



TAHOE FOREST HOSPITAL DISTRICT

# 2019-05-23 Regular Meeting of the Board of Directors

Thursday, May 23, 2019 at 4:00 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161

# Meeting Book - 2019-05-23 Regular Meeting of the Board of Directors

05/23/19 Agenda Packet Contents

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## AGENDA

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No related materials.

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16. ITEMS FOR BOARD ACTION

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17. ITEMS FOR BOARD DISCUSSION

17.1. Board Education

17.1.1. Disruptive Innovation: Opportunities and Challenges  
Video can be viewed at:  
<https://www.aha.org/disruptive-innovation-opportunities-and-challenges>

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18. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

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19. BOARD COMMITTEE REPORTS/RECOMMENDATIONS FOR DISCUSSION AND/OR ACTION

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26. ADJOURN



# REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, May 23, 2019 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. **Hearing (Health & Safety Code § 32155)**

*Subject Matter: Post-Acute Services Quality & Service Excellence Report  
Number of items: One (1)*

- 5.2. **Conference with Labor Negotiator (Government Code § 54957.6)**

*Name of District Negotiator(s) to Attend Closed Session: Alex MacLennan  
Employee Organization(s): Employees Association and Employees Association of Professionals*

- 5.3. **Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3))** ◆

*A point has been reached where, in the opinion of the Board on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District. Number of Potential Cases: One*

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

*Name of Person Threatening Litigation: Stephanie Nichols*

- 5.4. **Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3))** ◆

*A point has been reached where, in the opinion of the Board on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District. Number of Potential Cases: One*

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

*Name of Person Threatening Litigation: Robert Lynn*

- 5.5. **Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3))**

*A point has been reached where, in the opinion of the Board on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District. Number of Potential Cases: One*

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District  
**May 23, 2019 AGENDA – Continued**

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

*Name of Person Threatening Litigation: Kathryn Reynolds*

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

*Number of Potential Cases: One (1)*

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

*04/25/2019*

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

*Subject Matter: Medical Staff Credentials*

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

**6. DINNER BREAK**

**7. OPEN SESSION – CALL TO ORDER**

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

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

**10. INPUT – AUDIENCE**

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

**11. INPUT FROM EMPLOYEE ASSOCIATIONS**

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

**12. SAFETY FIRST**

**12.1.** May Safety First Topic

**13. ACKNOWLEDGMENTS**

- 13.1.** May 2019 Employee of the Month .....ATTACHMENT
- 13.2.** 2019 Nurses of Excellence .....ATTACHMENT
- 13.3.** 2019 Greater Reno-Tahoe Best Places to Work Award .....ATTACHMENT
- 13.4.** Becker's 67 Critical Access Hospitals to Know .....ATTACHMENT

**14. MEDICAL STAFF EXECUTIVE COMMITTEE** ◆

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

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

Annual Plan Approvals: 2019 Home Health Annual QA/PI Plan, 2019 Hospice Annual QA/PI Plan,  
Annual Pharmacy Policy Review

Privilege Form (with changes): NP-PA Privilege Form

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District  
May 23, 2019 AGENDA – Continued

**15. CONSENT CALENDAR ♦**

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

**15.1. Approval of Minutes of Meetings**

- 15.1.1. 04/22/2019-04/23/2019.....ATTACHMENT
- 15.1.2. 04/25/2019 .....ATTACHMENT

**15.2. Financial Reports**

- 15.2.1. Financial Report – April 2019.....ATTACHMENT

**15.3. Staff Reports**

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

**15.4. Approve updated policies**

- 15.4.1. Order and Decorum .....ATTACHMENT

**15.5. Approve Contract Amendment**

- 15.5.1. North Tahoe Anesthesia Group – Amendment .....ATTACHMENT

**15.6. Approve Job Description**

- 15.6.1. President CEO Job Description.....ATTACHMENT

**15.7. Approve Revised Committee Charter**

- 15.7.1. Executive Compensation Committee Charter .....ATTACHMENT

**15.8. Approve Incline Village Community Hospital Foundation Board Nominee**

- 15.8.1. Dr. Myles Riner.....ATTACHMENT

**16. ITEMS FOR BOARD ACTION ♦**

- 16.1. Fiscal Year 2020 CEO Incentive Compensation Criteria ♦ .....ATTACHMENT

The Board of Directors will review and consider approval of the FY2020 CEO Incentive Compensation Criteria.

- 16.2. Amendment to CEO Employment Agreement ♦ .....ATTACHMENT

The Board of Directors will review and consider approval of an amendment to the CEO Employment Agreement.

**17. ITEMS FOR BOARD DISCUSSION ♦**

**17.1. Board Education**

**17.1.1. Disruptive Innovation: Opportunities and Challenges**

Video can be viewed at <https://www.aha.org/disruptive-innovation-opportunities-and-challenges>

The Board of Directors will review and discuss an American Hospital Association video on market disruptors.

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

**19. BOARD COMMITTEE REPORTS/RECOMMENDATIONS FOR DISCUSSION AND/OR ACTION**

- 19.1. Executive Compensation Committee Meeting – 05/08/2019 .....ATTACHMENT

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District  
**May 23, 2019 AGENDA – Continued**

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- 19.2. **Finance Committee Meeting** – No meeting in May.
- 19.3. **Quality Committee Meeting** – No meeting held in May.
- 19.4. **Governance Committee Meeting** – No meeting held in May.

**20. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS**

**21. ITEMS FOR NEXT MEETING**

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

**23. CLOSED SESSION CONTINUED, IF NECESSARY**

**24. OPEN SESSION**

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

**26. ADJOURN**

*The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is June 27, 2019 at Tahoe Forest Hospital, 10121 Pine Avenue, Truckee, CA, 96161. A copy of the board meeting agenda is posted on the District's web site ([www.tfhd.com](http://www.tfhd.com)) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting.*

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

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions. Equal Opportunity Employer. The 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 (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.



EMPLOYEE OF THE MONTH, MAY 2019  
TENA MATHER, PHARMACIST, CLINICAL PROGRAM ANALYST

We are honored to announce Tena Mather, Pharmacist, Clinical Program Analyst as our May 2019 Employee of the Month!

Tena has been with Tahoe Forest for 20 years.

Tena is amazing! In particular, she has been so accommodating to the nursing staff at Incline Village Community Hospital. Since the changeover to EPIC and linking that system to Pyxis, there have been some system and protocol issues identified. Any and every time there has been a challenge with the system, Tena jumps right in, identifies where the glitches are occurring and fixes the problem.

Tena's quick response (every time) has eliminated barriers to seamless delivery of care. Her willingness to understand the problem and figure out how to get the system to work eases the staff's frustration ultimately streamlining and enhancing the patient care experience.

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

**Angela Wells**  
**Brittany Dunleavy**  
**Enrique Magana**  
**Fabiola Herrera Perez**  
**Gillian Collom**  
**Jillian Blide**  
**Kristina Solidum**  
**Leilani Martin**  
**Lorna Tirman**  
**Olga Colburn**  
**Sarah Popov**





**FOR IMMEDIATE RELEASE**

May 10, 2019

**Contact:** Paige Thomason

Director of Marketing & Communications, TFHS

[pthomason@tfhd.com](mailto:pthomason@tfhd.com)

(530) 582-6290

**CEREMONY HONORS 2019 NURSES OF EXCELLENCE**

*At Tahoe Forest Health System*

[www.tfhd.com](http://www.tfhd.com)

**(Tahoe/Truckee, Calif.)** Tahoe Forest Health System announced its 2019 Nurses of Excellence in a special ceremony on Tuesday, May 7. Nurses of Excellence exhibit exceptional qualities in areas of clinical competence, leadership, and commitment to the nursing profession.

In recognition of National Nurses Week, May 6 through 12, each year since 1990, Tahoe Forest Health system gives special thanks to all nurses and honors exceptional nurses with the Nurses of Excellence award.

Top honors went to the following five nurses who were specially recognized for their exceptional skills and outstanding services, and also for demonstrating the Tahoe Forest values of quality, understanding, excellence, service and teamwork.

*Bonnie Zellers, Ambulatory Surgery - Quality*

*Liz Cooke, Incline Village Community Hospital - Understanding*

*Camille Beck, MultiSpecialty Clinic, Internal Medicine/Cardiology - Excellence*

*John Christian, Surgery - Stewardship*

*Misty Garberson, Medical/Surgical Unit - Teamwork*

These nurses were recognized for excellence in their profession, knowledge, teamwork and high quality care for their patients.

“Our mission at Tahoe Forest,” said Harry Weis, Chief Executive Officer, Tahoe Forest Health System, “is to serve our community through excellence and compassion every day. During National Nurses Week, we honor our Nurses of Excellence, but we’re also honoring all nurses for their commitment and service throughout the year.”

“Your dedication to our patients and your fellow staff has not gone unnoticed,” said Karen Baffone, Chief Nursing Officer, Tahoe Forest Health System, as she addressed the assembled group. “Thank you to all of our nurses for all you do—every day!”

The other 2019 Nurses of Excellence Nominees were:

*Gabrielle Alberti, Ambulatory Surgery; Juli Anderson, Surgery; Lori Belden, Emergency; Allison Brook, Medical/Surgical Unit; Carol Ann Clark, Emergency; Lindsay Curtis, Intensive Care Unit; Kim Discher, Gene Upshaw Memorial Tahoe Forest Cancer Center; Morgan Gray, Intensive Care Unit; Sarah Haden, Intensive Care Unit; Lynn Hammill, Medical/Surgical Unit; Chris Hess, MultiSpecialty Clinic, Orthopedics; Casey Meddock, Intensive Care Unit; Christine Teittinen, Intensive Care Unit; Sue Train, Wellness; Jane Warner, Incline Village Community Hospital; Brett Wolf, Intensive Care Unit; Jamie Young, Gene Upshaw Memorial Tahoe Forest Cancer Center*

Nominees were selected by their peers and are considered to be dedicated role models valued by staff and the community they serve. Nurses are highly dedicated with varied interests, strengths and passions, and work in various facilities like emergency rooms, maternity wards and pediatric offices, to name a few. A nurse has many roles—from staff nurse, educator, nurse practitioner, to nurse researcher, striving to serve with passion for their profession and a strong commitment to patient care and safety.

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L to R: John Christian, RN, Bonnie Zellers, RN, Misty Garberson, RN, Camille Beck, RN, and Liz Cooke, RN, at the Nurses of Excellence Award Ceremony



**FOR IMMEDIATE RELEASE**

April 29, 2019

Contact: Paige Nebeker Thomason  
Director of Marketing and Communications, TFHS  
[pthomason@tfhd.com](mailto:pthomason@tfhd.com)  
530.582.6290

**Tahoe Forest Health System Wins  
2019 Greater Reno-Tahoe Best Places to Work Award**

[www.tfhd.com](http://www.tfhd.com)

**(Tahoe/Truckee, Calif.)** – Tahoe Forest Health System is proud to be recognized as the 2019 winner of the Greater Reno-Tahoe Best Places to Work award in the Extra-Large Business category. The recognition took place at the 12<sup>th</sup> Annual Greater Reno-Tahoe Best Places to Work Celebration, presented by the Northern Nevada Human Resources Association, held on Thursday, April 25, 2019, at the Silver Legacy Resort in Reno.

“We are so honored to have won this award and were up against some very respected companies including Carson Tahoe Health, Patagonia and Charles River Laboratories,” says Alex MacLennan, Chief Human Resources Officer of Tahoe Forest Health System. Tahoe Forest Health System was one of four finalists in the Extra-Large Business Category. “Simply being a finalist was honorable, but we are so proud that our organization won this great award,” MacLennan added, who was present at the Celebration.

Best Places to Work is a contest that honors superior organizations where voices are heard, cultures are thriving and employees are engaged. It gives businesses the opportunity to learn the perception of employees about the workplace, and provides them with valuable information that can be used to improve day-to-day operations and workplace environment.

Winners are determined entirely on the basis of employees’ responses to the Employee Engagement Survey that measures key areas that make up an organization’s culture. These range from compensation and benefits to trust in leadership and employee engagement.

Tahoe Forest Health System is committed to being a value-based organization, guided in conduct by its 5 core values of quality, understanding, excellence, stewardship and teamwork. The organization is united by the importance of their work, serving the immediate and long-term health needs of their community with excellence and compassion. While united by this mission, team members are also united by their sense of community among each other, acknowledging and demonstrating teamwork and support as colleagues, as friends and as a family.

Tahoe Forest Health System provides an array of services reaching the communities of Truckee, North Lake Tahoe, Donner Summit, the Sierra Valley in California and Incline Village in Nevada.

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**Photo courtesy of NNHRA attached. TFHS Best Places to Work 2019.jpg – Caption:** Employees of Tahoe Forest Health System attend the 12<sup>th</sup> Annual Greater Reno-Tahoe Best Places to Work Celebration; Front Row: Alex MacLennan, Katie Malone, Back Row: Allie Rohe, Quinton Buchanan, Stephen Hicks, Lauren Caprio, Jan Iida, Andie Ray



**Photo courtesy of NNHRA attached. Alex MacLennan, CHRO.jpg – Caption:** Alex MacLennan, Chief Human Resources Officer, Tahoe Forest Health System, accepts first place award for Best Places to Work 2019, Extra-Large category, on behalf of organization

## 67 critical access hospitals to know | 2019

Becker's Healthcare is pleased to recognize 67 critical access hospitals to know in 2019.

Critical access hospitals have 25 or fewer inpatient beds, and the annual average length of stay is 96 hours or fewer for acute care. These hospitals also offer 24/7 emergency care and are located in remote areas.

Many hospitals featured on this list have been recognized for clinical quality and excellence in care delivery. Several have also earned the Hospital & Health Networks HealthCare's Most Wired award. These hospitals have truly become pillars of their communities, providing access to healthcare for a broad population.

Becker's Healthcare editors selected the following hospitals based on awards and rankings from respected organizations including iVantage Health Analytics, The Chartis Center for Rural Health, the National Rural Health Association, CareChex, Healthgrades and Medicare star ratings. The team also considered the hospital's community impact and reputation for innovation.

*Note: This is not an endorsement of included hospitals or associated healthcare providers. Organizations cannot pay for inclusion on this list. Hospitals are presented in alphabetical order.*

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**Tahoe Forest Health System (Truckee, Calif.).** Tahoe Forest Health System includes a hospital with emergency care, an ASC, home health and hospice. The 25-bed critical access hospital provides care to residents of six rural counties in two states, covering around 3,500 square miles. Tahoe Forest Hospital has a partnership with UC Davis School of Medicine to allow third- and fifth-year medical students to train with its local primary care physicians. UC Davis recognized Tahoe Forest as a Rural Center of Excellence and in 2017 Tahoe Forest Health System earned the Own the Bone Star Performer Designation from the American Orthopaedic Association.

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**MEDICAL EXECUTIVE COMMITTEE  
CONSENT AGENDA  
 Thursday, May 16, 2019**

REFERRED BY:	AGENDA ITEMS	RECOMMEND
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<b>MEDICAL STAFF</b>	<b>A motion was made, seconded, and carried to recommend approval of the following to the Board of Directors:</b>	
Executive Committee	The Executive Committee recommends approval of the following: Review and approval of policies, procedures, and privilege forms.	Recommend approval
A. Annual Plan and Policy Approval	<u>Annual Plan Approvals:</u> <ol style="list-style-type: none"> <li>1. 2019 Home Health Annual QA/PI Plan</li> <li>2. 2019 Hospice Annual QA/PI Plan</li> <li>3. Annual Pharmacy Policy Review</li> </ol> <u>Privilege Form (with changes):</u> <ol style="list-style-type: none"> <li>4. NP-PA Privilege Form</li> </ol>	

# Tahoe Forest Hospital Home Health Services Quality Assurance Performance Improvement Plan, 2019

## I. Overview (philosophy):

This Quality Plan supports the systematic approach to plan, design, measure, assess, and improve performance under Home Health Services at Tahoe Forest Hospital System. Initiatives are intended to achieve optimal patient outcomes and patient family experience, enhance appropriate utilization and minimize risks and hazards of care. The Plan is intended to provide a framework of guiding principles for all staff members in the facility. This structure will set the expectation and encourage staff to participate proactively in the improvement process. The Quality Plan facilitates the identification of key functions of the hospital, the assessment of the quality and appropriateness of these functions, and the generation of measurable improvements.

## II. Mission:

At Tahoe Forest Health System our mission we exist to make a difference in the health of our communities through excellence and compassion in all we do.

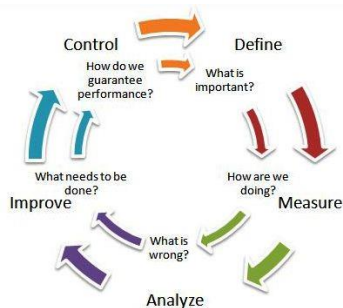
## III. Vision:

Tahoe Forest Hospital System has the vision to serve our region by striving to be the best mountain health system in the nation. The vision for this Quality Assessment and Process Improvement Program (QA) is to develop, implement and maintain an effective, ongoing, and data-driven program that will be capable of showing a measurable improvement for performance indicators.

## IV. Model Continuous Improvement:

### A. Model for Improvement:

The model used for Continuous Improvement is the DMAIC model. DMAIC refers to a data-driven quality strategy for improving processes. DMAIC is an acronym for five interconnected phases: Define, Measure, Analyze, Improve, and Control. The model is a step-by-step methodology used to solve problems by identifying and addressing the root cause of a problem



### B. The primary method of continuous quality improvement is to define, measure, analyze, improve, and control.

1. Define: Define a problem or improvement opportunity.
2. Measure: Measure process performance
3. Analyze: Analyze the process to determine the root causes of poor performance; determine whether the process can be improved or should be redesigned
4. Improve: Improve the process by addressing root causes
5. Control: Control the improved process to hold the gains

Once the basic problem-solving or quality improvement process is understood, the addition of quality tools can make the process proceed more quickly and systematically.

**V. Strategic Objectives (Guiding Principles)**

- A. Provide high quality, safe Home Health services and demonstrate superior patient outcomes
- B. Assess the Home Health performance with objective and relevant measures
- C. Achieve Quality Improvement goals in a systematic manner through collaboration with our physicians, staff, patients, families, payers, and our community through education, goal-oriented change processes, evaluation, and feedback
- D. Provide a mechanism to assure that all patients receive equitable high-quality care
- E. Provide a culture where care is delivered in a safe and timely manner and care dimensions are measured, monitored, and continuously improved.
- F. Utilize Quality Improvement information in formulating and achieving objectives of the strategic plan. Promote and support processes which improve organizational performance
- G. Identify and focus on functions that are important to our customers; implement changes which will increase customer satisfaction
- H. Optimize the allocation of resources to ensure the delivery of quality and efficacious care
- I. Enhance the national and international art and science of healthcare quality by embracing the principles of a “learning organization” and presenting lessons learned and original research at professional meetings, journals, and forums.

**VI. The Tahoe Forest Health System utilizes the following standards/regulations from which the Quality Plan has been developed:**

- A. Medicare Home Health Conditions of Participations
  - i. Subpart C – Conditions of Participation
  - ii. Subpart D – Organizational Environment
  - iii. Subpart F – Covered Services
- B. Title 22 Regulations
  - i. Article 2 – License
  - ii. Article 3 – Services
  - iii. Article 4 – Administration
  - iv. Article 5 Qualifications for Home Health Aide Certification
- C. Nevada Home Health Standards
  - i. NSR 449.037 Adoption of standards, qualifications and other regulations
  - ii. NAC 449.749 –NAC 449.800
- D. Regulation Detail
  - i. **MEDICARE HOME HEALTH COP**  
SUBCHAPTER G: STANDARDS AND CERTIFICATION  
PART 484: HOME HEALTH SERVICES  
Subpart C: Furnishing of Services  
484.52 - Condition of participation: Evaluation of the agency's program. The HHA has written policies requiring an overall evaluation of the agency's total program at least once a year by the group of professional personnel (or a committee of this group), HHA staff, and consumers, or by professional people outside the agency working in conjunction with consumers. The evaluation consists of an overall policy and administrative review and a clinical record review. The evaluation assesses the extent to which the agency's program is appropriate, adequate, effective, and efficient. Results of the evaluation are reported to and acted upon by those responsible for the operation of the agency and are maintained separately as administrative records.  
  
(a) Standard: Policy and administrative review. As a part of the evaluation process the policies and administrative practices of the agency are reviewed to determine the extent to which they promote patient care that is appropriate, adequate, effective, and efficient. Mechanisms are established in writing for the collection of pertinent data to assist in evaluation.  
  
(b) Standard: Clinical record review. At least quarterly, appropriate health



professionals, representing at least the scope of the program, review a sample of both active and closed clinical records to determine whether established policies are followed in furnishing services directly or under arrangement. There is a continuing review of clinical records for each 60-day period that a patient receives home health services to determine adequacy of the plan of care and appropriateness of continuation of care.

CHAPTER IV: CENTERS FOR MEDICARE & MEDICAID SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES (CONTINUED)  
SUBCHAPTER G: STANDARDS AND CERTIFICATION  
PART 484: HOME HEALTH SERVICES

Subpart B: Administration

484.16 - Condition of participation: Group of professional personnel. A group of professional personnel, which includes at least one physician and one registered nurse (preferably a public health nurse), and with appropriate representation from other professional disciplines, establishes and annually reviews the agency's policies governing scope of services offered, admission and discharge policies, medical supervision and plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. At least one member of the group is neither an owner nor an employee of the agency.

(a) Standard: Advisory and evaluation function. The group of professional personnel meets frequently to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other health care providers in the community and in the agency's community information program. The meetings are documented by dated minutes.

ii. Title 22

VII. **Scope:**

Tahoe Forest Healthcare System – Home Health Services Quality Plan is reflected in the following components for prioritization of activities at the department level.

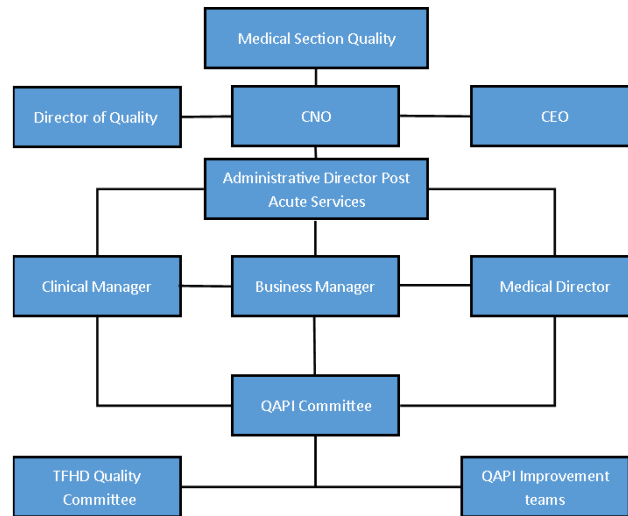
A. Clinical quality: Standardize minimum competency

1. Standardize processes to assure competency of all staff with online testing and clinical demonstrations as necessary, licensure, certification, evaluation, and annual performance appraisals
2. Perception/Service Surveys: HHCAHPS survey
3. Safety which includes Patient Safety, Medication Safety, and Environmental Safety
4. Measurement and evaluation: general subjects of continuous measurement and evaluation will include the following subjects/issues:
  - a. Service excellence, expectations and needs, and the degree to which these needs are met
  - b. Patient safety
  - c. Medication safety
  - d. Risk and compliance
  - e. Patient care process/outcome measures and evaluation
  - f. Staff satisfaction, expectations and needs, and degree to which these are met
  - g. Physician satisfaction, expectations and needs, and the degree to which these are met through interaction between staff and MD office.
  - h. Regulatory and compliance standards
  - i. Operational improvement: design of new processes or service lines, or re-engineering of existing processes. When Tahoe Forest Home Health Services is adopting a new process, individuals and groups will ensure the new process includes:
    - i. The organization's mission, vision, values, and strategic plan

- ii. Patient and community needs
- iii. Information about performance, safety and outcomes of the process. This is accomplished by using current evaluation tools, established to identify flaws in the process.
- j. Regulatory and accreditation continuous readiness
- k. Communication
  - i. Medical Staff
  - ii. Hospital Staff

**VIII. Structures:**

**QUALITY OVERSIGHT STRUCTURE OF TAHOE FOREST HOME HEALTH SERVICES**



**Medical Section Quality Committee:**

The Medical Section Quality Committee is responsible for approving and maintaining the organization’s QA Plan that includes the Home Health Quality Plan. The effectiveness of quality improvement activities is reported to the Quality Committee and evaluated at regular intervals.

**Quality Assurance Performance Improvement Committee (QA):**

The composition of this inter-disciplinary committee is approved annually by the Tahoe Forest Hospital Medical Section Quality Committee. The composition includes: the Medical Director of Home Health Services, the Administrative Director of Post Acute Services, Clinical Manager, MSW, Quality Coordinator, and others as needed. The function of this group is to address issues that impact Home Health service effectiveness. Topics selected for discussion on the annual calendar would include, but are not limited to those that address interventions for clinical improvement; satisfaction improvement; documentation; removal of barriers to improvement; continued readiness; operational improvement; as well as systems and processes of care. The meetings include review of data and sharing of best practice.

**Unit-based Practice Council:**

Composition of this inter-disciplinary committee is comprised of members of the Home Health and Home Health staff. This group utilizes a shared decision making model with a goal of improving the services the Home Health provides, the quality of care, and overall operations of the department. Examples of the functions related to the UBPC include, but are not limited clinical, patient safety and issues brought forward from various risk advisories and reporting processes, as well as addressing interventions to promote a culture of safety.

### **Quality Improvement Teams:**

Interdisciplinary QI Teams are approved by the QA Committee after an assessment and prioritization of organizational needs. Teams may be used to study processes, design new processes, and to make improvements in current processes based on best practices or by eliminating root causes of identified problems. QI teams will use the DMAIC methodology. Each team will have a leader and facilitator. Teams will be given a charter indicating their mission, a statement of the problem, expected outcomes, constraints, and a reporting schedule to the committee. Upon completion of their mission, teams will write a summary report, and present their projects to the QA committee as appropriate. Teams will be recognized via the approved mechanisms.

