



TAHOE FOREST HOSPITAL DISTRICT

2017-05-25 Regular Meeting of the Board of Directors

Thursday, May 25, 2017 at 4:00 pm

Truckee Tahoe Unified School District

11603 Donner Pass Road, Truckee CA 96161

Meeting Book - 2017-05-25 Regular Meeting of the Board of Directors

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No related materials.

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No related materials.

18. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

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REGULAR MEETING OF THE BOARD OF DIRECTORS

AGENDA

Thursday, May 25, 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. **Conference with Labor Negotiator (Government Code § 54957.6)**

*Name of District Negotiator(s) to Attend Closed Session: Alex MacLennan and Richard Rybicki
Employee Organization(s): Employees Association and Employees Association of Professionals*

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

*Subject Matter: First Quarter 2017 Corporate Compliance Report – Closed Session
Number of items: One (1)*

- 5.3. **Hearing (Health & Safety Code § 32155)**

*Subject Matter: First Quarter 2017 Service Excellence Quality Report – Closed Session
Number of items: One (1)*

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

04/27/2017

- 5.5. **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 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. May 2017 Employee of the MonthATTACHMENT

13. CITIZENS OVERSIGHT COMMITTEE

13.1. Citizens Oversight Committee Measure C Final Report ♦ATTACHMENT*

13.2. Citizens Oversight Committee Acknowledgement

14. MEDICAL STAFF EXECUTIVE COMMITTEE

14.1. Medical Executive Committee (MEC) Meeting Consent Agenda ♦ATTACHMENT

MEC recommends the following for approval by the Board of Directors: Annual review and approval of policies and procedures, Annual Clinical Policy and Procedure Approvals for Occupational Health, MultiSpecialty Clinics and Cancer Center, Amendment to Community Medicine Privilege Form, Annual Clinical Policy and Procedure Approvals for Obstetrics and Pediatrics include W&F Center P&P's, and Annual IVCH Policy and Procedure Approvals for Dietary & MNT, Diagnostic Imaging, Case Management, Environmental Services, Infection Control, Nursing Services, Surgical Services, and Laboratory

15. 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.

15.1. Approval of Minutes of Meetings

04/27/2017ATTACHMENT

15.2. Contracts

15.2.1. Catherine Colpitts, D.O. – Physician Recruitment Agreement for Conditional Loan Repayment
..... ATTACHMENT

15.2.2. Matthew Mingrone, M.D. – Professional Services AgreementATTACHMENT

15.2.3. Paul Haeder, M.D. – Professional Services AgreementATTACHMENT

15.2.4. Paul Haeder, M.D. – Physician Recruitment Agreement for Conditional Loan Repayment
..... ATTACHMENT

15.2.5. Brooks Rohlen, M.D. – Medical Directorship Agreement for Palliative Medicine Program
..... ATTACHMENT

15.3. Staff Reports (Information Only)

- 15.3.1. CEO Board ReportATTACHMENT
- 15.3.2. COO Board Report.....ATTACHMENT
- 15.3.3. CNO Board Report.....ATTACHMENT
- 15.3.4. CIO Board ReportATTACHMENT
- 15.3.5. CMO Board Report.....ATTACHMENT

15.4. Policies

- 15.4.1. Order & Decorum.....ATTACHMENT

16. ITEMS FOR BOARD ACTION ♦

16.1. TFHD Board of Directors Vacancy

The Board of Directors will consider appointment or special election for filling its vacant board seat.

17. ITEMS FOR BOARD DISCUSSION

17.1. Compliance Program

- 17.1.1. **First Quarter 2017 Compliance Program Report**..... ATTACHMENT

The compliance department will present its first quarter report to the Board of Directors.

- 17.2. **Financial Report**..... ATTACHMENT

The Board of Directors will review the April 2017 Financial Report.

17.3. New TFHD Staff

17.3.1. In-House Counsel

CEO will introduce TFHD’s new In-House Counsel to the Board of Directors and highlight the efficiencies and savings of the position to the District.

18. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

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

- 19.1. **Board Quality Committee Meeting – 05/09/2017** ATTACHMENT

- 19.2. **Board Personnel Committee Meeting – 05/16/2017** ATTACHMENT

19.3. **Board Finance Committee Meeting** – No meeting held in May.

19.4. **Community Benefit Committee Meeting** – No meeting held in May.

19.5. **Governance Committee Meeting** – No meeting held in May.

20. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS

21. ITEMS FOR NEXT MEETING

22. BOARD MEMBERS REPORTS/CLOSING REMARKS

23. CLOSED SESSION CONTINUED, IF NECESSARY

24. OPEN SESSION

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

26. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is June 22, 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, May 2017
Martha Waters, Certified Nurses Aide-ECC

We are honored to announce Martha Waters, CNA, ECC as our May Employee of the Month. Martha has worked in the Extended Care Center for over 10 years. Martha's personal integrity holds straight in all aspects of her care for the residents of the ECC.

Martha demonstrates understanding in her awareness and concern for each individual resident of the Extended Care Center. She has assisted one resident in setting up Skype appointments so that loved ones can be communicated with more often and more personally. Her inner steward comes out when she comes in on her day off to assist in taking residents to outside appointments. Martha's care and passion for the residents always shines through. One another one of her days off she came in to assist the residents in filling Easter eggs for the Children's Center egg hunt. It was important to her that the residents could enjoy watching the smiling children. She excels as a certified nurses aide and fulfills her job responsibilities to the fullest.

Martha meets and exceeds the definition of the TFHS mission and values but most of all has provided quality care, understanding, and patience while keeping each residents' individuality in perspective.

Please join us in congratulating all of our Terrific Nominees!

Jan Waters- HRIS Specialist, Human Resources
Roxie Arnoldus- Medical Assistant, MSC-Peds
Christine Smigel- Customer Care Navigation, TCSHP

**MEDICAL EXECUTIVE COMMITTEE
RECOMMENDATIONS TO BOARD OF DIRECTORS
Thursday, May 25, 2017**

REFERRED BY:	AGENDA ITEMS	OVERHEAD/ ATTACHMENT	RECOMMEND
MEDICAL STAFF	A 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: Annual review and approval of policies and procedures. All individual policies have been brought to department meetings for approval. The Table of Contents of these policies are for annual approval		Recommend approval
2. Medicine/Emergency Departments	Annual Clinical Policy and Procedure Approvals: <ul style="list-style-type: none"> • Occupational Health • MultiSpecialty Clinics • Cancer Center Amendment to Privilege Form: <ul style="list-style-type: none"> • Community Medicine Privilege Form (include internal medicine) 		Recommend approval
3. OB/Peds Department	Annual Clinical Policy and Procedure Approvals for Obstetrics and Pediatrics include W&F Center P&P's.		Recommend approval
4. IVCH Committee	Annual Policy and Procedure Approvals for IVCH: <ul style="list-style-type: none"> • Dietary & MNT • Diagnostic Imaging • Case Management • Environmental Services • Infection Control • Nursing Services • Surgical Services • Laboratory 		



REGULAR MEETING OF THE BOARD OF DIRECTORS

DRAFT MINUTES

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

Meeting was called to order at 4:00 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; Crystal Betts, Chief Financial Officer; Martina Rochefort, Clerk of the Board

Other: David Ruderman, Assistant General Counsel; Jim Hook, The Fox Group

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 4:02 p.m.

5. CLOSED SESSION

5.1. Hearing (Health & Safety Code § 32155)

Subject Matter: Corporate Compliance Report – Closed Session

Number of items: One (1)

Discussion was held on a privileged item.

5.2. Approval of Closed Session Minutes ♦

3/23/2017, 04/19/2017

Discussion was held on a privileged item.

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)

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.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

Open Session reconvened at 6:00 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel noted there was no reportable action on Items 5.1. and 5.3. Item 5.2. Approval of Closed Session Minutes and Item 5.4. Medical Staff Credentialing were approved on a 5-0 vote.

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

Board President would like the board to approve the Medical Staff Report (Medical Executive Committee consent agenda) item on the End of Life Option Act policy after Item 16.1.1 is presented.

10. INPUT – AUDIENCE

No public comment was received.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

No public comment was received.

12. ACKNOWLEDGMENTS

- 12.1. April 2017 Employee of the Month
- 12.2. National Volunteer Week – April 23-29
- 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

Discussion was held.

No public comment was received.

ACTION: Motion made by Director Chamblin, seconded by Director Jellinek, to approve the Medical Staff Consent Agenda as presented without Item 1. End of Life Option Act policy.

AYES: Directors Wong, Hill, Chamblin, Jellinek and Zipkin

NAYS: None

Abstention: None

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

14.2. Financial Report

14.2.1. Financial Report- March 2017

14.3. Contracts

14.3.1. Catherine Colpitts, M.D. – Professional and Hospitalist Services Agreement

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

ACTION: Motion made by Director Chamblin, 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. Code of Conduct

Jim Hook of The Fox Group presented the Code of Conduct policy.

ACTION: Motion made by Director Jellinek, seconded by Director Wong, to accept the Code of Conduct policy as presented. Roll call vote taken.

Wong - AYE

Hill – AYE

Chamblin – AYE

Jellinek – AYE

Zipkin - AYE

15.2. Resolution 2017-03

Discussion was held on a resolution outlining Tahoe Forest Hospital District's support and contribution for a local workforce housing program.

No public comment was received.

ACTION: Motion made by Director Hill, seconded by Director Jellinek, to accept Resolution 2017-03 as presented. Roll call vote taken.

