request**

**SPECIALTY:** Oral and Maxillofacial Surgery

**NAME:** \_\_\_\_\_  
 Please print

Tahoe Forest Hospital (TFH)  
**Check one:**    **Initial**    **Change in Privileges**    **Renewal of Privileges**

To be eligible to request these clinical privileges, the applicant must meet the following threshold criteria:

<b>Core Education:</b>	DDS, DMD
<b>Minimum Formal Training:</b>	Successful completion of an oral and maxillofacial surgery training program accredited by the Commission on Dental Accreditation of the American Dental Association (ADA).
<b>Board Certification:</b>	Board certified or board eligible by the American Board of Oral and Maxillofacial Surgery (ABOMS), or attain certification within five years of completion of residency or fellowship training program. Maintain board certification to the extent required by the specialty board, satisfy recertification requirements.
<b>Required Previous Experience:</b> (required for new applicants)	Applicant must be able to document that he/she has managed 75 cases in all categories in the past 2 years. Recent residency or fellowship training experience may be applicable. If training has been completed within the last 5 years, documentation will be requested from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago, documentation will be requested from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested. Documentation of training and experience in performing history and physical examinations is required.
<b>Clinical Competency References:</b> (required for new applicants)	Training director or appropriate department chair from another hospital where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. At least one peer reference must be an oral maxillofacial surgeon. Medical Staff Office will request information
<b>Proctoring Requirements:</b>	See "additional criteria" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring, evaluation may be required if minimum number of cases cannot be documented.
<b>Other:</b>	<ul style="list-style-type: none"> <li>• Current, unrestricted license to practice medicine in CA</li> <li>• Malpractice insurance in the amount of \$1m/\$3m</li> <li>• Current, unrestricted DEA certificate in CA (approved for all drug schedules)</li> </ul>

**If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competence.**

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Surgery**  
**Delineated Clinical Privilege Request**

**Applicant:** Place a check in the (R) column for each privilege Requested. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months. **Granting of privileges is contingent upon meeting all general, specific, and threshold criteria defined above.**

**Recommending individual/committee must note:** (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

(R)	(A)	<b>GENERAL PRIVILEGES</b> <b>Oral and Maxillofacial Surgery</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Core</b>            Core privileges in oral and maxillofacial surgery include admission, history and physical patient evaluation and work up, sedation, and the performance of surgical procedures on patients of all ages presenting with illnesses, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial regions.</p> <p>Dentoalveolar</p> <ul style="list-style-type: none"> <li>▪ Simple and complicated removal of teeth</li> <li>▪ Exposure of impacted teeth</li> <li>▪ Alveoplasty, alveolectomy</li> </ul> <p>Preprosthetic</p> <ul style="list-style-type: none"> <li>▪ Tori removal</li> <li>▪ Placement of dental implants</li> <li>▪ Maxillary and mandibular ridge reconstruction</li> <li>▪ Placement of dental prosthesis</li> </ul> <p>Pathology</p> <ul style="list-style-type: none"> <li>▪ Biopsy of lesions of hard and soft tissue</li> <li>▪ Treatment of benign tumors</li> <li>▪ Treatment of cystic lesions</li> <li>▪ Treatment of infections</li> <li>▪ Salivary gland and duct surgery</li> <li>▪ Treatment of benign tumors/Non-metastatic Malignant Tumors (ie., Verucous Ca)</li> </ul> <p>Trauma</p> <ul style="list-style-type: none"> <li>▪ Open and closed reduction of dentofacial fractures, including use of rigid fixation</li> <li>▪ Surgical repair of extraoral (head and facial) and intraoral lacerations</li> </ul> <p>Facial reconstruction</p> <ul style="list-style-type: none"> <li>▪ Surgical repair of dentofacial deformities (orthognathic surgery)</li> </ul> <p>TMJ (Temporomandibular joint)</p> <ul style="list-style-type: none"> <li>▪ Arthroplasty</li> <li>▪ Arthroscopy</li> </ul> <p>Use of Co2 laser</p>	_____	TFH only	1 <sup>st</sup> case proctored and 4 add'l cases proctored of a variety of cases	25 cases in 2 years (inpatient or outpatient)
<input type="checkbox"/>	<input type="checkbox"/>	<p>REMOVAL FROM CORE PRIVILEGES: Should applicant's current practice limitations or current competence exclude performance of any privileges specified in the list of Core privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion.</p> <p>_____</p> <p>_____</p>				
		<b>SELECTED PROCEDURES</b> <b>These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<b>Intravenous Procedural Sedation</b> (see attached credentialing criteria)	N/A	TFH	Successful completion of competency test (initial appointment)	Maintain privileges requiring this procedure

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Surgery**  
**Delineated Clinical Privilege Request**

(R)	(A)	<b>GENERAL PRIVILEGES</b> <b>Oral and Maxillofacial Surgery</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required
		<b>ADDITIONAL PRIVILEGES:</b> A request for any additional privileges not included on this form must be submitted to the Medial Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.				
		<b>EMERGENCY:</b> In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.				

I certify that I meet the minimum threshold criteria to request the above privileges and have provided documentation to support my eligibility to request each group of procedures requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff.

\_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature

**DEPARTMENT CHAIR REVIEW**

I certify that I have reviewed and evaluated this individual's request for clinical privileges, the verified credentials, quality data and/or other supporting information. Based on the information available and/or personal knowledge, I recommend the practitioner be granted:

- privileges as requested       privileges with modifications (see modifications below)       do not recommend

\_\_\_\_\_ Date \_\_\_\_\_ Department Chair Signature

Modifications or Other Comments:

\_\_\_\_\_

**Medical Executive Committee:** \_\_\_\_\_ (date of Committee review/recommendation)

- privileges as requested       privileges with modifications (see modifications below)       do not recommend

**Board of Directors:** \_\_\_\_\_ (date of Board review/action)

- privileges as requested       privileges with modifications (see modifications below)       do not recommend

Form Approval/Revision Dates:  
 Department: 9/10/07/ 5/15/10; 04/09/2018  
 Medical Executive Committee: 3/19/08; 5/19/10; 05/17/2018  
 Board of Trustees: 3/31/08; 5/25/10; 05/24/2018

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Surgery**  
**Delineated Clinical Privilege Request**

**SPECIALTY: ORTHOPEDIC SURGERY**

**NAME:** \_\_\_\_\_  
(Please print)

**Check one or both:**     **Tahoe Forest Hospital (TFH)**     **Incline Village Community Hospital (IVCH)**  
**Check one:**             **Initial**             **Change in Privileges**     **Renewal of Privileges**

**To be eligible to request these clinical privileges, the applicant must meet the following threshold criteria:**

<b>Core Education:</b>	MD, DO
<b>Minimum Formal Training:</b>	Successful completion of an ACGME or AOA-accredited residency training program in orthopedic surgery.
<b>Board Certification:</b>	Board certified or board eligible by the American Board of Orthopedic Surgery required. (or AOA equivalent Board - ABOS); or attain Board Certification within five years of completion of residency or fellowship training program. Maintain board certification and to the extent required by the specialty board, satisfy recertification requirements. .
<b>Required Previous Experience:</b> (required for new applicants)	Applicant must be able to document that he/she has managed orthopedic care for 100 hospital orthopedic surgery cases in the past 24 months. Recent residency or fellowship training experience may be applicable. If training has been completed within the last 5 years, documentation will be requested from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago, documentation will be requested from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.
<b>Clinical Competency References:</b> (required for new applicants)	Training director or appropriate department chair from another hospital where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. At least one peer reference must be an orthopedic surgeon.
<b>Proctoring Requirements:</b>	See "additional criteria" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring, evaluation may be required if minimum number of cases cannot be documented.
<b>Other:</b>	<ul style="list-style-type: none"> <li>• Current, unrestricted license to practice medicine in CA and/or NV</li> <li>• <b>Current State of California Dept. of Health Services Fluoroscopy certificate required (TFH only)</b></li> <li>• Malpractice insurance in the amount of \$1m/\$3m, minimum.</li> <li>• Current, unrestricted DEA certificate in CA (approved for all drug schedules) and/or DEA to practice in the (NV) with an unrestricted Nevada State Board of Pharmacy Certificate</li> <li>• Ability to participate in federally funded program (Medicare or Medicaid).</li> </ul>

**If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competence.**

# TAHOE FOREST HOSPITAL DISTRICT

Department of Surgery

Name: \_\_\_\_\_

Recommending individual/committee must note: (A) = Recommend Approval as Requested. NOTE: If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

Applicant: Place a check in the (R) column	APPROVED	<b>GENERAL PRIVILEGES - ORTHOPEDIC SURGERY</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Core Privileges:</b> History and Physical examinations. Admitting privileges for patients related to orthopedic procedures including swing admissions.</p> <p>Core privileges in orthopedic surgery include the ability to admit, work up, and provide nonsurgical and surgical care to patients of all ages to correct or treat various conditions, illnesses, injuries, and disorders of the musculoskeletal system, its articulations and associated structures, including joints, ligaments, and tendons and the provision of consultation. Core privileges also include the performance of procedures in the following areas:</p> <ul style="list-style-type: none"> <li>• Amputation</li> <li>• Arthrodesis</li> <li>• Arthroplasty</li> <li>• Arthroscopy</li> <li>• Arthrotomy, ligament repair and/or reconstruction of joints (ankle, knee, hip, shoulder, elbow, wrist, hand)</li> <li>• Casting</li> <li>• Closed reduction</li> <li>• Excision of ganglion/mass</li> <li>• Laceration repair</li> <li>• Management of benign and malignant tumors</li> <li>• Metastatic disease</li> <li>• Microdissection</li> <li>• Orthotics and prosthetics</li> <li>• Osteotomy</li> <li>• Peripheral nerve surgery</li> <li>• Repair of tendons, primary or secondary</li> <li>• Simple and complex suture repair and excision of benign skin lesions</li> <li>• Skin grafting</li> <li>• Tenotomy</li> <li>• Wounds major</li> </ul> <p>• <b>Fluoroscopy</b> [Current CA Department of Health Services fluoroscopy certificate (required in CA only)]</p>	_____	Both Hospitals	First case proctored and four add'l cases proctored of various procedures	50 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	Surgical Assist Only				Maintain Current Fluoroscopy License (CA Only)
<input type="checkbox"/>		<p>REMOVAL FROM CORE PRIVILEGES: Should applicant's current practice limitations or current competence exclude performance of any privileges specified in the list of Core privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion.</p> <p>_____</p> <p>_____</p> <p>_____</p>				

# TAHOE FOREST HOSPITAL DISTRICT

Department of Surgery

Name: \_\_\_\_\_

Recommending individual/committee must note: (A) = Recommend Approval as Requested. NOTE: If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

REQUESTED	APPROVED	<b>SELECTED PROCEDURES</b> These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<b>Intravenous Procedural Sedation</b> – See attached criteria Successful completion of conscious sedation written exam	NA		Take and pass the test	Maintain privileges requiring this procedure
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Spinal procedures – cross out any procedures not applied for:</b></p> <ul style="list-style-type: none"> <li>• Anterior endoscopic spine surgery</li> <li>• Discectomy</li> <li>• Fusion with or without instrumentation</li> <li>• Laminectomy</li> <li>• Scoliosis surgery</li> <li>• Spinal decompression</li> <li>• Outpatient spine surgery</li> </ul> <p>Documentation of one year fellowship in spinal surgery with documentation provided by training director (or program completion documentation if over 5 years) and/or current competence references from facility where procedures are currently being performed. Minimum of 100 procedures performed within last two years.</p> <p><input type="checkbox"/> <b>Kyphoplasty</b> Documentation of completion of spine fellowship program in spinal surgery and completion of Kyphon Inc. training course including</p> <ul style="list-style-type: none"> <li>• Indications, techniques, outcomes, complications</li> <li>• Anatomy</li> <li>• Hands-on laboratory experience</li> </ul> <p>(provide documentation of course)</p> <p>Provide documentation of performing at least 10 cases with acceptable success and complication rates submitted in case listing. Letter of reference will be obtained from director of program and department chair where applicant most recently practiced.</p>	_____	TFH only	First case to be proctored and evaluated Plus 4 add'l cases	50 assorted cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Use of Laser – what type:</b></p> <p>_____</p> <p>(must currently be available at hospital)</p> <p>_____ Included in residency/fellowship program (must be confirmed)</p> <p>_____ Documentation of course inc. hands on surgery and evaluation of procedures performed</p>	_____	TFH only	First 2 cases proctored	2 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Re-implantation</b> Documentation of training in this area with documentation provided by training program/director.</p> <p>Documentation of hand surgery fellowship and recent experience</p>	_____	TFH only	First 2 cases proctored	20 cases/2 years



# TAHOE FOREST HOSPITAL DISTRICT

**Department of Surgery**

**Name:** \_\_\_\_\_

**Recommending individual/committee must note:** (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

☐	☐	<b>Fluoroscopy</b> Current Department of Health Services fluoroscopy certificate (required in CA only)	=====	Both hospitals	none	Maintain current certificate (CA only)
		<b>ADDITIONAL PRIVILEGES:</b> A request for any additional privileges not included on this form must be submitted to the Medial Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.				
		<b>EMERGENCY:</b> In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.				

I certify that I meet the minimum threshold criteria to request the above privileges and have provided documentation to support my eligibility to request each group of procedures requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff.

\_\_\_\_\_  
Date Applicant's Signature

**DEPARTMENT CHAIR REVIEW**

I certify that I have reviewed and evaluated this individual's request for clinical privileges, the verified credentials, quality data and/or other supporting information. Based on the information available and/or personal knowledge, I recommend the practitioner be granted:

- privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend (explain)

\_\_\_\_\_  
Date Department Chair Signature

Modifications or Other Comments:

---



---

- privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend (explain)

**Medical Executive Committee:** \_\_\_\_\_ (date of Committee review/recommendation)

- privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend (explain)

**Board of Directors:** \_\_\_\_\_ (date of Board review/action)

Form Approval/Revision Dates:  
 Department II: 3/12/07, 5/07; 9/09; 10/10/2016; 04/09/2018  
 Medical Executive Committee: 3/21/07; 5/07; 10/19/2016; 01/19/17; 05/17/2018  
 Board of Directors: 3/27/07; 5/07; 10/27/2016; 01/26/17; 05/24/2018

# TAHOE FOREST HOSPITAL DISTRICT

## Department of Surgery Delineated Privilege Request

**SPECIALTY: OTOLARYNGOLOGY**

**NAME:** \_\_\_\_\_  
(Please print)

- Tahoe Forest Hospital (TFH)                       Incline Village Community Hospital (IVCH)  
 Initial                       Change in Privileges                       Renewal of Privileges

**To be eligible to request these clinical privileges, the applicant must meet the following threshold criteria:**

<b>Core Education:</b>	MD, DO
<b>Minimum Formal Training:</b>	Successful completion of an ACGME or AOA-approved residency training program in Otolaryngology.
<b>Board Certification:</b>	Board qualification required. Current ABO Board Certification (or AOA equivalent board certification); or attain Board Certification within five years of completion of residency or fellowship training program. Maintain board certification and to the extent required by the specialty board, satisfy recertification requirements.
<b>Required Previous Experience:</b> (required for new applicants)	Applicant must be able to document that he/she has performed 50 surgical cases in the past 24 months. Recent residency or fellowship training experience may be applicable. If training has been completed within the last 5 years, documentation to include letter from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago, documentation will include letter from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested.
<b>Clinical References:</b> (required for new applicants)	Training director or appropriate department chair from another hospital where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. At least one peer reference must be an otolaryngologist.
<b>Proctoring Requirements:</b>	See "Proctoring New Applicants" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring, evaluation may be required if minimum number of cases cannot be documented.
<b>Other:</b>	<ul style="list-style-type: none"> <li>• Current, unrestricted license to practice medicine in CA and/or NV, as appropriate.</li> <li>• Malpractice insurance in the amount of \$1m/\$3m</li> <li>• Current, unrestricted DEA certificate in CA (approved for drug schedules) and/or unrestricted Nevada State Board of Pharmacy Certificate and DEA to practice in NV.</li> <li>• Ability to participate in federally funded program (Medicare or Medicaid).</li> </ul>

**If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competence.**

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Surgery - SPECIALTY: OTOLARYNGOLOGY**

Name: \_\_\_\_\_

**Applicant:** Place a check in the (R) column for each privilege **Requested**. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months.

**Recommending individual/committee must note:** (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

REQUESTED	APPROVED	<b>GENERAL PRIVILEGES - OTOLARYNGOLOGY</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>CORE PRIVILEGES:</b></p> <p>Core privileges include admission, performance of history and physicals, consultation, workup, diagnosis and provision of non surgical and surgical care to patients of all ages presenting with illnesses, injuries and disorders of the head and neck affecting the ears, facial skeleton and respiratory and upper alimentary system. These privileges include operative intervention and related pre operative care of congenital, inflammatory, endocrine, neoplastic, degenerative and traumatic states, including the following:</p> <ul style="list-style-type: none"> <li>• Aesthetic, plastic and reconstructive surgery of the face, head and neck</li> <li>• Endoscopy both diagnostic and therapeutic</li> <li>• Head and Neck reconstructive surgery relating to the restoration of form and function in congenital anomalies, neoplasms</li> <li>• Head and neck trauma</li> <li>• Lymphatic tissue of head and neck</li> <li>• Maxillofacial surgery including the orbits, jaw, and facial skeleton</li> <li>• Nasal and Paranasal Sinus</li> <li>• Parathyroid</li> <li>• Pituitary and Salivary glands</li> <li>• Skull base</li> <li>• Trachea, Esophagus</li> </ul>	_____	TFH only	First case proctored and 4 others of various procedures	50 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>CORE – OUTPATIENT SETTING</b></p> <p>Perform history and physicals, consultation, workup, diagnosis and provision of non surgical and surgical care to patients of all ages presenting with illnesses, injuries and disorders of the head and neck affecting the ears, facial skeleton and respiratory and upper alimentary system. These privileges include operative procedures and related preoperative evaluation the patient including:</p> <ul style="list-style-type: none"> <li>• Tonsillectomy &amp; adenoidectomy (T&amp;A)</li> <li>• Coblation of the nasal turbinates, tongue, and palate</li> <li>• Incision and daingage of abscess of the head and neck region</li> <li>• Incision and drainage of ear furuncle.</li> <li>• Electrocautery of nasal, tonsillar or other hemorrhage</li> <li>• Biopsy of lymph node or other tissue mass of head or neck region</li> <li>• Incision and drainage of peritonsillar, septal or other airway abscess</li> <li>• Myringotomy with and without tube placement</li> <li>• Removal of foreign body from ears, nose and</li> </ul>	_____	TFH or IVCH	First case proctored and 4 others of various procedures	50 cases/2 years

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Surgery - SPECIALTY: OTOLARYNGOLOGY**

Name: \_\_\_\_\_

		throat <ul style="list-style-type: none"> <li>• Endoscopy of ears, nose and throat</li> <li>• Uvulectomy</li> <li>• Placement of septal button</li> <li>•</li> </ul>				
<input type="checkbox"/>		REMOVAL FROM CORE PRIVILEGES: Should applicant's current practice limitations or current competence exclude performance of any privileges specified in the list of core privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion. <hr/> <hr/> <hr/>				
		<b>SELECTED PROCEDURES</b> <b>These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	Intravenous Procedural Sedation (IVPS) (refer to outlined criteria under separate cover)	NA	TFH or IVCH	Successfully pass the test	Maintain privileges requiring this procedure
<input type="checkbox"/>	<input type="checkbox"/>	Use of CO2 laser _____ Trained in residency (will be confirmed), OR: Requires completion of an approved eight hour minimum CME course which includes training in laser principles and safety. A letter outlining the content and successful completion of course must be submitted, or documentation of successful completion of an approved residency in a specialty or subspecialty which included training in laser principles and a minimum of six hours observation and hands-on experience with lasers.)	_____	TFH only	1 case proctored	2 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	Sinus Endoscopy _____ Included in residency/fellowship program that included formal, supervised hands-on endoscopic training (will be confirmed, and Documentation of recent experience and name of reference who can be contacted to confirm Performed 10 procedures within past 24 months.	_____	TFH or IVCH	1 case proctored	10 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	Flexible Bronchoscopy _____ Included in residency (will be confirmed), and Documentation of recent experience and name of reference who can be contacted to confirm	_____	TFH only	3 cases proctored	3 cases/2 years
		<b>ADDITIONAL PRIVILEGES:</b> A request for any additional privileges not included on this form must be submitted to the Medical Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.				

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Surgery - SPECIALTY: OTOLARYNGOLOGY**

Name: \_\_\_\_\_

		<b>EMERGENCY:</b> In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.			
--	--	---	--	--	--

I certify that I meet the minimum threshold criteria to request the above privileges and have provided documentation to support my eligibility to request each group of procedures requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**DEPARTMENT CHAIR REVIEW:**

I certify that I have reviewed and evaluated this individual's request for clinical privileges, the verified credentials, quality data and/or other supporting information. Based on the information available and/or personal knowledge, I recommend the practitioner be granted:

- privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair Signature

Comments: \_\_\_\_\_

- privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend

**Medical Executive Committee:** \_\_\_\_\_ (date of Committee review/recommendation)

- privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend

**Board of Directors:** \_\_\_\_\_ (date of Board review/action)

**Approvals:**

Surgery Department: 3/12/07; 7/10/17; 04/08/2018

Medical Executive Committee: 3/21/07; 7/20/17; 05/17/2018

Board of Directors: 3/27/07; 7/27/17; 5/24/2018

**TAHOE FOREST HOSPITAL DISTRICT**  
**Delineated Privilege Request**  
**Department of Anesthesia**

**SPECIALTY:** PAIN MEDICINE

**NAME:** \_\_\_\_\_  
Please print

**Check which applies:**  Tahoe Forest Hospital (TFH)  Incline Village Community Hospital  
**Check one:**  Initial  Change in Privileges  Renewal of Privileges

To be eligible to request these clinical privileges, the applicant must meet the following threshold criteria:

<b>Core Education:</b>	MD, DO
<b>Minimum Formal Training:</b>	Successful completion of an ACGME or AOA-approved residency training program in anesthesiology or Physical Medicine and Rehabilitation. Evidence of 12 months residency devoted to Pain Management; <u>or</u> a formalized fellowship in Pain Management which included workup, diagnosis and treatment of pain problems; <u>or</u> evidence of practice history to include experience in specific areas for which privileges are being sought (may require additional training evidence and/or case reviews).
<b>Board Certification:</b>	Board qualification required. Current ABA Board Certification (or ABA equivalent board certification – e.g. ABPMR Board Certification); or attain Board Certification within five years of completion of training program. Maintenance of Board Certification required for reappointment eligibility.
<b>Required Previous Experience:</b> (required for new applicants)	Evidence of successful performance of at least 50 invasive pain management procedures in the areas described below during past 24 months. <b>Activity level required for initial and renewal.</b> If training has been completed within the last 5 years, documentation to include letter from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago, documentation will include letter from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested.
<b>Clinical References:</b> (required for new applicants)	Training director or appropriate department chair from another hospital where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. (At least one peer reference should be a pain medicine specialist)
<b>Proctoring Requirements:</b>	See specific proctoring requirements.
<b>Other:</b>	<ul style="list-style-type: none"> <li>• Current, unrestricted license to practice medicine in CA and/or NV</li> <li>• Malpractice insurance in the amount of \$1m/\$3m</li> <li>• Current, unrestricted DEA certificate in CA (approved for drug schedules 2-5) and/or unrestricted Nevada State Board of Pharmacy Certificate and DEA to practice in the (NV).</li> <li>• Ability to participate in federally funded program (Medicare or Medicaid).</li> <li>• State of California Radiologic Branch Fluoroscopy permit is required for TFH privileges.</li> </ul>

If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competence.

**TAHOE FOREST HOSPITAL DISTRICT**  
**Delineated Privilege Request**  
**Department of Anesthesia**

**Specialty: Pain Medicine**

**Name:**

**Applicant:** Place a check in the (R) column for each privilege Requested. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months. **Unless otherwise noted, privileges are available at both Hospitals and granting of privileges is contingent upon meeting all general, specific, and threshold criteria defined above.**

**Recommending individual/committee must note:** (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

(R)	(A)	<b>GENERAL PRIVILEGES - ANESTHESIOLOGY</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<b>Core Privileges:</b> Admission, consultation, diagnosis, treatment, and management of painful syndromes, including post traumatic musculoskeletal pain, myofascial pain syndrome, cancer pain, reflex sympathetic dystrophies by the use of nerve blocks; drug therapy.	_____	Outpatient Inpatient	First 5 Cases	50 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<b>REMOVAL FROM GENERAL PRIVILEGES:</b> Should applicant's current practice limitations or current competence exclude performance of any privileges specified in the list of core privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion. _____ _____				
<input type="checkbox"/>	<input type="checkbox"/>	<b>SPECIALIZED PROCEDURES:</b> Ultrasound guided injections including the following: <ul style="list-style-type: none"> <li>• Joints</li> <li>• Bursa</li> <li>• Tendons</li> <li>• Caudal Epidurals</li> </ul>	_____	Inpatient		
		<b>ADDITIONAL PRIVILEGES:            ANESTHESIA – PAIN MEDICINE            (Check privileges requested below)</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medial Branch blocks <input type="checkbox"/> Neurotomy (Radio Frequency Neurolysis) <input type="checkbox"/> Zygapophyseal Joint <input type="checkbox"/> Transforaminal Epidural - lumbar <input type="checkbox"/> Discogram <input type="checkbox"/> Percutaneous Discectomy <input type="checkbox"/> Intradiscal Electrothermal Therapy <input type="checkbox"/> Caudal Epidural <input type="checkbox"/> Lysis of adhesions - epidural <input type="checkbox"/> Interlaminar Lumbar ESI <input type="checkbox"/> Occipital Nerve Block <input type="checkbox"/> Lumbar sympathetic block <input type="checkbox"/> Stellate ganglion block <input type="checkbox"/> Lumbar Puncture <input type="checkbox"/> Arthrocentesis/joint injection <input type="checkbox"/> Fluoroscopy (CA license required) <input type="checkbox"/> Transforaminal epidural – thoracic <input type="checkbox"/> Transoraminial epidural – cervical <input type="checkbox"/> Interlaminar epidural – cervical <input type="checkbox"/> Interlaminar epidural - thoracic <input type="checkbox"/> Sacroiliac Joint Injection <input type="checkbox"/> Greater Trochanteric Bursa injection	_____	Inpatient Outpatient	First 5 cases representative of privileges granted	50 cases/2 years

**TAHOE FOREST HOSPITAL DISTRICT  
Delineated Privilege Request  
Department of Anesthesia**

**Specialty: Pain Medicine**

**Name:**

		<input type="checkbox"/> Subacromial Bursa Injection <input type="checkbox"/> Placement of spinal cord stimulators and pulse generator <input type="checkbox"/> Placement of spinal catheter and subcutaneous pump <input type="checkbox"/> Refilling of reservoir – Intrathecal pump				
		<b>SELECTED PROCEDURES</b> <b>These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	Intravenous Procedural Sedation (see attached credentialing criteria)	N/A	Inpatient Outpatient	Take and pass the test	Maintain privileges that require Procedural Sedation
		<b>ADDITIONAL PRIVILEGES:</b> A request for any additional privileges not included on this form must be submitted to the Medial Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.				
		<b>EMERGENCY:</b> In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.				

I certify that I meet the minimum threshold criteria to request the above privileges and have provided documentation to support my eligibility to request each group of procedures requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

**DEPARTMENT CHAIR REVIEW**

I certify that I have reviewed and evaluated this individual's request for clinical privileges, the verified credentials, quality data and/or other supporting information. Based on the information available and/or personal knowledge, I recommend the practitioner be granted:

- privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend (explain)

\_\_\_\_\_ Date

\_\_\_\_\_ Department Chair Signature

Modifications or Other Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Medical Executive Committee:** \_\_\_\_\_ (date of Committee review/recommendation)

- privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend (explain)

**Board of Directors:** \_\_\_\_\_ (date of Board review/action)

- privileges as requested     with modifications (see attached description of modifications)     not approved (explain)

Department Review Dates: 8/06, 11/11; 6/20/14; 04/09/2018  
 Medical Executive Committee: 10/18/06, 11/02/11; 6/18/14; 05/17/2018  
 Board of Directors: 10/25/06, 11/01/11/ 6/24/14; 05/24/2018



**TAHOE FOREST HOSPITAL DISTRICT  
Department of Surgery  
Delineated Privilege Request**

**SPECIALTY: PATHOLOGY**

**NAME:** \_\_\_\_\_  
Please Print

- Check one:  Tahoe Forest Hospital (TFH)       Incline Village Community Hospital (IVCH)
- Check one:  Initial       Change in Privileges       Renewal of Privileges

At Tahoe Forest Hospital, Pathology privileges are covered by an exclusive contractual arrangement. Physicians who are not party to the contract are not eligible to request the privilege(s), regardless of education, training and/or experience.

To be eligible to request these clinical privileges, the applicant must meet the following threshold criteria:

<b>Core Education:</b>	MD, DO
<b>Minimum Formal Training:</b>	Successful completion of an ACGME approved residency training program in anatomic pathology and/or clinical pathology; or successful completion of an AOA approved residency training program in anatomic pathology and laboratory medicine.
<b>Board Certification:</b>	Board qualification required. Current ABA Board Certification (or ABA equivalent board certification); or attain Board Certification within five years of completion of training program. Maintenance of Board Certification required for reappointment eligibility. <i>Failure to obtain board certification within the required timeframe, or failure to maintain board certification, will result in automatic termination of privileges.</i>
<b>Required Previous Experience:</b> (required for new applicants)	Applicant must be able to demonstrate that he/she has provided full-time, in-hospital pathology/laboratory (or private lab doing hospital pathology) services for at least 12 of the past 18 months. Recent residency experience may be applicable. If training has been completed within the last 5 years, documentation to include letter from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago, documentation will include letter from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested.
<b>Clinical References:</b> (required for new applicants)	References must come from residency director or chief of pathology/laboratory services from another hospital where applicant has been affiliated within the past year. Also requires letter from both a surgeon and primary care physician who have known applicant for at least one year, who have recently worked with the applicant and directly observed his/her professional performance, and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others.
<b>Proctoring Requirements:</b>	25 Cases to be proctored by another pathologist with active staff privileges in anatomic and clinical pathology at TFH or other CA or NV hospital.
<b>Other:</b>	<ul style="list-style-type: none"> <li>• Current, unrestricted license to practice medicine in California.</li> <li>• Malpractice insurance in the amount of \$1m/\$3m.</li> <li>• Ability to participate in federally funded program (Medicare or Medicaid).</li> <li>• NOTE: Pathologists are <u>not</u> required to possess a DEA.</li> </ul>

If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competence.