## **Key Elements of PI**

### **IX. IDENTIFYING AND PRIORITIZATION OF OPPORTUNITIES AND INITIATIVES:**

Balancing the ongoing desire for improvement in multiple areas with the reality of limited resources requires criteria for determining initiatives on which to focus. The QA Committee will use the following criteria to identify and prioritize the quality initiatives identified in the organization using the following criteria:

- Incident Reports
- Sentinel Events
- High volume/problem prone/high cost.
- Low volume/high risk-problem prone/high cost
- Problem prone areas
- High Risk for negative outcomes
- High cost issue
- Promotion of patient safety issues
- Initiatives consistent with mission values, strategic plan and directions
- Availability of system resources to devote to project
- Financial Risk
- Availability of resources

The Plan's elements are designed to work in tandem with one another to build a strong foundation of continuous quality improvement. A strong QA Plan demands involvement and participation from all levels of the organization. This plan is developed on the following 5 foundations of excellence in which we have indicators that are measured under each pillar.

- A. Quality- Providing excellence in clinical outcomes
  1. Home Health Quality Committee and Utilization Review
  2. Survey readiness
  3. Dashboard performance indicators
  4. Home Health quality reporting program
  5. Infection control
  6. Performance improvement projects
- B. Service- Being the best place to be cared for
  1. Satisfaction survey's-HHCAHPS
  2. People- Best place to work and practice
  3. Oversight/communication
  4. Staff competency
  5. Employee satisfaction
  6. Unit based council
- C. Finance- Providing superior financial performance
  1. Financial performance
- D. Growth- Meeting the needs of the community
  1. Strategies for growth and partnerships in region

2. Education of staff and community

**X. Sources of Data for Quality Improvement:**

- A. Administrative data
- B. Survey data
- C. Clinical data
- D. Reference Databases
  - 1. The Home Health will use state and national reports to compare the Home Health's performance with other facilities.
  - 2. Home Health provides data to external databases for comparative studies comparing our Home Health to other peers and national rates. This information will be utilized to determine areas for improvement.

**XI. Data Collection, Analysis, and Reporting:**

- A. Evaluation of collected data will be completed to monitor and identify levels of performance, trends or patterns that vary significantly from the norm, or that exceed threshold levels of acceptable performance.
- B. Data and findings will be reported to the appropriate groups and individuals on a quarterly basis or more frequently as indicated.
- C. A quality Dashboard and Scorecard will be created for use by management, TFHD Quality Committee, QA Committee, the Medical Section Quality Committee.
- D. Home Health will utilize national survey database reports to compare the performance with other facilities. In addition, the Home Health will provide data to external databases for comparative studies comparing our Home Health to other peer Home Health's and national rates. This information will be utilized to determine areas for improvement.
- E. All quality committee minutes are recorded within the organization will be documented utilizing the format of topic, findings/conclusions, and recommendations/actions.
- F. The Data Collection Plan should be clearly defined in each QI Initiative/Report and CQI Team Charter and defined as the Data Collection Plan. Plans should include:
  - 1. The period of time the data was collected
  - 2. Identify whether it is a concurrent or retrospective review
  - 3. Sources of data for collection include, but are not limited to: electronic data bases, patient medical records, log books, surveys, direct observation, occurrence reports, and patient/Family complaints and grievances, and focus group discussions.
  - 4. The appropriate sample size
  - 5. The sample size will be representative of the diagnoses of patients' treated and services provided. The review of a patient's clinical record shall be based on a sample of five (5) percent of the total patient census with a minimum of twenty records and a maximum of 100 records every six months.
- G. Prior to analysis, data must be validated by identifying the sources and the processes used to collect it. Any analysis of the data must be presented with a definition of the measure and identification of the type of measure (rate, ratio, raw number, etc.)
- H. Aggregating and analyzing data allows the organization to draw conclusions about its performance specific to processes or outcomes Data analysis is interdisciplinary when appropriate. Analysis and comparison should include:
  - 1. Performance compared internally over time (patterns/trends)
  - 2. Performance compared with similar processes in other organizations
  - 3. Performance compared to up-to-date external sources (benchmarking)

4. Control limits established for expected variation
- I. Using statistical tools and techniques, data is systematically collected and aggregated for analysis, learning, and display. Data and analysis is used to:
  1. Establish the performance baseline as the initial step in assessment and improvement activities
  2. Determine the stability or instability of processes
  3. Describe the dimensions of performance relevant to functions, processes, and outcomes
  4. Identify opportunities where additional data is needed to better understand process or variation
- J. At a minimum, the organization collects and analyzes data on the measures listed below:
  - 1.

**XII. Education:**

Education on improvement philosophy, strategies and tools in multiple venues throughout the organization that include:

- New employee orientation
- Formal management education in terminology, strategies and tools
- Team education on a annual basis thru “Healthstream”
- Regularly scheduled in-services open to all staff on use of tools and quality improvement processes and methodology
- Departmental in-service programs to meet the needs of the department
- CHHA required in-service training

**XIII. Evaluation/Review:**

The hospital leadership reviews the effectiveness of the specific annual QA plan at least yearly to ensure that the collective effort is comprehensive and improving patient safety. An annual evaluation is completed by the QA Committee to identify components of the plan that require development, revision or deletion. This evaluation will include the following:

- A description and evaluation of the role the hospital leadership has played in the design and execution of the QA Plan.
- Assessment of the key data trended with comparisons to the benchmarks and the previous calendar year.
- Re-evaluation of the annual quality priorities
- The changes in Home Health processes that were made as a result of the improvement activities
- An assessment of the costs or savings resulting from these changes (if applicable)
- A discussion of whether or not work on this particular area will continue in the next QA Plan year.

Each year, specific goals will be attached to the above summary and be endorsed for implementation in the upcoming year.

The evaluation and goals for the following year are submitted to the Board of Governors on an annual basis. Review and discussion of the evaluation are noted in the minutes of the Board of Governors in addition to approval of the quality goals for the following year.

**XIV. Confidentiality:**

All Quality Improvement activities and data are protected under the Health Care Quality Improvement Act of 1986, TFH Patient Safety Organization and State laws

Confidential information may include but is not limited to:

- Quality Improvement minutes;
- Electronic data gathering and reporting;

- Sentinel event and untoward event reporting; and
- Clinical profiling

Some information may be disseminated on a “need to know basis” as required by agencies such as:

- Federal review agencies;
- Regulatory bodies;
- The National Practitioner Data Bank; or
- Any individual or agency that proved a “need to know basis” as approved by the Medical Executive Committee, Hospital Administration and/or the Governing Board

Relevant information from the following is integrated into quality improvement initiatives in a way consistent with hospital policies or procedures to preserve confidentiality or privileged information established by applicable law:

- Risk management
- Utilization management

**XV. Related policies, procedures, and guides:**

- Patient Safety
- Risk
- Infection Prevention

**XVII. Original effective date: January 1, 2014**

**XVIII. Last revised date: 2019**

**XIX. Reviewed by: Performance Advisory Group for Home Health**

**XX. Approved by:**

**Jim Sturtevant, MSN, RN, CCRN – Administrative Director of Transitions**  
**Susie Wright, RN - Clinical Manager**  
**Jena Raber, Business Manager**  
**Dr. Gina Barta, Medical Director**  
**Chelsea Roth, MSW**  
**Lauren Kilbourne, Quality Coordinator Home Health/Hospice**  
**Judy Newland, CNO**  
**Janet Van Gelder, Director of Quality**  
**Medical Section – Quality Committee**  
**Tahoe Forest Hospital Board of Directors**

**XXI. References:**

- A Comparison of the Federal Home Health Conditions of Participation, California Standards of Quality Home Health Care, and Title 22 Regulations

**Attachment A**

**QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT YEARLY PLAN**

<b>Quality</b>				
<b>COMPONENT</b>	<b>PLAN OF ACTIONS</b>	<b>ACCOUNTABILITY / PARTICIPANTS</b>	<b>FREQUENCY</b>	<b>METRICS</b>
<b>Home Health Quality Committee and Utilization Review</b>	<p>Quality Committee/Utilization Review takes oversight role to plan and monitor improvement activities in Home Health:</p> <ul style="list-style-type: none"> <li>• Identifies process Improvement priorities</li> <li>• Quality Team prioritizes improvement projects</li> <li>• Review adverse and sentinel events</li> <li>• Patient/Employee Safety</li> <li>• Infection Control</li> <li>• Performance improvement projects</li> <li>• Statistical Analysis</li> <li>• Monitors to assure that improvements are sustained</li> <li>• Develops and refines the annual Quality Assessment Plan</li> </ul>	<p>Administrative Director of Post Acute Services</p> <p>Clinical Manager</p> <p>Manager</p> <p>Home Health Medical Director</p> <p>Social Worker or Counselor</p> <p>Nurse</p> <p>Quality Coordinator</p> <p>Office Support</p> <p>CHHA</p> <p>Therapies</p> <p>Medical Section Quality Committee</p>	<p>Quarterly meetings with QA Committee</p> <p>One annual meeting with Administrative Director of Post Acute Services</p> <p>Clinical Manager</p> <p>Home Health Medical Director</p> <p>Social Worker or Counselor</p> <p>Nurse</p> <p>Quality Coordinator</p> <p>Office Support</p> <p>CHHA</p> <p>Therapies</p> <p>Annual review and approval by the Medical Section – Quality Committee</p>	<p>Meeting Minutes</p>

**Quality**

<b>COMPONENT</b>	<b>PLAN OF ACTIONS</b>	<b>ACCOUNTABILITY / PARTICIPANTS</b>	<b>FREQUENCY</b>	<b>METRICS</b>
<p><b>Survey readiness</b></p> <p>Conditions of participation (COPs), California Home Health Standards and Nevada regulatory services</p>	<ul style="list-style-type: none"> <li>• Revision of policies and procedures as required –</li> <li>• Ongoing training of staff on COPs &amp; Home Health Standards</li> <li>• Ongoing documentation audits</li> <li>• Chart review as needed per COPs</li> <li>• Mock surveys</li> </ul>	<p align="center">QA Committee</p>	<p>Quarterly as needed</p>	<p>Policy review</p> <p>Meeting minutes reflect education plan, audit statistics</p> <p>Written Testing</p>
<p><b>Infection Control</b></p>	<p>Track, trend, and identify areas for improvement. Minimize issues related to infection control including but not limited to foley related UTIs, CLABS, and community acquired infections.</p>	<p align="center">QA Committee</p>	<p>Quarterly as needed</p>	<p>Meeting minutes</p> <p>% of infections</p> <p>Annual observation and surveillance of hand washing</p>
<p><b>Clinical Indicators</b></p>	<ul style="list-style-type: none"> <li>• Improvement in Outcomes related to start rating of department</li> <li>• Improvement in Ambulation, Bed transferring, Shortness of breath, Pain interfering w/activity</li> <li>• Drug education on all meds</li> </ul>	<p align="center">Clinical Manager Manager Nursing &amp; Therapy staff</p>	<p>Weekly, Monthly as needed</p>	<p>Home Health Compare</p>



**Quality**

<b>COMPONENT</b>	<b>PLAN OF ACTIONS</b>	<b>ACCOUNTABILITY / PARTICIPANTS</b>	<b>FREQUENCY</b>	<b>METRICS</b>
<b>Home Health Star Report</b>	Track and Monitor star ratings items through SHP reports for annual improvement in star rating. Focus improvement of scoring as noted above in clinical indicators and <ul style="list-style-type: none"> <li>• Emergent care needs while on service</li> <li>• Acute care hospitalization</li> <li>• Timely initiation of care</li> </ul>	All Staff	Monthly/Weekly, Quarterly as needed	SHP CAHPS
<b>30-day/60-day readmission rate on patients discharge to home health</b>	<ul style="list-style-type: none"> <li>• Continuous communication between all Post Acute Services and the Inpatient Hospital</li> <li>• % of 30-day readmission</li> <li>• Monitor tracking mechanism for readmissions</li> </ul>	QA Committee Home Health Staff	Quarterly as needed	NHPCO Survey
<b>ICD-10 Update OASIS D</b>	<ul style="list-style-type: none"> <li>• Office staff education to ensure knowledge and skill set related to ICD-10 implementation</li> <li>• Ongoing communications with financial billing to ensure documentation will support the coding in the HH arena</li> <li>• Updates and education provided to staff for OASIS D changes</li> </ul>	All Staff HMB Billing Administrative Director	Monthly Review as needed	Coding/Billing/OASIS
<b>Face-To-Face Completion for Home Bound Status with appropriate documentation</b>	<ul style="list-style-type: none"> <li>• Monitor Face to Face completeness, Daily recording of completion and compliance</li> </ul>	Clinical Manager Business Manager	Monthly/Weekly, Quarterly as needed	Chart review

**Service**

<b>COMPONENT</b>	<b>PLAN OF ACTIONS</b>	<b>ACCOUNTABILTY / PARTICIPANTS</b>	<b>FREQUENCY</b>	<b>METRICS</b>
<b>HCAHPS Survey for patient perceptions</b>	<ul style="list-style-type: none"> <li>• Priority Index Action plan on lowest HCAHPS indicators</li> <li>• Increase survey return rate</li> </ul>	QA Committee	Quarterly review	HCAHPS Survey  Department Scorecard  N=from HCAHPS Survey
<b>Oversight/communication</b>	<ul style="list-style-type: none"> <li>• Annual executive summary to Quality Committee</li> <li>• Annual approval of quality plan to Medical Section Quality Committee</li> <li>• Bi Annual quality reports to the Medical Staff Quality and Quality Committee</li> <li>• Staff meeting updates</li> <li>• Accident reports</li> <li>• Patient perceptions/grievances</li> <li>• HCAHPS Satisfaction Survey Results</li> <li>• Performance boards</li> <li>• Internal communication process</li> </ul>	QA Committee	Bi-monthly, Bi-Annual, quarterly and annually as needed	Meeting Minutes  Quantros  Scorecard

**People**

<b>COMPONENT</b>	<b>PLAN OF ACTIONS</b>	<b>ACCOUNTABILTY / PARTICIPANTS</b>	<b>FREQUENCY</b>	<b>METRICS</b>
<b>Staff Competency</b>	<ul style="list-style-type: none"> <li>• Annual educational needs assessment of staff</li> <li>• Annual infection control education</li> <li>• Annual competencies via Healthstream</li> <li>• Ongoing educational instruction for staff at meetings as identified</li> <li>• Annual direct observation of field staff by supervisor</li> <li>• Annual regulatory compliance Healthstream</li> <li>• Continuing education provided to CHHA (minimum of 12 hours a year CMS requirement)</li> <li>• Completion of “Your Legal Duty” upon hire of new employees</li> </ul>	TFHD Education department Clinical Manager NUBE Manager QA Committee	Competency training at least annually	Healthstream Completion Reports
<b>Employee Satisfaction</b>	Shared decision making model for governance, employee gainsharing program with a minimum Quality score and total profit for hospital system.	Home Health and Home Health Staff	As needed	Employee Satisfaction Survey Employee Gainsharing

## Financial

COMPONENT	PLAN OF ACTIONS	ACCOUNTABILITY / PARTICIPANTS	FREQUENCY	METRICS
<b>Financial Performance</b> <ul style="list-style-type: none"> <li>• SBU Report</li> <li>• Monthly financials</li> <li>• Budget daily census</li> <li>• Productivity</li> </ul>	Review budgets and productivity: <ul style="list-style-type: none"> <li>• Benchmark data for maximum productivity standards</li> <li>• Develop staffing patterns that are consistent with meeting 100% productivity</li> <li>• Total expense to budget (within 3%)</li> </ul> Performance improvement projects as needed	Quality Committee Administrative Director  Clinical Manger Manager  Home Health Quality Committee	Daily, Weekly, and Monthly	Average Daily Census  Budget Advisor  Budget vs. Actual  Productivity Monitoring system in conjunction with ADP
<b>Contracts</b>	Review all contracts for <ul style="list-style-type: none"> <li>• Completion</li> <li>• Validity</li> <li>• Partnerships</li> <li>• Expirations</li> <li>• Rates</li> <li>• MediCAL Managed Care</li> </ul>	Governing Board  Financial Services  Administrative Director	Semi-Annually	Contract spreadsheet

**Growth**

<b>COMPONENT</b>	<b>PLAN OF ACTIONS</b>	<b>ACCOUNTABILITY / PARTICIPANTS</b>	<b>FREQUENCY</b>	<b>METRICS</b>
<b>Strategies for growth and partnerships in region</b>	Develop a strategic plan for growth in Home Health <ul style="list-style-type: none"> <li>• Benchmark data</li> <li>• Staff visit to physicians</li> <li>• Regular communication with partners</li> <li>• CHA forums</li> </ul>	Administrative Director, Clinical Manager, Manager, or Medical Director  Clinical Manager may appoint a designee to attend if needed	As needed	Volume  Net Income
<b>Education of staff and community</b>	Identify needs of the community and staff through: <ul style="list-style-type: none"> <li>• Media</li> <li>• Community presentations</li> <li>• County program</li> <li>• Staff input</li> <li>• Director and Administrative leadership</li> <li>• Customer input</li> <li>• Other</li> </ul>	QA Committee  Manager	As needed	Volume

# Tahoe Forest Hospital Hospice Services Quality Assurance Performance Improvement Plan, 2019

## I. Overview (philosophy):

This Quality Plan supports the systematic approach to plan, design, measure, assess, and improve performance under Hospice Services at Tahoe Forest Hospital System. Initiatives are intended to achieve optimal patient outcomes and patient family experience, enhance appropriate utilization and minimize risks and hazards of care. The Plan is intended to provide a framework of guiding principles for all staff members in the facility. This structure will set the expectation and encourage staff to participate proactively in the improvement process. The Quality Plan facilitates the identification of key functions of the hospital, the assessment of the quality and appropriateness of these functions, and the generation of measurable improvements.

## II. Mission:

At Tahoe Forest Health System our mission we exist to make a difference in the health of our communities through excellence and compassion in all we do.

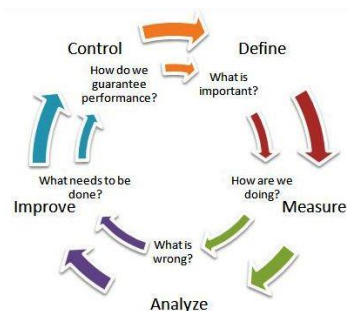
## III. Vision:

Tahoe Forest Hospital System has the vision to serve our region by striving to be the best mountain health system in the nation. The vision for this Quality Assessment and Process Improvement Program (QA) is to develop, implement and maintain an effective, ongoing, and data-driven program that will be capable of showing a measurable improvement for performance indicators.

## IV. Model Continuous Improvement:

### A. Model for Improvement:

The model used for Continuous Improvement is the DMAIC model. DMAIC refers to a data-driven quality strategy for improving processes. DMAIC is an acronym for five interconnected phases: Define, Measure, Analyze, Improve, and Control. The model is a step-by-step methodology used to solve problems by identifying and addressing the root cause of a problem



### B. The primary method of continuous quality improvement is to define, measure, analyze, improve, and control.

1. Define: Define a problem or improvement opportunity.
2. Measure: Measure process performance
3. Analyze: Analyze the process to determine the root causes of poor performance; determine whether the process can be improved or should be redesigned
4. Improve: Improve the process by addressing root causes
5. Control: Control the improved process to hold the gains

Once the basic problem-solving or quality improvement process is understood, the addition of quality tools can make the process proceed more quickly and systematically.

**V. Strategic Objectives (Guiding Principles)**

- A. Provide high quality, safe hospice services and demonstrate superior patient outcomes
- B. Assess the Hospice performance with objective and relevant measures
- C. Achieve Quality Improvement goals in a systematic manner through collaboration with our physicians, staff, patients, families, payers, and our community through education, goal-oriented change processes, evaluation, and feedback
- D. Provide a mechanism to assure that all patients receive equitable high-quality care
- E. Provide a culture where care is delivered in a safe and timely manner and care dimensions are measured, monitored, and continuously improved.
- F. Utilize Quality Improvement information in formulating and achieving objectives of the strategic plan. Promote and support processes which improve organizational performance
- G. Identify and focus on functions that are important to our customers; implement changes which will increase customer satisfaction
- H. Optimize the allocation of resources to ensure the delivery of quality and efficacious care
- I. Enhance the national and international art and science of healthcare quality by embracing the principles of a “learning organization” and presenting lessons learned and original research at professional meetings, journals, and forums.

**VI. The Tahoe Forest Health System utilizes the following standards/regulations from which the Quality Plan has been developed:**

- A. Medicare Hospice Conditions of Participations
  - i. Subpart C – Conditions of Participation
  - ii. Subpart D – Organizational Environment
  - iii. Subpart F – Covered Services
- B. California Hospice Standards
  - i. Article 2 – Services
  - ii. Article 3 – Plan of Care
  - iii. Article 4 – Interdisciplinary Team
  - iv. Article 5 – Staffing
  - v. Article 6 Administration
- C. Title 22 Regulations
  - i. Article 2 – License
  - ii. Article 3 – Services
  - iii. Article 4 – Administration
  - iv. Article 5 Qualifications for Home Health Aide Certification
- D. Nevada Hospice Standards
  - i. NSR 449.037 Adoption of standards, qualifications and other regulations
  - ii. NAC 449.017 –NAC 449.0188
- E. Regulation Detail
  - i. **MEDICARE HOSPICE COP**

§ 418.58 Condition of participation: Quality assessment and performance improvement. The hospice must develop, implement, and maintain an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The hospice's governing body must ensure that the program: Reflects the complexity of its organization and services; involves all hospice services (including those services furnished under contract or arrangement); focuses on indicators related to improved palliative outcomes; and takes actions to demonstrate improvement in hospice performance. The hospice must maintain documentary evidence of its quality assessment and performance improvement program and be able to demonstrate its operation to CMS.

**(a) Standard: Program scope.**

(1) The program must at least be capable of showing measurable improvement in indicators related to improved palliative outcomes and hospice services.

(2) The hospice must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that enable the hospice to assess processes of care, hospice services, and operations.

**(b) Standard: Program data.**

- (1) The program must use quality indicator data, including patient care, and other relevant data, in the design of its program.
- (2) The hospice must use the data collected to do the following:
  - (i) Monitor the effectiveness and safety of services and quality of care.
  - (ii) Identify opportunities and priorities for improvement.
- (3) The frequency and detail of the data collection must be approved by the hospice's governing body.
- (c) Standard: Program activities.**
  - (1) The hospice's performance improvement activities must:
    - (i) Focus on high risk, high volume, or problem-prone areas.
    - (ii) Consider incidence, prevalence, and severity of problems in those areas.
    - (iii) Affect palliative outcomes, patient safety, and quality of care.
  - (2) Performance improvement activities must track adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the hospice.
  - (3) The hospice must take actions aimed at performance improvement and, after implementing those actions; the hospice must measure its success and track performance to ensure that improvements are sustained.
- (d) Standard: Performance improvement projects.** Beginning February 2, 2009 hospices must develop, implement, and evaluate performance improvement projects.
  - (1) The number and scope of distinct performance improvement projects conducted annually, based on the needs of the hospice's population and internal organizational needs, must reflect the scope, complexity, and past performance of the hospice's services and operations.
  - (2) The hospice must document what performance improvement projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects.
- (e) Standard: Executive responsibilities.** The hospice's governing body is responsible for ensuring the following:
  - (1) That an ongoing program for quality improvement and patient safety is defined, implemented, and maintained, and is evaluated annually.
  - (2) That the hospice-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated for effectiveness.
  - (3) That one or more individual(s) who are responsible for operating the quality assessment and performance improvement program are designated.

§ 418.60

Condition of participation: Infection control.

The hospice must maintain and document an effective infection control program that protects patients, families, visitors, and hospice personnel by preventing and controlling infections and communicable diseases.

- (a) Standard: Prevention.** The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.
- (b) Standard: Control.** The hospice must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that—
  - (1) Is an integral part of the hospice's quality assessment and performance improvement program; and
  - (2) Includes the following:
    - (i) A method of identifying infectious and communicable disease problems; and
    - (ii) A plan for implementing the appropriate actions that are expected to result in improvement and disease prevention.
- (c) Standard: Education.** The hospice must provide infection control education to employees, contracted providers, patients, and family members and other caregivers.

## ii. CALIFORNIA HOSPICE STANDARDS

### Section 6.5 Quality Assessment and Performance Improvement

A. Each program shall have an organized system for assessing and improving the quality of care and



services. This system shall be designed to improve performance on a systematic and continuous basis. The system shall consist of planned and measurable mechanisms for data collection, analysis and a process for improvement within specified time frames.

B. The organization shall implement performance improvement processes that routinely assess and improve all services provided directly and by written agreement.

C. Each organization shall have a written plan reviewed and revised at least annually for improving the organization's performance. This plan shall include, but not be limited to, assessment and improvement of the quality and efficiency of governance; management; and clinical and support processes.

D. The organization must have a process for assessing employee competence; measuring consumer satisfaction; and investigating, addressing and documenting complaints and grievances.

E. The hospice administrator is responsible for performance improvement.

F. Each hospice will conduct a review of quality improvement and performance improvement policies at least annually. This review will be by a group composed of at least the following:

1. The administrator.
2. The hospice medical director.
3. The patient care coordinator or director of patient care services.
4. A hospice social worker or counselor.

G. All performance improvement activities will be documented on a quarterly basis and maintained on file.

H. Utilization review shall include criteria for each discipline providing care. Criteria shall include:

1. Appropriateness of the level of care to protect the health and safety of patients.
2. Timeliness of care.
3. Adequacy of care to meet patients' needs.
4. Appropriateness of specific services provided.
5. Whether standards of practice for patient care were observed.

