TAHOE FOREST HOSPITAL DISTRICT

2017-04-27 Regular Meeting of the Board of Directors

Thursday, April 27, 2017 at 4:00pm

Truckee Tahoe Unified School District (TTUSD)

11603 Donner Pass Road, Truckee, CA 96161

Meeting Book - 2017-04-27 Regular Meeting of the Board of Directors

Agenda Packet Contents

REGULAR MEETING OF THE BOARD OF DIRECTORS

AGENDA

Thursday, April 27, 2017 at 4:00 p.m.

Tahoe Truckee Unified School District (TTUSD) Office
11603 Donner Pass Rd, Truckee, CA

1. **CALL TO ORDER**

2. **ROLL CALL**

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

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

5. **CLOSED SESSION**
   - **5.1. Hearing (Health & Safety Code § 32155**)
     Subject Matter: Corporate Compliance Report – Closed Session
     Number of items: One (1)
   - **5.2. Approval of Closed Session Minutes**◈
     3/23/2017, 04/19/2017
   - **5.3. TIMED ITEM – 5:00PM – Hearing (Health & Safety Code § 32155**)
     Subject Matter: 2016 Annual Quality Assurance Performance Improvement Report – Closed Session
     Number of items: One (1)
   - **5.4. TIMED ITEM – 5:30PM – Hearing (Health & Safety Code § 32155**)◈
     Subject Matter: Medical Staff Credentials

6. **DINNER BREAK**

   APPROXIMATELY 6:00 P.M.

7. **OPEN SESSION – CALL TO ORDER**

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

9. **CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**

10. **INPUT – AUDIENCE**
    This is an opportunity for members of the public to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board

◈ Denotes Action Item

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 may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

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

12. ACKNOWLEDGMENTS

12.1. April 2017 Employee of the Month .....ATTACHMENT
12.2. National Volunteer Week – April 23-29.....ATTACHMENT
12.3. National Nurses Week – May 6-12 (Nurses Day – May 6)
12.4. National Hospital Week – May 7-13

13. MEDICAL STAFF REPORT◈

13.1. Medical Staff Report .....ATTACHMENT

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
3/23/2017, 4/18/2017-04/19/2017.....ATTACHMENT
14.2. Financial Report
14.2.1. Financial Report- March 2017.....ATTACHMENT
14.3. Contracts
14.3.1. Catherine Colpitts, M.D. – Professional and Hospitalist Services Agreement.....ATTACHMENT
14.4. Staff Reports (Information Only)
14.4.1. CEO Board Report .....ATTACHMENT
14.4.2. COO Board Report.....ATTACHMENT
14.4.3. CNO Board Report.....ATTACHMENT
14.4.4. CIO Board Report .....ATTACHMENT
14.4.5. CMO Board Report.....ATTACHMENT

15. ITEMS FOR BOARD ACTION◈

15.1. Code of Conduct .....ATTACHMENT
The Board of Directors will review and consider for approval a Code of Conduct policy.
15.2. Resolution 2017-03.....ATTACHMENT
The Board of Directors will review and consider for approval a resolution outlining Tahoe Forest Hospital District's support and contribution for a local workforce housing program.

16. ITEMS FOR BOARD DISCUSSION

16.1. Board Education
16.1.1. End of Life Act .....ATTACHMENT
The Board of Directors will receive education on TFHD's End of Life Act policy.
16.1.2. Legislative Update

Ted Owens, TFHD Executive Director of Governance and Community Development, will educate the Board of Directors on proposed legislation changes at the State and Federal level.

16.2. Board Strategic Goals Discussion

The Board of Directors will have a discussion on their strategic goals and where they would like to see TFHD in five years.

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

18. BOARD COMMITTEE REPORTS/RECOMMENDATIONS FOR DISCUSSION AND/OR ACTION

18.1. Community Benefit Committee Meeting – 03/27/2017 ..... ATTACHMENT
18.2. Finance Committee Meeting – 04/25/2017 ..... ATTACHMENT
18.3. Personnel Committee Meeting – No meeting held in April.
18.4. Quality Committee Meeting – No meeting held in April.
18.5. Governance Committee Meeting – No meeting held in April.

19. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS

20. ITEMS FOR NEXT MEETING

21. BOARD MEMBERS REPORTS/CLOSING REMARKS

22. CLOSED SESSION CONTINUED, IF NECESSARY

23. OPEN SESSION

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

25. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is May 25, 2017 at 11603 Donner Pass Rd., Truckee, CA. 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.

Employee of the Month, April 2017
Enedina Guerrero, EVS Aide- EVS IVCH

We are honored to announce Enedina Guerrero, EVS Aide, EVS IVCH as our April Employee of the Month. Enedina has worked in the Incline Village Community Hospital for almost 10 years. She is one of two EVS Aides that take care of all IVCH. She is always there for others when they need a helping hand. She provides a sense of comfort in her pleasant and easy-going demeanor.

Enedina demonstrates quality and excellence thought her hard work and long hours she provides to IVCH. She is truly understanding in her interactions with both patients and other employees. She is always there to help patients with ease and comfort. Enedina is a wonderful team player when she helps other employees throughout the hospital.

Enedina meets and exceeds the definition of the TFHS mission and values but most of all has been an asset to Incline Village Community Hospital in going above and beyond the call of duty.

Please join us in congratulating all of our Terrific Nominees!

Amelia Espinoza- Medical Assistant, MSC-Urology
Tena Mather- Pharmacist Cl Prog Analyst, Inpatient Pharmacy

2017 National Healthcare Volunteer Week

CELEBRATE NATIONAL HEALTHCARE VOLUNTEER WEEK

April 23-29, 2017

President Richard Nixon established National Volunteer Week with an executive order in 1974, as a way to recognize and celebrate the efforts of volunteers. Every sitting U.S. president since Nixon has issued a proclamation during National Volunteer Week (as have many U.S. mayors and governors).

Since then, the original emphasis on celebration has widened; the week has become a nationwide effort to urge people to get out and volunteer in their communities. Every April, charities, hospitals, and communities recognize volunteers and foster a culture of service.

Join your peers nationwide during the 2017 National Healthcare Volunteer Week, April 23-29, in celebrating and recognizing your volunteers' efforts to advance your organization.

This is an opportunity for you to recognize the integral role volunteers play in advancing patient engagement and quality care.

MEDICAL EXECUTIVE COMMITTEE
CONSENT AGENDA
Thursday, April 27, 2017

REFERRED BY:	AGENDA ITEMS	OVERHEAD/ ATTACHMENT	RECOMMEND
MEDICAL STAFF	**During the April 20, 2017 Medical Executive Committee meeting, motion was made, seconded, and carried to recommend approval of the following to the Board of Directors:**		
1. Executive Committee	The Executive Committee recommends approval of the following: ➢ End of Life Option Act – Expand policy to include the Extended Care Center.		Recommend approval
	➢ Allied Health Professional Guidelines (revised)		Recommend approval
2. Quality Assurance Committee	➢ Cancer Registry Quality Control Policy DHIM-74 ➢ Transfusion Services Policies and Procedures ➢ Clinical Laboratory Quality Plan ➢ Alternate Life Safety Measures Program AEOC-909 ➢ Emergency Management Plan AEOC-14 ➢ 2016 Annual IVCH & TFH CAH Report ➢ 2016 Environment of Care Annual Report		Recommend approval
3. Surgery Department 4. Anesthesia Department	• Dietary & MNT • Perioperative Services - ASD - PACU - OR - IVCH - Special Procedures Room - Sterile Processing Department • Anesthesia		Recommend approval

TAHOE FOREST HOSPITAL DISTRICT

GUIDELINES FOR ALLIED HEALTH PROFESSIONALS AND STANDARDIZED PROCEDURES

~~2015~~2017~~6~~

GUIDELINES FOR ALLIED HEALTH PROFESSIONALS AND

STANDARDIZED PROCEDURES

TABLE OF CONTENTS

Page

Formatted: Normal

Formatted: Font: (Default) Times New Roman, 12 pt, Check spelling and grammar

Formatted: Font: (Default) Times New Roman, 12 pt, Check spelling and grammar

Formatted: Normal

Commented [KMD1]: If goal is to have same credentialing standards for all AHPs, regardless of employment status, does it still make sense to have different terminology for employed AHPs? Why not just call it "credentialed/recredentialed" for both types? AHPs are not "appointed" in the true sense. This change has been made throughout. We can discuss if this does not work for the Hospital.

GUIDELINES FOR ALLIED HEALTH PROFESSIONALS AND STANDARDIZED PROCEDURES

1. PROTOCOL FOR CONSIDERATION OF ALLIED HEALTH PROFESSIONAL CATEGORIES

1.1 Policy

It is the policy of Tahoe Forest Hospital District ("the Hospital") to give appropriate consideration to the question of whether a given category of Allied Health Professionals should be permitted to practice on its premises in Allied Health Professional status. The question will be addressed with respect to a particular category if the Hospital receives a serious expression of interest from the Hospital Administration, a member of the Board of Directors, or a committee or member of the Medical Staff.

The decision whether to accept or reject an Allied Health Professional category will rest with the Board of Directors ("the Board"). To assist the Board in making its decision, the Hospital adopts the procedures in these Guidelines, which are designed to provide the Board with complete information about the relevant issues and to afford all interested persons an opportunity to make their views known. The procedures described herein are intended to serve as guidelines, and may be varied for good cause in a particular case.

1.2 Procedure

A. The Board or the Administration will refer the matter to the appropriate Hospital body for review and recommendation. This may be, for example, the Administration itself, a standing or ad hoc Medical Staff or Department Committee, or a standing or ad hoc Hospital Committee. The Medical Executive Committee, on its own initiative, may also consider whether a particular category should be accepted, and make a recommendation accordingly to the Administration and the Board.

B. The body chosen will investigate the matter, including soliciting the views of those most directly involved and those able to assist it with its inquiry. This may include, for example, members of the Allied Health Professional category under consideration, any Medical Staff members who might provide supervision, practitioners from related areas, other Hospital or Medical Staff personnel, representatives from licensing or certification agencies, representatives from professional associations, insurers, or members of the interested public.

C. On the basis of its review, the body will make a recommendation to the Board or the Administration, as appropriate, to be accompanied by a report describing the underlying reasons for the recommendation. If the Administration initiated the review, it may present the matter to the Board with its own report and recommendations.

D. The Board will review the recommendation(s) and report(s) and will decide whether to hold an open forum before rendering a decision on behalf of the Hospital.

(1) Any open forum shall be designed to permit the Board to receive comments directly from interested persons inside and outside the Hospital. Comments shall be submitted in writing unless the Board decides to hold an oral proceeding.

(2) If the Board decides to hold an oral proceeding, it will conduct the proceeding as a meeting, at which interested persons are permitted to address comments to the Board according to guidelines established by the Board.

(3) Notice of any open forum, whether or not an oral proceeding is involved, shall be posted in appropriate locations in the Hospital and shall be sent, insofar as is practical, to all persons who have demonstrated an interest in the matter. The notice shall describe the action being considered, the recommendation received by the Board, and the process for participating in the open forum. It shall include a copy of the report(s) received by the Board or shall state where a copy may be obtained.

E. When the Board is satisfied that it has received sufficient information, it shall render its final decision on the matter in the form of a resolution. The Board of Directors shall issue a concise statement of the reasons for its decision, and shall indicate how various comments, arguments, and points of view were considered in arriving at its decision.

2. GENERAL STANDARDS FOR ALLIED HEALTH PROFESSIONALS

2.1 In General

A. Applicability

Generally, these ~~standards~~ Guidelines apply to non-employee practitioners who are accorded Allied Health Professional status at the Hospital and who are under the jurisdiction of the Medical Staff. These ~~standards~~ Guidelines do not apply to practitioners who are employed by the Hospital, or who, although in Allied Health Professional status, have been placed by the Hospital and Medical Staff under the jurisdiction of Hospital Administration, with the exception of~~.~~ Section ~~77~~76, which describes the application of these Guidelines to Hospital-employed Allied Health Professionals. In addition, the ~~standards~~ Guidelines pertaining to credentialing and review in Sections 2.2~~2C 2A – 2.2J 2K and 2.2N 2M – 2.2P~~ and 2.4 apply to all Allied Health Professionals, regardless of their employment status.

Commented [KMD2]: Note: section 7.1, below states that only 2.2C-J and N-P apply to employed AHPs, but this states 2.2A-K and M-P. Alternatively, it may be simply to just refer to section 2.2 as a whole, since the sections you seek to exclude already are qualified by the phrase "if required." Let's discuss this.

B. Terminology

Under these Guidelines, non-employed Allied Health Professionals ~~under the jurisdiction of the Medical Staff undergo "appointment" and "reappointment" to "AHP status," whereas employed Allied Health Professionals~~ undergo ~~a~~ "credentialing" and "recredentialing" as an

Allied Health Professional at the Hospital. ~~process under the Medical Staff and also as part of the procedures of the Human Resources Department~~.

Commented [KMD3]: If goal is to have same credentialing standards for all AHPs, regardless of employment status, does it still make sense to have different terminology for employed AHPs? Why not just call it "credentialed/recredentialed" for both types? AHPs are not "appointed" in the true sense.

2.2 Standards

In order to qualify for initial and ongoing Allied Health Professional status at the Hospital, an Allied Health Professional shall:

A. Belong to an Allied Health Professional category that has been admitted to practice at the Hospital by the Board of Directors. The categories which have been so admitted are listed in Exhibit A;

B. Meet one of the following requirements:

(1) Belong to an Allied Health Professional category that is not subject to any exclusive contract or panel arrangement with the Hospital; or

(2) Be accepted by the Hospital as part of any exclusive contract or panel arrangement that applies to the Allied Health Professional's category;

C. Possess any license or certificate required under the laws of California and/or Nevada, as applicable, for his or her category;

D. Possess and document the background, training, experience, judgment, ability, and physical and mental health necessary to demonstrate with sufficient adequacy that he or she is able to provide professional services as requested and authorized in accordance with generally recognized professional standards of quality and efficiency;

E. Provide at least one recent professional reference from a previous hospital, chief, or department chair;

Commented [KMD4]: This is required by HFAP standards 05.01.13, 05.01.16, and 05.03.01, which together require AHPs to be privileged through the same process as medical staff members, require at least one letter of reference, and have certain requirements for the letter of reference in the case of temporary privileges (these are included here so that privileging requirements are consistent for initial and temporary privileges).

~~E.~~F. Adhere strictly to generally recognized standards of professional ethics;

~~F.~~G. Be capable of working cooperatively with others in furtherance of high quality patient care and efficient hospital operations;

~~G.~~H. Perform services for patients at the Hospital in conjunction with the Medical Staff member responsible for the patient's care;

~~H.~~I. Comply with all Hospital, Medical Staff and department bylaws, rules and regulations, and protocols, to the extent applicable to the Allied Health Professional;

~~I.~~J. Comply with the duties described in Section 11.2~~11.2~~11.2~~10.2~~ of these Guidelines

~~J.~~K. Be willing to participate in the discharge of administrative responsibilities as reasonably determined by the Medical Staff and the Allied Health Professional's department;

~~K.~~L. Maintain professional liability insurance with a suitable insurer, with the minimum limits as determined by the Medical Executive Committee and the Board;

~~L.~~M. Pay a non-refundable application fee, if required;

~~M.~~N. Pay annual dues and assessments, if required;

~~N.~~O. Meet any specific requirements established by the applicable department, the Medical Executive Committee or the Board for his or her category of Allied Health Professional, including any specific requirements established for his or her category that is set forth in the attached Exhibits hereto;

~~O.~~P. Meet the conditions of any applicable contract with the Hospital; and

~~P.~~Q. Not be excluded from participation in any federally funded health care program, including Medicare or Medi-Cal.

2.3 Exception

From time to time, the Chief of the Medical Staff and the Hospital Administrator may jointly decide to approve clinical privilege(s) for specific individuals who do not meet one or more of the requirements described in Sections 2.2A and 2.2B above.

A. Any such privilege(s) shall be requested in writing by a member of the Medical Staff who will assume supervisory responsibility for the Allied Health Professional.

B. The writing requesting approval shall contain a statement of the facts and circumstances justifying each exception requested.

C. Except as otherwise expressly stated in the approval, all of the standards and requirements set forth in this Section 2 shall apply.

2.4 LEAVE OF ABSENCE

AT THE DISCRETION OF THE MEDICAL EXECUTIVE COMMITTEE, AN ALLIED HEALTH PROFESSIONAL~~S~~ MAY REQUEST A LEAVE OF ABSENCE, FOR A PERIOD NOT TO EXCEED A YEAR, BY SUBMITTING A WRITTEN REQUEST TO THE ~~CHAIRMAN OF THE~~ MEDICAL EXECUTIVE COMMITTEE. REQUESTS FOR LEAVES OF ABSENCE THAT ARE MADE BY ALLIED HEALTH PROFESSIONALS SHALL BE PROCESSED IN THE SAME MANNER AS REQUESTS MADE BY MEDICAL STAFF MEMBERS, IN ACCORDANCE WITH THE MEDICAL STAFF BYLAWS. THERE SHALL BE NO RIGHT TO A LEAVE OF ABSENCE; NOR SHALL THERE BE ANY PROCEDURAL RIGHTS

ASSOCIATED WITH FAILURE TO OBTAIN APPROVAL FOR A REQUESTED LEAVE.

Commented [KMD5]: These changes match the leave of absence provision in the medical staff bylaws.

3. PROTOCOL FOR NON-EMPLOYED ALLIED HEALTH PROFESSIONAL ~~APPOINTMENT~~ CREDENTIALING AND REVIEW

3.1 Terms of Allied Health Professional Status

A. All non-employed Allied Health Professionals shall receive annual skills/competence assessments and shall ~~have~~ be credentialed ~~two-year appointment~~ (pursuant to Section 3.2) and recredentialed~~reappointment~~ (pursuant to Section 3.3) terms.

3.2 ~~Appointment~~ Credentialing Procedures

A. Every Allied Health Professional seeking ~~appointment to~~credentialing as an Allied Health Professional ~~status~~ at the Hospital shall make an application on a prescribed form. Failure to complete the application shall preclude consideration of it. An applicant who fails to respond adequately to any request for further information during the review process will be deemed not to have completed the application.

B. The Hospital will request from the Medical Board of California or other appropriate board, if any, verification of current licensure status of the applicant. The National Practitioner Data Bank ("NPDB") shall be queried.

C. The application and all supporting materials shall be forwarded to the responsible department chair or designee. The department chair or designee shall review the application and all supporting material, may arrange for a personal interview of the applicant, and shall make a recommendation concerning Allied Health Professional status, "clinical privileges" (specified services that may be performed),and any special conditions to be attached.

D. The department chair or designee shall forward his or her recommendation to the ~~chairman of the~~ Interdisciplinary Practice Committee chair or designee, along with any supporting documentation. The ~~chairman of the~~ Interdisciplinary Practice Committee chair or designee shall review all pertinent information, may arrange for a personal interview of the applicant, and shall formulate ~~its~~ his or her recommendation on the application.

Commented [KMD6]: Change to match language relating to department "chair or designee."

E. The chairman of the Interdisciplinary Practice Committee shall forward ~~its~~ his or her recommendation to the Medical Executive Committee, along with any supporting documentation. The Medical Executive Committee shall review all pertinent information and shall formulate its recommendation to the Board of Directors.

F. If its recommendation is adverse to the Allied Health Professional, the Medical Executive Committee shall immediately inform the Allied Health Professional and shall hold the decision~~it~~ in abeyance until the Allied Health Professional has exercised or waived his or her right to review set forth in Section 4.2~~4.2~~4.2~~4.2~~ below. If the Allied Health Professional exercises his or her right to review, the Hospital and the Allied Health Professional shall follow the prescribed procedure. If the Allied Health Professional waives his or her right to review, the Medical Executive Committee shall forward its recommendation to the Board of Directors for a final decision.

G. If its recommendation is favorable to the Allied Health Professional, the Medical Executive Committee shall forward it, together with any supporting documentation, to the Board for its ultimate decision. Provided, however, if the Board is disposed to deny the Allied Health Professional's application, it shall arrange, prior to rendering its final decision, for a review in which the Allied Health Professional participates, under procedures determined by it.

3.3 ~~Reappointment~~ Recredentialing Procedures

A. At least ~~ninety~~ one hundred and twenty (~~90~~120) days prior to the expiration of current Allied Health Professional status, the Allied Health Professional shall receive an application for ~~reappointment~~ recredentialing on a prescribed form. The Allied Health Professional shall complete the form, including a request for the renewal or modification of clinical privileges. Failure to complete and return the form in a timely manner may result in termination of Allied Health Professional status, including clinical privileges, as of the date of expiration.

B. The procedures for evaluation of an application for ~~reappointment~~ recredentialing ~~or re-credentialing~~ shall be identical to those set forth in Section 3.2 above for an application for initial credentialing ~~appointment~~. ~~or credentialing for employment~~.

~~C. If the consideration of an application for reappointment that was submitted in a timely fashion has not been completed by the time that Allied Health Professional status expires, the Allied Health Professional may be reappointed with renewed clinical privileges on a short-term basis, for good cause, until a final decision has been made.~~

3.4 Procedure for Requesting Additional Clinical Privileges

A. An Allied Health Professional may request additional clinical privilege(s) at any time by filing a written request, together with supporting documentation.

B. The procedures for evaluation of a request for additional clinical privilege(s) shall be identical to those set forth in Section 3.2above for

Commented [KMD7]: Change to match medical staff bylaws

Formatted: Font: Not Bold

Formatted: Font: Not Bold

Commented [KMD8]: Note medical staff bylaws state "4 months prior"; if goal is to match medical staff bylaws, may want to change this, as well.

~~appointment~~ credentialing as an~~to~~ Allied Health Professional ~~status~~at the Hospital.

3.5 Temporary Clinical Privilege(s)

~~A.~~ A. The Hospital Administrator and the Chief of the Medical Staff, after consultation with the department chair and any supervising physician, may grant an Allied Health Professional temporary clinical privilege(s) if he or she meets the applicable requirements under ~~5.4-1 of the Medical Staff Bylaws~~ section 2.2 of these Guidelines. ~~presents satisfactory evidence of any required licensure or certification, malpractice insurance coverage, and sufficient additional information concerning the ability to exercise the clinical privilege(s) requested. The Hospital will query the NPDB before such privileges are granted.~~

~~B.~~A. Temporary clinical privilege(s) may be granted in any of the following circumstances following receipt of a complete application for Allied Health Professional status:

(1) ~~Temporary clinical privilege(s) may be granted upon preliminary review of a complete application for initial appointment to Allied Health Professional status,~~ During the pendency of review and consideration of a preliminary application for Allied Health Professional status, but only after completion of the processes set forth in Sections 3.2(A)-(D) of these Guidelines, to last for one or more specified periods or for as long as the application is pending, but not to exceed ~~90~~120~~120~~ days;

(2) ~~Temporary clinical privilege(s) may be granted, upon receipt and review of the form normally used for an application for Allied Health Professional status, for~~ For the care of patients as locum tenens ~~for a specified Allied Health Professional~~ at the Hospital, for a designated period that may not exceed ~~three (3) months~~ ~~90~~120 days ~~at any single time~~..

(3) To assist with care of a specific patient for a designated period that may not exceed ~~90~~120 days.

(4) In times of emergency and/or disaster for a designated period that may not exceed ~~90~~120 days.

~~(2)~~

~~C.~~B. An Allied Health Professional who is granted temporary clinical privilege(s) shall be subject to observation under ~~procedures established by the appropriate department~~ Section 6. of these Guidelines.

~~D.~~C. The Hospital Administrator or the Chief of the Medical Staff may, at any time, suspend or terminate an Allied Health Professional's temporary clinical privilege(s).

Commented [KMD9]: Although the circumstances for temporary privileges are unique, there doesn't seem to be a reason why the standards for these practitioners are different than for non-temporary AHP privileges (with possible exception of 2.2(A) and (B), which state that AHPs must be in certain categories; not sure if want more flexibility here for temporary privileges.)

However, HFAP standard 05.03.01 states in the explanation that "AHPs will be privileged through the medical staff process," and 05.01.16 regarding temporary privileges requires "at least one reference from a previous hospital, chief, or department chair." Also changed section 2.2 to require this for initial privileging, to avoid inconsistency.

Commented [KMD10]: This is required by HFAP standard 05.01.16

Commented [KMD11]: Change to match medical staff bylaws

Commented [KMD12]: HFAP standard 05.03.01 states that cannot have sequential periods; deleted this to avoid possible confusion.

Formatted: DWTNorm, Indent: Left: 1", No bullets or numbering

Formatted: Font: (Default) Times New Roman, 12 pt, Font color: Auto

Formatted: DWTNorm, Indent: Left: 1"

~~E.~~D. An Allied Health Professional shall not be entitled to any of the review rights set forth in these Guidelines in the event that a request for temporary clinical privilege(s) is denied or in the event that temporary clinical privilege(s) are suspended or terminated, except as required by law.

4. CORRECTIVE ACTION AND HEARING RIGHTS

4.1 Corrective Action

A. A department chair, the ~~c~~Chair~~man~~ of the Interdisciplinary Practice Committee, the Chief of the Medical Staff, the Hospital Administrator, or the Board may make a request to the Medical Executive Committee for an investigation or corrective action whenever an Allied Health Professional engages in conduct that is perceived to be harmful to patient safety, detrimental to the delivery of quality patient care, in violation of applicable rules, policies, or these Guidelines, or disruptive of Hospital operations. The request shall be in writing and shall be supported by reference to the conduct or activities at issue.

B. The Medical Executive Committee may appoint an ad hoc committee to carry out an investigation. Any such ad hoc committee shall proceed in a prompt manner with the investigation, which may include an informal meeting with the Allied Health Professional. At the conclusion of its investigation, the ad hoc committee shall forward a report, together with any recommendation for corrective action, to the Medical Executive Committee.

C. The Medical Executive Committee shall consider the report and recommendation of any ad hoc committee and shall make its own recommendation concerning any corrective action.

D. In the event that the Medical Executive Committee recommends suspension or termination of Allied Health Professional status or reduction in clinical privilege(s), the Allied Health Professional shall be entitled to a review under Section 4.2. If the Allied Health Professional waives his or her right to a review, the matter shall be forwarded, together with the supporting materials, to the Board for a final decision.

E. In the event that immediate action is deemed necessary in the interests of patient care or hospital operations, any person or administrative body entitled to request an investigation or corrective action under Section 4.1~~.~~ ~~A~~above may restrict or suspend an Allied Health Professional's status or clinical privilege(s) immediately. The Allied Health Professional then shall have the right to meet informally as soon as practicable with the Medical Executive Committee, which shall have the authority to continue, modify, or terminate the restriction or suspension. In the event that the restriction or suspension is not lifted the Allied Health Professional shall

have the right to obtain review under Section 4.2below. The restriction or suspension shall remain in effect pending any such review.

F. The Allied Health Professional's status and clinical privileges shall be subject to automatic suspension, restriction, revocation, or other action as follows:

(1) If the Allied Health Professional's state license or other legal credential authorizing practice, certificate from the U.S. Drug Enforcement Agency ("DEA"), or provider status in a government-funded program is suspended, restricted, placed on probation, or revoked, his or her status and clinical privileges shall automatically be affected in the same manner.

(2) If an Allied Health Professional fails to comply with the Hospital's requirements for timely and adequate completion of medical records, his or her privileges may be automatically suspended pending resolution of the problem.

(3) If there is a lapse in the Allied Health Professional's maintenance of professional liability insurance as required by the Hospital, his or her privileges shall be automatically suspended until the requisite coverage is reinstated and documented.

(4) For Allied Health Professionals acting under the supervision of another practitioner, any lapse in the supervising practitioner's willingness or ability to provide such supervision shall result automatically in the suspension of the Allied Health Professional's privileges. This includes, without limitation, termination of the supervising practitioner's medical staff membership or suspension of the applicable privileges, whether such termination or suspension is voluntary or involuntary. Where the Allied Health Professional's privileges are automatically suspended for the reasons specified in this ~~§~~ Section 4.1.F(4), the Allied Health Professional may apply for reinstatement as soon as approved supervision is reinstated, which might necessitate the Allied Health Professional's procurement of another supervising practitioner in good standing who agrees to supervise the Allied Health Professional and receives the necessary privileges or approval to do so.

4.2 Review

A. An Allied Health Professional shall be given the opportunity to have any of the following actions or recommended actions reviewed, according to the procedures described below, before it becomes final and effective (except for a summary restriction which shall be effective immediately):

(1) Denial of an application for ~~appointment or reappointment~~credentialing or recredentialing as an ~~to~~ Allied Health Professional ~~status~~ for quality of care reasons;

(2) Denial of a request for initial or additional clinical privileges (except temporary clinical privileges) for quality of care reasons;

(3) Reduction or suspension for more than 30 days or termination of existing clinical privileges (except temporary clinical privilege(s) for quality of care reasons; or

(4) Suspension for more than 30 days or termination of Allied Health Professional status for quality of care reasons.

B. Notwithstanding Section 4.2.A above, an Allied Health Professional shall have no right to obtain review in any of the following instances:

(1) When an application is denied or not acted upon because it is incomplete;

(2) When an application is denied or not acted upon because the Allied Health Professional is not from a category that the Hospital has accepted for practice on its premises;

(3) When an application is denied or not acted upon, or Allied Health Professional status or clinical privilege(s) is revoked because of the existence of an employment, contractual, panel, or other relationship between the Hospital and one or more other Allied Health Professionals in the affected category which provides for exclusivity or limits the number of Allied Health Professionals in that category who may practice at the Hospital;

(4) When an application is denied or Allied Health Professional status or clinical privilege(s) is revoked because the physician who has agreed or is required by law or Medical Staff policy to act as the Allied Health Professional's supervising physician has given up or been deprived of that status or no longer holds the requisite Medical Staff membership or clinical privileges;

(5) When temporary clinical privileges are denied, suspended, restricted, or revoked under Section 3.5 above; or

(6) When clinical privileges are suspended, restricted, or revoked because of a lapse in licensure, a lapse in insurance, a lapse in DEA registration, a lapse of provider status in a government-funded health program, a lapse of supervision, medical record delinquencies, or other administrative reasons.

Where there is no right to review under the procedures described herein, the Allied Health Professional may be afforded an opportunity to address

the relevant factual issues informally before a final adverse decision is made.

C. The Allied Health Professional shall be notified of his or her right to obtain review as soon as practicable after the Medical Executive Committee has decided to make or recommend an adverse recommendation as described in Section 4.2.A. Notice shall be deemed given when deposited in the United States mail in a properly stamped envelope, certified or registered mail, return receipt requested, or when personally delivered to the Allied Health Professional.

D. To obtain review, the Allied Health Professional shall submit a written request to the Hospital Administrator. Such request must be received within fourteen (14) days of receipt of the notice to the Allied Health Professional. In the event that the Allied Health Professional does not request review in this manner, he or she shall be deemed to have waived any review rights. The matter then shall be forwarded to the Board for a final decision.

E. Review shall be in the form of a meeting with a panel, to be selected in accordance with Section F below. Within a reasonable time in advance of the meeting, the Hospital Administrator shall give the Allied Health Professional written notice of the time and date of the meeting and a written summary of the reasons for the recommendation or action. If appropriate, this summary shall include references to representative patient care situations or to relevant events.

F. The meeting shall be with an ad hoc panel consisting of at least three (3) persons appointed by the Medical Executive Committee. The Medical Executive Committee shall ensure that panel members have not participated earlier in the formal consideration of the case. The Medical Executive Committee shall designate one (1) member of the panel as its chairperson and may include an Allied Health Professional from the appropriate category as a panel member.

G. The panel shall set guidelines to assure that the meeting is held in an orderly manner and that the Allied Health Professional has a reasonable opportunity to challenge the recommendation or action and to respond to the reasons given for it. The guidelines shall allow for the following:

(1) A presentation by a representative of the Medical Executive Committee, in the presence of the Allied Health Professional, of the recommendation or action and the underlying reasons and supporting evidence, together with any additional information that the panel deems necessary.

(2) A presentation by the Allied Health Professional, which may include both an oral and a written statement, together with any other oral or documentary information pertaining to the issues.

(3) The presence of a practitioner who may accompany and represent the Allied Health Professional at the meeting. If possible, this practitioner shall be a member of the Medical Staff or in Allied Health Professional status at the Hospital. The panel in its discretion may permit the Allied Health Professional and the Medical Executive Committee to be accompanied or represented by legal counsel at the meeting. The panel itself may choose to be advised by legal counsel or attorney hearing officer without regard to whether the parties are represented by counsel. The panel shall arrange for any such counsel through the Hospital Administrator.

(4) A record of the meeting to be maintained by the panel in the form of minutes or a tape recording, or through use of a Certified Shorthand Reporter. If a record is maintained by means of a tape recording or a Certified Shorthand Reporter, any party requesting a transcript or copy thereof will bear the cost of its preparation.

H. The panel shall affirm the recommendation or action of the Medical Executive Committee, unless the Allied Health Professional demonstrates, by a preponderance of the evidence~~,~~ that it is arbitrary or unreasonable in light of the evidence presented at the meeting.

I. Following the meeting, the panel shall deliberate and shall issue a written decision and report. A copy of the decision and report shall be provided to the Allied Health Professional, the ~~President~~ Chief of the Medical Staff, and the Board of Directors.

J. The Board of Directors shall consider the decision and report of the panel. In its discretion, the Board of Directors may allow the Medical Executive Committee and the Allied Health Professional to submit written statements to it commenting on the decision and report. The Board of Directors then shall make the final decision on the matter, in accordance with its own procedures.

4.3 Exceptions for Licentiates as Defined by Section 805 of the California Business and Professions Code

If the Allied Health Professional is a "Licentiate" as defined by Section 805 of the California Business and Professions Code (including a clinical psychologist and a physician assistant), and the action or recommendation would be reportable to the state licensing authorities under that statute, the Allied Health Professional shall be afforded the procedural rights described in the Medical Staff Bylaws relating to Medical Staff members.

5.——FAILURE TO PAY DUES/ASSESSMENTS

FAILURE WITHOUT GOOD CAUSE AS DETERMINED BY THE MEDICAL EXECUTIVE COMMITTEE, TO PAY DUES OR ASSESSMENTS SHALL BE GROUNDS FOR AUTOMATIC SUSPENSION OF AN ALLIED HEALTH PROFESSIONAL'S ~~MEMBER'S~~ CLINICAL PRIVILEGES. SUCH SUSPENSION SHALL TAKE EFFECT AUTOMATICALLY IF THE DUES AND

ALLIED HEALTH PROFESSIONAL GUIDELINES

ASSESSMENTS REMAIN UNPAID THIRTY (30) CALENDAR DAYS AFTER THE ALLIED HEALTH PROFESSIONAL ~~MEMBER~~ IS GIVEN NOTICE OF DELINQUENCY AND WARNED OF THE AUTOMATIC SUSPENSION. IF THE ~~MEMBER~~ ALLIED HEALTH PROFESSIONAL STILL HAS NOT PAID THE REQUIRED DUES OR ASSESSMENTS WITHIN SIX (6) MONTHS AFTER SUCH NOTICE OF DELINQUENCY, THE ~~MEMBER'S MEMBERSHIP~~ALLIED HEALTH PROFFESIONAL'S STATUS AND CLINICAL PRIVILEGEES SHALL BE AUTOMATICALLY TERMINATED.

~~5.~~6. OBSERVATION

~~5.1~~6.1 An Allied Health Professional who is initially granted clinical privilege(s) shall automatically be subject to a period of observation, to extend for a minimum of six (6) months or twelve (12) cases, whichever is longer. The observation period shall last a maximum of eighteen (18) months or for such longer time as the department chair may specify, subject to Medical Executive Committee approval. The Allied Health Professional shall not be entitled to a review under Section 4.2of the decision to continue or extend observation. In the event that the department chair has not approved the full exercise of a particular clinical privilege within the established observation period, that clinical privilege shall cease, and the Allied Health Professional shall be entitled to review, upon request, pursuant to Section 4.2above. Provided, however, if the department chair has not given his or her approval due to the failure of the Allied Health Professional to perform a sufficient volume of work at the Hospital to facilitate an adequate evaluation within the time allotted, the Allied Health Professional will be deemed to have forfeited the clinical privilege in question, and shall have no right to review.

~~5.2~~6.2 The Medical Executive Committee, Chair ~~man~~ of the Interdisciplinary Practice Committee, appropriate department chair, Chief of the Medical Staff, or Board of Directors shall have authority at any time to require that an Allied Health Professional be subject to a period of observation to last as long as deemed appropriate, and shall have the authority to adopt any rules or procedures considered necessary to implement this requirement. Such observation requirement does not give rise to the review under Section 4.2, unless the rules or procedures adopted for the observation requirement have the effect of a suspension or reduction of privileges, as specified in Section 4.2A(3).

~~5.3~~6.3 Observation may consist of the methods customarily used at hospitals, including concurrent or retrospective chart review, proctoring, or the requirement of consultation. The observation methods shall be consistent with the Hospital's Ongoing Professional Performance Evaluations (OPPE) standards and Focused Professional Practice Evaluation (FPPE) standards, as adapted to the scope of practice and privileges of the Allied Health Professional.

