



TAHOE FOREST HOSPITAL DISTRICT

2023-01-26 Regular Meeting of the Board of Directors

January 26, 2023 at 4:00 p.m.

Pursuant to Assembly Bill 361, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for January 26, 2023 will be conducted telephonically through Zoom.

Please be advised that pursuant to legislation 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/82745169726>

If you prefer to use your phone, you may call in using the numbers listed: (346) 248 7799 or (301) 715 8592, Meeting ID: 827 4516 9726



Meeting Book - 2023-01-26 Regular Meeting of the Board of Directors

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TAHOE
FOREST
HOSPITAL
DISTRICT

REGULAR MEETING OF THE BOARD OF DIRECTORS REVISED AGENDA

(Revised at 1:04 p.m. on 01/26/2023)

Thursday, January 26, 2023 at 4:00 p.m.

Pursuant to Assembly Bill 361, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for January 26, 2023 will be conducted telephonically through Zoom. Please be advised that pursuant to legislation and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting. Board Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

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Or join by phone:

If you prefer to use your phone, you may call in using the numbers listed: (346) 248 7799 or (301) 715 8592, Meeting ID: 827 4516 9726

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

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

1. CALL TO ORDER

2. ROLL CALL

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

4. INPUT AUDIENCE

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

5. CLOSED SESSION

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

Subject Matter: Fourth Quarter 2022 Corporate Compliance Report

Number of items: One (1)

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

Subject Matter: 2022 Patient Safety Report

Number of items: One (1)

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

Subject Matter: First and Second Quarter Fiscal Year 2023 Risk Management Report

Number of items: One (1)

5.4. Hearing (Health & Safety Code § 32155)

Subject Matter: First Quarter & Second Quarter Fiscal Year 2023 Disclosure Report

Number of items: One (1)

5.5. Liability Claims (Gov. Code § 54956.95) ♦

Claimant: Dr. Justin Voss

Claim Against: Tahoe Forest Hospital District

5.6. Approval of Closed Session Minutes ♦

5.6.1. 12/15/2022 Regular Meeting

5.7. 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. ACKNOWLEDGEMENTS

12.1. Fourth Quarter 2022 Values Recognition

13. MEDICAL STAFF EXECUTIVE COMMITTEE ♦

13.1. Medical Executive Committee (MEC) Meeting Consent AgendaATTACHMENT

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

Annual Policy Review No Changes:

- *Nursing Services Policies*
- *Surgical Services Policies*
- *Emergency Department Policies*
- *Use of Propofol by Non-Anesthesiologists, MSCP-8*

Policies with Changes:

- *Anesthesia Standards of Practice, MSCP-1601*
- *Proctoring for Medical Staff and Allied Health Professionals, MSCP-1602*

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
January 26, 2022 **REVISED AGENDA – Continued**

New Privilege Form:

- *Physical Medicine and Rehabilitation Privileges*

Medical Staff Leadership Introduction (for information only):

- *2023-2024 Medical Staff Leaders*

14. CONSENT CALENDAR ◆

These items are expected to be routine and non-controversial. They will be acted upon by the Board without discussion. Any Board Member, staff member or interested party may request an item to be removed from the Consent Calendar for discussion prior to voting on the Consent Calendar.

14.1. Approval of Minutes of Meetings

14.1.1. 12/15/2022 Regular Meeting..... ATTACHMENT

14.2. Financial Reports

14.2.1. Financial Report – December 2022 ATTACHMENT

14.3. Board Reports

14.3.1. President & CEO Board Report..... ATTACHMENT

14.3.2. COO Board Report ATTACHMENT

14.3.3. CNO Board Report ATTACHMENT

14.3.4. CIIO Board Report..... ATTACHMENT

14.3.5. CMO Board Report ATTACHMENT

14.3.6. Physician Services Board Report ATTACHMENT

14.4. Approve Fourth Quarter 2022 Corporate Compliance Report

14.4.1. Fourth Quarter 2022 Corporate Compliance Report ATTACHMENT

14.5. Approve Resolution Authorizing and Continuing Remote Teleconference Meetings

14.5.1. Resolution 2023-01 ATTACHMENT

14.6. Approve Annual Resolution Authorizing Board Compensation

14.6.1. Resolution 2023-02 ATTACHMENT

14.7. Approve Board Policies

14.7.1. Debt Management Policy, ABD-25..... ATTACHMENT

14.8. Approve Administration Policy and Procedure Manual

14.8.1. Admin Policy & Procedure Manual – Table of Contents..... ATTACHMENT

15. ITEMS FOR BOARD ACTION ◆

15.1. 2023 Corporate Compliance Work Plan ◆ ATTACHMENT

The Board of Directors will review and consider approval of 2023 Corporate Compliance Work Plan.

16. ITEMS FOR BOARD DISCUSSION

16.1. Fiscal Year 2023-2025 Strategic Plan Update

The Board of Directors will receive an update on the Fiscal Year 2023-2025 Strategic Plan.

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

18. BOARD COMMITTEE REPORTS

19. BOARD MEMBERS REPORTS/CLOSING REMARKS

20. CLOSED SESSION CONTINUED

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 February 23, 2023 at Tahoe Forest Hospital – Eskridge Conference Room, 10121 Pine Avenue, Truckee, CA, 96161. A copy of the board meeting agenda is posted on the District’s web site (www.tfhd.com) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting.

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

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

AGENDA ITEM COVER SHEET

ITEM	Medical Executive Committee (MEC) Consent Agenda
RESPONSIBLE PARTY	Joy Koch, MD Chief of Staff
ACTION REQUESTED	For Board Action
<p>BACKGROUND: During the January 19, 2023 Medical Executive Committee meeting, the committee made the following open session consent agenda item recommendations to the Board of Directors at the January 26, 2023 meeting.</p>	
<p><u>Annual Policy Review no Changes</u></p> <ul style="list-style-type: none"> • Nursing Services Policies • Surgical Services Policies • Emergency Department Policies • Use of Propofol by Non-Anesthesiologists, MSCP-8 <p><u>Policies with Changes</u></p> <ul style="list-style-type: none"> • Anesthesia Standards of Practice, MSCP-1601 • Proctoring for Medical Staff and Allied Health Professionals, MSCP-1602 <p><u>New Privilege Form</u></p> <ul style="list-style-type: none"> • Physical Medicine and Rehabilitation Privileges <p><u>Medical Staff Leadership Introduction (for information only)</u></p> <ul style="list-style-type: none"> • 2023-2024 Medical Staff Leaders 	
<p>SUGGESTED DISCUSSION POINTS: None.</p>	
<p>SUGGESTED MOTION/ALTERNATIVES: Move to approve the Medical Executive Committee Consent Agenda as presented.</p>	

Number	Policy Name	Policy Assignments 2022												R/R Year	Next Review 1 year	Next Review 2 year
ANS-2	Admissions	Jan												2022	2023	
ANS-218	Average Length of Stay	Jan												2022		2024
ANS-21	Code Blue Code White	Jan												2022	2023	
ANS-25	Crash Cart Checks	Jan												2022	2023	
ANS-234	Crash Carts Standardization	Jan												2022	2023	
ANS-1801	Distribution and Reconciliation of Prescription Paper	Jan												2022		2024
ANS-1901	Nurse Compounding of Medications	Jan												2022		2024
ANS-69	Nurses of Excellence	Jan												2022		2024
ANS-99	Rapid Response Team	Jan												2022	2023	
ANS-121	Breast Milk Storage		Feb											2022		2024
ANS-20	Child Safety Seat Policy		Feb											2022	2023	
ANS-51	Interventional Radiology Nursing Coverage		Feb											2022	2023	
ANS-287	Patient Capacity Competency		Feb											2022		2024
ANS-1804	Pediatric Early Warning Score (PEWS) and Algorithm		Feb											2022	2023	
ANS-296	Pediatric Immunizations		Feb											2022		2024
ANS-1501	Pediatric Preparation for Inpatient Emergency		Feb											2022		2024
ANS-306	Pediatric Safety		Feb											2022		2024
ANS-85	Pediatrics Structure Standards		Feb											2022	2023	
ANS-304	Pediatric Vital Signs, Weights		Feb											2022		2024
ANS-139	Admission to ECC from Acute			Mar										2022		2024
ANS-215	Assigning of Patient Care - RN's Responsibility			Mar										2022		2024
ANS-1302	Chemotherapy - Care of Patients Receiving			Mar										2022		2024
ANS-46	Helicopter Transport			Mar										2022		
ANS-1405	Infusion/IV Therapy Patients			Mar										2022	2023	
ANS-279	Newborn Safe Surrender (Abandonment)			Mar										2022		2024
ANS-309	Pre-Op and Post-Op Inpatient Preparation			Mar										2022	2023	
ANS-04	Use of Restraints			Mar										2022	2023	
ANS-117	Venous Thromboembolism VTE Risk			Mar										2022		2024
ANS-211	AMA Patient Leaving Against Medical Advice, Left Without Being Seen, Left Without Treatment and Elopement				Apr									2022		2024
ANS-144	Core Education Requirements for Nursing				Apr									2022		2024

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Number	Policy Name	Policy Assignments 2022												R/R Year	Next Review 1 year	Next Review 2 year
ANS-1403	House Supervisor Structure Standards				Apr									2022	2023	
ANS-252	Instrument Management				Apr									2022		2024
ANS-298	Nursing Management of Pediatric Patient				Apr									2022	2023	
ANS-76	Ostomy Care Standards of Care				Apr									2022		2024
ANS-125	Patient with Dependent Child				Apr									2022		2024
ANS-1502	Skin Assessment Wound Care and Photo Documentation				Apr									2022		2024
ANS-120	Wound Vac System Ordering				Apr									2022		2024
ANS-115	Brain Death Care of Patient Family					May								2022		2024
ANS-14	Census Management					May								2022		2024
ANS-28	Death Care Release of Body					May								2022		2024
ANS-30	Death Pronouncement by an RN					May								2022		2024
ANS-238	Discharge Planning					May								2022	2023	
ANS-33	Discharging a Patient without Transportation					May								2022	2023	
ANS-239	Discharging Inpatient					May								2022	2023	
ANS-283	Organ Tissue Body Donation					May								2022	2023	
ANS-140	Safe Patient Handling					May								2022		2024
ANS-157	Accessing Venous Access Devices in Outpatient Depts.						Jun							2022		2024
ANS-7	Audibility of Clinical Monitoring						Jun							2022		2024
ANS-220	Blood - Refusal of Blood Products						Jun							2022		2024
ANS-10	Blood Transfusion						Jun							2022		2024
ANS-1806	Bonus Pay for Critical Staffing Shortages						Jun							2022		2024
ANS-43	Floor Collected Specimen						Jun							2022		2024
ANS-45	Heating - Cooling Measures						Jun							2022		2024
ANS-263	Laboratory and Nursing Ancillary Testing						Jun							2022	2023	
ANS-70	Nursing Management						Jun							2022		2024
ANS-1506	Quality Assurance Improvement Plan						Jun							2022		2024
ANS-214	Assessment / Reassessment							Jul						2022	2023	
ANS-13	Catheter Management - Urinary							Jul						2022	2023	
ANS-19	Chest Tube Drainage							Jul						2022	2023	
ANS-229	Continuous Peripheral Nerve Block							Jul						2021		
ANS-1701	Dress Code							Jul						2022		2024

retired

Number	Policy Name	Policy Assignments 2022												R/R Year	Next Review 1 year	Next Review 2 year	
ANS-39	Epidural Analgesia Continuous Infusion							Jul						2022	2023		
ANS-145	Master Staffing Plan							Jul						2022		2024	
ANS-1301	Moderate and Deep Sedation							Jul						2022	2023		
ANS-1504	PleurX Catheter							Jul						2022		2024	
ANS-1805	Controlled Substances Inventory Counts							Aug						2022		2024	
ANS-243	Education - Patient and Family							Aug						2022		2024	
ANS-123	Initial Data Collection							Aug						2022		2024	
ANS-1802	Low-Dose Ketamine Administration for the Treatment of Pain							Aug						2021			retired
ANS-1507	Nursing Documentation - Inpatient							Aug						2022		2024	
ANS-284	Pain Management							Aug						2022		2024	
ANS-81	Patient Controlled Analgesia							Aug						2022	2023		
ANS-1702	Telephone/Verbal Orders - Receiving and Documenting							Aug						2021			Moved to A
ANS-1601	Vaccine Screening, Administration and Documentation									Oct				2022	2023		
ANS-118	Visitors for Patient Care Units							Aug						2022	2023		
ANS-1401	Intraosseous Device (IO)								Sep					2022	2023		
ANS-52	IV Documentation Guidelines								Sep					2022	2023		
ANS-54	IV Medication Administration								Sep					2022	2023		
ANS-1303	IV Therapy - Central (PICC, Port, CVAD)								Sep					2022	2023		
ANS-1305	IV Therapy - Peripheral								Sep					2022	2023		
ANS-1304	IV Therapy - Tubing Change and Device Flush Grid								Sep					2022	2023		
ANS-58	IV Therapy Competency Verification								Sep					2021			retired
ANS-324	t PA for Central Venous Catheter Occlusion								Sep					2021			retired
ANS-212	Ambulance Transfers									Oct				2022		2024	
ANS-1404	Chain of Command for Medical Plan of Care									Oct				2022		2024	
ANS-400	DME- Durable Medical Equipment									Oct				2022		2024	
ANS-1503	Enteral Feeding and Gastrointestinal Tubes									Oct				2022		2024	
ANS-100	Extended Recovery of Surgical Procedural Outpatients outside ASU									Oct				2022	2023		approved a
ANS-319	Standards of Care and Practice									Oct				2022		2024	
ANS-109	Standards of Professional Performance									Oct				2022		2024	
ANS-1902	Telepsychiatry Consultation									Oct				2022		2024	combined v
ANS-114	Time Out for Procedures Done Outside the OR									Oct				2022		2024	

Number	Policy Name	Policy Assignments 2022											R/R Year	Next Review 1 year	Next Review 2 year	
ANS-35	DNAR - Withholding or Withdrawing Life Sustaining Proc.												Nov	2022		2024
ANS-246	Fall Program												Nov	2022	2023	
ANS-158	Float Policy												Nov	2022		2024
ANS-47	Hospice Inpatients												Nov	2022		2024
ANS-265	Medical Records - Release of Copy												Nov	2022		2024
ANS-204	Respiratory Therapy Scope of Services												Nov	2022		2024
ANS-103	Social Services Referrals												Nov	2022		2024
ANS-315	SocioCultural Services												Nov	2022		2024
ANS-113	Therapy Services Referrals												Nov	2022		2024
ANS-224	Chart Check												Dec	2022		2024
ANS-130	Hourly Rounding												Dec	2022		2024
ANS-71	Nursing Procedures - Text Reference Guide												Dec	2022		2024
ANS-2102	Nursing Staffing Ratios												Dec	2022	2023	
ANS-72	Nursing Structure Standards												Dec	2022	2023	
ANS-160	ON-Q Catheter and Pump												Dec	2022		2024
ANS-124	Plan of Care Inpatients												Dec	2022		2024
ANS-92	Pre-Operative Antibiotic Administration												Dec	2022		2024
ANS-112	Surgery Calling in the Team												Nov	2022		2024

review befo

Helicopter Operations Plan, AEOC-2201
Change from Series Interim Patients

AGOV

s is, will review once changes are in place

with policy DED-1903 which was retired

ore HFAP

PolicyStat I Title	Department	Owner	Last Approved	Next Review
12934878 By-Pass of PACU, DASU-2202	Ambulatory Surgery	Hudson, Kathrin: Manager	1/5/2023	12/25/2024
12062987 C-Section Recovery and Baby-Friendly Policy, DASU-2203	Ambulatory Surgery	Hudson, Kathrin: Manager	8/23/2022	8/22/2024
12082364 Consent for Elective Sterilization, DASU-3	Ambulatory Surgery	Hudson, Kathrin: Manager	7/20/2022	7/19/2024
12082403 Consent for Hysterectomy, DASU-4	Ambulatory Surgery	Hudson, Kathrin: Manager	7/20/2022	7/19/2024
12934926 Management of Endotracheal or Laryngeal Mask Airway in ASU, DASU-2204	Ambulatory Surgery	Hudson, Kathrin: Manager	1/5/2023	12/25/2024
12082467 NPO Guidelines for Surgical Patients, DASU-55	Ambulatory Surgery	Hudson, Kathrin: Manager	7/20/2022	7/19/2024
12082582 Patient Preparation for Elective Surgery/Procedure, DASU-54	Ambulatory Surgery	Hudson, Kathrin: Manager	7/20/2022	7/19/2024
12082684 Preoperative Pregnancy Screening, DASU-2001	Ambulatory Surgery	Hudson, Kathrin: Manager	7/20/2022	7/19/2024
12937324 Structure Standards for Ambulatory Surgery Department, DASU-8	Ambulatory Surgery	Weeks, Karla: Director	1/6/2023	1/5/2025
12935472 Death in the OR or PACU, DIVPS2	Incline Village Surgery	Weeks, Karla: Director	1/5/2023	1/4/2025
12935495 Respiratory or Cardiac Arrest in Surgical Services at IVCH, DIVPS7	Incline Village Surgery	Weeks, Karla: Director	1/5/2023	1/4/2025
11467836 Structure Standards for Perianesthesia at IVCH, DIVPS9	Incline Village Surgery	Hudson, Kathrin: Manager	4/26/2022	4/26/2023
12937338 Structure Standards of the OR at IVCH, DIVPS8	Incline Village Surgery	Weeks, Karla: Director	1/5/2023	1/4/2025
12674351 After-Hours Add-on Cases in EMR, DOR-2202	Operating Room	Weeks, Karla: Director	11/11/2022	11/10/2024
12878530 Allograft Handling, DOR-3	Operating Room	Weeks, Karla: Director	1/5/2023	1/4/2025
12871835 Bladder Instillation of Chemotherapy & Immunotherapy, DOR-2002	Operating Room	Weeks, Karla: Director	12/22/2022	12/21/2024
12076234 Block Time, DOR-2210	Operating Room	Weeks, Karla: Director	7/20/2022	7/19/2024
12867097 Cell-Saver for Autologous Blood Collection, DOR-2001	Operating Room	Weeks, Karla: Director	12/21/2022	12/20/2024
12076123 Computer Downtime Protocols, DOR-2203	Operating Room	Weeks, Karla: Director	7/19/2022	7/18/2024
12083057 Do Not Resuscitate DNR Surgical Patients, DOR-12	Operating Room	Weeks, Karla: Director	7/20/2022	7/19/2024
12894347 Electrosurgical/Cautery Safety, DOR-15	Operating Room	Weeks, Karla: Director	1/5/2023	1/4/2025
12083096 Failed Chemical Indicator/Positive Biological Result, DOR-2204	Operating Room	Weeks, Karla: Director	7/20/2022	7/19/2024
12373733 Hand Scrub Policy, DOR-16	Operating Room	Weeks, Karla: Director	11/11/2022	11/10/2024
12937301 Infection Control in the Operating Room, DOR-17	Operating Room	Weeks, Karla: Director	1/5/2023	1/4/2025
12069673 Intermittent Pneumatic Compression Devices, DOR-18	Operating Room	Weeks, Karla: Director	7/18/2022	7/17/2024
12871788 Label Medications and Solutions on the Sterile Field, DOR-2205	Operating Room	Weeks, Karla: Director	12/22/2022	12/21/2024
12083199 Laser Safety, DOR-19	Operating Room	Weeks, Karla: Director	7/20/2022	7/19/2024
12083256 Maintaining Sterile Field with a Case Delay, DOR-21	Operating Room	Weeks, Karla: Director	7/20/2022	7/19/2024
12871886 Opening of Sterile Supplies, DOR-13	Operating Room	Weeks, Karla: Director	12/22/2022	12/21/2024
12674338 Organ and Tissue Retrieval, DOR-22	Operating Room	Weeks, Karla: Director	11/11/2022	11/10/2024
12083311 Patients with Implanted Electronic Devices, DOR-24	Operating Room	Weeks, Karla: Director	7/20/2022	7/19/2024
12674358 Performing Surgical Cases while on Emergency/Generator Power, DOR-25	Operating Room	Weeks, Karla: Director	11/11/2022	11/10/2024
12866994 Pneumatic Tourniquets, Safe Use Plan, DOR-35	Operating Room	Weeks, Karla: Director	12/21/2022	12/20/2024
12871914 Positioning Devices, DOR-111	Operating Room	Weeks, Karla: Director	12/22/2022	12/21/2024
12866929 Reimplantation of Contaminated Tissue, DOR-2101	Operating Room	Weeks, Karla: Director	12/21/2022	12/20/2024
12871925 Scheduling Cases, DOR-44	Operating Room	Weeks, Karla: Director	12/22/2022	12/21/2024
12095117 Sharp and Splash Exposure, DOR-2012	Operating Room	Weeks, Karla: Director	7/22/2022	7/21/2024
12076170 Site Verification, Surgical/Procedural, DOR-2206	Operating Room	Weeks, Karla: Director	7/19/2022	7/18/2024
12937307 Specimen Collection and Handling, DOR 2015	Operating Room	Weeks, Karla: Director	1/5/2023	1/4/2025
12866963 Specimens to be Submitted to Pathology, DOR 2016 20	Operating Room	Weeks, Karla: Director	12/21/2022	12/20/2024
12083723 Standardized Procedure - RNFA, DOR-2201	Operating Room	Weeks, Karla: Director	7/20/2022	7/19/2024
12937292 Structure Standards for the Operating Rooms, DOR-32	Operating Room	Weeks, Karla: Director	1/5/2023	1/4/2025
12894764 Surgical Attire, DOR-2207	Operating Room	Weeks, Karla: Director	1/5/2023	1/4/2025
12878550 Surgical Cleaning and Disinfecting, DOR-10	Operating Room	Weeks, Karla: Director	1/5/2023	1/4/2025
12062887 Surgical Count DOR-33	Operating Room	Weeks, Karla: Director	7/15/2022	7/14/2024
12083965 Surgical Preps, DOR-30	Operating Room	Weeks, Karla: Director	7/20/2022	7/19/2024
12867075 Suspension of Surgical Cases When Air Handlers Fail, DOR-31	Operating Room	Weeks, Karla: Director	12/21/2022	12/20/2024
12076209 Testing of Anesthesia Machines, DOR-2208	Operating Room	Weeks, Karla: Director	7/19/2022	7/18/2024
12878559 Time Out for Surgical and Invasive Procedures, DOR-2209	Operating Room	Weeks, Karla: Director	1/5/2023	1/4/2025
12867025 Visitors in the Operating Room, DOR 2013	Operating Room	Weeks, Karla: Director	12/21/2022	12/20/2024
12095252 Warmers – Temperature Control, DOR-2017	Operating Room	Weeks, Karla: Director	7/22/2022	7/21/2024
12827840 Bowie-Dick Test (Daily Air Removal Test), DSPD-6	Sterile Processing	Nunez, Carlos: Manager	12/21/2022	12/21/2023
12674373 Case Picking of Instruments and Supplies, DSPD-71	Sterile Processing	Nunez, Carlos: Manager	12/21/2022	12/21/2023
12688489 Chemical Monitoring of Sterilization, DSPD-65	Sterile Processing	Nunez, Carlos: Manager	12/21/2022	12/21/2023
12688532 Cleaning & Disinfection of Gentle Vac Jar, Lid, and Seal, DSPD-76	Sterile Processing	Nunez, Carlos: Manager	12/21/2022	12/10/2024
12688471 Cleaning of Prevac Steam Sterilizers, DSPD-78	Sterile Processing	Nunez, Carlos: Manager	12/21/2022	12/21/2023
12682015 Collection of Contaminated Instruments/Equipment from Other Departments, DSPD-3	Sterile Processing	Nunez, Carlos: Manager	12/21/2022	12/21/2023
12688425 Decontamination and Sterilization – General Statement, DSPD-16	Sterile Processing	Nunez, Carlos: Manager	12/21/2022	12/21/2023
12827844 Decontamination of Instruments, DSPD-13	Sterile Processing	Nunez, Carlos: Manager	12/21/2022	12/20/2024
10979218 Decontamination Room Apparel, DSPD-14	Sterile Processing	Nunez, Carlos: Manager	2/15/2022	2/15/2023
11101493 Early Release of Implantables, DSPD-22	Sterile Processing	Nunez, Carlos: Manager	2/15/2022	2/15/2023
10979246 Event Related Sterility Assurance, DSPD-29	Sterile Processing	Nunez, Carlos: Manager	2/15/2022	2/15/2023
11101779 Evotech Endoscope Cleaner / Reprocessor, DSPD-74	Sterile Processing	Nunez, Carlos: Manager	2/15/2022	2/15/2023
10979232 Evotech Once a Week Self Disinfect Cycle, DSPD-75	Sterile Processing	Nunez, Carlos: Manager	2/15/2022	2/15/2023
10979236 Flexible Endoscopes Reprocessing and Storage, DSPD-2001	Sterile Processing	Nunez, Carlos: Manager	3/9/2022	3/9/2023
10979228 Getinge PreVac 433 Monthly Cleaning, DSPD-81	Sterile Processing	Nunez, Carlos: Manager	2/15/2022	2/15/2023
11109335 Getinge PreVac 433/533/733 Monthly Cleaning, DSPD-80	Sterile Processing	Nunez, Carlos: Manager	2/15/2022	2/15/2023
10979229 Immediate Use Steam Sterilization DSPD-67	Sterile Processing	Nunez, Carlos: Manager	2/15/2022	2/15/2023
11141288 Implants Removed from and Released to Patients, DSPD-31	Sterile Processing	Nunez, Carlos: Manager	2/15/2022	2/15/2023
10979227 Instrument Repair – Biohazard Contamination, DSPD-34	Sterile Processing	Nunez, Carlos: Manager	2/15/2022	2/15/2023
12866858 Instrument Trays, Preparation and Assembly of, DSPD-32	Sterile Processing	Nunez, Carlos: Manager	12/21/2022	12/20/2024
12827847 Instrumentation Received from Outside TFHS, Processing and Sterilization, DSPD-3	Sterile Processing	Nunez, Carlos: Manager	12/21/2022	12/20/2024
11802493 Load Numbering and Recall for Quality Control, DSPD-64	Sterile Processing	Nunez, Carlos: Manager	5/27/2022	5/27/2023
10979245 Monitoring of Steam Sterilizers with Process Challenge Device, DSPD-66	Sterile Processing	Nunez, Carlos: Manager	3/28/2022	3/28/2023
10979249 OPA Disinfection, DSPD-77	Sterile Processing	Nunez, Carlos: Manager	3/9/2022	3/9/2023
11802604 Packaging Guidelines and Techniques for Sterilization, DSPD-68	Sterile Processing	Nunez, Carlos: Manager	5/27/2022	5/27/2023

11802453	Qualification Testing of Steam Sterilizers, DSPD-70	Sterile Processing	Nunez, Carlos: Manager	5/27/2022	5/27/2023
11802577	Receipt and Transport of Instruments from Outside the Facility, DSPD-41	Sterile Processing	Nunez, Carlos: Manager	5/27/2022	5/27/2023
11802521	Receipt of Contaminated Instruments from the Operating Rooms, DSPD-42	Sterile Processing	Nunez, Carlos: Manager	5/27/2022	5/27/2023
10979224	Reuse of Disposable Items, DSPD-45	Sterile Processing	Nunez, Carlos: Manager	3/9/2022	3/9/2023
10979247	SPD Structure Standards, DSPD-1	Sterile Processing	Nunez, Carlos: Manager	3/29/2022	3/29/2023
12030966	Sterrad 100NX and NX Sterilization, DSPD-73	Sterile Processing	Nunez, Carlos: Manager	7/15/2022	7/4/2024
12030980	Storage and Distribution of Sterile Processed Items, DSPD-69	Sterile Processing	Nunez, Carlos: Manager	7/15/2022	7/4/2024
12827824	TEE Probe Processing, DSPD-59	Sterile Processing	Nunez, Carlos: Manager	12/21/2022	12/21/2023
10979248	Testing of Insulated Instruments, DSPD-55	Sterile Processing	Nunez, Carlos: Manager	3/29/2022	3/29/2023
10979244	Ultrasonic Operation and Cleaning, DSPD-56	Sterile Processing	Nunez, Carlos: Manager	3/9/2022	3/9/2023
12030804	Work Flow, DSPD-58	Sterile Processing	Nunez, Carlos: Manager	7/11/2022	7/11/2023
12871975	Bonus Policy, DSS-1	Surgical Services	Weeks, Karla: Director	12/22/2022	12/22/2023
12872047	Death in the OR or PACU, DSS-6	Surgical Services	Weeks, Karla: Director	12/22/2022	12/21/2024
12872084	EHR Documentation Protocols, DSS-46	Surgical Services	Weeks, Karla: Director	12/22/2022	12/21/2024
12873100	Monitoring of the Local Anesthesia Patient, DSS-12	Surgical Services	Weeks, Karla: Director	12/22/2022	12/22/2023
12873102	Protection from Radiation Exposure, DSS-17	Surgical Services	Weeks, Karla: Director	12/22/2022	12/21/2024
12873105	Respiratory or Cardiac Arrest in Surgical Services, DSS-19	Surgical Services	Weeks, Karla: Director	12/22/2022	12/21/2024
12937328	Surgical Services Disaster Plan, DSS-7	Surgical Services	Weeks, Karla: Director	1/5/2023	1/4/2025
12873109	Surgical Services New Products and Trial, DSS-53	Surgical Services	Weeks, Karla: Director	12/22/2022	12/21/2024

Title	Department	Owner	Last Appr	Next Review
Admission - Management When Physician Not on Staff, DED-4	Emergency Department - DED	Clifford, Katie: ED Manager	4/5/2021	4/5/2022
Notification of On-Call Physicians, DED-20	Emergency Department - DED	Clifford, Katie: ED Manager	4/5/2021	4/5/2022
Managing Emergency Department and Diagnostic Imaging Discrepancies , DED-10	Emergency Department - DED	Clifford, Katie: ED Manager	4/29/2021	4/29/2022
Standardized Procedure - Preparation of the Patient in Need of Hematoma Block - DED 1804	Emergency Department - DED	Clifford, Katie: ED Manager	4/29/2021	4/29/2022
Standardized Procedure - Preparation of the Patient in Need of Laceration Repair - DED 1805	Emergency Department - DED	Clifford, Katie: ED Manager	4/29/2021	4/29/2022
Standardized Procedure for Administration of Acetaminophen / Ibuprofen for Fever in Pediatric Patients DED 1806	Emergency Department - DED	Clifford, Katie: ED Manager	4/29/2021	4/29/2022
Structure Standards, DED-32	Emergency Department - DED	Clifford, Katie: ED Manager	4/29/2021	4/29/2022
Blood Alcohol, Evaluations and Testing Requested by Law Enforcement, DED-6	Emergency Department - DED	Clifford, Katie: ED Manager	11/5/2021	11/5/2022
Ski Resort First Aid Stations, DED-1905	Emergency Department - DED	Foust, Trent: Director of Acute Services	12/8/2020	12/8/2022
ED Bridge, DED-1902	Emergency Department - DED	Clifford, Katie: ED Manager	4/26/2022	4/26/2023
EPIC Downtime, DED-46	Emergency Department - DED	Clifford, Katie: ED Manager	4/26/2022	4/26/2023
Laboratory Results Culture Screening, DED-13	Emergency Department - DED	Clifford, Katie: ED Manager	4/26/2022	4/26/2023
Laboratory Tests, DED-14	Emergency Department - DED	Clifford, Katie: ED Manager	4/26/2022	4/26/2023
Law Enforcement Medical Clearances, DED-15	Emergency Department - DED	Clifford, Katie: ED Manager	4/26/2022	4/26/2023
Left Without Treatment or Medical Screening Exam (MSE), DED-45	Emergency Department - DED	Clifford, Katie: ED Manager	4/26/2022	4/26/2023
Admission of Obstetrical Patient, DED-3	Emergency Department - DED	Clifford, Katie: ED Manager	4/28/2022	4/28/2023
Fall Prevention, DED-11	Emergency Department - DED	Clifford, Katie: ED Manager	4/28/2022	4/28/2023
Family Presence During Invasive Procedures, DED-12	Emergency Department - DED	Clifford, Katie: ED Manager	4/28/2022	4/28/2023
"Time-Out" for Invasive Procedures, DED-36	Emergency Department - DED	Clifford, Katie: ED Manager	7/1/2022	7/1/2023
Admission of Emergency Department Patient, DED-2	Emergency Department - DED	Clifford, Katie: ED Manager	7/1/2022	7/1/2023
Charge Nurse Responsibilities DED-47	Emergency Department - DED	Clifford, Katie: ED Manager	7/1/2022	7/1/2023
MD Change of Shift Patient Hand-off, DED-17	Emergency Department - DED	Clifford, Katie: ED Manager	7/1/2022	7/1/2023
Medical Staff ED Structure Standards, DED-18	Emergency Department - DED	Clifford, Katie: ED Manager	7/1/2022	7/1/2023
Multi-Casualty Incidents, DED-19	Emergency Department - DED	Clifford, Katie: ED Manager	7/1/2022	7/1/2023
Patient Ratio Compliance, DED-21	Emergency Department - DED	Clifford, Katie: ED Manager	7/1/2022	7/1/2023
Pressure Injury Risk, DED-24	Emergency Department - DED	Clifford, Katie: ED Manager	7/1/2022	7/1/2023
Rabies Series Vaccinations, DED-25	Emergency Department - DED	Clifford, Katie: ED Manager	7/1/2022	7/1/2023
Reportable Events, DED-27	Emergency Department - DED	Clifford, Katie: ED Manager	7/1/2022	7/1/2023
Sexual Assault Victim, DED-30	Emergency Department - DED	Clifford, Katie: ED Manager	7/1/2022	7/1/2023
Staff Safety Guidelines, DED-29	Emergency Department - DED	Clifford, Katie: ED Manager	7/1/2022	7/1/2023
Standardized Procedure - Preparation of the patient in the Emergency Department with Eye complaint DED - 1802	Emergency Department - DED	Clifford, Katie: ED Manager	7/1/2022	7/1/2023
Standardized Procedure - Preparation of the patient presenting with Suspected Extremity Fracture or Dislocation. DED-1803	Emergency Department - DED	Clifford, Katie: ED Manager	7/1/2022	7/1/2023
Student Guidelines EMT 1, DED-33	Emergency Department - DED	Clifford, Katie: ED Manager	7/1/2022	7/1/2023
Students: Paramedic Guidelines, DED-34	Emergency Department - DED	Clifford, Katie: ED Manager	7/1/2022	7/1/2023
Telephone Advice, DED-35	Emergency Department - DED	Clifford, Katie: ED Manager	7/1/2022	7/1/2023
Transfer for Diagnostic Services, DED-39	Emergency Department - DED	Clifford, Katie: ED Manager	7/1/2022	7/1/2023
Triage Charting Standards, DED-7	Emergency Department - DED	Clifford, Katie: ED Manager	7/1/2022	7/1/2023
Triage: General, DED-42	Emergency Department - DED	Clifford, Katie: ED Manager	7/1/2022	7/1/2023
Visitors in Emergency Department, DED-44	Emergency Department - DED	Clifford, Katie: ED Manager	7/1/2022	7/1/2023
Vital Signs, DED-43	Emergency Department - DED	Clifford, Katie: ED Manager	7/1/2022	7/1/2023
Level 3 Trauma Activation, DED-1901	Emergency Department - DED	Brixey, Addie: Trauma Coordinator	8/16/2022	8/16/2023
Scribes, Use of in the Emergency Department, DED-1610	Emergency Department - DED	Clifford, Katie: ED Manager	9/22/2022	9/22/2023
Standards of Care, DED-31	Emergency Department - DED	Clifford, Katie: ED Manager	9/22/2022	9/22/2023
Transfers: Scope of Practice: Ambulance Personnel, DED-40	Emergency Department - DED	Clifford, Katie: ED Manager	9/22/2022	9/22/2023
Pediatric Patients/Emergencies, DED-23	Emergency Department - DED	Clifford, Katie: ED Manager	9/29/2022	9/29/2023
Transfer Criteria, DED-38	Emergency Department - DED	Clifford, Katie: ED Manager	9/29/2022	9/29/2023
EMS Diversion, DED-2001	Emergency Department - DED	Clifford, Katie: ED Manager	12/6/2022	12/6/2023
Patient Records for Follow-up Care, DED-22	Emergency Department - DED	Clifford, Katie: ED Manager	12/6/2022	12/6/2023
Referral of ED Patients, DED-26	Emergency Department - DED	Clifford, Katie: ED Manager	12/6/2022	12/6/2023
Standardized Procedure - Ordering and Performing Guideline for EKG in Emergency Department, DED-1801	Emergency Department - DED	Clifford, Katie: ED Manager	12/6/2022	12/6/2023
Video Surveillance, DED-1807	Emergency Department - DED	Clifford, Katie: ED Manager	12/6/2022	12/6/2023

RISK:

- A. Not establishing guidelines for the care of the adult or pediatric patient receiving sedation with Propofol throughout all areas of the hospital and across multiple disciplines can lead to inconsistencies, and can lead to suboptimal outcomes for all patients receiving procedural sedation.

