TAHOE FOREST HOSPITAL DISTRICT

2024-04-25 Regular Meeting of the Board of Directors

Thursday, April 25, 2024 at 4:00 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161

TAHOE FOREST HOSPITAL DISTRICT

Meeting Book - 2024-04-25 Regular Meeting of the Board of Directors

Agenda Packet Contents

TAHOE FOREST HOSPITAL DISTRICT

REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, April 25, 2024 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. Report Involving Trade Secrets (Health & Safety Code § 32106)**
     Discussion will concern: Proposed new facilities
     Estimated Date of Disclosure: December 2025
   - **5.2. Hearing (Health & Safety Code § 32155)**◈
     Subject Matter: 2023 Annual Infection Control Report
   - **5.3. Report Involving Trade Secrets (Health & Safety Code § 32106)**
     Discussion will concern: Proposed new services
     Estimated Date of Disclosure: December 2024
   - **5.4. Approval of Closed Session Minutes**◈
     - **5.4.1.** 03/28/2024 Regular Meeting
     - **5.4.2.** 04/09/2024-04/10/2024 Special Meeting
   - **5.5. Public Employee Performance Evaluation (Government Code § 54957)**
     Title: President & Chief Executive Officer
   - **5.6. 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**

◈ Denotes Action Item

10. INPUT – AUDIENCE

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

11. INPUT FROM EMPLOYEE ASSOCIATIONS

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

12. MEDICAL STAFF EXECUTIVE COMMITTEE◈

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

MEC recommends the following for approval by the Board of Directors:
Medical Staff Rules and Regulations – With Changes:

- *Medical Staff Rules and Regulations*

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. 03/28/2024 Regular Meeting ..... ATTACHMENT
13.1.2. 04/09/2024-04/10/2024 Special Meeting ..... ATTACHMENT

13.2. Financial Reports

13.2.1. Financial Report – March 2024 ..... 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. CMO Board Report ..... ATTACHMENT
13.3.5. CIIO Board Report ..... ATTACHMENT
13.3.6. CHRO Board Report ..... ATTACHMENT

13.4. Annual Approval of Emergency On-Call Policy

13.4.1. Emergency On-Call, ABD-10 ..... ATTACHMENT

14. ITEMS FOR BOARD DISCUSSION

14.1. TART Connect Pilot Program Update

The Board of Directors will receive an update from the Town of Truckee on the TART Connect pilot program, usage and cost.

14.2. PEAK Nursing Program Update

The Board of Directors will receive an update on the PEAK Nursing Program.

15. ITEMS FOR BOARD ACTION◈

15.1. Resolution 2024-03◈ ..... ATTACHMENT

The Board of Directors will review and consider approval of a resolution determining to consolidate the Hospital District General Election with the Statewide General Election and

◈ Denotes Action Item

Authorizating the Canvass of Returns by the respective Boards of Supervisors of Placer and Nevada Counties, California.

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 May 23, 2024 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. Materials related to an item on this Agenda submitted to the Board of Directors, or a majority of the Board, after distribution of the agenda are available for public inspection in the Administration Office, 10977 Spring Lane, Truckee, CA 96161, during normal business hours.

*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.

◈ Denotes Action Item

AGENDA ITEM COVER SHEET

ITEM	Medical Executive Committee (MEC) Consent Agenda
RESPONSIBLE PARTY	Johanna Koch, MD Chief of Staff
ACTION REQUESTED	For Board Action

BACKGROUND:
During the April 18, 2024 Medical Executive Committee meeting, the committee made the following open session consent agenda item recommendations to the Board of Directors at the April 25, 2024 meeting.

Medical Staff Rules and Regulation Changes

- Medical Staff Rules and Regulation Changes

SUGGESTED DISCUSSION POINTS:
None.

SUGGESTED MOTION/ALTERNATIVES:
Move to approve the Medical Executive Committee Consent Agenda as presented.

TAHOE FOREST HOSPITAL DISTRICT

MEDICAL STAFF
RULES AND REGULATIONS

2024~~2~~

MEDICAL STAFF RULES AND REGULATIONS

ARTICLE I

PREAMBLE

1.1 These Rules are intended to provide for the operation and governance of the Medical Staff in accordance with the guidance and structure set forth in the Medical Staff Bylaws ("Bylaws"). In the event of any conflict between the Bylaws and the Rules, the Medical Staff Bylaws shall prevail.

1.2 All Rules contained herein have been recommended by the Medical Executive Committee of the Tahoe Forest Hospital District Medical Staff and approved by the Board of Trustees in accordance with Section 13.1 of the Medical Staff Bylaws. These Rules are binding on all Members of the Medical Staff and holders of clinical privileges, to the extent consistent with the Bylaws.

1.3 All definitions contained in the Bylaws are incorporated in these Rules.

ARTICLE II
COMMITTEES

2.1 ETHICS COMMITTEE

2.1-1 COMPOSITION

The Ethics Committee shall be composed of at least the following members: One physician, one registered nurse, one clergy, one medical social worker (or comparable), one member of Hospital administration, and one non-Hospital local community member at large. Additional members may be appointed by the Chief of Staff. The chairperson shall be the Member-at-Large, and the vice-chairperson shall be a member selected by the Ethics Committee. The chairman of the Ethics Committee shall serve as a voting member of the Medical Executive Committee.

2.1-2 PURPOSE

The purpose of the Ethics Committee is to impact positively upon the quality of health care provided by the Hospital by:

(a) Providing assistance and resources in decision-making processes that have bioethical implications. The Ethics Committee shall not, however, be a decision maker in any such processes.

(b) Educating members within the Hospital community of bioethical issues and dilemmas.

(c) Facilitating communication about ethical issues and dilemmas among members of the Hospital community, in general, and among participants involved in bioethical dilemmas and decisions, in particular.

(d) Retrospectively reviewing cases to evaluate bioethical implications, and providing policy and educative guidance relating to such matters.

2.1-3 MEETINGS

The Ethics Committee shall meet as often as necessary to accomplish its purpose and shall maintain a limited record of its proceedings and report its activities to the Medical Executive Committee.

2.2 BYLAWS COMMITTEE

2.2-1 COMPOSITION

The Bylaws Committee shall consist of at least three (3) members of the Medical Staff, including at least the Vice Chief of Staff and a past Chief of Staff appointed by the Chief of Staff.

2.2-2 DUTIES

The duties of the Bylaws Committee shall include:

(a) conducting a periodic review of the Medical Staff Bylaws, as well as the Rules and forms promulgated by the Medical Staff and its Departments;

(b) submitting recommendations to the Medical Executive Committee for changes in these documents as necessary and desirable; and

(c) receiving and evaluating for recommendation to the Medical Executive Committee suggestions for modification of those items.

2.2-3 MEETINGS

The Bylaws Committee shall meet as often as necessary at the call of its chair but at least annually. It shall maintain a record of its proceedings and shall report its activities and recommendations to the Medical Executive Committee.

2.3 QUALITY ASSESSMENT COMMITTEE

2.3-1 COMPOSITION

The Quality Assessment Committee shall consist of a chair of the Committee appointed by the Chief of Staff in consultation with Administration, interested physicians from each clinical Department, and such members as may be appointed by the Chief of Staff, with the agreement of the Medical Executive Committee, including representatives from the Quality Department, Nursing Services, and from Hospital Administration.

2.3-2 DUTIES

The Quality Assessment Committee shall perform the following duties:

(a) Recommend for approval of the Medical Executive Committee plans for maintaining quality patient care within the Hospital. These may include mechanisms to:

(1) establish systems to identify potential problems in patient care;
(2) set priorities for action on problem correction;
(3) refer priority problems for assessment and corrective action to appropriate Department or committees;
(4) monitor the results of quality assessment activities throughout the Hospital; and
(5) coordinate quality assessment activities.

(b) Submit regular reports to the Medical Executive Committee and Board of Directors on the quality of medical care provided, quality review activities conducted, and Professional Review Committee (PRC) and Professional Performance Evaluation Committee (PPEC) functions:
(1) Periodic review of Peer Review Policy
(2) Review of individual cases as requested by department Chairs.

(c) Risk management practices as they relate to aspects of patient care and safety within the Hospital, and ensure that the Medical Staff actively participates, as appropriate, in the following risk management activities related to the clinical aspects of patient care and safety:

(1) The identification of general areas of potential risk in the clinical aspects of patient care.

(2) The development of criteria for identifying specific cases with potential risk in the clinical aspects of patient care and safety and evaluation of these cases.

(3) The correction of problems in the clinical aspects of patient care and safety identified by risk management activities.

(4) The design of programs to reduce risk in the clinical aspects of patient care and safety.

(d) Medical Records: Review and evaluate health information management including paper and electronic health records for compliance with Hospital needs and regulatory requirements. Additional medical record functions include:

(1) ensuring that medical records are maintained at an acceptable standard of completeness
(2) submitting written reports to the Medical Executive Committee and providing recommendations to the Medical Executive Committee regarding corrective action recommendations pertaining to compliance with medical records policies;
(3) recommending new use or changes in the format of medical records;
(4) recommending policies for medical record maintenance including completion, forms and formats, filing, indexing, storage, destruction, availability, and methods of enforcement; and policies related to privileged communication and release of information;

(e) Blood Usage: The Quality Assessment Committee shall receive quarterly reports to evaluate blood and blood product transfusion appropriateness and usage.

(f) Drug Usage: The Quality Assessment Committee shall be responsible for the oversight of the Pharmacy and Therapeutics Committee and an annual review of the Medication Error Reporting Policy (MERP)

(g) Infection Control: The Quality Assessment Committee shall be responsible for the oversight of the Infection Control Committee.

(h) Tissue Review: The Quality Assessment Committee shall also be responsible for receiving quarterly reports from a pathologist, who is a member of the Medical Staff with privileges in pathology concerning (I) pre-operative, post-operative, and

pathological diagnoses for surgical cases in which no specimen is removed; (II) all transfusions of whole blood and blood derivatives;(III) all removed tissue where the tissue is found to be normal or not consistent with clinical diagnosis. Any cases not meeting criteria established by policy shall be referred to the appropriate Medical Staff Committee or Department for discussion.

(i) The Quality Assessment Committee shall review all deaths and all removed tissue where the tissue is found to be normal or not consistent with the clinical diagnosis, and shall develop and implement measures to correct any problems discovered. It shall develop rules governing which cases must be reviewed, and outlining any exceptions to this general rule. Such rules shall be subject to Medical Executive Committee and Board of Directors approval. The Quality Assessment Committee shall also develop and implement measures to promote autopsies in all cases of unusual death or deaths of medico-legal or educational interest.

(j) The Quality Assessment Committee shall review utilization of resources as they relate to aspects of patient care within Hospital-provided services as outlined in the Utilization Review Plan.

(k) Surgical and other invasive procedures, including: selecting appropriate procedures; preparing the patient for the procedure; equipment availability; safety of the environment; performing the procedure and monitoring the patient; and providing post-procedure care.

(l) Radiation Safety: Report from Radiation Safety Officer regarding research, diagnostic, and therapeutic uses of radioactive materials

(i) Reduction of both personnel and patient exposure to the minimum while pursuing the medical objective.
(ii) All applications for uses or authorizations for uses of radiation will be reviewed by the Radiation Safety Officer to assure that “as low as reasonably achievable” (ALARA) exposures will be maintained.
(iii) When reviewing new uses of radiation, details of efforts of applicants to maintain exposures ALARA must be included.

(m) Imaging Services: The Quality Assessment Committee shall be responsible for establishing, approving and enforcing policies relating to administration of imaging services through the hospital; and

(i) Conducting, approving and interpreting a quality assessment review for radiology services

(n) Trauma Program: The Quality Assessment Committee shall be responsible for oversight of the Trauma Program and monitoring of compliance with the Trauma Performance Improvement Plan.

(o) The Committee on Interdisciplinary Practice: The Quality Assessment Committee shall be responsible for the monitoring of compliance of The Committee on Interdisciplinary Practice.

(p~~o~~) The Quality Assessment Committee shall be responsible for annual review of the

following:

(i) Quality Assessment Plan.
(ii) The Utilization Review and Discharge Plan.
(iii) The Risk Management Plan
(iv) The Patient Safety Plan
(v) Discharge Plan
(vi) Infection Control Plan
(vii) Emergency Operations Plan
(viii) Environment of Care Management Program
(ix) Medication Error Reduction Plan
(x) The Trauma Performance Improvement Plan

2.3-3 MEETINGS

The Committee shall meet as often as necessary at the call of its chair. It shall maintain a record of its proceedings and report its activities and recommendations to the Medical Executive Committee.

2.4 LEADERSHIP COUNCIL COMMITTEE

2.4-1 COMPOSITION

The Leadership Council Committee ("LCC") shall be appointed by the Medical Executive Committee of the Medical Staff and shall include; The Chief of Staff, Vice Chief of Staff, past or present Medical Staff Leader, PPEC Chair (Chair of Quality Assessment Committee), Chief Medical Officer, and the Director of Medical Staff and/or the Director of Quality and Regulations.
The Chair of the Department will be included on an ad hoc basis.

2.4-2 DUTIES

The duties of the Leadership Council Committee, shall include:

a) Review of Administratively Complex Issues:
    a. Clinical Case requiring expedited review
    b. Violations of policies, including, but not limited to:
        i. Professionalism Policy, AGOV 1505
        ii. Medical Staff Professionalism Complaint Process, MSGEN1
        iii. Peer Review Professional Practice Evaluation, MSGEN-1401
        iv. Well Being Policy, MSGEN9
        v. Fitness for Duty, MSGEN-4
        vi. Refusing to cooperate with Utilization Review Process, DCM10

2.4-3 MEETINGS

The Committee shall meet as often as necessary at the call of its Chair, but at least quarterly. It shall maintain a record of its proceedings and report its activities and recommendations to the Medical Executive Committee.

~~2.5 INTERDISCIPLINARY PRACTICE COMMITTEE~~

~~2.5-1 COMPOSITION~~

~~The Interdisciplinary Practice Committee ("IDPC") shall be appointed by the Medical Executive~~

~~Committee of the Medical Staff and shall include at least five (5) representatives of the various allied health professionals and two (2) physicians, as voting members of the committee. The Chief Nursing Officer and the Chief Executive Officer or designee may also attend meetings of the IDPC on an ex-officio basis without a vote.~~

~~The chair of the Committee, who shall be a nurse practitioner or physician assistant, shall be appointed by the Chief of Staff, with the agreement of the Medical Executive Committee, and may attend meetings of the Medical Executive Committee on an ex-officio basis without a vote.~~

~~2.5-2 DUTIES~~

~~The Interdisciplinary Practice Committee shall establish written policies and procedure for the conduct of its business including serving as consultants regarding expanded role privileges to advanced practice nurses, whether or not employed by the facility and other allied health professionals. These policies and procedures will be administered by the Committee. The Committee shall be responsible for the formulation and adoption of standardized procedures and for initiating the preparation of such standardized procedure in accordance with Title 22.~~

~~2.5-3 MEETINGS~~

~~The Committee shall meet as often as necessary at the call of its Chair, but at least quarterly. It shall maintain a record of its proceedings and report its activities and recommendations to the Medical Executive Committee.~~

2.56 WELL-BEING COMMITTEE

2.56-1 COMPOSITION

(a) In order to improve the quality of care and promote the competence of the Medical Staff, the Chief of Staff, with the approval of the Medical Executive Committee, shall appoint the Well-Being Committee composed of at least two (2) active members of the Medical Staff. The majority of the committee, including the chair, shall be physicians.

(b) Individuals who are not members of the Medical Staff (including non-physician(s)) may be appointed when such appointment will materially increase the effectiveness of the work of the committee.

(c) The members shall be appointed as appropriate to achieve continuity.

(d) Insofar as possible, members of this committee shall not serve as active participants on other peer review or quality assurance committees while serving on this committee.

2.56-2 DUTIES

(a) The Well-Being Committee shall serve as an identified resource to take note of and evaluate issues related to health, well-being, or impairment of Medical Staff members and shall provide assistance to Department Chairs and Medical Staff officers when information and/or concerns are brought forth regarding a Practitioner's health or behavior related to physical, emotional, or drug dependency related conditions.

(b) The committee shall provide advice, recommendations and assistance to any practitioner who is referred and to the referring source, but shall act only in an advisory capacity and not as a substitute for a personal physician.

(c) The Well-Being Committee will receive reports, information and concerns related to the health, well-being, or impairment of Medical Staff members, whether from third parties, upon request of a Medical Staff or department committee or office or upon self-referrals from the practitioners themselves and, as it deems appropriate, may investigate such reports.

(d) With respect to matters involving individual Medical Staff members, the committee may offer advice, counseling, or referrals as may seem appropriate.

(e) Activities shall be confidential; however, if unreasonable risk of harm to patients is perceived, that information must be referred to appropriate officials of the Medical Staff for action as necessary to protect patients and/or for corrective action. This shall include instances in which a practitioner fails to complete a required rehabilitation program.

(f) The committee shall assess and determine appropriate outside assistance resources and programs for practitioners also consider general matters related to the health and wellbeing of the Medical Staff and, with the approval of the Medical Executive Committee, shall develop educational programs or related activities.

(g) The Committee will make a response to the referral source of any written letter of concern regarding well-being but shall not compromise the confidentiality of its

activities or the privacy of the individuals concerned.

(h) The Well-Being Committee may be asked to review responses from applicants concerning physical or mental disabilities, and recommend what, If any, reasonable accommodations may be indicated to assure that the practitioner will provide care in accordance with the Hospital and Medical Staff's standard of care. The Committee shall also perform this function during a Staff membership. The Committee shall also perform this function during member's term, upon request from the Medical Executive Committee.

2.5~~6~~-3 MEETINGS

The committee shall meet as often as necessary. It shall maintain only such record of its proceedings, as it deems advisable, but shall report on its activities on a routine basis to the Medical Executive Committee. Any records regarding individual practitioners shall be kept strictly confidential and maintained separate from credentials files and other Medical Staff records.

2.6~~7~~ CANCER COMMITTEE

2.7~~6~~-1 COMPOSITION

The Cancer Committee is a standing committee of the Medical Staff. It is multidisciplinary and provides leadership to the Cancer Program. The Cancer Committee and Cancer Conference are also known as the Tahoe Forest Hospital's Tumor Board.

The Cancer Committee shall be a multidisciplinary committee composed of physician representatives who care for cancer patients including, but it is not limited to the following:

a. Cancer Committee Chair
b. Cancer Liaison physician
c. Diagnostic Radiologist
d. Medical Oncologist
e. Radiation Oncologist
f. Pathologist
g. Surgeon
h. Gynecologist

Non-physician members must include, but are not necessarily limited to, the following:

a. Cancer program Administrator
b. Oncology nurse
c. Social Workers and/or Case Manager
d. Certified Tumor Registrar
e. Performance Improvement or quality management representative
f. Hospice manager
g. Palliative Care Nurse Specialist
h. Clinical Research Coordinator
i. CoC Appointed Coordinators
j. American Cancer Society Representative
k. Nurse Navigator

The Cancer Committee chair is elected by the physician committee membership for a 2 year term and may also fulfill the role of one of the required physician specialties. Individual members of the Committee are appointed to coordinate important aspects of the Cancer

Program. An individual cannot fulfill more than 1 coordinator role (for the CoC appointed coordinator positions). Each person coordinates one of each of the following four major areas of program activity:

a. Cancer Conference
b. Quality Control of Cancer Registry Data
c. Quality Improvement
d. Community Outreach
e. Clinical Research
f. Psychosocial Services

2.~~7~~6.2 DUTIES

a. The Cancer Committee develops and evaluates the annual goals and objectives for the clinical, community outreach, quality improvement and programmatic endeavors related to cancer care;
b. The Cancer Committee establishes the frequency, format and multidisciplinary attendance requirements for cancer conferences on an annual basis;
c. The Cancer Committee ensures that the required number of cases are discussed at the Cancer Conference on an annual basis and that a minimum of 75% of the cases discussed are presented prospectively;
The Cancer Committee monitors and evaluates the cancer conference frequency, multidisciplinary attendance, total case presentation, and prospective cases presentation annually. Each year, the Cancer Committee participates in the CoC CP3R National Data Outcomes measures. Committee annually reviews outcomes, develops outcomes as indicated and follows the measures through to Quality Improvements projects.
Each year, the Cancer Committee analyses patient outcomes and disseminates the results of the analysis. This will be accomplished by publishing an Annual Report that includes a cancer site analysis with survival analysis and comparison of our data to NCDB data.

2.~~7~~6.3 MEETINGS

The Committee shall meet at least quarterly, for a minimum of 4 times each year or as often as necessary at the call of its Chair (currently meets every other month for a total of six meetings per year)). It shall maintain a record of its proceedings and report its activities to the Medical Staff Quality Assessment Committee. Each member is required to attend at least 75% of the Cancer Committee meeting held annually. Participation may include through teleconference. The Cancer Committee needs to monitor the individual attendance of all members and address attendance that does not fulfill the needs of the program or falls below the requirements set forth.

2.~~8~~7 CANCER CONFERENCE

2.~~8~~7-1 COMPOSITION:

The Cancer Conference reports to the Cancer Committee. The Cancer Conference shall consist of a multidisciplinary group of physicians including the major disciplines involved in the management of cancer; surgery, medical oncology, radiation oncology, diagnostic imaging and pathology and other specialties as needed. The Chair will be elected by the Cancer Committee**.**

2.~~8~~7-2 DUTIES

(a) Utilize the clinical case presentation format to educate the staff in oncology and oncologic practice;

(b) Promote an active interchange of ideas for case management, assuring that patients with malignancies will benefit from the combined thinking of the staff;

(c) Ensure that a broad base of oncology knowledge is available, either from within the Cancer Conference, or from guest participants;

(d) Accept and consider any responsible and practical method established by a hospital to evaluate cases of malignancy. Whether done by a representative cross section of the staff or specified departments, evaluations shall reflect a broad base of knowledge of oncology, assuring that all patients with malignancies will benefit from the combined thinking of the staff in case management.

(e) Report on new trends in the diagnosis and therapy of malignancy;

(f) Encourage presentations to the Cancer Conference early in the patient's management;

(g) Recommend the most appropriate diagnostic and therapeutic approaches for the patients presented and their malignancies;

(h) Cases presented, at a minimum, include 15% of the annual analytic case load) and the prospective presentation rate (a minimum of 80% or a maximum of 450 of the annual analytic case presentations). Prospective cases include, but are not limited to, the following:

(i) 1. Newly diagnosed and treatment not yet initiated;

(j) 2. Newly diagnosed and treatment initiated, but discussion of additional treatment is needed;

(k) 3. Previously diagnosed, initial treatment completed, but discussion of adjuvant treatment or treatment for recurrence or progression is needed;

(l) 4. Previously diagnosed, and discussion of supportive or palliative care is needed;

(m) 5. Note that cases may be discussed more than once and counted each time as a prospective presentation if management issues are discussed.

Cancer Conference activities are reported to the Cancer Care Committee at least quarterly.

2.~~8~~7.3 MEETINGS

The Cancer Conference is held monthly or as often as necessary at the call of its chair. Each member is required to attend at least 50% of the Cancer Conferences. The Cancer Committee reviews the annual Cancer Conference attendance rate to ensure compliance with

the CoC standard.

2.~~9~~8 INCLINE VILLAGE COMMITTEE

2.8-1 COMPOSITION

(a) The Incline Village Committee shall consist of all physicians who are on the Medical Staff and exercising clinical privileges at Incline Village Community Hospital.

(b) The Chairperson shall be elected on a bi-annual basis by majority vote of physicians on the committee. The Chairperson shall serve for a three (3)-year term with election held 3 months prior to the last meeting of the calendar year. In addition to the physicians, there will be representation by nursing and Hospital administration.

(c) All medical and hospital staff may attend the Open Session of this meeting, however, agenda Items must be cleared in advance with the Chairperson.

(d) The Chairperson will serve as liaison between the Administration and the physicians practicing at Incline Village Community Hospital. The Chairperson will report directly to the Medical Executive Committee and attend Medical Executive Committee as a voting member.

2.~~9~~8-2 DUTIES

a) Review policies and procedures relating to nursing and ancillary services throughout the Incline Village Community Hospital.

b) Conduct all quality review of care at Incline Village Community Hospital with further review or optional alternative review by appropriate Tahoe Forest Hospital District Medical Staff departments if requested. Those specialties that only have one physician representing the specialty will have cases reviewed by the appropriate department of the Tahoe Forest Hospital District Medical Staff. (Department of Surgery will review surgical cases, etc.)

c) Conduct, participate, and make recommendations regarding educational programs pertinent to clinical practice;

d) Reviewing and evaluating Departmental adherence to: (1) Medical Staff policies and procedures and (2) sound principles of clinical practice;

e) Coordinate patient care provided at Incline Village Community Hospital by the Medical Staff with nursing and ancillary patient care services;

f) Submit written reports to the Medical Executive Committee concerning: (1) the Committee's review and evaluation activities, actions taken thereon, and the results of such action; (2) recommendations for maintaining and improving the quality of care provided at Incline Village Community Hospital and the Hospital; and (3) how quality and utilization review functions will be addressed;

g) Meet regularly for the purpose of considering patient care review findings and the result of the Committee's other review and evaluation activities, as well as reports on

other Committee and Medical Staff functions;

h) Take appropriate action when problems in patient care and clinical performance or opportunities to improve care are identified;

i) Account to the Medical Executive Committee for all professional and Medical Staff administrative activities within the Committee; and

j) Recommend space and other resources needed by the Committee; and assess and recommend off-site sources for needed patient care, treatment and services within the purview of, but not provided directly by the Committee.

2.~~98~~-3 MEETINGS

The Incline Village Committee shall meet on a quarterly basis. Additional meetings or cancellations may be determined by the Chairperson. A Committee report will be submitted to the Medical Executive Committee for review. Each member of the Active Staff whose primary practice is at Incline Village Community Hospital shall be encouraged to attend the Annual Medical Staff meeting; and required to attend at least fifty percent (50%) of all meetings of the Incline Village Committee or the appropriate Tahoe Forest Hospital Department meetings. There will be no exceptions from the meeting attendance requirements.

2.~~10~~9 MEDICAL EDUCATION COMMITTEE

2.~~10~~9-1 COMPOSITION

The Medical Education Committee will consist of, at a minimum, the Medical Director of Medical Education who will also act as the chair. The committee will include designated Clerkship Directors and any other participating preceptors. The committee members will be appointed by the Medical Executive Committee. In addition, representatives of the various nursing and allied health professions will participate on an as-needed basis. The Medical Education Committee is accountable to the Medical Executive Committee.

2.~~10~~9-2 DUTIES

The Medical Education Committee shall establish written policies and procedures for the conduct of its business, including oversight of the medical students, interns, and residents in coordination with the University, College, or School of Medicine. The committee will ensure that the program operates in a structured manner according to the teaching policies of the affiliated University, College or School of Medicine. They will also provide oversight of the medical students, interns, and residents activities and progress in collaboration with the Instructors of Record. The Committee will also provide oversight of telemedicine conferencing, continuing medical education for the Medical Staff, and other programs as assigned. The Committee recommends the acquisition, purchase, or disposal of educational materials and assists in establishing rules and regulations for use of the medical library services by the members of the Medical Staff.

2.~~10~~9-3 MEETINGS

The Committee shall meet as often as necessary at the call of its Chair. Meetings may be held in person or via electronic or e-mail communication. It shall maintain a record of its proceedings and report its activities and recommendations to the Medical Executive

Committee.

ARTICLE III

MEETINGS

3.1 AGENDA FOR GENERAL MEDICAL STAFF MEETINGS

The order of business at a meeting of the Medical Staff shall be determined by the Chief of Staff and Medical Executive Committee. The agenda may include the following:

(a) reading and acceptance of the minutes of the last regular and all special meetings held since the last regular meeting;

(b) verbal or written administrative reports from the Chief of Staff, Departments, and committees, and the Chief Executive Officer;

(c) verbal or written reports by responsible officers, committees, and Departments on the overall results of patient care audits and other quality review, evaluation, and monitoring activities of the Medical Staff and on the fulfillment of other required Medical Staff functions;

(d) old business; and

(e) new business.

ARTICLE IV

PATIENT CARE

4.1 ADMISSION AND DISCHARGE OF PATIENTS

4.1-1 The Hospital will accept all patients for care and treatment to the extent it has appropriate facilities and qualified personnel available to provide necessary services or care. All physicians shall be governed by the official admitting policy of the Hospital. A patient can be admitted to the Hospital only by practitioners with admitting privileges who holds appropriate licensure and clinical privileges.

4.1-2 A member of the Medical Staff with clinical privileges appropriate to the patient's needs shall be responsible for the medical care and treatment for each patient in the Hospital, for the prompt completion and accuracy of the medical record, for the necessary special instructions, and for transmitting reports of the condition of the patient to other members of the health care team and to relatives of the patient, subject to legal and privacy limitations. Whenever these responsibilities are transferred to another staff member, a note covering the transfer of responsibility shall be entered on the order sheet of the medical record stating the date and time of such transfer.

4.1-3 A Conditions of Admission Form signed by or on behalf of every patient admitted to the Hospital, must be obtained at the time of admission. The admitting officer should notify the attending Medical Staff member whenever such consent has not been obtained. When so notified, it shall, except in emergency situations, be the member's obligation to obtain proper consent before the patient is treated in the Hospital. In addition to obtaining the patient's general consent to treatment, specific consent that informs the patient of the nature of, and

risks inherent in, any special treatment or surgical procedure shall be obtained.

4.1-4 Current medications being used by patients at the time of admission may be used on a continuing basis following admission providing that all such drugs be identified by the Hospital pharmacist and be in authorized identifiable pharmacy containers with appropriate labeling.

4.1-5 Except in an emergency, no patient shall be admitted to the Hospital until a provisional diagnosis or valid reason for admission has been stated. In the case of an emergency, such statement shall be recorded as soon as possible. The admitting practitioner is responsible for informing Hospital administration and the nursing staff at the time of admission if the practitioner suspects the patient may be a danger to self or to others or has an infectious or contagious disease or condition. The attending physician shall initiate any appropriate restrictions with respect to where in the Hospital the patient will be placed (i.e. isolated area for contagious disease) and shall recommend appropriate precautionary measures to protect the patient and others. In the event the patient or others cannot be appropriately protected, arrangements shall be made to transfer the patient to a facility where his or her care can be appropriately managed.

4.1-6 Practitioners admitting emergency cases shall be prepared to justify to the Medical Executive Committee of the Medical Staff and the administration of the Hospital that the said emergency admission was a bona fide emergency. The history and physical examination must clearly justify the patient being admitted on an emergency basis and these findings must be recorded in the patient's medical record as soon as possible after admission.

4.1-8 Each member of the Medical Staff must assure continuing timely, adequate, professional care for patients under his/her care in the Hospital. Failure of an attending physician to meet these requirements may be a ground for corrective action under the Medical Staff Bylaws. A member of the Medical Staff who will be unavailable must, in the medical record of each patient, indicate the name of the practitioner who will be assuming responsibility for the care of the patient during his/her absence. It is the responsibility of the attending practitioner to make prior arrangements to provide appropriate continuing care.

4.1-9 In the event of a need to categorize admitting priorities in an emergency situation, the Medical Staff shall define the categories of medical conditions and criteria to be used in order to implement patient admission priorities and the proper review thereof. These shall be developed by each clinical Department and approved by the Medical Executive Committee.

4.1-10 As a routine basis for admitting, the admitting policies of the Hospital will be based on the following order of priorities:

(a) Emergency admissions

(b) Urgent admissions

(c) Pre-operative admissions

(d) Routine admissions

4.1-11 Patient transfer priorities shall be as follows:

(a) Emergency Department to appropriate bed.

(b) From obstetrical patient care area to general care area, when medically indicated.

(c) From Intensive Care Unit to general care area. No patient will be transferred from the ICU without such transfer being approved by the responsible physician.

4.1-12 For the protection of patients, the medical and nursing staffs and the Hospital, due to the lack of adequate facilities and personnel for the treatment of patients with serious mental illness and patients who may be dangerous to themselves and/or others, such patients shall be transferred to an appropriate facility when medically stable. When the transfer of such patients is not possible, the patient may be temporarily admitted to the general area of the Hospital with appropriate nursing and security supervision to allow for crisis intervention as available through community and Medical Staff clinical psychological/psychiatric services.

4.1-13 Any patient known or suspected to be suicidal or otherwise a danger to self, who is treated as a Hospital inpatient or through the Emergency Department should be offered a psychological or psychiatric consultation through available community and Medical Staff resources.

4.1-14 If any question as to the necessity of admission to, or discharge from the Intensive Care Unit should arise, appropriate review of the decision is to be made by the Medical Director of the Intensive Care Unit in consultation with the attending physician.

4.1-15 The attending physician is required to document the need for continued hospitalization after specific periods of stay per disease categories as defined by the Medical Staff. This medical record documentation must contain:

(a) An adequate record of the reason for continued hospitalization. A simple reconfirmation of the patient's diagnosis is not considered sufficient.

(b) The estimated period of time the patient will need to remain in the Hospital.

(c) Plans for post-Hospital care.

4.1-16 The patient shall be discharged from the Hospital only on a written order of the attending Medical Staff member. If the patient indicates an intent to leave the hospital before the completion of treatment or contrary to the advice of the patient's attending practitioner, the nursing staff shall contact the patient's attending practitioner to arrange for the patient to discuss his or her plan with the attending practitioner before the patient leaves. The attending practitioner shall advise the patient of the implications of leaving the hospital against medical advice, including the risks involved and the benefits of remaining for treatment, and shall

document this in the medical record. Should a patient insist upon leaving, the Hospital against the advice of the attending Medical Staff member or without proper discharge, a notation of the incident shall be made on the patient's medical record, and the patient shall be asked to sign the appropriate "Leaving Hospital Against Medical Advice" form acknowledging that they are leaving against medical advice and their understanding of the medical risks and possible consequences of refusing continued treatment at the hospital. If the patient cannot be located or refuses to sign the form, the nursing staff who witnessed the refusal shall sign the form and document in the patient's medical record the facts surrounding the patient's departure.

4.1-17 In the event of a hospital death, the deceased patient shall be pronounced dead by the attending physician or his/her designated covering physician within a reasonable period of time, or by a registered nurse who has been certified to pronounce a patient's death pursuant to the nursing standardized procedure. The body shall not be released until an entry has been made and signed in the medical record of the deceased by a physician member of the Medical Staff. Exceptions shall be made in those instances of incontrovertible and irreversible terminal disease where the patient's course has been adequately documented to within a few hours of death. Policies with respect to release of deceased patients shall conform to local law.

The patient's attending physician is responsible for notifying the next of kin in all cases of patient death and shall facilitate the reporting of patient deaths to the coroner or to other agencies as required by laws.

