



TAHOE FOREST HOSPITAL DISTRICT

2020-01-23 Regular Meeting of the Board of Directors

Thursday, January 23, 2020 at 4:00pm

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161

Meeting Book - 2020-01-23 Regular Meeting of the Board of Directors

01/23/2020 Agenda Packet Contents

AGENDA

2020-01-23 Regular Meeting of the Board of Directors_FINAL Agenda.pdf	Page 4
--	--------

ITEMS 1 - 13: See Agenda

14. SAFETY FIRST

No related materials.

15. ACKNOWLEDGMENTS

15.1. January 2020 Employee of the Month.pdf	Page 7
15.2. CHHS Opioid Care Honor Roll Program.pdf	Page 8

16. MEDICAL STAFF EXECUTIVE COMMITTEE

16.1.a. MEC Meeting Consent Agenda.pdf	Page 10
16.1.b. Postpartum - Post Partum Hemorrhage- DWFC-1490.pdf	Page 11
16.1.c. Labor - Trial of Labor After Cesarean- DWFC-1502.pdf	Page 16

17. CONSENT CALENDAR

17.1. Approval of Meeting Minutes

17.1.1. 2019-12-19 Regular Meeting of the Board of Directors_DRAFT Minutes.pdf	Page 19
---	---------

17.2. Financial Reports

17.2.1. Financial Report - December 2019.pdf	Page 24
--	---------

17.3. Board Reports

17.3.1. CEO Board Report - January 2020.pdf	Page 54
17.3.2. COO Board Report - January 2020.pdf	Page 56
17.3.3. CNO Board Report - January 2020.pdf	Page 59
17.3.4. CIIO Board Report - January 2020.pdf	Page 61
17.3.5. CMO Board Report - January 2020.pdf	Page 62

17.4. Resolution 2020-01 Gateway Mountain Center endorsement.pdf	Page 63
--	---------

17.5. Approve Resolution Adopting Board Compensation Policy

Cover Sheet - Board Compensation	Page 65
17.5.a. Resolution 2020-02 Adopting Board Compensation Policy.pdf	Page 66
17.5.b. ABD-03 Board Compensation and Reimbursement 2019_1216.pdf	Page 68

18. ITEMS FOR BOARD DISCUSSION

18.1. TFHD Retirement Plans Presentation to Board (2020 - January).pdf Page 70

18.2. BETA HEART BOD Update 01142020.pdf Page 76

18.3. 2019 Navigation Infographic Final.pdf Page 88

18.4. Board Education

18.4.1. Rural Health Clinics

No related materials.

19. ITEMS FOR BOARD ACTION

19.1. Q4 2019 Compliance Program Report OPEN SESSION Informational Report.pdf Page 89

19.2. Corporate Compliance 2020 TFHD Work Plan.pdf Page 93

ITEMS 20 - 25: See Agenda

26. ADJOURN



REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, January 23, 2020 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. **BOARD VACANCY APPOINTMENT** ♦

The Board of Directors will consider appointing a new member to fill the vacant board seat expiring December 2020.

6. **BOARD MEMBER OATH OF OFFICE**

If the Board of Directors appoints a director to the vacant seat, the Clerk will swear in the appointed director.

7. **CLOSED SESSION**

7.1. Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3)) ♦

A point has been reached where, in the opinion of the Board on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District.

Receipt of Claim pursuant to Tort Claims Act or other written communication threatening litigation (copy available for public inspection in Clerk's office). (Gov. Code 54956.9 (e)(3))

Name of Person Threatening Litigation: Robert Lynn

7.2. Hearing (Health & Safety Code § 32155)

Subject Matter: Quality Assurance Report

Number of items: One (1)

7.3. Hearing (Health & Safety Code § 32155) ♦

Subject Matter: Fourth Quarter 2019 Corporate Compliance Report

Number of items: One (1)

7.4. Approval of Closed Session Minutes ♦

12/19/2019

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

Subject Matter: Medical Staff Credentials

APPROXIMATELY 6:00 P.M.

8. DINNER BREAK

9. OPEN SESSION – CALL TO ORDER

10. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

11. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

12. INPUT – AUDIENCE

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

13. INPUT FROM EMPLOYEE ASSOCIATIONS

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

14. SAFETY FIRST

14.1. January Safety First Topic

15. ACKNOWLEDGMENTS

15.1. January 2020 Employee of the Month.....ATTACHMENT

15.2. CHHS 2019 Opioid Care Honor Roll Program.....ATTACHMENT

16. MEDICAL STAFF EXECUTIVE COMMITTEE ♦

16.1. Medical Executive Committee (MEC) Meeting Consent AgendaATTACHMENT

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

Annual Policy Review (no content changes)

- *Postpartum-Post Partum Hemorrhage, DWFC-1490*
- *Labor-Trial of Labor after Cesarean, DWFC-1502*

17. 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.

17.1. Approval of Minutes of Meetings

17.1.1. 12/19/2019ATTACHMENT

17.2. Financial Reports

17.2.1. Financial Report – December 2019.....ATTACHMENT

17.3. Staff Reports

17.3.1. CEO Board ReportATTACHMENT

17.3.2. COO Board Report.....ATTACHMENT

17.3.3. CNO Board Report.....ATTACHMENT

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
January 23, 2020 AGENDA – Continued

- 17.3.4. CIO Board ReportATTACHMENT
- 17.3.5. CMO Board Report.....ATTACHMENT
- 17.4. Approve Resolution of Endorsement for Mountain Gateway Center**
- 17.4.1. Resolution 2020-01ATTACHMENT
- 17.5. Approve Resolution Adopting Board Compensation Policy**
- 17.5.1. Resolution 2020-02ATTACHMENT

18. ITEMS FOR BOARD DISCUSSION

- 18.1. Retirement Committee Update**ATTACHMENT
The Board of Directors will receive a semi-annual update from the Retirement Committee.
- 18.2. BETA HEART Update**ATTACHMENT
The Board of Directors will receive an update on the five domains of the BETA HEART program.
- 18.3. Navigation Program Update**ATTACHMENT
The Board of Directors will receive an update on the District’s Navigation program.
- 18.4. Board Education**
- 18.4.1. Rural Health Clinics**
The Board of Directors will receive board education on rural health clinics.

19. ITEMS FOR BOARD ACTION ♦

- 19.1. Corporate Compliance Report** ♦ATTACHMENT
The Board of Directors will review and consider approval of a Fourth Quarter 2019 Corporate Compliance Report.
- 19.2. Corporate Compliance Work Plan** ♦ATTACHMENT
The Board of Directors will review and consider approval of 2020 Corporate Compliance Program Work Plan.

20. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

21. BOARD COMMITTEE REPORTS

22. BOARD MEMBERS REPORTS/CLOSING REMARKS

23. CLOSED SESSION CONTINUED, IF NECESSARY

24. OPEN SESSION

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

26. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is February 27, 2020 at Tahoe Forest Hospital, 10121 Pine Avenue, Truckee, CA, 96161. A copy of the board meeting agenda is posted on the District’s web site (www.tfhd.com) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting.

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

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions. Equal Opportunity Employer. The 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 (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.



JANUARY 2020 EMPLOYEE OF THE MONTH

DANIEL DOTTA

FLOOR CARE LEAD/SAFETY PATROL – ENVIRONMENTAL SERVICES

We are honored to announce Daniel Dotta as our January 2020 Employee of the Month!

Dan has been with Tahoe Forest since 2010.

Here's what Dan's coworkers have to say about him:

"I cannot say enough good things about Dan! Our shifts rarely cross over, but when they do he always goes out of his way to see if there is anything he can do. He is always smiling and whomever he interacts with ends up smiling as well. Every time I see Dan, his positive energy is contagious. He has always gone out of his way to offer his help and has never expected anything in return. He lives our values in every way. I am honored to work with him and call him my teammate."

Thank you and congratulations, Dan!

Please join us in congratulating all of our Terrific Nominees!

**Allie Rohe
Johny Lopez
Alejandra Duran
Luis Medina-Jacinto
Nancy Roberts
Nancy Knudson
Meredith Skinner
Cody Halvorson
Anna McGuire
Karen Hollister
Linda Esparza
Nubia Ruiz
Cecilia Lewis Murphy**

January 2020

Dear Hospital CEO,

The California Health and Human Services (CHHS) Agency, Hospital Quality Institute (HQI), and Cal Hospital Compare (CHC) are pleased to recognize your hospital's participation in the pilot year of the Opioid Care Honor Roll Program.

CHC launched the Opioid Care Honor Roll Program to help address the ongoing crisis. In this pilot year of the program, 60 hospitals voluntarily reported their progress on addressing the opioid epidemic. While results show that all participating hospitals are making progress, it's also clear that more work is needed. In 2020, CHC will update the opioid care program with additional practices that are proven effective and again support their rapid spread among hospitals with learning opportunities, including another webinar series.

The CHHS Agency is committed to making California a healthy, vibrant, inclusive place to live, play, work, and learn. In support of this aim, the CHHS Agency endorses the Opioid Care Honor Roll Program in partnership with HQI and CHC. The HQI provides coordination and support for improvement and harmonizes measures for patient safety and quality improvement activities for the California Hospital Association, Hospital Council, Hospital Association of Southern California, and the Hospital Association of San Diego and Imperial Counties. CHC provides Californians with objective hospital performance ratings. To accelerate improvement and recognize high performance by California hospitals, CHC publishes three hospital honor rolls: Opioid Care, Patient Safety and Maternity.

To find out more about the Opioid Care Honor Roll Program and access resources please check out Cal Hospital Compare's website at www.calhospitalcompare.org/programs/opioid-care-honor-roll/

Please extend our heartfelt thanks to all your hospital's physicians, nurses, other clinical staff, and administrators for participating in this year's Opioid Care Honor Roll Program. Next year, CHC will develop a relevant threshold to identify hospitals for the first Opioid Care Honor Roll. We also encourage you to share the news of your participation with your patients and in your community.

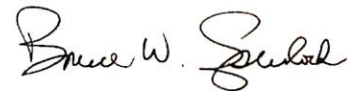
Sincerely,



Mark Ghaly, MD
Secretary
CHHS Agency



Robert Imhoff
President
Hospital Quality Institute



Bruce Spurlock, MD
Executive Director
Cal Hospital Compare

In recognition of participation in the
2019 Opioid Care Honor Roll Program
this certificate is presented to

Tahoe Forest Hospital

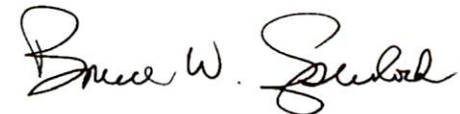
To receive this certificate, a California hospital participated in the pilot year of the 2019 Opioid Care Honor Roll Program by voluntarily submitting data sharing their progress on implementing evidence-based practices to address the opioid crisis.



Mark Ghaly, MD
Secretary
CHHS Agency



Robert Imhoff
President
Hospital Quality Institute



Bruce Spurlock, MD
Executive Director
Cal Hospital Compare

AGENDA ITEM COVER SHEET

ITEM	Medical Executive Committee Consent Agenda
RESPONSIBLE PARTY	Greg Tirdel, MD Chief of Staff
ACTION REQUESTED?	For Board Action
<p>BACKGROUND:</p> <p>During the January 16, 2020 Medical Executive Committee meeting, the committee made the following consent agenda item recommendations to the Board of Directors at the January 23, 2020 meeting.</p>	
<p>SUMMARY/OBJECTIVES:</p> <p>Approval of the following consent agenda items:</p> <p><u>Annual Policy Review (no content changes)</u></p> <ol style="list-style-type: none"> 2. Postpartum-Post Partum Hemorrhage, DWFC-1490 3. Labor-Trial of Labor after Cesarean, DWFC-1502 	
<p>SUGGESTED DISCUSSION POINTS:</p> <ul style="list-style-type: none"> • None 	
<p>SUGGESTED MOTION/ALTERNATIVES:</p> <p>Move to approve.</p>	
<p>LIST OF ATTACHMENTS:</p> <ul style="list-style-type: none"> • Postpartum-Post Partum Hemorrhage, DWFC-1490 • Labor-Trial of Labor after Cesarean, DWFC-1502 	



Current Status: Active

PolicyStat ID: 7322004



TAHOE
FOREST
HEALTH
SYSTEM

Origination Date: 12/2010
Last Approved: 12/2019
Last Revised: 12/2019
Next Review: 12/2020
Department: *Women and Family Center -
DWFC*
Applicabilities:

Postpartum - Post Partum Hemorrhage, DWFC-1490

PURPOSE :

To rapidly identify and treat hemorrhage in the postpartum patient.

POLICY:

All patients will be assessed for signs and symptoms of hemorrhage. While postpartum hemorrhage is described as blood loss greater than 500 ml for a vaginal delivery and greater than 1000 ml for a cesarean delivery. In the event of any abnormal findings, the nurse shall begin interventions, and communicate with the patient's physician.

PROCEDURE:

- A. A postpartum hemorrhage risk assessment will be complete on all Obstetric patients upon admission with a minimum of a Type and Screen completed on all patients assessed to be of high risk, per physicians order. Conditions indicating an increased risk for hemorrhage include:
1. Grand multiparity
 2. Obesity
 3. Fetal Macrosomia
 4. Previous history of hemorrhage
 5. Bicornate uterus
 6. Prolonged labor
 7. Malpresentation
 8. Uterine fibroids
 9. Infection
 10. Polyhydramnios
 11. Multiple gestation
 12. Tocolytics used in labor
 13. Retained placenta

14. Prolapsed or inverted uterus

B. All other patients will have a hold tube sent to Blood Bank on admission, per physicians order. A history check will be completed by the Clinical Lab Scientist, if no history is on file, a phlebotomist will be sent to draw a Verification Blood Group.

1. This ABO verification must be completed on an independently drawn sample.

C. Nursing:

1. Notify physician and anticipate orders.

2. **In the rare instance the physician determines a massive hemorrhage is anticipated immediately following delivery, Activate the Cascaded Massive Transfusion Guideline (CMT) per physician order by calling the Clinical Lab Scientist via phone (EXT 6501) and Order Lab3019, authorizing emergency release of blood products.**

3. Initiate and refer to the California Maternal Quality Care Collaborative- Obstetric Hemorrhage Care Guidelines available in unit and PPH carts.

a. Interventions throughout stages include but are not limited to:

i. Massage fundus and note presence of clot formation, amount of bleeding, and/or presence of tissue.

ii. Bring Postpartum Hemorrhage Medication kits x2 into room.

iii. Notify team leader and Nursing Supervisor.

iv. Hemorrhage cart to be placed in or near patient's room.

v. Prepare consents for blood transfusion and/or surgery.

a. The physician is responsible for obtaining the patient's informed consent.

b. The patient/legal representative shall sign a consent authorizing the transfusion.

c. During an emergency situation the provider may conduct the transfusions prior to obtaining patient consent when the provider signs a CMT Request Form, TXS-T8201 and the form is submitted to Transfusion Services.

vi. Alert OR team per physician request.

4. Ordering Guidelines for labs and blood administration are based on the stage of hemorrhage

a. **Stage 1** - Cumulative blood loss >500ml vaginal birth or >1000 ml c/s or vital signs >15% change or HR \geq 110, BP \leq 85/45, O2 sat <95% or increased bleeding during recovery or postpartum.

i. Order Type and Screen, STAT (if not already done).

ii. Consider administration of Tranexamic TXA per **CMQCC recommendation**

b. **Stage 2** - Continued bleeding or Vital Sign instability, and <1500 ml cumulative blood loss.

i. Place an order to Prepare and Transfuse ("Crossmatch") within the EMR and make the following selections for the questions that follow:

a. Prepare and Transfuse

b. STAT

c. 2 Units

- d. None
 - e. Today
 - f. Select the appropriate indication for the clinical setting
- ii. Order The Following labs in the EMR:
- a. CBC
 - b. CMP
 - c. PT and APTT (single order)
 - d. Fibrinogen
 - e. Type and Screen (if not previously completed)
 - f. D-Dimer
- c. **Per CMQCC recommendation, Do not wait for lab results or response to medications. Transfuse blood per clinical signs and physician orders.**
- i. **Stage 3** - Continued bleeding and vital sign instability, cumulative blood loss >1500ml, >2 units pRBCs given, or suspicion for DIC.
- a. Activate the Cascaded Massive Transfusion Guideline (CMT) by calling the Clinical Lab Scientist via phone (**EXT 6501**)
 - b. Order Lab3019, authorizing emergency release of blood products. .
 - c. Initiate Rapid Response for additional help if needed (Stage 2 to 3)
 - d. After the first 2 units of pRBCs, use Blood Products ratio: 4-6 pRBCs : 4 FFP : 1 Platelets.
5. Lab:
- a. Following activation of the Massive Transfusion Guideline:
1. The Clinical Lab Scientist, (CLS), will ask for the patient's name, date of birth and MRN, if available.
 2. Lab will request a phone number and name of a contact person in the department. This member of clinical staff shall carry a mobile phone and remain readily available.
 3. The CLS will confirm that Fresh Frozen Plasma FFP will be needed and will begin thawing right away.
 4. The CLS will perform a History Check on the patient to determine if a specimen is required for a Type and Screen, sending a lab assistant to collect the specimen, if necessary.
 - a. The CLS will also order and collect specimens for CBC, CMP, PT and APTT, INR, and Fibrinogen.
 5. Within 10 minutes, lab will have 2 units of pRBCs ready to be picked up.
 - a. The runner must have a Transfusion Record in hand for each unit with a Patient Identifier Label affixed (forms are available in lab if necessary). The runner must provide Patient Identifier Labels for each unit released.
 - b. A read-back verification must be completed for each unit released from the blood bank.

6. Plasma requires 30 minutes to thaw and only 2 units can be processed concurrently
Lab does not maintain a Platelet Pheresis unit on site. Platelets will be ordered STAT from UBS with an expected 1 hour delivery time
7. Lab will continue to follow the Cascaded Massive Transfusion Protocol until notified of discontinuation with product preparation as follows:
 - a. At 45 minutes from initiation: 2 units pRBCs and 2 units FFP
 - b. At 75 minutes: 2 units pRBCs, 2 units FFP, and 1 unit Platelet Pheresis
 - c. At 105 minutes: 2 units pRBCs
 - i. Following the administration of 8 units pRBC, 4 units FFP and 1 unit of platelets, the CLS will place a STAT order for CBC, CMP, INR, PTT Fibrinogen and D-dimer.
 - ii. Lab assistant will draw the specimens.
 - d. At 135 minutes: 2 units pRBC and 2 units FFP
 - e. At 165 minutes: 2 units pRBC, 2 units FFP, and 1 unit of Platelet Pheresis
8. Notify the Clinical Lab Scientist immediately for any deviation to the above schedule.
9. Lab will continue to prepare 2 units of pRBCs every 30 minutes, until notified of discontinuation by OB department.

- D. All blood products should be given via a Level 1 rapid infuser/fluid warmer or other blood-warming device to prevent hypothermia
- E. Any additional lab test that may be needed shall be ordered by physician.
- F. Following the fourth delivery totaling 8 units of pRBC, 4 units of FFP and 1 unit of platelets, repeat STAT orders will be placed by the CLS for CBC, CMP, Fibrinogen, PT and APTT, and D-Dimer

Documentation:

All documentation to be completed within the Electronic Medical Record (EMR).

Related Policies/Forms:

Cascaded Massive Transfusion Request Form

References:

American Academy of Pediatrics & American College of Obstetricians and Gynecologists. (2007). *Guidelines for perinatal care* (6th ed.). Elk Grove Village, IL: Authors.

CMQCC OB Hemorrhage Emergency Management Plan: Checklist revision 9/10/14 (cmqcc.org)

CMQCC OB Hemorrhage Task Force: Care Guidelines and Compendium of Best Practices, OB Hemorrhage Care Guidelines Checklist:

Leduc, D., Senikas, V., Lalonde, A.B., Ballerman, C., Biringer, A., et al. (2009). Active management of the third stage of labour: Prevention and treatment of postpartum hemorrhage. *Journal of Obstetrics and Gynecology*, 31, 980–993.

TFHD Cascaded Massive Transfusion Guideline

Awhonn Templates for Protocols and Procedures for Maternity Services 3rd ed

All revision dates:

12/2019, 08/2018, 06/2017, 03/2017, 03/2016, 03/2015, 04/2014, 05/2013, 01/2012

Attachments:

[TXS-T8201 Massive Transfusion Request Form.docx](#)

Approval Signatures

Step Description	Approver	Date
	Kerry Milligan: Director, MedSurg/ICU	12/2019
	Ellie Cruz: Nurse Manager, W & F	12/2019

COPY



TAHOE
FOREST
HEALTH
SYSTEM

Origination Date: 05/2007
Last Approved: 12/2019
Last Revised: 12/2019
Next Review: 12/2020
Department: *Women and Family Center - DWFC*
Applicabilities: *Tahoe Forest Hospital*

Labor - Trial of Labor After Cesarean, DWFC-1502

PURPOSE:

Physicians will counsel their patients about the risks and benefits of a trial of labor after cesarean (TOLAC) and vaginal birth after cesarean (VBAC) during the prenatal period of the pregnancy. The physician should document the risk and benefits discussed and refer the patient to an obstetrician who is affiliated with a hospital equipped to meet the The American College of Obstetricians and Gynecologists (ACOG) immediacy standard.

POLICY:

- A. Tahoe Forest Hospital District (TFHD) does not perform elective TOLAC's.
- B. An emergency TOLAC will be considered if the following exists:
 1. The patient arrives in active labor, cannot be transferred, and refuses a cesarean section; or
 2. The patient scheduled for a repeat cesarean section arrives in labor, which has progressed too far to perform surgery prior to vaginal delivery.
 3. Trial of labor is contraindicated in the following situations:
 - a. Patient has had a previous classical or T-shaped incision
 - b. Prior uterine rupture
 - c. Known significant lateral extension of the uterine incision
 - d. Prior trans-fundal uterine incision
 - e. Contracted pelvis
 - f. Patient has any medical or obstetric complication that precludes vaginal birth
 4. Facilities in which women attempt TOLAC should have the resources necessary to perform emergency cesarean delivery given the increased risk of uterine rupture in this setting. These resources include the following:
 - a. Physicians capable of monitoring labor and performing an emergency cesarean delivery
 - b. Clinicians capable of providing obstetric anesthesia for emergency cesarean delivery
 - c. Nursing personnel to assist with emergency cesarean delivery
 - d. Clinicians capable of providing neonatal resuscitation

- e. Equipment necessary for personnel to provide these services
- 5. ACOG and the American Society of Anesthesiologists suggest that facilities providing obstetric services should be capable of beginning an intrapartum cesarean delivery within 30 minutes of the decision to perform the operation
 - a. In situations in which such resources are not readily available, the provider and patient need to discuss implications of the limited resources at the selected delivery facility and available options.

PROCEDURE:

- A. When a patient presents to the Joseph Family Center for Women and Newborn unit in active labor, with a previous history of having a cesarean section the following process will occur:
 - 1. RN will assess patient and determine if patient is in labor
 - 2. If patient is in labor, RN will immediately notify Obstetrician
 - 3. If the patient refuses the repeat cesarean section, TFHD will make every effort to have the following staff immediately available in anticipation of an obstetrical emergency:
 - a. Obstetrician
 - b. Anesthesiologist
 - c. Operating Room Crew (minimally 2 staff, 1 being an RN)
 - d. Additional Labor & Delivery RN
 - e. Respiratory Therapist
 - 4. Admit patient and follow physician orders
 - 5. Consider placement of two IV sites with 18 gauge catheters, initiated per physician order.
 - 6. Secure the patient's signature on the consent for: Refusal of a Repeat Cesarean Section, Trial of Labor, consent for blood transfusion.
 - 7. Notify Nursing Supervisor
 - a. Elective OR cases may be indefinitely delayed as needed to accommodate immediate availability status.
- B. A Labor RN will provide 1:1 care of the TOLAC patient.
- C. Continuous uterine and fetal monitoring shall be provided throughout the entire course of labor.
 - 1. Internal monitoring should be implemented whenever possible.
- D. Anesthesia may elect to administer epidural anesthesia to TOLAC patients if no other contraindications to an epidural exist.
 - 1. Use of a fetal scalp electrode will be implemented at the time of epidural placement, if membranes are ruptured.
 - 2. Monitoring for evidence of uterine rupture is a critical component of intrapartum management of TOLAC.
 - a. Signs and symptoms of uterine rupture may include fetal heart rate abnormalities, weakening contractions, loss of fetal station, abdominal pain, suprapubic pain at the level of the hysterotomy, need for frequent epidural dosing, vaginal bleeding, maternal hemodynamic

instability, and hematuria. Clinical vigilance and careful evaluation are especially warranted in women with persistent complaints of pain despite neuraxial anesthesia or need for frequent anesthetic re-dosing to achieve adequate pain control.

- b. External uterine contraction monitoring is adequate; intrauterine pressure monitoring offers no advantages for early diagnosis of uterine rupture. As in any labor, intrauterine pressure catheters can and should be used when needed to evaluate the adequacy of the uterine contraction pattern.

DOCUMENTATION:

All document to be completed in Electronic Medical Record (EMR)

References:

Awhonn Templates for Protocols and Procedures for Maternity Services 3rd Ed., UpToDate: Trial of labor after cesarean delivery: Intrapartum management, Jul 06, 2018

UpToDate: [Trial of labor after cesarean delivery: Intrapartum management](#), May 01, 2019

ACOG Practice Bulletin no. 205: Vaginal Birth After Cesarean Delivery:

[“Vaginal Birth After Cesarean Delivery.”](#) issued by ACOG in February 2019, issues less-restrictive guidelines for vaginal birth after cesarean (VBAC) delivery. It discusses the benefits and risks of VBAC that ob-gyns should discuss with patients, and states that attempting a VBAC is a safe and appropriate choice for most women who have had a prior cesarean delivery, including some women who have had two previous cesareans.

All revision dates:

12/2019, 12/2018, 10/2017, 10/2015, 12/2014, 07/2013, 01/2011, 01/2010, 09/2009

Attachments:

Approval Signatures

Step Description	Approver	Date
	Kerry Milligan: Director, MedSurg/ICU	12/2019
	Ellie Cruz: Nurse Manager, W & F	12/2019



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

Thursday, December 19, 2019 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, Vice Chair; Sarah Wolfe, Secretary; Dale Chamblin, Treasurer; Art King, Board Member

Staff in attendance: Harry Weis, Chief Executive Officer; Judy Newland, Chief Operating Officer; Crystal Betts, Chief Financial Officer; Dr. Shawni Coll, Chief Medical Officer; Janet Van Gelder, Director of Quality; Martina Rochefort, Clerk of the Board

Other: David Ruderman, Assistant General Counsel

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 4:03 p.m.

5. CLOSED SESSION

5.1. Hearing (Health & Safety Code § 32155)

Subject Matter: Service Recovery Financial Summary Report

Number of items: One (1)

Discussion was held on a privileged item.

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

Property Address: 10956 Donner Pass Road, Suite 110, Truckee, CA 96161

Agency Negotiator: Judith Newland

Negotiating Parties: Paul Krause

Under Negotiation: Price & Terms of Payment

Discussion was held on a privileged item.

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

Property Address: 10956 Donner Pass Road, Suite 360, Truckee, CA 96161

Agency Negotiator: Judith Newland

Negotiating Parties: Paul Krause

Under Negotiation: Price & Terms of Payment

Discussion was held on a privileged item.

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

Property Address: 10121 Lake Avenue, Truckee, CA 96161

Agency Negotiator: Judith Newland

Negotiating Parties: Alma Chavez

Under Negotiation: Price & Terms of Payment

Discussion was held on a privileged item.

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

Property Address: 10099 Lake Avenue, Truckee, CA 96161

Agency Negotiator: Judith Newland

Negotiating Parties: Kelly Hatfield

Under Negotiation: Price & Terms of Payment

Discussion was held on a privileged item.