POLICY:

A. Definitions:

1. **Anesthesia Professional:** An anesthesiologist or certified registered nurse anesthetist (CRNA).
2. **Non-anesthesiologist Sedation Practitioner:** A licensed physician (allopathic or osteopathic) who has not completed postgraduate training in anesthesiology but is specifically trained to personally administer personally or to supervise the administration of deep sedation.
3. **LIP Supervised Sedation Professional:** A licensed independent practitioner (LIP) advanced practice nurse or physician assistant who is trained to monitor patients and administer medications during deep sedation under the direct supervision of an anesthesiologist or a non-anesthesiologist sedation practitioner.
4. **RN Supervised Sedation Professional:** A licensed registered nurse (RN) who is trained to monitor patients during deep sedation under the direct supervision of an anesthesiologist or a non-anesthesiologist sedation practitioner.
5. **Respiratory Therapist:** California Licensed Respiratory Care Practitioner.

B. Credentialing (The process of documenting and reviewing a practitioner's credentials)

1. **Credentials:** The professional qualifications of a practitioner including education, training, experience and performance.
2. **Privileges:** The clinical activities within Tahoe Forest Hospital District that a practitioner is permitted to perform based on the practitioner's credentials.
3. **Guidelines:** A set of recommended practices that should be considered but permit discretion by the user as to whether they should be applied under any particular set of circumstances.

C. Types Of Anesthesia:

1. **Moderate Sedation:** "Moderate Sedation/Analgesia ("Conscious Sedation") is a drug induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained."
2. **Deep Sedation:** "Deep Sedation/Analgesia is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained."
3. **Rescue:** "Rescue of a patient from a deeper level of sedation than intended is an intervention by a practitioner proficient in airway management and advanced life support. The qualified practitioner corrects adverse physiologic consequences of the deeper-than intended level of sedation (such as hypoventilation, hypoxia and hypotension) and returns the patient to the originally intended level of sedation."
4. **General Anesthesia:** "General Anesthesia is a drug-induced loss of consciousness during which patients are can not be aroused, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required

because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired."

*Definitions in quotations are extracted verbatim from "*Continuum of Depth of Sedation – Definition of General Anesthesia and Levels of Sedation/Analgesia*" (Approved by ASA House of Delegates on October 13, 1999, and amended on October 27, 2004). (ASA – American Society of Anesthesiologists)

D. GUIDELINES

The following guidelines are designed to ensure patient safety for the delineation of clinical privileges for practitioners who are not anesthesia professionals to administer sedative and analgesic drugs to establish a level of deep sedation. The guidelines are written to apply to the ICU and the Emergency Department in which sedative and analgesic drugs are administered to establish a level of deep sedation. The guidelines are not intended nor should they be applied to the granting of privileges to administer general anesthesia. The granting, reappraisal and revision of clinical privileges will be awarded on a time limited basis in accordance with rules and regulations of the Tahoe Forest Medical Staff, and relevant local, state and federal governmental agencies.

1. Non-Anesthesiologist Sedation Practitioners:

Only physicians who are qualified by education, training and licensure to administer deep sedation should supervise the administration of deep sedation. Because training is specialty-specific, deep sedation privileges are only granted for procedures within the same specialty as the practitioner. Non-anesthesiologist sedation practitioners may directly supervise patient monitoring by a RN supervised sedation professional and patient monitoring and the administration of sedative and analgesic medications by an LIP supervised sedation professional. Alternatively, the non-anesthesiologist sedation practitioner may personally perform these functions with the proviso that **the individual monitoring the patient should be distinct from the individual performing the diagnostic or therapeutic procedure.**

a. Education and Training

The non-anesthesiologist sedation practitioner who is to supervise or personally administer medications for deep sedation should have satisfactorily completed a formal training program in the: (1) safe administration of sedative and analgesic drugs used to establish a level of deep sedation, and (2) rescue of patients who exhibit adverse physiologic consequences of a deeper-than-intended level of sedation. This training may be a part of a recently completed residency or fellowship training (e.g., within two years), or may be a separate educational program. A knowledge-based test may be used to verify the practitioner's understanding of these concepts. The following subject areas should be included:

- i. Contents of the following ASA documents that should be understood by practitioners who administer sedative and analgesic drugs to establish a level of deep sedation:
 - a. Practice Guidelines for Sedation and Analgesia by Anesthesiologists
 - b. Continuum of Depth of Sedation – Definition of General Anesthesia and Levels of Sedation/Analgesia
- ii. Appropriate methods for obtaining informed consent through pre-procedure counseling of patients regarding risks, benefits and alternatives to the administration of sedative and analgesic drugs to establish a level of deep sedation.
- iii. Skills for obtaining the patient's medical history and performing a physical examination to assess risks and co-morbidities, including assessment of the airway for anatomic and mobility characteristics suggestive of potentially difficult airway management. The non-anesthesiologist sedation practitioner should be able to recognize those patients whose medical condition suggests that sedation should be provided by an anesthesia professional, such as morbidly obese patients, patients with Obstructive Sleep Apnea, non-fasting

- patients, or those with delayed gastric emptying.
- iv. Assessment of the patient's risk for aspiration of gastric contents as described in the *ASA Practice Guidelines for Preoperative Fasting*: "In urgent, emergent or other situations where gastric emptying is impaired, the potential for pulmonary aspiration of gastric contents must be considered in determining (1) the target level of sedation, (2) whether the procedure should be delayed or (3) whether the trachea should be protected by intubation."
 - v. The pharmacology of (1) all sedative and analgesic drugs the practitioner requests privileges to administer to establish a level of deep sedation, (2) pharmacological antagonists to the sedative and analgesic drugs and (3) vaso-active drugs and anti-arrhythmics.
 - vi. The benefits and risks of supplemental oxygen.
 - vii. Recognition of adequacy of ventilatory function: This should include experience with patients whose ventilatory drive is depressed by sedative and analgesic drugs as well as patients whose airways become obstructed during sedation. Non-anesthesiologist practitioners should have experience managing patients during both deep sedation and general anesthesia so that they can ascertain when a patient has entered a state of general anesthesia and rescue the patient appropriately.
 - viii. Proficiency in advanced airway management: This training will be provided in conjunction with Respiratory Care and should include appropriately supervised experience in managing the airways of patients during general anesthesia. This may be supplemented using a high-fidelity patient simulator. The non anesthesiologist practitioner must demonstrate the ability to reliably perform the following in anesthetized patients:
 - a. Bag-valve-mask ventilation;
 - b. Insertion and use of oro- and nasopharyngeal airways;
 - c. Insertion and ventilation through a laryngeal mask airway; and
 - d. Direct laryngoscopy and endotracheal intubation.
 - ix. Monitoring of physiologic variables, including the following:
 - a. Blood pressure
 - b. Respiratory rate
 - c. Oxygen saturation by pulse oximetry
 - d. Capnographic monitoring. The non-anesthesiologist practitioner shall be familiar with the use and interpretation of capnographic waveforms to determine the adequacy of ventilation during deep sedation.
 - e. Electrocardiographic monitoring. Education in electrocardiographic (EKG) monitoring should include instruction in the most common arrhythmias seen during sedation and anesthesia, their causes and their potential clinical implications (e.g., hypercapnia), as well as electrocardiographic signs of cardiac ischemia.
 - f. Depth of sedation. The depth of sedation should be based on the ASA definitions of "deep sedation" and "general anesthesia." (See above).
 - x. The importance of continuous use of appropriately set audible alarms on physiologic monitoring equipment.
 - xi. Documenting the drugs administered, the patient's physiologic condition and the depth of sedation at 5 minute intervals throughout the period of sedation and analgesia, using a graphical, tabular or automated record which includes capnographic monitoring.
 - xii. The importance of monitoring the patient through the recovery period and the inclusion of specific discharge criteria for the patient receiving sedation.
 - xiii. Regardless of the availability of a "code team" or the equivalent, the

non-anesthesiologist practitioner should have advanced life support skills such as those required for American Heart Association certification in Advanced Cardiac Life Support (ACLS). When granting privileges to administer deep sedation to pediatric patients, the non-anesthesiologist practitioner should have advanced life support skills such as those required for certification in Pediatric Advanced Life Support (PALS).

xiv. Required participation in a quality assurance system to track adverse outcomes and unusual events including respiratory arrests, use of reversal agents, prolonged sedation in recovery process, larger than expected medication doses, and frequency of general anesthesia. Acceptance of input and/or oversight of anesthesiologists into this process.

b. When the practitioner is being granted privileges to administer sedative and analgesic drugs to pediatric patients to establish a level of deep sedation, the education and training requirements enumerated in I.A.1-13 above will be appropriately tailored specifically defined to qualify the practitioner to administer sedative and analgesic drugs to pediatric patients.

2. LICENSURE

a. The non-anesthesiologist sedation practitioner should have a current active, unrestricted medical, osteopathic, or podiatric license in California. The non-anesthesiologist sedation practitioner should have a current unrestricted Drug Enforcement Administration (DEA) registration (schedules II-V).

3. PRACTICE PATTERN

- a. Before granting initial privileges to administer or supervise administration of sedative and analgesic drugs to establish a level of deep sedation, the following process will be used to evaluate the practitioner's performance. For recent graduates (e.g., within two years), this may be accomplished through letters of recommendation from directors of residency or fellowship training programs which include deep sedation as part of the curriculum. For those who have been in practice since completion of their training, this may be accomplished through communication with department heads or supervisors at the institution where the individual holds privileges to administer deep sedation. Alternatively, the non-anesthesiologist sedation practitioner could be proctored or supervised by a physician, or podiatrist who is currently privileged to administer sedative and analgesic agents to provide deep sedation. Five successfully performed procedures will be supervised as a minimum to satisfy this supervision requirement.
- b. Re-evaluation of the practitioner's performance at will occur at the time of reappointment to the medical staff or every two years from the granting of these privileges, whichever comes first. If a practitioner has satisfactorily performed 24 cases of propofol sedation in the previous 2 years with no adverse outcomes, no additional competency evaluation is required at the time of reappointment. If not, the practitioner will complete the propofol competency test again.
- c. All practitioner's are expected to document the waste of unused Propofol in the Pyxis machine similar to the wasting procedure of a controlled substance. The drug itself will be disposed of in the blue and white pharmaceutical waste bin.

Related Policies/Forms:

[Moderate and Deep Sedation, ANS-1301](#)

References:

"Practice Guidelines for Sedation and Analgesia by Non Anesthesiologists", American Society of Anesthesiologists, Inc. 2002, V96, No 4 Apr 2002, pages 1004-1017
ASA, Continuum of Depth of Sedation – Definition of General Anesthesia and Levels of

Sedation/Analgesia.

Marin General Policy and Procedure, "Minimal, Moderate and Deep Sedation", 3/2007.

Canadian ER Use of Propofol Protocol

CMS 482.52(A)

Approved by:

Anesthesia Department – 6/20/08; 12/19/14; Emergency Department – 6/10/08; 10/14/14; MEC: 7/16/08;
1/21/15; Board of Directors: 7/22/08; 1/27/15

PURPOSE/RISK:

~~To~~Not define the structure, scope, and responsibilities for the anesthesia service within Tahoe Forest Health System (TFHS); ~~to provide for~~ can cause inconsistency ~~and continuity~~ of care in all areas where anesthesia services are provided.

POLICY:

Direction for all anesthesia services administered within TFHS is provided by the Department of Anesthesia. The Chair and Vice Chair of the Department of Anesthesia are qualified doctors of medicine or osteopathy, who have been appropriately credentialed and privileged by the TFHS Medical Staff and approved by the Board of Directors. Standards of practice for anesthesia services shall apply in all areas where such services are rendered.

DEFINITIONS/ STRUCTURE / CREDENTIALING:

- A. When reference is made to anesthesia services within Tahoe Forest Health System (TFHS), this shall include anesthesia services provided at both Tahoe Forest Hospital and Incline Village Community Hospital.
- B. The Department of Anesthesia is organized as a separate component of the Medical Staff and includes the clinical service of anesthesia.
- C. The functions and responsibilities of the Department of Anesthesia are specified in the Medical Staff Bylaws. These functions and responsibilities apply to all areas of TFHS where anesthesia services are rendered.
- D. The selection of the Chair and Vice Chair of the Department of Anesthesia is accomplished as provided for in the Medical Staff Bylaws.
 - 1. The duties and authority of the Chair of the Department of Anesthesia are specified in the Medical Staff Bylaws.
 - 2. The Vice Chair of the Department of Anesthesia shall assume the duties and authority of the Chair in the absence of the Chair.
- E. The Department of Anesthesia participates in organization-wide quality assessment and performance improvement activities as specified in the Medical Staff Bylaws, and Policy Quality Assurance/Performance Improvement (QA/PI) Plan, AQPI-05.
- F. Privileges to administer anesthesia services are granted to appropriately licensed individuals based on requirements specified in the Medical Staff Bylaws, including but not necessarily limited to the individual practitioner's scope of practice, applicable state laws, the individual competencies, education and training of the practitioner, and the practitioner's compliance with Medical Staff credentialing criteria and protocols.
- G. The privileges granted to each practitioner are specified on the provider's Medical Staff Delineation of Privileges, which is available in ~~both~~ a web-based ~~and hard-copy~~ format.
 - 1. Medical Staff Delineation of Privileges are accessible by hospital staff for the purpose of verifying member privileges. See Policy MSCP-4, "Physician and Allied Health Professionals Privilege Form Distribution".

STANDARDS OF PRACTICE:

- A. Hours of practice:
 - 1. An appropriately privileged anesthesia provider will be available to administer anesthesia services at Tahoe Forest Hospital 24 hours per day, seven days per week.

2. An appropriately privileged anesthesia provider will be available to administer anesthesia services at Incline Village Community Hospital on an as-needed basis for all scheduled surgeries and procedures requiring anesthesia services.
 3. The Chair of the Department of Anesthesia, or designee, will establish the anesthesia staffing schedule, including provision for after-hours anesthesia call coverage at Tahoe Forest Hospital.
- B. Anesthesia methods utilized in the TFHS include:
1. Local anesthesia;
 2. Light, moderate, and deep sedation;
 3. Regional anesthesia:
 - a. Peripheral nerve blocks;
 - b. Epidural and spinal anesthesia.
 4. General anesthesia.
 5. Monitored Anesthesia Care.
- C. Anesthetic gases:
1. Only non-flammable anesthetic gases shall be used.
 2. Anesthetic gases are evacuated from the anesthesia machine by suction to the outside air.
 3. Staff exposure to anesthetic gases is tested annually by an outside vendor.
 4. See applicable Engineering, Environment of Care, and Infection Prevention & Control policies.
- D. The anesthesia method and the specific anesthetizing agents used shall be the responsibility of the anesthesia provider, with input as appropriate from the surgeon/attending physician and patient.
- E. Appropriate standards of care and safety precautions for the various anesthesia methods and anesthetizing agents will be observed in all areas where anesthesia services are rendered.
- F. At a minimum, anesthesia practice responsibilities include, but are not necessarily limited to:
1. Appropriate inspection and testing of anesthesia equipment prior to use. See policy: Testing of Anesthesia Machines, [DPSDOR-512208](#).
 2. Preparation of a pre-operative patient evaluation, as specified in the Medical Staff Rules & Regulations.
 3. Obtaining the Informed Consent for Anesthesia Services from the patient or patient's legal representative. See Policy Consent, Informed, AQPI-1907.
 4. Intra-operative patient monitoring, and documentation of critical techniques, management, and patient responses, as specified in the Medical Staff Rules & Regulations.
 5. Preparation of a post-anesthesia evaluation, as specified in the Medical Staff Rules & Regulations.
 6. Medical direction for patient care during the Phase 1 (post anesthesia) Level of Care.
 7. Observance of applicable TFHS policies and protocols, and any applicable laws and regulations, regarding:
 - a. Infection Control practices;
 - b. Safety practices in anesthetizing locations, including electrical and medical gas safety;
 - c. Medication security, including controlled substances;
 - d. Reporting and documentation requirements;
 - e. Life support functions in the event of a cardiac or respiratory emergency.
 8. Maintaining current licensure and other privilege requirements, including continuing education requirements.
- G. The administration of procedural sedation by Registered Nurses without the presence of an anesthesia provider is addressed in Policy Moderate and Deep Sedation, ANS-1301.

Related Policies/Forms:

[Medical Staff Bylaws 201720](#); [Rules and Regs - Medical Staff Rules and Regulations 201722](#), MREG-2; [Testing of Anesthesia Machines, DPS-51DOR-2208](#); [Consent, Informed, AQPI-1907](#); [Physician and Allied Health Professionals: Distribution of Approved Privileges MSCP-4](#); [Quality Assurance / Performance Improvement \(QA/PI\) Plan, AQPI-05](#); [Moderate and Deep Sedation, ANS-1301](#)

PURPOSERISK:

~~This document outlines the~~Not defining a process used for conducting an evaluation through the use of a comprehensive performance framework to evaluate the competence of practitioner's performance through observation and proctoring of practitioners defined in this document who have been granted clinical privileges could pose a risk to patient safety.

POLICY:

- A. Proctoring and observation for medical staff members, podiatrists, dentists, and allied health professionals who have provisional privileges shall be conducted per the following guidelines.
- B. The first procedure (1) and the next four (4) of the subsequent fifteen (15) cases of a varied nature will be proctored for proceduralists, and/or the first admission (1) or consultation, and the next four (4) of the subsequent (15) cases of a varied nature done in the case of non-proceduralists. This includes proctoring of cases when the practitioner is on call. Telepsychiatry shall have retrospective review of (5) cases.
- C. If a practitioner does not have his cases proctored as described above, he/she will be considered in violation of this policy and the medical staff bylaws or allied health professional guidelines; and the matter will be brought before the Executive Committee for discussion and possible corrective action.

PROCEDURE:

SPECIALTY	MINIMUM # PROCTORED	TYPES OF CASES
Anesthesiology	5	Inpatient or outpatient or procedure rooms.
Emergency medicine	10	Retrospective review of 5 ER charts PLUS Five (5) Bedside Ultrasound Cases
Family practice	5 Admits 5 Invasive Proc	Hospital admissions and/or consultations. *Invasive procedures: "Other invasive procedures" below. First 5

		cases will be proctored.
Internal medicine	5	Hospital admissions and/or consultations. *Invasive procedures: See "Other invasive procedures" below.
Obstetrics	10	5 vaginal deliveries 5 C-Sections
Pathology	5	Retrospective review.
Pediatrics	5 Admits 5 Invasive Proc	Hospital admissions and/or consultations. *Invasive procedures [Example: Circumcision] See "Any surgical specialty" below.
Podiatrists	5	Operative procedures performed in the inpatient or outpatient operating or procedure rooms. If privileged for *RRA procedures, at least two (2) cases must be proctored. *Rear foot and ankle procedures

Radiology	5	Concurrent or retrospective review.
Any other medicine specialty	5	Hospital admissions and/or consultations.
*Any surgical specialty (incl Gyn)	5	Operative procedures performed in the inpatient or outpatient operating or procedure rooms.
*Other invasive procedures	5	Includes all endoscopies (colonoscopy, upper GI endoscopy and bronchoscopy), interventional radiology procedures, etc..

The period of observation will be six months and a minimum of five cases.

If five cases are not recorded during the first six-month period, the period of observation will be extended until all cases can be evaluated, but shall not extend beyond 24 months.

General Guidelines:

- A. The medical staff office shall notify the appropriate department chief and service leader/manager of the names of people who are eligible for proctoring.
- B. It shall be the practitioner's responsibility to make sure all required and completed proctor forms are sent to the Medical Staff Services Office.
- C. The medical staff office shall notify appropriate department chief when all required proctor forms have been received and are ready for review to determine eligibility for consideration of discontinuance of proctoring.

Practitioner's Responsibility/Request For A Proctor

- A. The practitioner to be proctored is responsible for arranging for a proctor, who must be an active or courtesy staff member. The proctor must be a physician who has previously satisfied his/her proctoring requirements.
- B. From the time temporary privileges are authorized and during the provisional period,
 - 1. Any non-provisional active or courtesy medical staff member may act as a proctor.
 - 2. When practical, some proctoring should be done by a practitioner not affiliated with the person to be proctored.
 - 3. For the proctored cases, there should be more than one person selected to proctor them.
 - 4. All or at least some of the proctoring should be done by practitioners with similar or the same privileges as those being demonstrated by the person being proctored.
 - 5. If a case requires an assistant or a consultant, that practitioner may be utilized as the proctor, if qualified.
 - 6. The practitioner for whom a procedure is to be proctored is responsible for requesting the services of a proctor. The proctor must be notified in advance by the practitioner to be proctored by giving the proctor at least three (3) working days' notice (Monday-Friday) or more for non-emergency cases, if possible. To the extent practical, prior notification of a practitioner's proctor shall be given to the unit staff where the procedure is to be done at the time the case is scheduled.
 - 7. The medical practitioner must notify and arrange for a proctor within 24 hours of admission.
 - 8. The practitioner who will have a delivery proctored must notify a

proctor in time for him to arrive to witness the delivery.

Proctor Responsibilities

- A. The proctor has the option, but is not required, to scrub for a case he is proctoring, if he so chooses. It will be necessary to observe only the central part of the procedure being monitored.
- B. For proctoring of a hospital admission or consultation, the proctor shall review the patient's chart at some time during hospitalization or after discharge.
- C. The proctor is responsible for completion of the appropriate proctoring form. The proctor shall complete the form, evaluating the attending practitioner's professional performance, judgment, and clinical and technical skills. Observations may be made on the form regarding indications for a surgical procedure, work-up, consultations, use of consultants, technical performance, etc. These observations and documentation will be confidential and shall be considered by the appropriate department chief and the Medical Executive Committee ("MEC"). The forms will be forwarded to the medical staff office.

Dental Surgery

- A. Truly surgical procedures done by oral and maxillofacial surgeons shall fall under the case minimum rule (cited above), as per all other surgical procedures.
- B. Dental procedures limited to the teeth themselves, which are occasionally done under general anesthesia, shall require proctoring of a total of five (5) cases.

Podiatrists

Podiatrists may proctor podiatrists only, but they may be proctored by any other surgeon who is a member of the active or courtesy medical staff.

Psychologists

Psychologists who have already satisfied the proctoring requirements may proctor other psychologists, and they may be proctored by any other physician who is a member of the active or courtesy medical staff, as specified in this policy.

Allied Health Professionals (AHP)

An AHP shall be subject to a period of observation to extend for a minimum of six (6) months or ten (10) cases, whichever is longer. The observation period shall last a maximum of two (2) years or for such longer time as the department chair may specify, subject to Medical Executive Committee approval. Observation may include concurrent or retrospective chart review, proctoring, or the requirement of consultation. The observer shall be a practitioner on the Medical Staff or Allied Health Professional status who exercises clinical privileges relevant to the activity being evaluated and who has previously satisfied his/her proctoring requirements.

Discontinuation of Proctoring

- A. The Chief may, at his or her discretion, elect to reduce or increase the number of proctored cases, based on the recommendation of the proctor.
- B. When the appropriate Department Chief, or his/her designee, has reviewed and deemed the documentation complete on the proctoring forms, he has the authority, if deemed appropriate by him, to authorize the temporary discontinuation of the proctoring. When the person being proctored is given such authorization, the appropriate Chief will notify the medical staff office and the chairman of the Medical Executive Committee or their delegates that the proctoring has been temporarily discontinued until such time as the Medical Executive Committee has had the opportunity to recommend discontinuation of the proctoring. If deemed appropriate by the MEC, a

recommendation to discontinue proctoring may be considered after five cases are proctored or may be extended for a period of time determined by the committee.

- C. If the provisional staff appointee has privileges at Incline Village Community Hospital, evidence of successful completion of proctoring at that facility may be honored as compliance of proctoring requirements for same privileges held at Tahoe Forest Hospital. Likewise, if the provisional staff appointee has privileges at Tahoe Forest Hospital, evidence of successful completion of proctoring at that facility may be honored as compliance of proctoring requirements for same privileges held at Incline Village Community Hospital.
- D. Only the TFHD Board of Directors shall give final formal authorization for proctoring to be discontinued. The practitioner will be informed in writing when proctoring has been formally discontinued.

Special Instructions / Definitions:

- A. "Medical Staff" means a self-governing body (i.e., self-governing means the leaders of the organized medical staff act responsibly to accomplish required organizational functions) that has the overall responsibility for the quality of professional services provided by individuals with or without clinical privileges and also the responsibility of accounting, therefore, to the Tahoe Forest Hospital District (TFHD) Board of Directors. The medical staff acts as a group or by authorized act of its committees or other delegates.
- B. "Medical Staff Bylaws, Rules & Regulations" means a document that describes the organization, roles, and responsibilities of the medical staff. The bylaws are developed, adopted, and periodically reviewed by the medical staff and approved by the governing body.
- C. "Allied Health Professional Guidelines" refers to the guidelines for Allied Health Professionals and Standardized Procedures' document that describes standards that apply to those practitioners who are accorded Allied Health Professional status at Tahoe Forest Hospital and/or Incline Village Community Hospital and who are under the jurisdiction of the Medical Staff.
- D. "Credentials file" means a confidential file established for the purpose of storing information as cited in the purpose above.
- E. "Peer review file" means a confidential file established for the purpose of storing information as cited in the purpose above.
- F. "Peer review" is the evaluation of an individual practitioner's professional performance and includes the identification of opportunities to improve care.
- G. "Proctoring" means to supervise, oversee, and monitor another person's activities.
- H. "Focused Professional Practice Evaluation" (FPPE) means the establishment of current competency for new medical staff members, new privileges and or concerns from ongoing professional practice evaluations.

Related Policies/Forms:

- TFHD Medical Staff Bylaws, Rules & Regulations
- Guidelines For Allied Health Professionals and Standardized Procedures
- Proctor evaluation forms

TAHOE FOREST HOSPITAL DISTRICT
Delineated Privilege Request
Department of Medicine

SPECIALTY: **PHYSICAL MEDICINE AND
REHABILITATION (PM&R)**

NAME: _____

Please print

Check which applies: **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:

Core Education:	MD, DO
Minimum Formal Training:	Successful completion of an ACGME or AOA-approved residency training program in Physical Medicine and Rehabilitation.
Board Certification:	Current ABPMR Board Certification; or attain Board Certification within five years of completion of training program. Maintenance of Board Certification required for reappointment eligibility.
Required Current Experience: (required for new applicants)	Provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for at least 25 patients during the past 12 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.
Clinical References: (required for new applicants)	Training director or appropriate department chair from another hospital where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others.
Proctoring Requirements:	See specific proctoring requirements.
Other:	<ul style="list-style-type: none"> • Current, unrestricted license to practice medicine in CA and/or NV • Malpractice insurance in the amount of \$1m/\$3m • Current, unrestricted DEA certificate in CA (approved for drug schedules 2-5) and/or unrestricted Nevada State Board of Pharmacy Certificate and DEA to practice in the (NV). • Ability to participate in federally funded program (Medicare or Medicaid). • State of California Radiologic Branch Fluoroscopy permit is required for TFH privileges requiring fluoroscopy.

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

Specialty: Physical Medicine and Rehabilitation

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.

(R)	(A)	GENERAL PRIVILEGES – PHYSICAL MEDICINE AND REHABILITATION	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<p>Core privileges for PM&R include the ability to admit, evaluate, diagnose, provide consultation to, and manage patients of all ages with physical and/or cognitive impairments and disability.</p> <p>Privileges also include the ability to diagnose and treat patients with painful or functionally limiting conditions, the management of comorbidities and coimpairments, the performance of diagnostic and therapeutic injection procedures, electrodiagnostic medicine, and the prevention of complications of disability from secondary conditions. Physicians may also provide care to patients in the intensive care setting in conformance with unit policies, and may assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p> <p>The core privileges in this specialty include the procedures on the following procedures list and such other procedures that are extensions of the same techniques and skills:</p> <ul style="list-style-type: none"> • Performance of history and physical exam • Anesthetic and/or motor blocks (e.g., peripheral nerve, myoneural junction, sympathetic chain/ganglia, caudal, facet nerve/joint, epidural [interlaminar and transforaminal], sacroiliac joint) • Arterial puncture • Arthrocentesis (both aspiration and injection [joints and bursae]) • Chemolysis (paralytic and nonparalytic; intramuscular, peripheral nerve, and cauda equina) • Impairment and disability evaluations • Ergonomic evaluations • Fitness-for-duty evaluations • Independent medical evaluations • Interventional pain treatment, including intrathecal medication administration and electrical stimulation • Manipulation/mobilization (peripheral, spinal [direct/indirect], and cranial) • Routine nonprocedural medical care • Serial casting • Soft tissue injections, including ligament, tendon, sheath, muscle, fascial, prolotherapy • Work determination status • Performance and interpretation of: <ul style="list-style-type: none"> ○ Electrodiagnosis, including EMG and nerve conduction studies ○ Ergometric studies ○ Gait laboratory studies ○ Muscle/muscle motor point biopsies ○ Small, intermediate, or major joint arthrogram ○ Radiological and lab procedures, including fluoroscopy (TFH - CA Fluoroscopy Certificate Required) ○ Work physiology testing, including treadmill and pulmonary ○ EKG monitoring 	_____	Outpatient Inpatient	First 5 Cases	50 cases/2 years

TAHOE FOREST HOSPITAL DISTRICT
Delineated Privilege Request
Department of Medicine

Specialty: Physical Medicine and Rehabilitation

Name:

<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> <hr/>				
<input type="checkbox"/>	<input type="checkbox"/>	<p>Privileges for PM&R also include the following procedures for spinal cord injury medicine:</p> <ul style="list-style-type: none"> • Performance of history and physical exam • Evaluation, prescription, and supervision of medical and comprehensive rehabilitation goals and treatment plans for spinal cord injuries and syndromes • Management of abnormalities and complications in other body systems resulting from spinal cord injury • Management of skin problems utilizing various techniques of prevention • Treatment, with appropriate consultation, of complications, such as deep vein thrombosis, pulmonary embolus, autonomic hyperreflexia, substance abuse, pain, spasticity, depression, and the sequelae of associated illnesses and preexisting diseases • Recognition, diagnosis, and coordination of treatment for respiratory complications • Recognition, diagnosis, and treatment of orthostatic hypotension and other cardiovascular abnormalities • Spinal cord rehabilitation (including neuromuscular, genitourinary, and other advanced techniques) • Spinal immobilization 				
<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> <hr/>				
		SELECTED PROCEDURES	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<p>These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.</p> <p>Intravenous Procedural Sedation (see attached credentialing criteria)</p>	N/A	Inpatient Outpatient	Take and pass the test	Maintain privileges that require Procedural Sedation
		<p>ADDITIONAL PRIVILEGES: 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.</p>				
		<p>EMERGENCY: 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.

