



TAHOE FOREST HOSPITAL DISTRICT

2023-03-23 Regular Meeting of the Board of Directors

Thursday, March 23, 2023 at 4:00 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161



Meeting Book - 2023-03-23 Regular Meeting of the Board of Directors

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TAHOE
FOREST
HOSPITAL
DISTRICT

REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, March 23, 2023 at 4:00 p.m.

Tahoe Forest Hospital – Eskridge Conference Room
10121 Pine Avenue, Truckee, CA 96161

1. **CALL TO ORDER**

2. **ROLL CALL**

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

4. **INPUT AUDIENCE**

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

5. **CLOSED SESSION**

5.1. **Conference with Labor Negotiator (Gov. Code § 54957.6)**

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

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

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

Subject Matter: 2022 Infection Control Report

Number of items: One (1)

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

5.3.1. 02/23/2023 Regular Meeting

5.3.2. 02/28/2023 Special Meeting

5.4. **TIMED ITEM – 5:00PM - Hearing (Health & Safety Code § 32155) ♦**

Subject Matter: 2022 Annual Quality Assurance/Performance Improvement Report

Number of items: Eight (8)

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**

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
March 23, 2023 AGENDA – Continued

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:

Annual Plan Approvals No Changes:

- *IVCH Policies*

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. 02/23/2023 Regular Meeting ATTACHMENT

13.1.2. 02/28/2023 Special Meeting ATTACHMENT

13.2. Financial Reports

13.2.1. Financial Report – February 2023 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. VP Provider Services Board Report ATTACHMENT

14. ITEMS FOR BOARD DISCUSSION

14.1. Patient & Family Advisory Council ATTACHMENT

The Board of Directors will receive an annual update from the Patient and Family Advisory Council.

15. ITEMS FOR BOARD ACTION ♦

15.1. Addendum to Memorandum of Understanding ♦ ATTACHMENT

The Board of Directors will review and consider approval of an Addendum to the Memorandum of Understanding between Tahoe Forest Hospital District and Tahoe Forest Hospital District Employees’ Association.

15.2. Addendum to Memorandum of Understanding ♦ ATTACHMENT

The Board of Directors will review and consider approval of an Addendum to the Memorandum of Understanding between Tahoe Forest Hospital District and Tahoe Forest Hospital District Employees’ Association of Professionals.

16. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

17. BOARD COMMITTEE REPORTS

18. BOARD MEMBERS REPORTS/CLOSING REMARKS

19. CLOSED SESSION CONTINUED

20. OPEN SESSION

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

22. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is April 27, 2023 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) 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

ITEM	Medical Executive Committee (MEC) Consent Agenda
RESPONSIBLE PARTY	Ahrin Koppel MD Vice Chief of Staff
ACTION REQUESTED	For Board Action
<p>BACKGROUND: During the March 16, 2023 Medical Executive Committee meeting, the committee made the following open session consent agenda item recommendations to the Board of Directors at the March 23, 2023 meeting.</p>	
<p><u>Policies with Changes – Addition of Risk Statement</u></p> <ul style="list-style-type: none"> • IVCH Policies 	
<p>SUGGESTED DISCUSSION POINTS: None.</p>	
<p>SUGGESTED MOTION/ALTERNATIVES: Move to approve the Medical Executive Committee Consent Agenda as presented.</p>	

Title	Department	Last Approved	Last Revised
Auxiliary Volunteers in the ED, DEDI-248	Incline Village Emergency Department - DEDI	1/17/2023	1/17/2023
IVCH Acuity Parameters, DIMS-203	Incline Village Medical Surgical - DIMS	8/10/2022	8/10/2022
IVCH ED Respiratory Services Scope, DEDI-237	Incline Village Emergency Department - DEDI	1/31/2023	1/31/2023
IVCH ED Structure Standards, DEDI-251	Incline Village Emergency Department - DEDI	1/17/2023	1/17/2023
IVCH Medical Surgical - Structure Standards, DIMS-221	Incline Village Medical Surgical - DIMS	12/9/2022	12/9/2022
IVCH Telemetry, DIMS-1601	Incline Village Medical Surgical - DIMS	8/10/2022	8/10/2022

Next Review

1/16/2025

8/10/2023

1/30/2025

1/16/2025

12/8/2024

8/10/2023



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

Thursday, February 23, 2023 at 4:00 p.m.

Pursuant to Assembly Bill 361, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for February 23, 2023 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; Michael McGarry, Vice Chair; Robert (Bob) Barnett, Secretary; Dale Chamblin, Treasurer; Mary Brown, Board Member

Staff in attendance: Harry Weis, President & Chief Executive Officer; Crystal (Betts) Felix, Chief Financial Officer; Dr. Brian Evans, Chief Medical Officer; Ted Owens, Executive Director of Governance; Martina Rochefort, Clerk of the Board

Other: David Ruderman, General Counsel

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

4. INPUT AUDIENCE

No public comment was received.

General Counsel read the board into Closed Session.

Open Session recessed at 4:04 p.m.

5. CLOSED SESSION

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

Number of Potential Cases: One (1)

Discussion was held on a privileged item.

5.2. Approval of Closed Session Minutes

5.2.1. 01/26/2023 Regular Meeting

Discussion was held on a privileged item.

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

Property Parcel Numbers: 045-070-010

Agency Negotiator: Harry Weis
Negotiating Party: Farley, Theodore Jr. & Claudia (Trustees)
Under Negotiation: Price & Terms of Payment

Discussion was held on a privileged item.

5.4. Hearing (Health & Safety Code § 32155)

Subject Matter: First and Second Quarter Fiscal Year 2023 Complaints, Grievances and Compliments Report

Number of items: One (1)

Discussion was held on a privileged item.

5.5. Hearing (Health & Safety Code § 32155)

Subject Matter: First and Second Quarter Fiscal Year 2023 Service Excellence Report

Number of items: One (1)

Discussion was held on a privileged item.

5.6. Hearing (Health & Safety Code § 32155)

Subject Matter: First and Second Quarter Fiscal Year 2023 Service Recovery Report

Number of items: One (1)

Discussion was held on a privileged item.

5.7. Hearing (Health & Safety Code § 32155)

Subject Matter: 2018-2022 Peer Review Summary Report

Number of items: One (1)

Discussion was held on a privileged item.

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

Subject Matter: Medical Staff Credentials

Discussion was held on a privileged item.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

Open Session reconvened at 6:00 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel noted the board considered eight items in Closed Session. There was no reportable action on item 5.1. Item 5.2. was approved on a 5-0 vote. There was no reportable action on items 5.3. through 5.7. Item 5.8. Medical Staff Credentials were approved on a 5-0 vote.

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

10. INPUT – AUDIENCE

Public comment was received from Deirdre Henderson, Meg Heim and Anna Klovstad.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

No public comment was received.

12. MEDICAL STAFF EXECUTIVE COMMITTEE

12.1. Medical Executive Committee (MEC) Meeting Consent Agenda

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

Revised Privilege Form:

- *Critical Care Privileges*
- *Radiation Oncology Privileges*

Annual Plan Approvals No Changes:

- *Quality Assessment/Performance Improvement (QA/PI) Plan, AQPI-05*
- *Utilization Review Plan, DCM-1701*
- *Risk Management Plan, AQPI-04*
- *Patient Safety Plan, AQPI-02*
- *Discharge Planning, ANS-238*
- *Infection Control Plan*
- *Emergency Operations Plan, AEOC-17*
- *Environment of Care Management Program, AEOC-908*
- *Medication Error Reduction Plan, APH-34*
- *Trauma Performance Improvement Plan*
- *Home Health Quality Plan*
- *Hospice Quality Plan*
- *Employee Health Plan, DEH-39*

Policies with Changes:

- *Standardized Procedures and Protocols for Physician Assistants and Nurse Practitioners, MSCP-10*
- *Available CAH Services, TFH & IVCH, AGOV-06*

New Policy:

- *Standardized Procedure – Lab and Imaging Results Review by the Registered Nurse*

Discussion was held.

Director Wong noted Agility Rehabilitation Services no longer provides services and should be removed from the *Available CAH Services, TFH & IVCH, AGOV-06* policy.

No public comment was received.

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

Brown – AYE

Chamblin – AYE

Barnett – AYE

McGarry – AYE

Wong – AYE

13. CONSENT CALENDAR

13.1. Approval of Minutes of Meetings

13.1.1. 01/26/2023 Regular Meeting

13.2. Financial Reports

13.2.1. Financial Report – January 2023

13.3. Board Reports

13.3.1. President & CEO Board Report

13.3.2. COO Board Report

13.3.3. CNO Board Report

13.3.4. CMO Board Report

13.3.5. ClIO Board Report

13.4. Approve Resolution Authorizing and Continuing Remote Teleconference Meetings

13.4.1. Resolution 2023-03

13.5. Approve Resolution to End COVID-19 State of Emergency

13.5.1. Resolution 2023-04

13.6. Annual Approval of Quality Assurance/Performance Improvement Plan

13.6.1. Quality Assurance/Performance Improvement Plan, AQPI-05

13.7. Approve Policies

13.7.1. Available CAH Services, TFH & IVCH, AGOV-06

No public comment was received.

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

Brown – AYE

Chamblin – AYE

Barnett – AYE

McGarry – AYE

Wong – AYE

14. ITEMS FOR BOARD DISCUSSION

14.1. Semi-Annual Retirement Committee Report

Brian Montanez of Multnomah Group provided a semi-annual report from the Retirement Committee. Discussion was held.

14.2. 2022 Press Ganey Employee Engagement Survey Results

Alex MacLennan, Chief Human Resources Officer, presented results from the 2022 Press Ganey Employee Engagement Survey. Discussion was held.

14.3. Staff Report on Environmental Stewardship

The Board of Directors received a staff report on environmental stewardship. Discussion was held.

Public comment was received from Deirdre Henderson, John Sorenson and Meg Heim.

15. ITEMS FOR BOARD ACTION

15.1. TFHD Home Purchase Assistance Program Policy

The Board of Directors reviewed and considered modifications to the Home Purchase Assistance Program policy. Discussion was held.

ACTION: Motion made by Director Barnett to approve the TFHD Home Purchase Assistance Program Policy changes as presented, seconded by Director McGarry. Roll call vote taken.

Brown – AYE

Chamblin – AYE

Barnett – AYE

McGarry – AYE

Wong – AYE

16. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Not applicable.

17. BOARD COMMITTEE REPORTS

Director McGarry provided an update the January 31, 2023 Community Health Ad Hoc Committee meeting and February 7, 2023 Board Quality Committee meeting.

Director Wong provided an update from the February 13, 2023 Board Governance Committee meeting.

18. BOARD MEMBERS REPORTS/CLOSING REMARKS

No discussion was held.

19. CLOSED SESSION CONTINUED

Not applicable.

20. OPEN SESSION

Not applicable.

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

Not applicable.

22. ADJOURN

Meeting adjourned at 8:35 p.m.



SPECIAL MEETING OF THE BOARD OF DIRECTORS

DRAFT MINUTES

Tuesday, February 28, 2023 at 3:30 p.m.

Pursuant to Assembly Bill 361, the Special Meeting of the Tahoe Forest Hospital District Board of Directors for February 28, 2023 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 convened at 3:30 p.m.

2. ROLL CALL

Board: Alyce Wong, Board Chair; Michael McGarry, Vice Chair; Mary Brown, Board Member

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

Other: David Ruderman, General Counsel; Emily Vitas, Executive Director of Truckee Tahoe Workforce Housing Agency

Absent: Robert (Bob) Barnett, Secretary; Dale Chamblin, Treasurer

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

No changes were made to the agenda.

4. CLOSED SESSION

4.1. Conference with Real Property Negotiator (Gov. Code § 54956.8)

Property Parcel Numbers: 045-070-010

Agency Negotiator: Harry Weis

Negotiating Party: Farley, Theodore Jr. & Claudia (Trustees)

Under Negotiation: Price & Terms of Payment

Discussion was held on a privileged item.

Open Session reconvened at 4:15 p.m.

5. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel noted there was no reported action taken in closed session.

6. ADJOURN

Meeting adjourned at 4:17 p.m.

**TAHOE FOREST HOSPITAL DISTRICT
FEBRUARY 2023 FINANCIAL REPORT
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Board of Directors
Of Tahoe Forest Hospital District
FEBRUARY 2023 FINANCIAL NARRATIVE

The following is the financial narrative analyzing financial and statistical trends for the eight months ended February 28, 2023.

Activity Statistics

- ❑ TFH acute patient days were 422 for the current month compared to budget of 355. This equates to an average daily census of 15.1 compared to budget of 12.7.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Emergency Department visits, Home Health visits, Surgery cases, EKGs, Diagnostic Imaging, Nuclear Medicine, Cat Scans, PET CT, Respiratory Therapy, and Speech Therapy.
- ❑ TFH Outpatient volumes were below budget in the following departments by at least 5%: Hospice visits, Laboratory, Oncology Lab, Pathology, Blood units, Medical & Radiation Oncology procedures, MRI, Ultrasounds, Tahoe City Physical & Occupational Therapy, and Physical Therapy Aquatic.

Financial Indicators

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 49.24% in the current month compared to budget of 49.17% and to last month's 49.08%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 49.34% compared to budget of 48.93% and prior year's 52.16%.
- ❑ EBIDA was \$1,766,595 (3.9%) for the current month compared to budget of \$1,309,650 (3.1%), or \$456,945 (.7%) above budget. Year-to-Date EBIDA was \$18,129,823 (4.9%) compared to budget of \$18,165,519 (4.8%) or \$(35,696) (-0.1%) below budget.
- ❑ Net Income was \$390,829 for the current month compared to budget of \$1,067,841 or \$(677,012) below budget. Year-to-Date Net Income was \$13,242,107 compared to budget of \$16,164,264 or \$(2,922,157) below budget.
- ❑ Cash Collections for the current month were \$20,094,902, which is 78% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$98,493,104 at the end of February compared to \$97,664,896 at the end of January.