(a) If the basis for pronouncement of death is "brain death" (i.e. the total and irreversible cessation of all functions of the entire brain, including the brain stem), death must be pronounced by a physician, and a second, independent physician must confirm the determination of brain death. Both physicians must document their findings in the patient's record. The patient's family must be informed of the patient's death. If the family objects to terminating treatment or contests the accuracy of the diagnosis, hospital administration shall be advised and consulted before medical interventions (e.g. respiratory) are discontinued.

(b) If the patient or the patient's family indicates that the patient has or will contribute anatomical gifts, the hospital protocol for identifying potential organ and tissue donors shall be followed.

4.1-18 Except in the case of patients hospitalized less than 48 hours and in cases of normal obstetrical deliveries and normal newborn infants, in which case a final progress note may be substituted, a clinical resume discharge summary shall be written or dictated on all medical records of hospitalized patients. In the event a patient expires within 48 hours following admission, a clinical discharge summary will be required.

4.2 AUTOPSIES

4.2-1 It shall be the duty of all Medical Staff members to secure meaningful autopsies whenever appropriate, as described below, and consistent with applicable law. An autopsy may be performed only with a written authorization signed in accordance with state law. All autopsies shall be performed by the Hospital pathologist, or by a physician delegated this responsibility. Provisional anatomic diagnoses shall be recorded in the medical record within 72 hours and the complete autopsy protocol should be made a part of the deceased's medical record within 60 days. Autopsies are felt to be of particular value in the following circumstances and the Medical Staff is encouraged to actively seek family permission for autopsy for all in-patient

deaths meeting these criteria:

(a) Deaths where there are significant questions related to the effectiveness of therapy.

(b) Deaths where there are significant questions relating to the extent of disease.

(c) Deaths where ante mortem diagnostic procedures have resulted in unusual or unexplained findings.

(d) Deaths where genetic diseases are suspected but not confirmed prior to death. An autopsy must be performed upon request of family members. Family members shall be informed of the Hospital's policy regarding payment of autopsy costs.

An autopsy must be performed upon request of family members. Family members shall be informed of the Hospital's policy regarding payment of autopsy rates.

4.3 MEDICAL RECORDS

4.3-1 The attending Medical Staff member shall be responsible for the complete and legible medical record for each patient. The medical record shall contain information to justify admission and continued hospitalization, support the diagnosis, and describe the patient's progress and response to medications and services. Its contents shall be pertinent and current. The inpatient record shall have appropriate identification data; including, but not limited to:

(a) Chief complaint resulting in admission

(b) History of present illness

(c) Personal and family history

(d) Applicable systems review

(e) Physical examination

(f) Special reports such as consultation, clinical laboratory and radiology services

(g) Provisional diagnosis

(h) Medical or surgical treatment

(i) Operative reports, when appropriate

(j) Pathological finding, when appropriate

(k) Progress notes

(l) Final diagnosis

(m) Condition on discharge

(n) Summarizing clinical resume

(o) Autopsy report when performed

(p) Procedural, therapeutic, and operative consents when appropriate

(q) Post-discharge follow-up plans and medications

4.3-2 All clinical entries in the patient's medical record shall be accurately dated, timed, and authenticated by signature. Clinical entries may be counter signed by physicians caring for the same patient.

4.3-3 **Authentication shall be** by legible written signature, computer-generated or electronic signature, or unique physician ID number and shall be completed only by the individual responsible for the entry.

4.3-4 **Systems of authentication** of dictated, computer, or electronically generated documents must ensure that the author of the entry has verified the accuracy of the document after it has

been transcribed or generated.

4.3-5 The obstetrical record shall include a complete prenatal record. The prenatal record may be a legible copy of the attending physician's office record transferred to the Hospital before admission, but an interval admission note must be written at the time of admission that includes pertinent additions to the history and any subsequent changes in the physical findings.

4.4 HISTORY AND PHYSICAL

4.4.1 A complete admission history and physical examination shall be signed and completed no more than 30 days before or 24 hours after the inpatient admission, and it must be recorded in the patient's medical record within 24 hours of admission. This report should include all pertinent findings resulting from an assessment of all the systems of the body. If a complete history and physical examination has been recorded and a physical examination performed within 30 days prior to the patient's admission to the Hospital, a legible copy of these reports the report may be used in lieu of the admission history and report of the physical examination report, provided that an appropriate assessment is performed, including a physical examination within the previous 24 hours to update any components of the patient's medical status that may have changed since the earlier history and physical or to address any areas where more current data is needed. In such instances, a physician or other practitioner qualified to perform the history and physical writes an interval admission note addressing the patient's current status and/or any changes to such status, which includes all additions to the history and any subsequent changes in the physical findings. This update examination must be completed, signed, and documented in the patient's medical record by an appropriately qualified and privileged member of the Medical Staff within 24 hours after admission. If the history and physical that was performed prior to the patient's admission is determined to be incomplete, inaccurate or otherwise unacceptable, the physician responsible for the update examination may disregard the existing history and physical, and perform a new history and physical. Any such history and physical must be completed, signed and documented in a timely manner, as described in these Rules. In such instances, an interval admission note that includes all additions to the history and any subsequent changes in the physical findings must always be recorded at the time of admission. All such outside records of histories and physicals shall be on a form approved by the Hospital and compatible with the current medical record system. The admitting practitioner may include additional office records pertinent to the current hospitalization; these records shall be maintained as a permanent part of the Hospital's medical record.

4.4-2 When a patient is readmitted to the Hospital within 30 days for the same or related problem, an interval history and physical examination reflecting any subsequent changes may be used in the medical record, provided the original information is readily available in a unit record.

4.4-3 When a patient is admitted for observation or outpatient hospitalization under 48 hours, a Short Stay History and Physical may be performed in lieu of a regular history and physical. On patients admitted from the emergency room for a short stay, the emergency room record will be deemed sufficient, provided that it is complete and contains at least the same information as indicated necessary for a Short Stay History and Physical.

4.4-5 When a history and physical examination are not recorded before an operation or any potentially hazardous diagnostic procedure, the procedure shall be cancelled, unless the attending physician states in writing that such delay would be detrimental to the patient. However, this requirement shall not preclude rendering emergency medical or surgical care to

a patient in dire circumstances, as documented by the attending physician.

4.4-6 The attending physician shall authenticate by countersignature the history, physical examination and preoperative note when they have been recorded by an authorized allied health professional, a medical student, or resident staff physician from an outside educational institution performing preceptorship at the Hospital.

4.4-7 The history and physical examination may be performed and documented by any physician permitted by law as long as a physician who is currently a member of the Medical Staff, with privileges to perform a history and physical examination, updates the history and physical examination consistent with these Rules and Regulations. This shall include at least the following:

a. Review of the history and physical examination document;
b. Determination that the information is compliant with the hospital's defined content requirements for history and physical examinations;
c. Obtaining missing information through further assessment as needed;
d. Update information and findings as necessary:
    1. Inclusion of absent or incomplete required information;
    2. A description of the patient's condition and course of care since the history and physical examination was performed;
    3. A signature, date and time on any document with updated or revised information as an attestation that it is current.

The history and physical examination must have been performed within thirty days prior to the patient's admission to the hospital and the update must be completed and documented in the patient's medical record within 24 hours of admission and on the day of any outpatient surgical procedure.

4.5 PROGRESS NOTES

4.5-1 Attending physician of record, or the covering physician, or the appropriate practitioner shall be required to make daily rounds on their inpatients followed by the timely documentation of a progress note. Pertinent progress notes shall be recorded at the time of observation, sufficient to permit continuity of care and transferability. Whenever possible, each of the patient's clinical problems should be clearly identified in the progress notes and correlated with specific orders as well as results of tests and treatment. Progress notes shall be written daily on all acute care patients. In addition, appropriate progress notes shall be written at least every week on swing bed patients.

4.6 OPERATIVE NOTE

4.6-1 Complete operative reports shall be dictated or written immediately after surgery, specifying the name of surgeon, procedure, diagnosis, anesthesia, and pertinent findings. The complete operative report shall include, but not be limited to:

(a) Name of surgeons, assistant surgeons, and anesthesiologist
(b) Pre-operative and post-operative diagnosis
(c) Name of specific surgical procedure performed

(b) Type of anesthesia

(c) Detailed procedural account with description of techniques

(d) Any remarkable or unusual findings

(e) Complications

(f) Tissue removal and disposition

(g) Drains, appliances, or prostheses used

(h) Post-op condition

(i) Disposition from the operating room

4.7 CONSULTATIONS

4.7-1 Consultation reports shall show evidence of a review of the patient's medical record by the consultant, pertinent findings on examination of the patient, and the consultant's opinion and recommendations. This report shall be made a part of the patient's medical record. A limited statement such as "I concur" does not constitute an acceptable report of the consultation. When operative procedures are involved, the consultation note shall, except in an emergency situation so verified on the record, be recorded prior to the operation. Consultations must be signed by the consultant.

4.7-2 Any qualified practitioner with clinical privileges in this Hospital can be called for consultation within his/her area of expertise.

4.7-3 The good conduct of medical practice includes the proper and timely use of consultations. Judgment as to the serious nature of the illness, and the question of doubt as to the diagnosis and treatment, rest with the practitioner responsible for the care of the patient. Except in cases of emergency, when time does not permit, consultation should be obtained in the following situations:

(a) when the patient is not a good risk for operation or treatment;

(b) when the diagnosis is obscure after ordinary diagnostic procedures have been completed;

(c) where there is doubt as to the choice of therapeutic measures to be utilized;

(d) in unusually complicated situations where specific skills of other practitioners may be

needed;

(e) in instances in which the patient exhibits severe psychiatric symptoms; and

(f) when requested by the patient or his/her family.

4.7-4 Appropriate pediatric consultation in the wards should be considered for sick children under the following circumstances:

(a) A prolonged hospitalization if a child is involved with potential medical pediatric problems (e.g., multiple trauma, septic orthopedic problems, acute burns).

(b) Infectious problems of a life threatening nature (e.g., epiglottitis, meningitis).

(c) Other problems involving intensive care hospitalization (e.g., diabetes, ketoacidosis, and status asthmaticus).

(d) All patients admitted for surgical procedures less than two years of age.

4.7-5 The attending Medical Staff member should request consultations when the patient would seemingly benefit by the additional skills or abilities of other practitioners. The attending Medical Staff member is responsible for directly requesting the consultant to assist and he/she shall provide written authorization to permit another practitioner to attend or examine the patient, except in an emergency. The attending physician shall document the order for the consultant in the Physician Orders section and also indicate of the reason for the consultation on the Physician Orders section or Progress Notes in the patient's medical record. A consultation has not been fully requested or authorized unless the attending Medical Staff member has personally contacted the consultant or the consultant's office and the attending member has written a note in the chart. No practitioner is obligated to accept any request for consultation.

4.7-6 If a nurse or licensed registered pharmacist has any reason to doubt or question the care provided to any patient or believes appropriate consultation is needed and has not been obtained, he/she shall call this to the attention of the nursing supervisor who in turn may refer the matter to the Nursing Executive. The Nursing Executive may bring the matter to the attention of the chief of the Department where the practitioner has privileges. Where circumstances are such to justify such action, the chief of the Department may himself/herself request the consultation.

4.8 ABBREVIATIONS

4.8-1 Symbols and abbreviations may be used except when prohibited by the Medical Staff, hospital policy, bylaw, statute, or regulation. TFHD will maintain an official record of approved abbreviations and they shall be kept on file in the Medical Record Department and made available through the TFHD Intranet.

4.8-2 Final diagnoses shall be recorded in full, without the use of symbols or abbreviations, and timed, dated and signed by the responsible Medical Staff member at the time of discharge of all patients.

4.9 CONSENTS

4.9-1 Unless otherwise authorized by law, written authorization of the patient, guardian or other legally authorized individual is required for release of medical information to persons not otherwise authorized to receive this information.

4.10 REMOVAL AND ACCESS OF MEDICAL RECORDS: CONFIDENTIALITY

4.10-1 Records may be removed from the Hospital's jurisdiction and safekeeping only in accordance with a court order, subpoena, or statute. All records are the property of the Hospital and shall not otherwise be taken away without the written approval of the Chief Executive Officer. Unauthorized removal of charts from the Hospital is grounds for corrective action, to be determined by the Medical Executive Committee of the Medical Staff.

4.10-2 In case of re-admission of a patient all previous records shall be available for the use of the attending physician. This shall apply whether the patient is attended by the same physician or another.

4.10-3 Access to medical records may be afforded to members of the Medical Staff for a bona fide study and research consistent with preserving the confidentiality of professional individually-identifiable information concerning the individual patients. All such projects and access shall be approved by a duly constituted Institutional Review Committee in accordance with applicable state and federal law, including the HIPAA Privacy Regulations. Approval must also be obtained from the Medical Executive Committee of the Medical Staff before records can be studied. Subject to the discretion of the Chief Executive Officer, and in accordance with applicable laws, former members of the Medical Staff may be permitted access to information from the medical records of their patients covering the periods during which they attended such patients in the Hospital.

4.10-4 A medical record shall not be permanently filed until it is completed by the responsible Medical Staff member or is ordered filed by the Medical Executive Committee in the event that the Medical Staff member is permanently unable to sign.

4.11 ORDERS

4.11-1 A Medical Staff member's routine orders, when applicable to a given patient, shall be reproduced in detail in the patient's record, dated, timed, and signed by the Medical Staff member. .

4.12 MEDICAL RECORD DELINQUENCY

4.12-1 The patient's medical records shall be completed and signed at the time of discharge, or in no event later than 14 days following discharge. This will include progress notes, final diagnosis, and a dictated clinical resume. If the record still remains incomplete 15 days after discharge, the Medical Records Manager shall notify the Medical Staff member by certified, receipted mail that his/her privileges to admit or attend patients shall be suspended 7 days from the date of notice, and such Medical Staff members shall remain suspended until the records have been completed. The admitting office shall be notified of this action. Ongoing care of patients already in the Hospital may be continued. The suspended member shall not care for any patients other than those currently admitted under his/her own name and may not provide consults on Hospital or emergency room patients. If the suspended member is on call, he/she is responsible for finding another physician to see any patients requiring care while he/she is on call. Suspension of admitting privileges does not affect the Medical Staff member's

privilege to provide patient care in emergency circumstances when the suspended member is the only provider available to provide that necessary care. Any member whose privileges have been suspended for failure to complete medical records in a timely fashion for a total of thirty (30) days or longer in a twelve (12) month period may be reported to the Medical Board of California by the Chief Executive Officer, pursuant to California Business and Professions Code section 805 and the National Practitioner Data Bank.

4.13 LONG TERM CARE

4.13-1 Physicians must visit their Long Term Care residents in the Extended Care Center (ECC) as needed and at least every 30 days unless there is an alternate schedule. Any change of condition must be documented in the progress notes. Progress notes and orders must be signed and dated at the time of the visit. Histories and physicals must be updated yearly. Histories and Physicals for residents, and updated Histories and Physicals for residents returning to ECC from Acute must be completed within 48 hours of admission to ECC. Failure to comply with the above constitutes a deficiency. Physicians will be notified by the Extended Care Center Director of Nursing, in writing, of any Extended Care Center record deficiencies. address the matter as warranted. A suspension may be imposed pending correction of the deficiency.

4.14 VERBAL AND WRITTEN ORDERS

4.14-1 All orders for treatment shall be in writing. Verbal orders are to be used infrequently. All orders dictated over the telephone shall be signed by the appropriately authorized person to whom the orders were dictated, with the name of the ordering practitioner per his/her own name noted. The date and time the orders were received shall also be noted. The responsible prescriber or another practitioner who is responsible for the care of the patient and is authorized to write orders shall authenticate such orders by signature, date and time, within 48 hours. Duly authorized persons who may receive verbal orders or telephone orders for orders within their scope of practice are licensed registered nurses, licensed vocational nurses, occupational therapists, speech therapists, pharmacists, laboratory technologists, respiratory therapists, physical therapists, and medical nutritional therapists.

4.14-2 A practitioner's orders must be written clearly, legibly, and completely. Orders which are illegible or improperly written will not be carried out until rewritten or understood by the nurse.

4.14-3 Surgery Orders: All previous orders are cancelled when patients are transferred to surgery.

4.14-3.1. Inpatient Surgical Orders.

A) Specific pre-operative orders are required for all patients going to surgery.

B) All prior inpatient orders cease when patient is taken to surgery.

C) All intraoperative orders must be authenticated at the end of surgery.

4.14-3.2. Outpatient Surgical Orders.

A) All outpatients must have pre-operative orders prior to the patient's arrival.

B) All intraoperative orders must be authenticated at the end of surgery.

C) Post-operatively, all orders must be completed.

4.14-4 A qualified full-time, part time, or consulting radiologist must supervise the ionizing radiology services and must interpret only those radiologic tests that are determined by the medical staff to require a radiologist's specialized knowledge. The radiologist or other practitioner who performs radiology services including nuclear medicine must sign reports of his or her own interpretations.

4.14-5 Radiology Services must be provided only on the order of practitioners with clinical privileges or, consistent with State Law, other practitioners authorized by the medical staff and the governing body to order the services.

4.15 GENERAL RULES REGARDING SURGICAL CARE

4.15-1 All surgical patients must receive a pre-operative study so that an accurate diagnostic impression as well as an estimated operative risk to the patient can be clearly established prior to proceeding with the surgical treatment.

4.15-2 Surgeons must be in the operating room and ready to commence operations at the time scheduled. As the anesthesiologist will not administer anesthesia until the surgeon is present or is in the immediate area, the surgeon should arrive at least 10 minutes before the scheduled surgery. Repeated tardiness problems shall be handled by the Chair of Surgery and/or the OR supervisor and may result in the temporary restriction of scheduling privileges.

4.15-3 Surgery scheduling:

(a) Surgery shall be scheduled on the following priority situations:

(1) Emergency:

(a) Acute life threatening situation.

(b) Acute sensory or limb threatening situation - surgery must begin with all deliberate speed.

(2) Urgency: Sub acute situation where undue delay will produce irreversible damage. Surgery will begin at the earliest available time appropriate for the degree of urgency.

(3) Elective: Chronic, relapsing, or volitional situations where postponement would create no undue risk or hardship. Surgery is scheduled at a time mutually convenient for the patient, surgeon, and Hospital.

(b) Priority scheduling should appropriately reflect the patient's situation and not reflect the surgeon's situation. Abuse of priority scheduling may result in restriction or suspension of OR privileges.

4.15-4 The medical record must document a thorough physical examination prior to the performance of surgery. When the history and physical examination is not recorded prior to the time stated for the operation, the patient will not be taken into the surgical suite.

4.15-5 Except in severe emergencies, the pre-operative diagnosis and laboratory tests must be recorded in the patient's medical record prior to any surgical procedure. If not recorded, there must be adequate documentation. In any emergency, the physician shall make at least a comprehensive note regarding the patient's condition prior to the induction of anesthesia and

start of surgery.

4.15-6 All anatomical parts, foreign objects and tissues removed at the operation shall be sent to the Hospital pathologist for examination excluding teeth. The pathologist's authenticated report shall be made a part of the patient's medical record.

4.15-7 All tissues of potential diagnostic value removed in the Emergency Department shall be sent to the Hospital pathologist for examination. Other tissues, such as fragments from debridement of wounds, foreign bodies, etc., removed in the Emergency Department shall be submitted to the Hospital pathologist at the discretion of the physician performing the removal excluding teeth.

4.15-8 Written and signed surgical consents shall be obtained prior to the operative procedure except in situations wherein the patient's life is in jeopardy, when suitable signatures cannot be obtained due to the condition of the patient. In emergencies involving a temporarily or permanently incompetent adult or minor for whom consent for surgery cannot be immediately obtained, the circumstances should be fully explained in the patient's medical record.

4.15-9 The surgeon should exercise professional judgment in selecting an assistant who is capable of safely concluding the procedure if necessary.

4.15-10 Oral and maxillofacial surgeons may admit and perform history and physical examinations without supervision as long as they provide documentation of training and experience and are granted the clinical privilege to do so. Otherwise, a patient admitted for dental or podiatric care is a dual responsibility involving the dentist and/or podiatrist and a physician member of the Medical Staff.

(a) Dentist and podiatrist responsibilities:

(1) A detailed dental and/or podiatric history justifying the Hospital admission.

(2) A detailed description of the examination of the oral cavity/lower extremity and a pre-operative diagnosis.

(3) A complete operative report, describing the findings and technique. In case of extraction of teeth, the dentist shall clearly state the number of teeth and fragments removed. All tissues with the exception of teeth and fragments shall be sent to the Hospital pathologist for examination.

(4) Progress notes pertinent to the oral/podiatric condition.

(5) Clinical resume statement at the time of discharge.

(b) Physician's responsibilities:

(1) A medical history pertinent to the patient's general health.

(2) A physical examination to determine the patient's condition prior to anesthesia and surgery.

(3) Supervision of the patient's general medical status while hospitalized.

(c) The discharge of patients shall be on written order of the dentist and/or podiatrist member of the Medical Staff with the written concurrence of the attending physician

involved.

4.15-11 Operations shall be scheduled through the surgical services office, or with the appropriate nursing shift supervisor. A surgical log shall be maintained for the scheduling of all surgeries. The surgical assistant, if required, shall be stated at the time surgery is scheduled.

4.15-12 For all outpatient surgical cases, local post-operative coverage will be provided by the attending Medical Staff member or by an alternate Medical Staff member by pre-arrangement.

4.15-13 A complete admission history and physician examination shall be recorded within 24-hours of admission. This report should include all pertinent findings resulting from an assessment of all the systems of the body. If a complete history has been recorded and a physical examination performed within 30 days prior to the patient's admission to the Hospital, a legible copy of these reports may be used In lieu of the admission history and report of the physician examination, provided these reports were recorded by a member of the Medical Staff. In such instances, an interval admission note that includes all additions to the history and any subsequent changes in the physical findings must always be recorded within 24 hours prior to commencing any invasive procedure, or a procedure requiring anesthesia services. All such outside records shall be on a form approved by the Hospital and compatible with the current medical records system. The admitting practitioner may include additional office records pertinent to the current hospitalization; these records shall be maintained as a permanent part of the hospital's medical records.

4.16 GENERAL RULES REGARDING ANESTHESIA CARE

4.16-1 A pre anesthesia evaluation (is documented) by an individual qualified to administer anesthesia performed within 48 hours prior to surgery. Anesthesia is defined as general, regional, or MAC. The pre anesthesia evaluation documentation must include the following:

- 4.16-1.1 A patient interview to assess medical history, anesthetic history and medication history, and allergy history, including anesthesia risk.
- 4.16-1.2 An appropriate physician exam that includes, at a minimum airway assessment, a pulmonary exam to include auscultation of the lungs, and a cardiovascular exam.
- 4.16-1.3 Review of objective diagnostic data.
- 4.16.1-4 Assignment of ASA physical status.
- 4.16.1-5 The anesthesia plan and discussion of risks and benefits of the plan with the patient or the patient’s legal representative.
- 4.16.1-6 Assessment of pain management using visual scale of zero to ten or the “FACES” tool for children.

4.16-2 There is an intra-operative Anesthesia Record. This record accurately reflects critical techniques, management, and patient responses including condition at the end of the anesthetic. The intra operative anesthesia record must include the following time-based record of events.

- 4.16-2.1 Immediate review prior to initiation of anesthetic procedures including patient re-evaluation and a check of equipment, drugs and gas supply.
- 4.16-2.2 Monitoring of the patient.
- 4.16-2.3 Amounts of drugs and agents used, and times of administration.
- 4.16-2.4 The types and amounts of intravenous fluids used, including blood and blood products, and times of administration.
- 4.16-2.5 The techniques used.
- 4.16-2.6 Unusual events during the administration of anesthesia.
- 4.16-2.7 The status of the patient at the conclusion of anesthesia.

4.**16-3** With respect to inpatients, a post anesthesia evaluation must be completed and documented

by an individual qualified to administer anesthesia within 48 hours after surgery. For the outpatient surgical patient, this post anesthesia assessment must be done prior to discharge from the facility. At a minimum, the post anesthesia assessment follow up report documents the following:

4.16-3.1 Cardiopulmonary status.
4.16-3.2 Level of consciousness.
4.16-3.3 Any follow up care and/or observations, and patient instructions.
4.16-3-4 Any complications occurring during post-anesthesia recovery.

4.17 GENERAL RULES REGARDING HOME CARE

4.17-1 Patients requiring home care services shall have a written order from the attending physician. Such orders shall be reviewed at least every sixty (60) days.

4.17-2 Treatment plans shall be signed by the physician no later than thirty (30) days after initiation of service.

4.18 GENERAL RULES REGARDING EMERGENCY CARE

4.18-1 All patients who present to the Emergency Department of either Tahoe Forest Hospital or IVCH shall be given a medical screening examination by an Emergency Department physician. Patients determined to have an emergency medical condition shall be given such stabilizing treatment as necessary within the capabilities of the facility, including consultation and treatment by specialty physicians if applicable. Any discharge or transfer of emergency patients shall be done in accordance with the Hospital's policy regarding the treatment and transfer of emergency patients. Such policy shall be in compliance with the federal Emergency Medical Treatment and Active Labor Act (EMTALA).

Classifications of staff who may conduct medical screening examinations in accordance with EMTALA shall include: (a) in the Emergency Department, licensed physicians in accordance with their privileges; and (b) in the Women and Family Center, licensed physicians in accordance with their privileges and registered nurses who have been approved to perform such examinations based on demonstrated competence and action pursuant to approved standardized procedures.

4.18-2 Medical Staff members shall provide call coverage according to schedules drawn up by the Chiefs of the Anesthesia, Medicine, Ob/Pediatrics and Surgical Departments for Tahoe Forest Hospital, and by the IVCH Committee's Chair or designee.

4.18-3 A physician on call, upon being called for an acute emergency patient, must respond within 30 minutes.

4.18-4

Should a difference of opinion exist between the referring emergency physician and the on-call physician as to the need for the latter to come in and personally evaluate the patient, the emergency physician, being physically present and responsible for the patient's care, shall decide that issue.

If the on-call physician comes in and personally evaluates the patient, and there is a difference of clinical opinion with the emergency physician with respect to stabilization, treatment, and/or transfer (including discharge) that the on-call physician and emergency physician are unable to resolve, either of them may contact the on-call physician's Department chairperson for assistance in resolving the matter. This may include having the on-call physician assume the

responsibility for the patient, arranging for another appropriate physician who may be available to evaluate the patient, or other means of resolving the difference of opinion.

All decisions shall be based on a good-faith determination of what is best for the patient, taking into account the nature and seriousness of the patient's condition(s), the capabilities of the hospital, the on-call physician's scope of clinical privileges, emergency department policies and EMTALA obligations, and any other relevant clinical factors. Pending the resolution of the dispute, the emergency physician, in consultation with the on-call physician, shall be responsible for further evaluation, monitoring and treatment for the patient.

If these options are not pursued or do not result in a resolution that meets the immediate needs of the patient involved, the emergency physician and the on-call physician shall be obligated to meet their respective responsibilities as described above. Residual issues or disputes shall be reported to the appropriate Department chairperson(s) and/or the Chief of Staff for resolution through the Medical Staff's peer review process

4.18-5 Any on-call Medical Staff member who fails to respond in a timely manner or who refuses to consult on and attend an emergency patient at the request of the Emergency Department physician shall be subject to corrective action by the Medical Executive Committee, in accordance with the Medical Staff Bylaws.

4.18-6 Out of town practitioners who are not members of the Medical Staff shall not use the Emergency Department to care for any patients, friends or relatives. All practitioners wishing to utilize the Emergency Department must submit applications and satisfy all other requirements for staff privileges as stated in the Medical Staff Bylaws and these Rules.

4.18-7 An appropriate medical record shall be kept for every patient receiving emergency service and this record shall be incorporated into the patient's records, if such exists. The records shall include:

(a) Adequate patient information.

(b) Information concerning the time of the patient's arrival.

(c) Pertinent history of the injury or illness including details relative to first aid or emergency care given to the patient prior to his arrival at the Hospital.

(d) Description of significant clinical, laboratory, and radiographic findings.

(e) Diagnosis.

(f) Treatment given.

(g) Condition of the patient on discharge or transfer.

(h) Final disposition, including instruction given to the patient and/or his family, relative to necessary follow-up care.

(I) Method of arrival.

4.18-8 Each patient's medical record shall be signed by the physician in attendance who is responsible for its clinical accuracy.

4.18-9 The above provisions are to be read in conjunction with applicable Hospital Policies relating to the provision of emergency care, including but not necessarily limited to those entitled “Notification of On-Call Physicians, DED-20,” and “Emergency Condition: Assessment and Treatment Under EMTALA/COBRA, ALG-1907.”

4.19 **Rehabilitative Services (Physical Therapy, Occupational Therapy, and Speech-Language Pathology)**

4.19-1 Rehabilitative Services must be provided by individuals who are licensed as specified in the California Business & Professions Code for the functions to be performed. A licensed physical therapist, occupational therapist or speech therapist may be authorized by the Medical Staff, through the process described in the Allied Health Professional Manual, to hold and exercise such privileges as are consistent with the scope of his or her license and the hospital licensing laws. These privileges shall include, but not necessarily be limited to, the authority to receive and implement orders as described below.

4.19-2 Rehabilitative Services must be furnished in accordance with a written plan of treatment, and in accordance with the orders of duly authorized practitioners. The orders must be incorporated in the patient's medical record.

4.19-3 The initial order for Rehabilitative Services must be issued in writing by a physician, who shall retain overall responsibility for the patient's care. The order should state the reasons for the referral, and may specify: "Evaluate patient, develop a plan of care, and implement plan." It may also be more limited in scope or more detailed, at the discretion of the physician. It may not state, simply: "Evaluate and treat." Pre-printed orders may be approved by the Medical Executive Committee to enhance the efficiency of the ordering process.

4.19-4 If the physician's order provides for the therapist to develop and implement a plan of care, the therapist shall document the plan in the medical record, and shall collaborate with the physician before the plan is implemented or modified. The documented plan shall include the type, amount, frequency and duration of the service to be provided, and indicate the diagnosis and anticipated goals. The physician's approval of the plan or modification, which may be conveyed orally while collaborating with the therapist, shall be documented by the therapist in the medical record.

4.20 CRITICAL/INTENSIVE CARE UNIT:

4.20-1. The intensive care unit (ICU) has been established to provide a facility for the intensive care of the critically ill patient; to improve the actual nursing care by concentrating personnel specifically qualified for this type of service and by making available in one place all commonly used emergency drugs, instruments, and supplies necessary for the proper care of critically ill patients; to serve as a recovery room for postoperative patients at times when the recovery room is closed; and to provide assurance for the physicians that their patients will be receiving the best continuous care available within the most economical means of the patient and the hospital.

4.20-2 The admitting physician will consult appropriate specialist(s). Proper critical care requires coverage for each case by appropriate medical and surgical specialties.

ARTICLE V

DISASTER PLANNING

5.1 DISASTER PLANNING (Detailed information about the TFHD emergency preparedness procedure is referenced in hospital policy.)

5.1-1. There shall be a plan for the care of mass casualties at the time of any major disaster, based upon the hospital's capabilities in conjunction with other emergency programs in the community. It shall be developed by a disaster planning committee. Membership shall include a member of the medical staff, the nurse executive, or designee, and a representative from hospital administration. The disaster plan shall be approved by the Executive Committee and the governing board.

5.1-2 The disaster plan should be rehearsed at least twice a year, preferably as part of a coordinated drill in which other community emergency service agencies participate. The drills, which should be realistic, must involve the medical staff, as well as administrative, nursing and other hospital personnel. Actual evacuation of patients during drills is optional. There should be a written report and evaluation of all drills.

ARTICLE VI

NEW PHYSICIAN ORIENTATION

6.1 NEW PHYSICIAN ORIENTATION

6.1-1 Orientation is mandatory for all new members to the medical staff, except for those appointed to the Honorary Staff.

TAHOE FOREST HOSPITAL DISTRICT

REGULAR MEETING OF THE BOARD OF DIRECTORS DRAFT MINUTES

Thursday, March 28, 2024 at 4:00 p.m.
Tahoe Forest Hospital – Eskridge Conference Room
10121 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER

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

2. ROLL CALL

Board: Alyce Wong, Board Chair; Mary Brown, Secretary; Dale Chamblin, Treasurer; Robert (Bob) Barnett, Board Member

Staff in attendance: Harry Weis, President & Chief Executive Officer; Matt Mushet, In-House Counsel; Dylan Crosby, Director of Facilities Management & Construction; Martina Rochefort, Clerk of the Board

Other: Mackenzie Anderson, General Counsel

Absent: Michael McGarry, Vice Chair

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

4. INPUT AUDIENCE

No public comment was received.

Open Session recessed at 4:02 p.m.

5. CLOSED SESSION

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

Discussion will concern: Proposed new facilities
Estimated Date of Disclosure: December 2025

Discussion was held on a privileged item.

5.2. Approval of Closed Session Minutes

5.2.1. 02/22/2024 Regular Meeting

Discussion was held on a privileged item.

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

Discussion will concern: Proposed new services
Estimated Date of Disclosure: December 2024

Discussion was held on a privileged item.

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

Subject Matter: Medical Staff Credentials

Discussion was held on a privileged item.

5.5. Hearing (Health & Safety Code § 32155)

Subject Matter: Quality Evaluation Summary Report

Discussion was held on a privileged item.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

Open Session reconvened at 6:05 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel noted there were five items considered in Closed Session. There was no reportable action on item 5.1. Item 5.2. Closed Session Minutes were approved on a 4-0 vote. Item 5.3. had no reportable action. Item 5.4. Medical Staff Credentials and item 5.5. Quality Evaluation Summary Report were both approved on a 4-0 vote.

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

10. INPUT – AUDIENCE

Public comment was received from Dr. Jeffrey Fountain, Deirdre Henderson, and Dr. Tenille Bany.

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:

Policies – No Changes:

- *Quality Assessment/Performance Improvement (QA/PI) Plan*
- *Utilization Review Plan*
- *Risk Management & Patient Safety*
- *Discharge Planning, ANS-238*
- *Infection Control Plan*
- *Emergency Operations Plan, AEOC-17*
- *Emergency Management Plan, AEOC-14*
- *Medication Error Reduction Plan*
- *Trauma Performance Improvement Plan*
- *Home Health Quality Plan*
- *Hospice Quality Plan*
- *Employee Health Plan*

Policies with Changes:

- *Available CAH Services, AGOV-06*

New Policies:

- *Management of Disruptive Behavior, AGOV-2401*

Discussion was held.

No public comment was received.