TAHOE FOREST HOSPITAL DISTRICT
Delineated Privilege Request
Department of Medicine

Specialty: Physical Medicine and Rehabilitation

Name:

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)

Department Review Dates:

Medical Executive Committee:

Board of Directors:

2023-2024 Medical Staff Leadership

Medical Staff Officers

Title	Name	Term
Chief of Staff	Joy Koch, MD	1/1/23 – 12/31/24
Vice Chief of Staff	Ahrin Koppel, MD	1/1/23 – 12/31/24
Immediate Past Chief of Staff	Jonathan Laine, MD	1/1/23 – 3/31/23
Secretary-Treasurer	Jeanne Plumb, MD	1/1/22 – 12/31/23
Member-At-Large	Michelle Kim, MD	1/1/22 – 12/31/23

Department Chair, Vice Chair, Committee Chair

Title	Name	Term
Chair of Anesthesia	Tenille Bany, MD	1/1/23 – 12/31/24
Vice Chair of Anesthesia	Justin Ward, MD	1/1/23 – 12/31/24
Chair of Emergency Medicine	Aaron Gladman, MD	1/1/23 – 12/31/24
Vice Chair of Emergency Medicine	Christopher Skaff, MD	1/1/23 – 12/31/24
Chair of Medicine	Josh Pfent, MD	1/1/22 – 12/31/23
Vice Chair of Medicine	David Ritchie, MD	1/1/22 – 12/31/23
Chair of Obstetrics/Pediatrics	Chelsea Wicks, MD	1/1/23 – 12/31/24
Vice Chair of Obstetrics/Pediatrics	Sarah Fletcher, MD	1/1/23 – 12/31/24
Chair of Surgery	Justin Hunt, MD	1/1/22 – 12/31/23
Vice Chair of Surgery	Jonathan Hagen, MD	1/1/22 – 12/31/23
Chair of IVCH	Abby Young, DO	1/1/21 – 12/31/23
Vice Chair IVCH	Michelle Kim, MD	1/1/21 – 12/23/23
Quality Chair	Annamieka Conway, MD	1/1/23 – 12/31/24



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

Thursday, December 15, 2022 at 4:00 p.m.

Pursuant to Assembly Bill 361, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for December 15, 2022 will be conducted telephonically through Zoom. Please be advised that pursuant to legislation and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting. Board Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

1. CALL TO ORDER

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

2. ROLL CALL

Board: Alyce Wong, Board Chair; Mary Brown, Vice Chair; Michael McGarry, Secretary; Robert (Bob) Barnett, Board Member

Staff in attendance: Harry Weis, President & Chief Executive Officer; Louis Ward, Chief Operating Officer; Crystal (Betts) Felix, Chief Financial Officer; Dr. Brian Evans, Chief Medical Officer; Ted Owens, Executive Director of Governance; Martina Rochefort, Clerk of the Board

Other: Aleks Girgosian, General Counsel

Absent: Dale Chamblin, Treasurer

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

4. INPUT AUDIENCE

No public comment was received.

General Counsel read the board into Closed Session.

Open Session recessed at 4:05 p.m.

5. CLOSED SESSION

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

Subject Matter: First Quarter Fiscal Year 2023 Quality Dashboard

Number of items: One (1)

Discussion was held on a privileged item.

5.2. **Conference with Legal Counsel; Existing Litigation (Gov. Code § 54956.9(d)(1))**

The Board of Directors finds, based on advice from legal counsel, that discussion in open session will prejudice the position of the local agency in the litigation.

Name of Case: Tahoe Forest Hospital District v. Anthem Blue Cross Life and Health Insurance Company, and Blue Cross of California

Case No.: 01-20-0019-3645

Discussion was held on a privileged item.

5.3. Conference with Legal Counsel; Existing Litigation (Gov. Code § 54956.9(d)(1))

The Board finds, based on advice from legal counsel, that discussion in open session will prejudice the position of the local agency in the litigation.

Name of Case: Wrynn v. Tahoe Forest Hospital District

Name of Parties: Ellen Wrynn (full list of party names is available from the clerk upon request)

Nevada County Superior Court Case No. CU21-084365

Discussion was held on a privileged item.

5.4. Conference with Legal Counsel; Existing Litigation (Gov. Code § 54956.9(d)(1))

The Board finds, based on advice from legal counsel, that discussion in open session will prejudice the position of the local agency in the litigation.

Name of Case: Malone v. Tahoe Forest Hospital District

Name of Party: Kaitlin Malone

Nevada County Superior Court Case No. CU0000247

Discussion was held on a privileged item.

5.5. Conference with Legal Counsel; Existing Litigation (Gov. Code § 54956.9(d)(1))

The Board finds, based on advice from legal counsel, that discussion in open session will prejudice the position of the local agency in the litigation.

Name of Case: Streamline Construction v. Tahoe Forest Hospital District

Name of Party: JM Streamline, Inc., dba Streamline Construction

Nevada County Superior Court Case No. CU0000108

Discussion was held on a privileged item.

5.6. Approval of Closed Session Minutes

5.6.1. 11/17/2022 Regular Meeting

Discussion was held on a privileged item.

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

Subject Matter: Medical Staff Credentials

Discussion was held on a privileged item.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

Open Session reconvened at 6:01 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel stated there was no reportable action on items 5.1. through 5.6. On item 5.7., the Board voted unanimously to approve the medical staff credentials.

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

10. INPUT – AUDIENCE

Public comment was received from Meg Heim and Jaena Bloomquist.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

No public comment was received.

12. CONSENT CALENDAR

12.1. Approval of Minutes of Meetings

12.1.1. 11/17/2022 Regular Meeting

12.2. Financial Reports

12.2.1. Financial Report – November 2022

12.3. Board Reports

12.3.1. President & CEO Board Report

12.3.2. COO Board Report

12.3.3. CNO Board Report

12.3.4. CIO Board Report

12.3.5. Physician Services Board Report

12.4. Approve Resolution for Continued Remote Teleconference Meetings

12.4.1. Resolution 2022-20

12.5. Approve Board Policies

12.5.1. Guidelines for Business by TFHD Board of Directors, ABD-12

12.5.2. Physician and Professional Service Agreements, ABD-21

12.5.3. TFHD Professional Courtesy Immunization Policy, ABD-24

Item 12.3.2. was pulled for discussion.

ACTION: Motion made by Director Barnett to approve the Consent Calendar excluding item 12.3.2., seconded by Director McGarry. Roll call vote taken.

**Barnett – AYE
McGarry – AYE
Brown – AYE
Wong – AYE**

13. ITEMS FOR BOARD ACTION

13.1. Resolution 2022-21

The Board of Directors approved a resolution to honor Nan Healy and her volunteer efforts at Incline Village Community Hospital.

ACTION: Motion made by Director Barnett to approve Resolution 2022-21 as presented, seconded by Director Brown. Roll call vote taken.

Barnett – AYE

McGarry – AYE
Brown – AYE
Wong – AYE

14. ITEMS FOR BOARD DISCUSSION

14.1. 2022 Cancer Center Quality Report

Dr. Melissa Kaime presented an annual quality report from the District’s Gene Upshaw Memorial Tahoe Forest Cancer Center.

15. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Discussion was held on item 12.3.2.

ACTION: Motion made by Director Barnett to accept item 12.3.2. COO Board Report as presented, seconded by Director McGarry. Roll call vote taken.
Barnett – AYE
McGarry – AYE
Brown – AYE
Wong – AYE

16. BOARD OFFICER ELECTION

16.1. Election of 2023 Board Officers

ACTION: Motion made by Director Barnett, to elect Alyce Wong as Board Chair, seconded by Director Brown. Roll call vote taken.
Barnett – AYE
McGarry – AYE
Brown – AYE
Wong – AYE

ACTION: Director Brown nominated Michael McGarry as Vice Chair, seconded by Director Barnett. Roll call vote taken.
Barnett – AYE
McGarry – AYE
Brown – AYE
Wong – AYE

ACTION: Director Wong nominated Robert Barnett as Board Secretary, seconded by Director McGarry. Roll call vote taken.
Barnett – AYE
McGarry – AYE
Brown – AYE
Wong – AYE

ACTION: Director Barnett nominated Dale Chamblin as Board Treasurer, seconded by Director Brown. Roll call vote taken.
Barnett – AYE

McGarry – AYE
Brown – AYE
Wong – AYE

17. BOARD COMMITTEE REPORTS

No discussion was held.

18. BOARD MEMBERS REPORTS/CLOSING REMARKS

No discussion was held.

19. CLOSED SESSION CONTINUED

Not applicable.

20. OPEN SESSION

Not applicable.

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

Not applicable.

22. ADJOURN

Meeting adjourned at 6:56 p.m.

DRAFT

**TAHOE FOREST HOSPITAL DISTRICT
DECEMBER 2022 FINANCIAL REPORT
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Board of Directors
Of Tahoe Forest Hospital District
DECEMBER 2022 FINANCIAL NARRATIVE

The following is the financial narrative analyzing financial and statistical trends for the six months ended December 31, 2022.

Activity Statistics

- ❑ TFH acute patient days were 507 for the current month compared to budget of 532. This equates to an average daily census of 16.4 compared to budget of 17.2.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Emergency Department visits, Hospice visits, Diagnostic Imaging, Radiation Oncology procedures, Nuclear Medicine, Cat Scans, PET CT, Drugs Sold to Patients, Respiratory Therapy, Gastroenterology cases, Tahoe City Occupational Therapy, and Outpatient Physical Therapy, Physical Therapy Aquatic, Speech Therapy, and Occupational Therapy.
- ❑ TFH Outpatient volumes were below budget in the following departments by at least 5%: Home Health visits, Surgery cases, Laboratory tests, Oncology Lab, Pathology, Blood units, Medical Oncology procedures, MRI, Ultrasound, Briner Ultrasound, and Oncology Drugs Sold to Patients.

Financial Indicators

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 52.77% in the current month compared to budget of 48.92% and to last month's 52.44%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 49.41% compared to budget of 48.87% and prior year's 51.81%.
- ❑ EBIDA was \$4,725,713 (9.6%) for the current month compared to budget of \$2,016,815 (4.3%), or \$2,708,898 (5.3%) above budget. Year-to-Date EBIDA was \$14,877,046 (5.4%) compared to budget of \$14,375,645 (5.0%) or \$501,401 (.4%) above budget.
- ❑ Net Income was \$4,349,369 for the current month compared to budget of \$1,753,877 or \$2,595,492 above budget. Year-to-Date Net Income was \$11,041,297 compared to budget of \$12,859,831 or \$(1,818,534) below budget.
- ❑ Cash Collections for the current month were \$22,343,529, which is 100% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$99,470,947 at the end of December compared to \$96,734,498 at the end of November.

Balance Sheet

- ❑ Working Capital is at 11.7 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 173.8 days. Working Capital cash decreased a net \$4,119,000. Accounts Payable decreased \$2,948,000 and Accrued Payroll & Related Costs increased \$1,496,000. The District purchased the Levon Professional Building for \$2,230,000. Cash Collections were at target.
- ❑ Net Patient Accounts Receivable increased \$1,881,000 and cash collections were at target. EPIC Days in A/R were 66.3 compared to 66.2 at the close of November, a .10 day increase.
- ❑ Estimated Settlements, Medi-Cal & Medicare increased \$1,178,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs along with booking a receivable due from the State for underpayment of our FY14/15 SNF Supplemental Reimbursement claims.
- ❑ Unrealized Gain/(Loss) Cash Investment Fund decreased \$38,000 after recording the unrealized gains in its funds held with Chandler Investments in December.
- ❑ Investment in TSC, LLC decreased \$16,000 after truing up the net losses for October and November.
- ❑ The District implemented GASB No. 87, requiring the recognition of certain lease assets and liabilities for leases that were previously classified as operating leases or rental expenses. The life of the lease agreement is classified as an Intangible Lease Asset net of its associated Accumulated Amortization and decreased \$141,000 in December.
- ❑ Accounts Payable decreased \$2,948,000 due to the timing of the final check run in December.
- ❑ Accrued Payroll & Related Costs increased \$1,496,000 due to additional accrued payroll days in December.

Operating Revenue

- ❑ Current month’s Total Gross Revenue was \$49,239,141 compared to budget of \$47,184,204 or \$2,054,937 above budget.
- ❑ Current month’s Gross Inpatient Revenue was \$8,415,953, compared to budget of \$9,406,409 or \$990,456 below budget.
- ❑ Current month’s Gross Outpatient Revenue was \$40,823,188 compared to budget of \$37,777,795 or \$3,045,393 above budget.
- ❑ Current month’s Gross Revenue Mix was 34.9% Medicare, 14.1% Medi-Cal, .0% County, 1.7% Other, and 49.3% Commercial Insurance compared to budget of 37.1% Medicare, 16.3% Medi-Cal, .0% County, 2.3% Other, and 44.3% Commercial Insurance. Last month’s mix was 35.4% Medicare, 15.6% Medi-Cal, .0% County, 1.7% Other, and 47.3% Commercial Insurance. Year-to-date Gross Revenue Mix was 38.5% Medicare, 14.7% Medi-Cal, .0% County, 2.0% Other, and 44.8% Commercial Insurance compared to budget of 37.4% Medicare, 16.2% Medi-Cal, .0% County, 2.4% Other, and 44.0% Commercial Insurance.
- ❑ Current month’s Deductions from Revenue were \$23,258,553 compared to budget of \$24,104,947 or \$846,394 below budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 2.25% decrease in Medicare, a 2.20% decrease to Medi-Cal, County at budget, a .62% decrease in Other, and Commercial Insurance was above budget 5.07%, 2) revenues were above budget 4.40% with a shift to Commercial Payors, and 3) Prior Period Settlements were above budget \$326,559 after booking an amount due from the State for underpayment of FY14/15 SNF Supplemental Reimbursement claims.

DESCRIPTION	December 2022 Actual	December 2022 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	9,594,074	10,251,871	657,797	We have put a freeze on hiring unless considered critical and approved by CEO.
Employee Benefits	2,901,736	2,986,510	84,774	
Benefits – Workers Compensation	112,499	120,244	7,745	
Benefits – Medical Insurance	1,624,612	1,441,338	(183,274)	
Medical Professional Fees	420,866	412,578	(8,288)	Anesthesiologists who have not joined the employment model created a negative variance in Medical Professional Fees. This was offset, for the most part, by a positive variance in Multi-Specialty Clinics Locums fees.
Other Professional Fees	214,531	274,409	59,878	Financial Analysis and Process Improvement projects that did not launch in December created a positive variance in Other Professional Fees.
Supplies	4,219,871	3,478,475	(741,396)	Drugs Sold to Patients revenues were above budget 11.65%, creating a negative variance in Pharmacy Supplies and Medical Supplies Sold to Patients revenues were above budget 13.39%, creating a negative variance in Patient & Other Medical Supplies.
Purchased Services	2,366,177	2,264,884	(101,293)	A surgical services performance improvement project, snow removal, security services, interpreters, scribe services & a data mapping and transformation project in the Multi-Specialty Clinics, and outsourced billing and collections services in Patient Accounting created a negative variance in Purchased Services.
Other Expenses	1,232,813	1,111,850	(120,963)	Physician Recruitment expense, postage, Nevada County election fees, utilities, and Marketing campaigns created a negative variance in Other Expenses.
Total Expenses	22,687,179	22,342,159	(345,020)	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
DECEMBER 2022

	Dec-22	Nov-22	Dec-21	
ASSETS				
CURRENT ASSETS				
* CASH	\$ 8,331,917	\$ 12,451,182	\$ 12,639,565	1
PATIENT ACCOUNTS RECEIVABLE - NET	45,879,782	43,999,214	41,588,138	2
OTHER RECEIVABLES	13,225,650	12,385,865	12,002,910	
GO BOND RECEIVABLES	2,534,788	2,103,280	2,462,591	
ASSETS LIMITED OR RESTRICTED	10,060,871	10,217,086	9,490,052	
INVENTORIES	4,468,823	4,476,779	4,273,342	
PREPAID EXPENSES & DEPOSITS	3,173,117	2,860,173	2,714,193	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	23,608,471	22,430,314	14,553,732	3
TOTAL CURRENT ASSETS	<u>111,283,421</u>	<u>110,923,892</u>	<u>99,724,524</u>	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	34,788,423	34,788,423	54,384,201	1
* CASH INVESTMENT FUND	80,296,390	80,258,849	79,954,890	1
UNREALIZED GAIN/(LOSS) CASH INVESTMENT FUND	(4,211,945)	(4,269,879)	-	4
MUNICIPAL LEASE 2018	726,608	726,485	725,156	
TOTAL BOND TRUSTEE 2017	20,676	20,598	20,532	
TOTAL BOND TRUSTEE 2015	830,132	691,251	827,081	
TOTAL BOND TRUSTEE GO BOND	5,764	5,764	5,764	
GO BOND TAX REVENUE FUND	1,066,917	1,066,917	757,106	
DIAGNOSTIC IMAGING FUND	3,364	3,364	3,343	
DONOR RESTRICTED FUND	1,141,618	1,141,617	1,137,882	
WORKERS COMPENSATION FUND	33,344	(20,059)	8,615	
TOTAL	114,701,291	114,413,330	137,824,570	
LESS CURRENT PORTION	(10,060,871)	(10,217,086)	(9,490,052)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	<u>104,640,420</u>	<u>104,196,244</u>	<u>128,334,518</u>	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(2,707,697)	(2,692,164)	(1,990,588)	5
PROPERTY HELD FOR FUTURE EXPANSION	1,694,072	1,694,072	924,072	
PROPERTY & EQUIPMENT NET	192,433,687	190,318,624	174,326,991	
GO BOND CIP, PROPERTY & EQUIPMENT NET	<u>1,844,262</u>	<u>1,843,196</u>	<u>1,822,064</u>	
TOTAL ASSETS	<u>409,188,164</u>	<u>406,283,863</u>	<u>403,141,581</u>	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	290,914	294,146	329,702	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	346,162	343,424	1,217,157	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	4,703,033	4,726,738	4,987,490	
GO BOND DEFERRED FINANCING COSTS	458,654	460,974	486,504	
DEFERRED FINANCING COSTS	131,075	132,115	143,558	
INTANGIBLE LEASE ASSET NET OF ACCUM AMORTIZATION	8,307,766	8,448,459	-	6
TOTAL DEFERRED OUTFLOW OF RESOURCES	<u>\$ 14,237,604</u>	<u>\$ 14,405,858</u>	<u>\$ 7,164,411</u>	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	\$ 7,985,772	\$ 10,934,264	\$ 7,521,732	7
ACCRUED PAYROLL & RELATED COSTS	19,827,457	18,331,116	17,443,443	8
INTEREST PAYABLE	478,201	402,317	505,295	
INTEREST PAYABLE GO BOND	1,344,076	1,075,260	1,380,701	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	168,264	320,626	14,870,377	
HEALTH INSURANCE PLAN	2,224,062	2,224,062	2,403,683	
WORKERS COMPENSATION PLAN	2,947,527	2,947,527	3,180,976	
COMPREHENSIVE LIABILITY INSURANCE PLAN	2,082,114	2,082,114	1,704,145	
CURRENT MATURITIES OF GO BOND DEBT	1,945,000	1,945,000	1,945,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	5,594,718	5,594,718	3,952,678	
TOTAL CURRENT LIABILITIES	<u>44,597,191</u>	<u>45,857,004</u>	<u>54,908,030</u>	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	27,902,615	28,240,905	24,909,856	
GO BOND DEBT NET OF CURRENT MATURITIES	93,312,010	93,329,966	95,472,478	
DERIVATIVE INSTRUMENT LIABILITY	346,162	343,424	1,217,157	
TOTAL LIABILITIES	<u>166,157,978</u>	<u>167,771,299</u>	<u>176,507,520</u>	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	256,126,172	251,776,804	232,660,590	
RESTRICTED	1,141,618	1,141,617	1,137,882	
TOTAL NET POSITION	<u>\$ 257,267,790</u>	<u>\$ 252,918,421</u>	<u>\$ 233,798,472</u>	

* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
DECEMBER 2022

1. Working Capital is at 11.7 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 173.8 days. Working Capital cash decreased a net \$4,119,000. Accounts Payable decreased \$2,948,000 (See Note 7) and Accrued Payroll & Related Costs increased \$1,496,000 (See Note 8). The District purchased the Levon Professional Building for \$2,230,000. Cash Collections were at target (See Note 2).
2. Net Patient Accounts Receivable increased \$1,881,000. Cash collections were at target. EPIC Days in A/R were 66.3 compared to 66.2 at the close of November, a .10 day increase.
3. Estimated Settlements, Medi-Cal & Medicare increased \$1,178,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs along with booking a receivable due from the State for underpayment of our FY14/15 SNF Supplemental Reimbursement claims.
4. Unrealized Gain/(Loss) Cash Investment Fund decreased \$38,000 after recording the unrealized gains in its funds held with Chandler Investments for the month of December.
5. Investment in TSC, LLC decreased \$16,000 after truing up the net losses for October and November.
6. The District implemented GASB No. 87, requiring the recognition of certain lease assets and liabilities for leases that were previously classified as operating leases or rental expenses. The life of the lease agreement is classified as an Intangible Lease Asset net of its associated Accumulated Amortization and decreased \$141,000 in December.
7. Accounts Payable decreased \$2,948,000 due to the timing of the final check run in December.
8. Accrued Payroll & Related Costs increased \$1,496,000 due to additional accrued payroll days in December.

**Tahoe Forest Hospital District
Cash Investment
December 31, 2022**

WORKING CAPITAL

US Bank	\$ 7,248,098		
US Bank/Kings Beach Thrift Store	18,999		
US Bank/Truckee Thrift Store	49,156		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,015,663</u>	0.01%	
Total			\$ 8,331,917

BOARD DESIGNATED FUNDS

US Bank Savings	\$ -		
Chandler Investment Fund	<u>80,296,390</u>	0.30%	
Total			\$ 80,296,390

Building Fund	\$ -		
Cash Reserve Fund	<u>34,788,423</u>	2.29%	
Local Agency Investment Fund			\$ 34,788,423

Municipal Lease 2018			\$ 726,608
Bonds Cash 2017			\$ 20,676
Bonds Cash 2015			\$ 830,132
GO Bonds Cash 2008			\$ 1,072,681

DX Imaging Education	\$ 3,364		
Workers Comp Fund - B of A	33,344		

Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ 36,708</u>












TOTAL FUNDS			\$ 126,103,535
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RESTRICTED FUNDS

Gift Fund			
US Bank Money Market	\$ 8,362	0.00%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,105,946</u>	2.29%	
TOTAL RESTRICTED FUNDS			<u>\$ 1,141,618</u>

TOTAL ALL FUNDS			<u><u>\$ 127,245,153</u></u>
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**TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
KEY FINANCIAL INDICATORS
DECEMBER 2022**

	Current Status	Desired Position	Target	<u>Bond Covenants</u>	<u>FY 2023</u> Jul 22 to Dec 22	<u>FY 2022</u> Jul 21 to June 22	<u>FY 2021</u> Jul 20 to June 21	<u>FY 2020</u> Jul 19 to June 20	<u>FY 2019</u> Jul 18 to June 19	<u>FY 2018</u> Jul 17 to June 18	<u>FY 2017</u> Jul 16 to June 17
Return On Equity: <u>Increase (Decrease) in Net Position</u> Net Position	 	↑	FYE 9.1% Budget 2nd Qtr 5.0%		4.3%	13.0%	12.3%	17.1%	13.1%	5.1%	14.4%
EPIC Days in Accounts Receivable (excludes SNF) <u>Gross Accounts Receivable</u> 90 Days		↓	FYE 63 Days		66	63	65	89	69	68	55
<u>Gross Accounts Receivable</u> 365 Days					68	67	67	73	71	73	55
Days Cash on Hand Excludes Restricted: <u>Cash + Short-Term Investments</u> (Total Expenses - Depreciation Expense)/ by 365	 	↑	Budget FYE 170 Days Budget 2nd Qtr 167 Projected 2nd Qtr 172 Days	60 Days A- 267 Days BBB- 158 Days	174	234	272	246	179	176	191
EPIC Accounts Receivable over 120 days (excludes payment plan, legal and charitable balances)		↓	13%		29%	27%	26%	31%	35%	22%	17%
EPIC Accounts Receivable over 120 days (includes payment plan, legal and charitable balances)		↓	18%		37%	36%	32%	40%	42%	25%	18%
Cash Receipts Per Day (based on 60 day lag on Patient Net Revenue)	 	↑	FYE Budget \$738,089 End 2nd Qtr Budget \$717,833		\$685,439	\$634,266	\$603,184	\$523,994	\$473,890	\$333,963	\$348,962
Debt Service Coverage: Excess Revenue over Exp + <u>Interest Exp + Depreciation</u> Debt Principal Payments + Interest Expense		↑	Without GO Bond 7.52 With GO Bond 4.13	1.95	7.35 4.05	9.72 5.22	8.33 4.49	9.50 5.06	20.45 4.12	9.27 2.07	6.64 3.54

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
DECEMBER 2022

CURRENT MONTH					YEAR TO DATE				PRIOR YTD DEC 2021	
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
OPERATING REVENUE										
\$ 49,239,141	\$ 47,184,204	\$ 2,054,937	4.4%	Total Gross Revenue	\$ 276,086,613	\$ 285,180,739	\$ (9,094,126)	-3.2%	1	\$ 244,095,026
Gross Revenues - Inpatient										
\$ 3,744,476	\$ 4,384,885	\$ (640,409)	-14.6%	Daily Hospital Service	\$ 18,834,790	\$ 26,221,366	\$ (7,386,576)	-28.2%		\$ 22,158,905
4,671,477	5,021,524	(350,047)	-7.0%	Ancillary Service - Inpatient	21,471,121	30,306,471	(8,835,350)	-29.2%		26,783,290
8,415,953	9,406,409	(990,456)	-10.5%	Total Gross Revenue - Inpatient	40,305,911	56,527,837	(16,221,926)	-28.7%	1	48,942,195
Gross Revenue - Outpatient										
40,823,188	37,777,795	3,045,393	8.1%	Total Gross Revenue - Outpatient	235,780,702	228,652,902	7,127,800	3.1%		195,152,831
40,823,188	37,777,795	3,045,393	8.1%		235,780,702	228,652,902	7,127,800	3.1%	1	195,152,831
Deductions from Revenue:										
22,937,989	21,566,416	(1,371,573)	-6.4%	Contractual Allowances	135,133,908	130,488,494	(4,645,414)	-3.6%	2	111,228,213
-	-	-	0.0%	Managed Care Reserve	-	-	-	0.0%	2	-
(385,190)	1,674,690	2,059,880	123.0%	Charity Care	1,514,952	10,122,694	8,607,742	85.0%	2	8,684,265
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	-
1,032,314	863,841	(168,473)	-19.5%	Bad Debt	3,449,165	5,222,719	1,773,554	34.0%	2	(2,550,147)
(326,559)	-	326,559	0.0%	Prior Period Settlements	(401,999)	-	401,999	0.0%	2	275,234
23,258,553	24,104,947	846,394	3.5%	Total Deductions from Revenue	139,696,026	145,833,907	6,137,881	4.2%		117,637,565
112,928	128,860	15,932	12.4%	Property Tax Revenue- Wellness Neighborhood	631,889	690,024	58,135	8.4%		451,570
1,319,376	1,150,857	168,519	14.6%	Other Operating Revenue	7,845,167	7,058,803	786,364	11.1%	3	6,206,941
27,412,892	24,358,974	3,053,918	12.5%	TOTAL OPERATING REVENUE	144,867,643	147,095,659	(2,228,016)	-1.5%		133,115,972
OPERATING EXPENSES										
9,594,074	10,251,871	657,797	6.4%	Salaries and Wages	56,669,592	59,953,323	3,283,731	5.5%	4	43,327,572
2,901,736	2,986,510	84,774	2.8%	Benefits	18,967,955	18,948,737	(19,218)	-0.1%	4	14,507,614
112,499	120,244	7,745	6.4%	Benefits Workers Compensation	632,684	721,464	88,780	12.3%	4	527,383
1,624,612	1,441,338	(183,274)	-12.7%	Benefits Medical Insurance	8,969,631	8,648,028	(321,603)	-3.7%	4	7,883,517
420,866	412,578	(8,288)	-2.0%	Medical Professional Fees	2,889,131	2,471,628	(417,503)	-16.9%	5	7,891,621
214,531	274,409	59,878	21.8%	Other Professional Fees	1,253,292	1,743,829	490,537	28.1%	5	1,251,845
4,219,871	3,478,475	(741,396)	-21.3%	Supplies	21,902,534	20,554,069	(1,348,465)	-6.6%	6	17,679,195
2,366,177	2,264,884	(101,293)	-4.5%	Purchased Services	12,416,433	13,269,327	852,894	6.4%	7	11,507,824
1,232,813	1,111,850	(120,963)	-10.9%	Other	6,289,344	6,409,609	120,266	1.9%	8	5,822,215
22,687,179	22,342,159	(345,020)	-1.5%	TOTAL OPERATING EXPENSE	129,990,597	132,720,014	2,729,417	2.1%		110,398,786
4,725,713	2,016,815	2,708,898	134.3%	NET OPERATING REVENUE (EXPENSE) EBIDA	14,877,046	14,375,645	501,401	3.5%		22,717,186
NON-OPERATING REVENUE/(EXPENSE)										
684,385	665,730	18,655	2.8%	District and County Taxes	4,139,651	4,077,513	62,138	1.5%	9	4,204,345
432,826	431,509	1,317	0.3%	District and County Taxes - GO Bond	2,590,370	2,589,053	1,317	0.1%		2,517,214
125,819	60,645	65,174	107.5%	Interest Income	575,204	359,481	215,723	60.0%	10	327,531
57,117	145,807	(88,690)	-60.8%	Donations	458,106	872,102	(413,996)	-47.5%	11	456,154
(15,533)	(30,000)	14,467	48.2%	Gain/(Loss) on Joint Investment	(631,827)	(180,000)	(451,827)	-251.0%	12	(329,694)
67,066	25,000	42,066	-168.3%	Gain/(Loss) on Market Investments	(596,678)	150,000	(746,678)	497.8%	13	(164,262)
-	-	-	0.0%	Gain/(Loss) on Disposal of Property	-	-	-	0.0%	14	-
1,000	-	1,000	0.0%	Gain/(Loss) on Sale of Equipment	1,000	-	1,000	0.0%	14	1,800
-	-	-	100.0%	COVID-19 Emergency Funding	-	-	-	100.0%	15	(1,092,739)
(1,341,876)	(1,201,183)	(140,693)	-11.7%	Depreciation	(8,051,261)	(7,207,098)	(844,163)	-11.7%	16	(6,984,288)
(110,263)	(91,631)	(18,632)	-20.3%	Interest Expense	(651,677)	(556,650)	(95,027)	-17.1%	17	(622,218)
(276,885)	(268,815)	(8,070)	-3.0%	Interest Expense-GO Bond	(1,668,635)	(1,620,215)	(48,420)	-3.0%		(1,711,006)
(376,344)	(262,938)	(113,406)	-43.1%	TOTAL NON-OPERATING REVENUE/(EXPENSE)	(3,835,749)	(1,515,814)	(2,319,935)	-153.0%		(3,397,163)
\$ 4,349,369	\$ 1,753,877	\$ 2,595,492	148.0%	INCREASE (DECREASE) IN NET POSITION	\$ 11,041,297	\$ 12,859,831	\$ (1,818,534)	-14.1%		\$ 19,320,023
NET POSITION - BEGINNING OF YEAR					246,226,493					
NET POSITION - AS OF DECEMBER 31, 2022					\$ 257,267,790					
9.6%	4.3%	5.3%		RETURN ON GROSS REVENUE EBIDA	5.4%	5.0%	0.3%		9.3%	







TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
DECEMBER 2022

		Variance from Budget	
		Fav / <Unfav>	
		DEC 2022	YTD 2023
1) Gross Revenues			
Acute Patient Days were below budget 4.70% or 25 days. Swing Bed days were below budget 74.39% or 61 days. Inpatient Ancillary Revenues were below budget 7.00% due to the decrease in Patient Days.	Gross Revenue -- Inpatient	\$ (990,456)	\$ (16,221,926)
	Gross Revenue -- Outpatient	3,045,393	7,127,800
	Gross Revenue -- Total	\$ 2,054,937	\$ (9,094,126)
Outpatient volumes were above budget in the following departments: Emergency Department visits, Hospice visits, Diagnostic Imaging, Mammography, Radiation Oncology, Nuclear Medicine, Cat Scans, PET CT, Drugs Sold to Patients, Respiratory Therapy, Gastroenterology cases, Tahoe City Occupational Therapy, Outpatient Physical Therapy, Physical Therapy Aquatic, Speech Therapy, and Occupational Therapy.			
Outpatient volumes were below budget in the following departments: Home Health visits, Surgery cases, Laboratory tests, Lab Send Out tests, Oncology Lab, Pathology, Blood units, EKG, Medical Oncology procedures, MRI, Ultrasound, Briner Ultrasound, and Oncology Drugs Sold to Patients.			
2) Total Deductions from Revenue			
The payor mix for December shows a 2.25% decrease to Medicare, a 2.20% decrease to Medi-Cal, .62% decrease to Other, County at budget, and a 5.07% increase to Commercial when compared to budget. We saw a negative variance in contractals due to revenues exceeding budget 4.40%.	Contractual Allowances	\$ (1,371,573)	\$ (4,645,414)
	Managed Care	-	-
	Charity Care	2,059,880	8,607,742
	Charity Care - Catastrophic	-	-
	Bad Debt	(168,473)	1,773,554
	Prior Period Settlements	326,559	401,999
	Total	\$ 846,394	\$ 6,137,881
The State performed its final reconciliation of the FY14/15 SNF Supplemental Reimbursement program, resulting in an amount due to the District. This created a positive variance in Prior Period Settlements.			
3) Other Operating Revenue			
Retail Pharmacy revenues were above budget 38.47%.	Retail Pharmacy	136,563	352,155
	Hospice Thrift Stores	421	68,603
	The Center (non-therapy)	5,047	1,337
	IVCH ER Physician Guarantee	(18,709)	(52,140)
	Children's Center	19,996	79,108
	Miscellaneous	25,202	324,600
	Oncology Drug Replacement	-	-
	Grants	-	12,700
	Total	\$ 168,519	\$ 786,364
Fitness Center revenues were above budget 285.02%, creating a positive variance in The Center (non-therapy).			
IVCH ER Physician Guarantee is tied to collections, coming in below budget.			
Children's Center revenues were above budget 16.39%.			
Community Health revenues and North Tahoe Anesthesia Group collections created a positive variance in Miscellaneous.			
4) Salaries and Wages			
	Total	\$ 657,797	\$ 3,283,731
Employee Benefits			
	PL/SL	\$ (5,399)	\$ (308,221)
	Nonproductive	86,766	359,957
	Pension/Deferred Comp	-	(15,000)
	Standby	(8,227)	(81,291)
	Other	11,633	25,338
	Total	\$ 84,774	\$ (19,218)
Employee Benefits - Workers Compensation			
	Total	\$ 7,745	\$ 88,780
Employee Benefits - Medical Insurance			
	Total	\$ (183,274)	\$ (321,603)
5) Professional Fees			
Anesthesiologists who have not joined the employment model created a negative variance in Miscellaneous.	Miscellaneous	\$ (40,126)	\$ (475,918)
	Multi-Specialty Clinics Administration	(19,270)	(71,363)
	TFH Locums	3,085	(54,590)
	Oncology	(21,230)	(28,357)
	The Center	-	(8,832)
	Home Health/Hospice	-	(4,790)
	Human Resources	(8,864)	(4,308)
	Information Technology	119	(4,112)
	IVCH ER Physicians	629	(2,343)
	TFH/IVCH Therapy Services	2,591	(1,766)
	Patient Accounting/Admitting	-	-
	Respiratory Therapy	-	-
	Marketing	(7,583)	7,073
	Corporate Compliance	6,250	18,905
	Managed Care	643	28,525
	Medical Staff Services	5,282	91,929
	Financial Administration	20,833	155,088
	Multi-Specialty Clinics	38,549	159,266
	Administration	70,681	268,625
	Total	\$ 51,590	\$ 73,033
Budgeted Process Improvement projects have not started, creating a positive variance in Administration.			

