



TAHOE FOREST HOSPITAL DISTRICT

2021-11-18 Regular Meeting of the Board of Directors

Thursday, November 18, 2021 at 4:00 p.m.

Pursuant to Assembly Bill 361, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for November 18, 2021 will be conducted telephonically through Zoom.

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

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

If you would like to speak on an agenda item, you can access the meeting remotely: Please use this web link:
<https://tfhd.zoom.us/j/89767868328>

If you prefer to use your phone, you may call in using the numbers listed: (346) 248 7799 or (301) 715 8592,
Meeting ID: 897 6786 8328



Meeting Book - 2021-11-18 Regular Meeting of the Board of Directors

AGENDA

2021-11-18 Regular Meeting of the Board of Directors_FINAL Agenda.pdf	3
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ITEMS 1 - 12: See Agenda

13. ACKNOWLEDGMENTS

13.1. November Employee of the Month.pdf	6
13.2. TFH Platinum Recognition for National Hospital Organ Donation Campaign.pdf	8
13.3. TFHS Guardian of Excellence Award 2021.pdf	9

14. MEDICAL STAFF EXECUTIVE COMMITTEE

14.1.a. MEC Cover Sheet.pdf	11
14.1.b. Urgent Care Privileges rev 10.5.21.pdf	12
14.1.c. NP-PA Privilege Form - Urgent Care.pdf	17
14.1.d. Med Surg and ICU Policies 2021.pdf	28
14.1.e. Low-Dose Ketamine Administration for the Treatment of Pain- ANS-1802-Draft-Changes.pdf	30

15. CONSENT CALENDAR

15.1. Approval of Meeting Minutes	
15.1.1. 2021-10-28 Regular Meeting of the Board of Directors_DRAFT Minutes.pdf	34
15.2. Financial Report	
15.2.1. Financial Package - October 2021.pdf	39
15.3. Board Reports	
15.3.1. President & CEO Board Report - November 2021.pdf	52
15.3.2. COO Board Report - November 2021.pdf	54
15.3.3. CNO Board Report - November 2021.pdf	58
15.3.4. CMO Board Report - November 2021.pdf	59
15.4. Approve Resolution for Continued Remote Teleconference Meetings	
15.4.1. Resolution 2021-06 Continue AB361 Requirement for Teleconferencing - November.pdf	60

16. ITEMS FOR BOARD DISCUSSION

16.1. Master Plan Update Materials may be distributed at a later time.	
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17. ITEMS FOR BOARD ACTION

17.1. FY21 President & CEO Incentive Compensation Results.pdf

62

ITEMS 18 - 23: See Agenda

24. ADJOURN



REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, November 18, 2021 at 4:00 p.m.

Pursuant to Assembly Bill 361, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for November 18, 2021 will be conducted telephonically through Zoom. Please be advised that pursuant to legislation and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting. Board Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

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Or join by phone:

If you prefer to use your phone, you may call in using the numbers listed: (346) 248 7799 or (301) 715 8592, Meeting ID: 897 6786 8328

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

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

1. CALL TO ORDER

2. ROLL CALL

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

4. ITEMS FOR BOARD DISCUSSION

4.1. **President & Chief Executive Officer Annual Compensation Increase**

The Board of Directors will receive a report from FutureSense on the President & CEO's annual compensation increase.

5. 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.

6. CLOSED SESSION

6.1. **Hearing (Health & Safety Code § 32155)◆**

Subject Matter: First Quarter FY2022 Quality Report

Number of items: One (1)

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

Property Parcel Numbers: 019-620-051, 019-620-046 & 019-620-047

Agency Negotiator: Judith Newland

Negotiating Party: 596 Sausalito Blvd LLC

Under Negotiation: Price & Terms of Payment

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

Discussion will concern: Proposed new facilities

Estimated Date of Disclosure: November 2022

6.4. Approval of Closed Session Minutes ◆

10/28/2021 Regular Meeting

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

Subject Matter: Medical Staff Credentials

APPROXIMATELY 6:00 P.M.

7. DINNER BREAK

8. OPEN SESSION – CALL TO ORDER

9. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

10. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

11. INPUT – AUDIENCE

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

12. 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.

13. ACKNOWLEDGMENTS

13.1. November 2021 Employee of the Month..... ATTACHMENT

13.2. TFH received Platinum Recognition for National Hospital Organ Donation Campaign ATTACHMENT

13.3. Press Ganey Guardian of Excellence Award in Emergency Department ATTACHMENT

13.4. November Acknowledgement Weeks

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:

Privilege Form with Changes

- Urgent Care Privileges
- NP/PA Privilege Form – Urgent Care

Policy Approval with Changes

- Med/Surg and ICU policies (Risk Statement Added, No Content Change)
- Low-Dose Ketamine Administration for the Treatment of Pain, ANS-1802

15. CONSENT CALENDAR ◆

These items are expected to be routine and non-controversial. They will be acted upon by the Board without discussion.

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
November 18, 2021 AGENDA – Continued

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. 10/28/2021 Regular Meeting ATTACHMENT

15.2. Financial Reports

15.2.1. Financial Report – October 2021..... ATTACHMENT

15.3. Board Reports

15.3.1. President & CEO Board Report..... ATTACHMENT

15.3.2. COO Board Report ATTACHMENT

15.3.3. CNO Board Report ATTACHMENT

15.3.4. CMO Board Report ATTACHMENT

15.4. Approve Resolution for Continued Remote Teleconference Meetings

15.4.1. Resolution 2021-06 ATTACHMENT

16. ITEMS FOR BOARD DISCUSSION

16.1. Master Plan Update

The Board of Directors will receive an update on the District’s Master Plan.

17. ITEMS FOR BOARD ACTION ♦

17.1. President & CEO Fiscal Year 2021 Incentive Compensation ATTACHMENT

The Board of Directors will review and determine payout of the President & CEO’s FY2021 Incentive Compensation Metrics.

18. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

19. BOARD COMMITTEE REPORTS

20. BOARD MEMBERS REPORTS/CLOSING REMARKS

- The December Regular Meeting will be held on December 16, 2021.

21. CLOSED SESSION CONTINUED, IF NECESSARY

21.1. Public Employee Performance Evaluation (Government Code § 54957)

Title: President & Chief Executive Officer

22. OPEN SESSION

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

24. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is December 16, 2021 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) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting.

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

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

Tahoe Forest Health System

EMPLOYEE OF THE MONTH



Ged Laplante

Pharmacist, Pharmacy

We are pleased to announce Ged Laplante as our November Employee of the Month. Ged has been with the health system since 2017. Here are some of the great things his colleagues have to say about him:

“Ged represents quality and excellence... He represents stewardship by handling all of our pharmacy resources in an efficient way.”

“Ged is an absolutely phenomenal resource for our pharmaceutical needs at IVCH. He goes above and beyond to anticipate the needs of our small community hospital.”

And congrats to our terrific November nominees!

Guadalupe Munoz-Flick
Maribel Daisy Martinez
Samuel Jones
John Christian
Ramses Neadeau
Jane Day
Lacey Handeland



Congratulations! Thank you for all you do!



Let life bloom.

PLATINUM RECOGNITION

For saving and improving lives during the ongoing COVID-19 pandemic by encouraging hospital colleagues and community members to register as organ, eye, and tissue donors.

**National Hospital
Organ Donation Campaign**

TAHOE FOREST HOSPITAL



– 2021 –

U.S. Department of Health and Human Services
Health Resources and Services Administration
Healthcare Systems Bureau • Division of Transplantation

HRSA
Health Resources & Services Administration

This campaign is a component of the Workplace Partnership for Life.



FOR IMMEDIATE RELEASE

November 8, 2021

Contact: Paige Nebeker Thomason
Director of Marketing and Communications, TFHS
pthomason@tfhd.com
530.582.6290

Tahoe Forest Health System Receives 2021 Press Ganey Guardian of Excellence Award®

*The Emergency Departments of Tahoe Forest Health System earn national distinction
as a top performer in patient experience*

www.tfhd.com

(Tahoe/Truckee, Calif.) – Tahoe Forest Health System is pleased to announce it has been named a 2021 Guardian of Excellence Award® winner by [Press Ganey](#), the national leader in healthcare consumer and workforce engagement. Press Ganey recognizes Tahoe Forest Health System as a top-performing healthcare organization achieving the 95th percentile or above for performance in patient experience.

The Press Ganey Guardian of Excellence Award® is a preeminent, competitive achievement for leading healthcare organizations. Presented annually, the award applauds hospitals and health systems that consistently sustained performance in the top 5% of all Press Ganey clients.

Tahoe Forest Health System specially recognizes the Emergency Departments of Tahoe Forest Hospital and Incline Village Community Hospital, who have each reached the 95th percentile in Patient Experience contributing to the achievement of the award.

“Press Ganey is honored to recognize Tahoe Forest Health System as one of the nation’s leaders in patient experience,” said Patrick T. Ryan, chairman and chief executive officer, Press Ganey. “This award reflects an unwavering commitment to earn the trust and loyalty of patients throughout unimaginable challenges. We are humbled by Tahoe Forest Health System’s incredible efforts, and their ability to adapt to imperatives of COVID-19 on top of the increasing demand for consumerism in healthcare.”

“The Guardian of Excellence Award® achievement is an example of how Tahoe Forest Health System honors the community we serve by striving to provide high quality healthcare delivery every day,” says Harry Weis, President and CEO of Tahoe Forest Health System. “It demonstrates that our Truckee/North Lake Tahoe community can receive top-rated care close to home,” he added.

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About Tahoe Forest Health System

Tahoe Forest Health System, which includes Tahoe Forest Hospital in Truckee, CA, and Incline Village Community Hospital in Incline Village, NV, offers 24-hour emergency care, urgent care, primary and specialty health care clinics including Tahoe Forest Orthopedics and Sports Medicine, Commission on Cancer (COC) accredited cancer center, the Gene Upshaw Memorial Tahoe Forest Cancer Center, and the Joseph Family Center for Women and Newborn Care. With a strong focus on high quality patient care, community collaboration, clinical excellence and innovation, Tahoe Forest Health System is a UC Davis Rural Center of Excellence. For a complete list of physician specialties and services, visit www.tfhd.com.

About Press Ganey

[Press Ganey](#) pioneered the health care performance improvement movement 35 years ago. Today Press Ganey offers an integrated suite of solutions that enable enterprise transformation across the patient journey. Delivered through a cutting-edge digital platform built on a foundation of data security, Press Ganey solutions address safety, clinical excellence, patient experience, and workforce engagement. The company works with more than 41,000 health care facilities in its mission to reduce patient suffering and enhance caregiver resilience to improve the overall safety, quality, and experience of care.

AGENDA ITEM COVER SHEET

ITEM	Medical Executive Committee (MEC) Consent Agenda
RESPONSIBLE PARTY	Jonathan Laine, MD Chief of Staff
ACTION REQUESTED?	For Board Action
BACKGROUND: During the November 4, 2021 Medical Executive Committee meeting, the committee made the following open session consent agenda item recommendations to the Board of Directors at the November 18, 2021 meeting.	
<u>Privilege forms with Changes</u> <ol style="list-style-type: none"> 1. Urgent Care Privileges 2. NP/PA Privilege Form – Urgent Care <u>Policies with Changes</u> <ol style="list-style-type: none"> 3. Med/Surg and ICU Policies (Risk Statement Added, No Content Change) 4. Low-Dose Ketamine Administration for the Treatment of Pain, ANS-1802 	
SUGGESTED DISCUSSION POINTS: None.	
SUGGESTED MOTION/ALTERNATIVES: Move to approve the Medical Executive Committee Consent Agenda as presented.	

TAHOE FOREST HOSPITAL DISTRICT
Department of Medicine
Delineated Clinical Privilege Request

SPECIALTY: URGENT CARE

NAME: _____
Please Print

Check one or more:

- Tahoe Forest Health System Urgent Care
- Tahoe Forest Health System Ski Clinic

Check one: Initial Change in Privileges Renewal of Privileges

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

Basic Education:	MD, DO
Minimum Formal Training:	Successful completion of an ACGME or AOA-approved residency training program in Family Medicine, Internal Medicine or Emergency Medicine
Board Certification:	Board qualification/certification required. Current ABFP/ABIM/ABEM Board Certification (or AOA equivalent Board); or attain Board Certification within two-five years of completion of training program. Maintenance of Board Certification required for reappointment eligibility. <i>Failure to obtain board certification within the required timeframe, or failure to maintain board certification, will result in automatic termination of privileges.</i>
Required Previous Experience: (required for new applicants)	Applicant must be able to document that he/she has managed minimum number of urgent care/primary care/ER patients as indicated for each core group within the past 24 months. Recent residency or fellowship training experience may be applicable. If training has been completed within the last 2 years, documentation will be requested from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 2 years ago, documentation will be requested from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested.
Clinical Competency References: (required for new applicants)	Training director or appropriate department chair from another hospital where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. (At least one peer reference must be an Urgent Care practitioner.) Medical Staff Office will request the peer evaluation information .
Proctoring Requirements:	See in Proctoring P&P. Where applicable, additional proctoring and evaluation may be required if minimum number of cases cannot be documented in addition to the proctoring requirements outlined in the proctoring policy.
Other:	<ul style="list-style-type: none"> • Current, unrestricted license to practice medicine in CA and/or NV • Malpractice insurance in the amount of \$1m/\$3m • Current, unrestricted DEA certificate in CA (approved for all drug scheduleschedules 2-5) and/or unrestricted Nevada State Board of Pharmacy Certificate and DEA to practice in NV • Ability to participate in federally funded program (Medicare or Medicaid) • ATLS – required to provide services at all ski clinics. (ATLS required within 12 months of initial appointment to the Ski Clinic(s) and Current Thereafter) • ACLS – required to provide services at all Urgent Care sites. (ACLS required within 6 months of Initial Appointment and Current Thereafter)

Commented [PD1]: (a)Bylaws state: be board certified or qualified to sit for the boards in their primary area of practice at the Hospital subject to the recertification provision, below. Those applicants who are not board certified at the time of application but who have completed their residency or fellowship training are required to become board certified within five (5) years of residency or fellowship training¹;

Commented [PD2]: Applicant must provide the references, MSO requests the peer reference evals.

