



TAHOE FOREST HOSPITAL DISTRICT

2021-03-25 Regular Meeting of the Board of Directors

Thursday March 25, 2021 at 4:00 p.m.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for March 25, 2021 will be conducted telephonically through Zoom.

Please be advised that pursuant to the Executive Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting.

Board Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

If you would like to speak on an agenda item, you can access the meeting remotely: Please use this web link <https://tfhd.zoom.us/j/96614668353>

If you prefer to use your phone, you may call in using the numbers listed: (346) 248 7799 or (301) 715 8592
Meeting ID: 966 1466 8353



Meeting Book - 2021-03-25 Regular Meeting of the Board of Directors

Agenda Packet Contents

AGENDA

2021-03-25 Regular Meeting of the Board of Directors_FINAL Agenda.pdf	Page 4
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ITEMS 1 - 11 See Agenda

12. SAFETY FIRST

No related materials.

13. ACKNOWLEDGMENTS

13.1. Employee of the Month - March 2021.pdf	Page 7
13.2. Doctors Day 2021 Press Release.pdf	Page 8
13.2.b. Help us Celebrate Doctors Day.pdf	Page 9
13.3. CMQCC MDC Early Implementers Award.pdf	Page 10

14. MEDICAL STAFF EXECUTIVE COMMITTEE

14.1.a. MEC Cover Sheet.pdf	Page 11
14.1.b. Internal Medicine 3.11.21.pdf	Page 12
14.1.c. Family Medicine Privileges 3.11.21.pdf	Page 22
14.1.d. 2020 ANS PP annual approval.pdf	Page 31

15. CONSENT CALENDAR

15.1. Approval of Meeting Minutes

15.1.1. 2021-02-25 Regular Meeting of the Board of Directors_DRAFT Minutes.pdf	Page 35
15.1.2. 2021-03-02 Special Meeting of the Board of Directors_DRAFT Minutes.pdf	Page 40

15.2. Financial Report

15.2.1. February 2021 Combined Financial Package.pdf	Page 41
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15.3. Board Reports

15.3.1. COO Board Report - March 2021.pdf	Page 54
---	---------

15.4. Policy Review

15.4.1.a. Cover Sheet - ABD-06.pdf	Page 58
15.4.1.b. Conflict of Interest Code, ABD-06 2020_0804.pdf	Page 59

16. ITEMS FOR BOARD DISCUSSION

16.1. Q1 2021 Retirement Plans Presentation to Board.pdf	Page 62
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16.2. Board Education

16.2.1. Telemedicine

No related materials.

16.3. COVID-19 Update

No related materials.

ITEMS 17 - 22: See Agenda

23. ADJOURN



REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, March 25, 2021 at 4:00 p.m.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for March 25, 2021 will be conducted telephonically through Zoom. Please be advised that pursuant to the Executive Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting. Board Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

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Or join by phone:

If you prefer to use your phone, you may call in using the numbers listed:

(346) 248 7799 or (301) 715 8592

Meeting ID: 966 1466 8353

Public comment will also be accepted by email to mrochefort@tfhd.com. Please list the item number you wish to comment on and submit your written comments 24 hours prior to the start of the meeting.

Oral public comments will be subject to the three minute time limitation (approximately 350 words). Written comments will be distributed to the board prior to the meeting but not read at the meeting.

1. CALL TO ORDER

2. ROLL CALL

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

4. INPUT AUDIENCE

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

5. CLOSED SESSION

5.1. Hearing (Health & Safety Code § 32155) ◆

Subject Matter: 2020 Infection Prevention Annual Report

Number of items: One (1)

5.2. Approval of Closed Session Minutes ◆

02/25/2021 - Regular Meeting, 03/02/2021 - Special Meeting

5.3. TIMED ITEM – 4:45PM - Hearing (Health & Safety Code § 32155) ◆

Subject Matter: 2020 Annual Quality Assurance/Performance Improvement Report

Number of items: One (1)

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

APPROXIMATELY 6:00 P.M.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

10. INPUT – AUDIENCE

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

11. INPUT FROM EMPLOYEE ASSOCIATIONS

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

12. SAFETY FIRST

13. ACKNOWLEDGMENTS

- 13.1. March 2021 Employee of the Month ATTACHMENT
- 13.2. Doctor’s Day is March 30, 2021..... ATTACHMENT
- 13.3. California Maternal Quality Care Collaborative (CMQCC) MDC Early Implementers Award..... ATTACHMENT

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:

Privilege Forms with Changes

- Internal Medicine
- Family Medicine

Annual Policy Approval

- ANS Policies and Procedures

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

- 15.1.1. 02/25/2021 Regular Meeting ATTACHMENT
- 15.1.2. 03/02/2021 Special Meeting ATTACHMENT

15.2. Financial Reports

15.2.1. Financial Report – February 2021 ATTACHMENT

15.3. Board Reports

15.3.1. COO Board Report ATTACHMENT

15.4. Policy Update

15.4.1. Conflict of Interest Code, ABD-06 ATTACHMENT

16. ITEMS FOR BOARD DISCUSSION

16.1. Retirement Plan Update ATTACHMENT

The Board of Directors will receive an update on the District’s retirement plans.

16.2. Board Education

16.2.1. Telemedicine

The Board of Directors will receive a presentation on telemedicine.

16.3. COVID-19 Update

The Board of Directors will receive an update on hospital and clinic operations related to COVID-19.

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

18. BOARD COMMITTEE REPORTS

19. BOARD MEMBERS REPORTS/CLOSING REMARKS

20. CLOSED SESSION CONTINUED, IF NECESSARY

21. OPEN SESSION

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

23. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is April 22, 2021 at Tahoe Forest Hospital, 10121 Pine Avenue, Truckee, CA, 96161. A copy of the board meeting agenda is posted on the District’s web site (www.tfhd.com) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting.

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

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions. Equal Opportunity Employer. The telephonic meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District’s public meetings. If particular accommodations for the disabled are needed or a reasonable modification of the teleconference procedures are necessary (i.e., disability-related aids or other services), please contact the Clerk of the Board at 582-3481 at least 24 hours in advance of the meeting.



EMPLOYEE OF THE MONTH

GWEN VAN NATTA

OH/WELLNESS PROGRAM ADMINISTRATIVE COORDINATOR
— OCCUPATIONAL HEALTH

We are honored to announce Gwen Van Natta as our March 2021 Employee of the Month!

Gwen has been with the Tahoe Forest Health System since April of 2016.

Here are some of the great things Gwen's colleagues have to say about her:

"Gwen has been an absolutely integral part of the efforts to vaccinate our employees and community healthcare workers against COVID-19. Her organization skills and persistence made an extremely complicated process look effortless. She directly coordinated and scheduled nearly 2,100 appointments working with both directors and individuals to fit people in. To say she answered or responded to 3,000 phone calls would be a conservative estimate. And she did it all with empathy and superb customer service. No matter how busy or overwhelmed she was, she was also willing to jump in and help her colleagues with any issues that popped up. It is not an exaggeration to say we could not have done this without her!"

Please join us in congratulating all of our Terrific Nominees!

Ellie Cruz

Josh Fetbrandt

Mallory Guyton

Teri Johnstone

My Lao

Jess Repp

Megan Shirley



FOR IMMEDIATE RELEASE

March 22, 2021

Contact: Paige Thomason

Director of Marketing & Communications, TFHS

pthomason@tfhd.com

(530) 582-6290

TAHOE FOREST HEALTH SYSTEM CELEBRATES NATIONAL DOCTORS' DAY

www.tfhd.com

(Tahoe/Truckee, Calif.) – March 30 is National Doctors' Day, and Tahoe Forest Health System proudly celebrates our local physician community for their commitment, sacrifice and heroic work.

On this day, we recognize the diverse and valuable work doctors perform – from primary and specialty care to urgent and emergency care. National Doctors' Day is a special opportunity to personally thank and recognize the dedicated men and women who keep our community healthy and save lives.

National Doctors' Day was first observed in 1933 and was officially made a national day of celebration by President George H.W. Bush in 1991. March 30th was specifically chosen because it marks the anniversary of the first use of ether anesthesia by Dr. Crawford W. Long.

Please join us in recognizing and honoring the physicians of Tahoe Forest Health System on their special day - National Doctors' Day. We thank them for the dedication, leadership and skilled care they give every day.

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About Tahoe Forest Health System

Tahoe Forest Health System, which includes Tahoe Forest Hospital in Truckee, CA, and Incline Village Community Hospital in Incline Village, NV, offers 24-hour emergency care, urgent care, primary and specialty health care clinics including Tahoe Forest Orthopedics and Sports Medicine, Commission on Cancer (COC) accredited cancer center, the Gene Upshaw Memorial Tahoe Forest Cancer Center, and the Joseph Family Center for Women and Newborn Care. With a strong focus on high quality patient care, community collaboration, clinical excellence and innovation, Tahoe Forest Health System is a UC Davis Rural Center of Excellence. For a complete list of physician specialties and services, visit www.tfhd.com.



Help us Celebrate Doctors' Day on March 30, 2021!

The Tahoe Forest Health System and Incline Village Community Hospital Foundations will be honored to help celebrate our dedicated physicians this coming Doctor's Day, March 30, 2021.

Our clinical team is committed to offering the very best health care our region has to offer. This year more than any other, we want to recognize their tireless efforts to keep our community healthy. Their knowledge and professionalism, combined with their heartfelt compassion, offers patients the comfort of knowing they are in expert hands.

If you would like to honor your physician with one of our custom Doctor's Day Gratitude Grams, which will include a hand-written version of your personalized message, the Foundations will be privileged to deliver them on your behalf! These gratitude grams are \$5 apiece and can be ordered by clicking:

<https://secure.acceptiva.com/?cst=fjF2xg>

Thank you for sharing your gratitude with our team of incredible doctors-your expressions of thanks carry great joy!

Questions? Call the Tahoe Forest Health System Foundation at 530-582-6277 or the Incline Village Community Hospital Foundation at 775-888-4204 or email us at foundation@tfhd.com

California Maternal Quality Care Collaborative

Gratefully acknowledges the outstanding work of

Tahoe Forest Hospital

by presenting the

MDC Early Implementers Awards

Awarded to hospitals that implemented a new MDC measure or feature

2020: Expanded Breastfeeding Measures

We appreciate your dedication and hard work!



Elliott Main, MD
Medical Director

Leslie Kowalewski
Administrative Director



Awarded: March 9, 2021

AGENDA ITEM COVER SHEET

ITEM	Medical Executive Committee (MEC) Consent Agenda
RESPONSIBLE PARTY	Joy Koch, MD Vice Chief of Staff
ACTION REQUESTED?	For Board Action
BACKGROUND: During the March 18, 2021 Medical Executive Committee meeting, the committee made the following open session consent agenda item recommendations to the Board of Directors at the March 25, 2021 meeting.	
SUMMARY/OBJECTIVES: Approval of the following consent agenda items: <u>Privilege Forms with Changes</u> <ul style="list-style-type: none"> • Internal Medicine • Family Medicine <u>Annual Policy Approvals</u> <ul style="list-style-type: none"> • ANS Policies and Procedures 	
SUGGESTED DISCUSSION POINTS: None.	
SUGGESTED MOTION/ALTERNATIVES: Move to approve the Medical Executive Committee Consent Agenda as presented.	

TAHOE FOREST HOSPITAL DISTRICT
Department of Medicine
Delineated Clinical Privilege Request

SPECIALTY: INTERNAL MEDICINE

NAME: _____
 (Please print)

Check one or more:

- Tahoe Forest Hospital (TFH)
- Incline Village Community Hospital (IVCH)
- Multi-Specialty Clinics (Tahoe Forest Health System)

Check one: Initial Change in Privileges Renewal of Privileges

To be eligible to request these clinical privileges, the applicant must meet the following threshold criteria:

Core Education:	MD or DO
Minimum Formal Training:	Successful completion of an ACGME or AOA-approved residency training program in Internal Medicine. See additional sub specialty requirements related to residencies, fellowships
Board Certification:	Board qualification/certification required. Current ABIM Board Certification (or AOA equivalent Board); or attain Board Certification within five years of completion of training program. Maintenance of Board Certification required. <i>Failure to obtain board certification within the required timeframe, or failure to maintain board certification, will result in automatic termination of privileges (applies to all specialties).</i>
Required Previous Experience: (required for new applicants)	Applicant must be able to document that he/she has managed minimum number of hospital patients as indicated for each core group within the past 24 months. Recent residency or fellowship training experience may be applicable. If training has been completed within the last 5 years, documentation will be requested from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago, documentation will be requested from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested.
Clinical Competency References: (required for new applicants)	Training director or appropriate department chair from another hospital where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. (At least one peer reference must be a general internist) Medical Staff Office will request information.
Proctoring Requirements:	See "Proctoring New Applicants" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring, evaluation may be required if minimum number of cases cannot be documented.
Other:	<ul style="list-style-type: none"> • Current, unrestricted license to practice medicine in CA and/or NV • Malpractice insurance in the amount of \$1m/\$3m • Current, unrestricted DEA certificate in CA (approved for all drug schedules) and/or unrestricted Nevada State Board of Pharmacy Certificate and DEA to practice in NV • Use of Fluoroscopy Equipment: Current State of California Department of Health Services fluoroscopy certificate required. • Ability to participate in federally funded program (Medicare or Medicaid)

If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competence.

TAHOE FOREST HOSPITAL DISTRICT
Department of Medicine
Delineated Clinical Privilege Request

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Applicant: Place a check in the (R) column for each privilege Requested. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months. Unless otherwise noted, privileges are available at both Hospitals and granting of privileges is contingent upon meeting all general, specific, and threshold criteria defined above.

