



2021-05-27 Regular Meeting of the Board of Directors

Thursday, May 27, 2021 at 4:00 p.m.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for May 27, 2021 will be conducted telephonically through Zoom.

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

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

If you would like to speak on an agenda item, you can access the meeting remotely: Please use this web link: <https://tfhd.zoom.us/j/98840907045>

If you prefer to use your phone, you may call in using the numbers listed: (346) 248 7799 or (301) 715 8592, Meeting ID: 988 4090 7045



Meeting Book - 2021-05-27 Regular Meeting of the Board of Directors

AGENDA

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ITEMS 1 - 11 See Agenda

12. SAFETY FIRST
No related materials.

13. ACKNOWLEDGMENTS

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14. MEDICAL STAFF EXECUTIVE COMMITTEE

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14.1.b. Late Career Provider MSCP-1701.pdf Page 7

14.1.c. Med Staff Trauma Resolution.pdf Page
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14.1.d. Audiologist 2009_ track changes.pdf Page
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14.1.e. NP-PA Privilege Form 04202021 Cardiology and
Women's Health.pdf Page
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14.1.f. RNFA Privileges 4.7.21.pdf Page
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14.1.g. AHP Guidelines (TFH IVCH) DRAFT - 3.30.21.pdf Page
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15. CONSENT CALENDAR

15.1. Approval of Meeting Minutes

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15.2. Financial Report

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15.3. Board Reports

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15.3.2. COO Board Report - May 2021.pdf Page
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15.3.4. CMO Board Report - May 2021.pdf Page
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15.3.5. CHRO Board Report - May 2021.pdf Page

16. ITEMS FOR BOARD DISCUSSION

16.1. Clinic & Rural Health Clinic Update
No related materials.

16.2. 2021 Legislation Report.pdf

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17. ITEMS FOR BOARD ACTION

17.1. Placer LAFCO Ballot.pdf

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ITEMS 18 - 23: See Agenda

24. ADJOURN



TAHOE
FOREST
HOSPITAL
DISTRICT

REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, May 27, 2021 at 4:00 p.m.

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Meeting ID: 988 4090 7045

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

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

1. CALL TO ORDER

2. ROLL CALL

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

4. INPUT AUDIENCE

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

5. CLOSED SESSION

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

Subject Matter: Home Health, Hospice, Palliative Care Quality Report

Number of items: One (1)

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

Subject Matter: Third Quarter Fiscal Year 2021 Quality Report

Number of items: One (1)

5.3. Approval of Closed Session Minutes◆

04/22/2021

5.4. TIMED ITEM – 5:30PM - Hearing (Health & Safety Code § 32155) ♦
Subject Matter: Medical Staff Credentials

APPROXIMATELY 6:00 P.M.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

10. INPUT – AUDIENCE

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

11. INPUT FROM EMPLOYEE ASSOCIATIONS

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

12. SAFETY FIRST

13. ACKNOWLEDGMENTS

13.1. May 2021 Employee of the Month..... ATTACHMENT

14. MEDICAL STAFF EXECUTIVE COMMITTEE ♦

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

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

Policy Approvals with Changes

- *Late Career Provider Policy*

Program Approval

- *Trauma Program Resolution*

Privileges with Changes

- *Audiology Privilege Form*
- *NP/PA Privilege Form (Cardiology and Women’s Health addition)*

New Privilege Form

- *RNFA Privilege Form*

Bylaws Change

- *AHP Guidelines (Addition of RNFA’s to AHP Staff)*

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. 04/22/2021 Regular Meeting ATTACHMENT
- 15.1.2. 05/06/2021-05/07/2021 Special Meeting ATTACHMENT

15.2. Financial Reports

- 15.2.1. Financial Report – April 2021 ATTACHMENT

15.3. Board Reports

- 15.3.1. President & CEO Board Report ATTACHMENT
- 15.3.2. COO Board Report ATTACHMENT
- 15.3.3. CNO Board Report ATTACHMENT
- 15.3.4. CMO Board Report ATTACHMENT
- 15.3.5. CHRO Board Report ATTACHMENT

16. ITEMS FOR BOARD DISCUSSION

16.1. Clinic & Rural Health Clinic Update

The Board of Directors will receive an update on the clinics and Rural Health Clinics.

16.2. 2021 Legislative Update..... ATTACHMENT

The Board of Directors will receive a legislative update.

17. ITEMS FOR BOARD ACTION ♦

17.1. Ballot for Special District Representative & Alternate, Placer LAFCO ♦ ATTACHMENT

The Board of Directors will consider action on a ballot for a Special District Representative and Alternate on Placer LAFCO Board.

18. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

19. BOARD COMMITTEE REPORTS

20. BOARD MEMBERS REPORTS/CLOSING REMARKS

21. CLOSED SESSION CONTINUED, IF NECESSARY

22. OPEN SESSION

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

24. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is June 24, 2021 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) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting.

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

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



MAY 2021 EMPLOYEE OF THE MONTH

WENDY LENZ



DONOR RELATIONS COORDINATOR - FOUNDATION

We are honored to announce Wendy as our May 2021 Employee of the Month! Wendy has been employed with the Tahoe Forest Health System since July of 2017.

Here are some of the great things Wendy's colleagues have to say about her:

"It is hard to imagine an employee who embodies the values of our health system more than Wendy. Everyday she goes above and beyond to support not only her own team members, but employees throughout the organization. She always strives to do the right thing, and no job is too big or too small for her to tackle. She is a bright light in everyone's day, and she is an integral part of the Foundation's success."

Another colleague noted, "On top of her great work in the Foundation, she is also a Values Advocate and an amazing Peer Supporter. I can't say enough good things about her and how she lives our values in everything she does. She is a great team member and an amazing person."

Please join us in congratulating all of our Terrific Nominees!

**Miriam Baez · Josh Fetbrandt · Sabrina Futral · Cassy Kiehn · Diana Martinez
Rodriguez · Tamsen Panelli · Allie Rohe · Martin Romero · Abby Thomas ·
Sara Wojcik**

AGENDA ITEM COVER SHEET

ITEM	Medical Executive Committee (MEC) Consent Agenda
RESPONSIBLE PARTY	Jonathan Laine, MD Chief of Staff
ACTION REQUESTED?	For Board Action
BACKGROUND: During the May 20, 2021 Medical Executive Committee meeting, the committee made the following open session consent agenda item recommendations to the Board of Directors at the May 27, 2021 meeting.	
SUMMARY/OBJECTIVES: Approval of the following consent agenda items: <u>Policy with Changes Approval</u> <ul style="list-style-type: none"> • Late Career Provider Policy <u>Program Approval</u> <ul style="list-style-type: none"> • Trauma Program Resolution <u>Privileges with Changes Approval</u> <ul style="list-style-type: none"> • Audiology Privilege Form • NP/PA Privilege Form (Cardiology and Women’s Health Addition) <u>New Privileges</u> <ul style="list-style-type: none"> • RNFA Privilege Form <u>Bylaws Change</u> AHP Guidelines (Addition of RNFA’s to the AHP Staff)	
SUGGESTED DISCUSSION POINTS: None.	
SUGGESTED MOTION/ALTERNATIVES: Move to approve the Medical Executive Committee Consent Agenda as presented.	

PURPOSE/RISK:

- ~~A. The natural aging process puts individuals at risk for an adverse impact on cognitive ability, technical proficiency, quality of communication, professional judgement, productivity, and stamina that may result in harm to themselves, coworkers, or patients. Clinical excellence is a complex composite of performance in many domains, including, among others, cognitive ability, technical proficiency, communication skills, professional judgment, productivity, and stamina. As individuals age, the natural aging process may have the potential to put the organization, practitioner, and patients at risk by adversely affecting the capacity of practitioners to carry out their clinical responsibilities. Given this reality, it is imperative from the point of view of patient safety as well as physician well being, to establish a process by which late career clinicians' performance and capacities can be fairly and accurately evaluated. **The purpose of this policy is to establish this evaluation process.**~~
- ~~—Key elements of this policy are to assure high quality care for patients, to be supportive of the practitioner and to address issues that the individual may not recognize.~~
- ~~B. By evaluating our late career providers using objective evaluation, we are attempting to reduce any risk that may be related to the aging process.~~
- ~~C. The Medical Staff of Tahoe Forest Hospital System and its clinics adopts this policy in order to:~~
- ~~1. Provide patients with medical care of high quality and safety and protect them from harm~~
 - ~~2. Identify issues that may be pertinent to the health and clinical practice of medical staff members~~
 - ~~3. Support members of the medical staff as they age~~
 - ~~4. Apply evaluation criteria objectively, respectfully, and confidentially~~

POLICY:

Any practitioner aged 70 or older who applies for initial appointment to the Medical Staff or Allied Health Professional Staff will complete, as part of the application process, a physical and mental health evaluation to screen for possible issues that may affect his/her capacity to competently perform the clinical privileges requested. Physicians-Practitioners who are currently on the medical staff or Allied Health Professional Staff who are 70 or older will be required to complete these assessments every 2 years, starting from the member's next scheduled reappointment.

- ~~A. By evaluating our late career providers using objective evaluation, we are attempting to reduce any risk that may be related to the aging process.~~
- ~~B. The Medical Staff of Tahoe Forest Hospital System adopts this policy in order to:~~
- ~~1. Identify issues that may be pertinent to the health and clinical practice of medical staff or Allied Health Professional Staff members~~
 - ~~2. Support members of the medical staff or Allied Health Professional Staff as they age~~
 - ~~3. Apply evaluation criteria objectively, respectfully, and confidentially~~

PROCEDURE:

- A. Components of the assessment: Any practitioner who wishes to apply for initial appointment and is age 70 or will reach the age of 70 within the next six (6) months, must complete this process. For any practitioner who has reached the age of 70 or will reach the age of 70 before by his or her next scheduled reappointment to the Medical Staff, the Medical Staff Services Department will notify the practitioner of the assessment and screenings required by this policy. These are as follows:
1. The physician-practitioner will be required to undergo a screening evaluation at U.C. San

~~Diego PACE Late Career Health Screening (LCHS)~~ a program approved by the Medical Executive Committee (MEC). The Medical Staff Office will provide the practitioner with the approved program options. ~~LCHS-Late Career Assessment (LCA)~~ is a physical and/or mental health screening intended for late career ~~physicians-practitioners~~ who have reached a certain age, but otherwise have no known impairment or competency problems. ~~LCHS LCA~~ is designed to detect the presence of physical or mental health problems affecting a ~~physician's-practitioners~~ ability to practice. Components of ~~LCHS-LCA~~ may include:

- a. Review of self-reported health questionnaire
 - b. A comprehensive physical examination
 - c. MicroCog™ Cognitive screening examination
 - d. Psychological screening
 - e. Dexterity test (for proceduralists only)
2. The cost of the initial examination for current Medical Staff or Allied Health Professional Staff members will be paid by Tahoe Forest Hospital District (TFHD). Travel expenses will be paid as per the TFHD Travel Policy, if outside the Reno/Tahoe area. For initial applicants, the costs will be borne by the applicant.
 3. For initial applicants, obtaining an evaluation and submitting documentation of the results shall be a prerequisite to deeming an initial application for appointment to the Medical Staff or Allied Health Professional Staff complete for processing. Failure to render the application complete within a reasonable period of time, or by such deadline as may be specified, shall be grounds for determining the application incomplete with no action being taken on the application, as provided in the Medical Staff Bylaws.
 4. A current member of the Medical Staff or Allied Health Professional Staff who has reached the age of 70 ~~or will reach the age of 70 before~~ his/her next scheduled reappointment shall obtain the required evaluation at least four (4) months prior to the expiration of his/her reappointment. Failure to comply within this time frame will be considered a withdrawal of his/her application with no action being taken on the reappointment application.

B. Notification to the practitioner will include:

1. For ~~physicians-practitioners~~ currently holding medical staff membership and privileges, the practitioner who has reached the age of 70 ~~or will reach the age of 70 before~~ his/her next scheduled reappointment, will be notified six months prior to the expiration of their next reappointment of the date on which the results of the health screening are due to the Medical Staff Services Department.
 - ~~a. A Letter of Intent for Assessment of Practitioner Health.~~
 - ~~b. The PACE Late Career Health Screening (LCHS) Enrollment Form.~~
 - ~~e.a. A copy of this policy.~~
 - b. A copy of the current clinical privileges held (or privileges requested) by the practitioner.
 - d.c. Information on the MEC approved program, location, and requirements needed for evaluation.
 - ~~e. An Authorization Form, to be signed and returned by the practitioner, allowing the results of the evaluation to be disclosed to appropriate representatives of the Medical Staff for purposes consistent with this Policy.~~

C. Review of assessments

1. The completed ~~LCHS-LCA~~ report will be submitted to the Medical Staff Services Department.
2. This information, which will be treated as highly confidential, will be reviewed by the Chief of Staff and the Chief Medical Officer and the Chief of the Department as deemed appropriate. If further evaluation is recommended, and assistance is needed in obtaining an appropriate referral, the Well-Being Committee may be consulted. Additional evaluation and consultations may be sought regarding the interpretation of the results as needed. Costs of any additional evaluations will be borne by the practitioner. However, TFHD and the Medical Staff may reimburse you for some of your out-of-pocket expenses.

D. Outcomes of review

1. If the ~~LCHS-LCA~~ report does not identify potential patient care concerns in relation to the

expected level of performance in exercising the clinical privileges at issue, the report will be filed in a confidential file maintained by the Medical Staff Services Department as part of the Credentials File, and the remainder of the Credentials File that is accessible for routine reappointment credentialing and peer review purposes will only reflect that the assessment and screening process has been completed with no significant concerns identified. The initial appointment process will then proceed as specified in the Medical Staff Bylaws. Current members of the Medical [Staff-Staff or Allied Health Professional Staff](#) will be notified that their screening obligation has been discharged.

2. If the [LCHS-LCA](#) report identifies the need for further evaluation, the Chief of Staff and the Chief Medical Officer, and the Chief of the Department, as deemed appropriate, will decide how to proceed. The options may include, one or all of the following:
 - a. Consulting with the relevant department chair and/or the Medical Executive Committee. If it appears that an accommodation will be necessary, the practitioner may choose to voluntarily adjust their practice; otherwise, the Corrective Action provisions of the Medical Staff Bylaws may be invoked.
 - b. If the evaluation was obtained in connection with an initial application for appointment, the review process shall include the Medical Staff officials and committees that have credentialing responsibilities under the Medical Staff Bylaws.
 - c. The Well Being Committee may be consulted if assistance is needed in obtaining an appropriate referral or other resources.
3. All of these functions will be performed in a way that is respectful and supportive of the practitioner, while being consistent with the Medical Staff's overarching responsibility for maintaining the Medical Staff's [or Allied Health Professional Staffs](#) professional standards and protecting the interests of patients. If the practitioner is determined to have a condition for which reasonable accommodations might be made in order to protect the interests of patients while allowing the practitioner to hold some or all of the clinical privileges requested or in effect, this issue will be explored at the practitioner's request.
4. Throughout this process the intent of each step is to protect patient safety, provide support to the practitioner and assist in any resulting changes in practice patterns or transitions. This process is also available to individual practitioners, who, on their own, express concerns. Inquiries by such practitioners should be directed to the Chief of Staff or designee.

References:

- A. Stanford University Medical Center Late Career Practitioner Policy
- B. UC San Diego Late Career Health Screening (LCHS) Program
- C. CME Report 5-A-15, Assuring Safe and Effective Care for Patients by Senior/Late Career Physicians, Council on Medical Education. American Medical Association
- D. Smart DR. Physician Characteristics and Distribution in the US. American Medical Association. 2015 Ed.
- E. Burroughs MD, MBA, FACHE, FACPE, Jonathan H., Hogan, Esq., James B., and Richter, Esq., Jennifer H., "The Aging Physician: Balancing Safety, Respect, and Compliance," Med Staff New, March 2013. (citing Powell, Douglas H., Profiles in Cognitive Aging, *Harvard University Press*, December 1994)
- F. Norcross, MD, Ching, MFT, Sieber, PhD. Toward a More Accountable Profession: The Case of the Aging Physician. Medical Board of California Action Report, Jan 2006
- G. Pitkanen. "Doctor's Health and Fitness to Practice: Performance Problems in Doctors and Cognitive Impairments." *Occup Med*, 2008
- H. Waljee, MD, MPH, Greenfield, MD, Dimick MD, MPH, Birkmeyer, MD, "Surgeon Age and Operative Mortality in the United States," *Annals of Surgery*, Vol 244, No. 3, September 2006
- I. Choudhry NK, Fletcher RH, Soumerai SB. Systematic review: the relationship between clinical experience and quality of health care. *Ann Intern Med*. 2005; 142:260-273
- J. AMA Code of Medical Ethics Opinion 9.0305- Physician Health and Wellness. <http://www.ama-assn.org/ama/pib/physician> resources/medical-ethics/code-medical-ethics/opinion90305.page#

K. Assessing Late Career Practitioners: Policies and Procedures for Age Based Screening. A Guideline for California Public Protection & Physician Health/ 2015.
<http://www.cppph.org/cppph/wp-content/uploads/2015/07/assessing-late-career-practitioners-adopted-by-cppph-changes-6-10-151.pdf>

Resolution of the Executive Committee of the Medical Staff of
Tahoe Forest Hospital

RESOLUTION

To Support the Tahoe Forest Hospital Trauma Center

Whereas, the Executive Committee of the Medical Staff of Tahoe Forest Hospital supports the Tahoe Forest Hospital Trauma Center, and

Whereas, Executive Committee of the Medical Staff of Tahoe Forest Hospital desires to operate as a verified Trauma Center by the American College of Surgeons

Whereas, the Executive Committee of the Medical Staff of Tahoe Forest Hospital is recommitted to supporting verification of the Trauma Center by the American College of Surgeons by supporting:

1. Exceptional professional and paraprofessional personnel in trauma care and Hospital Administration who are promptly available to support acutely injured patients
2. Utilization of sophisticated resources, equipment and ancillary services dedicated to providing the highest quality of trauma care
3. The role of the Trauma Medical Director to ensure that trauma patient needs are a priority for the institution
4. Capable resources to support the Trauma Performance Improvement and Patient Safety Plan
5. Maintenance of a leadership role locally, regionally, state-wide and nationally in the delivery of care to trauma patients and the coordination of trauma care systems within the community
6. Provision of education in trauma care for attending physicians, nurses, prehospital and other paramedical personnel
7. Provision of trauma injury prevention programs to the community it serves
8. Capable resources to support a trauma mass casualty response plan

NOW, THEREFORE, BE IT RESOLVED that the Executive Committee of the Medical Staff of Tahoe Forest Hospital affirms that the Trauma Center is an institutional effort, the success of which is dependent upon a firm commitment of the medical staff and hospital leadership.

The undersigned hereby certifies that the foregoing Resolution was duly adopted by the Board of Directors of Tahoe Forest Hospital.

Date

TAHOE FOREST HOSPITAL DISTRICT
Department of Surgery
Delineated Clinical Privilege Request

SPECIALTY: **AUDIOLOGY**

NAME: _____
Please print

Check which applies: **Tahoe Forest Hospital (TFH) Only**
 Multi-Specialty Clinics (Tahoe Forest Health System)

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:

Basic Education, Training, Licensure, and Experience	Master's degree or AuD from an accredited university or professional school. Must have successfully completed a nine month to one year postgraduate clinical practicum experience in an accredited educational institution or its cooperating programs.
Certification:	Current certification (CCC-A) from the American Speech-Language Hearing Association or Doctorate in Audiology (Au.D.)
Clinical Competency References: (required for new applicants)	Completion of annual competency.
Proctoring/Evaluation:	Evaluation completed by the physician.
Other:	<ul style="list-style-type: none"> • Malpractice insurance in the amount of \$1m/\$3m • Must be currently contracted with the Hospital for services. • Current CA State Speech-Language Pathology & Audiology Board. • Current CA State – Speech-Language Pathology & Audiology Board – Hearing Aid Dispenser

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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 patients seen/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.