# TAHOE FOREST HOSPITAL DISTRICT

**Department of Surgery - Pathology**

**Name:** \_\_\_\_\_

**Applicant:** Place a check in the (R) column for each privilege **Requested**. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months. **Granting of privileges is contingent upon meeting all general, specific, and threshold criteria defined above.**

**Recommending individual/committee must note:** (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

(R)	(A)	<b>GENERAL PRIVILEGES – PATHOLOGY</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required
<input type="checkbox"/>	<input type="checkbox"/>	<p>Core Privileges in anatomical and clinical pathology include consultation with physicians for diagnosis, exclusion, and monitoring of disease, utilizing information gathered from microscopic examination of tissue specimens, cells, and body fluids, and from clinical laboratory tests on body fluids and secretions. Such privileges include:</p> <ul style="list-style-type: none"> <li>• Processing and interpretation of surgical specimens</li> <li>• Performance of frozen sections</li> <li>• Handling of special specimens, i.e., muscle biopsies, etc.</li> <li>• Microscopic interpretations of tissue sections</li> <li>• Fine needle aspiration, interpretation</li> <li>• Aspiration, biopsy, and interpretation of bone marrow</li> <li>• Clinical consultations</li> <li>• Lab medicine consultations</li> </ul>			A total of 25 double reads to include a mixture of surgicals, frozen, cytologies and bone marrow interpretations. Must include 2 FS and 1 FNA biopsy	24 cases/2 years
<input type="checkbox"/>		<p><b>REMOVAL FROM GENERAL PRIVILEGES:</b> Should applicant's current practice limitations or current competence exclude performance of any privileges specified in the list of core privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion</p> <p>_____</p> <p>_____</p>				
		<p><b>ADDITIONAL PRIVILEGES:</b> A request for any additional privileges not included on this form must be submitted to the Medical Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel &amp; equipment requirements.</p>				
		<p><b>EMERGENCY:</b> In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.</p>				

I certify that I meet the minimum threshold criteria to request the above privileges and have provided documentation to support my eligibility to request each group of procedures requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**TAHOE FOREST HOSPITAL DISTRICT**

**Department of Surgery - Pathology**

**Name:** \_\_\_\_\_

**DEPARTMENT CHAIR REVIEW**

I certify that I have reviewed and evaluated this individual's request for clinical privileges, the verified credentials, quality data and/or other supporting information. Based on the information available and/or personal knowledge, I recommend the practitioner be granted:

- privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend (explain)

\_\_\_\_\_

Date

\_\_\_\_\_

Department Chair Signature

Modifications or Other Comments:

\_\_\_\_\_

**Medical Executive Committee:** \_\_\_\_\_ (date of Committee review/recommendation)

- privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend (explain)

**Board of Directors:** \_\_\_\_\_ (date of Board review/action)

- privileges as requested     with modifications (see attached description of modifications)     not approved (explain)

Form Approval/Revision Dates:                      3/12/07  
Medical Executive Committee:                      3/21/07  
Board of Directors:                                      3/27/07

# TAHOE FOREST HOSPITAL DISTRICT

## Department of Surgery

### Delineated Clinical Privilege Request

**SPECIALTY: PLASTIC SURGERY**

**NAME:** \_\_\_\_\_

Please print

**Tahoe Forest Hospital (TFH) only**

**Check one:**                       **Initial**       **Change in Privileges**       **Renewal of Privileges**

To be eligible to request these clinical privileges, the applicant must meet the following threshold criteria:

<b>Core Education:</b>	MD, DO
<b>Minimum Formal Training:</b>	Successful completion of an ACGME or AOA-approved residency training program in Plastic Surgery.
<b>Board Certification:</b>	Board certified or board eligible by the American Board of Plastic Surgery required (or AOA equivalent board); or attain Board Certification within five years of completion of residency or fellowship training program. Maintain board certification and to the extent required by the specialty board, satisfy recertification requirements.
<b>Required Previous Experience:</b> (required for new applicants)	Applicant must be able to document that he/she has performed 100 plastic surgery procedures in the past 12 months. Recent residency or fellowship training experience may be applicable. If training has been completed within the last 5 years, documentation will be requested from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago, documentation will be requested from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested.
<b>Clinical Competency References:</b> (required for new applicants)	Training director or appropriate department chair from another hospital where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. (At least one peer reference must be a plastic surgeon.)
<b>Proctoring Requirements:</b>	See "Proctoring New Applicants" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring, evaluation may be required if minimum number of cases cannot be documented.
<b>Other:</b>	<ul style="list-style-type: none"> <li>• Current, unrestricted license to practice medicine in CA</li> <li>• <b>Current State of California Dept. of Health Services Fluoroscopy certificate required (If requesting fluoroscopy privileges only)</b></li> <li>• Malpractice insurance in the amount of \$1m/\$3m, minimum</li> <li>• Current, unrestricted DEA certificate in CA (approved for all drug schedules).</li> <li>• Ability to participate in federally funded program (Medicare or Medicaid).</li> </ul>

If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competence.

# TAHOE FOREST HOSPITAL DISTRICT

Department of Surgery – Plastic Surgery

Name: \_\_\_\_\_

**Applicant:** Place a check in the (R) column for each privilege Requested. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months. **Granting of privileges is contingent upon meeting all general, specific, and threshold criteria defined above.**

**Recommending individual/committee must note:** (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

REQUESTED	APPROVED	<b>GENERAL PRIVILEGES – PLASTIC SURGERY</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring  See below plus add'l cases at discretion of proctor	Reappointment Criteria  If no cases, add'l proctoring may be required
<input type="checkbox"/>	<input type="checkbox"/>	<p>Core privileges in plastic surgery: Admitting privileges (including swing admissions), history and physical, work-up, and performance of surgical procedures for patients of all ages presenting with both congenital and acquired defects including the functional and aesthetic management and the provision of consultations, plus all procedures listed here.</p> <p>Perform procedures in the following areas::</p> <ul style="list-style-type: none"> <li>• Treatment of skin neoplasms, diseases and trauma                             <ul style="list-style-type: none"> <li>- Benign and malignant lesions of the skin and soft tissue</li> <li>- Reconstructive grafts and flaps</li> <li>- Scar revisions</li> <li>- Laser therapy for vascular lesions</li> </ul> </li> <li>• Surgery of the breast                             <ul style="list-style-type: none"> <li>- Breast reconstruction</li> <li>-breast irrigation and debridement</li> <li>- Breast reduction</li> <li>- Breast biopsy</li> <li>- Congenital anomalies</li> <li>- Mastectomy (subcutaneous and simple)</li> </ul> </li> <li>• Treatment of facial diseases and injuries, including maxillofacial structures                             <ul style="list-style-type: none"> <li>- Facial fractures including the mandible</li> <li>- Nose deformity</li> <li>- Ear deformity</li> <li>- Jaw deformity</li> <li>- Eyelid deformity</li> <li>- Cleft lip and palate deformity</li> <li>- Craniofacial surgery</li> <li>- Skull base surgery</li> <li>- Facial deformity and wound treatment</li> <li>- Tumors of the head and neck</li> </ul> </li> <li>• Surgery of the hand and extremities                             <ul style="list-style-type: none"> <li>- Hand wounds</li> <li>- Tendon injuries</li> <li>- Fractures of the hand and wrist</li> <li>- Carpal tunnel syndrome (endoscopic and open)</li> <li>- Dupytren's contracture</li> <li>- Surgery for rheumatoid arthritis</li> <li>- Congenital anomalies</li> <li>- Tumors of the bones and soft tissue</li> </ul> </li> <li>• Reconstructive microsurgery                             <ul style="list-style-type: none"> <li>- Microvascular flaps and grafts/free tissue transfer</li> <li>- Reimplantation and revascularization of the upper and lower extremities and digits</li> <li>- Reconstruction of peripheral nerve injury</li> </ul> </li> <li>• Reconstruction of congenital and acquired defects of the trunk and genitalia                             <ul style="list-style-type: none"> <li>- Vaginal reconstruction</li> <li>- Repair of penis deformities</li> </ul> </li> <li>• Cosmetic surgery                             <ul style="list-style-type: none"> <li>- Body contouring</li> <li>- Facial contouring</li> <li>- Breast augmentation</li> <li>- Breast lift (mastopexy)</li> <li>- Cosmetic rhytidectomy</li> <li>- Cosmetic rhinoplasty</li> </ul> </li> </ul>	_____	TFH	First case proctored and 4 add'l cases proctored of various procedures	Provision of services for at least 50 patients in past two years.

# TAHOE FOREST HOSPITAL DISTRICT

Department of Surgery – Plastic Surgery

Name: \_\_\_\_\_

REQUESTED	APPROVED		Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
		<b>GENERAL PRIVILEGES – PLASTIC SURGERY</b>			See below plus add'l cases at discretion of proctor	If no cases, add'l proctoring may be required
		<ul style="list-style-type: none"> <li>- Cosmetic blepharoplasty</li> <li>- Subcutaneous injections</li> <li>- Skin peeling and dermabrasion</li> <li>- Vein injection sclerotherapy</li> <li>- Endoscopic cosmetic surgery</li> <li>- Laser therapy for vascular and cutaneous lesions</li> </ul>				
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>REMOVAL FROM CORE PRIVILEGES:</b></p> <p>Should applicant's current practice limitations or current competence EXCLUDE performance of any of these core privileges, please indicate here.</p> <p>Applicant must document reasons for exclusion.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>				
		<b>SELECTED PROCEDURES</b>				
		<b>These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required
<input type="checkbox"/>	<input type="checkbox"/>	<b>Intravenous Procedural Sedation</b> (see attached credentialing criteria)	NA	TFH	Successful completion of competency test	Maintain privileges requiring this procedure
<input type="checkbox"/>	<input type="checkbox"/>	<b>Liposuction:</b> Included in residency or fellowship (will be confirmed), OR documentation of comprehensive liposuction course with certified CME.	_____	TFH	First 2 cases observed	2 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<b>Laser Procedures</b> (including laser resurfacing): Documentation of evidence of appropriate training in use and safety of laser and recent experience	_____	TFH	First 2 cases observed	2 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<b>Microsurgery:</b> Documentation of successful completion of approved fellowship in microsurgery and recent experience	_____	TFH	First 2 cases observed	5 cases in 2 years
<input type="checkbox"/>	<input type="checkbox"/>	<b>Fluoroscopy:</b> Current State of California Department of Health Services fluoroscopy certificate is required for endoscopic and vascular privileges	_____	TFH	None	maintain current certificate
		<b>ADDITIONAL PRIVILEGES:</b> A request for any additional privileges not included on this form must be submitted to the Medial Staff				

# TAHOE FOREST HOSPITAL DISTRICT

Department of Surgery – Plastic Surgery

Name: \_\_\_\_\_

REQUESTED	APPROVED		Estimate # of procedures performed in the past 24 months	Setting	Proctoring  See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required
		<b>GENERAL PRIVILEGES – PLASTIC SURGERY</b>				
		Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.				
		<b>EMERGENCY:</b> In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.				

I certify that I meet the minimum threshold criteria to request the above privileges and have provided documentation to support my eligibility to request each group of procedures requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**DEPARTMENT CHAIR REVIEW**

I certify that I have reviewed and evaluated this individual's request for clinical privileges, the verified credentials, quality data and/or other supporting information. Based on the information available and/or personal knowledge, I recommend the practitioner be granted:

- privileges as requested     
  privileges with modifications (see modifications below\_)     
  do not recommend (explain)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair Signature

Modifications or Other Comments: \_\_\_\_\_

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- privileges as requested     
  privileges with modifications (see modifications below\_)     
  do not recommend (explain)

**Medical Executive Committee:** \_\_\_\_\_ (date of Committee review/recommendation)

- privileges as requested     
  privileges with modifications (see modifications below\_)     
  do not recommend (explain)

**Board of Directors:** \_\_\_\_\_ (date of Board review/action)

Department Review Dates: 7/23/07; 10/10/2016  
 Medical Executive Committee: 8/15/07; 10/19/2016  
 Board of Directors: 8/28/07; 10/27/2016

# TAHOE FOREST HOSPITAL DISTRICT

## Department of Surgery Delineated Clinical Privilege Request

**SPECIALTY:**    **PODIATRY**

**NAME:** \_\_\_\_\_  
Please print

**Check which applies:**     **Tahoe Forest Hospital (TFH)**         **Incline Village Community Hospital**  
**Check one:**                 **Initial**         **Change in Privileges**         **Renewal of Privileges**

To be eligible to request these clinical privileges, the applicant must meet the following threshold criteria:

<b>Core Education:</b>	DPM
<b>Minimum Formal Training:</b>	Category A: Two years of CPME-approved residency training (at least 12 months in surgical residency) Board qualified or certified in foot surgery (ABPS) or American Board of Multiple Specialties in Podiatry (ABMSP) or Category B: Three years of CPME-approved residency (at least 24 months in surgical residency), or two years supplemented by fellowship training. Board qualified or certified in reconstructive rear foot/ankle surgery by the American Board of Podiatric Surgery (ABPS).
<b>Board Certification:</b>	Board qualification or Certification required in Podiatric Surgery by the American Board of Multiple Specialties in Podiatry or by the American Board of Podiatric Surgery within five years of completion of training program.
<b>Required Previous Experience:</b> (required for new applicants)	Applicant must be able to document that he/she has managed at least fifteen (15) in-hospital patients in the past 2 years. Recent residency training may be applicable. If training has been completed within the last 5 years, documentation will be requested from program director attesting to competency in the privileges requested including residency log. If training completed greater than 5 years ago, documentation will be requested from chairman of department at hospital where applicant has maintained active staff privileges attesting to competency in the privileges requested.
<b>Clinical Competency References:</b> (required for new applicants)	Training director or appropriate department chair from another hospital where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. (At least one peer reference must be a podiatrist.) Medical Staff Office will request information
<b>Proctoring Requirements:</b>	See "Proctoring New Applicants" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring, evaluation may be required if minimum number of cases cannot be documented.
<b>Other:</b>	<ul style="list-style-type: none"> <li>• Current, unrestricted license to practice medicine in (CA) and/or (NV)</li> <li>• Current, unrestricted DEA certificate in CA and/or unrestricted Nevada State Board Pharmacy Certificate and DEA to practice in the State of Nevada.</li> <li>• Malpractice insurance in the amount of \$1m/\$3m</li> <li>• Current State of California Department of Health Services fluoroscopy certificate required (TFH only)</li> <li>• Ability to participate in federally funded program (Medicare or Medicaid).</li> </ul>

**If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competence.**



# TAHOE FOREST HOSPITAL DISTRICT

## Department of Surgery

Name: \_\_\_\_\_

**Applicant:** Place a check in the (R) column for each privilege Requested. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months. **Unless otherwise noted, privileges are available at both Hospitals and granting of privileges is contingent upon meeting all general, specific, and threshold criteria defined above.**

**Recommending individual/department must note:** (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

REQUESTED	APPROVED	<b>GENERAL PRIVILEGES – PODIATRY</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<p>A patient admitted for podiatric care is a dual responsibility involving the podiatrist and a physician member of the Medical Staff.</p> <p>(a) Podiatrist responsibilities:</p> <p>(1) A detailed podiatric history justifying the Hospital admission.</p> <p>(2) A detailed description of the examination of the lower extremity and a pre-operative diagnosis.</p> <p>(3) A complete operative report, describing the findings and technique.</p> <p>(4) Progress notes pertinent to the podiatric condition.</p> <p>(5) Clinical resume statement at the time of discharge.</p>						
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>CATEGORY A</b></p> <p>Core privileges include the co-admission, diagnosis, medical, surgical, mechanical, manipulative, consultation, and electrical treatment of the human foot, including the ankle and tendons that insert into the foot and the non surgical treatment of muscles and tendons of the leg governing the functions of the foot. (Section 2472 of the Medical Practice Act). Core privileges also include the performance of procedures in the following areas:</p> <ul style="list-style-type: none"> <li>• Capsulotomy/Tenotomy Digital M-P Joints</li> <li>• Digital Surgery</li> <li>• Osteotomy &amp; Ostectomy</li> <li>• Soft Tissue Repairs &amp; Excisions - Digits &amp; Forefoot</li> <li>• Fractures of Digits &amp; Metatarsals – (ORIF or Closed)</li> <li>• Bunionectomy</li> <li>• Bunionectomy with Osteotomy</li> <li>• Prosthesis of Great Toe Joint, lesser toe joints</li> <li>• Metatarsal Osteotomy &amp; Ostectomies</li> <li>• Excision of Soft Tissue Neoplasms, Foot</li> <li>• Fasciotomy, Plantar (Simple, Steindler)</li> <li>• Midfoot Osteotomies &amp; Arthrodesis)</li> <li>• Ostectomies of the Midfoot &amp; Rearfoot</li> <li>• Neurolysis of the Foot</li> <li>• Amputations of the Digits &amp; Forefoot</li> <li>• Fractures of the Forefoot &amp; Midfoot (ORIF or Closed)</li> <li>• Forefoot Arthroplasty - Head/Base Excisions</li> <li>• Osteomyelitis Management of the Forefoot and midfoot</li> <li>• Bone Graft Harvest from Foot</li> <li>• I&amp;D, Debridement of Foot infections</li> <li>• Treat ulcers on leg, no further proximal than the tibial tubercle*</li> </ul>	_____	TFH IVCH	1 <sup>st</sup> case proctored and 4 add'l cases of various procedures	10 cases in 2 years Inpatient or outpatient
					*Wound care: Required to provide evidence of training and/or experience	

# TAHOE FOREST HOSPITAL DISTRICT

## Department of Surgery

Name: \_\_\_\_\_

REQUESTED	APPROVED		Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
		<b>GENERAL PRIVILEGES – PODIATRY</b>			See below plus add'l cases at discretion of proctor	If no cases, add'l proctoring may be required
<input type="checkbox"/>	<input type="checkbox"/>	REMOVAL FROM CORE PRIVILEGES: Should applicant's current practice limitations or current competence exclude performance of any privileges specified in the list of Core privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion. _____				
		<b>SELECTED PROCEDURES</b> <b>These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>CATEGORY B</b></p> <p><b>Rearfoot and ankle</b></p> <p>Privileges include the admission, diagnosis, medical, surgical, mechanical, manipulative, and electrical treatment of the human foot, including the ankle and tendons that insert into the foot and the non surgical treatment of the muscles and tendons of the leg governing the functions of the foot. (Section 2472 of the Medical Practice Act)</p> <ul style="list-style-type: none"> <li>• Flatfoot Reconstruction with Osteotomy, Bone Grafts, etc.</li> <li>• Cavus Foot Reconstruction with Osteotomy, Fusions, etc.</li> <li>• Major Tendon Transfers Lengthening &amp; Repair of the Foot &amp; Leg</li> <li>• Ligamentoplasty Repair or Ankle Stabilization</li> <li>• Arthroereisis, with Implants, Hindfoot &amp; Ankle</li> <li>• Major Rearfoot Arthrodesis - Triple, Subtalar</li> <li>• Fractures of the Rearfoot - Tarsals (ORIF &amp; Closed Reductions)</li> <li>• Ankle Fractures (ORIF &amp; Closed Reductions)</li> <li>• Ankle Arthrodesis....</li> <li>• Osteomyelitis Management - Hindfoot, Ankle</li> <li>• Flaps/Skin Grafts</li> <li>• I&amp;D, Debridement of Foot &amp; Ankle Infections</li> <li>• Neurolysis and Neurectomy of the Ankle</li> <li>• Excision of Soft Tissue Neoplasms</li> <li>• Clubfoot and Vertical Talus Release/Reconstruction</li> <li>• Hindfoot &amp; Ankle Osteotomies &amp; Cartilage Repair</li> <li>• Foot and Ankle, Arthroscopy (Diagnostic/Surgical)</li> <li>• Excision of Malignant Neoplasms of the Foot and Ankle</li> <li>• Amputations – Midfoot</li> <li>• Osteotomy – Ankle</li> <li>• Release of nerve entrapment</li> </ul>		TFH IVCH	1 <sup>st</sup> case proctored and 4 others of various procedures	10 cases in 2 years Inpatient or outpatient
<input type="checkbox"/>	<input type="checkbox"/>	Partial amputation of the foot, no further proximal than the Chopart's joint*	_____	TFH	*Document training & experience	Document # of procedures performed
<input type="checkbox"/>	<input type="checkbox"/>	Intravenous Procedural Sedation (see attached credentialing criteria)	NA		Take and pass the test	Maintain privileges requiring this procedure
<input type="checkbox"/>	<input type="checkbox"/>	Fluoroscopy  Submit copy of current Department of Health Services fluoroscopy certificate (required in CA only)	_____	TFH	none	Maintain current certificate (CA only)

# TAHOE FOREST HOSPITAL DISTRICT

## Department of Surgery

Name: \_\_\_\_\_

REQUESTED	APPROVED		Estimate # of procedures performed in the past 24 months	Setting	Proctoring  See below plus add'l cases at discretion of proctor	Reappointment Criteria  If no cases, add'l proctoring may be required
<input type="checkbox"/>	<input type="checkbox"/>	<b>GENERAL PRIVILEGES – PODIATRY</b>				
<input type="checkbox"/>	<input type="checkbox"/>	Treatment of vascular conditions using injection, laser, electrosurgical or surgical excision  Documentation of training and/or experience required for consideration	_____		2 cases	2 cases
<input type="checkbox"/>	<input type="checkbox"/>	Surgical Assisting: May assist MD/DO	_____		0	0
		<b>ADDITIONAL PRIVILEGES:</b> A request for any additional privileges not included on this form must be submitted to the Medical Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.				
		<b>EMERGENCY:</b> In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.				

I certify that I meet the minimum threshold criteria to request the above privileges and have provided documentation to support my eligibility to request each group of procedures requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

### DEPARTMENT CHAIR REVIEW

I certify that I have reviewed and evaluated this individual's request for clinical privileges, the verified credentials, quality data and/or other supporting information. Based on the information available and/or personal knowledge, I recommend the practitioner be granted:

- privileges as requested     privileges with modifications (see modifications below)     do not recommend (explain)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair Signature

Modifications or Other Comments:

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**Medical Executive Committee:** \_\_\_\_\_ (date of Committee review/recommendation)

- privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend (explain)

**Board of Directors:** \_\_\_\_\_ (date of Board review/action)

- privileges as requested     with modifications (see attached description of modifications)     not approved (explain)

Department Review Dates: 9/10/07; 9/09; 04/9/2018

Medical Executive Committee: 9/19/07; 05/17/18

Board of Directors: 9/25/07; 05/24/2018

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Surgery**  
**Delineated Clinical Privilege Request**

**SPECIALTY: UROLOGY**

**NAME:** \_\_\_\_\_  
(Please print)

**Check one or both:**     **Tahoe Forest Hospital (TFH)**                       **Incline Village Community Hospital (IVCH)**  
**Check one:**             **Initial**                       **Change in Privileges**                       **Renewal of Privileges**

**To be eligible to request these clinical privileges, the applicant must meet the following threshold criteria:**

<b>Core Education:</b>	MD, DO
<b>Minimum Formal Training:</b>	Successful completion of an ACGME or AOA-approved urology residency training program.
<b>Certification:</b>	Current State of California Department of Health Services fluoroscopy certificate for lithotripsy privileges. There is no special certification required for the State of Nevada. Must be board certified or board qualified by the American Board of Urology (or AOA equivalent Board); or attain Board Certification within five years of completion of residency or fellowship training. Maintenance of Board Certification required.
<b>Required Previous Experience:</b> (required for new applicants)	Applicant must be able to document that he/she has managed at least fifty (50) urology patients during the past twelve (12) months. If training has been completed within the last 5 years, documentation to include letter from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago, documentation will include letter from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested.
<b>Clinical Competency References:</b> (required for new applicants)	Demonstrate successful participation in a hospital-affiliated formalized residency or special clinical fellowship. Training director or appropriate chair from another hospital where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. At least one peer reference must be a urologist.
<b>Proctoring Requirements:</b>	See "Proctoring New Applicants" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring, evaluation may be required if minimum number of cases cannot be documented.
<b>Other:</b>	<ul style="list-style-type: none"> <li>• Current, unrestricted license to practice medicine in California and/or Nevada</li> <li>• Malpractice insurance in the amount of \$1m/\$3m.</li> <li>• Current, unrestricted DEA certificate in CA and/or NV (approved for all drug schedules).</li> <li>• Current, State of Nevada Pharmacy Certificate (Nevada only)</li> <li>• Ability to participate in federally funded program (Medicare or Medicaid).</li> </ul>

**If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competence.**

# TAHOE FOREST HOSPITAL DISTRICT

## Department of Surgery - Urology

Name: \_\_\_\_\_

**Applicant:** Place a check in the (R) column for each privilege Requested. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months. Unless otherwise noted, privileges are available at both Hospitals and granting of privileges is contingent upon meeting all general, specific, and threshold criteria defined above.

**Recommending individual/committee must note:** (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

# TAHOE FOREST HOSPITAL DISTRICT

Department of Surgery - Urology

Name: \_\_\_\_\_

REQUESTED	APPROVED	<b>GENERAL PRIVILEGES - UROLOGY</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Core:</b> Admit (including swing admissions at TFH), perform history and physical, work up, consult with, and treat either surgical or medical patients presenting with illnesses or injuries of the genitourinary system. Core privileges include the treatment or performance in the following areas:</p> <p><b>TAHOE FOREST HOSPITAL AND INCLINE VILLAGE COMMUNITY HOSPITAL</b></p> <ul style="list-style-type: none"> <li>• Bladder suspension including MMK, Bruch, Tanagho</li> <li>• Cystoscopy</li> <li>• Female incontinence, all categories</li> <li>• Lesion ablation</li> <li>• Open bladder suspension (MMK, Burch, Tanagho)</li> <li>• Penile surgery including urethroplasty/urethral surgery</li> <li>• Sacral nerve stimulation for urinary control</li> <li>• Transurethral prostate surgery</li> <li>• Transurethral resection, bladder tumor</li> <li>• Transrectal ultrasound/prostate biopsy</li> <li>• Scrotal surgery inc. hydrocelectomy</li> <li>• Ureteroscopy</li> <li>• Vaginal pelvic suspensions (TVT)</li> </ul> <p><b>IVCH patients are limited to ASA classification. Only ASA I and II are done at IVCH. ASA Class III are done through an anesthesia consultation and approval.</b></p> <p><b>TAHOE FOREST HOSPITAL ONLY</b></p> <ul style="list-style-type: none"> <li>• Lymphadenectomy (pelvic or retroperitoneal)</li> <li>• Percutaneous renal surgery</li> <li>• Prostatectomy (radical all categories)</li> <li>• Renal surgery including partial or total nephrectomy</li> <li>• Radical cystectomy</li> <li>• Chemotherapy for the treatment of Bladder Cancer (including Mytotycin C and BCG)</li> </ul>	_____	TFH IVCH	5 different cases observed and evaluated	50 cases/2 years
<input type="checkbox"/>		<p>REMOVAL FROM CORE PRIVILEGES: Should applicant's current practice limitations or current competence exclude performance of any privileges specified in the list of Core privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion.</p> <p>_____</p> <p>_____</p>				

# TAHOE FOREST HOSPITAL DISTRICT

Department of Surgery - Urology

Name: \_\_\_\_\_

REQUESTED	APPROVED	<b>SELECTED PROCEDURES</b> These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Extracorporeal shock wave lithotripsy (ESWL)</b></p> <p>_____ included in Residency; OR,</p> <p>Documentation of specific training in ESWL from approved center by AUA involving management of 25 patients for consecutive working days, including pre-treatment studies and post treatment care of patients, AND,</p> <p>Documented competency evaluation.</p>	_____	TFH IVCH	4 cases proctored	On going use of procedure
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Laser</b></p> <ul style="list-style-type: none"> <li>• <b>GreenLight PV Laserscope for benign prostatic hyperplasia</b></li> <li>• <b>Holium for lithotripsy and TURP procedures</b></li> <li>• <b>Evolve Laser for TURB</b></li> </ul> <p>Certificate of completion by laser systems workshop conducted by a Laserscope certified urologist preceptor including an evaluation from the program director, AND completion of 10 successful procedures; AND,</p> <p>if privileged at another hospital, a reference from the department chief OR another colleague who has direct knowledge of the applicant's performance in this procedure.</p>	_____	TFH IVCH	1 or more at discretion of proctor	On-going use of procedure
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Cryosurgery for ablation of prostate tumors, lesions</b></p> <p>Documentation of specific training in ultrasonography; AND, CME course with minimum 1 day didactic, observation, and performance of 3 procedures under director supervision of physician with privileges; AND,</p> <p>Successful completion of 10 procedures at another facility within 12 months with documented outcomes. Documented competency evaluation.</p>	_____	TFH IVCH	1 or more cases at discretion of proctor	On-going use of procedure + some CME preferred

# TAHOE FOREST HOSPITAL DISTRICT

**Department of Surgery - Urology**

**Name:** \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Radioactive seed implantation for prostate cancer</b></p> <p>_____ included in Residency (will be confirmed); OR,</p> <p>Documentation required of attendance at and successful completion of an accredited course for prostate seed implantation training and competency evaluation by director of training course; OR,</p> <p>Department director where applicant most recently practiced.</p>	_____	TFH only	1 or more at discretion of proctor	5 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Fluoroscopy</b></p> <p>Current State of California Department of Health Services fluoroscopy certificate is required for Urology privileges. No special certification required for Nevada.</p>	_____	TFH only	None	Maintain fluoroscopy permit
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Laparoscopy</b></p> <p>_____ Included in Residency; OR,</p> <p>Documentation required of attendance at and successful completion of an approved laparoscopic course of urology, including didactic and hands-on experience in live animals with documentation of 5 procedures and outcomes within last 12 months.</p> <p>Documented competency evaluation (will be confirmed)</p>	_____	TFH only	1 or more at discretion of proctor	5 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Intravenous Procedural Sedation</b> (refer to outlined criteria under separate cover)</p>	NA	TFH IVCH	Take and pass the test	Maintain privileges requiring this procedure
		<p><b>ADDITIONAL PRIVILEGES:</b> A request for any additional privileges not included on this form must be submitted to the Medial Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel &amp; equipment requirements.</p>				
		<p><b>EMERGENCY:</b> In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.</p>				

I certify that I meet the minimum threshold criteria to request the above privileges and have provided documentation to support my eligibility to request each group of procedures requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff.

