



TAHOE FOREST HOSPITAL DISTRICT

# 2021-04-22 Regular Meeting of the Board of Directors

Thursday, April 22, 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 April 22, 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/98020630823>

If you prefer to use your phone, you may call in using the numbers listed: (346) 248 7799 or (301) 715 8592  
Meeting ID: 980 2063 0823



Meeting Book - 2021-04-22 Regular Meeting of the Board of Directors

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No related materials.

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16. ITEMS FOR BOARD DISCUSSION

16.1. 2021 Press Ganey Employee Engagement Survey

No related materials.

16.2. UC Davis Rural Center of Excellence Research Component  
Update

No related materials.

16.3. COVID-19 update

No related materials.

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23. ADJOURN



# REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, April 22, 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 April 22, 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/98020630823>

**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: 980 2063 0823

Public comment will also be accepted by email to [mrochefort@tfhd.com](mailto: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: First Quarter 2021 Corporate Compliance Report*

*Number of items: One (1)*

### 5.2. **Report Involving Trade Secrets (Health & Safety Code § 32106)**

*Discussion will concern: Proposed new services or programs*

*Estimated Date of Disclosure: December 2021*

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

*Subject Matter: Utilization Review, Case Management & Readmission Report*

*Number of items: One (1)*

**5.4. Liability Claims (Gov. Code § 54956.95)**

*Claimants: Stephanie Nichols, Suzette Gibbons-Uhlry, Blake Hoffman, Lori Barra, Maria Drummond, Matthew Cutts, Bryan Bertsch*

*Claim Against: Tahoe Forest Hospital District*

**5.5. Approval of Closed Session Minutes** ◆

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

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

*Subject Matter: Medical Staff Credentials*

**APPROXIMATELY 6:00 P.M.**

**6. DINNER BREAK**

**7. OPEN SESSION – CALL TO ORDER**

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

**9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA**

**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.** April 2021 Employee of the Month .....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

- *General Surgery TFH*
- *General Surgery IVCH*
- *Neurology*
- *Ophthalmology*
- *Otolaryngology*

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District  
**April 22, 2021 AGENDA – Continued**

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Policy Approvals with Changes

- *Standardized Procedures – Respiratory Illness Clinic, Screening COVID-19, DTMSC-2102*
- *2021 Peer Review Indicators*
- *Peer Review/Professional Practice Evaluation, MSGEN-1401*

**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. 03/25/2021 Special Meeting..... ATTACHMENT
- 15.1.2. 03/25/2021 Regular Meeting..... ATTACHMENT

**15.2. Financial Reports**

- 15.2.1. Financial Report – March 2021 ..... ATTACHMENT

**15.3. Board Reports**

- 15.3.1. President & CEO Board Report..... ATTACHMENT
- 15.3.2. COO Board Report ..... ATTACHMENT
- 15.3.3. CNO Board Report ..... ATTACHMENT
- 15.3.4. CIIO Board Report..... ATTACHMENT
- 15.3.5. CMO Board Report ..... ATTACHMENT

**15.4. Annual Policy Approval**

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

**15.5. Approval of Quarterly Compliance Report**

- 15.5.1. Q1 2021 Corporate Compliance Report..... ATTACHMENT

**16. ITEMS FOR BOARD DISCUSSION**

**16.1. 2021 Press Ganey Employee Engagement Survey**

The Board of Directors will receive a presentation from Press Ganey on the results of the 2021 Employee Engagement Survey.

**16.2. UC Davis Rural Center of Excellence Research Component Update**

The Board of Directors will discuss the research requirement to maintain the UC Davis Rural Center of Excellence designation.

**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 May 27, 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](http://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.



APRIL 2021 EMPLOYEE OF THE MONTH

**TERESA MARTINEZ**

MEDICAL ASSISTANT – MSC WOMEN'S CENTER

We are honored to announce Teresa Martinez as our April 2021 Employee of the Month!

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

"Teresa, known by most as TC, has been an anchor at the Tahoe Forest Women's Center. She joined the Health System in November of 2017 but has worked with this office since she was 18 years old. She is forward thinking, always looking at how she can make our work more streamlined, and is so efficient! She is the epitome of a team player, always stepping up to help her colleagues. She advocates for high quality care and for her fellow teammates. We are lucky to have her on our team!"

**Please join us in congratulating all of our Terrific Nominees!**

**Zach Bair**

**Josh Fetbrandt**

**Wendy Lenz**

**Mandy Mallinson**

**Robin Sasaki**

**Megan Shirley**

**Heidi Standteiner**

**Sarah Jane Stull**

**Sara Wojcik**



## AGENDA ITEM COVER SHEET

<b>ITEM</b>	Medical Executive Committee (MEC) Consent Agenda
<b>RESPONSIBLE PARTY</b>	Jonathan Laine, MD Chief of Staff
<b>ACTION REQUESTED?</b>	For Board Action
<b>BACKGROUND:</b> During the April 15, 2021 Medical Executive Committee meeting, the committee made the following open session consent agenda item recommendations to the Board of Directors at the April 22, 2021 meeting.	
<b>SUMMARY/OBJECTIVES:</b> Approval of the following consent agenda items:  <u>Privilege Forms with Changes</u> <ul style="list-style-type: none"> <li>• General Surgery TFH</li> <li>• General Surgery IVCH</li> <li>• Neurology</li> <li>• Ophthalmology</li> <li>• Otolaryngology</li> </ul> <u>Policy Approvals with Changes</u> <ul style="list-style-type: none"> <li>• Standardized Procedures – Respiratory Illness Clinic, Screening COVID-19, DTMSC-2102</li> <li>• 2021 Peer Review Indicators</li> <li>• Peer Review/Professional Practice Evaluation, MSGEN-1401</li> </ul>	
<b>SUGGESTED DISCUSSION POINTS:</b> None.	
<b>SUGGESTED MOTION/ALTERNATIVES:</b> Move to approve the Medical Executive Committee Consent Agenda as presented.	

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Surgery**  
**Delineated Privilege Request**

**SPECIALTY:** GENERAL SURGERY

**NAME:** \_\_\_\_\_  
(Please print)

- Tahoe Forest Hospital (TFH)
- Multi-Specialty Clinic (MSC)

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**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:

<b>Basic Education:</b>	MD, DO
<b>Minimum Formal Training:</b>	Successful completion of an ACGME or AOA-approved residency training program in General Surgery.
<b>Board Certification:</b>	Board certified or board eligible by the American Board of General Surgery required (or AOA equivalent Board); or attain Board Certification within five years of completion of residency or fellowship training program.
<b>Required Previous Experience:</b> (required for new applicants)	Applicant must be able to document that he/she has performed 100 procedures as primary surgeon in the past 12 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.
<b>Clinical Competency References:</b> (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 surgeon.
<b>Proctoring Requirements:</b>	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.
<b>Other:</b>	<ul style="list-style-type: none"> <li>• Current, unrestricted license to practice medicine in CA.</li> <li>• Malpractice insurance in the amount of \$1m/\$3m.</li> <li>• Current, unrestricted DEA certificate in CA (approved for all drug schedules).</li> <li>• Current State of California Department of Health Services fluoroscopy certificate required for selected (*) procedures</li> <li>• Ability to participate in federally funded program (Medicare or Medicaid).</li> <li>• Current verification as an ATLS (Advanced Trauma Life Support) provider</li> </ul>

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 Surgery

Name: \_\_\_\_\_

**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. At this time, privileges are available only at Tahoe Forest Hospital and granting of privileges is contingent upon meeting all general, specific, and threshold criteria defined above.

**Recommending Individual/Committee:** (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	<b>GENERAL PRIVILEGES – GENERAL SURGERY</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring  See below plus add'l cases at discretion of proctor	Reappointment Criteria Based on Current demonstrated competence and provision of care. Insufficient activity may require proctoring and/or additional CME
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Core privileges in General Surgery:</b> Admit (including swing admissions, ECC, and critical care unit per rules and regulations, ), perform history and physical, consultations, work up, and provide pre-operative, operative and post-operative care to patients of all ages to correct or treat various conditions, illnesses, injuries, and disorders in areas of primary surgical responsibility. Core privileges also include the following;</p> <p>Anorectal procedures: Hemorrhoidectomy Sphincterotomy/sphincteroplasty Drainage procedure for anorectal abscess Fistula repair Occult Blood Testing Repair of rectal prolapse Pilonidal cystectomy Sinus treatment - Transanal removal of rectal tumors/polyps</p> <p>Breast procedures: Biopsies Mastectomy, segmental Axillary dissection</p> <p>Esophagus procedures: Anti-reflux procedure (lap or open) Esophageal diverticulectomy Repair of perforation Esophagectomy Esophagogastrectomy Esophageal bypass Operation for esophageal stenosis</p> <p>General abdomen procedures: Paracentesis Exploratory laparotomy Drainage of intra-abdominal abscess Retroperitoneal lymphadenectomy Adrenalectomy</p> <p>General vascular procedures: Amputations- upper and lower extremity Central venous access catheters * Portacaths*</p> <p>Genitourinary/OB-GYN procedures: Hydrocelectomy Nephrectomy Ureteral surgery Cystostomy Cystectomy Hysterectomy Salpingo-oophorectomy</p>	_____	<b>TFH</b>	1 <sup>ST</sup> case proctored and 4 add'l representative cases proctored	100 cases/2 years Related CME

Tahoe Forest Hospital District  
 Department of Surgery – General Surgery- 3/10/08; 3/09; 9/11; 3/12; 4/15; 1/9/17; 1/14/19  
 Medical Executive Committee – 3/19/08; 3/09; 9/11; 3/12; 4/15; 1/19/17; 1/22/19  
 Board of Directors Approval – 3/31/08; 3/09; 9/11; 3/12; 4/15; 1/26/17; 1/29/19  
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**TAHOE FOREST HOSPITAL DISTRICT**

Department of Surgery

Name: \_\_\_\_\_

REQUESTED	APPROVED	<b>GENERAL PRIVILEGES – GENERAL SURGERY</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring  See below plus add'l cases at discretion of proctor	Reappointment Criteria Based on Current demonstrated competence and provision of care. Insufficient activity may require proctoring and/or additional CME
		<p><b>Core (continued):</b>                      Head and neck procedures:                      Lip and tongue surgery                      Thyroglossal ducts                      Tracheostomy                      Gland surgery – submandibular and parotid                      Brachial cleft surgery                      Thyroidectomy (partial or total)                      Parathyroidectomy</p> <p>Hernia procedures:                      Inguinofemoral, umbilical                      Ventral                      Incisional</p> <p>Intestinal procedures:                      Enterectomy                      Repair of perforation                      Ileostomy                      Pyloroplasty                      Appendectomy                      Colectomy (partial or total)                      Colectomy with ileoanal pull-through                      Colostomy closure                      Abdominoperineal resection                      Repair of perforation                      Operative cholelithotomy</p> <p>Liver/Biliary Tract procedures:                      biopsy</p> <p>Hepatic resections                      * Cholecystectomy (with or without cholangiograms)*                      Common bile duct exploration                      Choledochoenteric anastomosis                      Choledochoscopy</p> <p>Pancreas/Spleen                      Drainage of pancreatic abscess                      Pancreatic resection                      Drainage of pancreatic pseudocyst                      Pancreaticojejunostomy                      Splenectomy</p> <p>Pediatric procedures                      General surgical procedures including appendectomy, hernia, and GI procedures</p> <p>Stomach (no obesity surgery - see separate section for lap banding):                      Gastrostomy (open)                      Gastric resection                      Repair of perforation                      Vagotomy (truncal or selective with drainage procedure)                      Pyloromyotomy</p> <p>Miscellaneous procedures:                      Arterial Lines                      Biopsies</p>				

Tahoe Forest Hospital District  
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 Board of Directors Approval – 3/31/08; 3/09; 9/11; 3/12; 4/15; 1/26/17; 1/29/19  
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**TAHOE FOREST HOSPITAL DISTRICT**

Department of Surgery

Name: \_\_\_\_\_

REQUESTED	APPROVED	<b>GENERAL PRIVILEGES – GENERAL SURGERY</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria Based on Current demonstrated competence and provision of care. Insufficient activity may require proctoring and/or additional CME
		CVP lines Excision/repair/graft for skin/soft tissue tumors Miscellaneous procedures (continued): Incision and drainage of abscess Major lymphadenectomies Management of trauma (e.g., chest, abdomen, extremity, head and neck) Peritoneal dialysis Simple and complex suture repair and excision of benign skin lesions Skin lacerations/split thickness skin grafts Swan ganz catheter insertion * Temporary transvenous pacemaker insertion* Thoracic procedures for trauma/ hemostasis Ventilatory management  * Denotes procedures above that require a fluoroscopy permit				
<input type="checkbox"/>	<input type="checkbox"/>	<b>Core privileges in General Surgery (OUTPATIENT):</b> Evaluate, diagnose and treat surgical patients including consultations, work up, and provide pre-operative, care to patients of all ages to correct or treat various conditions, illnesses, injuries, and disorders in areas of primary surgical responsibility. Core privileges also include the following; <ul style="list-style-type: none"> <li>• Lipoma removal</li> <li>• Skin lesion removal</li> <li>• Punch biopsies</li> <li>• I&amp;D of wounds</li> <li>• Packing of wounds</li> <li>• Wound Vac care</li> <li>• G-tube change and removal</li> <li>• Minor debridement</li> <li>• Hemorrhoids</li> </ul>		Outpt Clinic		
<input type="checkbox"/>	<input type="checkbox"/>	REMOVAL FROM CORE PRIVILEGES: Should applicant's current practice limitations or current competence exclude performance of any privileges specified in the list of Core privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion. <b><u>If extensive list of exclusions, initial and cross out above.</u></b> _____ _____				
		<b>SELECTED PROCEDURES</b> These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.  <u>In those areas with multiple procedures, initial and cross out those you are NOT requesting</u>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria Based on Current demonstrated competence and provision of care . Insufficient activity may require proctoring and/or required CME
<input type="checkbox"/>	<input type="checkbox"/>	<b>Endoscopy/Gastroenterology:</b> Bronchoscopy Capsule endoscopy Colonoscopy with/without biopsy EGD – with biopsy, hemorrhage control, * ERCP – with sphincterotomy, stent placement, nasobiliary drain placement, stone extraction, lithotripsy, or biopsy*	_____	TFH	1 <sup>st</sup> case proctored and 4 add'l cases representative cases proctored	30 cases/2 years

Tahoe Forest Hospital District  
 Department of Surgery – General Surgery- 3/10/08; 3/09; 9/11; 3/12; 4/15; 1/9/17; 1/14/19  
 Medical Executive Committee – 3/19/08; 3/09; 9/11; 3/12; 4/15; 1/19/17; 1/22/19  
 Board of Directors Approval – 3/31/08; 3/09; 9/11; 3/12; 4/15; 1/26/17; 1/29/19  
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## TAHOE FOREST HOSPITAL DISTRICT

Department of Surgery

Name: \_\_\_\_\_

REQUESTED	APPROVED	GENERAL PRIVILEGES – GENERAL SURGERY	Estimate # of procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria Based on Current demonstrated competence and provision of care. Insufficient activity may require proctoring and/or additional CME
		Esophageal stent placement				
		<b>Endoscopy/Gastroenterology (continued):</b> Flexible sigmoidoscopy (with/without biopsy)/rigid sigmoidoscopy/anoscopy Foreign body removal, sclerotherapy and banding of upper GI varices Laryngoscopy Percutaneous endoscopic gastrostomy Percutaneous Liver biopsy Peritoneoscopy for diagnosis and treatment Colonpolypectomy Proctosigmoidoscopy  General surgery training/certification and documentation of experience and training supporting the privileges requested  * Denotes procedures that require a fluoroscopy permit				
<input type="checkbox"/>	<input type="checkbox"/>	<b>Dilation with bogie</b> Documentation of experience/training including 10 supervised dilations	_____	TFH	1 case proctored	2 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<b>Thoracic procedures for:</b> Drainage of empyema Pulmonary resection Thoracic aorta Thoracic esophagus Thoracoscopy/Thoracotomy Plication of pulmonary blebs Decortication  Completion of ACGME/AOA accredited training program in general surgery, AND Completion of approved fellowship—training program in general thoracic surgery, OR Documentation of training and experience for consideration (Medical Staff Office will obtain)	_____	TFH	1 <sup>st</sup> case proctored	20 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<b>Fluoroscopy:</b> Current State of California Department of Health Services fluoroscopy certificate is required for endoscopic and vascular privileges. [Must provide copy]	_____	TFH	None	Maintenance of current fluoro certificate and utilization of privileges requiring fluoro
<input type="checkbox"/>	<input type="checkbox"/>	<b>Intravenous Procedural Sedation</b> (see attached credentialing criteria)	N/A	TFH	Successful completion of competency test (initial appointment)	Maintain privileges requiring this procedure
<input type="checkbox"/>	<input type="checkbox"/>	<b>Lap Banding</b> _____ Included in residency/fellowship program (must be confirmed), OR, _____ Documentation of approved course including didactic and hands on surgery and evaluation of procedures performed (including laparoscopic experience)  And documentation of 15 procedures performed in past 12 months	_____	TFH	2 cases proctored	30 cases/2 years

Tahoe Forest Hospital District  
 Department of Surgery – General Surgery- 3/10/08; 3/09; 9/11; 3/12; 4/15; 1/9/17; 1/14/19  
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**TAHOE FOREST HOSPITAL DISTRICT**

Department of Surgery

Name: \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Vascular Surgery: (initial and cross out those that you are not requesting)</b></p> <p>Aneurysm repair – abdominal aorta, and peripheral vessels (emergent and elective)                      Cervical, thoracic, or lumbar sympathectomy                      Diagnostic biopsy or other diagnostic procedures on blood Vessels                      Embolectomy or thrombectomy for all vessels excluding coronary and intracranial vessels                      Endarterectomy for all vessels excluding coronary and intracranial vessels                      Extracranial carotid and vertebral artery surgery                      Hemodialysis access procedures                      Intraoperative angiography                      Intraoperative angioplasty, balloon dilatation (peripheral only)                      Other major open peripheral vascular arterial and venous reconstructions                      Reconstruction, resection, repair of major vessels with anastomosis or replacement (excluding cardiopulmonary, intracranial)                      Sclerotherapy                      Temporal artery biopsy                      Thoracic outlet decompression procedures, including rib Resection                      Vein ligation and stripping                      Venous reconstruction                      Venous RF Ablation, stripping, phlebectomy</p> <p>Completion of an ACGME/AOA accredited five year residency training program in General Surgery plus one year of dedicated vascular surgery training/fellowship; OR,</p> <p>Completion of an ACGME accredited program in vascular surgery and is ABMS board qualified or certified in vascular surgery; AND,</p> <p>Provision of letters from the Chief of Vascular Surgery and/or Chief of Surgery at the applicant's current hospital attesting to current competence in vascular surgery (Medical Staff Office will request the letters).</p> <p>May be requested to submit a representative sample of discharge summaries and/or operative notes for major vascular surgery reconstructions or management of vascular surgery problems over last two years</p>	_____	TFH	1 <sup>st</sup> case proctored plus 4 add'l representative cases proctored	20 cases/2 years Vascular CME
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**TAHOE FOREST HOSPITAL DISTRICT**

Department of Surgery

Name: \_\_\_\_\_

		<p><b>ADDITIONAL PRIVILEGES:</b> A request for any additional privileges not included on this form must be submitted to the Medical Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel &amp; equipment requirements.</p>				
		<p><b>EMERGENCY:</b> In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.</p>				

I certify that I meet the minimum threshold criteria to request the above privileges and have provided documentation to support my eligibility to request each group of procedures requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff.

\_\_\_\_\_ Date  
 \_\_\_\_\_ Applicant's Signature

**DEPARTMENT CHAIR REVIEW**

I certify that I have reviewed and evaluated this individual's request for clinical privileges, the verified credentials, quality data and/or other supporting information. Based on the information available and/or personal knowledge, I recommend the practitioner be granted:

- privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend (explain)

\_\_\_\_\_ Date  
 \_\_\_\_\_ Department Chair Signature

Modifications or Other Comments:

\_\_\_\_\_

**Medical Executive Committee:** \_\_\_\_\_ (date of Committee review/recommendation)

- privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend (explain)

**Board of Directors:** \_\_\_\_\_ (date of Board review/action)

- privileges as requested     with modifications (see attached description of modifications)     not approved (explain)



**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Surgery**  
**Delineated Clinical Privilege Request**

**SPECIALTY:**    **GENERAL SURGERY**

**NAME:** \_\_\_\_\_  
Please print

- Incline Village Community Hospital (IVCH)**  
 **Multi-Specialty Clinic (MSC)**

**Formatted:** Indent: Left: -0.25", Bulleted + Level: 1 +  
 Aligned at: 0" + Indent at: 0.25"

**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:

<b>Basic Education:</b>	MD, DO
<b>Minimum Formal Training:</b>	Successful completion of an ACGME or AOA-approved residency training program in General Surgery.
<b>Board Certification:</b>	Board certified or board eligible by the American Board of General Surgery required (or AOA equivalent Board); or attain Board Certification within five years of completion of residency or fellowship training program.
<b>Required Previous Experience:</b> (required for new applicants)	Applicant must be able to document that he/she has performed 100 procedures as primary surgeon in the past 12 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.
<b>Clinical Competency References:</b> (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 surgeon. Medical Staff Office will request information.
<b>Proctoring Requirements:</b>	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.
<b>Other:</b>	<ul style="list-style-type: none"> <li>• Current, unrestricted license to practice medicine in NV</li> <li>• Malpractice insurance in the amount of \$1m/\$3m</li> <li>• Current, unrestricted DEA certificate in NV (approved for all drug schedules)</li> <li>• Current, NV State Pharmacy Certificate</li> <li>• Ability to participate in federally funded program (Medicare or Medicaid).</li> </ul>

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 Surgery

Name: \_\_\_\_\_

**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. **At this time, privileges are available only at Tahoe Forest Hospital 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	<b>GENERAL PRIVILEGES - GENERAL SURGERY</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria Based on Current demonstrated competence and provision of care . Insufficient activity may require proctoring and/or additional CME
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Core privileges in General Surgery:</b> Admit , perform history and physical, consultations, work up, and provide pre-operative, operative and post-operative care to patients of all ages to correct or treat various conditions, illnesses, injuries, and disorders in areas of primary surgical responsibility. Core privileges also include the following:</p> <p><b>Anorectal procedures:</b>                      Hemorrhoidectomy                      Sphincterotomy/sphincteroplasty                      Drainage procedure for anorectal abscess                      Fistula repair                      Occult Blood Testing                      Repair of rectal prolapse                      Pilonidal cystectomy                      Sinus treatment</p> <p><b>Colo-Rectal Procedures:</b>                      Colonoscopy with/without biopsy                      Colonpolypectomy                      Proctosigmoidoscopy                      Fistula Repair                      Hernia procedures                      Appendectomy</p> <p><b>General abdomen procedures:</b>                      Paracentesis</p> <p><b>General vascular procedures:</b>                      Central venous access catheters and ports</p> <p><b>Genitourinary/OB-GYN procedures:</b>                      Hydrocelectomy                      Cystostomy                      Hysterectomy                      Salpingo-oophorectomy</p> <p><b>Head and neck procedures:</b>                      Gland surgery – submandibular and parotid</p> <p><b>Hernia procedures – Laparoscopic &amp; Open:</b>                      Inguinofemoral, umbilical                      Ventral                      Incisional</p> <p><b>Liver/Biliary Tract procedures:</b>                      Laparoscopic biopsy                      Cholecystectomy (with or without cholangiograms)</p> <p><b>Pediatric procedures:</b>                      General surgical procedures including appendectomy, hernia, and GI procedures</p>	_____	IVCH	1 <sup>st</sup> case proctored and 4 add'l representative cases proctored	100 cases/2 years Related CME
				OUTPAT ONLY		

Tahoe Forest Hospital District  
 Department of Surgery – General Surgery – 4/13/15  
 Medical Executive Committee: 4/15/15  
 Board of Directors Approval: 4/28/15

**TAHOE FOREST HOSPITAL DISTRICT**

Department of Surgery

Name: \_\_\_\_\_

REQUESTED	APPROVED		Estimate # of procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria Based on Current demonstrated competence and provision of care . Insufficient activity may require proctoring and/or additional CME
		<b>GENERAL PRIVILEGES - GENERAL SURGERY</b>				
		<b>Stomach (no obesity surgery):</b> Gastrostomy (open) Pyloromyotomy  <b>Miscellaneous procedures:</b> Biopsies Excision/repair/graft for skin/soft tissue tumors Incision and drainage of abscess Simple and complex suture repair and excision of benign skin lesions Skin lacerations/split thickness skin grafts				
<input type="checkbox"/>	<input type="checkbox"/>	REMOVAL FROM CORE PRIVILEGES: Should applicant's current practice limitations or current competence exclude performance of any privileges specified in the list of core privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion. <b>If extensive list of exclusions, initial and cross out above.</b> _____ _____				
		<b>SELECTED PROCEDURES</b> <b>These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.</b> <b><u>In those areas with multiple procedures, initial and cross out those you are NOT requesting</u></b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria Based on Current demonstrated competence and provision of care . Insufficient activity may require proctoring and/or required CME
<input type="checkbox"/>	<input type="checkbox"/>	<b>Endoscopy/Gastroenterology:</b> Colonoscopy with/without biopsy EGD – with biopsy, hemorrhage control, Flexible sigmoidoscopy (with/without biopsy)/rigid sigmoidoscopy/anoscopy Percutaneous endoscopic gastrostomy Colonpolypectomy Proctosigmoidoscopy  General surgery training/certification and documentation of experience and training supporting the privileges requested.	_____	IVCH	1 <sup>st</sup> case proctored and 4 add'l cases representative cases proctored	30 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<b>Dilation with bougie</b>  Documentation of experience/training including 10 supervised dilations	_____	IVCH	1 case proctored	2 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<b>Intravenous Procedural Sedation</b> (see attached credentialing criteria)	N/A	IVCH	Successful completion of competency test (initial appointment)	Maintain privileges requiring this procedure
<input type="checkbox"/>	<input type="checkbox"/>	<b>Laparoscopy (cholecystectomy, inguinal/femoral hernia, appendectomy, Liver Biopsy, nissen fundoplication )</b>  _____ Included in residency/fellowship program (will be confirmed) _____ Documentation of course including didactic and hands on surgery and evaluation of procedures performed	_____	IVCH	First case proctored	20 cases/2 years

Tahoe Forest Hospital District  
 Department of Surgery – General Surgery – 4/13/15  
 Medical Executive Committee: 4/15/15  
 Board of Directors Approval: 4/28/15

## TAHOE FOREST HOSPITAL DISTRICT

Department of Surgery

Name: \_\_\_\_\_

REQUESTED	APPROVED	<b>GENERAL PRIVILEGES - GENERAL SURGERY</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria Based on Current demonstrated competence and provision of care . Insufficient activity may require proctoring and/or additional CME
		<b>ADDITIONAL PRIVILEGES:</b> 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 committee to determine the need for development of specific criteria, personnel & equipment requirements.				
		<b>EMERGENCY:</b> In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.				

I certify that I meet the minimum threshold criteria to request the above privileges and have provided documentation to support my eligibility to request each group of procedures requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff.

\_\_\_\_\_ Date                                  \_\_\_\_\_ Applicant's Signature

**DEPARTMENT CHAIR REVIEW**

I certify that I have reviewed and evaluated this individual's request for clinical privileges, the verified credentials, quality data and/or other supporting information. Based on the information available and/or personal knowledge, I recommend the practitioner be granted:

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

\_\_\_\_\_ Date                                  \_\_\_\_\_ Department Chair Signature

Modifications or Other Comments:

\_\_\_\_\_

privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend (explain)

**Medical Executive Committee:** \_\_\_\_\_ (date of Committee review/recommendation)

privileges as requested     with modifications (see attached description of modifications)     not approved (explain)

**Board of Directors:** \_\_\_\_\_ (date of Board review/action)

# TAHOE FOREST HOSPITAL DISTRICT

## Department of Medicine Delineated Privilege Request

**SPECIALTY: NEUROLOGY**

**NAME:** \_\_\_\_\_

(Please print)

**Check one or both:**     **Tahoe Forest Hospital (TFH)**     **Incline Village Community Hospital (IVCH)**  
**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:

<b>Basic Education:</b>	MD, DO
<b>Minimum Formal Training:</b>	Successful completion of an ACGME or AOA-approved residency training program in neurology.
<b>Board Certification:</b>	Board qualification required. Current AAN Board Certification (or AAN equivalent board certification); 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>
<b>Required Previous Experience:</b> (required for new applicants)	Applicant must be able to document that he/she has managed neurology care for 100 inpatient or outpatient cases in the past 24 months. Recent residency or fellowship training experience may be applicable. If training has been completed within the last 5 years, documentation to include letter from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago, documentation will include letter from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested.
<b>Clinical References:</b> (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 should be a neurologist.)
<b>Proctoring Requirements:</b>	See specific proctoring requirements.
<b>Other:</b>	<ul style="list-style-type: none"> <li>• Current, unrestricted license to practice medicine in CA and/or NV</li> <li>• Malpractice insurance in the amount of \$1m/\$3m</li> <li>• Current, unrestricted DEA certificate in CA and NV if applicable (approved for all drug schedules) and/or unrestricted Nevada State Board of Pharmacy Certificate and DEA to practice in NV</li> <li>• Ability to participate in federally funded program (Medicare or Medicaid)</li> </ul>

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

# TAHOE FOREST HOSPITAL DISTRICT

## Delineated Privilege Request

DEPARTMENT OF MEDICINE - NEUROLOGY

NAME: \_\_\_\_\_

**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	<b>GENERAL PRIVILEGES - NEUROLOGY</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>BASIC PRIVILEGES IN NEUROLOGY</b> Basic privileges in neurology include the ability to admit, evaluate, diagnose, consult, perform H&amp;P's, and provide non-surgical treatment to patients presenting with illness or injuries of the neurologic system including:</p> <ul style="list-style-type: none"> <li>• Conducting a thorough general and neurological examination</li> <li>• Determining the indications for and limitations of clinical neurodiagnostic tests</li> <li>• Interpreting the clinical neurodiagnostic tests</li> <li>• Correlating the information derived from these neurodiagnostic tests with patient clinical history and examinations to formulate a differential diagnosis and management plan.</li> </ul>	_____	Inpatient Outpatient	10 cases proctored	20 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Core Privileges in Neurology</b></p> <ul style="list-style-type: none"> <li>• Intravenous Thrombolytic Therapy</li> <li>• Injection of Steroids</li> <li>• Neostigmine and Tensilon test</li> <li>• Lumbar puncture</li> </ul>		Inpatient	10 cases proctored	20 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<b>Telemedicine Neurology</b>		Off Site	Distant Site Credentialing	Distant Site Credentialing
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Telemedicine Neurology – Stroke Services</b> <u>Limited to the acute care of suspected stroke patients. Will not be placing orders, DEA or Nevada State Board of Pharmacy Certificate is not required.</u></p>		<u>TFH/IVC</u> <u>H</u>	Distant Site Credentialing	Distant Site Credentialing
<input type="checkbox"/>	<input type="checkbox"/>	<p>REMOVAL FROM GENERAL PRIVILEGES: Should applicant's current practice limitations or current competence exclude performance of any privileges specified in the list of core privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion.</p> <p>_____</p> <p>_____</p>				
REQUESTED	APPROVED	<b>SELECTED PROCEDURES</b> These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.  (Check privileges requesting below)	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Botulinum toxin injection <input type="checkbox"/> Electroencephalography (EEG), Interpretation of <input type="checkbox"/> Electromyographer (EMG) and Nerve Conduction Studies <input type="checkbox"/> Evoked Potentials, Interpretation	_____ _____ _____ _____	Inpatient Outpatient	10 cases proctored	4 cases/2 years

# TAHOE FOREST HOSPITAL DISTRICT

## Delineated Privilege Request

**DEPARTMENT OF MEDICINE - NEUROLOGY**

**NAME:** \_\_\_\_\_

		<input type="checkbox"/> Video-EEG monitoring <input type="checkbox"/> Ambulatory EEG interpretation <input type="checkbox"/> Somatosensory evoked responses <input type="checkbox"/> Auditory evoked responses <input type="checkbox"/> Visual evoked responses <input type="checkbox"/> Cisternal puncture <input type="checkbox"/> Subdural tap <input type="checkbox"/> Skin biopsy <input type="checkbox"/> Muscle biopsy <input type="checkbox"/> Nerve biopsy <input type="checkbox"/> Trigger-point injection <input type="checkbox"/> Nerve block/injection	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____			
<input type="checkbox"/>	<input type="checkbox"/>	<b>FLUOROSCOPY</b> Current Department of Health Services fluoroscopy certificate (required in CA only)	_____	TFH	none	Maintain current certificate (CA only)
<input type="checkbox"/>	<input type="checkbox"/>	<b>INTRAVENOUS PROCEDURAL SEDATION</b> (See attached criteria. Successful completion of conscious sedation written exam)	NA		Take and pass the test	Maintain privileges requiring this procedure
		<b>ADDITIONAL PRIVILEGES:</b> A request for any additional privileges not included on this form must be submitted to the Medical Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.				
		<b>EMERGENCY:</b> In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.				