(R)	(A)	GENERAL PRIVILEGES - AUDIOLOGY	Estimate # of procedures in last 24 months	Setting	Proctoring New applicants	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<p>Basic privileges include:</p> <ul style="list-style-type: none"> • Performs a variety of tests, including otoscopic examinations, to assess and diagnose dysfunction in hearing, auditory function, vestibular balance, and to diagnose related disorders. • Nutrition Assessment – uses accurate data and information to identify nutrition related problems. • Assess and treat patients with tinnitus using techniques such as biofeedback, masking, hearing aids, education, and counseling. • Present treatment options for dysfunction in hearing, auditory function, vestibular balance, and related disorders. • Evaluate and fit patient for amplification and assistive listening devices including earmolds and protection devices such as earmold fabrication and modification as well as industrial monitoring. • Provide patients with counseling and training regarding the use of amplification and assistive listening devices. • Provide audiologic treatment services (e.g., clinical treatment, home intervention, family support, and case management) for infants and children. • Act as a member of an implant team (specializing in cochlear implants, middle ear implantable hearing aids, fully implantable hearing aids, bone-anchored hearing aids and all other amplification/signal processing devices) that determines candidacy based on hearing and communication information. • Provide pre-and post-implant assessment, counseling, and all aspects of audiologic treatment, including auditory training, rehabilitation, implant programming, and maintenance of implant hardware and software. • Referral to physician when hearing problem needs surgical or medical attention. 	_____	TFH/ MSC	Review and evaluate by the supervising physician.	Demonstrated competency as verified by the supervising physician and maintenance of continuing education units.
<input type="checkbox"/>		<p>REMOVAL FROM BASIC PRIVILEGES: Should applicant's current practice limitations or current competence exclude performance of any privileges specified in the list of basic privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion.</p> <p>_____</p>				
		<p>ADDITIONAL PRIVILEGES: 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.</p>				
		<p>EMERGENCY: 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>				

TAHOE FOREST HOSPITAL DISTRICT
Department of Surgery
Delineated Clinical 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's Signature

SUPERVISING PHYSICIAN ATTESTATION:

I HAVE REVIEWED AND ATTEST TO THE COMPETENCE OF THE ABOVE INDIVIDUAL AND AGREE TO SUPERVISE HIS/HER CLINICAL DUTIES.

Date
SUPERVISING PHYSICIAN

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:

Interdisciplinary Practice Committee

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

Date
IDPC Chair/Designee Signature

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: 2009
IDPC Review Dates: 2009
Department of Surgery: 2009
Medical Executive Committee: 2009
Board of Directors: 2009; 11/2016



**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

NAME: _____

Check which applies:

- Tahoe Forest Hospital (TFH), Inpatient, Oncology, ECC, Outpatient, Emergency, TFH Clinics
- Incline Village Community Hospital (IVCH), Inpatient, Outpatient, Emergency, Health Clinic

- Check which applies: Nurse Practitioner Physician Assistant
 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:

<p>Basic Education, Training, Licensure, and Experience</p>	<p><u>Nurse Practitioner:</u></p> <ul style="list-style-type: none"> • Certification from an accredited school for nurse practitioner training • Current advance practice RN licensure to practice in California and/or Nevada, as appropriate. • Provide evidence of Collaborative Service Agreement (CA); and/or evidence of Supervising Physician Agreement (NV State Medical Board), as applicable. • Provide evidence of completion of a program meeting AORN (Assoc. of periOperative Registered Nurses) standards for RN First Assistant Education Programs as an NP, if applying for surgical assist privileges, or provide certification with 9 months of appointment. <p><u>Physician Assistant:</u></p> <ul style="list-style-type: none"> • Completion of a PA program accredited by the Accreditation Review Commission on Education for the Physician Assistant. • Current California and/or Nevada license in good standing, as applicable. • Provide evidence of Delegation of Service or Practice Agreement (CA); and/or evidence of Supervising Physician Agreement (NV State Medical Board), as applicable.
<p>Certification:</p>	<p>Nurse Practitioner: Current ANCC (American Nurses Credentialing Center) or AANP (American Academy of Nurse Practitioners) certification required. Current PNCB (Pediatric Nursing Certification Board) or ANCC certification is required if requesting to work in pediatrics. NCC (National Certification Corporation) certification for WHNP-BC (Women's Health Care Nurse Practitioner) is acceptable if requesting to work in Women's Health.</p> <p>Physician Assistant: Current NCCPA (National Commission on Certification of Physician Assistants) certified</p> <p>NP and PA: Current BLS (Basic Life Support) certified (must submit copy & maintain current certification.)</p>
<p>Clinical Competency References: 3</p>	<p>Initial and Reappointment: At least one peer reference should have the same licensure as the applicant; e.g., nurse practitioner or physician assistant. Other references should include physicians with whom the applicant has worked and/or been employed.</p> <p>Reappointment: At least one reference from a supervising physician, if applicable.</p>
<p>Proctoring/Evaluation:</p>	<p>See "Proctoring New Applicant" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring/evaluation may be required if minimum number of cases cannot be documented.</p>
<p>Other:</p>	<ul style="list-style-type: none"> • Malpractice insurance in the amount of \$1m/\$3m • Current, unrestricted DEA certificate in CA and/or NV, as applicable (Schedules II-V). Nevada Pharmacy Board Certificate, if applicable • Ability to participate in federally funded program (Medicare or Medicaid) • Physician Assistants must have an identified Physician Supervisor who is a member of the Hospital's medical staff. • PA's must complete an educational course in controlled substances that meets the standards of practice by TFHD and State of California within six (6) months of being granted privileges and AHP membership. [CA Code of Regulations Sections: 1399.541(h), 1399.610 and 1399.612] • Nurse Practitioners must have a Collaborative Agreement with a designated *supervising physician member of the Hospital's medical staff. Must function under defined standardized procedures or protocols.

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

**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

Name: _____

(R)	(A)	GENERAL PRIVILEGES Please check the appropriate "core privileges" for your practice area	Estimate # of patients seen in last 24 months	Proctoring New applicants	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<p>OUTPATIENT (Tahoe Forest/Incline Village Hospital)</p> <p>This list of Core privileges below is representative of the type of practice privileges that may be performed by PA/NP but does not necessarily contain all core practice privileges that may be performed by PA/NPs in this specialty. Please mark through and initial any privileges that you do not wish to include in our core practice privileges:</p> <ul style="list-style-type: none"> • History documentation and physical examinations. • Conduct initial and ongoing assessment of the patient's medical and physical status. • Refer to hospital for admission and treatment. • Evaluate, diagnose, and treat in outpatient clinic. • Management of acute and chronic conditions. • Emergent Care such as respiratory arrest, cardiac arrest following approved protocols. • Collecting, ordering, and interpreting lab work, therapies, x-rays and other diagnostic studies following approved protocols. • Ordering therapies as part of treatment plans such as speech and physical therapy, psychological counseling following approved protocols. • Medication management, including controlled substances, with physician consultation following approved protocols. • Instructing, educating and counseling patients and families concerning health status, results of tests, disease process, and discharge planning. • Facilitate and initiate referrals to appropriate health care agencies and arranging community resources. • Specialty consultation with physician when level of competence or comfort exceeded per approved protocols. <p><u>Procedures and minor surgery including:</u></p> <ul style="list-style-type: none"> • Splinting & Casting • Incision and drainage of abscess • Suture laceration • Wart removal with cryotherapy • Toenail removal • Excision and Biopsy • Drain/Inject Joint 	_____	<p>Ten cases proctored (list of patients seen are provided by practitioner)</p> <p>3 and 6 month reviews through random chart review and physician feedback</p>	<p>Actively seeing patients in occ health/health clinic setting (minimum of 100 in two years)</p> <p>On going monthly chart review (5% of charts) by Medical Director or Supervising Physician); special review when exceptional conditions exist</p>

**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

Name: _____

(R)	(A)	GENERAL PRIVILEGES Please check the appropriate "core privileges" for your practice area	Estimate # of patients seen in last 24 months	Proctoring New applicants	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<p>INPATIENT or OUTPATIENT HOSPITAL SETTING Core privileges for the inpatient or outpatient hospital setting include the following: [NOTE: Any patient requiring ICU or step-down ICU status will be transferred to the on-call physician.]</p> <ul style="list-style-type: none"> • History documentation and Physical examinations, • Preop/Preadmission • Dictation of admission H&P and initiation of admitting orders. • Obtain informed consent • POLST: Under direction of physician, sign Physician Orders for Life-Sustaining Treatment forms. • Patient visits and recording progress notes. • Dictation of discharge summary and/or initiation of discharge orders in consultation with supervising and/or employing physician/s. • Assess medical risks and appropriately prevent and treat risks (e.g., VTE). • Ordering of diagnostic lab, wound cultures, radiology services, and therapies in consultation with or using procedures approved by supervising and/or employing physician/s. • Consultation with care coordinators, nursing staff, or clinical educators. • Prescribe, administer, and/or dispense drugs allowed by license and within scope of practice. • Specialty consultation with physician when level of competence exceeded per approved protocols. • Provision of patient education and make appropriate referrals 	_____	<p>Ten cases proctored (list of patients seen are provided by practitioner)</p> <p>3 and 6 month reviews through random chart review and physician feedback</p>	<p>Minimum of 5 patients managed in inpatient setting in two years & actively seeing patients in the outpatient setting (minimum of 100 patients in two years)</p> <p>On going monthly chart review (5% of charts) by Medical Director or Supervising Physician); special review when exceptional conditions exist</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><u>Procedures and minor surgery including:</u></p> <ul style="list-style-type: none"> • Apply and remove wound vacs • Arthrocentesis for joint & bursa aspirations to rule out infections • Casting, simple • Closed reductions of dislocations • Reductions of extremity fractures • Hardware removal requiring only local anesthesia • Suture laceration • Excision and Biopsy • Joint injections • Injections of hematoma blocks for reductions • Injections IM, IV, Intra articular, SQ and Tendon Sheaths • Traction and Insertion of Steinman Pins for Skeletal Traction • Wound care, assessment & dressing changes • Pronounce a patient death. 			

**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

Name: _____

□	□	<p>PA/NP SURGICAL FIRST ASSIST – OPERATING ROOM Core privileges include: The supervising physician may delegate to a PA/NP only those tasks and procedures consistent with the supervising physician's specialty. The PA/NP may assist with any procedure/surgery approved by the Department of Surgery for the supervising physician/surgeon:</p> <ul style="list-style-type: none"> • Positioning, prepping and draping the patient • Manipulation tissue/bone • Providing retraction • Drilling, reaming, nail/plate and screw placement • Intraoperative fracture reductions • Providing hemostasis • Performing suturing and knot tying • *Providing closure of tissue layers with suture, staples, or steristrips • *Affixing and stabilize drains • Reduction of fractures/dislocations • Removal of external fixaters • Joint/tissue injections • Applying dressings and splints or casts <p>NOTE: *The PA/NP may surgically close all layers, affix and stabilize drains deemed appropriate by the supervising physician. The supervising physician is responsible for all aspects of the invasive/surgical procedure including wound closure and must be **immediately available (need not be present in the room) when the PA/NP closes the wound. [**Immediately available is defined as "able to return to the patient without delay, upon the request of the PA/NP or to address any situation requiring the supervising physician's services".]</p>		<p>Ten cases reviewed at random (list of patients are provided by practitioner if needed)</p> <p>Review and evaluation of care by surgeons and surgical supervisor</p>	<p>Actively assisting surgeons (minimum of 5 in two years) with annual review and favorable competency evaluations</p> <p>On going monthly chart review (5% of charts) by Medical Director or Supervising Physician); special review when exceptional conditions exist</p>
□	□	<p>Fluoroscopy [Current CA Department of Health Services fluoroscopy certificate (required in CA only)]</p>		TFH Only	Maintain Current Fluoroscopy License (CA Only)

**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

Name: _____

SKILLED NURSING FACILITY (SNF)				
<input type="checkbox"/>	<input type="checkbox"/>	<p>Core privileges for the skilled nursing facility are limited to performing alternating federally mandated physician visits, at the option of the physician, after initial visit by the physician in the SNF, and medically necessary visits for the diagnosis or treatment of an illness or injury as needed.</p> <ul style="list-style-type: none"> • History documentation and Physical examinations. • Patient visits and recording progress notes. • Dictation of discharge summary and/or initiation of discharge orders in consultation with supervising and/or employing physician/s. • Assess medical risks and appropriately prevent and treat risks (e.g., VTE). • Ordering of diagnostic lab, radiology services, and therapies in consultation with or using procedures approved by supervising and/or employing physician/s. • Consultation with care coordinators, nursing staff, or clinical educators. • Prescribe, administer, and/or dispense drugs allowed by license and within scope of practice. • Provision of patient education and make appropriate referrals. • POLST: Under direction of physician, sign Physician Orders for Life-Sustaining Treatment forms. • Pronounce a patient death. <p>Specialty consultation with physician when level of competence exceeded per approved protocols.</p>	_____	<p>Ten cases proctored (list of patients seen are provided by practitioner)</p> <p>3 and 6 month reviews through random chart review and physician feedback</p>
<p>Minimum of 5 patients managed in Skilled Nursing setting in two years & actively seeing patients in the outpatient setting (minimum of 100 patients in two years)</p> <p>On going monthly chart review (5% of charts) by Medical Director or Supervising Physician); special review when exceptional conditions exist</p>				
INPATIENT / OUTPATIENT CHEMOTHERAPY				
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Order adjustment per protocol. <p>Specialty consultation with physician when level of competence exceeded per approved protocols.</p>	_____	<p>Ten cases proctored at random (list of patients seen are provided by practitioner)</p> <p>3 and 6 month reviews through random chart review and physician feedback</p>
<p>Actively seeing patients in cancer center setting/inpatient (minimum of 100 in two years, including 5 inpatient cases)</p> <p>On going monthly chart review (5% of charts) by Medical Director or Supervising Physician); special review when exceptional conditions exist</p>				

**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

Name: _____

EMERGENCY DEPARTMENT (TFH or IVCH)				
<input type="checkbox"/>	<input type="checkbox"/>	<p>Core privileges for physician assistants and nurse practitioners in emergency medicine include the care for patients of all ages to correct or treat various conditions, illnesses, or injuries including the provision of consultation on behalf of their supervising physician.</p> <p>Core privileges also include assisting the supervising physician with diagnosis and management in the following areas:</p> <ul style="list-style-type: none"> • History documentation and physical examinations. • Perform a Medical Screening Examination. • Conduct initial and ongoing assessment of the patient's medical and physical status. • Refer to hospital for admission and treatment. • Evaluate, diagnose, and treat in outpatient clinic. • Management of acute and chronic conditions. • Emergent Care such as respiratory arrest, cardiac arrest following approved protocols. • Collecting, ordering, and interpreting lab work, therapies, x-rays, ECGs, and other diagnostic studies following approved protocols. • Ordering therapies as part of treatment plans such as speech and physical therapy, psychological counseling following approved protocols. • Medication management, including controlled substances, with physician consultation following approved protocols. • Instructing, educating and counseling patients and families concerning health status, results of tests, disease process, and discharge planning. • Facilitate and initiate referrals to appropriate health care agencies and arranging community resources. <p>Procedures: Procedures within scope of practice may be performed with consultation when appropriate. These may include but are not limited to:</p> <ul style="list-style-type: none"> • Splinting & casting • Local anesthesia • Incision and drainage • Wound management and closure • Nail removal • Joint, bursa, and trigger point injection • Foreign body removal • Urinary bladder catheterization 	<p>3 and 6 month reviews through random chart review and physician feedback</p> <p>Ten cases proctored (list of patients seen are provided by practitioner)</p>	<p>Actively seeing patients in ER setting (minimum of 100 in two years, may include outpatient or ortho)</p> <p>On going monthly chart review (5% of charts) by Medical Director or Supervising Physician); special review as needed Ongoing Chart Review Determined at the Practice Level</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>URGENT CARE – ADULT and PEDIATRIC MEDICINE (Must also request Outpatient General NP/PA Privileges)</p> <ul style="list-style-type: none"> • ACLS Required (Certification Required within 6 months of Initial Appointment and Current Thereafter) <p>Management of general medical conditions privileges include:</p> <p style="text-align: center;">PROCEDURES</p> <ul style="list-style-type: none"> • Dislocation and Fracture Reductions • IM injections 	<p>Review of 10 cases proctored</p>	<p>Current demonstrated competence and provision of care for approximately 25 urgent care cases in past two years. Office records may be requested. *</p>

**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

Name: _____

		<ul style="list-style-type: none"> • IV injections • IO insertion <p style="text-align: center;">DIAGNOSES</p> <ul style="list-style-type: none"> • Adult and Pediatric dislocations • Adult and Pediatric fractures 			
<input type="checkbox"/>	<input type="checkbox"/>	<p>UROLOGY (Must also request Outpatient General NP/PA Privileges)</p> <p>Management of general medical conditions privileges include:</p> <p>PROCEDURES</p> <ul style="list-style-type: none"> • Intercavernosal Injections for ED (Review of 3 proctored cases) • Inject medications for Peyronie's Disease (Review of 10 proctored cases) • Bladder Catheter Irrigation (Review of 3 proctored cases) • Urodynamic Studies (Review of 5 proctored cases) • Posterior tibial nerve stimulation (Review of 6 proctored cases) 	_____	See Procedures	Current demonstrated competence and provision of care for approximately 25 cases in past two years. Office records may be requested. *
<input type="checkbox"/>	<input type="checkbox"/>	<p>CARDIOLOGY OUPATIENT</p> <p>Management of general medical conditions privileges include:</p> <p>This list of Core privileges below is representative of the type of practice privileges that may be performed by PA/NP but does not necessarily contain all core practice privileges that may be performed by PA/NPs in this specialty. Please mark through and initial any privileges that you do not wish to include in our core practice privileges.</p> <ul style="list-style-type: none"> • <u>History documentation and physical examinations, new and follow up cardiology patient consults.</u> • <u>Conduct initial and ongoing assessment of the patient's medical and physical status.</u> • <u>Refer to hospital for admission and treatment.</u> • <u>Evaluate, diagnose, and treat in outpatient clinic.</u> • <u>Management of acute and chronic cardiac conditions.</u> • <u>Emergent Care such as respiratory arrest, cardiac arrest following approved protocols.</u> • <u>Collecting, ordering, and interpreting lab work, therapies, x-rays and other diagnostic studies following approved protocols.</u> • <u>Referral to cardiac rehab as appropriate</u> • <u>Medication management, per standard of care</u> • <u>Instructing, educating and counseling patients and families concerning health status, results of tests, disease process, and discharge planning.</u> • <u>Facilitate and initiate referrals to appropriate health care agencies and arranging community resources.</u> • <u>Specialty consultation with physician when level of competence or comfort exceeded per approved protocols.</u> 	_____	See Procedures	

TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request

Name: _____

PROCEDURES

- 12 lead ECG interpretation

TAHOE FOREST HOSPITAL DISTRICT

ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT

Repeated Clinical Privilege Request

<input type="checkbox"/>	<input type="checkbox"/>	<p>OUTPATIENT (Tahoe Forest/Incline Village Hospital) This list of Core privileges below is representative of the type of practice privileges that may be performed by PA/NP but does not necessarily contain all core practice privileges that may be performed by PA/NPs in this specialty. Please mark through and initial any privileges that you do not wish to include in our core practice privileges:</p> <ul style="list-style-type: none"> • <u>Take and perform an history and physical</u> • <u>Triage a patient</u> • <u>Management of acute and chronic conditions</u> • <u>Collecting, ordering, and interpreting lab work</u> • <u>Ordering and interpreting diagnostic studies</u> • <u>Medication management</u> • <u>Instructing, educating and counseling patients and families concerning health status, results of tests, disease process, and discharge planning</u> • <u>Facilitate and initiate referrals to appropriate health care agencies and arranging community resources</u> • <u>Management of women's health conditions include but are not limited to:</u> <ul style="list-style-type: none"> • <u>Perform Pap/pelvic and breast exams</u> • <u>Perform cervical check</u> • <u>Management abnormal Pap tests</u> • <u>Family planning/contraceptive counseling</u> • <u>Screening for STIs</u> • <u>Menopause management</u> • <u>Abnormal uterine bleeding</u> • <u>Postmenopausal bleeding</u> • <u>Pelvic pain</u> • <u>Incontinence</u> • <u>Pelvic organ prolapse</u> • <u>Infertility</u> • <u>Osteoporosis</u> • <u>Endometriosis</u> • <u>Uterine fibroids/polyps</u> • <u>Prenatal/postpartum care</u> • <u>Assessment and management of breast masses</u> • <u>Management depression/anxiety</u> • <u>Procedures and minor surgery including:</u> <ul style="list-style-type: none"> • <u>Colposcopy (Review of 3 proctored cases)</u> • <u>LEEP (Review of 3 proctored cases)</u> • <u>Endometrial biopsy (Review of 3 proctored cases)</u> • <u>IUC insertion and removal(Review of 3 proctored cases)</u> • <u>Nexplanon insertion and removal (Review of 3 proctored cases)</u> <ul style="list-style-type: none"> ○ <u>Must provide proof of training</u> • <u>Perform wet mount (Review of 3 proctored cases)</u> • <u>Cryotherapy (Review of 3 proctored cases)</u> • <u>Cervical polypectomy (Review of 3 proctored cases)</u> • <u>Vulvar or vaginal biopsy (Review of 3 proctored cases)</u> • <u>Excision skin lesion (Review of 3 proctored cases)</u> 		<p><u>Ten cases proctored (list of patients seen are provided by practitioner)</u></p> <p><u>3 and 6 month reviews through random chart review and physician feedback</u></p>	<p><u>Actively seeing patients in health clinic setting (minimum of 100 in two years)</u></p> <p><u>On going chart review per established process</u></p>
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**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

Name: _____

		<ul style="list-style-type: none"> • <u>Transvaginal ultrasound (Review of 3 proctored cases)</u> • <u>Pessary fitting and placement (Review of 3 proctored cases)</u> • <u>Intrauterine insemination (Review of 3 proctored cases)</u> • <u>Administer IM injections</u> 			
		<p>EMERGENCY: 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 modifications below) do not recommend (explain)

Date Department Chair Signature

Modifications or Other Comments: _____

INTERDISCIPLINARY PRACTICE COMMITTEE (IDPC)

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

Date IDPC Chair/Designee 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)

**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

Name: _____

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

Department Review Dates: previously approved as separate privilege forms
IDPC Review Dates 10/14/08; 3/12; 4/13/16; 11/11/16; 2/6/17; 10/10/18; 1/9/18, 4/24/19
Medicine/Emerg Department: 5/5/16; 11/14/16
Surgery Department: 6/1/16
Medical Executive Committee: 10/15/08; 3/12; 6/15/16; 11/16/16; 3/16/17; 10/18/18, 5/16/19
Board of Directors: 10/28/08; 3/12; 6/23/16; 11/17/16; 3/23/17; 10/25/18, 5/23/19

TAHOE FOREST HOSPITAL DISTRICT
Department of Surgery
Delineated Clinical Privilege Request

SPECIALTY: REGISTERED NURSE FIRST ASSIST **NAME:** _____
Please print

Check which applies: Tahoe Forest Hospital 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:

Basic Education, Training, Licensure, and Experience	Registered Nurse First Assist: Provide evidence of completion of a program meeting AORN (Assoc. of periOperative Registered Nurses) standards for RN First Assistant Education Programs California Certification from an accredited school for nurse practitioner training Current RN licensure to practice in California (if applicable) Current RN licensure to practice in Nevada (if applicable)
Certification:	Registered Nurse: CNOR certification
Clinical Competency References: (required for new applicants)	At least one peer reference should have the same licensure as the applicant. Other references should include a physician with whom the applicant has worked with and/or been employed. Medical Staff Office will obtain references response.
Proctoring/Evaluation:	See "Proctoring New Applicant" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring/evaluation may be required if minimum number of cases cannot be documented.
Other:	<ul style="list-style-type: none"> • Malpractice insurance in the amount of \$1m/\$3m • Must be contracted with the Hospital to work with privileged surgeons on the Hospital's Medical Staff. • Will function under defined standardized procedures.

If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competence. Any practitioners who hold the following privileges prior to the revision date are grandfathered for those privileges; however, all practitioners must meet any new criteria defined for maintaining privileges if applicable (at reappointment).

TAHOE FOREST HOSPITAL DISTRICT
Department of Surgery

Applicant: Place a check in the (R) column for each privilege **Requested**. Initial applicants must provide documentation of the number patients seen/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.

(R)	(A)	GENERAL PRIVILEGES –	Estimate # of procedures in last 24 months	Setting	Proctoring New applicants	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	Basic privileges include: Under direct supervision of the surgeon, assisting in the perioperative role in the surgical treatment of the patient to include: <ul style="list-style-type: none"> • Positioning, prepping and draping the patient • Manipulation tissue • Providing retraction • Providing hemostasis • Performing knot tying • Providing closure of tissue layers with suture, staples, or steristrips • Affixing and stabilize drains • Applying dressings and splints or casts 		Surgery Dept at TFH or IVCH	Review and evaluation of care by surgeons and surgical supervisor	Actively assisting surgeons with annual review and favorable competency evaluations
<input type="checkbox"/>		REMOVAL FROM BASIC PRIVILEGES: Should applicant's current practice limitations or current competence exclude performance of any privileges specified in the list of basic privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion. _____ _____ _____				
		SELECTED PROCEDURES 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
		ADDITIONAL PRIVILEGES: 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.				
		EMERGENCY: 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.				

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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.

Tahoe Forest Hospital District
 Department of Surgery

TAHOE FOREST HOSPITAL DISTRICT
Department of Surgery

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: _____

Interdisciplinary Practice Committee

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

Date

IDPC Chair/Designee Signature

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:

IDPC Review Dates:

Medical Executive Committee:

Board of Directors:

TAHOE FOREST HOSPITAL DISTRICT

**GUIDELINES FOR ALLIED HEALTH
PROFESSIONALS AND STANDARDIZED
PROCEDURES**

2020

**GUIDELINES FOR ALLIED HEALTH PROFESSIONALS AND
STANDARDIZED PROCEDURES**

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GUIDELINES FOR ALLIED HEALTH PROFESSIONALS AND STANDARDIZED PROCEDURES

1. PROTOCOL FOR CONSIDERATION OF ALLIED HEALTH PROFESSIONAL CATEGORIES

1.1 Policy

It is the policy of Tahoe Forest Hospital District ("the Hospital") to give appropriate consideration to the question of whether a given category of Allied Health Professionals should be permitted to practice on its premises in Allied Health Professional status. The question will be addressed with respect to a particular category if the Hospital receives a serious expression of interest from the Hospital Administration, a member of the Board of Directors, or a committee or member of the Medical Staff.

The decision whether to accept or reject an Allied Health Professional category will rest with the Board of Directors ("the Board"). To assist the Board in making its decision, the Hospital adopts the procedures in these Guidelines, which are designed to provide the Board with complete information about the relevant issues and to afford all interested persons an opportunity to make their views known. The procedures described herein are intended to serve as guidelines, and may be varied for good cause in a particular case.

1.2 Procedure

- A. The Board or the Administration will refer the matter to the appropriate Hospital body for review and recommendation. This may be, for example, the Administration itself, a standing or ad hoc Medical Staff or Department Committee, or a standing or ad hoc Hospital Committee. The Medical Executive Committee, on its own initiative, may also consider whether a particular category should be accepted, and make a recommendation accordingly to the Administration and the Board.
- B. The body chosen will investigate the matter, including soliciting the views of those most directly involved and those able to assist it with its inquiry. This may include, for example, members of the Allied Health Professional category under consideration, any Medical Staff members who might provide supervision, practitioners from related areas, other Hospital or Medical Staff personnel, representatives from licensing or certification agencies, representatives from professional associations, insurers, or members of the interested public.
- C. On the basis of its review, the body will make a recommendation to the Board or the Administration, as appropriate, to be accompanied by a report describing the underlying reasons for the recommendation. If the Administration initiated the review, it may present the matter to the Board with its own report and recommendations.
- D. The Board will review the recommendation(s) and report(s) and will decide whether to hold an open forum before rendering a decision on behalf of the Hospital.
 - (1) Any open forum shall be designed to permit the Board to receive comments directly from interested persons inside and outside the

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Hospital. Comments shall be submitted in writing unless the Board decides to hold an oral proceeding.

- (2) If the Board decides to hold an oral proceeding, it will conduct the proceeding as a meeting, at which interested persons are permitted to address comments to the Board according to guidelines established by the Board.
 - (3) Notice of any open forum, whether or not an oral proceeding is involved, shall be posted in appropriate locations in the Hospital and shall be sent, insofar as is practical, to all persons who have demonstrated an interest in the matter. The notice shall describe the action being considered, the recommendation received by the Board, and the process for participating in the open forum. It shall include a copy of the report(s) received by the Board or shall state where a copy may be obtained.
- E. When the Board is satisfied that it has received sufficient information, it shall render its final decision on the matter in the form of a resolution. The Board of Directors shall issue a concise statement of the reasons for its decision, and shall indicate how various comments, arguments, and points of view were considered in arriving at its decision.

2. GENERAL STANDARDS FOR ALLIED HEALTH PROFESSIONALS

2.1 In General

A. Applicability

Generally, these Guidelines apply to non-employee practitioners who are accorded Allied Health Professional status at the Hospital and who are under the jurisdiction of the Medical Staff. These Guidelines do not apply to practitioners who are employed by the Hospital, or who, although in Allied Health Professional status, have been placed by the Hospital and Medical Staff under the jurisdiction of Hospital Administration, with the exception of Section 7, which describes the application of these Guidelines to Hospital-employed Allied Health Professionals. In addition, the Guidelines pertaining to credentialing and review in Sections 2.2 and 2.4 apply to all Allied Health Professionals, regardless of their employment status.

B. Terminology

Under these Guidelines, non-employed Allied Health Professionals undergo “credentialing” and “recredentialing” as an Allied Health Professional at the Hospital. .

2.2 Standards

In order to qualify for initial and ongoing Allied Health Professional status at the Hospital, an Allied Health Professional shall:

- A. Belong to an Allied Health Professional category that has been admitted to practice at the Hospital by the Board of Directors. The categories which have been so admitted are listed in Exhibit A;
- B. Meet one of the following requirements:

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- (1) Belong to an Allied Health Professional category that is not subject to any exclusive contract or panel arrangement with the Hospital; or
 - (2) Be accepted by the Hospital as part of any exclusive contract or panel arrangement that applies to the Allied Health Professional's category;
- C. Possess any license or certificate required under the laws of California and/or Nevada, as applicable, for his or her category;
 - D. Possess and document the background, training, experience, judgment, ability, and physical and mental health necessary to demonstrate with sufficient adequacy that he or she is able to provide professional services as requested and authorized in accordance with generally recognized professional standards of quality and efficiency;
 - E. Provide at least one recent professional reference from a previous hospital, chief, or department chair;
 - F. Adhere strictly to generally recognized standards of professional ethics;
 - G. Be capable of working cooperatively with others in furtherance of high quality patient care and efficient hospital operations;
 - H. Perform services for patients at the Hospital in conjunction with the Medical Staff member responsible for the patient's care;
 - I. Comply with all Hospital, Medical Staff and department bylaws, rules and regulations, and protocols, to the extent applicable to the Allied Health Professional;
 - J. Comply with the duties described in Section 11.2 of these Guidelines
 - K. Be willing to participate in the discharge of administrative responsibilities as reasonably determined by the Medical Staff and the Allied Health Professional's department;
 - L. Maintain professional liability insurance with a suitable insurer, with the minimum limits as determined by the Medical Executive Committee and the Board;
 - M. Pay a non-refundable application fee, if required;
 - N. Pay annual dues and assessments, if required;
 - O. Meet any specific requirements established by the applicable department, the Medical Executive Committee or the Board for his or her category of Allied Health Professional, including any specific requirements established for his or her category that is set forth in the attached Exhibits hereto;
 - P. Meet the conditions of any applicable contract with the Hospital; and
 - Q. Not be excluded from participation in any federally funded health care program, including Medicare or Medi-Cal.

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2.3 Exception

From time to time, the Chief of the Medical Staff and the Hospital Administrator may jointly decide to approve clinical privilege(s) for specific individuals who do not meet one or more of the requirements described in Sections 2.2A and 2.2B above.

- A. Any such privilege(s) shall be requested in writing by a member of the Medical Staff who will assume supervisory responsibility for the Allied Health Professional.
- B. The writing requesting approval shall contain a statement of the facts and circumstances justifying each exception requested.
- C. Except as otherwise expressly stated in the approval, all of the standards and requirements set forth in this Section 2 shall apply.

2.4 LEAVE OF ABSENCE

At the discretion of the medical executive committee, an Allied health professional may request a leave of absence, for a period not to exceed a year, by submitting a written request to the medical executive Committee. Requests for leaves of absence that are made by allied health professionals shall be processed in the same manner as requests made by Medical Staff members, in accordance with the medical staff bylaws. There shall be no right to a leave of absence; nor shall there be any procedural rights associated with failure to obtain approval for a requested leave.

3. PROTOCOL FOR NON-EMPLOYED ALLIED HEALTH PROFESSIONAL CREDENTIALING AND REVIEW

3.1 Terms of Allied Health Professional Status

- A. All non-employed Allied Health Professionals shall receive annual skills/competence assessments and shall be credentialed (pursuant to Section 3.2) and re-credentialed (pursuant to Section 3.3) terms.

3.2 Credentialing Procedures

- A. Every Allied Health Professional seeking credentialing as an Allied Health Professional at the Hospital shall make an application on a prescribed form. Failure to complete the application shall preclude consideration of it. An applicant who fails to respond adequately to any request for further information during the review process will be deemed not to have completed the application.
- B. The Hospital will request from the Medical Board of California or other appropriate board, if any, verification of current licensure status of the applicant. The National Practitioner Data Bank (“NPDB”) shall be queried.
- C. The application and all supporting materials shall be forwarded to the responsible department chair or designee. The department chair or designee shall review the application and all supporting material, may arrange for a personal interview of the applicant, and shall make a recommendation concerning Allied Health Professional status, “clinical privileges” (specified services that may be performed), and any special conditions to be attached.

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- D. The department chair or designee shall forward his or her recommendation to the Medical Executive Committee, along with any supporting documentation. The Medical Executive Committee shall review all pertinent information and shall formulate its recommendation to the Board of Directors.
- E. If its recommendation is adverse to the Allied Health Professional, the Medical Executive Committee shall immediately inform the Allied Health Professional and shall hold the decision in abeyance until the Allied Health Professional has exercised or waived his or her right to review set forth in Section ~~4.24.2~~ below. If the Allied Health Professional exercises his or her right to review, the Hospital and the Allied Health Professional shall follow the prescribed procedure. If the Allied Health Professional waives his or her right to review, the Medical Executive Committee shall forward its recommendation to the Board of Directors for a final decision.
- F. If its recommendation is favorable to the Allied Health Professional, the Medical Executive Committee shall forward it, together with any supporting documentation, to the Board for its ultimate decision. Provided, however, if the Board is disposed to deny the Allied Health Professional's application, it shall arrange, prior to rendering its final decision, for a review in which the Allied Health Professional participates, under procedures determined by it.

3.3 Recredentialing Procedures

- A. At least one hundred and twenty (120) days prior to the expiration of current Allied Health Professional status, the Allied Health Professional shall receive an application for recredentialing on a prescribed form. The Allied Health Professional shall complete the form, including a request for the renewal or modification of clinical privileges. Failure to complete and return the form in a timely manner may result in termination of Allied Health Professional status, including clinical privileges, as of the date of expiration.
- B. The procedures for evaluation of an application for recredentialing shall be identical to those set forth in Section 3.2 above for an application for initial credentialing.

3.4 Procedure for Requesting Additional Clinical Privileges

- A. An Allied Health Professional may request additional clinical privilege(s) at any time by filing a written request, together with supporting documentation.
- B. The procedures for evaluation of a request for additional clinical privilege(s) shall be identical to those set forth in Section 3.2 above for credentialing as an Allied Health Professional at the Hospital.

3.5 Temporary Clinical Privilege(s)

- A. A. The Hospital Administrator and the Chief of the Medical Staff, after consultation with the department chair and any supervising physician, may grant an Allied Health Professional temporary clinical privilege(s) if he or she meets the applicable requirements under section 2.2 of these Guidelines. Temporary clinical privilege(s) may be granted in any of the following circumstances following receipt of a complete application for Allied Health Professional status:

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- (1) During the pendency of review and consideration of a preliminary application for Allied Health Professional status, but only after completion of the processes set forth in Sections 3.2(A)-(D) of these Guidelines, to last for one or more specified periods or for as long as the application is pending, but not to exceed 120 days;
 - (2) For the care of patients as locum tenens at the Hospital, for a designated period that may not exceed 120 days.
 - (3) To assist with care of a specific patient for a designated period that may not exceed 120 days.
 - (4) In times of emergency and/or disaster for a designated period that may not exceed 120 days.
- B. An Allied Health Professional who is granted temporary clinical privilege(s) shall be subject to observation under Section 6 of these Guidelines.
 - C. The Hospital Administrator or the Chief of the Medical Staff may, at any time, suspend or terminate an Allied Health Professional's temporary clinical privilege(s).
 - D. An Allied Health Professional shall not be entitled to any of the review rights set forth in these Guidelines in the event that a request for temporary clinical privilege(s) is denied or in the event that temporary clinical privilege(s) are suspended or terminated, except as required by law.

4. CORRECTIVE ACTION AND HEARING RIGHTS

4.1 Corrective Action

- A. A department chair, the Chair of the Interdisciplinary Practice Committee, the Chief of the Medical Staff, the Hospital Administrator, or the Board may make a request to the Medical Executive Committee for an investigation or corrective action whenever an Allied Health Professional engages in conduct that is perceived to be harmful to patient safety, detrimental to the delivery of quality patient care, in violation of applicable rules, policies, or these Guidelines, or disruptive of Hospital operations. The request shall be in writing and shall be supported by reference to the conduct or activities at issue.
- B. The Medical Executive Committee may appoint an ad hoc committee to carry out an investigation. Any such ad hoc committee shall proceed in a prompt manner with the investigation, which may include an informal meeting with the Allied Health Professional. At the conclusion of its investigation, the ad hoc committee shall forward a report, together with any recommendation for corrective action, to the Medical Executive Committee.
- C. The Medical Executive Committee shall consider the report and recommendation of any ad hoc committee and shall make its own recommendation concerning any corrective action.
- D. In the event that the Medical Executive Committee recommends suspension or termination of Allied Health Professional status or reduction in clinical

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privilege(s), the Allied Health Professional shall be entitled to a review under Section 4.2. If the Allied Health Professional waives his or her right to a review, the matter shall be forwarded, together with the supporting materials, to the Board for a final decision.

