

2020-08-27 Regular Meeting of the Board of Directors

Thursday, August 27, 2020 at 4:00 p.m.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for August 27, 2020 will be conducted telephonically through Zoom.

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

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

If you would like to speak on an agenda item, you can access the meeting remotely: Please use this web link: https://tfhd.zoom.us/j/94196974073

If you prefer to use your phone, you may call in using the numbers listed: (346) 248 7799 or (301) 715 8592, Meeting ID: 941 9697 4073

Meeting Book - 2020-08-27 Regular Meeting of the Board of Directors

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Stewardship representatives

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REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

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Or join by phone:

If you prefer to use your phone, you may call in using the numbers listed: (346) 248 7799 or (301) 715 8592, Meeting ID: 941 9697 4073

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

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

1. CALL TO ORDER

2. ROLL CALL

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

4. INPUT AUDIENCE

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

5. CLOSED SESSION

5.1. Conference with Real Property Negotiator (Gov. Code § 54956.8)

Property Parcel Number: 018-622-002 & 018-622-003 Agency Negotiator: Judith Newland Negotiating Parties: Dennis Chez Under Negotiation: Price & Terms of Payment

5.2. Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3)) A point has been reached where, in the opinion of the Board on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District. Number of Potential Cases: One

The following facts and circumstances known to plaintiff or plaintiffs regarding: Other – Anthem Chargemaster Audit (Gov. Code § 54956.9(e)(2))

5.3. Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3)) A point has been reached where, in the opinion of the Board on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District. Number of Potential Cases: One

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

Name of Person Threatening Litigation: Stephanie Nichols

- **5.4. Hearing (Health & Safety Code § 32155**) *Subject Matter: Fiscal Year 2019-2020 Complaint, Grievance & Compliment Report Number of items: One (1)*
- 5.5. Hearing (Health & Safety Code § 32155) Subject Matter: Fiscal Year 2019-2020 Service Recovery Summary Report Number of items: One (1)
- 5.6. Hearing (Health & Safety Code § 32155) Subject Matter: First and Second Quarter Calendar Year 2020 Service Excellence Report Number of items: One (1)
- 5.7. Approval of Closed Session Minutes 07/23/2020
- **5.8. 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. <u>REPORT OF ACTIONS TAKEN IN CLOSED SESSION</u>

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

10. INPUT – AUDIENCE

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

11. INPUT FROM EMPLOYEE ASSOCIATIONS

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

12. SAFETY FIRST

13. ACKNOWLEDGMENTS

13.1. August 2020 Employee of the Month ATTACHMENT

13.2. Healthcare Facilities Accreditation Program

14. MEDICAL STAFF EXECUTIVE COMMITTEE ♦

Privilege Form with content changes

• Family Medicine Privilege Form

Policies With Changes

- Moderate and Deep Sedation, ANS 1301
- Labor Second Stage Management, DWFC 1484

Medical Staff Bylaw Change

• Medical Staff Bylaws

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

15.1. Approval of Minutes of Meetings

15.1.1. 07/23/2020 ATTACHMENT	
15.1.2. 08/05/2020 ATTACHMENT	
15.2. Financial Reports	
15.2.1. Financial Report – July 2020	
15.3. Informational Staff Reports	
15.3.1. President & CEO Board Report	
15.3.2. Chief Operating Officer Board Report	
15.3.3. Chief Nursing Officer Board Report	
15.3.4. Chief Information & Innovation Officer Board Report	
15.3.5. Chief Medical Officer Board Report	
15.4. Approve Infection Prevention & Control and Antibiotic Stewardship Representatives	
15.4.1. Infection Prevention & Control and Antibiotic Stewardship Representatives ATTACHMENT	

16. ITEMS FOR BOARD DISCUSSION

16.1. Retirement Plan Update	. ATTACHMENT
The Board of Directors will receive an update on the District's retirement plans.	
16.2. Patient & Family Advisory Council Update	. ATTACHMENT
The Board of Directors will receive an annual update from the Patient & Family Advisory	Council.

17. ITEMS FOR BOARD ACTION ♦

17.1. Second Reading of Proposed Revisions to TFHD Board of Directors Bylaws ATTACHMENT The Board of Directors will consider approval of the TFHD Board of Directors Bylaws.

18. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

19. BOARD COMMITTEE REPORTS

20. BOARD MEMBERS REPORTS/CLOSING REMARKS

21. CLOSED SESSION CONTINUED, IF NECESSARY

22. OPEN SESSION

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

24. <u>ADJOURN</u>

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is September 24, 2020 at Tahoe Forest Hospital, 10121 Pine Avenue, Truckee, CA, 96161. A copy of the board meeting agenda is posted on the District's web site (<u>www.tfhd.com</u>) 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.



AUGUST 2020 EMPLOYEE OF THE MONTH

SARAH ANN POPOV

HELP DESK REPRESENTATIVE - INFORMATION TECHNOLOGY

We are honored to announce Sarah Ann Popov as our August 2020 Employee of the Month! Here are a few of the great things Sarah Ann's colleagues have to say about her:

"Sarah Ann is a great example of our values. She goes above and beyond daily, making sure all her co-workers are functioning in order for them to perform their daily jobs, which provides a smooth transition for our patients here at TFHS."

An example of Sarah Ann's willingness to go the extra mile was during a recent upgrade that left a nurse's phone out of order. The nurse needed her phone to talk to her patients, the physician, and the pharmacy. Sarah Ann had been working from home and offered to go into the office to set up the new phone herself. Within an hour and a half the phone was ready. Sarah Ann deals with many different tasks on a daily basis, and she manages a way to fix them!

Thank you Sarah Ann, for your invaluable work and your ongoing commitment to our values!

Please join us in congratulating all of our terrific nominees!

Daniel Buchanan

Sonia Henry

Fabiola Herrera Perez

Laura Laakso

Tamara Troxel





ITEM	Medical Executive Committee Consent Agenda
RESPONSIBLE PARTY	Greg Tirdel, MD
	Chief of Staff
ACTION REQUESTED?	For Board Action
BACKGROUND:	
During the August 20, 2020 Medical Executive Committee	
session consent agenda item recommendations to the E	loard of Directors at the August 27, 2020 meeting.
SUMMARY/OBJECTIVES:	
Approval of the following consent agenda items:	
Privilege Form With Changes	
Family Medicine Privilege Form	
Policies With Changes	
 Moderate and Deep Sedation, ANS – 1301 	
 Labor – Second Stage Management, DWFC – 14 	84
Medical Staff Bylaw Change	
Medical Staff Bylaws	
SUGGESTED DISCUSSION POINTS: None.	
None.	
SUGGESTED MOTION/ALTERNATIVES:	
Move to approve the Medical Executive Committee con	sent agenda as presented.
LIST OF ATTACHMENTS:	
Family Medicine Privilege Form	
 Moderate and Deep Sedation, ANS – 1301 	
 Labor – Second Stage Management, DWFC – 14 	84
Medical Staff Bylaws	

SPECIALTY: FAMILY MEDICINE

NAME: Please Print

Check one or more:

□ Tahoe Forest Hospital (TFH) Incline Village Community Hospital (IVCH)

Multi-Specialty Clinics (Tahoe Forest Health System)

Ski Clinic

Check one: □ Initial □ Change in Privileges □ Renewal of Privileges

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

Basic Education:	MD, DO
Minimum Formal	Successful completion of an ACGME or AOA-approved residency training program in
Training:	Family Medicine, or internal medicine if requesting privileges for pediatrics or urgent care.
Board Certification:	Board qualification/certification required. Current ABFP Board Certification (or AOA equivalent Board); or attain Board Certification within five years of completion of training program. Maintenance of Board Certification required for reappointment eligibility. <i>Failure to obtain board certification within the required timeframe, or failure to maintain board certification, will result in automatic termination of privileges.</i>
Required Previous	Applicant must be able to document that he/she has managed minimum number of
Experience:	hospital patients as indicated for each core group within the past 24 months. Recent
(required for new applicants)	residency or fellowship training experience may be applicable. If training has been completed within the last 5 years, documentation will be requested from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago, documentation will be requested from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested.
Clinical Competency	Training director or appropriate department chair from another hospital where applicant
References:	has been affiliated within the past year; and two additional peer references who have
(required for new	recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information
applicants)	regarding current clinical competence, ethical character and ability to work with others. (At least one peer reference must be a Family Medicine practitioner.)
	Medical Staff Office will request information.
Proctoring	See "Proctoring New Applicants" listed with procedures for specific proctoring
Requirements:	requirements. Where applicable, additional proctoring and evaluation may be required if minimum number of cases cannot be documented.
Other:	Current, unrestricted license to practice medicine in CA and/or NV
	 Malpractice insurance in the amount of \$1m/\$3m
	Current, unrestricted DEA certificate in CA (approved for all drug schedules) and/or
	unrestricted Nevada State Board of Pharmacy Certificate and DEA to practice in NV
	Ability to participate in federally funded program (Medicare or Medicaid)
	ATLS – required to provide services at all ski clinics. (ATLS required within 12
	months of initial appointment to the Ski Clinic(s))

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

Tahoe Forest Hospital District Department of Medicine – Family Medicine Page 1 of ${\bf 8}$

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. <u>Unless otherwise noted, privileges are available at both Hospitals</u>, 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.

contait	ion and reason to same must be stated on the last page.					
(A)	GENERAL PRIVILEGES – FAMILY MEDICINE	Estimate # of patients or procedures performed in the past 24 months (indicate if other than hospital #s)	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases or insufficient cases, add! proctoring may be required or privilege specific CME	
	BASIC – ADULT FAMILY MEDICINE OUTPATIENT					
	Basic privileges include the ability to review medical records, order outpatient labs and studies, and receive results of inpatient and/or outpatient lab/radiology studies, and records. Must include management of at least 50 adults within the last two years for initial appointment.					
	Basic privileges in adult inpatient family medicine include the ability to admit, perform histories and physicals, evaluate, treat and provide non-surgical care to patients above 14 years of age to correct or treat various conditions, illnesses, injuries, including					Commented [PD1]: Discussion: Should age be set at 18?
	swing bed admissions, consultation/admission from emergency room, and Extended Care Center (long term care). Must include management of at least 50 hospital adult patients within last two years for initial appointment. Cross out & INITIAL any privilege(s) you are not applying for in this set of Basic Privileges in outpatient or inpatient/hospital privileges Management of general medical conditions privileges					
	include: Allergy/Rheumatology Anaphylaxis Autoimmune Hematological Disorders Arthritis Gout Lupus erythematosus Scleroderma Serum sickness Vasculitis					
	Cardiac / Vascular Diseases Bacterial endocarditis Cardiac arrhythmias Congenital heart disease Congestive heart failure – acute and chronic Coronary artery disease – stable and unstable EKG interpretations Hypertension Lipodystrophies Myocarditia infarction Myocarditis Pericarditis Rheumatic fever					
•	(A)	 (A) GENERAL PRIVILEGES – FAMILY MEDICINE BASIC – ADULT FAMILY MEDICINE <u>OUTPATIENT</u> Basic privileges include the ability to review medical records, order outpatient labs and studies, and records. Must include management of at least 50 adults within the last two years for initial appointment. BASIC – ADULT FAMILY MEDICINE <u>INPATIENT/HOSPITAL</u> BASIC – CADULT FAMILY MEDICINE <u>INPATIENT/HOSPITAL</u> Basic privileges in adult inpatient family medicine include the ability to admit, perform histories and physicals, evaluate, treat and provide non-surgical care to patients above 14 years of age to correct or treat various conditions, illnesses, injuries, includeng agement of at least 50 hospital adult patients within last two years for initial appointment. Cross out & INITIAL any privilege(5) you are not applying for in this set of Basic Privileges in outpatient or inpatient/hospital privileges Management of general medical conditions privileges include: Altergy/Rheumatology Anaphylaxis Gout Lupus erythematosus Scleroderma Serum sickness Vasculitis Cardiac / Vascular Diseases Congenital heart disease Congenital heart di	(A) GENERAL PRIVILEGES – FAMILY MEDICINE patients or procedures performed in the past 24 months (indicate if other than hospital #s) BASIC – ADULT FAMILY MEDICINE OUTPATIENT Basic privileges include the ability to review medical records, order outpatient labs and studies, and receive results of inpatient and/or outpatient lab/radiology studies, and records. Must include management of at least 50 adults within the last two years for initial appointment. BASIC – ADULT FAMILY MEDICINE INPATIENT/HOSPITAL Basic privileges in adult inpatient family medicine include the ability to admit, perform histories and physicals, evaluate, treat and provide non-surgical care to patients above 14 years of age to correct or treat various conditions, illnesses, injuries, including geriatric disorders, and medical toff rules and regulations, swing bed admissions, consultation/admission from emergency room, and Extended Care Center (long term care). Must include management of at least 50 hospital adult patients within last two years for initial appointment. 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Cross out & INITIAL any privilege(s) you are not applying for in this set of Basic Privileges in outpatient Altergy/Rheumatology Altergy/Rheumatology Anaphylaxis Autoimmune Hematological Disorders Autoimmune Hematological Disorders Setuma et failure – acute and droncic Congestive heart failure – acute and chronic Congestyre heart failure – acute and chronic</td><td>A) GENERAL PRIVILEGES – FAMILY MEDICINE Estimate # of patients or proceeding See below plus addited in the cases of the addited in the case of the ca</td></t<></td></tr<>	(A) GENERAL PRIVILEGES - FAMILY MEDICINE Estimate # of procedures performed in the past 24 months (indicate if other than hospital #s) Setting BASIC - ADULT FAMILY MEDICINE OUTPATIENT Basic privileges include the ability to review medical records, order outpatient lab/radiology studies, and receive results of inpatient and/or outpatient lab/radiology studies, and records. 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(R)	(A)	GENERAL PRIVILEGES – FAMILY MEDICINE	Estimate # of patients or procedures performed in the past 24 months (indicate if other than hospital #s)	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases or insufficient cases, add'l proctoring may be required or privilege specific CME
		Vascular arterial insufficiency				
		Chest pain				
		Gastrointestinal Diseases Cholecystitis Cirrhosis Dehydration Diverticulitis Gastrointestinal bleeding and fecal occult blood testing Hepatitis Inflammatory bowel disease Intestinal obstruction Malabsorption Pancreatitis Peptic Ulcer Disease Trauma GU/Gynecology Prostatitis Urethritis UTI Pyelonephritis Trauma STI Endometriosis DUB Amenorrhea Breast Mass Mastitis Galactorrhea Contraceptive Management Family Planning Hematologic Diseases Aplastic and hemolytic anemia Hemorphagic diathesis Hemophilia Thrombosis / Thromboembolism Iron-deficiency anemia requiring transfusion Leukemia Metabolic and Endocrine Disorders Addison's Disease				
		Aldosteronism Cushing's syndrome				
		Otabetes mellitus Type I including acidosis, coma Diabetes mellitus Type II Disturbance of water/electrolytes Parathyroid conditions Pheochromocytoma Pituitary conditions Sex hormone abnormalities Thyroid conditions including coma and thyrotoxic crisis				
		Neurological Diseases				
		Degenerative diseases Demyelinating disorders				

Tahoe Forest Hospital District Department of Medicine – Family Medicine Page ${\bf 3}$ of ${\bf 8}$

(R)	(A)	GENERAL PRIVILEGES - FAMILY MEDICINE	Estimate # of patients or performed in the past 24 months (indicate if other than hospital #s)	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases or insufficient cases, add'l proctoring may be required or privilege specific CME
		Meningitis/encephalitis				
		 Parkinson's disorder Seizure disorders 				
		Stroke – acute and rehabilitation				
		Trauma				
		Pulmonary Diseases:				
		Asthma				
		Emphysema/ COPD Hemothorax				
		 Pneumonia, complicated and uncomplicated 				
		Pneumothorax				
		Pulmonary embolism Pulmonary infarction				
		Pulmonary infarctionRespiratory Distress				
		Trauma				
		Renal Diseases				
		Acute and chronic insufficiency				
		NephritisNephrolithiasis				
		Obstructive nephropathy				
		Pyelonephritis				
		• Trauma				
		Miscellaneous				
		Alcohol/Drug intoxication and overdose				
		Acute Pain				
		 Chemotherapy treatment under supervision Fat embolism 				
		Infections				
		Malignant neoplasms				
		 Non-operative ENT conditions Non-operative orthopedic fractures/ Dislocations 				
		Osteomyelitis				
		Post-operative care				
		 Psychiatric disorders Sepsis 				
		HOSPITAL PROCEDURES: Cardiac EKG stress testing				
		 EKG and rhythm strip analysis 				
		 Ventilation Management I&D (incision and drainage) 				
		OUTPATIENT PROCEDURES:				
		Endometrial Biopsy				
		 I&D (incision and drainage) 				
		IUD Insertion/RemovalMicroscopy				
		 Urinalysis 				
		 Saline Wet Mount Potassium Hydroxide Wet Mount 				
		Amine Test				
		 Nexplanon Insertion/Removal (Certificate of Training 				
	1	Required)				

Tahoe Forest Hospital District Department of Medicine – Family Medicine Page 4 of 8

(R)	(A)	GENERAL PRIVILEGES – FAMILY MEDICINE	Estimate # of patients or procedures performed in the past 24 months (indicate if other than hospital #s)	Setting	Proctoring See below plus add'I cases at discretion of proctor	Reappointment Criteria If no cases or insufficient cases, add'l proctoring may be required or privilege specific CME
		 Removal of non-penetrating foreign body from the eye, nose, ear or vagina Simple fractures and dislocation management, including splinting and casting Skin biopsy or excision Sturbe lacerations Anesthetic & Trigger point injections Spirometry/ Peak Flows EKG and rhythm strip analysis Teaching of PT/rehab activities Urinary Catheterization Ear lavage and cerumen extraction FB removal Joint Aspirations and Injections Wound Debridement Venipuncture and IV insertion Cryotherapy 				
		BASIC – PEDIATRIC FAMILY MEDICINE OUTPATIENT Basic privileges in pediatric family medicine include the ability to perform histories and physicals, evaluate and provide non-surgical care to patients 14 and under. Must include management of at least 15 pediatric patients within last two years for initial appointment. Cross out & INITIAL any privilege/s you are not applying for in this set of Basic Privileges Management of general medical pediatric privileges include: Anemia Behavior problems / Psychiatric Failure to thrive Hyperbilirubinemia in newborn Infections Respiratory distress syndrome Well Child Care Contraceptive Management Trauma				
		SURGERY/PROCEDURES I&D (incision and drainage) Removal of non-penetrating foreign body from the eye, nose, ear or vagina Simple fractures and dislocation management, including splinting and casting Skin biopsy or excision Suture lacerations (uncomplicated) Anesthetic & Trigger point injections Spirometry/ Peak Flows EKG and rhythm strip analysis Teaching of PT/rehab activities Urinary Catheterization Lar lavage and cerumen extraction Hosnital District				

Tahoe Forest Hospital District Department of Medicine – Family Medicine Page 5 of 8

(R)	(A)	GENERAL PRIVILEGES – FAMILY MEDICINE	Estimate # of patients or procedures performed in the past 24 months (indicate if other than hospital #s)	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases or insufficient cases, add'l proctoring may be required or privilege specific CME
		 FB removal Joint Aspirations and Injections Venipuncture and IV insertion Cryotherapy 				
		BASIC – PEDIATRIC FAMILY MEDICINE INPATIENT Inpatient newborn care privileges which includes admission, evaluation of newborn conditions, including but not limited to: • Hypoglycemia • Hyperbilirubinemia • Infection • GBS exposure		Newborn admits at TFH only		
		URGENT CARE – ADULT and PEDIATRIC MEDICINE (Must also request Family Medicine Privileges ACLS Required (Certification Required within 6 months of Initial Appointment and Current Thereafter) Management of general medical conditions privileges include: PROCEDURES Dislocation and Fracture Reductions IM injections IV injections IO insertion DIAGNOSES Adult and Pediatric dislocations		TFHS URGENT CARE CLINICS	Review of 10 representativ e cases	Current demonstrated competence and provision of care for approximately 25 urgent care cases in past two years. Office records may be requested. *

Tahoe Forest Hospital District Department of Medicine – Family Medicine Page ${\bf 6}$ of ${\bf 8}$

(R)	(A)	SPECIALIZED PRIVILEGES – FAMILY MEDICINE SELECTED PROCEDURES These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.	Estimate # of patients or procedures performed in the past 24 months (indicate if other than hospital #s) Estimate # of procedures performed in the past 24 months	Setting	Proctoring See below plus add'l cases at discretion of proctor Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases or insufficient cases, add'l proctoring may be required or privilege specific CME Reappointment Criteria If no cases, add'l proctoring may be required or privilege specific CME	Formatted Table
		Cardiac EKG stress testing:			3 cases proctored	5 cases/2 years	
		Treadmill					
		Nuclear medicine					
		Chest tube placement			1 case proctored	Current demonstrated competence and provision of care	
		Circumcision (newborn only)		TFH only	3 cases proctored	5 cases/2 years If insufficient cases, add'l proctoring may be required.	
П	П	Stool Guaiac Testing					
		Thoracentesis			1 case proctored	Current demonstrated competence and provision of care	
		Lumbar Puncture			1 case proctored	Current demonstrated competence and provision of care	
		Moderate Sedation		TFH IVCH	Successfully complete test	Successfully complete test at reappointment	
		Moderate Sedation a. Take a difficult airway management course b. Obtain 35 or more intubations, along with being signed off on intubations by anesthesia providers. on initial appointment. c. Maintain competencies on intubations yearly (which can be done with our anesthesia providers in the OR) d. Maintain Moderate Sedation privileges by taking the test with each re-credentialing.		<u>MSC</u>	Additional Airway Management <u>Training and</u> <u>Skills</u> <u>35</u>	<u>10 Intubations</u> ∢ <u>Annually.</u> <u>Succesfully</u> <u>complete test.</u>	Formatted: Centered Formatted: Font: 7 pt

Tahoe Forest Hospital District Department of Medicine – Family Medicine Page **7** of **8**

-	(R)	(A)	SPECIALIZED PRIVILEGES – FAMILY MEDICINE	Estimate # of patients or procedures performed in the past 24 months (indicate if other than hospital #s)	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases or insufficient cases, add' proctoring may be required or privilege specific CME
			ADDITIONAL PRIVILEGES: A request for any additional privileges not included on this form must be submitted to the Medial Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements. EMERGENCY: In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.				