I certify that I meet the minimum threshold criteria to request the above privileges and have provided documentation to support my eligibility to request each group of procedures requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT SIGNATURE

**DEPARTMENT CHAIR REVIEW**

I certify that I have reviewed and evaluated this individual's request for clinical privileges, the verified credentials, quality data and/or other supporting information. Based on the information available and/or personal knowledge, I recommend the practitioner be granted:

- privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend (explain)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEPARTMENT CHAIR SIGNATURE

Modifications or Other Comments:

**Medical Executive Committee:** \_\_\_\_\_ (date of Committee review/recommendation)

- privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend (explain)

**Board of Directors:** \_\_\_\_\_ (date of Board review/action)

- privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend (explain)

**TAHOE FOREST HOSPITAL DISTRICT**  
**Delineated Privilege Request**

**DEPARTMENT OF MEDICINE - NEUROLOGY**

**NAME:** \_\_\_\_\_

Modifications or Other Comments:

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Department Review Dates: 8/1/2013  
Medical Executive Committee: 8/21/2013  
Board of Directors: 9/24/2013



**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Surgery**  
**Delineated Clinical Privilege Request**

**SPECIALTY: OPHTHALMOLOGY**

**NAME:** \_\_\_\_\_  
Please print

**Check one:**

- Tahoe Forest Hospital (TFH)
- Incline Village Community Hospital (IVCH)
- TFHD Multi Specialty Clinic**

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**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:

<b>Core Education:</b>	MD, DO
<b>Minimum Formal Training:</b>	Successful completion of an ACGME or AOA-approved residency training program in Ophthalmology.
<b>Board Certification:</b>	Board qualification required. Current American Board of Ophthalmology 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.
<b>Required Previous Experience:</b> (required for new applicants)	Applicant must be able to document that he/she has managed 50 patients in the past two years. 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.
<b>Clinical Competency References:</b> (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 an ophthalmologist.) Medical Staff Office will request information
<b>Proctoring Requirements:</b>	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.
<b>Other:</b>	<ul style="list-style-type: none"> <li>Current, unrestricted license to practice medicine in CA and/or NV.</li> <li>Malpractice insurance in the amount of \$1m/\$3m.</li> <li>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 the state of (NV) if applicable.</li> <li>Ability to participate in federally funded program (Medicare or Medicaid).</li> </ul>

**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 Surgery

Name: \_\_\_\_\_

**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. **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)	<b>GENERAL PRIVILEGES – OPHTHALMOLOGY</b>	Estimate # of 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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>CORE PRIVILEGES for Clinic Setting</b> History and Physical examinations.</p> <p><u>Core privileges, work up, diagnose and the performance of surgical procedures on patients all ages presenting with illnesses, injuries, and disorders of the eye, including its related structures and visual pathways. These privileges include the provision of consultation as well as the ordering of diagnostic studies and procedures related to ophthalmology problems, including diagnostic imaging and interpretation. Core privileges also include the performance of procedures in the following areas:</u></p> <ul style="list-style-type: none"> <li>• <u>Repair of simple laceration</u></li> <li>• <u>Removal of foreign body, superficial foreign body removals (cornea and conjunctiva)</u></li> <li>• <u>Repair, reconstruction of eyelids</u></li> <li>• <u>Lid and Ocular adnexal surgery including plastic procedures, chalazion, eye lid lesion removal and biopsy</u></li> <li>• <u>Punctal Plug Insertion and Removal</u></li> <li>• <u>Punctal Dilatation and Nasolacrimal Irrigation</u></li> </ul>	_____	MSC Clinic	5 different cases observed and evaluated	Successfully performed 50 cases during the past 2 years
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>CORE PRIVILEGES</b> History and Physical examinations. Admitting privileges for patients related to ophthalmology</p> <p>Core privileges, including swing admissions in ophthalmology include the ability to admit, work up, diagnose and the performance of surgical procedures on patients all ages presenting with illnesses, injuries, and disorders of the eye, including its related structures and visual pathways. These privileges include the provision of consultation as well as the ordering of diagnostic studies and procedures related to ophthalmology problems. Core privileges also include the performance of procedures in the following areas:</p> <ul style="list-style-type: none"> <li>• Repair of simple laceration</li> <li>• Removal of foreign body</li> <li>• Enucleation-</li> <li>• Insertion of IOL and reposition</li> <li>• Repair, reconstruction of eyelids</li> <li>• Lid and Ocular adnexal surgery including plastic procedures, chalazion, ptosis, ectropion, entropion, repair of laceration, blepharoplasty, nasolacrimal duct probing, canalicular system repair, insertion of tubes</li> <li>• Conjunctiva surgery including grafts, flaps, tumors, pterygium, and pingueculum</li> <li>• Corneal/scleral laceration repairs</li> <li>• Glaucoma surgery</li> <li>• Intra and extra capsular cataract</li> </ul>	_____	TFH only	5 different cases observed and evaluated	Successfully performed 50 cases during the past 2 years

## TAHOE FOREST HOSPITAL DISTRICT

(R)	(A)	<b>GENERAL PRIVILEGES – OPHTHALMOLOGY</b>	Estimate # of 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
		extraction with or without lens implant or phacoemulsification (pre-case review of planned surgery if possible for non-phacoemulsification methods) <ul style="list-style-type: none"> <li>• Glaucoma reoperation</li> <li>• Injection of intravitreal medications</li> </ul>				
<input type="checkbox"/>	<input type="checkbox"/>	Consultation only	_____	IVCH		
<input type="checkbox"/>	<input type="checkbox"/>	REMOVAL FROM CORE PRIVILEGES: Should applicant's current practice limitations or current competence exclude performance of any privileges specified in the list of Core privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion. _____ _____ _____				

## TAHOE FOREST HOSPITAL DISTRICT

		<b>SELECTED PROCEDURES</b> 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	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	Intravenous Procedural Sedation (see attached credentialing criteria)	NA	TFH	Take and pass competency	Maintain privileges requiring this procedure
<input type="checkbox"/>	<input type="checkbox"/>	YAG Laser Procedures <u>YAG-SLT laser for glaucoma</u> _____ Included in residency, or Documentation of appropriate training in use and safety of laser equipment	_____	TFH	Instruction to be given prior to use on recommended initial laser settings for YAG capsulotomies and YAG peripheral iridotomies, how to turn laser on	1 case/2 years
<input type="checkbox"/>	<input type="checkbox"/>	Anterior and Posterior Seg Documentation of appropriate training in use and safety of laser equipment	_____	TFH	Instruction to be given prior to use on recommended initial laser settings for YAG capsulotomies and YAG peripheral iridotomies, how to turn laser on	
<input type="checkbox"/>	<input type="checkbox"/>	Direct Eyebrow Lift Documentation of appropriate training in residency or previous practice experience within the last 2 years.	_____	TFH	None	2 cases/5years
<input type="checkbox"/>	<input type="checkbox"/>	Canaloplasty Documentation of recent certification course completion of training by Science and/or current practice experience within the last 2 years.	_____	TFH	3 By qualified Ophthalmologist	25 cases/2 years
		<b>ADDITIONAL PRIVILEGES:</b> A request for any additional privileges not included on this form must be submitted to the Medical Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.				
		<b>EMERGENCY:</b> In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.				

I certify that I meet the minimum threshold criteria to request the above privileges and have provided documentation to support my eligibility to request each group of procedures requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

## TAHOE FOREST HOSPITAL DISTRICT

### DEPARTMENT CHAIR REVIEW

I certify that I have reviewed and evaluated this individual's request for clinical privileges, the verified credentials, quality data and/or other supporting information. Based on the information available and/or personal knowledge, I recommend the practitioner be granted:

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

\_\_\_\_\_

Date

\_\_\_\_\_

Department Chair Signature

Modifications or Other Comments:

\_\_\_\_\_

\_\_\_\_\_

**Medical Executive Committee:** \_\_\_\_\_ (date of Committee review/recommendation)

privileges as requested    privileges with modifications (see attached description of modifications)    do not recommend (explain)

**Board of Directors:** \_\_\_\_\_ (date of Board review/action)

privileges as requested    with modifications (see attached description of modifications)    not approved (explain)

Department Review Dates: 5/7/07; 9/09;11/09; 9/11; 04/09/2018

Medical Executive Committee: 5/16/07; 11/09; 9/11; 05/17/2018

Board of Directors: 5/29/07; 11/09; 9/11; 05/24/2018

# TAHOE FOREST HOSPITAL DISTRICT

## Department of Surgery Delineated Privilege Request

**SPECIALTY: OTOLARYNGOLOGY**

**NAME:** \_\_\_\_\_  
(Please print)

**Check one or more:**

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

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Tahoe Forest Hospital (TFH)</b><br><input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Change in Privileges</b> | <input type="checkbox"/> <b>Incline Village Community Hospital (IVCH)</b><br><input type="checkbox"/> <b>Renewal of Privileges</b> |
|---|--|

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

<b>Core Education:</b>	MD, DO
<b>Minimum Formal Training:</b>	Successful completion of an ACGME or AOA-approved residency training program in Otolaryngology.
<b>Board Certification:</b>	Board qualification required. Current ABO Board Certification (or AOA equivalent board certification); or attain Board Certification within five years of completion of residency or fellowship training program. Maintain board certification and to the extent required by the specialty board, satisfy recertification requirements.
<b>Required Previous Experience:</b> (required for new applicants)	Applicant must be able to document that he/she has performed 50 surgical cases in the past 24 months. Recent residency or fellowship training experience may be applicable. If training has been completed within the last 5 years, documentation to include letter from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago, documentation will include letter from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested.
<b>Clinical References:</b> (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 an otolaryngologist.
<b>Proctoring Requirements:</b>	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.
<b>Other:</b>	<ul style="list-style-type: none"> <li>• Current, unrestricted license to practice medicine in CA and/or NV, as appropriate.</li> <li>• Malpractice insurance in the amount of \$1m/\$3m</li> <li>• Current, unrestricted DEA certificate in CA (approved for drug schedules) and/or unrestricted Nevada State Board of Pharmacy Certificate and DEA to practice in NV.</li> <li>• Ability to participate in federally funded program (Medicare or Medicaid).</li> </ul>

**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 Surgery - SPECIALTY: OTOLARYNGOLOGY**

Name: \_\_\_\_\_

**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.

**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	<b>GENERAL PRIVILEGES - OTOLARYNGOLOGY</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>CORE PRIVILEGES:</b></p> <p>Core privileges include admission, performance of history and physicals, consultation, workup, diagnosis and provision of non surgical and surgical care to patients of all ages presenting with illnesses, injuries and disorders of the head and neck affecting the ears, facial skeleton and respiratory and upper alimentary system. These privileges include operative intervention and related pre operative care of congenital, inflammatory, endocrine, neoplastic, degenerative and traumatic states, including the following:</p> <ul style="list-style-type: none"> <li>• Aesthetic, plastic and reconstructive surgery of the face, head and neck</li> <li>• Endoscopy both diagnostic and therapeutic</li> <li>• Head and Neck reconstructive surgery relating to the restoration of form and function in congenital anomalies, neoplasms</li> <li>• Head and neck trauma</li> <li>• Lymphatic tissue of head and neck</li> <li>• Maxillofacial surgery including the orbits, jaw, and facial skeleton</li> <li>• Nasal and Paranasal Sinus</li> <li>• Parathyroid</li> <li>• Pituitary and Salivary glands</li> <li>• Skull base</li> <li>• Trachea, Esophagus</li> </ul>	_____	TFH only	First case proctored and 4 others of various procedures	50 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>CORE – OUTPATIENT SETTING</b></p> <p>Perform history and physicals, consultation, workup, diagnosis and provision of non surgical and surgical care to patients of all ages presenting with illnesses, injuries and disorders of the head and neck affecting the ears, facial skeleton and respiratory and upper alimentary system. These privileges include operative procedures and related preoperative evaluation the patient including:</p> <ul style="list-style-type: none"> <li>• Tonsillectomy &amp; adenoidectomy (T&amp;A)</li> <li>• Coblation of the nasal turbinates, tongue, and palate</li> <li>• Incision and daingage of abscess of the head and neck region</li> <li>• Incision and drainage of ear furuncle.</li> <li>• Electrocautery of nasal, tonsillar or other hemorrhage</li> <li>• Biopsy of lymph node or other tissue mass of head or neck region</li> <li>• Incision and drainage of peritonsillar, septal or other airway abscess</li> <li>• Myringotomy with and without tube placement</li> <li>• Removal of foreign body from ears, nose and</li> </ul>	_____	TFH or IVCH	First case proctored and 4 others of various procedures	50 cases/2 years

**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Surgery - SPECIALTY: OTOLARYNGOLOGY**

Name: \_\_\_\_\_

		throat <ul style="list-style-type: none"> <li>• Endoscopy of ears, nose and throat</li> <li>• Uvulectomy</li> <li>• Placement of septal button</li> <li>•</li> </ul>				
<input type="checkbox"/>		REMOVAL FROM CORE PRIVILEGES: Should applicant's current practice limitations or current competence exclude performance of any privileges specified in the list of core privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion. <hr/> <hr/> <hr/>				
		<b>SELECTED PROCEDURES</b> <b>These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	Intravenous Procedural Sedation (IVPS) (refer to outlined criteria under separate cover)	NA	TFH or IVCH	Successfully pass the test	Maintain privileges requiring this procedure
<input type="checkbox"/>	<input type="checkbox"/>	Use of CO2 laser _____ Trained in residency (will be confirmed), OR: Requires completion of an approved eight hour minimum CME course which includes training in laser principles and safety. A letter outlining the content and successful completion of course must be submitted, or documentation of successful completion of an approved residency in a specialty or subspecialty which included training in laser principles and a minimum of six hours observation and hands-on experience with lasers.)	_____	TFH only	1 case proctored	2 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	Sinus Endoscopy _____ Included in residency/fellowship program that included formal, supervised hands-on endoscopic training (will be confirmed, and Documentation of recent experience and name of reference who can be contacted to confirm Performed 10 procedures within past 24 months.	_____	TFH or IVCH	1 case proctored	10 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	Flexible Bronchoscopy _____ Included in residency (will be confirmed), and Documentation of recent experience and name of reference who can be contacted to confirm	_____	TFH only	3 cases proctored	3 cases/2 years
		<b>ADDITIONAL PRIVILEGES:</b> A request for any additional privileges not included on this form must be submitted to the Medical Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.				



**TAHOE FOREST HOSPITAL DISTRICT**  
**Department of Surgery - SPECIALTY: OTOLARYNGOLOGY**

Name: \_\_\_\_\_

		<p><b>EMERGENCY:</b> In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.</p>			
--	--	--	--	--	--

I certify that I meet the minimum threshold criteria to request the above privileges and have provided documentation to support my eligibility to request each group of procedures requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**DEPARTMENT CHAIR REVIEW:**

I certify that I have reviewed and evaluated this individual's request for clinical privileges, the verified credentials, quality data and/or other supporting information. Based on the information available and/or personal knowledge, I recommend the practitioner be granted:

- privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair Signature

Comments: \_\_\_\_\_

- privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend

**Medical Executive Committee:** \_\_\_\_\_ (date of Committee review/recommendation)

- privileges as requested     privileges with modifications (see attached description of modifications)     do not recommend

**Board of Directors:** \_\_\_\_\_ (date of Board review/action)

**Approvals:**

Surgery Department: 3/12/07; 7/10/17; 04/08/2018

Medical Executive Committee: 3/21/07; 7/20/17; 05/17/2018

Board of Directors: 3/27/07; 7/27/17; 5/24/2018



TAHOE  
FOREST  
HEALTH  
SYSTEM

Origination Date:	N/A
Last Approved:	N/A
Last Revised:	N/A
Next Review:	N/A
Department:	Tahoe Multi-Specialty Clinics - DTMSC
Applicabilities:	

## Standardized Procedure - Respiratory Illness Clinic, Screening COVID-19, DTMSC-2102

### RISK:

To provide expedited testing of the patient presenting to the Tahoe Forest Respiratory Illness Clinic (RIC) COVID hotline for COVID-19 screening.

### SPECIFIC REQUIREMENTS:

The intake of patients and the implementation of the standardized procedure for screening COVID-19 testing will only be performed by a qualified RIC evaluator. A qualified evaluator is the attending RIC provider or a registered nurse (RN) employed in the Tahoe Forest RIC who has completed the competencies defined in this standardized procedure.

### EXPERIENCE, TRAINING, AND CONTINUED EDUCATIONAL REQUIREMENTS:

- A. To implement this standardized procedure, the qualified evaluator must be a licensed RN with successful completion of the following required competencies:
  1. Tahoe Forest RIC orientation including submission of completed skills checklist and review of the COVID-19 screening algorithm
  2. The RIC RN will complete annual competency requirements and maintain all required licensing as directed by department manager and hospital policy.

### SETTING:

This standardized procedure applies to patient subgroups presenting to Tahoe Forest RIC COVID hotline for testing. Current copy of approved subgroups will be kept on site at the RIC.

### STANDARDIZED PROCEDURE REQUIREMENTS:

- A. The RN may initiate the standardized procedure for screening COVID-19 testing for subgroups of patients based on the absence of any new COVID symptoms in the prior 10 days.
  1. Centers for Disease Control and Prevention (CDC) symptoms of coronavirus: <https://www.cdc.gov/>

## **NURSING INTERVENTION AND PROCEDURE:**

- A. If the RN initiates this standardized procedure:
  - 1. RN will determine if patient meets current subgroup criteria.
  - 2. RN will determine that patient is asymptomatic.
  - 3. RN will order and assist with scheduling a COVID-19 test
  - 4. RN or provider will collect nasopharyngeal COVID specimen.
  - 5. Test results will be reviewed by provider.
  - 6. Provider or RN will call patient regarding positive results only.
  - 7. Results and documentation of test results are available to the patient via MyChart.

## **SUPERVISION AND SPECIAL INSTRUCTIONS:**

- A. The RIC lab medical director and RIC provider on duty will assume responsibility for orders under this standardized procedure.
- B. If at any time the RN needs clarification of this standardized procedure or orders not covered in this standardized procedure, they will confer with the provider on duty for guidance.

## **DOCUMENTATION OF RN QUALIFICATIONS:**

- A. A list of all RIC RNs who may initiate this standardized procedure will be maintained by the RIC office.
- B. The list will be updated annually and as changes occur.

## **RECORD KEEPING:**

- A. The RN caring for the patient will complete all documentation in the electronic medical record.

## **DEVELOPMENT AND APPROVAL:**

- A. This standardized procedure was developed through collaboration between Nursing, Laboratory Leadership, Nursing Leadership, and Medical Staff.
- B. This standardized procedure will be reviewed annually by MSC leadership.

All revision dates:

### **Attachments**

No Attachments

## Peer Review Departmental Indicators 2021

An indicator is a mechanism to assess the state or condition of another object. It is impossible to list all possible mechanisms to assess the care we provide our patients in the general context of healthcare, however, there are certain commonalities among care experiences that should routinely be assessed. With that understanding, this list of indicators is considered non-exhaustive for the purposes of defining what and why something may be peer reviewed. Additionally, as indicators pertain to healthcare, it is important to understand that an indicator can be met and upon review noted that the standard of care was ultimately followed and no further action is necessary.

The above naturally implies that some leeway and discretion is involved in determining what can and should be peer reviewed. As such, the Department Chair, Quality Medical Director, or the Director of Quality and Regulations reserve the ultimate non-punitive right to put a case through the Peer Review process even if an indicator is not listed below.

### EVERY DEPARTMENT

1. Death or worsening condition as a direct result of care provided
2. Unplanned patient readmission within 30 days
3. Code Blue/White
4. Complaints regarding medical care and treatment
5. Unexpected transfer to a higher level of care
6. Use of any rescue or reversal drug
7. Track and trend Surgical Site Infection (SSI)

### ANESTHESIA

1. Post-Operative Nausea & Vomiting (MIPS 430)
  - a. Definition: use of two or more classes of medications and/or interventions including serotonin receptor antagonists, dopamine-2 receptor antagonists, corticosteroids, anticholinergics, and TIVA in patients with 3 risk factors for PONV (history of PONV/motion sickness, female, non-smoker, use of post-operative opioids)
  - b. Exception(s): patients < 3 years old, documented allergy to class (es) of medications
2. Re-intubation in PACU (AQI31)
  - a. Definition: intubation in PACU after general anesthesia or monitored anesthesia care
  - b. Exception(s): n/a
3. Unintended Dural Puncture
  - a. Definition: unintentional puncture of the dural sac during an anesthetic procedure
  - b. Exception (s): n/a
4. Unplanned Admissions
  - a. Definition:

- i. Unplanned overnight admission of outpatient surgery patient related to anesthesia
  - ii. Unplanned admission to ICU related to anesthesia up through end of PACU care (MD51)
  - b. Exception(s): n/a
5. Adverse Outcomes Related to Anesthesia
- a. Definition: critical events occurring within 48 hours of induction of anesthesia deemed related to anesthetic
    - i. Death
    - ii. Acute Myocardial Infarction
    - iii. Cardiac Arrest
    - iv. Renal Failure
    - v. Cerebrovascular Accident
    - vi. Pulmonary Edema

#### **DIAGNOSTIC IMAGING**

- 1. Discrepancies > level 3 or 4
- 2. Any unusual or unexpected patient injury/complication during/following invasive procedure

#### **EMERGENCY MEDICINE**

- 1. Unexpected patient readmission within 72 hours to emergency department
- 2. Final radiology report differs from ED diagnosis, and/or X-ray interpretation by ED Physician

#### **MEDICINE**

- 1. Unexpected inpatient-to-inpatient transfer to another facility
- 2. Unexpected transfer to a higher level of care (e.g., Med Surg to ICU) within 12 hours

#### **GASTROENTEROLOGY**

- 1. Withdrawal time > 6 minutes
- 2. Retroflex and cecum documentation and photograph

#### **OBSTETRICS**

- 1. Postpartum hemorrhage > 1000 cc EBL
- 2. Maternal complication
- 3. Live born infant with gestational age of < 35 weeks
- 4. Live born infant with an Apgar score of < 7 at 5 minutes or cord pH < 7.0
- 5. Newborn with discharge diagnosis of clinically significant birth trauma, excluding clavicle fractures and cephalohematomas
- 6. Hematocrit < 25 after birth
- 7. Umbilical cord blood gases with pH < 7.0 and a base excess < -12 mmol/L

## **PEDIATRICS**

1. Newborn on Oxygen for > 24-hours
2. Newborn in the nursery > 24 hours
3. Unexpected readmission of infant for hyperbilirubinemia

## **SURGERY**

1. Transfer to another facility due to at least one perioperative complication
2. Unplanned return to the operating room during an admission
3. Unusual or unexpected patient injury/complication during/following surgery or invasive procedure
4. Embolus causing change of treatment
5. Wrong-site surgery
6. Unplanned readmission related to prior surgery

## **CANCER CENTER**

1. Unusual or unexpected patient injury or complication during or following cancer or radiation treatment
2. Unexpected change in treatment plan

## **PATHOLOGY**

1. Report the # of cases and break that down to include both the % that did not survive processing and the % where no tissue at all was received
2. Cases in which there are marked disparity between the preoperative and postoperative diagnoses

## **RELATIVE INDICATORS FOR AUTOPSY**

Member of the Medical Staff are encouraged to request authorization for autopsy from Family members under the following circumstances (Excluding request from Coroner):

1. In the event of an enigmatic presentation or difficult case perplexing from the standpoint of clinical management and diagnosis.
2. In the event of case felt to be of extraordinary educational value.
3. In the event that the physician is made aware the patient has been included in an experimental protocol from another facility that has an expressed interest in the outcome.
4. Unexpected death
5. Intra or post-operative death
6. At the request of a family member

## **BLOOD USAGE**

1. 100% review of all blood products transfusion and wastage to include:
  - a. Appropriateness of Transfusions
  - b. Reactions
  - c. Adequacy of Service

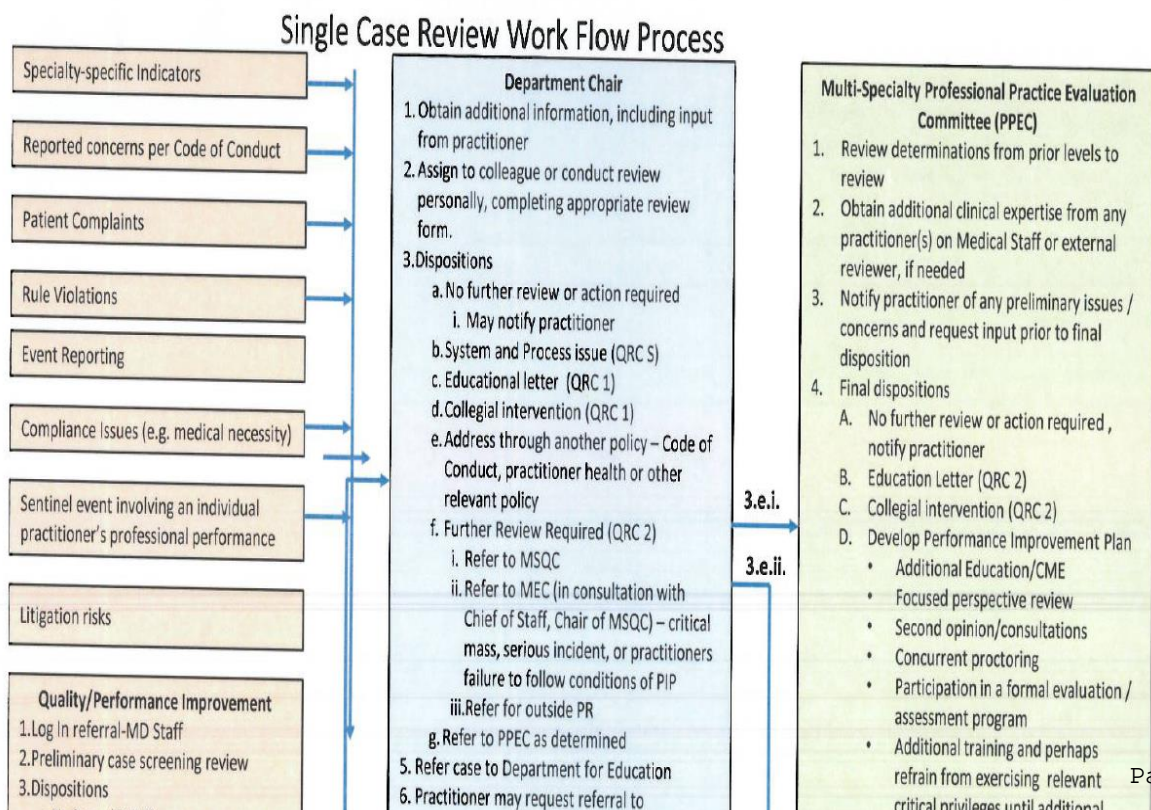
d. Ordering Practices

**OUTPATIENT CLINIC:**

1. Documented complication during clinic procedure
2. Cardiac or Respiratory arrest in clinic
3. Delay in diagnosis (to be determined by providers or staff)
4. Unexpected return to clinic (timeframe will be determined by provider)
5. Post-procedure infection
6. Request or concern from Medical Staff or clinical staff
7. Request from antimicrobial stewardship team
8. Referral from another medical staff committee
9. Referred from random clinical review of medical records (chart review)
10. Unexpected death of clinic patient within 30 days (from last clinic visit)

**ADDENDUM B**

**SINGLE CASE REVIEW WORKFLOW PROCESS**





TAHOE  
FOREST  
HEALTH  
SYSTEM

Origination Date: 12/2013  
Last Approved: 04/2020  
Last Revised: 04/2020  
Next Review: 04/2023  
Department: Medical Staff - MSGEN  
Applicabilities: System

## Peer Review/Professional Practice Evaluation, MSGEN-1401

### PURPOSE:

- A. To define the Medical Staff peer review process utilizing High Reliability and Just Culture tenets (AGOV-1; and AGOV-1505) including ongoing professional practice evaluation (OPPE) and focused professional practice evaluation (FPPE) in order to continuously improve the quality, safety, and effectiveness of care rendered by members of the Medical Staff and Allied Health Professionals as defined in the Allied Health Professional Manual at Tahoe Forest Health System, to whom clinical privileges/scopes of practice are granted.
- B. This policy defines procedures for data collection, event review, and clinical case reviews, as well as the mechanisms by which the process will assure that timely, just and fair assessments of practitioner competence are accomplished. When applicable, systems and process issues germane to the quality and safety of patient care will be integrated into the hospital's Quality Assurance Process Improvement Plan (QA PI Plan).

### POLICY:

- A. All activities and records conducted as part of this policy are confidential and protected from discovery pursuant to the Healthcare Quality Improvement Act and California Evidence Code 1157. As such, all individuals participating in peer review are to abide by the confidentiality provisions of the Medical Staff Bylaws and any other agreements required to participate in the Medical Staff peer review process.
- B. The Medical Staff departments are responsible for performance of peer review activities under the leadership of the Department Chairpersons, Medical Director of Quality, Leadership Council (LC), Professional Practice Evaluation Committee (PPEC), with support and direction provided by the Medical Executive Committee. Peer review activities are comprised of individual case review and aggregate rate based review utilizing all available data sources to identify and assess practitioner performance. (See *Addendum A for Data Sources*)
- C. The peer review process documentation shall be initiated and maintained by the Medical Staff as outlined in Addendum B algorithm for case identification and peer review process.