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
DECEMBER 2022

	Variance from Budget	
	Fav / <Unfav>	
	DEC 2022	YTD 2023
6) Supplies		
Drugs Sold to Patients revenues were above budget 11.65%, creating a negative variance in Pharmacy Supplies.		
We saw negative variances in Other Non-Medical Supplies in Obstetrics, Surgery, Mammography, Materials Management, Retail Pharmacy, and The Gift Tree.		
Medical Supplies Sold to Patients revenues were above budget 13.39%, creating a negative variance in Patient & Other Medical Supplies.		
	Pharmacy Supplies	\$ (533,484) \$ (2,080,962)
	Other Non-Medical Supplies	(44,272) (80,024)
	Office Supplies	(6,790) (17,668)
	Food	5,982 51,533
	Minor Equipment	38 74,660
	Patient & Other Medical Supplies	(162,871) 703,997
	Total	\$ (741,396) \$ (1,348,465)
7) Purchased Services		
A Performance Improvement project in Surgical Services, Snow Removal services, Security services, and Interpreters created a negative variance in Miscellaneous.		
Scribe services and outsourced services for the data mapping and transformation project created a negative variance in Multi-Specialty Clinics.		
Employee Health screenings were below budget, creating a positive variance in Human Resources.		
Lab Send Out volumes were below budget, creating a positive variance in Laboratory.		
Outsourced billing and collection services came in above budget, creating a negative variance in Patient Accounting.		
The migration of communications to a Cloud solution and the Disaster Recovery and Business Continuance projects did not launch in November, creating a positive variance in Information Technology.		
	Miscellaneous	\$ (113,027) \$ (277,863)
	Multi-Specialty Clinics	(79,249) (184,876)
	Department Repairs	(3,001) (125,204)
	Pharmacy IP	(744) (22,444)
	The Center	(568) (14,014)
	Home Health/Hospice	(3,838) (6,576)
	Medical Records	4,602 20,039
	Community Development	2,500 25,000
	Human Resources	19,115 88,693
	Diagnostic Imaging Services - All	10,515 95,272
	Laboratory	22,236 139,246
	Patient Accounting	(89,493) 333,241
	Information Technology	129,658 782,380
	Total	\$ (101,293) \$ 852,894
8) Other Expenses		
Physician Recruitment expenses, postage, Nevada County Election fees, and the transfer of Laboratory Labor expenses to IVCH created a negative variance in Miscellaneous.		
Natural Gas/Propane, Electricity, and Diesel expenses were above budget, creating a negative variance in Utilities.		
Marketing campaigns came in above budget, creating a negative variance in this category.		
The District implemented GASB No. 87, requiring certain lease agreements be capitalized and written off to Amortization Expense over the life of the lease. This is creating a positive variance in Multi-Specialty Clinics and Other Building Rents.		
	Miscellaneous	\$ (142,090) \$ (525,109)
	Insurance	(17,125) (134,651)
	Utilities	(78,006) (110,404)
	Equipment Rent	625 (58,536)
	Dues and Subscriptions	(8,014) (38,472)
	Multi-Specialty Clinics Equip Rent	(5,625) (18,540)
	Physician Services	(186) (5,686)
	Human Resources Recruitment	7,591 17,462
	Multi-Specialty Clinics Bldg. Rent	32,752 60,697
	Marketing	(17,713) 113,335
	Outside Training & Travel	14,846 133,396
	Other Building Rent	91,983 686,776
	Total	\$ (120,963) \$ 120,266
9) District and County Taxes	Total	\$ 18,655 \$ 62,138
10) Interest Income	Total	\$ 65,174 \$ 215,723
11) Donations		
	IVCH	\$ (62,159) \$ (141,826)
	Operational	(26,531) (272,170)
	Total	\$ (88,690) \$ (413,996)
12) Gain/(Loss) on Joint Investment	Total	\$ 14,467 \$ (451,827)
13) Gain/(Loss) on Market Investments	Total	\$ 42,066 \$ (746,678)
The District booked the value of unrealized gains in its holdings with Chandler Investments.		
14) Gain/(Loss) on Sale or Disposal of Assets	Total	\$ 1,000 \$ 1,000
15) COVID-19 Emergency Funding	Total	\$ - \$ -
16) Depreciation Expense		
The District implemented GASB No. 87, requiring certain lease agreements be capitalized and written off to Amortization Expense over the life of the lease. This is creating a negative variance in Depreciation Expense.		
	Total	\$ (140,693) \$ (844,163)
17) Interest Expense		
The District implemented GASB No. 87, requiring certain lease agreements be capitalized and Imputed Interest be recorded, creating a negative variance in Interest Expense.		
	Total	\$ (18,632) \$ (95,027)

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
KEY FINANCIAL INDICATORS
DECEMBER 2022

	Current Status	Desired Position	Target	FY 2023 Jul 22 to Dec 22	FY 2022 Jul 21 to June 22	FY 2021 Jul 20 to June 21	FY 2020 Jul 19 to June 20	FY 2019 Jul 18 to June 19	FY 2018 Jul 17 to June 18	FY 2017 Jul 16 to June 17
Total Margin: <u>Increase (Decrease) In Net Position</u> Total Gross Revenue		↑	FYE 4.0% 2nd Qtr 4.5%	4.0%	6.2%	5.8%	8.5%	5.7%	2.6%	7.4%
Charity Care: <u>Charity Care Expense</u> Gross Patient Revenue		↓	FYE 3.6% 2nd Qtr 3.6%	.5%	2.6%	3.4%	4.0%	3.8%	3.3%	3.1%
Bad Debt Expense: <u>Bad Debt Expense</u> Gross Patient Revenue		↓	FYE 1.8% 2nd Qtr 1.8%	1.3%	-.01%	1.2%	1.4%	.1%	.1%	-.0%
Incline Village Community Hospital: EBIDA: Earnings before interest, Depreciation, amortization <u>Net Operating Revenue <Expense></u> Gross Revenue		↑	FYE 5.1% 2nd Qtr 5.4%	11.7%	12.2%	13.7%	.1%	11.5%	4.8%	7.9%
Operating Expense Variance to Budget (Under<Over>)		↑	-0-	\$2,729,417	\$(10,431,192)	\$(8,685,969)	\$(9,484,742)	\$(13,825,198)	\$1,061,378	\$(9,700,270)
EBIDA: Earnings before interest, Depreciation, amortization <u>Net Operating Revenue <Expense></u> Gross Revenue		↑	FYE 4.5% 2nd Qtr 5.0%	5.4%	7.9%	7.8%	6.2%	7.1%	4.5%	7.9%

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
DECEMBER 2022

CURRENT MONTH				YEAR TO DATE				PRIOR YTD DEC 2021			
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%			
				OPERATING REVENUE							
\$ 3,179,207	\$ 2,905,410	\$ 273,797	9.4%	Total Gross Revenue	\$ 19,282,455	\$ 17,670,995	\$ 1,611,460	9.1%	1	\$ 15,393,777	
				Gross Revenues - Inpatient							
\$ -	\$ 4,310	\$ (4,310)	-100.0%	Daily Hospital Service	\$ 10,719	\$ 10,569	\$ 150	1.4%		\$ -	
-	1,934	(1,934)	-100.0%	Ancillary Service - Inpatient	11,270	10,872	398	3.7%		3,744	
-	6,244	(6,244)	-100.0%	Total Gross Revenue - Inpatient	21,989	21,441	548	2.6%	1	3,744	
3,179,207	2,899,166	280,041	9.7%	Gross Revenue - Outpatient	19,260,466	17,649,554	1,610,912	9.1%		15,390,033	
3,179,207	2,899,166	280,041	9.7%	Total Gross Revenue - Outpatient	19,260,466	17,649,554	1,610,912	9.1%	1	15,390,033	
				Deductions from Revenue:							
1,442,193	1,320,385	(121,808)	-9.2%	Contractual Allowances	8,938,787	7,960,484	(978,303)	-12.3%	2	5,993,526	
(85,792)	124,933	210,725	168.7%	Charity Care	300,350	759,853	459,503	60.5%	2	756,166	
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	-	
150,144	58,108	(92,036)	-158.4%	Bad Debt	559,323	353,420	(205,903)	-58.3%	2	(124,884)	
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2	268,000	
1,506,544	1,503,426	(3,118)	-0.2%	Total Deductions from Revenue	9,798,460	9,073,757	(724,703)	-8.0%	2	6,892,808	
58,627	78,319	(19,692)	-25.1%	Other Operating Revenue	356,478	418,216	(61,738)	-14.8%	3	341,486	
1,731,289	1,480,303	250,986	17.0%	TOTAL OPERATING REVENUE	9,840,473	9,015,454	825,019	9.2%		8,842,455	
				OPERATING EXPENSES							
579,748	651,613	71,865	11.0%	Salaries and Wages	3,538,698	3,818,646	279,948	7.3%	4	2,776,659	
170,091	186,569	16,478	8.8%	Benefits	1,161,885	1,172,409	10,524	0.9%	4	907,771	
2,738	5,313	2,575	48.5%	Benefits Workers Compensation	14,115	31,878	17,763	55.7%	4	16,727	
103,027	91,405	(11,622)	-12.7%	Benefits Medical Insurance	568,824	548,430	(20,394)	-3.7%	4	440,593	
151,973	152,601	629	0.4%	Medical Professional Fees	906,783	903,730	(3,053)	-0.3%	5	1,453,065	
2,831	2,327	(504)	-21.7%	Other Professional Fees	13,838	13,962	125	0.9%	5	13,660	
90,772	78,849	(11,923)	-15.1%	Supplies	373,582	453,412	79,830	17.6%	6	307,105	
57,385	80,968	23,583	29.1%	Purchased Services	415,254	446,495	31,241	7.0%	7	469,590	
96,806	111,672	14,866	13.3%	Other	586,785	664,694	77,909	11.7%	8	708,137	
1,255,371	1,361,317	105,946	7.8%	TOTAL OPERATING EXPENSE	7,579,763	8,053,656	473,893	5.9%		7,093,307	
475,918	118,986	356,932	300.0%	NET OPERATING REV(EXP) EBIDA	2,260,710	961,798	1,298,912	135.1%		1,749,148	
				NON-OPERATING REVENUE/(EXPENSE)							
-	62,159	(62,159)	-100.0%	Donations-IVCH	228,387	370,213	(141,826)	-38.3%	9	191,714	
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	1,000	
-	-	-	100.0%	COVID-19 Emergency Funding	-	-	-	100.0%	11	(806,125)	
(94,961)	(77,026)	(17,935)	23.3%	Depreciation	(569,769)	(462,156)	(107,613)	-23.3%	12	(452,604)	
(1,657)	-	(1,657)	0.0%	Interest Expense	(10,362)	-	(10,362)	0.0%	13	-	
(96,618)	(14,867)	(81,751)	-549.9%	TOTAL NON-OPERATING REVENUE/(EXP)	(351,744)	(91,943)	(259,801)	-282.6%		(1,066,015)	
\$ 379,300	\$ 104,119	\$ 275,181	264.3%	EXCESS REVENUE(EXPENSE)	\$ 1,908,965	\$ 869,855	\$ 1,039,110	119.5%		\$ 683,133	
15.0%	4.1%	10.9%		RETURN ON GROSS REVENUE EBIDA	11.7%	5.4%	6.3%			11.4%	

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
DECEMBER 2022**

		<u>Variance from Budget</u>	
		<u>Fav<Unfav></u>	
		<u>DEC 2022</u>	<u>YTD 2023</u>
1) <u>Gross Revenues</u>			
Acute Patient Days were below budget by 2 at 0 and Observation Hours were above budget by 2 at 2.	Gross Revenue -- Inpatient	\$ (6,244)	\$ 548
	Gross Revenue -- Outpatient	280,041	1,610,912
		<u>\$ 273,797</u>	<u>\$ 1,611,460</u>
Outpatient volumes were above budget in Emergency Department visits, EKG, Diagnostic Imaging, CAT Scan, Ultrasound, Drugs Sold to Patients, Physical Therapy, Speech Therapy, and Occupational Therapy.			
Outpatient volumes were below budget in Surgery cases, Laboratory tests, and Oncology Drugs Sold to Patients.			
2) <u>Total Deductions from Revenue</u>			
We saw a shift in our payor mix with a .32% increase in Medicare, a .42% decrease in Medicaid, a 2.32% increase in Commercial insurance, a 2.22% decrease in Other, and County was at budget. Contractual Allowances were above budget due to revenues exceeding budget by 9.40%.	Contractual Allowances	\$ (121,808)	\$ (978,303)
	Charity Care	210,725	459,503
	Charity Care-Catastrophic Event	-	-
	Bad Debt	(92,036)	(205,903)
	Prior Period Settlement	-	-
	Total	<u>\$ (3,118)</u>	<u>\$ (724,703)</u>
3) <u>Other Operating Revenue</u>			
IVCH ER Physician Guarantee is tied to collections, coming in below budget in December.	IVCH ER Physician Guarantee	\$ (18,709)	\$ (52,140)
	Miscellaneous	(983)	(9,598)
	Total	<u>\$ (19,692)</u>	<u>\$ (61,738)</u>
4) <u>Salaries and Wages</u>			
	Total	<u>\$ 71,865</u>	<u>\$ 279,948</u>
<u>Employee Benefits</u>			
	PL/SL	\$ (2,035)	\$ (26,257)
	Pension/Deferred Comp	-	-
	Standby	(1,120)	(3,728)
	Other	8,026	6,925
	Nonproductive	11,608	33,584
	Total	<u>\$ 16,478</u>	<u>\$ 10,524</u>
<u>Employee Benefits - Workers Compensation</u>			
	Total	<u>\$ 2,575</u>	<u>\$ 17,763</u>
<u>Employee Benefits - Medical Insurance</u>			
	Total	<u>\$ (11,622)</u>	<u>\$ (20,394)</u>
5) <u>Professional Fees</u>			
	IVCH ER Physicians	\$ 629	\$ (2,343)
	Therapy Services	-	(710)
	Administration	-	-
	Multi-Specialty Clinics	-	-
	Miscellaneous	-	-
	Foundation	(505)	125
	Total	<u>\$ 124</u>	<u>\$ (2,928)</u>
6) <u>Supplies</u>			
Purchase of COVID tests created a negative variance in Patient & Other Medical Supplies.	Office Supplies	\$ 109	\$ (115)
	Food	87	681
	Non-Medical Supplies	540	1,263
	Minor Equipment	2,905	15,672
Oncology Drugs Sold to Patients revenues were below budget 34.40%, creating a positive variance in Pharmacy Supplies.	Patient & Other Medical Supplies	(23,077)	18,745
	Pharmacy Supplies	7,512	43,585
	Total	<u>\$ (11,923)</u>	<u>\$ 79,830</u>

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
DECEMBER 2022**

		<u>Variance from Budget</u>	
		<u>Fav<Unfav></u>	
		<u>DEC 2022</u>	<u>YTD 2023</u>
7) <u>Purchased Services</u>			
We saw negative variances in Snow Removal services and Surgical Services for the Gap Analysis project, creating a negative variance in Miscellaneous.	Miscellaneous	\$ (10,502)	\$ (38,276)
We saw positive variances in Diagnostic Imaging, Cat Scans, and Ultrasound, creating a positive variance in Department Repairs.	Foundation	1,648	(6,677)
Lab Send Out tests were below budget 35.89%, creating a positive variance in Laboratory.	Diagnostic Imaging Services - All	(1,076)	(5,056)
	Engineering/Plant/Communications	126	(924)
	Pharmacy	31	(580)
	Multi-Specialty Clinics	344	1,624
	EVS/Laundry	738	7,781
	Department Repairs	12,000	13,289
	Laboratory	20,273	60,061
	Total	\$ 23,583	\$ 31,241
8) <u>Other Expenses</u>			
Electricity, Telephone, and Natural Gas/Propane expenses were above budget, creating a negative variance in Utilities.	Utilities	\$ (9,569)	\$ (26,354)
The District implemented GASB No. 87, requiring certain lease agreements be capitalized and written off to Amortization Expense over the life of the lease. This is creating a positive variance in Multi-Specialty Clinics and Other Building Rents.	Miscellaneous	2,220	(6,346)
	Equipment Rent	1,642	(4,150)
	Physician Services	-	-
	Insurance	1,041	4,263
	Dues and Subscriptions	1,863	6,928
	Marketing	1,219	7,659
	Outside Training & Travel	1,708	7,664
	Multi-Specialty Clinics Bldg. Rent	4,114	24,679
	Other Building Rent	10,628	63,567
	Total	\$ 14,866	\$ 77,909
9) <u>Donations</u>			
	Total	\$ (62,159)	\$ (141,826)
10) <u>Gain/(Loss) on Sale</u>			
	Total	\$ -	\$ -
11) <u>COVID-19 Emergency Funding</u>			
	Total	\$ -	\$ -
12) <u>Depreciation Expense</u>			
The District implemented GASB No. 87, requiring certain lease agreements be capitalized and written off to Amortization Expense over the life of the lease. This is creating a negative variance in Depreciation Expense.	Total	\$ (17,935)	\$ (107,613)
13) <u>Interest Expense</u>			
	Total	\$ (1,657)	\$ (10,362)

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	AUDITED FYE 2022		BUDGET FYE 2023	PROJECTED FYE 2023	ACTUAL DEC 2022	PROJECTED DEC 2022	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	PROJECTED 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	40,590,404		25,383,789	22,135,191	\$ 4,725,713	\$ 466,816	\$ 4,258,897	\$ 5,772,590	\$ 9,104,456	\$ 4,728,165	\$ 2,529,979
Interest Income	385,321		690,032	706,102	33,908	25,000	8,908	129,360	210,364	183,697	182,681
Property Tax Revenue	8,969,604		9,747,000	9,804,743	2,724	-	2,724	511,386	114,357	5,039,000	4,140,000
Donations	2,145,345		1,305,071	1,134,115	294,420	238,756	55,664	36,950	444,629	326,268	326,268
Emergency Funds	(1,092,739)		-	-	-	-	-	-	-	-	-
Debt Service Payments	(4,683,557)		(5,007,753)	(5,047,100)	(353,401)	(353,188)	(213)	(1,757,111)	(1,063,208)	(1,167,215)	(1,059,565)
Property Purchase Agreement	(812,500)		(811,927)	(811,927)	(67,661)	(67,661)	-	(202,982)	(202,982)	(202,982)	(202,982)
2018 Municipal Lease	(1,714,321)		(1,717,326)	(1,717,326)	(143,111)	(143,111)	-	(429,332)	(429,332)	(429,332)	(429,332)
Copier	(58,608)		(63,840)	(67,225)	(5,533)	(5,320)	(213)	(15,703)	(19,603)	(15,960)	(15,960)
2017 VR Demand Bond	(727,326)		(769,491)	(805,453)	-	-	-	(697,803)	-	(107,650)	-
2015 Revenue Bond	(1,370,802)		(1,645,169)	(1,645,169)	(137,097)	(137,097)	(0)	(411,292)	(411,292)	(411,292)	(411,292)
Physician Recruitment	(226,668)		(1,126,666)	(296,666)	(50,000)	(33,334)	(16,666)	(63,333)	(113,333)	(30,000)	(90,000)
Investment in Capital											
Equipment	(3,721,451)		(3,400,652)	(2,362,871)	33,149	(343,472)	376,621	(694,160)	(592,636)	(559,575)	(516,500)
IT/EMR/Business Systems	(106,850)		(1,833,753)	(1,401,856)	-	(225,855)	225,855	(86,306)	(245,667)	(423,513)	(646,370)
Building Projects/Properties	(22,004,760)		(41,773,780)	(25,301,966)	(3,349,421)	(4,741,945)	1,392,524	(6,650,405)	(6,363,136)	(7,444,955)	(4,843,470)
Change in Accounts Receivable	(5,918,012)	N1	(2,928,806)	(3,414,542)	(1,880,568)	1,655,849	(3,536,417)	1,869,945	(5,883,292)	475,318	123,487
Change in Settlement Accounts	(24,245,464)	N2	398,920	(10,027,553)	(1,330,520)	(1,171,103)	(159,417)	(7,526,353)	(5,380,991)	(5,969,601)	8,849,392
Change in Other Assets	(4,363,407)	N3	(1,850,000)	(2,223,614)	(831,461)	(100,000)	(731,461)	(1,060,914)	(962,700)	50,000	(250,000)
Change in Other Liabilities	6,881,645	N4	(3,700,000)	(5,986,517)	(1,376,267)	1,450,000	(2,826,267)	(1,235,014)	(9,351,503)	3,050,000	1,550,000
Change in Cash Balance	(7,390,588)		(24,096,598)	(22,282,534)	(4,081,724)	(3,132,477)	(949,247)	(10,753,364)	(20,082,660)	(1,742,411)	10,295,902
Beginning Unrestricted Cash	161,643,342		154,252,754	154,252,754	127,498,454	127,498,454	-	154,252,754	143,499,390	123,416,730	121,674,318
Ending Unrestricted Cash	154,252,754		130,156,155	131,970,220	123,416,730	124,365,977	(949,247)	143,499,390	123,416,730	121,674,318	131,970,220
Operating Cash	154,252,754		130,156,155	131,970,220	123,416,730	124,365,977	(949,247)	143,499,390	123,416,730	121,674,318	131,970,220
Expense Per Day	658,532		732,143	724,925	710,012	724,330	(14,317)	691,239	710,012	721,261	724,925
Days Cash On Hand	234		178	182	174	172	2	208	174	169	182

Footnotes:

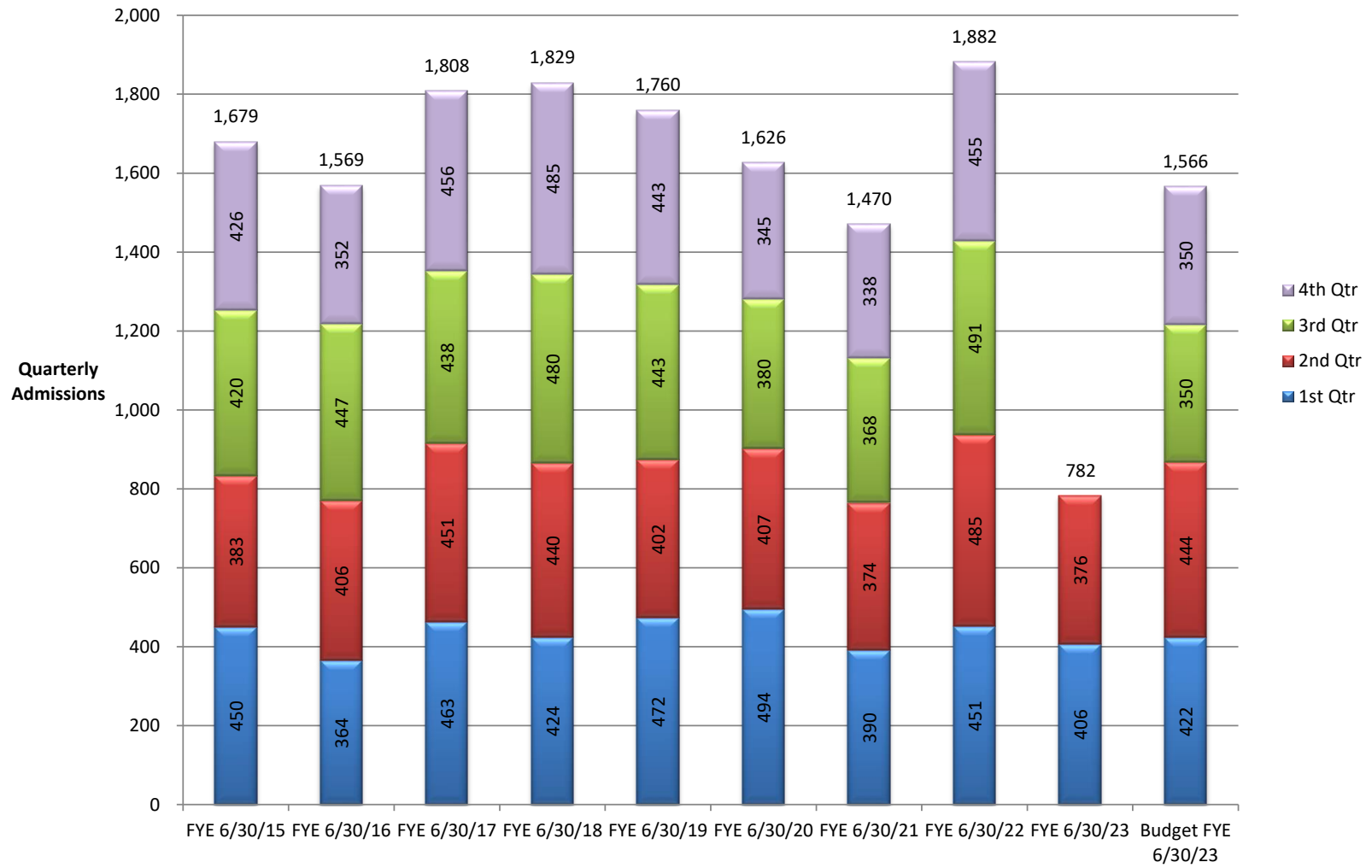
N1 - Change in Accounts Receivable reflects the 30 day delay in collections.

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

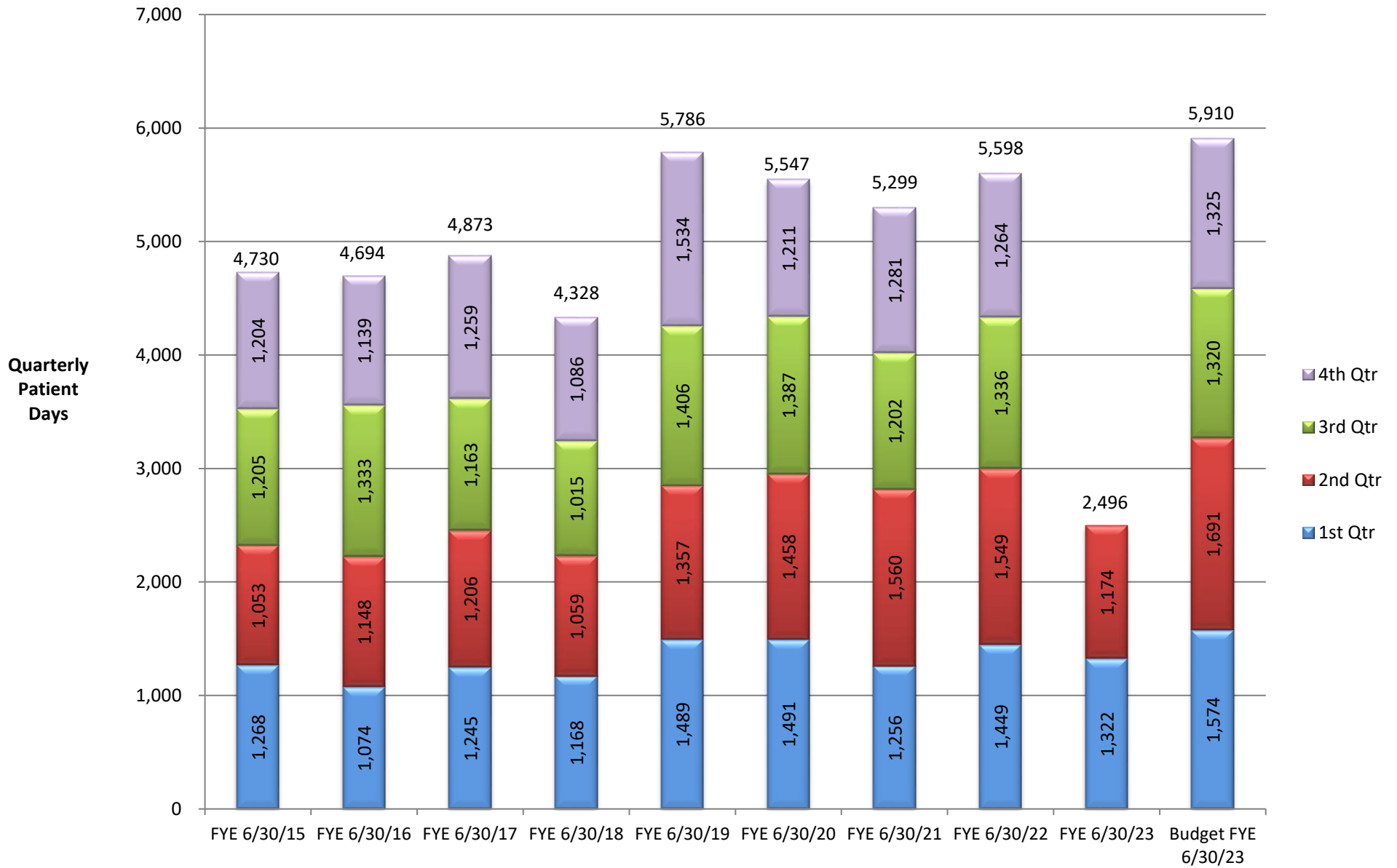
N3 - Change in Other Assets reflect fluctuations in asset accounts on the Balance Sheet that effect cash. For example, an increase in prepaid expense immediately effects cash but not EBIDA.