~~5.4~~6.4 The observer shall be a practitioner on the Medical Staff or in Allied Health Professional status who exercises clinical privileges relevant to the activity being evaluated and who has previously satisfied their observation requirements. ~~Alternatively, the observer may be an outside practitioner with the necessary knowledge and experience.~~ Whenever possible, the observer should not be the

Commented [KMD13]: Why is this change being made? Seems to provide less flexibility, and is not necessary.

sponsoring or supervising practitioner of the Allied Health Professional being observed.

~~6.~~7. ALLIED HEALTH PROFESSIONALS EMPLOYED BY THE HOSPITAL

As noted in Section 2.1A~~2.1A2.1A2.1A~~, these Guidelines apply to practitioners accorded Allied Health Professional status and who are under the jurisdiction of the Medical Staff. In addition, Hospital-employed Allied Health Professionals must be credentialed pursuant to certain procedures in these Guidelines. This Section ~~7776~~ describes in full the application of these Guidelines to Hospital-employed Allied Health Professionals. Except as otherwise specified, the rights, responsibilities, and prerogatives of Hospital-employed Allied Health Professionals shall be governed by the policies and procedures of the Hospital's Human Resources Department, and not by these Guidelines.

~~6.1~~7.1 General Standards for Employed Allied Health Professionals

In addition to any standards required by the Human Resources Department, an Allied Health Professional applying for employment with the Hospital shall satisfy the standards described in Sections ~~2.2.~~2.2C~~2.2C - 2.2J~~2.2J and 2.2N 2.2N – 2.2P~~2.2P~~.

~~6.2~~7.2 Terms of Allied Health Professional Credentialing and Recredentialing

All Hospital-employed Allied Health Professionals shall receive annual skills/competence assessments and shall have two-year credentialing and recredentialing terms. This term shall not affect the evaluation or performance review cycle applicable to the employed Allied Health Professionals under Human Resources Department policies and procedures, which may be more frequent than every two (2) years.

~~6.3~~7.3 Credentialing Procedures

For every Allied Health Professional seeking employment with the Hospital, the procedures described in Sections 3.2A through ~~3.2D~~ 3.2E~~3.2D~~ shall be followed for credentialing of the applicant.

~~Instead of Sections3.2E through 3.2G, the following procedure shall be followed after the Interdisciplinary Practice Committee formulates its recommendation on the application:~~

~~A. The Interdisciplinary Practice Committee shall forward its recommendation to the Medical Executive Committee, along with any supporting documentation.~~

~~B. The Medical Executive Committee shall review all pertinent information and shall formulate its recommendation to the Hospital's Human Resources Department.The recommendation must be presented to the Board of Directors with a written recommendation from the appropriate administrative representative for purposes of employment.~~

~~C.~~A. The applicant has no right of review under Sections 3.2F and 4.2. A right of review, if any, would be pursuant to the policies and procedures of the Hospital's Human Resources Department.

Formatted: Font: Not Bold

Formatted: Font: Not Bold

Formatted: Font: Not Bold

Formatted: Font: Not Bold

Commented [KMD14]: Note: section 2.1, above states that only 2.2A-K and M-P apply to employed AHPs, but this states 2.2C-J and N-P. Alternatively, it may be simply to just refer to section 2.2 as a whole, since the sections you seek to exclude already are qualified by the phrase "if required." Let's discuss this.

Commented [KMD15]: Seems like this should extend through 3.2E.

ALLIED HEALTH PROFESSIONAL GUIDELINES

~~6.4~~7.4 Recredentialing Procedures

For recredentialing of the employed Allied Health Professional upon the expiration of the current credentialing term, the procedures described in Sections 3.3, as modified by Section 7.3, above,~~3.3A~~ 1.1A~~1.1A~~1.1A~~3.3C~~ shall be followed., ~~except as follows:~~

~~**With respect to Section 3.3A, the implications of the failure of an employed Allied Health Professionalto complete and return the form in a timely manner shall be determined in accordance with the policies and procedures of the Hospital's Human Resources Department.**~~

~~**With respect to Section 3.3B, the proceduresfor evaluating an application for recredentialing shall be identical to those described in Section 3.2, as modified by Section 6.3 above.**~~

~~6.5~~7.5 Procedure for Requesting Additional Clinical Privileges

An Allied Health Professional employed by the Hospital may request additional clinical privileges pursuant to Section 3.4, as modified by Section 7.3~~6.3~~ above.

Commented [KMD16]: This language seems like it should stay, since the employed AHP does not have the right to review—which is what 7.3 clarifies.

~~6.6~~7.6 Temporary Clinical Privilege(s)

Pursuant to Section 3.5, the Hospital Administrator and Chief of the Medical Staff may grant temporary clinical privilege(s) to an Allied Health Professional who has applied for employment at the Hospital and completed the application form and processes set forth in Sections 3.2(A)-(D) of these Guidelines.~~required by Section 3.2A~~.

~~6.7~~7.7 Disciplinary or Corrective Action

~~WHENEVER A PRACTITIONER IS EXCLUDED FROM ANY FEDERAL HEALTH CARE PROGRAM, THE PRACTITIONER'S CLINICAL PRIVILEGES SHALL BE AUTOMATICALLY SUSPENDED AS OF THE EFFECTIVE DATE OF SUCH EXCLUSION. UNLESS THE BOARD OF DIRECTORS DETERMINES, UPON RECOMMENDATION OF THE MEDICAL EXECUTIVE COMMITTEE, THAT THE PRACTITIONER MAY STILL EFFECTIVELY PRACTICE AT THE HOSPITAL UNDER SUCH EXCLUSION WITHOUT CREATING UNACCEPTABLE RISK OF PENALTY TO THE HOSPITAL OR OTHER MEDICAL STAFF MEMBERS, UNACCEPTABLE RISK OF DISRUPTION TO HOSPITAL OPERATIONS, OR UNACCEPTABLE PUBLICITY, THE PRACTITIONER'S CLINICAL PRIVILEGES AND STAFF MEMBERSHIP SHALL BE TERMINATED.~~

Commented [KMD17]: Moved and revised, below.

Hospital-employed Allied Health Professionals are subject to disciplinary or corrective action pursuant to the policies and procedures of the Hospital's Human Resources Department, and not pursuant to Section ~~44~~44 of these Guidelines, with the exception of "Licentiates," as defined by Section 805 of the California Business and Professions Code (including a clinical psychologist and a physician assistant), and as set forth in Section 4.3 and 7~~8~~.7 above.

Formatted: Font: Not Bold

Formatted: Font: Not Bold

However, if the Hospital-employed Allied Health Professional's state license or other legal credential authorizing practice, certificate from the U.S. Drug Enforcement Agency ("DEA"), or provider status in a government-funded program is suspended, restricted, placed on

probation, or revoked, his or her status and clinical privileges shall automatically be affected in the same manner.

Commented [KMD18]: This matches language for non-employed AHPs in 4.1(F)(1), above.

~~6.8~~7.8 Duties

In addition to any duties required by the Human Resources Department, Hospital-employed Allied Health Professionals shall be expected upon commencement of employment to satisfy the duties described in Section11.2~~11.2~~11.2~~10.2~~.

7.9 Observation

Formatted: Underline

For every Hospital-employed Allied Health Professional who is initially granted clinical privilege(s), the procedures described in Section 6, above, shall be followed for observation of the Allied Health Professional.

Formatted: Underline

Formatted: Underline

Formatted: Underline

Commented [KMD19]: HFAP standard 05.04.02 explanation requires observation and training when any AHP is initially affiliated with hospital.

Formatted: Underline

~~7.~~8. CONTRACT ALLIED HEALTH PROFESSIONALS

~~7.1~~8.1 The Board may determine that the interests of patient care or hospital operations are best served by entering into a contract with an entity which provides Allied Health Professionals to work within the Hospital. These Allied Health Professionals are neither employees nor independent contractors of the Hospital, nor are they independent professionals working in their own private practice. Rather, they are employees or independent contractors of an entity that has agreed to provide certain health services to the Hospital's patients. For purposes of these Guidelines, these persons shall be referred to as "Contract AHPs," and the entity employing or contracting with them shall be referred to as the "Contracting Entity."

~~7.2~~8.2 ~~Ordinarily, Contract AHPs must complete the full Allied Health Professionalcredentialing process described in Section 3prior to being permitted to render patient care within the Hospital. However, the Contracting Entity may be responsible for credentialing the Contract AHPs pursuant to the terms of the contract with the Hospital. In those cases, unless the AHPs involved are "Licensed Independent Practitioners" (defined as individuals permitted by law and the Hospital to provide care, treatment and services without direction or supervision), formal credentialing as described in these Guidelines will be waived for Contract AHPs whom the Contracting Entity warrants to be adequately qualified to perform the patient care activities described in the contract.~~ Contract AHPs, including Licensed Independent Practitioners (defined as individuals permitted by law and the Hospital to provide care, treatment and services without direction or supervision), must be credentialed individually as described in Section 3 of these Guidelines.

~~7.3 Whether the Contracting Entity is responsible for credentialing the ContractAHPs will be determined by the Administration and shall be made a part of the written~~

~~contract between the Hospital and the Contracting Entity. If the Contracting Entity will credential Contract AHPs, the following shall apply:~~

~~A. The Contracting Entity shall provide a written description of the activities to be performed by the Contract AHPs. This description may be contained in the contract itself or in a separate job description subject to approval by the Administration.~~

~~B. The Hospital Administrator may consult with the appropriate Medical Staff department and/or the Interdisciplinary Practice Committee regarding the job descriptions or contract provisions describing the activities of the Contract AHPs in order to determine completeness, accuracy, and appropriateness.~~

~~C. The Contracting Entity shall evaluate each Allied Health Professional using standards comparable to those set forth in Section 2.2 at the time the Contract AHP is first associated with the Contracting Entity and then periodically (at least every two years) thereafter, based on actual performance. The Contracting Entity shall certify, in writing, that this condition is met for all of its Contract AHPs. Subject to this certification, Contract AHPs will not be required to submit applications for Allied Health Professional appointment or credentialing under Section 3.~~

~~7.4 Where the contract does not provide for delegated credentialing, e~~E~~ach Contract AHP shall be subject to all of the credentialing procedures of these Guidelines.~~

Formatted: Indent: Left: 1", No bullets or numbering

Commented [KMD20]: This was confusing when read with the Licensed Independent Practitioners section. It seemed to make more sense to combine them.

~~7.5~~8.3 Unless otherwise provided in the contract, the Administration may suspend or terminate an individual Contract AHP at any time for any lawful reason.

~~8.~~9. FORMAT FOR STANDARDIZED PROCEDURES

~~8.1~~9.1 Standardized procedures are appropriate for certain areas of registered nursing that overlap with areas traditionally reserved exclusively to physicians. With the assistance of nurses and physicians, the Interdisciplinary Practice Committee will identify particular medical functions, performed by nurses~~,~~ that are suitable for standardized procedures and will oversee the creation of individual standardized procedures for them.

~~8.2~~9.2 In order to be approved by the Interdisciplinary Practice Committee, a standardized procedure must be in writing and must contain the elements set forth below:

A. The standardized procedure must define the medical function, performed by nurses~~,~~ that it covers.

B. The standardized procedure must specify the functions that the registered nurses are authorized to perform and under what circumstances, including the following:

(1) Any specific requirements or steps for performing all or part of the functions covered by the standardized procedure;

(2) The setting or department in which the registered nurse may act;

(3) Any special record keeping requirements; and

(4) The nature and scope of supervision that the registered nurse must receive in performing the standardized procedure, (including any circumstances in which the registered nurse will be expected to communicate immediately with a physician).

C. The standardized procedure must include the following mechanisms for ensuring that only registered nurses with proper qualifications perform the function:

(1) A statement of the education, training, and experience that a registered nurse must have in order to perform the function;

(2) A system for evaluating, both initially and periodically afterwards, the competency of registered nurses to perform the function; and

(3) A mechanism for maintaining a list of the registered nurses at the Hospital who are authorized to perform the function.

D. The standardized procedure must contain the following information concerning its development and review:

(1) A schedule for periodic review and updating; and

(2) The date or dates on which the standardized procedure was approved, including approval by the Interdisciplinary Committee.

~~9.~~10. STANDARDS OF PRACTICE

Standards of practice for categories of Allied Health Professionals admitted by the Hospital to Allied Health Professional status are attached as Exhibits to these Guidelines.

~~10.~~11. MISCELLANEOUS

~~10.1~~11.1 Voting Privileges and Committee Meetings

Allied Health Professionals shall not be entitled to vote on Medical Staff matters, except as expressly provided in the Medical Staff Bylaws, Rules and Regulations, and only to the extent consistent with their license and expertise, as determined by the chair of the responsible Medical Staff committee. When authorized by the Medical Staff, they may be invited to attend and participate actively in the clinical meetings of their respective departments or services.

~~10.2~~11.2 Duties

All Allied Health Professionals shall satisfy all of the following duties, as applicable.

ALLIED HEALTH PROFESSIONAL GUIDELINES

Upon ~~appointment~~credentialing, Allied Health Professionals shall be expected to:

A. Comply with these Guidelines, and with all other applicable rules of the Hospital and its Medical Staff, and with all applicable laws and standards.

B. Actively participate in the Hospital's and the Medical Staff's quality assessment program, peer review activities, and other quality evaluation and monitoring activities, as directed by appropriate representatives of the Hospital or the Medical Staff.

C. Promptly notify the Medical Staff Office and, if the Allied Health Professional is a Physician Assistant or Advanced Practice Registered Nurse employed by the Hospital, the Hospital's Human Resources Department, of an action by the Medical Executive Committee or the governing body of another hospital or health care entity to suspend, revoke, restrict, or deny clinical privileges for reasons related to professional competence or conduct.

D. Exercise independent judgment within their areas of competence, provided that a physician who is a member in good standing of the Medical Staff shall retain the ultimate responsibility for the patient's care.

E. Participate directly in the management of patients to the extent authorized by their license, certificate or other legal credentials.

F. Write and/or record such orders, reports and progress notes on patients' charts as are consistent with the rules and regulations of the Medical Staff.

G. Perform consultation on request as authorized by the Medical Staff.

~~10.3~~11.3 Billing

Allied Health Professionals shall bill independently only as permitted by applicable statutes or regulations.

~~10.4~~11.4 Confidential

Allied Health Professionals shall at all times respect the confidentiality of any and all information concerning patients treated at the Hospital and the confidentiality of all Medical Staff records and proceedings regarding peer review and credentialing activities.

~~10.5~~11.5 Informed Consent

In conjunction with the responsible physician, the Allied Health Professional may obtain the informed consent of the patient or the patient's representative for any care, treatment, or procedure to be performed by the Allied Health Professional. The discussion with the patient shall include explanation of the fact, if applicable, that the Allied Health Professional is not a Hospital employee, but rather practices independently under the supervision of the responsible physician. The responsible physician or Allied Health Professional shall ensure that there is written documentation that informed consent was obtained.

ALLIED HEALTH PROFESSIONAL GUIDELINES

Date of Interdisciplinary Practice Committee Approval: 9/9/2015; 10/12/2016

Date of Medical Executive Committee Approval: 10/21/2015; 02/16/2017

Date of Board of Directors Approval: 10/29/2015;

EXHIBIT A

ADMITTED CATEGORIES OF ALLIED HEALTH PROFESSIONALS

1. Clinical Psychologists
2. Advanced Nurse Practitioners
3. Physician Assistants
4. Dental Assistants
5. Audiologists
6. Acupuncturists

TAHOE FOREST HOSPITAL DISTRICT

REGULAR MEETING OF THE BOARD OF DIRECTORS

DRAFT MINUTES

Thursday, March 23, 2017 at 4:00 p.m.
Eskridge Conference Room - Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER
Meeting was called to order at 4:03 p.m.

2. ROLL CALL
Board: Charles Zipkin, M.D., Board President; Gregory Jellinek, M.D., Vice President; Dale Chamblin, Treasurer; Randy Hill, Secretary; Alyce Wong, R.N., Board Member

Staff: Harry Weis, Chief Executive Officer; Judy Newland, Chief Operating Officer; Crystal Betts, Chief Financial Officer; Carl Blumberg, Risk Manager & Patient Safety Officer; Martina Rochefort, Clerk of the Board

Other: David Ruderman, Assistant General Counsel

3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA
No changes were made to the agenda.

4. INPUT AUDIENCE
No public comment was received.

Open Session recessed at 4:04 p.m.

5. CLOSED SESSION

5.1. Liability Claims (Gov. Code §54956.95)
Claimant: Kelly Campbell, BETA file No.: 16-000132
Claim Against: Tahoe Forest Hospital District
Discussion was held on a privileged item.

5.2. Liability Claims (Gov. Code §54956.95)
Claimant: Robert Schapper
Claim Against: Tahoe Forest Hospital District
Discussion was held on a privileged item.

5.3. Hearing (Health & Safety Code § 32155)
Subject Matter: Corporate Compliance Report – Closed Session
Number of items: One (1)
Discussion was held on a privileged item.

5.4. TIMED ITEM – 5:30PM – Hearing (Health & Safety Code § 32155)◈
Subject Matter: Medical Staff Credentials

Discussion was held on a privileged item.

5.5. Approval of Closed Session Minutes
2/23/2017
Discussion was held on a privileged item.

6. DINNER BREAK

APPROXIMATELY 6:00 P.M.

7. OPEN SESSION – CALL TO ORDER
Open Session reconvened at 6:00 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION
General Counsel reported out from Closed Session that Items 5.1.-5.3. had no reportable actions. Items 5.4. and 5.5. were both approved by 5-0 votes.

9. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA
Board President added an acknowledgement to the agenda.

10. INPUT – AUDIENCE
Public comment was received from new Truckee Police Chief, Rob Leftwich.

11. INPUT FROM EMPLOYEE ASSOCIATIONS
No public comment was received from the Employee Associations.

12. ACKNOWLEDGMENTS
12.1. March 2017 Employee of the Month

Board President acknowledged March 30 as National Doctor Day.

13. MEDICAL STAFF REPORT
13.1. Medical Staff Report
Discussion was held.

Board of Directors directed staff to clarify the use of "guidelines" and "standards" interchangeably in the Guidelines for Allied Health Professionals and Standardized Procedures and bring back it back to the next meeting.

ACTION: **Motion made by Director Jellinek, seconded by Director Zipkin, to approve the request to add a new board certification for "Pediatric Nursing Certification Board" as an additional credentialing certification option for nurse practitioners as presented.**
AYES: Directors Wong, Hill, Chamblin, Jellinek and Zipkin
NAYS: None
Abstention: None
No public comment was received.

14. CONSENT CALENDAR

14.1. Approval of Minutes of Meetings
2/23/2017

14.2. Financial Report
14.2.1. Financial Report- January 2017
14.2.2. Financial Report- February 2017

14.3. Policies
14.3.1. ABD-10 Emergency On Call

14.4. Staff Reports (Information Only)
14.4.1. CEO Board Report
14.4.2. COO Board Report
14.4.3. CNO Board Report
14.4.4. CIO Board Report
14.4.5. CMO Board Report

No public comment received.

ACTION: **Motion made by Director Hill, seconded by Director Wong, to accept the Consent Calendar as presented.**
AYES: Directors Wong, Hill, Chamblin, Jellinek and Zipkin
NAYS: None
Abstention: None

15. ITEMS FOR BOARD ACTION

15.1. Incline Village Community Hospital HVAC Bid

The Board of Directors reviewed and considered for approval a bid to upgrade the HVAC system at Incline Village Community Hospital.

Discussion was held.

ACTION: **Motion made by Director Chamblin, seconded by Director Jellinek, to approve the bid as presented.**
AYES: Directors Wong, Hill, Chamblin, Jellinek and Zipkin
NAYS: None
Abstention: None

15.2. CEO Incentive Compensation and Performance Review Criteria

Discussion was held.

The Board of Directors agreed on the following incentive compensation and performance criteria:

- Achieve net income of $4,080,024 - 6/30/17 WEIGHTED: 60%
- Achieve target of 170 days cash on hand - 6/30/17 WEIGHTED: 10%

**Both of these metrics have to be achieved for payout.

6 major goals (previously defined as strategies) WEIGHTED: 30%

- Compliance (*WEIGHTED: 10%)*

The CEO will assure and demonstrate that a current and comprehensive compliance program is in place.

- Patient Satisfaction/Quality (*WEIGHTED: 10%)*

Achieve 93.76 (same as 6/30/16) for Patient Satisfaction score from Press Ganey (IP, OP, Ambulatory, TFH/IV ER, MSC).

- Physician service lines (*WEIGHTED: 5%)*

Complete makeover, Considering ECG work & task force work, Walter Kopp input.

- Information Technology (*WEIGHTED: 2%)*

Define with best terms the next EMR for TFHS and the related business software.

- Create a new Master Plan (*WEIGHTED: 1%)*

All physician services, clinical services, overhead services and parking.

- Community Relations (*WEIGHTED: 2%)*

ACTION: **Motion made by Director Jellinek, seconded by Director Chamblin, to approve the CEO Incentive Compensation and Performance Review Criteria as discussed.**

No public comment was received.

AYES: Directors Wong, Hill, Chamblin, Jellinek and Zipkin
NAYS: None
Abstention: None

Discussion was held.

16. ITEMS FOR BOARD DISCUSSION

16.1. Quality Presentation on Infection Prevention and Control

Laurel Holmer, TFHD Infection Preventionist, provided a presentation on Infection Prevention and Control.

Discussion was held.

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

None.

18. BOARD COMMITTEE REPORTS/RECOMMENDATIONS FOR DISCUSSION AND/OR ACTION

18.1. Quality Committee Meeting – 03/14/2017

Director Wong provided an update from the recent Board Quality Committee meeting.

18.2. Personnel Committee Meeting – 03/21/2017

Director Wong provided an update from the recent Board Personnel Committee meeting.

18.3. Finance Committee Meeting – 03/21/2017

Director Chamblin provided an update from the recent Board Finance Committee meeting.

18.4. Community Benefit Committee Meeting – Meeting will be held on 03/27/2017.

18.5. Governance Committee Meeting – No meeting held in March.

19. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS

None.

20. ITEMS FOR NEXT MEETING

Board President would like to discuss adding the Quadruple AIM to the District's Vision Statement.

21. BOARD MEMBERS REPORTS/CLOSING REMARKS

CFO highlighted it is not mandatory for staff to increase their retirement deferrals to 6% as mentioned.

22. CLOSED SESSION CONTINUED, IF NECESSARY

Not applicable.

23. OPEN SESSION

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

Not applicable.

25. ADJOURN

Meeting adjourned at 7:30 p.m.

SPECIAL MEETING OF THE BOARD OF DIRECTORS OF TAHOE FOREST HOSPITAL DISTRICT

DRAFT RETREAT MINUTES

Tuesday, April 18, 2017 at 9:00 a.m. – 4:00 p.m.
Wednesday, April 19, 2017 at 9:00 a.m. – 4:00 p.m.
Cedar House Sport Hotel – Cervino Room
10918 Brockway Road, Truckee, CA 96161

Day 1 – Tuesday, April 18, 2017

1. CALL TO ORDER
Meeting was called to order at 9:00 a.m.

2. ROLL CALL
Board: Charles Zipkin, M.D., Board President; Gregory Jellinek, M.D., Vice President; Dale Chamblin, Treasurer; Randy Hill, Secretary; Alyce Wong, R.N., Board Member

Staff: Harry Weis, Chief Executive Officer; Ted Owens, Executive Director of Governance and Community Development; Martina Rochefort, Clerk of the Board

Other: Karma Bass and Erica Osborne of Via Healthcare Consulting

3. INPUT – AUDIENCE
No public comment was received.

4. RETREAT ITEMS FOR BOARD DISCUSSION
No formal action will be taken by the Board of Directors; only direction to staff. Any action items will be agendized for a Regular Meeting of the Board of Directors.

4.1. Welcome and Opening Comments by Board President
Board President welcomed all attendees to the retreat.

Executive Director of Governance introduced retreat facilitators, Karma Bass and Erica Osborne of Via Healthcare Consulting.

4.2. Retreat Objectives and Agenda
Retreat facilitators reviewed the overall goals and agenda for the Board of Directors' retreat.

Board members introduced themselves, stated why they chose to serve as board members and what they hoped to accomplish at the retreat.

It is healthy for a board to have split votes. It keeps from becoming a "rubber stamp" board.

Ground rules for the retreat were discussed.

There should be no surprises or "gotcha" moments.

4.3. Report on Board Interviews

Retreat facilitators reviewed the results from the interviews they conducted with board members.

Areas of opportunity were identified as:

- Governance-management distinction
- Focus on strategic issues
- Education and information
- Communication and trust

Discussion was held about communicating with the CEO and staff and the board's role of oversight.

Discussion was held about the balance of board member responsibility to the hospital with the needs of the community.

Meeting recessed at 10:52 a.m.
Meeting reconvened at 11:10 a.m.
Clerk of the Board returned to the meeting at 11:20 a.m.

4.4. The Board's Responsibility for Strategic Direction

The Board of Directors discussed its role in the District's strategic direction.

Facilitators highlighted strategy "doing the right things" against tactics "doing things right".

Facilitators outlined questions that define strategy, reviewed what the board does and what management's role is.

The board is only one that is future focused. Management is steeped in day to day.
Discussion was held that a lay board relies on the CEO and Administration to be forward looking.

Key characteristics of a Visionary Board:

- Visionary and future focused
- Possess an entrepreneurial spirit
- Willing to take "acceptable" risks
- Effective communicators
- Open to new partnerships

Barriers to Visionary Leadership that were highlighted:

- Shortage of time
- Avoidance of risk

- Tendency to "get into the weeds"
- Lack of knowledge
- Holding on to the "old ways"
- Lack of clarity roles

Facilitators recommended the board be intentional about education and make a calendar.

Meeting recessed at 12:02 p.m.
Meeting reconvened at 12:46 p.m.
TFHD Administrative Council joined the retreat after lunch.

4.5. Measuring for Success in 2017 and Beyond

CEO reviewed the District's core strategies with the Board.

Strategy: A complete makeover of our Physician service line with a strong focus of moving towards "best practices" as a more integrated and aligned true system of care, operating in a sustainable manner"

- Recruitment of physicians for core services
- Development of Friendly PC program
- Affiliation with OB Group
- Affiliation with TTMG
- Develop Rural Health Clinics
- Ortho total joint program
- Develop and implement Palliative Care Program
- Develop behavioral health integration into the primary care clinics

Strategy: Choosing and implementing the correct new Electronic Health Record for our system that spans all physician, OP and IP services. Plus acquiring any other critical companion business operations software.

- Completed extensive RFP for new EHR Software
- Selected host for EPIC software from Mercy Technical Services
- Implement EHR software
- Completed RFP for Cost accounting and budget software
- Implement Kaufman Hall budget advisor and Aperek cost accounting software in parallel with EPIC EHR software

Strategy: Create and Implement a New Master Plan

- Meet with key hospital stakeholders and medical staff for input and review of draft master plan
- Rural Healthcare Centers included in master plan
- Evaluate new service lines and location within Master Plan
- Complete master plan with projected costs
- 10 year cash flow projections and balanced capital plan strategy to be created once projected costs of project known
- Complete and finalize Master Plan with Board of Directors

Strategy: Develop and implement a comprehensive Care Coordination Plan coupled with Patient Navigation for all patients that touch our healthcare system.

- Develop and implement a Navigation & Care Coordination Program

Strategy: "Just Do It" – Ongoing improvement in our financial performance resulting in upgrades to our Investment Ratings.

- Achieve at least A- Net Income Margin
- Produce labor productivity reports, departmental financial statements, ability to do adhoc data mining, analyze service line profitability, physician profitability, payor profitability, or other critical reports/analysis.

Strategy: "Just Do It" - Demonstrate measureable improvements annually in both Quality and Patient Satisfaction.

- Create the Perfect Care Experience
- Leader in patient safety and clinical metrics
- Increase employee engagement

Strategy: "Just Do It" – Ongoing improvement in the organizational compliance program.

- Expand activities related to compliance and privacy education, plus new employee/physician orientation and training.
- Evaluate membership of Compliance Committee in the compliance program.
- Institute departmental internal monitoring of corrective actions implemented after compliance investigations, with reporting to the Compliance Committee.
- Support Compliance audits of high-risk areas with adequate resources: Billing, physician arrangements, certification requirements, etc.
- Emphasize timely completion of investigations, especially those indicating potential for refunding payments to government payors.
- Reformat Compliance Investigation Log to include Plan of Correction and date for follow-up internal monitoring.
- Evaluate and update disciplinary policies related to employee lapses in following policies and procedures that are uncovered during investigations.
- Foster an environment of reporting issues for investigation and resolution without intimidation or retaliation.

Strategy: Develop solid connections and relationships within the communities we serve.

- Continue and expand brand exposure through inter-governmental and service organization participation.
- Health Care 101 – Host on regular basis on and off campus.
- Mountain Health Today – TFHD produced television program. Broadcast area; South Lake Tahoe, West and North Shore, Truckee, Reno and Carson/Minden.
- Second Homeowner Outreach – "Get to Know Us Before You Have to"
- Event Participation
- Business Leader Engagement

Meeting recessed at 1:30 p.m.
Meeting reconvened at 1:38 p.m.

4.6. Visioning Exercise

The Board of Directors participated in an exercise to outline their future vision of Tahoe Forest Hospital District.

Board members shared their thoughts on the purpose of Tahoe Forest Hospital District.

Facilitators reviewed TFHD's Mission, Vision and Values.

Facilitators noted the work being done by TFHD and its Board is at a higher level than what other rural hospitals are doing. For example, gain sharing program for staff, core measures, cost accounting.

Director Zipkin would like to see Quadruple AIM added to the values.

Board members brainstormed ideas of what they would like to see in newspaper headlines about TFHD in five years.

Discussion was held about trust among board members, TFHD leadership and the community. Trust begins at the top. How the Board interacts with each person and how the CEO gets treated sends ripples through organization.

Facilitators recommended board members actively go out and demonstrate behaviors of a trustworthy person to build trust with each other, staff and the community.

Facilitator observed the Board has work to do to regain trust of the Executive Team.

CMO commented that the Board also has to rebuild trust with the medical staff.

Meeting recessed at 2:53 p.m.
Meeting reconvened at 3:00 p.m.

4.7. Board Direction for TFHD's Future

An uncertain future in healthcare is something all hospitals are facing now.

Facilitators posed the following critical questions for the board to ask itself:

- How can we master population health?
- Are we driving down costs and increasing efficiency fast enough?
- Are board members knowledgeable about the issues that matter?
- Has the board embraced physician partnerships as critical to our success?

Discussion about population health and
Reimbursement in the future.

Facilitators recommended the board take a survey following the retreat to ask what top 5 things board members would like to learn.

Discussion was held about the board getting out of the minute details of physician contracts.
The Board discussed its fiduciary duty and the "reasonable and prudent man" standard.

The traditional framework of roles that hospitals follow was reviewed. Board of Directors, Administration and Medical Staff make up the Hospital Triad of Authority.

Facilitators provided four Real-World Practices of Top Boards in Navigating Transformation:

- A Focus on Governing
- Strong Board-CEO Relationship
- Effective Board Meetings
- Healthy Board Culture

4.8. Review of Day One and Next Steps

Facilitators reviewed the work completed during day one of the retreat.

Next steps for the board were also reviewed.

Board members expressed their desire to continue the conversation about governance and foundation, to revisit board committee structure, and review their bylaws for consistency.

5. PUBLIC COMMENT

No public comment was received.

6. ADJOURN

Meeting adjourned at 3:49 p.m.

Day 2 – Wednesday, April 19, 2017

1. CALL TO ORDER

Meeting reconvened at 9:06 a.m.

2. ROLL CALL

Board: Charles Zipkin, M.D., Board President; Gregory Jellinek, M.D., Vice President; Dale Chamblin, Treasurer; Randy Hill, Secretary; Alyce Wong, R.N., Board Member

Staff: Harry Weis, Chief Executive Officer; Ted Owens, Executive Director of Governance and Community Development; Martina Rochefort, Clerk of the Board

Other: Karma Bass and Erica Osborne of Via Healthcare Consulting; David Ruderman, Assistant General Counsel

3. INPUT – AUDIENCE

No public comment was received.

4. RETREAT ITEMS FOR BOARD DISCUSSION

No formal action will be taken by the Board of Directors; only direction to staff. Any action items will be agendized for a regular meeting of the Board of Directors.

4.1. Welcome and Review of Previous Day's Work

Board Members reflected on their takeaways from the first day of the retreat.

The board would like to focus on governance versus management.

4.2. Board Responsibilities and Fiduciary Duties

The Board of Directors reviewed their roles and responsibilities as board members.

The definition of fiduciary was reviewed.

Fiduciary duty of oversight:

- Develop the mission and set strategic direction
- Establish policies, norms, and procedures
- Carefully select competent CEO
- Delegate work to CEO
- Monitor performance of organization and CEO

General Counsel noted board's fiduciary oversight comes during the budget process, review of audits, etc.

Director Chamblin asked about the depth into which the board can dive for oversight and when does the board stop asking questions with a desire to dig deeper.

The more information that is received the more questions are raised.

Discussion was held about medical staff credentialing. It is the job of the board to ask the Medical Executive Team if they did their due diligence in the credentialing process.

The board should provide guidance and evaluate the performance of the CEO but not the CEO's tactics.

Facilitators highlighted three important notes:
1. Boards only have authority when meeting as a board (not as individuals or sub-sets).
2. Boards must speak with one voice.
3. The Board's primary contact – and only employee – is the CEO.

The board's legally mandated fiduciary duties include:

- Care - The board must be knowledgeable of all reasonably available information and act with appropriate prudence and care. Have you asked questions a reasonable person would ask?

- Obedience - The board must ensure that the organization is obedient to its central purposes as described in its articles of incorporation and the mission.
- Loyalty - Discharge duties unselfishly, to benefit only the corporate enterprise and not the directors personally.

This means board directors must:
1. Disclose situations with potential for conflicts.
2. Avoid competition with the organization.
3. Refrain from discussing confidential board business with others.

Discussion about held about how board members would not be held liable if their decision was made in good faith, board members were disinterested and reasonably informed, and believed their decision to be in the best interest of the organization.

Facilitators suggested the board start every meeting and conversation with a review of the mission.

General Counsel stated it is rare for individual board members to be held liable for acts of the District. More often than not, the board has immunity for acts taken as a board under the Government Code.

Healthcare business is not without risk.

Discussion was held about the board's relationship with medical staff. CEO stated medical staff wants to see through actions that there has been a transformation.

The board noted the importance of the CMO position for physician alignment.

The best way the board can serve its constituents is by providing a good hospital and providing a good place for physicians to work.

The board's actions over last few years have affected all relationships. The board needs to make decisions in the best interest of the hospital.

The board's primary roles are policy oversight, decision making and oversight.

A best practice on policy is to have a standing review of policy on an ongoing basis.

Staff was directed to start bringing policies to the board on a monthly basis.

Bylaws are required to be reviewed every two years. A review of the bylaws should start with the Governance Committee.

Meeting recessed at 10:35 a.m.
Meeting reconvened at 10:45 a.m.

Decision making is considered the most important role of governance. Decisions are based on policy. Boards can retain or delegate authority for making decisions.

Board members expressed their desire to receive information in a timely manner from administration.

Preparation for board meetings requires a lot of time and effort.

Board members would like to avoid having to make rushed decisions.

Key responsibilities of the board are:

- Set Strategic Direction
- Quality and Safety Oversight
- Financial Oversight
- Management (CEO) Oversight
- Community relations/interactions
- Governance Effectiveness

Facilitators suggested developing a policy to address review of the strategic plan every two years.

Board and management work on the "what and why" and management does work on the "how".

Discussion was held about developing a succession plan. The plan does not need to name specific people or positions but outlines a process.

Facilitators suggested asking ACHD and CHA for updates to stay up to speed on legislative issues.

Community Health Needs Assessment will allow the community to provide input on its needs.

Facilitators suggested using board "mentors" where new board members are paired with seasoned board member to check in.

4.3. Group Exercise

Discussion of Item 4.2 ran into timing of Item 4.3.

4.4. Agree on Board Goals for 2017

Facilitators distributed and reviewed draft board action and education plans.

4.5. Agree on Next Steps / Facilitator Closing Comments & Meeting Evaluation

Facilitators provided the following suggestions:

- Take out specific responsibilities of committees out of bylaws and have committee charters call out responsibilities. Charters are approved by full board.
- Call out board education on agendas.

Facilitators provided closing comments on their portion of the retreat.

Discussion was held on the effectiveness of the retreat.

Meeting recessed at 12: 27 p.m.
Meeting reconvened at 1:14 p.m.
TFHD Administrative Council joined the retreat after lunch.

4.6. Order & Decorum Reaffirmation/Amend

Executive Director of Governance reviewed the current Order and Decorum policy.

Discussion took place about Item 5. Consent Calendar Procedure, specifically about the public asking a board member to pull an item. General Counsel advised it is up to the board's discretion to pull an item from the agenda. The board would like to keep it as a member of the public can request a board member to pull an item.

Discussion was held on Item 6. Requests for Input or Dialogue. It is a best practice for board members to receive acknowledgement by the Board President before speaking. This will allow a fair opportunity for all board members to speak.