Recommending individual/committee must note: (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

REQUESTED	APPROVED		Estimate # of Patients or procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required and/or privilege specific CME
GENERAL PRIVILEGES – INTERNAL MEDICINE						
<input type="checkbox"/>	<input type="checkbox"/>	<p>BASIC – ADULT INTERNAL MEDICINE <u>OUTPATIENT</u></p> <p>Basic privileges include the ability to review medical records, order outpatient labs and studies, and receive results of inpatient and/or outpatient lab/radiology studies, and records. Must include management of at least 50 adults within the last two years for initial appointment.</p>	_____	Inpatient Outpt	Review of 10 representative cases	Current demonstrated competence and provision of care for approximately 25 inpatients (can include some outpatients), together with some procedures in last 24 months *
<input type="checkbox"/>	<input type="checkbox"/>	<p><u>CoreTelemedicine Internal Medicine - Non Procedural</u></p> <p><u>Core privileges in internal medicine via telehealth include the ability to admit, perform H&Ps, work up, consult, and provide non-surgical care to patients for illnesses, injuries, and disorders of general medical problems. Must include management of at least 50 patients within the last two years.</u></p>		<u>IVCH Only</u>		Insufficient pt care activity may require proctoring and/or privilege specific CME
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Core Internal Medicine - Non Procedural</p> <p>Core privileges in internal medicine include the ability to admit(including swing admissions, critical care unit per medical staff rules and regulations, and ECC long term care), perform H&Ps, work up, consult, and provide non-surgical care to patients for illnesses, injuries, and disorders of general medical problems. Must include management of at least 50 hospital adult patients within the last two years.</p> <p><u>Cross out/INITIAL any privilege/s you are not applying for in this set of Core Privileges</u></p> <p>Management of general medical conditions include:</p> <p>Allergy/Rheumatology</p> <ul style="list-style-type: none"> • Anaphylaxis • Dermatomyositis • Lupus erythematosus • Necrotizing granulomatosis • Periarteritis nodosa • Scleroderma • Serum sickness • Thrombotic thrombocytopenia purpura • Urticaria <p>Arthritis</p> <ul style="list-style-type: none"> • Gout • Inflammatory arthritis • Osteoarthritis • Rheumatoid arthritis 				* some must be inpatient

TAHOE FOREST HOSPITAL DISTRICT
Department of Medicine
Delineated Clinical Privilege Request

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		<p>Cardiac Diseases</p> <ul style="list-style-type: none"> • Bacterial endocarditis • Cardiac arrhythmias • Congenital heart disease • Congestive heart failure – acute and chronic • Coronary artery – stable and unstable • EKG interpretations • Hypertension • Lipodystrophies • Myocardial infarction including thrombolytic therapy • Myocarditis • Pericarditis • Rheumatic fever <p>Gastrointestinal Diseases – no procedures included</p> <ul style="list-style-type: none"> • Cholecystitis • Cirrhosis • Diverticulitis • Hepatitis • Inflammatory bowel disease • Intestinal obstruction • Malabsorption • Pancreatitis • Peptic Ulcer • Trauma • Upper and lower GI bleeds <p>Hematologic Diseases</p> <ul style="list-style-type: none"> • Aplastic and hemolytic anemia • Hemorrhagic diathesis • Hemophilia • Thromboembolism • Iron deficiency anemia requiring transfusion • Leukemia <p>Metabolic and Endocrine Disorders</p> <ul style="list-style-type: none"> • Addison's Disease • Aldosteronism • Cushing's syndrome • Diabetes mellitus Type I including acidosis, coma • Diabetes mellitus Type II • Disturbance of water/electrolytes • Parathyroid conditions • Pheochromocytoma • Pituitary conditions • Sex hormone abnormalities • Thyroid conditions including coma and thyrotoxic crisis <p>Neurological Diseases</p> <ul style="list-style-type: none"> • Degenerative diseases • Demyelinating disorders • Encephalopathy • Meningitis/encephalitis • Parkinson's • Seizure disorders • Stroke –acute and rehabilitation • Trauma 				

TAHOE FOREST HOSPITAL DISTRICT
Department of Medicine
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		GENERAL PRIVILEGES – INTERNAL MEDICINE				
		Pulmonary Diseases: <ul style="list-style-type: none"> • Asthma • COPD • Hemothorax • Interstitial lung disease • Pneumonia, complicated and uncomplicated • Pneumothorax • Pulmonary embolism • Pulmonary infarction • Trauma Renal Diseases <ul style="list-style-type: none"> • Acute and chronic insufficiency • Nephritis • Obstructive nephropathy • Pyelonephritis • Trauma Miscellaneous <ul style="list-style-type: none"> • Alcohol/Drug intoxication and overdose • Chemotherapy treatment under supervision • Fat embolism • Malignant neoplasms • Non-operative ENT conditions • Non-operative orthopedic fractures • Osteomyelitis • Post-operative care • Psychiatric disorders • Sepsis • Vascular arterial insufficiency 				
<input type="checkbox"/>	<input type="checkbox"/>	CORE – SURGERY/PROCEDURES Must be able to document participation in at least 25 cases during past two years. <u>Cross out & INITIAL any privilege/s you are not applying for in this set of Core Privileges</u> Core privileges include the performance of procedures and/or assisting in the following areas: <ul style="list-style-type: none"> • Arthrocentesis • I&D (incision and drainage) abscesses • Lumbar Puncture • Perform simple skin biopsy or excision • Peripheral arterial puncture • Percutaneous venous catheter placement • Remove non-penetrating foreign body from the eye, nose, or ear • Manage uncomplicated closed fractures and dislocations including splinting and casting • Suture uncomplicated lacerations • Ventilator management, including endotracheal intubation with appropriate consultation per medical staff rules 	_____		3 cases proctored of various procedures	Current demonstrated competence and provision of care for approximately 15 inpatients and outpatients. Office records may be requested for review* *Some must be inpatient
		SELECTED PROCEDURES These privileges will require documentation of				

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		GENERAL PRIVILEGES – INTERNAL MEDICINE				
		experience and training prior to approval in addition to requirements outlined above.				
<input type="checkbox"/>	<input type="checkbox"/>	Arterial Line placement Documentation of training/experience	_____		2 cases proctored for each kind of biopsy	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	Biopsies (invasive) • Bone marrow • Liver — Lung (must be boarded in pulmonary medicine) Documentation of training/experience	_____		2 cases proctored for each kind of biopsy	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	Bronchoscopy Board certified in pulmonology	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	Cardiac EKG stress testing – treadmill and nuclear medicine testing Documentation of training/experience in the ability to rapidly recognize, diagnose and treat a life-threatening cardiac arrhythmias.	_____	TFH/IVCH	2 cases proctored prior to performing unsupervised Stress EKGs.	5 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	Trans Thoracic Echoes Cardiology Fellowship or documentation of training/experience	_____	TFH only	2 cases proctored	5 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	Central venous line insertion Documentation of training/experience	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	Chest tube placement Documentation of training/experience	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	Elective Cardioversion Documentation of training/experience	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	Occult Blood Testing Completion of competency provided under separate cover	_____		None	None
<input type="checkbox"/>	<input type="checkbox"/>	Intravenous Procedural Sedation See attached criteria	NA		Successfully complete test	Maintain privileges requiring the procedure
<input type="checkbox"/>	<input type="checkbox"/>	Use of Propofol is limited to the ED and ICU. The physician must complete the additional credentialing requirements for the use of Propofol.	Emergency Department ICU	TFH only	Successfully complete test	Successfully Complete test
<input type="checkbox"/>	<input type="checkbox"/>	Gastric Occult Testing		TFH IVCH	Successfully complete competency	Demonstration of ongoing work in the Medicine Department
<input type="checkbox"/>	<input type="checkbox"/>	EKG interpretation Documentation of training/experience	_____	TFH IVCH		Current demonstrated competence and provision of care

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<input type="checkbox"/>	<input type="checkbox"/>	<p>Dermatology Consultation Chemical Peel Cyrosurgery Curettage and Dessication Dermabrasion Excision of Cutaneous Lesions Complex Excision of Cutaneous Lesions Simple Skin Biopsy Nail avulsion</p> <p>Completion of an ACGME or AOA approved residency training in Dermatology and Board certified within 5 years of completion of training)</p>	_____	TFH IVCH	5 proctored cases	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<p>Endocrinology Core privileges in endocrinology include the ability to admit (including swing admissions and ECC long term care), diagnose, treat, and provide consultation to patients of all ages with injuries or disorders of the internal (endocrine) glands, such as the thyroid and adrenal glands. Core privileges also include management of disorders such as diabetes, metabolic and nutritional disorders, obesity, pituitary diseases, and menstrual and sexual problems and non-surgical care to patients. Endocrinologists may assess, stabilize, and determine disposition of patients with emergency conditions consistent with staff policy regarding emergency and consultative call services.</p> <ul style="list-style-type: none"> • Performance of history and physical exam • Interpretation of laboratory studies, including the effects of non-endocrine disorders • Interpretation of hormone assays • Performance and interpretation of stimulation and suppression tests • Performance of fine needle aspiration thyroid, parathyroid and lymph nodes of the neck • Ultrasonography of the soft tissues of the neck <p>Completion of ACGME/AOA accredited residency program or clinical fellowship within the past 12 months in endocrinology (and Board certified within 5 years of completion of training)</p>	_____	TFH IVCH	Review of 10 representative cases	Current demonstrated competence and provision of care for approximately 25 inpatients (can include some outpatients), together with some procedures in last 24 months.
<input type="checkbox"/>	<input type="checkbox"/>	<p>Gastroenterology Core privileges in gastroenterology include the ability to admit (including swing admissions, critical care unit per medical staff rules and regulations, and ECC long term care), perform H&Ps, work up, consult, and provide non-surgical and surgical care to patients of all ages. Must include management of at least 50 hospital patients within the last two years.</p> <ul style="list-style-type: none"> • Bougie Dilation • Capsule endoscopy • Colonoscopy with/without biopsy • EGD – with biopsy, hemorrhage control, • ERCP – with sphincterotomy, stent placement, nasobiliary drain placement, stone extraction, lithotripsy, or biopsy • Esophageal stent placement • Flexible sigmoidoscopy (with/without biopsy)/rigid sigmoidoscopy/anoscopy • Foreign body removal, sclerotherapy and banding of upper 	_____	TFH only	1 st case proctored and 4 add'l cases representative cases proctored	50 cases/2 years

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Delineated Clinical Privilege Request

REQUESTED	APPROVED		Estimate # of Patients or procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required and/or privilege specific CME
		GENERAL PRIVILEGES – INTERNAL MEDICINE				
		<ul style="list-style-type: none"> • GI varices • Percutaneous endoscopic gastrostomy • Percutaneous Liver biopsy • Peritoneoscopy for diagnosis and treatment • Colonpolypectomy • Proctosigmoidoscopy <p>Completion of ACGME/AOA accredited residency program in gastroenterology (and Board certified within 5 years of completion of training.)</p>				
<input type="checkbox"/>	<input type="checkbox"/>	Fluoroscopy Current Department of Health Services fluoroscopy certificate (required in CA only)	_____		None	maintain current certificate (CA only)
<input type="checkbox"/>	<input type="checkbox"/>	Oncology – provided service to at least 6 oncology patients in last 12 months Successful completion of an accredited training program in oncology. Current Board certification within five years of completion of training program. Admit, evaluate, diagnose, treat and provide consultation to patients of all ages, except as specifically excluded from practice, with all types of cancer and other benign and malignant tumors. Includes: <ul style="list-style-type: none"> • Bone marrow biopsy and interpretation • Administration of chemotherapy agents and biological response modifiers through all therapeutic routes; • Management and maintenance of indwelling venous access catheters. 	_____	TFH only	10 cases will be reviewed	10 cases/2 years and Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	Oncology – provided service to at least 6 oncology patients in last 12 months Successful completion of an accredited training program in oncology. Current Board certification within five years of completion of training program. Treatment of cancer or hematology patients on an outpatient basis for dehydration, injections including but not limited to Neulasta, Procrit, or administration of blood products, etc.	_____	IVCH	10 cases will be reviewed	10 cases/2 years and Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	Paracentesis Documentation of training/experience	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	Pericardiocentesis Board certified cardiologist, OR Documented training, experience must be submitted for consideration.	_____		2 cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	Pulmonary artery catheter insertion and management Documentation of training/experience	_____		2 cases proctored	Current demonstrated competence and provision of care

TAHOE FOREST HOSPITAL DISTRICT
Department of Medicine
Delineated Clinical Privilege Request

Modifications or Other Comments:

Medical Executive Committee: _____ (date of Committee review/recommendation)

privileges as requested privileges with modifications (see modifications below) do not recommend (explain)

Board of Directors: _____ (date of Board review/action)

privileges as requested privileges with modifications (see modifications below) do not recommend (explain)

Modifications or Other Comments:

Department Review Dates: 2/07/2008, 3/2015; 01/04/19, 2/19/20
Medical Executive Committee: 2/20/2008; 4/15/2015; 01/22/19, 2/20/20
Board of Directors: 2/26/2008; 4/28/2015; 01/29/19, 2/27/20

TAHOE FOREST HOSPITAL DISTRICT
Department of Medicine
Delineated Clinical Privilege Request

SPECIALTY: FAMILY MEDICINE

NAME: _____
Please Print

Check one or more:

- Tahoe Forest Hospital (TFH)
- Incline Village Community Hospital (IVCH)
- Multi-Specialty Clinics (Tahoe Forest Health System)
- Ski Clinic

Check one: Initial Change in Privileges Renewal of Privileges

To be eligible to request these clinical privileges, the applicant must meet the following threshold criteria:

Basic Education:	MD, DO
Minimum Formal Training:	Successful completion of an ACGME or AOA-approved residency training program in Family Medicine, or internal medicine if requesting privileges for pediatrics or urgent care.
Board Certification:	Board qualification/certification required. Current ABFP Board Certification (or AOA equivalent Board); or attain Board Certification within five years of completion of training program. Maintenance of Board Certification required for reappointment eligibility. <i>Failure to obtain board certification within the required timeframe, or failure to maintain board certification, will result in automatic termination of privileges.</i>
Required Previous Experience: (required for new applicants)	Applicant must be able to document that he/she has managed minimum number of hospital patients as indicated for each core group within the past 24 months. Recent residency or fellowship training experience may be applicable. If training has been completed within the last 5 years, documentation will be requested from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago, documentation will be requested from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested.
Clinical Competency References: (required for new applicants)	Training director or appropriate department chair from another hospital where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. (At least one peer reference must be a Family Medicine practitioner.) Medical Staff Office will request information.
Proctoring Requirements:	See "Proctoring New Applicants" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring and evaluation may be required if minimum number of cases cannot be documented.
Other:	<ul style="list-style-type: none"> • Current, unrestricted license to practice medicine in CA and/or NV • Malpractice insurance in the amount of \$1m/\$3m • Current, unrestricted DEA certificate in CA (approved for all drug schedules) and/or unrestricted Nevada State Board of Pharmacy Certificate and DEA to practice in NV • Ability to participate in federally funded program (Medicare or Medicaid) • ATLS – required to provide services at all ski clinics. (ATLS required within 12 months of initial appointment to the Ski Clinic(s))

If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competence.