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

TAHOE FOREST HOSPITAL DISTRICT
Department of Medicine
Delineated Clinical Privilege Request

Applicant: Place a check in the (R) column for each privilege **Requested**. Initial applicants must provide documentation of the number and types of clinic cases treated during the past 24 months. **Granting of privileges is contingent upon meeting all general, specific, and threshold criteria defined above.**

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

(R)	(A)	<u>GENERAL PRIVILEGES – URGENT CARE</u>	<u>Estimate # of patients in the past 24 months</u>	<u>Setting</u>	<u>Proctoring</u>	<u>Reappointment criteria if no or insufficient cases, add'l proctoring or specific CME may be required</u>
☐	☐	<p>BASIC – Urgent Care</p> <p><u>Basic privileges include the ability to perform a history and physical exam, review medical records, order outpatient labs and studies, and receive results of inpatient and/or outpatient lab/radiology studies, and records. Must include management of at least 50 adults and 10 children (14 and under) within the last two years for initial appointment.</u></p> <ul style="list-style-type: none"> • <u>ACLS Required (Certification Required within 6 months of Initial Appointment and Current Thereafter)</u> <p><u>CORE PROCEDURES:</u></p> <ul style="list-style-type: none"> • <u>Local anesthesia</u> • <u>Nasal packing and cautery</u> • <u>Incision and drainage</u> • <u>Wound management and closure</u> • <u>Skin biopsy or excision</u> • <u>Nail trephine and excision</u> • <u>Joint, bursa, and trigger point injection</u> • <u>Removal of non-penetrating foreign body from eye, nose, ear, skin and vagina</u> • <u>Urinary bladder catheterization</u> • <u>Splinting and casting</u> 	-	<u>Urgent Care Clinic, MSC, Ski Clinics</u>	<u>Review of 10 representative cases, including 5 trauma cases</u>	<u>Evidence of Current Clinical Competency.</u>

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TAHOE FOREST HOSPITAL DISTRICT
Department of Medicine
Delineated Clinical Privilege Request

(R)	(A)		Estimate # of patients or procedures performed in the past 24 months (indicate if other than hospital #s)	Setting	Proctoring See below plus add'l cases at discretion of proctor	Reappointment Criteria If no cases or insufficient cases, add'l proctoring may be required or privilege specific CME
		SPECIALIZED PRIVILEGES – URGENT CARE <u>These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.</u>				
-	-	• ATLS Required for Ski Clinics (Certification Required within 12 months of Initial Appointment and Current Thereafter)	-	UC, Ski Clinics	-	Maintain current
-	-	Preliminary interpretation of plain films (required for ski clinic)	-	UC, Ski Clinics	5 cases	Current demonstrated competence and provision of care
-	-	Dislocation/fracture reduction/immobilization techniques, including splinting and casting (required for ski clinic)	-	UC, Ski Clinics	5 cases	Current demonstrated competence and provision of care
-	-	Hematoma block (required for ski clinic)	-	UC, Ski Clinics	3 cases	Current demonstrated competence and provision of care
-	-	Cervical spine clearance (required for ski clinic)	-	UC, Ski Clinics	1 case	Current demonstrated competence and provision of care
-	-	IUD Insertion	-	UC, MSC	3 cases	Current demonstrated competence and provision of care
-	-	Arthrocentesis	-	UC, MSC, Ski clinics	1 case	Current demonstrated competence and provision of care
-	-	IUD Removal	-	UC, MSC	1 case	Current demonstrated competence and provision of care
-	-	Endometrial Biopsy	-	UC, MSC	1 case	Current demonstrated competence and provision of care
-	-	Nexplanon Removal	-	UC, MSC	1 case	Current demonstrated competence and provision of care
-	-		-			

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TAHOE FOREST HOSPITAL DISTRICT
Department of Medicine
Delineated Clinical Privilege Request

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

Form Approval/Revision Dates:
Board 8/27/20



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

NAME: _____

Check which applies:

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

- Check which applies: Nurse Practitioner Physician Assistant
 Check one: Initial Change in Privileges Renewal of Privileges

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

Basic Education, Training, Licensure, and Experience	<p><u>Nurse Practitioner:</u></p> <ul style="list-style-type: none"> Certification from an accredited school for nurse practitioner training Current advance practice RN licensure to practice in California and/or Nevada, as appropriate. Provide evidence of Collaborative Service Agreement (CA); and/or evidence of Supervising Physician Agreement (NV State Medical Board), as applicable. Provide evidence of completion of a program meeting AORN (Assoc. of periOperative Registered Nurses) standards for RN First Assistant Education Programs as an NP, if applying for surgical assist privileges, or provide certification with 9 months of appointment.
	<p><u>Physician Assistant:</u></p> <ul style="list-style-type: none"> Completion of a PA program accredited by the Accreditation Review Commission on Education for the Physician Assistant. Current California and/or Nevada license in good standing, as applicable. Provide evidence of Practice Agreement (CA); and/or evidence of Supervising Physician Agreement (NV State Medical Board), as applicable.
Certification:	<p>Nurse Practitioner: Current ANCC (American Nurses Credentialing Center) or AANP (American Academy of Nurse Practitioners) certification required. Current PNCB (Pediatric Nursing Certification Board) or ANCC certification is required if requesting to work in pediatrics. NCC (National Certification Corporation) certification for WHNP-BC (Women’s Health Care Nurse Practitioner) is acceptable if requesting to work in Women’s Health.</p> <p>Physician Assistant: Current NCCPA (National Commission on Certification of Physician Assistants) certified</p> <p>NP and PA: Current BLS (Basic Life Support) certified (must submit copy & maintain current certification.)</p>
Clinical Competency References: 3	<p>Initial and Reappointment: At least one peer reference should have the same licensure as the applicant; e.g., nurse practitioner or physician assistant. Other references should include physicians with whom the applicant has worked and/or been employed.</p> <p>Reappointment: At least one reference from a supervising physician, if applicable.</p>
Proctoring/Evaluation:	<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>
Other:	<ul style="list-style-type: none"> Malpractice insurance in the amount of \$1m/\$3m Current, unrestricted DEA certificate in CA and/or NV, as applicable (Schedules II-V). Nevada Pharmacy Board Certificate, if applicable Ability to participate in federally funded program (Medicare or Medicaid) Physician Assistants must have an identified Physician Supervisor who is a member of the Hospital’s medical staff. PA’s must complete an educational course in controlled substances that meets the standards of practice by TFHD and State of California within six (6) months of being granted privileges and AHP membership. [CA Code of Regulations Sections: 1399.541(h), 1399.610 and 1399.612] Nurse Practitioners must have a Collaborative Agreement with a designated *supervising physician member of the Hospital’s medical staff. Must function under defined standardized procedures or protocols.

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

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

Name: _____

(R)	(A)	GENERAL PRIVILEGES Please check the appropriate "core privileges" for your practice area	Estimate # of patients seen in last 24 months	Proctoring New applicants	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<p>OUTPATIENT (Tahoe Forest/Incline Village Hospital)</p> <p>This list of Core privileges below is representative of the type of practice privileges that may be performed by PA/NP but does not necessarily contain all core practice privileges that may be performed by PA/NPs in this specialty. Please mark through and initial any privileges that you do not wish to include in our core practice privileges:</p> <ul style="list-style-type: none"> • History documentation and physical examinations. • Conduct initial and ongoing assessment of the patient's medical and physical status. • Refer to hospital for admission and treatment. • Evaluate, diagnose, and treat in outpatient clinic. • Management of acute and chronic conditions. • Emergent Care such as respiratory arrest, cardiac arrest following approved protocols. • Collecting, ordering, and interpreting lab work, therapies, x-rays and other diagnostic studies following approved protocols. • Ordering therapies as part of treatment plans such as speech and physical therapy, psychological counseling following approved protocols. • Medication management, including controlled substances, with physician consultation following approved protocols. • Instructing, educating and counseling patients and families concerning health status, results of tests, disease process, and discharge planning. • Facilitate and initiate referrals to appropriate health care agencies and arranging community resources. • Specialty consultation with physician when level of competence or comfort exceeded per approved protocols. <p><u>Procedures and minor surgery including:</u></p> <ul style="list-style-type: none"> • Splinting & Casting • Incision and drainage of abscess • Suture laceration • Wart removal with cryotherapy • Toenail removal • Excision and Biopsy • Drain/Inject Joint 	_____	<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)	GENERAL PRIVILEGES Please check the appropriate "core privileges" for your practice area	Estimate # of patients seen in last 24 months	Proctoring New applicants	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<p>INPATIENT or OUTPATIENT HOSPITAL SETTING Core privileges for the inpatient or outpatient hospital setting include the following: [NOTE: Any patient requiring ICU or step-down ICU status will be transferred to the on-call physician.]</p> <ul style="list-style-type: none"> • History documentation and Physical examinations, • Preop/Preadmission • Dictation of admission H&P and initiation of admitting orders. • Obtain informed consent • POLST: Under direction of physician, sign Physician Orders for Life-Sustaining Treatment forms. • Patient visits and recording progress notes. • Dictation of discharge summary and/or initiation of discharge orders in consultation with supervising and/or employing physician/s. • Assess medical risks and appropriately prevent and treat risks (e.g., VTE). • Ordering of diagnostic lab, wound cultures, radiology services, and therapies in consultation with or using procedures approved by supervising and/or employing physician/s. • Consultation with care coordinators, nursing staff, or clinical educators. • Prescribe, administer, and/or dispense drugs allowed by license and within scope of practice. • Specialty consultation with physician when level of competence exceeded per approved protocols. • Provision of patient education and make appropriate referrals 	_____	<p>Ten cases proctored (list of patients seen are provided by practitioner)</p> <p>3 and 6 month reviews through random chart review and physician feedback</p>	<p>Minimum of 5 patients managed in inpatient setting in two years & actively seeing patients in the outpatient setting (minimum of 100 patients in two years)</p> <p>On going monthly chart review (5% of charts) by Medical Director or Supervising Physician); special review when exceptional conditions exist</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Procedures and minor surgery including:</p> <ul style="list-style-type: none"> • Apply and remove wound vacs • Arthrocentesis for joint & bursa aspirations to rule out infections • Casting, simple • Closed reductions of dislocations • Reductions of extremity fractures • Hardware removal requiring only local anesthesia • Suture laceration • Excision and Biopsy • Joint injections • Injections of hematoma blocks for reductions • Injections IM, IV, Intra articular, SQ and Tendon Sheaths • Traction and Insertion of Steinman Pins for Skeletal Traction • Wound care, assessment & dressing changes • Pronounce a patient death. 			

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

Name: _____

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

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

Name: _____

SKILLED NURSING FACILITY (SNF)					
□	□	<p>Core privileges for the skilled nursing facility are limited to performing alternating federally mandated physician visits, at the option of the physician, after initial visit by the physician in the SNF, and medically necessary visits for the diagnosis or treatment of an illness or injury as needed.</p> <ul style="list-style-type: none"> • History documentation and Physical examinations. • Patient visits and recording progress notes. • Dictation of discharge summary and/or initiation of discharge orders in consultation with supervising and/or employing physician/s. • Assess medical risks and appropriately prevent and treat risks (e.g., VTE). • Ordering of diagnostic lab, radiology services, and therapies in consultation with or using procedures approved by supervising and/or employing physician/s. • Consultation with care coordinators, nursing staff, or clinical educators. • Prescribe, administer, and/or dispense drugs allowed by license and within scope of practice. • Provision of patient education and make appropriate referrals. • POLST: Under direction of physician, sign Physician Orders for Life-Sustaining Treatment forms. • Pronounce a patient death. <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 & actively seeing patients in the outpatient setting (minimum of 100 patients 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>
INPATIENT / OUTPATIENT CHEMOTHERAPY					
□	□	<ul style="list-style-type: none"> • Order adjustment per protocol. <p>Specialty consultation with physician when level of competence exceeded per approved protocols.</p>	_____	<p>Ten cases proctored at random (list of patients seen are provided by practitioner)</p> <p>3 and 6 month reviews through random chart review and physician feedback</p>	<p>Actively seeing patients in cancer center setting/inpatient (minimum of 100 in two years, including 5 inpatient cases)</p> <p>On going monthly chart review (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: _____

EMERGENCY DEPARTMENT (TFH or IVCH)					
<input type="checkbox"/>	<input type="checkbox"/>	<p>Core privileges for physician assistants and nurse practitioners in emergency medicine include the care for patients of all ages to correct or treat various conditions, illnesses, or injuries including the provision of consultation on behalf of their supervising physician.</p> <p>Core privileges also include assisting the supervising physician with diagnosis and management in the following areas:</p> <ul style="list-style-type: none"> • History documentation and physical examinations. • Perform a Medical Screening Examination. • Conduct initial and ongoing assessment of the patient's medical and physical status. • Refer to hospital for admission and treatment. • Evaluate, diagnose, and treat in outpatient clinic. • Management of acute and chronic conditions. • Emergent Care such as respiratory arrest, cardiac arrest following approved protocols. • Collecting, ordering, and interpreting lab work, therapies, x-rays, ECGs, and other diagnostic studies following approved protocols. • Ordering therapies as part of treatment plans such as speech and physical therapy, psychological counseling following approved protocols. • Medication management, including controlled substances, with physician consultation following approved protocols. • Instructing, educating and counseling patients and families concerning health status, results of tests, disease process, and discharge planning. • Facilitate and initiate referrals to appropriate health care agencies and arranging community resources. <p>Procedures: Procedures within scope of practice may be performed with consultation when appropriate. These may include but are not limited to:</p> <ul style="list-style-type: none"> • Splinting & casting • Local anesthesia • Incision and drainage • Wound management and closure • Nail removal • Joint, bursa, and trigger point injection • Foreign body removal • Urinary bladder catheterization 		<p>3 and 6 month reviews through random chart review and physician feedback</p> <p>Ten cases proctored (list of patients seen are provided by practitioner)</p>	<p>Actively seeing patients in ER setting (minimum of 100 in two years, may include outpatient or ortho)</p> <p>On going monthly chart review (5% of charts) by Medical Director or Supervising Physician); special review as needed Ongoing Chart Review Determined at the Practice Level</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>URGENT CARE – ADULT and PEDIATRIC MEDICINE</p> <ul style="list-style-type: none"> • ACLS Required (Certification Required within 6 months of Initial Appointment and Current Thereafter) <p>Core privileges for physician assistants and nurse practitioners in Urgent Care include the care for patients of all ages to correct or treat various conditions, illnesses, or injuries including the provision of consultation on behalf of their supervising physician. This list of Core privileges below is representative of the type of practice privileges that may be</p>		<p>Review of 10 cases proctored</p> <p>3 and 6 month reviews through random chart review and physician feedback</p>	<p>Current demonstrated competence and provision of care for approximately 100 urgent care cases in past two years. Office records may be requested. *</p>

