



TAHOE FOREST HOSPITAL DISTRICT

2023-09-28 Regular Meeting of the Board of Directors

(Packet was revised on 09/25/2023 at 11:40am)

Thursday, September 28, 2023 at 4:00 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161



TAHOE FOREST HOSPITAL DISTRICT

Meeting Book - 2023-09-28 Regular Meeting of the Board of Directors

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REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, September 28, 2023 at 4:00 p.m.

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

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 Numbers: 093-203-010-000

Agency Negotiator: Louis Ward

Negotiating Party: Joseph F. Lombard and J. Timothy Lombard, Trustee of J. Timothy Lombard Trust of 2007

Under Negotiation: Price & Terms of Payment

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

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

Name of Case: Ellen Wrynn v. Tahoe Forest Hospital and Tahoe Forest Health System

Name of Parties: Ellen Wrynn

Nevada County Superior Court Case No. CU21-084365

5.3. Approval of Closed Session Minutes ♦

5.3.1. 08/24/2023 Regular Meeting

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

Subject Matter: Medical Staff Credentials

APPROXIMATELY 6:00 P.M.

6. **DINNER BREAK**

7. **OPEN SESSION – CALL TO ORDER**

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

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

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
September 28, 2023 AGENDA – Continued

10. INPUT – AUDIENCE

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

11. INPUT FROM EMPLOYEE ASSOCIATIONS

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

12. MEDICAL STAFF EXECUTIVE COMMITTEE ◆

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

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

Revised Privilege Form:

- NP-PA Urgent Care Privileges

New Standardized:

- Standardized Procedure - Stroke Alert, ANS-2201

13. CONSENT CALENDAR ◆

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

13.1. Approval of Minutes of Meetings

13.1.1. 08/24/2023 Regular Meeting ATTACHMENT

13.1.2. 08/29/2023 Special Meeting ATTACHMENT

13.2. Financial Reports

13.2.1. Financial Report – August 2023 ATTACHMENT

13.3. Board Reports

13.3.1. President & CEO Board Report ATTACHMENT

13.3.2. COO Board Report ATTACHMENT

13.3.3. CNO Board Report ATTACHMENT

13.3.4. CMO Board Report ATTACHMENT

13.4. Ratify Tahoe Forest Health System Foundation Board Member

13.4.1. Scott Wessel ATTACHMENT

14. ITEMS FOR BOARD DISCUSSION

14.1. Kidszone Museum

The Board of Directors will receive a presentation from the Kidzone Museum.

14.2. Seismic Compliance Update ATTACHMENT

The Board of Directors will receive an update on seismic compliance.

14.3. Senate Bill 525 Update

The Board of Directors will receive an update on Senate Bill 525 legislation.

15. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

16. BOARD COMMITTEE REPORTS

17. BOARD MEMBERS REPORTS/CLOSING REMARKS

18. CLOSED SESSION CONTINUED

19. OPEN SESSION

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

21. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is October 26, 2023 at Tahoe Forest Hospital – Eskridge Conference Room, 10121 Pine Avenue, Truckee, CA, 96161. A copy of the board meeting agenda is posted on the District’s web site (www.tfhd.com) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting. Materials related to an item on this Agenda submitted to the Board of Directors, or a majority of the Board, after distribution of the agenda are available for public inspection in the Administration Office, 10977 Spring Lane, Truckee, CA 96161, during normal business hours.

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

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

AGENDA ITEM COVER SHEET

ITEM	Medical Executive Committee (MEC) Consent Agenda
RESPONSIBLE PARTY	Johanna Koch, MD Chief of Staff
ACTION REQUESTED	For Board Action
<p>BACKGROUND: During the September 21, 2023 Medical Executive Committee meeting, the committee made the following open session consent agenda item recommendations to the Board of Directors at the September 28, 2023 meeting.</p>	
<p><u>Revised Privilege Form</u></p> <ul style="list-style-type: none"> • NP/PA Privilege Form Urgent Care <p><u>Revised Policy</u></p> <ul style="list-style-type: none"> • Standardized Procedure – Stroke Alert ANS-2201 	
<p>SUGGESTED DISCUSSION POINTS: None.</p>	
<p>SUGGESTED MOTION/ALTERNATIVES: Move to approve the Medical Executive Committee Consent Agenda as presented.</p>	



**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

NAME: _____

Check which applies:

- Tahoe Forest Hospital (TFH), Inpatient, Oncology, ECC, Outpatient, Emergency, TFH Clinics
- Incline Village Community Hospital (IVCH), Inpatient, Outpatient, Emergency, Health Clinic

- Check which applies: Nurse Practitioner Physician Assistant
 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:

<p>Basic Education, Training, Licensure, and Experience</p>	<p><u>Nurse Practitioner:</u></p> <ul style="list-style-type: none"> ● Certification from an accredited school for nurse practitioner training ● Current advance practice RN licensure to practice in California and/or Nevada, as appropriate. ● Provide evidence of Collaborative Service Agreement (CA); and/or evidence of Supervising Physician Agreement (NV State Medical Board), as applicable. ● Provide evidence of completion of a program meeting AORN (Assoc. of periOperative Registered Nurses) standards for RN First Assistant Education Programs as an NP, if applying for surgical assist privileges, or provide certification with 9 months of appointment. <p><u>Physician Assistant:</u></p> <ul style="list-style-type: none"> ● Completion of a PA program accredited by the Accreditation Review Commission on Education for the Physician Assistant. ● Current California and/or Nevada license in good standing, as applicable. ● Provide evidence of Practice Agreement (CA); and/or evidence of Supervising Physician Agreement (NV State Medical Board), as applicable.
<p>Certification:</p>	<p>Nurse Practitioner: Current ANCC (American Nurses Credentialing Center) or AANP (American Academy of Nurse Practitioners) certification required. Current PNCB (Pediatric Nursing Certification Board) or ANCC certification is required if requesting to work in pediatrics. NCC (National Certification Corporation) certification for WHNP-BC (Women’s Health Care Nurse Practitioner) is acceptable if requesting to work in Women’s Health.</p> <p>Physician Assistant: Current NCCPA (National Commission on Certification of Physician Assistants) certified</p> <p>NP and PA: Current BLS (Basic Life Support) certified (must submit copy & maintain current certification.)</p> <p>Pediatric NP/PA: Current NRP certification. Must submit copy and maintain current certification. Must obtain within 6 months of initial appointment.</p> <p>Urgent Care NP/PA: ACLS Required (Certification Required within 6 months of Initial Appointment and Current Thereafter)</p>
<p>Clinical Competency References: 3</p>	<p>Initial and Reappointment: At least one peer reference should have the same licensure as the applicant; e.g., nurse practitioner or physician assistant. Other references should include physicians with whom the applicant has worked and/or been employed.</p> <p>Reappointment: At least one reference from a supervising physician, if applicable.</p>
<p>Proctoring/Evaluation:</p>	<p>See “Proctoring New Applicant” listed with procedures for specific proctoring requirements. Where applicable, additional proctoring/evaluation may be required if minimum number of cases cannot be documented.</p>
<p>Other:</p>	<ul style="list-style-type: none"> ● Malpractice insurance in the amount of \$1m/\$3m ● Current, unrestricted DEA certificate in CA and/or NV, as applicable (Schedules II-V). Nevada Pharmacy Board Certificate, if applicable ● Ability to participate in federally funded program (Medicare or Medicaid) ● Physician Assistants must have an identified Physician Supervisor who is a member of the Hospital’s medical staff. ● PA’s must complete an educational course in controlled substances that meets the standards of practice by TFHD and State of California within six (6) months of being granted privileges and AHP membership. [CA Code of Regulations Sections: 1399.541(h), 1399.610 and 1399.612] ● Nurse Practitioners must have a Collaborative Agreement with a designated *supervising physician member of the Hospital’s medical staff. Must function under defined standardized procedures or protocols.

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

**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

Name: _____

(R)	(A)	GENERAL PRIVILEGES Please check the appropriate "core privileges" for your practice area	Estimate # of patients seen in last 24 months	Proctoring New applicants	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<p>OUTPATIENT (Tahoe Forest/Incline Village Hospital) This list of Core privileges below is representative of the type of practice privileges that may be performed by PA/NP but does not necessarily contain all core practice privileges that may be performed by PA/NPs in a specialty. Please mark through and initial any privileges that you do not wish to include in our core practice privileges:</p> <ul style="list-style-type: none"> ● Refer to emergency room for further evaluation or hospitalist for direct admission and treatment. ● Management of acute and chronic conditions. ● Direct care as specified by approved procedures and protocols. ● Emergent Care such as respiratory arrest, cardiac arrest following approved protocols. ● Order and interpretation of diagnostic testing and therapeutic modalities such as laboratory tests, medication, ECG, electrocardiogram and radiologic examinations including arthrogram, ultrasound, CT, MRI and bone scan studies, etc. ● as part of treatment plans such as speech, occupational and physical therapy, psychological counseling. ● Medication management, including controlled substances, following standardized procedures and protocols. ● Facilitate and initiate referrals to appropriate health care agencies and arranging community resources. ● Specialty consultation or referral when appropriate. ● Record progress notes. <p>Procedures and minor surgery including: Procedures within scope of practice may be performed when appropriate. These may include but are not limited to:</p> <ul style="list-style-type: none"> ● Splinting & Casting ● Local anesthesia ● Incision and drainage ● Wound management and closure ● Wart removal with cryotherapy ● Foreign body removal ● Nail removal ● Excision and Biopsy ● Drain or inject joint or bursa. ● Trigger point injections. 	_____	<p>Ten cases proctored (list of patients seen are provided by practitioner)</p> <p>3 and 6 month reviews through random chart review and physician feedback</p> <p>Procedure proctoring established at practice level with medical director and/or Supervising Physician</p>	<p>Actively seeing patients in the outpatient clinic setting (minimum of 100 in two years)</p> <p>On going chart review by Medical Director or Supervising Physician as specified in Practice Agreement</p>

**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

Name: _____

(R)	(A)	GENERAL PRIVILEGES Please check the appropriate "core privileges" for your practice area	Estimate # of patients seen in last 24 months	Proctoring New applicants	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<p>INPATIENT or OUTPATIENT HOSPITAL SETTING Core privileges for the inpatient or outpatient hospital setting include the following: [NOTE: Any patient requiring ICU or step-down ICU status will be transferred to the on-call physician.]</p> <ul style="list-style-type: none"> ● History documentation and Physical examinations, ● Preop/Preadmission ● Dictation of admission H&P and initiation of admitting orders. ● Obtain informed consent ● POLST: Under direction of physician, sign Physician Orders for Life-Sustaining Treatment forms. ● Patient visits and recording progress notes. ● Dictation of discharge summary and/or initiation of discharge orders in consultation with supervising and/or employing physician/s. ● Assess medical risks and appropriately prevent and treat risks (e.g., VTE). ● Ordering of diagnostic lab, wound cultures, radiology services, and therapies in consultation with or using procedures approved by supervising and/or employing physician/s. ● Consultation with care coordinators, nursing staff, or clinical educators. ● Prescribe, administer, and/or dispense drugs allowed by license and within scope of practice. ● Specialty consultation with physician when level of competence exceeded per approved protocols. ● Provision of patient education and make appropriate referrals 	_____	<p>Ten cases proctored (list of patients seen are provided by practitioner)</p> <p>3 and 6 month reviews through random chart review and physician feedback</p>	<p>Minimum of 5 patients managed in inpatient setting in two years & actively seeing patients in the outpatient setting (minimum of 100 patients in two years)</p> <p>On going monthly chart review by Medical Director or Supervising Physician as specified in Practice Agreement</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><u>Procedures and minor surgery including:</u></p> <ul style="list-style-type: none"> ● Apply and remove wound vacs ● Arthrocentesis for joint & bursa aspirations to rule out infections ● Casting, simple ● Closed reductions of dislocations ● Reductions of extremity fractures ● Hardware removal requiring only local anesthesia ● Suture laceration ● Excision and Biopsy ● Joint injections ● Injections of hematoma blocks for reductions ● Injections IM, IV, Intra articular, SQ and Tendon Sheaths ● Traction and Insertion of Steinman Pins for Skeletal Traction ● Wound care, assessment & dressing changes 			

**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

Name: _____

□	□	<p>PA/NP SURGICAL FIRST ASSIST – OPERATING ROOM Core privileges include: The supervising physician may delegate to a PA/NP only those tasks and procedures consistent with the supervising physician’s specialty. The PA/NP may assist with any procedure/surgery approved by the Department of Surgery for the supervising physician/surgeon:</p> <ul style="list-style-type: none"> ● Positioning, prepping and draping the patient ● Manipulation tissue/bone ● Providing retraction ● Drilling, reaming, nail/plate and screw placement ● Intraoperative fracture reductions ● Providing hemostasis ● Performing suturing and knot tying ● *Providing closure of tissue layers with suture, staples, or steristrips ● *Affixing and stabilize drains ● Reduction of fractures/dislocations ● Removal of external fixat<u>o</u>ers ● Joint/tissue injections ● Applying dressings and splints or casts <p>NOTE: *The PA/NP may surgically close all layers, affix and stabilize drains deemed appropriate by the supervising physician. The supervising physician is responsible for all aspects of the invasive/surgical procedure including wound closure and must be **immediately available (need not be present in the room) when the PA/NP closes the wound. [**<i>Immediately available</i> is defined as “able to return to the patient without delay, upon the request of the PA/NP or to address any situation requiring the supervising physician’s services”.]</p>	_____	<p>Ten cases reviewed at random (list of patients are provided by practitioner if needed)</p> <p>Review and evaluation of care by surgeons and surgical supervisor</p>	<p>Actively assisting surgeons (minimum of 5 in two years) with annual review and favorable competency evaluations</p> <p>On going monthly chart review by Medical Director or Supervising Physician as specified by Practice Agreement</p>
□	□	<p>Fluoroscopy [Current CA Department of Health Services fluoroscopy certificate (required in CA only)]</p>		TFH Only	Maintain Current Fluoroscopy License (CA Only)