\_\_\_\_\_  
Date Applicant's Signature

**DEPARTMENT CHAIR REVIEW**

I certify that I have reviewed and evaluated this individual's request for clinical privileges, the verified credentials, quality data and/or other supporting information. Based on the information available and/or personal knowledge, I recommend the practitioner be granted:

- privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend (explain)

\_\_\_\_\_  
Date Department Chair Signature



# TAHOE FOREST HOSPITAL DISTRICT

**Department of Surgery - Urology**

**Name:** \_\_\_\_\_

Modifications or Other Comments:

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privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend (explain)

**Medical Executive Committee:** \_\_\_\_\_ (date of Committee review/recommendation)

privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend (explain)

**Board of Directors:** \_\_\_\_\_ (date of Board review/action)

Department Review Dates: 3/12/07; 11/10/08;7/09; 4/11/16; 4/9/18

Medical Executive Committee: 3/21/07; 11/19/08; 4/20/16; 5/17/18

Board of Directors: 3/27/07; 11/25/08; 4/28/16; 5/24/18

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of OB/PEDS**  
**Delineated Privilege Request**

**SPECIALTY: PEDIATRICS**

**NAME:** \_\_\_\_\_

**Check which applies:**  **Tahoe Forest Hospital (TFH)**     **Incline Village Community Hospital**

**Multispecialty Clinic**

**Check one:**             **Initial**     **Change in Privileges**     **Renewal of Privileges**

To be eligible to request these clinical privileges, the applicant must meet the following threshold criteria:

<b>Core Education:</b>	MD, DO
<b>Minimum Formal Training:</b>	Successful completion of an ACGME or AOA-approved residency training program in pediatrics.
<b>Board Certification:</b>	Board qualification required. Current certification or active participation in the examination process leading to certification in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics within five years of completion of training program.
<b>Required Training/ Experience:</b> (required for new applicants)	Documentation of recent clinical experience is defined as having performed at least 25 clinical consultations in the past 24 months and the performance of at least 10 pediatric procedures in the past 24 months or must demonstrate successful participation in a hospital affiliated formalized residency or special clinical fellowship within past 24 months. If training has been completed within the last 5 years; documentation to include letter from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago; documentation will include letter from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.
<b>Clinical References:</b> (required for new applicants)	Training director or appropriate chair from another hospital(s) where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. At least one peer reference must be a pediatrician.
<b>Proctoring Requirements:</b>	See "Proctoring New Applicants" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring, evaluation may be required if minimum number of cases cannot be documented.
<b>Other:</b>	<ul style="list-style-type: none"> <li>• Current, unrestricted license to practice medicine in CA and/or NV</li> <li>• Current certification in NRP required (submit copy of certification)</li> <li>• Current PALS &amp; ACLS preferred but not required.</li> <li>• Malpractice insurance in the amount of \$1m/\$3m</li> <li>• Current, unrestricted DEA certificate in CA (approved for all drug schedules) and/or unrestricted Nevada State Board of Pharmacy Certificate and DEA to practice in the (NV).</li> <li>• Ability to participate in federally funded program (Medicare or Medicaid).</li> </ul>

**If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competence.**

**APPLICANT:** Place a check in the (R) column for each privilege **Requested**. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months. **Unless otherwise noted, privileges are available at both Hospitals and granting of privileges is contingent upon meeting all core, specific, and threshold criteria defined above**

**Recommending individual/committee must note:** (A) = Recommend Approval as Requested.

**NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

Tahoe Forest Hospital District

Department of OB/PEDS

Page 1 of 4

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of OB/PEDS**  
**Delineated Privilege Request**

(R)	(A)	<b>CORE PRIVILEGES - PEDIATRICS</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	Telemedicine privileges			N/A	Data sent from UC Davis
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>CORE PEDIATRICS:</b>            Admission, diagnosis, work up, perform history and physicals, evaluate, diagnose, and provided non surgical therapy, preoperative and post operative care of children including consultations to patients between the ages of birth and 18 years and for those older requiring special needs. The privileges also include:</p> <ul style="list-style-type: none"> <li>• Application of casts and splints</li> <li>• Assist at general surgery</li> <li>• Attendance at c-sections (TFHD)</li> <li>• Care of preterm birth (TFHD)</li> <li>• Central line placement</li> <li>• Circumcision (neonate) (TFHD)</li> <li>• EKG reading</li> <li>• Exchange transfusion</li> <li>• Incision and drainage</li> <li>• Intubation</li> <li>• Intra osseus Needle insertion</li> <li>• Lumbar puncture</li> <li>• Neonatal resuscitation (TFHD)</li> <li>• Pediatric resuscitation</li> <li>• Peripheral IV lines</li> <li>• Repair simple laceration</li> <li>• Simple fractures and dislocations</li> <li>• Spinal tap</li> <li>• Suprapubic bladder puncture</li> <li>• Umbilical line placement (TFHD)</li> <li>• Venous cut down</li> <li>• Lingual frenectomy</li> </ul>	_____	INPATIENT	5 representative cases with procedures to be observed including circumcision	25 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>CORE PEDIATRICS: OUTPATIENT</b>            Diagnosis, work up, perform history and physicals, evaluate, diagnose, and provided non surgical therapy, preoperative care of children including consultations to patients between the ages of birth and 21 years and for those older requiring special needs. The privileges also include:</p> <ul style="list-style-type: none"> <li>• Application of casts and splints</li> <li>• Bladder catheterizations</li> <li>• Care of preterm birth (TFHD)</li> <li>• Central line placement</li> <li>• Circumcision (neonate) (TFHD)</li> <li>• EKG reading</li> <li>• IM injections and immunizations</li> <li>• Incision and drainage of abscess</li> <li>• Intra osseus Needle insertion</li> <li>• Neonatal resuscitation in an emergency</li> <li>• Pediatric resuscitation in an emergency</li> <li>• Peripheral IV lines</li> <li>• Removal of foreign body</li> <li>• Removal of skin lesion/wart removal</li> <li>• Repair simple laceration</li> <li>• Suprapubic bladder puncture</li> <li>• Lingual frenectomy</li> </ul>	_____	OUTPATIENT	5 representative cases with procedures to be observed including circumcision	25 cases/2 years

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of OB/PEDS**  
**Delineated Privilege Request**

<input type="checkbox"/>	<input type="checkbox"/>	REMOVAL FROM CORE PRIVILEGES: Should applicant's current practice limitations or current competence exclude performance of any privileges specified in the list of core privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion. <hr/> <hr/>				
<input type="checkbox"/>	<input type="checkbox"/>	<b>I attest I am currently certified as noted below and agree to provide proof of current certification with my request for privileges:</b>				
	<input type="checkbox"/>	<b>NRP Certified</b>				
		<b>SELECTED PROCEDURES</b> <b>These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<b>INTRAVENOUS PROCEDURAL SEDATION: (IVPS)</b> (refer to outlined criteria under separate cover)	N/A	INPATIENT OUTPATIENT	Take and pass the test	Take and pass the test
<input type="checkbox"/>	<input type="checkbox"/>	<b>EZ IO:</b> (Meet with Clinical Nurse Specialist to complete instruction and return demonstration)	N/A	INPATIENT OUTPATIENT	Take and pass the test	Maintain privileges requiring this procedure
<input type="checkbox"/>	<input type="checkbox"/>	<b>GASTRIC OCCULT TESTING</b>	_____	TFH IVCH	Successfully complete competency	Demonstration of ongoing work in the OB/PEDS Department
<input type="checkbox"/>	<input type="checkbox"/>	<b>FLUORIDE APPLICATION</b> (Completion of education provided by pediatric dentist in the patient selection for and application of fluoride)		TFH OUTPATIENT	Completion of education	Maintain privileges requiring this procedure
<input type="checkbox"/>	<input type="checkbox"/>	<b>TONGUE TIE CLIPPING</b>	_____	TFH OUTPATIENT	1 cases observed	Maintain privileges requiring this procedure.
<input type="checkbox"/>	<input type="checkbox"/>	<b>PEDIATRIC PULMONOLOGY:</b>  Provide consultation services to children presenting with conditions, injuries and diseases of the organ of the thorax or chest; lungs, cardiovascular and tracheobronchial systems, esophagus and other mediastinal contents, diaphragm, and circulatory system.  Current certification or action participation in the certification process leading to certification in Pediatrics with special qualifications in Pediatric Pulmonology by the American Board of Pediatrics.	N/A	INPATIENT OUTPATIENT	5 cases	Physician must be able to show current demonstrated competence and adequate volume of experience in Pulmonology reflective of the scope of privileges in the last 24 months.
		<b>ADDITIONAL PRIVILEGES:</b> A request for any additional privileges not included on this form must be submitted to the Medical Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.				
		<b>EMERGENCY:</b> In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.				

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of OB/PEDS**  
**Delineated Privilege Request**

I certify that I meet the minimum threshold criteria to request the above privileges and have provided documentation to support my eligibility to request each group of procedures requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT SIGNATURE

**DEPARTMENT CHAIR REVIEW**

I certify that I have reviewed and evaluated this individual's request for clinical privileges, the verified credentials, quality data and/or other supporting information. Based on the information available and/or personal knowledge, I recommend the practitioner be granted:

- privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEPARTMENT CHAIR SIGNATURE

Modifications or Other Comments:

\_\_\_\_\_  
\_\_\_\_\_

**Medical Executive Committee:** \_\_\_\_\_ (date of Committee review/recommendation)

- privileges as requested     privileges with modifications (see modifications below)     do not recommend (explain)

**Board of Directors:** \_\_\_\_\_ (date of Board review/action)

- privileges as requested     privileges with modifications (see modifications below)     do not recommend (explain)

Modifications or Other Comments:

\_\_\_\_\_  
\_\_\_\_\_

Department Review Dates: 1/07, 1/11, 5/11, 3/12, 2013, 3/14, 5/15; 5/16  
Medical Executive Committee: 2/21/07; 1/11, 5/11, 3/12, 2013, 4/14, 6/15; 5/16  
Board of Directors: 2/27/07, 1/11, 5/11, 3/12, 2013, 4/14, 6/15; 5/16



TAHOE  
FOREST  
HEALTH  
SYSTEM

Origination Date: N/A  
Last Approved: N/A  
Last Revised: N/A  
Next Review: N/A  
Department: *Credentialing and Privileging - MSCP*  
Applies To: *Incline Village Community Hospital, Tahoe Forest Hospital*

## Anesthesia Standards of Practice, MSCP-1601

### PURPOSE:

To define the structure, scope, and responsibilities for the anesthesia service within Tahoe Forest Health System (TFHS); to provide for consistency and continuity of care in all areas where anesthesia services are provided.

### POLICY:

Direction for all anesthesia services administered within TFHS is provided by the Department of Anesthesia. The Chair and Vice Chair of the Department of Anesthesia are qualified doctors of medicine or osteopathy, who have been appropriately credentialed and privileged by the TFHS Medical Staff and approved by the Board of Directors. Standards of practice for anesthesia services shall apply in all areas where such services are rendered.

### DEFINITIONS/ STRUCTURE / CREDENTIALING:

- A. When reference is made to anesthesia services within Tahoe Forest Health System (TFHS), this shall include anesthesia services provided at both Tahoe Forest Hospital and Incline Village Community Hospital.
- B. The Department of Anesthesia is organized as a separate component of the Medical Staff and includes the clinical service of anesthesia.
- C. The functions and responsibilities of the Department of Anesthesia are specified in the Medical Staff Bylaws. These functions and responsibilities apply to all areas of TFHS where anesthesia services are rendered.
- D. The selection of the Chair and Vice Chair of the Department of Anesthesia is accomplished as provided for in the Medical Staff Bylaws.
  1. The duties and authority of the Chair of the Department of Anesthesia are specified in the Medical Staff Bylaws.
  2. The Vice Chair of the Department of Anesthesia shall assume the duties and authority of the Chair in the absence of the Chair.
- E. The Department of Anesthesia participates in organization-wide quality assessment and performance improvement activities as specified in the Medical Staff Bylaws, and Policy Quality Assurance/ Performance Improvement (QA/PI) Plan, AQPI-05.

- F. Privileges to administer anesthesia services are granted to appropriately licensed individuals based on requirements specified in the Medical Staff Bylaws, including but not necessarily limited to the individual practitioner's scope of practice, applicable state laws, the individual competencies, education and training of the practitioner, and the practitioner's compliance with Medical Staff credentialing criteria and protocols.
- G. The privileges granted to each practitioner are specified on the provider's Medical Staff Delineation of Privileges, which is available in both a web-based and hard-copy format.
  - 1. Medical Staff Delineation of Privileges are accessible by hospital staff for the purpose of verifying member privileges. See Policy MSCP-4, "Physician and Allied Health Professionals Privilege Form Distribution".
- H. **Visiting (locum tenens) anesthesia providers:**
  - 1. **Locum tenens anesthesia providers will be granted Courtesy privileges by Medical Staff according to the protocols indicated above.**
  - 2. **Locum tenens anesthesia providers will be oriented to the facility, equipment, and other necessary information by an experienced anesthesia provider with full Active privileges.**
    - a. **The "Visiting Anesthesia Provider Orientation Checklist" will be utilized to document the orientation of locum tenens anesthesia providers and will be retained in the provider's medical Staff file.**

## STANDARDS OF PRACTICE:

- A. Hours of practice:
  - 1. An appropriately privileged anesthesia provider will be available to administer anesthesia services at Tahoe Forest Hospital 24 hours per day, seven days per week.
  - 2. An appropriately privileged anesthesia provider will be available to administer anesthesia services at Incline Village Community Hospital on an as-needed basis for all scheduled surgeries and procedures requiring anesthesia services.
  - 3. The Chair of the Department of Anesthesia, or designee, will establish the anesthesia staffing schedule, including provision for after-hours anesthesia call coverage at Tahoe Forest Hospital.
- B. Anesthesia methods utilized in the TFHS include:
  - 1. Local anesthesia;
  - 2. Light, moderate, and deep sedation;
  - 3. Regional anesthesia:
    - a. Peripheral nerve blocks;
    - b. Epidural and spinal anesthesia.
  - 4. General anesthesia.
  - 5. Monitored Anesthesia Care.
- C. Anesthetic gases:
  - 1. Only non-flammable anesthetic gases shall be used.
  - 2. Anesthetic gases are evacuated from the anesthesia machine by suction to the outside air.
  - 3. Staff exposure to anesthetic gases is tested annually by an outside vendor.

4. See applicable Engineering, Environment of Care, and Infection Prevention & Control policies.
- D. The anesthesia method and the specific anesthetizing agents used shall be the responsibility of the anesthesia provider, with input as appropriate from the surgeon/attending physician and patient.
- E. Appropriate standards of care and safety precautions for the various anesthesia methods and anesthetizing agents will be observed in all areas where anesthesia services are rendered.
- F. At a minimum, anesthesia practice responsibilities include, but are not necessarily limited to:
1. Appropriate inspection and testing of anesthesia equipment prior to use. See policy: Testing of Anesthesia Machines, DPS-51.
  2. Preparation of a pre-operative patient evaluation, as specified in the Medical Staff Rules & Regulations.
  3. Obtaining the Informed Consent for Anesthesia Services from the patient or patient's legal representative. See Policy Consent, Informed, AQPI-1907.
  4. Intra-operative patient monitoring, and documentation of critical techniques, management, and patient responses, as specified in the Medical Staff Rules & Regulations.
  5. Preparation of a post-anesthesia evaluation, as specified in the Medical Staff Rules & Regulations.
  6. Medical direction for patient care during the Phase 1 (post anesthesia) Level of Care.
  7. Observance of applicable TFHS policies and protocols, and any applicable laws and regulations, regarding:
    - a. Infection Control practices;
    - b. Safety practices in anesthetizing locations, including electrical and medical gas safety;
    - c. Medication security, including controlled substances;
    - d. Reporting and documentation requirements;
    - e. Life support functions in the event of a cardiac or respiratory emergency.
  8. Maintaining current licensure and other privilege requirements, including continuing education requirements.
- G. The administration of procedural sedation by Registered Nurses without the presence of an anesthesia provider is addressed in Policy Moderate and Deep Sedation, ANS-1301.

## Related Policies/Forms:

[Medical Staff Bylaws 2017](#); [Rules and Regs - Medical Staff Rules and Regulations 2017, MREG-2](#); [Testing of Anesthesia Machines, DPS-51](#); [Consent, Informed, AQPI-1907](#); [Physician and Allied Health Professionals: Distribution of Approved Privileges MSCP-4](#); [Quality Assurance / Performance Improvement \(QA/PI\) Plan, AQPI-05](#); [Moderate and Deep Sedation, ANS-1301](#)

All revision dates:

03/2016, 04/2015, 04/2014

## Attachments:

No Attachments





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

Thursday, March 28, 2019 at 4:00 p.m.  
Tahoe Forest Hospital – Eskridge Conference Room  
10121 Pine Avenue, Truckee, CA 96161

## **1. CALL TO ORDER**

Meeting was called to order at 4:06 p.m.

## **2. ROLL CALL**

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

Staff in attendance: Harry Weis, Chief Executive Officer; Dr. Shawni Coll, Chief Medical Officer; Matt Mushet, In-house Counsel; Janet Van Gelder, Director of Quality and Regulations; Dawn Colvin, Patient Safety Officer; Todd Johnson, Risk Manager; Martina Rochefort, Clerk of the Board

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

No changes were made to the agenda.

## **4. INPUT AUDIENCE**

No public comment was received.

Open Session recessed at 4:08 p.m.

## **5. CLOSED SESSION**

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

*Subject Matter: 2015-2018 Risk Summary Report*

*Number of items: One (1)*

Discussion was held on a privileged item.

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

*Subject Matter: 2016-2018 Peer Review Summary Report*

*Number of items: One (1)*

Discussion was held on a privileged item.

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

*Subject Matter: Quality Assurance Report*

*Number of items: One (1)*

Discussion was held on a privileged item.

### **5.4. Conference with Labor Negotiator (Government Code § 54957.6)**

*Name of District Negotiator(s) to Attend Closed Session: Alex MacLennan*

*Employee Organization(s): Employees Association and Employees Association of Professionals*

Discussion was held on a privileged item.

**5.5. Conference with Legal Counsel; Initiation of Litigation (Gov. Code § 54956.9(d)(4))**

*Number of Potential Cases: One (1)*

Discussion was held on a privileged item.

**5.6. Approval of Closed Session Minutes**

02/28/2019

Discussion was held on a privileged item.

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

*Subject Matter: Medical Staff Credentials*

Discussion was held on a privileged item.

**6. DINNER BREAK**

**7. OPEN SESSION – CALL TO ORDER**

Open Session reconvened at 6:00 p.m.

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

General Counsel noted there was no reportable action on items 5.1.-5.4. General Counsel reported the Board of Directors voted 5-0 to authorize the District to initiate a lawsuit. The defendant or defendants, and other particulars, will be disclosed to any person upon inquiry after the action is formally commenced unless to do so would jeopardize the agency's ability to effectuate service of process on one or more unserved parties, or if to do so would jeopardize the District's ability to conclude existing settlement negotiations to its advantage. Items 5.5. and 5.6 were both approved on a 5-0 vote.

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

No changes were made to the agenda.

**10. INPUT – AUDIENCE**

No public comment was received.

**11. INPUT FROM EMPLOYEE ASSOCIATIONS**

No public comment was received.

**12. SAFETY FIRST**

**12.1.** Judy Newland, Chief Operating Officer, presented the March Safety First Topic on lockdown procedures.

**13. ACKNOWLEDGMENTS**

**13.1.** Peggy Barraza was named March 2019 Employee of the Month.

**14. MEDICAL STAFF EXECUTIVE COMMITTEE**

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

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

*Review and approval of policies, procedures and privilege forms: Annual Review of 2019  
IVCH Emergency Department Policies and 2019 Emergency Department Policies TFH  
IVCH Spreadsheet.*

Discussion was held.

**ACTION:** Motion made by Director Chamblin, seconded by Director Brown, to accept the Medical Executive Committee (MEC) Consent Calendar as presented.

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

**Abstention:** None

**NAYS:** None

**Absent:** None

**ACTION:** Motion made by Director Zipkin, seconded by Director Hill, to approve the Department of Emergency Medicine Delineated Privilege Request form as presented.

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

**Abstention:** None

**NAYS:** None

**Absent:** None

## **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.** 02/28/2019

### **15.2. Financial Reports**

**15.2.1.** Financial Report – February 2019

### **15.3. Staff Reports**

**15.3.1.** CEO Board Report

**15.3.2.** COO Board Report

**15.3.3.** CNO Board Report

**15.3.4.** CIIO Board Report

**15.3.5.** CMO Board Report

### **15.4. Approve Updated Policies**

**15.4.1.** ABD-03 Board Compensation and Reimbursement

**15.4.2.** ABD-10 Emergency On-Call

**15.4.3.** ABD-14 Inspection and Copying of Public Records

**15.4.4.** ABD-16 Malpractice Policy

### **15.5. Retire Board Policy**

**15.5.1.** ABD-17 Manner of Governance for the TFHD Board of Directors

Director Zipkin pulled item 15.4.3. for discussion.

No public comment was received.

**ACTION:** Motion made by Director Chamblin, seconded by Director Brown, to approve the Consent Calendar excluding item 15.4.3.

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

**Abstention:** None

**NAYS:** None

**Absent:** None

## **16. ITEMS FOR BOARD ACTION**

### **16.1. Retirement Plan Options**

The Board of Directors reviewed and considered approval of moving forward with two new supplemental retirement plan options.

Public comment was received from Dr. Greg Tirdel.

**ACTION:** Motion made by Director Hill, seconded by Director Chamblin, to approve the District to proceed with the creation and adoption of two additional retirement plan options (Section 162 Bonus and Participant Split Dollar).

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

**Abstention:** None

**NAYS:** None

**Absent:** None

### **16.2. Resolution 2019-03**

The Board of Directors reviewed and considered for approval of a resolution recognizing Doctor's Day on March 30, 2019.

No public comment was received.

**ACTION:** Motion made by Director Brown, seconded by Director Zipkin, to approve Resolution 2019-03 as presented.

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

**Abstention:** None

**NAYS:** None

**Absent:** None

## **17. ITEMS FOR BOARD DISCUSSION**

### **17.1. Board Education**

#### **17.1.1. Definitions of Healthcare Models**

Harry Weis, Chief Executive Officer, provided the Board of Directors education on healthcare models.

#### **17.2. Bill Rose Park update**

Ted Owens, Executive Director of Governance, provided an update on Bill Rose Park to the Board of Directors.

## **18. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY**

Item 15.4.3. was discussed.

Director Zipkin felt the word “disclosable” should be added to Procedure, section G4. It is used in section F and should be carried over to the next section.

**ACTION:** Motion made by Director Zipkin, seconded by Director Brown, to approve item 15.4.3. ABD-14 Inspection and Copying of Public Records with the change noted.  
**AYES:** Directors Hill, Zipkin, Chamblin, Brown and Wong  
**Abstention:** None  
**NAYS:** None  
**Absent:** None

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

**19.1. Governance Committee Meeting – 03/21/2019**

Director Wong provided an update from the recent Governance Committee meeting.

**19.2. Executive Compensation Committee Meeting – No meeting in February.**

**19.3. Quality Committee Meeting – No meeting held in February.**

**19.4. Finance Committee Meeting – No meeting held in February.**

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

None.

**21. ITEMS FOR NEXT MEETING**

None.

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

None.

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

Not applicable.

**24. OPEN SESSION**

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

**26. ADJOURN**

Meeting adjourned at 7:47 p.m.

**TAHOE FOREST HOSPITAL DISTRICT  
MARCH 2019 FINANCIAL REPORT  
INDEX**

<b>PAGE</b>	<b>DESCRIPTION</b>
2 - 3	FINANCIAL NARRATIVE
4	STATEMENT OF NET POSITION
5	NOTES TO STATEMENT OF NET POSITION
6	CASH INVESTMENT REPORT
7	NINE MONTHS ENDING MARCH 2019 STATEMENT OF NET POSITION KEY FINANCIAL INDICATORS
8	TFHD STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
9 - 10	TFHD NOTES TO STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
11	NINE MONTHS ENDING MARCH 2019 STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION KEY FINANCIAL INDICATORS
12	IVCH STATEMENT OF REVENUE AND EXPENSE
13 - 14	IVCH NOTES TO STATEMENT OF REVENUE AND EXPENSE
15	STATEMENT OF CASH FLOWS
16 - 29	TFH VOLUMES AND GRAPHS

**Board of Directors**  
*Of Tahoe Forest Hospital District*  
**MARCH 2019 FINANCIAL NARRATIVE**

The following is the financial narrative analyzing financial and statistical trends for the nine months ended March 31, 2019.

**Activity Statistics**

- ❑ TFH acute patient days were 508 for the current month compared to budget of 427. This equates to an average daily census of 16.4 compared to budget of 13.8.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Emergency Department visits, Home Health visits, Medical Supplies Sold to Patients, Laboratory tests, Cardiac Rehab, Diagnostic Imaging, Mammography, Medical Oncology procedures, Radiation Oncology procedures, MRI, Briner Ultrasound, Cat Scan, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Respiratory Therapy, Gastroenterology, Tahoe City Physical & Occupational Therapy, Physical Therapy, and Speech Therapy.

**Financial Indicators**

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 51.9% in the current month compared to budget of 53.7% and to last month's 50.5%. Current year's Net Patient Revenue as a percentage of Gross Patient Revenue is 51.2%, compared to budget of 53.7% and prior year's 55.5%.
- ❑ EBIDA was \$2,350,210 (7.6%) for the current month compared to budget of \$944,180 (3.7%), or \$1,406,030 (3.9%) above budget. Year-to-date EBIDA was \$18,835,715 (7.2%) compared to budget of \$6,760,918 (3.0%), or \$12,074,797 (4.2%) above budget.
- ❑ Net Income was \$1,223,764 for the current month compared to budget of \$628,062 or \$595,702 above budget. Year-to-date Net Income was \$14,758,784 compared to budget of \$3,900,773 or \$10,858,010 above budget.
- ❑ Cash Collections for the current month were \$16,868,960 which is 116% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$84,421,716 at the end of March compared to \$84,061,034 at the end of February.

**Balance Sheet**

- ❑ Working Capital is at 21.0 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 160.8 days. Working Capital cash increased a net \$307,000. Cash collections exceeded target by 16%. Accounts Payable increased \$799,000 and Accrued Payroll & Related Costs increased \$802,000 and the District remitted \$2,103,000 to the State to participate in the 2017-18 IGT Rate Range program.
- ❑ Net Patient Accounts Receivable decreased approximately \$1,223,000 and Cash collections were 116% of target. EPIC Days in A/R were 84.0 compared to 88.9 at the close of February, a 4.9 days decrease.
- ❑ Estimated Settlements Medi-Cal & Medicare increased a net \$2,241,000 after recording the remittance to the State for the 2017-18 IGT Rate Range program.
- ❑ Total Bond Trustee 2015 decreased \$353,000 after recording the interest payment due on the bond.
- ❑ The District booked an adjustment to the asset and offsetting liability to reflect the fair value of the Piper Jaffray swap transaction at the close of March.
- ❑ Accounts Payable increased \$799,000 due to the timing of the final check run in the month.
- ❑ Accrued Payroll & Related Costs increased \$802,000 due to additional accrued payroll days in the month.
- ❑ Interest Payable decreased a net \$273,000 after recording the interest payment due on the 2015 Revenue Bond.

**Operating Revenue**

- ❑ Current month’s Total Gross Revenue was \$30,764,932, compared to budget of \$25,463,394 or \$5,301,538 above budget.
- ❑ Current month’s Gross Inpatient Revenue was \$8,179,202, compared to budget of \$6,650,763 or \$1,528,439 above budget.
- ❑ Current month’s Gross Outpatient Revenue was \$22,585,730 compared to budget of \$18,812,631 or \$3,773,099 above budget.
- ❑ Current month’s Gross Revenue Mix was 36.0% Medicare, 17.9% Medi-Cal, .0% County, 2.8% Other, and 43.3% Insurance compared to budget of 36.1% Medicare, 17.7% Medi-Cal, .0% County, 3.7% Other, and 42.5% Insurance. Last month’s mix was 32.6% Medicare, 15.9% Medi-Cal, .0% County, 3.1% Other, and 48.4% Insurance. Year-to-date Gross Revenue Mix was 37.5% Medicare, 16.3% Medi-Cal, .0% County, 3.1% Other, and 43.1% Insurance compared to budget of 36.3% Medicare, 17.6% Medi-Cal, .0% County, 3.7% Other, and 42.4% Commercial.
- ❑ Current month’s Deductions from Revenue were \$14,793,302 compared to budget of \$11,791,201 or \$3,002,101 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a .06% decrease in Medicare, a .20% increase to Medi-Cal, County at budget, a .91% decrease in Other, and Commercial was above budget .77%, 2) Revenues exceeded budget by 20.8%, 3) additional reserves on aging accounts receivable, and 4) self pay accounts over 120 days increased by 8%.

DESCRIPTION	March 2019 Actual	March 2019 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	5,386,572	5,184,023	(202,549)	
Employee Benefits	1,637,624	1,499,587	(138,037)	
Benefits – Workers Compensation	70,307	55,820	(14,486)	
Benefits – Medical Insurance	844,916	598,402	(246,514)	Increased usage of our self-insured health insurance plan created a negative variance in Benefits-Medical Insurance.
Medical Professional Fees	2,268,438	2,095,863	(172,575)	Negative variance in Therapist fees, Locums coverage for Neurology and ENT and Physician Productivity bonuses, Anesthesia Physician Guarantee, and Radiology reads.
Other Professional Fees	180,801	149,298	(31,503)	We saw a negative variance in Accounting for consulting services provided for the Budgeting and Cost Accounting/Decision Support software implementations.
Supplies	2,032,795	2,012,819	(19,976)	Medical supplies sold to Patients, Drugs Sold to Patients and Oncology drugs sold to Patients revenue exceeded budget, creating a negative variance in Medical and Pharmacy supplies.
Purchased Services	1,486,568	1,247,787	(238,781)	Outsourced Lab testing, Marketing for the Orthopedics clinic, Snow Removal, and Outsourced Billing/Collection services created a negative variance in Purchased Services.
Other Expenses	721,723	769,475	47,752	Outside Training & Travel and Building & Equipment Rent exceeded budget, however, the remainder of the Other Expense categories were positive as Senior Leadership continues to monitor controllable costs.
Total Expenses	14,629,743	13,613,074	(1,016,669)	



TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF NET POSITION  
MARCH 2019

	Mar-19	Feb-19	Mar-18	
<b>ASSETS</b>				
<b>CURRENT ASSETS</b>				
* CASH	\$ 9,602,067	\$ 9,295,540	\$ 17,864,998	1
PATIENT ACCOUNTS RECEIVABLE - NET	30,330,995	31,554,465	20,417,259	2
OTHER RECEIVABLES	7,139,523	6,429,839	6,890,082	
GO BOND RECEIVABLES	348,548	(26,338)	634,457	
ASSETS LIMITED OR RESTRICTED	8,027,059	7,725,725	6,433,834	
INVENTORIES	3,133,711	3,128,987	3,025,942	
PREPAID EXPENSES & DEPOSITS	2,478,029	2,363,427	1,743,866	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	9,444,273	7,202,831	11,759,084	3
<b>TOTAL CURRENT ASSETS</b>	<b>70,504,205</b>	<b>67,674,477</b>	<b>68,769,522</b>	
<b>NON CURRENT ASSETS</b>				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	63,814,560	63,814,560	46,724,481	1
MUNICIPAL LEASE 2018	5,149,709	5,149,709	-	
TOTAL BOND TRUSTEE 2017	20,117	20,117	19,849	
TOTAL BOND TRUSTEE 2015	884,578	1,237,514	1,369,080	4
GO BOND PROJECT FUND	-	-	-	
GO BOND TAX REVENUE FUND	1,617,792	1,617,792	1,900,012	
DIAGNOSTIC IMAGING FUND	3,266	3,266	3,204	
DONOR RESTRICTED FUND	1,131,128	1,131,128	1,449,722	
WORKERS COMPENSATION FUND	9,892	19,354	25,080	
TOTAL	72,631,041	72,993,438	51,491,429	
LESS CURRENT PORTION	(8,027,059)	(7,725,725)	(6,433,834)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	64,603,982	65,267,714	45,057,594	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	701,785	601,785	-	
PROPERTY HELD FOR FUTURE EXPANSION	927,633	904,117	836,353	
PROPERTY & EQUIPMENT NET	172,705,282	172,170,764	132,161,547	
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,864,055	1,855,472	33,435,528	
<b>TOTAL ASSETS</b>	<b>311,306,942</b>	<b>308,474,329</b>	<b>280,260,543</b>	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	436,371	439,603	475,159	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,137,905	1,081,858	1,117,841	5
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	5,769,745	5,793,450	6,054,201	
GO BOND DEFERRED FINANCING COSTS	450,676	452,611	473,891	
DEFERRED FINANCING COSTS	177,887	178,928	190,371	
<b>TOTAL DEFERRED OUTFLOW OF RESOURCES</b>	<b>\$ 7,972,584</b>	<b>\$ 7,946,449</b>	<b>\$ 8,311,464</b>	
<b>LIABILITIES</b>				
<b>CURRENT LIABILITIES</b>				
ACCOUNTS PAYABLE	\$ 7,760,386	\$ 6,961,381	\$ 5,777,754	6
ACCRUED PAYROLL & RELATED COSTS	11,896,028	11,093,728	11,462,313	7
INTEREST PAYABLE	273,928	547,048	659,270	8
INTEREST PAYABLE GO BOND	710,514	392,671	1,036,896	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	1,082,689	1,082,689	225,030	
HEALTH INSURANCE PLAN	1,463,491	1,463,491	1,211,751	
WORKERS COMPENSATION PLAN	1,887,945	1,887,747	1,704,215	
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	2,534,956	2,536,876	1,049,645	
<b>TOTAL CURRENT LIABILITIES</b>	<b>30,124,356</b>	<b>28,480,051</b>	<b>24,845,163</b>	
<b>NONCURRENT LIABILITIES</b>				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	36,819,589	36,871,536	27,335,091	
GO BOND DEBT NET OF CURRENT MATURITIES	100,870,350	100,883,771	102,646,399	
DERIVATIVE INSTRUMENT LIABILITY	1,137,905	1,081,858	1,117,841	5
<b>TOTAL LIABILITIES</b>	<b>168,952,201</b>	<b>167,317,215</b>	<b>155,944,494</b>	
<b>NET ASSETS</b>				
NET INVESTMENT IN CAPITAL ASSETS	149,196,198	147,972,434	131,177,791	
RESTRICTED	1,131,128	1,131,128	1,449,722	
<b>TOTAL NET POSITION</b>	<b>\$ 150,327,326</b>	<b>\$ 149,103,562</b>	<b>\$ 132,627,513</b>	

\* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT  
NOTES TO STATEMENT OF NET POSITION  
MARCH 2019

1. Working Capital is at 21.0 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 160.8 days. Working Capital cash increased a net \$307,000. Accounts Payable increased \$799,000 (See Note 6), Accrued Payroll & Related Costs increased \$802,000 (See Note 7), cash collections exceeded target by 16%, and the District remitted \$2,103,000 to the State to participate in the 2017-18 IGT Rate Range program.
2. Net Patient Accounts Receivable decreased approximately \$1,223,000 and Cash collections were 116% of target. EPIC Days in A/R were 84.0 compared to 88.9 at the close of February, a 4.90 days decrease.
3. Estimated Settlements, Medi-Cal & Medicare increased a net \$2,241,000 after recording remittance to the State for participation in the 2017-18 IGT Rate Range program.
4. Total Bond Trustee 2015 decreased \$353,000 after recording the interest payment due on the bond.
5. To comply with GASB No. 63, the District has booked an adjustment to the asset and offsetting liability to reflect the fair value of the Piper Jaffray swap transaction at the close of March.
6. Accounts Payable increased \$799,000 due to the timing of the final check run in the month.
7. Accrued Payroll & Related Costs increased \$802,000 due to additional accrued payroll days in the month.
8. Interest Payable decreased a net \$273,000 after recording the interest payment due on the 2015 Revenue Bond.