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.

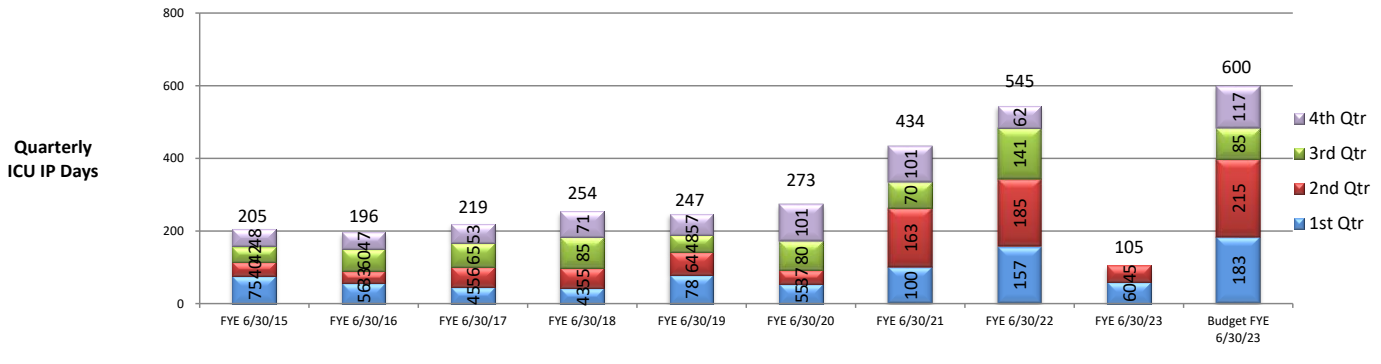
TOTAL TFH ADMISSIONS



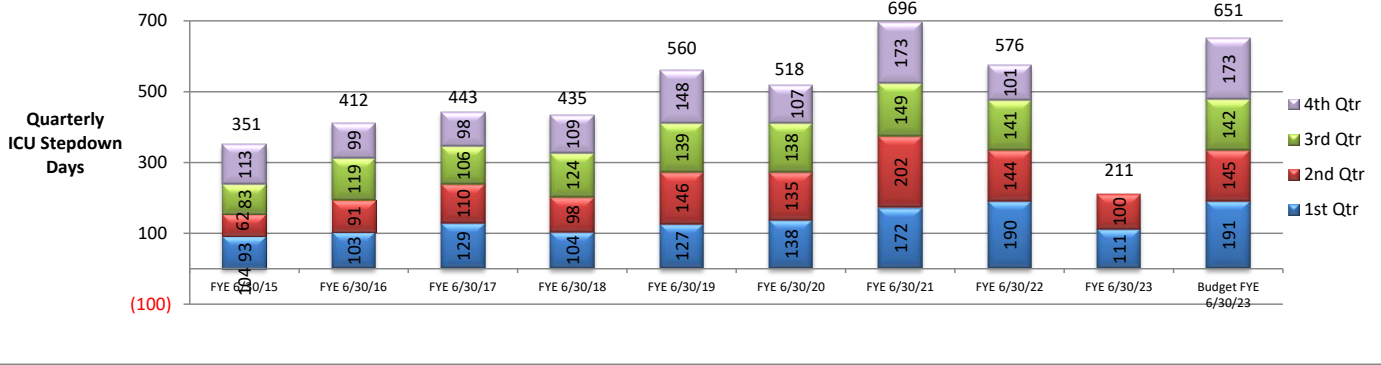
TOTAL TFH PATIENT DAYS



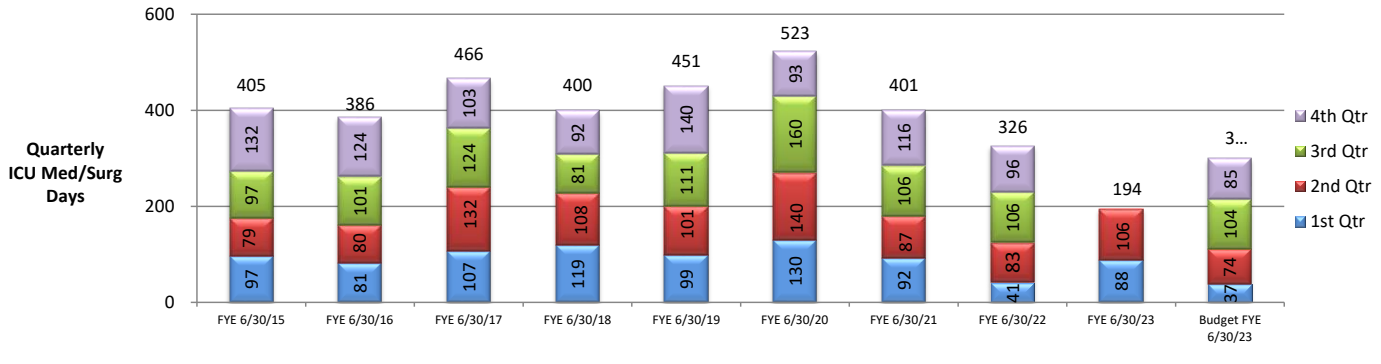
TOTAL TFH ICU INPATIENT DAYS



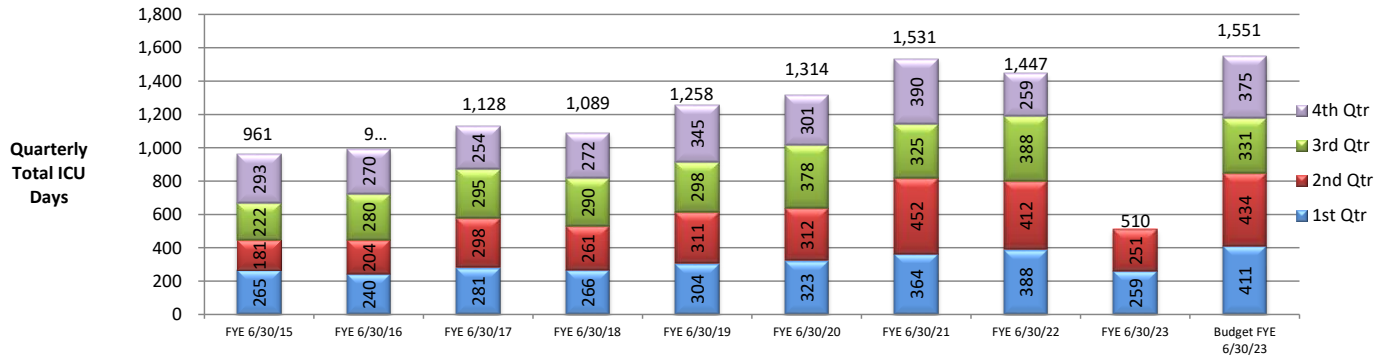
TOTAL TFH ICU STEPDOWN DAYS



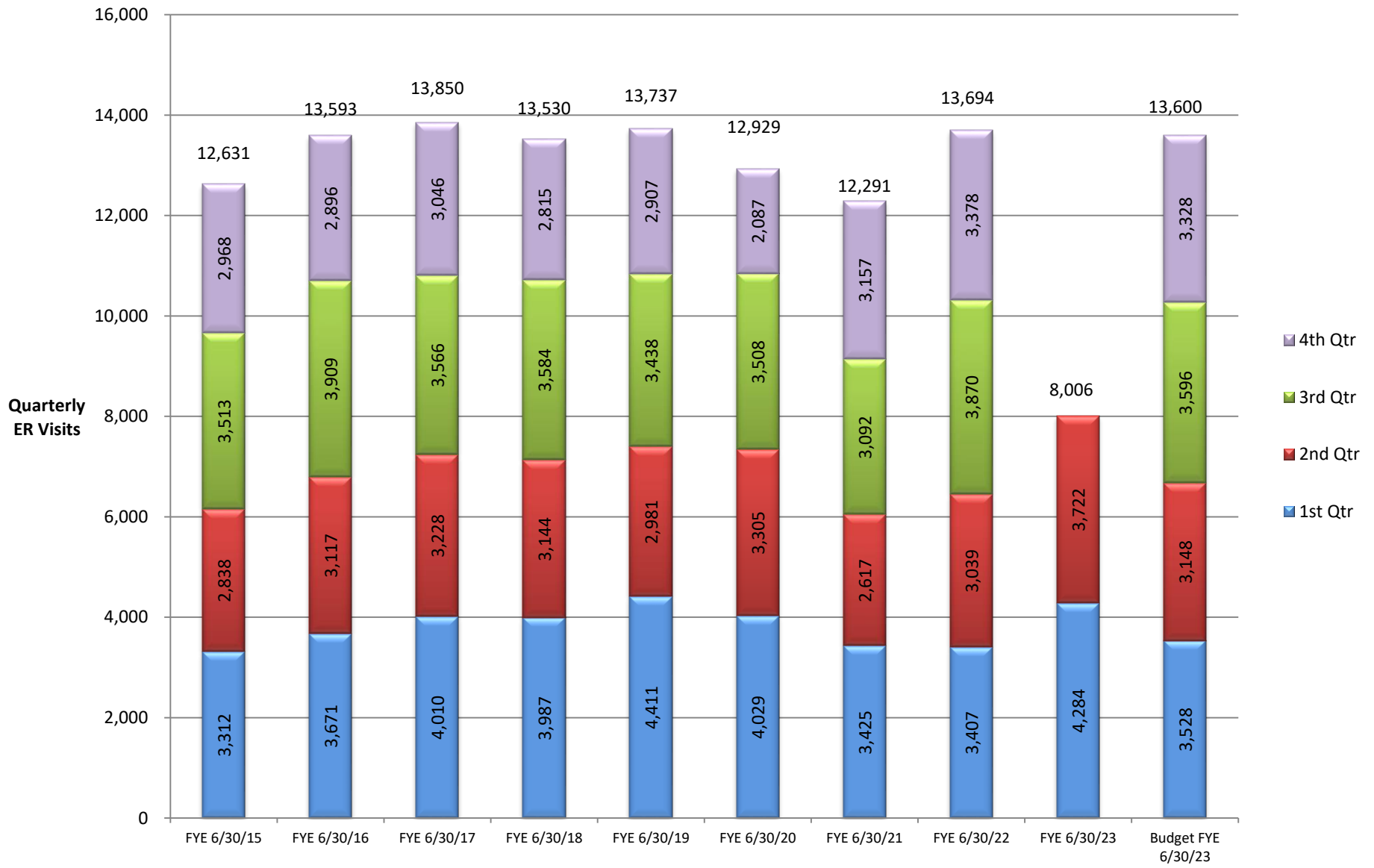
TOTAL TFH ICU MED/SURG DAYS



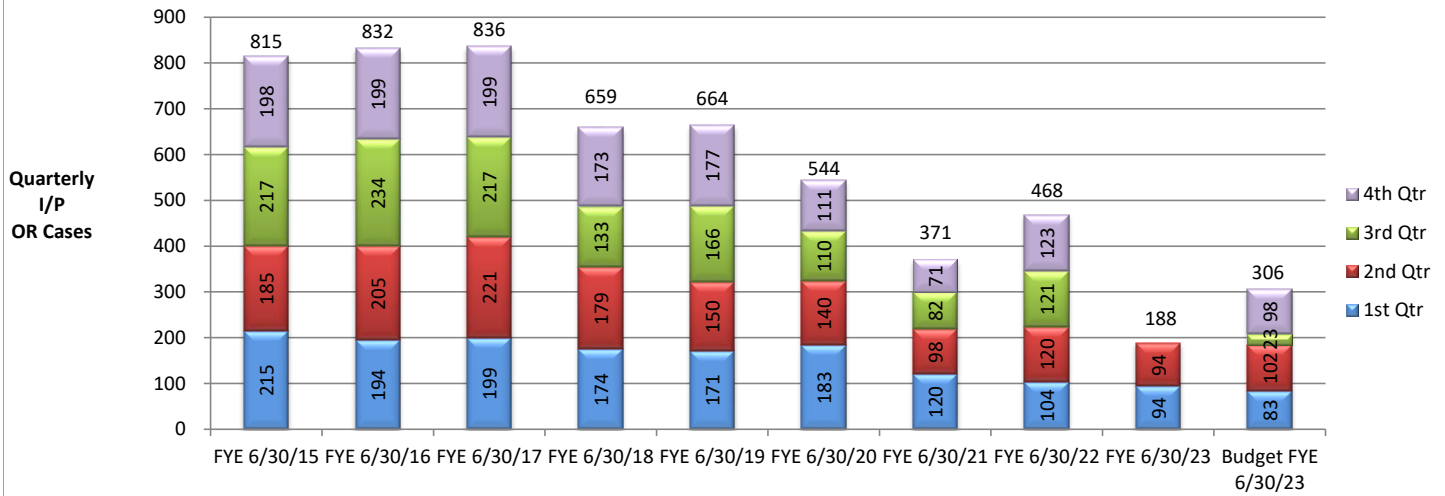
TOTAL TFH ICU DAYS



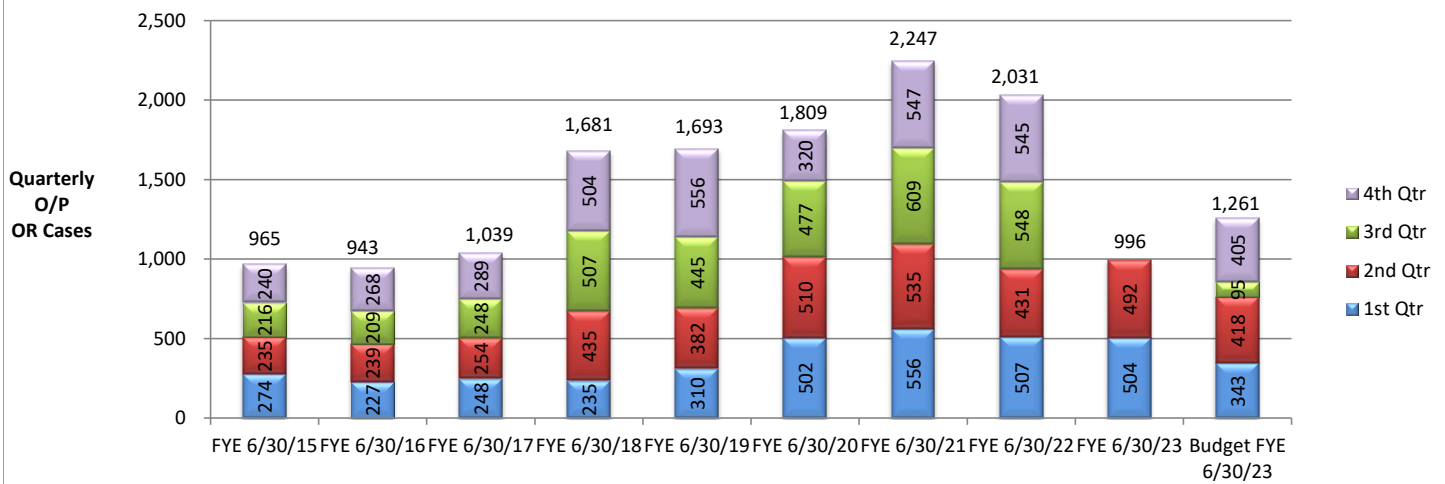
TOTAL TFH ER VISITS



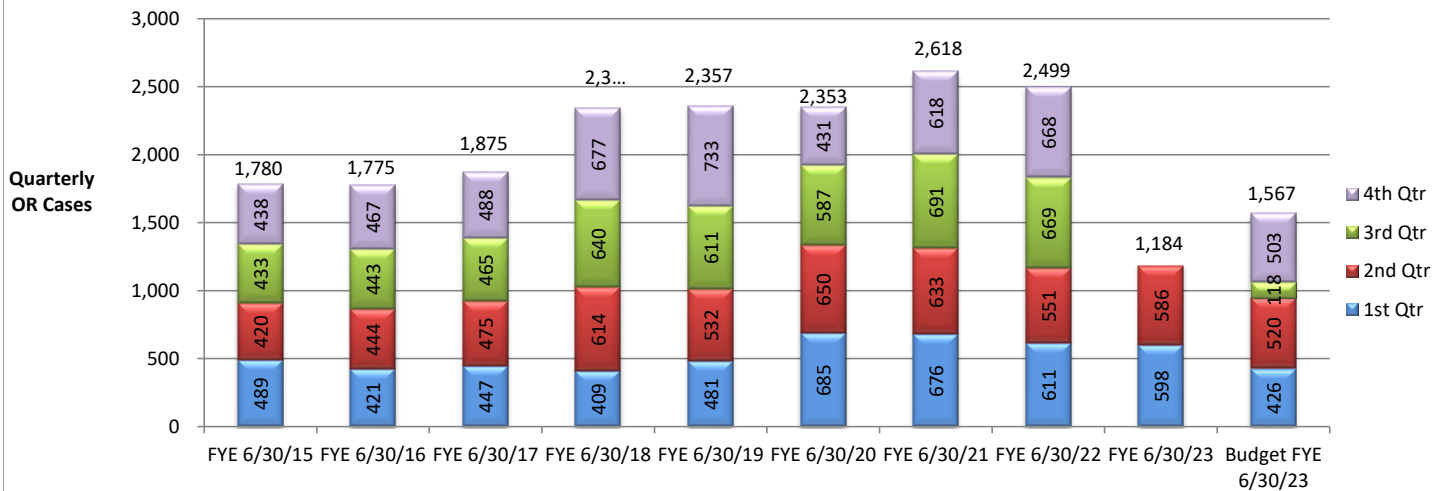
TOTAL TFH INPATIENT OR CASES



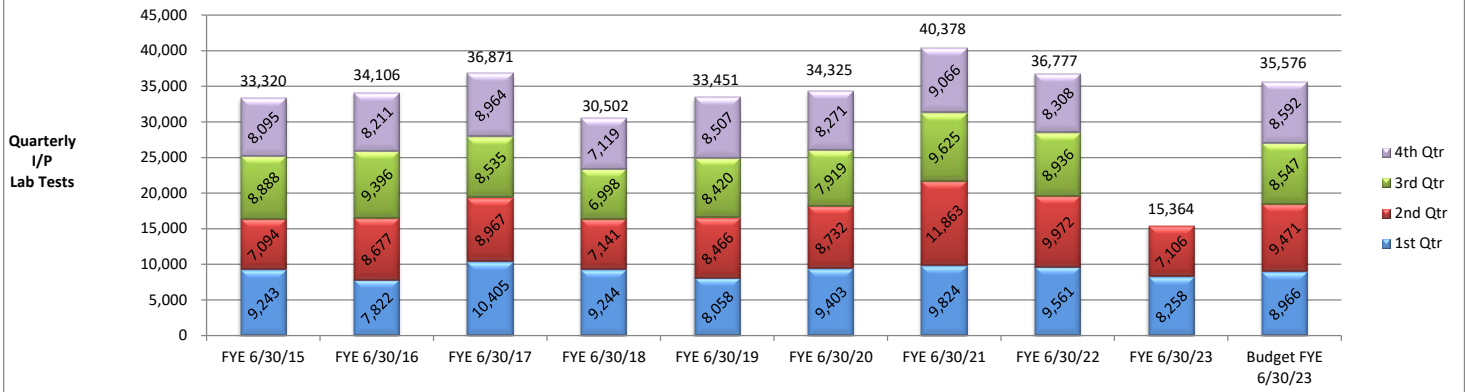
TOTAL TFH OUTPATIENT OR CASES



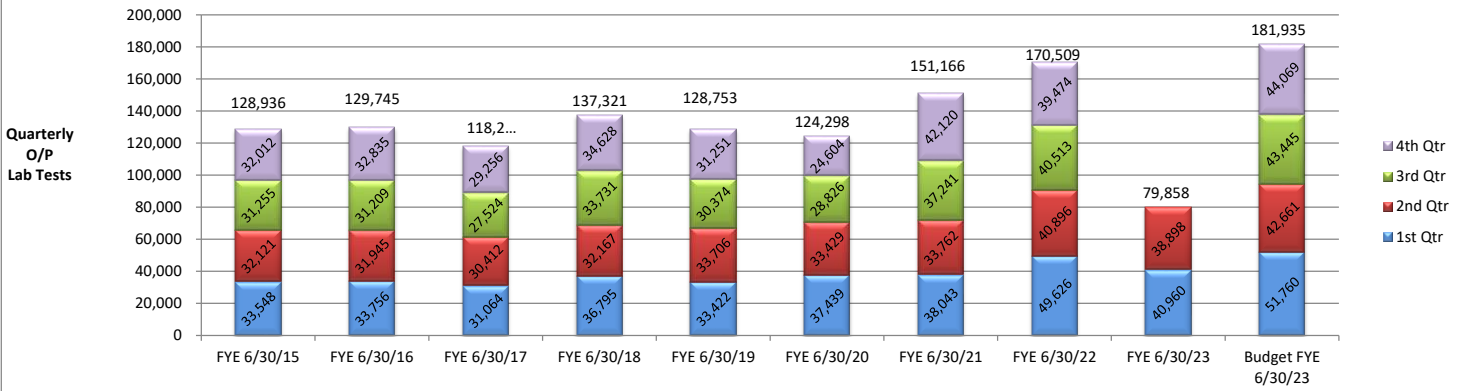
TOTAL TFH OR CASES



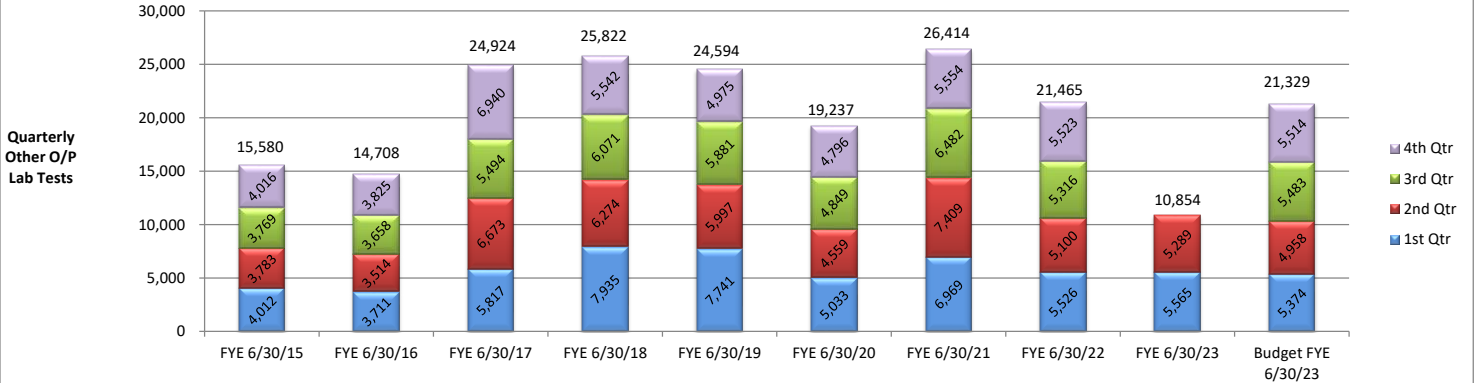
TOTAL TFH INPATIENT LAB TESTS



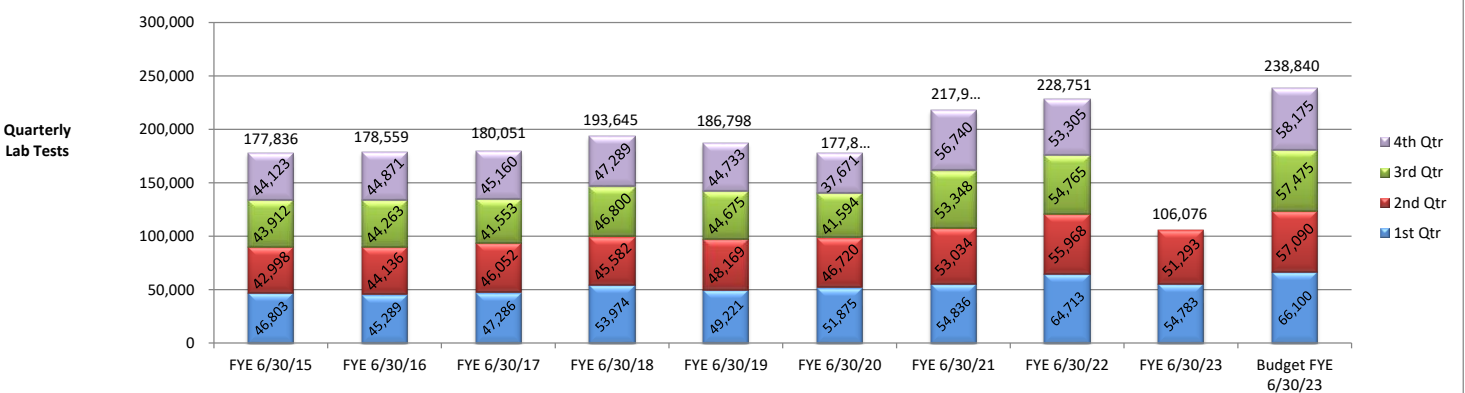
TOTAL TFH OUTPATIENT LAB TESTS



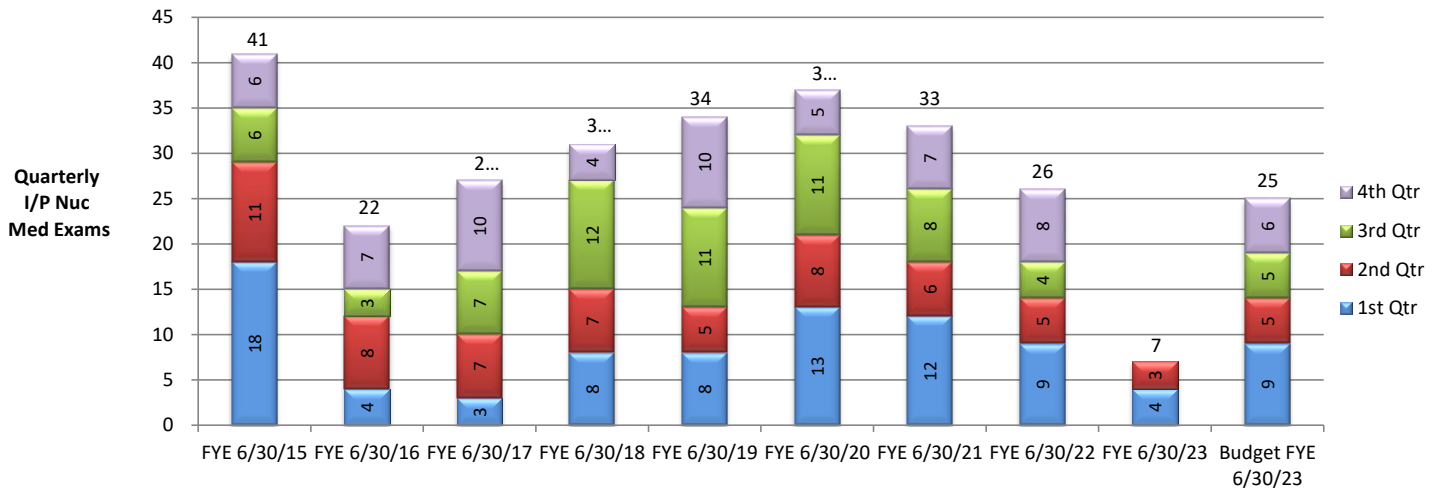
TOTAL TFH OTHER OUTPATIENT LAB TESTS



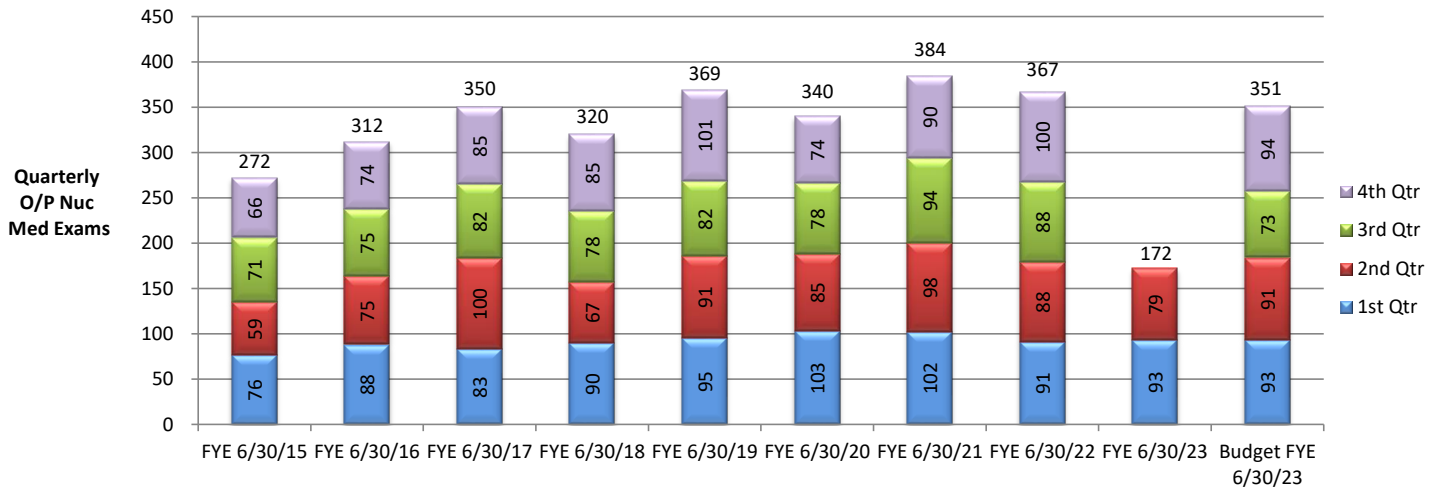
TOTAL TFH LAB TESTS



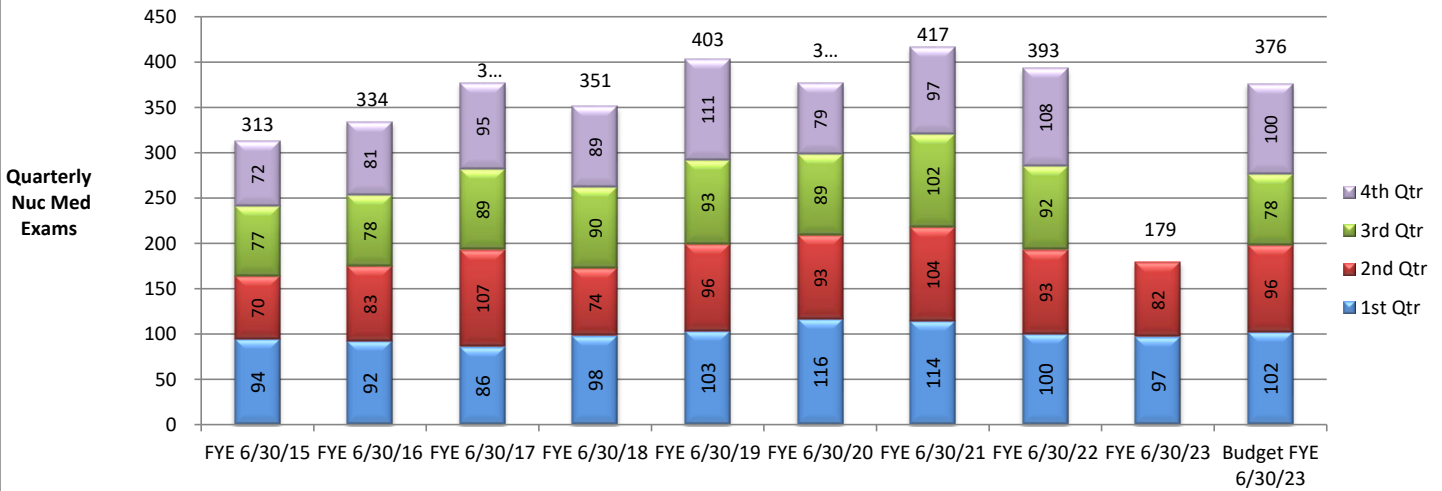
TOTAL TFH NUCLEAR MEDICINE INPATIENT EXAMS



