



TAHOE FOREST HOSPITAL DISTRICT

# 2022-11-17 Regular Meeting of the Board of Directors

Thursday, November 17, 2022 at 4:00 p.m.

Pursuant to Assembly Bill 361, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for November 17, 2022 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/83086362445>

If you prefer to use your phone, you may call in using the numbers listed: (346) 248 7799 or (301) 715 8592, Meeting ID: 830 8636 2445

# Meeting Book - 2022-11-17 Regular Meeting of the Board of Directors

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# REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, November 17, 2022 at 4:00 p.m.

Pursuant to Assembly Bill 361, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for November 17, 2022 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/83086362445>

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: 830 8636 2445

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

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

## 1. CALL TO ORDER

## 2. ROLL CALL

## 3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

## 4. INPUT AUDIENCE

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

## 5. CLOSED SESSION

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

*Subject Matter: Third Quarter 2022 Corporate Compliance Report*

*Number of items: One (1)*

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

*Name of District Negotiator(s) to Attend Closed Session: Mary Brown*

*Unrepresented Employee: President & Chief Executive Officer*

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

*Subject Matter: BETA HEART Validation Survey Action Plan*

*Number of items: One (1)*

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

5.4.1. 10/27/2022 Regular Meeting

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

*Subject Matter: Medical Staff Credentials*

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

**6. DINNER BREAK**

**7. OPEN SESSION – CALL TO ORDER**

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

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

**10. INPUT – AUDIENCE**

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

**11. INPUT FROM EMPLOYEE ASSOCIATIONS**

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

**12. MEDICAL STAFF EXECUTIVE COMMITTEE** ◆

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

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

Revised Privilege Form:

- *Internal Medicine Privilege Form*

Policy - No Changes:

- *Neonate – Passive Cooling Prior to Transfer, DWFC-1801*
- *Standardized Procedure – Ambulatory Clinic: Acute Abdominal Pain, DTMSC-2003*
- *Standardized Procedure – Ambulatory Clinic: Chest Pain Protocol, DTMSC-2001*
- *Standardized Procedure – Ambulatory Clinic: Suspected Acute Urinary Tract Infection, DTMSC-2004*
- *Standardized Procedure – Ambulatory Clinic: Suspected Extremity Fracture or Dislocation, DTMSC-2002*
- *Standardized Procedure – Ambulatory Clinic: Suspected Influenza, DTMSC-2006*
- *Standardized Procedure – Ambulatory Clinic: Suspected Streptococcal Pharyngitis (Strep Throat), DTMSC-2005*
- *Standardized Procedure – Electronic Medical Record In-Basket Management by the Registered Nurse, DTMSC-2104*
- *Standardized Procedure – Nurse Refills, DTMSC-2103*
- *Standardized Procedures – Telephone Colonoscopy Screening Process Policy, DTMSC-1703*

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District  
**November 17, 2022 AGENDA – Continued**

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Revised Policy:

- *Consent, Informed, AQPI-1907*
- *Standardized Procedures and Protocols for Physician Assistants and Nurse Practitioners, MSCP-10*
- *MSC Vaccine Screening by RN Standardized Procedure, DTMSC-1801*

**13. 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.

**13.1. Approval of Minutes of Meetings**

13.1.1. 10/27/2022 Regular Meeting .....ATTACHMENT

**13.2. Financial Reports**

13.2.1. Financial Report – October 2022 .....ATTACHMENT

**13.3. Board Reports**

13.3.1. President & CEO Board Report .....ATTACHMENT

13.3.2. COO Board Report .....ATTACHMENT

13.3.3. CNO Board Report .....ATTACHMENT

13.3.4. CIIO Board Report .....ATTACHMENT

13.3.5. CHRO Board Report .....ATTACHMENT

13.3.6. Physician Services Board Report .....ATTACHMENT

**13.4. Approve Resolution for Continued Remote Teleconference Meetings**

13.4.1. Resolution 2022-19 .....ATTACHMENT

**13.5. Approve Quarterly Corporate Compliance Report**

13.5.1. Third Quarter Corporate Compliance Report .....ATTACHMENT

**14. ITEMS FOR BOARD ACTION** ◆

**14.1. President & CEO Fiscal Year 2022 Incentive Compensation** ◆ .....ATTACHMENT

The Board of Directors will review and determine payout of the President & CEO's FY2022 Incentive Compensation Criteria.

**14.2. President & CEO Annual Compensation Increase** ◆

The Board of Directors will review and approve an annual compensation increase for the President & CEO.

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

**16. BOARD COMMITTEE REPORTS**

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

The December Regular Meeting will be held on Thursday, December 15, 2022.

**18. CLOSED SESSION CONTINUED**

**18.1. Public Employee Performance Evaluation (Government Code § 54957)**

*Title: President & Chief Executive Officer*

**19. OPEN SESSION**

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

**21. ADJOURN**

*The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is December 15, 2022 at Tahoe Forest Hospital – Eskridge Conference Room, 10121 Pine Avenue, Truckee, CA, 96161. A copy of the board meeting agenda is posted on the District’s web site ([www.tfhd.com](http://www.tfhd.com)) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting.*

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

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

## AGENDA ITEM COVER SHEET

<b>ITEM</b>	Medical Executive Committee (MEC) Consent Agenda
<b>RESPONSIBLE PARTY</b>	Joy Koch, MD Vice Chief of Staff
<b>ACTION REQUESTED</b>	For Board Action
<p><b>BACKGROUND:</b> During the November 10, 2022 Medical Executive Committee meeting, the committee made the following open session consent agenda item recommendations to the Board of Directors at the November 17, 2022 meeting.</p>	
<p><u>Revised Privilege Form</u> 3. Internal Medicine Privilege Form</p> <p><u>Policy No Changes</u> 4. Neonate – Passive Cooling Prior to Transfer, DWFC-1801 5. Standardized Procedure – Ambulatory Clinic: Acute Abdominal Pain, DTMSC-2003 6. Standardized Procedure – Ambulatory Clinic: Chest Pain Protocol, DTMSC-2001 7. Standardized Procedure – Ambulatory Clinic: Suspected Acute Urinary Tract Infection, DTMSC-2004 8. Standardized Procedure – Ambulatory Clinic: Suspected Extremity Fracture or Dislocation, DTMSC-2002 9. Standardized Procedure – Ambulatory Clinic: Suspected Influenza, DTMSC-2006 10. Standardized Procedure – Ambulatory Clinic: Suspected Streptococcal Pharyngitis (Strep Throat), DTMSC-2005 11. Standardized Procedure – Electronic Medical Record In-Basket Management by the Registered Nurse, DTMSC-2104 12. Standardized Procedure – Nurse Refills, DTMSC-2103 13. Standardized Procedures – Telephone Colonoscopy Screening Process Policy, DTMSC-1703</p> <p><u>Revised Policy</u> 14. Consent, Informed, AQPI-1907 15. Standardized Procedures and Protocols for Physician Assistants and Nurse Practitioners, MSCP-10 16. MSC Vaccine Screening by RN Standardized Procedure, DTMSC-1801</p>	
<p><b>SUGGESTED DISCUSSION POINTS:</b> None.</p>	
<p><b>SUGGESTED MOTION/ALTERNATIVES:</b> Move to approve the Medical Executive Committee Consent Agenda as presented.</p>	



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

**SPECIALTY: INTERNAL MEDICINE**

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

**Check one or more:**

- Tahoe Forest Hospital (TFH)
- Incline Village Community Hospital (IVCH)
- Multi-Specialty Clinics (Tahoe Forest Health System)

**Check one:**

- Initial
- Change in Privileges
- Renewal of Privileges

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

<b>Core Education:</b>	MD or DO
<b>Minimum Formal Training:</b>	Successful completion of an ACGME or AOA-approved residency training program in Internal Medicine. See additional sub specialty requirements related to residencies, fellowships
<b>Board Certification:</b>	Board qualification/certification required. Current ABIM Board Certification (or AOA equivalent Board); or attain Board Certification within five years of completion of training program. Maintenance of Board Certification required. <i>Failure to obtain board certification within the required timeframe, or failure to maintain board certification, will result in automatic termination of privileges (applies to all specialties).</i>
<b>Required Previous Experience:</b> (required for new applicants)	Applicant must be able to document that he/she has managed minimum number of hospital patients as indicated for each core group within the past 24 months. Recent residency or fellowship training experience may be applicable. If training has been completed within the last 5 years, documentation will be requested from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago, documentation will be requested from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested.
<b>Clinical Competency References:</b> (required for new applicants)	Training director or appropriate department chair from another hospital where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. (At least one peer reference must be a general internist) Medical Staff Office will request information.
<b>Proctoring Requirements:</b>	See "Proctoring New Applicants" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring, evaluation may be required if minimum number of cases cannot be documented.
<b>Other:</b>	<ul style="list-style-type: none"> <li>• Current, unrestricted license to practice medicine in CA and/or NV</li> <li>• Malpractice insurance in the amount of \$1m/\$3m</li> <li>• Current, unrestricted DEA certificate in CA (approved for all drug schedules) and/or unrestricted Nevada State Board of Pharmacy Certificate and DEA to practice in NV</li> <li>• Use of Fluoroscopy Equipment: Current State of California Department of Health Services fluoroscopy certificate required.</li> <li>• Ability to participate in federally funded program (Medicare or Medicaid)</li> </ul>

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

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

# TAHOE FOREST HOSPITAL DISTRICT

## Department of Medicine

### Delineated Clinical Privilege Request

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

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

REQUESTED	APPROVED		Estimate # of Patients or, procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required and/or privilege specific CME
<b>GENERAL PRIVILEGES – INTERNAL MEDICINE</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>BASIC – ADULT INTERNAL MEDICINE <u>OUTPATIENT</u></b></p> <p>Basic privileges include the ability to review medical records, order outpatient labs and studies, and receive results of inpatient and/or outpatient lab/radiology studies, and records. Must include management of at least 50 adults within the last two years for initial appointment.</p>	_____	Inpatient Outpt	Review of 10 representative cases	<p>Current demonstrated competence and provision of care for approximately 25 inpatients (can include some outpatients), together with some procedures in last 24 months *</p> <p>Insufficient pt care activity may require proctoring and/or privilege specific CME</p> <p>* some must be inpatient</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Telemedicine Internal Medicine - Non Procedural</b></p> <p>Core privileges in internal medicine via telehealth include the ability to admit, perform H&amp;Ps, work up, consult, and provide non-surgical care to patients for illnesses, injuries, and disorders of general medical problems. Must include management of at least 50 patients within the last two years.</p>		IVCH Only		
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Core Internal Medicine - Non Procedural</b></p> <p>Core privileges in internal medicine include the ability to admit (including swing admissions, critical care unit per medical staff rules and regulations, and ECC long term care), perform H&amp;Ps, work up, consult, and provide non-surgical care to patients for illnesses, injuries, and disorders of general medical problems. Must include management of at least 50 hospital adult patients within the last two years.</p> <p><b><u>Cross out/INITIAL any privilege/s you are not applying for in this set of Core Privileges</u></b></p> <p>Management of general medical conditions include:</p> <p>Allergy/Rheumatology</p> <ul style="list-style-type: none"> <li>• Anaphylaxis</li> <li>• Dermatomyositis</li> <li>• Lupus erythematosus</li> <li>• Necrotizing granulomatosis</li> <li>• Periarthritis nodosa</li> <li>• Scleroderma</li> <li>• Serum sickness</li> <li>• Thrombotic thrombocytopenia purpura</li> <li>• Urticaria</li> </ul> <p>Arthritis</p> <ul style="list-style-type: none"> <li>• Gout</li> <li>• Inflammatory arthritis</li> <li>• Osteoarthritis</li> <li>• Rheumatoid arthritis</li> </ul>				

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

REQUESTED	APPROVED	<b>GENERAL PRIVILEGES – INTERNAL MEDICINE</b>	Estimate # of Patients or, procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required and/or privilege specific CME
		<p>Cardiac Diseases</p> <ul style="list-style-type: none"> <li>• Bacterial endocarditis</li> <li>• Cardiac arrhythmias</li> <li>• Congenital heart disease</li> <li>• Congestive heart failure – acute and chronic</li> <li>• Coronary artery – stable and unstable</li> <li>• EKG interpretations</li> <li>• Hypertension</li> <li>• Lipodystrophies</li> <li>• Myocardial infarction including thrombolytic therapy</li> <li>• Myocarditis</li> <li>• Pericarditis</li> <li>• Rheumatic fever</li> </ul> <p>Gastrointestinal Diseases – no procedures included</p> <ul style="list-style-type: none"> <li>• Cholecystitis</li> <li>• Cirrhosis</li> <li>• Diverticulitis</li> <li>• Hepatitis</li> <li>• Inflammatory bowel disease</li> <li>• Intestinal obstruction</li> <li>• Malabsorption</li> <li>• Pancreatitis</li> <li>• Peptic Ulcer</li> <li>• Trauma</li> <li>• Upper and lower GI bleeds</li> </ul> <p>Hematologic Diseases</p> <ul style="list-style-type: none"> <li>• Aplastic and hemolytic anemia</li> <li>• Hemorrhagic diathesis</li> <li>• Hemophilia</li> <li>• Thromboembolism</li> <li>• Iron deficiency anemia requiring transfusion</li> <li>• Leukemia</li> </ul> <p>Metabolic and Endocrine Disorders</p> <ul style="list-style-type: none"> <li>• Addison's Disease</li> <li>• Aldosteronism</li> <li>• Cushing's syndrome</li> <li>• Diabetes mellitus Type I including acidosis, coma</li> <li>• Diabetes mellitus Type II</li> <li>• Disturbance of water/electrolytes</li> <li>• Parathyroid conditions</li> <li>• Pheochromocytoma</li> <li>• Pituitary conditions</li> <li>• Sex hormone abnormalities</li> <li>• Thyroid conditions including coma and thyrotoxic crisis</li> </ul> <p>Neurological Diseases</p> <ul style="list-style-type: none"> <li>• Degenerative diseases</li> <li>• Demyelinating disorders</li> <li>• Encephalopathy</li> <li>• Meningitis/encephalitis</li> <li>• Parkinson's</li> <li>• Seizure disorders</li> <li>• Stroke –acute and rehabilitation</li> <li>• Trauma</li> </ul>				

**TAHOE FOREST HOSPITAL DISTRICT**  
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**Delineated Clinical Privilege Request**

REQUESTED	APPROVED	<b>GENERAL PRIVILEGES – INTERNAL MEDICINE</b>	Estimate # of Patients or, procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required and/or privilege specific CME
		<p>Pulmonary Diseases:</p> <ul style="list-style-type: none"> <li>• Asthma</li> <li>• COPD</li> <li>• Hemothorax</li> <li>• Interstitial lung disease</li> <li>• Pneumonia, complicated and uncomplicated</li> <li>• Pneumothorax</li> <li>• Pulmonary embolism</li> <li>• Pulmonary infarction</li> <li>• Trauma</li> </ul> <p>Renal Diseases</p> <ul style="list-style-type: none"> <li>• Acute and chronic insufficiency</li> <li>• Nephritis</li> <li>• Obstructive nephropathy</li> <li>• Pyelonephritis</li> <li>• Trauma</li> </ul> <p>Miscellaneous</p> <ul style="list-style-type: none"> <li>• Alcohol/Drug intoxication and overdose</li> <li>• Chemotherapy treatment under supervision</li> <li>• Fat embolism</li> <li>• Malignant neoplasms</li> <li>• Non-operative ENT conditions</li> <li>• Non-operative orthopedic fractures</li> <li>• Osteomyelitis</li> <li>• Post-operative care</li> <li>• Psychiatric disorders</li> <li>• Sepsis</li> <li>• Vascular arterial insufficiency</li> </ul>				
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>CORE – SURGERY/PROCEDURES</b></p> <p>Must be able to document participation in at least 25 cases during past two years.</p> <p><b><u>Cross out &amp; INITIAL any privilege/s you are not applying for in this set of Core Privileges</u></b></p> <p>Core privileges include the performance of procedures and/or assisting in the following areas:</p> <ul style="list-style-type: none"> <li>• Arthrocentesis</li> <li>• I&amp;D (incision and drainage) abscesses</li> <li>• Lumbar Puncture</li> <li>• Perform simple skin biopsy or excision</li> <li>• Peripheral arterial puncture</li> <li>• Percutaneous venous catheter placement</li> <li>• Remove non-penetrating foreign body from the eye, nose, or ear</li> <li>• Manage uncomplicated closed fractures and dislocations including splinting and casting</li> <li>• Suture uncomplicated lacerations</li> <li>• Ventilator management, including endotracheal intubation with appropriate consultation per medical staff rules</li> </ul>	_____		3 cases proctored of various procedures	<p>Current demonstrated competence and provision of care for approximately 15 inpatients and outpatients. Office records may be requested for review*</p> <p style="text-align: center;">*Some must be inpatient</p>
		<p style="text-align: center;"><b>SELECTED PROCEDURES</b></p> <p style="text-align: center;"><b>These privileges will require documentation of</b></p>				

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

REQUESTED	APPROVED		Estimate # of Patients or, procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required and/or privilege specific CME
		<b>GENERAL PRIVILEGES – INTERNAL MEDICINE</b>				
		<b>experience and training prior to approval in addition to requirements outlined above.</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<b>Arterial Line placement</b> Documentation of training/experience	_____		2 cases proctored for each kind of biopsy	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Biopsies (invasive)</b> <ul style="list-style-type: none"> <li>• Bone marrow</li> <li>• Liver</li> <li>    ___ Lung (must be boarded in pulmonary medicine)</li> </ul> Documentation of training/experience	_____		2 cases proctored for each kind of biopsy	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Bronchoscopy</b> Board certified in pulmonology	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Hospital ECG Stress Test (Must have Inpatient Privileges):</b>  <b><u>ACLS Certification Required</u></b> <ul style="list-style-type: none"> <li>• Exercise</li> <li>• Vasodilator</li> <li>• Dobutamine</li> </ul>	_____	TFH/IVCH	3 cases proctored	5 cases/ 1 year
<input type="checkbox"/>	<input type="checkbox"/>	<b>Clinic ECG Stress Test:</b>  <b><u>ACLS Certification Required</u></b> <ul style="list-style-type: none"> <li>• Exercise</li> </ul> <b>Only low risk stress testing outside of the hospital.</b>  <b>Non-low risk includes:</b> <ul style="list-style-type: none"> <li>• Moderate to severe aortic stenosis in an asymptomatic or questionably symptomatic patient</li> <li>• Moderate to severe mitral stenosis in an asymptomatic or questionably symptomatic patient</li> <li>• Hypertrophic cardiomyopathy: risk stratification and exercise gradient assessment</li> <li>• History of malignant or exertional arrhythmias, sudden cardiac death.</li> <li>• History of exertional syncope or presyncope</li> <li>• Intracardiac shunts</li> <li>• Genetic channelopathies</li> <li>• Within 7 days of myocardial infarction or other acute coronary syndrome</li> <li>• New York Heart Association class III heart failure</li> <li>• Severe left ventricular dysfunction (particularly patients whose clinical status has recently deteriorated and those who have never undergone prior exercise testing)</li> <li>• Severe pulmonary arterial hypertension</li> <li>• Broader context of potential instability resulting from noncardiovascular comorbidities (e.g., frailty, dehydration, orthopedic limitations, chronic obstructive lung disease)</li> </ul>		MSC Clinic	3 cases proctored	5 cases/ 1 year

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

REQUESTED	APPROVED		Estimate # of Patients or, procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required and/or privilege specific CME
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Trans Thoracic Echoes</b> <del>Cardiology Fellowship or documentation of training/experience</del>	=====	TFH only	2 cases proctored	5 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<b>Central venous line insertion</b> Documentation of training/experience	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Chest tube placement</b> Documentation of training/experience	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Elective Cardioversion</b> Documentation of training/experience	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Occult Blood Testing</b> Completion of competency provided under separate cover	_____		None	None
<input type="checkbox"/>	<input type="checkbox"/>	<b>Intravenous Procedural Sedation</b> See attached criteria	NA		Successfully complete test	Maintain privileges requiring the procedure
<input type="checkbox"/>	<input type="checkbox"/>	<b>Use of Propofol is limited to the ED and ICU. The physician must complete the additional credentialing requirements for the use of Propofol.</b>	Emergency Department ICU	TFH only	Successfully complete test	Successfully Complete test
<input type="checkbox"/>	<input type="checkbox"/>	<b>Gastric Occult Testing</b>		TFH VCH	Successfully complete competency	Demonstration of ongoing work in the Medicine Department
<input type="checkbox"/>	<input type="checkbox"/>	<b>EKG interpretation</b> Documentation of training/experience	_____	TFH VCH		Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Dermatology</b> Consultation Chemical Peel Cryosurgery Curettage and Dessication Dermabrasion Excision of Cutaneous Lesions Complex Excision of Cutaneous Lesions Simple Skin Biopsy Nail avulsion  Completion of an ACGME or AOA approved residency training in Dermatology and Board certified within 5 years of completion of training)	_____	TFH VCH	5 proctored cases	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Endocrinology</b> Core privileges in endocrinology include the ability to admit (including swing admissions and ECC long term care), diagnose, treat, and provide consultation to patients of all ages with injuries or disorders of the internal (endocrine) glands, such as the thyroid and adrenal glands. Core privileges also include management of disorders such as diabetes, metabolic and nutritional disorders, obesity, pituitary diseases, and menstrual and sexual problems and non-surgical care to patients. Endocrinologists may assess, stabilize, and determine disposition	_____	TFH VCH	Review of 10 representative cases	Current demonstrated competence and provision of care for approximately 25 inpatients (can include some outpatients), together with some procedures in last 24 months.

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

REQUESTED	APPROVED	<b>GENERAL PRIVILEGES – INTERNAL MEDICINE</b>	Estimate # of Patients or, procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required and/or privilege specific CME
		<p>of patients with emergency conditions consistent with staff policy regarding emergency and consultative call services.</p> <ul style="list-style-type: none"> <li>• Performance of history and physical exam</li> <li>• Interpretation of laboratory studies, including the effects of non-endocrine disorders</li> <li>• Interpretation of hormone assays</li> <li>• Performance and interpretation of stimulation and suppression tests</li> <li>• Performance of fine needle aspiration thyroid, parathyroid and lymph nodes of the neck</li> <li>• Ultrasonography of the soft tissues of the neck</li> </ul> <p>Completion of ACGME/AOA accredited residency program or clinical fellowship within the past 12 months in endocrinology (and Board certified within 5 years of completion of training)</p>				
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Gastroenterology</b>            Core privileges in gastroenterology include the ability to admit (including swing admissions, critical care unit per medical staff rules and regulations, and ECC long term care), perform H&amp;Ps, work up, consult, and provide non-surgical and surgical care to patients of all ages. Must include management of at least 50 hospital patients within the last two years.</p> <ul style="list-style-type: none"> <li>• Bougie Dilation</li> <li>• Capsule endoscopy</li> <li>• Colonoscopy with/without biopsy</li> <li>• EGD – with biopsy, hemorrhage control,</li> <li>• ERCP – with sphincterotomy, stent placement, nasobiliary drain placement, stone extraction, lithotripsy, or biopsy</li> <li>• Esophageal stent placement</li> <li>• Flexible sigmoidoscopy (with/without biopsy)/rigid sigmoidoscopy/anoscopy</li> <li>• Foreign body removal, sclerotherapy and banding of upper GI varices</li> <li>• Percutaneous endoscopic gastrostomy</li> <li>• Percutaneous Liver biopsy</li> <li>• Peritoneoscopy for diagnosis and treatment</li> <li>• Colonpolypectomy</li> <li>• Proctosigmoidoscopy</li> </ul> <p>Completion of ACGME/AOA accredited residency program in gastroenterology (and Board certified within 5 years of completion of training.)</p>	_____	TFH only	1 <sup>st</sup> case proctored and 4 add'l cases representative cases proctored	50 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Fluoroscopy</b>            Current Department of Health Services fluoroscopy certificate (required in CA only)</p>	_____		None	maintain current certificate (CA only)
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Oncology – provided service to at least 6 oncology patients in last 12 months</b>            Successful completion of an accredited training program in oncology. Current Board certification within five years of completion of training program.            Admit, evaluate, diagnose, treat and provide consultation to patients of all ages, except as specifically excluded from practice,</p>	_____	TFH only	10 cases will be reviewed	10 cases/2 years and Current demonstrated competence and provision of care



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

REQUESTED	APPROVED	<b>GENERAL PRIVILEGES – INTERNAL MEDICINE</b>	Estimate # of Patients or, procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required and/or privilege specific CME
		with all types of cancer and other benign and malignant tumors. Includes: <ul style="list-style-type: none"> <li>• Bone marrow biopsy and interpretation</li> <li>• Administration of chemotherapy agents and biological response modifiers through all therapeutic routes;</li> <li>• Management and maintenance of indwelling venous access catheters.</li> </ul>				
<input type="checkbox"/>	<input type="checkbox"/>	<b>Oncology – provided service to at least 6 oncology patients in last 12 months</b>  Successful completion of an accredited training program in oncology. Current Board certification within five years of completion of training program.  Treatment of cancer or hematology patients on an outpatient basis for dehydration, injections including but not limited to Neulasta, Procrit, or administration of blood products, etc.	_____	<b>IVCH</b>	10 cases will be reviewed	10 cases/2 years and Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Paracentesis</b>  Documentation of training/experience	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Pericardiocentesis</b>  Board certified cardiologist, OR Documented training, experience must be submitted for consideration.	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Pulmonary artery catheter insertion and management</b>  Documentation of training/experience	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Sleep medicine studies</b> – admission, evaluation, interpretation, and/or treatment  Documentation of AASMO or ACGME training; board certification in sleep medicine required; submission of case summaries if requested	_____	IVCH only	5 cases reviewed	Based on objective results of care through quality review mechanism If no cases, CME required
<input type="checkbox"/>	<input type="checkbox"/>	Consulting privileges to assist in the evaluation and diagnosis of patients of all ages, except as specifically excluded from practice, remotely via telemedicine technology only. No privileges for patient admissions, orders, or procedures are granted.	_____	IVCH ONLY	Retrospective Review of 5 Cases	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Temporary Transvenous Pacemaker Insertion</b>  Documentation of training/experience	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<b>Thoracentesis</b>  Documentation of training/experience	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<del><b>TEE (Transesophageal Echocardiogram)</b></del>  <del>Follow ship in cardiology or documentation of a successful completion of approved course related to TEE performance and</del>	<del>_____</del>		<del>2 cases proctored</del>	<del>Current demonstrated competence and provision of care If no cases, CME</del>

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

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

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

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

**DEPARTMENT CHAIR REVIEW**

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

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

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

Modifications or Other Comments:

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

Modifications or Other Comments:

\_\_\_\_\_

\_\_\_\_\_

Department Review Dates: 2/07/2008, 3/2015; 01/04/19, 2/19/20  
Medical Executive Committee: 2/20/2008; 4/15/2015; 01/22/19, 2/20/20  
Board of Directors: 2/26/2008; 4/28/2015; 01/29/19, 2/27/20



Origination 06/2018  
Date  
Last 10/2022  
Approved  
Last Revised 10/2022  
Next Review 10/2023

Department Women and  
Family Center -  
DWFC

## Neonate - Passive Cooling Prior to Transfer, DWFC-1801

### RISK:

Therapeutic hypothermia is the treatment of choice (in the first six hours of age) for neonatal encephalopathy that meets criteria for presumed hypoxic-ischemic encephalopathy (HIE). The supportive management of moderate and severe neonatal encephalopathy should take place in a neonatal intensive care unit. Neonatal encephalopathy is most likely due to acute hypoxia-ischemia when one or more of following conditions are present:

- Neonatal signs consistent with an acute peripartum or intrapartum hypoxic-ischemic event:
- Apgar score of <5 at 10 minutes of life.
- Severe acidosis, PH  $\leq$  7.1 from a cord of patient gas within 60min of birth.
- Base excess  $\leq$  -12 from a cord of patient gas within 60min of birth.
- Acute brain injury seen on brain MRI or magnetic resonance spectroscopy (MRS) consistent with hypoxia-ischemia, including deep nuclear gray matter or watershed (borderzone) injury
- Presence of multisystem organ failure consistent with hypoxic-ischemic encephalopathy (HIE)
- Additional factors consistent with an acute peripartum or intrapartum hypoxic-ischemic event:
  - A sentinel hypoxic or ischemic event occurring immediately before or during labor and delivery, such as ruptured uterus or severe abruptio placentae
  - Fetal heart rate monitor patterns consistent with an acute peripartum or intrapartum event, such as a category III pattern
  - No evidence of other proximal or distal temporal factors that could be contributing to the encephalopathy

Cooled neonates will have a low resting heart rate, often in the 80–100 range and sometimes slightly lower. The risk of overcooling during transport is greater in newborns with severe hypoxic-ischemic encephalopathy and those with more severe acidosis at birth

## POLICY:

In coordination with the tertiary care team, passive cooling may be initiated for eligible infants awaiting transport from the Joseph Family Center for Women and Newborn Care, prior to arrival of the transport team.