TAHOE FOREST HOSPITAL DISTRICT

Department of Medicine

Delineated Clinical Privilege Request

Applicant: Place a check in the (R) column for each privilege Requested. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months. **Unless otherwise noted, privileges are available at both Hospitals, and granting of privileges is contingent upon meeting all general, specific, and threshold criteria defined above.**

Recommending individual/committee must note: (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

(R)	(A)	GENERAL PRIVILEGES – FAMILY MEDICINE	Estimate # of patients or procedures performed in the past 24 months (indicate if other than hospital #s)	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases or insufficient cases, add'l proctoring may be required or privilege specific CME
<input type="checkbox"/>	<input type="checkbox"/>	<p>BASIC – ADULT FAMILY MEDICINE <u>OUTPATIENT</u></p> <p>Basic privileges include the ability to review medical records, order outpatient labs and studies, and receive results of inpatient and/or outpatient lab/radiology studies, and records. Must include management of at least 50 adults within the last two years for initial appointment.</p>	_____			
<input type="checkbox"/>	<input type="checkbox"/>	<p><u>Telemedicine – ADULT FAMILY MEDICINE INPATIENT/HOSPITAL</u></p> <p><u>Core privileges in family medicine via telehealth include the ability to admit, perform H&Ps, work up, consult, and provide non-surgical care to patients for illnesses, injuries, and disorders of general medical problems. Must include management of at least 50 patients within the last two years.</u></p>		<u>IVCH Only</u>		
<input type="checkbox"/>	<input type="checkbox"/>	<p>BASIC – ADULT FAMILY MEDICINE <u>INPATIENT/HOSPITAL</u></p> <p>Basic privileges in adult inpatient family medicine include the ability to admit, perform histories and physicals, evaluate, treat and provide non-surgical care to patients above 14 years of age to correct or treat various conditions, illnesses, injuries, including geriatric disorders, and medical consultation. Includes ability to admit to critical care unit per medical staff rules and regulations, swing bed admissions, consultation/admission from emergency room, and Extended Care Center (long term care). Must include management of at least 50 hospital adult patients within last two years for initial appointment.</p> <p><u>Cross out & INITIAL any privilege(s) you are not applying for in this set of Basic Privileges in outpatient or inpatient/hospital privileges</u></p> <p>Management of general medical conditions privileges include:</p> <p>Allergy/Rheumatology</p> <ul style="list-style-type: none"> • Anaphylaxis • Autoimmune Hematological Disorders • Arthritis • Gout • Lupus erythematosus • Scleroderma • Serum sickness 				

TAHOE FOREST HOSPITAL DISTRICT
Department of Medicine
Delineated Clinical Privilege Request

(R)	(A)	GENERAL PRIVILEGES – FAMILY MEDICINE	Estimate # of patients or procedures performed in the past 24 months (indicate if other than hospital #s)	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases or insufficient cases, add'l proctoring may be required or privilege specific CME
		<ul style="list-style-type: none"> • Vasculitis <p>Cardiac / Vascular Diseases</p> <ul style="list-style-type: none"> • Bacterial endocarditis • Cardiac arrhythmias • Congenital heart disease • Congestive heart failure – acute and chronic • Coronary artery disease – stable and unstable • EKG interpretations • Hypertension • Lipodystrophies • Myocardial infarction • Myocarditis • Pericarditis • Rheumatic fever • Vascular arterial insufficiency • Chest pain <p>Gastrointestinal Diseases</p> <ul style="list-style-type: none"> • Cholecystitis • Cirrhosis • Dehydration • Diverticulitis • Gastrointestinal bleeding and fecal occult blood testing • Hepatitis • Inflammatory bowel disease • Intestinal obstruction • Malabsorption • Pancreatitis • Peptic Ulcer Disease • Trauma <p>GU/Gynecology</p> <ul style="list-style-type: none"> • Prostatitis • Urethritis • UTI • Pyelonephritis • Trauma • STI • Endometriosis • DUB • Amenorrhea • Breast Mass • Mastitis • Galactorrhea • Contraceptive Management • Family Planning <p>Hematologic Diseases</p> <ul style="list-style-type: none"> • Aplastic and hemolytic anemia • Hemorrhagic diathesis • Hemophilia • Thrombosis / Thromboembolism • Iron-deficiency anemia requiring transfusion • Leukemia <p>Metabolic and Endocrine Disorders</p>				

TAHOE FOREST HOSPITAL DISTRICT
Department of Medicine
Delineated Clinical Privilege Request

(R)	(A)	GENERAL PRIVILEGES – FAMILY MEDICINE	Estimate # of patients or procedures performed in the past 24 months (indicate if other than hospital #s)	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases or insufficient cases, add'l proctoring may be required or privilege specific CME
		<ul style="list-style-type: none"> • EKG and rhythm strip analysis • Ventilation Management • I&D (incision and drainage) <p>OUTPATIENT PROCEDURES:</p> <ul style="list-style-type: none"> • Endometrial Biopsy • I&D (incision and drainage) • IUD Insertion/Removal • Microscopy <ul style="list-style-type: none"> ○ Urinalysis ○ Saline Wet Mount ○ Potassium Hydroxide Wet Mount • Amine Test • Nexplanon Insertion/Removal (Certificate of Training Required) • Removal of non-penetrating foreign body from the eye, nose, ear or vagina • Simple fractures and dislocation management, including splinting and casting • Skin biopsy or excision • Suture lacerations • Anesthetic & Trigger point injections • Spirometry/ Peak Flows • EKG and rhythm strip analysis • Teaching of PT/rehab activities • Urinary Catheterization • Ear lavage and cerumen extraction • FB removal • Joint Aspirations and Injections • Wound Debridement • Venipuncture and IV insertion • Cryotherapy 				
<input type="checkbox"/>	<input type="checkbox"/>	<p>BASIC – PEDIATRIC FAMILY MEDICINE <u>OUTPATIENT</u></p> <p>Basic privileges in pediatric family medicine include the ability to perform histories and physicals, evaluate and provide non-surgical care to patients 14 and under. Must include management of at least 15 pediatric patients within last two years for initial appointment.</p> <p><u>Cross out & INITIAL any privilege/s you are not applying for in this set of Basic Privileges</u></p> <p>Management of general medical pediatric privileges include:</p> <ul style="list-style-type: none"> • Anemia • Asthma • Behavior problems / Psychiatric • Failure to thrive • Hyperbilirubinemia in newborn • Hypoglycemia in newborn • Infections • Respiratory distress syndrome • Well Child Care • Contraceptive Management • Trauma 	_____			

TAHOE FOREST HOSPITAL DISTRICT
Department of Medicine
Delineated Clinical Privilege Request

(R)	(A)	GENERAL PRIVILEGES – FAMILY MEDICINE	Estimate # of patients or procedures performed in the past 24 months (indicate if other than hospital #s)	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases or insufficient cases, add'l proctoring may be required or privilege specific CME
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Non-operative fracture management <p>SURGERY/PROCEDURES</p> <ul style="list-style-type: none"> • I&D (incision and drainage) • Removal of non-penetrating foreign body from the eye, nose, ear or vagina • Simple fractures and dislocation management, including splinting and casting • Skin biopsy or excision • Suture lacerations (uncomplicated) • Anesthetic & Trigger point injections • Spirometry/ Peak Flows • EKG and rhythm strip analysis • Teaching of PT/rehab activities • Urinary Catheterization • Ear lavage and cerumen extraction • FB removal • Joint Aspirations and Injections • Venipuncture and IV insertion • Cryotherapy <p>BASIC – PEDIATRIC FAMILY MEDICINE <u>INPATIENT</u> Inpatient newborn care privileges which includes admission, evaluation of newborn infant, evaluation of newborn conditions, including but not limited to:</p> <ul style="list-style-type: none"> • Hypoglycemia • Hyperbilirubinemia • Infection • GBS exposure 		Newborn admits at TFH only		
<input type="checkbox"/>	<input type="checkbox"/>	<p>URGENT CARE – ADULT and PEDIATRIC MEDICINE (Must also request Family Medicine Privileges)</p> <ul style="list-style-type: none"> • ACLS Required (Certification Required within 6 months of Initial Appointment and Current Thereafter) <p>Management of general medical conditions privileges include:</p> <p style="text-align: center;">PROCEDURES</p> <ul style="list-style-type: none"> • Dislocation and Fracture Reductions • IM injections • IV injections • IO insertion <p style="text-align: center;">DIAGNOSES</p> <ul style="list-style-type: none"> • Adult and Pediatric dislocations 	_____	TFHS URGENT CARE CLINICS	Review of 10 representative cases	Current demonstrated competence and provision of care for approximately 25 urgent care cases in past two years. Office records may be requested. *

TAHOE FOREST HOSPITAL DISTRICT
Department of Medicine
Delineated Clinical Privilege Request

(R)	(A)	GENERAL PRIVILEGES – FAMILY MEDICINE	Estimate # of patients or procedures performed in the past 24 months (indicate if other than hospital #s)	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases or insufficient cases, add'l proctoring may be required or privilege specific CME

TAHOE FOREST HOSPITAL DISTRICT
Department of Medicine
Delineated Clinical Privilege Request

(R)	(A)	SPECIALIZED PRIVILEGES – FAMILY MEDICINE	Estimate # of patients or procedures performed in the past 24 months (indicate if other than hospital #s)	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases or insufficient cases, add'l proctoring may be required or privilege specific CME
		SELECTED PROCEDURES These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.	Estimate # of procedures performed in the past 24 months		Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases, add'l proctoring may be required or privilege specific CME
<input type="checkbox"/>	<input type="checkbox"/>	<u>Cardiac EKG stress testing:</u> • Treadmill • Nuclear medicine	_____		3 cases proctored	5 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	Chest tube placement	_____		1 case proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	Circumcision (newborn only)	_____	TFH only	3 cases proctored	5 cases/2 years If insufficient cases, add'l proctoring may be required.
<input type="checkbox"/>	<input type="checkbox"/>	Stool Guaic Testing				
<input type="checkbox"/>	<input type="checkbox"/>	Thoracentesis	_____		1 case proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	Lumbar Puncture	_____		1 case proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	Moderate Sedation	_____	TFH IVCH	Successfully complete test	Successfully complete test at reappointment
<input type="checkbox"/>	<input type="checkbox"/>	Moderate Sedation a. Take a difficult airway management course b. Obtain 35 or more intubations, along with being signed off on intubations by anesthesia providers, on initial appointment. c. Maintain competencies on intubations skills by having at least 10 intubations yearly (which can be done with our anesthesia providers in the OR) d. Maintain Moderate Sedation privileges by taking the test with each re-credentialing.	_____	MSC		
		ADDITIONAL PRIVILEGES: A request for any additional privileges not included on this form must be submitted to the Medial Staff Office and will be forwarded to the appropriate review				

ANS Policy and Procedure Title	Policy #	Next approval Date	Review or Revision in Past year	Final Approver	Owner	Policy Applies to: TFH, IVCH, System?
Accessing Venouse Access Devices in Outpatient Depts.	ANS - 157	7/2021	7/2020	K. Baffone	POC	System
Admission to ECC from Acute	ANS - 139	3/2021	3/2020	K. Baffone	POC	TFH
Admissions	ANS - 2	1/2021	1/2020	K. Baffone	POC	TFH
AMA Leaving Against Medical Advice	ANS - 211	7/2021	7/2020	K. Baffone	POC	TFH/IVCH
Ambulance Transfers	ANS - 212	10/2021	10/2020	K. Baffone	POC	System
Assessment / Reassessment	ANS - 214	3/2021	3/2020	K. Baffone	POC	System
Assigning of Patient Care - RN's Responsibility	ANS - 215	3/2021	3/2020	K. Baffone	POC	TFH/IVCH
Audibility of Clinical Monitoring	ANS - 7	7/2021	7/2020	K. Baffone	POC	TFH/IVCH
Average Length of Stay	ANS - 218	1/2021	1/2020	K. Baffone	POC	TFH/IVCH
Blood - Refusal of Blood Products	ANS - 220	7/2021	7/2020	K. Baffone	POC	TFH/IVCH
Blood Transfusion	ANS - 10	7/2021	7/2020	K. Baffone	POC	System
Bonus Pay for Critical Staffing Shortages	ANS - 1806	7/2021	7/2020	K. Baffone	POC	TFH/IVCH
Brain Death Care of Patient Family	ANS - 115	5/2021	5/2020	K. Baffone	POC	TFH/IVCH
Breast Milk Storage	ANS - 121	7/2021	7/2020	K. Baffone	POC	TFH
Catheter Management - Urinary	ANS - 13	7/2021	7/2020	K. Baffone	POC	System
Census Management Policy	ANS - 14	5/2021	5/2020	K. Baffone	POC	TFH
Chain of Command for Medical Plan of Care	ANS - 1404	10/2021	10/2020	K. Baffone	POC	TFH/IVCH
Chart Check	ANS - 224			K. Baffone	POC	TFH/IVCH
Chemotherapy - Care of Patients Receiving	ANS - 1302	3/2021	3/2020	K. Baffone	POC	System
Chest Tube Drainage	ANS - 19	7/2021	7/2020	K. Baffone	POC	TFH/IVCH
Child Safety Seat Policy	ANS - 20	2/2021	2/2020	K. Baffone	POC	TFH/IVCH
Code Blue Code White	ANS - 21	5/2021	5/2020	K. Baffone	POC	TFH
Continuous Peripheral Nerve Block	ANS - 229	7/2021	7/2020	K. Baffone	POC	TFH/IVCH
Controlled Substance Inventory Counts	ANS - 1805	9/2021	9/2020	K. Baffone	POC	TFH/IVCH
Core Education Requirements for Nursing	ANS - 144	7/2021	7/2020	K. Baffone	POC	System
Crash Cart Checks	ANS - 25	1/2021	1/2020	K. Baffone	POC	TFH/IVCH
Crash Carts Standardization	ANS - 234	1/2021	1/2020	K. Baffone	POC	TFH/IVCH
Death Care Release of Body	ANS - 28	5/2021	5/2020	K. Baffone	POC	TFH/IVCH

Death Determination	ANS - 29	5/2021	5/2020	K. Baffone	POC	TFH
Death Pronouncement by an RN	ANS - 30	5/2021	5/2020	K. Baffone	POC	TFH
Discharge Planning	ANS - 238	5/2021	5/2020	K. Baffone	POC	TFH/IVCH
Discharging a Patient without Transportation	ANS - 33	5/2021	5/2020	K. Baffone	POC	System
Discharging Inpatient	ANS - 239	5/2021	5/2020	K. Baffone	POC	TFH/IVCH
Distribution and Reconciliation of Prescription Paper	ANS - 1801	1/2021	1/2020	K. Baffone	POC	TFH/IVCH
DME- Durable Medical Equipment	ANS - 400	12/2021	12/2020	K. Baffone	POC	TFH/IVCH
DNAR - Withholding or Withdrawing Life Sustaining Proc.	ANS - 35	12/2021	12/2020	K. Baffone	POC	TFH/IVCH
Dress Code	ANS - 1701	7/2021	7/2020	K. Baffone	POC	TFH/IVCH
Education - Patient and Family	ANS - 243	9/2021	9/2020	K. Baffone	POC	TFH/IVCH
Enteral Feeding and Gastrointestinal Tubes	ANS - 1503	10/2021	10/2020	K. Baffone	POC	TFH/IVCH
Epidural Analgesia Continuous Infusion	ANS - 39	7/2021	7/2020	K. Baffone	POC	TFH
Extended Recovery of Surgical Procedural Outpatients outside PACU/ASU	ANS - 100	10/2021	10/2020	K. Baffone	POC	TFH/IVCH
Fall Program	ANS - 246	12/2021	12/2020	K. Baffone	POC	TFH/IVCH
Float Policy	ANS - 158	12/2021	12/2020	K. Baffone	POC	System
Floor Collected Specimen	ANS - 43	7/2021	7/2020	K. Baffone	POC	TFH
Heating - Cooling Measures	ANS - 45	7/2021	7/2020	K. Baffone	POC	TFH/IVCH
Helicopter Transport	ANS - 46	3/2021	3/2020	K. Baffone	POC	TFH/IVCH
Hospice Inpatients	ANS - 47	12/2021	12/2020	K. Baffone	POC	TFH/IVCH
Hourly Rounding	ANS - 130	12/2021	12/2020	K. Baffone	POC	TFH/IVCH
House Supervisor Structure Standards	ANS - 48	7/2021	7/2020	K. Baffone	POC	System
Initial Data Collection	ANS - 123	9/2021	9/2020	K. Baffone	POC	TFH/IVCH
Instrument Management	ANS - 252	9/2021	9/2020	K. Baffone	POC	TFH/IVCH
Interventional Radiology Nursing Coverage	ANS - 51	2/2021	2/2020	K. Baffone	POC	TFH
Intraosseous Device (IO)	ANS - 1401	9/2021	9/2020	K. Baffone	POC	TFH/IVCH
IV Documentation Guidelines	ANS - 52	9/2021	9/2020	K. Baffone	POC	System
IV Medication Administration	ANS - 54	9/2021	9/2020	K. Baffone	POC	System
IV Therapy - Central (PICC, Port, CVAD)	ANS - 1303	9/2021	9/2020	K. Baffone	POC	System
IV Therapy - Peripheral	ANS - 1305	9/2021	9/2020	K. Baffone	POC	TFH/IVCH
IV Therapy - Tubing Change and Device Flush Grid	ANS - 1304	9/2021	9/2020	K. Baffone	POC	System
IV Therapy Competency Verification	ANS - 58	9/2021	9/2020	K. Baffone	POC	TFH/IVCH

