



TAHOE FOREST HOSPITAL DISTRICT

# 2023-05-25 Regular Meeting of the Board of Directors

Thursday, May 25, 2023 at 4:00 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161



Meeting Book - 2023-05-25 Regular Meeting of the Board of Directors

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#### 14. ITEMS FOR BOARD DISCUSSION

14.1. Trauma Program Update  
No related materials.

14.2. Peak Program  
No related materials.

14.3. State of Nursing  
No related materials.

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ITEMS 15 - 20: See Agenda

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21. ADJOURN



# REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, May 25, 2023 at 4:00 p.m.  
Tahoe Forest Hospital – Eskridge Conference Room  
10121 Pine Avenue, Truckee, CA 96161

Additional teleconference location available at:  
Apple Farm Inn, 2015 Monterey Street, San Luis Obispo, CA 93401

1. **CALL TO ORDER**

2. **ROLL CALL**

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

4. **INPUT AUDIENCE**

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

5. **CLOSED SESSION**

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

*Subject Matter: First Quarter 2023 Corporate Compliance Report*

*Number of items: One (1)*

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

*Subject Matter: Home Health, Hospice and Palliative Care Quality Report*

*Number of items: One (1)*

5.3. **Conference with Legal Counsel; Initiation of Litigation (Gov. Code § 54956.9(d)(4)) ♦**

*Number of Potential Cases: One (1)*

5.4. **Approval of Closed Session Minutes ♦**

5.4.1. 04/27/2023 Regular Meeting

5.4.2. 05/10/2023 Special Meeting

5.5. **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**

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District  
**May 25, 2023 AGENDA – Continued**

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**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. MEDICAL STAFF EXECUTIVE COMMITTEE** ♦

**12.1. Medical Executive Committee (MEC) Meeting Consent Agenda** ..... ATTACHMENT

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

Policies with Changes:

- Available CAH Services, TFH & IVCH, AGOV-06
- Quality Assessment/Performance Improvement (QA/PI) Plan, AQPI-05
- Legal Health Record, DHIM-49
- Rapid Response Team, ANS-99
- Standardized Procedure – Nurse Refills, DEMSC-2103

Privilege Form with Changes:

- Neurology Privilege Form

Policies without Changes:

- Rehabilitation PT/OT Policies

**13. 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.

**13.1. Approval of Minutes of Meetings**

13.1.1. 04/27/2023 Regular Meeting ..... ATTACHMENT

13.1.2. 05/10/2023 Special Meeting ..... ATTACHMENT

**13.2. Financial Reports**

13.2.1. Financial Report – April 2023 ..... ATTACHMENT

**13.3. Board Reports**

13.3.1. President & CEO Board Report ..... ATTACHMENT

13.3.2. COO Board Report ..... ATTACHMENT

13.3.3. CNO Board Report ..... ATTACHMENT

13.3.4. CMO Board Report ..... ATTACHMENT

**13.4. Approve Incline Village Community Hospital Foundation Board Member**

13.4.1. Denise Seminetta ..... ATTACHMENT

**13.5. Approve Committee Charter**

13.5.1. Board Governance Committee Charter ..... ATTACHMENT

**13.6. Approve Quarterly Corporate Compliance Report**

13.6.1. First Quarter 2023 Corporate Compliance Report ..... ATTACHMENT

**13.7. Amendment to Agreement for Legal Services**

**13.7.1.** Amendment No. 1 to Agreement for Legal Services for the Tahoe Forest Hospital District ..... ATTACHMENT

**14. ITEMS FOR BOARD DISCUSSION**

**14.1. Trauma Program Update**

The Board of Directors will receive an update on the Level III Trauma Program.

**14.2. Peak Program**

The Board of Directors will receive an update on the Peak program for nursing.

**14.3. State of Nursing**

The Chief Nursing Officer will present the current state of nursing to the Board of Directors.

**15. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY**

**16. BOARD COMMITTEE REPORTS**

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

**18. CLOSED SESSION CONTINUED**

**19. OPEN SESSION**

**20. REPORT OF ACTIONS TAKEN IN CLOSED SESSION, IF NECESSARY**

**21. ADJOURN**

*The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is June 22, 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](http://www.tfhd.com)) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting.*

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

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

## AGENDA ITEM COVER SHEET

<b>ITEM</b>	Medical Executive Committee (MEC) Consent Agenda
<b>RESPONSIBLE PARTY</b>	Johanna Koch, MD Chief of Staff
<b>ACTION REQUESTED</b>	For Board Action
<p><b>BACKGROUND:</b> During the May 18, 2023 Medical Executive Committee meeting, the committee made the following open session consent agenda item recommendations to the Board of Directors at the May 25, 2023 meeting.</p>	
<p><u>Policies with Changes:</u></p> <ul style="list-style-type: none"> <li>• Available CAH Services, TFH &amp; IVCH, AGOV-06</li> <li>• Quality Assessment/ Performance Improvement (QA/PI) Plan, AQPI-05</li> <li>• Legal Health Record, DHIM-49</li> <li>• Rapid Response Team, ANS-99</li> <li>• Standardized Procedure – Nurse Refills, DEMSC-2103</li> </ul> <p><u>Privilege Form with Changes:</u></p> <ul style="list-style-type: none"> <li>• Neurology Privilege Form</li> </ul> <p><u>Policies without Changes:</u></p> <ul style="list-style-type: none"> <li>• Rehabilitation PT/OT Policies</li> </ul>	
<p><b>SUGGESTED DISCUSSION POINTS:</b> None.</p>	
<p><b>SUGGESTED MOTION/ALTERNATIVES:</b> Move to approve the Medical Executive Committee Consent Agenda as presented.</p>	



Origination Date 11/2006  
Last Approved N/A  
Last Revised 05/2023  
Next Review 1 year after approval

Department Governance - AGOV  
Applicabilities System

## Available CAH Services, TFH & IVCH, AGOV-06

### RISK:

If we do not review and approve providers who provide patient care services, through agreements or arrangements, we risk not serving our community and patient population needs.

### POLICY:

~~The President & Chief Executive Officer, or designee, is principally responsible for the operation of Tahoe Forest Hospital District and the services furnished with providers or suppliers participating under Medicare to furnish other services to its patients by agreement or arrangement. All agreements or arrangements for providing health care services to the CAH's patients must be with a provider or supplier that participates in the Medicare program, except in the case of an agreement with a distant-site telemedicine entity. A list will be maintained that describes the nature and scope of the services provided and the individual assigned to oversee the contract.~~

- A. The President & Chief Executive Officer, or designee, is principally responsible for the operation of Tahoe Forest Hospital District, and the services furnished with providers or suppliers participating under Medicare to furnish other services to its patients by agreement or arrangement. All agreements or arrangements for providing health care services to the CAH's patients must be with a provider or supplier that participates in the Medicare program, except in the case of an agreement with a distant-site telemedicine entity.
- B. The Board of Directors has responsibility for ensuring that CAH services are provided according to acceptable standards of practice, irrespective of whether the services are provided directly by CAH employees or indirectly by agreement or arrangement.
- C. The Board of Directors must take actions through the CAH's QA/PI Program to:
  - 1. Assess services furnished directly by CAH staff and those services provided under



agreement or arrangement

2. Identify quality and performance problems
3. Implement appropriate corrective or improvement activities
4. Ensure monitoring and the sustainability of those corrective or improvement activities

D. A list will be maintained that describes the nature, and scope of the services provided, and the individual assigned to oversee the contract.

E. An annual review of contracted services, either under agreement or under arrangement, will be completed, including quality, timeliness, and accuracy of services provided, responsiveness, pricing, accuracy of billing, and protection of patient privacy feedback from key stakeholders. This review will be summarized and reviewed by the Medical Staff Quality Committee, Medical Executive Committee, the Chief Medical Officer on behalf of the Administrative Council, and the Board of Directors. If any issues or concerns are identified from this review, a process improvement plan will be developed with the contracted service, the respective Director/ Manager, and Administrative Chief. This will include biannual, or quarterly reviews, until the issues or concerns are resolved.

#### **TAHOE FOREST HOSPITAL DISTRICT**

A. The following services are available directly at Tahoe Forest Hospital:

1. Emergency Services
2. Inpatient Medical Surgical Care
  - a. Medical Surgical Pediatric care
3. Intensive Care and Step Down
  - a. Step Down Pediatric care (age 7-17)
4. Swing Program
5. Obstetrical Services
6. Inpatient and Outpatient Surgery
7. Outpatient Observation Care
8. Inpatient and Outpatient Pharmacy Service
9. Medical Nutritional / Dietary Service
10. Respiratory Therapy Services
11. Rehabilitation Services that includes Physical, Occupational, and Speech Therapy
12. Inpatient and Outpatient Laboratory Services, including blood transfusion
13. Diagnostic Imaging Services that includes: PET CT, Radiation, CT Scan, MRI, Mammography, Ultrasound, Fluoroscopy, and Nuclear Medicine
14. Home Health
15. Hospice
16. Palliative Care

17. Skilled Nursing Care
  18. Outpatient Services that includes Wellness program, Cardiac Rehabilitation, Occupational Health Services, Multispecialty Clinics, Rural Health Clinic, and Audiology
  19. Medical and Radiation Oncology Services
- B. Transfer Agreements [at Tahoe Forest Hospital](#) provide other needed services as outlined in the Transfer Agreements:
1. Renown Medical Center (Reno, NV)
  2. Saint Mary's Regional Medical Center (Reno, NV)
  3. Carson Tahoe Regional Healthcare (Carson City, NV)
  4. UC Davis Medical Center (Sacramento, CA)
  5. Sutter Roseville Medical Center (Roseville, CA)
  6. Sutter ~~General~~[Memorial](#) Hospital (Sacramento, CA)
  7. Incline Village Community Hospital (IVCH) (Incline Village, NV)
  8. Barton Healthcare System (South Lake Tahoe, CA)
  9. California Pacific Medical Center (San Francisco, CA)
  10. Eastern Plumas District Hospital (Portola, CA)
  11. Plumas District Hospital (Quincy, CA)
  12. Truckee Surgery Center (Truckee, CA)
  13. Northern Nevada Medical Center (Sparks, NV)
  14. [Northern Nevada Sierra Medical Center \(Reno, NV\)](#)
  15. Children's Hospital & Research Center at Oakland dba: UCSF Benioff Children's Hospital Oakland (Oakland, CA)
  16. Davies Medical Center (San Francisco, CA)
  17. Western Sierra Medical Clinic (Grass Valley, CA)
  18. Tahoe Forest MultiSpecialty Clinics - Incline (Incline Village, NV)
  19. ~~Banner Churchill Community Hospital (Fallon, NV)~~[Banner Health](#)
  20. Non-Emergent Patient Transport:
    - a. Med-Express Transport
  21. Emergency Transportation Agreements with:
    - a. Truckee Fire Protection District
    - b. Care Flight
    - c. CALSTAR
- C. [Telemedicine Agreements at Tahoe Forest Hospital:](#)
1. [Psychiatric Telemedicine Services \(CEP-America Psychiatry PC d/b/a Vituity\)](#)

2. [Tele-Stroke and Emergent Tele-Neurology Services \(Telespecialists, LLC\)](#)
3. [Oncology Telemedicine Services \(UC Davis\)](#)
4. [Neonatal & Pediatric ICU Telemedicine Services \(UC Davis\)](#)

D. The following services are provided to patients by Agreement or Arrangement [at Tahoe Forest Hospital](#):

1. Emergency Professional Services
2. On Call Physician Program
3. Hospitalist Services
4. Pathology and Laboratory Professional Services
5. Blood and Blood Products Provider: United Blood Services Reno, NV
6. Diagnostic Imaging Professional Services
7. Anesthesia Services
8. Pharmacy Services
9. Tissue Donor Services
10. Biomedical Services
11. Interpreter Services
12. Audiology Services
13. [Dosimetry and Physics Services](#)

E. The following services are available directly at Incline Village Community Hospital:

1. Emergency Services
2. Inpatient Medical Surgical Care
3. Outpatient Observation Care
4. Inpatient and Outpatient Surgery
5. Inpatient Pharmacy Service
- ~~6. Rehabilitation Services, including Physical Therapy~~
6. Laboratory Services
7. Diagnostic Imaging Services, including CT Scan and Ultrasound
8. Home Health ~~and Hospice~~
9. [Hospice](#)
10. [Palliative Care Services](#)
11. Outpatient Services that include Occupational Health Services, Multi-specialty Clinic, and a Rural Health Clinic

F. Transfer Agreements [at Incline Village Community Hospital](#) provide other needed services as outlined in the Transfer Agreements:

1. Renown Regional Medical Center (Reno, NV)

2. Saint Mary's Regional Medical Center (Reno, NV)
3. Carson Tahoe Hospital (Carson City, NV)
4. Carson Valley Medical Center (Gardnerville, NV)
5. Tahoe Forest Hospital (Truckee, CA)
6. Barton Healthcare System (South Lake Tahoe, CA)
7. Northern Nevada Medical Center (Sparks, NV)
8. Northern Nevada Sierra Medical Center (Reno, NV)
9. Hearthstone of Northern Nevada (Sparks, NV)
10. ~~Banner Churchill Community Hospital (Fallon, NV)~~ [Banner Health](#)
11. Emergency Transportation Agreement with:
  - a. North Lake Tahoe Fire Protection (Incline Village, NV)

G. [Telemedicine Agreements at Incline Village Community Hospital:](#)

1. [Hospitalist Telemedicine Services \(CEP America-Telehealth\)](#)
2. [Tele-Stroke and Emergent Tele-Neurology \(Telespecialists LLC\)](#)

H. The following services are provided to patients by Agreement or Arrangement [at Incline Village Community Hospital:](#)

1. Emergency Professional Services
2. Medicine – On Call
3. Pathology and Laboratory Professional Services
4. Blood and Blood Products Provider: United Blood Services Reno, NV
5. Diagnostic Imaging Professional Services
6. Anesthesia Services
7. Pharmacy Services
- ~~Rehabilitation Services~~
8. Tissue Donor Services
9. Biomedical Services
10. Interpreter Services
11. [Dosimetry and Physics Services](#)

## **References:**

[Accreditation Requirements for Critical Access Hospitals \(2023\). Accreditation Commission for Health Care \(ACHC\)](#)

Title	Scope of Services	TFHD/IVCH/ System	Responsible
Vituity	24/7 Physician Service for ED	<del>TFHD/</del>	CEO

		<del>IVCH</del> System	
Hospitalist Program	24/7 Physicians Services for TFHD (Individual Contracts)	TFHD	CEO
Western Pathology Consultants	Pathology Consults and Reports	System	CEO
<a href="#">Shuff California Corporation</a>	<a href="#">Radiation Oncology</a>	<a href="#">TFHD</a>	<a href="#">CEO</a>
<a href="#">Dosimetry &amp; Physics Services</a>	<a href="#">Landauer; Ramphysics; RadPhysics</a>	<a href="#">System</a>	<a href="#">COO/Director of DI Services</a>
Silver State Hearing & Balance, Inc.	Audiology	TFHD	CEO
Quest Diagnostics	Labs not performed at TFHD	System	COO/Director of Lab Services
Virtual Radiologic	Read diagnostic imaging tests after hours	System	COO/Director of DI Services
Cardinal Health	After hour pharmacist services	System	COO/Director of Pharmacy Services
Nevada & Placer Co. Mental Health	Mental Health assessments in the ER	TFHD	CEO
Sierra Donor Services	24/7 Organ Donor Services	System	CNO

## All Revision Dates

05/2023, 03/2023, 03/2022, 03/2022, 03/2021, 01/2020, 05/2019, 05/2018, 09/2015, 03/2014, 02/2014, 11/2013, 04/2012, 03/2011

## Attachments

[TFHD Contract Eval Form 050223.doc](#)

## Approval Signatures

### Step Description

### Approver

### Date

Sarah Jackson: Executive Assistant

Pending



**TAHOE  
FOREST  
HEALTH  
SYSTEM**

Origination Date 09/1996  
 Last Approved 05/2023  
 Last Revised 05/2023  
 Next Review 05/2024

Department Quality Assurance / Performance Improvement - AQPI  
 Applicabilities System, Truckee Surgery Center

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

### RISK:

Organizations who respond reactively, instead of pro-actively, to unanticipated adverse events, and/or outcomes, lack the ability to mitigate organizational risks by reducing or eliminating contributing factors. This is a risk for poor quality care and patient outcomes.

### POLICY:

The Quality Assessment/Performance Improvement (QA/PI) plan provides a framework for promoting and sustaining performance improvement at Tahoe Forest Health System, in order to improve the quality of care and enhance organizational performance. An effective plan will pro-actively mitigate organizational risks by eliminating, or reducing factors that contribute to unanticipated adverse events and/or outcomes, in order to provide the highest quality care and service experience for our patients and customers. This will be accomplished through the support and involvement of the Board of Directors, Administration, Medical Staff, Management, and employees, in an environment that fosters collaboration and mutual respect. This collaborative approach supports innovation, data management, performance improvement, proactive risk assessment, commitment to customer satisfaction, and High Reliability principles to promote and improve awareness of patient safety. Tahoe Forest Health System has an established mission, vision, values statement, and utilizes a foundation of excellence model, which are utilized to guide all improvement activities.

### MISSION STATEMENT

The mission of Tahoe Forest Health System is *“To enhance the health of our communities through*

*excellence and compassion in all we do."*

## **VISION STATEMENT**

The vision of Tahoe Forest Health System is *"To strive to be the health system of choice in our region and the best mountain health system in the nation."*

## **VALUES STATEMENT**

Our vision and mission is supported by our values. These include:

- A. Quality – holding ourselves to the highest standards, committing to continuous improvement, and having personal integrity in all we do
- B. Understanding – being aware of the concerns of others, demonstrating compassion, respecting and caring for each other as we interact
- C. Excellence – doing things right the first time, every time and being accountable and responsible
- D. Stewardship – being a community partner responsible for safeguarding care and management of health system resources while being innovative and providing quality healthcare
- E. Teamwork – looking out for those we work with, finding ways to support each other in the jobs we do

## **FOUNDATIONS OF EXCELLENCE**

- A. Our foundation of excellence includes: Quality, Service, People, Finance and Growth.
  - 1. People – best place to work, practice, and volunteer
  - 2. Service – best place to be cared for
  - 3. Quality – provide clinical excellence in clinical outcomes
  - 4. Finance – provide superior financial performance
  - 5. Growth – meets the needs of the community

## **PERFORMANCE IMPROVEMENT INITIATIVES**

- A. The 2023 performance improvement priorities are based on the principles of STEEEP™, (Safe, Timely, Effective, Efficient, Equitable, Patient Centered Care) and the Quadruple Aim:
  - 1. Improving the patient experience of care (including quality and satisfaction);
  - 2. Improving the health of populations;
  - 3. Reducing the per capita cost of health care;
  - 4. Staff engagement and joy in work.
- B. Priorities identified include:
  - 1. Exceed national benchmark with quality of care and patient satisfaction metric results with a focus on process improvement and performance excellence

- a. Striving for the Perfect Care Experience
  - b. Identify and promote best practice and evidence-based medicine
  - c. Focus on CMS quality star rating improvements, within the 7 measure groups, that fall below benchmark
2. Continued focus on quality and patient/employee safety during the pandemic, following CDC, State, and County Health guidelines, and utilizing the following strategies:
  - a. Strengthen the system and environment
  - b. Support patient, family, and community engagement and empowerment
  - c. Improve clinical care
  - d. Reduce harm
  - e. Boost and expand the learning system
3. Ongoing survey readiness, and compliance with federal and state regulations, resulting in a successful triennial Healthcare Facilities Accreditation Program (HFAP) and General Acute Care Hospital Relicensing (GACHLRS) survey
4. Sustain a culture of safety, transparency, accountability, and system improvement
  - a. Continued participation in Beta HEART (Healing, Empathy, Accountability, Resolution, Trust) program
  - b. Conduct annual Culture of Safety SCORE (Safety, Culture, Operational, Reliability, and Engagement) survey
  - c. Continued focus on the importance of event reporting, including near misses
5. Focus on our culture of safety, across the entire Health System, utilizing High Reliability Organizational thinking
  - a. Proactive, not reactive
  - b. Focus on building a strong, resilient system
  - c. Understand vulnerabilities
  - d. Recognize bias
  - e. Efficient resource management
  - f. Evaluate system based on risk, not rules
6. Emphasis on achieving highly reliable health care through the following:
  - a. A commitment to the goal of zero harm
  - b. A safety culture, which ensures employees are comfortable reporting errors without fear of retaliation
  - c. Incorporate highly effective process improvement tools and methodologies into our work flows
  - d. Ensure that everyone is accountable for safety, quality, and patient experience



7. Support Patient and Family Centered Care and the Patient and Family Advisory Council
    - a. Dignity and Respect: Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.
    - b. Information Sharing: Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete and accurate information in order to effectively participate in care and decision-making.
    - c. Participation: Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.
    - d. Collaboration: Patients, families, health care practitioners, and health care leaders collaborate in policy and program development, implementation and evaluation; in research; in facility design; and in professional education, as well as in the delivery of care.
  8. Promote lean principles to improve processes, reduce waste, and eliminate inefficiencies
  9. Maximize Epic reporting functionality to improve data capture and identification of areas for improvement as part of our data governance strategy
- C. Tahoe Forest Health System's vision will be achieved through these strategic priorities and performance improvement initiatives. Each strategic priority is driven by leadership oversight and teams developed to ensure improvement and implementation (Attachment A – Quality Initiatives).