**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

Name: _____

SKILLED NURSING FACILITY (SNF)					
□	□	<p>Core privileges for the skilled nursing facility are limited to performing alternating federally mandated physician visits, at the option of the physician, after initial visit by the physician in the SNF, and medically necessary visits for the diagnosis or treatment of an illness or injury as needed.</p> <ul style="list-style-type: none"> ● Perform history and physical. ● Assess, diagnose, monitor, promote health and protection from disease, and manage patients within the age group of collaborating/supervising physician. ● Order and interpretation of diagnostic testing and therapeutic modalities such as laboratory tests, ECG, electrocardiogram and radiologic examinations including arthrogram, ultrasound, CT, MRI and bone scan studies, etc. ● Ordering therapies as part of treatment plans such as speech, occupational and physical therapy, psychological counseling following approved protocols. ● Medication management following approved standardized procedures and protocols. ● Counsel and instruct patients, families and caregivers as appropriate. ● Record progress notes. ● Dictation of discharge summary and/or initiation of discharge orders in consultation with supervising physician/s. ● Assess medical risks and appropriately prevent and treat risks (e.g., VTE). ● Consultation with care coordinators, nursing staff, or clinical educators. ● POLST: Under direction of physician, sign Physician Orders for Life-Sustaining Treatment forms. <p>Specialty consultation or referral when appropriate.</p>	_____	<p>Ten cases proctored (list of patients seen are provided by practitioner)</p> <p>3 and 6 month reviews through random chart review and physician feedback</p>	<p>Minimum of 5 patients managed in Skilled Nursing setting in two years & actively seeing patients in the outpatient setting (minimum of 100 patients in two years)</p> <p>On going monthly chart review by Medical Director or Supervising Physician as specified by Practice Agreement</p>

**TAHOE FOREST HOSPITAL DISTRICT
 ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
 Delineated Clinical Privilege Request**

Name: _____

INPATIENT / OUTPATIENT CHEMOTHERAPY					
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Order adjustment per protocol. <p>Specialty consultation with physician when level of competence exceeded per approved protocols.</p>	_____	<p>Ten cases proctored at random (list of patients seen are provided by practitioner)</p> <p>3 and 6 month reviews through random chart review and physician feedback</p>	<p>Actively seeing patients in cancer center setting/inpatient (minimum of 100 in two years, including 5 inpatient cases)</p> <p>On going monthly chart review by Medical Director or Supervising Physician as specified by Practice Agreement</p>

**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

Name: _____

EMERGENCY DEPARTMENT (TFH or IVCH)					
□	□	<p>Core privileges for physician assistants and nurse practitioners in emergency medicine include the care for patients of all ages to correct or treat various conditions, illnesses, or injuries including the provision of consultation on behalf of their supervising physician.</p> <p>Core privileges also include assisting the supervising physician with diagnosis and management in the following areas:</p> <ul style="list-style-type: none"> ● History documentation and physical examinations. ● Perform a Medical Screening Examination. ● Conduct initial and ongoing assessment of the patient's medical and physical status. ● Refer to emergency room for further evaluation or hospitalist for direct admission and treatment.. ● Evaluate, diagnose, and treat in outpatient clinic. ● Management of acute and chronic conditions. ● Emergent Care such as respiratory arrest, cardiac arrest following approved protocols. ● Collecting, ordering, and interpreting lab work, therapies, x-rays, ECGs, and other diagnostic studies following approved protocols. ● Ordering therapies as part of treatment plans such as speech and physical therapy, psychological counseling following approved protocols. ● Medication management, including controlled substances, with physician consultation following approved protocols. ● Instructing, educating and counseling patients and families concerning health status, results of tests, disease process, and discharge planning. ● Facilitate and initiate referrals to appropriate health care agencies and arranging community resources. <p>Procedures: Procedures within scope of practice may be performed with consultation when appropriate. These may include but are not limited to:</p> <ul style="list-style-type: none"> ● Splinting & casting ● Local anesthesia ● Incision and drainage ● Wound management and closure ● Nail removal ● Joint, bursa, and trigger point injection ● Foreign body removal ● Urinary bladder catheterization 		<p>3 and 6 month reviews through random chart review and physician feedback</p> <p>Ten cases proctored (list of patients seen are provided by practitioner)</p>	<p>Actively seeing patients in ER setting (minimum of 100 in two years, may include outpatient or ortho)</p> <p>On going monthly chart review by Medical Director or Supervising Physician as specified by Practice Agreement</p>

**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

Name: _____

<input type="checkbox"/>	<input type="checkbox"/>	<p>URGENT CARE – ADULT and PEDIATRIC MEDICINE</p> <p>Basic privileges and core procedures for physician assistants and nurse practitioners in Urgent Care include the care for patients of all ages to correct or treat various conditions, illnesses, or injuries including the provision of consultation on behalf of their supervising physician. This list is representative of the type of practice privileges that may be performed by PA/NP but does not necessarily contain all basic practice privileges and core procedures that may be performed by PA/NPs in this specialty. Please mark through and initial any that you do not wish to include:</p> <ul style="list-style-type: none"> • The ability to perform a history and physical exam • Review medical records • Order and interpreting appropriate diagnostic tests and results; such as point of care and clinical laboratory tests, plain radiographs, ultrasound, CT, MRI, and electrocardiograms. • Prescribing medications, DME and ordering immunizations • Knowledge in recognizing and initial management of acute medical conditions, such as anaphylaxis, asthma, stroke, and acute coronary syndromes • Use of infection control protocols, including use of appropriate level of PPE • Performing minor medical procedures (see below) • Referring patients to specialists and other healthcare providers to provide comprehensive patient care • Participating in quality improvement initiatives <p>Must include management of at least 50 adults and 10 children (14 and under) within the last two years for initial appointment.</p> <ul style="list-style-type: none"> • BLS for Healthcare Provider certification • ACLS Required (Certification Required within 6 months of Initial Appointment and Current Thereafter) <p>CORE PROCEDURES:</p> <ul style="list-style-type: none"> • Local and peripheral regional block anesthesia • Nasal cautery and tamponade • Abscess Incision and drainage • Wound management and closure methods • Skin biopsy or excision • Nail trephine and excision • Joint, bursa, and trigger point injection • Removal of superficial foreign body from skin, and non-penetrating foreign body from eye, nose, ear, and vagina • Splinting limb injuries 		<p>Review of 10 cases proctored</p> <p>3 and 6 month reviews through random chart review and medical director feedback</p>	<p>Chart review by medical director or supervising physician as specified by Practice Agreement</p>
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**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

Name: _____

<input type="checkbox"/>	<input type="checkbox"/>	<u>Preliminary interpretation of plain radiographs</u>	Urgent Care	5 Cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<u>Dislocation/fracture reduction/immobilization techniques</u>	Urgent Care	5 Cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<u>Fracture Hematoma block</u>	Urgent Care	3 Cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<u>Arthrocentesis/joint injection</u>	Urgent Care	1 Cases proctored	Current demonstrated competence and provision of care
<input type="checkbox"/>	<input type="checkbox"/>	<p>UROLOGY</p> <p>INPATIENT or OUTPATIENT HOSPITAL SETTING Core privileges for the inpatient or outpatient hospital setting include the following: [NOTE: Any patient requiring ICU or tep-down ICU status will be transferred to the on-call physician.]</p> <ul style="list-style-type: none"> ● History documentation and Physical examinations, ● Preop/Preadmission ● Dictation of admission H&P and initiation of admitting orders. ● Obtain informed consent ● POLST: Under direction of physician, sign Physician Orders for Life-Sustaining Treatment forms. ● Patient visits and recording progress notes. ● Dictation of discharge summary and/or initiation of discharge orders in consultation with supervising and/or employing physician/s. ● Assess medical risks and appropriately prevent and treat risks (e.g., VTE). ● Ordering of diagnostic lab, wound cultures, radiology services, and therapies in consultation with or using 	_____	<p>Ten cases proctored (list of patients seen are provided by practitioner)</p> <p>3 and 6 month reviews through random chart review and physician feedback</p>	<p>Current demonstrated competence and provision of care for approximately 25 cases in past two years. Office records may be requested. *</p> <p>Ongoing monthly chart review by Medical Director or Supervising Physician as specified by Practice Agreement.</p>

**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

Name: _____

		<p>procedures approved by supervising and/or employing physician/s.</p> <ul style="list-style-type: none"> ● Consultation with care coordinators, nursing staff, or clinical educators. ● Prescribe, administer, and/or dispense drugs allowed by license and within scope of practice. ● Specialty consultation with physician when level of competence exceeded per approved protocols. ● Provision of patient education and make appropriate referrals <p>Procedures and minor surgery including:</p> <ul style="list-style-type: none"> ● Apply and remove wound vacs ● Arthrocentesis for joint & bursa aspirations to rule out infections ● Casting, simple ● Closed reductions of dislocations ● Reductions of extremity fractures ● Hardware removal requiring only local anesthesia ● Suture laceration ● Excision and Biopsy ● Joint injections ● Injections of hematoma blocks for reductions ● Injections IM, IV, Intra articular, SQ and Tendon Sheaths ● Traction and Insertion of Steinman Pins for Skeletal Traction ● Wound care, assessment & dressing changes <p>PROCEDURES</p> <ul style="list-style-type: none"> ● Intercavernosal Injections for ED ● Inject medications for Peyronie's Disease ● Bladder Catheter Irrigation ● Urodynamic Studies ● Posterior tibial nerve stimulation 		<p>3 cases proctored 10 cases proctored</p> <p>3 cases proctored 5 cases proctored 6 cases proctored</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<p>CARDIOLOGY OUPATIENT</p> <p>Management of general medical conditions privileges include:</p> <p>This list of Core privileges below is representative of the type of practice privileges that may be performed by PA/NP but does not necessarily contain all core practice privileges that may be performed by PA/NPs in this specialty. Please mark</p>	<p>_____</p>	<p>Ten cases proctored (list of patients seen are provided by practitioner)</p> <p>3 and 6 month reviews through random chart review and physician feedback</p>	<p>Ongoing monthly chart review by Medical Director or Supervising Physician as specified by Practice Agreement.</p>

**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

Name: _____

		<p>through and initial any privileges that you do not wish to include in our core practice privileges:</p> <ul style="list-style-type: none"> ● History documentation and physical examinations, new and follow up cardiology patient consults. ● Conduct initial and ongoing assessment of the patient's medical and physical status. ● Refer to emergency room for further evaluation or hospitalist for direct admission and treatment. ● Evaluate, diagnose, and treat in outpatient clinic. ● Management of acute and chronic cardiac conditions. ● Emergent Care such as respiratory arrest, cardiac arrest following approved protocols. ● Collecting, ordering, and interpreting lab work, therapies, x-rays and other diagnostic studies following approved protocols. ● Referral to cardiac rehab as appropriate ● Medication management, per standard of care ● Instructing, educating and counseling patients and families concerning health status, results of tests, disease process, and discharge planning. ● Facilitate and initiate referrals to appropriate health care agencies and arranging community resources. ● Specialty consultation with physician when level of competence or comfort exceeded per approved protocols. <p style="text-align: center;">PROCEDURES</p> <ul style="list-style-type: none"> ● 12 lead ECG interpretation 			
<input type="checkbox"/>	<input type="checkbox"/>	<p><u>Hospital ECG Stress Test (Must have Inpatient Privileges):</u></p> <p><u>ACLS Certification Required</u></p> <ul style="list-style-type: none"> ● Exercise ● Vasodilator ● Dobutamine 	TFH/IVCH	3 Cases Proctored	5 Case/1 year
<input type="checkbox"/>	<input type="checkbox"/>	<p>Clinic ECG Stress Test:</p> <p>ACLS Certification Required</p> <ul style="list-style-type: none"> ● Exercise <p>Only low risk stress testing outside of the hospital.</p> <p>Non-low risk includes:</p> <ul style="list-style-type: none"> ● Moderate to severe aortic stenosis in an asymptomatic or questionably symptomatic patient ● Moderate to severe mitral stenosis in an asymptomatic or questionably symptomatic patient ● Hypertrophic cardiomyopathy: risk stratification and exercise gradient assessment ● History of malignant or exertional arrhythmias, sudden cardiac death. ● History of exertional syncope or presyncope ● Intracardiac shunts ● Genetic channelopathies ● Within 7 days of myocardial infarction or other acute coronary syndrome ● New York Heart Association class III heart failure ● Severe left ventricular dysfunction (particularly patients whose clinical status has recently deteriorated and those who have never undergone prior exercise testing) ● Severe pulmonary arterial hypertension ● Broader context of potential instability resulting from noncardiovascular comorbidities (e.g., frailty, 	MSC Clinic	3 Cases Proctored	5 Case/1 year

**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

Name: _____

		dehydration, orthopedic limitations, chronic obstructive lung disease)			
--	--	--	--	--	--



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

Department **Nursing Services
- ANS**
Applicabilities **System**

Standardized Procedure - Stroke Alert ANS-2201

RISK:

Delays in treatment for patients **arriving** **presenting** with symptoms of stroke (CVA) is known to contribute to poor patient outcomes.

POLICY:

- A. Setting: This standardized procedure applies to any patient >18 years old presenting to the Tahoe Forest Hospital **and Incline Village Community Hospital** Emergency **Department** **Departments** for evaluation with stroke symptoms for less than 24 hours and admitted patients with acute stroke symptoms (<24 hrs from symptom onset).
- B. In the event of pre-hospital notification, presentation of a stroke patient to the ED or admitted patient, physicians and nurses will follow the Stroke Alert activation and response system.
- C. Stroke Alert activation will notify the stroke team of the acute stroke patient in the ED or hospital. Stroke Alert activation may be initiated by prehospital alert, qualified registered nurse (RN), or physician.
- D. Experience, Training and Educational Requirements for qualified RNs:
 - 1. Completed orientation and submission of completed skills checklist.
 - 2. Successful completion of stroke related competencies.
 - 3. Current BLS, ACLS, PALS, and NIHSS certifications.
 - 4. A list of all qualified RNs is maintained by Tahoe Forest Health System's Human Resources and reviewed annually.
- E. Supervision and Special Instructions/Definitions:
 - 1. The ED physician on duty or the attending physician will assume all responsibility for stroke orders placed by the RN under the guidelines of this standardized procedure.

2. Prior to initiating any orders, the RN will immediately inform physician of any patient presenting with emergent or critical symptoms requiring prompt medical intervention.
3. The RN will confer with the physician at any point with questions, concerns or need for clarification.

F. Periodic Reviews:

1. Patient Record Review – The responsible physician will review the patient record in a timely manner and co-sign the stroke order set
2. Chart reviews – These reviews will be done monthly with quality performance measures in place for all patients meeting stroke criteria.
3. The consulting neurologist will complete a formal written consultation with recommendations in a timely manner.
4. This standardized procedure will be reviewed annually by Stroke Team leadership, Interdisciplinary Practice Council (IDPC), Nursing Leadership, and Emergency Medicine Committee.