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

Date

Applicant's Signature

DEPARTMENT CHAIR REVIEW

I certify that I have reviewed and evaluated this individual's request for clinical privileges, the verified credentials, quality data and/or other supporting information. Based on the information available and/or personal knowledge, I recommend the practitioner be granted:
 privileges as requested
 privileges with modifications (see modifications below)
 do not recommend (explain)

Date

Department Chair Signature

Modifications or Other Comments:

Medical Executive Committee:_

(date of Committee review/recommendation) privileges as requested privileges with modifications (see attached description of modifications) on on trecommend (explain)

Board of Directors:

(date of Board review/action) privileges as requested u with modifications (see attached description of modifications) u not approved (explain)

Form Approval/Revision Dates: Medicine Department: 8/2/07 OB/Peds Department: 7/5/07 Updated: 11/2016- See Proctoring Policy

Tahoe Forest Hospital District Department of Medicine – Family Medicine Page 8 of 8

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PolicyStat ID: 7529706

Current Status: Draft



Origination Date:		N/A
Last Approved:		N/A
Last Revised:		N/A
Next Review:		N/A
Department:	Nursing Services - ANS	
Applicabilities:	System	

Moderate and Deep Sedation, ANS-1301

PURPOSE:

- A. To establish evidence based guidelines for the care of the adult or pediatric patient receiving moderate or deep sedation for a procedure;
- B. To assure optimal outcomes for all patients receiving procedural sedation;
- C. To provide standards of care maintained throughout all areas of the hospital and across multiple disciplines.

POLICY:

- A. All patients who receive procedural sedation shall be provided a safe and comparable level of care consistent with, or in excess of, the minimum recognized standards for such procedures.
- B. The administration of procedural sedation will be directed and supervised by a qualified and credentialled physician.
- C. All physicians directing and supervising the administration of procedural sedation shall be appropriately privileged by the Tahoe Forest Hospital District (TFHD) Medical Staff department.
 - Administration of Propofol, <u>Etomidate</u>, and <u>Ketamine</u> sedation by a non-anesthesiologist requires an additional competency as directed by <u>Medical Staffand</u> specific privileges in addition to moderate and deep sedation privileges.
 - 2. Administration of Nitrous Oxide requires an additional competency as directed by Medical Staff if:
 - a. Administered by a non-anesthesiologist provider; or
 - b. Administered at concentrations greater than 50% nitrous oxide.
 - 3. Patient self-administration of Nitrous Oxide at fixed concentrations of 50% nitrous oxide/ 50% oxygen is considered Light/Minimal Sedation (Anxiolysis) and does not require additional provider competency or privilege.

D. All Registered Nurses (RN's) who administer procedural sedation and/or monitor the sedated patient will have completed the appropriate procedural sedation competencies, and will have current ACLS (for Adult Procedural Sedation) and PALS (for Pediatric Procedural Sedation) certification. All Registered Nurses (RN's) who administer procedural sedation and/or monitor the sedated patient will have completed the appropriate procedural sedation competencies, and will have current ACLS (for Adult Procedural Sedation) and PALS (for Pediatric Will have completed the appropriate procedural sedation competencies, and will have current ACLS (for Adult Procedural Sedation) and PALS (for Pediatric Vice Pediatric Procedural Sedation) certification.

- 1. Administration of medications for procedural sedation by a RN is a specialized skill that requires specific knowledge and competencies including, but not limited to:
 - a. An understanding of the principles of oxygen delivery, transport and uptake, and respiratory physiology.
 - b. Demonstrated competency in airway management appropriate to the age of the patient including monitoring patient oxygenation and ventilation (e.g. skin color, respiratory rate, pulse oximetry, secondary confirmation of endotracheal tube placement), initiation of resuscitative measures, and utilization of oxygen delivery devices (e.g. nasal cannula, mask, basic airway techniques, oral/nasal airways, bag valve mask).
 - c. Demonstrated knowledge of anatomy, physiology, pharmacology, cardiac dysrhythmia recognition, and complications related to procedural sedation and analgesia.
 - d. Ability to initiate cardiac resuscitation procedures (e.g. CPR, cardioversion, defibrillation)
 - e. Identification and differentiation of the various levels of sedation.
 - <u>f.</u> Demonstrated competence in pre-procedural, procedural, and post-procedural nursing care from the initial patient evaluation to patient discharge (e.g. patient assessment and monitoring, IV fluid administration, medication administration).
 - g. The ability to recognize complications and intervene appropriately.

h. Knowledge of the legal/liability ramifications associated with an independently licensed RN administering procedural sedation.

- E. Patients will be classified for sedation by the physician using the following ASA Classifications:
 - 1. Class I: Normal, healthy patient;
 - Class II: Patient with mild systemic disease No functional limitations; has a well-controlled disease of one body system; controlled hypertension or diabetes without systemic effects; cigarette smoking without chronic obstructive pulmonary disease (COPD); mild obesity; pregnancy;
 - Class III: Patient with severe systemic disease Some functional limitation; has a controlled disease of more than one body system or one major system; no immediate danger of death; controlled congestive heart failure (CHF); stable angina; old heart attack; poorly controlled hypertension; morbid obesity; chronic renal failure; bronchospastic disease with intermittent symptoms;
 - Class IV: Patient with severe systemic disease that is a constant threat to his/her life Has at least one severe disease that is poorly controlled or at end stage; possible risk of death; unstable angina; symptomatic COPD; symptomatic CHF; hepatorenal failure;
 - Class V: Moribund patient not expected to survive without the operation Not expected to survive > 24 hours without surgery; imminent risk of death; multiorgan failure; sepsis syndrome with hemodynamic instability; hypothermia; poorly controlled coagulopathy.
- F. Nursing Services will administer procedural sedation and monitor the patient who is ASA Class I or Class II and for Class III on a case by case basis.
 - 1. The RN or physician may request an anesthesia consult to determine the need for Monitored Anesthesia Care (MAC) by an Anesthesia Provider for the following:
 - a. ASA Class III or above;
 - b. Patients who present with conditions that may contraindicate nurse-administered/monitored sedation including, but not limited to, obesity, airway obstruction, severe snoring/ obstructive sleep apnea, poorly controlled asthma, chronic pulmonary problems, poorly controlled gastroesophageal reflux (GERD), failed sedation history, poly-pharmacy history, or anticipated increased length or difficulty of case;
 - c. Patients for whom the RN and physician cannot agree on the appropriate ASA classification(s).
- G. An Anesthesia provider will administer sedation for the patient who is:
 - 1. ASA Class III based on RN or physician assessment of patient condition.
 - 2. ASA Class IV or V.
 - 3. Pregnant or an OB patient undergoing a procedure on the OB unit with risk of hemorrhage.
 - 4. Patient not meeting NPO guidelines per policy NPO Guidelines for Elective or Scheduled Procedures, DPS-55.
- H. Anesthetic agents, including etomidate, ketamine and Propofol, may only be administered by an Anesthesia provider or appropriately privileged physician.
 - 1. RNs may prepare and label anesthetic agents for administration by the physician and may monitor patients receiving these medications.
 - 2. RN's are not permitted to administer anesthetic agents, including subsequent doses administered during a procedure, by any route for procedural sedation.
- I. When Propofol is administered for sedation, the physician performing the procedure and a second provider qualified to manage the airway will be present.
- J. A pre-sedation assessment will be performed for each patient receiving procedural sedation. See paragraph 2.0 under "Procedure".
- K. For non-emergent cases, the History & Physical and Consent will be on the patient's chart prior to administration of procedural sedation and/or beginning the procedure.
 - 1. For emergent cases in the ED and Urgent Care, the patient must be assessed by the physician prior to administration of sedation. The written H & P may be completed at a later time.
- L. Sufficient numbers of qualified staff will be present to evaluate the patient, assist with the procedure, provide the sedation, and monitor and recover the patient. See Procedure.
- M. A "Time Out" will be conducted prior to starting the procedure in per policy Time Out for Procedures Done Outside the OR, ANS-114.
- N. Each patient's physiological status will be monitored based on the type of sedation administered.
- O. When deep sedation occurs unexpectedly a physician and a practitioner qualified to manage the airway are required to be at the bedside.
- P. The patient's status is assessed immediately after the procedure and/or the administration of procedural sedation.

Moderate and Deep Sedation, ANS-1301. Retrieved 02/24/2020. Official copy at http://tfhd.policystat.com/policy/7529706/. Page 2 of 7 Copyright © 2020 Tahoe Forest Hospital District Q. All patients will be scored post-procedure by the RN utilizing the criteria outlined in the Electronic Medical Record (EMR)

PEDIATRIC PATIENTS:

- A. For the purposes of this policy, in order to determine appropriate medication dosing, patients receiving procedural sedation will be categorized as follows:
 - 1. Adult: patients over 16 years of age;
 - 2. Pediatric: patients under age 12 years;
 - Patients between the ages of 12 and 16 years will be assessed individually to determine if they fall into the "Adult" or "Pediatric" category.
- B. For pediatric patients under 5 years of age requiring procedural sedation, Monitored Anesthesia Care (MAC) with an Anesthesia Provider will be considered by the physician responsible for the procedural sedation.
 - In the event of a medical necessity involving a pediatric patient less than 5 years of age, an RN with procedural sedation competency and current PALS certification can administer procedural sedation if a physician with procedural sedation/anesthesia privileges is in attendance.
- C. Children under the age of 12 years who are undergoing an MRI will receive MAC, (Monitored Anesthesia Care), administered by an Anesthesia Provider.

EXCEPTIONS TO THIS POLICY: This policy does not apply to the following:

- A. Epidural anesthesia/analgesia given for patients in labor.
- B. Patients receiving medication administered for Light/Minimal sedation as defined below. These patients will be assessed as appropriate for the medication administered.
- C. Rapid Sequence Intubation (RSI), continuous analgesia infusions or continuous sedation infusions for ventilated patients.
- D. Immediate threat to life or limb when Anesthesia provider is indicated, but is unavailable.
 - 1. A Rapid Response or Code Blue/ Code White should be called if needed to notify qualified staff: Respiratory Therapist; RN with sedation competency and ACLS/ PALS; appropriately privileged physician if indicated to administer anesthetic agents.
 - a. The portable monitor with ETCO2 will be brought from the ICU for patient monitoring during the emergency sedation if ETCO2 is not available in the unit.
- E. If moderate sedation is administered in a Multispecialty Clinic off hospital premises, the physician must have additional airway management training, skills, and privileges.

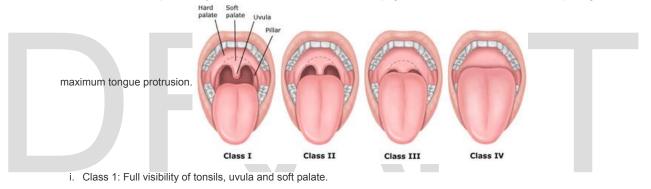
PROCEDURE:

- A. Pre-Procedure Patient Education:
 - 1. At a minimum, the following topics will be covered:
 - a. Review of planned procedure and goals of sedation.
 - NPO Instructions for non-urgent/non-emergent procedures per policy NPO Guidelines for Elective or Scheduled Procedures, DPS-55.
 - c. The requirement to have a responsible adult drive the out-patient home post-procedure.
 - d. Explanation of expected changes in behavior due to sedation.
 - e. Review of out-patient post-procedure discharge instructions, with patient signature where applicable.
 - f. Review of procedure-specific discharge instructions, diagnosis, and follow-up (where applicable).
- B. Pre-Procedure Assessment:
 - 1. NPO status
 - a. The patient must meet NPO guidelines per policy NPO Guidelines for Elective and Scheduled Procedures, DPS 55.
 - b. If the patient's NPO status falls outside of the parameters specified by policy, an Anesthesia Provider will be notified to administer sedation or the procedure will be delayed until the patient has met the NPO guidelines.

i- If an Anesthesia Provider is not available, see Exceptions to this Policy above.

- The RN will evaluate NPO status and discuss with physician prior to procedure.
- 2. A pre-procedure assessment will be performed by an RN and documented prior to the beginning of procedural sedation. The assessment will include, but is not necessarily limited to:

- a. Vital signs, including a pain assessment;
- b. Level of consciousness;
- c. Height, weight, age;
- d. Current medications, drug and food allergies;
 - i. For Propofol sedation, the patient will be assessed for egg, yolkegg product, or soy product allergy.
- e. Verification of NPO status.
- 3. The RN will also review and verify the following information from the patient's History & Physical, paying particular attention to the following:
 - a. The patient's medical and surgical history;
 - b. History of previous experiences with anesthesia and/or procedural sedation;
 - c. Any history of airway problems, such as sleep apnea, asthma, head and neck abnormalities, cervical spine disease or trauma;
 - d. Present complaints and diagnosis;
 - e. Nicotine/alcohol use;
 - f. Recreational drug use;
 - g. Narcotic tolerance.
- 4. The physician directing and supervising the administration of procedural sedation will assess and document the patient's ASA Classification based on the criteria listed above and the Mallampati Airway Classification.
 - a. Verification of Mallampati Airway Classification: Patient is examined upright, head neutral, maximum mouth opening,



- ii. Class 2: Visibility of hard and soft palate, upper portion of tonsils and uvula.
- iii. Class 3: Soft and hard palate and base of the uvula are visible.
- iv. Class 4: Only Hard Palate visible.
- b. The physician will also assess neck flexion, head/neck extension, verification of loose teeth and/or dentures.
- C. Intravenous Access:
 - 1. Venous access will be established for all cases using IV medications.
 - a. IV access will be continuously maintained until the patient meets discharge criteria.
- D. Emergency equipment and medications:
 - 1. The following will be available in the area where sedation is being administered:
 - a. Adult or pediatric code cart as appropriate with defibrillator;
 - b. Reversal agents.
 - Difficult airway carts are maintained at both Tahoe Forest Hospital and Incline Village Community Hospital. Practitioners
 administering procedural sedation and/or monitoring the procedural sedation patient will be familiar with these carts and their
 locations.
 - a. At TFH: Equipment room, Surgery Department;
 - b. At IVCH: PACU.
 - 3. When deep sedation with propofol is being performed by a physician/anesthesiologist, the following equipment will be readily available in the area where the sedation is being administered:
 - a. Suction: set up, turned on, with suction device attached, function tested;

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- b. Bag valve mask device, with mask sized appropriately for the patient;
- c. Laryngoscope blade, with light checked;
- d. ET tube with stylet or LMA sized for the patient;
- e. OPA's in appropriate sizes for the patient.
- E. Intra-Procedure:
 - 1. While procedural sedation is being administered and the procedure is being performed,
 - a. Anesthesia Sedation: Anesthesia will maintain airway and give appropriate sedation. The RN will "circulate the room and the RN/tech will assist the proceduralist during the procedure.
 - b. RN Sedation: A single RN will exclusively maintain patient airway, give and record medication utilized. A second RN will "circulate" the procedure and a RN/tech will assist the proceduralist during the procedure.
 - 2. Medications:
 - a. Medications and dosing for sedation will be administered in accordance with Tahoe Forest Pharmacy IV Administration Guidelines.
 - b. The RN will document all medications administered, including dose, route, and time(s).
 - c. Once the recommended total dose is given, additional dosing will be based on patient assessment, response to sedation (not to exceed moderate sedation when deep sedation could occur), and physician discretion.
 - 3. The patient will be continuously monitored by a single RN. Monitoring parameters are listed for each type of sedation in Appendix 1 for adults and Appendix 2 for pediatrics. Monitoring and documentation will include:
 - a. Blood pressure;
 - b. Heart rate and EKG rhythm;
 - c. Respiratory rate;
 - d. SpO₂
 - e. Aldrete score.
 - f. ETCO₂

4. Oxygen will be available and administered per Appendix 1 for Adults and Appendix 2 for Pediatrics.

- F. Post-procedure:
 - 1. The following will be monitored continuously post procedure until the patient has a total score of 7, without any zeros in any category, and with a score of 2 in both the Airway and Respiratory categories, using the "Scoring Criteria for Discontinuation of Sedation Monitoring" on the Procedural Sedation Record.
 - a. Blood pressure;
 - b. Heart rate and EKG rhythm;
 - c. Respiratory rate;
 - d. SpO₂;
 - e. ETCO₂;
 - f. Level of consciousness/sedation scale.
 - 2. A minimum of 2 hours must elapse after the last administration of reversal agents (naloxone/Narcan and flumazenil/Romazicon), before discontinuing SpO2 monitoring to ensure that patients do not become re-sedated after reversal agents have abated.
- G. DEFINITIONS:
 - 1. Light/Minimal Sedation (Anxiolysis): A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.
 - 2. Moderate Sedation / Analgesia: A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
 - 3. Deep Sedation / Analgesia: A drug-induced depression of consciousness during which patients cannot be easily aroused, but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
 - 4. Anesthesia: Consists of general anesthesia and spinal or major regional anesthesia. It does not include local anesthesia. General

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anesthesia is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired. Anesthesia is delivered by a competent Anesthesia Provider or MD.

