



2021-10-28 Regular Meeting of the Board of Directors

Thursday, October 28, 2021 at 4:00 p.m.

Pursuant to Assembly Bill 361, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for October 28, 2021 will be conducted telephonically through Zoom.

Please be advised that pursuant to legislation 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/86819336194>

If you prefer to use your phone, you may call in using the numbers listed: (346) 248 7799 or (301) 715 8592,
Meeting ID: 868 1933 6194



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REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, October 28, 2021 at 4:00 p.m.

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Or join by phone:

If you prefer to use your phone, you may call in using the numbers listed:

(346) 248 7799 or (301) 715 8592

Meeting ID: 868 1933 6194

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. ITEMS FOR BOARD ACTION ♦

5.1. Resolution 2021-04 Authorizing Remote Teleconference Meetings ♦ ATTACHMENT

The Board of Directors will consider approval of a resolution authorizing remote teleconference meetings of the Board of Directors and the District’s other legislative bodies pursuant to Government Code Section 54953(e).

6. BOARD OFFICER ELECTION ♦

6.1. Election of Board Secretary ♦

The Board of Directors will elect a new Board Secretary.

7. CLOSED SESSION

- 7.1. Hearing (Health & Safety Code § 32155) ♦**
Subject Matter: Third Quarter 2021 Corporate Compliance Report
Number of items: One (1)
- 7.2. Approval of Closed Session Minutes ♦**
09/23/2021 Regular Meeting, 10/06/2021 Special Meeting
- 7.3. TIMED ITEM – 5:30PM - Hearing (Health & Safety Code § 32155) ♦**
Subject Matter: Medical Staff Credentials

APPROXIMATELY 6:00 P.M.

- 8. DINNER BREAK**
- 9. OPEN SESSION – CALL TO ORDER**
- 10. REPORT OF ACTIONS TAKEN IN CLOSED SESSION**
- 11. DELETIONS/CORRECTIONS TO THE POSTED AGENDA**

12. 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.

13. 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.

14. ACKNOWLEDGMENTS

- 14.1.** October 2021 Employee of the Month ATTACHMENT
- 14.2.** TFHS awarded Resilience Award by Truckee Chamber of Commerce ATTACHMENT
- 14.3.** TFHS Chief Information and Innovation Officer, Jake Dorst, recognized by Becker’s Hospital Review ATTACHMENT
- 14.4.** October Appreciation Weeks

15. MEDICAL STAFF EXECUTIVE COMMITTEE ♦

- 15.1. Medical Executive Committee (MEC) Meeting Consent Agenda ATTACHMENT**
MEC recommends the following for approval by the Board of Directors:
New Policy Approval
 - *Stroke Alert Patient in the Emergency Department, DED-2101*
 - *Stroke Alert Clinical Guidelines*
 - *Reimplantation of Contaminated Tissue, DOR-2101*

Policy Approval with Changes

- *Death Determination, MSGEN-2101*
- *Annual Neonatal Policy Approval*
- *Blood Alcohol, Evaluations and Testing Requested by Law Enforcement, DED-6*
- *EMS Diversion, DED-2001*

Privilege Form with Changes

- *OB/GYN Privilege Form*

16. CONSENT CALENDAR ♦

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

16.1. Approval of Minutes of Meetings

- 16.1.1. 09/23/2021 Regular Meeting..... ATTACHMENT
- 16.1.2. 09/28/2021 Special Meeting..... ATTACHMENT
- 16.1.3. 10/06/2021 Special Meeting..... ATTACHMENT

16.2. Financial Reports

- 16.2.1. Financial Report – September 2021..... ATTACHMENT

16.3. Board Reports

- 16.3.1. President & CEO Board Report..... ATTACHMENT
- 16.3.2. COO Board Report..... ATTACHMENT
- 16.3.3. CNO Board Report..... ATTACHMENT
- 16.3.4. CIO Board Report..... ATTACHMENT
- 16.3.5. CMO Board Report..... ATTACHMENT

16.4. Approve Third Quarter 2021 Corporate Compliance Report

- 16.4.1. Q3 2021 Corporate Compliance Report..... ATTACHMENT

16.5. Approve Amended Conflict of Interest Code

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

17. ITEMS FOR BOARD DISCUSSION

- 17.1. Retirement Committee Update..... ATTACHMENT

The Board of Directors will receive a biannual update from the Retirement Committee.

18. ITEMS FOR BOARD ACTION ♦

- 18.1. Resolution 2021-05 in Support of Gateway Mountain Center ♦..... ATTACHMENT

The Board of Directors will consider approval of a resolution in support of Gateway Mountain Center.

19. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

20. BOARD COMMITTEE REPORTS

21. BOARD MEMBERS REPORTS/CLOSING REMARKS

- The November Regular Meeting will be held on November 18, 2021.

22. CLOSED SESSION CONTINUED, IF NECESSARY

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
October 28, 2021 AGENDA – Continued

23. OPEN SESSION

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

25. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is November 18, 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.

**TAHOE FOREST HOSPITAL DISTRICT
RESOLUTION NO. 2021-04**

**A RESOLUTION OF THE BOARD OF DIRECTORS OF THE TAHOE FOREST
HOSPITAL DISTRICT AUTHORIZING REMOTE TELECONFERENCE
MEETINGS OF THE BOARD OF DIRECTORS PURSUANT TO GOVERNMENT
CODE SECTION 54953(e)**

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

WHEREAS, Government Code section 54953(e), as amended by Assembly Bill No. 361, allows legislative bodies to hold open meetings by teleconference without reference to otherwise applicable requirements in Government Code section 54953(b)(3), so long as the legislative body complies with certain requirements, there exists a declared state of emergency, and one of the following circumstances is met:

1. State or local officials have imposed or recommended measures to promote social distancing.
2. The legislative body is holding the meeting for the purpose of determining, by majority vote, whether as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.
3. The legislative body has determined, by majority vote, pursuant to option 2, that, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

WHEREAS, the Governor of California proclaimed a state of emergency pursuant to Government Code section 8625 on March 4, 2020; and

WHEREAS, the Board of Directors desires to hold its public meetings by teleconference consistent with Government Code section 54953(e).

NOW, THEREFORE, BE IT RESOLVED the Board of Directors of the Tahoe Forest Hospital District does hereby resolve as follows:

Section 1. Recitals. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.

Section 2. Conditions are Met. The Board of Directors hereby finds and declares the following, as required by Government Code section 54953(e)(3):

1. The Governor of California proclaimed a state of emergency on March 4, 2020, pursuant to Government Code section 8625, which remains in effect.
2. State or local officials have imposed or recommended measures to promote social distancing.
3. The legislative body has determined that, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

PASSED AND ADOPTED at the meeting of the Tahoe Forest Hospital District Board of Directors held on the 28th day of October, 2021 by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

ATTEST:

Alyce Wong
Chair, Board of Directors
Tahoe Forest Hospital District

Martina Rochefort
Clerk of the Board
Tahoe Forest Hospital District

Tahoe Forest Health System

EMPLOYEE OF THE MONTH



Ryan Kasten

Patient Care Tech, ICU

We are pleased to announce Ryan Kasten as our October Employee of the Month. Ryan has been with the health system since 2019. Here are some of the great things his colleagues have to say about him:

“Ryan exemplifies teamwork; he helps out in any way he can.”

“He provides such great care to patients that patients and families alike request him by name to come and sit with them and help them move around their rooms in the ICU. Ryan played an instrumental role during COVID in the ICU with his ability to multitask while still providing the best care.”

“Ryan is a great team player and an asset to our organization.”

“He voluntarily helps without being asked and he’s always professional and personable. Both patient families and staff all love him.”

And congrats to our terrific October nominees!

Daisy Martinez and Joji Huerto.



Congratulations! Thank you for all you do!

Tahoe Forest Health System Receives the 2021 Truckee Resilience Award



For the critical role we continue to play in our community during the COVID-19 pandemic, Tahoe Forest Health System is proud to accept the Truckee Chamber of Commerce Resilience Award.

The Chamber of Commerce recognized us for our actions during the pandemic, including:

- Setting up the first local COVID-19 testing center
- Creating the first COVID vaccine clinic in eastern Nevada and Placer Counties
- Vaccinating more than 650 local teachers and school district employees in a single day

Thanks to the support of our community, Tahoe Forest Health System has been able to adapt well in the face of adversity.

As ever, we are proud to be your community health care provider.



FOR IMMEDIATE RELEASE

October 4, 2021

Contact: Paige Thomason
Director of Marketing and Communications, TFHS
(530) 582-6290
pthomason@tfhd.com

**Tahoe Forest Health System's Chief Information and Innovation Officer, Jake Dorst,
Recognized by Becker's Hospital Review**

102 Hospital and Health System CIOs to Know 2021

www.tfhd.com

(Tahoe/Truckee, Calif.) – Tahoe Forest Health System is pleased to announce that Jake Dorst, Chief Information and Innovation Officer, was recently named to the 102 Hospital and Health System CIOs to Know 2021 list by *Becker's Hospital Review*. The list features some of the most impressive health IT leaders who lead technology and health IT initiatives for hospitals and health systems across the country.

Mr. Dorst has led the IT department at Tahoe Forest Health System since September 2014. Under his leadership, Tahoe Forest Health System successfully transitioned to a single electronic health record platform, providing better coordinated care, and modernized its infrastructure, improving the network performance across the health system's two hospitals and multiple specialty clinics.

The CIOs featured on the Becker's list oversee electronic health records installations, cybersecurity, data management and telemedicine services- many who have built robust IT departments and teams. These leaders have received recognition by organizations such as the Healthcare Information and Management Systems Society and the College of Healthcare Information Management Executives (CHIME).

For the complete list of recognized hospital and health system CIOs, go to [Becker's Hospital Review](#).

####

About Tahoe Forest Health System

Tahoe Forest Health System, which includes Tahoe Forest Hospital in Truckee, CA, and Incline Village Community Hospital in Incline Village, NV, offers 24-hour emergency care, urgent care, primary and specialty health care clinics including Tahoe Forest Orthopedics and Sports Medicine, Commission on Cancer (COC) accredited cancer center, the Gene Upshaw Memorial Tahoe Forest Cancer Center, and the Joseph Family Center for Women and Newborn Care. With a strong focus on high quality patient care, community collaboration, clinical excellence and innovation, Tahoe Forest Health System is a UC Davis Rural Center of Excellence. For a complete list of physician specialties and services, visit www.tfhd.com.

About Becker's Hospital Review

Becker's Hospital Review is a monthly publication offering up-to-date business and legal news and analysis relating to hospitals and health systems. Content is geared toward high-level hospital leaders, and valuable content is provided, including hospital and health system news, best practices and legal guidance specifically for these decision-makers. Each issue of Becker's Hospital Review reaches more than 18,000 people, primarily acute-care hospital CEOs, CFOs and CIOs.

High-resolution photo attached. Jake Dorst.jpg. Caption - Jake Dorst, Chief Information and Innovation Officer, Tahoe Forest Health System

AGENDA ITEM COVER SHEET

ITEM	Medical Executive Committee (MEC) Consent Agenda
RESPONSIBLE PARTY	Jonathan Laine, MD Chief of Staff
ACTION REQUESTED?	For Board Action
<p>BACKGROUND: During the October 21, 2021 Medical Executive Committee meeting, the committee made the following open session consent agenda item recommendations to the Board of Directors at the October 28, 2021 meeting.</p>	
<p>New Policy Approval</p> <ol style="list-style-type: none"> 1. Stroke Alert Patient in the Emergency Department, DED-2101 <ol style="list-style-type: none"> a. Stroke Alert Clinical Guidelines 2. Reimplantation of Contaminated Tissue, DOR-2101 <p>Policy Approval – With Changes</p> <ol style="list-style-type: none"> 3. Death Determination, MSGEN-2101 4. Annual Neonatal Policy Approval 5. Blood Alcohol, Evaluations and Testing Requested by Law Enforcement, DED-6 6. EMS Diversion, DED-2001 <p>Privilege Form Approval – With Changes</p> <ol style="list-style-type: none"> 7. OB/GYN Privilege Form 	
<p>SUGGESTED DISCUSSION POINTS: None.</p>	
<p>SUGGESTED MOTION/ALTERNATIVES: Move to approve the Medical Executive Committee Consent Agenda as presented.</p>	



TAHOE
FOREST
HEALTH
SYSTEM

Origination Date: 07/2021
Last Approved: 07/2021
Last Revised: 07/2021
Next Review: 07/2022
Department: *Emergency Department - DED*
Applicabilities: *Incline Village Community
Hospital, Tahoe Forest Hospital*

Stroke Alert Patient in the Emergency Department, DED-2101

RISK:

Delays in treatment for patients arriving with symptoms of stroke (CVA) is known to contribute to poor patient outcomes.

POLICY:

- A. Setting: This standardized procedure applies to any patient ≥ 18 years old presenting to the Tahoe Forest Hospital Emergency Department for evaluation with stroke symptoms for less than 24 hours.
- B. In the event of pre-hospital notification or presentation of a stroke patient to the ED, physicians and nurses will follow the Stroke Alert activation and response system.
- C. Stroke Alert activation will notify the stroke team of the acute stroke patient in the ED via i-phone paging.
- D. Stroke Alert activation may be initiated by prehospital alert, qualified nursing or emergency physician.
- E. The Stroke Alert order set will be entered by a qualified ED evaluator.
 1. A qualified evaluator is the attending ED Physician or a qualified RN.
 2. See STROKE ALERT TRIAGE ORDER SET GUIDELINE.
- F. Experience, Training and Educational Requirements for qualified RNs:
 1. A licensed registered nurse with at least one-year ED experience.
 2. Completed orientation and submission of completed skills checklist.
 3. Successful completion of stroke related competencies defined in this standardized procedure.
 4. Current BLS, ACLS, PALS, TNCC, and NIHSS certifications.
 5. A list of all qualified Emergency Department RN's is maintained by Tahoe Forest Health System's Human Resources and reviewed annually.
- G. Supervision and Special Instructions/Definitions:
 1. The ED Physician on duty will assume all responsibility for stroke orders placed by the RN under the guidelines of this standardized procedure.
 2. Prior to initiating any orders, the RN will immediately inform ED Physician of any patient presenting with emergent or critical symptoms requiring prompt medical intervention.

H. Periodic Reviews:

1. Patient Record Review – The responsible physician will review the patient record in a timely manner and co-sign the stroke order set
2. Chart reviews – These reviews will be done monthly with quality performance measures in place for all patients meeting stroke criteria.
3. The consulting neurologist will complete a formal written consultation with recommendations in a timely manner.

I. Record Keeping:

1. The RN will complete documentation in the Electronic Medical Record using the Stroke Navigator.
2. The ED Physician will complete all necessary physician documentation.

PROCEDURE:

- A. A Stroke Alert activation is required for patients >18 years old with signs and symptoms identified as a possible acute stroke (<24 hrs from symptom onset).
- B. The staff will follow the correct procedure for activating a Stroke Alert and following the Stroke Alert guidelines.
 1. See Stroke Alert Flow Guideline
- C. On initial activation team members include: (See Stroke Alert Team Roles)
 1. Emergency department physician
 2. Emergency department charge nurse
 3. Emergency department qualified nurse
 4. Emergency department technician (at TFH when scheduled)
 5. Laboratory technician
 6. Radiology technician
 7. Emergency department clerk (when scheduled)
 8. Registration
- D. Neurology Consult
 1. The 24/7 Telestroke Neurology Service will be available to offer consultation within 15 minutes of being called by the Emergency Department.
- E. The individual roles of the team members are subject to change based on the needs of the patient and resources available.
- F. Stroke Alert guidelines are at the physician's discretion and are subject to modification in the best interest of the patient and available resources in the ED.
 1. Stroke Alert ED Flow Algorithm
 2. Stroke Alert Team Roles
 3. Stroke Alert ED Guidelines
 4. Stroke Alert Triage Order Set

G. Development and Approval:

1. This standardized procedure was developed through the Stroke Operations Committee and collaboration between Nursing Leadership, Diagnostic Imaging, Education, Vuity Emergency Physicians group, Tahoe Forest Neurology Department, Renown Telestroke and the Tahoe Forest Health District Emergency Departments.

H. Policy and guidelines developed on American Heart Association Get with the Guidelines and HFAP Primary Stroke Center certification recommendations.

Incline Village Community Hospital (IVCH):

A. IVCH will follow the above policy with the exceptions of limitations of availability hospital services.

1. TFH Neurology will be available by phone consult only during business hours.
2. Radiology response time during call hours will be 30min.

Definitions:

A. **Stroke Alert:** Patients ≥ 18 years old presenting to the ED with signs or symptoms of possible acute stroke (<24hrs symptoms). Activation will expedite access to clinical, radiology, lab and pharmacy services to facilitate diagnostic workup and determine management. Evaluation is by the Emergency Physician and if indicated consultation with the 24/7 Telestroke neurology service.

Related Policies/Forms:

See Stroke Clinical Practice Guidelines for other supporting practices on stroke intra-net site.

References:

Renown Stroke Patient in the Emergency Department Policies and Procedures (2017)

Renown TeleHealth Telestroke Protocol (2020)

Carson Tahoe Emergency Department Stroke Protocol (2020)

American Heart Association (2018) Guidelines for the Early Management of Patients with Acute Ischemic Stroke.

American Heart Association (2020) Get With The Guidelines

HFAP Stroke Ready Certification Manual (2020)

All revision dates:

07/2021, 07/2021

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
	Jan Iida: Director of Emergency Services	07/2021
	Natasha Lukasiewich: Manager, TFH ED	07/2021

COPY

STROKE ALERT CLINICAL GUIDELINES:

STROKE ALERT PREHOSPITAL DIVERSION GUIDELINES

- Prehospital Emergency Medical System (EMS) will assess the patient for potential symptoms of stroke and pre-alert the Emergency Department (ED) of possible stroke.
 - EMS bypass criteria to a Comprehensive Stroke Center (CSC):
 - Symptoms <4.5 hours and <15 minute transport time
 - Symptoms >4.5 hours and <24 hours or wake up stroke
 - CT or vital personnel/equipment unavailable for STAT stroke care
 - ED Physician discretion

STROKE ALERT ACTIVATION GUIDELINES

- Stroke Alert activation for patients over 18 years old presenting to the ED with possible acute stroke symptoms (<24 hours) as identified by:
 - EMS pre-alert per Sierra Sacramento Valley EMS (SSVS) or per local protocol.
 - ED RN will evaluate walk in patients for potential stroke using BEFAST
 - ED registration will screen all walk in patients using BFAST and notify the ED RN immediately of all positive screens
 - ED Physician discretion
- Stroke Alert activated by calling the 222-registration phone to send out a group alert.
 - Location, mode of arrival, ETA

STROKE ALERT WORKFLOW GUIDELINES

- Respondents (See STROKE ALERT team roles)
 - ED triage/charge nurse and primary nurses - On arrival
 - Patient Registration – Initial BFAST screen and respond to ED on Stroke Alert
 - ED Physician – Respond to ED on Stroke Alert (<15 minutes)
 - Lab – Respond to ED on Stroke Alert
 - CT Tech – Respond to ED on Stroke Alert (Goal <10 minutes)
 - Radiologist – On standby for CT review (day)
 - Pharmacist – On standby to mix alteplase (tPA) (day)
 - ED Clerk (when scheduled)
 - ED Tech (when scheduled)
- Quick registration in triage or EMS gurney
 - Anonymous registration for EMS pre alerts or if obtaining identification takes more than 2 minutes
- ED clerk or charge nurse to call the 24/7 Telestroke Neurology Service
 - Pending telestroke services call Renown Transfer Center: (775) 982-2227 to speak with neurology
- Triage or primary RN will document within EPIC:
 - BEFAST
 - Time of "Last Known Well" and if this was a wakeup stroke
 - EMS blood glucose or POC glucose if non-EMS arrival
 - EMS or triage VS
 - Medications with specific mention of anticoagulant use and antiplatelet use
 - Relevant past medical and surgical history
- ED triage or charge nurse will enter Stroke Alert Triage Order Set in EPIC
 - Nursing
 - IV 2 X 18G preferred, only at compressible sites
 - POC blood glucose (if not done by EMS)

- NIHSS stroke scale
 - On return from CT and
 - 1 hour post alteplase (tPA) if administered
 - VS Q15 minutes
 - Neuro checks Q15 minutes
 - NPO
 - Bedrest
 - Lab
 - CBC, CMP, PT, PTT, INR, Troponin, type and screen (band), ETOH, UDS
 - Pregnancy serum qualitative for female <50 years
 - EKG
 - Radiology
 - CT Head W/O protocol
 - CTA Head and Neck
 - PCXR
- Physician assessment in triage or on EMS gurney (Goal <15 minutes of patient arrival):
 - Vital signs
 - Last known well time
 - Rapid focused stroke exam
 - Determine if additional stabilization needed prior to CT
- Patient goes directly to CT (Door to CT goal <20 minutes of patient arrival)
 - RN will go to CT to obtain IV and labs
 - CT Head w/o contrast
 - CT Tech responds to bedside with table cleared and ready
 - Radiology Department will notify ED by phone in real time for any CT down time or procedure delays >30 minutes so the ED can divert or transfer Stroke Alert patients
 - CT Head w/o contrast images sent STAT
 - TFH PACS
 - VRAD (night)
 - Renown
 - CT STAT read by TFH radiologist or VRAD (Goal <45 minutes from ED arrival)
 - CT tech to notify radiologist of STAT read
 - At night if delay in VRAD >15 minutes
 - CT Tech will contact TFH on-call radiologist for STAT read
 - All acute stroke findings will be called to the ED physician or ED RN (charge or patients primary)
 - Immediate CTA Head and Neck
 - CTA Head and Neck images sent STAT
 - TFH PACS
 - VRAD (night)
 - Renown
 - DO NOT DELAY alteplase (tPA) FOR CTA scan or read
- Ensure telestroke cart is on and ready to receive video call The ED RN will obtain and turn on telestroke equipment, consents to ED room (3,4, 5,7 or 8).
- Pharmacist (day) or ED charge nurse (night) will obtain and have alteplase (tPA) ready to mix in ED Room.
 - If alteplase (tPA) mixed but unused, save mixed alteplase (tPA)
 - Product and packaging must be returned to pharmacy.
 - The pharmacist will complete spoilage replacement form on-line.
- Once CT scans are complete, patient is immediately brought back to ED room (3,4,5,7 and 8)
 - Vital signs on arrival and Q15 minutes

- Cardiac, BP and SpO2 monitor
- Weight (use scale or gurney, not stated weight)
- NIHSS stroke scale
- Alteplase (tPA) inclusion and exclusion criteria reviewed
- Portable chest X-Ray
- EKG
- Obtain consent for telemedicine consult
- Notify the ED physician for assessment and NIHSS
- Do not delay administering alteplase (tPA) for blood draw or lab results
 - only need POC glucose unless on anticoagulation (see inclusion/exclusion)
- Non contrast head CT results called to ED (Goal <45 minutes)
 - If CT is negative for hemorrhage, continue with protocol.
 - Do not wait for CTA results for alteplase (tPA) decision.
 - If CT is positive for hemorrhage or other acute neurologic conditions, manage accordingly and prepare for transfer.
- ED physician consultation with 24/7 telestroke neurology service.
 - Review CTs, NIHSS, inclusion/exclusion criteria
 - Risks and benefits of alteplase (tPA) administration discussed with patient and family
 - Sign consent for alteplase (tPA)
 - alteplase (tPA) decision and orders placed

STROKE ALERT BLOOD PRESSURE GUIDELINES FOR Alteplase (tPA)ADMINISTRATION

- Initiate BP control to SBP <185 and DBP <110 before tPA administration
- Maintain SBP <180 and DBP <105 or MAP <130 after tPA administration
- Ordered in EPIC by ED physician
 - SBP >230 or DBP 121-140 on 2 readings 5 minutes apart, START:
 - Nicardipine (0.1mg/ml) IV infusion 0-15mg/hr
 - Continuous IV infusion: start at 5mg/hr. Titrate 2.5mg/hr every 10 minutes to BP <180/105, Max dose is 15mg/hr
 - Labetalol IV infusion 0-2mg/min start at 1mg/min titrate 1mg/min every 10 minutes. BP goal <180/105
 - SBP 180-230 or DBP 105-120 or MAP >130 on 2 readings 20 minutes apart, START:
 - Labetalol IV 10-40mg Q10 minutes PRN. BP goal <180/105
 - Start 10-20mg, then repeat dose 20-40mg (max 300mg)
 - Nicardipine (0.1mg/ml) IV infusion 0-15mg/hr
 - Continuous IV infusion: start at 3mg/hr. Titrate 2.5mg/hr every 10 minutes to maintain BP <180/105, Max dose is 15mg/hr
 - Hydralazine 10mg IV Q15 minutes PRN x 2 doses for BP >180/105

STROKE ALERT ALTEPLASE (TPA) ORDER SET GUIDELINES

- Alteplase (tPA) order placed in EPIC by ED physician once all criteria is met
- Alteplase (tPA) mixed and administered per order instruction (goal 30-60 minutes from patient arrival)
 - IV alteplase (tPA) 0.9 mg/kg over 60 minutes with initial 10% of dose given as bolus over 1 minute.
 - Dosed on actual body weight
 - Maximum dose 90mg
 - Waste and bolus will be pulled out of tPA bottle or may be set on the pump
 - Pharmacist or charge ED nurse will set aside waste amount and confirm bolus with primary ED nurse.
 - Following the completion of alteplase (tPA) infusion, RN will hang 50ml bag of NS and deliver 50ml of NS at same rate as alteplase (tPA).

- No antiplatelet or anticoagulants for 24 hours post alteplase (tPA).
- Cardiac monitoring x 24 hours
- VS and neurologic checks
 - Q15 minutes X 2 hours
 - Q30 minutes X 6 hours
 - Q1 hour X 24 hours
- Maintain oxygen saturation >94%
- Post alteplase (tPA) NIHSS within 1 hour of administration.
- BP should be maintained at <180/<105 for at least the first 24 hours post alteplase (tPA)
 - See STROKE ALERT BP GUIDELINES
- NPO
- Bedrest (24 hours)
- Maintain normothermia (<38°C) with Tylenol

STROKE ALERT Suspected bleed post alteplase (tPA) Guideline

- Stop infusion of alteplase (tPA)
- Labs: CBC, PT, PTT, fibrinogen
- CT Head Stroke Protocol
- Cryoprecipitate 10 units infused over 10-30 minutes
- Tranexamic acid (TXA) 1000mg IV infused over 10 minutes

STROKE ALERT Suspect alteplase (tPA) anaphylaxis/angioedema Guideline

- Epinephrine 0.3mg IM x1, Q 5 minutes PRN on going symptoms x 2 more doses
- Methylprednisolone 125mg IV x 1
- Diphenhydramine 50mg IV x 1
- Famotidine 20mg IV x 1

STROKE ALERT DISPOSITION

- Alteplase (tPA) administered and large vessel occlusion on CTA or clinical suspicion for LVO:
 - Transfer to Renown via Care Flight
 - Transfer goals: leave TFH within 90 minutes of arrival
 - Arrive to Renown within 120 minutes of TFH arrival
- Alteplase (tPA) NOT administered and NOT a thrombectomy candidate
 - Hemorrhagic stroke
 - BP goal: SBP <160 or MAP <130
 - Correct coagulopathy
 - Transfer to higher level of care
 - Ischemic stroke
 - BP goal: <220/120 (lower no faster than 15% over 24 hours)
 - Consider aspirin and/or clopidogrel (Plavix) if no hemorrhagic bleed present and patient is not a thrombectomy candidate
 - discuss with neurology and hospitalist to determine whether patient would be best served by admission to TFH or transfer to an outside hospital
- Alteplase (tPA) is not administered and no hemorrhagic stroke on CT then VS and neuro check frequency change to Q 1 hr

Future Disposition Goal for post alteplase (tPA) administered without large vessel occlusion on CTA and no clinical suspicion for LVO: discuss with neurology and hospitalist to determine whether patient would be best served by admission to TFH or transfer to an outside hospital

RISK:

Use of contaminated autologous and allograft tissue poses a risk for infection to the patient.

POLICY:

Every effort will be made to minimize the risk of contamination and cross contamination when handling tissue. If autologous or allograft tissue is contaminated during a procedure a mechanical method of decontamination should be selected.

This guideline is intended to serve as a reference for ensuring thorough decontamination of tissue. Patient characteristics and clinical judgement should always be incorporated into the decision making process for decontamination.

PROCEDURE:

- A. The steps in the decontamination process include:
 - 1. Use a separate sterile field and instrumentation for the decontamination process;
 - 2. Prevent contamination of the main sterile field during decontamination (eg, covering the sterile field, covering the active hand piece of the pulsatile lavage)
 - 3. The tissue should be decontaminated with a protocol that includes the use of scrubbing and/or a 1 L NS low-pressure pulsatile lavage (using Stryker Interpulse) with 0.002% CHG. This means that in 1 L of NS you would add 0.5 ml of CHG 4.0% solution.
- B. Making a 0.002% Hibiclens in Saline solution starting with 4% Hibiclens solution:
 - 1. 0.002% solution is 0.002gm/100ml or 0.020 gm in 1000ml, so a total of 0.02gm or 20mg is needed
 - 2. 4% solution is 4gm/100ml or 4000mg/100ml or 40mg/ml solution
 - a. So you need 0.5ml (20mg) in 999.5ml saline to make your 1000ml of solution.
- C. Surgical staff will change their gown and gloves after decontamination;
- D. The wound classification will be appropriately revised to Class III, Contaminated;
- E. The physician should consult with an infection preventionist to assess the benefits versus harms of implementing postoperative broad-spectrum antibiotic prophylaxis therapy;
- F. The event will be documented in a safety event report;
- G. A debriefing session will be conducted along with a root cause analysis with members of the surgical team and other individuals who may be helpful in providing a critical analysis and determining the factors that contributed to the event and methods to prevent its recurrence.