ACTION: **Motion made by Director Barnett to approve the Medical Executive Committee Meeting Consent Agenda as presented, seconded by Director Brown.**
AYES: Directors Barnett, Chamblin, Brown and Wong
Abstention: None
NAYS: None
Absent: McGarry

13. CONSENT CALENDAR

13.1. Approval of Minutes of Meetings
13.1.1. 02/22/2024 Regular Meeting
13.2. Financial Reports
13.2.1. Financial Report – February 2024
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. CIIO Board Report
13.4. Approve Board Policies
13.4.1. Board Compensation and Reimbursement, ABD-03
13.4.2. Conflict of Interest, ABD-07
13.4.3. New Programs and Services, ABD-18
13.4.4. President & CEO Succession Policy, ABD-28
13.5. Approve Annual Quality Assurance Performance Improvement Plan
13.5.1. Quality Assurance Performance Improvement Plan, AQPI-05
13.6. Annual Policy Approval
13.6.1. Available CAH Services, TFH & IVCH, AGOV-06

ACTION: **Motion made by Director Chamblin to approve the Consent Calendar as presented, seconded by Director Brown.**
AYES: Directors Barnett, Chamblin, Brown and Wong
Abstention: None
NAYS: None
Absent: McGarry

14. ITEMS FOR BOARD DISCUSSION

14.1. Chief of Staff Update on Dyad Leadership Structure

Dr. Johanna Koch, Chief of Staff, provided an update on dyad leadership. Discussion was held.

Public comment was received from Dan Coll.

14.2. High Reliability Certification Update

Alex MacLennan, Chief Human Resources Officer, provided an update on the District's High Reliability certification. Discussion was held.

15. ITEMS FOR BOARD ACTION

15.1. Fiscal Year 2024 Down Payment Assistance Program Increase

The Board of Directors reviewed and considered approval of an increase to the Fiscal Year 2024 Down Payment Assistance program. Discussion was held.

ACTION: **Motion made by Director Chamblin to increase the spending limit to $1,100,000 for the Fiscal Year 2024 Down Payment Assistance Program, an increase of $200,000, as presented, seconded by Director Brown.**
AYES: Directors Barnett, Chamblin, Brown and Wong
Abstention: None
NAYS: None
Absent: McGarry

16. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Not applicable.

17. BOARD COMMITTEE REPORTS

Director Wong shared a report from the March 5, 2024 Governance Committee meeting.

18. BOARD MEMBERS REPORTS/CLOSING REMARKS

Director Chamblin requested a presentation on the outcomes of emergency tests.

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 6:58 p.m.

TAHOE FOREST HOSPITAL DISTRICT

SPECIAL MEETING OF THE BOARD OF DIRECTORS
DRAFT RETREAT MINUTES

Tuesday, April 9, 2024 at 9:00 a.m. – 4:00 p.m.
Wednesday, April 10, 2024 at 9:00 a.m. – 4:00 p.m.

Springhill Suites by Marriott Truckee – Conference Room
10640 E. Jibboom Street, Truckee, CA 96161

Day One – Tuesday, April 9, 2024 at 9:00 a.m.

1. CALL TO ORDER
Meeting was called to order at 9:01 a.m.

2. ROLL CALL
Board: Alyce Wong, Board Chair; Michael McGarry, Vice Chair; Mary Brown, Secretary; Dale Chamblin, Treasurer; Robert (Bob) Barnett, Board Member

Staff in attendance: Louis Ward, Chief Operating Officer; Crystal Felix, Chief Financial Officer; Dr. Brian Evans, Chief Medical Officer; Alex MacLennan, Chief Human Resources Officer; Ted Owens, Executive Director of Governance; Martina Rochefort, Clerk of the Board

Other: Pamela Knecht of ACCORD Ltd; Jeff Wilson of Vizient, Inc.

3. ITEMS FOR BOARD DISCUSSION

3.1. Welcome and Opening Comments
Chair Wong welcomed everyone to the retreat.

3.2. Retreat Objectives, Agenda & Group Guidelines
Pamela Knecht, Retreat Facilitator, reviewed the retreat agenda. The following objectives were reviewed:

1. Provide an update on the Vizient Work.
2. Preview and discuss the 1-year Goals.
3. Provide an update on physician alignment and medical staff dyad structure.
4. Clarify the role of the Community Engagement Committee.
5. Discuss the Board Self-Assessment results and tool.
6. Agree on Board Development Goals for 2024.
7. Discuss best practices for CEO succession process/timing.
8. Discuss best practices for CEO evaluation process/timing.
9. Discuss how to improve communications, alignment and trust.
10. Discuss other topics of interest to Board members.
11. Identify agreements and next steps.

The Board Governance Committee was tasked with following up on the remaining topics by June 30, 2024.

3.3. Management Systems & Patient Access Update

Jeff Wilson of Vizient, Inc. reviewed Sub-Systems of the Management Systems and Strategy Deployment. Discussion was held.

Harry Weis, President and Chief Executive Officer, joined the meeting at 9:39 a.m.

Mr. Wilson reviewed an example of a job breakdown template and A3-X Matrix that staff is working on to connect Breakthrough Goals, Annual Goals, Strategic Priorities and Targets to Improve.

Open Session recessed at 10:43 a.m.
Open Session reconvened at 10:54 a.m.

3.4. One Year Goals Agreement

Louis Ward, Chief Operating Officer, presented five year breakthrough goals and one year annual goals. Discussion was held.

The Board would like to receive a future presentation on Healthy People 2030.

Discussion was held on the measurement of third next available appointment.

Open Session recessed at 12:00 p.m.
Open Session reconvened at 12:31 p.m.

Discussion continued of five year breakthrough goals and annual goals.

3.5. Physician Alignment Update

Dr. Brian Evans, Chief Medical Officer, provided an update on current physician alignment efforts. CMO shared how a dyad leader structure looks within a clinic. Discussion was held.

Open Session recessed at 3:01 p.m.
Open Session reconvened at 3:19 p.m.
CHRO departed the meeting at 3:19 p.m.

3.6. Community Engagement Committee's Role

The Board of Directors discussed the role of the Board Community Engagement Committee. ACCORD felt the Community Engagement Committee charter included too management and staff tasks instead of governance tasks.

Directors McGarry and Brown feel we need to look top down at strategic direction.

The Board needs to determine what direction to go in and whether it wants to commit resources to health disparities. The Board will hold a separate retreat on this specific topic.

3.7. Wrap up and Next Steps

The Board of Directors concluded its retreat.

4. ADJOURN

Meeting adjourned at 4:11 p.m.

Day Two – Wednesday, April 10, 2024 at 9:00 a.m.

5. CALL TO ORDER

Meeting called to order at 9:00 a.m.

6. ROLL CALL

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

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

Other: Pamela Knecht of ACCORD Ltd

7. ITEMS FOR BOARD DISCUSSION

7.1. Review of Day One

Pamela Knecht, Retreat Facilitator, reviewed highlights from day one of the retreat.

7.2. 2023 Board Self-Assessment

Retreat Facilitator reviewed the highest and lowest scoring items from the 2023 Board Self-Assessment. Discussion was held.

Retreat Facilitator recommended a comprehensive review of the board orientation program.

7.3. Board Self-Assessment Tool

The Board of Directors reviewed the Board Self-Assessment tool. The goal of the tool is an attempt to say the board achieving best practices is a variety of areas. Discussion was held.

Clerk of the Board will update SurveyMonkey to require an answer to the assessment questions.

7.4. Board Development Goals

The Board of Directors discussed development of new board development goals for 2024.

David Ruderman, General Counsel, joined the meeting at 10:58 a.m.

Possible board goals include:

- Implement a comprehensive board education plan that may include annual healthcare trends update, education at every board meeting, attendance at external conferences and articles.

- Convene a strategic retreat with the Board and Administrative Council to clarify the "what" of the Community peak.
- Create a written CEO Evaluation process.
- Develop a Board Norms & Culture document and update Order & Decorum.
- Define CEO Succession Plan.

Open Session recessed at 11:10 a.m.
Open Session reconvened at 11:22 a.m.

7.5. President & CEO Succession Best Practices

The Board of Directors discussed best practices for President & CEO succession planning and timing.

Retreat Facilitator reviewed 5 A's of CEO Progression Planning:

1. Align Strategy
2. Assess Capabilities (internal talent)
3. Accelerate Development
4. Access the Marketplace (external talent)
5. Activate & Advance Performance

Retreat Facilitator recommended using a third party expert to assist the Board of Directors when it is ready. The executive search firm would assist in creating a success profile.

Alex MacLennan, Chief Human Resources Officer, added that the Board of Directors needs to focus on additional desired attributes, not just skillset.

The board should start building the succession profile now.

The Board Chair can appoint an ad hoc committee to select an executive search firm.

Open Session recessed at 12:22 p.m.
Open Session reconvened at 12:44 p.m.

7.6. President & CEO Evaluation Best Practices

CHRO reviewed best practices for President & CEO evaluation planning and timing.

Questions posed:
Who will work on building this process?
Should the timing of the evaluation change?
Should it be tied to incentive compensation?

A third party can help craft the process.

Retreat Facilitator recommended the board create a written CEO evaluation process as a board goal.

CHRO departed the meeting at 1:24 p.m.

Clerk of the Board departed the meeting at 1:33 p.m.
Open Session recessed at 1:33 p.m.

8. CLOSED SESSION

8.1. Public Employee Performance Evaluation (Government Code § 54957)

Title: President & Chief Executive Officer

Discussion was held on a privileged item.

9. OPEN SESSION

Open Session reconvened at 3:27 p.m.

10. ITEMS FOR DISCUSSION

10.1. Closed Session Report Out

There was no reportable action taken in Closed Session.

10.2. Wrap Up and Next Steps

The Board of Directors will work on implementing the following board goals:
-Implement comprehensive Education Plan (Governance Committee)
-Convene a strategic retreat on the "what" of the Community peak (Community Engagement Committee)
-Create written CEO Evaluation process (Executive Compensation Committee)
-CEO Succession Plan (Executive Compensation Committee)
-Creation of Board Culture & Norms document (Governance Committee)

The Governance Committee will review and circle back on the list of follow up items.

11. ADJOURN

Meeting adjourned at 4:07 p.m.

TAHOE FOREST HOSPITAL DISTRICT
MARCH 2024 FINANCIAL REPORT
INDEX

Board of Directors

Of Tahoe Forest Hospital District

MARCH 2024 FINANCIAL NARRATIVE

The following is the financial narrative analyzing financial and statistical trends for the nine months ended March 31, 2024.

Activity Statistics

- TFH acute patient days were 432 for the current month compared to budget of 424. This equates to an average daily census of 13.9 compared to budget of 13.7.

- TFH Outpatient volumes were above budget in the following departments by at least 5%: Surgery cases, Pathology, CT Scans, PET CT, Drugs Sold to Patients, Respiratory Therapy, and Outpatient Physical Therapy.

- TFH Outpatient volumes were below budget in the following departments by at least 5%: Emergency Visits, Home Health visits, Hospice visits, Blood units, Mammography, Radiation Oncology procedures, Nuclear Medicine, Ultrasounds, Briner Ultrasounds, Tahoe City Physical & Occupational Therapy, and Outpatient Speech & Occupational Therapy.

Financial Indicators

- Net Patient Revenue as a percentage of Gross Patient Revenue was 51.1% in the current month compared to budget of 47.9% and to last month's 48.7%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 47.4% compared to budget of 48.0% and prior year's 49.5%.

- EBIDA was $7,840,364 (14.4%) for the current month compared to budget of $1,620,958 (3.0%), or $6,219,406 (11.3%) above budget. Year-to-date EBIDA was $32,913,491 (6.9%) compared to budget of $10,288,410 (2.3%), or $22,625,081 (4.6%) above budget.

- Net Income was $7,579,240 for the current month compared to budget of $1,376,357 or $6,202,883 above budget. Year-to-date Net Income was $30,099,836 compared to budget of $8,039,061 or $22,060,775 above budget.

- Cash Collections for the current month were $21,858,109 which is 84% of targeted Net Patient Revenue.

- EPIC Gross Accounts Receivables were $127,139,965 at the end of March compared to $117,642,626 at the end of February.

Balance Sheet

- Working Capital is at 42.3 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 193.2 days. Working Capital cash increased a net $7,149,000. Accounts Payable increased $2,153,000, Accrued Payroll & Related Costs decreased $3,851,000. The District received partial payment of $1,478,000 for participation in the CY2022 Prime/QIP Program, $1,915,000 from the FY23 AB 915 Med-Cal Outpatient Supplemental program, $471,000 from the State for our quarterly HQAF funding, $3,801,000 from Medicare for the FY23 As Filed Cost Reports, and $1,894,000 from the Medicare program for underpayment on its FY24 IP and OP Claims. Cash Collections were below target by 16%.

- Net Patient Accounts Receivable increased a net $2,882,000 and cash collections were 84% of target. EPIC Days in A/R were 70.2 compared to 64.4 at the close of February, a 5.8 days increase. We have been experiencing issues with our daily file transfers from US Bank which is causing a delay in cash postings, creating an increase in A/R Days and a decrease in Cash Collections.

- Estimated Settlements, Medi-Cal & Medicare decreased a net $5,923,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs. The District received a partial payment of $1,478,000 for participation in the CY22 Prime/QIP Program, $1,915,000 from the State for participation in the FY23 AB915 Outpatient Supplemental program, $471,000 from the State for our quarterly HQAF funding, $3,801,000 from Medicare for the FY23 As Filed Cost Reports, and $1,894,000 from the Medicare program for underpayment on its FY24 IP and OP Claims and transmitted an IGT payment of $634,000 to the State for participation in the CY23 Non-Designated Public Hospital Quality Assurance Fee program.

- Unrealized Gain/(Loss) Cash Investment Fund increased $714,000 after recording the unrealized gains in its funds held with Chandler Investments for the month of March.

- GO Bond Tax Revenue Fund increased $4,500 after recording the March property tax revenues received from Placer County.

- Investment in TSC, LLC decreased a net $44,000 after recording the estimated loss for March and truing-up the losses for February.

- To comply with GASB No. 63, the District has booked an adjustment to the asset and offsetting liability to reflect the fair value of the Piper Jaffray swap transaction at the close of March.

- To comply with GASB No. 96, the District recorded Amortization Expense for March on its Right-To-Use Subscription assets and trued up the March ending balance to account for terminated contracts, decreasing the asset $319,000.

- Accounts Payable increased $2,153,000 due to the timing of the final check run in March.

- Accrued Payroll & Related Costs decreased a net $3,850,000 due to a decrease of 10 Accrued Payroll Days.

- To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for March and trued up the March ending balance to account for terminated contracts, decreasing the liability $282,000.

Operating Revenue

- Current month's Total Gross Revenue was $54,566,750 compared to budget of $53,434,490 or $1,132,260 above budget.

- Current month's Gross Inpatient Revenue was $8,091,450 compared to budget of $7,632,308 or $459,142 above budget.

- Current month's Gross Outpatient Revenue was $46,475,300 compared to budget of $45,802,182 or $673,118 above budget.

- Current month's Gross Revenue Mix was 37.48% Medicare, 15.10% Medi-Cal, .0% County, 0.94% Other, and 46.48% Commercial Insurance compared to budget of 38.16% Medicare, 14.62% Medi-Cal, .0% County, 2.00% Other, and 45.22% Commercial Insurance. Last month's mix was 35.49% Medicare, 15.45% Medi-Cal, .0% County, 1.83% Other, and 47.23% Commercial Insurance. Year-to-date Gross Revenue Mix was 39.43% Medicare, 15.67% Medi-Cal, .0% County, 1.19% Other, and 43.71% Commercial compared to budget of 37.98% Medicare, 14.78% Medi-Cal, .0% County, 1.97% Other, and 45.27% Commercial.

- Current month's Deductions from Revenue were $26,678,121 compared to budget of $27,843,416 or $1,165,295 below budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 0.68% decrease in Medicare, a .47% increase to Medi-Cal, County at budget, a 1.05% decrease in Other, and Commercial Insurance was above budget 1.26%, 2) Revenues were above budget 2.1% and 3) we saw a decrease in AR days over 90 and 120.

DESCRIPTION	March 2024 Actual	March 2024 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	10,732,209	11,129,089	396,880	We saw decreased Salaries & Wages in Technical, Clerical, and PA/FNP categories.
Employee Benefits	3,825,886	3,848,289	22,403	
Benefits – Workers Compensation	66,234	108,106	41,872	
Benefits – Medical Insurance	1,923,885	1,953,389	29,504	
Medical Professional Fees	468,470	515,907	47,437	Hospitalist Physician fees were below budget, creating a positive variance in Medical Professional Fees.
Other Professional Fees	260,744	281,765	21,021	Budgeted consulting services for Information Technology and Financial Administration projects were below budget, creating a positive variance in Other Professional Fees.
Supplies	3,736,613	4,260,536	523,923	Non-Patient Chargeable supplies and Pharmaceutical costs were below budget, creating a positive variance in Supplies.
Purchased Services	1,992,041	2,366,252	374,211	The District implemented GASB No. 96 which recognizes Subscription-Based Information Technology arrangements as a Right-To-Use Asset where the monthly subscription amounts are written off to Amortization and Interest Expense. This is creating positive variances in Purchased Services for Department Repairs, Information Technology, and Miscellaneous. We also saw a positive variance in Employee Health screenings.
Other Expenses	948,415	1,026,706	78,291	Outside Training & Travel and Utility expenses were below budget, creating a positive variance in Other Expenses.
Total Expenses	23,954,498	25,490,039	1,535,541	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
MARCH 2024

	Mar-24	Feb-24	Mar-23	
ASSETS				
CURRENT ASSETS				
* CASH	$ 32,646,401	$ 25,497,820	$ 13,316,419	1
PATIENT ACCOUNTS RECEIVABLE - NET	53,469,285	50,587,452	44,415,032	2
OTHER RECEIVABLES	12,934,398	11,824,549	10,695,901	
GO BOND RECEIVABLES	921,961	481,344	743,042	
ASSETS LIMITED OR RESTRICTED	11,657,072	11,311,300	9,598,241	
INVENTORIES	5,231,898	5,242,897	4,383,700	
PREPAID EXPENSES & DEPOSITS	3,393,125	3,652,761	2,875,902	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	22,844,184	28,767,450	23,000,680	3
TOTAL CURRENT ASSETS	143,098,323	137,365,572	109,028,917	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	10,441,863	10,441,863	10,003,093	1
* CASH INVESTMENT FUND	105,959,660	106,228,480	105,396,357	1
UNREALIZED GAIN/(LOSS) CASH INVESTMENT FUND	118,456	(595,777)	(2,926,721)	4
MUNICIPAL LEASE 2018	-	-	84	
TOTAL BOND TRUSTEE 2017	21,949	21,772	20,862	
TOTAL BOND TRUSTEE 2015	1,166,457	885,774	967,060	
TOTAL BOND TRUSTEE GO BOND	-	-	5,764	
GO BOND TAX REVENUE FUND	2,818,668	2,814,150	2,540,299	5
DIAGNOSTIC IMAGING FUND	3,496	3,496	3,381	
DONOR RESTRICTED FUND	1,165,707	1,165,706	1,144,777	
WORKERS COMPENSATION FUND	26,037	31,941	2,960	
TOTAL	121,722,293	120,997,405	117,157,916	
LESS CURRENT PORTION	(11,657,072)	(11,311,300)	(9,598,241)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	110,065,221	109,686,106	107,559,675	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(3,908,065)	(3,863,824)	(3,011,552)	6
PROPERTY HELD FOR FUTURE EXPANSION	1,716,972	1,715,390	1,694,072	
PROPERTY & EQUIPMENT NET	197,548,011	197,405,043	195,075,743	
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,791,406	1,791,406	1,861,417	
TOTAL ASSETS	450,311,867	444,099,693	412,208,271	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	242,428	245,661	281,217	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	190,274	294,283	378,109	7
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	4,347,463	4,371,168	4,631,919	
GO BOND DEFERRED FINANCING COSTS	423,841	426,162	451,691	
DEFERRED FINANCING COSTS	115,471	116,511	127,954	
INTANGIBLE LEASE ASSET NET OF ACCUM AMORTIZATION	7,000,981	6,988,229	7,885,687	
RIGHT-TO-USE SUBSCRIPTION ASSET NET OF ACCUM AMORTIZATION	28,098,298	28,417,732	-	8
TOTAL DEFERRED OUTFLOW OF RESOURCES	$ 40,418,756	$ 40,859,746	$ 13,756,578	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	$ 10,679,901	$ 8,526,837	$ 8,076,664	9
ACCRUED PAYROLL & RELATED COSTS	20,844,745	24,695,286	18,826,203	10
INTEREST PAYABLE	256,450	188,725	380,269	
INTEREST PAYABLE GO BOND	523,238	261,619	537,630	
SUBSCRIPTION LIABILITY	29,542,426	29,824,360	-	11
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	466,246	466,246	290,618	
HEALTH INSURANCE PLAN	3,018,487	3,018,487	2,224,062	
WORKERS COMPENSATION PLAN	3,287,371	3,287,371	2,947,527	
COMPREHENSIVE LIABILITY INSURANCE PLAN	2,586,926	2,586,926	2,082,114	
CURRENT MATURITIES OF GO BOND DEBT	2,195,000	2,195,000	2,195,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	3,935,762	3,979,480	5,645,977	
TOTAL CURRENT LIABILITIES	77,336,553	79,030,337	43,206,065	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	24,152,080	24,144,387	26,740,388	
GO BOND DEBT NET OF CURRENT MATURITIES	90,597,676	90,615,632	93,008,144	
DERIVATIVE INSTRUMENT LIABILITY	190,274	294,283	378,109	7
TOTAL LIABILITIES	192,276,583	194,084,638	163,332,706	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	297,288,333	289,709,094	261,487,366	
RESTRICTED	1,165,707	1,165,706	1,144,777	
TOTAL NET POSITION	$ 298,454,040	$ 290,874,800	$ 262,632,143	

* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
MARCH 2024

1. Working Capital is at 42.3 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 193.2 days. Working Capital cash increased a net $7,149,000. Accounts Payable increased $2,153,000 (See Note 9), Accrued Payroll & Related Costs decreased $3,851,000 (See Note 10). The District received a partial payment of $1,478,000 for participation in the CY22 Prime/QIP Program (See Note 3), $1,915,000 from the State for participation in the FY23 AB915 Outpatient Supplemental program (See Note 3), $471,000 from the State for our quarterly HQAF funding (see Note 3), $3,801,000 from Medicare for the FY23 As Filed Cost Reports (See Note 3), and $1,894,000 from the Medicare program for underpayment on its FY24 IP and OP Claims (See Note 3). Cash Collections were below target by 16% (See Note 2).

2. Net Patient Accounts Receivable increased a net $2,882,000. Cash collections were 84% of target. EPIC Days in A/R were 70.2 compared to 64.4 at the close of February, a 5.8 days increase. We have been experiencing issues with our daily file transfers from US Bank which is causing a delay in cash postings, creating an increase in A/R Days and a decrease in Cash Collections.

3. Estimated Settlements, Medi-Cal & Medicare decreased a net $5,923,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs. The District received a partial payment of $1,478,000 for participation in the CY22 Prime/QIP Program, $1,915,000 from the State for participation in the FY23 AB915 Outpatient Supplemental program, $471,000 from the State for our quarterly HQAF funding, $3,801,000 from Medicare for the FY23 As Filed Cost Reports, and $1,894,000 from the Medicare program for underpayment on its FY24 IP and OP Claims and transmitted an IGT payment of $634,000 to the State for participation in the CY23 Non-Designated Public Hospital Quality Assurance Fee program.

4. Unrealized Gain/(Loss) Cash Investment Fund increased $714,000 after recording the unrealized gains in its funds held with Chandler Investments for the month of March.

5. GO Bond Tax Revenue Fund increased $4,500 after recording the March property tax revenues received from Placer County.

6. Investment in TSC, LLC decreased a net $44,000 after recording the estimated loss for March and truing-up the losses for February.

7. To comply with GASB No. 63, the District has booked an adjustment to the asset and offsetting liability to reflect the fair value of the Piper Jaffray swap transaction at the close of March.

8. To comply with GASB No. 96, the District recorded Amortization Expense for March on its Right-To-Use Subscription assets and trued up the March ending balance to account for terminated contracts, decreasing the asset $319,000.

9. Accounts Payable increased $2,153,000 due to the timing of the final check run in March.

10. Accrued Payroll & Related Costs decreased a net $3,850,000 due to a decrease of 10 Accrued Payroll Days.

11. To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for March and trued up the March ending balance to account for terminated contracts, decreasing the liability $282,000.

Tahoe Forest Hospital District
Cash Investment
March 31, 2024

WORKING CAPITAL				
US Bank	$ 31,564,006	4.91%		
US Bank/Incline Village Thrift Store	9,557			
US Bank/Truckee Thrift Store	54,775			
US Bank/Payroll Clearing	-			
Umpqua Bank	1,018,062	2.02%		
Total			$	32,646,401
BOARD DESIGNATED FUNDS				
US Bank Savings	$ -			
Chandler Investment Fund	105,959,660	4.92%		
Total			$	105,959,660
Building Fund	$ -			
Cash Reserve Fund	10,441,863	4.22%		
Local Agency Investment Fund			$	10,441,863
Municipal Lease 2018			$	-
Bonds Cash 2017			$	21,949
Bonds Cash 2015			$	1,166,457
GO Bonds Cash 2008			$	2,818,668
DX Imaging Education	$ 3,496			
Workers Comp Fund - B of A	26,037			
Insurance				
Health Insurance LAIF	-			
Comprehensive Liability Insurance LAIF	-			
Total			$	29,533
TOTAL FUNDS			$	153,084,530
RESTRICTED FUNDS				
Gift Fund				
US Bank Money Market	$ 8,375	0.10%		
Foundation Restricted Donations	27,309			
Local Agency Investment Fund	1,130,023	4.22%		
TOTAL RESTRICTED FUNDS			$	1,165,707
TOTAL ALL FUNDS			$	154,250,237

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
KEY FINANCIAL INDICATORS
MARCH 2024

	Current Status	Desired Position	Target	Bond Covenants	FY 2024 Jul 23 to Mar 24	FY 2023 Jul 22 to June 23	FY 2022 Jul 21 to June 22	FY 2021 Jul 20 to June 21	FY 2020 Jul 19 to June 20	FY 2019 Jul 18 to June 19	FY 2018 Jul 17 to June 18
Return On Equity: Increase (Decrease) in Net Position Net Position		⇧	FYE 6.0% Budget 3rd Qtr 2.7%		10.1%	11.2%	13.0%	12.3%	17.1%	13.1%	5.1%
EPIC Days in Accounts Receivable (excludes SNF) Gross Accounts Receivable 90 Days Gross Accounts Receivable 365 Days		⇩	FYE 60 Days		70 76	59 62	63 67	65 67	89 73	69 71	68 73
Days Cash on Hand Excludes Restricted: Cash + Short-Term Investments (Total Expenses - Depreciation Expense)/ by 365		⇧	Budget FYE 169 Days Budget 3rd Qtr 133 Projected 3rd Qtr 164 Days	Bond Covenant 60 Days A- 301 Days BBB- 160 Days	193	197	234	272	246	179	176
EPIC Accounts Receivable over 120 days (excludes payment plan, legal and charitable balances)		⇩	22%		25%	24%	27%	26%	31%	35%	22%
EPIC Accounts Receivable over 120 days (includes payment plan, legal and charitable balances)		⇩	27%		29%	33%	36%	32%	40%	42%	25%
Cash Receipts Per Day (based on 60 day lag on Patient Net Revenue)		⇧	FYE Budget $774,295 End 3rd Qtr Based on Budgeted Net Revenue $772,078 End 3rd Qtr Based on Actual Net Revenue $791,532		$750,390	$713,016	$634,266	$603,184	$523,994	$473,890	$333,963
Debt Service Coverage: Excess Revenue over Exp + Interest Exp + Depreciation Debt Principal Payments + Interest Expense		⇧	Without GO Bond 6.47 With GO Bond 3.64	1.95	11.92 6.26	9.74 5.25	9.72 5.22	8.33 4.49	9.50 5.06	20.45 4.12	9.27 2.07

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
MARCH 2024

CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VAR$	CURRENT MONTH VAR%		YEAR TO DATE ACTUAL	YEAR TO DATE BUDGET	YEAR TO DATE VAR$	YEAR TO DATE VAR%		PRIOR YTD MAR 23
				OPERATING REVENUE						
$ 54,566,750	$ 53,434,490	$ 1,132,260	2.1%	Total Gross Revenue	$ 476,847,577	$ 449,043,501	$ 27,804,076	6.2%	1	$ 419,564,785
				Gross Revenues - Inpatient						
$ 3,696,246	$ 3,564,191	$ 132,055	3.7%	Daily Hospital Service	$ 29,977,372	$ 31,126,036	$ (1,148,664)	-3.7%		$ 28,360,897
4,395,204	4,068,117	327,087	8.0%	Ancillary Service - Inpatient	37,224,813	34,012,502	3,212,311	9.4%		32,921,896
8,091,450	7,632,308	459,142	6.0%	Total Gross Revenue - Inpatient	67,202,185	65,138,538	2,063,647	3.2%	1	61,282,793
46,475,300	45,802,182	673,118	1.5%	Gross Revenue - Outpatient	409,645,393	383,904,963	25,740,430	6.7%		358,281,992
46,475,300	45,802,182	673,118	1.5%	Total Gross Revenue - Outpatient	409,645,393	383,904,963	25,740,430	6.7%	1	358,281,992
				Deductions from Revenue:						
25,834,931	25,960,437	125,506	0.5%	Contractual Allowances	247,025,423	217,690,850	(29,334,573)	-13.5%	2	202,511,799
85,444	1,068,690	983,246	92.0%	Charity Care	410,282	8,980,870	8,570,588	95.4%	2	2,953,452
757,746	814,289	56,543	6.9%	Bad Debt	5,348,021	6,837,554	1,489,533	21.8%	2	5,107,385
-	-	-	0.0%	Prior Period Settlements	(2,037,187)	-	2,037,187	0.0%	2	1,385,767
26,678,121	27,843,416	1,165,295	4.2%	Total Deductions from Revenue	250,746,539	233,509,274	(17,237,265)	-7.4%		211,958,403
115,070	102,616	(12,454)	-12.1%	Property Tax Revenue- Wellness Neighborhood	946,579	910,549	(36,030)	-4.0%		966,464
3,791,163	1,417,307	2,373,856	167.5%	Other Operating Revenue	16,142,087	12,388,349	3,753,738	30.3%	3	11,835,104
31,794,862	27,110,997	4,683,865	17.3%	TOTAL OPERATING REVENUE	243,189,704	228,833,125	14,356,579	6.3%		220,407,950
				OPERATING EXPENSES						
10,732,209	11,129,089	396,880	3.6%	Salaries and Wages	92,708,542	94,842,573	2,134,031	2.3%	4	86,114,714
3,825,886	3,848,289	22,403	0.6%	Benefits	30,483,074	30,593,895	110,821	0.4%	4	29,203,331
66,234	108,106	41,872	38.7%	Benefits Workers Compensation	754,561	972,950	218,389	22.4%	4	861,308
1,923,885	1,953,389	29,504	1.5%	Benefits Medical Insurance	19,485,364	17,580,500	(1,904,864)	-10.8%	4	16,142,484
468,470	515,907	47,437	9.2%	Medical Professional Fees	4,456,030	4,887,584	431,554	8.8%	5	4,547,284
260,744	281,765	21,021	7.5%	Other Professional Fees	2,255,063	2,660,570	405,508	15.2%	5	2,146,320
3,736,613	4,260,536	523,923	12.3%	Supplies	35,566,052	36,644,899	1,078,847	2.9%	6	32,891,357
1,992,041	2,366,252	374,211	15.8%	Purchased Services	16,204,149	20,815,431	4,611,282	22.2%	7	19,555,523
948,415	1,026,706	78,291	7.6%	Other	8,363,379	9,546,313	1,182,934	12.4%	8	8,843,308
23,954,498	25,490,039	1,535,541	6.0%	TOTAL OPERATING EXPENSE	210,276,213	218,544,715	8,268,502	3.8%		200,305,629
7,840,364	**1,620,958**	**6,219,406**	**383.7%**	**NET OPERATING REVENUE (EXPENSE) EBIDA**	**32,913,491**	**10,288,410**	**22,625,081**	**219.9%**		**20,102,321**
				NON-OPERATING REVENUE/(EXPENSE)						
747,430	759,884	(12,454)	-1.6%	District and County Taxes	6,898,991	6,851,951	47,040	0.7%	9	6,259,166
445,136	445,136	(0)	0.0%	District and County Taxes - GO Bond	4,006,220	4,006,220	0	0.0%		3,884,897
56,902	181,827	(124,925)	-68.7%	Interest Income	2,228,168	1,587,558	640,610	40.4%	10	945,703
97,376	61,115	36,261	59.3%	Donations	646,893	550,031	96,862	17.6%	11	951,230
(44,240)	(67,000)	22,760	34.0%	Gain/(Loss) on Joint Investment	(497,218)	(603,000)	105,782	17.5%	12	(935,682)
604,369	100,000	504,369	-504.4%	Gain/(Loss) on Market Investments	3,415,959	900,000	2,515,959	-279.6%	13	733,462
11,000	-	11,000	0.0%	Gain/(Loss) on Sale of Equipment	11,000	-	11,000	0.0%	14	1,000
(1,713,357)	(1,367,132)	(346,225)	-25.3%	Depreciation	(15,233,389)	(12,291,134)	(2,942,255)	-23.9%	15	(12,076,889)
(196,050)	(88,742)	(107,308)	-120.9%	Interest Expense	(1,855,879)	(816,576)	(1,039,303)	-127.3%	16	(960,267)
(269,689)	(269,689)	(0)	0.0%	Interest Expense-GO Bond	(2,434,399)	(2,434,399)	0	0.0%		(2,499,290)
(261,124)	(244,601)	(16,523)	-6.8%	TOTAL NON-OPERATING REVENUE/(EXPENSE)	(2,813,654)	(2,249,349)	(564,305)	-25.1%		(3,696,670)
$ 7,579,240	**$ 1,376,357**	**$ 6,202,883**	**450.7%**	**INCREASE (DECREASE) IN NET POSITION**	**$ 30,099,836**	**$ 8,039,061**	**$ 22,060,775**	**274.4%**		**$ 16,405,651**
				NET POSITION - BEGINNING OF YEAR	**268,354,204**					
				NET POSITION - AS OF MARCH 31, 2024	**$ 298,454,040**					
14.4%	**3.0%**	**11.3%**		**RETURN ON GROSS REVENUE EBIDA**	**6.9%**	**2.3%**	**4.6%**			**4.8%**