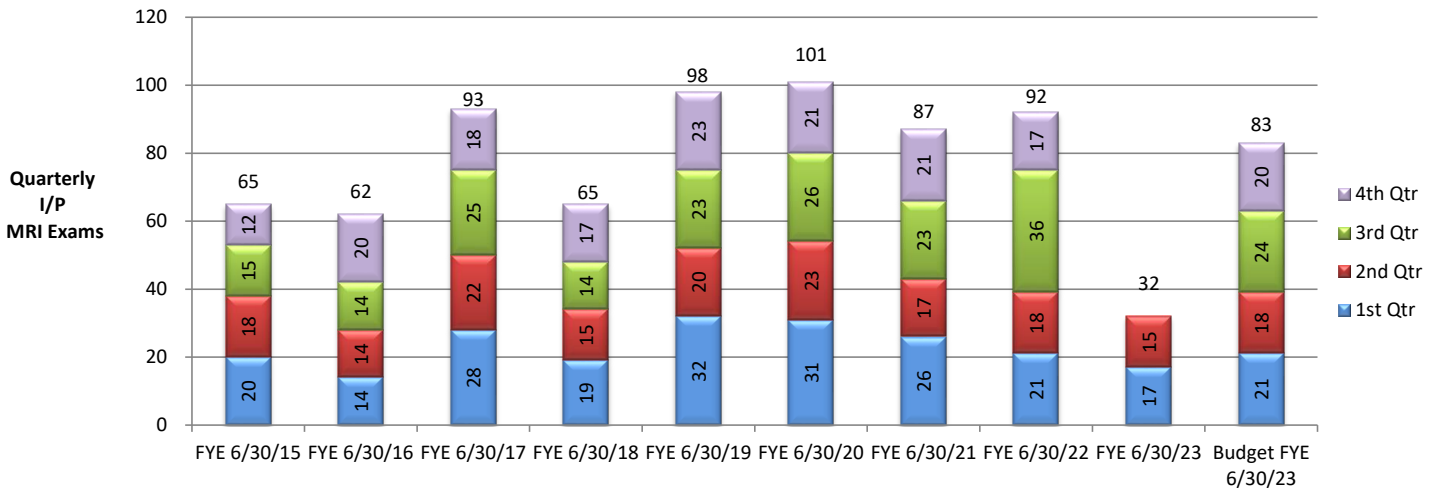
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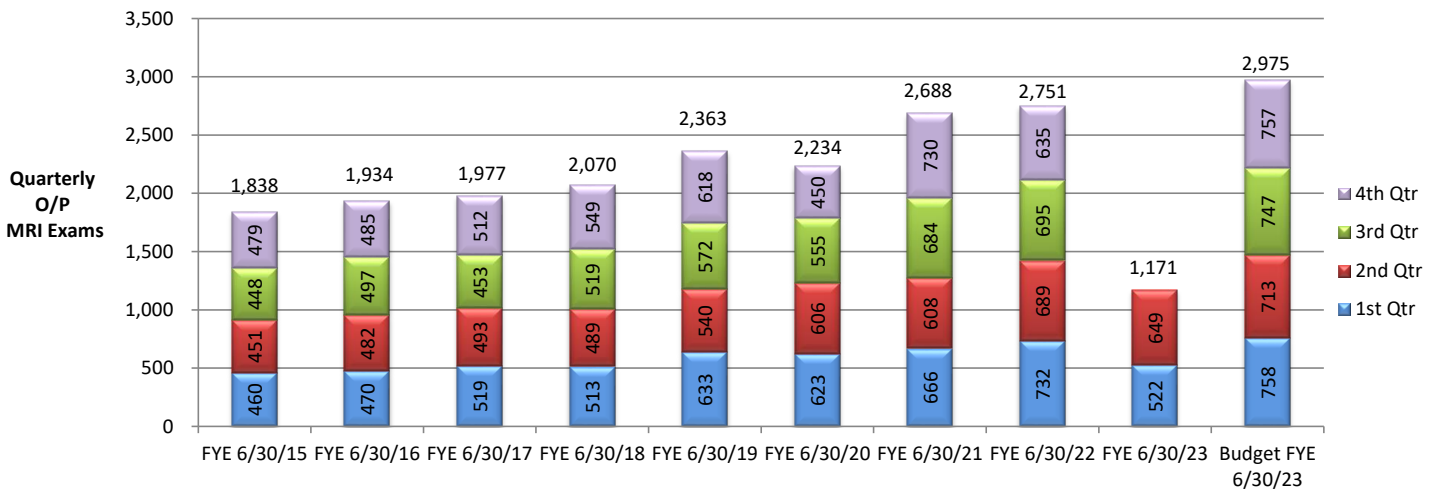
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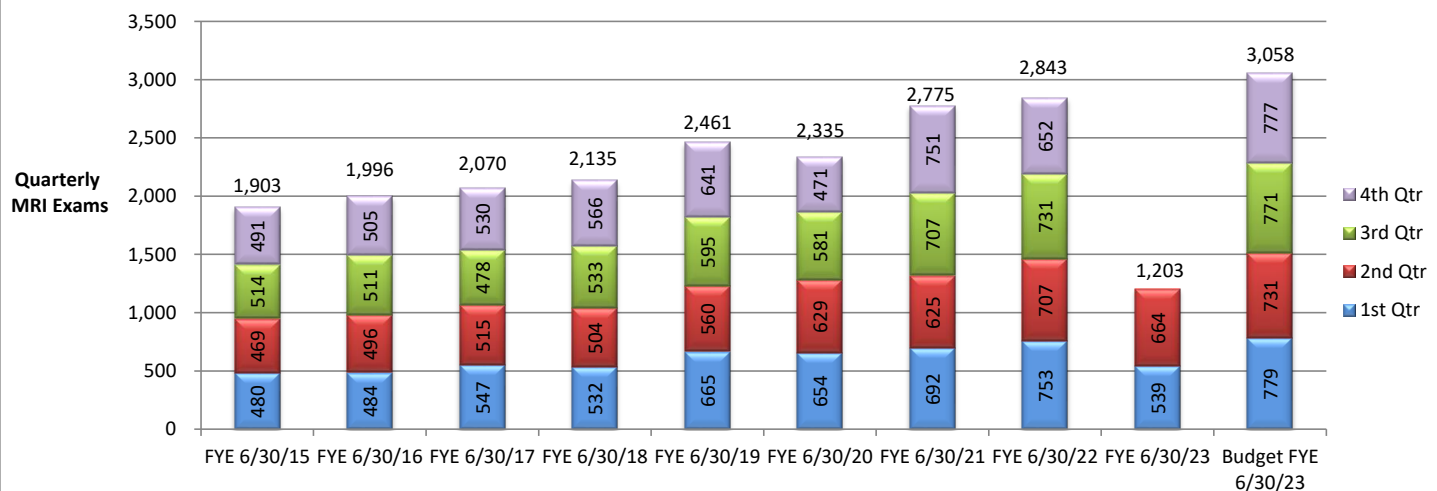
TOTAL TFH MRI INPATIENT EXAMS



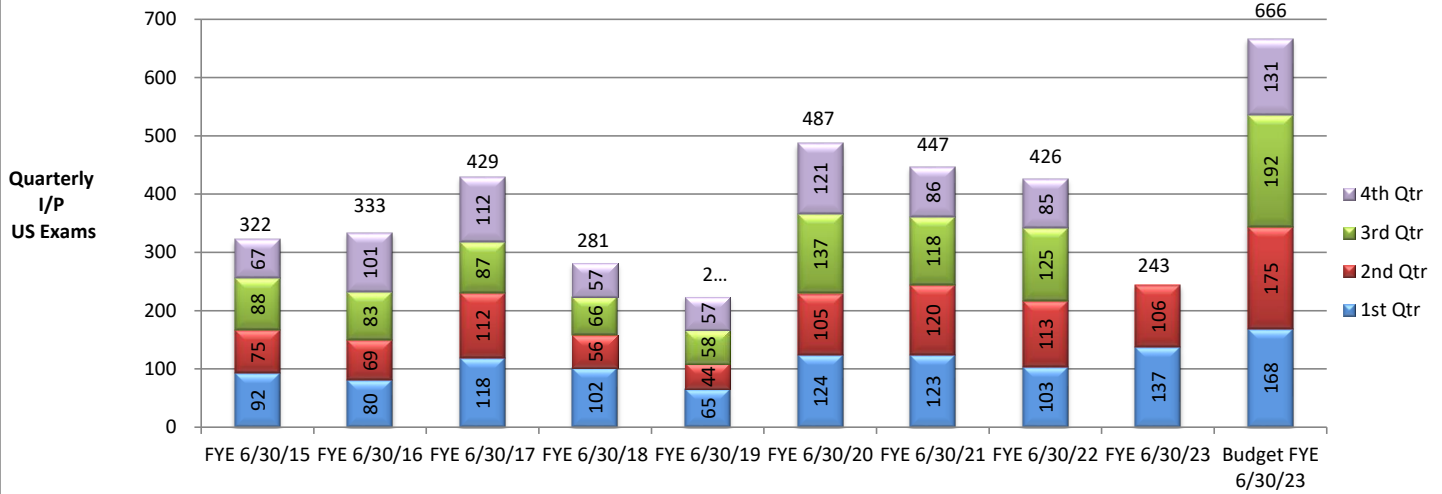
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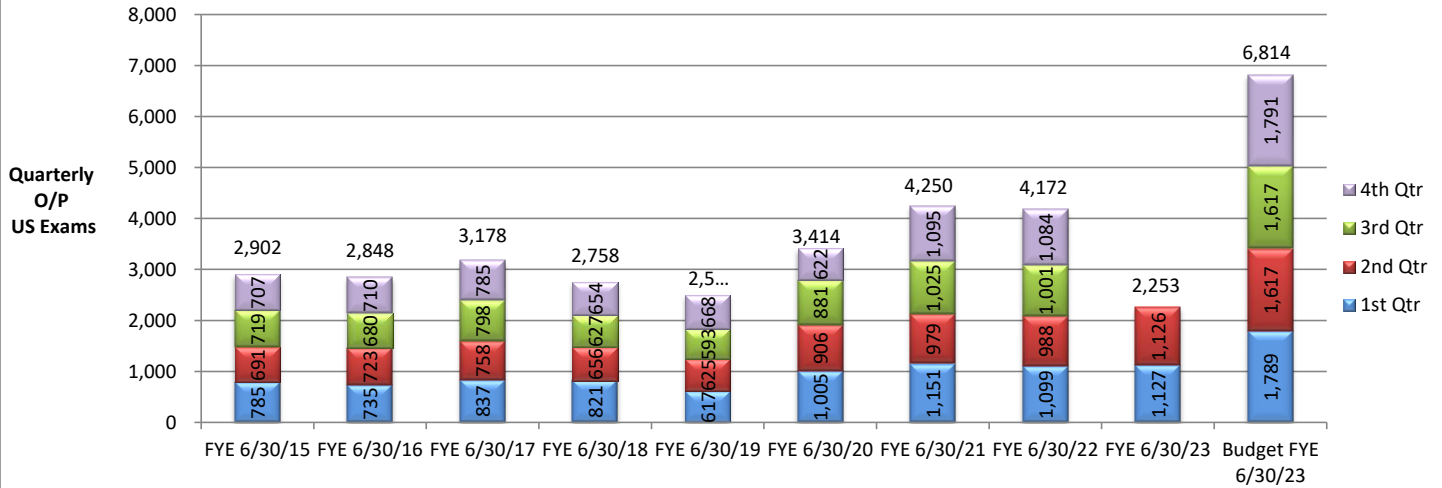
TOTAL TFH MRI EXAMS



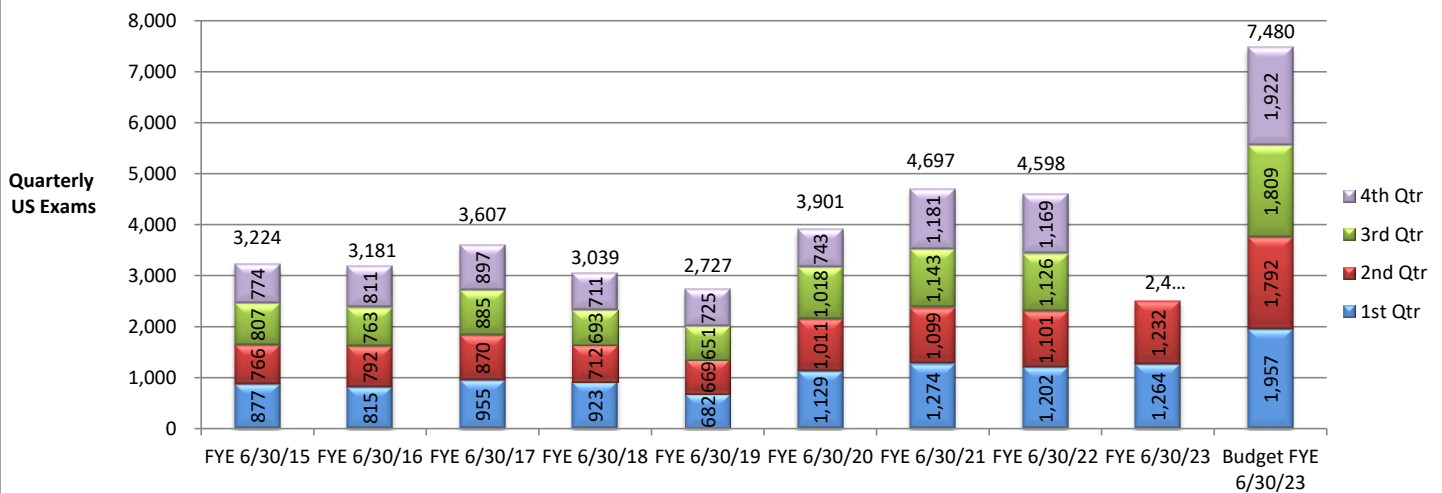
TOTAL TFH ULTRASOUND INPATIENT EXAMS



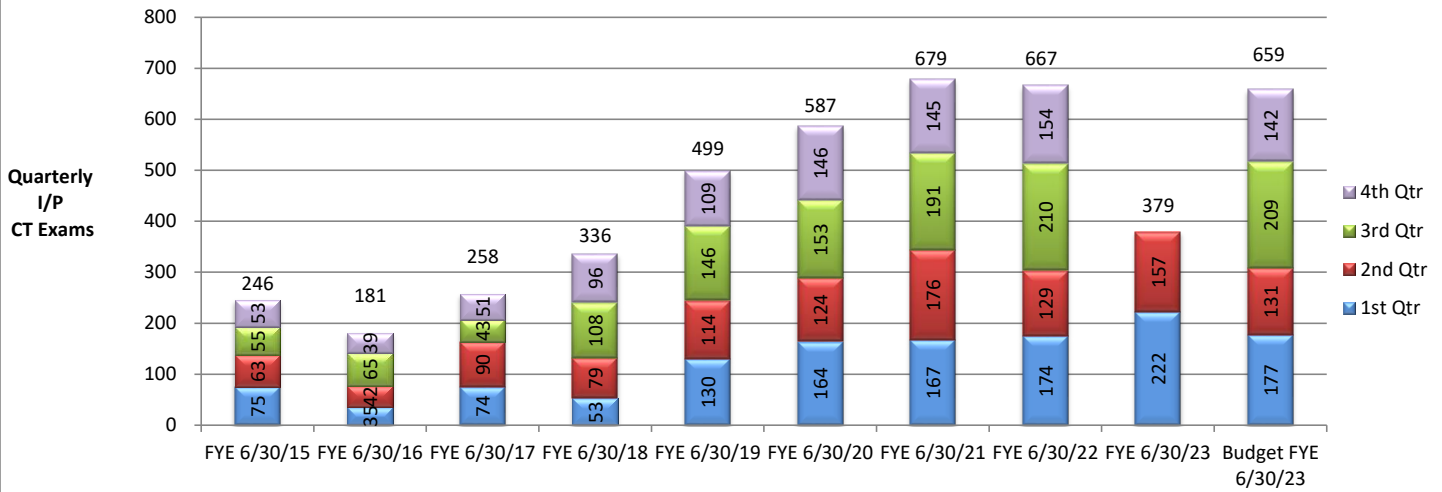
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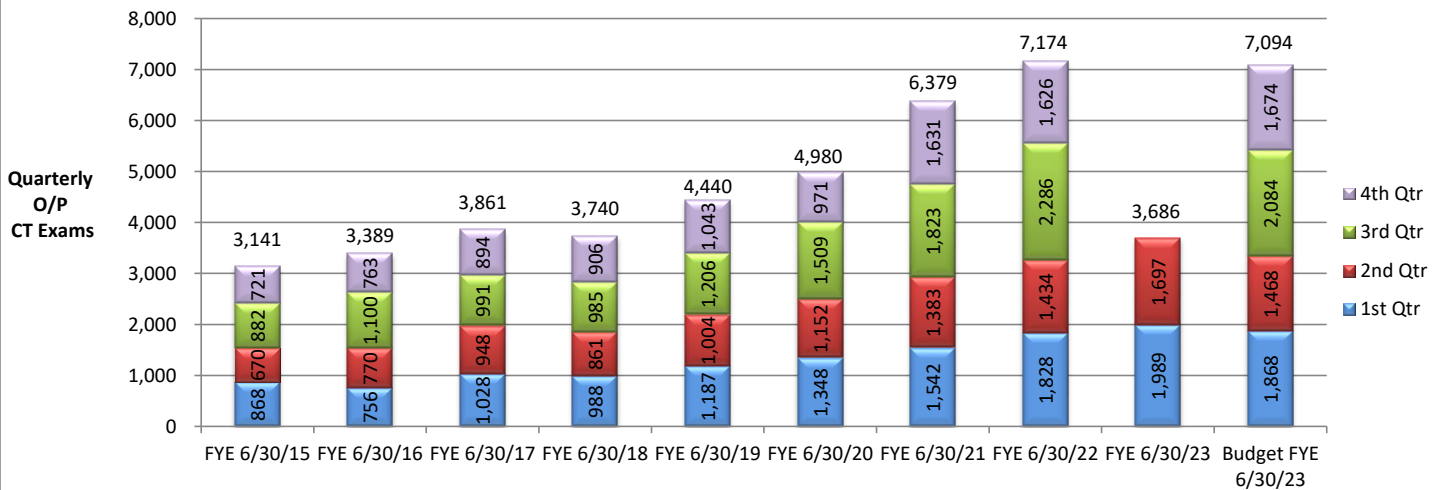
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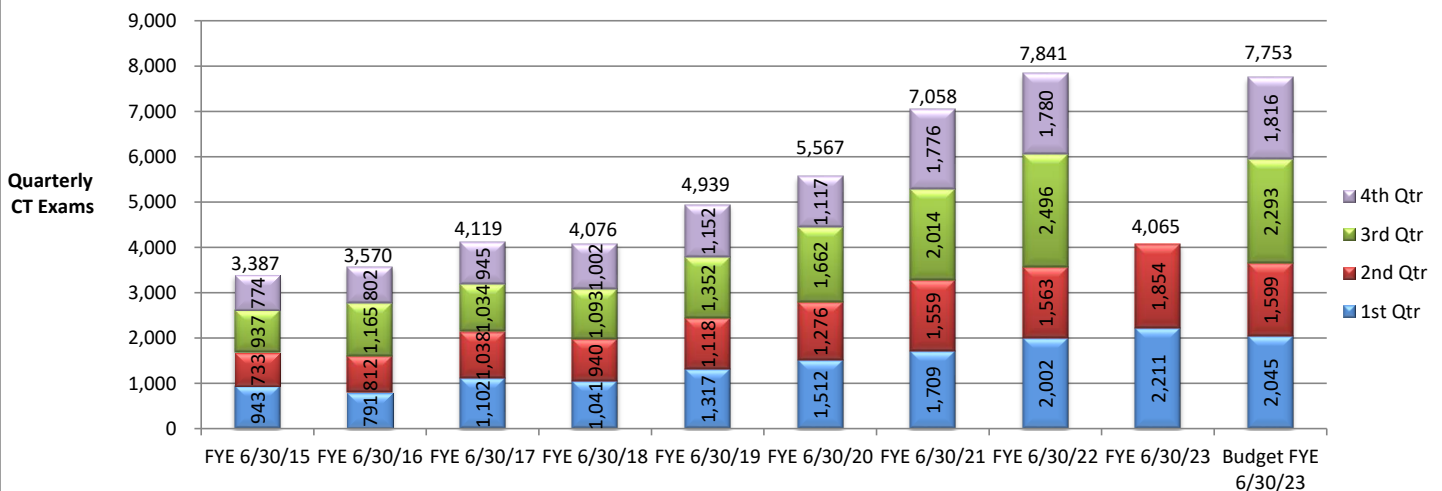
TOTAL TFH CT INPATIENT EXAMS



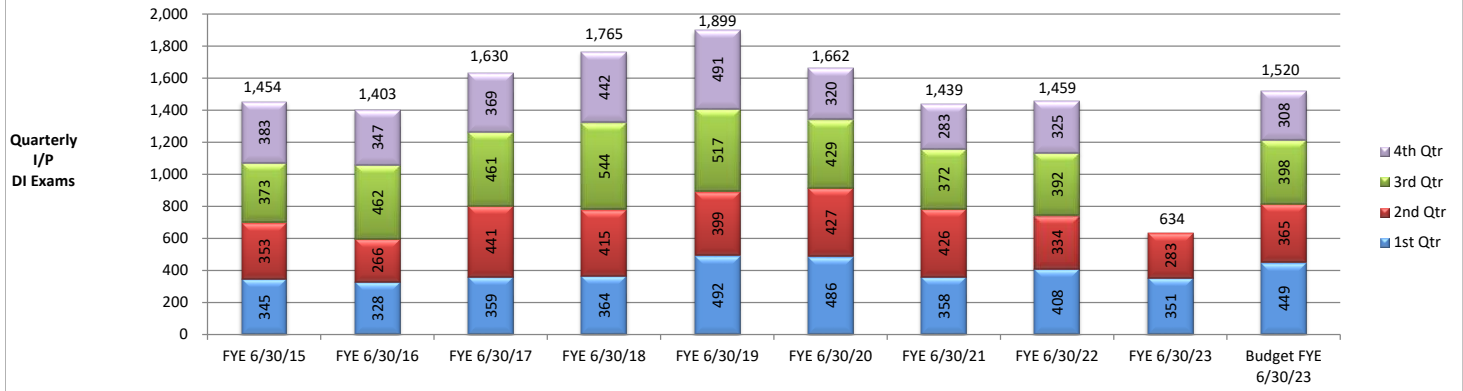
TOTAL TFH CT OUTPATIENT EXAMS



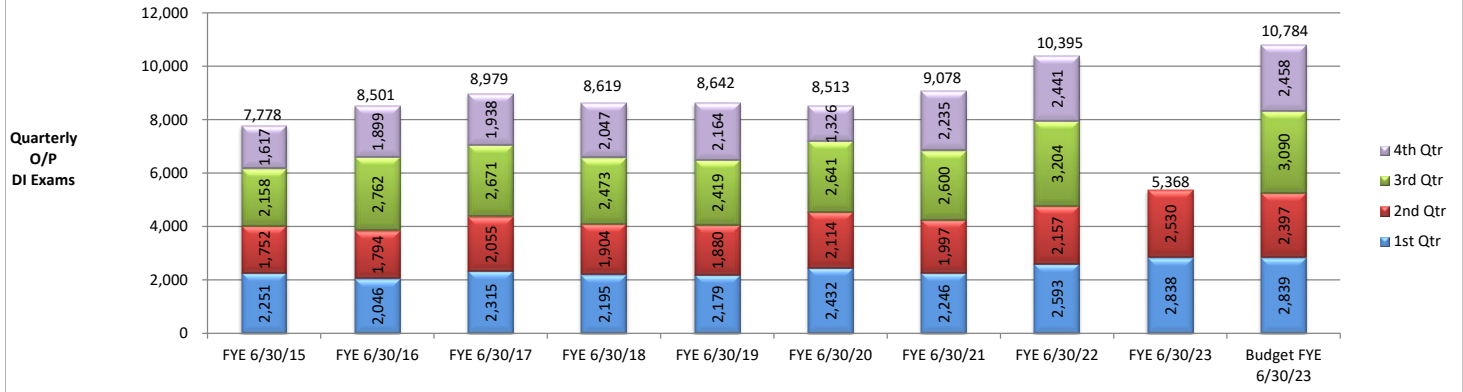
TOTAL TFH CT EXAMS



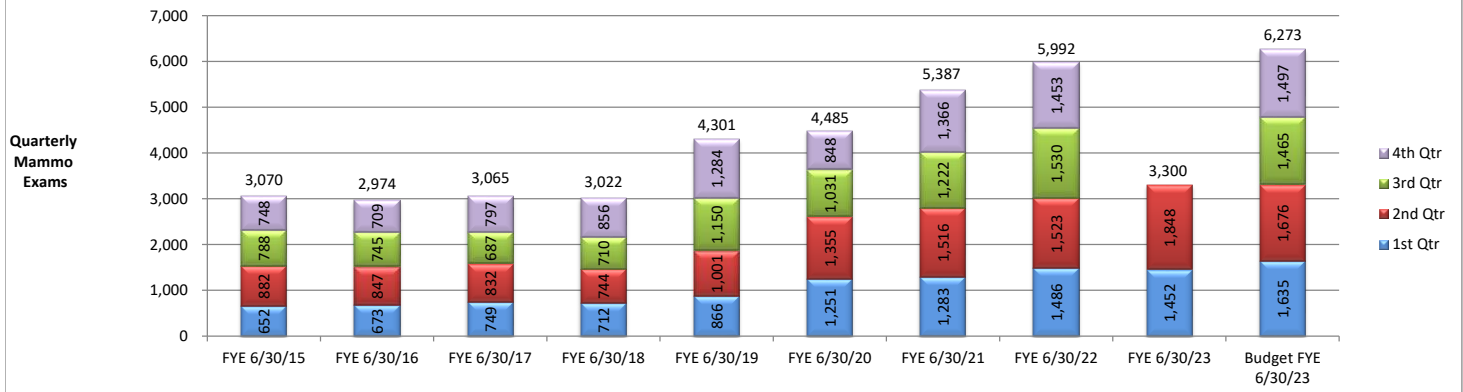
TOTAL TFH INPATIENT DIAGNOSTIC IMAGING EXAMS



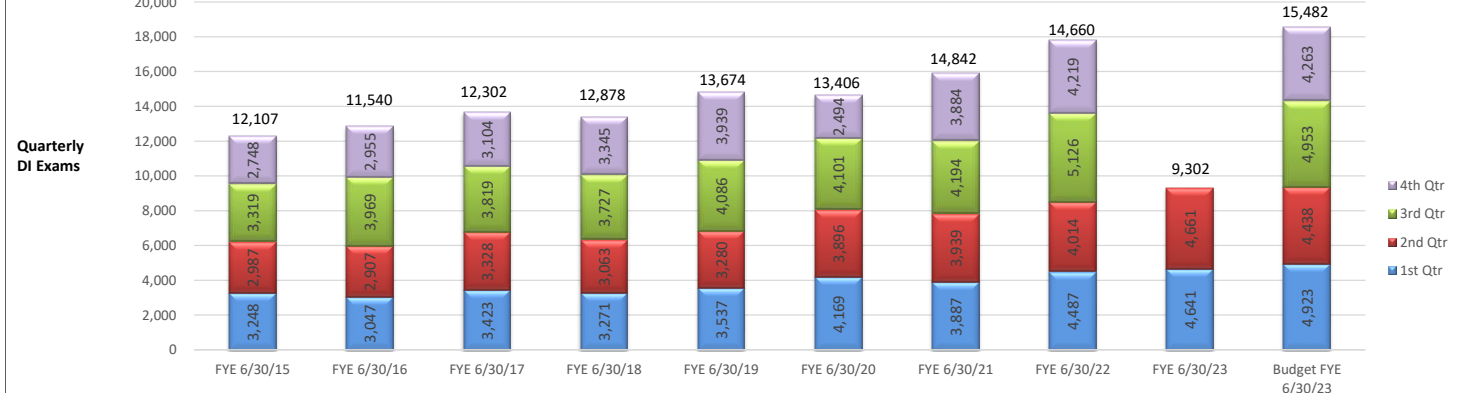
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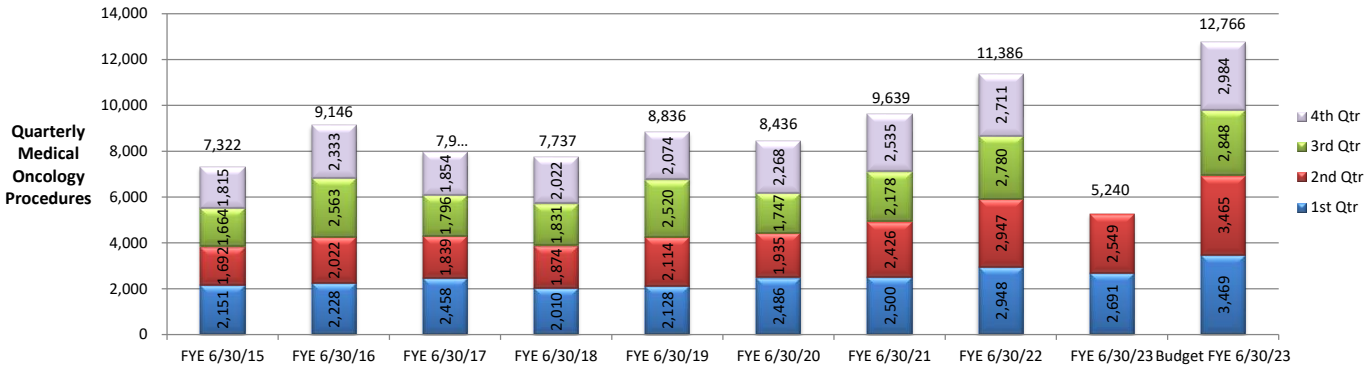
TOTAL TFH MAMMOGRAPHY EXAMS