**Tahoe Forest Hospital District  
Cash Investment  
March 2019**

<b>WORKING CAPITAL</b>			
US Bank	\$ 8,544,433		
US Bank/Kings Beach Thrift Store	15,787		
US Bank/Truckee Thrift Store	31,962		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,009,885</u>	0.40%	
Total			\$ 9,602,067
 <b>BOARD DESIGNATED FUNDS</b>			
US Bank Savings	\$ -	0.03%	
Capital Equipment Fund	<u>-</u>		
Total			\$ -
Building Fund	\$ -		
Cash Reserve Fund	<u>63,814,560</u>	2.44%	
Local Agency Investment Fund			\$ 63,814,560
Municipal Lease 2018			\$ 5,149,709
Bonds Cash 2017			\$ 20,117
Bonds Cash 2015			\$ 884,578
GO Bonds Cash 2008			\$ 1,617,792
DX Imaging Education	\$ 3,266		
Workers Comp Fund - B of A	9,892		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ 13,157</u>
<b>TOTAL FUNDS</b>			<b>\$ 81,101,979</b>
 <b>RESTRICTED FUNDS</b>			
Gift Fund			
US Bank Money Market	\$ 8,360	0.03%	
Foundation Restricted Donations	34,641		
Local Agency Investment Fund	<u>1,088,128</u>	2.44%	
<b>TOTAL RESTRICTED FUNDS</b>			<b><u>\$ 1,131,128</u></b>
<b>TOTAL ALL FUNDS</b>			<b><u>\$ 82,233,108</u></b>

**TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF NET POSITION  
KEY FINANCIAL INDICATORS  
MARCH 2019**

	<b>Current Status</b>	<b>Desired Position</b>	<b>Target</b>	<b><u>Bond Covenants</u></b>	<b><u>FY 2019</u> Jul 18 to Mar 2019</b>	<b><u>FY 2018</u> Jul 17 to June 2018</b>	<b><u>FY 2017</u> Jul 16 to June 2017</b>	<b><u>FY 2016</u> Jul 15 to June 16</b>	<b><u>FY 2015</u> Jul 14 to June 15</b>	<b><u>FY 2014</u> Jul 13 to June 14</b>	<b><u>FY 2013</u> Jul 12 to June 13</b>
<b>Return On Equity:</b> <u>Increase (Decrease) in Net Position</u> Net Position		↑	3.7%		9.8%	5.1%	14.4%	10.9%	2.19%	.001%	-4.0%
<b>EPIC Days in Accounts Receivable (excludes SNF)</b> <u>Gross Accounts Receivable</u> 90 Days		↓	FYE 63 Days		84	68	55	57	60	75	97
<u>Gross Accounts Receivable</u> 365 Days					92	73	55	55	62	75	93
<b>Days Cash on Hand Excludes Restricted:</b> <u>Cash + Short-Term Investments</u> (Total Expenses - Depreciation Expense)/ by 365	 	↑	Budget FYE 146 Days  Budget 3rd Qtr 142 Days  Projected 3rd Qtr 151 Days	60 Days  A- 214 Days  BBB- 129 Days	161	176	191	201	156	164	148
<b>EPIC Accounts Receivable over 120 days (excludes payment plan, legal and charitable balances)</b>		↓	13%		36%	22%	17%	19%	18%	22%	29%
<b>EPIC Accounts Receivable over 120 days (includes payment plan, legal and charitable balances)</b>		↓	18%		44%	25%	18%	24%	23%	25%	34%
<b>Cash Receipts Per Day (based on 60 day lag on Patient Net Revenue)</b>	 	↑	FYE Budget \$431,753  End 3rd Qtr Budget \$432,570  End 3rd Qtr Actual \$463,512		\$452,737	\$333,963	\$348,962	\$313,153	\$290,776	\$286,394	\$255,901
<b>Debt Service Coverage:</b> Excess Revenue over Exp + <u>Interest Exp + Depreciation</u> Debt Principal Payments + Interest Expense		↑	Without GO Bond 7.42 With GO Bond 1.65	1.95	18.12  3.64	9.27  2.07	6.64  3.54	6.19  2.77	3.28  1.59	2.18  1.29	.66  .89

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION  
MARCH 2019

CURRENT MONTH				YEAR TO DATE				PRIOR YTD MAR 2018
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%	
<b>OPERATING REVENUE</b>				<b>OPERATING REVENUE</b>				
\$ 30,764,932	\$ 25,463,394	\$ 5,301,538	20.8%	\$ 262,381,018	\$ 225,102,063	\$ 37,278,955	16.6%	1 \$ 197,248,742
Total Gross Revenue				Total Gross Revenue				
Gross Revenues - Inpatient				Gross Revenues - Inpatient				
\$ 3,369,855	\$ 2,401,609	\$ 968,246	40.3%	\$ 26,441,138	\$ 22,324,874	\$ 4,116,263	18.4%	\$ 20,203,971
4,809,347	4,249,154	560,193	13.2%	43,447,131	38,374,633	5,072,498	13.2%	32,985,720
8,179,202	6,650,763	1,528,439	23.0%	69,888,268	60,699,507	9,188,761	15.1%	53,189,691
Total Gross Revenue - Inpatient				Total Gross Revenue - Inpatient				
22,585,730	18,812,631	3,773,099	20.1%	192,492,750	164,402,556	28,090,194	17.1%	144,059,051
22,585,730	18,812,631	3,773,099	20.1%	192,492,750	164,402,556	28,090,194	17.1%	144,059,051
Total Gross Revenue - Outpatient				Total Gross Revenue - Outpatient				
Deductions from Revenue:				Deductions from Revenue:				
13,194,191	10,706,870	(2,487,321)	-23.2%	116,867,315	94,330,719	(22,536,596)	-23.9%	2 84,564,503
-	-	-	0.0%	1,200,000	-	(1,200,000)	0.0%	2
1,257,109	792,648	(464,461)	-58.6%	9,046,326	7,096,868	(1,949,458)	-27.5%	2 6,231,100
-	-	-	0.0%	-	-	-	0.0%	2 258,788
327,964	291,683	(36,281)	-12.4%	2,918,581	2,693,563	(225,018)	-8.4%	2 1,557,778
14,037	-	(14,037)	0.0%	(1,944,724)	-	1,944,724	0.0%	2 (4,791,938)
14,793,302	11,791,201	(3,002,101)	-25.5%	128,087,498	104,121,150	(23,966,348)	-23.0%	87,820,232
87,196	88,568	1,372	1.5%	816,984	789,080	27,904	3.5%	605,614
921,127	796,494	124,633	15.6%	7,948,359	6,929,255	1,019,104	14.7%	3 6,410,942
16,979,954	14,557,255	2,422,699	16.6%	143,058,863	128,699,247	14,359,615	11.2%	116,445,067
<b>TOTAL OPERATING REVENUE</b>				<b>TOTAL OPERATING REVENUE</b>				
<b>OPERATING EXPENSES</b>				<b>OPERATING EXPENSES</b>				
5,386,572	5,184,023	(202,549)	-3.9%	44,351,341	46,059,665	1,708,323	3.7%	4 40,390,574
1,637,624	1,499,587	(138,037)	-9.2%	14,215,879	13,655,411	(560,468)	-4.1%	4 13,690,686
70,307	55,820	(14,486)	-26.0%	554,441	502,384	(52,057)	-10.4%	4 482,940
844,916	598,402	(246,514)	-41.2%	7,949,184	5,385,614	(2,563,570)	-47.6%	4 5,232,467
2,268,438	2,095,863	(172,575)	-8.2%	18,244,128	18,110,350	(133,778)	-0.7%	5 15,502,748
180,801	149,298	(31,503)	-21.1%	1,640,837	1,764,185	123,348	7.0%	5 2,060,252
2,032,795	2,012,819	(19,976)	-1.0%	18,807,645	17,714,136	(1,093,509)	-6.2%	6 15,992,923
1,486,568	1,247,787	(238,781)	-19.1%	12,094,894	12,064,140	(30,754)	-0.3%	7 10,784,249
721,723	769,475	47,752	6.2%	6,364,799	6,682,445	317,646	4.8%	8 6,219,722
14,629,743	13,613,074	(1,016,669)	-7.5%	124,223,147	121,938,330	(2,284,818)	-1.9%	110,356,562
<b>2,350,210</b>	<b>944,180</b>	<b>1,406,030</b>	<b>148.9%</b>	<b>18,835,715</b>	<b>6,760,918</b>	<b>12,074,797</b>	<b>178.6%</b>	<b>6,088,505</b>
<b>NET OPERATING REVENUE (EXPENSE) EBIDA</b>				<b>NET OPERATING REVENUE (EXPENSE) EBIDA</b>				
<b>NON-OPERATING REVENUE/(EXPENSE)</b>				<b>NON-OPERATING REVENUE/(EXPENSE)</b>				
555,763	554,391	1,372	0.2%	5,011,399	4,997,544	13,855	0.3%	9 5,188,045
374,886	374,886	0	0.0%	3,373,972	3,373,972	0	0.0%	2,983,850
183,584	131,890	51,694	39.2%	1,271,508	1,156,868	114,640	9.9%	10 668,708
-	-	-	0.0%	-	-	-	0.0%	-
-	93,711	(93,711)	-100.0%	679,135	802,900	(123,765)	-15.4%	11 160,922
-	-	-	0.0%	-	-	-	0.0%	12 -
(538,384)	-	(538,384)	0.0%	(538,384)	-	(538,384)	0.0%	12 -
-	-	-	0.0%	5,850	-	5,850	0.0%	13 9,494
-	-	-	0.0%	-	-	-	0.0%	14 -
(1,268,311)	(1,059,977)	(208,334)	-19.7%	(10,007,225)	(9,539,793)	(467,432)	-4.9%	15 (8,869,988)
(103,923)	(87,091)	(16,832)	-19.3%	(912,074)	(783,818)	(128,256)	-16.4%	16 (853,962)
(330,061)	(323,929)	(6,132)	-1.9%	(2,961,112)	(2,867,818)	(93,294)	-3.3%	(2,948,427)
(1,126,446)	(316,119)	(810,328)	-256.3%	(4,076,932)	(2,860,145)	(1,216,787)	-42.5%	(3,661,358)
<b>\$ 1,223,764</b>	<b>\$ 628,062</b>	<b>\$ 595,702</b>	<b>94.8%</b>	<b>\$ 14,758,784</b>	<b>\$ 3,900,773</b>	<b>\$ 10,858,010</b>	<b>278.4%</b>	<b>\$ 2,427,147</b>
<b>INCREASE (DECREASE) IN NET POSITION</b>				<b>INCREASE (DECREASE) IN NET POSITION</b>				
<b>NET POSITION - BEGINNING OF YEAR</b>				<b>NET POSITION - BEGINNING OF YEAR</b>				
<b>NET POSITION - AS OF MARCH 31, 2019</b>				<b>NET POSITION - AS OF MARCH 31, 2019</b>				
<b>7.6%</b>	<b>3.7%</b>	<b>3.9%</b>	<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>7.2%</b>	<b>3.0%</b>	<b>4.2%</b>	<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>3.1%</b>







**TAHOE FOREST HOSPITAL DISTRICT**  
**NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION**  
**MARCH 2019**

		<b>Variance from Budget</b>	
		<b>Fav / &lt;Unfav&gt;</b>	
		<b>MAR 2019</b>	<b>YTD 2019</b>
<b>1) Gross Revenues</b>			
Acute Patient Days were above budget 18.96% or 81 days. Swing Bed days were above budget 12.50% or 4 days. Inpatient Ancillary revenues were above budget by 13.2% due to the higher acuity levels in our patient population.	Gross Revenue -- Inpatient	\$ 1,528,439	\$ 9,188,761
	Gross Revenue -- Outpatient	3,773,099	28,090,194
	Gross Revenue -- Total	\$ 5,301,538	\$ 37,278,955
Outpatient volumes were above budget in the following departments: Emergency Department visits, Home Health visits, Medical Supplies Sold to Patients, Laboratory tests, Cardiac Rehab, Diagnostic Imaging, Mammography, Oncology procedures, Radiation Oncology procedures, MRI, Briner Ultrasound, Cat Scans, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Respiratory Therapy, Gastroenterology, Tahoe City Physical and Occupational Therapy, and Outpatient Physical Therapy.			
<b>2) Total Deductions from Revenue</b>			
The payor mix for March shows a .06% decrease to Medicare, a .20% increase to Medi-Cal, .91% decrease to Other, County at budget, and a .77% increase to Commercial when compared to budget. Contractual Allowances were over budget as a result of revenues exceeding budget by 20.8% and reserves on aging accounts receivable.	Contractual Allowances	\$ (2,487,321)	\$ (22,536,596)
	Managed Care Reserve	-	\$ (1,200,000)
	Charity Care	(464,461)	(1,949,458)
	Charity Care - Catastrophic	-	-
	Bad Debt	(36,281)	(225,018)
	Prior Period Settlements	(14,037)	1,944,724
	Total	\$ (3,002,101)	\$ (23,966,348)
<b>3) Other Operating Revenue</b>			
Retail Pharmacy revenues exceeded budget by 29.84%.	Retail Pharmacy	65,283	359,382
	Hospice Thrift Stores	(14,541)	111,472
	The Center (non-therapy)	(10,103)	(6,887)
Kings Beach Thrift Store is closed for renovations at its new location, creating a negative variance in Hospice Thrift Store revenues.	IVCH ER Physician Guarantee	16,112	143,606
	Children's Center	(1,432)	52,317
	Miscellaneous	\$ 69,314	\$ 350,214
The Center (non-therapy) revenues fell short in Occupational Health testing, Fitness classes, and Gym memberships.	Oncology Drug Replacement	-	-
	Grants	-	9,000
	Total	\$ 124,633	\$ 1,019,104
IVCH ER Physician Guarantee is tied to collections which exceeded budget in March.			
Rebates & Refunds and Community Wellness revenues exceeded budget, creating a positive variance in Miscellaneous.			
<b>4) Salaries and Wages</b>	Total	\$ (202,549)	\$ 1,708,323
<b>Employee Benefits</b>	PL/SL	\$ (87,623)	\$ (118,249)
	Nonproductive	40,608	(470,215)
	Pension/Deferred Comp	(84,827)	103,111
	Standby	(2,100)	(73,530)
	Other	(4,095)	(1,585)
	Total	\$ (138,037)	\$ (560,468)
<b>Employee Benefits - Workers Compensation</b>	Total	\$ (14,486)	\$ (52,057)
<b>Employee Benefits - Medical Insurance</b>	Total	\$ (246,514)	\$ (2,563,570)
The District's health insurance plan is self-funded. We are witnessing an increased amount of claims being processed by our Third Party Administrator.			
<b>5) Professional Fees</b>			
Outpatient Physical Therapy and Physical Therapy Aquatic revenues exceeded budget, creating a negative variance in The Center (includes OP Therapy).	The Center (includes OP Therapy)	\$ (42,637)	\$ (223,837)
	TFH/IVCH Therapy Services	14,232	(187,721)
	Home Health/Hospice	(11,395)	(126,347)
Negative variance in Home Health/Hospice related to outsourced Therapist fees.	Financial Administration	4,125	(16,014)
	Human Resources	(5,424)	(3,789)
	Information Technology	(11,926)	(2,092)
Locums coverage for Neurology and ENT along with physician productivity bonuses created a negative variance in Multi-Specialty Clinics.	Patient Accounting/Admitting	-	-
	Respiratory Therapy	-	-
	IVCH ER Physicians	4,758	1,550
	Sleep Clinic	2,680	3,747
Anesthesia Physician Guarantee, Diagnostic Imaging reads, and consulting services provided to Accounting for the Budgeting and Cost Accounting/Decision Support software implementations created a negative variance in Miscellaneous.	Administration	7,302	5,601
	Multi-Specialty Clinics Administration	(3,884)	7,745
	Marketing	2,167	15,108
	Corporate Compliance	6,945	26,620
	Medical Staff Services	3,908	27,657
	Multi-Specialty Clinics	(156,616)	57,595
	Managed Care	(390)	66,732
	Oncology	13,518	72,121
	Miscellaneous	(92,717)	95,727
	TFH Locums	61,276	169,167
	Total	\$ (204,078)	\$ (10,430)

**TAHOE FOREST HOSPITAL DISTRICT**  
**NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION**  
**MARCH 2019**

		<b>Variance from Budget</b>	
		<b>Fav / &lt;Unfav&gt;</b>	
		<b>MAR 2019</b>	<b>YTD 2019</b>
<b>6) <u>Supplies</u></b>			
Medical Supplies Sold to Patients revenues exceeded budget by 51.04%, creating a negative variance in Patient & Other Medical Supplies.	Patient & Other Medical Supplies	\$ (23,897)	\$ (689,874)
	Pharmacy Supplies	(22,349)	(283,492)
	Minor Equipment	13,819	(119,526)
	Food	426	(60,606)
Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues exceeded budget, creating negative variance in Pharmacy Supplies.	Other Non-Medical Supplies	(719)	(10,088)
	Imaging Film	59	478
	Office Supplies	12,684	69,599
	<b>Total</b>	<b>\$ (19,976)</b>	<b>\$ (1,093,509)</b>
<b>7) <u>Purchased Services</u></b>			
Outsourced lab testing created a negative variance in Laboratory.	Laboratory	\$ (33,835)	\$ (122,078)
	Multi-Specialty Clinics	(17,770)	(73,308)
	Miscellaneous	(150,780)	(65,435)
Marketing campaigns provided for the Orthopedics Clinic created a negative variance in Multi-Specialty Clinics.	Home Health/Hospice	(1,321)	(41,475)
	Pharmacy IP	(5,078)	(40,279)
	Medical Records	5,190	(9,042)
Negative variance in Miscellaneous due to snow removal.	Community Development	(336)	(1,023)
	Diagnostic Imaging Services - All	5,703	3,406
Outsourced billing and collection services created a negative variance in Patient Accounting.	Information Technology	1,079	5,120
	Department Repairs	3,631	39,704
	The Center	6,759	41,591
	Human Resources	(1,244)	111,690
	Patient Accounting	(50,780)	120,377
	<b>Total</b>	<b>\$ (238,781)</b>	<b>\$ (30,754)</b>
<b>8) <u>Other Expenses</u></b>			
Oxygen rental created a negative variance in Equipment Rent.	Equipment Rent	\$ (14,445)	\$ (61,699)
	Outside Training & Travel	(16,653)	(52,734)
	Other Building Rent	(8,374)	(40,260)
Negative variance in Outside Training & Travel related to Locums and Interim Directors in Patient Financial Services and Medical Records.	Multi-Specialty Clinics Equip Rent	(5,781)	(5,742)
	Insurance	(916)	2,160
Additional space needs to support growth is creating a negative variance in Other Building Rent.	Multi-Specialty Clinics Bldg Rent	10,373	3,411
	Physician Services	1,344	9,300
	Dues and Subscriptions	9,459	31,543
	Miscellaneous	5,884	57,628
Controllable expenses continue to be monitored by Senior Leadership. This is creating positive variances in most of the remaining Other Expense categories.	Human Resources Recruitment	18,750	94,610
	Marketing	39,786	126,220
	Utilities	8,326	153,211
	<b>Total</b>	<b>\$ 47,752</b>	<b>\$ 317,646</b>
<b>9) <u>District and County Taxes</u></b>	Total	<b>\$ 1,372</b>	<b>\$ 13,855</b>
<b>10) <u>Interest Income</u></b>	Total	<b>\$ 51,694</b>	<b>\$ 114,640</b>
<b>11) <u>Donations</u></b>			
	IVCH	\$ (43,711)	\$ (336,230)
	Operational	(50,000)	212,465
	Capital Campaign		
	<b>Total</b>	<b>\$ (93,711)</b>	<b>\$ (123,765)</b>
<b>12) <u>Gain/(Loss) on Joint Investment</u></b>	Total	<b>\$ -</b>	<b>\$ -</b>
<b>13) <u>Gain/(Loss) on Sale or Disposal of Assets</u></b>	Total	<b>\$ (538,384)</b>	<b>\$ (532,534)</b>
Removal of the net value of the Curves Building due to demolition created a negative variance in this category.			
<b>15) <u>Depreciation Expense</u></b>	Total	<b>\$ (208,334)</b>	<b>\$ (467,432)</b>
A true-up of depreciaton for the first nine months of the fiscal year created a negative variance in Depreciation Expense.			
<b>16) <u>Interest Expense</u></b>	Total	<b>\$ (16,832)</b>	<b>\$ (128,256)</b>
The addition of the new, unbudgeted Municipal Lease is creating a negative variance in Interest Expense.			

**TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION  
KEY FINANCIAL INDICATORS  
MARCH 2019**

	<b>Current Status</b>	<b>Desired Position</b>	<b>Target</b>	<b>FY 2019 Jul 18 to Mar 19</b>	<b>FY 2018 Jul 17 to June 18</b>	<b>FY 2017 Jul 16 to June 17</b>	<b>FY 2016 Jul 15 to June 16</b>	<b>FY 2015 Jul 14 to June 15</b>	<b>FY 2014 Jul 13 to June 14</b>	<b>FY 2013 Jul 12 to June 13</b>
<b>Total Margin:</b> <u>Increase (Decrease) In Net Position</u> Total Gross Revenue		↑	FYE 1.8% 3rd Qtr 1.7%	5.6%	2.6%	7.4%	5.5%	1.0%	.01%	-2.2%
<b>Charity Care:</b> <u>Charity Care Expense</u> Gross Patient Revenue		↓	FYE 3.1% 3rd Qtr 3.2%	3.4%	3.3%	3.1%	3.4%	3.1%	3.2%	3.2%
<b>Bad Debt Expense:</b> <u>Bad Debt Expense</u> Gross Patient Revenue		↓	FYE .1% 3rd Qtr 1.2%	1.1%	.1%	-0%	-.2%	1.6%	1.6%	4.6%
<b>Incline Village Community Hospital:</b> EBIDA: Earnings before interest, Depreciation, amortization <u>Net Operating Revenue &lt;Expense&gt;</u> Gross Revenue		↑	FYE 8.3% 3rd Qtr 8.9%	12.5%	4.8%	7.9%	11.3%	9.1%	4.9%	11.5%
<b>Operating Expense Variance to Budget (Under&lt;Over&gt;)</b>		↑	-0-	\$(2,284,818)	\$1,061,378	\$(9,700,270)	\$(7,548,217)	\$(6,371,653)	\$2,129,279	\$(1,498,683)
<b>EBIDA:</b> Earnings before interest, Depreciation, amortization <u>Net Operating Revenue &lt;Expense&gt;</u> Gross Revenue		↑	FYE 2.7% 3rd Qtr 3.0%	7.2%	4.5%	7.9%	7.3%	3.5%	2.0%	.9%



INCLINE VILLAGE COMMUNITY HOSPITAL  
STATEMENT OF REVENUE AND EXPENSE  
MARCH 2019

CURRENT MONTH				YEAR TO DATE				PRIOR YTD MAR 18	
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%		
				<b>OPERATING REVENUE</b>					
\$ 1,943,604	\$ 1,777,833	\$ 165,772	9.3%	Total Gross Revenue	\$ 18,150,664	\$ 17,066,652	\$ 1,084,012	6.4% 1	\$ 13,892,597
				<b>Gross Revenues - Inpatient</b>					
\$ -	\$ 4,223	\$ (4,223)	-100.0%	Daily Hospital Service	\$ 73,173	\$ 72,447	\$ 726	1.0%	\$ 101,764
-	1,499	(1,499)	-100.0%	Ancillary Service - Inpatient	57,966	65,123	(7,157)	-11.0%	99,198
-	5,722	(5,722)	-100.0%	Total Gross Revenue - Inpatient	131,139	137,570	(6,432)	-4.7%	200,962
1,943,604	1,772,110	171,494	9.7%	Gross Revenue - Outpatient	18,019,526	16,929,082	1,090,444	6.4%	13,691,634
1,943,604	1,772,110	171,494	9.7%	Total Gross Revenue - Outpatient	18,019,526	16,929,082	1,090,444	6.4%	13,691,634
				<b>Deductions from Revenue:</b>					
747,935	692,064	(55,871)	-8.1%	Contractual Allowances	7,104,378	6,686,927	(417,451)	-6.2%	5,792,714
123,553	58,396	(65,157)	-111.6%	Charity Care	784,477	647,771	(136,706)	-21.1%	485,506
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	41,996
47,989	54,828	6,838	12.5%	Bad Debt	592,335	613,209	20,874	3.4%	414,348
-	-	-	0.0%	Prior Period Settlements	74,873	-	(74,873)	0.0%	(106,438)
919,477	805,287	(114,190)	-14.2%	Total Deductions from Revenue	8,556,063	7,947,907	(608,156)	-7.7%	6,628,126
117,968	101,647	16,321	16.1%	Other Operating Revenue	867,263	723,509	143,754	19.9%	915,537
1,142,095	1,074,193	67,902	6.3%	<b>TOTAL OPERATING REVENUE</b>	10,461,864	9,842,254	619,610	6.3%	8,180,008
				<b>OPERATING EXPENSES</b>					
305,691	301,516	(4,175)	-1.4%	Salaries and Wages	2,727,778	2,998,636	270,858	9.0%	2,607,521
107,474	92,919	(14,555)	-15.7%	Benefits	949,297	857,635	(91,662)	-10.7%	858,234
3,052	4,912	1,860	37.9%	Benefits Workers Compensation	33,359	44,211	10,852	24.5%	22,047
45,764	35,246	(10,517)	-29.8%	Benefits Medical Insurance	464,210	317,216	(146,994)	-46.3%	325,707
269,281	295,648	26,367	8.9%	Medical Professional Fees	2,424,402	2,464,661	40,259	1.6%	2,048,520
2,104	2,104	0	0.0%	Other Professional Fees	19,161	18,938	(223)	-1.2%	20,692
71,693	74,028	2,335	3.2%	Supplies	478,673	646,020	167,347	25.9%	395,772
56,217	47,762	(8,455)	-17.7%	Purchased Services	448,627	411,589	(37,038)	-9.0%	354,155
63,651	68,491	4,839	7.1%	Other	643,167	600,976	(42,192)	-7.0%	497,778
924,927	922,626	(2,301)	-0.2%	<b>TOTAL OPERATING EXPENSE</b>	8,188,675	8,359,881	171,206	2.0%	7,130,426
<b>217,168</b>	<b>151,567</b>	<b>65,601</b>	<b>43.3%</b>	<b>NET OPERATING REV(EXP) EBIDA</b>	<b>2,273,189</b>	<b>1,482,373</b>	<b>790,816</b>	<b>53.3%</b>	<b>1,049,582</b>
				<b>NON-OPERATING REVENUE/(EXPENSE)</b>					
-	43,711	(43,711)	-100.0%	Donations-IVCH	16,670	352,900	(336,230)	-95.3%	22,361
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10
(57,466)	(59,302)	1,836	-3.1%	Depreciation	(533,211)	(533,719)	508	0.1%	(533,970)
(57,466)	(15,591)	(41,875)	-268.6%	<b>TOTAL NON-OPERATING REVENUE/(EXP)</b>	(516,541)	(180,819)	(335,722)	-185.7%	(511,608)
<b>\$ 159,703</b>	<b>\$ 135,976</b>	<b>\$ 23,727</b>	<b>17.4%</b>	<b>EXCESS REVENUE(EXPENSE)</b>	<b>\$ 1,756,648</b>	<b>\$ 1,301,554</b>	<b>\$ 455,094</b>	<b>35.0%</b>	<b>\$ 537,973</b>
<b>11.2%</b>	<b>8.5%</b>	<b>2.6%</b>		<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>12.5%</b>	<b>8.7%</b>	<b>3.8%</b>		<b>7.6%</b>

**INCLINE VILLAGE COMMUNITY HOSPITAL  
NOTES TO STATEMENT OF REVENUE AND EXPENSE  
MARCH 2019**

		<u>Variance from Budget</u>	
		<u>Fav&lt;Unfav&gt;</u>	
		<u>MAR 2019</u>	<u>YTD 2019</u>
<b>1) <u>Gross Revenues</u></b>			
Acute Patient Days were at budget at 0 and Observation Days were 2 below budget at 0.	Gross Revenue -- Inpatient	\$ (5,722)	\$ (6,432)
	Gross Revenue -- Outpatient	171,494	1,090,444
Outpatient volumes exceeded budget in Emergency Department visits, Medical Supplies Sold to Patients, EKGs, Diagnostic Imaging, Cat Scans, Drugs Sold to Patients, and Respiratory Therapy.			
<b>2) <u>Total Deductions from Revenue</u></b>			
We saw a shift in our payor mix with a 9.22% increase in Commercial Insurance, a 10.14% decrease in Medicare, a .08% decrease in Medicaid, a 1.0% increase in Other, and County was at budget. We saw a negative variance in Contractual Allowances as revenues exceeded budget by 9.3% and additional reserves on aging accounts receivable.	Contractual Allowances	\$ (55,871)	\$ (417,451)
	Charity Care	(65,157)	(136,706)
	Charity Care-Catastrophic Event	6,838	20,874
	Bad Debt		(74,873)
	Prior Period Settlement		(74,873)
	Total	<u>\$ (114,190)</u>	<u>\$ (608,156)</u>
<b>3) <u>Other Operating Revenue</u></b>			
IVCH ER Physician Guarantee is tied to collections which exceeded budget in March.	IVCH ER Physician Guarantee	\$ 16,112	\$ 143,606
	Miscellaneous	209	148
	Total	<u>\$ 16,321</u>	<u>\$ 143,754</u>
<b>4) <u>Salaries and Wages</u></b>			
	Total	<u>\$ (4,175)</u>	<u>\$ 270,858</u>
<b><u>Employee Benefits</u></b>			
	PL/SL	\$ (7,104)	\$ (64,428)
	Standby	(6,545)	(15,540)
	Other	(906)	1,110
	Nonproductive	-	(2,650)
	Pension/Deferred Comp	-	(10,154)
	Total	<u>\$ (14,555)</u>	<u>\$ (91,662)</u>
<b><u>Employee Benefits - Workers Compensation</u></b>			
	Total	<u>\$ 1,860</u>	<u>\$ 10,852</u>
<b><u>Employee Benefits - Medical Insurance</u></b>			
	Total	<u>\$ (10,517)</u>	<u>\$ (146,994)</u>
<b>5) <u>Professional Fees</u></b>			
Physical Therapy revenues were below budget by 2.0%, creating a positive variance in Therapy Services.	Therapy Services	\$ 6,796	\$ (85,043)
	Foundation	-	(223)
	Administration	-	-
	IVCH ER Physicians	4,758	1,550
	Miscellaneous	830	3,241
	Sleep Clinic	2,680	3,747
	Multi-Specialty Clinics	11,303	116,765
	Total	<u>\$ 26,367</u>	<u>\$ 40,036</u>
<b>6) <u>Supplies</u></b>			
Medical Supplies Sold to Patients revenues exceeded budget by 16.58%, creating a negative variance in Patient & Other Medical Supplies.	Minor Equipment	\$ (1,573)	\$ (8,416)
	Non-Medical Supplies	717	(5,362)
	Imaging Film	-	-
	Office Supplies	535	3,721
	Food	1,202	8,250
	Patient & Other Medical Supplies	(5,761)	70,469
	Pharmacy Supplies	7,215	98,684
	Total	<u>\$ 2,335</u>	<u>\$ 167,347</u>