Balance Sheet

- ❑ Working Capital is at 15.5 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 173.6 days. Working Capital cash decreased a net \$2,629,000. Accrued Payroll & Related Costs increased \$1,389,000, the District remitted \$3,132,000 to the State to participate in the CY2021 Rate Range and QIP programs, and Cash Collections were below target by 22%. The District transferred \$25m from its funds held in LAIF to the Chandler Investment fund to increase interest earnings.
- ❑ Net Patient Accounts Receivable increased \$1,307,000 and cash collections were 78% of target due to several larger commercial payors not remitting payments timely. EPIC Days in A/R were 62.4 compared to 62.6 at the close of January, a .20 day decrease.
- ❑ Estimated Settlements, Medi-Cal & Medicare increased a net \$2,636,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs and remitted \$3,132,000 to the State for participation in the CY2021 Rate Range and QIP programs.
- ❑ Unrealized Gain/(Loss) Cash Investment Fund increased \$830,000 after recording the unrealized losses in its funds held with Chandler Investments in February.
- ❑ Investment in TSC, LLC decreased \$61,000 after recording the estimated loss for February and truing up the net losses for January.
- ❑ 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 classified as an Intangible Lease Asset net of its associated Accumulated Amortization and decreased \$141,000 in February.
- ❑ Accrued Payroll & Related Costs increased \$1,389,000 due to additional accrued payroll days in February and truing up the FY22 Gain Share & Incentive Comp accruals.
- ❑ Interest Payable decreased a net \$207,000 after remitting the semi-annual interest payment on the 2015 Revenue Bonds.

February 2023 Financial Narrative

Operating Revenue

- ❑ Current month's Total Gross Revenue was \$45,871,150 compared to budget of \$42,060,325 or \$3,810,825 above budget.
- ❑ Current month's Gross Inpatient Revenue was \$7,513,318, compared to budget of \$6,657,275 or \$856,043 above budget.
- ❑ Current month's Gross Outpatient Revenue was \$38,357,832 compared to budget of \$35,403,050 or \$2,954,782 above budget.
- ❑ Current month's Gross Revenue Mix was 35.3% Medicare, 14.5% Medi-Cal, .0% County, 1.5% Other, and 48.7% Commercial Insurance compared to budget of 36.8% Medicare, 15.8% Medi-Cal, .0% County, 2.4% Other, and 45.0% Commercial Insurance. Last month's mix was 36.9% Medicare, 14.8% Medi-Cal, .0% County, 2.1% Other, and 46.2% Commercial Insurance. Year-to-date Gross Revenue Mix was 37.9% Medicare, 14.7% Medi-Cal, .0% County, 1.9% Other, and 45.5% Commercial Insurance compared to budget of 37.3% Medicare, 16.2% Medi-Cal, .0% County, 2.4% Other, and 44.1% Commercial Insurance.
- ❑ Current month's Deductions from Revenue were \$23,285,809 compared to budget of \$21,382,132 or \$1,903,677 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 1.53% decrease in Medicare, a 1.23% decrease to Medi-Cal, County at budget, a .89% decrease in Other, and Commercial Insurance was above budget 3.65%, 2) Revenues exceeded budget by 9.10%, 3) The District received notice of underpayment on its Medicare IP and OP claims for FY23 which helped minimize the negative variance in Contractual Allowances, and 4) we made an adjustment to our As Filed FY22 cost report resulting in a decreased receivable, creating the negative variance in Prior Period Settlements.

DESCRIPTION	February 2023 Actual	February 2023 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	9,571,302	9,220,535	(350,767)	We saw increases in Technical, Environmental, & PA/FNP wages, Registry staff, and Physician productivity bonus accruals.
Employee Benefits	3,198,317	3,055,725	(142,592)	Gain Share and Incentive Comp payouts were above our FY22 accrual estimates, creating a negative variance in Nonproductive wages.
Benefits – Workers Compensation	98,295	120,244	21,949	
Benefits – Medical Insurance	2,123,993	1,441,338	(682,655)	We have several high dollar claims that are driving the negative variance in Medical Insurance.
Medical Professional Fees	379,826	395,366	15,540	Emergency Department coverage and Hospitalist Locums coverage were below budget, creating a positive variance in Medical Professional Fees.
Other Professional Fees	284,675	271,909	(12,766)	Clinical Operations Performance Improvement projects, consulting services provided to Accounting for the build out of our DSS/Cost Accounting system, and Financial Administration for preparation of our RHC Rate Setting Cost Reports created a negative variance in Other Professional Fees.
Supplies	3,543,171	2,828,393	(714,778)	Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues were above budget 26.53%, creating a negative variance in Pharmacy Supplies.
Purchased Services	2,216,651	2,204,773	(11,878)	Snow removal, scribe services & a data mapping and transformation project in the Multi-Specialty Clinics, and District wide maintenance projects created a negative variance in Purchased Services.
Other Expenses	833,141	1,031,536	198,395	Marketing, Outside Training & Travel, and a reclassification of Construction Labor to Construction in Progress projects created a positive variance in Other Expenses.
Total Expenses	22,249,372	20,569,819	(1,679,553)	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
FEBRUARY 2023

	Feb-23	Jan-23	Feb-22	
ASSETS				
CURRENT ASSETS				
* CASH	\$ 11,319,358	\$ 13,948,284	\$ 25,720,238	1
PATIENT ACCOUNTS RECEIVABLE - NET	45,865,405	44,558,094	48,422,449	2
OTHER RECEIVABLES	9,864,485	8,659,758	9,620,967	
GO BOND RECEIVABLES	311,534	(114,645)	340,575	
ASSETS LIMITED OR RESTRICTED	9,499,154	9,980,422	10,104,648	
INVENTORIES	4,433,868	4,453,474	4,265,364	
PREPAID EXPENSES & DEPOSITS	3,172,485	3,202,626	2,360,754	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	26,811,683	24,175,521	11,293,896	3
TOTAL CURRENT ASSETS	<u>111,277,971</u>	<u>108,863,534</u>	<u>112,128,891</u>	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	10,003,093	35,003,093	54,463,078	1
* CASH INVESTMENT FUND	105,345,854	80,317,065	80,011,891	1
UNREALIZED GAIN/(LOSS) CASH INVESTMENT FUND	(4,277,706)	(3,447,972)	-	4
MUNICIPAL LEASE 2018	726,883	726,771	725,391	
TOTAL BOND TRUSTEE 2017	20,795	20,732	20,532	
TOTAL BOND TRUSTEE 2015	827,693	968,999	800,255	
TOTAL BOND TRUSTEE GO BOND	5,764	5,764	5,764	
GO BOND TAX REVENUE FUND	2,540,299	2,534,969	2,061,352	
DIAGNOSTIC IMAGING FUND	3,381	3,381	3,347	
DONOR RESTRICTED FUND	1,144,776	1,144,776	1,138,592	
WORKERS COMPENSATION FUND	10,183	28,722	18,650	
TOTAL	116,351,015	117,306,300	139,248,851	
LESS CURRENT PORTION	(9,499,154)	(9,980,422)	(10,104,648)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	<u>106,851,861</u>	<u>107,325,878</u>	<u>129,144,203</u>	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(2,863,901)	(2,803,033)	(1,881,390)	5
PROPERTY HELD FOR FUTURE EXPANSION	1,694,072	1,694,072	1,694,072	
PROPERTY & EQUIPMENT NET	194,958,771	195,177,586	174,724,130	
GO BOND CIP, PROPERTY & EQUIPMENT NET	<u>1,859,854</u>	<u>1,857,008</u>	<u>1,834,143</u>	
TOTAL ASSETS	<u>413,778,629</u>	<u>412,115,045</u>	<u>417,644,049</u>	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	284,449	287,682	323,238	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	346,162	346,162	1,217,157	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	4,655,624	4,679,329	4,940,080	
GO BOND DEFERRED FINANCING COSTS	454,012	456,333	481,862	
DEFERRED FINANCING COSTS	128,994	130,035	141,478	
INTANGIBLE LEASE ASSET NET OF ACCUM AMORTIZATION	8,026,380	8,167,073	-	6
TOTAL DEFERRED OUTFLOW OF RESOURCES	<u>\$ 13,895,621</u>	<u>\$ 14,066,613</u>	<u>\$ 7,103,815</u>	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	\$ 9,673,343	\$ 9,743,441	\$ 10,265,513	
ACCRUED PAYROLL & RELATED COSTS	22,164,542	20,775,588	18,937,939	7
INTEREST PAYABLE	304,385	511,180	208,393	8
INTEREST PAYABLE GO BOND	268,815	(0)	276,140	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	246,449	168,264	16,066,536	
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	
TOTAL CURRENT LIABILITIES	<u>47,450,955</u>	<u>45,991,894</u>	<u>58,941,003</u>	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	27,132,434	27,471,777	24,521,470	
GO BOND DEBT NET OF CURRENT MATURITIES	93,276,099	93,294,055	95,436,566	
DERIVATIVE INSTRUMENT LIABILITY	346,162	346,162	1,217,157	
TOTAL LIABILITIES	<u>168,205,650</u>	<u>167,103,888</u>	<u>180,116,197</u>	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	258,323,824	257,932,995	243,493,076	
RESTRICTED	1,144,776	1,144,776	1,138,592	
TOTAL NET POSITION	<u>\$ 259,468,600</u>	<u>\$ 259,077,771</u>	<u>\$ 244,631,667</u>	

* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
FEBRUARY 2023

1. Working Capital is at 15.5 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 173.6 days. Working Capital cash decreased a net \$2,629,000. Accrued Payroll & Related Costs increased \$1,389,000 (See Note 7), the District remitted \$3,132,000 to the State for participation in the CY2021 Rate Range and QIP programs (See Note 3), and Cash Collections were below target by 22% (See Note 2). The District transferred \$25m from its LAIF fund into the Chandler Investment fund for greater interest earnings capacity.
2. Net Patient Accounts Receivable increased \$1,307,000. Cash collections were 78% of target due to a lapse in payments coming in from several of our larger commercial payors. Business Office staff have been working closely with these payors and we expect to see cash collections increase in March. EPIC Days in A/R were 62.4 compared to 62.6 at the close of January, a .20 day decrease.
3. Estimated Settlements, Medi-Cal & Medicare increased a net \$2,636,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs and remitted \$3,132,000 to the State for participation in the CY2021 Voluntary Rate Range program and Quality Incentive Pool (QIP).
4. Unrealized Gain/(Loss) Cash Investment Fund increased \$830,000 after recording the unrealized losses in its funds held with Chandler Investments for the month of February.
5. Investment in TSC, LLC decreased \$61,000 after recording the estimated loss for February and truing up the net losses for January.
6. 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 classified as an Intangible Lease Asset net of its associated Accumulated Amortization and decreased \$141,000 in February.
7. Accrued Payroll & Related Costs increased \$1,389,000 due to additional accrued payroll days in February and truing up the FY22 Gain Share & Incentive Comp accruals.
8. Interest Payable decreased a net \$207,000 after remitting the semi-annual interest payment on the 2015 Revenue Bonds.

**Tahoe Forest Hospital District
Cash Investment
February 28, 2023**

WORKING CAPITAL

US Bank	\$ 10,229,057		
US Bank/Kings Beach Thrift Store	10,384		
US Bank/Truckee Thrift Store	64,238		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,015,680</u>	0.01%	
Total			\$ 11,319,358

BOARD DESIGNATED FUNDS

US Bank Savings	\$ -		
Chandler Investment Fund	<u>105,345,854</u>	4.06%	
Total			\$ 105,345,854

Building Fund	\$ -		
Cash Reserve Fund	<u>10,003,093</u>	2.71%	
Local Agency Investment Fund			\$ 10,003,093

Municipal Lease 2018			\$ 726,883
Bonds Cash 2017			\$ 20,795
Bonds Cash 2015			\$ 827,693
GO Bonds Cash 2008			\$ 2,546,063

DX Imaging Education	\$ 3,381		
Workers Comp Fund - B of A	10,183		

Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ 13,564</u>

TOTAL FUNDS			\$ 130,803,303
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RESTRICTED FUNDS

Gift Fund			
US Bank Money Market	\$ 8,363	0.00%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,109,104</u>	2.71%	
TOTAL RESTRICTED FUNDS			<u>\$ 1,144,776</u>

TOTAL ALL FUNDS			<u><u>\$ 131,948,079</u></u>
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TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
FEBRUARY 2023