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

Property Address: 10167 Levon Avenue, Truckee, CA 96161

Agency Negotiator: Judith Newland

Negotiating Parties: Chamlian, Dikran L & Christa F Trustees

Under Negotiation: Price & Terms of Payment

Discussion was held on a privileged item.

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

Property Address: 11174 Donner Pass Road, Truckee, CA 96161

Agency Negotiator: Judith Newland

Negotiating Parties: SR & Sons LLC

Under Negotiation: Price & Terms of Payment

Discussion was held on a privileged item.

5.8. Approval of Closed Session Minutes

11/21/2019 – Special Meeting, 11/21/2019 – Regular Meeting

Discussion was held on a privileged item.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

Meeting reconvened at 6:00 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel noted the board considered eight items in closed session. There was no reportable action on items 5.1.-5.7. Item 5.8. Closed Session minutes were approved on 5-0 vote.

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

10. INPUT – AUDIENCE

No public comment was received.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

No public comment was received.

12. SAFETY FIRST

12.1. Scott Baker presented the December Safety First Topic on the “expect to check” process for patient identification.

13. ACKNOWLEDGMENTS

13.1. Ashley Connor was named December 2019 Employee of the Month.

13.2. Tena Mather was named 2019 TFHS Employee of the Year.

13.3. TFHS received the Press Ganey Guardian of Excellence Award.

14. 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.

14.1. Approval of Minutes of Meetings

14.1.1. 11/21/2019 – Special Meeting

14.1.2. 11/21/2019 – Regular Meeting

14.2. Financial Reports

14.2.1. Financial Report – November 2019

14.3. Staff Reports

14.3.1. CEO Board Report

14.3.2. COO Board Report

14.3.3. CNO Board Report

14.3.4. CIIO Board Report

14.3.5. CMO Board Report

14.4. Policy Review

14.4.1. ABD-19 Onboarding and Continuing Education of Board Members

14.4.2. ABD-21 Physician and Professional Service Agreements

14.4.3. ABD-24 TFHD Professional Courtesy Policy

14.5. Approval of Administrative Policies Table of Contents

14.5.1. Administrative Policies Table of Contents

14.6. Accept Mountain Housing Council Accessory Dwelling Units White Paper

14.6.1. Mountain Housing Council – Accessory Dwelling Units White Paper

ACTION: Motion made by Director Brown, seconded by Director King, to approve the Consent Calendar as presented.

AYES: Directors King, Chamblin, Wolfe, Brown and Wong

Abstention: None

NAYS: None

Absent: None

15. ITEMS FOR BOARD ACTION

15.1. Extended Care Center (ECC) Cosmetic Improvements

Discussion was held.

ACTION: Motion made by Director Chamblin, seconded by Director Wolfe, to award of contract for the ECC Cosmetic Improvements project at 10121 Pine Avenue Truckee, CA 96161 to the lowest bidder, J.M. Streamline, Inc. dba: Streamline Construction, for \$727,410.00.

AYES: Directors King, Chamblin, Wolfe, Brown and Wong

Abstention: None

NAYS: None

Absent: None

15.2. TFHD Board of Directors Vacancy

Discussion was held.

ACTION: Motion made by Director Chamblin, seconded by Director King, to appoint a replacement for the vacant board seat.

AYES: Directors King, Chamblin, Wolfe, Brown and Wong

Abstention: None

NAYS: None

Absent: None

16. ITEMS FOR BOARD DISCUSSION

16.1. Board Education

16.1.1. TFHD Credentialing Process

Dorothy Piper, Director of Medical Staff Services, provided education on the District's credentialing process.

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

None.

18. BOARD OFFICER ELECTION

18.1. Election of 2020 Board Officers

ACTION: Director Brown nominated Director Wong for Board Chair. Director Wong accepted. Roll call vote.

King – AYE

Chamblin – AYE

Wolfe – AYE

Brown – AYE

Wong – AYE

Motion passed unanimously.

ACTION: Director Chamblin nominated Director Brown as Board Vice Chair. Director Brown accepted the nomination.

King – AYE

Chamblin – AYE

Wolfe – AYE

Brown – AYE

Wong – AYE

ACTION: Director Brown nominated Director Chamblin as Board Treasurer. Director Chamblin accepted the nomination.

King – AYE

Chamblin – AYE

Wolfe – AYE

Brown – AYE

Wong – AYE

ACTION: Director Chamblin nominated Director King as Board Secretary. Director King accepted the nomination.

King – AYE

Chamblin – AYE

Wolfe – AYE

Brown – AYE

Wong – AYE

19. BOARD COMMITTEE REPORTS

Director Wong provided an update from the recent Governance Committee meeting.

20. BOARD MEMBERS REPORTS/CLOSING REMARKS

Thank you to Director Wolfe for her service on the board.

21. CLOSED SESSION CONTINUED, IF NECESSARY

None.

22. OPEN SESSION

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

24. ADJOURN

Meeting adjourned at 7:03 p.m.

**TAHOE FOREST HOSPITAL DISTRICT
DECEMBER 2019 FINANCIAL REPORT
INDEX**

PAGE	DESCRIPTION
2 - 3	FINANCIAL NARRATIVE
4	STATEMENT OF NET POSITION
5	NOTES TO STATEMENT OF NET POSITION
6	CASH INVESTMENT REPORT
7	SIX MONTHS ENDING DECEMBER 2019 STATEMENT OF NET POSITION KEY FINANCIAL INDICATORS
8	TFHD STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
9 - 10	TFHD NOTES TO STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
11	SIX MONTHS ENDING DECEMBER 2019 STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION KEY FINANCIAL INDICATORS
12	IVCH STATEMENT OF REVENUE AND EXPENSE
13 - 14	IVCH NOTES TO STATEMENT OF REVENUE AND EXPENSE
15	STATEMENT OF CASH FLOWS
16 - 30	TFH VOLUMES AND GRAPHS

Board of Directors
Of Tahoe Forest Hospital District
DECEMBER 2019 FINANCIAL NARRATIVE

The following is the financial narrative analyzing financial and statistical trends for the six months ended December 31, 2019.

Activity Statistics

- ❑ TFH acute patient days were 528 for the current month compared to budget of 505. This equates to an average daily census of 17.0 compared to budget of 16.3.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Emergency Department visits, Hospice visits, Mammography, Radiation Oncology procedures, Nuclear Medicine, MRI exams, Ultrasounds, CAT Scans, Oncology Drugs Sold to Patients, Gastroenterology cases, Tahoe City Physical Therapy, Tahoe City Occupational Therapy, Physical Therapy, Speech Therapy, and Occupational Therapy.

Financial Indicators

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 50.1% in the current month compared to budget of 49.8% and to last month's 53.9%. Current year's Net Patient Revenue as a percentage of Gross Patient Revenue was 50.1% compared to budget of 49.9% and prior year's 52.1%.
- ❑ EBIDA was \$3,157,341 (9.2%) for the current month compared to budget of \$990,087 (3.1%), or \$2,167,254 (6.0%) above budget. Year-to-date EBIDA was \$16,614,325 (8.1%) compared to budget of \$8,572,285 (4.4%), or \$8,042,041 (3.7%) above budget.
- ❑ Net Income was \$2,404,419 for the current month compared to budget of \$588,870 or \$1,815,549 above budget. Year-to-date Net Income was \$13,252,632 compared to budget of \$6,115,775 or \$7,136,857 above budget.
- ❑ Cash Collections for the current month were \$15,748,808 which is 99% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$86,672,291 at the end of December compared to \$85,619,380 at the end of November.

Balance Sheet

- ❑ Working Capital is at 44.8 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 171.1 days. Working Capital cash increased a net \$5,480,000. Accounts Payable increased \$1,585,000, Accrued Payroll & Related Costs increased \$933,000, the District received \$1,735,000 in Stop Loss reimbursement and \$2,037,000 from the Medicare program as in interim rate adjustment on its Inpatient claims.
- ❑ Net Patient Accounts Receivable increased approximately \$1,094,000 and Cash collections were 99% of target. EPIC Days in A/R were 76.2 compared to 75.2 at the close of November, a 1.0 days increase.
- ❑ Other Receivables decreased a net \$729,000 after booking receipt against the Health Insurance Stop Loss receivable booked in November.
- ❑ Estimated Settlements, Medi-Cal & Medicare increased \$629,000 after recording the estimated December FY20 receivable from the Rate Range IGT, Medi-Cal PRIME, and Quality Assurance Fee programs.
- ❑ Investment in TSC, LLC decreased \$371,000 after recording the District's 99% share of losses for July through October 2019.
- ❑ To comply with GASB No. 63, the District booked an adjustment to the asset and offsetting liability to reflect the fair value of the Piper Jaffray swap transaction at the close of December.
- ❑ Accounts Payable increased \$1,585,000 due to the timing of the final check run in the month.
- ❑ Accrued Payroll & Related Costs increased \$933,000 due to an increase in accrued payroll days in December.
- ❑ Estimated Settlements, Medi-Cal & Medicare increased \$1,537,000. The District received \$2,037,000 as in interim rate adjustment on its Medicare Inpatients and booked a portion of the payment as a liability against potential future takebacks in the latter part of FY20.

Operating Revenue

- ❑ Current month’s Total Gross Revenue was \$34,464,679, compared to budget of \$31,555,846 or \$2,908,833 above budget.
- ❑ Current month’s Gross Inpatient Revenue was \$8,713,198, compared to budget of \$8,634,444 or \$78,754 above budget.
- ❑ Current month’s Gross Outpatient Revenue was \$25,751,481 compared to budget of \$22,921,402 or \$2,830,079 below budget.
- ❑ Current month’s Gross Revenue Mix was 37.6% Medicare, 14.4% Medi-Cal, .0% County, 1.5% Other, and 46.5% Insurance compared to budget of 37.9% Medicare, 16.0% Medi-Cal, .0% County, 3.2% Other, and 42.9% Insurance. Last month’s mix was 39.6% Medicare, 15.3% Medi-Cal, -.2% County, 2.5% Other, and 42.8% Insurance. Year-to-date Gross Revenue Mix was 40.8% Medicare, 13.9% Medi-Cal, .0% County, 2.7% Other, and 42.6% Insurance compared to budget of 38.2% Medicare, 15.9% Medi-Cal, .0% County, 3.1% Other, and 42.8% Insurance.
- ❑ Current month’s Deductions from Revenue were \$17,193,419 compared to budget of \$15,834,931 or \$1,358,488 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a .28% decrease in Medicare, a 1.58% decrease to Medi-Cal, County at budget, a 1.72% decrease in Other, and Commercial was above budget 3.57%, 2) Revenues exceeded budget by 9.20%, and 3) the District booked \$500,000 of the \$2m Medicare interim rate reimbursement as a reduction to Contractual Allowances.

DESCRIPTION	December 2019 Actual	December 2019 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	5,857,062	6,280,241	423,179	
Employee Benefits	1,942,291	1,755,639	(186,652)	Negative variance in Employee Benefits related to increased use of Paid Leave during the holiday season. This offset, in part, the positive variance in Salaries & Wages.
Benefits – Workers Compensation	85,055	78,105	(6,950)	
Benefits – Medical Insurance	843,093	1,177,057	333,964	
Medical Professional Fees	1,686,488	1,498,749	(187,739)	We saw negative variances in Multi-Specialty Clinic physician fees due to the timing of transitioning to the employment model and an increase in Physical, Speech, and Occupational Therapy fees due to visits exceeding budget expectations.
Other Professional Fees	261,828	239,262	(22,566)	Negative variance in Other Professional Fees related to consulting services provided for the EPIC conversions and Managed Care consulting and contracting support.
Supplies	2,316,915	2,228,904	(88,011)	Oncology Drugs Sold to Patients revenues exceeded budget by 71.68%, creating a negative variance in Pharmaceutical supply purchases.
Purchased Services	1,749,046	1,671,180	(77,866)	Grant funds extended to Tahoe SAFE Alliance, collection agency fees, Occupational Health screenings, Information Technology network maintenance and Employee Wellness Bank services exceeded budget, creating a negative variance in Purchased Services.
Other Expenses	579,382	912,875	333,493	Senior Leadership is closely monitoring Controllable expenses, creating positive variances in most of the Other Expenses categories.
Total Expenses	15,321,159	15,842,012	520,853	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
DECEMBER 2019

	Dec-19	Nov-19	Dec-18	
ASSETS				
CURRENT ASSETS				
* CASH	\$ 22,834,475	\$ 17,354,790	\$ 4,555,537	1
PATIENT ACCOUNTS RECEIVABLE - NET	25,711,535	24,618,015	32,759,512	2
OTHER RECEIVABLES	9,979,464	10,708,049	9,303,980	3
GO BOND RECEIVABLES	2,431,544	2,018,625	1,836,941	
ASSETS LIMITED OR RESTRICTED	7,870,372	8,110,809	7,917,545	
INVENTORIES	3,477,439	3,476,677	3,130,302	
PREPAID EXPENSES & DEPOSITS	2,544,015	2,669,773	1,877,182	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	12,721,164	12,091,998	7,708,114	4
TOTAL CURRENT ASSETS	87,570,008	81,048,735	69,089,113	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	64,390,780	64,390,780	60,460,296	1
MUNICIPAL LEASE 2018	2,901,562	2,899,655	5,818,864	
TOTAL BOND TRUSTEE 2017	20,459	20,437	20,055	
TOTAL BOND TRUSTEE 2015	824,799	687,112	963,319	
GO BOND PROJECT FUND	-	-	-	
GO BOND TAX REVENUE FUND	696,400	696,400	837,019	
DIAGNOSTIC IMAGING FUND	3,307	3,307	3,246	
DONOR RESTRICTED FUND	1,133,611	1,138,560	1,127,596	
WORKERS COMPENSATION FUND	29,130	21,967	23,992	
TOTAL	70,000,049	69,858,220	69,254,387	
LESS CURRENT PORTION	(7,870,372)	(8,110,809)	(7,917,545)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	62,129,677	61,747,411	61,336,842	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(184,713)	186,704	601,785	5
PROPERTY HELD FOR FUTURE EXPANSION	877,798	874,695	897,240	
PROPERTY & EQUIPMENT NET	177,868,828	177,719,012	167,301,132	
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,792,440	1,824,259	1,855,472	
TOTAL ASSETS	330,054,038	323,400,815	301,081,584	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	407,279	410,512	446,068	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,343,392	1,448,871	1,081,858	6
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	5,556,403	5,580,107	5,840,859	
GO BOND DEFERRED FINANCING COSTS	433,265	435,200	456,480	
DEFERRED FINANCING COSTS	168,525	169,565	181,008	
TOTAL DEFERRED OUTFLOW OF RESOURCES	\$ 7,908,864	\$ 8,044,256	\$ 8,006,273	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	\$ 7,847,988	\$ 6,263,304	\$ 7,534,866	7
ACCRUED PAYROLL & RELATED COSTS	12,929,114	11,996,063	10,667,183	8
INTEREST PAYABLE	518,376	435,999	381,299	
INTEREST PAYABLE GO BOND	1,489,090	1,207,150	1,589,212	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	1,698,103	161,103	771,628	9
HEALTH INSURANCE PLAN	2,042,670	2,042,670	1,463,491	
WORKERS COMPENSATION PLAN	2,396,860	2,396,860	1,887,351	
COMPREHENSIVE LIABILITY INSURANCE PLAN	1,172,232	1,172,232	1,184,419	
CURRENT MATURITIES OF GO BOND DEBT	1,330,000	1,330,000	1,330,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	2,585,948	2,585,948	2,331,208	
TOTAL CURRENT LIABILITIES	34,010,380	29,591,329	29,140,657	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	33,939,824	34,126,562	32,382,299	
GO BOND DEBT NET OF CURRENT MATURITIES	99,419,564	99,432,985	100,910,612	
DERIVATIVE INSTRUMENT LIABILITY	1,343,392	1,448,871	1,081,858	6
TOTAL LIABILITIES	168,713,160	164,599,748	163,515,426	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	168,116,131	165,706,763	144,444,835	
RESTRICTED	1,133,611	1,138,560	1,127,596	
TOTAL NET POSITION	\$ 169,249,743	\$ 166,845,323	\$ 145,572,431	

* Amounts included for Days Cash on Hand calculation











TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
DECEMBER 2019

1. Working Capital is at 44.8 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 171.1 days. Working Capital cash increased a net \$5,480,000. Accounts Payable increased \$1,585,000 (See Note 7), Accrued Payroll & Related Costs increased \$933,000 (See Note 8), the District received \$1,735,000 in Stop Loss reimbursement (See Note 3) and \$2,037,000 from Medicare as an interim rate adjustment on its Inpatient claims (See Note 9).
2. Net Patient Accounts Receivable increased approximately \$1,094,000 and cash collections were 99% of target. EPIC Days in A/R were 76.2 compared to 75.2 at the close of November, a 1.00 day increase.
3. Other Receivables decreased a net \$729,000 after booking receipt against the Health Insurance Stop Loss receivable booked in November.
4. Estimated Settlements, Medi-Cal & Medicare increased a net \$629,000 after recording the estimated December FY20 receivable from the Rate Range IGT, Medi-Cal PRIME, and Quality Assurance Fee programs.
5. Investment in TSC, LLC decreased \$371,000 after the District booked its 99% share of losses for July through October 2019.
6. 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 December.
7. Accounts payable increased \$1,585,000 due to the timing of the final check run in the month over the holiday season.
8. Accrued Payroll & Related Costs increased \$933,000 due to an increase in accrued payroll days in December.
9. Estimated Settlements, Medi-Cal & Medicare increased \$1,537,000. This District received \$2,037,000 as an interim rate adjustment on its Medicare Inpatients. Historically we have seen the Medicare program takeback these large interim rate reimbursements so have recorded a portion of the monies as a liability against future takebacks in the latter part of the fiscal year.

**Tahoe Forest Hospital District
Cash Investment
December 2019**

WORKING CAPITAL			
US Bank	\$ 21,644,010		
US Bank/Kings Beach Thrift Store	26,571		
US Bank/Truckee Thrift Store	149,785		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,014,109</u>	0.35%	
Total			\$ 22,834,475
 BOARD DESIGNATED FUNDS			
US Bank Savings	\$ -	0.02%	
Capital Equipment Fund	<u>-</u>		
Total			\$ -
Building Fund	\$ -		
Cash Reserve Fund	<u>64,390,780</u>	2.04%	
Local Agency Investment Fund			\$ 64,390,780
Municipal Lease 2018			\$ 2,901,562
Bonds Cash 2017			\$ 20,459
Bonds Cash 2015			\$ 824,799
GO Bonds Cash 2008			\$ 696,400
DX Imaging Education	\$ 3,307		
Workers Comp Fund - B of A	29,130		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ 32,438</u>
TOTAL FUNDS			\$ 91,700,913
 RESTRICTED FUNDS			
Gift Fund			
US Bank Money Market	\$ 8,360	0.02%	
Foundation Restricted Donations	29,521		
Local Agency Investment Fund	<u>1,095,730</u>	2.04%	
TOTAL RESTRICTED FUNDS			<u>\$ 1,133,611</u>
TOTAL ALL FUNDS			<u><u>\$ 92,834,524</u></u>

**TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
KEY FINANCIAL INDICATORS
DECEMBER 2019**

	Current Status	Desired Position	Target	<u>Bond Covenants</u>	<u>FY 2020</u> Jul 19 to Dec 19	<u>FY 2019</u> Jul 18 to June 19	<u>FY 2018</u> Jul 17 to June 18	<u>FY 2017</u> Jul 16 to June 17	<u>FY 2016</u> Jul 15 to June 16	<u>FY 2015</u> Jul 14 to June 15	<u>FY 2014</u> Jul 13 to June 14
Return On Equity: <u>Increase (Decrease) in Net Position</u> Net Position		↑	4.6%		7.8%	13.1%	5.1%	14.4%	10.9%	2.19%	.001%
EPIC Days in Accounts Receivable (excludes SNF) <u>Gross Accounts Receivable</u> 90 Days		↓	FYE 63 Days		82	69	68	55	57	60	75
<u>Gross Accounts Receivable</u> 365 Days					82	71	73	55	55	62	75
Days Cash on Hand Excludes Restricted: <u>Cash + Short-Term Investments</u> (Total Expenses - Depreciation Expense)/ by 365	 	↑	Budget FYE 147 Days Budget 2nd Qtr 147 Days Projected 2nd Qtr 159 Days	60 Days A- 214 Days BBB- 129 Days	171	179	176	191	201	156	164
EPIC Accounts Receivable over 120 days (excludes payment plan, legal and charitable balances)		↓	13%		33%	35%	22%	17%	19%	18%	22%
EPIC Accounts Receivable over 120 days (includes payment plan, legal and charitable balances)		↓	18%		44%	42%	25%	18%	24%	23%	25%
Cash Receipts Per Day (based on 60 day lag on Patient Net Revenue)	 	↑	FYE Budget \$505,733 End 2nd Qtr Budget \$502,293 End 2nd Qtr Actual \$551,230		\$529,958	\$473,890	\$333,963	\$348,962	\$313,153	\$290,776	\$286,394
Debt Service Coverage: Excess Revenue over Exp + <u>Interest Exp + Depreciation</u> Debt Principal Payments + Interest Expense		↑	Without GO Bond 12.80 With GO Bond 2.75	1.95	5.97 3.43	20.45 4.12	9.27 2.07	6.64 3.54	6.19 2.77	3.28 1.59	2.18 1.29

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
DECEMBER 2019

CURRENT MONTH				YEAR TO DATE				PRIOR YTD DEC 18
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%	
OPERATING REVENUE								
\$ 34,464,679	\$ 31,555,846	\$ 2,908,833	9.2%	\$ 204,811,992	\$ 194,609,300	\$ 10,202,692	5.2%	1 \$ 171,905,428
Total Gross Revenue								
Gross Revenues - Inpatient								
\$ 3,261,174	\$ 3,058,779	\$ 202,395	6.6%	\$ 18,114,798	\$ 16,121,278	\$ 1,993,520	12.4%	\$ 17,322,704
5,452,025	5,575,665	(123,640)	-2.2%	30,191,316	35,296,306	(5,104,990)	-14.5%	28,724,255
8,713,198	8,634,444	78,754	0.9%	48,306,114	51,417,584	(3,111,470)	-6.1%	46,046,959
Total Gross Revenue - Inpatient								
25,751,481	22,921,402	2,830,079	12.3%	156,505,877	143,191,716	13,314,161	9.3%	125,858,469
25,751,481	22,921,402	2,830,079	12.3%	156,505,877	143,191,716	13,314,161	9.3%	125,858,469
Total Gross Revenue - Outpatient								
Deductions from Revenue:								
15,220,046	14,093,073	(1,126,973)	-8.0%	91,640,205	87,147,638	(4,492,567)	-5.2%	2 78,447,047
1,355,034	1,155,834	(199,200)	-17.2%	7,633,817	6,990,815	(643,002)	-9.2%	2 5,770,090
-	-	-	0.0%	-	-	-	0.0%	2 -
618,339	586,024	(32,315)	-5.5%	3,535,782	3,414,848	(120,934)	-3.5%	2 631,350
-	-	-	0.0%	(669,736)	-	669,736	0.0%	2 (2,558,498)
17,193,419	15,834,931	(1,358,488)	-8.6%	102,140,068	97,553,301	(4,586,767)	-4.7%	82,289,989
111,627	101,369	(10,258)	-10.1%	581,956	631,356	49,400	7.8%	540,006
1,095,612	1,009,815	85,797	8.5%	6,479,507	5,843,303	636,204	10.9%	3 5,241,514
18,478,500	16,832,099	1,646,401	9.8%	109,733,386	103,530,658	6,202,729	6.0%	95,396,959
TOTAL OPERATING REVENUE								
OPERATING EXPENSES								
5,857,062	6,280,241	423,179	6.7%	34,499,773	36,425,335	1,925,562	5.3%	4 29,314,527
1,942,291	1,755,639	(186,652)	-10.6%	11,678,699	10,957,389	(721,310)	-6.6%	4 9,386,214
85,055	78,105	(6,950)	-8.9%	461,864	468,630	6,766	1.4%	4 362,926
843,093	1,177,057	333,964	28.4%	6,118,188	7,062,342	944,154	13.4%	4 5,690,011
1,686,488	1,498,749	(187,739)	-12.5%	10,372,875	9,789,873	(583,002)	-6.0%	5 12,092,034
261,828	239,262	(22,566)	-9.4%	1,477,269	1,549,309	72,040	4.6%	5 1,032,538
2,316,915	2,228,904	(88,011)	-3.9%	14,436,978	13,805,114	(631,864)	-4.6%	6 12,745,472
1,749,046	1,671,180	(77,866)	-4.7%	9,980,386	9,589,374	(391,012)	-4.1%	7 8,116,558
579,382	912,875	333,493	36.5%	4,093,029	5,311,007	1,217,978	22.9%	8 4,303,846
15,321,159	15,842,012	520,853	3.3%	93,119,061	94,958,373	1,839,312	1.9%	83,044,126
TOTAL OPERATING EXPENSE								
3,157,341	990,087	2,167,254	218.9%	16,614,325	8,572,285	8,042,041	93.8%	12,352,833
NET OPERATING REVENUE (EXPENSE) EBIDA								
NON-OPERATING REVENUE/(EXPENSE)								
497,956	508,214	(10,258)	-2.0%	3,075,544	3,026,144	49,400	1.6%	9 3,317,744
412,919	412,919	0	0.0%	2,477,517	2,477,517	(0)	0.0%	2,249,315
158,991	162,429	(3,438)	-2.1%	997,984	959,385	38,599	4.0%	10 779,109
-	-	-	0.0%	-	-	-	0.0%	-
113,843	88,155	25,688	29.1%	218,357	528,931	(310,574)	-58.7%	11 229,514
(371,417)	-	(371,417)	0.0%	(636,498)	-	(636,498)	0.0%	12 -
-	-	-	0.0%	-	-	-	0.0%	12 -
0	-	0	0.0%	7,200	-	7,200	0.0%	13 5,850
-	-	-	0.0%	-	-	-	0.0%	14 -
(1,154,497)	(1,154,615)	118	0.0%	(6,926,981)	(6,927,693)	712	0.0%	15 (6,359,862)
(116,560)	(116,531)	(29)	0.0%	(707,046)	(706,486)	(560)	-0.1%	16 (599,685)
(294,158)	(301,788)	7,630	2.5%	(1,867,772)	(1,814,308)	(53,464)	-2.9%	(1,970,929)
(752,922)	(401,217)	(351,705)	-87.7%	(3,361,694)	(2,456,510)	(905,184)	-36.8%	(2,348,944)
TOTAL NON-OPERATING REVENUE/(EXPENSE)								
\$ 2,404,419	\$ 588,870	\$ 1,815,549	308.3%	\$ 13,252,632	\$ 6,115,775	\$ 7,136,857	116.7%	\$ 10,003,889
INCREASE (DECREASE) IN NET POSITION								
NET POSITION - BEGINNING OF YEAR				155,997,111				
NET POSITION - AS OF DECEMBER 31, 2019				\$ 169,249,743				
9.2%	3.1%	6.0%		8.1%	4.4%	3.7%		7.2%
RETURN ON GROSS REVENUE EBIDA								







TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
DECEMBER 2019

		<u>Variance from Budget</u>	
		<u>Fav / <Unfav></u>	
		<u>DEC 2019</u>	<u>YTD 2020</u>
1) <u>Gross Revenues</u>			
<p>Acute Patient Days were above budget 4.55% or 23 days. Swing Bed days were above budget 26.08% or 12 days. Inpatient Ancillary revenues were below budget due to lower acuity levels in our Swing patient population.</p> <p>Outpatient volumes were above budget in the following departments: Emergency Department visits, Clinic visits, Hospice visits, Pain Clinic procedures, Medical Supplies Sold to Patients, Laboratory tests, Diagnostic Imaging, Vascular Imaging, Mammography, Medical and Radiation Oncology procedures, Nuclear Medicine, MRI, CAT Scan, PET CT, Oncology Drugs Sold to Patients, Respiratory Therapy, Gastroenterology cases, Physical Therapy, Speech Therapy, and Occupational Therapy.</p>	<p>Gross Revenue -- Inpatient</p> <p>Gross Revenue -- Outpatient</p> <p>Gross Revenue -- Total</p>	<p>\$ 78,754</p> <p>2,830,079</p> <p>\$ 2,908,833</p>	<p>\$ (3,111,470)</p> <p>13,314,161</p> <p>\$ 10,202,692</p>
2) <u>Total Deductions from Revenue</u>			
<p>The payor mix for December shows a 0.28% decrease to Medicare, a 1.58% decrease to Medi-Cal, 1.72% decrease to Other, County at budget, and a 3.57% increase to Commercial when compared to budget. The Payor Mix for December was strong, however revenues exceeded budget by 9.2% creating a negative variance in Contractual Allowances.</p>	<p>Contractual Allowances</p> <p>Charity Care</p> <p>Charity Care - Catastrophic</p> <p>Bad Debt</p> <p>Prior Period Settlements</p> <p>Total</p>	<p>\$ (1,126,973)</p> <p>(199,200)</p> <p>(32,315)</p> <p>(120,934)</p> <p>-</p> <p>\$ (1,358,488)</p>	<p>\$ (4,492,567)</p> <p>(643,002)</p> <p>(120,934)</p> <p>669,736</p> <p>\$ (4,586,767)</p>
3) <u>Other Operating Revenue</u>			
<p>Retail Pharmacy revenues exceeded budget by 27.72%.</p> <p>Occupational Health screenings and Fitness Center revenues exceeded budget, creating a positive variance in The Center (non-therapy).</p> <p>IVCH ER Physician Guarantee is tied to collections which fell short of budget in December.</p> <p>Positive variance in Grants related to the PRIME Suboxone program.</p>	<p>Retail Pharmacy</p> <p>Hospice Thrift Stores</p> <p>The Center (non-therapy)</p> <p>IVCH ER Physician Guarantee</p> <p>Children's Center</p> <p>Miscellaneous</p> <p>Oncology Drug Replacement</p> <p>Grants</p> <p>Total</p>	<p>\$ 66,571</p> <p>(9,685)</p> <p>33,199</p> <p>(27,843)</p> <p>(8,757)</p> <p>18,197</p> <p>-</p> <p>14,115</p> <p>\$ 85,797</p>	<p>\$ 309,118</p> <p>(87,127)</p> <p>55,023</p> <p>113,371</p> <p>(7,708)</p> <p>250,948</p> <p>-</p> <p>2,579</p> <p>\$ 636,204</p>
4) <u>Salaries and Wages</u>			
<u>Employee Benefits</u>			
<p>Negative variance in PL/SL related to greater usage of Paid Leave during the Holiday season. This is offsetting, in part, the positive variance in Salaries and Wages.</p>	<p>PL/SL</p> <p>Nonproductive</p> <p>Pension/Deferred Comp</p> <p>Standby</p> <p>Other</p> <p>Total</p>	<p>\$ (231,314)</p> <p>32,244</p> <p>(44)</p> <p>11,581</p> <p>880</p> <p>\$ (186,652)</p>	<p>\$ (636,909)</p> <p>(14,141)</p> <p>(54)</p> <p>(6,662)</p> <p>(63,544)</p> <p>\$ (721,310)</p>
<u>Employee Benefits - Workers Compensation</u>			
<u>Employee Benefits - Medical Insurance</u>			
5) <u>Professional Fees</u>			
<p>Negative variance in Multi-Specialty Clinics related to the timing of physicians moving to the employment model.</p> <p>Physical, Speech, and Occupational Therapy revenues exceeded budget by 6.77%, creating negative variances in The Center (includes OP Therapy) and TFH/IVCH Therapy Services.</p> <p>Consulting services for the EPIC conversions created a negative variance in Information Technology.</p> <p>Negative variance in Managed Care related to contracting support and consultation.</p>	<p>Multi-Specialty Clinics</p> <p>The Center (includes OP Therapy)</p> <p>Oncology</p> <p>TFH/IVCH Therapy Services</p> <p>Human Resources</p> <p>Patient Accounting/Admitting</p> <p>Information Technology</p> <p>Medical Staff Services</p> <p>Truckee Surgery Center</p> <p>Respiratory Therapy</p> <p>Home Health/Hospice</p> <p>IVCH ER Physicians</p> <p>Multi-Specialty Clinics Administration</p> <p>Corporate Compliance</p> <p>Managed Care</p>	<p>\$ (90,201)</p> <p>(77,994)</p> <p>3,315</p> <p>(24,717)</p> <p>(8,727)</p> <p>-</p> <p>(31,838)</p> <p>(2,328)</p> <p>-</p> <p>-</p> <p>9,233</p> <p>(2,438)</p> <p>(1,948)</p> <p>2,000</p> <p>(14,053)</p>	<p>\$ (789,975)</p> <p>(261,182)</p> <p>(44,627)</p> <p>(39,918)</p> <p>(30,676)</p> <p>(13,500)</p> <p>(8,442)</p> <p>(8,297)</p> <p>(146)</p> <p>-</p> <p>19</p> <p>5,329</p> <p>5,860</p> <p>12,000</p> <p>24,258</p>

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
DECEMBER 2019

		Variance from Budget	
		Fav / <Unfav>	
		DEC 2019	YTD 2020
5) Professional Fees (cont.)	Financial Administration	2,328	28,165
	Marketing	9,008	37,642
	Sleep Clinic	8,353	55,325
	Administration	10,235	56,541
	Miscellaneous	2,465	103,297
	TFH Locums	(3,001)	357,366
	Total	\$ (210,305)	\$ (510,962)
6) Supplies	Pharmacy Supplies	\$ (106,937)	\$ (844,362)
Oncology Drugs Sold to Patients revenues exceeded budget by 71.68% creating a negative variance in Pharmacy Supplies.	Minor Equipment	2,005	15,979
	Patient & Other Medical Supplies	(5,850)	26,232
	Other Non-Medical Supplies	992	40,107
	Office Supplies	10,140	52,650
	Food	11,640	77,529
	Total	\$ (88,011)	\$ (631,864)
7) Purchased Services	Medical Records	\$ 7,323	\$ (204,631)
The District extended grant funds to Tahoe SAFE Alliance. This is creating a negative variance in Miscellaneous.	Miscellaneous	(12,101)	(196,079)
	Patient Accounting	(15,588)	(80,743)
Negative variance in Patient Accounting related to collection agency fees.	Multi-Specialty Clinics	(17,436)	(41,430)
	Diagnostic Imaging Services - All The Center	12,722	(27,728)
Occupational Health screenings created a negative variance in Multi-Specialty Clinics.	The Center	34	(14,206)
	Department Repairs	(3,210)	(9,622)
Network Maintenance service agreements and support created a negative variance in Information Technology.	Community Development	29	1,487
	Information Technology	(44,659)	7,489
Employee Wellness Bank services exceeded budget, creating a negative variance in Human Resources.	Laboratory	12,324	14,121
	Home Health/Hospice	4,095	27,715
	Pharmacy IP	5,403	54,219
	Human Resources	(26,801)	78,396
	Total	\$ (77,866)	\$ (391,012)
8) Other Expenses	Equipment Rent	\$ (1,152)	\$ (54,699)
The quarterly transfer of Engineering labor costs to capitalized construction projects created a positive variance in Miscellaneous.	Multi-Specialty Clinics Equip Rent	64	174
	Other Building Rent	(57)	3,562
	Physician Services	1,743	7,028
Controllable costs continue to be monitored by Senior Leadership, creating a positive variance in the remainder of the Other Expense categories.	Multi-Specialty Clinics Bldg Rent	23,170	21,216
	Dues and Subscriptions	11,496	49,872
	Human Resources Recruitment	10,875	60,005
	Insurance	18,878	82,170
	Utilities	16,919	153,919
	Marketing	32,965	213,163
	Outside Training & Travel	46,626	316,138
	Miscellaneous	171,967	365,431
	Total	\$ 333,493	\$ 1,217,978
9) District and County Taxes	Total	\$ (10,258)	\$ 49,400
10) Interest Income	Total	\$ (3,438)	\$ 38,599
11) Donations	IVCH	\$ (41,334)	\$ (238,242)
	Operational	67,022	(72,332)
	Capital Campaign		
	Total	\$ 25,688	\$ (310,574)
12) Gain/(Loss) on Joint Investment	Total	\$ (371,417)	\$ (636,498)
The District booked its 99% share in losses at the Truckee Surgery Center for the months of July through October 2019, creating a negative variance in Gain/(Loss) on Joint Venture.			
13) Gain/(Loss) on Sale or Disposal of Assets	Total	\$ -	\$ 7,200
15) Depreciation Expense	Total	\$ 118	\$ 712
16) Interest Expense	Total	\$ (29)	\$ (560)

**TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
KEY FINANCIAL INDICATORS
DECEMBER 2019**

	Current Status	Desired Position	Target	FY 2020 Jul 19 to Dec 19	FY 2019 Jul 18 to June 19	FY 2018 Jul 17 to June 18	FY 2017 Jul 16 to June 17	FY 2016 Jul 15 to June 16	FY 2015 Jul 14 to June 15	FY 2014 Jul 13 to June 14
Total Margin: <u>Increase (Decrease) In Net Position</u> Total Gross Revenue		↑	FYE 1.9% 2nd Qtr 3.1%	6.5%	5.7%	2.6%	7.4%	5.5%	1.0%	.01%
Charity Care: <u>Charity Care Expense</u> Gross Patient Revenue		↓	FYE 3.6% 2nd Qtr 3.6%	3.7%	3.8%	3.3%	3.1%	3.4%	3.1%	3.2%
Bad Debt Expense: <u>Bad Debt Expense</u> Gross Patient Revenue		↓	FYE 1.8% 2nd Qtr 1.8%	1.7%	.1%	.1%	-.0%	-.2%	1.6%	1.6%
Incline Village Community Hospital: EBIDA: Earnings before interest, Depreciation, amortization <u>Net Operating Revenue <Expense></u> Gross Revenue		↑	FYE 10.2% 2nd Qtr 9.2%	8.7%	11.5%	4.8%	7.9%	11.3%	9.1%	4.9%
Operating Expense Variance to Budget (Under<Over>)		↑	-0-	\$1,839,312	\$(13,825,198)	\$1,061,378	\$(9,700,270)	\$(7,548,217)	\$(6,371,653)	\$2,129,279
EBIDA: Earnings before interest, Depreciation, amortization <u>Net Operating Revenue <Expense></u> Gross Revenue		↑	FYE 3.2% 2nd Qtr 4.1%	8.1%	7.1%	4.5%	7.9%	7.3%	3.5%	2.0%

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
DECEMBER 2019

CURRENT MONTH				YEAR TO DATE				PRIOR YTD DECEMBER 2018		
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%			
OPERATING REVENUE										
\$ 2,139,356	\$ 2,741,817	\$ (602,461)	-22.0%	Total Gross Revenue	\$ 13,537,035	\$ 13,824,758	\$ (287,723)	-2.1%	1	\$ 11,903,157
Gross Revenues - Inpatient										
\$ 16,031	\$ 18,896	\$ (2,865)	-15.2%	Daily Hospital Service	\$ 16,423	\$ 70,634	\$ (54,211)	-76.7%		\$ 34,050
18,864	19,511	(648)	-3.3%	Ancillary Service - Inpatient	18,864	40,214	(21,351)	-53.1%		25,000
34,895	38,407	(3,513)	-9.1%	Total Gross Revenue - Inpatient	35,287	110,848	(75,562)	-68.2%	1	59,050
2,104,461	2,703,410	(598,949)	-22.2%	Gross Revenue - Outpatient	13,501,748	13,713,910	(212,162)	-1.5%		11,844,107
2,104,461	2,703,410	(598,949)	-22.2%	Total Gross Revenue - Outpatient	13,501,748	13,713,910	(212,162)	-1.5%	1	11,844,107
Deductions from Revenue:										
956,710	1,090,095	133,385	12.2%	Contractual Allowances	6,000,077	5,581,213	(418,864)	-7.5%	2	4,653,202
100,664	146,543	45,879	31.3%	Charity Care	671,244	659,405	(11,839)	-1.8%	2	478,543
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	-
259,093	146,543	(112,550)	-76.8%	Bad Debt	532,965	659,405	126,441	19.2%	2	309,044
-	-	-	0.0%	Prior Period Settlements	(130,220)	-	130,220	0.0%	2	74,873
1,316,467	1,383,181	66,714	4.8%	Total Deductions from Revenue	7,074,065	6,900,023	(174,042)	-2.5%	2	5,515,662
100,331	129,404	(29,073)	-22.5%	Other Operating Revenue	640,252	531,777	108,475	20.4%	3	555,549
923,219	1,488,040	(564,821)	-38.0%	TOTAL OPERATING REVENUE	7,103,221	7,456,512	(353,291)	-4.7%		6,943,044
OPERATING EXPENSES										
336,408	448,877	112,469	25.1%	Salaries and Wages	1,969,716	2,207,154	237,438	10.8%	4	1,838,391
114,363	114,915	552	0.5%	Benefits	783,424	692,591	(90,833)	-13.1%	4	636,183
15,727	4,303	(11,424)	-265.5%	Benefits Workers Compensation	43,541	25,818	(17,723)	-68.6%	4	24,201
48,283	67,391	19,108	28.4%	Benefits Medical Insurance	350,216	404,346	54,130	13.4%	4	335,146
286,516	259,161	(27,355)	-10.6%	Medical Professional Fees	1,668,550	1,635,629	(32,921)	-2.0%	5	1,600,911
2,946	1,536	(1,410)	-91.8%	Other Professional Fees	10,544	9,218	(1,326)	-14.4%	5	12,624
77,080	67,499	(9,581)	-14.2%	Supplies	339,044	396,415	57,371	14.5%	6	326,176
60,654	66,071	5,418	8.2%	Purchased Services	335,582	343,026	7,444	2.2%	7	297,527
72,578	75,489	2,911	3.9%	Other	426,993	476,198	49,205	10.3%	8	433,730
1,014,555	1,105,242	90,687	8.2%	TOTAL OPERATING EXPENSE	5,927,610	6,190,395	262,785	4.2%		5,504,889
(91,335)	382,798	(474,133)	-123.9%	NET OPERATING REV(EXP) EBIDA	1,175,611	1,266,117	(90,506)	-7.1%		1,438,155
NON-OPERATING REVENUE/(EXPENSE)										
-	41,334	(41,334)	-100.0%	Donations-IVCH	9,760	248,002	(238,242)	-96.1%	9	7,032
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	-
(65,676)	(65,043)	(633)	1.0%	Depreciation	(394,055)	(390,257)	(3,798)	-1.0%	11	(355,813)
(65,676)	(23,709)	(41,967)	-177.0%	TOTAL NON-OPERATING REVENUE/(EXP)	(384,295)	(142,255)	(242,040)	-170.1%		(348,781)
\$ (157,011)	\$ 359,089	\$ (516,100)	-143.7%	EXCESS REVENUE(EXPENSE)	\$ 791,316	\$ 1,123,862	\$ (332,546)	-29.6%		\$ 1,089,374
-4.3%	14.0%	-18.2%		RETURN ON GROSS REVENUE EBIDA	8.7%	9.2%	-0.5%			12.1%

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
DECEMBER 2019**

		<u>Variance from Budget</u>	
		<u>Fav<Unfav></u>	
		<u>DEC 2019</u>	<u>YTD 2020</u>
1) <u>Gross Revenues</u>			
Acute Patient Days were below budget by 2 at 2 and Observation Days were above budget by 1 at 1.	Gross Revenue -- Inpatient	\$ (3,513)	\$ (75,562)
	Gross Revenue -- Outpatient	(598,949)	(212,162)
		<u>\$ (602,461)</u>	<u>\$ (287,723)</u>
Outpatient volumes were below budget in Emergency Department visits, Clinic visits, Surgery cases, Laboratory tests, Diagnostic Imaging, Cat Scans, and Drugs Sold to Patients.			
2) <u>Total Deductions from Revenue</u>			
We saw a shift in our payor mix with a .78% decrease in Medicare, a 2.00% increase in Medicaid, a 3.66% decrease in Commercial insurance, a 2.45% increase in Other, and County was below budget by .01%. We saw a slight pickup in Contractual Allowances due to revenues falling short of budget by 22.0%.	Contractual Allowances	\$ 133,385	\$ (418,864)
	Charity Care	45,879	(11,839)
	Charity Care-Catastrophic Event	-	-
	Bad Debt	(112,550)	126,441
	Prior Period Settlement	-	130,220
	Total	<u>\$ 66,714</u>	<u>\$ (174,042)</u>
3) <u>Other Operating Revenue</u>			
IVCH ER Physician Guarantee is based on collections which fell short of budget in December.	IVCH ER Physician Guarantee	\$ (27,843)	\$ 113,371
	Miscellaneous	(1,230)	(4,896)
	Total	<u>\$ (29,073)</u>	<u>\$ 108,475</u>
4) <u>Salaries and Wages</u>			
	Total	<u>\$ 112,469</u>	<u>\$ 237,438</u>
<u>Employee Benefits</u>			
Negative variance in PL/SL related to greater usage of Paid Leave during the Holiday Season. This offset, in part, the positive variance in Salaries and Wages.	PL/SL	\$ (22,999)	\$ (100,272)
	Standby	1,231	13,854
	Other	4,824	(2,040)
	Nonproductive	17,496	(1,383)
	Pension/Deferred Comp	-	(992)
	Total	<u>\$ 552</u>	<u>\$ (90,833)</u>
<u>Employee Benefits - Workers Compensation</u>	Total	<u>\$ (11,424)</u>	<u>\$ (17,723)</u>
<u>Employee Benefits - Medical Insurance</u>	Total	<u>\$ 19,108</u>	<u>\$ 54,130</u>
5) <u>Professional Fees</u>			
Physician Pro Fees in Pediatrics and Orthopedic Surgery came in higher than budget estimates.	Multi-Specialty Clinics	\$ (19,521)	\$ (96,043)
	Foundation	(1,410)	(1,326)
	Administration	-	-
	Miscellaneous	776	910
Physical, Speech, and Occupational Therapy visits exceeded budget by 9.47%, creating a negative variance in Therapy Services.	Therapy Services	(14,525)	1,558
	IVCH ER Physicians	(2,438)	5,329
	Sleep Clinic	8,353	55,325
Sleep Clinic professional fees are tied to collections which fell short of budget in December, creating a positive variance in this category.	Total	<u>\$ (28,765)</u>	<u>\$ (34,247)</u>
6) <u>Supplies</u>			
Medical Supplies Sold to Patients revenues were above budget by 18.12%, creating a negative variance in Patient & Other Medical Supplies.	Food	\$ (1,253)	\$ (1,082)
	Imaging Film	-	-
	Office Supplies	847	1,331
	Non-Medical Supplies	2,034	1,924
	Minor Equipment	2,727	2,197
	Pharmacy Supplies	4,810	23,048
	Patient & Other Medical Supplies	(18,746)	29,954
	Total	<u>\$ (9,581)</u>	<u>\$ 57,371</u>

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
DECEMBER 2019**

		<u>Variance from Budget</u>	
		<u>Fav<Unfav></u>	
		<u>DEC 2019</u>	<u>YTD 2020</u>
7) <u>Purchased Services</u>			
Negative variance in Laboratory related to outsourced lab testing.	Miscellaneous	\$ 1,594	\$ (15,433)
	Diagnostic Imaging Services - All	810	(5,603)
	Pharmacy	-	(944)
	Foundation	1,575	(928)
	Multi-Specialty Clinics	117	(291)
	Surgical Services	-	-
	Department Repairs	1,888	739
	Laboratory	(4,862)	6,612
	EVS/Laundry	2,205	8,540
	Engineering/Plant/Communications	2,091	14,752
	Total	<u>\$ 5,418</u>	<u>\$ 7,444</u>
8) <u>Other Expenses</u>			
Natural Gas/Propane expenses created a negative variance in Utilities.	Dues and Subscriptions	\$ 1,573	\$ (8,444)
	Other Building Rent	(614)	(3,067)
	Physician Services	-	-
Negative variance in Outside Training & Travel related to tuition reimbursement.	Multi-Specialty Clinics Bldg Rent	-	-
	Insurance	1,366	2,882
	Utilities	(1,348)	3,700
Senior Leadership continues to monitor controllable expenses, lending to positive variances in most of the Other Expense categories.	Equipment Rent	681	7,397
	Marketing	4,135	8,113
	Outside Training & Travel	(4,928)	14,689
	Miscellaneous	2,045	23,933
	Total	<u>\$ 2,911</u>	<u>\$ 49,205</u>
9) <u>Donations</u>	Total	<u>\$ (41,334)</u>	<u>\$ (238,242)</u>
10) <u>Gain/(Loss) on Sale</u>	Total	<u>\$ -</u>	<u>\$ -</u>
11) <u>Depreciation Expense</u>	Total	<u>\$ (633)</u>	<u>\$ (3,798)</u>

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	AUDITED FYE 2019		BUDGET FYE 2020	PROJECTED FYE 2020	ACTUAL DEC 2019	PROJECTED DEC 2019	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	PROJECTED 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	\$ 25,310,161		\$ 12,072,919	\$ 20,114,959	\$ 3,157,341	\$ 990,087	\$ 2,167,254	\$ 9,856,557	\$ 6,757,769	\$ 2,488,975	\$ 1,011,658
Interest Income	1,322,573		1,854,579	1,940,511	22,784	35,000	(12,216)	414,192	423,396	551,808	551,114
Property Tax Revenue	7,435,543		7,125,000	7,492,967	96,653	-	96,653	496,314	96,653	3,950,000	2,950,000
Donations	968,991		1,060,000	624,443	7,750	80,000	(72,250)	75,072	69,371	240,000	240,000
Debt Service Payments	(3,938,422)		(5,031,900)	(5,495,077)	(353,251)	(488,002)	134,751	(1,522,582)	(1,060,089)	(1,194,500)	(1,717,906)
Property Purchase Agreement	(270,643)		(811,932)	(811,930)	(67,661)	(67,661)	0	(202,982)	(202,982)	(202,983)	(202,983)
2018 Municipal Lease	(1,148,646)		(1,717,332)	(1,574,219)	(143,111)	(143,111)	0	(286,221)	(429,332)	(429,333)	(429,333)
Copier	(24,163)		(64,560)	(64,654)	(5,382)	(5,380)	(2)	(16,235)	(16,139)	(16,140)	(16,140)
2017 VR Demand Bond	(853,995)		(792,912)	(1,413,133)	-	(134,753)	134,753	(620,221)	-	(134,753)	(658,159)
2015 Revenue Bond	(1,640,975)		(1,645,164)	(1,631,142)	(137,097)	(137,097)	(0)	(396,924)	(411,636)	(411,291)	(411,291)
Physician Recruitment	(145,863)		(180,000)	(353,670)	(105,000)	-	(105,000)	(152,500)	(111,170)	(45,000)	(45,000)
Investment in Capital											
Equipment	(3,296,438)		(5,320,498)	(5,320,498)	(156,055)	(787,310)	631,255	(688,769)	(983,613)	(2,072,834)	(1,575,282)
Municipal Lease Reimbursement	4,530,323		4,650,000	3,458,279	-	-	-	-	608,279	1,000,000	1,850,000
IT/EMR/Business Systems	(3,016,084)		(4,222,246)	(4,222,246)	(40,707)	(363,284)	322,577	(667,043)	(501,585)	(1,710,041)	(1,343,577)
Building Projects/Properties	(12,443,362)		(23,169,292)	(23,169,292)	(1,111,116)	(2,248,833)	1,137,717	(2,220,489)	(3,431,604)	(7,959,640)	(9,557,559)
Capital Investments	(916,898)		-	-	-	-	-	-	-	-	-
Change in Accounts Receivable	(2,492,148)	N1	2,451,297	2,324,894	(1,093,520)	617,314	(1,710,834)	(708,340)	1,165,101	1,862,954	5,179
Change in Settlement Accounts	265,612	N2	1,615,831	467,781	907,834	(33,333)	941,167	(4,680,479)	(410,433)	(1,947,827)	7,506,520
Change in Other Assets	(5,018,346)	N3	(2,400,000)	(662,880)	1,546,860	1,134,637	412,223	3,116,473	(479,352)	(1,800,000)	(1,500,000)
Change in Other Liabilities	7,647,518	N4	(695,000)	(2,729,580)	2,600,112	2,200,000	400,112	507,806	(5,762,386)	1,100,000	1,425,000
Change in Cash Balance	16,213,160		(10,189,310)	(5,529,409)	5,479,685	1,136,275	4,343,410	3,826,212	(3,619,663)	(5,536,105)	(199,853)
Beginning Unrestricted Cash	70,805,546		87,018,706	87,018,706	81,745,570	81,745,570	-	87,018,706	90,844,918	87,225,255	81,689,151
Ending Unrestricted Cash	87,018,706		76,829,396	81,489,297	87,225,255	82,881,845	4,343,410	90,844,918	87,225,255	81,689,151	81,489,297
Expense Per Day	486,737		516,504	511,466	509,924	519,918	(9,993)	519,036	509,924	520,242	511,466
Days Cash On Hand	179		149	159	171	159	12	175	171	157	159

Footnotes:

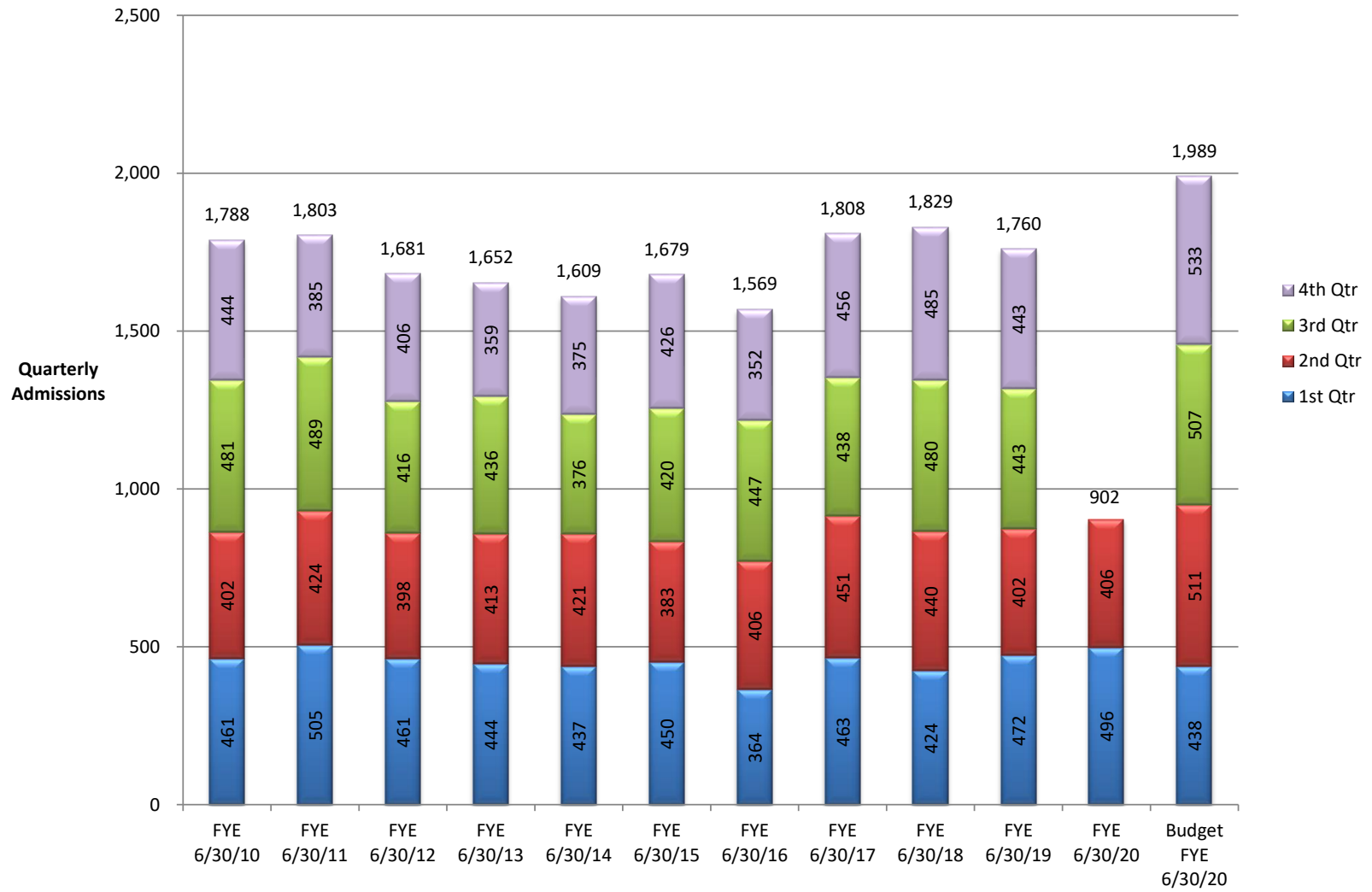
N1 - Change in Accounts Receivable reflects the 30 day delay in collections.