**INCLINE VILLAGE COMMUNITY HOSPITAL  
NOTES TO STATEMENT OF REVENUE AND EXPENSE  
MARCH 2019**

		<u>Variance from Budget</u>	
		<u>Fav&lt;Unfav&gt;</u>	
		<u>MAR 2019</u>	<u>YTD 2019</u>
<b>7) <u>Purchased Services</u></b>			
Snow removal at the facility created a negative variance in Miscellaneous.	Multi-Specialty Clinics	\$ (1,708)	\$ (16,152)
Services provided for outsourced Laboratory testing created a negative variance in Laboratory.	Department Repairs	4,710	(13,475)
	EVS/Laundry	(1,706)	(7,391)
	Engineering/Plant/Communications	359	(3,434)
	Miscellaneous	(3,868)	(3,169)
	Laboratory	(8,283)	(768)
	Surgical Services	-	-
	Pharmacy	-	-
	Foundation	415	3,398
	Diagnostic Imaging Services - All	1,627	3,953
	<b>Total</b>	<u>\$ (8,455)</u>	<u>\$ (37,038)</u>
<b>8) <u>Other Expenses</u></b>			
Transfer of Laboratory labor costs for IVCH tests performed in the TFH Lab and Foundation Stewardship expenses created a negative variance in Miscellaneous.	Miscellaneous	\$ (3,008)	\$ (52,374)
	Outside Training & Travel	1,486	(16,362)
	Equipment Rent	2,828	(1,306)
	Insurance	(78)	(620)
	Other Building Rent	(273)	(546)
	Physician Services	-	-
	Multi-Specialty Clinics Bldg Rent	-	3,493
	Marketing	3,483	4,187
	Dues and Subscriptions	431	5,634
	Utilities	(30)	15,700
	<b>Total</b>	<u>\$ 4,839</u>	<u>\$ (42,192)</u>
<b>9) <u>Donations</u></b>			
Capital Campaign donations fell short of budget estimations, creating a negative variance in Donations.	<b>Total</b>	<u>\$ (43,711)</u>	<u>\$ (336,230)</u>
<b>10) <u>Gain/(Loss) on Sale</u></b>			
	<b>Total</b>	<u>\$ -</u>	<u>\$ -</u>
<b>11) <u>Depreciation Expense</u></b>			
	<b>Total</b>	<u>\$ 1,836</u>	<u>\$ 508</u>

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF CASH FLOWS

	AUDITED FYE 2018		BUDGET FYE 2019	PROJECTED FYE 2019	ACTUAL MAR 2019	PROJECTED MAR 2019	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	ACTUAL 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	\$ 9,897,289		\$ 8,876,838	\$ 20,978,679	\$ 2,350,210	\$ 944,180	\$ 1,406,030	\$ 7,158,158	\$ 5,194,676	\$ 6,480,381	\$ 2,145,464
Interest Income	667,478		1,232,724	1,298,484	-	-	-	231,207	334,416	357,861	375,000
Property Tax Revenue	6,938,847		6,965,000	7,035,195	-	-	-	442,497	91,633	4,001,065	2,500,000
Donations	1,449,325		800,000	639,746	107,211	50,000	57,211	-	101,348	323,398	215,000
Debt Service Payments	(2,078,463)		(3,058,371)	(4,521,185)	(344,735)	(353,249)	8,513	(1,012,051)	(885,417)	(906,773)	(1,716,945)
Property Purchase Agreement	-		-	(270,644)	(67,661)	(67,661)	-	-	-	(67,661)	(202,983)
2018 Municipal Lease	(103,515)		-	(1,148,646)	(143,111)	(143,111)	-	-	(289,982)	(429,333)	(429,332)
Copier	(11,482)		(11,520)	(24,168)	(1,059)	(5,380)	4,321	(2,714)	(2,633)	(2,680)	(16,140)
2017 VR Demand Bond	(319,664)		(1,401,687)	(1,436,754)	-	-	-	(598,045)	(181,510)	-	(657,199)
2015 Revenue Bond	(1,643,802)		(1,645,164)	(1,640,974)	(132,905)	(137,097)	4,192	(411,292)	(411,292)	(407,099)	(411,291)
Physician Recruitment	(160,536)		(187,500)	(165,863)	-	-	-	(145,863)	-	-	(20,000)
Investment in Capital											
Equipment	(2,766,680)		(2,911,369)	(2,911,369)	(29,122)	(100,000)	70,878	(936,378)	(630,052)	(103,652)	(1,241,287)
Municipal Lease Reimbursement	219,363		-	3,580,291	-	30,000	(30,000)	-	2,181,136	669,155	730,000
IT/EMR/Business Systems	(4,182,129)		(3,986,507)	(3,986,507)	(383,320)	(470,000)	86,680	(844,873)	(320,860)	(1,286,552)	(1,534,222)
Building Projects/Properties	(4,415,940)		(15,438,772)	(15,438,772)	(1,317,819)	(2,710,006)	1,392,187	(1,819,774)	(3,259,281)	(3,569,345)	(6,790,371)
Capital Investments	(475,000)		(452,000)	(916,898)	(421,681)	(422,000)	319	-	-	(916,898)	-
Change in Accounts Receivable	(6,540,593)	N1	3,103,131	889,595	1,223,471	579,903	643,567	(8,013,339)	(21,877)	2,428,518	6,496,294
Change in Settlement Accounts	6,898,578	N2	1,609,698	3,360,330	(2,241,442)	(2,560,065)	318,623	853,760	(1,592,487)	(1,425,097)	5,524,154
Change in Other Assets	(6,700,275)	N3	(2,812,500)	(1,866,028)	35,569	(185,000)	220,569	(1,651,139)	(931,178)	1,001,739	(285,450)
Change in Other Liabilities	(857,461)	N4	375,000	333,019	1,328,185	(250,000)	1,578,185	694,254	(1,008,230)	1,346,995	(700,000)
Change in Cash Balance	(2,106,197)		(5,884,628)	8,308,719	306,526	(5,446,237)	5,752,763	(5,043,542)	(746,172)	8,400,795	5,697,637
Beginning Unrestricted Cash	72,911,743		70,805,546	70,805,546	73,110,101	73,110,101	-	70,805,546	65,762,004	65,015,832	73,416,627
Ending Unrestricted Cash	70,805,546		64,920,918	79,114,265	73,416,627	67,663,864	5,752,763	65,762,004	65,015,832	73,416,627	79,114,265
Expense Per Day	414,300		448,115	457,597	456,698	447,106	9,592	432,620	454,586	456,698	457,597
Days Cash On Hand	171		145	173	161	151	9	152	143	161	173

Footnotes:

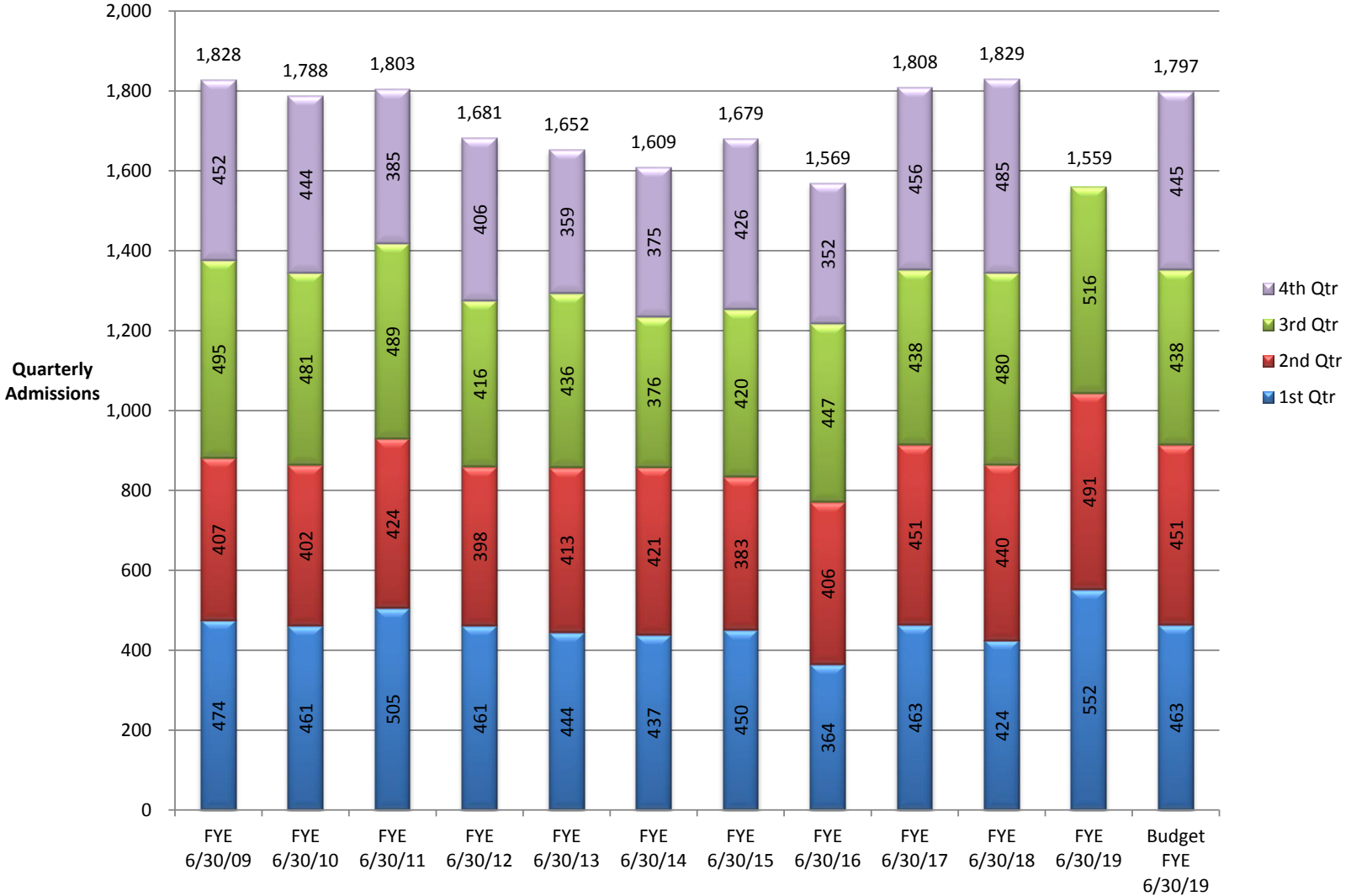
N1 - Change in Accounts Receivable reflects the 60 day delay in collections.

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

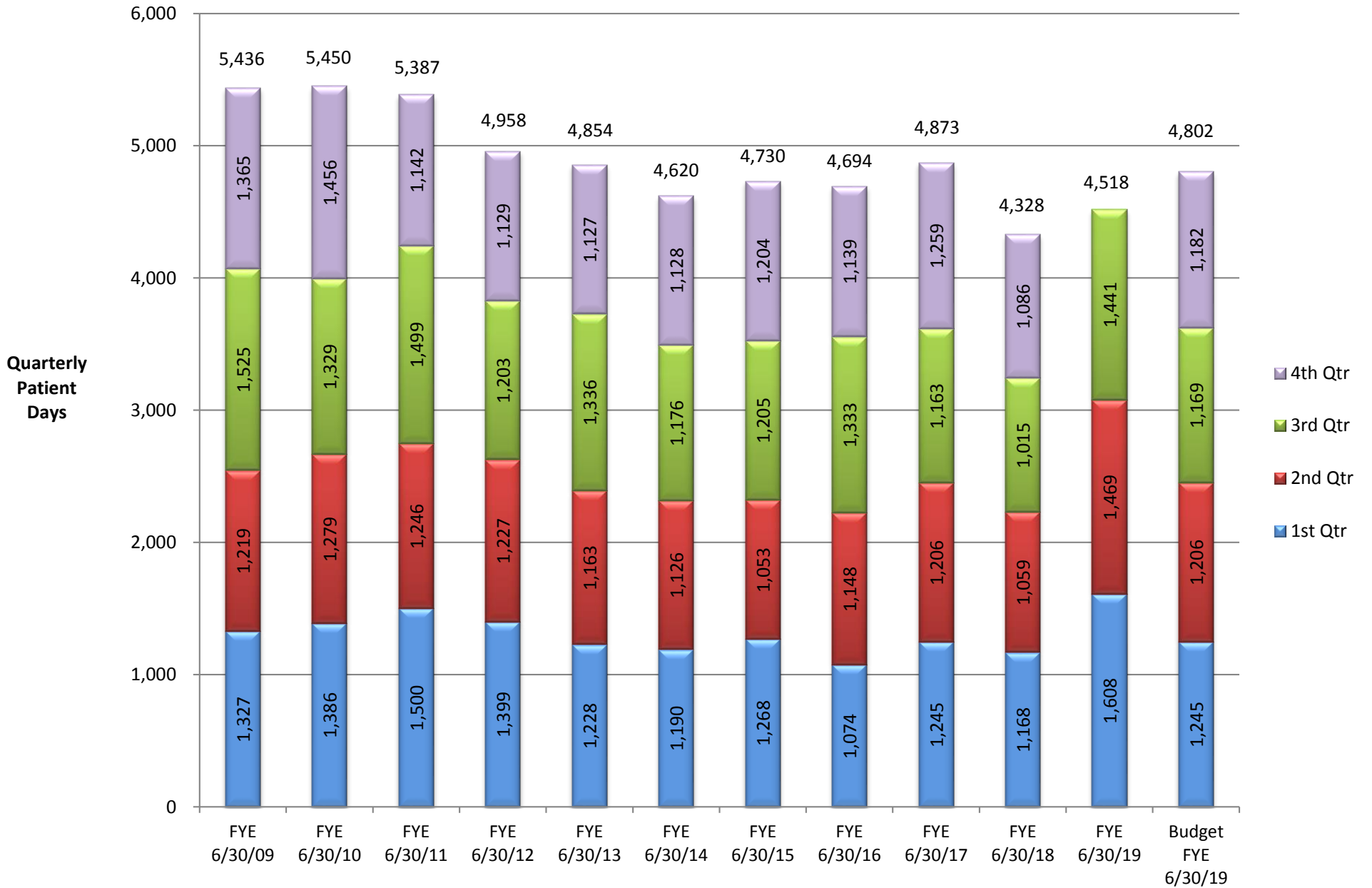
N3 - Change in Other Assets reflect fluctuations in asset accounts on the Balance Sheet that effect cash. For example, an increase in prepaid expense immediately effects cash but not EBIDA.

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.