Related Polices/Forms:

<u>NPO Guidelines for Elective and Scheduled Procedures policy DPS-55; MRI - Monitored Anesthesia Care, ANS-1407; Time-Out for Invasive Procedures Done Outside the OR, ANS-114; Time Out for Surgical and Invasive Procedures, DPS-27, Nitrous Oxide Use, DEDI-229</u>

References:

AORN, ASPAN, ASA and ENA guidelines; 42 CFR 416.42, 482.52(a); Title 22 Sections 70213, 70233, 70263, 70237(a)(3)

Appendix 1 ADULT Monitoring Requirements

Sedation	BP, HR, RR (minimum frequency)		LOC	SpO2	ET CO 2	ECG		Oxygen	Personne	Emergency Equipment lavailable in area of sedation	
Moderate Sedation	Q 10		Monitored continuously Documented Q10 minutes		Per MD Order	RN	Crash Cart Suction (checked) BVM in patient- appropriate size				
Deep Sedation	Q 10		Monitored continuously Documented Q10 minutes		Per MD Order	Physician	Crash Cart Suction (checked) BVM in patient- appropriate size		-		
Sedation with Propofol (Applies to all Procedural Sedations involving Propofol	Q 5		Monitored continuously Documented Q5 minutes		Per MD Order	RN Physician 2 nd Physician or RT to monitor airway	Crash Cart Suction (checked) BVM in patient- appropriate size	Non- anesthesiologists supervising administration of propofol must have completed the competency for propofol sedation	-		
Nitrous Oxide (IVCH ER Only)		Refer to policy Nitrous Oxide Use, DEDI-229 for monitoring requirements					-	-	-		

Sedation	BP, HR, RR (minimum frequency)		LOC	SpO2	ET CO 2	ECG		Oxygen	Emergency Equipment available in area of sedation	
Moderate Sedation/ Deep Sedation	Q 10		Monitored continuously Documented Q10 minutes		Per MD Order	Physician RN In MRI sedation provided by Anesthesia in pediatrics <12 yrs	Crash Cart Suction (checked) BVM in patient- appropriate size	Physician must calculate dosages by patient weight (kg) and determine which reversal agents should be available with the appropriate dose calculated		
Nitrous Oxide (IVCH ER Only) revision da Attach		Refer to policy Nitrous Oxide Use, DEDI-229 for monitoring requirements								



Current Status: Draft



Origination Date:		N/A
Last Approved:		N/A
Last Revised:		N/A
Next Review:		N/A
Department:	Women and Family Center -	-
	DWFC	
Applicabilities:	Tahoe Forest Hospital	

PolicyStat ID: 7899696

Labor - Second Stage Management, DWFC-1484

PURPOSE:

To establish nursing standards of care for patients in the second stage of labor that reflect current research for better maternal and fetal outcomes.

POLICY:

- A. Labor nurses will empower, prepare, support and educate women and their families through the second stage of labor.
- B. Nurses will promote alternative positioning, non-direct pushing techniques and passive descent as recommended by current research. Nurses will promote alternative positioning during labor to enhance maternal comfort and promote optimal fetal positioning as long as adopted positions allow appropriate maternal and fetal monitoring and treatments and are not contraindicated by maternal medical or obstetric complications.
- C. Nurses will recognize, respond to and evaluate the physiologic and psychologic processes occurring during the second stage of labor.
- D. In consideration of the limited data regarding superiority of spontaneous versus Valsalva pushing, each woman should be encouraged to use her preferred and most effective technique.
- E. Employ techniques and positions in second stage labor known to be beneficial in decreasing maternal exhaustion, decreasing perineal trauma and positively affecting fetal oxygenation and acid-base status.
- F. <u>Support pushing at the start of the second stage of labor. Delayed pushing has not been shown to</u> significantly improve the likelihood of vaginal birth and risks of delayed pushing, including infection, <u>hemorrhage</u>, and neonatal acidemia, should be shared with nulliparous women receiving neuraxial <u>analgesia who consider such an approach</u>.

PROCEDURE:

- A. Confirm complete dilation as well as presentation, position and station of the fetus and assess uterine contractions for strength, duration and frequency.
- B. Awaiting a maternal urge to bear down spontaneously shall be encouraged to (up to 2 hours/3 hours with regional anesthesia for nulliparous, 1 hour/2 hours with regional anesthesia for multiparous)Support pushing at the start of the second stage of labor.

- 1. Provide comfort measures, frequent position changes and encourage frequent urination.
- 2. Provide coaching to push while continuing frequent position changes, if there is no reported spontaneous urge to push after the allowed time frame.

Provide encouragement with pushing efforts, coach patient to push for 6-8 seconds per effort and 3-4 times per contraction. Discourage prolonged breath holding with pushing and encourage open glottis pushing for 6-8 seconds.

Provide comfort measures and continue frequent position changes.

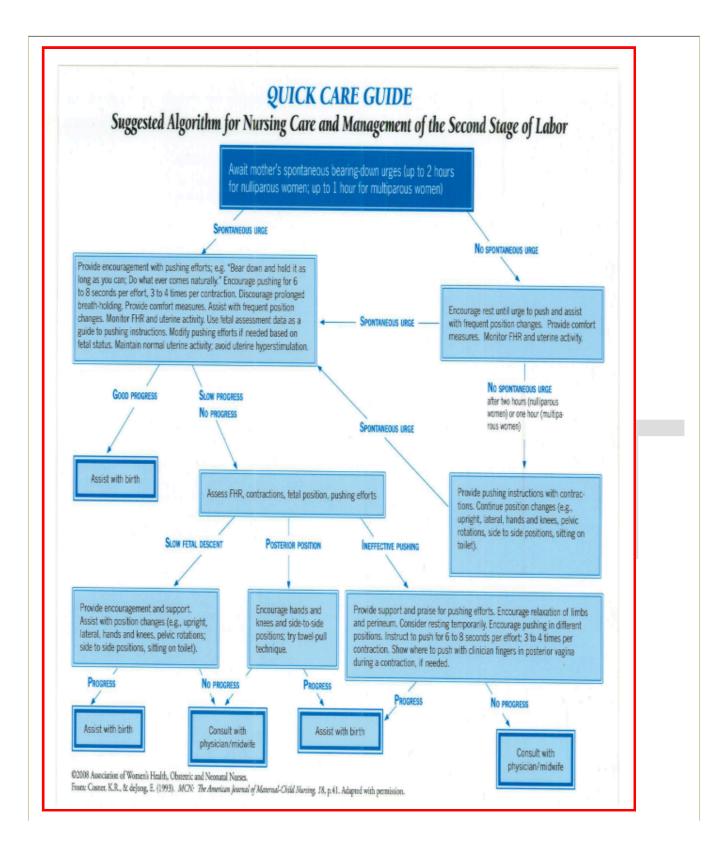
- 3. <u>Provide encouragement with pushing efforts. Each woman should be encouraged to use her</u> <u>preferred and most effective technique.</u>
- 4. Monitor Fetal Heart Rate (FHR) and uterine contractions per policy "Labor Patient Admission and Care of, DWFC-1421"
- C. If persistent pushing efforts procure fetal descent, continue with vaginal birth. If no fetal descent is noted, consult with physician for further evaluation of plan of care.

See attached AWHONN algorithm for "Suggested Algorithm for Nursing Care and Management in the Second Stage of Labor."

- 1. As long as the FHR pattern is normal and some degree of progress is observed, there is no strict upper limit to the duration of the second stage (ie, time from full dilation to birth).
- D. <u>High-risk pregnancies or those with an abnormal FHR pattern identified will have continuous FHR</u> monitoring which may require placement of a Fetal Scalp Electrode (FSE).
 - 1. If continuous electronic fetal monitoring is being used, the following assessment intervals apply during the second stage of labor: Documentation does not necessarily need to occur at the same intervals as assessments, as FHR data is recorded in the tracing.
 - a. Low-risk patients without oxytocin, every 15 minutes.
 - b. Patients with Risk factors or Oxytocin use, every 5 minutes.
 - 2. Intermittent auscultation may be performed in low-risk pregnancies, with assessment completed at least every 15min during the second stage of labor.

DOCUMENTATION:

- A. All documentation to be completed in the Electronic Medical Recored (EMR) and shall include:
 - 1. Sterile vaginal exam findings and progress of fetal head station with passive descent and pushing.
 - 2. Electronic Fetal Monitor (EFM) review shall be completed per policy "Labor Patient Admission and Care of, DWFC-1421" with documentation of FHR and uterine activity at least every 15 minutes following complete cervical dilatation.
 - 3. Notation of a continuous bedside presence and assessment during active pushing phase.
 - 4. Patient position changes.
 - 5. Alternate birthing techniques as used, ie:-passive descent, open-glottis pushing, rest between contractions and pushing every other contraction.
 - 6. Physician notification.



Association of Women's Health, Obstetric and Neonatal Nurses

QUICK CARE GUIDE Nursing Care and Management of the Second Stage of Labor

This Quick Care Guide is based on AWHONN's Nursing Management of the Second Stage of Labor Evidence-Based Clinical Practice Guideline, 2nd Edition, and is meant to serve as a quick reference for the clinician. Detailed clinical practice recommendations, referenced rationale and evidence ratings are included in the Practice Guideline.

Preparation of the Woman for the Second Stage of Labor

Prenatal preparation can be reviewed and reinforced throughout the course of labor. In preparation for the second stage of labor, the woman should receive the following information:

- Realistic estimation of duration of the second stage of labor and variety of sensations she might experience
- · Delayed and nondirected pushing techniques
- Positions she might assume, including upright positions such as sitting, kneeling, squarting or standing
- · Benefits of having support persons present during labor and birth.

Supportive Care: Physical, Emotional, Instructional and Advocacy

- Encourage ambulation and frequent position changes whenever possible.
- Promote physical comfort by applying cool or warm compresses, changing'linens, performing vaginal exams only as needed, providing touch and offering fluids as ordered.
- Provide emotional support through reassurance, empathy, acceptance and encouragement.
- · Provide information and instruction throughout labor.
- Act as an advocate for the laboring woman and her partner to promote safety and well being.

Positioning

Benefits of upright positioning for the second stage of labor include the following:

- The pelvic diameter may be increased by as much as 30%.
- · The duration of the second stage of labor may be decreased.
- The intensity of pain and discomfort experienced during the second stage of labor may be minimized.
- Perineal trauma may by decreased, provided the pelvis and perineum are given adequate support.
- Changing maternal positions frequently may align the fetus in a better position in the pelvis and promote comfort. If a woman is unable to maintain an upright position, facilitate lateral positioning.

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Delayed and Nondirected Pushing Techniques

Pushing efforts may be delayed until the woman feels the urge to push (up to 2 hours for nulliparous women; up to 1 hour for multiparous women) unless contraindicated by maternal or fetal condition.

- Assess the woman's knowledge of pushing techniques, expectations for pushing, presence of Ferguson's reflex, and readiness to push as well as the fetal presentation, position, and station.
- Encourage open glottis pushing for 6–8 sec; repeating this pattern for 3 to 4 pushes per contraction.
- Discourage prolonged breath-holding. Avoid counting to 10 with each contraction.
- Provide aids such as birthing balls, squat bars, and pillows or cushions to support the woman and the pelvis.

Evaluation of Physiologic Processes of the Second Stage of Labor

Continuous assessment of the woman's progress and evaluation of individualized nursing interventions during the second stage of labor are important. Clinical practice recommendations for evaluating and facilitating progress through the second stage of labor include but are not limited to the following:

- Evaluate the effectiveness of pushing efforts and descent of the presenting part.
 - Support and facilitate the woman's spontaneous pushing efforts.
- Evaluate effectiveness of upright or other positions on fetal descent, rotation, and maternal-fetal condition.
- If fetal descent is too rapid, assist the woman to maintain a lateral position, and avoid sitting or squatting.
- If fetal descent is delayed, provide the woman with continuous feedback and encouragement regarding her progress, change maternal position to facilitate rotation and descent, discourage lithotomy or semirecumbent positions whenever possible, and help the woman maintain an empty bladder.

Definitions:

- A. Second Stage Arrest:
 - 1. Nulliparous: at least 3 hours of pushing
 - 2. Multiparous: at least 2 hours of pushing

Page 4 of 5

3. Length of second stage my increase by 1 hour with epidural analgesia

4. May diagnose arrest sooner, due to lack of fetal decent despite adequate pushing effort and a low probability of spontaneous vaginal delivery.

Related Policies/Forms:

Labor - Patient Admission and Care of, DWFC-1421

Labor - Electronic Fetal Monitoring, DWFC-1412

Labor - Fetal Spiral Electrode Insertion and Removal, DWFC-1491

References:

ACOG: Approaches to Limit Intervention During Labor and Birth, Committee Opinion Number 766, February 2019

AWHONN Nursing Care and Management of the Second Stage of Labor (2nd Ed.) Washington, D.C.; AWHONN (2008); UpToDate: Management of normal labor and delivery, Feb 27, 2019UpToDate: Management of normal labor and delivery, March 27, 2020

All revision dates:



3.8 RESIDENT STAFF

3.8-1 QUALIFICATIONS

Resident staff membership shall be held by post-doctoral trainees (residents and fellows) in training programs of teaching institutions who are not eligible for another staff category and who are either licensed or registered with the appropriate State of California and/or Nevada licensing board, if practicing medicine. All resident staff members must obtain a license to practice medicine within the State of California and/or Nevada, as appropriate.

3.8-2 APPOINTMENT

- a. Post-doctoral trainees who are enrolled in accredited residency training programs, with whom TFHD has a Memorandum of Understanding (MOU), and who meet the above qualifications shall be appointed to the resident I staff. Members of the resident staff are not members of the TFHD Medical Staff, they are not eligible to hold office within the medical staff but may participate in the activities of the medical staff through membership on medical staff committees, with the right to vote within committees if specified at the time of appointment, and non-voting attendance at medical staff meetings. Resident staff members are not required to pay dues or assessments.
- b. All medical care provided by resident staff is under the supervision of members of the Active or Courtesy Staff. Such care shall be in accordance with the provisions of a program approved by and in conformity with the Accreditation Council on Graduate Medical Education of the American Medical Association, the American Osteopathic Association, or the American Dental Association's Commission Dental Accreditation. Residents must be supervised by teaching staff in such a way that the trainee assumes progressively increasing responsibility for patient care according to their level of training, ability, and experience
- c. Appointment to the resident staff shall be for no more than one year and may be renewed annually. Resident staff membership may not be considered as the observational period required to be completed by provisional staff. Resident staff membership terminates with termination from the training program.



REGULAR MEETING OF THE BOARD OF DIRECTORS DRAFT MINUTES

Thursday, July 23, 2020 at 4:00 p.m.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for July 23, 2020 will be conducted telephonically through Zoom. Please be advised that pursuant to the Executive Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting. Board Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

1. CALL TO ORDER

Meeting was called to order at 4:04 p.m.

2. ROLL CALL

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

Staff in attendance: Harry Weis, Chief Executive Officer; Crystal Betts, Chief Financial Officer; Alex MacLennan, Chief Human Resources Officer; Martina Rochefort, Clerk of the Board

Other: Gary Bell, Assistant General Counsel

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

Item 17.3. was removed from the agenda.

4. INPUT AUDIENCE

No public comment was received.

Open Session recessed at 4:06 p.m.

5. CLOSED SESSION

5.1. Hearing (Health & Safety Code § 32155)

Subject Matter: Second Quarter 2020 Corporate Compliance Report Number of items: One (1) Discussion was held on a privileged item.

5.2. Hearing (Health & Safety Code § 32155)

Subject Matter: January-June 2020 Risk Summary Report Number of items: One (1) Discussion was held on a privileged item.

5.3. Hearing (Health & Safety Code § 32155) Subject Matter: January-June 2020 Disclosure Report *Number of items: One (1)* Discussion was held on a privileged item.

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

Discussion will concern: Proposed new or additional services and facilities Estimated Date of Disclosure: December 2020 Discussion was held on a privileged item.

5.5. Approval of Closed Session Minutes

06/25/2020 Discussion was held on a privileged item.

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

Subject Matter: Medical Staff Credentials Discussion was held on a privileged item.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

Open Session reconvened at 6:00 p.m.

8. <u>REPORT OF ACTIONS TAKEN IN CLOSED SESSION</u>

Counsel stated there was no reportable action taken on items 5.1 through 5.4. Item 5.5. Closed Session Minutes was approved on a 4-0 vote. Due to connectivity issues, Director Brown was not present and did not cast a vote. Item 5.6. Medical Staff Credentials was approved on a 5-0 vote.

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

Item 17.3. was removed from the agenda.

10. INPUT – AUDIENCE

No public comment was received.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

No public comment was received.

12. SAFETY FIRST

Ted Owens, Executive Director of Governance, provided Safety First on election rules in the workplace.

13. ACKNOWLEDGMENTS

- **13.1.** Susie Good was named July 2020 Employee of the Month.
- **13.2.** TFHD was recognized for being the first hospital to complete all five domains of the BETA HEART Program.

14. MEDICAL STAFF EXECUTIVE COMMITTEE

14.1. Medical Executive Committee (MEC) Meeting Consent Agenda

MEC recommends the following for approval by the Board of Directors: <u>*Privilege Form with content changes*</u>

- NP-PA Privilege Form
- ACTION: Motion made by Director Chamblin, to approve the Medical Executive Committee Consent Agenda as presented, seconded by Director McGarry. Roll call vote taken. McGarry – AYE Chamblin – AYE King – AYE Brown – AYE

Wong – AYE

15. CONSENT CALENDAR

15.1. Approval of Minutes of Meetings

15.1.1. 06/25/2020

15.2. Financial Reports

15.2.1. Financial Report – June 2020

15.3. Informational Staff Reports

- 15.3.1. President & CEO Board Report
- **15.3.2.** Chief Operating Officer Board Report
- 15.3.3. Chief Nursing Officer Board Report
- 15.3.4. Chief Information & Innovation Officer Board Report
- 15.3.5. Chief Medical Officer Board Report
- 15.3.6. Chief Human Resources Officer Board Report

15.4. Policy Review

- 15.4.1. Inspection and Copying of Public Records, ABD-14
- 15.4.2. Ticket and Pass Distribution Policy, ABD-27

No public comment was received.

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

McGarry – AYE Chamblin – AYE King – AYE Brown – AYE Wong – AYE

16. ITEMS FOR BOARD DISCUSSION

16.1. Behavioral Health Program Update

Eileen Knudson, Director of Behavioral Health, and Katina Varzos, Behavioral Health Nurse Practitioner, provided an update on the District's Behavioral Health program. Discussion was held.

16.2. COVID-19 Update

Harry Weis, President & CEO, provided an update on hospital and clinic operations related to COVID-19.

17. ITEMS FOR BOARD ACTION

17.1. Corporate Compliance Report

Corporate Compliance Officer, Jim Hook of The Fox Group, presented the Second Quarter 2020 Corporate Compliance Report. Discussion was held.

No public comment was received.

ACTION: Motion made by Director King, to approve the Second Quarter 2020 Corporate Compliance Report as presented, seconded by Director Chamblin. Roll call vote taken. McGarry – AYE Chamblin – AYE King – AYE Brown – AYE Wong – AYE

17.2. First Reading of Proposed Revisions to TFHD Board of Directors Bylaws

The Board of Directors reviewed proposed revisions to the TFHD Board of Directors Bylaws. Discussion was held.

No public comment was received.



17.3. Resolution 2020-06

Item was removed from the agenda. No discussion was held.

18. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Not applicable.

19. BOARD COMMITTEE REPORTS

Director King gave an update from a recent Board Governance Committee meeting.

Director McGarry gave an update from a recent Tahoe Forest Hospital System Foundation meeting.

20. BOARD MEMBERS REPORTS/CLOSING REMARKS

-Director Brown noted she needed a new training link. Board

21. CLOSED SESSION CONTINUED, IF NECESSARY

Not applicable.

22. OPEN SESSION

Not applicable.

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

Not applicable.

24. <u>ADJOURN</u> Meeting adjourned at 7:47 p.m.



SPECIAL MEETING OF THE BOARD OF DIRECTORS

DRAFT MINUTES

Wednesday, August 5, 2020 at 3:00 p.m.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, the Special Meeting of the Tahoe Forest Hospital District Board of Directors for August 5, 2020 will be conducted telephonically through Zoom. Please be advised that pursuant to the Executive Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting. Board Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

1. CALL TO ORDER

Meeting was called to order at 3:00 p.m.

2. <u>ROLL CALL</u>

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

Staff in attendance: Harry Weis, Chief Executive Officer; Crystal Betts, Chief Financial Officer; Martina Rochefort, Clerk of the Board

Other: Gary Bell, Assistant General Counsel

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

4. ITEMS FOR BOARD ACTION

4.1. Resolution 2020-06

Discussion was held.