- E. In the event that immediate action is deemed necessary in the interests of patient care or hospital operations, any person or administrative body entitled to request an investigation or corrective action under Section 4.1 above may restrict or suspend an Allied Health Professional's status or clinical privilege(s) immediately. The Allied Health Professional then shall have the right to meet informally as soon as practicable with the Medical Executive Committee, which shall have the authority to continue, modify, or terminate the restriction or suspension. In the event that the restriction or suspension is not lifted the Allied Health Professional shall have the right to obtain review under Section 4.2 below. The restriction or suspension shall remain in effect pending any such review.
- F. The Allied Health Professional's status and clinical privileges shall be subject to automatic suspension, restriction, revocation, or other action as follows:
 - (1) If the Allied Health Professional's state license or other legal credential authorizing practice, certificate from the U.S. Drug Enforcement Agency ("DEA"), or provider status in a government-funded program is suspended, restricted, placed on probation, or revoked, his or her status and clinical privileges shall automatically be affected in the same manner.
 - (2) If an Allied Health Professional fails to comply with the Hospital's requirements for timely and adequate completion of medical records, his or her privileges may be automatically suspended pending resolution of the problem.
 - (3) If there is a lapse in the Allied Health Professional's maintenance of professional liability insurance as required by the Hospital, his or her privileges shall be automatically suspended until the requisite coverage is reinstated and documented.
 - (4) For Allied Health Professionals acting under the supervision of another practitioner, any lapse in the supervising practitioner's willingness or ability to provide such supervision shall result automatically in the suspension of the Allied Health Professional's privileges. This includes, without limitation, termination of the supervising practitioner's medical staff membership or suspension of the applicable privileges, whether such termination or suspension is voluntary or involuntary. Where the Allied Health Professional's privileges are automatically suspended for the reasons specified in this Section 4.1.F(4), the Allied Health Professional may apply for reinstatement as soon as approved supervision is reinstated, which might necessitate the Allied Health Professional's procurement of another supervising practitioner in good standing who agrees to supervise the Allied Health Professional and receives the necessary privileges or approval to do so.

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4.2 Review

- A. An Allied Health Professional shall be given the opportunity to have any of the following actions or recommended actions reviewed, according to the procedures described below, before it becomes final and effective (except for a summary restriction which shall be effective immediately):
- (1) Denial of an application for credentialing or recredentialing as an Allied Health Professional for quality of care reasons;
 - (2) Denial of a request for initial or additional clinical privileges (except temporary clinical privileges) for quality of care reasons;
 - (3) Reduction or suspension for more than 30 days or termination of existing clinical privileges (except temporary clinical privilege(s) for quality of care reasons; or
 - (4) Suspension for more than 30 days or termination of Allied Health Professional status for quality of care reasons.
- B. Notwithstanding Section 4.2.A above, an Allied Health Professional shall have no right to obtain review in any of the following instances:
- (1) When an application is denied or not acted upon because it is incomplete;
 - (2) When an application is denied or not acted upon because the Allied Health Professional is not from a category that the Hospital has accepted for practice on its premises;
 - (3) When an application is denied or not acted upon, or Allied Health Professional status or clinical privilege(s) is revoked because of the existence of an employment, contractual, panel, or other relationship between the Hospital and one or more other Allied Health Professionals in the affected category which provides for exclusivity or limits the number of Allied Health Professionals in that category who may practice at the Hospital;
 - (4) When an application is denied or Allied Health Professional status or clinical privilege(s) is revoked because the physician who has agreed or is required by law or Medical Staff policy to act as the Allied Health Professional's supervising physician has given up or been deprived of that status or no longer holds the requisite Medical Staff membership or clinical privileges;
 - (5) When temporary clinical privileges are denied, suspended, restricted, or revoked under Section 3.5 above; or
 - (6) When clinical privileges are suspended, restricted, or revoked because of a lapse in licensure, a lapse in insurance, a lapse in DEA registration, a lapse of provider status in a government-funded health program, a lapse of supervision, medical record delinquencies, or other administrative reasons.

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Where there is no right to review under the procedures described herein, the Allied Health Professional may be afforded an opportunity to address the relevant factual issues informally before a final adverse decision is made.

- C. The Allied Health Professional shall be notified of his or her right to obtain review as soon as practicable after the Medical Executive Committee has decided to make or recommend an adverse recommendation as described in Section 4.2.A. Notice shall be deemed given when deposited in the United States mail in a properly stamped envelope, certified or registered mail, return receipt requested, or when personally delivered to the Allied Health Professional.
- D. To obtain review, the Allied Health Professional shall submit a written request to the Hospital Administrator. Such request must be received within fourteen (14) days of receipt of the notice to the Allied Health Professional. In the event that the Allied Health Professional does not request review in this manner, he or she shall be deemed to have waived any review rights. The matter then shall be forwarded to the Board for a final decision.
- E. Review shall be in the form of a meeting with a panel, to be selected in accordance with Section F below. Within a reasonable time in advance of the meeting, the Hospital Administrator shall give the Allied Health Professional written notice of the time and date of the meeting and a written summary of the reasons for the recommendation or action. If appropriate, this summary shall include references to representative patient care situations or to relevant events.
- F. The meeting shall be with an ad hoc panel consisting of at least three (3) persons appointed by the Medical Executive Committee. The Medical Executive Committee shall ensure that panel members have not participated earlier in the formal consideration of the case. The Medical Executive Committee shall designate one (1) member of the panel as its chairperson and may include an Allied Health Professional from the appropriate category as a panel member.
- G. The panel shall set guidelines to assure that the meeting is held in an orderly manner and that the Allied Health Professional has a reasonable opportunity to challenge the recommendation or action and to respond to the reasons given for it. The guidelines shall allow for the following:
 - (1) A presentation by a representative of the Medical Executive Committee, in the presence of the Allied Health Professional, of the recommendation or action and the underlying reasons and supporting evidence, together with any additional information that the panel deems necessary.
 - (2) A presentation by the Allied Health Professional, which may include both an oral and a written statement, together with any other oral or documentary information pertaining to the issues.
 - (3) The presence of a practitioner who may accompany and represent the Allied Health Professional at the meeting. If possible, this practitioner shall be a member of the Medical Staff or in Allied Health Professional status at the Hospital. The panel in its discretion may permit the Allied Health Professional and the Medical Executive Committee to be accompanied or represented by legal counsel at the meeting. The panel itself may choose to be advised by legal counsel or attorney hearing

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officer without regard to whether the parties are represented by counsel. The panel shall arrange for any such counsel through the Hospital Administrator.

(4) A record of the meeting to be maintained by the panel in the form of minutes or a tape recording, or through use of a Certified Shorthand Reporter. If a record is maintained by means of a tape recording or a Certified Shorthand Reporter, any party requesting a transcript or copy thereof will bear the cost of its preparation.

H. The panel shall affirm the recommendation or action of the Medical Executive Committee, unless the Allied Health Professional demonstrates, by a preponderance of the evidence that it is arbitrary or unreasonable in light of the evidence presented at the meeting.

I. Following the meeting, the panel shall deliberate and shall issue a written decision and report. A copy of the decision and report shall be provided to the Allied Health Professional, the Chief of the Medical Staff, and the Board of Directors.

J. The Board of Directors shall consider the decision and report of the panel. In its discretion, the Board of Directors may allow the Medical Executive Committee and the Allied Health Professional to submit written statements to it commenting on the decision and report. The Board of Directors then shall make the final decision on the matter, in accordance with its own procedures.

4.3 Exceptions for Licentiates as Defined by Section 805 of the California Business and Professions Code

If the Allied Health Professional is a "Licentiate" as defined by Section 805 of the California Business and Professions Code (including a clinical psychologist and a physician assistant), and the action or recommendation would be reportable to the state licensing authorities under that statute, the Allied Health Professional shall be afforded the procedural rights described in the Medical Staff Bylaws relating to Medical Staff members.

5. FAILURE TO PAY DUES/ASSESSMENTS

Failure without good cause as determined by the Medical Executive Committee, to pay dues or assessments shall be grounds for automatic suspension of an Allied Health Professional's Clinical Privileges. Such suspension shall take effect automatically if the dues and assessments remain unpaid thirty (30) calendar days after the Allied Health Professional is given notice of delinquency and warned of the automatic suspension. If the Allied Health Professional still has not paid the required dues or assessments within six (6) months after such notice of delinquency, the Allied Health Professional's status and clinical privileges shall be automatically terminated.

6. OBSERVATION

6.1 An Allied Health Professional who is initially granted clinical privilege(s) shall automatically be subject to a period of observation, to extend for a minimum of six (6) months or ten (10) cases, whichever is longer. The observation period shall last a maximum of twenty-four (24) months or for such longer time as the department chair may specify, subject to Medical Executive Committee approval. The Allied Health

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Professional shall not be entitled to a review under Section 4.2 of the decision to continue or extend observation. In the event that the department chair has not approved the full exercise of a particular clinical privilege within the established observation period, that clinical privilege shall cease, and the Allied Health Professional shall be entitled to review, upon request, pursuant to Section 4.2 above. provided, however, if the department chair has not given his or her approval due to the failure of the Allied Health Professional to perform a sufficient volume of work at the Hospital to facilitate an adequate evaluation within the time allotted, the Allied Health Professional will be deemed to have forfeited the clinical privilege in question, and shall have no right to review.

- 6.2 The Medical Executive Committee, Chair of the Interdisciplinary Practice Committee, appropriate department chair, Chief of the Medical Staff, or Board of Directors shall have authority at any time to require that an Allied Health Professional be subject to a period of observation to last as long as deemed appropriate, and shall have the authority to adopt any rules or procedures considered necessary to implement this requirement. Such observation requirement does not give rise to the review under Section 4.2, unless the rules or procedures adopted for the observation requirement have the effect of a suspension or reduction of privileges, as specified in Section 4.2A(3).
- 6.3 Observation may consist of the methods customarily used at hospitals, including concurrent or retrospective chart review, proctoring, or the requirement of consultation. The observation methods shall be consistent with the Hospital's Ongoing Professional Performance Evaluations (OPPE) standards and Focused Professional Practice Evaluation (FPPE) standards, as adapted to the scope of practice and privileges of the Allied Health Professional.
- 6.4 The observer shall be a practitioner on the Medical Staff or in Allied Health Professional status who exercises clinical privileges relevant to the activity being evaluated and who has previously satisfied their observation requirements. Whenever possible, the observer should not be the sponsoring or supervising practitioner of the Allied Health Professional being observed.

7. ALLIED HEALTH PROFESSIONALS EMPLOYED BY THE HOSPITAL

As noted in Section ~~2.1A2-1A~~, these Guidelines apply to practitioners accorded Allied Health Professional status and who are under the jurisdiction of the Medical Staff. In addition, Hospital-employed Allied Health Professionals must be credentialed pursuant to certain procedures in these Guidelines. This Section 7 describes in full the application of these Guidelines to Hospital-employed Allied Health Professionals. Except as otherwise specified, the rights, responsibilities, and prerogatives of Hospital-employed Allied Health Professionals shall be governed by the policies and procedures of the Hospital's Human Resources Department, and not by these Guidelines.

7.1 General Standards for Employed Allied Health Professionals

In addition to any standards required by the Human Resources Department, an Allied Health Professional applying for employment with the Hospital shall satisfy the standards described in Sections 2.2.

7.2 Terms of Allied Health Professional Credentialing and Recredentialing

All Hospital-employed Allied Health Professionals shall receive annual skills/competence assessments and shall have two-year credentialing and recredentialing terms. This term shall not affect the

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evaluation or performance review cycle applicable to the employed Allied Health Professionals under Human Resources Department policies and procedures, which may be more frequent than every two (2) years.

7.3 Credentialing Procedures

For every Allied Health Professional seeking employment with the Hospital, the procedures described in Sections 3.2A through 3.2E shall be followed for credentialing of the applicant.

- A. The applicant has no right of review under Sections 3.2F and 4.2. A right of review, if any, would be pursuant to the policies and procedures of the Hospital's Human Resources Department.

7.4 Recredentialing Procedures

For recredentialing of the employed Allied Health Professional upon the expiration of the current credentialing term, the procedures described in Sections 3.3, as modified by Section 7.3, above, shall be followed.

7.5 Procedure for Requesting Additional Clinical Privileges

An Allied Health Professional employed by the Hospital may request additional clinical privileges pursuant to Section 3.4, as modified by Section 7.3 above.

7.6 Temporary Clinical Privilege(s)

Pursuant to Section 3.5, the Hospital Administrator and Chief of the Medical Staff may grant temporary clinical privilege(s) to an Allied Health Professional who has applied for employment at the Hospital and completed the application form and processes set forth in Sections 3.2(A)-(D) of these Guidelines.

7.7 Disciplinary or Corrective Action

Hospital-employed Allied Health Professionals are subject to disciplinary or corrective action pursuant to the policies and procedures of the Hospital's Human Resources Department, and not pursuant to Section 4 of these Guidelines, with the exception of "Licentiates," as defined by Section 805 of the California Business and Professions Code (including a clinical psychologist and a physician assistant), and as set forth in Section 4.3 and 7.7 above.

However, if the Hospital-employed Allied Health Professional's state license or other legal credential authorizing practice, certificate from the U.S. Drug Enforcement Agency ("DEA"), or provider status in a government-funded program is suspended, restricted, placed on probation, or revoked, his or her status and clinical privileges shall automatically be affected in the same manner.

7.8 Duties

In addition to any duties required by the Human Resources Department, Hospital-employed Allied Health Professionals shall be expected upon commencement of employment to satisfy the duties described in Section 11.2.

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7.9 Observation

For every Hospital-employed Allied Health Professional who is initially granted clinical privilege(s), the procedures described in Section 6, above, shall be followed for observation of the Allied Health Professional.

8. CONTRACT ALLIED HEALTH PROFESSIONALS

- 8.1 The Board may determine that the interests of patient care or hospital operations are best served by entering into a contract with an entity which provides Allied Health Professionals to work within the Hospital. These Allied Health Professionals are neither employees nor independent contractors of the Hospital, nor are they independent professionals working in their own private practice. Rather, they are employees or independent contractors of an entity that has agreed to provide certain health services to the Hospital's patients. For purposes of these Guidelines, these persons shall be referred to as "Contract AHPs," and the entity employing or contracting with them shall be referred to as the "Contracting Entity."
- 8.2 Contract AHPs, including Licensed Independent Practitioners (defined as individuals permitted by law and the Hospital to provide care, treatment and services without direction or supervision), must be credentialed individually as described in Section 3 of these Guidelines.
- 8.3 Unless otherwise provided in the contract, the Administration may suspend or terminate an individual Contract AHP at any time for any lawful reason.

9. FORMAT FOR STANDARDIZED PROCEDURES

- 9.1 Standardized procedures are appropriate for certain areas of registered nursing that overlap with areas traditionally reserved exclusively to physicians. With the assistance of nurses and physicians, the Interdisciplinary Practice Committee will identify particular medical functions, performed by nurses that are suitable for standardized procedures and will oversee the creation of individual standardized procedures for them.
- 9.2 In order to be approved by the Interdisciplinary Practice Committee, a standardized procedure must be in writing and must contain the elements set forth below:
 - A. The standardized procedure must define the medical function, performed by nurses that it covers.
 - B. The standardized procedure must specify the functions that the registered nurses are authorized to perform and under what circumstances, including the following:
 - (1) Any specific requirements or steps for performing all or part of the functions covered by the standardized procedure;
 - (2) The setting or department in which the registered nurse may act;
 - (3) Any special record keeping requirements; and

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- (4) The nature and scope of supervision that the registered nurse must receive in performing the standardized procedure, (including any circumstances in which the registered nurse will be expected to communicate immediately with a physician).
- C. The standardized procedure must include the following mechanisms for ensuring that only registered nurses with proper qualifications perform the function:
- (1) A statement of the education, training, and experience that a registered nurse must have in order to perform the function;
 - (2) A system for evaluating, both initially and periodically afterwards, the competency of registered nurses to perform the function; and
 - (3) A mechanism for maintaining a list of the registered nurses at the Hospital who are authorized to perform the function.
- D. The standardized procedure must contain the following information concerning its development and review:
- (1) A schedule for periodic review and updating; and
 - (2) The date or dates on which the standardized procedure was approved, including approval by the Interdisciplinary Committee.

10. STANDARDS OF PRACTICE

Standards of practice for categories of Allied Health Professionals admitted by the Hospital to Allied Health Professional status are attached as Exhibits to these Guidelines.

11. MISCELLANEOUS

11.1 Voting Privileges and Committee Meetings

Allied Health Professionals shall not be entitled to vote on Medical Staff matters, except as expressly provided in the Medical Staff Bylaws, Rules and Regulations, and only to the extent consistent with their license and expertise, as determined by the chair of the responsible Medical Staff committee. When authorized by the Medical Staff, they may be invited to attend and participate actively in the clinical meetings of their respective departments or services.

11.2 Duties

All Allied Health Professionals shall satisfy all of the following duties, as applicable.

Upon credentialing, Allied Health Professionals shall be expected to:

- A. Comply with these Guidelines, and with all other applicable rules of the Hospital and its Medical Staff, and with all applicable laws and standards.
- B. Actively participate in the Hospital's and the Medical Staff's quality assessment program, peer review activities, and other quality evaluation and monitoring activities, as directed by appropriate representatives of the Hospital or the Medical Staff.

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- C. Promptly notify the Medical Staff Office and, if the Allied Health Professional is a Physician Assistant or Advanced Practice Registered Nurse employed by the Hospital, the Hospital's Human Resources Department, of an action by the Medical Executive Committee or the governing body of another hospital or health care entity to suspend, revoke, restrict, or deny clinical privileges for reasons related to professional competence or conduct.
- D. Exercise independent judgment within their areas of competence, provided that a physician who is a member in good standing of the Medical Staff shall retain the ultimate responsibility for the patient's care.
- E. Participate directly in the management of patients to the extent authorized by their license, certificate or other legal credentials.
- F. Write and/or record such orders, reports and progress notes on patients' charts as are consistent with the rules and regulations of the Medical Staff.
- G. Perform consultation on request as authorized by the Medical Staff.

11.3 Billing

Allied Health Professionals shall bill independently only as permitted by applicable statutes or regulations.

11.4 Confidential

Allied Health Professionals shall at all times respect the confidentiality of any and all information concerning patients treated at the Hospital and the confidentiality of all Medical Staff records and proceedings regarding peer review and credentialing activities.

11.5 Informed Consent

In conjunction with the responsible physician, the Allied Health Professional may obtain the informed consent of the patient or the patient's representative for any care, treatment, or procedure to be performed by the Allied Health Professional. The discussion with the patient shall include explanation of the fact, if applicable, that the Allied Health Professional is not a Hospital employee, but rather practices independently under the supervision of the responsible physician. The responsible physician or Allied Health Professional shall ensure that there is written documentation that informed consent was obtained.

Date of Interdisciplinary Practice Committee Approval: 9/9/2015; 10/12/2016

Date of Medical Executive Committee Approval: 10/21/2015; 02/16/2017

Date of Board of Directors Approval: 10/29/2015; 4/27/2017

EXHIBIT A

ADMITTED CATEGORIES OF ALLIED HEALTH PROFESSIONALS

1. Clinical Psychologists
2. Advanced Practice Nurse
3. Physician Assistants
4. Dental Assistants
5. Audiologists
6. Acupuncturists
7. Licensed Clinical Social Worker
8. Licensed Marriage Family Therapist
- 8-9. Registered Nurse First Assistant



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

Thursday, April 22, 2021 at 4:00 p.m.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for April 22, 2021 will be conducted telephonically through Zoom. Please be advised that pursuant to the Executive Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting. Board Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

1. CALL TO ORDER

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

2. ROLL CALL

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

Staff in attendance: Harry Weis, President & Chief Executive Officer; Crystal Betts, Chief Financial Officer; Martina Rochefort, Clerk of the Board

Other: Gary Bell, Assistant General Counsel

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

General Counsel read the board into Closed Session.

4. INPUT AUDIENCE

No public comment was received.

Open Session recessed at 4:02 p.m.

5. CLOSED SESSION

5.1. Hearing (Health & Safety Code § 32155)

Subject Matter: First Quarter 2021 Corporate Compliance Report

Number of items: One (1)

Discussion was held on a privileged item.

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

Discussion will concern: Proposed new services or programs

Estimated Date of Disclosure: December 2021

Discussion was held on a privileged item.

5.3. Hearing (Health & Safety Code § 32155)

Subject Matter: Utilization Review, Case Management & Readmission Report

Number of items: One (1)

Discussion was held on a privileged item.

5.4. Liability Claims (Gov. Code § 54956.95)

Claimants: Stephanie Nichols, Suzette Gibbons-Uhlry, Blake Hoffman, Lori Barra, Maria Drummond, Matthew Cutts, Bryan Bertsch

Claim Against: Tahoe Forest Hospital District

Discussion was held on a privileged item.