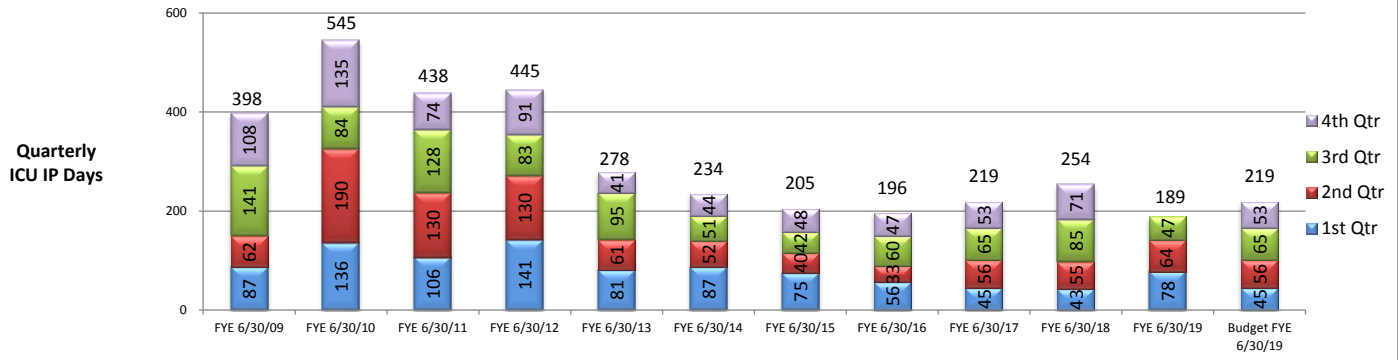
# TOTAL TFH ADMISSIONS



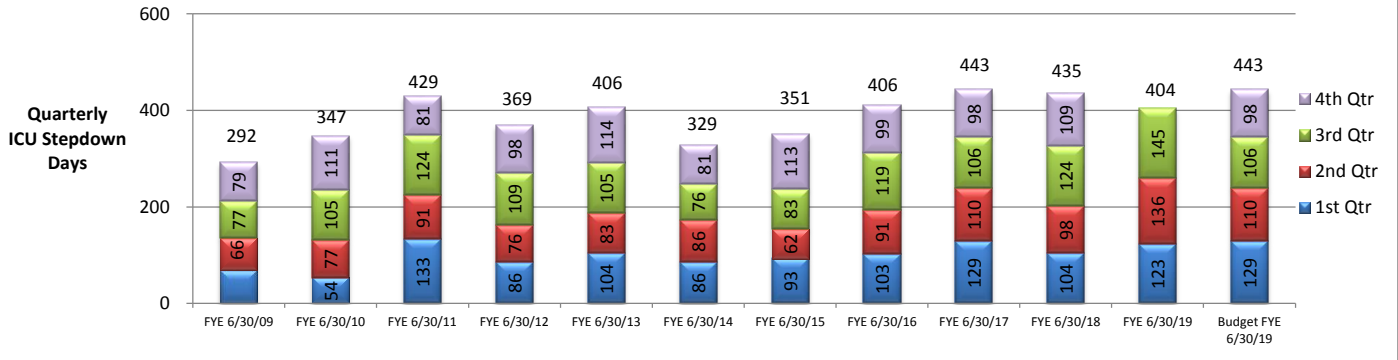
# TOTAL TFH PATIENT DAYS



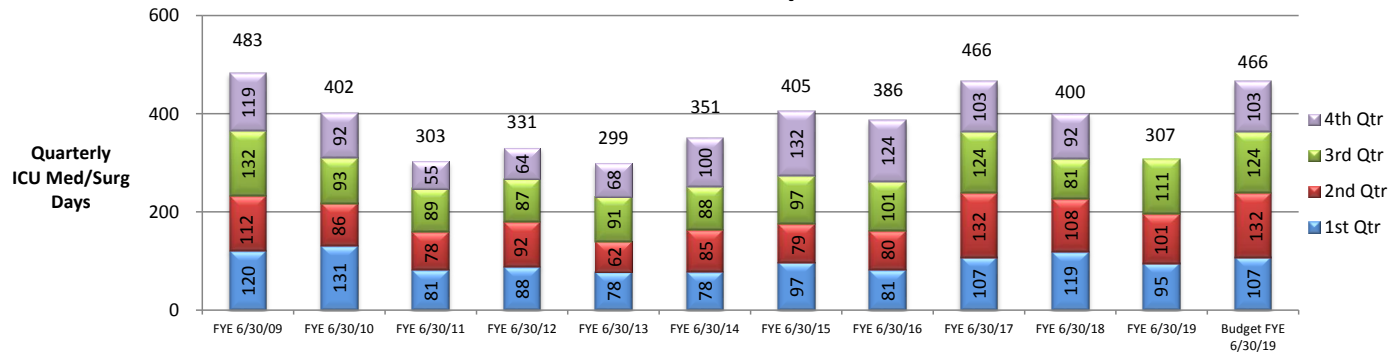
### TOTAL TFH ICU INPATIENT DAYS



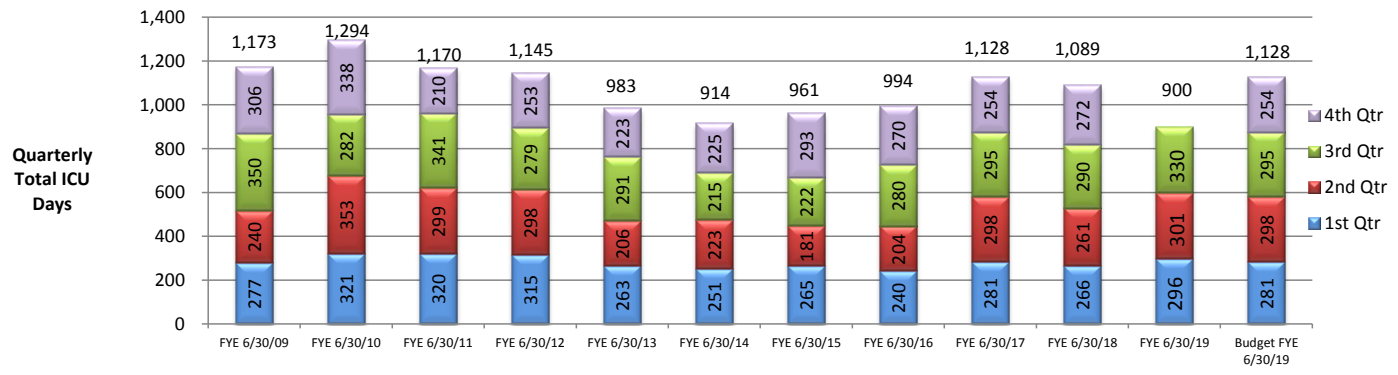
### TOTAL TFH ICU STEPDOWN DAYS



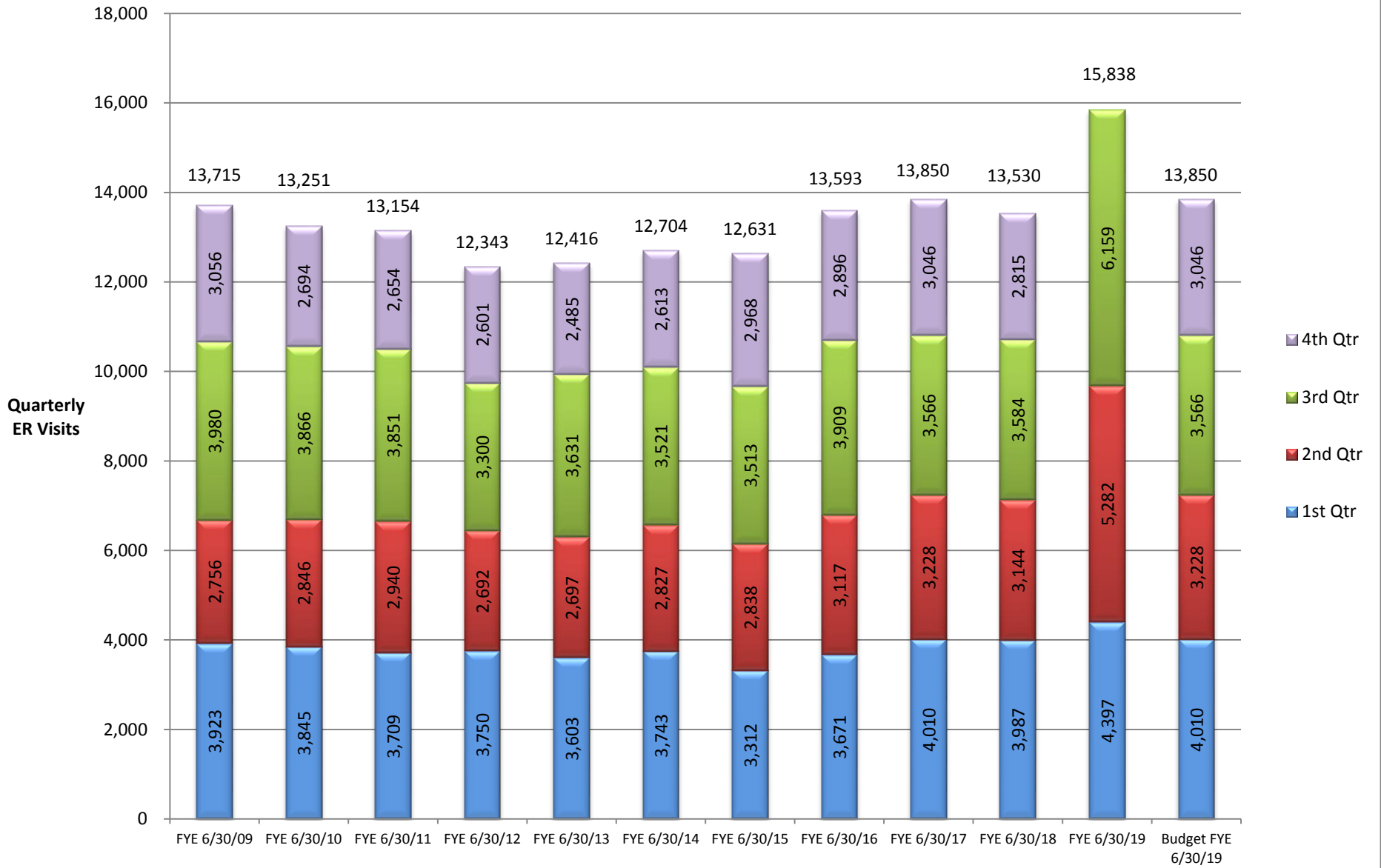
### TOTAL TFH ICU MED/SURG DAYS



### TOTAL TFH ICU DAYS

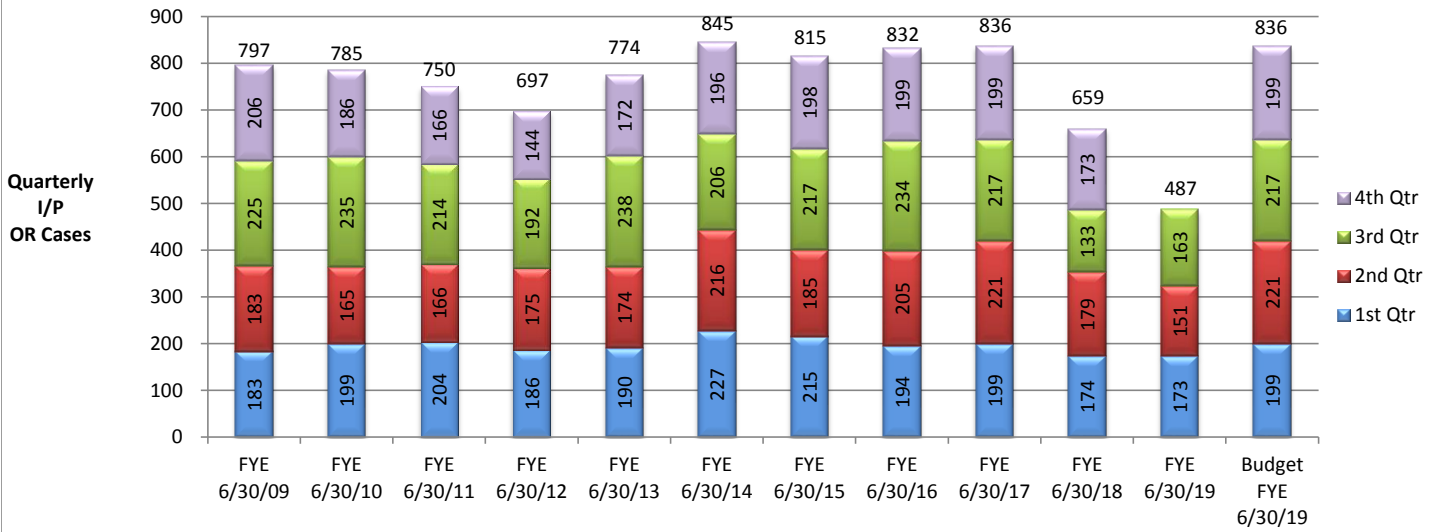


# TOTAL TFH ER VISITS

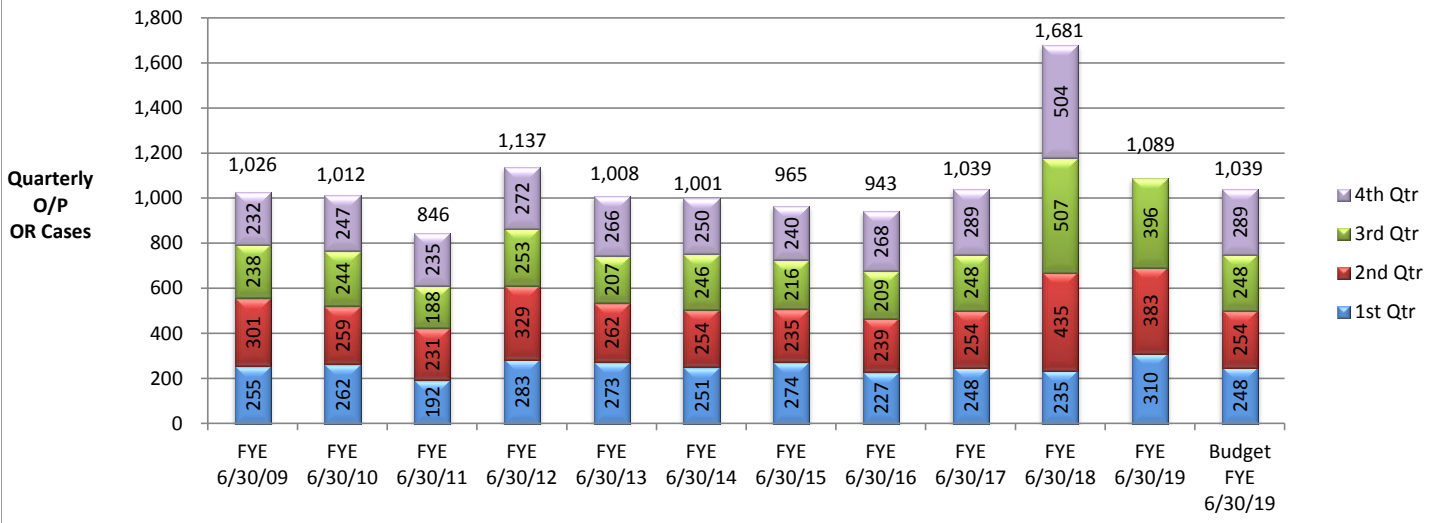




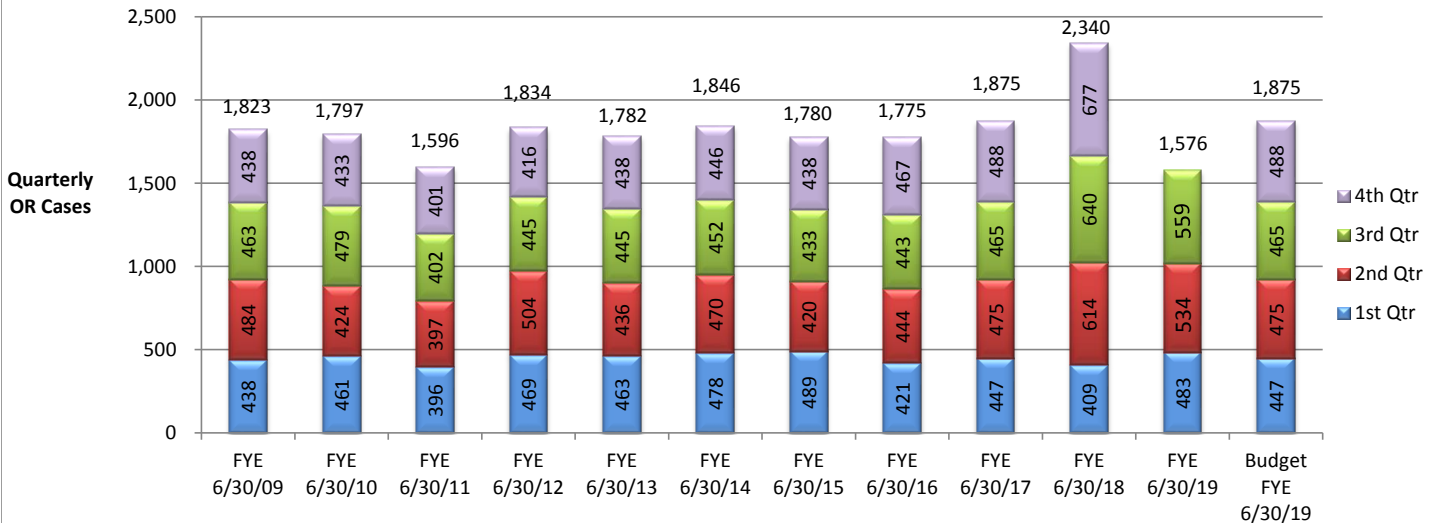
### TOTAL TFH INPATIENT OR CASES



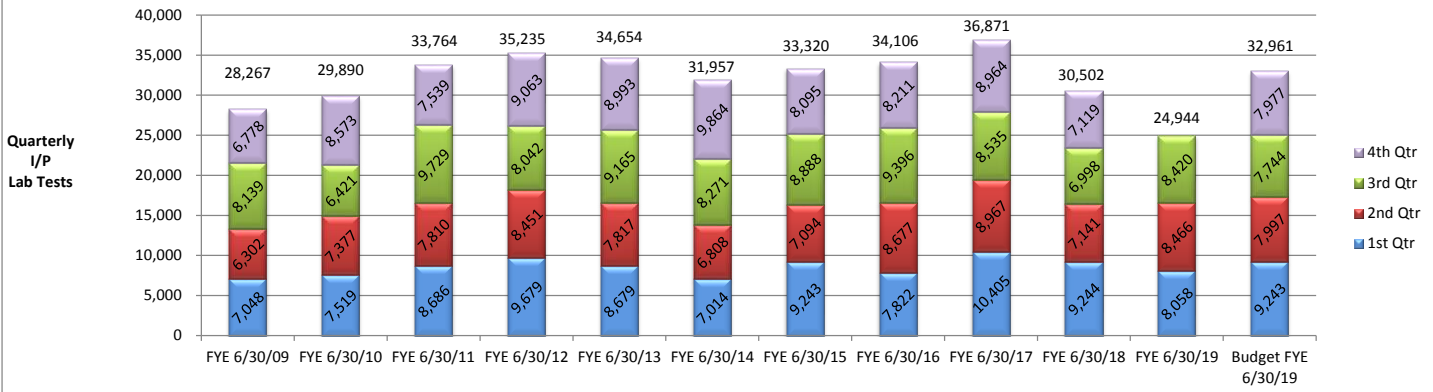
### TOTAL TFH OUTPATIENT OR CASES



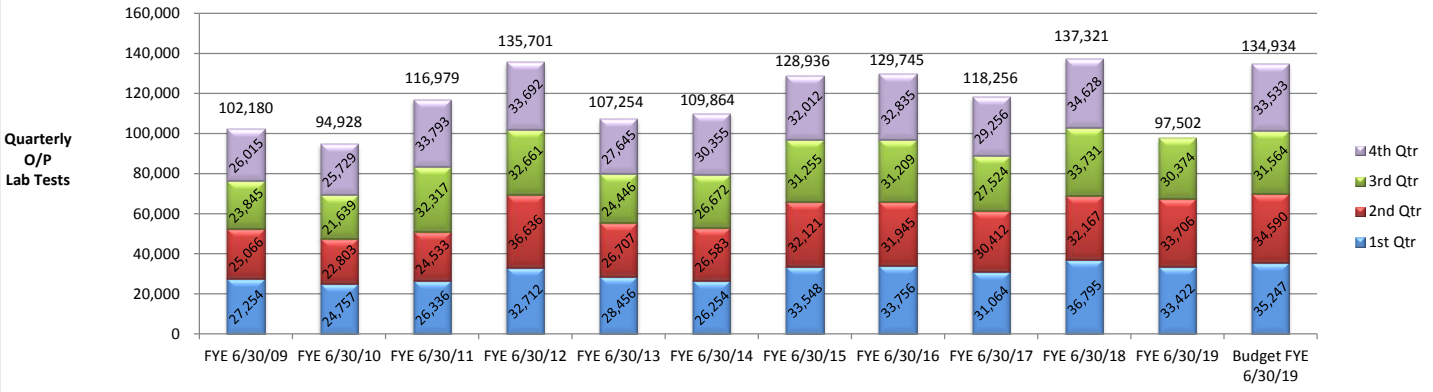
### TOTAL TFH OR CASES



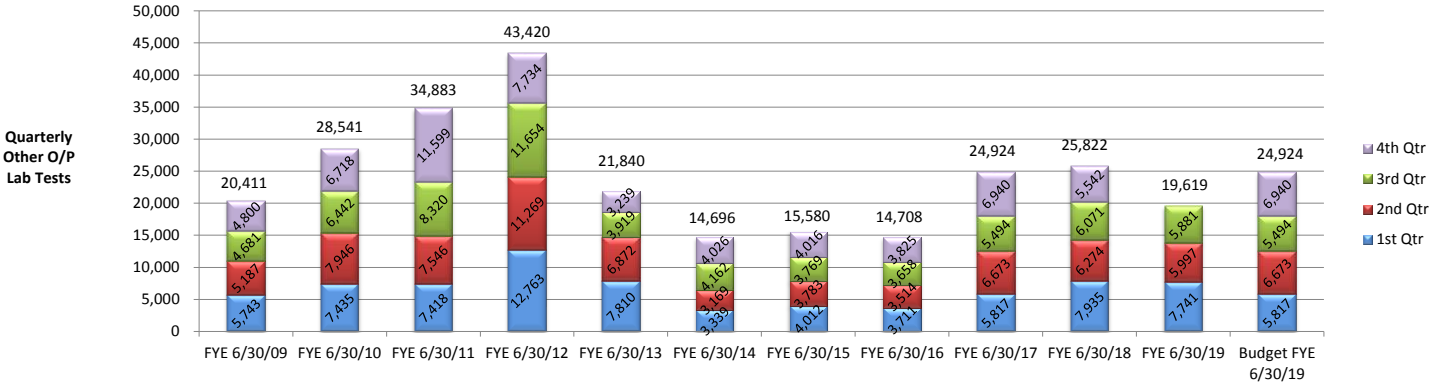
### TOTAL TFH INPATIENT LAB TESTS



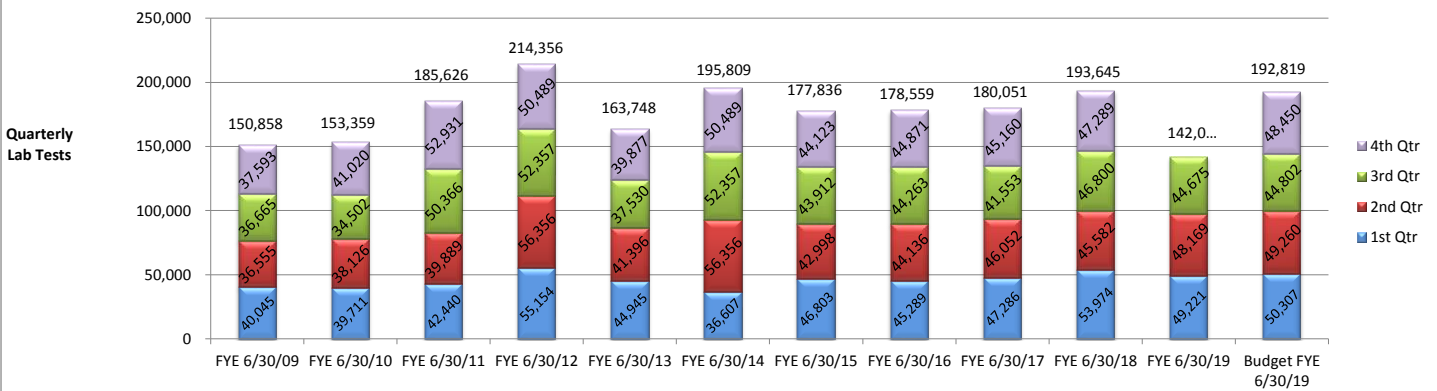
### TOTAL TFH OUTPATIENT LAB TESTS



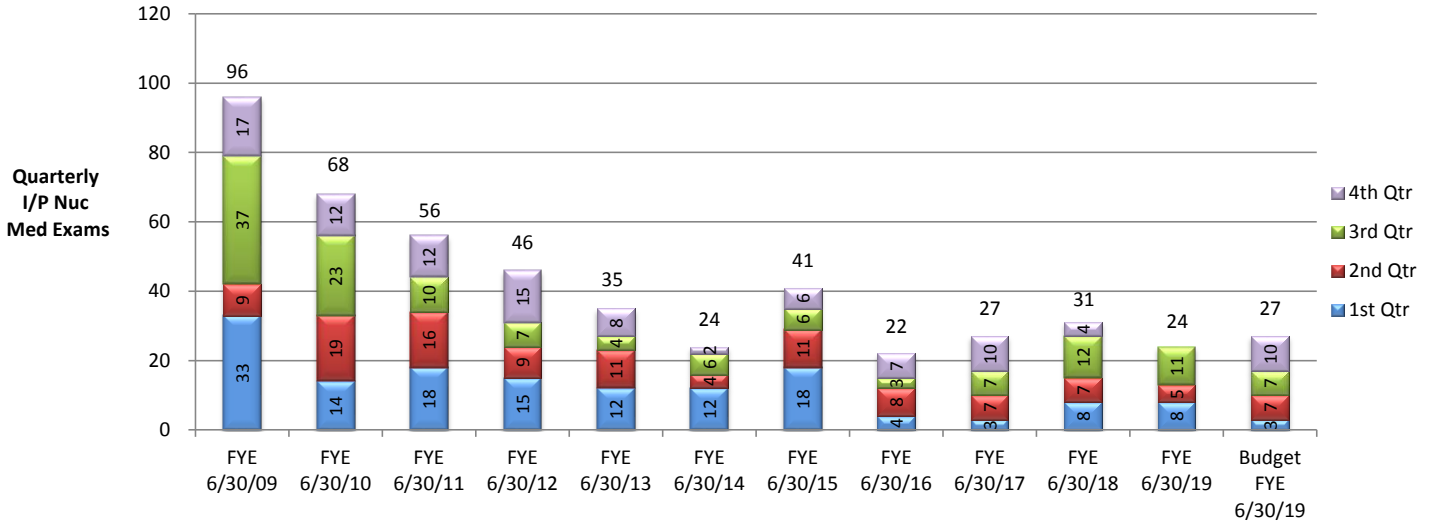
### TOTAL TFH OTHER OUTPATIENT LAB TESTS



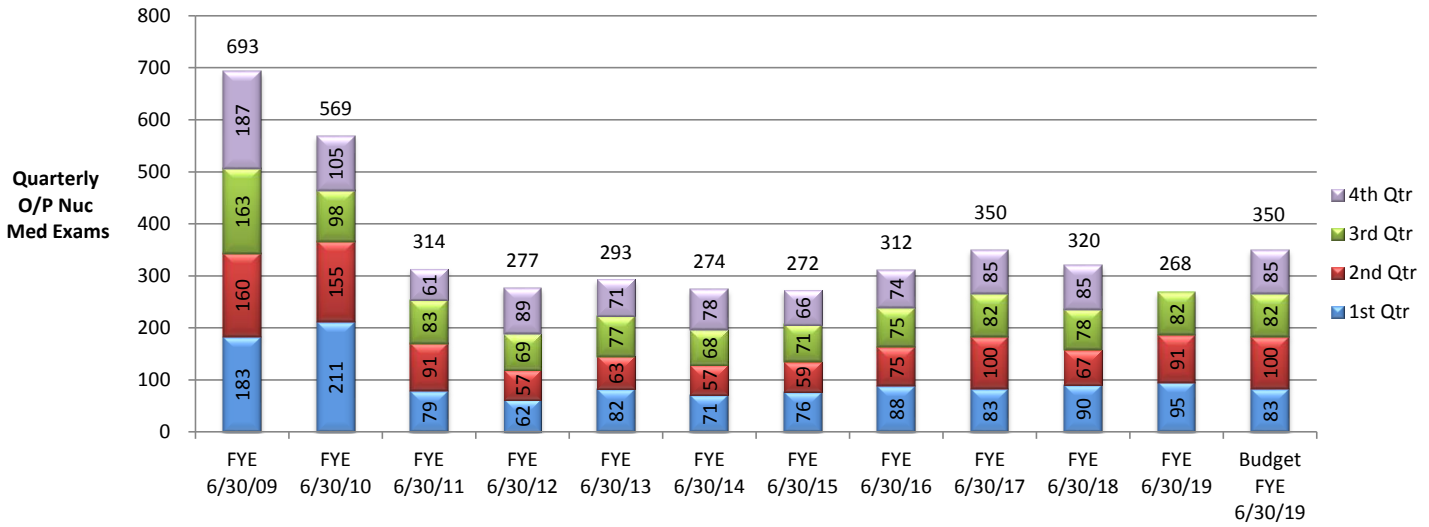
### TOTAL TFH LAB TESTS



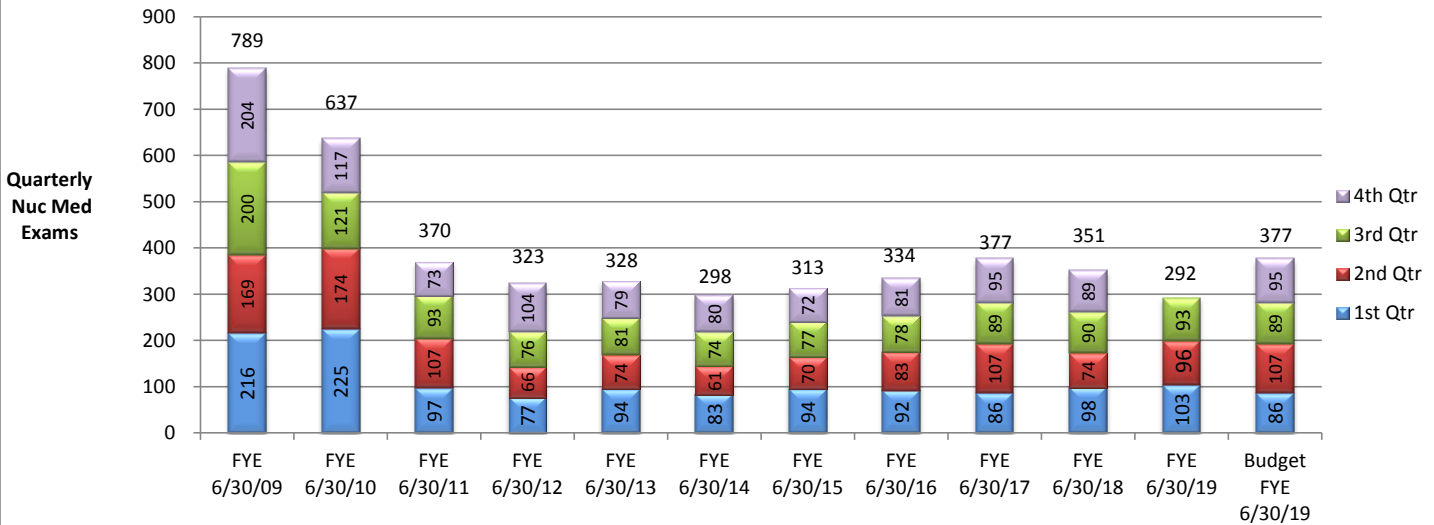
### TOTAL TFH NUCLEAR MEDICINE INPATIENT EXAMS



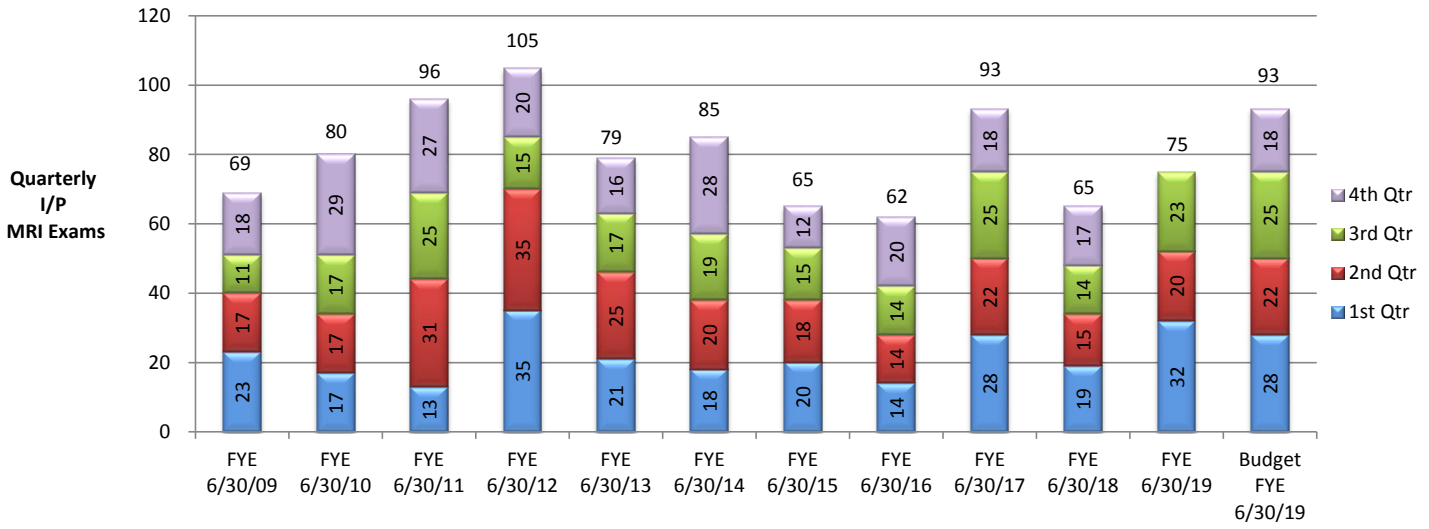
### TOTAL TFH NUCLEAR MEDICINE OUTPATIENT EXAMS



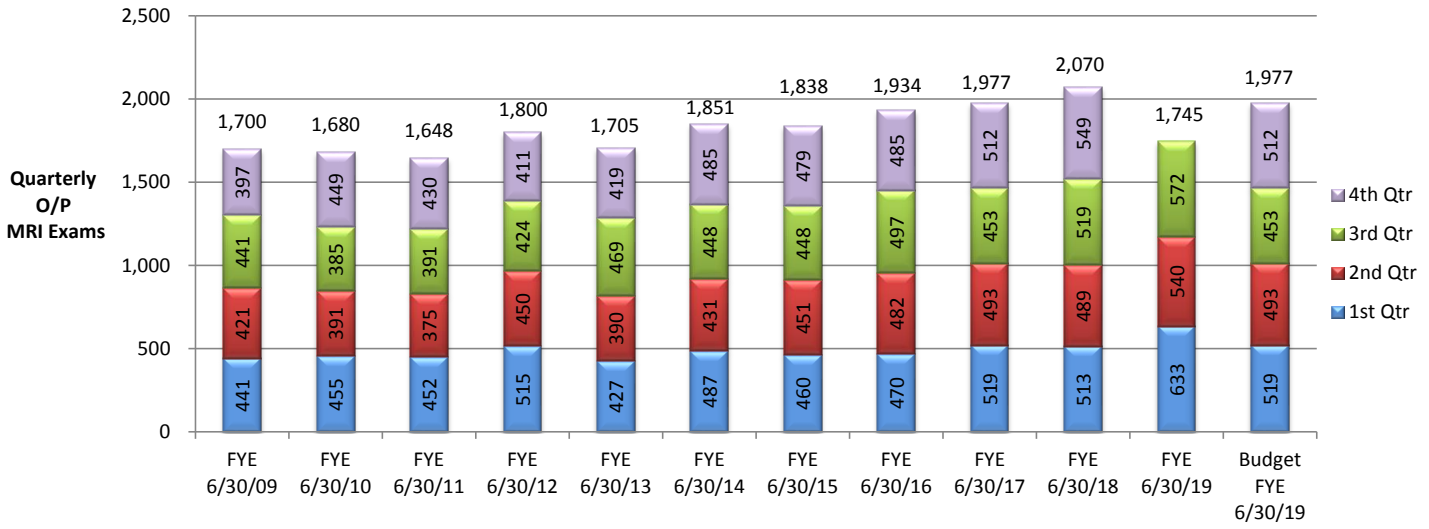
### TOTAL TFH NUCLEAR MEDICINE EXAMS



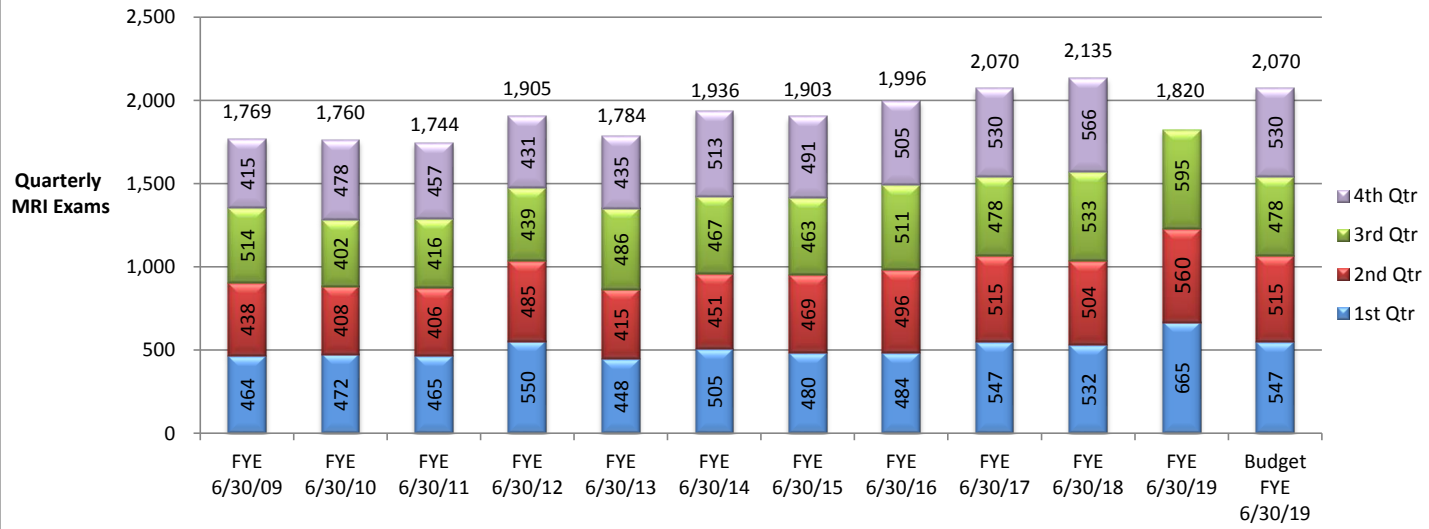
### TOTAL TFH MRI INPATIENT EXAMS



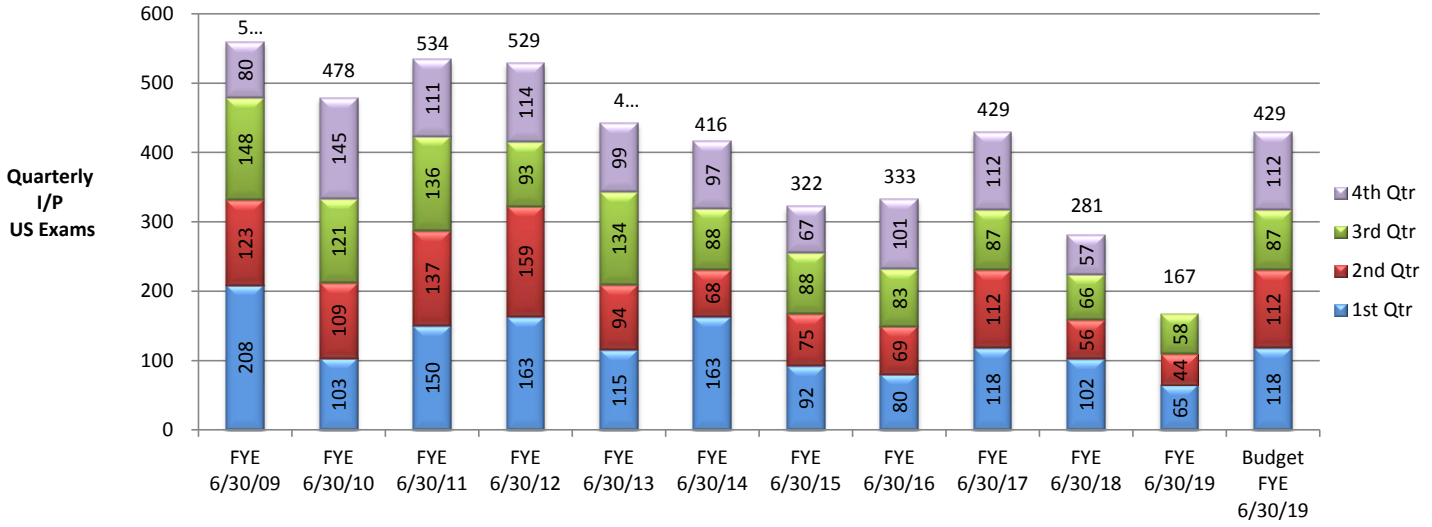
### TOTAL TFH MRI OUTPATIENT EXAMS



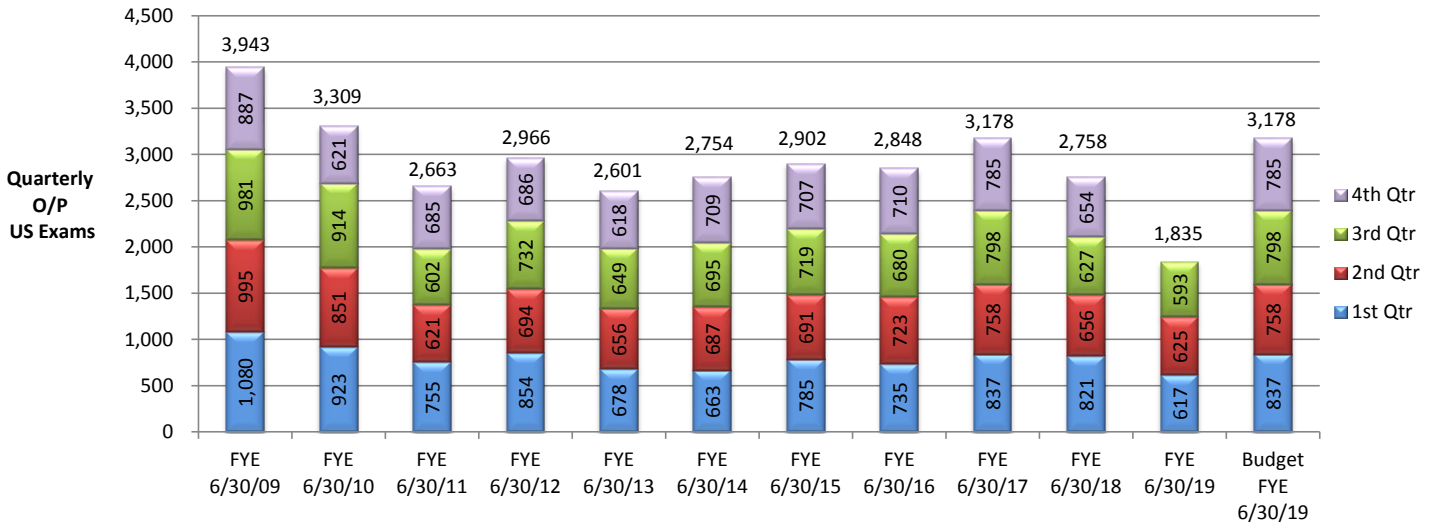
### TOTAL TFH MRI EXAMS



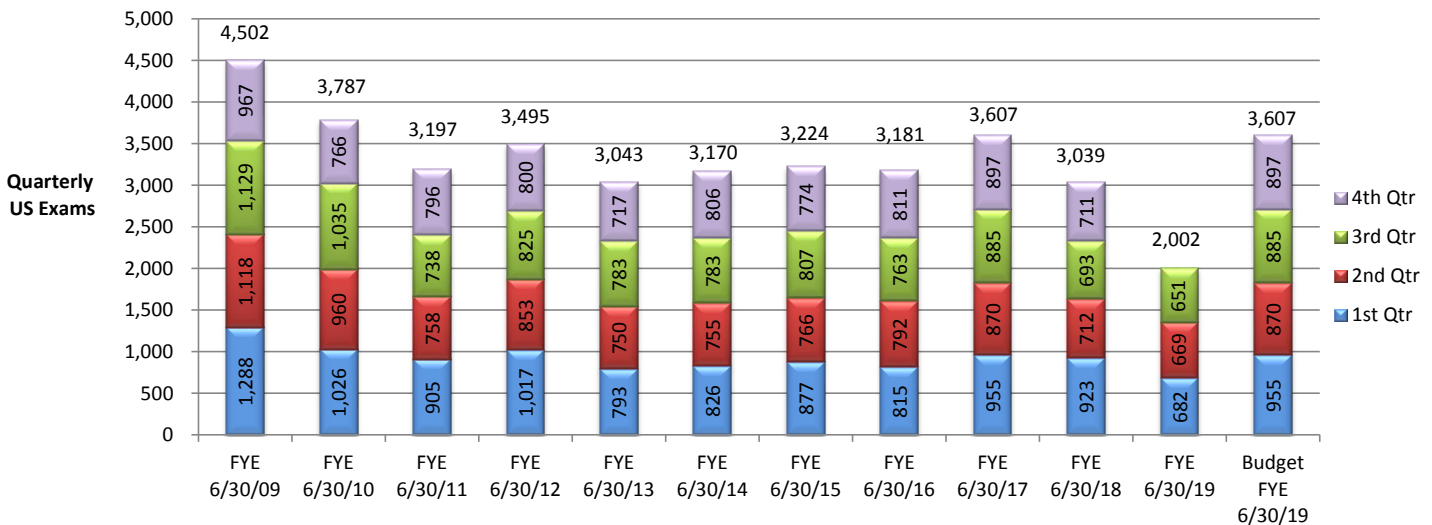
### TOTAL TFH ULTRASOUND INPATIENT EXAMS



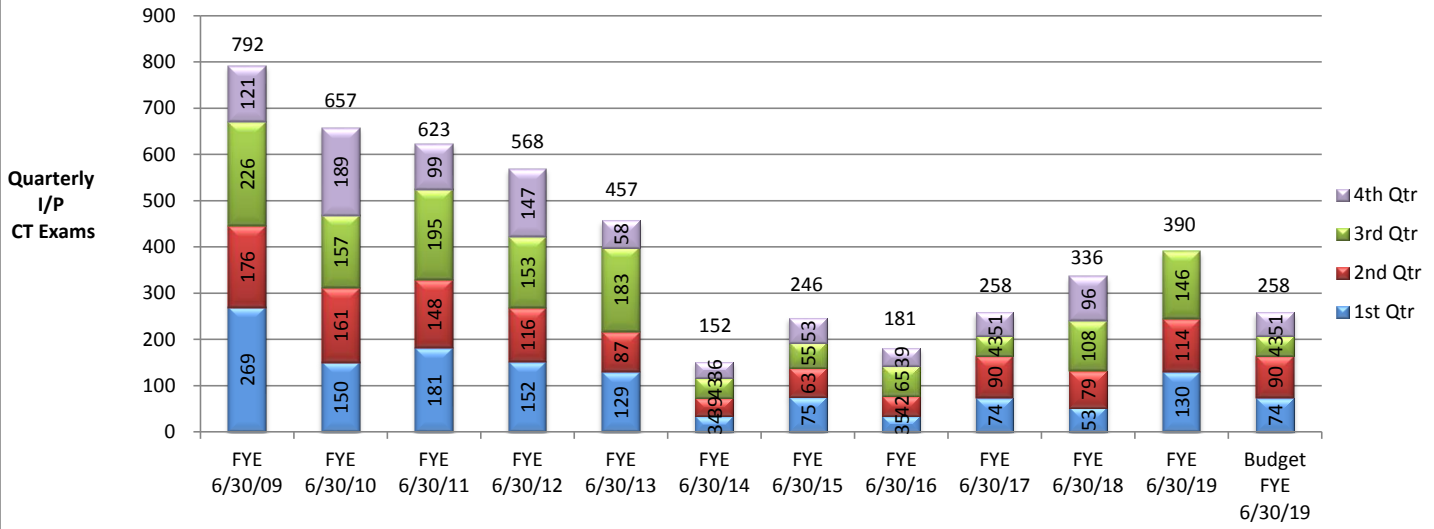
### TOTAL TFH ULTRASOUND OUTPATIENT EXAMS