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

Name: _____

		<p>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"> • History documentation and physical examinations. • Perform a Medical Screening Examination. • Conduct initial and ongoing assessment of the patient's medical and physical status. • Refer to hospital for admission and treatment. • Evaluate, diagnose, and treat in outpatient clinic. • Management of acute and chronic conditions. • Emergent Care such as respiratory arrest, cardiac arrest following approved protocols. • Collecting, ordering, and interpreting lab work, therapies, x-rays, ECGs, and other diagnostic studies following approved protocols. • Ordering therapies as part of treatment plans such as speech and physical therapy, psychological counseling following approved protocols. • Medication management, including controlled substances, with physician consultation following approved protocols. • Instructing, educating and counseling patients and families concerning health status, results of tests, disease process, and discharge planning. • Facilitate and initiate referrals to appropriate health care agencies and arranging community resources. • Specialty consultation with physician when level of competence of comfort exceeded per approved protocols. <p>Procedures: Procedures within scope of practice may be performed with consultation when appropriate. These may include but are not limited to:</p> <ul style="list-style-type: none"> • Local anesthesia • Nasal packing and cautery • Incision and drainage • Wound management and closure • Skin biopsy or excision • Nail trephine and excision • Joint, bursa, and trigger point injection • Removal of non penetrating foreign body from eye, nose, ear, skin and vagina • Dislocation/fracture reduction/immobilization techniques including casting and splinting • Urinary bladder catheterization • Wart removal and cryotherapy 			<p>On going 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>UROLOGY (Must also request Outpatient General NP/PA Privileges)</p> <p>Management of general medical conditions privileges include:</p> <p>PROCEDURES</p> <ul style="list-style-type: none"> • Intercavernosal Injections for ED (Review of 3 proctored cases) • Inject medications for Peyronie's Disease (Review of 10 proctored cases) • Bladder Catheter Irrigation (Review of 3 proctored cases) • Urodynamic Studies (Review of 5 proctored cases) • Posterior tibial nerve stimulation (Review of 6 proctored cases) 	<p>_____</p>	<p>See Procedures</p>	<p>Current demonstrated competence and provision of care for approximately 25 cases in past two years. Office records may be requested. *</p>

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

Name: _____

<input type="checkbox"/>	<input type="checkbox"/>	<p>CARDIOLOGY OUPATIENT</p> <p>Management of general medical conditions privileges include:</p> <p>This list of Core privileges below is representative of the type of practice privileges that may be performed by PA/NP but does not necessarily contain all core practice privileges that may be performed by PA/NPs in this specialty. Please mark through and initial any privileges that you do not wish to include in our core practice privileges:</p> <ul style="list-style-type: none"> • History documentation and physical examinations, new and follow up cardiology patient consults. • Conduct initial and ongoing assessment of the patient's medical and physical status. • Refer to hospital for admission and treatment. • Evaluate, diagnose, and treat in outpatient clinic. • Management of acute and chronic cardiac conditions. • Emergent Care such as respiratory arrest, cardiac arrest following approved protocols. • Collecting, ordering, and interpreting lab work, therapies, x-rays and other diagnostic studies following approved protocols. • Referral to cardiac rehab as appropriate • Medication management, per standard of care • Instructing, educating and counseling patients and families concerning health status, results of tests, disease process, and discharge planning. • Facilitate and initiate referrals to appropriate health care agencies and arranging community resources. • Specialty consultation with physician when level of competence or comfort exceeded per approved protocols. <p style="text-align: center;">PROCEDURES</p> <ul style="list-style-type: none"> • 12 lead ECG interpretation 	_____	See Procedures	

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

Name: _____

□	<p>Women's Health OUTPATIENT (Tahoe Forest/Incline Village Hospital) This list of Core privileges below is representative of the type of practice privileges that may be performed by PA/NP but does not necessarily contain all core practice privileges that may be performed by PA/NPs in 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"> • Take and perform an history and physical • Triage a patient • Management of acute and chronic conditions • Collecting, ordering, and interpreting lab work • Ordering and interpreting diagnostic studies • Medication management • Instructing, educating and counseling patients and families concerning health status, results of tests, disease process, and discharge planning • Facilitate and initiate referrals to appropriate health care agencies and arranging community resources • <p>Management of women's health conditions include but are not limited to:</p> <ul style="list-style-type: none"> • Perform Pap/pelvic and breast exams • Perform cervical check • Management abnormal Pap tests • Family planning/contraceptive counseling • Screening for STIs • Menopause management • Abnormal uterine bleeding • Postmenopausal bleeding • Pelvic pain • Incontinence • Pelvic organ prolapse • Infertility • Osteoporosis • Endometriosis • Uterine fibroids/polyps • Prenatal/postpartum care • Assessment and management of breast masses • Management depression/anxiety <p><u>Procedures and minor surgery including:</u></p> <ul style="list-style-type: none"> • Colposcopy (Review of 3 proctored cases) • LEEP (Review of 3 proctored cases) • Endometrial biopsy (Review of 3 proctored cases) • IUC insertion and removal(Review of 3 proctored cases) • Nexplanon insertion and removal (Review of 3 proctored cases) <ul style="list-style-type: none"> ○ Must provide proof of training • Perform wet mount (Review of 3 proctored cases) • Cryotherapy (Review of 3 proctored cases) • Cervical polypectomy (Review of 3 proctored cases) • Vulvar or vaginal biopsy (Review of 3 proctored cases) 	<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 health clinic setting (minimum of 100 in two years)</p> <p>On going chart review per established process</p>
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**TAHOE FOREST HOSPITAL DISTRICT
ADVANCED NURSE PRACTITIONER/PHYSICIAN ASSISTANT
Delineated Clinical Privilege Request**

Name: _____

- 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, 4/24/19, 5/12/21
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, 5/16/19, 5/20/21
Board of Directors: 10/28/08; 3/12; 6/23/16; 11/17/16; 3/23/17; 10/25/18, 5/23/19, 5/27/21

PolicyStat Id	Title	Department	Last Approved	Origination Date	Last Revised
8638823	Acuity Range Guidelines, DICU - 1	Intensive Care Unit - DICU	9/29/2020	4/1/2004	8/24/2018
8641259	Admission and Discharge in the ICU, DICU - 2	Intensive Care Unit - DICU	9/29/2020	10/1/2001	9/11/2019
10388462	Arterial Blood Draws, DICU - 3	Intensive Care Unit - DICU	9/13/2021	6/1/1981	9/13/2021
10305576	Arterial Groin Puncture Management, DICU - 4	Intensive Care Unit - DICU	9/21/2021	1/1/1996	9/21/2021
8633469	Arterial Line Set-Up, DICU-5	Intensive Care Unit - DICU	9/24/2020	7/1/1991	9/3/2019
10306506	Assessment of ICU Patient, DICU - 6	Intensive Care Unit - DICU	9/21/2021	8/1/1994	9/21/2021
10306649	Cardiac Monitoring Standard, DICU - 7	Intensive Care Unit - DICU	9/21/2021	5/1/1992	9/21/2021
8641248	Cardioversion, DICU - 10	Intensive Care Unit - DICU	9/29/2020	11/1/1990	9/29/2020
8634186	Central Line – Pressure Line Management, DICU - 11	Intensive Care Unit - DICU	9/24/2020	11/1/2002	9/24/2020
10306838	Central Venous Pressure: Insertion and Measuring, DICU - 12	Intensive Care Unit - DICU	9/21/2021	7/1/1988	9/21/2021
10276088	Closing of Intensive Care Unit, DICU - 13	Intensive Care Unit - DICU	8/24/2021	11/1/1991	8/24/2021
8638855	Collaborative Practice Structure Standards, DICU - 14	Intensive Care Unit - DICU	12/17/2020	6/1/1991	8/24/2018
8633555	Competency and Performance Evaluation, DICU - 15	Intensive Care Unit - DICU	9/24/2020	11/1/1989	9/24/2020
8640850	Computer System Downtime, DICU - 16	Intensive Care Unit - DICU	9/29/2020	7/1/1994	8/24/2018
8634219	Coverage During Department Manager Absence, DICU - 17	Intensive Care Unit - DICU	12/17/2020	1/1/2000	8/24/2018
8633704	Defibrillation Procedure, DICU - 19	Intensive Care Unit - DICU	9/24/2020	8/1/2002	8/24/2018
8641412	Emergency Trays - Location and Restocking, DICU - 21	Intensive Care Unit - DICU	9/29/2020	7/1/1985	9/11/2019
8638808	Equipment Breakdown, DICU - 22	Intensive Care Unit - DICU	9/29/2020	3/1/1989	9/29/2020
8638849	ICU Medical Director – Role and Function, DICU - 55	Intensive Care Unit - DICU	9/29/2020	6/1/2011	8/24/2018
8638839	Monitor Lead Placement, DICU - 29	Intensive Care Unit - DICU	12/17/2020	5/1/2000	12/17/2020
8634035	Oral Care – Unconscious and Ventilated Patients, DICU - 33	Intensive Care Unit - DICU	9/24/2020	7/1/1993	8/24/2018
8641360	Orientation Plan - ICU, DICU - 34	Intensive Care Unit - DICU	9/29/2020	7/1/2002	9/11/2019
10306561	Pacemaker – Transcutaneous (External), DICU - 37	Intensive Care Unit - DICU	9/21/2021	5/1/1992	9/21/2021
8633671	Pacemaker – Transvenous Insertion and Standard of Care, DICU - 36	Intensive Care Unit - DICU	9/24/2020	7/1/1988	9/3/2019
10306620	Pacemakers, DICU - 35	Intensive Care Unit - DICU	9/21/2021	6/1/1988	9/21/2021
10306544	Paralytic Continuous Infusion, DICU - 38	Intensive Care Unit - DICU	9/21/2021	11/1/1992	9/21/2021
10306847	Quality Assessment Plan, DICU - 41	Intensive Care Unit - DICU	9/21/2021	6/1/1992	9/21/2021
10306698	Staffing Policy - ICU, DICU - 43	Intensive Care Unit - DICU	9/21/2021	4/1/1992	9/21/2021
8640837	Structure Standards - ICU, DICU - 54	Intensive Care Unit - DICU	12/17/2020	3/1/1988	12/17/2020
10305645	Team Leader Responsibilities, DICU - 26	Intensive Care Unit - DICU	9/21/2021	6/1/1992	9/21/2021
8641390	Telemetry in the ICU, DICU - 47	Intensive Care Unit - DICU	9/29/2020	1/1/1991	9/29/2020
8634137	Tracheal Suctioning, DICU - 50	Intensive Care Unit - DICU	9/24/2020	7/1/1985	8/24/2018
8633603	Tracheostomy Care, DICU - 49	Intensive Care Unit - DICU	9/24/2020	4/1/2000	8/24/2018
10306845	Transfer from ICU to MedSurg, DICU - 51	Intensive Care Unit - DICU	9/21/2021	11/1/1990	9/21/2021
8633894	Ventilator – Patient Management, DICU - 53	Intensive Care Unit - DICU	9/24/2020	2/1/1989	9/24/2020

Med Surg					
PolicyStat Id	Title	Department	Last Approved	Origination Date	Last Revised

10305528 Med Surg Staffing, Acuity, and Patient Assignments, DMS-36	Medical Surgical - DMS	9/13/2021	4/1/2000	9/13/2021
10011512 Med Surg Structure Standards, DMS-39	Medical Surgical - DMS	7/1/2021	5/1/2008	7/1/2021
9960496 Nursing Data Collection Form, DMS-31	Medical Surgical - DMS	7/1/2021	5/1/2001	7/1/2021
9960649 Nursing Management of Telemetry Patients, DMS-22	Medical Surgical - DMS	7/1/2021	1/1/2010	7/1/2021
10305554 Observation Status, DMS-216	Medical Surgical - DMS	9/21/2021	3/1/2008	9/21/2021
8641397 Staffing Scheduling, DMS-37	Medical Surgical - DMS	9/29/2020	9/1/1996	1/31/2019
10012128 Team Leader Responsibilities, DMS-1601	Medical Surgical - DMS	7/1/2021	8/18/2016	7/1/2021



TAHOE
FOREST
HEALTH
SYSTEM

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

Low-Dose Ketamine Administration for the Treatment of Pain, ANS-1802

RISK:

Administration of low dose Ketamine (LDK) as an analgesic for adult patients in the Emergency Department (ED), Intensive Care Unit (ICU), ~~and~~ Ambulatory Surgery Department (ASD), and Urgent Care Ski Clinic (UCSC) is available as an alternative to opioid analgesics. Improper dosing, administration, and/or monitoring of patients receiving LDK can lead to accidental moderate or deep sedation, respiratory distress, or potentially fatal complications.

SCOPE:

This document is intended for use in the ED, ICU, ~~and~~ ASD, UCSC due to low patient to nurse ratio.