Wong - AYE

Hill – AYE

Chamblin – AYE

Jellinek – AYE

Zipkin - AYE

16. ITEMS FOR BOARD DISCUSSION

16.1. Board Education

16.1.1. End of Life Act

Chief Operating Officer provided education on TFHD's End of Life Option Act policy.

Discussion was held.

Board of Directors voted on continued Item 1. End of Life Option Act Policy from the Medical Executive Committee's consent agenda.

ACTION: Motion made by Director Jellinek, seconded by Director Hill, to approve Medical Executive Committee consent agenda item 1. on the End of Life Option Act as presented. Roll call vote taken.

Wong - AYE

Hill – AYE

Chamblin – AYE

Jellinek – AYE

Zipkin - AYE

16.1.2. Legislative Update

Ted Owens, TFHD Executive Director of Governance and Community Development, educated the Board of Directors on proposed legislation changes at the state and federal level.

Discussion was held.

No public comment was received.

16.2. Board Strategic Goals Discussion

Discussion was held.

No public comment was received.

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Not applicable.

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

18.1. Community Benefit Committee Meeting – 03/27/2017

CNO provided an update from the recent Community Benefit Committee meeting.

18.2. Finance Committee Meeting – 04/25/2017

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

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

None.

20. ITEMS FOR NEXT MEETING

An acknowledgement of the Citizen's Oversight Committee along with their final report.

21. BOARD MEMBERS REPORTS/CLOSING REMARKS

Director Wong commented the HFAP surveyors noted the culture of the hospital is palpable and she is proud to be a part of Tahoe Forest Hospital District.

22. CLOSED SESSION CONTINUED, IF NECESSARY

Not applicable.

23. OPEN SESSION

Not applicable.

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

Not applicable.

25. ADJOURN

Meeting adjourned at 6:49 p.m.

DRAFT

15.2. Contracts

Contracts redacted.

Available for public viewing via a Public Records request.



Board Informational Report

By: Harry Weis
CEO

DATE: 5/15/17

As I shared last month, we continue to wait for state licensure to come to finish the final licensure of our new Joseph Family Center for Women and Newborn Care. Progress is being made. There are sign off coordination efforts with a portion of the kitchen remodel and the new OB unit that are underway. Hopefully this will be the last CEO report noting that we are still waiting for licensure inspection and approval. Again, opening new units is a lower priority for the state as it prioritizes its work load.

During the past few weeks our health system has undergone its triennial accreditation visits and the outcome was great. Tahoe Forest Hospital was visited, Incline Village Community Hospital was visited and our Home Health program all did really well in these accreditation visits.

Last week covered National Nurses Week and National Hospital Week and we're grateful for the Board acknowledging these team members last month. We had some great activities to honor our high quality nursing team and a barbeque for the entire healthcare team mid-week! We really appreciate what this healthcare team does 24/7!

Matt Mushet, our new In-house Counsel joined us in early May. We are happy to have skilled healthcare counsel available in-house.

Also we have named Alex MacLennan to the permanent Chief Human Resources Officer position this past Friday. He had been filling this position as an interim since Jayne left in February.

We are actively working on the documents to bring Tahoe Forest Medical Group to life by August of this year. This is our new friendly professional corporation that we will believe will greatly aid in retention and in recruitment of medical staff.

We will celebrate an Open House over at Incline Village Community Hospital this week as we thank the community for their support of a beautiful remodeled Health Center on the second floor there. We have another very important Incline event in late June as well!

We look forward to a fun "Best of Tahoe Chefs" event this Sunday and the opportunity to connect with our communities as well!

The level of challenge increases as each week goes by relative to the very focused efforts of our entire team for the EPIC EMR conversion and related business software that is targeted to go live by 11/1/17.

Our Master Planning efforts are maturing and we plan on having several periodic reports with the Board during this fiscal year and the following years.

Now that Repeal and Replace has happened in the House of Representatives, we'll watch and see if consensus and traction is found in the Senate as well. Our team is continuing to be proactive on advising federal and state officials on what works or doesn't work in healthcare if new sustainable policy changes are desired at the state or federal level. A lot more to come on this.

Ted Owens and I will be visiting Washington D.C. next week and will return just prior to the Board meeting.



Board COO Report

By: Judith B. Newland

DATE: May 2017

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

Congratulations to Tahoe Forest Hospital District and Incline Village Community Hospital on their successful unannounced deemed accreditation HFAP surveys the week of April 24 – April 28th. The preparation by leadership and staff was evident. Thank you to the staff for their hard work and dedication to assure a successful survey. The Plan of Correction for the deficiencies identified were submitted May 17th for both hospitals.

On April 27, 2017 Incline Village Community Hospital and Tahoe Forest Hospital participated in a county wide disaster drill. The scenario was an explosion aboard an international flight on the tarmac at McCarran Airport in Reno. There were approximately 100 passengers injured. These patients were treated by four local hospitals and the two outlying TFHD hospitals. As part of the Washoe County multi-casualty incident plan, both IVCH and TFH are designated to receive 8 "green tag" patients who have minor injuries and 2 "yellow tag" patients who have moderate injuries in any large scale MCI. All aspects of a potential actual event were rehearsed. Overhead pages announced the nature of the incident, in this case, Code Triage External. The appropriate hospital administration was notified. Ancillary support such as Washoe County Sheriff's Office and North Lake Tahoe Fire Protection District were also contacted as part of the drill. All departments within the hospital followed disaster protocols and called every employee to come in to the hospital for needed staff to manage the influx. Many thanks to the medical and hospital staff for their participation in the drill.

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 May the service tip is to: *Walk customers who seem lost to their destination.* Congratulations to the staff on their achievement of increasing the overall Press Ganey patient satisfaction score!

The new Joseph Family Women and Newborn Care Center and Dietary department 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.

IVCH collaborated with the Incline Dental Program Volunteers and Incline Elementary School to provide Fluoride Varnishing at the elementary school. On April 27 -28, 127 children were seen of whom 24 required referral to a dentist. Parents' consent to the free fluoride varnishing and approximately 32% of the eligible students participated. This continues to be a successful program in Incline Village for those students who have limited or no access to dental care.

Creating and implementing a New Master Plan

The Master Plan is in its final stages of refinement and obtaining cost analysis of the projects. Key stakeholders have been engaged to gain knowledge of future needs in 3, 5 and 10 years.



Board CNO Report

By: Karen Baffone, RN, MS
Chief Nursing Officer

DATE: May 2017

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:

- Assignments continue to be on track. All nursing staff has been assigned their training
- Continuation of backfilling of positions for EPIC have begun to ensure adequate coverage for staffing and scheduling
- 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: Orthopedic Care Coordinator is now working with all of the Total Joint Replacements. Considerations for housing of that FTE in the actual orthopedic office to enhance communication.

Perinatal Care Coordinator interviews have been completed and a choice for this position will be finalized by May 19, 2017.

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

- Nurses’ Awards of Excellence ceremony took place on May 9, 2017. The recipients of the awards include:
 - Stacie Renno, ECC – Understanding Award
 - Samantha Shields, OR – Stewardship Award
 - Lisa Wry, Cancer Center – Excellence Award
 - Janet Glenny, IVCH ED – Quality Award
 - Lindsey St. Martin, ICU – Teamwork Award
- On May 8, 2017 we initiated the Administrative Safety Rounds. These rounds are held daily and will report all hospital –acquired infections, pressure ulcers etc. We will also use this time to engage our leadership team to facilitate improved communication about daily operations in the System.
- Case Management will begin completing the CAH splits to improve our utilization and our clean claim rate prior to billing.
- Improved HIPAA education for all TFHS staff



Board Informational Report

By: Jake Dorst

DATE: 5/12/2017

CIIO

Mercy Epic

- Order Sets: Large effort to crosswalk our current order sets with appropriate Mercy order sets. Each line item is looked at by a team. Physician specialists review and approve. Order sets that need to be built have been defined and are in progress. Effort involves pharmacy, nursing, lab, physicians. Tena Mather deserves recognition for her attention to detail examining all medications.
- Interface work is also well underway. Some channels are being tested now. Large project as all existing interfaces have to be rebuilt as well as creating many new interfaces.
- Small footprint Workstation on Wheels demos completed.
- Clinical teams defining all workflows with Mercy.

GE Centricity for Fetal Monitoring project has begun. Replaces OBIX.

- Integrates with Epic for bidirectional documentation on Fetal Monitor strips from Epic flowsheets
- Allows access for providers to fetal monitoring strips on iPads or home PCs
- Vital Signs integration with Epic

Epic OCHIN upgrade

- Large version upgrade completed and very successful.
- All MSC staff and providers were trained. All TTMG staff and providers were trained as well.

Aperek ERP Software

- Project underway. Many data extract files and interfaces. Integration with Mercy/Epic, ParEx and Kaufman Hall.

CPSI Patches

- CPSI patches are tested and must be loaded to the production environment. Large downtime needed next week.

Meaningful Use

- MU Hardship application and supporting documentation completed



Board Informational Report

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

DATE: May 11, 2017

1. **GOAL: A complete makeover of our Physician service line**

We continue our search for a permanent general surgeon along with also searching for an urologist, as Dr. Peter Bretan is leaving the MSC as of July 1, 2017. In the interim, we are looking for a urology locums physician to continue care for our community while finding our permanent urologist. We continue to look for a neurologist to help with succession planning for Dr. Forner. We continue to look for other opportunities to right size the medical staff of current specialties and the potential to add new service lines.