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
MARCH 2024

		Variance from Budget Fav / <Unfav>	
		MAR 2024	YTD 2024
1) Gross Revenues			
Acute Patient Days were above budget 1.89% or 8 days. Swing Bed days were above budget 23.80% or 5 days. Inpatient Ancillary Revenues were above budget 8.0% due to the increase in Patient Days.	Gross Revenue -- Inpatient	$ 459,142	$ 2,063,647
	Gross Revenue -- Outpatient	673,118	25,740,430
	Gross Revenue -- Total	$ 1,132,260	$ 27,804,076
Outpatient volumes were above budget in the following departments: Surgery cases, Lab Send Out tests, Pathology, EKG's, MRI, CT Scans, PET CT, Drugs Sold to Patients, Respiratory Therapy, and Physical Therapy.			
Outpatient volumes were below budget in the following departments: Emergency Department Visits, Home Health Visits, Hospice visits, Laboratory tests, Oncology Lab tests, Blood units, Diagnostic Imaging, Mammography, Medical Oncology procedures, Radiation Oncology procedures, Nuclear Medicine, Ultrasounds, Briner Ultrasounds, Oncology Drugs Sold to Patients, Tahoe City Physical and Occupational Therapy, and Outpatient Speech and Occupational Therapy.			
2) Total Deductions from Revenue			
The payor mix for March shows a 0.68% decrease to Medicare, a 0.47% increase to Medi-Cal, 1.05% decrease to Other, County at budget, and a 1.26% increase to Commercial when compared to budget. We saw a shift from Medicare into Medi-Cal, Commercial was above budget, and we saw a decrease of 4.02% in AR Days over 90 and 120.	Contractual Allowances	$ 125,506	$ (29,334,573)
	Charity Care	983,246	8,570,588
	Bad Debt	56,543	1,489,533
	Prior Period Settlements	-	2,037,187
	Total	$ 1,165,295	$ (17,237,265)
We are seeing fewer Charity Care applications which is lending to the positive variance in Charity Care.			
3) Other Operating Revenue	Retail Pharmacy	$ 102,316	$ 1,110,332
Retail Pharmacy revenues were above budget 19.38%.	Hospice Thrift Stores	(5,203)	44,467
	The Center (non-therapy)	(4,766)	25,871
Hospice Thrift Store revenues were below budget 6.79%.	IVCH ER Physician Guarantee	6,129	76,560
	Children's Center	41,539	251,793
Children's Center revenues were above budget 27.13%.	Miscellaneous	139,807	227,347
	Oncology Drug Replacement	-	-
We received our first round of funding from the newly established Private Hospital Provider Tax program through the Nevada Department of Health, creating a positive variance in Miscellaneous.	Grants	2,094,035	2,017,369
	Total	$ 2,373,856	$ 3,753,738
The District received grant funds from the Behavioral Health Continuum Infrastructure Program (BHCIP) to help offset the renovation costs on the 2nd and 3rd Floors of the Medical Office Building.			
4) Salaries and Wages	Total	$ 396,880	$ 2,134,031
We saw positive variances in Technical, Clerical, and PA/FNP Salaries, creating a positive variance in Salaries and Wages.			
Employee Benefits	PL/SL	$ (28,659)	$ 271,056
We saw increased use in Paid Leave, creating a negative variance in PL/SL	Nonproductive	(26,963)	186,652
	Pension/Deferred Comp	(0)	7,019
We saw an increase in the year-to-date accrued Physician RVU Bonuses, creating a negative variance in Nonproductive.	Standby	2,043	(82,607)
	Other	75,983	(271,299)
	Total	$ 22,403	$ 110,821
Employee Benefits - Workers Compensation	Total	$ 41,872	$ 218,389
Employee Benefits - Medical Insurance	Total	$ 29,504	$ (1,904,864)
5) Professional Fees	Multi-Specialty Clinics	$ (7,523)	$ (76,882)
Outsourced consulting fees for the Reliability & Management Systems project created a negative variance in Administration.	Administration	(21,543)	(73,539)
	Multi-Specialty Clinics Administration	(33,314)	(73,464)
	IVCH ER Physicians	1,860	(22,963)
Consulting fees provided for a Compensation Plan design created a negative variance in Multi-Specialty Clinics Administration.	Oncology	1,986	(15,572)
	Marketing	(5,523)	(8,848)
	Managed Care	(4,055)	(6,065)
BETA Healthcare reimbursed the District for legal fees connected with an employee related matter, creating a positive variance in Human Resources.	Home Health/Hospice	-	-
	Patient Accounting/Admitting	-	-
	Respiratory Therapy	-	-
Radiology Physician fees created a negative variance in Miscellaneous.	The Center	-	-
	TFH/IVCH Therapy Services	-	-
Budgeted consulting services for Information Technology were below budget, creating a positive variance in this category.	Corporate Compliance	2,000	18,000
	Human Resources	37,029	19,624
	Medical Staff Services	(6,426)	94,786
Financial analysis projects came in below budget, creating a positive variance in Financial Administration.	Miscellaneous	(16,635)	114,852
	Information Technology	12,942	189,171
	Financial Administration	51,964	316,181
Hospitalist Physician fees were below budget with the departure of Dr. Weir, creating a positive variance in TFH Locums.	TFH Locums	55,696	361,779
	Total	$ 68,458	$ 837,062

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
MARCH 2024

		Variance from Budget Fav / <Unfav>	
		MAR 2024	YTD 2024
6) Supplies	Other Non-Medical Supplies	$ (4,247)	$ (119,277)
We saw increases in Other Food costs, creating a negative variance in Food.	Food	(8,674)	(44,074)
	Office Supplies	11,069	9,873
Non-Patient Chargeable supplies were below budget, creating a positive variance in Patient & Other Medical Supplies.	Minor Equipment	21,725	91,886
	Patient & Other Medical Supplies	63,578	322,719
	Pharmacy Supplies	440,473	817,720
Oncology Drugs Sold to Patients revenues were below budget, creating a positive variance in Pharmacy Supplies.	Total	$ 523,923	$ 1,078,847
7) Purchased Services	Laboratory	$ 7,104	$ (89,014)
Outsourced billing and collections services created a negative variance in Home Health/Hospice.	Home Health/Hospice	(13,015)	(8,143)
	Pharmacy IP	(1,004)	10,130
	Community Development	3,333	28,850
Record retention and outsourced coding services were above budget, creating a negative variance in Medical Records.	The Center	5,956	35,656
	Diagnostic Imaging Services - All	8,911	89,001
	Medical Records	(12,661)	97,803
Employee Health screenings were below budget, creating a positive variance in Human Resources.	Multi-Specialty Clinics	(3,137)	104,811
	Human Resources	27,473	169,333
	Information Technology	60,080	359,751
Outsourced billing and collections services were above budget, creating a negative variance in Patient Accounting.	Patient Accounting	(53,421)	766,361
	Miscellaneous	96,363	785,623
	Department Repairs	248,228	2,261,120
Snow Removal services and Credit Card fees were below budget, creating a positive variance in Miscellaneous.	Total	$ 374,211	$ 4,611,282
The District implemented GASB No. 96 as of FY23, which recognizes Subscription-Based Information Technology arrangements as a Right-To-Use-Asset. The monthly subscription amounts are written off to Amortization and Interest Expense with an offsetting entry to Purchased Services, creating positive variances in Information Technology, Department Repairs, and Miscellaneous.			
8) Other Expenses	Other Building Rent	$ (7,925)	$ (71,783)
A rental rate increase for the IVCH Physical Therapy building created a negative variance in Other Building Rent.	Equipment Rent	(9,396)	(51,867)
	Multi-Specialty Clinics Equip Rent	(2,009)	(15,644)
	Multi-Specialty Clinics Bldg. Rent	(58)	(4,021)
Time clock and Smart Card rentals for the new Timekeeping system implementation created a negative variance in Equipment Rent.	Insurance	(2,474)	(3,420)
	Physician Services	2,926	7,612
	Miscellaneous	(49,626)	26,096
Timing of the transfer of Construction Labor to Construction In Progress projects created a negative variance in Miscellaneous.	Marketing	944	49,850
	Human Resources Recruitment	7,591	50,683
	Dues and Subscriptions	17,020	208,661
The District implemented GASB No. 96 as of FY23, which recognizes Subscription-Based Information Technology arrangements as a Right-To-Use-Asset. The monthly subscription amounts are written off to Amortization and Interest Expense with an offsetting entry to Other Expenses, creating a positive variance in Dues and Subscriptions.	Outside Training & Travel	43,991	320,202
	Utilities	77,307	666,565
	Total	$ 78,291	$ 1,182,934
Natural Gas/Propane and Telephone costs were below budget, creating a positive variance in Utilities.			
9) District and County Taxes	Total	$ (12,454)	$ 47,040
10) Interest Income	Total	$ (124,925)	$ 640,610
Accrued Interest on our holdings with Chandler Investments decreased in March, creating a negative variance in Interest Income.			
11) Donations	IVCH	$ (13,651)	$ 91,450
The TFHS Foundation transferred funds to the District to assist with Behavioral Health costs, creating a positive variance in Donations-Operational.	Operational	49,912	5,412
	Total	$ 36,261	$ 96,862
12) Gain/(Loss) on Joint Investment	Total	$ 22,760	$ 105,782
13) Gain/(Loss) on Market Investments	Total	$ 504,369	$ 2,515,959
The District booked the value of unrealized gains in its holdings with Chandler Investments.			
14) Gain/(Loss) on Sale or Disposal of Assets	Total	$ 11,000	$ 11,000
15) Depreciation Expense	Total	$ (346,225)	$ (2,942,255)
The District implemented GASB No. 96 as of FY23, which recognizes Subscription-Based Information Technology arrangements as a Right-To-Use-Asset. The monthly subscription amounts are written off to Amortization and Interest Expense, creating a negative variance in Depreciation Expense.			
16) Interest Expense	Total	$ (107,308)	$ (1,039,303)
The District implemented GASB No. 96 as of FY23, which recognizes Subscription-Based Information Technology arrangements as a Right-To-Use-Asset. The monthly subscription amounts are written off to Amortization and Interest Expense, creating a negative variance in Interest Expense.			

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
KEY FINANCIAL INDICATORS
MARCH 2024

	Current Status	Desired Position	Target	FY 2024 Jul 23 to Mar 24	FY 2023 Jul 22 to June 23	FY 2022 Jul 21 to June 22	FY 2021 Jul 20 to June 21	FY 2020 Jul 19 to June 20	FY 2019 Jul 18 to June 19	FY 2018 Jul 17 to June 18
Total Margin: Increase (Decrease) In Net Position Total Gross Revenue			FYE 2.6% 3rd Qtr 1.8%	4.6%	6.3%	6.2%	5.8%	8.5%	5.7%	2.6%
Charity Care: Charity Care Expense Gross Patient Revenue			FYE 2.0% 3rd Qtr 2.0%	.0%	.0%	2.6%	3.4%	4.0%	3.8%	3.3%
Bad Debt Expense: Bad Debt Expense Gross Patient Revenue			FYE 1.5% 3rd Qtr 1.5%	1.0%	1.1%	-.01%	1.2%	1.4%	.1%	.1%
Incline Village Community Hospital: EBIDA: Earnings before interest, Depreciation, amortization Net Operating Revenue <Expense> Gross Revenue			FYE 12.0% 3rd Qtr 12.1%	13.8%	12.2%	12.2%	13.7%	.1%	11.5%	4.8%
Operating Expense Variance to Budget (Under<Over>)			-0-	$8,268,502	$(1,499,954)	$(10,431,192)	$(8,685,969)	$(9,484,742)	$(13,825,198)	$1,061,378
EBIDA: Earnings before interest, Depreciation, amortization Net Operating Revenue <Expense> Gross Revenue			FYE 2.1% 3rd Qtr 2.3%	6.9%	6.3%	7.9%	7.8%	6.2%	7.1%	4.5%

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
MARCH 2024

CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VAR$	CURRENT MONTH VAR%		YEAR TO DATE ACTUAL	YEAR TO DATE BUDGET	YEAR TO DATE VAR$	YEAR TO DATE VAR%		PRIOR YTD MAR 2023
				OPERATING REVENUE						
$ 3,296,242	$ 3,551,663	$ (255,421)	-7.2%	Total Gross Revenue	$ 32,546,952	$ 31,012,673	$ 1,534,279	4.9%	1	$ 28,186,205
				Gross Revenues - Inpatient						
$ -	$ 5,627	$ (5,627)	-100.0%	Daily Hospital Service	$ -	$ 28,137	$ (28,137)	-100.0%		$ 10,719
-	2,820	(2,820)	-100.0%	Ancillary Service - Inpatient	-	18,394	(18,394)	-100.0%		11,270
-	8,447	(8,447)	-100.0%	Total Gross Revenue - Inpatient	-	46,531	(46,531)	-100.0%	1	21,989
3,296,242	3,543,216	(246,974)	-7.0%	Gross Revenue - Outpatient	32,546,952	30,966,142	1,580,810	5.1%		28,164,216
3,296,242	3,543,216	(246,974)	-7.0%	Total Gross Revenue - Outpatient	32,546,952	30,966,142	1,580,810	5.1%	1	28,164,216
				Deductions from Revenue:						
1,310,711	1,597,670	286,959	18.0%	Contractual Allowances	14,897,002	14,031,518	(865,484)	-6.2%	2	12,471,452
(27,107)	71,033	98,140	138.2%	Charity Care	113,414	620,253	506,839	81.7%	2	554,018
112,222	53,275	(58,947)	-110.6%	Bad Debt	1,005,531	465,190	(540,341)	-116.2%	2	797,161
-	-	-	0.0%	Prior Period Settlements	(149,617)	-	149,617	0.0%	2	-
1,395,826	1,721,978	326,152	18.9%	Total Deductions from Revenue	15,866,329	15,116,961	(749,368)	-5.0%	2	13,822,631
210,991	54,053	156,938	290.3%	Other Operating Revenue	766,432	524,976	241,456	46.0%	3	550,853
2,111,408	1,883,738	227,670	12.1%	TOTAL OPERATING REVENUE	17,447,055	16,420,688	1,026,367	6.3%		14,914,427
				OPERATING EXPENSES						
622,545	702,994	80,449	11.4%	Salaries and Wages	5,851,459	6,022,872	171,413	2.8%	4	5,307,069
211,740	241,252	29,512	12.2%	Benefits	1,844,521	1,900,907	56,386	3.0%	4	1,858,535
3,404	3,157	(247)	-7.8%	Benefits Workers Compensation	30,640	28,413	(2,227)	-7.8%	4	22,328
117,935	119,744	1,809	1.5%	Benefits Medical Insurance	1,194,193	1,077,696	(116,497)	-10.8%	4	1,023,702
149,720	152,247	2,527	1.7%	Medical Professional Fees	1,373,503	1,355,003	(18,500)	-1.4%	5	1,356,978
1,706	2,306	600	26.0%	Other Professional Fees	18,606	20,756	2,150	10.4%	5	20,381
69,595	67,262	(2,333)	-3.5%	Supplies	1,006,802	585,564	(421,238)	-71.9%	6	534,731
72,210	71,519	(691)	-1.0%	Purchased Services	588,642	749,493	160,851	21.5%	7	648,560
79,289	103,671	24,382	23.5%	Other	1,059,175	918,337	(140,838)	-15.3%	8	935,215
1,328,146	1,464,152	136,006	9.3%	TOTAL OPERATING EXPENSE	12,967,540	12,659,041	(308,499)	-2.4%		11,707,499
783,262	**419,586**	**363,676**	**86.7%**	**NET OPERATING REV(EXP) EBIDA**	**4,479,515**	**3,761,647**	**717,868**	**19.1%**		**3,206,928**
				NON-OPERATING REVENUE/(EXPENSE)						
3,016	16,667	(13,651)	-81.9%	Donations-IVCH	241,450	150,000	91,450	61.0%	9	597,242
-	-	-	0.0%	Gain/ (Loss) on Sale	-		-	0.0%	10	-
(122,791)	(121,739)	(1,052)	0.9%	Depreciation	(1,106,632)	(1,095,095)	(11,537)	-1.1%	11	(854,652)
(1,276)	(1,253)	(23)	1.8%	Interest Expense	(12,493)	(12,179)	(314)	2.6%	12	(15,162)
(121,051)	(106,325)	(14,726)	-13.8%	TOTAL NON-OPERATING REVENUE/(EXP)	(877,675)	(957,274)	79,599	8.3%		(272,572)
$ 662,212	**$ 313,261**	**$ 348,951**	**111.4%**	**EXCESS REVENUE(EXPENSE)**	**$ 3,601,840**	**$ 2,804,373**	**$ 797,467**	**28.4%**		**$ 2,934,356**
23.8%	**11.8%**	**11.9%**		**RETURN ON GROSS REVENUE EBIDA**	**13.8%**	**12.1%**	**1.6%**			**11.4%**

INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
MARCH 2024

		Variance from Budget Fav<Unfav> MAR 2024	Variance from Budget Fav<Unfav> YTD 2024
1) Gross Revenues			
Acute Patient Days were below budget by 1 at 0 and Observation Days were at budget at 0.	Gross Revenue -- Inpatient	$ (8,447)	$ (46,531)
	Gross Revenue -- Outpatient	(246,974)	1,580,810
	Total	$ (255,421)	$ 1,534,279
Outpatient volumes were below budget in Emergency Dept visits, Lab tests, Lab Send Out tests, CT Scans, Drugs Sold to Patients, Respiratory Therapy, Physical Therapy, and Speech Therapy.			
Outpatient volumes were above budget in Surgery cases, EKG's, Diagnostic Imaging, Ultrasounds, Oncology Drugs Sold to Patients, and Occupational Therapy.			
2) Total Deductions from Revenue			
We saw a shift in our payor mix with a 1.57% increase in Medicare, a 2.57% decrease in Medicaid, a 1.80% increase in Commercial insurance, a 0.80% decrease in Other, and County was at budget. We saw a shift in Payor Mix from Medicaid to Medicare and Commercial and Revenues were below budget 7.2%, creating a positive variance in Contractual Allowances.	Contractual Allowances	$ 286,959	$ (865,484)
	Charity Care	98,140	506,839
	Bad Debt	(58,947)	(540,341)
	Prior Period Settlement	-	149,617
	Total	$ 326,152	$ (749,368)
3) Other Operating Revenue			
IVCH ER Physician Guarantee is tied to collections, coming in above budget in March.	IVCH ER Physician Guarantee	$ 6,129	$ 76,560
	Miscellaneous	150,809	164,896
	Total	$ 156,938	$ 241,456
We received our first round of funding from the newly established Private Hospital Provider Tax program through the Nevada Department of Health, creating a positive variance in Miscellaneous.			
4) Salaries and Wages	Total	$ 80,449	$ 171,413
Employee Benefits	PL/SL	$ 25,631	$ 63,161
Sick Leave came in below budget, creating a positive variance in PL/SL.	Pension/Deferred Comp	-	445
	Standby	(246)	(7,399)
	Other	9,189	(11,912)
	Nonproductive	(5,063)	12,090
	Total	$ 29,512	$ 56,386
Employee Benefits - Workers Compensation	Total	$ (247)	$ (2,227)
Employee Benefits - Medical Insurance	Total	$ 1,809	$ (116,497)
5) Professional Fees	IVCH ER Physicians	$ 1,860	$ (22,960)
Decreased use of Call coverage created a positive variance in IVCH ER physicians.	Administration	-	-
	Miscellaneous	-	-
	Foundation	600	2,150
	Multi-Specialty Clinics	667	4,460
	Total	$ 3,127	$ (16,350)
6) Supplies	Pharmacy Supplies	$ (22,947)	$ (357,951)
Oncology Drugs Sold to Patients revenues were above budget 193.8%, creating a negative variance in Pharmacy Supplies.	Non-Medical Supplies	2,880	(67,255)
	Patient & Other Medical Supplies	18,318	(6,434)
	Office Supplies	(58)	344
Medical Supplies Sold to Patients revenues were below budget 53.3%, creating a positive variance in Patient & Other Medical Supplies.	Food	1,253	2,228
	Minor Equipment	(1,778)	7,830
	Total	$ (2,333)	$ (421,238)
Purchase of a Transport Chair for the Emergency Department created a negative variance in Minor Equipment. The purchase was covered through philanthropy efforts of the IVCH Foundation.			

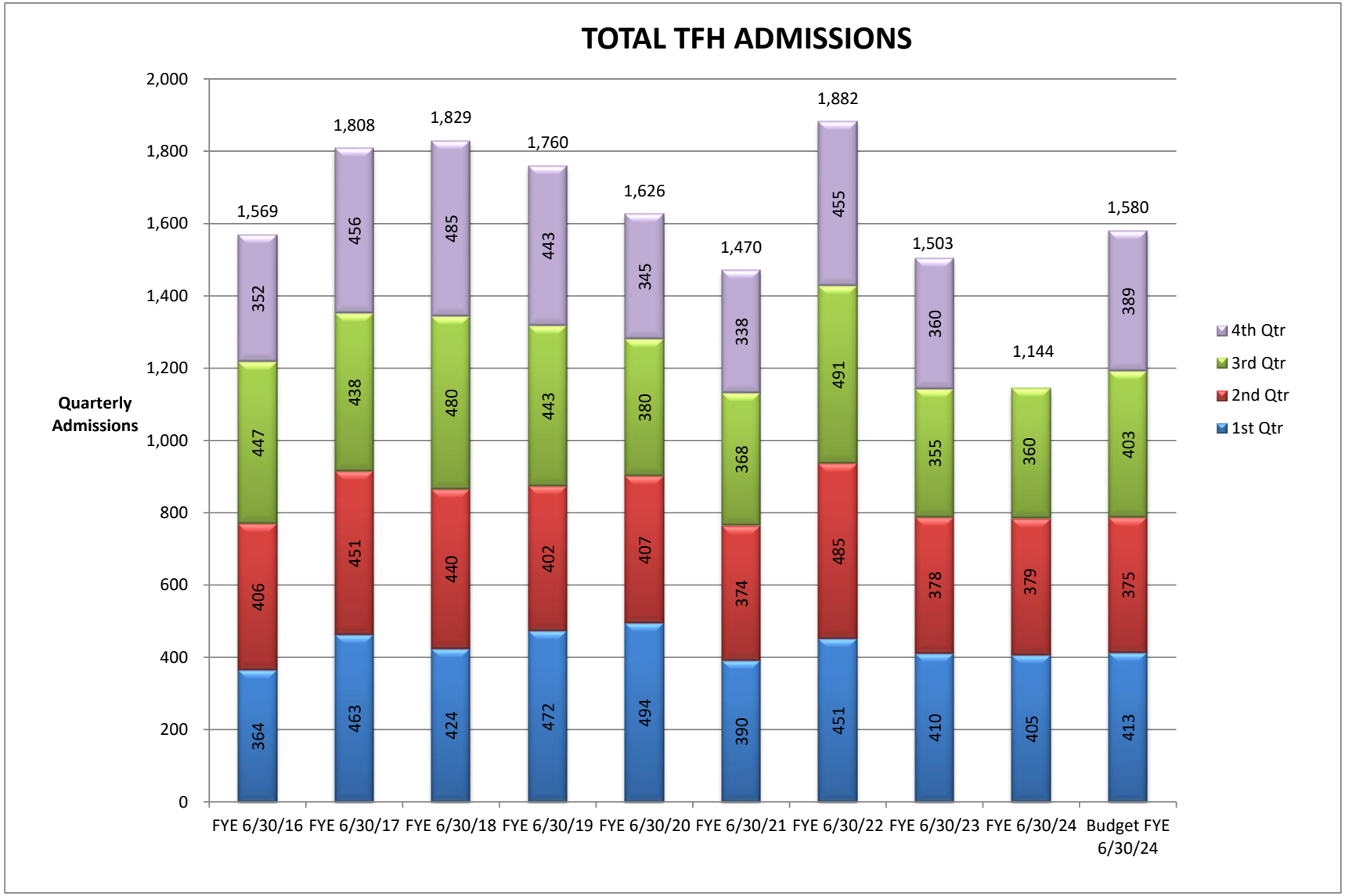
INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
MARCH 2024

		Variance from Budget Fav<Unfav>	
		MAR 2024	**YTD 2024**
7) Purchased Services	EVS/Laundry	$ (2,394)	$ (23,605)
Laundry & Linen costs per week have increased, creating a negative variance in EVS/Laundry.	Laboratory	1,683	(10,397)
	Engineering/Plant/Communications	(3,284)	(10,015)
	Diagnostic Imaging Services - All	(633)	(6,409)
Preventative maintenance work on the Hospital's generator created a negative variance in Engineering/Plant/Communications.	Department Repairs	274	(1,478)
	Pharmacy	(204)	124
	Multi-Specialty Clinics	(650)	186
Snow removal for March came in below budget, creating a positive variance in Miscellaneous.	Miscellaneous	3,183	4,565
	Foundation	1,333	207,882
	Total	$ (691)	$ 160,851
8) Other Expenses	Miscellaneous	$ 1,900	$ (176,985)
A rental rate increase for the IVCH Physical Therapy building created a negative variance in Other Building Rent.	Other Building Rent	(5,431)	(39,912)
	Equipment Rent	(3,504)	(19,411)
	Dues and Subscriptions	(2,098)	(19,040)
Oxygen tank rentals created a negative variance in Equipment Rent.	Multi-Specialty Clinics Bldg. Rent	(315)	(3,084)
	Insurance	716	2,775
Dues & Subscriptions were above budget in MSC Ophthalmology, Physical Therapy, and Administration.	Marketing	(37)	10,305
	Outside Training & Travel	3,291	24,900
	Utilities	29,861	79,614
Utility deposits paid in a prior period were reclassed to an Asset account, creating a positive variance in Utilities.	Physician Services	-	-
	Total	$ 24,382	$ (140,838)
9) Donations	Total	$ (13,651)	$ 91,450
10) Gain/(Loss) on Sale	Total	$ -	$ -
11) Depreciation Expense	Total	$ (1,052)	$ (11,537)
12) Interest Expense	Total	$ (23)	$ (314)

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	AUDITED FYE 2023		BUDGET FYE 2024	PROJECTED FYE 2024	**ACTUAL MAR 2024**	**PROJECTED MAR 2024**	**DIFFERENCE**	ACTUAL 1ST QTR	ACTUAL 2ND QTR	ACTUAL 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	31,312,720		12,535,783	35,160,865	$ 7,840,364	$ 1,620,960	$ 6,219,404	6,814,877	8,454,556	17,644,059	2,247,373
Interest Income	1,348,932		2,000,000	2,655,140	162,759	75,000	87,759	582,090	793,177	779,873	500,000
Property Tax Revenue	10,063,960		10,190,000	10,567,867	19,417	-	19,417	596,999	119,101	5,711,767	4,140,000
Donations	1,574,358		6,733,375	6,945,500	18,961	26,115	(7,153)	149,171	519,826	198,158	6,078,344
Debt Service Payments	(5,216,044)		(3,981,665)	(4,004,259)	(346,806)	(209,852)	(136,954)	(1,054,410)	(914,891)	(892,541)	(1,142,417)
Property Purchase Agreement	(811,927)		(811,927)	(811,928)	(67,661)	(67,661)	-	(202,983)	(202,982)	(202,982)	(202,982)
2018 Municipal Lease	(1,717,326)		(715,553)	(715,417)	-	-	-	(429,332)	(286,086)	-	-
Copier	(63,919)		(47,871)	(42,000)	(4,950)	(5,094)	144	(10,803)	(14,531)	(14,640)	(2,025)
2017 VR Demand Bond	(840,606)		(761,145)	(785,745)	-	-	-	-	-	(122,530)	(663,215)
2015 Revenue Bond	(1,782,266)		(1,645,169)	(1,649,169)	(274,195)	(137,097)	(137,098)	(411,292)	(411,292)	(552,389)	(274,195)
Physician Recruitment	(476,666)		(1,146,666)	(479,999)	-	(116,666)	116,666	(83,333)	(63,333)	-	(333,333)
Investment in Capital											
Equipment	(2,315,113)		(4,545,602)	(4,194,769)	(229,487)	(214,901)	(14,586)	(682,703)	(2,054,687)	(812,676)	(644,702)
IT/EMR/Business Systems	(710,081)		(2,818,739)	(1,039,200)	-	(250,000)	250,000	-	(39,200)	-	(1,000,000)
Building Projects/Properties	(21,471,856)		(21,287,010)	(18,050,180)	(1,146,611)	(2,442,420)	1,295,809	(2,714,000)	(4,645,442)	(2,236,251)	(8,454,487)
Change in Accounts Receivable	(6,688,560)	N1	(2,859,354)	(5,227,301)	(2,881,833)	(5,018,273)	2,136,440	1,910,240	1,024,514	(7,849,100)	(312,955)
Change in Settlement Accounts	(8,255,522)	N2	4,265,118	6,739,012	5,923,266	(1,603,267)	7,526,533	(2,878,378)	(1,769,412)	1,058,237	10,328,565
Change in Other Assets	(8,902,354)	N3	(3,500,000)	(4,701,870)	(531,086)	500,000	(1,031,086)	(2,377,128)	190,662	(1,265,403)	(1,250,000)
Change in Other Liabilities	328,247	N4	(4,400,000)	(4,448,645)	(1,949,185)	(3,812,458)	1,863,273	(3,216,855)	(2,172,544)	(4,621,872)	5,562,626
Change in Cash Balance	(9,407,979)		(8,814,760)	19,922,162	6,879,760	(11,445,763)	18,325,523	(2,953,429)	(557,673)	7,714,251	15,719,013
Beginning Unrestricted Cash	154,252,753		144,844,775	144,844,775	142,168,164	142,168,164	-	144,844,775	141,891,346	141,333,673	149,047,924
Ending Unrestricted Cash	144,844,775		136,030,015	164,766,937	149,047,924	130,722,401	18,325,523	141,891,346	141,333,673	149,047,924	164,766,937
Operating Cash	144,844,775		136,030,015	164,766,937	149,047,924	130,722,401	18,325,523	141,891,346	141,333,673	149,047,924	164,766,937
Expense Per Day	750,945		800,841	781,089	771,389	797,677	(26,288)	753,622	769,434	771,389	781,089
Days Cash On Hand	193		170	211	193	164	29	188	184	193	211

Footnotes:
N1 - Change in Accounts Receivable reflects the 30 day delay in collections.
N2 - Change in Settlement Accounts reflect cash flows in and out related to prior year and current year Medicare and Medi-Cal settlement accounts.
N3 - Change in Other Assets reflect fluctuations in asset accounts on the Balance Sheet that effect cash. For example, an increase in prepaid expense immediately effects cash but not EBIDA.
N4 - Change in Other Liabilities reflect fluctuations in liability accounts on the Balance Sheet that effect cash. For example, an increase in accounts payable effects EBIDA but not cash.