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

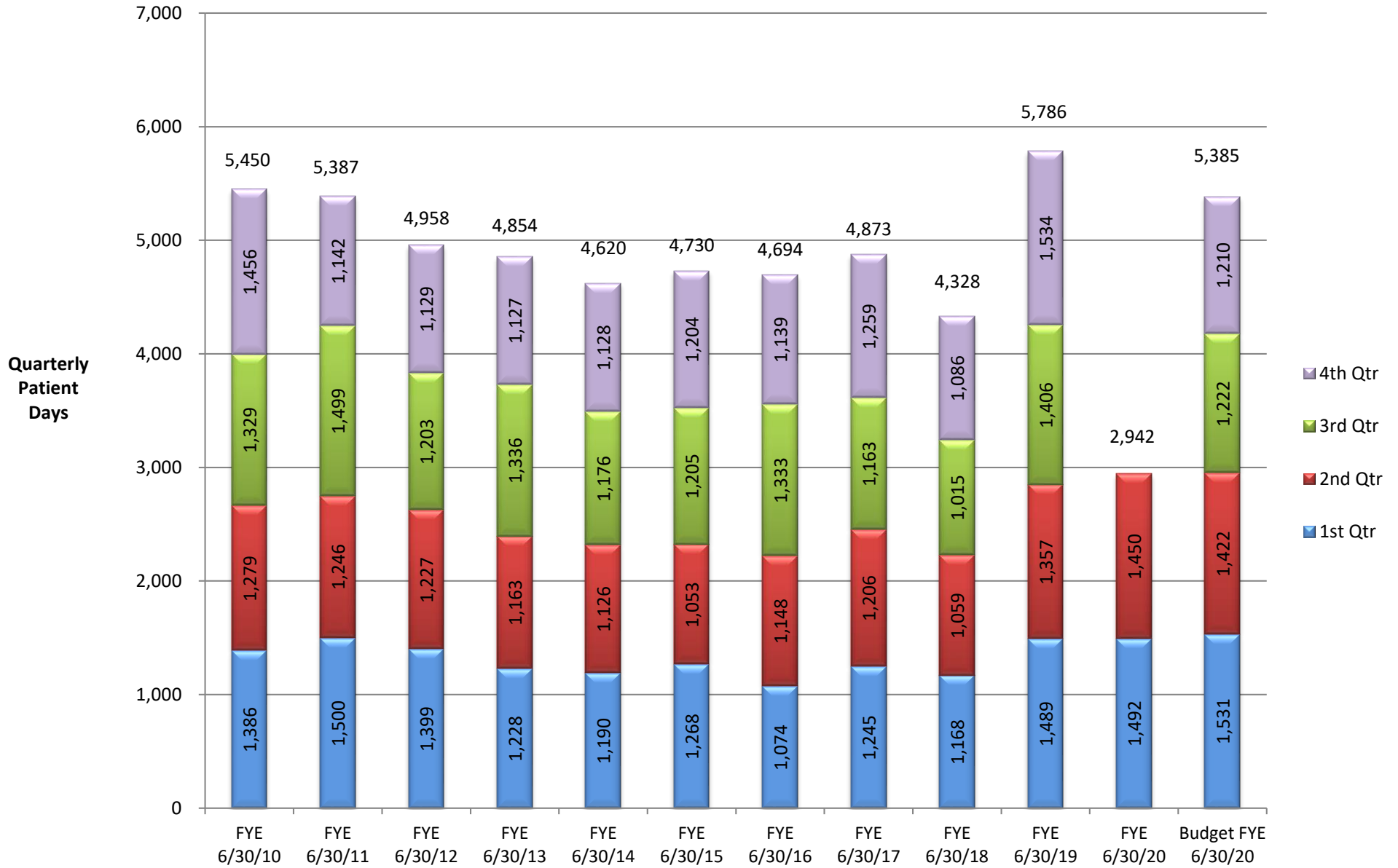
N3 - Change in Other Assets reflect fluctuations in asset accounts on the Balance Sheet that effect cash. For example, an increase in prepaid expense immediately effects cash but not EBIDA.