I. The program shall provide or make provision for at least quarterly in-service education programs to its employees and volunteers who have direct patient contact

## **VII. Scope:**

Tahoe Forest Healthcare System – Hospice Services Quality Plan is reflected in the following components for prioritization of activities at the department level.

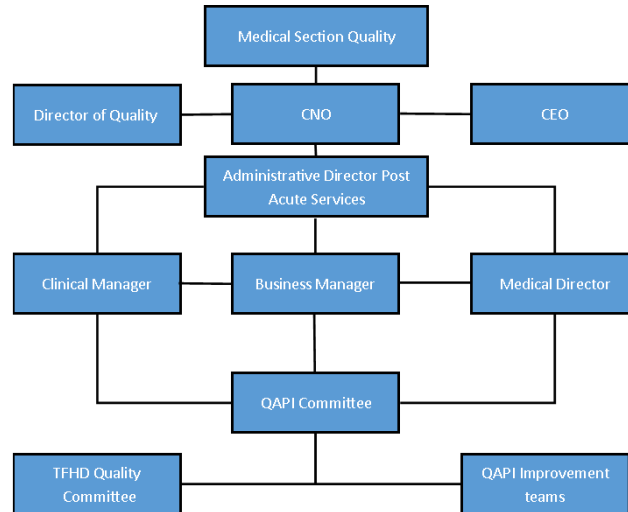
### **A. Clinical quality: Standardize minimum competency**

1. Standardize processes to assure competency of all staff (transition from skills day to online with clinical demonstrations as necessary, licensure, certification, evaluation, and annual performance appraisals)
2. Perception/Service Surveys: NHPCO survey
3. Safety which includes Patient Safety, Medication Safety, and Environmental Safety
4. Measurement and evaluation: general subjects of continuous measurement and evaluation will include the following subjects/issues:
  - a. Service excellence, expectations and needs, and the degree to which these needs are met
  - b. Patient safety
  - c. Medication safety
  - d. Risk and compliance
  - e. Patient care process/outcome measures and evaluation
  - f. Staff satisfaction, expectations and needs, and degree to which these are met
  - g. Physician satisfaction, expectations and needs, and the degree to which these are met
  - h. Regulatory and compliance standards
  - i. Operational improvement: design of new processes or service lines, or re-engineering of existing processes. When Tahoe Forest Hospice Services is adopting a new process, individuals and groups will ensure the new process includes:
    - i. The organization's mission, vision, values, and strategic plan
    - ii. Patient and community needs

- iii. Information about performance, safety and outcomes of the process. This is accomplished by using current evaluation tools, established to identify flaws in the process.
- j. Regulatory and accreditation continuous readiness
- k. Communication
  - i. Medical Staff
  - ii. Hospital Staff

**VII. Structures:**

**QUALITY OVERSIGHT STRUCTURE OF TAHOE FOREST HOSPICE SERVICES**



**Board of Governors:**

The Board is responsible for approving and maintaining the organization’s QAPI Plan. It is the duty of the Board of Governors to assure patient care is safely delivered within the guidelines established by the medical staff and hospital leadership while meeting all standards and regulations. The effectiveness of quality improvement activities is reported to the BOGs and evaluated at regular intervals.

**Quality Assurance Performance Improvement Committee (QAPI):**

The composition of this inter-disciplinary committee is approved annually by the Tahoe Forest Hospital Board of Governors. The composition includes: the Medical Director of Hospice Services, the Administrative Director of Post Acute Services, Clinical Manager, MSW, Quality Coordinator, and others as needed. The function of this group is to address issues that impact hospice service effectiveness. Topics selected for discussion on the annual calendar would include, but are not limited to those that address interventions for clinical improvement; satisfaction improvement; documentation; removal of barriers to improvement; continued readiness; operational improvement; as well as systems and processes of care. The meetings include review of data and sharing of best practice.

**Quality Improvement Teams:**

Interdisciplinary QI Teams are approved by the QAPI Committee after an assessment and prioritization of organizational needs. Teams may be used to study processes, design new processes, and to make improvements in current processes based on best practices or by eliminating root causes of identified problems. QI teams will use the DMAIC methodology. Each team will have a leader and facilitator. Teams will be given a charter indicating their mission, a statement of the problem, expected outcomes, constraints, and a reporting schedule to the committee. Upon completion of their mission, teams will write

a summary report, and present their projects to the QAPI committee as appropriate. Teams will be recognized via the approved mechanisms.

### **Key Elements of PI**

#### **VIII. IDENTIFYING AND PRIORITIZATION OF OPPORTUNITIES AND INITIATIVES:**

Balancing the ongoing desire for improvement in multiple areas with the reality of limited resources requires criteria for determining initiatives on which to focus. The QAPI Committee will use the following criteria to identify and prioritize the quality initiatives identified in the organization using the following criteria:

- Incident Reports
- Sentinel Events
- High volume/problem prone/high cost.
- Low volume/high risk-problem prone/high cost
- Problem prone
- High Risk for negative outcomes
- High cost issue
- Promotion of pain management related issues
- Promotion of patient safety issues
- Initiatives consistent with mission values, strategic plan and directions
- Availability of system resources to devote to project
- Financial Risk
- Availability of resources

The Plan's elements are designed to work in tandem with one another to build a strong foundation of continuous quality improvement. A strong QAPI Plan demands involvement and participation from all levels of the organization. This plan is developed on the following 5 foundations of excellence in which we have indicators that are measured under each pillar.

- A. Quality- Providing excellence in clinical outcomes
  - 1. Hospice Quality Committee and Utilization Review
  - 2. Survey readiness
  - 3. Dashboard performance indicators
  - 4. Hospice quality reporting program
  - 5. Infection control
  - 6. Performance improvement projects
- B. Service- Being the best place to be cared for
  - 1. Survivor satisfaction survey's
  - 2. People- Best place to work and practice
  - 3. Oversight/communication
  - 4. Staff competency
  - 5. Employee satisfaction
  - 6. Unit based council
- C. Finance- Providing superior financial performance
  - 1. Financial performance
- D. Growth- Meeting the needs of the community
  - 1. Strategies for growth and partnerships in region
  - 2. Education of staff and community
  - 3. Hospice and community bereavement services

#### **IX. Sources of Data for Quality Improvement:**

- A. Administrative data
- B. Survey data

- C. Clinical data
- D. Reference Databases
  - 1. The hospice will use state and national reports to compare the hospices performance with other facilities. In addition, the hospice provides data to external databases for comparative studies comparing our hospice to other peers and national rates. This information will be utilized to determine areas for improvement.

**XI. Data Collection, Analysis, and Reporting:**

- A. Evaluation of collected data will be completed to monitor and identify levels of performance, trends or patterns that vary significantly from the norm, or that exceed threshold levels of acceptable performance.
- B. Data and findings will be reported to the appropriate groups and individuals on a quarterly basis or more frequently as indicated.
- C. A quality Dashboard and Scorecard will be created for use by management, TFHD Quality Committee, QAPI Committee, and the Board of Governors.
- D. Hospice will utilize national survivor survey database reports to compare the performance with other facilities. In addition, the hospice will provide data to external databases for comparative studies comparing our hospice to other peer hospices and national rates. This information will be utilized to determine areas for improvement.
- E. All quality committee minutes are recorded within the organization will be documented utilizing the format of topic, findings/conclusions, and recommendations/actions.
- F. The Data Collection Plan should be clearly defined in each QI Initiative/Report and CQI Team Charter and defined as the Data Collection Plan. Plans should include:
  - 1. The period of time the data was collected
  - 2. Identify whether it is a concurrent or retrospective review
  - 3. Sources of data for collection include, but are not limited to: electronic data bases, patient medical records, log books, surveys, direct observation, occurrence reports, and patient/Family complaints and grievances, and focus group discussions.
  - 4. The appropriate sample size
  - 5. The sample size will be representative of the diagnoses of patients' treated and services provided. The review of a patient's clinical record shall be based on a sample of five (5) percent of the total patient census with a minimum of twenty records and a maximum of 100 records every six months.
- G. Prior to analysis, data must be validated by identifying the sources and the processes used to collect it. Any analysis of the data must be presented with a definition of the measure and identification of the type of measure (rate, ratio, raw number, etc.)
- H. Aggregating and analyzing data allows the organization to draw conclusions about its performance specific to processes or outcomes Data analysis is interdisciplinary when appropriate. Analysis and comparison should include:
  - 1. Performance compared internally over time (patterns/trends)
  - 2. Performance compared with similar processes in other organizations
  - 3. Performance compared to up-to-date external sources (benchmarking)
  - 4. Control limits established for expected variation
- I. Using statistical tools and techniques, data is systematically collected and aggregated for analysis, learning, and display. Data and analysis is used to:
  - 1. Establish the performance baseline as the initial step in assessment and improvement activities

2. Determine the stability or instability of processes
3. Describe the dimensions of performance relevant to functions, processes, and outcomes
4. Identify opportunities where additional data is needed to better understand process or variation

- J. At a minimum, the organization collects and analyzes data on the measures listed below:
1. Pain Management upon admission and 48 post admission
  2. Identifies and reports on a minimum of three (3) patient satisfaction related opportunities

**XII. Education:**

Education on improvement philosophy, strategies and tools in multiple venues throughout the organization that include:

- New employee orientation
- Formal management education in terminology, strategies and tools
- Team education on an annual basis thru “Healthstream”
- Regularly scheduled in-services open to all staff on use of tools and quality improvement processes and methodology
- Departmental in-service programs to meet the needs of the department
- CHHA required in-service training

**XIII. Evaluation/Review:**

The hospital leadership reviews the effectiveness of the specific annual QAPI plan at least yearly to ensure that the collective effort is comprehensive and improving patient safety. An annual evaluation is completed by the QAPI Committee to identify components of the plan that require development, revision or deletion. This evaluation will include the following:

- A description and evaluation of the role the hospital leadership has played in the design and execution of the QAPI Plan.
- Assessment of the key data trended with comparisons to the benchmarks and the previous calendar year.
- Re-evaluation of the annual quality priorities
- The changes in hospice processes that were made as a result of the improvement activities
- An assessment of the costs or savings resulting from these changes (if applicable)
- A discussion of whether or not work on this particular area will continue in the next QAPI Plan year.

Each year, specific goals will be attached to the above summary and be endorsed for implementation in the upcoming year.

The evaluation and goals for the following year are submitted to the Board of Governors on an annual basis. Review and discussion of the evaluation are noted in the minutes of the Board of Governors in addition to approval of the quality goals for the following year.

**XIV. Confidentiality:**

All Quality Improvement activities and data are protected under the Health Care Quality Improvement Act of 1986, TFH Patient Safety Organization and State laws

Confidential information may include but is not limited to:

- Quality Improvement minutes;
- Electronic data gathering and reporting;
- Sentinel event and untoward event reporting; and
- Clinical profiling

Some information may be disseminated on a “need to know basis” as required by agencies such as:

- Federal review agencies;
- Regulatory bodies;

- The National Practitioner Data Bank; or
- Any individual or agency that proved a “need to know basis” as approved by the Medical Executive Committee, Hospital Administration and/or the Governing Board

Relevant information from the following is integrated into quality improvement initiatives in a way consistent with hospital policies or procedures to preserve confidentiality or privileged information established by applicable law:

- Risk management
- Utilization management

**XV. Related policies, procedures, and guides:**

- Patient Safety
- Risk
- Infection Prevention

**XVII. Original effective date: January 1, 2014**

**XVIII. Last revised date: January 20, 2019**

**XIX. Reviewed by: QAPI group for Hospice**

**XX. Approved by:**

**Jim Sturtevant, MSN, RN, CCRN – Administrative Director of Transitions**  
**Susie Wright, RN - Clinical Manager**  
**Jena Raber, Business Manager**  
**Dr. Gina Barta, Medical Director**  
**Chelsea Roth, MSW**  
**Lauren Kilbourne, Quality Coordinator Home Health/Hospice**  
**Judy Newland, CNO**  
**Janet VanGelder, Director of Quality**  
**Medical Section – Quality Committee**  
**Tahoe Forest Hospital Board of Directors**  
**Dr. Johanna Koch, Medical Director**

**XXI. References:**

- A Comparison of the Federal Hospice Conditions of Participation, California Standards of Quality Hospice Care, and Title 22 Regulations

**Attachment A**

**QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT YEARLY PLAN ENDING 12-31-2019**

<b>Quality</b>				
<b>COMPONENT</b>	<b>PLAN OF ACTIONS</b>	<b>ACCOUNTABILITY / PARTICIPANTS</b>	<b>FREQUENCY</b>	<b>METRICS</b>
<b>Hospice Quality Committee and Utilization Review</b>	<p>Quality Committee/Utilization Review takes oversight role to plan and monitor improvement activities in Hospice:</p> <ul style="list-style-type: none"> <li>• Identifies process Improvement priorities</li> <li>• Quality Team prioritizes improvement projects</li> <li>• Review adverse and sentinel events</li> <li>• Patient/Employee Safety</li> <li>• Infection Control</li> <li>• Performance improvement projects</li> <li>• Statistical Analysis</li> <li>• Monitors to assure that improvements are sustained</li> <li>• Develops and refines the annual Quality Assessment Plan</li> </ul>	<p>Administrative Director of Post Acute Services Clinical Manager Hospice Medical Director Social Worker or Counselor Nurse Quality Coordinator Office Support CHHA Volunteer Coordinator Therapies, if needed Governing Board</p>	<p>Quarterly review with QAPI Committee as needed  One annual meeting with Administrative Director of Post Acute Services  Clinical Manager Manager Hospice Medical Director Social Worker or Counselor Nurse Quality Coordinator Office Support CHHA Volunteer Coordinator Therapies, if needed  Annual review and approval by the Governing Board</p>	<p>Meeting Minutes</p>

**Quality**

<b>COMPONENT</b>	<b>PLAN OF ACTIONS</b>	<b>ACCOUNTABILITY / PARTICIPANTS</b>	<b>FREQUENCY</b>	<b>METRICS</b>
<b>Survey readiness</b> Conditions of participation (COPs), California Hospice Standards and Nevada regulatory services	<ul style="list-style-type: none"> <li>• Revision of policies and procedures as required</li> <li>• Ongoing training of staff on COPs &amp; California Hospice Standards</li> <li>• Ongoing documentation audits</li> <li>• Required chart review with audit tool</li> <li>• Mock surveys</li> </ul>	QAPI Committee	Quarterly as needed	Policy review Meeting minutes reflect education plan, audit statistics
<b>Dashboard Performance Indicators</b>	<ul style="list-style-type: none"> <li>• Service surveys</li> <li>• Chart audits</li> <li>• Productivity reports</li> <li>• Financials</li> </ul>	QAPI Committee	QA Committee reviews indicators quarterly Departmental meetings Post results on Hospice performance board quarterly	Refer to Scorecard
<b>Infection Control</b>	Track, trend, and identify areas for improvement. Minimize issues related to infection control including but not limited to foley related UTIs, CLABS, and community acquired infections.	QAPI Committee	Quarterly	Meeting minutes % of infections Annual observation and surveillance of hand washing



**Quality**

<b>COMPONENT</b>	<b>PLAN OF ACTIONS</b>	<b>ACCOUNTABILTY / PARTICIPANTS</b>	<b>FREQUENCY</b>	<b>METRICS</b>
<b>Performance Improvement Projects (PIP)</b>	<p><b>Service:</b></p> <ul style="list-style-type: none"> <li>• New items TBD upon receipt of survey findings</li> </ul> <p><b>Quality:</b></p> <ul style="list-style-type: none"> <li>• New items TBD upon notification</li> </ul> <p><b>Finances:</b></p> <ul style="list-style-type: none"> <li>• Productivity</li> <li>• Budget variance</li> </ul> <p><b>Growth:</b></p> <ul style="list-style-type: none"> <li>• Volume</li> <li>• Partnerships</li> <li>• TFHD Cancer center referrals/data</li> </ul>	<p>QAPI Committee</p> <p>Hospice Staff</p>	<p>Reviewed monthly and quarterly as needed</p>	<p>NHPCO/CAHPS Survey</p> <p>Budget Advisor</p> <p>Daily Productivity Monitoring</p>

**Service**

<b>COMPONENT</b>	<b>PLAN OF ACTIONS</b>	<b>ACCOUNTABILTY / PARTICIPANTS</b>	<b>FREQUENCY</b>	<b>METRICS</b>
<p><b>Survivor Satisfaction Survey</b></p> <ul style="list-style-type: none"> <li>• Hospice CAHPS</li> <li>• NHPCO family bereavement evaluation survey (FBES)</li> </ul>	<ul style="list-style-type: none"> <li>• Review analysis of Hospice CAHPS survey and FBES</li> <li>• Track &amp; trend publically reported CAHPS items on departmental scorecard.</li> <li>• Develop new PIPs for trended indicators identified by the Hospice QAPI committee</li> <li>• Share satisfaction survey information with staff</li> </ul>	<p>QAPI Committee</p> <p>Unit Based Council</p>	<p>Monthly and Biannual review</p>	<p>Hospice CAHPS</p> <p>NHPCO Surveys</p> <p>Department Scorecard</p>

**People**

COMPONENT	PLAN OF ACTIONS	ACCOUNTABILTY / PARTICIPANTS	FREQUENCY	METRICS
<b>Oversight/communication</b>	<ul style="list-style-type: none"> <li>• Annual executive summary to TFHD Governing Board</li> <li>• Annual approval of quality plan TFHD Governing Board</li> <li>• Quality reports to the Medical staff Quality, MEC, AC and Governing Board.</li> <li>• Staff meeting updates</li> <li>• Accident reports</li> <li>• Patient perceptions/grievances</li> <li>• Hospice CAHPS/NHPCO Survey Results</li> <li>• Performance boards</li> <li>• Internal communication process</li> </ul>	QAPI Committee	Bi-monthly, quarterly and annually as needed	Meeting Minutes

**People**

<b>COMPONENT</b>	<b>PLAN OF ACTIONS</b>	<b>ACCOUNTABILTY / PARTICIPANTS</b>	<b>FREQUENCY</b>	<b>METRICS</b>
<b>Staff Competency</b>	<ul style="list-style-type: none"> <li>• Annual educational needs assessment of staff</li> <li>• Annual infection control education</li> <li>• Annual competencies via Healthstream</li> <li>• Ongoing educational instruction for staff at meetings as identified</li> <li>• Annual direct observation of field staff by supervisor</li> <li>• Annual regulatory compliance Healthstream</li> <li>• Continuing education provided to CHHA (minimum of 12 hours a year CMS requirement)</li> <li>• Completion of “Your Legal Duty” upon hire of new employees</li> </ul>	TFHD Education department QAPI Committee NUBE Meeting - Claudia	Competency training at least annually	Healthstream Completion Reports
<b>Employee Satisfaction</b>	Shared decision making model for governance <ul style="list-style-type: none"> <li>• Employee rounding</li> <li>• Field visits</li> <li>• Survey of employee satisfaction</li> <li>• SCORE Survey</li> </ul>	Hospice and Home Health Staff	Annually, and as needed	Meeting Minutes or another avenue of information

## Financial

COMPONENT	PLAN OF ACTIONS	ACCOUNTABILITY / PARTICIPANTS	FREQUENCY	METRICS
<b>Financial Performance</b> <ul style="list-style-type: none"> <li>• SBU Report</li> <li>• Monthly financials</li> <li>• Thrift Store financials</li> <li>• Budget daily census</li> <li>• Productivity</li> </ul>	Review budgets and productivity: <ul style="list-style-type: none"> <li>• Use Nationally and California productivity to meet goals</li> <li>• Use TFHD FY18/19 hospice budget</li> <li>• Staffing patterns</li> </ul> Performance improvement projects as needed	Governing Board  Administrative Director  Hospice Quality Committee	Daily, Monthly, & Quarterly	Average Daily Census  Quarterly Hospice average length of stay  Quarterly hospice median length of stay  Hospice patients with LOS < 7 days  Budget vs. Actual FY19
<b>Contracts</b>	Review all contracts for <ul style="list-style-type: none"> <li>• Completion</li> <li>• Validity</li> <li>• Partnerships</li> <li>• Expirations</li> <li>• Rates</li> <li>• MediCAL Managed Care</li> </ul>	Governing Board  Financial Services  Office Manager	Semi-Annually	Contract spreadsheet
<b>Hospice Item Set (HIS)</b>	Timely submission to CMS for HIS data	QAPI Committee  Administrative Director  Quality Coordinator  Manager	Monthly or more often as needed	Net Income

**Growth**

<b>COMPONENT</b>	<b>PLAN OF ACTIONS</b>	<b>ACCOUNTABILITY / PARTICIPANTS</b>	<b>FREQUENCY</b>	<b>METRICS</b>
<b>Strategies for growth and partnerships in region</b>	Develop a strategic plan for growth in hospice <ul style="list-style-type: none"> <li>• Benchmark data</li> <li>• Staff visit to physicians</li> <li>• Regular communication with partners</li> <li>• Attend weekly TFHD cancer center meetings</li> <li>• Pacesetter updates</li> </ul>	Administrative Director, Clinical Manager, or Medical Director  Clinical Manager may appoint a designee to attend TFHD cancer meeting if needed	Daily, weekly as needed	Volume  Net Income
<b>Education of staff and community</b>	Identify needs of the community and staff though: <ul style="list-style-type: none"> <li>• Media</li> <li>• Community presentations</li> <li>• County program</li> <li>• Staff input</li> <li>• Director and Administrative leadership</li> <li>• Customer input</li> <li>• Other</li> </ul>	QAPI Committee	As needed	Volume
<b>Hospice and Community Bereavement Services</b>	Hospice patients and family/caregiver support <ul style="list-style-type: none"> <li>•Community grief groups</li> <li>•One-on-one grief support</li> <li>•SNF staff grief support</li> </ul>	Clinical Manager, Hospice Bereavement Coordinator, and Hospice MSW	Hospice grief support group monthly  As needed for one on one	Community Feedback  FBES survey

**ANNUAL PHARMACY POLICY REVIEW**

Title	Department	Last Approved	Last Revised	Next Review
Adverse Drug Reaction Reporting, APH-25	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Alteplase Emergency Room Pyxis Override, APH-1405	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Aminoglycoside Protocol, DPH-2	Pharmacy - APH and DPH	5/8/2019	8/7/2017	5/7/2020
Anticoagulation Protocol, APH-1401	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Antimicrobial Stewardship Program, APH-1403	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Automated Dispensing Cabinet (ADM), APH-47	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Automatic Stop Orders, APH-41	Pharmacy - APH and DPH	5/8/2019	11/6/2017	5/7/2020
Bedside Medications, APH-26	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Bio-Terrorism Pharmaceutical Cache, DPH-6	Pharmacy - APH and DPH	5/8/2019	8/1/2016	5/7/2020
Blood Derivatives, DPH-7	Pharmacy - APH and DPH	5/8/2019	4/1/2016	5/7/2020
Bowel Management Program, APH-40	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Budget, DPH-1	Pharmacy - APH and DPH	5/8/2019	4/1/2016	5/7/2020
Cancer Center Hypersensitivity/Anaphylaxis Pharmacist Protocol, APH-1802	Pharmacy - APH and DPH	5/8/2019	2/5/2018	5/7/2020
Chemotherapy: Non-FDA Approved, APH-6	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Clarification of Medication Orders, APH-27	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Communication Plan, DPH-9	Pharmacy - APH and DPH	5/8/2019	4/1/2016	5/7/2020
Compounding, APH-16	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Consultant Pharmacist Services Provider Requirements, APH-73	Pharmacy - APH and DPH	5/8/2019	11/1/2013	5/7/2020
Continuous Subcutaneous Insulin Infusion (Home Insulin Pump), APH-1803	Pharmacy - APH and DPH	5/8/2019	11/20/2018	5/7/2020
Controlled Substances, APH-2	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Disposal of Expired Drugs, APH-42	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Drug Information, APH-119	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Drug Procurement/Inventory Control, DPH-13	Pharmacy - APH and DPH	5/8/2019	8/30/2018	5/7/2020
Drug Samples, APH-7	Pharmacy - APH and DPH	5/8/2019	4/25/2018	5/7/2020
Drug Shortages, APH-8	Pharmacy - APH and DPH	5/8/2019	4/1/2016	5/7/2020
Drug Utilization Evaluation, DPH-14	Pharmacy - APH and DPH	5/8/2019	4/1/2016	5/7/2020
Drug-Drug, Drug-Food Interaction Screening, DPH-15	Pharmacy - APH and DPH	5/8/2019	4/1/2016	5/7/2020
Duplicate Medication Orders, APH-1407	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
ECC Clarification of Medication Orders, APH-115	Pharmacy - APH and DPH	5/8/2019	8/1/2018	5/7/2020
ECC Delivery Process; Controlled Medications - Ordering and Receiving, APH-74	Pharmacy - APH and DPH	5/8/2019	8/1/2018	5/7/2020
ECC Delivery Process; Drug Information, APH-75	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
ECC Delivery Process; Emergency Pharmacy Services, APH-76	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
ECC Delivery Process; Floor Stock Medications, APH-77	Pharmacy - APH and DPH	5/8/2019	4/25/2018	5/7/2020
ECC Delivery Process; Generic Drug, APH-78	Pharmacy - APH and DPH	5/8/2019	11/1/2013	5/7/2020
ECC Delivery Process; Medication Labels, APH-79	Pharmacy - APH and DPH	5/8/2019	8/1/2018	5/7/2020
ECC Delivery Process; Medication Packaging, APH-80	Pharmacy - APH and DPH	5/8/2019	9/1/2015	5/7/2020
ECC Delivery Process; Medications Brought in by Resident or Family, APH-81	Pharmacy - APH and DPH	5/8/2019	9/1/2015	5/7/2020
ECC Delivery Process; Ordering and Receiving Medications, APH-82	Pharmacy - APH and DPH	5/8/2019	9/1/2015	5/7/2020
ECC Delivery Process; Pharmacy Delivery, APH-84	Pharmacy - APH and DPH	5/8/2019	11/1/2013	5/7/2020