G. Record Keeping:

1. All documentation will be completed in the EMR.

PROCEDURE:

- A. A Stroke Alert activation is required for patients >18 years old with signs and symptoms identified as a possible acute stroke (<24 hrs from symptom onset).
- B. The staff will follow the correct procedure for activating a Stroke Alert and following the Stroke Alert guidelines.
 1. See Stroke Alert Flow Guideline
- C. The Stroke Alert order set will be entered by a qualified evaluator.
 1. A qualified evaluator is the physician or a qualified RN.
 2. The Stroke Alert Order Set will be entered into the Electronic Medical Record (EMR).
- D. Emergency Department
 1. On initial activation team members include: (See Stroke Alert Team Roles)
 - a. Emergency department physician
 - b. Emergency department charge nurse ([at TFH](#)) or [Patient Care Manager \(during business hours at IVCH\)](#)
 - c. Emergency department qualified nurse
 - d. Emergency department technician (at TFH when scheduled)
 - e. Laboratory technician
 - f. Radiology technician
 - g. Emergency department clerk (when scheduled)

h. Registration

2. ~~Neurology Consult~~

- ~~a. The 24/7 Telestroke Neurology Service will be available to offer consultation within 15 minutes of being called by the Emergency Department.~~

Neurology Consult

- a. 24/7 TeleSpecialist Neurology Service will be available to offer Stroke Alert consultation via the TeleSpecialist E-Alert (link available via Intra-net home page web links). If TeleSpecialist Neurologist is not on the monitor within 10 minutes of E-Alert (or for any other trouble activating consult via E-Alert system), please call 1-888-392-1090.

3. The individual roles of the team members are subject to change based on the needs of the patient and resources available.
4. Stroke Alert guidelines are at the physician's discretion and are subject to modification in the best interest of the patient and available resources in the ED and hospital system.

- ~~a. Stroke Alert ED Flow Algorithm~~

- ~~b. Stroke Alert Team Roles~~

- ~~c. Stroke Alert ED Guidelines~~

- ~~d. Stroke Alert Triage Order Set~~

- ~~e. Stroke Alert Inpatient Guidelines~~

- a. Current guidelines are available via the [TFHS Stroke Program intranet page](#).

E. Acute Care Units

1. Upon presentation of acute stroke symptoms, the staff RN will call a Rapid Response.
2. Qualified ED or ICU RN on Rapid Response Team will activate Stroke Alert Guidelines and order Stroke Alert order set in EMR.
- a. If no qualified RN available, attending physician will enter Stroke Order Set.

F. Development and Approval:

1. This standardized procedure was developed through the Stroke Operations Committee and collaboration between Nursing Leadership, Diagnostic Imaging, Education, Vituity Emergency Physicians group, Tahoe Forest Neurology Department, and the Tahoe Forest Health District Emergency Departments.
2. Policy and guidelines developed on American Heart Association Get with the Guidelines and HFAP Primary Stroke Center certification recommendations.

Incline Village Community Hospital (IVCH)

- A. IVCH will follow the above policy with the exceptions of limitations of availability hospital services.
 - 1. TFH Neurology will be available by phone consult only during business hours.
 - 2. Radiology and laboratory technicians response time during call hours will be 30min.

Special Instructions / Definitions:

- A. **Stroke Alert:** Patients >18 years old presenting to the ED with signs or symptoms of possible acute stroke (<24hrs symptoms). Activation will expedite access to clinical, radiology, lab and pharmacy services to facilitate diagnostic workup and determine management. Evaluation is by the Emergency Physician and if indicated consultation with the 24/7 **TelestrokeTeleSpecialist** neurology service.

Related Policies/Forms:

See Stroke Clinical Practice Guidelines for other supporting practices on stroke intra-net site; Rapid Response Team, ANS-99

References:

Carson Tahoe Emergency Department Stroke Protocol (2020)

American Heart Association (2018) Guidelines for the Early Management of Patients with Acute Ischemic Stroke.

American Heart Association (2020) Get With The Guidelines

HFAP Stroke Ready Certification Manual (2020)

Approval Signatures

Step Description

Approver

Date



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

Thursday, August 24, 2023 at 4:00 p.m.
Tahoe Forest Hospital – Eskridge Conference Room
10121 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER

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

2. ROLL CALL

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

Staff in attendance: Harry Weis, President & Chief Executive Officer; Louis Ward, Chief Operating Officer; Crystal (Betts) Felix, Chief Financial Officer; Jan Iida, Chief Nursing Officer; Dr. Brian Evans, Chief Medical Officer; Alex MacLennan, Chief Human Resources Officer; Martina Rochefort, Clerk of the Board

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

4. INPUT AUDIENCE

No public comment was received.

Open Session recessed at 4:03 p.m.

5. CLOSED SESSION

5.1. Hearing (Health & Safety Code § 32155)

Subject Matter: Second Quarter 2023 Corporate Compliance Report

Number of items: One (1)

Discussion was held on a privileged item.

5.2. Hearing (Health & Safety Code § 32155)

Subject Matter: Third and Fourth Quarter Fiscal Year 2023 Patient Complaint Report

Number of items: One (1)

Discussion was held on a privileged item.

5.3. Hearing (Health & Safety Code § 32155)

Subject Matter: Fiscal Year 2020-2023 Service Recovery Financial Summary Report

Number of items: One (1)

Discussion was held on a privileged item.

5.4. Hearing (Health & Safety Code § 32155)

Subject Matter: Third and Fourth Quarter Fiscal Year 2023 Service Excellence Report
Number of items: One (1)

Discussion was held on a privileged item.

5.5. Hearing (Health & Safety Code § 32155)

Subject Matter: Fourth Quarter Fiscal Year 2023 Quality Dashboard
Number of items: One (1)

Discussion was held on a privileged item.

5.6. Approval of Closed Session Minutes

- 5.6.1. 07/21/2023 Special Meeting
- 5.6.2. 07/26/2023 Special Meeting
- 5.6.3. 07/27/2023 Regular Meeting

Discussion was held on a privileged item.

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

Subject Matter: Medical Staff Credentials

Discussion was held on a privileged item.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

Meeting reconvened at 6:00 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel reported seven items were considered in Closed Session. There was no reportable action on items 5.1. through 5.5. Items 5.6. and 5.7. were approved on a 5-0 vote.

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

10. INPUT – AUDIENCE

Public comment was received by Meg Heim, Deidre Henderson, and Meg Urie Rab.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

No public comment was received.

12. MEDICAL STAFF EXECUTIVE COMMITTEE

12.1. Medical Executive Committee (MEC) Meeting Consent Agenda

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

Revised Privilege Form:

- Urgent Care Privileges

ACTION: Motion made by Director Chamblin to approve the Medical Executive Committee Meeting Consent Agenda as presented, seconded by Director Barnett.

AYES: Directors Brown, Chamblin, Barnett, McGarry and Wong
Abstention: None
NAYS: None
Absent: None

13. CONSENT CALENDAR

13.1. Approval of Minutes of Meetings

13.1.1. 07/21/2023 Special Meeting

13.1.2. 07/26/2023 Special Meeting

13.1.3. 07/27/2023 Regular Meeting

13.2. Financial Reports

13.2.1. Financial Report – July 2023

13.3. Board Reports

13.3.1. President & CEO Board Report

13.3.2. COO Board Report

13.3.3. CNO Board Report

13.3.4. CIO Board Report

13.3.5. CMO Board Report

13.4. Approve Quarterly Corporate Compliance Report

13.4.1. Second Quarter 2023 Corporate Compliance Report

No public comment was received.

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

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

Abstention: None

NAYS: None

Absent: None

14. ITEMS FOR BOARD DISCUSSION

14.1. Biannual Retirement Committee Update

Brian Montanez of Multnomah Group provided a biannual update from the Retirement Plan Committee. Discussion was held.

14.2. Truckee Tahoe Workforce Housing Agency Update

Emily Vitas, outgoing Executive Director, and Heidi Allstead, incoming Executive Director of Truckee Tahoe Workforce Housing Agency provided an update. Discussion was held.

15. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Not applicable.

16. BOARD COMMITTEE REPORTS

Director McGarry provided an update from a recent Tahoe Forest Health System Foundation meeting.

Director Chamblin provided an update from a recent Incline Village Community Hospital Foundation meeting.

17. BOARD MEMBERS REPORTS/CLOSING REMARKS

No discussion was held.

18. CLOSED SESSION CONTINUED

Not applicable.

19. OPEN SESSION

Not applicable.

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

Not applicable.

21. ADJOURN

Meeting adjourned at 6:54 p.m.

DRAFT



SPECIAL MEETING OF THE BOARD OF DIRECTORS

DRAFT MINUTES

Tuesday, August 29, 2023 at 1:00 p.m.
Tahoe Forest Hospital – Eskridge Conference Room
10121 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER

Meeting was called to order at 1:00 p.m.

2. ROLL CALL

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

Staff in attendance: Harry Weis, President & Chief Executive Officer; Crystal Felix, Chief Financial Officer; Dr. Brian Evans, Chief Medical Officer; Jan Iida, Chief Nursing Officer; Alex MacLennan, Chief Human Resources Officer; Scott Baker, Vice President Physician Services; Matt Mushet, In-House Counsel; Ted Owens, Executive Director of Governance; Martina Rochefort, Clerk of the Board

Other: Jeff Wilson of Vizient

Absent: Dale Chamblin, Treasurer

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

No changes were made to the agenda.

4. ITEMS FOR BOARD DISCUSSION

4.1. Vizient Partnership Update

Jeff Wilson of Vizient, shared education on management systems. Discussion was held.

Jake Dorst, Chief Information & Innovation Officer, joined the meeting at 1:09 p.m.

Discussion was held.

Louis Ward, Chief Operating Officer, joined the meeting at 1:33 p.m.

Mr. Wilson provided an update on the access to care project.

5. ADJOURN

Meeting adjourned at 3:23 p.m.

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

The following is the financial narrative analyzing financial and statistical trends for the two months ended August 31, 2023.

Activity Statistics

- ❑ TFH acute patient days were 464 for the current month compared to budget of 419. This equates to an average daily census of 15.0 compared to budget of 13.5.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Home Health visits, Surgery cases, Lab Send Out tests, Diagnostic Imaging, Nuclear Medicine, MRI, Briner Ultrasound, CT Scans, PET CT, Drugs Sold to Patients, Respiratory Therapy, and Tahoe City Physical Therapy.
- ❑ TFH Outpatient volumes were below budget in the following departments by at least 5%: Emergency Department visits, Hospice visits, Radiation Oncology procedures, and Tahoe City Occupational Therapy.

Financial Indicators

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 48.51% in the current month compared to budget of 47.75% and to last month's 47.18%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 47.89% compared to budget of 47.84% and prior year's 47.02%.
- ❑ EBIDA was \$5,521,430 (9.7%) for the current month compared to budget of \$1,940,131 (3.7%), or \$3,581,299 (6.0%) above budget. Year-to-date EBIDA was \$6,814,307 (6.4%) compared to budget of \$2,413,398 (2.4%), or \$4,400,909 (4.0%) above budget.
- ❑ Net Income was \$5,434,151 for the current month compared to budget of \$1,688,991 or \$3,745,160 above budget. Year-to-date Net Income was \$6,674,328 compared to budget of \$1,900,775 or \$4,773,553 above budget.
- ❑ Cash Collections for the current month were \$24,986,577, which is 105% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$104,515,071 at the end of August compared to \$99,274,126 at the end of July.

Balance Sheet

- ❑ Working Capital is at 38.9 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 191.5 days. Working Capital cash increased a net \$776,000. Accounts Payable decreased \$1,758,000 and Accrued Payroll & Related Costs increased \$957,000. Cash Collections were 5% above target.
- ❑ Net Patient Accounts Receivable increased \$1,282,000 and cash collections were 105% of target. EPIC Days in A/R were 60.1 compared to 60.3 at the close of July, a .20 day decrease.
- ❑ Estimated Settlements, Medi-Cal & Medicare increased a net \$968,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs.
- ❑ Unrealized Gain/(Loss) Cash Investment Fund decreased \$213,000 after recording the unrealized gains in its funds held with Chandler Investments in August.
- ❑ GO Bond Tax Revenue Fund increased \$329,000 after recording the final FY23 property tax revenues received from Nevada and Placer Counties.
- ❑ Investment in TSC, LLC decreased \$67,000 after recording the estimated loss for August.
- ❑ Accounts Payable decreased \$1,758,000 due to the timing of the final check run in August.
- ❑ Accrued Payroll & Related Costs increased a net \$957,000 due to additional accrued payroll days in August.

Operating Revenue

- ❑ Current month’s Total Gross Revenue was \$56,792,389 compared to budget of \$51,792,597 or \$4,999,792 above budget.
- ❑ Current month’s Gross Inpatient Revenue was \$7,899,719, compared to budget of \$7,154,320 or \$745,399 above budget.
- ❑ Current month’s Gross Outpatient Revenue was \$48,892,670 compared to budget of \$44,638,277 or \$4,254,393 above budget.
- ❑ Current month’s Gross Revenue Mix was 42.11% Medicare, 14.25% Medi-Cal, .0% County, 1.41% Other, and 42.23% Commercial Insurance compared to budget of 38.36% Medicare, 14.77% Medi-Cal, .0% County, 1.96% Other, and 44.90% Commercial Insurance. Last month’s mix was 40.03% Medicare, 14.39% Medi-Cal, .0% County, 1.06% Other, and 44.53% Commercial Insurance. Year-to-date Gross Revenue Mix was 41.14% Medicare, 14.32% Medi-Cal, .0% County, 1.25% Other, and 43.29% Commercial compared to budget of 38.07% Medicare, 14.98% Medi-Cal, .0% County, 1.99% Other, and 44.96% Commercial.
- ❑ Current month’s Deductions from Revenue were \$29,247,085 compared to budget of \$27,064,097 or \$2,182,988 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 3.75% increase in Medicare, a .52% decrease to Medi-Cal, County at budget, a .56% decrease in Other, and Commercial Insurance was below budget 2.67%, and 2) Revenues were above budget by 9.7%.