Special Instructions / Definitions:

Contaminated grafts may include, but are not limited to: bone, cartilage, skin & soft tissue

Related Policies/Forms:

[Allograft Handling, DOR-3](#)

References:

Guideline for autologous tissue management. In: Guidelines for Perioperative Practice. Denver, CO; AORN, Inc.

Guideline for sterile technique. In: Guidelines for Perioperative Practice. Denver, CO: AORN, Inc.

Salvage of Contaminated Osteochondral Allografts; The Effects of Chlorhexidine on Human Articular Chondrocyte Viability. The American Journal of Sports Medicine, Vol. 42, No. 4. 2014

Death Determination, MSGEN-2101

RISK:

To identify criteria for cardiopulmonary death, brain death, and apnea testing.

POLICY:

An individual with irreversible cessation of circulatory and respiratory functions **or** irreversible cessation of all brain functions, including the brain stem, is dead.

PROCEDURE:

Clinical criteria used to determine if death has occurred are set forth below:

A. CRITERIA FOR CARDIOPULMONARY DEATH

An individual with irreversible cessation of circulatory and respiratory functions is clinically dead.

1. Cessation is recognized by an appropriate clinical examination; and
2. Irreversibility is recognized by persistent cessation of functions during an appropriate period of observation and/or trial of therapy.

B. CRITERIA FOR BRAIN DEATH

Brain death/death by neurologic criteria (BD/DNC) is defined as the complete and permanent loss of brain function as defined by an unresponsive coma with loss of capacity for consciousness, brainstem reflexes, and the ability to breathe independently.

1. Cessation is recognized when clinical evaluation discloses **all** of the following:
 - a. Coma: there is no evidence of arousal or awareness to maximal external stimulation (including noxious visual, auditory, and tactile stimulation).
 - b. Absence of cerebral functions.
 - c. Absence of spontaneous muscular movements.
 - d. Absence of brain stem reflexes: To include pupillary, extraocular, corneal, cough and gag reflexes.
 - e. Absence of spontaneous respirations.
2. Irreversibility is recognized when evaluation discloses that:
 - a. The cause of coma is established and is sufficient to account for the loss of brain functions. Based on the history and laboratory observations, hypnotics, sedatives, myoneural blocking agents, toxins, metabolic derangements, and hypothermia (body temperature < 36° C) must be excluded as a possible cause of the patient's clinical state.
 - b. The possibility of any recovery of brain functions is excluded; and
 - c. The cessation of all brain functions persists for an appropriate period of observation and/or trial of therapy.
3. The findings shall be independently confirmed by two licensed physicians. Neither of these physicians may participate in procedures for removing, transplanting, or utilization of any organs or tissues from the deceased.
4. The physician shall document clinical examination findings and the basis for the diagnosis of brain death in the patient's medical record.

(Confirmation of brain death utilizing confirmatory tests such as a cerebral blood flow study or EEG is optional, but **not** required by California law.)

 - a. When ancillary testing is performed and demonstrates the presence of brain blood flow, BD/DNC cannot be declared at that time.

- i. It is suggested that repeat examinations be conducted at another time if the clinical examination and apnea test continue to be consistent with BD/DNC, or that alternative end-of-life care be considered.

C. GUIDELINES FOR APNEA TESTING

1. Prerequisites for apnea testing:
 - a. The systolic blood pressure be at least 100 mm Hg or mean arterial pressure be at least 60mmHg in adults (and above age-appropriate targets in pediatrics) with use of vascular volume, vasopressors, and/or inotropes as needed,
 - b. Temperature be at least 36 °C, with use of a warming blanket, automated temperature regulation device, thermal mattress, warmed fluids, and/or warmed oxygen as needed,
 - c. The minute ventilation be adjusted to establish normocarbia (PaCO₂ of 35-45mmHg [4.7-6.0kPa]) prior to apnea testing, confirmed by arterial blood gas testing prior to apnea testing.
 - d. It is suggested that a functioning arterial line be used to provide continuous blood pressure monitoring and to quickly draw blood gases during apnea testing.
2. The following medical personnel must be present when performing the actual apnea test:
 - a. Respiratory Therapist.
 - b. Physician.
 - c. ICU Nurse.
3. The following steps will be taken when performing the apnea test:
 - a. Obtain ABG and baseline vital signs prior to starting the apnea test.
 - b. Preoxygenate with 100% O₂ for at least 10 minutes.
 - i. The application of positive airway pressure with the use of CPAP/PEEP (continuous positive airway pressure/positive end-expiratory pressure) may prevent derecruitment and decrease the risk of cardiopulmonary instability, so 100% oxygen can be delivered to the lungs (i) via CPAP on the mechanical ventilator or (ii) via a resuscitation bag with a functioning PEEP valve,
 - ii. Oxygen can also be delivered via the oxygen insufflation method via placement of a tracheal cannula.
 - c. The apnea test targets during testing be pH less than 7.30 and PaCO₂ of at least 60mmHg (8.0 kPa) unless a patient has preexisting hypercapnia, in which case it should be at least 20mmHg (2.7 kPa) above their baseline PaCO₂, if known.
 - d. Apnea testing be aborted if
 - i. Spontaneous respirations are witnessed during apnea testing,
 - ii. Systolic blood pressure becomes lower than 100mmHg or mean arterial pressure becomes lower than 60 mm Hg despite titration of fluids/inotropes/vasopressors,
 - iii. There is sustained oxygen desaturation below 85%,
 - iv. An unstable arrhythmia occurs.
 - e. It is recommended that arterial blood gas be tested 10 minutes after commencing apnea testing.
 - i. If point-of-care testing is available and the person is stable, they can be kept off the ventilator with repeated arterial blood gas sampling every 2 to 3 minutes until it is determined that the PaCO₂ is at least 60 mm Hg (20 mm Hg above any known chronic baseline PaCO₂ in persons with preexisting hypercapnia).
 - ii. If point-of-care testing is not available, the person should be reconnected to the ventilator when the arterial blood gas is sent at 10 minutes.
 - iii. It is suggested that, while noninvasive capnography may guide the duration of apneic observation, the arterial PaCO₂ be used to confirm adequate elevation of CO₂ during apnea testing.
 - iv. If the apnea test is inconclusive (does not reach PaCO₂ goals) but the patient was stable during testing from pulmonary and hemodynamic standpoints, it is suggested that the test be repeated after reestablishing

preoxygenation, normocapnea, and a normal pH, and extending the test by several minutes, using the same technique and parameters as above.

Related Policies/Forms:

[ANS-283 Organ, Tissue, and Body Donation](#)

References:

Summary of the American Academy of Neurology Practice for determining Brain Death in Adults, 2011;
JAMA Determination of Brain Death/Death by Neurologic Criteria (2020)

POLICIES DUE FOR APPROVAL

Title	Department	Last Approved	Origination Date	Last Revised
Neonate - Abduction prevention and plan, DWFC-1445	Women and Family Center - DWFC	12/9/2020	6/1/1998	2/5/2019
Neonate - Adoption Guidelines, DWFC-1433	Women and Family Center - DWFC	6/10/2020	2/1/1982	7/25/2019
Neonate - Baptism of , DWFC-1434	Women and Family Center - DWFC	12/9/2020	1/1/2009	11/7/2019
Neonate - California Department of Public Health Screening , DWFC-1435	Women and Family Center - DWFC	12/9/2020	1/1/2010	12/9/2020
Neonate - Car Seat Challenge Test, DWFC-1436	Women and Family Center - DWFC	12/11/2020	2/1/2010	12/11/2020
Neonate - Circumcision Procedure, DWFC-1438	Women and Family Center - DWFC	5/12/2020	2/1/2006	2/5/2019
Neonate - Critical Congenital Heart Defect Screening, DWFC-1439	Women and Family Center - DWFC	5/12/2020	5/1/2013	5/12/2020
Neonate - Gavage Feeding, DWFC-1441	Women and Family Center - DWFC	12/9/2020	6/1/1991	12/9/2020
Neonate - Hearing Screen, DWFC-1442	Women and Family Center - DWFC	6/10/2020	5/1/1999	6/18/2019
Neonate - Infant Formula, DWFC-1443	Women and Family Center - DWFC	8/21/2020	4/1/2008	8/8/2019
Neonate - Infant Security Device Application, DWFC-1444	Women and Family Center - DWFC	12/9/2020	2/1/2011	2/5/2019
Neonate - Late Preterm Newborn, DWFC-1486	Women and Family Center - DWFC	8/21/2020	4/1/2014	6/13/2019
Neonate - Level of Care Guidelines, DWFC-1446	Women and Family Center - DWFC	12/9/2020	3/1/2009	5/8/2019
Neonate - Neonatal Abstinence Syndrome, DWFC-1805	Women and Family Center - DWFC	9/24/2020	6/26/2018	9/24/2020
Neonate - Neonatal Hypoglycemia Management Guideline, DWFC-1506	Women and Family Center - DWFC	12/9/2020	9/5/2018	7/10/2019
Neonate - Oxygen Administration, DWFC-1448	Women and Family Center - DWFC	12/9/2020	9/1/1991	5/8/2019
Neonate - Passive Cooling Prior to Transfer, DWFC-1801	Women and Family Center - DWFC	6/10/2020	6/26/2018	7/5/2019
Neonate - Pasteurized Donor Human Milk, DWFC-1804	Women and Family Center - DWFC	8/21/2020	12/4/2018	6/10/2020
Neonate - Patient Admission Care and Discharge of, DWFC-1449	Women and Family Center - DWFC	8/21/2020	1/1/2009	7/25/2019
Neonate - Phototherapy, DWFC-1450	Women and Family Center - DWFC	8/21/2020	1/1/2009	5/26/2020
Neonate - Preparation for and Management at Delivery, DWFC-1456	Women and Family Center - DWFC	5/26/2020	12/1/1991	5/26/2020
Neonate - Rooming In, DWFC-1457	Women and Family Center - DWFC	8/21/2020	3/1/2008	12/17/2018
Neonate - Sepsis Prevention and Management of, DWFC-1447	Women and Family Center - DWFC	5/12/2020	4/1/2011	5/12/2020
Neonate - Testing for Suspected Substance Abuse, DWFC-1459	Women and Family Center - DWFC	8/21/2020	4/1/1994	2/5/2019
Neonate - Transcutaneous Bili Monitoring, DWFC-1460	Women and Family Center - DWFC	5/12/2020	1/1/2009	5/12/2020

RISK:

Delays in obtaining legal blood draws for local law enforcement for a person in custody are a risk for inaccurate results.

POLICY:

- A. ED RN's may draw legal Blood Alcohol samples. ED RN drawing blood must be a licensed employee of Tahoe Forest Hospital District and recognized by the hospital to draw blood at the request of law enforcement.
- B. Physicians may be requested to perform evaluations or procedures by Law Enforcement Officers in the following circumstances.
 - 1. A non-invasive medical evaluation is requested for incarceration.
 - 2. A medical emergency exists and the patient does not object.
 - 3. Patient gives consent.
 - 4. A valid search warrant or court order is presented

PROCEDURE:

- A. Upon request by the Officer in writing, blood will be drawn as outlined. Hospital personnel may decline the peace officers request for obtaining a blood sample if circumstances clearly indicates that the safety of the patient and or staff are in any way compromised.
- B. A Medical Screening Questionnaire will be filled out on persons brought to ED by Law Enforcement requesting a legal blood draw. If answers to the questionnaire indicate a need for an exam by the physician on duty, the admissions clerk will be notified to prepare a medical record for such. ED physician on duty will be notified of the need for an exam. NOTE: *The Medical Screening Questionnaire does not need to be filled out when law enforcement or the patient request an exam by the physician.*
- C. Site prepped with iodine product or other agent other than alcohol if patient is allergic to iodine.
 - 1. Blood collected in 1 or 2 gray top tubes (depending on the county requesting) provided by Valley Toxicology Services, Inc. In Nevada provide by crime lab.
 - 2. Date, time, site and person drawing blood must be documented.
 - 3. Blood is drawn in presence of Officer. Chain of Command complete with blood being given directly to Officer by RN drawing the blood at the time of the blood draw.
 - 4. Tahoe Forest Hospital District ED RN will document in EMR. Request forms/labels completed by Officer requesting/present during the draw.
- D. Completion Of Blood Test Request By Peace Officer
 - 1. In all cases, the officer requesting the test must sign the appropriate hospital "Notification Report" form. If the officer refuses to sign, the test shall not be made.
- E. Copies Of The "Notification Report" Form
 - 1. One copy of the form shall be signed and kept with the chart. Immunity from Liability Section 23612 of the Vehicle Code provides for immunity from liability for hospitals and persons providing services in hospitals for proper administration of such test. In Nevada section 484.379 of NRS.
 - 2. Blood tests requested by Law Enforcement Officers for persons arrested pursuant to Vehicle Code Section 23612. Nevada section 484.379.
- F. Implied Consent Of Person Driving While Under The Influence Of Intoxicating Liquor.
 - 1. Implied consent to blood test to determine alcoholic content of blood by any person (regardless of age or competency) is found in Section 23612 of the Vehicle Code which provides in part:
 - 2. "Any person who drives a motor vehicle upon a highway shall be deemed to have given his consent to a chemical test of his blood, breath or urine for the purpose of determining the alcoholic content of his blood if lawfully arrested for any offense allegedly committed while the person was driving a motor vehicle under the influence of intoxicating liquor. The test shall be incidental to a lawful arrest and administered at the direction of a peace officer having reasonable cause to believe such person was driving a motor vehicle upon a highway while under the influence of intoxicating liquor."
 - 3. Implied consent to blood test to determine alcoholic content of blood by any person

- (regardless of age or competency) is found in NRS 484.379 which provides in part.
- G. A person may expressly refuse any such test but this may, under penalty of automatic suspension of driving privilege for six months, result in penalties including fines, loss of driving privileges and possible imprisonment.
 - H. The person arrested has the choice of whether the test shall be of his breath, urine or blood [23157(a) (2) (A)] except that if a person is transported to a medical facility because of need for medical treatment and not all the tests are feasible, the person shall have the choice of those tests that are available.
 - 1. These are offered prior to patient presentation in the emergency room accompanied by law enforcement.
 - I. Blood Tests Requested by Law Enforcement Officers For Person Not Arrested Pursuant to Vehicle Code §23612.
 - 1. Consent To Test
 - a. There is no statutory implied consent. The person being asked to take the test must consent (unless under suspicion of a felony).
 - 2. Recommended Policy
 - a. While there is an implied consent for routine tests which are voluntarily submitted to, in view of the circumstances of a request involving Law Enforcement Officials, it is doubtful such implied consent would be found if subsequently attached. Therefore, routine tests performed under such circumstances should only be performed when consented to by the person being tested.

References:

Law Enforcement Codes California and Nevada

EMS Diversion, DED-2001

RISK:

To define the circumstances under which ambulance traffic may be diverted from Tahoe Forest Hospital.

POLICY:

A. There are two main categories for diversion:

1. **Full Diversion** - rerouting of all ambulance traffic
 - a. Internal disaster - flood, fire, earthquake or any other unplanned event that renders the facility unusable and/or dangerous.
 - b. Internal MCI (mass casualty incident) - internal event like an active shooter that creates mass casualties within the facility or on the premises.
2. **Condition specific disaster** - may occur when a normally available service, procedure or piece of equipment is temporarily unavailable and results in the rerouting of specific patients, dependent on the reason for diversion. Condition Specific Diversion may include the following
 - a. CT Scanner Inoperable:
 - i. Trauma activations with signs and symptoms of head, neck, or spinal cord injury, transport to closest Level II Trauma Center.
 - ii. Patients with the following get transported to closest facility with functioning CT scanner:
 - a. Signs or symptoms of a new CVA
 - b. Head injury patients not meeting trauma criteria with anticoagulant use and/or bleeding disorders
 - b. Patient Surge:
 - i. The hospital determines that they are unable to safely care for additional ambulance patients due to a patient surge, they may divert ambulance patients.
 - ii. Under this policy, ***no diversion incident shall exceed two hours***. At the end of a two hour diversion period, a hospital must again contact the senior management to initiate another diversion status.
 - c. Neuro Related Conditions:
 - i. Patients with signs and symptoms of head, neck, or spinal cord trauma: transport to Level I/ II Trauma Center.
 - ii. Patients with signs and symptoms of CVA and/or medical conditions that may require neurosurgical intervention: transport to the closest appropriate facility with a functioning CT scanner for initial evaluation and stabilization.
 - d. Trauma Patient Diversion:
 - i. The emergency department physician or the trauma medical director determines their hospital is unable to care for additional trauma patients.

B. **The following patients may not be rerouted:**

1. Obstetrical patient in active labor.
2. Patients with respiratory distress and unmanageable airway.
3. Patients with uncontrolled external hemorrhage.
4. Patients requires ALS but having no paramedic attendance.
5. Patients with CPR in progress.
6. Stable patients who insist on transport to a specific hospital. Ambulance personnel will inform the patient of the diversion status and document that the patient refused transport to an alternate facility.

- C. Destinations of all other patients will be determined in accordance with the type of diversion.
- D. In all cases of diversion, senior management must be notified and must approve activation of the diversion status.

PROCEDURE:

A. Initiating diversion

1. When diversion criteria is met, Emergency Department Charge RN to notify Emergency Department Manager or Director of status.
2. The House Supervisor and Emergency Department Manager/Director collaborate to notify the Chief Nursing Officer of the internal plan prior to initiating diversion status. The request to initiate status will be escalated to senior management and must be approved prior to initiation.
3. Once approved, the Nursing Supervisor shall update "Diversion" status on Juvare EMResource.
4. The Nursing Supervisor or Emergency Department Charge Nurse shall call Grass Valley Dispatch (530) 477-0641 ext 7 to alert EMS stations that the hospital is on diversion.
5. If diversion is greater than 24 hours, the Emergency Department Manager or Trauma Program Manager will complete S-SV diversion online form at : <https://www.ssvems.com/s-sv-ems-ambulance-patient-diversion-form/> by the end of the next business day.

B. Terminating Diversion:

1. The hospital will come off diversion as soon as possible and immediately upon resolution of the issue.
2. The Nursing Supervisor will contact the Chief Nursing Officer with update on termination of diversion. The Chief Nursing Officer will contact senior management for approval of termination of diversion.
3. The Nursing Supervisor or Emergency Department Charge Nurse will contact the following entities with update on termination of diversion:
 - a. Grass Valley Dispatch (530) 477-0641 ext 7
 - b. Update Juvare EMResource status to "open"

References:

Sierra - Sacramento Valley EMS Agency Program Policy, Ambulance Patient Diversion 508 - <https://www.ssvems.com/wp-content/uploads/2020/02/508.pdf>

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

SPECIALTY: OBSTETRICS AND GYNECOLOGY

NAME: _____

Check one or more:

- Tahoe Forest Hospital (TFH)
- Multi-Specialty Clinics (Tahoe Forest Health System)

Check one: Initial Change in Privileges Renewal of Privileges

~~Tahoe Forest Hospital (TFH)~~ _____

~~Initial Change in Privileges Renewal of Privileges~~ _____

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

Core Education:	MD, DO
Minimum Formal Training:	Successful completion of an ACGME or AOA-approved residency training program in obstetrics and gynecology.
Board Certification:	Must be Board certified or qualified by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology. If not board certified, must achieve board certification within five years of completion of residency or fellowship training program.
Required Training/ Experience: (required for new applicants)	Documentation of at least 50 deliveries in the past 24 months and the performance of at least 50 gynecological surgical procedures in the past 24 months or demonstrate successful participation in a hospital affiliated formalized residency or special clinical fellowship within past 24 months. If training has been completed within the last 5 years; documentation to include letter from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago; documentation will include letter from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.
Clinical Competency References: (required for new applicants)	Training director or appropriate chair from another hospital(s) where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. At least one peer reference should be an Obstetrician Gynecologist.
Proctoring Requirements:	See "Proctoring New Applicants" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring, evaluation may be required if minimum number of cases cannot be documented.
Other:	<ul style="list-style-type: none"> • Current, unrestricted license to practice medicine in CA • Malpractice insurance in the amount of \$1m/\$3m • Current, unrestricted DEA certificate in CA (approved for all drug schedules) • Ability to participate in federally funded program (Medicare or Medicaid)

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

TAHOE FOREST HOSPITAL DISTRICT

Department of OB/PEDS

Name: _____

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

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

(R)	(A)	CORE PRIVILEGES OBSTETRICS AND GYNECOLOGY	Estimate # of procedures performed in the past 24 months	Setting	Proctoring Initial Appointment	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<p>CORE OBSTETRICS: Admission, work up, consultation, diagnosis, and treatment of female patients presenting in any condition of pregnancy, illness, injuries or disorders of the female reproductive system. Privileges also include performance and documenting of History and Physical information, and orders for diagnostic studies and procedures. Additional procedural skills include:</p> <ul style="list-style-type: none"> • Abruptio placenta • Amniocentesis • Amniotomy • Breach vaginal delivery • Caesarean section • Caesarean section/hysterectomy • Episiotomy and repair including repair of 3rd and 4th degree lacerations • Evacuation of vulvar/vaginal wound hematoma • Excision of vulvar lesions • Excision of vaginal cysts • External version • Fern testing • Forceps and vacuum procedures • Induction of labor • Management of labor • Management of intra uterine fetal demise • Management of medical problems in pregnancy, pyelonephritis, hypertension, diabetes, dehydration and hyperemesis • Manual removal of placenta • Multiple delivery • Obstetrical analgesia; local & pudendal anesthesia • Obstetrical ultrasound, limited OB • Placenta previa • Post delivery curettage • Post partum care • Preeclampsia/Eclampsia • Premature labor include premature rupture of membranes • Resuscitation of newborn • Surgical therapy of incompetent cervix • Treatment of complications of pregnancy • Tubal ligation • Vaginal deliveries • Version & extraction <p>OB privileges require successful completion of an Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) or American Congress of Obstetricians and Gynecologists (ACOG) endorsed class that includes current NICHD nomenclature. New applicants are required to complete within 3 months of their appointment to the Medical Staff.</p>	_____	INPATIENT (not available at IVCH)	5 representative cases to be observed & evaluated	50 cases/2 years

TAHOE FOREST HOSPITAL DISTRICT

Department of OB/PEDS

Name: _____

(R)	(A)	CORE PRIVILEGES OBSTETRICS AND GYNECOLOGY	Estimate # of procedures performed in the past 24 months	Setting	Proctoring Initial Appointment	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<p>REMOVAL FROM CORE PRIVILEGES: Should applicant's current practice limitations or current competence exclude performance of any privileges specified in the list of core privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion.</p> <p>_____</p> <p>_____</p>				
<input type="checkbox"/>	<input type="checkbox"/>	<p>CORE GYNECOLOGY: Evaluate, diagnose, perform history and physical exam, admit and treat, perform bedside testing as well as provide appropriate consultation to patients during pre-, intra- and post-operative care necessary to treat patients of all ages presenting with illnesses, injuries, and disorders of the gynecological system and non-surgical treatment of illnesses and injuries of the mammary glands and urinary tract. This includes Core laparoscopy and use of the laser for external gynecological procedures.</p> <p>Core privileges also include:</p> <ul style="list-style-type: none"> • Appendectomy, incidental • Anterior/Posterior vaginal repair • Bartholin's Cystectomy/Marsupialization • Cone biopsy • Culdocentesis • Colposcopy • Cystoscopy; • D&C; • Ectopic pregnancy; • Endometrial ablation including hysteroscopic resection/ablation, hydrothermal ablation • Evacuation/drainage of pelvic abscess • Excision of vulvar/vaginal/cervical lesions • Exploratory laparotomy • Hysterectomy – total abdominal and vaginal, supracervical • Hysteroscopy, diagnostic and operation • I&D of labial/vulvar/wound abscess • Incisional hernia repair • Oophorectomy • Ovarian cystectomy • Rectal sphincteroplasty • Repair of accidental bladder injury • Repair of Recto/Vaginal fistula • Salpingectomy • Simple laparoscopy to include diagnostic, tubal ligation, tx of mild endometriosis, lysis of minor adhesions • Simple vulvectomy • Supra-pubic cystostomy • Surgical therapy for ectopic pregnancy • Tubal ligation • Uncomplicated incisional hernia repair • Uterine suspension • Uterine myomectomy 	_____	INPATIENT (not available at IVCH)	5 representative cases observed & evaluated	50 cases/2 years

TAHOE FOREST HOSPITAL DISTRICT

Department of OB/PEDS

Name: _____

(R)	(A)	CORE PRIVILEGES OBSTETRICS AND GYNECOLOGY	Estimate # of procedures performed in the past 24 months	Setting	Proctoring Initial Appointment	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	REMOVAL FROM CORE PRIVILEGES: Should applicant's current practice limitations or current competence exclude performance of any privileges specified in the list of core privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion. _____ _____				
		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 and Evaluation	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	INTRAVENOUS PROCEDURAL SEDATION (IVPS) (refer to outlined criteria under separate cover)	NA	INPATIENT (not available at IVCH)	Successfully complete test	Successfully complete test
<input type="checkbox"/>	<input type="checkbox"/>	GASTRIC OCCULT TESTING	_____	TFH IVCH	Successfully complete competency	Demonstration of ongoing work in the OB Department

TAHOE FOREST HOSPITAL DISTRICT

Department of OB/PEDS

Name: _____

<input type="checkbox"/>	<input type="checkbox"/>	<p>SPECIAL REQUESTS: OPERATIVE LAPROSCOPY: Treatment of ectopic pregnancy, ovarian cystectomy, salpingo-oophorectomy, and extensive lysis of adhesions plus: (check those requested) <input type="checkbox"/> Total Laparoscopic Hysterectomy <input type="checkbox"/> Laparoscopic Supra-cervical Hysterectomy <input type="checkbox"/> LAVH (with or without BSO) <input type="checkbox"/> Laparoscopic retropubic urethropexy <input type="checkbox"/> appendectomy, incidental <input type="checkbox"/> lymph node sampling</p> <p>Training in the procedures above must have been included in residency, OR **Documentation required of other training and/or experience (for consideration at initial request) Check one: <input type="checkbox"/> included in residency <input type="checkbox"/> documentation attached of training, experience</p>	_____	INPATIENT (not available at IVCH)	First case proctored for each approved procedure checked off	Case log reviewed and evaluated for continuation of privileges
<input type="checkbox"/>	<input type="checkbox"/>	<p>UROLOGYNECOLOGIC PROCEDURES: Burch procedure (not laparoscopic) <input type="checkbox"/> TVT Procedure <input type="checkbox"/> TOT Procedure <input type="checkbox"/> Sacrospinous vaginal vault suspension <input type="checkbox"/> Sacrocolpopexy <input type="checkbox"/> Placement, removal or revision of vaginal mesh or sub-ureteral slings</p> <p>Training in these procedures must have been included in residency, OR documentation required of other training and/or experience (for consideration at initial request) Check one: <input type="checkbox"/> included in residency <input type="checkbox"/> documentation attached of training, experience</p>	_____	INPATIENT (not available at IVCH)	First case proctored for each bulleted procedure	Case log reviewed and evaluated for continuation of privileges
		<p>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.</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>				

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

APPLICANTS SIGNATURE

TAHOE FOREST HOSPITAL DISTRICT

Department of OB/PEDS

Name: _____

DEPARTMENT CHAIR REVIEW

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

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

DATE

DEPARTMENT CHAIR SIGNATURE

Modifications or Other Comments:

Medical Executive Committee: _____ (date of Committee review/recommendation)

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

Board of Directors: _____ (date of Board review/action)

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

Department Review Date: 1/07; 11/11; 3/12; 3/14,4/16; 4/26/18

Medical Executive Committee: 2/21/07; 11/11; 4/14, 5/16; 5/17/18

Board of Directors: 2/27/07; 11/11; 4/14, 5/16; 5/24/18



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

Thursday, September 23, 2021 at 4:00 p.m.

Pursuant to Executive Order N-08-21 issued by Governor Newsom, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for September 23, 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; Dale Chamblin, Treasurer; Michael McGarry, Board Member

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

Other: David Ruderman, General Counsel

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

Item 15.2. will be heard first under 15. Items for Board Discussion.

4. INPUT AUDIENCE

No public comment was received.

Open Session recessed at 4:03 p.m.

5. CLOSED SESSION

5.1. Conference with Legal Counsel; Existing Litigation ((Gov. Code § 54956.9(d)(1))

The District Board finds, based on advice from legal counsel, that discussion in open session will prejudice the position of the local agency in the litigation.

Name of Case: Tahoe Forest Hospital District v. Modernizing Medicine, Inc. et al.

Names of Parties: Plaintiff Tahoe Forest Hospital District; Defendant Modernizing Medicine, Inc.

Case No. CU21-058759 (Nev. County Super. Ct.)

Discussion was held on a privileged item.

5.2. Approval of Closed Session Minutes

08/26/2021

Discussion was held on a privileged item.

5.3. 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

Meeting reconvened at 5:00 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel stated there was no reportable action on item 5.1. Item 5.2. Approval of Closed Session Minutes was approved on a 4-0 vote. Item 5.3. Medical Staff Credentials was also approved on a 4-0 vote.