TOTAL TFH ADMISSIONS
Quarterly Admissions
2,000
1,800
1,600
1,400
1,200
1,000
800
600
400
200
0
1,569
1,808
1,829
1,760
1,626
1,470
1,882
1,503
1,144
1,580
364
406
447
352
463
451
438
456
424
440
480
485
472
402
443
443
494
407
380
345
390
374
368
338
451
485
491
455
410
378
355
360
405
379
360
413
375
403
389
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr
FYE 6/30/16
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
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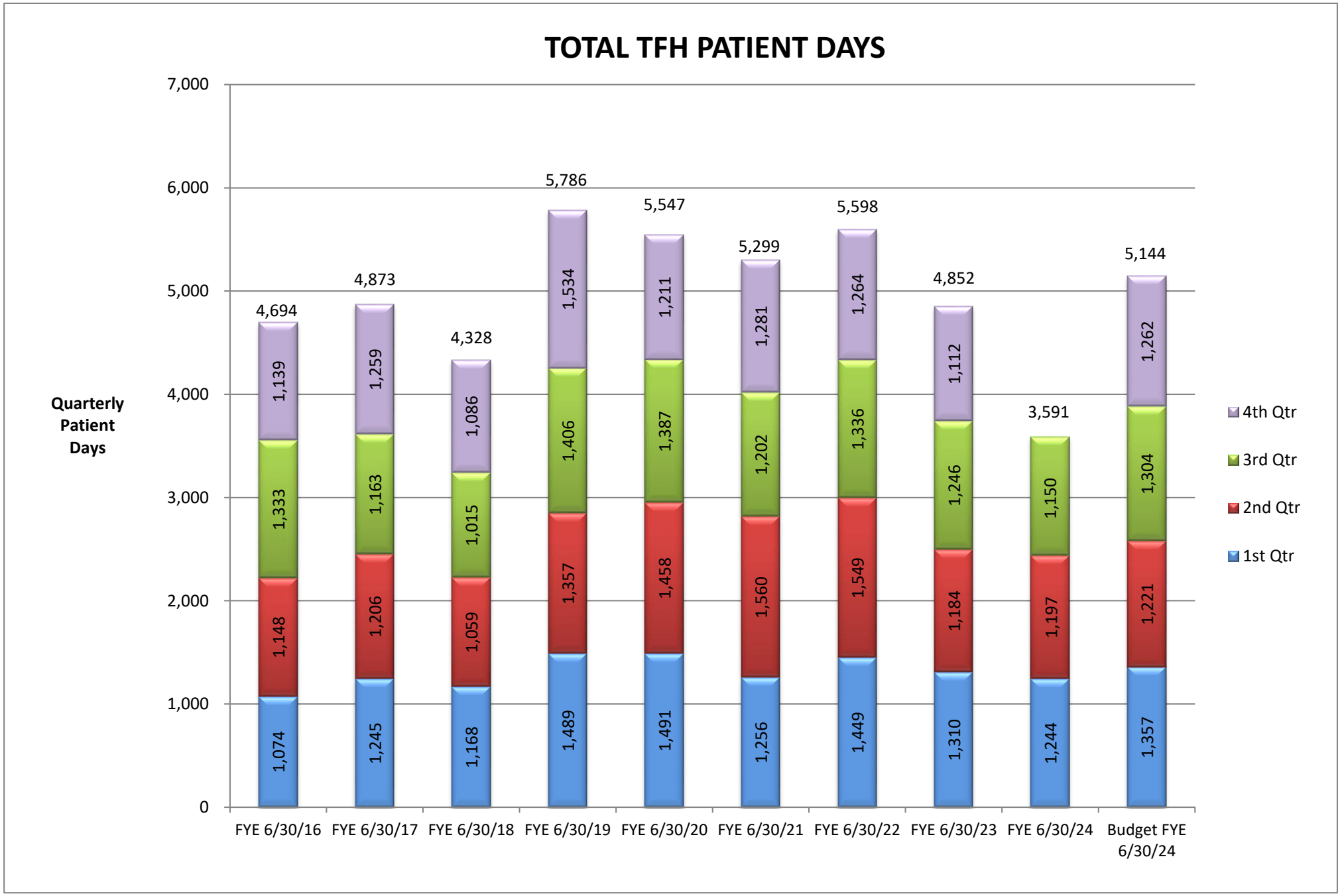
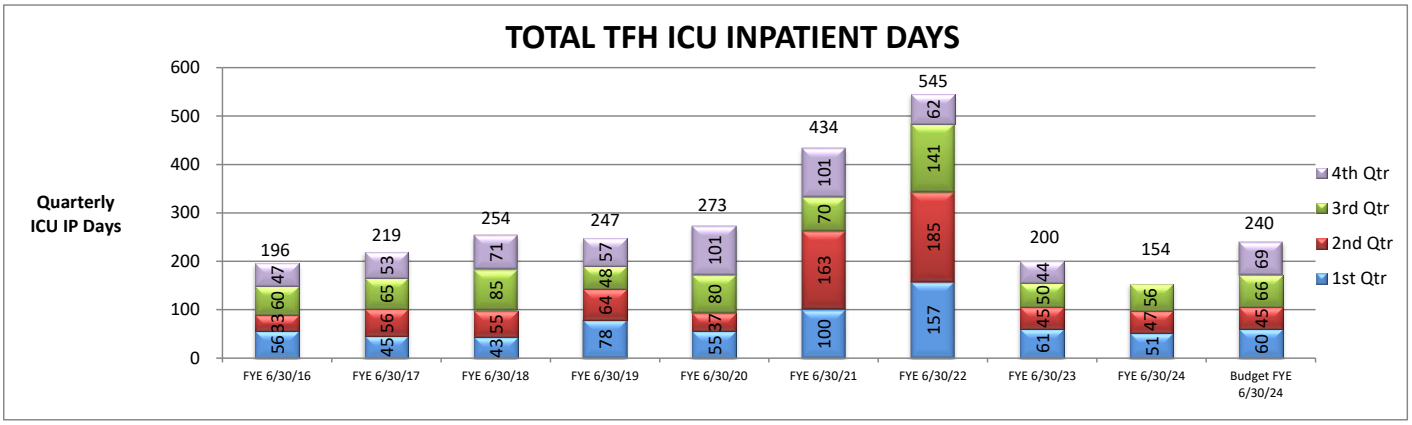
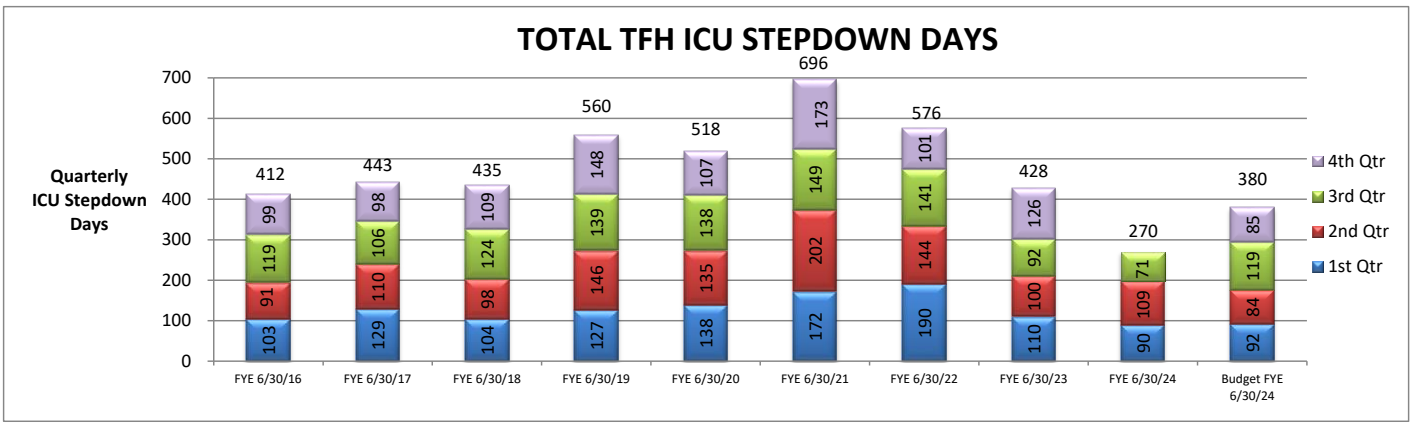
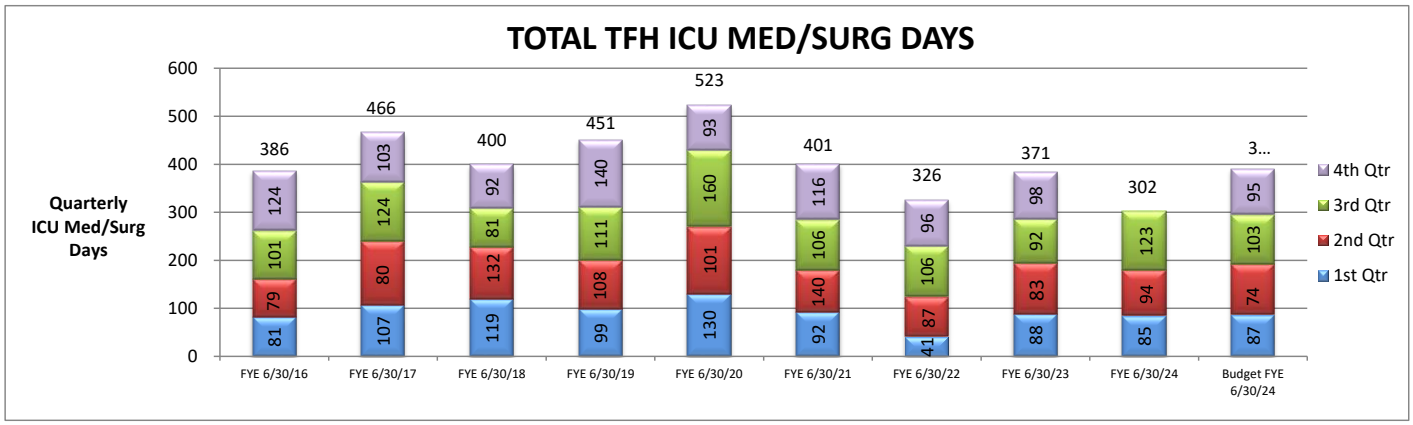
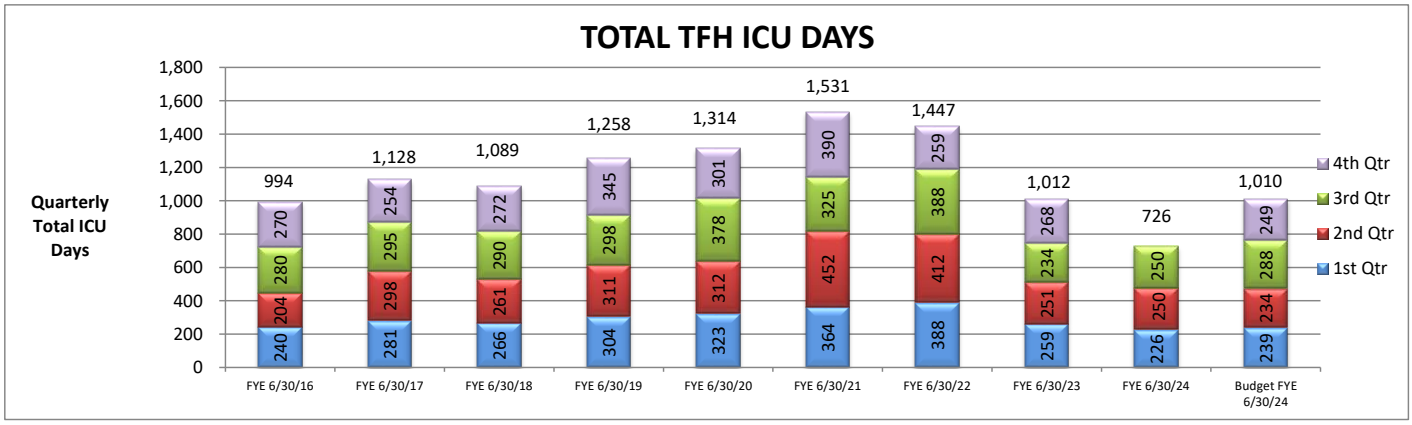
FYE 6/30/23
FYE 6/30/24
Budget FYE 6/30/24

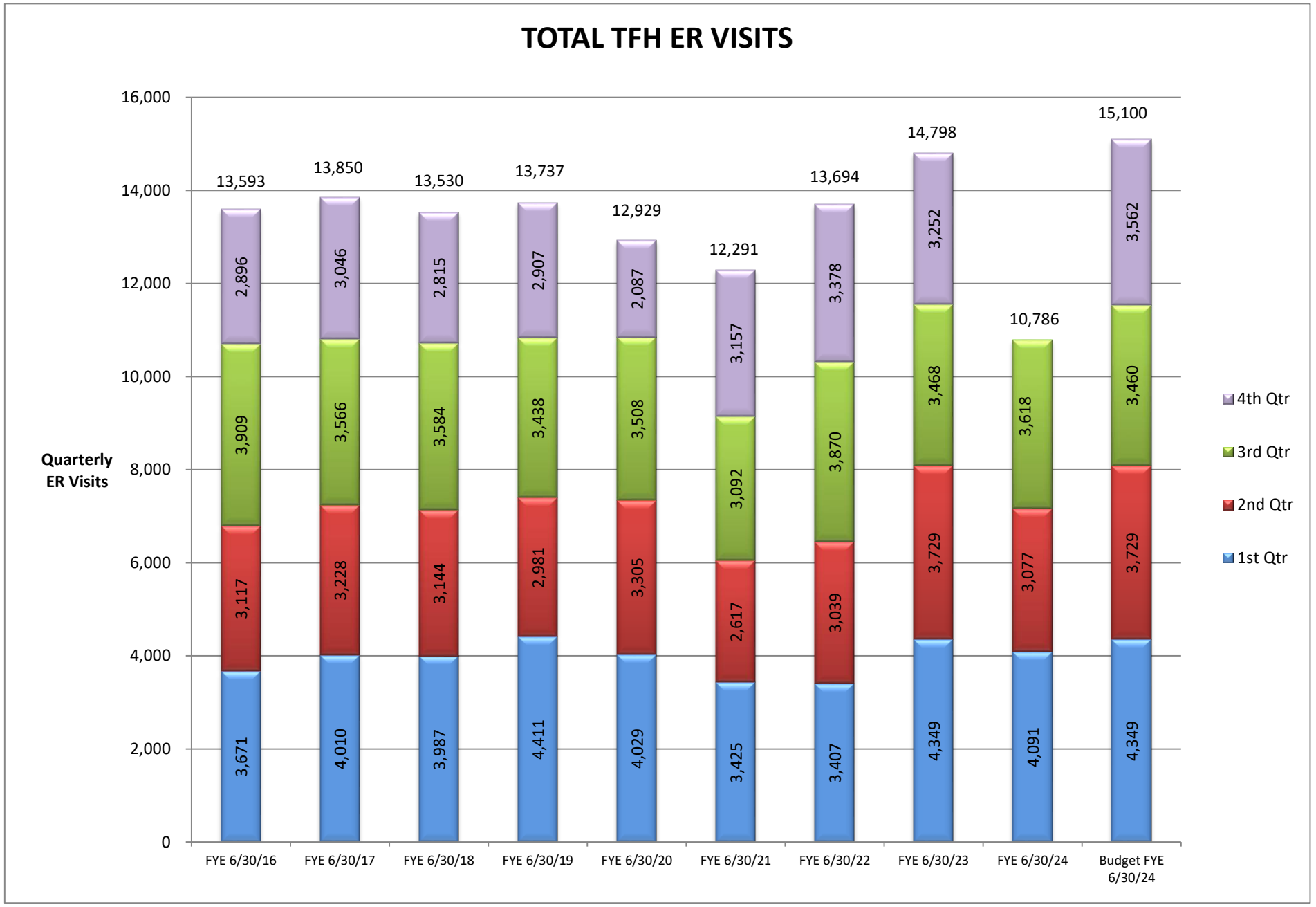

TOTAL TFH PATIENT DAYS
Quarterly Patient Days
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
4,694
4,873
4,328
5,786
5,547
5,299
5,598
4,852
3,591
5,144
1,139
1,259
1,086
1,534
1,211
1,281
1,264
1,112
1,150
1,262
1,333
1,163
1,015
1,406
1,387
1,202
1,336
1,246
1,304
1,148
1,206
1,059
1,357
1,458
1,560
1,549
1,184
1,197
1,221
1,074
1,245
1,168
1,489
1,491
1,256
1,449
1,310
1,244
1,357
FYE 6/30/16
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
Budget FYE 6/30/24
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

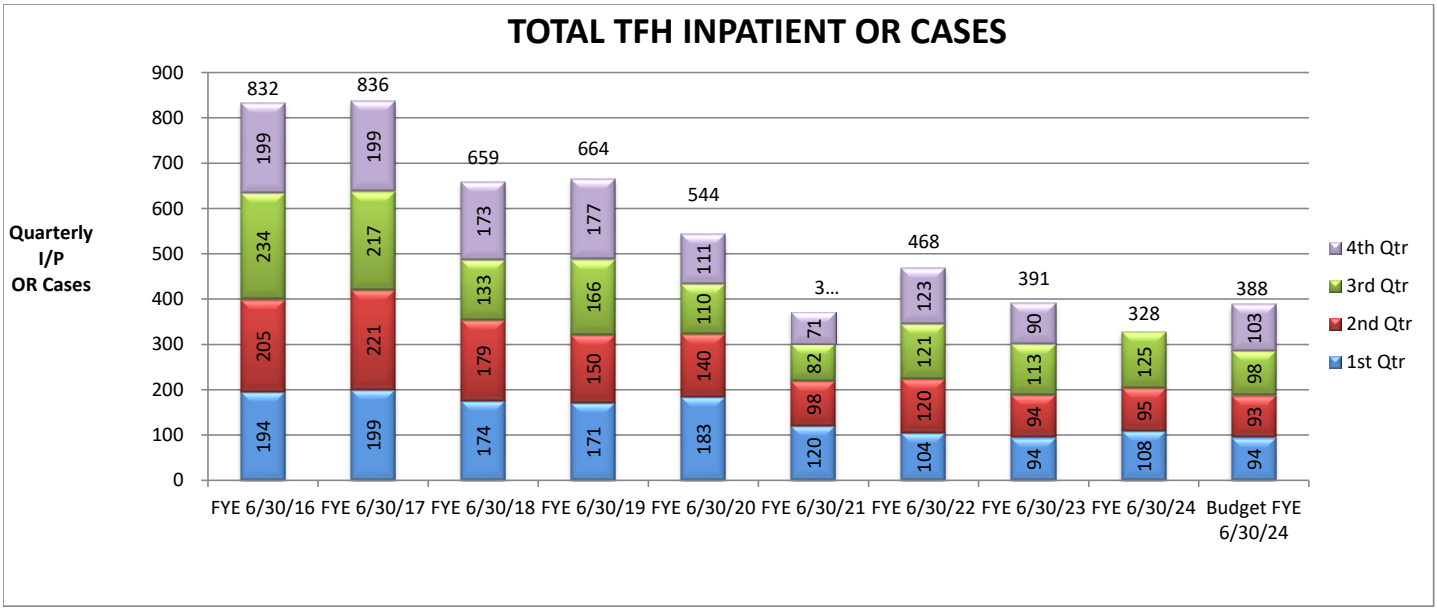

TOTAL TFH ICU INPATIENT DAYS
Quarterly ICU IP Days
600
500
400
300
200
100
0
196
219
254
247
273
434
545
200
154
240
56 33 60 47
45 56 65 53
43 55 85 71
78 64 48 57
55 37 80 101
100 163 70 101
157 185 141 62
61 45 50 44
51 47 56
60 45 66 69
FYE 6/30/16
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
Budget FYE 6/30/24
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

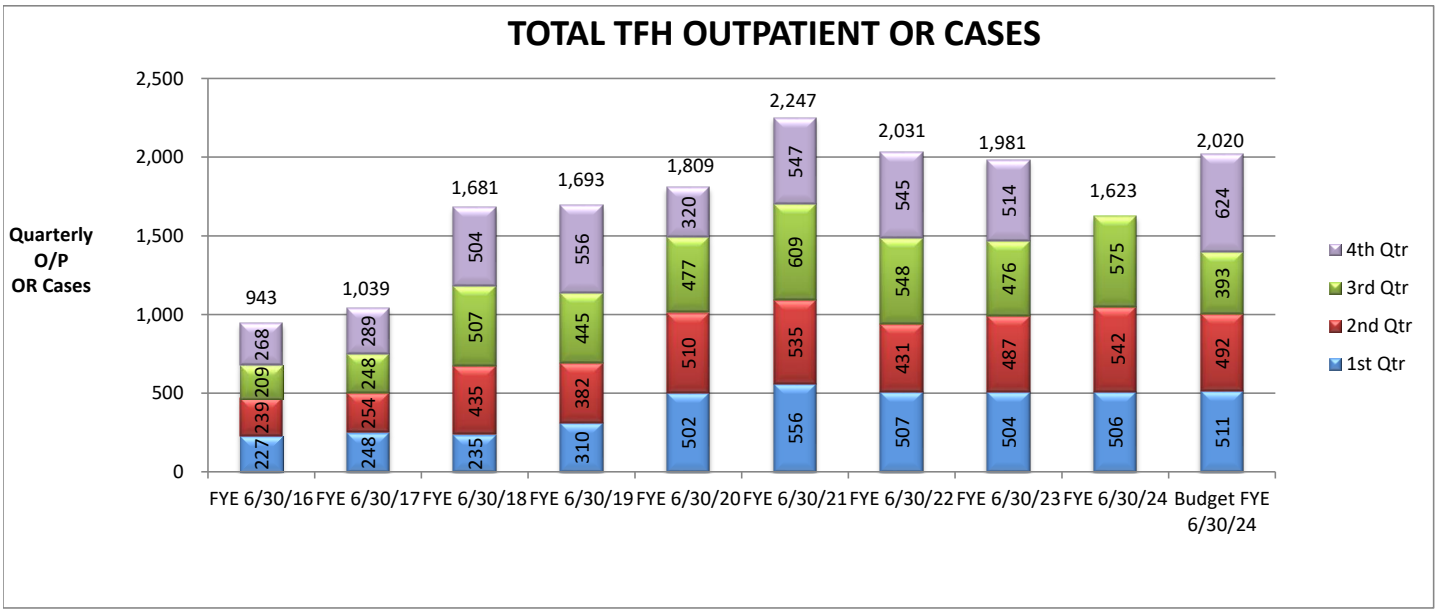

TOTAL TFH ICU STEPDOWN DAYS
Quarterly ICU Stepdown Days
700
600
500
400
300
200
100
0
412
443
435
560
518
696
576
428
270
380
103 91 119 99
129 110 106 98
104 98 124 109
127 146 139 148
138 135 138 107
172 202 149 173
190 144 141 101
110 100 92 126
90 109 71
92 84 119 85
FYE 6/30/16
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
Budget FYE 6/30/24
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

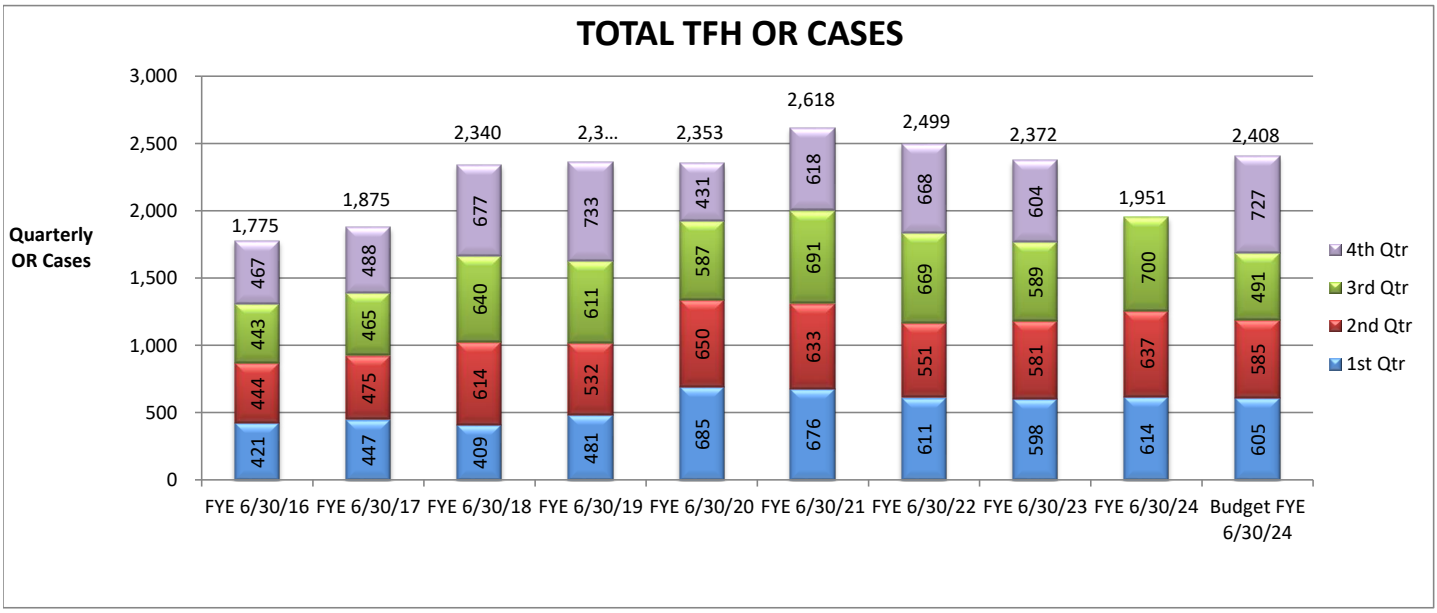

TOTAL TFH ICU MED/SURG DAYS
Quarterly ICU Med/Surg Days
600
500
400
300
200
100
0
386
466
400
451
523
401
326
371
302
3...
81 79 101 124
107 80 124 103
119 132 81 92
99 108 111 140
130 101 160 93
92 140 106 116
41 87 106 96
88 83 92 98
85 94 123
87 74 103 95
FYE 6/30/16
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
Budget FYE 6/30/24
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

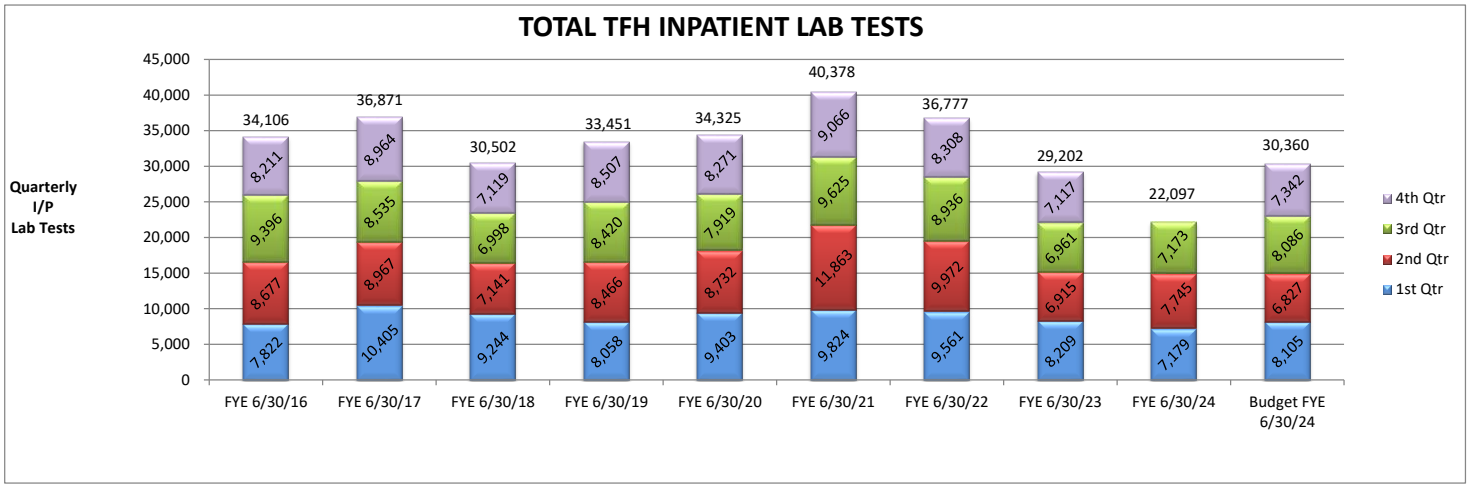

TOTAL TFH ICU DAYS
Quarterly Total ICU Days
1,800
1,600
1,400
1,200
1,000
800
600
400
200
0
994
1,128
1,089
1,258
1,314
1,531
1,447
1,012
726
1,010
240 204 280 270
281 298 295 254
266 261 290 272
304 311 298 345
323 312 378 301
364 452 325 390
388 412 388 259
259 251 234 268
226 250 250
239 234 288 249
FYE 6/30/16
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
Budget FYE 6/30/24
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

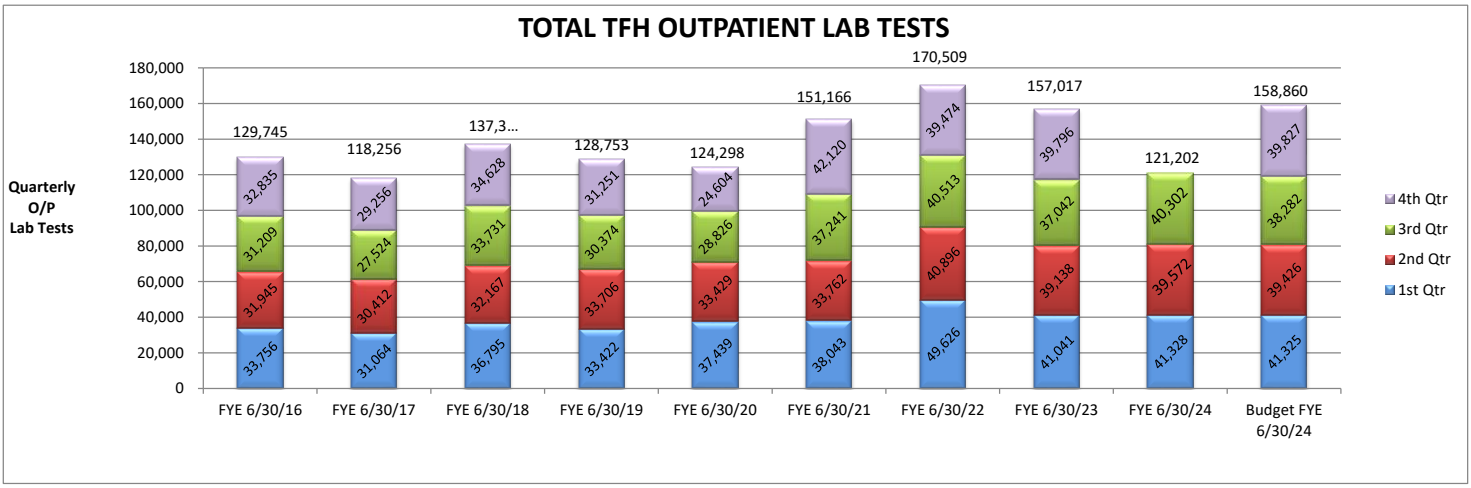

TOTAL TFH ER VISITS
Quarterly ER Visits
16,000
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
13,593
13,850
13,530
13,737
12,929
12,291
13,694
14,798
10,786
15,100
2,896
3,046
2,815
2,907
2,087
3,157
3,378
3,252
3,562
3,909
3,566
3,584
3,438
3,508
3,092
3,870
3,468
3,618
3,460
3,117
3,228
3,144
2,981
3,305
2,617
3,039
3,729
3,077
3,729
3,671
4,010
3,987
4,411
4,029
3,425
3,407
4,349
4,091
4,349
FYE 6/30/16
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
Budget FYE 6/30/24
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

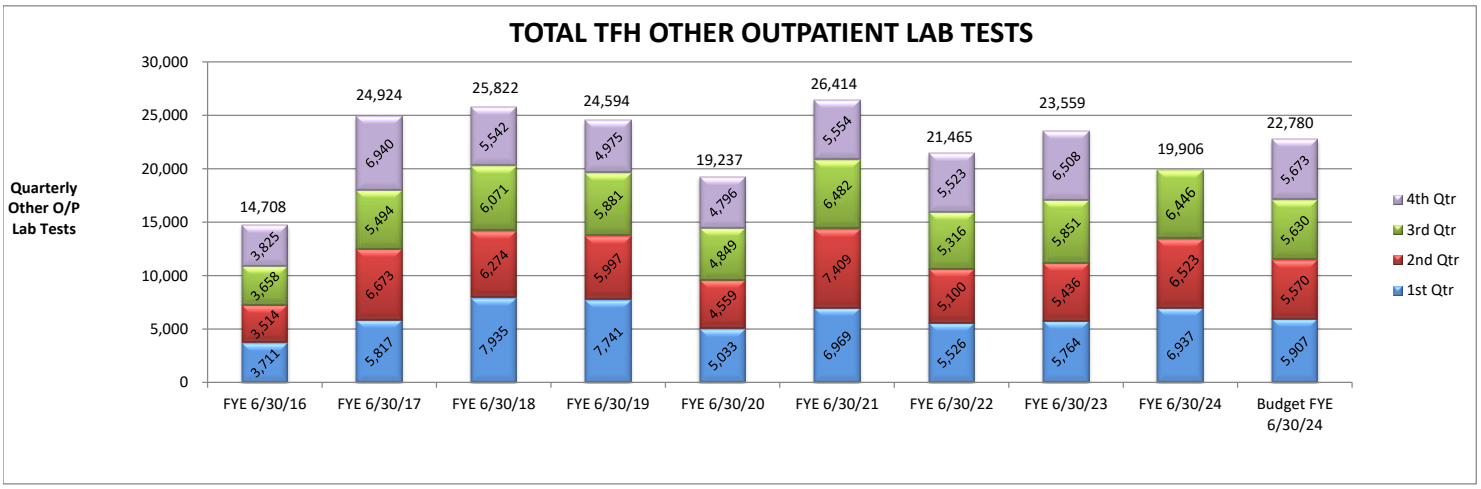

TOTAL TFH INPATIENT OR CASES
Quarterly I/P OR Cases
900
800
700
600
500
400
300
200
100
0
832
836
659
664
544
3...
468
391
328
388
194 205 234 199
199 221 217 199
174 179 133 173
171 150 166 177
183 140 110 111
120 98 82 71
104 120 121 123
94 94 113 90
108 95 125
94 93 98 103
FYE 6/30/16
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
Budget FYE 6/30/24
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

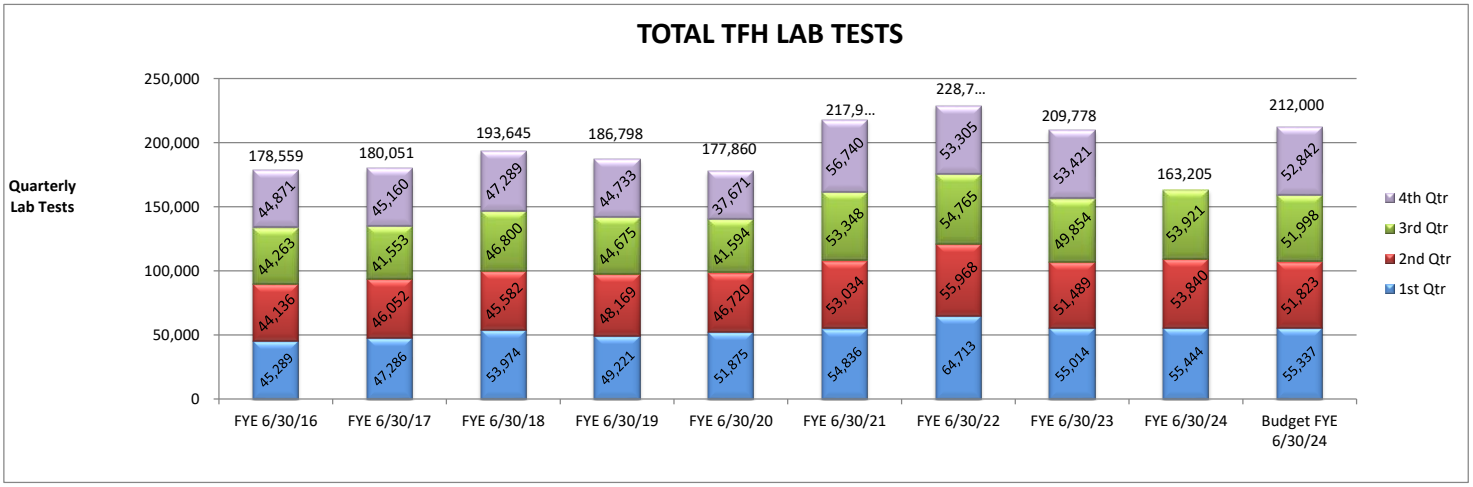

TOTAL TFH OUTPATIENT OR CASES
Quarterly O/P OR Cases
2,500
2,000
1,500
1,000
500
0
943
1,039
1,681
1,693
1,809
2,247
2,031
1,981
1,623
2,020
227 239 209 268
248 254 248 289
235 435 507 504
310 382 445 556
502 510 477 320
556 535 609 547
507 431 548 545
504 487 476 514
506 542 575
511 492 393 624
FYE 6/30/16
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
Budget FYE 6/30/24
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr


TOTAL TFH OR CASES
Quarterly OR Cases
3,000
2,500
2,000
1,500
1,000
500
0
1,775
1,875
2,340
2,3...
2,353
2,618
2,499
2,372
1,951
2,408
421 444 443 467
447 475 465 488
409 614 640 677
481 532 611 733
685 650 587 431
676 633 691 618
611 551 669 668
598 581 589 604
614 637 700
605 585 491 727
FYE 6/30/16
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
Budget FYE 6/30/24
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