Laboratory and Nursing Ancillary Testing	ANS - 263	7/2021	7/2020	K. Baffone	POC	TFH/IVCH
Latex Sensitivities and Allergies	ANS - 264	3/2021	3/2020	K. Baffone	POC	System
Low-Dose Ketamine Administration for the Treatment of Pain	ANS - 1802	9/2021	9/2020	K. Baffone	POC	TFH
Master Staffing Plan	ANS - 145	7/2021	7/2020	K. Baffone	POC	TFH/IVCH
Medical Records - Release of Copy	ANS - 265	12/2021	12/2020	K. Baffone	POC	System
Mental / Behavioral Health Patient Management	ANS - 96	9/2021	9/2020	K. Baffone	POC	TFH/IVCH
Moderate and Deep Sedation	ANS - 1301	9/2021	9/2020	K. Baffone	POC	System
MRI - Moderate Anesthesia Care	ANS - 1407	9/2021	9/2020	K. Baffone	POC	TFH
Newborn Safe Surrender (Abandonment)	ANS - 279	3/2021	3/2020	K. Baffone	POC	System
Nurse Compounding of Medications	ANS - 1901	1/2021	1/2020	K. Baffone	POC	System
Nurses of Excellence	ANS - 69	1/2021	1/2020	K. Baffone	POC	TFH/IVCH
Nursing Documentation - Inpatient	ANS - 1507	9/2021	9/2020	K. Baffone	POC	TFH/IVCH
Nursing Management	ANS - 70	7/2021	7/2020	K. Baffone	POC	TFH/IVCH
Nursing Management of Pediatric Patient	ANS - 298	9/2021	9/2020	K. Baffone	POC	TFH/IVCH
Nursing Procedures, Text Reference Guide	ANS - 71	12/2021	12/2020	K. Baffone	POC	System
Nursing Structure Standards	ANS - 72	2/2021	2/2020	K. Baffone	POC	TFH/IVCH
ON-Q Catheter and Pump	ANS - 160	12/2021	12/2020	K. Baffone	POC	TFH
Organ Tissue Body Donation	ANS - 283	5/2021	5/2020	K. Baffone	POC	System
Ostomy Care Standards of Care	ANS - 76	5/2021	5/2020	K. Baffone	POC	System
Pain Management	ANS - 284	9/2021	9/2020	K. Baffone	POC	TFH/IVCH
Patient Capacity Competency	ANS - 287	2/2021	2/2020	K. Baffone	POC	System
Patient Controlled Analgesia	ANS - 81	8/2021	8/2020	K. Baffone	POC	TFH/IVCH
Patient with Dependent Child	ANS - 125	10/2021	10/2020	K. Baffone	POC	TFH/IVCH
Pediatric Early Warning Score (PEWS) and Algorithm	ANS - 1804	2/2021	2/2020	K. Baffone	POC	TFH
Pediatric Immunizations	ANS - 296	2/2021	2/2020	K. Baffone	POC	TFH/IVCH
Pediatric Preparation for Inpatient Emergency Care	ANS - 1501	2/2021	2/2020	K. Baffone	POC	TFH/IVCH
Pediatric Safety	ANS - 306	2/2021	2/2020	K. Baffone	POC	TFH/IVCH
Pediatric Vital Signs, Weights	ANS - 304	2/2021	2/2020	K. Baffone	POC	TFH/IVCH
Pediatrics Structure Standards	ANS - 85	2/2021	2/2020	K. Baffone	POC	TFH
Plan of Care Inpatients	ANS - 124	12/2021	12/2020	K. Baffone	POC	TFH/IVCH
PleurX Catheter	ANS - 1504	8/2021	8/2020	K. Baffone	POC	TFH

Pre-Op and Post-Op Inpatient Preparation	ANS - 309	3/2021	3/2020	K. Baffone	POC	TFH/IVCH
Pre-Operative Antibiotic Administration	ANS - 92	12/2021	12/2020	K. Baffone	POC	TFH/IVCH
Quality Assurance Improvement Plan	ANS - 312	7/2021	7/2020	K. Baffone	POC	TFH/IVCH
Rapid Response Team	ANS - 99	1/2021	1/2020	K. Baffone	POC	TFH
Respiratory Therapy Scope of Services	ANS - 204	12/2021	12/2020	K. Baffone	POC	IVCH
Safe Patient Handling	ANS - 140	5/2021	5/2020	K. Baffone	POC	TFH
Series Interim Patients	ANS - 1405	3/2021	3/2020	K. Baffone	POC	TFH/IVCH
Skin Assessment Wound Care and Photo Documentation	ANS - 1502	5/2021	5/2020	K. Baffone	POC	TFH/IVCH
Social Services Referrals	ANS - 103	12/2021	12/2020	K. Baffone	POC	System
SocioCultural Services	ANS - 315	12/2021	12/2020	K. Baffone	POC	TFH/IVCH
Standards of Care and Practice	ANS - 319	10/2021	10/2020	K. Baffone	POC	System
Standards of Professional Performance	ANS - 109	10/2021	10/2020	K. Baffone	POC	System
Suicide Attempt - Self Harm Precautions	ANS - 1402	5/2021	5/2020	K. Baffone	POC	TFH/IVCH
Surgery Calling in the Team	ANS - 112	12/2021	12/2020	K. Baffone	POC	TFH
Telephone/Verbal Orders - Receiving and Documenting	ANS - 1702	9/2021	9/2020	K. Baffone	POC	System
Therapy Services Referrals	ANS - 113	12/2021	12/2020	K. Baffone	POC	TFH/IVCH
Time out for Procedures Done Outside the OR	ANS - 114	10/2021	10/2020	K. Baffone	POC	TFH/IVCH
TPA for Central Venous Catheter Occlusion	ANS - 324	9/2021	9/2020	K. Baffone	POC	TFH/IVCH
Use of Restraints	ANS - 04	2/2021	2/2020	K. Baffone	POC	TFH/IVCH
Vaccine Screening, Administration and Documentation	ANS - 1601	10/2021	10/2020	K. Baffone	POC	System
Validating Accuracy of Verbal Order	ANS - 116	9/2021	9/2020	K. Baffone	POC	System
Venous Thromboembolism VTE Risk	ANS - 117	3/2021	3/2020	K. Baffone	POC	TFH/IVCH
Visitors for Patient Care Units	ANS - 118	9/2021	9/2020	K. Baffone	POC	TFH/IVCH
Wound Vac System Ordering	ANS - 120	5/2021	5/2020	K. Baffone	POC	TFH



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

Thursday, February 25, 2021 at 4:00 p.m.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for February 25, 2021 will be conducted telephonically through Zoom. Please be advised that pursuant to the Executive Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting. Board Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

1. CALL TO ORDER

Meeting was called to order at 4:01 p.m.

2. ROLL CALL

Board: Alyce Wong, Board Chair; Art King, Secretary; Dale Chamblin, Treasurer; Michael McGarry, Board Member

Staff in attendance: Harry Weis, President & Chief Executive Officer; Martina Rochefort, Clerk of the Board

Other: David Ruderman, Assistant General Counsel

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

4. INPUT AUDIENCE

No public comment was received.

Open Session recessed at 4:04 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 Board on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District.

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

Name of Person Threatening Litigation: Bryan Bertsch

Discussion was held on a privileged item.

5.2. Hearing (Health & Safety Code § 32155)

Subject Matter: First and Second Quarter FY2021 Service Recovery & Adjustment Report

Number of items: One (1)

Discussion was held on a privileged item.

5.3. Hearing (Health & Safety Code § 32155)

Subject Matter: First and Second Quarter FY2021 Service Excellence Report

Number of items: One (1)

Discussion was held on a privileged item.

5.4. Hearing (Health & Safety Code § 32155)

Subject Matter: 2016-2020 Peer Review Summary Report

Number of items: One (1)

Discussion was held on a privileged item.

5.5. Hearing (Health & Safety Code § 32155)

Subject Matter: Second Quarter FY2021 Quality Dashboard Report

Number of items: One (1)

Discussion was held on a privileged item.

5.6. Approval of Closed Session Minutes

01/28/2021

Discussion was held on a privileged item.

5.7. 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.

Director Brown joined open session at 6:00 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel noted the Board of Directors considered seven items in closed session. Item 5.1. was rejected by the board on a 5-0 vote. There was no reportable action on item 5.2. through item 5.5. Item 5.6. Approval of Closed Session Minutes was approved on a 5-0 vote. Item 5.7. Medical Staff Credentials was approved on a 5-0 vote.

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

10. INPUT – AUDIENCE

Public comment was received from Sarah Green.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

Public comment was received from Lynn Redner, President of Employee Association Professional group.

12. SAFETY FIRST

Karen Baffone, Chief Nursing Officer, spoke on the hospital's new visitor policy and entrance kiosk scanners.

13. ACKNOWLEDGMENTS

13.1. Fabiola Herrera Perez was named February 2021 Employee of the Month.

13.2. Recap of COVID-19 Town Hall for Spanish speakers

14. MEDICAL STAFF EXECUTIVE COMMITTEE

14.1. Medical Executive Committee (MEC) Meeting Consent Agenda

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

Annual Plans

- *Quality Assessment/Performance Improvement (QA/PI) Plan*
- *Utilization Review Plan*
- *Risk Management Plan*
- *Patient Safety Plan*
- *Discharge Plan*
- *Infection Control Plan*
- *Environment of Care Management Program*
- *Medication Error Reduction Plan*
- *Trauma Performance Improvement Plan*
- *Home Health Quality Plan*
- *Hospice Quality Plan*
- *Employee Health Plan*

Trauma Committee Clinical Practice Guideline Review – No Changes

- *ED Provider pulled away*
- *Trauma Activation Algorithm 1.27.2021*
- *Clinical Practice Guidelines COVID*
- *Clinical Practice Guidelines for Evaluating the Adult with Traumatic Brain Injury*

Policy with Changes

- *IV Therapy – Tubing Change and Device Flush Grid, ANES-1304*

New Policy

- *Outpatient Implanted Loop Recorder Monitoring, DTMSC-2101*

No public comment was received.

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

McGarry – AYE

Chamblin – AYE

King – AYE

Brown – AYE

Wong – AYE

15. CONSENT CALENDAR

15.1. Approval of Minutes of Meetings

15.1.1. 01/28/2021 Regular Meeting

15.2. Financial Reports

15.2.1. Financial Report – January 2021

15.3. Board Reports

15.3.1. Chief Human Resources Officer Report

15.4. Annual Approval of Quality Assurance/Performance Improvement Plan Policy

15.4.1. Quality Assessment/Performance Improvement (QA/PI) Plan, AQPI-05

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

McGarry – AYE

Chamblin – AYE

King – AYE

Brown – AYE

Wong – AYE

16. ITEMS FOR BOARD DISCUSSION

16.1. Board Education

16.1.1. Hospital Price Transparency Rule

Crystal Betts, Chief Financial Officer, provided education on the Hospital Price Transparency Rule. Discussion was held.

16.2. COVID-19 Update

Judy Newland, Chief Operating Officer, provided an update on hospital and clinic operations related to COVID-19. Discussion was held.

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Not applicable.

18. BOARD COMMITTEE REPORTS

Director McGarry provided an update from the recent TFHS Foundation meeting and Board Quality Committee.

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

19. BOARD MEMBERS REPORTS/CLOSING REMARKS

None.

20. CLOSED SESSION CONTINUED, IF NECESSARY

Not applicable.

21. OPEN SESSION

Not applicable.

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

Not applicable.

23. ADJOURN

Meeting adjourned at 7:38 p.m.

DRAFT



SPECIAL MEETING OF THE BOARD OF DIRECTORS

DRAFT MINUTES

Tuesday, March 2, 2021 at 4:00 p.m.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, the Special Meeting of the Tahoe Forest Hospital District Board of Directors for March 2, 2021 will be conducted telephonically through Zoom. Please be advised that pursuant to the Executive Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting. Board Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

1. CALL TO ORDER

Meeting was called to order at 4:01 p.m.

2. ROLL CALL

Board: Alyce Wong, Board Chair; Mary Brown, Vice Chair; Art King, Secretary; Dale Chamblin, Treasurer; Michael McGarry, Board Member

Staff in attendance: Harry Weis, President & Chief Executive Officer; Judy Newland, Chief Operating Officer; Crystal Betts, Chief Financial Officer; Karen Baffone, Chief Nursing Officer; Jake Dorst, Chief Information & Innovation Officer; Alex MacLennan, Chief Human Resources Officer; Scott Baker, VP Provider Services; Dr. Shawni Coll, Chief Medical Officer; Ted Owens, Executive Director of Governance; Dylan Crosby, Director of Facilities & Construction; 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.

Open Session recessed at 4:03 p.m.

4. CLOSED SESSION

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

Discussion will concern: Proposed new programs and facilities

Estimated Date of Disclosure: November 2021

Discussion was held on a privileged item.

Open Session reconvened at 5:36 p.m.

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

5. ADJOURN

Meeting adjourned at 5:36 p.m.

**TAHOE FOREST HOSPITAL DISTRICT
FEBRUARY 2021 FINANCIAL REPORT
INDEX**

PAGE	DESCRIPTION
2 - 3	FINANCIAL NARRATIVE
4	STATEMENT OF NET POSITION
5	NOTES TO STATEMENT OF NET POSITION
6	CASH INVESTMENT
7	TFHD STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
8 - 9	TFHD NOTES TO STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
10	IVCH STATEMENT OF REVENUE AND EXPENSE
11 - 12	IVCH NOTES TO STATEMENT OF REVENUE AND EXPENSE
13	STATEMENT OF CASH FLOW

Board of Directors
Of Tahoe Forest Hospital District
FEBRUARY 2021 FINANCIAL NARRATIVE

The following is the financial narrative analyzing financial and statistical trends for the eight months ended February 28, 2021.

Activity Statistics

- ❑ TFH acute patient days were 324 for the current month compared to budget of 426. This equates to an average daily census of 11.6 compared to budget of 15.2.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Hospice visits, Surgery cases, Laboratory tests, Diagnostic Imaging, Mammography, Medical and Radiation Oncology procedures, MRI, Cat Scans, Pet CT, Oncology Drugs Sold to Patients, Respiratory Therapy, Tahoe City Occupational Therapy, Outpatient Speech and Occupational Therapy.