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

Item 15.2. will be heard first under 15. Items for Board Discussion.

10. INPUT – AUDIENCE

No public comment was received.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

No public comment was received.

12. ACKNOWLEDGMENTS

12.1. Stephen Hicks was named September 2021 Employee of the Month.

12.2. TFHS was awarded 3rd Place as a 2021 Greater Reno-Tahoe Best Places to Work, in the Extra-Large Business category.

13. MEDICAL STAFF EXECUTIVE COMMITTEE

13.1. Medical Executive Committee (MEC) Meeting Consent Agenda

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

Policy Approval with Changes

- *Moderate and Deep Sedation, ANS-1301*
 - *Moderate Sedation Use of Propofol at IVCH by Non-Anesthesiologists Policy (IVCH Addendum)*

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

McGarry – AYE

Chamblin – AYE

Brown – AYE

Wong – AYE

14. CONSENT CALENDAR

14.1. Approval of Minutes of Meetings

14.1.1. 08/26/2021 Regular Meeting

14.2. Financial Reports

14.2.1. Financial Report – August 2021

14.3. Board Reports

14.3.1. President & CEO Board Report

14.3.2. COO Board Report

14.3.3. CNO Board Report

14.3.4. CMO Board Report

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

McGarry – AYE

Chamblin – AYE

Brown – AYE

Wong – AYE

15. ITEMS FOR BOARD DISCUSSION

Item 15.2. was heard next to accommodate presenter schedules.

15.2. Fiscal Year 2021 Annual Accomplishments Report

The Board of Directors received a Fiscal Year 2021 Annual Accomplishments presentation. Discussion was held.

15.1. Behavioral Health Annual Report

Eileen Knudson, Director of PRIME, provided an annual report on the PRIME Program and Behavioral Health. Discussion was held.

15.3. COVID-19 Update

The Board of Directors received an update on hospital and clinic operations related to COVID-19. Discussion was held.

16. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Not applicable.

17. BOARD COMMITTEE REPORTS

Director McGarry provided an update from the September 9, 2021 Tahoe Forest Health System Foundation meeting.

Director Chamblin will not be available for the October IVCH Foundation meeting.

18. BOARD MEMBERS REPORTS/CLOSING REMARKS

Board Chair and Treasurer had their annual meeting with the District's auditors, Moss Adams.

Interviews for the vacant board seat will be conducted at a special board meeting next Tuesday.

Director Wong read a proclamation in honor of former board member, Randy Hill.

19. CLOSED SESSION CONTINUED, IF NECESSARY

Not applicable.

20. OPEN SESSION

Not applicable.

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

Not applicable.

22. ADJOURN

Meeting adjourned at 8:40 p.m.

DRAFT



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

Tuesday, September 28, 2021 at 3:30 p.m.

Pursuant to Executive Order N-08-21 issued by Governor Newsom, the Special Meeting of the Tahoe Forest Hospital District Board of Directors for September 28, 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 3:30 p.m.

2. ROLL CALL

Board: Alyce Wong, Board Chair; Mary Brown, Vice Chair; Dale Chamblin, Treasurer

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

Other: David Ruderman, General Counsel

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

4. ITEMS FOR BOARD DISCUSSION

4.1. Board Vacancy Process

The Board of Directors reviewed the interview process for selecting a candidate to its vacant board seat.

Director Michael McGarry joined the meeting at 3:34 p.m.

Discussion was held.

5. BOARD MEMBER CANDIDATE INTERVIEWS

John Hassenplug joined the meeting at 3:46 p.m.

The Board of Directors conducted an interview with candidate John Hassenplug. Discussion was held.

Mr. Hassenplug departed the meeting at 3:59 p.m.

Dr. Miles Adler joined the meeting at 4:08 p.m.

The Board of Directors conducted an interview with candidate Dr. Miles Adler. Discussion was held.

Dr. Miles Adler departed the meeting at 4:28 p.m.

Bob Barnett joined the meeting at 4:30 p.m.

The Board of Directors conducted an interview with candidate Bob Barnett. Discussion was held.

Bob Barnett departed the meeting at 4:49 p.m.

Joshua Toub joined the meeting at 4:59 p.m.

The Board of Directors conducted an interview with candidate Joshua Toub. Discussion was held.

Mr. Toub departed the meeting at 5:23 p.m.

The Board of Directors deliberated on candidates.

Public comment was received from Harry Weis, Judy Newland and Ted Owens.

6. ITEMS FOR BOARD ACTION

6.1. Board Vacancy Appointment

Discussion was held.

ACTION: Motion made by Director Brown seconded by Director McGarry to appoint Bob Barnett to the vacant board seat. Roll call vote was taken.

McGarry – AYE

Chamblin – AYE

Brown – AYE

Wong – AYE

Motion carried unanimously.

7. ADJOURN

Meeting adjourned at 5:42 p.m.



SPECIAL MEETING OF THE BOARD OF DIRECTORS DRAFT MINUTES

Wednesday, October 6, 2021 at 8:00 a.m. – 5:00 p.m.

The Village at Palisades Tahoe – Alpenglou Conference Room
1750 Village East Road, Olympic Valley, CA 96146

In compliance with California Department of Public Health’s guidelines, revised Cal OSHA Emergency Temporary Standards, and recommendations/warnings from Placer County Public Health to follow social distancing procedures, Tahoe Forest Hospital District will hold this Special Board of Directors Meeting through a hybrid of in-person attendance with the Board, invited staff, and limited members of the public in the Alpenglou Conference Room, and through a telephonic conference line listed below. In-person attendees are required to wear masks regardless of vaccination status and will be required to show proof of vaccination against COVID-19 or a negative COVID-19 test within 72 hours before the meeting begins. Tahoe Forest Hospital District will make reasonable accommodations as required by law. Those not wishing to comply with these requirements for in-person attendance, or where attendance exceeds capacity, are invited to attend via teleconference.

1. CALL TO ORDER

Meeting was called to order at 8:00 a.m.

2. ROLL CALL

Board: Alyce Wong, Board Chair; Mary Brown, Vice Chair; Dale Chamblin, Treasurer; Michael McGarry, Board Member; Bob Barnett, Board Member

Staff in attendance: Harry Weis, President & Chief Executive Officer; Judy Newland, Chief Operating Officer; Karen Baffone, Chief Nursing Officer; Jake Dorst, Chief Information & Innovation Officer; Dr. Shawni Coll, Chief Medical Officer; Alex MacLennan, Chief Human Resources Officer; Scott Baker, Vice President Provider Services; Matt Mushet, In-House Counsel; Ted Owens, Executive Director of Governance; Martina Rochefort, Clerk of the Board; Dr. Jonathan Laine, Chief of Staff; Dr. Katy Schousen

Other: Pam Knecht of ACCORD Limited; Tracey Camp of Krentz Consulting

Via phone: Crystal Betts, Chief Financial Officer

3. INPUT – AUDIENCE

No public comment was received.

4. ITEMS FOR BOARD DISCUSSION

4.1. Welcome and Opening Comments by Board Chair

Director Wong welcomed attendees.

4.2. Retreat Framework, Objectives and Agenda

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

Open Session recessed at 8:29 a.m.

5. CLOSED SESSION

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

Discussion will concern: Proposed new programs and facilities

Estimated Date of Disclosure: January 2022

Discussion was held on a privileged item.

Open Session reconvened 1:30 p.m.

6. ITEMS FOR BOARD DISCUSSION

6.1. Legislation & Regulation

Ted Owens, Executive Director of Governance reviewed current legislation and regulations that are expected to affect health care.

6.2. National Health Care Trends

Retreat Facilitator reviewed current national health care trends. Discussion was held.

Open Session recessed at 2:33 p.m.

7. CLOSED SESSION

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

Discussion will concern: Proposed new programs and facilities

Estimated Date of Disclosure: January 2022

Discussion was held on a privileged item.

Open Session reconvened at 4:40 p.m.

8. ITEMS FOR BOARD DISCUSSION

8.1. Wrap up and Next Steps

The Board of Directors reviewed the timeline for the strategic planning process. The Strategic Planning Task Force will meet on November 18, 2021.

9. ADJOURN

Meeting adjourned at 4:53 p.m.

**TAHOE FOREST HOSPITAL DISTRICT
SEPTEMBER 2021 FINANCIAL REPORT
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Board of Directors
Of Tahoe Forest Hospital District
SEPTEMBER 2021 FINANCIAL NARRATIVE

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

Activity Statistics

- ❑ TFH acute patient days were 510 for the current month compared to budget of 412. This equates to an average daily census of 17.0 compared to budget of 13.7.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Home Health visits, Laboratory tests, Diagnostic Imaging, Mammography, MRI, Briner Ultrasound, PET CT, Oncology Drugs Sold to Patients, Gastroenterology cases, Tahoe City Physical and Occupational Therapy, and Outpatient Physical, PT Aquatic, Speech, and Occupational Therapies.

Financial Indicators

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 53.83% in the current month compared to budget of 49.68% and to last month's 52.64%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 52.02% compared to budget of 49.80% and prior year's 51.88%.
- ❑ EBIDA was \$6,836,836 (16.1%) for the current month compared to budget of \$3,101,417 (7.5%), or \$3,735,419 (8.6%) above budget. Year-to-Date EBIDA was \$15,154,229 (12.0%) compared to budget of \$7,794,721 (6.4%) or \$7,359,509 (5.7%) above budget.
- ❑ Net Income was \$6,376,897 for the current month compared to budget of \$2,767,250 or \$3,609,647 above budget. Year-to-Date Net Income was \$14,008,429 compared to budget of \$6,780,420 or \$7,228,009 above budget.
- ❑ Cash Collections for the current month were \$19,203,806, which is 97% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$95,468,034 at the end of September compared to \$92,523,783 at the end of August.

Balance Sheet

- ❑ Working Capital is at 42.3 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 288.7 days. Working Capital cash decreased a net \$70,815,000. Accounts Payable decreased \$1,845,000 and the District received \$920,000 from the State's Distinct Part Nursing Facility Supplemental Reimbursement program. The District moved \$10,000,000 from its LAIF Cash Reserve Fund and then transferred \$80,000,000 into its new investment account held with Chandler Investments. Cash Collections were below target by 3%.
- ❑ Net Patient Accounts Receivable increased approximately \$3,236,000 and cash collections were 97% of target. EPIC Days in A/R were 69.6 compared to 67.1 at the close of August, a 2.50 days increase.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased a net \$140,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME programs and received \$920,000 from the State's Distinct Part Nursing Facility Supplemental Reimbursement program.
- ❑ Accounts Payable decreased \$1,845,000 due to the timing of the final check run in the month.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased a net \$811,000 as the District continues repayment of the Medicare Accelerated Payments received in FY20.

Operating Revenue

- ❑ Current month’s Total Gross Revenue was \$42,594,191 compared to budget of \$41,618,110 or \$976,081 above budget.
- ❑ Current month’s Gross Inpatient Revenue was \$8,137,480, compared to budget of \$7,774,329 or \$363,151 above budget.
- ❑ Current month’s Gross Outpatient Revenue was \$34,456,710 compared to budget of \$33,843,781 or \$612,929 above budget.
- ❑ Current month’s Gross Revenue Mix was 37.4% Medicare, 17.7% Medi-Cal, .0% County, 2.6% Other, and 42.3% Commercial Insurance compared to budget of 37.1% Medicare, 16.3% Medi-Cal, .0% County, 2.6% Other, and 44.0% Commercial Insurance. Year-to-Date Gross Revenue Mix was 37.7%, 16.3% Medi-Cal, .0% County, 2.6% Other, and 43.4% Commercial Insurance compared to budget of 37.0% Medicare, 16.3% Medi-Cal, .0% County, 2.7% Other, and 44.0% Commercial Insurance. Last month’s mix was 37.7% Medicare, 16.5% Medi-Cal, .0% County, 2.3% Other, and 43.5% Commercial Insurance.
- ❑ Current month’s Deductions from Revenue were \$19,669,510 compared to budget of \$20,943,387 or \$1,273,877 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a .37% increase in Medicare, a 1.46% increase to Medi-Cal, County at budget, a .07% decrease in Other, and Commercial Insurance was below budget 1.76%, 2) Revenues were above budget 2.30%, and 3) we continue to see collections on older, aged A/R accounts which is creating a positive variance in Bad Debt.

DESCRIPTION	September 2021 Actual	September 2021 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	6,163,220	7,713,282	1,550,062	The final payroll paid for August came in below the calculated accrual. This, along with staffing shortages across the District and unfilled budgeted positions, created a positive variance in Salaries & Wages.
Employee Benefits	2,314,497	2,290,991	(23,506)	
Benefits – Workers Compensation	78,768	102,419	23,652	
Benefits – Medical Insurance	980,272	1,408,155	427,883	
Medical Professional Fees	1,199,387	1,235,894	36,507	Anesthesia Income Guarantee, Occupational Health physician fees, and Physician Production Bonuses were below budget, creating a positive variance in Medical Professional Fees.
Other Professional Fees	191,153	201,966	10,813	We saw positive variances in reduced legal fees, marketing, Managed Care consulting services, and Human Resources consulting services.
Supplies	3,442,485	3,195,255	(247,230)	Oncology Drugs Sold to Patients volumes were above budget along with the purchase of Influenza Vaccine supply, creating a negative variance in Pharmacy Supplies.
Purchased Services	1,885,443	1,913,483	28,040	Outsourced Lab testing, services provided to MSC Orthopedics, Occupational Health, and Diagnostic Imaging- All came in below budget, creating a positive variance in Purchased Services.
Other Expenses	881,430	897,768	16,338	Budgeted building rent for anticipated increases in office space, Marketing, Utilities, and Outside Training & Travel were below budget, creating a positive variance in Other Expenses.
Total Expenses	17,136,656	18,959,213	1,822,557	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
SEPTEMBER 2021 PRELIMINARY

ASSETS	Sep-21	Aug-21	Sep-20	
CURRENT ASSETS				
* CASH	\$ 24,768,815	\$ 95,583,916	\$ 68,166,439	1
PATIENT ACCOUNTS RECEIVABLE - NET	39,500,436	36,264,145	30,416,578	2
OTHER RECEIVABLES	9,588,954	8,720,384	8,864,786	
GO BOND RECEIVABLES	1,257,124	839,071	1,248,935	
ASSETS LIMITED OR RESTRICTED	10,325,622	9,765,356	7,998,716	
INVENTORIES	4,295,236	4,294,832	3,820,740	
PREPAID EXPENSES & DEPOSITS	3,295,813	3,503,546	3,075,041	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	11,052,275	11,192,116	10,491,249	3
TOTAL CURRENT ASSETS	<u>104,084,276</u>	<u>170,163,366</u>	<u>134,082,485</u>	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	64,384,201	74,384,201	74,384,021	1
* CASH INVESTMENT FUND	79,994,968	-	-	1
MUNICIPAL LEASE 2018	724,791	724,672	2,354,714	
TOTAL BOND TRUSTEE 2017	20,532	20,532	20,531	
TOTAL BOND TRUSTEE 2015	415,782	278,684	415,740	
TOTAL BOND TRUSTEE GO BOND	5,764	5,764	5,764	
GO BOND TAX REVENUE FUND	703,966	702,483	899,680	
DIAGNOSTIC IMAGING FUND	3,343	3,343	3,343	
DONOR RESTRICTED FUND	1,137,882	1,137,882	1,137,882	
WORKERS COMPENSATION FUND	12,639	16,542	28,251	
TOTAL	<u>147,403,869</u>	<u>77,274,104</u>	<u>79,249,926</u>	
LESS CURRENT PORTION	<u>(10,325,622)</u>	<u>(9,765,356)</u>	<u>(7,998,716)</u>	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	<u>137,078,247</u>	<u>67,508,748</u>	<u>71,251,210</u>	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(1,824,286)	(1,721,250)	(1,540,358)	
PROPERTY HELD FOR FUTURE EXPANSION	909,072	909,072	909,072	
PROPERTY & EQUIPMENT NET	173,682,777	173,100,095	175,026,625	
GO BOND CIP, PROPERTY & EQUIPMENT NET	<u>1,819,488</u>	<u>1,807,837</u>	<u>1,793,054</u>	
TOTAL ASSETS	<u>415,749,574</u>	<u>411,767,868</u>	<u>381,522,087</u>	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	339,400	342,632	378,188	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,242,989	1,387,922	1,722,206	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	5,058,604	5,082,309	5,343,060	
GO BOND DEFERRED FINANCING COSTS	493,467	495,787	521,317	
DEFERRED FINANCING COSTS	<u>146,679</u>	<u>147,719</u>	<u>159,162</u>	
TOTAL DEFERRED OUTFLOW OF RESOURCES	<u>\$ 7,281,139</u>	<u>\$ 7,456,369</u>	<u>\$ 8,123,934</u>	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	\$ 6,581,753	\$ 8,427,159	\$ 4,295,039	4
ACCRUED PAYROLL & RELATED COSTS	18,609,329	18,520,120	22,635,414	
INTEREST PAYABLE	264,525	184,682	277,783	
INTEREST PAYABLE GO BOND	552,280	276,140	566,605	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	21,083,460	21,894,150	22,766,794	5
HEALTH INSURANCE PLAN	2,403,683	2,403,683	2,171,369	
WORKERS COMPENSATION PLAN	3,180,976	3,180,976	2,173,244	
COMPREHENSIVE LIABILITY INSURANCE PLAN	1,704,145	1,704,145	1,362,793	
CURRENT MATURITIES OF GO BOND DEBT	1,945,000	1,945,000	1,715,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	3,952,678	3,952,678	3,828,809	
TOTAL CURRENT LIABILITIES	<u>60,277,829</u>	<u>62,488,733</u>	<u>61,792,851</u>	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	25,503,431	25,700,060	29,495,064	
GO BOND DEBT NET OF CURRENT MATURITIES	95,526,345	95,544,300	97,686,812	
DERIVATIVE INSTRUMENT LIABILITY	1,242,989	1,387,922	1,722,206	
TOTAL LIABILITIES	<u>182,550,594</u>	<u>185,121,015</u>	<u>190,696,933</u>	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	239,342,237	232,965,340	197,811,205	
RESTRICTED	<u>1,137,882</u>	<u>1,137,882</u>	<u>1,137,882</u>	
TOTAL NET POSITION	<u>\$ 240,480,119</u>	<u>\$ 234,103,222</u>	<u>\$ 198,949,087</u>	

* Amounts included for Days Cash on Hand calculation












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

1. Working Capital is at 42.3 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 288.7 days. Working Capital cash decreased a net \$70,815,000. Accounts Payable decreased \$1,845,000 (See Note 4). The District received \$920,000 from the State's Distinct Part Nursing Facility Supplemental Reimbursement Program (See Note 3). The District moved \$10,000,000 from its LAIF Cash Reserve Fund and then transferred \$80,000,000 into its new investment account held with Chandler Investments. Cash Collections were below target 3%.
2. Net Patient Accounts Receivable increased \$3,236,000. Cash collections were 97% of target. EPIC Days in A/R were 69.6 compared to 67.1 at the close of August, a 2.50 days increase.
3. Estimated Settlements, Medi-Cal & Medicare decreased a net \$140,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME programs and received \$920,000 from the State's Distinct Part Nursing Facility Supplemental Reimbursement Program.
4. Accounts Payable decreased \$1,845,000 due to the timing of the final check run in September.
5. Estimated Settlements, Medi-Cal & Medicare decreased a net \$811,000 as the District continues repayment of the Medicare Accelerated Payments received in FY20.

**Tahoe Forest Hospital District
Cash Investment
September 2021 Preliminary**

WORKING CAPITAL			
US Bank	\$ 23,231,972		
US Bank/Kings Beach Thrift Store	343,440		
US Bank/Truckee Thrift Store	177,867		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,015,536</u>	0.01%	
Total			\$ 24,768,815
 BOARD DESIGNATED FUNDS			
US Bank Savings	\$ -		
Chandler Investment Fund	<u>79,994,968</u>	0.18%	
Total			\$ 79,994,968
Building Fund	\$ -		
Cash Reserve Fund	<u>64,384,201</u>	0.21%	
Local Agency Investment Fund			\$ 64,384,201
Municipal Lease 2018			\$ 724,791
Bonds Cash 2017			\$ 20,532
Bonds Cash 2015			\$ 415,782
GO Bonds Cash 2008			\$ 709,730
DX Imaging Education	\$ 3,343		
Workers Comp Fund - B of A	12,639		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ 15,983</u>
TOTAL FUNDS			\$ 171,034,801
 RESTRICTED FUNDS			
Gift Fund			
US Bank Money Market	\$ 8,361	0.00%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,102,212</u>	0.21%	
TOTAL RESTRICTED FUNDS			<u>\$ 1,137,882</u>
TOTAL ALL FUNDS			<u>\$ 172,172,684</u>

**TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
KEY FINANCIAL INDICATORS
SEPTEMBER 2021**

	Current Status	Desired Position	Target	<u>Bond Covenants</u>	<u>FY 2022</u> Jul 21 to Sept 21	<u>FY 2021</u> Jul 20 to June 21	<u>FY 2020</u> Jul 19 to June 20	<u>FY 2019</u> Jul 18 to June 19	<u>FY 2018</u> Jul 17 to June 18	<u>FY 2017</u> Jul 16 to June 17	<u>FY 2016</u> Jul 15 to June 16
Return On Equity: <u>Increase (Decrease) in Net Position</u> Net Position	 	↑	FYE 8.5% Budget 1 st Qtr 2.9%		5.8%	16.4%	17.1%	13.1%	5.1%	14.4%	10.9%
EPIC Days in Accounts Receivable (excludes SNF) <u>Gross Accounts Receivable</u> 90 Days <u>Gross Accounts Receivable</u> 365 Days	 	↓	FYE 63 Days		70 76	65 67	89 73	69 71	68 73	55 55	57 55
Days Cash on Hand Excludes Restricted: <u>Cash + Short-Term Investments</u> (Total Expenses - Depreciation Expense)/ by 365	 	↑	Budget FYE 197 Days Budget 1 st Qtr 241 Projected 1st Qtr 261 Days	60 Days A- 237 Days BBB- 132 Days	289	285	246	179	176	191	201
EPIC Accounts Receivable over 120 days (excludes payment plan, legal and charitable balances)		↓	13%		26%	26%	31%	35%	22%	17%	19%
EPIC Accounts Receivable over 120 days (includes payment plan, legal and charitable balances)		↓	18%		33%	32%	40%	42%	25%	18%	24%
Cash Receipts Per Day (based on 60 day lag on Patient Net Revenue)	 	↑	FYE Budget \$636,201 End 1st Qtr Budget \$600,530		\$640,255	\$603,184	\$523,994	\$473,890	\$333,963	\$348,962	\$313,153
Debt Service Coverage: <u>Excess Revenue over Exp + Interest Exp + Depreciation</u> <u>Debt Principal Payments + Interest Expense</u>		↑	Without GO Bond 6.59 With GO Bond 3.67	1.95	8.11 4.40	10.55 5.56	9.50 5.06	20.45 4.12	9.27 2.07	6.64 3.54	6.19 2.77

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

CURRENT MONTH				YEAR TO DATE				PRIOR YTD SEPT 2020
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%	
OPERATING REVENUE								
\$ 42,594,191	\$ 41,618,110	\$ 976,081	2.3%	\$ 125,849,202	\$ 122,634,024	\$ 3,215,178	2.6%	1 \$ 111,124,825
Total Gross Revenue								
Gross Revenues - Inpatient								
\$ 4,229,257	\$ 3,323,164	\$ 906,093	27.3%	\$ 11,266,678	\$ 9,282,668	\$ 1,984,010	21.4%	\$ 9,605,242
3,908,224	4,451,165	(542,941)	-12.2%	12,098,315	12,888,396	(790,081)	-6.1%	12,127,796
8,137,480	7,774,329	363,151	4.7%	23,364,992	22,171,064	1,193,928	5.4%	21,733,038
Total Gross Revenue - Inpatient								
34,456,710	33,843,781	612,929	1.8%	102,484,210	100,462,960	2,021,250	2.0%	89,391,787
34,456,710	33,843,781	612,929	1.8%	102,484,210	100,462,960	2,021,250	2.0%	89,391,787
Total Gross Revenue - Outpatient								
Deductions from Revenue:								
19,132,548	18,686,229	(446,319)	-2.4%	57,101,280	54,911,432	(2,189,848)	-4.0%	2 48,778,912
-	-	-	0.0%	-	-	-	0.0%	2 -
1,476,751	1,483,341	6,590	0.4%	4,430,118	4,369,583	(60,535)	-1.4%	2 4,074,941
-	-	-	0.0%	-	-	-	0.0%	2 -
(939,789)	773,817	1,713,606	221.4%	(1,140,665)	2,280,594	3,421,259	150.0%	2 625,779
-	-	-	0.0%	-	-	-	0.0%	2 -
19,669,510	20,943,387	1,273,877	6.1%	60,390,733	61,561,609	1,170,876	1.9%	53,479,632
67,778	109,162	41,384	37.9%	247,909	333,607	85,697	25.7%	244,495
981,033	1,276,745	(295,712)	-23.2%	3,036,012	3,910,146	(874,135)	-22.4%	3 2,941,518
23,973,492	22,060,630	1,912,862	8.7%	68,742,391	65,316,168	3,426,223	5.2%	60,831,206
TOTAL OPERATING REVENUE								
OPERATING EXPENSES								
6,163,220	7,713,282	1,550,062	20.1%	21,135,503	23,655,944	2,520,441	10.7%	4 19,557,649
2,314,497	2,290,991	(23,506)	-1.0%	7,116,826	6,951,179	(165,647)	-2.4%	4 6,452,003
78,768	102,419	23,652	23.1%	251,549	307,257	55,708	18.1%	4 244,528
980,272	1,408,155	427,883	30.4%	3,912,234	4,224,465	312,231	7.4%	4 3,672,375
1,199,387	1,235,894	36,507	3.0%	3,679,527	3,795,447	115,920	3.1%	5 3,197,651
191,153	201,966	10,813	5.4%	553,740	605,900	52,160	8.6%	5 592,738
3,442,485	3,195,255	(247,230)	-7.7%	8,739,343	9,303,571	564,228	6.1%	6 8,092,437
1,885,443	1,913,483	28,040	1.5%	5,459,276	5,732,166	272,890	4.8%	7 4,821,005
881,430	897,768	16,338	1.8%	2,740,163	2,945,518	205,355	7.0%	8 2,190,109
17,136,656	18,959,213	1,822,557	9.6%	53,588,161	57,521,447	3,933,286	6.8%	48,820,495
TOTAL OPERATING EXPENSE								
6,836,836	3,101,417	3,735,419	120.4%	15,154,229	7,794,721	7,359,509	94.4%	12,010,711
NET OPERATING REVENUE (EXPENSE) EBIDA								
NON-OPERATING REVENUE/(EXPENSE)								
708,208	666,824	41,383	6.2%	2,080,048	1,994,351	85,697	4.3%	9 1,921,719
419,536	419,536	(0)	0.0%	1,258,607	1,258,607	(0)	0.0%	1,252,055
57,970	46,645	11,325	24.3%	132,465	142,799	(10,334)	-7.2%	10 244,054
-	-	-	0.0%	-	-	-	0.0%	-
39,183	136,564	(97,381)	-71.3%	137,660	409,693	(272,033)	-66.4%	11 242,430
(103,036)	(60,000)	(43,036)	-71.7%	(163,392)	(180,000)	16,608	9.2%	12 (399,999)
(29,680)	-	(29,680)	0.0%	(29,680)	-	(29,680)	0.0%	13 -
-	-	-	0.0%	-	-	-	0.0%	14 -
-	-	-	0.0%	800	-	800	0.0%	14 -
-	-	-	100.0%	101,692	-	101,692	100.0%	15 169,967
(1,164,048)	(1,164,048)	0	0.0%	(3,492,144)	(3,492,144)	0	0.0%	16 (3,467,745)
(103,862)	(103,548)	(314)	-0.3%	(313,479)	(313,442)	(37)	0.0%	17 (344,617)
(284,210)	(276,140)	(8,070)	-2.9%	(858,376)	(834,166)	(24,210)	-2.9%	(877,705)
(459,940)	(334,167)	(125,773)	-37.6%	(1,145,801)	(1,014,302)	(131,499)	-13.0%	(1,259,841)
TOTAL NON-OPERATING REVENUE/(EXPENSE)								
\$ 6,376,897	\$ 2,767,250	\$ 3,609,647	130.4%	\$ 14,008,429	\$ 6,780,420	\$ 7,228,009	106.6%	\$ 10,750,870
INCREASE (DECREASE) IN NET POSITION								
NET POSITION - BEGINNING OF YEAR				226,471,690				
NET POSITION - AS OF SEPTEMBER 30, 2021				\$ 240,480,119				
16.1%	7.5%	8.6%		12.0%	6.4%	5.7%		10.8%
RETURN ON GROSS REVENUE EBIDA								