DESCRIPTION	August 2023 Actual	August 2023 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	10,433,236	10,626,946	193,710	
Employee Benefits	2,979,193	3,281,592	302,399	Paid Leave came in below budget, creating a positive variance in Employee Benefits.
Benefits – Workers Compensation	131,340	108,106	(23,234)	
Benefits – Medical Insurance	2,245,420	1,953,389	(292,031)	
Medical Professional Fees	636,192	565,709	(70,483)	Medical Oncology Locums fees and Emergency Department and Hospitalist physician fees were above budget, creating a negative variance in Medical Professional Fees.
Other Professional Fees	195,361	282,286	86,925	Decreased use of outsourced legal fees in Medical Staff Services and consulting services for Financial Administration were below budget, creating a positive variance in Other Professional Fees.
Supplies	4,056,574	4,209,166	152,592	Oncology Drugs Sold to Patients revenues were below budget 9.55%, creating a positive variance in Supplies.
Purchased Services	2,044,199	2,326,952	282,753	We saw positive variances in Purchased Services in employee health screenings, scribe services for MSC Administration, and Foundation expenses for the Beach Boys concert.
Other Expenses	859,928	962,848	102,920	Physician recruitment expenses, Dues & Subscriptions, and Utilities were below budget, creating a positive variance in Other Expenses.
Total Expenses	23,581,444	24,316,994	735,550	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
AUGUST 2023 - PRELIMINARY

ASSETS	Aug-23	Jul-23	Aug-22	
CURRENT ASSETS				
* CASH	\$ 29,612,783	\$ 28,837,261	\$ 14,609,950	1
PATIENT ACCOUNTS RECEIVABLE - NET	45,385,818	44,103,507	39,485,025	2
OTHER RECEIVABLES	12,952,833	12,535,092	9,934,971	
GO BOND RECEIVABLES	890,271	774,494	863,018	
ASSETS LIMITED OR RESTRICTED	11,371,849	11,072,313	11,611,971	
INVENTORIES	5,260,265	5,262,766	4,464,044	
PREPAID EXPENSES & DEPOSITS	4,778,077	4,554,258	3,229,555	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	18,960,623	17,993,070	21,218,930	3
TOTAL CURRENT ASSETS	129,212,518	125,132,761	105,417,465	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	10,245,543	10,245,543	49,608,697	1
* CASH INVESTMENT FUND	105,829,959	105,756,905	80,281,421	1
UNREALIZED GAIN/(LOSS) CASH INVESTMENT FUND	(2,925,255)	(3,138,220)	(3,510,138)	4
MUNICIPAL LEASE 2018	-	-	726,122	
TOTAL BOND TRUSTEE 2017	21,325	21,240	20,549	
TOTAL BOND TRUSTEE 2015	309,116	170,943	279,454	
TOTAL BOND TRUSTEE GO BOND	5,764	5,764	5,764	
GO BOND TAX REVENUE FUND	1,298,360	969,002	1,012,653	5
DIAGNOSTIC IMAGING FUND	3,431	3,431	3,352	
DONOR RESTRICTED FUND	1,153,847	1,153,846	1,139,564	
WORKERS COMPENSATION FUND	19,138	36,269	41,777	
TOTAL	115,961,228	115,224,722	129,609,215	
LESS CURRENT PORTION	(11,371,849)	(11,072,313)	(11,611,971)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	104,589,380	104,152,409	117,997,244	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(3,544,847)	(3,477,847)	(2,290,282)	6
PROPERTY HELD FOR FUTURE EXPANSION	1,696,042	1,694,072	1,694,072	
PROPERTY & EQUIPMENT NET	194,786,598	194,467,014	187,475,593	
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,791,406	1,791,406	1,795,271	
TOTAL ASSETS	428,531,096	423,759,814	412,089,362	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	265,055	268,287	303,844	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	262,970	262,970	660,160	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	4,513,396	4,537,101	4,797,852	
GO BOND DEFERRED FINANCING COSTS	440,087	442,408	467,937	
DEFERRED FINANCING COSTS	122,753	123,793	135,236	
INTANGIBLE LEASE ASSET NET OF ACCUM AMORTIZATION	7,913,201	7,974,916	9,151,929	
TOTAL DEFERRED OUTFLOW OF RESOURCES	\$ 13,517,462	\$ 13,609,475	\$ 15,516,958	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	\$ 7,267,912	\$ 9,025,479	\$ 7,331,962	7
ACCRUED PAYROLL & RELATED COSTS	24,039,647	23,082,556	29,751,583	8
INTEREST PAYABLE	286,386	218,661	175,886	
INTEREST PAYABLE GO BOND	261,619	(0)	268,815	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	290,618	290,618	3,390,205	
HEALTH INSURANCE PLAN	2,722,950	2,722,950	2,224,062	
WORKERS COMPENSATION PLAN	3,287,371	3,287,371	2,947,527	
COMPREHENSIVE LIABILITY INSURANCE PLAN	2,586,926	2,586,926	2,082,114	
CURRENT MATURITIES OF GO BOND DEBT	2,195,000	2,195,000	1,945,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	4,552,127	4,552,127	5,594,718	
TOTAL CURRENT LIABILITIES	47,490,556	47,961,688	55,711,873	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	25,873,460	26,139,253	29,510,992	
GO BOND DEBT NET OF CURRENT MATURITIES	90,723,365	90,741,321	93,383,833	
DERIVATIVE INSTRUMENT LIABILITY	262,970	262,970	660,160	
TOTAL LIABILITIES	164,350,352	165,105,233	179,266,857	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	276,544,359	271,110,210	247,199,899	
RESTRICTED	1,153,847	1,153,846	1,139,564	
TOTAL NET POSITION	\$ 277,698,206	\$ 272,264,056	\$ 248,339,463	

* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
AUGUST 2023 - PRELIMINARY

1. Working Capital is at 38.9 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 191.5 days. Working Capital cash increased a net \$776,000. Accounts Payable decreased \$1,758,000 (See Note 7) and Accrued Payroll & Related Costs increased \$957,000 (See Note 8). Cash Collections were above target by 5% (See Note 2).
2. Net Patient Accounts Receivable increased a net \$1,282,000. Cash collections were 105% of target. EPIC Days in A/R were 60.1 compared to 60.3 at the close of July, a .20 day decrease.
3. Estimated Settlements, Medi-Cal & Medicare increased \$968,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs.
4. Unrealized Gain/(Loss) Cash Investment Fund decreased \$213,000 after recording the unrealized gains in its funds held with Chandler Investments for the month of August.
5. GO Bond Tax Revenue Fund increased \$329,000 after recording the final FY23 property tax revenues received from Nevada and Placer counties.
6. Investment in TSC, LLC decreased a net \$67,000 after recording the estimated loss for August.
7. Accounts Payable decreased \$1,758,000 due to the timing of the final check run in August.
8. Accrued Payroll & Related Costs increased a net \$957,000 due to additional accrued payroll days in August.

**Tahoe Forest Hospital District
Cash Investment
August 31, 2023 Preliminary**

WORKING CAPITAL			
US Bank	\$ 28,358,836	4.94%	
US Bank/Kings Beach Thrift Store	36,032		
US Bank/Truckee Thrift Store	202,185		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,015,731</u>	0.01%	
Total			\$ 29,612,783
 BOARD DESIGNATED FUNDS			
US Bank Savings	\$ -		
Chandler Investment Fund	<u>105,829,959</u>	4.94%	
Total			\$ 105,829,959
Building Fund	\$ -		
Cash Reserve Fund	<u>10,245,543</u>	3.52%	
Local Agency Investment Fund			\$ 10,245,543
Municipal Lease 2018			\$ -
Bonds Cash 2017			\$ 21,325
Bonds Cash 2015			\$ 309,116
GO Bonds Cash 2008			\$ 1,304,124
DX Imaging Education	\$ 3,431		
Workers Comp Fund - B of A	19,138		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ 22,569</u>
TOTAL FUNDS			\$ 147,345,420
 RESTRICTED FUNDS			
Gift Fund			
US Bank Money Market	\$ 8,369	0.10%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,118,169</u>	3.52%	
TOTAL RESTRICTED FUNDS			<u>\$ 1,153,847</u>
TOTAL ALL FUNDS			<u><u>\$ 148,499,267</u></u>

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
AUGUST 2023 - PRELIMINARY

CURRENT MONTH					YEAR TO DATE					PRIOR YTD AUG 2022
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
OPERATING REVENUE										
\$ 56,792,389	\$ 51,792,597	\$ 4,999,792	9.7%	Total Gross Revenue	\$ 105,848,545	\$ 100,383,972	\$ 5,464,573	5.4%	1	\$ 89,765,261
Gross Revenues - Inpatient										
\$ 3,669,977	\$ 3,425,503	\$ 244,474	7.1%	Daily Hospital Service	\$ 6,637,796	\$ 7,277,388	\$ (639,592)	-8.8%		\$ 6,694,057
4,229,742	3,728,817	500,925	13.4%	Ancillary Service - Inpatient	8,277,412	7,903,452	373,960	4.7%		7,914,160
7,899,719	7,154,320	745,399	10.4%	Total Gross Revenue - Inpatient	14,915,208	15,180,840	(265,632)	-1.7%	1	14,608,217
Gross Revenue - Outpatient										
48,892,670	44,638,277	4,254,393	9.5%	Gross Revenue - Outpatient	90,933,337	85,203,132	5,730,205	6.7%		75,157,044
48,892,670	44,638,277	4,254,393	9.5%	Total Gross Revenue - Outpatient	90,933,337	85,203,132	5,730,205	6.7%	1	75,157,044
Deductions from Revenue:										
28,683,471	25,239,029	(3,444,442)	-13.6%	Contractual Allowances	53,798,136	48,821,657	(4,976,479)	-10.2%	2	45,105,621
113,663	1,035,852	922,189	89.0%	Charity Care	332,945	2,007,679	1,674,734	83.4%	2	1,582,266
449,951	789,216	339,265	43.0%	Bad Debt	1,031,863	1,530,190	498,327	32.6%	2	872,174
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2	-
29,247,085	27,064,097	(2,182,988)	-8.1%	Total Deductions from Revenue	55,162,944	52,359,526	(2,803,418)	-5.4%		47,560,061
138,229	101,639	(36,590)	-36.0%	Property Tax Revenue- Wellness Neighborhood	250,490	202,549	(47,941)	-23.7%		189,669
1,419,341	1,426,986	(7,645)	-0.5%	Other Operating Revenue	2,845,636	2,855,974	(10,338)	-0.4%	3	2,485,937
29,102,874	26,257,125	2,845,749	10.8%	TOTAL OPERATING REVENUE	53,781,727	51,082,969	2,698,758	5.3%		44,880,806
OPERATING EXPENSES										
10,433,236	10,626,946	193,710	1.8%	Salaries and Wages	20,196,222	21,303,276	1,107,054	5.2%	4	18,455,116
2,979,193	3,281,592	302,399	9.2%	Benefits	6,818,706	6,560,057	(258,649)	-3.9%	4	6,822,883
131,340	108,106	(23,234)	-21.5%	Benefits Workers Compensation	197,067	216,211	19,144	8.9%	4	272,069
2,245,420	1,953,389	(292,031)	-14.9%	Benefits Medical Insurance	3,944,215	3,906,778	(37,437)	-1.0%	4	2,557,081
636,192	565,709	(70,483)	-12.5%	Medical Professional Fees	1,181,898	1,134,532	(47,366)	-4.2%	5	1,034,387
195,361	282,286	86,925	30.8%	Other Professional Fees	398,106	564,006	165,900	29.4%	5	466,505
4,056,574	4,209,166	152,592	3.6%	Supplies	8,165,349	8,355,896	190,547	2.3%	6	6,336,687
2,044,199	2,326,952	282,753	12.2%	Purchased Services	4,264,596	4,707,956	443,360	9.4%	7	3,857,570
859,928	962,848	102,920	10.7%	Other	1,801,260	1,920,859	119,599	6.2%	8	2,271,266
23,581,444	24,316,994	735,550	3.0%	TOTAL OPERATING EXPENSE	46,967,420	48,669,571	1,702,151	3.5%		42,073,564
5,521,430	1,940,131	3,581,299	184.6%	NET OPERATING REVENUE (EXPENSE) EBIDA	6,814,307	2,413,398	4,400,909	182.4%		2,807,242
NON-OPERATING REVENUE/(EXPENSE)										
724,271	760,861	(36,590)	-4.8%	District and County Taxes	1,474,510	1,522,451	(47,941)	-3.1%	9	1,399,510
445,136	445,136	(0)	0.0%	District and County Taxes - GO Bond	890,271	890,271	0	0.0%		863,018
263,451	175,812	87,639	49.8%	Interest Income	603,303	350,565	252,738	72.1%	10	180,579
65,789	61,115	4,674	7.6%	Donations	65,789	122,229	(56,440)	-46.2%	11	147,030
(67,000)	(67,000)	-	0.0%	Gain/(Loss) on Joint Investment	(134,000)	(134,000)	-	0.0%	12	(214,411)
215,162	100,000	115,162	-115.2%	Gain/(Loss) on Market Investments	441,702	200,000	241,702	-120.9%	13	81,341
-	-	-	0.0%	Gain/(Loss) on Sale of Equipment	-	-	-	0.0%	14	-
(1,371,228)	(1,364,148)	(7,080)	-0.5%	Depreciation	(2,743,678)	(2,730,410)	(13,268)	-0.5%	15	(2,402,366)
(93,172)	(93,227)	55	0.1%	Interest Expense	(191,302)	(187,155)	(4,147)	-2.2%	16	(187,878)
(269,689)	(269,689)	(0)	0.0%	Interest Expense-GO Bond	(546,574)	(546,574)	(0)	0.0%		(561,095)
(87,280)	(251,140)	163,860	65.2%	TOTAL NON-OPERATING REVENUE/(EXPENSE)	(139,979)	(512,623)	372,644	72.7%		(694,272)
\$ 5,434,151	\$ 1,688,991	\$ 3,745,160	221.7%	INCREASE (DECREASE) IN NET POSITION	\$ 6,674,328	\$ 1,900,775	\$ 4,773,553	251.1%		\$ 2,112,970
NET POSITION - BEGINNING OF YEAR					271,023,878					
NET POSITION - AS OF AUGUST 31, 2023					\$ 277,698,206					
9.7%	3.7%	6.0%		RETURN ON GROSS REVENUE EBIDA	6.4%	2.4%	4.0%			3.1%