Public comment was received by Martina Rochefort.

ACTION: Motion made by Director Chamblin, to set the 2020-21 fiscal year GO Bond tax rate per \$100,000 at \$18.72 and utilize approximately 85% (\$610,117.17) of the reserve (\$717,784.91) to fully cover the 2020-21 debt service requirement of \$5,097,631.26, leaving \$107,667.74 in reserve, seconded by Director Brown. Roll call vote taken. McGarry – AYE Chamblin – AYE King – AYE Brown – AYE Wong – AYE

5. ADJOURN

Meeting adjourned at 3:29 p.m.

TAHOE FOREST HOSPITAL DISTRICT JULY 2020 FINANCIAL REPORT - PRELIMINARY INDEX

PAGE	DESCRIPTION
2 - 3	FINANCIAL NARRATIVE
4	STATEMENT OF NET POSITION
5	NOTES TO STATEMENT OF NET POSITION
6	CASH INVESTMENT
7	TFHD STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
8 - 9	TFHD NOTES TO STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
10	IVCH STATEMENT OF REVENUE AND EXPENSE
11 - 12	IVCH NOTES TO STATEMENT OF REVENUE AND EXPENSE
13	STATEMENT OF CASH FLOW*
	* Due to the Fiscal Year 2021 Budget being delayed, the Statement of

Cash Flow has not been included in the July 2020 Financial Report.

Board of Directors Of Tahoe Forest Hospital District JULY 2020 FINANCIAL NARRATIVE - PRELIMINARY

The following is the financial narrative analyzing financial and statistical trends for the one month ended July 31, 2020.

Activity Statistics

- □ TFH acute patient days were 444 for the current month compared to budget of 445. This equates to an average daily census of 14.3 compared to budget of 14.4.
- TFH Outpatient volumes were above budget in the following departments by at least 5%: Surgery cases, Pain consults, Oncology Lab, EKG, Diagnostic Imaging, Mammography, Radiation Oncology procedures, Nuclear Medicine, MRI, Briner Ultrasound, Cat Scans, PET CT, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Gastroenterology cases, Tahoe City Physical and Occupational Therapy, Physical Therapy, Speech Therapy, and Occupational Therapy.

Financial Indicators

- □ Net Patient Revenue as a percentage of Gross Patient Revenue was 56.20% in the current month compared to July 2019 budget of 50.0% and to last month's 48.5%. Current year's Net Patient Revenue as a percentage of Gross Patient Revenue was 56.20% compared to budget of 50.0% and prior year's 50.4%.
- □ EBIDA was \$5,201,137 (13.8%) for the current month compared to July 2019 budget of \$909,709 (2.8%), or \$4,291,428 (11.0%) above budget.
- □ Net Income was \$4,857,768 for the current month compared to July 2019 budget of \$488,190 or \$4,369,578 above budget. Without the COVID-19 Emergency Funding received from HHS, July's Net Income would have been \$4,751,451.
- □ Cash Collections for the current month were \$19,807,161, which is 151% of targeted Net Patient Revenue.
- □ EPIC Gross Accounts Receivables were \$77,907,958 at the end of July compared to \$74,093,490 at the end of June.

Balance Sheet

- Working Capital is at 117.6 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 253.0 days. Working Capital cash increased a net \$5,787,000. Accounts Payable decreased \$480,000 and Accrued Payroll & Related Costs increased \$1,348,000. The District received \$3,065,000 from the Medicare program for its As-Filed FY19 Cost Report and cash collections were 51% above budget.
- Net Patient Accounts Receivable increased approximately \$658,000 and Cash collections were 151% of target. EPIC Days in A/R were 74.9 compared to 89.6 at the close of June, a 14.7 days decrease.
- Estimated Settlements, Medi-Cal & Medicare decreased a net \$1,783,000. The District recorded the estimated July FY21 receivable from the Rate Range IGT, Medi-Cal PRIME, and Quality Assurance Fee programs. The District received \$3,065,000 from the Medicare Program for the As-Filed FY19 cost report.
- □ Total Bond Trustee 2015 decreased \$1,169,000 after remitting the principal and interest payments due on July 1st.
- GO Bond Tax Revenue Fund decreased \$3,326,000 after remitting the principal and interest payments due on the General Obligation Bond debt.
- □ Accounts Payable decreased \$480,000 due to the timing of the final check run in the month.
- □ Accrued Payroll & Related Costs increased a net \$1,348,000 due to five additional accrued payroll days in July.
- □ Interest Payable decreased \$431,000 after remitting interest due on the 2015 and 2017 Revenue Bonds.
- □ Interest Payable GO Bond decreased \$1,434,000 after remitting the interest due on the General Obligation Bond debt.
- Other Long Term Debt Net of Current Maturities decreased \$1,801,000 after remitting the principal due on the 2015 and 2017 Revenue Bonds.
- GO Bond Debt Net of Current Maturities decreased \$1,733,000 after remitting the principal due on the General Obligation Bond debt.

Operating Revenue

- □ Current month's Total Gross Revenue was \$37,582,522 compared to July 2019 budget of \$32,061,766 or \$5,520,756 above budget.
- □ Current month's Gross Inpatient Revenue was \$7,338,193, compared to July 2019 budget of \$8,418,747 or \$1,080,554 below budget.
- □ Current month's Gross Outpatient Revenue was \$30,244,330 compared to July 2019 budget of \$23,643,019 or \$6,601,311 above budget.
- □ Current month's Gross Revenue Mix was 39.5% Medicare, 16.1% Medi-Cal, .0% County, 1.1% Other, and 43.3% Insurance compared to budget of 37.7% Medicare, 16.1% Medi-Cal, .0% County, 3.3% Other, and 42.9% Insurance. Last month's mix was 38.2% Medicare, 14.8% Medi-Cal, .0% County, 4.1% Other, and 42.9% Insurance.
- □ Current month's Deductions from Revenue were \$16,459,213 compared to budget of \$16,015,776 or \$443,437 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 1.78% increase in Medicare, a .07% decrease to Medi-Cal, County at budget, a 2.24% decrease in Other, and Commercial was above budget .53% and 2) Revenues exceeded budget by 17.2%.

DESCRIPTION	July 2020 Actual	July 2020 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	6,749,953	6,098,153	(651,800)	Negative variance in Salaries and Wages primarily related to Physicians who were budgeted under Professional Fees in the July 2019 budget.
		, ,		Greater use of Paid Leave for summer holidays and Sick Leave being used for mandatory quarantines and family
Employee Benefits	2,359,538	1,826,969	(532,569)	leaves created a negative variance in Employee Benefits.
Benefits – Workers Compensation	101,917	78,105	(23,812)	
Benefits – Medical Insurance	1,228,513	1,177,057	(51,456)	
Medical Professional Fees	1,105,611	2,139,296	1,033,685	We saw positive variances in Multi-Specialty and TFH Locums' physician fees due to transitioning to the employment model along with less use of outsourced Locums agencies to staff the Emergency Department.
Other Professional Fees	262,324	215,542	(46,782)	Negative variance in Other Professional Fees related to consulting services provided to the I/T department for software conversion support.
Supplies	2,595,614	2,252,736	(342,878)	Oncology Drugs Sold to Patients revenues were above July 2019 budget by 51.64% creating a negative variance in Pharmaceuticals and Medical Supplies Sold to Patients revenues exceeded the July 2019 budget by 45.96%, creating a negative variance in Patient & Other Medical Supplies.
Purchased Services	1,769,431	1,564,312	(205,119)	Outsourced agencies working key areas of our aged accounts receivable created a negative variance in Purchased Services.
Other Expenses	742,409	892,253	149,844	We witnessed positive variances in the majority of the Other Expense categories as Senior Leadership continues monitoring controllable costs.
Total Expenses	16,915,310	16,244,423	(670,887)	

TAHOE FOREST HOSPITAL DISTRICT STATEMENT OF NET POSITION JULY 2020 - PRELIMINARY

		Jul-20	PI	RELIMINARY Jun-20		Jul-19	
ASSETS							
CURRENT ASSETS	•		•	50 000 100	•		
	\$	64,593,560	\$	58,806,120	\$	24,320,056	1
PATIENT ACCOUNTS RECEIVABLE - NET		19,773,059		19,114,816		23,726,312	2
OTHER RECEIVABLES		7,102,242		6,906,007		5,929,812	
GO BOND RECEIVABLES ASSETS LIMITED OR RESTRICTED		412,919		92,924 7,916,160		528,312	
INVENTORIES		7,919,107 3,820,678		3,828,640		8,376,252 3,477,988	
PREPAID EXPENSES & DEPOSITS		3,176,537		2,478,503		2,927,856	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE		9,640,806		11,267,159		8,215,478	3
TOTAL CURRENT ASSETS		116,438,909		110,410,329		77,502,066	
		110,100,000				11,002,000	
NON CURRENT ASSETS							
ASSETS LIMITED OR RESTRICTED:							
* CASH RESERVE FUND		74,384,021		74,384,021		64,390,780	1
MUNICIPAL LEASE 2018		2,354,714		2,354,714		3,497,294	
TOTAL BOND TRUSTEE 2017		20,530		20,530		20,319	
TOTAL BOND TRUSTEE 2015		141,543		1,310,438		151,699	4
TOTAL BOND TRUSTEE GO BOND		5,764		5,764		-	
GO BOND TAX REVENUE FUND		624,861		3,951,201		377,654	5
DIAGNOSTIC IMAGING FUND		3,343		3,343		3,307	
DONOR RESTRICTED FUND		1,137,882		1,137,882		1,138,731	
WORKERS COMPENSATION FUND		(3,296)		22,144		19,632	
TOTAL		78,669,363		83,190,037		69,599,416	
LESS CURRENT PORTION		(7,919,107)		(7,916,160)		(8,376,252)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET		70,750,256		75,273,877		61,223,164	
NONCURRENT ASSETS AND INVESTMENTS:		(4 4 40 050)		(4 4 40 050)		454 705	
INVESTMENT IN TSC, LLC		(1,140,359)		(1,140,359)		451,785	
PROPERTY HELD FOR FUTURE EXPANSION PROPERTY & EQUIPMENT NET		905,568		910,968		850,882	
GO BOND CIP, PROPERTY & EQUIPMENT NET		176,628,176 1,791,406		177,383,762 1,791,406		176,095,812 1,791,406	
GO BOND CIF, FROFERIT & EQUIFINIENT NET		1,791,400		1,791,400		1,791,400	
TOTAL ASSETS		365,373,954		364,629,981		317,915,115	
IOTAL AGGETO		000,070,004		004,020,001		017,010,110	
DEFERRED OUTFLOW OF RESOURCES:							
DEFERRED LOSS ON DEFEASANCE		384,653		387,885		423,441	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE		1,847,362		1,847,362		1,370,780	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING		5,390,470		5,414,174		5,674,926	
GO BOND DEFERRED FINANCING COSTS		525,959		528,279		442,938	
DEFERRED FINANCING COSTS		161,243		162,283		173,726	
TOTAL DEFERRED OUTFLOW OF RESOURCES	\$	8,309,686	\$	8,339,984	\$	8,085,811	
LIABILITIES							
CURRENT LIABILITIES							
ACCOUNTS PAYABLE	\$	7,214,825	\$	7,695,123	\$	4,953,074	
ACCRUED PAYROLL & RELATED COSTS		15,010,057		13,662,417		11,693,107	7
		106,493		537,185		106,493	8
INTEREST PAYABLE GO BOND		-		1,434,451		305,371	9
ESTIMATED SETTLEMENTS, M-CAL & M-CARE		23,044,385		22,887,696		1,481,902	
HEALTH INSURANCE PLAN WORKERS COMPENSATION PLAN		2,171,369		2,171,369		1,463,491	
COMPREHENSIVE LIABILITY INSURANCE PLAN		2,173,244 1,362,793		2,173,244 1,362,793		1,888,539 1,172,232	
CURRENT MATURITIES OF GO BOND DEBT		1,715,000		1,605,000		1,330,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT		3,828,809		3,708,209		2,543,904	
TOTAL CURRENT LIABILITIES		56,626,976		57,237,486		26,938,113	
		00,020,070		01,201,100		20,000,110	
NONCURRENT LIABILITIES							
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES		29,875,894		31,676,521		34,874,809	10
GO BOND DEBT NET OF CURRENT MATURITIES		97,722,723		99,455,679		99,486,668	
DERIVATIVE INSTRUMENT LIABILITY		1,847,362		1,847,362		1,370,780	
TOTAL LIABILITIES		186,072,954		190,217,048		162,670,370	
NET ASSETS							
NET INVESTMENT IN CAPITAL ASSETS		186,472,804		181,615,036		162,191,825	
RESTRICTED		1,137,882		1,137,882		1,138,731	
	-		<u>^</u>	100	-	100	
TOTAL NET POSITION	\$	187,610,686	\$	182,752,918	\$	163,330,556	

* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT NOTES TO STATEMENT OF NET POSITION JULY 2020 - PRELIMINARY

- Working Capital is at 117.6 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 253.0 days. Working Capital cash increased a net \$5,787,000. Accounts Payable decreased \$480,000 (See Note 6) and Accrued Payroll & Related Costs increased \$1,348,000 (See Note 7). The District received its tentative settlement in the amount of \$3,065,000 from the Medicare program for the As-Filed FY19 cost report (See Note 3) and cash collections were above budget by 51%.
- Net Patient Accounts Receivable increased approximately \$658,000. Cash collections were 151% of target. EPIC Days in A/R were 74.9 compared to 89.6 at the close of June, a 14.70 days decrease. Under normal operations, Days in A/R would have been 70.8.
- Estimated Settlements, Medi-Cal & Medicare decreased a net \$1,783,000. The District recorded the estimated July FY20 receivable from the Rate Range IGT, Medi-Cal PRIME, and Quality Assurance Fee programs and received \$3,065,000 from the Medicare Program for the As-Filed FY19 cost report.
- 4. Total Bond Trustee 2015 decreased \$1,169,000 after remitting the principal and interest payments due on July 1st.
- 5. GO Bond Tax Revenue Fund decreased \$3,326,000 after remitting the principal and interest payments due on the General Obligation Bond debt.
- 6. Accounts Payable decreased \$480,000 due to the timing of the final check run in July.
- 7. Accrued Payroll & Related Costs increased a net \$1,348,000 due to five additional accrued payroll days in July.
- 8. Interest Payable decreased \$431,000 after remitting interest due on the 2015 and 2017 Revenue Bonds.
- 9. Interest Payable GO Bond decreased \$1,434,000 after remitting the interest due on the General Obligation Bond debt.
- 10. Other Long Term Debt Net of Current Maturities decreased \$1,801,000 after remitting the principal due on the 2015 and 2017 Revenue Bonds
- 11.GO Bond Debt Net of Current Maturities decreased \$1,733,000 after remitting the principal due on the General Obligation Bond debt.

Tahoe Forest Hospital District Cash Investment July 2020 - Preliminary

WORKING CAPITAL US Bank US Bank/Kings Beach Thrift Store US Bank/Truckee Thrift Store US Bank/Payroll Clearing Umpqua Bank Total	\$ 63,348,013 158,408 72,094 - 1,015,046	0.01% 0.06%	\$	64,593,560
BOARD DESIGNATED FUNDS US Bank Savings Capital Equipment Fund Total	\$ 	0.01%	\$	-
Building Fund Cash Reserve Fund Local Agency Investment Fund	\$ - 74,384,021	0.92%	\$	74,384,021
Municipal Lease 2018 Bonds Cash 2017 Bonds Cash 2015 GO Bonds Cash 2008			\$\$\$\$	2,354,714 20,530 141,543 630,625
DX Imaging Education Workers Comp Fund - B of A	\$ 3,343 (3,296)			
Insurance Health Insurance LAIF Comprehensive Liability Insurance LAIF Total	 -		\$	48
TOTAL FUNDS			\$	142,125,041
RESTRICTED FUNDS Gift Fund US Bank Money Market Foundation Restricted Donations Local Agency Investment Fund TOTAL RESTRICTED FUNDS	\$ 8,361 27,309 1,102,212	0.01% 0.92%	\$	1,137,882
TOTAL ALL FUNDS			\$	143,262,923

TAHOE FOREST HOSPITAL DISTRICT STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION JULY 2020 - PRELIMINARY

_		CURRENT	MON	NTH					YEAR TO D	ATE			PRIOR YTD JULY 2019
		JULY 2019							FYTD 2020				
	ACTUAL	BUDGET		VAR\$	VAR%	OPERATING REVENUE		ACTUAL	BUDGET	VAR\$	VAR%		
\$ 3	37,582,522	\$ 32,061,766	\$	5,520,756	17.2%	Total Gross Revenue	\$	37,582,522	\$ 32,061,766 \$	5,520,756	17.2%	1	\$ 35,514,473
						Gross Revenues - Inpatient							
\$	2,995,924	. , ,	\$	416,599	16.2%	Daily Hospital Service	\$		\$ 2,579,325 \$	416,599	16.2%		\$ 3,243,256
	4,342,269	5,839,422		(1,497,153)	-25.6%	Ancillary Service - Inpatient		4,342,269	5,839,422	(1,497,153)	-25.6%		5,891,951
	7,338,193	8,418,747		(1,080,554)	-12.8%	Total Gross Revenue - Inpatient		7,338,193	8,418,747	(1,080,554)	-12.8%	1	9,135,207
3	30,244,330	23,643,019		6,601,311	27.9%	Gross Revenue - Outpatient		30,244,330	23,643,019	6,601,311	27.9%		26,379,266
3	30,244,330	23,643,019		6,601,311	27.9%	Total Gross Revenue - Outpatient		30,244,330	23,643,019	6,601,311	27.9%	1	26,379,266
						Deductions from Revenue:							
1	16,010,192	14,306,468		(1,703,724)	-11.9%	Contractual Allowances		16,010,192	14,306,468	(1,703,724)	-11.9%	2	16,460,606
	4 00 4 000	-		(405.000)	0.0%	Managed Care Reserve		-	-	(4.05,000)	0.0%	2	-
	1,334,666	1,148,863		(185,803)	-16.2%	Charity Care		1,334,666	1,148,863	(185,803)	-16.2%	2 2	1,256,425
	(885,645)	- 560,445		- 1,446,090	0.0% 258.0%	Charity Care - Catastrophic Events Bad Debt		(885,645)	- 560,445	1,446,090	0.0% 258.0%	2	(94,147)
	(885,045)	- 500,445		1,440,090	238.0%	Prior Period Settlements		(005,045)		1,440,090	0.0%	2	(34,147)
1	16,459,213	16,015,776		(443,437)	-2.8%	Total Deductions from Revenue		16,459,213	16,015,776	(443,437)	-2.8%	2	17,622,884
	80,318				-29.5%	Property Tax Revenue- Wellness Neighborhood		80,318	113,951		-29.5%	3	69,085
	912,819	113,951 994,191		(33,633) (81,372)	-29.5% -8.2%	Other Operating Revenue		912,819	994,191	(33,633) (81,372)	-29.5% -8.2%	3 3	1,061,705
												5	
2	22,116,446	17,154,132		4,962,314	28.9%	TOTAL OPERATING REVENUE		22,116,446	17,154,132	5,955,506	34.7%		19,022,379
						OPERATING EXPENSES							
	6,749,953	6,098,153		(651,800)	-10.7%	Salaries and Wages		6,749,953	6,098,153	(651,800)	-10.7%	4	5,379,679
	2,359,538	1,826,969		(532,569)	-29.2%	Benefits		2,359,538	1,826,969	(532,569)	-29.2%	4	1,792,322
	101,917	78,105		(23,812)	-30.5%	Benefits Workers Compensation		101,917	78,105	(23,812)	-30.5%	4	59,519
	1,228,513	1,177,057		(51,456)	-4.4%	Benefits Medical Insurance Medical Professional Fees		1,228,513	1,177,057	(51,456)	-4.4% 48.3%	4	1,268,806
	1,105,611 262,324	2,139,296 215,542		1,033,685 (46,782)	48.3% -21.7%	Other Professional Fees		1,105,611 262,324	2,139,296 215,542	1,033,685 (46,782)	46.3% -21.7%	5 5	1,820,416 187,443
	2,595,614	2,252,736		(342,878)	-15.2%	Supplies		2,595,614	2,252,736	(342,878)	-15.2%	6	2,541,709
	1,769,431	1,564,312		(205,119)	-13.1%	Purchased Services		1,769,431	1,564,312	(205,119)	-13.1%	7	1,476,331
	742,409	892,253		149,844	16.8%	Other		742,409	892,253	149,844	16.8%	8	618,419
1	16,915,310	16,244,423		(670,887)	-4.1%	TOTAL OPERATING EXPENSE		16,915,310	16,244,423	(670,887)	-4.1%		15,144,644
	5,201,137	909,709		4,291,428	471.7%	NET OPERATING REVENUE (EXPENSE) EBIDA		5,201,137	909,709	4,291,428	471.7%		3,877,735
						NON-OPERATING REVENUE/(EXPENSE)							
	529,265	495,632		33,633	6.8%	District and County Taxes		529,265	495,632	33,633	6.8%	9	540,499
	412,919	412,919		00,000	0.0%	District and County Taxes - GO Bond		412,919	412,919	0	0.0%	U	412,919
	79,998	160,722		(80,724)	-50.2%	Interest Income		79,998	160,722	(80,724)	-50.2%	10	163,507
	-	-		-	0.0%	Interest Income-GO Bond		-	-	-	0.0%		-
	90,819	88,155		2,664	3.0%	Donations		90,819	88,155	2,664	3.0%	11	28,114
	-	-		-	0.0%	Gain/ (Loss) on Joint Investment		-	-	-	0.0%		-
	-	-		-	0.0%	Gain/(Loss) on Disposal of Property		-	-	-	0.0%		-
	-	-		-	0.0%	Gain/ (Loss) on Sale of Equipment		-	-	-	0.0%		-
	106,317	-		106,317	100.0%	COVID-19 Emergency Funding		106,317	-	106,317	100.0%		-
	(1,154,497)	(1,154,615)		118 5 721	0.0%	Depreciation		(1,154,497)	(1,154,615)	118	0.0% 4.8%		(1,103,102)
	(113,231) (294,960)	(118,962) (305,371)		5,731 10,411	4.8% 3.4%	Interest Expense Interest Expense-GO Bond		(113,231) (294,960)	(118,962) (305,371)	5,731 10,411	4.8%	10	 (119,018) (317,589)
	(343,369)	(421,520)		78,151	18.5%	TOTAL NON-OPERATING REVENUE/(EXPENSE)		(343,369)	(421,520)	78,151	18.5%		(394,670)
\$	4,857,768			4,369,578	895.1%	INCREASE (DECREASE) IN NET POSITION	\$	4,857,768	\$ 488,190 \$	4,369,578	895.1%		\$ 3,483,065
	,,	,		,,		NET POSITION - BEGINNING OF YEAR	Ţ	182,752,918	•	,,			.,,
						NET POSITION - AS OF JULY 31, 2020	¢	187,610,686					
	40.00/	0.0%		44.00/			Ψ		2.0%	44.00/			40.0%
	13.8%	2.8%		11.0%		RETURN ON GROSS REVENUE EBIDA		13.8%	2.8%	11.0%			10.9%