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

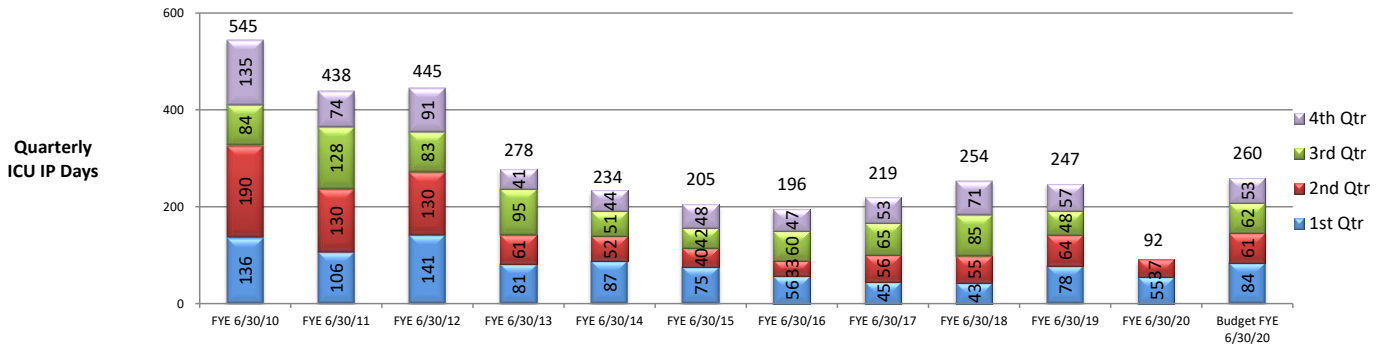
TOTAL TFH ADMISSIONS



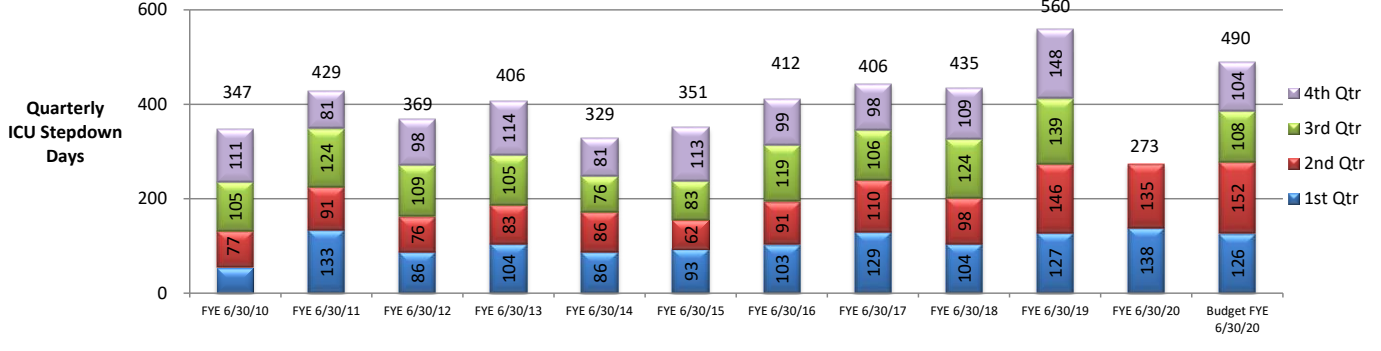
TOTAL TFH PATIENT DAYS



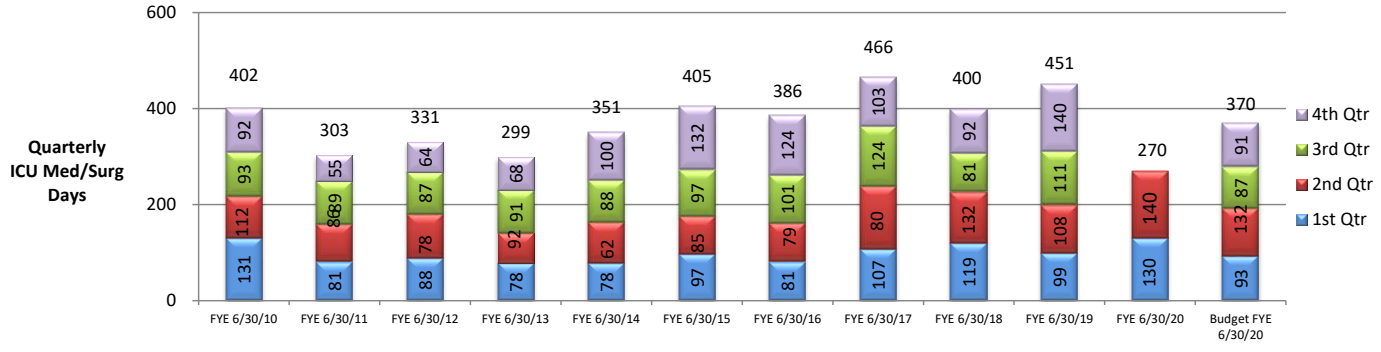
TOTAL TFH ICU INPATIENT DAYS



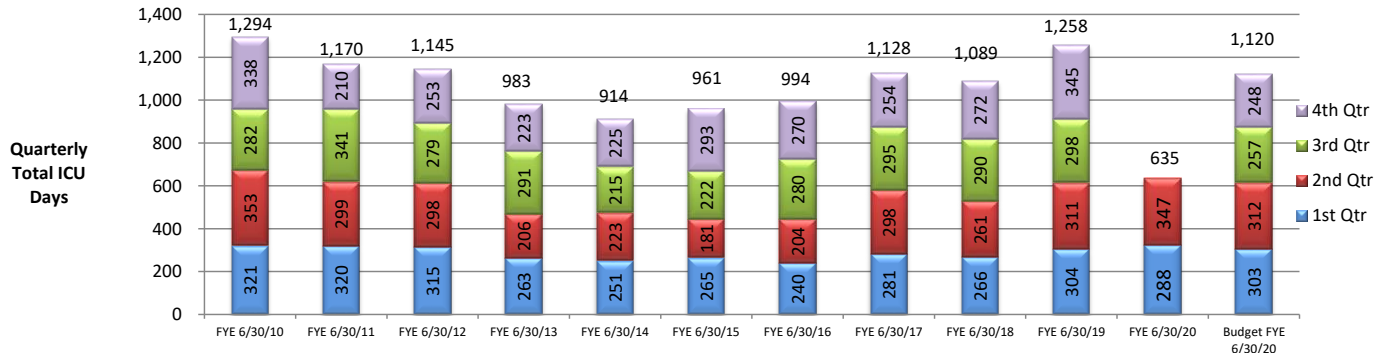
TOTAL TFH ICU STEPDOWN DAYS



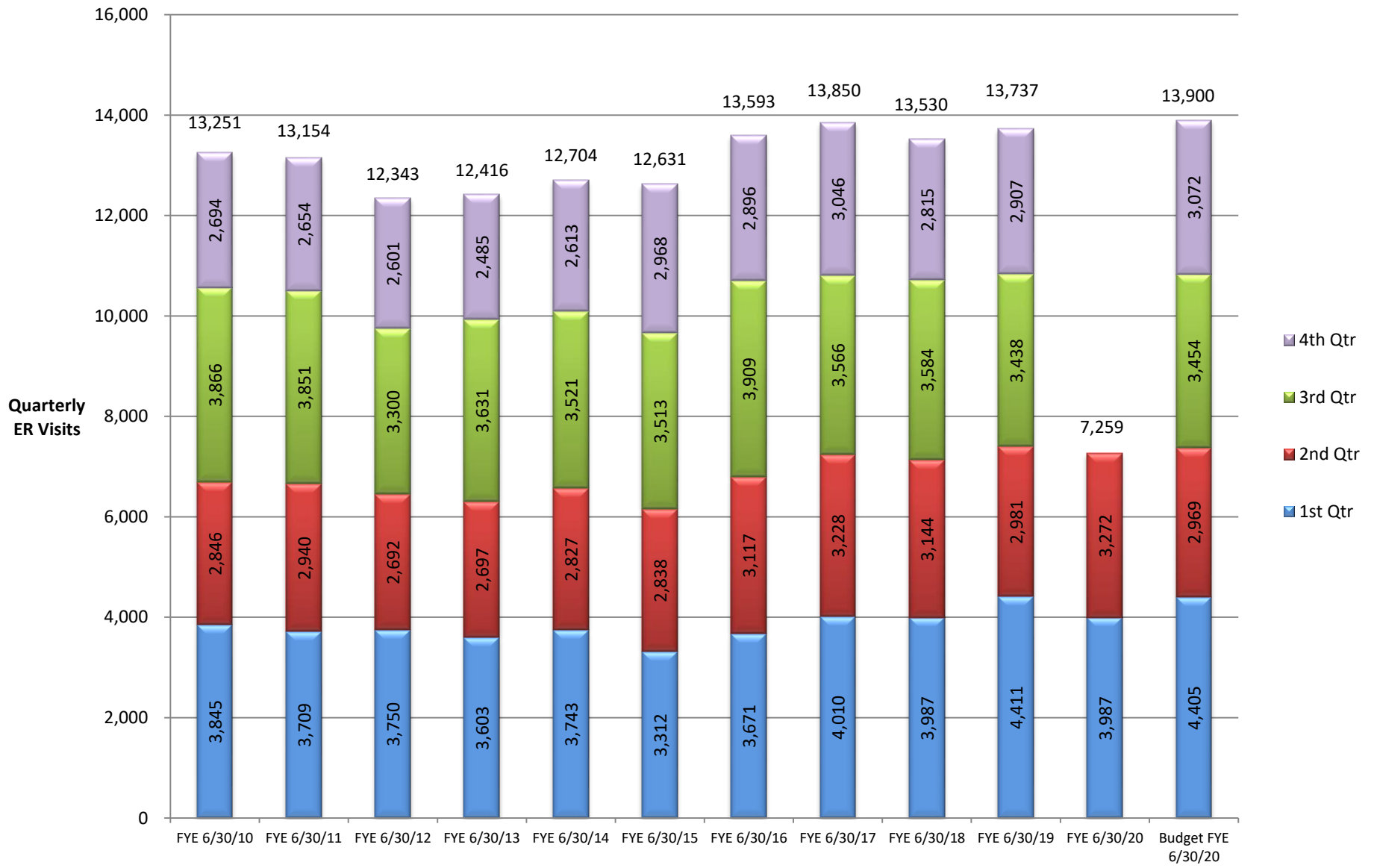
TOTAL TFH ICU MED/SURG DAYS



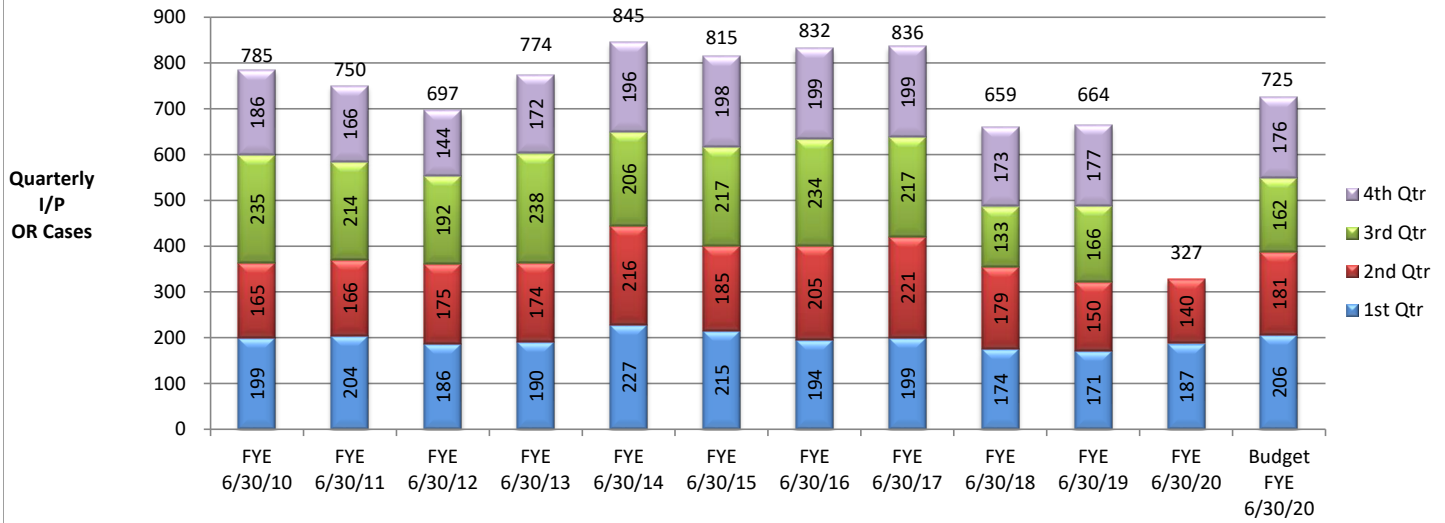
TOTAL TFH ICU DAYS



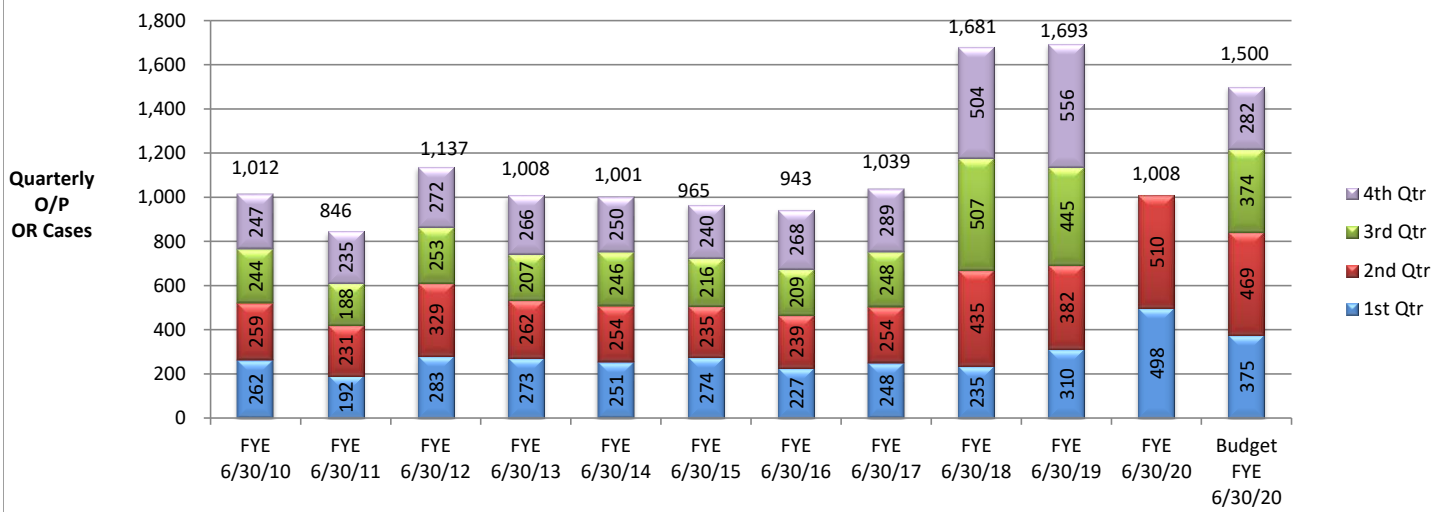
TOTAL TFH ER VISITS



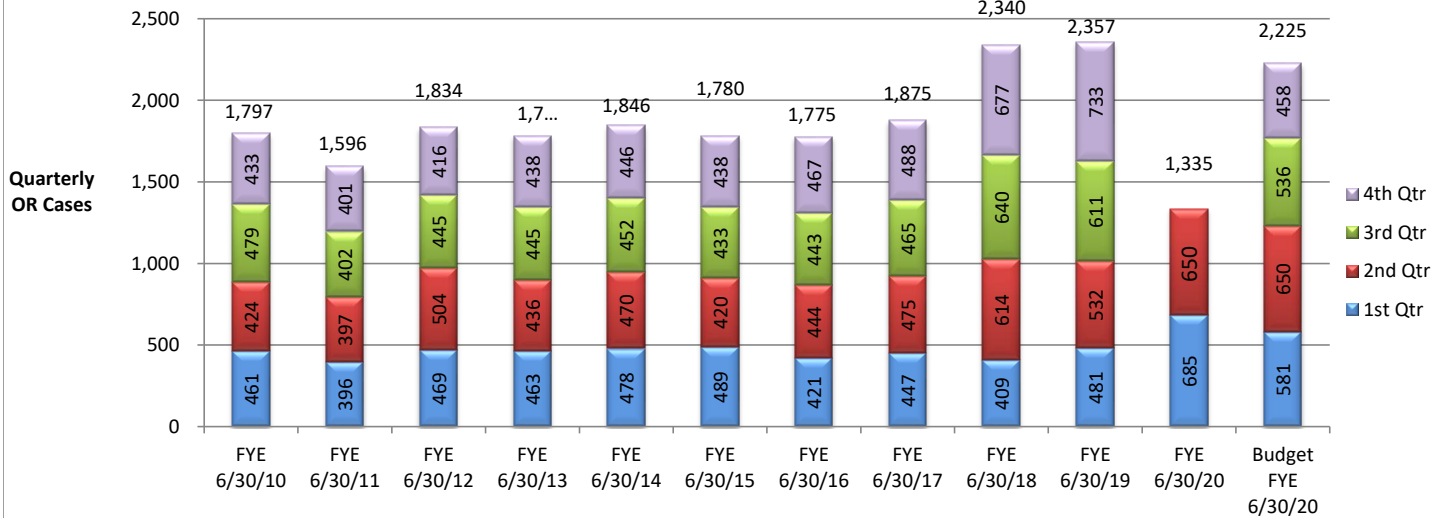
TOTAL TFH INPATIENT OR CASES



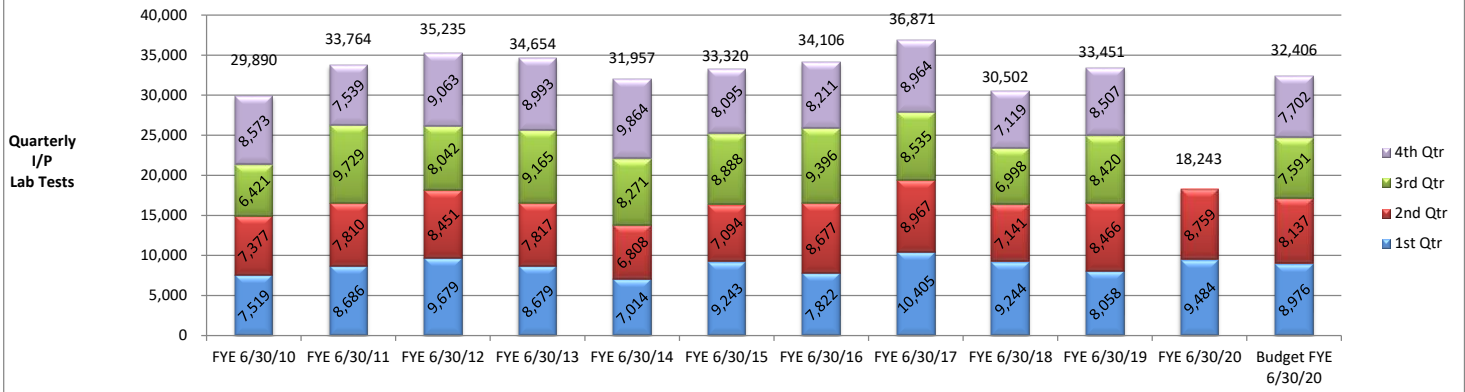
TOTAL TFH OUTPATIENT OR CASES



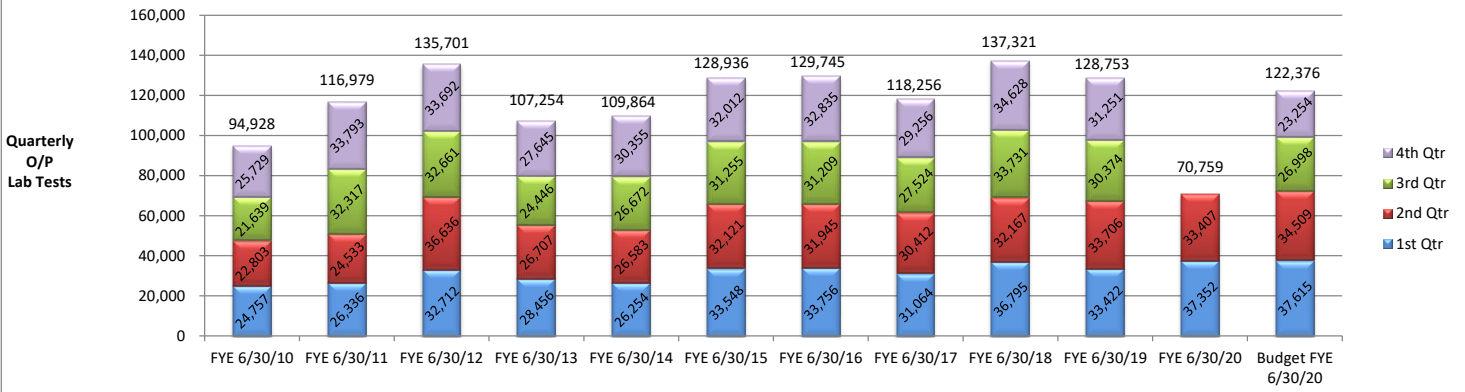
TOTAL TFH OR CASES



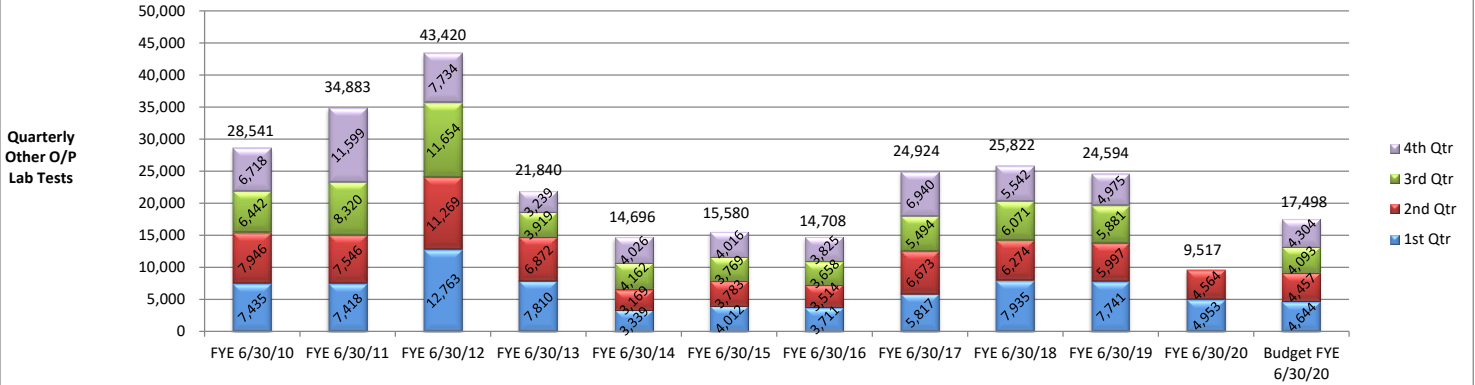
TOTAL TFH INPATIENT LAB TESTS



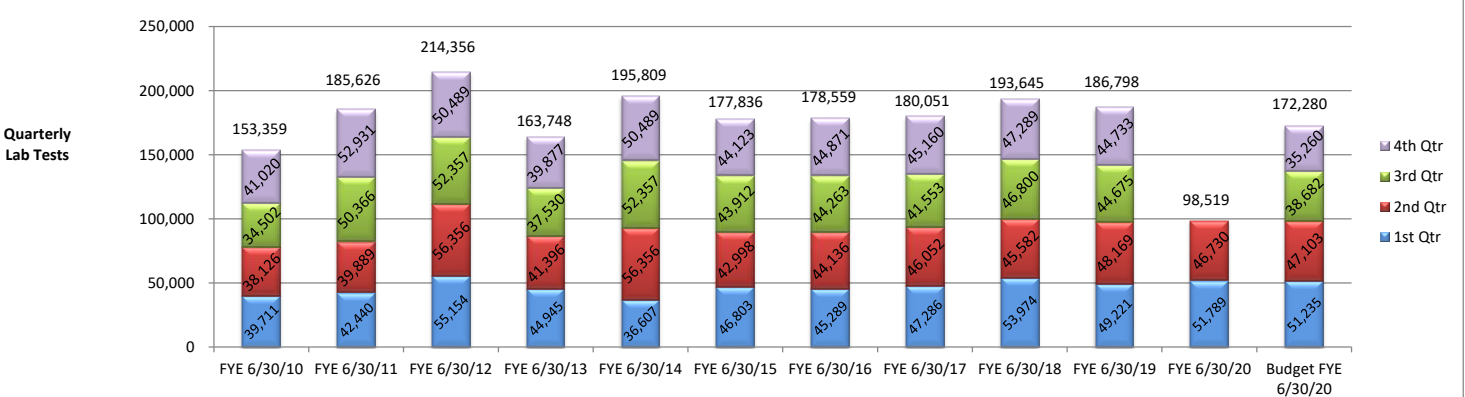
TOTAL TFH OUTPATIENT LAB TESTS



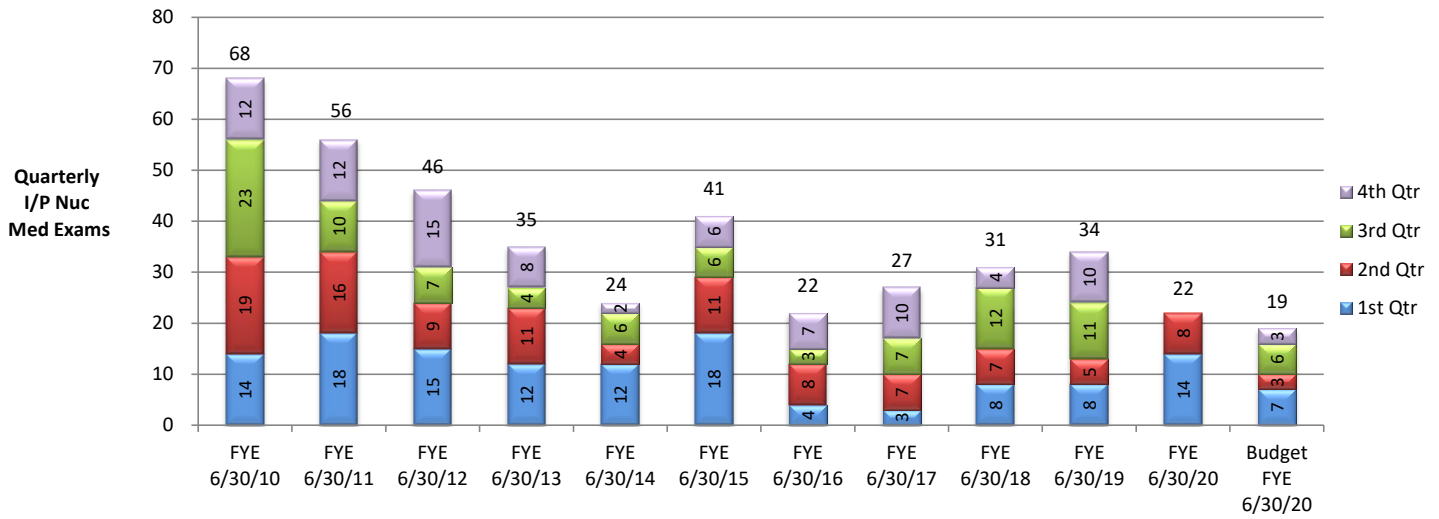
TOTAL TFH OTHER OUTPATIENT LAB TESTS



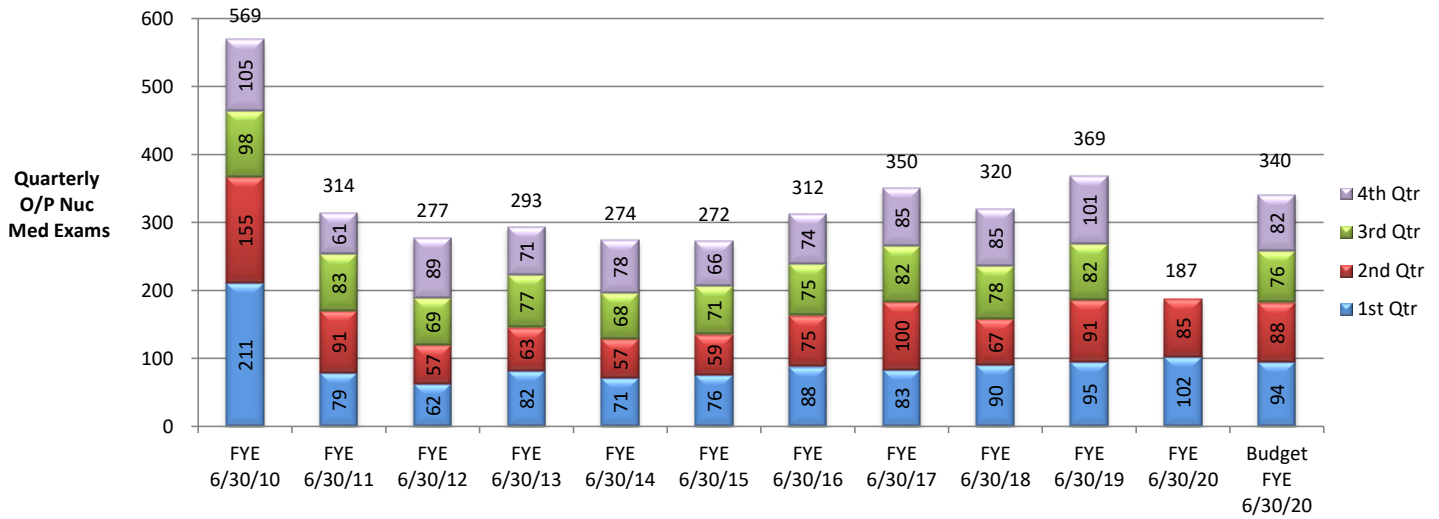
TOTAL TFH LAB TESTS



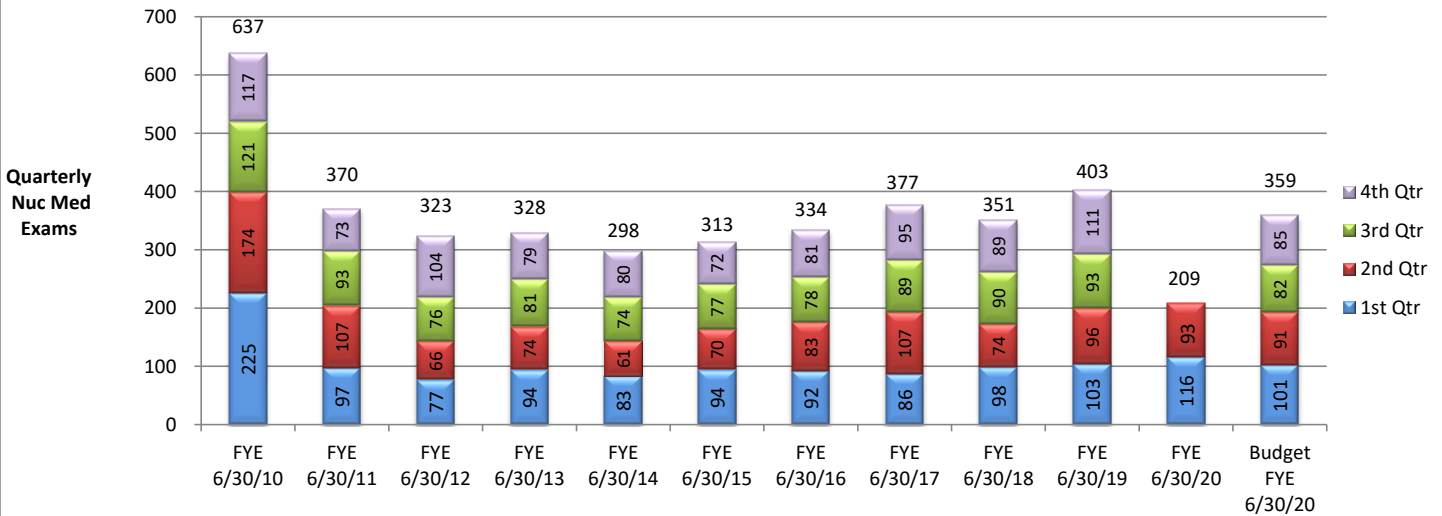
TOTAL TFH NUCLEAR MEDICINE INPATIENT EXAMS



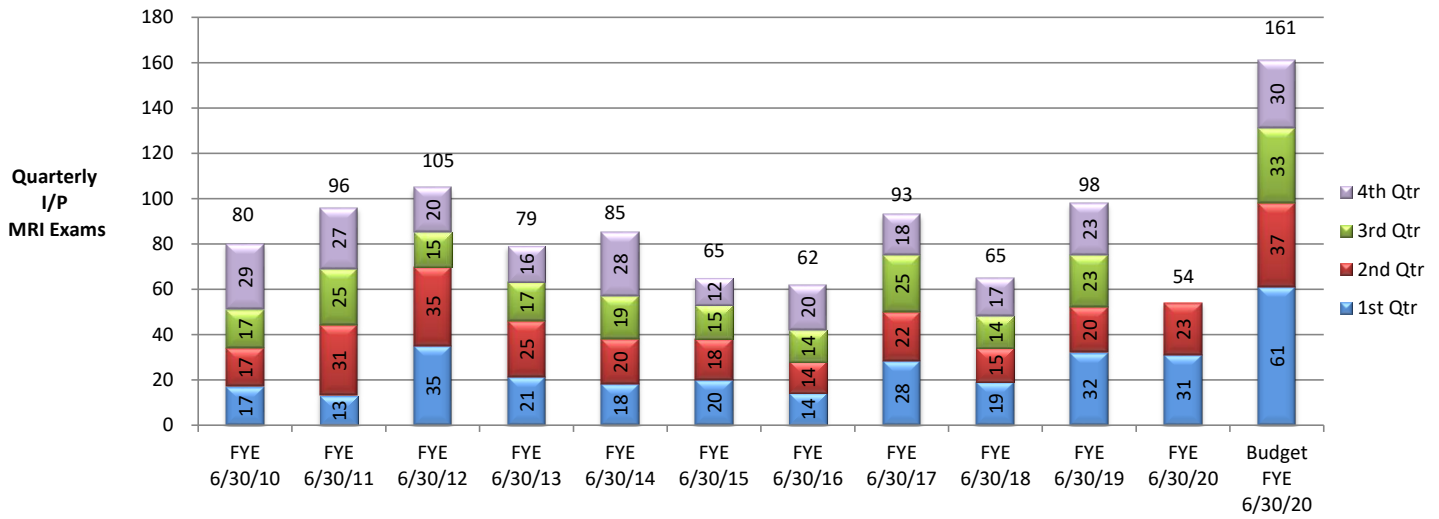
TOTAL TFH NUCLEAR MEDICINE OUTPATIENT EXAMS