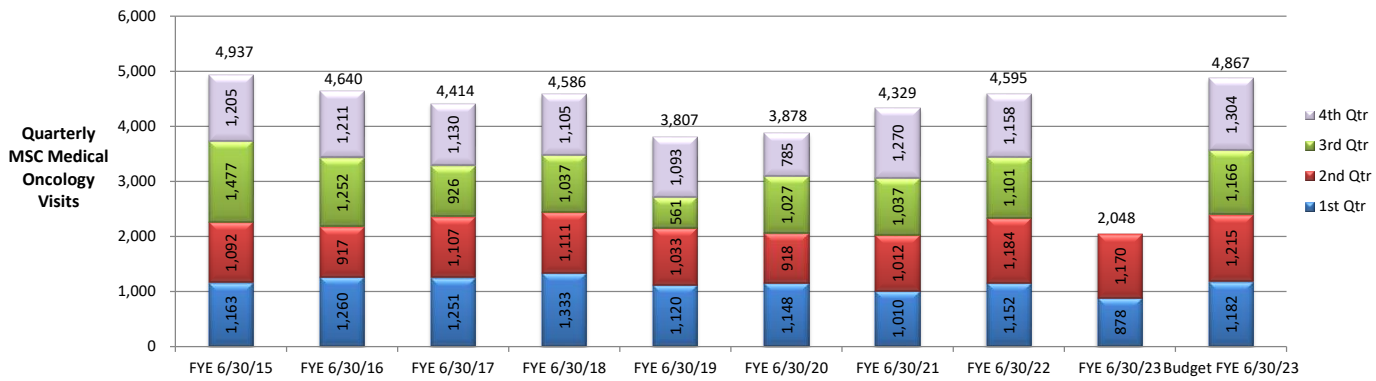
TOTAL TFH DIAGNOSTIC IMAGING EXAMS



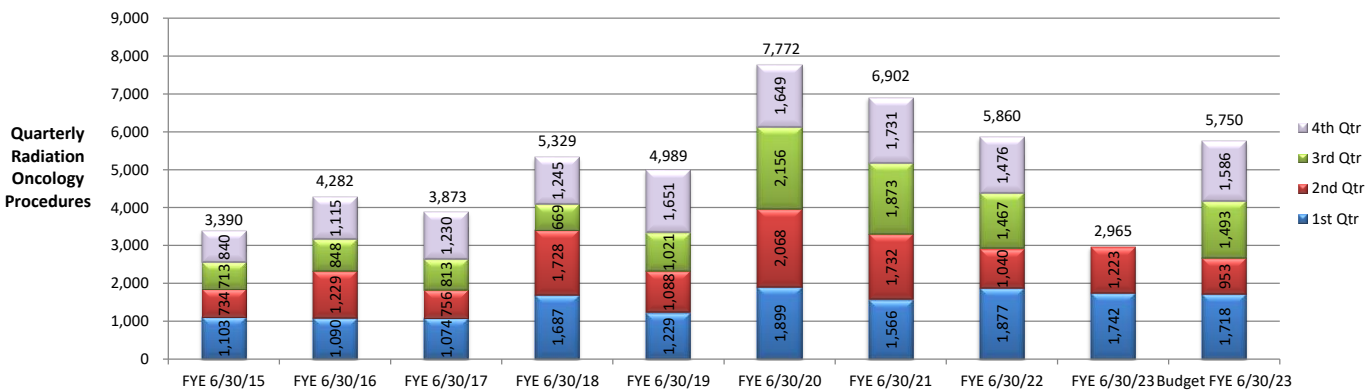
TOTAL TFH MEDICAL ONCOLOGY PROCEDURES



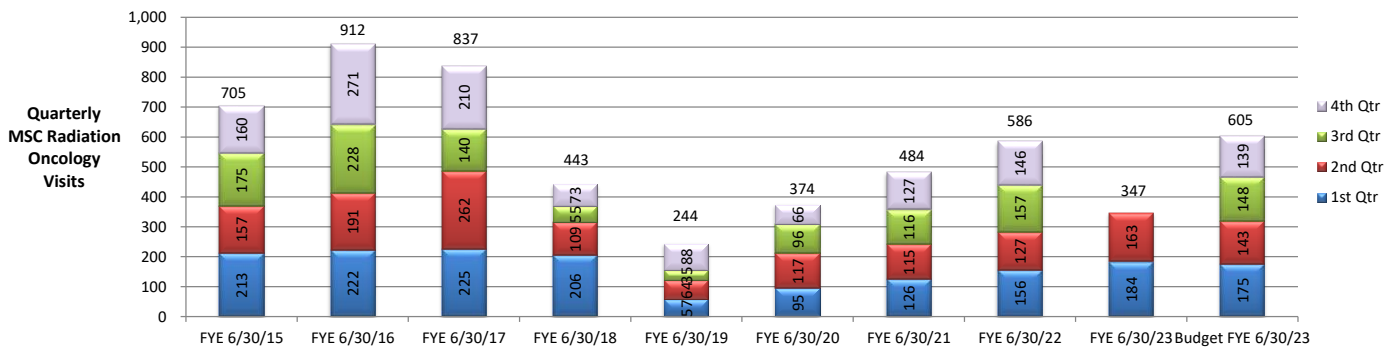
TOTAL TFH MSC MEDICAL ONCOLOGY VISITS



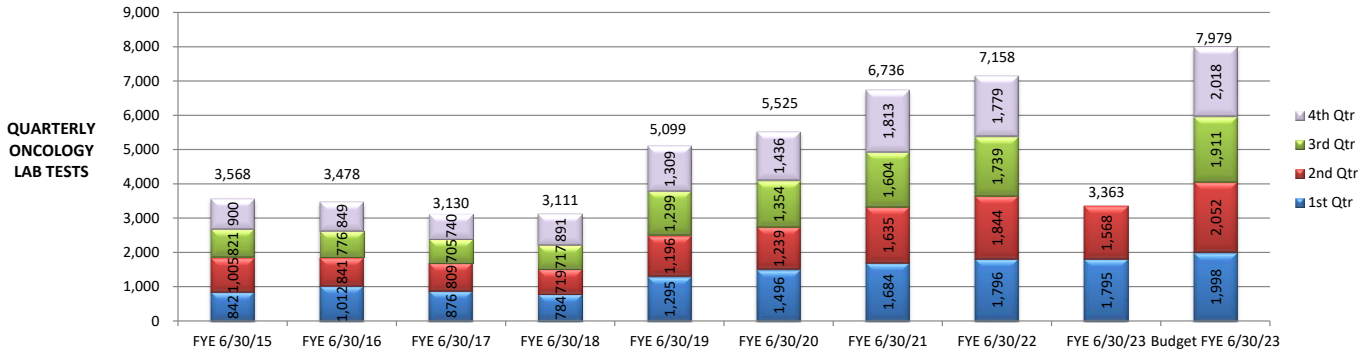
TOTAL TFH RADIATION ONCOLOGY PROCEDURES



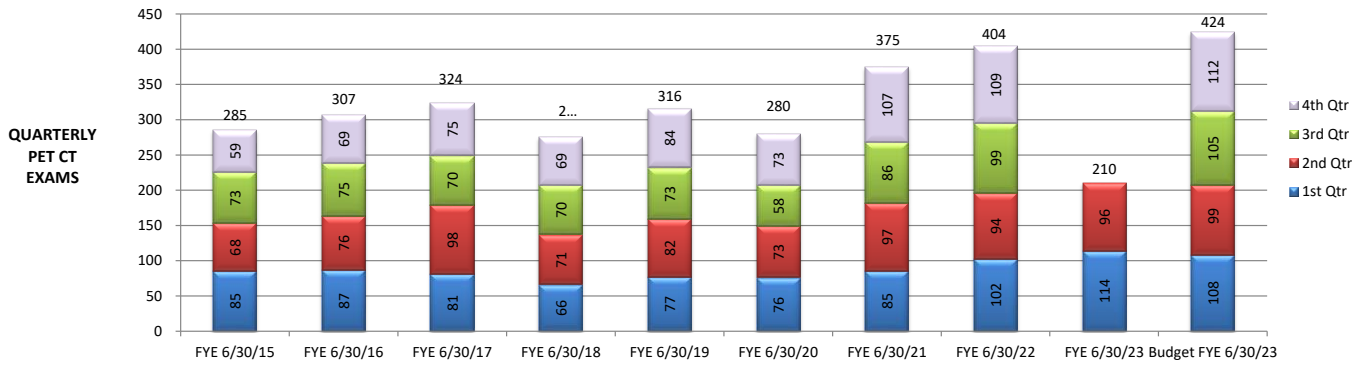
TOTAL TFH MSC RADIATION ONCOLOGY VISITS



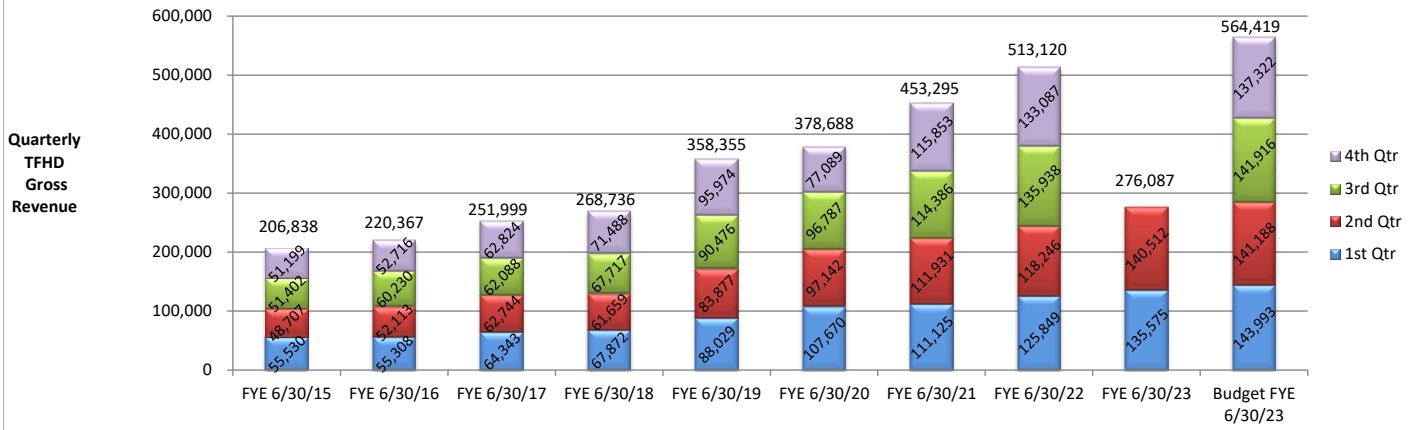
TOTAL TFH ONCOLOGY LABORATORY TESTS



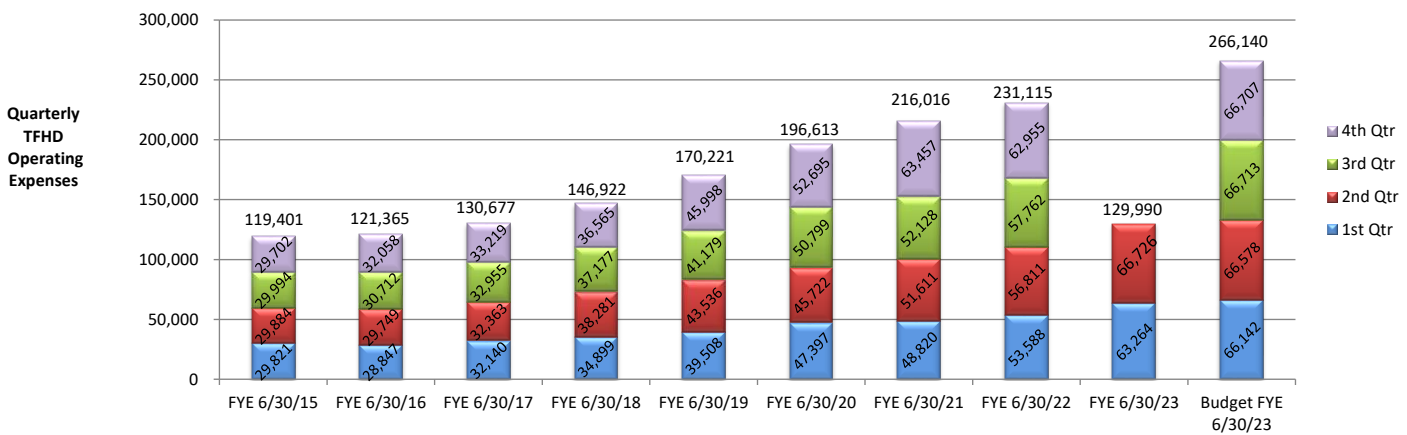
TOTAL TFH PET CT EXAMS



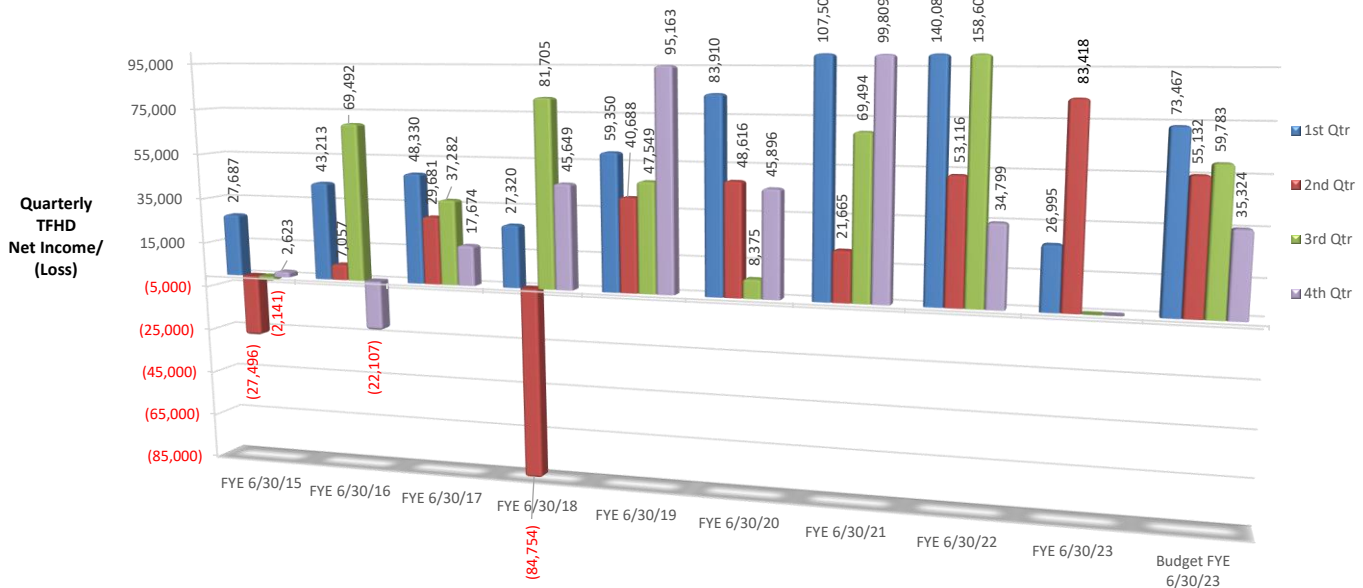
TAHOE FOREST HOSPITAL DISTRICT TOTAL GROSS REVENUE (In Thousands)



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: January 17, 2023

Our health system overall on inpatient and outpatient services, after six months of our new fiscal year, appears to be about 8% higher in overall volume versus the same six months last year. All of this volume increase is in outpatient areas as our inpatient service areas are materially underperforming versus budget and the same six months last year.

Inpatient services are down roughly 23% fiscal year to date versus the prior year and outpatient services are up approximately 16% fiscal year to date in terms of overall volume adjusted for our nominal annual price increase.

Back in fiscal year 2015, we were roughly 67% Outpatient Gross Revenues as a percent of Total Gross Revenues. Last year we were around 82% and now this new fiscal year we are over 85% Total Outpatient Gross Revenues. Very few hospitals run this percentage of Total Gross Outpatient Revenues to Total Gross Revenues. Many health systems are trying to move in our direction as they believe this is the better model of hospitals for the future.

Improving patient clinic visit access is very important to all of us. We doubt any rural health system in the country could have found the space, hired the providers and the adjoining staff increase clinic visits from 47K in 2015 to 120K in just 7 years.

As we focus on provider clinic visits to improve very important patient access, we finished last fiscal year with approximately 116,800 clinic visits and we appear to be on course to perform approximately 120,000 clinic visits this new fiscal year. We are hopeful based on many more actions we are taking this fiscal year; we can end the fiscal year with more than 120,000 clinic visits. We believe we are speeding up the number of days to the “third next appointment”, a common metric in clinic visit management.

We now have approximately 38,000 clinic visits from patients who travel from many distant urban and rural areas who value very highly the healthcare our team provides more than the care that is available at the community of their residence. 38K clinic visits from distant patients represents 80% of the total clinic visits we provided back in 2015. At least 73K round trips to distant cities for provider clinic visits are being avoided now as they can occur here locally at our health system clinic sites when we compare the number of patients we are seeing in in 2023 versus 2015.

The quality of care we provide is super important, as our patients are truly the central focus of all we do. We are pleased with the early leadership of Dr. Brian Evans, our Chief Medical Officer, that we are rapidly developing new and forward looking highly focused management of

all key variables, which will continue to improve quality and patient safety for all patients we see.

We have raised our hospital prices no more than 5% each year for the last five years. How much has eggs, groceries, gasoline, new and used car and truck prices increased over the last 7 years? Way more than 35%, right? How much has land and home prices increased over the last 7 years? Way more than 35% right? Our total operating expenses have increased 18% this fiscal year versus last fiscal year and yet we only raised our prices 5%. Our supply expenses have increased 24% year over year as well.

Health insurance premiums have increased well in excess of 70% over the last 7 years.

According to "areavibes.com", a cost of living index source for every community in America, Truckee has a 104% percent score for healthcare cost versus 100% as the percent for all of America. This is amazing that healthcare can be so low in the presence of very high inflation variables for most of the key cost variables for living here. Their cost of living index for Truckee is 140% versus 100% for all of America. Housing has a 232% level in Truckee vs 100% for all of America.

We are profitable as a company, which is becoming rare in the hospital industry, but our net income is down approximately 43% year over year versus the same period last fiscal year.

As we are performing below budget from a bottom line perspective and cash flow perspective, we have reduced our capital spending downward from roughly 47M to about 29M this fiscal year, as we must preserve the long-term strength of our Balance Sheet. We have spent on average 15M per year on capital for the last 7 years.

We are six months into our new three-year Strategic Plan and we will provide a brief update on several important areas of this new Plan.

Our Master Plan, which deals with land, parking, building and equipment needs over the next 10 to 30 years in our various communities, remains one of our top priorities, as we must make sure that our patients have the parking and care sites they need to protect their health and safety.

We continue to actively monitor and engage on all federal and state matters as applicable to attempt to make sure that healthcare improves and becomes more nimble and efficient if possible.



Board COO Report

By: Louis Ward
Chief Operating Officer

DATE: January, 2023

Service: Deliver Outstanding Patient & Family Experience
Optimize the health care delivery system and efficiencies

- **Occupational Medicine Electronic Medical Record System**
The Occupational Medicine Team and our Project Management Team are working hard to bring a new electronic medical record (EMR) software in to better meet the needs of our workers comp patients and staff. Net Health Agility was selected as the desired EMR as it provided the most tools for the cost point. We are moving much of this department from a paper based or spreadsheet environment to a centralized EMR, which is a heavy but very meaningful lift. The expected go live date for this project is March 13, 2023.

Quality: Provide excellent patient focused quality care
Advance our culture of safety

- **Snow Storms**
The entire region has been challenged with one after another snowstorms and the health system campuses have been no different. The snow is much needed in our region and we are surely happy to have it however, it does create a number of staff and patient safety concerns. With our contracted partners, we have been working around the clock in many cases to remove snow from the ground and roofs of the health system to ensure safe campuses and sufficient parking for patient and staff. We have had reports of slip and falls, however each time we receive a report we rectify the immediate issue and seek ways to prevent the issue from occurring elsewhere on the campuses we manage. I am very thankful for our talented, skilled and dedicated facilities team. They are doing the absolute best with a great attitude. We invite the sunny days ahead where we as a team can catch up on ice removal from parking areas and around main doorways at all of our campuses.

Administration has implemented our Level 1 Triage Alert: Winter Storm procedures three times in the months of December and early January. This published set of procedures assigns roles and responsibilities to leaders within the health system as well as frees up various resources such as housing for employees when it is activated. We are very fortunate to have a very well prepared and dedicated staff here at Tahoe Forest Health System that always put the patients we serve needs before their own when these events occur.

Quality: Provide excellent patient focused quality care

Identify and promote best practice and evidence-based medicine

- **New Magnetom VIDA 3T MRI Machine**

We are excited to introduce our new 3T to the community in the coming weeks. We are expecting to go live with patient care in early February with our new MRI. The Diagnostic Imaging team and Radiologists are diligently working on testing the machine with volunteer patients and staff to ensure we are ready for our early February go live. This MRI machine represents our commitment to ensure the communities we serve have timely access to the newest and industry leading technology throughout their healthcare experience here at TFHS.

Service: Deliver Outstanding Patient & Family Experience

Implement an enterprise-wide master plan

- **Levon Professional Building**

The District has completed all necessary paperwork and actions to purchase the Levon Profession Building located directly east of the main campus. The building sits on Donner Pass Road and has great proximity to the main campus. At the moment, the health system does have square footage in the building dedicated to our Behavioral Health patients and staff. We are continuing to explore additional opportunities for the building as tenants lease agreements expire.

Service: Deliver Outstanding Patient & Family Experience

Implement an enterprise-wide master plan

- **Donner Conference Room**

With more meetings returning to in-person, it became evident the health system needed to create more conference room space for employee meetings and particularly new employee orientations. The room has been setup to allow for a meeting up to 20 participants and has technical and audiovisual capabilities.

Service: Optimize Deliver Model to Achieve Operational and Clinical Efficiency

Implement a focused master plan

Report provided by Dylan Crosby, Director Facilities and Construction Management

Active Projects:

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: The New tank has been set and approved. The new tank cut over is scheduled for 11/17/22. Phase 2 removal of the old tank will be delayed until spring of 2023 due to winter.

Start of Construction: May 2022
Estimated Completion: July 2023

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. Include the remodel of suite 340 to create a continuous primary care suite on both the 2nd and 3rd floors of the MOB, all RHCs.

Update Summary: The 2nd floor is in operation. The Suite 340 & 360 construction have been initiated; framing, rough mechanical and rough electrical all completed.

Start of Construction: March 2022

Estimated Completion: June 2023

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: MRI installed. All life safety systems complete and approved. Staff and Stock underway.

Start of Construction: April 2022

Estimated Completion: January 2023

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: Project is complete and in use. On last conditional item is outstanding, lighting upgrades. With backlog of equipment, this scope will complete in late Spring for final approval.

Start of Construction: Summer 2022

Estimated Completion: Spring 2023

Projects in Planning:

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 Physical construction is on hold. Staff are working on permitting and agency approvals to be prepared for project release.

Start of Construction: Spring 2023

Estimated Completion: Winter 2025

Project: Incline Village Community Hospital X-Ray and CT Replacement

Background: Incline Village Community Hospital has been provided a grant opportunity to support the replacement of the X-Ray and CT at the Hospital. Various components of the X-Ray are end of service and end of support. The CT is approaching end of service. The new CT will be replaced with a new 128 slice machine, existing 16 slices.

Summary of Work: Provide temporary accommodations to ensure hospital can provide X-Ray and CT services during the project. Replace X-Ray and CT equipment and modify space for code compliance and improved staff and patient workflow.

Update Summary: Temporary CT underground scope of work has been approved and completed. The Full temporary CT plan received with comments, staff plan to re-submit by the end of the month. The Replacement plan is 90% complete and the team is working on permit submittal, planned mid-February.

Start of Construction: Spring 2023

Estimated Completion: Fall 2024

Project: Levon Parking Structure

Background: Demand for parking Tahoe Forest Hospital has far exceeded its capacity. This project is to create a staff parking structure to meet the current and future needs of staff and importantly provide accessible parking for our patients.

Summary of Work: Project intent is to concurrently work on this project thru the entitlements effort on the Tahoe Forest Master Plan effort. This project being dependent on the Master Plan approval. This project will provide upwards of 225 parking stalls and various biking parking opportunities to support the parking need of the Tahoe Forest campus. The use intent is for this structure to service staff being located off Levon Ave, the Hospital service corridor.

Update Summary: Design Development has completed. This project has been put on pause awaiting Master Plan traction with the Town of Truckee.

Start of Construction: TBD

Estimated Completion: TBD

Project: Lake Street Housing

Background: On-Call housing and On-Boarding housing are critical to district operations and recruitment of talented employees.

Summary of Work: Demolish 10151 & 10145 Lake Ave to create 2 new duplex houses to be utilized for recruitment and retention. As well as create 10 new studio apartments to support the Hospitals On Boarding needs.

Update Summary: Project is on hold until the Master Plan progresses further.

Start of Construction: Summer 2023

Estimated Completion: Spring 2024

Project: Martis Outlook Plastics

Background: Staff have focused on providing health care services in the Eastern portion of Truckee. Property was acquired in 2021 at the Martis Outlook Building to realize this goal.

Summary of Work: Demo interiors of existing suite to build out new clinic space.

Update Summary Plan have been approved and permits have been pulled. Staff have released this project for bid, January 19th, 2023.

Start of Construction: Spring 2023

Estimated Completion: Winter 2023

Project: Martis Outlook Primary Care

Background: Staff have focused on providing health care services in the Eastern portion of Truckee. Property was acquired in 2021 at the Martis Outlook Building to realize this goal.

Summary of Work: Demo interiors of existing suite to build out new clinic space.

Update Summary Plan have been approved and permits have been pulled. Staff have released this project for bid, January 19th, 2023.

Start of Construction: Spring 2023

Estimated Completion: Winter 2023

Project: Gateway RHC Expansion

Background: With the longevity of the existing Gateway Building in the Master Plan staff are looking to maximize the utilization. Staff will be working to expand the current RHC to provide Dental, Opto, Behavioral Health and Out Patient Lab Services.

Summary of Work: Remodel 8 suites within the Building.

Update Summary The project has been awarded. Project has been put on pause.

Start of Construction: TBD

Estimated Completion: TBD

Project: Med Surg/ICU Remodel.

Background: With the Med Surg/ICU in use for over 17 years, the rooms are in need of updates both for aesthetics and operational efficiency.

Summary of Work: Remove and replace all finishes with Patient rooms. Remodel portions of the support space to promote operational efficiency.

Update Summary The project has been awarded. Project has been put on pause.

Start of Construction: TBD

Estimated Completion: TBD

Project: Tahoe City Primary Care and Urgent Care Expansion.

Background: Improving access to care around our District is a key strategic goal. This project aims to separate Primary Care and Urgent Care Operations and to increase capacity significantly.

Summary of Work: Expand Urgent Care (Suite B-202) into the adjacent Suite (B-201). Suite 201 will house lab draw services and additional support services. Remodel Suite B-206 and 207 to create a new 6 exam room Primary Care Clinic.

Update Summary Project has been put on hold.

Start of Construction: TBD

Estimated Completion: TBD

Project: Incline Village Community Hospital Boiler and M1 Air Handler Replacement.

Background: Replacement of original 1980s equipment essential for air flow and heating the building to improve reliability and energy efficiency. This existing equipment is end of life.

Summary of Work: Remove and Replace, like in kind, the existing M1 air handler which feeds the Western Half of the Building. Remove and Replace, like in kind, the existing boilers which provide heating hot water and domestic hot water to the entire building.

Update Summary Staff have rejected all bids. Project is on hold.

Start of Construction: TBD

Estimated Completion: TBD



Board CNO Report

By: Jan Iida, RN, MSN, CEN, CENP

DATE: January 2023

Chief Nursing Officer

Service: Optimize delivery model to achieve operational and clinical efficiency

- Women and Family Department will begin to take on the C-section responsibilities as our organization evolves for the needs of our patients. This will be a phased approach that ensures staff is fully trained and confident in their roles. OB, ASD, and OR staff will be essential in helping leadership to develop the program.

Quality: Provide clinical excellence in clinical outcomes

- Continue to work on extended recovery process with ambulatory surgery and medical surgical unit, working collaboratively to be in compliance for these post-surgery patients.
- All nursing units preparing for HFAP survey.

Growth: Meets the needs of the community

- Trauma- Level III Verification virtual visit is scheduled for 05/09/23 - 05/10/23
- IVCH GI services to begin in late spring.
- TFH Cardiac Service line kickoff for late spring. The service will offer implantable defibrillator, pacemakers and right heart cath.



Board Informational Report

By: Jake Dorst
Chief Information and Innovation Officer

DATE: January 2023

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

- Receiving very positive feedback on Workstation on Wheels (WOW) battery retrofit. Proceeding with additional purchases to finish project ASAP
- Implemented support scripts which improve user experience. In many cases PC Techs and Field Technicians may now mirror systems and fix issues without having to impact user productivity by taking systems away or sitting at users' desktop
- Updated firmware and BIOS (Binary Input Output System) on print and scanner products across the enterprise.
 - This effort builds upon our endeavors to ensure a secure and protected environment
- Established solid "work around "should Epic become unavailable via Tahoe Desktop.
 - Reduce downtime for clinical staff and maintain productivity
- Finalized moves with Behavioral Health on second floor of MOB
- Updated Palo Alto's Cortex (<https://www.paloaltonetworks.com/cortex/whycortex>) endpoint protection on workstations to ensure latest security intelligence is being leveraged.
 - User system protections improved
- Cloud based email archive in place.
 - Barracuda systems affords TFHS with industry leading capability. Archiving email maintains our ability to reference past threads and preserve PHI retention requirements
- Increased Server Hardware (HW) performance and capabilities by ordering additional hosts with nearly 70% reduction in cost of new purchase
- Reworking district dial plan to mitigate careless accidental 911 dialing.
 - New prefixes are in place. Announcing to district next week
- Microsoft 365 kickoff (moving to the Cloud).
 - Microsoft Active Directory Server in process of migration to Microsoft's Azure cloud.
 - Once complete this will help greatly with single sign on efforts with other hosted solutions
- Successfully identified targeted cyber event on TFHS network. All defenses worked as designed and the team engaged with Security Team vendors for after action review. Big win thanks to our continued investments

PMO

Completed:

- MyChart External Payments Page
- Urgent Care Department
- Primary Care MOB Department
- Relocation of ENT
- Relocation of Audiology

- Non-Chemo Infusion Clinic
- 2nd Floor MOB Behavioral Health Dept Build
- Internal Medicine Cardiology (IM-CARD) Rural Health Clinic (RHC) Behavioral Health Dept Build

Executing:

- Epic Hyperdrive conversion from Hyperspace
- New Net Health Agility Electronic Health Record (EHR) for Occupational Health implementation
- Amitech: Robotic Process Automation project continues
- Epic MyChart Direct Scheduling
- Epic MyChart online forms
- Epic MyChart e-check in
- Telespecialists
- PACS IntelliSpace Cardiovascular imaging
(<https://www.usa.philips.com/healthcare/product/HCNOCTN198/intellispace-cardiovascular>)
- Home Health & Hospice, Electronic Visit Verification – LATE, Due to SenData (California contractor). Late for all Cali HH&H, all EMRS.
- Labor & Delivery Process Design
- Wellsky blood bank project continues
- Bactex BD Synapse Blood Analyzer integration
- Multi-Specialty Clinic (MSC) Performance Improvement projects underway (MSC-PI) – Value Stream analysis
- IVCH Endo department build
- FYE 2024 portfolio review
- Physician Payment Database
- Daily Productivity Rollout
- PET CT Workflow
- OB/OR transition workflows for L&D
- Infusion Pump Integration

Initiating

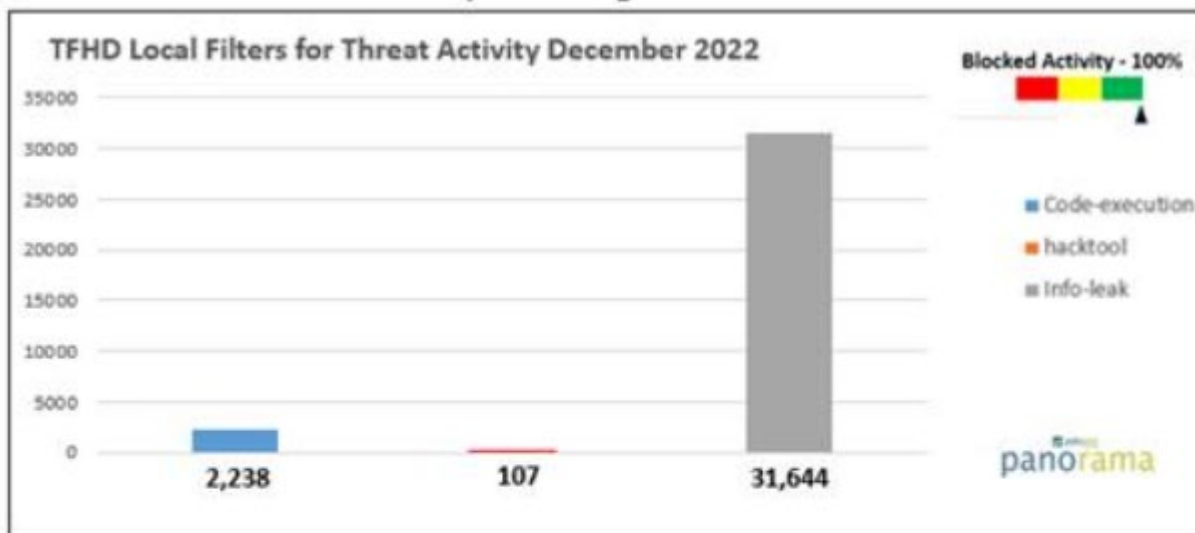
- Intellispace upgrade – new
 - Philips IntelliSpace Enterprise Edition is a long-term strategic health informatics partnership across the health continuum with an innovative business model and managed service. This is our PACS (picture archiving and communication system) system.
 - <https://www.techtarget.com/searchhealthit/definition/picture-archiving-and-communication-system-PACS>
- IVCH ED – Point of Care Ultrasound
- IVCH Ortho – Point of Care Ultrasound
- Cash-Arc

Clinical Informaticists

- Constant updates to smartlists, smartphrases in Epic
- Pediatric Sepsis team – building a new sepsis screening form
- Building a link for opioid instructions form to auto populate in AVS if DC with Opioid RX
- Create tip sheet for result router
- RESTRAINT AUDIT and correction of documentation - complete
- Beginning research for STROKE registry
- Four provider efficiency evaluations- Dr. Conway, Dr. Jernick, Jen Lang-Ree and Megan Shirley.

- Provider training, MA/RN training, In Basket training
- 1:1 review with Dr. Ruggiero
- 1:1 review with Dr. Petrofsky
- iStat interface
- Stroke Alert orders complete and live
- Insulin pump orders/workflow.
- ECC Support

Security @ TFHS



Code Execution: Attempts to identify execution vulnerabilities that can be run by a privileged user

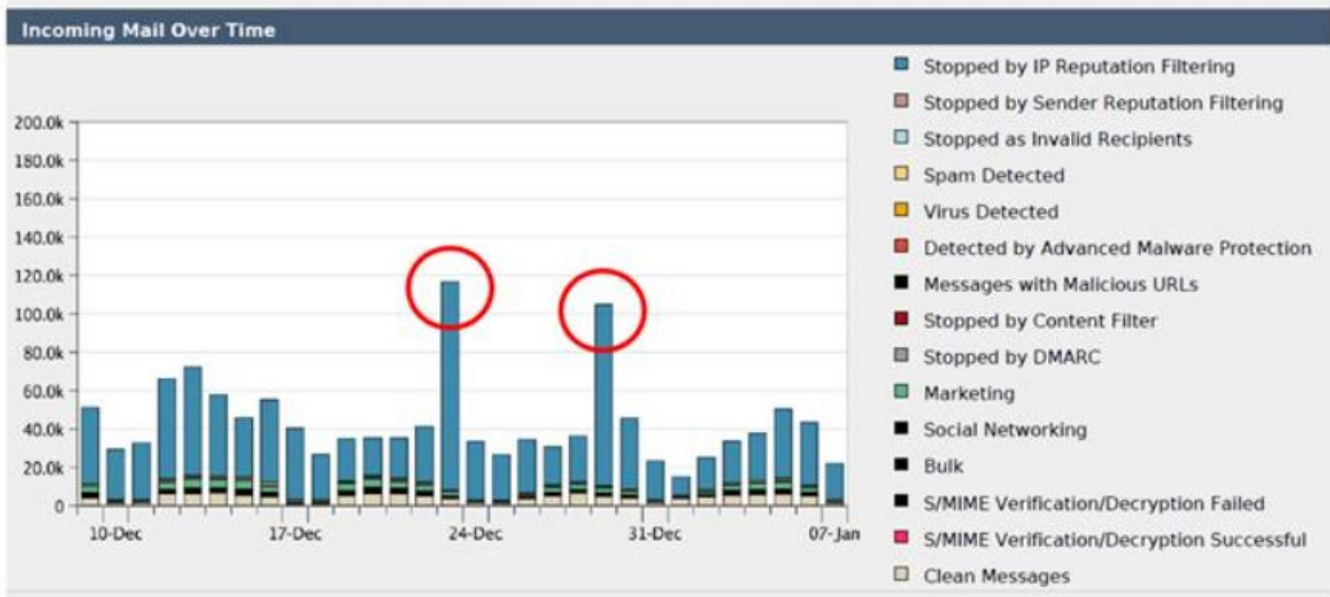
hacktool: riskware that is intended to provide access to computers and networks

Info-leak: Attempt to detect software vulnerabilities and craft request exploits for unprotected data

EMAIL Security and Metrics – Last 30 Days

Message Category	%	Messages
■ Stopped by IP Reputation Filtering	78.5%	1,015,485
■ Stopped by Domain Reputation Filtering	0.0%	63
■ Stopped as Invalid Recipients	0.4%	5,127
■ Spam Detected	1.4%	17,529
■ Virus Detected	0.0%	1
■ Detected by Advanced Malware Protection	0.0%	1
■ Messages with Malicious URLs	0.0%	52
■ Stopped by Content Filter	0.3%	3,766
■ Stopped by DMARC	0.9%	11,356
■ S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	80.5%	1,042,024
■ Marketing Messages	5.1%	66,425
■ Social Networking Messages	0.1%	1,479
■ Bulk Messages	4.1%	53,568
Total Graymails:	9.4%	121,472
■ S/MIME Verification/Decryption Successful	0.0%	0
■ Clean Messages	10.1%	130,612
Total Attempted Messages:		1,294,108

Interesting Metric – Spike in Email activity around Holiday Season



Top 10 Attackers by Source Country (use of Virtual Private Networks by attackers could create inaccurate information)

Panorama : 2022/12/01 - 2022/12/31

Source Country	Count
United States	4.56 M
Mexico	17.61 k
Portugal	10.83 k
Jamaica	10.12 k
Canada	10.07 k
Italy	7.73 k
Australia	3.25 k
French Polynesia	1.31 k
United Kingdom	1.14 k
Netherlands	1.13 k



Board CMO Report

By: Brian Evans, MD, MBA
Chief Medical Officer

DATE: January 2023

People: Strengthen a highly-engaged culture that inspires teamwork & joy

- New CMO communication strategy has been implemented including Friday emails, rounding, and frequent meetings with all physician leaders and teams.
- The Physician Gratitude Award started last week, which allows physicians an easy opportunity to celebrate outstanding members of their teams.
- New Medical Directors have joined the physician leadership team: Dr. Ali Fiamengo (Pediatrics) and Dr. Cara Streit (OB/GYN).
- We have a new Wellness Officer Dr. Josh Kreiss, who is working with leadership and medical staff to implement new strategies to promote engagement and resilience.