2. **GOAL: Electronic Health Record**

We have developed a new Carry Forward EHR Documentation Policy that will be going through the proper approval process, expect to see that soon. We have elicited feedback from the medical staff on websites that they would like access to while inside of Mercy Epic along with getting feedback on training times and schedules.

3. **GOAL: New Master Space Plan**

We are waiting on feedback from the architect so that we can move forward with space planning and innovation of physician space. We hope to add/repurpose clinical space during 2018 to meet the needs of our growing medical staff.

4. **GOAL: Just Do It**

Harry shared this inspiring article from Johns Hopkins on No Room For Error:

<http://www.hopkinsmedicine.org/news/articles/no-room-for-error>

With patient-center-care in mind, we are working with the Patient and Family Advisory Council (PFAC) to develop a Family Involvement Menu, to help identify ways for family members to be involved in the care and to help their loved ones. This will not only enhance the patient experience but also improve patient safety.

Safety First: Admin Council is starting each meeting with a Safety First moment to enhance our awareness regarding patient and staff safety.



Board Executive Summary

By: Ted Owens
Executive Dir. Governance

DATE: May 25, 2017

ISSUE:

Order & Decorum of Board Business for 2017

BACKGROUND:

The Order & Decorum statement was reviewed by the Board of Directors at its retreat on April 19, 2017. Attached for your review is the Order & Decorum for 2017 with requested amendment.

Order & Decorum will be reviewed each year at the board's annual retreat.

ACTION REQUESTED:

Approve the attached Order & Decorum of Board Business for 2017 as amended on the consent calendar.

ORDER & DECORUM OF BOARD BUSINESS FOR 20176

1. PUBLIC PARTICIPATION IN BOARD MEETINGS

The public's participation in the affairs the health system's governance assists in understanding the public's input through the governing process and has value. Consideration will be given to this value while the board president reserves the privilege to recognize members of the public. Board members assistance in calling attention to public members they desire to be recognized is encouraged.

2. PROMPTNESS AT MEETING TIME

Board members are requested to observe timely appearance at Board functions in respect to the public, staff and Board. With assistance of the Board Clerk, staff and other presenters will be scheduled in order to support the timely work of the Board. Board members are requested to notify the Clerk of the Board relative to their absence or anticipated late arrival as soon as such situation is known.

3. AGENDA ITEMS

No issues shall be placed on the agenda that are beyond the jurisdiction and authority of a California Health System Special District or that are non-essential to hospital district governance.

4. LAST MINUTE SUPPORTING DOCUMENTS

Last minute supporting documents by staff put Board members at a disadvantage by diluting the opportunity to study the documents. All late submission of supporting documents must be justified in writing stating the reasons for the late submission. The Clerk will notify the Board of late submissions and their justification when appropriate. Bona fide emergency items involving public health and safety requiring Board action will be excluded.

5. CONSENT CALENDAR PROCEDURE

Board members are encouraged to seek from staff answers to questions regarding the consent calendar prior to the board meeting. Board members are encouraged to notify the board president and CEO prior to a meeting if there is intent to pull an item and/or provide questions and concerns. There are to be no surprises.

The public may request a board member pull an item from the consent calendar.

Department Heads, or their designated representative, will be present during the consent calendar to answer any questions.

If the Department Head is unable to attend, the Chief Executive Officer will respond to questions and/or the item may be postponed until later in the meeting or a following meeting if necessary.

6. REQUESTS FOR INPUT OR DIALOGUE

Requests by Board members during a meeting for the opportunity to speak, for public input, or for additional staff input, should be made through the president.

7. MOTIONS

Once a motion is made, seconded, and under discussion, no other motion shall be made on the subject matter until a vote on the main motion has occurred. No more than one motion can be considered at a time.

8. AMENDMENT OF A MOTION

Once a motion has been made and seconded, it may only be amended by the motion maker with the concurrence of the second.

9. VOTE

Three votes of the Board, unless a greater number is required by law, are required to constitute a Board action. A tie vote on a motion affecting the merits of any matter shall be deemed to be a denial of the matter.

10. VOICE VOTE

The Board shall act by voice vote on all matters before it with the exception of resolutions which require a roll call vote. A Board member may ask for a roll call vote on any voting matter. Any Director present who does not vote or abstain audibly shall be recorded as voting "yes".

11. DISQUALIFICATION/ABSTENTION

Any Director may abstain from voting on any matter. A disqualification/abstention from voting on the merit of any matter shall be announced by the Director audibly. The Director may state the reason for the disqualification/abstention. However, any Director disqualifying due to a conflict of interest shall state the reason and the Director shall completely abstain from participating in discussion on the matter.

Abstention shall not count as a vote for or against a matter for which a vote is taken.

12. MOTION FOR RECONSIDERATION

When additional information has surfaced at a meeting after a motion has duly passed or failed, a motion for reconsideration may be accepted only if advanced or seconded by a Board member on the original motion.

The President may reschedule an item if the participating public was present when originally considered and departed before reconsideration.

Questions from the board will occur prior to public comment. Items will not be debated by the board until after public comment has been "closed".

13. INDIVIDUAL BOARD MEMBER AGENDA REQUESTS

All individual Board items should be discussed with the President and CEO before agenda review. All items will be reviewed for completeness. Sufficient supporting documents must be provided in a timely manner so that appropriate staff may become involved. Items must meet scheduling requirements. No more than two items per board member will be considered at a board meeting.

14. CLOSED SESSION

Documentation for closed sessions will be provided on the Board portal for two days prior to the session. Once the session has been completed, all documentation will be removed from the portal. Hard copy documentation will be available during the actual closed session, but will be returned by all board members at the completion of the closed session.

~~In addition, As a best practice, closed session will be managed, attended and conducted by General Counsel, not the Board President.~~

15. WORKSHOPS

Study sessions in the form of workshops will be held as needed. The goal will be to gain in-depth information, edification of the public and to allow the board a clear understanding of the complex issues of healthcare and district government.

16. PRESIDENT AND VICE PRESIDENT YEARLY SELECTION PROCEDURE

Selection of the President and Vice President will be by majority vote of the Board. The President will not serve a consecutive term unless by majority vote of the board -not to exceed two (2) terms.-

17. ROLE OF THE PRESIDENT

- Run meetings and associated duties within meetings
- Preside over ceremonial situations
- Committee appointments
- Approve agendas for completeness
- Speaks for the board to the media.

CULTURE

18. EXPECTATIONS REGARDING ORGANIZATIONAL CULTURE

EXPECTATIONS OF BOARD MEMBERS

- A. Always focus on what is best for Tahoe Forest Hospital District, represent the Hospital.
- B. Maintain good board relationships and visibly demonstrate respect for, and fairly represent each other.
- C. Be sensitive to your public image and conduct at all times.
- D. Be respectful, open, candid, honest and fair:
 - 1. Explain your perspective, rationale and reasoning.
 - 2. Remember that respect for debate, differing opinions and reasoning mitigates polarization.
 - 3. Demonstrate that it is fine to disagree but not be disagreeable.
 - 4. Don't be inhibiting or limiting.
 - 5. Value the staff as individuals and demonstrate mutual respect.
 - 6. Let staff know of questions you have on an agenda item or staff's recommendation with grace.
- E. Do your homework, be prepared when bringing an item to the Board, be as concise as possible, and don't repeat comments made by another Director.
- F. Recognizing that the Board is the staff's first priority:
 - 1. Provide clear direction to the staff.
 - 2. Prioritize the level of importance of issues and feel free to go directly to the CEO or the Executive Team.
 - 3. Go to the CEO's office and/or Executive Team and not to a front line employee on any issue, especially as it relates to committee meeting business
 - 4. Recognize that discussions with staff are welcome but do not constitute policy direction, which only comes from the full Board.
 - 5. Recognize the sensitivity of personnel matters, direct all personnel concerns or complaints to the CEO's office and do not publicly discuss them.
- I. **No Surprises.** Keep each other informed with each other or staff.

EXPECTATIONS OF STAFF

- A. Provide good services and show respect to the public.
- B. Present good staff reports: pros and cons
 - 1. Give pros and cons, alternatives, and a recommendation.
 - 2. Present accurate and quality visuals.
 - 3. Don't raise more questions than you can answer in a staff report.

4. Stay well organized and manage the time.
- C. Apprise the Board in advance of:
1. Meetings and special projects within the District.
 2. Any controversial issues or conversations; don't surprise the Board, especially on any "hot button" issues.
 3. Any "bad news."
 4. Deadlines that are slipping and why.
 5. Problems facing the staff.
- D. Set realistic deadlines, be proactive with regard to issues that need resolving, and produce timely documents.
- E. Work cooperatively, demonstrate cooperation among staff, support each other, and be sensitive to each other's workloads.
- F. Be loyal to the Hospital and be sensitive to your public image and conduct at all times.
- G. Feel comfortable communicating with Board members.
- H. Do not participate in political activity while on duty or on TFHD campus.

Approved: _____

President of the Board & all Board Members



Board Informational Report

By: Jim Hook
Corporate Compliance
Consultant, The Fox Group

DATE: May 25, 2017

2017 Compliance Program 1st Quarter (Open Session)

The Compliance Committee is providing the Board of Directors (BOD) with a report of the 1st Quarter 2017 Compliance Program activities report (open session). This report assists the BOD to meet its obligations to be knowledgeable about the content and operation of the seven components of the Compliance Program.