## Eligibility:

- A. Infants who meet ALL of the following criteria:
  1. Age Criteria
    - a. Gestational age  $\geq$  35 weeks
    - b. Age  $\leq$  6 hours
  2. Objective peri-natal criteria, at least one (if any of the following criteria are met, the pediatric provider shall initiate a Neonatology consult)
    - a. APGAR  $\leq$  5 at 10 minutes of birth
    - b. Prolonged resuscitation at birth, (e.g. chest compressions and/or need for PPV for apnea or hypopnea at 10 minutes of age)
    - c. ABG or VBG (cord blood sample or otherwise) obtained within 60min of birth with either of the following:
      - i.  $\text{ph} \leq 7.1$
      - ii.  $\text{BE} \leq -12$
  3. Clinical Neurological Examination, at least one (if any of the following criteria are met, the pediatric provider shall initiate a Neonatology consult and initiate transport to a tertiary care center)
    - a. Stupor, Lethargy, or Coma
    - b. Hyper alert
    - c. Hypotonic
    - d. Abnormal Reflexes (Moro, Asymmetrical tonic neck reflex (ATNR), Suck, Pupillary)
    - e. Weak or Absent suck
    - f. Seizures (clinical or EEG)
- B. The Neurological Exam should be accomplished as soon as possible following birth, preferably within 15min..

## PROCEDURE:

- A. Contact Regional Cooling Center confirming treatment plan, decision to initiate cooling, accepting physician, and timing of anticipated transport.
- B. Place the newborn on a radiant warmer with the heat switched off.

- C. Passive cooling is achieved by avoiding use of an external heat source (i.e. a radiant warmer or heated gel mattress), the infant should remain exposed with the exception of a diaper.
- D. Rectal temperature should be checked at least every 15 minutes.
  - a. Often core temperature falls slowly initially and then falls more quickly once the core temperature is less than 34°C.
- E. Allow temperature to fall to a target core temperature of 33-34°C (91.4° - 93.2°F).
- F. Once the core temperature falls to below 33°C (91.4°F), the external heat source should be started at the lowest setting.
  - a. The radiant warmer should be left on manual setting and rectal temperatures checked and recorded every 5 minutes.
  - b. If the rectal temp continues to fall quickly or remains < 33°C (91.4°F), increase the warmer setting and recheck temperature until recovered.
  - c. Avoid over heating and minimize big changes to temperature settings that may result in overcorrection.
- G. A skin temperature probe can be placed, but changes to heating/cooling should be made based on **core (rectal) temperature** not the skin temperature.
- H. The external heat source set-up should be varied to maintain core temperature 33-34°C (91.4° - 93.2°F).
- I. Once the core temperature stabilizes, frequency of temperature checks can be reduced to every 15 minutes.
- J. Monitor all other vital signs, electrolytes, and glucose levels closely.
- K. Maintain communication with regional cooling center. Discuss management and plan if significant clinical changes develop.

## Special Instructions/Definitions:

In the summer months, and when outside temperatures are high, passive cooling may be inadequate to lower core temperature to 33-34°C. If this is the case, cool packs (cooled to 10°C) can be applied to the baby's back, arms/legs, or head. Initially 1 cool pack should be used, increasing to 2 or 3 if needed. Ice packs should **not** be used.

## Documentation:

Assessment and vital signs will be documented in the Electronic Medical Record (EMR).

## RESPONSIBILITY:

It is the responsibility of the Primary delivery RN and/or RN providing neonatal transitional care to review the cord gas results and complete assessment of neonatal clinical status reporting these results to the Pediatric provider when indicated by criteria listed above. Consideration of all factors potentially contributing to neonatal encephalopathy, including maternal medical history, obstetric antecedents, intrapartum factors (including fetal heart rate monitoring results and acute sentinel events) should be

included in this report.

It is the responsibility of the Pediatrician on duty to initiate a neonatology consult when indicate by the criteria listed above.

## Related Policies/Forms:

Eligibility for Cooling, Neuroprotective Therapy for Treatment of Hypoxic Ischemic Encephalopathy (HIE) from UCD (attachment)

## References:

UC Davis, 2020

[UpToDate: Clinical features, diagnosis, and treatment of neonatal encephalopathy, March 2021](#)

## All Revision Dates

10/2022, 07/2021, 07/2019, 06/2018

## Attachments

[Eligibility for Cooling, Neuroprotective Therapy for Treatment of Hypoxic Ischemic Encephalopathy \(HIE\).docx](#)

## Approval Signatures

Step Description	Approver	Date
	Trent Foust: Director of Acute Services	10/2022
	Ellie Cruz: Nurse Manager, W & F	09/2022



Origination Date 02/2020  
Last Approved 08/2022  
Last Revised 02/2020  
Next Review 08/2023

Department Tahoe Multi-Specialty Clinics - DTMSC  
Applicabilities System

## Standardized Procedure - Ambulatory Clinic: Acute Abdominal Pain, DTMSC-2003

### PURPOSE:

To provide expedited care of the patient presenting to Tahoe Forest Multispecialty Clinics (MSC) with acute abdominal pain.

### SPECIFIC REQUIREMENTS:

The evaluation of patient and the implementation of the standardized procedure for the patient presenting with acute abdominal pain will only be performed by a qualified MSC evaluator. A qualified evaluator is the attending MSC provider or a registered nurse (RN) employed in the Tahoe Forest MSC with at least one year ambulatory clinic experience (or equivalent) and the competencies defined in this standardized procedure.

### EXPERIENCE, TRAINING, AND CONTINUED EDUCATIONAL REQUIREMENTS:

- A. To implement this standardized procedure, the qualified evaluator must be a licensed RN with at least one year ambulatory clinic experience (or equivalent) and successful completion of the following required competencies:
  1. Tahoe Forest MSC orientation including submission of completed skills checklist.
  2. Tahoe Forest POC urinalysis and urine human chorionic gonadotropin (hCG) initial, six month, and annual competencies.
  3. The MSC RN will complete annual competency requirements and maintain all required licensing as directed by Department Manager and hospital policy.

## **SETTING:**

This standardized procedure applies to any patient presenting to a Tahoe Forest MSC for evaluation.

## **STANDARDIZED PROCEDURE REQUIREMENTS:**

- A. The RN may initiate the standardized procedure for Acute Abdominal Pain for any patient presenting with the complaints of acute abdominal pain and based on clinical judgment of the RN.

## **NURSING INTERVENTION AND PROCEDURE:**

- A. If the RN initiates this standardized procedure:
  - 1. RN will evaluate the patient's subjective concerns and clinical presentation to determine if they meet criteria for a urinalysis and an hCG test.
  - 2. The RN will alert provider immediately of any patient presenting with emergent or critical symptoms.
  - 3. RN will order a urinalysis and hCG test and follow Tahoe Forest Hospital Lab protocol for obtaining clean catch urine sample from patient and perform test.
  - 4. Test results will be reviewed by provider and provider will discuss with the patient.

## **SUPERVISION AND SPECIAL INSTRUCTIONS/DEFINITIONS:**

- A. The MSC provider on duty will assume all responsibility for this standardized procedure.
- B. Prior to initiating any orders, the RN will immediately inform the provider of any patient presenting with emergent or critical symptoms requiring prompt medical intervention.
- C. If at any time, the RN needs clarification of this standardized procedure or orders not covered in this standardized procedure, they will confer with the provider on duty for guidance.

## **DOCUMENTATION OF RN QUALIFICATIONS:**

- A. A list of all MSC RNs who may initiate Standardized Procedures will be kept in the Tahoe Forest MSC administration office.
- B. The list will be updated annually and as changes occur.

## **RECORD KEEPING:**

- A. The RN caring for the patient will complete all documentation in the EMR.

## **DEVELOPMENT AND APPROVAL:**

- A. This standardized procedure was developed through collaboration between Nursing, Nursing Leadership, Laboratory Leadership, Education, and Medical Staff.
- B. This standardized procedure will be reviewed annually by MSC Leadership.



## All Revision Dates

02/2020

## Approval Signatures

Step Description	Approver	Date
	Sandra Walker: Director of Operations	08/2022
	Estela Iniguez: Manager	06/2022

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Origination Date 02/2020  
Last Approved 08/2022  
Last Revised 02/2020  
Next Review 08/2023

Department Tahoe Multi-Specialty Clinics - DTMSC  
Applicabilities System

## Standardized Procedure - Ambulatory Clinic: Chest Pain Protocol, DTMSC-2001

### PURPOSE:

This protocol covers the assessment and treatment of patients presenting to the Tahoe Forest Multi Specialty Clinics (MSC) and/or Urgent Care with chest pain.

### POLICY:

To facilitate and guide the Registered Nurse (RN) with documented competency in the assessment and treatment of patients with chest pain in the outpatient setting.

### SUPERVISION:

Treatment of chest pain is furnished under the physician's overall direction and control, but the physician's presence is not required at the time of treatment.

### EXPERIENCE, TRAINING, AND EDUCATIONAL REQUIREMENTS:

- A. Documented competency via the following:
  - 1. Current BLS certification
  - 2. MSC department-specific orientation and annual Acute Coronary Syndrome online learning module.
- B. Competency will be reviewed within 30 days of hire and annually at staff evaluation.
- C. A list of competent RNs will be kept by MSC administration and updated annually and as

changes occur.

## PERSONNEL:

Assessment and treatment of chest pain must be performed by an RN or provider of higher licensure.

## SETTING:

This Standardized Procedure applies to any patient presenting to the Tahoe Forest MSC for evaluation.

## PROCEDURE:

### A. Data Collection - Subjective:

1. Chief complaint (document in the patient's own words).
2. Date and time of onset.
3. Activity at onset (rest, exertion, sleep, other).
4. Location of the pain (e.g., left chest, right chest, substernal).
5. Severity of the pain (rate on a scale of 0-10, with 0=no pain and 10= the worst pain).
6. Allergies.
7. Current medications.

### B. Data Collection - Objective:

1. Vital signs and weight if patient is stable.
2. Observe and document the following:
  - a. Appearance of anxiety or fright.
  - b. Pallor.
  - c. Diaphoresis.
  - d. Cyanosis.
  - e. Pulse oximeter reading.

### C. **Notify physician STAT and call 911 if patient is unstable or provider directed.**

### D. Place patient in position of comfort.

### E. If patient's oxygen saturation is <90% or there is evidence of respiratory distress, administer O2 at 4 L/minute via nasal cannula or 4-10L/minute via mask to maintain oxygen saturation ≥ 94%.

### F. Monitor cardiac rate and rhythm via cardiac monitor or EKG if available.

1. In the Urgent Care clinics, RN will order EKG and Chest Xray.

### G. Monitor level of consciousness, vital signs, cardiac rate and rhythm, and oxygen saturation every 5 minutes until paramedics arrive.

### H. Prepare to transfer patient to outside facility or admit to a facility capable of providing a higher

level of care if indicated. **Do not delay patient to higher level of care.**

## Special Instructions / Definitions:

**Acute Coronary Syndrome (ACS) frequently presents as:** Chest pain accompanied by lightheadedness, nausea, sweating, or shortness of breath; pain spreading to shoulders, neck, arms, jaw; pain in back between shoulder blades; uncomfortable pressure, or pain in the center of the chest lasting more than 15 minutes. Chest pain, associated with palpitations or arrhythmias, tachycardia or bradycardia, hypotension. However, an ACS may be present in the absence of many of these signs and symptoms.

## DOCUMENTATION:

The RN will complete all documentation in the Electronic Medical Record (EMR).

## DEVELOPMENT AND APPROVAL:

- A. This Standardized Procedure was developed through collaboration between Nursing, Nursing Leadership, and Medical Staff.
- B. This Standardized Procedure is reviewed and approved by:
  - 1. Pharmacy and Therapeutics (P&T) Committee
  - 2. Medical Executive Committee

## PERIODIC REVIEW:

- A. A review of the patient record by the responsible physician will be completed in a timely manner and the reviewing physician will co-sign any necessary orders or progress notes entered by the RN.
- B. This Standardized Procedure will be reviewed annually and updated as necessary.

## References:

American Heart Association (AHA) Acute Coronary Syndromes Algorithm (2015).

### All Revision Dates

02/2020

### Approval Signatures

Step Description

Approver

Date

Sandra Walker: Director of  
Operations

08/2022

Estela Iniguez: Manager

06/2022

COPY



Origination Date 02/2020  
Last Approved 08/2022  
Last Revised 02/2020  
Next Review 08/2023

Department Tahoe Multi-Specialty Clinics - DTMSC  
Applicabilities System

## Standardized Procedure - Ambulatory Clinic: Suspected Acute Urinary Tract Infection, DTMSC-2004

### PURPOSE:

To provide expedited care of the patient presenting to Tahoe Forest Multispecialty Clinics (MSC) with suspected urinary tract infection (UTI).

### SPECIFIC REQUIREMENTS:

The evaluation of patient and the implementation of the standardized procedure for the patient presenting with suspected UTI will only be performed by a qualified MSC evaluator. A qualified evaluator is the attending MSC provider or a registered nurse (RN) employed in the Tahoe Forest MSC with at least one year ambulatory clinic experience (or equivalent) and the competencies defined in this standardized procedure.

### EXPERIENCE, TRAINING, AND CONTINUED EDUCATIONAL REQUIREMENTS:

- A. To implement this standardized procedure, the qualified evaluator must be a licensed RN with at least one year ambulatory clinic experience (or equivalent) and successful completion of the following required competencies:
  1. Tahoe Forest MSC orientation including submission of completed skills checklist.
  2. Tahoe Forest POC urinalysis initial, six month, and annual competencies.
  3. The MSC RN will complete annual competency requirements and maintain all required licensing as directed by Department Manager and hospital policy.

## **SETTING:**

This standardized procedure applies to any patient presenting to a Tahoe Forest MSC for evaluation.

## **STANDARDIZED PROCEDURE REQUIREMENTS:**

- A. The RN may initiate the standardized procedure for Suspected Acute Urinary Tract Infection for any patient presenting with the following complaints and based on clinical judgment of the RN.
- B. Any patient presenting to the MSC with complaint of one or more of the following:
  - 1. Dysuria
  - 2. Urinary frequency
  - 3. Urinary urgency
  - 4. Flank pain
  - 5. Hematuria

## **NURSING INTERVENTION AND PROCEDURE:**

- A. If the RN initiates this standardized procedure:
  - 1. RN will evaluate the patient's subjective concerns and clinical presentation to determine if they meet criteria for a urinalysis.
  - 2. The RN will alert provider immediately of any patient presenting with emergent or critical symptoms.
  - 3. RN will order a urinalysis and follow Tahoe Forest Hospital Lab protocol for obtaining clean catch urine sample from patient and perform test.
  - 4. Test results will be reviewed by provider and provider will discuss with the patient.

## **SUPERVISION AND SPECIAL INSTRUCTIONS/DEFINITIONS:**

- A. The Urgent Care provider on duty will assume all responsibility for this standardized procedure.
- B. Prior to initiating any orders, the RN will immediately inform the provider of any patient presenting with emergent or critical symptoms requiring prompt medical intervention.
- C. If at any time, the RN needs clarification of this standardized procedure or orders not covered in this standardized procedure, they will confer with the provider on duty for guidance.

## **DOCUMENTATION OF RN QUALIFICATIONS:**

- A. A list of all MSC RNs who may initiate Standardized Procedures will be kept in the Tahoe Forest MSC administration office.
- B. The list will be updated annually and as changes occur.

## RECORD KEEPING:

- A. The RN caring for the patient will complete all documentation in the EMR.

## DEVELOPMENT AND APPROVAL:

- A. This standardized procedure was developed through collaboration between Nursing, Nursing Leadership, Laboratory Leadership, Education, and Medical Staff.
- B. This standardized procedure will be reviewed annually by Multispecialty Clinic Leadership.

### All Revision Dates

02/2020

### Approval Signatures

Step Description	Approver	Date
	Sandra Walker: Director of Operations	08/2022
	Estela Iniguez: Manager	06/2022





TAHOE  
FOREST  
HEALTH  
SYSTEM

Origination Date 02/2020  
Last Approved 08/2022  
Last Revised 02/2020  
Next Review 08/2023

Department Tahoe Multi-Specialty Clinics - DTMSC  
Applicabilities System

## Standardized Procedure - Ambulatory Clinic: Suspected Extremity Fracture or Dislocation, DTMSC-2002

### PURPOSE:

To provide expedited care of the patient presenting to Tahoe Forest Multispecialty Clinic (MSC) with suspected extremity fracture or dislocation.

### SPECIFIC REQUIREMENTS:

The evaluation of patient and the implementation of the standardized procedure for the patient presenting with suspected extremity fracture or dislocation will only be performed by a qualified MSC evaluator. A qualified evaluator is the attending MSC provider or a registered nurse (RN) employed in the Tahoe Forest Urgent Care with at least one year ambulatory clinic experience (or equivalent) and the competencies defined in this standardized procedure.

### EXPERIENCE, TRAINING, AND CONTINUED EDUCATIONAL REQUIREMENTS:

- A. To implement this standardized procedure, the qualified evaluator must be a licensed RN with at least one year ambulatory clinic experience (or equivalent) and successful completion of the following required competencies:
  1. Tahoe Forest MSC orientation including submission of completed skills checklist.
  2. Annual review of MSC diagnostic imaging protocol book and any associated competencies.
  3. The MSC RN will complete annual competency requirements and maintain all required licensing as directed by Department Manager and hospital policy.

## SETTING:

- A. This standardized procedure applies to any patient presenting to a Tahoe Forest MSC for evaluation.

## STANDARDIZED PROCEDURE REQUIREMENTS:

- A. The RN may initiate the standardized procedure for Suspected Extremity Fracture or Dislocation for any patient presenting with the following complaints and based on clinical judgment of the RN.
  - 1. Any patient presenting to the MSC with complaint of:
    - a. Extremity injury
    - b. Extremity pain
    - c. Extremity deformity

## NURSING INTERVENTION AND PROCEDURE:

- A. Based on this standardized procedure and the the nurses' clinical judgment, the MSC RN may place the order for the following in the electronic medical record (EMR).
  - 1. RN may place order for extremity xray to include laterality and number of views per diagnostic imaging protocol.
  - 2. The RN will alert provider immediately of any patient presenting with suspected long bone fracture.
  - 3. The RN will alert provider immediately of any patient presenting with emergent or critical symptoms.

## SUPERVISION AND SPECIAL INSTRUCTIONS/ DEFINITIONS:

- A. The MSC provider on duty will assume all responsibility for this standardized procedure.
- B. Prior to initiating any orders, the RN will immediately inform the provider of any patient presenting with emergent or critical symptoms requiring prompt medical intervention.
- C. If at any time, the RN needs clarification of this standardized procedure or orders not covered in this standardized procedure, they will confer with the provider on duty for guidance.

## PERIODIC REVIEW:

- A. A review of the patient EMR will be performed by the responsible MSC provider in a timely manner and the reviewing provider will co-sign orders entered by the RN.
- B. Annual chart reviews will be completed by MSC Leadership.

## DOCUMENTATION OF RN QUALIFICATIONS:

- A. A list of all MSC RNs who may initiate Standardized Procedures will be kept in the Tahoe Forest MSC administration office.
- B. The list will be updated annually and as changes occur.

## RECORD KEEPING:

- A. The RN caring for the patient will complete all documentation in the EMR.

## DEVELOPMENT AND APPROVAL:

- A. This standardized procedure was developed through collaboration between Nursing, Nursing Leadership, Education, Diagnostic Imaging Leadership, and Medical Staff.
- B. This standardized procedure will be reviewed annually by MSC Leadership.

All Revision Dates  
02/2020

Approval Signatures

Step Description

**COPY**

Approver

Approver	Date
Sandra Walker: Director of Operations	08/2022
Estela Iniguez: Manager	06/2022



Origination Date 02/2020  
Last Approved 08/2022  
Last Revised 02/2020  
Next Review 08/2023

Department Tahoe Multi-Specialty Clinics - DTMSC  
Applicabilities System

## Standardized Procedure - Ambulatory Clinic: Suspected Influenza, DTMSC-2006

### PURPOSE:

To provide expedited care of the patient presenting to Tahoe Forest Multispecialty Clinics (MSC) with suspected influenza.

### SPECIFIC REQUIREMENTS:

The evaluation of patient and the implementation of the standardized procedure for the patient presenting with suspected influenza will only be performed by a qualified MSC evaluator. A qualified evaluator is the attending MSC provider or a registered nurse (RN) employed in the Tahoe Forest MSC with at least one year ambulatory clinic experience (or equivalent) and the competencies defined in this standardized procedure.

### EXPERIENCE, TRAINING, AND CONTINUED EDUCATIONAL REQUIREMENTS:

- A. To implement this standardized procedure, the qualified evaluator must be a licensed RN with at least one year ambulatory clinic experience (or equivalent) and successful completion of the following required competencies:
  1. Tahoe Forest MSC orientation including submission of completed skills checklist.
  2. Tahoe Forest POC lab rapid flu test initial, six month, and annual competencies.
  3. The MSC RN will complete annual competency requirements and maintain all required licensing as directed by Department Manager and hospital policy.

## **SETTING:**

This standardized procedure applies to any patient presenting to a Tahoe Forest MSC for evaluation.

## **STANDARDIZED PROCEDURE REQUIREMENTS:**

- A. The RN may initiate the standardized procedure for Suspected Influenza, for any patient presenting with the following complaints and based on clinical judgment of the RN.
- B. Any patient presenting to the MSC with complaint of the following symptoms  $\leq$  48 hours:
  - 1. Fever
  - 2. Cough
  - 3. Myalgias

## **NURSING INTERVENTION AND PROCEDURE:**

- A. If the RN initiates this standardized procedure:
  - 1. RN will evaluate the patient's subjective concerns and clinical presentation to determine if they meet criteria for a rapid flu test.
  - 2. The RN will alert provider immediately of any patient presenting with emergent or critical symptoms.
  - 3. RN will order a rapid flu test and follow Tahoe Forest Hospital Lab protocol for performing test.
  - 4. Test results will be reviewed by provider and provider will discuss with the patient.

## **SUPERVISION AND SPECIAL INSTRUCTIONS/DEFINITIONS:**

- A. The MSC provider on duty will assume all responsibility for this standardized procedure.
- B. Prior to initiating any orders, the RN will immediately inform the provider of any patient presenting with emergent or critical symptoms requiring prompt medical intervention.
- C. If at any time, the RN needs clarification of this standardized procedure or orders not covered in this standardized procedure, they will confer with the provider on duty for guidance.

## **DOCUMENTATION OF RN QUALIFICATIONS:**

- A. A list of all MSC RNs who may initiate Standardized Procedures will be kept in the Tahoe Forest MSC administration office.
- B. The list will be updated annually and as changes occur.

## **RECORD KEEPING:**

- A. The RN caring for the patient will complete all documentation in the EMR.

# DEVELOPMENT AND APPROVAL:

- A. This standardized procedure was developed through collaboration between Nursing, Nursing Leadership, Laboratory Leadership, Education, and Medical Staff.
- B. This standardized procedure will be reviewed annually by MSC Leadership.

## All Revision Dates

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## Approval Signatures

Step Description	Approver	Date
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Department Tahoe Multi-Specialty Clinics - DTMSC  
Applicabilities System

## Standardized Procedure - Ambulatory Clinic: Suspected Streptococcal Pharyngitis (Strep Throat), DTMSC-2005

### PURPOSE:

To provide expedited care of the patient presenting to Tahoe Forest Multispecialty Clinic (MSC) with suspected streptococcal pharyngitis (strep throat).

### SPECIFIC REQUIREMENTS:

The evaluation of patient and the implementation of the standardized procedure for the patient presenting with suspected strep throat will only be performed by a qualified MSC evaluator. A qualified evaluator is the attending MSC provider or a registered nurse (RN) employed in the Tahoe Forest MSC with at least one year ambulatory clinic experience (or equivalent) and the competencies defined in this standardized procedure.

### EXPERIENCE, TRAINING, AND CONTINUED EDUCATIONAL REQUIREMENTS:

- A. To implement this standardized procedure, the qualified evaluator must be a licensed RN with at least one year ambulatory clinic experience (or equivalent) and successful completion of the following required competencies:
  1. Tahoe Forest MSC orientation including submission of completed skills checklist.
  2. Tahoe Forest POC rapid strep test initial, six month, and annual competency.
  3. The MSC RN will complete annual competency requirements and maintain all required licensing as directed by Department Manager and hospital policy.

## SETTING:

This standardized procedure applies to any patient presenting to a Tahoe Forest MSC for evaluation.

## STANDARDIZED PROCEDURE REQUIREMENTS:

- A. The RN may initiate the standardized procedure for Suspected Streptococcal Pharyngitis (Strep Throat), for any patient presenting with the following complaints and based on clinical judgment of the RN.
- B. Any patient presenting to the MSC with complaint of:
  - 1. Sore throat
  - 2. Fever
  - 3. No cough
  - 4. Or patient request for a rapid strep test

## NURSING INTERVENTION AND PROCEDURE:

- A. If the RN initiates this standardized procedure:
  - 1. RN will evaluate the patient's subjective concerns and clinical presentation to determine if they meet criteria for a rapid strep A test.
  - 2. The RN will alert provider immediately of any patient presenting with emergent or critical symptoms including, but not limited to, signs of upper airway obstruction.
  - 3. RN will order a rapid strep A test and follow Tahoe Forest Hospital Lab protocol for performing test.
  - 4. Test results will be reviewed by provider and provider will discuss with the patient.