TAHOE FOREST HOSPITAL DISTRICT NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION JULY 2020 - PRELIMINARY

			Variance from		
		J	Fav / <u< th=""><th></th><th>v> 'TD 2021</th></u<>		v> 'TD 2021
) Gross Revenues Acute Patient Days were at budget at 444 days. Swing Bed days were below budget 45.46% or 5 days. Inpatient Ancillary revenues were below budget due to lower acuity in our patient population.	Gross Revenue Inpatient Gross Revenue Outpatient Gross Revenue Total	\$ \$	(1,080,554) 6,601,311 5,520,756	\$ \$	(1,080,55 6,601,31 5,520,75
Outpatient volumes were above budget in the following departments: Surgery cases, Pain consults, Oncology Lab, EKG, Diagnostic Imaging, Mammography, Radiation Oncology procedures, Nuclear Medicine, MRI, Ultrasound, Briner Ultrasound, Cat Scans, PET CT, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Gastroenterology cases, Tahoe City Physical & Occupational Therapy, Physical Therapy, Speech Therapy, and Occupational Therapy.					
) <u>Total Deductions from Revenue</u>		¢	(4 700 704)	¢	(4 700 70
The payor mix for July shows a .1.78% increase to Medicare, a .07% decrease to Medi-Cal, 2.24% decrease to Other, County at budget , and a .53% increase to Commercial when compared to budget. We saw a negative variance in	Contractual Allowances Managed Care Charity Care	\$ \$	(1,703,724) - 3 (185,803)	ծ \$	(1,703,72)
Contractual Allowances due to revenues exceeding budget 17.2%.	Charity Care - Catastrophic Bad Debt		- 1,446,090		1,446,0
We saw a positive variance in Bad Debt as our older A/R is being worked down and collected.	Prior Period Settlements Total	\$	- (443,437)	\$	(443,43
) Other Operating Revenue	Retail Pharmacy	\$	20,233	\$	20,23
Retail Pharmacy revenues exceeded budget by 7.93%.	Hospice Thrift Stores		(11,844)		(11,8
We witnessed negative variances in Thrift Store revenues, Fitness & Wellness classes	The Center (non-therapy) IVCH ER Physician Guarantee		(20,824) (6,034)		(20,8 (6,0
offered at The Center, Children's Center revenues, Cafeteria sales, and Community	Children's Center		(17,120)		(17,1
Wellness classes due to retail operations still not operating at pre-COVID levels.	Miscellaneous		(39,766)		(39,7
	Oncology Drug Replacement		-		(6.0
	Grants Total	\$	(6,017) (81,372)	\$	(6,0) (81,3
Salaries and Wages	Total	\$	(651,800)	\$	(651,8
Negative variance in Salaries and Wages primarily related to Physicians who were budgeted under Professional Fees in the July 2019 budget.					
Employee Benefits	PL/SL	\$	(527,582)	\$	(527,5
Negative variance in PL/SL related to greater use of Paid Leave for summer holidays along with Sick Leave being used for mandatory quarantines and family leaves.	Nonproductive Pension/Deferred Comp		35,613		35,6
	Standby Other		(5,648) (34,953)		(5,6 (34,9
	Total	\$		\$	(532,5
Employee Benefits - Workers Compensation	Total	\$	(23,812)	\$	(23,8
Employee Benefits - Medical Insurance	Total	\$	(51,456)	\$	(51,4
Professional Fees	Information Technology	\$	(54,045)	\$	(54,0
Negative variance in Information Technology related to consulting services provided for	The Center (includes OP Therapy)		(1,584)		(1,5
the I/T Analytics Milestone project and software conversion support.	Miscellaneous		(557)		(5
Positive variance in Multi-Specialty Clinics is being offset by negative variances in	Managed Care Truckee Surgery Center		(500)		(5
Salaries and Wages.	Patient Accounting/Admitting		-		
	Respiratory Therapy		-		
			153		1
Positive variance in TFH Locums related to physicians joining the employment model and					6
·	Human Resources		670		4.0
Positive variance in TFH Locums related to physicians joining the employment model and	Human Resources Financial Administration		1,208		
Positive variance in TFH Locums related to physicians joining the employment model and	Human Resources Financial Administration Multi-Specialty Clinics Administration		1,208 1,496		1,4
Positive variance in TFH Locums related to physicians joining the employment model and	Human Resources Financial Administration		1,208		1,4 1,5
Positive variance in TFH Locums related to physicians joining the employment model and	Human Resources Financial Administration Multi-Specialty Clinics Administration Marketing		1,208 1,496 1,583		1,4 1,5 1,7
Positive variance in TFH Locums related to physicians joining the employment model and	Human Resources Financial Administration Multi-Specialty Clinics Administration Marketing Administration Corporate Compliance Medical Staff Services		1,208 1,496 1,583 1,780 2,000 2,175		1,4 1,5 1,7 2,0 2,1
Positive variance in TFH Locums related to physicians joining the employment model and	Human Resources Financial Administration Multi-Specialty Clinics Administration Marketing Administration Corporate Compliance Medical Staff Services IVCH ER Physicians		1,208 1,496 1,583 1,780 2,000 2,175 3,310		1,4 1,5 1,7 2,0 2,1 3,3
Positive variance in TFH Locums related to physicians joining the employment model and	Human Resources Financial Administration Multi-Specialty Clinics Administration Marketing Administration Corporate Compliance Medical Staff Services IVCH ER Physicians Sleep Clinic		1,208 1,496 1,583 1,780 2,000 2,175 3,310 15,575		1,4 1,5 1,7 2,0 2,1 3,3 15,5
Positive variance in TFH Locums related to physicians joining the employment model and	Human Resources Financial Administration Multi-Specialty Clinics Administration Marketing Administration Corporate Compliance Medical Staff Services IVCH ER Physicians Sleep Clinic Oncology		1,208 1,496 1,583 1,780 2,000 2,175 3,310 15,575 23,905		1,2 1,4 1,5 1,7 2,0 2,1 3,3 15,5 23,9 28,3
Positive variance in TFH Locums related to physicians joining the employment model and	Human Resources Financial Administration Multi-Specialty Clinics Administration Marketing Administration Corporate Compliance Medical Staff Services IVCH ER Physicians Sleep Clinic		1,208 1,496 1,583 1,780 2,000 2,175 3,310 15,575		1,4 1,5 1,7 2,0 2,1 3,3 15,5 23,9 28,3
Positive variance in TFH Locums related to physicians joining the employment model and	Human Resources Financial Administration Multi-Specialty Clinics Administration Marketing Administration Corporate Compliance Medical Staff Services IVCH ER Physicians Sleep Clinic Oncology TFH/IVCH Therapy Services		1,208 1,496 1,583 1,780 2,000 2,175 3,310 15,575 23,905 28,310		1,4 1,5 1,7 2,0 2,1 3,3 15,5

TAHOE FOREST HOSPITAL DISTRICT NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION JULY 2020 - PRELIMINARY

			Variance from Fav / <unf< th=""><th></th></unf<>	
		J	ULY 2020	YTD 2021
6) <u>Supplies</u>	Patient & Other Medical Supplies	\$	(214,362) \$	(214,362)
Medical Supplies Sold to Patients revenues exceeded the July 2019 budget by 45.9	6%, Pharmacy Supplies		(164,122)	(164,122)
creating a negative variance in Patient & Other Medical Supplies.	Minor Equipment		(18,786)	(18,786)
	Other Non-Medical Supplies		6,951	6,951
Oncology Drugs Sold to Patients revenues exceeded the July 2019 budget by 51.64	%, Office Supplies		16,509	16,509
creating a negative variance in Pharmacy Supplies.	Food		30,932	30,932
	Total	\$	(342,878) \$	(342,878)
7) Purchased Services	Patient Accounting	\$	(332,893) \$	(332,893)
Outsourced agencies working key areas of our aged accounts receivable created a	Miscellaneous		(4,543)	(4,543)
negative variance in Patient Accounting. Working in collaboration with our vendor	Diagnostic Imaging Services - All		(835)	(835)
partners has helped reduce Days in A/R by 27.20 days in the course of 90 days.	Pharmacy IP		(379)	(379)
	Community Development		730	730
With areas of service such as the Emergency Department still not returning to pre-C	OVID Home Health/Hospice		2,391	2,391
volumes we are using less of our outsourced coding service, creating a positive	Department Repairs		2,999	2,999
variance in Medical Records.	The Center		11,333	11,333
	Information Technology		12,336	12,336
Positive variance in Human Resources related to fewer Employee Health and Pre-	Multi-Specialty Clinics		16,033	16,033
Employment screenings.	Laboratory		17,623	17,623
Employment soldenings.	Medical Records		30,422	30,422
	Human Resources		39,664	39,664
	Total	\$	(205,119) \$	(205,119)
8) Other Expenses	Insurance	\$	(13,917) \$	(13,917)
Oxygen tank rentals created a negative variance in Equipment Rent.	Equipment Rent	Ψ	(9,684)	(9,684)
Oxygen tank rentals created a negative variance in Equipment Rent.	Multi-Specialty Clinics Bldg Rent		(9,430)	
The addition on our Drimon (Care / Irgant Care clinics in EV20 is presting the pageti	. , .		,	(9,430)
The addition on our Primary Care/Urgent Care clinics in FY20 is creating the negative	-		(6,429)	(6,429)
variance in Multi-Specialty Clinics Building Rent.	Multi-Specialty Clinics Equip Rent		(178)	(178)
	Other Building Rent		6,183	6,183
Physician recruitment fees and Foundation Stewardship expenses came in below b			7,527	7,527
creating a positive variance in Miscellaneous.	Dues and Subscriptions		10,454	10,454
	Human Resources Recruitment		12,500	12,500
Telephone, WAN, Electricity, Water and Sewer, and Natural Gas/Propane expense			25,467	25,467
fell below budget, creating a positive variance in Utilities.	Utilities		28,268	28,268
	Outside Training & Travel		99,082	99,082
	Total	\$	149,844 \$	149,844
9) District and County Taxes	Total	\$	33,633 \$	33,633
10) Interest Income	Total	\$	(80,724) \$	(80,724)
The impact on the country's economy due to COVID-19 has caused interest rates to increasingly fall, creating a negative variance in Interest Income.	0			
11) Donations	IVCH	\$	(41,334) \$	(41,334)
	Operational		43,998	43,998
	Total	\$	2,664 \$	2,664
12) Gain/(Loss) on Joint Investment	Total	\$	- \$	-
13) Gain/(Loss) on Sale or Disposal of Assets	Total	\$	- \$	-
14) COVID-19 Emergency Funding	Total	\$	106,317 \$	106,317
The District received additional funds through the HHS Stimulus program in July.		<u> </u>		
15) Depreciation Expense	Total	\$	118 \$	118
16) Interest Expense	Total	\$	5,731 \$	5,731
			τ,τ - τ. φ	-,

INCLINE VILLAGE COMMUNITY HOSPITAL STATEMENT OF REVENUE AND EXPENSE JULY 2020 - PRELIMINARY

21.170	5.170		0.0 /0		REFORM ON GROOD REVENUE EDIDA		21.1/0		3.1 /0		10.0 /0				10.0 /0
\$ 646,165 27.7%	9.7%		452,181 8.0%	230.7%	RETURN ON GROSS REVENUE EBIDA		27.7%		9.7%		452,181 18.0%	230.1%		φ	18.0%
(62,612 \$ 648,16 9			(38,903) 452,181	-164.1% 230.7%	TOTAL NON-OPERATING REVENUE/(EXP) EXCESS REVENUE(EXPENSE)	\$	(62,612) 648,169	\$	(23,709) 195,988	¢	(38,903) 452,181	-164.1% 230.7%		\$	(69,271) 361,510
(65,676			(633)	1.0% 164.1%			(65,676)		(65,043)		(633)	-1.0% 164.1%	12		(69,271)
3,064			3,064	100.0%	COVID-19 Emergency Funding		3,064		-		3,064	100.0%			-
-	-		-	0.0%	Gain/ (Loss) on Sale		-		-		-	0.0%			
	41,334		(41,334)	-100.0%	NON-OPERATING REVENUE/(EXPENSE) Donations-IVCH		-		41,334		(41,334)	-100.0%	9		-
-, -							,		,						
710,781			491,084	223.5%	NET OPERATING REV(EXP) EBIDA		710,781		219,697		491,084	223.5%			430,781
1,035,406			(13,073)	-1.3%	TOTAL OPERATING EXPENSE		1,035,406		1,022,333		(13,073)	-1.3%	5		908,020
80,533			2,099	2.5%	Other		80,533		82,632		2,099	2.5%	8		63,180
52,643			1,680	3.1%	Purchased Services		40,555 52,643		54,323		1,680	3.1%	7		35,268
46,335			36,313	43.9%	Supplies		46,335		82,648		36,313	43.9%	6		28,948
1,747			(211)	-13.7%	Other Professional Fees		1,747		1,536		(211)	-13.7%	5		1,520
208,713			(2,940) 65,280	-4.4 <i>%</i> 23.8%	Medical Professional Fees		208,713		273,993		65,280	23.8%	4 5		263,515
70,337			(2,946)	-4.4%	Benefits Medical Insurance		70,337		4,303 67,391		(2,946)	-4.4%	4		72,645
1,525			2,779	-32.7 % 64.6%	Benefits Workers Compensation		1,525		4,303		2,779	-32.7 % 64.6%	4		3,013
429,020			(35,615)	-23.8%	Benefits		429,028		108,930		(35,615)	-32.7%	4		106,470
429,028	346,577		(82,451)	-23.8%	OPERATING EXPENSES Salaries and Wages		429,028		346,577		(82,451)	-23.8%	4		333,461
1,740,107	1,242,030		504,157	40.078			1,740,107		1,242,030		504,157	40.0%			1,330,001
1,746,187			504,157	40.6%	TOTAL OPERATING REVENUE		1,746,187		1,242,030		504,157	40.6%	5		1,338,801
95,710			(324)	-0.3%	Other Operating Revenue		95,710		96,034		(324)	-0.3%	3		123,680
917,215	1,126,947		209,732	18.6%	Total Deductions from Revenue		917,215		1,126,947		209,732	18.6%	2		1,181,004
(110,000	-			0.0%	Prior Period Settlements		-				-	0.0%	2		
(113,958) 106,254		220,212	207.3%	Bad Debt		(113,958)		106,254		220,212	207.3%	2		21,529
0,.00			-	0.0%	Charity Care - Catastrophic Events		-					0.0%	2		
120,168			(13,914)	-13.1%	Charity Care		120,168		106,254		(13,914)	-13.1%	2		112,139
911,006	914,439		3,433	0.4%	Deductions from Revenue: Contractual Allowances		911,006		914,439		3,433	0.4%	2		1,047,336
2,530,946	2,256,968		273,978	12.1%	Total Gross Revenue - Outpatient		2,530,946	:	2,256,968		273,978	12.1%	1		2,396,125
2,530,946	2,256,968	:	273,978	12.1%	Gross Revenue - Outpatient	:	2,530,946	:	2,256,968		273,978	12.1%			2,396,125
36,747	15,975		20,772	130.0%	Total Gross Revenue - Inpatient		36,747		15,975		20,772	130.0%	1		-
17,819			6,343	55.3%	Ancillary Service - Inpatient		17,819		11,476		6,343	55.3%			-
\$ 18,928			14,429	320.7%	Gross Revenues - Inpatient Daily Hospital Service	\$	18,928	\$	4,499	\$	14,429	320.7%		\$	-
\$ 2,567,693	\$ 2,272,943	\$	294,750	13.0%	Total Gross Revenue	\$	2,567,693	\$ 2	2,272,943	\$	294,750	13.0%	1	\$	2,396,125
ACTUAL	BUDGET		VAR\$	VAR%	OPERATING REVENUE	A	ACTUAL		UDGET		VAR\$	VAR%			
	JULY 2019							FY	TD 2020						
	CURRENT	MON	ТН						YEAR	то с	DATE				ULY 2019
														F	RIOR YTD