ECC Disposal; Controlled Medications Disposal, APH-86	Pharmacy - APH and DPH	5/8/2019	8/1/2018	5/7/2020
ECC Disposal; Discharge Medications, APH-87	Pharmacy - APH and DPH	5/8/2019	11/1/2013	5/7/2020
ECC Disposal; Discontinued Medications, APH-88	Pharmacy - APH and DPH	5/8/2019	9/1/2015	5/7/2020
ECC Emergency Medication Supply - DRP 1725	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
ECC Infusion Therapy Products Provider Requirements, APH-89	Pharmacy - APH and DPH	5/8/2019	8/1/2018	5/7/2020
ECC Medication Order Verification, DPH-51	Pharmacy - APH and DPH	5/8/2019	4/25/2018	5/7/2020
ECC Misc; Drug Product Problem Reporting, APH-90	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
ECC Misc; Drug Product Recalls, APH-91	Pharmacy - APH and DPH	5/8/2019	11/1/2013	5/7/2020
ECC Misc; Medications Not Covered by Third-Party Payers, APH-92	Pharmacy - APH and DPH	5/8/2019	11/1/2013	5/7/2020
ECC Misc; Out-on-Pass Medications, APH-93	Pharmacy - APH and DPH	5/8/2019	7/1/2014	5/7/2020
ECC Misc; Patient Package Inserts, APH-94	Pharmacy - APH and DPH	5/8/2019	11/1/2013	5/7/2020
ECC Monitoring; Continuous Quality Improvement, APH-95	Pharmacy - APH and DPH	5/8/2019	9/1/2015	5/7/2020
ECC Monitoring; Documentation and Communication of Consultant Pharmacist Rec., APH-96	Pharmacy - APH and DPH	5/8/2019	8/1/2018	5/7/2020
ECC Monitoring; Drug Regimen Review (Monthly Report), APH-97	Pharmacy - APH and DPH	5/8/2019	8/1/2018	5/7/2020
ECC Monitoring; Medication Administration Monitoring, APH-98	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
ECC Monitoring; Medication Management, APH-99	Pharmacy - APH and DPH	5/8/2019	11/1/2013	5/7/2020
ECC Monitoring; Preventing and Detecting Adverse Consequences, APH-100	Pharmacy - APH and DPH	5/8/2019	9/1/2015	5/7/2020
ECC Orders; Prescriber Medication Orders, APH-102	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
ECC Orders; Stop Orders, APH-103	Pharmacy - APH and DPH	5/8/2019	7/1/2014	5/7/2020
ECC Pharmaceutical Services Subcommittee, APH-104	Pharmacy - APH and DPH	5/8/2019	9/1/2015	5/7/2020
ECC Prep; Controlled Medications, APH-105	Pharmacy - APH and DPH	5/8/2019	9/1/2010	5/7/2020
ECC Prep; General Guidelines, APH-107	Pharmacy - APH and DPH	5/8/2019	8/1/2018	5/7/2020
ECC Prep; Parenteral Medications, APH-106	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
ECC Prep; Self Administration of Medication by Resident, APH-108	Pharmacy - APH and DPH	5/8/2019	11/1/2013	5/7/2020
ECC Provider Pharmacy Requirements, APH-109	Pharmacy - APH and DPH	5/8/2019	9/1/2015	5/7/2020
ECC Standard Medication Administration Times, APH-110	Pharmacy - APH and DPH	5/8/2019	11/1/2013	5/7/2020
ECC Storage; Bedside Medication Storage, APH-111	Pharmacy - APH and DPH	5/8/2019	11/1/2013	5/7/2020
ECC Storage; Controlled Medication Accountability, APH-112	Pharmacy - APH and DPH	5/8/2019	7/1/2014	5/7/2020
ECC Storage; Medication Storage, APH-113	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Emergency Medications-Crash Carts, APH-9	Pharmacy - APH and DPH	5/8/2019	8/27/2018	5/7/2020
Emergency Preparedness, DPH-16	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Emergency Room Discharge Prescriptions, APH-10	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Extemporaneous Packaging, DPH-18	Pharmacy - APH and DPH	5/8/2019	4/1/2016	5/7/2020
Extravasation Management Chemotherapy Agents, APH-3	Pharmacy - APH and DPH	5/8/2019	10/28/2016	5/7/2020
FDA Medication Black Box Warning, APH-116	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
FentaNYL Patch Protocol, DPH-42	Pharmacy - APH and DPH	5/8/2019	9/24/2018	5/7/2020
Floor Stock, APH-11	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Food Drug Interaction Education, DPH-19	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Formulary, APH-12	Pharmacy - APH and DPH	5/8/2019	4/1/2016	5/7/2020
Hazardous Materials Records (MSDS), DPH-20	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Hazardous Substances Safe Handling and Preparation, APH-13	Pharmacy - APH and DPH	5/8/2019	2/11/2019	5/7/2020

High Alert Medications, APH-15	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Hospital Organization, DPH-21	Pharmacy - APH and DPH	5/8/2019	4/1/2016	5/7/2020
Hours of Operation/After Hours, APH-14	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Informed Consent Investigational Drugs, APH-17	Pharmacy - APH and DPH	5/8/2019	4/1/2016	5/7/2020
Intravenous Medication Therapy - Multispecialty Clinics, APH-117	Pharmacy - APH and DPH	5/8/2019	4/25/2018	5/7/2020
Intravenous to Oral Therapy Conversion Protocol, DPH-41	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Investigational Drugs, APH-18	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Irrigation Solution Expiration, APH-19	Pharmacy - APH and DPH	5/8/2019	4/1/2016	5/7/2020
IV Drug Administration Guidelines, APH-20	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
IVCH Authorized Personnel, APH-51	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
IVCH Bulk Medications, DPH-50	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Labeling Standards, APH-21	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Licensure and Professional Standards, DPH-10	Pharmacy - APH and DPH	5/8/2019	4/25/2018	5/7/2020
Malignant Hyperthermia Carts-Crisis Guidelines, APH-22	Pharmacy - APH and DPH	5/8/2019	8/13/2018	5/7/2020
Medical Waste Nursing, Pharmacy, and EVS, APH-30	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Medical Waste, DPH-24	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Medication Administration, APH-23	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Medication Error Reduction Plan, APH-34	Pharmacy - APH and DPH	5/8/2019	4/1/2016	5/7/2020
Medication Error Reporting, APH-24	Pharmacy - APH and DPH	5/8/2019	4/25/2018	5/7/2020
Medication Expiration Dates SDV and MDV, APH-28	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Medication Order Verification, DPH-25	Pharmacy - APH and DPH	5/8/2019	4/25/2018	5/7/2020
Medication Recall/ External Alerts, DPH-26	Pharmacy - APH and DPH	5/8/2019	4/1/2016	5/7/2020
Medication Security, APH-35	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Medication Storage, APH-48	Pharmacy - APH and DPH	5/8/2019	11/2/2016	5/7/2020
Methotrexate in Ectopic Pregnancy, APH-58	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Off Label Medication Dose, Use, APH-37	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Oncology Pharmacy Services, APH-1801	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Oral Adherence Program, APH-1803	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Order Sets, APH-43	Pharmacy - APH and DPH	5/8/2019	4/25/2018	5/7/2020
Outpatient RN Anticoagulation Protocol, APH-1701	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Parenteral Nutrition Protocol, DPH-36	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Patient Drug Profiles, APH-39	Pharmacy - APH and DPH	5/8/2019	4/1/2016	5/7/2020
Patient's Own Medication, APH-1	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Pediatric Dosing Guidelines, DPH-4	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Pharmacy and Therapeutics Committee, APH-38	Pharmacy - APH and DPH	5/8/2019	10/28/2016	5/7/2020
Pharmacy Electrolyte Replacement Protocol, DPH-43	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Pharmacy Liquid Auto-Substitution	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Pharmacy Organization, DPH-11	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Pharmacy Policy Review Process, APH-46	Pharmacy - APH and DPH	5/8/2019	4/1/2016	5/7/2020
Pharmacy Purchase Records, DPH-34	Pharmacy - APH and DPH	5/8/2019	4/1/2016	5/7/2020
Pharmacy Quality Improvement Plan, DPH-30	Pharmacy - APH and DPH	5/8/2019	4/1/2016	5/7/2020



Pharmacy Renal Dosing Protocol, DPH-17	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Pharmacy Security, DPH-31	Pharmacy - APH and DPH	5/8/2019	4/1/2016	5/7/2020
Poison Control, DPH-33	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Potassium Chloride Admin, APH-29	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Prescribing Ordering General Practices, APH-44	Pharmacy - APH and DPH	4/25/2018	4/25/2018	4/25/2019
Reconciliation of Medications, APH-31	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Self Medication Administration, APH-32	Pharmacy - APH and DPH	5/8/2019	1/25/2017	5/7/2020
Temporary Segregated Compounding Area, DPH-40	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Tenecteplase Emergency Room Automated Dispensing Machine Override, APH-1406	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Therapeutic Substitution, DPH-35	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Unit Inspections, DPH-38	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020
Use of Abbreviations, APH-4	Pharmacy - APH and DPH	5/8/2019	4/1/2016	5/7/2020
Vancomycin Pharmacy Protocol, DPH-39	Pharmacy - APH and DPH	5/8/2019	8/31/2018	5/7/2020
Warming Medications/Solutions, APH-50	Pharmacy - APH and DPH	5/8/2019	5/8/2019	5/7/2020



**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, Surgery Center
- 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><b>Basic Education, Training, Licensure, and Experience</b></p>	<p><u>Nurse Practitioner:</u></p> <ul style="list-style-type: none"> <li>• Certification from an accredited school for nurse practitioner training</li> <li>• Current advance practice RN licensure to practice in California and/or Nevada, as appropriate.</li> <li>• <u>Provide evidence of Collaborative Service Agreement (CA); and/or evidence of Supervising Physician Agreement (NV State Medical Board), as applicable.</u></li> <li>• <u>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.</u></li> </ul> <p><u>Physician Assistant:</u></p> <ul style="list-style-type: none"> <li>• Completion of a PA program accredited by the Accreditation Review Commission on Education for the Physician Assistant.</li> <li>• Current California and/or Nevada license in good standing, as applicable.</li> <li>• Provide evidence of Delegation of Service Agreement (CA); and/or evidence of Supervising Physician Agreement (NV State Medical Board), as applicable.</li> </ul>
<p><b>Certification:</b></p>	<p><b>Nurse Practitioner:</b> 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.  <b>Physician Assistant:</b> Current NCCPA (National Commission on Certification of Physician Assistants) certified  <b>NP and PA:</b> Current BLS (Basic Life Support) certified (must submit copy &amp; maintain current certification.) <u>Current verification as an ATLS (Advanced Trauma Life Support) provider if working with general surgery, or in emergency department, or functioning as a member of the team caring for trauma activation patients.</u></p>
<p><b>Clinical Competency References: 3</b></p>	<p><b>Initial and Reappointment:</b> 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.  <b>Reappointment:</b> At least one reference from a supervising physician, if applicable.</p>
<p><b>Proctoring/Evaluation:</b></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><b>Other:</b></p>	<ul style="list-style-type: none"> <li>• Malpractice insurance in the amount of \$1m/\$3m</li> <li>• Current, unrestricted DEA certificate in CA and/or NV, as applicable (Schedules II-V). Nevada Pharmacy Board Certificate, if applicable</li> <li>• Ability to participate in federally funded program (Medicare or Medicaid)</li> <li>• Physician Assistants must have an identified Physician Supervisor who is a member of the Hospital's medical staff.</li> <li>• 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. <u>[CA Code of Regulations Sections: 1399.541(h), 1399.610 and 1399.612]</u></li> <li>• 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.</li> </ul>

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

**TAHOE FOREST HOSPITAL DISTRICT  
 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><b>OUTPATIENT (Tahoe Forest/Incline Village Hospital)</b>            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 through and initial any privileges that you do not wish to include in our core practice privileges:</p> <ul style="list-style-type: none"> <li>• History documentation and physical examinations.</li> <li>• Conduct initial and ongoing assessment of the patient's medical and physical status.</li> <li>• Refer to hospital for admission and treatment.</li> <li>• Evaluate, diagnose, and treat in outpatient clinic.</li> <li>• Management of acute and chronic conditions.</li> <li>• Emergent Care such as respiratory arrest, cardiac arrest following approved protocols.</li> <li>• Collecting, ordering, and interpreting lab work, therapies, x-rays and other diagnostic studies following approved protocols.</li> <li>• Ordering therapies as part of treatment plans such as speech and physical therapy, psychological counseling following approved protocols.</li> <li>• Medication management, including controlled substances, with physician consultation following approved protocols.</li> <li>• Instructing, educating and counseling patients and families concerning health status, results of tests, disease process, and discharge planning.</li> <li>• Facilitate and initiate referrals to appropriate health care agencies and arranging community resources.</li> <li>• Specialty consultation with physician when level of competence or comfort exceeded per approved protocols.</li> </ul> <p><b><u>Procedures and minor surgery including:</u></b></p> <ul style="list-style-type: none"> <li>• Splinting &amp; Casting, simple</li> <li>• Incision and drainage of non-facial abscess less than 5 cm in size</li> <li>• Suture non-facial laceration less than 5 cm in size</li> <li>• Wart removal with cryotherapy</li> <li>• Toenail removal</li> <li>• Excision and Biopsy</li> <li>• Joint Injections</li> </ul>	_____	<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>Actively seeing patients in occ health/health clinic setting (minimum of 100 in two years)</p> <p>On going monthly chart review (5% of charts) by Medical Director or Supervising Physician); special review when exceptional conditions exist</p>

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

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

(R)	(A)	<b>GENERAL PRIVILEGES</b> 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><b>INPATIENT or OUTPATIENT HOSPITAL SETTING</b> 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"> <li>• History documentation and Physical examinations,</li> <li>• Preop/Preadmission</li> <li>• Dictation of admission H&amp;P and initiation of admitting orders.</li> <li>• Obtain informed consent</li> <li>• POLST: Under direction of physician, sign Physician Orders for Life-Sustaining Treatment forms.</li> <li>• Patient visits and recording progress notes.</li> <li>• Dictation of discharge summary and/or initiation of discharge orders in consultation with supervising and/or employing physician/s.</li> <li>• Assess medical risks and appropriately prevent and treat risks (e.g., VTE).</li> <li>• Ordering of diagnostic lab, wound cultures, radiology services, and therapies in consultation with or using procedures approved by supervising and/or employing physician/s.</li> <li>• Consultation with care coordinators, nursing staff, or clinical educators.</li> <li>• Prescribe, administer, and/or dispense drugs allowed by license and within scope of practice.</li> <li>• Specialty consultation with physician when level of competence exceeded per approved protocols.</li> <li>• Provision of patient education and make appropriate referrals</li> </ul>	_____	<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 &amp; actively seeing patients in the outpatient setting (minimum of 100 patients in two years)</p> <p>On going bi-monthly chart review (5% of charts) by Medical Director or Supervising Physician); special review when exceptional conditions exist</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b><u>Procedures and minor surgery including:</u></b></p> <ul style="list-style-type: none"> <li>• Apply and remove wound vacs</li> <li>• Arthrocentesis for joint &amp; bursa aspirations to rule out infections</li> <li>• Casting, simple</li> <li>• Closed reductions of dislocations</li> <li>• Reductions of extremity fractures</li> <li>• Hardware removal requiring only local anesthesia</li> <li>• Incision and drainage of non-facial abscess less than 5 cm in size</li> <li>• Suture non-facial laceration less than 5 cm in size</li> <li>• Excision and Biopsy</li> <li>• Joint injections</li> <li>• Injections of hematoma blocks for reductions</li> <li>• Injections IM, IV, Intra articular, SQ and Tendon Sheaths</li> <li>• Traction and Insertion of Steinman Pins for Skeletal Traction</li> <li>• Wound care, assessment &amp; dressing changes</li> <li>• Pronounce a patient death.</li> </ul>			

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

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

□	□	<p><b>PAPA/NP SURGICAL FIRST ASSIST – OPERATING ROOM</b>  <b>Core privileges include:</b>            The supervising physician may delegate to a <b>PAPA/NP</b> only those tasks and procedures consistent with the supervising physician's specialty. The <b>PAPA/NP</b> may assist with any procedure/surgery approved by the Department of Surgery for the supervising physician/surgeon:</p> <ul style="list-style-type: none"> <li>• Positioning, prepping and draping the patient</li> <li>• Manipulation tissue/bone</li> <li>• Providing retraction</li> <li>• Drilling, reaming, nail/plate and screw placement</li> <li>• Intraoperative fracture reductions</li> <li>• Providing hemostasis</li> <li>• Performing suturing and knot tying</li> <li>• *Providing closure of tissue layers with suture, staples, or steristrips</li> <li>• *Affixing and stabilize drains</li> <li>• Reduction of fractures/dislocations</li> <li>• Removal of external fixaters</li> <li>• Joint/tissue injections</li> <li>• Applying dressings and splints or casts</li> </ul> <p><b>NOTE:</b> *The <b>PAPA/NP</b> 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 <b>PAPA/NP</b> closes the wound. [<b>**Immediately available</b> is defined as "able to return to the patient without delay, upon the request of the <b>PAPA/NP</b> 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(5% of charts) by Medical Director or Supervising Physician); special review when exceptional conditions exist</p>
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**TAHOE FOREST HOSPITAL DISTRICT  
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT  
Delineated Clinical Privilege Request**

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

SKILLED NURSING FACILITY (SNF)					
<input type="checkbox"/>	<input type="checkbox"/>	<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"> <li>• History documentation and Physical examinations.</li> <li>• Patient visits and recording progress notes.</li> <li>• Dictation of discharge summary and/or initiation of discharge orders in consultation with supervising and/or employing physician/s.</li> <li>• Assess medical risks and appropriately prevent and treat risks (e.g., VTE).</li> <li>• Ordering of diagnostic lab, radiology services, and therapies in consultation with or using procedures approved by supervising and/or employing physician/s.</li> <li>• Consultation with care coordinators, nursing staff, or clinical educators.</li> <li>• Prescribe, administer, and/or dispense drugs allowed by license and within scope of practice.</li> <li>• Provision of patient education and make appropriate referrals.</li> <li>• POLST: Under direction of physician, sign Physician Orders for Life-Sustaining Treatment forms.</li> <li>• Pronounce a patient death.</li> </ul> <p>Specialty consultation with physician when level of competence exceeded per approved protocols.</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 &amp; actively seeing patients in the outpatient setting (minimum of 100 patients in two years)</p> <p>On going bi-monthly chart review (5% of charts) by Medical Director or Supervising Physician); special review when exceptional conditions exist</p>
INPATIENT / OUTPATIENT CHEMOTHERAPY					
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Order adjustment per protocol.</li> </ul> <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 bi-monthly chart review(5% of charts) by Medical Director or Supervising Physician); special review when exceptional conditions exist</p>



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

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

	<b>EMERGENCY:</b> In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.			
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I certify that I meet the minimum threshold criteria to request the above privileges and have provided documentation to support my eligibility to request each group of procedures requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff.

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

**DEPARTMENT CHAIR REVIEW**

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

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

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

Modifications or Other Comments:

**INTERDISCIPLINARY PRACTICE COMMITTEE (IDPC)**

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

\_\_\_\_\_  
Date IDPC Chair/Designee Signature

Modifications or Other Comments:

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

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

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

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

Department Review Dates: previously approved as separate privilege forms  
IDPC Review Dates 10/14/08; 3/12; 4/13/16; 11/11/16; 2/6/17; 10/10/18; 1/9/18  
Medicine/Emerg Department: 5/5/16; 11/14/16  
Surgery Department: 6/1/16  
Medical Executive Committee: 10/15/08; 3/12; 6/15/16; 11/16/16; 3/16/17; 10/18/18  
Board of Directors: 10/28/08; 3/12; 6/23/16; 11/17/16; 3/23/17; 10/25/18





# SPECIAL MEETING OF THE BOARD OF DIRECTORS OF TAHOE FOREST HOSPITAL DISTRICT

## **DRAFT RETREAT MINUTES**

Monday, April 22, 2019 at 9:00 a.m. – 4:00 p.m.  
Tuesday, April 23, 2019 at 9:00 a.m. – 12:00 p.m.  
Village at Northstar California Resort – Martis Room  
5001 Northstar Drive, Truckee, CA 96161

### **Day 1 – Monday, April 22, 2019**

#### **1. CALL TO ORDER**

Meeting was called to order at 9:00 a.m.

#### **2. ROLL CALL**

Board: Alyce Wong, Board Chair; Mary Brown, Vice President; Dale Chamblin, Treasurer; Chuck Zipkin, M.D., Secretary; Randy Hill, Board Member

Staff in attendance: Harry Weis, Chief Executive Officer; Ted Owens, Executive Director of Governance; Martina Rochefort, Clerk of the Board

Other: Karma Bass and Erica Osborne of VIA Healthcare Consulting

#### **3. INPUT – AUDIENCE**

No public comment was received.

#### **4. RETREAT ITEMS FOR BOARD DISCUSSION**

No formal action will be taken by the Board of Directors; only direction to staff. Any action items will be agendaized for a Regular Meeting of the Board of Directors.

##### **4.1. Welcome and Opening Comments by Board Chair [9:00 a.m. – 9:15 a.m.]**

Board Chair and CEO welcomed to those in attendance.

##### **4.2. Retreat Objectives, Agenda and Agreements [9:15 a.m. – 9:45 a.m.]**

Retreat facilitators reviewed the overall goals and agenda for the Board of Directors' retreat.

Board members each shared what they would like to get out of the retreat.

Executive Director of Governance reviewed Order and Decorum with the Board.

Discussion was held about giving direction to staff. It is best practice to copy the CEO and Board Chair on emails to staff.

Board would like to change “staff” to “CEO” under F1 and add “CEO and Board Chair” under item I No surprises.

**4.3. Strategic Plan: View 2021 Discussion [9:45 a.m. – 10:45 a.m.]**

Each board member shared their individual thoughts on the View 2021 statement.

Facilitators recommended the board read “Dual Transformation” by Clayton Christensen.

Zipkin felt community health and preventative medicine need to be main focus.

The Board agreed on the length and brevity of the View 2021 statement.

The Board agreed to leave View 2021 as is and to add the following statements as an addendum to current strategic plan:

1. Tahoe Forest Hospital will remain a differentiated provider of needed specialties and centers of medical excellence.
2. Tahoe Forest Hospital District will be a trusted regional community leader.
3. Tahoe Forest Hospital will develop and grow responsibly as needed to provide essential services to the community.
4. Tahoe Forest Hospital District will create and maintain alliances with other regional health care providers to promote improved patient care in the entire region.
5. Tahoe Forest Hospital will maintain a culture of Best Practices, the quadruple aim of quality, access, low cost and employee joy in the workplace and advanced 21st century health care in staff, providers and facilities.
6. Tahoe Forest Hospital District will operate in a financially responsible way, remaining competitive while staying financially strong.
7. Tahoe Forest Hospital District will remain focused on community health and preventative care.

**Meeting recessed at 10:52 a.m.**

**Meeting reconvened at 11:04 a.m.**

*Crystal Betts, Chief Financial Officer; Karen Baffone, Chief Nursing Officer; Jake Dorst, Chief Information Innovation Officer; Alex MacLennan, Chief Human Resources Officer; Scott Baker, Vice President of Provider Services; Matt Mushet, In-house Counsel; and Dylan Crosby, Director of Facilities joined the meeting at 11:04 a.m.*

**4.4. Strategic Plan Update [11:00 a.m. – 12:00 p.m.]**

The Board of Directors received an update on the 2019-2021 Strategic Plan.

COO and Director of Facilities reviewed the master plan.

Discussion was held on the ancillary operations of the Truckee Surgery Center and Thrift Store.

CHRO reviewed Human Resources efforts on the engagement survey, Likemoji, intranet rollout, and Values Advocacy Committee.

Discussion was held on Medical Staff employment.

Human Resources will add a full time recruiter. Ann Mazzini will step into full time volunteer coordinator position.

**Meeting recessed at 12:05 p.m.**

**Meeting reconvened at 12:30 p.m.**

**4.5. Continuation of Strategic Plan Update [12:45 p.m. – 1:45 p.m.]**

The Board of Directors continued their review of the 2019-2021 Strategic Plan update.

CNO stated the biggest obstacle for behavioral health is funding. HRSA grant going out tonight that could provide \$600,000 in funding. A Behavioral Health Intensivist will be hired. The Health System is looking to hire a Pediatric Psychiatrist in the pediatric clinic. Resource availability (i.e. transportation) is a challenge. Telepsych services will be available in the ER on June 1.

CIIO reviewed information technology components of the strategic plan. IT finished the physical portion of the security upgrade and will now move onto step two which is the software side. Single sign on is almost complete. The first project for the new budget cycle will be to roll out electronic prescribing of all controlled substances medications. Electronic prescription of controlled substances requires two-factor authentication.

CMO reviewed quality efforts on High Reliability training, an 83% completion of the SCORE survey, and BETA HEART program.

CMO reviewed peer review process, OPPE outpatient, and core measures.

CFO reviewed rollout of Kaufman Hall's Axiom Management Reporting and Forecasting System. Next, Finance will roll out the cost accounting system and decision support.

Director Hill commented the customer service program should be a standalone item on the strategic plan.

Executive Director of Governance reviewed governance and community efforts include meetings with other healthcare systems and JPA collaborations.

VP of Provider Services reviewed the increased clinic services with 7-day/week clinics in Truckee and Incline Village.

CNO reviewed Tahoe Forest Hospital's Level III Trauma designation efforts. The Emergency Department will start collecting data for the registry on September 1, 2019 for 12 months. TFH can then receive its Level III Trauma designation.