PROCEDURE:

- A. This guideline applies exclusively to LDK for pain management, and not for agitation, moderate sedation, deep or procedural sedation, or bronchodilation ~~in adult patients 18 years and older~~.
- B. **Indications for Use:**
 1. The decision to add ketamine to a current treatment regimen will be at the discretion of the attending physician.
 2. Indications include, but are not limited to: severe pain (opioid naïve or tolerant patient), or rapidly escalating opioid requirements and/or a therapeutic goal to reduce total opioid dose.
 3. LDK may be used as monotherapy or as an adjunct with other analgesics. LDK has been shown to potentiate the analgesic effect of opioids, allow for an opioid-sparing effect, and attenuate development of centralized chronic pain states. Providers should consider lowering opioid doses when co-administering LDK.
 4. Patients should be warned of potential side effects prior to administration (Section C). Mild adverse effects may be seen even at low doses of ketamine.
- C. **Administration Guidelines:**
 1. All dosing is per physician order and should be based on body weight.

2. Registered Nurses are responsible for ensuring patient is educated on potential side effects prior to administration (Section [GD](#)).
3. Patient should be assessed according to the monitoring plan specified in Section [GH](#) below.
4. Nurses administering LDK infusions must have a patient/nurse ratio no greater than 2:1, where only one patient is receiving a Ketamine infusion.
5. LDK may be administered via:
 - a. Intramuscular (IM)
 - b. [Intranasal \(IN\)](#)
 - c. Continuous Infusion (pump required)
 - i. LDK should be infused through its own dedicated IV line (when possible) or via the most proximal port of a carrier solution
 - a. Lines infusing LDK will be labeled as such to avoid inadvertent bolusing or mixing of medications.
 - ii. LDK should be infused through portless IV tubing to avoid inadvertent bolusing.
 - iii. LDK should NOT be bolused as a treatment for pain except by an anesthesia provider
 - iv. LDK is a schedule III drug and must be locked in an IV infusion control device (ex: PCA pump lock box)
 - v. Verbal, telephone, or “standing” orders are NOT to be used as a means of increasing infusion rates. Prescribing providers (or a provider from the same service) must re-evaluate the patient at least every 24 hours for the duration of the LDK infusion.
 - vi. All LDK infusions will be prepared ONLY by the pharmacy.

D. Potential side effects:

1. Psychotomimetic effects: dreamlike illusory states most common. Unpleasant hallucinations, dysphoria, amnesia and feeling intoxicated.
2. Cardiovascular effects: mild hypertension, tachycardia and increased cardiac output.
3. Neurological: diplopia, nystagmus, tremors, tonic-clonic movements, sedation, increased intracranial pressure, dizziness and transient headache.
4. Gastrointestinal: hyper-salivation, possible nausea and vomiting.
5. Respiratory: decreased cough reflex, tachypnea, respiratory depression and apnea more common with too rapid of intravenous push doses.

E. Inclusion Criteria: LDK may be administered to patients ~~over 18 years of age~~, who fall within the inclusion criteria listed below, and have received appropriate patient education prior to administration.

1. Patients complaining of acute or chronic pain (opioid naive or refractory somatic, visceral or neuropathic).

F. Exclusion Criteria:

1. Glaucoma, acute coronary syndrome, hypertensive emergency or crisis, schizophrenia or allergy to ketamine

G. Precautions:

1. End stage liver disease and/or cirrhosis
2. Cardiac disease with tachycardia
3. Uncontrolled severe hypertension
4. Unstable vital signs
5. Heart failure
6. Coronary artery disease
7. Pregnant or breast feeding
8. Use with caution in patients with CNS masses, CNS abnormalities or hydrocephalus due to possible risk of increased intracranial pressure
9. Thyrotoxicosis with thyroid storm
10. Uncontrolled seizure activity
11. Acute alcohol intoxication
12. Non-intubated patient with difficult airway

H. Monitoring:

1. Perform baseline pain assessment, level of sedation using POSS scale, and vital signs before initiation of any route of LDK.
2. Requires continuous pulse oximetry and/or ET CO₂ monitoring (end tidal).
3. Requires continuous cardiac monitoring for ALL continuous low-dose ketamine infusions.
4. The RN shall assess the patient during administration and 15 minutes post dose. Assess O₂ saturation level, pain scores, level of consciousness/sedation, and potential side effects. Repeat assessment within 60 minutes ~~of~~ post IM/IN dose or post continuous infusion rate change.
5. After initial 60 minutes, recheck vital signs at least q4h for 24 hours, and at least q8h ongoing after that. If dose rate is increased, revert to 60 minutes, then q4h for 24 hours.
6. Notify physician of inadequate pain relief, psychological side effects (e.g. hallucination, vivid dreams, aggressive behavior, nystagmus), sustained hypertension defined as >20 % increase in blood pressure.
 - a. If patient on low-dose continuous ketamine infusion, discontinue infusion before leaving bedside to alert physician.
7. Notify physician of a heart rate greater than 100 beats per minute, a systolic BP of less than 90mmHg, a respiratory rate less than 10 breaths per minute, oxygen saturation of less than 93%.
 - a. If patient on low-dose continuous ketamine infusion, discontinue infusion before leaving bedside to alert physician.

I. Who May Administer the Medication:

1. Any licensed staff with training and competency may administer the drug, within the rules of their

license.

- a. Physicians
- b. Advanced Practice Clinicians (PA, NP, CRNA)
- c. Registered Nurses
 - i. Demonstrated competency and training in ~~Healthstreams~~[Healthstream](#).
 - ii. Current ACLS certification
 - iii. When in the professional judgment of the RN, the medication or combination of medications, the dosages prescribed, or frequency of administration may produce a state of moderate or deep sedation or place the patient at risk for complications, they are to discuss with physician or move up the chain of command if needed using SBAR and CUS format (ANS-1404, AGOV-1504).

RN COMPETENCY/TRAINING:

- A. Prior to administering LDK, RN staff should read and understand this policy, and complete the annual RN competency module and exam in ~~Healthstreams~~[Healthstream](#).

REVIEW:

- A. Policy to be reviewed annually by:
 1. Anesthesiology Service
 2. P&T Committee
 3. Medical Executive Committee

References:

Sutter Health ED Ketamine Position Paper; UC Davis "Ketamine to Facilitate Medical Management of ICU Patients" policy, 2017; New York State Education Department "IV Drug Administration of Ketamine for the Treatment of Intractable Pain", 2011; Wyoming State Board of Nursing "IV Administration of Ketamine for Intractable Pain for Adults"; Alaska State Board of Nursing "IV Drug Administration of Ketamine for the Treatment of the Post-Operative, Opioid Tolerant Adult Patient by a Registered Nurse (RN)", 2014, University of Colorado Hospital "Administration of Low-Dose (sub-anesthetic) Ketamine for Analgesia" policy, 2012

Related Policies/Forms:

[Chain of Command for Medical Plan of Care, ANS-1404](#); [Hand-Off Communications SBAR and C-U-S Reports, AGOV-1504](#)

All revision dates:

Attachments

No Attachments



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

Thursday, October 28, 2021 at 4:00 p.m.

Pursuant to Assembly Bill 361, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for October 28, 2021 will be conducted telephonically through Zoom. Please be advised that pursuant to legislation and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting. Board Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

1. CALL TO ORDER

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

2. ROLL CALL

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

Staff in attendance: Harry Weis, President & Chief Executive Officer; Dr. Shawni Coll, Chief Medical Officer; Martina Rochefort, Clerk of the Board

Other: David Ruderman, General Counsel

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

Item 4. will be heard after item 6.

5. ITEMS FOR BOARD ACTION

5.1. Resolution 2021-04 Authorizing Remote Teleconference Meetings

The Board of Directors considered approval of a resolution authorizing remote teleconference meetings of the Board of Directors and the District's other legislative bodies pursuant to Government Code Section 54953(e). Discussion was held.

ACTION: Motion made by Director Brown, to approve Resolution 2021-04 as presented, seconded by Director Chamblin. Roll call vote taken.

Barnett – AYE

McGarry - AYE

Chamblin – AYE

Brown – AYE

Wong – AYE

6. BOARD OFFICER ELECTION

6.1. Election of Board Secretary

The Board of Directors elected a new Board Secretary.

ACTION: Motion made by Director Brown, to appoint Michael McGarry as Board Secretary, seconded by Director Chamblin. Roll call vote taken.

Barnett – AYE

McGarry – AYE

Chamblin – AYE

Brown – AYE

Wong – AYE

4. INPUT AUDIENCE

No public comment was received.

General Counsel read the board into closed session.

Open Session recessed at 4:12 p.m.

7. CLOSED SESSION

7.1. Hearing (Health & Safety Code § 32155)

Subject Matter: Third Quarter 2021 Corporate Compliance Report

Number of items: One (1)

Discussion was held on a privileged item.

7.2. Approval of Closed Session Minutes

09/23/2021 Regular Meeting, 10/06/2021 Special Meeting

Discussion was held on a privileged item.

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

Subject Matter: Medical Staff Credentials

Discussion was held on a privileged item.

8. DINNER BREAK

9. OPEN SESSION – CALL TO ORDER

Meeting reconvened at 6:00 p.m.

10. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel reported the board considered three items in Closed Session. There was no reportable action on item 7.1. The Closed Session minutes were taken separately. The September 23, 2021 Regular Meeting Closed Session Minutes were approved on a 4-0 vote with one abstention by Director Barnett who was not present. The October 6, 2021 Special Meeting Closed Session Minutes were approved on a 5-0 vote. Item 7.3. Medical Staff Credentials were approved a 4-0 vote with Director McGarry absent.

11. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

No changes were made to the agenda.

12. INPUT – AUDIENCE

No public comment was received.

13. INPUT FROM EMPLOYEE ASSOCIATIONS

No public comment was received.

14. ACKNOWLEDGMENTS

14.1. Ryan Kasten was named October 2021 Employee of the Month.

14.2. TFHS awarded Resilience Award by Truckee Chamber of Commerce.

14.3. TFHS Chief Information and Innovation Officer, Jake Dorst, recognized by Becker’s Hospital Review

14.4. October Appreciation Weeks

15. MEDICAL STAFF EXECUTIVE COMMITTEE

15.1. Medical Executive Committee (MEC) Meeting Consent Agenda

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

New Policy Approval

- *Stroke Alert Patient in the Emergency Department, DED-2101*
 - *Stroke Alert Clinical Guidelines*
- *Reimplantation of Contaminated Tissue, DOR-2101*

Policy Approval with Changes

- *Death Determination, MSGEN-2101*
- *Annual Neonatal Policy Approval*
- *Blood Alcohol, Evaluations and Testing Requested by Law Enforcement, DED-6*
- *EMS Diversion, DED-2001*

Privilege Form with Changes

- *OB/GYN Privilege Form*

Discussion was held.

ACTION: Motion made by Director Barnett, to accept the Medical Executive Committee Consent Agenda as presented, seconded by Director Chamblin. Roll call vote taken.

Barnett – AYE

Chamblin – AYE

Brown – AYE

Wong – AYE

McGarry – ABSENT

16. CONSENT CALENDAR

16.1. Approval of Minutes of Meetings

16.1.1. 09/23/2021 Regular Meeting

16.1.2. 09/28/2021 Special Meeting

16.1.3. 10/06/2021 Special Meeting

16.2. Financial Reports

16.2.1. Financial Report – September 2021

16.3. Board Reports

- 16.3.1. President & CEO Board Report
- 16.3.2. COO Board Report
- 16.3.3. CNO Board Report
- 16.3.4. CIO Board Report
- 16.3.5. CMO Board Report
- 16.4. **Approve Third Quarter 2021 Corporate Compliance Report**
 - 16.4.1. Q3 2021 Corporate Compliance Report
- 16.5. **Approve Amended Conflict of Interest Code**
 - 16.5.1. ABD-06 Conflict of Interest Code

ACTION: Motion made by Director Brown, to approve the Consent Calendar as presented, seconded by Director Chamblin. Roll call vote taken.
Barnett – AYE
Chamblin – AYE
Brown – AYE
Wong – AYE
McGarry – ABSENT

17. ITEMS FOR BOARD DISCUSSION

17.1. Retirement Committee Update

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

Director McGarry rejoined the meeting at 6:32 p.m.

18. ITEMS FOR BOARD ACTION

18.1. Resolution 2021-05 in Support of Gateway Mountain Center

The Board of Directors considered approval of a resolution in support of Gateway Mountain Center. Discussion was held.

ACTION: Motion made by Director Brown, to approve Resolution 2021-05 as presented, seconded by Director Barnett. Roll call vote taken.
Barnett – AYE
McGarry – AYE
Chamblin – AYE
Brown – AYE
Wong – AYE

19. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Not applicable.

20. BOARD COMMITTEE REPORTS

No discussion was held.

21. BOARD MEMBERS REPORTS/CLOSING REMARKS

The November Regular Meeting will be held on November 18, 2021. The December Regular Meeting will be held on December 16, 2021.

22. CLOSED SESSION CONTINUED, IF NECESSARY

Not applicable.

23. OPEN SESSION

Not applicable.

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

Not applicable.

25. ADJOURN

Meeting adjourned at 6:47 p.m.

DRAFT

**TAHOE FOREST HOSPITAL DISTRICT
OCTOBER 2021 FINANCIAL REPORT
INDEX**

PAGE	DESCRIPTION
2 - 3	FINANCIAL NARRATIVE
4	STATEMENT OF NET POSITION
5	NOTES TO STATEMENT OF NET POSITION
6	CASH INVESTMENT
7	TFHD STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
8 - 9	TFHD NOTES TO STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
10	IVCH STATEMENT OF REVENUES AND EXPENSES
11 - 12	IVCH NOTES TO STATEMENT OF REVENUES AND EXPENSES
13	STATEMENT OF CASH FLOWS

Board of Directors
Of Tahoe Forest Hospital District
OCTOBER 2021 FINANCIAL NARRATIVE

The following is the financial narrative analyzing financial and statistical trends for the four months ended October 31, 2021.

Activity Statistics

- ❑ TFH acute patient days were 565 for the current month compared to budget of 494. This equates to an average daily census of 18.2 compared to budget of 15.9.
- ❑ TFH Outpatient volumes were below budget in the following departments by at least 5%: Home Health visits, Hospice visits, Surgery cases, Laboratory tests, Diagnostic Imaging, Medical and Radiation Oncology procedures, Nuclear Medicine, Ultrasound, PET CT, and Respiratory Therapy.