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

		<u>Variance from Budget</u>	
		<u>Fav / <Unfav></u>	
		<u>SEPT 2021</u>	<u>YTD 2022</u>
1) Gross Revenues			
Acute Patient Days were above budget 23.79% or 98 days. Swing Bed days were above budget 76.47% or 13 days. Inpatient Ancillary revenues were below budget 12.20% due to varying acuity levels of our patients.	Gross Revenue -- Inpatient	\$ 363,152	\$ 1,193,928
	Gross Revenue -- Outpatient	612,929	2,021,250
	Gross Revenue -- Total	<u>\$ 976,081</u>	<u>\$ 3,215,178</u>
Outpatient volumes were above budget in the following departments: Home Health and Hospice visits, Laboratory tests, Diagnostic Imaging, Mammography, Radiation Oncology procedures, MRI, Briner Ultrasound, Cat Scans, PET CT, Oncology Drugs Sold to Patients, Gastroenterology Cases, and Tahoe City Physical and Occupational Therapy.			
2) Total Deductions from Revenue			
The payor mix for September shows a .25% increase to Medicare, a 1.38% increase to Medi-Cal, .01% increase to Other, County at budget, and a 1.64% decrease to Commercial when compared to budget. We saw a negative variance in contractals due to revenues exceeding budget by 2.30% along with the Payor Mix shifting from Commercial to Medi-Cal.	Contractual Allowances	\$ (446,319)	\$ (2,189,848)
	Managed Care	-	-
	Charity Care	6,590	(60,535)
	Charity Care - Catastrophic	-	-
	Bad Debt	1,713,606	3,421,259
	Prior Period Settlements	-	-
	Total	<u>\$ 1,273,877</u>	<u>\$ 1,170,876</u>
We continue to see collections on older Aged A/R which is creating a positive variance in Bad Debt.			
3) Other Operating Revenue			
Retail Pharmacy revenues were below budget 23.74%.	Retail Pharmacy	(85,553)	(250,996)
	Hospice Thrift Stores	(11,609)	(3,829)
	The Center (non-therapy)	6,841	5,097
The IVCH Thrift Store remains closed due to staffing shortages, creating a negative variance in Hospice Thrift Stores.	IVCH ER Physician Guarantee	11,478	(61,758)
	Children's Center	1,774	(3,930)
	Miscellaneous	(197,810)	(533,217)
IVCH ER Physician Guarantee is tied to collections which were above budget in Sept	Oncology Drug Replacement	-	-
	Grants	(20,833)	(25,500)
	Total	<u>\$ (295,712)</u>	<u>\$ (874,135)</u>
Radiology Physician Guarantee revenues were budgeted starting in July, however, the Radiology Group did not join the District's physician employment model during the month, creating a negative variance in Miscellaneous.			
4) Salaries and Wages	Total	<u>\$ 1,550,062</u>	<u>\$ 2,520,441</u>
The final payroll paid in August was below the calculated accrual. This, along with District wide staffing shortages and positions budgeted but not filled, created a positive variance.			
Employee Benefits	PL/SL	\$ (81,811)	\$ (47,602)
	Nonproductive	21,736	(181,037)
	Pension/Deferred Comp	-	-
	Standby	(12,135)	(19,531)
	Other	48,705	82,523
	Total	<u>\$ (23,506)</u>	<u>\$ (165,647)</u>
Employee Benefits - Workers Compensation	Total	<u>\$ 23,652</u>	<u>\$ 55,708</u>
Employee Benefits - Medical Insurance	Total	<u>\$ 427,883</u>	<u>\$ 312,231</u>
5) Professional Fees			
Outpatient Physical Therapy, PT Aquatic Therapy, Speech Therapy, and Occupational Therapy volumes exceeded budget by 35.60%, creating a negative variance in The Center (includes OP Therapy).	The Center (includes OP Therapy)	\$ (34,039)	\$ (99,163)
	Oncology	(38,398)	(42,019)
	TFH/IVCH Therapy Services	(13,808)	(29,355)
	Financial Administration	(16,790)	(16,790)
	Administration	44,917	(8,493)
A reclassification from Registry to Professional Fees created the negative variance in Onc	Truckee Surgery Center	-	-
	Patient Accounting/Admitting	-	-
	Respiratory Therapy	-	-
TFH IP and IVCH OP Therapy volumes exceeded budget by 25.78%, creating a negative variance in TFH/IVCH Therapy Services.	Home Health/Hospice	3,695	1,903
	Corporate Compliance	667	2,000
	Multi-Specialty Clinics Administration	2,716	9,119
Services provided for our Bad Debt Listings for the Medicare cost report created a negative variance in Financial Administration.	Medical Staff Services	(245)	10,081
	Information Technology	(8,936)	10,648
Negative variance in Information Technology related to consulting services provided for various Network and Desktop maintenance projects.	Marketing	1,673	11,345
	Managed Care	5,845	20,323
	Human Resources	11,063	29,570
Anesthesia Income Guarantee was below budget, creating a positive variance in Miscellar	TFH Locums	13,535	32,614
	IVCH ER Physicians	7,845	36,963
Occupational Health Physician Fees and Physician Production Bonuses came in below budget, creating a positive variance in Multi-Specialty Clinics.	Miscellaneous	36,288	88,290
	Multi-Specialty Clinics	31,291	111,044
	Total	<u>\$ 47,319</u>	<u>\$ 168,080</u>

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

		Variance from Budget	
		Fav / <Unfav>	
		SEPT 2021	YTD 2022
6) <u>Supplies</u>			
Oncology Drugs Sold to Patients volumes were above budget by 5.82% along with the purchase of Influenza Vaccine stock, creating a negative variance in Pharmacy Supplies.	Pharmacy Supplies	\$ (376,419)	\$ (68,383)
	Food	9,876	7,690
	Office Supplies	550	8,022
	Minor Equipment	9,726	37,075
	Other Non-Medical Supplies	10,045	48,499
	Patient & Other Medical Supplies	98,992	531,327
	Total	\$ (247,230)	\$ 564,228
7) <u>Purchased Services</u>			
Small equipment repairs in TFH & IVCH Surgical Services, Diagnostic Imaging-All Dept's, and small facility maintenance projects created a negative variance in Department Repairs.	Department Repairs	\$ (23,258)	\$ (44,162)
	Information Technology	(6,580)	(295)
	The Center	1,361	3,470
	Pharmacy IP	3,753	4,455
	Patient Accounting	(15,111)	4,690
Outsourced billing and collections services came in above budget, creating a negative variance in Patient Accounting.	Community Development	2,195	5,385
	Medical Records	7,622	16,462
	Human Resources	1,855	21,009
Services provided for MSC Orthopedics and Occupational Health were below budget, creating a positive variance in Multi-Specialty Clinics.	Home Health/Hospice	6,528	22,876
	Diagnostic Imaging Services - All	8,239	23,141
	Multi-Specialty Clinics	12,033	60,268
Outsourced Lab testing came in below budget, creating a positive variance in Laboratory.	Miscellaneous	10,197	77,016
	Laboratory	19,206	78,574
	Total	\$ 28,040	\$ 272,890
8) <u>Other Expenses</u>			
Expenses advanced to the IVCH Foundation for the Beach Boys Fundraising Concert and a transfer of Construction Labor to Construction In Progress projects created a negative variance in Miscellaneous.	Miscellaneous	\$ (66,554)	\$ (58,950)
	Insurance	(11,328)	(48,862)
	Human Resources Recruitment	(19,932)	(17,054)
	Equipment Rent	2,976	(14,596)
	Multi-Specialty Clinics Bldg Rent	(5,218)	(14,137)
The annual renewal of the District's LinkedIn subscription was submitted late to the District. The catch up of three months of Prepaid Expense write-off's created the negative variance in Human Resources Recruitment for the month of September.	Multi-Specialty Clinics Equip Rent	(5,158)	(2,623)
	Physician Services	-	91
	Dues and Subscriptions	982	5,226
	Utilities	9,011	20,207
Budgeted Building Rent for anticipated increases in office space needs did not transpire in September, creating a positive variance in Other Building Rent.	Marketing	7,011	34,693
	Outside Training & Travel	47,592	138,182
	Other Building Rent	56,956	163,178
	Total	\$ 16,338	\$ 205,355
9) <u>District and County Taxes</u>	Total	\$ 41,383	\$ 85,697
10) <u>Interest Income</u>	Total	\$ 11,325	\$ (10,334)
Chandler Investments Interest Income exceeded budget in September.			
11) <u>Donations</u>	IVCH	\$ (75,596)	\$ (226,789)
	Operational	(21,785)	(45,244)
	Total	\$ (97,381)	\$ (272,033)
12) <u>Gain/(Loss) on Joint Investment</u>	Total	\$ (43,036)	\$ 16,608
13) <u>Gain/(Loss) on Market Investments</u>	Total	\$ (29,680)	\$ (29,680)
The District booked the market value of losses in its holdings with Chandler Investments.			
14) <u>Gain/(Loss) on Sale or Disposal of Assets</u>	Total	\$ -	\$ 800
15) <u>COVID-19 Emergency Funding</u>	Total	\$ -	\$ 101,692
16) <u>Depreciation Expense</u>	Total	\$ -	\$ -
17) <u>Interest Expense</u>	Total	\$ (314)	\$ (37)

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
KEY FINANCIAL INDICATORS
SEPTEMBER 2021

	Current Status	Desired Position	Target	FY 2021 Jul 21 to Sept 21	FY 2021 Jul 20 to June 21	FY 2020 Jul 19 to June 20	FY 2019 Jul 18 to June 19	FY 2018 Jul 17 to June 18	FY 2017 Jul 16 to June 17	FY 2016 Jul 15 to June 16
Total Margin: <u>Increase (Decrease) In Net Position</u> Total Gross Revenue		↑	FYE 3.8% 1st Qtr 5.5%	11.1%	8.2%	8.5%	5.7%	2.6%	7.4%	5.5%
Charity Care: <u>Charity Care Expense</u> Gross Patient Revenue		↓	FYE 3.6% 1st Qtr 3.6%	3.5%	3.4%	4.0%	3.8%	3.3%	3.1%	3.4%
Bad Debt Expense: <u>Bad Debt Expense</u> Gross Patient Revenue		↓	FYE 1.9% 1st Qtr 1.9%	0.0%	1.4%	1.4%	.1%	.1%	-0.0%	-0.2%
Incline Village Community Hospital: EBIDA: Earnings before interest, Depreciation, amortization <u>Net Operating Revenue <Expense></u> Gross Revenue		↑	FYE 7.4% 1st Qtr 9.4%	20.1%	14.0%	.1%	11.5%	4.8%	7.9%	11.3%
Operating Expense Variance to Budget (Under<Over>)		↑	-0-	\$3,933,286	\$276,095	\$(9,484,742)	\$(13,825,198)	\$1,061,378	\$(9,700,270)	\$(7,548,217)
EBIDA: Earnings before interest, Depreciation, amortization <u>Net Operating Revenue <Expense></u> Gross Revenue		↑	FYE 4.7% 1st Qtr 6.4%	12.0%	16.1%	6.2%	7.1%	4.5%	7.9%	7.3%

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
SEPTEMBER 2021

CURRENT MONTH				YEAR TO DATE					PRIOR YTD SEPT 2020		
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%			
				OPERATING REVENUE							
\$ 2,721,337	\$ 2,487,072	\$ 234,265	9.4%	Total Gross Revenue	\$ 8,497,077	\$ 7,542,464	\$ 954,613	12.7%	1	\$ 7,046,585	
				Gross Revenues - Inpatient							
\$ -	\$ -	\$ -	0.0%	Daily Hospital Service	\$ -	\$ 9,186	\$ (9,186)	-100.0%		\$ 23,054	
-	1,339	(1,339)	-100.0%	Ancillary Service - Inpatient	3,744	7,879	(4,135)	-52.5%		18,269	
-	1,339	(1,339)	-100.0%	Total Gross Revenue - Inpatient	3,744	17,065	(13,321)	-78.1%	1	41,323	
2,721,337	2,485,733	235,604	9.5%	Gross Revenue - Outpatient	8,493,333	7,525,399	967,934	12.9%		7,005,262	
2,721,337	2,485,733	235,604	9.5%	Total Gross Revenue - Outpatient	8,493,333	7,525,399	967,934	12.9%	1	7,005,262	
				Deductions from Revenue:							
1,406,161	968,121	(438,040)	-45.2%	Contractual Allowances	3,231,406	2,938,647	(292,759)	-10.0%	2	2,691,966	
141,935	116,820	(25,115)	-21.5%	Charity Care	415,049	353,222	(61,827)	-17.5%	2	321,376	
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	-	
(50,593)	62,138	112,731	181.4%	Bad Debt	(107,081)	187,884	294,965	157.0%	2	128,128	
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2	-	
1,497,502	1,147,079	(350,423)	-30.5%	Total Deductions from Revenue	3,539,374	3,479,753	(59,621)	-1.7%	2	3,141,470	
96,374	89,644	6,730	7.5%	Other Operating Revenue	225,768	293,958	(68,190)	-23.2%	3	277,286	
1,320,209	1,429,637	(109,429)	-7.7%	TOTAL OPERATING REVENUE	5,183,471	4,356,669	826,802	19.0%		4,182,401	
				OPERATING EXPENSES							
430,771	432,964	2,193	0.5%	Salaries and Wages	1,343,297	1,437,916	94,619	6.6%	4	1,205,651	
143,939	135,543	(8,396)	-6.2%	Benefits	456,299	435,996	(20,303)	-4.7%	4	395,941	
2,797	6,364	3,567	56.0%	Benefits Workers Compensation	8,392	19,092	10,700	56.0%	4	4,573	
54,794	78,711	23,917	30.4%	Benefits Medical Insurance	218,612	236,133	17,521	7.4%	4	209,155	
232,380	239,993	7,613	3.2%	Medical Professional Fees	710,930	764,143	53,213	7.0%	5	638,955	
2,522	2,252	(270)	-12.0%	Other Professional Fees	7,285	6,756	(529)	-7.8%	5	6,525	
52,661	67,446	14,785	21.9%	Supplies	168,934	211,814	42,880	20.2%	6	175,541	
65,131	82,434	17,303	21.0%	Purchased Services	209,346	237,789	28,443	12.0%	7	185,050	
143,267	101,802	(41,465)	-40.7%	Other	350,268	300,124	(50,144)	-16.7%	8	242,357	
1,128,262	1,147,509	19,247	1.7%	TOTAL OPERATING EXPENSE	3,473,363	3,649,763	176,400	4.8%		3,063,748	
191,946	282,128	(90,182)	-32.0%	NET OPERATING REV(EXP) EBIDA	1,710,109	706,906	1,003,203	141.9%		1,118,653	
				NON-OPERATING REVENUE/(EXPENSE)							
-	75,596	(75,596)	-100.0%	Donations-IVCH	-	226,789	(226,789)	-100.0%	9	73,180	
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	-	
-	-	-	100.0%	COVID-19 Emergency Funding	-	-	-	100.0%	11	3,064	
(75,434)	(75,434)	-	0.0%	Depreciation	(226,302)	(226,302)	-	0.0%	11	(202,959)	
(75,434)	162	(75,596)	46664.2%	TOTAL NON-OPERATING REVENUE/(EXP)	(226,302)	487	(226,789)	46568.6%		(126,715)	
\$ 116,512	\$ 282,290	\$ (165,778)	-58.7%	EXCESS REVENUE(EXPENSE)	\$ 1,483,807	\$ 707,393	\$ 776,414	109.8%		\$ 991,938	
7.1%	11.3%	-4.3%		RETURN ON GROSS REVENUE EBIDA	20.1%	9.4%	10.8%			15.9%	

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

		<u>Variance from Budget</u>	
		<u>Fav<Unfav></u>	
		<u>SEPT 2021</u>	<u>YTD 2022</u>
1) <u>Gross Revenues</u>			
Acute Patient Days were at budget at 0 and Observation Days were at budget at 0.	Gross Revenue -- Inpatient	\$ (1,339)	\$ (13,322)
	Gross Revenue -- Outpatient	235,604	967,934
		<u>\$ 234,265</u>	<u>\$ 954,613</u>
Outpatient volumes were above budget in Clinic visits, Surgery cases, Laboratory tests, Ultrasounds, Cat Scans, and Physical Therapy.			
2) <u>Total Deductions from Revenue</u>			
We saw a shift in our payor mix with a .76% increase in Medicare, a 2.49% increase in Medicaid, a 1.16% decrease in Commercial insurance, a 2.09% decrease in Other, and County was at budget. Contractual Allowances were above budget as a result of revenues exceeding budget by 9.40% and the shift in Payor Mix from Commercial to Medicaid.	Contractual Allowances	\$ (438,040)	\$ (292,759)
	Charity Care	(25,115)	(61,827)
	Charity Care-Catastrophic Event	-	-
	Bad Debt	112,732	294,965
	Prior Period Settlement	-	-
	Total	<u>\$ (350,423)</u>	<u>\$ (59,621)</u>
3) <u>Other Operating Revenue</u>			
IVCH ER Physician Guarantee is based on collections which came in above budget in September.	IVCH ER Physician Guarantee	\$ 11,478	\$ (61,758)
	Miscellaneous	(4,748)	(6,432)
	Total	<u>\$ 6,730</u>	<u>\$ (68,190)</u>
4) <u>Salaries and Wages</u>	Total	<u>\$ 2,193</u>	<u>\$ 94,619</u>
<u>Employee Benefits</u>	PL/SL	\$ (16,474)	\$ (21,456)
	Pension/Deferred Comp	-	-
	Standby	(240)	78
	Other	(2,885)	(5,622)
	Nonproductive	11,203	6,698
	Total	<u>\$ (8,396)</u>	<u>\$ (20,303)</u>
<u>Employee Benefits - Workers Compensation</u>	Total	<u>\$ 3,567</u>	<u>\$ 10,700</u>
<u>Employee Benefits - Medical Insurance</u>	Total	<u>\$ 23,917</u>	<u>\$ 17,521</u>
5) <u>Professional Fees</u>			
Physical Therapy volumes were above budget 21.97%, creating a negative variance in Therapy Services.	Foundation	\$ (270)	\$ (530)
	Administration	-	-
	Miscellaneous	750	2,250
	Therapy Services	(4,744)	3,218
	Multi-Specialty Clinics	3,762	10,783
	IVCH ER Physicians	7,845	36,963
	Total	<u>\$ 7,343</u>	<u>\$ 52,684</u>
6) <u>Supplies</u>			
Surgical Implant revenues exceeded budget, creating a negative variance in Patient & Other Medical Supplies.	Minor Equipment	\$ 1,994	\$ (9,053)
	Patient & Other Medical Supplies	(4,117)	(4,405)
	Non-Medical Supplies	(1,508)	(1,546)
	Office Supplies	5	375
	Food	1,191	3,490
Drugs Sold to Patients revenues were below budget 11.90%, creating a positive variance in Pharmacy Supplies.	Pharmacy Supplies	17,219	54,019
	Total	<u>\$ 14,785</u>	<u>\$ 42,880</u>

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

		Variance from Budget	
		Fav<Unfav>	
		SEPT 2021	YTD 2022
7) <u>Purchased Services</u>			
Interior & Exterior Window and Partition cleaning created a negative variance in Engineering/Plant/Communications.	Engineering/Plant/Communications	\$ (7,362)	\$ (9,083)
Security Services at the COVID Testing and Vaccine Clinic created a negative variance in Multi-Specialty Clinics.	Multi-Specialty Clinics	(5,273)	(7,719)
Stewardship expenses came in below budget, creating a positive variance in Foundation.	Laboratory	2,062	(4,850)
	Miscellaneous	2,246	(3,714)
	EVS/Laundry	767	(19)
	Surgical Services	-	-
	Pharmacy	500	903
	Diagnostic Imaging Services - All	2,645	4,215
	Department Repairs	(283)	6,200
	Foundation	22,000	42,511
	Total	\$ 17,303	\$ 28,443
8) <u>Other Expenses</u>			
Transfer of Laboratory Labor cost for IVCH tests resulted in the TFH Lab and expenses advanced to the Foundation for the Beach Boys Fundraising Concert created a negative variance in Miscellaneous.	Miscellaneous	\$ (31,468)	\$ (38,599)
Telephone and Electricity costs exceeded budget, creating a negative variance in Utilities.	Utilities	(8,206)	(14,659)
	Insurance	(2,920)	(8,078)
	Marketing	(3,114)	(1,812)
	Equipment Rent	(473)	(790)
	Physician Services	-	-
	Multi-Specialty Clinics Bldg Rent	100	300
	Other Building Rent	574	1,321
	Dues and Subscriptions	53	2,056
	Outside Training & Travel	3,990	10,117
	Total	\$ (41,465)	\$ (50,144)
9) <u>Donations</u>	Total	\$ (75,596)	\$ (226,789)
10) <u>Gain/(Loss) on Sale</u>	Total	\$ -	\$ -
11) <u>COVID-19 Emergency Funding</u>	Total	\$ -	\$ -
12) <u>Depreciation Expense</u>	Total	\$ -	\$ -

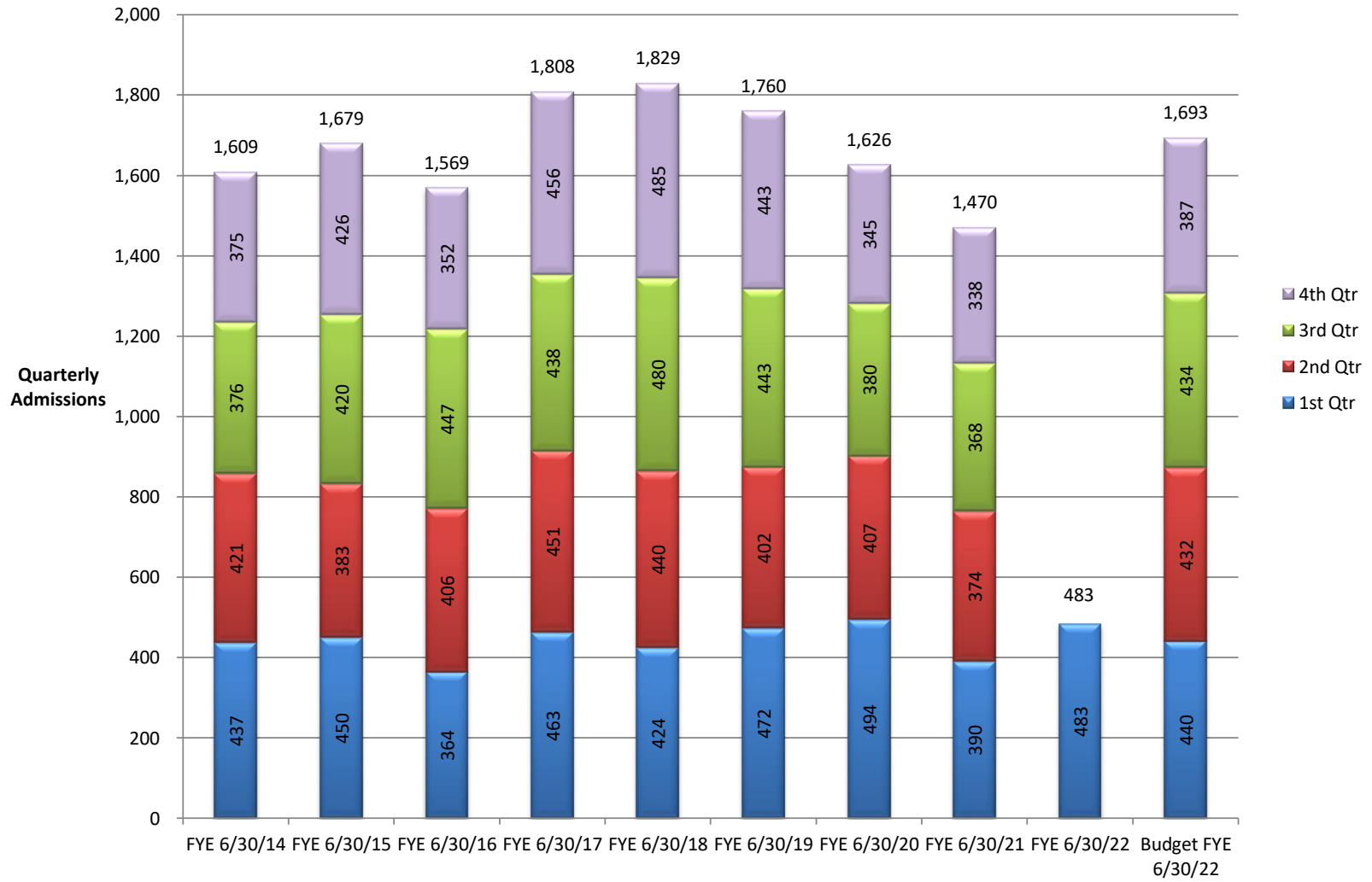
TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	PRE-AUDIT FYE 2021		BUDGET FYE 2022	PROJECTED FYE 2022	ACTUAL SEPT 2021	PROJECTED SEPT 2021	DIFFERENCE	ACTUAL 1ST QTR	PROJECTED 2ND QTR	PROJECTED 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	\$ 45,127,978		\$ 22,035,877	\$ 29,395,384	\$ 6,836,836	\$ 3,101,418	\$ 3,735,418	\$ 15,154,229	\$ 6,271,207	\$ 4,890,449	\$ 3,079,498
Interest Income	604,065		509,726	525,780	35,786	-	35,786	98,018	142,799	143,111	141,852
Property Tax Revenue	8,358,581		8,320,000	8,253,496	2,567	-	2,567	453,496	-	4,600,000	3,200,000
Donations	647,465		1,320,000	1,135,778	-	110,000	(110,000)	145,778	330,000	330,000	330,000
Emergency Funds	(3,621,517)		-	101,692	-	-	-	101,692	-	-	-
Debt Service Payments	(4,874,699)		(5,016,439)	(4,927,336)	(352,819)	(353,188)	370	(1,631,219)	(1,059,565)	(1,176,986)	(1,059,565)
Property Purchase Agreement	(744,266)		(811,927)	(811,927)	(67,661)	(67,661)	-	(202,982)	(202,982)	(202,982)	(202,982)
2018 Municipal Lease	(1,574,216)		(1,717,326)	(1,717,326)	(143,111)	(143,111)	-	(429,332)	(429,332)	(429,332)	(429,332)
Copier	(58,384)		(63,840)	(63,103)	(4,950)	(5,320)	370	(15,223)	(15,960)	(15,960)	(15,960)
2017 VR Demand Bond	(989,752)		(778,177)	(689,811)	-	-	-	(572,390)	-	(117,421)	-
2015 Revenue Bond	(1,508,081)		(1,645,169)	(1,645,169)	(137,097)	(137,097)	0	(411,292)	(411,292)	(411,292)	(411,292)
Physician Recruitment	(145,360)		(320,000)	(290,000)	-	(30,000)	30,000	-	(90,000)	(140,000)	(60,000)
Investment in Capital											
Equipment	(1,993,701)		(6,619,450)	(6,619,450)	(238,844)	(413,597)	174,754	(1,413,396)	(3,668,550)	(690,250)	(847,254)
Municipal Lease Reimbursement	1,638,467		-	-	-	-	-	-	-	-	-
IT/EMR/Business Systems	(188,744)		(1,315,027)	(1,315,027)	-	(235,056)	235,056	-	(249,471)	(556,250)	(509,306)
Building Projects/Properties	(7,418,233)		(29,614,464)	(29,614,464)	(1,520,391)	(2,250,054)	729,663	(2,380,089)	(10,208,080)	(9,476,066)	(7,550,229)
Change in Accounts Receivable	(5,512,026)	N1	(2,149,377)	(2,152,850)	(3,236,291)	(1,500,364)	(1,735,927)	(3,723,682)	(3,918,834)	6,937,245	(1,447,578)
Change in Settlement Accounts	1,958,514	N2	(22,397,159)	(18,944,546)	(670,849)	(2,338,049)	1,667,200	(161,535)	(8,914,148)	(5,664,148)	(4,204,716)
Change in Other Assets	(842,282)	N3	(2,400,000)	(2,967,873)	228	(200,000)	200,228	(1,167,873)	(600,000)	(600,000)	(600,000)
Change in Other Liabilities	(5,046,163)	N4	(893,000)	(482,234)	(1,676,355)	(1,650,000)	(26,355)	1,967,766	(1,200,000)	(850,000)	(400,000)
Change in Cash Balance	28,692,345		(38,539,313)	(27,901,652)	(820,132)	(5,758,892)	4,938,760	7,443,183	(23,164,642)	(2,252,895)	(9,927,298)
Beginning Unrestricted Cash	132,985,091		161,677,436	161,677,436	169,968,116	169,968,116	-	161,677,436	169,120,619	145,955,977	143,703,082
Ending Unrestricted Cash	161,677,436		123,138,123	133,775,784	169,147,984	164,209,225	4,938,760	169,120,619	145,955,977	143,703,082	133,775,784
Operating Cash	142,794,949		123,138,123	133,775,784	152,308,724	149,668,600	2,640,125	152,281,359	136,333,543	141,297,474	133,775,784
Medicare Accelerated Payments	18,882,487		-	-	16,839,260	14,540,625	2,298,635	16,839,260	9,622,434	2,405,609	-
Expense Per Day	570,926		629,671	618,895	585,887	628,640	(42,753)	585,887	609,056	618,633	618,895
Days Cash On Hand	283		196	216	289	261	27	289	240	232	216
Days Cash On Hand - Operating Cash Only	250		196	216	260	238	22	260	224	228	216

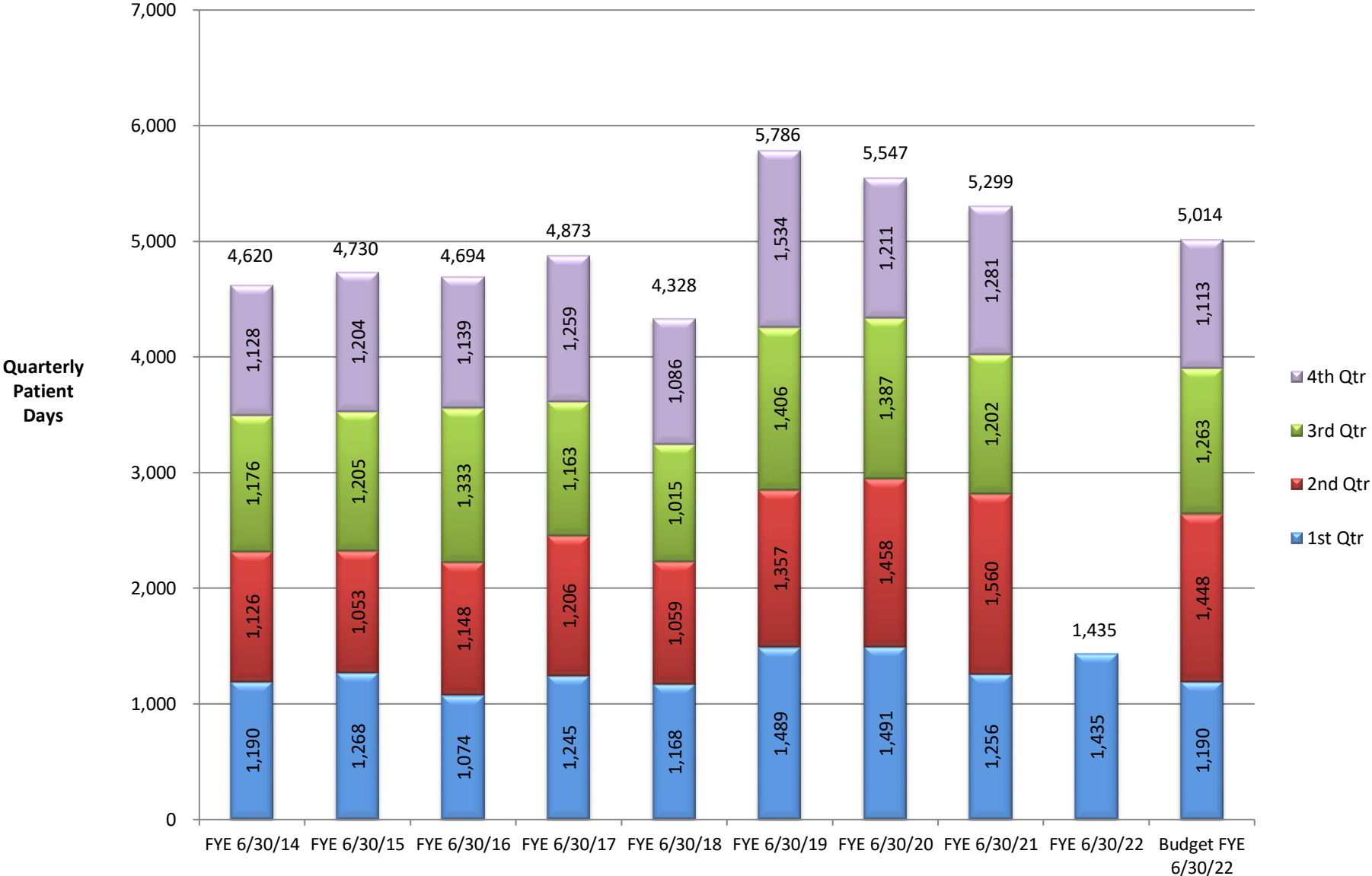
Footnotes:

- 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.