Discussion was held on Item 10 and the distinction of a roll call vote versus voice vote.
Board member can request a roll call vote. As a general rule, Board President will call for a roll call vote if it is not unanimous.

Executive Director was directed to reword the sentence about District Counsel managing closed session. It is not a best practice to not have counsel at closed sessions.

The Board will amend their Order and Decorum pledge at the May Regular Meeting of the Board of Directors.

4.7. Administrative Signing Authority Discussion

The Board of Directors discussed the signing authority of the Chief Executive Officer (CEO).

CEO asked the Board to contemplate increasing the signing authority to $100,000 or more.
TFHD receives advice of counsel on agreements.

Discussion was held about spending authority. The board approves the capital budget and Administration is directed to spend within the budget.

General Counsel advised there is no limit defined by law or Health and Safety Code on the CEO's signing authority. The limit is set by the Board of Directors.

Discussion was held about drafting a policy to address contracts for goods and services.

4.8. Committee Structure Discussion

Discussion was held on current board committee structure.

Committees are designed to make the jobs of board members easier.

All committees except Quality and Community Benefit are written to meet on an as needed basis.

The Board has options on how committees can be structured.
Work on committee structure should start with the Governance Committee since it would be a revision to bylaws.

Facilitators had recommended the bylaws to outline committees and the committee charters to define their responsibilities.

CFO felt Finance Committee is a necessary venue for in-depth discussions to occur. Committee meetings do not necessarily have to be every month and could be paired down.

Combining the work of the Board Quality Committee and Medical Staff Quality Committee could lessen the redundancy of their meetings.

It was suggested that each committee chair submit a recommendation to Governance Committee.

Discussion was held about ad hoc committees. General Counsel clarified that an ad hoc committee is one of limited purpose and once it fulfills that purpose the committee is done.

Meeting recessed at 2:36 p.m.
Meeting reconvened at 3:03 p.m.

4.9. Board Education

David Henninger of Hooper, Lundy and Bookman joined the meeting at 3:03 p.m.

Mr. Henninger provided education to the Board of Directors on *U.S. ex rel. Drakeford v. Tuomey Healthcare System, Inc.* and *United States ex rel. Baklid-Kunz v. Halifax Hospital Medical Center, et al.*

Open Session recessed at 2:27 p.m.

5. CLOSED SESSION

5.1. 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 District 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.

Facts and circumstances that might result in litigation but which the District believes are not yet known to potential plaintiff or plaintiffs.
(Gov. Code § 54956.9(e)(1))

Discussion was held on a privileged item.

6. OPEN SESSION

Open Session reconvened at 3:58 p.m.

7. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel advised there was no reportable action taken in closed session.

8. PUBLIC COMMENT

No public comment was received.

9. ADJOURN

Open Session adjourned at 3:59 p.m.

TAHOE FOREST HOSPITAL DISTRICT
MARCH 2017 FINANCIAL REPORT
INDEX

Board of Directors
Of Tahoe Forest Hospital District

MARCH 2017 FINANCIAL NARRATIVE

The following is the financial narrative analyzing financial and statistical trends for the nine months ended March 31, 2017.

Activity Statistics

- TFH acute patient days were 395 for the current month compared to budget of 382. This equates to an average daily census of 12.74 compared to budget of 12.32.
- TFH Outpatient volumes were above budget in the following departments by at least 5%: Surgical cases, Endoscopy procedures, Laboratory tests, Medical Oncology, Diagnostic Imaging, Mammography, Nuclear Medicine, Ultrasound, Cat Scans, PET CT, Pharmacy units, Oncology Pharmacy units, Respiratory Therapy, Occupational Therapy, Speech Therapy, and Physical Therapy.
- TFH Outpatient volumes were below budget in the following departments by at least 5%: Home Health visits and Radiation Oncology.

Financial Indicators

- Net Patient Revenue as a percentage of Gross Patient Revenue was 57.2% in the current month compared to budget of 54.1% and to last month's 59.1%. Current year's Net Patient Revenue as a percentage of Gross Patient Revenue is 55.2%, compared to budget of 54.1% and prior year's 58.3%.
- EBIDA was $1,967,437 (8.9%) for the current month compared to budget of $660,786 (3.3%), or $1,306,651 (5.5%) above budget. Year-to-date EBIDA was $14,162,832 (7.5%) compared to budget of $7,040,726 (3.9%), or $7,122,106 (3.6%) above budget.
- Cash Collections for the current month were $12,519,089 which is 107% of targeted Net Patient Revenue.
- Gross Days in Accounts Receivable were 54.0, compared to the prior month of 54.6. Gross Accounts Receivables are $33,574,684 compared to the prior month of $34,039,907. The percent of Gross Accounts Receivable over 120 days old is 18.38%, compared to the prior month of 19.64%.

Balance Sheet

- Working Capital Days Cash on Hand is 38.8 days. S&P Days Cash on Hand is 195.2. Working Capital cash increased $1,131,000. The District received $718,000 for the FY2016 Medi-Cal AB915 program, cash collections exceeded target by 7%, Accounts Payable decreased $1,811,000, and Accrued Payroll & Related Costs increased $658,000.
- Net Patients Accounts Receivable decreased approximately $192,000. Cash collections were at 107% of target and days in accounts receivable were 54.0 days, a .60 days decrease.
- The District recorded its 51% share of losses in the Truckee Surgery Center, LLC for the months of October through December 2016, decreasing our investment in TSC, LLC.
- To comply with GASB No. 63, the District recorded an adjustment to the asset and offsetting liability to reflect the fair market value of the Piper Jaffray swap transaction at the close of March.
- Accounts Payable decreased $1,811,000 due to the timing of the final check run in March.
- Accrued Payroll & Related Costs increased $658,000 due to an increase in accrued payroll days at the close of March.
- The District received notice of an interim rate adjustment to our Medicare rates which resulted in an amount due to the program and an increase to Estimated Settlements, Medi-Cal & Medicare.

March 2017 Financial Narrative

Operating Revenue

- Current month's Total Gross Revenue was $22,212,762, compared to budget of $19,967,970 or $2,244,792 above budget.
- Current month's Gross Inpatient Revenue was $6,035,235, compared to budget of $6,025,936 or $9,299 above budget.
- Current month's Gross Outpatient Revenue was $16,177,527 compared to budget of $13,942,033 or $2,235,493 above budget. Volumes were up in some departments and down in others. See TFH Outpatient Activity Statistics above.
- Current month's Gross Revenue Mix was 31.5% Medicare, 19.1% Medi-Cal, .0% County, 3.5% Other, and 45.9% Insurance compared to budget of 34.5% Medicare, 17.5% Medi-Cal, .0% County, 3.7% Other, and 44.3% Insurance. Last month's mix was 28.5% Medicare, 16.5% Medi-Cal, .0% County, 4.1% Other, and 50.9% Insurance.
- Current month's Deductions from Revenue were $9,515,449 compared to budget of $9,162,256 or $353,193 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 2.99% decrease in Medicare, a 1.61% increase to Medi-Cal, a .0% decrease in County, a .25% decrease in Other, and Commercial was over budget 1.63%, 2) Revenues exceeded budget by 11.2% and 3) Prior Period Settlements were positive $624,000 after the District recorded receipt of funds from the Medi-Cal AB915 Outpatient Supplemental Reimbursement program.

Operating Expenses

DESCRIPTION	March 2017 Actual	March 2017 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	4,011,676	3,925,632	(86,044)	
Employee Benefits	1,358,797	1,198,620	(160,177)	
Benefits – Workers Compensation	47,793	57,011	9,218	
Benefits – Medical Insurance	543,705	694,217	150,512	
Professional Fees	1,983,134	1,830,301	(152,833)	We saw negative variances in Hospitalist and Emergency Department physician fees, project management consulting services for the system conversions and physician onboarding, compliance review of our Pharmacy 340B program, legal fees provided to TIRHR, and in the Multi-Specialty physician fees for RVU bonuses.
Supplies	1,686,634	1,661,396	(25,238)	Surgical Services revenues exceeded budget by 25.71%, creating a negative variance in Patient & Other Medical Supplies. We also saw over budget variances in Other Non-Medical Supplies in Surgery, Sterile Processing Housekeeping, Plant Operations, The Gift Tree, and Volunteers.
Purchased Services	1,021,861	886,665	(135,196)	Snow removal and laundry & linen services, department repairs for Engineering and Employee Housing, and employee health screenings and pre-employment testing created a negative variance in Purchased Services.
Other Expenses	664,019	569,825	(94,193)	Executive search fees for the Directors of Women & Family and the Emergency Department, unbudgeted building rent, and dues to participate in U.C. Davis' Cancer Care Network created a negative variance in Other Expenses.
Total Expenses	11,317,618	10,823,667	(493,951)	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
MARCH 2017

	Mar-17	Feb-17	Mar-16	
ASSETS				
CURRENT ASSETS				
* CASH	$ 13,928,287	$ 12,797,028	$ 12,203,372	1
PATIENT ACCOUNTS RECEIVABLE - NET	19,052,390	19,243,926	17,471,594	2
OTHER RECEIVABLES	4,854,560	4,290,473	4,811,471	
GO BOND RECEIVABLES	91,511	(300,422)	269,244	
ASSETS LIMITED OR RESTRICTED	5,574,025	6,268,249	4,984,503	
INVENTORIES	2,721,126	2,714,077	2,317,862	
PREPAID EXPENSES & DEPOSITS	2,007,063	1,876,856	1,325,918	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	436,856	436,856	3,398,822	
TOTAL CURRENT ASSETS	48,665,818	47,327,043	46,782,786	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	56,137,411	56,137,411	50,834,718	1
BANC OF AMERICA MUNICIPAL LEASE	981,619	981,619	979,155	
TOTAL BOND TRUSTEE 2002	3	3	2	
TOTAL BOND TRUSTEE 2015	1,300,822	1,165,091	893,144	
GO BOND PROJECT FUND	232,003	232,133	3,899,862	
GO BOND TAX REVENUE FUND	2,103,577	2,103,577	1,361,348	
DIAGNOSTIC IMAGING FUND	3,174	3,174	2,976	
DONOR RESTRICTED FUND	1,144,350	1,144,350	1,271,595	
WORKERS COMPENSATION FUND	23,719	16,235	2,690	
TOTAL	61,926,677	61,783,593	59,245,489	
LESS CURRENT PORTION	(5,574,025)	(6,268,249)	(4,984,503)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	56,352,653	55,515,344	54,260,986	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(140,146)	(53,723)	202,785	3
PROPERTY HELD FOR FUTURE EXPANSION	836,353	836,353	836,353	
PROPERTY & EQUIPMENT NET	130,403,841	131,173,487	126,974,128	
GO BOND CIP, PROPERTY & EQUIPMENT NET	32,585,589	32,550,137	29,223,350	
TOTAL ASSETS	268,704,108	267,348,640	258,280,390	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	513,948	517,180	552,736	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,469,762	1,612,281	2,071,949	4
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	6,338,658	6,362,362	1,947,582	
GO BOND DEFERRED FINANCING COSTS	497,106	499,040	301,991	
DEFERRED FINANCING COSTS	202,854	203,894	215,337	
TOTAL DEFERRED OUTFLOW OF RESOURCES	$ 9,022,327	$ 9,194,758	$ 5,089,596	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	$ 3,418,687	$ 5,229,240	$ 5,593,616	5
ACCRUED PAYROLL & RELATED COSTS	9,490,530	8,832,776	7,725,702	6
INTEREST PAYABLE	708,821	616,860	290,600	
INTEREST PAYABLE GO BOND	659,834	344,342	709,886	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	1,221,622	543,513	300,682	7
HEALTH INSURANCE PLAN	1,307,731	1,307,731	1,307,731	
WORKERS COMPENSATION PLAN	1,120,980	1,120,980	404,807	
COMPREHENSIVE LIABILITY INSURANCE PLAN	751,298	751,298	824,203	
CURRENT MATURITIES OF GO BOND DEBT	1,260,000	1,260,000	530,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	1,953,186	1,953,186	2,323,994	
TOTAL CURRENT LIABILITIES	21,892,688	21,959,926	20,011,221	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	27,926,882	28,032,444	29,908,944	
GO BOND DEBT NET OF CURRENT MATURITIES	103,382,447	103,395,868	100,005,320	
DERIVATIVE INSTRUMENT LIABILITY	1,469,762	1,612,281	2,071,949	4
TOTAL LIABILITIES	154,671,779	155,000,518	151,997,434	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	121,910,306	120,398,529	110,100,956	
RESTRICTED	1,144,350	1,144,350	1,271,595	
TOTAL NET POSITION	$ 123,054,656	$ 121,542,880	$ 111,372,552	

* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
MARCH 2017

1. Working Capital is at 38.8 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 195.2 days. Working Capital cash increased a net $1,131,000. The District received its payment for FY16 AB915 funds in the amount of $718,000. Cash collections exceeded target by 7%, Accounts Payable decreased $1,811,000,000 (See Note 5) and Accrued Payroll & Related Costs increased $658,000 (See Note 6).

2. Net Patient Accounts Receivable decreased approximately $192,000. Cash collections were 107% of target. Days in Accounts Receivable are at 54.0 days compared to prior months 54.6 days, a .60 days decrease.

3. The District recorded its 51% of losses in the Truckee Surgery Center, LLC for October through December 2016, decreasing our Investment in TSC, LLC.

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

5. Accounts Payable decreased $1,811,000 due to the timing of the final check run in the month.

6. Accrued Payroll & Related Costs increased $658,000 due to an increase of accrued payroll days at the close of March.

7. The District received notice of an adjustment to its Medicare Interim Rates which created an amount due to the Medicare program. This resulted in an increase to Estimated Settlements, Medi-Cal & Medicare.

Tahoe Forest Hospital District
Cash Investment
March 2017

WORKING CAPITAL				
US Bank	$ 13,814,738			
US Bank/Kings Beach Thrift Store	14,302			
US Bank/Truckee Thrift Store	18,897			
US Bank/Payroll Clearing	80,351			
Local Agency Investment Fund	-	0.82%		
Total			$	13,928,287
BOARD DESIGNATED FUNDS				
US Bank Savings	$ -	0.03%		
Capital Equipment Fund	-			
Total			$	-
Building Fund	$ -			
Cash Reserve Fund	56,137,411	0.82%		
Local Agency Investment Fund			$	56,137,411
Banc of America Muni Lease			$	981,619
Bonds Cash 2002			$	3
Bonds Cash 2015			$	1,300,822
Bonds Cash 2008			$	2,335,580
DX Imaging Education	$ 3,174	0.82%		
Workers Comp Fund - B of A	23,719			
Insurance				
Health Insurance LAIF	-	0.82%		
Comprehensive Liability Insurance LAIF	-	0.82%		
Total			$	26,892
TOTAL FUNDS			$	74,710,614
RESTRICTED FUNDS				
Gift Fund				
US Bank Money Market	$ 8,363	0.03%		
Foundation Restricted Donations	$ 98,331			
Local Agency Investment Fund	1,037,656	0.82%		
TOTAL RESTRICTED FUNDS			$	1,144,350
TOTAL ALL FUNDS			$	75,854,964

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
KEY FINANCIAL INDICATORS
MARCH 2017

	Current Status	Desired Position	Target	Bond Covenants	FY 2017 Jul 16 to Mar 2017	FY 2016 Jul 15 to June 16	FY 2015 Jul 14 to June 15	FY 2014 Jul 13 to June 14	FY 2013 Jul 12 to June 13	FY 2012 Jul 11 to June 12	FY 2011 Jul 10 to June 11
Return On Equity: Increase (Decrease) in Net Position Net Position			3.7% (1)		9.4%	10.9%	2.19%	.001%	-4.0%	8.7%	6.3%
Days in Accounts Receivable (excludes SNF & MSC) Gross Accounts Receivable 90 Days Gross Accounts Receivable 365 Days	 		FYE 63 Days		54 57	57 55	60 62	75 75	97 93	64 64	59 59
Days Cash on Hand Excludes Restricted: Cash + Short-Term Investments (Total Expenses - Depreciation Expense)/ by 365	 		Budget FYE 170 Days Budget 3rd Qtr 163 Days Projected 3rd Qtr 194 Days	60 Days A- 203 Days BBB- 142 Days	195	201	156	164	148	203	209
Accounts Receivable over 120 days (excludes payment plan, legal and charitable balances)			13%		15%	19%	18%	22%	29%	15%	11%
Accounts Receivable over 120 days (includes payment plan, legal and charitable balances)			18%		18%	24%	23%	25%	34%	19%	16%
Cash Receipts Per Day (based on 30 day lag on Patient Net Revenue) excludes managed care reserve	 		FYE Budget $345,895 End 3rd Qtr Budget $350,023 End 3rd Qtr Actual $376,575		$345,890	$313,153	$290,776	$286,394	$255,901	$254,806	$240,383
Debt Service Coverage: Excess Revenue over Exp + Interest Exp + Depreciation Debt Principal Payments + Interest Expense			Without GO Bond 4.20 With GO Bond 2.04	1.95	6.24 2.79	6.19 2.77	3.28 1.59	2.18 1.29	.66 .89	4.83 2.70	4.35 2.45

Footnotes:

(1) Target Return on Equity was established during the FY17 budgeting process. Fiscal year 2016 ended with a higher net income than projected. Based upon the actual fiscal year end net asset number, our Target Return on Equity was 3.6%.

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
MARCH 2017

CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VAR$	CURRENT MONTH VAR%	Note		YEAR TO DATE ACTUAL	YEAR TO DATE BUDGET	YEAR TO DATE VAR$	YEAR TO DATE VAR%	Note	PRIOR YTD MAR 2016
					OPERATING REVENUE						
$ 22,212,762	$ 19,967,970	$ 2,244,792	11.2%		Total Gross Revenue	$ 189,175,302	$ 179,699,664	$ 9,475,638	5.3%	1	$ 167,651,481
					Gross Revenues - Inpatient						
$ 1,958,544	$ 1,873,772	$ 84,772	4.5%		Daily Hospital Service	$ 17,641,592	$ 16,241,710	$ 1,399,881	8.6%		$ 15,565,438
4,076,691	4,152,164	(75,473)	-1.8%		Ancillary Service - Inpatient	36,530,108	35,162,451	1,367,657	3.9%		33,520,223
6,035,235	6,025,936	9,299	0.2%		Total Gross Revenue - Inpatient	54,171,700	51,404,161	2,767,538	5.4%	1	49,085,661
16,177,527	13,942,033	2,235,493	16.0%		Gross Revenue - Outpatient	135,003,602	128,295,503	6,708,099	5.2%		118,565,820
16,177,527	13,942,033	2,235,493	16.0%		Total Gross Revenue - Outpatient	135,003,602	128,295,503	6,708,099	5.2%	1	118,565,820
					Deductions from Revenue:						
9,556,855	8,164,934	(1,391,921)	-17.0%		Contractual Allowances	80,258,413	73,540,655	(6,717,758)	-9.1%	2	66,605,931
734,045	699,151	(34,894)	-5.0%		Charity Care	5,725,991	6,293,177	567,187	9.0%	2	5,044,229
243,158	-	(243,158)	0.0%		Charity Care - Catastrophic Events	272,105	-	(272,105)	0.0%	2	560,357
(394,870)	298,171	693,041	232.4%		Bad Debt	(1,129,619)	2,691,900	3,821,519	142.0%	2	(973,772)
(623,739)	-	623,739	0.0%		Prior Period Settlements	(444,361)	-	444,361	0.0%	2	(1,295,903)
9,515,449	9,162,256	(353,193)	-3.9%		Total Deductions from Revenue	84,682,529	82,525,732	(2,156,797)	-2.6%		69,940,841
(4,362)	60,401	(64,763)	-107.2%		Property Tax Revenue- Wellness Neighborhood	461,473	509,697	(48,224)	-9.5%		548,260
592,105	618,339	(26,234)	-4.2%		Other Operating Revenue	6,666,183	6,211,001	455,183	7.3%	3	6,381,170
13,285,055	11,484,453	1,800,602	15.7%		TOTAL OPERATING REVENUE	111,620,428	103,894,629	7,725,799	7.4%		104,640,070
					OPERATING EXPENSES						
4,011,676	3,925,632	(86,044)	-2.2%		Salaries and Wages	34,738,714	34,635,882	(102,832)	-0.3%	4	32,111,101
1,358,797	1,198,620	(160,177)	-13.4%		Benefits	11,578,554	10,872,648	(705,906)	-6.5%	4	11,070,347
47,793	57,011	9,218	16.2%		Benefits Workers Compensation	489,296	513,100	23,804	4.6%	4	469,958
543,705	694,217	150,512	21.7%		Benefits Medical Insurance	5,653,456	6,247,952	594,496	9.5%	4	5,652,235
1,983,134	1,830,301	(152,833)	-8.4%		Professional Fees	16,248,309	16,079,478	(168,831)	-1.0%	5	13,842,951
1,686,634	1,661,396	(25,238)	-1.5%		Supplies	14,594,975	15,226,853	631,878	4.1%	6	13,601,883
1,021,861	886,665	(135,196)	-15.2%		Purchased Services	8,936,897	8,029,354	(907,543)	-11.3%	7	8,053,037
664,019	569,825	(94,193)	-16.5%		Other	5,217,395	5,248,637	31,241	0.6%	8	4,506,275
11,317,618	10,823,667	(493,951)	-4.6%		TOTAL OPERATING EXPENSE	97,457,596	96,853,903	(603,693)	-0.6%		89,307,787
1,967,437	**660,786**	**1,306,651**	**197.7%**		**NET OPERATING REVENUE (EXPENSE) EBIDA**	**14,162,832**	**7,040,726**	**7,122,106**	**101.2%**		**15,332,283**
					NON-OPERATING REVENUE/(EXPENSE)						
510,862	446,099	64,763	14.5%		District and County Taxes	4,125,396	4,048,803	76,593	1.9%	9	3,548,953
391,933	391,933	-	0.0%		District and County Taxes - GO Bond	3,527,400	3,527,400	-	0.0%		3,536,614
56,480	39,604	16,876	42.6%		Interest Income	434,338	312,017	122,321	39.2%	10	260,542
2	-	2	0.0%		Interest Income-GO Bond	356	-	356	0.0%		16,599
66,487	38,917	27,570	70.8%		Donations	369,817	350,250	19,567	5.6%	11	354,891
(86,423)	(31,250)	(55,173)	-176.6%		Gain/ (Loss) on Joint Investment	(183,517)	(93,750)	(89,767)	-95.8%	12	(121,610)
-	-	-	0.0%		Loss on Impairment of Asset	-	-	-	0.0%	12	-
-	-	-	0.0%		Gain/ (Loss) on Sale of Equipment	-	-	-	0.0%	13	7,500
-	-	-	0.0%		Impairment Loss	-	-	-	0.0%	14	-
(967,356)	(966,316)	(1,040)	-0.1%		Depreciation	(8,233,274)	(8,696,845)	463,571	5.3%	15	(7,674,560)
(101,585)	(98,722)	(2,863)	-2.9%		Interest Expense	(921,925)	(891,797)	(30,128)	-3.4%	16	(1,072,896)
(326,061)	(315,492)	(10,569)	-3.3%		Interest Expense-GO Bond	(1,752,045)	(1,880,751)	128,707	6.8%		(2,212,027)
(455,660)	(495,227)	39,567	8.0%		TOTAL NON-OPERATING REVENUE/(EXPENSE)	(2,633,454)	(3,324,673)	691,219	20.8%		(3,355,996)
$ 1,511,776	**$ 165,559**	**$ 1,346,218**	**813.1%**		**INCREASE (DECREASE) IN NET POSITION**	**$ 11,529,378**	**$ 3,716,053**	**$ 7,813,325**	**210.3%**		**$ 11,976,287**
					NET POSITION - BEGINNING OF YEAR	**111,525,278**					
					NET POSITION - AS OF MARCH 31, 2017	**$ 123,054,656**					
8.9%	**3.3%**	**5.5%**			**RETURN ON GROSS REVENUE EBIDA**	**7.5%**	**3.9%**	**3.6%**			**9.1%**

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
MARCH 2017

		Variance from Budget Fav / <Unfav> MAR 2017	Fav / <Unfav> YTD 2017
1) Gross Revenues			
Acute Patient Days were above budget 3.40% or 13 days. Swing Bed days were over budget 39.13% or 9 days. Inpatient Ancillary revenues fell short of budget by 1.80% due to the shift in patient days from Acute to Swing.	Gross Revenue – Inpatient	$ 9,299	$ 2,767,538
	Gross Revenue – Outpatient	2,235,493	6,708,099
	Gross Revenue – Total	$ 2,244,792	$ 9,475,638
Outpatient volumes were above budget in the following departments: Surgical cases, Endoscopy procedures, Laboratory tests, Diagnostic Imaging, Mammography, Medical Oncology procedures, Nuclear Medicine, MRI, Ultrasounds, Cat Scans, PET CT, Pharmacy units, Oncology Pharmacy units, Respiratory minutes, Physical, Speech, and Occupational Therapies.			
2) Total Deductions from Revenue			
The payor mix for March shows a 2.99% decrease to Medicare, a 1.61% increase to Medi-Cal, .25% decrease to Other, County at budget, and a 1.63% increase to Commercial when compared to budget. Contractual Allowances were over budget due to revenues exceeding budget by 11.20%. The District was notified by the Medicare program of an adjustment to our interim rate reimbursement which caused an amount due to Medicare. We have accounted for that amount due in the Contractual Allowances for March.	Contractual Allowances	$ (1,391,921)	$ (6,717,758)
	Charity Care	(34,894)	567,187
	Charity Care - Catastrophic	(243,158)	(272,105)
	Bad Debt	693,041	3,821,519
	Prior Period Settlements	623,739	444,361
	Total	$ (353,193)	$ (2,156,797)
The District received remittance for an amount due from the Medi-Cal program for FY16 as part of the State's outpatient supplemental reimbursement program. This has created a positive variance in Prior Period Settlements.			
3) Other Operating Revenue	Retail Pharmacy	$ (34,416)	$ (125,806)
Retail Pharmacy revenues fell short of budget by 13.35%.	Hospice Thrift Stores	(14,872)	(52,120)
	The Center (non-therapy)	(8,140)	(3,071)
Hospice Thrift Stores revenues fell short of budget by 16.46%.	IVCH ER Physician Guarantee	4,311	62,704
	Children's Center	6,060	8,258
	Miscellaneous	20,823	565,218
	Oncology Drug Replacement	-	-
	Grants	-	-
	Total	$ (26,234)	$ 455,183
4) Salaries and Wages	Total	$ (86,044)	$ (102,832)
Employee Benefits	PL/SL	$ (139,965)	$ (496,805)
Use of Paid Leave and true-up to the Long-term Sick and Sick Paid Leave accruals created a negative variance in PL/SL.	Nonproductive	(18,453)	(149,731)
	Pension/Deferred Comp	197	(2,895)
	Standby	14,937	151,688
	Other	(16,894)	(208,164)
	Total	$ (160,177)	$ (705,906)
Employee Benefits - Workers Compensation	Total	$ 9,218	$ 23,804
Employee Benefits - Medical Insurance	Total	$ 150,512	$ 594,496
5) Professional Fees	TFH Locums	$ (48,372)	$ (416,081)
Negative variance in TFH Locums related to Hospitalist and Emergency Department coverage.	Miscellaneous	(94,857)	(208,513)
	Information Technology	(9,761)	(170,200)
	The Center (includes OP Therapy)	3,117	(158,007)
Project Management consulting for the system conversions, compliance review of our Pharmacy 340B program, and legal fees provided to TIRHR created a negative variance in Miscellaneous.	Administration	(11,879)	(138,572)
	Multi-Specialty Clinics Admin	(1,421)	(64,109)
	Oncology	(1,756)	(15,821)
	IVCH ER Physicians	1,268	(8,544)
Project management fees related to physician onboarding created a negative variance in Administration.	Home Health/Hospice	(1,825)	(1,354)
	Respiratory Therapy	-	(2)
	Patient Accounting/Admitting	-	-
Legal Fees budgeted for the Corporate Compliance department fell below budget, creating a positive variance in this category.	Business Performance	-	-
	Human Resources	3,632	897
	Medical Staff Services	1,215	2,817
Negative variance in Multi-Specialty Clinics related to physican RVU bonuses.	Sleep Clinic	(9,308)	12,497
	Marketing	2,375	21,375
	Managed Care	5,000	28,436
	Financial Administration	12,885	38,580
	TFH/IVCH Therapy Services	1,994	92,245
	Corporate Compliance	31,631	262,539
	Multi-Specialty Clinics	(36,772)	552,986
	Total	$ (152,833)	$ (168,831)

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
MARCH 2017

		Variance from Budget Fav / <Unfav>	
		MAR 2017	YTD 2017
6) Supplies	Minor Equipment	$ (754)	$ (50,102)
Other Non-Medical Supplies purchases for Surgery, Sterile Processing, Housekeeping, Plant Operations, The Gift Tree, Admitting, and Volunteers created a negative variance in this category.	Food	(4,699)	(22,679)
	Other Non-Medical Supplies	(21,101)	(6,344)
	Imaging Film	800	3,646
	Office Supplies	(7,647)	48,544
Surgical Services revenues exceeded budget by 25.71%, creating a negative variance in Patient & Other Medical Supplies.	Patient & Other Medical Supplies	(15,553)	180,290
	Pharmacy Supplies	23,716	478,523
	Total	$ (25,238)	$ 631,878
Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues exceeded budget, however, the types of drugs administered during the month created a positive variance in Pharmacy Supplies.			
7) Purchased Services	Miscellaneous	$ (68,169)	$ (819,850)
Services provided to Laundry & Linen, Engineering, and snow removal created a negative variance in Miscellaneous.	Department Repairs	(36,770)	(88,628)
	Hospice	(3,546)	(64,429)
	Laboratory	5,010	(28,230)
Facility wide maintenance and Employee Housing repairs created a negative variance in Department repairs.	Pharmacy IP	(1,670)	(16,718)
	Multi-Specialty Clinics	(14,174)	(3,432)
	The Center	(1,326)	(2,203)
Negative variance in Multi-Specialty Clinics related to Ochin EPIC services provided for MSC Administration.	Diagnostic Imaging Services - All	19,803	7,715
	Medical Records	4,023	11,492
	Community Development	2,725	11,794
Employee health screenings and pre-employement screenings created a negative variance in Human Resources.	Information Technology	12,494	18,468
	Patient Accounting	(9,378)	29,935
	Human Resources	(44,218)	36,543
	Total	$ (135,196)	$ (907,543)
8) Other Expenses	Human Resources Recruitment	$ (112,551)	$ (134,571)
Executive search fees for the Director of Women & Family and the Emergency Department created a negative variance in Human Resources Recruitment.	Outside Training & Travel	15,809	(114,897)
	Other Building Rent	(40,295)	(68,219)
	Equipment Rent	(9,073)	(32,984)
Unbudgeted rental expense on the Pioneer Commerce Center building created a negative variance in Other Building Rent.	Utilities	1,548	(433)
	Physician Services	(203)	(128)
	Insurance	16,427	2,987
The District received a dividend from Program Beta, creating a positive variance in Insurance.	Multi-Specialty Clinics Equip Rent	596	5,649
	Multi-Specialty Clinics Bldg Rent	8,944	49,820
	Dues and Subscriptions	(18,623)	65,850
Negative variance in Dues & Subscription related to dues paid to U.C. Davis to participate in their Cancer Care Network.	Marketing	24,722	72,527
	Miscellaneous	18,505	185,641
	Total	$ (94,193)	$ 31,241
9) District and County Taxes	Total	$ 64,763	$ 76,593
10) Interest Income	Total	$ 16,876	$ 122,321
11) Donations	IVCH	$ 2,151	$ 24,267
	Operational	25,419	(4,700)
	Capital Campaign		
	Total	$ 27,570	$ 19,567
12) Gain/(Loss) on Joint Investment	Total	$ (55,173)	$ (89,767)
The District booked its 51% share in losses of the Truckee Surgery Center for the months of October through December 2016.			
13) Gain/(Loss) on Sale	Total	$ -	$ -
15) Depreciation Expense	Total	$ (1,040)	$ 463,571
16) Interest Expense	Total	$ (2,863)	$ (30,128)

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
KEY FINANCIAL INDICATORS
MARCH 2017

	Current Status	Desired Position	Target	FY 2017 Jul 16 to Mar 17	FY 2016 Jul 15 to June 16	FY 2015 Jul 14 to June 15	FY 2014 Jul 13 to June 14	FY 2013 Jul 12 to June 13	FY 2012 Jul 11 to June 12	FY 2011 Jul 10 to June 11
Total Margin: Increase (Decrease) In Net Position / Total Gross Revenue		⇧	FYE 1.7% 3rd Qtr 2.1%	6.1%	5.5%	1.0%	.01%	-2.2%	5.3%	3.6%
Charity Care: Charity Care Expense / Gross Patient Revenue		⇩	FYE 3.5% 3rd Qtr 3.5%	3.2%	3.4%	3.1%	3.2%	3.2%	2.6%	3.0%
Bad Debt Expense: Bad Debt Expense / Gross Patient Revenue		⇩	FYE 1.5% 3rd Qtr 1.5%	-.0%	-.2%	1.6%	1.6%	4.6%	4.3%	3.8%
Incline Village Community Hospital: EBIDA: Earnings before interest, Depreciation, amortization / Net Operating Revenue <Expense> / Gross Revenue		⇧	FYE 9.6% 3rd Qtr 10.4%	11.5%	11.3%	9.1%	4.9%	11.5%	10.8%	12.3%
Operating Expense Variance to Budget (Under<Over>)		⇧	-0-	$(603,693)	$(7,548,217)	$(6,371,653)	$2,129,279	$(1,498,683)	$790,439	$15,188
EBIDA: Earnings before interest, Depreciation, amortization / Net Operating Revenue <Expense> / Gross Revenue		⇧	FYE 3.6% 3rd Qtr 3.9%	7.5%	7.3%	3.5%	2.0%	.9%	5.6%	5.1%

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
MARCH 2017

CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VAR$	CURRENT MONTH VAR%	Note		YEAR TO DATE ACTUAL	YEAR TO DATE BUDGET	YEAR TO DATE VAR$	YEAR TO DATE VAR%	Note	PRIOR YTD MAR 2016
					OPERATING REVENUE						
$ 1,471,362	$ 1,508,922	$ (37,560)	-2.5%		Total Gross Revenue	$ 14,247,583	$ 13,943,237	$ 304,346	2.2%	1	$ 13,269,666
					Gross Revenues - Inpatient						
$ -	$ 2,914	$ (2,914)	-100.0%		Daily Hospital Service	$ 32,328	$ 23,312	$ 9,016	38.7%		$ 22,598
(5,948)	3,533	(9,481)	-268.4%		Ancillary Service - Inpatient	44,416	30,690	13,726	44.7%		25,049
(5,948)	6,447	(12,395)	-192.3%		Total Gross Revenue - Inpatient	76,744	54,002	22,742	42.1%	1	47,647
1,477,310	1,502,475	(25,165)	-1.7%		Gross Revenue - Outpatient	14,170,839	13,889,235	281,604	2.0%		13,222,019
1,477,310	1,502,475	(25,165)	-1.7%		Total Gross Revenue - Outpatient	14,170,839	13,889,235	281,604	2.0%	1	13,222,019
					Deductions from Revenue:						
532,051	490,047	(42,004)	-8.6%		Contractual Allowances	5,100,412	4,520,968	(579,444)	-12.8%	2	4,214,316
47,370	56,776	9,406	16.6%		Charity Care	483,744	524,854	41,110	7.8%	2	442,657
5,189	-	(5,189)	0.0%		Charity Care - Catastrophic Events	34,137	-	(34,137)	0.0%	2	42,482
31,468	54,511	23,043	42.3%		Bad Debt	448,048	503,915	55,867	11.1%	2	487,371
-	-	-	0.0%		Prior Period Settlements	(22,833)	-	22,833	0.0%	2	(150,715)
616,078	601,335	(14,744)	-2.5%		Total Deductions from Revenue	6,043,508	5,549,738	(493,770)	-8.9%	2	5,036,111
76,757	73,280	3,477	4.7%		Other Operating Revenue	724,310	663,267	61,043	9.2%	3	765,597
932,040	980,867	(48,827)	-5.0%		TOTAL OPERATING REVENUE	8,928,385	9,056,766	(128,381)	-1.4%		8,999,152
					OPERATING EXPENSES						
270,408	273,621	3,213	1.2%		Salaries and Wages	2,371,623	2,555,734	184,111	7.2%	4	2,266,690
103,673	89,588	(14,085)	-15.7%		Benefits	891,574	867,447	(24,127)	-2.8%	4	686,758
1,965	1,417	(548)	-38.7%		Benefits Workers Compensation	18,096	12,751	(5,345)	-41.9%	4	21,183
32,130	44,618	12,488	28.0%		Benefits Medical Insurance	362,675	401,566	38,891	9.7%	4	363,412
241,895	239,716	(2,179)	-0.9%		Professional Fees	2,142,825	2,133,980	(8,845)	-0.4%	5	2,091,518
53,276	83,919	30,643	36.5%		Supplies	594,059	751,736	157,677	21.0%	6	683,836
72,494	46,588	(25,906)	-55.6%		Purchased Services	430,086	399,816	(30,270)	-7.6%	7	367,639
57,315	54,617	(2,699)	-4.9%		Other	482,614	490,288	7,674	1.6%	8	532,503
833,157	834,083	926	0.1%		TOTAL OPERATING EXPENSE	7,293,553	7,613,318	319,765	4.2%		7,013,539
98,884	**146,784**	**(47,900)**	**-32.6%**		**NET OPERATING REV(EXP) EBIDA**	**1,634,832**	**1,443,448**	**191,384**	**13.3%**		**1,985,613**
					NON-OPERATING REVENUE/(EXPENSE)						
2,151	-	2,151	0.0%		Donations-IVCH	24,267	-	24,267	0.0%	9	35,656
-	-	-	0.0%		Gain/ (Loss) on Sale	-	-	-	0.0%	10	-
(64,277)	(64,277)	-	0.0%		Depreciation	(523,880)	(578,489)	54,609	-9.4%	11	(499,303)
(62,126)	(64,277)	2,151	3.3%		TOTAL NON-OPERATING REVENUE/(EXP)	(499,613)	(578,489)	78,876	13.6%		(463,647)
$ 36,758	**$ 82,507**	**$ (45,749)**	**-55.4%**		**EXCESS REVENUE(EXPENSE)**	**$ 1,135,219**	**$ 864,959**	**$ 270,261**	**31.2%**		**$ 1,521,966**
6.7%	**9.7%**	**-3.0%**			**RETURN ON GROSS REVENUE EBIDA**	**11.5%**	**10.4%**	**1.1%**			**15.0%**

INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
MARCH 2017

		Variance from Budget Fav<Unfav> MAR 2017	YTD 2017
1) Gross Revenues			
Acute Patient Days were at budget at 1 and Observation Days were below budget by 3 at 0.	Gross Revenue -- Inpatient	$ (12,395)	$ 22,742
	Gross Revenue -- Outpatient	(25,165)	281,604
		$ (37,560)	$ 304,346
Outpatient volumes fell short of budget in Emergency Department visits, Surgical cases, Diagnostic Imaging, Pharmacy units, Physical Therapy, and Occupational Therapy.			
2) Total Deductions from Revenue			
We saw a shift in our payor mix with a 6.39% increase in Commercial Insurance, a 3.69% decrease in Medicare, a 1.34% decrease in Medicaid, a 1.36% decrease in Other, and County was at budget. We saw an increase in Aged Accounts Receivable over 120 days along with a large shift from Commercial Traditional to Commercial HMO revenues, creating a negative variance in Contractual Allowances.	Contractual Allowances	$ (42,004)	$ (579,444)
	Charity Care	9,406	41,110
	Charity Care-Catastrophic Event	(5,189)	(34,137)
	Bad Debt	23,043	55,867
	Prior Period Settlement	-	22,833
	Total	$ (14,744)	$ (493,770)
3) Other Operating Revenue			
	IVCH ER Physician Guarantee	$ 4,311	$ 62,704
	Miscellaneous	(834)	(1,661)
	Total	$ 3,477	$ 61,043
4) Salaries and Wages	Total	$ 3,213	$ 184,111
Employee Benefits	PL/SL	$ (13,585)	$ (5,064)
Vacation pay in the Emergency Department and additional accruals to our Long Term Sick liability account created a negative variance in PL/SL.	Standby	(2,519)	5,086
	Other	1,923	(752)
	Nonproductive	(100)	(26,265)
	Pension/Deferred Comp	196	2,868
	Total	$ (14,085)	$ (24,127)
Employee Benefits - Workers Compensation	Total	$ (548)	$ (5,345)
Employee Benefits - Medical Insurance	Total	$ 12,488	$ 38,891
5) Professional Fees	Miscellaneous	$ 6,020	$ (34,300)
IVCH MSC IM/Pediatrics budgeted physician fees exceeded budget, creating a negative variance in Multi-Specialty Clinics physician fees.	Administration	1,524	(8,603)
	IVCH ER Physicians	1,268	(8,544)
	Foundation	37	(3,259)
Negative variance in Sleep Clinic professional fees related to collections exceeding budget estimations.	Multi-Specialty Clinics	(2,544)	1,274
	Sleep Clinic	(9,308)	12,497
	Therapy Services	825	32,090
	Total	$ (2,179)	$ (8,845)
6) Supplies	Food	$ (601)	$ (9,439)
Small equipment purchases for Sterile Processing and Laboratory created a negative variance in Minor Equipment.	Office Supplies	(1,052)	(5,931)
	Minor Equipment	(3,048)	(3,466)
	Non-Medical Supplies	(553)	745
Drugs Sold to Patients revenues were below budget by 19.39%, creating a positive variance in Pharmacy Supplies.	Imaging Film	197	1,188
	Pharmacy Supplies	17,415	86,909
	Patient & Other Medical Supplies	18,284	87,670
Surgical Services revenues fell short of budget by 31.77%, creating a positive variance in Patient & Other Medical Supplies.	Total	$ 30,643	$ 157,677

INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
MARCH 2017

		Variance from Budget Fav<Unfav>	
		MAR 2017	YTD 2017
7) Purchased Services	Engineering/Plant/Communications	$ (15,743)	$ (28,995)
Negative variance in Engineering/Plant/Communications related to snow removal.	EVS/Laundry	(4,581)	(24,480)
	Department Repairs	(9,545)	(13,058)
	Diagnostic Imaging Services - All	1,670	(720)
Small repairs and weatherproofing the facility created a negative variance in Department Repairs.	Multi-Specialty Clinics	(229)	(604)
	Foundation	(1,241)	(380)
	Surgical Services	-	-
	Pharmacy	307	861
	Miscellaneous	748	14,157
	Laboratory	2,707	22,950
	Total	$ (25,906)	$ (30,270)
8) Other Expenses	Insurance	$ (1,872)	$ (16,872)
Negative variance in Marketing related to website development.	Dues and Subscriptions	215	(8,926)
	Marketing	(1,278)	(8,513)
Oxygen rental fees created a negative variance in Equipment Rent.	Equipment Rent	(2,359)	(5,637)
	Physician Services	-	-
Natural Gas and Electricity costs came in below budget, creating a positive variance in Utilities.	Multi-Specialty Clinics Equip Rent	-	-
	Multi-Specialty Clinics Bldg Rent	-	-
	Other Building Rent	(167)	144
	Outside Training & Travel	(924)	851
	Utilities	2,167	19,132
	Miscellaneous	1,520	27,525
	Total	$ (2,699)	$ 7,674
9) Donations	Total	$ 2,151	$ 24,267
10) Gain/(Loss) on Sale	Total	$ -	$ -
11) Depreciation Expense	Total	$ -	$ 54,609

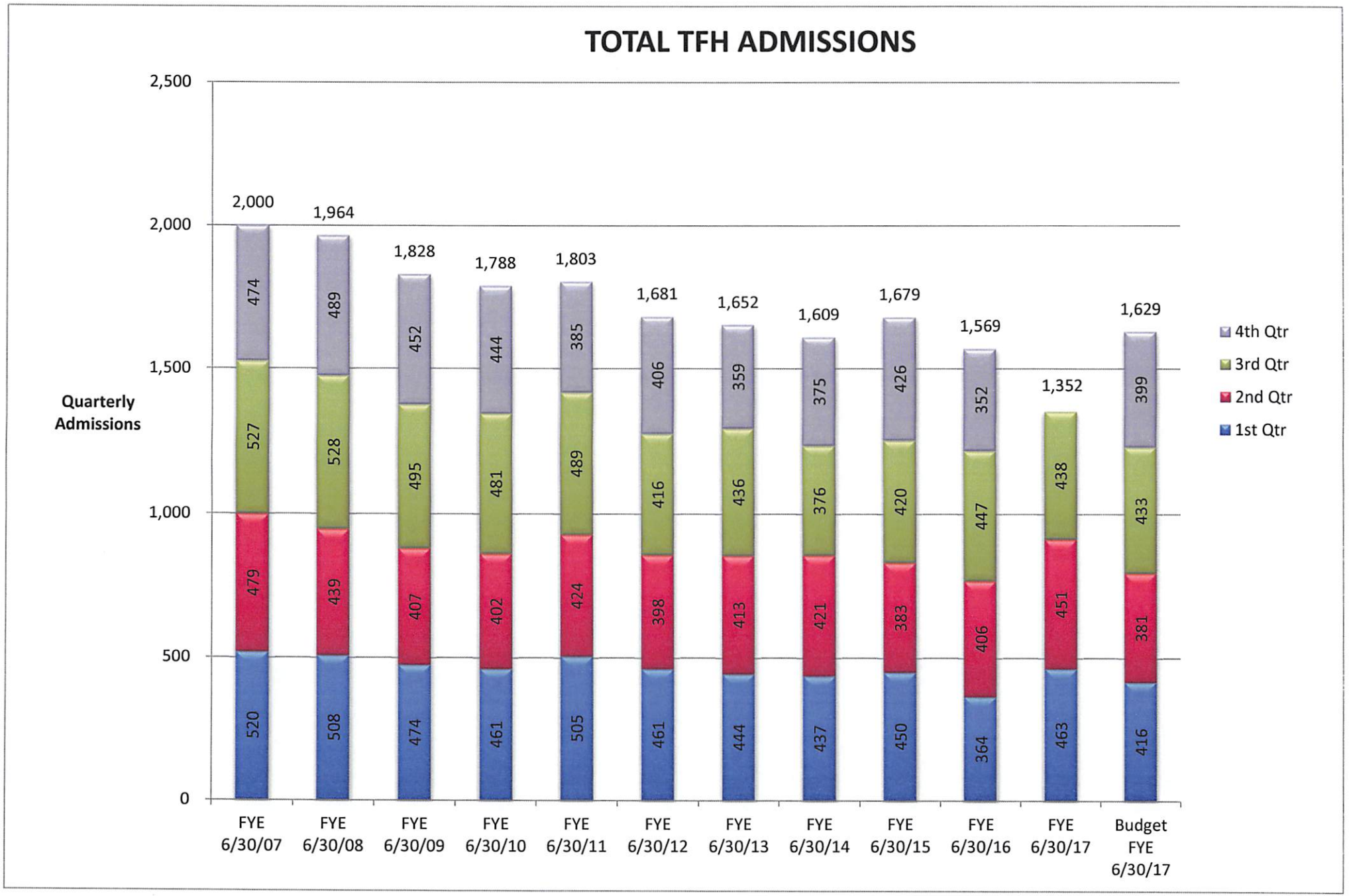
TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

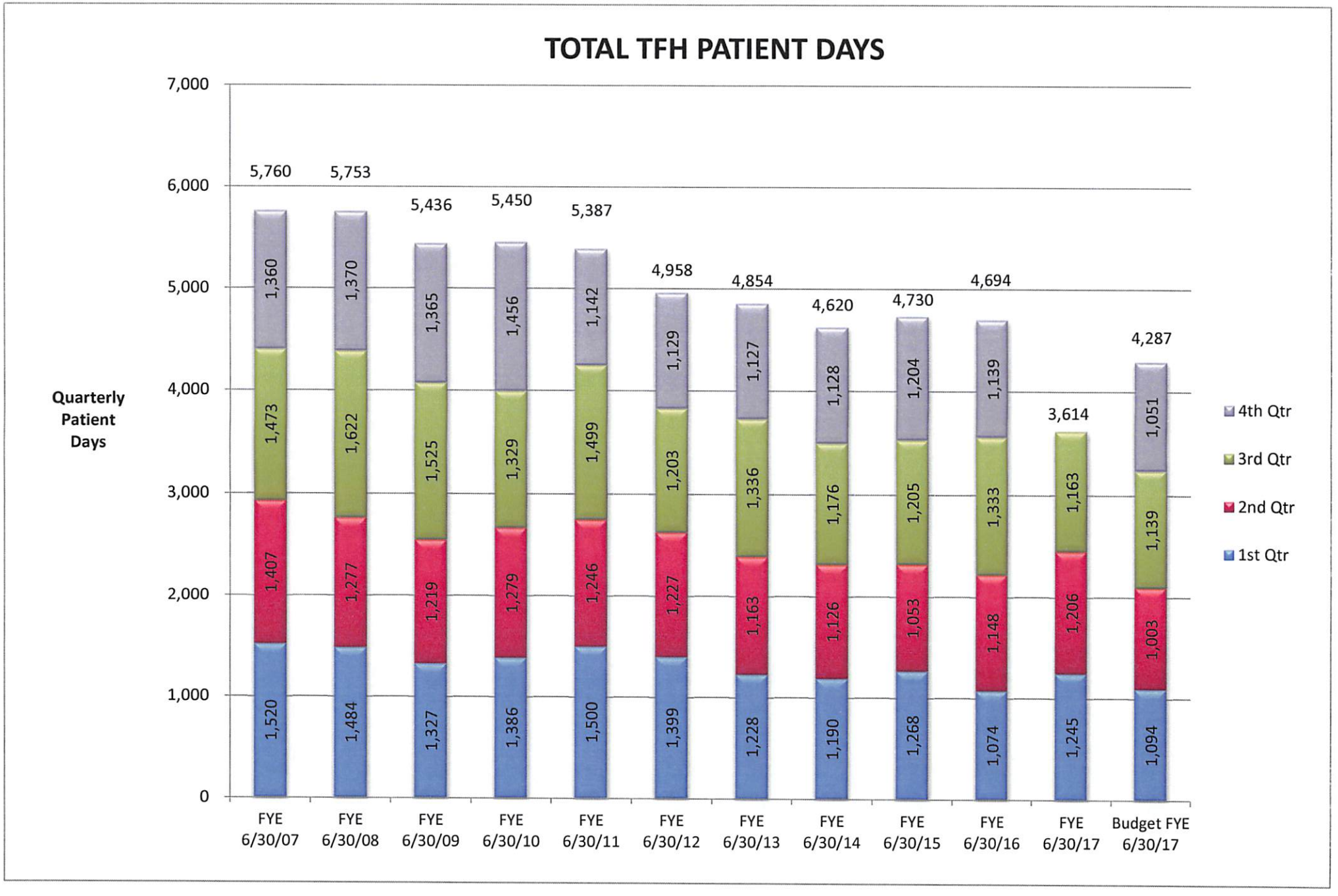
	AUDITED FYE 2016		BUDGET FYE 2017		PROJECTED FYE 2017	ACTUAL MAR 2017	BUDGET MAR 2017	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	ACTUAL 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	$ 16,129,087		$ 8,354,249		$ 14,952,479	1,967,437	$ 660,786	1,306,651	$ 4,905,089	$ 4,482,756	$ 4,632,586	$ 932,048
Interest Income	163,091		249,285		323,104	-	-	-	70,617	85,905	96,447	70,136
Property Tax Revenue	6,120,208		5,682,000		6,223,503	-	-	-	345,312	94,001	3,510,190	2,274,000
Donations	668,318		1,023,000		1,022,870	76,440	280,000	(203,560)	211,916	53,794	205,600	551,560
Debt Service Payments	(3,441,272)		(3,568,341)		(3,525,132)	(240,328)	(241,694)	1,366	(1,217,943)	(720,763)	(861,343)	(725,083)
Bank of America - 2012 Muni Lease	(1,243,650)		(1,243,644)		(1,243,648)	(103,637)	(103,637)	(0)	(310,912)	(310,912)	(310,912)	(310,911)
Copier	(8,758)		(11,520)		(11,298)	(959)	(960)	1	(2,885)	(2,656)	(2,878)	(2,880)
2002 Revenue Bond	(483,555)		(668,008)		(637,310)	-	-	-	(496,951)	-	(140,358)	-
2015 Revenue Bond	(1,705,309)		(1,645,169)		(1,632,876)	(135,732)	(137,097)	1,366	(407,195)	(407,195)	(407,195)	(411,292)
Physician Recruitment	(263,769)		(120,000)		-	-	-	-	-	-	-	-
Investment in Capital											-	
Equipment	(1,495,214)		(1,262,750)		(1,262,750)	(82,300)	(157,419)	75,119	(452,617)	(419,544)	(186,887)	(203,702)
Municipal Lease Reimbursement	1,319,139		979,000		979,000	-	-	-	-	-	-	979,000
GO Bond Project Personal Property	(432,135)		(279,000)		(1,071,506)	(4,993)	-	(4,993)	(532,573)	(364,495)	(174,438)	-
IT	(888,802)		(297,578)		(297,578)	18,120	(92,650)	110,670	(90,239)	(48,320)	17,785	(176,804)
Building Projects	(2,095,500)		(4,315,500)		(4,315,500)	(113,622)	(520,272)	406,650	(1,630,513)	(678,916)	(535,903)	(1,470,168)
Health Information/Business System	(92,807)		(7,000,000)		(4,754,511)	(30,018)	(642,359)	612,341	-	(2,051,447)	(553,064)	(2,150,000)
Capital Investments												
Properties	-		(2,794,000)		(2,802,193)	-	-	-	(40,000)	(2,333,193)	-	(429,000)
Measure C Scope Modifications	-		(2,476,716)		(1,684,210)	-	(399,916)	399,916	(558,626)	(261,384)	(69,361)	(794,839)
Change in Accounts Receivable	(1,194,734)		(2,183,288)	N1	(2,504,469)	191,536	761,004	(569,468)	(2,178,112)	(931,014)	106,152	498,505
Change in Settlement Accounts	1,387,101		1,175,000	N2	4,361,396	678,108	-	678,108	1,126,982	(205,102)	4,439,516	(1,000,000)
Change in Other Assets	(3,180,399)		(890,622)	N3	(1,547,792)	(268,283)	57,000	(325,283)	(687,607)	(1,034,847)	(372,202)	546,864
Change in Other Liabilities	3,702,607		(320,000)	N4	(2,061,310)	(1,060,837)	600,000	(1,660,837)	(2,392,808)	2,093	(1,370,595)	1,700,000
Change in Cash Balance	16,404,918		(8,045,261)		2,035,401	1,131,260	304,680	826,680	(3,121,122)	(4,330,475)	8,884,481	602,517
Beginning Unrestricted Cash	52,227,897		68,632,815		68,632,815	68,934,438	68,934,438	-	68,632,815	65,511,692	61,181,218	70,065,699
Ending Unrestricted Cash	68,632,815		60,778,463		70,668,216	70,065,698	69,239,018	826,680	65,511,692	61,181,218	70,065,699	70,668,216
Expense Per Day	340,958		355,605		357,045	359,049	357,131	1,918	352,658	353,874	359,049	357,045
Days Cash On Hand	201		171		198	195	194	1	186	173	195	198

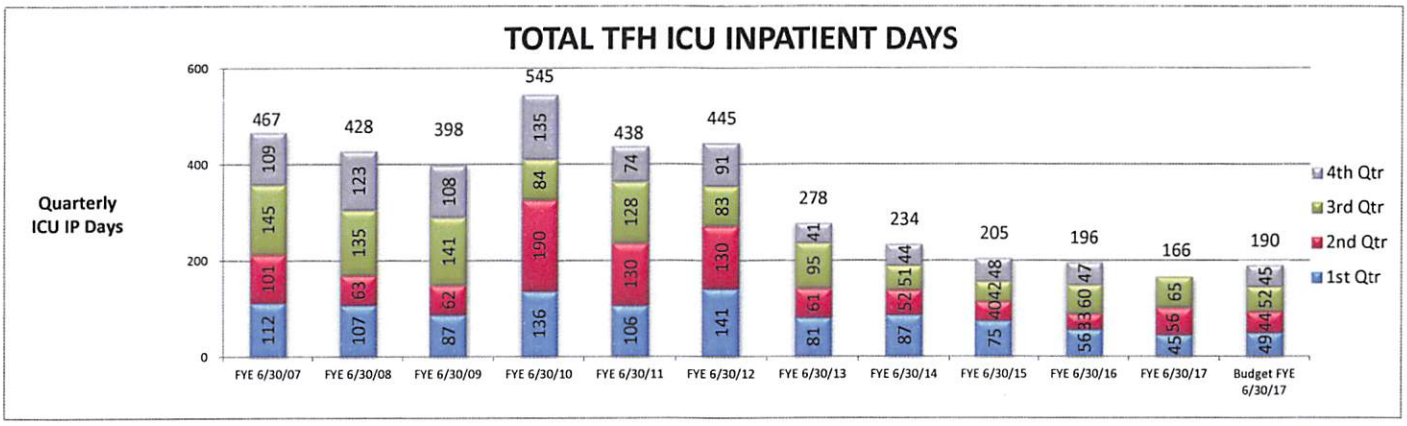
Footnotes:
N1 - Change in Accounts Receivable reflects the 30 day delay in collections.
N2 - Change in Settlement Accounts reflect cash flows in and out related to prior year and current year Medicare and Medi-Cal settlement accounts.
N3 - Change in Other Assets reflect fluctuations in asset accounts 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.

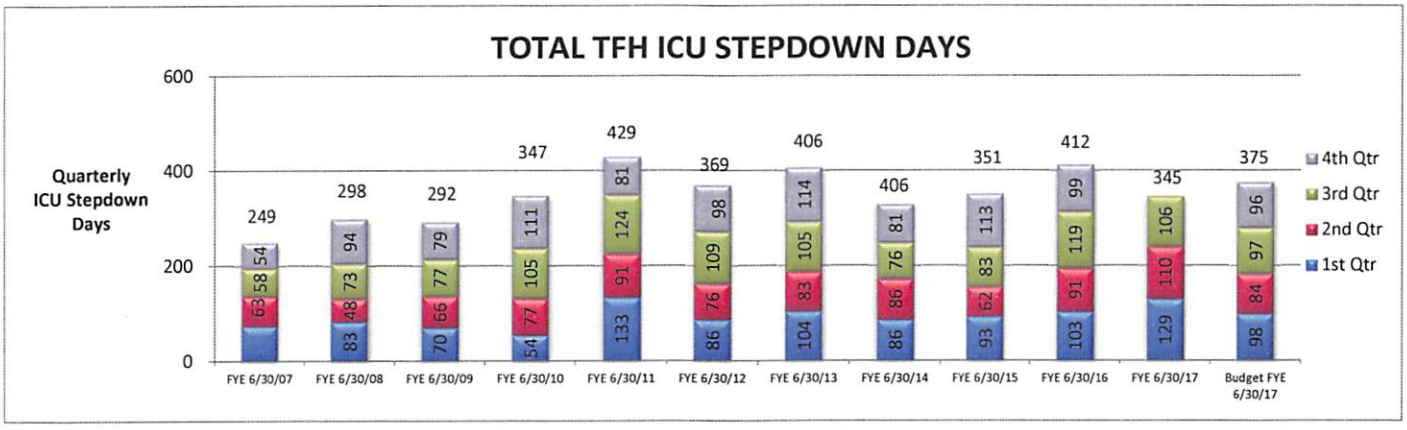
Incline Village Community Hospital
Operating Indicators
Month & YTD June 2017
March 31, 2017

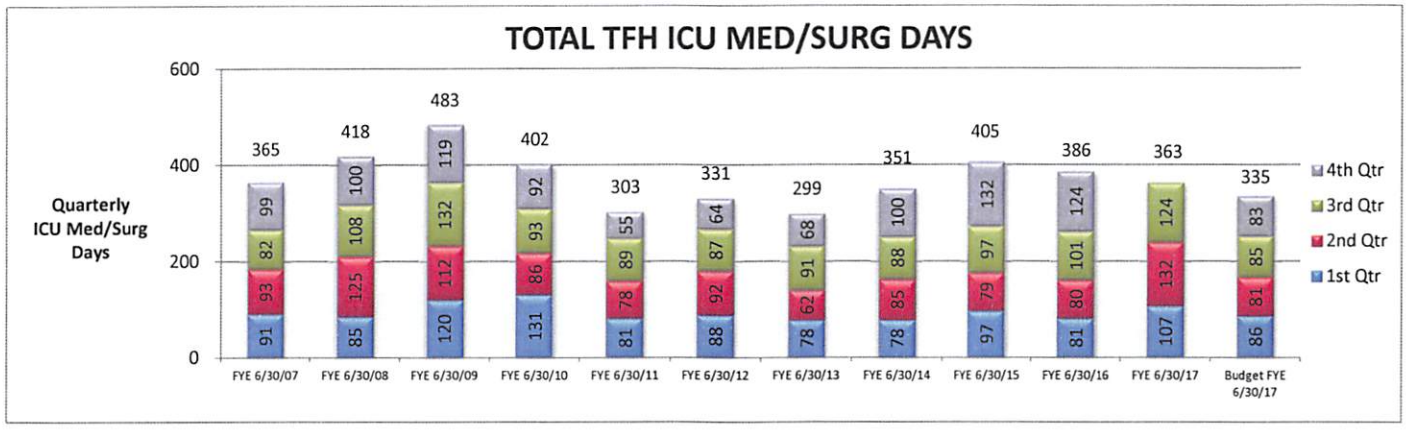
	YTD Actual	YTD Budget	YTD Variance	YTD % Variance
Admissions	3	8	(5)	-62.50%
Registrations	7,123	7,461	(338)	-4.53%
I/P Days	6	8	(2)	-25.00%
Observation Days	18	19	(1)	-5.26%
Total Days	24	27	(3)	-11.11%
Emergency Visits	3,205	3,027	178	5.88%
Surgical Services:				
Cases - Inpatient	0	0	0	0.00%
Cases - Outpatient	78	76	2	2.63%
Total Cases	78	76	2	2.63%
Minutes	24,214	23,517	697	2.96%
Laboratory Tests (inc EKG's)	22,324	19,418	2906	14.97%
Radiology - I / P Exams	2	3	(1)	-33.33%
Radiology - O / P Exams	610	590	20	3.39%
Radiology - ER Exams	1,517	1,392	125	8.98%
Radiology (inc mammos) Totals	2,129	1,985	144	7.25%
CT - I / P Exams	1	1	0	0.00%
CT - O / P Exams (Inc. U/S)	116	107	9	8.41%
CT - ER Exams	578	514	64	12.45%
Total Cat Scan Exams	695	622	73	11.74%
Pharmacy - I/P units	216	102	114	111.76%
Pharmacy - O/P units	7,000	7,052	(52)	-0.74%
Pharmacy Totals	7,216	7,154	62	0.87%
IV's - Inpatient	7	3	4	133.33%
IV's - Outpatient	377	212	165	77.83%
Total IV's	384	215	169	78.60%
RT - I/P Procedures	46	0	46	0.00%
RT - O/P Procedures	962	0	962	0.00%
R/T Totals	1,008	0	1008	0.00%
Sleep Clinic Visits	124	121	3	2.48%
Perioperative Services Minutes				
OR - Inpatients	0	0	0	0.00%
OR - Outpatients	6,536	6,624	(88)	-1.33%
OR - Total	6,536	6,624	(88)	-1.33%
Total ASD	15,891	14,945	946	6.33%
I/P Recovery	0	0	0	0.00%
O/P Recovery	1,787	1,948	(161)	-8.26%
Total Recovery	1,787	1,948	(161)	-8.26%
Pain Clinic	0	0	0	0.00%
Procedure Room	0	0	0	0.00%
Total Surgicenter Minutes	24,214	23,517	697	2.96%
Anesthesia - Minutes				
Inpatient	0	0	0	0.00%
Out Patient	6,489	6,883	(394)	-5.72%
Elsewhere	0	0	0	0.00%
Total Anesthesia - Minutes	6,489	6,883	(394)	-5.72%
Dietary				
Patient Meals	475	655	(180)	-27.48%
Pantries	2,921	1,740	1181	67.87%
Non-patient Meals	0	0	0	0.00%
Total Meals	3,396	2,395	1001	41.80%
Flu Shots	132	400	(268)	-67.00%
P/T - 42 076	20,707	22,272	(1565)	-7.03%
OT - 42 080	886	846	40	4.73%
Diamond Peak - Patients Seen	203	282	(79)	-28.01%
Incline Village Health Clinic	1,896	1,200	696	58.00%

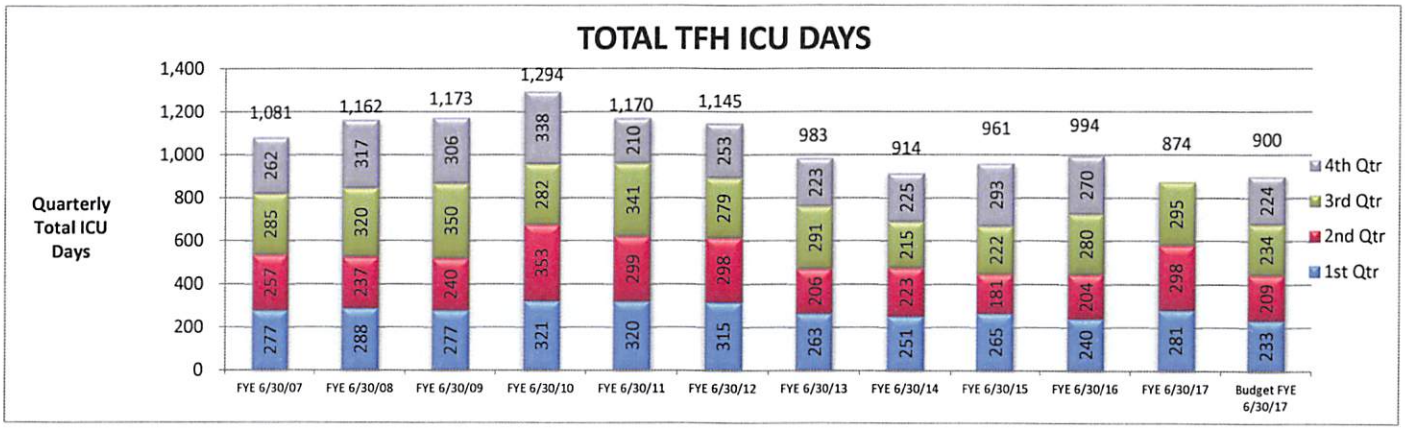

TOTAL TFH ADMISSIONS
Quarterly Admissions
2,500
2,000
1,500
1,000
500
0
2,000
1,964
1,828
1,788
1,803
1,681
1,652
1,609
1,679
1,569
1,352
1,629
474
489
452
444
385
406
359
375
426
352
399
527
528
495
481
489
416
436
376
420
447
438
433
479
439
407
402
424
398
413
421
383
406
451
381
520
508
474
461
505
461
444
437
450
364
463
416
FYE 6/30/07
FYE 6/30/08
FYE 6/30/09
FYE 6/30/10
FYE 6/30/11
FYE 6/30/12
FYE 6/30/13
FYE 6/30/14
FYE 6/30/15
FYE 6/30/16
FYE 6/30/17
Budget FYE 6/30/17
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

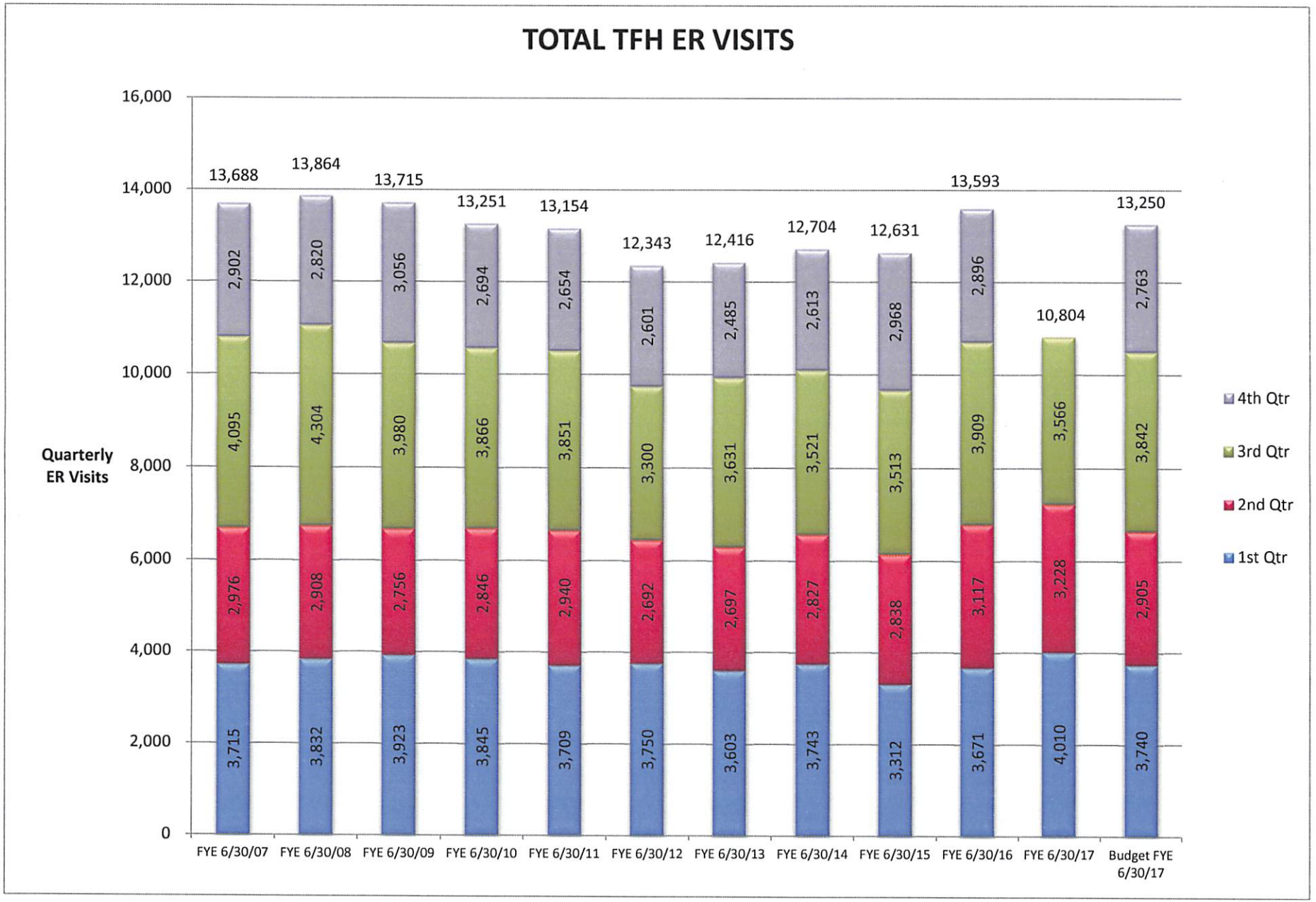

TOTAL TFH PATIENT DAYS
Quarterly Patient Days
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
5,760
5,753
5,436
5,450
5,387
4,958
4,854
4,620
4,730
4,694
3,614
4,287
1,520
1,407
1,473
1,360
1,484
1,277
1,622
1,370
1,327
1,219
1,525
1,365
1,386
1,279
1,329
1,456
1,500
1,246
1,499
1,142
1,399
1,227
1,203
1,129
1,228
1,163
1,336
1,127
1,190
1,126
1,176
1,128
1,268
1,053
1,205
1,204
1,074
1,148
1,333
1,139
1,245
1,206
1,163
1,094
1,003
1,139
1,051
FYE 6/30/07
FYE 6/30/08
FYE 6/30/09
FYE 6/30/10
FYE 6/30/11
FYE 6/30/12
FYE 6/30/13
FYE 6/30/14
FYE 6/30/15
FYE 6/30/16
FYE 6/30/17
Budget FYE 6/30/17
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr


TOTAL TFH ICU INPATIENT DAYS
Quarterly ICU IP Days
600
400
200
0
467 428 398 545 438 445 278 234 205 196 166 190
112 101 145 109
107 63 135 123
87 62 141 108
136 190 84 135
106 130 128 74
141 130 83 91
81 61 95 41
87 52 51 44
75 40 42 48
56 33 60 47
45 56 65
49 44 52 45
FYE 6/30/07
FYE 6/30/08
FYE 6/30/09
FYE 6/30/10
FYE 6/30/11
FYE 6/30/12
FYE 6/30/13
FYE 6/30/14
FYE 6/30/15
FYE 6/30/16
FYE 6/30/17
Budget FYE 6/30/17
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