Director Zipkin asked if the designation will change the acuity TFH sees. This will change protocols but we will still see traumas from ski accidents, car accidents, etc. TFH will focus on stabilizing and shipping the patient. This is a standardization of how patients are addressed.

Director Chamblin commented he was happy to see a follow up on the Strategic Plan.

**Meeting recessed at 1:45 p.m.**

**Meeting reconvened at 2:05 p.m.**

**4.6. Board Self-Evaluation Discussion [2:00 p.m. – 4:00 p.m.]**

The Board of Directors reviewed the results of their self-evaluation.

The board has made a ton of progress. Facilitators reviewed the board's accomplishments and opportunities.

Discussion was held about board interaction with senior leadership and during board meeting presentations.

Discussion was held about revising board agenda. Facilitators suggested adding a meeting evaluation discussion item at the end. Board Chair was tasked with redesigning the agenda.

Discussion was held about developing a formal education plan. Facilitators presented a draft education calendar. The first suggested topic is market disruptors and their impact on the community. Ken Kaufman did an educational video for American Hospital Association on market disruptors.

The board requested educational presentations on the following:

- Artificial intelligence
- Pricing information for elective surgeries.
- Update on Rural Health Care Clinics
- Hiring of Physician Assistants and care delivery

**5. ADJOURN**

**Meeting adjourned at 3:57 p.m.**

**Day 2 – Tuesday, April 23, 2019**

**6. CALL TO ORDER**

**Meeting was called to order at 9:00 a.m.**

**7. ROLL CALL**

Board: Alyce Wong, Board Chair; Mary Brown, Vice President; Dale Chamblin, Treasurer; Chuck Zipkin, M.D., Secretary; Randy Hill, Board Member

Staff in attendance: Harry Weis, Chief Executive Officer; Ted Owens, Executive Director of Governance; Paige Thomason, Director of Marketing; Martina Rochefort, Clerk of the Board

Other: Karma Bass and Erica Osborne of VIA Healthcare Consulting

**8. INPUT – AUDIENCE**

No public comment was received.

**9. RETREAT ITEMS FOR BOARD DISCUSSION**

No formal action will be taken by the Board of Directors; only direction to staff. Any action items will be agendized for a regular meeting of the Board of Directors.

**9.1. Welcome and Review of Previous Day's Work [9:00 a.m. – 9:15 a.m.]**

Retreat Facilitators welcomed participants and reviewed the work completed during the first day of the retreat.

Board members shared their individual thoughts on how the retreat was going.

**9.2. Consumerism [9:15 a.m. – 10:15 a.m.]**

Executive Director of Governance reviewed consumerism and how it applies to the health system.

Paige Thomason, Director of Marketing, reviewed a comparison of TFHD.com against other health system websites.

**Meeting recessed at 10:51 a.m.**

**Meeting reconvened at 11:00 a.m.**

**9.3. Generative Governance Discussion [10:30 a.m. - 11:15 a.m.]**

The Board of Directors reviewed generative governance concepts.

Generative thinking:

- frames questions
- addresses the biggest challenges
- is key to understanding and responding to paradigm shifts
- keeps focus, decision-making on the purpose, mission
- can be the most challenging, and most rewarding

**9.4. Wrap up and Agree on Board Goals for 2019 [11:15 a.m. – 12:00 p.m.]**

The Board of Directors worked on creating goals for 2019.

Possible Board Actions

- Restructure board meeting agendas
- Add 5-minute meeting evaluation discussion to each meeting agenda
- Consider joint board meeting with Barton board
- Create formal education plan
- Revamp onboarding process
- Consider reading and discussing “Dual Transformation”
- Send Ken Kaufman video from AHA on Market Disruptors
- Governance Committee to curate board meeting materials to make them more strategic and shorter
- Create board policy regarding framework for current strategic plan (Chuck’s list with additions)
- Review board policy on board orientation for possible update

**10. ADJOURN**

**Meeting adjourned at 12:00 p.m.**



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

Thursday, April 25, 2019 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; Mary Brown, Vice President; Dale Chamblin, Treasurer; Randy Hill, Board Member

Staff in attendance: Harry Weis, Chief Executive Officer; Judy Newland, Chief Operations Officer; Crystal Betts, Chief Financial Officer; Alex MacLennan, Chief Human Resources Officer; Janet Van Gelder, Director of Quality and Regulations; Todd Johnson, Risk Manager; Lauren Caprio, Human Resources Generalist; Martina Rochefort, Clerk of the Board

Other: David Ruderman, Assistant General Counsel

*Absent: Charles Zipkin, M.D., Secretary*

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

No changes were made to the agenda.

## **4. INPUT AUDIENCE**

No public comment was received.

*Director of Quality and Risk Manager departed the meeting at 4:03 p.m.*

**Open Session recessed at 4:03 p.m.**

## **5. CLOSED SESSION**

**Closed Session convened at 4:04 p.m.**

### **5.1. Conference with Labor Negotiator (Government Code § 54957.6)**

*Name of District Negotiator(s) to Attend Closed Session: Alex MacLennan*

*Employee Organization(s): Employees Association and Employees Association of Professionals*

Discussion was held on a privileged item.

### **5.2. Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3))**

*A point has been reached where, in the opinion of the Board on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District. Number of Potential Cases: One*

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

*Name of Person Threatening Litigation: Chris Binkley*

Discussion was held on a privileged item.

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

*Subject Matter: 2018 Annual Quality Assurance/Performance Improvement Report*

*Number of items: One (1)*

Discussion was held on a privileged item.

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

*Subject Matter: Quality Assurance Report*

*Number of items: One (1)*

Discussion was held on a privileged item.

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

*Subject Matter: First Quarter 2019 Corporate Compliance Report*

*Number of items: One (1)*

Discussion was held on a privileged item.

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

*Subject Matter: Compliance Report*

*Number of items: Two (2)*

Discussion was held on a privileged item.

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

*Property Address: 10099 Lake Avenue, Truckee, CA 96161; 10956 Donner Pass Road, Suite 260, Truckee, CA 96161*

*Agency Negotiator: Judith Newland*

*Negotiating Parties: Kelly Hatfield; Gregory & Jennifer Tirdel*

*Under Negotiation: Price & Terms*

Discussion was held on a privileged item.

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

*Number of Potential Cases: One (1)*

Discussion was held on a privileged item.

**5.9. Approval of Closed Session Minutes**

03/28/2019

Discussion was held on a privileged item.

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

*Subject Matter: Medical Staff Credentials*

Discussion was held on a privileged item.

**6. DINNER BREAK**

**7. OPEN SESSION – CALL TO ORDER**

Open Session reconvened at 6:01 p.m.

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

General Counsel reported there were ten items considered in closed session. There was no reportable action under item 5.1. Conference with Labor Negotiator. The claim under item 5.2. was rejected on a 4-0 vote. There was no reportable action on items 5.3-5.8. Item 5.9 Closed Session Minutes were approved on a 4-0 vote. Item 5.10 Medical Staff Credentials were approved on 4-0 vote.

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

No changes were made to the agenda.

**10. INPUT – AUDIENCE**

No public comment was received.

**11. INPUT FROM EMPLOYEE ASSOCIATIONS**

No public comment was received.

**12. SAFETY FIRST**

**12.1.** Dr. Shawni Coll, Chief Medical Officer, presented on psychological safety for the April Safety First Topic.

**13. ACKNOWLEDGMENTS**

**13.1.** Allie Rohe was named April 2019 Employee of the Month.

**13.2.** CFO Crystal Betts received Outstanding Public Servant Award at the NLTRA/North Lake Tahoe Chamber of Commerce's 65<sup>th</sup> Annual Community Awards.

**13.3.** National Nurses Week is May 6-12, 2019

**13.4.** National Hospital Week is May 12-18, 2019

**14. MEDICAL STAFF EXECUTIVE COMMITTEE**

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

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

Annual Review (No Changes): Educational Assistance Fund for Employees – MSGEN-3, Medical Ethics Case Consultation-MSGEN-1601, Well Being Policy-MSGEN-9, Anesthesia Privileges, General Dentistry Privilege, Ophthalmology Privileges, Oral and Maxillofacial Privileges, Orthopedics Privileges, Otolaryngology Privileges, Pain Medicine Privileges, Pathology Privileges, Plastic Surgery Privileges, Podiatry Privileges, Urology Privileges, Pediatric Privileges

Annual Review (With Changes): Anesthesia Standards of Practice-MSCP-1601

Discussion was held.

**ACTION:** Motion made by Director Brown, seconded by Director Hill, to approve the Medical Executive Committee Consent Agenda as presented.

**AYES:** Directors Hill, Chamblin, Brown and Wong

**Abstention:** None

**NAYS:** None

**Absent:** Zipkin



## **15. CONSENT CALENDAR**

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

### **15.1. Approval of Minutes of Meetings**

15.1.1. 03/28/2019

### **15.2. Financial Reports**

15.2.1. Financial Report – March 2019

### **15.3. Staff Reports**

15.3.1. CEO Board Report

15.3.2. COO Board Report

15.3.3. CNO Board Report

15.3.4. CIIO Board Report

15.3.5. CMO Board Report

15.3.6. Legislative Report

### **15.4. Approve Updated Policies**

15.4.1. ABD-06 Conflict of Interest Code

Director Wong pulled item 15.4.1. for discussion.

**ACTION: Motion made by Director Hill, seconded by Director Chamblin, to approve the Consent Calendar excluding item 15.4.1.**

**AYES: Directors Hill, Chamblin, Brown and Wong**

**Abstention: None**

**NAYS: None**

**Absent: Zipkin**

## **16. ITEMS FOR BOARD ACTION**

### **16.1. Corporate Compliance Report**

Jim Hook of The Fox Group presented a First Quarter 2019 Corporate Compliance Report.

**ACTION: Motion made by Director Brown, seconded by Director Hill, to accept the First Quarter 2019 Corporate Compliance Report.**

**AYES: Directors Hill, Chamblin, Brown and Wong**

**Abstention: None**

**NAYS: None**

**Absent: Zipkin**

### **16.2. TFHD Board of Directors Vacancy**

Director Charles Zipkin submitted his resignation effective May 1, 2019. The Board of Directors considered appointment to fill an upcoming board vacancy.

No public comment was received.

**ACTION: Motion made by Director Chamblin, seconded by Director Hill, to not proceed with a special election and use appointment process.**

**AYES: Directors Hill, Chamblin, Brown and Wong**

**Abstention: None**  
**NAYS: None**  
**Absent: Zipkin**

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

Discussion was held on item 15.4.1.

**ACTION:** Motion made by Director Brown, seconded by Director Hill, to approve item 15.4.1. ABD-06 Conflict of Interest Code as presented.

**AYES:** Directors Hill, Chamblin, Brown and Wong

**Abstention: None**

**NAYS: None**

**Absent: Zipkin**

**18. BOARD COMMITTEE REPORTS/RECOMMENDATIONS FOR DISCUSSION AND/OR ACTION**

**18.1. Finance Committee Meeting – 04/23/2019**

Director Chamblin provided an update from the recent Finance Committee.

**18.2. Executive Compensation Committee Meeting – No meeting in April.**

**18.3. Quality Committee Meeting – No meeting held in April.**

**18.4. Governance Committee Meeting – No meeting held in April.**

**19. AGENDA INPUT FOR UPCOMING COMMITTEE MEETINGS**

Director Brown would like follow up on safety issues on campus that were addressed in a letter to board members.

**20. ITEMS FOR NEXT MEETING**

None.

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

Director Wong provided an update on the board retreat.

**22. CLOSED SESSION CONTINUED, IF NECESSARY**

**23. OPEN SESSION**

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

**25. ADJOURN**

Meeting adjourned at 6:50 p.m.

**TAHOE FOREST HOSPITAL DISTRICT  
APRIL 2019 FINANCIAL REPORT  
INDEX**

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**Board of Directors**  
*Of Tahoe Forest Hospital District*  
**APRIL 2019 FINANCIAL NARRATIVE**

The following is the financial narrative analyzing financial and statistical trends for the ten months ended April 30, 2019.

**Activity Statistics**

- ❑ TFH acute patient days were 525 for the current month compared to budget of 421. This equates to an average daily census of 17.5 compared to budget of 14.0.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Emergency Department visits, Surgical Services, Medical Supplies Sold to Patients, Laboratory tests, Cardiac Rehab, Diagnostic Imaging, Mammography, Medical Oncology procedures, Nuclear Medicine, MRI, Briner Ultrasound, Cat Scan, Oncology Drugs Sold to Patients, Respiratory Therapy, Gastroenterology, Tahoe City Physical, Physical Therapy-Aquatic, and Speech Therapy.

**Financial Indicators**

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 51.1% in the current month compared to budget of 53.8% and to last month's 51.9%. Current year's Net Patient Revenue as a percentage of Gross Patient Revenue is 51.2%, compared to budget of 53.8% and prior year's 55.4%.
- ❑ EBIDA was \$3,488,639 (11.0%) for the current month compared to budget of \$852,958 (3.5%), or \$2,635,680 (7.5%) above budget. Year-to-date EBIDA was \$22,324,354 (7.6%) compared to budget of \$7,613,876 (3.1%), or \$14,710,478 (4.5%) above budget.
- ❑ Net Income was \$3,272,630 for the current month compared to budget of \$527,427 or \$2,745,203 above budget. Year-to-date Net Income was \$18,031,413 compared to budget of \$4,428,200 or \$13,603,213 above budget.
- ❑ Cash Collections for the current month were \$16,497,699 which is 119% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$79,132,675 at the end of April compared to \$84,421,716 at the end of March.

**Balance Sheet**

- ❑ Working Capital is at 22.8 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 163.4 days. Working Capital cash increased a net \$838,000. Cash collections exceeded target by 19%. Accrued Payroll & Related Costs decreased \$572,000, the District remitted \$1,200,000 for the semi-annual funding of the Employer's portion of Deferred Comp and the District received payment in the amount of \$879,000 from the State for the FY18 AB915 program.
- ❑ Net Patient Accounts Receivable decreased approximately \$95,000 and Cash collections were 119% of target. EPIC Days in A/R were 79.5 compared to 84.0 at the close of March, a 4.5 days decrease.
- ❑ Other Receivables increased \$1,400,000 primarily related to the booking of a Health Insurance Stop Loss receivable in the amount of \$1,000,000.
- ❑ Estimated Settlements Medi-Cal & Medicare decreased a net \$365,000 after recording the monthly HQAF and Rate Range IGT receivable and posting the remittance of \$879,000 received from the State for the District's FY18 AB915 receivable.
- ❑ Accrued Payroll & Related Costs decreased a net \$572,000 as a result of month-end accrued payroll days and remittance of the semi-annual employer's portion of Deferred Comp.
- ❑ Estimated Settlements, Medi-Cal & Medicare increased \$432,000 after booking an amount due to the Medicare program for IVCH Part B (outpatient) overpayments.

**Operating Revenue**

- ❑ Current month’s Total Gross Revenue was \$31,781,898, compared to budget of \$24,282,793 or \$7,499,105 above budget.
- ❑ Current month’s Gross Inpatient Revenue was \$7,963,113, compared to budget of \$6,376,739 or \$1,586,374 above budget.
- ❑ Current month’s Gross Outpatient Revenue was \$23,818,786 compared to budget of \$17,906,054 or \$5,912,732 above budget.
- ❑ Current month’s Gross Revenue Mix was 37.5% Medicare, 14.4% Medi-Cal, .0% County, 2.8% Other, and 45.3% Insurance compared to budget of 36.8% Medicare, 17.3% Medi-Cal, .0% County, 3.6% Other, and 42.3% Insurance. Last month’s mix was 36.0% Medicare, 17.9% Medi-Cal, .0% County, 2.8% Other, and 43.3% Insurance. Year-to-date Gross Revenue Mix was 37.5% Medicare, 16.1% Medi-Cal, .0% County, 3.0% Other, and 43.4% Insurance compared to budget of 36.4% Medicare, 17.5% Medi-Cal, .0% County, 3.7% Other, and 42.4% Commercial.
- ❑ Current month’s Deductions from Revenue were \$15,549,340 compared to budget of \$11,206,737 or \$4,342,603 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a .68% increase in Medicare, a 2.87% decrease to Medi-Cal, County at budget, a .80% decrease in Other, and Commercial was above budget 2.99%, 2) Revenues exceeded budget by 30.9%, and 3) approval of Charity Care applications created a negative variance of \$1,200,000 in the Charity Care bucket.

DESCRIPTION	April 2019 Actual	April 2019 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	5,096,136	4,870,901	(225,234)	
Employee Benefits	1,548,780	1,438,739	(110,041)	
Benefits – Workers Compensation	60,954	55,820	(5,134)	
Benefits – Medical Insurance	248,353	598,402	350,048	Booking of a Stop Loss receivable created a positive variance in Benefits-Medical Insurance.
Medical Professional Fees	1,984,227	2,062,176	77,949	Negative variance in Therapist fees and Hospitalist coverage was offset by positive variances in Multi-Specialty Clinic physician fees and Anesthesia Physician Guarantee.
Other Professional Fees	202,484	188,298	(14,186)	We saw a negative variance in Human Resource recruitment fees and consulting services provided for Managed Care.
Supplies	2,283,285	1,872,696	(410,589)	Medical supplies sold to Patients, Drugs Sold to Patients and Oncology drugs sold to Patients revenues exceeded budget, creating a negative variance in Medical and Pharmacy supplies.
Purchased Services	1,353,875	1,222,271	(131,604)	Outsourced Lab testing, pre-employment and employee health screenings, and billing and collection services to assist with reducing the aged accounts receivable arising from our system conversion created a negative variance in Purchased Services.
Other Expenses	878,764	751,820	(126,944)	Outside Training & Travel, Equipment Rent, and physician recruitment fees exceeded budget, creating a negative variance in the Other Expenses category.
Total Expenses	13,656,859	13,061,124	(595,735)	

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF NET POSITION  
APRIL 2019

	Apr-19	Mar-19	Apr-18	
<b>ASSETS</b>				
<b>CURRENT ASSETS</b>				
* CASH	\$ 10,440,139	\$ 9,602,067	\$ 11,678,857	1
PATIENT ACCOUNTS RECEIVABLE - NET	30,235,743	30,330,995	20,815,074	2
OTHER RECEIVABLES	8,539,698	7,139,523	7,168,016	3
GO BOND RECEIVABLES	723,434	348,548	967,338	
ASSETS LIMITED OR RESTRICTED	8,031,404	8,027,059	6,172,892	
INVENTORIES	3,146,766	3,133,711	3,016,971	
PREPAID EXPENSES & DEPOSITS	2,291,552	2,478,029	1,753,238	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	9,079,043	9,444,273	17,177,302	4
<b>TOTAL CURRENT ASSETS</b>	72,487,779	70,504,205	68,749,688	
<b>NON CURRENT ASSETS</b>				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	64,209,805	63,814,560	46,900,135	1
MUNICIPAL LEASE 2018	5,149,709	5,149,709	-	
TOTAL BOND TRUSTEE 2017	20,182	20,117	19,849	
TOTAL BOND TRUSTEE 2015	1,021,676	884,578	1,506,177	
GO BOND PROJECT FUND	-	-	-	
GO BOND TAX REVENUE FUND	1,617,792	1,617,792	1,900,012	
DIAGNOSTIC IMAGING FUND	3,286	3,266	3,217	
DONOR RESTRICTED FUND	1,134,903	1,131,128	1,451,915	
WORKERS COMPENSATION FUND	17,880	9,892	13,745	
TOTAL	73,175,233	72,631,041	51,795,049	
LESS CURRENT PORTION	(8,031,404)	(8,027,059)	(6,172,892)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	65,143,829	64,603,982	45,622,158	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	701,785	701,785	-	
PROPERTY HELD FOR FUTURE EXPANSION	927,633	927,633	837,909	
PROPERTY & EQUIPMENT NET	173,906,162	172,705,282	163,386,008	
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,864,055	1,864,055	1,753,625	
<b>TOTAL ASSETS</b>	315,031,244	311,306,942	280,349,387	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	433,138	436,371	471,927	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,137,905	1,137,905	1,117,841	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	5,746,040	5,769,745	6,030,497	
GO BOND DEFERRED FINANCING COSTS	448,742	450,676	471,956	
DEFERRED FINANCING COSTS	176,847	177,887	189,330	
<b>TOTAL DEFERRED OUTFLOW OF RESOURCES</b>	\$ 7,942,673	\$ 7,972,584	\$ 8,281,552	
<b>LIABILITIES</b>				
<b>CURRENT LIABILITIES</b>				
ACCOUNTS PAYABLE	\$ 7,877,510	\$ 7,760,386	\$ 5,111,797	
ACCRUED PAYROLL & RELATED COSTS	11,324,427	11,896,028	11,024,507	5
INTEREST PAYABLE	357,198	273,928	751,916	
INTEREST PAYABLE GO BOND	1,028,356	710,514	998,154	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	1,514,689	1,082,689	263,010	6
HEALTH INSURANCE PLAN	1,463,491	1,463,491	1,211,751	
WORKERS COMPENSATION PLAN	1,888,143	1,887,945	1,704,413	
COMPREHENSIVE LIABILITY INSURANCE PLAN	1,184,419	1,184,419	858,290	
CURRENT MATURITIES OF GO BOND DEBT	1,330,000	1,330,000	860,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	2,545,824	2,534,956	1,049,645	
<b>TOTAL CURRENT LIABILITIES</b>	30,514,056	30,124,356	23,833,482	
<b>NONCURRENT LIABILITIES</b>				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	36,865,070	36,819,589	27,332,485	
GO BOND DEBT NET OF CURRENT MATURITIES	100,856,930	100,870,350	102,632,978	
DERIVATIVE INSTRUMENT LIABILITY	1,137,905	1,137,905	1,117,841	
<b>TOTAL LIABILITIES</b>	169,373,961	168,952,201	154,916,786	
<b>NET ASSETS</b>				
NET INVESTMENT IN CAPITAL ASSETS	152,465,053	149,196,198	132,262,237	
RESTRICTED	1,134,903	1,131,128	1,451,915	
<b>TOTAL NET POSITION</b>	\$ 153,599,956	\$ 150,327,326	\$ 133,714,152	

\* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT  
NOTES TO STATEMENT OF NET POSITION  
APRIL 2019

1. Working Capital is at 22.8 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 163.4 days. Working Capital cash increased a net \$838,000. Accrued Payroll & Related Costs decreased \$572,000 (See Note 5), cash collections exceeded target by 19%, the District received payment on its FY18 AB915 receivable (See Note 4) and funded the semi-annual employer's portion of Deferred Comp for \$1.2m (See Note 5).
2. Net Patient Accounts Receivable decreased approximately \$95,000 and Cash collections were 119% of target. EPIC Days in A/R were 79.5 compared to 84.0 at the close of March, a 4.50 days decrease.
3. Other Receivables increased \$1,400,000 primarily related to the booking of a Health Insurance Stop Loss receivable in the amount of \$1m.
4. Estimated Settlements, Medi-Cal & Medicare decreased a net \$365,000 after recording the monthly HQAF and Rate Range IGT receivable and posting a remittance of \$879,000 from the State for the District's FY2018 AB915 receivable.
5. Accrued Payroll & Related Costs decreased a net \$572,000 as a result of month-end accrued payroll days and remittance of the semi-annual employer's portion of Deferred Comp.
6. Estimated Settlements, Medi-Cal & Medicare increased \$432,000 after booking an amount due to the Medicare program for IVCH Part B (outpatient) overpayments.