TOTAL TFH ADMISSIONS

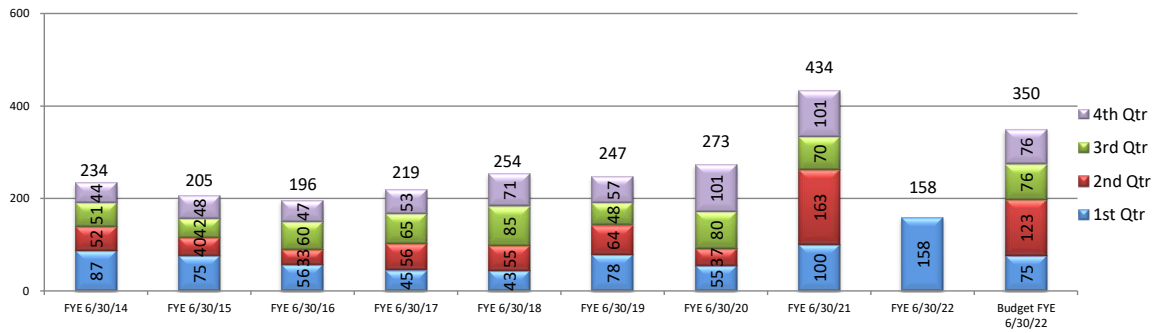


TOTAL TFH PATIENT DAYS



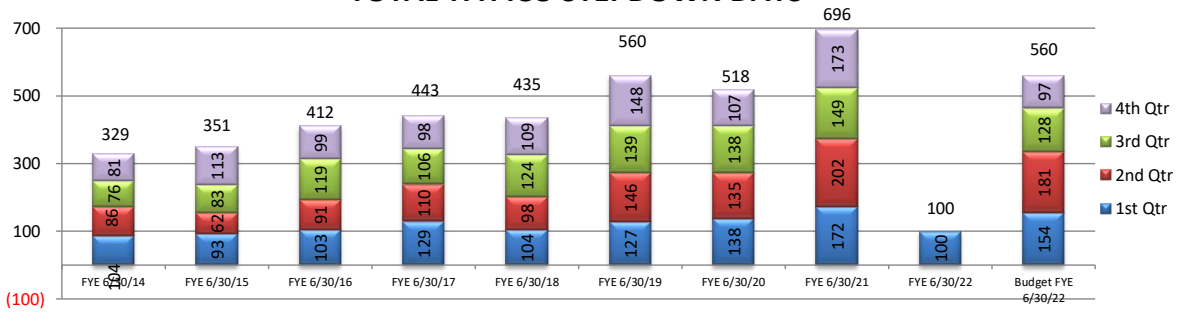
TOTAL TFH ICU INPATIENT DAYS

Quarterly ICU IP Days



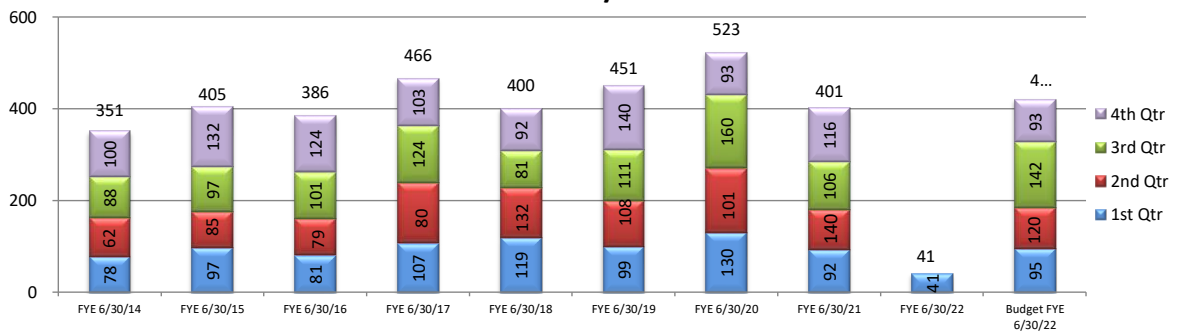
TOTAL TFH ICU STEPDOWN DAYS

Quarterly ICU Stepdown Days



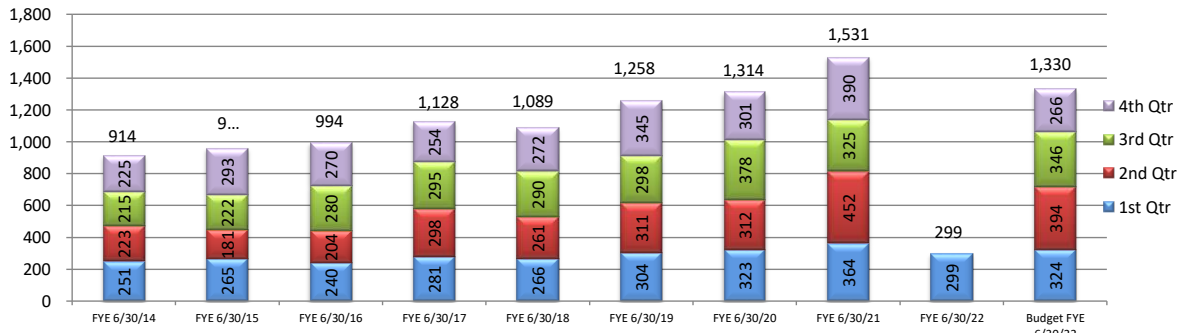
TOTAL TFH ICU MED/SURG DAYS

Quarterly ICU Med/Surg Days

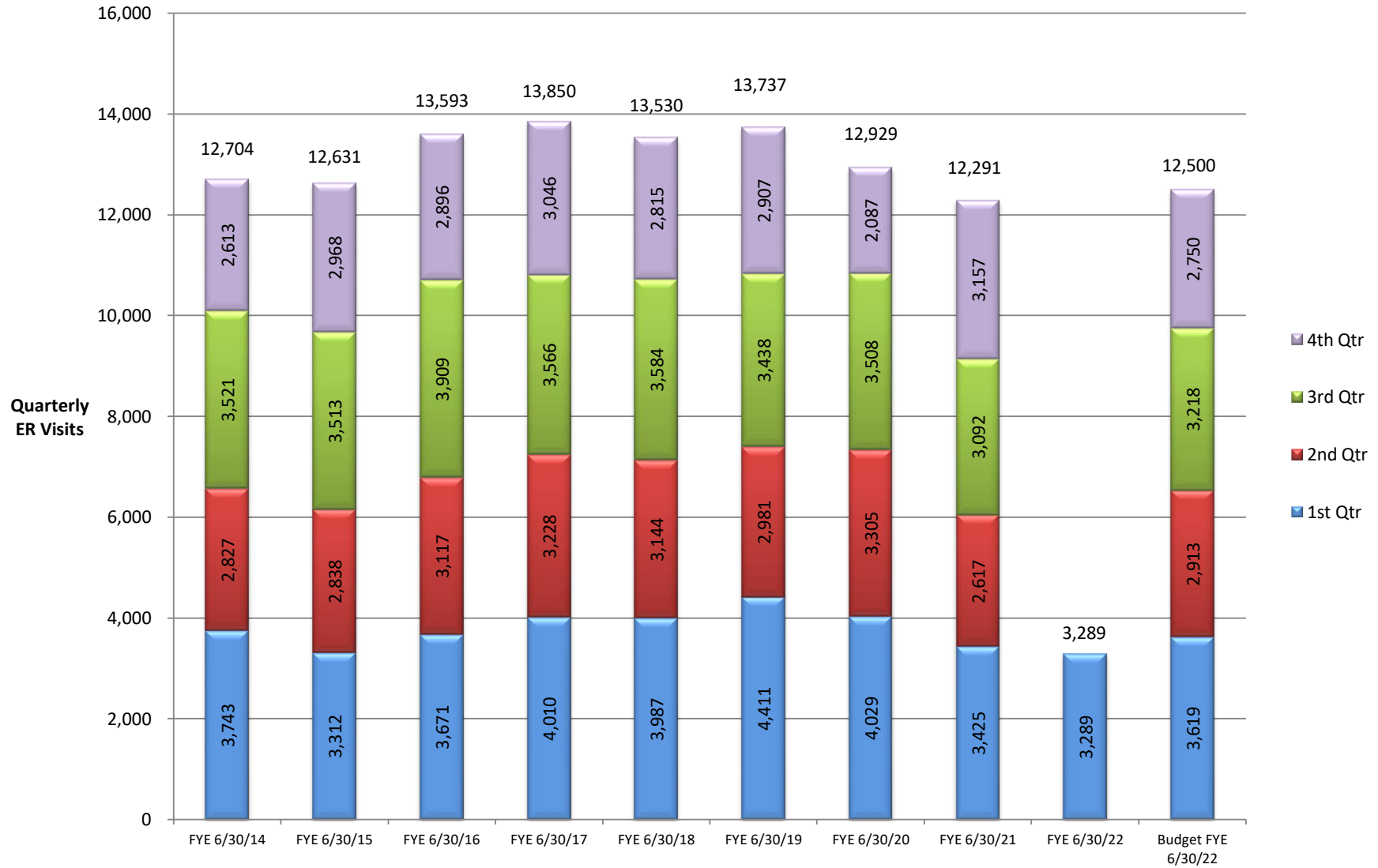


TOTAL TFH ICU DAYS

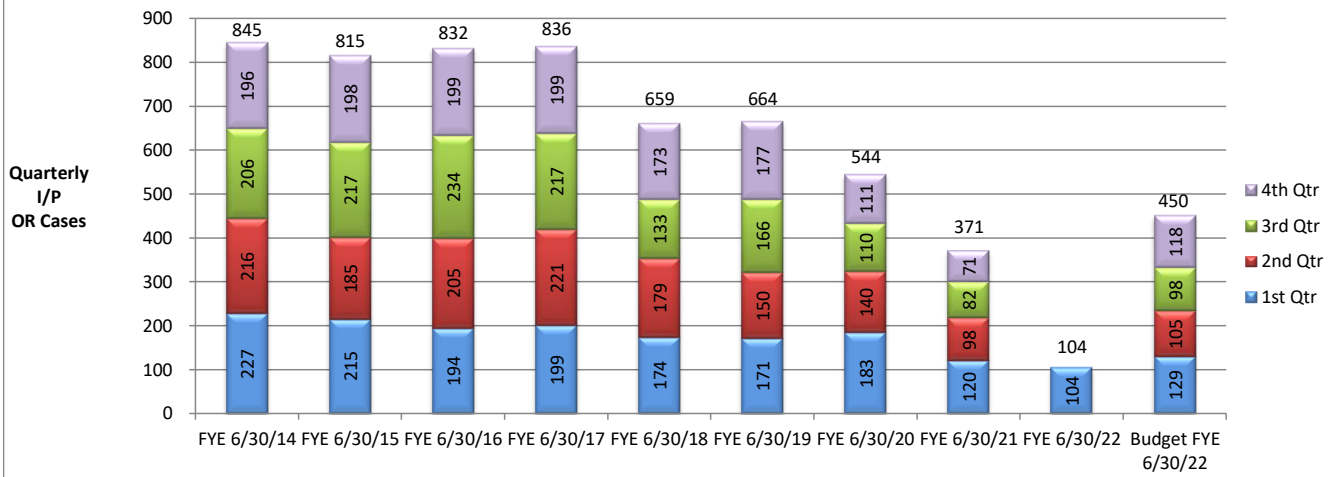
Quarterly Total ICU Days



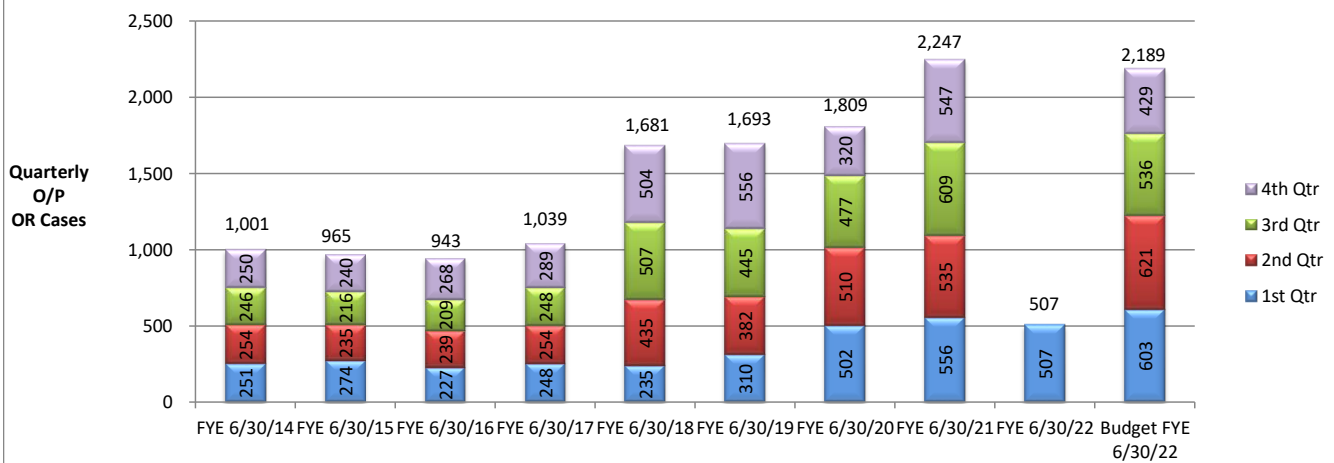
TOTAL TFH ER VISITS



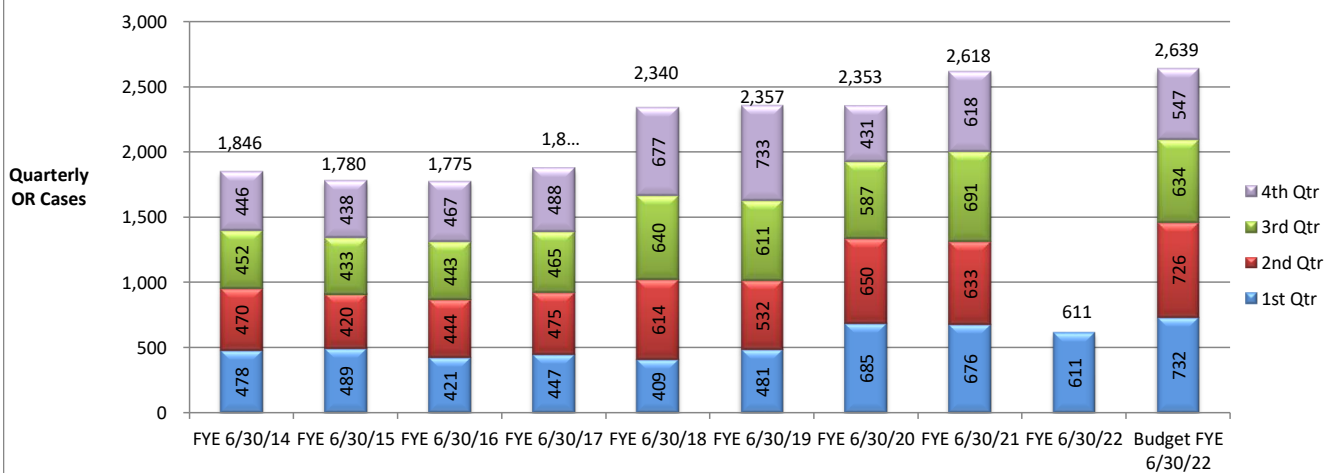
TOTAL TFH INPATIENT OR CASES

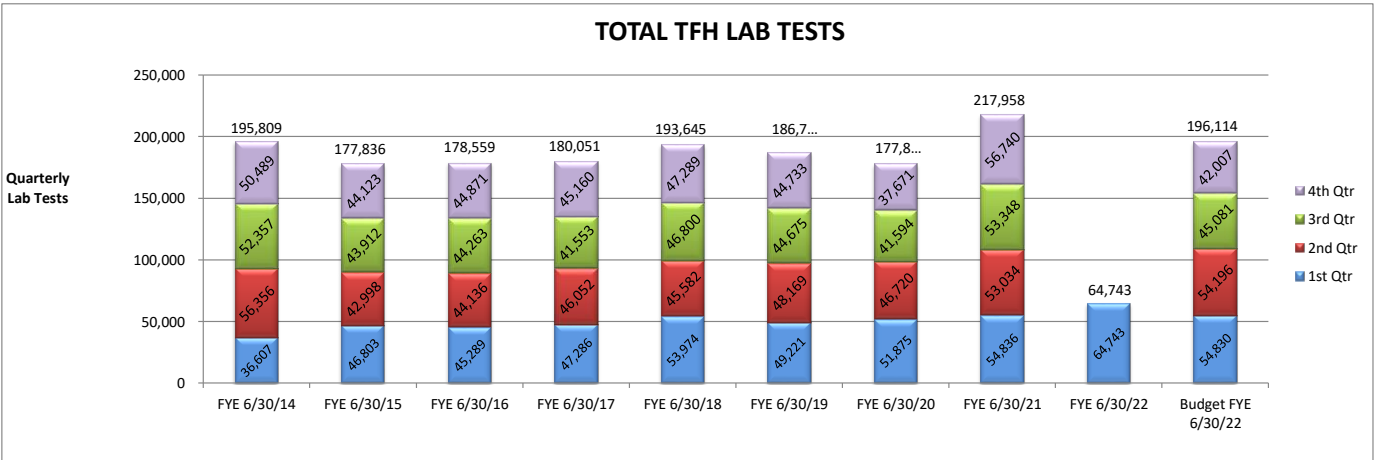
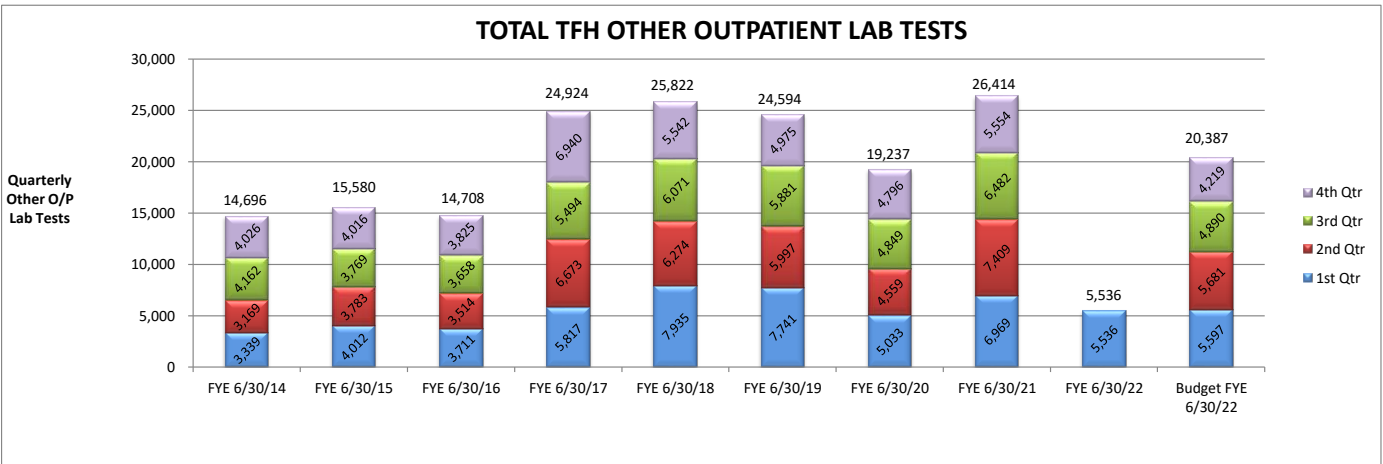
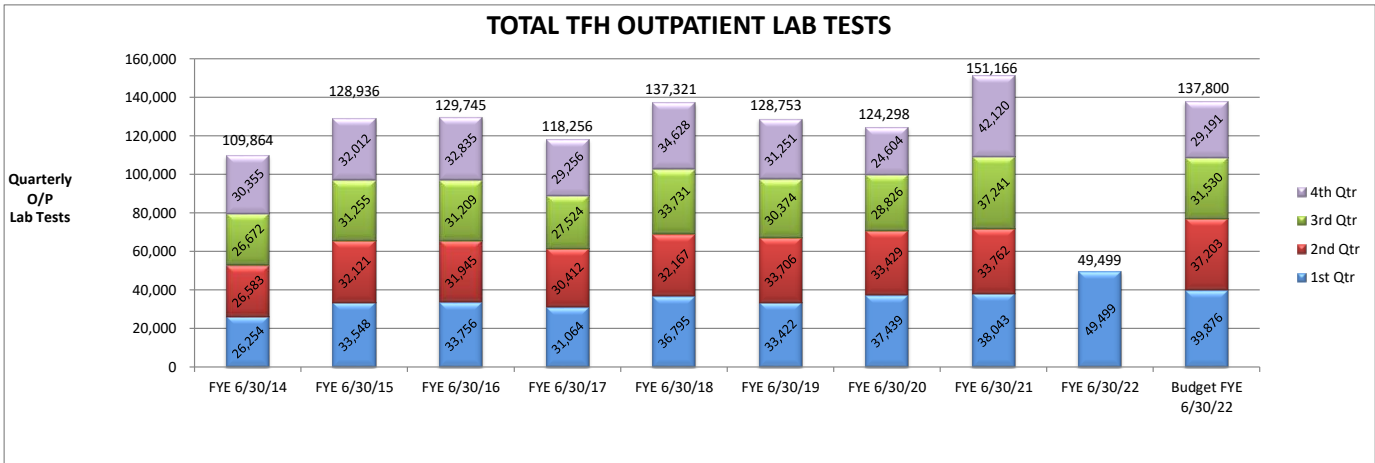
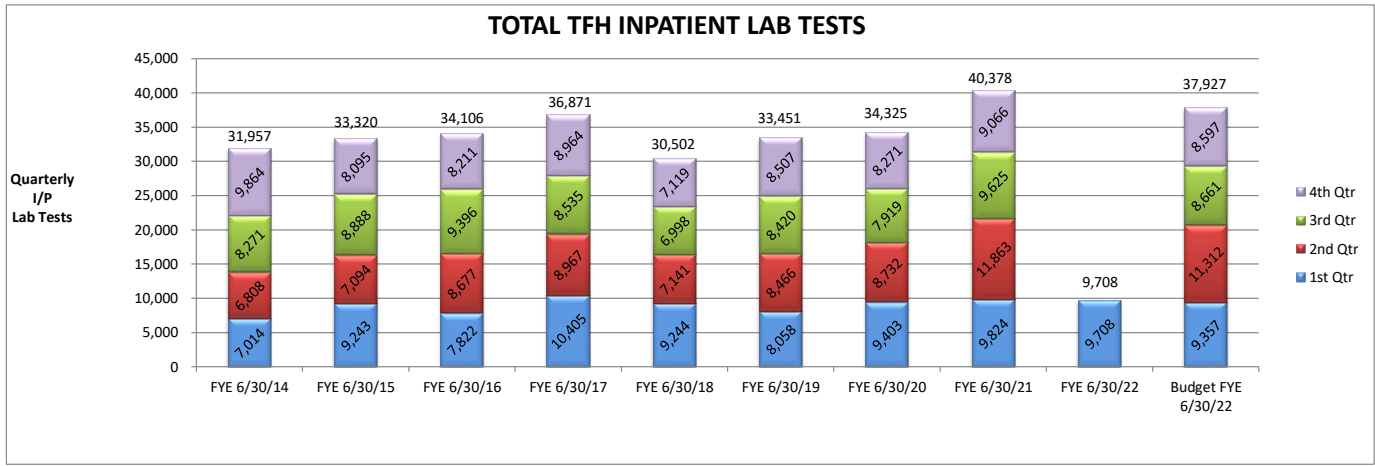