5.5. Approval of Closed Session Minutes

03/25/2021 - Special Meeting, 03/25/2021 - Regular Meeting

Discussion was held on a privileged item.

5.6. 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 6:00p.m.

Director Chamblin was not present when the meeting resumed.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

Assistant General Counsel stated there were two reportable actions in Closed Session. Item 5.5. Special and Regular Meeting minutes were approved by unanimous vote. Item 5.6 Medical Staff Credentials was approved by unanimous 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

Harry Weis, President and Chief Executive Officer, shared the local Medication Take-back Day is Saturday, April 24, 2021 from 10am-2pm at the Gateway Shopping Center.

Director Chamblin rejoined the meeting at 6:03 p.m.

13. ACKNOWLEDGMENTS

13.1. Teresa Martinez was named April 2021 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:

Privilege Forms with Changes

- General Surgery TFH
- General Surgery IVCH
- Neurology
- Ophthalmology
- Otolaryngology

Policy Approvals with Changes

- Standardized Procedures – Respiratory Illness Clinic, Screening COVID-19, DTMSC-2102
- 2021 Peer Review Indicators
- Peer Review/Professional Practice Evaluation, MSGEN-1401

Discussion was held.

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

McGarry – AYE

Chamblin – AYE

King – AYE

Brown – AYE

Wong – AYE

15. CONSENT CALENDAR

15.1. Approval of Minutes of Meetings

15.1.1. 03/25/2021 Special Meeting

15.1.2. 03/25/2021 Regular Meeting

15.2. Financial Reports

15.2.1. Financial Report – March 2021

15.3. Board Reports

15.3.1. President & CEO Board Report

15.3.2. COO Board Report

15.3.3. CNO Board Report

15.3.4. CIO Board Report

15.3.5. CMO Board Report

15.4. Annual Policy Approval

15.4.1. Emergency On-Call, ABD-10

15.5. Approval of Quarterly Compliance Report

15.5.1. Q1 2021 Corporate Compliance Report

No public comment was received.

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

McGarry – AYE

Chamblin – AYE

King – AYE

Brown – AYE

Wong – AYE

16. ITEMS FOR BOARD DISCUSSION

16.1. 2021 Press Ganey Employee Engagement Survey

Grant Goodale of Press Ganey shared the results of the 2021 Employee Engagement Survey. Discussion was held.

16.2. UC Davis Rural Center of Excellence Research Component Update

President and Chief Executive Officer reviewed the research requirement to maintain the UC Davis Rural Center of Excellence designation. Discussion was held.

16.3. COVID-19 Update

Judy Newland, Chief Operating Officer, provided an update on hospital and clinic operations related to COVID-19. Discussion was held.

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Not applicable.

18. BOARD COMMITTEE REPORTS

Director Chamblin provided a report from the April 20, 2021 Board Finance Committee.

Director McGarry provided an update from the April 8, 2021 Tahoe Forest Health System Foundation meeting.

19. BOARD MEMBERS REPORTS/CLOSING REMARKS

Director Brown requested a presentation on physician burnout from the Joy of Medicine Committee.

Director Wong shared a local group is exploring efforts to reduce greenhouse gases.

20. CLOSED SESSION CONTINUED, IF NECESSARY

Not applicable.

21. OPEN SESSION

Not applicable.

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

Not applicable.

23. ADJOURN

Meeting adjourned at 7:12 p.m.



SPECIAL MEETING OF THE BOARD OF DIRECTORS

DRAFT MINUTES

Thursday, May 6, 2021 at 9:00 a.m. – 3:30 p.m.

Friday, May 7, 2021 at 9:00 a.m. – 2:30 p.m.

Cedar House Sport Hotel – Cervino Room
10918 Brockway Road, Truckee, CA 96161

Day One – Thursday, May 6, 2021 at 9:00 am

1. CALL TO ORDER

Meeting called to order at 9:01 a.m.

2. ROLL CALL

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

Staff in attendance: Harry Weis, President & Chief Executive Officer; Martina Rochefort, Clerk of the Board

Other: Pamela Knecht of ACCORD LIMITED

3. INPUT – AUDIENCE

No public comment was received.

4. RETREAT ITEMS FOR BOARD DISCUSSION

4.1. Welcome and Opening Comments by Board Chair

Director Wong welcomed attendees and outlined COVID-19 restrictions for the meeting.

4.2. Retreat Framework, Objectives and Agenda

Pamela Knecht, Retreat Facilitator, reviewed the overall framework, specific objectives and agenda for the retreat.

Judy Newland, Chief Operating Officer, joined the meeting at 9:15 a.m.

4.3. Strategic Plan Status Report

The Board of Directors received a status report from senior leadership on the 2019-2022 Strategic Plan.

Alex MacLennan, Chief Human Resources Officer and Dr. Shawni Coll, Chief Medical Officer, joined at the meeting at 9:25 a.m.

CHRO departed at 9:46 a.m.

Scott Baker, VP Provider Services, joined the meeting at 9:46 a.m.

CMO & VP Provider Services departed at 10:09 a.m.

Karen Baffone, Chief Nursing Officer, joined the meeting at 10:10 a.m.

CNO departed at 10:28 a.m.

Crystal Betts, Chief Financial Officer, joined at 10:28 a.m.

Open Session recessed at 10:34 a.m.

Open Session reconvened at 10:44 a.m.

CFO departed the meeting at 11:01 a.m.

VP Provider Services rejoined the meeting at 11:01 a.m.

VP Provider Services departed at 11:08 a.m.

Ted Owens, Executive Director of Governance, joined at 11:08 a.m.

Director Brown would like to see innovation and technology added to the Foundations of Excellence.

4.4. Board Self-Assessment

Board of Directors agreed to remove agenda item due to time constraints.

4.5. Roles of Trustees

Retreat Facilitator reviewed board and management roles, fiduciary duty of oversight, and mini case studies.

Open Session recessed at 12:33 p.m.

Open Session reconvened at 1:04 p.m.

4.6. Fiduciary, Strategic & Generative Governance

The Board of Directors discussed strategy and management oversight, and fiduciary, strategic and generative roles.

4.7. Wrap up of Day One

The Board of Directors reviewed highlights from the day.

5. ADJOURN

Open Session reconvened at 3:03 p.m.

Day Two – Friday, May 7, 2021 at 9:00 am

6. CALL TO ORDER

Meeting was called to order at 9:02 a.m.

7. ROLL CALL

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

Staff in attendance: Harry Weis, President & Chief Executive Officer; Ted Owens, Executive Director of Governance; Martina Rochefort, Clerk of the Board

Other: Pamela Knecht of ACCORD LIMITED

8. INPUT – AUDIENCE

No public comment was received.

9. RETREAT ITEMS FOR BOARD DISCUSSION

9.1. Retreat Review and Preview

Ms. Knecht, Retreat Facilitator, reviewed the work from the previous day and confirmed the objectives for the day.

9.2. Disruptors & Artificial Intelligence

Harry Weis, President & Chief Executive Officer, presented on general and healthcare disruptors and artificial intelligence.

Item 9.5. was discussed next.

9.5. Possible Implications of Educational Information

The Board of Directors participated in a facilitated discussion on the possible implication of the education information for TFHD.

Open Session recessed at 10:33 a.m.

Open Session reconvened at 10:45 a.m.

David Ruderman, Assistant General Counsel, joined the meeting at 10:45 a.m.

9.3. Quality Scoring Tool

Board of Directors agreed to remove agenda item due to time constraints.

9.4. Social Media Use and Speaking with the Media

David Ruderman, Assistant General Counsel, reviewed AB 992 legislation on permissible social media use for board members.

Open Session recessed at 12:19 p.m.

Open Session reconvened at 12:50 p.m.

9.6. Board Goals

The Board of Directors discussed developing board goals for the year.

9.7. Wrap up and Next Steps

The Board of Directors discussed next steps and concluded its retreat.

10. ADJOURN

Meeting adjourned at 2:35 p.m.

**TAHOE FOREST HOSPITAL DISTRICT
APRIL 2021 FINANCIAL REPORT
INDEX**

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6	CASH INVESTMENT
7	TFHD STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
8 - 9	TFHD NOTES TO STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
10	IVCH STATEMENT OF REVENUE AND EXPENSE
11 - 12	IVCH NOTES TO STATEMENT OF REVENUE AND EXPENSE
13	STATEMENT OF CASH FLOW

Board of Directors
Of Tahoe Forest Hospital District
APRIL 2021 FINANCIAL NARRATIVE

The following is the financial narrative analyzing financial and statistical trends for the ten months ended April 30, 2021.

Activity Statistics

- ❑ TFH acute patient days were 360 for the current month compared to budget of 460. This equates to an average daily census of 12.0 compared to budget of 15.3.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Laboratory tests, Diagnostic Imaging, Medical and Radiation Oncology procedures, MRI, Cat Scan, PET CT, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Gastroenterology cases, Tahoe City Occupational Therapy, Outpatient Physical Therapy, Physical Therapy-Aquatic, and Occupational Therapy.

Financial Indicators

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 48.29% in the current month compared to budget of 50.91% and to last month's 46.85%. Current year's Net Patient Revenue as a percentage of Gross Patient Revenue was 49.05% compared to budget of 50.87% and prior year's 50.74%.
- ❑ EBIDA was \$(1,068,041) (-2.8%) for the current month compared to budget of \$1,051,153 (3.1%), or \$(2,119,194) (-5.9%) below budget.
- ❑ Net Income was \$(1,586,080) for the current month compared to budget of \$556,881 or \$(2,142,961) below budget. Net Income year-to-date was \$18,280,712 compared to budget of \$11,483,832 or \$6,796,880 above budget.
- ❑ Cash Collections for the current month were \$17,517,362, which is 100% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$87,544,480 at the end of April compared to \$83,586,854 at the end of March.

Balance Sheet

- ❑ Working Capital is at 135.2 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 265.0 days. Working Capital cash decreased a net \$2,712,000. Accounts Payable increased \$1,124,000 and Accrued Payroll & Related Costs decreased \$1,984,000. The District received \$1,614,000 from the State for the FY20 Outpatient Supplemental Reimbursement program, remitted \$2,233,000 to the State to participate in the FY20 Anthem and CHW Rate Range IGT program, and funded the semi-annual Employer Deferred Compensation for \$1,615,000
- ❑ Net Patient Accounts Receivable decreased approximately \$955,000 and Cash collections were 100% of target. EPIC Days in A/R were 69.1 compared to 66.8 at the close of March, a 2.30 days increase.
- ❑ Estimated Settlements, Medi-Cal & Medicare increased a net \$1,913,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME programs, recorded receipt of \$1,164,000 received from the State's Outpatient Supplemental Reimbursement program, and remitted \$2,233,000 to participate in the FY20 Anthem and CHW Rate Range IGT program.
- ❑ The District requested and received reimbursement from the Municipal Lease Fund, decreasing the cash balance by \$1,013,000.
- ❑ Accounts Payable increased \$1,124,000 due to the timing of the final check run in the month.
- ❑ Accrued Payroll & Related Costs decreased a net \$1,984,000. The District funded its semi-annual Employer Deferred Compensation for \$1,615,000 and booked a liability of \$2,667,000 for the January through April 2021 Pandemic Bonus Pay as a proactive effort should Assembly Bill 650 pass legislation. Accrued Payroll Days decreased by 12.

Operating Revenue

- ❑ Current month’s Total Gross Revenue was \$37,958,535 compared to budget of \$33,792,909 or \$4,165,626 above budget.
- ❑ Current month’s Gross Inpatient Revenue was \$5,956,643, compared to budget of \$7,459,230 or \$1,502,587 below budget.
- ❑ Current month’s Gross Outpatient Revenue was \$32,001,893 compared to budget of \$26,333,679 or \$5,668,214 above budget.
- ❑ Current month’s Gross Revenue Mix was 35.2% Medicare, 16.6% Medi-Cal, .0% County, 2.7% Other, and 45.5% Commercial Insurance compared to budget of 39.4% Medicare, 13.7% Medi-Cal, .0% County, 2.8% Other, and 44.1% Commercial Insurance. Year-to-Date Gross Revenue Mix was 36.0% Medicare, 16.3% Medi-Cal, .0% County, 2.5% Other, and 45.2% Commercial Insurance compared to budget of 39.5% Medicare, 13.5% Medi-Cal, .0% County, 2.9% Other, and 44.1% Commercial Insurance. Last month’s mix was 31.5% Medicare, 15.3% Medi-Cal, .0% County, 2.2% Other, and 51.0% Commercial Insurance.
- ❑ Current month’s Deductions from Revenue were \$19,630,883 compared to budget of \$16,589,593 or \$3,041,290 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 4.20% decrease in Medicare, a 2.90% increase to Medi-Cal, .01% decrease in County, a .10% decrease in Other, and Commercial Insurance was above budget 1.42%, 2) Revenues exceeded budget by 12.3%, and 3) Adjustments were made to the IVCH FY19 Medicare Cost Report reserve based on the finalized desk audit and to the TFH FY20 As Filed Medicare Cost Report tentative settlement reserve.

DESCRIPTION	April 2021 Actual	April 2021 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	6,704,066	6,938,085	234,019	
Employee Benefits	5,140,569	2,314,943	(2,825,626)	A liability reserve was booked for the potential passing of Assembly Bill 650, calling for bonus pay to healthcare workers who worked during the pandemic.
Benefits – Workers Compensation	125,547	82,503	(43,044)	
Benefits – Medical Insurance	1,841,359	1,240,032	(601,327)	
Medical Professional Fees	1,126,416	1,165,199	38,783	We saw positive variances in Home Health/Hospice therapist fees, Sleep Clinic professional fees, and Oncology professional fees.
Other Professional Fees	189,498	179,333	(10,165)	Legal services provided to Medical Staff, consulting services to Information Technology, and Marketing campaigns created a negative variance in Other Professional Fees.
Supplies	2,577,947	2,518,811	(59,136)	Drugs Sold to Patients, Oncology Drugs Sold to Patients, and Retail Pharmacy revenues exceeded budget, creating a negative variance in Pharmacy Supplies.
Purchased Services	1,914,568	1,849,392	(65,176)	Outsourced lab testing, equipment and facility repairs, and employee health screenings created a negative variance in Purchased Services.
Other Expenses	917,938	923,357	5,419	Building rents, Insurance, and Outside Training & Travel came in below budget, creating a positive variance in Other Expenses.
Total Expenses	20,537,907	17,211,655	(3,326,252)	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
APRIL 2021

	Apr-21	Mar-21	Apr-20	
ASSETS				
CURRENT ASSETS				
* CASH	\$ 77,449,928	\$ 80,162,208	\$ 45,131,066	1
PATIENT ACCOUNTS RECEIVABLE - NET	22,827,457	23,782,611	18,097,809	2
OTHER RECEIVABLES	9,616,360	8,750,436	8,419,160	
GO BOND RECEIVABLES	1,463,097	1,045,745	1,232,943	
ASSETS LIMITED OR RESTRICTED	8,223,732	8,164,050	8,272,953	
INVENTORIES	3,819,706	3,826,429	3,521,953	
PREPAID EXPENSES & DEPOSITS	2,562,723	2,783,806	2,561,315	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	13,016,393	11,103,284	11,253,262	3
TOTAL CURRENT ASSETS	138,979,396	139,618,569	98,490,461	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	74,384,021	74,384,021	74,384,022	1
MUNICIPAL LEASE 2018	724,183	1,737,387	2,350,316	4
TOTAL BOND TRUSTEE 2017	20,531	20,531	20,520	
TOTAL BOND TRUSTEE 2015	1,054,978	917,877	1,035,909	
TOTAL BOND TRUSTEE GO BOND	5,764	5,764	-	
GO BOND TAX REVENUE FUND	1,918,783	1,918,783	1,902,146	
DIAGNOSTIC IMAGING FUND	3,343	3,343	3,343	
DONOR RESTRICTED FUND	1,137,882	1,137,882	1,137,882	
WORKERS COMPENSATION FUND	18,642	23,960	23,474	
TOTAL	79,268,129	80,149,550	80,857,611	
LESS CURRENT PORTION	(8,223,732)	(8,164,050)	(8,272,953)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	71,044,397	71,985,500	72,584,658	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(1,617,352)	(1,547,352)	(381,754)	
PROPERTY HELD FOR FUTURE EXPANSION	909,072	909,072	904,927	
PROPERTY & EQUIPMENT NET	173,746,492	173,926,941	177,547,526	
GO BOND CIP, PROPERTY & EQUIPMENT NET	2,035,681	1,989,417	1,791,406	
TOTAL ASSETS	385,097,686	386,882,148	350,937,224	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	355,561	358,794	394,350	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,267,315	1,267,315	1,782,460	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	5,177,127	5,200,832	5,461,584	
GO BOND DEFERRED FINANCING COSTS	505,071	507,392	425,527	
DEFERRED FINANCING COSTS	151,880	152,921	164,364	
TOTAL DEFERRED OUTFLOW OF RESOURCES	\$ 7,456,955	\$ 7,487,253	\$ 8,228,285	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	\$ 6,241,952	\$ 5,117,474	\$ 5,861,850	5
ACCRUED PAYROLL & RELATED COSTS	16,255,451	18,239,660	15,262,965	6
INTEREST PAYABLE	341,151	261,892	353,623	
INTEREST PAYABLE GO BOND	851,325	569,439	967,964	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	24,020,923	23,538,420	23,690,397	
HEALTH INSURANCE PLAN	2,311,155	2,311,155	2,166,758	
WORKERS COMPENSATION PLAN	2,173,244	2,173,244	2,396,860	
COMPREHENSIVE LIABILITY INSURANCE PLAN	1,362,793	1,362,793	1,172,232	
CURRENT MATURITIES OF GO BOND DEBT	1,715,000	1,715,000	1,330,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	3,828,809	3,828,809	2,612,247	
TOTAL CURRENT LIABILITIES	59,101,802	59,117,886	55,814,896	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	28,145,472	28,340,112	33,188,693	
GO BOND DEBT NET OF CURRENT MATURITIES	97,561,123	97,579,078	99,365,881	
DERIVATIVE INSTRUMENT LIABILITY	1,267,315	1,267,315	1,782,460	
TOTAL LIABILITIES	186,075,711	186,304,391	190,151,931	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	205,341,047	206,927,128	167,875,697	
RESTRICTED	1,137,882	1,137,882	1,137,882	
TOTAL NET POSITION	\$ 206,478,930	\$ 208,065,010	\$ 169,013,579	

* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
APRIL 2021

1. Working Capital is at 135.2 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 265.0 days. Working Capital cash decreased a net \$2,712,000. Accounts Payable increased \$1,124,000 (See Note 5) and Accrued Payroll & Related Costs decreased \$1,984,000 (See Note 6). The District received \$1,164,000 from the State of California for the FY20 Outpatient Supplemental Reimbursement program, remitted \$2,233,000 to the State to participate in the Rate Range IGT program, and funded the semi-annual Employer Matching Deferred Compensation for \$1,615,000. Cash collections were at budget.
2. Net Patient Accounts Receivable decreased \$955,000. Cash collections were at target. EPIC Days in A/R were 69.1 compared to 66.8 at the close of March, a 2.30 days increase.
3. Estimated Settlements, Medi-Cal & Medicare increased a net \$1,913,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME programs, recorded receipt of \$1,164,000 from the State for its FY20 Outpatient Supplemental Reimbursement program, and remitted \$2,233,000 to participate in the FY20 Anthem and CHW Rate Range IGT program.
4. The District requested and received reimbursement from the Municipal Lease fund, decreasing the cash balance by \$1,013,000.
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**Tahoe Forest Hospital District
Cash Investment
April 2021**