## ORGANIZATION FRAMEWORK

Processes cross many departmental boundaries and performance improvement requires a planned, collaborative effort between all departments, services, and external partners, including third-party payors and other physician groups. Though the responsibilities of this plan are delineated according to common groups, it is recognized that true process improvement and positive outcomes occur only when each individual works cooperatively and collaboratively to achieve improvement.

## Governing Board

- A. The Board of Directors (BOD) of Tahoe Forest Health System has the ultimate responsibility for the quality of care and services provided throughout the system Attachment B – CAH Services). The BOD assures that a planned and systematic process is in place for measuring, analyzing and improving the quality and safety of the Health System activities.
- B. The BOD has responsibility for ensuring that CAH services are provided according to acceptable standards of practice, irrespective of whether the services are provided directly by CAH employees or indirectly by agreement or arrangement.

- C. The BOD must take actions through the CAH's QA/PI Program to:
1. Assess services furnished directly by CAH staff, and those services provided under agreement or arrangement
  2. Identify quality and performance problems
  3. Implement appropriate corrective or improvement activities
  4. Ensure monitoring and the sustainability of those corrective or improvement activities
- D. The Board:
1. Delegates the authority for developing, implementing, and maintaining performance improvement activities to Administration, Medical Staff, Management, and employees;
  2. Responsible for determining, implementing, and monitoring policies governing the Critical Access Hospital (CAH) and Rural Health Clinic (RHC) total operation and for ensuring that those policies are administered so as to provide quality health care in a safe environment (CMS 485.627(a))
  3. Recognizes that performance improvement is a continuous, never-ending process, and therefore they will provide the necessary resources to carry out this philosophy;
  4. Provides direction for the organization's improvement activities through the development of strategic initiatives;
  5. Evaluates the organization's effectiveness in improving quality through reports from Administration, Department Directors, Medical Executive Committee, and Medical Staff Quality Committee.

## Administrative Council

- A. Administrative Council creates an environment that promotes the attainment of quality and process improvement through the safe delivery of patient care, quality outcomes, and patient satisfaction. The Administrative Council sets expectations, develops plans, and manages processes to measure, assess, and improve the quality of the Health System's governance, management, clinical and support activities.
- B. Administrative Council ensures that clinical contracts contain quality performance indicators to measure the level of care and service provided.
- C. Administrative Council has developed a culture of safety by embracing High Reliability tenets and has set behavior expectations for providing Safe, Timely, Effective, Efficient, Equitable, Patient Centered Care (STEEEP™), supporting Triple Aim, and ensures compliance with regulatory, statutory, and contractual requirements.

## Board Quality Committee

The Board Quality Committee is to provide oversight for the Health System QA/PI Plan and set expectations of quality care, patient safety, environmental safety, and performance improvement throughout the organization. The committee will monitor the improvement of care, treatment and

services to ensure that it is safe, timely, effective, efficient, equitable and patient-centered. They will oversee and be accountable for the organization's participation and performance in national quality measurement efforts, accreditation programs, and subsequent quality improvement activities. The committee will assure the development and implementation of ongoing education focusing on service and performance excellence, risk-reduction/safety enhancement, and health care outcomes. The Medical Director of Quality, and the Chief Medical Officer, are members of the Board of Director's Quality Committee.

## Medical Executive Committee

- A. The Medical Executive Committee shares responsibility with the BOD Quality Committee, and the Administrative Council, for the ongoing quality of care and services provided within the Health System.
- B. The Medical Executive Committee provides effective mechanisms to monitor, assess, and evaluate the quality and appropriateness of patient care and the medical performance of all individuals with delineated clinical privileges. These mechanisms function under the purview of the Medical Staff Peer Review Process. Consistent with this process, performance improvement opportunities are addressed, and important problems in patient care or safety are identified and resolved.
- C. The Medical Executive Committee delegates the oversight authority for performance improvement activity monitoring, assessment, and evaluation of patient care services provided throughout the system to the Medical Staff Quality Committee (MS QAC).

## Department Chairs of the Medical Staff

- A. The Department Chairs:
  - 1. Provide a communications channel to the Medical Executive Committee;
  - 2. Monitor Ongoing Professional Performance Evaluation (OPPE) and Focused Professional Performance Evaluation (FPPE) and make recommendations regarding reappointment based on data regarding quality of care;
  - 3. Maintain all duties outlined by appropriate accrediting bodies.

## Medical Staff

- A. The Medical Staff is expected to participate and support performance improvement activities.
- B. The Medical Staff provides effective mechanisms to monitor, assess, and evaluate the quality and appropriateness of patient care and the clinical performance of all individuals with delineated clinical privileges. These mechanisms are under the purview of the Medical Staff peer review process. Consistent with this process, performance improvement opportunities are addressed, and important problems in patient care or safety are identified and resolved. Annually, the Departments will determine critical indicators/performance measures consistent with strategic and performance improvement priorities and guidelines.
- C. The Medical Director of Quality provides physician leadership that creates a vision and direction for clinical quality and patient safety throughout the Health System. The Director, in

conjunction with the Medical Staff and Health System leaders, directs and coordinates quality, patient safety, and performance improvement initiatives to enhance the quality of care provided to our patients. The Director communicates patient safety, best practices, and process improvement activities to the Medical Staff and engages them in improvement activities. The Director chairs the Medical Staff Quality Committee.

## Hospital Management (Directors, Managers, and Supervisors)

- A. Management is responsible for ongoing performance improvement activities in their departments and for supporting teams chartered by the Medical Staff Quality Committee. Many of these activities will interface with other departments and the Medical Staff. They are expected to do the following:
  - 1. Foster an environment of collaboration and open communication with both internal and external customers;
  - 2. Participate and guide staff to focus on patient safety, patient and family centered care, service recovery, and patient satisfaction;
  - 3. Advance the philosophy of High Reliability within their departments;
  - 4. Utilize Lean principles and DMAIC (Define, Measure, Analyze, Improve, Control) process improvement activities for department-specific performance improvement initiatives;
  - 5. Establish performance and patient safety improvement activities in conjunction with other departments;
  - 6. Encourage staff to report any and all reportable events including "near-misses";
  - 7. Participate in the investigation and determination of the causes that underlie a "near-miss" / Sentinel/Adverse Event/Error or Unanticipated Outcome and implement changes to reduce the probability of such events in the future.

## Employees

- A. The role of the individual employee is critical to the success of a performance improvement initiative. Quality is everyone's responsibility and each employee is charged with practicing and supporting the Standards of Business Conduct: Health System Code of Conduct and Chain of Command for Medical Care Issues policies. All employees must feel empowered to report, correct, and prevent problems.
- B. The multidisciplinary Patient Safety Committee consists of staff from each service area. This Committee will assist with quality, patient safety, patient experience, and infection prevention. They will evaluate processes, provide recommendations, identify process improvement opportunities, and communicate their findings with peers to improve practice across the Health System.
- C. Employees are expected to do the following:
  - 1. Contribute to improvement efforts, including reporting Sentinel/Adverse Event/Error or Unanticipated Outcomes, to produce positive outcomes for the patient and ensure

the perfect care experience for patients and customers;

2. Make suggestions/recommendations for opportunities of improvement or for a cross-functional team, including risk reduction recommendations and suggestions for improving patient safety, by contacting their Director or Manager, the Director of Quality and Regulations, the Medical Director of Quality, or an Administrative Council Member.

## **PERFORMANCE IMPROVEMENT STRUCTURE**

### **Medical Staff Quality Assessment Committee**

With designated authority from the Medical Executive Committee, the Medical Staff Quality Assessment Committee (MS QAC) is responsible for prioritizing the performance improvement activities in the organization, chartering cross-functional teams, improving processes within the Health System, and supporting the efforts of all performance improvement activities. The MS QAC is an interdisciplinary committee led by the Medical Director of Quality. The committee has representatives from each Medical Staff department, Health System leadership, nursing, ancillary and support services ad hoc. Meetings are held at least quarterly each year.

### **The Medical Staff Quality Assessment Committee:**

- A. Annually review and approve the Quality Assurance Performance Improvement Plan, Medication Error Reduction Plan (MERP), Infection Control Plan, Environment of Care Management Program, Emergency Operations Plan, Utilization Review Plan, Discharge Plan, Risk Management Plan, Patient Safety Plan, Employee Health Plan, Trauma Performance Improvement Plan, Home Health Quality Plan, and the Hospice Quality Plan.
- B. Regularly reviews progress to the aforementioned plans.
- C. Reviews quarterly quality indicators to evaluate patient care and delivery of services and takes appropriate actions based on patient and process outcomes;
- D. Reviews recommendations for performance improvement activities based on patterns and trends identified by the proactive risk reduction programs and from the various Health System committees;
- E. Elicits and clarifies suspected or identified problems in the provision of service, quality, or safety standards that may require further investigation;
- F. Reviews and approves chartered Performance Improvement Teams as recommended by the Performance Improvement Committee (PIC). Not all performance improvement efforts require a chartered team;
- G. Reviews progress reports from chartered teams and assists to address and overcome identified barriers;
- H. Reviews summaries and recommendations of Event Analysis/Root Cause Analysis (RCA) and Failure Mode Effects Analysis (FMEA) activities.
- I. Oversees the radiation safety program, including nuclear medicine and radiation oncology, and evaluates the services provided and makes recommendations to the MEC.

- J. Oversees the Infection Control, Pharmacy & Therapeutics, and Antibiotic Stewardship program and monitors compliance with their respective plans.
- K. Oversees the multidisciplinary Cancer Committee and monitors compliance with the Cancer Program.
- L. Oversees the Trauma Program and monitors compliance with the Trauma Performance Improvement plan.

## Performance Improvement Committee (PIC)

- A. Medical Staff Quality Assessment Committee provides direct oversight for the PIC. PIC is an executive committee with departmental representatives within the Tahoe Forest Health System, presenting their QA/PI findings as assigned. The goal of this committee is to achieve optimal patient outcomes by making sure that all staff participate in performance improvement activities. Departmental Directors, or their designee, review assigned quality metrics annually at the PIC (See Attachment C – QA PI Reporting Measures). Performance improvement includes collecting data, analyzing the data, and taking action to improve. Director of Quality and Regulations is responsible for processes related to this committee.
- B. The Performance Improvement Committee will:
  1. Oversee the Performance Improvement activities of TFHS including data collection, data analysis, improvement, and communication to stakeholders
  2. Set performance improvement priorities that focus on high-risk, high volume, or problem prone areas
  3. Guide the department to and/or provide the resources to achieve improvement
  4. Reviews requests for chartered Performance Improvement Teams. Requests for teams may come from committees, department or individual employees. Not all performance improvement efforts require a chartered team;
  5. Report the committee’s activities quarterly to the Medical Staff Quality Committee.

## SCIENTIFIC METHOD FOR IMPROVEMENT ACTIVITIES

Tahoe Forest Health System utilizes DMAIC Rapid Cycle Teams (Define, Measure, Analyze, Improve, Control). The Administrative Council, Director of Quality & Regulations, or the Medical Staff Quality Committee charter formal cross-functional teams to improve current processes and design new services, while each department utilizes tools and techniques to address opportunities for improvement within their individual areas.

## Performance Improvement Teams

- A. Teams are cross-functional and multidisciplinary in nature. The priority and type of team are based on the strategic initiatives of the organization, with regard to high risk, high volume, problem prone, and low volume.
- B. Performance Improvement Teams will:
  1. Follow the approved team charter as defined by the Administrative Council

Members, or MS QAC

2. Establish specific, measurable goals and monitoring for identified initiatives
3. Utilize lean principles to improve processes, reduce waste, and eliminate inefficiencies
4. Report their findings and recommendations to key stakeholders, PIC, and the MS QAC.

## **PERFORMANCE IMPROVEMENT EDUCATION**

- A. Training and education are essential to promote a culture of quality within the Tahoe Forest Health System. All employees and Medical Staff receive education about performance improvement upon initial orientation. Employees and Medical Staff receive additional annual training on various topics related to performance improvement.
- B. A select group of employees have received specialized facilitator training in using the DMAIC rapid cycle process improvement and utilizing statistical data tools for performance improvement. These facilitators may be assigned to chartered teams at the discretion of the PIC, MS QAC and Administrative Council Members. Staff trained and qualified in Lean/Six Sigma will facilitate the chartering, implementation, and control of enterprise level projects.
- C. Team members receive "just-in-time" training as needed, prior to team formation to ensure proper quality tools and techniques are utilized throughout the team's journey in process improvement.
- D. Annual evaluation of the performance improvement program will include an assessment of needs to target future educational programs. The Director of Quality and Regulations is responsible for this evaluation.

## **PERFORMANCE IMPROVEMENT PRIORITIES**

- A. The QA PI program is an ongoing, data driven program that demonstrates measurable improvement in patient health outcomes, improves patient safety by using quality indicators or performance improvement measures associated with improved health outcomes, and by the identification and reduction of medical errors.
- B. Improvement activities must be data driven, outcome based, and updated biannually, or as needed. Careful planning, testing of solutions and measuring how a solution affects the process will lead to sustained improvement or process redesign. Improvement priorities are based on the mission, vision, and strategic plan for Tahoe Forest Health System. During planning, the following are given priority consideration:
  1. Processes that are high risk, high volume, or problem prone areas with a focus on the incidence, prevalence, and severity of problems in those areas
  2. Processes that affect health outcomes, patient safety, and quality of care
  3. Processes related to patient advocacy and the perfect care experience
  4. Processes related to the National Quality Forum (NQF) Endorsed Set of Safe Practices
  5. Processes related to patient flow

6. Processes associated with near miss Sentinel/Adverse Event/Error or Unanticipated Outcome
- C. Because Tahoe Forest Health System is sensitive to the ever changing needs of the organization, priorities may be changed or re-prioritized due to:
1. Identified needs from data collection and analysis
  2. Unanticipated adverse occurrences affecting patients
  3. Processes identified as error prone or high risk regarding patient safety
  4. Processes identified by proactive risk assessment
  5. Changing regulatory requirements
  6. Significant needs of patients and/or staff
  7. Changes in the environment of care
  8. Changes in the community

## **DESIGNING NEW AND MODIFIED PROCESSES/FUNCTIONS/SERVICES**

- A. Tahoe Forest Health System designs and modifies processes, functions, and services with quality in mind. When designing or modifying a new process the following steps are taken:
1. Key individuals, who will own the process when it is completed, are assigned to a team led by the responsible individual.
  2. An external consultant is utilized to provide technical support, when needed.
  3. The design team develops or modifies the process utilizing information from the following concepts:
    - a. It is consistent with our mission, vision, values, and strategic priorities and meets the needs of individual served, staff and others
    - b. It is clinically sound and current
    - c. Current knowledge when available and relevant, i.e., practice guidelines, successful practices, information from relevant literature and clinical standards
    - d. It is consistent with sound business practices
    - e. It incorporates available information and/or literature from within the organization and from other organizations about potential risks to patients, including the occurrence of sentinel/near-miss events, in order to minimize risks to patients affected by the new or redesigned process, function, or service
    - f. Conducts an analysis, and/or pilot testing, to determine whether the proposed design/redesign is an improvement and implements performance improvement activities, based on this pilot
    - g. It incorporates the results of performance improvement activities



- h. It incorporates consideration of staffing effectiveness
  - i. It incorporates consideration of patient safety issues
  - j. It incorporates consideration of patient flow issues
4. Performance expectations are established, measured, and monitored. These measures may be developed internally or may be selected from an external system or source. The measures are selected utilizing the following criteria:
- a. They can identify the events it is intended to identify
  - b. They have a documented numerator and denominator or description of the population to which it is applicable
  - c. They have defined data elements and allowable values
  - d. They can detect changes in performance over time
  - e. They allow for comparison over time within the organization and between other entities
  - f. The data to be collected is available
  - g. Results can be reported in a way that is useful to the organization and other interested stakeholders
- B. An individual with the appropriate expertise within the organization is assigned the responsibility of developing the new process.

## PROACTIVE RISK ASSESSMENTS

- A. Risk assessments are conducted to pro-actively evaluate the impact of buildings, grounds, equipment, occupants, and internal physical systems on patient and public safety. This includes, but is not limited to, the following:
- 1. A Failure Mode and Effect Analysis (FMEA) will be completed based on the organization's assessment and current trends in the health care industry, and as approved by PIC or the MS QAC.
  - 2. The Medical Staff Quality Committee and other leadership committees will recommend the processes chosen for our proactive risk assessments based on literature, errors and near miss events, sentinel event alerts, and the National Quality Forum (NQF) Endorsed Set of Safe Practices.
    - a. The process is assessed to identify steps that may cause undesirable variations, or "failure modes".
    - b. For each identified failure mode, the possible effects, including the seriousness of the effects on the patient are identified and the potential breakdowns for failures will be prioritized.
    - c. Potential risk points in the process will be closely analyzed, including decision points and patient's moving from one level of care to another through the continuum of care.
    - d. For the effects on the patient that are determined to be "critical", an event

analysis/root cause analysis is conducted to determine why the effect may occur.

- e. The process will then be redesigned to reduce the risk of these failure modes occurring or to protect the patient from the effects of the failure modes.
  - f. The redesigned process will be tested and then implemented. Performance measurements will be developed to measure the effectiveness of the new process.
  - g. Strategies for maintaining the effectiveness of the redesigned process over time will be implemented.
3. Ongoing hazard surveillance rounds, including Environment of Care Rounds and departmental safety hazard inspections, are conducted to identify any trends and to provide a comprehensive ongoing surveillance program.
  4. The Environment of Care Safety Officer and EOC/Safety Committee review trends and incidents related to the Safety Management Plans. The EOC Safety Committee provides guidance to all departments regarding safety issues.
  5. The Infection Preventionist and Environment of Care Safety Officer, or designee, complete a written infection control and pre-construction risk assessment for interim life safety for new construction or renovation projects.