INCLINE VILLAGE COMMUNITY HOSPITAL NOTES TO STATEMENT OF REVENUE AND EXPENSE JULY 2020 - PRELIMINARY

				Variance fr	om B	udget
				Fav <u< th=""><th></th><th></th></u<>		
			J	<u>ULY 2020</u>	Y	<u>TD 2021</u>
1)	Acute Patient Days were above budget by 4 at 5 and Observation Days	Gross Revenue Inpatient	\$	20,772	\$	20,772
	were at budget at 0.	Gross Revenue Outpatient	\$	273,978 294,750	\$	273,978 294,750
	Outpatient volumes were above budget in Emergency Department visits, Cat Scans, Physical Therapy, Speech Therapy, and Occupational Therapy.		Ψ	234,730	Ψ	234,730
2)	Total Deductions from Revenue					
-,	We saw a shift in our payor mix with a 7.25% increase in Medicare,	Contractual Allowances	\$	3,433	\$	3,433
	a 2.31% decrease in Medicaid, a 4.28% decrease in Commercial insurance,	Charity Care	Ŷ	(13,914)	Ŷ	(13,914)
	a .65% decrease in Other, and County was below budget by .01%.	Charity Care-Catastrophic Event		-		-
		Bad Debt		220,212		220,212
		Prior Period Settlement		-		-
		Total	\$	209,732	\$	209,732
3)	Other Operating Revenue		•	<i>(</i>)	•	<i>(</i> - - -)
	IVCH ER Physician Guarantee is tied to collections which fell short of	IVCH ER Physician Guarantee	\$	(6,034)	\$	(6,034)
	July 2019 budget.	Miscellaneous Total	\$	5,710 (324)	\$	<u>5,710</u> (324)
	Rebates & Refunds created the positive variance in Miscellaneous.	10tal	Ψ	(324)	Ψ	(324)
4)	Salaries and Wages	Total	\$	(82,451)	\$	(82,451)
	Negative variance is Salaries and Wages primarily related to Physicians who were budgeted under Professional Fees in the July 2019 budget.					
	Employee Benefits	PL/SL	\$	(25,464)	\$	(25,464)
	Negative variance in PL/SL related to greater use of Paid Leave for summer	Standby		(3,068)		(3,068)
	holidays along with Sick Leave being used for mandatory quarantines.	Other		(6,784)		(6,784)
		Nonproductive Pension/Deferred Comp		(299)		(299)
		Total	\$	(35,615)	\$	(35,615)
					•	
	Employee Benefits - Workers Compensation	Total	\$	2,779	\$	2,779
	Employee Benefits - Medical Insurance	Total	\$	(2,946)	\$	(2,946)
5)	Professional Fees	Foundation	\$	(211)	\$	(211)
	Sleep Clinic Pro Fees are tied to collections which fell short of budget in	Administration		-		-
	July.	Miscellaneous		27		27
		IVCH ER Physicians		3,310		3,310
	Positive variance in Multi-Specialty Clinics is offset by negative variances	Therapy Services		8,779		8,779
	in Salaries and Wages.	Sleep Clinic Multi-Specialty Clinics		15,575 37,590		15,575 37,590
		Total	\$	65,069	\$	65,069
		- otal	Ψ	00,000	Ψ	00,000
6)	Supplies	Food	\$	44	\$	44
	Medical Supplies Sold to Patients fell short of the July 2019 budget by	Office Supplies		857		857
	32.76%, creating a positive variance in Patient & Other Medical Supplies.	Non-Medical Supplies		1,725		1,725
		Minor Equipment		2,518		2,518
		Pharmacy Supplies Patient & Other Medical Supplies		6,142 25,027		6,142 25,027
		Total	\$	36,313	\$	36,313
			Ψ	00,010	¥	20,010

INCLINE VILLAGE COMMUNITY HOSPITAL NOTES TO STATEMENT OF REVENUE AND EXPENSE JULY 2020 - PRELIMINARY

			Variance fr	om	Budget
			Fav <l< th=""><th>Infav</th><th>/></th></l<>	Infav	/>
		JL	ILY 2020		YTD 2021
7) Purchased Services	Engineering/Plant/Communications	\$	(3,194)	\$	(3,194)
Stripping and waxing the hospital floors and damper inspections created	Laboratory		(961)		(961)
a negative variance in Engineering/Plant/Communications.	Pharmacy		-		-
	Surgical Services		-		-
	Department Repairs		25		25
	Multi-Specialty Clinics		92		92
	Diagnostic Imaging Services - All		797		797
	EVS/Laundry		847		847
	Miscellaneous		1,473		1,473
	Foundation		2,600		2,600
	Total	\$	1,680	\$	1,680
8) Other Expenses	Equipment Rent	\$	(5,417)	\$	(5,417)
Oxygen tank rentals created a negative variance in Equipment Rent.	Miscellaneous	Ŷ	(3,853)	Ŷ	(3,853)
	Other Building Rent		(1,110)		(1,110)
Transfer of Laboratory Labor costs from TFH to IVCH created a negative	Dues and Subscriptions		(930)		(930)
variance in Miscellaneous.	Physician Services		-		-
	Multi-Specialty Clinics Bldg Rent		-		-
	Insurance		1,239		1,239
	Utilities		2,968		2,968
	Marketing		4,167		4,167
	Outside Training & Travel		5,036		5,036
	Total	\$	2,099	\$	2,099
9) <u>Donations</u>	Total	\$	(41,334)	\$	(41,334)
10) <u>Gain/(Loss) on Sale</u>	Total	\$	-	\$	-
		,		*	
11) COVID-19 Emergency Funding	Total	\$	3,064	\$	3,064
12) Depreciation Expense	Total	\$	(633)	\$	(633)



Board Informational Report

By: Harry Weis CEO

DATE: August 17, 2020

Finance Strategies:

We now believe we have achieved the budget in terms of actual net income for fiscal year 2020 even when "excluding all one time governmental monies" given to help us for the tremendous "hit" we took in volumes in the months of March, April and May. This is an amazing team achievement!! During those three months, we lost 34 M cumulative in gross revenues versus the path we were on fiscal YTD through February 29, 2020. We estimate very few hospitals achieved budget in this manner of all American hospitals who were very busy taking care of COVID-19 patients. Most American hospitals experienced low overall patient volumes in the months of March, April and May. Possibly the worst financial hit since the Great Depression.

We are really proud of our team for navigating wisely and efficiently through all of the changing rules/issues, which changed daily or weekly for many months.

We experienced a drop of 65% approximately, in weekly provider office visits during certain weeks in April vs our average weekly visit volumes fiscal year to date through February 29, 2020. Even with this 65% drop in certain weeks in April, I believe we still achieved growth in FY 20 in provider office visits of approximately 2500 over fiscal year 2019 actual performance.

Once we began a safe and thoughtful reopening it plan it has taken more than two months to recover most of the volumes and we still have a few weak spots to date.

In the month of July, we saw very strong revenue and volumes vs "last year July actual" which is being temporarily being used as the budget for July. I estimate we exceeded our budget in July by approximately 17% in gross revenues. Our July financials are not yet complete as of the writing of this memo, but it was a strong month.

August month to date gross revenues will likely beat budget as well.

To date, Tahoe Forest Hospital had 0 to 7 inpatients per day in April, 0 to 4 inpatients per day in May, 0 to 8 inpatients in June, 0 to 7 inpatients in July and 0 to 3 inpatients per day to date in August. These are inpatients that are COVID-19 positive or a rule out for COVID-19. We have also made it clear from a media perspective that virtually no patient should have an inpatient or outpatient hospital bill for COVID-19 related care.

We have admitted more than 140 inpatients with COVID type symptoms to date.

People Strategies:

Our team has been showing great skill, compassion and energy during the more than five months while the COVID-19 pandemic continues. They are truly demonstrating what "essential workers" are in America.

Our team is still awaiting the final report across our region and across all industries as to who will be named the Best Place to Work in all of Northern Nevada and the Lake Tahoe region. Hopefully, we will hear how we performed within 45 days.

We have worked to protect our team better than nearly all health systems in the country from the very hard financial hit we and other health systems experienced from the COVID-19 pandemic.

We have continued many virtual Town Halls for all team members to share the latest up to date information and to answer questions.

As we shared several months ago, our theme this year is on gratitude and thankfulness as we continue to focus on being the very best Team of One of any health system in the country.

Another important theme of our team as we continue to deal with COVID-19 for an undetermined period is "successfully living with COVID-19!"

Service Strategies:

Our team continues to deliver on year over year over year improving patient satisfaction score performance, always with the recognition that this is a never-ending journey of improvement. Our latest score as of June 30, 2020 indicates we have improved to 94.75 in fiscal year 2020 versus 94.48 in fiscal year 2019. We congratulate our team on this ever-improving performance, as this is not easy.

Quality Strategies:

We continue to have a long list of very focused Quality improvement activities year over year. We do measure year over year improvements in the quality of patient care our team provides. Our Core Measure bundle best summarizes the most important aspects in the quality of care and its showing year over year improvements. All of these activities tie back to our Strategic Plan.

Growth Strategies:

In alignment with our Strategic Plan under Growth, we continue to actively collaborate with many area health systems to the north, south, east and west of our health system, always looking for ways we can learn from each other and to also begin to examine ways we can deliver high quality care with greater efficiency. These activities are ongoing. We have slowed our media and community group outreach discussions a bit in recent weeks as the inpatient hospital volumes have really been tapering downward the last two months

even though the number of positive lab tests is growing but appears to be slowing just a bit too.

We continue to hope to develop some surface parking completed in three areas of our campus this calendar year but with regret, our 3-level parking garage will not be started and finished this calendar year.

We are hopeful to have at least two different clinical lab equipment platforms fully available by September to allow us to perform quickly in-house COVID-19 lab tests.

We are very active on state and federal regulation matters to assure that great rural healthcare can continue here and across America in sustainable ways.



Board COO Report

By: Judith B. Newland

DATE: August 2020

Quality: Pursue Excellence in Quality, Safety and Patient Experience

Focus on our culture of safety

Congratulations to Tahoe Forest Hospital District and Incline Village Community Hospital on their successful unannounced deemed accreditation Healthcare Facilities Accreditation Program (HFAP) Survey the week of August 10 – August 13. The preparation by leadership and staff was evident. Thank you to the staff for their hard work and dedication to assure a successful survey. We will be receiving a letter from HFAP indicating deficiencies that will need correction. Leadership will complete a Plan of Correction for the deficiencies identified for both hospitals and summit to HFAP. Thank you again to everyone for their hard work.

Tahoe Forest Health System is a 2020 Press Ganey Award winter. Press Ganey recognizes and honors a select group of its clients with awards each year that commend efforts to deliver exceptional patient experiences. Our team should have great pride in this achievement. We won the following awards:

- Tahoe Forest Hospital and Incline Village Community Hospital won the Guardian of Excellence for Patient Experience in Emergency Departments for reaching the 95th percentile for each reporting period for this award year.
- Tahoe Forest Hospital District won the Guardian of Excellence for Patient Experience in Hospital Compare Assessment of Healthcare Providers and Systems Survey (HCAHPS) and Inpatient for researching the 95th percentile for reach reporting period for this award year.

The Incident Command Team for the COVID-19 Pandemic continues to meet weekly. Our current focus is preparing for a potential surge this coming fall/winter. Priorities we are working on include increasing drive in bays for the Adult Respiratory Clinic in Truckee, coordinate an indoor Pediatric Respiratory Clinic in Truckee, evaluate drive by Adult Respiratory Clinic in Tahoe City, increase testing equipment locations, and evaluate social distancing space for office and employee break rooms.

Quality: Prioritize patient and family perspective

Strive for a continual 5-star HCAHPS status

Tahoe Forest Hospital District received 5-star status on Hospital Compare for the Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS). HCAHPS is a patient satisfaction survey that is required by the Centers for Medicare and Medicaid Services (CMS) for all hospitals in the United States. Thank you to the process improvement efforts of staff and leadership for making this accomplishment.

Growth: Foster and Grow Community and Regional Relationships

Enhance and promote our value to the community

The Incline Village Community Hospital Foundation (IVCHF) had a successful Donor Appreciation Event on Saturday, July 25th. The event began with a Drive-By Car Parade to recognize staff at IVCH. It was followed by a virtual event with a special performance by the Beach Boys. Thank you to the guests who attended and the ongoing philanthropic support of Incline Village and Crystal Bay.

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

Moves:

• None at this time.

Projects in Progress:

<u>Project:</u> ECC Interior Upgrades <u>Estimated Start of Construction:</u> March 2020 <u>Estimated Completion:</u> November 2020 <u>Summary of Work:</u> Remodel all patient rooms and dining area of the 1985 building of the ECC <u>Update Summary:</u> Project is on hold

<u>Project:</u> Security Upgrades <u>Estimated Start of Construction:</u> Fall 2020 <u>Estimated Completion:</u> Winter 2020 <u>Summary of Work:</u> Make the necessary modifications to improve security in Surgery, Diagnostic Imaging and Emergency Departments. <u>Update Summary:</u> Project is in procurement.

<u>Project:</u> Central Supply <u>Estimated Start of Construction:</u> Fall 2020 <u>Estimated Completion:</u> Winter 2020 <u>Summary of Work:</u> Renovate existing vacant space adjacent to central supply for additional storage. <u>Update Summary:</u> Project is in procurement.

Projects in Permitting:

<u>Project:</u> Site Improvements Phase 2 <u>Estimated Start of Construction:</u> Summer 2020 <u>Estimated Completion:</u> Winter 2020 <u>Summary of Work:</u> Project includes three site improvements for parking; these sites include Pat and Ollies, Gateway Temporary Lot and MOB East Parking Extension. <u>Update Summary:</u> Project is under Town of Truckee review.

Project: Campus Water Improvements
 Estimated Start of Construction: TBD
 Estimated Completion: TBD
 Summary of Work: Move the PRV station to Donner Pass Rd allowing the Hospital campus to tie into the high-pressure water line in Donner Pass Rd. This will allow for a higher average of water pressure throughout the campus.
 Update Summary: Electrical has been approved; water improvements and grading permit are under review. Project is being prepared for bid.

<u>Project:</u> Incline Sterile Processing Remodel <u>Estimated Start of Construction:</u> Spring 2021 <u>Estimated Completion:</u> Winter 2021 <u>Summary of Work:</u> Remodel and upgrade of equipment in SPD. <u>Update Summary:</u> Project is submitted to Washoe County.

Projects in Design:

<u>Project:</u> Day tank and Underground Storage tank replacement. <u>Estimated Start of Construction:</u> TBD <u>Estimated Completion:</u> TBD <u>Summary of Work:</u> Remove and replace the 30-year-old underground storage tank and existing day tank. <u>Update Summary:</u> Project is plan to be release for Request for Proposals the week of August 24th, 2020

<u>Project:</u> 2nd Floor MOB <u>Estimated Start of Construction:</u> TBD <u>Estimated Completion:</u> TBD <u>Summary of Work:</u> Remodel three suites of the 2nd floor of the MOB. <u>Update Summary:</u> Project on Hold

<u>Project:</u> MRI Replacement <u>Estimated Start of Construction:</u> TBD <u>Estimated Completion:</u> TBD <u>Summary of Work:</u> Replace MRI with new 3T MRI. <u>Update Summary:</u> Project on Hold

<u>Project:</u> Gateway Medical Office Building <u>Estimated Start of Construction:</u> Spring 2021 <u>Estimated Completion:</u> Winter 2024 <u>Summary of Work:</u> Create a new medical office building to house multiple hospital entities. <u>Update Summary:</u> Project on Hold

<u>Project:</u> Incline Endoscopy <u>Estimated Start of Construction:</u> Spring 2021 <u>Estimated Completion:</u> Winter 2021 <u>Summary of Work:</u> Create a new procedure room for ENDO procedures. <u>Update Summary:</u> Project is on Hold

<u>Project:</u> Tahoe Forest Nurse Call Replacement <u>Estimated Start of Construction:</u> TBD <u>Estimated Completion:</u> TBD <u>Summary of Work:</u> Remove and replace existing Nurse Call Systems in Ambulatory Surgery, Emergency, Diagnostic Imaging, Respiratory and Extended Care Center Departments. <u>Update Summary:</u> Project is kicking off design phase



Board CNO Report

By: Karen Baffone, RN, MS Chief Nursing Officer

DATE: August, 2020

Service: Optimize delivery model to achieve operational and clinical efficiency

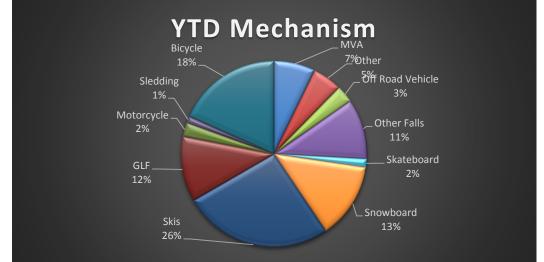
Use technology to improve efficiencies

- Addition of COVID-19 processes and charges within the Mercy System
- Continued use of Technology for many of our Wellness Programs that has seen some increase in those volumes
- Continued involvement in the telehealth services and opportunities that may come forward for improved reimbursement.

Quality: Provide clinical excellence in clinical outcomes

Identify and promote best practice and evidence-based medicine

- Level IV Trauma
 - o September 22, 2020 Schedule Level 4 Trauma Designations
 - We have had no updated timing for the Level 3 Trauma Designation although we have continued to proceed
 - June Statistics for Trauma:



> COVID-19

- Updated Surge plan all COVID positive patients are currently being house on the Med Surg or ICU
- Developed a staffing plan that works for increase in COVID-19 patients for the departments
- Developed and implemented plan for increased testing of suspected COVID-19 patients prior to admission to the hospital
- o Ongoing development of COVID-19 protocols

> **HFAP** Surveys completed with no Nursing Practice deficiencies

Growth: Meets the needs of the community

Enhance and promote our value to the community

- Care Coordination
 - Movement of Promotoras under care coordination to facilitate better oversight of the work that needs to be done with in the communities
- Wellness- August Programming that was carried out in the month:
 - Virtual Diabetes Education Classes



Board Informational Report

By: Jake Dorst

DATE: 8/18/2020

Chief Information & Innovation Officer

Service: Optimize delivery model to achieve operational and clinical efficiency

- Assume standard IT support model for Cancer Treatment Center
- Ambulatory Team Beacon Credentialing (two employees' fully credentialed)
- Blood Bank Application Wellsky Upgrade. Go Live Aug 25
- Continue Roll out of Patient Health Questionnaire-2 (PHQ-2) across clinics
- HRSA Grant Reporting for FY 2019-2020
- Upgraded Interface for PSOne Powerscribe for radiology voice recognition
- Decommissioned physical Medonc/Radonc server. Replaced with virtual servers
- MPower, Nuance support vendor, Bomgar setup for remote access and thirdparty access auditing
- Our Virtual Server software platform VMware was upgraded to 6.5.xx
- Critical security patches deployed
- Electronic Prescribing Controlled Substances go live was successful
- CancerlinQ go live success
- Taylst/340b go live, legacy data loaded to Talyst
- KHA architecture kickoff
- Trauma IV application submitted
- US Bank Lockbox project kicked off.
- Kickoff Pyxis upgrade and drug refrigerator integration
- Kickoff e-signature documents in MyChart project
- PHQ-9 program progress within EPIC
- Glooko Integration for diabetes management



Board CMO Report

By: Shawni Coll, D.O., FACOG

DATE: August 13, 2020

Chief Medical Officer

People: Strengthen a highly-engaged culture that inspires teamwork

Build a culture based on the foundations of our values

- Joy in Medicine task force is working diligently to help understand and support physicians with burnout.
- Attract, develop, and retain strong talent and promote great careers
 - We will be welcoming Dr. Scott Protzman, new orthopedic surgeon coming to our community and Medical Staff.

Service: Optimize delivery model to achieve operational and clinical efficiency

Use technology to improve efficiencies

 OB patients and their families will be offered "Virtual Visitors" for all OB visits and OB ultrasounds. The Access Center will offer this as an option instead of inperson visitors to help improve the patient experience while keeping staff, patients, and providers safe during this COVID-19 Pandemic.

Quality: Provide clinical excellence in clinical outcomes

Prioritize the patient and family perspective

- Medical Staff and Health System Staff will be attending the virtual Press Ganey Conference in November.
- TFHD.com is now displaying our Physician and APP "Star Ratings!" Please note that our patients LOVE our Medical Staff. Our Star Ratings range from 4.2 to 5 out of 5!

Finance: Ensure a highly sustainable financial future

Continue to improve revenue cycle efficiency and effectiveness

 The Medical Staff has gone through many coding courses to help improve the revenue cycle process. We have completed an initial audit and will be conducting another audit on those who had <70% accuracies with their coding. This will the result in a one on one educational session. This will allow us to see if the education is helping to improve our coding.