### CLINICAL COMPETENCIES SUBJECT TO REVIEW

Types of reviews:



- A. **Single case or event** – Single case reviews are identified by the screening and case identification elements, using the annually approved peer review indicators (Addendum A), and process defined in Addendum B.
- B. **Focused Professional Practice Evaluation (FPPE)** – Described in Medical Staff Bylaws.
- C. **Deviation of Care/Practice:** A deviation represents a practitioner who strays from professional standards (clinical and behavioral) and/or patient safety standards. Rules are documented in the Medical Staff Bylaws and Rules and Regulations, and Medical Staff and Hospital Policy and Procedure. A deviation shall be addressed through the High Reliability and Just Culture model with the outcomes including but not limited to consoling, coaching, or punitive action. This may also involve the FPPE and OPPE process, and the Medical Staff bylaws.

## DEFINITIONS:

"**Designee**" refers to an appropriate, elected or appointed medical staff leader, who may act on behalf of the individual described in this policy and procedure.

"**Disruptive Behavior**" is defined as conduct that has interfered (or has the potential to interfere) with the delivery of safe, timely, effective, efficient, equitable, patient centered, and quality care. A more detailed definition, with examples, is addressed in the Medical Staff *Medical Staff Professionalism Complaint Policy* (MSGEN-1)

"**General Clinical Competencies**" in this policy are defined by concepts developed by the American Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS). These competencies include:

<b>Clinical</b>	Patient Care & Procedural Skills Medical/Clinical Knowledge Practice Based Learning & Improvement
<b>Behavioral</b>	Interpersonal and Communication Skills Professionalism Systems Based Practice

*Patient Care* = Departmental indicators, procedural complications, infections, appropriate decision making, diagnosis, treatment

*Medical / Clinical Knowledge* = CME, training/experience, certifications

*Practice Based Learning* = EXAMPLES:

- *Interpersonal/Communication Skills* = complaints, positive feedback, documentation, patient hand offs, appropriate behavior between colleagues, staff, patients, families
- *Professionalism* = satisfaction survey results, meeting attendance, response time to ED / consults, Code of Conduct (ACMP-01), case presentations, teaching
- *Systems based practice* = medical record delinquencies, suspension, policies and procedures, informed consent, utilization review

"**High Reliability**" refers to being proactive, not reactive; focus on building a strong system; understanding vulnerabilities; recognize bias; efficient resource management; less rule based and more risk based assessment.

"**Just Culture**" refers to a values-supportive model of shared accountability. It's a culture that holds

organizations accountable for the systems they design and for how they respond to staff behaviors fairly and justly.

**"Medical Staff Quality Committee (MSQC)"** provides oversight of the peer review process, including approving the policy and reviewing the peer review statistics in aggregate, and identifying areas for improvement. Acts as the Professional Practice Evaluation Committee (PPEC).

**"Leadership Council (LC)"** is an ad hoc committee that will meet on an as-needed basis, for the duration necessary, to address a given practitioner's concerns or behavior.

**"Peer Review"** refers to the good faith activities utilized by the organized Medical Staff to conduct patient care review for the purpose of analyzing and evaluating the quality and appropriateness of care provided to patients. The term is used to reflect the activities described in this policy and includes both OPPE and FPPE.

**"Physician Out of Committee Review"** refers to the portion of single case clinical review where the Department Chair or designee peer reviews the case and completes the review worksheet, indicating the review result and final action. Reviewers are encouraged to speak with the provider involved with the case, and cite specific literature or evidence based practice references, which were considered in evaluating the case under review.

**"Peer"** refers to a practitioner who has the clinical experience and training necessary to provide an assessment of the specific issues related to the clinical review of care or the investigation of conduct related to an event.

**"Practitioner"** refers to an individual credentialed by the Medical Staff and includes all Medical Staff Members, including those with temporary privileges, and all Allied Health Practitioners.

**"Preliminary Reviewer"** refers to a staff level individual such as a Registered Nurse, Pharmacist, Infection Preventionist, and so forth, who provide the initial case review and recommendation for peer review.

**"Professional Practice Evaluation Committee"** (PPEC) refers to a multidisciplinary ad hoc committee convened at the request of the Department Chair, Medical Director of Quality, or the Quality & Regulation Director.

**"Peer Review Worksheet"** Each single case review has a peer review worksheet that documents the review content and progress. The physician peer completing out of committee review will complete the review sheet and indicate a review result and final action.

**"Single case Review"** Cases or events requiring review are identified by the screening and case identification elements listed in *Addendum A* and follow the process defined in *Addendum B*. During a specialty specific clinical review, whenever possible, the reviewers are individuals from the same professional discipline, or a related specialty, who possess sufficient training and experience to render a technically sound judgment on the clinical circumstances under review.

**"External Peer Review"** is a review of individual cases in which concerns have been raised regarding the quality or appropriateness of care. This may occur for any specialty, however, may be necessary for single specialists in order to obtain peer input.

## **PROCEDURE:**

### **A. CONCLUSIONS OF REVIEW**

#### **1. Aggregate Reports**

- a. Rate based reviews are used for generating aggregate reports.
  - b. Trended clinical OPPE Summary Reports will be reviewed by each Department Chair and referred to Medical Staff Quality Committee (MSQC) for review every six (6) months.
2. **Single Case Review** (*Addenda A & B*)
- a. Review includes:
    - i. Preliminary Quality staff screening with Physician and Department Chair notification of the peer review
    - ii. Physician Department Chair, Vice Chair, or designee - Physician reviewer provides an out of committee review and completes the peer review worksheet
    - iii. Case can be referred to the PPEC, to provide conclusions and recommendations - Committee discusses the case with the physician involved and determines any additional follow up needed.
    - iv. All clinical case review, aggregate results and final action, are reported to the MSQC and the Medical Staff Departments biannually, and to the Board of Directors annually.

**B. PRACTITIONER PARTICIPATION**

- 1. All members of the organized Medical Staff are expected to participate in the peer review process in good faith.
- 2. All peer review activities are confidential with discussion to occur in Medical Staff Department and Committees, except as reasonably necessary to perform an official peer review function confidentially outside of a committee meeting.
- 3. **Clinical Case Review/Event Review**
  - a. The Department Chair or MSQC (PPEC) may question all parties involved, including the physician, to understand all aspects of care (including but not limited to equipment, staffing, and supplies concerns, competing values, call burden, human factors, patient interaction, communication, etc.). Department Chairs, MSQC (PPEC), or designee, may request written response from a practitioner to clarify questions or concerns identified during the review process, or they may require a practitioner to attend a meeting in person.
  - b. When either request is made, the practitioner's participation is mandatory as described in Article 6.8-6 of the Medical Staff Bylaws.
  - c. When a clinical case results in "educate provider," the Department Chair or designee will contact the involved practitioner to share the review findings. The practitioner may provide a written response to the clinical review or attend the Department, or MSQC (PPEC) meeting, to discuss the case.
- 4. **Behavioral Event Review** – Full details of behavioral event review are described in the Medical Staff Policy titled MSGEN-1 Medical Staff Professionalism Complaint Process, and AGOV-1505 Professional Expectations policy.
- 5. Physicians may review their OPPE information file at any time for review of completed single case review and/or to review OPPE reports. Physicians will receive a copy of their personal OPPE report on a rolling six month basis, after the report has been reviewed by the Department Chair. File access is coordinated through the Medical Staff Office.

**C. CLINICAL REVIEW EFFICIENCY (TIMELINESS)**

1. Routine review is for those clinical situations where the immediate action of the Medical Staff leadership is not required. Single case review shall be conducted in a timely manner. Single cases requiring practitioner review will be assigned for review as near the time of identification as possible. Whenever reasonably possible, a review will be completed by the Department Chair, or the MSQC (PPEC), within three months of initiation.
2. Significant adverse events identified through the Medical Staff peer review process may be subject to accelerated review, when immediate review is required in light of the level of risk involved.
  - a. Upon determination by the Director Medical Staff Services, Director of Quality and Regulations, Department Chair, Chief of Staff, CEO, COO, and/or Medical Director of Quality, that a significant adverse event has occurred involving a practitioner(s), an assessment of the situation shall be undertaken. The Chief of Staff and/or Medical Director of Quality with an Administrative representative shall conduct an assessment of the event.
  - b. Findings from the accelerated review will be summarized and reported to the Department Chair, Medical Director of Quality, and other Medical Staff leadership as appropriate.

D. **External Peer Review:** Circumstances that may warrant external peer review and the procedures for obtaining it are described in the Medical Staff Bylaws.

E. **ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE)**

1. OPPE is a review of an individual's performance compared to peers' performances and national benchmarks, as available and appropriate, over time using six-month intervals, with trends evaluated for adequacy of clinical competence and professional conduct (see *Addendum A Data Sources*).
2. OPPE data is evaluated every six (6) months to identify trends or patterns of professional practice or conduct that may have an adverse impact on the quality of care and patient safety.
3. When an OPPE threshold or trigger is exceeded, or significant deviations from expected performance have been identified, these findings and/or results will be communicated to the appropriate Department Chair. As appropriate, the Medical Director of Quality and MSQC (PPEC) will be notified. Using High Reliability and Just Culture tenets, should the Department Chair, Medical Director of Quality, or MSQC (PPEC) conclude that a FPPE is warranted, a FPPE will be initiated.
4. A summary aggregate report of OPPE trend reports shall be submitted to the MSQC, every six (6) months.
5. Semi-annually, an individual physician's OPPE Report will be sent to each practitioner after review by the Department Chair.

F. **FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)**

This process is described in the Medical Staff Bylaws.

G. **INTENT**

This policy is intended to assist the Medical Staff in establishing and enforcing appropriate standards of professional competence and conduct, and is to be construed in a manner consistent with High Reliability and Just Culture tenets. It is not intended to constrain or conflict with the good faith efforts by the Medical Staff to perform the functions described in its Bylaws, or to create procedural rights or remedies beyond those existing under applicable law. Documentary or testimonial evidence, that is otherwise reasonable to consider in the conduct of Medical Staff affairs, shall not be deemed inappropriate for such use solely because of a technical deviation from the procedures described in this policy.

## Related Policies/Forms:

[Clinical Privileges for New Procedures or Treatment at Tahoe Forest Hospital District MSCP-5;](#)

[Professionalism Complaint Policy MSGEN-1;](#)

[Sentinel/Adverse Event/Error or Unanticipated Outcome, AQPI-1906;](#)

[Professional Expectations, AGOV-1505](#)

[Medical Staff Bylaws](#)

## Reviewed by:

Medical Staff Quality Committee

Medical Executive Committee

Board of Directors

Approved by: CEO

## ADDENDUM A: Data Sources

### FPPE (Focused Professional Practice Evaluation)

The data sources/methods for focused review are described in the Medical Staff Bylaws and one form of FPPE is sometimes called proctoring, which is required at the beginning of a practitioner's practice at the Hospital. This is to document clinical competency to perform the privileges granted. Completion of proctoring is during the initial provisional period, and will be completed as soon as possible after privileges are approved by the Board of Directors (BOD).

The second form of FPPE is activated as individual case review may be prompted by any of the following identified data elements:

1. Assessment of operative and other clinical procedures
2. The use of medications, blood, and blood products
3. Documentation review for accuracy, completeness, timeliness and/or legibility. Compliance with the Medical Staff Bylaws, Rules and Regulations, and relevant hospital and/or medical staff policy and procedure
4. Morbidity and mortality review/Evidence-based process review/periodic case review
5. Unexpected occurrences, unusual event reports, sentinel events, adverse events and "near misses," including those identified by Discussions with individuals involved in the care of a patient(s) including physicians, assistants at surgery, nursing staff administrative staff, patients, and others involved in patient care processes (Event Reporting, RCA)
6. Core Measures compliance, nosocomial infections, and hospital acquired conditions
7. Length of stay, utilization review identification of avoidable days, insurance denial for lack of documented medical necessity
8. Autopsy information (Coroner Reports)
9. Patient and family complaints (Patient satisfaction responses, grievances, complaints)
10. Coding data including complication, present on admission, procedural sequence codes,
11. Case screening by Coding Staff utilizing pre-established "**Generic Screens**"
  - a. Generic Screens are reviewed and approved annually by the medical staff.

b. See Addendum B for complete list of Generic Screens

12. Physician referrals to Medical Staff leadership or hospital administrative or management staff
13. Cases referred from PI activities.
14. Third party payer, regulatory or accreditation agency notices specific to an individual case

A third type of FPPE is when a significant trend is noted and a focused review of the range of a practitioner's practice or practice of a specific specialty is requested.

## **OPPE (Ongoing Professional Practice Evaluation)**

The methods for ongoing review may include, but are not limited to, assessment(s) of the following:

1. Types and volume of clinical activity
2. Conclusions of individual case review including: morbidity and mortality review
3. Conclusions of case reviews for medications, blood/blood products utilization
4. Conclusions of reviews for accuracy, completeness, timeliness and legibility of medical records
5. Summary data related to compliance with the Medical Staff Bylaws, Rules and Regulations, and relevant hospital and/or medical staff policy and procedure
6. Summary data for evidence-based process review Summary data for unexpected occurrences, sentinel events, adverse events and "near misses"
7. Summary data for Core Measures compliance, and hospital acquired conditions (Clinical databases, Patient Safety Indicator Reports – AHRQ Patient Safety Indicators and inpatient Quality Indicators)
8. Length of stay/UR patterns
9. Proctoring, including direct observation and retrospective evaluation reports
10. Summary data for patient and family complaints
11. Conclusions from analysis of coding data including complication, present on admission, and procedural sequence codes

## **INDICATORS FOR TFHD FY 2020**

### **DEPARTMENTAL INDICATORS**

An indicator is a mechanism to assess the state or condition of another object. It is impossible to list all possible mechanisms to assess the care we provide our patients in the general context of healthcare, but there are certain commonalities among care experiences that should routinely be assessed. With that understanding, this list of indicators is considered non-exhaustive for the purposes of defining what and why something may be peer reviewed. Additionally, as indicators pertain to healthcare, it is important to understand that an indicator can be met but that the standard of care was ultimately followed, meaning the physician will not be found at fault.

The above naturally implies that some leeway and discretion is involved in determining what can and should be peer reviewed. As such, the Department Chair, Quality Medical Director, or the Director of Quality and Regulations reserve the ultimate non-punitive right to put a case through the Peer Review process even if an indicator is not listed below.

#### **EVERY DEPARTMENT**

- A. Death or worsening condition as a direct result of care provided
- B. Unplanned patient readmission within 30 days
- C. Code Blue/White
- D. Complaints regarding medical care and treatment
- E. Unexpected transfer to a higher level of care
- F. Use of any rescue or reversal drug
- G. Track and trend Surgical Site Infection (SSI)

## **ANESTHESIA**

### **1. Multimodal Pain Management (AQI59)**

- a. Definition: use of two or more classes of medications and/or interventions NOT including systemic opioids including NSAIDs, ketamine, acetaminophen, gabapentinoids, regional blocks, and local anesthetics
- b. Exception(s): documented allergy to class(es) of medications, urgent/emergent procedures

### **2. Post-Operative Pain (MIPS 131)**

- a. Definition: adequate post-operative pain control, including an initial PACU pain score < 7/10
- b. Exception(s): patients < 18 years old, patients unable to report pain score

### **3. Post-Operative Nausea & Vomiting (MIPS 430)**

- a. Definition: use of two or more classes of medications and/or interventions including serotonin receptor antagonists, dopamine-2 receptor antagonists, corticosteroids, anticholinergics, and TIVA in patients with 3 risk factors for PONV (history of PONV/motion sickness, female, non-smoker, use of post-operative opioids)
- b. Exception(s): patients < 3 years old, documented allergy to class(es) of medications

### **4. Re-intubation in PACU (AQI31)**

- a. Definition: intubation in PACU after general anesthesia or monitored anesthesia care
- b. Exception(s): n/a

### **5. Unintended Dural Puncture**

- a. Definition: unintentional puncture of the dural sac during an anesthetic procedure
- b. Exception (s): n/a

### **6. Unplanned Admissions**

- a. Definition:
  - i. Unplanned overnight admission of outpatient surgery patient related to anesthesia
  - ii. Unplanned admission to ICU related to anesthesia up through end of PACU care (MD51)
- b. Exception(s): n/a

## 7. Adverse Outcomes Related to Anesthesia

a. Definition: critical events occurring within 48 hours of induction of anesthesia deemed related to anesthetic

- i. Death
- ii. Acute Myocardial Infarction
- iii. Cardiac Arrest
- iv. Renal Failure
- v. Cerebrovascular Accident
- vi. Non-cardiogenic Pulmonary Edema

## 8. Patient-Reported Experience with Anesthesia (AQI48)

a. Definition: percentage of patients > 18 years old surveyed who reported a positive experience

i. Requires a minimum of 20 surveys

ii. Must be sent within 30 days of discharge from hospital

iii. Recommended question: On a scale of 1 to 5 (where 1 indicates a very negative experience and 5 indicates an excellent experience), how would you rate your anesthesia experience? \*\*\*I attached a ASA white paper with additional question suggestions if anyone wants to look through those and change the question.

b. Exception(s): patients who died within 30 days of procedure

## DIAGNOSTIC IMAGING

A. Discrepancies > level 3 or 4

B. Any unusual or unexpected patient injury/complication during/following invasive procedure

## EMERGENCY MEDICINE

A. Unexpected patient readmission within 72 hours to emergency department

B. Final radiology report differs from ED diagnosis, and/or X-ray interpretation by ED Physician

## MEDICINE

A. Unexpected inpatient-to-inpatient transfer to another facility

B. Unexpected transfer to a higher level of care (e.g., Med Surg to ICU) within 12 hours

## OBSTETRICS

A. Postpartum hemorrhage > 1000 cc EBL

B. Maternal complication

C. Live born infant with gestational age of < 35 weeks

D. Live born infant with an Apgar score of < 7 at 5 minutes or cord pH < 7.0

E. Newborn with discharge diagnosis of clinically significant birth trauma, excluding clavicle fractures and



cephalohematomas

- F. Hematocrit < 25 after birth

#### **PEDIATRICS**

- A. Newborn on Oxygen for > 24-hours
- B. Newborn in the nursery > 24 hours
- C. Unexpected readmission of infant for hyperbilirubinemia

#### **SURGERY**

- A. Transfer to another facility due to at least one perioperative complication
- B. Unplanned return to the operating room during an admission
- C. Unusual or unexpected patient injury/complication during/following surgery or invasive procedure
- D. Embolus causing change of treatment
- E. Wrong-site surgery
- F. Unplanned readmission related to prior surgery

#### **CANCER CENTER**

- A. Unusual or unexpected patient injury or complication during or following cancer or radiation treatment
- B. Unexpected change in treatment plan

#### **PATHOLOGY**

- A. Report the # of cases and break that down to include both the % that did not survive processing and the % where no tissue at all was received
- B. Cases in which there are marked disparity between the preoperative and postoperative diagnoses

#### **RELATIVE INDICATORS FOR AUTOPSY**

Member of the Medical Staff are encouraged to request authorization for autopsy from

Family members under the following circumstances (Excluding request from Coroner):

- A. In the event of an enigmatic presentation or difficult case perplexing from the standpoint of clinical management and diagnosis.
- B. In the event of case felt to be of extraordinary educational value.
- C. In the event that the physician is made aware the patient has been included in an experimental protocol from another facility that has an expressed interest in the outcome.
- D. Unexpected death
- E. Intra or post-operative death
- F. At the request of a family member

#### **BLOOD USAGE**

- A. 100% review of all blood products transfusion and wastage to include:
  - 1. Appropriateness of Transfusions
  - 2. Reactions
  - 3. Adequacy of Service
  - 4. Ordering Practices

**OUTPATIENT CLINIC:**

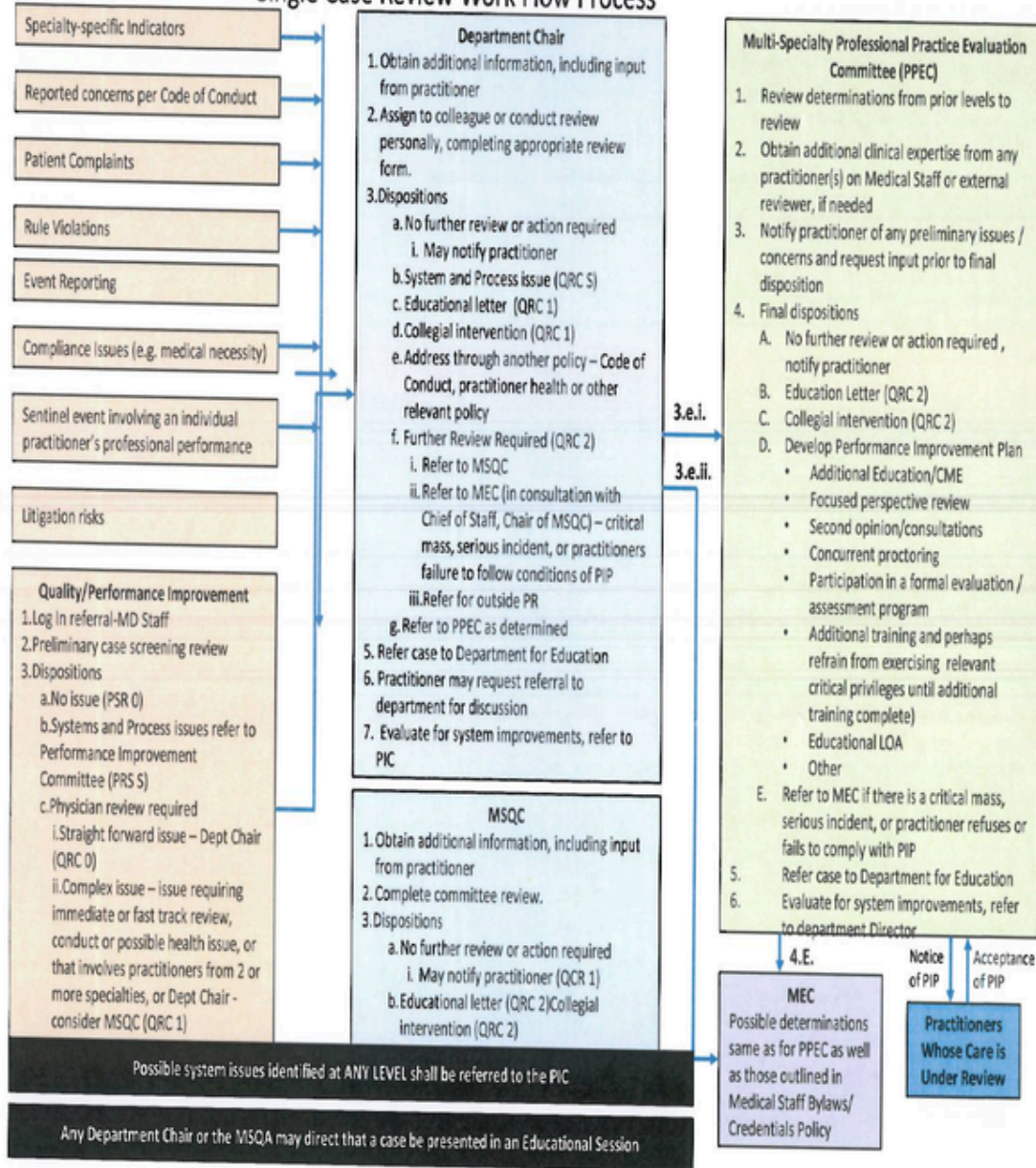
- A. Documented complication during clinic procedure
- B. Cardiac or Respiratory arrest in clinic
- C. Delay in diagnosis (to be determined by providers or staff)
- D. Unexpected return to clinic (timeframe will be determined by provider)
- E. Post-procedure infection
- F. Request or concern from Medical Staff or clinical staff
- G. Request from antimicrobial stewardship team
- H. Referral from another medical staff committee
- I. Referred from random clinical review of medical records (chart review)
- J. Unexpected death of clinic patient within 30 days (from last clinic visit)

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**ADDENDUM B**

***SINGLE CASE REVIEW WORKFLOW PROCESS***

## Single Case Review Work Flow Process



All revision dates:

04/2020, 02/2016, 04/2014

## Attachments

[ADDENDUM B Single Case Review Workflow Peer Review Indicators 2020.docx](#)  
[Peer Review Worksheet](#)

## Approval Signatures

Step Description	Approver	Date
	Harry Weis: CEO	04/2020
	Dorothy Piper: Director Medical Staff Services	04/2020

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# SPECIAL MEETING OF THE BOARD OF DIRECTORS

## DRAFT MINUTES

Thursday, March 25, 2021 at 3:00 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 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 3:00 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; Crystal Betts, Chief Financial Officer; Sarah Jackson, Executive Assistant; Martina Rochefort, Clerk of the Board

Other: David Ruderman, Assistant General Counsel; Ken Pawlak, Dennis Matthews, and Tom Hobday of Cardiac Motion Partners

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

No changes were made to the agenda.

General Counsel read the board into Closed Session.

Open Session recessed at 3:02 p.m.

### 4. CLOSED SESSION

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

*Discussion will concern: Proposed new services or programs*

*Estimated Date of Disclosure: December 2021*

Discussion was held on a privileged item.

### 5. OPEN SESSION

Open Session reconvened at 4:01 p.m.

### 6. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

There was no reportable action taken in closed session.

**7. ITEMS FOR BOARD ACTION**

**7.1. Approval for TIRHR, LLC Line of Credit Increase**

The Board of Directors considered approval of an increase to the line of credit for TIRHR, LLC not to exceed \$250,000 for research, development and operations. Discussion was held.

**ACTION: Motion made by Director Wong to approve an increase in the Line of Credit by \$250,000 to be utilized in the following manner: \$125,000 to fund half of an immediate capital call by Cardiac Motion, LLC; \$75,000 to fund half of a future capital call by Cardiac Motion, LLC if specific measurable markers have been met; and \$50,000 to fund TIRHR, LLC operating expenses moving forward, seconded by Director Chamblin. Roll call vote taken.**

**McGarry – NO**

**Chamblin – AYE**

**King – NO**

**Brown – AYE**

**Wong – AYE**

**Motion passed on 3-2 vote.**

**8. ADJOURN**

**Meeting adjourned at 4:06 p.m.**



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

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.

## 1. CALL TO ORDER

Meeting was called to order at 4:10 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; 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 4:12 p.m.

## 5. CLOSED SESSION

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

*Subject Matter: 2020 Infection Prevention Annual Report*

*Number of items: One (1)*

Discussion was held on a privileged item.

### 5.2. Approval of Closed Session Minutes

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

Discussion was held on a privileged item.

### 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)*

Discussion was held on a privileged item.

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

*Subject Matter: Medical Staff Credentials*

Discussion was held on a privileged item.

**6. DINNER BREAK**

**7. OPEN SESSION – CALL TO ORDER**

Open Session reconvened at 6:00 p.m.

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

General Counsel reported the board considered four items in Closed Session. There was no reportable action on item 5.1. Item 5.2. Closed Session Minutes was approved on 5-0 vote. There was no reportable action on item 5.3. Item 5.4. Medical Staff Credentials was approved on 5-0 vote.

**9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA**

No changes were made to the agenda.

**10. INPUT – AUDIENCE**

No public comment was received.

**11. INPUT FROM EMPLOYEE ASSOCIATIONS**

No public comment was received.

**12. SAFETY FIRST**

Matt Mushet, In-House Counsel, highlighted how to detect signs of elder abuse.

**13. ACKNOWLEDGMENTS**

**13.1.** Gwen Van Natta was named March 2021 Employee of the Month.

**13.2.** Doctor's Day is March 30, 2021.

**13.3.** Tahoe Forest Hospital received California Maternal Quality Care Collaborative (CMQCC) MDC Early Implementers Award.

**14. MEDICAL STAFF EXECUTIVE COMMITTEE**

**14.1.** Medical Executive Committee (MEC) Meeting Consent Agenda

*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

Discussion was held.



**ACTION:** Motion made by Director King, to approve the Medical Executive Committee Consent Agenda as presented, seconded by Director Brown. 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. 02/25/2021 Regular Meeting

15.1.2. 03/02/2021 Special Meeting

**15.2. Financial Reports**

15.2.1. Financial Report – February 2021

**15.3. Board Reports**

15.3.1. COO Board Report

**15.4. Policy Update**

15.4.1. Conflict of Interest Code, ABD-06

No public comment was received.

**ACTION:** Motion made by Director Chamblin, to approve the Consent Calendar as presented, seconded by Director McGarry. Roll call vote taken.  
McGarry – AYE  
Chamblin – AYE  
King – AYE  
Brown – AYE  
Wong – AYE

**16. ITEMS FOR BOARD DISCUSSION**

**16.1. Retirement Plan Update**

Brian Montanez of The Multnomah Group, provided an update on the District’s retirement plans. Discussion was held.

**16.2. Board Education**

**16.2.1. Telemedicine**

Scott Baker, Vice President Provider Services, provided a presentation on telemedicine. Discussion was held.

**16.3. 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 King provided an update from the March 2, 2021 Board Governance Committee meeting.  
Director McGarry provided an update from the March 11, 2021 TFHS Foundation meeting.  
Director Wong provided an update from the March 22, 2021 TIRHR, LLC Board Meeting.

**19. BOARD MEMBERS REPORTS/CLOSING REMARKS**

Director King shared interactions with a hospital employee and patient.

**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 7:16 p.m.

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

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5	NOTES TO STATEMENT OF NET POSITION
6	CASH INVESTMENT REPORT
7	NINE MONTHS ENDING MARCH 2021 STATEMENT OF NET POSITION KEY FINANCIAL INDICATORS
8	TFHD STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
9 - 10	TFHD NOTES TO STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
11	NINE MONTHS ENDING MARCH 2021 STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION KEY FINANCIAL INDICATORS
12	IVCH STATEMENT OF REVENUE AND EXPENSE
13 - 14	IVCH NOTES TO STATEMENT OF REVENUE AND EXPENSE
15	STATEMENT OF CASH FLOWS
16 - 29	TFH VOLUMES AND GRAPHS

**Board of Directors**  
*Of Tahoe Forest Hospital District*  
**MARCH 2021 FINANCIAL NARRATIVE**

The following is the financial narrative analyzing financial and statistical trends for the nine months ended March 31, 2021.

**Activity Statistics**

- ❑ TFH acute patient days were 418 for the current month compared to budget of 415. This equates to an average daily census of 13.5 compared to budget of 13.4.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Hospice visits, Surgery cases, Laboratory tests, Diagnostic Imaging, Mammography, Medical Oncology procedures, Nuclear Medicine, MRI, Cat Scans, PET CT, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Respiratory Therapy, Gastroenterology cases, Tahoe City Occupational Therapy, Outpatient Speech and Occupational Therapy.

**Financial Indicators**

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 46.85% in the current month compared to budget of 50.91% and to last month's 48.86%. Current year's Net Patient Revenue as a percentage of Gross Patient Revenue was 49.13% compared to budget of 50.86% and prior year's 50.36%.
- ❑ EBIDA was \$2,948,981 (7.0%) for the current month compared to budget of \$1,026,478 (3.0%), or \$1,922,503 (4.0%) above budget.
- ❑ Net Income was \$2,637,230 for the current month compared to budget of \$533,245 or \$2,103,985 above budget. Net Income year-to-date was \$19,866,793 compared to budget of \$10,926,951 or \$8,939,842 above budget.
- ❑ Cash Collections for the current month were \$21,481,245, which is 103% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$83,586,854 at the end of March compared to \$81,708,036 at the end of February.