Financial Indicators

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 47.92% in the current month compared to budget of 49.67% and to last month's 53.83%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 51.06% compared to budget of 49.77% and prior year's 51.86%.
- ❑ EBIDA was \$1,430,845 (3.7%) for the current month compared to budget of \$2,361,240 (5.7%), or \$930,395 (2.0%) below budget. Year-to-Date EBIDA was \$16,585,074 (10.1%) compared to budget of \$10,155,960 (6.2%) or \$6,429,114 (3.9%) above budget.
- ❑ Net Income was \$1,019,618 for the current month compared to budget of \$2,024,164 or \$1,004,546 below budget. Year-to-Date Net Income was \$15,028,047 compared to budget of \$8,804,584 or \$6,223,463 above budget.
- ❑ Cash Collections for the current month were \$16,513,347, which is 73% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$100,922,882 at the end of October compared to \$95,468,034 at the end of September.

Balance Sheet

- ❑ Working Capital is at 28.5 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 273.8 days. Working Capital cash decreased a net \$8,033,000. Accrued Payroll & Related Costs decreased \$4,576,000. We transferred \$1,178,000 to the State for the 2019-2020 Rate Range IGT program, and Cash Collections were below target by 27%.
- ❑ Net Patient Accounts Receivable increased approximately \$1,698,000 and cash collections were 73% of target. EPIC Days in A/R were 74.6 compared to 69.6 at the close of September, a 5.00 days increase.
- ❑ Estimated Settlements, Medi-Cal & Medicare increased a net \$1,673,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs and remitted \$1,178,000 to the State to participate in the 2019-20 Rate Range IGT program.
- ❑ Accrued Payroll & Related Costs decreased \$4,576,000. Accrued payroll days decreased 4 days in October and the District remitted its semi-annual funding of the Employer's Deferred Comp match.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased a net \$693,000 as the District continues repayment of the Medicare Accelerated Payments received in FY20.

Operating Revenue

- ❑ Current month’s Total Gross Revenue was \$38,557,389 compared to budget of \$41,589,616 or \$3,032,227 below budget.
- ❑ Current month’s Gross Inpatient Revenue was \$9,632,489, compared to budget of \$8,235,754 or \$1,396,735 above budget.
- ❑ Current month’s Gross Outpatient Revenue was \$28,924,899 compared to budget of \$33,353,862 or \$4,428,963 below budget.
- ❑ Current month’s Gross Revenue Mix was 41.8% Medicare, 17.5% Medi-Cal, .0% County, 1.9% Other, and 38.8% Commercial Insurance compared to budget of 38.3% Medicare, 15.5% Medi-Cal, .0% County, 2.5% Other, and 43.7% Commercial Insurance. Year-to-Date Gross Revenue Mix was 38.7%, 16.6% Medi-Cal, .0% County, 2.4% Other, and 42.3% Commercial Insurance compared to budget of 37.4% Medicare, 16.1% Medi-Cal, .0% County, 2.6% Other, and 43.9% Commercial Insurance. Last month’s mix was 37.4% Medicare, 17.7% Medi-Cal, .0% County, 2.6% Other, and 42.3% Commercial Insurance.
- ❑ Current month’s Deductions from Revenue were \$20,080,485 compared to budget of \$20,933,243 or \$852,758 below budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 3.55% increase in Medicare, a 1.99% increase to Medi-Cal, County at budget, a .63% decrease in Other, and Commercial Insurance was below budget 4.91%, 2) Revenues were below budget 7.30%, and 3) we continue to see collections on older, aged A/R accounts which is creating a positive variance in Bad Debt.

DESCRIPTION	October 2021 Actual	October 2021 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	7,452,908	7,991,363	538,455	
Employee Benefits	2,415,626	2,534,850	119,224	
Benefits – Workers Compensation	68,961	102,419	33,458	
Benefits – Medical Insurance	1,115,921	1,408,155	292,234	
Medical Professional Fees	1,166,076	1,237,409	71,333	Anesthesia Income Guarantee, Occupational Health and Oncology physician fees, and Outpatient Therapy professional fees were below budget, creating a positive variance in Medical Professional Fees.
Other Professional Fees	158,604	221,967	63,363	We saw positive variances in reduced legal fees, marketing, Managed Care consulting services, and Human Resources consulting services.
Supplies	3,041,759	3,152,769	111,010	Implant Costs were below budget due to fewer surgeries in October, creating a positive variance in Supplies.
Purchased Services	1,955,949	1,943,528	(12,421)	Human Resources Recruitment and facilitation of the District’s Strategic Planning process were above budget, creating a negative variance in Purchased Services.
Other Expenses	971,129	1,088,316	117,187	Budgeted building rent for anticipated increases in office space, Marketing, Utilities, and Outside Training & Travel were below budget, creating a positive variance in Other Expenses.
Total Expenses	18,346,934	19,680,776	1,333,842	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
OCTOBER 2021

	Oct-21	Sep-21	Oct-20	
ASSETS				
CURRENT ASSETS				
* CASH	\$ 16,735,972	\$ 24,768,815	\$ 68,229,866	1
PATIENT ACCOUNTS RECEIVABLE - NET	41,198,264	39,500,436	30,563,138	2
OTHER RECEIVABLES	10,358,654	9,588,954	9,390,357	
GO BOND RECEIVABLES	1,623,520	1,257,124	1,623,432	
ASSETS LIMITED OR RESTRICTED	9,487,647	10,325,622	8,199,864	
INVENTORIES	4,285,077	4,295,236	3,820,739	
PREPAID EXPENSES & DEPOSITS	2,974,310	3,295,813	2,901,887	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	12,633,694	10,960,505	11,135,006	3
TOTAL CURRENT ASSETS	99,297,138	103,992,506	135,864,289	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	64,384,201	64,384,201	74,384,021	1
* CASH INVESTMENT FUND	79,961,688	79,994,968	-	1
MUNICIPAL LEASE 2018	724,914	724,791	1,729,451	
TOTAL BOND TRUSTEE 2017	20,532	20,532	20,531	
TOTAL BOND TRUSTEE 2015	552,881	415,782	552,839	
TOTAL BOND TRUSTEE GO BOND	5,764	5,764	5,764	
GO BOND TAX REVENUE FUND	757,106	703,966	902,799	
DIAGNOSTIC IMAGING FUND	3,343	3,343	3,343	
DONOR RESTRICTED FUND	1,137,882	1,137,882	1,137,882	
WORKERS COMPENSATION FUND	28,043	12,639	24,719	
TOTAL	147,576,354	147,403,869	78,761,349	
LESS CURRENT PORTION	(9,487,647)	(10,325,622)	(8,199,864)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	138,088,707	137,078,247	70,561,485	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(1,831,143)	(1,824,286)	(1,673,691)	
PROPERTY HELD FOR FUTURE EXPANSION	909,072	909,072	909,072	
PROPERTY & EQUIPMENT NET	173,291,864	173,682,777	174,340,625	
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,820,727	1,819,488	1,825,393	
TOTAL ASSETS	411,576,365	415,657,804	381,827,172	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	336,167	339,400	374,956	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	1,242,989	1,242,989	1,722,206	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	5,034,899	5,058,604	5,319,356	
GO BOND DEFERRED FINANCING COSTS	491,146	493,467	518,996	
DEFERRED FINANCING COSTS	145,639	146,679	158,122	
TOTAL DEFERRED OUTFLOW OF RESOURCES	\$ 7,250,840	\$ 7,281,139	\$ 8,093,636	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	\$ 6,578,435	\$ 6,581,753	\$ 6,016,962	
ACCRUED PAYROLL & RELATED COSTS	22,506,325	27,082,690	18,796,023	4
INTEREST PAYABLE	344,989	264,525	360,160	
INTEREST PAYABLE GO BOND	828,420	552,280	849,908	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	23,818,696	24,511,570	22,425,422	5
HEALTH INSURANCE PLAN	2,403,683	2,403,683	2,275,881	
WORKERS COMPENSATION PLAN	3,180,976	3,180,976	2,173,244	
COMPREHENSIVE LIABILITY INSURANCE PLAN	1,704,145	1,704,145	1,362,793	
CURRENT MATURITIES OF GO BOND DEBT	1,945,000	1,945,000	1,715,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	3,952,678	3,952,678	3,828,809	
TOTAL CURRENT LIABILITIES	67,263,347	72,179,300	59,804,201	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	25,305,985	25,503,431	29,302,670	
GO BOND DEBT NET OF CURRENT MATURITIES	95,508,389	95,526,345	97,668,856	
DERIVATIVE INSTRUMENT LIABILITY	1,242,989	1,242,989	1,722,206	
TOTAL LIABILITIES	189,320,710	194,452,066	188,497,934	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	228,368,613	227,348,995	200,284,992	
RESTRICTED	1,137,882	1,137,882	1,137,882	
TOTAL NET POSITION	\$ 229,506,496	\$ 228,486,877	\$ 201,422,874	

* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
OCTOBER 2021

1. Working Capital is at 28.5 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 273.8 days. Working Capital cash decreased a net \$8,033,000. Accrued Payroll & Related Costs decreased \$4,576,000 (See Note 4). We transferred \$1,178,000 to the State for the 2019-2020 Rate Range IGT program (See Note 3), and Cash Collections were below target 27% (See Note 2).
2. Net Patient Accounts Receivable increased \$1,698,000. Cash collections were 73% of target. EPIC Days in A/R were 74.6 compared to 69.6 at the close of September, a 5.0 days increase.
3. Estimated Settlements, Medi-Cal & Medicare increased a net \$1,673,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs and remitted \$1,178,000 to the State to participate in the 2019-2020 Rate Range IGT Program.
4. Accrued Payroll & Related Costs decreased \$4,576,000. Accrued payroll days decreased by 4 days in October and the District remitted its semi-annual funding of the Employer's Deferred Comp match.
5. Estimated Settlements, Medi-Cal & Medicare decreased a net \$693,000 as the District continues repayment of the Medicare Accelerated Payments received in FY20.

**Tahoe Forest Hospital District
Cash Investment
October 31, 2021**

WORKING CAPITAL			
US Bank	\$ 15,101,416		
US Bank/Kings Beach Thrift Store	409,696		
US Bank/Truckee Thrift Store	209,315		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,015,545</u>	0.01%	
Total			\$ 16,735,972
 BOARD DESIGNATED FUNDS			
US Bank Savings	\$ -		
Chandler Investment Fund	<u>79,961,688</u>	0.18%	
Total			\$ 79,961,688
Building Fund	\$ -		
Cash Reserve Fund	<u>64,384,201</u>	0.20%	
Local Agency Investment Fund			\$ 64,384,201
Municipal Lease 2018			\$ 724,914
Bonds Cash 2017			\$ 20,532
Bonds Cash 2015			\$ 552,881
GO Bonds Cash 2008			\$ 762,870
DX Imaging Education	\$ 3,343		
Workers Comp Fund - B of A	28,043		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ 31,386</u>
TOTAL FUNDS			\$ 163,174,443
 RESTRICTED FUNDS			
Gift Fund			
US Bank Money Market	\$ 8,361	0.00%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,102,212</u>	0.20%	
TOTAL RESTRICTED FUNDS			<u>\$ 1,137,882</u>
TOTAL ALL FUNDS			<u><u>\$ 164,312,325</u></u>