## DATA COLLECTION

- A. Tahoe Forest Health System chooses processes and outcomes to monitor based on the mission and scope of care and services provided and populations served. The goal is 100% compliance with each identified quality metric. Data that the organization considers for the purpose of monitoring performance includes, but is not limited to, adverse patient events, which includes the following:
  1. Medication therapy
  2. Adverse event reports
  3. National Quality forum patient safety indicators
  4. Infection control surveillance and reporting
  5. Surgical/invasive and manipulative procedures
  6. Blood product usage, including transfusions and transfusion reactions
  7. Data management
  8. Discharge planning
  9. Utilization management
  10. Complaints and grievances
  11. Restraints/seclusion use
  12. Mortality review
  13. Medical errors including medication, surgical, and diagnostic errors; equipment

failures, infections, blood transfusion related injuries, and deaths due to seclusion or restraints

14. Needs, expectations, and satisfaction of individuals and organizations served, including:
    - a. Their specific needs and expectations
    - b. Their perceptions of how well the organization meets these needs and expectations
    - c. How the organization can improve patient safety
    - d. The effectiveness of pain management
  15. Resuscitation and critical incident debriefings
  16. Unplanned patient transfers/admissions
  17. Medical record reviews
  18. Performance measures from acceptable data bases/comparative reports, i.e., RL Datix Event Reporting, Quantros RRM, NDNQI, HCAHPS, Care Compare, QualityNet, HSAG HIIN, MBQIP, and Press Ganey, etc.
  19. Summaries of performance improvement actions and actions to reduce risks to patients
- B. In addition, the following clinical and administrative data is aggregated and analyzed to support patient care and operations:
1. Quality measures delineated in clinical contracts will be reviewed annually
  2. Pharmacy transactions as required by law and to control and account for all drugs
  3. Information about hazards and safety practices used to identify safety management issues to be addressed by the organization
  4. Records of radio nuclides and radiopharmaceuticals, including the radionuclide's identity, the date received, method of receipt, activity, recipient's identity, date administered, and disposal
  5. Reports of required reporting to federal, state, authorities
  6. Performance measures of processes and outcomes, including measures outlined in clinical contracts
- C. These data are reviewed regularly by the PIC, MSQAC, and the BOD with a goal of 100% compliance. The review focuses on any identified outlier and the plan of correction.

## **AGGREGATION AND ANALYSIS OF DATA**

- A. Tahoe Forest Health System believes that excellent data management and analysis are essential to an effective performance improvement initiative. Statistical tools are used to analyze and display data. These tools consist of dashboards, bar graphs, pie charts, run charts (SPC), histograms, Pareto charts, control charts, fishbone diagrams, and other tools as appropriate. All performance improvement teams and activities must be data driven and outcome based. The analysis includes comparing data within our organization, with other

comparable organizations, with published regulatory standards, and best practices. Data is aggregated and analyzed within a time frame appropriate to the process or area of study. Data will also be analyzed to identify system changes that will help improve patient safety and promote a perfect care experience (See Attachment D for QI PI Indicator definitions).

- B. The data is used to monitor the effectiveness and safety of services and quality of care. The data analysis identifies opportunities for process improvement and changes in patient care processes. Adverse patient events are analyzed to identify the cause, implement process improvement and preventative strategies, and ensure that improvements are sustained over time.
- C. Data is analyzed in many ways including:
  - 1. Using appropriate performance improvement problem solving tools
  - 2. Making internal comparisons of the performance of processes and outcomes over time
  - 3. Comparing performance data about the processes with information from up-to-date sources
  - 4. Comparing performance data about the processes and outcomes to other hospitals and reference databases
- D. Intensive analysis is completed for:
  - 1. Levels of performance, patterns or trends that vary significantly and undesirably from what was expected
  - 2. Significant and undesirable performance variations from the performance of other operations
  - 3. Significant and undesirable performance variations from recognized standards
  - 4. A sentinel event which has occurred (see Sentinel Event Policy)
  - 5. Variations which have occurred in the performance of processes that affect patient safety
  - 6. Hazardous conditions which would place patients at risk
  - 7. The occurrence of an undesirable variation which changes priorities
- E. The following events will automatically result in intense analysis:
  - 1. Significant confirmed transfusion reactions
  - 2. Significant adverse drug reactions
  - 3. Significant medication errors
  - 4. All major discrepancies between preoperative and postoperative diagnosis
  - 5. Adverse events or patterns related to the use of sedation or anesthesia
  - 6. Hazardous conditions that significantly increase the likelihood of a serious adverse outcome
  - 7. Staffing effectiveness issues
  - 8. Deaths associated with a hospital acquired infection

9. Core measure data, that over two or more consecutive quarters for the same measure, identify the hospital as a negative outlier

## REPORTING

- A. Results of the outcomes of performance improvement and patient safety activities identified through data collection and analysis, performed by medical staff, ancillary, and nursing services, in addition to outcomes of performance improvement teams, will be reported to the MS QAC annually.
- B. Results of the appraisal of performance measures outlined in clinical contracts will be reported to the MS QAC annually.
- C. The MS QAC will provide their analysis of the quality of patient care and services to the Medical Executive Committee on a quarterly basis.
- D. The Medical Executive Committee, Quality Medical Director, or the Director of Quality & Regulations will report to the BOD at least quarterly relevant findings from all performance improvement activities performed throughout the System.
- E. Tahoe Forest Health System also recognizes the importance of collaborating with state agencies to improve patient outcomes and reduce risks to patients by participating in quality reporting initiatives (See Attachment E for External Reporting listing).

## CONFIDENTIALITY AND CONFLICT OF INTEREST

A. All communication and documentation regarding performance improvement activities will be maintained in a confidential manner. Any information collected by any Medical Staff Department or Committee, the Administrative Council, or Health System department in order to evaluate the quality of patient care, is to be held in the strictest confidence, and is to be carefully safeguarded against unauthorized disclosure.

B. Access to peer review information is limited to review by the Medical Staff and its designated committees and is confidential and privileged. No member of the Medical Staff shall participate in the review process of any case in which he/she was professionally involved unless specifically requested to participate in the review. All information related to performance improvement activities performed by the Medical Staff or Health System staff in accordance with this plan is confidential and are protected by disclosure and discoverability through California Evidence Code 1156 and 1157.

## ANNUAL ASSESSMENT

- A. The Critical Access Hospital (CAH) and Rural Health Clinic (RHC) Quality Assessment Performance Improvement program and the objective, structure, methodologies, and results of performance improvement activities will be evaluated at least annually (CMS485.641(b)(1)).
- B. The evaluation includes a review of patient care and patient related services, infection control, medication administration, medical care, and the Medical Staff. More specifically, the evaluation includes a review of the utilization of services (including at least the number of patients served and volume of services), chart review (a representative sample of both active and closed clinical records), and the Health System policies addressing provision of services.

- C. The purpose of the evaluation is to determine whether the utilization of services is appropriate, policies are followed, and needed changes are identified. The findings of the evaluation and corrective actions, if necessary, are reviewed. The Quality Assessment program evaluates the quality and appropriateness of diagnoses, treatments furnished, and treatment outcomes.
- D. An annual report summarizing the improvement activities and the assessment will be submitted to the Medical Staff Quality Committee, the Medical Executive Committee, and the Board of Directors.

## PLAN APPROVAL

Quality Assessment Performance Improvement Plan will be reviewed, updated, and approved annually by the Medical Staff Quality Committee, the Medical Executive Committee, and the Board of Directors.

## Related Policies/Forms:

[Available CAH Services, TFH & IVCH, AGOV-06](#)

[Medication Error Reduction Plan, APH-34](#)

[Medication Error Reporting, APH-24](#)

[Infection Control Plan, AIPC-64](#)

[Environment of Care Management Program, AEOC-908](#)

[Utilization Review Plan \(UR\), DCM-1701](#)

[Risk Management Plan , AQPI-04](#)

[Patient Safety Plan, AQPI-02](#)

[Emergency Operations Plan \(Comprehensive\), AEOC-17](#)

[Discharge Planning, ANS-238](#)

[Employee Health Plan, DEH-39](#)

[Quality Assurance and Performance Improvement Program, DHH-1802](#)

[Quality Assurance and Performance Improvement Program, DHOS-1801](#)

## References:

HFAP, CMS COPs, CDPH Title 22, HCQC NRS/NAC

## All Revision Dates

05/2023, 02/2023, 08/2022, 07/2022, 06/2022, 02/2022, 07/2021, 03/2021, 09/2020, 03/2020, 03/2020, 11/2019, 05/2019, 03/2019, 03/2018, 02/2017, 02/2017, 02/2016, 12/2014, 02/2014

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## Attachments

[A. Quality Initiatives 2023.docx](#)

[B. QA PI Reporting Matrix\\_Measures 2023.xlsx](#)

[C. QI Indicator Definitions 2023.docx](#)

[D. External Reporting 2023.docx](#)

## Approval Signatures

Step Description	Approver	Date
	Janet VanGelder: Director	05/2023
	Janet VanGelder: Director	05/2023



TAHOE  
FOREST  
HEALTH  
SYSTEM

Origination Date 01/2005  
Last Approved 04/2023  
Last Revised 04/2023  
Next Review 04/2026

Department Health Information Management - DHIM  
Applicabilities System

## Legal Health Record, DHIM-49

### RISK:

Failure to define an organization's legal health record can result in an incomplete record available for ongoing treatment, billing, auditing, and legal purposes.

### POLICY:

It is the policy of Tahoe Forest Hospital District to provide a process to identify the information that must be contained in the legal health record. The Health Information Management Department maintains the legal health records for TFHD. The legal health record compiles all notes and authenticated documents concerning a patient's care. This is the record provided for follow-up care and in response to billing, audits, quality review, legal requests, or research requests when appropriate authorization is provided.

### PROCEDURE:

- A. The Legal Health Record will be comprised of electronic documentation, scanned images, and transcription system interfaces from various databases and systems used by TFHD. EPIC will act as a long-term repository for the patient's medical history at TFHD.
  1. It is the responsibility of inpatient and outpatient patient care areas to ensure that all clinical documentation on paper is scanned into the patient record. Scanning is decentralized with staff in the HIM and clinics managing this function.
  2. All transcribed documents will be electronically signed and stored in EPIC.
  3. Only individuals authorized to do so may make entries into the Legal Health Record.
  4. Medical record documentation is entered into the electronic record either by scanning, electronic interface, or direct entry.
  5. The Legal Health Record may include source data in the absence of documentation or interpretations. When physically required to be stored in a separate location this



information will be given the same level of confidentiality and control as the Legal Health Record. Examples of source data include diagnostic images, ECG tracings, sleep study tracings, treadmill tracings, etc.

B. The following documents will comprise the Legal Health Record at Tahoe Forest Hospital District:

1. Identification data
2. Date of admission and discharge for Inpatient encounters or date of ambulatory visit for Outpatient encounters
3. Any emergency care provided to the patient prior to arrival
4. The record and findings of the patient's assessment to include allergies, medical history, family history, present illness, physical exam, and review of systems
5. Reason for admission and statement of conclusions or impressions drawn from the medical history and physical exam, and Treatment Plan
6. Discharge Summary
7. Operative Report
8. Diagnostic Imaging Reports
9. Laboratory Test Results
10. Multidisciplinary progress notes
11. Progress notes
12. Immunization record
13. Physician Orders
14. Consents for treatment
15. Transfusion record
16. Consultation reports
17. Physical therapy, Speech therapy, and Occupational therapy records
18. Graphic records
19. Intake/output records
20. Nursing and other discipline assessment
21. Care plan Minimum data sets
22. Protocols/Clinical Pathways that imbed patient data
23. Telephone orders
24. Advance Directives
25. Discharge instructions
26. Copies of PHRs that are patient owned
27. Medication Administration Record
28. Glucose/insulin tracking records

- C. The TFHD legal health record is stored differently depending on the period of patient care:
1. Patient documentation generated on and after November, 2017, is stored in EPIC.
  2. Patient documentation generated on and after December, 2012, is stored in CPSI and/or in paper format.
  3. Documentation prior to December, 2012, or paper documentation from CPSI is stored at Iron Mountain.
  4. Radiation therapy records are stored in ARIA.
  5. Extended Care Center (ECC) records are stored electronically in NTT since November, 2013, with some documents in paper format. Documents in paper format, and records created prior to November, 2013, are stored at Iron Mountain.
- D. Health records that are not official business records of a healthcare provider organization are not to be included in the Legal Health Record. Patient Health Records that are controlled, managed and populated by the patient would not be part of the legal health record.
- E. Patient Identifiable Source Data:
1. Patient-identifiable source data are data from which interpretations summaries, notes, etc. are derived. Confidentiality of this type of data should be handled with the same level as the legal health record.
  2. Source Data:
    - a. Diagnostic films and other diagnostic images from which interpretations are derived.
    - b. Electrocardiogram tracings from which interpretations are derived
    - c. Audio of dictation
    - d. Analog and digital patient
    - e. Photographs for identification purposes only
    - f. Videos of procedure
- F. Administrative Data:
1. Administrative data are patient-identifiable data used for administrative, regulatory, and payment (financial purposes).
  2. Administrative Data Source:
    - a. Authorization forms for release of information
    - b. Correspondence concerning request for records
    - c. Event history/audit trails
    - d. Protocols/clinical pathways, practice guidelines and other knowledge
    - e. Sources that do not imbed patient data
    - f. Patient-identifiable claim patient identifiable data reviewed for quality assurance or utilization management
    - g. Death Certificates Patient identifiers (e.g., medical record number,

- biometrics)
- h. Birth Certificate worksheets

## All Revision Dates

04/2023, 01/2023, 03/2017, 03/2011, 05/2010, 04/2009, 03/2008

## Approval Signatures

Step Description	Approver	Date
	Crystal Felix: CFO	04/2023
	Bernice Zander: HIM Director	04/2023



Origination 06/2009  
Date  
Last 01/2023  
Approved  
Last Revised 01/2023  
Next Review 01/2024

Department Nursing Services  
- ANS  
Applicabilities Incline Village  
Community  
Hospital,  
Tahoe Forest  
Hospital

## Rapid Response Team, ANS-99

### RISK:

~~Failures in planning and communication, and failure to recognize when~~ Lack of prompt recognition of a patient's deteriorating condition can lead to delayed intervention, which increases the risk to patient safety. The purpose of the Rapid Response Team is ~~deteriorating, can lead to failure to rescue and even death. If identified in a timely fashion, unnecessary deaths can often be prevented. The purpose of the Rapid Response Team is~~ to bring critical care expertise and early intervention when needed.

### POLICY:

A Rapid Response Team (RRT) Activation may be initiated by any clinician concerned about a patient's condition and ~~desires a second opinion or assistance prior to contacting the primary physician at any~~ time that a patient could benefit from expedited care coordinated by the team.

A. ~~Rapid Response Team members:~~

- ~~1. ICU RN (TFH only)~~
- ~~2. Emergency Department RN~~
- ~~3. Respiratory Therapist (TFH only)~~

B. ~~A rapid response may be initiated when a staff nurse recognizes a patient is in distress. Symptoms of distress may include:~~

- ~~1. Change in condition prompting desire for 2<sup>nd</sup> opinion or assistance before contacting the physician~~
- ~~2. Acute change in HR <40 or >130~~
- ~~3. Acute change in RR <8 or >28~~
- ~~4. Acute change in SBP to <90 or >200~~

- ~~5. Acute change in SpO<sub>2</sub> < 90% despite O<sub>2</sub>~~
- ~~6. Mental status changes~~
- ~~7. Fall with injury~~
- ~~8. Chest pain~~
- ~~9. New onset seizures~~
- ~~10. SOB~~

A. Rapid Response Team members:

1. ICU RN (TFH only)
2. House Supervisor (TFH only)
3. Emergency Department RN
4. Respiratory Therapist (TFH only)

B. The rapid response team may be activated in the following situations and for any other similar situation when expedited assessment and care might improve patient outcomes.

1. Change in condition prompting desire for:
  - a. Second opinion prior to contacting physician;
  - b. Assistance beyond what is currently available on unit in order to promptly complete new assessment/orders/bundles related to suspected or diagnosed:
    - i. Sepsis
    - ii. Stroke
    - iii. Chest Pain
    - iv. Seizures
    - v. Shortness of Breath
    - vi. Fall with injury
2. Acute and clinically significant changes to baseline vital signs (including mental status changes).

## **PROCEDURE:**

A. Tahoe Forest Hospital

1. Staff nurse/clerk dials 222 to have "Rapid Response Team" sent to location.
2. ED registration clerk pages overhead to the location
  - a. If the page is not audible overhead, the ED registration clerk will call following parties by phone:
    - i. Respiratory Therapy (RT)
    - ii. ICU RN
    - iii. ED RN

iv. Bed Control/House Supervisor

3. Response

1. ICU RN, ED RN & RT and house supervisor respond to nursing staff at the paged location
2. Situation & Background are provided by the primary nurse
3. Team completes an assessment
4. If interventions are needed, contact the hospitalist provider for orders or initiate Code Blue/Code White for immediate interventions.
5. In the event that the ICU is closed or full with no bed available and the physician orders transfer to the ICU:
  - a. The patient will be supported by the Rapid Response team and physician until the ICU is reopened or a bed is made available to accept the patient.

B. Incline Village Community Hospital (IVCH)

1. Staff member dials 222 to have "Rapid Response Team" sent to location.
2. Registration clerk pages overhead to the location.
  - a. If the page is not audible overhead, the registration clerk will call the following parties by phone:
    - i. ED RN
    - ii. IVCH Manager of Patient Care (if during business hours)
3. Response
  - a. ED RN to respond to the paged location with a wheelchair
    - i. If gurney is needed, ancillary staff will obtain. ED RN to stay with patient.
  - b. Situation & Background are provided by primary nurse or clinic staff
  - c. ED RN completes an assessment
  - d. If interventions are needed:
    - i. Multispecialty Clinic patients will be transferred to the ED for evaluation and treatment.
    - ii. IVCH inpatients will be evaluated by attending physician if indicated, or initiate Code Blue/Code White for immediate interventions.
      - a. If higher level of care is indicated, patient will be transferred to outside facility.

C. Documentation

1. The primary nurse is responsible for ensuring a Rapid Response Team (RRT) Form is completed and in placed in the patient record.

- a. RRT Form is available in document binder on top of all crash carts.
  - b. Rapid Response documentation will be entered into the EMR (e.g. vital signs, etc.) during or after the event. The RN may document "See EMR" in relevant section of RRT Form.
2. An electronic incident report shall be completed for all Rapid Response activations.

## References:

Rapid Response Team Flowsheet

## All Revision Dates

01/2023, 02/2022, 07/2021, 01/2020, 01/2019, 01/2018, 02/2017, 01/2016, 02/2015, 01/2014, 09/2013

## Attachments

[Rapid Response Team Worksheet.doc](#)

## Approval Signatures

Step Description

Approver

Date

Jan Iida: CNO

01/2023

Barbara Widder: Administrative  
Assistant, Nursing  
Administration

01/2023



Origination N/A  
Date  
Last N/A  
Approved  
Last Revised N/A  
Next Review N/A

Department **Tahoe Multi-Specialty Clinics - DTMSC**

## Standardized Procedure - Nurse Refills, DTMSC-2103

### RISK:

Access to prescription refills promotes patient care, prevents worsening of chronic conditions and limits potential harm to patients and their health.

### POLICY:

To provide guidelines for the registered nurse (RN) in the outpatient and multispecialty clinics (MSC) for refilling medications. Qualified and trained RNs are authorized to refill medications within the Tahoe Forest outpatient setting, on behalf of the provider as specified in this standardized procedure when a patient requests a refill prior to their next provider visit.

### SETTING:

This policy pertains to RNs in the outpatient setting.

### EXPERIENCE, TRAINING, AND EDUCATION:

- A. The requirements of the RN:
  - 1. Completion of unit-specific MSC or outpatient clinic orientation.
  - 2. Completion of on-site training with one-on-one proctoring by a clinician experienced in using this protocol.
  - 3. Review of this standardized procedure upon hire and annually thereafter.
- B. A list of qualified and trained RNs will be kept in MSC and outpatient clinic administration office.



## SUPERVISION:

The RN will work under the direction of the provider on duty and may consult with provider at any time for clarification of this standardized procedure or as specified in Procedure below.

## DEFINITIONS:

- A. Routine Ongoing Medication: Routine ongoing medications are medicines previously prescribed by an MSC or outpatient clinic provider and taken consistently for the treatment of an ongoing need.
  - 1. Examples include, but are not limited to: medications for hypertension, diabetes, high cholesterol, hypothyroid, hormone replacement, osteoporosis, benign prostatic hyperplasia, gout, asthma, chronic skin conditions, contraceptives, etc.
- B. Episodic Recurrent Treatment: These medicines are for episodic treatment of a recurrent chronic condition that is clearly documented in the EMR and prescribed previously by the provider. These medicines need to be taken as soon as possible for efficacy. ~~One dose will be refilled by RN.~~
  - 1. Examples include, but are not limited to: acute migraine, herpes simplex virus outbreak, etc.
- C. Exclusion criteria - This standardized procedure excludes the following:
  - 1. Controlled substances (scheduled substances II through V)
  - 2. Short course antibiotics or antifungals
  - 3. Short course oral corticosteroids
  - 4. Chemotherapeutic agents
  - 5. Warfarin will be addressed per Outpatient RN Anticoagulation Protocol, APH-1701.
  - 6. Indications that the patient may be experiencing side effects and/or drug interactions from the medication.
  - 7. Evidence of non-adherence, including overuse or underuse of the medication.
  - 8. Request to change from brand name to generic medication when brand is specifically requested by provider.
  - 9. Additional medications may be excluded at the practice level per provider preference.