**Balance Sheet**

- ❑ Working Capital is at 143.1 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 275.8 days. Working Capital cash increased a net \$8,148,000. Accounts Payable decreased \$1,766,000 and Accrued Payroll & Related Costs increased \$1,164,000. The District received \$1,884,000 in additional Medicare Outpatient claims payments, \$1,324,000 from Anthem for the SB239 Hospital Quality Assurance Fee program, and cash collections were 3% above target.
- ❑ Net Patient Accounts Receivable decreased approximately \$2,195,000 and Cash collections were 103% of target. EPIC Days in A/R were 66.8 compared to 68.0 at the close of February, a 1.20 days decrease.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased a net \$1,660,000. 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 Anthem SB239 Hospital Quality Assurance Fee program for 7/19-12/20.
- ❑ To comply with GASB No. 63, the District has booked an adjustment to the asset and offsetting liability to reflect the fair value of the Piper Jaffray swap transaction at the close of March.
- ❑ Accounts Payable decreased \$1,766,000 due to the timing of the final check run in the month.
- ❑ Accrued Payroll & Related Costs increased a \$1,164,000 due to additional accrued payroll days at the close of March.
- ❑ Estimated Settlements, Medi-Cal & Medicare increased a net \$2,266,000. The District received notification from the Medicare program that it had been overpaid on its Inpatient claims and underpaid on its Outpatient claims to net approximately \$2.6m due back to the program.

**Operating Revenue**

- ❑ Current month’s Total Gross Revenue was \$42,142,831 compared to budget of \$33,803,240 or \$8,339,591 above budget.
- ❑ Current month’s Gross Inpatient Revenue was \$6,577,141, compared to budget of \$7,916,342 or \$1,339,201 below budget.
- ❑ Current month’s Gross Outpatient Revenue was \$35,565,690 compared to budget of \$25,886,898 or \$9,678,792 above budget.
- ❑ Current month’s Gross Revenue Mix was 31.5% Medicare, 15.3% Medi-Cal, .0% County, 2.2% Other, and 51.0% Commercial Insurance compared to budget of 39.8% Medicare, 13.5% Medi-Cal, .0% County, 2.9% Other, and 43.8% Commercial Insurance. Year-to-Date Gross Revenue Mix was 36.0% Medicare, 16.3% Medi-Cal, .0% County, 2.5% Other, and 45.2% Commercial Insurance compared to budget of 39.5% Medicare, 13.4% Medi-Cal, .0% County, 2.9% Other, and 44.2% Commercial Insurance. Last month’s mix was 32.6% Medicare, 15.6% Medi-Cal, .0% County, .8% Other, and 51.0% Commercial Insurance.
- ❑ Current month’s Deductions from Revenue were \$22,397,346 compared to budget of \$16,592,779 or \$5,804,567 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 8.32% decrease in Medicare, a 1.76% increase to Medi-Cal, .01% decrease in County, a .65% decrease in Other, and Commercial Insurance was above budget 7.23%, 2) Revenues exceeded budget by 24.7%, 3) The District booked \$2.6m due back to the Medicare program, and 4) Booked additional amounts to its Managed Care Reserve.

DESCRIPTION	March 2021 Actual	March 2021 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	7,186,674	7,179,672	(7,002)	
Employee Benefits	2,193,037	2,151,904	(41,133)	
Benefits – Workers Compensation	70,152	82,503	12,351	
Benefits – Medical Insurance	1,327,010	1,240,032	(86,978)	
Medical Professional Fees	1,302,915	1,217,915	(85,000)	Outpatient Speech and Occupational Therapy volumes and TFH, IVCH and Tahoe City Occupational Therapy volumes were above budget, creating a negative variance in Medical Professional Fees.
Other Professional Fees	147,432	194,483	47,051	Positive variance in Administration, Human Resources, Financial Administration, and Managed Care.
Supplies	2,657,606	2,541,512	(116,094)	Medical Supplies Sold to Patients revenues came in above budget by 14.14%, creating a negative variance in Patient & Other Medical Supplies. Restocking of Biofire reagents also attributed to the negative variance.
Purchased Services	2,180,017	1,897,024	(282,993)	Outsourced billing and collection services, snow removal, services provided to the ED for the trauma program along with services provided for Financial Administration for cost report preparation came in above budget, creating a negative variance in Purchased Services.
Other Expenses	896,239	921,349	25,110	Building rents, Dues and Subscriptions, Insurance, and Outside Training & Travel came in below budget, creating positive variances in Other Expenses.
Total Expenses	17,961,082	17,426,394	534,688	

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF NET POSITION  
MARCH 2021

ASSETS	Mar-21	Feb-21	Mar-20	
<b>CURRENT ASSETS</b>				
* CASH	\$ 80,162,208	\$ 72,013,734	\$ 29,708,096	1
PATIENT ACCOUNTS RECEIVABLE - NET	23,782,611	25,977,119	22,635,874	2
OTHER RECEIVABLES	8,750,436	7,996,106	7,949,356	
GO BOND RECEIVABLES	1,045,745	628,394	820,024	
ASSETS LIMITED OR RESTRICTED	8,164,050	8,045,440	8,503,673	
INVENTORIES	3,826,429	3,814,624	3,517,097	
PREPAID EXPENSES & DEPOSITS	2,783,806	3,067,550	2,564,000	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	11,103,284	12,763,434	14,324,603	3
<b>TOTAL CURRENT ASSETS</b>	<u>139,618,569</u>	<u>134,306,401</u>	<u>90,022,722</u>	
<b>NON CURRENT ASSETS</b>				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	74,384,021	74,384,021	64,390,780	1
MUNICIPAL LEASE 2018	1,737,387	1,736,826	2,350,316	
TOTAL BOND TRUSTEE 2017	20,531	20,531	20,520	
TOTAL BOND TRUSTEE 2015	917,877	1,101,761	898,812	
TOTAL BOND TRUSTEE GO BOND	5,764	5,764	-	
GO BOND TAX REVENUE FUND	1,918,783	1,918,783	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	23,960	(4,021)	39,696	
TOTAL	<u>80,149,550</u>	<u>80,304,890</u>	<u>70,736,977</u>	
LESS CURRENT PORTION	<u>(8,164,050)</u>	<u>(8,045,440)</u>	<u>(8,503,673)</u>	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	<u>71,985,500</u>	<u>72,259,449</u>	<u>62,233,304</u>	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(1,547,352)	(1,552,352)	(381,754)	
PROPERTY HELD FOR FUTURE EXPANSION	909,072	909,072	892,545	
PROPERTY & EQUIPMENT NET	173,926,941	174,902,631	178,096,531	
GO BOND CIP, PROPERTY & EQUIPMENT NET	<u>1,989,417</u>	<u>1,913,321</u>	<u>1,791,406</u>	
<b>TOTAL ASSETS</b>	<u>386,882,148</u>	<u>382,738,522</u>	<u>332,654,754</u>	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	358,794	362,026	397,582	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,267,315	1,658,300	1,782,460	4
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	5,200,832	5,224,537	5,485,289	
GO BOND DEFERRED FINANCING COSTS	507,392	509,713	427,462	
DEFERRED FINANCING COSTS	<u>152,921</u>	<u>153,961</u>	<u>165,404</u>	
<b>TOTAL DEFERRED OUTFLOW OF RESOURCES</b>	<u>\$ 7,487,253</u>	<u>\$ 7,908,536</u>	<u>\$ 8,258,197</u>	
<b>LIABILITIES</b>				
<b>CURRENT LIABILITIES</b>				
ACCOUNTS PAYABLE	\$ 5,117,474	\$ 6,883,956	\$ 7,465,590	5
ACCRUED PAYROLL & RELATED COSTS	18,239,660	17,075,934	15,742,376	6
INTEREST PAYABLE	261,892	518,687	271,246	
INTEREST PAYABLE GO BOND	569,439	287,553	687,475	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	23,538,420	21,272,852	2,495,860	7
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	2,612,247	
<b>TOTAL CURRENT LIABILITIES</b>	<u>59,117,886</u>	<u>57,429,983</u>	<u>36,340,643</u>	
<b>NONCURRENT LIABILITIES</b>				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	28,340,112	28,533,962	33,323,325	
GO BOND DEBT NET OF CURRENT MATURITIES	97,579,078	97,597,034	99,379,302	
DERIVATIVE INSTRUMENT LIABILITY	<u>1,267,315</u>	<u>1,658,300</u>	<u>1,782,460</u>	4
<b>TOTAL LIABILITIES</b>	<u>186,304,391</u>	<u>185,219,278</u>	<u>170,825,730</u>	
<b>NET ASSETS</b>				
NET INVESTMENT IN CAPITAL ASSETS	206,927,128	204,289,898	168,955,821	
RESTRICTED	<u>1,137,882</u>	<u>1,137,882</u>	<u>1,131,399</u>	
<b>TOTAL NET POSITION</b>	<u>\$ 208,065,010</u>	<u>\$ 205,427,780</u>	<u>\$ 170,087,220</u>	

\* Amounts included for Days Cash on Hand calculation

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











1. Working Capital is at 143.1 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 275.8 days. Working Capital cash increased a net \$8,148,000. Accounts Payable decreased \$1,766,000 (See Note 5) and Accrued Payroll & Related Costs increased \$1,164,000 (See Note 6). The District received \$1,884,000 from the Medicare program for additional amounts due on our Outpatient claims through February, \$1,324,000 from Anthem's SB239 Hospital Quality Assurance Fee program for FY20 and partial year FY21 Rate Range IGT (See Note 3), and cash collections were above budget by 3%.
2. Net Patient Accounts Receivable decreased \$2,195,000. Cash collections were 103% of target. EPIC Days in A/R were 66.8 compared to 68.0 at the close of February, a 1.20 days decrease.
3. Estimated Settlements, Medi-Cal & Medicare decreased a net \$1,660,000. 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 Anthem SB239 Hospital Quality Assurance Fee program for 7/19-12/20.
4. To comply with GASB No. 63, the District has booked an adjustment to the asset and offsetting liability to reflect the fair value of the Piper Jaffray swap transaction at the close of March.
5. Accounts Payable decreased \$1,766,000 due to the timing of the final check run in March.
6. Accrued Payroll & Related Costs increased \$1,164,000 due to additional accrued payroll days at the close of March.
7. Estimated Settlements, Medi-Cal & Medicare increased a net \$2,266,000. The District received notification from the Medicare program of monies due on overpayment of Inpatient claims along with correspondence that we were owed monies on underpayment of Outpatient claims to net approximately \$2.6m due back to the program.

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

<b>WORKING CAPITAL</b>			
US Bank	\$ 78,818,211	0.01%	
US Bank/Kings Beach Thrift Store	236,196		
US Bank/Truckee Thrift Store	92,417		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,015,384</u>	0.05%	
<b>Total</b>			<b>\$ 80,162,208</b>
 <b>BOARD DESIGNATED FUNDS</b>			
US Bank Savings	\$ -	0.01%	
Capital Equipment Fund	<u>-</u>		
<b>Total</b>			<b>\$ -</b>
 <b>Building Fund</b>			
Cash Reserve Fund	\$ -		
Local Agency Investment Fund	<u>74,384,021</u>	0.36%	
			<b>\$ 74,384,021</b>
 <b>Municipal Lease 2018</b>			
			<b>\$ 1,737,387</b>
<b>Bonds Cash 2017</b>			
			<b>\$ 20,531</b>
<b>Bonds Cash 2015</b>			
			<b>\$ 917,877</b>
<b>GO Bonds Cash 2008</b>			
			<b>\$ 1,924,548</b>
 <b>DX Imaging Education</b>			
Workers Comp Fund - B of A	\$ 3,343		
	23,960		
 <b>Insurance</b>			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
<b>Total</b>			<b>\$ <u>27,304</u></b>
<b>TOTAL FUNDS</b>			<b>\$ 159,173,876</b>
 <b>RESTRICTED FUNDS</b>			
<b>Gift Fund</b>			
US Bank Money Market	\$ 8,361	0.01%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,102,212</u>	0.36%	
<b>TOTAL RESTRICTED FUNDS</b>			<b>\$ <u>1,137,882</u></b>
<b>TOTAL ALL FUNDS</b>			<b>\$ <u><u>160,311,758</u></u></b>



**TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF NET POSITION  
KEY FINANCIAL INDICATORS  
MARCH 2021**

	<b>Current Status</b>	<b>Desired Position</b>	<b>Target</b>	<b><u>Bond Covenants</u></b>	<b><u>FY 2021</u> Jul 20 to Mar 21</b>	<b><u>FY 2020</u> Jul 19 to June 20</b>	<b><u>FY 2019</u> Jul 18 to June 19</b>	<b><u>FY 2018</u> Jul 17 to June 18</b>	<b><u>FY 2017</u> Jul 16 to June 17</b>	<b><u>FY 2016</u> Jul 15 to June 16</b>	<b><u>FY 2015</u> Jul 14 to June 15</b>
<b>Return On Equity:</b> <u>Increase (Decrease) in Net Position</u> Net Position		↑	FYE 7.0%		9.6%	17.1%	13.1%	5.1%	14.4%	10.9%	2.19%
<b>EPIC Days in Accounts Receivable (excludes SNF)</b> <u>Gross Accounts Receivable</u> 90 Days		↓	FYE 63 Days		67	89	69	68	55	57	60
<u>Gross Accounts Receivable</u> 365 Days					75	73	71	73	55	55	62
<b>Days Cash on Hand Excludes Restricted:</b> <u>Cash + Short-Term Investments</u> (Total Expenses - Depreciation Expense)/ by 365	 	↑	Budget FYE 224 Days  Budget 3rd Qtr 223 Days  Projected 3rd Qtr 251 Days	60 Days  A- 214 Days  BBB- 129 Days	276	246	179	176	191	201	156
<b>EPIC Accounts Receivable over 120 days (excludes payment plan, legal and charitable balances)</b>		↓	13%		22%	31%	35%	22%	17%	19%	18%
<b>EPIC Accounts Receivable over 120 days (includes payment plan, legal and charitable balances)</b>		↓	18%		29%	40%	42%	25%	18%	24%	23%
<b>Cash Receipts Per Day (based on 60 day lag on Patient Net Revenue)</b>	 	↑	FYE Budget \$567,125  End 3rd Qtr Budget \$569,874  End 3rd Qtr Actual \$612,768		\$612,768	\$523,994	\$473,890	\$333,963	\$348,962	\$313,153	\$290,776
<b>Debt Service Coverage:</b> Excess Revenue over Exp + <u>Interest Exp + Depreciation</u> Debt Principal Payments + Interest Expense		↑	Without GO Bond 5.52 With GO Bond 3.15	1.95	7.36  4.04	9.50  5.06	20.45  4.12	9.27  2.07	6.64  3.54	6.19  2.77	3.28  1.59

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

CURRENT MONTH					YEAR TO DATE					PRIOR YTD MAR 2020
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
<b>OPERATING REVENUE</b>										
\$ 42,142,831	\$ 33,803,240	\$ 8,339,591	24.7%	Total Gross Revenue	\$ 337,441,887	\$ 314,757,608	\$ 22,684,279	7.2%	1	\$ 301,599,005
<b>Gross Revenues - Inpatient</b>										
\$ 3,066,229	\$ 2,988,841	\$ 77,388	2.6%	Daily Hospital Service	\$ 29,500,654	\$ 26,498,584	\$ 3,002,070	11.3%		\$ 26,791,303
3,510,912	4,927,501	(1,416,589)	-28.7%	Ancillary Service - Inpatient	35,882,232	41,312,120	(5,429,888)	-13.1%		42,475,079
6,577,141	7,916,342	(1,339,201)	-16.9%	Total Gross Revenue - Inpatient	65,382,886	67,810,704	(2,427,819)	-3.6%	1	69,266,382
35,565,690	25,886,898	9,678,792	37.4%	Gross Revenue - Outpatient	272,059,001	246,946,904	25,112,097	10.2%		232,332,623
35,565,690	25,886,898	9,678,792	37.4%	Total Gross Revenue - Outpatient	272,059,001	246,946,904	25,112,097	10.2%	1	232,332,623
<b>Deductions from Revenue:</b>										
18,322,952	14,746,032	(3,576,920)	-24.3%	Contractual Allowances	148,760,003	137,529,399	(11,230,604)	-8.2%	2	134,173,618
2,000,000	-	(2,000,000)	0.0%	Managed Care Reserve	5,000,000	-	(5,000,000)	0.0%	2	1,000,000
1,289,536	1,040,081	(249,455)	-24.0%	Charity Care	11,745,843	9,670,923	(2,074,920)	-21.5%	2	11,231,715
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	-
864,065	806,666	(57,399)	-7.1%	Bad Debt	6,239,390	7,474,404	1,235,014	16.5%	2	4,897,583
(79,207)	-	79,207	0.0%	Prior Period Settlements	(79,207)	-	79,207	0.0%	2	(1,597,100)
22,397,346	16,592,779	(5,804,567)	-35.0%	Total Deductions from Revenue	171,666,029	154,674,726	(16,991,303)	-11.0%		149,705,816
90,610	106,136	15,526	14.6%	Property Tax Revenue- Wellness Neighborhood	779,290	1,066,839	287,549	27.0%		877,017
1,073,968	1,136,275	(62,307)	-5.5%	Other Operating Revenue	9,476,605	9,486,611	(10,006)	-0.1%	3	10,134,013
20,910,063	18,452,872	2,457,191	13.3%	<b>TOTAL OPERATING REVENUE</b>	<b>176,031,752</b>	<b>170,636,332</b>	<b>5,395,421</b>	<b>3.2%</b>		<b>162,904,219</b>
<b>OPERATING EXPENSES</b>										
7,186,674	7,179,672	(7,002)	-0.1%	Salaries and Wages	61,082,751	63,249,180	2,166,429	3.4%	4	54,577,864
2,193,037	2,151,904	(41,133)	-1.9%	Benefits	19,951,665	18,981,078	(970,587)	-5.1%	4	18,080,863
70,152	82,503	12,351	15.0%	Benefits Workers Compensation	786,056	742,530	(43,526)	-5.9%	4	720,326
1,327,010	1,240,032	(86,978)	-7.0%	Benefits Medical Insurance	10,403,523	11,160,290	756,767	6.8%	4	10,150,363
1,302,915	1,217,915	(85,000)	-7.0%	Medical Professional Fees	10,374,888	10,633,308	258,420	2.4%	5	13,972,221
147,432	194,483	47,051	24.2%	Other Professional Fees	1,625,986	1,761,353	135,367	7.7%	5	2,117,811
2,657,606	2,541,512	(116,094)	-4.6%	Supplies	23,930,261	23,527,666	(402,595)	-1.7%	6	22,830,899
2,180,017	1,897,024	(282,993)	-14.9%	Purchased Services	16,966,701	16,894,026	(72,675)	-0.4%	7	15,097,550
896,239	921,349	25,110	2.7%	Other	7,437,782	8,194,354	756,572	9.2%	8	6,370,144
17,961,082	17,426,394	(534,688)	-3.1%	<b>TOTAL OPERATING EXPENSE</b>	<b>152,559,613</b>	<b>155,143,785</b>	<b>2,584,172</b>	<b>1.7%</b>		<b>143,918,041</b>
<b>2,948,981</b>	<b>1,026,478</b>	<b>1,922,503</b>	<b>187.3%</b>	<b>NET OPERATING REVENUE (EXPENSE) EBIDA</b>	<b>23,472,139</b>	<b>15,492,547</b>	<b>7,979,592</b>	<b>51.5%</b>		<b>18,986,178</b>
<b>NON-OPERATING REVENUE/(EXPENSE)</b>										
631,461	615,935	15,526	2.5%	District and County Taxes	5,780,353	5,431,796	348,556	6.4%	9	4,609,233
417,352	417,352	(0)	0.0%	District and County Taxes - GO Bond	3,756,164	3,756,164	0	0.0%		3,716,275
45,976	69,682	(23,706)	-34.0%	Interest Income	577,684	634,108	(56,424)	-8.9%	10	1,471,563
-	-	-	0.0%	Interest Income-GO Bond	-	-	-	0.0%		-
20,483	87,710	(67,227)	-76.6%	Donations	411,438	789,388	(377,950)	-47.9%	11	354,508
(70,000)	(133,333)	63,333	47.5%	Gain/ (Loss) on Joint Investment	(481,992)	(1,199,997)	718,005	59.8%	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	-
(976,599)	(1,155,923)	179,324	15.5%	Depreciation	(10,223,951)	(10,403,307)	179,356	1.7%	15	(10,390,472)
(90,467)	(111,353)	20,886	18.8%	Interest Expense	(983,251)	(1,020,438)	37,187	3.6%	16	(1,083,837)
(289,956)	(283,303)	(6,653)	-2.3%	Interest Expense-GO Bond	(2,620,274)	(2,553,311)	(66,963)	-2.6%		(2,747,346)
(311,750)	(493,233)	181,483	36.8%	<b>TOTAL NON-OPERATING REVENUE/(EXPENSE)</b>	<b>(3,605,346)</b>	<b>(4,565,597)</b>	<b>960,250</b>	<b>21.0%</b>		<b>(4,896,069)</b>
<b>\$ 2,637,230</b>	<b>\$ 533,245</b>	<b>\$ 2,103,985</b>	<b>394.6%</b>	<b>INCREASE (DECREASE) IN NET POSITION</b>	<b>\$ 19,866,793</b>	<b>\$ 10,926,951</b>	<b>\$ 8,939,842</b>	<b>81.8%</b>		<b>\$ 14,090,109</b>
<b>NET POSITION - BEGINNING OF YEAR</b>					<b>188,198,218</b>					
<b>NET POSITION - AS OF MARCH 31, 2021</b>					<b>\$ 208,065,010</b>					
<b>7.0%</b>	<b>3.0%</b>	<b>4.0%</b>		<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>7.0%</b>	<b>4.9%</b>	<b>2.0%</b>		<b>6.3%</b>	













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

		<b>Variance from Budget</b>	
		<b>Fav / &lt;Unfav&gt;</b>	
		<b>MAR 2021</b>	<b>YTD 2021</b>
<b>1) Gross Revenues</b>			
Acute Patient Days were above budget .01% or 3 days. Swing Bed days were below budget 100.00% or 29 days. Inpatient Ancillary revenues were below budget due to the decrease in Swing Patient Days.	Gross Revenue -- Inpatient	\$ (1,339,201)	\$ (2,427,819)
	Gross Revenue -- Outpatient	9,678,792	25,112,097
	Gross Revenue -- Total	\$ 8,339,591	\$ 22,684,278
<p>Outpatient volumes were above budget in the following departments: Hospice visits, Surgery cases, Laboratory tests, Diagnostic Imaging, Mammography, Medical Oncology procedures, Nuclear Medicine, MRI, Cat Scans, PET CT, Oncology Drugs Sold to Patients, Drugs Sold to Patients, Respiratory Therapy, Gastroenterology cases, Tahoe City Occupational Therapy, and Outpatient Speech and Occupational Therapies.</p>			
<b>2) Total Deductions from Revenue</b>			
The payor mix for March shows a 8.32% decrease to Medicare, a 1.76% increase to Medi-Cal, .65% decrease to Other, .01% decrease to County, and a 7.23% increase to Commercial when compared to budget. We saw a negative variance in Contractual Allowances due to revenues exceeding budget by 24.70% and the District's Medicare Intermediary performed an interim rate review resulting in \$2.6m payable back to the Medicare program. The positive shift in Payor Mix from Medicare to Commercial helped minimize the impact of the interim rate review takeback.	Contractual Allowances	\$ (3,576,920)	\$ (11,230,604)
	Managed Care	(2,000,000)	(5,000,000)
	Charity Care	(249,455)	(2,074,920)
	Charity Care - Catastrophic	-	-
	Bad Debt	(57,399)	1,235,014
	Prior Period Settlements	79,207	79,207
	Total	\$ (5,804,567)	\$ (16,991,303)
<p>We reserved additional amounts against our Managed Care reserve while we continue contract negotiations with our managed care payors.</p> <p>The IVCH FY20 As Filed Cost Report tentative settlement was received and an adjustment was made to the reserve held for Desk Audit, creating a positive variance in Prior Period Settlements.</p>			
<b>3) Other Operating Revenue</b>			
Retail Pharmacy revenues were below budget 18.71%.	Retail Pharmacy	\$ (71,876)	\$ (163,412)
	Hospice Thrift Stores	14,713	75,000
	The Center (non-therapy)	18,009	(30,398)
	IVCH ER Physician Guarantee	(20,327)	(177,380)
	Children's Center	24,077	66,519
	Miscellaneous	(20,152)	118,206
	Oncology Drug Replacement	-	-
	Grants	(6,750)	101,460
	Total	\$ (62,307)	\$ (10,006)
Hospice Thrift Store revenues were above budget 17.21%.			
Fitness Center classes and training revenues exceeded budget, creating a positive variance in The Center (non-therapy).			
IVCH ER Physician Guarantee is tied to collections, coming in below budget in March.			
Children's Center revenues were above budget 27.97%.			
Rebates & Refunds were below budget, creating a negative in Miscellaneous.			
<b>4) Salaries and Wages</b>			
	Total	\$ (7,002)	\$ 2,166,429
<b>Employee Benefits</b>			
Negative variance in Nonproductive due to an employment related matter.	PL/SL	\$ (6,072)	\$ (624,848)
	Nonproductive	(78,472)	(285,919)
	Pension/Deferred Comp	-	(165,691)
	Standby	(8,933)	(9,400)
	Other	52,344	115,271
	Total	\$ (41,133)	\$ (970,587)
	Total	\$ 12,351	\$ (43,526)
<b>Employee Benefits - Workers Compensation</b>			
	Total	\$ (86,978)	\$ 756,767
<b>Employee Benefits - Medical Insurance</b>			
	Total	\$ (86,978)	\$ 756,767
<b>5) Professional Fees</b>			
Speech Therapy volumes exceeded budget 13.58% and Occupational Therapy volumes exceeded budget 40.73%, creating a negative variance in The Center (includes OP Therapy).	The Center (includes OP Therapy)	\$ (71,280)	\$ (155,238)
	TFH/IVCH Therapy Services	(41,791)	(119,344)
	Medical Staff Services	(10,103)	(66,831)
	Information Technology	(5,449)	(58,944)
	Corporate Compliance	-	(5,199)
	Truckee Surgery Center	-	-
	Patient Accounting/Admitting	-	-
	Respiratory Therapy	-	-
	Managed Care	3,265	1,489
	Multi-Specialty Clinics Administration	425	9,243
	Marketing	775	12,675
	Administration	3,386	22,369
	Financial Administration	2,465	29,781
	Home Health/Hospice	(2,196)	31,524
	TFH Locums	(6,044)	34,010
	Sleep Clinic	24,842	44,894
	Human Resources	20,185	52,072
	IVCH ER Physicians	5,589	75,712
	Miscellaneous	(6,210)	90,726
TFH, Tahoe City, and IVCH Occupational Therapy procedures exceeded budget by 67.26% and TFH Physical Therapy procedures were above budget by 42.11%, creating a negative variance in TFH/IVCH Therapy Services.			
Legal services and Medical Staff Chair physician fees created a negative variance in Medical Staff.			
Sleep Clinic professional fees are tied to collections, which came in below budget.			

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

	<b>Variance from Budget</b>		
	<b>Fav / &lt;Unfav&gt;</b>		
	<b>MAR 2021</b>	<b>YTD 2021</b>	
<b>5) Professional Fees (cont.)</b>	Oncology	21,342	168,282
	Multi-Specialty Clinics	22,850	226,566
	<b>Total</b>	<b>\$ (37,949)</b>	<b>\$ 393,787</b>
<b>6) Supplies</b>	Patient & Other Medical Supplies	\$ (330,464)	\$ (449,635)
Medical Supplies Sold to Patients revenues exceeded budget 14.14%, creating a negative variance in Patient & Other Medical Supplies. Negative variance is also attributed to the purchase of BioFire reagents.	Pharmacy Supplies	166,157	(317,059)
	Office Supplies	1,356	40,580
	Minor Equipment	13,970	64,547
	Food	10,064	97,304
Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues were above budget 13.14%, however the mix of drugs administered were lower cost pharmaceuticals, creating a positive variance in Pharmacy Supplies.	Other Non-Medical Supplies	22,825	161,669
	<b>Total</b>	<b>\$ (116,094)</b>	<b>\$ (402,595)</b>
<b>7) Purchased Services</b>	Patient Accounting	\$ (179,170)	\$ (938,040)
Outsourced billing and collection services created a negative variance in Patient Accounting.	Laboratory	(9,827)	(48,857)
	Home Health/Hospice	3,051	(20,633)
Negative variance in Miscellaneous related to Snow Removal, services provided to the Emergency Department's trauma program, and services provided to Financial Administration to prepare bad debt schedules for use with the cost reports.	Pharmacy IP	4,193	973
	Miscellaneous	(162,299)	22,251
Additional software services to provide increased security of data created a negative variance in Information Technology.	Community Development	1,727	25,937
	Diagnostic Imaging Services - All	7,540	28,823
Employee Wellness Bank and Pre-Employment Screenings came in below budget, creating a positive variance in Human Resources.	Information Technology	(18,263)	36,718
	Human Resources	14,644	70,028
Outsourced coding services fell short of budget, creating a positive variance in Medical Records.	The Center	2,057	77,244
	Department Repairs	(10,041)	77,668
	Multi-Specialty Clinics	32,009	215,795
	Medical Records	31,386	379,418
	<b>Total</b>	<b>\$ (282,993)</b>	<b>\$ (72,675)</b>
<b>8) Other Expenses</b>	Miscellaneous	\$ (34,532)	\$ (45,771)
Dietary and Laboratory department transfers and Recruitment expenses created a negative variance in Miscellaneous.	Utilities	(15,993)	(23,070)
	Marketing	(31,694)	(20,733)
Natural Gas/Propane, Water/Sewer, Cellular Service, and Telephone costs exceeded budget, creating a negative variance in Utilities.	Multi-Specialty Clinics Equip Rent	(439)	(3,918)
	Multi-Specialty Clinics Bldg Rent	170	(2,051)
Negative variance in Marketing related to Yellow Page advertising and various department marketing campaigns.	Human Resources Recruitment	1,645	1,617
	Equipment Rent	(4,280)	17,297
Budgeted Building Rent for anticipated increases in office space needs did not transpire in March creating a positive variance in Other Building Rent.	Insurance	11,001	44,585
	Dues and Subscriptions	5,769	60,219
	Physician Services	13,246	99,770
	Other Building Rent	34,301	130,922
	Outside Training & Travel	45,915	497,706
	<b>Total</b>	<b>\$ 25,110</b>	<b>\$ 756,572</b>
<b>9) District and County Taxes</b>	<b>Total</b>	<b>\$ 15,526</b>	<b>\$ 348,556</b>
<b>10) Interest Income</b>	<b>Total</b>	<b>\$ (23,706)</b>	<b>\$ (56,424)</b>
<b>11) Donations</b>	IVCH	\$ (28,400)	\$ (247,437)
	Operational	(38,827)	(130,513)
	<b>Total</b>	<b>\$ (67,227)</b>	<b>\$ (377,950)</b>
<b>12) Gain/(Loss) on Joint Investment</b>	<b>Total</b>	<b>\$ 63,333</b>	<b>\$ 718,005</b>
<b>13) Gain/(Loss) on Sale or Disposal of Assets</b>	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>
<b>14) COVID-19 Emergency Funding</b>	<b>Total</b>	<b>\$ -</b>	<b>\$ 178,483</b>
<b>15) Depreciation Expense</b>	<b>Total</b>	<b>\$ 179,324</b>	<b>\$ 179,356</b>
A true-up to Depreciation Expense as of March created a positive variance in this category.			
<b>16) Interest Expense</b>	<b>Total</b>	<b>\$ 20,886</b>	<b>\$ 37,187</b>
An adjustment to the 2006 Revenue Bond accrued interest created a positive variance in Interest Expense.			