Growth: Meets the needs of the community

Explore and engage potential collaborations and partnerships

 We have partnered with Renown's lab to provide faster COVID testing results for our community. Renown is now taking ALL of our tests and we are getting a 48 hour turn around! Yay!



AGENDA ITEM COVER SHEET

ITEM	Infection Prevention & Control and Antibiotic Stewardship Designation
RESPONSIBLE PARTY	Janet Van Gelder, RN, DNP, CPHQ
ACTION REQUESTED?	For Board Approval

BACKGROUND:

The hospital must designate in writing an individual or group of individuals as its infection preventionist(s)/infection control officer(s). In designating infection preventionist(s)/infection control officer(s), hospitals should assure that the individuals so designated are qualified through education, training, experience, or certification (such as that offered by the Certification Board of Infection Control and Epidemiology (CBIC), or by the specialty boards in adult or pediatric infectious diseases offered for physicians by the American Board of Internal Medicine (for internists) and the American Board of Pediatrics (for pediatricians)). Infection control officers should maintain their qualifications through ongoing education and training, which can be demonstrated by participation in infection control courses, or in local and national meetings organized by recognized professional societies, such as Association for Professionals in Infection Control and Epidemiology (APIC) and Society for Healthcare Epidemiology of America (SHEA).

The Critical Access Hospital (CAH) must designate in writing an individual to lead its antibiotic stewardship program.

The CAH defines the qualifications required for the individual responsible for the antibiotic stewardship program. This individual may or may not be a physician. This person may or may not be the Infection Preventionist/ Infection Control Officer responsible for the infection control program of the facility.

SUMMARY/OBJECTIVES:

- *a.* The CAH must demonstrate that: An individual (or individuals), who is qualified through education, training, experience, or certification in infection prevention and control, is appointed by the governing body, or responsible individual, as the infection preventionist(s)/infection control professional(s) responsible for the infection prevention and control program and that the appointment is based on the recommendations of medical staff leadership and nursing leadership. §485.640(a)(1) §482.42(a)(1)
- **b.** The CAH must demonstrate that: An individual (or individuals), who is qualified through education, training, or experience in infectious diseases and/or antibiotic stewardship, is appointed by the governing body, or responsible individual, as the leader(s) of the antibiotic stewardship program and that the appointment is based on the recommendations of medical staff leadership and pharmacy leadership. §485.640(b)(1) §482.42(b)(1)

SUGGESTED DISCUSSION POINTS:

What are qualifications for these designated individuals?

SUGGESTED MOTION/ALTERNATIVES:

Move to designate Svieta Schopp, RN, MSN as the Infection Prevention & Control representative, and Tena Mather, RPh, BCPS as the Antibiotic Stewardship representative.

LIST OF ATTACHMENTS:

None

MULTNOMAHGROUP

Retirement Plans Oversight Presentation Tahoe Forest Hospital District Board of Directors

August 27, 2020

Q1, 2020 Activities

- Reviewed performance of Plan investments
 - ✓ No Removal or Watch List recommendations
- Committee reviewed the Plans' assets to ensure accuracy of reporting
 - ✓ No issues were found
- Committee reviewed the governance documents including the Charter, IPS and Loan Policy. With the edit to when the Committee reports to the Board, there were no further edits required.
- Committee Received Multnomah Group's Annual Share Class Review. The Plans are invested in the lowest net cost products available at this time.
- Committee Received Multnomah Group's fiduciary review of the Fidelity Managed Account service, Personalized Planning & Advice (PP&A), agreeing with Multnomah Group that this is an appropriate service for participants who want online investment advice.
- Committee received Fidelity's annual "Plan Review," discussing savings rates, participation rates, participant, and engagement strategies.
- As fiduciary education, Multnomah Group presented to the Committee "Fiduciary Training Program: Investments," reviewing Strategies, Techniques, Styles and Benchmarks

Q2, 2020 Activities

- Reviewed performance of Plan investments
 - ✓ No Removal or Watch List recommendations
- Committee reviewed the Plans' assets to ensure accuracy of reporting
 - No issues were found
- Committee reviewed the new emergency legislation, CARES Act, discussing newly eligible benefits for participants as well as engagement strategies for newly remove employees.
- Committee received Multnomah Group's 2020 Fee Benchmarking Report. While the fees were within the Peer Group Range, at the request of the CFO, Multnomah Group was able to obtain a fee reduction of 6%. The Committee considers these revised lower fees to be reasonable for services received.
- Committee conducted the annual review of Fiduciary Insurance confirming that the Fiduciaries, including the Board members, have adequate fiduciary insurance.
- Due to COVID time constraints, no fiduciary education was provided.



Breakdown of Plans – June 30, 2020

401(a) Employer Contribution Plan	457(b) Employee Contribution Plan
 Plan Assets increased from \$45.3 as of Dec. 31, 2019 to \$46.0 as of June 30, 2020 	 Plan Assets increased from \$57.2 as of Dec. 31, 2019 to \$58.9 as of June 30, 2020
• All investments are scored "Satisfactory" by Multnomah Group's Investment Committee.	Investments: Same
	 Participation Rate increased from: 82.3% as of December 31, 2019 to 87.1% as of June 30, 2020
	 Ave. Deferral Rate decreased from: 8.7% as of December 31, 2019 to 8.4% as of June 30, 2020 *Auto enrollment is set at 6%
	 Total Savings Rate (EE & ER) <i>Increased</i> from: 12.7% as of December 31, 2019 to 13.0% as of June 30, 2020

* June 30, 2019

Questions



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Disclosures

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AGENDA ITEM COVER SHEET

ITEM	Patient and Family Advisory Council (PFAC) Summary Report
RESPONSIBLE PARTY	Lorna Tirman CXPX, PhD, MHA, RN Patient Experience Specialist
ACTION REQUESTED?	For Information Only

BACKGROUND:

The Patient and Family Advisory Council (PFAC) will have an active role in improving the patient and family care experience by identifying opportunities, gathering and providing feedback, and perspectives on services, activities, and programs related to patient and family centered health care.

SUMMARY/OBJECTIVES:

The PFAC is committed to assisting the Health System to improve patient experiences by reviewing patient satisfaction feedback and comments, and offering their insights and expertise. Currently we are focusing our improvement efforts in the outpatient and medical practice settings. The Committee also reviews any new or ongoing initiatives within the Health System prior to implementation.

Next meeting September 15, 2020 to determine how to move forward with the initiatives we have identified.

SUGGESTED MOTION/ALTERNATIVES:

Not applicable

LIST OF ATTACHMENTS:

Patient and Family Advisory Council (PFAC) Summary Report presentation



Patient & Family Advisory Council Update

August 27, 2020



Accomplishments PFAC 2020

- January Meeting:
 - Updated on Home Health and Hospice, including Thrift & Gift: PFAC provided input
- February Meeting:
 - Updated on Safety Event Management process, BETA Heart, transparency and disclosures, and Peer Support Team.
- March: Meeting canceled due to onset of Covid-19
- April and May Meeting: via Zoom
 - Harry Weis provided updates on Covid-19 and answered questions from PFAC.
- June Meeting: via Zoom
 - Updates on TFHD services currently available with Covid-19: Diagnostic Imaging, Mammography, Medical Practice Clinics, including Clinic relocations and the addition of specialties

Strategic Plan PFAC 2020

- Continue to receive updates from key departments
- Continue to offer input to departments on improving processes and services
- Review most common patient complaints for their feedback on how to best manage complaints to avoid reoccurrence & to identify service recovery options.
- Focus on improving patient satisfaction survey response rates through patient and staff education
- Three members plan to attend Virtual Patient and Family Centered Care Conference in September 2020
- PFAC members participate on Board Quality Committee, Cancer Committee, and help with Service Recovery Program data reports
- Continued focus on PFAC volunteer recruitment

Questions





AGENDA ITEM COVER SHEET

ITEM	TFHD Board of Directors Bylaws
RESPONSIBLE PARTY	Martina Rochefort, Clerk of the Board
ACTION REQUESTED?	For Board Action

BACKGROUND:

The Governance Committee began the biennial review of the Bylaws in accordance with Article X:

ARTICLE X. REVIEW AND AMENDMENT OF BYLAWS

Section 1. At intervals of no more than two (2) years, the Board of Directors shall review these Bylaws in their entirety to ensure that they comply with all provisions of the Local Health Care District Law, that they continue to meet the needs of District Administration and Medical Staff, and that they serve to facilitate the efficient administration of the District.

SUMMARY/OBJECTIVES:

The Board of Directors Bylaws were reviewed by the Governance Committee at their February 12, 2020 and July 15, 2020 meetings. General Counsel reviewed and provided edits as well.

Highlights include:

-Chief Executive Officer title was updated to President and Chief Executive Officer throughout the Bylaws.
-Article IX. Auxiliary was removed because it is already addressed in Article II, section 3, item C.
-Secretary duties were expanded to include countersigning documents, etc.
-Minor edits to provide consistency throughout the document.

SUGGESTED DISCUSSION POINTS:

None.

SUGGESTED MOTION/ALTERNATIVES:

Move to approve the Board of Directors Bylaws as presented.

LIST OF ATTACHMENTS:

• TFHD Board of Directors Bylaws

BYLAWS OF THE BOARD OF DIRECTORS TAHOE FOREST HOSPITAL DISTRICT

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BYLAWS OF THE BOARD OF DIRECTORS OF TAHOE FOREST HOSPITAL DISTRICT

Pursuant to the provisions of Sections 32104, 32125, 32128, and 32150 of the Health and Safety Code of the State of California, the Board of Directors of TAHOE FOREST HOSPITAL DISTRICT adopts these Bylaws for the government of TAHOE FOREST HOSPITAL DISTRICT.

ARTICLE I. NAME, AUTHORITY AND PURPOSE

Section 1. Name.

The name of this District shall be "TAHOE FOREST HOSPITAL DISTRICT".

Section 2. Authority.

A. This District, having been established May 2, 1949, by vote of the residents of said-the District under the provisions of Division 23 of the Health and Safety Code of the State of California, otherwise known and referred to herein as "The Local Health Care District Law,", and ever since that time having been operated there under, these Bylaws are adopted in conformance therewith, and subject to the provisions thereof.

B. In the event of any conflict between these Bylaws and <u>t</u>⁺⁺he Local Health Care District Law[±], the latter shall prevail.

C. These Bylaws shall be known as the "District Bylaws."-

D. Non-Discrimination: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of service, hiring, training and employment practices on the basis of age; race; color; creed; ethnicity; religion; national origin; marital status; sex; sexual orientation; gender identity or expression; disability; association; veteran or military status; or any other basis prohibited by federal, state, or local law.

Section 3. Purpose and Operating Policies.

A. Purpose.

Tahoe Forest Hospital District will strive to be the best mountain health system in the nation. We exist to make a difference in the health of our communities through excellence and compassion in all we do.

B. Operating Policies.

In order to accomplish the Mission of the District, the Board of Directors establishes the following Operating Policies:

1. Through planned development and responsible management, the assets of the District will be used to meet the service needs of the area in an efficient and cost-effective manner, after evaluation of available alternatives and other resources available to the District. This may include the development and operation of programs, services and facilities at any location within or without the District for the benefit of the people served by the District.

2. The District shall dedicate itself to the maximum level of quality consistent with sound fiscal management, and community_-based needs.

3. Improvement of the health status of the area will be the primary emphasis of services offered by the District. In addition, the District may elect to provide other programs of human service outside of the traditional realm of health care, where unmet human service needs have been identified through the planning process.

ARTICLE II. BOARD OF DIRECTORS

The Board of Directors:

Section 1. Election.

There shall be five members of the Board of Directors who shall be elected for four-year terms as provided in "Tthe Local Health Care District Law".

Section 2. Responsibilities.

Provides oversight for planning, operation, and evaluation of all District programs, services and related activities consistent with the District Bylaws.

A. Philosophy and Objectives.

Considers the health requirements of the region and the responsibilities that the District should assume in helping to meet them.

B. Programs and Services.

1. Takes action on recommendations of the <u>President and</u> Chief Executive Officer or designee with regard to long<u>-</u> and short<u>-</u>-range plans for the development of programs and services.

2. Provides oversight to the <u>President and</u> Chief Executive Officer in the implementation of programs and service plans.

3. Takes action on board policies and other policies brought forth by the <u>President and</u> Chief Executive Officer or designee.

4. Evaluates the results of programs and services on the basis of previously

established objectives and requirements. Receives reports from the <u>President and</u> Chief Executive Officer or designees and directs the <u>President and</u> Chief Executive Officer to plan and take appropriate actions, where warranted.

C. Organization and Staffing.

1. Selects and appoints the <u>President and</u> Chief Executive Officer.

2. Evaluates the continuing effectiveness of the organization.

D. Medical Staff.

1. Appoints and re-appoints all Medical Staff members.

2. Ensures that the District Medical Staff is organized to support the objectives of the District.

3. Reviews and takes final action on appeals involving Medical Staff disciplinary action.

4. Approves Medical Staff Bylaws and proposed revisions.

E. Finance.

1. Assumes responsibility for the financial soundness and success of the District and its wholly owned subsidiaries.

2. Assumes responsibility for the appropriate use of endowment funds and of other gifts to the District. Exercises trusteeship responsibility to see that funds are used for intended purposes.

3. Adopts annual budgets of the District, including both operating and capital expenditure budgets.

4. Receives and reviews periodic financial reports. Considers comments and recommendations of its Finance Committee or and management staff.

5. Receives and reviews reports of the District's auditors.

6. Approves policies which govern the financial affairs of the District.

7. Authorizes officers of the District to act for the District in the execution of financial transactions.

F. Grounds, Facilities and Equipment.

1. Approves plans for development, expansion, modernization and replacement of the District's grounds, facilities, major equipment and other tangible assets.

- 2. Approves the acquisition, sale and lease of real property.
- G. External Relations.

Assumes ultimate responsibility for representing the communities served by the District and representing the District to the communities served.

H. Assessment And and Continuous Improvement Of Of Quality Of of Care

Ensures that the proper organizational environment and systems exist to continuously improve the quality of care provided. Responsible for a system_-wide quality assessment and performance improvement program that reflects all departments and services. Reviews Quality Assessment Reports focused on indicators related to improving health outcomes and the prevention and reduction of medical errors. Provides oversight to and annually approves the written Quality Assurance / Process Improvement plan.

I. Strategic Planning.

1. Oversees the strategic planning process.

2. Establishes long_-range goals and objectives for the District's programs and facilities.

Section 3. Powers.

A. Overall Operations.

The Board of Directors shall determine policies and shall have control of, and be responsible for, the overall operations and affairs of this District and its facilities.

B. Medical Staff.

The Board of Directors shall authorize the formation of a Medical Staff to be known as "The Medical Staff of Tahoe Forest Hospital District". The Board of Directors shall determine membership on the Medical Staff, as well as the Bylaws for the governance of said Medical Staff, as provided in ARTICLE VIII of these Bylaws.

C. Auxiliary.

The Board of Directors may authorize the formation of service organizations from time to time as needed ("Auxiliary"), the Bylaws of which shall be approved by the Board of Directors.

D. Other Affiliated or Subordinate Organizations.

The Board of Directors may authorize the formation of other affiliated or subordinate organizations which it may deem necessary to carry out the purposes of the District; the Bylaws of such organizations shall be approved by the Board of Directors.

E. <u>Delegation of Powers</u>.

The Medical Staff, Auxiliary, and any other affiliated or subordinate organizations shall have those powers set forth in their respective Bylaws. All powers and functions not set forth in their respective Bylaws are to be considered residual powers still vested in the Board of Directors.

F. Provisions to Prevail.

These District Bylaws shall override any provisions to the contrary in the Bylaws, or Rules and Regulations of the Medical Staff, Auxiliary or any affiliated or subordinate organizations. In case of conflict, the provisions of these District Bylaws shall prevail.

G. Resolutions and Ordinances.

From time to time, the Board of Directors may pass resolutions regarding specific policy issues, which resolutions may establish policy for the operations of this District.

H. Residual Powers.

The Board of Directors shall have all of the other powers given to it by " \pm the Local Health Care District Law" and other applicable provisions of law.

I. Grievance Process

The Board of Directors may delegate the responsibility to review and resolve grievances.

-Section 4. Vacancies.

Any vacancy upon the Board of Directors shall be filled by appointment by the remaining members of the Board of Directors within sixty (60) days of the vacancy. Notice of the vacancy shall be posted in at least three (3) places within the District at least fifteen (1515) days before the appointment is made. The District shall notify the elections officials for Nevada and Placer Counties of the vacancy no later than fifteen (15) days following either the date on which the District Board is notified of the vacancy or the effective date of the vacancy, whichever is later, and of the appointment no later than fifteen (15) days after the appointment. In lieu of making an appointment, the remaining members of the Board of Directors may within sixty (60) days of the vacancy call an election to fill the vacancy. If the vacancy is not filled by the Board of Directors or an election called within sixty (60) days, the Board of Supervisors of the County representing the larger portion of the Hospital District area in which an election to fill the vacancy would be held may fill the vacancy, within ninety (90) days of the vacancy, or may order the District to call an election. If the vacancy is not filled or an election called for within ninety (90) days of the vacancy, the District shall call an election to be held on the next available election date. Persons appointed to fill a vacancy shall hold office until the next District general election that is scheduled 130 or more days after the date the District and the elections officials for Nevada and Placer Counties were notified of

the vacancy and thereafter until the person elected at such election to fill the vacancy has been qualified, but persons elected to fill a vacancy shall hold office for the unexpired balance of the term of office.

Section 5. Meetings.

A. Regular Meetings.

Unless otherwise specified at the preceding regular or adjourned regular meeting, regular meetings of the Board of Directors shall be held on the fourth Thursday of each month at 4:00 PM at a location within the Tahoe Forest Hospital District Boundariesboundaries. The Board shall take or arrange for the taking of minutes at each regular meeting.

B. Special and Emergency Meetings.

Special meetings of the Board of Directors may be held at any time and at a place designated in the notice and located within the District, except as provided in the Brown Act, upon the call of the Chair, or by not fewer than three (3) members of the Board of Directors, and upon written notice to each Director specifying the business to be transacted, which notice shall be delivered personally or by mail and shall be received at least twenty-four (24) hours before the time of such meeting, provided that such notice may be waived by written waiver executed by each member of the Board of Directors. Notice shall also be provided within such time period to local newspapers and radio stations which have requested notice of meetings. Such notice must also be posted twenty-four (24) hours before the meeting in a location which is freely accessible to the public. In the event of an emergency situation involving matters upon which prompt action is necessary due to disruption or threatened disruption of District services (including work stoppage, crippling disaster, mass destruction, terrorist act, threatened terrorist activity or other activity which severely impairs public health, safety or both), the Board may hold a special meeting without complying with the foregoing notice requirements, provided at least one (1) hour prior telephone notice shall be given to local newspapers and radio stations which have requested notice of meetings, and such meetings shall otherwise be in compliance with the provisions of Government Code Section 54956.5. The Board shall take or arrange for the taking of minutes at each special meeting.

C. Policies and Procedures.

The Board may from time to time adopt policies and procedures governing the conduct of Board meetings and District business. All sessions of the Board of Directors, whether regular or special, shall be open to the public in accordance with the Brown Act (commencing with Government Code Section 54950), unless a closed session is permitted under the Brown Act or Health and Safety Code Sections 32106 and 32155 or other applicable law.

Section 6. Quorum.

The presence of a majority of the Board of Directors shall be necessary to constitute a quorum to transact any business at any regular or special meeting, except to adjourn the meeting to a future date.

Section 7. Medical Staff Representation.

The Chief of the Medical Staff shall be appointed as a special representative to the Board of Directors without voting power and shall attend the meetings of the Board of Directors. In the event the Chief of Staff cannot attend a meeting, the Vice-Chief of the Medical Staff or designee shall attend in the Chief of Staff's absence.

Section 8. Director Compensation and Reimbursement Of of Expenses.

The Board of Directors shall be compensated in accordance with ABD-03 Board Compensation and Reimbursement policy.

Each member of the Board of Directors shall be allowed his or her actual necessary traveling and incidental expenses incurred in the performance of official business of the District as approved by the Board or <u>President and</u> Chief Executive Officer, <u>per-pursuant to</u> Board policy.