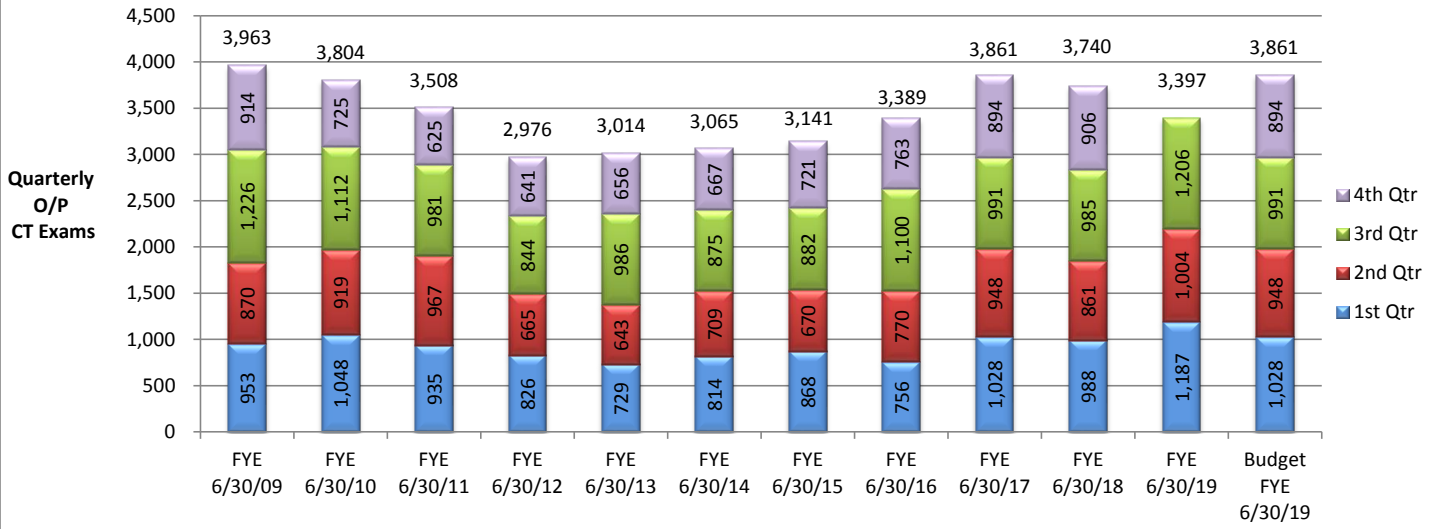
### TOTAL TFH ULTRASOUND EXAMS



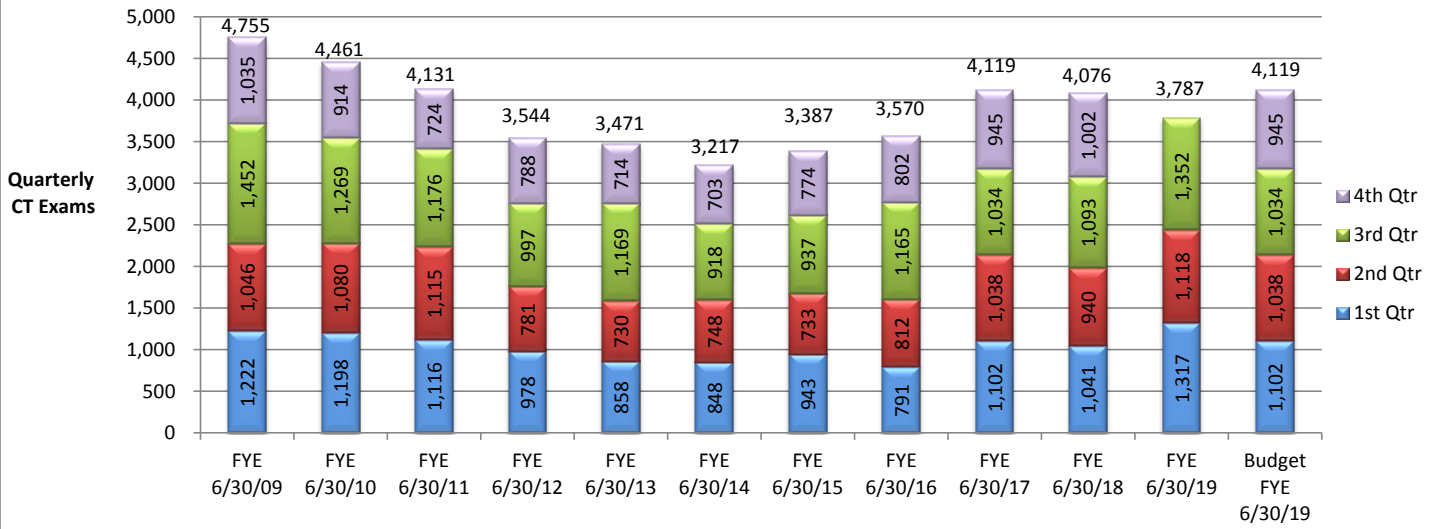
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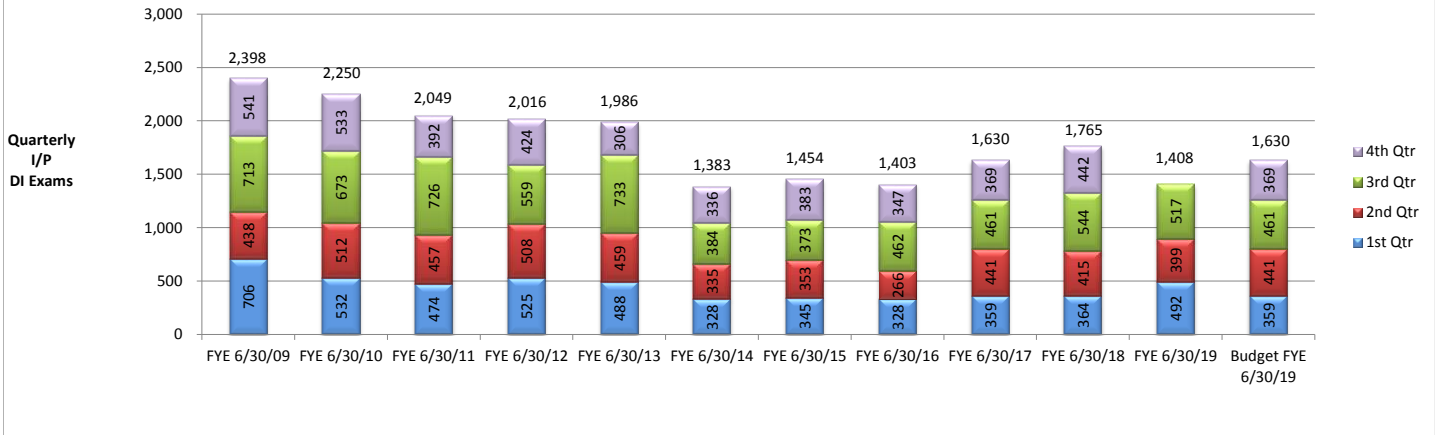
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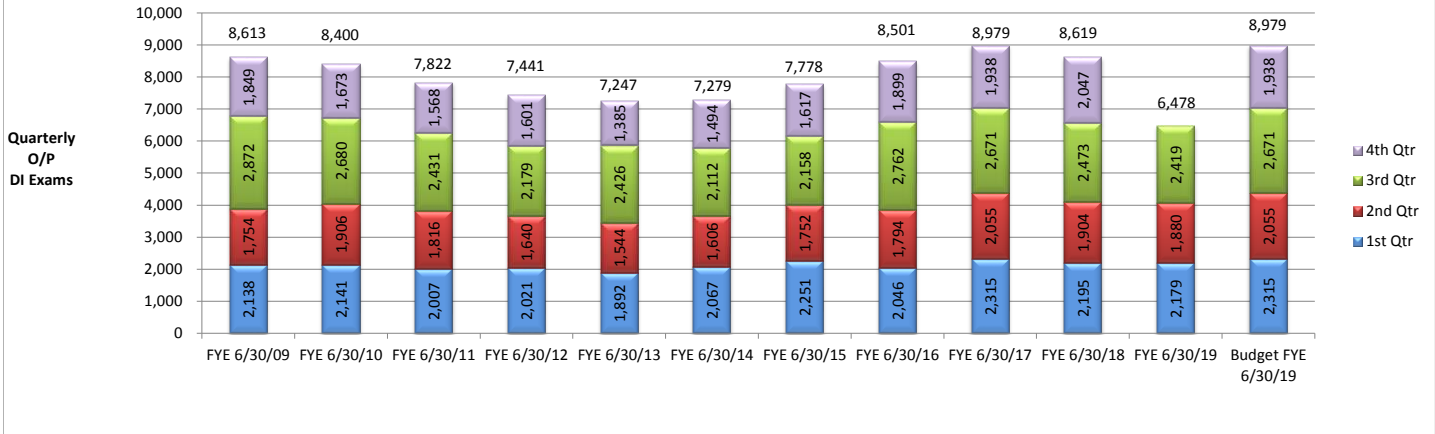
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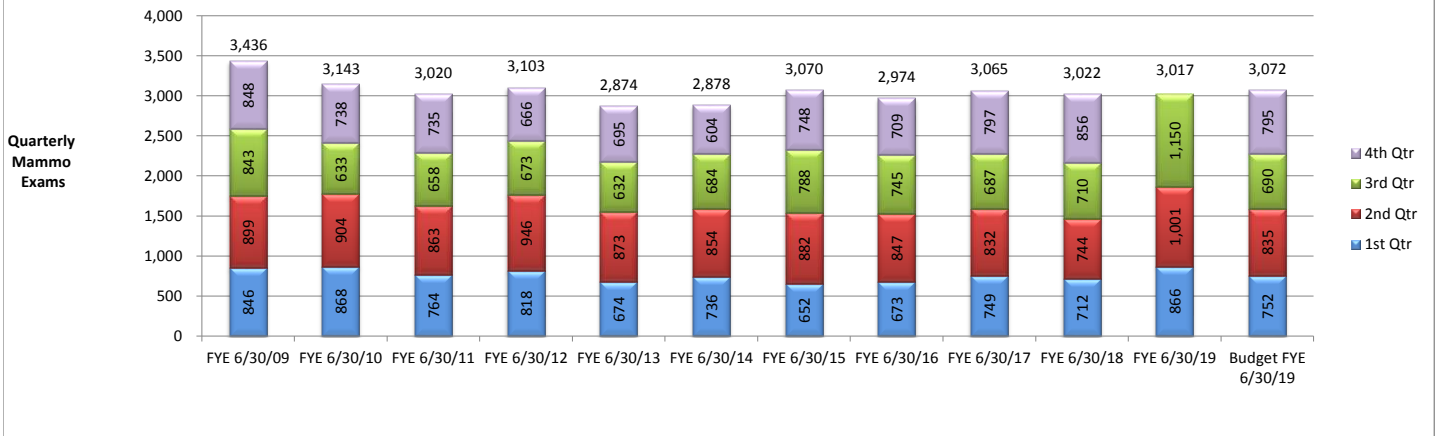
### TOTAL TFH INPATIENT DIAGNOSTIC IMAGING EXAMS



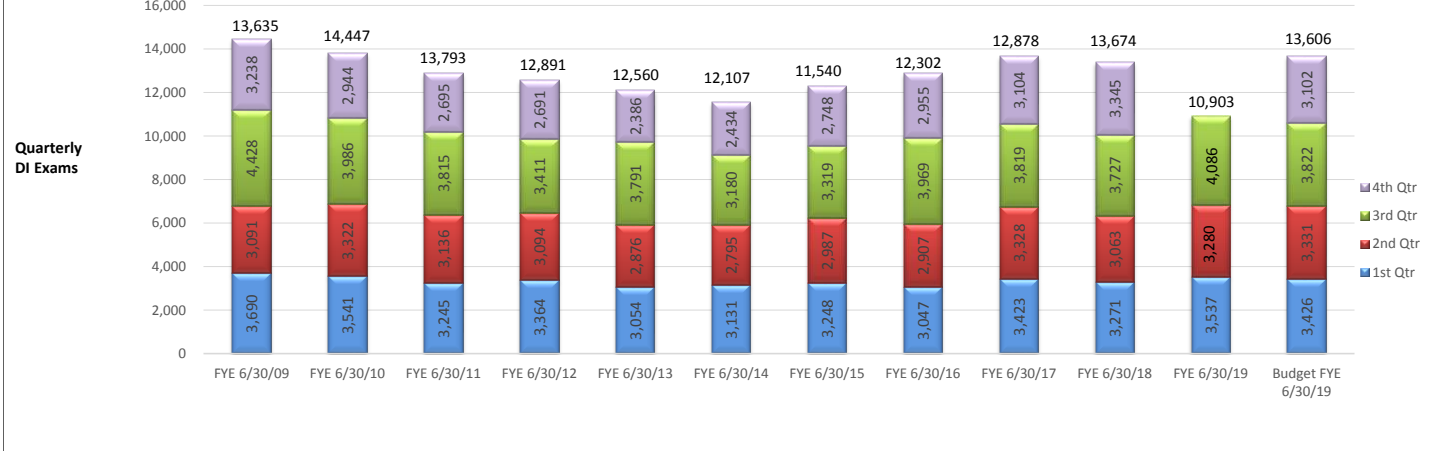
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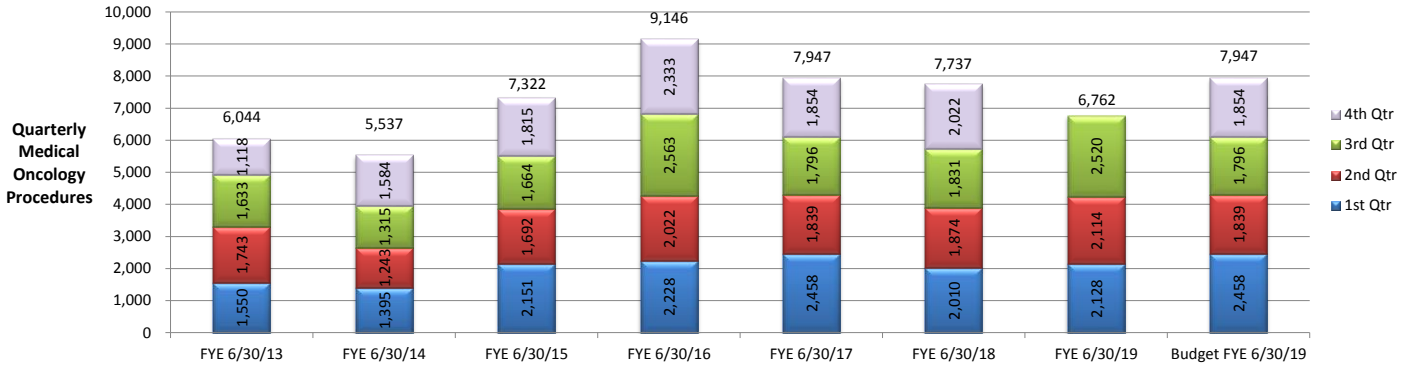
### TOTAL TFH MAMMOGRAPHY EXAMS



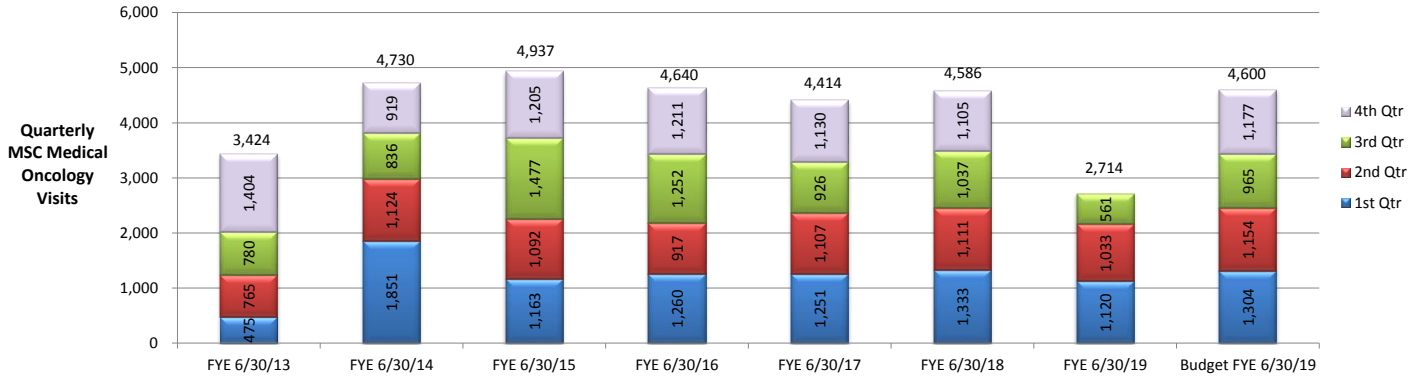
### TOTAL TFH DIAGNOSTIC IMAGING EXAMS



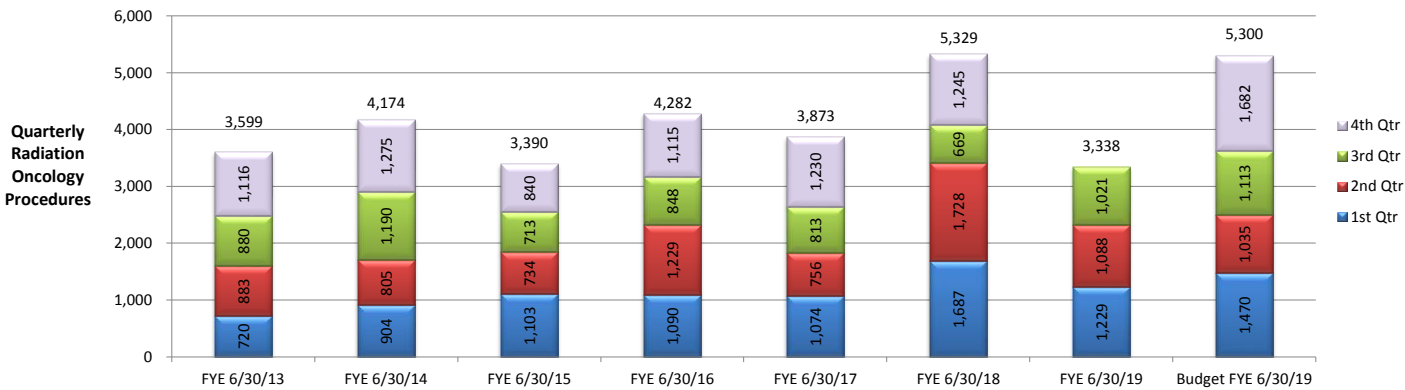
### TOTAL TFH MEDICAL ONCOLOGY PROCEDURES



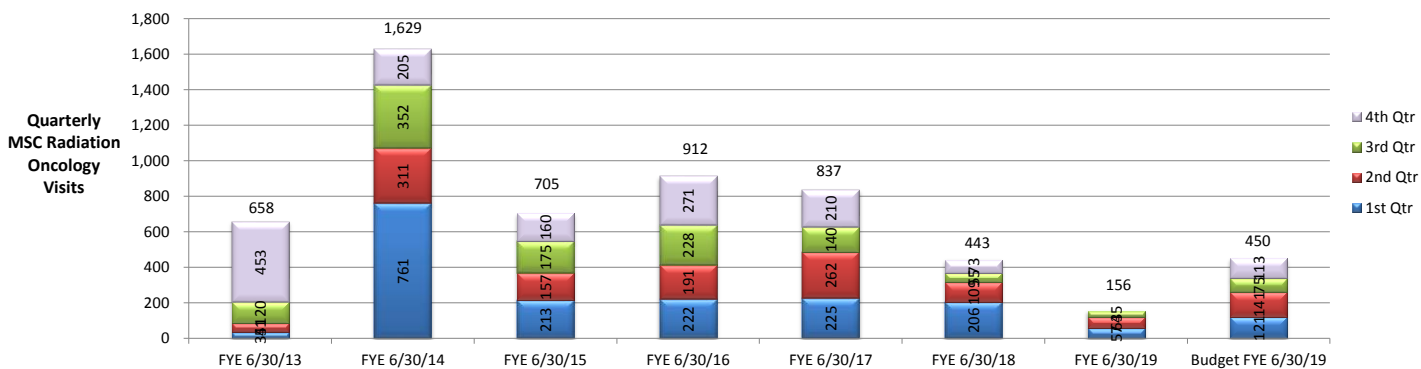
### TOTAL TFH MSC MEDICAL ONCOLOGY VISITS



### TOTAL TFH RADIATION ONCOLOGY PROCEDURES

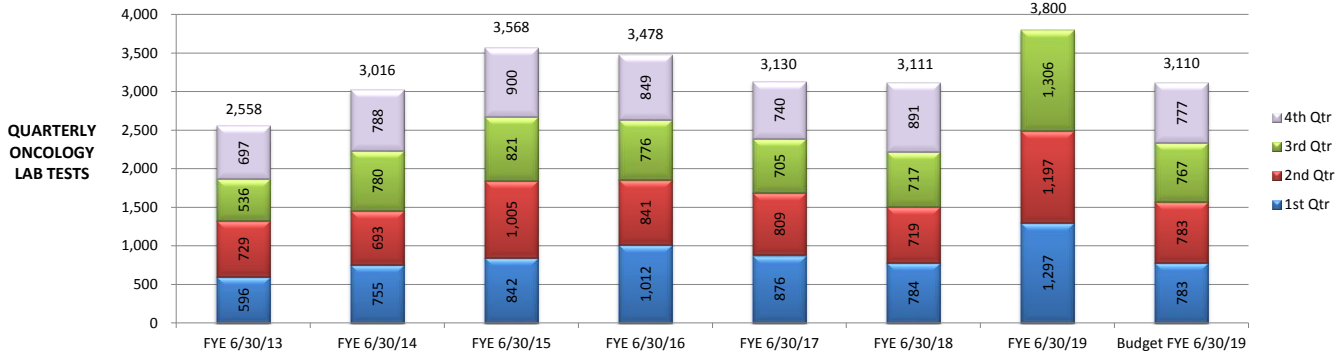


### TOTAL TFH MSC RADIATION ONCOLOGY VISITS

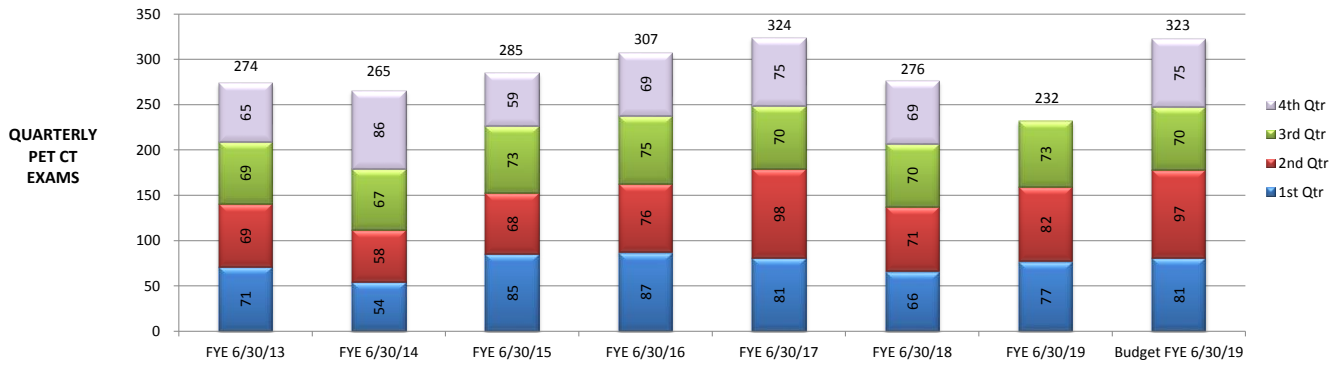




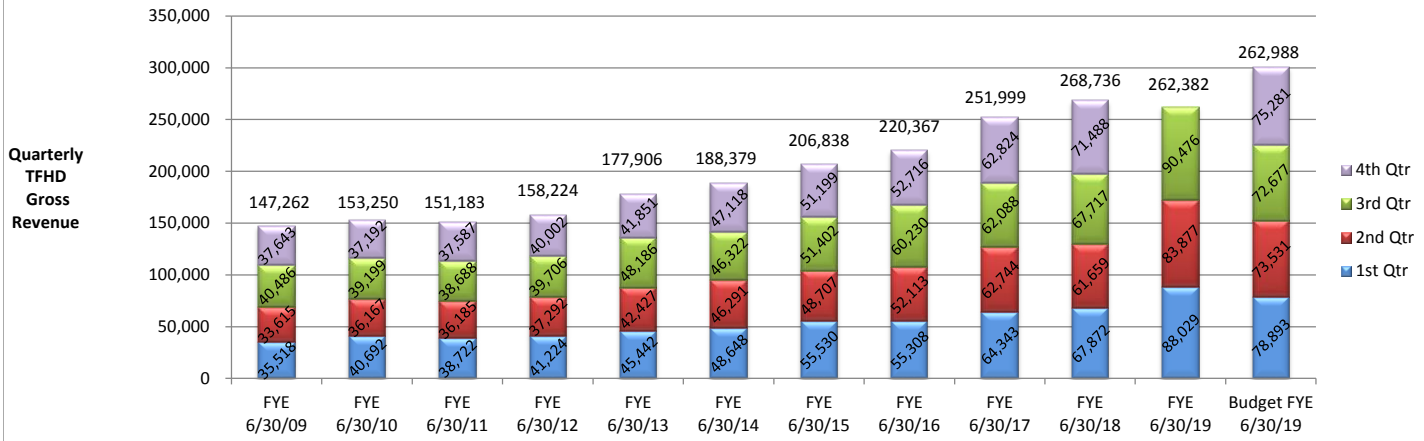
### TOTAL TFH ONCOLOGY LABORATORY TESTS



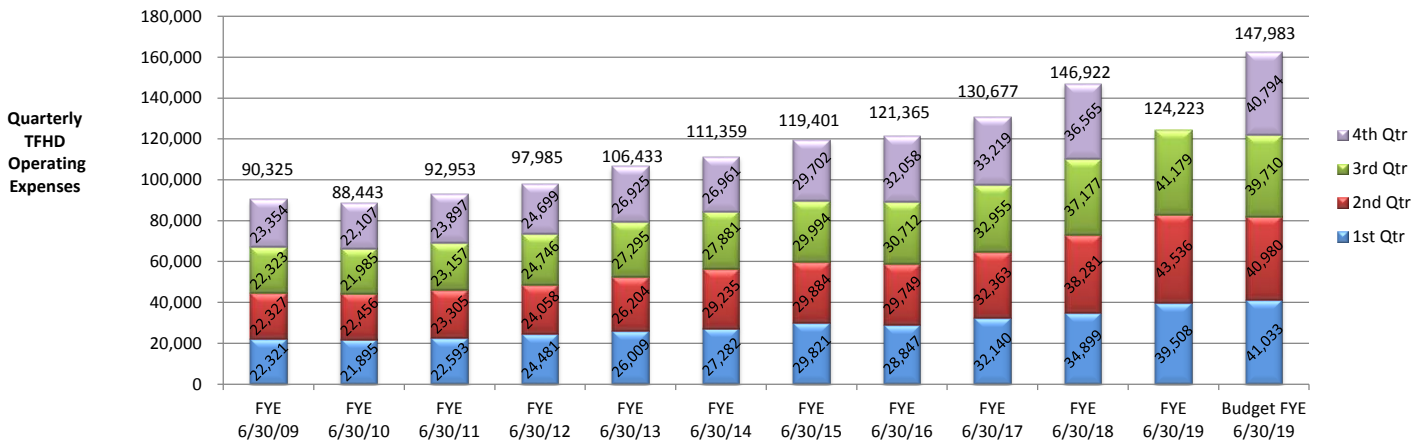
### TOTAL TFH PET CT EXAMS



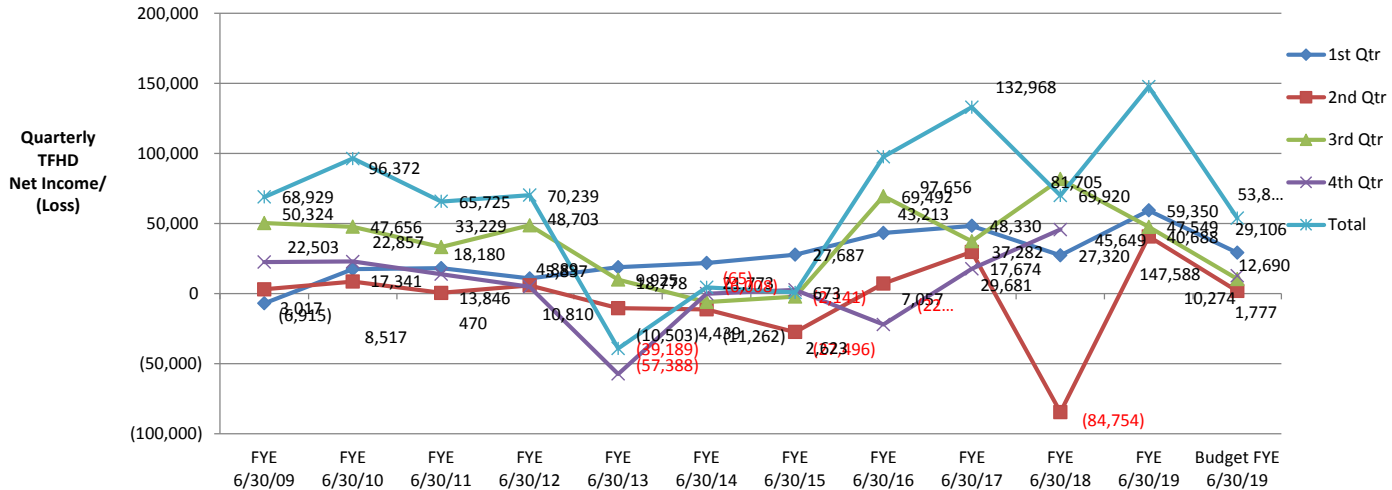
### TAHOE FOREST HOSPITAL DISTRICT TOTAL GROSS REVENUE (In Thousands)



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



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





## Board Informational Report

**By: Harry Weis**  
CEO

**DATE: 4/12/19**

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### **Finance Strategies:**

We continue to be humbled and very thankful every month this fiscal year as we continue to see very strong overall volume growth, year over year. I estimate patient volumes have grown overall more than 50% from 2015 to the present. This volume growth has happened as our team has very carefully focused on the unmet healthcare needs of the full time residents in our primary services areas. The Health System recognizes it has to earn the desire of every patient to choose us. As our patient satisfaction and quality ratings have continued to improve year over year, we are seeing rare year over year volume growth.

In just the month of March, we are again seeing revenues and volumes exceed budget by more than 20%.

Our Medical Staff has increased from 115 in 2015 to 157 today. This is a 6.5% increase in growth in just the last three and a half years. This total number of providers excludes more than 100 telemedicine providers.

We will provide more updates later in the fiscal year but provider office visits were approximately 46,000 in 2015 and they are hovering around 78,000 per year now.

Total surgeries of all types were approximately 3,400 last calendar year and they are projected to be 4,400 this calendar year. This growth trend excludes the arrival of a new general and colorectal surgeon next month.