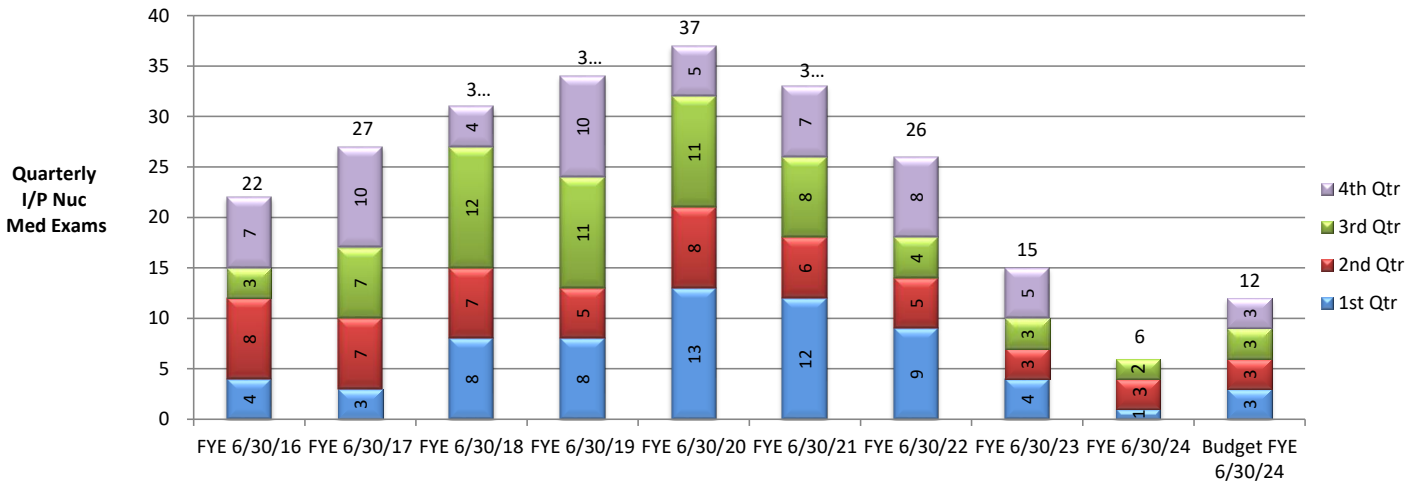

TOTAL TFH INPATIENT LAB TESTS
Quarterly I/P Lab Tests
45,000
40,000
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
34,106
36,871
30,502
33,451
34,325
40,378
36,777
29,202
22,097
30,360
8,211
8,964
7,119
8,507
8,271
9,066
8,308
7,117
7,173
7,342
9,396
8,535
6,998
8,420
7,919
9,625
8,936
6,961
7,745
8,086
8,677
8,967
7,141
8,466
8,732
11,863
9,972
6,915
7,179
6,827
7,822
10,405
9,244
8,058
9,403
9,824
9,561
8,209
8,105
FYE 6/30/16
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
Budget FYE 6/30/24
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr


TOTAL TFH OUTPATIENT LAB TESTS
Quarterly O/P Lab Tests
180,000
160,000
140,000
120,000
100,000
80,000
60,000
40,000
20,000
0
129,745
118,256
137,3...
128,753
124,298
151,166
170,509
157,017
121,202
158,860
32,835
29,256
34,628
31,251
24,604
42,120
39,474
39,796
40,302
39,827
31,209
27,524
33,731
30,374
28,826
37,241
40,513
37,042
38,282
31,945
30,412
32,167
33,706
33,429
33,762
40,896
39,138
39,572
39,426
33,756
31,064
36,795
33,422
37,439
38,043
49,626
41,041
41,328
41,325
FYE 6/30/16
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
Budget FYE 6/30/24
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

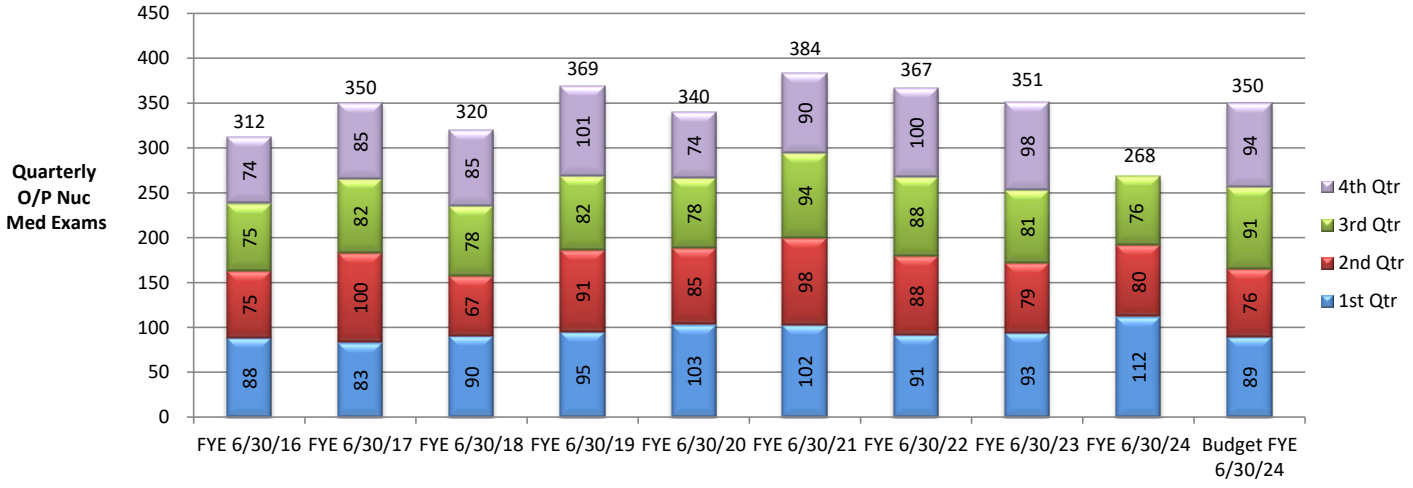

TOTAL TFH OTHER OUTPATIENT LAB TESTS
Quarterly Other O/P Lab Tests
30,000
25,000
20,000
15,000
10,000
5,000
0
14,708
24,924
25,822
24,594
19,237
26,414
21,465
23,559
19,906
22,780
3,825
6,940
5,542
4,975
4,796
5,554
5,523
6,508
6,446
5,673
3,658
5,494
6,071
5,881
4,849
6,482
5,316
5,851
6,523
5,630
3,514
6,673
6,274
5,997
4,559
7,409
5,100
5,436
5,570
3,711
5,817
7,935
7,741
5,033
6,969
5,526
5,764
6,937
5,907
FYE 6/30/16
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
Budget FYE 6/30/24
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr


TOTAL TFH LAB TESTS
Quarterly Lab Tests
250,000
200,000
150,000
100,000
50,000
0
178,559
180,051
193,645
186,798
177,860
217,9...
228,7...
209,778
163,205
212,000
44,871
45,160
47,289
44,733
37,671
56,740
53,305
53,421
52,842
44,253
41,553
46,800
44,675
41,594
53,348
54,765
49,854
53,921
51,998
44,136
46,052
45,582
48,169
46,720
53,034
55,968
51,489
53,840
51,823
45,289
47,286
53,974
49,221
51,875
54,836
64,713
55,014
55,444
55,337
FYE 6/30/16
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
Budget FYE 6/30/24
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

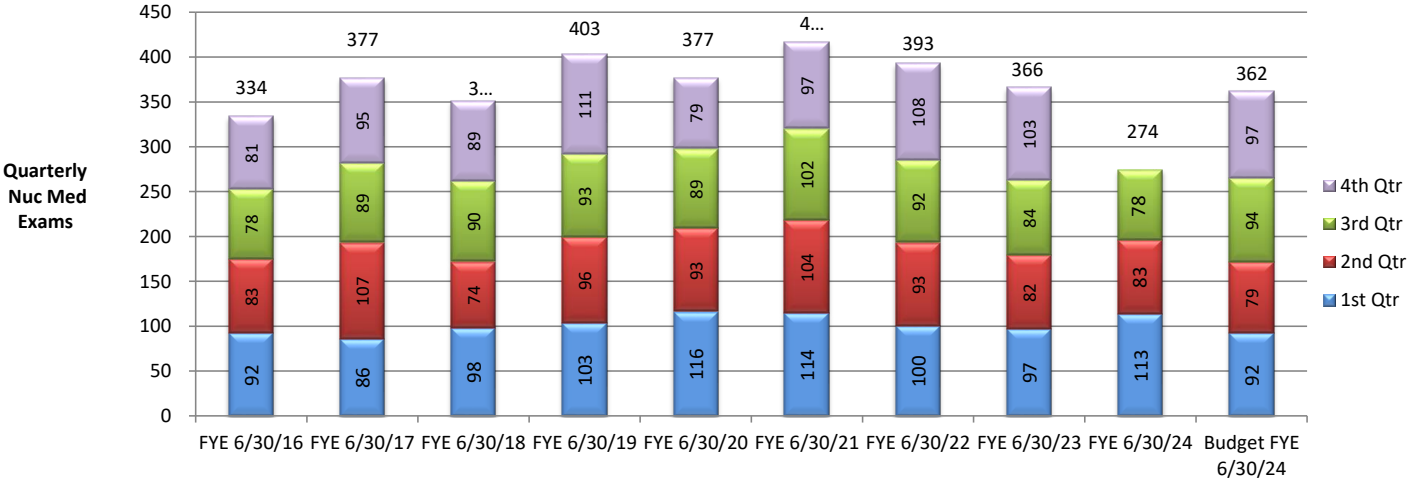
TOTAL TFH NUCLEAR MEDICINE INPATIENT EXAMS

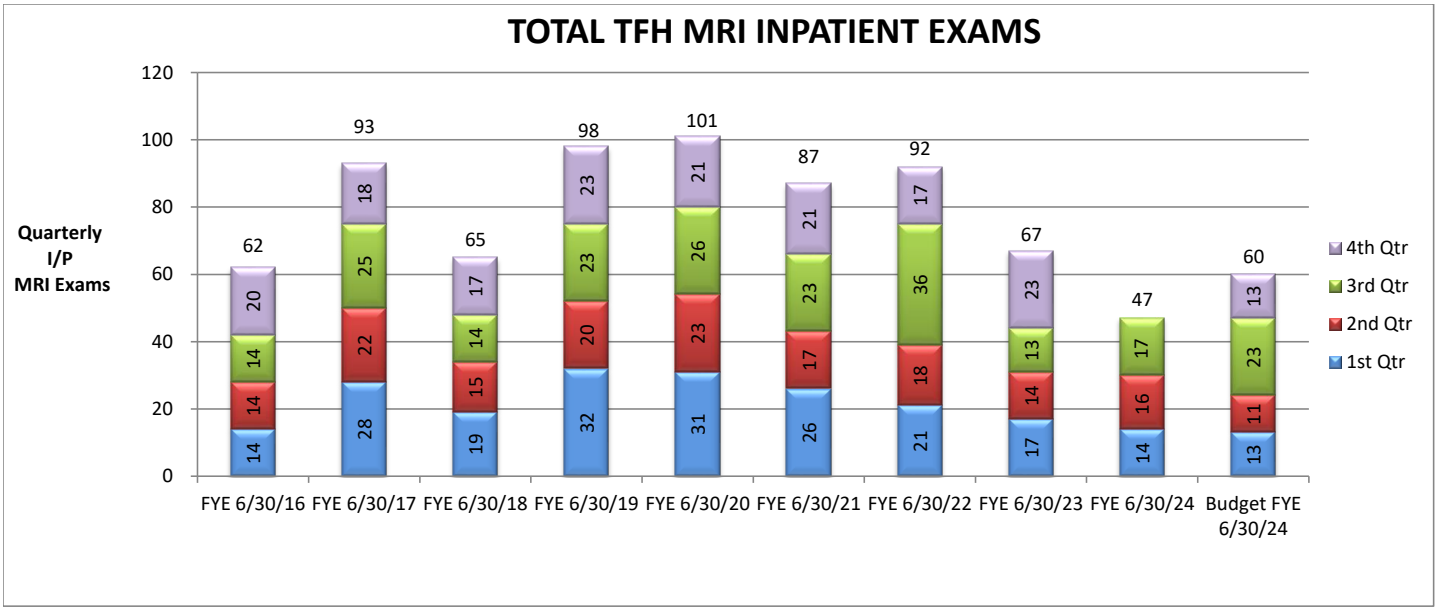


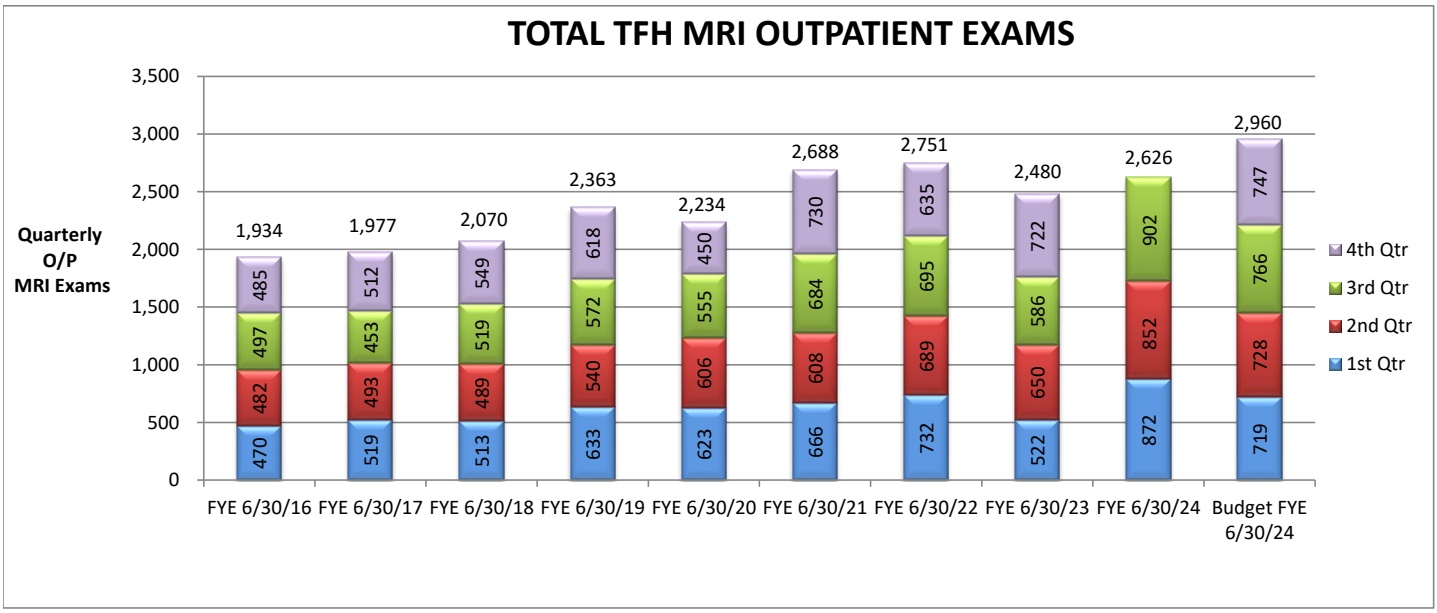
TOTAL TFH NUCLEAR MEDICINE OUTPATIENT EXAMS

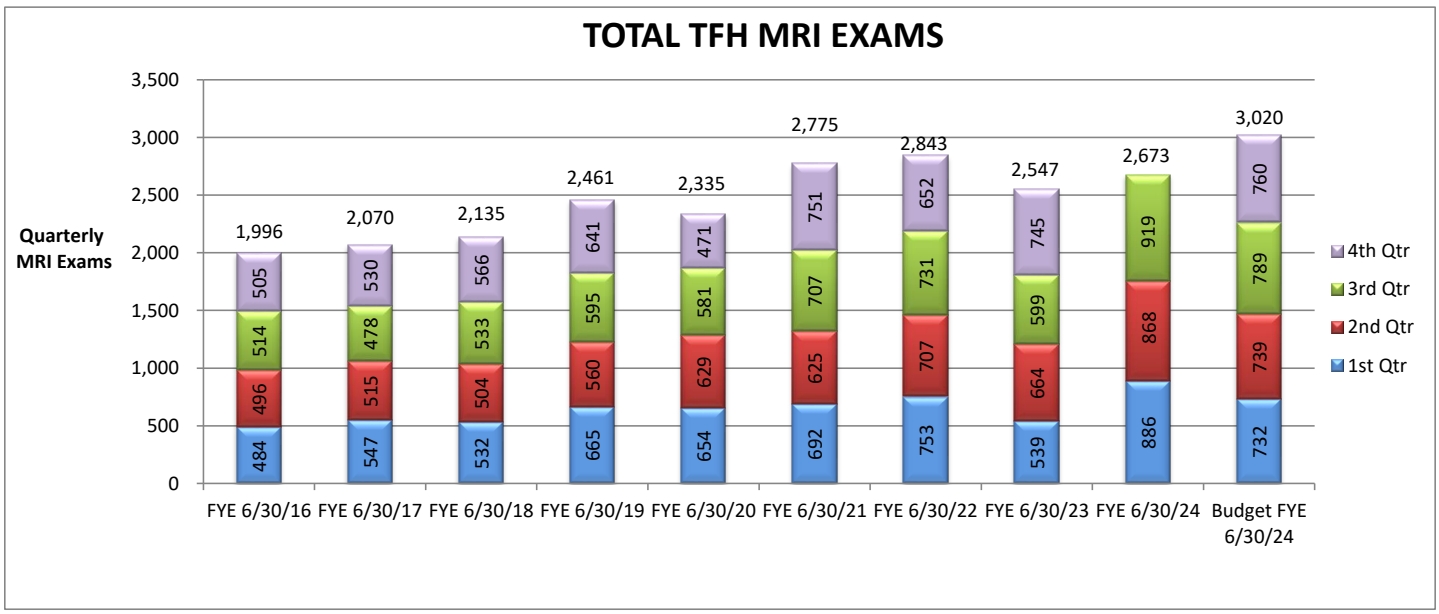


TOTAL TFH NUCLEAR MEDICINE EXAMS

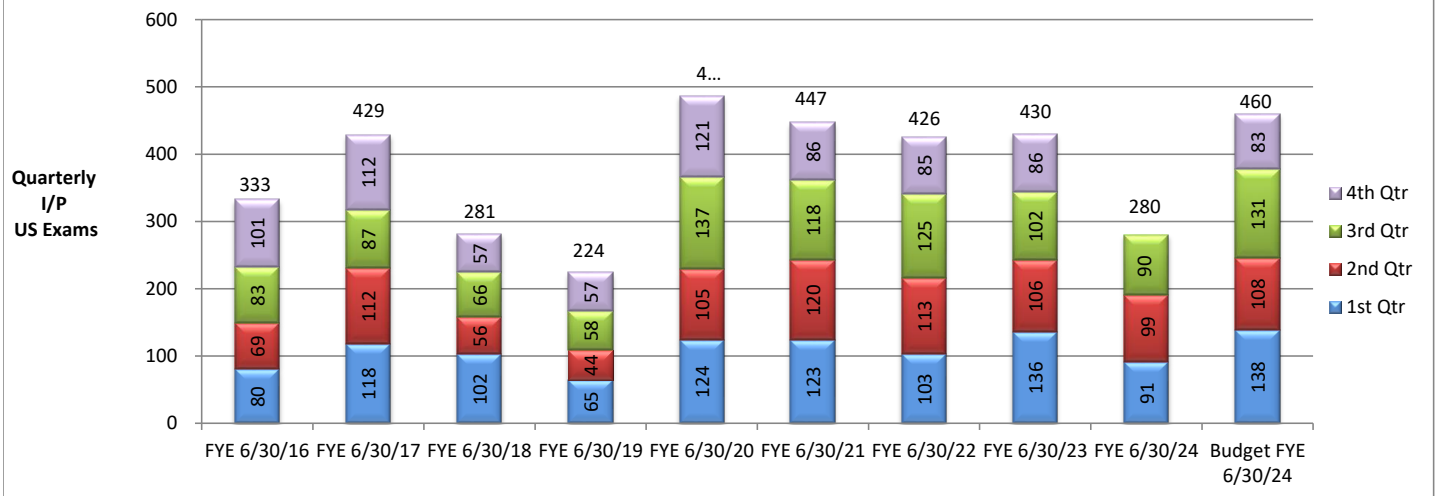



TOTAL TFH MRI INPATIENT EXAMS
Quarterly I/P MRI Exams
120
100
80
60
40
20
0
62
93
65
98
101
87
92
67
47
60
14 14 14 20
28 22 25 18
19 15 14 17
32 20 23 23
31 23 26 21
26 17 23 21
21 18 36 17
17 14 13 23
14 16 17
13 11 23 13
FYE 6/30/16
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
Budget FYE 6/30/24
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

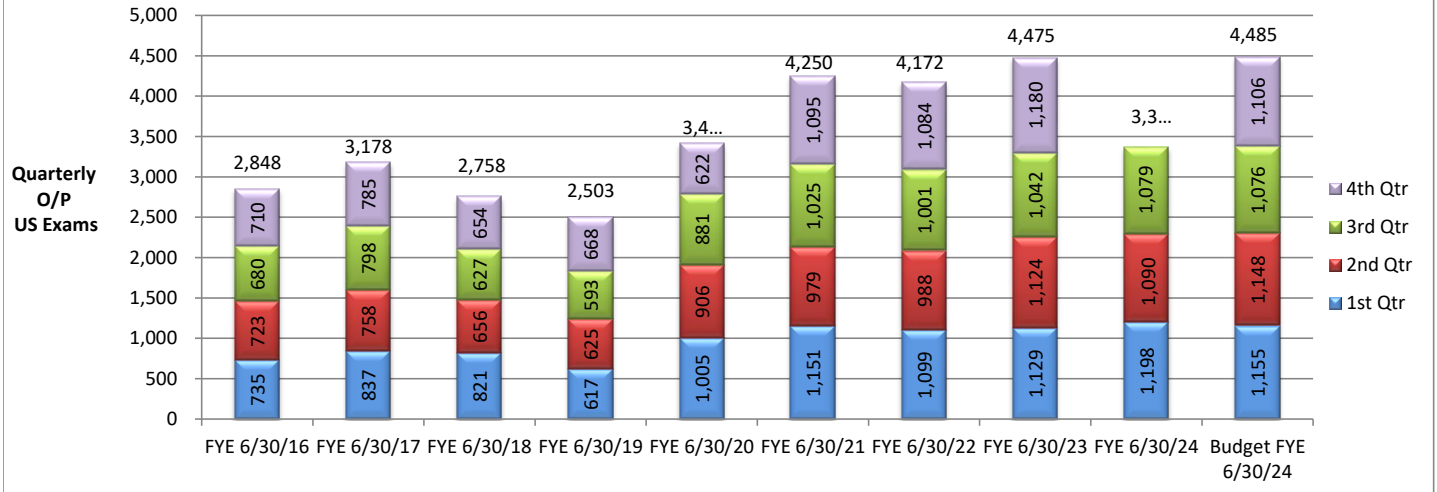

TOTAL TFH MRI OUTPATIENT EXAMS
Quarterly O/P MRI Exams
3,500
3,000
2,500
2,000
1,500
1,000
500
0
1,934
1,977
2,070
2,363
2,234
2,688
2,751
2,480
2,626
2,960
470 482 497 485
519 493 453 512
513 489 519 549
633 540 572 618
623 606 555 450
666 608 684 730
732 689 695 635
522 650 586 722
872 852 902
719 728 766 747
FYE 6/30/16
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
Budget FYE 6/30/24
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr


TOTAL TFH MRI EXAMS
Quarterly MRI Exams
3,500
3,000
2,500
2,000
1,500
1,000
500
0
1,996
2,070
2,135
2,461
2,335
2,775
2,843
2,547
2,673
3,020
484 496 514 505
547 515 478 530
532 504 533 566
665 560 595 641
654 629 581 471
692 625 707 751
753 707 731 652
539 664 599 745
886 868 919
732 739 789 760
FYE 6/30/16
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
Budget FYE 6/30/24
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

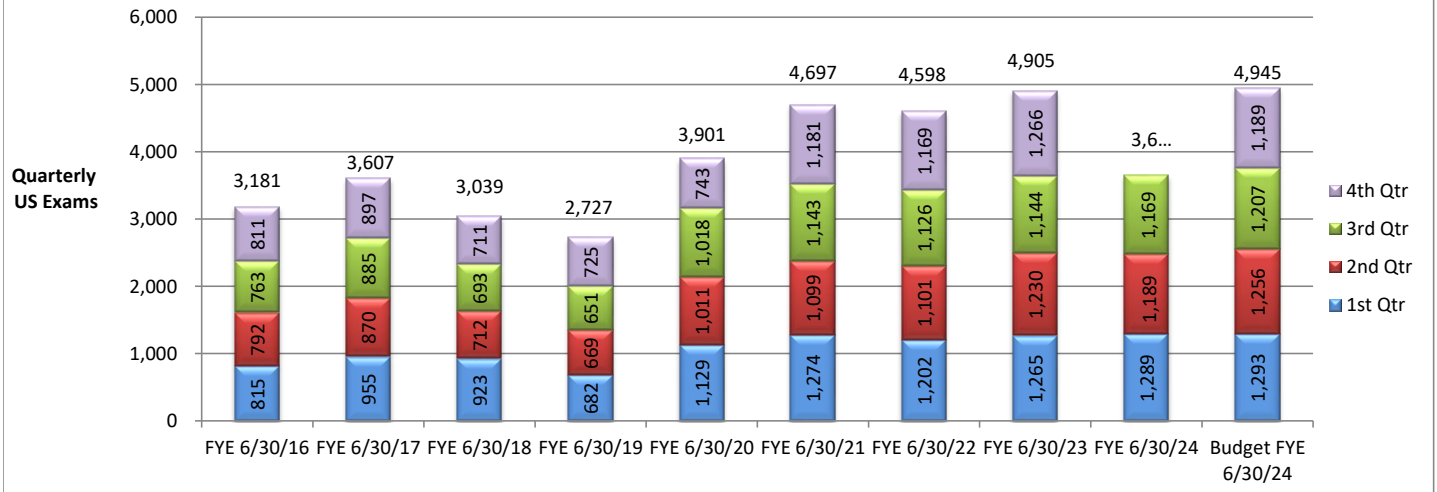
TOTAL TFH ULTRASOUND INPATIENT EXAMS

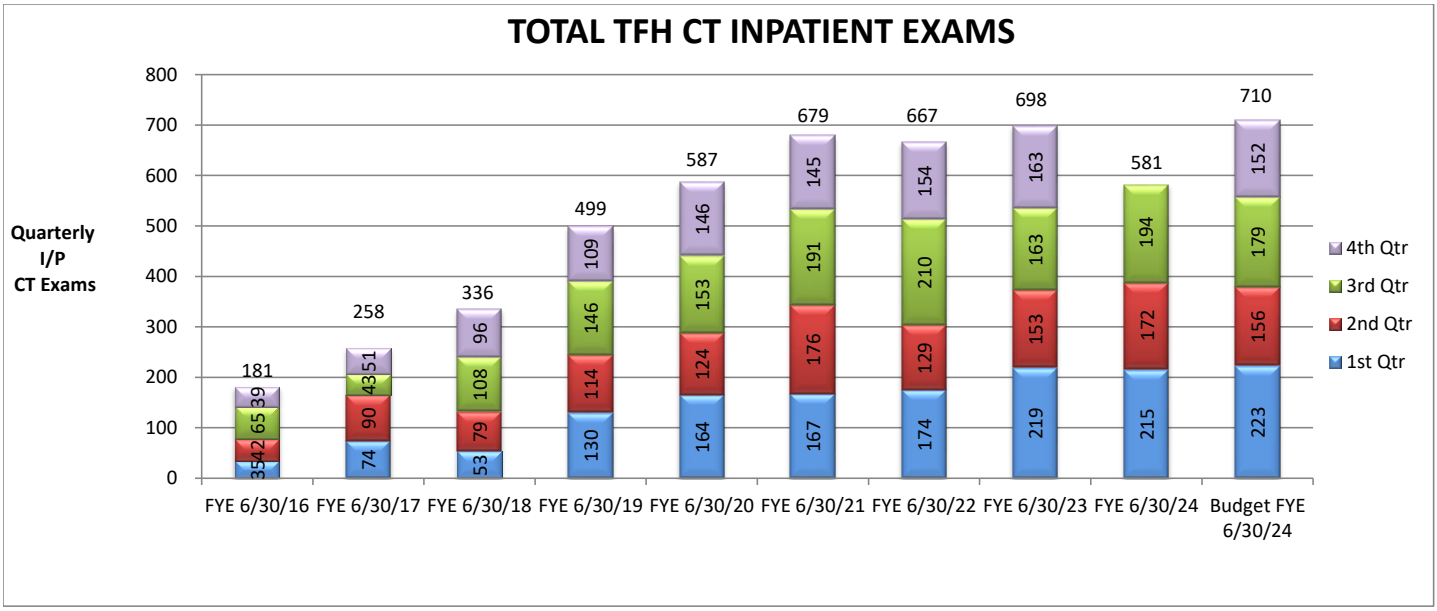


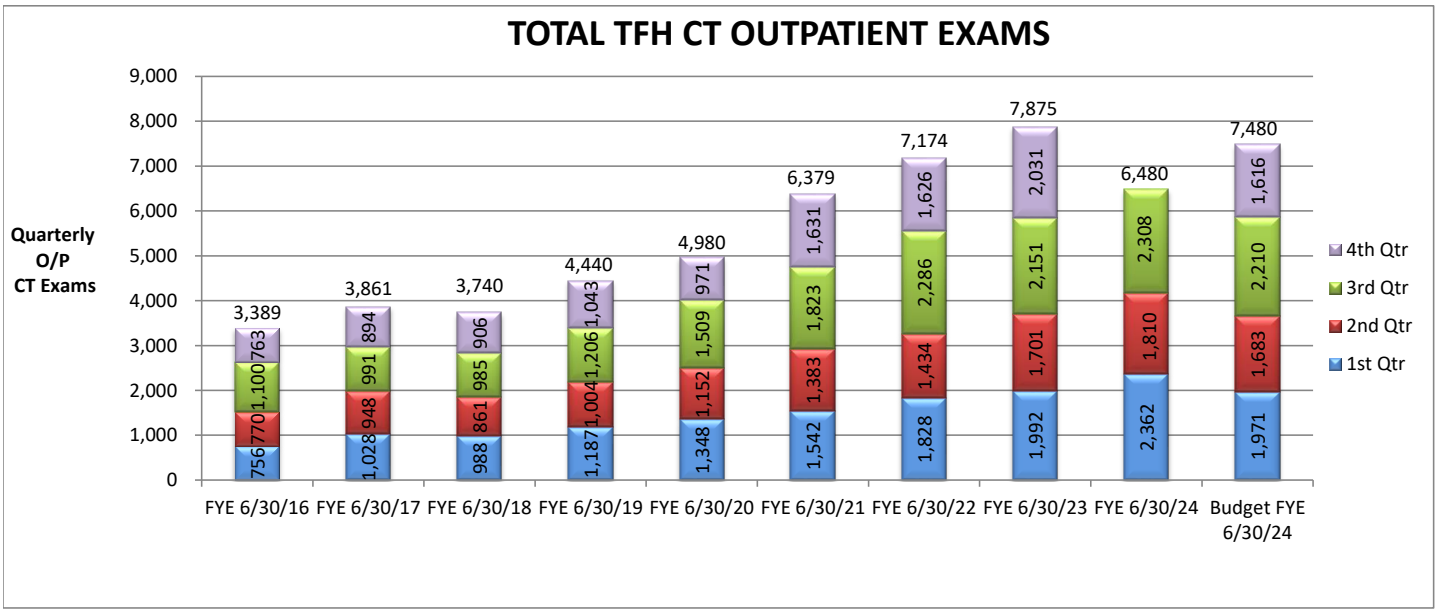
TOTAL TFH ULTRASOUND OUTPATIENT EXAMS

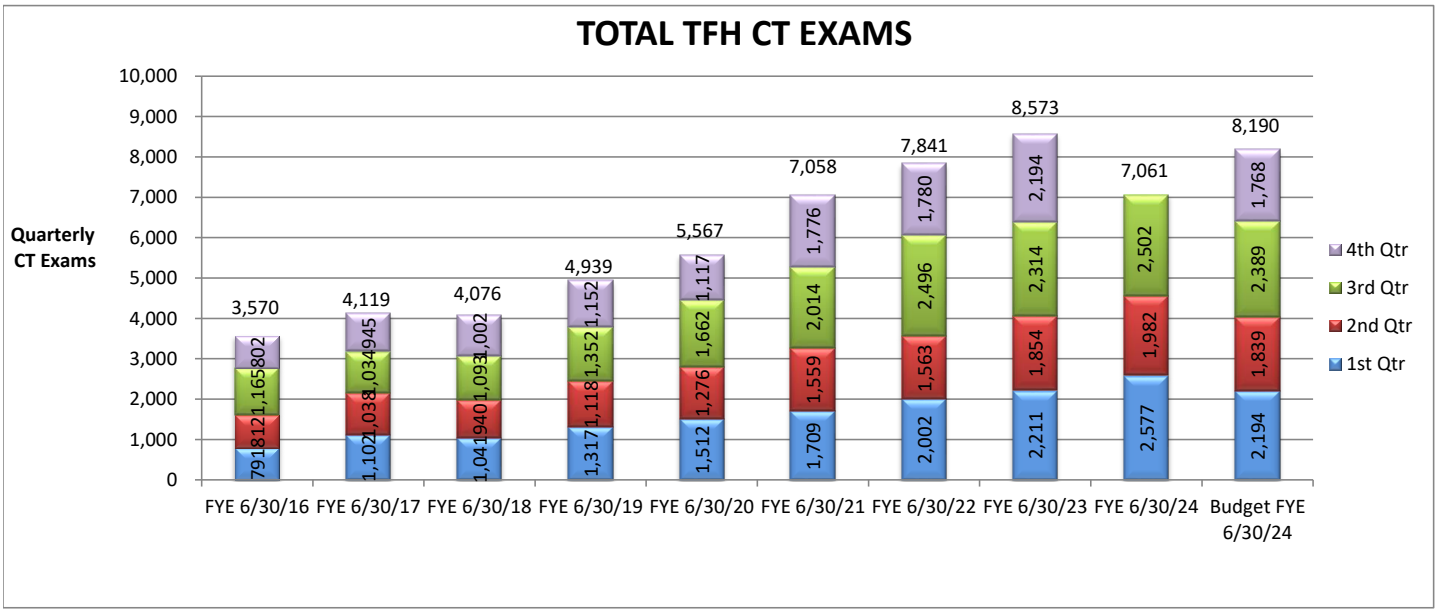


TOTAL TFH ULTRASOUND EXAMS

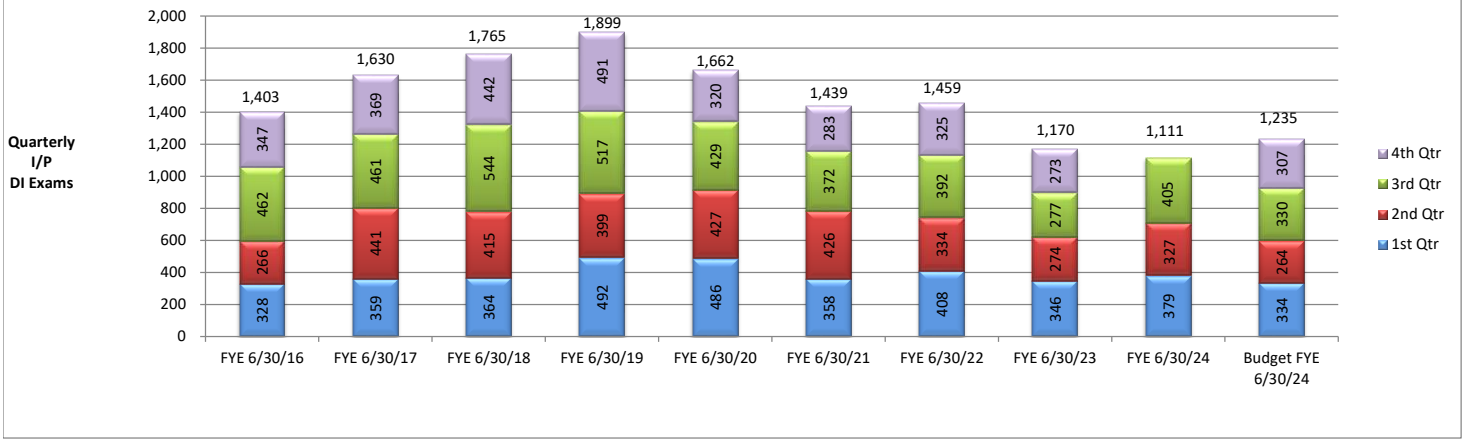



TOTAL TFH CT INPATIENT EXAMS
Quarterly I/P CT Exams
800
700
600
500
400
300
200
100
0
181
258
336
499
587
679
667
698
710
35 42 65 39
74 90 43 51
53 79 108 96
130 114 146 109
164 124 153 146
167 176 191 145
174 129 210 154
219 153 163 163
215 172 194 581
223 156 179 152
FYE 6/30/16
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
Budget FYE 6/30/24
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