CURRENT MONTH					YEAR TO DATE					PRIOR YTD FEB 2022
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
OPERATING REVENUE										
\$ 45,871,150	\$ 42,060,325	\$ 3,810,825	9.1%	Total Gross Revenue	\$ 371,174,492	\$ 376,483,036	\$ (5,308,544)	-1.4%	1	\$ 331,895,303
Gross Revenues - Inpatient										
\$ 3,142,252	\$ 2,765,878	\$ 376,374	13.6%	Daily Hospital Service	\$ 25,613,781	\$ 33,507,602	\$ (7,893,821)	-23.6%		\$ 28,942,265
4,371,066	3,891,397	479,669	12.3%	Ancillary Service - Inpatient	29,723,345	40,118,403	(10,395,058)	-25.9%		36,384,814
7,513,318	6,657,275	856,043	12.9%	Total Gross Revenue - Inpatient	55,337,126	73,626,005	(18,288,879)	-24.8%	1	65,327,079
Gross Revenue - Outpatient										
38,357,832	35,403,050	2,954,782	8.3%	Total Gross Revenue - Outpatient	315,837,367	302,857,031	12,980,336	4.3%		266,568,224
38,357,832	35,403,050	2,954,782	8.3%		315,837,367	302,857,031	12,980,336	4.3%	1	266,568,224
Deductions from Revenue:										
20,109,448	19,115,605	(993,843)	-5.2%	Contractual Allowances	179,137,669	172,033,289	(7,104,380)	-4.1%	2	149,830,324
-	-	-	0.0%	Managed Care Reserve	-	-	-	0.0%	2	-
760,880	1,495,324	734,444	49.1%	Charity Care	2,782,481	13,366,564	10,584,083	79.2%	2	12,030,674
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	-
561,369	771,203	209,834	27.2%	Bad Debt	4,672,017	6,895,624	2,223,607	32.2%	2	(3,329,887)
1,854,112	-	(1,854,112)	0.0%	Prior Period Settlements	1,452,113	-	(1,452,113)	0.0%	2	275,234
23,285,809	21,382,132	(1,903,677)	-8.9%	Total Deductions from Revenue	188,044,280	192,295,477	4,251,197	2.2%		158,806,345
98,802	102,884	4,082	4.0%	Property Tax Revenue- Wellness Neighborhood	856,979	902,967	45,988	5.1%		711,218
1,331,824	1,098,392	233,432	21.3%	Other Operating Revenue	10,552,169	9,393,575	1,158,594	12.3%	3	8,431,960
24,015,967	21,879,469	2,136,498	9.8%	TOTAL OPERATING REVENUE	194,539,360	194,484,101	55,259	0.0%		182,232,136
OPERATING EXPENSES										
9,571,302	9,220,535	(350,767)	-3.8%	Salaries and Wages	76,128,077	79,798,724	3,670,647	4.6%	4	59,314,965
3,198,317	3,055,725	(142,592)	-4.7%	Benefits	25,544,969	25,333,765	(211,204)	-0.8%	4	19,677,672
98,295	120,244	21,949	18.3%	Benefits Workers Compensation	795,358	961,952	166,594	17.3%	4	672,532
2,123,993	1,441,338	(682,655)	-47.4%	Benefits Medical Insurance	13,871,902	11,530,704	(2,341,198)	-20.3%	4	10,037,056
379,826	395,366	15,540	3.9%	Medical Professional Fees	3,912,227	3,289,396	(622,831)	-18.9%	5	10,276,839
284,675	271,909	(12,766)	-4.7%	Other Professional Fees	1,821,387	2,280,147	458,760	20.1%	5	1,577,558
3,543,171	2,828,393	(714,778)	-25.3%	Supplies	29,437,131	26,859,177	(2,577,954)	-9.6%	6	23,483,481
2,216,651	2,204,773	(11,878)	-0.5%	Purchased Services	17,086,199	17,716,582	630,383	3.6%	7	15,556,831
833,141	1,031,536	198,395	19.2%	Other	7,812,287	8,548,135	735,848	8.6%	8	8,069,702
22,249,372	20,569,819	(1,679,553)	-8.2%	TOTAL OPERATING EXPENSE	176,409,536	176,318,582	(90,954)	-0.1%		148,666,636
1,766,595	1,309,650	456,945	34.9%	NET OPERATING REVENUE (EXPENSE) EBIDA	18,129,823	18,165,519	(35,696)	-0.2%		33,565,500
NON-OPERATING REVENUE/(EXPENSE)										
695,788	691,706	4,082	0.6%	District and County Taxes	5,574,062	5,453,750	120,312	2.2%	9	5,556,296
431,509	431,509	(0)	0.0%	District and County Taxes - GO Bond	3,453,388	3,452,071	1,317	0.0%		3,356,285
106,705	57,061	49,644	87.0%	Interest Income	818,933	477,228	341,705	71.6%	10	425,656
-	141,697	(141,697)	-100.0%	Donations	526,618	1,159,606	(632,988)	-54.6%	11	1,097,856
(60,868)	(30,000)	(30,868)	-102.9%	Gain/(Loss) on Joint Investment	(788,030)	(240,000)	(548,030)	-228.3%	12	(220,496)
(827,193)	25,000	(852,193)	3408.8%	Gain/(Loss) on Market Investments	(659,754)	200,000	(859,754)	429.9%	13	(128,457)
-	-	-	0.0%	Gain/(Loss) on Disposal of Property	-	-	-	0.0%	14	-
-	-	-	0.0%	Gain/(Loss) on Sale of Equipment	1,000	-	1,000	0.0%	14	19,800
-	-	-	100.0%	COVID-19 Emergency Funding	-	-	-	100.0%	15	(1,092,739)
(1,341,876)	(1,201,183)	(140,693)	-11.7%	Depreciation	(10,735,013)	(9,609,464)	(1,125,549)	-11.7%	16	(9,312,384)
(102,944)	(88,784)	(14,160)	-15.9%	Interest Expense	(856,513)	(736,601)	(119,912)	-16.3%	17	(834,673)
(276,885)	(268,815)	(8,070)	-3.0%	Interest Expense-GO Bond	(2,222,405)	(2,157,845)	(64,560)	-3.0%		(2,279,426)
(1,375,765)	(241,809)	(1,133,956)	-468.9%	TOTAL NON-OPERATING REVENUE/(EXPENSE)	(4,887,716)	(2,001,255)	(2,886,461)	-144.2%		(3,412,282)
\$ 390,829	\$ 1,067,841	\$ (677,012)	-63.4%	INCREASE (DECREASE) IN NET POSITION	\$ 13,242,107	\$ 16,164,264	\$ (2,922,157)	-18.1%		\$ 30,153,218
NET POSITION - BEGINNING OF YEAR					246,226,493					
NET POSITION - AS OF FEBRUARY 28, 2023					\$ 259,468,600					
3.9%	3.1%	0.7%		RETURN ON GROSS REVENUE EBIDA	4.9%	4.8%	0.1%		10.1%	

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
FEBRUARY 2023

		Variance from Budget	
		Fav / <Unfav>	
		FEB 2023	YTD 2023
1) Gross Revenues			
Acute Patient Days were above budget 18.88% or 67 days. Swing Bed days were above budget 100.00% or 12 days. Inpatient Ancillary Revenues were above budget 12.30% due to the increase in Patient Days.	Gross Revenue -- Inpatient	\$ 856,043	\$ (18,288,879)
	Gross Revenue -- Outpatient	2,954,782	12,980,336
	Gross Revenue -- Total	\$ 3,810,825	\$ (5,308,544)
Outpatient volumes were above budget in the following departments: Emergency Dept visits, Home Health visits, Surgery cases, EKG, Diagnostic Imaging, Nuclear Medicine, Cat Scans, PET CT, Respiratory Therapy, Physical Therapy, and Speech Therapy.			
Outpatient volumes were below budget in the following departments: Hospice visits, Laboratory, Oncology Lab, Pathology, Blood units, Mammography, Medical Oncology procedures, Radiation Oncology procedures, MRI, Ultrasounds, Tahoe City Physical and Occupational Therapy, Physical Therapy, Aquatic, and Occupational Therapy.			
2) Total Deductions from Revenue			
The payor mix for February shows a 1.53% decrease to Medicare, a 1.23% decrease to Medi-Cal, .89% decrease to Other, County at budget, and a 3.65% increase to Commercial when compared to budget. Contractual Allowances were above budget due to the increase in revenues, however, the District received notice from Medicare of underpayment on its FY23 IP and OP claims which minimized the negative variance.	Contractual Allowances	\$ (993,843)	\$ (7,104,380)
	Managed Care	-	-
	Charity Care	734,444	10,584,083
	Charity Care - Catastrophic	-	-
	Bad Debt	209,834	2,223,607
	Prior Period Settlements	(1,854,112)	(1,452,113)
	Total	\$ (1,903,677)	\$ 4,251,197
An adjustment was made to our As Filed Medicare Cost Report for FY22, creating a negative variance in Prior Period Settlements.			
3) Other Operating Revenue			
Retail Pharmacy revenues were above budget 47.94%.	Retail Pharmacy	162,357	661,658
	Hospice Thrift Stores	(18,177)	40,994
	The Center (non-therapy)	(5,643)	(1,468)
	IVCH ER Physician Guarantee	2,752	(60,018)
	Children's Center	26,978	132,362
	Miscellaneous	65,164	418,366
	Oncology Drug Replacement	-	-
	Grants	-	(33,300)
	Total	\$ 233,432	\$ 1,158,594
Hospice Thrift Store revenues were below budget 18.95%.			
Children's Center revenues were above budget 22.12%.			
Cafeteria revenues, Quality Assurance fee, and Levon Professional Building rents were above budget, creating a positive variance in Miscellaneous.			
4) Salaries and Wages			
We saw increases in Technical, Environmental, & PA/FNP wages, Registry staff, and Physician productivity bonus accruals. Negative variance in Salaries and Wages was offset, in part, by positive variances in PL/SL.	Total	\$ (350,767)	\$ 3,670,647
Employee Benefits			
Gain Share and Incentive Comp payouts were above our FY22 accrual estimates, creating a negative variance in Nonproductive.	PL/SL	\$ 135,644	\$ (137,952)
	Nonproductive	(331,205)	46,235
	Pension/Deferred Comp	-	(15,000)
	Standby	3,283	(107,539)
	Other	49,686	3,052
	Total	\$ (142,592)	\$ (211,204)
Employee Benefits - Workers Compensation	Total	\$ 21,949	\$ 166,594
Employee Benefits - Medical Insurance	Total	\$ (682,655)	\$ (2,341,198)
We have several high dollar claims that account for the negative variance in Employee Benefits - Medical Insurance. We will realize some reimbursement from our Third Party Administrator once the claims exceed our Stop Loss Deductible.			
5) Professional Fees			
Inpatient Pharmacy Medical Director fees and consulting services provided for Accounting created a negative variance in Miscellaneous.	Miscellaneous	\$ (18,783)	\$ (593,570)
	Multi-Specialty Clinics Administration	(19,557)	(108,805)
	Information Technology	(36,962)	(50,015)
	Oncology	(974)	(33,915)
	TFH Locums	36,827	(32,601)
	Human Resources	(6,465)	(17,523)
	IVCH ER Physicians	(4,038)	(12,323)
	The Center	-	(8,832)
	Home Health/Hospice	-	(4,790)
	TFH/IVCH Therapy Services	-	(1,766)
	Patient Accounting/Admitting	-	-
	Respiratory Therapy	-	-
	Marketing	7,503	17,819
	Managed Care	3,067	31,069
	Corporate Compliance	6,250	31,405
	Multi-Specialty Clinics	(6,183)	45,748
	Medical Staff Services	22,991	136,086
	Financial Administration	(11,067)	149,815
	Administration	30,166	288,129
	Total	\$ 2,774	\$ (164,070)
Clinical Operations Performance Improvement projects created a negative variance in Multi-Specialty Clinics Administration.			
Consulting services for various modules within our EMR system created a negative variance in Information Technology.			
Emergency Department coverage and Hospitalist coverage was below budget, creating a positive variance in TFH Locums.			
Decreased use of outsourced legal firms created a positive variance in Medical Staff Services.			
Use of an outside consultant to prepare our RHC Rate Setting Cost Reports created a negative variance in Financial Administration.			
A productivity study that has not commenced created a positive variance in Administration.			

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
FEBRUARY 2023

		Variance from Budget	
		Fav / <Unfav>	
		FEB 2023	YTD 2023
6) <u>Supplies</u>			
Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues were above budget 26.53%, creating a negative variance in Pharmacy Supplies	Pharmacy Supplies	\$ (810,294)	\$ (3,584,785)
Food costs exceeded budget due to the increase in Patient Days, requiring additional meals and pantry items for our patients.	Other Non-Medical Supplies	24,263	(79,076)
Non Patient Chargeable supplies were below budget, creating a positive variance in Patient & Other Medical Supplies.	Office Supplies	2,359	(16,368)
	Food	(40,045)	18,216
	Minor Equipment	31,133	130,300
	Patient & Other Medical Supplies	77,806	953,759
	Total	\$ (714,778)	\$ (2,577,954)
7) <u>Purchased Services</u>			
Snow Removal services created a negative variance in Miscellaneous.	Miscellaneous	\$ (141,568)	\$ (528,479)
Scribe services and outsourced services for the data mapping and transformation project created a negative variance in Multi-Specialty Clinics.	Multi-Specialty Clinics	(28,568)	(340,723)
Security system upgrades, elevator repairs, system balancing in the Western Addition, along with various District wide maintenance projects created a negative variance in Department Repairs.	Department Repairs	(32,339)	(187,198)
Employee Health screenings were below budget, creating a positive variance in Human Resources.	The Center	1,218	(16,262)
Outsourced billing and collection services came in below budget, creating a positive variance in Patient Accounting.	Pharmacy IP	8,657	(15,262)
The migration of communications to a Cloud solution and the Disaster Recovery and Business Continuance projects did not launch in February, creating a positive variance in Information Technology.	Home Health/Hospice	(412)	(936)
	Community Development	2,500	30,000
	Medical Records	10,456	41,633
	Human Resources	22,752	81,159
	Diagnostic Imaging Services - All	2,024	89,216
	Laboratory	1,614	165,373
	Patient Accounting	29,570	299,379
	Information Technology	112,218	1,012,482
	Total	\$ (11,878)	\$ 630,383
8) <u>Other Expenses</u>			
Natural Gas/Propane, Electricity and Telephone expenses were above budget, creating a negative variance in Utilities.	Utilities	\$ (77,870)	\$ (233,847)
A mobile CT rental at IVCH created a negative variance in Equipment Rent.	Insurance	(36,269)	(213,508)
Transfer of Construction Labor to Construction in Progress projects created a positive variance in Miscellaneous.	Equipment Rent	(15,259)	(60,187)
Marketing campaigns came in below budget, creating a positive variance in this category.	Dues and Subscriptions	(4,352)	(48,882)
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 Rentals.	Miscellaneous	97,062	(38,871)
	Multi-Specialty Clinics Equip Rent	(2,995)	(25,562)
	Physician Services	29	(5,629)
	Human Resources Recruitment	4,163	29,216
	Multi-Specialty Clinics Bldg. Rent	32,392	125,482
	Marketing	67,842	144,197
	Outside Training & Travel	32,480	174,435
	Other Building Rent	101,172	889,004
	Total	\$ 198,395	\$ 735,848
9) <u>District and County Taxes</u>	Total	\$ 4,082	\$ 120,312
10) <u>Interest Income</u>	Total	\$ 49,644	\$ 341,705
11) <u>Donations</u>	IVCH	\$ (58,049)	\$ (262,034)
	Operational	(83,648)	(370,954)
	Total	\$ (141,697)	\$ (632,988)
12) <u>Gain/(Loss) on Joint Investment</u>	Total	\$ (30,868)	\$ (548,030)
The District booked its estimated loss for February from the Truckee Surgery Center and trued up its losses in TSC, LLC for January.			
13) <u>Gain/(Loss) on Market Investments</u>	Total	\$ (852,193)	\$ (859,754)
The District booked the value of unrealized losses in its holdings with Chandler Investments.			
14) <u>Gain/(Loss) on Sale or Disposal of Assets</u>	Total	\$ -	\$ 1,000
15) <u>COVID-19 Emergency Funding</u>	Total	\$ -	\$ -
16) <u>Depreciation Expense</u>	Total	\$ (140,693)	\$ (1,125,549)
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.			
17) <u>Interest Expense</u>	Total	\$ (14,160)	\$ (119,912)
The District implemented GASB No. 87, requiring certain lease agreements be capitalized and Imputed Interest be recorded, creating a negative variance in Interest Expense.			