Financial Indicators

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 48.86% in the current month compared to budget of 51.27% and to last month's 51.96%. Current year's Net Patient Revenue as a percentage of Gross Patient Revenue was 49.46% compared to budget of 50.86% and prior year's 50.10%.
- ❑ EBIDA was \$1,557,439 (4.4%) for the current month compared to budget of \$1,205,318 (3.8%), or \$352,121 (.6%) above budget.
- ❑ Net Income was \$1,100,671 for the current month compared to budget of \$711,197 or \$389,474 above budget. Net Income year-to-date was \$17,229,562 compared to budget of \$10,393,706 or \$6,835,856 above budget.
- ❑ Cash Collections for the current month were \$16,453,863, which is 114% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$81,708,036 at the end of February compared to \$80,879,990 at the end of January.

Balance Sheet

- ❑ Working Capital is at 129.2 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 262.6 days. Working Capital cash increased a net \$2,532,000. Accounts Payable increased \$843,000 and Accrued Payroll & Related Costs increased \$565,000. Cash collections were 14% above target.
- ❑ Net Patient Accounts Receivable increased approximately \$127,000 and Cash collections were 114% of target. EPIC Days in A/R were 68.0 compared to 67.3 at the close of January, a .70 days increase.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased a net \$548,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME programs and recorded receipt of \$1,324,000 received from the SB239 Hospital Quality Assurance Fee program for 7/19-12/20.
- ❑ Accounts Payable increased \$843,000 due to the timing of the final check run in the month.
- ❑ Accrued Payroll & Related Costs increased a \$565,000 due to additional accrued payroll days at the close of February.

Operating Revenue

- ❑ Current month’s Total Gross Revenue was \$35,780,575 compared to budget of \$32,073,729 or \$3,706,846 above budget.
- ❑ Current month’s Gross Inpatient Revenue was \$5,278,310, compared to budget of \$7,567,055 or \$2,288,745 below budget.
- ❑ Current month’s Gross Outpatient Revenue was \$30,502,265 compared to budget of \$24,506,674 or \$5,995,591 below budget.
- ❑ Current month’s Gross Revenue Mix was 32.6% Medicare, 15.6% Medi-Cal, .0% County, .8% Other, and 51.0% Commercial Insurance compared to budget of 38.7% Medicare, 13.9% Medi-Cal, .0% County, 3.0% Other, and 44.4% Commercial Insurance. Year-to-Date Gross Revenue Mix was 36.7% Medicare, 16.5% Medi-Cal, .0% County, 2.4% Other, and 44.4% Commercial Insurance compared to budget of 39.6% Medicare, 13.4% Medi-Cal, .0% County, 2.9% Other, and 44.1% Commercial Insurance. Last month’s mix was 33.3% Medicare, 17.4% Medi-Cal, .0% County, 2.9% Other, and 46.4% Commercial Insurance.
- ❑ Current month’s Deductions from Revenue were \$18,300,651 compared to budget of \$15,632,227 or \$2,668,424 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 6.09% decrease in Medicare, a 1.70% increase to Medi-Cal, .01% decrease in County, a 2.28% decrease in Other, and Commercial Insurance was above budget 6.68% and 2) Revenues exceeded budget by 11.6%.

DESCRIPTION	February 2021 Actual	February 2021 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	6,715,083	6,623,949	(91,134)	
Employee Benefits	2,113,949	2,056,346	(57,603)	
Benefits – Workers Compensation	98,893	82,503	(16,390)	
Benefits – Medical Insurance	1,118,291	1,240,032	121,741	
Medical Professional Fees	1,181,136	1,091,429	(89,707)	Outpatient Speech and Occupational Therapy volumes, IVCH and Tahoe City Occupational Therapy volumes, and Anesthesia and Diagnostic Imaging-All professional fees were above budget, creating a negative variance in Medical Professional Fees.
Other Professional Fees	217,982	183,582	(34,400)	Negative variance in Administration for legal services provided for our managed care contract negotiations and Medical Staff use of legal services.
Supplies	2,930,357	2,283,439	(646,918)	Oncology Drugs Sold to Patients revenues were above budget by 21.62% creating a negative variance in Pharmaceuticals along with Medical Supplies Sold to Patients revenues coming in above budget by 11.85%, creating a negative variance in Patient & Other Medical Supplies. Restocking of COVID-19 nasal swab kits and BioFire rapid testing kits also attributed to the negative variance.
Purchased Services	1,872,025	1,896,610	24,585	Employee Wellness and Pre-Employment Screenings were below budget as well as coding services provided to Medical Records, creating a positive variance in Purchased Services.
Other Expenses	944,322	922,526	(21,796)	Postage, Electricity, Water/Sewer, Telephone & Cellular service, and Marketing campaigns created a negative variance in Other Expenses.
Total Expenses	17,192,039	16,380,416	(811,623)	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
FEBRUARY 2021

	Feb-21	Jan-21	Feb-20	
ASSETS				
CURRENT ASSETS				
* CASH	\$ 72,013,734	\$ 69,481,849	\$ 26,059,985	1
PATIENT ACCOUNTS RECEIVABLE - NET	25,977,119	25,850,476	25,458,934	2
OTHER RECEIVABLES	7,996,106	7,222,165	7,357,105	
GO BOND RECEIVABLES	628,394	211,287	407,104	
ASSETS LIMITED OR RESTRICTED	8,045,440	8,080,693	7,821,535	
INVENTORIES	3,814,624	3,820,737	3,478,508	
PREPAID EXPENSES & DEPOSITS	3,067,550	2,870,973	2,477,764	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	12,763,434	13,311,417	14,776,271	3
TOTAL CURRENT ASSETS	134,306,401	130,849,598	87,837,207	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	74,384,021	74,384,021	64,390,780	1
MUNICIPAL LEASE 2018	1,736,826	1,736,531	2,905,081	
TOTAL BOND TRUSTEE 2017	20,531	20,531	20,500	
TOTAL BOND TRUSTEE 2015	1,101,761	964,138	761,102	
TOTAL BOND TRUSTEE GO BOND	5,764	5,764	-	
GO BOND TAX REVENUE FUND	1,918,783	1,918,539	1,902,146	
DIAGNOSTIC IMAGING FUND	3,343	3,343	3,307	
DONOR RESTRICTED FUND	1,137,882	1,137,882	1,131,399	
WORKERS COMPENSATION FUND	(4,021)	4,488	66,874	
TOTAL	80,304,890	80,175,237	71,181,191	
LESS CURRENT PORTION	(8,045,440)	(8,080,693)	(7,821,535)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	72,259,449	72,094,544	63,359,656	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(1,552,352)	(1,545,885)	(381,754)	
PROPERTY HELD FOR FUTURE EXPANSION	909,072	909,072	882,033	
PROPERTY & EQUIPMENT NET	174,902,631	175,846,055	178,561,273	
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,913,321	1,892,234	1,791,406	
TOTAL ASSETS	382,738,522	380,045,617	332,049,821	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	362,026	365,259	400,815	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,658,300	1,658,300	1,343,393	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	5,224,537	5,248,242	5,508,992	
GO BOND DEFERRED FINANCING COSTS	509,713	512,033	429,396	
DEFERRED FINANCING COSTS	153,961	155,001	166,444	
TOTAL DEFERRED OUTFLOW OF RESOURCES	\$ 7,908,536	\$ 7,938,835	\$ 7,849,041	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	\$ 6,883,956	\$ 6,040,644	\$ 7,598,155	4
ACCRUED PAYROLL & RELATED COSTS	17,075,934	16,510,589	14,506,767	5
INTEREST PAYABLE	518,687	436,310	188,870	
INTEREST PAYABLE GO BOND	287,553	5,667	406,985	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	21,272,852	21,272,852	1,713,280	
HEALTH INSURANCE PLAN	2,311,155	2,311,155	2,166,758	
WORKERS COMPENSATION PLAN	2,173,244	2,173,244	2,396,860	
COMPREHENSIVE LIABILITY INSURANCE PLAN	1,362,793	1,362,793	1,172,232	
CURRENT MATURITIES OF GO BOND DEBT	1,715,000	1,715,000	1,330,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	3,828,809	3,828,809	2,590,438	
TOTAL CURRENT LIABILITIES	57,429,983	55,657,064	34,070,345	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	28,533,962	28,726,990	33,592,715	
GO BOND DEBT NET OF CURRENT MATURITIES	97,597,034	97,614,989	99,392,723	
DERIVATIVE INSTRUMENT LIABILITY	1,658,300	1,658,300	1,343,392	
TOTAL LIABILITIES	185,219,278	183,657,343	168,399,174	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	204,289,898	203,189,226	170,368,287	
RESTRICTED	1,137,882	1,137,882	1,131,399	
TOTAL NET POSITION	\$ 205,427,780	\$ 204,327,108	\$ 171,499,687	

* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
FEBRUARY 2021

1. Working Capital is at 129.2 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 262.6 days. Working Capital cash increased a net \$2,532,000. Accounts Payable increased \$843,000 (See Note 4) and Accrued Payroll & Related Costs increased \$565,000 (See Note 5). Cash collections were above budget by 14%.
2. Net Patient Accounts Receivable increased \$127,000. Cash collections were 114% of target. EPIC Days in A/R were 68.0 compared to 67.3 at the close of January, a .70 day increase.
3. Estimated Settlements, Medi-Cal & Medicare decreased a net \$548,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME programs and recorded receipt of \$1,324,000 received from the SB239 Hospital Quality Assurance Fee program for 7/19-12/20.
4. Accounts Payable increased \$843,000 due to the timing of the final check run in February.
5. Accrued Payroll & Related Costs increased \$565,000 due to additional accrued payroll days at the close of February.

**Tahoe Forest Hospital District
Cash Investment
February 2021**

WORKING CAPITAL			
US Bank	\$ 70,775,863	0.01%	
US Bank/Kings Beach Thrift Store	162,989		
US Bank/Truckee Thrift Store	59,541		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,015,341</u>	0.05%	
Total			\$ 72,013,734
 BOARD DESIGNATED FUNDS			
US Bank Savings	\$ -	0.01%	
Capital Equipment Fund	<u>-</u>		
Total			\$ -
Building Fund	\$ -		
Cash Reserve Fund	<u>74,384,021</u>	0.41%	
Local Agency Investment Fund			\$ 74,384,021
Municipal Lease 2018			\$ 1,736,826
Bonds Cash 2017			\$ 20,531
Bonds Cash 2015			\$ 1,101,761
GO Bonds Cash 2008			\$ 1,924,548
DX Imaging Education	\$ 3,343		
Workers Comp Fund - B of A	(4,021)		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ (678)</u>
TOTAL FUNDS			\$ 151,180,742
 RESTRICTED FUNDS			
Gift Fund			
US Bank Money Market	\$ 8,361	0.01%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,102,212</u>	0.41%	
TOTAL RESTRICTED FUNDS			<u>\$ 1,137,882</u>
TOTAL ALL FUNDS			<u><u>\$ 152,318,624</u></u>

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
FEBRUARY 2021

CURRENT MONTH					YEAR TO DATE					PRIOR YTD FEB 2020
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
OPERATING REVENUE										
\$ 35,780,575	\$ 32,073,729	\$ 3,706,846	11.6%	Total Gross Revenue	\$ 295,299,056	\$ 280,954,369	\$ 14,344,687	5.1%	1	\$ 274,110,106
Gross Revenues - Inpatient										
\$ 2,497,379	\$ 3,131,336	\$ (633,957)	-20.2%	Daily Hospital Service	\$ 26,434,425	\$ 23,509,743	\$ 2,924,682	12.4%		\$ 23,991,543
2,780,931	4,435,719	(1,654,788)	-37.3%	Ancillary Service - Inpatient	32,371,320	36,384,620	(4,013,300)	-11.0%		38,694,041
5,278,310	7,567,055	(2,288,745)	-30.2%	Total Gross Revenue - Inpatient	58,805,744	59,894,363	(1,088,619)	-1.8%	1	62,685,584
30,502,265	24,506,674	5,995,591	24.5%	Gross Revenue - Outpatient	236,493,311	221,060,006	15,433,305	7.0%		211,424,522
30,502,265	24,506,674	5,995,591	24.5%	Total Gross Revenue - Outpatient	236,493,311	221,060,006	15,433,305	7.0%	1	211,424,522
Deductions from Revenue:										
15,416,658	13,882,833	(1,533,825)	-11.0%	Contractual Allowances	130,437,052	122,783,368	(7,653,684)	-6.2%	2	123,257,492
-	-	-	0.0%	Managed Care Reserve	3,000,000	-	(3,000,000)	0.0%	2	-
1,663,408	985,575	(677,833)	-68.8%	Charity Care	10,456,307	8,630,841	(1,825,466)	-21.2%	2	10,210,461
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	-
1,220,585	763,819	(456,766)	-59.8%	Bad Debt	5,375,324	6,667,738	1,292,414	19.4%	2	4,683,275
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2	(1,363,522)
18,300,651	15,632,227	(2,668,424)	-17.1%	Total Deductions from Revenue	149,268,683	138,081,947	(11,186,736)	-8.1%		136,787,706
85,467	100,044	14,577	14.6%	Property Tax Revenue- Wellness Neighborhood	688,680	960,703	272,022	28.3%		780,076
1,184,088	1,044,188	139,900	13.4%	Other Operating Revenue	8,402,636	8,350,336	52,300	0.6%	3	9,157,304
18,749,478	17,585,734	1,163,744	6.6%	TOTAL OPERATING REVENUE	155,121,689	152,183,461	2,938,229	1.9%		147,259,780
OPERATING EXPENSES										
6,715,083	6,623,949	(91,134)	-1.4%	Salaries and Wages	53,896,076	56,069,508	2,173,432	3.9%	4	47,710,751
2,113,949	2,056,346	(57,603)	-2.8%	Benefits	17,758,628	16,829,174	(929,454)	-5.5%	4	16,018,284
98,893	82,503	(16,390)	-19.9%	Benefits Workers Compensation	715,904	660,027	(55,877)	-8.5%	4	668,644
1,118,291	1,240,032	121,741	9.8%	Benefits Medical Insurance	9,076,513	9,920,258	843,745	8.5%	4	8,771,960
1,181,136	1,091,429	(89,707)	-8.2%	Medical Professional Fees	9,071,973	9,415,393	343,420	3.6%	5	12,996,169
217,982	183,582	(34,400)	-18.7%	Other Professional Fees	1,478,555	1,566,870	88,315	5.6%	5	1,968,943
2,930,357	2,283,439	(646,918)	-28.3%	Supplies	21,272,655	20,986,155	(286,500)	-1.4%	6	20,057,767
1,872,025	1,896,610	24,585	1.3%	Purchased Services	14,786,684	14,997,002	210,318	1.4%	7	13,290,304
944,322	922,526	(21,796)	-2.4%	Other	6,541,543	7,273,007	731,464	10.1%	8	5,828,599
17,192,039	16,380,416	(811,623)	-5.0%	TOTAL OPERATING EXPENSE	134,598,531	137,717,394	3,118,863	2.3%		127,311,422
1,557,439	1,205,318	352,121	29.2%	NET OPERATING REVENUE (EXPENSE) EBIDA	20,523,158	14,466,067	6,057,092	41.9%		19,948,358
NON-OPERATING REVENUE/(EXPENSE)										
636,603	622,027	14,577	2.3%	District and County Taxes	5,148,892	4,815,861	333,031	6.9%	9	4,096,590
417,352	417,352	(0)	0.0%	District and County Taxes - GO Bond	3,338,813	3,338,813	(0)	0.0%		3,303,356
44,348	63,213	(18,865)	-29.8%	Interest Income	531,708	564,427	(32,719)	-5.8%	10	1,336,840
-	-	-	0.0%	Interest Income-GO Bond	-	-	-	0.0%		-
7,263	87,710	(80,447)	-91.7%	Donations	390,955	701,678	(310,723)	-44.3%	11	288,227
(6,467)	(133,333)	126,866	95.2%	Gain/ (Loss) on Joint Investment	(411,992)	(1,066,664)	654,672	61.4%	12	(833,539)
-	-	-	0.0%	Gain/(Loss) on Disposal of Property	-	-	-	0.0%	12	-
-	-	-	0.0%	Gain/ (Loss) on Sale of Equipment	-	-	-	0.0%	13	7,546
-	-	-	100.0%	COVID-19 Emergency Funding	178,483	-	178,483	100.0%	14	-
(1,155,915)	(1,155,923)	8	0.0%	Depreciation	(9,247,352)	(9,247,384)	32	0.0%	15	(9,235,975)
(109,996)	(111,864)	1,868	1.7%	Interest Expense	(892,784)	(909,085)	16,301	1.8%	16	(954,191)
(289,956)	(283,303)	(6,653)	-2.3%	Interest Expense-GO Bond	(2,330,318)	(2,270,008)	(60,310)	-2.7%		(2,454,638)
(456,768)	(494,121)	37,353	7.6%	TOTAL NON-OPERATING REVENUE/(EXPENSE)	(3,293,596)	(4,072,362)	778,765	19.1%		(4,445,783)
\$ 1,100,671	\$ 711,197	\$ 389,474	54.8%	INCREASE (DECREASE) IN NET POSITION	\$ 17,229,562	\$ 10,393,706	\$ 6,835,856	65.8%		\$ 15,502,576
NET POSITION - BEGINNING OF YEAR					188,198,218					
NET POSITION - AS OF FEBRUARY 28, 2021					\$ 205,427,780					
4.4%	3.8%	0.6%		RETURN ON GROSS REVENUE EBIDA	6.9%	5.1%	1.8%		7.3%	