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
OCTOBER 2021

CURRENT MONTH				YEAR TO DATE				PRIOR YTD OCT 2020
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%	
OPERATING REVENUE								
\$ 38,557,389	\$ 41,589,616	\$ (3,032,227)	-7.3%	\$ 164,406,591	\$ 164,223,641	\$ 182,950	0.1%	1 \$ 149,570,754
Total Gross Revenue								
Gross Revenues - Inpatient								
\$ 3,647,543	\$ 3,772,609	\$ (125,066)	-3.3%	\$ 14,914,221	\$ 13,055,277	\$ 1,858,944	14.2%	\$ 12,780,469
5,984,946	4,463,145	1,521,801	34.1%	18,083,261	17,351,541	731,720	4.2%	16,483,671
9,632,489	8,235,754	1,396,735	17.0%	32,997,482	30,406,818	2,590,664	8.5%	29,264,140
Total Gross Revenue - Inpatient								
28,924,899	33,353,862	(4,428,963)	-13.3%	131,409,110	133,816,823	(2,407,713)	-1.8%	120,306,614
28,924,899	33,353,862	(4,428,963)	-13.3%	131,409,110	133,816,823	(2,407,713)	-1.8%	120,306,614
Total Gross Revenue - Outpatient								
Deductions from Revenue:								
19,256,185	18,683,704	(572,481)	-3.1%	76,357,465	73,595,137	(2,762,328)	-3.8%	65,853,543
1,351,956	1,478,441	126,485	8.6%	5,782,074	5,848,024	65,950	1.1%	5,270,633
-	-	-	0.0%	-	-	-	0.0%	-
(527,656)	771,098	1,298,754	168.4%	(1,668,321)	3,051,692	4,720,013	154.7%	892,266
-	-	-	0.0%	-	-	-	0.0%	-
20,080,485	20,933,243	852,758	4.1%	80,471,218	82,494,853	2,023,635	2.5%	72,016,442
Total Deductions from Revenue								
116,064	113,490	(2,573)	-2.3%	363,973	447,097	83,124	18.6%	339,454
1,184,812	1,272,153	(87,341)	-6.9%	4,220,823	5,182,299	(961,476)	-18.6%	4,195,973
Property Tax Revenue- Wellness Neighborhood								
19,777,779	22,042,016	(2,264,237)	-10.3%	88,520,170	87,358,184	1,161,986	1.3%	82,089,739
Other Operating Revenue								
TOTAL OPERATING REVENUE								
OPERATING EXPENSES								
7,452,908	7,991,363	538,455	6.7%	28,588,411	31,647,308	3,058,897	9.7%	26,708,528
2,415,626	2,534,850	119,224	4.7%	9,532,452	9,486,029	(46,423)	-0.5%	8,763,913
68,961	102,419	33,458	32.7%	320,510	409,676	89,166	21.8%	298,194
1,115,921	1,408,155	292,234	20.8%	5,028,155	5,632,620	604,465	10.7%	4,832,909
1,166,076	1,237,409	71,333	5.8%	4,845,603	5,032,856	187,253	3.7%	4,486,289
158,604	221,967	63,363	28.5%	712,344	827,867	115,523	14.0%	779,472
3,041,759	3,152,769	111,010	3.5%	11,781,102	12,456,340	675,238	5.4%	11,070,265
1,955,949	1,943,528	(12,421)	-0.6%	7,415,226	7,675,694	260,468	3.4%	6,937,976
971,129	1,088,316	117,187	10.8%	3,711,292	4,033,834	322,542	8.0%	3,148,130
18,346,934	19,680,776	1,333,842	6.8%	71,935,096	77,202,224	5,267,128	6.8%	67,025,676
Other								
TOTAL OPERATING EXPENSE								
1,430,845	2,361,240	(930,395)	-39.4%	16,585,074	10,155,960	6,429,114	63.3%	15,064,063
NET OPERATING REVENUE (EXPENSE) EBIDA								
NON-OPERATING REVENUE/(EXPENSE)								
659,922	662,496	(2,574)	-0.4%	2,739,970	2,656,847	83,123	3.1%	2,548,829
419,536	419,536	(0)	0.0%	1,678,142	1,678,142	0	0.0%	1,669,406
61,811	48,165	13,646	28.3%	194,276	190,964	3,312	1.7%	305,397
-	-	-	0.0%	-	-	-	0.0%	-
66,244	136,564	(70,320)	-51.5%	203,904	546,258	(342,354)	-62.7%	246,692
(6,857)	(60,000)	53,143	88.6%	(170,249)	(240,000)	69,751	29.1%	(533,332)
(60,934)	-	(60,934)	0.0%	(90,614)	-	(90,614)	0.0%	-
-	-	-	0.0%	-	-	-	0.0%	-
1,000	-	1,000	0.0%	1,800	-	1,800	0.0%	-
-	-	-	100.0%	101,692	-	101,692	100.0%	169,967
(1,164,048)	(1,164,048)	0	0.0%	(4,656,192)	(4,656,192)	0	0.0%	(4,620,780)
(103,691)	(103,649)	(42)	0.0%	(417,170)	(417,090)	(80)	0.0%	(456,508)
(284,210)	(276,140)	(8,070)	-2.9%	(1,142,586)	(1,110,306)	(32,280)	-2.9%	(1,169,078)
(411,227)	(337,076)	(74,151)	-22.0%	(1,557,027)	(1,351,377)	(205,650)	-15.2%	(1,839,407)
TOTAL NON-OPERATING REVENUE/(EXPENSE)								
\$ 1,019,618	\$ 2,024,164	\$ (1,004,546)	-49.6%	\$ 15,028,047	\$ 8,804,584	\$ 6,223,463	70.7%	\$ 13,224,656
INCREASE (DECREASE) IN NET POSITION								
NET POSITION - BEGINNING OF YEAR				214,478,449				
NET POSITION - AS OF OCTOBER 31, 2021				\$ 229,506,496				
3.7%	5.7%	-2.0%		10.1%	6.2%	3.9%		10.1%
RETURN ON GROSS REVENUE EBIDA								

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
OCTOBER 2021

		Variance from Budget	
		Fav / <Unfav>	
		OCT 2021	YTD 2022
1) Gross Revenues			
<p>Acute Patient Days were above budget 14.38% or 71 days. Swing Bed days were above budget 73.92% or 17 days. Inpatient Ancillary revenues were above budget 34.10% due to higher acuity levels in our patients.</p> <p>Outpatient volumes were below budget in the following departments: Home Health and Hospice visits, Surgical cases, Laboratory tests, Diagnostic Imaging, Mammography, Medical & Radiation Oncology procedures, Nuclear Medicine, MRI, Ultrasound, PET CT, Drugs Sold to Patients, Respiratory Therapy, Speech Therapy, and Occupational Therapy.</p>	<p>Gross Revenue -- Inpatient</p> <p>Gross Revenue -- Outpatient</p> <p>Gross Revenue -- Total</p>	<p>\$ 1,396,735</p> <p>(4,428,963)</p> <p>\$ (3,032,227)</p>	<p>\$ 2,590,664</p> <p>(2,407,713)</p> <p>\$ 182,950</p>
2) Total Deductions from Revenue			
<p>The payor mix for October shows a 3.55% increase to Medicare, a 1.99% increase to Medi-Cal, .63% decrease to Other, County at budget, and a 4.91% decrease to Commercial when compared to budget. We saw a negative variance in contractals due to the shift in payor mix from Commercial to Medicare and Medi-Cal and Days in A/R over 120 increased 8.63%.</p> <p>We continue to see collections on older Aged A/R which is creating a positive variance in Bad Debt.</p>	<p>Contractual Allowances</p> <p>Managed Care</p> <p>Charity Care</p> <p>Charity Care - Catastrophic</p> <p>Bad Debt</p> <p>Prior Period Settlements</p> <p>Total</p>	<p>\$ (572,481)</p> <p>-</p> <p>126,485</p> <p>-</p> <p>1,298,754</p> <p>-</p> <p>\$ 852,758</p>	<p>\$ (2,762,328)</p> <p>-</p> <p>65,950</p> <p>-</p> <p>4,720,013</p> <p>-</p> <p>\$ 2,023,635</p>
3) Other Operating Revenue			
<p>Retail Pharmacy revenues were below budget 25.48%.</p> <p>Fitness Center revenues were above budget 131.20%, creating a positive variance in The Center (non-therapy).</p> <p>We saw a positive variance in Rebates & Refunds which help offset the negative variance in Radiology Physician Guarantee revenues, creating a positive variance in Miscellaneous</p>	<p>Retail Pharmacy</p> <p>Hospice Thrift Stores</p> <p>The Center (non-therapy)</p> <p>IVCH ER Physician Guarantee</p> <p>Children's Center</p> <p>Miscellaneous</p> <p>Oncology Drug Replacement</p> <p>Grants</p> <p>Total</p>	<p>(91,235)</p> <p>(1,292)</p> <p>9,462</p> <p>(125)</p> <p>6,114</p> <p>10,568</p> <p>-</p> <p>(20,833)</p> <p>\$ (87,341)</p>	<p>(342,231)</p> <p>(5,122)</p> <p>14,559</p> <p>(61,883)</p> <p>2,184</p> <p>(522,649)</p> <p>-</p> <p>(46,333)</p> <p>\$ (961,476)</p>
4) Salaries and Wages			
		Total	\$ 538,455 \$ 3,058,897
Employee Benefits			
		PL/SL	\$ 72,417 \$ 24,814
		Nonproductive	4,275 (176,761)
		Pension/Deferred Comp	- -
		Standby	23,158 3,627
		Other	19,374 101,896
		Total	\$ 119,224 \$ (46,423)
Employee Benefits - Workers Compensation			
		Total	\$ 33,458 \$ 89,166
Employee Benefits - Medical Insurance			
		Total	\$ 292,234 \$ 604,465
5) Professional Fees			
<p>Outpatient Speech Therapy volumes were below budget, creating a positive variance in The Center (includes OP Therapy).</p> <p>IVCH OP Therapy volumes were below budget by 58.30%, creating a positive variance in TFH/IVCH Therapy Services.</p> <p>Positive variance in Anesthesia Income Guarantee was offset by negative variances in Diagnostic Imaging-All professional fees, creating a negative variance in Miscellaneous.</p> <p>Occupational Health and Oncology Physician Fees came in below budget, creating a positive variance in Multi-Specialty Clinics.</p>	<p>The Center (includes OP Therapy)</p> <p>Oncology</p> <p>TFH/IVCH Therapy Services</p> <p>Financial Administration</p> <p>Truckee Surgery Center</p> <p>Patient Accounting/Admitting</p> <p>Respiratory Therapy</p> <p>Corporate Compliance</p> <p>Administration</p> <p>Home Health/Hospice</p> <p>Medical Staff Services</p> <p>Multi-Specialty Clinics Administration</p> <p>Information Technology</p> <p>Marketing</p> <p>Managed Care</p> <p>TFH Locums</p> <p>Human Resources</p> <p>IVCH ER Physicians</p> <p>Miscellaneous</p> <p>Multi-Specialty Clinics</p> <p>Total</p>	<p>\$ 32,846</p> <p>(9,029)</p> <p>18,027</p> <p>6,000</p> <p>-</p> <p>-</p> <p>-</p> <p>667</p> <p>11,709</p> <p>2,154</p> <p>(771)</p> <p>2,792</p> <p>7,619</p> <p>7,833</p> <p>6,667</p> <p>(635)</p> <p>5,533</p> <p>(826)</p> <p>(11,939)</p> <p>56,048</p> <p>\$ 134,696</p>	<p>(66,317)</p> <p>(51,048)</p> <p>(11,328)</p> <p>(10,790)</p> <p>-</p> <p>-</p> <p>-</p> <p>2,667</p> <p>3,216</p> <p>4,057</p> <p>9,310</p> <p>11,912</p> <p>18,267</p> <p>19,178</p> <p>26,990</p> <p>31,979</p> <p>35,104</p> <p>36,138</p> <p>76,351</p> <p>167,093</p> <p>\$ 302,776</p>

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
OCTOBER 2021

		<u>Variance from Budget</u>	
		<u>Fav / <Unfav></u>	
		<u>OCT 2021</u>	<u>YTD 2022</u>
6) <u>Supplies</u>	Pharmacy Supplies	\$ (217,810)	\$ (286,193)
Oncology Drugs Sold to Patients volumes were above budget by 19.56%, creating a negative variance in Pharmacy Supplies.	Office Supplies	1,185	9,206
	Food	12,359	20,049
	Minor Equipment	8,979	46,053
	Other Non-Medical Supplies	48,386	96,885
	Patient & Other Medical Supplies	257,912	789,238
	Total	\$ 111,010	\$ 675,238
7) <u>Purchased Services</u>	Department Repairs	\$ (6,476)	\$ (50,638)
Employee Health Screenings were above budget, creating a negative variance in Human Resources.	The Center	602	4,073
	Pharmacy IP	1,746	6,200
	Human Resources	(14,798)	6,211
Facilitation of the District's Strategic Planning process created a negative variance in Miscellaneous.	Community Development	1,050	6,435
	Patient Accounting	5,796	10,486
	Information Technology	12,452	12,157
	Medical Records	2,477	18,939
Services provided for MSC Orthopedics and Occupational Health were below budget, creating a positive variance in Multi-Specialty Clinics.	Diagnostic Imaging Services - All	(2,511)	20,631
	Home Health/Hospice	4,824	27,700
	Miscellaneous	(46,509)	30,506
	Laboratory	(2,175)	76,399
	Multi-Specialty Clinics	31,101	91,370
	Total	\$ (12,421)	\$ 260,468
8) <u>Other Expenses</u>	Insurance	\$ (25,998)	\$ (74,859)
Recruitment campaigns for key positions in the District created a negative variance in Human Resources Recruitment.	Miscellaneous	(1,447)	(60,397)
	Human Resources Recruitment	(16,978)	(34,032)
	Multi-Specialty Clinics Bldg. Rent	17	(14,120)
Billboard Snipes, Website Maintenance, and Community Sponsorships came in below budget, creating a positive variance in Marketing.	Equipment Rent	1,308	(13,289)
	Multi-Specialty Clinics Equip Rent	(88)	(2,711)
	Physician Services	-	91
Budgeted Building Rent for anticipated increases in office space needs did not transpire in October, creating a positive variance in Other Building Rent.	Dues and Subscriptions	6,068	11,293
	Utilities	(4,928)	15,280
	Marketing	42,115	76,808
	Outside Training & Travel	63,615	201,797
	Other Building Rent	53,502	216,680
	Total	\$ 117,187	\$ 322,542
9) <u>District and County Taxes</u>	Total	\$ (2,574)	\$ 83,123
10) <u>Interest Income</u>	Total	\$ 13,646	\$ 3,312
Chandler Investments Interest Income exceeded budget in October.			
11) <u>Donations</u>	IVCH	\$ (75,696)	\$ (302,386)
	Operational	5,376	(39,968)
	Total	\$ (70,320)	\$ (342,354)
12) <u>Gain/(Loss) on Joint Investment</u>	Total	\$ 53,143	\$ 69,751
13) <u>Gain/(Loss) on Market Investments</u>	Total	\$ (60,934)	\$ (90,614)
The District booked the market value of losses in its holdings with Chandler Investments.			
14) <u>Gain/(Loss) on Sale or Disposal of Assets</u>	Total	\$ 1,000	\$ 1,800
15) <u>COVID-19 Emergency Funding</u>	Total	\$ -	\$ 101,692
16) <u>Depreciation Expense</u>	Total	\$ -	\$ -
17) <u>Interest Expense</u>	Total	\$ (42)	\$ (80)