OPEN SESSION

Period Covered by Report: **January 1, 2017 – March 31, 2017**

Completed by: James Hook, Compliance Consultant, The Fox Group

1. Written Policies and Procedures

1.1. The District's Corporate Compliance Policies and Procedures are reviewed and updated as needed. The following policies were reviewed or revised by the Compliance Department with recommendations to the Board of Directors:

- 1.1.1. False Claims Act #AGOV-20
- 1.1.2. Nondiscrimination #AGOV-21
- 1.1.3. Code of Conduct-revised and approved by Compliance Committee

2. Compliance Oversight / Designation of Compliance Individuals

2.1. Corporate Compliance Committee Membership as of March 31, 2017:

- 2.1.1. The Fox Group – Compliance Consultants
- 2.1.2. Ben Durie-Legal Consul HLB
- 2.1.3. Judy Newland, RN – Chief Operating Officer
- 2.1.4. Karen Baffone RN- Chief Nursing Officer
- 2.1.5. Harry Weis – Chief Executive Officer
- 2.1.6. Crystal Betts – Chief Financial Officer
- 2.1.7. Kristy Lugert – Director of Health Information Management/ Privacy Officer
- 2.1.8. Jake Dorst – Chief Information and Innovation Officer
- 2.1.9. Alex MacLennan – Interim Chief Human Resources Officer
- 2.1.10. Stephanie Hanson, RN – Compliance Analyst

3. Education & Training

- 3.1. OCR 1557 Nondiscrimination rule training to Administrative Council.
- 3.2. Compliance program training to new directors, managers and supervisors every quarter.
- 3.3. All new employees are oriented to compliance on first day orientation by Compliance Analyst.
- 3.4. "Compliance Corner" article on Privacy continues periodically in the monthly employee newsletter providing on-going compliance education for staff.
- 3.5. Compliance Analyst attended Annual Compliance Institute conference 2017.

4. Effective Lines of Communication/Reporting

- 4.1. A Compliance log is maintained for all calls to the Compliance Hotline and other reports made to the Compliance Department.
 - 4.1.1. No calls were received on the Hotline for the 1st quarter.

OPEN SESSION

- 4.1.2. Eleven reports were made directly to the Compliance Department for the quarter.
- 4.2. HIPAA violations are reported to the Privacy Officer. The Privacy Officer maintains a log of reported events and investigations.
- 5. Enforcing Standards through well-publicized Disciplinary Guidelines**
 - 5.1. Ninety-seven percent of Health Stream corporate compliance modules were completed for eligible employees for the 1st quarter of 2017.
 - 5.2. All new staff hires, and newly privileged physicians, receive criminal background checks and are checked against the OIG and GSA list of exclusions. All vendors are checked using the vendor credentialing program annually, and ongoing monitoring continues at various intervals.
- 6. Auditing & Monitoring**
 - 6.1. Four audits were completed during the 1st quarter as part of the 2017 corporate compliance work plan.
 - 6.1.1. Physician credentialing process audit completed by an outside consultant; no discrepancies noted.
 - 6.1.2. Physician Arrangements Audit/FMV/Use of Terms/Board approval/Timely signatures – completed; no discrepancies found.
 - 6.1.3. Two-midnight rule physician documentation – documentation of requirement to stay over 2 midnights completed timely in 95% (19 of 20) charts.
 - 6.1.4. Inpatient admission criteria certification – 100% of 20 charts sampled met criteria.
- 7. Responding to Detected Offenses & Corrective Action Initiatives**
 - 7.1. Investigations of suspected and actual compliance issues incidents were initiated. Several investigations revealed no violations. Remediation measures included: refunds of overpayments, additional staff training, changes in processes, updated policies and procedures, were implemented to prevent further violations.

**TAHOE FOREST HOSPITAL DISTRICT
APRIL 2017 FINANCIAL REPORT
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Board of Directors
Of Tahoe Forest Hospital District

APRIL 2017 FINANCIAL NARRATIVE

The following is the financial narrative analyzing financial and statistical trends for the ten months ended April 30, 2017.

Activity Statistics

- ❑ TFH acute patient days were 404 for the current month compared to budget of 345. This equates to an average daily census of 13.47 compared to budget of 11.50.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Emergency Department visits, Endoscopy procedures, Diagnostic Imaging, Radiation Oncology procedures, Nuclear Medicine, MRI, Ultrasounds, Cat Scans, PET CT, Pharmacy units, Oncology Pharmacy units, Respiratory Therapy, Physical Therapy, and Occupational Therapy.
- ❑ TFH Outpatient volumes were below budget in the following departments by at least 5%: Home Health visits, Surgical cases, Medical Oncology procedures, and Speech Therapy.

Financial Indicators

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 59.1% in the current month compared to budget of 54.0% and to last month's 57.2%. Current year's Net Patient Revenue as a percentage of Gross Patient Revenue is 55.60%, compared to budget of 54.1% and prior year's 57.9%.
- ❑ EBIDA was \$1,103,824 (5.6%) for the current month compared to budget of \$234,803 (1.3%), or \$869,022 (4.3%) above budget. Year-to-date EBIDA was \$15,409,375 (7.4%) compared to budget of \$7,360,005 (3.7%), or \$8,049,369 (3.7%) above budget.
- ❑ Cash Collections for the current month were \$10,836,830 which is 96% of targeted Net Patient Revenue.
- ❑ Gross Days in Accounts Receivable were 55.4, compared to the prior month of 54.0. Gross Accounts Receivables are \$33,799,541 compared to the prior month of \$33,574,684. The percent of Gross Accounts Receivable over 120 days old is 19.05%, compared to the prior month of 18.38%.

Balance Sheet

- ❑ Working Capital Days Cash on Hand is 42.3 days. S&P Days Cash on Hand is 198.2. Working Capital cash increased \$1,344,000. Accounts Payable increased \$2,525,000, Accrued Payroll & Related Costs decreased \$770,000 and cash collections fell short of target by 4%..
- ❑ Net Patients Accounts Receivable decreased approximately \$136,000. Cash collections were at 96% of target and days in accounts receivable were 55.4 days, a 1.40 days decrease.
- ❑ Banc of America Municipal Lease cash decreased \$735,000 after the District received reimbursement on equipment purchases.
- ❑ Accounts Payable increased \$2,286,000 due to the timing of the final check run in April.
- ❑ Accrued Payroll & Related Costs decreased a net \$770,000 due to an increase in accrued payroll days at the close of April and the District remitted funds to Fidelity for pension funding for the last six months of calendar year 2016.
- ❑ The District remitted funds due to the Medicare program, decreasing Estimated Settlements, Medi-Cal and Medicare.

Operating Revenue

- ❑ Current month’s Total Gross Revenue was \$19,672,481, compared to budget of \$18,362,081 or \$1,310,400 above budget.
- ❑ Current month’s Gross Inpatient Revenue was \$5,953,718, compared to budget of \$5,411,732 or \$541,986 above budget.
- ❑ Current month’s Gross Outpatient Revenue was \$13,718,762 compared to budget of \$12,950,349 or \$768,413 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 31.4% Medicare, 18.1% Medi-Cal, .0% County, 5.3% Other, and 45.2% Insurance compared to budget of 34.8% Medicare, 17.6% Medi-Cal, .0% County, 3.6% Other, and 44.0% Insurance. Last month’s mix was 31.5% Medicare, 19.1% Medi-Cal, .0% County, 3.5% Other, and 45.9% Insurance.
- ❑ Current month’s Deductions from Revenue were \$8,053,626 compared to budget of \$8,448,552 or \$394,926 under budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 3.43% decrease in Medicare, a .51% increase to Medi-Cal, a .0% decrease in County, a 1.70% increase in Other, and Commercial was over budget 1.22%, 2) Revenues exceeded budget by 7.1% and 3) the District transferred its first set of Self Pay patients to HELP which created a positive variance in Bad Debt.

Operating Expenses

DESCRIPTION	April 2017 Actual	April 2017 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	3,946,663	3,700,439	(246,224)	
Employee Benefits	982,984	1,166,523	183,539	
Benefits – Workers Compensation	58,593	57,011	(1,582)	
Benefits – Medical Insurance	857,942	694,217	(163,725)	
Professional Fees	1,882,690	1,689,451	(193,239)	We saw negative variances in Hospitalist and Emergency Department physician fees, project management consulting services for the system conversions and physician onboarding, legal fees provided to Administration, Anesthesia Income Guarantee fee, and Oncology residency fees.
Supplies	1,603,491	1,586,954	(16,537)	Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues exceeded budget by 12.90%, creating a negative variance in pharmaceutical supplies. This negative variance was offset, in part, by positive variances in the other supply categories.
Purchased Services	1,236,947	892,138	(344,810)	Snow removal and laundry & linen services, credit card fees, collection agency fees paid to HELP, and outsourced radiology reads created a negative variance in Purchased Services.
Other Expenses	664,344	547,932	(116,412)	Negative variance in Other Expenses related to executive search fees for the Chief Human Resources Officer, unbudgeted building rent, and expenses advanced for the BOTC and GUGC fundraising events.
Total Expenses	11,233,654	10,334,665	(898,989)	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
APRIL 2017