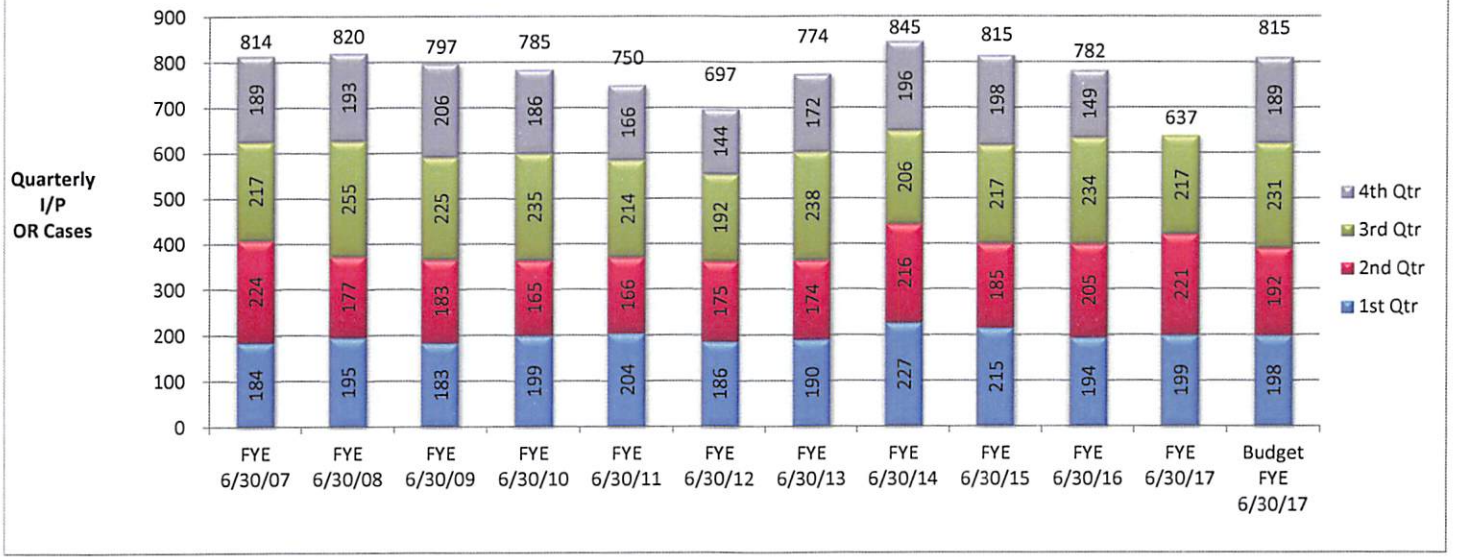

TOTAL TFH ICU STEPDOWN DAYS
Quarterly ICU Stepdown Days
600
400
200
0
249 298 292 347 429 369 406 406 351 412 345 375
63 58 54
83 48 73 94
70 66 77 79
54 77 105 111
133 91 124 81
86 76 109 98
104 83 105 114
86 86 76 81
93 62 83 113
103 91 119 99
129 110 106
98 84 97 96
FYE 6/30/07
FYE 6/30/08
FYE 6/30/09
FYE 6/30/10
FYE 6/30/11
FYE 6/30/12
FYE 6/30/13
FYE 6/30/14
FYE 6/30/15
FYE 6/30/16
FYE 6/30/17
Budget FYE 6/30/17
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr


TOTAL TFH ICU MED/SURG DAYS
Quarterly ICU Med/Surg Days
600
400
200
0
365 418 483 402 303 331 299 351 405 386 363 335
91 93 82 99
85 125 108 100
120 112 132 119
131 86 93 92
81 78 89 55
88 92 87 64
78 62 91 68
78 85 88 100
97 79 97 132
81 80 101 124
107 132 124
86 81 85 83
FYE 6/30/07
FYE 6/30/08
FYE 6/30/09
FYE 6/30/10
FYE 6/30/11
FYE 6/30/12
FYE 6/30/13
FYE 6/30/14
FYE 6/30/15
FYE 6/30/16
FYE 6/30/17
Budget FYE 6/30/17
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

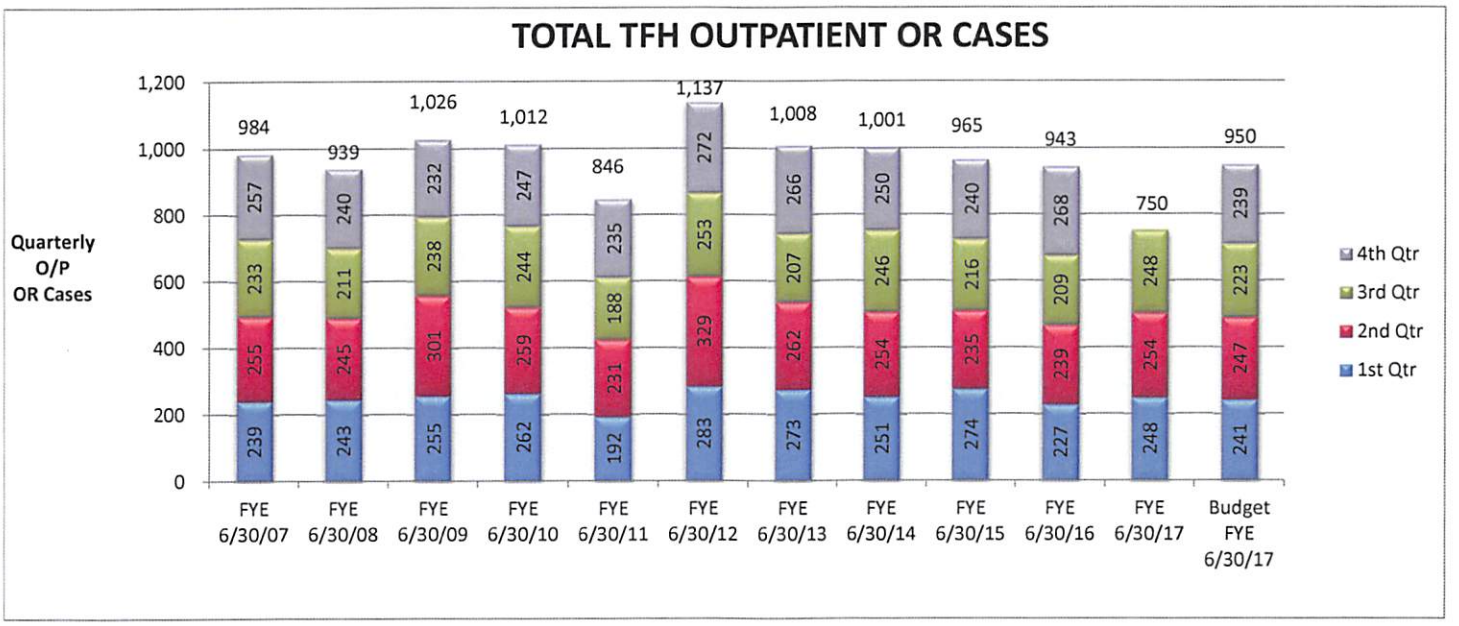

TOTAL TFH ICU DAYS
Quarterly Total ICU Days
1,400
1,200
1,000
800
600
400
200
0
1,081 1,162 1,173 1,294 1,170 1,145 983 914 961 994 874 900
277 257 285 262
288 237 320 317
277 240 350 306
321 353 282 338
320 299 341 210
315 298 279 253
263 206 291 223
251 223 215 225
265 181 222 293
240 204 280 270
281 298 295
233 209 234 224
FYE 6/30/07
FYE 6/30/08
FYE 6/30/09
FYE 6/30/10
FYE 6/30/11
FYE 6/30/12
FYE 6/30/13
FYE 6/30/14
FYE 6/30/15
FYE 6/30/16
FYE 6/30/17
Budget FYE 6/30/17
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr


TOTAL TFH ER VISITS
Quarterly ER Visits
16,000
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
13,688
13,864
13,715
13,251
13,154
12,343
12,416
12,704
12,631
13,593
10,804
13,250
2,902
2,820
3,056
2,694
2,654
2,601
2,485
2,613
2,968
2,896
2,763
4,095
4,304
3,980
3,866
3,851
3,300
3,631
3,521
3,513
3,909
3,566
3,842
2,976
2,908
2,756
2,846
2,940
2,692
2,697
2,827
2,838
3,117
3,228
2,905
3,715
3,832
3,923
3,845
3,709
3,750
3,603
3,743
3,312
3,671
4,010
3,740
FYE 6/30/07
FYE 6/30/08
FYE 6/30/09
FYE 6/30/10
FYE 6/30/11
FYE 6/30/12
FYE 6/30/13
FYE 6/30/14
FYE 6/30/15
FYE 6/30/16
FYE 6/30/17
Budget FYE 6/30/17
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

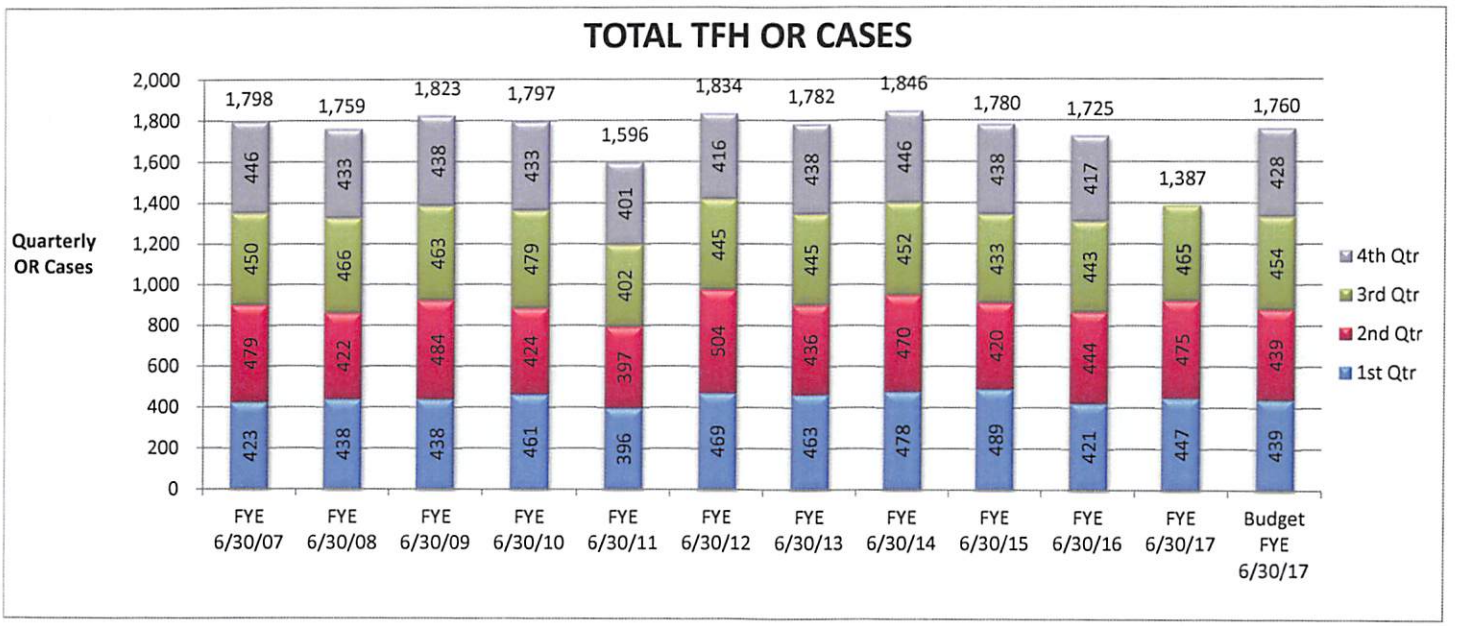
TOTAL TFH INPATIENT OR CASES

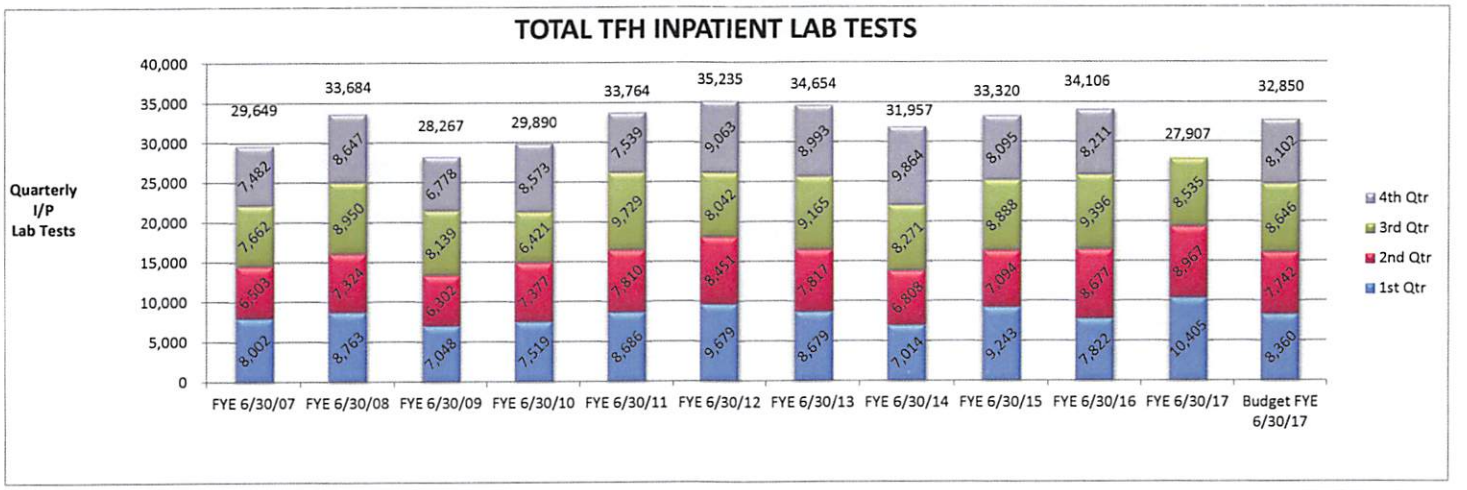


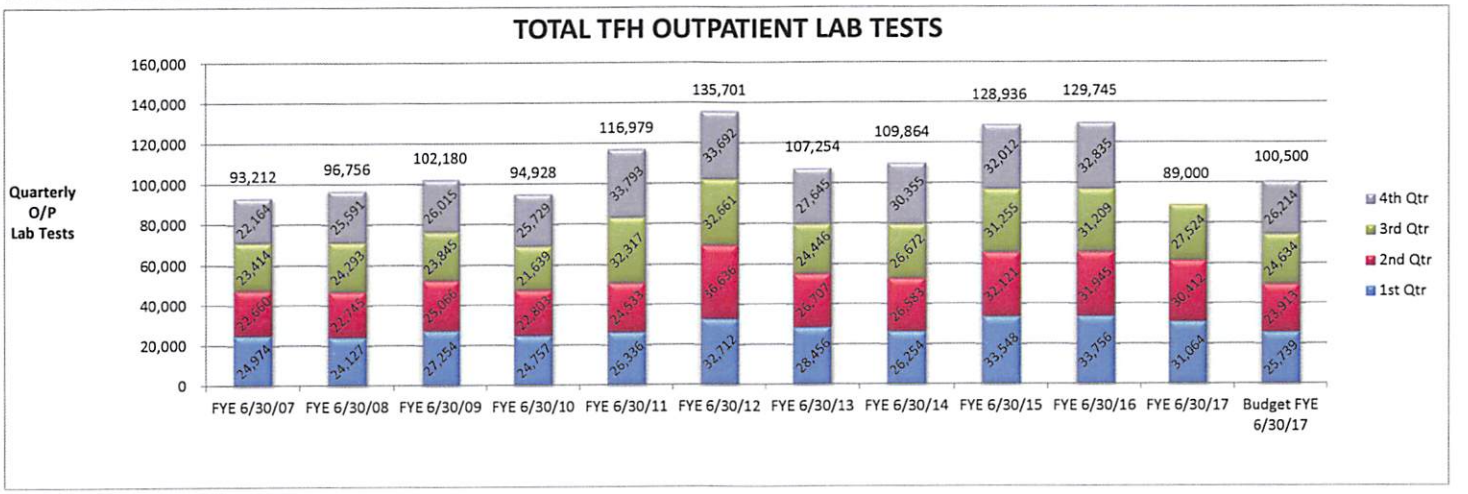
TOTAL TFH OUTPATIENT OR CASES

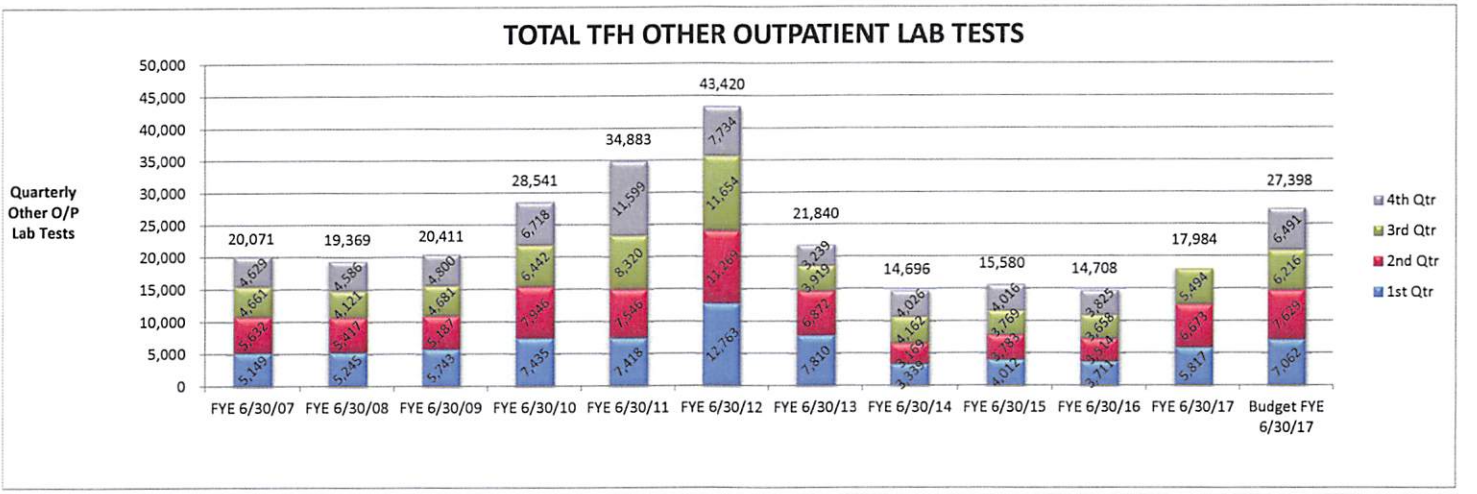


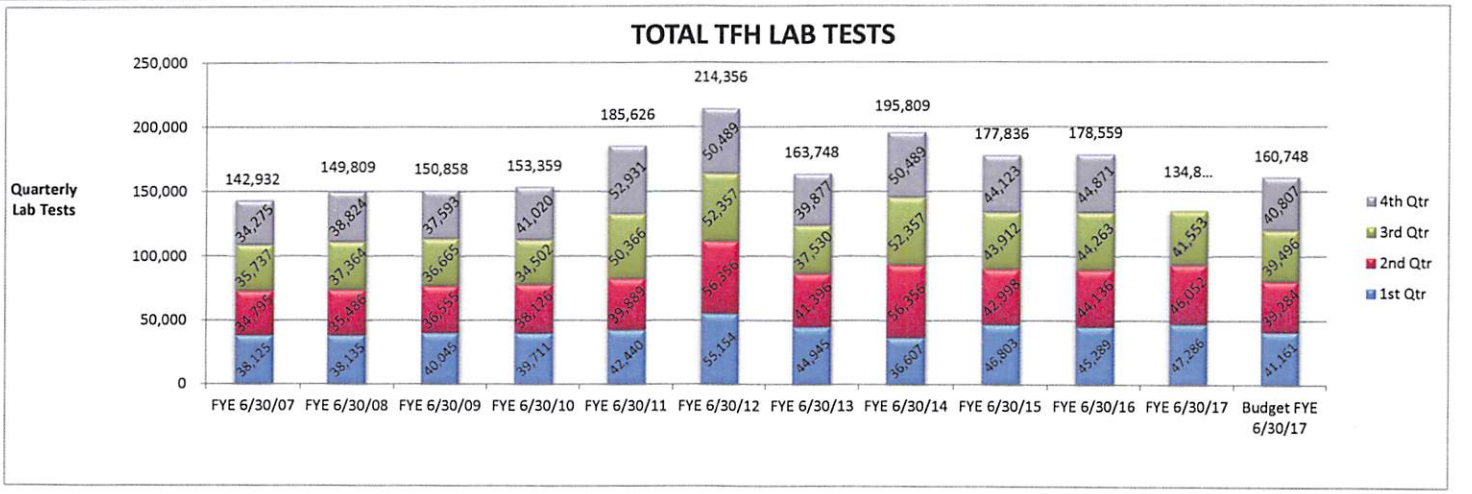
TOTAL TFH OR CASES



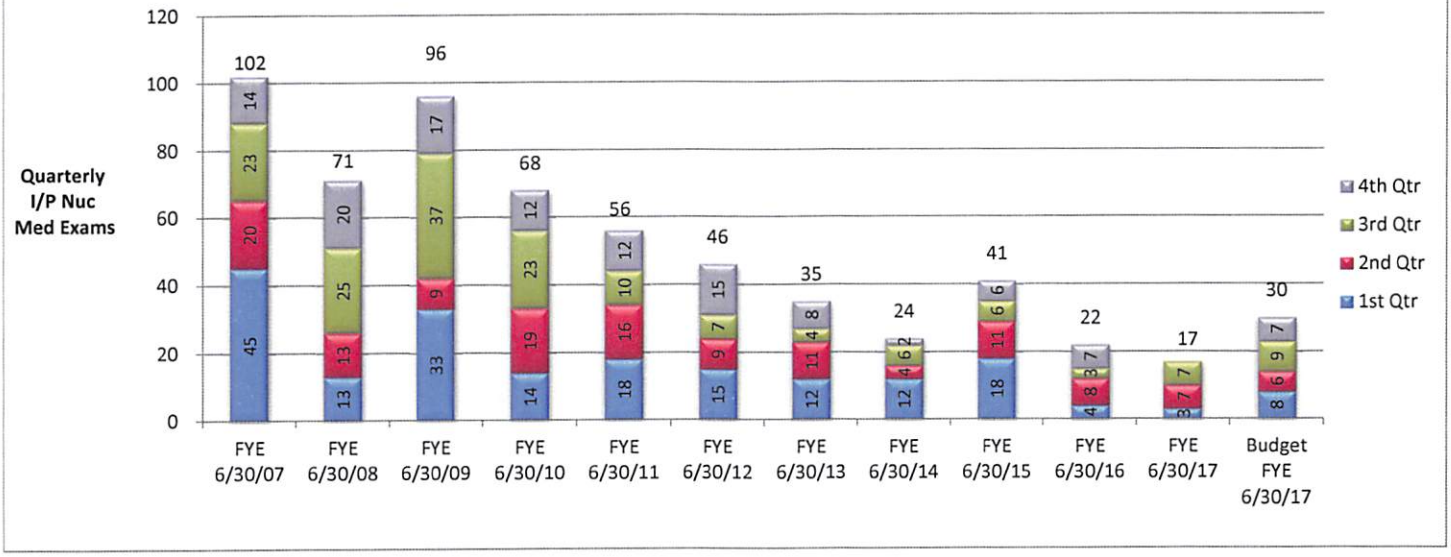

TOTAL TFH INPATIENT LAB TESTS
Quarterly I/P Lab Tests
40,000
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
29,649
33,684
28,267
29,890
33,764
35,235
34,654
31,957
33,320
34,106
27,907
32,850
7,482
7,662
6,503
8,002
8,647
8,950
7,324
8,763
6,778
8,139
6,302
7,048
8,573
6,421
7,377
7,519
7,539
9,729
7,810
8,686
9,063
8,042
8,451
9,679
8,993
9,165
7,817
8,679
9,864
8,271
6,808
7,014
8,095
8,888
7,094
9,243
8,211
9,396
8,677
7,822
8,535
8,967
10,405
8,102
8,646
7,742
8,360
FYE 6/30/07
FYE 6/30/08
FYE 6/30/09
FYE 6/30/10
FYE 6/30/11
FYE 6/30/12
FYE 6/30/13
FYE 6/30/14
FYE 6/30/15
FYE 6/30/16
FYE 6/30/17
Budget FYE 6/30/17
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr


TOTAL TFH OUTPATIENT LAB TESTS
Quarterly O/P Lab Tests
160,000
140,000
120,000
100,000
80,000
60,000
40,000
20,000
0
93,212
96,756
102,180
94,928
116,979
135,701
107,254
109,864
128,936
129,745
89,000
100,500
22,164
23,414
22,660
24,974
25,591
24,293
22,745
24,127
26,015
23,845
25,086
27,254
25,729
21,639
22,803
24,757
33,793
32,317
24,533
26,336
33,692
32,661
36,636
32,712
27,645
24,446
26,707
28,456
30,355
26,672
26,583
26,254
32,012
31,255
32,121
33,548
32,835
31,209
31,945
33,756
27,524
30,412
31,064
26,214
24,634
23,913
25,739
FYE 6/30/07
FYE 6/30/08
FYE 6/30/09
FYE 6/30/10
FYE 6/30/11
FYE 6/30/12
FYE 6/30/13
FYE 6/30/14
FYE 6/30/15
FYE 6/30/16
FYE 6/30/17
Budget FYE 6/30/17
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

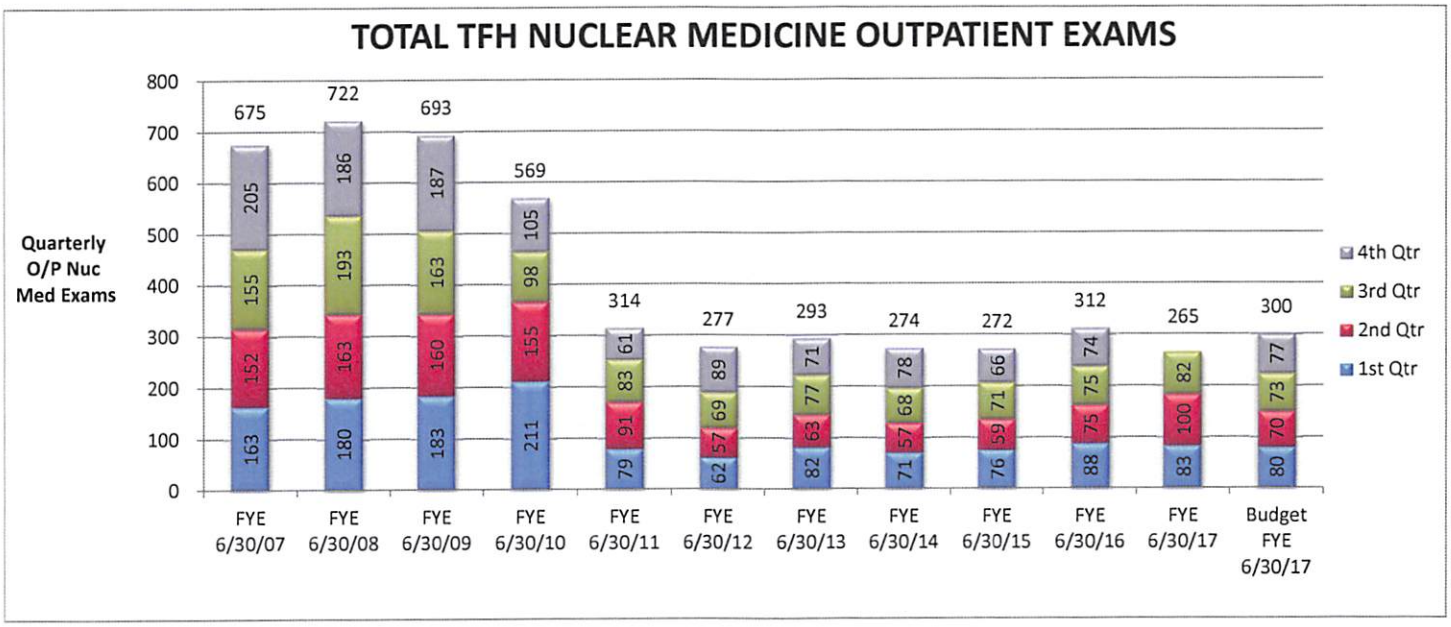

TOTAL TFH OTHER OUTPATIENT LAB TESTS
Quarterly Other O/P Lab Tests
50,000
45,000
40,000
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
20,071
19,369
20,411
28,541
34,883
43,420
21,840
14,696
15,580
14,708
17,984
27,398
4,629
4,661
5,632
5,149
4,586
4,121
5,417
5,245
4,800
4,681
5,187
5,743
6,718
6,442
7,946
7,435
11,599
8,320
7,545
7,418
7,734
11,654
11,269
12,763
3,239
3,919
6,872
7,810
4,026
4,162
3,169
3,336
4,016
3,769
3,783
4,012
3,825
3,658
3,711
5,494
6,673
5,817
6,491
6,216
7,629
7,062
FYE 6/30/07
FYE 6/30/08
FYE 6/30/09
FYE 6/30/10
FYE 6/30/11
FYE 6/30/12
FYE 6/30/13
FYE 6/30/14
FYE 6/30/15
FYE 6/30/16
FYE 6/30/17
Budget FYE 6/30/17
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr


TOTAL TFH LAB TESTS
Quarterly Lab Tests
250,000
200,000
150,000
100,000
50,000
0
142,932
149,809
150,858
153,359
185,626
214,356
163,748
195,809
177,836
178,559
134,8...
160,748
34,275
35,737
34,795
38,125
38,824
37,364
35,486
38,135
37,593
36,665
36,553
40,045
41,020
34,502
38,126
39,711
52,931
50,366
39,889
42,440
50,489
52,357
56,356
55,154
39,877
37,530
41,396
44,945
50,489
52,357
56,356
46,607
44,123
43,912
42,998
46,803
44,871
44,263
44,136
45,289
41,553
46,052
47,286
40,807
39,496
39,284
41,161
FYE 6/30/07
FYE 6/30/08
FYE 6/30/09
FYE 6/30/10
FYE 6/30/11
FYE 6/30/12
FYE 6/30/13
FYE 6/30/14
FYE 6/30/15
FYE 6/30/16
FYE 6/30/17
Budget FYE 6/30/17
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

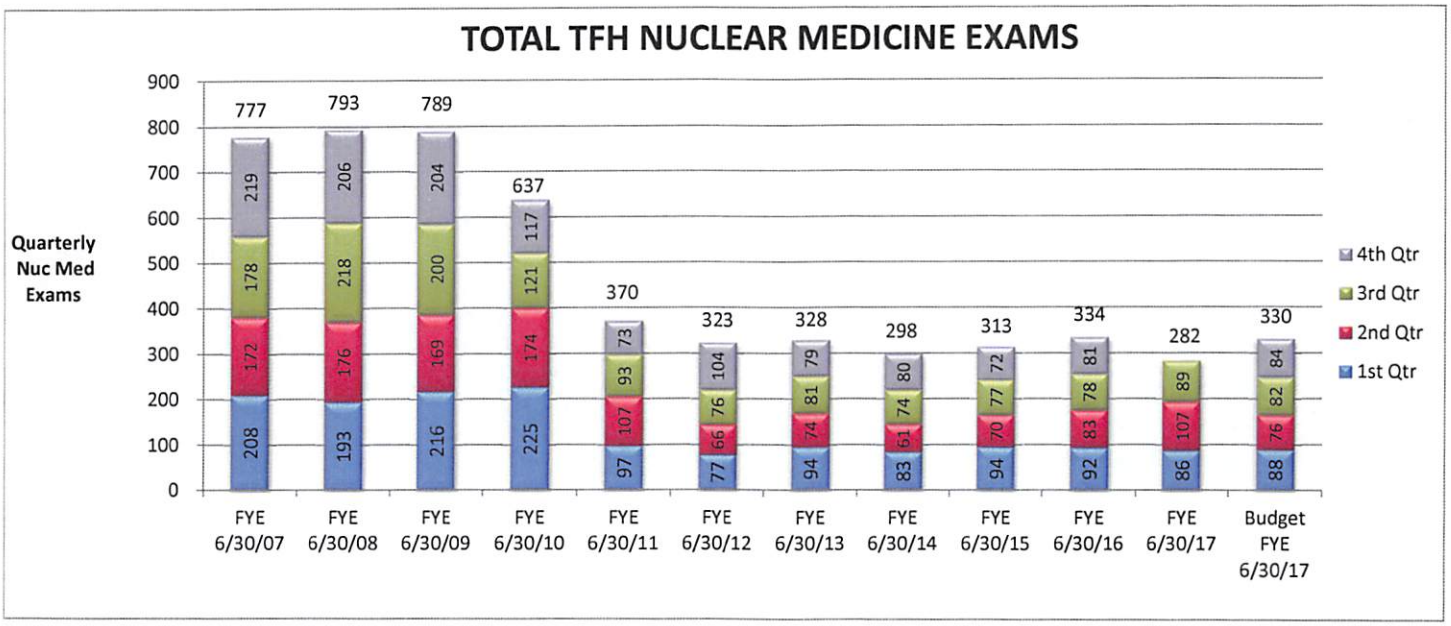
TOTAL TFH NUCLEAR MEDICINE INPATIENT EXAMS



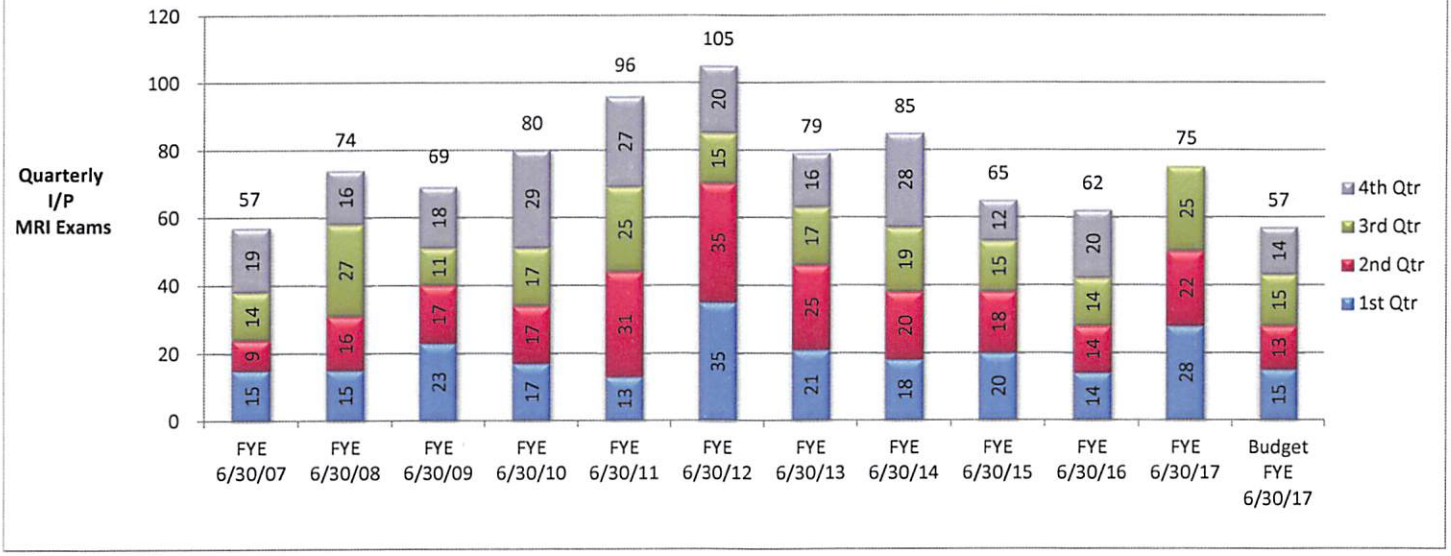
TOTAL TFH NUCLEAR MEDICINE OUTPATIENT EXAMS