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
FEBRUARY 2023

CURRENT MONTH				YEAR TO DATE				PRIOR YTD FEB 2022		
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
				OPERATING REVENUE						
\$ 2,754,546	\$ 2,901,606	\$ (147,060)	-5.1%	Total Gross Revenue	\$ 25,216,195	\$ 23,707,201	\$ 1,508,994	6.4%	1	\$ 20,925,082
				Gross Revenues - Inpatient						
\$ -	\$ 2,155	\$ (2,155)	-100.0%	Daily Hospital Service	\$ 10,719	\$ 14,879	\$ (4,160)	-28.0%		\$ -
-	1,554	(1,554)	-100.0%	Ancillary Service - Inpatient	11,270	14,678	(3,408)	-23.2%		3,744
-	3,709	(3,709)	-100.0%	Total Gross Revenue - Inpatient	21,989	29,557	(7,568)	-25.6%	1	3,744
2,754,546	2,897,897	(143,351)	-4.9%	Gross Revenue - Outpatient	25,194,206	23,677,644	1,516,562	6.4%		20,921,338
2,754,546	2,897,897	(143,351)	-4.9%	Total Gross Revenue - Outpatient	25,194,206	23,677,644	1,516,562	6.4%	1	20,921,338
				Deductions from Revenue:						
817,159	1,304,667	487,508	37.4%	Contractual Allowances	11,155,345	10,671,873	(483,472)	-4.5%	2	8,304,454
91,322	124,769	33,447	26.8%	Charity Care	427,056	1,019,410	592,354	58.1%	2	1,043,684
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	-
82,109	58,032	(24,077)	-41.5%	Bad Debt	699,467	474,144	(225,323)	-47.5%	2	(235,036)
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2	268,000
990,590	1,487,468	496,878	33.4%	Total Deductions from Revenue	12,281,868	12,165,427	(116,441)	-1.0%	2	9,381,102
61,503	59,532	1,971	3.3%	Other Operating Revenue	497,577	568,887	(71,310)	-12.5%	3	495,417
1,825,459	1,473,670	351,789	23.9%	TOTAL OPERATING REVENUE	13,431,905	12,110,661	1,321,244	10.9%		12,039,397
				OPERATING EXPENSES						
513,039	581,362	68,323	11.8%	Salaries and Wages	4,676,708	5,078,583	401,875	7.9%	4	3,743,213
246,888	192,782	(54,106)	-28.1%	Benefits	1,618,637	1,577,663	(40,974)	-2.6%	4	1,213,675
2,738	5,313	2,575	48.5%	Benefits Workers Compensation	19,590	42,504	22,914	53.9%	4	22,322
134,696	91,405	(43,291)	-47.4%	Benefits Medical Insurance	879,709	731,240	(148,469)	-20.3%	4	553,439
141,750	137,712	(4,038)	-2.9%	Medical Professional Fees	1,207,657	1,194,623	(13,034)	-1.1%	5	1,944,702
2,119	2,327	208	8.9%	Other Professional Fees	18,206	18,616	410	2.2%	5	17,741
34,140	64,615	30,475	47.2%	Supplies	460,021	591,616	131,595	22.2%	6	405,583
74,152	78,981	4,829	6.1%	Purchased Services	569,660	609,396	39,736	6.5%	7	597,047
105,098	104,438	(660)	-0.6%	Other	782,080	883,500	101,420	11.5%	8	926,823
1,254,620	1,258,935	4,315	0.3%	TOTAL OPERATING EXPENSE	10,232,269	10,727,741	495,472	4.6%		9,424,545
570,839	214,735	356,104	165.8%	NET OPERATING REV(EXP) EBIDA	3,199,636	1,382,920	1,816,716	131.4%		2,614,852
				NON-OPERATING REVENUE/(EXPENSE)						
-	58,049	(58,049)	-100.0%	Donations-IVCH	228,387	490,421	(262,034)	-53.4%	9	191,714
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	1,000
-	-	-	100.0%	COVID-19 Emergency Funding	-	-	-	100.0%	11	(806,125)
(94,961)	(77,026)	(17,935)	23.3%	Depreciation	(759,691)	(616,208)	(143,483)	-23.3%	12	(603,472)
(1,601)	-	(1,601)	0.0%	Interest Expense	(13,591)	-	(13,591)	0.0%	13	-
(96,562)	(18,977)	(77,585)	-408.8%	TOTAL NON-OPERATING REVENUE/(EXP)	(544,895)	(125,787)	(419,108)	-333.2%		(1,216,883)
\$ 474,277	\$ 195,758	\$ 278,519	142.3%	EXCESS REVENUE(EXPENSE)	\$ 2,654,740	\$ 1,257,133	\$ 1,397,607	111.2%		\$ 1,397,969
20.7%	7.4%	13.3%		RETURN ON GROSS REVENUE EBIDA	12.7%	5.8%	6.9%			12.5%

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
FEBRUARY 2023**

Variance from Budget

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FEB 2023 YTD 2023

1) Gross Revenues

Acute Patient Days were below budget by 1 at 0 and Observation Days were below budget by 1 at 1.

Outpatient volumes were below budget in Surgery cases, Lab tests, Lab Send Out tests, Drugs Sold to Patients, Speech Therapy and Occupational Therapy.

Outpatient volumes were above budget in Emergency Department visits, Ultrasounds, Cat Scans, and Physical Therapy.

Gross Revenue -- Inpatient	\$ (3,709)	\$ (7,568)
Gross Revenue -- Outpatient	(143,351)	1,516,562
	<u>\$ (147,060)</u>	<u>\$ 1,508,994</u>

2) Total Deductions from Revenue

We saw a shift in our payor mix with a 4.21% decrease in Medicare, a 1.77% increase in Medicaid, a 3.61% increase in Commercial insurance, a 1.16% decrease in Other, and County was at budget.

We received notice from the Medicare program of underpayment on our FY23 Outpatient claims, lending to the positive variance in Contractual Allowances.

Contractual Allowances	\$ 487,508	\$ (483,472)
Charity Care	33,447	592,354
Charity Care-Catastrophic Event	-	-
Bad Debt	(24,077)	(225,323)
Prior Period Settlement	-	-
Total	<u>\$ 496,878</u>	<u>\$ (116,441)</u>

3) Other Operating Revenue

IVCH ER Physician Guarantee	\$ 2,752	\$ (60,018)
Miscellaneous	(781)	(11,293)
Total	<u>\$ 1,971</u>	<u>\$ (71,310)</u>

4) Salaries and Wages

Total	<u>\$ 68,323</u>	<u>\$ 401,875</u>
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Employee Benefits

FY22 Gain Share and Incentive Comp payments came in higher than accrued, creating a negative variance in Nonproductive.

PL/SL	\$ 3,914	\$ (10,416)
Pension/Deferred Comp	-	-
Standby	1,841	(5,174)
Other	8,799	11,729
Nonproductive	(68,660)	(37,113)
Total	<u>\$ (54,106)</u>	<u>\$ (40,974)</u>

Employee Benefits - Workers Compensation

Total	<u>\$ 2,575</u>	<u>\$ 22,914</u>
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Employee Benefits - Medical Insurance

Total	<u>\$ (43,291)</u>	<u>\$ (148,469)</u>
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5) Professional Fees

Physician Telehealth stipends created a negative variance in IVCH ER Physicians.

IVCH ER Physicians	\$ (4,038)	\$ (12,324)
Therapy Services	-	(710)
Administration	-	-
Multi-Specialty Clinics	-	-
Miscellaneous	-	-
Foundation	208	410
Total	<u>\$ (3,830)</u>	<u>\$ (12,624)</u>

6) Supplies

Medical Supplies Sold to Patients revenues were below budget, creating a positive variance in Patient & Other Medical Supplies.

Drugs Sold to Patients volumes were below budget 1.30%, creating a positive variance in Pharmacy Supplies.

Non-Medical Supplies	\$ 1,043	\$ (562)
Office Supplies	(101)	(370)
Food	291	1,160
Minor Equipment	3,394	23,359
Patient & Other Medical Supplies	11,936	32,487
Pharmacy Supplies	13,913	75,520
Total	<u>\$ 30,475</u>	<u>\$ 131,595</u>

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
FEBRUARY 2023**

		<u>Variance from Budget</u>	
		<u>Fav<Unfav></u>	
		<u>FEB 2023</u>	<u>YTD 2023</u>
7) <u>Purchased Services</u>			
Snow Removal services created a negative variance in Miscellaneous.	Miscellaneous	\$ (11,500)	\$ (61,852)
Laboratory Send Out volumes were below budget 40.10%, creating a positive variance in Laboratory.	Diagnostic Imaging Services - All Foundation	(1,758)	(12,074)
	Pharmacy	2,293	(2,063)
	Multi-Specialty Clinics	(11)	(698)
	Engineering/Plant/Communications	2,005	3,792
	EVS/Laundry	4,250	6,791
	Department Repairs	1,324	11,116
	Laboratory	2,312	14,068
	Total	\$ 5,913	80,656
		\$ 4,829	\$ 39,736
8) <u>Other Expenses</u>			
We saw negative variances in Electricity, Natural Gas/Propane, and Telephone expenses, creative a negative variance in Utilities.	Utilities	\$ (13,248)	\$ (35,420)
Rental of a portable CT machine created a negative variance in Equipment Rent.	Equipment Rent	(15,274)	(21,906)
Dues and Subscriptions for the Emergency Department, Anesthesia, Physical Therapy, MSC Ophthalmology, and the Foundation were above budget, creating a negative variance in this category.	Physician Services	-	-
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	8,421	10,657
	Outside Training & Travel	2,411	6,085
	Insurance	956	6,176
	Dues and Subscriptions	(2,064)	3,927
	Marketing	3,103	13,878
	Multi-Specialty Clinics Bldg. Rent	4,113	32,906
	Other Building Rent	10,922	85,117
	Total	\$ (660)	\$ 101,420
		\$ (58,049)	\$ (262,034)
9) <u>Donations</u>	Total	\$ (58,049)	\$ (262,034)
10) <u>Gain/(Loss) on Sale</u>	Total	\$ -	\$ -
11) <u>COVID-19 Emergency Funding</u>	Total	\$ -	\$ -
12) <u>Depreciation Expense</u>	Total	\$ (17,935)	\$ (143,483)
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.			
13) <u>Interest Expense</u>	Total	\$ (1,601)	\$ (13,591)

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	AUDITED FYE 2022		BUDGET FYE 2023	PROJECTED FYE 2023	ACTUAL FEB 2023	PROJECTED FEB 2023	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	PROJECTED 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	40,590,404		25,383,789	22,979,934	\$ 1,766,595	\$ 1,309,650	\$ 456,945	\$ 5,772,590	\$ 9,104,456	\$ 4,876,312	\$ 3,226,576
Interest Income	385,321		690,032	914,190	31,795	25,000	6,795	129,360	210,364	275,671	298,795
Property Tax Revenue	8,969,604		9,747,000	9,872,503	17,089	-	17,089	511,386	114,357	5,446,760	3,800,000
Donations	2,145,345		1,305,071	1,022,429	40,850	108,756	(67,906)	36,950	444,629	165,850	375,000
Emergency Funds	(1,092,739)		-	-	-	-	-	-	-	-	-
Debt Service Payments	(4,683,557)		(5,007,753)	(5,075,349)	(352,608)	(353,401)	794	(1,757,111)	(1,063,208)	(1,194,824)	(1,060,206)
Property Purchase Agreement	(812,500)		(811,927)	(811,929)	(67,661)	(67,661)	-	(202,982)	(202,982)	(202,982)	(202,983)
2018 Municipal Lease	(1,714,321)		(1,717,326)	(1,717,328)	(143,111)	(143,111)	-	(429,332)	(429,332)	(429,332)	(429,333)
Copier	(58,608)		(63,840)	(66,409)	(4,739)	(5,533)	794	(15,703)	(19,603)	(14,505)	(16,599)
2017 VR Demand Bond	(727,326)		(769,491)	(834,517)	-	-	-	(697,803)	-	(136,713)	-
2015 Revenue Bond	(1,370,802)		(1,645,169)	(1,645,167)	(137,097)	(137,097)	(0)	(411,292)	(411,292)	(411,292)	(411,291)
Physician Recruitment	(226,668)		(1,126,666)	(506,666)	(300,000)	(330,000)	30,000	(63,333)	(113,333)	(300,000)	(30,000)
Investment in Capital											
Equipment	(3,721,451)		(3,400,652)	(2,326,938)	(303,414)	(186,525)	(116,889)	(694,160)	(592,636)	(611,307)	(428,835)
IT/EMR/Business Systems	(106,850)		(1,833,753)	(1,260,687)	-	(141,171)	141,171	(86,306)	(245,667)	(176,464)	(752,250)
Building Projects/Properties	(22,004,760)		(41,773,780)	(25,479,069)	(680,760)	(1,835,960)	1,155,200	(6,650,405)	(6,363,136)	(6,611,718)	(5,853,810)
Change in Accounts Receivable	(5,918,012)	N1	(2,928,806)	(3,206,207)	(1,307,311)	(1,589,792)	282,481	1,869,945	(5,883,292)	571,627	235,513
Change in Settlement Accounts	(24,245,464)	N2	398,920	(8,716,062)	(2,557,977)	(3,965,414)	1,407,437	(7,526,353)	(5,380,991)	(3,596,130)	7,787,412
Change in Other Assets	(4,363,407)	N3	(1,850,000)	(4,295,904)	(66,457)	250,000	(316,457)	(1,060,914)	(962,700)	(522,290)	(1,750,000)
Change in Other Liabilities	6,881,645	N4	(3,700,000)	(6,235,677)	1,112,061	1,450,000	(337,939)	(1,235,014)	(9,351,503)	2,800,840	1,550,000
Change in Cash Balance	(7,390,588)		(24,096,598)	(22,313,502)	(2,600,137)	(5,258,858)	2,658,720	(10,753,364)	(20,082,660)	1,124,327	7,398,195
Beginning Unrestricted Cash	161,643,342		154,252,754	154,252,754	129,268,442	129,268,442	-	154,252,754	143,499,390	123,416,730	124,541,057
Ending Unrestricted Cash	154,252,754		130,156,155	131,939,252	126,668,305	124,009,584	2,658,720	143,499,390	123,416,730	124,541,057	131,939,252
Operating Cash	154,252,754		130,156,155	131,939,252	126,668,305	124,009,584	2,658,720	143,499,390	123,416,730	124,541,057	131,939,252
Expense Per Day	658,532		732,143	734,562	729,490	728,622	868	691,239	710,012	732,534	734,562
Days Cash On Hand	234		178	180	174	170	3	208	174	170	180

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: March 13, 2023

As I shared last month, our health system does not create even one patient visit or any of the large annual patient volume growth we treat and see in our various clinics and hospitals throughout our service area region. All of these patient activities are only a portion of the entire patient medical needs of our region as some patients still travel to many other locations for their care.