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
AUGUST 2023 - PRELIMINARY

		<u>Variance from Budget</u>	
		<u>Fav / <Unfav></u>	
		<u>AUG 2023</u>	<u>YTD 2023</u>
1) <u>Gross Revenues</u>	Acute Patient Days were above budget 10.74% or 45 days. Swing Bed days were below budget 53.84% or 7 days. Inpatient Ancillary Revenues were above budget 13.40% due to the increase in Patient Days.	Gross Revenue -- Inpatient	\$ 745,399 \$ (265,632)
		Gross Revenue -- Outpatient	4,254,393 5,730,205
		Gross Revenue -- Total	<u>\$ 4,999,792 \$ 5,464,573</u>
	Outpatient volumes were above budget in the following departments: Home Health visits, Surgery cases, Lab Send Out tests, Diagnostic Imaging, Medical Oncology procedures, Nuclear Medicine, MRI, Ultrasounds, CT Scans, PET CT, Drugs Sold to Patients, Respiratory Therapy, Tahoe City Physical Therapy, Outpatient Physical Therapy, Physical Therapy Aquatic, and Occupational Therapy.		
	Outpatient volumes were below budget in the following departments: Emergency Department visits, Hospice visits, Laboratory tests, Oncology Lab, EKG, Mammography, Radiation Oncology procedures, Oncology Drugs Sold to Patients, and Tahoe City Occupational Therapy.		
2) <u>Total Deductions from Revenue</u>	The payor mix for August shows a 3.75% increase to Medicare, a .52% decrease to Medi-Cal, .56% decrease to Other, County at budget, and a 2.67% decrease to Commercial when compared to budget. Revenues were above budget 9.70% and we saw a shift in Payor Mix from Commercial to Medicare, creating a negative variance in Contractual Allowances.	Contractual Allowances	\$ (3,444,442) \$ (4,976,479)
		Charity Care	922,189 1,674,734
		Bad Debt	339,265 498,327
		Prior Period Settlements	- -
		Total	<u>\$ (2,182,988) \$ (2,803,418)</u>
3) <u>Other Operating Revenue</u>	Retail Pharmacy revenues were above budget 4.25%.	Retail Pharmacy	21,649 59,186
	Hospice Thrift Store revenues were above budget 16.26%.	Hospice Thrift Stores	15,760 18,229
	Children's Center revenues were above budget 11.96%.	The Center (non-therapy)	(1,646) (3,595)
	Rebates & Refunds were below budget, creating a negative variance in Miscellaneous.	IVCH ER Physician Guarantee	(372) (8,797)
		Children's Center	16,786 21,839
		Miscellaneous	(44,489) (66,533)
		Oncology Drug Replacement	- -
		Grants	(15,333) (30,667)
		Total	<u>\$ (7,645) \$ (10,338)</u>
4) <u>Salaries and Wages</u>		Total	<u>\$ 193,710 \$ 1,107,054</u>
<u>Employee Benefits</u>	Paid Leave was below budget, creating a positive variance in PL/SL	PL/SL	\$ 249,990 \$ (342,095)
		Nonproductive	55,404 127,083
		Pension/Deferred Comp	- 7,020
		Standby	17,781 (21,246)
		Other	(20,776) (29,410)
		Total	<u>\$ 302,399 \$ (258,649)</u>
		Total	<u>\$ (23,234) \$ 19,144</u>
		Total	<u>\$ (292,031) \$ (37,437)</u>
5) <u>Professional Fees</u>	Medical Oncology Locums fees created a negative variance in Multi-Specialty Clinics.	Multi-Specialty Clinics	\$ (47,081) \$ (56,867)
	Radiation Therapy consulting fees created a negative variance in Oncology.	Oncology	(19,883) (13,107)
	Emergency Department and Hospitalist physician fees were above budget, creating a negative variance in TFH Locums.	Miscellaneous	1,494 (6,941)
	Outsourced legal services were below budget, creating a positive variance in Medical Staff Services.	Marketing	(1,563) (2,785)
	Budgeted consulting services for the Access to Care project were below budget as the major part of the project did not kick off until September.	IVCH ER Physicians	(500) (783)
		Home Health/Hospice	- -
		Patient Accounting/Admitting	- -
		Respiratory Therapy	- -
		The Center	- -
		TFH/IVCH Therapy Services	- -
		Multi-Specialty Clinics Administration	(352) 796
		Corporate Compliance	2,000 4,000
		Managed Care	3,573 10,239
		TFH Locums	(26,679) 11,207
		Information Technology	(137) 19,976
		Human Resources	17,639 24,496
		Administration	(6,526) 25,547
		Medical Staff Services	24,850 25,650
		Financial Administration	69,606 77,106
		Total	<u>\$ 16,441 \$ 118,534</u>

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
AUGUST 2023 - PRELIMINARY

		Variance from Budget	
		Fav / <Unfav>	
		<u>AUG 2023</u>	<u>YTD 2023</u>
6) <u>Supplies</u>			
Engineering supply purchases created a negative variance in Other Non-Medical Supplies.	Other Non-Medical Supplies	\$ (24,357)	\$ (20,286)
Medical Supplies Sold to Patients revenues were above budget 28.34%, creating a negative variance in Patient & Other Medical Supplies.	Food	(12,526)	(11,718)
Oncology Drugs Sold to Patients revenues were below budget 9.55%, creating a positive variance in Pharmacy Supplies.	Office Supplies	895	6,122
	Minor Equipment	(127)	20,788
	Patient & Other Medical Supplies	(103,957)	76,379
	Pharmacy Supplies	292,664	119,261
	Total	<u>\$ 152,592</u>	<u>\$ 190,547</u>
7) <u>Purchased Services</u>			
Network Maintenance and Software services were above budget, creating a negative variance in Information Technology.	Information Technology	\$ (10,661)	\$ (17,984)
Lab Send Out tests were above budget 24.15%, creating a negative variance in Laboratory.	Laboratory	(13,154)	(16,466)
Facility maintenance projects at IVCH created a negative variance in Department Repairs.	Home Health/Hospice	(1,380)	(1,130)
Employee Health screenings were below budget, creating a positive variance in Human Resources.	Pharmacy IP	(40)	(654)
An over accrual of estimated Scribe Services in July created a positive variance in Multi-Specialty Clinics.	Medical Records	(1,729)	3,358
Accrued expenses in July related to the Beach Boys Concert came in below budget, creating a positive variance in Miscellaneous.	Community Development	2,833	6,167
	The Center	3,558	8,477
	Diagnostic Imaging Services - All	8,454	18,208
	Department Repairs	(15,702)	36,994
	Patient Accounting	22,786	53,495
	Human Resources	27,936	61,431
	Multi-Specialty Clinics	71,621	74,107
	Miscellaneous	188,232	217,357
	Total	<u>\$ 282,753</u>	<u>\$ 443,360</u>
8) <u>Other Expenses</u>			
Physician Recruitment expenses were below budget, creating a positive variance in Miscellaneous.	Miscellaneous	\$ 26,501	\$ (148,872)
Dues & Subscriptions were below budget in Laboratory, Medical Oncology, Administration and Governing Board.	Other Building Rent	(12,772)	(16,427)
Natural Gas/Propane, Telephone, and Electricity costs were below budget, creating a positive variance in Utilities.	Multi-Specialty Clinics Bldg. Rent	(1,846)	(3,470)
	Insurance	(5,434)	(2,231)
	Multi-Specialty Clinics Equip Rent	(883)	(1,832)
	Physician Services	-	139
	Equipment Rent	(1,621)	6,153
	Human Resources Recruitment	9,992	19,992
	Dues and Subscriptions	15,107	21,821
	Marketing	(2,896)	36,579
	Outside Training & Travel	9,753	98,888
	Utilities	67,020	108,860
	Total	<u>\$ 102,920</u>	<u>\$ 119,599</u>
9) <u>District and County Taxes</u>			
	Total	<u>\$ (36,590)</u>	<u>\$ (47,941)</u>
10) <u>Interest Income</u>			
	Total	<u>\$ 87,639</u>	<u>\$ 252,738</u>
11) <u>Donations</u>			
	IVCH	\$ (16,667)	\$ (33,333)
	Operational	21,341	(23,107)
	Total	<u>\$ 4,674</u>	<u>\$ (56,440)</u>
12) <u>Gain/(Loss) on Joint Investment</u>			
	Total	<u>\$ -</u>	<u>\$ -</u>
13) <u>Gain/(Loss) on Market Investments</u>			
The District booked the value of unrealized gains in its holdings with Chandler Investments.	Total	<u>\$ 115,162</u>	<u>\$ 241,702</u>
14) <u>Gain/(Loss) on Sale or Disposal of Assets</u>			
	Total	<u>\$ -</u>	<u>\$ -</u>
15) <u>Depreciation Expense</u>			
	Total	<u>\$ (7,080)</u>	<u>\$ (13,268)</u>
16) <u>Interest Expense</u>			
	Total	<u>\$ 55</u>	<u>\$ (4,147)</u>

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
AUGUST 2023 - PRELIMINARY

CURRENT MONTH				YEAR TO DATE				PRIOR YTD AUG 2022			
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%			
				OPERATING REVENUE							
\$ 4,680,842	\$ 3,753,844	\$ 926,998	24.7%	Total Gross Revenue	\$ 8,513,767	\$ 7,288,203	\$ 1,225,564	16.8%	1	\$ 6,686,404	
				Gross Revenues - Inpatient							
\$ -	\$ 5,627	\$ (5,627)	-100.0%	Daily Hospital Service	\$ -	\$ 5,627	\$ (5,627)	-100.0%		\$ 9,552	
-	4,160	(4,160)	-100.0%	Ancillary Service - Inpatient	-	5,304	(5,304)	-100.0%		4,803	
-	9,787	(9,787)	-100.0%	Total Gross Revenue - Inpatient	-	10,931	(10,931)	-100.0%	1	14,355	
4,680,842	3,744,057	936,785	25.0%	Gross Revenue - Outpatient	8,513,767	7,277,272	1,236,495	17.0%		6,672,049	
4,680,842	3,744,057	936,785	25.0%	Total Gross Revenue - Outpatient	8,513,767	7,277,272	1,236,495	17.0%	1	6,672,049	
				Deductions from Revenue:							
2,161,827	1,696,785	(465,042)	-27.4%	Contractual Allowances	3,700,894	3,287,253	(413,641)	-12.6%	2	2,727,269	
26,245	75,077	48,832	65.0%	Charity Care	44,819	145,764	100,945	69.3%	2	162,343	
112,700	56,308	(56,392)	-100.1%	Bad Debt	225,541	109,323	(116,218)	-106.3%	2	64,993	
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2	-	
2,300,772	1,828,170	(472,602)	-25.9%	Total Deductions from Revenue	3,971,254	3,542,340	(428,914)	-12.1%	2	2,954,605	
72,301	72,723	(423)	-0.6%	Other Operating Revenue	144,989	153,871	(8,882)	-5.8%	3	127,226	
2,452,370	1,998,397	453,973	22.7%	TOTAL OPERATING REVENUE	4,687,502	3,899,734	787,768	20.2%		3,859,025	
				OPERATING EXPENSES							
694,814	680,484	(14,330)	-2.1%	Salaries and Wages	1,361,980	1,366,826	4,846	0.4%	4	1,202,874	
228,314	206,178	(22,136)	-10.7%	Benefits	404,832	416,125	11,293	2.7%	4	426,873	
532	3,157	2,625	83.1%	Benefits Workers Compensation	1,064	6,314	5,250	83.1%	4	1,348	
137,374	119,744	(17,630)	-14.7%	Benefits Medical Insurance	241,511	239,488	(2,023)	-0.8%	4	162,161	
152,080	152,247	167	0.1%	Medical Professional Fees	303,943	304,494	551	0.2%	5	302,385	
1,619	2,306	687	29.8%	Other Professional Fees	3,925	4,613	688	14.9%	5	4,013	
178,459	67,421	(111,038)	-164.7%	Supplies	236,701	133,126	(103,575)	-77.8%	6	131,496	
(42,624)	124,213	166,837	134.3%	Purchased Services	103,068	298,773	195,705	65.5%	7	139,283	
(18,809)	58,034	76,843	132.4%	Other	157,327	117,260	(40,067)	-34.2%	8	240,509	
1,331,759	1,413,784	82,025	5.8%	TOTAL OPERATING EXPENSE	2,814,352	2,887,019	72,667	2.5%		2,610,942	
1,120,611	584,613	535,998	91.7%	NET OPERATING REV(EXP) EBIDA	1,873,150	1,012,715	860,435	85.0%		1,248,083	
				NON-OPERATING REVENUE/(EXPENSE)							
-	16,667	(16,667)	-100.0%	Donations-IVCH	-	33,333	(33,333)	-100.0%	9	3,568	
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	-	
(122,785)	(121,141)	(1,644)	1.4%	Depreciation	(247,133)	(244,952)	(2,181)	-0.9%	11	(154,052)	
(1,482)	(1,427)	(55)	3.9%	Interest Expense	(2,938)	(2,883)	(55)	1.9%	12	-	
(124,267)	(105,901)	(18,366)	-17.3%	TOTAL NON-OPERATING REVENUE/(EXP)	(250,071)	(214,502)	(35,569)	-16.6%		(150,484)	
\$ 996,344	\$ 478,712	\$ 517,632	108.1%	EXCESS REVENUE(EXPENSE)	\$ 1,623,078	\$ 798,213	\$ 824,865	103.3%		\$ 1,097,599	
23.9%	15.6%	8.4%		RETURN ON GROSS REVENUE EBIDA	22.0%	13.9%	8.1%			18.7%	

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
AUGUST 2023 - PRELIMINARY**