**TAHOE FOREST HOSPITAL DISTRICT**  
**STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION**  
**KEY FINANCIAL INDICATORS**  
**MARCH 2021**

	<b>Current Status</b>	<b>Desired Position</b>	<b>Target</b>	<b>FY 2021 Jul 20 to Mar 21</b>	<b>FY 2020 Jul 19 to June 20</b>	<b>FY 2019 Jul 18 to June 19</b>	<b>FY 2018 Jul 17 to June 18</b>	<b>FY 2017 Jul 16 to June 17</b>	<b>FY 2016 Jul 15 to June 16</b>	<b>FY 2015 Jul 14 to June 15</b>
<b>Total Margin:</b> <u>Increase (Decrease) In Net Position</u> Total Gross Revenue			FYE 3.1% 3rd Qtr 3.5%	5.9%	8.5%	5.7%	2.6%	7.4%	5.5%	1.0%
<b>Charity Care:</b> <u>Charity Care Expense</u> Gross Patient Revenue			FYE 3.1% 3rd Qtr 3.1%	3.5%	4.0%	3.8%	3.3%	3.1%	3.4%	3.1%
<b>Bad Debt Expense:</b> <u>Bad Debt Expense</u> Gross Patient Revenue			FYE 2.4% 3rd Qtr 2.4%	1.9%	1.4%	.1%	.1%	-.0%	-.2%	1.6%
<b>Incline Village Community Hospital:</b> EBIDA: Earnings before interest, Depreciation, amortization <u>Net Operating Revenue &lt;Expense&gt;</u> Gross Revenue			FYE 6.9% 3rd Qtr 8.9%	13.9%	.1%	11.5%	4.8%	7.9%	11.3%	9.1%
<b>Operating Expense Variance to Budget (Under&lt;Over&gt;)</b>			-0-	\$2,584,172	\$(9,484,742)	\$(13,825,198)	\$1,061,378	\$(9,700,270)	\$(7,548,217)	\$(6,371,653)
<b>EBIDA:</b> Earnings before interest, Depreciation, amortization <u>Net Operating Revenue &lt;Expense&gt;</u> Gross Revenue			FYE 4.2% 3rd Qtr 4.9%	7.0%	6.2%	7.1%	4.5%	7.9%	7.3%	3.5%

INCLINE VILLAGE COMMUNITY HOSPITAL  
STATEMENT OF REVENUE AND EXPENSE  
MARCH 2021

CURRENT MONTH				YEAR TO DATE				PRIOR YTD MARCH 2020			
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%			
				<b>OPERATING REVENUE</b>							
\$ 2,322,417	\$ 2,271,361	\$ 51,056	2.2%	Total Gross Revenue	\$ 19,881,488	\$ 20,049,518	\$ (168,030)	-0.8%	1	\$ 19,164,161	
				<b>Gross Revenues - Inpatient</b>							
\$ 755	\$ 4,311	\$ (3,556)	-82.5%	Daily Hospital Service	\$ 41,250	\$ 55,222	\$ (13,972)	-25.3%		\$ 16,423	
(3,805)	1,515	(5,320)	-351.2%	Ancillary Service - Inpatient	24,813	43,779	(18,967)	-43.3%		18,864	
(3,050)	5,826	(8,876)	-152.4%	Total Gross Revenue - Inpatient	66,063	99,001	(32,939)	-33.3%	1	35,287	
2,325,467	2,265,535	59,932	2.6%	Gross Revenue - Outpatient	19,815,426	19,950,517	(135,091)	-0.7%		19,128,874	
2,325,467	2,265,535	59,932	2.6%	Total Gross Revenue - Outpatient	19,815,426	19,950,517	(135,091)	-0.7%	1	19,128,874	
				<b>Deductions from Revenue:</b>							
514,482	893,863	379,381	42.4%	Contractual Allowances	7,291,445	7,870,249	578,804	7.4%	2	8,358,512	
99,288	90,854	(8,434)	-9.3%	Charity Care	912,742	801,981	(110,761)	-13.8%	2	956,194	
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	-	
98,636	90,854	(7,782)	-8.6%	Bad Debt	486,494	801,981	315,487	39.3%	2	1,028,056	
(83,753)	-	83,753	0.0%	Prior Period Settlements	(83,753)	-	83,753	0.0%	2	(229,532)	
628,654	1,075,571	446,917	41.6%	Total Deductions from Revenue	8,606,928	9,474,211	867,283	9.2%	2	10,113,230	
90,051	107,996	(17,945)	-16.6%	Other Operating Revenue	720,967	895,857	(174,890)	-19.5%	3	972,973	
1,783,814	1,303,786	480,028	36.8%	<b>TOTAL OPERATING REVENUE</b>	11,995,527	11,471,164	524,363	4.6%		10,023,904	
				<b>OPERATING EXPENSES</b>							
439,214	442,351	3,137	0.7%	Salaries and Wages	3,603,722	3,882,899	279,177	7.2%	4	3,179,823	
138,836	133,457	(5,379)	-4.0%	Benefits	1,174,303	1,151,746	(22,557)	-2.0%	4	1,169,292	
1,525	5,089	3,565	70.0%	Benefits Workers Compensation	13,720	45,802	32,082	70.0%	4	52,581	
75,596	71,375	(4,221)	-5.9%	Benefits Medical Insurance	593,109	642,373	49,264	7.7%	4	581,073	
236,947	255,149	18,202	7.1%	Medical Professional Fees	1,997,979	2,099,462	101,483	4.8%	5	2,311,551	
2,148	2,117	(31)	-1.4%	Other Professional Fees	17,785	19,058	1,273	6.7%	5	16,097	
40,615	56,063	15,448	27.6%	Supplies	493,655	540,886	47,231	8.7%	6	495,145	
63,402	65,306	1,904	2.9%	Purchased Services	606,637	577,548	(29,089)	-5.0%	7	545,920	
89,261	78,830	(10,431)	-13.2%	Other	731,917	732,842	925	0.1%	8	619,921	
1,087,542	1,109,737	22,195	2.0%	<b>TOTAL OPERATING EXPENSE</b>	9,232,828	9,692,616	459,788	4.7%		8,971,403	
<b>696,273</b>	<b>194,049</b>	<b>502,224</b>	<b>258.8%</b>	<b>NET OPERATING REV(EXP) EBIDA</b>	<b>2,762,699</b>	<b>1,778,548</b>	<b>984,151</b>	<b>55.3%</b>		<b>1,052,501</b>	
				<b>NON-OPERATING REVENUE/(EXPENSE)</b>							
8,850	37,250	(28,400)	-76.2%	Donations-IVCH	87,813	335,250	(247,437)	-73.8%	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	-	
(46,318)	(67,653)	21,335	-31.5%	Depreciation	(587,541)	(608,875)	21,334	3.5%	11	(591,083)	
(37,468)	(30,403)	(7,065)	-23.2%	<b>TOTAL NON-OPERATING REVENUE/(EXP)</b>	(496,664)	(273,625)	(223,039)	-81.5%		(577,427)	
<b>\$ 658,805</b>	<b>\$ 163,646</b>	<b>\$ 495,159</b>	<b>302.6%</b>	<b>EXCESS REVENUE(EXPENSE)</b>	<b>\$ 2,266,035</b>	<b>\$ 1,504,923</b>	<b>\$ 761,112</b>	<b>50.6%</b>		<b>\$ 475,073</b>	
<b>30.0%</b>	<b>8.5%</b>	<b>21.4%</b>		<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>13.9%</b>	<b>8.9%</b>	<b>5.0%</b>			<b>5.5%</b>	

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

		<u>Variance from Budget</u>	
		<u>Fav&lt;Unfav&gt;</u>	
		<u>MAR 2021</u>	<u>YTD 2021</u>
<b>1) <u>Gross Revenues</u></b>			
Acute Patient Days were at budget at 1 and Observation Days were below budget by 1 at 0.	Gross Revenue -- Inpatient	\$ (8,876)	\$ (32,939)
	Gross Revenue -- Outpatient	59,932	(135,091)
		<u>\$ 51,056</u>	<u>\$ (168,030)</u>
Outpatient volumes were above budget in Laboratory, Diagnostic Imaging, Cat Scans, and Occupational Therapy.			
<b>2) <u>Total Deductions from Revenue</u></b>			
We saw a shift in our payor mix with a 3.42% decrease in Medicare, a .57% increase in Medicaid, a 3.30% increase in Commercial insurance, a .45% decrease in Other, and County was at budget. Contractual Allowances were below budget due to the shift in payor mix from Medicare to Commercial and receipt of a lump sum payment from the Medicare program for Outpatient claims based on an interim rate review performed by our Intermediary.	Contractual Allowances	\$ 379,381	\$ 578,804
	Charity Care	(8,434)	(110,761)
	Charity Care-Catastrophic Event	-	-
	Bad Debt	(7,782)	315,487
	Prior Period Settlement	83,753	83,753
	Total	<u>\$ 446,917</u>	<u>\$ 867,283</u>
The FY20 As Filed Cost Report tentative settlement was received and an adjustment was made to the reserve held for Desk Audit, creating a positive variance in Prior Period Settlements.			
<b>3) <u>Other Operating Revenue</u></b>			
IVCH ER Physician Guarantee is tied to collections which fell short of budget in March.	IVCH ER Physician Guarantee	\$ (20,327)	\$ (177,380)
	Miscellaneous	2,382	2,490
	Total	<u>\$ (17,945)</u>	<u>\$ (174,890)</u>
<b>4) <u>Salaries and Wages</u></b>			
	Total	<u>\$ 3,137</u>	<u>\$ 279,177</u>
<b><u>Employee Benefits</u></b>			
	PL/SL	\$ 17,893	\$ (23,967)
	Pension/Deferred Comp	-	(10,117)
	Standby	(4,324)	(40,499)
	Other	287	4,268
	Nonproductive	(19,235)	47,758
	Total	<u>\$ (5,379)</u>	<u>\$ (22,557)</u>
<b><u>Employee Benefits - Workers Compensation</u></b>			
	Total	<u>\$ 3,565</u>	<u>\$ 32,082</u>
<b><u>Employee Benefits - Medical Insurance</u></b>			
	Total	<u>\$ (4,221)</u>	<u>\$ 49,264</u>
<b>5) <u>Professional Fees</u></b>			
Occupational Therapy volumes were above budget 6.30%, creating a negative variance in Therapy Services.	Therapy Services	\$ (12,673)	\$ (24,175)
	Administration	-	-
	Miscellaneous	26	240
	Foundation	(30)	1,273
	Multi-Specialty Clinics	417	4,813
	Sleep Clinic	24,842	44,894
	IVCH ER Physicians	5,589	75,712
	Total	<u>\$ 18,171</u>	<u>\$ 102,756</u>
Sleep Clinic professional fees are tied to collections which fell short of budget in March, creating a positive variance in this category.			
<b>6) <u>Supplies</u></b>			
Small furniture purchases for IVCH Physical Therapy created a negative variance in Minor Equipment.	Minor Equipment	\$ (7,975)	\$ (13,241)
	Office Supplies	421	1,510
	Pharmacy Supplies	17,284	4,864
	Food	244	5,469
	Non-Medical Supplies	1,598	12,481
	Patient & Other Medical Supplies	3,876	36,147
	Total	<u>\$ 15,448</u>	<u>\$ 47,231</u>
Drugs Sold to Patients revenues were below budget 46.92%, creating a positive variance in Pharmacy Supplies.			

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

		<u>Variance from Budget</u>	
		<u>Fav&lt;Unfav&gt;</u>	
		<u>MAR 2021</u>	<u>YTD 2021</u>
<b>7) <u>Purchased Services</u></b>			
Security provided at the Community Vaccine Clinic created a negative variance in Multi-Specialty Clinics.	Laboratory	\$ (1,671)	\$ (80,650)
	Multi-Specialty Clinics	(2,808)	(10,421)
	Pharmacy	(597)	(2,109)
	Surgical Services	-	-
	Foundation	(46)	3,911
	Diagnostic Imaging Services - All	(34)	4,877
	Miscellaneous	539	8,985
	Engineering/Plant/Communications	3,732	10,067
	EVS/Laundry	1,855	12,204
	Department Repairs	933	24,048
	<b>Total</b>	<u>\$ 1,904</u>	<u>\$ (29,089)</u>
<b>8) <u>Other Expenses</u></b>			
Transfer of Laboratory Labor costs from TFH to IVCH created a negative variance in Miscellaneous.	Miscellaneous	\$ (18,444)	\$ (100,413)
	Physician Services	-	-
	Multi-Specialty Clinics Bldg Rent	-	-
Oxygen tank rentals created a negative variance in Equipment Rent.	Equipment Rent	(3,391)	2,098
	Insurance	556	3,121
	Marketing	1,528	6,293
A reconciliation of CAM charges for the IVCH Therapies space created a positive variance in Other Building Rent.	Other Building Rent	5,719	9,120
	Dues and Subscriptions	(3,140)	10,104
	Outside Training & Travel	4,041	31,466
	Utilities	2,699	39,136
	<b>Total</b>	<u>\$ (10,431)</u>	<u>\$ 925</u>
<b>9) <u>Donations</u></b>	<b>Total</b>	<u>\$ (28,400)</u>	<u>\$ (247,437)</u>
<b>10) <u>Gain/(Loss) on Sale</u></b>	<b>Total</b>	<u>\$ -</u>	<u>\$ -</u>
<b>11) <u>COVID-19 Emergency Funding</u></b>	<b>Total</b>	<u>\$ -</u>	<u>\$ 3,064</u>
<b>12) <u>Depreciation Expense</u></b>	<b>Total</b>	<u>\$ 21,335</u>	<u>\$ 21,334</u>
A true-up of Depreciation Expense through March created a positive variance in this category.			



TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF CASH FLOWS

	AUDITED FYE 2020		BUDGET FYE 2021	PROJECTED FYE 2021	MAR 2021	PROJECTED MAR 2021	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	ACTUAL 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	\$ 23,464,178		\$ 11,554,001	\$ 26,829,999	\$ 2,948,981	\$ 1,026,479	\$ 1,922,502	\$ 12,044,806	\$ 3,813,478	\$ 7,647,949	\$ 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	-	-	-	520,960	-	4,528,016	3,130,000
Donations	1,327,474		814,000	631,738	65,788	68,000	(2,212)	157,169	189,852	80,718	204,000
Emergency Funds	13,521,428		-	178,483	-	-	-	169,967	8,516	-	-
Debt Service Payments	(4,863,882)		(5,088,979)	(4,748,502)	(352,819)	(353,049)	230	(1,407,361)	(1,058,306)	(1,223,688)	(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)	(1,574,217)	(143,111)	(143,111)	0	(286,221)	(429,332)	(429,332)	(429,333)
Copier	(62,040)		(62,160)	(59,233)	(4,950)	(5,180)	230	(14,320)	(14,691)	(14,681)	(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)	(1,508,080)	(137,097)	(137,097)	(0)	(274,195)	(411,301)	(411,292)	(411,291)
Physician Recruitment	(263,670)		(287,500)	(197,500)	-	(25,000)	25,000	(22,500)	(100,000)	-	(75,000)
Investment in Capital											
Equipment	(3,468,675)		(3,509,190)	(2,301,758)	12,491	(320,482)	332,973	(529,968)	(407,461)	(343,272)	(1,021,057)
Municipal Lease Reimbursement	1,164,582		2,354,714	2,354,714	-	600,000	(600,000)	-	625,263	-	1,729,451
IT/EMR/Business Systems	(2,651,366)		(1,284,350)	(450,607)	119,847	(196,000)	315,847	(88,573)	(72,481)	114,447	(404,000)
Building Projects/Properties	(7,856,428)		(18,578,626)	(10,544,520)	(188,303)	(1,540,224)	1,351,921	(486,449)	(4,434,565)	(703,301)	(4,920,205)
Change in Accounts Receivable	(3,309,147)	N1	2,353,530	4,084,484	2,194,508	(768,960)	2,963,468	(924,092)	2,475,352	4,158,614	(1,625,390)
Change in Settlement Accounts	16,684,541	N2	(8,164,723)	(1,105,251)	3,925,718	(2,335,062)	6,260,780	1,300,582	(2,971,411)	3,131,002	(2,565,424)
Change in Other Assets	10,896	N3	(2,400,000)	(1,466,520)	281,815	(200,000)	481,815	(930,859)	230,662	(166,323)	(600,000)
Change in Other Liabilities	2,723,035	N4	900,000	(437,230)	(859,551)	700,000	(1,559,551)	(698,019)	993,342	(4,582,553)	3,850,000
Change in Cash Balance	45,966,385		(12,312,592)	21,730,689	8,148,475	(3,344,298)	11,492,773	9,349,085	(548,182)	12,760,234	169,551
Beginning Unrestricted Cash	87,018,706		132,985,091	132,985,091	146,397,755	146,397,755	-	132,985,091	142,334,176	141,785,994	154,546,228
Ending Unrestricted Cash	132,985,091		120,672,499	154,715,780	154,546,229	143,053,456	11,492,773	142,334,176	141,785,994	154,546,228	154,715,780
Operating Cash	112,604,555		110,482,231	139,430,377	134,165,692	122,672,919	11,492,773	121,953,639	121,405,457	134,165,691	139,430,377
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	564,549	560,375	569,942	(9,567)	534,403	549,480	560,375	564,549
Days Cash On Hand	246		211	274	276	251	25	266	258	276	274
Days Cash On Hand - Operating Cash Only	208		193	247	239	215	24	228	221	239	247

Footnotes:

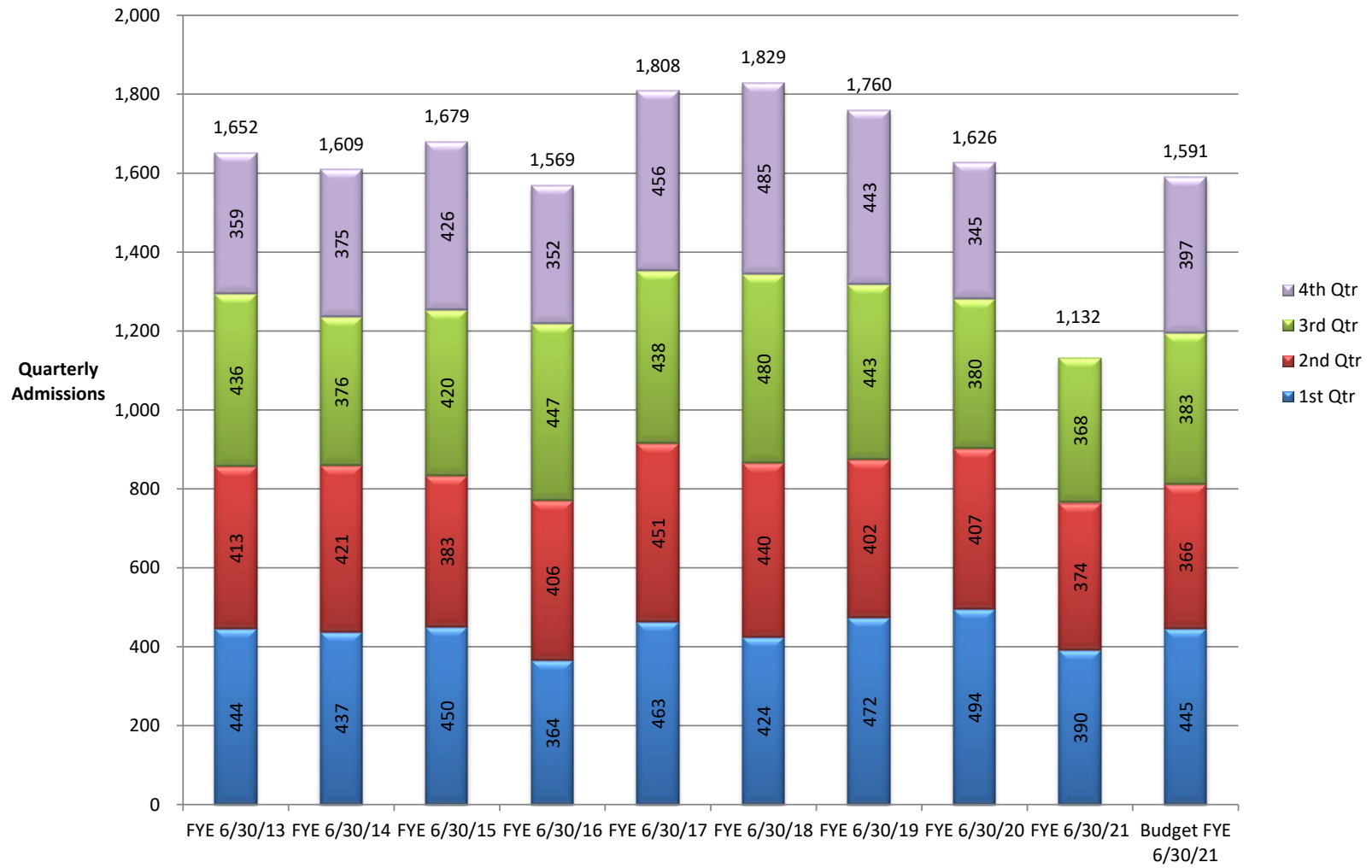
N1 - Change in Accounts Receivable reflects the 30 day delay in collections.

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

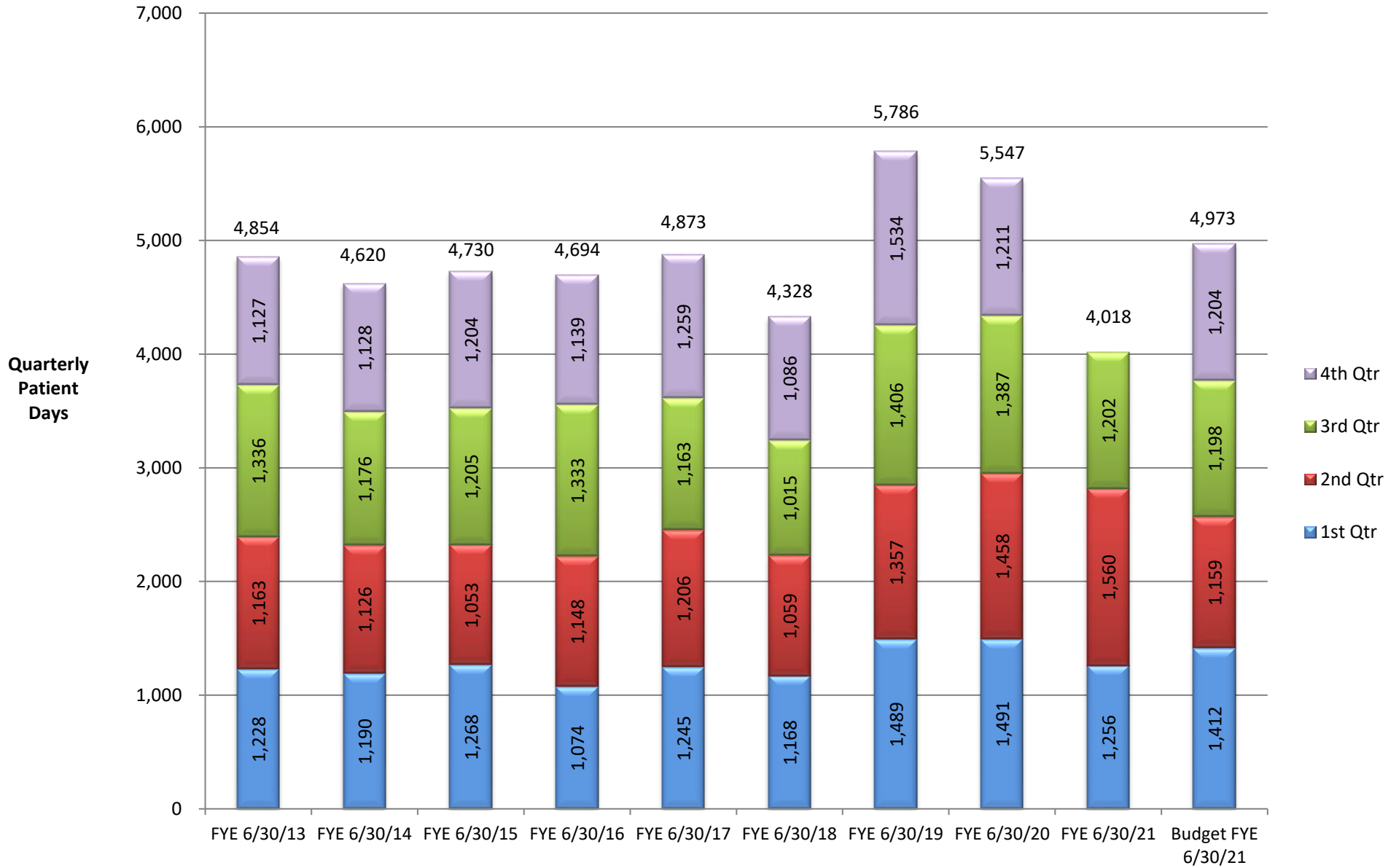
N3 - Change in Other Assets reflect fluctuations in asset accounts on the Balance Sheet that effect cash. For example, an increase in prepaid expense immediately effects cash but not EBIDA.