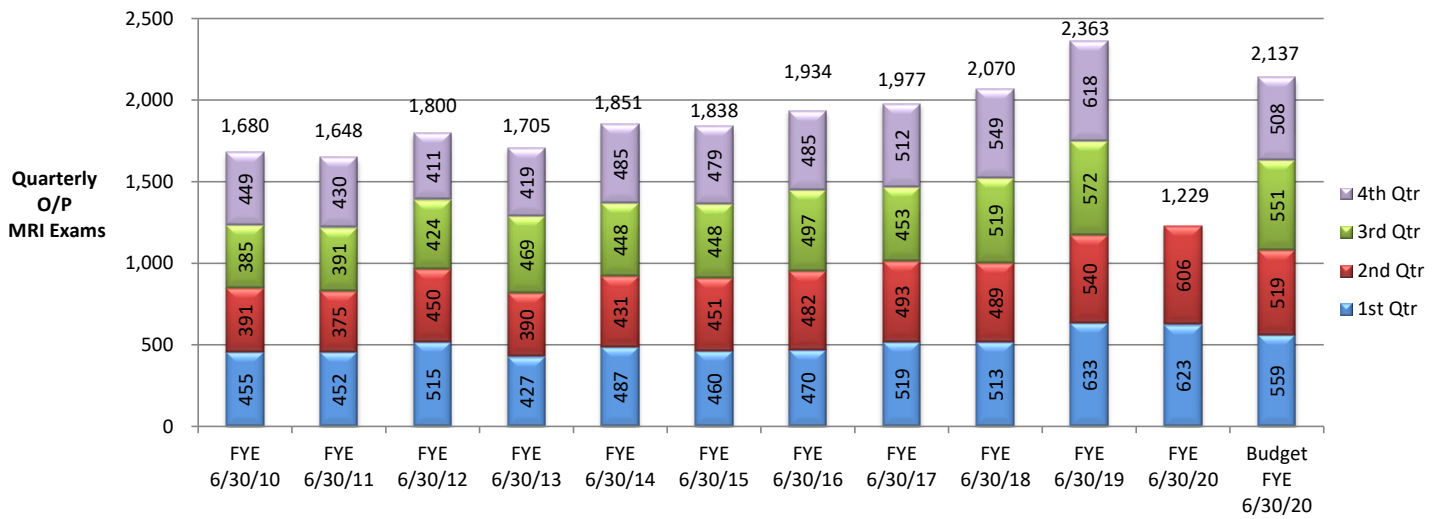
TOTAL TFH NUCLEAR MEDICINE EXAMS



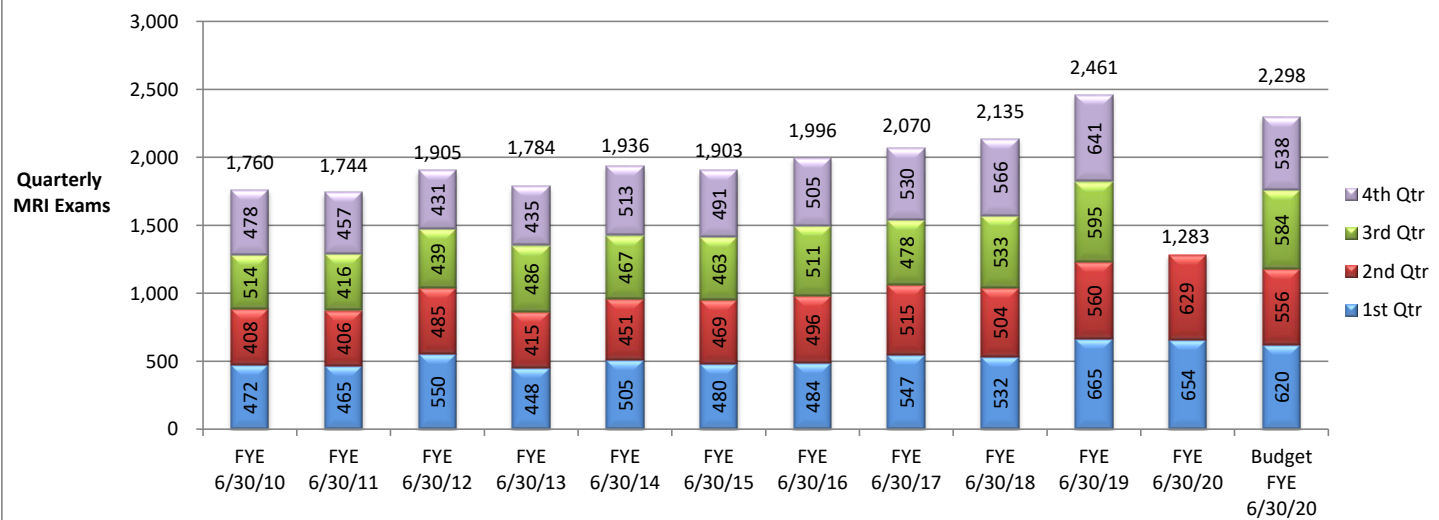
TOTAL TFH MRI INPATIENT EXAMS



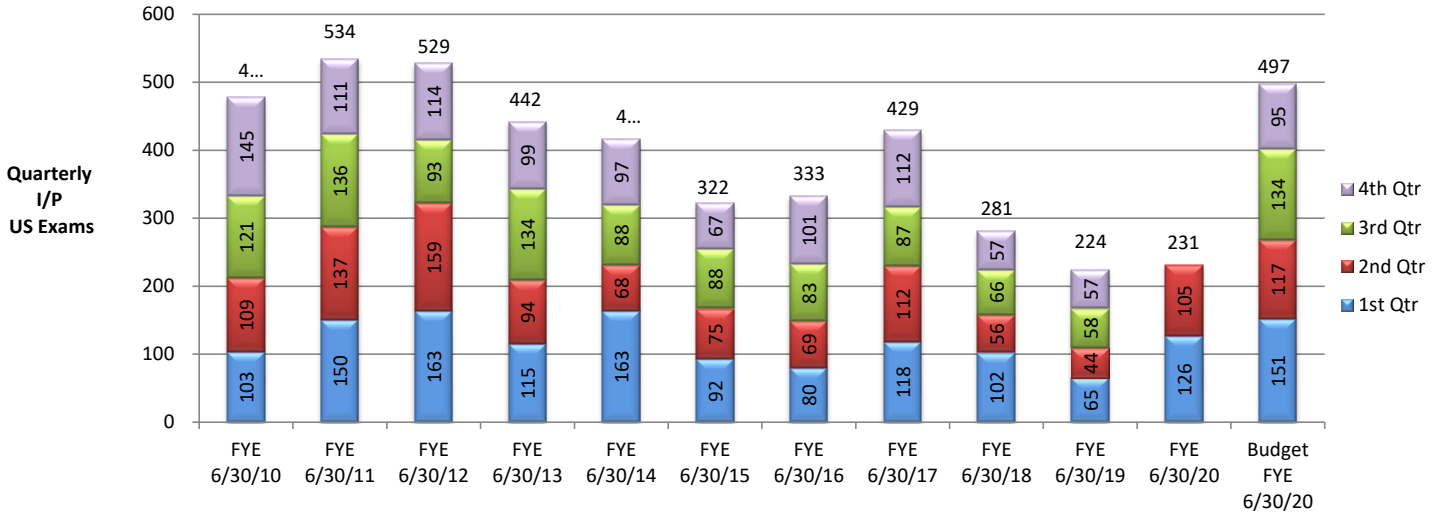
TOTAL TFH MRI OUTPATIENT EXAMS



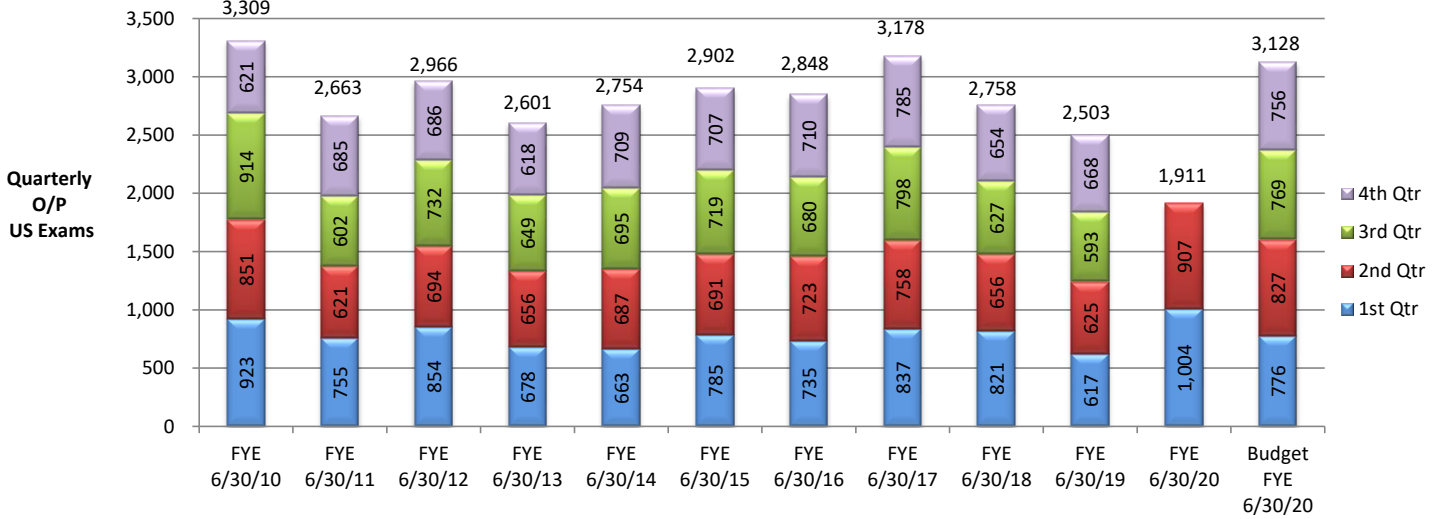
TOTAL TFH MRI EXAMS



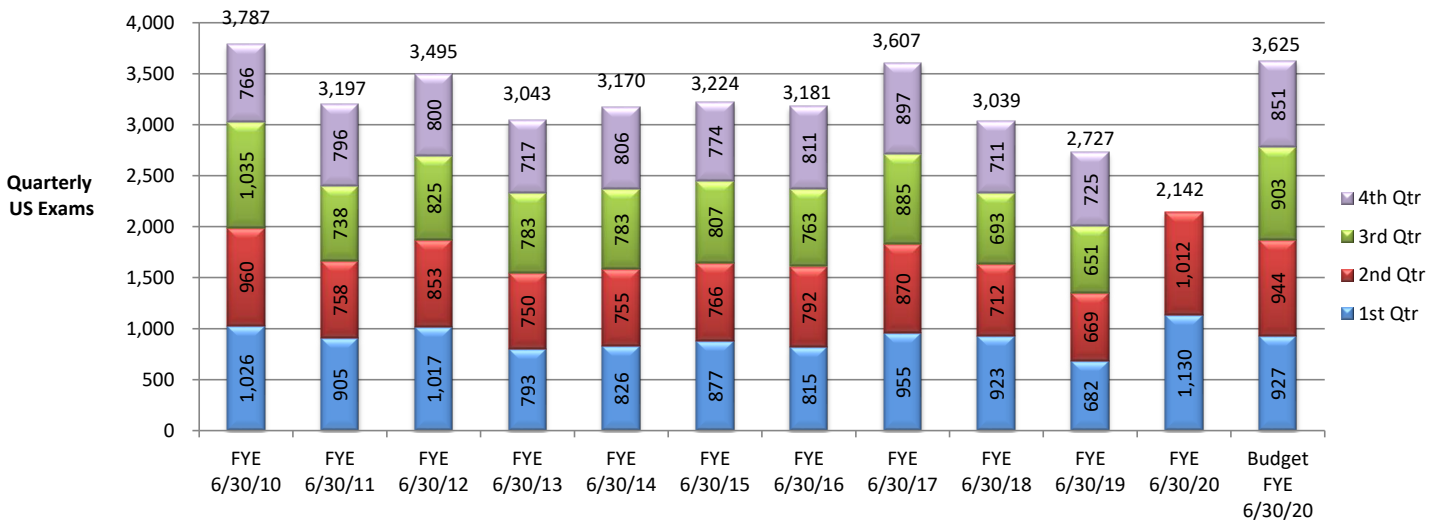
TOTAL TFH ULTRASOUND INPATIENT EXAMS



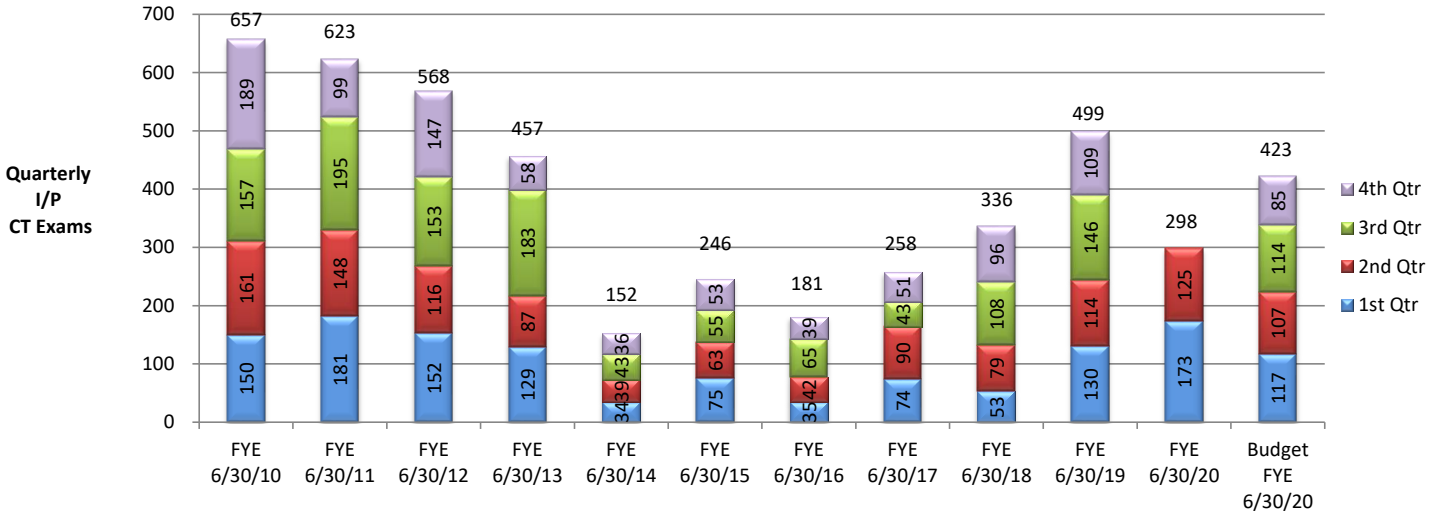
TOTAL TFH ULTRASOUND OUTPATIENT EXAMS



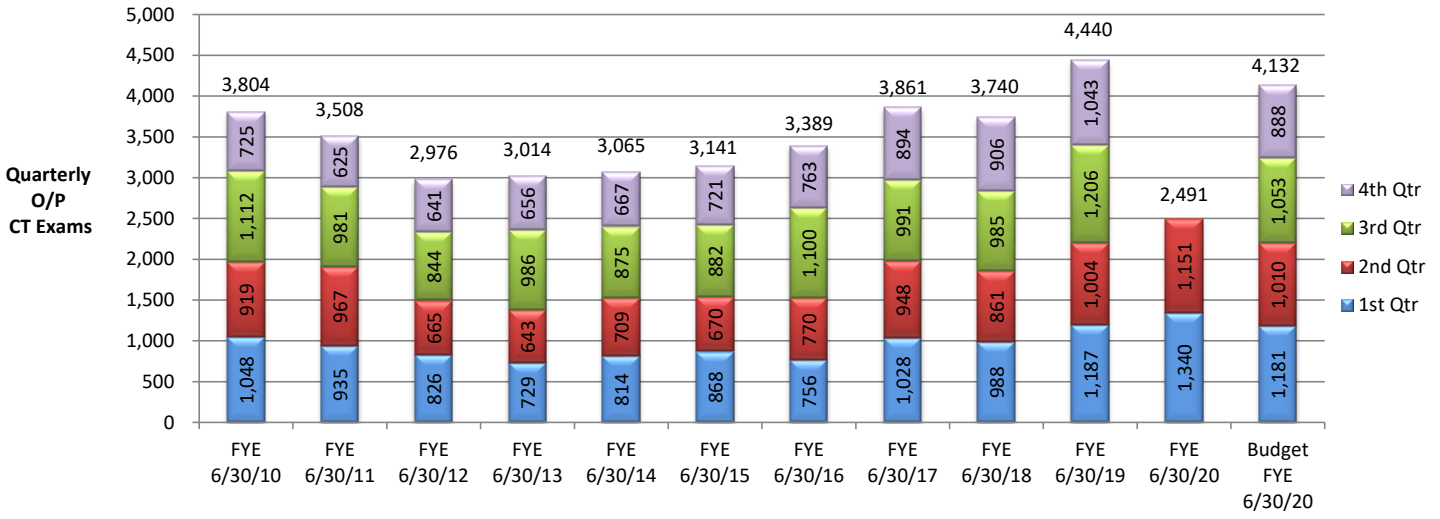
TOTAL TFH ULTRASOUND EXAMS



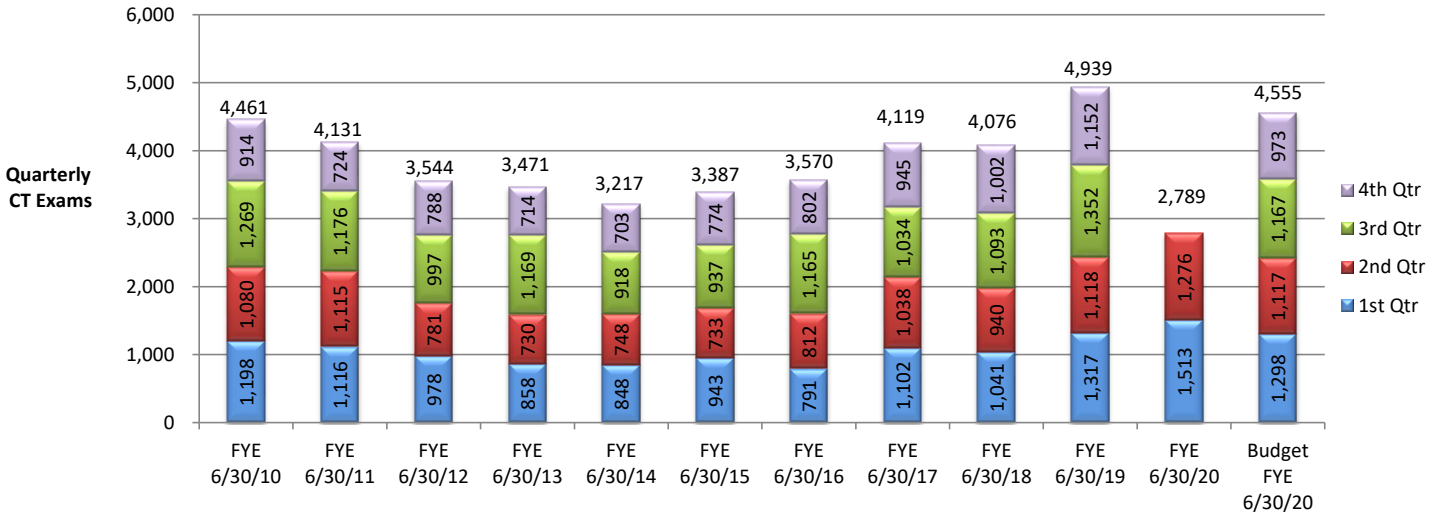
TOTAL TFH CT INPATIENT EXAMS



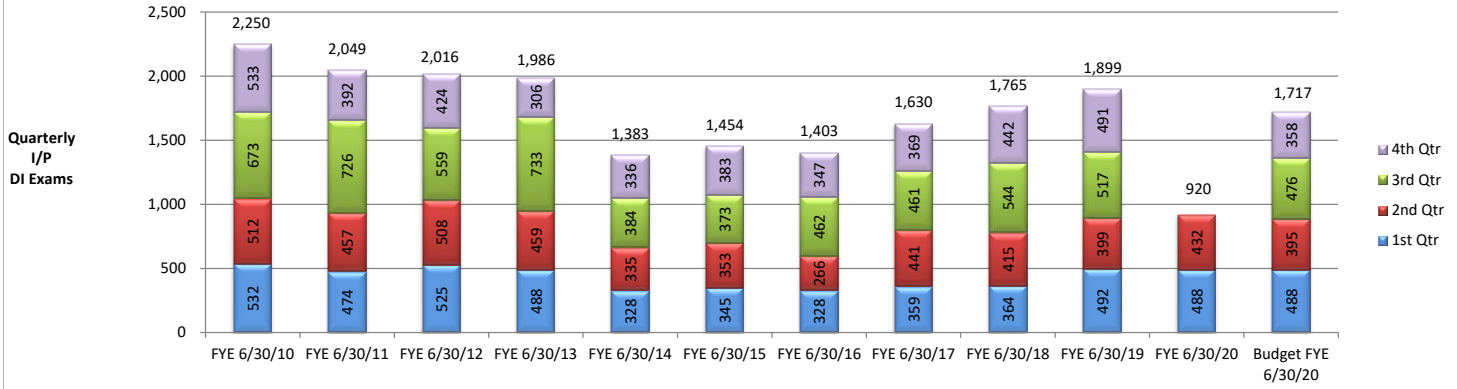
TOTAL TFH CT OUTPATIENT EXAMS



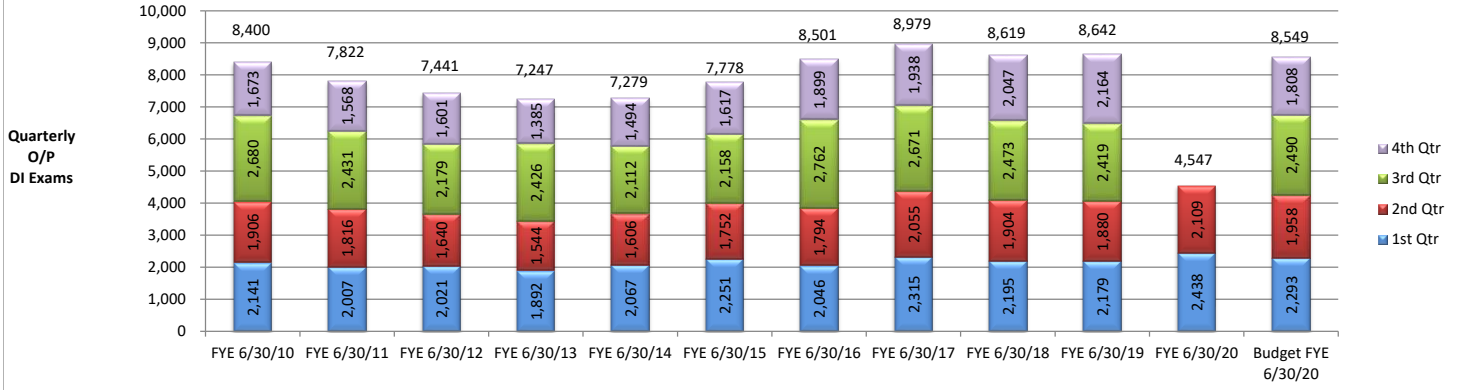
TOTAL TFH CT EXAMS



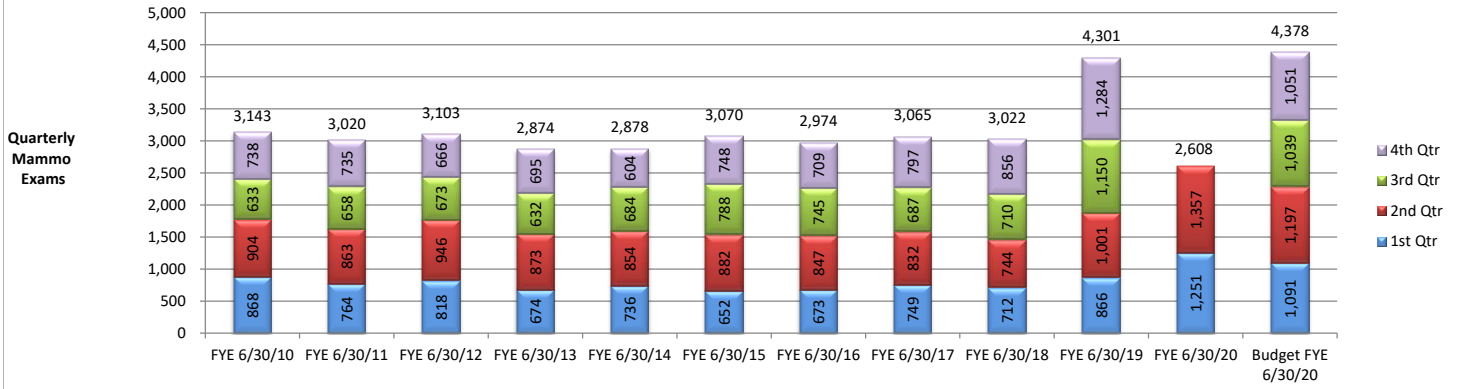
TOTAL TFH INPATIENT DIAGNOSTIC IMAGING EXAMS



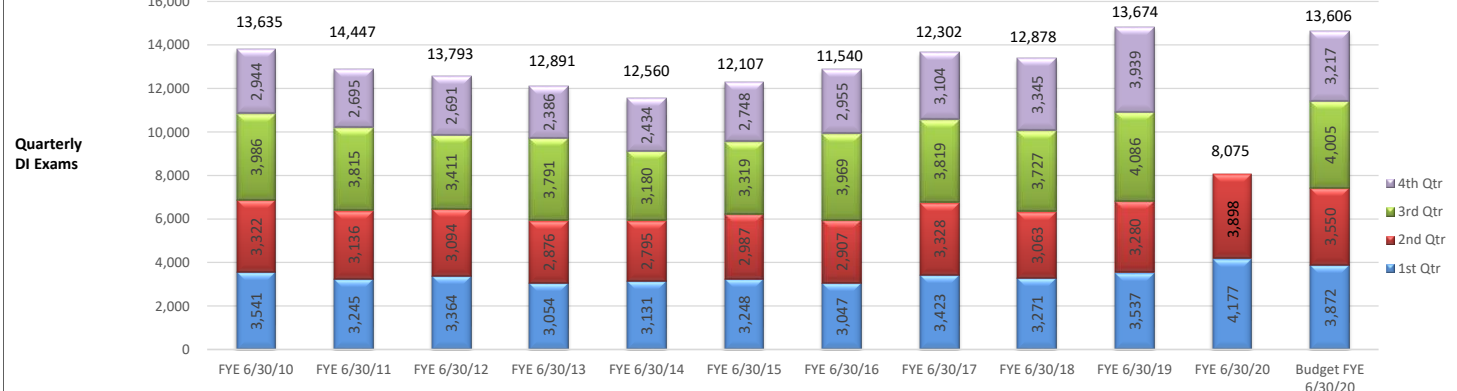
TOTAL TFH OUTPATIENT DIAGNOSTIC IMAGING EXAMS



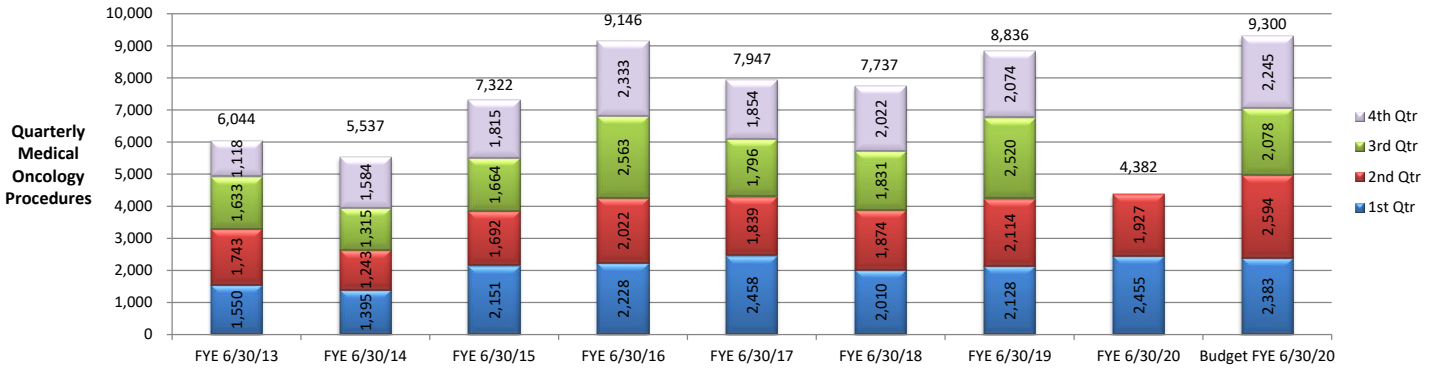
TOTAL TFH MAMMOGRAPHY EXAMS



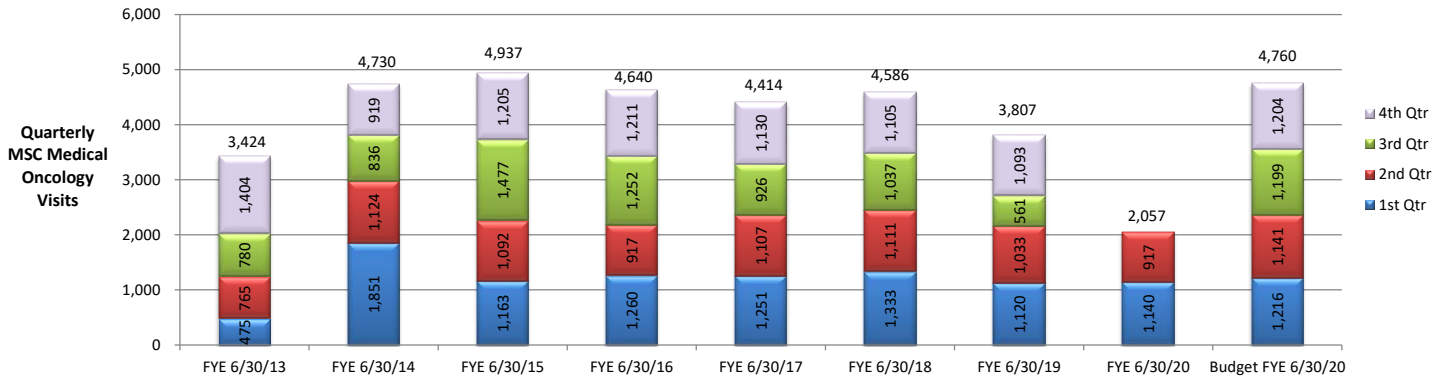
TOTAL TFH DIAGNOSTIC IMAGING EXAMS



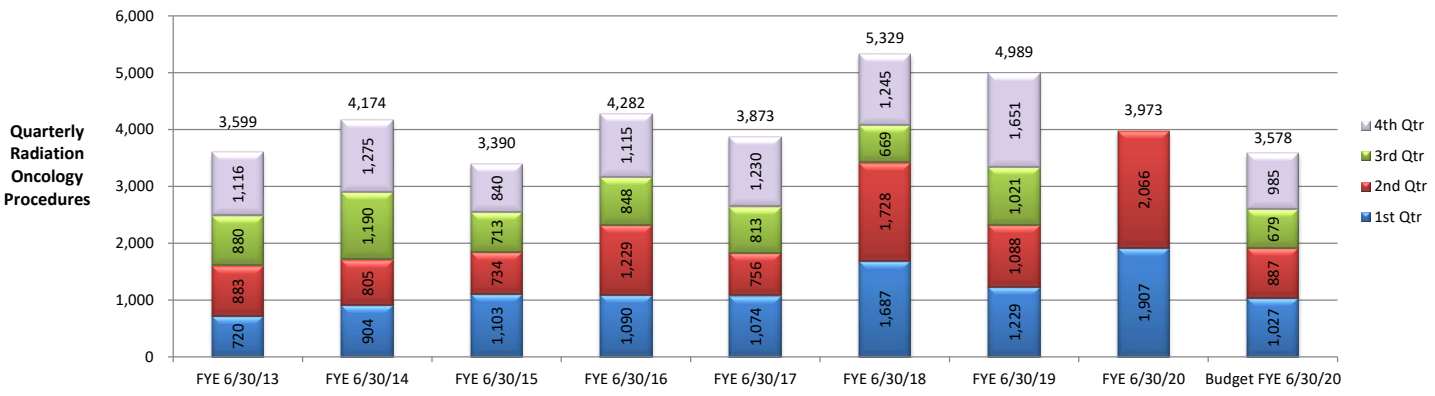
TOTAL TFH MEDICAL ONCOLOGY PROCEDURES



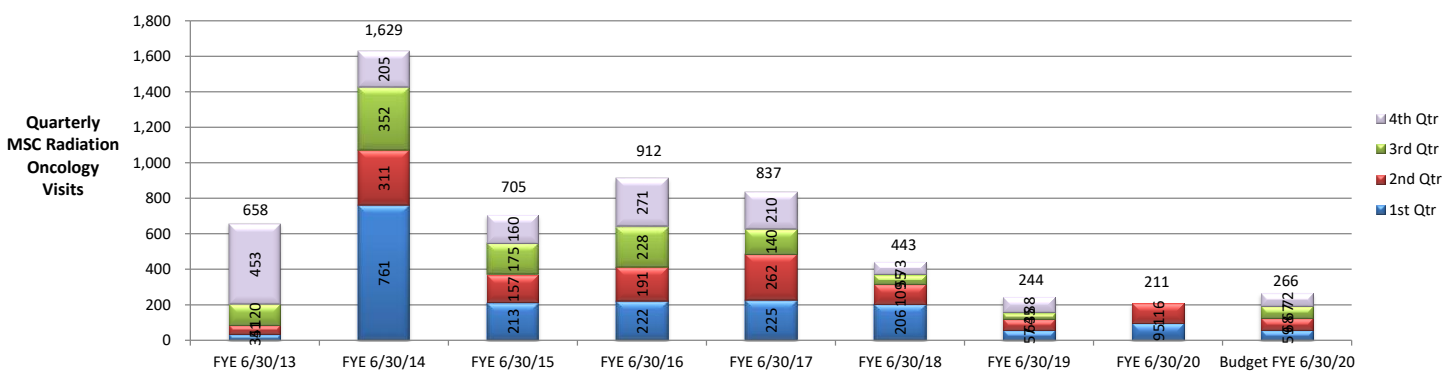
TOTAL TFH MSC MEDICAL ONCOLOGY VISITS



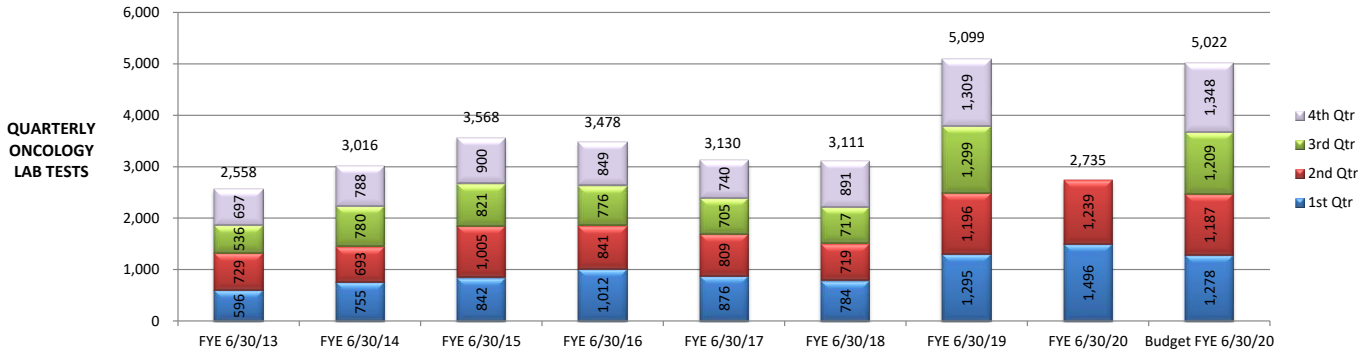
TOTAL TFH RADIATION ONCOLOGY PROCEDURES



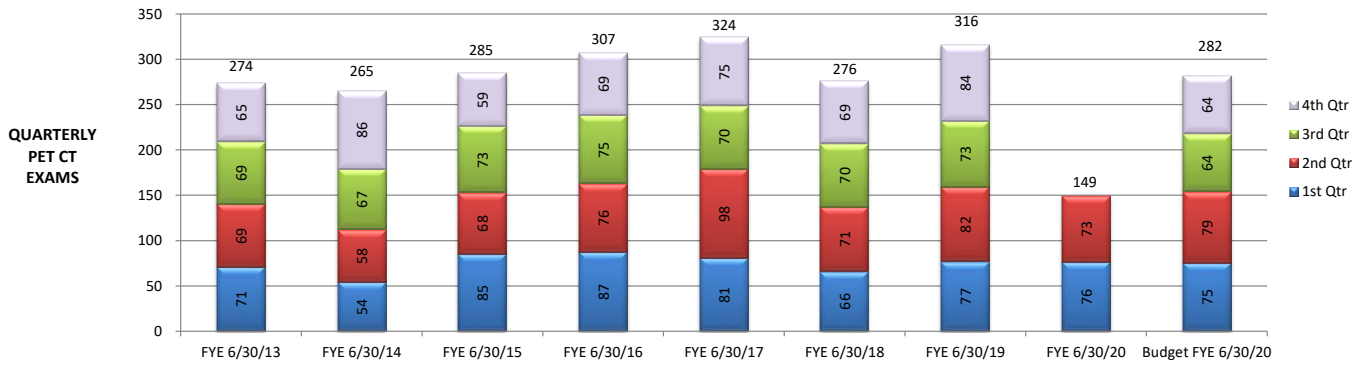
TOTAL TFH MSC RADIATION ONCOLOGY VISITS



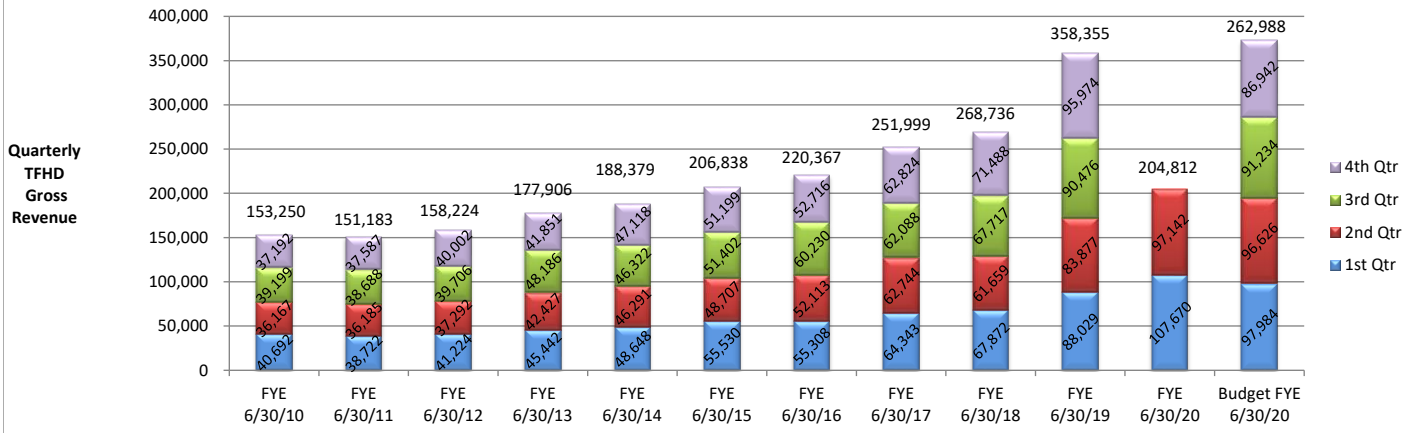
TOTAL TFH ONCOLOGY LABORATORY TESTS



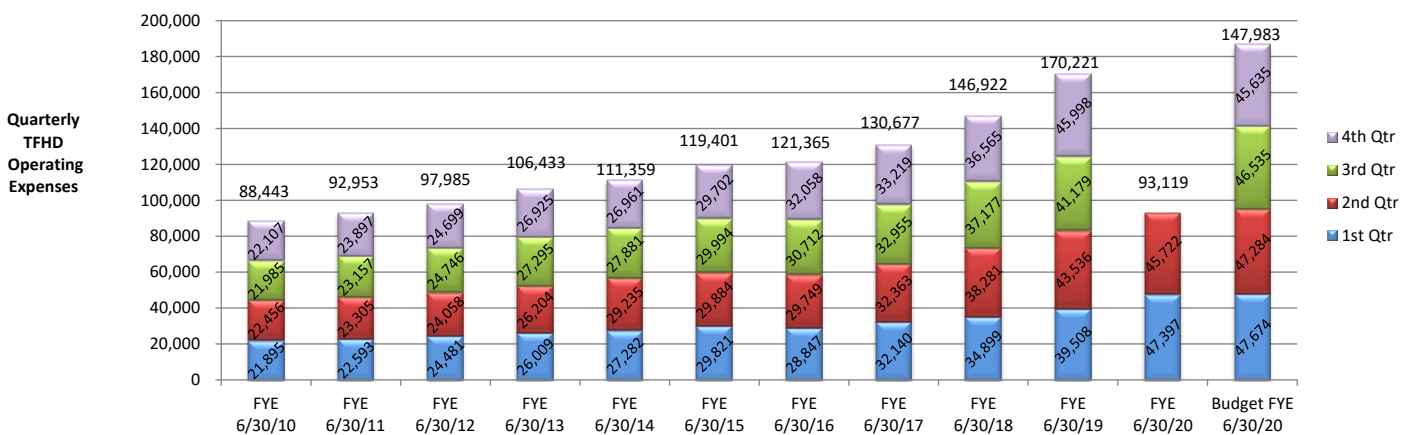
TOTAL TFH PET CT EXAMS



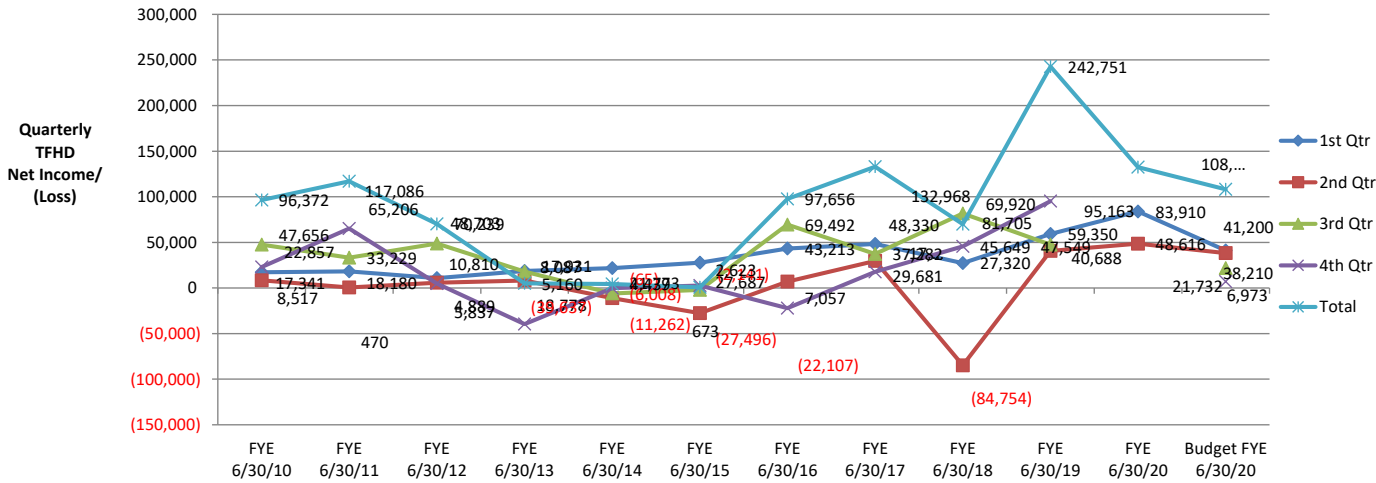
TAHOE FOREST HOSPITAL DISTRICT TOTAL GROSS REVENUE (In Thousands)