## PROCEDURE:

- A. Before completing any refill requests, the RN will review the last clinic note in the electronic medical record (EMR) to ensure that the patient is not overdue for follow up.
  - 1. Patients should be seen at least annually by their provider (or more frequently if described in visit notes)
  - 2. RN will direct patient to schedule follow up appointment when refill is requested if needed.

3. Only one RN refill is allowed as patient must be seen prior to repeat activation of this standardized procedure. Bridge may be extended using nursing judgment if the visit was rescheduled by the provider or by the patient for reasonable cause.
- B. The RN will review and assess patient information pertinent to the medication refill request, including the decision support tools available (i.e. Refill Protocols) in the EMR (Appendix A), Micromedex, or UpToDate
1. Information reviewed may include, but is not limited to:
    - a. Patient's name, medical record number, date of birth, patient's designated primary care provider.
    - b. Medication dose, amount requested, and date of last refill.
    - c. Whether medication falls into exclusion criteria above and/or provider consultation is needed.
    - d. Recent provider progress notes related to the medication request.
    - e. Medication allergies.
    - f. Medication adherence history.
    - g. Medical history as relevant to the medication requested.
- C. Medications to be refilled only apply to medications the MSC or outpatient clinic has previously prescribed.
- D. The medicine must be either a routine ongoing medication or an episodic recurrent treatment for a need as defined above.

1. ~~For routine ongoing need without any recent changes, the RN may give medications until next appointment.~~
  - a. ~~If insurance dictates duration of use, RN may adjust prescription as requested by insurance, pharmacy, or patient.~~

For routine ongoing need without any recent changes, the RN may give medications until next appointment.

- a. If insurance dictates duration of use, RN may adjust prescription as requested by insurance, pharmacy, or patient.
- b. RN may transfer prescriptions as written for non-controlled medications from one pharmacy to another.
- c. RN may send short fills for routine ongoing medications for existing active prescriptions or longstanding episodic medications to cover patients affected by delays with mail order or lost or forgotten medications for travel. Short fills are defined as 2 weeks or less and must include sig as written by provider. RN may not transfer or short fill controlled medications.
- d. RN may reorder a discontinued medication when it is clear in provider notes that medication is routine or ongoing or has expired unintentionally due to incorrectly entered end date or if it is discontinued by support staff in error.

- 2. For episodic conditions, the RN may give until next appointment.
- E. The RN may consult with the provider with questions, need for clarification, and/or the pharmacy request is not covered by this policy. Additionally, if there are any clinical concerns, RN will contact the provider on duty for clarification or advise patient to be seen either acutely, or prior to their need for refills on the medicines in question.

## RECORD KEEPING:

- A. All request and refills will be documented in the EMR.
- B. Any relevant patient care information will be documented in the EMR.

## DEVELOPMENT AND APPROVAL:

- A. This policy was developed in collaboration with Medicine, Pharmacy, MSC Leadership, Nursing Leadership, Information Technology, and Nursing.
- B. This standardized procedure will be reviewed annually by MSC Leadership and the Interdisciplinary Practice Council.

## REFERENCES:

*Developing Standing Orders to Help Your Team Work to the Highest Level*, American Academy of Family Physicians (2018); Standardized Procedure - Registered Nurse in SFHN Primary Care Clinic (2019)

## RELATED POLICIES:

Outpatient RN Anticoagulation Protocol, APH-1701

## Appendix A: Decision Support Tool - Epic Refill Protocols

A refill protocol is an InBasket display tool that allows providers and other clinicians to more efficiently process refill requests by seeing at a glance whether a refill request likely meets the necessary criteria for approval. This tool does not replace clinical judgment.

The RN will address screening failures prior to authorizing refill if indicated and will discuss with provider when clarification is needed.

**Rx levothyroxine (SYNTHROID) 100 MCG tablet**  
 Take 1 tablet (100 mcg total) by mouth 1 (one) time each day.  
 Disp: 30 tablet    Refills: 11  
 Class: Normal    Start: 12/12/2016 - 12/12/2017

**Thyroid Hormones Protocol Failed** 12/12 11:32 AM

- ✗ Normal TSH in past 12 months
- ✓ Patient not pregnant
- ✓ Recent or future visit with authorizing provider
- ✓ Normal creatinine in past 12 months

[Protocol Details](#)

## Approval Signatures

Step Description

Approver

Date

DRAFT

# TAHOE FOREST HOSPITAL DISTRICT

## Department of Medicine Delineated Privilege Request

**SPECIALTY: NEUROLOGY**

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

(Please print)

**Check one or both:**     **Tahoe Forest Hospital (TFH)**     **Incline Village Community Hospital (IVCH)**  
**Check one:**             **Initial**     **Change in Privileges**             **Renewal of Privileges**

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

<b>Basic Education:</b>	MD, DO
<b>Minimum Formal Training:</b>	Successful completion of an ACGME or AOA-approved residency training program in neurology.
<b>Board Certification:</b>	Board qualification required. Current AAN Board Certification (or AAN equivalent board certification); or attain Board Certification within five years of completion of training program. Maintenance of Board Certification required for reappointment eligibility. <i>Failure to obtain board certification within the required timeframe, or failure to maintain board certification, will result in automatic termination of privileges.</i>
<b>Required Previous Experience:</b> (required for new applicants)	Applicant must be able to document that he/she has managed neurology care for 100 inpatient or outpatient cases in the past 24 months. Recent residency or fellowship training experience may be applicable. If training has been completed within the last 5 years, documentation to include letter from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago, documentation will include letter from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested.
<b>Clinical References:</b> (required for new applicants)	Training director or appropriate department chair from another hospital where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. (At least one peer reference should be a neurologist.)
<b>Proctoring Requirements:</b>	See specific proctoring requirements.
<b>Other:</b>	<ul style="list-style-type: none"> <li>• Current, unrestricted license to practice medicine in CA and/or NV</li> <li>• Malpractice insurance in the amount of \$1m/\$3m</li> <li>• Current, unrestricted DEA certificate in CA and NV if applicable (approved for all drug schedules) and/or unrestricted Nevada State Board of Pharmacy Certificate and DEA to practice in NV</li> <li>• Ability to participate in federally funded program (Medicare or Medicaid)</li> </ul>

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

# TAHOE FOREST HOSPITAL DISTRICT

## Delineated Privilege Request

DEPARTMENT OF MEDICINE - NEUROLOGY

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

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

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

REQUESTED	APPROVED	<b>GENERAL PRIVILEGES - NEUROLOGY</b>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>BASIC PRIVILEGES IN NEUROLOGY</b> Basic privileges in neurology include the ability to admit, evaluate, diagnose, consult, perform H&amp;P's, and provide non-surgical treatment to patients presenting with illness or injuries of the neurologic system including:</p> <ul style="list-style-type: none"> <li>• Conducting a thorough general and neurological examination</li> <li>• Determining the indications for and limitations of clinical neurodiagnostic tests</li> <li>• Interpreting the clinical neurodiagnostic tests</li> <li>• Correlating the information derived from these neurodiagnostic tests with patient clinical history and examinations to formulate a differential diagnosis and management plan.</li> </ul>	_____	Inpatient Outpatient	10 cases proctored	20 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Core Privileges in Neurology</b></p> <ul style="list-style-type: none"> <li>• Intravenous Thrombolytic Therapy</li> <li>• Injection of Steroids</li> <li>• Neostigmine and Tensilon test</li> <li>• Lumbar puncture</li> </ul>		Inpatient	10 cases proctored	20 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Telemedicine Neurology – Inpatient Consultation and Rounding</b> Includes consultation, supervision, interpretation, <a href="#">ordering of diagnostic testing</a>, and <a href="#">reporting-review</a> of electronic images for inpatient consultation and rounding to provide evaluation and management. <b>Will not be placing orders <a href="#">for controlled substances</a>, DEA <a href="#">and/or Nevada State Board of Pharmacy Certificate is not required.</a></b></p>		Inpatient TFH		
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Telemedicine Neurology – Stroke Consultations</b> Includes consultation, supervision, interpretation, <a href="#">ordering of diagnostic testing</a>, and <a href="#">reporting-review</a> of electronic images for acute stroke evaluation and management. <b>Will not be placing orders <a href="#">for controlled substances</a>, DEA <a href="#">and/or Nevada State Board of Pharmacy Certificate is not required.</a></b></p>		TFH/IVC H		
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Telemedicine Neurology – Emergent Neurologic Consultation</b> Includes consultation, supervision, interpretation, <a href="#">ordering of diagnostic testing</a>, and <a href="#">reporting-review</a> of electronic images for evaluation and management of any emergent neurologic condition presenting to the acute services. <b>Will not be placing orders <a href="#">for controlled substances</a>, DEA <a href="#">and/or Nevada State Board of Pharmacy Certificate is not required.</a></b></p>		TFH/IVC H		

# TAHOE FOREST HOSPITAL DISTRICT

## Delineated Privilege Request

DEPARTMENT OF MEDICINE - NEUROLOGY

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

<input type="checkbox"/>	<input type="checkbox"/>	<b>Telemedicine Neurology – EEG Interpretation</b> Tele-EEG includes evaluation and reporting of routine (< 1 hour), prolonged (1-2 hours), and continuous (> 2 hours) electroencephalogram (EEG) with and without the use of video recording.		TFH Inpatient and Outpatient		
<input type="checkbox"/>	<input type="checkbox"/>	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. _____ _____				
<b>REQUESTED</b>	<b>APPROVED</b>	<b>SELECTED PROCEDURES</b> <b>These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.</b>  <b>(Check privileges requesting below)</b>	Estimate # of procedures performed in the past 24 months	Setting  Inpatient Outpatient	Proctoring  10 cases proctored	Reappointment Criteria  4 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Botulinum toxin injection <input type="checkbox"/> Electroencephalography (EEG), Interpretation of <input type="checkbox"/> Electromyographer (EMG) and Nerve Conduction Studies <input type="checkbox"/> Evoked Potentials, Interpretation <input type="checkbox"/> Video-EEG monitoring <input type="checkbox"/> Ambulatory EEG interpretation <input type="checkbox"/> Somatosensory evoked responses <input type="checkbox"/> Auditory evoked responses <input type="checkbox"/> Visual evoked responses <input type="checkbox"/> Cisternal puncture <input type="checkbox"/> Subdural tap <input type="checkbox"/> Skin biopsy <input type="checkbox"/> Muscle biopsy <input type="checkbox"/> Nerve biopsy <input type="checkbox"/> Trigger-point injection <input type="checkbox"/> Nerve block/injection	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			
<input type="checkbox"/>	<input type="checkbox"/>	<b>FLUOROSCOPY</b>  Current Department of Health Services fluoroscopy certificate (required in CA only)	_____	TFH	none	Maintain current certificate (CA only)
<input type="checkbox"/>	<input type="checkbox"/>	<b>INTRAVENOUS PROCEDURAL SEDATION</b> (See attached criteria. Successful completion of conscious sedation written exam)	NA		Take and pass the test	Maintain privileges requiring this procedure
		<b>ADDITIONAL PRIVILEGES:</b> A request for any additional privileges not included on this form must be submitted to the Medical Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.				

# TAHOE FOREST HOSPITAL DISTRICT

## Delineated Privilege Request

DEPARTMENT OF MEDICINE - NEUROLOGY

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

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

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

\_\_\_\_\_  
DATE

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

### DEPARTMENT CHAIR REVIEW

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

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

\_\_\_\_\_  
DATE

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

Modifications or Other Comments:

\_\_\_\_\_

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

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

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

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

Modifications or Other Comments:

\_\_\_\_\_

Department Review Dates: 8/1/2013, 2/22  
Medical Executive Committee: 8/21/2013, 3/17/22  
Board of Directors: 9/24/2013, 3/24/22



Title	Department	Applicability	Last Approved	Origination Date	Last Revised	fault Expiration Peri	Next Review	Has Attachments
Accountability & Responsibility, DRHB-00001	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	11/28/2022	9/13/2010	11/28/2022	365 days	11/28/2023	No
Activapatch, IntellaDose 2.5 - DRHB-1920	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	12/20/2021	9/14/2010	5/14/2019	365 days	12/20/2022	No
Aquatic Therapist Competencies and Requirements, DRHB-21-01	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	7/12/2022	7/27/2021	7/12/2022	365 days	7/12/2023	No
Assess and Reassess Outpatient Rehab , DRHB--1902	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	3/15/2022	11/14/2016	2/25/2019	365 days	3/15/2023	No
Bloodflow Restriction Therapy - DRHB-1907	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	12/20/2021	7/16/2019	7/16/2019	365 days	12/20/2022	No
Clarification Orders-ECC, DRHB-00005	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	7/12/2022	9/14/2010	7/12/2022	365 days	7/12/2023	No
Clarification Orders-Inpatient, DRHB-00006	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	7/12/2022	9/14/2010	7/12/2022	365 days	7/12/2023	No
Clarification Orders-Outpatient, DRHB-0007	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	11/28/2022	9/14/2010	3/3/2017	365 days	11/28/2023	No
Competencies, DRHB-00008	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	11/28/2022	9/14/2010	12/7/2015	365 days	11/28/2023	No
Complaint Policy, DRHB-1903	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	12/20/2021	9/14/2010	2/20/2020	365 days	12/20/2022	No
Computer Downtime Procedure, DRHB-1919	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	12/20/2021	12/9/2016	5/14/2019	365 days	12/20/2022	No
CPM Ortho Protocols, DRHB-0010	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	12/20/2021	9/14/2010	3/3/2017	365 days	12/20/2022	No
CPM Set Up, DRHB-0011	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	12/20/2021	9/14/2010	4/25/2019	365 days	12/20/2022	No
Cryotherapy, DRHB-1904	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	12/16/2022	9/14/2010	12/16/2022	365 days	12/16/2023	No
Daily Treatment Notes Outpatient OT/PT/ST, DRHB-1912	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	12/20/2021	11/14/2016	2/26/2019	365 days	12/20/2022	No
Discharges of Patients From Outpatient PT/OT/ST, DRHB-1913	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	12/20/2021	12/6/2016	2/2/2021	365 days	12/20/2022	No
ECC Referral & Documentation, DRHB-0015	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	7/12/2022	9/14/2010	7/12/2022	365 days	7/12/2023	No
Electrical Stim, DRHB-1906	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	12/20/2021	9/14/2010	12/20/2021	365 days	12/20/2022	No
Emergency Management, DRHB-1905	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	3/15/2022	9/14/2010	2/2/2021	365 days	3/15/2023	No
Functional Documentation, DRHB-1909	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	12/20/2021	9/14/2010	2/25/2019	365 days	12/20/2022	No
Hydrocollator Cleaning, DRHB-1910	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	12/16/2022	9/14/2010	12/16/2022	365 days	12/16/2023	No
HyperVolt Massage Percussion, DRHB-0078	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	11/28/2022	12/6/2018	1/8/2019	365 days	11/28/2023	No
Inservice Education, DRHB- 1909	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	3/15/2022	9/14/2010	2/2/2021	365 days	3/15/2023	No
Inversion Traction, DRHB-1910	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	12/20/2021	9/24/2012	2/26/2019	365 days	12/20/2022	No
Iontophoresis and Medicare, DRHB-1901	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	12/16/2022	9/14/2010	12/16/2022	365 days	12/16/2023	No
Iontophoresis, DHRP-1914	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	12/20/2021	9/1/2000	2/26/2019	365 days	12/20/2022	No
IP Care Plan, DRHB-00026	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	7/12/2022	9/14/2010	7/12/2022	365 days	7/12/2023	No
IP Multidisc Case Conf, DRHB-0027	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	7/12/2022	9/14/2010	7/12/2022	365 days	7/12/2023	No
Iron Mountain, DRHB-1917	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	12/20/2021	2/11/2013	5/14/2019	365 days	12/20/2022	No
Laser Therapy	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	11/28/2022	9/9/2019	9/9/2019	365 days	11/28/2023	No
MBS - Speech Therapy (SLP), DRHB-1614	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	7/12/2022	12/9/2016	5/21/2020	365 days	7/12/2023	No
Medical Records Release, DRHB-0031	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	12/20/2021	9/14/2010	12/20/2021	365 days	12/20/2022	No
Medicare IP, DRHB-0033	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	7/12/2022	9/14/2010	7/12/2022	365 days	7/12/2023	No
Medication Use and Ordering, DRHB-0034	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	7/12/2022	9/14/2010	3/3/2017	365 days	7/12/2023	No
Moist Heat, DRHB-1918	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	12/20/2021	9/14/2010	2/20/2020	365 days	12/20/2022	No
Monofilament Dry Needling, DRHB-00075	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	7/12/2022	4/1/2014	7/12/2022	365 days	7/12/2023	Yes
Myofascial Decompression DRHB - 1925	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	11/28/2022	10/30/2019	10/4/2021	365 days	11/28/2023	Yes
Negative Pressure Wound Therapy Procedure, DRHB-0071	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	12/16/2022	12/28/2017	12/16/2022	365 days	12/16/2023	No
Occupational Health Work Restrictions, DRHB-0036	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	11/28/2022	9/14/2010	12/6/2018	365 days	11/28/2023	No
Outpatient Therapy Services and Inclement Weather DRHB - 1930	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	7/12/2022	1/2/2020	7/12/2022	365 days	7/12/2023	Yes
Outpatient Transfers, DRHB-00038	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	11/28/2022	9/14/2010	10/31/2017	365 days	11/28/2023	No
Paraffin Cleaning Policy, DRHB-00070	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	11/28/2022	5/21/2013	12/9/2016	365 days	11/28/2023	No
Paraffin, DRHB-00039	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	11/28/2022	9/14/2010	12/9/2016	365 days	11/28/2023	No
Patient Education, DRHB-0040	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	7/12/2022	9/14/2010	7/12/2022	365 days	7/12/2023	No
Performance Improvements, DRHB-00042	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	12/16/2022	9/14/2010	12/16/2022	365 days	12/16/2023	No
Phonophoresis, DRHB-0043	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	12/20/2021	9/14/2010	3/3/2017	365 days	12/20/2022	No
Pool & Water Safety, DRHB-1924	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	12/20/2021	9/14/2010	5/14/2019	365 days	12/20/2022	No
Pool Aide Duties, DRHB-00068	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	11/28/2022	7/2/2011	11/28/2022	365 days	11/28/2023	No
Pool Policies, DRHB-0045	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	1/4/2022	9/14/2010	1/4/2022	365 days	1/4/2023	Yes
Power Outage Safety, DRHB - 1926	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	3/15/2022	10/30/2019	2/2/2021	365 days	3/15/2023	No
Preplacements, DRHB-00046	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	11/28/2022	9/14/2010	12/19/2017	365 days	11/28/2023	No
Progress/Treatment Notes Policy, DRHB-0047	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	7/12/2022	9/23/2010	7/12/2022	365 days	7/12/2023	No
PT/OT/ST Telehealth visits - DRHB 2002	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	7/12/2022	5/12/2020	5/12/2020	365 days	7/12/2023	No
QA - Functional Outcome Measures PT/OT/ST, DRHB-1613	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	11/28/2022	12/9/2016	9/9/2019	365 days	11/28/2023	No
Recalibrating Instruments, DRHB-00050	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	12/20/2021	9/14/2010	4/17/2018	365 days	12/20/2022	No
Referrals-Inpatient Procedure, DRHB 0052	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	7/12/2022	9/14/2010	7/12/2022	365 days	7/12/2023	No

Referrals-OP & IP, DRHB-0053	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	7/12/2022	9/14/2010	7/12/2022	365 days	7/12/2023	No
Safety-Lok Syringe, DRHB 00055	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	11/28/2022	9/14/2010	9/14/2021	365 days	11/28/2023	No
Saline Use, DRHB-1921	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	12/20/2021	9/23/2010	5/14/2019	365 days	12/20/2022	No
Scope of Care, DRHB- 1915	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	7/12/2022	9/23/2010	5/21/2020	365 days	7/12/2023	No
Staff Meetings, DRHB-0058	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	11/28/2022	9/23/2010	9/9/2020	365 days	11/28/2023	No
Staffing Plan, DRHB-0059	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	11/28/2022	12/6/2010	11/28/2022	365 days	11/28/2023	No
Temperature Logs, DRHB 0071	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	12/20/2021	10/21/2013	3/3/2017	365 days	12/20/2022	No
Tens, DRHB-1916	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	7/12/2022	9/23/2010	7/12/2022	365 days	7/12/2023	No
Ultrasound, DRHB-1923	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	12/20/2021	9/23/2010	5/14/2019	365 days	12/20/2022	No
Wound Management, DRHB-00067	Rehabilitation PT/OT - DRHB	Tahoe Forest Hospital District	7/12/2022	9/23/2010	7/12/2022	365 days	7/12/2023	No



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

Thursday, April 27, 2023 at 4:00 p.m.  
Tahoe Forest Hospital – Eskridge Conference Room  
10121 Pine Avenue, Truckee, CA 96161

## **1. CALL TO ORDER**

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

## **2. ROLL CALL**

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

Staff in attendance: Harry Weis, President & Chief Executive Officer; Louis Ward, Chief Operating Officer; Crystal (Betts) Felix, Chief Financial Officer; Dylan Crosby, Director of Facilities and Construction; Martina Rochefort, Clerk of the Board

Other: David Ruderman, General Counsel

## **3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA**

Chair noted public comment will be taken after item 5.1.