TOTAL TFH OUTPATIENT OR CASES

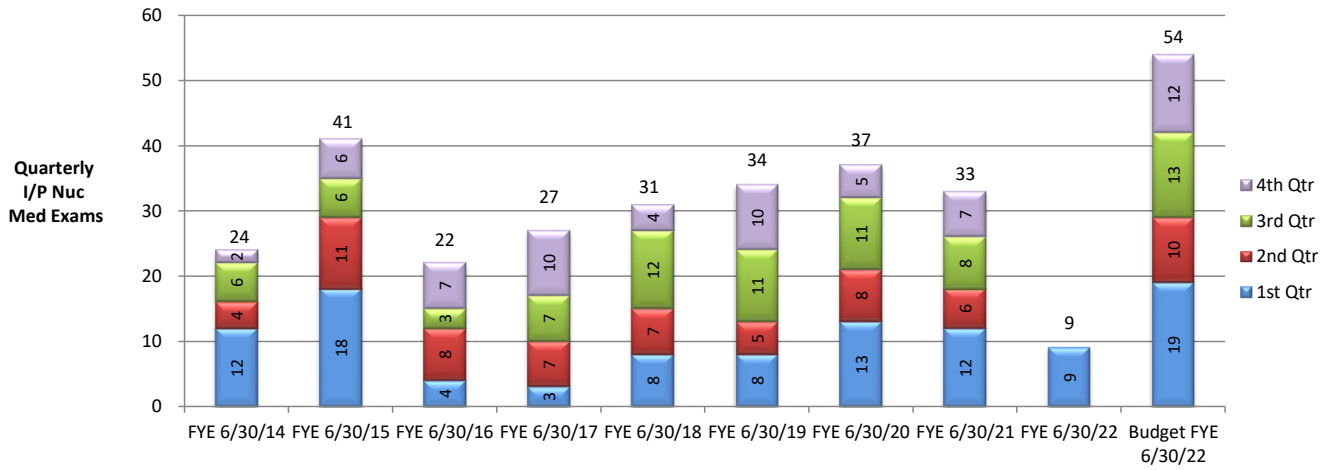


TOTAL TFH OR CASES

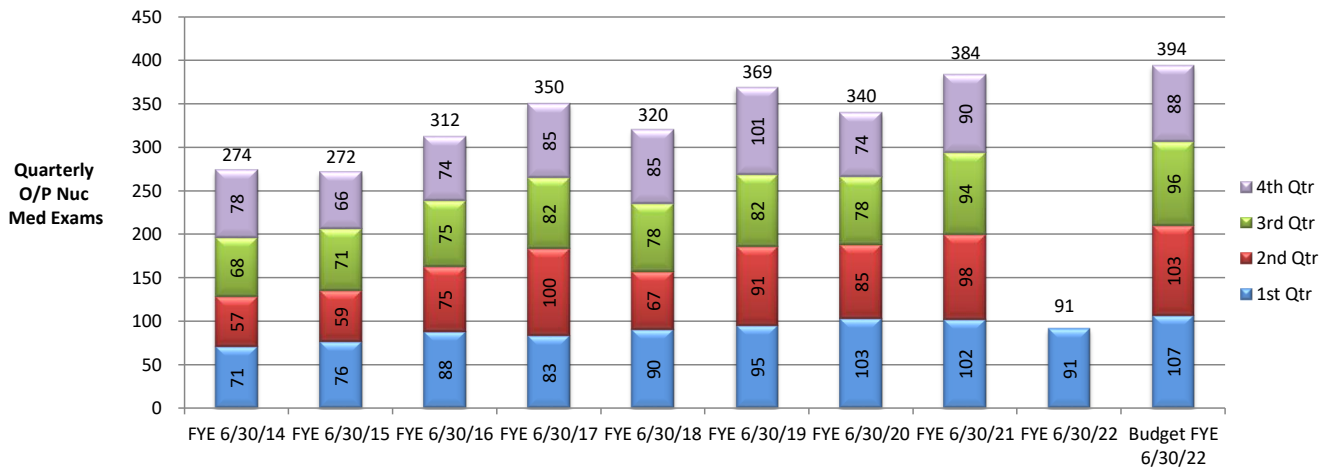




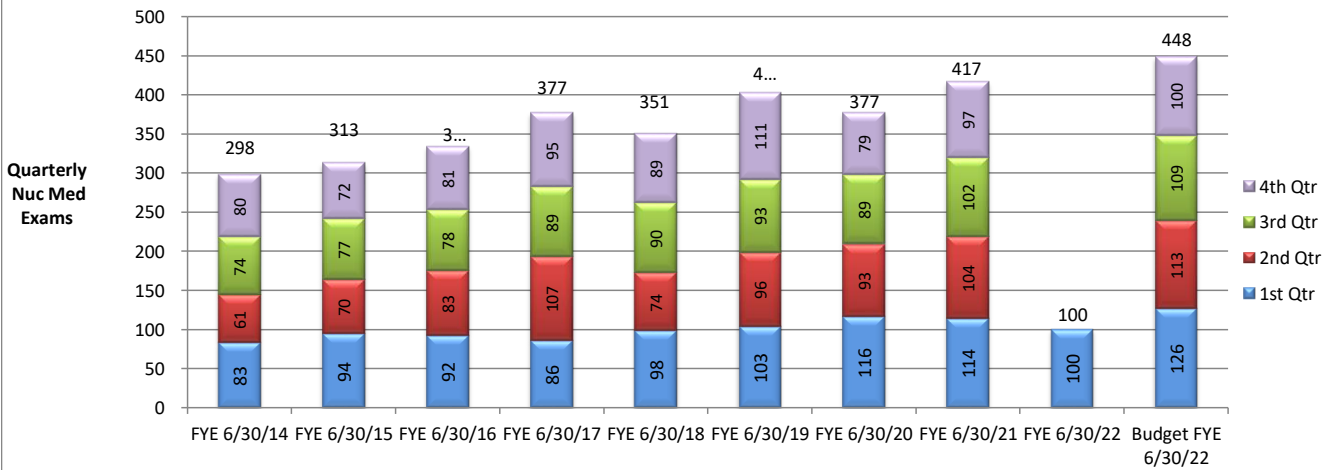
TOTAL TFH NUCLEAR MEDICINE INPATIENT EXAMS



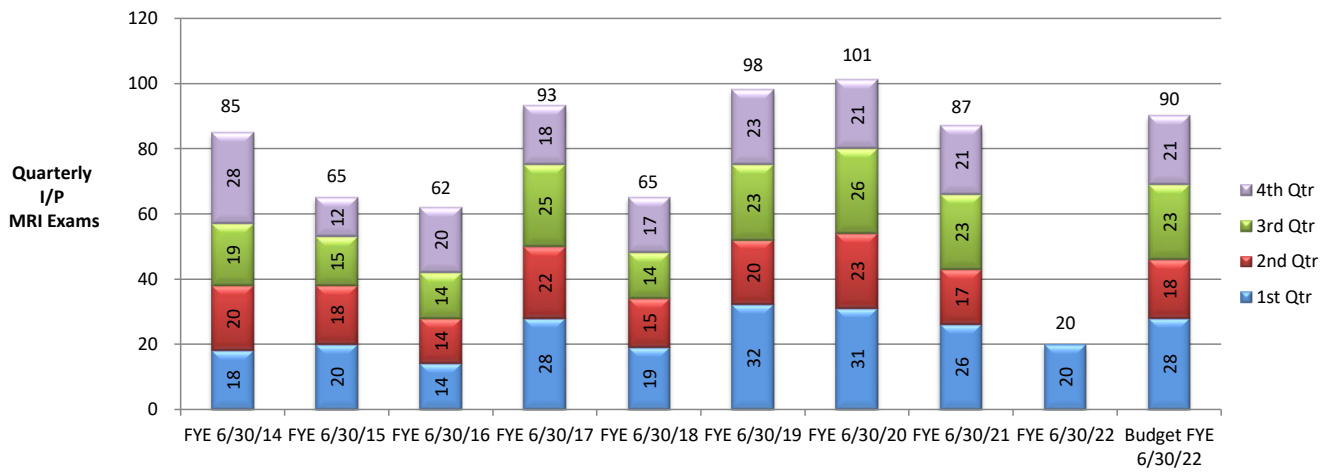
TOTAL TFH NUCLEAR MEDICINE OUTPATIENT EXAMS



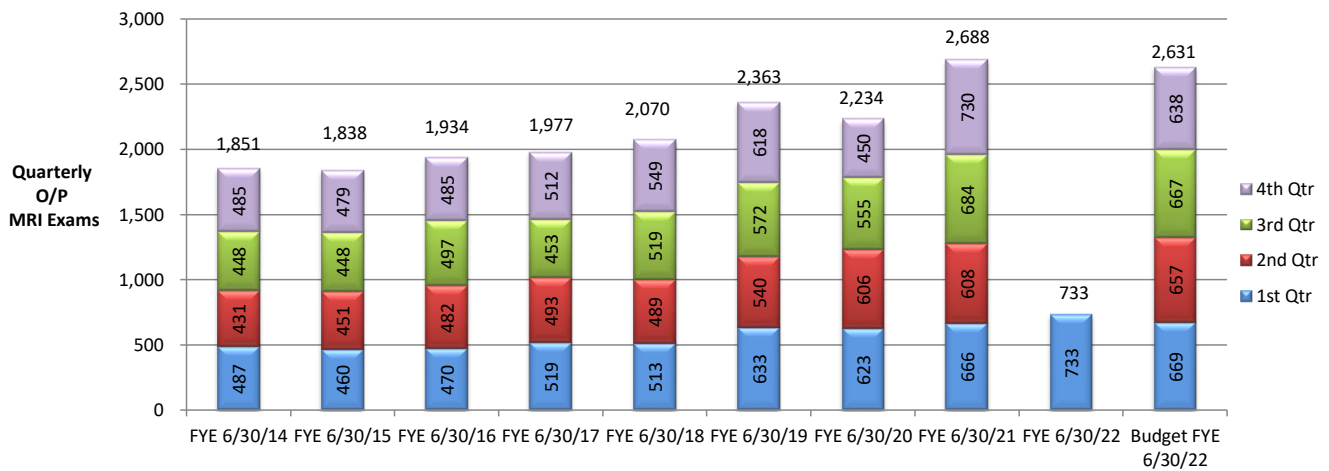
TOTAL TFH NUCLEAR MEDICINE EXAMS



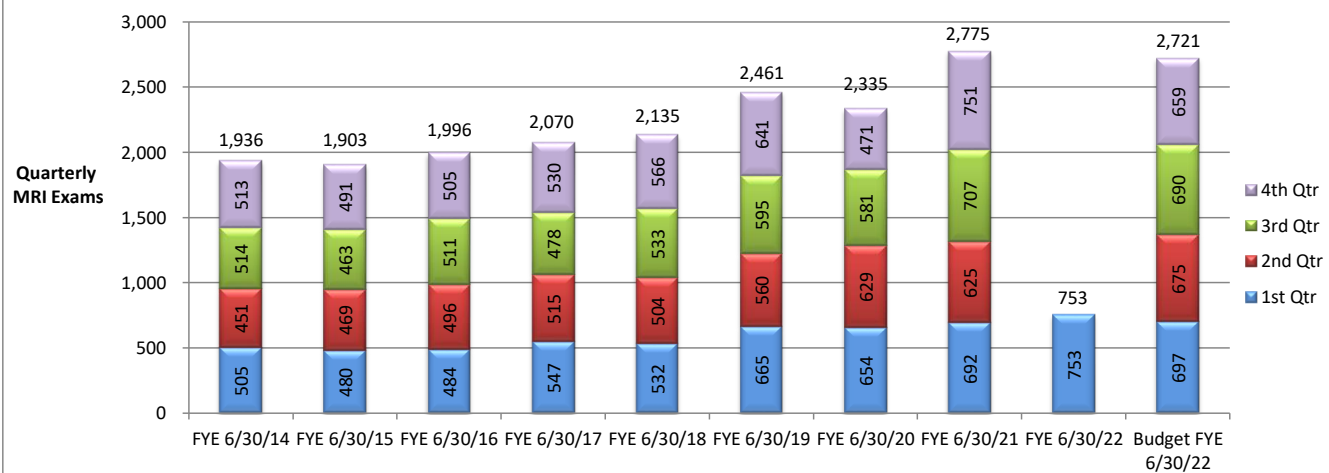
TOTAL TFH MRI INPATIENT EXAMS



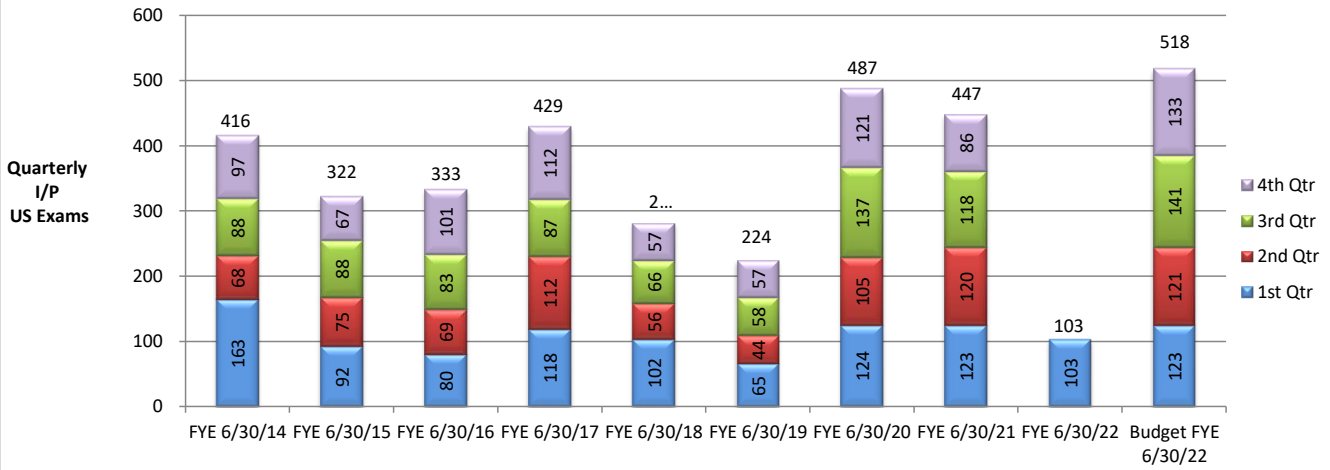
TOTAL TFH MRI OUTPATIENT EXAMS



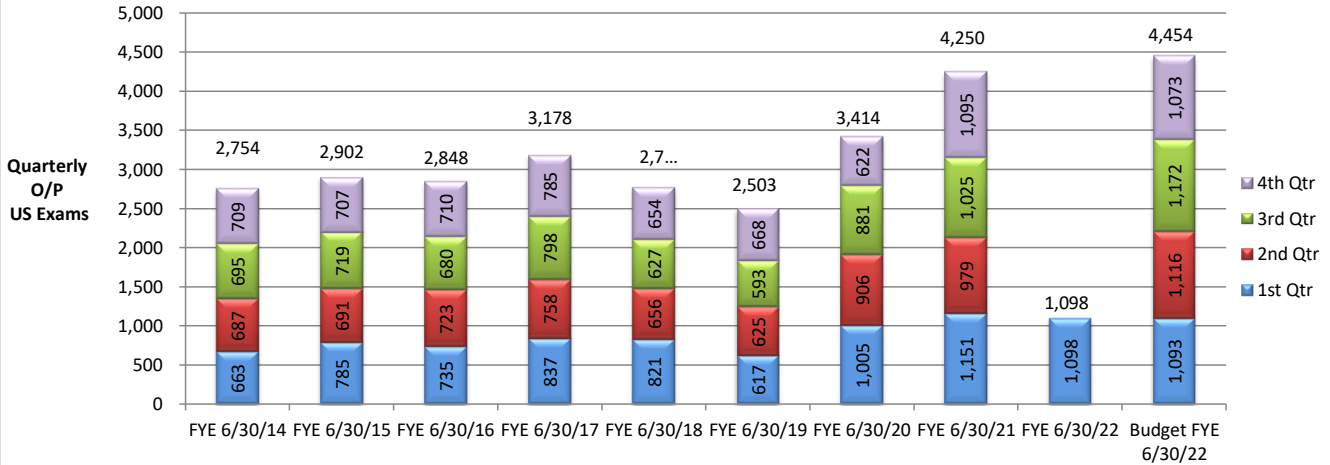
TOTAL TFH MRI EXAMS



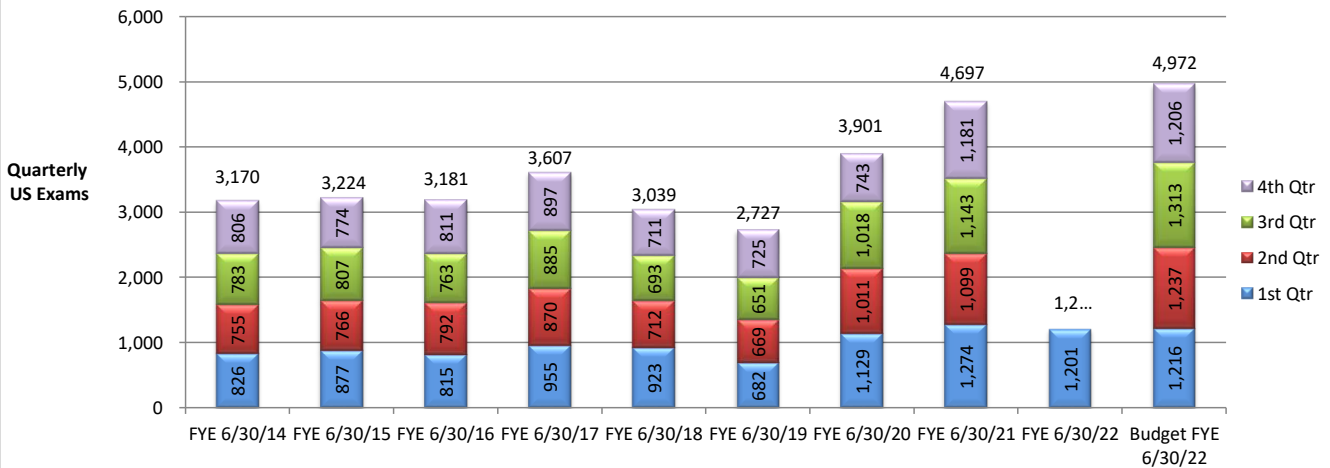
TOTAL TFH ULTRASOUND INPATIENT EXAMS



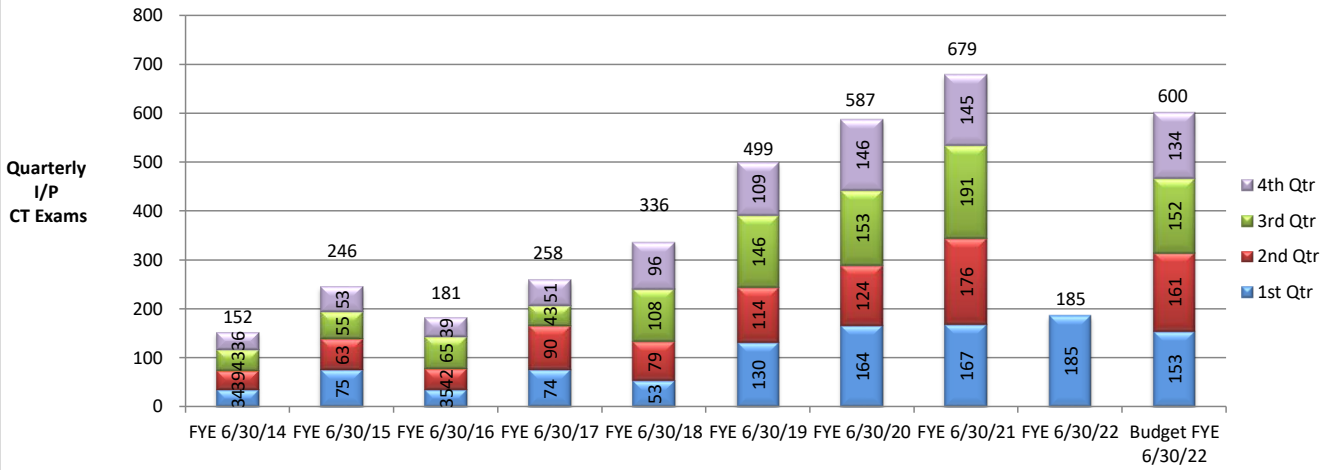
TOTAL TFH ULTRASOUND OUTPATIENT EXAMS



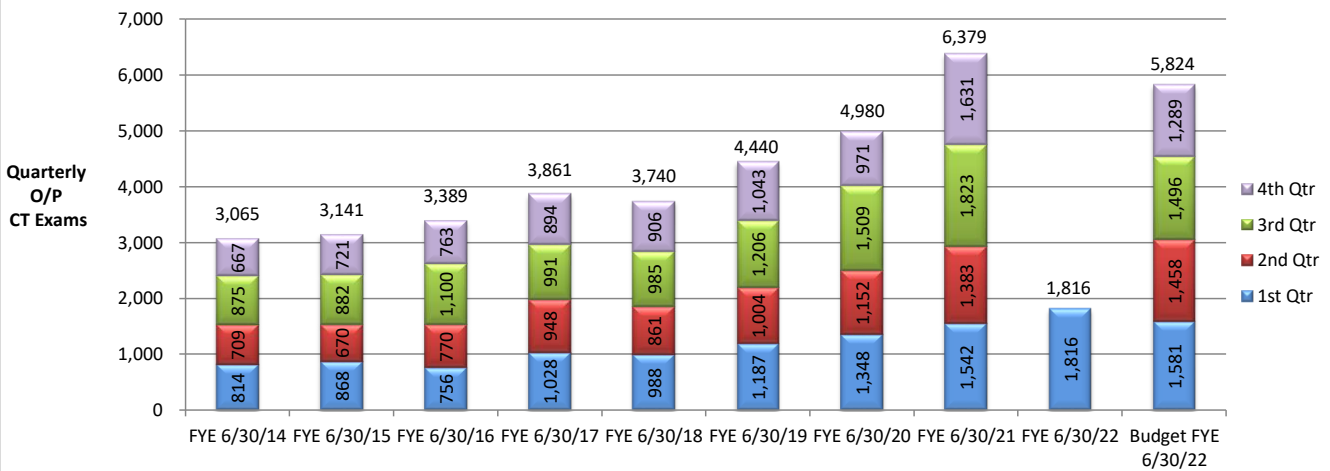
TOTAL TFH ULTRASOUND EXAMS



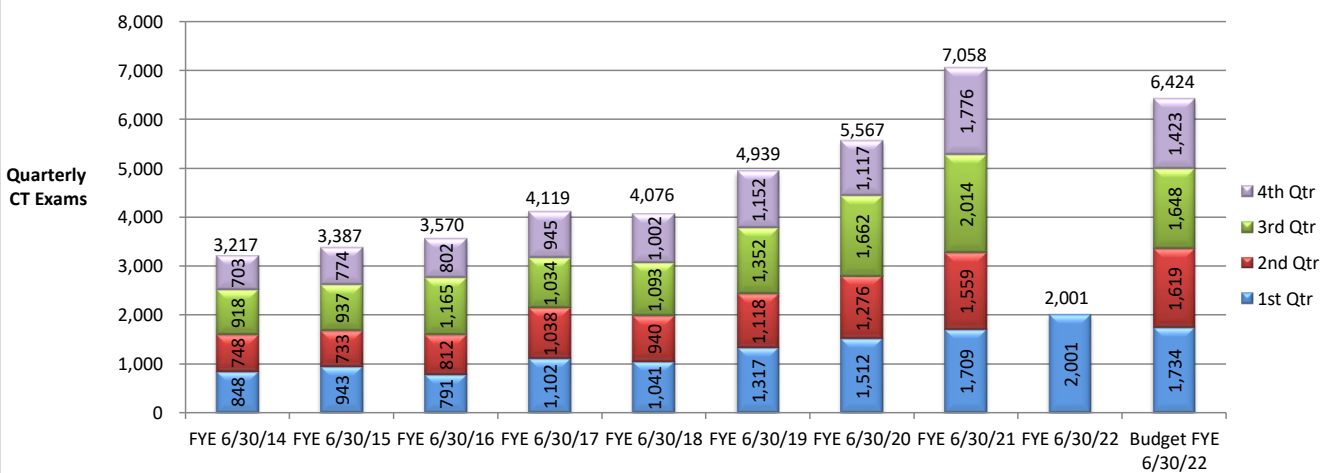
TOTAL TFH CT INPATIENT EXAMS



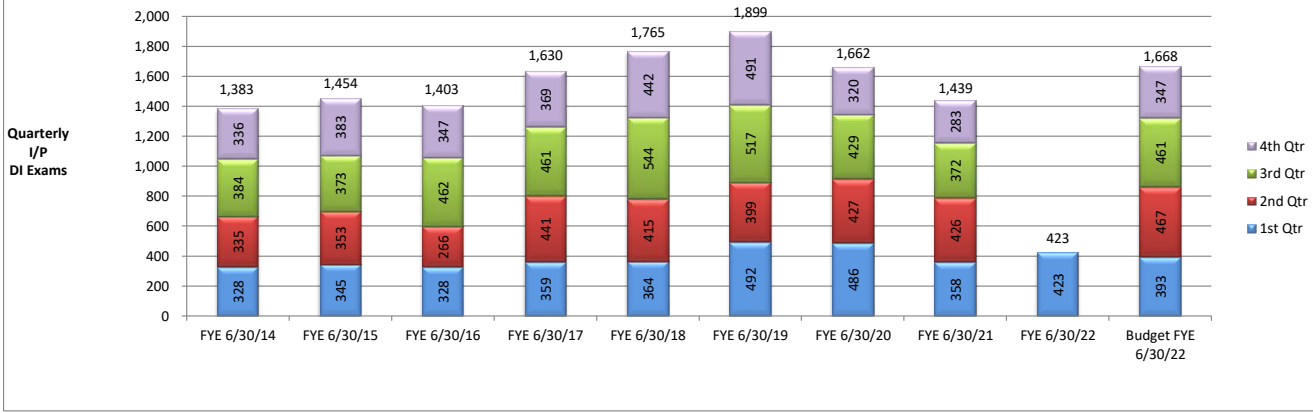
TOTAL TFH CT OUTPATIENT EXAMS



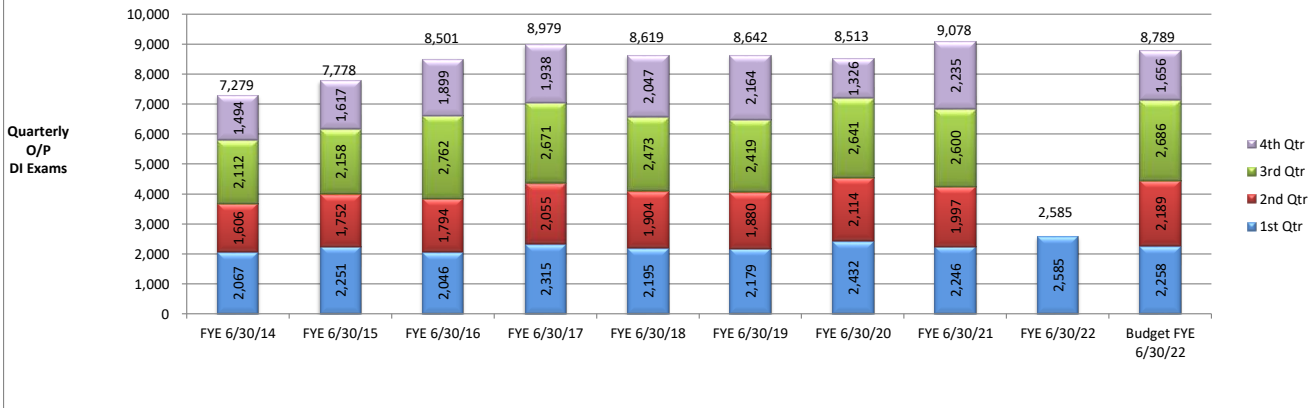
TOTAL TFH CT EXAMS



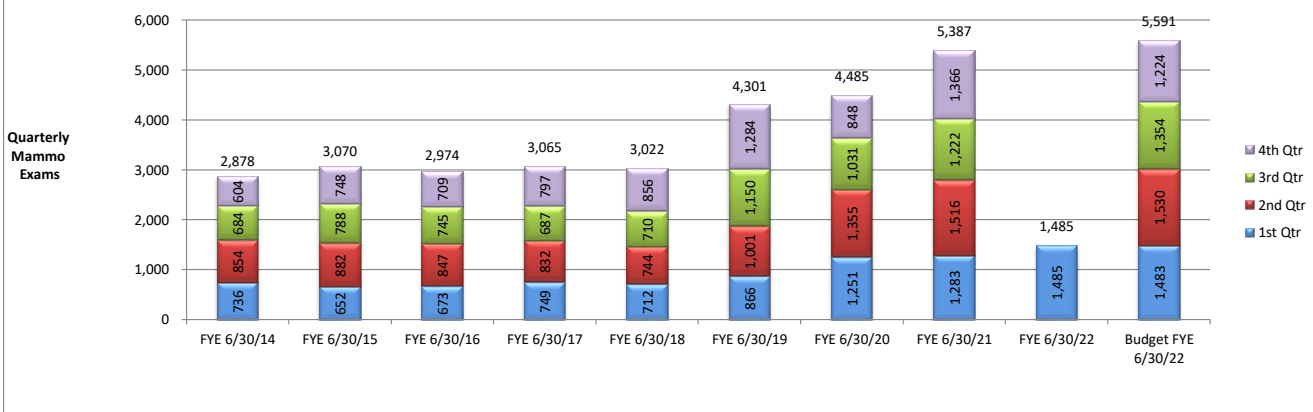
TOTAL TFH INPATIENT DIAGNOSTIC IMAGING EXAMS



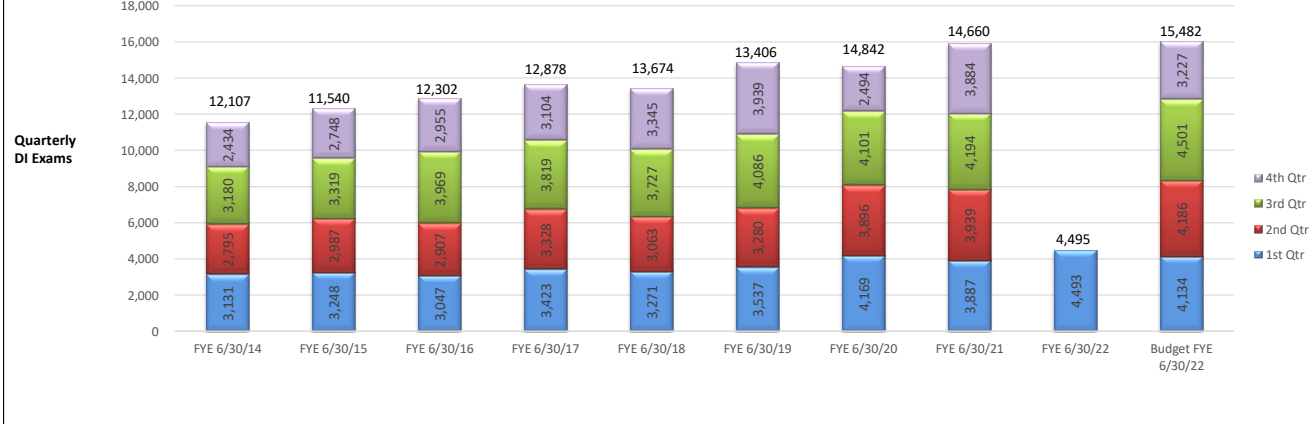
TOTAL TFH OUTPATIENT DIAGNOSTIC IMAGING EXAMS