## SUPERVISION AND SPECIAL INSTRUCTIONS/DEFINITIONS:

- A. The MSC provider on duty will assume all responsibility for this standardized procedure.
- B. Prior to initiating any orders, the RN will immediately inform the provider of any patient presenting with emergent or critical symptoms requiring prompt medical intervention.
- C. If at any time, the RN needs clarification of this standardized procedure or orders not covered in this standardized procedure, they will confer with the provider on duty for guidance.

## DOCUMENTATION OF RN QUALIFICATIONS:

- A. A list of all MSC RNs who may initiate Standardized Procedures will be kept in the Tahoe Forest MSC administration office.
- B. The list will be updated annually and as changes occur.

## RECORD KEEPING:

- A. The RN caring for the patient will complete all documentation in the EMR.



## DEVELOPMENT AND APPROVAL:

- A. This standardized procedure was developed through collaboration between Nursing, Nursing Leadership, Laboratory Leadership, Education, and Medical Staff.
- B. This standardized procedure will be reviewed annually by MSC Leadership.

### All Revision Dates

02/2020

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Step Description	Approver	Date
	Sandra Walker: Director of Operations	08/2022
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Origination 11/2021  
Date  
Last 11/2021  
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Last Revised 11/2021  
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Department **Tahoe Multi-Specialty Clinics - DTMSC**

## Standardized Procedure - Electronic Medical Record In-Basket Management by the Registered Nurse, DTMSC-2104

### RISK:

Electronic medical record (EMR) in-basket messages must be reviewed and acted upon in a timely manner by clinical staff in order to provide safe and effective care to ambulatory patients. Registered nurse (RN) assistance with in-basket management will lead to more timely patient care.

### POLICY:

The RN will assist outpatient and/or multispecialty clinic (MSC) provider with in-basket management as outlined in this standardized procedure.

### SETTING:

- A. This standardized procedure applies to qualified and trained RNs in the MSC and outpatient clinic setting.

### SUPERVISION:

- A. EMR in-basket management process is under the provider's overall direction and control, but may be delegated to qualified and trained RNs.
- B. If at any time the RN requires clarification or provider assistance, they may confer in person or via EMR in-basket message.

### PERSONNEL:

- A. EMR in-basket management must be performed by an RN or providers of higher licensure.

## TRAINING/EDUCATION:

- A. In order to activate this standardized procedure, the RN must complete the following:
  - 1. Department-specific orientation
  - 2. EMR training modules specific to ambulatory setting.

## PROCEDURE:

- A. The RN will review in-basket messages for their assigned provider at minimum of every 2 hours during business hours and address patient needs as described below.
- B. Refill requests
  - 1. All medication refill requests will be managed per Standardized Procedure - Nurse Refills, DTMSC-2103
- C. Diagnostic Imaging (DI)
  - 1. Order reflex tests as directed by radiology
  - 2. Order lab tests per DI protocols for studies that utilize contrast (BUN, creatinine)
- D. Referrals
  - 1. If specialty referral requires precursor referral and subsequent provider visit, the RN may order (i.e. ENT visit requires audiology referral prior to being seen by ENT provider).
    - a. RN may discuss required precursor referrals with specialty clinic staff prior to submitting referral.
  - 2. Change location of existing referral (i.e. patient changes mind and would like to be seen in a different city or clinic).
- E. Laboratory
  - 1. Screening labs as detailed by preemployment or school forms.
  - 2. Order required pre-procedure tests (i.e. COVID test prior to surgery, PFT or ETT prior to treadmill)
- F. Immunizations
  - 1. Immunization requests will be managed per MSC Vaccine Screening by the RN Standardized Procedure, DTMSC-1801.
- G. Messages
  - 1. RN to address messages within their scope and provide patient support as needed.
- H. The RN may order labs or imaging for existing orders that are required per laboratory or DI protocol.
  - 1. Laboratory and DI protocols are found in their corresponding departments.
- I. The RN may correct/fix any order that was entered incorrectly or ordered in error (i.e. incorrect

laterality).

## RECORD KEEPING:

- A. All documentation will be completed in the EMR.

## PERIODIC REVIEW:

- A. This policy was created in collaboration with Medicine, MSC Leadership, Nursing Leadership, DI, Laboratory
- B. This policy will be reviewed annually by MSC Leadership and the Interdisciplinary Practice Council

## Related Policies/Forms:

MSC Vaccine Screening by the RN Standardized Procedure, DTMSC-1801; Standardized Procedure - Nurse Refills, DTMSC-2103

### All Revision Dates

11/2021

### Approval Signatures

#### Step Description

#### Approver

#### Date

Sandra Walker: Director of Operations

11/2021

Sandra Walker: Director of Operations

10/2021



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Date  
Last 11/2021  
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Department **Tahoe Multi-Specialty Clinics - DTMSC**

## Standardized Procedure - Nurse Refills, DTMSC-2103

### RISK:

Access to prescription refills promotes patient care, prevents worsening of chronic conditions and limits potential harm to patients and their health.

### POLICY:

To provide guidelines for the registered nurse (RN) in the outpatient and multispecialty clinics (MSC) for refilling medications. Qualified and trained RNs are authorized to refill medications within the Tahoe Forest outpatient setting, on behalf of the provider as specified in this standardized procedure when a patient requests a refill prior to their next provider visit.

### SETTING:

This policy pertains to RNs in the outpatient setting.

### EXPERIENCE, TRAINING, AND EDUCATION:

- A. The requirements of the RN:
  - 1. Completion of unit-specific MSC or outpatient clinic orientation.
  - 2. Completion of on-site training with one-on-one proctoring by a clinician experienced in using this protocol.
  - 3. Review of this standardized procedure upon hire and annually thereafter.
- B. A list of qualified and trained RNs will be kept in MSC and outpatient clinic administration office.

## SUPERVISION:

The RN will work under the direction of the provider on duty and may consult with provider at any time for clarification of this standardized procedure or as specified in Procedure below.

## DEFINITIONS:

- A. Routine Ongoing Medication: Routine ongoing medications are medicines previously prescribed by an MSC or outpatient clinic provider and taken consistently for the treatment of an ongoing need.
  - 1. Examples include, but are not limited to: medications for hypertension, diabetes, high cholesterol, hypothyroid, hormone replacement, osteoporosis, benign prostatic hyperplasia, gout, asthma, chronic skin conditions, contraceptives, etc.
- B. Episodic Recurrent Treatment: These medicines are for episodic treatment of a recurrent chronic condition that is clearly documented in the EMR and prescribed previously by the provider. These medicines need to be taken as soon as possible for efficacy. One dose will be refilled by RN.
  - 1. Examples include, but are not limited to: acute migraine, herpes simplex virus outbreak, etc.
- C. Exclusion criteria - This standardized procedure excludes the following:
  - 1. Controlled substances (scheduled substances II through V)
  - 2. Short course antibiotics or antifungals
  - 3. Short course oral corticosteroids
  - 4. Chemotherapeutic agents
  - 5. Warfarin will be addressed per Outpatient RN Anticoagulation Protocol, APH-1701.
  - 6. Indications that the patient may be experiencing side effects and/or drug interactions from the medication.
  - 7. Evidence of non-adherence, including overuse or underuse of the medication.
  - 8. Request to change from brand name to generic medication when brand is specifically requested by provider.
  - 9. Additional medications may be excluded at the practice level per provider preference.

## PROCEDURE:

- A. Before completing any refill requests, the RN will review the last clinic note in the electronic medical record (EMR) to ensure that the patient is not overdue for follow up.
  - 1. Patients should be seen at least annually by their provider (or more frequently if described in visit notes)
  - 2. RN will direct patient to schedule follow up appointment when refill is requested if needed.

3. Only one RN refill is allowed as patient must be seen prior to repeat activation of this standardized procedure.
- B. The RN will review and assess patient information pertinent to the medication refill request, including the decision support tools available (i.e. Refill Protocols) in the EMR (Appendix A), Micromedex, or UpToDate
1. Information reviewed may include, but is not limited to:
    - a. Patient's name, medical record number, date of birth, patient's designated primary care provider.
    - b. Medication dose, amount requested, and date of last refill.
    - c. Whether medication falls into exclusion criteria above and/or provider consultation is needed.
    - d. Recent provider progress notes related to the medication request.
    - e. Medication allergies.
    - f. Medication adherence history.
    - g. Medical history as relevant to the medication requested.
- C. Medications to be refilled only apply to medications the MSC or outpatient clinic has previously prescribed.
- D. The medicine must be either a routine ongoing medication or an episodic recurrent treatment for a need as defined above.
1. For routine ongoing need without any recent changes, the RN may give medications until next appointment.
    - a. If insurance dictates duration of use, RN may adjust prescription as requested by insurance, pharmacy, or patient.
  2. For episodic conditions, the RN may give until next appointment.
- E. The RN may consult with the provider with questions, need for clarification, and/or the pharmacy request is not covered by this policy. Additionally, if there are any clinical concerns, RN will contact the provider on duty for clarification or advise patient to be seen either acutely, or prior to their need for refills on the medicines in question.

## **RECORD KEEPING:**

- A. All request and refills will be documented in the EMR.
- B. Any relevant patient care information will be documented in the EMR.

## **DEVELOPMENT AND APPROVAL:**

- A. This policy was developed in collaboration with Medicine, Pharmacy, MSC Leadership, Nursing Leadership, Information Technology, and Nursing.
- B. This standardized procedure will be reviewed annually by MSC Leadership and the Interdisciplinary Practice Council.

## REFERENCES:

*Developing Standing Orders to Help Your Team Work to the Highest Level*, American Academy of Family Physicians (2018); Standardized Procedure - Registered Nurse in SFHN Primary Care Clinic (2019)

## RELATED POLICIES:

Outpatient RN Anticoagulation Protocol, APH-1701

## Appendix A: Decision Support Tool - Epic Refill Protocols

A refill protocol is an InBasket display tool that allows providers and other clinicians to more efficiently process refill requests by seeing at a glance whether a refill request likely meets the necessary criteria for approval. This tool does not replace clinical judgment.

The RN will address screening failures prior to authorizing refill if indicated and will discuss with provider when clarification is needed.

**Rx levothyroxine (SYNTHROID) 100 MCG tablet**  
Take 1 tablet (100 mcg total) by mouth 1 (one) time each day.  
Disp: 30 tablet    Refills: 11  
Class: Normal    Start: 12/12/2016 - 12/12/2017

**Thyroid Hormones Protocol Failed** 12/12 11:32 AM

- Normal TSH in past 12 months
- Patient not pregnant
- Recent or future visit with authorizing provider
- Normal creatinine in past 12 months

[Protocol Details](#)

PHY

### All Revision Dates

11/2021

### Approval Signatures

Step Description	Approver	Date
	Sandra Walker: Director of Operations	11/2021
	Sandra Walker: Director of Operations	10/2021





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Last Approved 08/2021  
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Department **Tahoe Multi-Specialty Clinics - DTMSC**

## **Standardized Procedure - Telephone Colonoscopy Screening Process Policy, DTMSC-1703**

### **PURPOSE:**

To establish a policy whereby telephone colonoscopy screening is performed by licensed personnel ; using a standard protocol and assessment questioning, along with a pre formatted .phrase in the EHR charting system, resulting in appropriate appraisal and recommendation to proceed with the procedure or schedule a follow up visit with the provider prior to the procedure.

### **POLICY:**

Telephone colonoscopy screenings will be performed by a Registered Nurse (RN) with documented competency. The screening will include verifying & updating current medications, past medical history (medical and surgical), family history, and social history, in order to determine if the patient can proceed with the screening colonoscopy procedure without seeing the provider in an office visit first

### **SUPERVISION:**

The colonoscopy pre screening process is furnished under the physician's overall direction and control, but the physician's presence is not required during the colonoscopy pre screening process.

### **TRAINING:**

#### **A. Documented Competency**

1. Protocol privilege will be granted once the RN has observed six Telephone Colonoscopy Screenings and has been observed performing six Telephone Colonoscopy Screenings. This will be documented on the Skills Checklist of Competence and kept in the employee's file.

2. RN's in the MSC offices will review the Telephone Colonoscopy Screening standardized procedure at hire and annually. This will be documented on the Orientation Tool or the Annual Mandatory Review (AMR).
3. The Lead or Manager confirms the RN has reviewed the policy at the end of orientation and at each annual performance review.

## PERSONNEL:

In the state of California, telephone based colonoscopy screenings must be preformed by a Registered Nurse or providers of higher licensure.

## PROCEDURE:

### A. Telephone Call Scheduling

1. The patient either self refers or is referred by their provider for a screening colonoscopy.
2. RN will review referral records and chart to determine if the referral is for a screening colonoscopy vs. a diagnostic colonoscopy or if the patient meets any of the criteria listed below under section B.1, which would require the patient to see the provider in the office before proceeding with the screening colonoscopy.
  - a. If determined the patient needs a diagnostic colonoscopy, for any other reason than polyp surveillance/history of polyps, the patient will be directed to schedule an appointment with the provider.
3. The RN will communicate with the front office staff to schedule the patient either with the provider or the RN via an interim note in Epic.
4. The patient will be scheduled by the front office staff.
5. The RN calls the patient at the scheduled time to conduct the telephone colonoscopy screening.

### B. Telephone Colonoscopy Screening

1. Screening:
  - a. The RN will identify if the patient has ANY of the following conditions:
    - i. Taking any anticoagulant medications
    - ii. Current or recent history of blood clots
    - iii. Bleeding disorders (Hemophilia, Von Willebrand disease, Thrombocytopenia - platelets <50,000)
    - iv. Sleep apnea
    - v. BMI >35.
    - vi. Home oxygen and/or steroid dependent pulmonary disease

- vii. CHF
- viii. MI in the last 12 months
- ix. Daily use of illicit drugs
- x. Chronic use of pain medications, benzodiazepines or current use of Suboxone
- xi. Alcohol use: 2 or more of any alcoholic beverage per day
- xii. Dialysis
- xiii. Current colostomy
- xiv. Recent/current GI symptoms, including rectal bleeding and/or sudden/unexplained weight loss.
- xv. Current dysphagia/difficulty swallowing
- xvi. Barrettes Esophagus; last EGD > 3 years ago
- xvii. Chronic degenerative neurological disorders (MS, Myasthenia Gravis, Parkinson's)
- xviii. Previous issues with anesthesia/sedation
- xix. Vital signs: b/p >200/100 and/or heart rate <45
- xx. VP Shunt
- xxi. Renal function: creatinine >2.0
- xxii. New onset GERD with or without OTC meds, or chronic GERD with OTC meds without previous EGD
- xxiii. Pacemaker or implanted cardiac defibrillator

- b. If the patient has ANY of the above conditions, the RN will schedule the patient for follow up in office with the provider prior to the procedure.
- c. The RN will document if the patient passed or failed the screening in the progress note.

2. Documentation:

- a. A new encounter interim note will be used for the documentation process; the dot phrase .TFH2017COLO will be used within the progress note.

3. Ordering:

- a. If the patient passes the colonoscopy screening, per protocol, the RN will place orders for the following
  - i. Colonoscopy procedure with status of future, class of hospital:
    - a. 45380 for screening colonoscopies and surveillance colonoscopies (hx of polyps) for patients with commercial insurance.
    - b. G0121 for Medicare patients

ii. Diagnosis codes

- a. For screening colonoscopies / no hx of polyps – use Z12.11 (screening for colon cancer)
- b. For surveillance colonoscopies / hx of polyps – Z86.01 (History of colon polyps)
- c. Add the diagnosis of Z80.0 for Family history of colon cancer, when the colonoscopy is needed at a younger age or increased frequency.

iii. Bowel prep medication as directed by insurance coverage, including, but not limited to the following recommendations:

- a. Medicare – Suprep, Golytely or Moviprep
- b. Medicare w/AARP – Suprep
- c. Medical – Golytely
- d. BlueShield – Suprep
  - i. If the originally ordered bowel prep is not covered by insurance, the RN may change the prescription from recommendations listed above or based on pharmacy recommendation, based on insurance coverage.

- b. Document within the progress note orders placed per protocol.

4. For patients with chronic constipation or previous failed/inadequate bowel preps the RN will advise the patient of the following bowel prep instructions in addition to standard bowel prep instructions:

- a. The patient is to take 6-8 oz (follow package instructions) of over the counter Magnesium Citrate x 1 around 4 pm, 2 evenings prior to procedure; **and**
- b. The patient is to start the clear liquid diet 2 evenings prior to procedure: **or**
- c. Miralax daily for 1 week before colonoscopy

C. Record Keeping :

- 1. The interim note with a Chief Complaint of Colon Cancer Screening, used for documenting the screening phone call is automatically saved in the EHR under Encounters.

## PERIODIC REVIEW:

Standardized Procedure is reviewed and approved by Interdisciplinary Practice Committee (IDPC), the Medical Executive Committee and the TFHD Board of Directors.

## References:

State of California Board of Registered Nursing Standardized Procedure Guidelines

### All Revision Dates

08/2021, 11/2019, 11/2018, 10/2017

### Approval Signatures

Step Description	Approver	Date
	Sandra Walker: Director of Operations	08/2021
	Sandra Walker: Director of Operations	05/2021

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**TAHOE  
FOREST  
HEALTH  
SYSTEM**

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Last Approved N/A  
Last Revised 11/2022  
Next Review 3 years after approval

Department Quality Assurance / Performance Improvement - AQPI  
Applicabilities System

## Consent, Informed, AQPI-1907

### Risk:

A patient, or their authorized representative, have the right to an informed consent for an operation/procedure, administration of anesthesia, and administration of blood, that includes the risks, benefits, and alternatives, or we risk violating the patient's rights, their ability to participate in health care decisions, and violating regulatory standards.

### POLICY:

- A. The patient has the right to reasonably informed participation in decisions involving his/her health care. Except in emergencies and under certain specific conditions, the patient should not be subjected to any procedure or treatment without his/her voluntary, competent, and understanding consent, or that of his/her authorized representative. The patient has the right to know the risks and benefits of the procedures or treatment he/she is receiving. Informed consent is a process which includes physician, dentist or podiatrist participation. In certain circumstances a Nurse Practitioner or a Physician Assistant may participate in the informed consent process. Completion of the Health System consent form(s) is the final step of the process.
- B. Procedures that are "simple and common" are those in which the related risks are commonly understood, such as venipuncture for lab testing. "Simple and common" procedures require general consent under the Conditions of Admission and do not require an informed consent discussion or documentation.
- C. Treatments or procedures that are "complex," "invasive" or "complicated" require that informed consent be obtained. It is the physician's (dentist or podiatrist) responsibility to determine whether a procedure is complex, invasive or complicated, thus requiring informed consent.
- D. Complex, invasive or complicated procedures or treatments include those significant

diagnostic, therapeutic or surgical procedures, such as:

1. major or minor surgery in the operating room or other clinical setting (excludes simple laceration repair) which involves an entry into the body either through an incision or through the use of natural openings;
2. invasive procedures involving skin incision or puncture associated with serious risks and the potential to cause harm or adverse reactions (excludes venipuncture, IV therapy)
3. procedures involving general anesthesia, or moderate or deep sedation, whether or not entry into the body is involved;
4. non-operative procedures which involve more than a slight risk of harm to patients, or which involve the risk of a change in patient's body structures, (for example, laser surgery);
5. procedures utilizing radiation, x-rays, or isotopes;
6. sterilization;
7. HIV testing;
8. blood or blood product transfusions;
9. administration of investigational drugs;
10. participation in clinical research protocols.

E. To determine whether a treatment or procedure is "simple or common" or "complicated," the Medical Staff shall consider whether the average layperson would understand the nature of the procedure and its risks and benefits.

## GENERAL INFORMATION:

### A. DEFINITIONS

1. **"Informed Consent"** - A person's agreement to allow or undergo a medical treatment or surgery that is based on a full disclosure of the facts needed to make the decision intelligently (CMS 485.638(a)(4)(i) & 485.639)
2. **"Capacity"** - Capacity means a patient's ability to understand the nature and consequences of proposed health care, including its significant benefits, risks, and alternatives, and to make and communicate a health care decision. (CA Prob. Code §4670) (See also [NRS 129.010](#))

### B. FEDERAL

1. **Patient Self-Determination Act (PSDA)** - The federal PSDA requires that at the time of admission, every adult is offered written information concerning an individual's right under Federal law to make decisions regarding his or her medical care. ([42 CFR 489.102](#)) This includes the right to accept or refuse treatment and the right to formulate advance directives. (See Advance Directive, DPTREG-1901)

### C. CALIFORNIA

1. **Health care decisions** - Health care decision means a decision regarding the patient's

health care, including selection and discharge of health care providers and institutions; approval or disapproval of diagnostic tests, surgical procedures, and programs of medication; directions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation." (CA [Prob. Code § 3200 \(b\)](#))

2. **Informed Consent** - "Informed consent is the duty imposed on the patient's physician to secure the patient's informed consent for a complex procedure. To enable a patient to make an informed decision as to whether to consent to a procedure, the physician is required to explain to the patient the nature of the proposed treatment, its expected benefits and effects, its possible risks and complications and any alternative forms of treatment and their benefits and associated risks and complications". (see, [Cobb v Grant, 8 Cal.3d 229 \(1972\)](#))
3. **California Hospital Association Consent Manual** - An excellent resource located in the G:Public folder.

#### D. NEVADA

1. **Nevada Hospital Association Consent Manual** - An excellent resource located in the G:Public folder.
2. **Informed Consent** - "Receive from his or her physician the information necessary for the patient to give his or her informed consent to a procedure or treatment. Except in an emergency, this information must not be limited to a specific procedure or treatment and must include:
  - a. A description of the significant medical risks involved;
  - b. Any information on alternatives to the treatment or procedure if the patient requests that information;
  - c. The name of the person(s) responsible for the procedure or treatment; and
  - d. The costs likely to be incurred for the treatment or procedure and any alternative treatment or procedure." (Patient Rights ; [NRS 449.710](#))
3. "A physician has conclusively obtained the consent of a patient for a medical or surgical procedure if he/she has done the following:
  - a. Explained to the patient in general terms without specific details, the procedure to be undertaken;
  - b. Explained to the patient alternative methods of treatment, if any, and their general nature;
  - c. Explained to the patient that there may be risks, together with the general nature and extent of the risks involved, without enumerating such risks; and
  - d. Obtained the signature of the patient to a statement containing an explanation of the procedure, alternative methods of treatment and risks involved." ([NRS 41A.110](#))

#### E. Obtaining Informed Consent

##### 1. Role of the Physician



It is the treating physician's duty to obtain informed consent. The physician may delegate portions of this task to nurse practitioners or physician assistants who may assist with providing information and/or responding to patients' questions. *However*, the physician is required, in a face-to-face communication with the patient, to offer an explanation of the procedure, its possible complications, risks, benefits and alternatives. In that discussion, the physician shall offer the patient the opportunity to ask questions and to have those questions answered before obtaining a written consent.

The detailed conversation with the patient or the patient's legal representative should include:

- a. Nature of the proposed care, treatment, and services;
- b. Potential risks, benefits, and side effects of the proposed care, treatment, and services;
- c. Likelihood of achieving the desired outcome;
- d. Potential problems that might occur during recuperation;
- e. Reasonable alternatives;
- f. Risks, benefits, and side effects related to the alternatives, and the risks related to not receiving the proposed care, treatment, and services (*informed refusal*);
- g. Circumstances where information about the patient must be disclosed or reported;
- h. Information about other care providers (e.g. anesthesiologist) who may be performing important tasks related to the procedure or treatment, in accordance with hospital policy; and
- i. Non-physician, qualified medical practitioners and/or device representatives (if applicable) may be present and perform important services during the procedure or treatment.

Physician shall document discussion details in the patient History and Physical (H&P). If possible, physicians shall provide the completed Consent Form (including Medical Terminology **and** "Terms Easier to Understand") and all pre-op documents\* to the Pre-Admit Office 48 hours prior to the procedure. (\*Consent, Pre-op Orders, H&P, Medical Clearance Notes, Labs, EKG's, CXR's, Echo, Stress Tests (if done elsewhere)).

The physician may also use various informational tools such as written materials, audiotapes and videotapes.

## 2. Role of the Anesthesiologist/Anesthetist

- a. If anesthesia or sedation is to be provided, the anesthesia or sedation provider must determine that the patient has been informed and acknowledges an understanding of the risks and consequences associated with the administration of anesthesia or sedation. The patient also shall be advised as to the identity of the anesthesia provider administering the anesthesia.
- b. The anesthesiologist is responsible for addressing all the elements of an

informed consent, as defined above, and for placing appropriate documentation in the medical record. This must be documented and signed by the anesthesia provider and the patient/patient's legal representative on the Anesthesia Consent form.

**3. Role of Radiologists**

It is the radiologist's duty to obtain informed consent for complex, invasive or complicated radiological procedures. The radiologist is required, in a face-to-face communication with the patient, to offer an explanation of the procedure, its possible complications, risks, benefits and alternatives. In that discussion, the physician shall offer the patient the opportunity to ask questions and to have those questions answered before obtaining a written consent.

The radiologist shall document discussion details in the patient record or certify the discussion process on the hospital consent form.

**4. Role of Other Professional Hospital Staff Members**

Nursing staff and other professionals who routinely obtain signatures on consent forms shall take reasonable steps to ensure that the benefits, risks and alternatives of any procedure to be performed on a patient have been explained to the patient or patient's legal representative by the physician before obtaining signatures.

- a. Under Board of Registered Nursing authority, Nurse Practitioner(s) working under physician supervision may perform procedures and elicit consent for those procedures through standardized procedures and protocols, and for which the Nurse Practitioner(s) have Medical Staff approved privileges. Physician Assistants may not obtain informed consent for procedures they are not performing. If the Nurse Practitioner is not privileged to perform a particular procedure, the supervising physician must conduct a consent discussion with the patient.
- b. Under Title 16 of the California Code of Regulations, Physician Assistants working under physician supervision may perform procedures and elicit consent for those procedures. The Physician Assistant(s) must have Medical Staff approved privileges for the procedures. All such procedures will be governed by protocols approved by the Inter-Disciplinary Practice Committee and the Medical Executive Committee. Physician Assistants may not obtain informed consent for procedures they are not performing. If the Physician Assistant is not privileged to perform a particular procedure, the supervising physician must conduct a consent discussion with the patient.

**5. Role of the Health System**

The Health System's role in the consent process is limited to verifying that the physician has obtained the patient's informed consent before the physician performs the procedure. The physician, not the Health System, has the duty to disclose all information relevant to the patient's decision and to obtain the patient's informed consent.