## **4. INPUT AUDIENCE**

No public comment was received.

## **5. ITEMS FOR BOARD DISCUSSION**

### **5.1. Emergency Operations Plan Update**

Dylan Crosby, Director of Facilities and Construction, provided an update on changes to the Emergency Operations Plan after the Board's feedback from the February meeting.

General Counsel read the board into Closed Session.

Open Session recessed at 4:12 p.m.

## **6. CLOSED SESSION**

### **6.1. Conference with Legal Counsel; Initiation of Litigation (Gov. Code § 54956.9(d)(4))**

*Number of Potential Cases: One (1)*

Discussion was held on a privileged item.

### **6.2. Approval of Closed Session Minutes**

**6.2.1. 03/23/2023 Regular Meeting**

Discussion was held on a privileged item.

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

*Subject Matter: Medical Staff Credentials*

Discussion was held on a privileged item.

**7. DINNER BREAK**

**8. OPEN SESSION – CALL TO ORDER**

Open session reconvened at 6:10 p.m.

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

General Counsel noted there was no reportable action on item 6.1. Item 6.2. Closed Session Minutes was approved on a 5-0 vote. Item 6.3. Medical Staff Credentials was approved on a 5-0 vote.

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

No changes were made to the agenda.

**11. INPUT – AUDIENCE**

Public comment was received from Jen Callaway, Town of Truckee Manager and Meg Heim.

**12. INPUT FROM EMPLOYEE ASSOCIATIONS**

No public comment was received.

**13. ACKNOWLEDGEMENTS**

**13.1.** First Quarter 2023 Values Recognition Winners were announced.

**13.2.** National Volunteer Week was April 16-23, 2023.

**13.3.** National Nurses Week will be celebrated May 6-12, 2023.

**13.4.** National Hospital Week will be celebrated May 7-13, 2023.

**14. CONSENT CALENDAR**

**14.1. Approval of Minutes of Meetings**

**14.1.1.** 03/17/2023-03/18/2023 Special Meeting

**14.1.2.** 03/23/2023 Regular Meeting

**14.2. Financial Reports**

**14.2.1.** Financial Report – March 2023

**14.3. Board Reports**

**14.3.1.** President & CEO Board Report

**14.3.2.** COO Board Report

**14.3.3.** CNO Board Report

**14.3.4.** CIO Board Report

**14.3.5.** CMO Board Report

**14.4. Approve Policies**

**14.4.1.** On-Call Emergency Services, ABD-10

**14.4.2.** Trade Secrets, ABD-22

**14.4.3.** Ticket and Pass Distribution Policy, ABD-27

No public comment was received.

**ACTION:** Motion made by Director McGarry to approve the Consent Calendar as presented, seconded by Director Brown.

**AYES:** Directors Brown, Chamblin, Barnett, McGarry and Wong

**Abstention:** None

**NAYS:** None

**Absent:** None

**15. ITEMS FOR BOARD DISCUSSION**

**15.1. State of Healthcare in California**

Louis Ward, Chief Operating Officer, and Crystal Felix, Chief Financial Officer, reviewed the current state of healthcare in California and discussed the implications of the Office of Healthcare Affordability.

**16. ITEMS FOR BOARD ACTION**

**16.1. Support Letter for Friends of Truckee Library**

The Board of Directors reviewed and consider approval of a support letter for Friends of Truckee Library grant efforts. Discussion was held.

**ACTION:** Motion made by Director Brown to approve the letter supporting Friends of Truckee Library as presented, seconded by Director McGarry.

**AYES:** Directors Brown, Chamblin, Barnett, McGarry and Wong

**Abstention:** None

**NAYS:** None

**Absent:** None

**17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY**

Not applicable.

**18. BOARD COMMITTEE REPORTS**

Director Chamblin shared an update from the April 26, 2023 Board Finance Committee.

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

No discussion was held.

**Open Session recessed at 7:15 p.m.**

**20. CLOSED SESSION CONTINUED**

**20.1. Conference with Legal Counsel; Initiation of Litigation (Gov. Code § 54956.9(d)(4))**

*Number of Potential Cases: One (1)*

Discussion was held on a privileged item.

**21. OPEN SESSION**

**Open Session reconvened at 8:15 p.m.**

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

General Counsel noted there was no reportable action taken in Closed Session on item 20.1.

**23. ADJOURN**

**Meeting adjourned at 8:19 p.m.**

DRAFT



# SPECIAL MEETING OF THE BOARD OF DIRECTORS

## DRAFT MINUTES

Wednesday, May 10, 2023 at 3:30 p.m.

Tahoe Forest Hospital – Eskridge Conference Room  
10121 Pine Avenue, Truckee, CA 96161

### 1. CALL TO ORDER

Meeting was called to order at 3:30 p.m.

### 2. ROLL CALL

Board: Alyce Wong, Board Chair; Robert (Bob) Barnett, Secretary; Dale Chamblin, Treasurer; Mary Brown, 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; Dylan Crosby, Director of Facilities and Construction; Martina Rochefort, Clerk of the Board

Other: David Ruderman, General Counsel

*Absent: Michael McGarry, Vice Chair*

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

No changes were made to the agenda.

Public comment was received from Jan Zabriskie.

Open Session recessed at 3:34 p.m.

### 4. CLOSED SESSION

#### 4.1. Conference with Legal Counsel; Initiation of Litigation (Gov. Code § 54956.9(d)(4))

*Number of Potential Cases: One (1)*

Discussion was held on a privileged item.

Open Session reconvened at 5:20 p.m.

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

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

### 6. ADJOURN

Meeting adjourned at 5:23 p.m.

**TAHOE FOREST HOSPITAL DISTRICT  
APRIL 2023 FINANCIAL REPORT  
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**Board of Directors**  
*Of Tahoe Forest Hospital District*  
**APRIL 2023 FINANCIAL NARRATIVE**

The following is the financial narrative analyzing financial and statistical trends for the ten months ended April 30, 2023.

**Activity Statistics**

- ❑ TFH acute patient days were 352 for the current month compared to budget of 397. This equates to an average daily census of 11.7 compared to budget of 13.2.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Emergency Department visits, Surgery cases, Lab Send Out tests, Blood units, Diagnostic Imaging, Mammography, Cat Scans, Respiratory Therapy, Physical, Speech, and Occupational Therapies.
- ❑ TFH Outpatient volumes were below budget in the following departments by at least 5%: Hospice visits, Laboratory tests, Pathology, Medical Oncology procedures, Radiation Oncology procedures, Nuclear Medicine, MRI, Ultrasounds, Briner Ultrasound, Gastroenterology cases, and Tahoe City Physical & Occupational therapies.

**Financial Indicators**

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 47.08% in the current month compared to budget of 48.98% and to last month's 50.58%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 49.26% compared to budget of 48.93% and prior year's 51.43%.
- ❑ EBIDA was \$(377,424) (-.9%) for the current month compared to budget of \$1,978,526 (4.4%), or \$(2,355,950) (-5.3%) below budget. Year-to-Date EBIDA was \$19,724,898 (4.3%) compared to budget of \$23,082,336 (4.9%) or \$(3,357,438) (-.6%) below budget.
- ❑ Net Income was \$134,966 for the current month compared to budget of \$1,736,139 or \$(1,601,173) below budget. Year-to-Date Net Income was \$16,540,617 compared to budget of \$20,574,301 or \$(4,033,684) below budget.
- ❑ Cash Collections for the current month were \$21,329,922, which is 87% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$94,054,083 at the end of April compared to \$95,751,053 at the end of March.

**Balance Sheet**

- ❑ Working Capital is at 24.8 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 182.1 days. Working Capital cash increased a net \$4,877,000. Accounts Payable increased \$379,000 and Accrued Payroll & Related Costs increased \$407,000. The District received \$1,982,000 for participation in the CY2021 QIP program and \$3,350,000 from California Health & Wellness for participation in the CY2021 Rate Range IGT program. Cash Collections were 13% below target.
- ❑ Net Patient Accounts Receivable decreased \$2,549,000 and cash collections were 87% of target. EPIC Days in A/R were 62.7 compared to 61.0 at the close of March, a 1.70 days increase. The last two days of the month fell on a weekend, lending to the increase in A/R days, as well as a decrease in cash collections, as electronic remittances are not received or posted on weekends.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased a net \$4,049,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs and received \$1,982,000 for participation in the CY2021 QIP program and \$3,350,000 from California Health & Wellness for participation in the CY2021 Rate Range IGT program.
- ❑ Unrealized Gain/(Loss) Cash Investment Fund decreased \$409,000 after recording the unrealized gains in its funds held with Chandler Investments in April.
- ❑ Investment in TSC, LLC decreased \$160,000 after recording the estimated loss for April and truing up the net losses for March.
- ❑ 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 April.
- ❑ Accounts Payable increased \$379,000 due to the timing of the final check run in April.
- ❑ Accrued Payroll & Related Costs increased a net \$407,000 due to two additional accrued payroll days in April.

**Operating Revenue**

- ❑ Current month’s Total Gross Revenue was \$42,859,914 compared to budget of \$45,267,805 or \$2,407,892 below budget.
- ❑ Current month’s Gross Inpatient Revenue was \$5,631,871, compared to budget of \$7,230,638 or \$1,598,767 below budget.
- ❑ Current month’s Gross Outpatient Revenue was \$37,228,043 compared to budget of \$38,037,167 or \$809,124 below budget.
- ❑ Current month’s Gross Revenue Mix was 35.3% Medicare, 14.5% Medi-Cal, .0% County, 2.1% Other, and 48.1% Commercial Insurance compared to budget of 36.9% Medicare, 15.9% Medi-Cal, .0% County, 2.4% Other, and 44.8% Commercial Insurance. Last month’s mix was 36.2% Medicare, 13.8% Medi-Cal, .0% County, .6% Other, and 49.4% Commercial Insurance. Year-to-date Gross Revenue Mix was 37.4% Medicare, 14.6% Medi-Cal, .0% County, 1.8% Other, and 46.2% Commercial Insurance compared to budget of 37.2% Medicare, 16.1% Medi-Cal, .0% County, 2.4% Other, and 44.3% Commercial Insurance.
- ❑ Current month’s Deductions from Revenue were \$22,682,046 compared to budget of \$23,096,048 or \$414,002 below budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 1.63% decrease in Medicare, a 1.33% decrease to Medi-Cal, County at budget, a .31% decrease in Other, and Commercial Insurance was above budget 3.27%, 2) Revenues were below budget by 5.30%, and 3) the Business Office continues to clean up older claims in EPIC which is causing a negative variance against budget in Contractual Allowances.

DESCRIPTION	April 2023 Actual	April 2023 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	9,814,153	9,854,302	40,149	
Employee Benefits	2,957,622	3,123,483	165,861	
Benefits – Workers Compensation	74,033	120,244	46,211	
Benefits – Medical Insurance	1,348,930	1,441,338	92,408	We booked an estimate due from our Stop Loss Reimbursement helping create a positive variance in Benefits-Medical Insurance.
Medical Professional Fees	544,398	406,684	(137,714)	Anesthesiologists who have not joined the employment model, Hospitalist Pro Fees, and Occ Health Physician Fees & Medical Director stipends created a negative variance in Medical Professional Fees.
Other Professional Fees	312,714	264,409	(48,305)	Outsourced legal fees provided to Administration created a negative variance in Other Professional Fees.
Supplies	3,344,099	3,003,006	(341,093)	Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues at TFH and IVCH were above budget, creating a negative variance in Supplies.
Purchased Services	2,376,315	2,215,909	(160,406)	The Perioperative Optimization project, security services, bank & merchant credit card fees, scribe services & the data mapping and transformation project for Physician Services, and outsourced Oncology lab testing and Genetic Disease screenings created a negative variance in Purchased Services.
Other Expenses	1,392,414	1,039,532	(352,882)	Utilities, a settlement agreement, CAT Scan and oxygen tank rentals, a placement fee for our Oncology Pharmacist and recruitment fees for the Director of Revenue Cycle created a negative variance in Other Expenses.
Total Expenses	22,164,679	21,468,907	(695,772)	

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF NET POSITION  
APRIL 2023

	Apr-23	Mar-23	Apr-22	
<b>ASSETS</b>				
<b>CURRENT ASSETS</b>				
* CASH	\$ 18,193,013	\$ 13,316,419	\$ 20,524,681	1
PATIENT ACCOUNTS RECEIVABLE - NET	41,866,498	44,415,032	46,552,292	2
OTHER RECEIVABLES	12,814,082	10,695,901	10,769,214	
GO BOND RECEIVABLES	1,174,551	743,042	1,179,646	
ASSETS LIMITED OR RESTRICTED	9,999,045	9,598,241	9,614,626	
INVENTORIES	4,373,207	4,383,700	4,250,069	
PREPAID EXPENSES & DEPOSITS	2,936,421	2,875,902	2,244,636	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	18,951,878	23,000,680	12,260,662	3
<b>TOTAL CURRENT ASSETS</b>	<b>110,308,693</b>	<b>109,028,917</b>	<b>107,395,826</b>	
<b>NON CURRENT ASSETS</b>				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	10,165,848	10,003,093	54,505,988	1
* CASH INVESTMENT FUND	105,503,951	105,396,357	80,116,805	1
UNREALIZED GAIN/(LOSS) CASH INVESTMENT FUND	(2,517,824)	(2,926,721)	-	4
MUNICIPAL LEASE 2018	-	84	725,633	
TOTAL BOND TRUSTEE 2017	20,926	20,862	20,533	
TOTAL BOND TRUSTEE 2015	1,106,703	967,060	1,074,457	
TOTAL BOND TRUSTEE GO BOND	5,764	5,764	5,764	
GO BOND TAX REVENUE FUND	2,540,299	2,540,299	2,061,352	
DIAGNOSTIC IMAGING FUND	3,404	3,381	3,350	
DONOR RESTRICTED FUND	1,148,978	1,144,777	1,139,077	
WORKERS COMPENSATION FUND	29,683	2,960	11,174	
TOTAL	118,007,733	117,157,916	139,664,133	
LESS CURRENT PORTION	(9,999,045)	(9,598,241)	(9,614,626)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	108,008,689	107,559,675	130,049,507	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(3,171,311)	(3,011,552)	(1,985,925)	5
PROPERTY HELD FOR FUTURE EXPANSION	1,694,072	1,694,072	1,694,072	
PROPERTY & EQUIPMENT NET	194,588,631	195,075,743	175,918,650	
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,857,146	1,861,417	1,841,116	
<b>TOTAL ASSETS</b>	<b>413,285,920</b>	<b>412,208,271</b>	<b>414,913,246</b>	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	277,985	281,217	316,773	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	378,109	378,109	824,691	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	4,608,215	4,631,919	4,892,671	
GO BOND DEFERRED FINANCING COSTS	449,370	451,691	477,220	
DEFERRED FINANCING COSTS	126,914	127,954	139,397	
INTANGIBLE LEASE ASSET NET OF ACCUM AMORTIZATION	7,744,994	7,885,687	-	6
<b>TOTAL DEFERRED OUTFLOW OF RESOURCES</b>	<b>\$ 13,585,586</b>	<b>\$ 13,756,578</b>	<b>\$ 6,650,752</b>	
<b>LIABILITIES</b>				
<b>CURRENT LIABILITIES</b>				
ACCOUNTS PAYABLE	\$ 8,456,096	\$ 8,076,664	\$ 8,550,589	7
ACCRUED PAYROLL & RELATED COSTS	19,233,212	18,826,203	14,567,197	8
INTEREST PAYABLE	455,543	380,269	368,700	
INTEREST PAYABLE GO BOND	806,445	537,630	828,420	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	290,618	290,618	12,312,537	
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	2,195,000	2,195,000	1,945,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	5,645,977	5,645,977	3,952,678	
<b>TOTAL CURRENT LIABILITIES</b>	<b>44,336,594</b>	<b>43,206,065</b>	<b>49,813,926</b>	
<b>NONCURRENT LIABILITIES</b>				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	26,399,506	26,740,388	24,106,719	
GO BOND DEBT NET OF CURRENT MATURITIES	92,990,188	93,008,144	95,400,655	
DERIVATIVE INSTRUMENT LIABILITY	378,109	378,109	824,691	
<b>TOTAL LIABILITIES</b>	<b>164,104,397</b>	<b>163,332,706</b>	<b>170,145,990</b>	
<b>NET ASSETS</b>				
NET INVESTMENT IN CAPITAL ASSETS	261,618,132	261,487,366	250,278,931	
RESTRICTED	1,148,978	1,144,777	1,139,077	
<b>TOTAL NET POSITION</b>	<b>\$ 262,767,110</b>	<b>\$ 262,632,143</b>	<b>\$ 251,418,008</b>	

\* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT  
NOTES TO STATEMENT OF NET POSITION  
APRIL 2023

1. Working Capital is at 24.8 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 182.1 days. Working Capital cash increased a net \$4,877,000. Accounts Payable increased \$379,000 (See Note 7) and Accrued Payroll & Related Costs increased \$407,000 (See Note 8). The District received \$1,982,000 for participation in the CY2021 QIP program and \$3,350,000 from California Health & Wellness for participation in the CY2021 Rate Range IGT program (See Note 3). Cash Collections were below target by 13% (See Note 2).
2. Net Patient Accounts Receivable decreased \$2,549,000. Cash collections were 87% of target. EPIC Days in A/R were 62.7 compared to 61.0 at the close of March, a 1.70 days increase. The last two days of the month fell on a weekend, lending to the increase in A/R days, as well as a decrease in cash collections, as electronic remittances are not received or posted on weekends. We are also seeing several of our larger payors delaying payment on patient accounts, sometimes in excess of 30 days post agreement terms.
3. Estimated Settlements, Medi-Cal & Medicare decreased a net \$4,049,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs and received \$1,982,000 for participation in the CY2021 Quality Incentive Pool (QIP) and \$3,350,000 from California Health & Wellness for participation in the CY2021 Rate Range IGT program.
4. Unrealized Gain/(Loss) Cash Investment Fund decreased \$409,000 after recording the unrealized gains in its funds held with Chandler Investments for the month of April.
5. Investment in TSC, LLC decreased \$160,000 after recording the estimated loss for April and truing up the net losses for March.
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 April.
7. Accounts Payable increased \$379,000 due to the timing of the final check run in April.
8. Accrued Payroll & Related Costs increased a net \$407,000 due to 2 additional accrued payroll days in April.