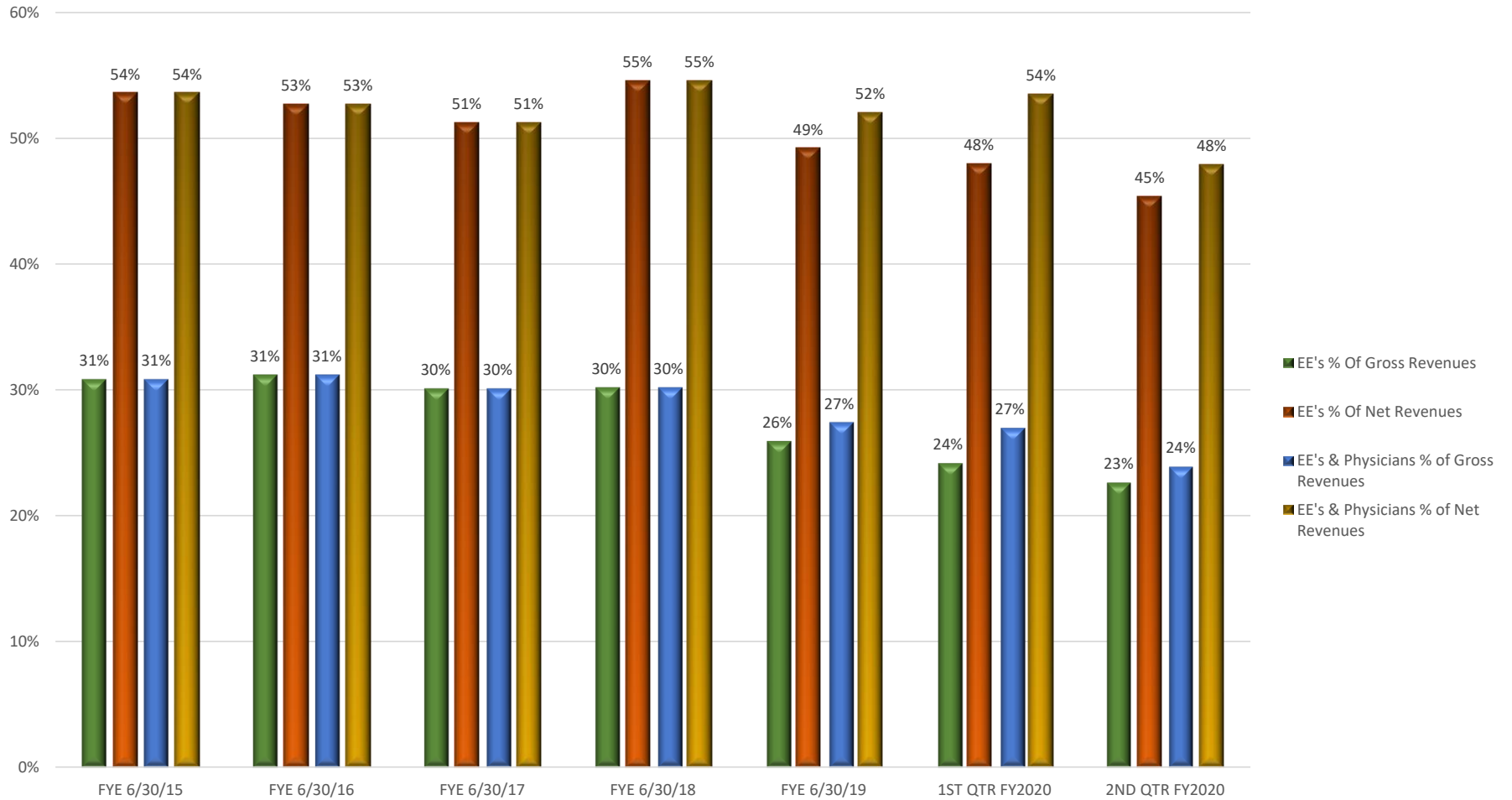
TAHOE FOREST HOSPITAL DISTRICT TOTAL OPERATING EXPENSES (In Thousands)



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



SALARIES & BENEFITS (PHYSICIAN & EMPLOYEES) AS A PERCENTAGE OF GROSS AND NET REVENUES





Board Informational Report

By: Harry Weis
CEO

DATE: 1/15/20

Finance Strategies:

To review, our health system experienced overall estimated volume increases on a broad basis, of about 28% in fiscal year 2019 versus fiscal year 2018. Now in fiscal year 2020 based on the first six months, we are seeing approximately 10% additional growth over the prior year. This continued level of year over year growth is quite remarkable and rare.

We are performing in a very strong, positive manner year to date against budget.

We finished last fiscal year with approximately 82,000 provider office visits and so far this fiscal year we continue to be on track for at least 88,000 provider office visits. I believe this annualized trend for fiscal year 2020 will continue to elevate as the second half of our fiscal year is completed.

People Strategies:

Our team continues to grow to meet the increased patient care demands of our region.

We are continuing to focus on improving our “Team of One” culture which is a strong outward unselfish focus, where our patients are the center of all that we do. The theme this year is gratitude which includes thankfulness as a close companion as each team member sets out to serve our patients every day.

We will be surveying employees about workforce housing challenges and opportunities as well in the future.

We are continuing to see improving patient satisfaction scores this year. We are striving to continue our journey to be clearly the best place to work in this wide region, by a large measurable margin, if possible.

We will have the Press Ganey Physician survey results available in January. The results will be shared with the medical staff in late January and with the Board at the February board meeting.

Service Strategies:

Our team continues to deliver higher year over year patient satisfaction scores in six areas which cover our two hospital campuses, physician office services and components within our hospitals.

We are focused each new year on how we can improve our customer experience and also perform service recovery better and more timely.

We will be reviewing how our most important patient satisfaction responses compare to the best hospitals in America this calendar year.

Quality Strategies:

We continue to have a focused list of improvement items that our team is actively working on as we are deeply committed to improving quality and safety each year.

Growth Strategies:

We have a very long list of Project Management Team health system improvements we are working on, its north of 120 projects. Separately, we also have a very long list of construction and capital type repair projects we are managing as well. Our health system is correctly focused on putting in place the right building blocks for stability, efficiency and sustainability even if major market force or regulatory force changes occur.

We regret that we will not have our parking garage available in 2020 but we are working closing on our Master Plan and all of the regulatory approvals needed with the town so that we can complete surface parking in three other locations at our general campus during 2020.

We are looking for offsite employee parking locations that are safe and reasonable longer term, as our offsite locations to date have all had limited duration time frames. This offsite parking for employees is critical to provide increased patient parking on our campus due to the greatly increased demand by patients for our services. Currently, we shuttle employees from offsite parking in Truckee to our hospital from 6:00am to 8:00pm, Monday through Friday.

We continue to collaborate and dialog with area health systems around us with the focus on we can perform better each year as a health system and how we can deliver in an improving way each year on our Mission and our Vision as a health system.

We are very active at the state, federal and in the local region on changing laws and how they might impact us positively or negatively.



Board COO Report

By: Judith B. Newland

DATE: January 2020

Quality: Pursue Excellence in Quality, Safety and Patient Experience

Focus on our culture of safety

Our Health System continues to focus on our preparation in anticipation for the triennial unannounced deemed accreditation survey by the Healthcare Facilities Accreditation Program (HFAP) that will occur in spring of 2020. HFAP is authorized by the Centers for Medicare and Medicaid Services (CMS) to survey hospital for compliance with the Medicare Conditions of Participation and Converge. An educational fair for staff is scheduled in March at TFH and IVCH. All leadership are involved in this preparation for both Tahoe Forest Hospital District and Incline Village Community Hospital.

The third annual SCORE survey will begin in March, 2020. The SCORE Culture of Safety Survey is a 5-7-minute survey available to all staff and physicians. It measures attitudes related to the culture of safety throughout our organization, providing a snapshot of the overall safety culture in a given work area.

Prioritize patient and family perspective

To improve our Outpatient Satisfaction Press Ganey results, a process improvement team continues to meet. This team represents Registration, Diagnostic Imaging and Laboratory Services and meets weekly to develop and implement new processes and strategies to improve our patient experience and satisfaction. Some of the changes occurring will include self-scheduling for laboratory testing, televisions in patient waiting with CARE channel providing scenic pictures and music, and volunteers to assist patients waiting.

We have received positive feedback from staff on the Patient and Family Experience Training program which began in October of 2019. This training is in follow-up to Town Halls and is a goal in our Strategic Plan. This is a two-hour training for all Health System staff to attend that provides training on striving to provide a perfect care experience for patients and how we treat each other. It will take 12-18 months to train all employees.

People: Strengthen a Highly Engaged Culture that Inspires Teamwork

Attract, develop and retain strong talent and promote great careers

I am delighted to announce that Ten Mather has accepted the position of Director of Pharmacy. We are fortunate to have Tena as the Director as she brings extensive knowledge, leadership and experience as pharmacist. She recently was awarded Employee of the Year at TFHS. She is respected by both hospital and medical staff. Please congratulate Tena and welcome her to her new position as Director.

Growth: Foster and Grow Community and Regional Relationships

Define opportunities for growth and recapture outmigration

Tahoe Forest Hospital officially began providing Breast MRI Imaging this month. This is a new service to our community. Patients will no longer have to go outside our health system for this service. Beginning early February, we will also be providing MRI Guided Breast Biopsy exams.

Service: Optimize Deliver Model to Achieve Operational and Clinical Efficiency

Implement a focused master plan

Report provided by Dylan Crosby, Director Facilities and Construction Management

Moves:

- Incline Thrift is occupied.

Projects in Progress:

Project: TFHD Pharmacy Clean Room, OSHPD S170926-29-00

Estimated Start of Construction: 4/30/2018

Estimated Completion: Fall 2019

Summary of Work: To meet new federal USP 800 regulations the surgical special procedures room will be reconstructed to house pharmacy compounding during construction, Phase 1. Phase 2 will be to reconstruct the Pharmacy to meet USP 800 requirements.

Update Summary: Project is complete, CDPH has licensed the space.

Project: Tahoe City Physical Therapy Expansion

Estimated Start of Construction: October 2019

Estimated Completion: TBD

Summary of Work: Lease and renovate the remainder of the second floor of existing building.

Update Summary: Project is awaiting final deliveries of materials.

Project: ECC Interior Upgrades

Estimated Start of Construction: March 2020

Estimated Completion: October 2020

Summary of Work: Remodel all patient rooms and dining area of the 1985 building of the ECC

Update Summary: Project is in Submittal Phase.

Project: Security Upgrades

Estimated Start of Construction: Winter 2019

Estimated Completion: Summer 2020

Summary of Work: Make the necessary modifications to improve security in Surgery, Diagnostic Imaging and Emergency Departments.

Update Summary: Project has been approved and is being prepared to go out to bid.

Projects in Permitting:

Project: Site Improvements Phase 2

Estimated Start of Construction: Summer 2019

Estimated Completion: Winter 2019

Summary of Work: Project includes three site improvements for parking, these sites include Pat and Ollies, Gateway Temporary Lot and MOB East Parking Extension.

Update Summary: Project has been submitted to the Town of Truckee for a development permit.

Project: Campus Water Improvements

Estimated Start of Construction: TBD

Estimated Completion: TBD

Summary of Work: Move the PRV station to Donner Pass Rd allowing the Hospital campus to tie into the high pressure water line in Donner Pass Rd. This will allow for a higher average of water pressure throughout the campus.

Update Summary: Electrical has been approved, water improvements and grading permit are under review.

Projects in Design:

Project: Day tank and Underground Storage tank replacement.

Estimated Start of Construction: TBD

Estimated Completion: TBD

Summary of Work: Remove and replace the 30-year-old underground storage tank and existing day tank.

Update Summary: Project is in the process of being designed.

Project: 2nd Floor MOB

Estimated Start of Construction: TBD

Estimated Completion: TBD

Summary of Work: Remodel 3 suites of the 2nd floor of the MOB.

Update Summary: Project is in the process of programming.

Project: Gateway Medical Office Building

Estimated Start of Construction: Spring 2021

Estimated Completion: Winter 2024

Summary of Work: Create a new medical office building to house multiple hospital entities.

Update Summary: Procurement method is in development.

Project: Incline SPD Remodel

Estimated Start of Construction: Spring 2021

Estimated Completion: Winter 2021

Summary of Work: Remodel and upgrade of equipment in SPD.

Update Summary: Project is being prepared for submittal to Washoe County.

Project: Incline Endoscopy

Estimated Start of Construction: Spring 2021

Estimated Completion: Winter 2021

Summary of Work: Create a new procedure room for ENDO procedures.

Update Summary: Project is in design.



Board CNO Report

By: Karen Baffone, RN, MS
Chief Nursing Officer

DATE: January, 2020

Service: Optimize delivery model to achieve operational and clinical efficiency

Use technology to improve efficiencies

- The Nihon Kodan monitor project – on track for March completion
- Negotiations with Nihon Kodan for IV pumps

Quality: Provide clinical excellence in clinical outcomes

Identify and promote best practice and evidence-based medicine

- **Level III Trauma:**
 - Katie Clifford has been hired as the new Level III Trauma Coordinator. Katie is no stranger to trauma nursing and project management. Katie has served as a RN in our ED department as a per diem nurse and has worked in other trauma centers. We are excited to have Katie bring us through to our consultative American College of Surgeons survey in September and help grow and elevate our trauma program.
 - The Trauma Program remains on track for completion September 2020.
- **Pre Op Clinic**
 - The Project Management Team is working with clinical operations as well as scheduling and access to improve the flow and standardize clearance for our surgery patients, streamline authorization and scheduling and improve physician and patient satisfaction as well as the safety of our patients.
- **Sepsis Bundle**
 - Severe Sepsis/Septic Shock – CMS Core Measure-Calendar Year 2019
During FY 2019 we were struggling with outcomes for the Sepsis Bundle that is a part of the CMS Core Measures. This became a top initiative for nursing to work with providers and staff to appropriately complete and document the necessary steps when sepsis is suspected. We have demonstrated improvement from an average of 68.9% compliance between 2016-2018, to 93.88% compliance. Great team effort to get to this level, with the national benchmark of 53.5% and improving overall outcomes.

Growth: Meets the needs of the community

Enhance and promote our value to the community

- **Community Health Improvement Plan Activities for January 2020**
 - *Prevention and Wellness*

Prevention & Wellness

Harvest of the Month: *Kale and Swiss Chard*

B-FIT: Germs and Hand Sanitation

Nutrition for a Healthy Pregnancy -1st Friday of Month - TWC
Affordable Labs and BP Checks –Jan 10 in Truckee and Jan 24 IVCH

Project Mana Health checks (BP and Glucose) and education
-Jan 14th (Truckee) and Jan 22 (Kings Beach)

Breastfeeding support - Every Friday

Baby's Breakfast - Every Monday

Prenatal Education - Jan 8-Feb 12 Truckee; Jan 18-19 Truckee

Infant and Child CPR - None

Sliver Age Yoga & Tai Chi, Senior apartments , Tuesdays and Fridays

Cooking Club: Gut Health – Jan 21

Infant Nutrition - None

Community Talks:

Monitoring Your Baby's Milestones – Jan 11

Health Fair at Truckee Pool – Jan 31

TTUSD Interventions:

District Wellness Meeting –Jan 9th

Nutrition education TTUSD - Sierra High

Athletes Committed – Jan 13 and Jan 15

ACMS-Leadership team – Food tasting with school food service – Jan 21

Community Challenge: Project Zero

**Chronic
Disease:**

Self-management classes are offered three time per year (Winter, Spring and Fall)

Chronic Pain Self-Management

Self-Management Leader Training -

Building Better Care Givers -

Diabetes Self-Management- Intro Jan 15th; class 1/23 to 2/27

Live Well with Chronic Disease - - Intro Jan 29th ; Class 2/5 to 3/11

Prevent T2- Diabetes Prevention Program - Tuesdays 4:15-5:30pm

Prevent T2- Intro Jan 28th – Tuesdays 1115-1215

Prevent T2- Spanish - Tuesdays 5:00-6:00pm

MS support Group - 2nd Tues, Pine St Conf Room

Parkinson Support Group - 3rd Fri, Center for Health

Mental/Behavioral Health:

Authentic Wellness Education Series - *Tools to Cope with Life's Daily Challenges* -

Narrate your new year-Jan 23

NAMI Support Group - 2nd Weds of month - Tahoe Forest Pine St. Conference room

Substance

Misuse:

Breathe - Tobacco Cessation Program - Mondays 5:30pm



Board CIO Report

By: Jake Dorst, MBA
Chief Information and Innovation Officer

DATE: January 2020

Service: Optimize delivery model to achieve operational and clinical efficiency

Use technology to improve efficiencies

- Completed Third Party Security Audit. Great improvement over the past year.
- PKI assessment complete. Discussed findings with Vendor. Waiting on complete document to be sent in the next 2 weeks.
- Reconfigured Traps to better reflect TFHD security posture. Increased alerting and potential malware/ransomware blocking.
- Network gear received for TTMG go live March 1. User workstations/printers in transit. New circuit ordered for Squaw.
- Defined test strategy with Nihon Kohden in order to reduce potential issue during production roll-out
- Exceeded the 50% mark on upgrading systems to Windows 10. Aggressively working to complete remaining workstations
- Created cadence with Diagnostic Imaging team in order to maintain alignment and increase communication
- Discussed 802.1x (https://en.wikipedia.org/wiki/IEEE_802.1X) completion with partners at Wrightcore. Target to complete NLT 4/1
- 2019 CTN, USAC submitted
- Imprivata login delay fixed. Moving ahead with EPCS project
- Physicians can now download and print via Outlook Web Access as needed



Board CMO Report

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

DATE: November 11, 2019

People: Strengthen a highly-engaged culture that inspires teamwork

Build Trust

- As we just received the Press Ganey Provider Satisfaction Survey results, we were very pleased to note that we increased our “There is a climate of trust in this hospital” score by +.45, which was a standard deviation above our prior results. This is a huge accomplishment for the Health System.

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

- We are pleased to announce that Dr. Torman, gastroenterologist, will be starting after BOD approval this month. We are also in the midst of interviewing new primary care physicians to widen our primary care base for our community. We continue to look for an additional neurologist.

Service: Optimize delivery model to achieve operational and clinical efficiency

Develop integrated, standardized and innovative processes across all services

- As we bring TTMG into our system, we are ensuring a high quality transition that will standardize processes across hospital and clinical areas.

Quality: Provide clinical excellence in clinical outcomes

Identify and promote best practice and evidence-based medicine

- Looking at new quality metrics as we bring on new service line of Urgent Care practice.

Finance: Ensure a highly sustainable financial future

Continue to improve revenue cycle efficiency and effectiveness

- We are rolling out a coding education initiative that will not only educate the providers but also provide elbow to elbow coding/IT support and a feedback loop to better understand those who adopted the changes and those who did not.

**TAHOE FOREST HOSPITAL DISTRICT
RESOLUTION NO. 2020-01**

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

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

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

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

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

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

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

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

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

PASSED AND ADOPTED at the meeting of the Tahoe Forest Hospital District Board of Directors held on the 23rd day of January, 2020 by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

ATTEST:

Alyce Wong
Chair, Board of Directors
Tahoe Forest Hospital District

Art King
Secretary, Board of Directors
Tahoe Forest Hospital District

AGENDA ITEM COVER SHEET

ITEM	ABD-03 Board Compensation and Reimbursement
RESPONSIBLE PARTY	Martina Rochefort, Clerk of the Board
ACTION REQUESTED?	For Board Action
<p>BACKGROUND:</p> <p>The following policy was reviewed by the Governance Committee at their November 25, 2019 meeting.</p> <ul style="list-style-type: none"> • ABD-03 Board Compensation and Reimbursement <p>Governance Committee recommended that counsel revise the policy.</p>	
<p>SUMMARY/OBJECTIVES:</p> <p>Counsel drafted a resolution for the board adopt on meeting compensation in response to updated Government Code that allows for compensation for six meetings a month when needed. The board will need to annually adopt this resolution.</p> <p>ABD-03 Board Compensation and Reimbursement policy was also amended by counsel to reflect these changes.</p>	
<p>SUGGESTED DISCUSSION POINTS:</p> <p>None.</p>	
<p>SUGGESTED MOTION/ALTERNATIVES:</p> <p>Approval via Consent Calendar.</p>	
<p>LIST OF ATTACHMENTS:</p> <ul style="list-style-type: none"> • Resolution 2020-02 • ABD-03 Board Compensation and Reimbursement 	

RESOLUTION NO. 2020-02

RESOLUTION OF THE BOARD OF DIRECTORS OF TAHOE FOREST HOSPITAL DISTRICT ADOPTING A POLICY FOR COMPENSATION AND REIMBURSEMENT FOR MEMBERS OF THE BOARD OF DIRECTORS

WHEREAS, Tahoe Forest Hospital District (the “District”) is a local health care district duly formed and organized under the laws of the State of California;

WHEREAS, under the Local Health Care District Law (Health & Saf. Code, § 32000 et seq.) the Board of Directors for the District serves without compensation unless it adopts a resolution authorizing payment of up to \$100 per meeting, up to six meetings per calendar month, as compensation to each Board Member for attendance; and

WHEREAS, Health and Safety Code section 32103 requires the Board of Directors, if it desires to compensate Board Members for more than five meetings per calendar month, to annually adopt a written policy describing why more than five meetings per month are necessary for the effective operation of the District.

NOW, THEREFORE, BE IT RESOLVED, by the Board of Directors of the Tahoe Forest Hospital District that:

SECTION 1. The Recitals above are true and correct and fully incorporated herein by this reference.

SECTION 2. The District hereby authorizes payment of up to \$100 per meeting, not to exceed six meetings a calendar month, as compensation to each Board Member for attendance, pursuant to the terms of the Compensation and Reimbursement Policy attached hereto as Exhibit A and incorporated herein by this reference.

SECTION 3. The District hereby adopts the Compensation and Reimbursement Policy attached hereto as Exhibit A.

PASSED AND ADOPTED at a regular meeting of the Board of Directors of the Tahoe Forest Hospital District duly called and held in the District this 23rd day of January, 2020 by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

APPROVED:

Chair, Board of Directors
Tahoe Forest Hospital District

ATTEST:

Martina Rochefort, Clerk of the Board
Tahoe Forest Hospital District

ABD-03 Board Compensation and Reimbursement

PURPOSE:

To provide [compensation and reimbursement](#) to the Board of Directors, consistent with legislative regulations, for the performance of the duties of their office.

POLICY:

- ~~A.~~ As ~~allowed-permitted~~ by ~~California Health & Safety Code s. Section 32103-~~, and of the Local Health Care District Law, and required by the Political Reform Act ~~(as amended by AB 1234, 2005)~~, the payment of One Hundred Dollars (\$100.00) per meeting not to exceed ~~five-six (56)~~ meetings a month ~~as further defined below~~, is authorized as compensation to each member of the Board of Directors. Each member of the Board of Directors shall further be allowed his/her actual necessary traveling and incidental expenses incurred in the performance of official business of the District.
- ~~A.B.~~ Pursuant to Health and Safety Code section 32103, subdivision (a), the District finds that more than five meetings per month are necessary for the effective operation of the District because the District operates in a competitive market, often necessitating regular meetings to effectively resolve time-sensitive matters outside and in addition to its normal meeting schedule. Time-sensitive matters include, but are not limited to, the creation of new or expansion of existing health facilities, programs, or services; the acquisition or leasing of real property; and the consideration of appeals of actions, decisions, or recommendations of the Medical Staff affecting the professional privileges of its membership, which are governed by strict timelines pursuant to statute, local policy and bylaws. In addition, the Board of Directors operates with various standing committees that maintain flexible schedules to ensure prompt consideration of emerging issues. Finally, the District prioritizes fostering and growing community and regional relations, as demonstrated in the 2019-2021 Strategic Plan, which requires Board Members to attend meetings of governmental agencies and community organizations to represent the District. In the past, Board Members have needed to participate in more than five meetings in a calendar month to address significant matters, including but not limited to hiring a Chief Executive Officer. This policy permits the District flexibility to address these important matters promptly when they arise, while compensating Board Members for time spent supporting the District.
- ~~B.C.~~ For the purpose of compensation, a meeting is defined as:
1. Regular and Special Board Meetings, including but not limited to continued, adjourned and emergency meetings;
 2. Board Committee meetings;
 3. Hospital District meetings at which the Board member is present as a designated Board representative (e.g., Medical Executive Committee, Bioethics Committee, IVCH Foundation, TFHS Foundation, TIRHR Board)
 4. Meetings of governmental agencies and community organizations, etc. where the Board member is representing the TFHD (i.e., Rotary, Tahoe City Breakfast Club, Truckee Daybreak Club). To be compensated, the Board member must be on the program or speaking to an item on the agenda related to the Hospital District at the request of the Board ~~President-Chair~~ or President and Chief Executive Officer.
 5. Conferences, seminars and other educational meetings do not qualify for meeting compensation.
- ~~C.D.~~ Members of the Board of Directors of the Tahoe Forest Hospital District and their eligible dependents shall be eligible to participate in the health, dental, vision and life insurance programs of Tahoe Forest Hospital District in a manner, including appropriate discounts, comparable to that offered to the Management Staff of the District.

PROCEDURE:

- A. Board members are responsible for notifying the Executive Assistant in writing of meetings attended in the prior month, noting the day and purpose of each meeting prior to the last business day of each month.