Again, as I shared last month our annual patient volume growth that has been quite large, happens only as we respond to the growing healthcare demands of our communities as we listen and try to respond. Again, we did not create any of the demand that has driven annual patient visit growth.

Each action taken by every individual person, family, business, and governmental agency (including states, counties, towns) over the last 74 years is the cause of all patient healthcare demands; and the effect or result, is the healthcare demand increases our team strives really hard to try to meet each day and each new year.

Healthcare is faltering more each new year in many communities (with at least 51% of US hospitals losing money) and this is beyond our control as these are major, market force, state and national policy issue challenges that in most cases are not being dealt with, wisely. Every external market variable keeps changing which is causing some patients all across America to drive much longer distances to access their healthcare.

Rural health systems need four to five major national policy changes quickly to make sure rural health systems can serve their communities across America for the long term.

We have seen at least one hospital close in our region a few years ago and two others recently cease to provide OB services.

Our primary service area covers three counties yet we see patients coming to us in growing numbers from at least five counties to actively receive care from our team!

We will report out next month on the update to our annual year over year overall growth that continues for eight years now. We continue to see weakness in our inpatient (IP) volumes versus budget and great outpatient (OP) strength that is strongly exceeding budget fiscal year to date.

The health and safety of all residents or visitors is the most foundational duty by every town, county, state and healthcare district for all. We serve in this humble space. We were founded

in May 1949 for many reasons, but one of those important reasons was to lower the number of avoidable serious healthcare tragedies that were happening earlier in this local area. It is our collective hope that history never repeats itself.

Our team and Board continues to strongly advocate for the health and safety of all residents of our region. The need for support now and for the future on this topic is just as strong as it was back in the 1940's when there were multiple avoidable health tragedies here.

One year after our first year of full year of operations (treating IPs and OPs), a local newspaper article cited how unified our local area is on having 24/7 healthcare! Today, its possible, healthcare availability is taken too much for granted by some in our region! The newspaper article also had a subtitle, which says, "Unity in the Community builds Hospital."

We estimate back in 1952 that our community had one or two part time or full time physicians. Today, our health system has 176 active and courtesy physicians, nurse practitioners and physician assistants. Only back in 2015, we had 115 active and courtesy medical staff members, so our team has grown by 61 new medical staff members or 53%.

We are thrilled to offer our communities an amazing growing, diverse, highly skilled, very patient dedicated clinical team in a rare critical access hospital/healthcare setting.

We are grateful for a very dedicated clinical and support team here at Tahoe Forest Health system who make sure we continue to offer 24/7 care to all patients in our region, even during one of the toughest winters in the past 70 years. We thank our team!!

Back in 1952 to 1953, our health system had 1125 OP visits of all types including hospital or other visits. No provider clinic visits were reported at that point in time.

Patient Access improvement is our first of many important priorities or goals. Back in 2015, we had 47K provider office/clinic visits. Overall, we have increased to 116,800 clinic visits in FY 22 and are now performing over 123,500 annualized clinic visits this new fiscal year.

I doubt any other critical access hospital system in the US could have found the ways to triple patient clinic visits since 2015.

We have approved a comprehensive "Lean" review and operational change from the first moment to the last moment of our patient access and clinic treatment process to see how we can make the experience much more enjoyable for the patient and our team members and much more efficient. This "Lean" process will take several months to complete.

We have been performing a major Surgical Services improvement program to honor our patients, our team and to make sure we are illustrating best clinical and business practices in our surgery areas.

In the short term as we are a local healthcare company, any patient who is troubled or having difficulties with patient access can call (530) 582-6205 and share their concern and we will get on it, or they can e-mail us at: info@tfhd.com and we will read their concern and begin to act on that challenge right away.

Mental health touches about 25% of any population and its our desire to timely and honorably treat all mental and physical health needs. Our Mental Health provider team is growing and we now have child or youth specialists as well, and any patient can talk to their primary care provider about mental referrals. We ask that all patients timely pursue their physical or mental healthcare needs. We are here to help!

We estimate we will have invested over 130 M in new equipment and building improvements for the growing patient population we see from 2015 to the end of our current fiscal year.

We have experienced over 18% inflation year over year, yet we only raised our prices 5%. Most rural and urban health systems are seeing these inflation factors and its causing great health system harm. We are grateful to still be operating in the black even if it is less than our prior year.

Housing insecurity is a huge and growing challenge for our workforce and all businesses in our region. We take this challenge seriously and we remain active and growing in our partnering efforts with the Truckee Tahoe Workforce Housing Agency.

The state COVID emergency has ended on February 28, 2023 and the federal COVID emergency is ending on May 11, 2023. This pandemic has been the largest and most herculean public health effort by our team or any healthcare team in the last 100 years! We thank our team for taking these stressful life challenges one day at a time as our team has and is putting it all on the line for our patients!

We continue to monitor and act on a wide variety of regulatory changes in California, Nevada, locally and in the US that will likely affect us.



Board COO Report

By: Louis Ward
Chief Operating Officer

DATE: March, 2023

Service: Deliver Outstanding Patient & Family Experience

Continuously improve access to care

- **Leona M. and Harry B. Helmsley Mammography Grant Approved**
Late in calendar year 2022, Administration and Staff began working with representatives from the Helmsley Charitable Trust to secure an additional grant to fund a new service line at Incline Village Community Hospital. The Helmsley Charitable Trust has already committed 1.8 million dollars to IVCH, which is assisting to fund our CT/ X-ray replacement project. Because of the exceptional work of the staff at IVCH, Foundation Leadership, and Diagnostic Imaging leadership, IVCH has been approved for an additional 1.95 million dollars to fund bringing mammography to IVCH. We are delighted with this recent news and look forward to increasing access to this essential service line expected to open in 2024.
- **Gastroenterology (GI) coming to Incline Village Community Hospital**
Dr. James Nachiondo will be joining the team at Tahoe Forest Health System in April, which will also include dedicated time to providing his services to the Incline Village Community. Preparations to bring GI procedures back to IVCH have been underway since late 2022 and now the project nears completion. Dr. Nachiondo toured the IVCH facility with Administration and staff in mid-March. He was very pleased with all of the available resources and overall operation. We are excited to see GI procedures return to the Incline Community next month.

Service: Deliver Outstanding Patient & Family Experience

Optimize the health care delivery system and efficiencies

- **Rural Emergency Hospital (REH). New CMS Hospital Designation**
In response to rural hospital closures and in an effort to address barriers in access to health care for rural communities, the Consolidated Appropriations Act (CAA), 2021 (CAA) was signed into law on December 27, 2020, and established Rural Emergency Hospitals (REHs) as a new Medicare provider. 2021 established Rural Emergency Hospitals (REHs) as a new Medicare provider and allows REHs to participate in the Medicare program and receive payment for items and services furnished on or after January 1, 2023. The conversion of an eligible facility to an REH allows for the provision of emergency department services, observation care, and additional outpatient medical and health services, if elected by the REH, that do not exceed an annual per patient average length of stay of 24 hours. REHs are prohibited from providing inpatient

services, except those furnished in a unit that is a distinct part licensed as a skilled nursing facility to furnish post-hospital extended care services.

TFHS Administration is continuing to stay educated on this new CMS designation as the REH designation may be a good fit for the Incline Village Community Hospital. Although the REH designation has been approved at the federal level, it has yet to be approved by the State of Nevada, we will be active participants in this ongoing conversation.

Quality: Provide excellent patient focused quality care

Advance our culture of safety

- **Snow Removal**

February and March has been all about safely removing snow from our Truckee Campus, our Incline Village campus, our clinics, and support offices throughout the region. As everyone is aware, we have experienced a record winter in the region, which has stressed our snow removal teams, however I am delighted to report, they continue to do a wonderful job keeping the campus, staff, and patients safe this winter season. Recently, much of our snow removal efforts have been due to increased rains making the already large snow load very heavy and potentially unsafe. We have examined all of our buildings and ensured roofs of older buildings have been cleared of snow. Current weather forecasts does not show any relief in sight however we are very fortunate to have such a dedicated and talented team working to keep our campuses, staff, and patients safe this winter.

- **Healthcare Facilities Accreditation Program (HFAP) Survey preparations**

In the coming weeks and months, Tahoe Forest Health System will receive visits at our Truckee campus and Incline Village campus from surveyors for our triennial Centers of Medicaid and Medicare Services (CMS) survey. I am proud to say the entire team that works for the Tahoe Forest Health System always stays prepared for annual, triennial, and routine surveys. We look forward to successful visits from HFAP in the coming months.

- **California Department of Public Health (CDPH) issued new guidance on the use of face masks in healthcare settings**

Effective April 3, 2023, masks will no longer be required in healthcare settings, but should either be “considered”, “recommended” or “strongly recommended” based on CDC COVID-19 community spread levels. Tahoe Forest Health System is working to develop and implement our own facility-specific plans based on the communities we serve, patient population and other facility considerations incorporating CDPH and CDC recommendations. TFHS COVID Response Group will be discussing this topic to determine our facility-specific plan.

Quality: Provide excellent patient focused quality care

Identify and promote best practice and evidence-based medicine

- **New CT / X-Ray Project at Incline Village Community hospital begins in April**

Administration and staff are finalizing plans to start our CT and X-ray project at IVCH in April of this year. We have executed agreements to ensure IVCH will have a mobile solution for diagnostic imaging (expected delivery early April) for the Incline community while construction is occurring throughout the 2023 spring, summer, and fall.

Service: Optimize Deliver Model to Achieve Operational and Clinical Efficiency

Implement a focused master plan

Report provided by Dylan Crosby, Director Facilities and Construction Management

Active Projects:

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. 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 2nd and 3rd floors of the MOB, all RHCs.

Update Summary: The 2nd floor is in operation. The Suite 340 & 360 construction have been initiated; drywall and utility connections are underway. Tentative first patient day is scheduled for May 15th, staff are diligently working on licensing and occupancy plan.

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: MRI installed, licensed and seeing patients. Staff is working on HCAI close out in compliance, typically 90 to 120 days post occupancy and final billing.

Start of Construction: April 2022

Estimated Completion: January 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 Physical construction is on hold. Staff are working on permitting and agency approvals to be prepared for project release. The facility experienced a mechanical failure on automatic transfer switch “ATS” 6. This ATS was planned to be replaced as part of this project. The replacement of this ATS has been moved forward on an emergency project status. Plans are in development with submittal planned for the week of March 20th. Lead time on equipment are substantial and start of construction, for this scope only, is planned to commence in June of 2023.

Start of Construction: Summer 2023

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 received with comments, staff re-submitted January 13th. The Replacement plan is complete was submitted on February 27th. Mammography programming has been initiated.

Start of Construction: Spring 2023

Estimated Completion: Fall 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: Design Development has completed. This project has been put on pause awaiting Master Plan traction with the Town of Truckee. Staff have an active Development Permit submittal submitted with the Town. The development permit will be concurrent and dependent on the Master Plan submittal.

Start of Construction: TBD

Estimated Completion: TBD

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. Staff are coordinating the Development Permit submittal to the town. The development permit will be concurrent and dependent on the Master Plan submittal.

Start of Construction: Summer 2024

Estimated Completion: Fall 2025

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 Plan have been approved and permits have been pulled. Bid have been received and staff are working on award.

Start of Construction: Spring 2023

Estimated Completion: Winter 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 Plan have been approved and permits have been pulled. Bid have been received and staff are working on award.

Start of Construction: Spring 2023

Estimated Completion: Winter 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 and staff are coordinating kickoff. Staff and team on working on validation and initial kickoffs with the authorities having jurisdiction.

Start of Construction: September 2023

Estimated Completion: Winter 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 The project has been awarded. Project has been put on pause.

Start of Construction: TBD

Estimated Completion: TBD

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 Project has been put on hold.

Start of Construction: TBD

Estimated Completion: TBD

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 rejected all bids. Project is on hold.

Start of Construction: TBD

Estimated Completion: TBD



Board CNO Report

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

DATE: March 2023

Chief Nursing Officer

Service: Optimize delivery model to achieve operational and clinical efficiency

- Nursing units received their Press Ganey engagement scores and will share with staff and meetings.

Quality: Provide clinical excellence in clinical outcomes

- Nursing continues on all units to prepare for HFAP survey. Rounding has started on units to find areas for improvement prior to survey.

Growth: Meets the needs of the community

- Care Coordination has developed a program for the community – Wise Mind. It is a healthy brain initiation, for patients who begin to display a cognitive decline. A referral can be made from their primary care to the program.
- IVCH will start the harm reduction program with the distribution of Narcan and Fentanyl strips from the Emergency Department. This is a Nevada program; it mirrors the program we have had at TFH ED for the last two years.