**Tahoe Forest Hospital District  
Cash Investment  
April 30, 2023**

**WORKING CAPITAL**

US Bank	\$ 17,117,302	4.42%	
US Bank/Kings Beach Thrift Store	11,267		
US Bank/Truckee Thrift Store	48,747		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,015,697</u>	0.01%	
Total			\$ 18,193,013

**BOARD DESIGNATED FUNDS**

US Bank Savings	\$ -		
Chandler Investment Fund	<u>105,503,951</u>	4.42%	
Total			\$ 105,503,951

Building Fund	\$ -		
Cash Reserve Fund	<u>10,165,848</u>	2.89%	
Local Agency Investment Fund			\$ 10,165,848

Municipal Lease 2018			\$ -
Bonds Cash 2017			\$ 20,926
Bonds Cash 2015			\$ 1,106,703
GO Bonds Cash 2008			\$ 2,546,063

DX Imaging Education	\$ 3,404		
Workers Comp Fund - B of A	29,683		

Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ 33,088</u>

<b>TOTAL FUNDS</b>			<b>\$ 137,569,592</b>
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**RESTRICTED FUNDS**

Gift Fund			
US Bank Money Market	\$ 8,365	0.10%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,113,303</u>	2.89%	
<b>TOTAL RESTRICTED FUNDS</b>			<b><u>\$ 1,148,978</u></b>

<b>TOTAL ALL FUNDS</b>			<b><u><u>\$ 138,718,570</u></u></b>
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TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION  
APRIL 2023

CURRENT MONTH					YEAR TO DATE					PRIOR YTD APR 2022
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
<b>OPERATING REVENUE</b>										
\$ 42,859,914	\$ 45,267,805	\$ (2,407,892)	-5.3%	Total Gross Revenue	\$ 462,424,698	\$ 472,364,441	\$ (9,939,743)	-2.1%	1	\$ 421,996,005
<b>Gross Revenues - Inpatient</b>										
\$ 2,727,951	\$ 3,173,150	\$ (445,199)	-14.0%	Daily Hospital Service	\$ 31,088,848	\$ 40,160,086	\$ (9,071,238)	-22.6%		\$ 34,993,778
2,903,919	4,057,488	(1,153,569)	-28.4%	Ancillary Service - Inpatient	35,825,815	48,975,445	(13,149,630)	-26.8%		44,210,503
5,631,871	7,230,638	(1,598,767)	-22.1%	Total Gross Revenue - Inpatient	66,914,664	89,135,531	(22,220,867)	-24.9%	1	79,204,281
<b>Gross Revenue - Outpatient</b>										
37,228,043	38,037,167	(809,124)	-2.1%	Gross Revenue - Outpatient	395,510,034	383,228,910	12,281,124	3.2%		342,791,724
37,228,043	38,037,167	(809,124)	-2.1%	Total Gross Revenue - Outpatient	395,510,034	383,228,910	12,281,124	3.2%	1	342,791,724
<b>Deductions from Revenue:</b>										
21,673,070	20,660,756	(1,012,314)	-4.9%	Contractual Allowances	224,184,869	215,843,279	(8,341,590)	-3.9%	2	194,899,683
679,883	1,606,246	926,363	57.7%	Charity Care	3,633,335	16,767,424	13,134,089	78.3%	2	12,770,632
456,661	829,046	372,385	44.9%	Bad Debt	5,564,045	8,651,392	3,087,347	35.7%	2	(2,732,577)
(127,568)	-	127,568	0.0%	Prior Period Settlements	1,258,199	-	(1,258,199)	0.0%	2	39,197
22,682,046	23,096,048	414,002	1.8%	Total Deductions from Revenue	234,640,448	241,262,095	6,621,647	2.7%		204,976,935
86,207	108,648	22,441	20.7%	Property Tax Revenue- Wellness Neighborhood	1,052,671	1,143,986	91,315	8.0%		900,466
1,523,180	1,167,028	356,152	30.5%	Other Operating Revenue	13,358,284	11,738,329	1,619,955	13.8%	3	11,218,922
21,787,254	23,447,433	(1,660,179)	-7.1%	<b>TOTAL OPERATING REVENUE</b>	242,195,205	243,984,661	(1,789,456)	-0.7%		229,138,459
<b>OPERATING EXPENSES</b>										
9,814,153	9,854,302	40,149	0.4%	Salaries and Wages	95,928,868	100,121,498	4,192,630	4.2%	4	75,331,097
2,957,622	3,123,483	165,861	5.3%	Benefits	32,160,952	32,120,816	(40,136)	-0.1%	4	25,375,029
74,033	120,244	46,211	38.4%	Benefits Workers Compensation	935,341	1,202,440	267,099	22.2%	4	1,001,832
1,348,930	1,441,338	92,408	6.4%	Benefits Medical Insurance	17,491,414	14,413,380	(3,078,034)	-21.4%	4	12,936,683
544,398	406,684	(137,714)	-33.9%	Medical Professional Fees	5,091,683	4,116,496	(975,187)	-23.7%	5	12,675,229
312,714	264,409	(48,305)	-18.3%	Other Professional Fees	2,459,034	2,818,465	359,431	12.8%	5	1,957,530
3,344,099	3,003,006	(341,093)	-11.4%	Supplies	36,235,457	33,208,942	(3,026,515)	-9.1%	6	29,495,099
2,376,315	2,215,909	(160,406)	-7.2%	Purchased Services	21,931,838	22,269,244	337,406	1.5%	7	19,625,493
1,392,414	1,039,532	(352,882)	-33.9%	Other	10,235,721	10,631,044	395,323	3.7%	8	9,842,528
22,164,679	21,468,907	(695,772)	-3.2%	<b>TOTAL OPERATING EXPENSE</b>	222,470,307	220,902,325	(1,567,982)	-0.7%		188,240,519
<b>(377,424)</b>	<b>1,978,526</b>	<b>(2,355,950)</b>	<b>-119.1%</b>	<b>NET OPERATING REVENUE (EXPENSE) EBIDA</b>	<b>19,724,898</b>	<b>23,082,336</b>	<b>(3,357,438)</b>	<b>-14.5%</b>		<b>40,897,940</b>
<b>NON-OPERATING REVENUE/(EXPENSE)</b>										
708,383	685,942	22,441	3.3%	District and County Taxes	6,967,548	6,801,910	165,638	2.4%	9	6,919,020
431,509	431,509	(0)	0.0%	District and County Taxes - GO Bond	4,316,405	4,315,088	1,317	0.0%		4,195,356
239,424	59,625	179,799	301.5%	Interest Income	1,185,127	597,695	587,432	98.3%	10	520,144
575,541	144,437	431,104	298.5%	Donations	1,526,771	1,449,850	76,921	5.3%	11	1,194,195
(159,759)	(30,000)	(129,759)	-432.5%	Gain/(Loss) on Joint Investment	(1,095,441)	(300,000)	(795,441)	-265.1%	12	(325,031)
438,891	25,000	413,891	-1655.6%	Gain/(Loss) on Market Investments	1,172,353	250,000	922,353	-368.9%	13	(26,304)
-	-	-	0.0%	Gain/(Loss) on Sale of Equipment	1,000	-	1,000	0.0%	14	19,800
-	-	-	100.0%	COVID-19 Emergency Funding	-	-	-	100.0%	15	(1,092,739)
(1,341,876)	(1,201,183)	(140,693)	-11.7%	Depreciation	(13,418,765)	(12,011,830)	(1,406,935)	-11.7%	16	(11,490,577)
(102,837)	(88,902)	(13,935)	-15.7%	Interest Expense	(1,063,104)	(915,273)	(147,831)	-16.2%	17	(1,024,398)
(276,885)	(268,815)	(8,070)	-3.0%	Interest Expense-GO Bond	(2,776,176)	(2,695,475)	(80,701)	-3.0%		(2,847,846)
512,391	(242,387)	754,778	311.4%	<b>TOTAL NON-OPERATING REVENUE/(EXPENSE)</b>	<b>(3,184,281)</b>	<b>(2,508,035)</b>	<b>(676,246)</b>	<b>-27.0%</b>		<b>(3,958,381)</b>
<b>\$ 134,966</b>	<b>\$ 1,736,139</b>	<b>\$ (1,601,173)</b>	<b>-92.2%</b>	<b>INCREASE (DECREASE) IN NET POSITION</b>	<b>\$ 16,540,617</b>	<b>\$ 20,574,301</b>	<b>\$ (4,033,684)</b>	<b>-19.6%</b>		<b>\$ 36,939,559</b>
<b>NET POSITION - BEGINNING OF YEAR</b>					<b>246,226,493</b>					
<b>NET POSITION - AS OF APRIL 30, 2023</b>					<b>\$ 262,767,110</b>					
<b>-0.9%</b>	<b>4.4%</b>	<b>-5.3%</b>		<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>4.3%</b>	<b>4.9%</b>	<b>-0.6%</b>		<b>9.7%</b>	

**TAHOE FOREST HOSPITAL DISTRICT**  
**NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION**  
**APRIL 2023**

		<u>Variance from Budget</u>	
		<u>Fav / &lt;Unfav&gt;</u>	
		<u>APR 2023</u>	<u>YTD 2023</u>
<b>1) Gross Revenues</b>			
Acute Patient Days were below budget 11.33% or 45 days. Swing Bed days were above budget 100% or 10 days. Inpatient Ancillary Revenues were below budget 28.40% due to the decrease in Acute Patient Days.	Gross Revenue -- Inpatient	\$ (1,598,767)	\$ (22,220,867)
	Gross Revenue -- Outpatient	(809,124)	12,281,124
	Gross Revenue -- Total	<u>\$ (2,407,892)</u>	<u>\$ (9,939,743)</u>
Outpatient volumes were below budget in the following departments: Home Health visits, Hospice visits, Laboratory tests, Pathology, Medical & Radiation Oncology procedures, Nuclear Medicine, MRI, Ultrasounds, Briner Ultrasound, Gastroenterology cases, Tahoe City Physical & Occupational Therapies, and Physical Therapy Aquatic.			
Outpatient volumes were above budget in the following departments: Emergency Department visits, Surgery cases, Lab Send Out tests, Blood units, Mammography, Cat Scans, Respiratory Therapy, and Physical, Speech, and Occupational Therapies.			
<b>2) Total Deductions from Revenue</b>			
The payor mix for April shows a 1.63% decrease to Medicare, a 1.33% decrease to Medi-Cal, .31% decrease to Other, County at budget, and a 3.27% increase to Commercial when compared to budget. With the positive shift in Payor Mix from Medicare and Medi-Cal to Commercial and revenues coming in below budget we would expect to see a positive variance in Contractual Allowances, however, the Business Office continues to clean up older claims in EPIC which is causing the negative variance against budget.	Contractual Allowances	\$ (1,012,314)	\$ (8,341,590)
	Managed Care	-	-
	Charity Care	926,363	13,134,089
	Charity Care - Catastrophic	-	-
	Bad Debt	372,385	3,087,347
	Prior Period Settlements	127,568	(1,258,199)
	Total	<u>\$ 414,002</u>	<u>\$ 6,621,647</u>
<b>3) Other Operating Revenue</b>			
Retail Pharmacy revenues were above budget 39.87%.	Retail Pharmacy	142,240	875,778
	Hospice Thrift Stores	(10,260)	10,145
	The Center (non-therapy)	(5,203)	(19,309)
Hospice Thrift Store revenues were below budget 10.69%.	IVCH ER Physician Guarantee	(2,616)	(71,221)
	Children's Center	39,059	204,566
The Center (non-therapy) revenues were below budget 23.29% in the Fitness Center and PT Product Sales.	Miscellaneous	192,933	653,295
	Oncology Drug Replacement	-	-
Children's Center revenues were above budget 32.02%.	Grants	-	(33,300)
	Total	<u>\$ 356,152</u>	<u>\$ 1,619,955</u>
Cafeteria revenues and Rebates & Refunds were above budget, creating a positive variance in Miscellaneous.			
<b>4) Salaries and Wages</b>			
	Total	<u>\$ 40,149</u>	<u>\$ 4,192,630</u>
<b>Employee Benefits</b>			
We saw a decrease in Long-term Sick usage, creating a positive variance in PL/SL.	PL/SL	\$ 187,555	\$ (6,213)
	Nonproductive	(13,323)	49,605
	Pension/Deferred Comp	-	(15,000)
	Standby	(22,847)	(155,955)
	Other	14,476	87,428
	Total	<u>\$ 165,861</u>	<u>\$ (40,136)</u>
<b>Employee Benefits - Workers Compensation</b>	Total	<u>\$ 46,211</u>	<u>\$ 267,099</u>
<b>Employee Benefits - Medical Insurance</b>	Total	<u>\$ 92,408</u>	<u>\$ (3,078,034)</u>
We booked an estimate due from our Stop Loss Reimbursement based on information received from our Third Party Administrator. This helped create a positive variance in Medical Insurance.			
<b>5) Professional Fees</b>			
Anesthesiologists who have not joined the employment model created a negative variance in Miscellaneous.	Miscellaneous	\$ (99,348)	\$ (879,759)
	Multi-Specialty Clinics Administration	8,117	(132,790)
	Information Technology	(777)	(84,011)
Hospitalist Pro Fees created a negative variance in TFH Locums.	TFH Locums	(22,630)	(58,827)
	Oncology	(6,911)	(42,241)
Occ Health Physician Pro Fees and Medical Director stipends created a negative variance in Multi-Specialty Clinics.	Human Resources	1,589	(30,752)
	IVCH ER Physicians	(4,570)	(14,313)
	The Center	-	(8,832)
Outsourced Legal Services created a negative variance in Administration.	Multi-Specialty Clinics	(16,527)	(8,350)
	Home Health/Hospice	-	(4,790)
Decreased use of outsourced legal firms created a positive variance in Medical Staff Services.	TFH/IVCH Therapy Services	-	(1,766)
	Patient Accounting/Admitting	-	-
	Respiratory Therapy	-	-
	Marketing	232	22,909
	Managed Care	(4,113)	30,675
	Corporate Compliance	6,250	43,905
	Administration	(112,017)	168,841
	Financial Administration	31,370	191,517
	Medical Staff Services	33,315	192,827
	Total	<u>\$ (186,019)</u>	<u>\$ (615,756)</u>
<b>6) Supplies</b>			
Drugs Sold to Patients revenues were above budget 3.17%, Oncology Drugs Sold to Patients revenues were above budget 3.73%, and IVCH Drugs Sold to Patients Revenues were above budget 157.36%, creating a negative variance in Pharmacy Supplies.	Pharmacy Supplies	\$ (530,266)	\$ (4,157,634)
	Other Non-Medical Supplies	12,897	(98,684)
	Food	(39,666)	(75,919)
	Office Supplies	3,144	(18,838)

**TAHOE FOREST HOSPITAL DISTRICT  
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION  
APRIL 2023**

		<b>Variance from Budget</b>	
		<b>Fav / &lt;Unfav&gt;</b>	
		<b>APR 2023</b>	<b>YTD 2023</b>
<b>6) <u>Supplies (cont.)</u></b>	Minor Equipment	28,993	176,359
Cafeteria Sales were above budget 117.27%, creating a negative variance in Food.	Patient & Other Medical Supplies	183,805	1,148,201
We saw a decrease in Patient Chargeable & Non-Patient Chargeable expenses, creating a positive variance in Patient & Other Medical Supplies.	Total	\$ (341,093)	\$ (3,026,515)
<b>7) <u>Purchased Services</u></b>	Miscellaneous	\$ (164,117)	\$ (803,966)
Perioperative Optimization project, increased security services, and bank & merchant credit card fees created a negative variance in Miscellaneous.	Multi-Specialty Clinics	(95,083)	(532,903)
Scribe services and outsourced services for the data mapping and transformation project created a negative variance in Multi-Specialty Clinics.	Department Repairs	(17,166)	(275,994)
Equipment maintenance in Surgery, Sterile Processing, and Laboratory created a negative variance in Department Repairs.	The Center	(24,424)	(39,409)
CAM reconciliation invoice for the Gateway East Building created a negative variance in The Center.	Pharmacy IP	(2,362)	(18,655)
Outsourced Oncology lab testing and Genetic Disease screenings created a negative variance in Laboratory.	Home Health/Hospice	2,011	(6,091)
Employee Health screenings were below budget, creating a positive variance in Human Resources.	Community Development	2,500	35,000
The migration of communications to a Cloud solution and the Disaster Recovery and Business Continuance projects did not launch in March, creating a positive variance in Information Technology.	Medical Records	12,183	86,134
	Diagnostic Imaging Services - All	(1,305)	109,737
	Laboratory	(30,108)	176,035
	Human Resources	57,957	193,283
	Patient Accounting	8,302	249,125
	Information Technology	91,207	1,165,111
	Total	\$ (160,406)	\$ 337,406
<b>8) <u>Other Expenses</u></b>	Utilities	\$ (80,043)	\$ (329,239)
Natural Gas/Propane, Electricity, Cable, Telephone, and Cellular services were over budget, creating a negative variance in Utilities.	Miscellaneous	(242,539)	(292,028)
Expenses advanced to the IVCH Foundation for the Beach Boys Concert, dietary department transfers and a settlement agreement created a negative variance in Miscellaneous.	Insurance	(25,423)	(274,189)
CAT Scan rental at IVCH and oxygen tank rentals created a negative variance in Equipment Rent.	Equipment Rent	(51,817)	(116,346)
A placement fee for our Oncology Pharmacist and recruitment fees for the Director of Revenue Cycle created a negative variance in Human Resources Recruitment.	Dues and Subscriptions	(25,648)	(93,661)
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.	Multi-Specialty Clinics Equip Rent	(2,137)	(32,944)
	Human Resources Recruitment	(64,342)	(29,534)
	Physician Services	28	(5,573)
	Marketing	4,612	127,029
	Multi-Specialty Clinics Bldg. Rent	32,132	189,567
	Outside Training & Travel	20,738	194,025
	Other Building Rent	81,557	1,058,215
	Total	\$ (352,882)	\$ 395,323
<b>9) <u>District and County Taxes</u></b>	Total	\$ 22,441	\$ 165,638
<b>10) <u>Interest Income</u></b>	Total	\$ 179,799	\$ 587,432
<b>11) <u>Donations</u></b>	IVCH	\$ (60,789)	\$ (16,126)
The TFHSF transferred funds to the District for the 3T MRI project, creating a positive variance in Donations.	Operational	491,893	93,047
	Total	\$ 431,104	\$ 76,921
<b>12) <u>Gain/(Loss) on Joint Investment</u></b>	Total	\$ (129,759)	\$ (795,441)
The District booked its estimated loss for April from the Truckee Surgery Center and trued up its losses in TSC, LLC for March.			
<b>13) <u>Gain/(Loss) on Market Investments</u></b>	Total	\$ 413,891	\$ 922,353
The District booked the value of unrealized gains in its holdings with Chandler Investments.			
<b>14) <u>Gain/(Loss) on Sale or Disposal of Assets</u></b>	Total	\$ -	\$ 1,000
<b>15) <u>COVID-19 Emergency Funding</u></b>	Total	\$ -	\$ -
<b>16) <u>Depreciation Expense</u></b>	Total	\$ (140,693)	\$ (1,406,935)
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.			
<b>17) <u>Interest Expense</u></b>	Total	\$ (13,935)	\$ (147,831)
The District implemented GASB No. 87, requiring certain lease agreements be capitalized and Imputed Interest be recorded, creating a negative variance in Interest Expense.			