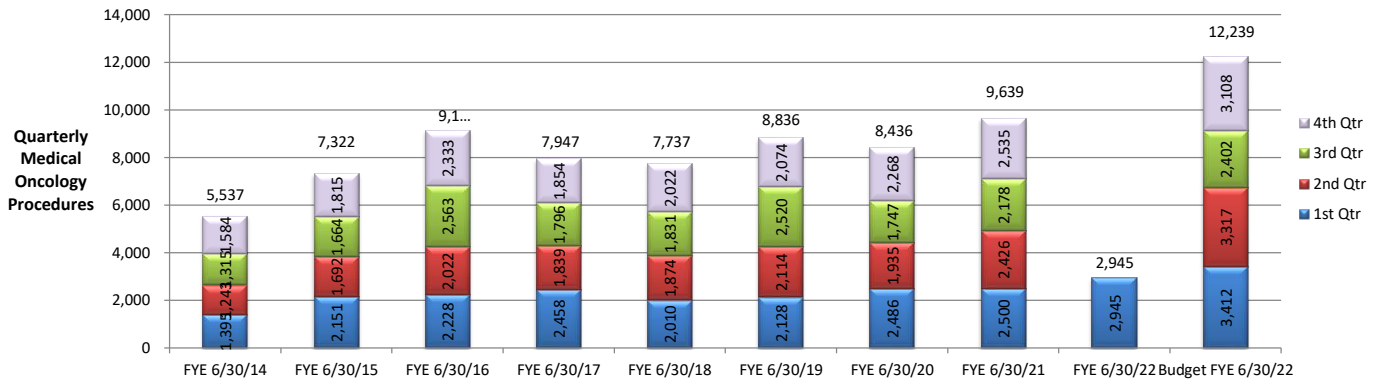
TOTAL TFH MAMMOGRAPHY EXAMS



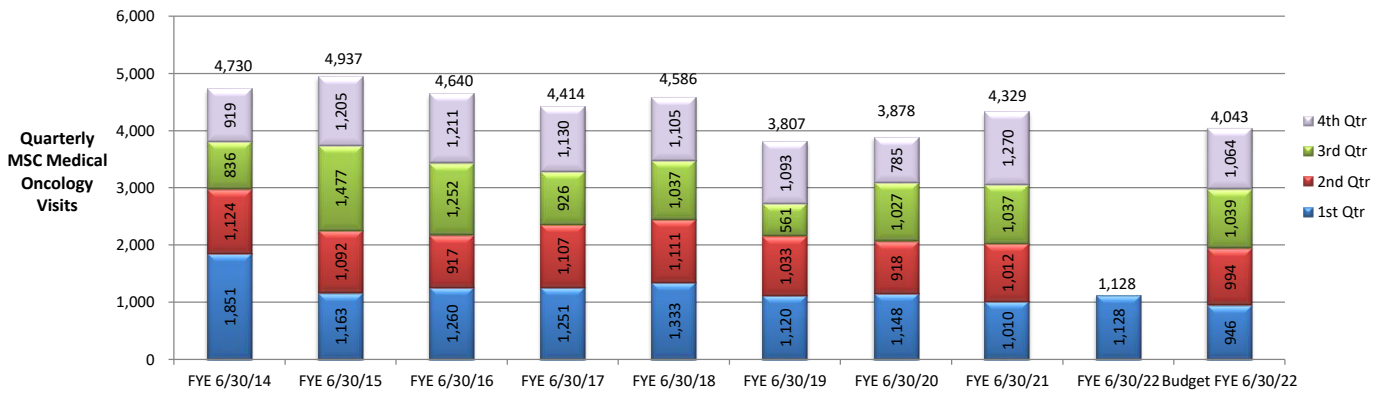
TOTAL TFH DIAGNOSTIC IMAGING EXAMS



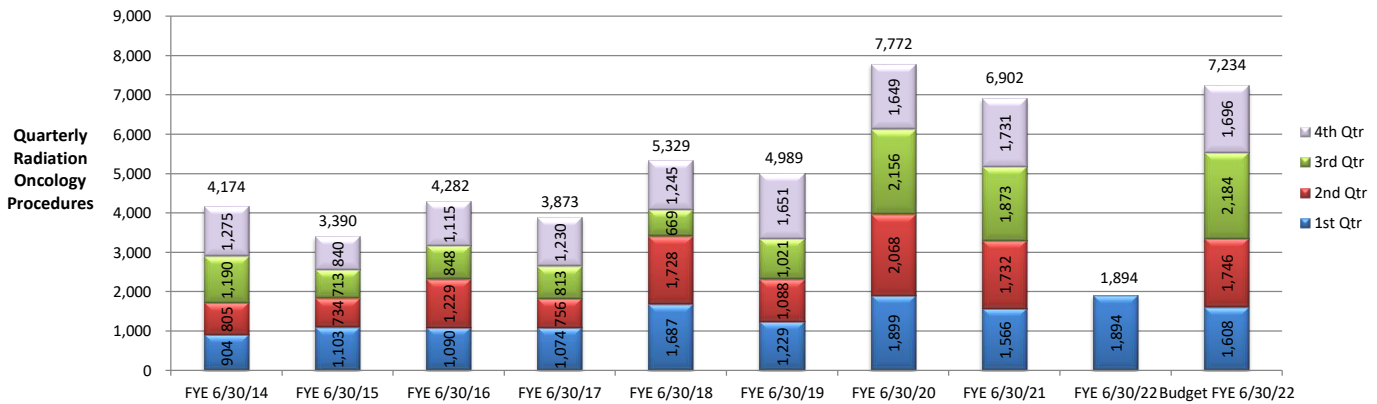
TOTAL TFH MEDICAL ONCOLOGY PROCEDURES



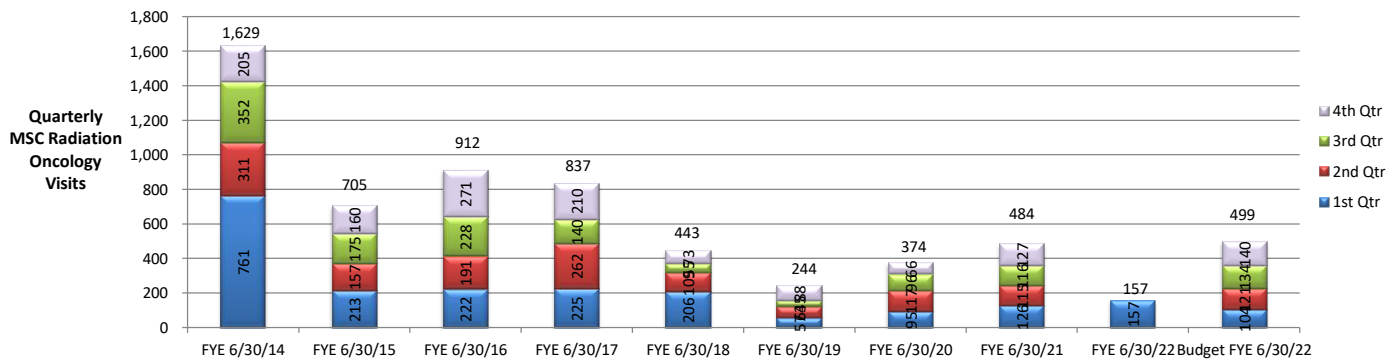
TOTAL TFH MSC MEDICAL ONCOLOGY VISITS



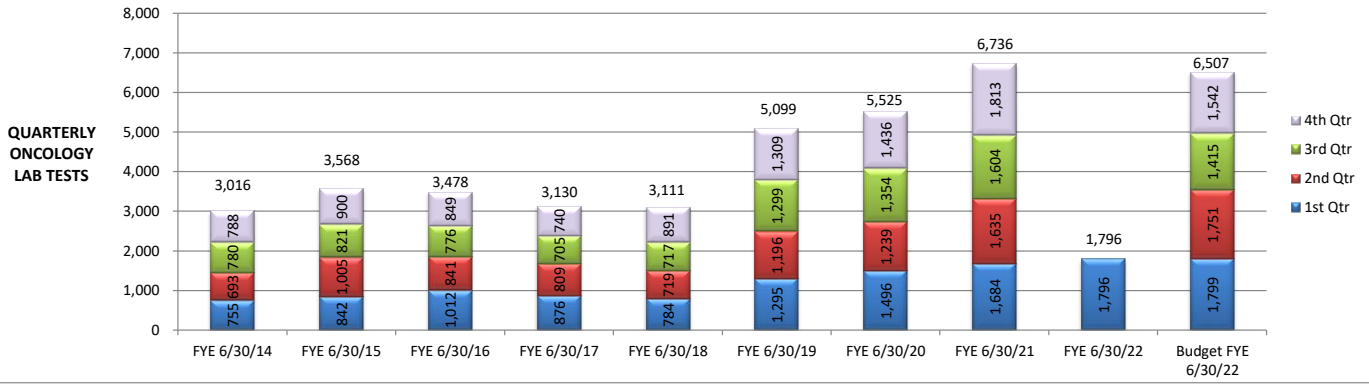
TOTAL TFH RADIATION ONCOLOGY PROCEDURES



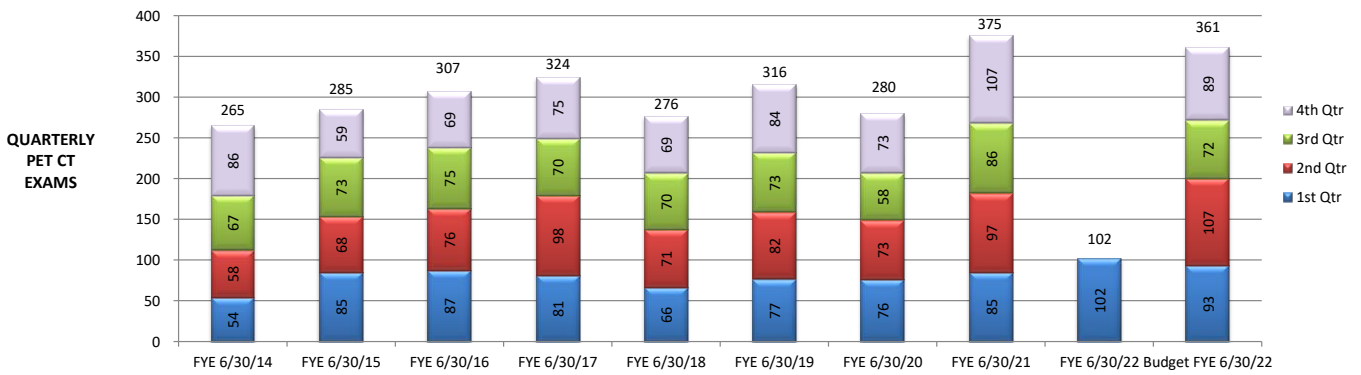
TOTAL TFH MSC RADIATION ONCOLOGY VISITS



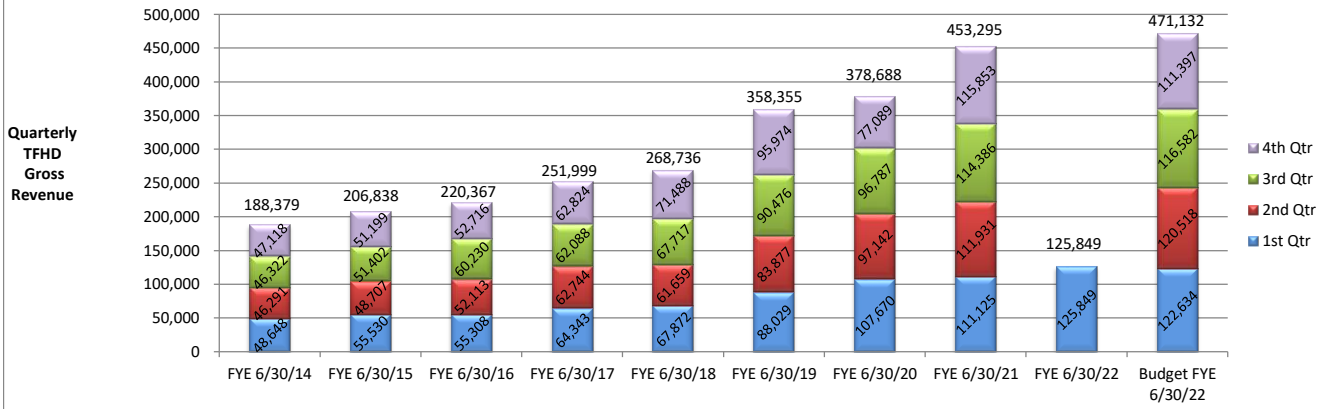
TOTAL TFH ONCOLOGY LABORATORY TESTS



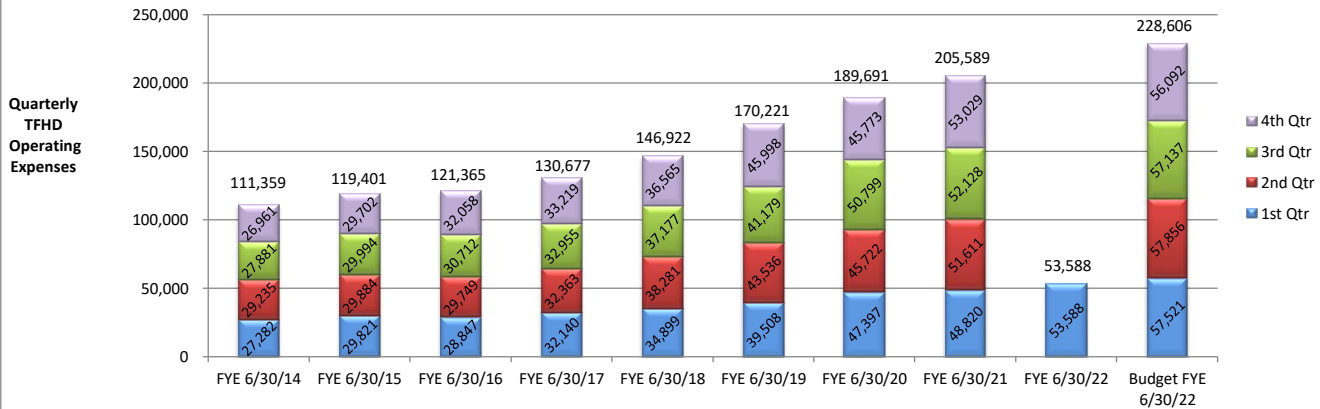
TOTAL TFH PET CT EXAMS



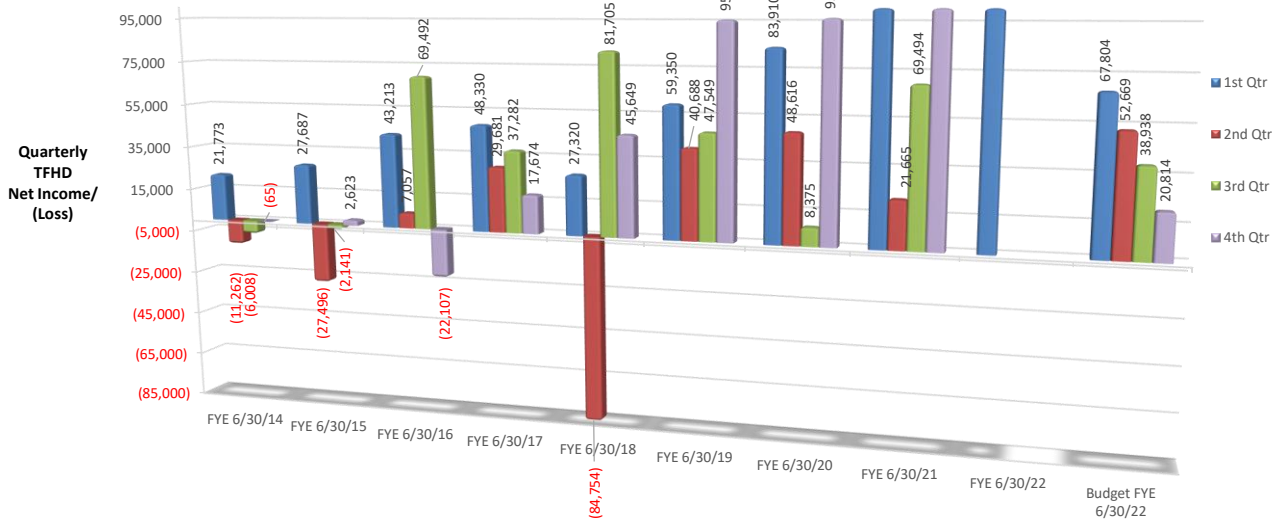
TAHOE FOREST HOSPITAL DISTRICT TOTAL GROSS REVENUE (In Thousands)



TAHOE FOREST HOSPITAL DISTRICT TOTAL OPERATING EXPENSES (In Thousands)



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





Board Informational Report

By: Harry Weis
President and CEO

DATE: October 19, 2021

Our health system in the first three months is showing overall growth of approximately 8% over the prior fiscal year for the same three-month period.

Further, we are seeing about 9.5% growth in provider office visits over the same three months of the prior fiscal year.

These large year over year volume growths keep happening; this high level of year over year growth is very rare for most regions of the US.

We did not create the demand for the large volume increases we have reported over the past six years; we have simply tried to listen to the tremendous unmet healthcare needs of residents in our region and have tried to respond more vigorously to these unmet needs.

We are pleased to see that Total Assets are now approximately 423M and one year ago, they were 390M.

In addition, Net Worth, "Net Assets" have improved nicely now to 240M and they were 199M at this same time last year.

I am really proud of our team performance as we continue to work on the very difficult challenge of a great patient experience here when we continue to have limited space and limited team capacity.

We do continue to receive a few patients from distant health systems who remain busy.

As we track the COVID 19 activities in our tri-county region, we are seeing just a slight drop in the last two weeks. We would like to see a more substantial drop in the next several weeks.

Last year, approximately two weeks after Veteran's Day, we hit our third surge since the pandemic began and we are hopeful that surge will not happen this year.

We are working on replacing key team members who are retiring from service here. Hopefully this time next month, we can share some success on this topic. Many companies across America are reporting an increase in the quantity of individuals who are retiring.

Further, our team is very busy on the new Fiscal Year 2023-2025 Strategic Plan. The philosophy is to make sure our Mission, Vision, Values, Foundations of Excellence are all

refined slightly to provide a more focus for our health system along with a new set of priorities for the future as well.

Workforce housing continues to be a large, very important, growing and very complex topic for us. We need to have more solutions now for our team members even when the market is very high and strong. We must also be poised to act in a large way too, if the market were to recede. We have many community partnering and brain storming discussions going on regarding this topic.

Patient Experience from many different important angles remains a key focus for our team. Keeping this topic at a very high level over the next three years will be a growing challenge, as it will take time to build out more patient care space, parking and equipment.

We are supportive of new technology for our patients and for our clinical team. Technology is moving forward briskly in healthcare. We are now planning on robotic assisted knee replacement surgery in the near future and separately we are working on the upgrade of a new 3 T MRI machine as well along with many other improvements for our patients.

We are actively monitoring and engaging on a variety of multi-state legislation as appropriate.

The month of July was very busy overall for our health system. The first half of August was also very busy. The second half of August and September month to date have been a bit slower in terms of overall activity and revenue generation, even though we've been receiving patients from fire impacted areas and COVID related patients.

Our team is privileged to receive and treat patients from Quincy, South Lake Tahoe and Susanville due to either fires, healthcare needs or COVID 19 needs.

This month is a very important month in the very busy 12 months our team faces each year as we share a small portion of the important Accomplishments and forward progress achieved over the previous fiscal year.

Further, our team is actively engaged in research, and preparation for a new 3 year Strategic Plan that will consider our changing regional healthcare needs, the changes in the more distant region, state and federal changes as well as market force changes.

It's vitally important that we have the optimal people, clinical and business structure in place to meet the unmet healthcare needs and to make the critical progress necessary to serve our patients better in each new year across our region.

Our Master Plan over the next 10 years is a vital component of our Strategic Plan. We plan on making a presentation on this vital topic before the end of the month to the Town. Every month and year this Master Plan is delayed, increases the cost of healthcare materially.

It's very likely that the next 2 to 7 years will illustrate profound changes vs the last few decades. Many major events seem to follow a 40 to 60 year cycle and we are now at 57 years since Medicare and Medicaid started. Our health system existed for 16 years before Medicare or Medicaid existed.

For the past 13 years or so we've seen the rapid growth of high deductible health plans being actively sold which has really increased the average family's household budget stress. As a result providers have really increased resources and services to improve responsiveness to patients. Healthcare payors have done very little to help hurting families when a need arises relative to these high deductible plans. All of the family stress mitigation is resting on the providers of care.

I'm very proud of our large and growing healthcare team as they have been a winner 3 years in a row in the competition of Best Places to Work vs companies in all industries, not just healthcare for Northern Nevada and the Lake Tahoe region. We came in, in 3rd place this year. In all of these 3 years, we've placed highest vs all other healthcare systems.

We are collaborating with other area partners on the critical topic of workforce housing and these efforts will only grow in size and complexity in the years ahead!

We continue to lead the State of CA relative to rural areas and many urban areas on the vital need to employ healthcare providers based on the strong conclusions of two federal agencies that healthcare providers must be employees. This transition is never easy and our focus is on treating people as we'd hope to be treated if roles were reversed.

We are also active in several state and federal legislative matters to protect high quality and sustainable healthcare!

Board COO Report

By: Judith B. Newland

DATE: October 2021

Quality: Pursue Excellence in Quality, Safety and Patient Experience

Focus on our culture of safety

We continue to respond to the changing CDC and state COVID vaccination, testing and safety guidelines and our community's needs. The following are activities that have occurred this past month:

- a. All workers who work in or provide services in health care facilities have their first dose of a one dose regimen or the second dose of a two-dose regiment completed by September 30, 2021. This includes TFH employees, physicians and contracted staff. Exemptions for qualifying medical condition or sincerely-held religious belief, observance, or practice conflicts with the vaccine requirement must submit required documentation of these exemptions. As of October 7, approximately 94% of health system employees have completed their vaccination or in progress.
- b. We continue to test employees or contracted staff who are unvaccinated or partially vaccinated for COVID. Based on location of work employees are tested 1-2 times per week.
- c. We are providing Pfizer COVID booster vaccinations for those qualified as defined by CDC at our Gateway Vaccine Clinic, Monday – Friday by appointment through MyTurn. This includes our health care workers. We continue to provide first and second dose vaccinations also in that location.
- d. For Incline Village residents, Washoe County will be providing the third dose Pfizer vaccines for those who qualify at the Reno-Sparks Livestock Events Center drive-through vaccine clinic.
- e. The Gateway Vaccine Clinic space will be expanded in preparation for CDC approval of COVID vaccinations for 5-11 year olds. We will temporarily be using the Donner Conference Room for this expansion.
- f. In an attempt to increase quantity of pediatric sick visits per day at our MSC Pediatric clinic, pediatric patients with COVID like illness will now receive pre-visit COVID testing at our walk-up Respiratory Illness Clinic/COVID test site. This is similar to what our adult population has been doing successfully since May 2021. The COVID testing preformed will be either rapid (1-2 hr turnaround) or PCR (6-30 hr turnaround) depending on the severity of the patient's symptoms. Children with negative tests will be seen in the normal pediatric clinic, while kids with positive tests will be seen in a designated area of the pediatric clinic at the end of the day.
- g. A new TFH Outpatient Lab Draw Station began on Monday, October 11 at our Gateway location. This new location allows community members to have their labs drawn without entering the hospital.

The Strategic Planning process for Fiscal Years 2023 – 2025 continues. A Strategic Planning Retreat was held in October. Follow-up items will continue with the Administrative Council. Our health system goal is to have a draft Strategic Plan in place to the board by January/February 2022.

Growth: Foster and Grow Regional Relationships

Enhance and promote our value to the community

The Incline Village Community Hospital Foundation staff, in collaboration with Truckee Meadows Community College (TMCC), has a successful dental screening program for students in Incline Village. This screening is provided by a grant.

Students were screened at Incline Middle School and Incline Village Elementary School. Besides screening and a fluoride varnishing program, the grant provides for dental care for those student in urgent need of dental services. This is the first screening since the beginning of the pandemic.

IVCH staff provided flu vaccinations to students on the Sierra College University campus on Monday, October 11th. Additionally, a drive by flu vaccination clinic was located at IVCH for community members on October 11th. Approximately 80 individuals were given flu vaccines that day.

The IVCH Foundation had a successful benefit event, hosted by The Beach Boys, at the estate of long time Incline Village Community Hospital (IVCH) supporter Kern Schumacher. Thank you to the Beach Boys, special guest John Stamos and Mike and Jacqueline Love for their support of our local hospital, Incline Village Community Hospital. A special appreciation to the IVCH Foundation staff and health system volunteers who made this a successful event.

Service: Optimize Deliver Model to Achieve Operational and Clinical Efficiency

Implement a focused master plan

Report provided by Dylan Crosby, Director Facilities and Construction Management

Active Moves:

- Outpatient Lab moved to 10986 Donner Pass Road 10/11/21.

Planned Moves:

- NA

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 Dinning 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. Phase 3 is underway.

Start of Construction: March 29th, 2021

Project Budget: \$957,410

Estimated Completion: March 2022

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: Project Closed in compliance from HCAI (previously OSHPD).

Start of Construction: February 8th, 2021

Project Budget: \$210,000

Estimated Completion: May 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: Construction has initiated in the corridors, 10/12/21.

Start of Construction: Fall 2021

Estimated Completion: February 2022

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: Construction underway. Sterile Processing: Construction of temporary decontam room has commenced. Shop: Utility tie-ins are in process.

Start of Construction: August 2021

Project Budget: \$1,429,000

Estimated Completion: February 2022

Projects in Implementation:

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: Permitting has been approved. Staff are pursuing gross maximum price approval.

Start of Construction: September 2021

Project Budget: \$2,500,000

Estimated Completion: December 2022

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. Staff are working with the Town to go before the Planning Commission.

Start of Construction: Summer 2021

Estimated Completion: Winter 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: Demolition is completed. A minor use permit is required for additional mechanical upgrades; this permit has been submitted to the Town of Truckee. Design has been completed and is pending minor use permit approval for submittal.

Start of Construction: Winter 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: The Temporary MRI plan has been approved by HCAI (previously OSHPD). MRI plan have been submitted to HCAI for permitting, 9/15/21.

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 additional information has been received.

Start of Construction:

Estimated Completion:

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: Design has concluded. Washoe County has approved permit. Plans are under review of TRPA. Staff are working on transfer of development rights.

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: Project has been awarded. Staff are working on site validation and programming of the remodel spaces. Schematic Design scheduled to complete 11/1/21.

Start of Construction: Spring 2022

Estimated Completion: Summer 2023

By: Karen Baffone, RN, MS
Chief Nursing Officer

DATE: October, 2021

Service: Optimize delivery model to achieve operational and clinical efficiency

- Initializing project for Stork (EPIC platform) implementation in OB – this is ongoing and once this is operationalized we will begin OB staff involvement in emergency and scheduled C-Sections.
 - OB is working with the Surgery team to develop competencies for the OB nurse
 - Developing the FTE needs for this transition
- We have completed the vetting process for the tele-stroke program and awaiting a service agreement from Blue Sky as the vendor for this program.
 - Credentialing of tele-neurologists – process should be completed in approximately 4 months (there are approximately 300 affiliations that Blue Sky has with other organizations.
 - IT requirements for the program including decisions on acute neuro consults by Blue Sky versus UC Davis
- Developing changing protocols for alcohol withdrawal in the ICU consistent with best practice.

Quality: Provide clinical excellence in clinical outcomes

- Smart Pump integration project
- Ongoing survey readiness
- Continued education to complete ACLS for all MS nurses
- Developing education plan for push medications on MS to allow for the increase in acuity of that patients that we are currently serving
 - This increase in acuity will most likely continue with the current population that we are serving

Growth: Meets the needs of the community

Upcoming October Events:

Your Authentic Wellness – Free Virtual Workshop –

Make 2020 the year of purpose, power and possibilities! In this FREE series of workshops, you will learn a variety of topics from experts in their fields. Whether its stress, insomnia, nutrition, lack of energy, felling overwhelmed, or general habit change, we have you covered!

October 14th, 5:15-6:30pm: “The importance of stretching for injury prevention and recovery” with Eren Corbit, Exercise Physiologist, MS Health and Kinesiology

Discover the benefits of adding a stretching program into your daily routine. In this class we will focus on Range of Motion and target muscles in the body that are typically associated with injury such as the hamstrings and calf

muscles. You will learn stretches that improve posture and increase flexibility, all stretches will be performed standing or in a chair.

Registration requested, but not required. Call 530-587-3769 for more information

Sierra Sun – October 1st

Infant Nutrition: When & How to Introduce Solid Foods to Your Baby; In-person and Virtual

Learn how to introduce solids to your baby in a way that allows him/her to be a part of family meals and intuitively choose what and how much to eat using a *Baby-Led* style. Skip pureed “baby foods” and go straight to finger foods with the understanding that babies can feed themselves right from the start. Appropriate for parents of babies 3-8 months and caregivers of infants.

Saturday, October 2nd 10:00-12:00pm

\$45. Please call 530-587-3769 to register. Pre-registration required.

ACL Post-Op Rehab Workshop

This workshop is for patients 4 months or more post-op ACL reconstruction surgery. It is small group setting, focuses on single leg strengthening and return-to-sport training, and neuromuscular re-education. 4 week series begins the first Wednesday of each month.