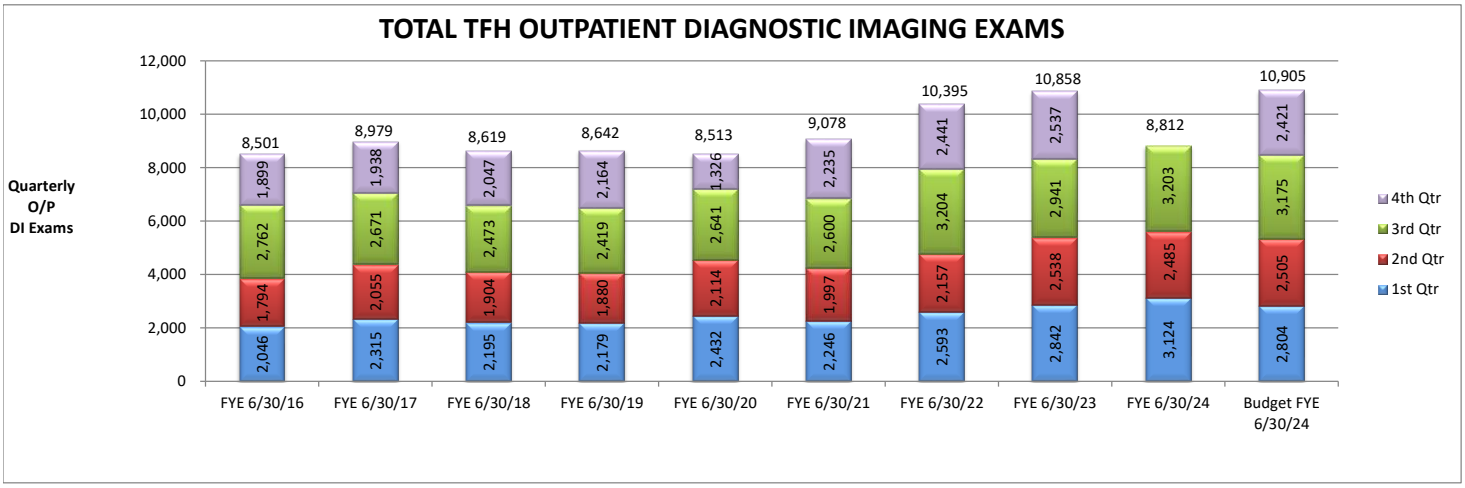

TOTAL TFH CT OUTPATIENT EXAMS
Quarterly O/P CT Exams
9,000
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
3,389
3,861
3,740
4,440
4,980
6,379
7,174
7,875
6,480
7,480
756 770 1,100 763
1,028 948 991 894
988 861 985 906
1,187 1,004 1,206 1,043
1,348 1,152 1,509 971
1,542 1,383 1,823 1,631
1,828 1,434 2,286 1,626
1,992 1,701 2,151 2,031
2,362 1,810 2,308
1,971 1,683 2,210 1,616
FYE 6/30/16
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
Budget FYE 6/30/24
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr


TOTAL TFH CT EXAMS
Quarterly CT Exams
10,000
9,000
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
3,570
4,119
4,076
4,939
5,567
7,058
7,841
8,573
7,061
8,190
791 812 1,165 802
1,102 1,038 1,034 945
1,041 940 1,093 1,002
1,317 1,118 1,352 1,152
1,512 1,276 1,662 1,117
1,709 1,559 2,014 1,776
2,002 1,563 2,496 1,780
2,211 1,854 2,314 2,194
2,577 1,982 2,502
2,194 1,839 2,389 1,768
FYE 6/30/16
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
Budget FYE 6/30/24
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

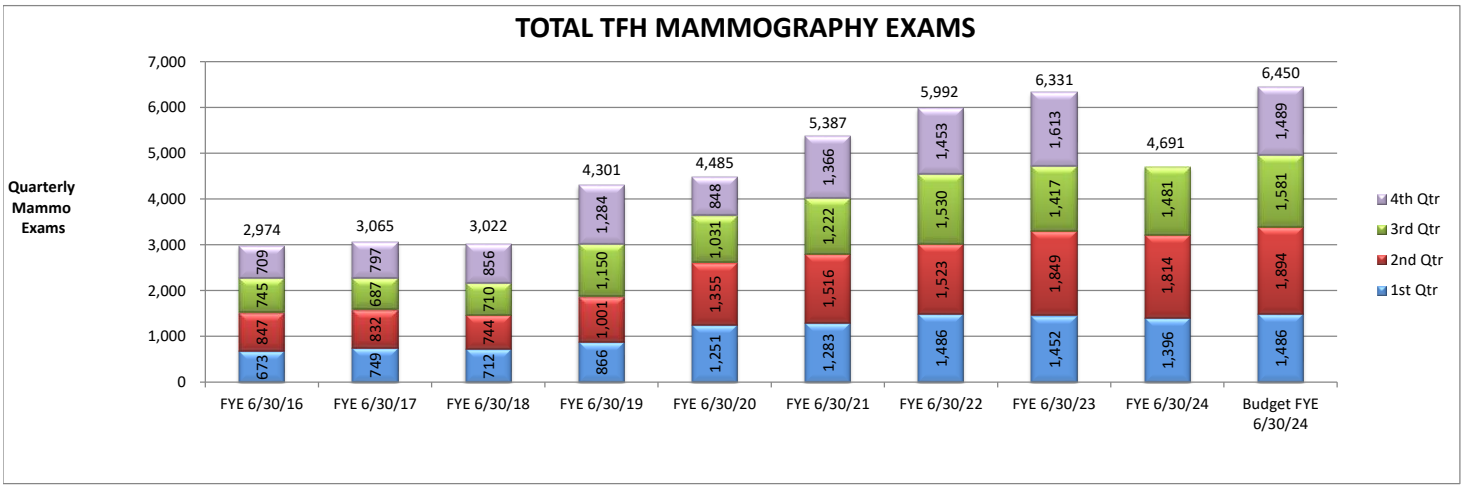
TOTAL TFH INPATIENT DIAGNOSTIC IMAGING EXAMS



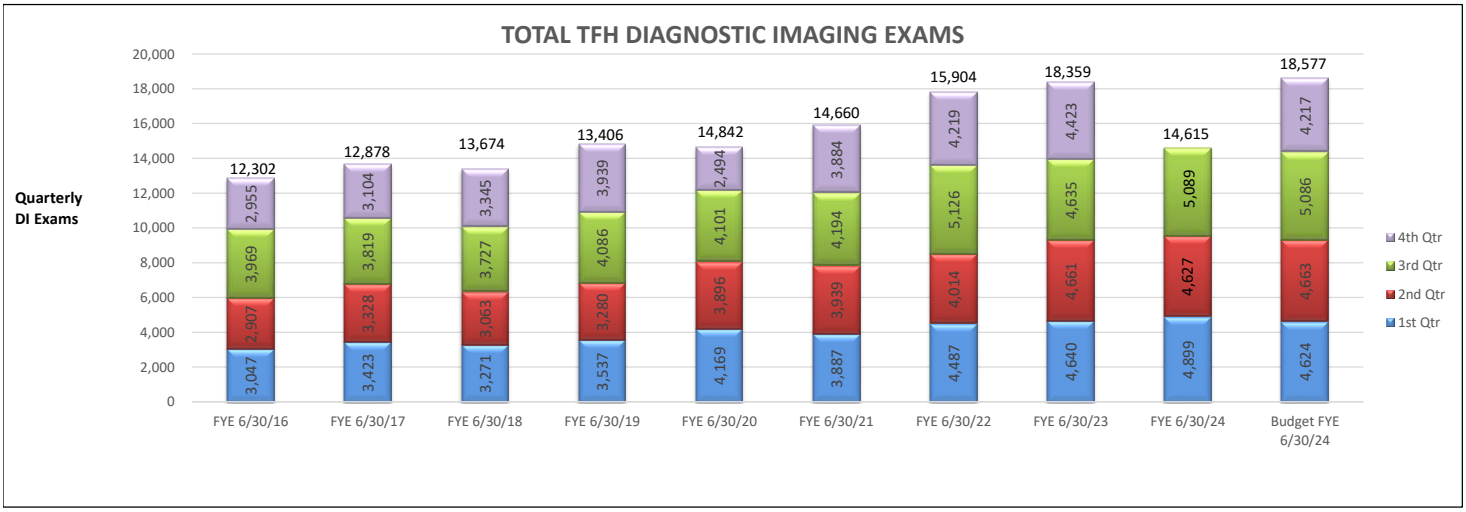
TOTAL TFH OUTPATIENT DIAGNOSTIC IMAGING EXAMS

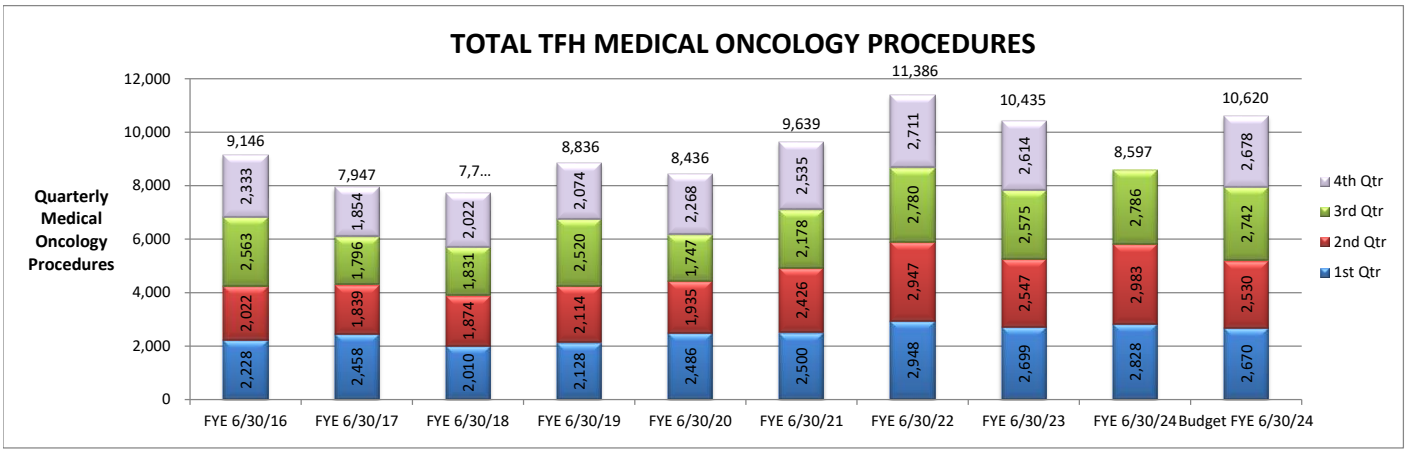


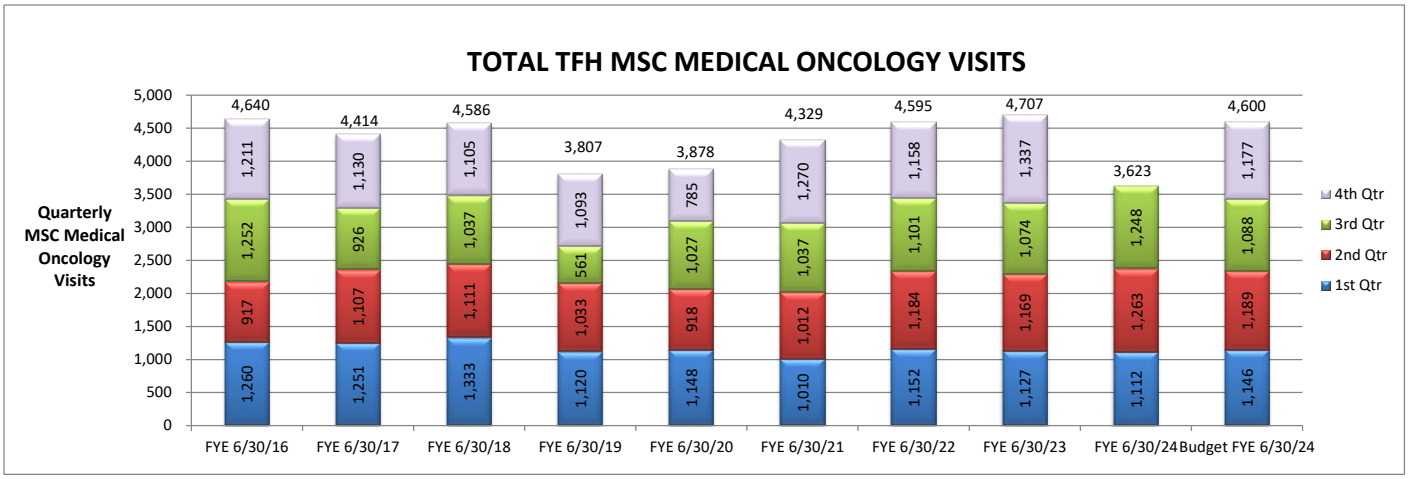
TOTAL TFH MAMMOGRAPHY EXAMS

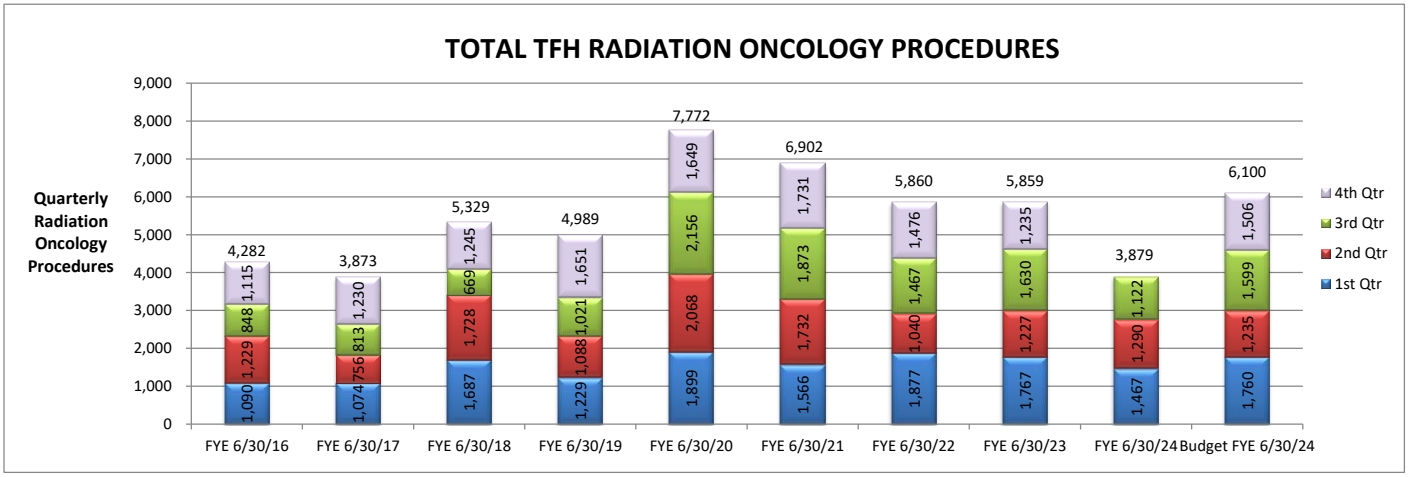


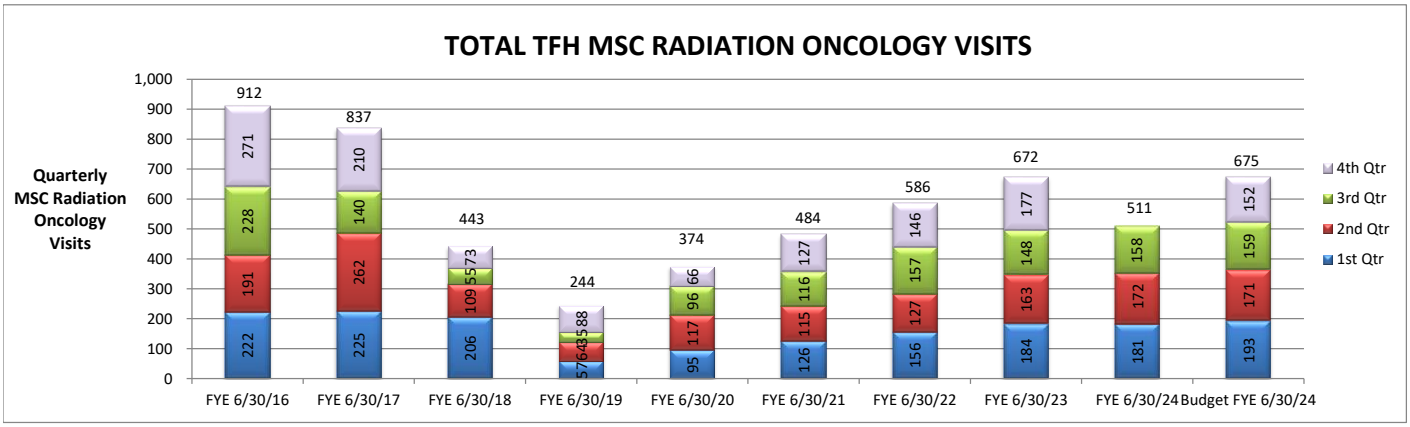
TOTAL TFH DIAGNOSTIC IMAGING EXAMS

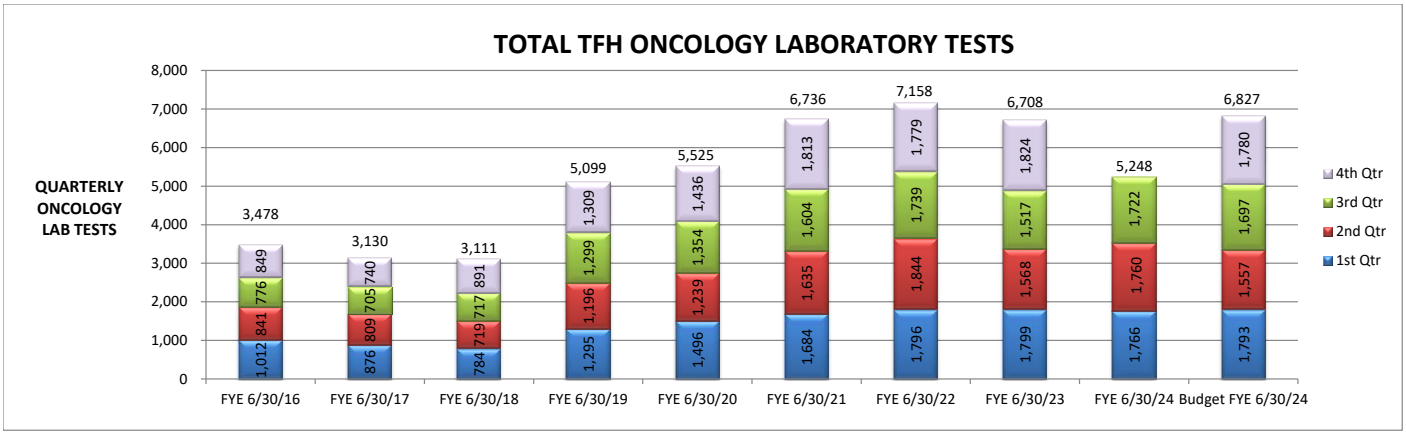


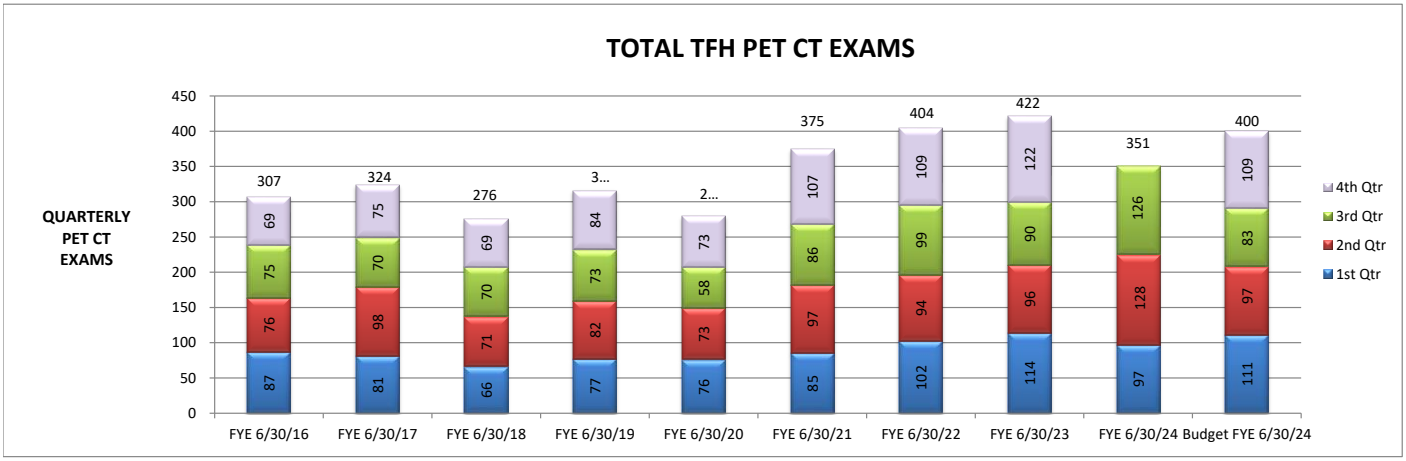

TOTAL TFH MEDICAL ONCOLOGY PROCEDURES
Quarterly Medical Oncology Procedures
FYE 6/30/16 FYE 6/30/17 FYE 6/30/18 FYE 6/30/19 FYE 6/30/20 FYE 6/30/21 FYE 6/30/22 FYE 6/30/23 FYE 6/30/24 Budget FYE 6/30/24
9,146 7,947 7,7... 8,836 8,436 9,639 11,386 10,435 8,597 10,620
2,228 2,458 2,010 2,128 2,486 2,500 2,948 2,699 2,828 2,670
2,022 1,839 1,874 2,114 1,935 2,426 2,947 2,547 2,983 2,530
2,563 1,796 1,831 2,520 1,747 2,178 2,780 2,575 2,786 2,742
2,333 1,854 2,022 2,074 2,268 2,535 2,711 2,614 2,678
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr


TOTAL TFH MSC MEDICAL ONCOLOGY VISITS
Quarterly MSC Medical Oncology Visits
FYE 6/30/16 FYE 6/30/17 FYE 6/30/18 FYE 6/30/19 FYE 6/30/20 FYE 6/30/21 FYE 6/30/22 FYE 6/30/23 FYE 6/30/24 Budget FYE 6/30/24
4,640 4,414 4,586 3,807 3,878 4,329 4,595 4,707 3,623 4,600
1,260 1,251 1,333 1,120 1,148 1,010 1,152 1,127 1,112 1,146
917 1,107 1,111 1,033 918 1,012 1,184 1,169 1,263 1,189
1,252 926 1,037 561 1,027 1,037 1,101 1,074 1,248 1,088
1,211 1,130 1,105 1,093 785 1,270 1,158 1,337 1,177
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

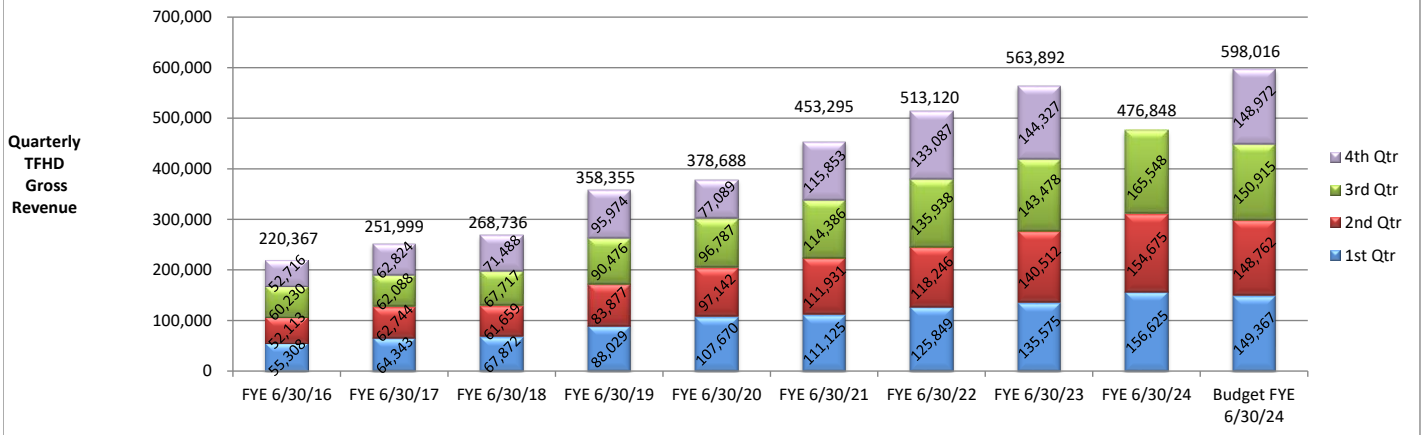

TOTAL TFH RADIATION ONCOLOGY PROCEDURES
Quarterly Radiation Oncology Procedures
FYE 6/30/16 FYE 6/30/17 FYE 6/30/18 FYE 6/30/19 FYE 6/30/20 FYE 6/30/21 FYE 6/30/22 FYE 6/30/23 FYE 6/30/24 Budget FYE 6/30/24
4,282 3,873 5,329 4,989 7,772 6,902 5,860 5,859 3,879 6,100
1,090 1,074 1,687 1,229 1,899 1,566 1,877 1,767 1,467 1,760
1,229 756 1,728 1,088 2,068 1,732 1,040 1,227 1,290 1,235
848 813 669 1,021 2,156 1,873 1,467 1,630 1,122 1,599
1,115 1,230 1,245 1,651 1,649 1,731 1,476 1,235 1,506
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr


TOTAL TFH MSC RADIATION ONCOLOGY VISITS
Quarterly MSC Radiation Oncology Visits
FYE 6/30/16 FYE 6/30/17 FYE 6/30/18 FYE 6/30/19 FYE 6/30/20 FYE 6/30/21 FYE 6/30/22 FYE 6/30/23 FYE 6/30/24 Budget FYE 6/30/24
912 837 443 244 374 484 586 672 511 675
222 225 206 57 95 126 156 184 181 193
191 262 109 64 117 115 127 163 172 171
228 140 57 58 96 116 157 148 158 159
271 210 73 88 66 127 146 177 152
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

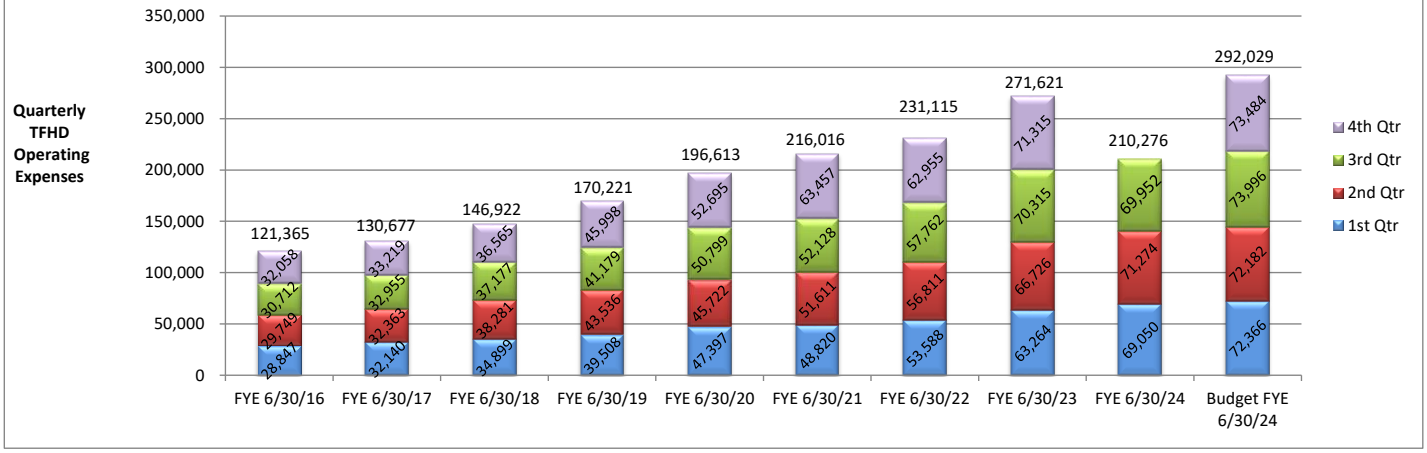

TOTAL TFH ONCOLOGY LABORATORY TESTS
QUARTERLY ONCOLOGY LAB TESTS
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
3,478
3,130
3,111
5,099
5,525
6,736
7,158
6,708
5,248
6,827
1,012 841 776 849
876 809 705 740
784 719 717 891
1,295 1,196 1,299 1,309
1,496 1,239 1,354 1,436
1,684 1,635 1,604 1,813
1,796 1,844 1,739 1,779
1,799 1,568 1,517 1,824
1,766 1,760 1,722
1,793 1,557 1,697 1,780
FYE 6/30/16
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
Budget FYE 6/30/24
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr


TOTAL TFH PET CT EXAMS
QUARTERLY PET CT EXAMS
450
400
350
300
250
200
150
100
50
0
307
324
276
3...
2...
375
404
422
351
400
87 76 75 69
81 98 70 75
66 71 70 69
77 82 73 84
76 73 58 73
85 97 86 107
102 94 99 109
114 96 90 122
97 128 126
111 97 83 109
FYE 6/30/16
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
Budget FYE 6/30/24
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

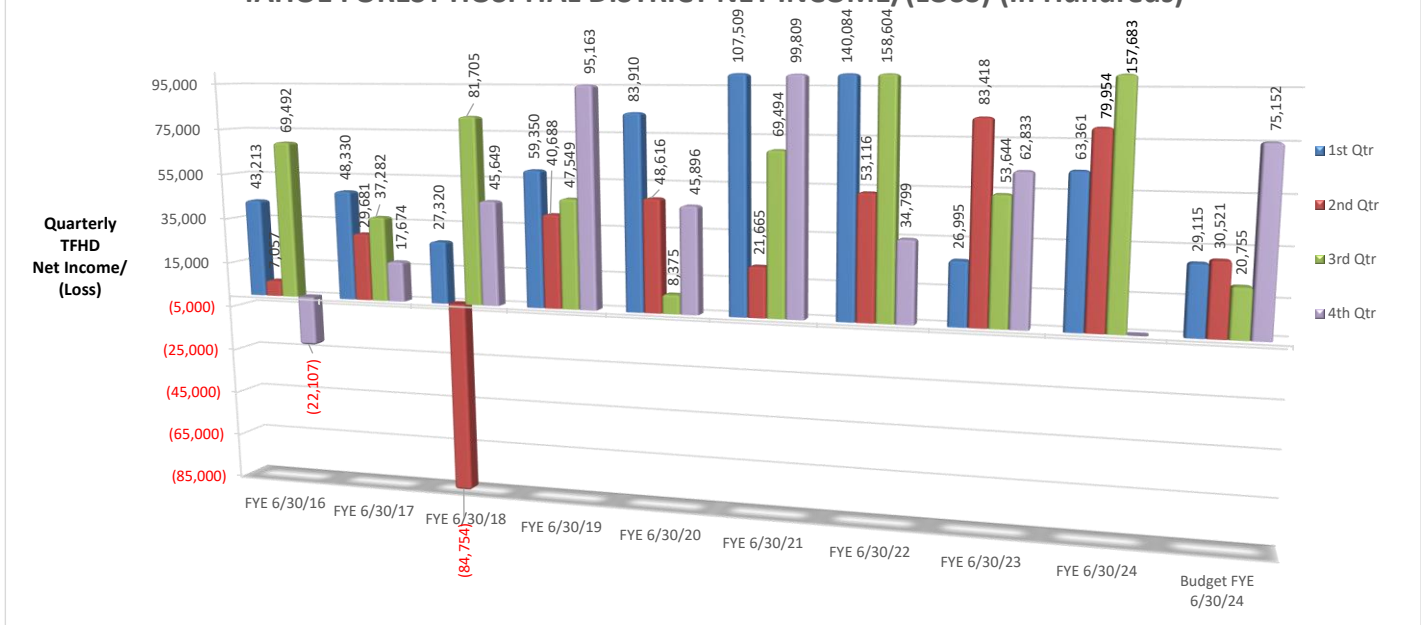
TAHOE FOREST HOSPITAL DISTRICT TOTAL GROSS REVENUE (In Thousands)



TAHOE FOREST HOSPITAL DISTRICT TOTAL OPERATING EXPENSES (In Thousands)



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



TAHOE FOREST HOSPITAL DISTRICT

Board Informational Report

By: Harry Weis
President and CEO

DATE: April 16, 2024

We have now completed 9 and a half months of Fiscal Year 2024. The months are flying by.

We remain in a relative steady state in terms of "overall system wide" year over year growth at roughly 8.6% versus the same time frame last fiscal year.

Overall, as a health system, we have listened and acted on the strong and growing patient healthcare needs in our region, which has caused an approximate 12% annual growth rate for the last nine years.

A significant portion of our management focus is on planning for all space and equipment needs for our changing patient volumes, coupled with new operating processes to remove all possible barriers, so that our patient and team member experience continues to improve.

Provider clinic visits are moving closer to 142K in Fiscal Year 2024 versus 129K in Fiscal Year 2023.

The month of March was a very strong month for the health system financially.