INCLINE VILLAGE COMMUNITY HOSPITAL  
STATEMENT OF REVENUE AND EXPENSE  
APRIL 2023

CURRENT MONTH				YEAR TO DATE				PRIOR YTD APR 2022			
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%			
				<b>OPERATING REVENUE</b>							
\$ 2,772,804	\$ 2,734,108	\$ 38,696	1.4%	Total Gross Revenue	\$ 30,959,010	\$ 29,333,513	\$ 1,625,497	5.5%	1	\$ 26,578,503	
				<b>Gross Revenues - Inpatient</b>							
\$ -	\$ -	\$ -	0.0%	Daily Hospital Service	\$ 10,719	\$ 17,033	\$ (6,314)	-37.1%		\$ 18,470	
-	1,592	(1,592)	-100.0%	Ancillary Service - Inpatient	11,270	17,974	(6,704)	-37.3%		31,242	
-	1,592	(1,592)	-100.0%	Total Gross Revenue - Inpatient	21,989	35,007	(13,018)	-37.2%	1	49,712	
2,772,804	2,732,516	40,288	1.5%	Gross Revenue - Outpatient	30,937,021	29,298,506	1,638,515	5.6%		26,528,791	
2,772,804	2,732,516	40,288	1.5%	Total Gross Revenue - Outpatient	30,937,021	29,298,506	1,638,515	5.6%	1	26,528,791	
				<b>Deductions from Revenue:</b>							
1,164,368	1,223,019	58,651	4.8%	Contractual Allowances	13,635,820	13,193,504	(442,316)	-3.4%	2	10,851,482	
136,957	117,567	(19,390)	-16.5%	Charity Care	690,975	1,261,341	570,366	45.2%	2	1,142,062	
77,827	54,682	(23,145)	-42.3%	Bad Debt	874,987	586,670	(288,317)	-49.1%	2	(105,866)	
(58,981)	-	58,981	0.0%	Prior Period Settlements	(58,981)	-	58,981	0.0%	2	268,000	
1,320,171	1,395,268	75,097	5.4%	Total Deductions from Revenue	15,142,801	15,041,515	(101,286)	-0.7%	2	12,155,678	
55,049	58,647	(3,598)	-6.1%	Other Operating Revenue	605,902	690,382	(84,480)	-12.2%	3	912,278	
1,507,682	1,397,487	110,195	7.9%	<b>TOTAL OPERATING REVENUE</b>	16,422,110	14,982,380	1,439,730	9.6%		15,335,103	
				<b>OPERATING EXPENSES</b>							
635,750	621,377	(14,373)	-2.3%	Salaries and Wages	5,942,819	6,345,682	402,863	6.3%	4	4,774,511	
189,728	198,361	8,633	4.4%	Benefits	2,048,263	2,001,569	(46,694)	-2.3%	4	1,543,704	
2,738	5,313	2,575	48.5%	Benefits Workers Compensation	25,066	53,130	28,064	52.8%	4	27,916	
85,545	91,405	5,860	6.4%	Benefits Medical Insurance	1,109,246	914,050	(195,196)	-21.4%	4	721,418	
150,852	147,032	(3,820)	-2.6%	Medical Professional Fees	1,507,830	1,493,557	(14,273)	-1.0%	5	2,400,760	
1,744	2,327	583	25.1%	Other Professional Fees	22,125	23,270	1,145	4.9%	5	22,084	
68,630	55,686	(12,944)	-23.2%	Supplies	603,362	709,919	106,557	15.0%	6	507,547	
64,255	81,603	17,348	21.3%	Purchased Services	712,814	774,318	61,504	7.9%	7	752,988	
186,259	107,544	(78,715)	-73.2%	Other	1,121,475	1,110,533	(10,942)	-1.0%	8	1,120,732	
1,385,499	1,310,648	(74,851)	-5.7%	<b>TOTAL OPERATING EXPENSE</b>	13,093,000	13,426,028	333,028	2.5%		11,871,660	
<b>122,183</b>	<b>86,839</b>	<b>35,344</b>	<b>40.7%</b>	<b>NET OPERATING REV(EXP) EBIDA</b>	<b>3,329,110</b>	<b>1,556,352</b>	<b>1,772,758</b>	<b>113.9%</b>		<b>3,463,443</b>	
				<b>NON-OPERATING REVENUE/(EXPENSE)</b>							
-	60,789	(60,789)	-100.0%	Donations-IVCH	597,242	613,368	(16,126)	-2.6%	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	(949,613)	(770,260)	(179,353)	-23.3%	12	(728,539)	
(1,543)	-	(1,543)	0.0%	Interest Expense	(16,705)	-	(16,705)	0.0%	13	-	
(96,504)	(16,237)	(80,267)	-494.3%	<b>TOTAL NON-OPERATING REVENUE/(EXP)</b>	(369,076)	(156,892)	(212,184)	-135.2%		(1,341,950)	
<b>\$ 25,679</b>	<b>\$ 70,602</b>	<b>\$ (44,923)</b>	<b>-63.6%</b>	<b>EXCESS REVENUE(EXPENSE)</b>	<b>\$ 2,960,034</b>	<b>\$ 1,399,460</b>	<b>\$ 1,560,574</b>	<b>111.5%</b>		<b>\$ 2,121,493</b>	
<b>4.4%</b>	<b>3.2%</b>	<b>1.2%</b>		<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>10.8%</b>	<b>5.3%</b>	<b>5.4%</b>			<b>13.0%</b>	

**INCLINE VILLAGE COMMUNITY HOSPITAL  
NOTES TO STATEMENT OF REVENUE AND EXPENSE  
APRIL 2023**

		<u>Variance from Budget</u>	
		<u>Fav&lt;Unfav&gt;</u>	
		<u>APR 2023</u>	<u>YTD 2023</u>
<b>1) <u>Gross Revenues</u></b>			
Acute Patient Days were below budget by 1 at 0 and Observation Days were above budget by 1 at 0.	Gross Revenue -- Inpatient	\$ (1,592)	\$ (13,018)
	Gross Revenue -- Outpatient	40,288	1,638,515
		<u>\$ 38,696</u>	<u>\$ 1,625,497</u>
Outpatient volumes were above budget in Surgery cases, Cat Scans, Oncology Drugs Sold to Patients, Speech & Occupational Therapies.			
Outpatient volumes were below budget in Laboratory tests, Lab Send Out tests, EKG, Diagnostic Imaging, Ultrasounds, Respiratory Therapy, and Physical Therapy.			
<b>2) <u>Total Deductions from Revenue</u></b>			
We saw a shift in our payor mix with a .91% increase in Medicare, a 1.25% increase in Medicaid, a 2.17% decrease in Commercial insurance, a .02% increase in Other, and County was at budget.	Contractual Allowances	\$ 58,651	\$ (442,316)
We saw a decrease in A/R over 90 Days in our Medicare OP and Commercial OP HMO buckets, creating a positive variance in Contractual Allowances.	Charity Care	(19,390)	570,366
	Charity Care-Catastrophic Event	-	-
	Bad Debt	(23,145)	(288,317)
	Prior Period Settlement	58,981	58,981
	Total	<u>\$ 75,097</u>	<u>\$ (101,286)</u>
The FY21 Medicare Cost Report desk audit was completed, resulting in an amount due to IVCH, creating a positive variance in Prior Period Settlements.			
<b>3) <u>Other Operating Revenue</u></b>			
IVCH ER Physician Guarantee is tied to collections, coming in below budget in April.	IVCH ER Physician Guarantee	\$ (2,616)	\$ (71,221)
	Miscellaneous	(982)	(13,259)
	Total	<u>\$ (3,598)</u>	<u>\$ (84,480)</u>
<b>4) <u>Salaries and Wages</u></b>			
	Total	<u>\$ (14,373)</u>	<u>\$ 402,863</u>
<b><u>Employee Benefits</u></b>			
	PL/SL	\$ 2,338	\$ (25,346)
	Pension/Deferred Comp	0	0
	Standby	1,025	(7,278)
	Other	(2,413)	10,116
	Nonproductive	7,683	(24,187)
	Total	<u>\$ 8,633</u>	<u>\$ (46,694)</u>
<b><u>Employee Benefits - Workers Compensation</u></b>			
	Total	<u>\$ 2,575</u>	<u>\$ 28,064</u>
<b><u>Employee Benefits - Medical Insurance</u></b>			
	Total	<u>\$ 5,860</u>	<u>\$ (195,196)</u>
<b>5) <u>Professional Fees</u></b>			
Hospitalist and Telehealth visits were above budget, creating a negative variance in IVCH ER Physicians.	IVCH ER Physicians	\$ (4,570)	\$ (14,313)
	Therapy Services	-	(710)
	Administration	-	-
	Multi-Specialty Clinics	-	-
	Miscellaneous	750	750
	Foundation	583	1,146
	Total	<u>\$ (3,237)</u>	<u>\$ (13,128)</u>
<b>6) <u>Supplies</u></b>			
A large purchase of canned drinking water created a negative variance in Food.	Food	\$ (3,405)	\$ (2,267)
	Non-Medical Supplies	85	(2,258)
	Office Supplies	(598)	(2,035)
	Patient & Other Medical Supplies	7,786	19,611
We saw a decrease in Non-Patient Chargeable medical supply purchases, creating a positive variance in Patient & Other Medical Supplies.	Minor Equipment	131	26,190
	Pharmacy Supplies	(16,942)	67,316
Drugs Sold to Patients revenues exceeded budget by 158%, creating a negative variance in Pharmacy Supplies.	Total	<u>\$ (12,944)</u>	<u>\$ 106,557</u>

**INCLINE VILLAGE COMMUNITY HOSPITAL  
NOTES TO STATEMENT OF REVENUE AND EXPENSE  
APRIL 2023**

		<u>Variance from Budget</u>	
		<u>Fav&lt;Unfav&gt;</u>	
		<u>APR 2023</u>	<u>YTD 2023</u>
<b>7) <u>Purchased Services</u></b>			
Snow removal services created a negative variance in Miscellaneous.	Miscellaneous	\$ (4,587)	\$ (66,868)
We incurred a mid-transport cancellation charge related to the CT Scan rental, creating a negative variance in Diagnostic Imaging Services-All.	Diagnostic Imaging Services - All	(4,074)	(8,935)
A direct mail campaign created a negative variance in Foundation.	Foundation	(3,922)	(3,664)
We saw decreases in Department Repairs in Laboratory, Diagnostic Imaging, Ultrasound, Cat Scan, and Plant Operations.	Pharmacy	(257)	(966)
	Multi-Specialty Clinics	192	2,404
	Department Repairs	11,716	2,742
	EVS/Laundry	1,782	13,636
	Engineering/Plant/Communications	2,928	13,764
	Laboratory	13,571	109,392
	<b>Total</b>	<u>\$ 17,348</u>	<u>\$ 61,504</u>
Outsourced Laboratory revenues were below budget 41%, creating a positive variance in Laboratory.			
<b>8) <u>Other Expenses</u></b>			
Rental of a portable CT machine created a negative variance in Equipment Rent.	Equipment Rent	\$ (32,703)	\$ (68,615)
We saw negative variances in Electricity, Natural Gas/Propane, and Telephone expenses, creating a negative variance in Utilities.	Utilities	(19,874)	(66,863)
Expenses advanced for the Foundation's Beach Boy Concert created a negative variance in Miscellaneous.	Miscellaneous	(37,066)	(26,312)
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.	Dues and Subscriptions	191	(4,604)
	Physician Services	-	-
	Insurance	956	6,297
	Outside Training & Travel	1,676	7,635
	Marketing	(6,491)	7,939
	Multi-Specialty Clinics Bldg. Rent	3,674	40,255
	Other Building Rent	10,921	93,326
	<b>Total</b>	<u>\$ (78,715)</u>	<u>\$ (10,942)</u>
<b>9) <u>Donations</u></b>			
	Total	<u>\$ (60,789)</u>	<u>\$ (16,126)</u>
<b>10) <u>Gain/(Loss) on Sale</u></b>			
	Total	<u>\$ -</u>	<u>\$ -</u>
<b>11) <u>COVID-19 Emergency Funding</u></b>			
	Total	<u>\$ -</u>	<u>\$ -</u>
<b>12) <u>Depreciation Expense</u></b>			
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	<u>\$ (17,935)</u>	<u>\$ (179,353)</u>
<b>13) <u>Interest Expense</u></b>			
	Total	<u>\$ (1,543)</u>	<u>\$ (16,705)</u>

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF CASH FLOWS

	AUDITED FYE 2022		BUDGET FYE 2023	PROJECTED FYE 2023	ACTUAL APR 2023	PROJECTED APR 2023	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	ACTUAL 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	40,590,404		25,383,789	18,394,816	\$ (377,424)	\$ 1,096,489	\$ (1,473,913)	\$ 5,772,590	\$ 9,104,456	\$ 5,225,277	\$ (1,707,507)
Interest Income	385,321		690,032	1,123,828	335,173	273,795	61,379	129,360	210,364	348,930	435,173
Property Tax Revenue	8,969,604		9,747,000	9,872,503	-	-	-	511,386	114,357	5,446,760	3,800,000
Donations	2,145,345		1,305,071	1,647,900	58,577	105,000	(46,423)	36,950	444,629	490,589	675,732
Emergency Funds	(1,092,739)		-	-	-	-	-	-	-	-	-
Debt Service Payments	(4,683,557)		(5,007,753)	(5,073,228)	(352,819)	(353,402)	583	(1,757,111)	(1,063,208)	(1,194,452)	(1,058,457)
Property Purchase Agreement	(812,500)		(811,927)	(811,927)	(67,661)	(67,661)	0	(202,982)	(202,982)	(202,982)	(202,982)
2018 Municipal Lease	(1,714,321)		(1,717,326)	(1,717,326)	(143,111)	(143,111)	0	(429,332)	(429,332)	(429,332)	(429,332)
Copier	(58,608)		(63,840)	(64,290)	(4,950)	(5,533)	583	(15,703)	(19,603)	(14,133)	(14,851)
2017 VR Demand Bond	(727,326)		(769,491)	(834,517)	-	-	-	(697,803)	-	(136,713)	-
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)	(476,666)	-	(30,000)	30,000	(63,333)	(113,333)	(300,000)	-
Investment in Capital											
Equipment	(3,721,451)		(3,400,652)	(2,883,791)	(68,852)	(83,171)	14,319	(694,160)	(592,636)	(790,629)	(806,366)
IT/EMR/Business Systems	(106,850)		(1,833,753)	(703,834)	(4,000)	(247,171)	243,171	(86,306)	(245,667)	(187,200)	(184,661)
Building Projects/Properties	(22,004,760)		(41,773,780)	(22,498,727)	(635,908)	(2,394,573)	1,758,665	(6,650,405)	(6,363,136)	(5,281,810)	(4,203,376)
Change in Accounts Receivable	(5,918,012)	N1	(2,928,806)	(2,362,725)	2,548,535	308,121	2,240,414	1,869,945	(5,883,292)	1,464,749	185,873
Change in Settlement Accounts	(24,245,464)	N2	398,920	(4,008,675)	4,048,802	901,780	3,147,022	(7,526,353)	(5,380,991)	730,145	8,168,524
Change in Other Assets	(4,363,407)	N3	(1,850,000)	(3,435,398)	(1,266,855)	(50,000)	(1,216,855)	(1,060,914)	(962,700)	355,071	(1,766,855)
Change in Other Liabilities	6,881,645	N4	(3,700,000)	(6,733,096)	861,714	1,250,000	(388,286)	(1,235,014)	(9,351,503)	(1,008,293)	4,861,714
Change in Cash Balance	(7,390,588)		(24,096,598)	(17,137,092)	5,146,943	776,868	4,370,075	(10,753,364)	(20,082,660)	5,299,138	8,399,794
Beginning Unrestricted Cash	161,643,342		154,252,754	154,252,754	128,715,868	128,715,868	-	154,252,754	143,499,390	123,416,730	128,715,868
Ending Unrestricted Cash	154,252,754		130,156,155	137,115,661	133,862,811	129,492,736	4,370,075	143,499,390	123,416,730	128,715,868	137,115,661
Operating Cash	154,252,754		130,156,155	137,115,661	133,862,811	129,492,736	4,370,075	143,499,390	123,416,730	128,715,868	137,115,661
Expense Per Day	658,532		732,143	742,473	735,307	734,031	1,276	691,239	710,012	734,547	742,473
Days Cash On Hand	234		178	185	182	176	6	208	174	175	185

Footnotes:

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

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

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

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



## Board Informational Report

**By: Harry Weis**  
President and CEO

**DATE: May 15, 2023**

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Our health system is reporting one of the lowest year over year estimated overall patient volume increases of roughly 4.5% year to date after ten months. Most prior years were large double-digit year over year increases. The year over year slowing is helpful to see.

Material unreimbursed healthcare expense inflation is harming us and all health systems across the US. We are seeing a repeat of the high inflation levels that happened in the late 1970's and early 1980's.

We are pleased to see that our Incline Village Community Hospital operations are outperforming the prior fiscal year while our other locations are under performing versus the prior year.

After ten months, we are seeing overall expense inflation year over year of 17.1%.

Supply increases especially drug increases are rising 22.9% year over year.

Our health insurance costs have increased 35.2% year over year.

Labor and other benefit expenses have increased 17.3% year over year excluding the health insurance increase noted above.

We only raise our rates/prices no more than 5% in any single year. Our bottom line has declined 55% year to date versus the prior year as a result of very small revenue increases and large expense inflation.

We continue to have about \$18,000,000 of capital expenditures on hold due to the drop in earnings to preserve a proper amount of cash and days of cash on hand at June 30.

Our team is grateful to be operating in the black when most large health systems and many individual health systems are operating in the red.

Again, a CA industry report suggest that one in five hospitals are at high risk for closure in the near term. No one must ever take local healthcare for granted, as there is a growing list of hospitals that are not surviving.

We are seeing several new proposed actions by the State of California, which will elevate the cost of healthcare significantly, even though they have a new program called the Office of Healthcare Affordability.

In recent weeks, our team has completed reaccreditation surveys at the Truckee Surgery Center, Tahoe Forest Hospital and Incline Village Community Hospital.

Further, our team also performed in an excellent manner on our verification visit for Level III Trauma by the American College of Surgeons trauma inspection team.

Last week was National Nurses Week and National Hospital Week. We had daily engagement and thank you events each day of the week to honor the great work our team does 365, 24/7. We are very, very proud of our team!

Every Medicaid and Medi-Cal enrollee will have to reaffirm they continue to qualify for the program this calendar year. Even seniors with Medicare and Medicaid will need to reaffirm they are still eligible for Medicaid. Hospitals are anticipating a surge in uninsured patients across the US due to this federal requirement.

Starting January 1, 2024, major Medi-Cal/Medicaid managed care changes are coming to Northern California. Partnership Health Plan has been approved by the state to replace the prior MediCal/Medicaid managed care plans that served our region.

Our team is busy at work on preparing the budget for Fiscal Year 2024 and a new 10-year Balance Sheet and Income Statement forecast. This information will be presented to the board in June.

Safety and reliability of hospital operations continue to face increased regulatory performance where we must be able to safely deliver longer duration care (more days of care) when all public utilities, including water and power, are not available. These increased stand-alone highly reliable safety requirements are costing us several million dollars to complete. Patient safety and reliability requirements are elevating.

Our team remains very active in California and Nevada and on US laws and regulations to keep healthcare sustainable, cost effective and nimble so that great healthcare can always exist in this region.



## Board COO Report

**By: Louis Ward**  
Chief Operating Officer

**DATE: May 2023**

**Service: Deliver Outstanding Patient & Family Experience**  
*Continuously improve access to care*

### **Occupational Health Electronic Medical Record (EMR)**

The Occupational Health team has been hard at work bringing in an electronic medical record system to improve efficiency. As of today, the Agility EMR build and integration with EPIC has passed its change control testing. This is the last milestone in our readiness assessment for go live. Go live is scheduled for late May.

*Implement an enterprise-wide master plan*

### **Medical Office Building (MOB) Third Floor**

We are excited to announce that construction on the third floor of the MOB has been completed. The newly renovated space will provide additional space for behavioral health and pediatrics patients. At the time of this report the District is awaiting one final signature from the Town of Truckee to open the space. We are expecting the space will open and be available to the community in late May.

*Optimize the health care delivery system and efficiencies*

### **Retail Pharmacy App**

This month, the Tahoe Forest Retail Pharmacy has made an app called RX Local available to patients. The app will allow patients to refill prescriptions, communications with a pharmacist, and view the status of a medication. RX Local was tested by a small group of employees and their families throughout late April - early May. All comments made by those who tested the app were positive thus allowing us to move the app on to the community. We are very excited to roll out this convenient tool to the community and patients we proudly serve.

### **Quality: Provide excellent patient focused quality care**

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

### **Healthcare Facilities Accreditation Program (HFAP/ACHC) Survey**

Tahoe Forest Health System underwent an ACHC triennial survey last month. I am so delighted to announce the team performed amazingly well. It was clear the staff, providers, and leadership were well prepared in their areas.

### **Level III Trauma Survey**

The American College of Surgeons (ACS) conducted a two-day Level III Trauma verification survey on May 9-10, 2023. We are delighted to announce the survey went extremely well. The Health System's Level III trauma certification received its three year verification.