Section 9. Board Self-Evaluation.

The Board of Directors will monitor and discuss its process and performance at least annually. The self-evaluation process will include comparison of Board activity to its manner of governance policies.

ARTICLE III. OFFICERS

Section 1. Officers.

The officers of the Board of Directors shall be Chair, Vice-Chair, Secretary and Treasurer who shall be members of the Board.

Section 2. Election of Officers.

The officers of the Board of Directors shall be chosen every year by the Board of Directors in December of the preceding calendar year and shall serve at the pleasure of the Board. The person holding the office of Chair of the Board of Directors shall not serve successive terms, unless by unanimous vote of the Board of Directors taken at a regularly scheduled meeting. In the event of a vacancy in any office, an election shall be held at the next regular meeting following the effective date of the vacancy to elect the officer to fill such office.

Section 3. Duties of Officers.

A. <u>Chair</u>. Shall preside over all meetings of the Board of Directors. Shall sign as Chair, on behalf of the District, all instruments in writing which <u>he/shethe Chair</u> has been authorized and obliged by the Board to sign and such other duties as set forth in these Bylaws as well as those duties charged to the president under the Local Health Care District Law.

B. <u>Vice-Chair</u>. The Vice-Chair shall perform the functions of the Chair in case of the Chair's absence or inability to act.

C. <u>Secretary</u>. The Secretary shall ensure minutes of all meetings of the Board of Directors are recorded and, shall see that all records of the District are kept and preserved. Shall attest or countersign, on behalf of the District, all instruments in writing which he/she becretary has been authorized and obligated by the Board to attest/countersign as well as those charged to the secretary under the Local Health Care District Law. and shall see that all records of the District are kept and preserved.

D. <u>Treasurer</u>. The Treasurer will serve as the chairperson of the Board Finance Committee and shall ensure the Board's attention to financial integrity of the District.

ARTICLE IV. COMMITTEES

Section 1. Committee Authority.

No <u>Committee committee</u> shall have the power to bind the District, unless the Board provides otherwise in writing.

Section <u>42</u>. Ad Hoc Committees.

Ad Hoc Committees may be appointed by the Chair of the Board of Directors from time to time as <u>he/she deems deemed</u> necessary or expedient. <u>No Ad Hoc</u> Committees <u>shall have the power to bind the District</u>, <u>unless the Board provides</u> otherwise in writing, but shall perform such functions as shall be assigned to them by the Chair, and shall function for the period of time specified by the Chair at the time of appointment or until determined to be no longer necessary and disbanded by the Chair of the Board of Directors. The Chair shall appoint each <u>Ad Hoc</u> Committee chair.

Section 23. Standing Committees.

Standing Committees and their respective charters will be affirmed annually by resolution, duly adopted by the Board of Directors.

The Chair shall recommend appointment of the members of these committees and the Chair thereof, subject to the approval of the Board by majority of Directors present. Committee appointments shall be for a period of one (1) year and will be made annually at <u>or before</u> the <u>December January</u> Board meeting, following the election of Board Officers.

ARTICLE V. MANAGEMENT

Section 1. President and Chief Executive Officer.

The Board of Directors shall select and employ a <u>President and</u> Chief Executive Officer who shall act as its executive officer in the management of the District. The <u>President and</u> Chief Executive Officer shall be given the necessary authority to be held responsible for the administration of the District in all its activities and entities, subject only to the policies as may be adopted from time to time, and orders as may be issued by the Board of Directors or any of its committees to which it has delegated power for such action by a writing. The <u>President and</u> Chief Executive Officer shall act as the duly authorized representative of the Board of Directors.

Section 2. Authority and Responsibility.

The duties and responsibilities of the <u>President and</u> Chief Executive Officer shall be outlined in the Employment Agreement and job description. Other duties may be assigned by the Board. <u>The President and</u> Chief Executive Officer, personally or through delegation, hires, assigns responsibility, counsel<u>s</u>, evaluates and (as required) terminates all District employees.

ARTICLE VI. TAHOE FOREST HOSPITAL

Section 1. Establishment

The District owns and operates Tahoe Forest Hospital (TFH), which shall be primarily engaged in providing, including but not limited to, Emergency Services, Inpatient/Observation Care, Critical Care, Diagnostic Imaging Services, Laboratory Services, Surgical Services, Obstetrical Services and Long_-Term Care Services.

ARTICLE VII. INCLINE VILLAGE COMMUNITY HOSPITAL

Section 1. Establishment

The District owns and operates Incline Village Community Hospital-(IVCH), which shall be primarily engaged in providing, including but not limited to, Emergency Services, Inpatient/Observation Care, Diagnostic Imaging Services, Laboratory Services, and Surgical Services to patients.

ARTICLE VIII. MEDICAL STAFF

Section 1. Nature of Medical Staff Membership.

Membership on the Medical Staff of Tahoe Forest Hospital District is a privilege which shall be extended only to professionally competent practitioners who continuously meet the qualifications, standards and requirements set forth herein and in the Bylaws of the Medical Staff.

Section 2. Qualifications for Membership.

A. Only physicians, dentists, oral surgeons, or podiatrists who:

1. Demonstrate and document their licensure, experience, education, training, current professional competence, good judgment, ethics, reputation and physical and mental health status so as to establish to the satisfaction of the Medical Staff and the Board of Directors that they are professionally qualified and that patients treated by them can reasonably expect to receive high quality medical care;

2. Demonstrate that they adhere to the ethics of their respective professions and that they are able to work cooperatively with others so as not to adversely affect patient care or District operations;

3. Provide verification of medical malpractice insurance coverage; and

4. Establish that they are willing to participate in and properly discharge those responsibilities determined according to the Medical Staff Bylaws and shall be deemed to possess basic qualifications for membership on the Medical Staff. No practitioner shall be entitled to membership on the Medical Staff, assignment assigned to a particular staff category, or granted or renewed be able to exercise particular clinical privileges solely merely because by virtue of the fact that person: (1) holds a certain degree; (2) is he/she is duly licensed to practice in California, Nevada, or any other state; (3) or that he/she is a member of any particular professional organization; (4) or is certified by any particular specialty board; (5) or that he/she had, or presently has, membership or privileges at this or any another health care facility; or (6) requires a hospital affiliation in order to participate on health plan provider panels, to obtain or maintain malpractice insurance coverage, or to pursue other personal or professional business interests unrelated to the treatment of patients at this facility and the furtherance of this facility's programs and services.

Section 3. Organization and Bylaws.

The Bylaws, Rules and Regulations, and policies of the Medical Staff shall be subject to approval of the Board of Directors of the District, and amendments thereto shall be effective only upon approval of such amendments by the Board of Directors, which shall not be withheld unreasonably. Neither the Medical Staff nor the Board of Directors may unilaterally amend the Medical Staff Bylaws or Rules and Regulations. The Bylaws of the Medical Staff shall set forth the procedure by which eligibility for Medical Staff membership and establishment of clinical privileges shall be determined, including standards for qualification. Such Bylaws shall provide that the Medical Staff, or a committee or committees thereof, shall study the qualifications of all applicants and shall establish and delineate clinical privileges and shall submit to the Board of Directors recommendations thereon and shall provide for reappointment no less frequently than biennially. The Medical Staff shall also adopt Rules and Regulations or policies that provide associated details consistent with its Bylaws, as it deems necessary to implement more specifically the general principles established in the Bylaws.

Section 4. Appointment to Medical Staff

All appointments and reappointments to the Medical Staff shall be made by the Board of Directors as provided by the standards of the Healthcare Facility Accreditation Program. Final responsibility for appointment, reappointment, new clinical privileges, rejection or modification of any recommendation of the Medical Staff shall rest with the Board of Directors.

All applications for appointment and reappointment to the Medical Staff shall be processed by the Medical Staff in such manner as shall be provided by the Bylaws of the Medical Staff and, upon completion of processing by the Medical Staff, the Medical Staff shall make a report and recommendation regarding such application to the Board of Directors. This recommendation will also include the request by the practitioner for clinical privileges, and the Medical Staff's recommendation concerning these privileges.

Upon receipt of the report and recommendation of the Medical Staff, the Board of Directors <u>shall</u> adopt, reject or modify a favorable recommendation of the Medical Executive Committee, or shall refer the recommendation back to the Medical Executive Committee for further consideration, stating the reasons for the referral and setting a time limit within which the Medical Executive Committee shall respond.

If the Board of Directors is inclined to reject or modify a favorable recommendation, the Board shall refer the matter back to the Medical Executive Committee for further review and comments, which may include a second recommendation. The Executive Committee's response shall be considered by the Board before adopting a resolution.

If the Board's resolution constitutes grounds for a hearing under Article VII of the Medical Staff Bylaws, the <u>President and</u> Chief Executive Officer shall promptly inform the applicant, and he/she shall be entitled to the procedural rights as provided in that Article.

In the case of an adverse Medical Executive Committee recommendation or an adverse Board decision, the Board shall take final action in the matter only after the

applicant has exhausted or has waived his/her procedural rights under the Medical Staff Bylaws. Action thus taken shall be the conclusive decision of the Board, except that the Board may defer final determination by referring the matter back for reconsideration. Any such referral shall state the reasons therefore, shall set a reasonable time limit within which a reply to the Board of Directors shall be made, and may include a directive that additional hearings be conducted to clarify issues which are in doubt. After receiving the new recommendation and any new evidence, the Board shall make a final decision.

Conflict Resolution. The Board of Directors shall give great weight to the actions and recommendations of the Medical Executive Committee and in no event shall act in an arbitrary and capricious manner.

The <u>Governing BodyBoard of Directors</u> may delegate decision-making authority to a committee of the <u>Governing BodyBoard</u>; however, any final decision of the <u>Governing BodyBoard</u> committee must be subject to ratification by the full <u>Governing BodyBoard</u> of <u>Directors</u> at its next regularly scheduled meeting.

Section 5. Staff Meetings: Medical Records

The Medical Staff shall be self-governing with respect to the professional work performed in the Hospital. The Medical Staff shall meet in accordance with the minimum requirements of the Healthcare Facility Accreditation Program. Accurate, legible and complete medical records shall be prepared and maintained for all patients and shall be the basis for review and analysis.

For purposes of this section, medical records include, but are not limited to, identification data, personal and family history, history of present illness, review of systems, physical examination, special examinations, professional or working diagnosis, treatment, gross and microscopic pathological findings, progress notes, final diagnosis, condition on discharge and other matters as the Medical Staff shall determine.

Section 6. Medical Quality Assurance

The Medical Staff shall, in cooperation with the administration of the District, establish a comprehensive and integrated quality assurance and risk control program for the District which shall assure identification of problems, assessment and prioritization of such problems, implementation of remedial actions and decisions with regard to such problems, monitoring of activities to assure desired results, and documentation of the undertaken activities. The Board of Directors shall require, on a quarterly basis, reports of the Medical Staff's and District's quality assurance activities.

Section 7. Hearings and Appeals

Appellate review of any action, decision or recommendation of the Medical Staff affecting the professional privileges of any member of, or applicant for membership on, the Medical Staff is available before the Board of Directors. This appellate review shall be conducted consistent with the requirements of Business and Professions Code Section 809.4 and in accordance with the procedures set forth in the Medical Staff Bylaws. Nothing in these Bylaws shall abrogate the obligation of the District and the Medical Staff to comply with the requirements of Business and Professions Code Sections 809 through 809.9, inclusive. Accordingly, discretion is granted to the Medical Staff and Board of Directors to create a hearing process which provides for the least burdensome level of formality in the process while still providing a fair review and to interpret the Medical Staff Bylaws in that light. The Medical Staff, Board of Directors, and their officers, committees and agents hereby constitute themselves as peer review bodies under the Federal Health Care Quality Improvement Act of 1986 and the California peer review hearing laws and claim all privileges and immunities afforded by the federal and state laws.

If adverse action as described in these provisions is taken or recommended, the practitioner must exhaust the remedies afforded by the Medical Staff Bylaws before resorting to legal action.

The rules relating to appeals to the Board of Directors as set forth in the Medical Staff Bylaws are as follows; capitalized terms have the meaning defined by the Medical Staff Bylaws:

A. Time For Appeal

Within ten (10) days after receipt of the decision of the Hearing Committee, either the Practitioner or the Medical Executive Committee may request an appellate review. A written request for such review shall be delivered to the <u>President and Chief</u> Executive Officer and the other party in the hearing. If a request for appellate review is not received by the <u>President and Chief</u> Executive Officer within such period, the decision of the Hearing Committee shall thereupon become final, except if modified or reversed by the Board of Directors.

It shall be the obligation of the party requesting appellate review to produce the record of the Hearing Committee's proceedings. If the record is not produced within a reasonable period, as determined by the Board of Directors or its authorized representative, appellate rights shall be deemed waived

In the event of a waiver of appellate rights by a Practitioner, if the Board of Directors is inclined to take action which is more adverse than that taken or recommended by the Medical Executive Committee, the Board of Directors must consult with the Medical Executive Committee before taking such action. If after such consultation the Board of Directors is still inclined to take such action, then the Practitioner shall be so notified. The notice shall include a brief summary of the reasons for the Board's contemplated action, including a reference to any factual findings in the Hearing Committee's Decision that support the action. The Practitioner shall be given ten (10) days from receipt of that notice within which to request appellate review, notwithstanding his or her earlier waiver of appellate rights. The grounds for appeal and the appellate procedure shall be as described below. However, even <u>If-if</u> the

Practitioner declines to appeal any of the Hearing Committee's factual findings, he or she shall still be given an opportunity to argue, in person and in writing, that the contemplated action which is more adverse than that taken or recommended by the Medical Executive Committee is not reasonable and warranted. The action taken by the Board of Directors after following this procedure shall be the final action of the Hospital.

B. Grounds For Appeal

A written request for an appeal shall include an identification of the grounds of appeal, and a clear and concise statement of the facts in support of the appeal. The recognized grounds for appeal from a Hearing Committee decision are:

1. substantial noncompliance with the standards or procedures required by the Bylaws, or applicable law, which has created demonstrable prejudice; or

2. the factual findings of the Hearing Committee are not supported by substantial evidence based upon the hearing record or such additional information as may be permitted pursuant to this section; or

3. The Hearing Committee's failure to sustain an action or recommendation of the Medical Executive Committee that, based on the Hearing Committee's factual findings, was reasonable and warranted.

C. Time, Place and Notice

The appeal board shall, within thirty (30) days after receipt of a request for appellate review, schedule a review date and cause each side to be given notice of time, place and date of the appellate review. The appellate review shall not commence less than thirty (30) or more than sixty (60) days from the date of notice. The time for appellate review may be extended by the appeal board for good cause.

D. Appeal Board

The Board of Directors may sit as the appeal board, or it may delegate that function to an appeal board which shall be composed of not less than three (3) members of the Board of Directors. Knowledge of the matter involved shall not preclude any person from serving as a member of the appeal board so long as that person did not take part in a prior hearing on the action or recommendation being challenged. The appeal board may select an attorney to assist it in the proceeding, but that attorney shall not be entitled to vote with respect to the appeal.

E. Appeal Procedure

The proceedings by the appeal board shall be in the nature of an appellate review based upon the record of the proceedings before the Hearing Committee. However, the appeal board may accept additional oral or written evidence, subject to a foundational showing that such evidence could not have been made available to the Hearing Committee in the exercise of reasonable diligence, and subject to the same rights of cross-examination or confrontation that are provided at a hearing. The appeal board shall also have the discretion to remand the matter to the Hearing Committee for the taking of further evidence or for clarification or reconsideration of the Hearing Committee's decision. In such instances, the Hearing Committee shall report back to the appeal board, within such reasonable time limits as the appeal board imposes. Each party shall have the right to be represented by legal counsel before the appeal board, to present a written argument to the appeal board, to personally appear and make oral argument and respond to questions in accordance with the procedure established by the appeal board. After the arguments have been submitted, the appeal board shall conduct its deliberations outside the presence of the parties and their representatives.

F. Decision

Within thirty (30) days after the submission of arguments as provided above, the appeal board shall send a written recommendation to the Board of Directors. The appeal board may recommend, and the Board of Directors may decide, to affirm, reverse or modify the decision of the Hearing Committee. The decision of the Board shall constitute the final decision of the Hospital and shall become effective immediately upon notice to the parties. The parties shall be provided a copy of the appeal board's recommendation along with a copy of the Board of Director's final decision.

G. Right To One Hearing

No practitioner shall be entitled to more than one (1) evidentiary hearing and one (1) appellate review on any adverse action or recommendation.

H. Exception to Hearing Rights

1. Exclusive Contracts

The hearing rights described in this Article shall not apply as a result of a decision to close or continue closure of a department or service pursuant to an exclusive contract or to transfer an exclusive contract, or as a result of action by the holder of such an exclusive contract.

2. Validity of Bylaw, Rule, Regulation or Policy

No hearing provided for in this article shall be utilized to make determinations as to the merits or substantive validity of any Medical Staff bylaw, rule, regulation or policy. Where a Practitioner is adversely affected by the application of a Medical Staff bylaw, rule, regulation or policy, the Practitioner's sole remedy is to seek review of such bylaw, rule, regulation or policy initially by the Medical Executive Committee. The Medical Executive Committee may in its discretion consider the request according to such procedures as it deems appropriate. If the Practitioner is dissatisfied with the action of the Medical Executive Committee, the Practitioner may request review by the Board of Directors, which shall have discretion whether to conduct a review according to such procedures as it deems appropriate. The Board of Directors shall consult with the Medical Executive Committee before taking such action regarding the bylaw, rule, regulation or policy involved. This procedure must be utilized prior to any legal action.

3. Department, Section or Service Formation or Elimination

A Medical Staff department, section, or service can be formed or eliminated only following a review and recommendation by the Medical Executive Committee regarding the appropriateness of the department, section, or service elimination or formation. The Board of Directors shall consider the recommendations of the Medical Executive Committee prior to making a final determination regarding the formation or elimination.

The Medical Staff Member(s) who's Privileges may be adversely affected by department, section, or service formation or elimination are not afforded hearing rights pursuant to Article VII.

ARTICLE IX. AUXILIARY

The formation of Auxiliary Organizations Bylaws shall be approved by the Board of Directors.

ARTICLE X. REVIEW AND AMENDMENT OF BYLAWS

<u>Section 1.</u> At intervals of no more than two (2) years, the Board of Directors shall review these Bylaws in their entirety to ensure that they comply with all provisions of the Local Health Care District Law, that they continue to meet the needs of District Administration and Medical Staff, and that they serve to facilitate the efficient administration of the District.

These Bylaws may from time to time be amended by action of the Board of Directors. Amendments may be proposed at any Regular meeting of the Board of Directors by any member of the Board. Action on proposed amendments shall be taken at the next Regular meeting of the Board of Directors following the meeting at which such amendments are proposed.

ADOPTION OF BYLAWS

Originally passed and adopted at a meeting of the Board of Directors of the TAHOE FOREST HOSPITAL DISTRICT, duly held on the 9th day of January, 1953 and most recently revised on the <u>xx29</u>th day of <u>Novemberxxxxx</u>, 201820.

REVISION HISTORY

1975 Revised – March, 1977 Revised – October, 1978 Revised – April, 1979 Revised – March, 1982 Revised – May, 1983 Revised – February, 1985 Revised – July, 1988 Revised – March, 1990 Revised – November, 1992 Revised – February, 1993 Revised - May, 1994 Revised – April, 1996 Revised – September, 1996 Revised – April, 1998 Revised – September, 1998 Revised – March, 1999 Revised – July, 2000 Revised - January, 2001 Revised – November, 2002 Revised – May, 2003 Revised – July, 2003 Revised – September, 2004 Revised – March, 2005 Revised – December, 2005 Revised – October, 2006 Revised – March, 2007 Revised – April, 2008 Revised - January, 2009 Revised – September, 2010 Revised – September, 2012 Revised – November, 2014 Revised – December, 2015 Revised – November, 2017 Revised - November, 2018 Revised - xxxx 2020