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
OCTOBER 2021

CURRENT MONTH				YEAR TO DATE				PRIOR YTD OCT 2020			
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%			
				OPERATING REVENUE							
\$ 2,140,250	\$ 2,317,411	\$ (177,161)	-7.6%	Total Gross Revenue	\$ 10,637,327	\$ 9,859,875	\$ 777,452	7.9%	1	\$ 9,502,931	
				Gross Revenues - Inpatient							
\$ -	\$ -	\$ -	0.0%	Daily Hospital Service	\$ -	\$ 9,186	\$ (9,186)	-100.0%		\$ 23,054	
-	1,129	(1,129)	-100.0%	Ancillary Service - Inpatient	3,744	9,008	(5,264)	-58.4%		18,269	
-	1,129	(1,129)	-100.0%	Total Gross Revenue - Inpatient	3,744	18,194	(14,450)	-79.4%	1	41,323	
2,140,250	2,316,282	(176,032)	-7.6%	Gross Revenue - Outpatient	10,633,583	9,841,681	791,902	8.0%		9,461,608	
2,140,250	2,316,282	(176,032)	-7.6%	Total Gross Revenue - Outpatient	10,633,583	9,841,681	791,902	8.0%	1	9,461,608	
				Deductions from Revenue:							
707,482	903,406	195,924	21.7%	Contractual Allowances	3,938,888	3,842,053	(96,835)	-2.5%	2	3,514,915	
100,664	108,857	8,193	7.5%	Charity Care	515,713	462,079	(53,634)	-11.6%	2	423,865	
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	-	
(7,848)	57,903	65,751	113.6%	Bad Debt	(114,929)	245,787	360,716	146.8%	2	119,503	
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2	-	
800,298	1,070,166	269,868	25.2%	Total Deductions from Revenue	4,339,672	4,549,919	210,247	4.6%	2	4,058,283	
61,714	66,244	(4,531)	-6.8%	Other Operating Revenue	287,481	360,202	(72,721)	-20.2%	3	343,836	
1,401,665	1,313,489	88,176	6.7%	TOTAL OPERATING REVENUE	6,585,137	5,670,158	914,979	16.1%		5,788,484	
				OPERATING EXPENSES							
473,800	418,238	(55,562)	-13.3%	Salaries and Wages	1,817,097	1,856,154	39,057	2.1%	4	1,615,373	
139,099	143,833	4,734	3.3%	Benefits	595,398	579,828	(15,570)	-2.7%	4	546,927	
2,797	6,364	3,567	56.0%	Benefits Workers Compensation	11,189	25,456	14,267	56.0%	4	6,098	
62,376	78,711	16,335	20.8%	Benefits Medical Insurance	280,988	314,844	33,856	10.8%	4	275,266	
188,729	202,372	13,643	6.7%	Medical Professional Fees	899,659	966,515	66,856	6.9%	5	830,785	
1,752	2,251	499	22.2%	Other Professional Fees	9,037	9,007	(30)	-0.3%	5	7,418	
48,720	68,353	19,633	28.7%	Supplies	217,655	280,167	62,512	22.3%	6	227,171	
90,570	78,480	(12,090)	-15.4%	Purchased Services	299,916	316,269	16,353	5.2%	7	258,917	
116,020	98,638	(17,382)	-17.6%	Other	466,288	398,764	(67,524)	-16.9%	8	322,873	
1,123,864	1,097,240	(26,624)	-2.4%	TOTAL OPERATING EXPENSE	4,597,227	4,747,004	149,777	3.2%		4,090,828	
277,801	216,249	61,552	28.5%	NET OPERATING REV(EXP) EBIDA	1,987,909	923,154	1,064,755	115.3%		1,697,656	
				NON-OPERATING REVENUE/(EXPENSE)							
-	75,596	(75,596)	-100.0%	Donations-IVCH	-	302,386	(302,386)	-100.0%	9	77,442	
1,000	-	1,000	0.0%	Gain/ (Loss) on Sale	1,000	-	1,000	0.0%	10	-	
-	-	-	100.0%	COVID-19 Emergency Funding	-	-	-	100.0%	11	3,064	
(75,434)	(75,434)	-	0.0%	Depreciation	(301,736)	(301,736)	-	0.0%	12	(270,612)	
(74,434)	162	(74,596)	46046.9%	TOTAL NON-OPERATING REVENUE/(EXP)	(300,736)	650	(301,386)	46367.1%		(190,106)	
\$ 203,367	\$ 216,411	\$ (13,044)	-6.0%	EXCESS REVENUE(EXPENSE)	\$ 1,687,173	\$ 923,804	\$ 763,369	82.6%		\$ 1,507,550	
13.0%	9.3%	3.6%		RETURN ON GROSS REVENUE EBIDA	18.7%	9.4%	9.3%			17.9%	

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
OCTOBER 2021**

		<u>Variance from Budget</u>	
		<u>Fav<Unfav></u>	
		<u>OCT 2021</u>	<u>YTD 2022</u>
1) <u>Gross Revenues</u>			
Acute Patient Days were at budget at 0 and Observation Days were below budget by 1 at 0.	Gross Revenue -- Inpatient	\$ (1,129)	\$ (14,450)
	Gross Revenue -- Outpatient	(176,033)	791,902
		<u>\$ (177,161)</u>	<u>\$ 777,452</u>
Outpatient volumes were below budget in Surgery cases, Diagnostic Imaging, Cat Scans, Drugs Sold to Patients, Respiratory Therapy, Speech Therapy, and Occupational Therapy.			
2) <u>Total Deductions from Revenue</u>			
We saw a shift in our payor mix with a 3.06% increase in Medicare, a 1.45% increase in Medicaid, a 2.70% decrease in Commercial insurance, a 1.81% decrease in Other, and County was at budget. Contractual Allowances were below budget primarily as a result of revenues coming in below budget 7.60%.	Contractual Allowances	\$ 195,924	\$ (96,835)
	Charity Care	8,193	(53,634)
	Charity Care-Catastrophic Event	-	-
	Bad Debt	65,751	360,716
	Prior Period Settlement	-	-
	Total	<u>\$ 269,868</u>	<u>\$ 210,247</u>
3) <u>Other Operating Revenue</u>			
	IVCH ER Physician Guarantee	\$ (125)	\$ (61,883)
	Miscellaneous	(4,406)	(10,837)
	Total	<u>\$ (4,531)</u>	<u>\$ (72,721)</u>
4) <u>Salaries and Wages</u>			
	Total	<u>\$ (55,562)</u>	<u>\$ 39,057</u>
<u>Employee Benefits</u>	PL/SL	\$ (14,850)	\$ (36,306)
	Pension/Deferred Comp	-	-
	Standby	7,660	7,738
	Other	(7,290)	(12,914)
	Nonproductive	19,215	25,912
	Total	<u>\$ 4,734</u>	<u>\$ (15,570)</u>
<u>Employee Benefits - Workers Compensation</u>	Total	<u>\$ 3,567</u>	<u>\$ 14,267</u>
<u>Employee Benefits - Medical Insurance</u>	Total	<u>\$ 16,335</u>	<u>\$ 33,856</u>
5) <u>Professional Fees</u>			
Occupational and Speech Therapy volumes were below budget 58.30%, creating a positive variance in Therapy Services.	Foundation	\$ 500	\$ (30)
	Administration	-	-
	Miscellaneous	749	2,999
	Therapy Services	9,968	13,185
	Multi-Specialty Clinics	3,751	14,533
	IVCH ER Physicians	(826)	36,138
	Total	<u>\$ 14,142</u>	<u>\$ 66,826</u>
6) <u>Supplies</u>			
IVCH Logo hand sanitizer and lip balm purchases created a negative variance in Non-Medical Supplies.	Minor Equipment	\$ (123)	\$ (9,175)
	Non-Medical Supplies	(2,431)	(3,977)
	Patient & Other Medical Supplies	1,323	(3,082)
	Office Supplies	117	491
	Food	1,224	4,713
	Pharmacy Supplies	19,523	73,542
Drugs Sold to Patients volumes were below budget 18.77%, creating a positive variance in Pharmacy Supplies.	Total	<u>\$ 19,633</u>	<u>\$ 62,512</u>

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
OCTOBER 2021**

		Variance from Budget	
		Fav<Unfav>	
		OCT 2021	YTD 2022
7) <u>Purchased Services</u>			
Security Services at the COVID Testing and Vaccine Clinic and Medically Managed Fitness services created a negative variance in Miscellaneous.	Miscellaneous	\$ (10,667)	\$ (14,381)
	Multi-Specialty Clinics	(1,683)	(9,402)
	Engineering/Plant/Communications	591	(8,492)
	Laboratory	(1,551)	(6,401)
Radiology reads created a negative variance in Diagnostic Imaging-All.	Surgical Services	-	-
	Diagnostic Imaging Services - All	(3,550)	664
Stewardship expenses came in below budget, creating a positive variance in Foundation.	Pharmacy	(97)	806
	EVS/Laundry	1,452	1,433
	Department Repairs	1,414	7,614
	Foundation	2,000	44,511
	Total	\$ (12,090)	\$ 16,353
8) <u>Other Expenses</u>			
Transfer of Laboratory Labor cost for IVCH tests resulted in the TFH Lab and expenses advanced to the Foundation for the Beach Boys Fundraising Concert created a negative variance in Miscellaneous.	Miscellaneous	\$ (12,053)	\$ (50,651)
	Utilities	(5,995)	(20,654)
	Insurance	(2,920)	(10,999)
	Marketing	(2,830)	(4,642)
Telephone and Electricity costs exceeded budget, creating a negative variance in Utilities.	Equipment Rent	(265)	(1,055)
	Physician Services	-	-
	Multi-Specialty Clinics Bldg. Rent	100	400
	Other Building Rent	374	1,695
Advertising in local magazines and newspapers created a negative variance in Marketing.	Dues and Subscriptions	2,075	4,131
	Outside Training & Travel	4,134	14,250
	Total	\$ (17,382)	\$ (67,524)
9) <u>Donations</u>	Total	\$ (75,596)	\$ (302,386)
10) <u>Gain/(Loss) on Sale</u>	Total	\$ 1,000	\$ 1,000
11) <u>COVID-19 Emergency Funding</u>	Total	\$ -	\$ -
12) <u>Depreciation Expense</u>	Total	\$ -	\$ -

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	AUDITED FYE 2021		BUDGET FYE 2022	PROJECTED FYE 2022	ACTUAL OCT 2021	PROJECTED OCT 2021	DIFFERENCE	ACTUAL 1ST QTR	PROJECTED 2ND QTR	PROJECTED 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	\$ 35,256,409		\$ 22,035,877	\$ 28,464,989	\$ 1,430,845	\$ 2,361,240	\$ (930,395)	\$ 15,154,229	\$ 5,340,812	\$ 4,890,449	\$ 3,079,498
Interest Income	604,065		509,726	410,644	27,663	142,799	(115,136)	98,018	27,663	143,111	141,852
Property Tax Revenue	8,358,581		8,320,000	8,355,512	102,016	-	102,016	453,496	102,016	4,600,000	3,200,000
Donations	647,465		1,320,000	1,044,157	18,380	110,000	(91,620)	145,778	238,380	330,000	330,000
Emergency Funds	(3,567,509)		-	101,692	-	-	-	101,692	-	-	-
Debt Service Payments	(4,874,705)		(5,016,439)	(4,926,993)	(352,845)	(353,188)	343	(1,631,219)	(1,059,222)	(1,176,986)	(1,059,565)
Property Purchase Agreement	(744,266)		(811,927)	(811,927)	(67,661)	(67,661)	-	(202,982)	(202,982)	(202,982)	(202,982)
2018 Municipal Lease	(1,574,216)		(1,717,326)	(1,717,326)	(143,111)	(143,111)	-	(429,332)	(429,332)	(429,332)	(429,332)
Copier	(58,384)		(63,840)	(62,758)	(4,975)	(5,320)	345	(15,223)	(15,615)	(15,960)	(15,960)
2017 VR Demand Bond	(989,752)		(778,177)	(689,811)	-	-	-	(572,390)	-	(117,421)	-
2015 Revenue Bond	(1,508,087)		(1,645,169)	(1,645,170)	(137,099)	(137,097)	(1)	(411,292)	(411,294)	(411,292)	(411,292)
Physician Recruitment	(145,360)		(320,000)	(320,000)	-	(30,000)	30,000	-	(60,000)	(164,000)	(96,000)
Investment in Capital											
Equipment	(1,993,701)		(6,619,450)	(6,619,450)	(74,188)	(1,222,850)	1,148,662	(1,413,396)	(2,519,888)	(1,838,912)	(847,254)
Municipal Lease Reimbursement	1,638,467		-	-	-	-	-	-	-	-	-
IT/EMR/Business Systems	(188,744)		(1,315,027)	(1,315,027)	-	(83,157)	83,157	-	(166,314)	(639,407)	(509,306)
Building Projects/Properties	(7,418,233)		(29,614,464)	(29,614,464)	(699,145)	(3,402,693)	2,703,548	(2,380,089)	(8,585,951)	(11,098,195)	(7,550,229)
Change in Accounts Receivable	(6,284,269)	N1	(2,149,377)	(2,801,986)	(1,697,827)	(4,116,595)	2,418,768	(3,723,682)	(3,565,704)	3,845,888	641,512
Change in Settlement Accounts	2,737,636	N2	(22,397,159)	(18,672,560)	(2,366,063)	(2,638,049)	271,986	(161,535)	(8,642,161)	(5,664,148)	(4,204,716)
Change in Other Assets	(92,357)	N3	(2,400,000)	(2,723,613)	44,260	(200,000)	244,260	(1,167,873)	(355,740)	(600,000)	(600,000)
Change in Other Liabilities	3,980,506	N4	(893,000)	(2,881,454)	(4,499,220)	(2,100,000)	(2,399,220)	1,967,766	(3,599,220)	(850,000)	(400,000)
Change in Cash Balance	28,658,251		(38,539,313)	(31,498,553)	(8,066,125)	(11,532,494)	3,466,369	7,443,183	(22,845,329)	(8,222,199)	(7,874,208)
Beginning Unrestricted Cash	132,985,091		161,643,342	161,643,342	169,147,984	169,147,984	-	161,643,342	169,086,525	146,241,196	138,018,996
Ending Unrestricted Cash	161,643,342		123,104,029	130,144,789	161,081,860	157,615,491	3,466,369	169,086,525	146,241,196	138,018,996	130,144,789
Operating Cash	142,591,148		123,104,029	130,144,789	144,935,473	143,181,840	1,753,634	152,940,139	135,476,938	135,327,932	130,144,789
Medicare Accelerated Payments	19,052,193		-	-	16,146,386	14,433,651	1,712,735	16,146,386	10,764,258	2,691,064	-
Expense Per Day	595,409		629,671	615,241	588,230	631,051	(42,822)	585,887	601,807	613,766	615,241
Days Cash On Hand	271		196	212	274	250	24	289	243	225	212
Days Cash On Hand - Operating Cash Only	239		196	212	246	227	19	261	225	220	212

Footnotes:

- N1 - Change in Accounts Receivable reflects the 30 day delay in collections.
- N2 - Change in Settlement Accounts reflect cash flows in and out related to prior year and current year Medicare and Medi-Cal settlement accounts.
- N3 - Change in Other Assets reflect fluctuations in asset accounts on the Balance Sheet that effect cash. For example, an increase in prepaid expense immediately effects cash but not EBIDA.
- N4 - Change in Other Liabilities reflect fluctuations in liability accounts on the Balance Sheet that effect cash. For example, an increase in accounts payable effects EBIDA but not cash.