**Tahoe Forest Hospital District  
Cash Investment  
April 2019**

<b>WORKING CAPITAL</b>			
US Bank	\$ 9,273,110		
US Bank/Kings Beach Thrift Store	15,462		
US Bank/Truckee Thrift Store	99,390		
US Bank/Payroll Clearing	41,669		
Umpqua Bank	<u>1,010,507</u>	0.40%	
Total			\$ 10,440,139
 <b>BOARD DESIGNATED FUNDS</b>			
US Bank Savings	\$ -	0.03%	
Capital Equipment Fund	<u>-</u>		
Total			\$ -
Building Fund	\$ -		
Cash Reserve Fund	<u>64,209,805</u>	2.45%	
Local Agency Investment Fund			\$ 64,209,805
Municipal Lease 2018			\$ 5,149,709
Bonds Cash 2017			\$ 20,182
Bonds Cash 2015			\$ 1,021,676
GO Bonds Cash 2008			\$ 1,617,792
DX Imaging Education	\$ 3,286		
Workers Comp Fund - B of A	17,880		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ 21,166</u>
<b>TOTAL FUNDS</b>			<b>\$ 82,480,469</b>
 <b>RESTRICTED FUNDS</b>			
Gift Fund			
US Bank Money Market	\$ 8,360	0.03%	
Foundation Restricted Donations	34,641		
Local Agency Investment Fund	<u>1,091,902</u>	2.45%	
<b>TOTAL RESTRICTED FUNDS</b>			<b><u>\$ 1,134,903</u></b>
<b>TOTAL ALL FUNDS</b>			<b><u><u>\$ 83,615,372</u></u></b>



TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION  
APRIL 2019

CURRENT MONTH				YEAR TO DATE				PRIOR YTD APR 2018
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%	
<b>OPERATING REVENUE</b>								
\$ 31,781,898	\$ 24,282,793	\$ 7,499,105	30.9%	\$ 294,162,916	\$ 249,384,856	\$ 44,778,060	18.0%	1 \$ 219,822,844
Total Gross Revenue								
Gross Revenues - Inpatient								
\$ 2,913,635	\$ 2,309,805	\$ 603,830	26.1%	\$ 29,354,773	\$ 24,634,679	\$ 4,720,093	19.2%	\$ 22,503,430
5,049,478	4,066,934	982,544	24.2%	48,496,608	42,441,567	6,055,041	14.3%	36,832,050
7,963,113	6,376,739	1,586,374	24.9%	77,851,381	67,076,246	10,775,135	16.1%	59,335,480
Total Gross Revenue - Inpatient								
Gross Revenue - Outpatient								
23,818,786	17,906,054	5,912,732	33.0%	216,311,535	182,308,610	34,002,926	18.7%	160,487,364
23,818,786	17,906,054	5,912,732	33.0%	216,311,535	182,308,610	34,002,926	18.7%	160,487,364
Total Gross Revenue - Outpatient								
Deductions from Revenue:								
13,547,417	10,172,638	(3,374,779)	-33.2%	130,414,732	104,503,357	(25,911,375)	-24.8%	2 93,496,573
-	-	-	0.0%	1,200,000	-	(1,200,000)	0.0%	2 -
1,958,600	755,920	(1,202,680)	-159.1%	11,004,927	7,852,788	(3,152,138)	-40.1%	2 6,983,904
-	-	-	0.0%	-	-	-	0.0%	2 266,812
102,584	278,179	175,595	63.1%	3,021,165	2,971,742	(49,423)	-1.7%	2 1,977,196
(59,262)	-	59,262	0.0%	(2,003,985)	-	2,003,985	0.0%	2 (4,778,009)
15,549,340	11,206,737	(4,342,603)	-38.7%	143,636,839	115,327,888	(28,308,951)	-24.5%	97,946,475
Total Deductions from Revenue								
93,220	87,143	(6,077)	-7.0%	910,205	876,223	33,982	3.9%	688,352
819,719	750,883	68,835	9.2%	8,768,078	7,680,138	1,087,939	14.2%	3 7,188,892
Property Tax Revenue- Wellness Neighborhood								
Other Operating Revenue								
17,145,497	13,914,082	3,231,415	23.2%	160,204,360	142,613,330	17,591,030	12.3%	129,753,613
<b>TOTAL OPERATING REVENUE</b>								
<b>OPERATING EXPENSES</b>								
5,096,136	4,870,901	(225,234)	-4.6%	49,447,477	50,930,566	1,483,089	2.9%	4 44,785,480
1,548,780	1,438,739	(110,041)	-7.6%	15,764,658	15,094,150	(670,509)	-4.4%	4 15,087,145
60,954	55,820	(5,134)	-9.2%	615,395	558,205	(57,191)	-10.2%	4 541,794
248,353	598,402	350,048	58.5%	8,197,537	5,984,015	(2,213,522)	-37.0%	4 5,529,265
1,984,227	2,062,176	77,949	3.8%	20,228,355	20,172,527	(55,829)	-0.3%	5 17,384,359
202,484	188,298	(14,186)	-7.5%	1,843,321	1,952,483	109,163	5.6%	5 2,322,957
2,283,285	1,872,696	(410,589)	-21.9%	21,090,930	19,586,832	(1,504,098)	-7.7%	6 17,613,960
1,353,875	1,222,271	(131,604)	-10.8%	13,448,769	13,286,411	(162,359)	-1.2%	7 11,900,932
878,764	751,820	(126,944)	-16.9%	7,243,563	7,434,264	190,701	2.6%	8 6,974,698
13,656,859	13,061,124	(595,735)	-4.6%	137,880,006	134,999,453	(2,880,553)	-2.1%	122,140,590
<b>3,488,639</b>	<b>852,958</b>	<b>2,635,680</b>	<b>309.0%</b>	<b>22,324,354</b>	<b>7,613,876</b>	<b>14,710,478</b>	<b>193.2%</b>	<b>7,613,023</b>
<b>NET OPERATING REVENUE (EXPENSE) EBIDA</b>								
<b>NON-OPERATING REVENUE/(EXPENSE)</b>								
549,738	555,815	(6,077)	-1.1%	5,561,137	5,553,359	7,778	0.1%	9 5,745,381
374,886	374,886	0	0.0%	3,748,858	3,748,857	0	0.0%	3,316,731
149,484	127,803	21,681	17.0%	1,420,992	1,284,671	136,321	10.6%	10 764,236
-	-	-	0.0%	-	-	-	0.0%	-
220,948	86,961	133,987	154.1%	900,083	889,861	10,222	1.1%	11 160,922
-	-	-	0.0%	-	-	-	0.0%	12 -
-	-	-	0.0%	(538,384)	-	(538,384)	0.0%	12 -
-	-	-	0.0%	5,850	-	5,850	0.0%	13 9,494
-	-	-	0.0%	-	-	-	0.0%	14 -
(1,059,977)	(1,059,977)	(0)	0.0%	(11,067,202)	(10,599,770)	(467,432)	-4.4%	15 (9,864,652)
(121,026)	(87,091)	(33,935)	-39.0%	(1,033,101)	(870,909)	(162,192)	-18.6%	16 (949,888)
(330,061)	(323,929)	(6,132)	-1.9%	(3,291,173)	(3,191,746)	(99,427)	-3.1%	(3,281,460)
(216,009)	(325,532)	109,523	33.6%	(4,292,940)	(3,185,676)	(1,107,264)	-34.8%	(4,099,236)
<b>TOTAL NON-OPERATING REVENUE/(EXPENSE)</b>								
<b>\$ 3,272,630</b>	<b>\$ 527,427</b>	<b>\$ 2,745,203</b>	<b>520.5%</b>	<b>\$ 18,031,413</b>	<b>\$ 4,428,200</b>	<b>\$ 13,603,213</b>	<b>307.2%</b>	<b>\$ 3,513,787</b>
<b>INCREASE (DECREASE) IN NET POSITION</b>								
<b>NET POSITION - BEGINNING OF YEAR</b>				<b>135,568,542</b>				
<b>NET POSITION - AS OF APRIL 30, 2019</b>				<b>\$ 153,599,956</b>				
<b>11.0%</b>	<b>3.5%</b>	<b>7.5%</b>		<b>7.6%</b>	<b>3.1%</b>	<b>4.5%</b>		<b>3.5%</b>
<b>RETURN ON GROSS REVENUE EBIDA</b>								

**TAHOE FOREST HOSPITAL DISTRICT**  
**NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION**  
**APRIL 2019**

**1) Gross Revenues**

Acute Patient Days were above budget 24.70% or 104 days. Swing Bed days were above budget 81.25% or 13 days. Inpatient Ancillary revenues were above budget by 24.20% as a result of increased patient days.

	<b>Variance from Budget</b>	
	<b>Fav / &lt;Unfav&gt;</b>	
	<b>APR 2019</b>	<b>YTD 2019</b>
Gross Revenue -- Inpatient	\$ 1,586,374	\$ 10,775,135
Gross Revenue -- Outpatient	5,912,732	34,002,926
Gross Revenue -- Total	<u>\$ 7,499,105</u>	<u>\$ 44,778,060</u>

Outpatient volumes were above budget in the following departments: Emergency Department visits, Surgical Services, Medical Supplies Sold to Patients, Laboratory tests, Cardiac Rehab, Diagnostic Imaging, Mammography, Medical Oncology procedures, Nuclear Medicine, MRI, Briner Ultrasound, Cat Scan, Oncology Drugs Sold to Patients, Respiratory Therapy, Gastroenterology, Tahoe City Physical Therapy, Physical Therapy-Aquatic, and Speech Therapy.

**2) Total Deductions from Revenue**

The payor mix for April shows a .68% increase to Medicare, a 2.87% decrease to Medi-Cal, .80% decrease to Other, County at budget, and a 2.99% increase to Commercial when compared to budget. Contractual Allowances were over budget as a result of revenues exceeding budget by 30.9% and approval of pending Charity Care applications created a negative variance in Charity Care.

Contractual Allowances	\$ (3,374,779)	\$ (25,911,375)
Managed Care Reserve	-	(1,200,000)
Charity Care	(1,202,680)	(3,152,138)
Charity Care - Catastrophic	-	-
Bad Debt	175,595	(49,423)
Prior Period Settlements	59,262	2,003,985
Total	<u>\$ (4,342,603)</u>	<u>\$ (28,308,951)</u>

An adjustment was made to the FY18 AB915 receivable after receiving full remittance from the State for participation in the program. This created a positive variance in Prior Period Settlements.

**3) Other Operating Revenue**

Retail Pharmacy revenues exceeded budget by 19.72%.

Retail Pharmacy	\$ 42,579	\$ 401,961
Hospice Thrift Stores	(25,884)	85,588
The Center (non-therapy)	7,332	444
IVCH ER Physician Guarantee	12,479	156,086
Children's Center	11,918	64,235
Miscellaneous	(21,172)	329,042
Oncology Drug Replacement	-	-
Grants	41,582	50,582
Total	<u>\$ 68,835</u>	<u>\$ 1,087,939</u>

Kings Beach Thrift Store is closed for renovations at its new location, creating a negative variance in Hospice Thrift Store revenues.

The Center (non-therapy) revenues exceeded budget for the month in Occupational Health testing and Fitness Center memberships.

IVCH ER Physician Guarantee is tied to collections which exceeded budget in April.

Child Care days exceeded budget by 28%.

Rebates & Refunds fell short of budget estimations, creating a negative variance in Miscellaneous.

**4) Salaries and Wages**

Total	<u>\$ (225,234)</u>	<u>\$ 1,483,089</u>
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**Employee Benefits**

PL/SL	\$ (47,477)	\$ (165,726)
Nonproductive	(46,053)	(516,268)
Pension/Deferred Comp	(606)	102,506
Standby	(8,211)	(81,741)
Other	(7,694)	(9,279)
Total	<u>\$ (110,041)</u>	<u>\$ (670,509)</u>

**Employee Benefits - Workers Compensation**

Total	<u>\$ (5,134)</u>	<u>\$ (57,191)</u>
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**Employee Benefits - Medical Insurance**

The District booked a stop-loss receivable from our Third Party Administrator, creating a positive variance in Employee Benefits - Medical Insurance.

Total	<u>\$ 350,048</u>	<u>\$ (2,213,522)</u>
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**5) Professional Fees**

Physical Therapy-Aquatic revenues exceeded budget, creating a negative variance in The Center (includes OP Therapy).

The Center (includes OP Therapy)	\$ (9,745)	\$ (233,582)
TFH/IVCH Therapy Services	(45,544)	(233,265)
Home Health/Hospice	1,670	(124,676)
Human Resources	(34,047)	(37,836)
Financial Administration	6,125	(9,889)
IVCH ER Physicians	(3,155)	(1,606)
Patient Accounting/Admitting	-	-
Respiratory Therapy	-	-
Administration	3,180	8,781
Multi-Specialty Clinics Administrator	1,897	9,642
Sleep Clinic	7,320	11,066
Marketing	1,267	16,375
Information Technology	22,116	20,024
Corporate Compliance	1,000	27,620
Medical Staff Services	3,571	31,228
Managed Care	(9,133)	57,599
Oncology	11,425	83,546
Multi-Specialty Clinics	41,591	99,186
TFH Locums	(11,449)	157,718
Miscellaneous	75,675	171,403
Total	<u>\$ 63,763</u>	<u>\$ 53,334</u>

IVCH Physical Therapy and TC Physical Therapy revenues exceeded budget, creating a negative variance in TFH/IVCH Therapy Services.

Negative variance in Human Resources related to recruitment fees for the hiring of our new Director of Medical Records.

Consulting services provided for Managed Care created a negative variance in this category.

Hospitalist fees exceeded budget, creating a negative variance in TFH Locums.

Anesthesia Physician Guarantee came in below budget creating a positive variance in Miscellaneous.

**TAHOE FOREST HOSPITAL DISTRICT**  
**NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION**  
**APRIL 2019**

		<u>Variance from Budget</u>	
		<u>Fav / &lt;Unfav&gt;</u>	
		<u>APR 2019</u>	<u>YTD 2019</u>
<b>6) <u>Supplies</u></b>	Patient & Other Medical Supplies	\$ (328,704)	\$ (1,018,578)
Medical Supplies Sold to Patients revenues exceeded budget by 108.86%, creating a negative variance in Patient & Other Medical Supplies.	Pharmacy Supplies	(93,159)	(376,651)
	Minor Equipment	945	(118,581)
	Food	(7,774)	(68,380)
Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues exceeded budget by 13.74%, creating a negative variance in Pharmacy Supplies.	Other Non-Medical Supplies	5,779	(4,309)
	Imaging Film	50	529
	Office Supplies	12,273	81,872
	<b>Total</b>	<b>\$ (410,589)</b>	<b>\$ (1,504,098)</b>
<b>7) <u>Purchased Services</u></b>	Laboratory	\$ (8,319)	\$ (130,397)
Outsourced lab testing created a negative variance in Laboratory.	Multi-Specialty Clinics	(17,256)	(90,564)
	Pharmacy IP	(2,737)	(43,017)
Health Checks for new hires and employee health rescreenings created a negative variance in Multi-Specialty Clinics.	Home Health/Hospice	(63)	(41,538)
	Miscellaneous	30,904	(34,532)
Outsourced billing and collection services contracted to assist in reducing the aged accounts receivable from the system conversion created a negative variance in Patient Accounting.	Patient Accounting	(135,449)	(15,072)
	Medical Records	4,000	(5,043)
	Community Development	(336)	(1,359)
	Information Technology	530	5,650
	Diagnostic Imaging Services - All	2,931	6,337
	The Center	(5,514)	36,077
	Department Repairs	(2,603)	37,101
	Human Resources	2,307	113,997
	<b>Total</b>	<b>\$ (131,604)</b>	<b>\$ (162,359)</b>
<b>8) <u>Other Expenses</u></b>	Equipment Rent	\$ (19,638)	\$ (81,337)
Oxygen rental created a negative variance in Equipment Rent.	Outside Training & Travel	(22,541)	(75,274)
	Other Building Rent	6,967	(33,293)
Negative variance in Outside Training & Travel related to Locums and Interim Directors in Patient Financial Services and Medical Records.	Insurance	(8,404)	(6,244)
	Multi-Specialty Clinics Equip Rent	571	(5,171)
Negative variance in Miscellaneous related to Physician recruitment fees and expense advancements to the Foundation for the Best of Tahoe Chefs events.	Physician Services	-	-
	Human Resources Recruitment	-	-
	Multi-Specialty Clinics Bldg Rent	7,745	11,156
	Dues and Subscriptions	185	31,728
	Miscellaneous	(116,082)	45,454
	Marketing	8,044	134,264
	Utilities	16,208	169,419
	<b>Total</b>	<b>\$ (126,944)</b>	<b>\$ 190,701</b>
<b>9) <u>District and County Taxes</u></b>	<b>Total</b>	<b>\$ (6,077)</b>	<b>\$ 7,778</b>
<b>10) <u>Interest Income</u></b>	<b>Total</b>	<b>\$ 21,681</b>	<b>\$ 136,321</b>
<b>11) <u>Donations</u></b>	IVCH	\$ 146,903	\$ (189,327)
Funding from the IVCH Foundation for the new Patient Central Monitoring System in the Emergency Department created a positive variance in IVCH donations.	Operational	(12,916)	199,549
	Capital Campaign	-	-
	<b>Total</b>	<b>\$ 133,987</b>	<b>\$ 10,222</b>
<b>12) <u>Gain/(Loss) on Joint Investment</u></b>	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>
<b>13) <u>Gain/(Loss) on Sale or Disposal of Assets</u></b>	<b>Total</b>	<b>\$ -</b>	<b>\$ (532,534)</b>
<b>15) <u>Depreciation Expense</u></b>	<b>Total</b>	<b>\$ -</b>	<b>\$ (467,432)</b>
<b>16) <u>Interest Expense</u></b>	<b>Total</b>	<b>\$ (33,935)</b>	<b>\$ (162,192)</b>
The addition of the new, unbudgeted Municipal Lease and acquisition of the Old Gateway Building is creating a negative variance in Interest Expense.			

INCLINE VILLAGE COMMUNITY HOSPITAL  
STATEMENT OF REVENUE AND EXPENSE  
APRIL 2019

CURRENT MONTH				YEAR TO DATE				PRIOR YTD		
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%	APR 18		
				<b>OPERATING REVENUE</b>						
\$ 1,807,597	\$ 1,694,865	\$ 112,732	6.7%	Total Gross Revenue	\$ 19,958,261	\$ 18,761,517	\$ 1,196,744	6.4%	1	\$ 15,303,831
				<b>Gross Revenues - Inpatient</b>						
\$ -	\$ 4,223	\$ (4,223)	-100.0%	Daily Hospital Service	\$ 73,173	\$ 76,670	\$ (3,497)	-4.6%		\$ 101,764
-	1,366	(1,366)	-100.0%	Ancillary Service - Inpatient	57,966	66,488	(8,523)	-12.8%		99,003
-	5,589	(5,589)	-100.0%	Total Gross Revenue - Inpatient	131,139	143,159	(12,020)	-8.4%	1	200,767
1,807,597	1,689,276	118,321	7.0%	Gross Revenue - Outpatient	19,827,122	18,618,358	1,208,764	6.5%		15,103,064
1,807,597	1,689,276	118,321	7.0%	Total Gross Revenue - Outpatient	19,827,122	18,618,358	1,208,764	6.5%	1	15,103,064
				<b>Deductions from Revenue:</b>						
1,029,313	659,148	(370,165)	-56.2%	Contractual Allowances	8,133,691	7,346,076	(787,615)	-10.7%	2	6,270,653
125,548	55,694	(69,854)	-125.4%	Charity Care	910,025	703,465	(206,560)	-29.4%	2	537,016
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	50,019
113,431	52,300	(61,131)	-116.9%	Bad Debt	705,766	665,509	(40,257)	-6.0%	2	576,205
-	-	-	0.0%	Prior Period Settlements	74,873	-	(74,873)	0.0%	2	(106,438)
1,268,292	767,142	(501,150)	-65.3%	Total Deductions from Revenue	9,824,355	8,715,049	(1,109,306)	-12.7%	2	7,327,455
77,654	65,809	11,845	18.0%	Other Operating Revenue	944,917	789,318	155,599	19.7%	3	846,900
616,959	993,532	(376,573)	-37.9%	<b>TOTAL OPERATING REVENUE</b>	<b>11,078,823</b>	<b>10,835,786</b>	<b>243,037</b>	<b>2.2%</b>		<b>8,823,276</b>
				<b>OPERATING EXPENSES</b>						
283,829	280,426	(3,403)	-1.2%	Salaries and Wages	3,011,607	3,279,062	267,455	8.2%	4	2,888,123
108,097	88,641	(19,456)	-21.9%	Benefits	1,057,395	946,276	(111,119)	-11.7%	4	940,659
3,052	4,912	1,860	37.9%	Benefits Workers Compensation	36,411	49,123	12,712	25.9%	4	24,404
77,531	35,246	(42,285)	-120.0%	Benefits Medical Insurance	541,742	352,462	(189,279)	-53.7%	4	344,523
284,568	269,947	(14,621)	-5.4%	Medical Professional Fees	2,708,970	2,734,608	25,637	0.9%	5	2,303,471
2,104	2,104	0	0.0%	Other Professional Fees	21,265	21,042	(223)	-1.1%	5	25,923
67,744	64,372	(3,372)	-5.2%	Supplies	546,417	710,392	163,975	23.1%	6	437,081
50,495	42,472	(8,023)	-18.9%	Purchased Services	499,122	454,061	(45,061)	-9.9%	7	399,310
76,612	72,019	(4,593)	-6.4%	Other	719,779	672,995	(46,784)	-7.0%	8	572,227
954,033	860,140	(93,893)	-10.9%	<b>TOTAL OPERATING EXPENSE</b>	<b>9,142,708</b>	<b>9,220,021</b>	<b>77,313</b>	<b>0.8%</b>		<b>7,935,722</b>
<b>(337,074)</b>	<b>133,392</b>	<b>(470,465)</b>	<b>-352.7%</b>	<b>NET OPERATING REV(EXP) EBIDA</b>	<b>1,936,115</b>	<b>1,615,764</b>	<b>320,351</b>	<b>19.8%</b>		<b>887,554</b>
				<b>NON-OPERATING REVENUE/(EXPENSE)</b>						
183,864	36,961	146,903	397.5%	Donations-IVCH	200,534	389,861	(189,327)	-48.6%	9	22,361
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	
(59,302)	(59,302)	-	0.0%	Depreciation	(592,513)	(593,021)	508	0.1%	11	(590,826)
124,562	(22,341)	146,903	657.5%	<b>TOTAL NON-OPERATING REVENUE/(EXP)</b>	<b>(391,979)</b>	<b>(203,160)</b>	<b>(188,819)</b>	<b>-92.9%</b>		<b>(568,465)</b>
<b>\$ (212,512)</b>	<b>\$ 111,051</b>	<b>\$ (323,563)</b>	<b>-291.4%</b>	<b>EXCESS REVENUE(EXPENSE)</b>	<b>\$ 1,544,136</b>	<b>\$ 1,412,604</b>	<b>\$ 131,531</b>	<b>9.3%</b>		<b>\$ 319,089</b>
<b>-18.6%</b>	<b>7.9%</b>	<b>-26.5%</b>		<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>9.7%</b>	<b>8.6%</b>	<b>1.1%</b>			<b>5.8%</b>

**INCLINE VILLAGE COMMUNITY HOSPITAL  
NOTES TO STATEMENT OF REVENUE AND EXPENSE  
APRIL 2019**

		<u>Variance from Budget</u>	
		<u>Fav&lt;Unfav&gt;</u>	
		<u>APR 2019</u>	<u>YTD 2019</u>
<b>1) <u>Gross Revenues</u></b>			
Acute Patient Days were at budget at 0 and Observation Days were 1 below budget at 0.	Gross Revenue -- Inpatient	\$ (5,589)	\$ (12,020)
	Gross Revenue -- Outpatient	118,321	1,208,764
		<u>\$ 112,732</u>	<u>\$ 1,196,744</u>
Outpatient volumes exceeded budget in Emergency Department visits, Laboratory tests, EKGs, Diagnostic Imaging, Cat Scans, Drugs Sold to Patients, Respiratory Therapy, Physical Therapy, and Sleep Clinic visits.			
<b>2) <u>Total Deductions from Revenue</u></b>			
We saw a shift in our payor mix with a .73% increase in Commercial Insurance, a 2.32% decrease in Medicare, a 2.24% increase in Medicaid, a .65% decrease in Other, and County was at budget. We saw a negative variance in Contractual Allowances as revenues exceeded budget by 6.7%, we saw a shift in our payor mix from Medicare to Medicaid, and additional reserves were calculated on aged accounts receivable.	Contractual Allowances	\$ (370,165)	\$ (787,615)
	Charity Care	(69,854)	(206,560)
	Charity Care-Catastrophic Event	-	-
	Bad Debt	(61,131)	(40,257)
	Prior Period Settlement	-	(74,873)
	Total	<u>\$ (501,150)</u>	<u>\$ (1,109,306)</u>
<b>3) <u>Other Operating Revenue</u></b>			
IVCH ER Physician Guarantee is tied to collections which exceeded budget in April.	IVCH ER Physician Guarantee	\$ 12,479	\$ 156,086
	Miscellaneous	(634)	(487)
	Total	<u>\$ 11,845</u>	<u>\$ 155,599</u>
<b>4) <u>Salaries and Wages</u></b>			
	Total	<u>\$ (3,403)</u>	<u>\$ 267,455</u>
<b><u>Employee Benefits</u></b>			
	PL/SL	\$ (14,577)	\$ (79,005)
	Standby	(2,970)	(18,510)
	Other	(1,910)	(800)
	Total	<u>\$ (19,456)</u>	<u>\$ (111,119)</u>
<b><u>Employee Benefits - Workers Compensation</u></b>			
	Total	<u>\$ 1,860</u>	<u>\$ 12,712</u>
<b><u>Employee Benefits - Medical Insurance</u></b>			
	Total	<u>\$ (42,285)</u>	<u>\$ (189,279)</u>
<b>5) <u>Professional Fees</u></b>			
Physical Therapy revenues were above budget by 21.4%, creating a negative variance in Therapy Services.	Therapy Services	\$ (18,148)	\$ (103,191)
	IVCH ER Physicians	(3,155)	(1,606)
	Foundation	-	(223)
	Administration	-	-
	Miscellaneous	-	3,240
	Sleep Clinic	7,320	11,066
	Multi-Specialty Clinics	(637)	116,127
	Total	<u>\$ (14,621)</u>	<u>\$ 25,414</u>
Sleep Clinic professional fees are tied to collections which fell short of budget estimates in April.			
<b>6) <u>Supplies</u></b>			
Drugs Sold to Patients revenues exceeded budget by 54.6%, creating a negative variance in Pharmacy Supplies.	Minor Equipment	\$ (1,134)	\$ (9,550)
	Non-Medical Supplies	(631)	(5,992)
	Imaging Film	-	-
	Office Supplies	556	4,277
	Food	2,340	10,590
	Patient & Other Medical Supplies	1,510	71,979
	Pharmacy Supplies	(6,013)	92,671
	Total	<u>\$ (3,372)</u>	<u>\$ 163,975</u>