All continuing indications are that we will exceed the first year of our 10-year financial forecast by a material margin. The financial forecast can be referenced in the budget book distributed last year.

### **People Strategies:**

We continue to be very engaged with very regular communications to all team members. We have a new intranet for team members to use as well.

We offer “brown bag” at lunch educational programs every month to interested employees on a wide variety of topics.

We are beginning preparations for our annual Town Halls for all team members including physicians.

We also have many preparations underway for National Hospital Week and National Nurses Week coming up next month.

Our team is hard at work to prepare all necessary details for physician employment to begin as early as next month. This is a huge milestone for any health system and one that many of the most highly respected health systems in the US completed many decades ago. In our region, TFHS is way out in front of most health systems on this strategy topic. Our target completion date is to have all applicable physicians employed no later than June 30, 2020.

We have more than 160 team members who have pledged or made donations to our new revitalized Annual Team Member Giving Campaign. I'm really proud of our team's "walk" by their actions on team member giving.

### **Service Strategies:**

As always, our patients always come first and are the central focus of all we do!

The overall Patient Satisfaction scores are continuing to show strong year over year improvements. This target area is a key focus for all team members.

We continue to be focused on creating integrated and efficient healthcare services that will allow us to maintain high stability in our clinical and business model of team care, even though every external variable might materially change in future years.

We are developing new ways to benchmark our services with other organizations to help us improve the speed of our positive changes. We continue to develop stronger relationships with other health systems in the region with communication and collaboration. This improves the quality of healthcare delivered to all and improves the sustainability of each health system.

As mentioned in the past, we have identified five critical operational principles that tie nicely to our Strategic Plan and Master Plan. The Health System has much to do over the next three years and we are very focused on these critical improvements.

### **Quality Strategies:**

As shared earlier, we continue to move forward with our team efforts to be a second to none High Reliability Organization. Our team will continue to make reports on this journey as we measure our efforts on a year over year basis.

We continue to look at ways to share with great brevity our overall quality improvements year over year in a way consumers can easily understand.

### **Growth Strategies:**

Construction continues on schedule for the third floor of the medical office building and the 2<sup>nd</sup> floor of the Cancer Center for new patient exams rooms and provider space.

We are actively working on new locations for temporary parking, as parking will be one of our biggest challenges possibly for many years to come.

We also have a strong focus on workforce housing. We are very hopeful we will have something substantial to share with our team members, within 3 years or so.

The Health System is pleased to have our very first Rural Health Clinic designation in the Pediatric office. We hope to have our second location at the Internal Medicine/Cardiology office. which includes many primary care providers. by July 1, 2019.

We continue to actively work on our first Rural Health Clinic at Incline Village Community Hospital Health Clinic.

We are also seeing a ground swell of excitement across our service areas in Incline Village and Truckee relative to philanthropy engagement with our health system. We have an increased number of community engagement events this calendar year.

The 20<sup>th</sup> Annual Best of Tahoe Chefs event is happening on June 2, 2019 and we have the largest team of excited, very skilled chefs we have ever had.

We will continue to mention this is 70<sup>th</sup> year for our health system, so watch for more info as we celebrate these years of service with our region.

We continue to be very focused on regional, state and federal healthcare legislative changes that could harm or help our health system, coupled with how we can improve both healthcare in America and the quality of life for all Americans. We spent the first two days of this week meeting with elected officials in Sacramento on many critical healthcare related bills.



## Board COO Report

**By: Judith B. Newland**

**DATE: April 2019**

### **Quality: Pursue Excellence in Quality, Safety and Patient Experience**

#### Focus on our culture of safety

The Reliability Management Team has begun their weekly huddles. The purpose of the 15-minute weekly huddle is to identify and a one-day training in March to continue their knowledge on this program. The team had their first session to provide recommendations for the Level 1 Alert Internal Triage process. The purpose of the program is to advance safety through implementation of processes and procedures.

The second annual SCORE survey is completed and the Health System had an 83% participation rate. The SCORE Culture of Safety Survey was a 5-7-minute survey available to all staff and physicians. It measures attitudes related to the culture of safety throughout our organization, providing a snapshot of the overall safety culture in a given work area. We will be able to compare 2018 results with 2019 and develop action plans based on the new results.

A validation survey has been scheduled with BETA, our liability carrier, for two of the 5 BETA HEART program Domains. The Domains surveyed will be Culture of Safety and Rapid Event Response and Analysis. These two Domains will be on track for our Strategic Plan completion date. The 5 Domains of the program are Culture of Safety, Rapid Event Response & Analysis, Communication and Transparency, Care for the Caregiver, and Early Resolution. A multidisciplinary team of clinical and medical staff are supporting the completion of these domains through their participation and involvement in meeting the program criteria's and attendance at BETA conferences.

#### Prioritize patient and family perspective

The final draft of the Perfect Care Experience two-hour training has been completed. A staff focus group will be receiving a demo of the training. The focus group will evaluate the training and the program will be updated as needed. The demo training will occur the week of April 15<sup>th</sup>.

### **Finance: Ensure a Highly Sustainable Financial Future**

#### Achieve balance between strategic requirements and capital capabilities while protecting long-term financial integrity.

Directors and Managers completed their budgets for FY20 using the Kauffman Hall Axiom Budget Advisor program. This was a new program and process for budgeting for the Health System for Directors/Managers. Controller/Analyst Services trained Directors/Managers in the program and assisted as needed.

### **Service: Optimize Deliver Model to Achieve Operational and Clinical Efficiency**

#### Implement a focused master plan

Report provided by Dylan Crosby, Director Facilities and Construction Management

#### **Moves:**

- No current moves at this time.

## **Projects in Progress:**

**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:** The Temporary room is in use. Rough framing is 90% completed. The project is gearing up for the next phase of Drywall, tape and texture.

**Project:** 3<sup>rd</sup> Floor MOB Phase 1

**Estimated Start of Construction:** 11/19/2018

**Estimated Completion:** Fall 2019

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

**Update Summary:** Drywall is 90% completed, finished are beginning to be installed.

**Project:** Cancer Center 2<sup>nd</sup> Floor

**Estimated Start of Construction:** 10/18/2018

**Estimated Completion:** Fall 2019

**Summary of Work:** Construct the 2<sup>nd</sup> floor of the Cancer Center for expansion of Rural Health Clinic Services.

**Update Summary:** Finishes are being installed

**Project:** Tahoe City Physical Therapy Expansion

**Estimated Start of Construction:** TBD

**Estimated Completion:** TBD

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

**Update Summary:** Project on Hold.

**Project:** Center for Health and Sports Performance Renovation

**Estimated Start of Construction:** TBD

**Estimated Completion:** TBD

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

**Update Summary:** Project on Hold

## **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:** Electrical has been approved, water improvements are under review.

**Project:** ECC Interior Upgrades

**Estimated Start of Construction:** June 2019

**Estimated Completion:** TBD

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

**Update Summary:** Project has been returned from OSHPD with first round comments, revisions are underway for resubmittal.

## **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:** 2<sup>nd</sup> Floor MOB

**Estimated Start of Construction:** TBD

**Estimated Completion:** TBD

**Summary of Work:** Remodel 3 suites of the 2<sup>nd</sup> floor of the MOB.

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

**Project:** Site Improvements Phase 2

**Estimated Start of Construction:** Summer 2019

**Estimated Completion:** Winter 2019

**Summary of Work:** Create additional parking to support the occupancy of the 2<sup>nd</sup> floor Cancer Center clinic.

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

**Project:** Gateway Temporary Parking

**Estimated Start of Construction:** Summer 2019

**Estimated Completion:** Winter 2019

**Summary of Work:** Create additional parking to MOB and Gateway parking demands.

**Update Summary:** Survey is scheduled for week of 4/15/19.

**Project:** Pat and Ollies Demo/Parking Improvements

**Estimated Start of Construction:** Summer 2019

**Estimated Completion:** Winter 2019

**Summary of Work:** Create additional parking to support the occupancy of the 2<sup>nd</sup> floor Cancer Center clinic.

**Update Summary:** Survey has taken place; the project is in design.

**Project:** Levon Parking Improvements

**Estimated Start of Construction:** Summer 2019

**Estimated Completion:** Winter 2019

**Summary of Work:** Create additional parking to support the Tahoe Forest Campus

**Update Summary:** The project is in design.



**By: Karen Baffone, RN, MS**  
Chief Nursing Officer

**DATE: March 2019**

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**Service: Optimize delivery model to achieve operational and clinical efficiency**

*Use technology to improve efficiencies*

- EPIC upgrade is scheduled for April 10<sup>th</sup>- most of these changes are “bells and whistles” as enhancements for end-users.
- Education for the upgrade has been ongoing using both Healthsteam and one-on-one training with the clinical analysts.
- Preparing technical integration of new monitors.

**Quality: Provide clinical excellence in clinical outcomes**

*Identify and promote best practice and evidence-based medicine*

- **Level III Trauma**
  - Having a registry is a part of Level III Trauma certification. Coordinator to attend appropriate training.
  - SSVEMS (Sierra-Sacramento Valley Emergency Management System) is moving forward with our Level III Trauma designation – Their board approved our application.
  - TNCC (Trauma Nursing Core Course) verified staff 100%.
  - PI (Performance Improvement) Plan development in progress with a dashboard for reporting being built in the EPIC system.
  - Formal project management for Level III Trauma that will incorporate all appropriate departments within the organization.
  - Applied for grant funding for the program.
  - Education through UC Davis and CalStar planned.
  - Will begin mock trauma drills in May.
  - 5 physicians have completed their ATLS (Advanced Trauma Life Support) certification.
  - We will begin data collection for trauma beginning in September (once the registry information is complete). We must complete one year of data collection prior to any designation of Level III trauma by the ACS (American College of Surgeons).
- **Behavioral Health**
  - Formalized request for Integration of Behavioral Health Project that will begin within the next 30 days.
  - Researching all reimbursement possibilities for Behavioral Health.
  - Met with Placer County on the 5150 communication between the County and District for enhanced patient planning. Follow up monthly meetings

with the Behavioral Health and county are planned to ensure appropriate plans of care and timely transfer of those patients that need inpatient behavioral health services.

**Growth: Meets the needs of the community**

*Enhance and promote our value to the community*

- **PRIME**
  - Submission of midyear completed on March 31, 2019. All nine metrics were met and six out of nine demonstrated overachievements that may result in additional funding of this program.



## Board CIO Report

**By: Jake Dorst, MBA**  
Chief Information and Innovation Officer

**DATE: March 2019**

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**Service: Optimize delivery model to achieve operational and clinical efficiency**

*Use technology to improve efficiencies*

- Epic Cancer Center/Beacon project  
Decision made to eliminate current Nursenav software and move all workflows into Epic  
Beacon report writer training arranged  
Cancer Center Nurse to become Beacon credentialed for training  
Research module to facilitate research workflows and clinical trial billing approved  
Build underway for all Chemotherapy treatment plans  
Large report inventory for Cancer Center under review for Epic needs  
CC Infusion center to use Epic therapy plans, Mercy to build
- Epic Version 2018 upgrade successful go live April 10, 2019. End user support for new features and changes.
- New EHR Applications/Charge Analyst started this week
- Varian Upgrade to 15.6 Test Server built. Upgrade project started.
- Kick off for 7 new interfaces for Epic Cancer Center to Varian integration project.
- Haiku Epic Web app demo held by Mercy. Plan for roll out to providers getting started.
- NV HIE Interfaces in progress. Involves Mercy, TFH and NV State. Includes ADT, Results for both Lab and DI, Documents and CCD.
- North Tahoe Fire-setting up electronic process for demographics/insurance info. Currently paper face sheets.
- My Chart committees formed to facilitate roll out of My Chart to patients and add new online forms for Medical and Surgical History.
- Imprivata/Single Sign on for TFH and IVCH hospitals May 2<sup>nd</sup>.
- Nihon Kohden Patient Monitor replacement project beginning.



## Board CMO Report

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

**DATE: April 11, 2019**

---

### **People: Strengthen a highly-engaged culture that inspires teamwork**

*Attract, develop, and retain strong talent and promote great careers*

- Active Medical Staff Members voted affirmatively to employ all physician specialties that were placed on the ballot.
- We plan to bring on our first two employed physicians on/around May 1, 2019. They will be Dr. Alison Semrad, endocrinologist, and Dr. Justin Hunt, colorectal surgeon. We are also actively working with the anesthesia group to add FTE to their current contract due to increase in surgical volumes, with plan for employment of anesthesia on/after January 2020.

### **Service: Optimize delivery model to achieve operational and clinical efficiency**

*Develop integrated, standardized and innovative processes across all services*

- We are working to integrate our new colorectal surgeon with both the GI and Oncology teams to integrate his services expand those service lines

*Use technology to improve efficiencies*

- Working with Imprivata and our IT team to implement electronic transmission of controlled substance prescriptions. This will be a win for both providers and patients.
- Epic Version 2018 Upgrade was just implemented.

*Implement a focused master plan*

- Two large master plan projects are nearing completion and on schedule. The new Pediatrics clinic and the build out of the 2<sup>nd</sup> floor of the cancer center are on track for an August 1 and October 1 opening, respectively.

### **Quality: Provide clinical excellence in clinical outcomes**

*Focus on our culture of safety*

- We just finished our SCORE Survey with 83% completion rate. Once results are available, we will be developing action plans to address our opportunities.

### **Finance: Ensure a highly sustainable financial future**

*Establish a transparent financial reporting system*

- M-Modal audit results are being released in one-on-one meetings with each MSC provider that was here during the audit. In conjunction with Epic IT support, we will optimize the provider workflow to ensure correct charging for each encounter.

### **Growth: Meets the needs of the community**

*Enhance and promote our value to the community*

- The Medical Staff, through Medical Executive Committee and each Department Committee, is developing their own goals to help the Health System achieve their overarching Strategic Plan.

**Legislative Report for  
Tahoe Forest Hospital District Board of Directors  
April 25, 2019**

**State of California**

**ACA 1 (Aguiar-Curry) – Recommend Support**

Provides additional flexibility to local agencies by reducing the voter approval threshold from two-thirds to 55% for counties, cities and special districts to fund public infrastructure and affordable housing (Measure C required two thirds in 2007).

- Legislative support for ACA 1 would place the question before the voters on the 2020 ballot.

**AB 890 (Wood) Recommend Support**

Would authorize nurse practitioners to practice to the fullest extent of their education and training without physician oversight. Removing the physician supervision requirement will allow patients direct access to these services.

- According to a recent report published by the California Future Health Workforce Commission, California is projected to have a shortage of 4,103 primary care clinicians by 2030.
- Report concludes that 75% of primary care services could be provided by nurse practitioners and physicians assistants.

**SB 697 (Caballero) Recommend Support**

Expands the scope of physician's assistants and allows them to practice to the full extent of their education and training without the supervision of a physician, in specific circumstances and settings.

**AB 8 (Chiu) Recommend Oppose**

Mental Health Services bill that would require California school districts to provide on each campus one mental health provider per 400 students enrolled.

- This bill, if enacted, would put tremendous strain on the availability of mental health providers for non-education related services.

**AB 1611** (Chiu) Recommend Oppose Unless Amended

This bill would shield patients from “balance billing”, a practice that occurs when a health insurance company only partially pays for hospital care. Patients should not be placed in the middle of balance billing situations. Additionally, this bill proposes to tie reimbursement to Medicare which reimburses hospitals well below the cost of care.

**SB 227** (Leyva) Recommend Oppose

This bill failed in the last session by veto of Governor Brown. It’s back in the new session. It requires periodic unannounced inspections of health facilities to include compliance with the nurse-to-patient ratios and staff assignment regulations. It also establishes the following penalties:

- \$30,000 for a first violation
- \$60,000 for each subsequent violations

This bill would be extremely burdensome on rural healthcare systems.

**AB 329** (Rodriguez) Recommend Support

Increases penalties for an assault or battery against a physician, nurse or other health care worker of hospitals engaged in providing services in the emergency department.

**State of Nevada**

**AB 317** (Carlton) – Oppose

Authorizes the State Board of Health to require licensing of certain facilities to consider factors before issuing a permit for new services or a new permit. Prohibits a hospital from operating facilities located a certain distance from the hospital.

**AB 348** (Gorelow) Oppose Unless Amended

Creates a Nevada OSHA standard to require healthcare employers to create comprehensive workplace violence plans that delineate prevention measures such as staffing, security response, alarms, sufficient lighting and other measures. As written, it appears to require security services that would prove to be expensive and a challenge to find these services, or to employ such individuals that meet the criteria. This will be a large challenge in the rural reaches of the state.

- Exempts state operated hospitals

- Makes violations of the provisions a “crime” with fines
- NHA believes in and supports employee safety in the workplace, but does not support unnecessary impediments to support the goal.

**AB 382** (Partisan Bill – Hold Over) Oppose

This bill was vetoed last year by Governor Sandoval. It is back as AB 382, known as the “balance billing” bill.

Requires certain “out-of-network” providers and hospitals, independent centers for emergency care and physicians to “accept” certain rates, tied to Medicare, as payment in full for provision of emergency services and care to certain patients. Additionally requires health insurers submit reports to the state and certain hospitals to submit reports to the Governor’s office related to patient debt and rate increases.

Unlike its California relative, the Nevada version eliminates “balance billing” altogether leaving providers in the lurch. While it does protect the patient from “surprise” billing, it protects and benefits the insurance industry.

**AB 170** (Spiegel) Recommend Support

Requires an insurer to authorize a service from an out-of-network provider in certain circumstances; requires an insurer to offer health insurance coverage regardless of health status.

**AB 116** (Partisan Bill) NHA – Support

Requires an actuarial study to be conducted by the Division of Health Care Financing and Policy of the Department of Health and Human Services to determine the cost to the state of revising certain reimbursement rates.

**AB 225** (Partisan Bill) NHA - Support

Relates to the health insurance industry. Prohibits carriers from retroactively denying a claim under certain circumstances, requiring carriers to treat deductibles, co-pays or coinsurance paid by the insured for emergency services as if the expenses were paid to an in-network provider and counts toward determining maximum payments.

## AGENDA ITEM COVER SHEET

<b>ITEM</b>	ABD-06 Conflict of Interest Code
<b>RESPONSIBLE PARTY</b>	Martina Rochefort, Clerk of the Board
<b>ACTION REQUESTED?</b>	For Board Action
<p><b>BACKGROUND:</b></p> <p>Fair Political Practices Commission requires a biannual review of the District's Conflict of Interest Code.</p> <p>Changes to the District's conflict of interest code included:</p> <ul style="list-style-type: none"> <li>-addition of newly created positions</li> <li>-deletion of positions the District no longer has</li> <li>-modification of existing position titles</li> <li>-other technical changes</li> </ul> <p>The District posted a Notice of Intent to Amend and held a 45 public comment period.</p>	
<p><b>SUMMARY/OBJECTIVES:</b></p> <p>FPPC Counsel approved the District's Conflict of Interest Code on March 22, 2019 and will be effective on April 21, 2019.</p>	
<p><b>SUGGESTED DISCUSSION POINTS:</b></p> <p>No suggested discussion points.</p>	
<p><b>SUGGESTED MOTION/ALTERNATIVES:</b></p> <p>Approval via consent calendar.</p>	
<p><b>LIST OF ATTACHMENTS:</b></p> <ul style="list-style-type: none"> <li>• FPPC approved code</li> <li>• Redline ABD-06 Conflict of Interest Code</li> </ul>	



## ABD-06 Conflict of Interest Code

### PURPOSE:

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

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

### Appendix A

#### Designated Positions

#### Designated Positions

#### Category

1. <b>Members of the Board of Directors</b>	1, 2	
2. <b>President &amp;</b> Chief Executive Officer		1, 2
3. Chief Nursing Officer	1, 2	
4. Chief Human Resources Officer	1, 2	
5. Chief Information and Innovation Officer	1, 2	
6. Administrator, Incline Village Community Hospital (IVCH)/ Chief Operations Officer	1, 2	
<del>7. Chief Facilities Development Officer</del>	<del>1, 2</del>	
<del>7. Chief Medical Officer</del>	<del>1, 2</del>	
<del>8. In-House Counsel</del>	<del>1, 2</del>	
<del>8.9. General Counsel</del>	<del>1, 2</del>	
<del>9.10. Consultants</del>	<del>*</del>	
<del>10.11. Buyer</del>	<del>1</del>	
<del>11.12. Compliance Officer</del>	<del>3</del>	
<del>12.13. Controller</del>	<del>3</del>	
<del>13.14. Coordinator, OR Materials Coordinator</del>	<del>3</del>	
<del>14.15. Director, Children's Center</del>	<del>3</del>	
<del>15.16. Executive Director, Governance and Business Development</del>	<del>3</del>	
<del>16.17. Director, Diagnostic Imaging</del>	<del>3</del>	
<del>17. Director, Education</del>	<del>3</del>	
18. Director, Emergency Services	3	
19. Director, Facilities Management	<u>2, 3</u>	
20. Director, Health Information Management	3	
<del>21. Director, Infection Control</del>	<del>3</del>	
<del>22.21. Director, Information Technology Operations</del>	<del>3</del>	
<del>23.22. Director, IVCH Patient Care Services</del>	<del>3</del>	
<del>24.23. Director, Laboratory Services</del>	<del>3</del>	
<del>25.24. Director, Marketing &amp; Communications</del>	<del>3</del>	
<del>26.25. Director</del> <b>Manager</b> , Materials Management		1

<del>27-26.</del> Director, Medical Staff Services	3	
<del>28-27.</del> Director, Nutrition <del>Services &amp; Environmental Services</del> , TFH & IVCH		3
<del>29-28.</del> Director, Pharmacy	3	
<del>30-29.</del> Director, Quality & Regulations	3	
<del>31-30.</del> Director, Rehabilitation Services	3	
<del>Manager, Respiratory Therapy</del>	<del>3</del>	
<del>32-31.</del> Director, Support Services & Respiratory Care	<del>2, 3</del>	
<del>33-32.</del> Director, Surgical Services	3	
<del>34-33.</del> Executive Director, <del>Tahoe Forest Health System</del> Foundations – TFH & IVCH		3
<del>35.</del> Director, IVCH Foundation & Community Outreach	<del>3</del>	
<del>36-34.</del> Executive Director Vice President, Physician Provider Services		3
<del>35.</del> Administrative Director, Acute Services Transitions-		3
<del>37-36.</del> Director, Acute Care Services		
<del>38-37.</del> Manager, Information Technology Operations	3	
<del>39-38.</del> Manager, Nursing Informatics	3	
<del>40-39.</del> Director, Revenue Cycle	3	
<del>41-40.</del> Purchasing Assistant	<del>3</del>	<del>3</del> Director, Access Center
	<u>3</u>	

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

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

**Note:** The positions of General Counsel and Compliance Officer are filled by outside consultants, but act in a staff capacity.

### Officials Who Manage Public Investments

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

- Chief Financial Officer

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

### Appendix B

#### Disclosure Categories

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

- medical/health care treatment, facilities, services, products, equipment, machines
- medical insurance products and services

- ~~and~~ other products and services utilized (or planned to be utilized) by the District including telecommunications and information technology, janitorial, and legal.

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

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

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

Related Policies/Forms: [Conflict of Interest Policy](#) ABD-07

References: Government Code Section 81000, et seq

Policy Owner: Clerk of the Board

Approved by: Chief Executive Officer

**PURPOSE:**

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

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4. <b>Chief Human Resources Officer</b>	1, 2
5. <b>Chief Information and Innovation Officer</b>	1, 2
6. <b>Administrator, Incline Village Community Hospital (IVCH)/ Chief Operations Officer</b>	1, 2
7. <b>Chief Medical Officer</b>	1, 2
8. <b>In-House Counsel</b>	1, 2
9. <b>General Counsel</b>	1, 2
10. <b>Consultants/New Positions</b>	*
11. <b>Buyer</b>	1
12. <b>Compliance Officer</b>	1
13. <b>Controller</b>	3
14. <b>Coordinator, OR Materials Coordinator</b>	3
15. <b>Director, Children's Center</b>	3
16. <b>Executive Director, Governance and Business Development</b>	3
17. <b>Director, Diagnostic Imaging</b>	3
18. <b>Director, Emergency Services</b>	3
19. <b>Director, Facilities Management</b>	2, 3
20. <b>Director, Health Information Management</b>	3
21. <b>Director, Information Technology Operations</b>	3
22. <b>Director, IVCH Patient Care Services</b>	3
23. <b>Director, Laboratory Services</b>	3
24. <b>Director, Marketing &amp; Communications</b>	3
25. <b>Director, Materials Management</b>	1
26. <b>Director, Medical Staff Services</b>	3
27. <b>Director, Nutrition Services, TFH &amp; IVCH</b>	3
28. <b>Director, Pharmacy</b>	3

29.	Director, Quality & Regulations	3
30.	Director, Rehabilitation Services	3
31.	Director, Support Services & Respiratory Care	2, 3
32.	Director, Surgical Services	3
33.	Executive Director, Foundations – TFH & IVCH	3
34.	Vice President, Provider Services	3
35.	Administrative Director, Transitions	3
36.	Director, Acute Care Services	3
37.	Manager, Information Technology Operations	3
38.	Manager, Nursing Informatics	3
39.	Director, Revenue Cycle	3
40.	Director, Access Center	3

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

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

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1. An individual holding a designated position in this category must report investments, sources of income, business positions in business entities and income (including receipt of gifts, loans and travel payments) from sources of the type that provide:
  - medical/health care treatment, facilities, services, products, equipment, machines
  - medical insurance products and services
  - other products and services utilized (or planned to be utilized) by the District including telecommunications and information technology, janitorial, and legal.

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

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

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

Related Policies/Forms: Conflict of Interest Policy ABD-07

References: Government Code Section 81000, et seq

Policy Owner: Clerk of the Board

Approved by: Chief Executive Officer

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



**CERTIFICATION OF FPPC APPROVAL**

Pursuant to Government Code Section 87303, the conflict of interest code for the **Tahoe Forest Hospital District** was approved on 3/22/ 2019. This code will become effective on 4/2/11 2019.

A handwritten signature in black ink, appearing to read "John M. Feser, Jr.", written over a horizontal line.

John M. Feser, Jr.

Senior Commission Counsel

Fair Political Practices Commission



## **Board Informational Report**

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

**DATE:** April 25, 2019

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### **2019 Compliance Program 1st Quarter Report (Open Session)**

The Compliance Committee is providing the Board of Directors (BOD) with a report of the 1st Quarter 2019 Compliance Program activities (Open Session). This report assists the BOD to meet its obligations to be knowledgeable about the content and operation of the seven components of the Compliance Program.



OPEN SESSION

Period Covered by Report: **January 1, 2019- March 31, 2019**  
Completed by: James Hook, Compliance Officer, The Fox Group

**1. Written Policies and Procedures**

1.1. The District's Corporate Compliance Policies and Procedures are reviewed and updated as needed. The following policies were reviewed or revised by the Compliance Department with recommendations to the Board of Directors:

1.1.1. Corporate Compliance Program TFHD, ACMP-1902 (Update Risk Areas)

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

2.1. Corporate Compliance Committee Membership as of March 31, 2018:

Jim Hook, The Fox Group – Compliance Consultants

Judy Newland, RN – Chief Operating Officer

Karen Baffone RN- Chief Nursing Officer

Harry Weiss – Chief Executive Officer

Crystal Betts – Chief Financial Officer

Jake Dorst – Chief Information and Innovation Officer

Alex MacLennan – Chief Human Resources Officer

Matt Mushet – In-house Legal Counsel

Stephanie Hanson, RN – Compliance Analyst

Shelley Thewlis, Interim Health Information Management Director

Scott Baker, Executive Director of Physician Services

**3. Education & Training**

3.1. The Compliance Department furnishes Compliance Program training to new directors, managers and supervisors every quarter. Completed annual Compliance Program update for directors in March 2019.

3.2. All new employees are oriented to compliance on first day orientation by Compliance Analyst. All employees were also assigned new HIPAA and Compliance Program training via HealthStream in the 1<sup>st</sup> quarter of 2019

3.3. Annual Code of conduct for physician due on 1/31/2019.

3.4. Added Code of Conduct training to Values Training for new employees.

3.5. Added Code of Conduct and compliance training for new Medical staff members as part of initial orientation.

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

4.1. A Compliance log is maintained for all calls to the Compliance Hotline and other reports made to the Compliance Department. Four reports were made either directly to the Compliance Department or through the hot line.

OPEN SESSION

- 4.2. HIPAA violations are reported to the Privacy Officer. The Privacy Officer maintains a log of reported events and investigations. Thirteen reports were made to the Privacy Officer in the 1<sup>st</sup> Quarter of 2019.
- 4.3. The Compliance Department published one article in the Pacesetter in the first quarter of 2019.

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

- 5.1. Ninety-two percent of Health Stream corporate compliance modules completed by new hires for the 1<sup>st</sup> Quarter of 2019.
- 5.2. Attestation statements completed for Code of Conduct training reached 96% by the end of the first quarter for all employees and contracted employees.
- 5.3. Attestation statement completed for Code of conduct training for physician reached 76% by the end of the 1<sup>st</sup> Quarter of 2019.
- 5.4. All new staff hires, and newly privileged physicians, receive criminal background checks and are checked against the OIG and GSA list of exclusions prior to hiring/appointment. Members of the Medical Staff are checked against the OIG/GSA exclusion lists each month. All employees are screened against the OIG/GSA exclusion list every quarter. All vendors are checked continuously using the vendor credentialing program.

**6. Auditing & Monitoring**

- 6.1. Three audits were completed during the 1<sup>st</sup> Quarter of 2019 as part of the 2019 corporate compliance work plan.
  - 6.1.1. Home Health documentation, including face-to-face physician visit: 100% of Face-to-Face visits were documented properly in January and February 2019.
  - 6.1.2. Two Midnight Rule audit 2018 – A sample of 15 cases showed only one needing corrected billing. Improvements in physician documentation needed when Interqual criteria for admission not met. A Corrective Action Plan was developed and the staff educated.
  - 6.1.3. 2018 Certification Review for SNF: 100% of physician certifications competed timely in 2018.
  - 6.1.4. SNF Consolidated billing: Charges were not entered for supplies when patients were receiving wound care. Pharmacy and Lab charges were entered. Billing will be done by Healthcare Management Billing as of March 1, 2019.

OPEN SESSION

6.2. A HIPAA Security Rule Risk Assessment was completed by Fortified Health Security in December 2018. Five risk area were identified for high-priority action.

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

7.1. Investigations of suspected and actual compliance issues incidents were initiated. Some investigations revealed no violations. Remediation measures included: refunds of overpayments, additional staff training, changes in processes, and updated policies and procedures were implemented to prevent further violations.



# FINANCE COMMITTEE

## AGENDA

Tuesday, April 23, 2019 at 12:30 p.m.  
Squaw Conference Room - Tahoe Forest Hospital District Business Office  
10875 Pioneer Trail – First Floor, Truckee, CA 96161

1. **CALL TO ORDER**
2. **ROLL CALL**  
Dale Chamblin, Chair; Mary Brown, 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: 12/17/2018** ..... ATTACHMENT
6. **ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION**
  - 6.1. **Financial Reports**  
Finance Committee will review the following financial reports:
    - 6.1.1. March 2019 Financial Report ..... ATTACHMENT
    - 6.1.2. Quarterly Review – Separate Business Entities ..... ATTACHMENT
    - 6.1.3. Quarterly Review – Payor Mix ..... ATTACHMENT
    - 6.1.4. TIRHR Expenditure Report ..... ATTACHMENT
    - 6.1.5. Professional Fees Analysis ..... ATTACHMENT
    - 6.1.6. Accounts Receivables - Post Conversion
  - 6.2. **Fiscal Year 2020 Budget Update**  
Finance Committee will receive an update on the fiscal year 2020 budget.
7. **REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS**
8. **AGENDA INPUT FOR NEXT FINANCE COMMITTEE MEETING**
9. **NEXT MEETING DATE**
10. **ADJOURN**

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

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

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