**F. Who can provide consent?**

1. The person who can consent to treatment is listed below and must be followed in

the order of hierarchy:

- a. Adult patient with decisional capacity – A patient must sign his/her own consent if age 18 or older and deemed to have decisional capacity. Parent/Guardian with legal custody of a minor. See Section 15 for more detail
- b. Surrogate decision maker – oral or written appointment by the patient, for the duration of the stay or illness; maximum 60 days.
- c. Agent - appointed in an Advanced Health Care Directive or Power of Attorney for Health Care
- d. Conservator
- e. Court appointed surrogate decision maker.
- f. Un-appointed surrogate for patients or closest available relative as defined below:

<b>Closest Available Relative</b>			
<b>General</b>	<b>Autopsy</b>	<b>Gift of Remains</b>	<b>Disposition of Remains</b>
No statutory hierarchy	No statutory hierarchy	In the order listed	In the order listed
Spouse/ domestic partner	Spouse/ domestic partner	An agent who made an anatomical gift prior to decedent's death	Spouse/ domestic partner
Adult child	Adult child	Spouse/domestic partner	Adult child or majority of children
Either parent	Either parent	Adult child	Either parent
Adult sibling	Adult sibling	Either parent	Adult sibling or majority of siblings
Grandparent	Any other kin or person who has the right to dispose of remains	Adult sibling	Surviving adults in degree of kinship or the majority of the same
Adult aunt/ uncle	Public administrator/ coroner	Adult grandchildren	Public administrator
Adult niece/ nephew		Grandparent	Curator of the body
		Adult who exhibited	

		special care for the decedent	
		Guardian or conservator of the decedent at the time of death	
		Other person authorized to dispose of the remains – provided that reasonable effort has been made to locate persons above	

g. Contact the Risk Manager in any circumstance where there appears to be no present, willing or able surrogate decision maker for resident of skilled nursing facilities.

2. California law has a provision which allows the patient to decline information necessary for "informed consent". Risk Management must be contacted to review the circumstances of the individual case prior to proceeding with any invasive procedure when the patient has declined informed consent information.

**G. Surrogate**

1. There are two types of surrogates.

- a. A legally appointed surrogate: which is an agent appointed by the patient under an Advance Healthcare Directive or court appointed conservator with specific powers for health care decisions; and an
- b. Un-appointed surrogate for patients: which is appointed by the attending physician when the patient has not appointed a surrogate or agent through a valid written or oral directive and there is no court appointed conservator for health care decision-making; or if the designated surrogate, agent or conservator is not reasonably available. The primary physician may identify an individual (surrogate) to make healthcare decisions on behalf of the patient. The Risk Manager or Director of Quality and Regulations should be consulted in any circumstance when there appears to be no present, willing or able surrogate decision maker.

2. There is no statutory hierarchy in California or Nevada for the appointment of surrogate for general medical care which leaves it to the physician's discretion. California does however make recommendation as identified in the above chart which should be considered when making an appointment. The Risk Manager or Director of Quality and Regulations should be consulted in any circumstance when there appears to be no present, willing or able surrogate decision maker.

3. The surrogate shall be the individual who appears, after a good faith inquiry, to be the best able to function in this capacity. Relevant factors to be considered in determining who is best able to serve as the surrogate include:

- a. Familiarity with patient's personal values;

- b. Demonstrated care and concern for the patient;
  - c. Degree of regular contact with the patient before and during the patient's illness;
    - i. availability to visit the patient, and
    - ii. engage in meaningful contact with health care professionals for the purpose of fully participating in the health care decision making process;
  - d. Ability to understand the medical condition and treatment options as explained by physicians or other health care professionals;
  - e. Ability and willingness to assume the duties of a surrogate.
  - f. Identification of an un-appointed surrogate may include input from any or all of the following as appropriate: family and friends of the patient; other health care professionals; institutional committees; social workers; Chaplains and Domestic Partners.
    - i. California law states that a registered Domestic Partner has the same authority to make a health care decision for his or her incapacitated Domestic Partner as a spouse would have to make a health care decision for his or her incapacitated spouse (Probate Code Section 4716).
4. The appointment of the surrogate should be clearly documented in the medical record by the attending physician. If the selected surrogate for general care deviates from what is recommended in the above chart, the rationale for the deviation should be documented.

#### H. Types of Consents

1. **General Consent** – The patient/representative's signature on the "Conditions of Admission" form provides general consent for treatment, which is designed to cover all hospital and nursing care and routine procedures during the hospital encounter for which written informed consent is not required. The "Conditions of Admission" form is obtained for all inpatient, outpatient services, and emergency room patients by the admitting employee. (See: Delivery of General Consent, Financial Agreement, and Patient Rights Forms DPTREG-2004)
  - a. **Simple and Common Procedures:** The simple or common procedures covered under the general consent include but are not limited to: venipuncture, peripheral line placement, insertion of nasogastric tubes and foley catheters; non-invasive diagnostic testing; and, in the emergency setting, laceration repair, wound irrigation and debridement, joint aspiration, local anesthesia and/or digital block, hematoma aspiration, and diagnostic lumbar puncture.
  - b. **Outpatient Departments**
    - i. Departments providing outpatient services and programs, including series patients and program services in which there is an *ongoing, extended course of treatment* or continuing series of

services, shall obtain consent for treatment. These include Multi-Specialty Clinics, Rehabilitation Services, the Cancer Center, and other outpatient programs. Home Health and Hospice utilize separate regulatory consents.

- ii. The Conditions of Admission is the standard general consent. If the patient is receiving an ongoing, extended course of treatment or continuing series of services related to one plan of care, one signed form is appropriate for the specific course of treatment; e.g. rehab services, participation in Women & Family outpatient programs. Any change in the plan of care requires a new Conditions of Admission. Seek guidance from Risk Management for any questions about continuing or series treatments or services. NOTE: some insurance carriers and third-party payors may require a signed consent for each episode of a series plan of care or treatments.
- iii. Use of any other consent form than those approved by TFHD must be reviewed and approved by Risk Management, prior to utilization.

2. **Surgical/Complex Diagnostic/Therapeutic Procedures Consent** – All invasive procedures performed in any facility location, including Diagnostic Imaging, require informed consent. A properly executed Informed Consent form for the procedure must be in the patient's chart prior to the procedure, except in emergencies and other certain, specific situations. The consent must stipulate the procedure to be performed and the practitioner performing it. The patient will be informed of any change in practitioners who will be conducting their procedure and this notification will be documented in the medical record. The surgeon/physician is responsible for addressing all the elements of an informed consent as defined above, and for placing appropriate documentation in the medical record.

- a. Diagnostic Invasive Studies/Procedures: The physician performing the procedure is responsible for obtaining informed consent.

3. **Special Consent** – The California Legislature has imposed special requirements with respect to patients in several circumstances. Copies of these consents *must* be provided to the patient or the patient's legal representative. The hospital utilizes the CHA Consent Manual, as part of its standard operating policy, on California consent law and the NHA Consent Manual on Nevada law (See "Procedures that Require Special Consent" in the CHA or NHA Consent Manual). Procedures that may be significant to TFHD that require a special consent include:

- a. Abortions
- b. Hysterectomies
- c. Sterilization
- d. HIV Testing
- e. Organ/Tissue Donation - The families of all patients who meet the criteria as potential donors of organs and tissue are approached by the Organ

Procurement Organization (OPO).

- f. Administration of antipsychotic medications (excludes emergencies).  
A copy of the original special consent signed in the physician's office will be placed in the patient's chart pre-operatively. The original special consent will be retained by the physician at his/her office.

4. **Emergency Consent** – When a delay in treatment would jeopardize the life or health of the patient and the patient is unable to give an informed consent, the law recognizes an exception to the requirement for obtaining an informed consent. The only exception to obtaining a signed consent form for a diagnostic, therapeutic, or surgical procedure and the administration of anesthesia is in an emergency when the treatment appears to be immediately required and necessary to prevent deterioration or aggravation of the patient's condition. The law **implies consent** in these circumstances on the theory that if the patient were able, or if a qualified legal representative were present, the consent would be given. Treatment may proceed without the patient's consent if no evidence exists to indicate that the religious belief, for example, or a relative's statement regarding the patient's wishes.

- a. The physician, and any consulting physician, should document the following on a progress note:
  - i. the lack of capacity in the patient to give informed consent;
  - ii. the unavailability of an authorized individual to consent on behalf of the patient;
  - iii. the emergency nature of the patient's condition;
  - iv. the benefit to the patient of having the procedure; and
  - v. the likelihood of further injury to the patient should the procedure not be performed.
- b. The emergency exception to the requirement of informed consent does not extend to a conscious, competent adult patient, otherwise able to give his/her own informed consent, who has refused to consent to a treatment or procedure (informed refusal).

#### I. **Witness to Consent**

1. Conditions of Admission and other approved consent forms: A Health System employee, age 18 or greater, must witness the patient's or the patient's authorized representative's signature to general consent on the Conditions of Admissions form and other release forms with the exception of consents for surgery or invasive procedures.
2. Surgical Consents, Complex or Invasive Diagnostic or Therapeutic Procedures: A professional member of the staff must witness, or verify the patient's or the patient's authorized representative's signature, on the Consent to Surgery or Special Procedure (HFAP07.00.04 & 08.00.06).
3. Diagnostic Imaging technologists may witness consents for imaging studies.
4. The witness's signature on the consent form represents verification of the patient/

representative's signature only.

**J. Consent by Telephone, Facsimile, Electronic Submission**

1. Telephone consent may be provided by an authorized representative when the representative is not local, or when the clinical situation is emergent. Telephone consent must be obtained in the hearing presence of **two** hospital employee witnesses. Both witnesses are required to sign the consent form.
2. The physician should document the date and time of the conversation, and the informed consent process in a progress note.
3. Written confirmation of the consent or refusal should be requested by electronic transmission (e.g. fax, e-mail), or by signing the form at the time of the next visit by the authorized representative whenever possible.

**K. Securing consent when communication barriers exist** - If a patient or his or her representative cannot communicate with the physician because of language or communication barriers, the physician, with hospital assistance, should arrange for an interpreter. Consents in Spanish are available. Lay terminology on the consent may be in English so long as interpretive services are available. (See *Policies Interpreter Translator Services, DPTREG-28 and Patient Rights and Responsibilities, ALG-1915*). The name, and identification number of the interpreter, and the language that was utilized to obtain the consent, should be documented on the Consent to Operation/Procedure form.

**L. Duration of informed consent** - Informed consent may be considered to have continuing force until the procedure is completed or the patient is discharged from in-patient status, unless the patient/authorized representative revokes the consent. The provider must renew or revise the consent if circumstances change so as to materially affect the nature of, or the risks of the procedure and/or the alternatives to the procedure to which the patient consented.

**M. Refusing to give consent** - A competent adult patient may refuse treatment. If the patient refuses to consent to a proposed procedure the physician must assure that the patient is aware of the possible risks and complications that may occur as a result of the refusal, and, when appropriate, propose alternative methods of treatment that might be acceptable to the patient. Request that the patient sign the Refusal to Permit Medical Treatment Form (CHA Consent Manual). The patient who is refusing a blood transfusion signs the blood transfusion denial portion of the consent form.

1. In the event a patient without capacity refuses medical treatment, the designated agent or surrogate to make health care decisions should be contacted by the physician regarding the patient's treatments. The physician should specifically document the information provided to the surrogate/agent.

**N. Withdrawal of consent** – A patient with capacity may withdraw consent, which had previously been given, for medical, surgical, or special procedures. If the patient's capacity is questionable or the consent is being withdrawn by the authorized representative, the Risk Manager or Director of Quality and Regulations should be contacted. The attending physician should be notified of the withdrawal, and an informed refusal discussion should be initiated and documented.

**O. Minor Patients and Informed Consent**



1. Consent by parent or guardian – For the treatment of the minor patient under the age of 18 (except as otherwise allowed by law, see Attachment A), a parent or guardian provides informed consent.
  - a. If the parents are divorced or separated, consent can be obtained from either parent, provided a court order does not direct otherwise.
  - b. Parents may delegate the authority to consent to a third party (Authorization for Third Party Consent). Risk Management should be contacted for assistance.
  - c. A caregiver who is a "qualified relative" may execute an authorization affidavit (Caregiver's Authorization Affidavit) if there is no parental Authorization for Third Party Consent. The requirements and contents of the affidavit are prescribed by law. "Relative" means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half brother, half sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix 'grand' or 'great,' or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution."  
Risk Management should be contacted to review the written authorization or for assistance in determining if the caregiver meets the qualifications.
  - d. Consent for treatment of an abandoned minor, minor in custody of juvenile court can only be given by court order unless deemed an emergency.
  - e. Absent special circumstances, social workers, and probation officers do not have the authority to consent for treatment on behalf of minors in their custody. Risk Management should be contacted for assistance.
  - f. The local juvenile court or child protective services should be contacted for assistance in unusual cases.
2. Refusal to consent – In situations in which a parent or guardian refuses treatment for a minor child; a court order may be required. Risk Management should be notified immediately. The physician when treating a child under The Abused and Neglected Child Reporting Act is authorized to take protective custody when;
  - a. the minor will suffer permanent harm or death without the treatment; and
  - b. there is not sufficient time to apply for a court order.
  - c. the caretaker is not cooperative, unable/unwilling to protect the child, and/or has limited parenting knowledge.
    - i. The facility must notify child protective services immediately when taking protective custody
3. Consent by Minors (see Attachment A)– Minors may consent for their own treatment when :
  - a. married or previously married
  - b. emancipated by the court
  - c. considered self sufficient which is defined as being 15 years of age or

greater, not living at home, and managing own financial affairs (Self-Sufficient Minor)

- d. not married but seeking care related to prevention or treatment of pregnancy, including an abortion, but not sterilization
- e. on active duty with Armed Forces
- f. 12 years of age or older and seeking care for a communicable reportable disease or condition
- g. 12 years of age or older and seeking care for a rape
- h. 17 years of age or older and donating blood
- i. Special provisions for the treatment of sexual assault, alcohol and drug abuse and mental health services exist. The Risk Management Department, or the Nursing Supervisor after hours and on weekends, should be contacted for guidance on the specific case and special requirements.

#### **P. Documenting Informed Consent**

- 1. A standard consent form will be developed and approved by the Medical Staff and the Health System.
- 2. Documenting Informed Consent in the Medical Record
  - a. Patient Confirmation
    - i. The patient (or his or her representative) should sign the consent form(s)
    - ii. The original signed consent form(s) shall be included in the patient's medical record. A copy of the TFHD approved consent form that was signed in the physician's private office will be sufficient under this section. The consent form(s) should document:
      - a. that an informed consent discussion was held with the patient;
      - b. that the patient has been informed about the purpose of the operation or procedure;
      - c. that the patient had a chance to ask questions and all questions were answered and that the patient received all requested information;
      - d. that informed consent was obtained; and
      - e. that the patient understands the risks, benefits, and alternatives related to the proposed treatment.
    - iii. If requested, a copy of the consent form(s) signed by the patient (or his or her representative) should be given to the patient (or his/her representative).

b. Physician Documentation and Certification

- i. Physician shall include in the H&P that procedure X (name) was discussed with the patient, as well as the purpose of the procedure, the risks involved (list), alternatives discussed, and that the patient understands the risks and benefits relating to the proposed treatment in preparation for the procedure or treatment.
- ii. Physician shall date, time, and sign the Physician Certification on the hospital Consent Form certifying that he/she has completed the informed consent process, including a full discussion with the patient/representative of the risks, benefits, and alternatives and that the patient/ representative was provided an opportunity to ask and resolve questions about the procedure or treatment.
- iii. If a preprinted information sheet for a particular procedure has been created and used as an adjunct to the physician/patient discussion, a copy should be given to the patient and a copy is placed in the chart to prior to the procedure as documentation.

c. Interpreter Use

If an interpreter is used, the name of the individual, and their identification number, and the language must be documented on the consent form. A family member or friend may translate for the patient at their request; however a certified interpreter or service is required to represent the interest of the Health System. The latter will be the official translation in the patients medical record.

3. Verification

- a. Prior to non-emergency surgery, it is the responsibility of the physician performing the procedure to verify that (a) the medical and lay terminology on the consent form is accurate, and (b) the form has been signed by the patient or representative. Completion of the section for lay terminology is the physician's responsibility and may not be delegated.
- b. **The signature of the patient or the patient's legal representative documents that the informed consent discussion has taken place between the physician and the patient. Execution of the form by the patient (or the patient's legal representative) does not, in and of itself, satisfy the requirement for obtaining the patient's informed consent.**
- c. Certain procedures may require a State mandated consent form (See Section 8.4 Special Consent)

4. Location of consent documents – Available consents and how to access are listed below.

Type of consent	Location
Consent to Surgery or Special Procedure, Administration of	G/Public/Forms/Surgery

Anesthesia, and Administration of Blood	
Consent to Colonoscopy	G/Public/Forms/Surgery
Consent or Refusal to Blood Transfusion	G/Public/Forms/Nursing
Refusal to Permit Medical Treatment	CHA or NHA Consent Manual: G/ Public/Forms/Consent Manual
Abortions	CHA or NHA Consent Manual: G/ Public/Forms/Consent Manual
Hysterectomies	CHA or NHA Consent Manual: G/ Public/Forms/Consent Manual
Sterilization	CHA or NHA Consent Manual: G/ Public/Forms/Consent Manual
HIV Testing	CHA or NHA Consent Manual: G/ Public/Forms/Consent Manual
Organ/Tissue Donation	Organ Procurement Organization (OPO) CHA or NHA Consent Manual: G/ Public/Forms/Consent Manual
Administration of antipsychotic medications	CHA or NHA Consent Manual: G/ Public/Forms/Consent Manual

## PROCEDURE:

- A. Check the physician order for the specific planned procedure.
- B. If the Consent Form has not been signed by the patient in the physician's office, complete the sections for - patient name, name of physician(s) who will be performing the procedure, name of procedure including "left" or "right" with no abbreviations, and the medical and "terms easier to understand" as delineated in the physician's order.
- C. Place a patient sticker on all layers of the Consent Form and legibly print the patient name in the blank name space. If the sticker is not available, then the identifying information should be legibly printed.
- D. Determine who will be signing the Consent Form. If there are any questions, contact Risk Management for guidance.
  1. If a patient has received medication that could alter his or her mental clarity, the treating physician shall be notified and he or she will make a determination of competency of the patient. (standard of care for this situation is 4 hours after narcotics; 8 hours after anesthesia) exceptions for emergency care that cannot be safely postponed are applicable in this situation.
- E. Ask the patient/representative if the physician has discussed the procedure with him/her.
- F. In simple terms, using the physician's order as a guide, describe the procedure to the patient.
- G. Verify the patient/representative understands the surgery or procedure ordered and that it matches the surgery/procedure on the consent.

1. Ask the patient/representative to repeat back or explain what he/she understands the procedure will be, and
  2. Repeat what patient/representative has stated in order to "teach back" and clarify patient/representative's understanding of the procedure.
- H. If it appears that the patient/representative does not understand or has significant questions about the nature of the procedure, and its benefits or risks, the nurse should contact the patient's physician to allow him or her to discuss the patient/representative's questions and or reservations.
- I. After the discussion between the patient/representative and the physician, repeat verification steps, and then ask the patient/representative to sign the consent form.
- J. Check that the blood transfusion denial portion of the consent is not checked. If the patient does not wish to consent to a portion of the consent, that section is crossed out and initialed by the patient. **The nurse will contact the physician to report if the patient has not consented to or refuses to consent to any section of the form. Contact the Risk Manager in any circumstance where the consent form has been altered.**
- K. Complete all sections on the consent form including the date and time and witness section once the patient has signed.
1. If a signature is other than the patient's, a note below the signature indicating the relationship and why the patient is unable to sign should be made by the nursing staff
- L. Please ensure the patient gets "The Patient's Guide to Blood Transfusion."
- M. If consent needs to be altered after the patient has signed it, make the alteration, date and time, secure the patient's initials next to the change and a witness will initial as well. **Contact the Risk Manager in any circumstance where the consent form has been altered.**
- N. Ask the patient/representative if he/she would like a copy of the consent. Document on the Consent Form if a copy is provided or declined. Provide copy if requested.
- O. The original of the Consent Form is made a permanent part of the medical record.
- P. The Risk Manager, or the Nursing Supervisor after hours and on weekends, should be contacted for additional guidance. The CHA Consent Manual and the Nevada Consent Manual are located in the Quality and Regulations Department. For specialized consent forms that are not available on TFH forms, the example consent forms in the CHA Consent Manual may be utilized with the approval of the Director of Health Information Management, Chief Nursing Officer, Nursing Supervisor or Risk Manager.

## Related Policies/Forms:

Consent Form; Consent or Refusal to Blood Transfusion, [Advance Directive, DPTREG-1901](#), [Delivery of General Consent, Financial Agreement, and Patient Rights Forms DPTREG-2004](#), [Interpreter Translator Services, DPTREG-28](#), [Patient Rights and Responsibilities, ALG-1915](#), Refusal to Permit Medical Treatment; Authorization for Third Party Consent; Caregiver Authorization Affidavit; Self-Sufficient Minor;

**Crosswalks:** California Minor Consent and Confidentiality Laws (National Center for Youth Law); [Nevada Minor Consent Laws](#);

## References:

*Cobbs v. Grant*, 8 Cal. 3d 229 (1972)

Federal: [Patient Self-Determination Act 42 CFR 489.102](#); [CMS State Operations Manual 06\\_07\\_13 Appendix W](#)

CA: [Cal Prob. Code §3200](#); [Cal Bus. & Prof. Code § 2234.1](#); CA [Fam. Code §§6500-7143](#) (minors)

NV: [NRS 41A.110-120](#); [NRS 449.700](#) – 750; [NRS 129.030](#) and [NRS.450B.525](#) - 530 (minors)

CMS 485.638(a)(4)(i) & 485.639

California Hospital Association Consent Manual

Nevada Hospital Association Consent Manual

Crosswalk of state laws: [California Minor Consent and Confidentiality Laws \(National Center for Youth Law\)](#); [Nevada Minor Consent Laws](#)

## All Revision Dates

11/2022, 09/2020, 01/2018, 03/2017, 05/2016, 02/2014, 03/2012, 03/2011, 01/2010, 08/2009

## Attachments

[A: Consent Requirements for Medical Treatment of Minors](#)

## Approval Signatures

### Step Description

### Approver

### Date

Theresa Crowe: Risk  
Management/Privacy Officer

Pending

## Standardized Procedures and Protocols for Physician Assistants and Nurse Practitioners

- A. Provision for initial and continuing evaluation
- B. Supervision
- C. Record Keeping
- D. Consent
- E. Furnishing Medication/Medication Management
- F. Ordering Lab Work, Diagnostic Studies and Therapies
- G. Outpatient Management of Medical Conditions
- H. Outpatient Procedures and Minor Surgery
- I. Inpatient Management of Medical Conditions
- J. Emergent Care
- K. Surgery First Assistant
- L. Oncology
- M. Bibliography

Appendix A: Clinical Resources

Appendix B: Controlled Substances Protocol for California NPs

### **These procedures and treatments may be performed by**

Privileged Nurse Practitioners (NP) and Physician Assistants (PA) per approved privilege criteria who have been approved for practice at Tahoe Forest Hospital, Incline Village Community Hospital, Gene Upshaw Memorial Tahoe Forest Cancer Center, Occupational Health, Skilled Nursing Facility, Emergency Department, or any TFHD Clinic. Training and education include:

#### **Nurse Practitioner:**

Certification from an accredited school for nurse practitioner training

Current advance practice RN unrestricted license to practice in California and/or in Nevada, as appropriate

Current American Nurses Credentialing Center ("ANCC"), or American Academy of Nurse Practitioner's ("AANP") certification. If requesting to work solely in pediatrics, certification by the Pediatric Nursing Certification Board (PNCB) is also acceptable.

Must have an identified supervising physician who is a member of the Hospital's Medical Staff.

Current evidence of a Collaborative Service Agreement

Current unrestricted DEA certificate in CA (must be approved for Schedules II-V) and, if practicing in NV, current DEA certificate in NV, and registration certificate from the Nevada State Board of Pharmacy, as appropriate

Current professional liability insurance in the amount of \$1 Million/\$3 Million, minimum.

Current BLS/CPR

#### **Physician Assistant:**

Completion of a PA program accredited by the Accreditation Review Commission on Education for the Physician Assistant

Current unrestricted California and/or Nevada license.

Current NCCPA (National Commission on Certification of Physician Assistants) certified.

Must have an identified Physician Supervisor who is a member of the Hospital's Medical Staff.

Current evidence of a Practice Agreement (CA) or Supervising Physician Agreement (NV)

Current unrestricted DEA certificate in CA (must be approved for Schedules II-V) and, if practicing in NV, current DEA certificate in NV, and registration certificate from the Nevada State Board of Pharmacy, as appropriate

PA's practicing in California must complete an educational course in controlled substances that meets the standards of practice by TFHD and State of California (California Code of Regulations Sections: 1399.541(h), 1399.610 and 1399.612) within six(6) months of being granted privileges and Allied Health Professional ("AHP") membership

Current professional liability insurance in the amount of \$1 Million/\$3 Million, minimum.

Current BLS/CPR

#### **Setting**

Tahoe Forest Hospital Clinics and Incline Village Hospital Clinics

Gene Upshaw Memorial Tahoe Forest Cancer Center

Tahoe Forest Hospital

## Incline Village Community Hospital

### **Review**

All standardized procedures and protocols are to be reviewed annually by the Interdisciplinary Practice Committee ("IDPC")

Changes in, or additions to, the standardized procedures and protocols may be initiated by any of the authorized or covered personnel.

All changes or additions to the standardized procedures and protocols are to be approved by the IDPC and MEC and accompanied by a dated, signed approval sheet.

### **A. Provision for initial and continuing evaluation**

Evaluations of NP and PA performance of standardized procedures and protocol functions will be done in conjunction with existing job performance policies and/or clinical privilege delineations and according to the following:

For initial appointment – Proctoring of ten (10) cases and three and six month reviews by random chart reviews with physician feedback.

Ongoing chart review by supervising physician. The process for chart review will be determined at the practice level after discussion with the NP/PA and the supervising physician.

Through a peer review process based on the standard of care, and as required by state law, NP and PAs will have ongoing competency assessments. NPs and PAs participate in OPPE.

Provision for Review of privileges will be done by established credentialing and re-credentialing process through the TFHD Medical Staff and shall not exceed two (2) years from date of last appointment.

### **B. Supervision**

No physician can supervise more than four NPs or four PAs in CA at any moment in time.

Nevada Administrative Code precludes a physician from simultaneously supervising more than three physician assistants or collaborating with more than three advanced practitioners of nursing, or with a combination thereof. To supervise more than 3 NP/PAs, physicians must first file a petition with the Board for approval to supervise more than three.

NP and PA will be supervised by a TFHD Medical Staff Physician appropriate to the field. The relationship between the physician and the non-physician medical practitioner shall be that of a shared and continuing responsibility to follow the progress of the patient in a manner which assures the NP/PA's adherence to the standard of care. Standard of care is defined as "the level of skill, knowledge, and care in diagnosis and treatment ordinarily possessed and exercised by other reasonably careful and prudent NPs or PAs in the same or similar circumstances at the time in question".

The supervising physician shall be available to NP or PA in person, by telephone or through electronic means to provide supervision to the extent required by California and or Nevada professional licensing laws. The supervising physician need not be physically present while the NP or PA provides medical services. If the supervising physician is not available by telephone or through electronic means, a backup physician should be in place.

In cases of emergencies, the NP or PA, to the extent permitted by the laws relating to the license or certificate involved, may render emergency services to a patient .

The NP or PA shall consult with and/or refer the patient to, a supervising physician or other healthcare professional when providing medical services to a patient which exceeds the NP or PA's competency, education, training or experience.

### **C. Record Keeping**

Records of patient contacts and visits are to be kept in accordance with standard practice at Tahoe Forest Hospital District.

### **D. Consent**

PAs and NPs may only obtain informed consent on procedures they perform independently.