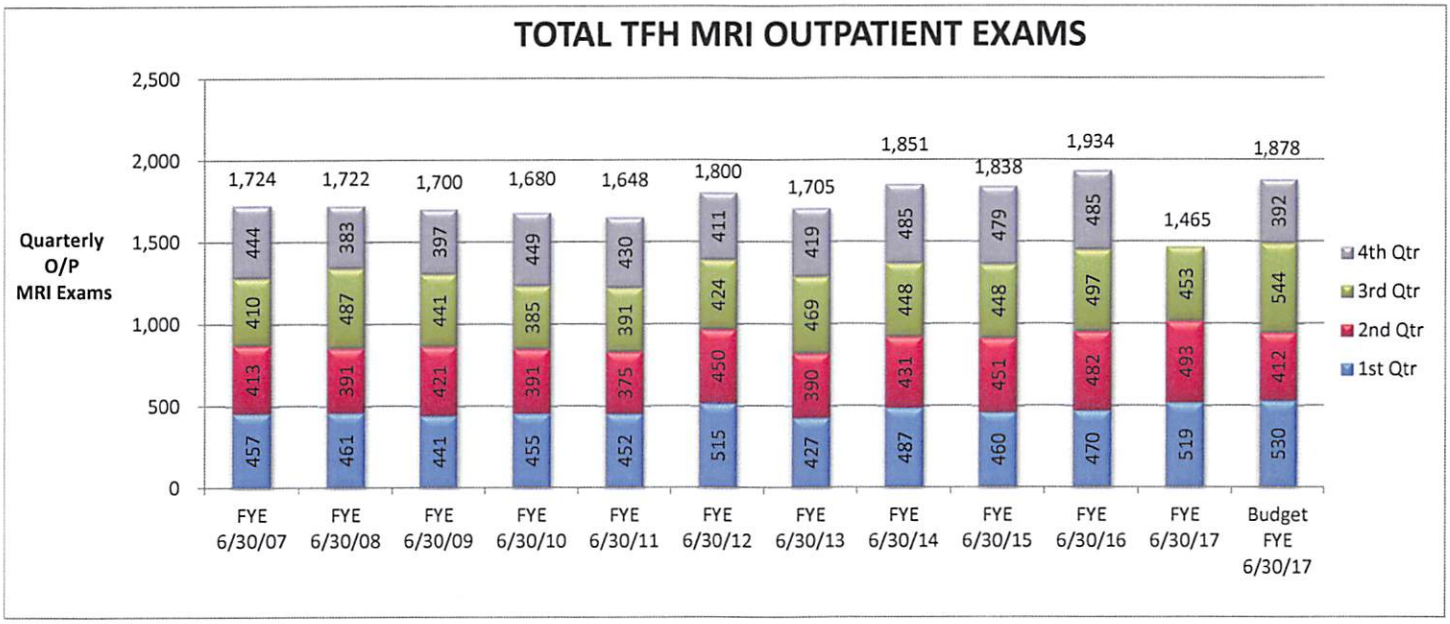
TOTAL TFH NUCLEAR MEDICINE EXAMS



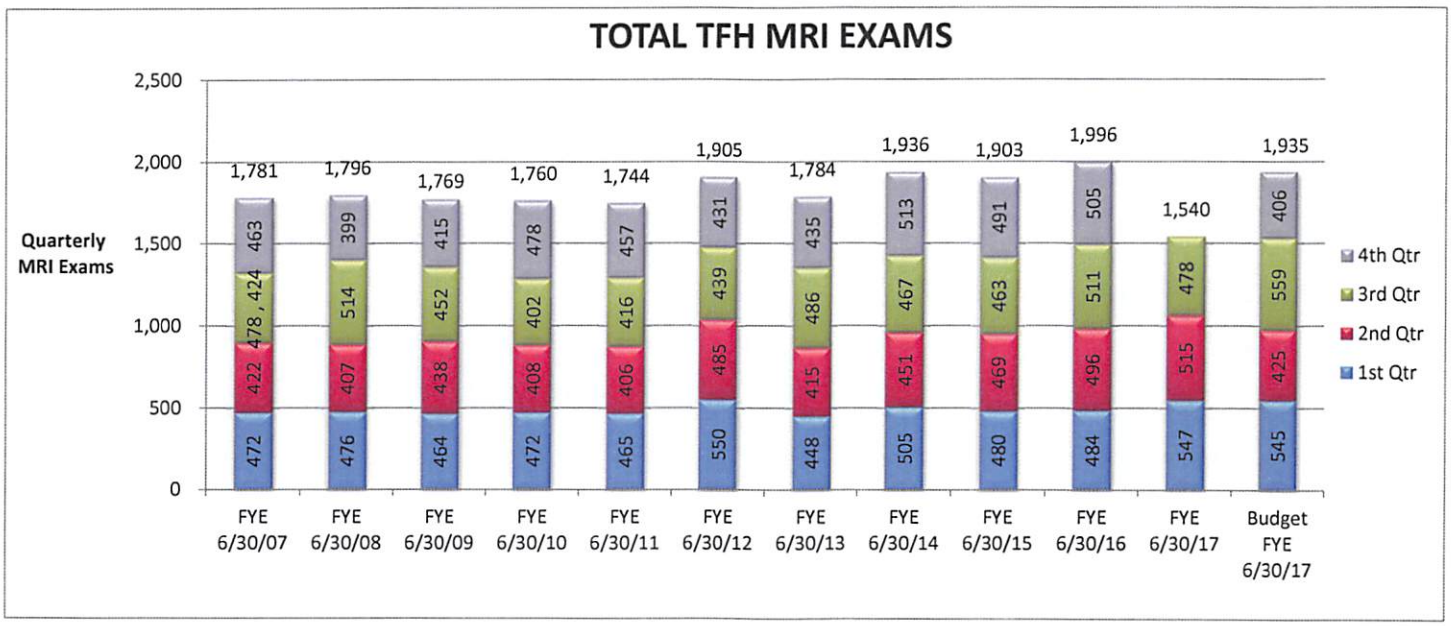
TOTAL TFH MRI INPATIENT EXAMS

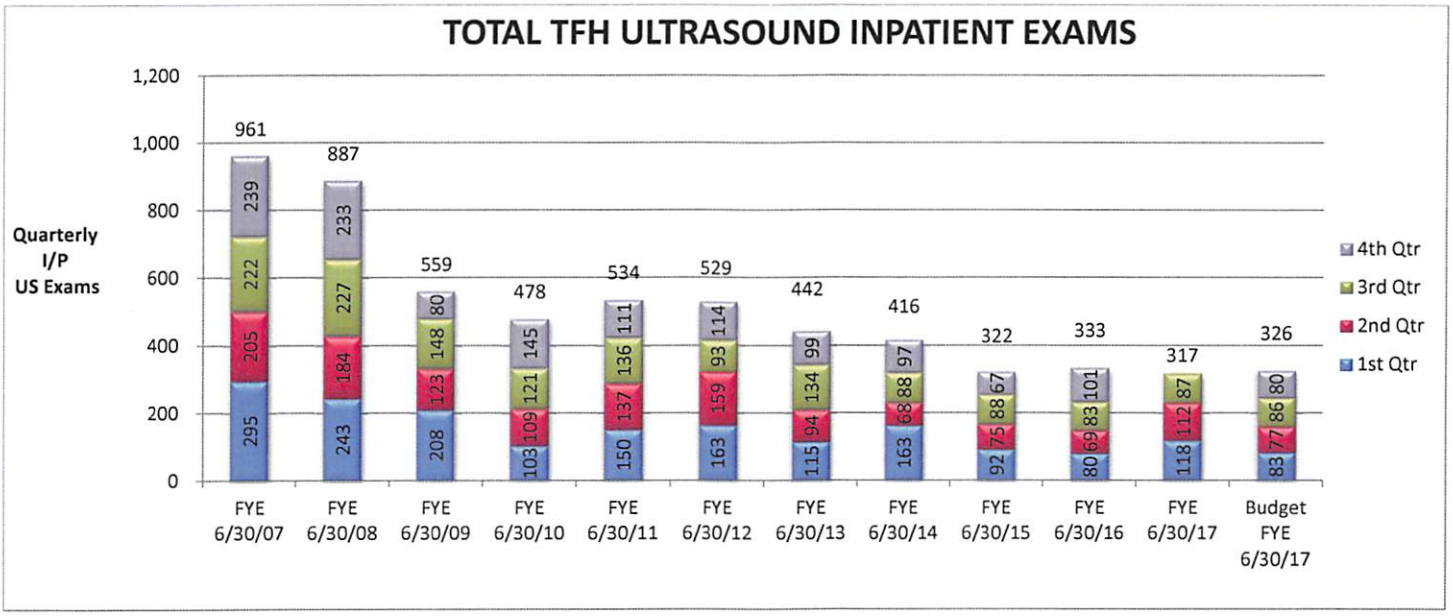


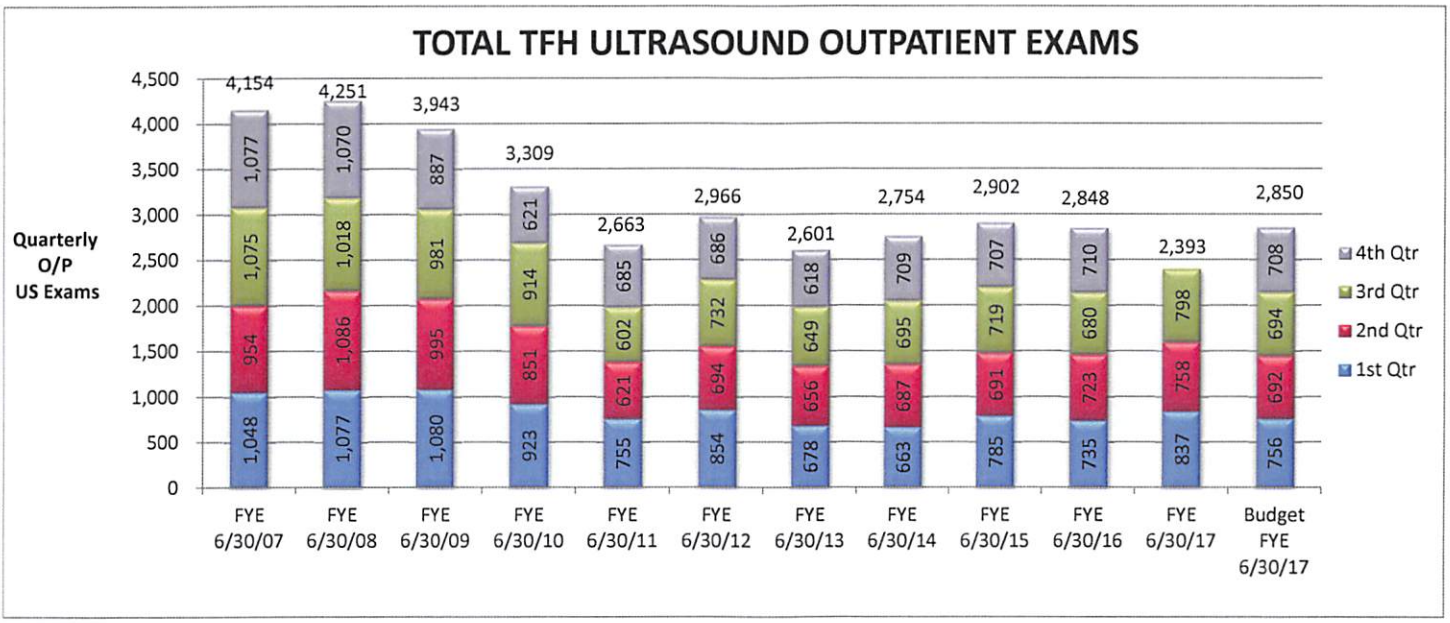
TOTAL TFH MRI OUTPATIENT EXAMS

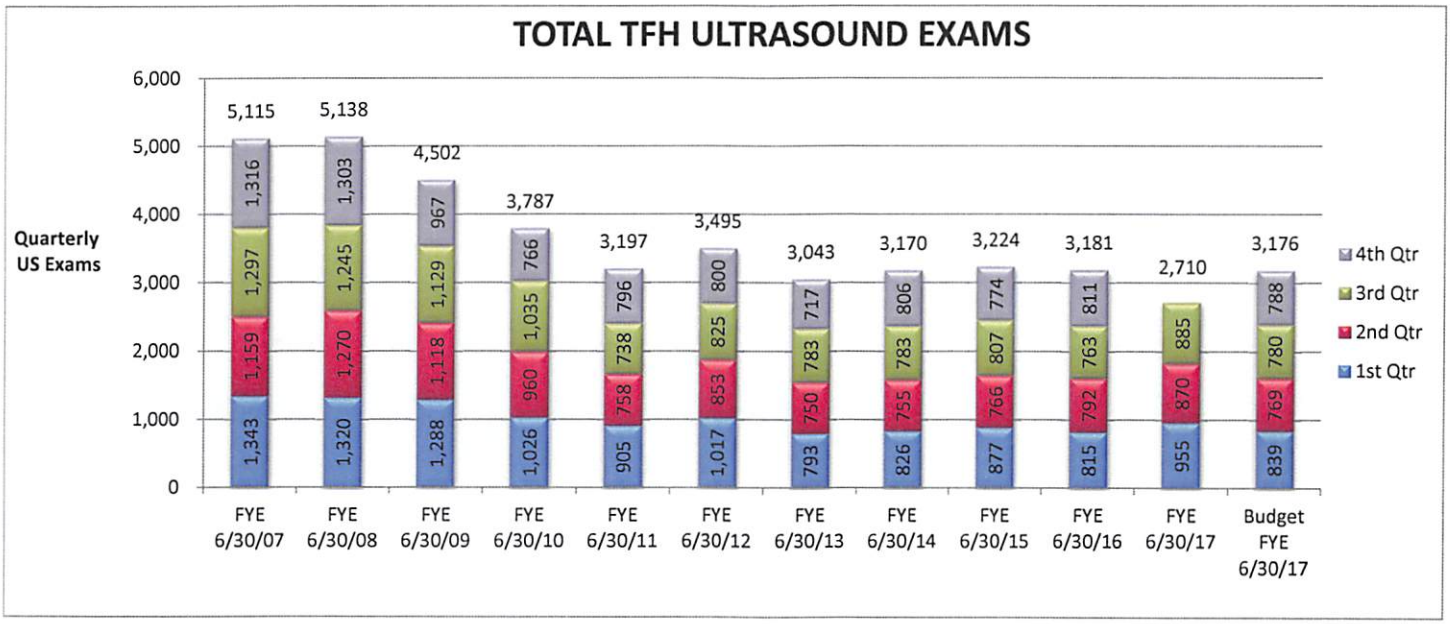


TOTAL TFH MRI EXAMS

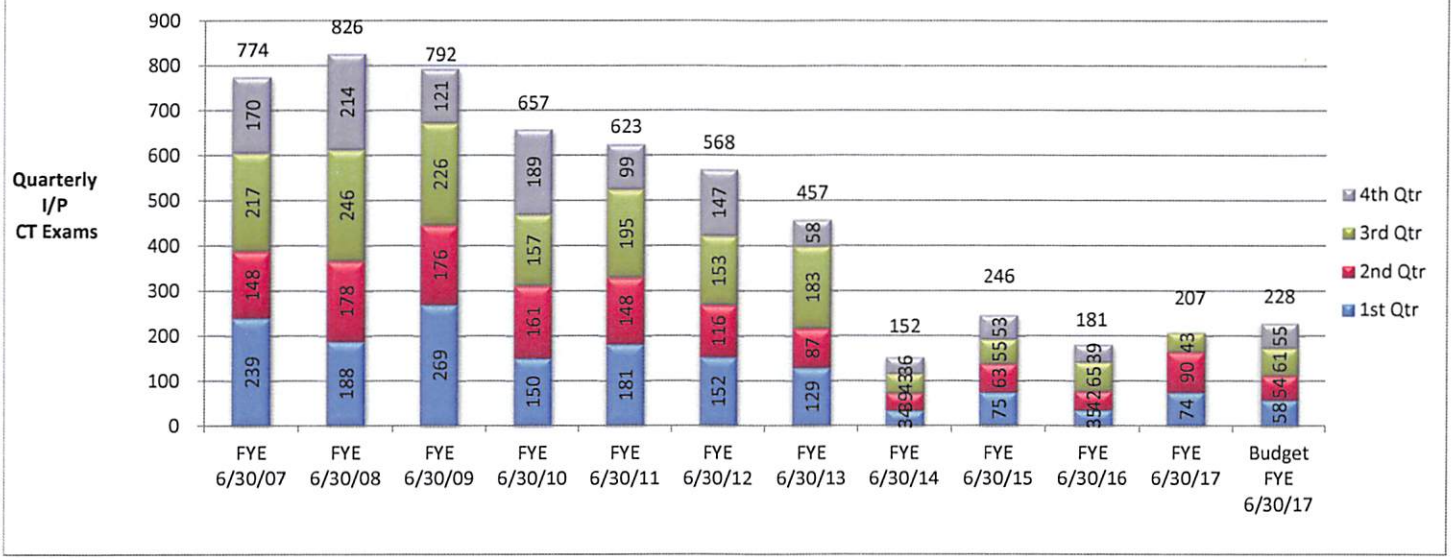



TOTAL TFH ULTRASOUND INPATIENT EXAMS
Quarterly I/P US Exams
1,200
1,000
800
600
400
200
0
961
887
559
478
534
529
442
416
322
333
317
326
295 205 222 239
243 184 227 233
208 123 148 80
103 109 121 145
150 137 136 111
163 159 93 114
115 94 134 99
163 68 88 97
92 75 88 67
80 69 83 101
118 112 87
83 77 86 80
FYE 6/30/07
FYE 6/30/08
FYE 6/30/09
FYE 6/30/10
FYE 6/30/11
FYE 6/30/12
FYE 6/30/13
FYE 6/30/14
FYE 6/30/15
FYE 6/30/16
FYE 6/30/17
Budget FYE 6/30/17
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

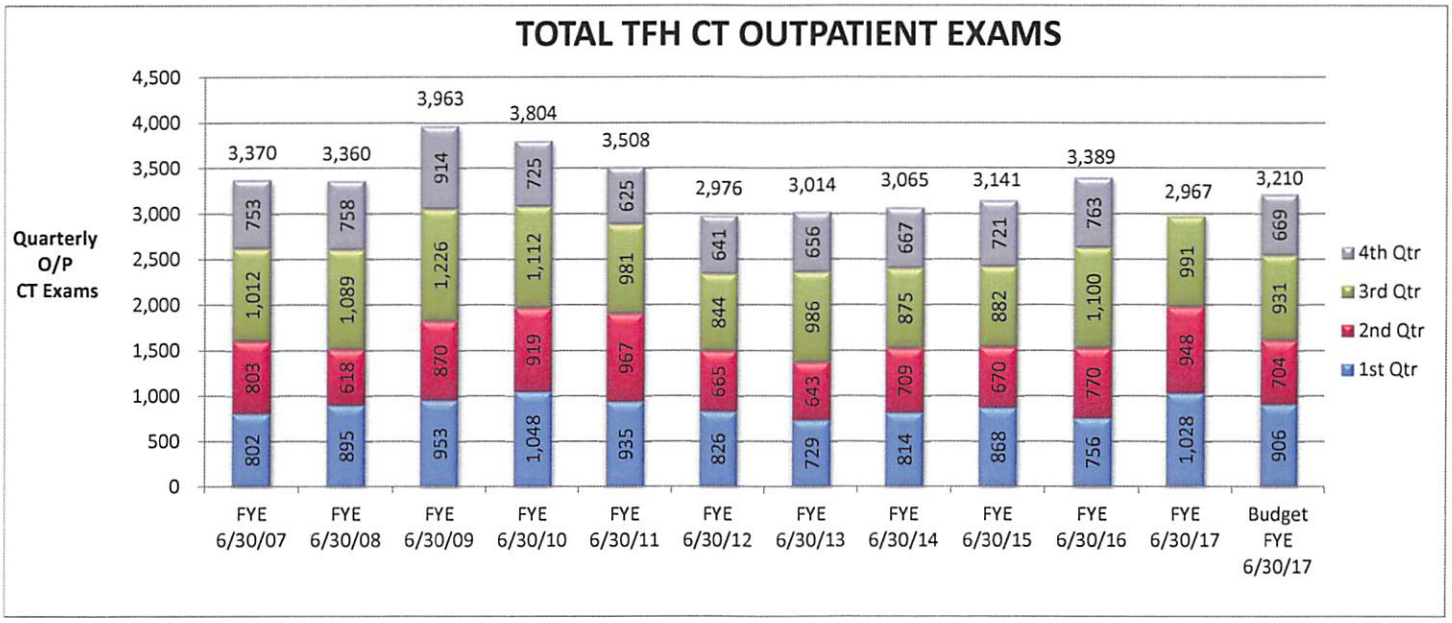

TOTAL TFH ULTRASOUND OUTPATIENT EXAMS
Quarterly O/P US Exams
4,500
4,000
3,500
3,000
2,500
2,000
1,500
1,000
500
0
4,154
4,251
3,943
3,309
2,663
2,966
2,601
2,754
2,902
2,848
2,393
2,850
1,048 954 1,075 1,077
1,077 1,086 1,018 1,070
1,080 995 981 887
923 851 914 621
755 621 602 685
854 694 732 686
678 656 649 618
663 687 695 709
785 691 719 707
735 723 680 710
837 758 798
756 692 694 708
FYE 6/30/07
FYE 6/30/08
FYE 6/30/09
FYE 6/30/10
FYE 6/30/11
FYE 6/30/12
FYE 6/30/13
FYE 6/30/14
FYE 6/30/15
FYE 6/30/16
FYE 6/30/17
Budget FYE 6/30/17
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr


TOTAL TFH ULTRASOUND EXAMS
Quarterly US Exams
6,000
5,000
4,000
3,000
2,000
1,000
0
5,115
5,138
4,502
3,787
3,197
3,495
3,043
3,170
3,224
3,181
2,710
3,176
1,343 1,159 1,297 1,316
1,320 1,270 1,245 1,303
1,288 1,118 1,129 967
1,026 960 1,035 766
905 758 738 796
1,017 853 825 800
793 750 783 717
826 755 783 806
877 766 807 774
815 792 763 811
955 870 885
839 769 780 788
FYE 6/30/07
FYE 6/30/08
FYE 6/30/09
FYE 6/30/10
FYE 6/30/11
FYE 6/30/12
FYE 6/30/13
FYE 6/30/14
FYE 6/30/15
FYE 6/30/16
FYE 6/30/17
Budget FYE 6/30/17
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

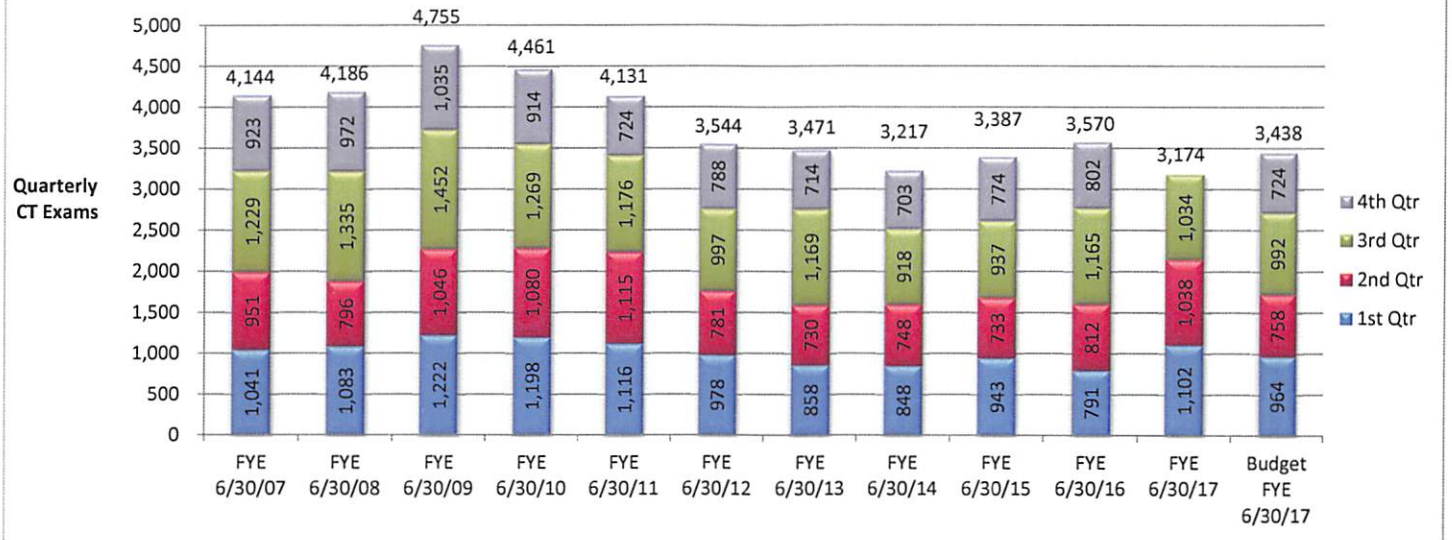
TOTAL TFH CT INPATIENT EXAMS



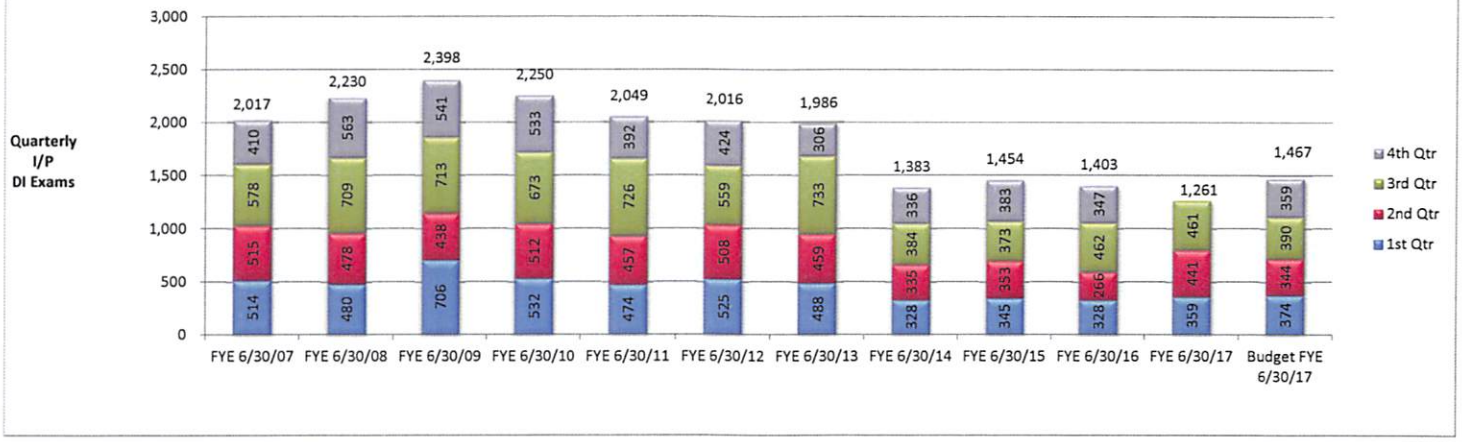
TOTAL TFH CT OUTPATIENT EXAMS



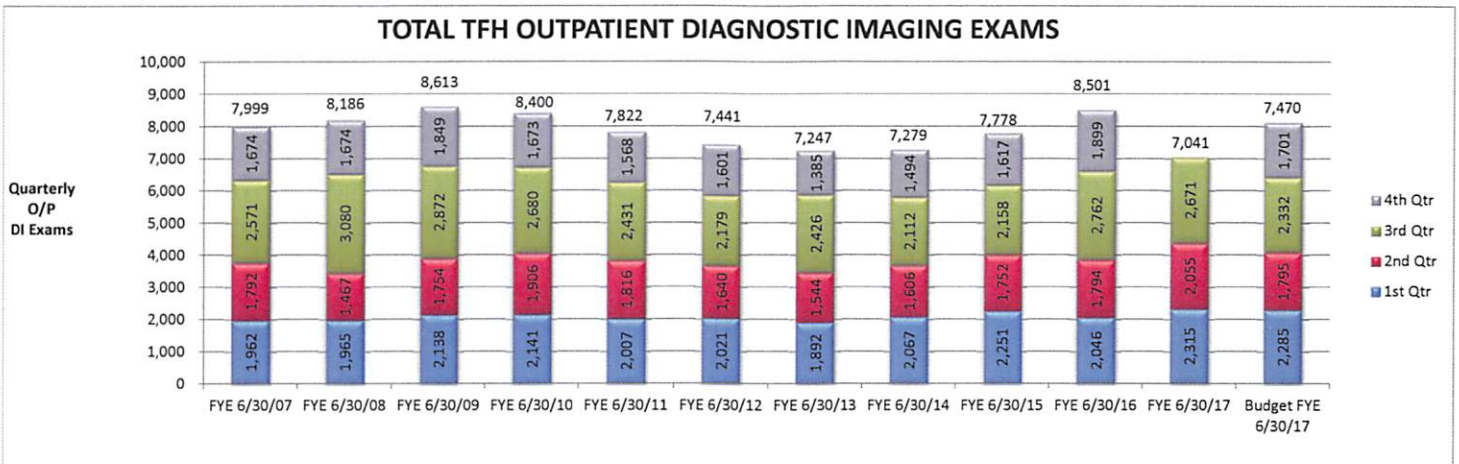
TOTAL TFH CT EXAMS



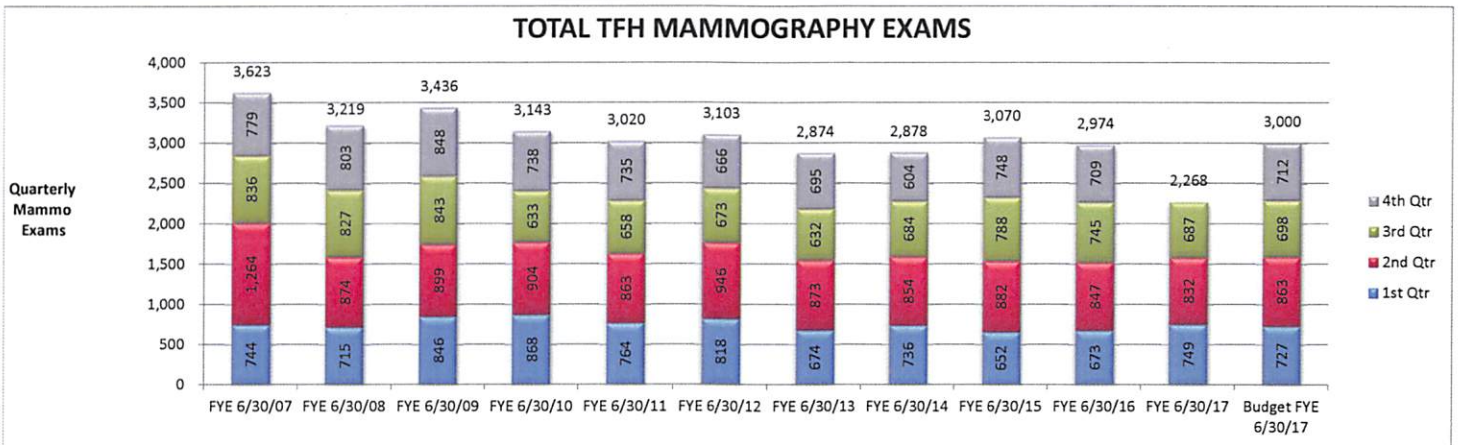
TOTAL TFH INPATIENT DIAGNOSTIC IMAGING EXAMS



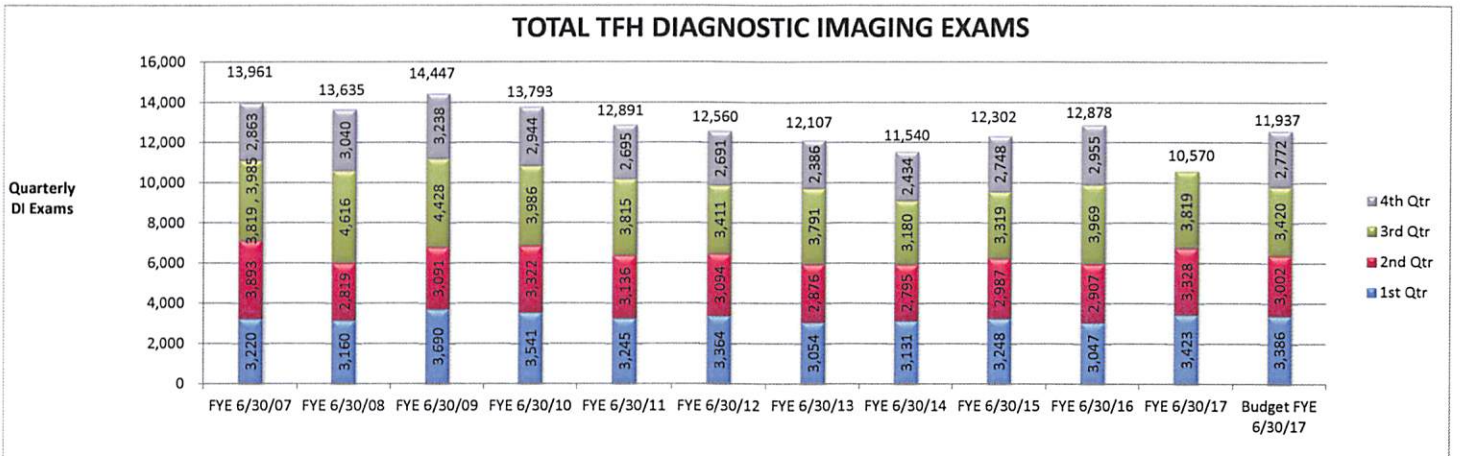
TOTAL TFH OUTPATIENT DIAGNOSTIC IMAGING EXAMS