**INCLINE VILLAGE COMMUNITY HOSPITAL  
NOTES TO STATEMENT OF REVENUE AND EXPENSE  
APRIL 2019**

		<u>Variance from Budget</u>	
		<u>Fav&lt;Unfav&gt;</u>	
		<u>APR 2019</u>	<u>YTD 2019</u>
<b>7) <u>Purchased Services</u></b>			
Repairs to Sterile Processing equipment and maintenance on the Cat Scan created a negative variance in Department repairs.	Multi-Specialty Clinics	\$ (2,332)	\$ (18,484)
	Department Repairs	(4,248)	(17,723)
	EVS/Laundry	(972)	(8,363)
	Engineering/Plant/Communications	(4,319)	(7,753)
Water management testing created a negative variance in Engineering/Plant/Communications.	Laboratory	175	(593)
	Miscellaneous	2,584	(584)
	Surgical Services	-	-
	Pharmacy	-	-
	Foundation	575	3,973
	Diagnostic Imaging Services - All	514	4,467
	<b>Total</b>	<u>\$ (8,023)</u>	<u>\$ (45,061)</u>
<b>8) <u>Other Expenses</u></b>			
Prepayment of the May monthly insurance installment created a negative variance in Insurance.	Miscellaneous	\$ 1,850	\$ (50,523)
	Outside Training & Travel	224	(16,138)
	Insurance	(7,783)	(8,403)
	Equipment Rent	23	(1,282)
	Other Building Rent	(273)	(819)
	Physician Services	-	-
	Multi-Specialty Clinics Bldg Rent	-	3,493
	Marketing	531	4,718
	Dues and Subscriptions	197	5,831
	Utilities	638	16,339
	<b>Total</b>	<u>\$ (4,593)</u>	<u>\$ (46,784)</u>
<b>9) <u>Donations</u></b>			
Funding from the IVCH Foundation for the new Patient Central Monitoring System in the Emergency Department created a positive variance in Donations.	<b>Total</b>	<u>\$ 146,903</u>	<u>\$ (189,327)</u>
<b>10) <u>Gain/(Loss) on Sale</u></b>			
	<b>Total</b>	<u>\$ -</u>	<u>\$ -</u>
<b>11) <u>Depreciation Expense</u></b>			
	<b>Total</b>	<u>\$ -</u>	<u>\$ 508</u>

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF CASH FLOWS

	AUDITED FYE 2018		BUDGET FYE 2019	PROJECTED FYE 2019	ACTUAL APR 2019	PROJECTED APR 2019	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	ACTUAL 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	\$ 9,897,289		\$ 8,876,838	\$ 23,635,867	\$ 3,488,639	\$ 852,958	\$ 2,635,681	\$ 7,158,158	\$ 5,194,676	\$ 6,480,381	\$ 4,802,652
Interest Income	667,478		1,232,724	1,322,573	399,089	375,000	24,089	231,207	334,416	357,861	399,089
Property Tax Revenue	6,938,847		6,965,000	7,035,195	-	-	-	442,497	91,633	4,001,065	2,500,000
Donations	1,449,325		800,000	844,403	219,656	15,000	204,656	-	101,348	323,398	419,656
Debt Service Payments	(2,078,463)		(3,058,371)	(4,521,184)	(353,247)	(353,249)	2	(1,012,051)	(885,417)	(906,773)	(1,716,943)
Property Purchase Agreement	-		-	(270,644)	(67,661)	(67,661)	0	-	-	(67,661)	(202,983)
2018 Municipal Lease	(103,515)		-	(1,148,646)	(143,111)	(143,111)	-	-	(289,982)	(429,333)	(429,332)
Copier	(11,482)		(11,520)	(24,166)	(5,378)	(5,380)	2	(2,714)	(2,633)	(2,680)	(16,138)
2017 VR Demand Bond	(319,664)		(1,401,687)	(1,436,754)	-	-	-	(598,045)	(181,510)	-	(657,199)
2015 Revenue Bond	(1,643,802)		(1,645,164)	(1,640,974)	(137,097)	(137,097)	(0)	(411,292)	(411,292)	(407,099)	(411,291)
Physician Recruitment	(160,536)		(187,500)	(165,863)	-	(20,000)	20,000	(145,863)	-	-	(20,000)
Investment in Capital											
Equipment	(2,766,680)		(2,911,369)	(2,911,370)	(586,961)	(973,000)	386,039	(936,378)	(630,052)	(103,652)	(1,241,288)
Municipal Lease Reimbursement	219,363		-	3,580,291	-	-	-	-	2,181,136	669,155	730,000
IT/EMR/Business Systems	(4,182,129)		(3,986,507)	(3,986,506)	(200,573)	(511,407)	310,834	(844,873)	(320,860)	(1,286,552)	(1,534,221)
Building Projects/Properties	(4,415,940)		(15,438,772)	(15,438,772)	(1,469,343)	(2,263,457)	794,114	(1,819,774)	(3,259,281)	(3,569,345)	(6,790,371)
Capital Investments	(475,000)		(452,000)	(916,898)	-	-	-	-	-	(916,898)	-
Change in Accounts Receivable	(6,540,593)	N1	3,103,131	533,628	95,252	2,051,220	(1,955,968)	(8,013,339)	(21,877)	2,428,518	6,140,326
Change in Settlement Accounts	6,898,578	N2	1,609,698	5,504,408	797,230	(561,111)	1,358,341	853,760	(1,592,487)	(1,425,097)	7,668,232
Change in Other Assets	(6,700,275)	N3	(2,812,500)	(2,545,794)	(785,217)	(215,450)	(569,767)	(1,651,139)	(931,178)	1,001,739	(965,217)
Change in Other Liabilities	(857,461)	N4	375,000	361,811	(371,208)	(1,300,000)	928,792	694,254	(1,008,230)	1,346,995	(671,208)
Change in Cash Balance	(2,106,197)		(5,884,628)	12,331,788	1,233,317	(2,903,496)	4,136,813	(5,043,542)	(746,172)	8,400,795	9,720,707
Beginning Unrestricted Cash	72,911,743		70,805,546	70,805,546	73,416,627	73,416,627	-	70,805,546	65,762,004	65,015,832	73,416,627
Ending Unrestricted Cash	70,805,546		64,920,918	83,137,334	74,649,944	70,513,131	4,136,813	65,762,004	65,015,832	73,416,627	83,137,334
Expense Per Day	414,300		448,115	458,205	456,951	446,234	10,717	432,620	454,586	456,698	458,205
Days Cash On Hand	171		145	181	163	158	5	152	143	161	181

Footnotes:

N1 - Change in Accounts Receivable reflects the 60 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**  
CEO

**DATE: 5/14/19**

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### **Finance Strategies:**

We have greatly increased our clinical footprint, providing a broader range and depth of services. This has resulted in strong patient volume growth over previous years.

The Health System saw patient volumes higher than budget by at least 29% in April. As we have shared in the past, our main focus is on the year round population as we are now serving a greater portion of their total healthcare needs than we did for many decades in the past.

We have now completed 10 months of the fiscal year. This fiscal year is projected to be the second best fiscal year in our entire 70-year history behind fiscal year 2017, which was the best fiscal year so far.

We will far outperform on an actual basis in all major Income Statement and Balance Sheet parameters in fiscal year 2019 what was shown in the 10-year financial forecast, presented last year.

### **People Strategies:**

Tahoe Forest Health System is proud to be recognized as the 2019 winner of the Greater Reno-Tahoe Best Places to Work award in the Extra-Large Business category. We believe this recognition by our team members set the stage for even further improvements in quality and patient satisfaction.

Tahoe Forest Hospital continues to offer lunchtime educational programs every month to interested employees on a wide variety of topics.

Tahoe Forest Health System was recognized by Becker's Hospital Review on their 67 Critical Access Health Systems to Know. There were no other similar health systems noted in California, Nevada or Arizona.

Last week, the Health System recognized five nurses during National Nurses Week for their excellence in the work they do every day.

This week is National Hospital Week and we honor all of our team members for their very dedicated, professional work 24/7 for our patients. We also honor healthcare workers all across America this week.

We have a number of Town Hall sessions scheduled for late May and early June. Physicians will be invited to attend as well.



The Health System has employed two physicians as of May 1, 2019. There will be many more to come around July 1, 2019. The completion date for all physicians to be employed is no later than June 30, 2020.

Many of our team members will be volunteering for the 20<sup>th</sup> Annual Best of Tahoe Chefs event on June 2, 2019. We are excited about the community participation and generosity, which will benefit many cancer patients and their families.

**Service Strategies:**

Our patients continue to be our core focus as we strive to ever improve their experience here. As a small part of this journey to serve our patients better each year, many leadership team members are studying the Mayo Clinic Health System for specific ways we can improve how we deliver care here.

We are also collaborating with other area health systems more each year to learn and share how to improve the important work each team member provides.

We are very focused on improving our tight coordination and connectivity of all programs and services that are either proactive or reactive to offering the best healthcare in this region.

**Quality Strategies:**

We continue to look at opportunities to improve the quality of care we provide. We are increasing our reporting and management of any opportunities to improve.

**Growth Strategies:**

We have two new physicians joining Tahoe Forest Health System in May. Dr. Justin Hunt is a General and Colorectal Surgeon and Dr. Alison Semrad is an Endocrinologist. Our region has never had a Colorectal Surgeon or Endocrinologist in the past and their skill sets will fill a need in our community.

Construction continues on schedule for the third floor of the medical office building and the second floor of the Cancer Center for new patient exams rooms and provider office space.

We are actively working on new locations for temporary parking, as parking will be one of our biggest challenges possibly for many years to come.

We also have a strong focus on workforce housing and we are very hopeful within 3 years or so, we'll have something substantial to share with our team members.

We received a Rural Health Clinic (RHC) designation for the Pediatric Clinic. We remain hopeful that we will receive a RHC designation for Internal Medicine/Cardiology by July 1, 2019. The Health System continues to actively work on its first RHC at Incline Village Community Hospital.

We continue our regional public outreach to share important changes and updates occurring within the Health System, recently speaking at two Chamber of Commerce events.

We also continue to be very focused on federal, state and local healthcare legislative changes that could harm or help our health system, coupled with how we can improve both healthcare in America and the quality of life for all Americans.



## Board COO Report

**By: Judith B. Newland**

**DATE: May 2019**

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

#### Focus on our culture of safety

We are still awaiting results for the second annual SCORE survey which was completed April 8, 2019 with a 83% participation rate from Health System staff. The SCORE Culture of Safety Survey was a 5-7-minute survey available to all staff and physicians. It measured attitudes related to the culture of safety throughout our organization, providing a snapshot of the overall safety culture in a given work area. We will be able to compare 2018 results with 2019 and develop action plans based on the new results.

BETA, our liability carrier, completed a validation survey for one of our five BETA HEART program Domains. The five Domains of the program are Culture of Safety, Rapid Event Response & Analysis, Communication and Transparency, Care for the Caregiver, and Early Resolution. The Culture of Safety domain was surveyed on April 30, 2019 and we are awaiting results. A multidisciplinary team of clinical and medical staff are supporting the completion of these domains through their participation and involvement in meeting the program criteria's and attendance at BETA conferences.

#### Prioritize patient and family perspective

The demo training for the Perfect Care Experience two-hour training utilizing a staff focus group has occurred. The focus group provided valuable feedback and further refinement of the program is in process.

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

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

I am excited to announce Heather Lutz accepted the position of Director of Nutritional Services for Tahoe Forest Health System. Heather brings experience in both large and small hospitals in nutritional services. Her extensive knowledge and experience at Tahoe Forest Health System and her innovative ideas will be an asset to the organization and department. Please welcome me in extending a congratulation to Heather Lutz in her new position.

I am pleased to announce Laura Lassko accepted the position of Director of Laboratory Services. Laura has been the Laboratory Technical Supervisor at TFHS since 2012. Her previous experience includes supervisory and clinical work at Renown Regional Medical Center and was recruited from Renown to work as a Supervisor at TFHS. Laura brings extensive knowledge of laboratory testing and services and will be a strong addition to our leadership team. Please join me in welcoming Laura to her new position as the Director of Laboratory Services.

### **Service: Optimize Deliver Model to Achieve Operational and Clinical Efficiency**

#### Implement a focused master plan

Report provided by Dylan Crosby, Director Facilities and Construction Management

#### **Moves:**

- No current moves at this time.

## **Projects in Progress:**

**Project:** TFHD Pharmacy Clean Room, OSHPD S170926-29-00

**Estimated Start of Construction:** 4/30/2018

**Estimated Completion:** Summer 2019

**Summary of Work:** To meet new federal USP 800 regulations the surgical special procedures room will be reconstructed to house pharmacy compounding during construction, Phase 1. Phase 2 will be to reconstruct the Pharmacy to meet USP 800 requirements.

**Update Summary:** The Temporary room is in use. Construction is scheduled to complete early June. This project will remain open through the multiple phases of approvals

**Project:** 3<sup>rd</sup> Floor MOB Phase 1

**Estimated Start of Construction:** 11/19/2018

**Estimated Completion:** Fall 2019

**Summary of Work:** Phase 1 reconstruct the 3<sup>rd</sup> Floor MOB 2 western suites for increased flexibility and additional exam rooms.

**Update Summary:** Flooring and finishes are beginning to be installed.

**Project:** Cancer Center 2<sup>nd</sup> Floor

**Estimated Start of Construction:** 10/18/2018

**Estimated Completion:** Fall 2019

**Summary of Work:** Construct the 2<sup>nd</sup> floor of the Cancer Center for expansion of Rural Health Clinic Services.

**Update Summary:** Flooring and finishes are beginning to be installed.

**Project:** Tahoe City Physical Therapy Expansion

**Estimated Start of Construction:** TBD

**Estimated Completion:** TBD

**Summary of Work:** Lease and renovate the remainder of the second floor of existing building.

**Update Summary:** Project on Hold.

**Project:** Center for Health and Sports Performance Renovation

**Estimated Start of Construction:** TBD

**Estimated Completion:** TBD

**Summary of Work:** Transform existing center into open floor concept and provide additional treatment tables.

**Update Summary:** Project on Hold

## **Projects in Permitting:**

**Project:** Campus Water Improvements

**Estimated Start of Construction:** June 2019

**Estimated Completion:** August 2019

**Summary of Work:** Move the PRV station to Donner Pass Rd allowing the Hospital campus to tie into the high pressure water line in Donner Pass Rd. This will allow for a higher average of water pressure throughout the campus.

**Update Summary:** Electrical has been approved, water improvements are under review.

**Project:** ECC Interior Upgrades

**Estimated Start of Construction:** Summer 2019

**Estimated Completion:** TBD

**Summary of Work:** Remodel all patient rooms and dining area of the 1985 building of the ECC

**Update Summary:** Project has been returned from OSHPD with first round comments, revisions are underway for resubmittal.

**Project:** Levon Demolition

**Estimated Start of Construction:** Summer 2019

**Estimated Completion:** Winter 2019

**Summary of Work:** Create additional parking to support the Tahoe Forest Campus

**Update Summary:** The project is in permitting.

**Projects in Design:**

**Project:** Day tank and Underground Storage tank replacement.

**Estimated Start of Construction:** TBD

**Estimated Completion:** TBD

**Summary of Work:** Remove and replace the 30-year-old underground storage tank and existing day tank.

**Update Summary:** Project is in the process of being designed.

**Project:** 2<sup>nd</sup> Floor MOB

**Estimated Start of Construction:** TBD

**Estimated Completion:** TBD

**Summary of Work:** Remodel 3 suites of the 2<sup>nd</sup> floor of the MOB.

**Update Summary:** Project is in the process of being designed.

**Project:** Site Improvements Phase 2

**Estimated Start of Construction:** Summer 2019

**Estimated Completion:** Winter 2019

**Summary of Work:** Create additional parking to support the occupancy of the 2<sup>nd</sup> floor Cancer Center clinic.

**Update Summary:** Project is in the process of being designed.

**Project:** Gateway Temporary Parking

**Estimated Start of Construction:** Summer 2019

**Estimated Completion:** Winter 2019

**Summary of Work:** Create additional parking to MOB and Gateway parking demands.

**Update Summary:** Project is in the process of being designed.

**Project:** Pat and Ollies Demo/Parking Improvements

**Estimated Start of Construction:** Summer 2019

**Estimated Completion:** Winter 2019

**Summary of Work:** Create additional parking to support the occupancy of the 2<sup>nd</sup> floor Cancer Center clinic.

**Update Summary:** Survey has taken place; the project is in design.

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

**DATE: April 2019**

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

*Use technology to improve efficiencies*

- Monitor install will be in two phases: basic install and integration. This is related to the need for the monitors to be installed expeditiously due to equipment failures.
- Nursing will take on the responsibility of concurrent reviews for Sepsis Core Measures in effort to improve our Core Measure results

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

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

- **Level III Trauma**
  - Trauma One Training Completed (This is the Level III Trauma Registry process that is required for designations)
  - ATLS for physicians continues (only 3 remain)
  - 2- Mock Trauma Activations have been completed with the help from both Truckee and North Tahoe Fire departments
  - Protocols are completed and awaiting physician approval
- **Behavioral Health**
  - Follow up meeting held with the senior leadership as well as program managers from Placer County. Working towards a contract for a Crisis Stabilization bed in Grass Valley.
  - Full time psychologist hired to provide behavioral health services for the District along with our current physician assistant
  - Our 5150 population has remained stable over the past year which indicates success in our behavioral health services and work with the counties as evidenced by the increase in 5150 populations throughout the State of California.

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

*Enhance and promote our value to the community*

- **PRIME**
  - The PRIME programs received information that this funding will continue after 2020. This will allow us additional opportunities for the funding of new programming as well as our current Million Hearts and Chronic Non-Malignant Pain Management.



## Board CIO Report

**By: Jake Dorst, MBA**  
Chief Information and Innovation Officer

**DATE: May 2019**

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

*Use technology to improve efficiencies*

- Single Sign On is live using badge to access the desktop and auto login to Epic.
- New copiers and printers are being rollout to the district.
- Epic Cancer Center/Beacon project large work effort. Go live established Feb 1, 2020.
- Varian Upgrade to 15.6 Test Server built. All dosimetry information and application installation underway.
- Interfaces for Epic Cancer Center to Varian integration project.
- NV Health Information Exchange Interfaces in progress.
- North Tahoe Fire interface is live.
- Nihon Kohden Monitor replacement walk through with vendor.
- CVS Wellpartner 340B project started. Includes ADT interface and Data files via SFTP.
- Mirth HL7 Interface engine upgrade.
- Rebuild of many Ambulatory module departments for RHC, PB. Requiring 30 hours/week.
- Trauma Program ED project: Epic build of Trauma documentation.
- Philips PACs upgrade project started.
- Pharmacy Talyst/Capture Rx data files rework to meet audit requirements.
- Quality OPPE reports 32 requests.
- Quality Provider metrics per department approximately 30 reports.
- Procedure Room Epic build.
- Report automation for all custom reports underway.
- Cancer Center report build beginning. Requirements for approximately 50 reports underway.
- Revenue Cycle Clarity certification underway for Jen Tirdel in anticipation of RHC/PB/HB changes.
- We are currently working 31 optimizations/expansion of function projects with Mercy for the EHR.
- Mercy is meeting Service Level Agreements across the board.



## Board CMO Report

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

**DATE: May 14, 2019**

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

#### *Build Trust*

- General Medical Staff Meeting occurred on May 8<sup>th</sup> where Harry, Judy, Crystal, and Dr. Coll presented pertinent information to the Medical Staff. Dr. Tirdel also presented an engaging talk on Physician Burnout.

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

- Scott and Alex presented information on the employed physician benefits to the Medical Staff at the General Medical Staff Meeting.

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

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

- Jake developed a great tool to help track physician concerns, which will enable us to assign a responsible party and when the concern will be addressed/fixed.

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

#### *Focus on our culture of safety*

- Ad Hoc committee will be working on a new and improved “time out” process for all surgical procedures.

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

- Group of physicians will be attending the Beta HEART conference with other TFHD team members to learn about disclosing unexpected outcomes to patients and families.

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

- Multidisciplinary team continues to work on order sets and processes to improve care for patient with sepsis.

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

#### *Establish a transparent financial reporting system*

- M-Modal audit appointments have started to discuss coding with the providers while having IT support to help improve workflow.

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

#### *Enhance and promote our value to the community*

- As the front page of the Sierra Sun highlighted on May 10<sup>th</sup>, Andy Ringnes MD, FAAOS and Dan Coll PA-C, MBA, DFAAPA took 60 high school students from Truckee High, North Tahoe High, and Incline Village High schools to the University of Nevada, Reno, anatomy lab to participate in a total knee replacement on a cadaver, learn about different professions within our health care industry and tour the anatomy lab.

## **ORDER & DECORUM OF BOARD BUSINESS FOR 2019**

### **1. PUBLIC PARTICIPATION IN BOARD MEETINGS**

The public's participation in the affairs the health system's governance assists in understanding the public's input through the governing process and has value. Consideration will be given to this value while the board ~~president~~ **Chair** reserves the privilege to recognize members of the public. Board members assistance in calling attention to public members they desire to be recognized is encouraged.

### **2. PROMPTNESS AT MEETING TIME**

Board members are requested to observe timely appearance at Board functions in respect to the public, staff and Board. With assistance of the Board Clerk, staff and other presenters will be scheduled in order to support the timely work of the Board. Board members are requested to notify the Clerk of the Board relative to their absence or anticipated late arrival as soon as such situation is known.

### **3. AGENDA ITEMS**

No issues shall be placed on the agenda that are beyond the jurisdiction and authority of a California Health System Special District or that are non-essential to hospital district governance.

### **4. LAST MINUTE SUPPORTING DOCUMENTS**

Last minute supporting documents by staff put Board members at a disadvantage by diluting the opportunity to study the documents. All late submission of supporting documents must be justified in writing stating the reasons for the late submission. The Clerk will notify the Board of late submissions and their justification when appropriate. Bona fide emergency items involving public health and safety requiring Board action will be excluded.

### **5. REQUESTS FOR INPUT OR DIALOGUE**

Requests by Board members during a meeting for the opportunity to speak, for public input, or for additional staff input, should be made through the ~~president~~ **Chair**.

### **6. INDIVIDUAL BOARD MEMBER AGENDA REQUESTS**

All individual Board items should be discussed with the ~~President~~ **Chair** and CEO before agenda review. All items will be reviewed for completeness. Sufficient supporting documents must be provided in a timely manner so that appropriate staff may become involved. Items must meet scheduling requirements. No more than two items per board member will be considered at a board meeting.

### **7. ROLE OF THE PRESIDENT **CHAIR****

- Run meetings and associated duties within meetings
- Preside over ceremonial situations
- Committee appointments
- Approve agendas for completeness
- Speaks for the board to the media.



## CULTURE

### 8. EXPECTATIONS REGARDING ORGANIZATIONAL CULTURE

#### EXPECTATIONS OF BOARD MEMBERS

- A. Always focus on what is best for Tahoe Forest Hospital District, represent the Hospital.
  - B. Maintain good board relationships and visibly demonstrate respect for, and fairly represent each other.
  - C. Be sensitive to your public image and conduct at all times.
  - D. Be respectful, open, candid, honest and fair:
    - 1. Explain your perspective, rationale and reasoning.
    - 2. Remember that respect for debate, differing opinions and reasoning mitigates polarization.
    - 3. Demonstrate that it is fine to disagree but not be disagreeable.
    - 4. Don't be inhibiting or limiting.
    - 5. Value the staff as individuals and demonstrate mutual respect.
    - 6. Let staff know of questions you have on an agenda item or staff's recommendation with grace.
  - E. Do your homework, be prepared when bringing an item to the Board, be as concise as possible, and don't repeat comments made by another Director.
  - F. Recognizing that the Board is the staff's first priority:
    - 1. Provide clear direction to the ~~staff~~ CEO.
    - 2. Prioritize the level of importance of issues and feel free to go directly to the CEO or the Executive Team.
    - 3. Go to the CEO's office and/or Executive Team and not to a front line employee on any issue, especially as it relates to committee meeting business
    - 4. Recognize that discussions with staff are welcome but do not constitute policy direction, which only comes from the full Board.
    - 5. Recognize the sensitivity of personnel matters, direct all personnel concerns or complaints to the CEO's office and do not publicly discuss them.
- ~~I. —~~ **No Surprises.** Keep each other informed through the CEO and/or Board Chair. ~~with each other or staff.~~

#### EXPECTATIONS OF STAFF

- A. Provide good services and show respect to the public.
- B. Present good staff reports: pros and cons
  - 1. Give pros and cons, alternatives, and a recommendation.

2. Present accurate and quality visuals.
3. Don't raise more questions than you can answer in a staff report.
4. Stay well organized and manage the time.

C. Apprise the Board in advance of:

1. Meetings and special projects within the District.
2. Any controversial issues or conversations; don't surprise the Board, especially on any "hot button" issues.
3. Any "bad news."
4. Deadlines that are slipping and why.
5. Problems facing the staff.

D. Set realistic deadlines, be proactive with regard to issues that need resolving, and produce timely documents.

E. Work cooperatively, demonstrate cooperation among staff, support each other, and be sensitive to each other's workloads.

F. Be loyal to the Hospital and be sensitive to your public image and conduct at all times.

G. Feel comfortable communicating with Board members.

H. Do not participate in political activity while on duty or on TFHD campus.

Approved: \_\_\_\_\_

\_\_\_\_\_  
~~President~~ **Chair** of the Board & all Board Members

### **15.5. Approve Contract Amendment**

Contracts redacted.

Available for public viewing via a Public Records request.

## Tahoe Forest Health System – Job Description

Job Title:	<b>President &amp; CEO</b>		Job Number:	0001001	
Department:	Administration		Reports To:	BOD	
Bargaining Unit:	Non-Represented		Benefit Group:	Chief	
Codes:	FLSA:	Exempt	EEO:	0	Finance Code   0
Prepared by:	Director, Human Resources		Date:	06/05/2002	
Revised by:	Board Executive Compensation Committee		Date:	04/23/2018	
Approved by:	Board of Directors		Date:	05/24/2018	

**SUMMARY:**

Directs all functions of the hospital to achieve the mission and vision of the organization in accordance with the overall policies established by the Board of Directors, and in compliance with regulatory guidelines, in order that the strategic objectives of the hospital can be attained; provides leadership and direction in ensuring the efficient, economical, effective utilization of hospital resources to meet the identified needs of the service region through quality medical and health service programs.

**ESSENTIAL DUTIES AND RESPONSIBILITIES:** include the following:

Assists, counsels, and advises the Board of Directors on the establishment of hospital policies; acts as agent of the Board in carrying out such policies.

Recommends District policy positions regarding legislation, government, administrative operation and other matters of public policy as required.

Assists the Board of Directors in effectively fulfilling their responsibilities by keeping the Board informed, on a monthly basis, of the operating results of the hospital; compares monthly operations to Board approved plans and budgets explaining variances that may arise.