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
FEBRUARY 2021

		Variance from Budget	
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		FEB 2021	YTD 2021
1) Gross Revenues			
Acute Patient Days were below budget 23.94% or 102 days. Swing Bed days were below budget 100.00% or 7 days. Inpatient Ancillary revenues were below budget due to the decrease in Patient Days.	Gross Revenue -- Inpatient	\$ (2,288,745)	\$ (1,088,619)
	Gross Revenue -- Outpatient	5,995,591	15,433,305
	Gross Revenue -- Total	\$ 3,706,846	\$ 14,344,687
Outpatient volumes were above budget in the following departments: Hospice visits, Surgery cases, Laboratory tests, Diagnostic Imaging, Mammography, Medical and Radiation Oncology procedures, MRI, Ultrasound, Cat Scans, PET CT, Oncology Drugs Sold to Patients, Respiratory Therapy, Gastroenterology cases, Tahoe City Physical and Occupational Therapies, and Outpatient Speech and Occupational Therapies.			
2) Total Deductions from Revenue			
The payor mix for February shows a 6.09% decrease to Medicare, a 1.70% increase to Medi-Cal, 2.28% decrease to Other, .01% decrease to County, and a 6.68% increase to Commercial when compared to budget. We saw a negative variance in Contractual Allowances due to revenues exceeding budget by 11.56%.	Contractual Allowances	\$ (1,533,825)	\$ (7,653,684)
	Managed Care	-	(3,000,000)
	Charity Care	(677,833)	(1,825,466)
	Charity Care - Catastrophic	-	-
	Bad Debt	(456,766)	1,292,414
	Prior Period Settlements	-	-
Processing of approved applications created a negative variance in Charity Care.	Total	\$ (2,668,424)	\$ (11,186,736)
3) Other Operating Revenue			
Retail Pharmacy revenues were below budget 7.23%.	Retail Pharmacy	\$ (23,013)	\$ (91,536)
	Hospice Thrift Stores	16,285	60,287
	The Center (non-therapy)	6,425	(48,407)
Hospice Thrift Store revenues were above budget 22.06%..	IVCH ER Physician Guarantee	(27,374)	(157,053)
	Children's Center	15,784	42,441
IVCH ER Physician Guarantee is tied to collections, coming in below budget in February.	Miscellaneous	111,000	138,357
	Oncology Drug Replacement	-	-
Children's Center revenues were above budget 18.34%.	Grants	40,793	108,210
	Total	\$ 139,900	\$ 52,300
Rebates & Refunds were above budget, creating a positive in Miscellaneous.			
Positive variance in Grants related to funds received to support the PRIME Suboxone Program.			
4) Salaries and Wages			
	Total	\$ (91,134)	\$ 2,173,432
Employee Benefits			
Negative variance in Nonproductive related to Longevity Retention Bonuses.	PL/SL	\$ (46,261)	\$ (618,776)
	Nonproductive	(45,207)	(207,447)
	Pension/Deferred Comp	-	(165,691)
	Standby	46	(468)
	Other	33,819	62,928
	Total	\$ (57,603)	\$ (929,454)
Employee Benefits - Workers Compensation	Total	\$ (16,390)	\$ (55,877)
Employee Benefits - Medical Insurance	Total	\$ 121,741	\$ 843,745
5) Professional Fees			
Speech Therapy volumes exceeded budget 12.81% and Occupational Therapy volumes exceeded budget 88.25%, creating a negative variance in The Center (includes OP Therapy).	The Center (includes OP Therapy)	\$ (74,334)	\$ (83,958)
	TFH/IVCH Therapy Services	(10,758)	(77,552)
	Medical Staff Services	(39,421)	(56,728)
	Information Technology	1,302	(53,495)
	Corporate Compliance	-	(5,199)
IVCH and Tahoe City Occupational Therapy volumes exceeded budget 78.14%, creating a negative variance in TFH/IVCH Therapy Services.	Managed Care	(6,662)	(1,776)
	Truckee Surgery Center	-	-
	Patient Accounting/Admitting	-	-
Legal services and Medical Staff Chair physician fees created a negative variance in Medical Staff.	Respiratory Therapy	-	-
	Multi-Specialty Clinics Administration	149	8,818
	Marketing	100	11,900
Negative variance in Administration is a result of legal services provided to the District for our managed care contract negotiations.	Administration	(20,180)	18,983
	Sleep Clinic	8,444	20,052
	Financial Administration	4,856	27,316
	Human Resources	(1,236)	31,888
Anesthesia Guarantee and Diagnostic Imaging-All physician fees exceeded budget, creating a negative variance in Miscellaneous.	Home Health/Hospice	6,110	33,720
	TFH Locums	3,136	40,054
	IVCH ER Physicians	20,825	70,123
	Miscellaneous	(48,193)	96,935
	Oncology	21,342	146,940
	Multi-Specialty Clinics	10,411	203,717
	Total	\$ (124,108)	\$ 431,735

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
FEBRUARY 2021

		Variance from Budget	
		Fav / <Unfav>	
		FEB 2021	YTD 2021
6) <u>Supplies</u>			
Oncology Drugs Sold to Patients revenues were above budget 21.62%, creating a negative variance in Pharmacy Supplies.	Pharmacy Supplies	\$ (343,246)	\$ (483,216)
Medical Supplies Sold to Patients revenues exceeded budget 11.85%, creating a negative variance in Patient & Other Medical Supplies. Negative variance is also attributed to the purchase of COVID-19 nasal swab kits and BioFire rapid testing kits.	Patient & Other Medical Supplies	(337,378)	(119,171)
	Office Supplies	3,646	39,225
	Minor Equipment	10,430	50,577
	Food	17,588	87,240
	Other Non-Medical Supplies	2,042	138,844
	Total	\$ (646,918)	\$ (286,500)
7) <u>Purchased Services</u>			
Outsourced billing and collection services created a negative variance in Patient Accounting.	Patient Accounting	\$ (69,798)	\$ (758,870)
Outsourced lab testing created a negative variance in Laboratory.	Laboratory	(9,676)	(39,030)
Home Health/Hospice third party billing and collection agency fees are tied to collections which exceeded budget.	Home Health/Hospice	(15,448)	(23,684)
Employee Wellness Bank and Pre-Employment Screenings came in below budget, creating a positive variance in Human Resources.	Pharmacy IP	(4,791)	(3,219)
Skilled Nursing Facility third party billing and collection agency fees are tied to collections which exceeded budget, creating a negative variance in Miscellaneous.	Diagnostic Imaging Services - All	5,292	21,284
Outsourced coding services fell short of budget, creating a positive variance in Medical Records.	Community Development	8,727	24,210
	Information Technology	13,406	54,981
	Human Resources	25,580	55,384
	The Center	1,882	75,187
	Department Repairs	4,225	87,709
	Multi-Specialty Clinics	21,105	183,786
	Miscellaneous	(27,514)	184,549
	Medical Records	71,594	348,031
	Total	\$ 24,585	\$ 210,318
8) <u>Other Expenses</u>			
Postage, Dietary and Laboratory department transfers, and transfer of Construction Labor to Construction in Progress projects created a negative variance in Miscellaneous.	Miscellaneous	\$ (56,043)	\$ (11,237)
Electricity, Water/Sewer, Cellular Service, and Telephone costs exceeded budget, creating a negative variance in Utilities.	Utilities	(22,040)	(7,077)
Negative variance in Marketing related to Billboard Snipes, District Website Maintenance, and COVID Website Maintenance.	Multi-Specialty Clinics Equip Rent	(1,524)	(3,479)
Budgeted Building Rent for anticipated increases in office space needs did not transpire in February creating a positive variance in Other Building Rent.	Multi-Specialty Clinics Bldg Rent	391	(2,221)
	Human Resources Recruitment	1,652	(28)
	Marketing	(18,820)	10,960
	Equipment Rent	(12,097)	21,576
	Insurance	9,340	33,583
	Dues and Subscriptions	2,508	54,451
	Physician Services	(721)	86,524
	Other Building Rent	28,485	96,621
	Outside Training & Travel	47,073	451,791
	Total	\$ (21,796)	\$ 731,464
9) <u>District and County Taxes</u>			
	Total	\$ 14,577	\$ 333,031
10) <u>Interest Income</u>			
	Total	\$ (18,865)	\$ (32,719)
11) <u>Donations</u>			
	IVCH	\$ (37,250)	\$ (219,037)
	Operational	(43,197)	(91,686)
	Total	\$ (80,447)	\$ (310,723)
12) <u>Gain/(Loss) on Joint Investment</u>			
The District trued-up its losses in TSC, LLC for December based on actual financial performance, creating a positive variance.	Total	\$ 126,866	\$ 654,672
13) <u>Gain/(Loss) on Sale or Disposal of Assets</u>			
	Total	\$ -	\$ -
14) <u>COVID-19 Emergency Funding</u>			
	Total	\$ -	\$ 178,483
15) <u>Depreciation Expense</u>			
	Total	\$ 8	\$ 32
16) <u>Interest Expense</u>			
	Total	\$ 1,868	\$ 16,301

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
FEBRUARY 2021

CURRENT MONTH				YEAR TO DATE				PRIOR YTD FEBRUARY 2020		
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
				OPERATING REVENUE						
\$ 2,089,070	\$ 2,089,390	\$ (320)	0.0%	Total Gross Revenue	\$ 17,559,071	\$ 17,778,158	\$ (219,087)	-1.2%	1	\$ 17,921,160
				Gross Revenues - Inpatient						
\$ 8,343	\$ 4,311	\$ 4,032	93.5%	Daily Hospital Service	\$ 40,495	\$ 50,911	\$ (10,416)	-20.5%		\$ 16,423
9,276	12,766	(3,490)	-27.3%	Ancillary Service - Inpatient	28,618	42,265	(13,648)	-32.3%		18,864
17,619	17,077	542	3.2%	Total Gross Revenue - Inpatient	69,113	93,176	(24,064)	-25.8%	1	35,287
2,071,451	2,072,313	(862)	0.0%	Gross Revenue - Outpatient	17,489,959	17,684,982	(195,023)	-1.1%		17,885,873
2,071,451	2,072,313	(862)	0.0%	Total Gross Revenue - Outpatient	17,489,959	17,684,982	(195,023)	-1.1%	1	17,885,873
				Deductions from Revenue:						
821,919	815,646	(6,273)	-0.8%	Contractual Allowances	6,776,963	6,976,386	199,423	2.9%	2	7,837,931
147,268	83,576	(63,692)	-76.2%	Charity Care	813,454	711,126	(102,328)	-14.4%	2	883,756
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	-
81,463	83,576	2,113	2.5%	Bad Debt	387,858	711,126	323,268	45.5%	2	826,567
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2	(119,277)
1,050,649	982,798	(67,851)	-6.9%	Total Deductions from Revenue	7,978,275	8,398,638	420,363	5.0%	2	9,428,977
80,917	108,323	(27,406)	-25.3%	Other Operating Revenue	630,916	787,861	(156,945)	-19.9%	3	866,145
1,119,338	1,214,915	(95,577)	-7.9%	TOTAL OPERATING REVENUE	10,211,712	10,167,381	44,331	0.4%		9,358,327
				OPERATING EXPENSES						
377,663	413,556	35,893	8.7%	Salaries and Wages	3,164,509	3,440,548	276,039	8.0%	4	2,775,576
118,441	128,456	10,015	7.8%	Benefits	1,035,467	1,018,288	(17,179)	-1.7%	4	1,033,199
1,525	5,089	3,565	70.0%	Benefits Workers Compensation	12,196	40,713	28,517	70.0%	4	49,567
65,824	71,375	5,551	7.8%	Benefits Medical Insurance	517,513	570,998	53,485	9.4%	4	502,155
204,216	234,546	30,330	12.9%	Medical Professional Fees	1,761,033	1,844,313	83,280	4.5%	5	2,094,464
1,603	2,118	516	24.3%	Other Professional Fees	15,638	16,940	1,303	7.7%	5	14,070
81,723	54,450	(27,273)	-50.1%	Supplies	453,040	484,823	31,783	6.6%	6	438,496
73,154	63,313	(9,841)	-15.5%	Purchased Services	543,235	512,243	(30,992)	-6.1%	7	459,482
83,021	77,290	(5,731)	-7.4%	Other	642,656	654,016	11,360	1.7%	8	563,271
1,007,169	1,050,193	43,024	4.1%	TOTAL OPERATING EXPENSE	8,145,286	8,582,882	437,596	5.1%		7,930,280
112,169	164,722	(52,553)	-31.9%	NET OPERATING REV(EXP) EBIDA	2,066,426	1,584,499	481,927	30.4%		1,428,047
				NON-OPERATING REVENUE/(EXPENSE)						
-	37,250	(37,250)	-100.0%	Donations-IVCH	78,963	298,000	(219,037)	-73.5%	9	13,656
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	-
-	-	-	100.0%	COVID-19 Emergency Funding	3,064	-	3,064	100.0%	11	-
(67,653)	(67,653)	0	0.0%	Depreciation	(541,223)	(541,222)	(1)	0.0%	11	(525,407)
(67,653)	(30,403)	(37,250)	-122.5%	TOTAL NON-OPERATING REVENUE/(EXP)	(459,196)	(243,222)	(215,974)	-88.8%		(511,751)
\$ 44,516	\$ 134,319	\$ (89,803)	-66.9%	EXCESS REVENUE(EXPENSE)	\$ 1,607,230	\$ 1,341,277	\$ 265,953	19.8%		\$ 916,296
5.4%	7.9%	-2.5%		RETURN ON GROSS REVENUE EBIDA	11.8%	8.9%	2.9%			8.0%