The State of California and its Office of Healthcare Affordability is rapidly moving down a policy path of huge new and growing challenges for all California hospitals. The state and the feds are passing rules or laws, which greatly raise overhead expenses for healthcare entities; in addition, labor, supplies, drugs and capital expenses including earthquake preparedness expenses are growing rapidly each year.

By 2030, the outlook for California hospitals could be very challenging!

We are pleased to have helped eight families with our employee down payment assistance program.

Our Sierra Health Collaborative LLC will be meeting in late April to really plan several "go live" steps to bring "business life" to our five hospital collaborative.

Our team is very busy working on One Year Goals for our Strategic Plan, our Annual Operating and Capital Budget for Fiscal Year 2025, plus its accompanying 10-year forecast.

Our critical Capital Expenditure needs as to space remodeling, equipment and IT needs, continues to illustrate very high annual levels for at least the next three years! These Capital

needs are so high that we will have to prioritize and ration very carefully, what we can afford each year.

We continue to monitor and act on many new state and federal rules or laws to make sure we can remain sustainable for the next many decades.

We have many exciting community engagement activities on July 4, June 2, October 6 and other dates this calendar year!

Board COO Report

By: Louis Ward
Chief Operating Officer

DATE: February 14, 2024

Community

Aspire to be an integrated partner in an exceptionally healthy and thriving community

Environmental Stewardship Report

This month, members of the Administrative Council met with our partner Mazzetti to review preliminary findings regarding the Tahoe Forest Hospital's carbon footprint. As these were preliminary findings, we are not in a position to share the final report however, we are nearing that milestone. A few noteworthy items in this space to share, the health system will be sending two administrators to the CleanMed Conference 2024 located in Salt Lake City occurring May 21-23. The health system has also purchased 22 new recycling cans which will be located in all break rooms and meeting spaces throughout the district, the cans will also proudly have a brand new decal placed on them encouraging efforts and importance around recycling. The health system will also be working with the Truckee Tahoe Sanitation District (TTSD) in an effort to better understand best practices and glean from their experience in the recycling and sustainable practices space.

Ribbon cutting for Incline Village Community Hospital Diagnostic Imaging Department on May 16th

Hospital Administration is beyond excited to announce our grand opening of an all-new Diagnostic Imaging Department. The department has been fully renovated with a brand new 128-slice CT machine, new state if the art x ray machine, and brand new to the Incline Community, a new best in class Mammography machine. We are so grateful to our Incline Village Community Hospital Foundation for their tireless efforts in funding all of the new equipment. Hospital Administration with the assistance of the Incline Foundation has planned a ribbon-cutting event on May 16 where we plan to celebrate this momentous achievement

Quality

Aspire to deliver the best possible outcomes for our patients

Home Health – California Department of Public Health Survey

This month, the California Department of Public Health visited our Home Health team to perform and unannounced onsite survey of the team, their patient care, and various other regulatory activities. I am delighted to announce our Home Health team did

amazingly well. Many thanks to the team led by Jim Sturtevant as well as our Quality department lead by Janet Van Gelder for their preparedness and a successful survey.

Service

Aspire to deliver a timely, outstanding patient and family experience

Gateway Renovation and Revitalization

The Gateway project, which necessitates a development permit and zoning clearance approval from the Town of Truckee, has been officially acknowledged as having submitted a comprehensive application. These applications were submitted towards the end of February. With this initial phase accomplished, the project will now undergo routing to all pertinent local authorities. Typically, this routing process spans two weeks, allowing for response and commentary based on the outcomes of the review. We are expecting minor comments from other jurisdictions, given the proactive coordination efforts undertaken by the project team with entities such as PUD, Truckee Fire, Town Engineering, etc. Upon receipt and resolution of all comments, Town staff will formulate a project recommendation and schedule for review by the Planning Commission.

New CT Machine coming to Tahoe Forest

We will be replacing our CT scanner at Tahoe Forest Hospital, construction beginning Monday, June 3rd. Our current CT is over 10 years old and at end of life. With CT being such a huge modality for patient care and ED/outpatient needs, we will have a mobile CT delivered May 18th for set up and applications/education for staff to supplement while we are replacing the CT inside TFH. The construction project is expected to take us through November and possibly December with first patient use being the first of the year 2025.

Report provided by Dylan Crosby, Director Facilities and Construction Management

Active Moves:

- No Active Moves

Planned Moves:

- No Planned Moves

Active Projects:

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: Finish work is commencing. First patient days is scheduled 5/13/24.
Start of Construction: Spring 2023
Estimated Completion: Spring 2024

Project: Incline Village Community Hospital Mammography

Background: Incline Village Community Hospital has been provided a grant opportunity to support the addition of a new Mammography Machine.
Summary of Work: Remodel the previous Medical Records office to create a mammography room.
Update Summary: The new Mammography unit is installed and is being set up. Substantial completion is scheduled 4/23/24, Ribbon cutting 5/16/24, first patient day 6/3/24.
Start of Construction: Winter 2023
Estimated Completion: Spring 2024

Projects in Planning:

Project: Tahoe Forest Hospital Seismic Improvements and Imaging Replacements
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. Diagnostic Imaging scope includes replacing X-Ray Room 2, Fluoroscopy and CT as well as creating a new radiologist reading room and patient shower in the Emergency Department.
Phase 1: 1990 Building – Portions of the Surgical Department; 1993 Building – Portions of the Dietary Department; CT Replacement.
Phase 2: X-Ray and Fluoroscope Replacement.
Phase 2: 1978 Building – Diagnostic Imaging, portions of Emergency Department; Med Gas Building – Primary Med Gas distribution building; Radiologist reading room
Update Summary Phase 1, 1990 and 1993 NPC 4 improvement, is being bid and scheduled. OR Flooring, CT Replacement and 1990 and 1993 Building seismic upgrades are scheduled to start mid-June. Phase 2, X-Ray room 2 and Fluoroscopy are in design. This portion of work will likely overlap with both Phase 1 and Phase 3 work. Phase 3 scope of work consists of seismic upgrades to the 1978 and Medical Gas Buildings, this scope of work has been approved and permitted. This scope will commence at the conclusion of Phase 1 seismic work.
Start of Construction: Spring 2024
Estimated Completion: Winter 2026

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: Project is in programming.
Start of Construction: TBD
Estimated Completion: TBD

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 additional Primary Care service complimented by Specialists.

Summary of Work: Remodel 8 suites within the Building.
Update Summary Schematic design is underway, forecasted to complete at the end of May. The Development Permit has been deemed complete and is circulating throughout the authorities having jurisdiction.
Start of Construction: Spring 2024
Estimated Completion: Fall 2026

Project: TFHD MEP Replacements
Background: In order to meet the environment required for patient care, various end of life mechanical and electrical systems are in process of being replaced.
Summary of Work: Replace the four air handlers that support the 1990 building, replace the air handler that supports the 1978 building, provide reliability improvements to the western addition air handler, add addition cooling to the South Building MPOE and replace end of life ATS'.
Update Summary Design Development drawings are commencing.
Start of Construction: Winter 2024
Estimated Completion: Summer 2026

Project: Tahoe City Clinic – Fabian Way
Background: The District has acquired new space in Tahoe City, Dollar Point, to move clinical services.
Summary of Work: Remodel the two structures to provide a new clinic with supported lab draw and imaging services. Site Improvements to improve parking, access and best management practices.
Update Summary The project is in the schematic design phase.
Start of Construction: Fall 2024
Estimated Completion: Summer 2025

Project: Community Health
Background: The District is seeking to lease a substantial amount of area to consolidate clinic and retail activities subsequently creating lease consolidation and campus flexibility.
Summary of Work: Remodel interiors to meet clinic activities and retail services.
Update Summary The project is out to bid, due 4/25/24. Award scheduled for 5/2/24.
Start of Construction: Winter 2024
Estimated Completion: Summer 2026

TAHOE FOREST HEALTH SYSTEM

Board CNO Report

By: Jan Iida RN, MSN, CEN,CENP **DATE: April, 2024**
Chief Nursing Officer

Community

Aspire to be an integrated partner in an exceptionally healthy and thriving community

- Nevada County has invited the TFH ED/Trauma Team to attend FEMA Disaster Training in Anniston, Alabama. The training is the first week in June. Trent, Katie Addie, Katlin, and Katie will be representing Nursing.
- In March 2024, the ED received 12 alerts for stroke. We will be working with SSV (Sierra-Sacramento Valley EMS) in order to establish a stroke-receiving center to receive patients who cannot reach a compression stroke center within 45 minutes.
- Truckee Surgery Center completed their first facial cosmetic case with Dr. Watson in March.
- The Respiratory Department is in the final stages of the EEG Project. The EEG project will be available to outpatients and inpatients within our community.

Service

Aspire to deliver a timely, outstanding patient and family experience

- Please see the attached form for Care Coordination services.
- The IVCH and TFH staff have finished covering the Four Ski Areas for the 2024 Season.

Quality

Aspire to deliver the best possible outcomes for our patients

- TFH ED EDTC (transfer measure) is now at 95% for Q1. Katie worked with the ED team to improve this measurement.
- The Med-Surg Staff attended a Pediatric Skills Refresher Presentation by U/C Davis.

People

Aspire for a highly engaged culture that inspires teamwork and joy

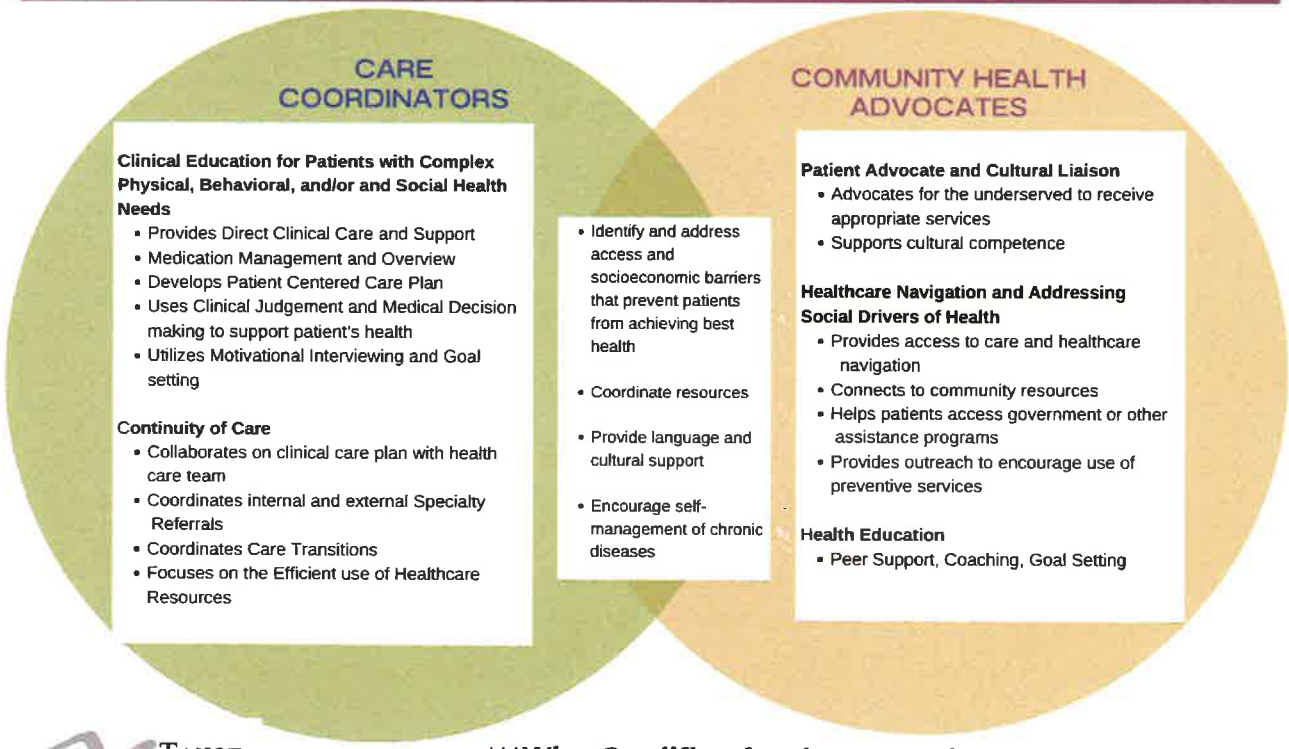
- Damara will provide an update on how the Peak Program is progressing for Nursing and how it begins to be offered to other hospital employees.
- Janet McNeil, ED nurse IVCH, retired in March after working for TFHD for 30 years.
- Gail Shady, who has worked in the operating room at TFH for 46 years, will retire this May.

Finance

Aspire for long-term financial strength

- All nursing departments have submitted their budgets to be reviewed. The budget to be sent to Finance for final review.

Services Provided by Care Coordinators and Community Health Advocates



TAHOE FOREST HEALTH SYSTEM

*****Who Qualifies for these services? *****

Patients with chronic conditions, low health literacy, socioeconomic barriers or high utilization patterns with any payer source

TAHOE FOREST HOSPITAL DISTRICT

Board CMO Report

By: Brian Evans, MD, MBA
Chief Medical Officer

DATE: April 16, 2024

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

- Dyadic leadership at the service lines continues to develop, with regularly occurring meetings between medical directors, operational directors and senior leaders on a regular cadence. These collaborative meetings are now formatted in a more standardized way, covering quality, safety, financials, operational issues, and patient experience.

Service: Deliver Outstanding Patient & Family Experience

- Action items that emerged from the "rapid improvement events" during our Access to Care project are being deployed, including; standardized MA/Provider handoffs, standard work for patient check in and chart prep, and numerous other items.

Quality: Provide excellent patient focused quality care

- Continued progress has been made on our CMS 5 star bundled work which with a 5-year breakthrough goal of "5 Stars."
- Our new Risk Manager, Christine O'Farrell, has developed an improved tracking mechanism for event reports involving clinicians.

Finance: Ensure strong operational & financial performance for long term sustainability

- Work continues with ECG, a consulting group helping our physicians and leadership team to determine the best compensation model for employed medical staff members. Separately, ECG has provided an analysis of compensation and productivity for the Radiology group which will be used to structure this important program in the future.

Community: Expand and foster community and regional relationships

- Tahoe Forest continues to participate in many regional relationships, including the Partnership Health Physician Council and the Nevada County Providers "emerging issues" meetings.

Recruitment

- Dr. Gipanjot Dhillon (Adult and Pediatric Psychiatry) will join our Behavioral Health department as clinician and medical director July 1.
- Dr. Gurpreet Singh (Gastroenterology) will join TFHD on July 1.
- Dr. Krithika Chandrasekaran (Family Medicine) will join the system on September 1.
- Scott Samuelson, MD will rejoin Tahoe Forest July 8th providing both Family Medicine and Urgent Care services.
- Carin Eldridge, MD will join the system in the department of Pediatrics on August 1.
- Dr. Emily Bevan (OB/GYN) will join Tahoe Forest at a date to be determined, sometime this summer.

TAHOE FOREST HEALTH SYSTEM

Board CIIO Report

By: Jake Dorst **DATE: 04/17/2024**
Chief Information and Innovation Officer

Service

Aspire to deliver a timely, outstanding patient and family experience.

- Fine tuning Pump project and support
- SlicerDicer Rollout
- Clinic Dashboards
- ASAP/IVCH support
- Provider Communications
- Lots of Quality items—new regs coming for 2025-prep and investigation
- Affiliate Builders-Inpatient/Surgery
- Fine tuning AMB support/Provider Efficiencies-new rollout coming.
- Downtime support-monthly maintenance
- Will start prep/planning for next July Upgrade.
- Project review list
- Tickets/break fixes

Inpatient:

- 1.ECC ePrescribe project work.
  - Continuing work on ECC optimization. Major pivot in project after working on this for months.
- 2. Work for Physician Services Marketware optimization – to build a better Onboarding checklist
- *Emergency Department:*
- Wrap up of project for smartpumps -team member
- Multiple builds for smartphrases/smartlists
- Continued maintenance on quick lists
- Continued support for NorthStar clinic new to EPIC
- *Surgery:*
- Peri-op Clinic smartphrase for their initial screening
- Working on Provation
- New PAN PTA med list instructions in Epic
- Updated to phase of care meds so that meds ordered as “Preprocedure” go to the Pyxis and Pharmacy can see them.
- Cleaned up available resources on Snapboard.
- Blood administration education

Lab:

- Wellsky Blood bank System upgrade- Completed 4/3/24.
- AURA interface project is currently in progress.
- Provation endoscopy application is currently in progress.
- Epiphany EKG integration currently in progress
- Upcoming weeks will be testing interfaces with Aurora and Quest for the next Epic upgrade.

Ambulatory:

- Onboarding/Training
- Cardioserver (Epiphany)
- Provider 1:1's support and training
- Support staff refresher training

Project Management:

Complete:

- Infusion Pumps
- eConsent
- Visby STD testing
- Wellsky Blookbank

Executing

- FYE25 Portfolio Research and Proposals
- Access to Care (vizient)
- Aura Epic Lab hib
- Cash Arc
- MSC Dashboards
- EEG Service Line
- Epiphany
- SECTRA PACS
- My Chart – Self scheduling (PEDS)
- My Chart – patient questionnaires
- Provation Endoscopy
- Relyco Check Replacement
- ParEx Weighbins
- Occ Health SSO

Initiating:

- Behavioral Health
- UCS phone system replacement

- MSC Construction and Moves

FY 2024 Penetration Testing Results

Penetration testing refers to a simulated cyberattack against the TFHD network. It is performed to identify and exploit vulnerabilities. Results are from testing performed by Fortified Health Security. A leader in cybersecurity, dedicated to helping healthcare organizations asses and manage risk, protect patient data, and respond to potential incidents:

EXECUTIVE SUMMARY

RISK OF COMPROMISE

Low – The overall risk rating is based on Fortified attempting to gain demonstrated access to internal systems from one or many attack vectors. Fortified was not successful in gaining access to privileged data nor compromising administrative accounts. Fortified assessed with high confidence that a malicious attacker would not be able to successfully execute an attack against Tahoe Health and would have to leverage phishing tactics effectively compromising valuable data and privileged administrator accounts.

SCOPE & THREAT MODEL

The list of hosts covered in this assessment were provided by the client at the start of testing and are listed by IP address or hostname.

The attacker profile chosen for this engagement include the following:

- An external threat agent without any privileged knowledge of the environment or accounts provisioned.

CONCLUSIONS, RECOMMENDATIONS, & REMEDIATION

Fortified conducted a simulated attack in the form of a penetration test encompassing Tahoe Health's external network infrastructure. The conclusion for the test performed is as follows:

External

The unauthenticated vulnerability scan was unable to discover any viable software, network, or system related vulnerabilities or Active Directory misconfiguration. As such, for a threat actor to compromise your network, user-based weaknesses and weak access controls would have to be leveraged inconjunction with social engineering phishing or vishing tactics. Throughout open-source reconnaissance, it is possible to gather potentially valid usernames which were then used in password spraying attacks. Password utilized followed a weak and easily guessable scheme such as the season and the year or the name of the organization and month. After conducting many password spraying-based attacks, the analyst was unsuccessful at discovering a user implementing a weak and or easily guessable credential. Even using a list of generic users testing for username as password which has a high success rate was unsuccessful at validating a generic user used by more than one employee using username as password. For a threat actor to successfully breach the network perimeter, social engineering phishing and vishing techniques would have to be utilized. External testing also revealed numerous web-application based issues which are not deemed an imminent threat but included in the report for proper documentation and remediation where possible.

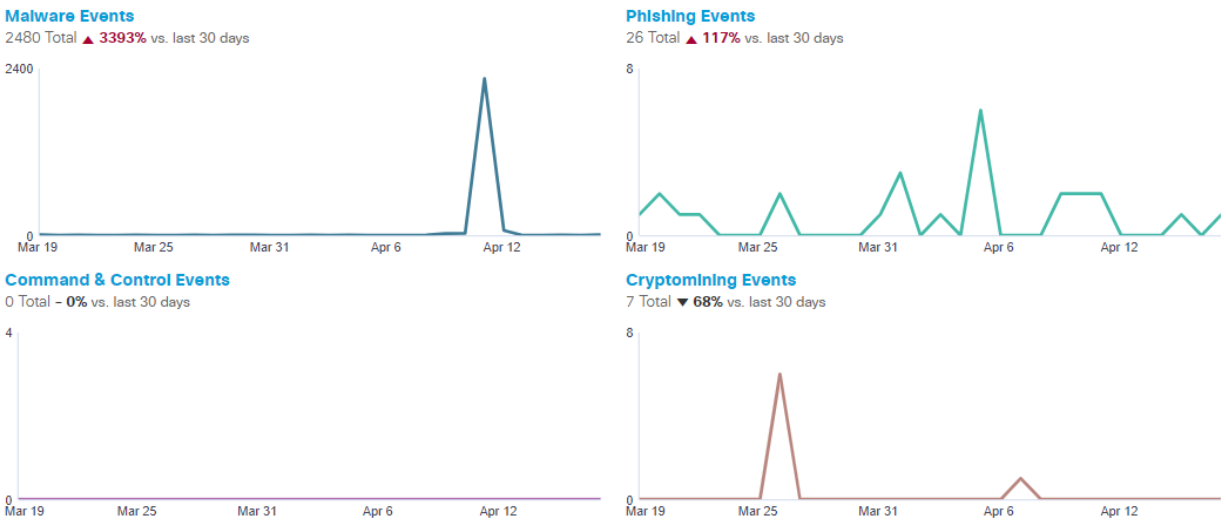
4/17/2024 Information Security – 30 Days

- **Top 10 Attackers by Source Countries – Last Calendar Month**

Source Country	Count
United States	1.86 M
Portugal	2.07 k
0.0.0.0-0.255.255.255	466
China	408
Germany	234
Netherlands	195
France	178
Turkey	152
Singapore	148
Estonia	110

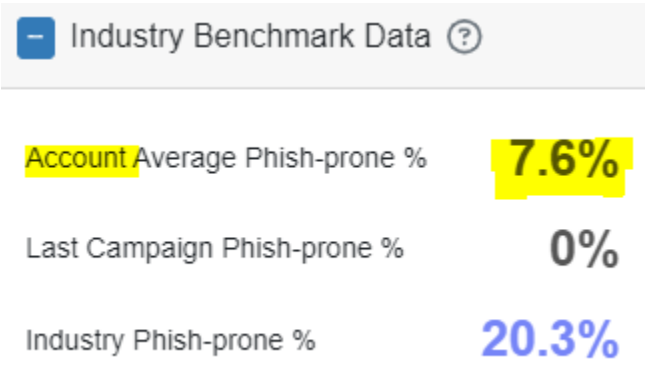
Malicious users are known to use Virtual Private Networks (VPNs) which may obfuscate their true location.

Security Events: March 19th – April 17th



Malware Events: An incident where malicious software, known as malware, has been detected or has attempted to compromise our systems. Zero successful attempts for this period
Phishing Events: A phishing event is an incident where an attacker attempts to trick individuals into revealing sensitive information, such as passwords or credit card numbers, typically through deceptive emails or websites. No apparent user activity stemming from delivered email or website navigation for this period.
Command and Control Events: An incident where an attacker uses a server to send commands to, and receive data from, a computer compromised by malware. Zero Events for this period
Crypto mining Events: An incident where computational resources are used without our consent to solve complex mathematical problems that validate transactions and create new units of cryptocurrency. All events successfully blocked for this period.

Results from most recent Phishing Test for TFHD Staff (TFHD is "Account"



Patching: Software and security Patching Progress of TFHD environment. Fortified industry Average is 17 TFHD is at 8.

TAHOE FOREST HOSPITAL DISTRICT

Board CHRO Report

By: Alex MacLennan
Chief Human Resources Officer

DATE: April 2024

People: Aspire for a highly engaged culture that inspires teamwork & joy

Nurture mutual trust

- We celebrated over 100 Employees at our quarterly Values recognition dinner. The event is to honor all employees who were nominated in the first quarter of the year. Employees are nominated for each of our core Values by their peers when they are seen going above and beyond. Employees also nominate Managers and Physicians quarterly. Below are the winners for each category. The event was great, and we appreciate all of our outstanding employees who were nominated.

  Values:
  Quality: Ricarda Irigoyen Villareal, Understanding: Ruby Nink, Excellence: Ivy Gillette, Stewardship: Kathy Avis, Teamwork: Martina Rochefort
  Physician: Dr. Anna Ferrera Baumann
  Manager: Jeff Rosenfeld

- PEAK Program continues to grow – added Therapy Services to PEAK in October 2023.
  Currently there are 54 RNs in PEAK – 19% of total staff RNs.
  32 working towards PEAK 1
  20 working towards PEAK 2
  2 working towards PEAK 3

  - The first PEAK Picnic and Snowshoe to celebrate the PEAK Summit Team is happening on Friday, 4/19
  - Therapy services have started to mirror the PEAK program to allow employees the same opportunities.

- On 4/16, we wrapped up the season's last (4th) Winter Injury Case Review. Over 100 people were in attendance, and the evaluations were excellent.
  Link to the Survey Monkey eval Responses:
  https://www.surveymonkey.com/results/SM-43uXJn5A0HttxtYp7id5Qw_3D_3D/

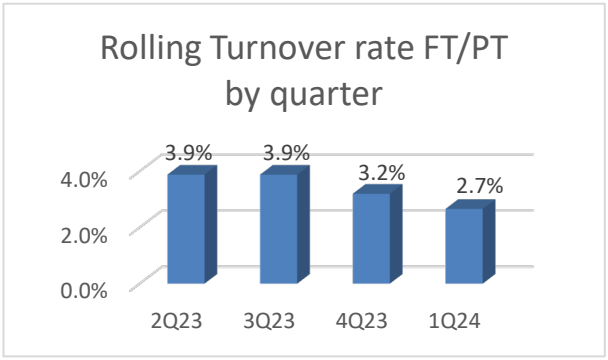
- Worked with Therapy Services to develop consistent, current competencies for all Therapy disciplines and uploaded them all to Healthstream

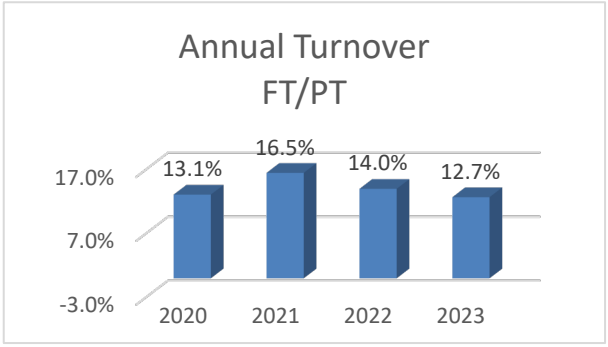
Stats for 1Q	
70	New Employees
35	Terminations
1348	Headcount as of March 31
11.89	Average Span of Control
6.8	Average Seniority Years
8	Temporary Staff
18	Status change
41	Transfer

FY24 - current	
564	Fiscal year to date LOA's
194	Active LOA's
18	Work Comp LOA's
124	Modified (includes intermittent) Work Schedules
18	Modified Duty (excluding modified work schedule)

Turnover:

#	Term Types 1Q	Percentage
2	Involuntary	5.71%
33	Voluntary	94.29%
35		100.00%
#	Voluntary Term Reasons 1Q23	Percentage
13	Other job	39.39%
4	Other	12.12%
5	Retirement/Early Retire	15.15%
4	Moving	12.12%
3	Dissatsified w/job	9.09%
2	Job Abandonment	6.06%
1	Commute	3.03%
1	Education	3.03%
	Mutual Agreement	0.00%
	Temporary job ended	0.00%
#	Term Types 1Q	Percentage





Status **Active** PolicyStat ID **13568994**

Origination Date	04/2001
Last Approved	04/2023
Last Revised	05/2022
Next Review	04/2024
Department	Board - ABD
Applicabilities	System

Emergency On-Call, ABD-10

RISK:

Failure to maintain a list of emergency on call physicians, who are required to come to the hospital and provide treatment, as necessary, to stabilize an individual with an emergency medical condition, may result in patient harm, poor quality of care, negative legal and regulatory ramifications, and community perception.

POLICY:

Tahoe Forest Hospital District has an ethical, moral, social, and legal responsibility to provide screening examination and care to patients presenting to its facilities with emergency conditions. The Board understands the Emergency Medical Treatment and Active Labor Act ("EMTALA" or "Act"), and federal and state regulations, require hospitals with a dedicated emergency department to maintain a list of physicians who are on call to come to the hospital and provide treatment as necessary to stabilize an individual with an emergency medical condition, within the capabilities of the District.

A. Patients who present to the Tahoe Forest Hospital District facilities requesting emergency care are entitled to a "Medical Screening Examination" as described in the Act, regardless of their ability to pay.

B. The District's Board of Directors, Administration and Medical Staff leadership will work collaboratively to determine the District's capabilities for providing 24-hour emergency health care.

C. Tahoe Forest Hospital District operates Tahoe Forest Hospital and Incline Village Community Hospital.

    1. Tahoe Forest Hospital (TFH), a Critical Access Hospital has been licensed by the State of California to provide Basic Emergency Services. TFH will provide on-call physician coverage in the Emergency Department for the basic services and supplemental services listed on the hospital license:

a. Emergency Medicine
b. General Medicine
c. General Surgery
d. Radiology
e. Anesthesia
f. Pathology
g. OB/Gyn
h. Pediatrics
i. Orthopedics

2. Incline Village Community Hospital, in Incline Village, Nevada will provide 24-hour physician coverage for Emergency and Medicine Services.
3. TFH may provide specialty activation coverage for emergency consultations and services according to the capabilities of members of the medical staff who have privileges in that specialty.

D. The Chief Executive Officer will work with the Medical Staff to provide emergency consultative coverage that meets federal and state laws, licensing requirements and the needs of the community. To achieve these goals, the Chief Executive Officer may utilize, but not be limited to:

1. Stipends for call coverage
2. Contracts for professional services
3. Locum tenens privileges
4. Transfer agreements with other healthcare facilities

E. At least annually, Tahoe Forest Hospital District Board of Directors will review and approve the level of emergency on-call services available. We will utilize the hospital's quality assurance system to monitor emergency on-call practices.

F. In order to provide this coverage, effort will be made to create a system that is voluntary, fair and equitable without imposing an undue burden on physicians or on the Tahoe Forest Hospital District. Collaboration with members of the Tahoe Forest Hospital District's Medical Staff will be the method for providing these services, with recruitment of new physicians as needed.

G. A roster and procedure are in place to address the provision of specialty medical care when services are needed which are outside the capabilities of the Tahoe Forest Hospital District and its Medical Staff.

Related Policies/Forms:

Emergency Condition: Assessment and Treatment Under EMTALA/COBRA, ALG-1907

References:

EMTALA-California Hospital Association manual

All Revision Dates

05/2022, 04/2019, 03/2018, 03/2017, 11/2015, 01/2014, 01/2012, 02/2010

Approval Signatures

Step Description	Approver	Date
	Harry Weis: CEO	04/2023
	Martina Rochefort: Clerk of the Board	04/2023

TAHOE FOREST HOSPITAL DISTRICT
RESOLUTION NO. 2024-03

RESOLUTION OF THE BOARD OF DIRECTORS OF THE TAHOE FOREST HOSPITAL DISTRICT DETERMINING TO CONSOLIDATE THE HOSPITAL DISTRICT GENERAL ELECTION WITH THE STATEWIDE GENERAL ELECTION AND AUTHORIZING THE CANVASS OF RETURNS BY THE RESPECTIVE BOARDS OF SUPERVISORS OF PLACER AND NEVADA COUNTIES, CALIFORNIA

WHEREAS, Tahoe Forest Hospital District ("District") is a Local Heath Care District duly organized and existing under and by virtue of the laws of the State of California, and in particular, Division 23 of the California Health and Safety Code, and the District comprises, within its exterior boundaries, territory in the counties of Placer and Nevada; and

WHEREAS, pursuant to Section 32100.5 of the California Health and Safety Code, a General Election is to be held in the District on November 5, 2024, for the purpose of electing members of the Board of Directors of the District; and

WHEREAS, the General Election shall be to fill vacancies for the following Board Members whose terms will expire on Friday, December 6, 2024:

Robert Barnett	Regular Term
Alyce Wong	Regular Term

WHEREAS, California Elections Code Sections 10509 and 13307 permits each candidate to prepare a candidate's statement and the Board of Directors to require each candidate to pay for the publication of his/her statement and to limit the number of words in each statement; and

WHEREAS, California Elections Code Sections 10555 and 10400, et seq. authorize the canvass of election returns by the Boards of Supervisors respectively of Placer and Nevada Counties;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF TAHOE FOREST HOSPITAL DISTRICT AS FOLLOWS:

1. That the Tahoe Forest Hospital District General Election in November 2024 for the purpose of electing two (2) persons to the Board of Directors thereof be consolidated and held with the Statewide General Election on November 5, 2024 in the manner prescribed in Elections Code Section 10418.

2. That the two (2) positions to be filled at such election be designated as follows:
   Robert Barnett – At Large – 4 Year Term
   Alyce Wong – At Large – 4 Year Term

   That the candidate is to pay for the publication of the candidate's statement, pursuant to Elections Code Section 13307. The limitation on the number of words that a candidate may use in his/her candidate's statement is 200 words.

3. That the two (2) candidates for the Board of Directors, receiving the highest number of votes for their respective offices and who have filed the required disclosure statements, shall be declared elected for their respective terms beginning when first administered the oath of office, and ending when their successors are elected and qualified.

4. That the Boards of Supervisors respectively of Placer and Nevada Counties are hereby requested and authorized to canvass the returns of said election of District officers as to the respective election precincts comprising District territory with each county.

5. That a copy of this Resolution shall be sent to the Boards of Supervisors of Placer and Nevada Counties respectively not later than July 1, 2024, for purposes, among others, of notice thereto of consolidation and authorization to canvass returns.

6. That the District does not request Measure(s) be decided at this election.

7. That the election be conducted by the County Clerk for each county and the county shall prorate the cost of the election back to the District.

8. That there have been no changes to the District boundaries since our last election.

9. In the case of a tie vote, the procedure to be followed is to decide by lot.

10. That the adoption of this resolution is exempt from the California Environmental Quality Act (Public Resources Code section 21000, et seq.) ("CEQA") pursuant to CEQA Guidelines (14 Cal. Code Regs, section 15000, et seq.) section 15061(b)(3) as there is no possibility that the calling of an election may have a significant effect on the environment.

11. That this resolution is hereby adopted and becomes effective and in full force immediately upon its adoption.

Passed and adopted this 25th day of April, 2024 at a meeting of the Board of Directors of Tahoe Forest Hospital District by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

TAHOE FOREST HOSPITAL DISTRICT

BY: _____
Alyce Wong, Chair
Board of Directors

ATTEST:

_____
Mary Brown, Secretary
Board of Directors

353396.1