*Improve quality of care and patient outcomes*

### **HQI Analytics**

Staff has worked with the team from the Health Quality Institute to submit a great deal of encrypted data in an effort to produce various reports which will allow staff to track trends, benchmark against other hospitals, and even view patient migration patterns. The Hospital Quality Institute is a program that was launched and funded by the California Hospital Association. A small group of staff will be meeting with the HQI team in an effort to validate data and train other members of staff. We are excited about the data that is now available to the health system as we continue to ensure we are providing the highest quality care to our patients.

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

*Exemplify a culture based on the foundation of our values*

### **Hospital Week**

Early May at Tahoe Forest Health System is always an exciting time, the weather is warming, snow is melting...and an opportunity to celebrate Nurses Week and Hospital Week. In May of each year Hospitals all over the United States celebrate Hospital Week and nurses Week. Human Resources organized an employee event each day including coffee and donuts, trail mix bar and food truck lunch. Staff was very appreciative of the events planned out by Human Resources and the Values Advocates.

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

*Achieve balance between strategic requirements and capital capabilities while protecting long-term financial sustainability*

### **Projects Approved**

This month the Administrative Council met to review all Fiscal Year 2024 project submissions. As always the projects submitted but Directors and managers throughout the health system were quite impressive. The Administrative Council has decided that FY24 will primarily be about optimizing software and equipment investments we have made in recent years however the group did approve six new projects from the submitted list of over 15 projects. At this time all projects not approved for FY24 have been put on hold until a later date.



**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 Moves:**

Occupancy Medical Office Building 3<sup>rd</sup> Floor

**Planned Moves:**

MSC Admin Summer 2023

Wellness Summer 2023

**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. Phase 2, removal of the old tank, is underway.

**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 2<sup>nd</sup> and 3<sup>rd</sup> floors of the MOB, all RHCs.

**Update Summary:** The 2<sup>nd</sup> floor is in operation. The Suite 340 & 360 construction is wrapping up. Tentative first patient day is scheduled for May 29<sup>th</sup>, staff are diligently working on licensing and occupancy plan.

**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:** Project is complete. Awaiting HCAI closed in compliance, typically 90-120 post completion.

**Start of Construction:** April 2022

**Estimated Completion:** January 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. The facility experienced a mechanical failure on automatic transfer switch "ATS" 6. This ATS was planned to be replaced as part of this project. The replacement of this ATS has been moved forward on an emergency project status. Plans are complete and HCAI approved. Lead time on equipment are substantial and start of construction, for this scope only, is planned to commence in June of 2023.

**Start of Construction:** Summer 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 utility install are underway. Temporary CT trailer is planned to arrive May 25<sup>th</sup>. Staff and design Builder have resubmitted plans to the State for replacement project approval. Staff are working with Design Building on completion of GMP activity. The Replacement is planned to commence middle of June. Mammography schematic design is underway forecasting design completion in September.

**Start of Construction:** Spring 2023

**Estimated Completion:** Fall 2023

**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. Staff have an active Development Permit submittal submitted with the Town. The development permit will be concurrent and dependent on the Master Plan submittal.

**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.



## Board CNO Report

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

**DATE: May 2023**

Chief Nursing Officer

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

- Women and Family unit is finishing their training and sign off for recovery of cesarean section patients. This is the first phase for OB to complete the c-section transition from OR services.

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

- HFAP/ACHC completed their survey end of April. Nursing had six minor deficiencies, which we have just completed our plan of correction.
- ACS just completed our Trauma survey on May 9-10<sup>th</sup> for our level III verification. We will have official notice in 11 weeks. We only had two-type II deficiency.
- Nursing has added to our Shared Governance Councils. We now have six councils. Four councils include staff members from various nursing areas.

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

- IVCH Endoscopy services started on April 14, 2023. This service is doing well. By the end of May, IVCH will have done 20 Endo cases.

**By: Brian Evans, MD, MBA**

**DATE: May 16, 2023**

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

- A special clinician “Journal Club” was held on May 4<sup>th</sup>. This event was a facilitated discussion on the subject of artificial intelligence and the impacts it is already having on healthcare. Future journal clubs are being scheduled each quarter.
- Collaborative meetings between service line Medical Directors, CMO and VP Physician Services are occurring at least quarterly. Operational managers and directors have now been included to improve service line communication.
- Dr. Stephen Beeson will attend the quarterly MedStaff Meeting May 16<sup>th</sup>, and provide instruction related to clinician engagement and alignment

**Service: Deliver Outstanding Patient & Family Experience**

- The Patient Access project is under way with observations taking place at various clinical sites throughout the system.
- Patient Experience scores continue to be top tier.

**Quality: Provide excellent patient focused quality care**

- The American College of Surgeons surveyed the Tahoe Forest Hospital Trauma program. We are awaiting their final report but it was a very successful survey with no significant deficiencies.
- HFAP completed their onsite survey of both hospitals. The survey was very successful and action plans are being developed to address deficiencies, none of which were significant.
- Multi-Disciplinary Peer Review has been implemented at Tahoe Forest, which is a best-practice for quality improvement. In this model, clinicians for multiple specialties work as a team to review cases for opportunities to improve as a system.

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

- Improvement in operational efficiency and time to scheduled appointments is being tracked and improved.
- Implementation of a more defined “clinical project approval” process has been rolled out to ensure that as we expand we ensure strong financial performance and long term sustainability.

**Growth: Expand and foster community and regional relationships**

- Discussions are occurring with a regional academic center to provide services that are currently unavailable.
- Ongoing weekly discussions with county public health entities to discuss emergency planning, infectious disease monitoring, vaccinations, and other public health issues.



Date: May 19, 2023

To: Tahoe Forest Hospital District Board of Directors

From: Karli Epstein, Executive Director – Incline Village Community Hospital Foundation IVCHF

Re: Request for new board member approval

Dear Tahoe Forest Hospital District Board of Directors:

IVCHF has recently approved Denise Seminetta to become a board member. She brings a wealth of experience, expertise, and community connections to our Foundation Board and community.

Denise Seminetta's resume is attached.

Respectfully submitted on behalf of the Incline Village Community Hospital Foundation

## Denise M. Seminetta CFA, CMT

**Professional Summary:** 30+ year successful history in the financial services industry; excelling in investment research and portfolio management.

Skilled in investment portfolio construction, equity security selection, client relationships, and delivering exceptional service.

Former Director of Research at Premier Asset Management LLC, a Chicago based Registered Investment Advisor (R.I.A.) that I helped grow to approximately \$1 Billion in Assets Under Management.

Formerly held senior positions at ABN/AMRO and The Feldman Investment Group (or their predecessor organizations).

**Education:** Certifications: Chartered Financial Analyst (CFA)

Chartered Market Technician (CMT)

Bachelor of Arts/Bachelor of Science: Major in Finance/International Business 1987  
The Ohio State University

### **Board Appointments:**

Providence St. Mel School of Chicago (highly achieving PreK - 12 school in an underserved community), current Trustee, former Chairperson of the Board

Treasurer and Board member The Seminetta Family Foundation

Founding member of Providence Englewood Charter School (Chicago)

Treasurer, Joseph Sears School Parent Volunteer Organization (JSSPVA)

Eagle Scout Counselor, Member Eagle Scout Board of Review

Village of Kenilworth Illinois Strategic Planning Committee

Village of Kenilworth Caucus

**Charter**  
**Governance Committee**  
**Board of Directors**  
**Tahoe Forest Hospital District**

**Purpose:**

~~The purpose of this document is to define the~~The charterCharter of the Governance Committee of the District's Board of Directors ~~and, further, to delineate~~s the Committee's duties and responsibilities.

**Responsibilities:**

The Governance Committee of the Board shall function as a standing committee of the Board responsible for addressing all governance-related issues. The Committee shall develop, maintain, and implement the necessary governance-related policies and procedures that define the Hospital's governance practices.

**Duties:**

1. Conduct at least a biennial review of the Bylaws and submit recommendations to the Board of Directors for changes to Bylaws- as necessary. ~~and Board policies.~~
2. ~~Submit recommendations to the Board of Directors for changes to Bylaws and~~ 2. Conduct at least a triennial review of Board policies and submit recommendations to the Board of Directors for changes to the ~~Board~~ policies as necessary.
3. Develop new Board policies and procedures as necessary or as directed by the Board of Directors.
4. Advance best practices in board governance.
5. Ensure the annual board self-assessment is conducted no later than December 1.
6. Participate in the development of the Agenda for scheduled Board Retreats
- ~~6~~7. Ensure a board goal setting process is conducted no later than April 30 and reviewed at the October board retreat.

**Composition:**

The Committee shall be comprised of two (2) Board members appointed by the Board Chair.

**Meeting Frequency:**

The Committee shall meet as needed.





## **Board Informational Report**

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

**DATE:** May 25, 2023

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### **2023 Compliance Program 1st Quarter Report (Open Session)**

The Compliance Committee is providing the Board of Directors (BOD) with a report of the 1st Quarter 2023 Compliance Program activities (Open Session). This report assists the BOD to meet its obligations to be knowledgeable about the content and operation of the seven components of the Compliance Program.

## 2023 Corporate Compliance Program 1st Quarter Report

### OPEN SESSION

Period Covered by Report: **January 1, 2023 - March 31, 2023**  
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. No Compliance Policies were updated in the first quarter of 2023.

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

2.1. Corporate Compliance Committee Membership as of March 31, 2022:

Garrett Smith The Fox Group – Compliance Consultant

Kristina Watanabe-Hylton – Compliance Consultant

Louis Ward, Chief Operating Officer

Jan Iida, RN- Chief Nursing Officer

Harry Weis – Chief Executive Officer

Crystal Felix – Chief Financial Officer

Jake Dorst – Chief Information and Innovation Officer

Alex MacLennan – Chief Human Resources Officer

Matt Mushet – In-house Legal Counsel

Bernice Zander, Health Information Management Director

Scott Baker, Vice President of Physician Services

Theresa Crowe, RN, JD, Privacy Officer and Risk Manager

Tobriah Hale, Legal and Compliance Specialist

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

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

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

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

4.1. A Compliance log is maintained for all calls to the Compliance Hotline and other reports made to the Compliance Department. Three calls were made through the hot line in the 1<sup>st</sup> Quarter of 2023. Resulting in two privacy investigations, with one call not being compliance related.

4.2. HIPAA violations are reported to the Privacy Officer. The Privacy Officer maintains a log of reported events and investigations. 11 reports were investigated by the Privacy Officer in the 1<sup>st</sup> Quarter of 2023.

2023 Corporate Compliance Program 1st Quarter Report

OPEN SESSION

Nature of Breach Reports 2023	No. of Reports YTD	No. of Reports 1st Quarter 2023	No. of Reports 2nd Quarter 2023	No. of Reports 3rd Quarter 2023	No. of Reports 4th Quarter 2023
Billing/Registrations	1	1	0	0	0
Patient Results	1	1	0	0	0
Mailings	0	0	0	0	0
Electronic File	0	0	0	0	0
Faxing	2	2	0	0	0
Patient Complaint	0	0	0	0	0
Record Disposal	1	1	0	0	0
Public Disclosure	0	0	0	0	0
Employee Access	4	4	0	0	0
BAA reported breach	0	0	0	0	0
Incorrect Registration	0	0	0	0	0
Incorrect Guarantor	0	0	0	0	0
Unsecure/misdirected email	2	2	0	0	0
Total	11	11	0	0	0
	Total YTD	Q1	Q2	Q3	Q4

4.3. The Compliance Department published one article in the Pacesetter in the first quarter of 2023.

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

5.1. New hires (64) completed 100% of the required Health Stream courses in Corporate Compliance and HIPAA in the 1<sup>st</sup> quarter.

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.

OPEN SESSION

**6. Auditing & Monitoring**

- 6.1. Three audits were completed during the 1<sup>st</sup> Quarter of 2023 as part of the 2023 corporate compliance work plan.
  - 6.1.1. Annual Report of unauthorized disclosures of Protected Health Information: There were 0 unauthorized disclosures to report for 2022.
  - 6.1.2. Medical Record Documentation for TCM/CCM services:
    - 6.1.2.1. An audit of medical record documentation for Transition of Care Management showed 14 cases requiring rebilling due to lack of patient eligibility for the services.
    - 6.1.2.2. The audit for CCM services revealed that all cases reviewed were correctly billed.
  - 6.1.3. The 2023 Physician Payment Audit revealed payments requiring further investigation to confirm payments were based upon proper written documentation/policy. Several payments will need to be addressed.

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

- 7.1. Three investigations of suspected and actual compliance incidents were initiated during the 1st Quarter of 2023. Some investigations require remediation and refunds to payers. Planned remediation measures to prevent further violations include: additional staff training, changes in processes and procedures.

**8. Routine Compliance Support**

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

**AMENDMENT NO. 1 TO AGREEMENT FOR LEGAL SERVICES FOR THE TAHOE FOREST HOSPITAL DISTRICT**

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This Amendment No. 1 to the Agreement for Legal Services (“First Amendment”) is made and entered into effective July 1, 2023 (the “Effective Date”) by and between Tahoe Forest Hospital District, a Local Health Care District (“District”) and Colantuono, Highsmith & Whatley, PC, a California professional corporation (“Firm”) with respect to the following Recitals:

**RECITALS**

A. The District approved a legal services agreement with Colantuono, Highsmith & Whatley, PC for General Counsel services effective October 1, 2015 (the “Agreement”); and

B. District and Firm now wish to amend the Agreement by entering into this First Amendment to update rates and amend Exhibits A (Scope of Services and Applicable Billing Rates) and B (Compensation) to the Agreement effective July 1, 2023.

NOW, THEREFORE, in consideration of the mutual promises, covenants, and conditions contained herein and contained in the Agreement, District and Firm agree as follows:

1. The Recitals above are true and correct and fully incorporated herein.

2. Section 18 is hereby added to the Agreement to state:

Counterparts; Electronic Signatures. This Agreement may be signed in one or more counterparts, each of which shall be deemed an original, but all of which together shall be deemed one and the same instrument. The parties acknowledge and agree that this Agreement may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Without limitation, “electronic signature” shall include faxed or emailed versions of an original signature, electronically scanned and transmitted versions (e.g., via pdf) of an original signature, or a digital signature.

3. Exhibit A (Scope of Services and Applicable Billing Rates) to the Agreement is hereby replaced in its entirety with Exhibit A attached to this First Amendment.

4. Exhibit B (Non-Retainer Hourly Billing Rates) to the Agreement is hereby replaced in its entirety with Exhibit B attached to this First Amendment.

5. Except as expressly provided in this First Amendment, all other provisions of the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, District and Firm hereby execute this First Amendment, to be effective as of the Effective Date:

<u>"DISTRICT"</u>	<u>"FIRM"</u>
<u>Tahoe Forest Hospital District</u>	<u>Colantuono, Highsmith &amp; Whatley, PC</u>

By: _____	By: _____
<u>Harry Weis, President &amp; CEO</u>	<u>Michael G. Colantuono, President</u>

Date: _____	Date: _____
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ATTEST:

\_\_\_\_\_  
Martina Rochefort, Clerk of the Board

## EXHIBIT "A"

### SCOPE OF SERVICES AND APPLICABLE BILLING RATES

#### I. GENERAL LEGAL SERVICES

A. GENERAL SERVICES. The general legal services to be provided by the Firm to the District shall include the following:

1. Provide routine legal assistance, advice and consultation to the Board of Directors and to District staff relating to general public law issues, potential tort liability and risk management.
2. Prepare and review legal opinions, ordinances, resolutions, agreements and related documents.
3. Attend all meetings of the Board of Directors, and such meetings of other Boards and Committees of the District as may from time to time be specified by the District.
4. Monitor pending state and federal legislation and regulations, and new case law, as appropriate.
5. Perform such other or additional general legal services as may be requested by the District, acting by and through the Board of Directors or the District Manager.
6. Administer contracts that the District may have with other legal counsel.
7. Perform all duties of the office of District Counsel as provided in the Healthcare District Law and the ordinances and policies of the District, except to the extent such duties are provided for in Sections II or III below.

The general legal services specified in this paragraph A shall be provided at a blended rate of \$275325 per hour for all attorneys' services except as provided in paragraph B. below.

B. TASK BILLING. Upon request by District, Firm will propose flat-fee amounts to cover specific tasks under paragraph A. of this Section and under Sections II – IV below. When such task, flat-fee arrangements have been agreed upon, they shall control over the rates provided by this Agreement.

## **II. LITIGATION SERVICES**

A. The Firm will provide litigation services to the District in any and all matters assigned by the District, except as delegated pursuant to paragraph 11 of the Agreement, or as otherwise agreed in writing by the Firm and the District. Litigation oversight services such as review of invoices, coordination of activities, communication of Board of Directors direction, and similar administrative tasks will be included in General Legal Services at the rates set forth in Section I.

B. The litigation services specified in paragraph A shall be billed at the regular hourly rates of the attorneys and other professionals providing such services at the time those services are provided to a maximum of \$350395 per hour, or as otherwise agreed pursuant to paragraph I.B above. The rates in effect on the Effective Date of this Agreement are set forth in Exhibit B.

## **III. LABOR AND EMPLOYMENT LEGAL SERVICES**

A. The Firm will provide labor, employment and personnel legal services prior to the initiation of litigation to the District in any and all matters assigned by the District, except as delegated pursuant to paragraph 11 of the Agreement, or as otherwise agreed in writing by the Firm and the District.

B. The labor, employment and personnel services specified in paragraph A shall be billed at the regular hourly rates of the attorneys and other professionals providing such services at the time those services are provided to a maximum of \$350395 per hour, except as otherwise agreed pursuant to paragraph I.C. above.

## **IV. OTHER SPECIALIZED LEGAL SERVICES**

The specialized legal services (excluding those described above) to be provided by the Firm to the District shall include the following:

1. Advice regarding taxes, assessments, fees and other Financial Advice.



2. Environmental Legal Services other than routine review of negative declarations, environmental impact reports and project-level environmental documentation.

3. Real Estate and Eminent Domain Services other than routine review of escrow documents, title reports and contracts of sale.

4. Insurance Coverage Services, such as advice and representation regarding disputes with risk pools and insurers other than routine advice to tender claims.

5. Such other specialized services as may be required by the District which are not generally provided by an in-house District Counsel's office.

The specialized legal services specified in this paragraph shall be billed at the regular hourly rates of the attorneys providing such services at the time those services are provided up to a maximum of \$~~350~~395 per hour. The non-retainer rates in effect on the Effective Date of this Agreement are set forth in Exhibit B.

## EXHIBIT B

### Non-Retainer Hourly Billing Rates as of ~~October~~ Effective July 1, ~~2015~~2023

Shareholders and senior counsel	\$350
10 <sup>th</sup> year and more senior associates	\$330
9 <sup>th</sup> year associates	\$320
8 <sup>th</sup> year associates	\$310
7 <sup>th</sup> year associates	\$305
6 <sup>th</sup> year associates	\$295
5 <sup>th</sup> year associates	\$270
4 <sup>th</sup> year associates	\$255
3 <sup>rd</sup> year associates	\$245
2 <sup>nd</sup> year associates	\$220
1 <sup>st</sup> year associates	\$195
Paralegals	\$160
Legal assistants	\$145

<u>Shareholders and Senior Contract Attorneys</u>	<u>\$395/hr</u>
<u>16th Year and more Senior Associates</u>	<u>\$395</u>
<u>10th–15th Year Associates</u>	<u>\$395</u>
<u>9th Year Associates</u>	<u>\$395</u>
<u>8th Year Associates</u>	<u>\$385</u>
<u>7th Year Associates</u>	<u>\$345</u>
<u>6th Year Associates</u>	<u>\$315</u>
<u>5th Year Associates</u>	<u>\$300</u>
<u>4th Year Associates</u>	<u>\$285</u>
<u>3rd Year Associates</u>	<u>\$275</u>
<u>2nd Year Associates</u>	<u>\$265</u>
<u>1st Year Associates</u>	<u>\$255</u>
<u>Law Clerks/Paralegals</u>	<u>\$225/\$190</u>
<u>Legal Assistants</u>	<u>\$145 - \$170</u>