- B. Board members shall also provide brief oral reports on meetings attended at the expense of TFHD at the next regular Board meeting.
- C. Board of Directors Travel Allowance
1. Meals will be reimbursed up to a daily per diem rate based on the location of the conference subject to IRS per diem guidelines.
 2. Air Fare for Board Members only.
 3. Parking and/or taxi fees and other transportation expenses will be reimbursed.
 4. If driving, mileage will be reimbursed at current IRS rates.
 5. Hotel room will be covered in full for Board Member.
 - a. If, however, the lodging is in connection with a conference or organized educational activity that does not qualify as a meeting and is conducted in compliance with California Government Code, Section 54952.2(c), including ethics training required by California Government Code, Section 53234, then lodging costs shall not exceed the maximum group rate published by the conference or activity sponsor as long as the group rate is available to the Board member at the time of booking. If the group rate is not available, then the Board member shall use comparable lodging.
 6. Tuition fees for Board Members will be paid in full.
 7. Conference educational materials (books, audio tapes, etc.) not to exceed \$50.
 8. Receipts are required for all reimbursable expenses.
 9. Board members shall use government and group rates offered by a provider of transportation or lodging services for travel and lodging when available.
 10. All expenses that do not fall within the adopted travel reimbursement policy of the IRS reimbursable rates shall be approved by the Board, in a public meeting before the expense is incurred.
- D. Upon election or appointment to a seat on the Board of Directors of the Tahoe Forest Hospital District, the appropriate paperwork which is necessary to complete for enrollment will be given to the Board Member by the Human Resources Department. Coverage will begin on the first of the month following election or appointment to the Board of Directors and completion of the necessary enrollment forms

References:

California Government Code, §§ 53232.2(d), (e), 53232.3(a), 53235(a), (b) (d). [§§54950 - 54963](#);
[California Health & Safety Code, Section 32103](#)



MULTNOMAH GROUP

**Retirement Plans Oversight Presentation
Tahoe Forest Hospital District Board of Directors**

January 23, 2020

Q3, 2019 Activities

- Reviewed performance of Plan investments
 - ✓ No Removal or Watch List recommendations
 - ✓ All investments score in top half of Multnomah Group's quantitative peer group ranking.
- Committee reviewed the Plans' assets to ensure accuracy of reporting
 - ✓ No issues were found
- Committee Received Multnomah Group's Fidelity Participant Services Profile to demonstrate fiduciary oversight of education and advice services provided by Fidelity.
- Committee Received the Fidelity Retirement Plan Review and Participant Education & Communication Update, outlining the education and communication efforts for 2020.
- As fiduciary education, Multnomah Group presented to the Committee "Fiduciary Training Program: Employee Engagement And Required Disclosures"

Q4, 2019 Activities

- Reviewed performance of Plan investments
 - ✓ No Removal or Watch List recommendations
 - ✓ All investments, but one, score in top half of Multnomah Group's quantitative peer group ranking.
 - **Wells Fargo Small Company Growth** fund had recent performance challenges. Fund is GARP manager, whose securities were out of favor as Momentum securities dominated capital markets. However, for Q4, 2019, fund scored in top 22% of peers beating index by .09%.
- Committee reviewed the Plans' assets to ensure accuracy of reporting
 - ✓ No issues were found
- Committee conducted a bi-annual review of the Plans' governance documents. No changes were necessary.
- Committee reviewed the share classes of all investments. Verbal Update
- Committee received Multnomah Group's review of Fidelity Managed Account Service agreeing that this is a prudent option for this service.
- Committee received Fidelity's Annual Plan Review, discussing participation rates, savings rates and participants engagement with Fidelity
- As fiduciary education, Multnomah Group presented to the Committee "Fiduciary Training Program: Investments"

Breakdown of Plans – December 31, 2019

401(a) Employer Contribution Plan	457(b) Employee Contribution Plan
<ul style="list-style-type: none">• Plan Assets increased from \$41.80 MM as of June 30, 2019 to \$45.27 MM as of Dec. 31, 2019• All investments are scored “Satisfactory” by Multnomah Group’s Investment Committee.	<ul style="list-style-type: none">• Plan Assets increased from \$51.8 MM as of June 30, 2019 to \$57.2 MM as of Dec. 31, 2019• Investments: Same• Participation Rate Increased from: 81% as of June 30, 2019 to Verbal Update• Ave. Deferral Rate Increased from: 7.7% as of June 30, 2019 to Verbal Update <i>*Auto enrollment is set at 6%</i>• Total Savings Rate (EE & ER) <i>Increased</i> from: 12.6% to Verbal Update

* June 30, 2019

Questions

Disclosures

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

AGENDA ITEM COVER SHEET

ITEM	Beta HEART Overview and Update
RESPONSIBLE PARTY	Dawn Lockwood, MPT, CPHRM Janet Van Gelder, RN, DNP, CPHQ
ACTION REQUESTED?	For Information Only
<p>BACKGROUND:</p> <p>Tahoe Forest Hospital District (TFHD) participates in the Beta HEART (Healing, Empathy, Accountability, Resolution, and Trust) program, which is a holistic approach to reducing harm in healthcare and supporting patients, family members, and clinicians after an adverse event. The goal is to promote organization-wide culture change that instills trust among and between our physicians, staff, patients and families. The Beta HEART program has five domains, each of which, once validated, allow TFHD to receive an incentive credit on insurance premiums.</p>	
<p>SUMMARY/OBJECTIVES:</p> <p>This presentation will provide an update on the domains of Beta HEART and our action plan to continue improving our culture of safety at TFHD.</p>	
<p>SUGGESTED DISCUSSION POINTS:</p> <p>Who has attended in 2018 & 2019 and who will be attending Beta HEART training in 2020? What difference has this program made to our organization? Have the Medical Staff and other employees been educated about Beta HEART?</p>	
<p>SUGGESTED MOTION/ALTERNATIVES:</p> <p>Not applicable</p>	
<p>LIST OF ATTACHMENTS:</p> <ul style="list-style-type: none"> • PowerPoint presentation 	



Beta HEART Update 2019-2020

Dawn Colvin, MPT, CPHRM
Patient Safety Officer



Beta HEART

Beta HEART (**H**ealing, **E**mpathy, **A**ccountability, **R**esolution, and **T**rust) is an interactive and collaborative process that supports organizational leadership and staff in development of a true culture of safety and transparency.

The program will encompass strategies to achieve the following:

- A process for measuring safety culture and staff engagement (SCOR Survey)
****Culture of Safety Domain Validated May 2019 resulting in 2% reduction in insurance premiums***
- A formalized process for early identification and rapid response to adverse events that includes an investigatory process that integrates human factors and systems analysis while applying Just Culture principles
- A commitment to honest and transparent communication with patients and family members after an adverse event
- An organizational program that ensures support for caregivers involved in an adverse event
- A process for early resolution when harm is deemed the result of inappropriate care or medical errors



Domain	Incentive/ Renewal Credit	% Completed	Estimated date for completion	Comments
Culture of Safety: A process for measuring safety culture and staff engagement	2%	100%	Completed May 2019	Validation completed in May 2019 resulting in 2% reduction/incentive SCORE survey year 2 completed with 83% response rate. Excellent improvement in all domains of SCOR survey for TFHD. Patient Safety officer has conducted debriefings and worked with leadership team/all departments to set Year 2 goals
Rapid Event Response and Analysis: A formalized process for early identification and rapid response to adverse events that includes an investigatory process that integrates human factors and systems analysis while applying High Reliability and Just Culture principles	2%	75%	Spring 2020	Many components in place. Need to formalize several areas including cognitive interviewing training (required by Beta); formalize process diagram for event response. Working with Reliability Management Team to coordinate process, language. Beta has changed some of the validation requirements to include an actual event/case review with external committee via Beta.
Communication and Transparency: A commitment to honest and transparent communication with patients and family members after an adverse event	2%	95%	Validation planned for Spring 2020	Many components in place. Revised disclosure checklist to reflect best practices. Quality team will take the lead on most major disclosures. October 23 rd communication training attended by over 30 people and was well received. Developed guidelines for leadership to perform internal/small issue disclosures (see attached). Need to schedule Beta Validation for Spring 2020.
Care for the Caregiver: An organizational program that ensures support for caregivers involved in an adverse event	2%	85%	Spring 2020	Lauren Caprio (HR) and Dawn Colvin (PSO) are co-chairing Peer Support: a team to formalize process including staff training, peer supporter team, process for initiating. Peer Support name and logo, policy, algorithm for initiation, and some education finalized. . Pacesetter article and Lunch and Learn. Interviewing applicants for Peer Supporters with staff training planned for March 2020. Joined Northern Nevada Peer Support Network (1 st responder network)
Early Resolution: A process for early resolution when harm is deemed the result of inappropriate care or medical error	2%	70%	Summer/ Fall 2020	Many components in place. This domain typically is the final one to validate as it includes components from the other 4 domains. TFHD is participating as a test site for the Beta HEART dashboard, which will formalize data collection for the HEART program. Beta has not released dashboard yet; has also added several new components that must be met before validation



What is Culture of Safety?

- The way we think and, more importantly, the way we act
- “We” is a key component: Shared beliefs and habits of our organization
- Organizations with a positive culture of safety have clearly agreed norms of behavior and structures that support safety
- Critical components of medical safety culture include:
 - Psychological safety
 - The ability of ANYONE to voice a concern about a patient
 - Organizational fairness (just culture)
 - The ability to learn from errors

Improving safety culture means **fewer adverse events** and **better outcomes** for our patients.



Year 2



SAFE & RELIABLE
Healthcare

SCOR Survey Summary Report

Tahoe Forest Hospital District - Apr 2019

41 Work Settings - 850 Respondents - Response Rate 83%



TAHOE FOREST HEALTH SYSTEM



Communication

- Meetings with leadership
- Debriefing with staff in all departments
 - Debriefing in specific work setting groups is important to understand context and delineate the specific issues
- Summarize and prioritize issues
- Department leaders, with staff input, created goals for 2019-2020. Tracking via PIC dashboard.

Process Improvement

Close the Loop





Communication and Transparency

October 2019

BETA HEALTHCARE GROUP RISK MANAGEMENT | SAFETY & CARE — UNITED



BETA HEART[®]
Healing • Empathy • Accountability • Resolution • Trust

 **TAHOE FOREST HEALTH SYSTEM**
Excellence and compassion in all we do.

Empathic Communication Training

Timothy B. McDonald
Faculty
BETA Healthcare Group
Deanna Tarnow
Director, Risk Management & Patient Safety
BETA HEART Lead

- 30+ managers and key staff trained
- Empathic communication skills
- Practice in difficult scenarios

Communication and Transparency Workshop: Agenda

- BETA HEART[®] approach to harm events in healthcare
- Empathic communication skills assessment
- Providing empathic communication with introduction to experiential learning
- Tahoe Forest approach for responding to harm events
- Experiential learning
- Discussion of video enacted communication and resolution
- Debrief with lessons learned



TAHOE FOREST HEALTH SYSTEM





- Policy: Disclosure of Error or Unanticipated Outcome to Patients/Families (AQPI-1909)
- Tracking and reporting disclosures quarterly
- Disclosure team for more difficult or critical situations
- Disclosure checklist

Tahoe Forest Hospital District Disclosure Checklist:
(Attachment A)

- Contact Disclosure/Communication team (available 24/7) either by:
- Contacting the House Supervisor (582-3540) (to call the following people on your behalf) or directly contact Quality staff trained to do disclosures:

<input type="checkbox"/> Janet Van Gelder (582) 354-2222	<input type="checkbox"/> Todd Johnson (582) 354-2222
<input type="checkbox"/> Dawn Colvin (582) 354-2222	
 - Discuss which physician advocate to include:

<input type="checkbox"/> Shawni Coll DO (582) 354-2477	<input type="checkbox"/> Thomas Semrad MD (582) 354-2222
<input type="checkbox"/> Peter Taylor MD (582) 354-2222	<input type="checkbox"/> Other MD
 - House Supervisor or Department Director/Manager will notify appropriate AC Member
 - Set meeting time or conference call for group to discuss the disclosure/communication case (ideally within 1 hour)
 - Answer these questions at the meeting:
 - What are the goals of the interaction?
 - Who will be present at the disclosure (include at least one internal staff along with a physician | advocate)?
 - What are you going to say to the patient/family?
 - Are there any cultural sensitivities we should consider?
 - What information should be shared/discussed at this point? **Facts ONLY**
 - What questions do you anticipate hearing from the patient/family?
 - o How did this happen?
 - o What will you do to prevent this from happening again?
 - o How will this affect my care?
 - o Will this increase my charges/cost to me?
 - o Can I record this conversation?
 - Take some time to PAUSE and reflect. Don't rush the process.
 - Do we need props or diagrams for the discussion?
 - Don't forget to **Apologize!**
 - Who will continue to respond to the patient/family** and be their point of contact for future interactions?
 - Remember to consider stating "You seem ___ (angry, upset, confused, etc.)" as a way to recognize their feelings.
 - Document the disclosure in the medical record**
 - Do the caregivers need extra support?
 - Refer to Well Being Committee for physician/providers
 - Peer Support Program (aka Care for the Caregiver) for staff members
 - Refer to the Care for the Caregiver policy (AGOV-1602) and Disclosure Policy (AGOV-1503) for more information

Disclosure of Error or Unanticipated Outcome to Patients/Families



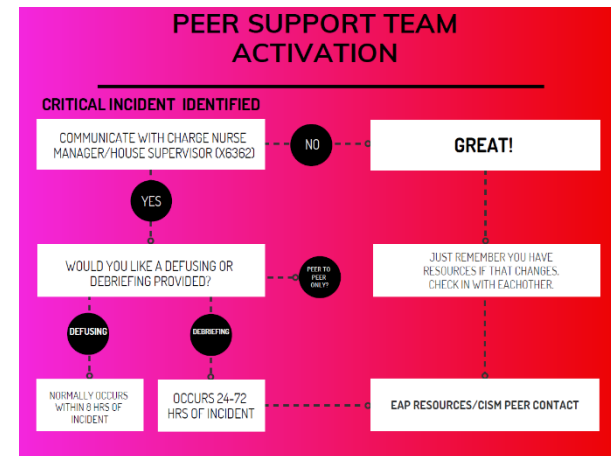


Care for the Caregiver



- Steering Committee formed
- Program development
- Policy and protocol revision
- Name and logo/marketing
- Algorithm for activation
- Pacesetter article - December
- Lunch & Learn in December
- Peer Support team applications and interviews
- Training (end of January and beginning of March)
- Go-Live February/March

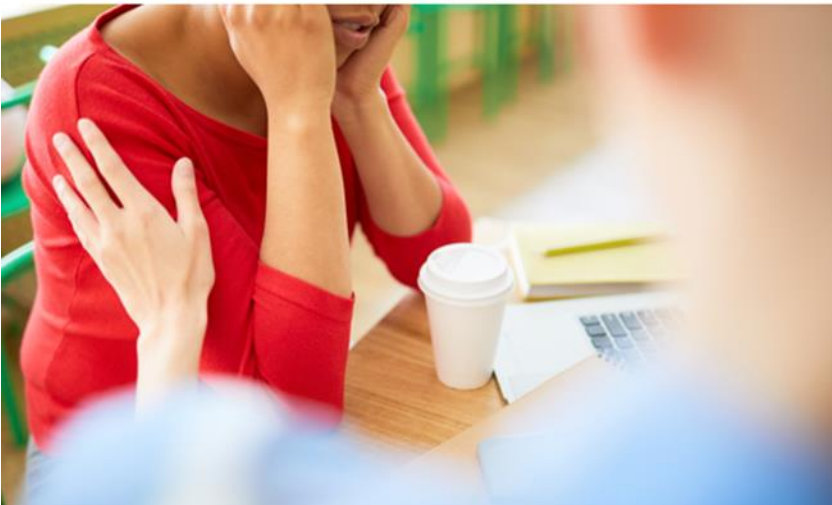
COMING SOON
REPLACING Care For the Caregiver
FEBRUARY 2020





What is Peer Support?

It is a collaboration of your peers who are trained in effective communication skills and active listening skills. A trained peer support person is available to help you process a critical incident or event. This may occur while on shift or even outside of your shift. **IT IS NOT PSYCHOTHERAPY**





Questions?



Wellness Neighborhood referrals include:

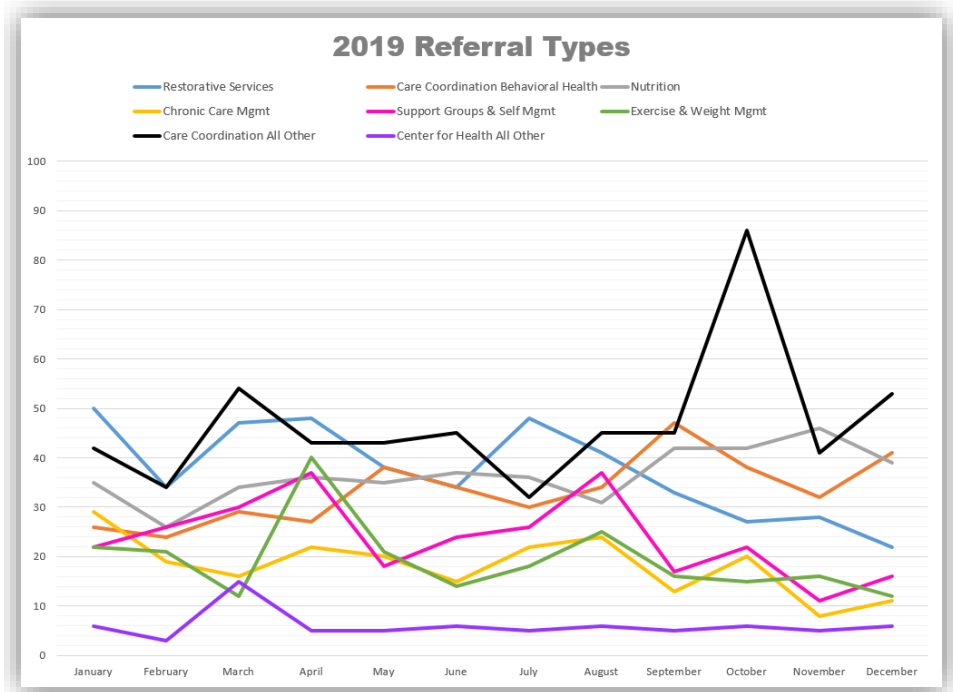
- Care Coordination
- TF Center for Health Services
- Customer Care Navigation

Wellness Neighborhood received 1,955 referrals in 2019 compared to 980 in 2018 (99% increase.)

Top 3 Services Referred to in 2019:

- Care Coordination
- Restorative Services (Mindfulness, Yoga, Biofeedback, Authentic Wellness)
- Nutrition

Once referred to Wellness 35% of patients have engage in TFHS wellness programs or services.



The Customer Care Navigation Team supports patients by improving access to care 7 days a week. Navigators guide patients into TFHS services, health & wellness resources and continue to provide on-going assistance to patients in every step of their wellness journey. The Navigation team “closes the loop” with communication to referring providers and patients.



Board Informational Report

By: Jim Hook
Corporate Compliance
Consultant, The Fox Group

DATE: January 23, 2020

2019 Compliance Program 4th Quarter and Annual Report (Open Session)

The Compliance Committee is providing the Board of Directors (BOD) with a report of the 4th Quarter 2019 Compliance Program activities (Open Session). This report includes the annual report for 2019. The report assists the BOD to meet its obligations to be knowledgeable about the content and operation of the seven components of the Compliance Program.

OPEN SESSION

Period Covered by Report: **January 1, 2019- December 31, 2019**
Completed by: James Hook, Compliance Officer, The Fox Group

1. Written Policies and Procedures

1.1. The District's Corporate Compliance Policies and Procedures are reviewed and updated as needed. In the 4th Quarter, the following policies were reviewed with recommendations by the Compliance Department:

- 1.1.1. AIT-100 TFHD Network Usage Policy (NUP)
- 1.1.2. ABD-24 TFHD Professional Courtesy Policy
- 1.1.3. Numerous Physician Employment Policies

2. Compliance Oversight / Designation of Compliance Individuals

2.1. Corporate Compliance Committee Membership as of December 31, 2019:

Jim Hook, The Fox Group – Compliance Consultants
Judy Newland, RN – Chief Operating Officer
Karen Baffone RN- Chief Nursing Officer
Harry Weis – Chief Executive Officer
Crystal Betts – Chief Financial Officer
Jake Dorst – Chief Information and Innovation Officer
Alex MacLennan – Chief Human Resources Officer
Matt Mushet – In-house Legal Counsel
Stephanie Hanson, RN – Compliance Analyst
Temera Royston, Health Information Management Director
Scott Baker, Vice President of Physician Services
Todd Johnson, Privacy Officer and Risk Manager

3. Education & Training

- 3.1. All employees are assigned HIPAA and Compliance Program training via Health Stream.
- 3.2. All new employees receive the Tahoe Forest Health System Code of Conduct during preplacement. Annual re-attestation for existing employees was assigned as part of the annual evaluation process in the 4th quarter of 2019. 99.8% percent of employees re-attested to the Code of Conduct.
- 3.3. Code of Conduct and Health Stream compliance and privacy training for new Medical staff members and physician employees are completed as part of initial orientation.

OPEN SESSION

4. Effective Lines of Communication/Reporting

- 4.1. A Compliance log is maintained for all calls to the Compliance Hotline and other reports made to the Compliance Department. No reports were made either directly to the Compliance Department or through the hot line in the 4th Quarter of 2019. Nine reports were made during 2019.
- 4.2. HIPAA violations are reported to the Privacy Officer. The Privacy Officer maintains a log of reported events and investigations. Six reports were made to the Privacy Officer in the 4th Quarter of 2019. A total of 38 reports were made in 2019
- 4.3. The Compliance Department published two articles in the Pacesetter in the 4th Quarter of 2019, and a total of five article for the year.

5. Enforcing Standards through well-publicized Disciplinary Guidelines

- 5.1. The percentage of completion of Health Stream corporate compliance and HIPAA privacy modules by new employees hired in the 4th Quarter of 2019 was 99.6%. 99.8% percent of employees completed the corporate compliance and HIPAA privacy modules for 2019.
- 5.2. All new staff hires, and newly privileged physicians, receive criminal background checks and are checked against the OIG and GSA list of exclusions prior to hiring/appointment. Members of the Medical Staff are checked against the OIG/GSA exclusion lists each month. All employees are screened against the OIG/GSA exclusion list every quarter. All vendors are checked continuously using the vendor credentialing program.

6. Auditing &Monitoring

- 6.1. Five audits were completed during the 4th Quarter of 2019 as part of the 2019 corporate compliance work plan.
 - 6.1.1. An audit of documentation of medications used in surgical cases, as recorded in the anesthesia medical record, compared to the records of Pyxis medication dispensing system, showed discrepancies between the records in 75% of the 30 cases audited.
 - 6.1.2. An audit of payments to physicians in the 2nd calendar quarter of 2019 for hospitalist, emergency department coverage, medical administrative duties and professional services showed no discrepancies in the 300 payments reviewed.
 - 6.1.3. An audit of access to a sample of medical records of hospital employees did not reveal any obvious inappropriate access by hospital staff members.

OPEN SESSION

- 6.1.4. An audit of admissions and the 2-midnight rule showed August Medicare Admits not meeting IP criteria: 6.6%; September Medicare Admits not meeting IP criteria: 0.0%. A new DOT phrase for physicians to use when a patient is discharged prior to 2 midnights, describing reason for early discharge, was developed.
- 6.1.5. An audit of documentation of physician certification of the necessity for admission to the skilled nursing facility showed 100% compliance with this documentation for 2019.
- 6.1.6. Seven additional audits were completed in the first three quarters of 2019, and were reported previously.

7. Responding to Detected Offenses & Corrective Action Initiatives

- 7.1. Investigations of suspected and actual compliance issues incidents were initiated. Some investigations revealed no violations; others required remediation and refunds to payers. Remediation measures included: additional staff training, changes in processes, and updated policies and procedures were implemented to prevent further violations.

8. Routine Compliance Support

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

**TAHOE FOREST HOSPITAL SYSTEM
CORPORATE COMPLIANCE PROGRAM
2020 TFHS WORK PLAN**

Tahoe Forest Hospital System is committed to full compliance with all applicable laws, rules and regulations, and to conduct itself with the highest level of business and community ethics and standards.

Objectives identified for focus in the current year relate to the elements of an effective compliance program as defined in the Federal Sentencing Guidelines, items identified in the OIG’s ongoing Work Plan, and risk areas identified by the Tahoe Forest Health System.

OBJECTIVE / ACTION	Assigned To	GOAL	ACTION COMPLETION TARGET				STATUS
			1 ST Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
1. Policies & Procedures							
A. Identify, review and revise P&Ps related to Compliance 1. Review policies as required/requested.	CCO/CCA	Policy approval	X	X	X	X	
2. High Level Oversight							
A. Corporate Compliance Officer provides quarterly and annual compliance reports to the Board of Directors. Report.	CEO/CCO	Quarterly and Annual report to Board	X	X	X	X	
B. Board Evaluation of Corporate Compliance Program	CEO/CCO	Evaluation of Compliance Program				X	
C. Compliance Committee Evaluation of Compliance Program	Compliance Committee	Evaluation of Compliance Program				X	
3. Education, Training, & Communication							
A. Education and Training to the Code of Conduct via Health Stream new staff only (C of C)	CHR	100% completion of C of C training	X	X	X	X	
B. Annual Attestation to the Code of Conduct: existing Employees and Physician	CHR/CCO/CCA	100% completion of C of C training				X	
C. Health Stream training content related to compliance and HIPAA	CHR/CCO/CCA	100% completion of Compliance/ HIPAA Training	X	X	X	X	
D. BOD compliance training program	CCO	Annual training for Board of Directors		X			
E. Annual compliance training for Directors, Managers and Supervisors	CCO/CCA	Annual/Update training		X			
F. Medical Staff annual compliance update via Health Stream	CHR	Annual update completed		X			

**TAHOE FOREST HOSPITAL SYSTEM
CORPORATE COMPLIANCE PROGRAM
2020 TFHS WORK PLAN**

			ACTION COMPLETION TARGET				STATUS
OBJECTIVE / ACTION	Assigned To	GOAL	1 ST Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
G. Bi-monthly communication to staff using the Pacesetter/other methods (Privacy, Non-discrimination, compliance reporting, etc.)	CCO/CCA	Articles published	X	X	X	X	
H. Compliance Training for high-risk departments (as identified during calendar year)	CCO/CCA	Targeted training completed	X	X	X	X	
I. Supplier Code of Conduct	Mat Mgr./CCO	Distribute to all Vendors annually	X	X	X	X	
4. Monitoring and Auditing		Audit and Monitoring Source					
		Internal Audit	External Audit	1ST Qtr	2nd Qtr	3rd Qtr	4th Qtr
A. Hospital: Patient admission Criteria/appropriate patient status (2 midnight rule)	CNO/CCA	X				X	
B. Skilled Nursing Facility Certification:	Director of Nursing (ECC)/CCA	X				X	
C. Hospital: Physician credentialing	CEO/Med Staff Dir		X				X
D. Physician payment audit (10 per quarter)	CCO	X		X	X	X	X
E. Employee Access Audit-Varian, NTT, EPIC	PRIVACY OFFICER/CCO/CCA	X			X		
F. Anesthesia administration record vs. Pyxis entries	CNO/Dir of Surg/Dir of Pharmacy	X		X			
G. Home Health documentation for PPS, including documentation of face-to-face visits and new COPs (pending release of new COPs)	CNO/Dir of Trans Scvs.	X		X	X	X	X
H. External Audit for ICD 10 Coding	CFO/Dir HIM		X		X		X
I. MSC/Clinic/Hospitalists/Cancer Center E/M billing and medical records audit	CFO/Dir HIM		X	X			

**TAHOE FOREST HOSPITAL SYSTEM
CORPORATE COMPLIANCE PROGRAM
2020 TFHS WORK PLAN**

			ACTION COMPLETION TARGET				STATUS
OBJECTIVE / ACTION	Assigned To	GOAL	1 ST Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
Monitor and Audit, con't		Internal and Monitoring Source Audit	1 ST Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
J. Medical record documentation and billing for Transitional Care Management/Chronic Care Management	CNO/CCA	X	X				
K. Hospice Billing: refunds for cases exceeding the inpatient and outpatient caps	CNO/Dir Hospice				X		
L. Rural Health Clinic Billing	Dir of Rev Cycl.			X			
5. Response, Investigation, Corrective Action, Reporting							
A. Respond, investigate, and follow up all Hotline calls/complaints within 30 days.	CCO	100% within 30 days					Ongoing
B. HIPAA 2019 annual report of unauthorized disclosures to HHS	CFO	Timely Submission	X				
6. Enforcement and Discipline							
A. Enforce Exclusion policy for employees, medical staff and vendors	CHR/CCO	Audit for compliance					Ongoing
7. Responding Promptly to Detected Offenses and Undertaking Corrective Action							
A. Respond, investigate, and report to State and Federal authorities for HIPAA and other Compliance issues	CCO/CFO	100% timely completion					Ongoing