Service: Deliver Outstanding Patient & Family Experience

- The Patient Access Center improvement project is underway. Goals include improving access, efficiency, and experience for patients, providers and staff.

Quality: Provide excellent patient focused quality care

- Our Quality Department CMS Star Rating action plan is being restructured. Our focus will be on concurrent process improvement, and ensuring best practices are followed consistently.
- We are implementing a new Ongoing Professional Performance Evaluation (OPPE) software program that provides meaningful, accurate reports directly from EPIC. This will help identify areas of opportunity for medical staff, and help track progress.
- A new medical staff orientation process is in development aiming to provide a “warm welcome” to new physicians and APPs, and additional resources to help them succeed in their clinical environment.

Finance: Ensure strong operational & financial performance for long term sustainability

- We are working closely with clinic and hospital operations to improve provider efficiency and productivity

Growth: Expand and foster community and regional relationships

- We continue to work closely with Nevada County Public Health on ongoing matters related to Covid-19 and other public health matters.
- We are planning additional outreach through the Foundation and Business Development to promote and expand the reputation of TFHD



Board Provider Services Report

By: Scott Baker
Vice President, Provider Services

DATE: January, 2023

People: Strengthen a highly-engaged culture that inspires teamwork & joy

- We continue to expand and rely on our revised Medical Director network. This month we've added Dr. Ali Fiamengo (Peds) and Dr. Cara Streit (OB/GYN) as Medical Director in their respective service lines. In addition, Dr. Nina Winans has returned from a leave of absence and agreed to return to her position as Medical Director of Sports Medicine and Therapy services.
- Medical Directors will begin meeting with the CMO and VP quarterly to improve communication and collaboration, in addition to the quarterly Partnership Council meeting, which will include all Medical Directors coming together to discuss strategic planning and opportunities.

Service: Deliver Outstanding Patient & Family Experience

- We continue to make progress with our surgical team to set up the necessary support to begin providing GI procedures and clinic availability at Incline Village Community Hospital. Physician credentialing and schedules are on schedule to support an April start date for this important program in the Incline community.
- We continue to expand our indirect care nursing program, with additional hires slated this quarter. This program has proven very effective in communicating with patients and families, triaging patients when needed and ensuring improved response to phone calls and patients communications thru MyChart.

Quality: Provide excellent patient focused quality care

- This month saw the formally opening of two new programs – Developmental Pediatrics and Neuropsychology. After building the support structure and programmatic design reaching a critical point – we formally saw our first patients in both of these important programs. This is another example of our system providing a level of care and specialty programming that almost no other rural system is able to offer it's community.

Finance: Ensure strong operational & financial performance for long term sustainability

- We have begun distributing the daily and bi-weekly financial performance reports from our Axiom program to managers and directors. This will prove very helpful in controlling and redistributing productive hours and expenses where most needed and efficiently utilizing the resources we have available.

Growth: Expand and foster community and regional relationships

- We continue to increase coordination and support of the OB programs at Eastern Plumas Hospital and Plumas District Hospital. Eastern Plumas recently stopped deliveries at their facility and since then we have had increased coordination with their

team to support their onsite OB program and coordinate deliveries for their patients at TFHD.

- Executed agreements in November (to start in future dates)
 - Hospitalist (April)
 - MAT Program PA replacement (February)
- Physician and providers on boarded in December
 - Dr. Greg LaNouette (Urology) (locums)



Board Informational Report

By: **Garrett Smith**, Corporate
Compliance Consultant, The Fox
Group

DATE: January 26, 2023

2022 Compliance Program 4th Quarter and Annual Report (Open Session)

The Compliance Committee is providing the Board of Directors (BOD) with a report of the 4th Quarter 2022 Compliance Program activities (Open Session). This report includes the annual report for 2022. This report assists the BOD to meet its obligations to be knowledgeable about the content and operation of the seven components of the Compliance Program.

OPEN SESSION

Period Covered by Report: **January 1, 2022 – December 31, 2022**
Completed by: Garrett Smith, 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 December 31, 2022:

Jim Hook, The Fox Group – Compliance Consultant
Garrett Smith, The Fox Group – Compliance Consultant
Kristina Watanabe-Hylton – Compliance Consultant
Harry Weis – Chief Executive Officer
Louis Ward, Chief Operating Officer
Crystal Betts – Chief Financial Officer
Jan Iida, RN – Chief Nursing Officer
Jake Dorst – Chief Information and Innovation Officer
Alex MacLennan – Chief Human Resources Officer
Matt Mushet – In-house Legal Counsel
Scott Baker, Vice President of Physician Services
Theresa Crowe, RN, JD, Privacy Officer and Risk Manager
Tobriah Hale, Legal and Compliance Specialist
Bernice Zander, HIM Director

3. Education & Training

- 3.1. All employees are assigned HIPAA Privacy and Security Rule training, and Compliance Program training, via HealthStream.
- 3.2. Code of Conduct and HealthStream 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 directly to the Compliance Department in the 4th Quarter of 2022. Three reports were made during 2022.
- 4.2. HIPAA violations are reported to the Privacy Officer. The Privacy Officer maintains a log of reported events and investigations. Five reports were made to the Privacy Officer in the 4th Quarter of 2022. A total of 14 reports were made in 2022.
- 4.3. The Compliance Department published one article in the Pacesetter in the 4th Quarter of 2022, and a total of eight articles in 2022.

OPEN SESSION

5. Enforcing Standards through well-publicized Disciplinary Guidelines

5.1. For all of 2022, existing employees completed 98.5% of HIPPA and Corporate Compliance modules.

94.5% of new hires completed HIPPA and Corporate Compliance Health Stream courses in the 4th Quarter of 2022. Completion by new hires for all other quarters was 100%.

5.2. All new staff hires, and newly privileged physicians, receive criminal background checks and are checked against the OIG and GSA list of exclusions prior to hiring/appointment. Members of the Medical Staff are checked against the OIG/GSA exclusion lists each month. All employees are screened against the OIG/GSA exclusion list every quarter. All vendors are checked continuously using the vendor credentialing program.

6. Auditing & Monitoring

6.1. No audits were completed during the 4th Quarter of 2022 as part of the 2022 Corporate Compliance Work Plan.

6.2. Nine of nine audits on the 2022 Corporate Compliance Workplan were completed in the first three quarters of 2022.

7. Responding to Detected Offenses & Corrective Action Initiatives

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

8. Routine Compliance Support: The Compliance Department provides routine support to important TFHD initiatives, such as the terms and conditions of physician compensation arrangements, and questions about billing, and compliance with other laws and regulations.

**TAHOE FOREST HOSPITAL DISTRICT
RESOLUTION NO. 2023-01**

**A RESOLUTION OF THE BOARD OF DIRECTORS OF THE TAHOE FOREST
HOSPITAL DISTRICT AUTHORIZING REMOTE TELECONFERENCE
MEETINGS OF THE BOARD OF DIRECTORS PURSUANT TO GOVERNMENT
CODE SECTION 54953, SUBDIVISION (e)**

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

WHEREAS, Government Code section 54953, subdivision (e), as amended by Assembly Bill No. 361, allows legislative bodies to hold open meetings by teleconference without reference to otherwise applicable requirements in Government Code section 54953, subdivision (b)(3), so long as the legislative body complies with certain requirements, there exists a declared state of emergency, and one of the following circumstances is met:

1. State or local officials have imposed or recommended measures to promote social distancing.
2. The legislative body is holding the meeting for the purpose of determining, by majority vote, whether as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.
3. The legislative body has determined, by majority vote, pursuant to option 2, that, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

WHEREAS, the Governor of California proclaimed a state of emergency pursuant to Government Code section 8625 on March 4, 2020;

WHEREAS, the District previously adopted Resolution No. 2021-04 finding that the requisite conditions exist for the District to conduct teleconference meetings under Government Code section 54953, subdivision (e);

WHEREAS, the District subsequently adopted resolutions at least every 30 days finding conditions exist to continue conducting meetings by teleconference, but more than thirty days have passed since the last such resolution, Resolution No. 2021-07, was adopted; and

WHEREAS, the Board of Directors desires to hold and continue to hold its public meetings by teleconference consistent with Government Code section 54953, subdivision (e).

NOW, THEREFORE, BE IT RESOLVED the Board of Directors of the Tahoe Forest Hospital District does hereby resolve as follows:

Section 1. Recitals. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.

Section 2. Conditions for Initial Teleconferencing Meeting are Met. The Board of Directors found on October 28, 2022 and hereby finds and declares the following, as required by Government Code section 54953, subdivision (e)(3):

1. The Governor of California proclaimed a state of emergency on March 4, 2020, pursuant to Government Code section 8625, which remains in effect.
2. The Board of Directors has determined that, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

Section 3. Conditions for Continued Teleconferencing Meeting are Met. Although more than thirty days have passed since Resolution No. 2021-07 was adopted, this Resolution is adopted in the spirit of continuing the findings made in Resolution No. 2021-07. In keeping with Resolution No. 2021-04 and Section 2 above, the District hereby finds and declares the following, as required by Government Code section 54953(e)(3):

1. The District has reconsidered the circumstances of the state of emergency declared by the Governor pursuant to his or her authority under Government Code section 8625; and
2. The state of emergency continues to directly impact the ability of members of the District to meet safely in person.

Section 4. Meeting Requirements. All meetings held pursuant to Government Code section 54953, subdivision (e) shall comply with the requirements of that section and all other applicable provisions of the Ralph M. Brown Act (Government Code section 54950 et seq.).

Section 5. Application. This authority granted by this Resolution to conduct teleconference meetings pursuant to Government Code section 54953, subdivision (e), shall apply to all legislative bodies of the District.

Section 4. Effective Date. This Resolution shall take effect immediately upon its adoption.

PASSED AND ADOPTED at the meeting of the Tahoe Forest Hospital District Board of Directors held on the 26th day of January, 2023 by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

ATTEST:

Alyce Wong
Chair, Board of Directors
Tahoe Forest Hospital District

Martina Rochefort
Clerk of the Board
Tahoe Forest Hospital District

RESOLUTION NO. 2023-02

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

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

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

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

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

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

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

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

PASSED AND ADOPTED at a regular meeting of the Board of Directors of the Tahoe Forest Hospital District duly called and held in the District this 26th day of January, 2023 by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

APPROVED:

Chair, Board of Directors
Tahoe Forest Hospital District

ATTEST:

Martina Rochefort, Clerk of the Board
Tahoe Forest Hospital District



Origination Date 05/2000
Last Approved 02/2022
Last Revised 01/2020
Next Review 02/2025

Department Board - ABD
Applicabilities System

Board Compensation and Reimbursement, ABD-03

PURPOSE:

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

POLICY:

- A. As permitted by Health and Safety Code section 32103, of the Local Health Care District Law, and required by the Political Reform Act, the payment of One Hundred Dollars (\$100.00) per meeting not to exceed six (6) meetings a month, is authorized as compensation to each member of the Board of Directors. Each member of the Board of Directors shall further be allowed his/her actual necessary traveling and incidental expenses incurred in the performance of official business of the District.
- B. Pursuant to Health and Safety Code section 32103, subdivision (a), the District finds that more than five meetings per month are necessary for the effective operation of the District because the District operates in a competitive market, often necessitating meetings to effectively resolve time-sensitive matters outside and in addition to its normal meeting schedule. Time-sensitive matters include, but are not limited to, the creation of new or expansion of existing health facilities, programs, or services; the acquisition or leasing of real property; and the consideration of appeals of actions, decisions, or recommendations of the Medical Staff affecting the professional privileges of its membership, which are governed by strict timelines pursuant to statute, local policy and bylaws. In addition, the Board of Directors operates with various standing committees that maintain flexible schedules to ensure prompt consideration of emerging issues. Finally, the District prioritizes fostering and growing community and regional relations, as demonstrated in the 2019-2021 Strategic Plan, which requires Board Members to attend meetings of governmental agencies and community organizations to represent the District. In the past, Board Members have needed to participate in more than five meetings in a calendar month to address significant matters, including but not limited to hiring a Chief Executive Officer. This policy permits the District flexibility to address these important matters promptly when they arise, while compensating Board Members for time spent

supporting the District.

- C. For the purpose of compensation, a meeting is defined as:
1. Regular and Special Board Meetings, including but not limited to continued, adjourned and emergency meetings;
 2. Board Committee meetings;
 3. Hospital District meetings at which the Board member is present as a designated Board representative (e.g., Medical Executive Committee, Bioethics Committee, IVCH Foundation, TFHS Foundation, TIRHR Board)
 4. Meetings of governmental agencies and community organizations, etc. where the Board member is representing the TFHD (i.e., Rotary, Tahoe City Breakfast Club, Truckee Daybreak Club). To be compensated, the Board member must be on the program or speaking to an item on the agenda related to the Hospital District at the request of the Board Chair or President and Chief Executive Officer.
 5. Conferences, seminars and other educational meetings do not qualify for meeting compensation.
- D. Members of the Board of Directors of the Tahoe Forest Hospital District and their eligible dependents shall be eligible to participate in the health, dental, vision and life insurance programs of Tahoe Forest Hospital District in a manner, including appropriate discounts, comparable to that offered to the Management Staff of the District.

PROCEDURE:

- A. Board members are responsible for notifying the Executive Assistant in writing of meetings attended in the prior month, noting the day and purpose of each meeting prior to the last business day of each month.
- B. Board members shall also provide brief oral reports on meetings attended at the expense of TFHD at the next regular Board meeting.
- C. Board of Directors Travel Allowance
1. Meals will be reimbursed up to a daily per diem rate based on the location of the conference subject to IRS per diem guidelines.
 2. Air Fare for Board Members only.
 3. Parking and/or taxi fees and other transportation expenses will be reimbursed.
 4. If driving, mileage will be reimbursed at current IRS rates.
 5. Hotel room will be covered in full for Board Member.
 - a. If, however, the lodging is in connection with a conference or organized educational activity that does not qualify as a meeting and is conducted in compliance with California Government Code, Section 54952.2(c), including ethics training required by California Government Code, Section 53234, then lodging costs shall not exceed the maximum group rate published by the conference or activity sponsor as long as the group rate is available to the Board member at the time of booking. If the group rate is not available, then the Board member shall use comparable lodging.

6. Tuition fees for Board Members will be paid in full.
7. Conference educational materials (books, audio tapes, etc.) not to exceed \$50.
8. Receipts are required for all reimbursable expenses.
9. Board members shall use government and group rates offered by a provider of transportation or lodging services for travel and lodging when available.
10. All expenses that do not fall within the adopted travel reimbursement policy of the IRS reimbursable rates shall be approved by the Board, in a public meeting before the expense is incurred.

D. Upon election or appointment to a seat on the Board of Directors of the Tahoe Forest Hospital District, the appropriate paperwork which is necessary to complete for enrollment will be given to the Board Member by the Human Resources Department. Coverage will begin on the first of the month following election or appointment to the Board of Directors and completion of the necessary enrollment forms

References:

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



All Revision Dates

01/2020, 10/2017, 11/2015, 01/2014, 01/2012, 01/2010

Approval Signatures

Step Description	Approver	Date
	Harry Weis: CEO	02/2022
	Martina Rochefort: Clerk of the Board	02/2022



TAHOE
FOREST
HEALTH
SYSTEM

Origination Date 03/2017
Last Approved 03/2020
Last Revised 03/2017
Next Review 03/2023

Department Board - ABD
Applicabilities System

Debt Management Policy, ABD-25

This Debt Management Policy (the "Debt Policy") of the TAHOE FOREST HOSPITAL DISTRICT (the "District") was approved by the Board of Directors of the District (the "Board"). The Debt Policy may be amended by the Board as it deems appropriate from time to time in the prudent management of the debt of the District.

This Debt Policy will also apply to any debt issued by any other public agency for which the Board of the District acts as its legislative body.

The Debt Policy has been developed to provide guidance in the issuance and management of debt by the District or its related entities and is intended to comply with Section 8855(i) of the California Government Code effective on January 1, 2017. The main objectives are to establish conditions for the use of debt; to ensure that debt capacity and affordability are adequately considered; to minimize the District's interest and issuance costs; to maintain the highest possible credit rating; to provide complete financial disclosure and reporting; and to maintain financial flexibility for the District.

Debt, properly issued and managed, is a critical element in any financial management program. It assists in the District's effort to allocate limited resources to provide the highest quality of service to the public. The District understands that poor debt management can have ripple effects that hurt other areas of the District. On the other hand, a properly managed debt program promotes economic growth and enhances the vitality of the District for its residents and businesses.

1. Findings

This Debt Policy shall govern all debt undertaken by the District. The District hereby recognizes that a fiscally prudent debt policy is required in order to:

- Maintain the District's sound financial position.
- Ensure the District has the flexibility to respond to changes in future service priorities, revenue levels, and operating expenses.
- Protect the District's credit-worthiness.
- Ensure that all debt is structured in order to protect both current and future taxpayers,

ratepayers and constituents of the District.

- Ensure that the District's debt is consistent with the District's planning goals and objectives and capital improvement program or budget, as applicable.
- Encourage those that benefit from a facility/improvement to pay the cost of that facility/improvement without the need for the expenditure of limited general fund resources.

2. Policies

A. Purposes For Which Debt May Be Issued

The District will consider the use of debt financing primarily for capital improvement projects (CIP) when the project's useful life will equal or exceed the term of the financing and when resources are identified sufficient to fund the debt service requirements. An exception to this CIP driven focus is the issuance of short-term instruments such as tax and revenue anticipation notes, which are to be used for prudent cash management purposes and conduit financing, as described below. Bonded debt should not be issued for projects with minimal public benefit or support, or to finance normal operating expenses.

If a department has any project which is expected to use debt financing, the department director is responsible for expeditiously providing the Chief Executive Officer and the Chief Financial Officer with reasonable cost estimates, including specific revenue accounts that will provide payment for the debt service. This will allow an analysis of the project's potential impact on the District's debt capacity and limitations. The department director shall also provide an estimate of any incremental operating and/or additional maintenance costs associated with the project and identify sources of revenue, if any, to pay for such incremental costs.

- i. **Long-Term Debt.** Long-term debt may be issued to finance or refinance the construction, acquisition, and rehabilitation of capital improvements and facilities, equipment and land to be owned and/or operated by the District.
 - a. Long-term debt financings are appropriate when the following conditions exist:
 - When the project to be financed is necessary to provide basic services.
 - When the project to be financed will provide benefit to constituents over multiple years.
 - When total debt does not constitute an unreasonable burden to the District and its taxpayers and ratepayers.
 - When the debt is used to refinance outstanding debt in order to produce debt service savings or to realize the benefits of a debt restructuring.
 - b. Long-term debt financings will not generally be considered appropriate for current operating expenses and routine maintenance expenses.
 - c. The District may use long-term debt financings subject to the following conditions:
 - The project to be financed has been or will be approved by the Board.
 - The weighted average maturity of the debt (or the portion of the debt allocated to the project) will not exceed the average useful life of the project to be financed by more than 20%, unless specific conditions exist that would mitigate the extension of time to repay the debt and it would not cause the District to violate any covenants to maintain the tax-exempt status of such debt, if

- applicable.
- The District estimates that sufficient income or revenues will be available to service the debt through its maturity.
 - The District determines that the issuance of the debt will comply with the applicable requirements of state and federal law.
 - The District considers the improvement/facility to be of vital, time-sensitive need of the community and there are no plausible alternative financing sources
- d. Periodic reviews of outstanding long-term debt will be undertaken to identify refunding opportunities. Refundings will be considered (within federal tax law constraints, if applicable) if and when there is a net economic benefit of the refunding. Refundings which are non-economic may be undertaken to achieve District objectives relating to changes in covenants, call provisions, operational flexibility, tax status of the issuer, or the debt service profile.

In general, refundings which produce a net present value savings of at least 4% of the principal amount of refunded debt will be considered economically viable. Refundings which produce a net present value savings of less than 4% or negative savings will be considered on a case-by-case basis.

(ii) **Short-term debt.** Short-term borrowings may be issued to generate funding for cash flow needs in the form of Tax and Revenue Anticipation Notes (TRAN).

Short-term borrowings, such as commercial paper, and lines of credit, will be considered as an interim source of funding in anticipation of long-term borrowing. Short-term debt may be issued for any purpose for which long-term debt may be issued, including capitalized interest and other financing-related costs. Prior to issuance of the short-term debt, a reliable revenue source shall be identified to secure repayment of the debt. The final maturity of the debt issued to finance the project shall be consistent with the economic or useful life of the project and, unless the Board determines that extraordinary circumstances exist, must not exceed seven years.

Short-term debt may also be used to finance short-lived capital projects; for example, the District may undertake lease-purchase financing for equipment, and such equipment leases may be longer than seven years.

(iii) **Financings on Behalf of Other Entities.** The District may also find it beneficial to issue debt on behalf of other governmental agencies or private third parties in order to further the public purposes of the District. In such cases, the District shall take reasonable steps to confirm the financial feasibility of the project to be financed and the financial solvency of any borrower and that the issuance of such debt is consistent with the policies set forth herein. In no event will the District incur any liability or assume responsibility for payment of debt service on such debt.

B. Types of Debt

In order to maximize the financial options available to benefit the public, it is the policy of the District to allow for the consideration of issuing all generally accepted types of debt, including, but

not exclusive to the following:

- **General Obligation (GO) Bonds:** General Obligation Bonds are suitable for use in the construction or acquisition of improvements to real property that benefit the public at large. Examples of projects include hospitals, and public safety facilities. All GO bonds shall be authorized by the requisite number of voters in order to pass.
- **Revenue Bonds:** Revenue Bonds are limited-liability obligations tied to a specific enterprise or special fund revenue stream where the projects financed clearly benefit or relate to the enterprise or are otherwise permissible uses of the special revenue. An example of projects that would be financed by a Revenue Bond would be improvements to a health facility, which would be paid back with money raised from the rates and charges to health facility users. Generally, no voter approval is required to issue this type of obligation.
- **Lease-Backed Debt/Certificates of Participation (COP/Lease Revenue Bonds):** Issuance of Lease-backed debt is a commonly used form of debt that allows a public entity to finance projects where the debt service is secured via a lease agreement or installment sale agreement and where the payments are budgeted in the annual operating budget of the District. Lease-Backed debt does not constitute indebtedness under the state or the District's constitutional debt limit and does not require voter approval.

The District may from time to time find that other forms of debt would be beneficial to further its public purposes and may approve such debt without an amendment of this Debt Policy.

To maintain a predictable debt service burden, the District will give preference to debt that carries a fixed interest rate. An alternative to the use of fixed rate debt is variable rate debt. The District may choose to issue securities that pay a rate of interest that varies according to a pre-determined formula or results from a periodic remarketing of securities. When making the determination to issue bonds in a variable rate mode, consideration will be given in regards to the useful life of the project or facility being financed or the term of the project requiring the funding, market conditions, credit risk and third party risk analysis, and the overall debt portfolio structure when issuing variable rate debt for any purpose. The maximum amount of variable-rate debt should be limited to no more than 20 percent of the total debt portfolio.

The District will limit the use of derivatives, such as interest rate swaps, in its debt program. A derivative product is a financial instrument which derives its own value from the value of another instrument, usually an underlying asset such as a stock, bond, or an underlying reference such as an interest rate. Derivatives are commonly used as hedging devices in managing interest rate risk and thereby reducing borrowing costs. However, these products bear certain risks not associated with standard debt instruments.

C. Relationship of Debt to Capital Improvement Program and Budget

The District intends to issue debt for the purposes stated in this Debt Policy and to implement policy decisions incorporated in the District's capital budget and its capital improvement plan.

The District shall strive to fund the upkeep and maintenance of its infrastructure and facilities due to normal wear and tear through the expenditure of available operating revenues. The District shall seek to avoid the use of debt to fund infrastructure and facilities improvements that are the result

of normal wear and tear, unless a specific revenue source has been identified for this purpose.

The District shall integrate its debt issuances with the goals of its capital improvement program by timing the issuance of debt to ensure that projects are available when needed in furtherance of the District's public purposes.

The District shall seek to issue debt in a timely manner to avoid having to make unplanned expenditures for capital improvements or equipment from its operating funds.

D. Policy Goals Related to Planning Goals and Objectives

The District is committed to financial planning, maintaining appropriate reserve levels and employing prudent practices in governance, management and budget administration. The District intends to issue debt for the purposes stated in this Debt Policy and to implement policy decisions incorporated in the District's annual operating budget.

It is a policy goal of the District to protect taxpayers, ratepayers and constituents by utilizing conservative financing methods and techniques so as to obtain the highest practical credit ratings (if applicable) and the lowest practical borrowing costs.

The District will comply with applicable state and federal law as it pertains to the maximum term of debt and the procedures for levying and imposing any related taxes, assessments, rates and charges.

Except as described in Section 2.A., when refinancing debt, it shall be the policy goal of the District to realize, whenever possible, and subject to any overriding non-financial policy considerations minimum net present value debt service savings equal to or greater than 4% of the principal amount of refunded debt.

E. Internal Control Procedures

When issuing debt, in addition to complying with the terms of this Debt Policy, the District shall comply with any other applicable policies regarding initial bond disclosure, continuing disclosure, post-issuance compliance, and investment of bond proceeds.

The District will periodically review the requirements of and will remain in compliance with the following:

- any continuing disclosure undertakings under SEC Rule 15c2-12,
- any federal tax compliance requirements, including without limitation arbitrage and rebate compliance, related to any prior bond issues, and
- the District's investment policies as they relate to the investment of bond proceeds.

Whenever reasonably possible, proceeds of debt will be held by a third-party trustee and the District will submit written requisitions for such proceeds. The District will submit a requisition only after obtaining the signature of the Chief Executive Officer or the Chief Financial Officer.

F. Waivers of Debt Policy

There may be circumstances from time to time when strict adherence to a provision of this Debt Policy is not possible or in the best interests of the District and the failure of a debt financing to comply with one or more provisions of this Debt Policy shall in no way affect the validity of any debt issued by the District in accordance with applicable laws.

All Revision Dates

03/2017

Approval Signatures

Step Description	Approver	Date
	Harry Weis: CEO	03/2020
	Martina Rochefort: Clerk of the Board	02/2020

COPY

AGENDA ITEM COVER SHEET

ITEM	Triennial Approval of Administration Policy and Procedure Manual
RESPONSIBLE PARTY	Harry Weis, President & CEO
ACTION REQUESTED?	Approve Administration Policy and Procedure Manual
<p>BACKGROUND:</p> <p>The Administration Office keeps a manual for policies and procedures that are available for review / use during system downtimes.</p> <p>Approval of the content of the manual should be obtained every three years. Non-clinical policies are scheduled for review every three years per AGOV-9.</p>	
<p>SUMMARY/OBJECTIVES:</p> <p>Request approval of the content of the manual. This approval should be obtained every three years. The Administration Manual Table of Contents is attached for the Board's review and approval.</p>	
<p>SUGGESTED DISCUSSION POINTS:</p>	
<p>SUGGESTED MOTION/ALTERNATIVES:</p> <p>Approval via consent calendar.</p>	
<p>LIST OF ATTACHMENTS:</p> <ul style="list-style-type: none"> • Signature page for Administration Policy and Procedure Manual • Table of Contents for Administration Policy and Procedure Manual 	

Tahoe Forest Hospital District		
Administrative Policy & Procedure Manual		
<u>TABLE OF CONTENTS</u>		
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Patient Identification and Arm Banding, AGOV-1801	Governance - AGOV	Jul-23
Peer Support (Care for the Caregiver), AGOV-1602	Governance - AGOV	May-23
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Policy & Procedure Structure and Approval, AGOV-9	Governance - AGOV	Dec-23
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Risk Management Plan, AQPI-04	Quality Assurance / Performance Improvement - AQPI	Dec-23
policies are located on PolicyStat		
https://tfhd.policystat.com/home/		



ADMINISTRATION POLICY & PROCEDURE MANUAL

APPROVED:

Harry Weis
President & CEO

Date:

Alyce Wong
Chair, Board of Directors

Date:

**TAHOE FOREST HOSPITAL SYSTEM
CORPORATE COMPLIANCE PROGRAM
2023 TFHS WORK PLAN**

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

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

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

**TAHOE FOREST HOSPITAL SYSTEM
CORPORATE COMPLIANCE PROGRAM
2023 TFHS WORK PLAN**

			ACTION COMPLETION TARGET				STATUS
OBJECTIVE / ACTION	Assigned To	GOAL	1 ST Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
H. Bi-monthly communication to staff using the Pacesetter/other methods (Privacy, Non-discrimination, compliance reporting, etc.)	CCO	Articles published	X	X	X	X	
I. Supplier Code of Conduct	Mat Mgr./CCO	Distribute to all Vendors annually	X	X	X	X	
4. Monitoring and Auditing		Audit and Monitoring Source					
		Internal Audit	External Audit	1ST Qtr	2nd Qtr	3rd Qtr	4th Qtr
A. Hospital: Patient admission Criteria/appropriate patient status (2 midnight rule)	CNO/CCA	X				X	
B. Physician payment audit (annual)	CCO	X		X			
C. Employee Access Audit - EPIC	PRIVACY OFFICER/CCO	X			X		
D. Break-the-Glass Report	PRIVACY OFFICER/CCO	X		X	X	X	X
E. Home Health documentation for PPS, including documentation of face-to-face visits	CNO/Dir of Trans Svcs.	X			X		
F. MSC/Clinic/Hospitalists/Cancer Center E/M billing and medical records audit	CFO/Dir HIM	X				X	
G. Medical record documentation and billing for Transitional Care Management/Chronic Care Management	CNO/CCA	X		X			
H. Hospice Billing: refunds for cases exceeding the inpatient and outpatient caps	CNO/Dir Hospice	X				X	
I. Rural Health Clinic Consents (IM/Card/Peds, IVCH)	CCO/LCS	X			X		
J. Truckee Surgery Center Medical Records/Billing Audit	CNO	X					X
K. Advance Beneficiary Notice	Patient Access	X				X	
L. Medicare Outpatient Observation Notice.	Case Management/ ED/Patient Access	X				X	

**TAHOE FOREST HOSPITAL SYSTEM
CORPORATE COMPLIANCE PROGRAM
2023 TFHS WORK PLAN**

			ACTION COMPLETION TARGET				STATUS
OBJECTIVE / ACTION	Assigned To	GOAL	1 ST Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
M. Rural Health Clinic Mental Health Services Billing Audit	TBD	X				X	
N. New Location or New Line of Service Billing Audit: New Urgent Care Location	TBD	X				X	
5. Response, Investigation, Corrective Action, Reporting							
A. Respond, investigate, and follow up all Hotline calls/ complaints within 30 days.	CCO	100% within 30 days					Ongoing
B. HIPAA 2022 annual report of unauthorized disclosures to HHS	CFO	Timely Submission	X				
6. Enforcement and Discipline							
A. Enforce Exclusion policy for employees, medical staff and vendors	CHR/CCO	Audit for compliance					Ongoing
7. Responding Promptly to Detected Offenses and Undertaking Corrective Action							
A. Respond, investigate, and report to State and Federal authorities for HIPAA and other Compliance issues	CCO/CFO	100% timely completion					Ongoing