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

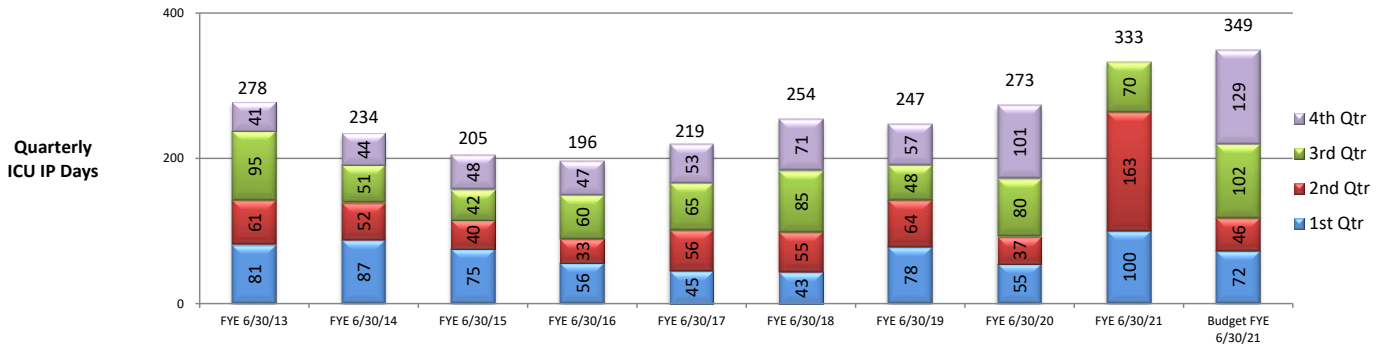
## TOTAL TFH ADMISSIONS



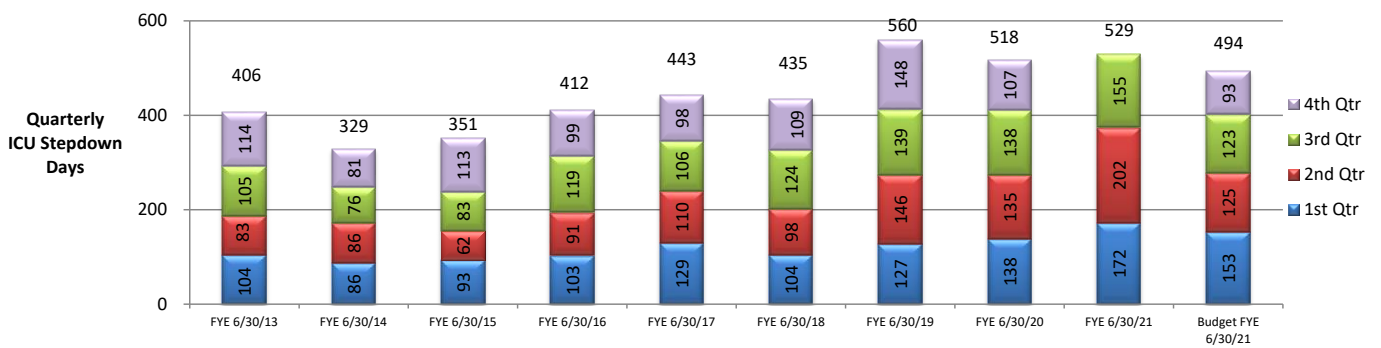
# TOTAL TFH PATIENT DAYS



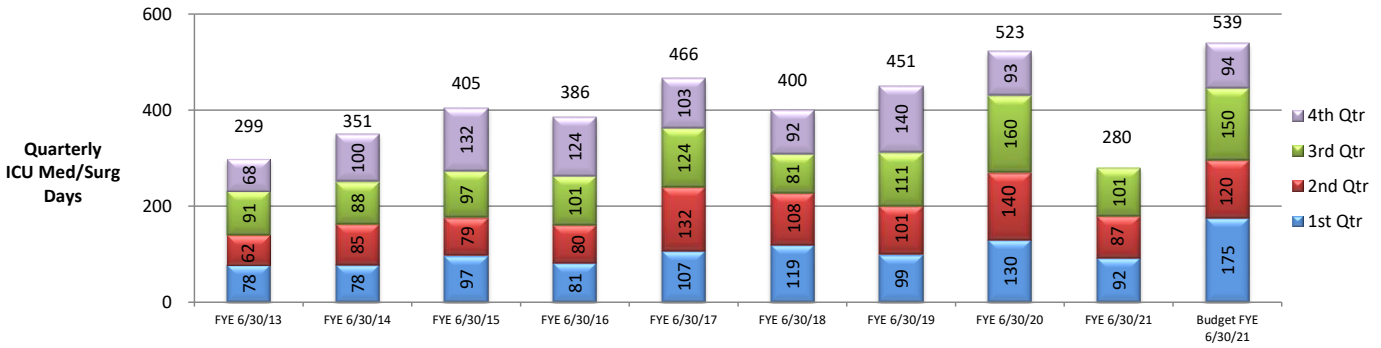
### TOTAL TFH ICU INPATIENT DAYS



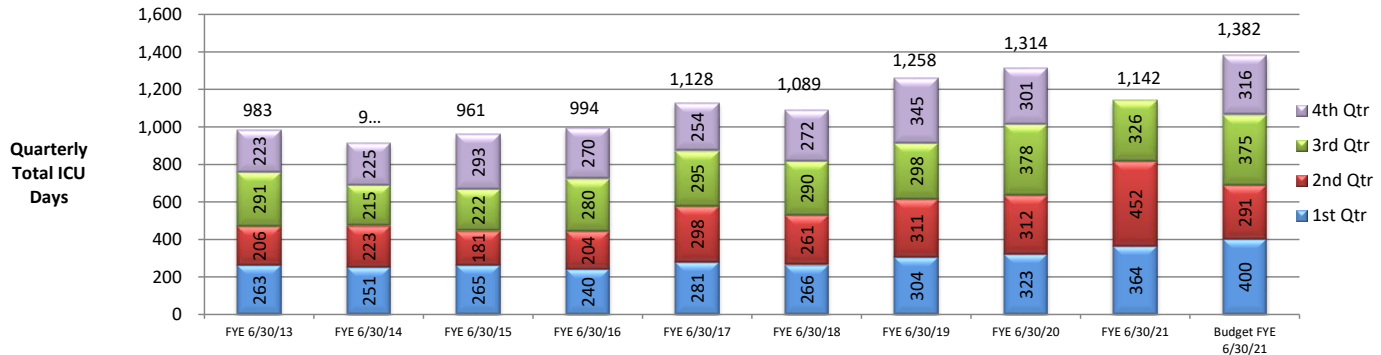
### TOTAL TFH ICU STEPDOWN DAYS



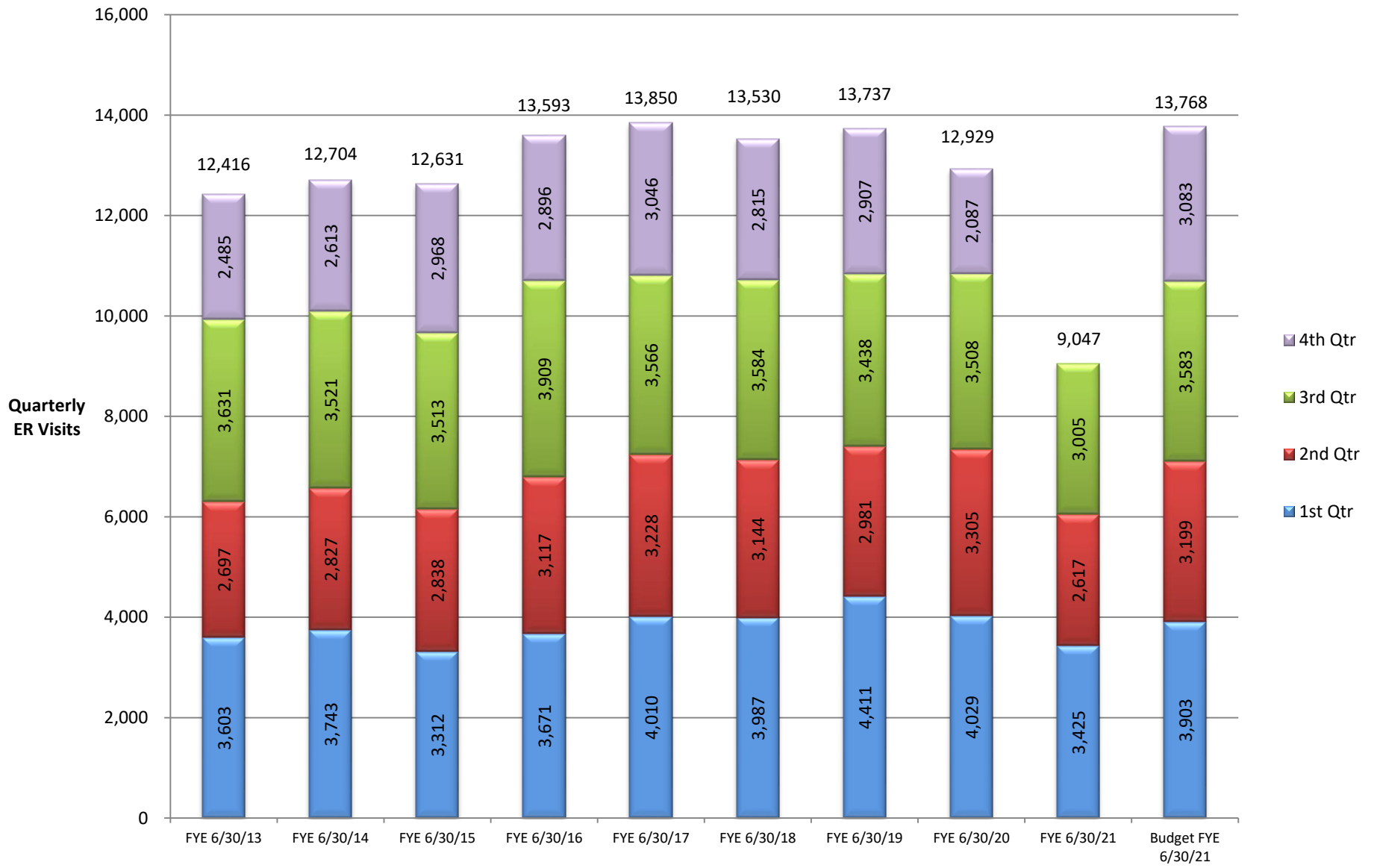
### TOTAL TFH ICU MED/SURG DAYS



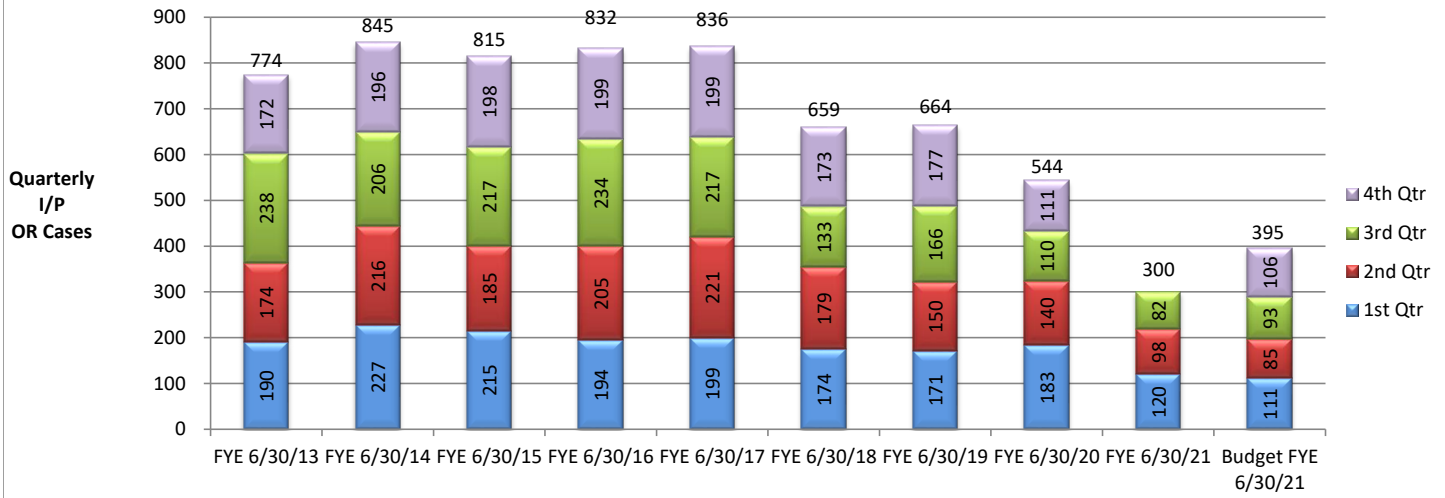
### TOTAL TFH ICU DAYS



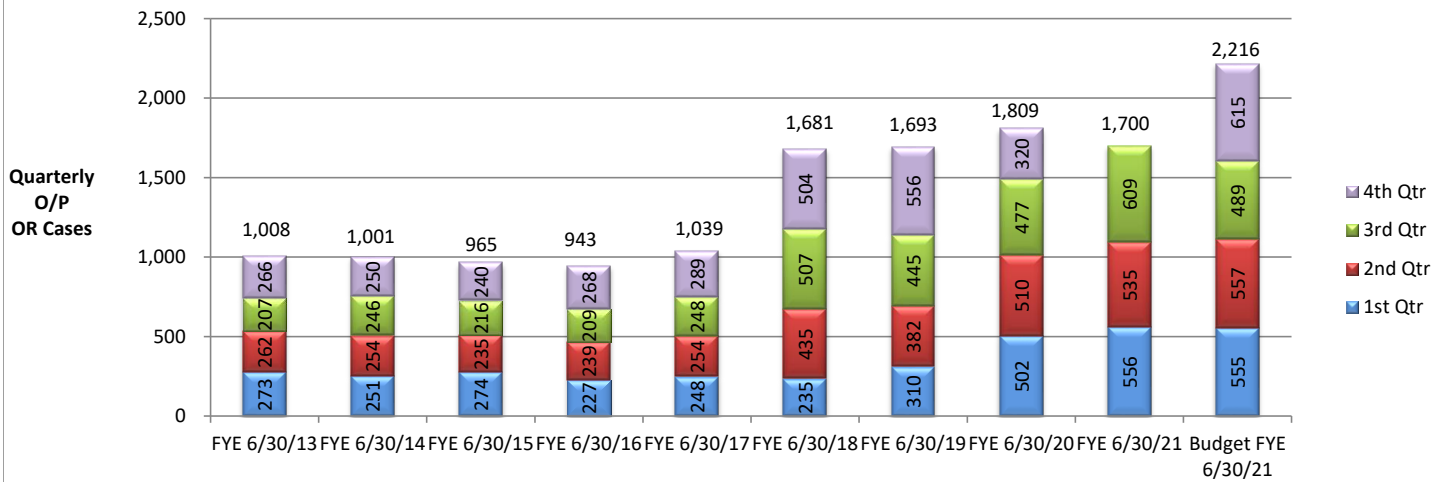
# TOTAL TFH ER VISITS



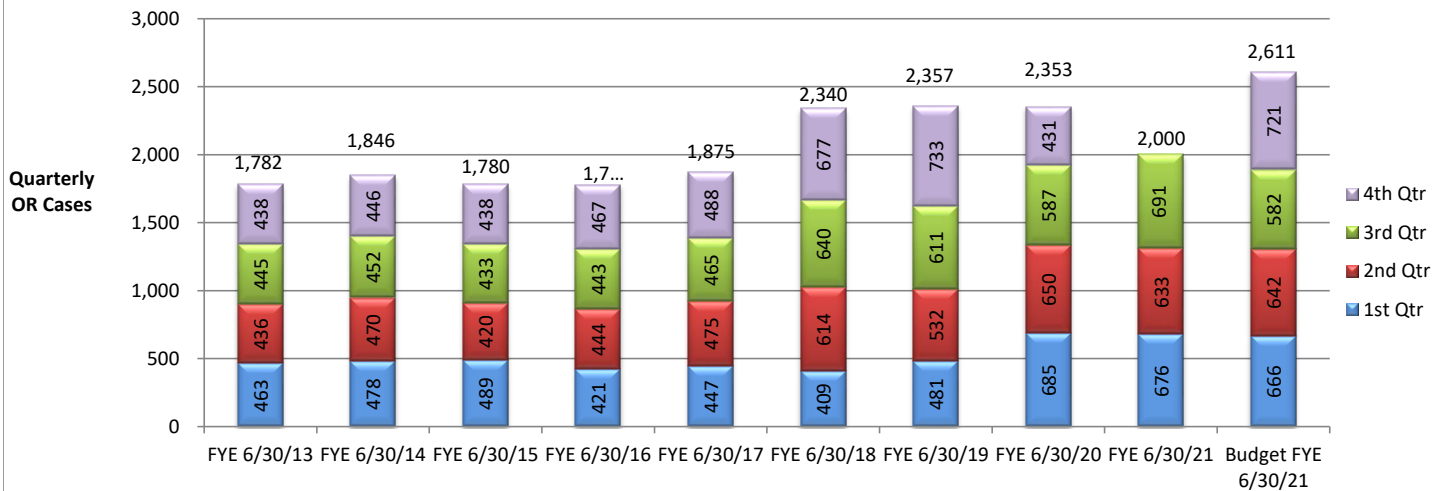
### TOTAL TFH INPATIENT OR CASES



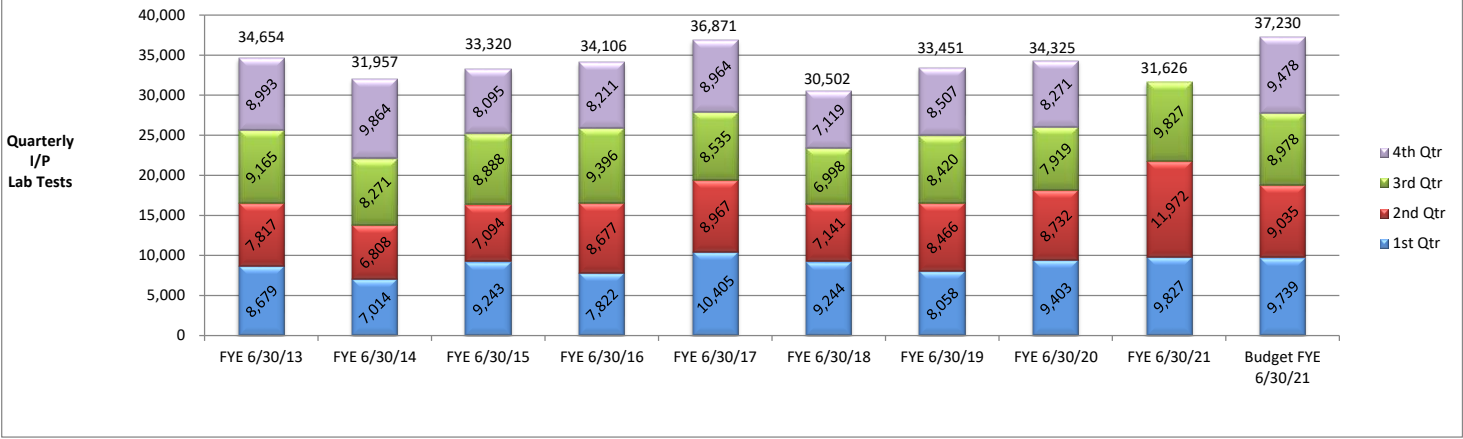
### TOTAL TFH OUTPATIENT OR CASES



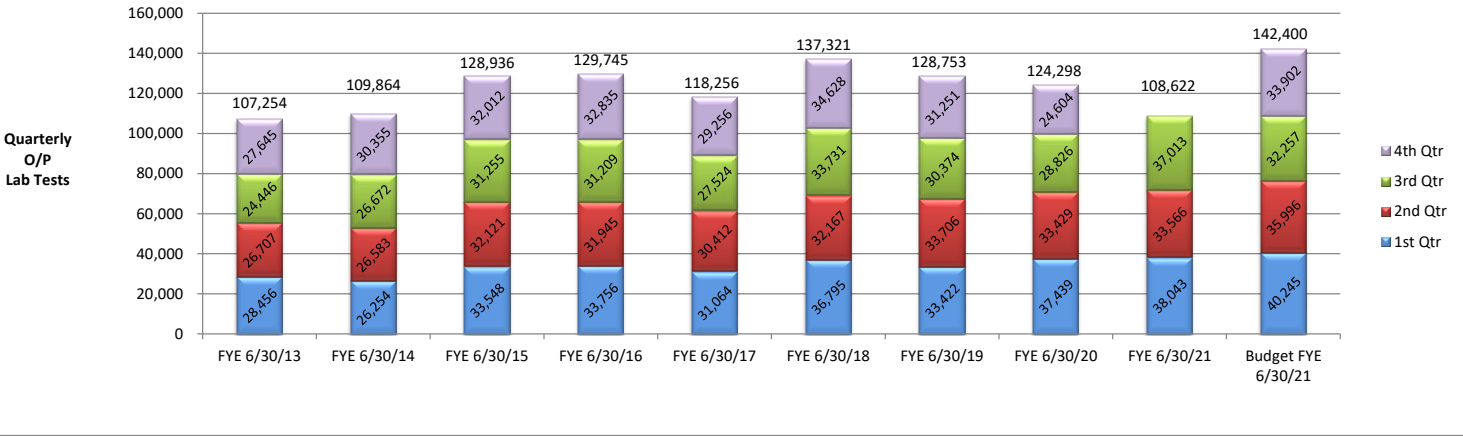
### TOTAL TFH OR CASES



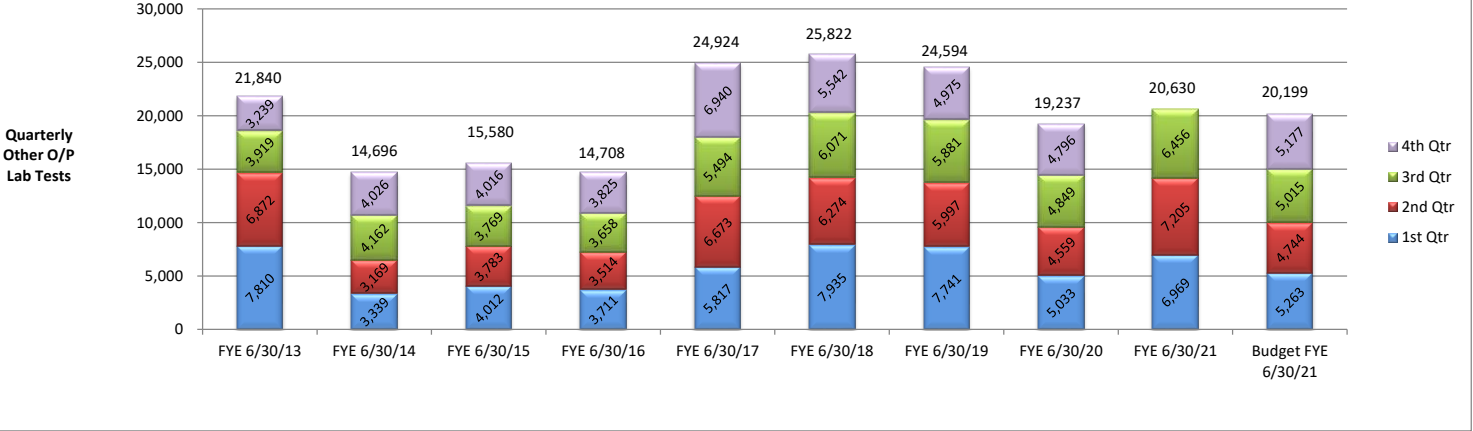
### TOTAL TFH INPATIENT LAB TESTS



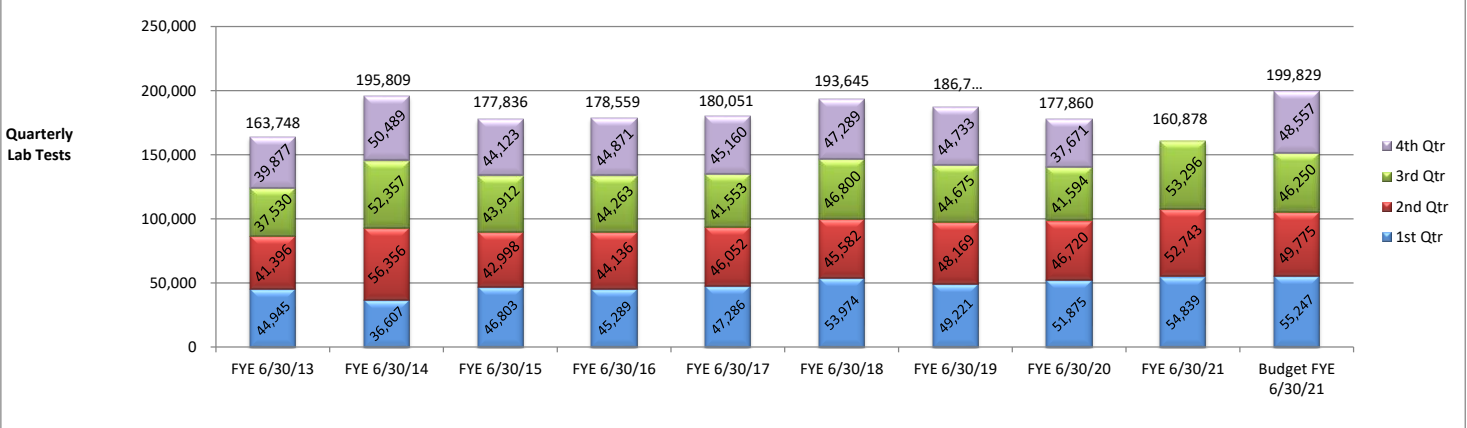
### TOTAL TFH OUTPATIENT LAB TESTS



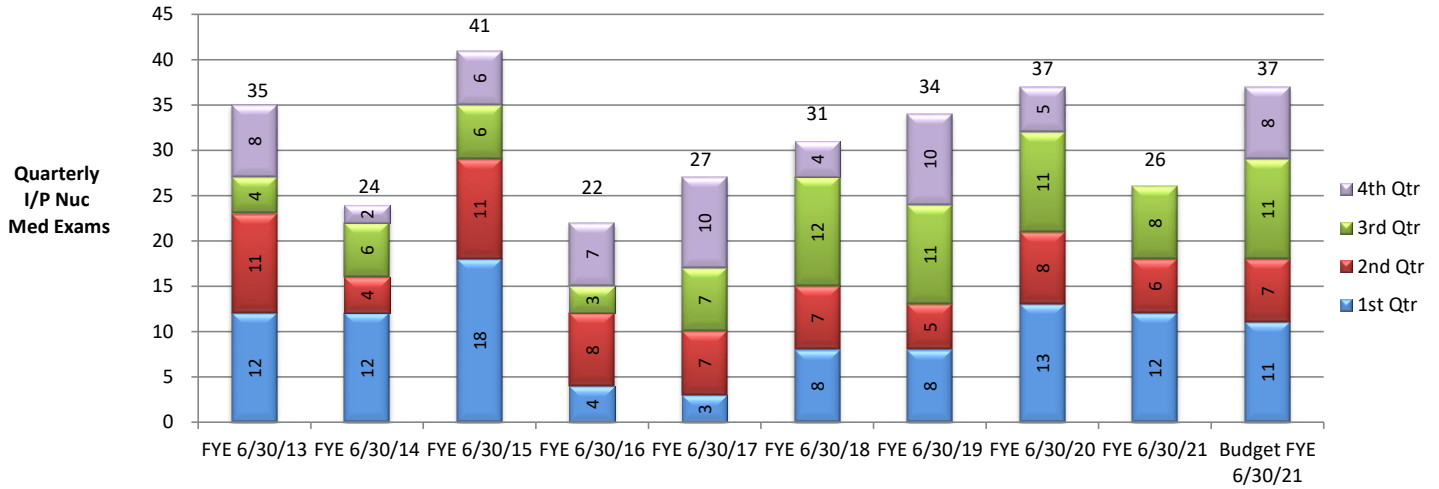
### TOTAL TFH OTHER OUTPATIENT LAB TESTS



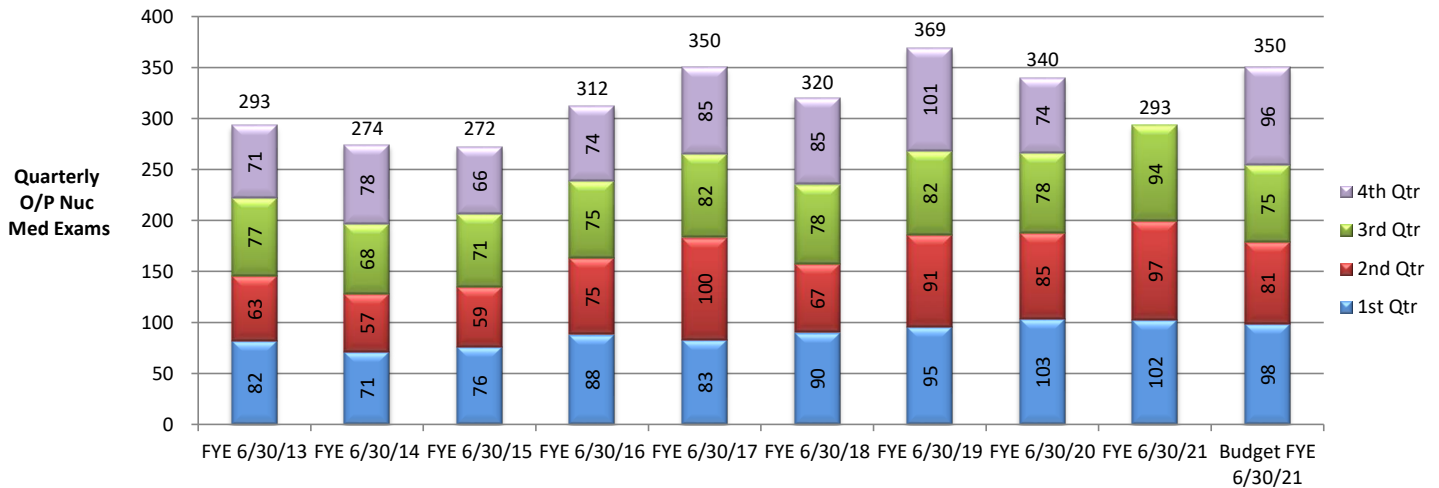
### TOTAL TFH LAB TESTS



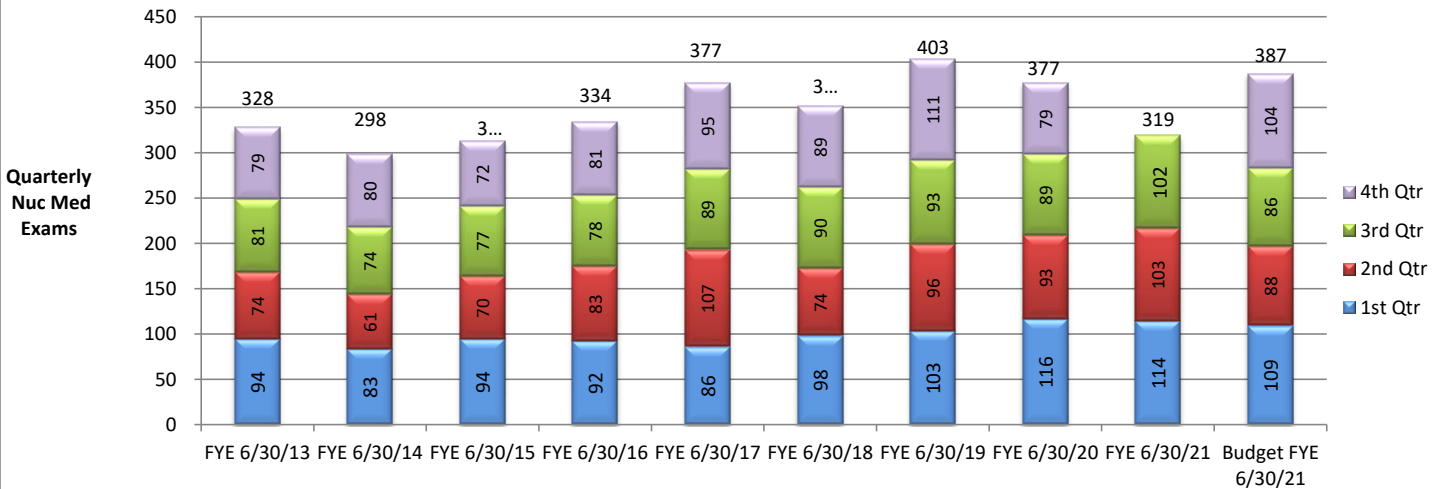
### TOTAL TFH NUCLEAR MEDICINE INPATIENT EXAMS