ASSETS	Apr-17	Mar-17	Apr-16	
CURRENT ASSETS				
* CASH	\$ 15,272,639	\$ 13,928,287	\$ 12,562,588	1
PATIENT ACCOUNTS RECEIVABLE - NET	18,916,639	19,052,390	14,157,958	2
OTHER RECEIVABLES	5,368,431	4,854,560	5,250,138	
GO BOND RECEIVABLES	483,445	91,511	660,017	
ASSETS LIMITED OR RESTRICTED	5,949,042	5,574,025	4,993,755	
INVENTORIES	2,727,579	2,721,126	2,352,542	
PREPAID EXPENSES & DEPOSITS	1,905,086	2,007,063	1,436,949	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	642,240	438,856	3,475,167	
TOTAL CURRENT ASSETS	51,265,101	48,665,818	44,889,114	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	56,244,140	56,137,411	50,888,997	1
BANC OF AMERICA MUNICIPAL LEASE	246,537	981,619	979,155	3
TOTAL BOND TRUSTEE 2002	3	3	2	2
TOTAL BOND TRUSTEE 2015	1,436,554	1,300,822	970,790	
GO BOND PROJECT FUND	231,866	232,003	3,259,656	
GO BOND TAX REVENUE FUND	2,103,577	2,103,577	1,361,348	
DIAGNOSTIC IMAGING FUND	3,179	3,174	2,979	
DONOR RESTRICTED FUND	1,146,114	1,144,350	1,139,848	
WORKERS COMPENSATION FUND	28,841	23,719	10,713	
TOTAL	61,440,811	61,926,677	58,613,488	
LESS CURRENT PORTION	(5,949,042)	(5,574,025)	(4,993,755)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	55,491,769	56,352,653	53,619,733	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(140,146)	(140,146)	202,785	
PROPERTY HELD FOR FUTURE EXPANSION	836,353	836,353	836,353	
PROPERTY & EQUIPMENT NET	130,172,530	130,403,841	126,615,576	
GO BOND CIP, PROPERTY & EQUIPMENT NET	32,968,366	32,585,589	30,196,028	
TOTAL ASSETS	270,593,972	268,704,108	256,359,588	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	510,715	513,948	549,504	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,469,762	1,469,762	2,071,949	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	6,314,953	6,338,658	1,939,944	
GO BOND DEFERRED FINANCING COSTS	495,171	497,106	300,807	
DEFERRED FINANCING COSTS	201,814	202,854	214,297	
TOTAL DEFERRED OUTFLOW OF RESOURCES	\$ 8,992,415	\$ 9,022,327	\$ 5,076,501	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	\$ 5,704,974	\$ 3,418,687	\$ 5,271,992	4
ACCRUED PAYROLL & RELATED COSTS	8,720,231	9,490,530	7,288,468	5
INTEREST PAYABLE	799,919	708,821	391,158	
INTEREST PAYABLE GO BOND	975,326	659,834	1,070,911	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	651,548	1,221,622	300,682	6
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	23,245,193	21,892,688	19,713,945	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	27,821,197	27,926,882	29,804,919	
GO BOND DEBT NET OF CURRENT MATURITIES	103,369,026	103,382,447	100,001,378	
DERIVATIVE INSTRUMENT LIABILITY	1,469,762	1,469,762	2,071,949	
TOTAL LIABILITIES	155,905,178	154,671,779	151,592,191	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	122,535,095	121,910,306	108,704,050	
RESTRICTED	1,146,114	1,144,350	1,139,848	
TOTAL NET POSITION	\$ 123,681,208	\$ 123,054,656	\$ 109,843,898	

* Amounts included for Days Cash on Hand calculation

**TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
APRIL 2017**

1. Working Capital is at 42.3 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 198.2 days. Working Capital cash increased a net \$1,344,000. Accounts Payable increased \$2,286,000 (See Note 4), Accrued Payroll & Related Costs decreased \$770,000 (See Note 5), and cash collections fell short of budget by 4%.
2. Net Patient Accounts Receivable decreased approximately \$136,000. Cash collections were 96% of target. Days in Accounts Receivable are at 55.4 days compared to prior months 54.0 days, a 1.40 days increase.
3. Banc of America Muni Lease cash decreased \$735,000 after the District submitted for reimbursement on equipment purchases.
4. Accounts Payable increased \$2,286,000 due to the timing of the final check run in the month.
5. Accrued Payroll & Related Costs decreased \$770,000 as a result of increased accrued payroll days in April along with the District remitting funds to Fidelity for pension funding through December 2016.
6. The District remitted funds due to the Medicare program, decreasing Estimated Settlements, Medi-Cal and Medicare a net \$570,000.

**Tahoe Forest Hospital District
Cash Investment
April 2017**

WORKING CAPITAL

US Bank	\$ 14,058,066		
US Bank/Kings Beach Thrift Store	27,964		
US Bank/Truckee Thrift Store	69,737		
US Bank/Payroll Clearing	116,871		
Umpqua Bank	<u>1,000,000</u>		
Total			\$ 15,272,639

BOARD DESIGNATED FUNDS

US Bank Savings	\$ -	0.03%	
Capital Equipment Fund	<u>-</u>		
Total			\$ -

Building Fund	\$ -		
Cash Reserve Fund	<u>56,244,140</u>	0.88%	
Local Agency Investment Fund			\$ 56,244,140

Banc of America Muni Lease			\$ 246,537
Bonds Cash 2002			\$ 3
Bonds Cash 2015			\$ 1,572,285
Bonds Cash 2008			\$ 2,335,444

DX Imaging Education	\$ 3,179	0.00%	
Workers Comp Fund - B of A	28,841		

Insurance			
Health Insurance LAIF	-	0.00%	
Comprehensive Liability Insurance LAIF	<u>-</u>	0.00%	
Total			\$ <u>32,020</u>

TOTAL FUNDS			\$ 75,703,067
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RESTRICTED FUNDS

Gift Fund			
US Bank Money Market	\$ 8,363	0.03%	
Foundation Restricted Donations	\$ 98,331		
Local Agency Investment Fund	<u>1,039,420</u>	0.00%	
TOTAL RESTRICTED FUNDS			\$ <u>1,146,114</u>

TOTAL ALL FUNDS			\$ <u><u>76,849,181</u></u>
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TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
APRIL 2017

CURRENT MONTH				Note	YEAR TO DATE				PRIOR YTD	
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%	APR 2016	
\$ 19,672,481	\$ 18,362,081	\$ 1,310,400	7.1%		\$ 208,847,782	\$ 198,061,745	\$ 10,786,037	5.4%	1	\$ 183,630,994
OPERATING REVENUE										
Total Gross Revenue										\$ 183,630,994
Gross Revenues - Inpatient										
\$ 1,926,772	\$ 1,778,358	\$ 148,413	8.3%		\$ 19,568,363	\$ 18,020,069	\$ 1,548,294	8.6%		\$ 17,068,321
4,026,947	3,633,374	393,573	10.8%		40,557,055	38,795,824	1,761,230	4.5%		36,664,140
5,953,718	5,411,732	541,986	10.0%		60,125,418	56,815,893	3,309,525	5.8%	1	53,732,461
Total Gross Revenue - Inpatient										
13,718,762	12,950,349	768,413	5.9%		148,722,364	141,245,852	7,476,512	5.3%		129,898,533
13,718,762	12,950,349	768,413	5.9%		148,722,364	141,245,852	7,476,512	5.3%	1	129,898,533
Gross Revenue - Outpatient										
Total Gross Revenue - Outpatient										
Deductions from Revenue:										
8,095,041	7,533,564	(561,477)	-7.5%		88,353,456	81,074,219	(7,279,237)	-9.0%	2	72,992,470
582,121	642,675	60,554	9.4%		6,308,111	6,935,853	627,741	9.1%	2	5,540,587
7,002	-	(7,002)	0.0%		279,106	-	(279,106)	0.0%	2	580,655
(630,537)	272,314	902,851	331.5%		(1,760,155)	2,964,214	4,724,369	159.4%	2	(486,435)
-	-	-	0.0%		(444,361)	-	444,361	0.0%	2	(1,295,903)
8,053,626	8,448,552	394,926	4.7%		92,736,157	90,974,285	(1,761,872)	-1.9%		77,331,374
48,402	64,029	(15,627)	-24.4%		641,465	658,203	658,203	100.0%		618,148
670,222	591,910	78,312	13.2%		7,336,405	6,802,911	533,495	7.8%	3	6,911,366
12,337,478	10,569,468	1,768,011	16.7%		124,089,495	114,548,574	9,540,921	8.3%		113,829,134
TOTAL OPERATING REVENUE										
OPERATING EXPENSES										
3,946,663	3,700,439	(246,224)	-6.7%		38,685,377	38,336,321	(349,056)	-0.9%	4	36,063,632
982,984	1,166,523	183,539	15.7%		12,561,538	12,039,171	(522,368)	-4.3%	4	12,098,891
58,593	57,011	(1,582)	-2.8%		547,889	570,112	22,223	3.9%	4	523,931
857,942	694,217	(163,725)	-23.6%		6,511,397	6,942,169	430,772	6.2%	4	6,659,873
1,882,690	1,689,451	(193,239)	-11.4%		18,130,999	17,768,929	(362,070)	-2.0%	5	15,328,858
1,603,491	1,586,954	(16,537)	-1.0%		16,197,337	16,813,807	616,470	3.7%	6	15,031,235
1,236,947	892,138	(344,810)	-38.6%		10,173,844	8,921,492	(1,252,353)	-14.0%	7	8,850,544
664,344	547,932	(116,412)	-21.2%		5,871,739	5,796,569	(75,171)	-1.3%	8	4,964,295
11,233,654	10,334,665	(898,989)	-8.7%		108,680,121	107,188,569	(1,491,552)	-1.4%		99,521,259
TOTAL OPERATING EXPENSE										
1,103,824	234,803	869,022	370.1%		15,409,375	7,360,005	8,049,369	109.4%		14,307,875
NET OPERATING REVENUE (EXPENSE) EBIDA										
NON-OPERATING REVENUE/(EXPENSE)										
458,098	442,471	15,627	3.5%		4,451,904	4,406,797	45,107	1.0%	9	3,931,272
391,933	391,933	-	0.0%		3,919,333	3,919,333	-	0.0%		3,929,305
57,688	40,068	17,620	44.0%		492,026	352,085	139,940	39.7%	10	298,251
2	-	2	0.0%		358	-	358	0.0%		17,127
-	38,917	(38,917)	-100.0%		369,817	389,167	(19,350)	-5.0%	11	374,364
-	-	-	0.0%		(183,517)	(93,750)	(89,767)	-95.8%	12	(121,610)
-	-	-	0.0%		-	-	-	0.0%	12	-
-	-	-	0.0%		-	-	-	0.0%	13	7,500
-	-	-	0.0%		-	-	-	0.0%	14	-
(967,356)	(966,316)	(1,040)	-0.1%		(9,200,628)	(9,663,161)	462,533	4.8%	15	(8,530,778)
(101,056)	(97,797)	(3,259)	-3.3%		(1,022,982)	(989,594)	(33,388)	-3.4%	16	(1,187,742)
(327,710)	(315,492)	(12,219)	-3.9%		(2,079,755)	(2,196,243)	116,488	5.3%		(2,577,931)
(488,402)	(466,216)	(22,186)	-4.8%		(3,253,444)	(3,875,366)	621,921	16.0%		(3,860,242)
TOTAL NON-OPERATING REVENUE/(EXPENSE)										
\$ 615,423	\$ (231,413)	\$ 846,836	-365.9%		\$ 12,155,930	\$ 3,484,640	\$ 8,671,291	248.8%		\$ 10,447,633
INCREASE (DECREASE) IN NET POSITION										
NET POSITION - BEGINNING OF YEAR										111,525,278
NET POSITION - AS OF APRIL 30, 2017										\$ 123,681,208
5.6%	1.3%	4.3%			7.4%	3.7%	3.7%			7.8%
RETURN ON GROSS REVENUE EBIDA										