WORKING CAPITAL			
US Bank	\$ 76,017,058	0.01%	
US Bank/Kings Beach Thrift Store	299,687		
US Bank/Truckee Thrift Store	117,757		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,015,426</u>	0.05%	
Total			\$ 77,449,928
 BOARD DESIGNATED FUNDS			
US Bank Savings	\$ -	0.01%	
Capital Equipment Fund	<u>-</u>		
Total			\$ -
Building Fund	\$ -		
Cash Reserve Fund	<u>74,384,021</u>	0.34%	
Local Agency Investment Fund			\$ 74,384,021
Municipal Lease 2018			\$ 724,183
Bonds Cash 2017			\$ 20,531
Bonds Cash 2015			\$ 1,054,978
GO Bonds Cash 2008			\$ 1,924,548
DX Imaging Education	\$ 3,343		
Workers Comp Fund - B of A	18,642		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ 21,985</u>
TOTAL FUNDS			\$ 155,580,175
 RESTRICTED FUNDS			
Gift Fund			
US Bank Money Market	\$ 8,361	0.01%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,102,212</u>	0.34%	
TOTAL RESTRICTED FUNDS			<u>\$ 1,137,882</u>
TOTAL ALL FUNDS			<u><u>\$ 156,718,057</u></u>

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
APRIL 2021

CURRENT MONTH				YEAR TO DATE				PRIOR YTD
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%	APR 2020
				OPERATING REVENUE				
\$ 37,958,535	\$ 33,792,909	\$ 4,165,626	12.3%	\$ 375,400,422	\$ 348,550,517	\$ 26,849,905	7.7%	\$ 319,038,801
				Gross Revenues - Inpatient				
\$ 2,862,221	\$ 2,924,584	\$ (62,363)	-2.1%	\$ 32,362,875	\$ 29,423,168	\$ 2,939,707	10.0%	\$ 29,357,390
3,094,422	4,534,646	(1,440,224)	-31.8%	38,976,653	45,846,766	(6,870,113)	-15.0%	45,378,525
5,956,643	7,459,230	(1,502,587)	-20.1%	71,339,528	75,269,934	(3,930,406)	-5.2%	74,735,915
32,001,893	26,333,679	5,668,214	21.5%	304,060,894	273,280,583	30,780,311	11.3%	244,302,886
32,001,893	26,333,679	5,668,214	21.5%	304,060,894	273,280,583	30,780,311	11.3%	244,302,886
				Gross Revenue - Outpatient				
17,831,529	14,757,462	(3,074,067)	-20.8%	166,591,533	152,286,861	(14,304,672)	-9.4%	139,966,560
-	-	-	0.0%	5,000,000	-	(5,000,000)	0.0%	1,000,000
1,230,105	1,035,974	(194,131)	-18.7%	12,975,948	10,706,897	(2,269,051)	-21.2%	12,050,273
-	-	-	0.0%	-	-	-	0.0%	-
990,251	796,157	(194,094)	-24.4%	7,229,641	8,270,561	1,040,920	12.6%	5,759,899
(421,003)	-	421,003	0.0%	(500,210)	-	500,210	0.0%	(1,597,100)
19,630,883	16,589,593	(3,041,290)	-18.3%	191,296,912	171,264,319	(20,032,593)	-11.7%	157,179,632
133,518	105,539	(27,979)	-26.5%	912,808	1,172,378	259,570	22.1%	964,866
1,008,696	953,953	54,743	5.7%	10,485,301	10,440,564	44,737	0.4%	10,802,889
19,469,866	18,262,808	1,207,058	6.6%	195,501,618	188,899,140	6,602,478	3.5%	173,626,924
				OPERATING EXPENSES				
6,704,066	6,938,085	234,019	3.4%	67,786,817	70,187,265	2,400,448	3.4%	61,079,318
5,140,569	2,314,943	(2,825,626)	-122.1%	25,092,234	21,296,020	(3,796,214)	-17.8%	20,225,770
125,547	82,503	(43,044)	-52.2%	911,603	825,034	(86,569)	-10.5%	761,053
1,841,359	1,240,032	(601,327)	-48.5%	12,244,882	12,400,323	155,441	1.3%	10,980,388
1,126,416	1,165,199	38,783	3.3%	11,501,304	11,798,507	297,203	2.5%	14,934,771
189,498	179,333	(10,165)	-5.7%	1,815,484	1,940,686	125,202	6.5%	2,341,149
2,577,947	2,518,811	(59,136)	-2.3%	26,508,208	26,046,477	(461,731)	-1.8%	24,551,150
1,914,568	1,849,392	(65,176)	-3.5%	18,881,269	18,743,417	(137,852)	-0.7%	16,908,638
917,938	923,357	5,419	0.6%	8,355,719	9,117,709	761,990	8.4%	7,311,995
20,537,907	17,211,655	(3,326,252)	-19.3%	173,097,520	172,355,438	(742,082)	-0.4%	159,094,232
(1,068,041)	1,051,153	(2,119,194)	-201.6%	22,404,098	16,543,702	5,860,396	35.4%	14,532,692
				NON-OPERATING REVENUE/(EXPENSE)				
588,553	616,532	(27,979)	-4.5%	6,368,905	6,048,327	320,578	5.3%	5,130,968
417,352	417,352	(0)	0.0%	4,173,516	4,173,516	(0)	0.0%	4,129,194
47,546	67,534	(19,988)	-29.6%	625,230	701,642	(76,412)	-10.9%	1,603,556
-	-	-	0.0%	-	-	-	0.0%	-
50,019	87,710	(37,691)	-43.0%	461,457	877,098	(415,641)	-47.4%	435,137
(70,000)	(133,333)	63,333	47.5%	(551,992)	(1,333,330)	781,338	58.6%	(833,539)
-	-	-	0.0%	-	-	-	0.0%	-
-	-	-	0.0%	-	-	-	0.0%	7,546
-	-	-	100.0%	178,483	-	178,483	100.0%	3,780,252
(1,155,915)	(1,155,923)	8	0.0%	(11,379,866)	(11,559,230)	179,364	1.6%	(11,544,968)
(105,638)	(110,841)	5,203	4.7%	(1,088,889)	(1,131,280)	42,391	3.7%	(1,184,316)
(289,956)	(283,303)	(6,653)	-2.3%	(2,910,230)	(2,836,614)	(73,616)	-2.6%	(3,040,054)
(518,039)	(494,272)	(23,767)	-4.8%	(4,123,386)	(5,059,871)	936,485	18.5%	(1,516,224)
\$ (1,586,080)	\$ 556,881	\$ (2,142,961)	-384.8%	\$ 18,280,712	\$ 11,483,832	\$ 6,796,880	59.2%	\$ 13,016,468
				NET POSITION - BEGINNING OF YEAR				188,198,218
				NET POSITION - AS OF APRIL 30, 2021				\$ 206,478,930
-2.8%	3.1%	-5.9%		6.0%	4.7%	1.2%		4.6%

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
APRIL 2021

		Variance from Budget	
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		APR 2021	YTD 2021
1) Gross Revenues			
Acute Patient Days were below budget 10.00% or 40 days. Swing Bed days were below budget 70.83% or 17 days. Inpatient Ancillary revenues were below budget due to the decrease in Patient Days.	Gross Revenue -- Inpatient	\$ (1,502,587)	\$ (3,930,406)
	Gross Revenue -- Outpatient	5,668,213	30,780,310
	Gross Revenue -- Total	\$ 4,165,626	\$ 26,849,905
Outpatient volumes were above budget in the following departments: Hospice visits, Laboratory tests, Oncology Lab, Diagnostic Imaging, Mammography, Medical Oncology, Radiation Oncology, MRI, Cat Scan, PET CT, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Respiratory Therapy, Gastroenterology cases, Tahoe City Occupational Therapy, Outpatient Physical Therapy, Aquatic Therapy, and Occupational Therapy.			
2) Total Deductions from Revenue			
The payor mix for April shows a 4.20% decrease to Medicare, a 2.90% increase to Medi-Cal, .10% decrease to Other, .01% decrease to County, and a 1.42% increase to Commercial when compared to budget. We saw a negative variance in Contractual Allowances due to revenues exceeding budget by 12.3% along with the shift in Payor Mix from Medicare to Medi-Cal.	Contractual Allowances	\$ (3,074,068)	\$ (14,304,672)
	Managed Care	-	(5,000,000)
	Charity Care	(194,131)	(2,269,051)
	Charity Care - Catastrophic	-	-
	Bad Debt	(194,095)	1,040,920
	Prior Period Settlements	421,003	500,210
	Total	\$ (3,041,290)	\$ (20,032,593)
An adjustment was made to the TFH FY20 Medicare As Filed Cost Report reserve after receiving communication from Noridian as well as an adjustment to the IVCH FY19 Medicare Cost Report reserve after finalizing the desk audit, creating a positive variance in Prior Period Settlements.			
3) Other Operating Revenue			
Retail Pharmacy revenues were above budget 14.22%.	Retail Pharmacy	\$ 36,827	\$ (126,585)
	Hospice Thrift Stores	(1,145)	73,855
	The Center (non-therapy)	9,814	(20,584)
Fitness Center classes and Occupational Health testing exceeded budget, creating a positive variance in The Center (non-therapy).	IVCH ER Physician Guarantee	(1,312)	(178,692)
	Children's Center	23,514	90,033
	Miscellaneous	(6,205)	112,000
Children's Center revenues were above budget 27.32%.	Oncology Drug Replacement	-	-
	Grants	(6,750)	94,710
	Total	\$ 54,743	\$ 44,737
4) Salaries and Wages			
	Total	\$ 234,019	\$ 2,400,448
Employee Benefits			
An increase in Paid Leave usage created a negative variance in PL/SL.	PL/SL	\$ (315,115)	\$ (939,964)
	Nonproductive	(2,550,610)	(2,836,529)
The District booked a liability reserve for the potential passing of AB 650, calling for bonus pay to healthcare workers who worked during the pandemic. This created a negative variance in Nonproductive.	Pension/Deferred Comp	-	(165,691)
	Standby	3,124	(6,276)
	Other	36,974	152,245
	Total	\$ (2,825,626)	\$ (3,796,214)
An adjustment to the third quarter SUI accrual created a positive variance in Other.			
Employee Benefits - Workers Compensation	Total	\$ (43,044)	\$ (86,569)
Employee Benefits - Medical Insurance	Total	\$ (601,327)	\$ 155,441
5) Professional Fees			
Physical Therapy, Physical Therapy-Aquatic, and Occupational Therapy volumes were above budget 11.79%, creating a negative variance in The Center (includes OP Therapy).	The Center (includes OP Therapy)	\$ (18,813)	\$ (174,050)
	TFH/IVCH Therapy Services	(12,352)	(131,695)
	Medical Staff Services	(34,789)	(101,620)
Tahoe City Occupational Therapy and IVCH Physical and Occupational Therapy volumes were above budget 21.61%, creating a negative variance in TFH/IVCH Therapy Services.	Information Technology	(16,308)	(75,253)
	Corporate Compliance	-	(5,199)
	Marketing	(15,783)	(3,108)
Legal services created a negative variance in Medical Staff.	Truckee Surgery Center	-	-
	Patient Accounting/Admitting	-	-
	Respiratory Therapy	-	-
	Multi-Specialty Clinics Administration	972	10,215
Negative variance in Information Technology related to consulting services provided for various Network and Desktop maintenance projects.	Managed Care	9,766	11,255
	Financial Administration	(480)	29,301
	TFH Locums	(3,610)	30,400
IVCH ER Physicians is under contract with a new company effective April 2021 and is structured differently from the former contract, which created a negative variance in this category.	IVCH ER Physicians	(43,124)	32,588
	Home Health/Hospice	6,115	37,639
	Administration	22,673	45,042
	Human Resources	11,665	63,738
The Sleep Clinic was closed in April, creating a positive variance in Sleep Clinic Pro Fees.	Sleep Clinic	28,829	73,723
	Miscellaneous	78,266	168,991
	Oncology	20,597	188,879
	Multi-Specialty Clinics	(5,006)	221,561
	Total	\$ 28,619	\$ 422,405

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
APRIL 2021

		<u>Variance from Budget</u>	
		<u>Fav / <Unfav></u>	
		<u>APR 2021</u>	<u>YTD 2021</u>
6) <u>Supplies</u>	Pharmacy Supplies	\$ (172,244)	\$ (489,302)
Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues were above budget 6.93% and Retail Pharmacy revenues were above budget 14.22%, creating a negative variance in Pharmacy Supplies.	Patient & Other Medical Supplies	63,865	(385,770)
	Office Supplies	7,088	47,668
	Minor Equipment	15,093	79,640
	Food	13,850	111,154
Medical Supplies Sold to Patients revenues were below budget 3.36%, creating a positive variance in Patient & Other Medical Supplies.	Other Non-Medical Supplies	13,211	174,880
	Total	\$ (59,136)	\$ (461,731)
7) <u>Purchased Services</u>	Patient Accounting	\$ 11,999	\$ (926,041)
Outsourced lab testing created a negative variance in Laboratory.	Laboratory	(22,790)	(71,646)
	Home Health/Hospice	7,027	(13,605)
Negative variance in Department Repairs related to surgery and diagnostic equipment and District wide facility maintenance.	Pharmacy IP	13,737	14,711
	Miscellaneous	(5,727)	16,522
	Diagnostic Imaging Services - All	(9,472)	19,352
Employee Health screenings created a negative variance in Human Resources.	Community Development	727	26,664
	Department Repairs	(44,745)	32,923
	Information Technology	1,934	38,651
	Human Resources	(15,548)	54,481
	The Center	(3,549)	73,695
	Multi-Specialty Clinics	(3,656)	212,140
	Medical Records	4,886	384,304
	Total	\$ (65,176)	\$ (137,852)
8) <u>Other Expenses</u>	Marketing	\$ (69,289)	\$ (90,023)
Media Branding and various department marketing campaigns created a negative variance in Marketing.	Miscellaneous	1,922	(43,849)
	Utilities	(13,979)	(37,049)
Natural Gas/Propane, Electricity, and Telephone costs exceeded budget, creating a negative variance in Utilities.	Multi-Specialty Clinics Equip Rent	(861)	(4,779)
	Multi-Specialty Clinics Bldg Rent	(1,053)	(3,104)
Budgeted Building Rent for anticipated increases in office space needs did not transpire in April creating a positive variance in Other Building Rent.	Human Resources Recruitment	1,652	3,269
	Equipment Rent	(4,663)	12,633
	Insurance	14,232	58,816
	Dues and Subscriptions	5,574	65,793
	Physician Services	2,719	102,489
	Other Building Rent	16,614	147,535
	Outside Training & Travel	52,553	550,259
	Total	\$ 5,419	\$ 761,990
9) <u>District and County Taxes</u>	Total	\$ (27,979)	\$ 320,578
10) <u>Interest Income</u>	Total	\$ (19,988)	\$ (76,412)
11) <u>Donations</u>	IVCH	\$ (37,250)	\$ (284,687)
	Operational	(441)	(130,954)
	Total	\$ (37,691)	\$ (415,641)
12) <u>Gain/(Loss) on Joint Investment</u>	Total	\$ 63,333	\$ 781,338
13) <u>Gain/(Loss) on Sale or Disposal of Assets</u>	Total	\$ -	\$ -
14) <u>COVID-19 Emergency Funding</u>	Total	\$ -	\$ 178,483
15) <u>Depreciation Expense</u>	Total	\$ 8	\$ 179,364
16) <u>Interest Expense</u>	Total	\$ 5,203	\$ 42,391

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
APRIL 2021

CURRENT MONTH				YEAR TO DATE				PRIOR YTD APRIL 2020			
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%			
				OPERATING REVENUE							
\$ 2,250,259	\$ 1,895,283	\$ 354,976	18.7%	Total Gross Revenue	\$ 22,131,748	\$ 21,944,802	\$ 186,946	0.9%	1	\$ 19,847,021	
				Gross Revenues - Inpatient							
\$ 4,549	\$ 4,311	\$ 238	5.5%	Daily Hospital Service	\$ 45,799	\$ 59,533	\$ (13,734)	-23.1%		\$ 16,423	
2,722	1,293	1,429	110.5%	Ancillary Service - Inpatient	27,535	45,072	(17,538)	-38.9%		18,864	
7,271	5,604	1,667	29.7%	Total Gross Revenue - Inpatient	73,334	104,605	(31,272)	-29.9%	1	35,287	
2,242,988	1,889,679	353,309	18.7%	Gross Revenue - Outpatient	22,058,414	21,840,197	218,217	1.0%		19,811,734	
2,242,988	1,889,679	353,309	18.7%	Total Gross Revenue - Outpatient	22,058,414	21,840,197	218,217	1.0%	1	19,811,734	
				Deductions from Revenue:							
894,695	752,138	(142,557)	-19.0%	Contractual Allowances	8,186,140	8,622,386	436,246	5.1%	2	8,527,248	
99,632	75,811	(23,821)	-31.4%	Charity Care	1,012,374	877,792	(134,582)	-15.3%	2	1,022,408	
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	-	
115,626	75,811	(39,815)	-52.5%	Bad Debt	602,120	877,792	275,672	31.4%	2	1,135,518	
(112,251)	-	112,251	0.0%	Prior Period Settlements	(196,004)	-	196,004	0.0%	2	(229,532)	
997,701	903,760	(93,941)	-10.4%	Total Deductions from Revenue	9,604,629	10,377,970	773,341	7.5%	2	10,455,642	
66,371	68,144	(1,774)	-2.6%	Other Operating Revenue	787,337	964,000	(176,663)	-18.3%	3	1,039,149	
1,318,929	1,059,667	259,262	24.5%	TOTAL OPERATING REVENUE	13,314,455	12,530,832	783,623	6.3%		10,430,528	
				OPERATING EXPENSES							
372,967	386,852	13,885	3.6%	Salaries and Wages	3,976,689	4,269,751	293,062	6.9%	4	3,515,385	
116,587	137,180	20,593	15.0%	Benefits	1,290,890	1,288,925	(1,965)	-0.2%	4	1,330,515	
1,525	5,089	3,565	70.0%	Benefits Workers Compensation	15,245	50,892	35,647	70.0%	4	55,594	
104,896	71,375	(33,521)	-47.0%	Benefits Medical Insurance	698,005	713,748	15,743	2.2%	4	628,595	
226,556	205,067	(21,489)	-10.5%	Medical Professional Fees	2,224,535	2,304,529	79,994	3.5%	5	2,500,209	
1,693	2,118	426	20.1%	Other Professional Fees	19,478	21,176	1,699	8.0%	5	17,617	
44,249	50,683	6,434	12.7%	Supplies	537,905	591,569	53,664	9.1%	6	507,728	
72,225	64,731	(7,494)	-11.6%	Purchased Services	678,861	642,279	(36,582)	-5.7%	7	648,379	
109,529	78,460	(31,069)	-39.6%	Other	841,446	811,303	(30,143)	-3.7%	8	688,622	
1,050,227	1,001,555	(48,672)	-4.9%	TOTAL OPERATING EXPENSE	10,283,055	10,694,172	411,117	3.8%		9,892,644	
268,702	58,112	210,590	362.4%	NET OPERATING REV(EXP) EBIDA	3,031,401	1,836,660	1,194,741	65.0%		537,884	
				NON-OPERATING REVENUE/(EXPENSE)							
-	37,250	(37,250)	-100.0%	Donations-IVCH	87,813	372,500	(284,687)	-76.4%	9	13,656	
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	-	
-	-	-	100.0%	COVID-19 Emergency Funding	3,064	-	3,064	100.0%	11	261,140	
(67,653)	(67,653)	0	0.0%	Depreciation	(655,194)	(676,528)	21,334	3.2%	11	(656,758)	
(67,653)	(30,403)	(37,250)	-122.5%	TOTAL NON-OPERATING REVENUE/(EXP)	(564,317)	(304,028)	(260,289)	-85.6%		(381,962)	
\$ 201,049	\$ 27,709	\$ 173,340	625.6%	EXCESS REVENUE(EXPENSE)	\$ 2,467,084	\$ 1,532,632	\$ 934,452	61.0%		\$ 155,921	
11.9%	3.1%	8.9%		RETURN ON GROSS REVENUE EBIDA	13.7%	8.4%	5.3%			2.7%	

INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
APRIL 2021

		<u>Variance from Budget</u>	
		<u>Fav<Unfav></u>	
		<u>APR 2021</u>	<u>YTD 2021</u>
1) <u>Gross Revenues</u>			
Acute Patient Days were at budget at 1 and Observation Days were below budget by 1 at 0.	Gross Revenue -- Inpatient	\$ 1,667	\$ (31,272)
	Gross Revenue -- Outpatient	353,309	218,217
		<u>\$ 354,976</u>	<u>\$ 186,946</u>
Outpatient volumes were above budget in Emergency Department visits, Surgery cases, Laboratory tests, Diagnostic Imaging, Cat Scans, Physical Therapy, and Occupational Therapy.			
2) <u>Total Deductions from Revenue</u>			
We saw a shift in our payor mix with a .71% decrease in Medicare, a .91% increase in Medicaid, a 2.23% increase in Commercial insurance, a 2.43% decrease in Other, and County was at budget. Contractual Allowances were above budget due to revenues exceeding budget by 18.7%.	Contractual Allowances	\$ (142,557)	\$ 436,247
	Charity Care	(23,820)	(134,582)
	Charity Care-Catastrophic Event	-	-
	Bad Debt	(39,815)	275,672
	Prior Period Settlement	112,251	196,004
	Total	<u>\$ (93,941)</u>	<u>\$ 773,341</u>
The FY19 Medicare Cost Report desk audit was finalized with a amount due from the Program. An adjustment was made to the reserve we held on our books, creating a positive variance in Prior Period Settlements.			
3) <u>Other Operating Revenue</u>			
	IVCH ER Physician Guarantee	\$ (1,312)	\$ (178,692)
	Miscellaneous	(462)	2,029
	Total	<u>\$ (1,774)</u>	<u>\$ (176,663)</u>
4) <u>Salaries and Wages</u>			
	Total	<u>\$ 13,885</u>	<u>\$ 293,062</u>
<u>Employee Benefits</u>			
	PL/SL	\$ (22,701)	\$ (46,668)
	Pension/Deferred Comp	-	(10,117)
	Standby	367	(40,132)
	Other	(91)	4,176
	Nonproductive	43,018	90,775
	Total	<u>\$ 20,593</u>	<u>\$ (1,965)</u>
<u>Employee Benefits - Workers Compensation</u>			
	Total	<u>\$ 3,565</u>	<u>\$ 35,647</u>
<u>Employee Benefits - Medical Insurance</u>			
	Total	<u>\$ (33,521)</u>	<u>\$ 15,743</u>
5) <u>Professional Fees</u>			
Physical and Occupational Therapy volumes exceeded budget by 12.42%, creating a negative variance in Therapy Services.	Therapy Services	\$ (7,528)	\$ (31,703)
	Administration	-	-
	Miscellaneous	29	268
	Foundation	425	1,698
	Multi-Specialty Clinics	307	5,119
IVCH ER Physicians is under contract with a new company effective April 2021 and is structured differently from the former contract, which created a negative variance in this category.	IVCH ER Physicians	(43,124)	32,588
	Sleep Clinic	28,829	73,723
	Total	<u>\$ (21,063)</u>	<u>\$ 81,693</u>
The Sleep Clinic was closed in April, creating a positive variance in Sleep Clinic Pro Fees.			
6) <u>Supplies</u>			
Minor Equipment purchases to set up the new Ophthalmology Clinic created a negative variance in Minor Equipment.	Minor Equipment	\$ (3,299)	\$ (16,539)
	Office Supplies	(322)	1,187
	Food	863	6,332
	Non-Medical Supplies	(2,783)	9,698
	Pharmacy Supplies	12,657	17,522
Pharmacy revenues fell short of budget 39.57%, creating a positive variance in Pharmacy Supplies.	Patient & Other Medical Supplies	(683)	35,464
	Total	<u>\$ 6,434</u>	<u>\$ 53,664</u>

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
APRIL 2021**

		<u>Variance from Budget</u>	
		<u>Fav<Unfav></u>	
		<u>APR 2021</u>	<u>YTD 2021</u>
7) <u>Purchased Services</u>	Laboratory	\$ (6,855)	\$ (87,505)
Outsourced lab testing created a negative variance in Laboratory.	Multi-Specialty Clinics	(2,229)	(12,649)
	Pharmacy	-	(2,109)
Security provided at the Community Vaccine Clinic created a negative variance in Multi-Specialty Clinics.	Surgical Services	-	-
	Diagnostic Imaging Services - All	(962)	3,915
	Foundation	675	4,587
	Miscellaneous	710	9,695
	Engineering/Plant/Communications	18	10,084
	EVS/Laundry	(40)	12,164
	Department Repairs	1,188	25,236
	Total	<u>\$ (7,494)</u>	<u>\$ (36,582)</u>
8) <u>Other Expenses</u>	Miscellaneous	\$ (19,839)	\$ (120,251)
Transfer of Laboratory Labor costs from TFH to IVCH created a negative variance in Miscellaneous.	Equipment Rent	(9,059)	(6,960)
	Physician Services	-	-
Oxygen tank rentals created a negative variance in Equipment Rent.	Multi-Specialty Clinics Bldg Rent	-	-
	Marketing	(2,875)	3,418
Natural Gas/Propane, Electricity, and Telephone costs exceeded budget, creating a negative variance in Utilities.	Insurance	556	3,678
	Other Building Rent	303	9,423
	Dues and Subscriptions	1,404	11,508
	Utilities	(4,828)	34,307
	Outside Training & Travel	3,269	34,735
	Total	<u>\$ (31,069)</u>	<u>\$ (30,143)</u>
9) <u>Donations</u>	Total	<u>\$ (37,250)</u>	<u>\$ (284,687)</u>
10) <u>Gain/(Loss) on Sale</u>	Total	<u>\$ -</u>	<u>\$ -</u>
11) <u>COVID-19 Emergency Funding</u>	Total	<u>\$ -</u>	<u>\$ 3,064</u>
12) <u>Depreciation Expense</u>	Total	<u>\$ -</u>	<u>\$ 21,334</u>

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	AUDITED FYE 2020		BUDGET FYE 2021	PROJECTED FYE 2021	APR 2021	PROJECTED APR 2021	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	ACTUAL 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	\$ 23,464,178		\$ 11,554,001	\$ 24,710,804	\$ (1,068,041)	\$ 1,051,154	\$ (2,119,195)	\$ 12,044,806	\$ 3,813,478	\$ 7,647,949	\$ 1,204,571
Interest Income	1,554,599		877,531	603,588	81,963	202,558	(120,595)	243,422	159,577	118,625	81,963
Property Tax Revenue	7,928,820		8,147,000	8,178,976	-	-	-	520,960	-	4,528,016	3,130,000
Donations	1,327,474		814,000	553,731	-	68,000	(68,000)	157,169	189,852	80,718	125,993
Emergency Funds	13,521,428		-	178,483	-	-	-	169,967	8,516	-	-
Debt Service Payments	(4,863,882)		(5,088,979)	(4,748,643)	(353,190)	(353,049)	(141)	(1,407,361)	(1,058,306)	(1,223,688)	(1,059,288)
Property Purchase Agreement	(805,927)		(811,932)	(744,267)	(67,661)	(67,661)	0	(135,321)	(202,982)	(202,982)	(202,983)
2018 Municipal Lease	(1,574,216)		(1,717,332)	(1,574,217)	(143,111)	(143,111)	0	(286,221)	(429,332)	(429,332)	(429,333)
Copier	(62,040)		(62,160)	(59,375)	(5,322)	(5,180)	(142)	(14,320)	(14,691)	(14,681)	(15,682)
2017 VR Demand Bond	(790,555)		(852,391)	(862,705)	-	-	-	(697,303)	-	(165,402)	-
2015 Revenue Bond	(1,631,144)		(1,645,164)	(1,508,080)	(137,097)	(137,097)	(0)	(274,195)	(411,301)	(411,292)	(411,291)
Physician Recruitment	(263,670)		(287,500)	(172,500)	-	(25,000)	25,000	(22,500)	(100,000)	-	(50,000)
Investment in Capital											
Equipment	(3,468,675)		(3,509,190)	(2,459,903)	(498,497)	(340,352)	(158,145)	(529,968)	(407,461)	(343,272)	(1,179,202)
Municipal Lease Reimbursement	1,164,582		2,354,714	2,354,714	1,013,204	600,000	413,204	-	625,263	-	1,729,451
IT/EMR/Business Systems	(2,651,366)		(1,284,350)	(347,346)	(31,406)	(134,667)	103,261	(88,573)	(72,481)	114,447	(300,739)
Building Projects/Properties	(7,856,428)		(18,578,626)	(9,395,238)	(490,786)	(1,640,068)	1,149,282	(486,449)	(4,434,565)	(703,301)	(3,770,923)
Change in Accounts Receivable	(3,309,147)	N1	2,353,530	6,753,539	955,154	(1,713,901)	2,669,055	(924,092)	2,475,352	4,158,614	1,043,665
Change in Settlement Accounts	16,684,541	N2	(8,164,723)	3,057,070	(1,430,607)	(6,327,470)	4,896,863	1,300,582	(2,971,411)	3,131,002	1,596,897
Change in Other Assets	10,896	N3	(2,400,000)	(1,376,120)	(109,601)	(200,000)	90,399	(930,859)	230,662	(166,323)	(509,601)
Change in Other Liabilities	2,723,035	N4	900,000	(3,001,037)	(780,473)	450,000	(1,230,473)	(698,019)	993,342	(4,582,553)	1,286,193
Change in Cash Balance	45,966,385		(12,312,592)	24,890,117	(2,712,280)	(8,362,795)	5,650,515	9,349,085	(548,182)	12,760,234	3,328,980
Beginning Unrestricted Cash	87,018,706		132,985,091	132,985,091	154,546,229	154,546,229	-	132,985,091	142,334,176	141,785,994	154,546,228
Ending Unrestricted Cash	132,985,091		120,672,499	157,875,208	151,833,949	146,183,434	5,650,515	142,334,176	141,785,994	154,546,228	157,875,208
Operating Cash	112,604,555		110,482,231	139,203,049	131,453,412	125,802,897	5,650,515	121,953,639	121,405,457	134,165,691	139,203,049
Medicare Accelerated Payments	20,380,537		10,190,269	18,672,159	20,380,537	20,380,537	-	20,380,537	20,380,537	20,380,537	18,672,159
Expense Per Day	541,117		571,731	573,648	572,982	570,680	2,302	534,403	549,480	560,375	573,648
Days Cash On Hand	246		211	275	265	256	9	266	258	276	275
Days Cash On Hand - Operating Cash Only	208		193	243	229	220	9	228	221	239	243

Footnotes:

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

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

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

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



Board Informational Report

By: Harry Weis
President and CEO

DATE: May 17, 2021

The month of April was a very strong month for the health system but not quite the lifetime record level of volumes and revenues experienced in March.

Our focus is trying to improve upon meeting the growing unmet healthcare needs of our all residents within our region as we serve at least three counties and small portions of two states. This strong focus by our team is on the physical and mental health of all residents within this region.

With regret, even though our medical staff and services have grown significantly over the last five years there are still significant unmet healthcare needs we are working on. It is likely this focused journey may never be over.

My hope is that every person within our region really appreciates the fact that “next to our families, timely access to great healthcare is the most precious gift on this earth!” If all residents come to understand this important truth, I am hopeful that we will be able to accelerate much needed size and scope of services that are critical to save lives.

Here at Tahoe Forest Health System we continue our outward focus when we consider proposing changes in the size and scope of services we offer. We continue to strive to honor and respect all residents in our region by diligently working to obtain critical and rapid approvals for these services.

Last fiscal year, we experienced approximately 84,200 provider office visits. Now based on the first 10 months of fiscal year 2021, we are on course to hit 111,000 provider office visits. Again, this visit tally in fiscal year 2015 was 47,000.

We continue to demonstrate our commitment to our residents by diligently working to improve access to health care. This will help prevent the need to utilize our most expensive areas of our Health System: The Emergency Room and Inpatient Services. Our team’s dedicated work in this area is demonstrated by the fact there has been very little change in the ER and IP volumes over the last five plus years.

We continue to see a slowdown in the number of new positive COVID-19 cases in our region. We are hopeful we will an even more rapid slowdown in the weeks and months ahead.

We expect to be involved in the most important public health effort of the last 100 years, which is testing, treatment and vaccinations relative to the COVID-19 virus for many more months, even if the numbers grow smaller. We must work to stop this disease in our region.

We would look forward to reporting no new positive cases. It appears California is still heading for a significant relaxation of many COVID-19 state regulatory rules on June 15. We are pleased that young people down to age 12 can also now obtain the vaccine as well.

In other topic areas, you will read from other Administrative leaders our continued focus on year over year improvements in Quality as this is our number one focus and then Patient Satisfaction.

We are continuing to work very hard on improving the work experience here for all of our team members' year over year! We do have an amazing team and we are proud of their unselfish, outward focused efforts! Our goal is that all team members show improvements "in the walk of our health system Values" year over year.

There are many new state level regulatory actions (some precedent setting in the entire life of California) being contemplated, all of which are unfunded mandates upon us and other hospitals, that do nothing to make healthcare, nimbler and more affordable in California. California, relative to health policy, has a lot of clean up to do to meet some of the great state efficiency policies of other states which allows high quality care to be provided more efficiently. Our neighboring state of Nevada also seems, relative to health policy, to have a lot of clean up to do to ensure that high quality care can be efficiently provided.

We are continuing our collaboration journey with other health systems in the region and we also are continuing our collaboration journey with our non-healthcare partners on the critical, challenging and growing workforce housing challenges.

We will have a progress report for you on our workforce housing partnership at our June board meeting.

In the fall, we are hoping to have an update on the collaboration that is under development with other health systems in the region.

The Health System will be focused on a new strategic plan and continued work of the master plan through the end of next winter.



Board COO Report

By: Judith B. Newland

DATE: May 2021

Quality: Pursue Excellence in Quality, Safety and Patient Experience

Focus on our culture of safety

The TFH Vaccine Clinic will be transitioning the second week of June from the current Sierra College location to the Gateway building location. This transition is occurring because Sierra College will be opening for summer sessions on the campus. Currently, vaccines are open to age 12 years and older. The clinic continues to use California's self-scheduling program, MyTurn. We are now receiving our vaccine allocation from the state Blue Shield program with allocation approval from either Nevada or Placer County. Besides TFH Vaccine Clinic, Safeway and CVS Pharmacies in both Truckee and Tahoe City are giving COVID vaccines. IVCH is ending their second vaccine doses over the next two weeks. Vaccines remain available to Incline Village/Crystal Bay residents through Washoe County and the local fire department.

TFH passed its Mammography Technologist Briner Imaging site survey in May. It was a one-day survey and there were no deficiencies. The surveyor gave positive recognition to the mammography staff and spoke highly of the attention to detail and organization of the department.

TFHS completed our BETA HEART survey on May 11 and are awaiting the results. It is a coordinated program designed to guide healthcare organizations in implementing a reliable and sustainable culture of safety grounded in a philosophy of transparency. The five domains of the program that the health system has completed are Culture of Safety, Rapid Event Response & Analysis, Communication and Transparency, Care for the Caregiver, and Early Resolution. TFHS was the first organization to complete all five domains. Meeting the criteria for each domain gives us a 2% renewal credit per domain and in 2020, TFHS received a 10% renewal credit.

The Philips CT Scan at TFH will be down for use in June for preventative and other maintenance. Philips will provide the District with a mobile unit for use during this down time. The mobile unit will be located in the Emergency Department parking area.

People: Strengthen a Highly Engaged Culture that Inspires Teamwork

Attract, develop and retain strong talent and promote great careers

Please join me in welcoming Theresa Crowe, the new Risk Manager and Privacy & Patient Safety Officer for the Health System. Ms. Crowe will be on site beginning the week of June 14. She has experience in Risk Management/Patient Safety and will be relocating from Portland Oregon. We look forward to Ms. Crowe joining our health care team.

It is with disappointment to share that Jason Grosdidier, Director of Respiratory Therapy and Support Services, has resigned his position and will be moving out of the area. Mr. Grosdidier developed and led our physical security program. Additionally, he developed and provided oversight of our successful COVID vaccine clinics at the Sierra College location. He will be greatly missed and we wish him best in his new adventures. Dylan Crosby, Director of Facilities and Construction Management will be taking on some of Mr. Grosdidier's responsibilities.

Report provided by Dylan Crosby, Director Facilities and Construction Management

Active Moves:

- Primary Care (10956 Donner Pass Rd Suite 360) – Completed

Planned Moves:

- Outpatient Lab Services (10956 Donner Pass Rd Suite 260) back to TFH- June 3rd
- Occupational Health (10956 Donner Pass Rd Suite 230) to Levon Avenue Clinic– June 4th
- Vaccine Clinic to Gateway - June 7th

Active Projects:

Project: ECC Interior Upgrades

Background: In late 2018, District staff initiated a project to renovate and upgraded the portion of the skilled nursing facility built in 1985. The goals of the project were to upgrade existing finishes and provide a warm and welcoming environment for the residents. In addition, the project sought to correct potential accreditation issues due to the age of the building.

Summary of Work: Remodel all patient rooms including new; case work, wardrobes, sink, counter, lighting, televisions, flooring, paint and doors. Remodel Dining and Activity rooms with new flooring, paint, blinds and replacement of existing counters and sinks.

Update Summary: The Project has commenced, starting with the rooms on the Southern end. Transitioning to Phase 2(Activity Room) June 1st.

Start of Construction: March 29th, 2021

Project Budget: \$957,410

Estimated Completion: October 2021

Project: Security and Exiting

Background: The Security and Exiting project was initiate to bolster the security controls of Tahoe Forest Hospital. Currently security can be controlled at exterior doors (providing lockdown availability) and at most department entrances (control patient and staff entrance and providing an additional lock down layer). The project intent is to complete the department security controls for the entire first floor of Tahoe Forest, Surgery and Diagnostic Imagine being the last remaining departments.

Summary of Work: Renovate the Eastern entrance to the Surgery department and the Western entrance to the Diagnostic Imaging department to provide; ADA access, fire alarm control integration, badge access for staff, and security engineering controls. Exiting upgrades to the 1978 Building hallway (outside of Nuclear Medicine).

Update Summary: The Western entrance of Diagnostic Imaging is at 95% complete, the only remaining item is the door leaves themselves. The door is in full operation. The Eastern entrance of Surgery initiated on April 12th with a scheduled completion of May 28th. This project is ending allocated contract days.

Start of Construction: February 8th, 2021

Project Budget: \$210,000

Estimated Completion: May 2021

Projects in Implementation:

Project: Incline Sterile Processing Remodel & Exterior Shop Remodel

Background: Incline Village Community Hospital Sterile Processing Department (“IVCH SPD”) – In preparation to offer endoscopy procedures at IVCH, this service is in need of reconfiguration and equipment upgrades to process the future instruments.

IVCH Exterior Shop Remodel “IVCH-Shop” - The exterior storage shop at IVCH is in disrepair and is not readily used due to its condition. This project is to renovate and upgrade the exterior shop to utilize for storage and relocate Engineer outside of the Hospital to provide space for patient care services.

The projects were bid together to provide economies of scale.

Summary of Work: IVCH-SPD: Create a temporary decontamination room to allow for continuity of operations during the construction timeline. Once completed, renovate the existing decontamination room and add the additional utilities needed to support the new equipment.

IVCH-Shop: Renovate shop to provide improved utility and storage as well as space to move engineering outside of the Hospital.

Update Summary: Staff have awarded and are in coordination with the contractor to develop the schedule and initiate procurement.

Start of Construction: June 2021

Project Budget: \$1,429,000

Estimated Completion: December 2021

Project: Underground Storage and Day Tank Replacement.

Background: The existing Diesel underground storage is 30 years old in need of replacement. Staff analyzed if an above ground tank would be suitable, due to site constrained it was determined that a replacement underground tank would best serve the hospital.