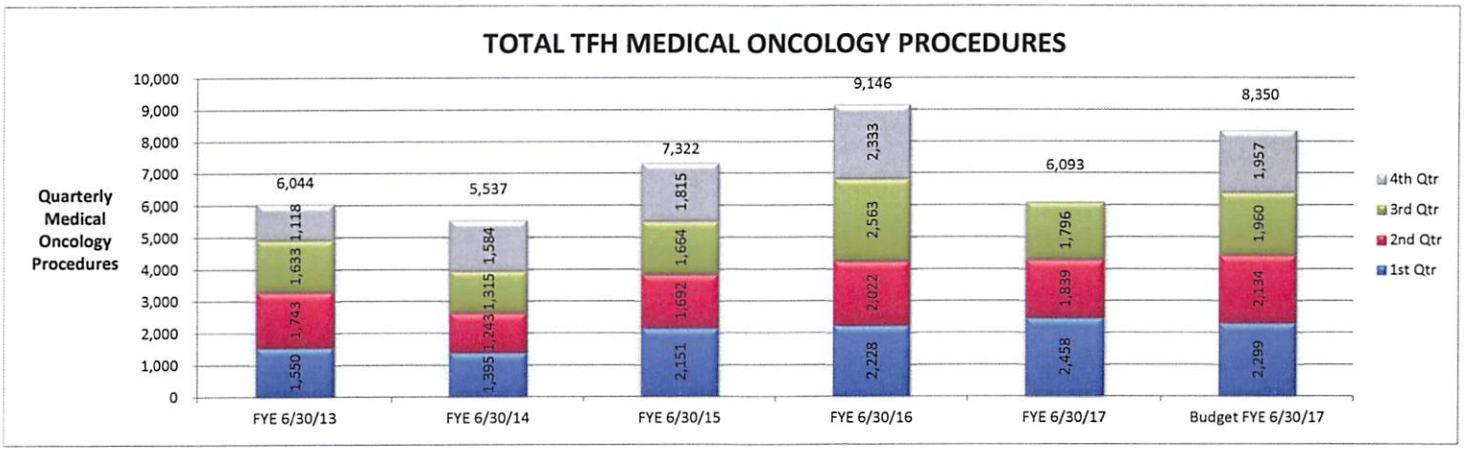


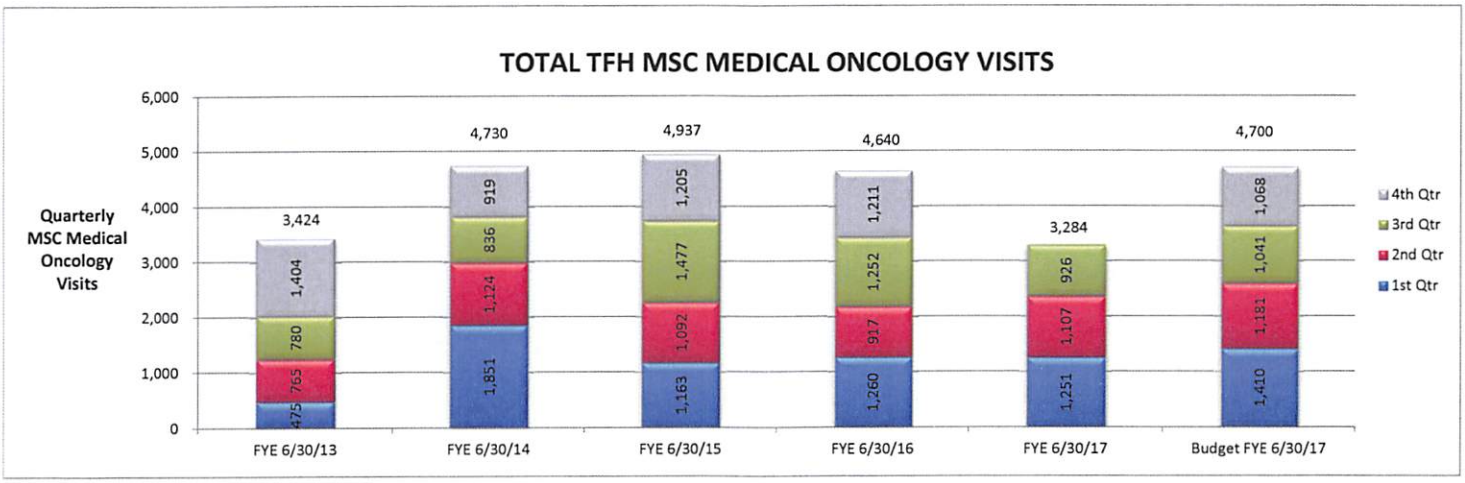
TOTAL TFH MAMMOGRAPHY EXAMS

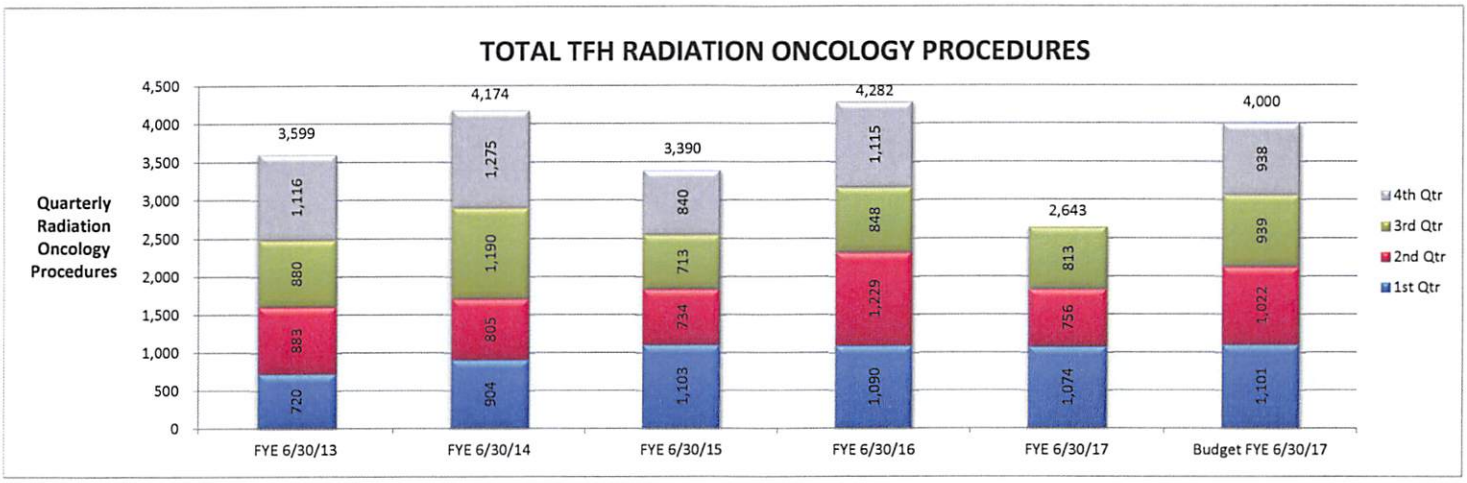


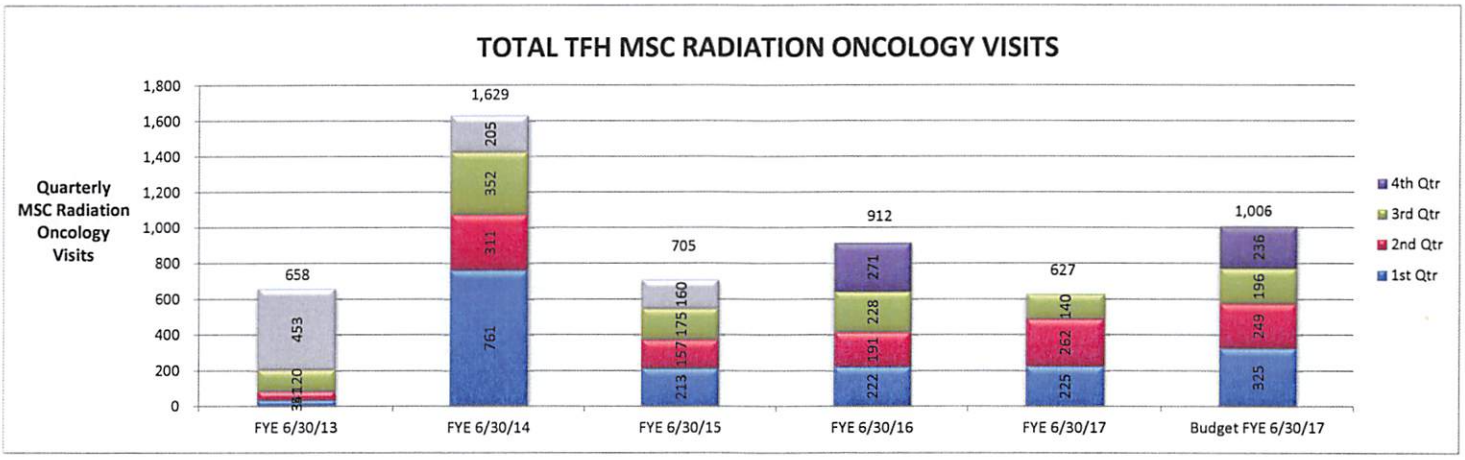
TOTAL TFH DIAGNOSTIC IMAGING EXAMS

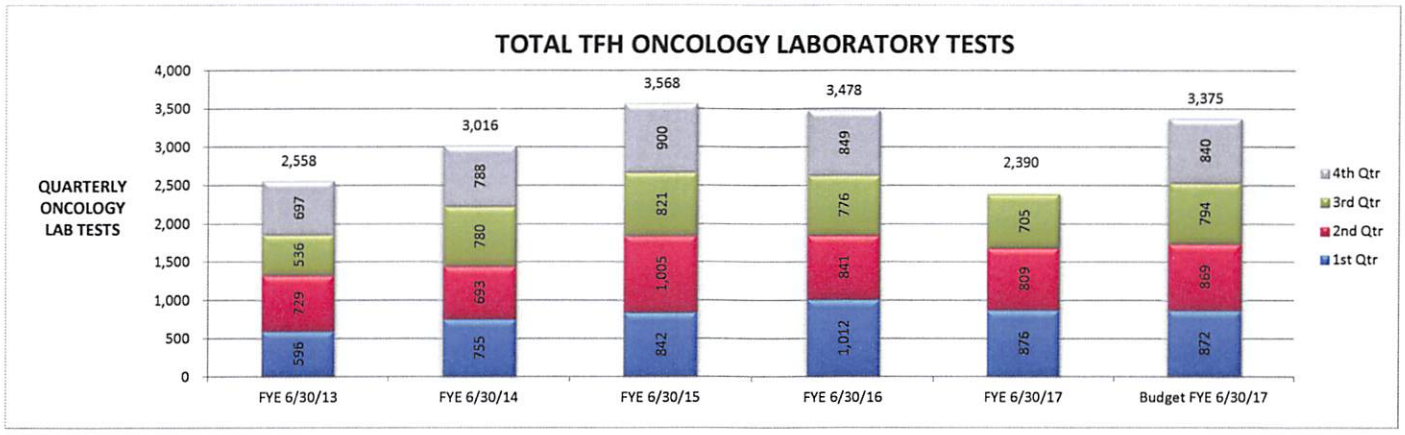


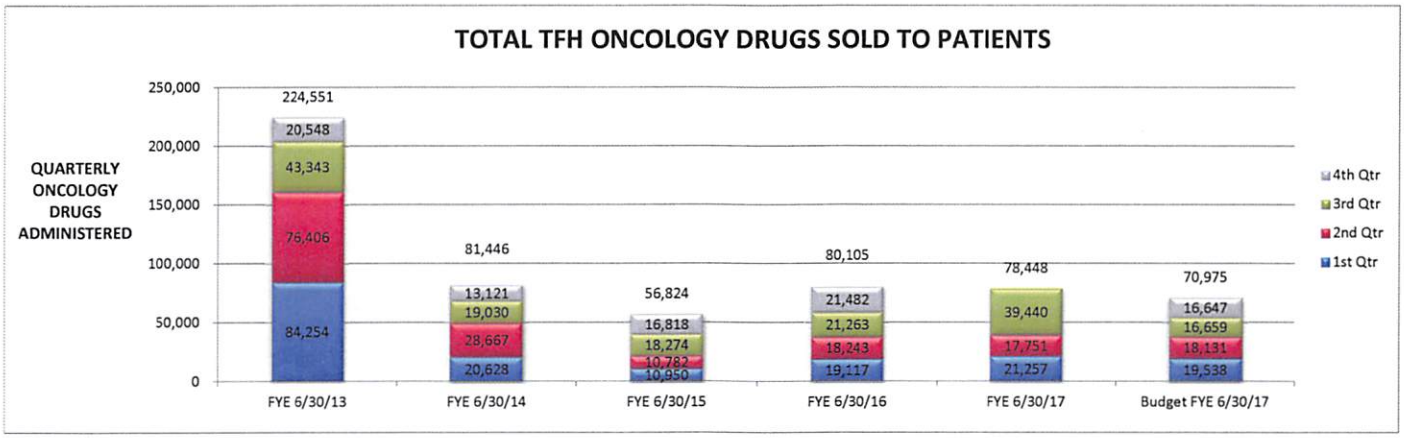

TOTAL TFH MEDICAL ONCOLOGY PROCEDURES
Quarterly Medical Oncology Procedures
10,000
9,000
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
6,044
1,550
1,743
1,633
1,118
5,537
1,395
1,243
1,315
1,584
7,322
2,151
1,692
1,664
1,815
9,146
2,228
2,022
2,563
2,333
6,093
2,458
1,839
1,796
8,350
2,299
2,134
1,960
1,957
FYE 6/30/13
FYE 6/30/14
FYE 6/30/15
FYE 6/30/16
FYE 6/30/17
Budget FYE 6/30/17
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

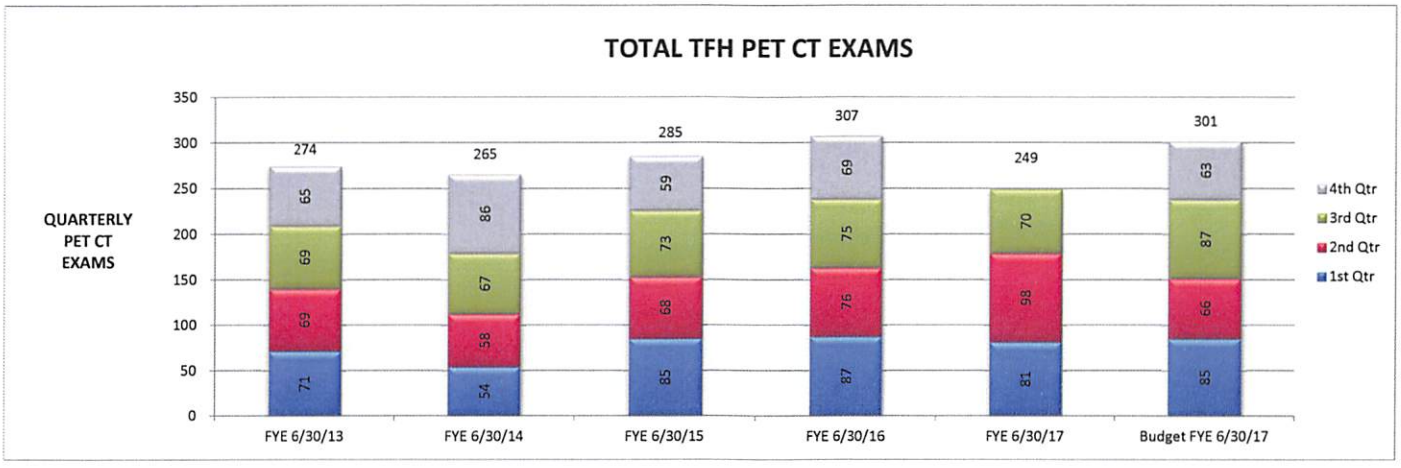

TOTAL TFH MSC MEDICAL ONCOLOGY VISITS
Quarterly MSC Medical Oncology Visits
6,000
5,000
4,000
3,000
2,000
1,000
0
3,424
475
765
780
1,404
4,730
1,851
1,124
836
919
4,937
1,163
1,092
1,477
1,205
4,640
1,260
917
1,252
1,211
3,284
1,251
1,107
926
4,700
1,410
1,181
1,041
1,068
FYE 6/30/13
FYE 6/30/14
FYE 6/30/15
FYE 6/30/16
FYE 6/30/17
Budget FYE 6/30/17
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr


TOTAL TFH RADIATION ONCOLOGY PROCEDURES
Quarterly Radiation Oncology Procedures
4,500
4,000
3,500
3,000
2,500
2,000
1,500
1,000
500
0
3,599
720
883
880
1,116
4,174
904
805
1,190
1,275
3,390
1,103
734
713
840
4,282
1,090
1,229
848
1,115
2,643
1,074
756
813
4,000
1,101
1,022
939
938
FYE 6/30/13
FYE 6/30/14
FYE 6/30/15
FYE 6/30/16
FYE 6/30/17
Budget FYE 6/30/17
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

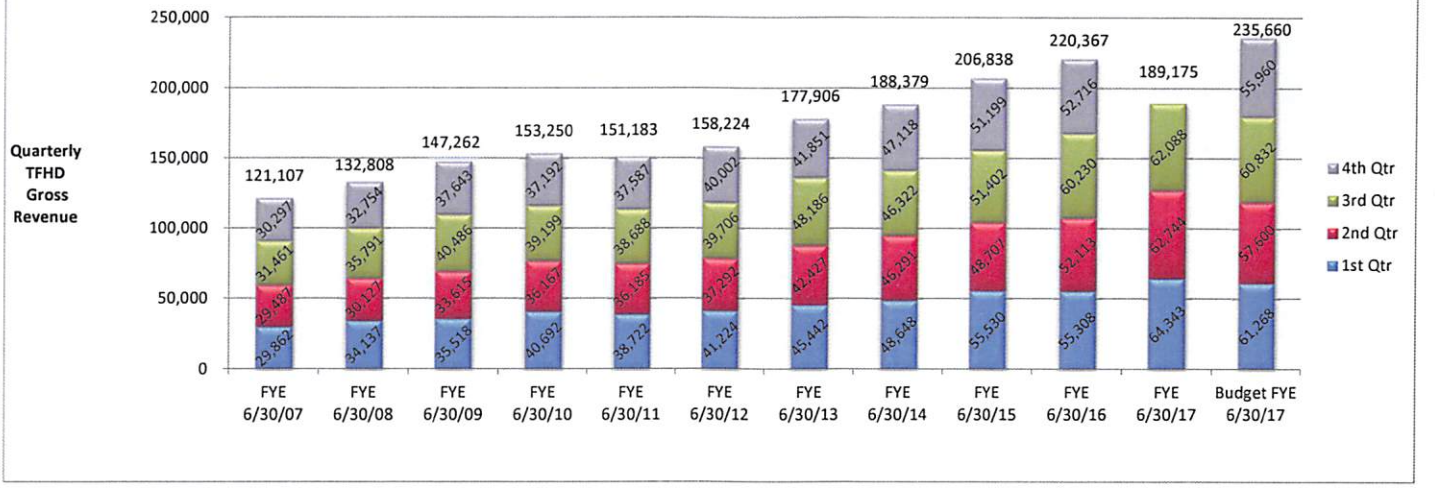

TOTAL TFH MSC RADIATION ONCOLOGY VISITS
Quarterly MSC Radiation Oncology Visits
1,800
1,600
1,400
1,200
1,000
800
600
400
200
0
658
38
120
453
1,629
761
311
352
205
705
213
157
175
160
912
222
191
228
271
627
225
262
140
1,006
325
249
196
236
FYE 6/30/13
FYE 6/30/14
FYE 6/30/15
FYE 6/30/16
FYE 6/30/17
Budget FYE 6/30/17
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr


TOTAL TFH ONCOLOGY LABORATORY TESTS
QUARTERLY ONCOLOGY LAB TESTS
4,000
3,500
3,000
2,500
2,000
1,500
1,000
500
0
2,558
3,016
3,568
3,478
2,390
3,375
596
729
536
697
755
693
780
788
842
1,005
821
900
1,012
841
776
849
876
809
705
872
869
794
840
FYE 6/30/13
FYE 6/30/14
FYE 6/30/15
FYE 6/30/16
FYE 6/30/17
Budget FYE 6/30/17
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

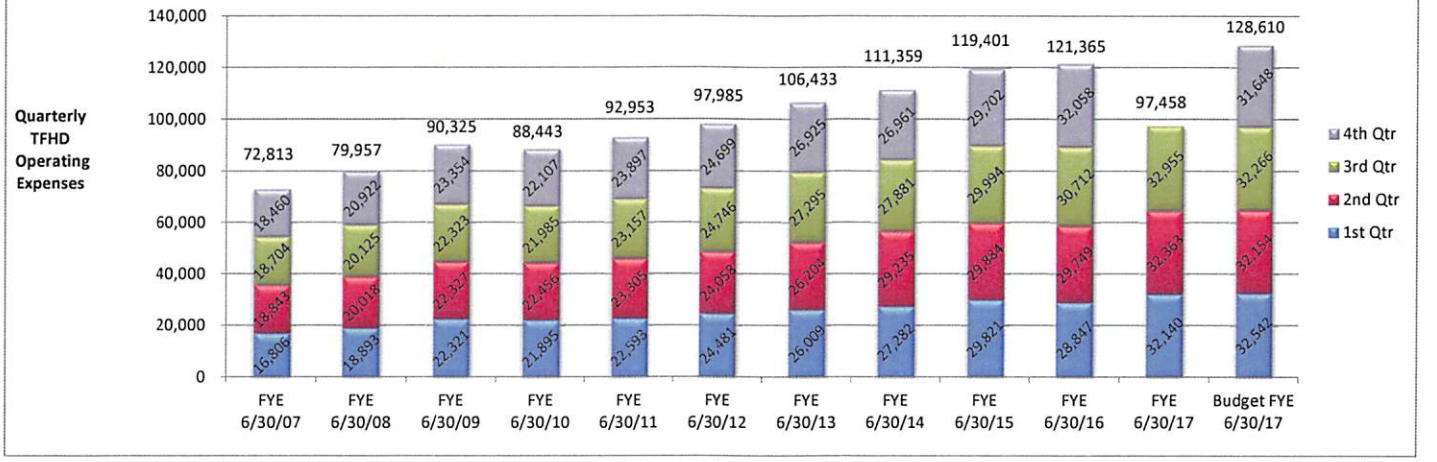

TOTAL TFH ONCOLOGY DRUGS SOLD TO PATIENTS
QUARTERLY ONCOLOGY DRUGS ADMINISTERED
250,000
200,000
150,000
100,000
50,000
0
224,551
81,446
56,824
80,105
78,448
70,975
84,254
76,406
43,343
20,548
20,628
28,667
19,030
13,121
10,950
10,782
18,274
16,818
19,117
18,243
21,263
21,482
21,257
17,751
39,440
19,538
18,131
16,659
16,647
FYE 6/30/13
FYE 6/30/14
FYE 6/30/15
FYE 6/30/16
FYE 6/30/17
Budget FYE 6/30/17
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr


TOTAL TFH PET CT EXAMS
QUARTERLY PET CT EXAMS
350
300
250
200
150
100
50
0
274
265
285
307
249
301
71
69
69
65
54
58
67
86
85
68
73
59
87
76
75
69
81
98
70
85
66
87
63
FYE 6/30/13
FYE 6/30/14
FYE 6/30/15
FYE 6/30/16
FYE 6/30/17
Budget FYE 6/30/17
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

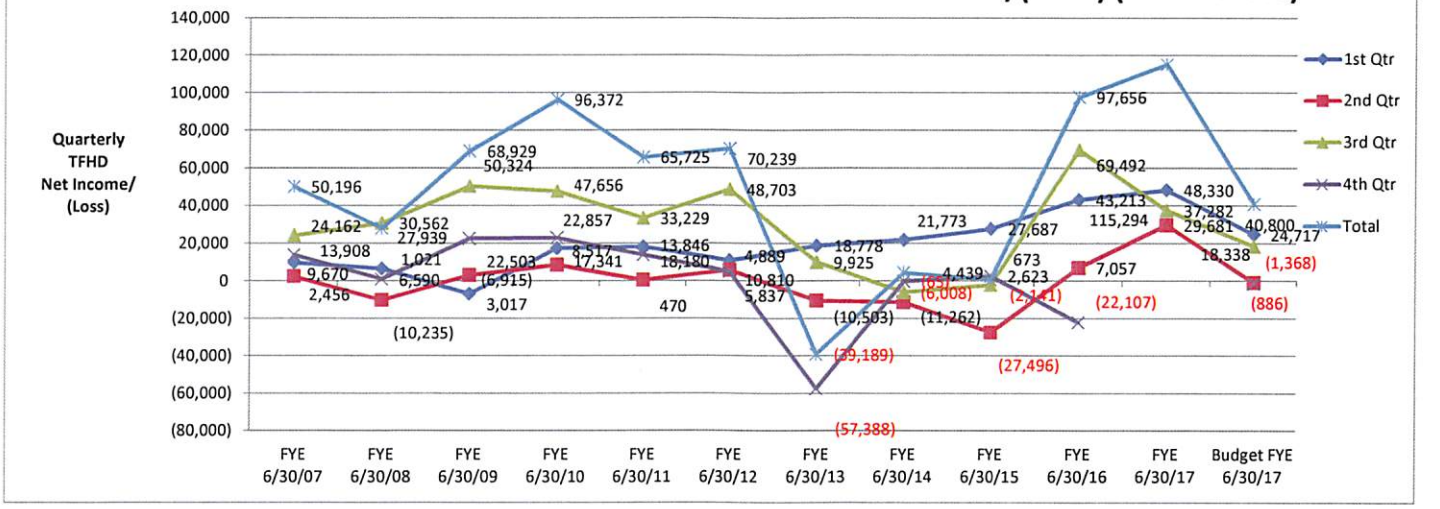
TAHOE FOREST HOSPITAL DISTRICT TOTAL GROSS REVENUE (In Thousands)



TAHOE FOREST HOSPITAL DISTRICT TOTAL OPERATING EXPENSES (In Thousands)



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



14.3. Contracts

Contracts redacted.

Available for public viewing via a Public Records request.

TAHOE FOREST HOSPITAL DISTRICT

Board Informational Report

By: Harry Weis
CEO

DATE: 4/18/17

We continue to wait for State licensure to come and complete the final licensure of our new Joseph Family Center for Women and Newborn Care as we shared in my CEO report last month. Opening up new units is a lower priority for the state as it prioritizes its work load.

Our team has been and will continue to be active in April and May at the state and federal level of what works in healthcare and what will work in healthcare in this rapid change era. We are actively visiting state and federal elected officials. Our goal is to offer succinct points that will truly improve healthcare for all participants in healthcare and not to simply ask for the status quo.

We have enjoyed many new opportunities to connect with our community during the past month.

Our entire healthcare team remains extremely busy on our large quantity of critical clinical and operational strategic improvements underway in all areas of the hospital. We are looking to have some additional fun engagement opportunities for our team in this very busy and stressful time for the team.

We are strengthening our Physician Services team and filling vacant positions that have been vacant for a long period to improve function and future growth. We are happy to share that our new Director of the Cancer Center started last week.

To improve speed, lower cost and keep quality high, we will have in-house counsel join us around the first of May. He is an attorney with good healthcare and district healthcare experience in California. This in-house skill set will really help us improve our management of some 1300 contracts in our contract tracking system.

Physician recruiting remains a high daily priority for our team as we continue to recruit for GI, Family Practice, Neurology, General Surgery, and Internal Medicine. All candidates to date have multiple new work options so the competition is fierce for physician services.

Our new management services organization is functioning well, known as Tahoe Forest Health Care Services Inc.

We are continuing to work on brining to life a new “friendly professional corporation” to offer on a voluntary basis employment opportunities for physicians who seek employment as a way to join our team. This new entity will be named Tahoe Forest Medical Group and it will be managed by our management services organization. This is a critical tool for us to recruit and to retain physicians.

TAHOE FOREST HOSPITAL DISTRICT

Board COO Report

By: Judith B. Newland **DATE: April 2017**

"Just Do It" – Demonstrate measurable improvements annually in both Quality and Patient Satisfaction.

Tahoe Forest Hospital District was awarded the Outstanding Patient Experience Award from Healthgrades. Healthgrades is a U.S. company that provides information about physicians, hospitals and health care providers and rates them 1-3-5 stars. The award recognizes hospitals that provide an overall outstanding patient experience, delivering a positive experience for patients during their hospital stay, as reported by patients. Healthgrades awarded 443 hospitals the Patient Experience Award using the Hospital Consumer Assessment of Health care Providers and Systems (HCAHPS) to gauge how highly patients rank them. The awarded hospitals represent the top 15 percent in the nations. Congratulations to the Health System team for this award!

The Health System continues their preparation for an accreditation survey from Healthcare Facilities Accreditation Program (HFAP). HFAP is authorized by the Centers for Medicare and Medicaid Services (CMS) to survey critical access hospitals for compliance with the Medicare Conditions of Participation and Conditions for Coverage. HFAP conducts an unannounced federal standards survey at Tahoe Forest Hospital and Incline Village Community Hospital every three years. This includes the Cancer Center and Multispecialty Clinics. HFAP accreditation survey teams generally consist of four surveyors: A physician who serves as team captain, a Registered Nurse, a hospital administrator and a facilities engineer. An HFAP Education Fair occurred at both IVCH and TFH to educate and prepare staff to answer questions the surveyors may be asking them.

The new Joseph Family Women and Newborn Care Center is awaiting the California Department of Public Health (CDPH) licensing visit. This is a scheduled survey and we are waiting to hear from CDPH on that date.

Health System staff were asked to participate in an Employee Engagement Survey. For health care organizations working to improve the patient experience, measuring employee engagement can help drive significant change. An engaged employee is the one willing to go "above and beyond", the person with energy and enthusiasm for their work, who feels loyalty to the organization, and who will recommend the organization as a place to work and receive care. Strong employee engagement results in behavior that benefits performance and quality of the patient care experience. By measuring employee engagement, we can better understand how to improve engagement, focus on human capital and align employee groups around strategies to improve the patient experience. Once the results are available, action plans for improved engagement will be developed and implemented.

Tahoe Forest Health System continues their commitment to providing the Perfect Care Experience for all individuals who receive services throughout the organization. For the month of April the service tip is to: *Greet every person you see, no matter where you are. Look up from whatever you are doing and offer a friendly greeting – it makes a big difference!* Additionally weekly bulletins are sent to staff to simply ask patients "Is there anything else I can do for you?" By asking individuals every day this question it will make a difference for that Perfect Care Experience.

TAHOE FOREST HOSPITAL DISTRICT

Board CNO Report

By: Karen Baffone, RN, MS **DATE: April 2017**
Chief Nursing Officer

Strategy Two: Choosing and implementing the correct new Electronic Health Record for our system that spans all physician, OP and IP services. Plus acquiring any other critical companion business operations software.

Clinical Operational Readiness (CORe) readiness:

- Initial sign on and assignments have been given to the CORe team members
- Backfilling of positions for EPIC have begun to ensure adequate coverage for staffing and scheduling
- Equipment necessary for implementation is being reviewed and anticipate May approval and purchase orders as necessary
- Implementation – On time for Nov 1, 2017 GO-LIVE

Strategy Four: Developing and implementing a comprehensive Care Coordination Plan coupled with Patient Navigation for all patients that touch our healthcare system.

Care Coordination and Navigation: Perinatal Care Coordinator job description completed with anticipated hiring of a candidate for this services line within the next 30 days. Working with the orthopedic group to engage the Orthopedic Care Coordinator with the office staff.

Navigation for stress testing is now operational and we have had our first patient use the system for follow up and scheduling of stress testing.

Developing plan for the movement of Wound Care into the MOB

Strategy Five: "Just Do It" Continue to show measureable annual improvements in Quality, and Patient Satisfaction.

- Ongoing planning to improve the patient experience: Night rounding cards have been completed and will be forwarded through the PFAC group
- Nurses of Excellent nominations have been completed for the nurses week celebration in early May
- Every year 1,000 Hospitals receive Healthgrades Patient Experience and Patient Safety Awards. This year, Tahoe Forest Hospital System has been named to its 2017 Outstanding Patient Experience Award lists. The award, which the group gives out each year, is meant to highlight U.S. facilities that excel in patient experience ratings. Healthgrades awarded 443 hospitals received the Patient Experience Award using the Hospital Consumer Assessment of Healthcare Providers and Systems surveys to gauge how highly patients

rank them. According to Healthgrades, the awarded hospitals represent the top 15 percent in the nation.

- Building the perfect patient experience:
    - Improved definition of all PI initiatives throughout the division
    - Improving definition of all areas of the patient experience (AIDET, patient satisfaction, CMS star rating, patient rounding, leader rounding)

TAHOE FOREST HOSPITAL DISTRICT

□oard Informational Report

□y: □a□e Dorst
CIIO

DATE: 4/21/2017

Epic

- The teams are beginning to work through the order sets with the clinicians and Mercy.
- Finishing interface contracts and software contracts.
- Training room equipment and furniture are ordered and begging to show up. Training rooms will be setup by the end of May.
- Epic training begins in June.
- Meaningful □se committee has begun to take shape as we move into the next stages with our new Epic install.
- One vendor has demonstrated their footprint Workstation on Wheels (WOWs) for the new WOWs needed in ED (TFH, IVCH), ASD/□AC□ (TFH, IVCH) and O□ □T. Ennovate will be here next week to show us their equipment.
- Handheld Medical scanners have been quoted and will be ordered this week.
- Hardware assessment is finalized and scoped for devices.
- GE for Fetal Monitoring with interfaces/Epic integration: contract completed.

Premier Apere□

- □roject is on track.
- □remier representatives have joined our weekly meetings

Data Center Storage

- Nutanix is our replacement storage system to correct some of our ongoing issues with our current solution. It has arrived and will be install in the next few weeks.

TAHOE FOREST HOSPITAL DISTRICT

Board Informational Report

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

DATE: April 18, 2017

---

1. **GOAL: A complete makeover of our Physician service line**
   Letter of Intent being drafted for Dr. Ted Shafer, gastroenterologist, who plans to start in the Fall of 2017. We are actively recruiting for General Surgery, for which we have some strong candidates that we plan to have work with us on a temporary call situation to make sure the fit is right for the organization and our community. We are also looking at Locums coverage for primary care at Incline Village Community Hospital until we can find the right permanent physician for that area.

   For development of the palliative care program, we are creating a Medical Director of Palliative Care position to help with program development and then ultimately coordination of services to optimize patient care. This physician will also be receiving a PSA for direct patient care.

   While recruitment is needed for the health of our community, we are balancing space constraints and will not be able to recruit more without a thoughtful mapping of clinic space/time availability. The team is working on this issue with the Space Planning Project.

2. **GOAL: Electronic Health Record**
   Continuing to keep the physicians informed of new developments with Epic. We have reinstated a monthly Physician Advisory Committee that will discuss key operational developments, opportunities and elicit physician input/feedback. Core discussions this month include: project status and timeline, data conversion, order sets, new policies, physician customization sessions, education for physicians, and clinic scheduling at time of go live.

3. **GOAL: New Master Space Plan**
   Continuing to give physician oriented feedback to architect and keep physicians informed of any changes.

4. **GOAL: Care Coordination Plan**
   We are working with staff to add additional coordinators in select specialties to improve patient experience and decrease outmigration.

5. **GOAL: Just Do It**
   With Patient Center Care in mind, we are working to develop Comprehensive Palliative Care Program to address unmet needs, brought to our attention by a local community member and family member of a TFHD patient. In same light, we have been active in disclosure conversation with family members about care at TFHD along with supporting our Caregivers with Well Being Committee and peer support.

Chris Arth MD, as Chief of Staff, will be eliciting physician involvement on goals and feedback on the strategic direction of the Medical Staff.

TAHOE FOREST HOSPITAL DISTRICT

Board Executive Summary

By: Jim Hook,
Compliance Consultant
The Fox Group

DATE: April 27, 2017

SITUATION: The Business Code of Conduct policy was retired and a new Code of Conduct has been developed. and approved by the Compliance Committee.

BACKGROUND: Tahoe Forest Health System (TFHS) has relied on two policies to describe the standards of conduct and behavior expected of physicians, employees, volunteers and suppliers. These two policies assisted us in carrying out our day-to day activities within appropriate moral, ethical and legal standards. Both AHR-119 Professional Expectations, and AGOV-39 Standards for Business Conduct (the Code of Conduct), have been retired as policies.

AGOV-39 Standards for Business Conduct was originated in 1998, and last revised in 2012. Although most of the provisions are still applicable today, there are additional areas that are applicable to employee performance that are worthy of addition or renewed emphasis. AHR-103 Employee Conduct was also originated in 1998, and last revised in 2014. It had provisions relating to employee behavior that overlapped with AGOV-39, but also included standards of conduct related to attendance, insubordination, safety and others. AHR-103 has been replaced by AGOV-1505 Professional Expectations, which covers employee honesty, professional demeanor and other general exhortations to respectful and cooperative behavior.

ASSESSMENT: One of the foundational documents of an effective compliance program is a code of conduct. This code emphasizes the commitment of TFHS to carry out its activities within appropriate moral, ethical and legal standards. This Code applies to Covered Individuals – Board members, executives, employees, physicians, providers and contractors, whether employed by or independently contracted by TFHS.

The draft Code of Conduct is designed to replace portions of both polices; it is designed to embrace compliance and maintain our reputation in as a leader in providing quality and appropriate patient care.

Although this Code of Conduct prescribes standards and behavior in many aspects of TFHS activities, the simplest admonishment is easy to remember: ***Do the right thing, always!***

The Code of Conduct addresses a variety of policy areas and expectations.

- Organizational Excellence Model
- "Compliance is You"
- Definitions
- Compliance for all Employees
- Non-Discrimination Environment
- Confidentiality of TFHS Information

- Essential principles of the Code of Conduct
- Compliance Program
- Quality of Care and Services
- Patient Confidentiality
- Safeguarding TFHS, Patient and Resident Assets
- Physician and Provider Relationships
- Billing for Services
- Environmental Compliance
- Marketing and Advertising
- Financial Reporting and Records
- Investigations
- Discipline for Violations
- Questions and Answers
- References

This Code of Conduct is designed to be reader-friendly, while still describing the requirements for employees.

ACTION REQUESTED:

The Compliance Committee recommends approval of the Code of Conduct. It will be added as an A-GOV policy after approval and an education plan will be developed and executed by the Compliance Department and Senior Leadership for the employees.

Dear Tahoe Forest Health System Colleague:

The Tahoe Forest Health System exists to make a difference in the health of our communities through excellence and compassion in all we do. To assist us all of us in carrying out this mission the Board of Directors adopted this Code of Conduct.

The purpose of this Code of Conduct is to inform all physicians, employees, volunteers and suppliers of our commitment to ethical behavior on the job, to honesty and to fairness.

The Code of Conduct is here to provide you with guidance and understanding of Compliance Program at Tahoe Forest Health System. It is here to assist you with understanding the laws and regulations that govern Tahoe Forest Health system.

If you have any questions about this Compliance Program or think an event has occurred that violates this Code of Conduct, you should contact the Compliance Department. You can anonymously contact our Compliance Hotline by calling (530) 582-6655, or sending an email to compliance @tfhd.com. I encourage you to ask questions and to report violations of this Code of Conduct.

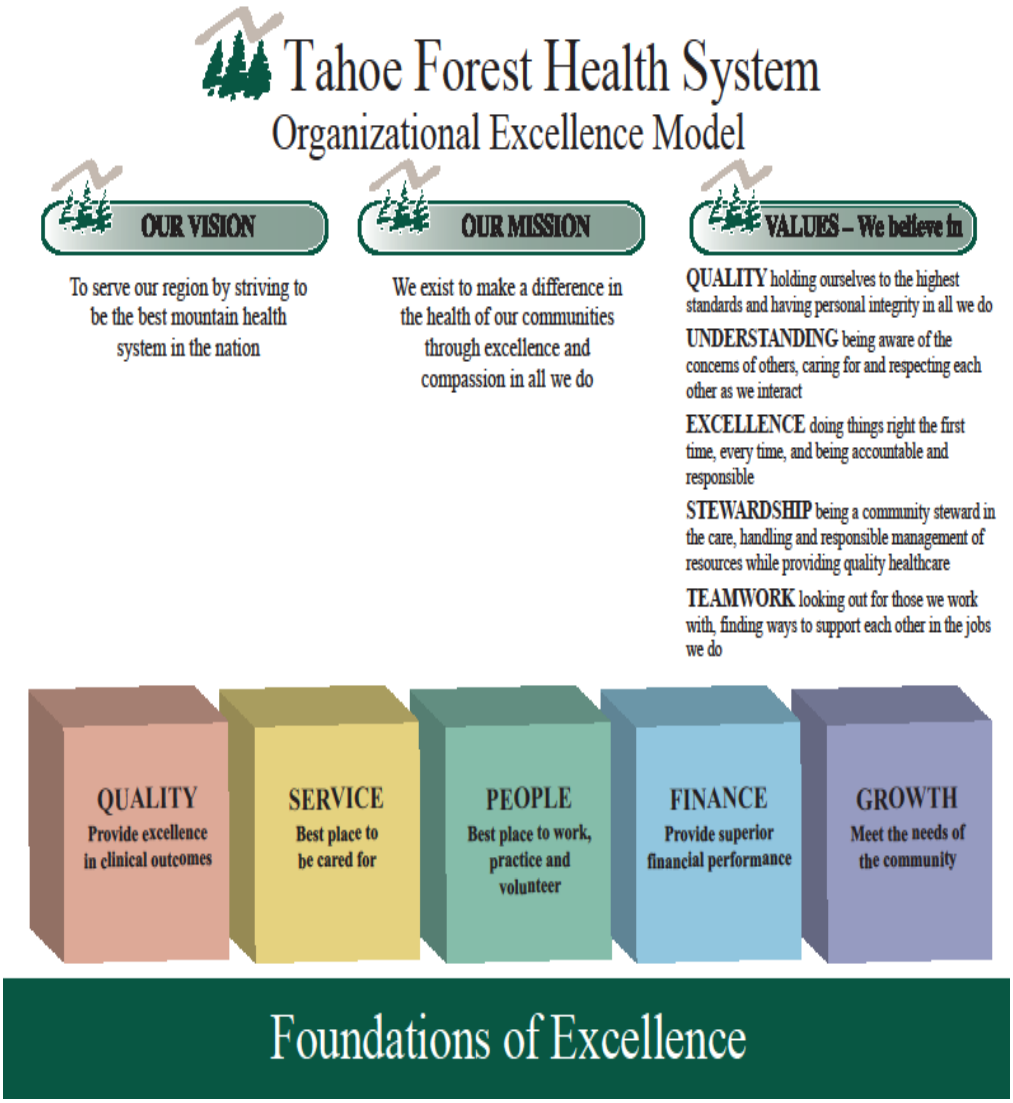
Tahoe Forest Health System has a non-retaliation policy and all concerns are kept confidential.