Board Informational Report

By: Jake Dorst
Chief Information and Innovation Officer

DATE: March 2023

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

Overall

- Work continues on the migration from Epic's current Hyperspace software interface to the new Hyperdrive interface, due to go live in June 2023.
 - Building point of contact teams throughout the district, reviewing/testing Pilot training materials.
- IT is beginning to test the new Microsoft365 applications:
 - Teams is being tested by some staff to make sure it will work well in our environment.
- AMB:
 - Agility Occupational Health software-Go Live is scheduled for April. Training and testing are being done.
 - Lots of Onboarding and Epic trainings-many new hires
 - Provider one on one EPIC Review
 - Elbow support for first day in clinic
 - Provider efficiencies
- ED:
 - BPA build for LR and COVID test for ED to OR patients.
 - Opioid consent form builds for IVCH – Now occurs automatically when discharge meds include controlled substance.
 - Multiple smartphrases have been built.
 - Audits for CIWA
 - The Clinical Institute Withdrawal Assessment Alcohol Scale Revised (CIWA) is an instrument used by medical professionals to assess and diagnose the severity of alcohol withdrawal.
 - SEPSIS
 - Sepsis is a serious condition in which the body responds improperly to an infection. The infection-fighting processes turn on the body, causing the organs to work poorly.

- RESTRAINTS
 - Pediatric screening in ED
 - POC US project in ED
- Inpatient:
 - Completed and Implemented workflow for OB C-section recoveries (on-going training and rollout)
 - This included an OB skills day presentation for staff.
 - Worked at the HFAP Survey Readiness fair at both TF and IVCH to review IP, OR, and ED charting.
 - Mercy Order sets Feb 2023 updates – Urine/Foley removal orders issue
 - Training Dr Koppinger, new ophthalmologist, resolved several Epic builds issues
 - Trained Dr Maramreddy, and new hospitalists, resolved Epic build issues.
 - ECC - work on cash flow posting item, plus some other projects starting in this area.
- Surgery:
 - Optum Consulting (Preop process and data collection)
 - Interventional Cardiology-Procedure/WF build
 - IVCH endo-new department build/WF
 - Pain Management-WF/process improvement
- Lab:
 - BD Bactec/Synapsys application for Blood Culture testing- Instrument was installed and connected to the network March 2nd.
 - Last week we had the call for initial training on the application with another call scheduled next week. (There were a few delays due to weather and the vendor not being able to get to Truckee but we still plan to be live with this later in April.)
 - Wellsky Blood Bank System Upgrade- Server build was completed by Mercy and the vendor will be loading the updated Wellsky version to the servers so Mercy can begin configuration.
 - We will test following their configuration and prior to turning the system over to Korchek for final validation.
- Agility Occupational Health:
 - Doing a fair amount of work to get the lab results reporting back to Agility correctly.
 - Our go live was pushed back and is planned to April 24th.
 - The biweekly calls are being used for Billing and Financial Feed and I am working on the lab ordering and resulting outside of the calls with the interface team at TFH and Agility.
- Interface testing for Hyperdrive to interfaced reference lab providers. (Aurora and Quest)

By: Alex MacLennan
Chief Human Resources Officer

DATE: February 2023

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

Nurture mutual trust

- We have been meeting regularly with the Unions, negotiating terms of the contracts concerning bringing the Outpatient clinic employees into the contracts. We appreciate all those on the negotiations teams as we wrap up this vital work.
- We are holding focus groups, which allows us to gain more information about the priorities of our workforce.

Exemplify a culture based on the foundation of our values

- We conducted our Press Ganey Employee engagement survey. Although we did drop a small amount from 2021, the results were very positive overall. We will now start looking at opportunities for improvement.
- Our Volunteers provided 2257.75 hours during the first two quarters of the fiscal year.
- After one year of our new Values Recognition program, we have seen a remarkable increase in recognition amongst staff, leadership, and Medical staff.

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

- We held the 30th Annual Winter Sports Injury Symposium in December. We had a great turnout of attendees who received education from excellent speakers. During this event, we also honored Victor Hernandez, who has helped shape the education of pre-hospital providers in the Tahoe/Truckee area for many years.
- Gearing up for the first round of PEAK (Professional Excellence, Advancement, & Kudos) Portfolio submissions in March – after this first round, education will begin assessing the feasibility of expanding the program to other clinical and eventually non-clinical departments.
- Winter Injury Case Review Series is in full swing with 150-180 attendees and excellent evaluation results
- Designing and streamlining on-boarding and orientation for clinical staff in MSC Clinics
- Mock Codes are happening to practice emergency response and medical code response in clinics, the new MRI suite, Cardiac Rehab, and Ambulatory Surgery.
- We are promoting evidence-based practice resources at TFH (Dynamic Health, CINAHL) and incorporating these resources into our orientation and annual competencies.
- Departmental Skills Days are thriving with increased attendance and participation

2022 Calendar Year

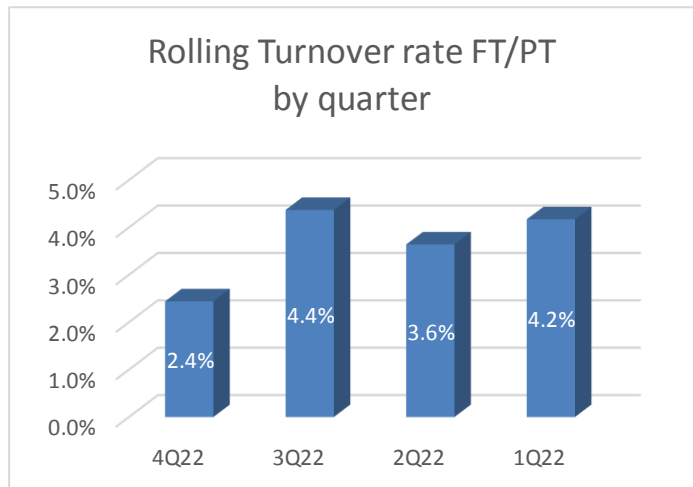
Stats for 2022	
390	New Employees
218	Terminations
1253	Headcount as of 12/31/2022
11.48	Average Span of Control
6.7	Average Seniority Years
20	Temporary Staff
109	Status change
162	Transfer

FY23- current FY LOAs (leave of absence): 231
 FY23- current Active LOAs: 108
 FY23- current Work Comp LOAs: 2
 FY23- current Modified (includes intermittent) Work Schedules: 33
 FY23- current Modified Duty (excluding modified work schedule): 31

Turnover:

#	Term Types 2022	Percentage
34	Involuntary	15.60%
184	Voluntary	84.40%
218		100.00%

Voluntary Term Reasons 2022		
#	Reasons 2022	Percentage
44	Other	23.16%
37	Other job	19.47%
32	Moving	16.84%
22	Retirement/Early Retire	11.58%
17	Temporary job Ended	8.95%
12	Education	6.32%
12	Job Abandonment	6.32%
7	Dissatisfied w/job	3.68%
4	Commute	2.11%
3	Mutual Agreement	1.58%
#	Term Types 2022	Percentage
190		100.00%





Board Provider Services Report

By: Scott Baker
Vice President, Provider Services

DATE: March, 2023

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

- The outpatient clinics have continued to expand the use of daily and weekly huddles and key performance indicators into their routines. Key members of these huddles are physicians, providers, staff and leadership. These huddles help to improve communication and help to identify performance improvement opportunities for all to help improve.

Service: Deliver Outstanding Patient & Family Experience

- Our indirect nurse network has completed the hiring for all positions for the initial stage of the program. This program is critical to improve the patient experience and remove some of the burden from physicians and providers in the clinics. These nurses are dedicated to communicating with patients in follow up to visits and procedures, script refills, responding to patient questions via phone and my chart messages, and triaging phone calls with complaints. Office based providers will have a reduced roll in these encounters, allowing them to concentrate on the patients to be seen in clinic.
- The 2nd floor MOB continues to fill and is nearing capacity. We have expanded both primary care and urgent care capacity with the opening of this facility and encounters have increased 20% for each month since opening (YoY). The 3rd floor space of the MOB is nearing completion, providing additional space to expand behavioral health, primary care and pediatrics.
- Our outpatient therapy department began a project last fall to improve patient Press Ganey patient satisfaction scores. As a result of the combined efforts from multiple teams (therapy, registration, access center), our overall patient satisfaction scores for the department improved from the 18th percentile (93.2 raw score) in the 2nd quarter of FY23 to the 69th percentile (96 raw score) in the 3rd quarter – their highest ranking on record. A dramatic improvement thanks to the hard work of all those involved!

Growth: Expand and foster community and regional relationships

- We recently finalized an agreement with Dr. Mark Wainstein to return to our Urology program. This past fall, Dr. Wainstein left for a position in Colorado but soon realized that Tahoe Forest and Truckee were too special to stay away. He will be returning to practice in Truckee on July 1st and intends to remain here until he retires.
- The Orthopedics and Sports Medicine have expanded their presence in Incline Village to 3 days/week with plans to add a 4th day by June using a combination of Sports Medicine Physician, Orthopedic Surgeon and Physician Assistants.

- February total clinic visits = 9,560 (+6.3% YoY)
- YTD total clinic visits = 81,549 (+6.9% YoY)

- Physician and providers on boarded in February and March
 - Alison Ganong, MD (Sports Medicine)
 - Jayson Koppinger, MD (Ophthalmology)
 - Paul Gweon, MD (Urology temp)
 - Daniel Kramer, MD (Anesthesiology)
 - Leila Jirari, PA (MAT)
 - Sarah Green, PA (Primary Care)
 - Naveen Maramreddy, MD (Hospitalist)

AGENDA ITEM COVER SHEET

ITEM	Patient and Family Advisory Council (PFAC) Annual Report January 2022 to February 2023
RESPONSIBLE PARTY	Alix Crone, DC Clinical Patient Experience Specialist
ACTION REQUESTED?	Informational
<p>BACKGROUND:</p> <p>The Patient and Family Advisory Council (PFAC) will have an active role in improving the patient and family care experience by identifying opportunities, providing feedback, and perspectives on services, activities, and programs related to patient and family centered health care.</p> <p>We currently have 12 community members on our PFAC. We meet on a monthly basis, except during the months of July, August and December.</p>	
<p>SUMMARY/OBJECTIVES:</p> <p>The Tahoe Forest Health System (TFHS) values the perspectives of the patients and families we serve. The Patient Family Advisory Council (PFAC) represents the collective voice of all patients and families in our community by sharing health related experiences and engaging in the process of quality improvement. In collaboration with TFHS, the PFAC acts as a resource and provides valuable input to improve and enhance the health care experience, one patient and family at a time. We seek to represent a diverse group of members that is reflective of our community.</p> <p>Next meeting: April 18, 2023</p>	
<p>SUGGESTED MOTION/ALTERNATIVES:</p> <p>Not applicable</p>	
<p>LIST OF ATTACHMENTS:</p> <ul style="list-style-type: none"> • Patient and Family Advisory Council (PFAC) 2022 Summary Report presentation 	



Patient & Family Advisory Council Update

Alan Kern, PFAC Member &
Alix Crone, Clinical Patient Experience
Specialist

March 23, 2023



Accomplishments PFAC 2022

January 2022 to February 2023

- **We resumed virtual Zoom meetings in February 2022, after the COVID-19 Omicron-variant surge in the community**
- **We added 3 new members to our Patient and Family Advisory Council. One of our new members is a long-time second homeowner who resides in the Tahoe/Truckee community half of the year. Two of our new members are young mothers whose children were born at Tahoe Forest. Both women are bilingual, speaking both English and Spanish.**
- **We sent out an engagement survey to all PFAC members to provide their input on topics of interest, meeting structure, meeting times, and any suggestions for improvements.**
- **We presented and approved an updated PFAC Charter. Changes to the previous charter include membership terms and clarification to the process of membership recruitment/onboarding.**

Accomplishments PFAC 2022

January 2022 to February 2023

- **PFAC members served as part of a focus group with Beta HEART in May 2022. They provided input of their knowledge and understanding of TFHD's Culture of Safety. Their focus group discussion contributed to Tahoe Forest achieving all 5 domains for Beta HEART validation for the 3rd year in a row.**
- **Updates and presentations were provided representing by multiple departments across Tahoe Forest, including Behavioral Health, Quality and Regulations, Physician Services, Emergency Department, and Care Management.**
- **Provided input for improvements to patient scheduling and access, senior citizen services and resources, and ways to address some complaints.**
- **Our January 2023 meeting resumed in-person and via Zoom. Ongoing meetings will resume in hybrid form, as volunteers receive applicable medical clearances for being on-site, and those who are traveling or reside outside of Truckee may continue to participate.**

Strategic Plan PFAC 2023

- **Resuming meetings in-person – obtaining necessary medical clearances for volunteers from Occupational Health. Will continue to offer Zoom option for those who wish to attend virtually.**
- **Continue to provide updates from new or key departments and have PFAC offer input**
- **Review current common patient complaints for feedback on how to manage to avoid reoccurrence and to identify service recovery options.**
- **Continual member recruitment and diversification**
- **Inviting willing patient(s) to share their patient experience story to help prompt discussion on process improvements that may have come about as a result, or suggestions for future process improvements**

Questions?





Patient and Family Advisory Council (PFAC) Annual Summary Report

January 2022 – February 2023

Alix Crone, DC – Clinical Patient Experience Specialist

Summary of Monthly Topics

January 2022 – PFAC cancelled due to the Omicron COVID surge in the community.

February – Theresa Crowe, our Risk Manager, presented on our partnership with BETA HEART. Meetings resumed after Covid restrictions, but virtual attendance was still very limited this month.

March – Scott Baker presented an update on the increased number of PCPs and Specialists. Addressed the concurrent demands of population growth, including increased provider visits, scheduling patient appointments quickly, and avoiding the need for ED /urgent care visits. Jan Iida, Chief Nursing Officer, was introduced and informed us of goals to improve discharge communication process.

April – Claire da Luz and Eileen Knudson presented information on the Substance Use Program and the position of Substance Use Navigator. Addressed community statistics reflecting the growing needs to address mental and behavioral health along with substance use.