### **E. Furnishing Medication/Medication Management**

In compliance with State and Federal prescribing laws, the NP or PA may order and furnish those drugs and devices, including schedule II through V controlled substances, as indicated by the patient's condition, the applicable standard of care, and in accordance with the PA or NP's education, training, experience and competency, under physician supervision as provided above in "Supervision".

For PA's working in California who have not yet completed their controlled substance course,



patient specific approval is required. [NOTE: PAs must complete course within six (6) months of being granted clinical privileges.]

NPs working in California are required to complete a Board of Registered Nursing Approved Controlled Substances II (CS II) Authority Course. When Schedule II or III controlled substances, as defined in Section 11055 and 11056 of the Health and Safety Code, are furnished or ordered by an NP, the controlled substance shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician. The provision for furnishing Schedule II controlled substances shall address the diagnosis of illness, injury or condition for which the Schedule II controlled substance is to be furnished. (Appendix B: California NP Controlled Substances Protocol)

### **PROTOCOLS**

The NP/PA has a current DEA number for their state and practice location.

A practice agreement authorizing a NP/PA to order or furnish a drug or device shall specify which PA/PAs or NP/NPs may furnish or order a drug or device, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the NP/PA's competence, including peer review, and review of the practice agreement.

The drug or device is being ordered in accordance with the standard of care and per formulary.

The drug or device is appropriate to the condition being treated

Medication history has been obtained including:

Other medications being taken.

Medication allergies and adverse reactions.

Prior medications used for current conditions.

Plan for follow-up and refills is written in the patient's chart.

Patient education regarding the medications is given and documented in the patient's chart.

The prescription must be written in patient's chart including name of drug, strength, instructions and quantity, and signature of the NP/PA.

All other applicable Standardized Procedures in this document are followed during health care management.

10. All general policies regarding review, approval, setting, education, evaluation, patient records, supervision, and consultation in the Standardized Procedures are in force.

### **F. Ordering Lab work, Diagnostic Studies and Therapies**

The NP/PA is authorized to collect, order and interpret lab work and diagnostic studies per standard of care and in accordance with NV or CA state law.

### **NP PROTOCOLS**

Lab work and diagnostic studies obtained (such as CBC, chemistry panel, vaginal smears, urinalysis, throat cultures, radiology, etc.) must be appropriate as outlined in resources from Appendix A.

Therapies are ordered as part of a treatment plan as referenced in Appendix A.

All other applicable Protocols/Standardized Procedures in this document are followed during health care management.

All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

### **G. Outpatient Management of Medical Conditions**

Pursuant to applicable state laws, the NP or PA is authorized to perform those medical services for which they have demonstrated competency through education, training or experience, under physician supervision as outlined in the individual Practice Agreement.

### **H. Outpatient Procedures and minor surgery**

If approved through the TFHD Medical Staff credentialing process, the NP/PA may perform procedures, as consistent with their privileges

### **PROTOCOLS**

The NP/PA has been observed satisfactorily performing the procedure(s) or a sampling of procedures by another provider competent in that skill, as required by privileging.

The NP/PA is following standard of care

### **I. Inpatient Management of Medical Conditions**

The NP or PA may facilitate a hospital admission on behalf of the physician, if their condition or

disease requires inpatient management. The Supervising Physician must be contacted to review the diagnostic and treatment plan for the care of the patient. The Supervising Physician must see the patient within 24 hours of admission and cosign the admission history and physical. Any ICU admissions need to be referred to supervising physician, hospitalist or emergency room physician.

## **PROTOCOLS**

The PA or NP will communicate with the supervising physician regarding any changes to the evaluation, diagnosis, and treatment plan.

All inpatient history and physicals and discharge summaries are co-signed by a physician.

A treatment plan is developed based on Standard of Care

All other applicable Standardized Procedures in this document are followed during health care management.

All general policies regarding review, approval, setting, education, evaluation, patient records, supervision, and consultation in the Standardized Procedures are in force.

## **J. Emergent Care**

Emergent care conditions are acute, life-threatening conditions such as respiratory arrest or cardiac arrest. The NP/PA is authorized to evaluate emergent/urgent care conditions consistent with the standard of care and to the extent permitted under their license, privileging and state law.

## **K. Surgery First Assistant**

PA or NP has been granted first assist privileges and approved as an Allied Health Professional at Tahoe Forest Hospital and/or at Incline Village Community Hospital. PA or NP must meet all the qualifications per approved privilege criteria before being permitted to function in the expanded perioperative role of first assisting:

**Function:** The PA or NP renders direct patient care as part of the perioperative role by assisting the approved supervising surgeon in the surgical treatment of the patient. The responsibility of functioning as first assistant must be based on documented knowledge and skills acquired after specialized preparation, formal instruction and supervised practice.

Provision for Review of privileges will be done by established credentialing and re-credentialing process through the TFHD Medical Staff and shall not exceed two (2) years from date of last appointment.

## **SUPERVISION**

The PA/NP First Assistant practices under the direct supervision of the surgeon.

The PA/NP may surgically close all layers, affix and stabilize drains deemed appropriate by the supervising physician. The supervising physician is responsible for all aspects of the invasive/surgical procedure including wound closure and must provide supervision, but need not be present in the room when the PA/NP closes the wound. Supervising surgeons must be *immediately available* when the PA/NP closes the wound. "Immediately available" is defined as "able to return to the patient without delay, upon the request of the PA/NP or to address any situation requiring the supervising physician's services."

## **CIRCUMSTANCES**

PA/NP Protocol may be performed in any Tahoe Forest Hospital District facility.

A PA/NP may only provide those medical services which: he or she is competent to perform, as determined by the supervising physician; are consistent with his/her education, training, and experience and which have been approved by the TFHD Board of Directors.

There will be a Practice Agreement (CA), or a Supervising Physician Agreement (NV) between a supervising physician and a PA on file at all times. There will be evidence of a Collaborative Service Agreement between a supervising physician and an NP on file at all times.

The PA/NP will be listed as Assistant on all patient records and documents.

The PA/NP must adhere to the policies of the hospital and must remain within the scope of practice as stated by their state of license and practice.

## **PROCEDURES**

The PA/NP may perform the following under the direct supervision of the surgeon:

Assist with the positioning, prepping and draping of the patient or perform these independently

Initiate surgical entry as directed by the physician

Manipulate tissue by use of surgical instruments and/or suture material as directed by the surgeon to:

Expose and retract tissue.

Clamp, incise and/or sever tissue.  
Grasp and fix tissue with screws, staples and other devices.  
Drill, ream and modify tissue.  
Cauterize and approximate tissue.  
Place trochars  
Provide retraction by:  
Placing and holding surgical retractors, closely observing the operative field.  
Packing sponges or laparotomy pads into body cavities to hold tissue or organs out of the operative field.  
Managing all instruments in the operative field to prevent obstruction of the surgeon's view and provide patient safety.  
Anticipating retraction needs with knowledge of surgeon's preferences, anatomical structures, and the procedure being performed.  
Provide hemostasis by:  
Applying electrocautery tip to clamps or vessels in a safe and knowledgeable manner as directed by the surgeon.  
Sponging and utilizing pressure as necessary.  
Utilizing suctioning techniques.  
Applying clamps on vessels and tying them as directed by the surgeon.  
Placing suture ligatures in the muscle, subcutaneous, and skin layers.  
Placing hemoclips on bleeders as directed by the surgeon.  
Perform knot tying by:  
Demonstrating various knot-tying techniques.  
Tying knots appropriately for suture material.  
Approximating tissue, rather than pulling tightly, to prevent tissue necrosis.  
Provide closure of tissue layers by:  
Correctly approximating the layers under the direction of the surgeon.  
Demonstrating knowledge of different types of closure.  
Correctly approximating skin edges when utilizing skin staples.  
Assist the surgeon at the completion of the surgical procedure by:  
Affixing and stabilizing all drains.  
Cleaning the wound and applying the dressing.  
Applying casts or splints as directed.  
Provide continuity of care.  
In the event the operating surgeon, during surgery, becomes incapacitated or needs to leave the OR due to an emergency, the PA will:  
Maintain hemostasis, according to the approved standardized procedure.  
Keep the surgical site moistened, as necessary, according to the type of surgery.  
Maintain the integrity of the sterile field.  
Remain at the field while a replacement surgeon is being located.  
The RN circulator/charge nurse will initiate the procedure for obtaining a surgeon in an emergency.

#### **RECORD KEEPING/QUALITY ASSURANCE**

The Director of Surgical Services will maintain a list of the surgeons utilizing the PA/NP and a current list of PA/NPs with hospital privileges.

A QA/QI Program will be put in place and approved by the Surgical Department.

#### **L. ONCOLOGY (inpatient and outpatient)**

##### **POLICY**

The Nurse Practitioner or Physician Assistant is authorized to follow the supervising physician's chemotherapy treatment plan as outlined in the physician orders. Prior to authorizing a continued treatment for a patient, the PA/NP will review the level of toxicity induced by treatment, as appropriate to the drugs utilized. The PA/NP is authorized to modify doses of chemotherapy as outlined in the supervising physician's treatment plan.

##### **PROTOCOL**

The PA/NP is authorized to modify doses of chemotherapy as outlined in National Comprehensive Cancer Network (NCCN) guidelines. This may include dosage reduction and discontinuation of

therapy due to toxicity. The PA/NP is required to consult with the medical oncologist within 24 hours of modifying the attending physician's treatment plan, and documentation by the PA/NP must reflect such consultation.

The primary signature of chemotherapy orders must be from the medical oncologist.

All general policies regarding review, approval, setting, education, evaluation, patient records, supervision and consultation in these standardized procedures are in force.

#### **M. BIBLIOGRAPHY**

Physician Assistant Scope of Practice issued by the State of California

California B&P Code, § 3502.1

SB-697 Physician Assistants: practice agreement: supervision.(2019-2020)

California Code of Regulations: Title 16

Policies and Procedures of Tahoe Forest Hospital District Department of Surgery

#### **APPENDIX A: Clinical Resources**

The following are examples of clinical resources that may be consulted:

Up To Date

Epocrates

Micromedex

Tarson's Pharmacopeia

#### **APPENDIX B: Controlled Substances Protocol for California NPs**

##### **A. Schedule III Patient Specific Protocols**

Schedule III substances may be furnished or ordered when the patient is in one of the following categories, including but not limited to the following conditions:

- a. Acute Illness, Injury or Infection
- b. Acute intermittent but recurrent pain
- c. Chronic continuous pain
- d. Hormone replacement

2) Limited order for acute illness, injury or infection per Standard of Care

3) For chronic conditions:

a. pain management protocol or department guidelines is/are adhered to if appropriate

b) Amount given, including all refills is not to exceed a 120 days supply as appropriate for the condition.

c) Treatment plan must be established in collaboration with the patient's primary care provider and reviewed, with documentation every 12 months

d) Refills with evaluation at regular intervals

e) Education and follow up is provided

##### **B. Schedule II Patient Specific Protocol**

Schedule II substances may be furnished or ordered when the patient has one of the following diagnoses and under the following conditions:

- a. Pain secondary to malignancy, trauma or post-operative pain
- b. Pain unresponsive to, or inappropriately treated by CS III-V substances
- c. Attention Deficit Disorders
- d. Neuropsychiatric Conditions

2) Limited orders for acute and chronic conditions as specified in Schedule III Patient Specific Protocol

3) No refills are authorized for CSII medications except where authorized by the DEA

4) Pain management protocol or TFHD system guidelines are adhered to if appropriate



Origination 01/2016  
Date  
Last 08/2022  
Approved  
Last Revised 01/2019  
Next Review 08/2023

Department **Tahoe Multi-Specialty Clinics - DTMSC**

## **MSC Vaccine Screening by the RN Standardized Procedure, DTMSC-1801**

### **POLICY:**

- A. A Registered Nurse (RN) with documented competency may screen patients for indicated vaccines and order the indicated vaccine.
  - 1. A physician order is required for vaccines in MSC offices for billing and documentation processes.
  - 2. A physician order is not required for vaccine administration in non-MSC locations.
- B. Patients in MSC offices are screened for indicated vaccines at annual physical exams and per patient or provider request.

### **DEFINITION:**

- A. General Supervision:
  - 1. The procedure or service is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the [vaccine screening]. 42 CFR 410.32(b)(3)(i)

### **SUPERVISION:**

- A. Vaccine screening is conducted under the general supervision of a physician.
- B. A nurse practitioner (NP), physician assistant (PA) or physician (MD/DO) will be available for assistance by phone or in person when vaccine screening is conducted.

## TRAINING:

- A. Documented competency:
  - 1. RNs in the MSC offices will complete an annual competency in Vaccine Screening, Administration and Documentation.
  - 2. RNs screening patients in the outpatient MSC Pediatrics office will complete an additional annual competency in routine pediatric immunization.
- B. The Supervisor or Manager confirms the RN has an up to date competency at the end of orientation and at each annual performance review.

## PROCEDURE:

- A. RN in the MSC with documented competency screens patient to identify indicated vaccine(s) using the approved Screening Form listed in Appendix A of policy Vaccine Screening, Administration and Documentation, ANS-1601.
  - 1. Notify the NP, PA or physician for direction if the patient has a precaution listed on the screening form.
- B. RN enters vaccine, if indicated, as an order in the EMR.
- C. RN, LVN or MA administers and documents vaccine per Vaccine Screening, Administration and Documentation (ANS-1601) policy.
- D. RN, LVN or MA manages adverse events and medical emergencies within individual's scope of practice per policy Vaccine Screening, Administration and Documentation, ANS-1601.

## PERIODIC REVIEW:

- A. Standardized Procedure is reviewed and approved by Interdisciplinary Practice Committee (IDPC), the Medical Executive Committee and the TFHD Board of Directors.
- B. Vaccine Screening Forms are reviewed per policy Vaccine Screening, Administration and Documentation, ANS-1601.

## RECORD KEEPING:

- A. Documentation of screening and vaccine administration is recorded in the patient's medical record per policy Vaccine Screening, Administration and Documentation, ANS-1601.
- B. RN Vaccine Screening Competency records will be maintained by the Education Department in Human Resources.

## Related Policies/Forms:

[Vaccine Screening, Administration and Documentation, ANS-1601](#)

**All Revision Dates**  
01/2019, 12/2017, 01/2016

**Approval Signatures**

<b>Step Description</b>	<b>Approver</b>	<b>Date</b>
	Sandra Walker: Director of Operations	08/2022
	Estela Iniguez: Manager	06/2022

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

Thursday, October 27, 2022 at 4:00 p.m.

Pursuant to Assembly Bill 361, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for October 27, 2022 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.

## 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; Michael McGarry, Secretary; Dale Chamblin, Treasurer; Robert (Bob) Barnett, Board Member

Staff in attendance: Harry Weis, President & Chief Executive Officer; Louis Ward, Chief Operating Officer; Crystal Betts, Chief Financial Officer; Jan Iida, Chief Nursing Officer; Ted Owens, Executive Director of Governance; Martina Rochefort, Clerk of the Board

Other: David Ruderman, General Counsel; Kate Jackson and Justen Gomes of Moss Adams

## 3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

Chair would like to move item 4. Audience Input after item 5. Items for Board Action.

## 4. INPUT AUDIENCE

No public comment was received.

## 5. ITEMS FOR BOARD ACTION

### 5.1. Fiscal Year 2022 Audited Financial Statements Report

Kate Jackson and Justen Gomes of Moss Adams presented the Fiscal Year 2022 Audited Financial Statements. Discussion was held.

No public comment was received.

**ACTION: Motion made by Director Chamblin, to accept the Fiscal Year 2022 Audited Financial Statements, seconded by Director Brown. Roll call vote taken.**

**Barnett – AYE  
Chamblin – AYE  
McGarry - AYE  
Brown – AYE  
Wong – AYE**

**5.2. Split Dollar Life Insurance Benefit Plan**

Don Curristan and Trevor Lattin of Executive Benefit Solutions presented a voluntary Split Dollar Life Insurance Benefit Plan. Discussion was held.

**ACTION:** Motion made by Director Chamblin, to accept the recommended option allowing individuals voluntarily participating in the Split Dollar Life Insurance Benefit Plan to receive matching contributions of up to fifteen percent (15%) of \$50,000.00 and no more than \$7,500 per year and direct the President and CEO authority to fully implement and execute necessary documents as outlined in the recommended option, seconded by Director McGarry. Roll call vote taken.  
Barnett – AYE  
Chamblin – AYE  
McGarry - AYE  
Brown – AYE  
Wong – AYE

Open Session recessed at 5:30 p.m.

**6. CLOSED SESSION**

**6.1. Approval of Closed Session Minutes**

6.1.1. 9/22/2022 Regular Meeting

6.1.2. 10/13/2022 Special Meeting

6.1.3. 10/19/2022 Special Meeting

Discussion was held on a privileged item.

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

*Subject Matter: Medical Staff Credentials*

Discussion was held on a privileged item.

**7. DINNER BREAK**

**8. OPEN SESSION – CALL TO ORDER**

Open Session reconvened at 6:00 p.m

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

General Counsel reported the Board of Directors approved the items 6.1.1 through 6.1.3. Closed Session Minutes by a 5-0 vote. Item 6.2. was also approved on a 5-0 vote.

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

No changes were made to the agenda.

**11. INPUT – AUDIENCE**

No public comment was received.

**12. INPUT FROM EMPLOYEE ASSOCIATIONS**

No public comment was received.

**13. MEDICAL STAFF EXECUTIVE COMMITTEE**

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

*MEC recommended the following for approval by the Board of Directors:*

New Privilege Form:

- Cardiology Privilege Form

Privilege Form with Revisions:

- General Surgery Privilege Form

New Policy:

- Preoperative COVID-19 Testing & Guidance for Surgery after COVID-19 Infection Policy

Discussion was held.

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

**Barnett – AYE**

**Chamblin – AYE**

**McGarry - AYE**

**Brown – AYE**

**Wong – AYE**

**14. CONSENT CALENDAR**

**14.1. Approval of Minutes of Meetings**

**14.1.1.** 09/22/2022 Regular Meeting

**14.1.2.** 10/13/2022 Special Meeting

**14.1.3.** 10/19/2022 Special Meeting

**14.2. Financial Reports**

**14.2.1.** Financial Report – September 2022

**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.** CIIO Board Report

**14.4. Approve Resolution for Continued Remote Teleconference Meetings**

**14.4.1.** Resolution 2022-18

Director Barnett pulled item 14.2.1. from the consent calendar.

**ACTION: Motion made by Director Barnett, to approve the Consent Calendar excluding item 14.2.1., seconded by Director Brown. Roll call vote taken.**

**Barnett – AYE**

**Chamblin – AYE**

**McGarry - AYE**

**Brown – AYE**

**Wong – AYE**

**15. ITEMS FOR BOARD ACTION**

**15.1. Second Reading of TFHD Board of Directors Bylaws**

The Board of Directors reviewed and considered approval of the TFHD Board of Directors Bylaws. Discussion was held.

**ACTION:** Motion made by Director Chamblin, to approve the TFHD Board of Directors Bylaws as presented, seconded by Director McGarry. Roll call vote taken.  
Barnett – AYE  
Chamblin – AYE  
McGarry - AYE  
Brown – AYE  
Wong – AYE

**16. ITEMS FOR BOARD DISCUSSION**

**16.1. Fiscal Year 2022 Annual Accomplishments Report**

The Administrative Council presented the Fiscal Year 2022 Annual Accomplishments Report. Discussion was held.

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

Discussion was held on item 14.2.1.

**ACTION:** Motion made by Director Barnett, to approve item 14.2.1. Financial Report – September 2022, seconded by Director Chamblin. Roll call vote taken.  
Barnett – AYE  
Chamblin – AYE  
McGarry - AYE  
Brown – AYE  
Wong – AYE

**18. BOARD COMMITTEE REPORTS**

No discussion was held.

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

The November Regular Meeting will be held on Thursday, November 17, 2022 and the December Regular Meeting will be held on Thursday, December 15, 2022.

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

Not applicable.

**21. OPEN SESSION**

Not applicable.

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

Not applicable.

**23. ADJOURN**

Meeting adjourned at 7:48 p.m.

**TAHOE FOREST HOSPITAL DISTRICT  
OCTOBER 2022 FINANCIAL REPORT  
INDEX**

<b>PAGE</b>	<b>DESCRIPTION</b>
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6	CASH INVESTMENT
7	TFHD STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
8 - 10	TFHD NOTES TO STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
11	IVCH STATEMENT OF REVENUES AND EXPENSES
12 - 13	IVCH NOTES TO STATEMENT OF REVENUES AND EXPENSES
14	STATEMENT OF CASH FLOWS

**Board of Directors**  
*Of Tahoe Forest Hospital District*  
**OCTOBER 2022 FINANCIAL NARRATIVE**

The following is the financial narrative analyzing financial and statistical trends for the four months ended October 31, 2022.

**Activity Statistics**

- ❑ TFH acute patient days were 315 for the current month compared to budget of 624. This equates to an average daily census of 10.2 compared to budget of 20.1.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Emergency Department visits, Surgery cases, EKG, Mammography, Drugs Sold to Patients, Respiratory Therapy, Gastroenterology cases, Tahoe City Physical Therapy, and Outpatient Physical Therapy, Aquatic Physical Therapy, Speech Therapy, & Occupational Therapy.

**Financial Indicators**

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 47.52% in the current month compared to budget of 48.94% and to last month's 49.49%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 47.77% compared to budget of 48.85% and prior year's 51.06%.
- ❑ EBIDA was \$1,664,490 (3.5%) for the current month compared to budget of \$2,734,503 (5.7%), or \$(1,070,013) (-2.2%) below budget. Year-to-Date EBIDA was \$7,437,080 (4.1%) compared to budget of \$10,845,117 (5.6%) or \$(3,408,037) (-1.6%) below budget.
- ❑ Net Income was \$604,746 for the current month compared to budget of \$2,489,861 or \$(1,885,115) below budget. Year-to-Date Net Income was \$3,304,292 compared to budget of \$9,836,518 or \$(6,532,226) below budget.
- ❑ Cash Collections for the current month were \$20,787,832, which is 88% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$94,888,092 at the end of October compared to \$96,006,639 at the end of September.

**Balance Sheet**

- ❑ Working Capital is at 14.2 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 193.0 days. Working Capital cash decreased a net \$8,724,000. Accounts Payable decreased \$3,730,000 and Accrued Payroll & Related Costs decreased \$193,000. The District remitted the semi-annual Employer Matching Deferred Comp of \$1,890,000 and Cash Collections were below target by 12%.
- ❑ Net Patient Accounts Receivable increased \$594,000 and cash collections were 88% of target. EPIC Days in A/R were 63.3 compared to 64.7 at the close of September, a 1.40 days decrease.
- ❑ Estimated Settlements, Medi-Cal & Medicare increased a net \$833,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs.
- ❑ Unrealized Gain/(Loss) Cash Investment Fund decreased \$184,000 after recording the unrealized losses in its funds held with Chandler Investments in October.
- ❑ GO Bond Tax Revenue fund increased \$52,781 after receiving additional property tax revenues from Placer County.
- ❑ Investments in TSC, LLC decreased \$342,000 after the District trued up its losses through September.
- ❑ The District implemented GASB No. 87, requiring the recognition of certain lease assets and liabilities for leases that were previously classified as operating leases or rental expenses. The life of the lease agreement is now classified as an Intangible Lease Asset net of its associated Accumulated Amortization and decreased \$174,000 in October.
- ❑ Accounts Payable decreased \$3,730,000 due to the timing of the final check run in October.
- ❑ Accrued Payroll & Related Costs decreased \$193,000. There were three additional accrued payroll days in October and the District made its semi-annual Employer Matching Deferred Comp payment of \$1,890,000.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased a net \$2,301,000. The District continues repayment of the Medicare Accelerated Payments received in FY20.

**Operating Revenue**

- ❑ Current month’s Total Gross Revenue was \$47,224,829 compared to budget of \$47,988,253 or \$763,424 below budget.
- ❑ Current month’s Gross Inpatient Revenue was \$6,531,171, compared to budget of \$10,673,140 or \$4,141,969 below budget.
- ❑ Current month’s Gross Outpatient Revenue was \$40,693,659 compared to budget of \$37,315,113 or \$3,378,546 above budget.
- ❑ Current month’s Gross Revenue Mix was 40.9% Medicare, 15.4% Medi-Cal, .0% County, 1.9% Other, and 41.8% Commercial Insurance compared to budget of 37.9% Medicare, 16.3% Medi-Cal, .0% County, 2.3% Other, and 43.5% Commercial Insurance. Last month’s mix was 39.9% Medicare, 15.5% Medi-Cal, .0% County, 2.2% Other, and 42.4% Commercial Insurance. Year-to-date Gross Revenue Mix was 40.2% Medicare, 14.6% Medi-Cal, .0% County, 2.1% Other, and 43.1% Commercial Insurance compared to budget of 37.4% Medicare, 16.2% Medi-Cal, .0% County, 2.4% Other, and 44.0% Commercial Insurance.
- ❑ Current month’s Deductions from Revenue were \$24,785,000 compared to budget of \$24,503,996 or \$281,004 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 3.11% increase in Medicare, a .94% decrease to Medi-Cal, County at budget, a .47% decrease in Other, and Commercial Insurance was below budget 1.69%, and 2) we saw an increase to Days in AR over 120 days of 3.65%.