		Variance from Budget	
		Fav<Unfav>	
		AUG 2023	YTD 2023
1) <u>Gross Revenues</u>			
Acute Patient Days were below budget by 1 at 0 and Observation Days were above budget by 1 at 1.	Gross Revenue -- Inpatient	\$ (9,787)	\$ (10,931)
Outpatient volumes were above budget in Emergency Department visits, Surgery cases, Lab Send Out tests, Diagnostic Imaging, Ultrasounds, CT Scans, Drugs Sold to Patients, Physical Therapy and Speech Therapy.	Gross Revenue -- Outpatient	936,785	1,236,495
Outpatient volumes were below budget in Laboratory tests, EKGs, Respiratory Therapy, and Occupational Therapy and Gastroenterology cases.	Total	\$ 926,998	\$ 1,225,564
2) <u>Total Deductions from Revenue</u>			
We saw a shift in our payor mix with a 5.16% increase in Medicare, a 1.80% decrease in Medicaid, a 2.18% decrease in Commercial insurance, a 1.18% decrease in Other, and County was at budget.	Contractual Allowances	\$ (465,042)	\$ (413,641)
Outpatient Revenues were above budget 25.0% along with the shift into Medicare from Commercial, creating a negative variance in Contractual Allowances.	Charity Care	48,832	100,945
	Bad Debt	(56,392)	(116,218)
	Prior Period Settlement	-	-
	Total	\$ (472,602)	\$ (428,914)
3) <u>Other Operating Revenue</u>			
IVCH ER Physician Guarantee is tied to collections, coming in slightly below budget in August.	IVCH ER Physician Guarantee	\$ (372)	\$ (8,797)
	Miscellaneous	(51)	(85)
	Total	\$ (423)	\$ (8,882)
4) <u>Salaries and Wages</u>			
<u>Employee Benefits</u>			
Sick Leave came in above budget, creating a negative variance in PL/SL.	PL/SL	\$ (20,370)	\$ 7,794
	Pension/Deferred Comp	-	-
	Standby	(1,551)	(6,617)
	Other	(7,348)	(6,597)
	Nonproductive	7,133	16,713
	Total	\$ (22,136)	\$ 11,293
<u>Employee Benefits - Workers Compensation</u>	Total	\$ 2,625	\$ 5,250
<u>Employee Benefits - Medical Insurance</u>	Total	\$ (17,630)	\$ (2,023)
5) <u>Professional Fees</u>			
	IVCH ER Physicians	\$ (500)	\$ (783)
	Administration	-	-
	Miscellaneous	-	-
	Foundation	688	688
	Multi-Specialty Clinics	667	1,334
	Total	\$ 854	\$ 1,239
6) <u>Supplies</u>			
Drugs Sold to Patients revenues exceeded budget by 68%, creating a negative variance in Pharmacy Supplies.	Pharmacy Supplies	\$ (87,626)	\$ (78,152)
Medical Supplies Sold to Patients revenues were above budget 28%, creating a negative variance in Patient & Other Medical Supplies.	Patient & Other Medical Supplies	(17,610)	(22,085)
	Non-Medical Supplies	(3,798)	(3,537)
	Minor Equipment	(2,008)	(178)
	Office Supplies	(48)	109
	Food	53	268
	Total	\$ (111,038)	\$ (103,575)

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
AUGUST 2023 - PRELIMINARY**

		Variance from Budget	
		Fav<Unfav>	
		AUG 2023	YTD 2023
7) <u>Purchased Services</u>			
Facility maintenance projects created a negative variance in Department Repairs.	Engineering/Plant/Communications	\$ (1,961)	\$ (2,974)
	Diagnostic Imaging Services - All	(1,279)	(2,743)
	Laboratory	1,063	(2,428)
	EVS/Laundry	(999)	(464)
	Pharmacy	(456)	(73)
	Miscellaneous	16	245
	Multi-Specialty Clinics	(202)	379
	Department Repairs	(5,678)	1,095
	Foundation	176,333	202,667
	Total	\$ 166,837	\$ 195,705
8) <u>Other Expenses</u>			
A reclassification of expenses to a Receivable for expenses advanced to the Foundation for the Beach Boys Concert created a positive variance in Miscellaneous.	Miscellaneous	\$ 70,634	\$ (59,130)
	Other Building Rent	(3,920)	(7,940)
	Dues and Subscriptions	(2,250)	(4,262)
	Equipment Rent	(5,096)	(3,127)
	Multi-Specialty Clinics Bldg. Rent	(438)	(877)
	Physician Services	-	-
	Insurance	716	1,432
	Marketing	2,712	4,985
	Outside Training & Travel	4,357	9,125
	Utilities	10,128	19,729
	Total	\$ 76,843	\$ (40,067)
9) <u>Donations</u>			
	Total	\$ (16,667)	\$ (33,333)
10) <u>Gain/(Loss) on Sale</u>			
	Total	\$ -	\$ -
11) <u>Depreciation Expense</u>			
	Total	\$ (1,644)	\$ (2,181)
12) <u>Interest Expense</u>			
	Total	\$ (55)	\$ (55)

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	PRELIMINARY FYE 2023		BUDGET FYE 2024	PROJECTED FYE 2024	ACTUAL AUG 2023	BUDGET AUG 2023	DIFFERENCE	PROJECTED 1ST QTR	PROJECTED 2ND QTR	BUDGET 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	28,875,764		12,535,783	16,936,694	\$ 5,521,430	\$ 1,940,131	\$ 3,581,299	8,079,573	3,793,952	2,815,796	2,247,373
Interest Income	1,348,932		2,000,000	2,140,895	203,723	75,000	128,723	640,895	500,000	500,000	500,000
Property Tax Revenue	10,063,960		10,190,000	10,132,583	592,583	450,000	142,583	592,583	-	5,400,000	4,140,000
Donations	1,574,358		6,733,375	6,744,436	133,291	61,115	72,176	194,405	183,344	183,344	6,183,344
Debt Service Payments	(5,216,044)		(3,981,665)	(3,976,799)	(352,659)	(352,963)	304	(1,054,022)	(915,777)	(727,486)	(1,279,514)
Property Purchase Agreement	(811,927)		(811,927)	(811,928)	(67,661)	(67,661)	-	(202,983)	(202,982)	(202,982)	(202,982)
2018 Municipal Lease	(1,717,326)		(715,553)	(715,553)	(143,111)	(143,111)	-	(429,332)	(286,221)	-	-
Copier	(63,919)		(47,871)	(43,005)	(4,790)	(5,094)	304	(10,416)	(15,282)	(15,282)	(2,025)
2017 VR Demand Bond	(840,606)		(761,145)	(761,145)	-	-	-	-	-	(97,930)	(663,215)
2015 Revenue Bond	(1,782,266)		(1,645,169)	(1,645,169)	(137,097)	(137,097)	0	(411,292)	(411,292)	(411,292)	(411,292)
Physician Recruitment	(476,666)		(1,146,666)	(1,113,332)	(50,000)	(83,333)	33,333	(183,333)	(316,666)	(280,000)	(333,333)
Investment in Capital											
Equipment	(2,315,113)		(4,545,602)	(4,545,602)	(48,741)	(1,325,967)	1,277,226	(1,482,751)	(2,760,351)	(170,500)	(132,000)
IT/EMR/Business Systems	(710,081)		(2,818,739)	(2,818,739)	-	(339,575)	339,575	(339,575)	(1,224,994)	(922,920)	(331,250)
Building Projects/Properties	(21,471,856)		(21,287,010)	(21,287,010)	(1,504,363)	(1,912,936)	408,572	(3,537,928)	(5,087,072)	(7,327,260)	(5,334,750)
Change in Accounts Receivable	(2,365,998)	N1	(2,859,354)	(1,686,222)	(1,282,311)	(972,472)	(309,839)	(1,368,239)	620,615	(625,643)	(312,955)
Change in Settlement Accounts	(6,227,922)	N2	4,265,118	3,190,065	(967,553)	(75,833)	(891,720)	(2,667,553)	(981,259)	(4,874,080)	11,712,957
Change in Other Assets	(4,779,244)	N3	(3,500,000)	(4,991,138)	(664,073)	(200,000)	(464,073)	(2,591,138)	(1,050,000)	(100,000)	(1,250,000)
Change in Other Liabilities	(7,708,069)	N4	(4,400,000)	(2,975,933)	(732,752)	(500,000)	(232,752)	(2,075,933)	(3,000,000)	(2,900,000)	5,000,000
Change in Cash Balance	(9,407,979)		(8,814,760)	(4,250,102)	848,575	(3,236,833)	4,085,407	(5,793,016)	(10,238,208)	(9,028,750)	20,809,871
Beginning Unrestricted Cash	154,252,753		144,844,775	144,844,775	144,839,710	144,839,710	-	144,844,775	139,051,759	128,813,551	119,784,802
Ending Unrestricted Cash	144,844,775		136,030,015	140,594,673	145,688,285	141,602,878	4,085,407	139,051,759	128,813,551	119,784,802	140,594,673
Operating Cash	144,844,775		136,030,015	140,594,673	145,688,285	141,602,878	4,085,407	139,051,759	128,813,551	119,784,802	140,594,673
Expense Per Day	736,933		803,035	798,383	760,625	788,012	(27,387)	771,163	779,354	794,392	798,383
Days Cash On Hand	197		169	176	192	180	12	180	165	151	176

Footnotes:

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

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

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

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



Board Informational Report

By: Harry Weis
President and CEO

DATE: September 19, 2023

After two months in the new fiscal year, we are seeing at least a 13% overall volume increase across the Health System. Incline Village area growth is nearly double the overall health system growth based on the first 2 months.

Our provider clinic visits were 117,000 in Fiscal Year 2022, 129,000 in Fiscal Year 2023 and they are annualizing out at 139,000 based on the first two months of FY 24.

After the first two months, we are seeing revenue and volume growth at a higher level than year over year expense growth. Again, we never put in a price increase greater than 5% even though we have experienced much higher expense growth year over year for several years.

As we focus on our Strategic Plan and the improved outcomes it suggests to be sustainable and continue to improve our quality and how we serve our patients, we needed to engage with Vizient Consulting. They are here to help us with improved management systems, guiding us first in a narrow focus area and then branching out across the health system to make sure we remain nimble, sustainable and capable of absorbing the massive changes that lie ahead for healthcare in a successful way.

Choosing to keep the status quo for any health system is a dangerous strategy. Nearly all health systems across California and the United States are faced with increased regulatory forces and high expense inflation.

As a licensed and accredited health system in California, we are required to respond by January 1, 2024, as to how we will meet structural strengthening of our applicable buildings, and how we will “become a true independent city as to power, water, and sewage” should electric, natural gas, potable water and public sewer services be disrupted, for the 2030 seismic related regulatory deadline. The state is very prescriptive as to the type of power they will allow us to operate on when public electricity or natural gas sources are disrupted.

The lack of sufficient parking continues to be our number one dissatisfier for our patients and our team members as we are all focused on improving timely access to care for all patients.

We have been holding training sessions on the Management Systems approach with Managers and Directors as well as our Board. In addition we are holding Town Halls in October to provide updates on Management Systems and many other topics of interest as together we plan our future.

Healthcare appears to be singled out, along with at least one other industry in California for a major minimum wage increase versus all other industries. These are unfunded expense increase mandates.

Artificial Intelligence (AI) is already involved in healthcare and we expect that its contributions and involvement in nearly all aspects of healthcare will grow significantly for the indefinite future.

Nearly 200 rural hospitals have closed in the US from 2005 to June of 2023. Becker's Hospital CFO Report revealed on May 22, 2023 that 646 rural hospitals across the US or about 30% of all rural hospitals are at risk for closing. The highest closure risk state in the US has 81 hospitals at risk for closing while California has 17 at risk hospitals. Only four states in the US have zero hospitals noted as at risk for closing.

For these reasons and many more, we are very grateful for our positive team performance over the last eight years and it causes us to proactively focus even more on how to be strongly sustainable for the long-term future.



Board COO Report

By: Louis Ward
Chief Operating Officer

DATE: September 2023

Quality: Provide excellent patient focused quality care

Identify and promote best practice and evidence-based medicine

- **Northstar Clinic EMR**

In October, prior to the 2023-2024 ski season we will be going live with an instance of EPIC in the clinic. Prior to this effort, the Physicians and staff in the Northstar Clinic documented in a separate system or on paper. This effort was brought forward by the Physicians at the Northstar clinic in spring of this year. Administration, Information Tech, Physicians and Staff of Northstar all worked together over the past 6 months on this effort that will surely provide a better experience to patients we serve.

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

- **Mercy Epic Contract**

This month we began the lengthy process of negotiating our Mercy Epic contract. The original contract was for a 7-year period of time, we now need to negotiate our subscription and service agreements for the next 5 year interval. It is expected these negotiations will continue through the months of October and November. The culmination of these discussions will result in a new 5-year agreement to be reviewed and considered in the months of November and December, starting in January of 2024.

Service: Deliver Outstanding Patient & Family Experience

Continuously improve access to care

- **Ski agreements**

2023-2024 ski agreements have been drafted and delivered to four first aid stations in the communities we serve: Alpine, Sugarbowl, Boreal, Diamond Peak. We are awaiting comments from the Ski Resort Leadership.

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

Nuture mutual trust

- **Truckee Surgery Center (TSC) Celebrates 20 Years**

This month the Truckee Surgery Center celebrated its 20th year serving the Truckee and surrounding communities. Administration setup a day of fun at the Reno Aces ballpark for the TSC

Surgeons, Staff, and their families to enjoy and celebrate with each other. We are deeply appreciative of the surgeons and staff at the TSC for their continued efforts to provide high quality care to the community.

Service: Deliver Outstanding Patient & Family Experience

Implement an enterprise-wide master plan

- **Tahoe Forest Hospital Parking Solution**

Hospital leadership met with the Town of Truckee leadership again this month to discuss a future parking solution for the main Truckee campus. Administration proposed a new creative parking solution, a solution that would bring approximately 200 new spaces to the district as well as meet future disaster preparedness needs with an underground water tank. The solution also proposed the moving of the helipad to the top story of the parking garage which would greatly improve the flight path and snow removal concerns with the current helipad. The town was very helpful with their comments.

Service: Optimize Deliver Model to Achieve Operational and Clinical Efficiency

Implement a focused master plan

Report provided by Dylan Crosby, Director Facilities and Construction Management

Active Projects:

Project: Martis Outlook Plastics

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

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

Update Summary: Drywall is half complete. Project is paused waiting on new lighting design installation.

Start of Construction: Spring 2023

Estimated Completion: Winter 2023

Project: Martis Outlook Primary Care

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

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

Update Summary: Drywall and Painting have been completed.

Start of Construction: Spring 2023

Estimated Completion: Winter 2023

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

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

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

Update Summary: Drywall is kicking off. Mammography has been submitted to the Authority Having Jurisdiction.

Start of Construction: Spring 2023

Estimated Completion: Fall 2023

Projects in Planning:

Project: Tahoe Forest Hospital Seismic Improvement

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

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

1978 Building – Diagnostic Imaging, portions of Emergency Department

1990 Building – Portions of the Surgical Department

1993 Building – Portions of the Dietary Department

Med Gas Building – Primary Med Gas distribution building.

Update Summary Project has been put on hold with the exception of the ATS emergency work. The replacement of this ATS has been moved forward on an emergency project status and will complete 9/13/23.

Start of Construction: Summer 2023

Estimated Completion: Winter 2025

Project: Levon Parking Structure

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

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

Update Summary: Project is in programming additional site survey underway.

Start of Construction: TBD

Estimated Completion: TBD

Project: Gateway RHC Expansion

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

Summary of Work: Remodel 8 suites within the Building.