### TOTAL TFH NUCLEAR MEDICINE OUTPATIENT EXAMS

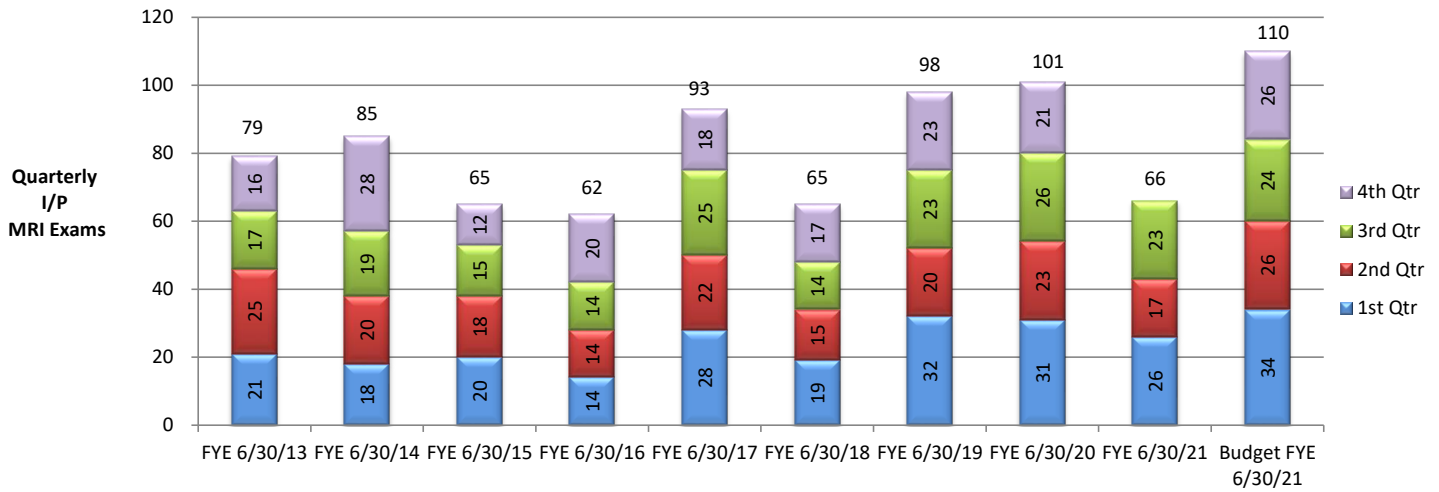


### TOTAL TFH NUCLEAR MEDICINE EXAMS

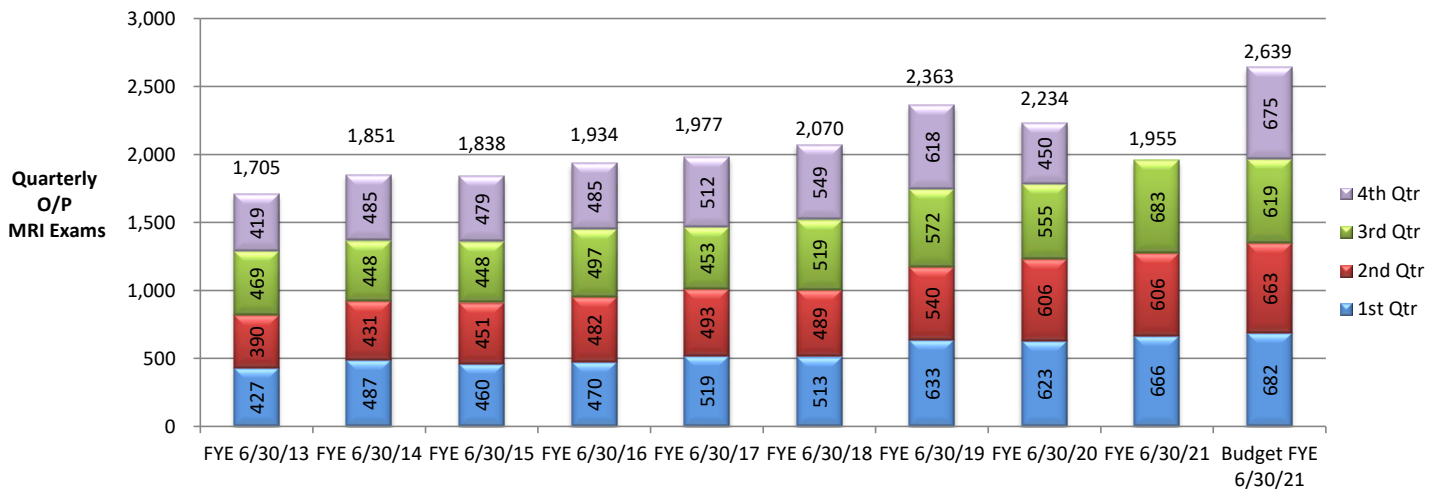




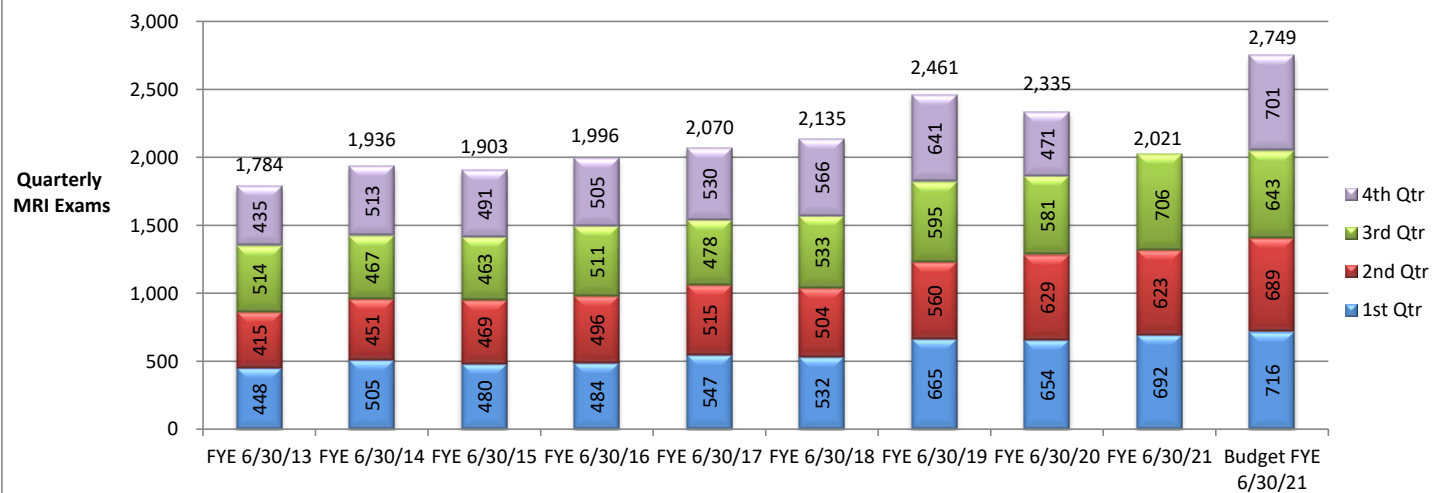
### TOTAL TFH MRI INPATIENT EXAMS



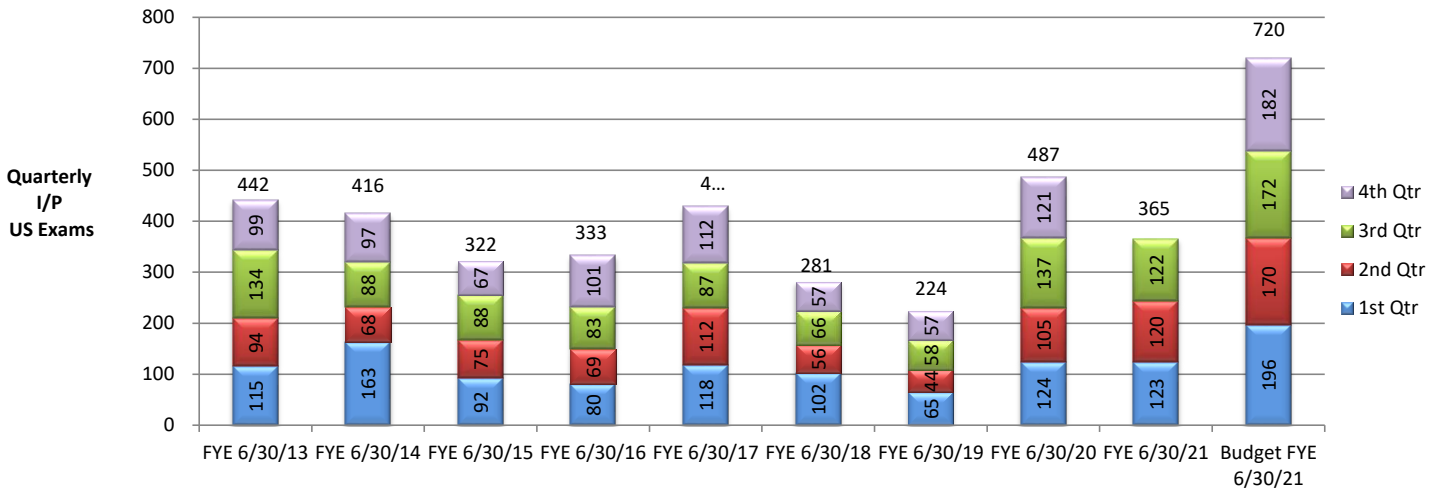
### TOTAL TFH MRI OUTPATIENT EXAMS



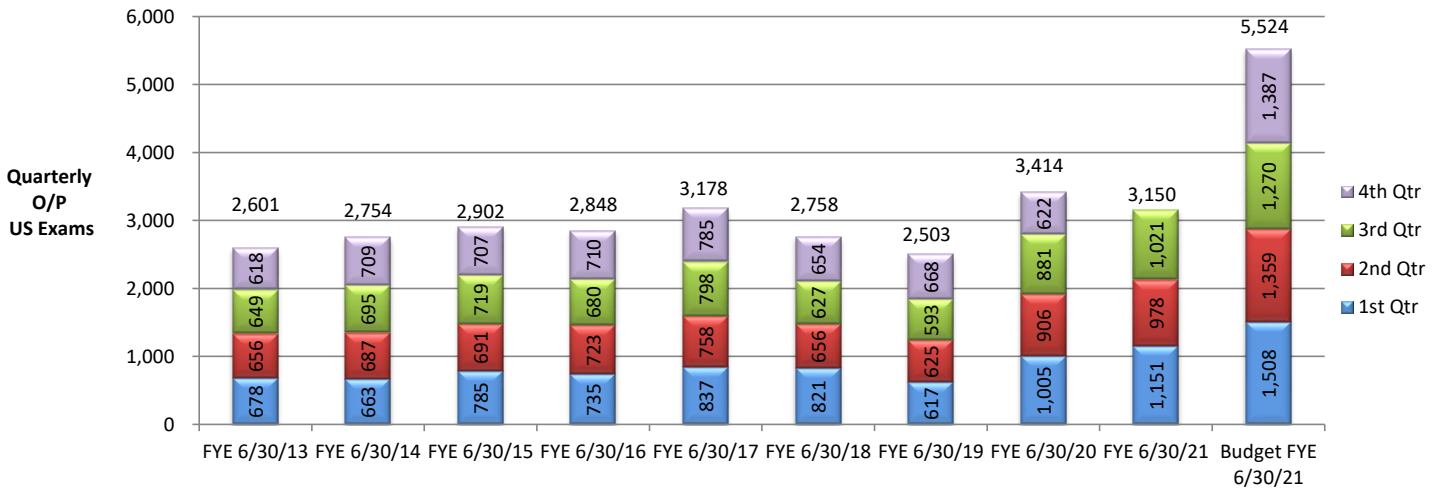
### TOTAL TFH MRI EXAMS



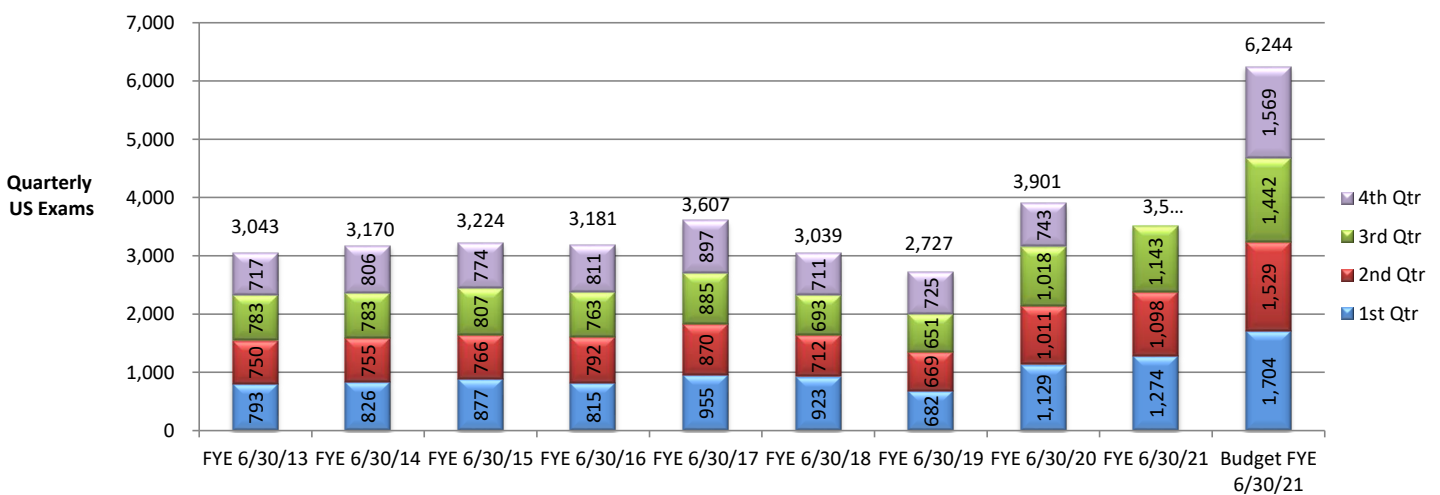
### TOTAL TFH ULTRASOUND INPATIENT EXAMS



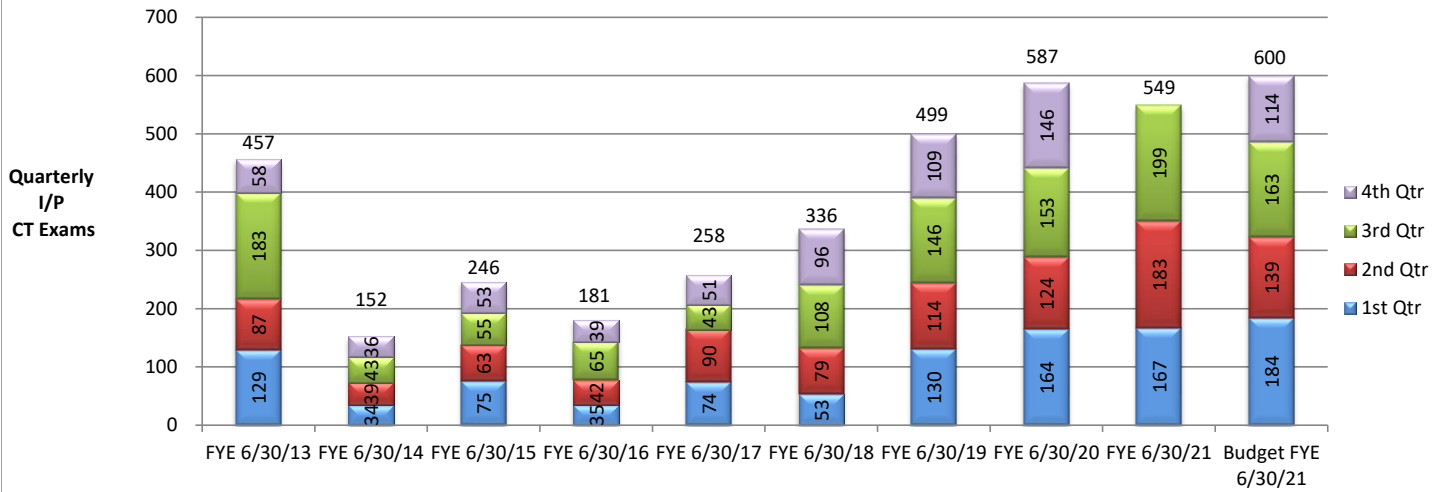
### TOTAL TFH ULTRASOUND OUTPATIENT EXAMS



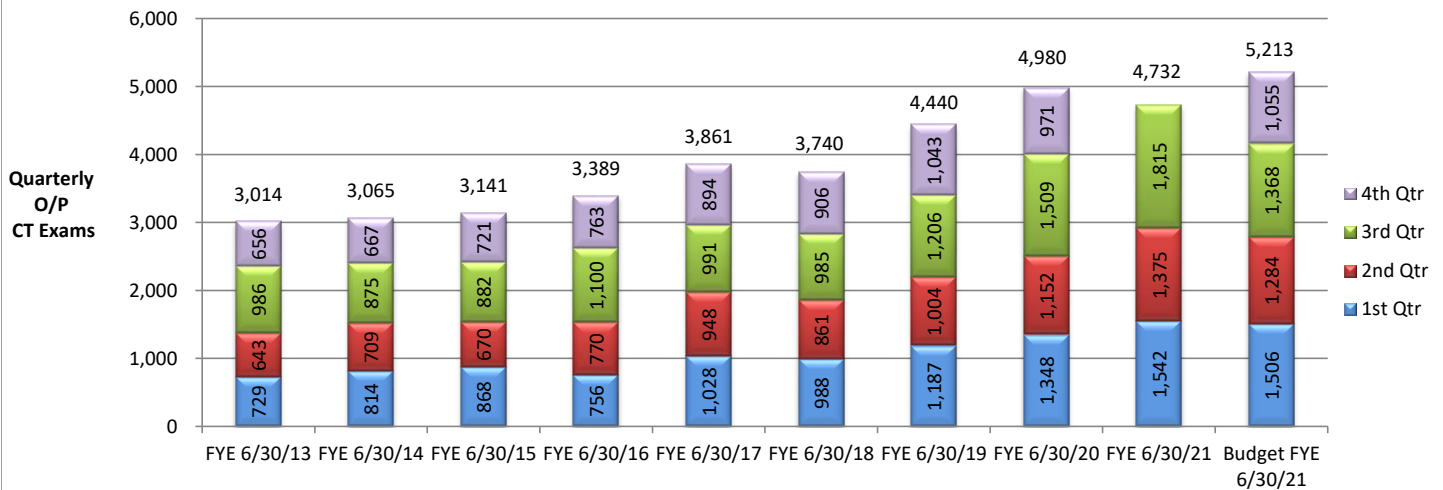
### TOTAL TFH ULTRASOUND EXAMS



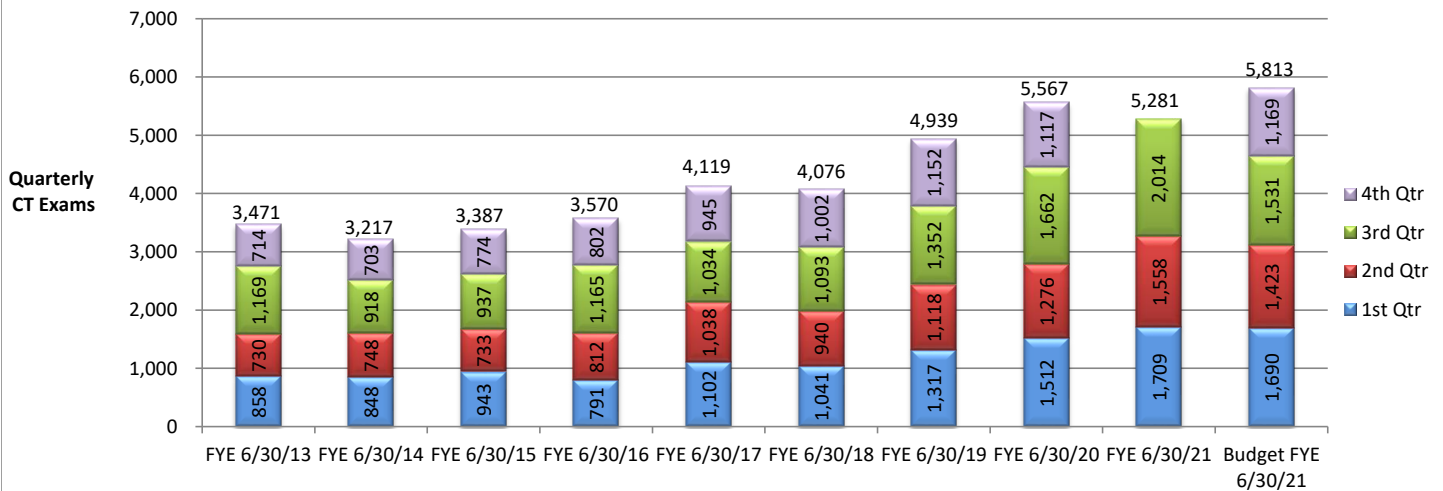
### TOTAL TFH CT INPATIENT EXAMS



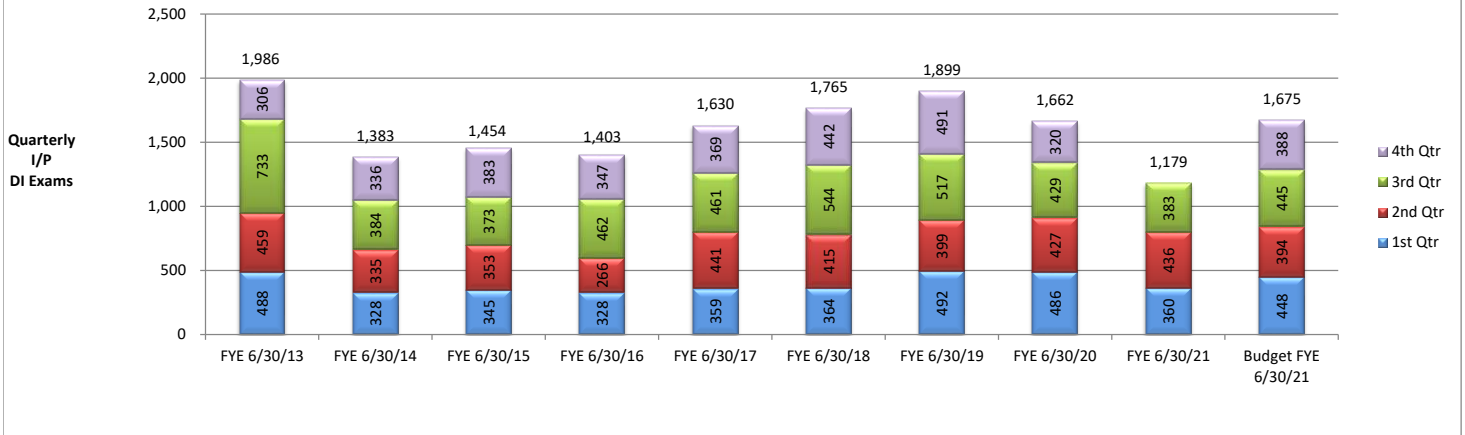
### TOTAL TFH CT OUTPATIENT EXAMS



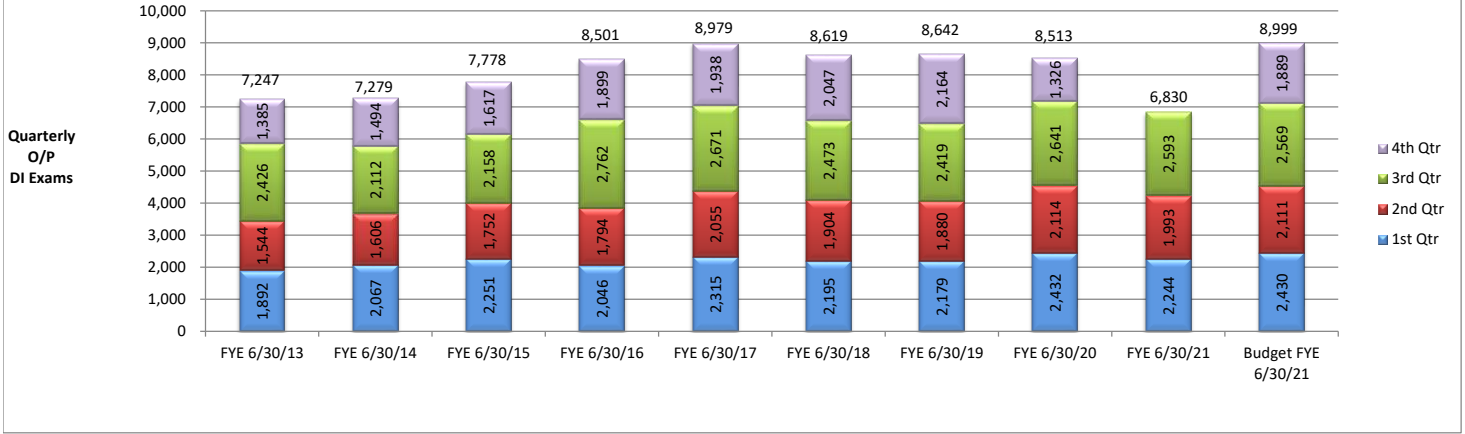
### TOTAL TFH CT EXAMS



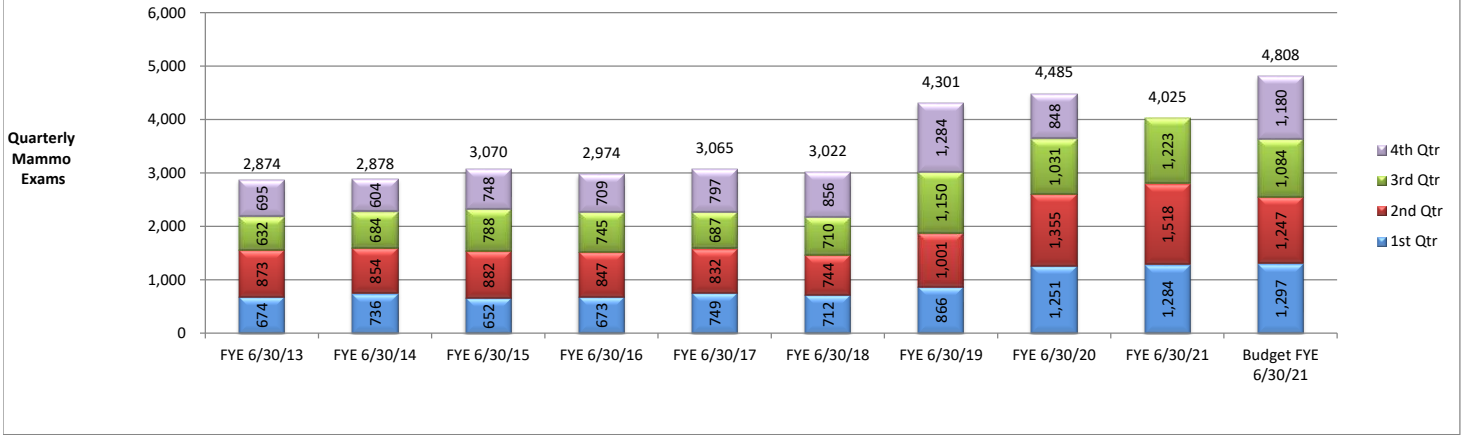
### TOTAL TFH INPATIENT DIAGNOSTIC IMAGING EXAMS



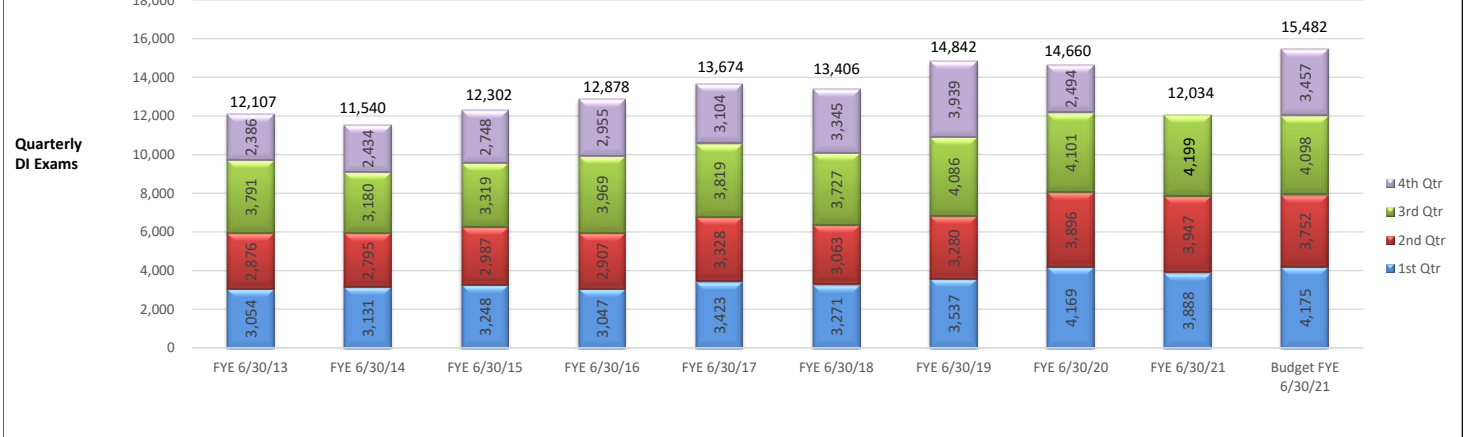
### TOTAL TFH OUTPATIENT DIAGNOSTIC IMAGING EXAMS



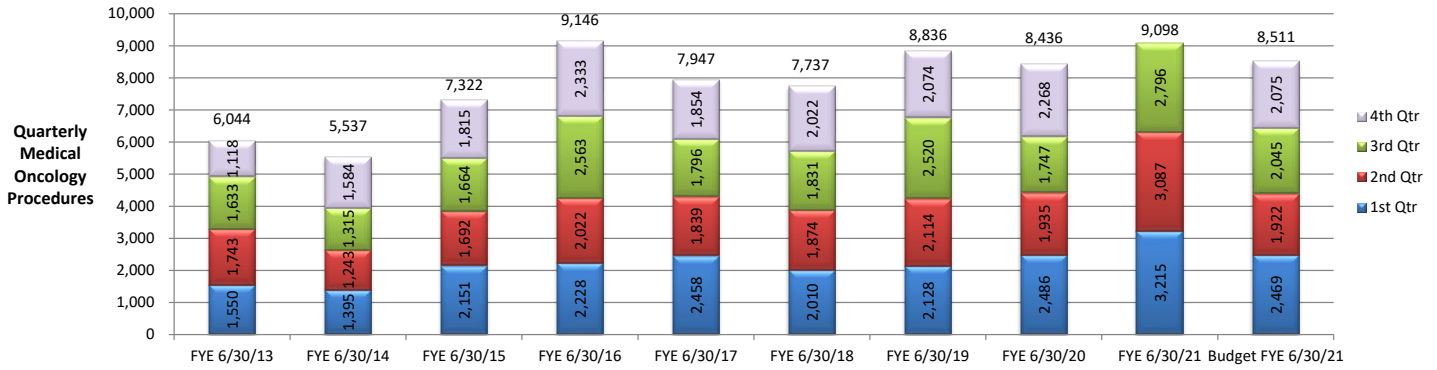
### TOTAL TFH MAMMOGRAPHY EXAMS



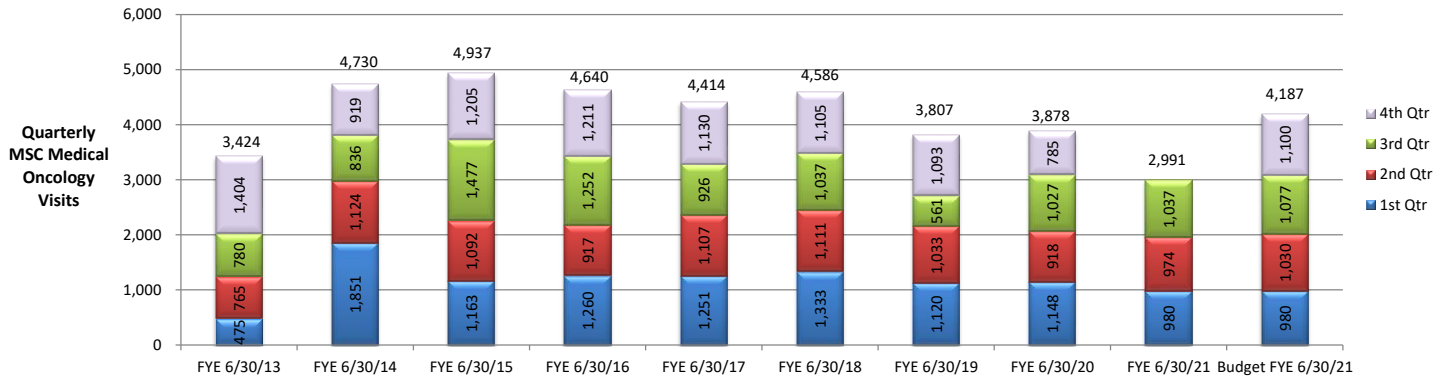
### TOTAL TFH DIAGNOSTIC IMAGING EXAMS



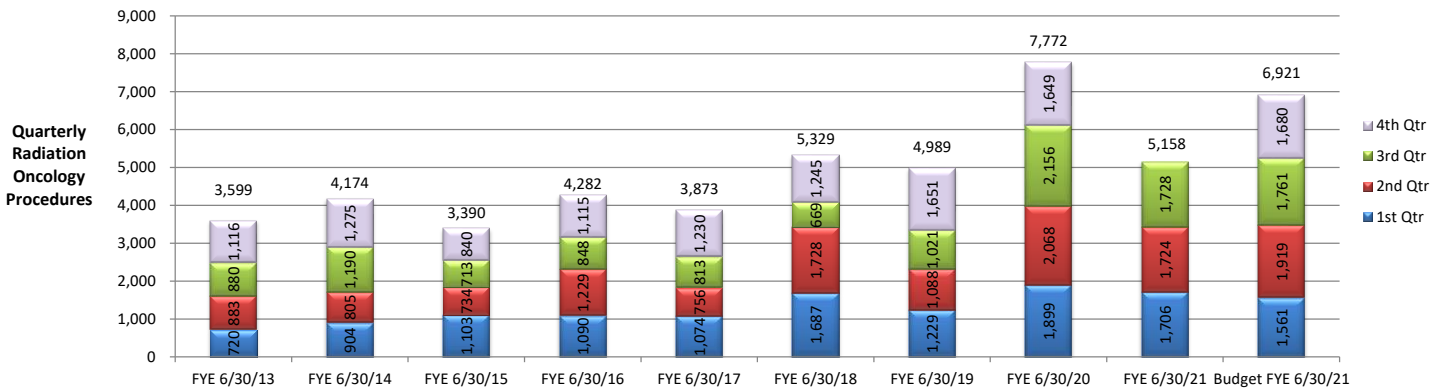
### TOTAL TFH MEDICAL ONCOLOGY PROCEDURES