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

		<u>Variance from Budget</u>	
		<u>Fav / <Unfav></u>	
		<u>APR 2017</u>	<u>YTD 2017</u>
1) Gross Revenues			
Acute Patient Days were above budget 17.10% or 59 days. Swing Bed days were under budget 48.39% or 15 days. Inpatient Ancillary revenues exceeded budget by 10.80% due to the increase in Acute patient days.	Gross Revenue – Inpatient	\$ 541,986	\$ 3,309,869
	Gross Revenue – Outpatient	768,413	7,476,168
	Gross Revenue – Total	<u>\$ 1,310,400</u>	<u>\$ 10,786,037</u>
Outpatient volumes were above budget in the following departments: Emergency Department visits, Endoscopy procedures, Laboratory tests, Diagnostic Imaging, Radiation Oncology, Nuclear Medicine, MRI, Ultrasounds, Cat Scans, PET CT, Pharmacy unit, Respiratory Therapy, Physical Therapy and Occupational Therapy.			
2) Total Deductions from Revenue			
The payor mix for April shows a 3.43% decrease to Medicare, a .51% increase to Medi-Cal, 1.70% increase to Other, County at budget, and a 1.22% increase to Commercial when compared to budget. Contractual Allowances were over budget due to revenues exceeding budget by 7.10%.	Contractual Allowances	\$ (561,477)	\$ (7,279,237)
	Charity Care	60,554	627,741
	Charity Care - Catastrophic	(7,002)	(279,106)
	Bad Debt	902,851	4,724,369
	Prior Period Settlements	-	444,361
	Total	<u>\$ 394,926</u>	<u>\$ (1,761,872)</u>
The first set of Self Pay patient accounts were transferred to HELP, the third party vendor selected to assist our patient population in payment plan options. This created a positive variance in Bad Debt.			
3) Other Operating Revenue			
Retail Pharmacy revenues fell short of budget by 8.23%.	Retail Pharmacy	\$ (19,471)	\$ (145,278)
	Hospice Thrift Stores	(26,078)	(78,198)
	The Center (non-therapy)	3,321	250
	IVCH ER Physician Guarantee	(10,037)	52,667
	Children's Center	10,829	19,087
	Miscellaneous	119,748	684,966
	Oncology Drug Replacement	-	-
	Grants	-	-
	Total	<u>\$ 78,312</u>	<u>\$ 533,495</u>
Hospice Thrift Stores revenues fell short of budget by 29.82%.			
IVCH ER Physician Guarantee is tied to collections which fell short of budget estimates in April.			
The District received a refund from Philips, creating a positive variance in Miscellaneous.			
4) Salaries and Wages			
Negative variance in Salaries and Wages was offset by positive variances in PL/SL.	Total	<u>\$ (246,224)</u>	<u>\$ (349,056)</u>
Employee Benefits	PL/SL	\$ 207,710	\$ (289,094)
	Nonproductive	(22,767)	(172,497)
	Pension/Deferred Comp	197	(2,698)
	Standby	14,044	165,732
	Other	(15,646)	(223,810)
	Total	<u>\$ 183,539</u>	<u>\$ (522,368)</u>
Employee Benefits - Workers Compensation	Total	<u>\$ (1,582)</u>	<u>\$ 22,223</u>
Employee Benefits - Medical Insurance	Total	<u>\$ (163,725)</u>	<u>\$ 430,772</u>
5) Professional Fees			
Negative variance in TFH Locums related to Hospitalist and Emergency Department coverage.	TFH Locums	\$ (65,753)	\$ (481,835)
	Miscellaneous	(109,464)	(317,976)
	Administration	(129,777)	(268,350)
	Information Technology	(13,241)	(183,441)
	The Center (includes OP Therapy)	708	(157,299)
	Multi-Specialty Clinics Admin	2,200	(61,909)
	Oncology	(16,448)	(32,269)
	Human Resources	(14,597)	(13,699)
	IVCH ER Physicians	450	(8,094)
	Home Health/Hospice	50	(1,304)
	Medical Staff Services	(3,728)	(911)
	Respiratory Therapy	-	(2)
	Patient Accounting/Admitting	-	-
	Business Performance	-	-
	Sleep Clinic	809	13,306
	Marketing	2,375	23,750
	Managed Care	(1,059)	27,377
	Financial Administration	10,497	49,077
	TFH/IVCH Therapy Services	583	92,808
	Corporate Compliance	36,143	298,682
	Multi-Specialty Clinics	107,033	680,018
	Total	<u>\$ (193,239)</u>	<u>\$ (362,070)</u>
Project Management consulting for the system conversions and the Anesthesia Income Guarantee created a negative variance in Miscellaneous.			
Project management fees related to physician onboarding, legal fees, and Chief Medical Officer fees created a negative variance in Administration.			
Negative variance in Oncology related to residency fees.			
Legal Fees budgeted for the Corporate Compliance department fell below budget, creating a positive variance in this category.			
Positive variance in Multi-Specialty Clinics related to physician RVU bonuses and the OB/GYN group not joining the MSC structure as budgeted.			
6) Supplies			
Small Equipment purchases for Medical/Surgical, Dietary, Laboratory, Oncology, and I/T created a negative variance in Minor Equipment.	Minor Equipment	\$ (14,503)	\$ (84,605)
	Food	8,870	(13,810)
	Other Non-Medical Supplies	3,674	(1,967)
	Imaging Film	637	4,282
	Office Supplies	9,486	58,040

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

		<u>Variance from Budget</u>	
		<u>Fav / <Unfav></u>	
		<u>APR 2017</u>	<u>YTD 2017</u>
Surgical cases fell short of budget 7.50%, creating a positive variance in Patient & Other Medical Supplies.	Patient & Other Medical Supplies	12,674	193,392
	Pharmacy Supplies	(37,388)	441,138
	Total	\$ (16,537)	\$ 616,470
Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues exceeded budget by 12.90%, creating a negative variance in Pharmacy Supplies.			
7) Purchased Services	Miscellaneous	\$ (126,111)	\$ (945,961)
Services provided to Laundry & Linen, Engineering, Credit Card fees, and snow removal created a negative variance in Miscellaneous.	Department Repairs	(15,020)	(103,648)
	Patient Accounting	(129,771)	(99,836)
	Hospice	57	(64,372)
Negative variance in Patient Accounting related to fees paid to HELP to assist our Self Pay patients with payment plan options.	Pharmacy IP	(47,264)	(63,982)
	Laboratory	(6,352)	(34,582)
Compliance review of our 340B program and excess order volume fees created a negative variance in Pharmacy IP.	Diagnostic Imaging Services - All	(23,403)	(15,688)
	Multi-Specialty Clinics	(2,076)	(5,509)
	The Center	(1,036)	(3,239)
Outsourced radiology reads created a negative variance in Diagnostic Imaging - All.	Information Technology	(8,582)	9,887
	Community Development	2,700	14,494
	Medical Records	9,398	20,891
	Human Resources	2,651	39,193
	Total	\$ (344,810)	\$ (1,252,353)
8) Other Expenses	Human Resources Recruitment	\$ (61,475)	\$ (186,046)
Executive search fees for the Chief Human Resources Officer created a negative variance in Human Resources Recruitment.	Other Building Rent	(47,306)	(115,524)
	Outside Training & Travel	14,453	(100,444)
Unbudgeted rental expense on the Pioneer Commerce Center building created a negative variance in Other Building Rent.	Equipment Rent	646	(32,338)
	Utilities	(6,136)	(6,569)
	Physician Services	(350)	(479)
Expenses advanced for the BOTC and GUGC fundraising events created a negative variance in Miscellaneous.	Insurance	(1,378)	1,608
	Multi-Specialty Clinics Equip Rent	480	6,130
	Multi-Specialty Clinics Bldg Rent	12,009	61,829
	Marketing	(5,166)	67,361
	Dues and Subscriptions	1,664	67,514
	Miscellaneous	(23,852)	161,788
	Total	\$ (116,412)	\$ (75,171)
9) District and County Taxes	Total	\$ 15,627	\$ 45,107
10) Interest Income	Total	\$ 17,620	\$ 139,940
11) Donations	IVCH	\$ -	\$ 24,267
	Operational	(38,917)	(43,617)
	Capital Campaign		
	Total	\$ (38,917)	\$ (19,350)
12) Gain/(Loss) on Joint Investment	Total	\$ -	\$ (89,767)
13) Gain/(Loss) on Sale	Total	\$ -	\$ -
15) Depreciation Expense	Total	\$ (1,040)	\$ 462,533
16) Interest Expense	Total	\$ (3,259)	\$ (33,388)