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
FEBRUARY 2021**

		<u>Variance from Budget</u>	
		<u>Fav<Unfav></u>	
		<u>FEB 2021</u>	<u>YTD 2021</u>
1) <u>Gross Revenues</u>			
Acute Patient Days were at budget at 1 and Observation Days were above budget by 1 at 2.	Gross Revenue -- Inpatient	\$ 542	\$ (24,064)
	Gross Revenue -- Outpatient	(862)	(195,023)
		<u>\$ (320)</u>	<u>\$ (219,087)</u>
Outpatient volumes were below budget in Emergency Department visits, Surgery cases, Physical Therapy, and Speech Therapy.			
2) <u>Total Deductions from Revenue</u>			
We saw a shift in our payor mix with a 2.59% decrease in Medicare, a .52% decrease in Medicaid, a 8.83% increase in Commercial insurance, a 5.72% decrease in Other, and County was at budget.	Contractual Allowances	\$ (6,273)	\$ 199,423
	Charity Care	(63,692)	(102,328)
	Charity Care-Catastrophic Event	-	-
	Bad Debt	2,113	323,269
	Prior Period Settlement	-	-
	Total	<u>\$ (67,851)</u>	<u>\$ 420,363</u>
3) <u>Other Operating Revenue</u>			
IVCH ER Physician Guarantee is tied to collections which fell short of budget in February.	IVCH ER Physician Guarantee	\$ (27,374)	\$ (157,053)
	Miscellaneous	(32)	108
	Total	<u>\$ (27,406)</u>	<u>\$ (156,945)</u>
4) <u>Salaries and Wages</u>			
	Total	<u>\$ 35,893</u>	<u>\$ 276,039</u>
<u>Employee Benefits</u>			
	PL/SL	\$ (893)	\$ (41,860)
	Pension/Deferred Comp	-	(10,117)
	Standby	2,849	(36,175)
	Other	3,874	3,981
	Nonproductive	4,186	66,993
	Total	<u>\$ 10,015</u>	<u>\$ (17,179)</u>
<u>Employee Benefits - Workers Compensation</u>			
	Total	<u>\$ 3,565</u>	<u>\$ 28,517</u>
<u>Employee Benefits - Medical Insurance</u>			
	Total	<u>\$ 5,551</u>	<u>\$ 53,485</u>
5) <u>Professional Fees</u>			
Sleep Clinic professional fees are tied to collections which fell short of budget in February, creating a positive variance in this category.	Therapy Services	\$ 622	\$ (11,502)
	Administration	-	-
	Miscellaneous	23	212
	Foundation	515	1,303
	Multi-Specialty Clinics	417	4,396
	Sleep Clinic	8,444	20,052
	IVCH ER Physicians	20,825	70,123
	Total	<u>\$ 30,846</u>	<u>\$ 84,583</u>
6) <u>Supplies</u>			
Negative variance in Pharmacy Supplies related to transfer of costs from TFH to IVCH Pharmacy for the previous three months.	Pharmacy Supplies	\$ (16,706)	\$ (12,420)
	Minor Equipment	(2,257)	(5,266)
	Office Supplies	346	1,089
	Food	657	5,225
Equipment purchases for Surgery created a negative variance in Minor Equipment.	Non-Medical Supplies	2,134	10,883
	Patient & Other Medical Supplies	(11,446)	32,272
Medical Supplies Sold to Patients revenue exceeded budget by 87.44%, creating a negative variance in Patient & Other Medical Supplies.	Total	<u>\$ (27,273)</u>	<u>\$ 31,783</u>

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
FEBRUARY 2021**

		<u>Variance from Budget</u>	
		<u>Fav<Unfav></u>	
		<u>FEB 2021</u>	<u>YTD 2021</u>
7) <u>Purchased Services</u>			
Outsourced lab testing created a negative variance in Laboratory.	Laboratory	\$ (15,234)	\$ (78,979)
Security provided at the Community Vaccine Clinic created a negative variance in Multi-Specialty Clinics.	Multi-Specialty Clinics	(2,462)	(7,613)
Interpreter services created a negative variance in Engineering/Plant/Communications.	Pharmacy	(530)	(1,512)
	Surgical Services	-	-
	Foundation	842	3,958
	Diagnostic Imaging Services - All	(547)	4,910
	Engineering/Plant/Communications	(1,029)	6,334
	Miscellaneous	1,143	8,446
	EVS/Laundry	1,855	10,349
	Department Repairs	6,122	23,115
	Total	<u>\$ (9,841)</u>	<u>\$ (30,992)</u>
8) <u>Other Expenses</u>			
Transfer of Laboratory Labor costs from TFH to IVCH created a negative variance in Miscellaneous.	Miscellaneous	\$ (12,847)	\$ (81,965)
Natural Gas and Telephone expenses exceeded budget, creating a negative variance in Utilities.	Physician Services	-	-
	Multi-Specialty Clinics Bldg Rent	-	-
	Insurance	556	2,565
	Other Building Rent	(200)	3,400
	Marketing	4,195	4,765
	Equipment Rent	(129)	5,489
	Dues and Subscriptions	2,456	13,244
	Outside Training & Travel	1,890	27,425
	Utilities	(1,652)	36,436
	Total	<u>\$ (5,731)</u>	<u>\$ 11,360</u>
9) <u>Donations</u>	Total	<u>\$ (37,250)</u>	<u>\$ (219,037)</u>
10) <u>Gain/(Loss) on Sale</u>	Total	<u>\$ -</u>	<u>\$ -</u>
11) <u>COVID-19 Emergency Funding</u>	Total	<u>\$ -</u>	<u>\$ 3,064</u>
12) <u>Depreciation Expense</u>	Total	<u>\$ -</u>	<u>\$ (1)</u>

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	AUDITED FYE 2020		BUDGET FYE 2021	PROJECTED FYE 2021	FEB 2021	PROJECTED FEB 2021	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	PROJECTED 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	\$ 23,464,178		\$ 11,554,001	\$ 24,907,497	\$ 1,557,439	\$ 1,205,318	\$ 352,121	\$ 12,044,806	\$ 3,813,478	\$ 5,725,447	\$ 3,323,766
Interest Income	1,554,599		877,531	724,183	-	-	-	243,422	159,577	118,625	202,558
Property Tax Revenue	7,928,820		8,147,000	8,178,976	420	-	420	520,960	-	4,528,016	3,130,000
Donations	1,327,474		814,000	633,951	13,449	68,000	(54,551)	157,169	189,852	82,930	204,000
Emergency Funds	13,521,428		-	178,483	-	-	-	169,967	8,516	-	-
Debt Service Payments	(4,863,882)		(5,088,979)	(4,748,732)	(352,809)	(353,049)	240	(1,407,361)	(1,058,306)	(1,223,918)	(1,059,147)
Property Purchase Agreement	(805,927)		(811,932)	(744,268)	(67,661)	(67,661)	0	(135,321)	(202,982)	(202,982)	(202,983)
2018 Municipal Lease	(1,574,216)		(1,717,332)	(1,574,218)	(143,111)	(143,111)	0	(286,221)	(429,332)	(429,332)	(429,333)
Copier	(62,040)		(62,160)	(59,462)	(4,940)	(5,180)	240	(14,320)	(14,691)	(14,911)	(15,540)
2017 VR Demand Bond	(790,555)		(852,391)	(862,705)	-	-	-	(697,303)	-	(165,402)	-
2015 Revenue Bond	(1,631,144)		(1,645,164)	(1,508,079)	(137,097)	(137,097)	(0)	(274,195)	(411,301)	(411,292)	(411,291)
Physician Recruitment	(263,670)		(287,500)	(222,500)	-	(25,000)	25,000	(22,500)	(100,000)	(25,000)	(75,000)
Investment in Capital											
Equipment	(3,468,675)		(3,509,190)	(2,634,731)	(160,660)	(827,800)	667,140	(529,968)	(407,461)	(676,245)	(1,021,057)
Municipal Lease Reimbursement	1,164,582		2,354,714	2,354,714	-	-	-	-	625,263	600,000	1,129,451
IT/EMR/Business Systems	(2,651,366)		(1,284,350)	(766,454)	(2,700)	(433,298)	430,598	(88,573)	(72,481)	(201,400)	(404,000)
Building Projects/Properties	(7,856,428)		(18,578,626)	(11,896,441)	(89,177)	(4,155,793)	4,066,616	(486,449)	(4,434,565)	(2,055,222)	(4,920,205)
Change in Accounts Receivable	(3,309,147)	N1	2,353,530	2,842,062	(126,643)	113,555	(240,198)	(924,092)	2,475,352	1,195,146	95,656
Change in Settlement Accounts	16,684,541	N2	(8,164,723)	(4,766,032)	547,983	(1,019,836)	1,567,819	1,300,582	(2,971,411)	(3,129,778)	34,576
Change in Other Assets	10,896	N3	(2,400,000)	(1,948,335)	(346,449)	(200,000)	(146,449)	(930,859)	230,662	(648,138)	(600,000)
Change in Other Liabilities	2,723,035	N4	900,000	(3,927,679)	1,491,033	700,000	791,033	(698,019)	993,342	(3,023,002)	(1,200,000)
Change in Cash Balance	45,966,385		(12,312,592)	8,908,962	2,531,886	(4,927,903)	7,459,789	9,349,085	(548,182)	1,267,461	(1,159,403)
Beginning Unrestricted Cash	87,018,706		132,985,091	132,985,091	143,865,869	143,865,869	-	132,985,091	142,334,176	141,785,994	143,053,455
Ending Unrestricted Cash	132,985,091		120,672,499	141,894,053	146,397,755	138,937,966	7,459,789	142,334,176	141,785,994	143,053,455	141,894,053
Operating Cash	112,604,555		110,482,231	126,608,650	126,017,218	118,557,429	7,459,789	121,953,639	121,405,457	122,672,918	126,608,650
Medicare Accelerated Payments	20,380,537		10,190,269	15,285,403	20,380,537	20,380,537	-	20,380,537	20,380,537	20,380,537	15,285,403
Expense Per Day	541,117		571,731	563,142	557,577	570,479	(12,902)	534,403	549,480	558,500	563,142
Days Cash On Hand	246		211	252	263	244	19	266	258	256	252
Days Cash On Hand - Operating Cash Only	208		193	225	226	208	18	228	221	220	225

Footnotes:

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

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

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

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



Board COO Report

By: Judith B. Newland

DATE: March 2021

Quality: Pursue Excellence in Quality, Safety and Patient Experience

Focus on our culture of safety

The annual SCOR survey closed Monday, March 15. We had 90% of staff complete the survey. Last year we had an 85% participation rate. The SCOR Culture of Safety Survey is a 5-7-minute survey available to all staff and physicians. It measures attitudes related to the culture of safety throughout our organization, providing a snapshot of the overall safety culture in a given work area. It is part of our BETA HEART program for patient safety.

The TFH Vaccine Clinic continues to give COVID vaccines at the Sierra College location giving approximately 1000 doses per week. We continue to work in partnership with Nevada and Placer County Public Health departments for this vaccine program. We are beginning to work with California's new Blue Shield vaccine allotment program. The changes that will occur is we will receive vaccine allotments directly from this program and move to the state's MyTurn self-scheduling program.

Service: Optimize Deliver Model to Achieve Operational and Clinical Efficiency

Implement a focused master plan

We are able to now move forward on construction projects. To update the Board of Directors on projects, below is summary information on active projects, projects that are soon to be implemented and projects in planning.

Report provided by Dylan Crosby, Director Facilities and Construction Management

Active Moves:

- Incline Village Lake Side Clinic (889 Alder Ave Suite 303) move to 2nd floor of Incline Village Community Hospital. March 31st, 2021

Planned Moves:

- Occupational Health (10956 Donner Pass Rd Suite 230)
- Outpatient Lab Services (10956 Donner Pass Rd Suite 260)
- Primary Care (10956 Donner Pass Rd Suite 360)

Active Projects:

Project: ECC Interior Upgrades

Background: In late 2018, District staff initiated a project to renovate and upgraded the portion of the skilled nursing facility built in 1985. The goals of the project were to upgrade existing finishes and provide a warm and welcoming environment for the residents. In addition, the project sought to correct potential accreditation issues due to the age of the building.

Summary of Work: Remodel all patient rooms including new; case work, wardrobes, sink, counter, lighting, televisions, flooring, paint and doors. Remodel Dining and Activity rooms with new flooring, paint, blinds and replacement of existing counters and sinks.

Update Summary: The project was put on hold in April of 2020 due to COVID. With the vaccination of residents, CDPH has allowed the project to reinitiate and as a precaution to the residences, the contractor has agreed to weekly COVID testing of the construction crews. The project will commence March 29th, 2021.

Start of Construction: March 29th, 2021 (Delayed due to COVID)

Project Budget: \$957,410

Estimated Completion: October 2021

Project: Security and Exiting

Background: The Security and Exiting project was initiated to bolster the security controls of Tahoe Forest Hospital. Currently security can be controlled at exterior doors (providing lockdown availability) and at most department entrances (control patient and staff entrance and providing an additional lock down layer). The project intent is to complete the department security controls for the entire first floor of Tahoe Forest, Surgery and Diagnostic Imaging being the last remaining departments.

Summary of Work: Renovate the Eastern entrance to the Surgery department and the Western entrance to the Diagnostic Imaging department to provide; ADA access, fire alarm control integration, badge access for staff, and security engineering controls. Exiting upgrades to the 1978 Building hallway (outside of Nuclear Medicine).

Update Summary: The project was put on hold in April of 2020 due to COVID. The project has since initiated. Exiting Upgrades have been completed. The Western entrance of Diagnostic Imaging is at 95% complete, the only remaining item is the door leaves themselves. The door is in full operation. The Eastern entrance of Surgery is scheduled but has not yet commenced.

Start of Construction: February 8th, 2021

Project Budget: \$210,000

Estimated Completion: May 2021

Projects in Implementation:

Project: Incline Sterile Processing Remodel & Exterior Shop Remodel

Background: Incline Village Community Hospital Sterile Processing Department (“IVCH SPD”) – In preparation to offer endoscopy procedures at IVCH, this service is in need of reconfiguration and equipment upgrades to process the future instruments.

IVCH Exterior Shop Remodel “IVCH-Shop” - The exterior storage shop at IVCH is in disrepair and is not readily used due to its condition. This project is to renovate and upgrade the exterior shop to utilize for storage and relocate Engineer outside of the Hospital to provide space for patient care services.

The projects were bid together to provide economies of scale.

Summary of Work: IVCH-SPD: Create a temporary decontamination room to allow for continuity of operations during the construction timeline. Once completed, renovate the existing decontamination room and add the additional utilities needed to support the new equipment.

IVCH-Shop: Renovate shop to provide improved utility and storage as well as space to move engineering outside of the Hospital.

Update Summary: Bidding has concluded with Streamline Construction being the apparent low bidder. Staff intend to award.

Start of Construction: June 2021

Project Budget: \$1,429,000

Estimated Completion: December 2021

Project: Underground Storage and Day Tank Replacement.