DESCRIPTION	October 2022 Actual	October 2022 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	9,821,215	10,003,753	182,538	
Employee Benefits	2,942,854	2,992,624	49,770	
Benefits – Workers Compensation	61,074	120,244	59,170	
Benefits – Medical Insurance	1,290,249	1,441,338	151,089	
Medical Professional Fees	461,236	408,516	(52,720)	Anesthesiologists who have not joined the employment model created a negative variance in Medical Professional Fees.
Other Professional Fees	171,195	292,164	120,969	Decreased use of outsourced legal firms in Medical Staff Services and Human Resources, and Financial Analysis and Process Improvement projects that did not launch in October created a positive variance in Other Professional Fees.
Supplies	4,195,838	3,476,760	(719,078)	Drugs Sold to Patients revenues were above budget 12.21%, creating a negative variance in Pharmacy Supplies.
Purchased Services	2,116,227	2,175,209	58,982	Diagnostic Imaging – All, Patient Accounting outsourced billing & collection services, and Information Technology projects were below budget, creating a positive variance in Purchased Services.
Other Expenses	1,224,190	1,110,065	(114,125)	Equipment rentals, Dues & Subscriptions, and expenses paid on behalf of the JPA Housing and Truckee Surgery Center departments were above budget, creating a negative variance in Other Expenses.
Total Expenses	22,284,078	22,020,673	(263,405)	

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF NET POSITION  
OCTOBER 2022

ASSETS	Oct-22	Sep-22	Oct-21	
<b>CURRENT ASSETS</b>				
* CASH	\$ 9,905,743	\$ 18,630,153	\$ 16,735,972	1
PATIENT ACCOUNTS RECEIVABLE - NET	40,590,421	39,996,490	41,198,264	2
OTHER RECEIVABLES	11,676,500	10,928,246	10,358,654	
GO BOND RECEIVABLES	1,671,771	1,293,043	1,623,520	
ASSETS LIMITED OR RESTRICTED	10,727,409	11,545,574	9,487,647	
INVENTORIES	4,467,873	4,456,441	4,285,077	
PREPAID EXPENSES & DEPOSITS	3,094,953	3,179,947	2,974,310	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	21,513,142	20,680,521	12,633,694	3
<b>TOTAL CURRENT ASSETS</b>	<b>103,647,812</b>	<b>110,710,414</b>	<b>99,297,138</b>	
<b>NON CURRENT ASSETS</b>				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	44,788,423	44,608,697	64,384,201	1
* CASH INVESTMENT FUND	80,249,308	80,260,540	79,961,688	1
UNREALIZED GAIN/(LOSS) CASH INVESTMENT FUND	(5,217,799)	(5,034,153)	-	4
MUNICIPAL LEASE 2018	726,365	726,242	724,914	
TOTAL BOND TRUSTEE 2017	20,598	20,568	20,532	
TOTAL BOND TRUSTEE 2015	554,154	416,654	552,881	
TOTAL BOND TRUSTEE GO BOND	5,764	5,764	5,764	
GO BOND TAX REVENUE FUND	1,066,917	1,014,136	757,106	5
DIAGNOSTIC IMAGING FUND	3,364	3,352	3,343	
DONOR RESTRICTED FUND	1,141,617	1,139,564	1,137,882	
WORKERS COMPENSATION FUND	(3,067)	(8,520)	28,043	
TOTAL	123,335,644	123,152,844	147,576,354	
LESS CURRENT PORTION	(10,727,409)	(11,545,574)	(9,487,647)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	112,608,235	111,607,270	138,088,707	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(2,662,164)	(2,320,282)	(1,831,143)	6
PROPERTY HELD FOR FUTURE EXPANSION	1,694,072	1,694,072	909,072	
PROPERTY & EQUIPMENT NET	189,811,980	188,855,489	173,291,864	
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,842,252	1,821,450	1,820,727	
<b>TOTAL ASSETS</b>	<b>406,942,187</b>	<b>412,368,412</b>	<b>411,576,365</b>	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	297,379	300,611	336,167	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	343,424	343,424	1,242,989	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	4,750,443	4,774,148	5,034,899	
GO BOND DEFERRED FINANCING COSTS	463,295	465,616	491,146	
DEFERRED FINANCING COSTS	133,155	134,196	145,639	
INTANGIBLE LEASE ASSET NET OF ACCUM AMORTIZATION	8,589,152	8,762,819	-	7
<b>TOTAL DEFERRED OUTFLOW OF RESOURCES</b>	<b>\$ 14,576,849</b>	<b>\$ 14,780,814</b>	<b>\$ 7,250,840</b>	
<b>LIABILITIES</b>				
<b>CURRENT LIABILITIES</b>				
ACCOUNTS PAYABLE	\$ 7,881,286	\$ 11,611,635	\$ 6,578,435	8
ACCRUED PAYROLL & RELATED COSTS	25,587,134	25,780,139	22,506,325	9
INTEREST PAYABLE	327,043	251,159	344,989	
INTEREST PAYABLE GO BOND	806,445	537,630	828,420	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	320,626	2,621,304	23,818,696	10
HEALTH INSURANCE PLAN	2,224,062	2,224,062	2,403,683	
WORKERS COMPENSATION PLAN	2,947,527	2,947,527	3,180,976	
COMPREHENSIVE LIABILITY INSURANCE PLAN	2,082,114	2,082,114	1,704,145	
CURRENT MATURITIES OF GO BOND DEBT	1,945,000	1,945,000	1,945,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	5,594,718	5,594,718	3,952,678	
<b>TOTAL CURRENT LIABILITIES</b>	<b>49,715,955</b>	<b>55,595,288</b>	<b>67,263,347</b>	
<b>NONCURRENT LIABILITIES</b>				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	28,580,949	28,918,597	25,305,985	
GO BOND DEBT NET OF CURRENT MATURITIES	93,347,922	93,365,877	95,508,389	
DERIVATIVE INSTRUMENT LIABILITY	343,424	343,424	1,242,989	
<b>TOTAL LIABILITIES</b>	<b>171,988,250</b>	<b>178,223,187</b>	<b>189,320,710</b>	
<b>NET ASSETS</b>				
NET INVESTMENT IN CAPITAL ASSETS	248,389,168	247,786,475	228,368,613	
RESTRICTED	1,141,617	1,139,564	1,137,882	
<b>TOTAL NET POSITION</b>	<b>\$ 249,530,785</b>	<b>\$ 248,926,039</b>	<b>\$ 229,506,496</b>	

\* Amounts included for Days Cash on Hand calculation



TAHOE FOREST HOSPITAL DISTRICT  
NOTES TO STATEMENT OF NET POSITION  
OCTOBER 2022

1. Working Capital is at 14.2 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 193.0 days. Working Capital cash decreased a net \$8,724,000. Accounts Payable decreased \$3,730,000 (See Note 8) and Accrued Payroll & Related Costs decreased \$193,000 (See Note 9). The District made its semi-annual Employer Matching Deferred Comp remittance of \$1,890,000 and cash Collections were below target 12% (See Note 2).
2. Net Patient Accounts Receivable increased \$594,000. Cash collections were 88% of target. EPIC Days in A/R were 63.3 compared to 64.7 at the close of September, a 1.40 days decrease.
3. Estimated Settlements, Medi-Cal & Medicare increased a net \$833,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs.
4. Unrealized Gain/(Loss) Cash Investment Fund decreased \$184,000 after recording the unrealized losses in its funds held with Chandler Investments for the month of October.
5. GO Bond Tax Revenue fund increased \$52,781 after receiving additional property tax revenues from Placer County.
6. Investment in TSC, LLC decreased \$342,000 after the District trued up its losses through September.
7. The District implemented GASB No. 87, requiring the recognition of certain lease assets and liabilities for leases that were previously classified as operating leases or rental expenses. The life of the lease agreement is now classified as an Intangible Lease Asset net of its associated Accumulated Amortization and decreased \$174,000 in October.
8. Accounts Payable decreased \$3,730,000 due to the timing of the final check run in October.
9. Accrued Payroll & Related Costs decreased \$193,000. There were three additional accrued payroll days in October and the District made its semi-annual Employer Matching Deferred Comp payment of \$1,890,000.
10. Estimated Settlements, Medi-Cal & Medicare decreased a net \$2,301,000. The District continues repayment of the Medicare Accelerated Payments received in FY20.

**Tahoe Forest Hospital District  
Cash Investment  
October 31, 2022**

**WORKING CAPITAL**

US Bank	\$ 8,247,819		
US Bank/Kings Beach Thrift Store	95,155		
US Bank/Truckee Thrift Store	547,122		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,015,646</u>	0.01%	
Total			\$ 9,905,743

**BOARD DESIGNATED FUNDS**

US Bank Savings	\$ -		
Chandler Investment Fund	<u>80,249,308</u>	0.25%	
Total			\$ 80,249,308

Building Fund	\$ -		
Cash Reserve Fund	<u>44,788,423</u>	1.91%	
Local Agency Investment Fund			\$ 44,788,423

Municipal Lease 2018			\$ 726,365
Bonds Cash 2017			\$ 20,598
Bonds Cash 2015			\$ 554,154
GO Bonds Cash 2008			\$ 1,072,681

DX Imaging Education	\$ 3,364		
Workers Comp Fund - B of A	(3,067)		

Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ 297</u>

<b>TOTAL FUNDS</b>			<b>\$ 137,317,569</b>
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**RESTRICTED FUNDS**

Gift Fund			
US Bank Money Market	\$ 8,361	0.00%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,105,946</u>	1.91%	
<b>TOTAL RESTRICTED FUNDS</b>			<b><u>\$ 1,141,617</u></b>

<b>TOTAL ALL FUNDS</b>			<b><u><u>\$ 138,459,185</u></u></b>
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TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION  
OCTOBER 2022

CURRENT MONTH					YEAR TO DATE				PRIOR YTD OCTOBER 2021
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%	
<b>OPERATING REVENUE</b>									
\$ 47,224,829	\$ 47,988,253	\$ (763,424)	-1.6%	Total Gross Revenue	\$ 182,799,853	\$ 191,981,115	\$ (9,181,262)	-4.8%	1 \$ 164,406,592
<b>Gross Revenues - Inpatient</b>									
\$ 2,646,791	\$ 4,910,721	\$ (2,263,930)	-46.1%	Daily Hospital Service	\$ 12,267,911	\$ 17,621,614	\$ (5,353,703)	-30.4%	\$ 14,914,221
3,884,380	5,762,419	(1,878,039)	-32.6%	Ancillary Service - Inpatient	15,343,845	20,544,479	(5,200,634)	-25.3%	18,083,261
6,531,171	10,673,140	(4,141,969)	-38.8%	Total Gross Revenue - Inpatient	27,611,755	38,166,093	(10,554,338)	-27.7%	32,997,482
<b>Gross Revenue - Outpatient</b>									
40,693,659	37,315,113	3,378,546	9.1%	Gross Revenue - Outpatient	155,188,098	153,815,022	1,373,076	0.9%	131,409,110
40,693,659	37,315,113	3,378,546	9.1%	Total Gross Revenue - Outpatient	155,188,098	153,815,022	1,373,076	0.9%	131,409,110
<b>Deductions from Revenue:</b>									
23,839,958	21,923,077	(1,916,881)	-8.7%	Contractual Allowances	91,456,670	87,867,361	(3,589,309)	-4.1%	2 76,357,465
-	-	-	0.0%	Managed Care Reserve	-	-	-	0.0%	2 -
478,639	1,703,137	1,224,498	71.9%	Charity Care	2,270,665	6,815,963	4,545,298	66.7%	2 5,782,074
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2 -
466,403	877,782	411,379	46.9%	Bad Debt	1,833,644	3,516,674	1,683,030	47.9%	2 (1,668,321)
-	-	-	0.0%	Prior Period Settlements	(75,440)	-	75,440	0.0%	2 -
24,785,000	24,503,996	(281,004)	-1.1%	Total Deductions from Revenue	95,485,539	98,199,998	2,714,459	2.8%	80,471,218
127,027	109,110	(17,917)	-16.4%	Property Tax Revenue- Wellness Neighborhood	422,902	453,809	30,907	6.8%	363,973
1,381,711	1,161,809	219,902	18.9%	Other Operating Revenue	5,248,155	4,772,950	475,205	10.0%	3 4,220,823
23,948,567	24,755,176	(806,609)	-3.3%	<b>TOTAL OPERATING REVENUE</b>	<b>92,985,372</b>	<b>99,007,876</b>	<b>(6,022,504)</b>	<b>-6.1%</b>	<b>88,520,170</b>
<b>OPERATING EXPENSES</b>									
9,821,215	10,003,753	182,538	1.8%	Salaries and Wages	37,613,461	39,823,989	2,210,528	5.6%	4 28,588,411
2,942,854	2,992,624	49,770	1.7%	Benefits	12,824,329	12,539,966	(284,363)	-2.3%	4 9,532,452
61,074	120,244	59,170	49.2%	Benefits Workers Compensation	457,160	480,976	23,816	5.0%	4 320,510
1,290,249	1,441,338	151,089	10.5%	Benefits Medical Insurance	5,710,341	5,765,352	55,011	1.0%	4 5,028,155
461,236	408,516	(52,720)	-12.9%	Medical Professional Fees	1,990,314	1,659,146	(331,168)	-20.0%	5 4,845,603
171,195	292,164	120,969	41.4%	Other Professional Fees	795,090	1,172,256	377,166	32.2%	5 712,344
4,195,838	3,476,760	(719,078)	-20.7%	Supplies	14,179,313	13,719,642	(459,671)	-3.4%	6 11,781,102
2,116,227	2,175,209	58,982	2.7%	Purchased Services	7,831,939	8,770,900	938,961	10.7%	7 7,415,226
1,224,190	1,110,065	(114,125)	-10.3%	Other	4,146,345	4,230,532	84,187	2.0%	8 3,711,293
22,284,078	22,020,673	(263,405)	-1.2%	<b>TOTAL OPERATING EXPENSE</b>	<b>85,548,291</b>	<b>88,162,759</b>	<b>2,614,468</b>	<b>3.0%</b>	<b>71,935,096</b>
<b>1,664,490</b>	<b>2,734,503</b>	<b>(1,070,013)</b>	<b>-39.1%</b>	<b>NET OPERATING REVENUE (EXPENSE) EBIDA</b>	<b>7,437,080</b>	<b>10,845,117</b>	<b>(3,408,037)</b>	<b>-31.4%</b>	<b>16,585,074</b>
<b>NON-OPERATING REVENUE/(EXPENSE)</b>									
667,563	685,480	(17,917)	-2.6%	District and County Taxes	2,755,456	2,724,549	30,907	1.1%	9 2,739,970
431,509	431,509	(0)	0.0%	District and County Taxes - GO Bond	1,726,035	1,726,035	0	0.0%	1,678,142
99,144	60,271	38,873	64.5%	Interest Income	344,195	239,733	104,462	43.6%	10 194,276
-	-	-	0.0%	Interest Income-GO Bond	-	-	-	0.0%	-
16,195	145,807	(129,612)	-88.9%	Donations	163,226	581,858	(418,632)	-71.9%	11 203,904
(341,883)	(30,000)	(311,883)	-1039.6%	Gain/(Loss) on Joint Investment	(586,294)	(120,000)	(466,294)	-388.6%	12 (170,249)
(175,535)	25,000	(200,535)	802.1%	Gain/(Loss) on Market Investments	(1,618,209)	100,000	(1,718,209)	1718.2%	13 (90,614)
-	-	-	0.0%	Gain/(Loss) on Disposal of Property	-	-	-	0.0%	14 -
-	-	-	0.0%	Gain/(Loss) on Sale of Equipment	-	-	-	0.0%	14 1,800
-	-	-	100.0%	COVID-19 Emergency Funding	-	-	-	100.0%	15 101,692
(1,374,850)	(1,201,183)	(173,667)	-14.5%	Depreciation	(5,367,509)	(4,804,732)	(562,777)	-11.7%	16 (4,656,192)
(105,002)	(92,711)	(12,291)	-13.3%	Interest Expense	(434,823)	(373,457)	(61,366)	-16.4%	17 (417,170)
(276,885)	(268,815)	(8,070)	-3.0%	Interest Expense-GO Bond	(1,114,865)	(1,082,585)	(32,280)	-3.0%	(1,142,586)
(1,059,743)	(244,642)	(815,101)	-333.2%	<b>TOTAL NON-OPERATING REVENUE/(EXPENSE)</b>	<b>(4,132,788)</b>	<b>(1,008,599)</b>	<b>(3,124,189)</b>	<b>-309.8%</b>	<b>(1,557,027)</b>
<b>\$ 604,746</b>	<b>\$ 2,489,861</b>	<b>\$ (1,885,115)</b>	<b>-75.7%</b>	<b>INCREASE (DECREASE) IN NET POSITION</b>	<b>\$ 3,304,292</b>	<b>\$ 9,836,518</b>	<b>\$ (6,532,226)</b>	<b>-66.4%</b>	<b>\$ 15,028,047</b>
<b>NET POSITION - BEGINNING OF YEAR</b>					<b>246,226,493</b>				
<b>NET POSITION - AS OF OCTOBER 31, 2022</b>					<b>\$ 249,530,785</b>				
<b>3.5%</b>	<b>5.7%</b>	<b>-2.2%</b>		<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>4.1%</b>	<b>5.6%</b>	<b>-1.6%</b>		<b>10.1%</b>

**TAHOE FOREST HOSPITAL DISTRICT**  
**NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION**  
**OCTOBER 2022**

		<b>Variance from Budget</b>	
		<b>Fav / &lt;Unfav&gt;</b>	
		<b>OCT 2022</b>	<b>YTD 2023</b>
<b>1) Gross Revenues</b>			
Acute Patient Days were below budget 49.52% or 309 days. Swing Bed days were below budget 63.79% or 37 days. Inpatient Ancillary Revenues were below budget 32.59% due to the decrease in Patient Days.	Gross Revenue -- Inpatient	\$ (4,141,970)	\$ (10,554,337)
	Gross Revenue -- Outpatient	3,378,546	1,373,075
	Gross Revenue -- Total	\$ (763,424)	\$ (9,181,262)
Outpatient volumes were above budget in the following departments: Emergency Department visits, Surgery cases, EKG, Mammography, Drugs Sold to Patients, Respiratory Therapy, Gastroenterology cases, Tahoe City Physical Therapy, IVCH Surgery cases, IVCH Diagnostic Imaging, IVCH CAT Scans, IVCH Physical Therapy, Speech Therapy, & Occupational Therapy, and Outpatient Physical Therapy, Aquatic Physical Therapy, Speech Therapy, & Occupational Therapy.			
<b>2) Total Deductions from Revenue</b>			
The payor mix for October shows a 3.11% increase to Medicare, a .94% decrease to Medi-Cal, .47% decrease to Other, County at budget, and a 1.69% decrease to Commercial when compared to budget. We saw a negative variance in contractals due to the shift in Payor Mix to Medicare and Days in AR over 120 increased in October.	Contractual Allowances	\$ (1,916,881)	\$ (3,589,309)
	Managed Care	-	-
	Charity Care	1,224,498	4,545,298
	Charity Care - Catastrophic	-	-
	Bad Debt	411,379	1,683,030
	Prior Period Settlements	-	75,440
	Total	\$ (281,004)	\$ 2,714,459
<b>3) Other Operating Revenue</b>			
Retail Pharmacy revenues were above budget 27.20%.	Retail Pharmacy	89,833	120,198
	Hospice Thrift Stores	7,443	45,242
	The Center (non-therapy)	(8,890)	(10,933)
	IVCH ER Physician Guarantee	3,851	(20,686)
	Children's Center	24,326	46,752
	Miscellaneous	149,340	340,633
	Oncology Drug Replacement	-	-
	Grants	(46,000)	(46,000)
	Total	\$ 219,902	\$ 475,205
Occupational Health Testing & Fitness Center revenues were below budget 39.18%, creating a negative variance in The Center (non-therapy).			
IVCH ER Physician Guarantee is tied to collections, coming in above budget.			
Children's Center revenues were above budget 19.95%			
Rebates & Refunds were above budget, creating a positive variance in Miscellaneous.			
<b>4) Salaries and Wages</b>			
	Total	\$ 182,538	\$ 2,210,528
<b>Employee Benefits</b>			
We saw decreased use of Paid Leave and Sick Leave in October, creating a positive variance in PL/SL.	PL/SL	\$ 57,210	\$ (344,713)
	Nonproductive	32,397	114,865
	Pension/Deferred Comp	-	(15,000)
	Standby	(26,906)	(66,271)
	Other	(12,931)	26,756
	Total	\$ 49,770	\$ (284,363)
<b>Employee Benefits - Workers Compensation</b>			
	Total	\$ 59,170	\$ 23,816
<b>Employee Benefits - Medical Insurance</b>			
	Total	\$ 151,089	\$ 55,011
<b>5) Professional Fees</b>			
Anesthesiologists who have not joined the employment model created a negative variance in Miscellaneous.	Miscellaneous	\$ (92,572)	\$ (354,902)
	TFH Locums	(12,050)	(50,098)
	The Center	-	(8,832)
	Information Technology	(9,954)	(5,546)
	Home Health/Hospice	-	(4,790)
	TFH/IVCH Therapy Services	-	(4,356)
	Oncology	2,858	(2,144)
	Patient Accounting/Admitting	-	-
	Respiratory Therapy	-	-
	Human Resources	15,997	3,629
	Corporate Compliance	(346)	6,405
	Multi-Specialty Clinics Administration	(16,971)	7,102
	IVCH ER Physicians	4,664	11,003
	Marketing	2,767	11,978
	Managed Care	6,667	21,216
	Medical Staff Services	27,296	70,543
	Multi-Specialty Clinics	45,456	90,502
	Financial Administration	28,475	113,508
	Administration	65,962	140,781
	Total	\$ 68,250	\$ 45,998
Hospitalists Locums coverage created a negative variance in TFH Locums.			
Clinical Operations Performance Improvement projects created a negative variance in Multi-Specialty Clinics Administration.			
Reduced use of outside legal firms created a positive variance in Medical Staff Services.			
Locums coverage in the clinics was below budget, creating a positive variance in Multi-Specialty Clinics.			
Financial analysis projects came in below budget, creating a positive variance in Financial Administration.			
Budgeted Process Improvement projects have not started, creating a positive variance in Administration.			

**TAHOE FOREST HOSPITAL DISTRICT**  
**NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION**  
**OCTOBER 2022**

	<u>Variance from Budget</u>
	<u>Fav / &lt;Unfav&gt;</u>
	<u>OCT 2022</u> <u>YTD 2023</u>
<b>6) <u>Supplies</u></b>	
Drugs Sold to Patients revenues were above 12.21%, creating a negative variance in Pharmacy Supplies.	Pharmacy Supplies      \$      (796,388)      \$      (1,312,611)
We saw increased use of Other Non-Medical Supplies in Pharmacy, Facilities, and Information Technology, creating a negative variance in this category.	Other Non-Medical Supplies      (20,057)      (32,471)
Medical Supplies Sold to Patients revenues were below budget 23.55% on the Inpatient units, creating a positive variance in Patient & Other Medical Supplies.	Office Supplies      (9,398)      (6,455)
	Minor Equipment      (6,010)      25,371
	Food      10,557      40,168
	Patient & Other Medical Supplies      102,217      826,328
	Total      \$      (719,078)      \$      (459,671)
<b>7) <u>Purchased Services</u></b>	
A Performance Improvement project in Surgical Services, increased Security coverage, and credit card fees created a negative variance in Miscellaneous.	Miscellaneous      \$      (63,128)      \$      (99,029)
Scribe services budgeted under the Information Technology department created a negative variance in Multi-Specialty Clinics and a portion of the positive variance in Information Technology.	Multi-Specialty Clinics      (68,535)      (89,904)
Excess order volume fees created a negative variance in Pharmacy IP.	Pharmacy IP      (21,794)      (20,796)
Budgeted Department Repairs were above budget in Sterile Processing, IVCH & TFH Cat Scan, PET CT, Copy Machine, Facilities, Information Technology, and Truckee Surgery Center.	The Center      (2,278)      (7,888)
Record retention & retrieval and outsourced coding services created a negative variance in Medical Records.	Department Repairs      (79,975)      (5,266)
Vendor Credit Memos created a positive variance in Diagnostic Imaging - All.	Home Health/Hospice      (3,023)      (1,476)
Employee Health screenings and Wellness Bank usage were above budget, creating a negative variance in Human Resources.	Medical Records      (33,776)      14,566
Outsourced billing and collection services came in below budget, creating a positive variance in Patient Accounting.	Community Development      -      20,000
The migration of communications to a Cloud solution and the Disaster Recovery and Business Continuance projects did not launch in October, creating a positive variance in Information Technology.	Diagnostic Imaging Services - All      56,903      64,112
	Human Resources      (16,631)      80,080
	Laboratory      8,594      145,798
	Patient Accounting      153,586      300,694
	Information Technology      129,039      538,071
	Total      \$      58,982      \$      938,961
<b>8) <u>Other Expenses</u></b>	
Transfers of Construction Labor to Construction in Progress and expenses paid for the JPA Housing and Truckee Surgery Center departments were above budget, creating a negative variance in Miscellaneous.	Miscellaneous      \$      (137,578)      \$      (345,952)
MRI rental created a negative variance in Equipment Rent.	Insurance      (18,004)      (98,064)
We saw negative variances in Dues and Subscriptions in the Multi-Specialty Clinics and Governing Board.	Equipment Rent      (59,241)      (67,053)
Oxygen Tank rentals created a negative variance in Multi-Specialty Equip Rent.	Utilities      2,914      (32,170)
The District implemented GASB No. 87, requiring certain lease agreements be capitalized and written off to Amortization Expense over the life of the lease. This is creating a positive variance in Multi-Specialty Clinics and Other Building Rents.	Dues and Subscriptions      (10,445)      (26,937)
	Multi-Specialty Clinics Equip Rent      (5,299)      (12,856)
	Physician Services      (1,902)      (3,597)
	Human Resources Recruitment      (4,455)      8,279
	Multi-Specialty Clinics Bldg. Rent      6,398      21,246
	Marketing      1,012      59,124
	Outside Training & Travel      (6,425)      108,568
	Other Building Rent      118,900      473,601
	Total      \$      (114,125)      \$      84,187
<b>9) <u>District and County Taxes</u></b>	Total      \$      (17,917)      \$      30,907
<b>10) <u>Interest Income</u></b>	Total      \$      38,873      \$      104,462
<b>11) <u>Donations</u></b>	IVCH      \$      (62,159)      \$      (243,697)
	Operational      (67,453)      (174,935)
	Total      \$      (129,612)      \$      (418,632)
<b>12) <u>Gain/(Loss) on Joint Investment</u></b>	Total      \$      (311,883)      \$      (466,294)
<b>13) <u>Gain/(Loss) on Market Investments</u></b>	Total      \$      (200,535)      \$      (1,718,209)
The District booked the value of losses in its holdings with Chandler Investments.	
<b>14) <u>Gain/(Loss) on Sale or Disposal of Assets</u></b>	Total      \$      -      \$      -
<b>15) <u>COVID-19 Emergency Funding</u></b>	Total      \$      -      \$      -

TAHOE FOREST HOSPITAL DISTRICT  
 NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION  
OCTOBER 2022

		Variance from Budget	
		Fav / <Unfav>	
		OCT 2022	YTD 2023
<b>16) Depreciation Expense</b>	Total	\$ (173,667)	\$ (562,777)
<p>The District implemented GASB No. 87, requiring certain lease agreements be capitalized and written off to Amortization Expense over the life of the lease. This is creating a negative variance in Depreciation Expense.</p>			
<b>17) Interest Expense</b>	Total	\$ (12,291)	\$ (61,366)
<p>The District implemented GASB No. 87, requiring certain lease agreements be capitalized and Imputed Interest be recorded, creating a negative variance in Interest Expense.</p>			