Update Summary Project is on hold for programming validation.

Start of Construction: Fall 2023

Estimated Completion: Winter 2025



By: Jan Iida, RN, MSN, CEN, CENP
Chief Nursing Officer

DATE: September 2023

Service: Optimize delivery model to achieve operational and clinical efficiency

- At the October Board Meeting, we will discuss the Surgical Services' Optum Report and efficiency improvements.
- An Epic project for hospital procedure E-Consents is in the works. It involves Nursing, Quality, Physicians, and Clinics. This was part of an HFAP/ACHC sited deficiency.
- Nursing Managers will be flu vaccine ambassadors. This will bring the flu vaccines to the units to make it easier for staff to receive them.

Quality: Provide clinical excellence in clinical outcomes

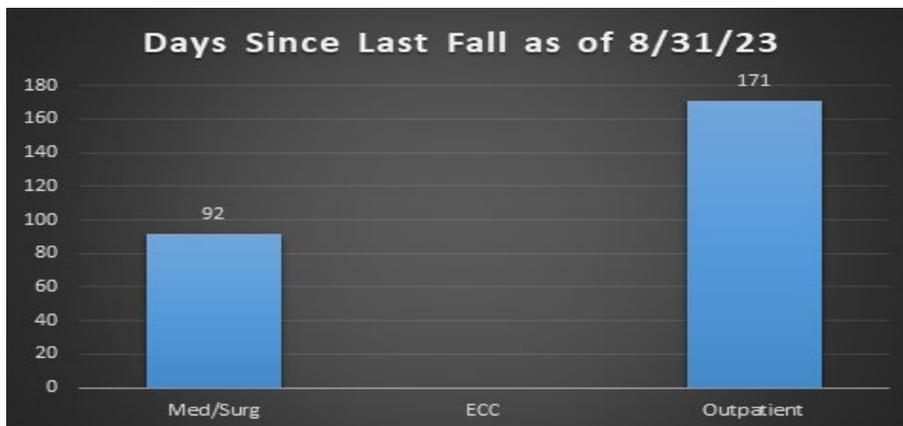
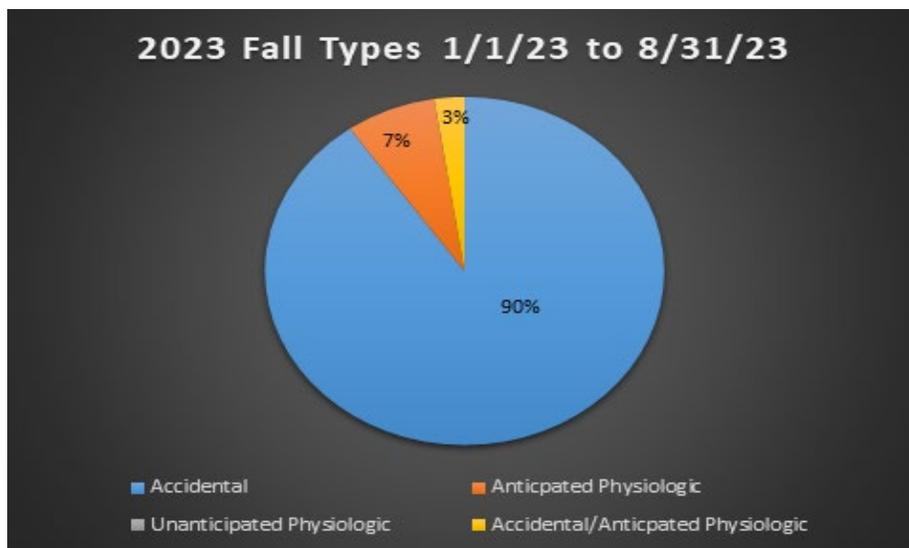
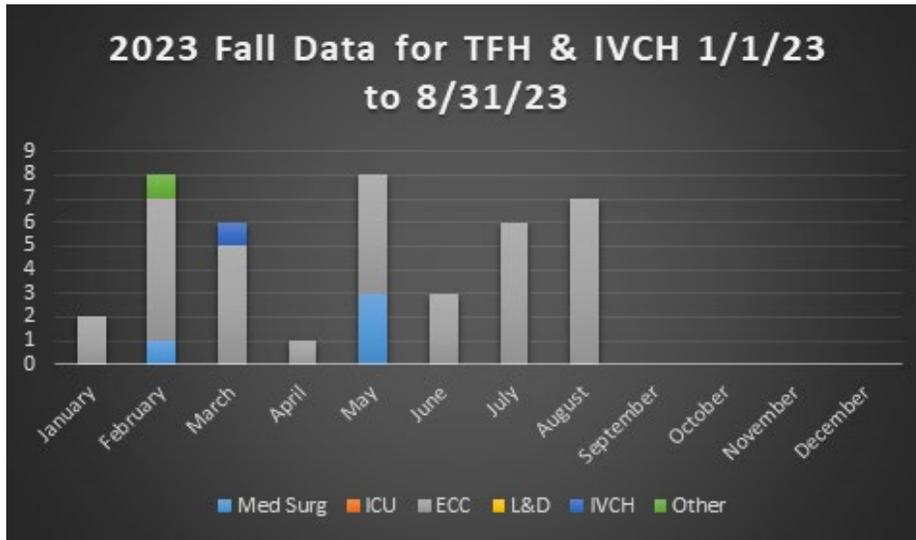
- Shared Governance for Nursing
 - Since April, Nursing has worked on revamping our Shared Governance Councils that involve management and the bedside nurses. The purpose is to provide quality care, support, and assistance to patients and their families along the continuum of care.
 - We have six councils within the charter:
 - Four of the councils' membership involve nursing management and bedside staff:
 - **Nurse Practice Council**
 - **Policy Oversight Council**
 - **Education, Planning and Development Council**
 - **Patient Safety Council**
 - One of the councils consists of all nursing management, the Patient Safety Officer, the Infection Preventionist, the Clinical Manager of the Cancer Center, the Clinical Quality Analyst, the Director of Quality and Regulations, and the CNO:
 - **Nursing Leadership Council**
 - One council consists of the four nursing directors and the CNO:
 - **Nurse Executive Council**
 - Each of the councils have a two or three year membership term for staff.
 - Membership on councils does count for participation hours in the PEAK program.

Growth: Meeting the needs of the community

- Tele Specialist Teleneurology has been a hit in the first week since go live on 8/22/23 in the ED's. As of 8/31/23, we had 5 cases since go live: 4 at TFH ED and 1 at IVCH ED.
 - Stroke Alert for ED and Inpatients is now available through the Tele Specialist

- Coming soon: inpatient rounding and EEG services (both in contract not implemented yet).

2023 Fall Report:



NOTE: ECC had a fall on 8/31/23. They are meeting and doing huddles about their falls.

By: Brian Evans, MD, MBA
Chief Medical Officer

DATE: September 20, 2023

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

- Leadership rounding has been in place for two months, and provides a structured and goal-oriented process for senior leadership to follow. We have modified the approach to include structured questions regarding management systems and our Access to Care project.
- Clinician Journal Club took place on August 29th. The theme was “brain hacking” and explored new discoveries related to dopamine circuits in the brain as well as recent data around treatments for PTSD.
- Physician engagement bonus has been examined by medical staff members and a survey sent to all affected med staff. The restructuring of the bonus is underway and will reflect the input from med staff.

Service: Deliver Outstanding Patient & Family Experience

- The “Access to Care” project continued with a “mapping” of patient flow process through pediatrics, primary care (Truckee) and OB/GYN. Multidisciplinary teams from these units mapped the patient journey through the myriad process that take place and identified pain points. They also identified possible solutions that can be implemented through a “test of change.”
- Managers and Directors attended a one-day retreat in Reno to be briefed on the A2C project and management systems. This education was conducted by Jeff Wilson who is the lead for Vizient, and supported by the administrative team.

Quality: Provide excellent patient focused quality care

- The CMS Star rating committee met on September 13 and is towards a “process metric” focus as opposed to outcome metrics. Current CMS star rating is 3/5 and the goal is to bring that up to 5/5 stars. Relevant targets will be paired with a best practice checklist for daily or weekly monitoring.
- Input from clinicians has been obtained to evaluate electronic communication platforms used by med staff. The goal is to provide a consistent and compliant communication standard for Tahoe Forest.

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

- We continue to review clinic staffing to ensure we are staffed appropriately and not incurring unnecessary labor costs.
- Several meetings have been conducted with the revenue cycle team and Orthopedic surgery to improve accuracy and timeliness of coding and billing. Lessons from this work are to be expanded across the system.

Growth: Expand and foster community and regional relationships

- Partnerships between local area ski resorts and Tahoe forest are being evaluated for quality, stewardship, and to ensure collaboration. A report on this activity will be presented to the administrative council and other stakeholders in the coming weeks.



Date: September 21, 2023

To: Tahoe Forest Hospital District Board of Directors

From: Karli Epstein, Executive Director – Tahoe Forest Health System Foundation TFHSF

Re: Request for new board member approval

Dear Tahoe Forest Hospital District:

TFHSF has recently approved Scott Wessel to become a board member. He brings a wealth of experience, expertise, and community connections to our Foundation Board and community.

Below is Scott Wessel's bio.

Respectfully submitted on behalf of the Tahoe Forest Health System Foundation

Scott and his wife Sarah and their 2 college aged kids split their time between Berkeley and Truckee yet spend increasing more time in Truckee where they will ultimately retire. Their migration has already begun as Sarah lives in Truckee full time in the winter working for the Vail Corporation. Scott has been working in the financial services industry coming up on 30 years, primarily for Fidelity Investments and most recently he is an institutional salesperson at Goldman Sachs in their Asset & Wealth Management division working in San Francisco. He has previous experience serving on Boards and fundraising, and currently serves on the Board of the The Archie Bray Foundation, a ceramic arts residency program in Helena, Montana. Scott and Sarah are passionate about the environment and the preservation of the Sierra and the thoughtful growth of Truckee and its community.

To: Tahoe Forest Hospital District Board

From: KidZone Museum

Subject: Investment in Health and Wellness Programs with KidZone Museum



Dear Tahoe Forest Hospital District Board of Directors,

KidZone Museum invites Tahoe Forest Hospital (TFHD) to join as an investor in our expanded health programs. These programs align with TFHD's mission - "To enhance the health of our communities through excellence and compassion in all we do." Together, TFHD and The Museum can offer comprehensive health programs accessible six days a week to any family and to health service organizations and educational groups. Primary prevention programs can decrease health problems and reduce healthcare costs, supporting healthy outcomes for our community.

The Need

The KidZone Museum presently provides distinctive health and wellness programs for children and families. Programs for children emphasize healthy brain development and the cultivation of physical, social, and emotional skills. County funds support programs specifically to help children living in poverty and at risk for abuse and toxic stress (ACE's).¹ Simultaneously, parents participate in experiences aimed at improving their mental well-being. These experiences include engaging in social programs that offer support for those dealing with postpartum depression and addressing the stress linked to parenting and poverty.



The current KidZone facility costs were supported by First 5 to create space for an indoor play structure because children entering kindergarten achieved below-average gross motor development. Additional annual support from First 5 Placer and Nevada County is for programs for children living in poverty, which often precedes, neglect and abuse, leading to toxic stress that can profoundly impact a child's lifelong development and mental health.

To meet growing demand and continue serving families effectively, we need a larger permanent facility. We request TFHD's investment in our health and wellness programs for North Tahoe and Truckee

¹ [ACE's. Office of the California Surgeon General](#)

families. The expanded museum will remain a central hub, serving up to 50,000 visitors annually and offering educational and health resources.

Reaching a Diverse Regional Population

Our expanded facility will cater to a broad audience of:

1. Young Children
2. Parents and Caregivers
3. Tweens and Teens
4. Specific Audiences: Latino community, children with disabilities and other underserved audiences.

Building upon KidZone's already robust connection to the diverse communities of Truckee and North Tahoe, a collaboration with The Museum will extend the range of hands-on educational opportunities that are in alignment with Tahoe Forest Hospital's health initiatives for children.

Innovative Programs that Align with TFHD Health Initiatives

KidZone Museum excels in promoting learning through play and creating environments that encourage healthy development and family strengthening. The New Museum is well positioned to help mitigate ACEs and improve the mental health of our children, with Tahoe Forest Hospital.

Daily programs for children with disabilities, teens, parents, social service groups and health care providers:

- ["The Sunrise Spot" \(click link to view larger photo\)](#)
This unique space focus is for programs to promote sensory integration 6 days a week. It is a therapeutic environment with tactile, vestibular, and proprioception play; auditory, visual, and olfactory activities. It will also help children develop the ability to block out distractions and focus, preparing them for school learning. This is especially helpful to children with developmental delays. Health providers will use this space for their clients who have developmental delays. Parents and children will participate in sensory development activities available 6 days a week.
- ["The Play Floor" \(click link to view larger photo\)](#)
This space has daily *programming* and tools for healthy brain development.² children can practice their gross motor development by climbing, crawling, developing speech and social emotional skills. Peer to peer participation in these programs offer practice in social emotional skills. This is especially important during our long, snowy winters, and for families who have no place to play at home or cannot afford preschool or health and wellness services. The indoor play structure offers essential physical development required for healthy childhood development and preparation for school. Programs for middle school and high school youth. Informal group learning Programs like these build confidence and emotional wellbeing in group settings while engineering structures and creating bridges, and forts with peers. Traveling Science Exhibits from science centers will be installed in this area. Programs for youth

² ² [CDC](#) Early Brain Development.

will offer insight to health systems, biology, energy and functions of the natural environment. This provides peer to peer engagement that supports emotional, psychological, and social well-being.

- **"Great Outdoors"** The Great Outdoors is a 5,000-square-foot outdoor nature exploration area designed for children of all ages. **Health programs** are offered here 7 days a week for children of all ages and their families. It supports parent child interactions, parent to parent socialization and observational parenting information that will support positive child parent interactions at home. Service providers who also focus on ACE's will use the space for parent health programs include Sierra Teen Education and Parenting Program, Healthy Babies, State Preschool, TTUSD and others. Teens will participate in daily afternoon programs in the area that promote quit meditation and peer to peer socialization and leadership skills. Research highlights the benefits of children playing in nature, including increased happiness, improved attention span, reduced anxiety, enhanced self-confidence, and effective stress relief. These advantages make nature play an excellent way to support the mental health of our youth. This area will have informal learning opportunities 6 days a week. ^{3 4 5 6 7}

- **"The Den" (click link to view larger photo)**
"The Den" is a dedicated studio workplace for teenagers, created in response to community requests to address feelings of loneliness and isolation among young people. Programming will be daily in the afternoon and will be facilitated by staff, and guided by teen and tween students. In this unique space to our area, teens collaborate, plan events, and engage in art, science, leadership, and service-learning projects offered 5 days a week. Staff mentors offer guidance and resources as part of the broader Mountain Health system of care; the museum will be a cohesive partner to the Wellness Network. This resource aims to support the mental health of teens and tweens, offering a place for social interaction and meaningful activities to combat potential issues like depression and substance abuse. Establishing a programming initiative in the Den will play a vital role in addressing the gap in teen opportunities aimed at bolstering their mental well-being in our area.