Background: The existing Diesel underground storage is 30 years old in need of replacement. Staff analyzed if an above ground tank would be suitable, due to site constrained it was determined that a replacement underground tank would best serve the hospital.

Summary of Work: Removal of the existing Underground storage tank, day tank and day tank structure (not compliant). Excavate and install a new 15,000-gallon underground tank in the ambulance bay. A new day tank will be installed in the 500 KW generator room.

Update Summary: Project has concluded bidding and is under contract with Clark and Sullivan Construction. An alternate means of compliance has been completed and approved through OSHPD to allow for alternate methodology in determining the minimum tank size. Straight-line calculation would have required a 22,000-gallon tank, which puts an undue burden on the district and is far removed from actual conditions. Construction drawings are scheduled to be submitted to OSHPD this month, March 2021.

Start of Construction: June 2021

Project Budget: \$2,500,000

Estimated Completion: December 2021

Projects in Planning:

Project: Site Improvements Phase 2

Background: In order to meet the increased parking demand on campus, staff pursued surface parking lots to meet the immediate need, prior to the submittal of the Master Plan

Summary of Work: Project includes two site improvements for parking; these sites include Pat and Ollies and Gateway West lot. Scope includes regrading, surface improvements, landscaping and storm water improvements.

Update Summary: Project is pending Town of Truckee approval. Scheduled to go before the Planning Commission April 2021.

Start of Construction: Summer 2021

Estimated Completion: Winter 2021

Project: Tahoe Forest Nurse Call Replacement

Procurement Model: Design-Bid-Build

Background: In 2018, TFH completed phase 1 of the Nurse Call replacement system, which included Med Surg, ICU and Briner Imaging. This project, phase 2, will replace the remainder of the antiquated systems and condense the nurse calls at TFHD to a single more reliable system.

Summary of Work: Remove and replace existing Nurse Call Systems in Ambulatory Surgery, Emergency, Diagnostic Imaging, Respiratory and Extended Care Center Departments.

Update Summary: Project in nearing completion of design and is scheduled to be submitted to OSHPD March 31st, 2021.

Start of Construction: Summer 2021

Estimated Completion: December 2021

Project: Medical Office Building Renovation

Background: Outpatient clinical services are in need of additional space to meet the healthcare need of the community. To provide efficient, flexible space staff intend to renovate the entire second floor of the Medical office building and create a single use suite that can be utilized for primary care and specialty services. MOB suite 360 is also planned to be renovated to utilize the additional space that has since become available.

Summary of Work: Relocate Occupation Health, Out Patient Lab and Primary Care services in suite 360. Demo all suites. Construct new use-flexible outpatient OSHPD 3 spaces for outpatient clinical services.

Update Summary: Request for Proposals is out to bid and is due march 19th, 2021

Start of Construction: Fall 2021

Estimated Completion: Summer 2022

Project: MRI Replacement

Background: The existing MRI mechanical equipment is at end of life and the existing MRI itself does not provide the function needed to provide the necessary quality of care.

Summary of Work: Renovate the existing MRI suite to provide for two changing rooms and a gurney hold area. Order and install new 3T Seimens MRI.

Update Summary: Proposals have been received, March 11th, 2021 and are being evaluated for award

Start of Construction: Winter 2021

Estimated Completion: Summer 2022

Project: Incline Village Community Hospital Endoscopy

Background: This project would be the second and final phase to have the infrastructure at Incline Village Community Hospital to see endoscopy procedures.

Summary of Work: Renovate an existing recovery room into an endoscopy procedure suite. Scope include, expanding interior dimensions of space, relocating medical gases and modifying HVAC system for dedicated exhaust.

Update Summary: Staff are seeking a design contract from the district's master planning architect, LPA Inc. to complete the design and permitting of this space.

Start of Construction: Spring 2022

Estimated Completion: Winter 2022

Project: Incline Village Community Hospital Site Improvements

Background: Demand for parking at Incline Village Community Hospital has exceeded its capacity.

Summary of Work: In the Tahoe Basin the Truckee Regional Planning Agency, "TRPA" regulates the amount of disturbed land each individual parcel can have, Incline is at its capacity. Partnered with JKAE staff have planned a transfer of development rights as the first step in increasing the available parking onsite.

Update Summary: Staff have reserved 9,000 square feet of right with Nevada State land and are pursuing a permit through Washoe County, which must be completed prior to transfer.

Start of Construction: Summer 2022

Estimated Completion: Winter 2022

Project: Tahoe Forest Hospital Seismic Improvement

Background: In 2012, Tahoe Forest Hospital completed an expansive seismic improvement job to extend the allowance of acute care service in many of the Hospital buildings up to and beyond the 2030 deadline determined by Senate Bill 1953. This project is Phase one of three in a compliance plan to meet the full 2030 deadline.

Summary of Work: Upgrade four buildings (the 1978, 1990, 1993 and Med Gas) to Non-Structural Performance Category "NPC" 4 status. Renovate the Diagnostic Imaging reception, waiting room and X-Ray to increase capacity and receive new equipment. Renovate Emergency Department beds 8-15 to provide addition patient privacy. Renovate Emergency Department beds 4-7 to private rooms. Aesthetic upgrades of the 1978 and 1990 buildings including but not limited to flooring, ceilings, signage and painting.

1978 Building – Diagnostic Imaging, portions of Emergency Department

1990 Building – Portions of the Surgical Department

1993 Building – Portions of the Dietary Department

Med Gas Building – Primary Med Gas distribution building.

Update Summary: Staff have prepared and released a Request for Qualifications to prequalify design build teams for this project, March 17th, 2021.

Start of Construction: Spring 2022

Estimated Completion: Summer 2023

AGENDA ITEM COVER SHEET

ITEM	ABD-06 Conflict of Interest Code
RESPONSIBLE PARTY	Martina Rochefort, Clerk of the Board
ACTION REQUESTED?	For Information only.
<p>BACKGROUND:</p> <p>The following policy was reviewed by the Governance Committee at its March 2, 2021 meeting:</p> <ul style="list-style-type: none"> • ABD-06 Conflict of Interest Code 	
<p>SUMMARY/OBJECTIVES:</p> <p>From the Fair Political Practices Commission (FPPC): <i>The Political Reform Act requires every local government agency to review its conflict of interest code biennially. A conflict of interest code tells public officials, governmental employees, and consultants what financial interests they must disclose on their Statement of Economic Interests (Form 700).</i></p> <p><i>By October 1, 2020: The biennial notice must be filed with the agency's code reviewing body. The FPPC is the code reviewing body for any agency with jurisdiction in more than one county and will contact them.</i></p> <p>General Counsel reviewed a number of director level job descriptions and determined the following positions should be added based on their level of decision making within the organization:</p> <ul style="list-style-type: none"> • Director, Patient Access • Director, Occupational Health and Wellness Neighborhood • Director of Finance, Provider Services <p>The District submitted an amended conflict of interest code to the FPPC in September 2020. As of February 26, 2021, the FPPC confirmed they had not yet assigned the code to a staff member for review.</p> <p>The Governance Committee wanted to provide the Board of Directions an update on the delay.</p>	
<p>SUGGESTED DISCUSSION POINTS:</p> <p>None.</p>	
<p>SUGGESTED MOTION/ALTERNATIVES:</p> <p>None.</p>	
<p>LIST OF ATTACHMENTS:</p> <ul style="list-style-type: none"> • ABD-06 Conflict of Interest Code 	

PURPOSE:

- A. The Political Reform Act (Government Code Section 81000, et seq.) requires state and local government agencies to adopt and promulgate conflict-of-interest codes. The Fair Political Practices Commission has adopted a regulation (2 California Code of Regulations Section 18730) that contains the terms of a standard conflict-of-interest code, which can be incorporated by reference in an agency's code. After public notice and hearing, the standard code may be amended by the Fair Political Practices Commission to conform to amendments in the Political Reform Act. Therefore, the terms of 2 California Code of Regulations Section 18730 and any amendments to it duly adopted by the Fair Political Practices Commission are hereby incorporated by reference. This regulation and the attached Appendices, designating positions and establishing disclosure categories, shall constitute the conflict-of-interest code of the **Tahoe Forest Hospital District (District)**.
- B. Individuals holding designated positions shall file their statements of economic interests with the **District**, which will make the statements available for public inspection and reproduction. (Gov. Code Sec. 81008.) All statements will be retained by the **District**.

Appendix A

Designated Positions	Category
1. Members of the Board of Directors	1, 2
2. President & Chief Executive Officer	1, 2
3. Chief Nursing Officer	1, 2
4. Chief Human Resources Officer	1, 2
5. Chief Information and Innovation Officer	1, 2
6. Administrator, Incline Village Community Hospital (IVCH)/ Chief Operations Officer	1, 2
7. Chief Medical Officer	1, 2
8. In-House Counsel	1, 2
9. General Counsel	1, 2
10. Consultants	*
11. Buyer	1
12. Compliance Officer	3
13. Controller	3
14. Coordinator, OR Materials Coordinator	3
15. Director, Children's Center	3
16. Executive Director, Governance and Business Development	3
17. Director, Diagnostic Imaging	3
18. Director, Emergency Services	3
19. Director, Facilities Management & Construction	2, 3
20. Director, Health Information Management	3
21. Director, Information Technology Operations	3
22. Director, IVCH Patient Care Services	3
23. Director, Laboratory Services	3
24. Director, Marketing & Communications	3
25. Director, Materials Management	1
26. Director, Medical Staff Services	3
27. Director, Nutrition Services, TFH & IVCH	3
28. Director, Pharmacy	3
29. Director, Quality & Regulations	3
30. Director, Rehabilitation Services	3
31-30. Director, Support Services & Respiratory Care	2, 3

Commented [RM1]: No longer have this position.

32-31. Director, Surgical Services	3
33-32. Executive Director, Foundations – TFH & IVCH	3
34-33. Vice President, Provider Services	3
35-34. Administrative Director, Transitions	3
36-35. Director, Acute Care Services	3
37-36. Manager, Information Technology Operations	3
38-37. Manager, Nursing Informatics	3
39-38. Director, Revenue Cycle	3
40-39. Director, Access Center	3

40. Director of Finance, Provider Services 3

41. Director, Occupational Health and Wellness 3

41-42. Director, Patient Access 3

- Consultants/new positions are included in the list of designated positions and shall disclose pursuant to the broadest disclosure category in the code, subject to the following limitation:

The President & Chief Executive Officer may determine in writing that a particular consultant or new position, although a "designated position," is hired to perform a range of duties that is limited in scope and thus is not required to fully comply with the disclosure requirements in this section. Such written determination shall include a description of the consultant's or new position's duties and, based upon that description, a statement of the extent of disclosure requirements. The President & Chief Executive Officer's determination is a public record and shall be retained for public inspection in the same manner and location as this conflict-of-interest code. (Gov. Code Section 81008.)

Note: The positions of General Counsel and Compliance Officer are filled by outside consultants, but act in a staff capacity.

Officials Who Manage Public Investments

It has been determined that the positions listed below manage public investments and will file a statement of economic interests pursuant to Government Code Section 87200. These positions are listed for informational purposes only:

- Chief Financial Officer

An individual holding one of the above-listed positions may contact the Fair Political Practices Commission for assistance or written advice regarding their filing obligations if they believe their position has been categorized incorrectly. The Fair Political Practices Commission makes the final determination whether a position is covered by Government Code Section 87200.

Appendix B

Disclosure Categories

1. An individual holding a designated position in this category must report investments, business positions in business entities and income (including receipt of gifts, loans and travel payments) from sources of the type to provide:

- medical/health care treatment, facilities, services, products, equipment, machines
- medical insurance products and services
- and other products and services utilized (or planned to be utilized) by the District including telecommunications and information technology, janitorial, and legal.

Commented [RM2]: TFHD General Counsel reviewed these job descriptions and felt their duties warranted them being added to our list of filers.

The medical/health care sources include the full range of products and services including: medical providers, hospitals, pharmaceutical products/facilities, transportation companies and consultants.

2. All interests in real property within 2,000 feet from property owned or used by the District or that may be acquired by the District for its use.

3. All investments, business positions, and sources of income, including receipt of loans, gifts, and travel payments, from sources that provide, or have provided, in the last two years, services, supplies, materials, machinery, or equipment of the type utilized by designated employee's department or division.

All disclosure required herein shall be in accordance with the Political Reform Act and the regulations of the Fair Political Practices Commission.

Related Policies/Forms:

[ABD-07 Conflict of Interest Policy](#)

References:

Government Code Section 81000, et seq



MULTNOMAH GROUP

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

February 10, 2021

Q3, 2020 Activities

- Reviewed performance of Plan investments.
 - ✓ No Removal or Watch List recommendations
- Committee reviewed the Plans' assets to ensure accuracy of reporting.
 - ✓ No issues were found
- Committee Received Multnomah Group's Fidelity Participant Services Profile to demonstrate fiduciary oversight of education and advice services provided by Fidelity.
- Committee conducted the annual review of Fiduciary Insurance confirming that the Fiduciaries, including the Board members, have adequate fiduciary insurance.
- Committee Received the Fidelity Mid-Year Review, reviewing plan participation, asset allocation, deferral rates, beneficiary designations and an update to the CARES Act.
 - ✓ Through December 31, 30:
 - 30 participants (2.6% of population) took a Covid Related Distribution
 - 6 CARES Loans
 - 2 Loan deferrals
 - ✓ 44% of active participants have beneficiary on file. Outreach will be conducted during the Benefits Fair to encourage participants to designate a beneficiary.
- Due to COVID time constraints, no fiduciary education was provided.

Q4, 2020 Activities

- Reviewed performance of Plan investments.
 - ✓ No Removal or Watch List recommendations
- Committee reviewed the Plans' assets to ensure accuracy of reporting.
 - ✓ No issues were found
- Committee confirmed there have been no formal Claims, Inquiries or Participant Complaints.
- Committee confirmed, through legal counsel, that there were no legally required plan amendments due by year end.
- Committee received Multnomah Group's 2020 Regulatory update focusing on the CARES Act, the SECURE Act, the new DOL/EBSA rule covering ESG investments, and ERISA litigation. The Committee agreed that no immediate action was required.
- As fiduciary education, Multnomah Group presented to the Committee "Fiduciary Training Program: Fiduciary Governance: And Understanding the Foundational Documents."

Breakdown of Plans – June 30, 2020

401(a) Employer Contribution Plan	457(b) Employee Contribution Plan
<ul style="list-style-type: none">Plan Assets increased from<ul style="list-style-type: none">\$46.0 as of June 30, 2020 to\$55.8 as of December 31, 2020All investments are scored “Satisfactory” by Multnomah Group’s Investment Committee.	<ul style="list-style-type: none">Plan Assets increased from<ul style="list-style-type: none">\$58.9 as of June 30, 2020 to\$69.4 as of December 31, 2020Investments: SameParticipation Rate decreased from:<ul style="list-style-type: none">87.1% as of June 30, 2020 to84.0% as of December 31, 2020Ave. Deferral Rate increased from:<ul style="list-style-type: none">8.4% as of June 30, 2020 to9.0% as of December 31, 2020<p><i>*Auto enrollment is set at 6%</i></p>Total Savings Rate (EE & ER) <i>Increased</i> from:<ul style="list-style-type: none">13.0% as of June 30, 2020 to15.0% as of December 31, 2020

Questions

Disclosures

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