INCLINE VILLAGE COMMUNITY HOSPITAL  
STATEMENT OF REVENUE AND EXPENSE  
OCTOBER 2022

CURRENT MONTH				YEAR TO DATE				PRIOR YTD OCT 2021			
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%			
				<b>OPERATING REVENUE</b>							
\$ 3,211,073	\$ 2,943,470	\$ 267,603	9.1%	Total Gross Revenue	\$ 13,043,531	\$ 12,077,941	\$ 965,590	8.0%	1	\$ 10,637,327	
				<b>Gross Revenues - Inpatient</b>							
\$ -	\$ -	\$ -	0.0%	Daily Hospital Service	\$ 10,719	\$ 4,104	\$ 6,615	161.2%		\$ -	
-	1,639	(1,639)	-100.0%	Ancillary Service - Inpatient	6,785	7,459	(675)	-9.0%		3,744	
-	1,639	(1,639)	-100.0%	Total Gross Revenue - Inpatient	17,504	11,563	5,941	51.4%	1	3,744	
3,211,073	2,941,831	269,242	9.2%	Gross Revenue - Outpatient	13,026,028	12,066,378	959,650	8.0%		10,633,583	
3,211,073	2,941,831	269,242	9.2%	Total Gross Revenue - Outpatient	13,026,028	12,066,378	959,650	8.0%	1	10,633,583	
				<b>Deductions from Revenue:</b>							
1,631,377	1,316,030	(315,347)	-24.0%	Contractual Allowances	5,999,978	5,426,814	(573,164)	-10.6%	2	3,938,888	
107,665	126,569	18,904	14.9%	Charity Care	330,313	519,351	189,038	36.4%	2	515,713	
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	-	
80,851	58,869	(21,982)	-37.3%	Bad Debt	307,479	241,559	(65,920)	-27.3%	2	(114,929)	
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2	-	
1,819,893	1,501,468	(318,425)	-21.2%	Total Deductions from Revenue	6,637,770	6,187,724	(450,046)	-7.3%	2	4,339,672	
62,691	59,753	2,938	4.9%	Other Operating Revenue	259,121	283,438	(24,317)	-8.6%	3	287,481	
1,453,871	1,501,755	(47,884)	-3.2%	<b>TOTAL OPERATING REVENUE</b>	6,664,882	6,173,655	491,227	8.0%		6,585,136	
				<b>OPERATING EXPENSES</b>							
585,660	619,132	33,472	5.4%	Salaries and Wages	2,375,034	2,558,056	183,022	7.2%	4	1,817,097	
177,275	183,621	6,346	3.5%	Benefits	820,744	791,875	(28,869)	-3.6%	4	595,398	
2,738	5,313	2,575	48.5%	Benefits Workers Compensation	9,134	21,252	12,118	57.0%	4	11,189	
81,823	91,405	9,582	10.5%	Benefits Medical Insurance	362,130	365,620	3,490	1.0%	4	280,988	
147,848	151,762	3,915	2.6%	Medical Professional Fees	594,083	604,377	10,294	1.7%	5	899,659	
2,531	2,327	(204)	-8.8%	Other Professional Fees	8,944	9,308	364	3.9%	5	9,037	
37,973	72,924	34,951	47.9%	Supplies	226,120	307,006	80,886	26.3%	6	217,655	
94,341	66,312	(28,029)	-42.3%	Purchased Services	278,485	284,372	5,887	2.1%	7	299,916	
103,357	110,779	7,422	6.7%	Other	395,381	447,736	52,355	11.7%	8	466,288	
1,233,546	1,303,575	70,029	5.4%	<b>TOTAL OPERATING EXPENSE</b>	5,070,055	5,389,602	319,547	5.9%		4,597,227	
<b>220,326</b>	<b>198,180</b>	<b>22,146</b>	<b>11.2%</b>	<b>NET OPERATING REV(EXP) EBIDA</b>	<b>1,594,826</b>	<b>784,053</b>	<b>810,773</b>	<b>103.4%</b>		<b>1,987,909</b>	
				<b>NON-OPERATING REVENUE/(EXPENSE)</b>							
-	62,159	(62,159)	-100.0%	Donations-IVCH	3,568	247,265	(243,697)	-98.6%	9	-	
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	1,000	
-	-	-	100.0%	COVID-19 Emergency Funding	-	-	-	100.0%	11	-	
(103,096)	(77,026)	(26,070)	33.8%	Depreciation	(379,847)	(308,104)	(71,743)	-23.3%	12	(301,736)	
2,889	-	2,889	0.0%	Interest Expense	(7,020)	-	(7,020)	#DIV/0!	13	-	
(100,207)	(14,867)	(85,340)	-574.0%	<b>TOTAL NON-OPERATING REVENUE/(EXP)</b>	<b>(383,299)</b>	<b>(60,839)</b>	<b>(322,460)</b>	<b>-530.0%</b>		<b>(300,736)</b>	
<b>\$ 120,119</b>	<b>\$ 183,313</b>	<b>\$ (63,194)</b>	<b>-34.5%</b>	<b>EXCESS REVENUE(EXPENSE)</b>	<b>\$ 1,211,527</b>	<b>\$ 723,214</b>	<b>\$ 488,313</b>	<b>67.5%</b>		<b>\$ 1,687,173</b>	
<b>6.9%</b>	<b>6.7%</b>	<b>0.1%</b>		<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>12.2%</b>	<b>6.5%</b>	<b>5.7%</b>			<b>18.7%</b>	

**INCLINE VILLAGE COMMUNITY HOSPITAL  
NOTES TO STATEMENT OF REVENUE AND EXPENSE  
OCTOBER 2022**

		<u>Variance from Budget</u>	
		<u>Fav&lt;Unfav&gt;</u>	
		<u>OCT 2022</u>	<u>YTD 2023</u>
<b>1) <u>Gross Revenues</u></b>			
Acute Patient Days were at budget at 0 and Observation Hours were at budget at 0.	Gross Revenue -- Inpatient	\$ (1,639)	\$ 5,941
	Gross Revenue -- Outpatient	269,242	959,650
		<u>\$ 267,603</u>	<u>\$ 965,590</u>
Outpatient volumes were above budget in EKG, Diagnostic Imaging, CAT Scans, Respiratory Therapy, Physical Therapy, Speech Therapy, and Occupational Therapy.			
<b>2) <u>Total Deductions from Revenue</u></b>			
We saw a shift in our payor mix with a 6.72% increase in Medicare, a 1.41% increase in Medicaid, a 6.45% decrease in Commercial insurance, a 1.69% decrease in Other, and County was at budget. Contractual Allowances were above budget due to the shift in Payor Mix from Commercial to Medicare and Medicaid and Days in AR over 120 increased in October.	Contractual Allowances	\$ (315,347)	\$ (573,164)
	Charity Care	18,904	189,038
	Charity Care-Catastrophic Event	-	-
	Bad Debt	(21,982)	(65,920)
	Prior Period Settlement	-	-
	Total	<u>\$ (318,425)</u>	<u>\$ (450,046)</u>
<b>3) <u>Other Operating Revenue</u></b>			
IVCH ER Physician Guarantee is tied to collections, coming in above budget in October.	IVCH ER Physician Guarantee	\$ 3,851	\$ (20,686)
	Miscellaneous	(913)	(3,631)
	Total	<u>\$ 2,938</u>	<u>\$ (24,317)</u>
<b>4) <u>Salaries and Wages</u></b>			
	Total	<u>\$ 33,472</u>	<u>\$ 183,022</u>
<b><u>Employee Benefits</u></b>			
	PL/SL	\$ (5,589)	\$ (34,059)
	Pension/Deferred Comp	-	-
	Standby	952	(5,108)
	Other	(1,009)	171
	Nonproductive	11,992	10,126
	Total	<u>\$ 6,346</u>	<u>\$ (28,869)</u>
<b><u>Employee Benefits - Workers Compensation</u></b>			
	Total	<u>\$ 2,575</u>	<u>\$ 12,118</u>
<b><u>Employee Benefits - Medical Insurance</u></b>			
	Total	<u>\$ 9,582</u>	<u>\$ 3,490</u>
<b>5) <u>Professional Fees</u></b>			
We saw a positive variance in IVCH ER Physicians as volumes were below budget by 6.81%.	Therapy Services	\$ -	\$ (710)
	Administration	-	-
	Multi-Specialty Clinics	-	-
	Miscellaneous	(750)	-
	Foundation	(204)	365
	IVCH ER Physicians	4,664	11,003
	Total	<u>\$ 3,710</u>	<u>\$ 10,658</u>
<b>6) <u>Supplies</u></b>			
Non-Patient Chargeable supplies were below budget, creating a positive variance in Patient & Other Medical Supplies.	Office Supplies	\$ 101	\$ (456)
	Food	43	480
	Non-Medical Supplies	(572)	1,340
	Minor Equipment	970	8,840
	Patient & Other Medical Supplies	25,766	27,697
	Pharmacy Supplies	8,644	42,985
Drugs Sold to Patients volumes were below budget 11.79%, creating a positive variance in Pharmacy Supplies.	Total	<u>\$ 34,951</u>	<u>\$ 80,886</u>



**INCLINE VILLAGE COMMUNITY HOSPITAL  
NOTES TO STATEMENT OF REVENUE AND EXPENSE  
OCTOBER 2022**

		<u>Variance from Budget</u>	
		<u>Fav&lt;Unfav&gt;</u>	
		<u>OCT 2022</u>	<u>YTD 2023</u>
<b>7) <u>Purchased Services</u></b>			
A performance gap analysis in Surgical Services created a negative variance in Miscellaneous.	Miscellaneous	\$ (7,626)	\$ (16,854)
Rental of parking spaces from a community church created a negative variance in Engineering/Plant/Communications.	Foundation	(1,272)	(14,802)
We saw negative variances in Department Repairs for Sterile Processing, Diagnostic Imaging, and Cat Scan.	Engineering/Plant/Communications	(13,605)	(4,847)
Lab volumes were below budget 18.29%, creating a positive variance in outsourced Laboratory services.	Diagnostic Imaging Services - All	(1,782)	(3,762)
	Pharmacy	(88)	(430)
	Surgical Services	-	-
	Department Repairs	(8,136)	361
	Multi-Specialty Clinics	381	1,174
	EVS/Laundry	2,011	5,261
	Laboratory	2,089	39,785
	<b>Total</b>	<b>\$ (28,029)</b>	<b>\$ 5,887</b>
<b>8) <u>Other Expenses</u></b>			
Electricity, Water/Sewer, and Telephone expenses were above budget, creating a negative variance in Utilities.	Utilities	\$ (5,181)	\$ (10,538)
The District implemented GASB No. 87, requiring certain lease agreements be capitalized and written off to Amortization Expense over the life of the lease. This is creating a positive variance in Multi-Specialty Clinics and Other Building Rents.	Miscellaneous	2,199	(9,171)
	Equipment Rent	(1,444)	(5,510)
	Physician Services	-	-
	Insurance	1,041	2,181
	Dues and Subscriptions	150	3,618
	Marketing	(1,383)	4,724
	Outside Training & Travel	(2,700)	8,290
	Multi-Specialty Clinics Bldg. Rent	4,112	16,451
	Other Building Rent	10,627	42,311
	<b>Total</b>	<b>\$ 7,422</b>	<b>\$ 52,355</b>
<b>9) <u>Donations</u></b>			
	<b>Total</b>	<b>\$ (62,159)</b>	<b>\$ (243,697)</b>
<b>10) <u>Gain/(Loss) on Sale</u></b>			
	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>
<b>11) <u>COVID-19 Emergency Funding</u></b>			
	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>
<b>12) <u>Depreciation Expense</u></b>			
The District implemented GASB No. 87, requiring certain lease agreements be capitalized and written off to Amortization Expense over the life of the lease. This is creating a negative variance in Depreciation Expense.			
	<b>Total</b>	<b>\$ (26,070)</b>	<b>\$ (71,743)</b>
<b>13) <u>Interest Expense</u></b>			
	<b>Total</b>	<b>\$ 2,889</b>	<b>\$ (7,020)</b>

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF CASH FLOWS

	AUDITED FYE 2022		BUDGET FYE 2023	PROJECTED FYE 2023	ACTUAL OCT 2022	BUDGET OCT 2022	DIFFERENCE	ACTUAL 1ST QTR	PROJECTED 2ND QTR	PROJECTED 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	40,590,404		25,383,789	20,674,895	\$ 1,664,490	\$ 2,734,504	\$ (1,070,014)	\$ 4,471,732	\$ 5,195,018	\$ 6,728,165	\$ 4,279,979
Interest Income	385,321		690,032	881,696	167,983	133,654	34,329	297,335	217,983	183,697	182,681
Property Tax Revenue	8,969,604		9,747,000	9,910,825	111,633	-	111,633	620,192	111,633	5,039,000	4,140,000
Donations	2,145,345		1,305,071	1,207,416	150,209	108,756	41,453	187,159	367,721	326,268	326,268
Emergency Funds	(1,092,739)		-	-	-	-	-	-	-	-	-
Debt Service Payments	(4,683,557)		(5,007,753)	(5,042,665)	(352,608)	(353,188)	581	(1,756,900)	(1,058,985)	(1,167,215)	(1,059,565)
Property Purchase Agreement	(812,500)		(811,927)	(811,927)	(67,661)	(67,661)	-	(202,982)	(202,982)	(202,982)	(202,982)
2018 Municipal Lease	(1,714,321)		(1,717,326)	(1,717,326)	(143,111)	(143,111)	-	(429,332)	(429,332)	(429,332)	(429,332)
Copier	(58,608)		(63,840)	(62,791)	(4,739)	(5,320)	581	(15,491)	(15,379)	(15,960)	(15,960)
2017 VR Demand Bond	(727,326)		(769,491)	(805,453)	-	-	-	(697,803)	-	(107,650)	-
2015 Revenue Bond	(1,370,802)		(1,645,169)	(1,645,169)	(137,097)	(137,097)	(0)	(411,292)	(411,292)	(411,292)	(411,292)
Physician Recruitment	(226,668)		(1,126,666)	(823,333)	-	(83,333)	83,333	(30,000)	(263,333)	(280,000)	(250,000)
Investment in Capital											
Equipment	(3,721,451)		(3,400,652)	(3,400,652)	(302,896)	(543,472)	240,576	(762,196)	(1,389,841)	(559,575)	(689,040)
IT/EMR/Business Systems	(106,850)		(1,833,753)	(1,833,753)	(26,296)	(225,855)	199,559	(112,602)	(478,005)	(596,776)	(646,370)
Building Projects/Properties	(22,004,760)		(41,773,780)	(41,773,780)	(1,848,245)	(4,731,698)	2,883,453	(6,127,292)	(13,491,642)	(11,830,481)	(10,324,365)
Change in Accounts Receivable	(5,918,012)	N1	(2,928,806)	872,341	(593,931)	248,586	(842,517)	1,787,479	(188,930)	(1,663,774)	937,566
Change in Settlement Accounts	(24,245,464)	N2	398,920	(10,193,188)	(3,133,300)	(833,083)	(2,300,217)	(10,429,161)	(7,225,487)	6,658,730	802,730
Change in Other Assets	(4,363,407)	N3	(1,850,000)	(2,083,847)	(545,485)	(50,000)	(495,485)	(988,362)	(895,485)	50,000	(250,000)
Change in Other Liabilities	6,881,645	N4	(3,700,000)	(10,513,456)	(3,847,470)	(3,000,000)	(847,470)	(5,465,986)	(6,897,470)	3,050,000	(1,200,000)
Change in Cash Balance	(7,390,588)		(24,096,598)	(42,117,501)	(8,555,916)	(6,595,130)	(1,960,785)	(18,308,601)	(25,996,822)	5,938,038	(3,750,117)
Beginning Unrestricted Cash	161,643,342		154,252,754	154,252,754	143,499,390	143,499,390	-	154,252,754	135,944,153	109,947,331	115,885,369
Ending Unrestricted Cash	154,252,754		130,156,155	112,135,253	134,943,474	136,904,259	(1,960,785)	135,944,153	109,947,331	115,885,369	112,135,253
Operating Cash	154,252,754		130,156,155	112,135,253	134,943,474	136,904,259	(1,960,785)	135,944,153	109,947,331	115,885,369	112,135,253
Expense Per Day	658,532		732,143	725,148	699,050	719,807	(20,757)	691,239	710,454	721,557	725,148
Days Cash On Hand	234		178	155	193	190	3	197	155	161	155

Footnotes:

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

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

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

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



## Board Informational Report

**By: Harry Weis**  
President and CEO

**DATE: November 8, 2022**

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It is too early in the month of November to have our final volume and financial performance for the month and YTD as of October 31, 2022.

October appeared to be a weaker month for us and for many California hospitals based on what we are hearing from other healthcare leaders.

November appears to be a bit stronger but we are early in November.

We appear to be close to the volumes of Fiscal Year 2022 which was our overall record year from many angles in our 73-year history.

We are experiencing massive expense side inflation this fiscal year just as many other hospitals and businesses in other industries are experiencing. Labor and supply costs are showing very strong inflation numbers this fiscal year.

Our price increase was only 5% in contrast with the just mentioned large expense side inflation. We continue to be disappointed with the very large double digit health insurance price increases to businesses in our region when our price increase was just 5%.

The national news is illustrating some very concerning news where in the past about 400 rural hospitals were at risk for closing in the next few years and now that number has increased to over 600 rural hospitals across the US are at risk for closing in the next few years.

We are very concerned about retaining local healthcare access in rural communities across America and we are grateful for our Board leadership and our team's great efforts to keep us strong even during a very tough 3-year pandemic.

We continue to see a falloff in the number of COVID-19 activities in our region and we hope this continues as other illnesses are rising.

We are pleased to have Dr. Gary Gray as our Interim full time Chief Medical Officer (CMO) for about 6 months. His new strategies which are underway will have long term positive impacts on how we deliver healthcare and on new ways to assist and support our team in making great progress in many clinical areas.

We are also thrilled that Dr. Brian Evans, MD, MBA has agreed to come and be our full time CMO effective December 5, 2022. He has lived in Nevada County, CA for over 22 years so he knows our region quite well. He has great experience as an ER physician, Urgent Care

physician, CMO and healthcare CEO. He also has been active in medical staff development activities for a large multi-hospital health system in the US.

So we are really excited as turnover in leadership has been very low over many years, and that we have now filled all our key leadership positions which will allow us to further accelerate our needed progress to serve all residents and guests in our region much better in the future.

We have a new shared governance committee in our surgery area including physicians and leadership. The Optum consulting company review of all surgery areas continues and we expect many improvements to be recommended and acted on in this large area.

Having a full time CMO will also allow us to really impact in a positive way all of our specialties in our various clinics to improve patient experience and team function. We have a lot of work to do in our clinic settings to really create an optimal patient experience and to make this a best place to work for our team.

November is a month where we really honor a very large portion of our team for their hard work in the previous year. We are excited about this.

November is also a great month because the second floor of our 3 story medical office building will be complete for greatly expanded primary care and to also include several new clinic spaces for our rapidly growing mental needs by residents of our region.

Our mental health program has grown from zero to about 19 team members in just the last 3 years or so. We have a wide variety of skilled clinicians serving mental health and drug dependency challenges. We have two new child mental health specialists who are arriving in our community as well.

We require all of our clinical providers to see all patients, even those without insurance or those with MediCal or Medicare or other insurance. These are principles we require for all of our medical staff.

Inpatient mental healthcare or alcohol and drug dependency treatment is a regional resource that we don't provide.

Again, this is very likely the most unusual and special critical access health system in the US with over 170 active and courtesy medical staff members offering the long list of specialties available here. It might be impossible to find another critical access hospital system in the US with 170 medical staff members.

As today is election day, votes do have large impacts on policies that touch healthcare, all industries and every person. So we are watching all elections and voter topics and will work to estimate all impacts from these elections as we continue to focus on serving the critical healthcare needs in our region!



## Board COO Report

**By: Louis J. Ward, MHA**  
Chief Operating Officer

**DATE: November 2022**

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### **Service: Deliver Outstanding Patient & Family Experience**

*Continuously improve access to care*

- 2nd Floor Medical Office Building Remodel and Opening

Staff continues to work diligently towards the opening of the 2nd floor of the MOB. At the time of this report, all construction has been completed, stocking of equipment and supplies has been completed, and Information Technology have completed their task list. Surveying of the space by licensure regulatory bodies will take place in early November resulting in a certificate of occupancy. Once we obstacle all appropriate licensure certificates staff and Physicians planned to be in the space will move. First patient visits are still on track for Nov. 14th. The Marketing team is working on a robust effort to ensure we share this great win and expansion on patient care services to the community. This effort includes print & digital ads, social media posts, web page adjustments and wayfinding information for patients.

- Suspension and transfer of services of the Respiratory Illness Clinic (RIC)

With Covid-19 volumes continuing to decrease to manageable levels leadership, infection control, and the Covid-19 preparedness team have agreed on November 14th the Respiratory Illness Clinic services will be suspended or moved into other areas of the health system. The RIC has played a key role to prepare for and treat COVID over the past 31 months. Services such as testing and vaccination efforts will migrate to our occupational health clinic and the new urgent care center in Truckee. We will be preserving our COVID Nurse hotline throughout the winter months assisting with patient navigation, this service will be migrated to the multi specialty clinics. The COVID-19 preparedness group will continue to meet. Infection Control will continue to keep a keen eye on the COVID pandemic and all applicable regulations.

### **Growth: Expand and foster community and regional relationships**

*Explore and engage beneficial collaborations and partnerships*

- Ski Resort Agreements

Tahoe Forest Health System has delivered to all ski resorts operating first aid stations (Boreal, Sugar Bowl, Diamond Peak, and Alpine Meadows) a 2022-2023 winter contract outlining clinical services TFHS will offer to the resorts. Boreal and Diamond Peak contracts have been completed. At the time of this report, conversations are still underway with Sugar Bowl and Palisades.

### **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

**Planned Moves:**

Medical Office Building 2<sup>nd</sup> Floor Occupancy Scheduled for November 14<sup>th</sup>, 2022.  
Ear, Nose and Throat Clinic move –Date TBD

**Active Projects:**

**Project:** Tahoe Forest Nurse Call Replacement

**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:** Project is closed in compliance from HCAI

**Start of Construction:** March 2022

**Estimated Completion:** July 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:** Shop: Completed. Sterile Processing: Project is awaiting equipment for installation, 98% complete.

**Start of Construction:** August 2021

**Estimated Completion:** July 2022

**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:** The New tank has been set and approved. The new tank cut over is scheduled for 11/17/22. Phase 2 removal of the old tank will be delayed until spring of 2023 due to winter.

**Start of Construction:** May 2022

**Estimated Completion:** July 2023

**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. Include the remodel of suite 340 to create a continuous primary care suite on both the 2<sup>nd</sup> and 3<sup>rd</sup> floors of the MOB, all RHCs.

**Update Summary:** Project is proceeding on schedule above ceiling work is wrapping up CDPH inspection is scheduled for 11/8/22. Occupancy of the 2<sup>nd</sup> floor is scheduled for November 14<sup>th</sup>, 2022, pending CDPH Approval. The Suite 340 has been approved, scope of work is scheduled to start December 5<sup>th</sup>, 2022.

**Start of Construction:** March 2022

**Estimated Completion:** June 2023

**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:** Temporary MRI has been installed and in use. Installation of the new MRI is scheduled to start December 5<sup>th</sup>, 2022, this is a three week process. First Patient is scheduled mid-January

**Start of Construction:** April 2022

**Estimated Completion:** January 2023

**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:** Project is complete and in use. On last conditional item is outstanding, lighting upgrades. With backlog of equipment, this scope will complete in late Spring for final approval.

**Start of Construction:** Summer 2022

**Estimated Completion:** Spring 2023

### **Projects in Planning:**

**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** Tenant Improvement package to HCAI is submitted. The Seismic submittal for the 1978 building has been approved. The other 7 HCAI permits have been approved. Staff are planning the start of the 1990/1993 building(Surgery/ASD) in early December and are working on the phase 1 gross maximum price.

**Start of Construction:** Winter 2022

**Estimated Completion:** Winter 2025

**Project:** Incline Village Community Hospital X-Ray and CT Replacement

**Background:** Incline Village Community Hospital has been provided a grant opportunity to support the replacement of the X-Ray and CT at the Hospital. Various components of the X-Ray are end of service and end of support. The CT is approaching end of service. The new CT will be replaced with a new 128 slice machine, existing 16 slices.

**Summary of Work:** Provide temporary accommodations to ensure hospital can provide X-Ray and CT services during the project. Replace X-Ray and CT equipment and modify space for code compliance and improved staff and patient workflow.

**Update Summary:** Temporary CT underground scope of work has been approved and completed. The Full temporary CT plan has been submitted to Washoe County and DHHS. The Replacement plan is proceeding at a 100% design development stage.

**Start of Construction:** Fall 2022

**Estimated Completion:** Spring 2023

**Project:** Levon Parking Structure

**Background:** Demand for parking Tahoe Forest Hospital has far exceeded its capacity. This project is to create a staff parking structure to meet the current and future needs of staff and importantly provide accessible parking for our patients.

**Summary of Work:** Project intent is to concurrently work on this project thru the entitlements effort on the Tahoe Forest Master Plan effort. This project being dependent on the Master Plan approval. This project will provide upwards of 225 parking stalls and various biking parking opportunities to support the parking need of the Tahoe Forest campus. The use intent is for this structure to service staff being located off Levon Ave, the Hospital service corridor.

**Update Summary:** Staff are working with the design builder on programming and deliverables for the Town of Truckee Development Permit. Design Development is will be completed 10/31/22. Staff plan have submitted a predevelopment permit to the Town of Truckee and are working on coordinating with Town Staff. The Development permit will be ready to submit by 11/11/22, with Town input at this time, staff are accessing to wait for input or push the project forward. Due to timing and delays on Town staff in regards to the Master Plan and Comments on the parking structure. Staff have had to change criteria to meet new codes that go into effect January 1<sup>st</sup>, 2022. The escalation for this change is estimated at \$516,000.

**Start of Construction:** Spring 2024

**Estimated Completion:** Winter 2024

**Project:** Lake Street Housing

**Background:** On-Call housing and On-Boarding housing are critical to district operations and recruitment of talented employees.

**Summary of Work:** Demolish 10151 & 10145 Lake Ave to create 2 new duplex houses to be utilized for recruitment and retention. As well as create 10 new studio apartments to support the Hospitals On Boarding needs.

**Update Summary:** Project is on hold until the Master Plan progresses further.

**Start of Construction:** Summer 2023

**Estimated Completion:** Spring 2024

**Project:** Martis Outlook Plastics



**Background:** Staff have focused on providing health care services in the Eastern portion of Truckee. Property was acquired in 2021 at the Martis Outlook Building to realize this goal.

**Summary of Work:** Demo interiors of existing suite to build out new clinic space.

**Update Summary** Staff submitted plans to the Town 7/22/22. A zoning clearance has been requested by Town Staff, this application has been deemed complete and is circulating to all local jurisdictions.

**Start of Construction:** Winter 2022

**Estimated Completion:** Spring 2023

**Project:** Martis Outlook Primary Care

**Background:** Staff have focused on providing health care services in the Eastern portion of Truckee. Property was acquired in 2021 at the Martis Outlook Building to realize this goal.

**Summary of Work:** Demo interiors of existing suite to build out new clinic space.

**Update Summary** Staff are preparing plan submittal. A zoning clearance has been requested by Town Staff, this application has been deemed complete and is circulating to all local jurisdictions.

**Start of Construction:** Winter 2022

**Estimated Completion:** Spring 2023

**Project:** Gateway RHC Expansion

**Background:** With the longevity of the existing Gateway Building in the Master Plan staff are looking to maximize the utilization. Staff will be working to expand the current RHC to provide Dental, Opto, Behavioral Health and Out Patient Lab Services.

**Summary of Work:** Remodel 8 suites within the Building.

**Update Summary** The project has been awarded, staff are working on contract execution.

**Start of Construction:** Fall 2023

**Estimated Completion:** Fall 2025

**Project:** Med Surg/ICU Remodel.

**Background:** With the Med Surg/ICU in use for over 17 years, the rooms are in need of updates both for aesthetics and operational efficiency.

**Summary of Work:** Remove and replace all finishes with Patient rooms. Remodel portions of the support space to promote operational efficiency.

**Update Summary** Request for Proposals is published. Proposals are due 12/8/22.

**Start of Construction:** Fall 2023

**Estimated Completion:** Spring 2024

**Project:** Tahoe City Primary Care and Urgent Care Expansion.

**Background:** Improving access to care around our District is a key strategic goal. This project aims to separate Primary Care and Urgent Care Operations and to increase capacity significantly.