- **STEAM Center (click link for larger photo)**
(Science, Technology, Engineering, Arts, and Mathematics) will offer daily afternoon health and science programs for children ages 10-17. Programs include robotics, hands-on biology activities and investigations in science including microscopic investigations into cells, make up of insects etc. The center's focus on practical, real-life experiments, rather than purely theoretical learning, is a priority. Additionally, by nurturing an early fascination with science in the STEAM center, we will inspire future generations to become medical professionals and researchers who will make significant contributions in healthcare and the sciences.

- **The Cafe & Teaching Kitchen** will expand the KidZone's partnership with Tahoe Forest Hospital's Nutrition Coalition. Nutrition education programs will happen in the café daily for parents and youth. Programs include informal nutrition education, cooking and gardening classes in the teaching kitchen and Great Outdoors. Cafe and Kitchen experiences will center around themes of nutrition, organic foods, and

³ [Child Mind Institute](#)

⁴ [NIH](#)

⁵ [AJPM](#)

⁶ [Contemporary Pediatrics](#)

⁷ [JAMA Pediatrics](#)

the importance of healthy eating, with a strong emphasis on promoting smart choices. Health and wellness educators will use this as a hub for nutrition education that is especially valuable for our underserved families.

Building a Healthier Future Together

Health and wellness programming require specialized equipment and space designed to serve children from infancy through high school. The programs offered by the museum align with the mission of TFHD and with its initiatives to support children who are exposed to adverse childhood experiences (ACE's) and mental health. Investing in museum programs will give TFHD a sounding ground for community health awareness and education. Hospital information and resources can be embedded in the day to day programming of the museum. By forging a partnership, KidZone Museum and TFHD can create a more significant and lasting impact on the health and wellness of Truckee and North Tahoe.

Investing in Public Health

The support from TFDH to operate preventative and supporting health and wellness programs and science education at the larger museum is an investment in public health that can decrease health care costs and demands on the system. Health and wellness programs to be provided at the new facility are estimated to need \$1 million dollars of infrastructure support. The operating costs are supported by museum revenue. We look forward to hearing from the Tahoe Forest Board of Directors on a level of investment the hospital feels is needed for the health programs that will serve children and families in our community for generations to come.

Thank you for your consideration,

Sincerely,

Carol Meagher, Executive Director and the KidZone Museum Board of Directors



Figure 1 New Museum and Science Center

Tahoe Forest Hospital Seismic Compliance Update



Table of Contents

- Back Ground
- Definitions
- Current Status
- Compliance Plan
- Assembly Bill 1882

Background

Senate Bill 1953 (SB 1953) - Signed into law September 21, 1994

The Act establishes a seismic safety building standards program under the California Department of Health Care Access and Information (“HCAI”) to emphasize that essential facilities, such as hospitals, should remain operational after an earthquake.

Seismic Evaluation due January 1st, 2001 – Complete

Compliance Plan due January 1st, 2002 – Complete

Acute Care services SPC 2 and NPC 2 January 1st, 2020 – Complete

Definitions

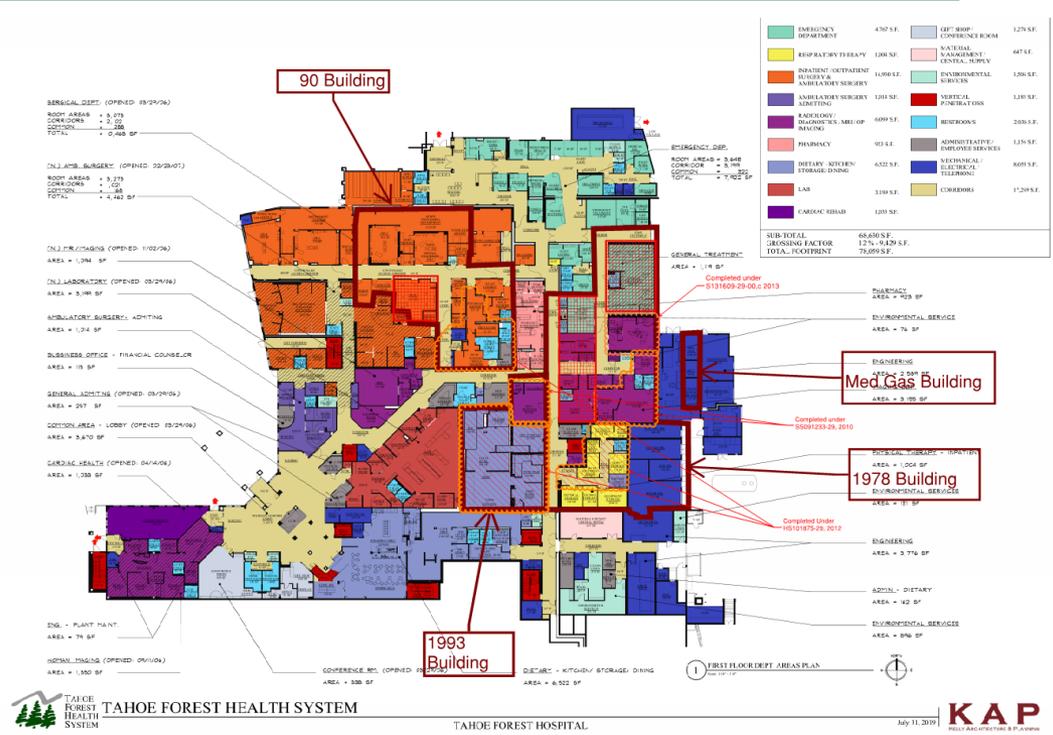
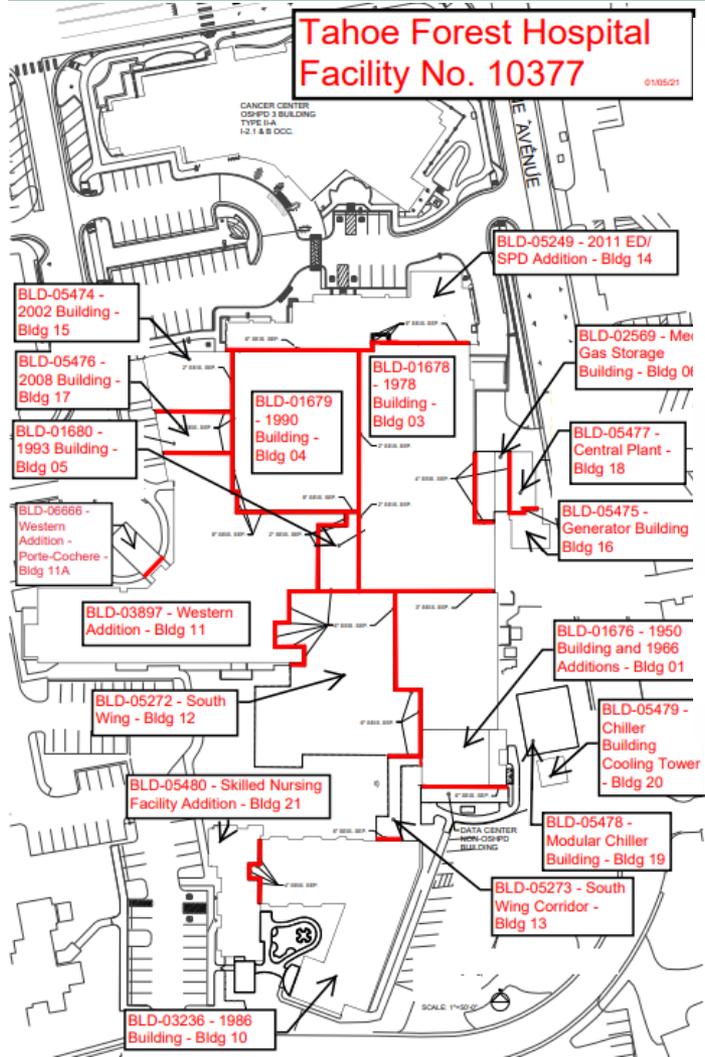
Structural Performance Category (SPC)

All general acute care hospital buildings are assigned a Structural Performance Category (SPC) which measures the probable seismic performance of building structural systems. Building structural systems include beams, columns, shear walls, slabs, and foundations. SPC ratings range from 1 to 5 with SPC 1 assigned to buildings that may be at risk of collapse during a strong earthquake and SPC 5 assigned to buildings reasonably capable of providing services to the public following a strong earthquake. State law requires all SPC 1 buildings to be removed from providing general acute care services by January 1, 2020, unless an approved extension has been granted, and all SPC 2 buildings to be removed from providing general acute care services by January 1, 2030. A hospital facility meets the January 1, 2030 requirements if all the general acute care buildings on campus are SPC and NPC compliant (see NPC description). 2030 compliant SPC ratings are either SPC 3, 4, 4D, or 5. 2030 compliant NPC ratings is NPC 5.

Non-Structural Performance Category (NPC)

All general acute care hospital buildings are assigned a Non-Structural Performance Category (NPC) which measures the probable seismic performance of building contents, equipment, and systems critical to patient care. Non-structural contents, equipment and systems include cladding, partitions, ceilings, equipment, pipes, conduits, ducting, furnishings, contents, elevators, stairs, as well as water, sewage, medical gases, and other mechanical and electrical systems. NPC ratings range from 1 to 5 with NPC 1 assigned to buildings where equipment and systems critical to patient care may be completely non-functional following a strong earthquake and NPC 5 is assigned to buildings where equipment and systems critical to patient care are reasonably capable of providing services to the public following a strong earthquake or other disaster. The NPC requirements, unlike SPC requirements, are cumulative, so a building meeting NPC 5 would also meet NPC 1, 2, 3, and 4D or 4. A hospital facility meets the January 1, 2030 requirements if all the general acute care buildings on campus are SPC and NPC compliant (see NPC description). 2030 compliant SPC ratings are either SPC 3, 4, 4D, or 5. 2030 compliant NPC ratings is NPC 5.

Current Status



Tahoe Forest Hospital									
Bldg Num	Bldg Name	Classification & Status	RACs Date	NPC Extension Date	Building Code	Year Built	Hazus Score	Construction Type	Rating
BLD-01676	1950 Building and 1966 Additions	OSHPD 1, In Service	1/1/2030	1/1/2030	1949 Uniform, Building Code (UBC)	1950	2010 HAZUS SCORE = 0.40		SPC:2 NPC:2
BLD-01678	1978 Building	OSHPD 1, In Service		1/1/2030	1973 California Building Code (CBC)	1978			SPC:4 NPC:2
BLD-01679	1990 Building	OSHPD 1, In Service		1/1/2030	1985 California Building Code (CBC)	1991			SPC:4 NPC:2
BLD-01680	1993 Building	OSHPD 1, In Service		1/1/2030	1992 California Building Code (CBC)	1995			SPC:4 NPC:2
BLD-02569	Med Gas Storage Building	OSHPD 1, In Service		1/1/2030	1992 California Building Code (CBC)	1995		Type II A (Type II 1 Hour)	SPC:4 NPC:2

Compliance: SPC 3/4/5; NPC 5

SB 1953-2030 Compliance Plan

Requirements

- 1/1/2002 - NPC 2
- 1/1/2024 – Evaluation
- 1/1/2026 – HCAI Submittal
- 1/1/2028 – Permit Issuance
- 1/1/2030 - Compliance

Phasing

- 1: NPC 4 Compliance
- 2a: NPC 5 Compliance
- 2b: 1966/1952 Building

Status/Forecast

- 2021 – Bid Phase 1(NPC4) compliance, complete prior to 1/1/2024
- 1/1/2024 – Submit evaluation, Public Notifications, Water Rationing Plan
- 2025 Bid Phase 2a (NPC 5)
- 2025 Bid Phase 2b 1966/1952 Building
- 1/1/2026 – HCAI Submittal
- 1/1/2028 – Permit Issuance
- 1/1/2030 - Compliance

Assembly Bill 1882

Purpose:

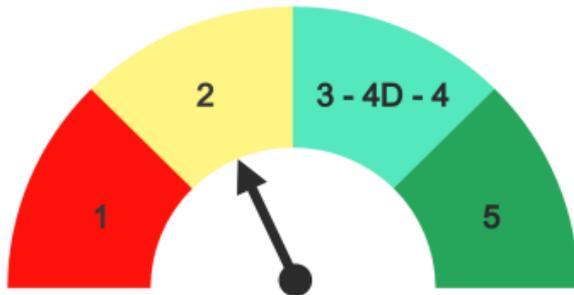
AB 1882 seeks to raise the awareness of a general acute care hospital's compliance with the seismic safety regulations or standards outlined in the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 (HFSSA) through public notices, hospital campus postings, Department of Health Care Access and Information (HCAI) website, and annual status updates until compliance is achieved.

Requirements:

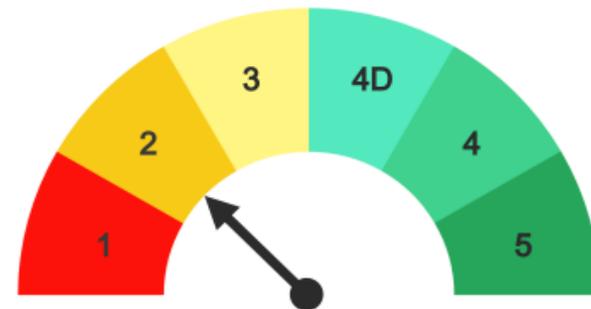
- Annual status update on the Structural Performance Category ratings.
- Public Notices (Interior Signage)

This Building's Seismic Performance Rating

Structural Integrity



Equipment and Systems
Critical to Patient Care



The State of California has determined that this building does not significantly jeopardize life, but may not be repairable or functional following an earthquake.

More info:



Facility Number: 10377
Building Number: BLD-01676

Questions?