October 6th, 4:00-5:00pm, \$80. Call 530-587-3769 to register.

Bringing Mindfulness into Everyday Life

As we come out of the pandemic and back into our daily routines and responsibilities, juggling all the to-dos while maintaining our health and happiness can be overwhelming.

In this 4-week mindfulness workshop series we will explore basic mindfulness techniques to help calm and focus the mind, go into mindful movement practices to reduce stress and strengthen our body, and investigate how you can incorporate these tools into your daily life to live with more presence and improve your overall well-being.

Thursdays October 7-28, 5:45-6:45pm; Cost \$60. Please call 530-587-3769 to register.

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.

Saturday and Sunday, October 9 & 10 | 10:00am – 12:00pm

\$60; Pre-registration required.

Sierra Sun – October 8

Cooking Club: Practical Appetizers

Come get inspired at our 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. You get to taste test and take home easy, healthy, and delicious recipes!

Monday, October 18th , 5:00pm-6:30PM, \$30. Please call 530-587-3769 to register.

Biofeedback Therapy

Train in the biofeedback states of relaxation, mindfulness, and coherence. Biofeedback teaches self-regulation skills you can use for life without side effects. Learn a skill to use in your daily life to ease Anxiety, insomnia chronic pain, stress, and many more. For more information or to schedule an appointment, please call (530) 587-3769

Prenatal Exercise and Education

This class is designed to provide education and exercises during your pregnancy. The class will go over common pregnancy related issues such a low back pain, abdominal separation, improving posture, and more!

This complimentary class is offered the third Thursday of every month. Please call 530-582-7421 to register.

Customer Care Navigation

Connecting patients to Tahoe Forest Health System resources. Not sure where to start? Customer Care Navigation makes it simple. Improving access to care is our specialty. Our team helps patients navigate health system services and programs, and connects patients to health and wellness resources. Patients can self-refer. Se habla español. (530) 587 3769 wellness@tfhd.com

Sierra Sun – October 15

Cooking Club: Practical Appetizers

Come get inspired at our 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. You get to taste test and take home easy, healthy, and delicious recipes!

Thursday, October 21st , 5:00-6:30PM, \$30. Please call 530-587-3769 to register.

Mental Performance Training

Tame the noise of distraction, focus on the task at hand, and achieve results. Learn how to reduce distraction and stress, focus on the right thing at the right time, and engage in deliberate actions to best execute your performance goals. Training is available for individuals and groups. To learn more or make an appointment call (530) 587 – 3769.

Postpartum Exercise and Education

This class is designed to provide education and exercises with a focus on getting mothers back to exercise safely while learning to tackle things like back or neck pain, wrist pain, abdominal separation and even bladder control when sneezing or running.

This complimentary class is offered the fourth Thursday of every month. Please call 530-582-7421 to register.

Boot Camp

Kick it up a notch with this 6-week, results driven fitness and weight loss program. Boot Camp is designed to help you reach your goals in a safe and supportive atmosphere.

- Pre and post-fitness testing and biometric screening
- Two weekly energizing classes led by a certified personal trainer
- Accountability and supplemental information on nutrition and stress relief
- Support from your coach and fellow Boot Campers

Mondays and Wednesdays, starting October 25th | 5:30pm - 6:30pm

\$240, Pre-registration required.

Sierra Sun – October 22

Virtual Infant CPR – Be prepared for life threatening emergencies!

This class is appropriate for expecting parents, grandparents, siblings and others who are caregivers for infants and children. Registered participants will receive the American Heart Association *Infant CPR Anytime Training Kit*, including a DVD and an inflatable Mini Baby personal CPR manikin, which allows for hands on practice even in a virtual class.

October 30th, 1:00pm – 2:30pm, Cost \$20 per person/ \$25 per couple PLUS \$40 for CPR Anytime Kit Please call 530-587-3769 to register

Birthing with Confidence

Our goal is to make you as prepared as possible to welcome your baby to the world! Get concise evidenced-based information that will guide you through your birth journey. Learn what to expect during labor, delivery, and postpartum.

October 30th -31st, 9:00-12:30 (virtual) \$125 per couple.

Please call 530-587-3769 to register.

Health Coaching

Are you ready for a lifestyle reboot? When we apply old thinking to new challenges we often end up feeling frustrated and stuck. A Health Coach can help you develop a resilient mindset to weather any storm. Behavioral coaching exercises that are tailored to your unique needs. To learn more or make an appointment call (530) 587 – 3769.

Nutrition for a Healthy Pregnancy

Feed your body and baby for optimal health! Learn how to meet all nutrition needs for you and your baby. Time is allowed for in-depth discussions on individual needs and concerns

Thursday November 4th. 8:30am-10:am

Free; Pre-Registration encouraged

Sierra Sun – October 29

Nutrition for a Healthy Pregnancy

Feed your body and baby for optimal health! Learn how to meet all nutrition needs for you and your baby. Time is allowed for in-depth discussions on individual needs and concerns

Thursday November 4th. 8:30am-10:am

Free; Pre-Registration encouraged

Parkinson's Disease Support Group - FREE

A community support group in where members can share their experiences, knowledge, and coping strategies. Research has overwhelmingly supported the benefits of social support in the management of chronic disease.

Thursday, October 7th 11:00am – 12:00pm and the First Thursday of every month

11012 Donner Pass Rd – Tahoe Forest Center for Health

No registration required. For more information, please call Ellen Roumasset at (650) 759-3666 or email dr.eroumasset@gmail.com

ACL Post-Op Rehab Workshop

This workshop is for patients 4 months or more post-op ACL reconstruction surgery. It is small group setting, focuses on single leg strengthening and return-to-sport training, and neuromuscular re-education. 4 week series begins the first Wednesday of each month.

November 3rd, 4:00-5:00pm, \$80. Call 530-587-3769 to register.

Affordable Lab Draw –

November 12th– 7:00am-9:00am – 10175 Levon Ave, Truckee

November 19th – 7:30-9:00am – 880 Alder Avenue, Incline Village

To better serve our uninsured patients, we offer a variety of discounted lab tests at the Tahoe Forest Center for Health in Truckee and Incline Village Community Hospital in Incline. No appointment is necessary. Payment is collected at time of service.

For more information, call 530-587-3769 or go to www.tfhd.com/affordable-health-screen

Moonshine Ink (October 14-November 10)

Cooking Club: Practical Appetizers

Come get inspired at our 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. You get to taste test and take home easy, healthy, and delicious recipes!

Monday, October 18th , 5:00-6:30PM, \$30. Please call 530-587-3769 to register.

Your Authentic Wellness – Free Virtual Workshop –

Make 2020 the year of purpose, power and possibilities! In this FREE series of workshops, you will learn a variety of topics from experts in their fields. Whether its stress, insomnia, nutrition, lack of energy, felling overwhelmed, or general habit change, we have you covered!

October 21st, 5:15-6:30pm:

Registration requested, but not required. Call 530-587-3769 for more information

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Free; Pre-Registration encouraged



TAHOE
FOREST
HOSPITAL
DISTRICT

▪ Board Informational Report

- By: Jake Dorst DATE: 10/18/2021
- CIO

Service: Optimize delivery model to achieve operational and clinical efficiency

- DMZ (Demilitarized Zone) established for TFHD. Perimeter network that enables us to protect our internal network and safely expose external-facing services to the Internet.
- Corporate Point Reno. Architect and design network requirements for business operations. Equipment ordered and area staged.
- Retirement of AnyConnect to GlobalProtect. Change allows for extensive security across remote devices and aligns with our Palo Alto hardware more efficiently than Cisco solution.
- ServiceNow (Help Desk Tool) build ready for production deployment. Working with Change Management Team for deployment.
- Service Desk items actioned by team: 1275 (past 30 days)
- Office 365 initial rollout testing, licensing reviews and right sizing kicked off
- Upgraded entire VMWare, Nutanix virtual and storage infrastructure to latest, most secure, build
- New Vaccine Clinic and Gateway 7 Lab setup
- Audited and updated external user access in accordance with regulatory requirements. Users/Managers reviewed and signed off on updated request forms
- Recently Completed:
 - ARIA Portal Dosimetry
 - SecurExchange (Radiology) is Live, Cheryl is working with Hologic on optimization
 - NK Vital Sign Machines Live w/o integration
- Active:
 - NK BSM Integration: Testing ORUs and ADTs
 - Retail Pharmacy: IT Reviews scheduled, waiting on quotes (Computer Rx, Pioneer Rx)
 - Stroke: Pending Blue Sky's (vying vendor) proposal, IT Review scheduled
 - Smartpumps: Reviewing/Coordinating Contracts (Baxter + Mercy), scheduling MTS Review for Baxter
 - vRad Integration: pending MTS Security form from vRad, pending contract/BAA from vRad
 - Stork: Reviewing Mercy's SOW from Mercy

- CancerLinQ: Reviewing Mercy's SOW
- Urgent Care business planning
- Primary Care planning
- Pediatrics process optimization
- RL6 Event Reporting
- TFHS Reno staffing location
- Occupational Health process optimization
- Change Management program development
- Axiom Program:
 - ECC Cost Accounting
 - PB Cost Accounting
 - Daily Productivity
 - PB Statistics
- Ability Clearinghouse replacement (in closure)
- Rads/Anes integrated providers
- ECC billing contractor replacement: Closing up last defects
- Financial Assistance Module
- SRM to RL6; pending kickoff
- Trauma III: waiting on plan of correction

ClinDoc:

- 2 new Inpatient Nurse Trainers-Credentialing (Morgan, Lindsey)
- Case Management-Interqual renewal
- Provider Offboarding –Process/Access changes
- New ticketing process-inpatient workflow
- Covid vaccination-Admission build and CAIR2 data
- New bedside monitors
- Hospitalist Results Pool

AMB:

- Occupational Health EMR
- ECC Trainer (NTT system)
- 3 Department rebuilds
- Referrals Que/Workflow
- Medication Reconciliation-workflow
- Cancerlinq Upgrade
- PHQ9 changes/workflow review
- Kaleidoscope

ASAP:

- Fluency troubleshooting
- Referral/Results Work que
- Sepsis Protocol-Flowsheet in EMR

- Pulmonary Embolism Workflow-Order set and Flowsheet/BPA
- Stroke Workflow, EMR optimization and Order set-On Hold
- Amion-Mobile App
- Charge dropping/Revenue with ED Hold patients

OpTime:

- Integrated Radiology and Anesthesiology

Lab:

- BioFire Analyzer and Integration
- Telecor Glucose and Istat connectivity
- Team wide:
- Physician Burnout-Blue Tree Consultants
- Direct Addresses
- Telemed Stroke Program
- Stork Module-new
- CURES Act items
 - Note writing
 - MyChart Messaging/Scheduling
 - RX Scripts
- TRACER meetings, clinical workflow and review
- EMR/PHI Communications Policy
- PE Protocol
- MyChart Policy changes
- Oncology Analyst? -pending approvals
- HH/Hospice Analyst? -pending approvals
- Service Now-new ticketing system
- New restart of Imprivata
- Microsoft 360
- Better communication with Mercy and teams on upgrades, changes and wants-weekly meets
- New WorkQues:
 - Surgical Clearance
 - Ortho
- New Urgent Care-plans being discussion, very new
- MIPS
- Quantros removal and start using Cart for Quality reporting
- Secure Chats for couple departments:
 - Ortho
 - Dietary
 - Case Management
- Trauma notification-MRI



Board CMO Report

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

DATE: October 18, 2021

People: Strengthen a highly-engaged culture that inspires teamwork

Build Trust

- We are preparing to start the Press Ganey Medical Staff (Physicians and APPs) Engagement Survey later this month.

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

- We are actively recruiting radiologists and anesthesiologists. We have a new pediatrician who should be starting in December. We have recruited a new Ob/Gyn physician, Dr. Kristy Howard who started this month and a new Women's Health NP, Clare Ward. We are pleased to have Dr. Michael Jernick, orthopedic surgeon who specialized in sports medicine, join our team last month. We are also expanding our sports medicine care with adding a partner, Dr. Anna Holman, to Dr. Nina Winans' practice.

Service: Optimize delivery model to achieve operational and clinical efficiency

Use technology to improve efficiencies

- Virtual scribe program is gaining traction with many more physicians and APPs starting to participate.
- Obtaining a better way to communicate to the radiologist without interrupting their workflow.

Implement a focused master plan

- Strategic planning efforts are including not only the Executive Team, Board of Directors but also two more physicians, Drs. Jonathan Laine and Katy Schousen.

Quality: Provide clinical excellence in clinical outcomes

Identify and promote best practice and evidence-based medicine

- CMO, CNO, and Quality are reviewing all readmits for areas of opportunities within the healthcare system.



Board Informational Report

By: Jim Hook
Corporate Compliance
Consultant, The Fox Group

DATE: October 28, 2021

2021 Compliance Program 3rd Quarter Report (Open Session)

The Compliance Committee is providing the Board of Directors (BOD) with a report of the 3rd Quarter 2021 Compliance Program activities (Open Session). This report assists the BOD to meet its obligations to be knowledgeable about the content and operation of the seven components of the Compliance Program.

OPEN SESSION

Period Covered by Report: **July 1, 2021 – September 30, 2021**
Completed by: James Hook, Compliance Officer, The Fox Group

1. Written Policies and Procedures

1.1. The District's Corporate Compliance Policies and Procedures are reviewed and updated as needed.

1.1.1. The policy on HIPAA Privacy and Security Breaches was updated to reflect the new Title 22 Regulations on reporting actual or suspected breaches.

2. Compliance Oversight / Designation of Compliance Individuals

2.1. Corporate Compliance Committee Membership as of September 30, 2021:

Jim Hook, The Fox Group – Compliance Consultants
Judy Newland, RN – Chief Operating Officer
Karen Baffone RN- Chief Nursing Officer
Harry Weis – Chief Executive Officer
Crystal Betts – Chief Financial Officer
Jake Dorst – Chief Information and Innovation Officer
Alex MacLennan – Chief Human Resources Officer
Matt Mushet – In-house Legal Counsel
Bernice Zander - Health Information Management Director
Scott Baker - Vice President of Physician Services
Theresa Crowe, RN, JD, Risk Manager/Privacy Officer
Tobriah Hale - Legal & Compliance Specialist

3. Education & Training

3.1. All employees are assigned HIPAA Privacy and Security Rule training, and Compliance Program training, via Health Stream.

3.2. Code of Conduct and Health Stream compliance and privacy training for new Medical staff members and physician employees are completed as part of initial orientation.

4. Effective Lines of Communication/Reporting

4.1. A Compliance log is maintained for all calls to the Compliance Hotline and other reports made to the Compliance Department. Two reports were made directly to the Compliance Department in the 3rd Quarter of 2021.

4.2. HIPAA violations are reported to the Privacy Officer. The Privacy Officer maintains a log of reported events and investigations. Six reports were made to the Privacy Officer in the 3rd Quarter of 2021.

2021 Corporate Compliance Program 3rd Quarter Report

OPEN SESSION

Nature of Breach Reports 2021	No. of Reports YTD	No. of Reports 1st Quarter 2021	No. of Reports 2nd Quarter 2021	No. of Reports 3rd Quarter 2021
Billing/Registrations	0	0	0	1
Patient Results	11	6	3	2
Mailings	1	0	0	1
Electronic File	0	0	0	0
Faxing	0	0	0	0
Patient Complaint	6	5	1	0
Record Disposal	0	0	0	0
Public Disclosure	2	2	0	0
Employee Access	5	1	3	1
BAA reported breach	1	0	1	0
Incorrect Registration	2	1	1	0
Incorrect Guarantor	1	0	1	0
Unsecure/misdirected email	3	0	2	1
Total	32	15	12	6
	Total YTD	Q1	Q2	Q3
Reportable to CDPH	2	1	0	1
Reportable to HHS	1	1	0	1
Open	3	0	0	3

The Compliance Department published two articles in the Pacesetter in the 3rd Quarter of 2021.

5. Enforcing Standards through well-publicized Disciplinary Guidelines

5.1. New hires completed 100% of the required Health Stream courses in Corporate Compliance, Code of Conduct and HIPAA in the 1st, 2nd and 3rd Quarters. Existing staff completing Corporate Compliance training in the 3rd Quarter of 2021: 93%.

5.2. All new staff hires, and newly privileged physicians, receive criminal background checks and are checked against the OIG and GSA list of exclusions prior to hiring/appointment. Members of the Medical Staff are checked against the OIG/GSA exclusion lists each month. All employees, contractors and volunteers are screened against the OIG/GSA exclusion list every month.

6. Auditing & Monitoring

OPEN SESSION

6.1. Three audits were completed during the 3rd Quarter of Calendar Year (CY) 2021 as part of the CY2021 corporate compliance work plan.

6.1.1. An audit of access to records of TFHD employees treated at TFHD was completed. Reviews by 14 of 20 managers reviewing staff access to a sample of 10 employee medical records in 2021 completed to date. No inappropriate access noted.

6.1.2. An audit of medical records for patient admission Criteria/appropriate patient status (2 midnight rule): Report for FY 21 shows documentation of reason for less than 2 day stays trended up to 100% for the last 3 months of the fiscal year.

6.1.3. An audit of 115 medical records of cases for correct coding at the Truckee Surgery Center showed overall coding accuracy by the outside coding service of 99.4%.

7. Responding to Detected Offenses & Corrective Action Initiatives

7.1. Two investigations of actual compliance issues were initiated during the 3rd Quarter of 2021.

8. Routine Compliance Support

8.1. The Compliance Department provides routine support to important TFHD initiatives, such as the terms and conditions of physician employment, fair market valuation of physician compensation arrangements and questions about billing, and compliance with other laws and regulations.

AGENDA ITEM COVER SHEET

ITEM	Approval of Board Policy - ABD-06 Conflict of Interest Code
RESPONSIBLE PARTY	Martina Rochefort, Clerk of the Board
ACTION REQUESTED?	For Board Action
<p>BACKGROUND:</p> <p>The District's Conflict of Interest Code is submitted to the Fair Political Practices Commission (FPPC) for approval on a biennial basis. The District submitted a revised code for approval in September 2020 and due to the pandemic and staffing shortages, the review by the FPPC was delayed.</p> <p>A Notice of Intent to Amend was posted and sent to all District employees on July 30, 2021 and the comment period closed on September 14, 2021. No formal comments on the amended code were received.</p>	
<p>SUMMARY/OBJECTIVES:</p> <p>The District's Conflict of Interest Code was approved by the FPPC on October 15, 2021.</p>	
<p>SUGGESTED DISCUSSION POINTS:</p> <p>None.</p>	
<p>SUGGESTED MOTION/ALTERNATIVES:</p> <p>Approval via Consent Calendar.</p>	
<p>LIST OF ATTACHMENTS:</p> <ul style="list-style-type: none"> • ABD-06 Conflict of Interest Code 	

PURPOSE:

- A. The Political Reform Act (Government Code Section 81000, et seq.) requires state and local government agencies to adopt and promulgate conflict-of-interest codes. The Fair Political Practices Commission has adopted a regulation (2 California Code of Regulations Section 18730) that contains the terms of a standard conflict-of-interest code, which can be incorporated by reference in an agency's code. After public notice and hearing, the standard code may be amended by the Fair Political Practices Commission to conform to amendments in the Political Reform Act. Therefore, the terms of 2 California Code of Regulations Section 18730 and any amendments to it duly adopted by the Fair Political Practices Commission are hereby incorporated by reference. This regulation and the attached Appendices, designating positions and establishing disclosure categories, shall constitute the conflict-of-interest code of the **Tahoe Forest Hospital District (District)**.
- B. Individuals holding designated positions shall file their statements of economic interests with the **District**, which will make the statements available for public inspection and reproduction. (Gov. Code Sec. 81008.) All statements will be retained by the **District**.

Appendix A

Designated Positions

Category

1. Members of the Board of Directors	1, 2
2. President & Chief Executive Officer	1, 2
3. Chief Nursing Officer	1, 2
4. Chief Human Resources Officer	1, 2
5. Chief Information and Innovation Officer	1, 2
6. Administrator, Incline Village Community Hospital (IVCH)/ Chief Operations Officer	1, 2
7. Chief Medical Officer	1, 2
8. In-House Counsel	1, 2
9. General Counsel	1, 2
10. Consultants	*
11. Buyer	1
12. Compliance Officer	3
13. Controller	3
14. Coordinator, OR Materials Coordinator	3
15. Director, Children's Center	3
16. Executive Director, Governance and Business Development	3
17. Director, Diagnostic Imaging	3
18. Director, Emergency Services	3
19. Director, Facilities Management & Construction	2, 3
20. Director, Health Information Management	3
21. Director, Information Technology Operations	3
22. Director, IVCH Patient Care Services	3
23. Director, Laboratory Services	3
24. Director, Marketing & Communications	3
25. Director, Materials Management	1
26. Director, Medical Staff Services	3
27. Director, Nutrition Services, TFH & IVCH	3
28. Director, Pharmacy	3
29. Director, Quality & Regulations	3
30. Director, Support Services & Respiratory Care	2, 3
31. Director, Surgical Services	3

32.	Executive Director, Foundations – TFH & IVCH	3
33.	Vice President, Provider Services	3
34.	Administrative Director, Transitions	3
35.	Director, Acute Care Services	3
36.	Manager, Information Technology Operations	3
37.	Manager, Nursing Informatics	3
38.	Director, Revenue Cycle	3
39.	Director, Access Center	3
40.	Director of Finance, Provider Services	3
41.	Director, Occupational Health and Wellness	3
42.	Director, Patient Access	3

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

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

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

Officials Who Manage Public Investments

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

- Chief Financial Officer

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

Appendix B

Disclosure Categories

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

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

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

2. All interests in real property within 2,000 feet from property owned or used by the District or that may be acquired by the District for its use.

3. All investments, business positions, and sources of income, including receipt of loans, gifts, and travel payments, from sources that provide, or have provided, in the last two years, services, supplies, materials, machinery, or equipment of the type utilized by designated employee's department or division.

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

Related Policies/Forms:

ABD-07 Conflict of Interest Policy

References:

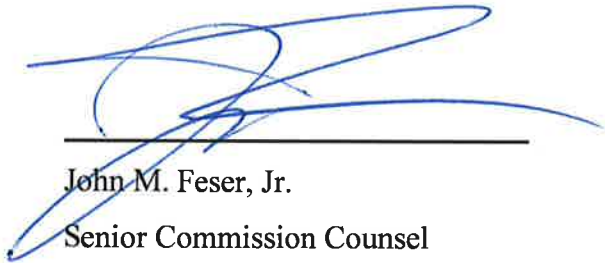
Government Code Section 81000, et seq

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



CERTIFICATION OF FPPC APPROVAL

Pursuant to Government Code Section 87303, the conflict of interest code for the **Tahoe Forest Hospital District** was approved on 10/15/ 2021. This code will become effective on 11/14/ 2021.



John M. Feser, Jr.
Senior Commission Counsel
Fair Political Practices Commission



MULTNOMAH GROUP

**Retirement Plans Oversight Presentation
Tahoe Forest Hospital District Board of Directors
Period Q1 & Q2, 2021**

October 28, 2021

Q1, 2021 Activities

- Committee reviewed performance of the Plans investments.
 - ✓ No Removal or Watch List recommendations
- Committee reviewed the Plans' assets to ensure accuracy of reporting.
 - ✓ No issues were found
- Committee conducted a Bi-Annual Investment Menu Review.
 - Committee accepted Multnomah Group's recommendation to eliminate the Short-Term Bond asset class in favor of the Stable Value fund due to historically low interest rates and a favorable risk reward relationship.
- Committee reviewed the Annual Share Class Report.
 - Committee agreed to move from the Vanguard Target Retirement Funds from the retail share class to the institutional share class reducing investment expenses by approximately 1/3rd
- Committee received Fidelity's Annual Plan Review, discussing savings rates, participation rates, participant, and engagement strategies.
 - Given that only 47% of participants have Beneficiary Designation in place Fidelity is to conduct a communication effort to improve this rate.
- As fiduciary education, Multnomah Group presented to the Committee "Fiduciary Training Program: Employee Engagement."

Q2, 2021 Activities

- Reviewed performance of Plan investments.

The Committee accepted Multnomah Group's recommendation to:

- Remove Invesco Diversified Dividend fund due to a change in the fund's Lead Portfolio Manager and investment strategy. This fund will be replaced with the JPMorgan Equity Income on July 21st, 2021.
 - Remove Wells Fargo Small Company Growth fund due to the sale of Wells Fargo Asset Management to two private equity firms, and sizable outflows of the fund's assets. This fund will be replaced with the Conestoga Small Cap Growth fund on July 21st, 2021.
- Committee reviewed the Plans' assets to ensure accuracy of reporting.
 - ✓ No issues were found
 - Committee received Multnomah Group's 2020 Fee Benchmarking Report. Fidelity's fees were above benchmark, but they agreed to reduce fees by 25% to be in range.
 - The Committee discussed the prudence of and agreed to conduct a Request For Proposal for Recordkeeping and administrative services. This is targeted for Q4, 2021.
 - Committee conducted the annual review of Fiduciary Insurance confirming that the Fiduciaries, including the Board members, have adequate fiduciary insurance.
 - As fiduciary education, Multnomah Group presented to the Committee "Fiduciary Training Program: Fiduciary Governance: Common Fee Models for Recordkeepers."

Breakdown of Plans – June 30, 2021

457(b) Employee Contribution Plan	401(a) Employer Contribution Plan
<ul style="list-style-type: none"> • Plan Assets increased from <ul style="list-style-type: none"> • \$69.4 as of December 31, 2020, to • \$78.3 as of June 30, 2021 • Fidelity Managed Income Portfolio is on “Watch List” as we review the conservative portfolio and alternate options. • As of July 21: <ul style="list-style-type: none"> ➤ Invesco Diversified Dividend fund was removed due to a change in the fund’s Lead Portfolio Manager and investment strategy. ➤ Replaced with JPMorgan Equity Income. ➤ Wells Fargo Small Company Growth fund was removed due to the sale of Wells Fargo Asset Management to two private equity firms and sizable cash outflows of the fund. ➤ Replaced with Conestoga Small Cap Growth fund. • All remaining investments are scored “Satisfactory” by Multnomah Group’s Investment Committee. 	<ul style="list-style-type: none"> • Plan Assets increased from <ul style="list-style-type: none"> • \$55.8 as of December 31, 2020, to • \$62.2 as of June 30, 2021 • Investments: Same • Participation Rate <u>d</u>ecreased from: <ul style="list-style-type: none"> 84.0% as of December 31, 2020, to 83.4% as of June 30, 2021 • Ave. Deferral Rate <u>i</u>ncreased from: <ul style="list-style-type: none"> 9.0% as of December 31, 2020, to 9.3% as of June 30, 2021 <p style="text-align: center;"><i>*Auto enrollment is set at 6%</i></p> • Total Savings Rate (EE & ER) <i>d</i>ecreased from: <ul style="list-style-type: none"> 15.0% as of December 31, 2020, to 13.9% as of June 30, 2021

Questions

Disclosures

Multnomah Group is a registered investment adviser, registered with the Securities and Exchange Commission. Any information contained herein or on Multnomah Group's website is provided for educational purposes only and does not intend to make an offer or solicitation for the sale or purchase of any specific securities, investments, or investment strategies. Investments involve risk and, unless otherwise stated, are not guaranteed. Multnomah Group does not provide legal or tax advice.

**TAHOE FOREST HOSPITAL DISTRICT
RESOLUTION NO. 2021-05**

**RESOLUTION TO ENDORSE TRUCKEE TAHOE AIRPORT DISTRICT FUNDING
SUPPORT OF THE GATEWAY MOUNTAIN CENTER EXPANSION PLAN
SERVING HIGH RISK YOUTH IN THE TRUCKEE/TAHOE COMMUNITY**

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

WHEREAS, Gateway Mountain Center is a Truckee based Non-Profit that provides therapeutic and wellness support for high-need and high risk youth in the Truckee/Tahoe community; and

WHEREAS, the Gateway therapeutic mentoring program utilizes innovative treatment and support to help youth who suffer from serious emotional disturbance, symptoms of mental illness, and/or substance use disorder; and

WHEREAS, Gateway Mountain Center has been awarded full-service partner contracts with Placer and Nevada County Behavioral Health Departments and in 2017 became certified as a Medi-Cal provider in behavioral health services; and

WHEREAS, the Tahoe Forest Hospital District Community Health Program provides financial support to Gateway Mountain Center earmarked to fund uninsured or underinsured high risk youth and is a referral resource for youth identified with behavioral health issues; and

WHEREAS, a strong collaborative partnership has developed between Gateway Mountain Center, District, Nevada and Placer County’s to support these high-need youth; and

WHEREAS, the Truckee Tahoe Airport District board of directors will consider a financial grant supporting Gateway Mountain Center enabling the expansion of services including after school programming at the Youth Wellness Center and increased staff to include a case manager/family advocate and a program manager to support the growth in case load requiring the endorsement of a partner public agency; and

NOW, THEREFORE, BE IT RESOLVED the Board of Directors of the Tahoe Forest Hospital District hereby endorses the Gateway Mountain Center expansion plan and resource funding support by the Truckee Tahoe Airport District.

PASSED AND ADOPTED at the meeting of the Tahoe Forest Hospital District Board of Directors held on the 28th day of October, 2021 by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

ATTEST:

Alyce Wong
Chair, Board of Directors
Tahoe Forest Hospital District

Martina Rochefort
Clerk of the Board
Tahoe Forest Hospital District