May – Theresa Crowe, Risk Manager, revisited the presentation on the BETA HEART program with a larger group of attendees. Reviewed Culture of Safety, Communication and Transparency, Rapid Response and Analysis of an Adverse/Safety Event, Care for the Caregiver and Early Resolution. Invited members to join Beta HEART survey focus group on May 11 to review their knowledge and understanding of TFHD's Culture of Safety.

June – Elicited input for Truckee Surgery Center signage. Addie Brixie presented TFH's Level 3 Trauma Center designation. Alix presented on current patient satisfaction scores across all service lines at TFHD.

July & August – No meetings

September – Reviewed updates and changes for the upcoming year, with addition of Dr. Mieka Conway as Quality Medical Director, changes to Tahoe Forest's Vision, approved revisions to the PFAC charter and discussed the results of the PFAC input survey.

October – Karyn Grow, Director of Case Management and Care Coordination, presented on the Truckee/Tahoe region's senior demographics and identified gaps in needs. She presented Truckee's current

PATIENT AND FAMILY ADVISORY COUNCIL (PFAC) ANNUAL SUMMARY REPORT

January 2022 – February 2023

services and resources for seniors, and we discussed ideas to broaden these services with our existing resources (i.e., volunteer work from students, utilizing existing community recreational spaces, etc).

November – Scott Baker, VP of Provider Services, presented on our current initiatives/projects to improve access to care. Addressed patient access as it relates to bringing new providers, our buildings/facilities, and our scheduling system. Our demand is outpacing our growth and our main goal is to address the need for primary care availability, as well as specialty care/availability.

December – No Meeting

January 2023 - Discussed the topics of stigma, bias and cultural sensitivity. Claire Da Luz, Grant Specialist and Sam Valois, Substance Use Navigator, presented about the different types of stigmas and “microaggressions” that are potentially perceived by patients in the healthcare setting. Coco Zarate, Community Health Advocate, presented on navigating cultural differences in healthcare and how, namely the Hispanic population, approaches and manages their health care differently. Stephen Hicks, Non-clinical Educator, presented our current educational opportunities for TFH employees to address cultural competency, diversity and inclusion.

February 2023 – Dr. Mark Ruggiero, Medical Director of Developmental and Behavioral Pediatrics, presented on a new program/service at Tahoe Forest to address developmental/behavioral needs in our pediatric population. We currently do not have psychiatric, neurologic or genetics providers for pediatrics. Now offering DBP as well as neuropsychology. He is our first and only pediatric subspecialist at TFH and the community. Goal is to improve access to care in children/adolescents with complex developmental, learning, behavioral or emotional issues.

Current Overview

- In 2022 we added 3 new members: Bill Poland, Carina Toledo and Cris Valerio. Both Cris and Carina are bilingual.
- Members who are volunteering in other areas of the hospital in addition to the monthly PFAC meetings:
 - Kevin Ward assists the Quality Department tracking our service recovery toolkits. He also attends the quarterly Board Quality Committee meetings
 - Pati Johnson attends the quarterly Cancer Committee meetings
 - Alan Kern attends the quarterly Medical Staff Quality Committee
- Ongoing goal is to have PFAC identify ways to help educate community on all services offered by TFHS, as well as provide input and feedback on current and future processes and systems.
- Plan for 2023 is to address the current concerns and topics of interests within PFAC and the community – Access to care, behavioral and mental health, senior citizen resources and services, incoming providers, etc.
- PFAC meets every month, 9 months in the year. We do not meet during the months of July, August, or December.

PATIENT AND FAMILY ADVISORY COUNCIL (PFAC) ANNUAL SUMMARY REPORT

January 2022 – February 2023

Current Members and Start Date

Doug Wright	2/4/2015
Anne Liston	3/9/2016
Pati Johnson	3/22/2018
Helen Shadowens	5/24/2018
Kevin Ward	9/20/2018
Sandy Horn	9/5/2019
Violet Nakayama	10/31/2019
Alan Kern	2/20/2020
Kathee Hansen	4/1/2021
Bill Poland	10/18/2022
Carina Toledo	11/17/2022
Cris Valerio	12/1/2022

ADDENDUM NUMBER 1

TO MEMORANDUM OF UNDERSTANDING

Tahoe Forest Hospital District (the “**District**”) and the **Tahoe Forest Hospital District Employees’ Association** (the “**Union**”) hereby amend and supplement their duly executed and existing Memorandum of Understanding, Originally Effective July 1, 2022 (the “**Base Agreement**”), as set forth in this Addendum Number 1 (the “**Addendum**”). This Addendum is effective March 26, 2023 (the “**Effective Date**”) and shall be made part of the Base Agreement. In the event of conflict with other terms or conditions in the Base Agreement, this Addendum shall control. All terms and conditions set forth in the Base Agreement will remain in full force and effect and apply to this Addendum where no conflict exists and any and all articles not amended or addressed in this Addendum shall remain in full effect for all Outpatient Clinic Employees in accordance to the language in those articles for the duration of the Base Agreement.

This Addendum shall become effective on the Effective Date upon acceptance as described below. Collectively, the District and the Union may hereinafter be referred to as the “**Parties**”.

NOW THEREFORE, the Parties agree on the following changes:

Article 2 Recognition of the Base Agreement shall be deleted in its entirety and replaced with the following language:

“2.1. The District recognizes the Union as the exclusive representative for employees covered by this Memorandum of Understanding who’s Job Titles are listed in Appendix A, and Appendix A-1 for Outpatient Clinic Employees, for the purpose of meeting and conferring with respect to rates of pay, hours and working conditions. Both Appendices are incorporated herein by reference”

Article 5 Definitions of the Base Agreement shall be amended to include the following definitions:

“Outpatient Clinic Employees: An employee whose Job Title is listed in Appendix A-1.”

Additionally, Article 5.29 shall be amended to include Appendix A-1.

Article 7 Wages of the Base Agreement shall be amended to add the following language:

“7.12. Outpatient Clinic Employees:

7.12.1. Each job Classification subject to this Agreement is assigned a pay range. The pay range is structured at a thirty percent (30%) span, based on pay range mid-point, with two and one half percent (2.5%) between ranges.”

Article 9 Premium Pay Codes of the Base Agreement shall be amended to add the following language:

“9.4. Non-exempt Outpatient Clinic Employees who are placed On Call will receive a flat On Call rate based on their Job Title. Employees who are On Call and are called in will be paid their base hourly rate for hours worked in addition to a flat On Call rate.

9.4.1. Non-Licensed Employees (Front Office Receptionists and Medical Assistants) will receive a flat On Call rate of One Hundred Dollars (\$100.00) per On Call Shift.

9.4.2. Employees must be reachable by telephone and refrain from activities which might impair their ability to perform assigned duties.”

Article 10 Pay for Working Scheduled Days Off of the Base Agreement shall be amended to add the following language:

“10.3. Section 10.1 of this Article does not apply to Outpatient Clinic Employees.”

Article 12 Night Shift Wellness Leave Accrual of the Base Agreement shall be amended to add the following language:

“12.7. This Article does not apply to Outpatient Clinic Employees.”

Article 18 Hours of Work of the Base Agreement shall be amended to add the following language:

“18.12 Outpatient Clinic Employees will be paid on a forty (40) hour Work Week basis with overtime calculated only after forty (40) hours in a Work Week.”

Article 19 Work Schedules of the Base Agreement shall be amended to add the following language:

“19.10 Outpatient Clinic Employees may have their scheduled location of work changed after the schedule has been posted, based on staffing needs. The employee will be compensated for mileage reimbursement based on current IRS-standard mileage rates from their home department location in which they were originally scheduled, only if they have to commute to another clinic location.

19.11 Based on staffing needs, Outpatient Clinic Employees may have their shift times adjusted after the schedule has been posted, upon mutual agreement.

19.12 If a Benefited Employee does not meet their FTE status, the employee can request approval by management to pick up shifts or hours in order to fulfill their FTE status within the Work Week, based on the needs of the District. This does not apply if an employee calls in sick during the Work Week.”

Article 20 Meals and Rest Periods of the Base Agreement shall be deleted in its entirety and replaced with the following language:

“Article 20 – Meals and Rest Periods

20.1. It is the District’s intent to provide employees Meal Periods and Rest Periods.

20.2. Employees working shifts of more than six (6) hours will be provided two (2) fifteen-minute paid Rest Periods. One during the first half of the shift, and a second during the last half of the shift.

20.3. Employees working four (4) to six (6) hours are provided one fifteen-minute paid Rest Period.

20.4. An unpaid thirty (30) minute Meal Period shall be provided to all employees working shifts of more than six (6) hours.

20.5. If an employee is not provided a Meal Period or Rest Period, the employee will receive a premium of one (1) hour at their regular rate of pay. This Missed Meal Period Premium and the Missed Rest Period Premium is equivalent to premium pay and shall not be included when calculating an employee's regular rate of pay for the Work Week. An employee may not receive more than one missed Meal Period Premium and one missed Rest Period Premium per workday. Missed Meal Period and Rest Period Premiums do not contribute to daily or weekly overtime.

20.6. To ensure that missed Rest Periods and Meal Periods are properly recorded and compensated, employees must record any missed Meal Period or missed Rest Period by submitting an Involuntary Missed Meal/Rest Period Form signed and acknowledged by the employee and their manager along with recording it in the payroll system.

20.7. This Article does not require the District to ensure that available Meal and Rest Periods are actually taken. Employees who waive or fail to take their Meal Periods and Rest Periods when it is possible to take them will not be entitled to receive a Missed Meal Period Premium or Missed Rest Period Premium.

20.8. On-Duty Meal Period Employees: When the nature of an individual's work prevents the individual from being relieved of all duty during a Meal Period, the individual may be required to remain on the premises and carry a pager or cell phone while on a Meal Period. The employee will not be expected to punch out for on-duty Meal Periods. An employee must still be provided with the opportunity to eat their meal while performing the duties required.

20.8.1. The Union has the right to meet and confer regarding the assignment of on-duty meal periods to positions during the term of this Agreement."

Article 23 Longevity Retention Bonus of the Base Agreement shall be amended to add the following language:

"23.6. This Article does not apply to Outpatient Clinic Employees."

Article 25 Job Vacancies of the Base Agreement shall be amended to add the following language:

"25.7. Outpatient Clinic Employees may move to a different clinic location with their same job title if there is a job opening, based on the request of the employee and manager approval. If multiple eligible employees are requesting the transfer, the employee shall be chosen in accordance with Section 25.3. above. The employee will not be required to apply for the position as long as it is the same job title in which they are currently in."

Article 27 Shift Differential of the Base Agreement shall be amended to add the following language:

"27.5. Outpatient Clinic Employees working between the hours of 12:00 a.m. (0000 hours) Saturday and 11:59 p.m. (2359 hours) Sunday will receive a Weekend Shift Differential of Four Dollars (\$4.00) per hour.

27.5.1. Evening and Night Shift Differential do not apply to Outpatient Clinic Employees.

27.5.2. Advanced Practice Providers (APPs) who are not working a Scheduled Shift but are charting on the weekend will not receive a Weekend Shift Differential."

Article 32 – Time Off Requests of the Base Agreement shall be amended to include the following language:

“32.6. The following applies to Outpatient Clinic Employees only:

32.6.1. Employees shall submit time off requests in writing on the Time off Request Form or via Schedule anywhere (or current software in use by District) no later than sixty (60) days prior to desired time off. Any requests received in less than sixty (60) days will be subject to approval based on: seniority, rotation, first come, total number of requests, and MSC staffing needs.

32.6.2. Employees are only able to request time off within six (6) months of the date of the request (for example, if date of request is January 1, you can only request time off as far out as June 1).

32.6.3. Employees must have enough PL to cover the time off.

32.6.4. Requests will be approved or disapproved at least thirty (30) days after the date of initial request. Failure to meet the deadline does not result in automatic approval of time off requests. It is the responsibility of the employee to follow up on status of their requested time off if they are not notified.

32.6.5. Based on the number of requests for a specific time period, approval may be limited to two weeks of consecutive time off for each request.

32.6.6. Time off must be scheduled in advance and approved by the employee’s Manager or Lead. In the case of an emergency, an employee will notify their Practice Lead or Manager as soon as possible.

32.6.7. Management does not have the right to cancel approved time off, provided the employee has sufficient Personal Paid Leave available. Management reserves the right to cancel approved time off as permitted or required by law (for example, during or following a natural disaster or State of Emergency).

32.6.8. Time off requests outside of the 60-day request period: Employees may also request time off outside of the 60-day request period. Time off requests received within the 60-day time off request period will be considered based on multiple factors including, but in no particular order: seniority, rotation, first come, total number of requests, and MSC staffing needs.

32.6.9. If employees need time off once a schedule has been posted, they must attempt to trade shifts with another employee. If a shift trade is not possible, employees must make arrangements with their manager in advance of the date requested.

32.6.10. If an employee has a need to miss part of their shift (for example, to go to an appointment), they must also get this approved in advance of the schedule being posted. If

this is not possible, the employee must make arrangements with their manager prior to the date of the appointment and use Personal Paid Leave for the portion of the shift that is missed.”

Article 33 Probationary Period of the Base Agreement shall be amended to include the following language:

“33.4.1. Outpatient Clinic Employees do not reserve the right to bump back into their previously held position.

33.6. Outpatient Clinic Employees will serve an initial probationary period of One Hundred Twenty (120) days. This period can be extended for an additional sixty (60) days with a documented improvement plan.”

Article 40 – Work Out of Classification of the Base Agreement shall be amended to include the following language:

“40.8. Charge Nurse and Lead Role Out of Classification does not apply to Outpatient Clinic Employees.”

Acceptance

The acceptance of this Addendum by an authorized signatory of both Parties will constitute exclusively the entire understanding of the Parties with respect to the subject matter contained herein and it shall thereafter become part of the Base Agreement. All other prior representations or agreements, whether written or verbal, will be deemed to be merged herein and no other changes or additions will be recognized unless made in writing and properly executed by both Parties.