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
APRIL 2017

CURRENT MONTH				Note	YEAR TO DATE				PRIOR YTD
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%	APR 2016
OPERATING REVENUE									
\$ 1,315,021	\$ 1,306,476	\$ 8,545	0.7%	Total Gross Revenue	\$ 15,562,605	\$ 15,249,713	\$ 312,892	2.1%	1 \$ 14,565,964
Gross Revenues - Inpatient									
\$ -	\$ 2,914	\$ (2,914)	-100.0%	Daily Hospital Service	\$ 32,328	\$ 26,226	\$ 6,102	23.3%	\$ 34,247
-	3,166	(3,166)	-100.0%	Ancillary Service - Inpatient	44,416	33,856	10,560	31.2%	35,542
-	6,080	(6,080)	-100.0%	Total Gross Revenue - Inpatient	76,744	60,082	16,662	27.7%	1 69,789
1,315,021	1,300,396	14,625	1.1%	Gross Revenue - Outpatient	15,485,861	15,189,631	296,230	2.0%	14,496,175
1,315,021	1,300,396	14,625	1.1%	Total Gross Revenue - Outpatient	15,485,861	15,189,631	296,230	2.0%	1 14,496,175
Deductions from Revenue:									
416,114	428,511	12,396	2.9%	Contractual Allowances	5,516,526	4,949,479	(567,047)	-11.5%	2 4,692,536
43,414	49,140	5,726	11.7%	Charity Care	527,158	573,994	46,836	8.2%	2 485,476
7,002	-	(7,002)	0.0%	Charity Care - Catastrophic Events	41,138	-	(41,138)	0.0%	2 62,781
57,162	47,180	(9,982)	-21.2%	Bad Debt	505,210	551,095	45,885	8.3%	2 526,216
-	-	-	0.0%	Prior Period Settlements	(22,833)	-	22,833	0.0%	2 (150,715)
523,692	524,830	1,139	0.2%	Total Deductions from Revenue	6,567,199	6,074,568	(492,632)	-8.1%	2 5,616,294
62,701	73,280	(10,579)	-14.4%	Other Operating Revenue	787,011	736,547	50,464	6.9%	3 841,004
854,031	854,925	(895)	-0.1%	TOTAL OPERATING REVENUE	9,782,416	9,911,692	(129,276)	-1.3%	9,790,674
OPERATING EXPENSES									
265,769	238,556	(27,212)	-11.4%	Salaries and Wages	2,637,392	2,794,291	156,899	5.6%	4 2,523,308
80,362	85,924	5,562	6.5%	Benefits	971,936	953,371	(18,565)	-1.9%	4 762,472
1,965	1,417	(548)	-38.7%	Benefits Workers Compensation	20,061	14,168	(5,894)	-41.6%	4 23,680
54,549	44,618	(9,931)	-22.3%	Benefits Medical Insurance	417,224	446,184	28,960	6.5%	4 427,795
243,735	235,294	(8,441)	-3.6%	Professional Fees	2,386,560	2,369,274	(17,286)	-0.7%	5 2,320,347
46,647	74,436	27,789	37.3%	Supplies	640,703	826,172	185,469	22.4%	6 743,140
43,379	41,473	(1,907)	-4.6%	Purchased Services	473,465	441,289	(32,176)	-7.3%	7 413,171
52,247	53,849	1,602	3.0%	Other	534,861	544,137	9,276	1.7%	8 579,946
788,652	775,567	(13,085)	-1.7%	TOTAL OPERATING EXPENSE	8,082,202	8,388,885	306,684	3.7%	7,793,859
65,379	79,359	(13,980)	-17.6%	NET OPERATING REV(EXP) EBIDA	1,700,214	1,522,807	177,408	11.7%	1,996,815
NON-OPERATING REVENUE/(EXPENSE)									
-	-	-	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	(588,157)	(642,766)	54,609	-8.5%	11 (557,662)
(64,277)	(64,277)	-	0.0%	TOTAL NON-OPERATING REVENUE/(EXP)	(563,890)	(642,766)	78,876	12.3%	(522,006)
\$ 1,102	\$ 15,082	\$ (13,980)	-92.7%	EXCESS REVENUE(EXPENSE)	\$ 1,136,325	\$ 880,041	\$ 256,284	29.1%	\$ 1,474,809
5.0%	6.1%	-1.1%		RETURN ON GROSS REVENUE EBIDA	10.9%	10.0%	0.9%		13.7%

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

		<u>Variance from Budget</u>	
		<u>Fav<Unfav></u>	
		<u>APR 2017</u>	<u>YTD 2017</u>
1) <u>Gross Revenues</u>			
Acute Patient Days were under budget by 1 at 0 and Observation Days met budget at 1.	Gross Revenue -- Inpatient	\$ (6,080)	\$ 16,662
	Gross Revenue -- Outpatient	14,625	296,230
		<u>\$ 8,545</u>	<u>\$ 312,892</u>
Outpatient volumes exceeded budget in Emergency Department visits, Surgical cases, Laboratory tests, Diagnostic Imaging, and Occupational Therapy.			
2) <u>Total Deductions from Revenue</u>			
We saw a shift in our payor mix with a .36% increase in Commercial Insurance, a 4.28% decrease in Medicare, a 2.10% increase in Medicaid, a 1.82% increase in Other, and County was at budget. We saw a decrease in aged accounts receivable over 180 days which contributed to the positive variance in Contractual Allowances.	Contractual Allowances	\$ 12,396	\$ (567,047)
	Charity Care	5,726	46,836
	Charity Care-Catastrophic Event	(7,002)	(41,138)
	Bad Debt	(9,982)	45,885
	Prior Period Settlement	-	22,833
	Total	<u>\$ 1,139</u>	<u>\$ (492,632)</u>
3) <u>Other Operating Revenue</u>			
IVCH ER Physician Guarantee is tied to collections which fell short of budget estimations in April.	IVCH ER Physician Guarantee	\$ (10,037)	\$ 52,667
	Miscellaneous	(542)	(2,203)
	Total	<u>\$ (10,579)</u>	<u>\$ 50,464</u>
4) <u>Salaries and Wages</u>			
	Total	<u>\$ (27,212)</u>	<u>\$ 156,899</u>
<u>Employee Benefits</u>			
	PL/SL	\$ 7,161	\$ 2,097
	Standby	4,407	9,492
	Other	(1,129)	(1,881)
	Nonproductive	(5,073)	(31,338)
	Pension/Deferred Comp	196	3,065
	Total	<u>\$ 5,562</u>	<u>\$ (18,565)</u>
<u>Employee Benefits - Workers Compensation</u>	Total	<u>\$ (548)</u>	<u>\$ (5,894)</u>
<u>Employee Benefits - Medical Insurance</u>	Total	<u>\$ (9,931)</u>	<u>\$ 28,960</u>
5) <u>Professional Fees</u>			
Negative variance in Administration related to HFAP survey fees.	Miscellaneous	\$ 703	\$ (33,597)
	Administration	(10,878)	(19,481)
	IVCH ER Physicians	450	(8,094)
	Foundation	37	(3,222)
	Multi-Specialty Clinics	(346)	928
	Sleep Clinic	809	13,306
	Therapy Services	784	32,874
	Total	<u>\$ (8,441)</u>	<u>\$ (17,286)</u>
6) <u>Supplies</u>			
Food costs exceeded budget due to an increase in Emergency Department visits in April over budget estimates.	Food	\$ (1,923)	\$ (11,361)
	Office Supplies	485	(5,446)
	Minor Equipment	111	(3,355)
	Non-Medical Supplies	(1,066)	(321)
	Imaging Film	155	1,343
Oncology Drugs Sold to Patients revenues were below budget by 97.53%, creating a positive variance in Pharmacy Supplies.	Pharmacy Supplies	9,063	95,972
	Patient & Other Medical Supplies	20,964	108,637
An over accrual of Patient Chargeable supplies in March created a positive variance in Patient & Other Medical Supplies in the month of April.	Total	<u>\$ 27,789</u>	<u>\$ 185,469</u>