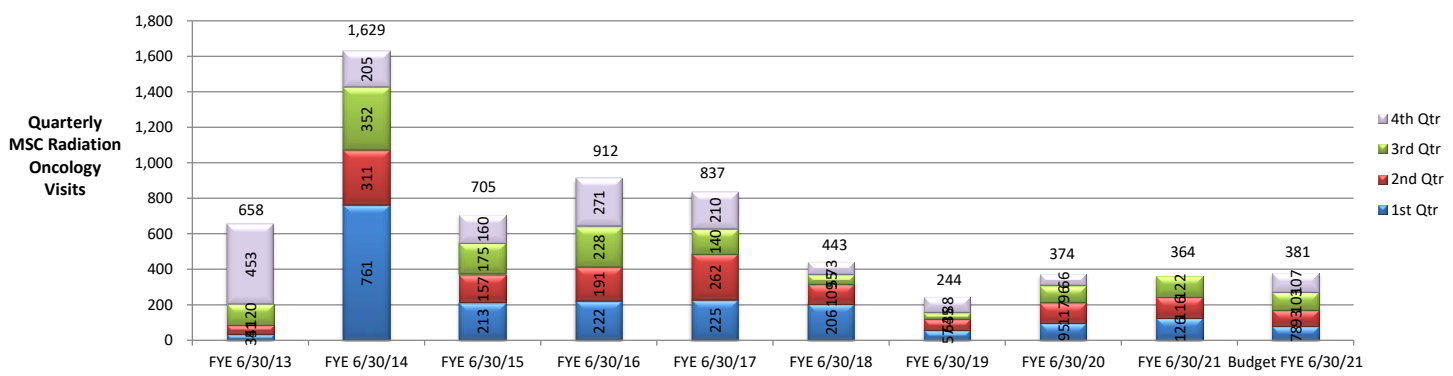
### TOTAL TFH MSC MEDICAL ONCOLOGY VISITS



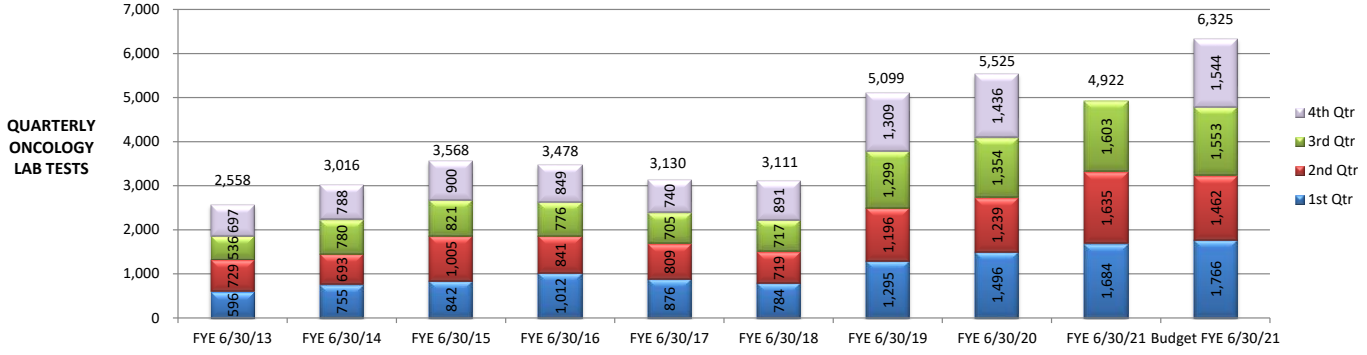
### TOTAL TFH RADIATION ONCOLOGY PROCEDURES



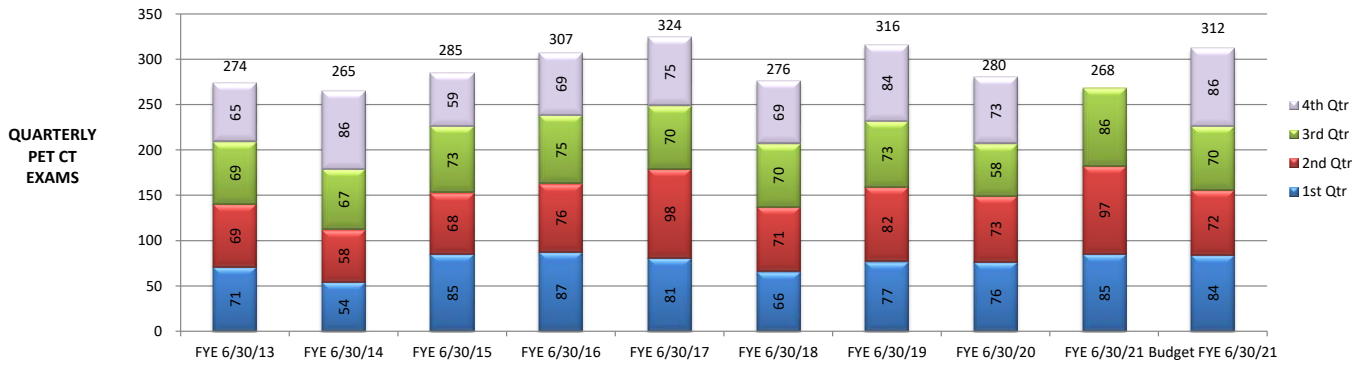
### TOTAL TFH MSC RADIATION ONCOLOGY VISITS



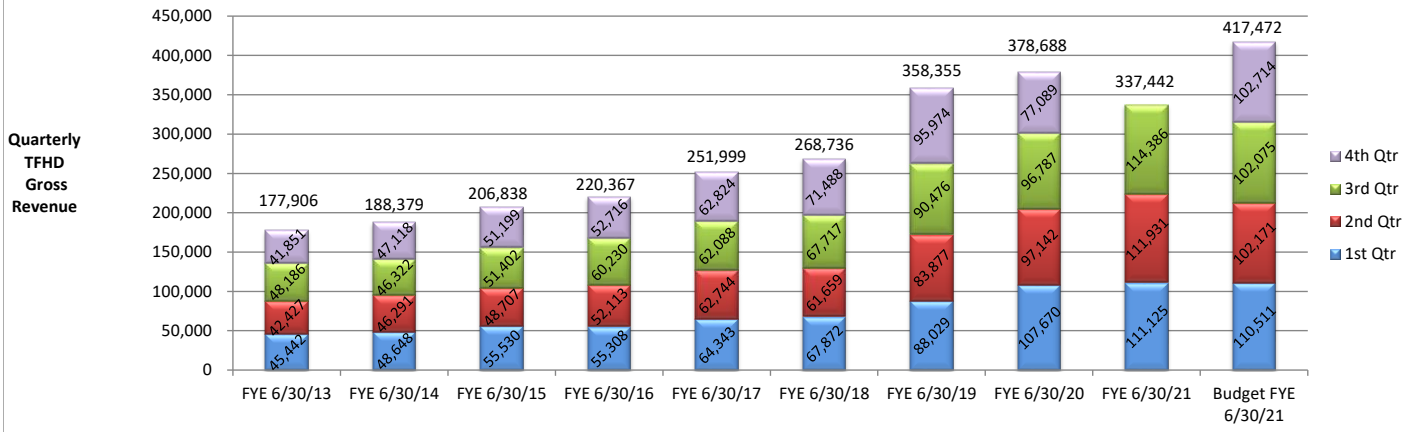
### TOTAL TFH ONCOLOGY LABORATORY TESTS



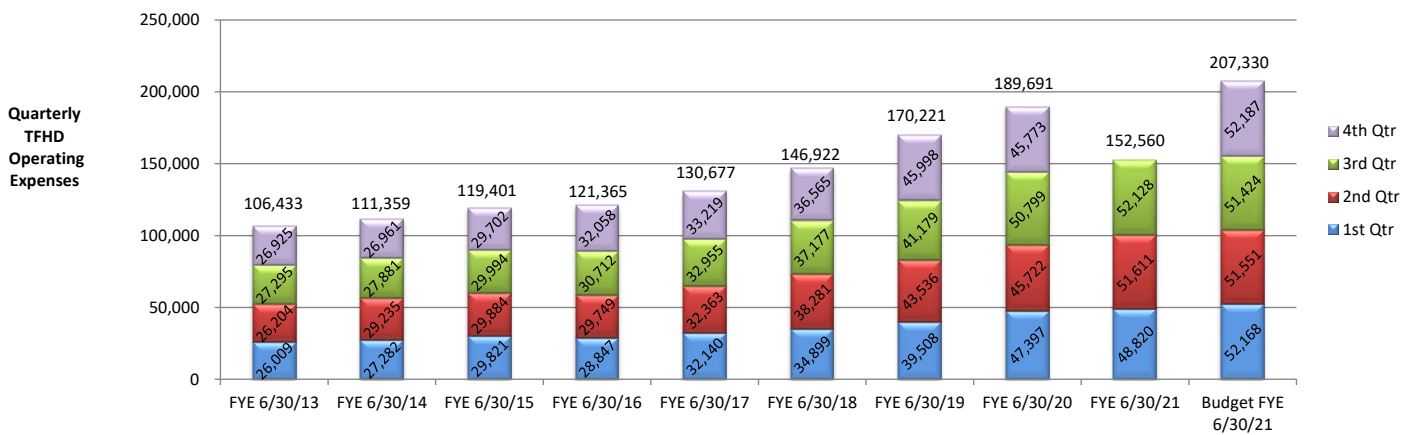
### TOTAL TFH PET CT EXAMS



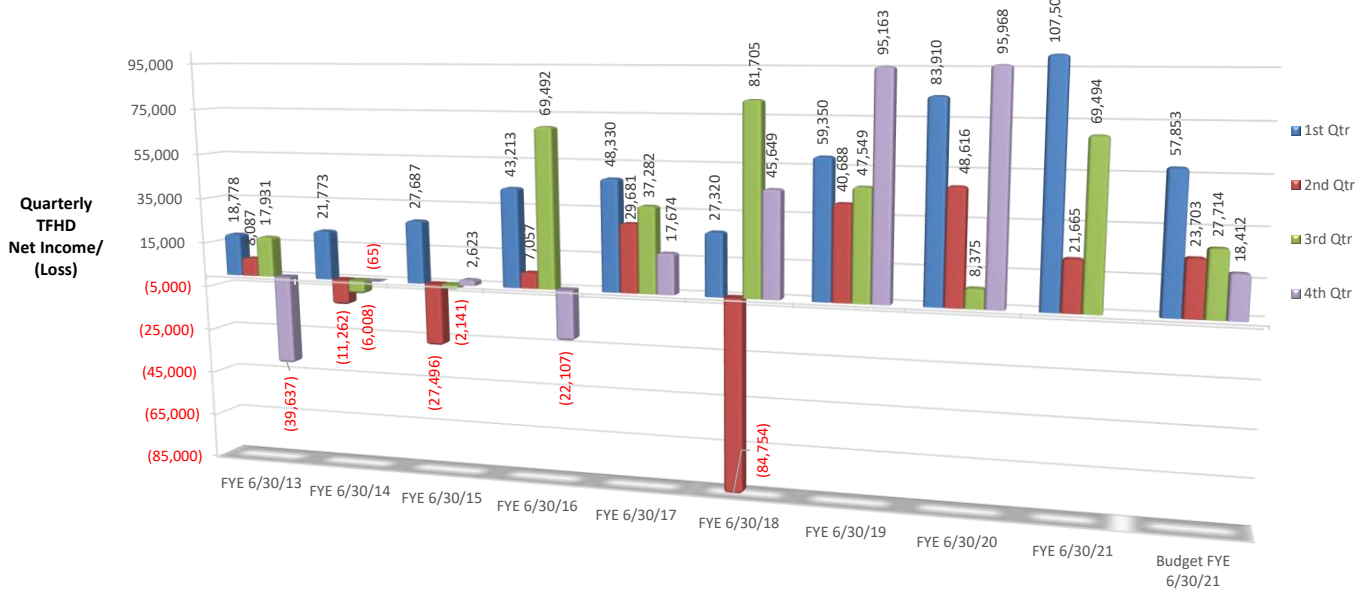
### TAHOE FOREST HOSPITAL DISTRICT TOTAL GROSS REVENUE (In Thousands)



### TAHOE FOREST HOSPITAL DISTRICT TOTAL OPERATING EXPENSES (In Thousands)



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





## Board Informational Report

**By: Harry Weis**  
President and CEO

**DATE: April 13, 2021**

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Our health system continues to grow quite strongly each year as it continues to focus on the unmet healthcare needs of the residents in our region.

Improving timely access for all residents in the region is a large focus for our organization and we are on pace to experience approximately \$24,000,000 in Charity and Bad Debit annualized this fiscal year.

In fiscal year 2020, the Health System saw 84,141 provider office visits. So far annualized in fiscal year 2021, they are north of 110,000. To share context, we had 47,000 visits back in fiscal year 2015. The demand for physical health and mental health visits remains really strong.

We have several physician recruitments underway. Please see other Administrative Council member reports this month for this continuing very important activity.

March was a "lifetime record" revenue month for the health system. We never take any of this for granted! We keep striving to improve!

We are pleased that we have had very few inpatient COVID-19 positive patients in the past several weeks.

This week is a positive week for all residents in our region as we started vaccinating all willing individuals over the age of 16 as vaccines become available.

We are really pleased to have Safeway and CVS as strong vaccinating partners in our region.

We remain hopeful that every person who wants a vaccine can have one by the end of June of this year. We would really like to see businesses, families and schools return to normal in the second half of this calendar year.

California is stating all activities will open up after June 15. We hope this remains true.

Our team continues to focus on how we can ever improve Quality and Patient Satisfaction in highly reliable ways year over year. Quality is always our first focus!

We also strive to ever improve on being the very best employer for 80 miles around! We'll be competing against all large businesses in all industries again this year! Our team has done amazing work in this area for the past 2 years.



Offering highest quality services and being a best place to work are critical strategies for sustainability and innovation for the future.

We are preparing for a Strategic Plan update and also rapidly gearing up for the next 3 year Strategic Plan update and refresh. We are close to naming a key person or team to help facilitate the new Strategic Plan work. We are currently gathering market data, which should arrive in August, and then we will take off on the new Strategic Plan.

Our long term Master Plan remains a critical priority as we are utilizing all aspects of our campus intensely now in all locations and we must have prompt wise actions which will serve the healthcare needs of residents in this region for decades to come. How people move about to have their needs met in mountainous, rural, four season areas may be far different than large metropolitan areas for many years to come.

We are concerned that all regions within our district receive fair consideration for timely longer-term Master Plan improvements as our service area encompasses many counties and towns.

We are active on new state law proposals, which are especially harmful to long term sustainable healthcare. We will be reporting updates on this to the board within the next 1 to 2 months or so.



## Board COO Report

**By: Judith B. Newland**

**DATE: April 2021**

### **Quality: Pursue Excellence in Quality, Safety and Patient Experience**

*Focus on our culture of safety*

The TFH Vaccine Clinic continues to provide COVID vaccines at the Sierra College location giving approximately 1200 doses per week. The clinic has moved to the state of California self-scheduling program, MyTurn. We are now receiving our vaccine allocation from the state Blue Shield program. Besides TFH Vaccine Clinic, both Safeway and CVS Pharmacies in Truckee and Tahoe City are administering COVID vaccines.

In July of 2020, TFHS successfully completed all five domains for their BETA HEART program. It is a coordinated program designed to guide healthcare organizations in implementing a reliable and sustainable culture of safety grounded in a philosophy of transparency. The five domains of the program that the health system has completed are Culture of Safety, Rapid Event Response & Analysis, Communication and Transparency, Care for the Caregiver, and Early Resolution. TFHS was the first organization to complete all five domains. We have scheduled our annual validation survey with BETA in May to review our compliance with the five domains. Meeting the criteria for each domain gives us a 2% renewal credit per domain and in 2020, TFHS received a 10% renewal credit.

### **People: Strengthen a Highly Engaged Culture that Inspires Teamwork**

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

Please join me in welcoming Sadie Wangler, new Director of Diagnostic Imaging. Ms. Wangler has been the Manager of Diagnostic Imaging at TFH, and prior to working at TFH worked at Renown as the Manager of their stroke program. Pete Stokich, previous Director of Diagnostic Imaging, retired after 20 years of service. A big thank you to Pete for his dedication and commitment to the health system.

Report provided by Dylan Crosby, Director Facilities and Construction Management

#### **Active Moves:**

- Incline Village Lake Side Clinic (889 Alder Ave Suite 303) move to 2<sup>nd</sup> floor of Incline Village Community Hospital. March 31<sup>st</sup>, 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 has commenced, starting with the rooms on the Southern end.

**Start of Construction:** March 29<sup>th</sup>, 2021

**Project Budget:** \$957,410

**Estimated Completion:** October 2021

**Project:** Security and Exiting

**Background:** The Security and Exiting project was initiate 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 Imagine 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 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 initiated on April 12<sup>th</sup> with a scheduled completion of May 14<sup>th</sup>.

**Start of Construction:** February 8<sup>th</sup>, 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:** Staff have awarded and are in coordination with the contractor to develop the schedule an initiate procurement.

**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:** This project is in the permitting phase. Initial comments have been received by OSHPD. The team is coordinating resubmittal, intended for April 16<sup>th</sup>.

**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 May 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 has been submitted and triaged by OSHPD, awaiting first round comments.

**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:** Project is in early design stages, the team is finalizing the program and working on Schematic Design.

**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 Siemens MRI.

**Update Summary:** Project is in early design stages, the team is finalizing the program and working on Schematic Design.

**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 have put this project on hold until the end of May.

**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. Staff have initiated schematic design of the site.

**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. Statement of Qualifications are due April 29<sup>th</sup>.

**Start of Construction:** Spring 2022

**Estimated Completion:** Summer 2023

**By: Karen Baffone, RN, MS**  
Chief Nursing Officer

**DATE: April 2021**

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**Service: Optimize delivery model to achieve operational and clinical efficiency**

- Extended Recovery discharges – performance improvement to improve patient flow from Med Surg to the Ambulatory Surgery Area
- The Emergency Department has rebounded their Press Ganey scores this past month

**Quality: Provide clinical excellence in clinical outcomes**

- COVID-19
  - Increased Visiting Hours in the Hospital to 2 visitors during normal visiting hours (1000-2000)
  - We continue to have the 7 beds closed on the west side of the ECC as they have not released those beds for COVID utilization
- Level Three Trauma designation survey is scheduled now for the 29<sup>th</sup> of September this year. The survey will be virtual and the majority of information requested has been submitted.
- IV pump project – all pumps will be replaced as the current pumps are no longer supported and at end of life
- The Wellness Neighborhood is finalizing plans for the Community Health Needs Assessment that will occur in late summer this year.
- The PRIME program will have surpassed the required indicators and we are able to increase the dollars to the District.

**Growth: Meets the needs of the community**

- Upcoming May EVENTS
  - May Community Walking Challenge -virtual walk along the beautiful Oregon Coast
  - Social connection walk along the Legacy Trail in Truckee (May 21 – 1100)
- Patient Education Videos – More of our Wellness Classes will return to “in-person” in May/June
  - Pre Diabetes
  - COVID Hygiene
  - COVID Vaccine
  - Gratitude
  - Your Authentic Wellness
  - Affordable Lab Screening
  - Building Better Care Givers
  - Mindfulness
  - Living Well
  - Diabetes Self-Management Program

- Infant Nutrition
- Parkinson's Support Group
- Cooking Club
- Vaping and Smoking Cessation
- Dynamic Aging Workshop
- Yoga Basics
- Raising Healthy Eaters



## Board Informational Report

**By: Jake Dorst**

**DATE:** April 2021

Chief Information & Innovation Officer

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### **Service: Optimize delivery model to achieve operational and clinical efficiency**

#### **Completed**

- Swing Bed Admission custom programming
- Diabetic Ketoacidosis (DKA) order set
- Improved inpatient admission and discharge navigators
- 21<sup>st</sup> Century CURES act compliance upgrade
- Transition to Capital One Lockbox
- Increase network security and awareness programs (ongoing) to defend against targeted healthcare attacks from Eastern Europe
- Pediatrics RIC & Lab setup
- Jayco carts setup and installed for Incline and TFHD ED (iPad) setup
- 30 Primex refrigerator temp probes replaced
- Retail pharmacy system and QS1 upgrades completed
- Network & System Hardening considering current and ongoing Cyber events
- Security Operations Center (Managed Services) SOW in review with internal counsel
- MOB Lab Draw location open on 10/19
- Completed STROKE quick is for ED and is in production
- Renegotiated ITIL based ticketing and service tool. Review with CIO
- Behavioral Health department development and reporting enhancements
- Advanced Directive workflow for Cancer Center

#### **Active**

- Move to 30-day HAR
- Pyxis Upgrade
- Enhancement build of Behavioral Health department
- Initiation of 2<sup>nd</sup> floor Cancer Center RHC Build
- Design Build for Cost Accounting AXIOM module
- Initiation of revenue cycle clearing house change
- Pricing Transparency
- Urgent Care business model
- Initiation of Ophthalmology Service Line
- Tahoe City RIC
- Initiating Incline Village Tele hospitalist program
- 3-year portfolio planning
- 2<sup>nd</sup>-floor MOB technology planning for rebuild of primary care RHC.



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

**DATE: April 13, 2021**

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### **People: Strengthen a highly-engaged culture that inspires teamwork**

#### *Build Trust*

- MEC and Administration worked collaboratively to provide a new resource for the Medical Staff to address burnout. This is a partnership with the Nevada Physician Wellness Coalition who will provide Grand Rounds presentations, roundtable discussions, and a warm-line for the Medical Staff or their families.

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

- Happy to announce that Dr. Josh Kriss, neurologist, has joined us on a part-time basis to compliment Dr. Mwero, so that we have 5 day a week coverage for neurology along with developing our stroke program.
- Dr. Michael Hagen has joined our primary care team!. His name may look familiar, as his brother, Dr. Jon Hagen, is an orthopedic surgeon on our Medical Staff at both TFH and IVCH.
- We are actively recruiting for primary care (IM or FP), Ob/Gyn, and orthopedics.

### **Service: Optimize delivery model to achieve operational and clinical efficiency**

#### *Develop integrated, standardized and innovative processes across all services*

- As COVID testing changes rapidly (depending on supplies, vendors, etc.), we work closely to optimize the best strategies and communicate that to the Medical Staff and Employees.

#### *Use technology to improve efficiencies*

- We are evaluating a product called “Signal” that will help to focus our efforts on making the Epic EMR more effect and efficient for our team in hopes to reduce physician/APP burnout.

#### *Implement a focused master plan*

- The Medical Staff and Staff recently participated in a survey to convey their desires in the future master plan.

### **Quality: Provide clinical excellence in clinical outcomes**

#### *Prioritize the patient and family perspective*

- The team has done an amazing job rolling out vaccination to our community, which is currently open to all 16+!

#### *Identify and promote best practice and evidence-based medicine*

- Multiple recent educational opportunities have added value to our organization:
  - Including recent information to the surgery department on surgical sepsis, winter injury education, trauma education and case reviews to name a few.

**Finance: Ensure a highly sustainable financial future**

*Establish a transparent financial reporting system*

- We are continuing to provide wRVU reports to the physicians outlining their respective production. There were some changes to how CMS assigns wRVUs on January 1, 2021 and all physicians and leadership were informed early in the year.

**Growth: Meets the needs of the community**

*Explore and engage potential collaborations and partnerships*

- Ongoing discussions with Barton and Eastern Plumas District to share provider resources and coordinate care throughout the region.

*Enhance and promote our value to the community*

- We are continuing to work on the master plan and engaging with the community through the engagement meetings.

*Define opportunities for growth and recapture outmigration*

- Recruitment continues in many areas to ensure proper staffing to meet the needs of the community. We are looking ahead at the new facilities and will continue to prioritize the greatest needs in our community to fill those clinical spaces.

## AGENDA ITEM COVER SHEET

<b>ITEM</b>	ABD-10 Emergency On-Call Policy
<b>RESPONSIBLE PARTY</b>	Martina Rochefort, Clerk of the Board
<b>ACTION REQUESTED?</b>	For Information only.
<p><b>BACKGROUND:</b></p> <p>The Emergency On-Call policy, which highlights on-call services provided at Tahoe Forest Hospital and Incline Village Community Hospital, is required to be approved annually by the Board of Directors.</p>	
<p><b>SUMMARY/OBJECTIVES:</b></p> <p>The policy was sent for review by the Director of Quality and In-House Counsel/Interim Risk Manager. Neither had any edits to the policy.</p>	
<p><b>SUGGESTED DISCUSSION POINTS:</b></p> <p>None.</p>	
<p><b>SUGGESTED MOTION/ALTERNATIVES:</b></p> <p>Approval via Consent Calendar.</p>	
<p><b>LIST OF ATTACHMENTS:</b></p> <ul style="list-style-type: none"> <li>• ABD-10 Emergency On Call</li> </ul>	



# TAHOE FOREST HEALTH SYSTEM

Origination Date:	04/2001
Last Approved:	04/2020
Last Revised:	04/2019
Next Review:	04/2021
Department:	Board - ABD
Applicabilities:	System

## Emergency On-Call, ABD-10

### PURPOSE:

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

### POLICY:

- A. Patients who present to the Tahoe Forest Hospital District facilities requesting emergency care are entitled to a "Medical Screening Examination" as described in the Act, regardless of their ability to pay.
- B. The District's Board of Directors, Administration and Medical Staff leadership will work collaboratively to determine the District's capabilities for providing 24-hour emergency health care.
- C. Tahoe Forest Hospital District operates Tahoe Forest Hospital and Incline Village Community Hospital.
  1. Tahoe Forest Hospital (TFH), a Critical Access Hospital has been licensed by the State of California to provide Basic Emergency Services. TFH will provide on-call physician coverage in the Emergency Department for the basic services and supplemental services listed on the hospital license:
    - a. Emergency Medicine
    - b. General Medicine
    - c. General Surgery
    - d. Radiology
    - e. Anesthesia
    - f. Pathology
    - g. OB/Gyn
    - h. Pediatrics
    - i. Orthopedics
  2. Incline Village Community Hospital, in Incline Village, Nevada will provide 24-hour physician coverage for Emergency and Medicine Services.
  3. TFH may provide specialty activation coverage for emergency consultations and services according

to the capabilities of members of the medical staff who have privileges in that specialty.

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

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

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

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

G. Physicians who seek charity care fund reimbursement at Medicare rates for emergency services provided in the hospital to indigent patients, should refer to [Financial Assistance Program Full Charity Care And Discount partial Charity Care \(ABD-09\)](#) for guidance and distribution criteria. Tahoe Forest Hospital District will keep abreast of other funds, state or otherwise, that might be available for the purpose of providing payment to physicians who treat the under/uninsured population.

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

## Related Policies/Forms:

[Emergency Condition: Assessment and Treatment Under EMTALA/COBRA, ALG-1907](#)

## References:

EMTALA-California Hospital Association manual

All revision dates: 04/2019, 03/2018, 03/2017, 11/2015, 01/2014, 01/2012, 02/2010

## Attachments

No Attachments

## Approval Signatures

Step Description	Approver	Date
	Harry Weis: CEO	04/2020

Step Description	Approver	Date
	Martina Rochefort: Clerk of the Board	04/2020

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## **Board Informational Report**

**By: Jim Hook**  
Corporate Compliance  
Consultant, The Fox Group

**DATE:** April 22, 2021

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### **2021 Compliance Program 1st Quarter Report (Open Session)**

The Compliance Committee is providing the Board of Directors (BOD) with a report of the 1st Quarter 2021 Compliance Program activities (Open Session). This report assists the BOD to meet its obligations to be knowledgeable about the content and operation of the seven components of the Compliance Program.

## 2021 Corporate Compliance Program 1st Quarter Report

### OPEN SESSION

Period Covered by Report: **January 1, 2021 - March 31, 2021**  
Completed by: James Hook, Compliance Officer, The Fox Group

#### **1. Written Policies and Procedures**

1.1. The District's Corporate Compliance Policies and Procedures are reviewed and updated as needed.

#### **2. Compliance Oversight / Designation of Compliance Individuals**

2.1. Corporate Compliance Committee Membership as of March 31, 2021:

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

#### **3. Education & Training**

3.1. All employees are assigned HIPAA Privacy and Security Rule training, and Compliance Program training, via Health Stream.

3.2. Code of Conduct and Health Stream compliance and privacy training for new Medical staff members and physician employees are completed as part of initial orientation.

#### **4. Effective Lines of Communication/Reporting**

4.1. A Compliance log is maintained for all calls to the Compliance Hotline and other reports made to the Compliance Department. No reports were made either directly to the Compliance Department or through the hot line in the 1<sup>st</sup> Quarter of 2021.

4.2. HIPAA violations are reported to the Privacy Officer. The Privacy Officer maintains a log of reported events and investigations. Nine reports were made to the Privacy Officer in the 1<sup>st</sup> Quarter of 2021.



2021 Corporate Compliance Program 1st Quarter Report

OPEN SESSION

Nature of Breach Reports 2021	No. of Reports YTD	No. of Reports 1st Quarter 2021	No. of Reports 2nd Quarter 2021	No. of Reports 3rd Quarter 2021	No. of Reports 4th Quarter 2021
Billing/Registrations	0	0	0	0	0
Patient Results	1	2	0	0	0
Mailings	0	0	0	0	0
Electronic File	0	0	0	0	0
Faxing	0	0	0	0	0
Patient Complaint	5	4	0	0	0
Record Disposal	0	0	0	0	0
Public Disclosure	2	2	0	0	0
Employee Access	1	1	0	0	0
Business Associate Agreement - report of breach	0	0	0	0	0
Incorrect Registration	0	0	0	0	0
Incorrect Guarantor	0	0	0	0	0
Unsecure/misdirected email	0	0	0	0	0
Total		9	0	0	0
	Total YTD	Q1	Q2	Q3	Q4
Reportable to CDPH	0	0	0	0	0
Reportable to HHS	0	0	0	0	0
Open	1	1	0	0	0

4.3. The Compliance Department published one article in the Pacesetter in the first quarter of 2021.

**5. Enforcing Standards through well-publicized Disciplinary Guidelines**

- 5.1. New hires completed 100% of the required Health Stream courses in Corporate Compliance and HIPAA in the 1<sup>st</sup> quarter. Thirty-two percent of contracted providers completed the assigned Compliance with Stark Law course in the 1<sup>st</sup> Quarter of 2021
- 5.2. All new staff hires, and newly privileged physicians, receive criminal background checks and are checked against the OIG and GSA list of exclusions prior to hiring/appointment. Members of the Medical Staff are checked against the OIG/GSA

OPEN SESSION

exclusion lists each month. All employees are screened against the OIG/GSA exclusion list every quarter. All vendors are checked continuously using the vendor credentialing program.

**6. Auditing & Monitoring**

6.1. Two audits were completed during the 1<sup>st</sup> Quarter of 2021 as part of the 2021 corporate compliance work plan.

6.1.1. Independent Contractor Physician Payments: an audit of payments to all 39 independent contractor physicians for the 4<sup>th</sup> calendar quarter of 2020 showed no discrepancies between compensation specified in professional service agreements and actual payments in the quarter. (2 pending)

6.1.2. Home Health documentation for Prospective Payment System, including documentation of face-to-face visits: Face-to-face visits audited continuously in Home Health; still at 100% compliance.

**7. Responding to Detected Offenses & Corrective Action Initiatives**

7.1. One investigation of an actual compliance issues incident was initiated during the 1<sup>st</sup> Quarter of 2021.

**8. Compliance Program Effectiveness Assessment**

8.1. An assessment of the effectiveness of the TFHD Compliance program, using a 76-part tool, resulted in 3 areas for improvement.

No.	Description	Yes/ No	Documentation (include specific page number, paragraph, section, system, location and/or brief	Follow-up
35.	Have you established and implemented P & Ps to conduct a formal baseline risk assessment of the major compliance and risk areas in all operational areas?	No	Informal process of reviewing risk areas for possible inclusion in Annual Workplan	Incorporate into Annual Workplan
45.	Do you share the results of the audits of the effectiveness of the compliance program with your Board of Directors?	Yes		Add to a Quarterly Report
54C.	Include time frames for specific achievements following an investigation?	Yes	Through the plan of correction submitted by directors, managers and supervisors.	Update ACMP-1904 for timeframes

OPEN SESSION

**9. Routine Compliance Support**

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