**Summary of Work:** Expand Urgent Care (Suite B-202) into the adjacent Suite (B-201). Suite 201 will house lab draw services and additional support services. Remodel Suite B-206 and 207 to create a new 6 exam room Primary Care Clinic.

**Update Summary** Staff have released the Request for Qualifications, August 16<sup>th</sup>, 2022, and are working on drafting the Request for Proposals. Staff are negotiating the lease for additional space within the Trading Post Center.

**Start of Construction:** Fall 2023

**Estimated Completion:** Spring 2024

**Project:** Incline Village Community Hospital Boiler and M1 Air Handler Replacement.

**Background:** Replacement of original 1980s equipment essential for air flow and heating the building to improve reliability and energy efficiency. This existing equipment is end of life.

**Summary of Work:** Remove and Replace, like in kind, the existing M1 air handler which feeds the Western Half of the Building. Remove and Replace, like in kind, the existing boilers which provide heating hot water and domestic hot water to the entire building.

**Update Summary** Staff have plans submitted to Washoe County. The project has been released for bidding, due 11/16/22.

**Start of Construction:** Summer 2023

**Estimated Completion:** Winter 2023



## Board CNO Report

**By: Jan Iida, RN, MSN, CEN, CENP**

**DATE: November 2022**

Chief Nursing Officer

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

- Through Optum the OR efficiency company, OR services kicked-off a Perioperative Services Governance group. This group consists of Physicians, Nurses, support staff and administration. The group is task with policies, scorecards and gap analysis of scheduling and block utilization. Other work teams to address pre-op preparation and day of surgery efficiency to be formed this month.

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

- To be compliant with extended recovery patients after surgery, nursing and physicians are working together to ensure that patient care services are always furnished legally as well as at high quality. The groups involved will be in serviced for appropriate notes and orders.
- Medical-Surgical and Emergency staff finished skills training for pediatric patients, ahead of the RSV season. We have already seen increased admission for this group.

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

- IVCH drive up flu vaccines was a success. 244 total flu vaccines given in the IVCH Community.
- The Emergency Department has a new Substance Abuse Navigator to replace Claire De luz, Samantha Valoris has joined the team.

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

**DATE: November 2022**

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

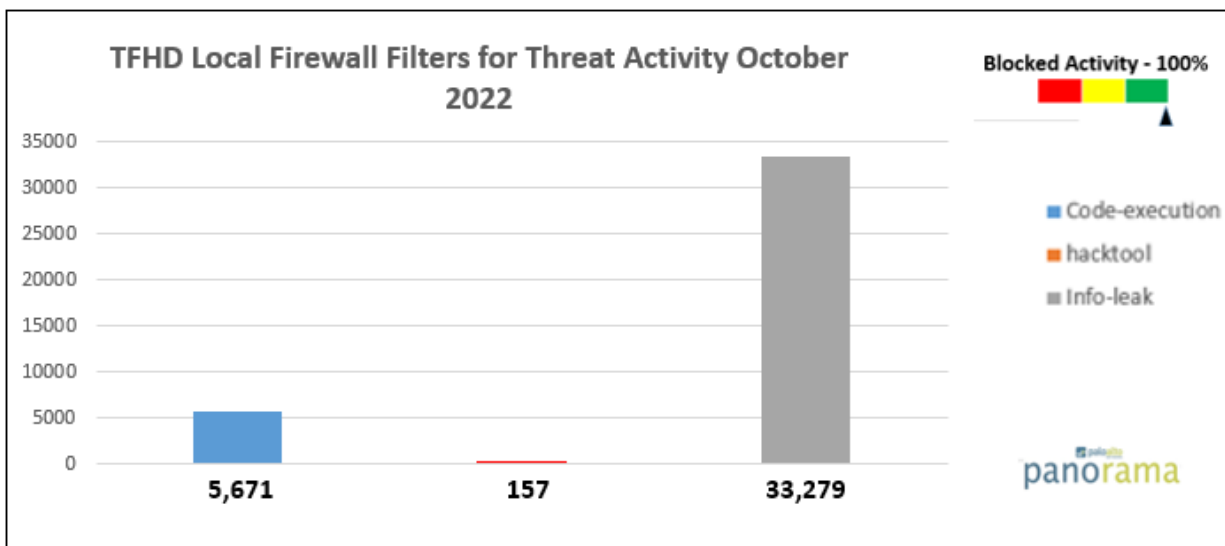
- vRad has passed Mercy Security Review
- Agility has passed Mercy Security review
- Closing out RL6 Project
- RLDatix (RLDatix provides innovative software products and services provide strategic decision makers with targeted insights to improve quality, safety, risk, and financial outcomes.
- Amitech - Executing
- Telestroke contract in process
- Identifying in-house Rx Resource for infusion pump integration
- Preparing to close CancerlinQ upgrade
- Kicked off Community Connect Forum with Mercy
- Primary Care Go Live 11/14
- Behavioral Health Go Live 11/14
- Urgent Care Go Live 11/14
- Hyperdrive (Epic's upgrade from their current Hyperspace environment. The new version will be web based) Enterprise Kickoff 11/15
- IVCH Endo executing – expected 12/15
- TFH Non-chemo infusion executing – expected 12/31
- Electronic Visit Verification (EVV) for Home Health and Hospice (HH&H) and Physical Therapy (PT) executing
- Physician Payment solution - executing – expected before 1/1
- BD Synapse Blood analyzer – kicking off
- WellSky Bloodbank upgrade – kicking off
- Orthopedic Surgeon Billing – Complete
- Point of Care Imaging in ED – preparing go-live
- Urgent Care ramp up for Go Live
- Training for all new staff for Urgent Care and 2 nd Floor MOB Primary Care/Behavioral Health
- Ophthalmology Charge review with Dr. Conway
- Provider Efficiency Evaluations are ongoing
- Dr. Ruggiero smartphrase review/build
- iSTAT interface to Telcor and Epic. (Handheld Lab analyzer)
- Agility Application and Interface to Epic for Occupational Health
- Glooko Application Upgrade for Dr. Alison Semrad (Later to be expanded to other primary care offices for interfacing patients home glucometer results to Epic.)

- Wellsky Blood Bank System Upgrade. Contract with Vendor has been signed and Mercy SOW was submitted to Louis Ward.
- Behavioral Health and Primary Care build complete
- Trackboard build for Urgent CareC complete
- Started new BPA build for ED to OR.
- BPA: Best Practice Alert. Epic's decision support which notifies clinicians when they need to tend to important tasks, such as reviewing a patient's allergies, writing orders, and completing charting.
- Mercy approved adding Diagnosis to Medically Indicated transfer Form Mercy wide at our request
- Building of new Smarttext with Images attached for COVID F/U in ED
- SmartTexts are standard templates or blocks of text used to write notes for routine visits or problems we treat often, such as diabetes.
- Completed recertification of ASAP (this is the Emergency Department module in EPIC)
- Completed OPTIME training
- Multiple training courses with new hires
- Kick off concerning daily weights project in the ICUDaily provider support
- ECC project list
- ECC - Completed edits to Admission order set, built the order set in ECC software, implemented with staff, incorporated all requested modifications. It's live and saving the team time!
- Epic – working on Insulin Pump order set and workflow project
- MOB 2d floor outfitted with Personal Computers (PC's), Workstations on Wheels (WoWs), Phones, Printers, and Scanners. Testing continues to minimize any potential issues for the first patient encounter scheduled for November 14
- Haiku for Epic functioning by design. Final production testing in progress.
  - HAIKU is a handheld application designed by Epic Systems Corporation for use with the Apple iPhone®, iPod touch®, or iPad and Android smartphones.
  - HAIKU provides convenient access to the Epic Electronic Medical Record using these devices.
  - This technology will allow providers to remotely view patient data and imaging via cell phones and notebooks.
- TFHS Security Operations joined Multi State Information Sharing and Analysis Center (MS-ISAC).
  - The mission of the organization is to improve the overall cybersecurity posture of U.S., State, Local, Tribal and Territorial entities via tighter coordination and collaboration. Membership also provides I.T. with pre-hardened system images and scanners to evaluate our own images to ensure we meet the latest security recommendations and requirements
- Finalizing Enterprise Agreement with Microsoft to support our migration to the cloud, Office365 as well as Active Directory and cloud-based storage (increase productivity, security, and integration with our partners)
- Completed secure connectivity in support of Agility EMR for Occupational Health.
  - This will support information transport between TFHS and our Agility partner
- All firewalls and Remote Access Points upgraded to the most recent build to maintain security and increase performance

- Internet Explorer (IE) was completely removed from the systems. IE is no longer supported by Microsoft and is replaced with “Edge”
- Scripts were created to identify stale data being stored across the environment. IT to work with users on housecleaning efforts to minimize data footprint and reduce storage costs
- 707 user tickets processed
- Microsoft Outlook Web Access remains unavailable.
  - TFHD SECOPS continues to work with security partners and interact with Microsoft to return services ASAP

### Cyber Report Oct/Nov (Last 30 Days)

#### Successfully Blocking Threat Execution



**Code Execution:** Attempts to identify execution vulnerabilities that can be run by a privileged user

**hacktool:** riskware that is intended to provide access to computers and networks

**Info-leak:** Attempt to detect software vulnerabilities and craft request exploits for unprotected data

Message Category	%	Messages
Stopped by IP Reputation Filtering	74.8%	1,033,544
Stopped by Domain Reputation Filtering	0.0%	215
Stopped as Invalid Recipients	0.4%	5,592
Spam Detected	1.6%	22,275
Virus Detected	0.0%	0
Detected by Advanced Malware Protection	0.0%	5
Messages with Malicious URLs	0.0%	453
Stopped by Content Filter	0.3%	4,500
Stopped by DMARC	1.0%	13,837
S/MIME Verification/Decryption Failed	0.0%	0
<b>Total Threat Messages:</b>	<b>77.2%</b>	<b>1,066,584</b>
Marketing Messages	6.4%	87,796
Social Networking Messages	0.1%	1,229
Bulk Messages	4.9%	67,198
<b>Total Graymails:</b>	<b>11.3%</b>	<b>156,223</b>
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	11.5%	158,488
<b>Total Attempted Messages:</b>		<b>1,381,295</b>

## Top Attackers by Source Countries Last Calendar Month

Panorama : 2022/10/01 - 2022/10/31

Source Country	Count
United States	6.74 M
Canada	39.46 k
Panama	13.29 k
Mexico	10.05 k
Brazil	8.38 k
Australia	6.95 k
Spain	6.28 k
Italy	5.98 k
Jamaica	5.03 k
Andorra	4.04 k

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

**DATE: November 2022**

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

*Nurture mutual trust*

- We held our quarterly meeting with both the Employees Association and the Employees Association of Professional's. Great discussion about operational opportunities. We really appreciate the open conversations we can have with both Unions board of directors.
- We met with our Values Advocates and discussed several topics, one including the Press Ganey Employee Engagement survey. We discussed several strategies to increase participation.

*Exemplify a culture based on the foundation of our values*

- We held a Tahoe Forest Treat Trail, where employees walked campus and received treats and swag to just show our appreciation for all their efforts.
- We held our annual pumpkin carving contest with very creative carvings that were created by staff.

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

- November kicked off open enrollment for our benefited employees. We also held Benefits fairs at three locations where employees learned about the robust benefits that we provide.
- Our Annual Service awards dinner was held to celebrate our long tenured employees. This year we were honored to celebrate Gail Shady a surgical nurse, who has served Tahoe Forest for 45 Years.
- Implemented the new PEAK Program (Professional Excellence, Advancement, & Kudos) for nursing on October 1st. This is a voluntary, evidence-based, custom "Clinical Ladder" designed to enhance personal and professional growth, increase employee satisfaction and engagement, and contribute to the organization's Mission, Vision, and Values. So far 40 RNs have applied which is consistent with the target goal of participation for year 1.
- Introduced the 30th Annual Winter Illness and Injury Symposium which will take place on Monday, December 5th.
- Formalized the process for providing CEs for nurses who attend their bi-monthly department Skills Days. This has drastically increased staff attendance, participation, and enthusiasm.
- Completed the 2022 Competencies for nursing



Stats for 3Q22	
158*	New Employees
78	Terminations
1208	Headcount as of 9/30/2022
11.56	Average Span of Control
6.72	Average Seniority Years
27	Temporary Staff
27	Status change
47	Transfer
54	Active Volunteers
1008.5	Contributed Volunteer hours

\*note: 80 transferred to employment from therapy services

FY23- current FYTD LOA's: 231

FY23- current Active LOA's: 108

FY23- current Work Comp LOA's: 2

FY23- current Modified (includes intermittent) Work Schedules: 33

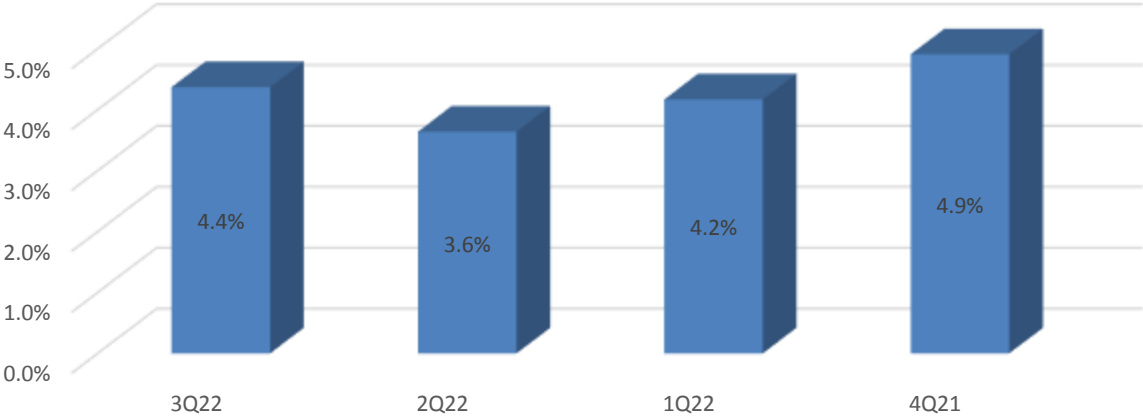
FY23- current Modified Duty (excluding modified work schedule): 31

Turnover:

#	Term Types 3Q22	Percentage
16	Involuntary	20.51%
62	Voluntary	79.49%
78		100.00%

#	Voluntary Term Reasons 3Q22	Percentage
18	Other	29.03%
13	Moving	20.97%
9	Other job	14.52%
6	Education	9.68%
5	Temporary job ended	8.06%
4	Retirement/Early Retire	6.45%
0	Mutual Agreement	0.00%
5	Job Abandonment	8.06%
2	Dissatisfied w/job	3.23%
0	Commute	0.00%
62		100.00%

### Rolling Turnover rate FT/PT by quarter



## Board Provider Services Report

**By: Scott Baker**  
Vice President, Provider Services

**DATE: November, 2022**

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

#### *Nuture mutual trust*

- Dr. Gina Barta was recently named Medical Director of Primary Care. She is the first physician to step into an expanded model of Medical Directors across the system to improve communication, physician/provider relations and inclusion during strategic planning
- Sam Smith, PA-C has taken on the role of our first APP Lead to act as a liaison with our APP team across the system. This role is designed to help ensure APP specific needs are addressed and considered at all stages of development and planning.

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

- Our physician recruiter and key leaders have attended two events at regional training programs to recruit future graduates and expanded our ability to recruit physicians
- We continue to engage with physicians on the compensation structure redesign, including a presentation from our consultants, ECG.
- The redesign with most likely include a larger concentration on quality metric incentives. In order to accurately measure these metrics, we will take our time and due diligence to ensure the measures are accurate and appropriate in each service line

### **Service: Deliver Outstanding Patient & Family Experience**

#### *Continuously improve access to care*

- Two primary care physicians are returning from leaves and recruitment continues in primary care and multiple specialties.
- Additional efficiency projects are underway to improve capacity for clinicians in areas with long wait times and in anticipation of additional space being available.

#### *Optimize the health care delivery system and efficiencies*

- Key members of the MSC leadership team, physicians, providers and project management team members completed a 3 day workshop to learn and introduce key Lean principles into the clinic structure. The goal is to increase communication, clinic efficiency and ultimately patient access and satisfaction.

#### *Implement an enterprise-wide master plan*

- The 2<sup>nd</sup> floor of the MOB is scheduled to open on November 14<sup>th</sup>. This new clinic will provide sufficient space to combine all of our Family Medicine clinicians under one roof with room to grow, increased presence of Behavioral Health and other key support mechanisms dedicated to primary care operations.

**Quality: Provide excellent patient focused quality care**

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

- The opening of the 2<sup>nd</sup> floor MOB will also allow suite #110 in the MOB to be dedicated to Urgent Care and expand our capacity. We now have a dedicated team of Urgent Care medical director (MD), operations manager (PA) and clinical support all working with other departments to ensure best practices for Urgent Care are pursued and implemented

*Improve quality of care and patient outcomes*

- We are continuing to expand our RN support in the clinics with additional Indirect Care Nurses in specialty areas. These positions are dedicated to triaging patient phone calls, responding to patient communications, lab results and other items to improve response time and reduce daily workload on front line providers and staff.

**Growth: Expand and foster community and regional relationships**

*Explore and engage beneficial collaborations and partnerships*

- We have recently renewed agreements with local ski teams and schools for the upcoming season/year to continue providing clinical support at nurse stations, medical clinics, ski team events and school sports.
- We are continuing discussions with Eastern Plumas Hospital to improve OB and other specialty support of their patients and expand availability to reduce wait times.
- Our OB team recently met with the leadership of Plumas District Hospital to improve communications and patient coordination for their patients who ultimately deliver at TFH

*Define and prioritize opportunities for growth and lower outmigration*

- We have open provider recruitments in the following areas to continue to reduce outmigration – ENT, GI, Internal Medicine, Family Medicine, Neurology and Urology.

**New Physicians/Providers arrivals –**

Beth Lavin, PhD – Neuropsychology

David Lemak, MD – Urgent Care Medical Director

Stasia Muhlner, MD – Occupational Health co-Medical Director

**TAHOE FOREST HOSPITAL DISTRICT  
RESOLUTION NO. 2022-19**

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

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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, Board of Directors previously adopted Resolution No. 2022-01 finding that the requisite conditions exist for the Board of Directors to conduct teleconference meetings under California Government Code section 54953(e); and

WHEREAS, Government Code section 54953(e)(3) requires the legislative body adopt certain findings by majority vote within 30 days of holding a meeting by teleconference under Government Code section 54953(e), and then adopt such findings every 30 days thereafter; and

WHEREAS, the Board of Directors desires to continue holding 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 Board of Directors has reconsidered the circumstances of the state of emergency declared by the Governor pursuant to his or her authority under Government Code section 8625;
2. The state of emergency continues to directly impact the ability of members of the Board of Directors to meet safely in person; and

3. State and local officials have imposed or recommended measures to promote social distancing.

PASSED AND ADOPTED at the meeting of the Tahoe Forest Hospital District Board of Directors held on the 17th day of November, 2022 by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

ATTEST:

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Alyce Wong  
Chair, Board of Directors  
Tahoe Forest Hospital District

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Martina Rochefort  
Clerk of the Board  
Tahoe Forest Hospital District



## **Board Informational Report**

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

**DATE: October 27, 2022**

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### **2022 Compliance Program 3<sup>rd</sup> Quarter Report (Open Session)**

The Compliance Committee is providing the Board of Directors (BOD) with a report of the 3<sup>rd</sup> Quarter 2022 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.

## 2022 Corporate Compliance Program 3<sup>rd</sup> Quarter Report

### OPEN SESSION

Period Covered by Report: **July 1, 2022 – September 30, 2022**  
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. No Compliance Policies were updated in the 3<sup>rd</sup> Quarter of 2022.

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

2.1. Corporate Compliance Committee Membership as of September 30, 2022:

Jim Hook, The Fox Group – Compliance Consultants  
Louis Ward, Chief Operating Officer  
Jan Iida, 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, 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. Employees completed 88.3% of HIPPA Compliance training.

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. One report was made directly to the Compliance Department or through the hot line in the 3<sup>rd</sup> Quarter of 2022.

4.2. HIPAA violations are reported to the Privacy Officer. The Privacy Officer maintains a log of reported events and investigations. One report was made to the Privacy Officer in the 3<sup>rd</sup> Quarter of 2022.



2022 Corporate Compliance Program 3<sup>rd</sup> Quarter Report

OPEN SESSION

Nature of Breach Reports 2022	No. of Reports YTD	No. of Reports 1st Quarter 2022	No. of Reports 2nd Quarter 2022	No. of Reports 3rd Quarter 2022
Billing/Registrations	1	0	1	0
Patient Results	2	1	1	0
Mailings	1	1	0	0
Electronic File	0	0	0	0
Faxing	0	0	0	0
Patient Complaint	0	0	0	0
Record Disposal	1	0	0	1
Public Disclosure	1	0	1	0
Employee Access	0	0	0	0
BAA reported breach	0	0	0	0
Incorrect Registration	0	0	0	0
Incorrect Guarantor	0	0	0	0
Unsecure/misdirected email	1	1	0	0
Total	7	3	3	1
	Total YTD	Q1	Q2	Q3

4.3. The Compliance Department published three articles in the Pacesetter in the 3<sup>rd</sup> Quarter of 2022.

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

5.1. New hires (143) completed 98.6% of the required Health Stream courses in Corporate Compliance and HIPAA in the 3<sup>rd</sup> Quarter.

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 are screened against the OIG/GSA exclusion list every quarter. All vendors are checked continuously using the vendor credentialing program.

**6. Auditing & Monitoring**

6.1. Six audits were completed during the 3<sup>rd</sup> Quarter of 2022 as part of the 2022 corporate compliance work plan. This completes the nine scheduled audits for 2022.

OPEN SESSION

- 6.1.1. An audit of 10 records of 28 emp hospitalized as inpatients. Found 2 instances of inappropriate access. One was incidental; the other involved one employee “authorizing” another employee to look up something in her chart.
- 6.1.2. An audit of Home Health patient charts showed 100% documentation of face-to-face visits with a physician as part of the home health order process.
- 6.1.3. An audit of 386 charts of patients in the Rural Health Clinics (Pediatrics, Internal Medicine/Cardiology and Incline Village) showed 9 charts (2.3%) without current consents.
- 6.1.4. For FY2022, 1 day stays for Medicare patients were 17.2% of Medicare admissions. Documentation of the reason for discharge prior to 2 midnights was 87%.
- 6.1.5. Internal review of evaluation and management coding accuracy by Himage Solutions shows accuracy in excess of 96% in all physician department categories of coding.
- 6.1.6. An audit of Hospice cases showed no cases exceeding the inpatient or outpatient payment caps in the past fiscal year.

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

- 7.1. One investigation of an actual compliance issue was initiated during the 3<sup>rd</sup> Quarter of 2022.

**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, and questions about billing, privacy, and compliance with other laws and regulations.

## FY2022 President & CEO Incentive Compensation Results

### Finance – 53%

Meet or exceed budgeted net income\* of \$18,022,454 as approved by the Board for FY22.

\*Refer to “Excess Revenue(Expense)” line in the budget.

\*\*The Board has the discretion to pay out Service, Quality, Growth, and People incentives even if this finance goal is not fully met.

- **Exceeded budget of \$18,022,454.**

<b>Consolidated Health System Audited Net Income FY2022</b>	<b>\$ 33,410,407.00</b>	
Less: Audited Net Income TFHS Foundation	154,117.00	
Less: Audited Net Income IVCH Foundation	(1,963,380.00)	
Plus: Audited Net Loss Tahoe Institute for Rural Health Research	287,147.00	
Less: Rounding Adjustment	6.00	
<b>Tahoe Forest Hospital District Audited Net Income</b>	<b>\$ 31,888,297.00</b>	
Plus: COVID-19 Provider Relief Funds	1,092,739.00	
Plus: Accrued Employee Gain Share Bonus	6,897,074.00	
Plus: Accrued Management Incentive Compensation Bonus	1,959,878.00	
<b>Tahoe Forest Hospital District Adjusted Audited Net Income FY2022</b>	<b>\$ 41,837,988.00</b>	
<b>Tahoe Forest Hospital District Budgeted Net Income FY2022</b>	<b>\$ 18,022,454.00</b>	
<b>Amount of Adjusted Audited Net Income in excess of Budgeted Net Income</b>	<b>\$ 23,815,534.00</b>	<b>132.14%</b>

### Service – 12%

Meet or exceed an average 93.76 Press Ganey Patient Satisfaction score.

- **94.42 average as of June 30, 2022**

<b>PATIENT SATISFACTION</b>						
<b>MEASURE:</b>	<b>Baseline Fiscal Year 2016</b>	<b>Sept. 30 2021</b>	<b>Dec. 31 2021</b>	<b>Mar. 31 2022</b>	<b>June 30 2022</b>	<b>Fiscal Year 2022 Average</b>
<b>Inpatient</b>	92.85	93.70	93.90	93.10	93.10	93.45
<b>Outpatient</b>	93.60	93.60	94.30	93.80	93.90	93.90
<b>Ambulatory</b>	95.50	97.20	99.10	98.40	98.80	98.38
<b>TFH ER</b>	92.90	92.70	93.94	90.90	94.30	92.96
<b>IVCH ER</b>	96.93	94.80	95.03	95.30	96.20	95.33
<b>MSC</b>	90.75	92.30	91.90	92.90	92.80	92.48
<b>TOTAL Average</b>	93.76	94.05	94.70	94.07	94.85	<b>94.42</b>

## Quality – 12%

Meet or exceed 97.20% roll-up of the following quality measurements: SEP-1 (Early Management Bundle, Severe Sepsis/Septic Shock), EDTC ALL (Emergency Department Transfer Communication ALL), PC-01 (Early Elective Delivery), CLASS I SSI (Class I Surgical Site Infection Rate), Class I SSI for Joint Replacement (Class 1 Surgical Site Infection Rate for Total Knee and Hip Replacement), Medicare Readmission Rate (Inpatient Readmission) and C. DIFF. (Rate of Hospital Onset C. Diff.).

- **98.70% roll-up of quality metrics**

## Growth – 10%

Exceed annual actual physician office visits total as of June 30, 2021, by 5,000 for all owned or managed physicians. (Goal is 117,171 visits)

- **116,795 as of June 30, 2022 against goal of 117,171.**

## People – 13%

Exceed an average score of 3.59 on questions 14, 30, 32-34 & 64 from the Physician Press Ganey engagement survey.

- **3.67 average score.**

Question	FY19 Score	Question	FY22 Score
14. I am satisfied with my job security.	3.79	13. I am satisfied with my job security.	3.84
30. Hospital administration communicates important information effectively.	3.48	28. Hospital administration communicates important information effectively.	3.8
32. I can easily communicate any ideas and/or concerns I may have to hospital administration.	3.56	30. I can easily communicate any ideas and/or concerns I may have to hospital administration.	3.70
33. Hospital administration is responsive to feedback from physicians.	3.36	31. Hospital administration is responsive to feedback from physicians.	3.38
34. I have confidence in hospital administration's leadership.	3.50	32. I have confidence in hospital administration's leadership.	3.54
64. All employees have an equal opportunity for promotion regardless of their background.	3.87	62. All physicians have an equal opportunity for career advancement regardless of their background.	3.81
<b>FY19 Average</b>	<b>3.59</b>	<b>FY22 Average</b>	<b>3.67</b>