Tahoe Forest Hospital District Employee’s
Association

Tahoe Forest Hospital District

By: _____
Brian Dane on behalf of the Employee’s
Association

By: _____
Alex MacLennan on behalf of Tahoe Forest
Hospital District

Appendix A-1 – EA Job Titles for Outpatient Clinic Employees

Job Title
Athletic Trainer
Charge Capture Specialist
DI Tech/Medical Assistant MSC
EHR Scanning Clerk
M.A./Surgery Scheduler
Medical Assistant III
Medical Assistant MSC
Medical Asst II MSC
Medical Receptionist/M.A.
Ophthalmic Assistant
Ophthalmic Assistant/Surgery Scheduler
Ortho Technician
Orthopedic Surgery Coordinator
Orthotist
Receptionist Front Office
Receptionist Front Office Urgent Care
Receptionist/Trainer
Substance Use Navigator

ADDENDUM NUMBER 1

TO MEMORANDUM OF UNDERSTANDING

Tahoe Forest Hospital District (the “**District**”) and the **Tahoe Forest Hospital District Employees’ Association of Professionals** (the “**Union**”) hereby amend and supplement their duly executed and existing Memorandum of Understanding, Originally Effective July 1, 2022 (the “**Base Agreement**”), as set forth in this Addendum Number 1 (the “**Addendum**”). This Addendum is effective March 26, 2023 (the “**Effective Date**”) and shall be made part of the Base Agreement. In the event of conflict with other terms or conditions in the Base Agreement, this Addendum shall control. All terms and conditions set forth in the Base Agreement will remain in full force and effect and apply to this Addendum where no conflict exists and any and all articles not amended or addressed in this Addendum shall remain in full effect for all Outpatient Clinic Employees in accordance to the language in those articles for the duration of the Base Agreement.

This Addendum shall become effective on the Effective Date upon acceptance as described below. Collectively, the District and the Union may hereinafter be referred to as the “**Parties**”.

NOW THEREFORE, the Parties agree on the following changes:

Article 2 Recognition of the Base Agreement shall be deleted in its entirety and replaced with the following language:

“2.1. The District recognizes the Union as the exclusive representative for employees covered by this Memorandum of Understanding who’s Job Titles are listed in Appendix A, and Appendix A-1 for Outpatient Clinic Employees, for the purpose of meeting and conferring with respect to rates of pay, hours and working conditions. Both Appendices are incorporated herein by reference”

Article 5 Definitions of the Base Agreement shall be amended to include the following definitions:

“Outpatient Clinic Employees: An employee whose Job Title is listed in Appendix A-1.”

Additionally, Article 5.29 shall be amended to include Appendix A-1.

Article 7 Wages of the Base Agreement shall be amended to add the following language:

“7.12. Outpatient Clinic Employees:

7.12.1. Each job Classification subject to this Agreement is assigned a pay range. The pay range is structured at a thirty percent (30%) span, based on pay range mid-point, with two and one half percent (2.5%) between ranges.”

Article 9 Premium Pay Codes of the Base Agreement shall be amended to add the following language:

“9.4. Non-exempt Outpatient Clinic Employees who are placed On Call will receive a flat On Call rate based on their Job Title. Employees who are On Call and are called in will be paid their base hourly rate for hours worked in addition to a flat On Call rate.

9.4.1. Licensed Employees (Registered Nurses) will receive a flat On Call rate of One Hundred Fifty Dollars (\$150.00) per On Call shift.

9.4.2. Advanced Practice Providers (APPs) will receive a flat On Call rate of Two Hundred Dollars (\$200.00) per On Call shift, unless the shift is a Weekend On Call shift, in which case, APPs will receive a flat On Call rate of Five Hundred Dollars (\$500.00) per On Call Shift. Weekend On Call is considered Saturday and Sunday, 24-hours per shift.

9.4.3. Employees must be reachable by telephone and refrain from activities which might impair their ability to perform assigned duties.”

Article 10 Pay for Working Scheduled Days Off of the Base Agreement shall be amended to add the following language:

“10.3. Section 10.1 of this Article does not apply to Outpatient Clinic Employees.”

Article 12 Night Shift Wellness Leave Accrual of the Base Agreement shall be amended to add the following language:

“12.7. This Article does not apply to Outpatient Clinic Employees.”

Article 18 Hours of Work of the Base Agreement shall be amended to add the following language:

“18.12 Outpatient Clinic Employees will be paid on a forty (40) hour Work Week basis with overtime calculated only after forty (40) hours in a Work Week.”

Article 19 – Work Schedules of the Base Agreement shall be amended to add the following language:

“19.10 Outpatient Clinic Employees may have their scheduled location of work changed after the schedule has been posted, based on staffing needs. The employee will be compensated for mileage reimbursement based on current IRS-standard mileage rates from their home department location in which they were originally scheduled, only if they have to commute to another clinic location.

19.11 Based on staffing needs, Outpatient Clinic Employees may have their shift times adjusted after the schedule has been posted, upon mutual agreement.

19.12 If a Benefited Employee does not meet their FTE status, the employee can request approval by management to pick up shifts or hours in order to fulfill their FTE status within the Work Week, based on the needs of the District. This does not apply if an employee calls in sick during the Work Week.”

Article 20 Meals and Rest Periods of the Base Agreement shall be deleted in its entirety and replaced with the following language:

“Article 20 – Meals and Rest Periods

20.1. It is the District’s intent to provide employees Meal Periods and Rest Periods.

20.2. Employees working shifts of more than six (6) hours will be provided two (2) fifteen-minute paid Rest Periods. One during the first half of the shift, and a second during the last half of the shift.

20.3. Employees working four (4) to six (6) hours are provided one fifteen-minute paid Rest Period.

20.4. An unpaid thirty (30) minute Meal Period shall be provided to all employees working shifts of more than six (6) hours.

20.5. If an employee is not provided a Meal Period or Rest Period, the employee will receive a premium of one (1) hour at their regular rate of pay. This Missed Meal Period Premium and the Missed Rest Period Premium is equivalent to premium pay and shall not be included when calculating an employee's regular rate of pay for the Work Week. An employee may not receive more than one missed Meal Period Premium and one missed Rest Period Premium per workday. Missed Meal Period and Rest Period Premiums do not contribute to daily or weekly overtime.

20.6. To ensure that missed Rest Periods and Meal Periods are properly recorded and compensated, employees must record any missed Meal Period or missed Rest Period by submitting an Involuntary Missed Meal/Rest Period Form signed and acknowledged by the employee and their manager along with recording it in the payroll system.

20.7. This Article does not require the District to ensure that available Meal and Rest Periods are actually taken. Employees who waive or fail to take their Meal Periods and Rest Periods when it is possible to take them will not be entitled to receive a Missed Meal Period Premium or Missed Rest Period Premium.

20.8. On-Duty Meal Period Employees: When the nature of an individual's work prevents the individual from being relieved of all duty during a Meal Period, the individual may be required to remain on the premises and carry a pager or cell phone while on a Meal Period. The employee will not be expected to punch out for on-duty Meal Periods. An employee must still be provided with the opportunity to eat their meal while performing the duties required.

20.8.1. The Union has the right to meet and confer regarding the assignment of on-duty meal periods to positions during the term of this Agreement."

Article 23 Longevity Retention Bonus of the Base Agreement shall be amended to add the following language:

"23.6. This Article does not apply to Outpatient Clinic Employees."

Article 25 Job Vacancies of the Base Agreement shall be amended to add the following language:

"25.7. Outpatient Clinic Employees may move to a different clinic location with their same job title if there is a job opening, based on the request of the employee and manager approval. If multiple eligible employees are requesting the transfer, the employee shall be chosen in accordance with Section 25.3. above. The employee will not be required to apply for the position as long as it is the same job title in which they are currently in."

Article 27 Shift Differential of the Base Agreement shall be amended to add the following language:

"27.5. Outpatient Clinic Employees working between the hours of 12:00 a.m. (0000 hours) Saturday and 11:59 p.m. (2359 hours) Sunday will receive a Weekend Shift Differential of Four Dollars (\$4.00) per hour.

27.5.1. Evening and Night Shift Differential do not apply to Outpatient Clinic Employees.

27.5.2. Advanced Practice Providers (APPs) who are not working a Scheduled Shift but are charting on the weekend will not receive a Weekend Shift Differential.”

Article 32 – Time Off Requests of the Base Agreement shall be amended to include the following language:

“32.6. The following applies to employees in the Outpatient Clinics only:

32.6.1. Employees shall submit time off requests in writing on the Time off Request Form or via Schedule anywhere (or current software in use by District) no later than sixty (60) days prior to desired time off. Any requests received in less than sixty (60) days will be subject to approval based on: seniority, rotation, first come, total number of requests, and MSC staffing needs.

32.6.2. Employees are only able to request time off within six (6) months of the date of the request (for example, if date of request is January 1, you can only request time off as far out as June 1).

32.6.3. Employees must have enough PL to cover the time off.

32.6.4. Requests will be approved or disapproved at least thirty (30) days after the date of initial request. Failure to meet the deadline does not result in automatic approval of time off requests. It is the responsibility of the employee to follow up on status of their requested time off if they are not notified.

32.6.5. Based on the number of requests for a specific time period, approval may be limited to two (2) weeks of consecutive time off for each request.

32.6.6. Time off must be scheduled in advance and approved by the employee’s Manager or Lead. In the case of an emergency, an employee will notify their Practice Lead or Manager as soon as possible.

32.6.7. Management does not have the right to cancel approved time off, providing the employee has sufficient Personal Paid Leave available. Management reserves the right to cancel approved time off as permitted or required by law (for example, during or following a natural disaster or State of Emergency).

32.6.8. Time off requests outside of the 60-day request period: Employees may also request time off outside of the 60-day request period. Time off requests received within the 60-day time off request period will be considered based on multiple factors including, but in no particular order: seniority, rotation, first come, total number of requests, and MSC staffing needs.

32.6.9. If employees need time off once a schedule has been posted, they must attempt to trade shifts with another employee. If a shift trade is not possible, employees must make arrangements with their manager in advance of the date requested.

32.6.10 If an employee has a need to miss part of their shift (for example, to go to an appointment), they must also get this approved in advance of the schedule being posted. If this is not possible, the employee must make arrangements with their manager prior to the date of the appointment and use Personal Paid Leave for the portion of the shift that is missed.

32.7. The following applies to APPs (Advanced Practice Providers) in the Outpatient Clinics only:

32.7.1. APPs shall submit Non-Holiday Time-Off Requests >2 days in writing on the Time off Request Form or via AMION no later than ninety (90) days prior to desired time off. Time off requests will be processed per specialty including primary care based on: seniority, rotation, first come, total number of requests, and the needs of the clinic.

32.7.2. Time off requests made less than ninety (90) days in advance must be discussed with managers and will be reviewed on a case-by-case basis.

32.7.3. Time off requests for 1-2 days must be discussed with managers. If coverage is needed, APPs may be required to arrange coverage individually.

32.7.4. APPs will be notified of approval/denial on or before schedules are finalized at least sixty (60) days in advance.

32.7.5. Employees must have enough PL to cover the time off.

32.7.6. Holiday and popular week requests will be done twice yearly during set dates (see dates below). APPs may be asked to rank requests in order of priority. Requests will be approved based on: seniority, rotation, first come, total number of requests, and the needs of the clinic. Holidays are defined by hospital policy as detailed below. Popular weeks off near holidays and school vacations (defined below) will also be approved based on: seniority, rotation, first come, total number of requests, and the needs of the clinic. Managers will remind providers of due dates two (2) weeks prior.

HOLIDAY/POPULAR WEEK REQUEST DUE DATES:

January 1 – January 15 due date for requests for June 1-Nov 30 holidays and popular weeks, aka SUMMER AND FALL (approved by February 1)

June 1-June 15 due date for requests for Dec 1-May 31 holidays and popular weeks, aka WINTER AND SPRING (approved by June 30)

HOLIDAYS are defined as New Year's Day, President's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day.

Popular weeks are defined as President’s Day / ski skate week/ winter break, Spring Break, July 4th week, Thanksgiving Week, and the two weeks of Christmas/New Year’s holidays. These weeks will match the TTUSD calendar of the applicable year.

32.7.6.1. Finalized holiday time off schedules and popular weeks off will be posted two (2) weeks after requests due.

32.7.7. Extended Time Off: Any requests for time off greater than or equal to two (2) consecutive weeks require special approval by Director. Provider colleagues in the office will be notified of planned leaves more than two (2) weeks.”

Article 33 Probationary Period of the Base Agreement shall be amended to include the following language:

“33.5.1. Outpatient Clinic Employees do not reserve the right to bump back into their previously held position.

33.6. Outpatient Clinic Employees will serve an initial probationary period of One Hundred Twenty (120) days. This period can be extended for an additional sixty (60) days with a documented improvement plan.”

Article 40 – Work Out of Classification of the Base Agreement shall be amended to include the following language:

“40.8. Charge Nurse and Lead Role Out of Classification does not apply to Outpatient Clinic Employees.”

Acceptance

The acceptance of this Addendum by an authorized signatory of both Parties will constitute exclusively the entire understanding of the Parties with respect to the subject matter contained herein and it shall thereafter become part of the Base Agreement. All other prior representations or agreements, whether written or verbal, will be deemed to be merged herein and no other changes or additions will be recognized unless made in writing and properly executed by both Parties.

Tahoe Forest Hospital District Employee’s
Association of Professionals

Tahoe Forest Hospital District

By: _____
Julie Morgan on behalf of the Employee’s
Association of Professionals

By: _____
Alex MacLennan on behalf of Tahoe Forest
Hospital District

Appendix A-1 EAP Job Titles for Outpatient Clinic Employees

Job Title
APP Project Lead MAT
Behavioral Health Intensivist
Community Hlth Therapist
Licensed Advanced Alcohol Drug Counselor
Neuropsychologist
NP/PA Behavioral Health
NP/PA Cardiology
NP/PA Proj Ld Behavioral Health
NP/PA Urology
Nurse Practitioner/P.A.
Orthopedic Physician Assistant
Ped Behavioral Health Intensivist
Physician Assistant Urgent Care
Pre-Surgery Nurse
Staff Nurse Indirect Care MSC
Staff Nurse MSC