Assists and advises the Board with respect to public District authority and changes in state statutory guidelines and requirements.

Develops appropriate strategic and annual operating plans that document the long and short-term goals and objectives of the District.

Actively pursues and supports the appraisals and development of new programs which could benefit the long-range success and survival of the District.

Establishes concise reporting relationships for all positions and departments in the hospital. Establishes methods which will foster the achievement of hospital goals and objectives and support the efficiency and effectiveness of all operations through proper communication and coordination.

Coordinates all operations with the medical staff, its committee structure and its leadership; demonstrates a proactive and positive relationship with the medical staff.

Ensures a consistency of purpose and mutuality of interest between the operations and bylaws of the medical staff and the policies and bylaws of the District.

Develops and maintains Quality Improvement and Process Improvement P-programs Programs designed to enhance quality and customer satisfaction.

Establishes operating policies and procedures for all departments, delegating specific responsibility for documentation, monitoring, compliance, and reporting or results to subordinates, as required.

## Tahoe Forest Health System – Job Description

Establishes and maintains a comprehensive budgeting program for the hospital. This program includes an appropriate consideration of operational, financial and statistical information needed to efficiently and effectively control all District operations.

Consistently generates sufficient net income to meet established financial goals.

Develops strong marketing and public relations programs.

Ensures the competitive viability and continuance of the hospital marketing plan in the marketplace.

Through various marketing techniques, encourages the development of services which promote District growth and expanded potential constituencies.

Ensures the coordination of Auxiliary and Foundation bylaws and operations with the bylaws and operations of the District.

Establishes a proper, consistent image of the District and its operations.

Personally represents the District to a variety of individuals, community groups, and health industry organizations.

Maintains active professional contacts through local, state and national associations in order to effectively network, as required.

Actively participates in outside programs and community affairs in order to represent the District, as appropriate.

Demonstrates the ability to effectively represent the District at national, state and local meetings, conferences and conventions, as required.

Remains current with national and local issues affecting District administration and their potential impact on the District; serves as a well-informed advisor to the Board of Directors.

Demonstrates System Values in performance and behavior.

Complies with System policies and procedures.

Other duties as may be assigned.

### **QUALIFICATIONS:**

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. *Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.*

### **SUPERVISORY RESPONSIBILITIES:**

Carries out supervisory responsibility in accordance with the organization's policies and applicable laws. Responsibilities include interviewing, hiring and training employees; planning, assigning and direction work; appraising performance, rewarding and disciplining employees; addressing complaints and resolving problems.

### **EDUCATION AND EXPERIENCE:**

Bachelor's degree required. Master's degree in Hospital Administration (MHA) or Business Administration (MBA) or related field or Doctoral degree (Ph.D.) preferred. Minimum of five years experience in Health Care Administration.

# Tahoe Forest Health System – Job Description

## LICENSES, CERTIFICATIONS:

Required: Valid driver's license  
Preferred: None

## OTHER EXPERIENCE/QUALIFICATIONS:

Current membership in professional organization preferred (e.g. H.F.M.A., A.C.H.E.).

## COMPUTER/BUSINESS SKILLS:

Ability to use office machines. Demonstrated ability to use word processing and other Microsoft Office programs.

## LANGUAGE SKILLS:

Ability to read, analyze, and interpret the most complex documents. Ability to respond effectively to the most sensitive inquiries or complaints. Ability to write speeches and articles using original or innovative techniques or style. Ability to make effective and persuasive speeches and presentations on controversial or complex topics to top management, public groups, and/or boards of directors.

## MATHEMATICAL SKILLS:

Ability to work with mathematical concepts such as probability and statistical inference, and fundamentals of plane and solid geometry and trigonometry. Ability to apply concepts such as fractions, percentages, ratios, and proportions to practical situations.

## PURPOSE OF CONTACTS:

The purpose is to justify, defend, negotiate, or settle matters involving significant or controversial issues. Work at this level involves active participation in conferences, meetings, hearings or presentations involving problems or issues of considerable consequence or importance.

## REASONING SKILLS:

Ability to define problems, collect data, establish facts, and draw valid conclusions. Ability to interpret an extensive variety of technical instructions in mathematical or diagram form and deal with several abstract and concrete variables.

### Patient Ages

All Ages

### Physical Demands

Ability to:		Lift/Carry	
Stand	⊖	Up to 10-lbs	⊖
Walk	⊖	Up to 25-lbs	⊖
Sit	F	Up to 50-lbs	N
Handling/Dexterity	F		

### Hearing

Ability to hear F

### Vision

Near	F	Distance	⊖	Color	⊖
Peripheral	F	Depth Perception	F		

### Protective Equipment

Ability to wear Personal Protective Equipment (PPE) N

### Environmental Exposures

# Tahoe Forest Health System – Job Description

~~Will Occasionally Be Exposed to~~ ~~Outside weather conditions~~

## ~~Work Environment~~

~~Quiet noise level~~

## ~~Definitions:~~

~~N (Never) Occupation requires this activity 0 hours~~

~~O (Occasionally) Occupation requires this activity up to 3 hours~~

~~F (Frequently) Occupation requires this activity 3-6 hours~~

~~C (Constantly) Occupation requires this activity 6-8+ hours~~

~~Reference physical job description template 1~~

~~.~~

I have read and received a copy of this job description:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PHYSICAL JOB DESCRIPTION-TEMPLATE 1**

EMPLOYER: Tahoe Forest Hospital District	DEPARTMENT:
JOB TITLE:	

**N = NEVER:** 0 Hours  
**O = OCCASIONALLY:** Up to 3 Hours  
**F = FREQUENTLY:** 3 – 6 Hours  
**C = CONSTANTLY:** 6 – 8+ Hours

CHECK IF THE ACTIVITY IS REQUIRED BY THE EMPLOYEE TO PERFORM THE JOB:

<b>LIFTING</b>							
Activity	Typical Task	Weight	N	O	F	C	
Overhead	Retrieving small items from cabinet shelves/binders/files	5#		√			
Waist Level	Move ream of paper/file folders/supplies to new locations	25#		√			
Floor Level	Move ream of paper/box of envelopes/mailers/folders to new locations	25#		√			
<b>PUSHING</b>							
Activity	Typical Task	Distance	N	O	F	C	
	Closing file drawers, moving tables or chairs for meetings	20 yards		√			
		Weight	N	O	F	C	
		25#		√			
	Some clerical and administrative personnel must be able to perform effective chest compression is one or two man CPR	100-125# force		√			
<b>PULLING</b>							
Activity	Typical Task	Distance	N	O	F	C	
	Opening file drawers	6 in.		√			
	Moving equipment and files	Weight	N	O	F	C	
		25#		√			
<b>CARRYING</b>							
Activity	Typical Task	Weight	N	O	F	C	
Bilateral	Move reams of paper/projector, visual aids, set up rooms	25#		√			
Unilateral	Retrieve/store stack of papers/folders	5#		√			
<b>REACHING</b>							
Activity	Typical Task		N	O	F	C	
Low	Retrieving/storing files/papers/binders from low cabinet or shelves	25#		√			
Level	Retrieving/storing files/papers/binders from desk, distributing/sorting papers, reaching for phone/copying			√			
Overhead	Retrieving/storing items from shelves			√			
<b>WALKING</b>							
Activity	Typical Task	Duration	N	O	F	C	
	On hospital campus	10min		√			
<b>RUNNING</b>							
Activity	Typical Task		N	O	F	C	
				√			
<b>CRAWLING</b>							
Activity	Typical Task		N	O	F	C	
	Plug in equipment under, behind, around desk or furniture			√			
<b>BENDING</b>							
Activity	Typical Task		N	O	F	C	
	Retrieve copy paper/boxes of envelopes/items from floor. Accessing low file drawers, retrieve fallen items			√			
<b>STOOPING</b>							
Activity	Typical Task		N	O	F	C	
	Assess copier malfunction, retrieve items from low cabinet			√			
<b>SQUATTING</b>							
Activity	Typical Task		N	O	F	C	
	In the action of lifting			√			
<b>KNEELING</b>							
Activity	Typical Task		N	O	F	C	
	Retrieve files/materials from file cabinet, filing in low level drawer, plugging in office machines			√			
<b>CLIMBING</b>							
Activity	Typical Task		N	O	F	C	
	step stool to retrieve/store files			√			
<b>STANDING</b>							
Activity	Typical Task	Duration	N	O	F	C	
Upright	Office interaction/copying/distributing interoffice mail, facilitate meetings	30 min.		√			
Forward Flex	Copying, sorting materials on desk	30 min.		√			
<b>SITTING</b>							
Activity	Typical Task	Duration	N	O	F	C	
	Typing, data entry, taking minutes, talking on telephone, writing, meetings	2 hr.			√		





**Charter**  
**Executive Compensation Committee**  
**(formerly Personnel Committee)**  
**Tahoe Forest Hospital District**  
**Board of Directors**

**PURPOSE:**

The purpose of the charter is to delineate the responsibilities and duties of the Executive Compensation Committee of the District's Board of Directors.

**RESPONSIBILITIES:**

The Executive Compensation Committee is responsible for assisting the Board in oversight of Chief Executive Officer (CEO) relations and the work done through the Foundations of Excellence.

**DUTIES:**

1. Oversee the identification and recruitment of the organization's CEO as directed by the Board of Directors.
2. ~~Assure~~ Ensure an annual CEO performance evaluation process is in place.
3. In conjunction with the CEO, annually review and recommend modifications of goals and objectives which will be used to evaluate the performance of the CEO.
4. Review annually the CEO's comprehensive compensation package, and make recommendations to the Board of Directors as necessary.
5. Review metrics annually for the CEO's Incentive Compensation Criteria and make recommendations to the Board of Directors as necessary.
6. Review annually the CEO's Employment Agreement, and make recommendations to the Board of Directors as necessary.
7. In conjunction with the CEO, review and evaluate annually the CEO position description to ensure its continued relevance. Recommend revisions to the Board of Directors as necessary.
8. Annually review the CEO Succession Plan and make recommendations to the Board.

**COMPOSITION:**

The Committee is comprised of at least two (2) board members appointed by the Board President.

**MEETING FREQUENCY:**

The Committee shall meet at least once annually and then on an as needed basis.

## AGENDA ITEM COVER SHEET

<b>ITEM</b>	Approval of Incline Village Community Hospital Foundation Board Nominee
<b>RESPONSIBLE PARTY</b>	Karli Epstein Executive Director, Foundations
<b>ACTION REQUESTED?</b>	For Board Action
<p><b>BACKGROUND:</b></p> <p>At the May 13, 2019 Incline Village Community Hospital (IVCH) Foundation board meeting on May 13, there was a unanimous decision to approve Dr. Myles Riner as a Foundation board member.</p>	
<p><b>SUMMARY/OBJECTIVES:</b></p> <p>IVCH Foundation is asking the Tahoe Forest Hospital District Board of Directors to approve Dr. Riner's 3-year board appointment.</p>	
<p><b>SUGGESTED DISCUSSION POINTS:</b></p> <p>None.</p>	
<p><b>SUGGESTED MOTION/ALTERNATIVES:</b></p> <p>Move to approve the appointment of Dr. Myles Riner to the Incline Village Community Hospital Foundation Board.</p>	
<p><b>LIST OF ATTACHMENTS:</b></p> <ul style="list-style-type: none"> <li>• Dr. Myles Riner Resume</li> </ul>	

## BIOGRAPHICAL AND PROFESSIONAL RESUME

R. MYLES RINER, M.D., FACEP

930 Tahoe Blvd. Suite 802617

Incline Village, NV 89451

cell- (415-272-4414)

mriner@comcast.net

[myles@ficklefinger.net](mailto:myles@ficklefinger.net) (consulting)

### BIRTHDATE

July 13, 1949

Springfield, Massachusetts, USA

SOCIAL SECURITY NUMBER – contact if needed

### COLLEGE EDUCATION

Emory University, Atlanta, Georgia

1967-1971

Degree: B.A. Chemistry

### MEDICAL EDUCATION

Emory University School of Medicine, Atlanta, Georgia

1971-1975

Degree: M.D.

### INTERNSHIP

Los Angeles County/University of Southern California Medical Center,  
Los Angeles, California

Type: Flexible A Rotating 1975-1976

### BOARD CERTIFICATION

National Board of Medical Examiners #159727 1975

American Board of Emergency Medicine 1983, recert.1993, 2003

### LICENSING

California, February 1976 License # G032166 (retired)

### DEA LICENSE

# - contact if needed (now expired)

### MEMBERSHIP IN MEDICAL SOCIETIES

President, California Chapter, American College of Emergency Physicians  
2006 – 2007

Board of Directors, CAL/ACEP, 2001 – 3, re-elected 2004 – 2008

Chair – Reimbursement Committee 2005-2008

American College of Emergency Physicians, 1975-present (Fellow -1983)

Reimbursement Committee – 2008 – 2018  
Categorization of Hospital Emergency Services Task Force – 2009  
Cost Effective Care Task Force and Delphi Panel – 2012-13

California Medical Association and County Medical Society, 1984-2010  
Board of Directors, Marin Medical Society, 2001 – 2004

## MEDICAL PARTNERSHIP

### CEP America

Full Partner, November 1, 1983, Partner emeritus - 2010  
QA / Risk Management Committee, 1987 - 91  
Physician Advisory Group (Reimbursement), 1995 - 1997  
Retirement and Benefits Committee, 1991 - 1998  
Government Liaison - 1999 - 2000  
Board of Directors, 1996 - 2001  
Director of Provider Relations – 2000 – 2009

## PREVIOUS PRACTICE

1. Sierra Nevada Memorial Hospital, Grass Valley, CA.  
June 1976 - December 1976  
employer: Emergency Medical Systems, Inc. San Francisco
2. Maui Memorial Hospital, Wailuku, Maui, HI.  
January 1977 - January 1978
3. Wilcox Memorial Hospital and Medical Center, Lihue, Kauai, HI.  
January 1978 - August 1980  
employer: Kauai Medical Group, Inc.
4. Tuolumne General Hospital, Sonoma, CA.  
September 1980 - December 1981
5. St. Joseph's Hospital, Stockton, CA.  
April 1981 - March 1983 (part time staff)
6. Doctors Medical Center, Modesto, CA. (ED - 209 576-3883)  
April 1981 - present  
Assistant Director Emergency Department 1987-1990, 1996 - 1998  
Medical Director - Emergency Department 1990-1995
7. Marin General Hospital, Greenbrae, CA.  
May, 1999 – Dec, 2009

## EMERGENCY MEDICAL SERVICES POSITIONS

Member, Maui County EMS Advisory Council 1 year  
Member, Kauai County EMS Advisory Council 2.5 years  
District EMS Medical Director, Kauai County July 1978 - September 1980  
Member, Hawaii State EMS Advisory Council Task Force on Medical  
Control and Paramedic Recertification  
Member, Stanislaus County Paramedic Technical Advisory Committee 2 years  
Medical Director - Alpine, Mother Lode, San Joaquin EMS Agency

(8-county regional EMS agency) February 1984 - February 1986

Member, Stanislaus County Emergency Medical Care Committee  
(later renamed the Emergency Medical Response Board)  
January 1986 – 1991

Chairman, Ambulance Ordinance and Zoning Subcommittee  
January 1987 - 1991

Member, California Chapter, American College of Emergency Physicians EMS  
Committee November 1986 - 1991

Member AMLSJ EMS Agency Trauma Audit Committee 1992-1994

#### BUSINESS RELATED BOARD POSITIONS

Member of the Board, EMPAQ Mutual Risk Retention Group, 1992-1998

Member of the Board, California Emergency Physicians Medical Group, 1996-  
2002

Member of the Board of Directors, Emergency Medicine Research and Education  
Foundation, 2008 – present

Partnership Health Plan Advisory Committee, 2010-2011

#### CERTIFICATIONS

ACLS Instructor 1976 - 1986

ATLS April 1985, recert. 2004

#### AWARDS

Recipient, 2010 American College of Emergency Physicians Colin Rorrie Award for  
Excellence in Health Policy

Recipient, 2010 CEP America Myron Wacholder Legacy Award for Exceptional  
Leadership and Devoted Service to the Partnership

Recipient, 2011 California ACEP Walter T. Edwards Award for Meritorious Service  
to the Chapter.

#### PUBLICATIONS and PRESENTATIONS

'Revising the Rural Hospital Disaster Plan for the Multiple Casualty Incident',  
Annals of Emergency Medicine, Jan 1981

'Development of Medical Control in a Rural Emergency Medical Services  
System', Emergency Medical Services, March 1981

'Evaluation of Major Trauma Care in a Seven-County Northern California EMS  
Region' - abstracted in Annals of Emergency Medicine, May 1985 and presented  
at the University Association of Emergency Medicine 1985 annual meeting,  
Kansas City, Missouri

'Categorization of Hospital Emergency Services - Developing Valid Criteria',  
Western Journal of Medicine, Nov 1987

"Promoting Physician Use and Acceptance of the Electronic Medical Record", Chart Scan '95, Boca Raton, Florida

"Challenging the Cost Effectiveness of Medi-Cal Managed Care", WestJEM. 2009;10:124-129.

"Important Historical Efforts at Emergency Department Categorization in the United States and Implications for Regionalization", Academic Emergency Medicine, Vol 17, Issue 12, start page 1.

"Categorization, Designation and Regionalization of Emergency Care: Definitions, a Conceptual Framework, and Future Challenges", Academic Emergency Medicine, Vol 17, Issue 12, start page 1307.

"Reap What You Sow: Group reaps millions in unpaid claims with claims dispute process", [MGMA Connex](#). 2012 Feb;12(2):36-8, 1.

"ED Care on a Diet", Riner, RM, Emergency Medicine News: May 2013. Vol. 35, issue 5, pp 3,29

"Impact of the Balance Billing Ban on California Emergency Providers", Pao, Riner, and Chan, Western Journal of Emergency Medicine: 15(4), Jan 2014, pp. 518-22.

"Are Usual and Customary Charges Reasonable?", Riner, R Myles, Western Journal of EM: 2016;17(6)684-85.

"Two Midnights, One New Challenge, A detailed break-down of CMS's 'Two-Midnight Rule' and how it will impact emergency medicine", EP Monthly, Nov. 5, 2013

"Practical application of the prudent layperson standard", Riner, R.Myles Annals of Emergency Medicine , Volume 37 , Issue 5 , 550, May, 2001

## BLOG

Regular contributor to The Central Line: <http://thecentralline.org/?author=29> and to a consulting and professional blog: The Fickle Finger [www.ficklefinger.net/blog/](http://www.ficklefinger.net/blog/)

## CONSULTANT SERVICES

Medical Consultant to Pacific Bell Telephone for development, scripting, and filming of the 'Survival Guide' video, an Emmy award winning first aid/ public safety program narrated by Robert Guillaume and broadcast by 11 California Public Television stations during California Save-a-Life Week, January 1986.

Consultant to Hospital Administration: Facility Assessment and Categorization of Hospital Emergency Services; Good Samaritan Hospital, San Jose and Holy Cross Hospital, Mission Hills.

Physician Consultant to MedAmerica Billing Services, Inc., Modesto, CA  
1995 – 2010

CMA Council on Legislation – 2003 Workshop on Claims Dispute Resolution

Consultant to Wilentz, Goldman, and Spitzer re: McCoy vs. Health Net, use of Ingenix for usual and customary payment – 2008-9

Consulting to MedAmerica– Managed care contracting, problem payer management, legislative advocacy, and regulatory relations – 2010 - present

Consultant to FAIR Health, Inc, N.Y. 2011 – 2012

Expert witness / consultant to Gunster Law Offices in Memorial vs. Amerigroup, 2011

Additional consulting and expert witness services, see consulting services tab in:  
<https://www.ficklefinger.net/consulting-services-2/>

#### LEGISLATIVE ADVOCACY

CAL/ACEP – Chair, Reimbursement Committee – 2004-8  
Member at Large, Government Advisory Committee

Participated in legislative advocacy and regulation development for the following:  
SB 12, 612. AB 99 (EMS Fund), SB 1881, AB 2611, AB 1455, SB 476,  
AB 1628, AB 1686, SB 981, and 2004 CPEC Emergency Care Initiative

#### COMMUNITY SERVICE

Member Board of Directors, Stanislaus Women's Refuge Center, Sept 1986-90  
Member Board of Directors, Del Rio Property Owners' Association 1991-94  
(President - 1994)

#### MARITAL STATUS

divorced, January, 1999  
married – Susan Pridmore May 20, 2006

REFERENCES provided on request



## DRAFT FY2020 CEO Incentive Compensation Criteria

### **Finance – 60%**

Meet or exceed budgeted net income as approved by the Board for FY20.

*\*\*Financial metric must be achieved for payout.*

### **Service – 10%**

Meet or exceed 93.76 Patient Satisfaction score as highlighted in gain sharing program.

### **Quality – 10%**

Meet or exceed 94.25% rollup of the following quality measurements: SEP-1 (Early Management Bundle, Severe Sepsis/Septic Shock), EDTC ALL (Emergency Department Transfer Communication ALL), IMM-2 (Influenza Vaccination), PC-01 (Early Elective Delivery), CLASS I SSI (Class I Surgical Site Infection Rate), and C. DIFF. (Rate of Hospital Onset C. Diff.).

### **Growth – 10%**

Exceed annual physician office visits total as of June 30, 2019 by 3,000 for all owned or managed physicians.

### **People – 10%**

Meet or exceed 3.92 on FY20 Physician Engagement Survey.

*\*\*This is an average score of questions 48-53, 20 and 34 from the fiscal year 2018 Physician Engagement survey.*

## AMENDMENT TO EMPLOYMENT AGREEMENT BETWEEN TAHOE FOREST HOSPITAL DISTRICT AND HARRY WEIS

This Amendment to the agreement between Tahoe Forest Hospital District (“District”) and Harry Weis dated January 1, 2019 (the “Amendment”) is effective on the last date of signature below and shall amend and become a part of that certain Agreement.

NOW, THEREFORE, the parties agree as follows:

1. Section 5(a) of the Agreement shall be amended to add the following language:

“5(a) Compensation. Employee shall be able to make an election to contribute a set amount of funds per year to District’s Split Dollar Retirement Plan (“Plan”) which will have the effect of reducing his annual base salary. This clause is irrevocable for at least five (5) years. District will not include this elected amount of compensation for purposes of other benefits, such as qualified retirement plan benefits, SERP benefits (e.g., a percentage of compensation that is the basis for a SERP), LTD coverage, or group term life insurance coverage.

If Employee’s employment with District is terminated, no adjustments will be made to any severance payment or bonus to compensate for or replace the elected amount, and District would cease paying premiums from the elected amount under the Plan. If the Plan is terminated early while Employee remains employed with District, District will not repay or adjust the elected amount during the period of irrevocability, and Employee may incur negative tax consequences because of the early termination of the Plan.”

2. Section 5(b) of the Agreement shall be amended to add the following language:

“5.2 Incentive Compensation Plan Participation. For the purposes of incentive compensation, in addition to 15% of employee’s new base salary, Employee may also earn up to 15% of the amount of contribution to District’s Split Dollar Retirement Plan.

3. Except as specifically revised by this Amendment and any and all subsequent amendments, the Agreement shall continue in full force and effect pursuant to the terms thereof.

4. Capitalized terms not otherwise defined in this Amendment shall have the meaning ascribed to such terms in the Agreement.

5. To the extent there is conflict between the terms of this Amendment and the Basic Agreement, this Amendment shall control.

6. This Amendment may be executed in one or more counterparts, each of which shall be deemed to be an original, but all of which shall constitute one agreement. Photocopies, facsimile transmissions, or email transmissions of Adobe portable document format files (also known as "PDF" files) of signatures shall be deemed original signatures and shall be fully binding on the parties to the same extent as original signatures.

Tahoe Forest Hospital District

BY: \_\_\_\_\_  
Alyce Wong, Board Chair

Date: \_\_\_\_\_

Employee

BY: \_\_\_\_\_  
Harry Weis

Date: \_\_\_\_\_



TAHOE  
FOREST  
HOSPITAL  
DISTRICT

## BOARD EXECUTIVE COMPENSATION COMMITTEE AGENDA

Wednesday, May 8, 2019 at 12:30 p.m.  
Eskridge Conference Room - Tahoe Forest Hospital  
10121 Pine Avenue, Truckee, CA 96161

1. **CALL TO ORDER**
2. **ROLL CALL**  
Randy Hill, Chair; Dale Chamblin, Board Member
3. **CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**
4. **INPUT – AUDIENCE**  
This is an opportunity for members of the public to address the Committee 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 Committee cannot take action on any item not on the agenda. The Committee 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.
5. **APPROVAL OF MINUTES OF: 10/29/2018..... ATTACHMENT**
6. **ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION**
  - 6.1. **Executive Compensation Committee Charter ..... ATTACHMENT**  
Executive Compensation Committee will review and discuss the committee charter.
  - 6.2. **CEO Job Description ..... ATTACHMENT**  
Executive Compensation Committee will review and discuss the CEO job description.
  - 6.3. **CEO Employment Agreement ..... ATTACHMENT**  
Executive Compensation Committee will discuss adding additional retirement options to the CEO Employment Agreement.
  - 6.4. **Fiscal Year 2020 CEO Incentive Compensation ..... ATTACHMENT\***  
Executive Compensation Committee will discuss development of metrics for the fiscal year 2020 CEO Incentive Compensation.
  - 6.5. **ABD-01 Chief Executive Officer Performance Evaluation..... ATTACHMENT**  
Executive Compensation Committee will review and discuss ABD-01 Chief Executive Officer Performance Evaluation policy.
  - 6.6. **Review CEO Evaluation Template ..... ATTACHMENT**  
Executive Compensation Committee will review and discuss the CEO performance evaluation template.
7. **REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS**
8. **NEXT MEETING DATE**  
Executive Compensation Committee will discuss its next meeting date.

**9. ADJOURN**

\*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 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 (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.