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

		Variance from Budget	
		Fav<Unfav>	
		APR 2017	YTD 2017
7) <u>Purchased Services</u>	Engineering/Plant/Communications	\$ (1,636)	\$ (30,631)
Negative variance in Engineering/Plant/Communications related to snow removal and telephone costs.	EVS/Laundry	(3,336)	(27,816)
	Department Repairs	(1,377)	(14,435)
Radiology reads created a negative variance in Diagnostic Imaging - All.	Diagnostic Imaging Services - All	(1,586)	(2,306)
	Multi-Specialty Clinics	(227)	(832)
	Surgical Services	-	-
Positive variance in Laboratory primarily related to maintenance and repair costs falling short of budget.	Foundation	1,280	900
	Pharmacy	307	1,168
	Miscellaneous	(714)	13,444
	Laboratory	5,382	28,332
	Total	\$ (1,907)	\$ (32,176)
8) <u>Other Expenses</u>	Insurance	\$ (1,872)	\$ (18,744)
Negative variance in Dues and Subscription related to Diagnostic Imaging services and Nursing Administration.	Dues and Subscriptions	(1,030)	(9,956)
	Marketing	255	(8,288)
Controllable costs continue to be monitored by Senior Leadership, creating positive variances in the remainder of the Other Expense categories.	Equipment Rent	199	(5,437)
	Physician Services	-	-
	Multi-Specialty Clinics Equip Rent	-	-
	Multi-Specialty Clinics Bldg Rent	-	-
	Other Building Rent	72	216
	Outside Training & Travel	542	1,393
	Utilities	1,344	20,475
	Miscellaneous	2,093	29,617
	Total	\$ 1,602	\$ 9,276
9) <u>Donations</u>	Total	\$ -	\$ 24,267
10) <u>Gain/(Loss) on Sale</u>	Total	\$ -	\$ -
11) <u>Depreciation Expense</u>	Total	\$ -	\$ 54,609

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	AUDITED FYE 2016	BUDGET FYE 2017	PROJECTED FYE 2017	ACTUAL APR 2017	BUDGET APR 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	\$ 15,803,073	1,103,824	\$ 234,803	869,021	\$ 4,905,089	\$ 4,482,756	\$ 4,632,586	\$ 1,782,642
Interest Income	163,091	249,285	361,479	108,511	70,136	38,375	70,617	85,905	96,447	108,511
Property Tax Revenue	6,120,208	5,682,000	7,558,251	-	-	-	345,312	94,001	3,510,190	3,608,748
Donations	668,318	1,023,000	1,022,870	-	298,000	(298,000)	211,916	53,794	205,600	551,560
Debt Service Payments	(3,441,272)	(3,568,341)	(3,523,765)	(240,328)	(241,694)	1,366	(1,217,943)	(720,763)	(861,343)	(723,717)
Bank of America - 2012 Muni Lease	(1,243,650)	(1,243,644)	(1,243,649)	(103,637)	(103,637)	(0)	(310,912)	(310,912)	(310,912)	(310,911)
Copier	(8,758)	(11,520)	(11,297)	(959)	(960)	1	(2,885)	(2,656)	(2,878)	(2,879)
2002 Revenue Bond	(483,555)	(668,008)	(637,310)	-	-	-	(496,951)	-	(140,358)	-
2015 Revenue Bond	(1,705,309)	(1,645,169)	(1,631,510)	(135,732)	(137,097)	1,366	(407,195)	(407,195)	(407,195)	(409,926)
Physician Recruitment	(263,769)	(120,000)	-	-	-	-	-	-	-	-
Investment in Capital										
Equipment	(1,495,214)	(1,262,750)	(1,770,904)	(211,856)	(128,583)	(83,273)	(452,617)	(419,544)	(186,887)	(711,856)
Municipal Lease Reimbursement	1,319,139	979,000	979,000	735,082	735,082	-	-	-	-	979,000
GO Bond Project Personal Property	(432,135)	(279,000)	(1,171,893)	(100,387)	-	(100,387)	(532,573)	(364,495)	(174,438)	(100,387)
IT	(888,802)	(297,578)	(297,578)	(53,698)	(84,254)	30,556	(90,239)	(48,320)	17,785	(176,804)
Building Projects	(2,095,500)	(4,315,500)	(4,315,500)	(80,137)	(402,536)	322,399	(1,630,513)	(678,916)	(535,903)	(1,470,168)
Health Information/Business System	(92,807)	(7,000,000)	(4,779,828)	(275,317)	(250,000)	(25,317)	-	(2,051,447)	(553,064)	(2,175,317)
Capital Investments										
Properties	-	(2,794,000)	(2,802,193)	-	-	-	(40,000)	(2,333,193)	-	(429,000)
Measure C Scope Modifications	-	(2,476,716)	(1,583,823)	(369,984)	(794,839)	424,855	(558,626)	(261,384)	(69,361)	(694,452)
Change in Accounts Receivable	(1,194,734)	(2,183,288)	N1 (2,183,377)	135,751	714,659	(578,908)	(2,178,112)	(931,014)	106,152	819,597
Change in Settlement Accounts	1,387,101	1,175,000	N2 5,101,938	(775,458)	(750,000)	(25,458)	1,126,982	(205,102)	4,439,516	(259,458)
Change in Other Assets	(3,180,399)	(890,622)	N3 (3,099,412)	(132,008)	84,864	(216,872)	(687,607)	(1,034,847)	(372,202)	(1,004,756)
Change in Other Liabilities	3,702,607	(320,000)	N4 (2,354,224)	1,607,086	400,000	1,207,086	(2,392,808)	2,093	(1,370,595)	1,407,086
Change in Cash Balance	16,404,918	(8,045,261)	2,944,112	1,451,080	(114,362)	1,565,443	(3,121,122)	(4,330,475)	8,884,481	1,511,228
Beginning Unrestricted Cash	52,227,897	68,632,815	68,632,815	70,065,698	70,065,698	-	68,632,815	65,511,692	61,181,218	70,065,699
Ending Unrestricted Cash	68,632,815	60,778,463	71,576,927	71,516,778	69,951,336	1,565,443	65,511,692	61,181,218	70,065,699	71,576,927
Expense Per Day	340,958	355,605	359,567	360,902	356,145	4,757	352,658	353,874	359,049	359,567
Days Cash On Hand	201	171	199	198	196	2	186	173	195	199

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.



QUALITY COMMITTEE AGENDA

Tuesday, May 9, 2017 at 12:00 p.m.
Human Resources Conference Room, Tahoe Forest Hospital
10024 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER

2. ROLL CALL

Alyce Wong, RN, Chair; Charles Zipkin, 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: 3/14/2017 ATTACHMENT

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

6.1. Quality Committee Charter and 2017 Focus ATTACHMENT

Review and approve the *Board Quality Committee Charter and 2017 Focus*

6.2. Patient & Family Centered Care (PFCC)

6.2.1. Patient & Family Advisory Council Update ATTACHMENT

An update will be provided related to the activities of the Patient and Family Advisory Council (PFAC).

6.2.2. Patient Experience Presentation

Update on a past patient experience presentation and discuss potential patients that may be interested in sharing their healthcare story at an upcoming TFHD Board of Directors or Board Quality Committee meeting.

6.3. Credentialing & Peer Review Process ATTACHMENT

Review the Medical Staff credentialing, privileging, and peer review process to gain an understanding of this function.

6.4. Healthcare Facilities Accreditation Program (HFAP) Survey

Provide a summary report on the triennial HFAP accreditation survey conducted April 24-28, 2017.

6.5. Medical Staff Quality Committee (MSQAC)

Discuss the option of having two Board members attend the open session bimonthly MSQAC meeting instead of having a separate Board Quality Committee meeting.

6.6. Quadruple Aim

Discuss plan to obtain physician and staff engagement information with a goal to improve the experience of providing care.

6.7. Board Quality Education**6.7.1. Future Board Quality Education**

Discuss any topics for future board quality education.

6.7.2. Hospital Quality Institute Conference

Discuss attendance at the Hospital Quality Institute Annual Conference on November 1-3, 2017, in Monterey, CA.

7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS**8. NEXT MEETING DATE**

The date and time of the next committee meeting will be confirmed for Tuesday, July 11, 2017, at 12:00 p.m.

9. 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.



PERSONNEL COMMITTEE- RETIREMENT SUBCOMMITTEE AGENDA

Tuesday, May 16, 2017 at 1:00 p.m.
Human Resources Conference Room, Tahoe Forest Hospital
10024 Pine Avenue, Truckee, CA

1. CALL TO ORDER

2. ROLL CALL

Alyce Wong, R.N., Chair; Randy Hill, Board Member

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

4. INPUT – AUDIENCE

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

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

6.1. Multnomah Group Retirement Plan Review

Multnomah Group will review the investments and plan assets for the District’s retirement plans.

6.1.1. Investment & Plan Asset Review ATTACHMENT

6.1.2. Annual Fee Benchmarking ATTACHMENT

6.2. Fidelity Investments Retirement Plan Auto Enrollment Update

Personnel Committee will receive an update on the timing of the change to auto enrollment for employees.

6.3. Fidelity Investments Retirement Plan Loans

Personnel Committee will discuss the retirement plan loan option.

6.4. Personnel Committee and Retirement Subcommittee Purpose and Structure ATTACHMENT

Personnel Committee will review the purpose, structure and function of the Personnel Committee and Retirement Subcommittee.

6.5. CEO Incentive Compensation Criteria

Personnel Committee will discuss a timeline and process for developing the CEO Incentive Compensation Criteria.

6.6. Board Policy Review

Personnel Committee will review the following board policies:

6.6.1. ABD-01 Board, CEO, and Employee Performance Evaluations ATTACHMENT

6.6.2. ABD-02 TFHD Chief Executive Officer Compensation ATTACHMENT

7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

8. NEXT MEETING DATE

Personnel Committee will discuss its next meeting date.

9. ADJOURN

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