Warmest regards,

Harry Weis
Chief Executive Officer

Contents

I.ORGANIZATIONAL EXCELLENCE MODEL



II. "COMPLIANCE IS YOU"

This Code of Conduct (the "Code") is intended to assist us in carrying out our day-to-day activities within appropriate moral, ethical, and legal standards. The Code is a critical component of our overall Corporate Compliance Program (the "Program"). We have developed the Code to ensure that we provide quality patient care and meet our ethical and legal standards. If you have any questions regarding our expectations of you, of the Code, or the Program, feel free to ask your Supervisor, the Compliance Officer or designee, or call our Compliance Department at 530-582-6653.

Tahoe Forest Health System (TFHS) is committed to conducting all of our business dealings in compliance with applicable laws and regulations and avoiding any impropriety, dishonesty, or wrongdoing. We believe adhering to the principles of our Program and the Code will allow us to create and reinforce a corporate culture embracing compliance and maintaining our reputation as a leader in providing quality and appropriate patient care.

TFHS will thrive and prosper only if our reputation for honesty, integrity, quality service, and excellent care is beyond question. We must be honest and truthful in all our dealings and avoid doing anything that is illegal or that might appear improper.

Remember that we share in the continuing responsibility to serve our patients and community and to maintain our good name and reputation in all that we do.

Only YOU can earn the trust and respect of our patients and others by continuing to conduct your daily affairs with honesty and integrity and in compliance with the letter and spirit of all Applicable Laws***. Do the right thing, always!***

III. DEFINITIONS

Compliance Program: A program to help an organization comply with all applicable laws and regulations. A compliance program contains the following elements:

(1) Implementing written policies that address risk areas and standards of behavior (such as this Code of Conduct);
(2) Providing High Level Oversight via a Compliance Officer and Compliance Committee;
(3) Conducting comprehensive training and education;
(4) Developing accessible lines of communication to receive complaints, anonymously when required;
(5) Using audits and other evaluation techniques to monitor compliance;
(6) Responding promptly to allegations of improper or illegal activities and enforcement of appropriate disciplinary action;
(7) Investigating and remediating identified problems and undertaking corrective action.

Commented [JDH1]: Revised per the OIG Guidance!

Covered Individual: Any board member, corporate executive, employee, physician, provider, or contractor engaged by or associated with TFHS. For purposes of this Code and the Compliance Program, the term "Employee" includes all board member or corporate executives, non-provider employees, and physicians/providers, whether employed by or independently contracted by TFHS.

Code of Ethical Conduct: Standards to help covered individuals understand their responsibilities to help TFHS comply with applicable laws and regulations.

Applicable Laws: all applicable statutes, regulations, federal healthcare program requirements and the requirements of private payors

IV. ESSENTIAL PRINCIPLES OF THE CODE OF CONDUCT

The Code is organized around nine essential principles of legal and ethical behavior.

- Comply with all Federal and State healthcare laws, rules, and regulations, with the Hospital Compliance Program, and with Hospital policies and procedures.
- Report suspected violations of the Code or Compliance Program with assurance that any sort of retaliation is strictly prohibited and will not be tolerated.
- Provide quality, efficient, and effective care and services to our patients and all other customers of the Hospital.
- Avoid actual and potential conflicts of interest, including actions that may give the *appearance* of a conflict of interest.
- Safeguard and preserve Hospital resources – property, time, materials, equipment, electronic communication systems, and other assets.
- Protect the privacy of patients and Staff and safeguard the confidential information of the Hospital.
- Provide, document, and bill for services in strict accordance with the law and the highest standards of business ethics.
- Create a caring, healthy, and safe work environment by acting with honesty and good faith in all matters and refraining from discriminatory, harassing, retaliatory, inappropriate, intimidating and/or disruptive behavior.
- Become familiar with the Code, Compliance Program, and supporting policies and procedures and demonstrate understanding at new hire/affiliation orientation, by participation in a review and testing during Annual Training, and whenever new or updated compliance information is shared.

V. COMPLIANCE PROGRAM

Tahoe Forest Health System has established a Corporate Compliance Program, led by the Compliance Officer. The Corporate Compliance Program contains a Code of Conduct which outlines the appropriate behavior for all employees. This Code is the heart of our Program and will assist employees in carrying out their daily activities within appropriate moral, ethical, and legal standards. It is not intended to cover every situation, but is intended to help employees make the right decisions and/or ask the right questions. This

Code and associated policies also apply to Tahoe Forest Health System relationships with our subcontractors, independent contractors, vendors, and consultants.

A. DUTY TO REPORT ACTUAL OR SUSPECTED VIOLATIONS

If an employee suspects or knows of a violation of the Corporate Compliance Program, or any other law, regulation or policy, it is recommended that the employee report it to their direct supervisor. However, employees can report a known or suspected violation to the Compliance Officer or Compliance Officer Designee directly, email compliance@tfhd.com or call the Compliance Hotline at extension 6655.

Employees have the same reporting obligations for actual or suspected violations committed by a subcontractor or vendor of Tahoe Forest Health System. Tahoe Forest Health System maintains multiple reporting lines to ensure that employees are comfortable with whom they communicate compliance issues.

B. CONFIDENTIALITY

If requested, every effort will be made to keep the reporter's identity confidential, but confidentiality cannot be guaranteed. However, no adverse action or retaliation of any kind will be taken against an employee because he or she reports, in good faith, a known or suspected violation of the Corporate Compliance Program, or any other law, regulation or policy.

VI. QUALITY OF CARE AND SERVICES

Dedication to quality is demonstrated in our goal to:

- understand our customer's expectations,
- provide care and services in a timely and reasonable manner,
- be responsive to patient, resident and family concerns, and
- maintain patient/residents' rights and dignity at all times while under our care.

Each patient and resident is an individual entitled to dignity, consideration and respect. Patient/resident abuse or neglect is not tolerated.

TFHS respects the rights of patients and residents and their families to participate in healthcare decisions and must inform them of their rights, as required by law. This includes the right to participate in decisions on whether to consent to or refuse treatment.

In certain instances, a patient's or resident's decision regarding care may conflict with TFHS policies. These kinds of ethical issues should be reviewed under TFHS policies and procedures and applicable state and federal laws. We are committed to providing information that will promote knowledgeable decision making. When patients and residents are in our hospitals, skilled nursing facilities, and outpatient facilities, we promote ethical, innovative, professional and compassionate care within an environment that nurtures their physical, social, emotional and spiritual needs

VII. PATIENT CONFIDENTIATILY

TFHS collects information about each patient's medical condition, history, medication, and family illnesses to provide the best possible care. TFHS realizes the sensitive nature of this information and is committed to maintaining its confidentiality. We do not release or discuss patient-specific information with others unless it is appropriate and necessary to serve the patient, or is required by law.

Patients are entitled to expect the protection of confidentiality. Patient information shall be released in accordance with TFHS policies and procedures with respect to the Release of Information and in accordance with Federal and State laws.

Health Insurance Portability and Accountability Act (HIPAA) – Tahoe Forest Health System Board of Directors, leadership, employees and contractors are each responsible for maintaining the confidentiality of all patient, resident and

employee protected health information (PHI). PHI is defined as individually identifiable health information that is transmitted or maintained in any form or medium, including electronic health information. To ensure the security of PHI, TFHS takes reasonable measures including, but not limited to, the following:

- encryption of devices,
- use of password protection,
- limitations on accessibility to information, and
- restrictions on placement of unauthorized software on TFHS devices.

Employees have several obligations with respect to information created and maintained in TFHS Information Systems:

- Use the Network and computer systems for the benefit of TFHS and its affiliates;
- Log out of all devices when leaving them unattended, or, alternatively, lock the device;
- Understand and comply with all TFHS IT/Corporate Security policies/guidelines/standards which are designed to protect PHI.

Employees must avoid discussing patient information when participating in public or other non-TFHD online forums. Employees must also identify themselves honestly, accurately and completely when participating in non-TFHS public forums.

Do the Right Thing! If you are unsure whether use or disclosure of PHI is appropriate, or if you become aware of any violation of laws protecting Patient Information, or of this Code, please contact the Privacy Officer at extension 3461 immediately, Compliance office at 6653, or send an email to compliance@tfhd.com!

VIII. SAFEGUARDING TFHS, PATIENT AND RESIDENT ASSETS

A. TFHS ASSETS

Every Employee is responsible for safeguarding and preserving TFHS resources and assets. Employees must not use TFHS property, time, materials, equipment, communication systems or any other resource in a wasteful manner, for personal benefit or gain, to harm another person, for political activity, or for illegal activity. Employees should use and maintain TFHS assets with the utmost care and respect, and remain cost-conscious and alert to opportunities to reduce costs while maintaining or improving quality.

B. RESIDENT AND PATIENT PROPERTY AND ASSETS

Any mishandling of patient or resident property must be promptly reported to supervisors. Employees entrusted with direct handling of patient or resident funds (e.g., resident trust funds) must safeguard patient/resident assets, and will be held accountable for the integrity and accuracy of those monies and records.

IX. PHYSICIAN AND PROVIDER RELATIONSHIPS

A. TFHS DOES NOT PAY FOR REFERRALS

TFHS accept patient referrals/admissions solely based on the patient's clinical needs, provider orders and our ability to render the needed services. We do not, however, pay or offer to pay anyone - employees, physicians, or other persons - for referrals of patients. No employee, or other person acting on behalf of Tahoe Forest Health System, is permitted to enter into any agreements with physicians or others that are linked directly, or indirectly, to the referral of patients.

B. TFHS DO NOT ACCEPT PAYMENTS FOR REFERRALS

TFHS physicians and other health care providers make patient referrals solely based on the patient's clinical needs and the abilities of the referred provider to render appropriate services. No employee or any other person acting on behalf of TFHS is permitted to solicit or receive anything of value, directly, or indirectly, in exchange for the referral of patients. Similarly, when making patient referrals to another health care provider TFHS does not take into account the volume or value of referrals that the provider has made (or may make) to TFHS.

C. TFHS DO NOT ALLOW PERSONAL INTERESTS TO INFLUENCE REFERRALS

Our policy is to inform patients of their options for home health care, hospice, durable medical equipment, home infusion, and other ancillary health care services and to promote patient freedom of choice in selecting any services that the patient may require. TFHS will not purchase or enter into agreements for the purchase of products or supplies, including, but not limited to pharmaceuticals, implants, instruments and other medical devices, from Physician-Owned Distributorships ("PODs") or similar entities that maintain ownership or investment interests held by physicians and/or immediate family members of physicians on the medical staff of a TFHS organization.

X. BILLING FOR SERVICES

TFHS will bill the patient when appropriate, their insurance company, HMO, or a government program that provides coverage. TFHS is committed to preparing and submitting honest, accurate, and complete claims to third party payers and bills to patients that fully comply with the law.

TFHS is committed to full compliance with all rules and regulations of government health care programs, including Medicare, Medi-Cal/Medicaid, as well as managed care companies participating in these government programs. Tahoe Forest Health

System will also comply with the rules and requirements of all commercial insurance programs/managed care companies.

TFHS will bill only for services rendered and all claims shall have adequate supporting documentation in the patient's medical record. It is our policy to apply the correct Current Procedural Terminology (CPT-4), Centers for Medicare & Medicaid (CMS) Common Procedure Coding System (HCPCS), the International Classification of Disease (ICD-10-CM) coding principles and guidelines, and any other regulations that apply when analyzing and coding medical record documentation.

Tahoe Forest Health System does not:

- bill for items and services not rendered or not medically necessary;
- misrepresent the type or level of service rendered;
- bill for non-covered services without advising the patient in advance;
- abuse the use of observation bed status;
- bill for services rendered by other providers;
- misrepresent a diagnosis in order to obtain payment,
- seek to collect amounts exceeding the copayment and deductible from a Medicare or Medi-Cal/Medicaid beneficiary who has assigned benefits, or
- fail to return credit balances in a timely manner and in accordance with applicable requirements.

A. BILLING QUESTIONS OR CONFLICTS

When employees receive a question from a patient or third party payer about a claim or charge, they will promptly review and address the question, if authorized to do so, or will refer the matter to an individual who is so authorized. If employees are unable to resolve a dispute regarding a patient's bill or claim, they will refer the issue to their supervisor for resolution.

B. SUBCONTRACTS FOR BILLING SERVICES

Subcontractors and independent contractors are agents of Tahoe Forest Health System and act on behalf of TFHS while performing their duties. These individuals and entities are required to adhere to the same billing and coding standards that are applicable to TFHS employees.

XI. COMPLIANCE FOR ALL EMPLOYEES

A. CONFLICTS OF INTEREST FOR ALL EMPLOYEES

Employees must exercise the utmost good faith in all transactions touching upon their duties to TFHS. In their dealings with and on behalf of TFHS, they are to be held to a strict rule of honesty, confidentiality and fairness in dealing with TFHS matters.

A conflict of interest may arise if your outside activities or personal interests influence or appear to influence your ability to make objective decisions in the course of your job responsibilities. A conflict of interest may also exist if the demands of any outside activities hinder or distract you from the performance of your job or for which you use Tahoe Forest Health System resources (i.e., time, computers, facilities, supplies) for non-TFHS purposes. This policy applies to the TFHS Board, Executive Leadership, all employees (including physicians with arrangements with TFHS) and volunteers. It is important that while on the job, you think about Tahoe Forest Health System first.

It is your responsibility to be alert to any actual, potential, or appearance of conflict of interest and to promptly report suspected conflicts of interest, including any inappropriate offer of gifts or services, to your supervisor or to the Compliance Officer or designee.

B. GIFTS AND ENTERTAINMENT

'Gift' means something of value given to an Employee. TFHS Employees and independent contractors may not accept any gifts whatsoever from any patient, patient's family, vendor, supplier, patient referral source, or patient discharge facility or service.

C. KICKBACKS, REFERRALS AND BRIBES

The Anti-Kickback law makes it a crime to knowingly and willfully offer, pay, solicit, or receive something of value to induce or reward referrals of business under Federal health care programs. In accordance with this statute, TFHS does not accept or offer to provide anything of value in exchange for the direct or indirect referral of patients, residents or business, or in return for buying services or supplies.

D. COMMUNICATION SYSTEMS

All communication systems, electronic mail, intranet, internet access, voice mail, or paper are the property of TFHS. . In addition, Employees should not have any expectation of privacy regarding anything created, stored, sent, or received via TFHS systems. The Hospital reserves the right to monitor and/or access communications and usage of its electronic systems without prior notice. Sending chain letters or joke emails from a Tahoe Forest Hospital District email account is prohibited.

XII. NON-DISCRIMINATION ENVIRONMENT

Tahoe Forest Health System personnel will treat all patients, residents and visitors receiving services from our hospitals, skilled nursing facility, programs and outpatient clinics equally, in a welcoming manner that is free from discrimination based on age, race, color, creed, ethnicity, religion, national origin, marital status,

sex, sexual orientation, gender identity or expression, disability, association, veteran or military status, or any other basis prohibited by federal, state, or local law. Tahoe Forest Health System is an equal opportunity employers and does not discriminate against employees or potential employees on the basis of race, color, creed, religion, sex, national origin, sexual orientation, veteran status, marital status, age, physical or mental disability, or any other basis protected by state or federal law. TFHS will make reasonable accommodations for its disabled employees. TFHS will not tolerate discrimination, verbal or physical harassment, or abuse (whether or not sexually related) by employees, supervisors, vendors, subcontractors, or visitors of TFHS. TFHS is committed to actions and policies to assure fair employment, including equal treatment in hiring, promotion, training, compensation, termination, and disciplinary action.

XIII. CONFIDENTIALITY OF TFHS INFORMATION

A. HOSPITAL INFORMATION

Business information discussed in a closed session of the Board of Directors, such as information related to litigation, trade secrets, medical audits/quality assurance or that could compromise the privacy interests of patients and employees, must be protected from unauthorized access, use, disclosure or dissemination, and must not be used for personal benefit or gain.

B. DOCUMENT MANAGEMENT

TFHS Document Management Policy applies to all documents and establishes procedures for retaining, preserving and disposing of such materials in both paper and electronic form. This policy provides guidelines that will assist with regulatory compliance and pending legal activity as well as efficiency of daily operations.

XIV. ENVIRONMENTAL COMPLIANCE

It is the policy of TFHS to comply with all environmental laws and regulations as they relate to our business. It is your responsibility to understand how your job responsibilities may impact the environment and make sure you follow local, state, and federal environmental laws and regulations, as well as Tahoe Forest Health System policies and procedures

Employees are expected to utilize resources appropriately and efficiently, to recycle where possible and otherwise dispose of all waste in accordance with Applicable Laws and regulations.

XV. MARKETING AND ADVERTISING

TFHS restricts all marketing efforts to those services and procedures which are within the technical and licensure limits of the providers of TFHS. Marketing programs will promote the dignity of the individual and represent an accurate, honest, and straightforward presentation of the benefits of diagnostic and therapeutic procedures it provides and the services it makes available to our community. Marketing and promotional activities on behalf of TFHS must be approved in advance by appropriate TFHS Marketing personnel, and must comply with the provisions of the HIPAA/HITECH Act.

XVI. FINANCIAL REPORTING AND RECORDS

TFHS has established and maintains a high standard of accuracy and completeness in our financial records. These records serve as a basis for managing our business and are important in meeting our obligations to patients and others as well as complying with tax and financial reporting requirements. It is our policy to comply with the reporting requirements of applicable laws, established financial standards, and generally accepted accounting principles.

Medical and business documents and records are retained in accordance with appropriate laws, Medicare Conditions of Participation, and our Record Retention Policy. Records include paper copies, and electronic files. Employees must not

tamper with records. Records must not be destroyed prior to the date specified in the record retention policy.

XVII. INVESTIGATIONS

A. GOVERNMENT INVESTIGATIONS

Employees must respond to all government investigations with honesty and integrity while protecting their own rights and the rights of TFHS.

If you are approached by any federal or state law enforcement agency seeking information about any aspect of the operations of TFHS or the job-related activities of any of TFHS's officers or employees, you should immediately call the Compliance Officer or designee or Administration.

Employees must respond to government and private investigations. Employees are free to speak to government investigators who come on site, but are not required to submit to individual questioning without benefit of legal counsel.

B. COMPLIANCE INVESTIGATIONS

All employees shall cooperate in the investigation of an alleged compliance violation. It is imperative that not even a preliminary investigation of a suspected violation be conducted without consultation and direction from the Compliance Officer or a Compliance designee who should seek assistance and guidance from Legal Counsel when necessary. Compliance shall investigate the matter.

Employees should NEVER take any steps to investigate independently. Strict confidentiality must be maintained. Employees are required, as a condition of continued employment, to cooperate with any internal investigations.

Anyone who participates in an investigation relating to a report of suspected noncompliance, shall be responsible for responding to the situation in a timely manner and in a manner that adheres to the procedures set forth in this policy.

All investigations of reported violations of Applicable Laws or this Code of Conduct will be directed and/or coordinated by the Compliance Officer or designee and Legal Counsel if necessary.

XVIII. DISCIPLINE FOR VIOLATIONS

The TFHS Compliance Program, Code of Conduct, and policies/procedures apply to Employees at all levels of the organization and will be enforced regardless of an Employee's position, rank, or tenure.

Intentional or reckless non-compliance will subject transgressors to significant sanctions. Such sanction could range from oral reminder, written reminder, paid decision making leave and termination for just cause

TFHS enforces 'zero tolerance' with respect to any illegal activity or knowing, intentional, or willing noncompliance with federal or state laws or Hospital policies.

All Employees must:

- comply with applicable laws, regulations and TFHS policies and procedures,
- report a known or suspected compliance violations, and
- take reasonable steps to prevent or detect criminal conduct or other wrongdoing.

XIX. Q&A's

If I observe something in the workplace I consider to be wrong who should I contact?

TFHS has provided several resources for you to turn to with such concerns. First, you are encouraged to talk to your Supervisor. However, if you are uncomfortable talking to your Supervisor, you may wish to speak with one or all of the following: a Director or Chief from your area, or the Corporate Compliance Officer or designee. You may also call the Compliance Hotline (530) 582-6655 or send an email to compliance@tfhd.com. Whenever possible, and if appropriate, you are encouraged to resolve departmental issues at the department level.

If I am asked to do something that I believe violates the Code of Conduct what should I do?

Don't do it! You must refuse to do anything you consider to be wrong regardless of who asks you to do it. Immediately report the request to the next level of management, notify the Compliance Officer or designee or call the Compliance Hotline (530) 582-6655.

Will I get in trouble if I report something suspicious and it turns out I was wrong?

The policy of Tahoe Forest Health System prohibits employees from being reprimanded or disciplined if they report a matter in good faith. However, if an employee reports something which he or she knows to be false in order to harm another employee, a patient/resident, or TFHS, the reporting employee may be subject to disciplinary action(s).

During a normal workday, and especially around the holidays, patients and/or family members may offer gifts of money. Should such gifts be accepted?

Cash gifts must never be accepted from a patient/resident, a family member, a business partner, or any agent or company having business dealings with TFHS. Gifts of nominal values may be accepted if they are consumable or perishable, such as cookies or fruit baskets.

How do I know if my actions are ethical?

When it comes to legal questions regarding workplace behavior, the decision whether the behavior is right or wrong may be relatively clear-cut. However, ethical matters may be less clear. Ethical decisions are often a matter or judgment, with no rule or law that applies to every situation, every time. When in doubt about a contemplated action, an Employee might ask him or herself the following questions:

- Will this action be ethical in every respect and fully comply with the law and with TFHS policies?
- Will this action have any appearance of impropriety?
- Will this action be questioned by patients, coworkers, supervisors, family, or the general public?
- Will this action mislead someone because it is not transparent?
- Would I be uncomfortable if this action or its results were published in the local paper

or broadcast on the TV news?

If you are uncomfortable with the answer to any of the above, do not take the contemplated action without first discussing it with your supervisor and/or the Compliance Officer or designee.

XX. ATTESTATION STATEMENT

1. I have read the entire Code of Conduct. I have had the opportunity to ask any questions with regard to its contents and I understand fully how the policies relate to my position.

2. I hereby acknowledge my obligation and agreement to fulfill those duties and responsibilities as set forth in the Code of Conduct and to be bound by these standards.

3. I further certify that, throughout the remainder of my association with the Tahoe Forest Health System I shall continue to comply with the terms of the Code of Conduct.

4. I understand that violations of the Code of Conduct may lead to disciplinary action, including discharge.

NAME:

POSITION

I certify that I have received the Tahoe Forest Health System Code of Conduct and understand that it represents mandatory policies of the organization.

SIGNATURE

DATE

XXI. LIST OF REFERENCES

A. APPLICABLE LAWS

This is a non-exhaustive listing of key laws and regulations that apply to healthcare workers and services they provide, with a summary of content relevant to Hospital staff.

B. EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT (EMTALA) OF 1986

EMTALA is the federal "antidumping law" enacted by Congress in 1986 to ensure public access to emergency services regardless of ability to pay. As revised in 2003, EMTALA imposes specific obligations on Medicare-participating hospitals that offer emergency services to provide a medical screening examination when a request is made for examination or treatment for an emergency medical condition, including active labor, regardless of an individual's ability to pay. Hospitals are also required to provide stabilizing treatment or an appropriate transfer for patients with emergency medical conditions. In addition, hospitals must maintain a physician on-call system to provide available coverage to assist in stabilizing patients. Hospitals that negligently violate EMTALA are subject to civil monetary penalties, and repeat violations of EMTALA may result in termination of the hospital's Medicare provider agreement.

C. FALSE CLAIMS AND THE DEFICIT REDUCTION ACT (DRA) OF 2005

The Federal False Claims Act imposes civil liability (hefty fines) on any person or entity that:

- Knowingly submits a false claim to the federal government for payment;
- Knowingly makes or uses a false record or statement to obtain payment or approval of a claim by the federal government;
- Uses a false statement to decrease an obligation to the government.

QUI TAM

"Qui tam" is a provision of the federal and state False Claims Act that enables a private person (known as a 'relator' or 'whistleblower') to bring a lawsuit in the name of the

federal or state government if he or she has personal knowledge of a false claim. The relator of potential fraudulent conduct who assists in an investigation, action or testimony is protected from retaliation by both federal/state law and Hospital policy. In addition, the relator may share in recovery – repayment and fines collected by the government because of the false claim.

D. PROGRAM FRAUD AND CIVIL REMEDIES ACT (PFCRA)

The PFCRA is another tool the federal government can use to penalize false claims involving federal agencies and is designed to provide the federal government with a way to record losses resulting from false claims.

E. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) of 1996

HIPAA is a broad law dealing with a variety of issues. Its original goal was to make it easier for people to move from one health insurance plan to another (hence the name health insurance portability) when they changed jobs or became unemployed. The outcome is that personal medical records and information can be easily moved to provide continuity of services and to facilitate the care people need. To make it easier for healthcare organizations to share medical information, HIPAA law requires that common transactions such as submitting a claim on the patient's behalf be in standard format for all healthcare organizations and payers. BUT with easier transmission of patient information, there is more opportunity for information leaks and abuses to occur. This is especially true as more and more information is shared electronically through e-mail and the internet. As a result, an important part of HIPAA focuses on patient privacy and confidentiality. Under HIPAA, it is illegal to release health information to inappropriate parties or to fail to adequately protect health information from release. HIPAA provides two rules governing the electronic exchange and privacy and security of Protected Health Information (PHI):

Privacy Rule – The Privacy Rule lets patients know about privacy rights, gives a patient access to his/her PHI and control over how it is used, and requires security processes for medical records and other confidential information used or shared in any form.

Security Rule – The Security Rule requires administrative, physical, and technical safeguards to protect patient privacy and covers information that is stored or transmitted electronically.

With the enactment of HIPAA in 1996, a patient's right to have his/her information kept private and secure became more than just an ethical obligation of healthcare personnel; it became law. Civil and criminal penalties may be imposed for HIPAA noncompliance, including fines for lapses and fines plus imprisonment for knowing misuse of PHI.

F. ANTI-KICKBACK STATUTE

The Medicare Anti-Kickback Act makes it a violation to offer or accept "remuneration," i.e. something of value, directly or indirectly, in exchange for the referral of any Medicare business, unless the arrangement is covered by one of the very few and very specific legal exceptions, called "safe harbors." The underlying purpose of this Anti-Kickback is to guard against improper influence over choice of the provider or supplier who will furnish items or services that will be paid for by Medicare. It equally guards against the overutilization or inappropriate utilization of items or services that result in negative impact on Medicare costs and the quality of patient care.

G. SARBANES-OXLEY ACT OF 2002

The Sarbanes-Oxley Act was passed by Congress to help prevent corporate and accounting fraud as well as to help restore investor confidence in the public securities market. The Act sought to improve the quality of a company's accounting and disclosures, increase management's responsibility for fair reporting and ethical behavior, strengthen auditor and director independence, and strengthen regulatory oversight. Although this law does not apply to nonprofit organizations, several provisions address issues which are present in nonprofit hospitals. Compliance programs, organizational ethics training, and a culture that fosters compliance with laws and reporting questionable conduct are measures that support the principles of the Sarbanes-Oxley Act.

H. STARK LAW

The Stark Law is also called the federal physician self-referral law. It seeks to remove incentives to overuse medical care that may result if a physician's treatment decisions are tied to inappropriate financial gain. The original statute addressed physician referrals for clinical laboratory services. The law was later expanded to include ten additional medical services.

The law prohibits a physician from referring a Medicare patient to any entity with which either the physician or a family member of the physician has a financial relationship. The law permits the extension of minor, nonmonetary business courtesies (e.g. a meal) to potential referral sources and their family members, but such "courtesies" cannot be cash or cash equivalents. In addition, any business courtesy or other benefit that is understood by either party to be offered, provided, or solicited as an inducement to refer patients or business, or as a reward for such referrals, is prohibited.

I. TRANSACTIONS THAT BENEFIT DISQUALIFIED PARTIES

The Internal Revenue Code, Section 4958, imposes "intermediate sanctions" when a private person receives an excess benefit from transaction with a non-profit organization. Intermediate sanctions may be imposed on any "disqualified person" (definition to follow) who receives an excess benefit from a covered non-profit organization and on each organization manager who approves an excess benefit.

A disqualified person is an individual who is or was (within 5 years) in a position to exercise substantial influence over the affairs of the nonprofit organization. An excess benefit transaction is one in which a nonprofit organization provides an economic benefit to a disqualified person or family member of a disqualified person, directly or indirectly, which exceeds the value of the consideration received by the organization in return. 'Economic benefits' can be the purchase or sale of products or services, expense reports items, loans, compensation and benefits. The law sets forth specific requirements for determining the "fair market value" of compensation and by deduction, what constitutes "excess benefit". Penalties for excess benefit transactions are significant and include a high rate of tax on the excess benefit and additional fines.

TAHOE FOREST HOSPITAL DISTRICT
RESOLUTION NO. 2017-03

RESOLUTION TO SUPPORT MOUNTAIN HOUSING COUNCIL OF TAHOE TRUCKEE

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

WHEREAS, the communities of the Truckee – Tahoe region has been focused on severely stressed regional housing limitations and needs; and

WHEREAS, stakeholders from across the community, representing individuals, businesses and public agencies have supported and engaged in multiple public forums convened by the Tahoe Truckee Community Foundation; and

WHEREAS, the resultant 2016 Housing Study was published providing a framework to address and accelerate solutions in our region; and

WHEREAS, the Mountain Housing Council of Tahoe Truckee consisting of community members, businesses and public agencies such as Placer and Nevada counties, Town of Truckee, Tahoe Truckee Airport District, Tahoe Truckee Unified School District and Truckee Donner Public Utility District has been formed to actively address infrastructural solutions to the affordable and work-force housing crisis; and

WHEREAS, the Tahoe Forest Hospital District is the largest all season employer in the Truckee-Tahoe region; and

NOW, THEREFORE, BE IT RESOLVED the Board of Directors of the Tahoe Forest Hospital District hereby shall direct $10,000 each of the next three years to, be a member of, and participate actively in the mission and efforts of the Mountain Housing Council of Tahoe Truckee.

PASSED AND ADOPTED at the meeting of the Tahoe Forest Hospital District Board of Directors held on the 27th day of April, 2017 by the following vote:

AYES: _____

NOES: _____

ABSENT: _____

ABSTAIN: _____

ATTEST:

Charles Zipkin, M.D.	Randy Hill
President, Board of Directors	Secretary, Board of Directors
Tahoe Forest Hospital District	Tahoe Forest Hospital District

TAHOE FOREST HEALTH SYSTEM

Origination Date:	*05/2016*
Last Approved:	*04/2017*
Last Revised:	*04/2017*
Next Review:	*04/2020*
Department:	*Governance - AGOV*
Applies To:	*Tahoe Forest Hospital*

End of Life Option Act, AGOV-1604

PURPOSE:

The purpose of this policy is to provide guidelines to staff regarding the End of Life Option Act, which permits an adult with a terminal disease and the capacity to make health care decisions to request and be prescribed an aid in dying drug if certain conditions are met.

POLICY:

It is the policy of Tahoe Forest Hospital District ("TFHD") to recognize the rights of terminally ill patients who are able to make a conscious and voluntary choice about their final days to do so, and allows physicians, if they so choose, to assist eligible patients by providing them with information and a prescription for aid in dying medication in the outpatient and Skilled Nursing Facility setting. The outpatient setting includes physician's offices and clinics. It is the policy of TFHD that it shall not be permissible in the acute care hospital.

PROCEDURE:

A. The employees of TFHD will provide supportive services to those who have terminal illnesses. These may include counseling, pain management, and spiritual support. Referrals may be made to social services and/or hospice as appropriate.

B. California law provides that an adult who is 18 years or older, a California resident who is capable to make medical decisions, and who has been determined to have a terminal disease that is expected to result in death within 6 months, and who wishes to die may make a written request of his or her attending physician for medication that will end his or her life in a humane and dignified manner. For purposes of this policy, those provisions are called End of Life Assist.

C. Any assistance to the patient in ingesting the aid-in-dying drug will not knowingly be allowed within the acute care hospital.

D. The TFHD Medical Staff Ethics Committee is available to employees, patients, patient families, and members of the medical and allied health professional staff for discussion of issues surrounding request for End of Life Assist.

E. No patient will be denied medical care of treatment because of his or her request for information, intent to participate, and/or participation in End of Life Assist.

F. Any patient seeking End of Life Assist shall be instructed to contact his or her physician.

G. If a patient arrives at a TFHD hospital following a failed end of life assist, care and treatment will be provided. Resuscitation will be attempted unless there is a valid directive by the patient or the patient's legal representative against it.

H. If a patient expresses intent to pursue End of Life Assist, employees who are morally or ethically opposed to End of Life Assist, will have the option of transferring care responsibilities to other staff members. Such action shall not be considered patient abandonment.

I. All discussions with patients regarding End of Life Assist are strictly confidential.

J. The law requires that if a patient requests a prescription for life-ending medication in California, a patient must be:

1. 18 years of age or older with a terminal disease that cannot be cured or reversed and is expected to result in death within 6 months.
2. a California resident with the mental capacity to make this decision
3. The patient must make three (3) separate requests for an aid in dying medication to his/her attending physician
    a. Two verbal requests to his/her attending physician, at least 15 days apart
    b. One written request on the designated form prescribed in the Act that is signed and dated by two qualified witnesses
4. The request for aid in dying medication must be made solely and directly by the patient.
5. The prescribing doctor, and one other independent doctor, confirm the patient's diagnosis and prognosis, and determine that the patient is capable of making medical decisions.
6. The patient has a psychological examination, if either doctor feels the patient's judgment is impaired.
7. The prescribing doctor confirms that the patient is not being coerced or unduly influenced by others when making the request through private consultation with the patient.
8. The prescribing doctor informs the patient of any feasible alternatives to the medication, including care to relieve pain and keep the patient comfortable.
9. The prescribing doctor asks the patient to notify their next of kin of the prescription request though they cannot require the patient to notify anyone.
10. The prescribing doctor offers the patient the opportunity to withdraw the request for aid-in-dying medication before granting the prescription.
11. The patient must have the physical and mental ability to self-administer the aid in dying medication.

References:

SB-128 End of Life

All revision dates:	04/2017, 05/2016
Attachments:	No Attachments

Approval Signatures

Step Description	Approver	Date
	Harry Weis: CEO	04/2017
	Janet VanGelder: Director	04/2017

TAHOE FOREST HOSPITAL DISTRICT

COMMUNITY BENEFIT COMMITTEE
AGENDA

Monday, March 27, 2017 at 1:00 p.m.
Tahoe Conference Room - Tahoe Forest Hospital
10054 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER

2. ROLL CALL
Charles Zipkin, M.D., Chair; Randy Hill, Board Member

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

4. INPUT – AUDIENCE
This is an opportunity for members of the public to address the Committee 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 Committee cannot take action on any item not on the agenda. The Committee 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.

5. APPROVAL OF MINUTES OF: 09/08/2016 ..... ATTACHMENT

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

6.1. Community Health Needs Assessment..... ATTACHMENT
The committee will discuss the vendor and survey methods of the upcoming Community Health Needs Assessment.

6.2. Wellness Neighborhood Update
The committee will receive an update from the Wellness Neighborhood.

7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

8. AGENDA INPUT FOR NEXT COMMITTEE MEETING

9. NEXT MEETING DATE

10. ADJOURN

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.

TAHOE FOREST HEALTH SYSTEM

FINANCE COMMITTEE AGENDA

Tuesday, April 25, 2017 at 1:00 p.m.
Eskridge Conference Room, Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA 96161

1. **CALL TO ORDER**

2. **ROLL CALL**
   Dale Chamblin, Chair; Greg Jellinek, M.D., Board Member

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

4. **INPUT – AUDIENCE**
   This is an opportunity for members of the public to address the Committee 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 Committee cannot take action on any item not on the agenda. The Committee 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.

5. **APPROVAL OF MINUTES OF: 3/21/2017** ..... ATTACHMENT

6. **ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION**

6.1. Financial Reports

- 6.1.1. Financial Report – March 2017 ..... ATTACHMENT
- 6.1.2. Quarterly Review – Financial Status of Separate Entities ..... ATTACHMENT
- 6.1.3. Quarterly Review of Revenue Payor Mix ..... ATTACHMENT
- 6.1.4. TIRHR Expenditure Report ..... ATTACHMENT

6.2. 2002 Variable Rate Demand Bond Refinancing Update
The Finance Committee will receive an update on the refunding of the 2002 Variable Rate Bond.

6.3. FY18 Budget Update
The Finance Committee will receive an update on the fiscal year 2018 budget.

7. **REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS**

8. **AGENDA INPUT FOR NEXT FINANCE COMMITTEE MEETING** ..... ATTACHMENT

9. **NEXT MEETING DATE** ..... ATTACHMENT

10. **ADJOURN**

. *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.