Summary of Work: Removal of the existing Underground storage tank, day tank and day tank structure (not compliant). Excavate and install a new 15,000-gallon underground tank in the ambulance bay. A new day tank will be installed in the 500 KW generator room.

Update Summary: This project is in the permitting phase. Initial comments have been received by OSHPD and answered by the Team. Geotechnical submittal has been submitted to OSHPD. The PUD has approved electrical Submittals. Underground tank has been ordered, material procurement is expected September of 2021.

Start of Construction: June 2021

Project Budget: \$2,500,000

Estimated Completion: December 2021

Projects in Planning:

Project: Site Improvements Phase 2

Background: In order to meet the increased parking demand on campus, staff pursued surface parking lots to meet the immediate need, prior to the submittal of the Master Plan

Summary of Work: Project includes two site improvements for parking; these sites include Pat and Ollies and Gateway West lot. Scope includes regrading, surface improvements, landscaping and storm water improvements.

Update Summary: Project is pending Town of Truckee approval. Scheduled to go before the Planning Commission. May Commission Meeting was canceled; staff are working with the Town for anticipated schedule.

Start of Construction: Summer 2021

Estimated Completion: Winter 2021

Project: Tahoe Forest Nurse Call Replacement

Procurement Model: Design-Bid-Build

Background: In 2018, TFH completed phase 1 of the Nurse Call replacement system, which included Med Surg, ICU and Briner Imaging. This project, phase 2, will replace the remainder of the antiquated systems and condense the nurse calls at TFHD to a single more reliable system.

Summary of Work: Remove and replace existing Nurse Call Systems in Ambulatory Surgery, Emergency, Diagnostic Imaging, Respiratory and Extended Care Center Departments.

Update Summary: First round comments have been received, 5/17/21, staff are preparing response.

Start of Construction: Summer 2021

Estimated Completion: December 2021

Project: Medical Office Building Renovation

Background: Outpatient clinical services are in need of additional space to meet the healthcare need of the community. To provide efficient, flexible space staff intend to renovate the entire second floor of the Medical office building and create a single use suite that can be utilized for primary care and specialty services. MOB suite 360 is also planned to be renovated to utilize the additional space that has since become available.

Summary of Work: Relocate Occupation Health, Out Patient Lab and Primary Care services in suite 360. Demo all suites. Construct new use-flexible outpatient OSHPD 3 spaces for outpatient clinical services.

Update Summary: Project is in early design stages, the team is finalizing the program and working on Schematic Design. Site to be vacated by 6/7/21. An early demolition package is being submitted for permit 5/24/21.

Start of Construction: Fall 2021

Estimated Completion: Summer 2022

Project: MRI Replacement

Background: The existing MRI mechanical equipment is at end of life and the existing MRI itself does not provide the function needed to provide the necessary quality of care.

Summary of Work: Renovate the existing MRI suite to provide for two changing rooms and a gurney hold area. Order and install new 3T Siemens MRI.

Update Summary: Project is in early design stages, the team is finalizing the program and working on Schematic Design.

Start of Construction: Winter 2021

Estimated Completion: Summer 2022

Project: Incline Village Community Hospital Endoscopy

Background: This project would be the second and final phase to have the infrastructure at Incline Village Community Hospital to see endoscopy procedures.

Summary of Work: Renovate an existing recovery room into an endoscopy procedure suite. Scope include, expanding interior dimensions of space, relocating medical gases and modifying HVAC system for dedicated exhaust.

Update Summary: Staff have put this project on hold until the end of May.

Start of Construction: Spring 2022

Estimated Completion: Winter 2022

Project: Incline Village Community Hospital Site Improvements

Background: Demand for parking at Incline Village Community Hospital has exceeded its capacity.

Summary of Work: In the Tahoe Basin the Truckee Regional Planning Agency, "TRPA" regulates the amount of disturbed land each individual parcel can have, Incline is at its capacity. Partnered with JKAE staff have planned a transfer of development rights as the first step in increasing the available parking onsite.

Update Summary: Staff have reserved 9,000 square feet of right with Nevada State land and are pursuing a permit through Washoe County, which must be completed prior to transfer. Staff are reviewing construction drawings prior to submittal to Washoe County.

Start of Construction: Summer 2022

Estimated Completion: Winter 2022

Project: Tahoe Forest Hospital Seismic Improvement

Background: In 2012, Tahoe Forest Hospital completed an expansive seismic improvement job to extend the allowance of acute care service in many of the Hospital buildings up to and beyond the 2030 deadline determined by Senate Bill 1953. This project is Phase one of three in a compliance plan to meet the full 2030 deadline.

Summary of Work: Upgrade four buildings (the 1978, 1990, 1993 and Med Gas) to Non-Structural Performance Category "NPC" 4 status. Renovate the Diagnostic Imaging reception, waiting room and X-Ray to increase capacity and receive new equipment. Renovate Emergency Department beds 8-15 to provide addition patient privacy. Renovate Emergency Department beds 4-7 to private rooms. Aesthetic upgrades of the 1978 and 1990 buildings including but not limited to flooring, ceilings, signage and painting.

1978 Building – Diagnostic Imaging, portions of Emergency Department

1990 Building – Portions of the Surgical Department

1993 Building – Portions of the Dietary Department

Med Gas Building – Primary Med Gas distribution building.

Update Summary: Three Teams have been shortlisted. Request for proposals have been released and are due 6/30/21.

Start of Construction: Spring 2022

Estimated Completion: Summer 2023

By: Karen Baffone, RN, MS
Chief Nursing Officer

DATE: May 2021

Service: Optimize delivery model to achieve operational and clinical efficiency

- Bed Flow Huddles every afternoon to ensure
 - Beds for any Extended Recovery or Outpatients
 - Discharges for patients with orders that have occurred timely
 - Plan admissions for the following day
 - Supervisor Coordinated
 - Improve Engagement scores of “Other departments in the hospital work well together”

Quality: Provide clinical excellence in clinical outcomes

- Community Health Needs Assessment to start next week (May 24th)
 - Online Surveys and Phone Call
- Behavioral Health to become part of the clinics beginning July 1, 2021 for consistency in both leadership of the clinics as well as referring process
- Tele-stroke and Stroke Ready Hospital underway

Growth: Meets the needs of the community

- Upcoming June EVENTS
 - **Your Authentic Wellness – Free Virtual Workshop** – In the FREE series of workshops on how to address stress, insomnia, nutrition, lack of energy, feeling overwhelmed, or general habit change.
 - **June 10th 5:15-6:30pm: Enjoy the Great Outdoors!** Why being outdoors is good for the brain, the body and the soul.
 - **June 24th 5:15-6:30pm: Eat Local! with Gary Romano, Owner Sierra Valley Farms, Daphne Hougard, Farmer’s Market manager Tahoe City, and the Tahoe Food Hub**
 - You can benefit your local community, your health and the environment by eating local, organically grown food. Will discuss our local farmer’s markets; and we will hear about other local food options from the Tahoe Food Hub. We will provide ideas, tips and options for buying local and seasonal year-round in our region.
 - **Prenatal Exercise – FREE Virtual Class**
 - **June 17th and the Third Thursday of Every Month from 1:00-2:00pm.**
 - **Baby Massage**
 - For parents and infant’s newborn to crawling, this hands-on workshop promotes bonding and communication, while improving baby’s circulation

and digestion, easing tension, increasing relaxation, and reducing fussiness.
Led by Linda Mackenzie, RN, Certified Infant Massage Instructor.

- **Cooking Club: Summertime Nutrition**
 - Monthly Healthy Supportive Cooking Club! Each month we will choose a different health topic and our Registered Dietitian will do a fun and interactive cooking demo.
- **Yoga Basics**
- Patient Education Videos – June 2021
 - Pre Diabetes
 - COVID Hygiene
 - COVID Vaccine
 - Gratitude
 - Your Authentic Wellness
 - Affordable Lab Screening
 - Building Better Care Givers
 - Mindfulness
 - Living Well
 - Diabetes Self-Management Program
 - Infant Nutrition
 - Parkinson’s Support Group
 - Cooking Club
 - Vaping and Smoking Cessation
 - Dynamic Aging Workshop
 - Yoga Basics
 - Raising Healthy Eaters

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

DATE: May 18, 2021

People: Strengthen a highly-engaged culture that inspires teamwork

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

- Dr. Meika Conway has joined our team this month as our new ophthalmologist who will work out of Incline Village but helping both TFH/IVCH emergency rooms.
- Dr. Kristy Howard will be joining the Women's Center Team early this Fall. This will be a transition plan for Dr. Thompson, who is retiring after 36 years on the TFH medical staff.

Service: Optimize delivery model to achieve operational and clinical efficiency

Develop integrated, standardized and innovative processes across all services

- We are transitioning to a full time Hospitalist program. This will focus on a small subset of inpatient hospitalist physicians to have consistent care for our inpatients.

Use technology to improve efficiencies

- Our pilot program for scribes in the clinics is wrapping up and we hope to begin expanding this support to other areas of the clinics and hospital in the coming months.

Quality: Provide clinical excellence in clinical outcomes

Focus on our culture of safety

- We have just finished our SCOR survey and will be meeting with focus groups to find our top priorities to work on this coming year.

Identify and promote best practice and evidence-based medicine

- We continue to move forward with developing a stroke program. Our Level 3 trauma survey will be conducted in September by American College of Surgeons. A multidisciplinary team is looking to standardize treatments and protocols between our multiple ski clinic sites.

Growth: Meets the needs of the community

Explore and engage potential collaborations and partnerships

- We are in the process of finalizing agreements with Sugar Bowl Academy and Woodward to improve our support and connection with their training programs, along with increasing our agreement with Squaw Valley ski teams.

Enhance and promote our value to the community

- We have begun researching options to increase our Urgent Care capacity and plan to explore options for standalone Urgent Care clinics as part of our strategic planning process

Define opportunities for growth and recapture outmigration

- We continue to recruit and onboard physicians and other providers in several areas to increase capacity in key areas with known outmigration.

By: Alex MacLennan, PHR
Chief Human Resources Officer

DATE: May 2021

Priority One: Strengthen a highly engaged culture that inspires teamwork

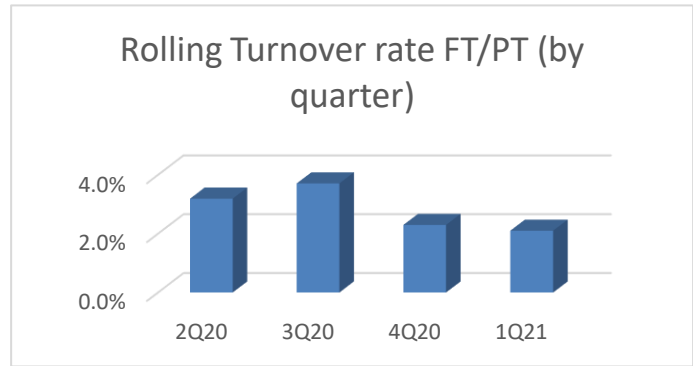
- **Goal – Build trust**
 - Since my last report, we have conducted two additional Town Hall sessions updating staff about latest changes and providing opportunities to ask questions.
 - Our Values Advocates group was instrumental in helping roll out the Best Places to Work survey. They encouraged participation and gave prizes to those who completed the survey. The survey concluded on 5/24.
 - We continue to evaluate the Press Ganey employee engagement results to build action plans for improvement.

- **Goal – Build a culture based on the foundation of our values**
 - We continue to refine the Intranet page to create a meaningful and useful communication portal for employees. As a way to increase traffic to this page, we added a “Pets of Tahoe Forest” page where employees can add pictures of their pets. This has been a fun engagement activity and allows for staff to get to know each other in a more personal way.
 - We continue to strengthen our organization’s safety culture through High Reliability Principles. We are working on a gap analysis to determine next steps to become a certified High Reliable Organization.

- **Goal – Attract, develop and retain strong talent and promote great careers**
 - We have increased utilization of an online resource called Spark Hire. This platform allows candidates to record responses to questions that we send them. Spark Hire has increased our efficiency with the many applicants that apply for jobs at TFHS.
 - We completed implementation of the virtual therapy service, TalkSpace, for all TFHS employees and contractors, providing them access to a dedicated therapist at any time of the day and at no cost to them.
 - We began live classes again in May. Employees are grateful to be able to meet in person again while attending educational sessions.
 - Preparations are being made to hold our annual company picnic, holiday party, and nights out at the Aces ballpark, all of which had to be canceled last year.
 - We handed out cookies, coffee, popsicles and hosted a catered luncheon with local food trucks during National Hospital Week. Employees enjoyed the fun and treats!
 - 890 employees received an annual pension contribution from TFH, which was a 13.1% increase from prior year (787).

Stats for First Quarter FY21

51	New Employees
39	Terminations
1024	Headcount as of 3/31/2021
11.89	Average Span of Control
7.42	Average Seniority Years
60	Temporary Staff
20	Status change
46	Transfer



2020 Terminations

#	Term Types 2020	Percentage
10	Involuntary	25.64%
29	Voluntary	74.36%

Voluntary Term Reasons 2020		
1	Commute	3.45%
	Dissatisfied w/job	0.00%
2	Education	6.90%
	Job Abandonment	0.00%
5	Moving	17.24%
3	Mutual Agreement	10.34%
5	Other	17.24%
10	Other job	34.48%
	Retirement/Early Retire	0.00%

More Stats:

COVID Related Leaves to date: 854

FY21- current LOA's: 203

FY21- current Work Comp LOA's: 16

FY21- current Modified Work Schedules: 9

FY21- current Modified Duty (excluding modified work schedule): 36

AGENDA ITEM COVER SHEET

ITEM	2021 Legislation Report
RESPONSIBLE PARTY	Ted Owens, Exec. Dir. Governance & Business Dev.
ACTION REQUESTED?	For Information Only
<p>BACKGROUND:</p> <p>This report is intended to raise board awareness of legislation that administration is paying close attention to. Each state legislature and congress are in the first year of two year sessions and legislation has become clearer.</p> <p>TFHD is active politically with:</p> <ul style="list-style-type: none"> • American Hospital Association • California Hospital Association • Association of California Healthcare Districts • California Association of Special Districts (Through ACHD) • District Hospital Leadership Forum 	
<p>SUMMARY/OBJECTIVES:</p> <p>Brief on the Following:</p> <ul style="list-style-type: none"> • AB 650 Muratsuchi (California) Hazard Pay • AB 1130 Wood (California) Creates a Rate Commission • SB 213 Cortese (California) Workers' Compensation • AB 348 Gorelow (Nevada) Health Equity Commission Changes • H.R. 3203 Matsui (Federal) 340B Program Protection 	
<p>SUGGESTED DISCUSSION POINTS:</p> <ul style="list-style-type: none"> • Bills of interest that have an impact on TFHD. 	
<p>SUGGESTED MOTION/ALTERNATIVES:</p> <p>No action needed.</p>	
<p>LIST OF ATTACHMENTS:</p> <ul style="list-style-type: none"> • Brief sheet of five bills and general information 	

California

Assembly Bill 650 (Muratsuchi)

This bill requires specified employers to pay bonuses to specified health care workers of up to \$10,000 in increments throughout 2022. Specifically, this bill:

- 1) Requires, on the first day of each quarter in 2022, a “covered employer” to pay hazard pay retention bonuses to each covered health care worker it employs as of that date, as follows:
 - a) \$2,500 to each covered health care worker employed full-time.
 - b) \$1,500 to each covered health care worker employed part-time.
 - c) \$1,000 to each covered health care worker employed less than part-time.
- 2) Defines a “covered employer” as all of the following:
 - a) Not owned by the state, a municipality or any political subdivision of the state, but includes district hospitals as covered employers.
 - b) Any person who directly or indirectly, or through an agent or any other person, employs or exercises control over the wages, hours, or working conditions of any person.
 - c) A health care provider that employs 100 or more employees in the state, including a clinic, hospital, skilled nursing facility, medical foundation, physician’s office and any other health facility or entity that provides medical services in California.
- 3) Makes it a violation for any covered employer to discharge, lay off, or reduce any covered health care worker’s compensation or hours so as to prevent, in whole or in part, a worker from receiving hazard pay retention bonuses, and applies this provision retroactively to March 1, 2021.
- 4) Specifies a covered health care provider that awards service contracts, such as for janitorial, laundry, security or dietary services, is responsible for reimbursing its contracted covered employers for the bonuses.
- 5) Specifies enforcement, including:
 - a) A covered employer who violates the bonus payment provisions can be liable in a court action for all wages owed, as well as for a civil penalty in the amount of \$50 for each initial violation, and \$100 for each subsequent violation.

b) A worker receiving less than the required bonuses may recover in a civil action the unpaid balance of the full amount of the wages, including reasonable attorney's fees, costs of suit, and interest.

c) The Labor Commissioner may issue a citations for violations.

Assembly Bill 1130 (Wood)

This bill creates an Office of Health Care Affordability in the Office of Statewide Health Planning and Development (OSHPD) with broad authority to collect and report on health care data, to monitor health care spending trends and to establish and enforce health care cost targets. It also establishes a nine-member Health Care Affordability Advisory Board comprised of gubernatorial and legislative appointees to advise the Office on its activities.

AB 1130 in some ways mirrors SB 977 (Monning) in the last session in that it seeks to cost control rates through the new Office of Health Care Affordability. SB 977 which failed to become law, sought to cost control rates through the Attorney General.

Senate Bill 213 (Cortese)

This bill would create rebuttable presumptions that infectious disease, COVID-19, cancer, musculoskeletal injury, post-traumatic stress disorder or respiratory disease are occupational injuries for a direct patient care worker employed in an acute care hospital, as defined, and are therefore eligible for workers' compensation benefits.

Extending coverage of presumptive injuries to specified employees would likely result in increases to workers compensation premiums. Thus, the bill would result in higher workers compensation premium costs for impacted state departments, as the State is a direct employer. The magnitude is unknown, and highly uncertain as it would depend upon future actions, but is expected to minimally be in the low tens of millions of dollars annually (General Fund, see Staff Comments).

Staphylococcus aureus skin infection, (2) bloodborne infectious diseases, (3) tuberculosis, (4) meningitis, or (5) the novel coronavirus 2019 (COVID-19).

Nevada:*Assembly Bill 348 (Gorelow)*

This bill transfers the Patient Protection Commission from the Office of the Governor to the Office of the Director of the Department of Health and Human Services; revising the membership and duties of the Commission; requiring the Commission to coordinate and administer certain assistance;

- Changes the composition of the committee originally established in AB 478
- Dilutes the original commission with members outside of the healthcare industry

Federal:*H.R. 3203 (Matsui)*

This bill will enable certain hospitals that were participating in or applied for the drug discount program under section 340B of the Public Health Service Act prior to the COVID-19 public health emergency to temporarily maintain eligibility for such program, and for other purposes.

The 340B program provides reduced pricing on some outpatient pharmaceuticals for eligible providers that care for a large number of low-income and uninsured patients. These savings allow 340B hospitals to stretch their scarce federal resources to provide better access to care, expanding and enhancing health services to the patients and communities they serve.

Ballot
for
**Special District Representative & Alternate, Placer
LAFCO**

Please select **two (2)** candidates from the nominees below by marking the box by each chosen name. After making your selections, the Certification Statement at the end of this document must be signed by your Board Chairman or Alternate prior to mailing.

Ballots should be returned to the Placer LAFCO office no later than **4:30 p.m. Monday, May 10, 2021** by mail or email as follows:

Placer LAFCO
110 Maple Street, Auburn, CA 95603

OR

Kris Berry, Executive Officer
kberry@placer.ca.gov

Ballots received after this time/date will not be counted

Nominees (choose 2):

- Gordon Ainsleigh, Auburn Area Rec. & Park District
- Joshua Alpine, Placer County Water Agency
- Peter Gilbert, Placer Mosquito & Vector Control District
- Fred Ilfeld, Olympic Valley Public Service District
- Rick Stephens, Truckee Tahoe Airport District

Certification Statement

I _____, as Board Chairman (or
(Name)
authorized alternate) of _____,
(District)

Certify that this is the District's true and correct ballot.