Board Informational Report

By: Harry Weis
President and CEO

DATE: November 8, 2021

Our health system overall volume slowed a bit in October, causing our fiscal year to date overall volumes, per early estimates to now be similar to the prior fiscal year for the same four months. Last month we had reported that we believed we were about 8% high in overall volume this fiscal year vs the previous fiscal year.

The fiscal year over year, YTD growth in provider office visits has also dropped off moderately from what we reported last month as well.

With limited space capacity and limited staff, our team is being asked to spend additional time developing new patient friendly processes that will achieve the best patient experience possible, as untimely healthcare isn't great healthcare.

Our Strategic Plan is a critical guide for the future and our leadership team is working hard on improving the focus, urgency and results of all items in the draft new Strategic Plan, based on the input of many, many stakeholders.

We do have an important upcoming Board presentation of our draft Master Plan for TFHS over the next 30 years or so. Executing timely on this Master Plan is critical and there are many external approvals, which must happen first, before we can act on this plan.

We are concerned that the slowness of the essential space buildouts noted in our Master Plan can be equally frustrating for our patients and our team as has been the pandemic over the past 21 months. So time urgency is very important to all of us in moving quickly on our Master Plan.

We are seeing material external market force and regulatory force changes, which are making life far more challenging now and for an unknown period of time into the future for our team. Many categories of high inflation are happening as to food, gasoline, housing and many other types of goods. These high inflation issues really impact all employers and even a Best Place to Work employer like TFHS. Many employers are also being impacted by vaccine mandates across America, too.

Healthcare systems are having to track and act on a growing variety of new state and/or federal regulations on many topics. So the attention to operational change due to new regulations is growing a lot. It's likely the growing volume of regulations will have a very negative effect on year over year, cost efficient healthcare delivery.

We are also having to track and understand the changing behaviors of health insurance companies as well, so that we better understand any new negative impacts on patients in our larger rural region.

We will be watching how the pandemic performs in the entire month of November as last year, two weeks after Veterans Day, we had our 3rd spike in new cases in this region during November last year. We are hopeful that comings and goings of the holidays will look very different this year.

Since the pandemic began, to right now, we have averaged 45 new positive lab tests per week in our 3 county area that best represents our service area. We have had many weeks well in excess of 100 new positive lab tests per week during the past 20 months, and in the last four weeks, we have been in the 50's and 60's per week in terms of new positive lab tests. We all hope to see these numbers decline and remain much lower. It is likely this disease can be around for a very long time; though hopefully at much lower levels in future years. So living happily, efficiently and safely for the future is important.

We are focused on new ways to help our team experience gratitude and joy each day and we wish this for every person in our region as well!



Board COO Report

By: Judith B. Newland

DATE: November 2021

Quality: Pursue Excellence in Quality, Safety and Patient Experience

Focus on our culture of safety

We continue to respond to the changing CDC and state COVID vaccination, testing and safety guidelines and our community's needs. The following are activities that have occurred this past month:

- a. We continue to test employees and contracted staff who are unvaccinated or partially vaccinated for COVID. Based on their location of work, employees are tested 1-2 times per week.
- b. We are providing Pfizer, Moderna, and J&J COVID booster vaccinations for those qualified as defined by CDC at our Gateway Vaccine Clinic by appointment through My Turn. This includes our health care workers. We continue to provide first and second dose vaccinations also in that location.
- c. Incline Village Community Hospital has a limited number of Moderna vaccines for boosters. Community members can access the IVCH to schedule a booster appointment. Incline Village residents can also access booster vaccinations for those who qualify at the Reno-Sparks Livestock Events Center drive-through vaccine clinic.
- d. The Gateway Vaccine Clinic has expanded space and beginning November 11 will provide Pfizer vaccines for 5-11 year olds. The vaccine clinic days are now Thursday – Sunday with expanded hours of 8am – 5:30pm. These new days and hours increases access to vaccinations for the pediatric age group.

The Strategic Planning process for FY23 – FY25 continues. The Administrative Council has been meeting weekly drafting strategic priorities and objectives. The Strategic Planning Task Force is scheduled to meet in November to review the drafted Strategic Plan. Our health system goal is to have a draft Strategic Plan in place to the board by January/February 2022.

Growth: Foster and Grow Regional Relationships

Enhance and promote our value to the community

Incline Village Community Hospital was named a recipient of the Helmsley Charitable Trust's rural healthcare grants. The Helmsley's Rural Healthcare Program grant is the largest charitable gift made to the hospital and to the Health System. IVCH was gifted \$1.8 million for purchase of a computer tomography (CT) scanner and fixed x-ray device. This gift will provide access for our community members to the same state-of-the-art technology typically found in urban centers.

Service: Optimize Deliver Model to Achieve Operational and Clinical Efficiency

Implement a focused master plan

Report provided by Dylan Crosby, Director Facilities and Construction Management

Active Moves:

- NA

Planned Moves:

- NA

Active Projects:

Project: ECC Interior Upgrades

Background: In late 2018, District staff initiated a project to renovate and upgraded the portion of the skilled nursing facility built in 1985. The goals of the project were to upgrade existing finishes and provide a warm and welcoming environment for the residents. In addition, the project sought to correct potential accreditation issues due to the age of the building.

Summary of Work: Remodel all patient rooms including new; case work, wardrobes, sink, counter, lighting, televisions, flooring, paint and doors. Remodel Dining and Activity rooms with new flooring, paint, blinds and replacement of existing counters and sinks.

Update Summary: Phase 3 is underway which include patient rooms in the East-West Corridor.

Start of Construction: March 29th, 2021

Project Budget: \$957,410

Estimated Completion: March 2022

Project: Tahoe Forest Nurse Call Replacement

Background: In 2018, TFH completed phase 1 of the Nurse Call replacement system, which included Med Surg, ICU and Briner Imaging. This project, phase 2, will replace the remainder of the antiquated systems and condense the nurse calls at TFHD to a single more reliable system.

Summary of Work: Remove and replace existing Nurse Call Systems in Ambulatory Surgery, Emergency, Diagnostic Imaging, Respiratory and Extended Care Center Departments.

Update Summary: Construction has initiated in the corridors, 10/12/21. Procurement has been delayed due to chip shortages necessary for manufacturing the duty and patient stations. Work continues to progress but will be on hold shortly until procurement is completed.

Start of Construction: Fall 2021

Estimated Completion: February 2022

Project: Incline Sterile Processing Remodel & Exterior Shop Remodel

Background: Incline Village Community Hospital Sterile Processing Department (“IVCH SPD”) – In preparation to offer endoscopy procedures at IVCH, this service is in need of reconfiguration and equipment upgrades to process the future instruments.

IVCH Exterior Shop Remodel “IVCH-Shop” - The exterior storage shop at IVCH is in disrepair and is not readily used due to its condition. This project is to renovate and upgrade the exterior shop to utilize for storage and relocate Engineer outside of the Hospital to provide space for patient care services.

The projects were bid together to provide economies of scale.

Summary of Work: IVCH-SPD: Create a temporary decontamination room to allow for continuity of operations during the construction timeline. Once completed, renovate the existing decontamination room and add the additional utilities needed to support the new equipment.

IVCH-Shop: Renovate shop to provide improved utility and storage as well as space to move engineering outside of the Hospital.

Update Summary: Construction underway. Sterile Processing: Construction of temporary decontam room has commenced. Shop: Utility tie-ins are in process.

Start of Construction: August 2021

Estimated Completion: February 2022

Projects in Implementation:

Project: Underground Storage and Day Tank Replacement.

Background: The existing Diesel underground storage is 30 years old in need of replacement. Staff analyzed if an above ground tank would be suitable, due to site constrained it was determined that a replacement underground tank would best serve the hospital.

Summary of Work: Removal of the existing Underground storage tank, day tank and day tank structure (not compliant). Excavate and install a new 15,000-gallon underground tank in the ambulance bay. A new day tank will be installed in the 500 KW generator room.

Update Summary: Permitting has been approved and staff are coordinating with contractor on procurement and notice to proceed (planned for Spring on 2022).

Start of Construction: September 2021

Estimated Completion: December 2022

Projects in Planning:

Project: Site Improvements Phase 2

Background: In order to meet the increased parking demand on campus, staff pursued surface parking lots to meet the immediate need, prior to the submittal of the Master Plan

Summary of Work: Project includes two site improvements for parking; these sites include Pat and Ollies and Gateway West lot. Scope includes regrading, surface improvements, landscaping and storm water improvements.

Update Summary: Project is pending Town of Truckee approval. Staff are working with the Town to go before the Planning Commission.

Start of Construction: Summer 2021

Estimated Completion: Winter 2021

Project: Medical Office Building Renovation

Background: Outpatient clinical services are in need of additional space to meet the healthcare need of the community. To provide efficient, flexible space staff intend to renovate the entire second floor of the Medical office building and create a single use suite that can be utilized for primary care and specialty services. MOB suite 360 is also planned to be renovated to utilize the additional space that has since become available.

Summary of Work: Relocate Occupation Health, Out Patient Lab and Primary Care services in suite 360. Demo all suites. Construct new use-flexible outpatient OSHPD 3 spaces for outpatient clinical services.

Update Summary: Demolition is completed. A minor use permit is required for additional mechanical upgrades; this permit has been submitted to the Town of Truckee. Project is being submitted to the building department for review and permit, 11/9/21.

Start of Construction: Winter 2021

Estimated Completion: Summer 2022

Project: MRI Replacement

Background: The existing MRI mechanical equipment is at end of life and the existing MRI itself does not provide the function needed to provide the necessary quality of care.

Summary of Work: Renovate the existing MRI suite to provide for two changing rooms and a gurney hold area. Order and install new 3T Siemens MRI.

Update Summary: The Temporary MRI plan has been approved by HCAI (previously OSHPD). MRI plan have been submitted to HCAI for permitting, 9/15/21.

Start of Construction: Winter 2021

Estimated Completion: Summer 2022

Project: Incline Village Community Hospital Endoscopy

Background: This project would be the second and final phase to have the infrastructure at Incline Village Community Hospital to see endoscopy procedures.

Summary of Work: Renovate an existing recovery room into an endoscopy procedure suite. Scope include, expanding interior dimensions of space, relocating medical gases and modifying HVAC system for dedicated exhaust.

Update Summary: Staff have put this project on hold until additional information has been received.

Start of Construction:

Estimated Completion:

Project: Incline Village Community Hospital Site Improvements

Background: Demand for parking at Incline Village Community Hospital has exceeded its capacity.

Summary of Work: In the Tahoe Basin the Truckee Regional Planning Agency, "TRPA" regulates the amount of disturbed land each individual parcel can have, Incline is at its capacity. Partnered with JKAE staff have planned a transfer of development rights as the first step in increasing the available parking onsite.

Update Summary: Design has concluded. Washoe County has approved permit. Plans are under review of TRPA. Staff are working on transfer of development rights.

Start of Construction: Summer 2022

Estimated Completion: Winter 2022

Project: Tahoe Forest Hospital Seismic Improvement

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

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

1978 Building – Diagnostic Imaging, portions of Emergency Department

1990 Building – Portions of the Surgical Department

1993 Building – Portions of the Dietary Department

Med Gas Building – Primary Med Gas distribution building.

Update Summary Schematic Design has been completed and is under review.

Start of Construction: Spring 2022

Estimated Completion: Summer 2023



Board CNO Report

By: Karen Baffone, RN, MS
Chief Nursing Officer

DATE: November 2021

Service: Optimize delivery model to achieve operational and clinical efficiency

- Scope of work for Mercy Epic has been approved and we continue to move forward with the Stork Project in Obstetrics for implementation.
- Finances for OB (2020) review to allow for charge capture for the Stork implementation and movement of scheduled and emergency C Sections to the OB department are being finalized.
- Developing a staffing model that would provide adequate staffing for the implementation of this program (C Sections)
- We are actively transitioning to our new CNO, Jan Iida which will require replacement leadership for her Director position

Quality: Provide clinical excellence in clinical outcomes

- Discharge Instruction Project to enhance the patients' expectations of education and resources prior to their actual discharge
- Smart Pump integration is ongoing.
- Vital sign machine integration
- Ongoing collaborative efforts related to readmissions and our star rating
- Continued education to complete ACLS for all MS nurses
- ECC issues related to payroll based journaling (PBJ) has been corrected and most recent reports are accurately reflected worked hours

Growth: Meets the needs of the community

- Flu vaccination clinic has been completed at IVCH
- Moderna Vaccination are available at IVCH – Booster
- Finalizing building enhancements in the ED that will provide improved privacy and noise reduction



Board CMO Report

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

DATE: November 11, 2021

People: Strengthen a highly-engaged culture that inspires teamwork

Build Trust

- We have the Press Ganey Medical Staff (Physician/APP) engagement survey currently going on. We look forward to obtaining these results and working on any opportunities.

Build a culture based on the foundations of our values

- We are excited to bring the Medical Staff together for our Annual Meeting and Holiday Party in person! We know that interaction with colleagues reduces burn out and COVID-19 has made that difficult.

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

- We are working diligently to employ our anesthesiologist, radiologists, and oncologist/radiation oncologists by January 2022. We are actively recruiting with promising candidates in urology.

Service: Optimize delivery model to achieve operational and clinical efficiency

Develop integrated, standardized and innovative processes across all services

- We are working with Mercy on our EHR MyChart access for our adolescent patients to ensure privacy for these teen patients.

Use technology to improve efficiencies

- We are rolling out our virtual scribe program in the Urgent Care clinics. The virtual scribe program piolet program has been successful in the specialty clinic.

Quality: Provide clinical excellence in clinical outcomes

Identify and promote best practice and evidence-based medicine

- We are actively working on IHI measures to report Quality measures to the Quality BOD meeting next year.

Finance: Ensure a highly sustainable financial future

Continue to improve revenue cycle efficiency and effectiveness

- We have been auditing the Medical Staff members 100% to ensure proper

**TAHOE FOREST HOSPITAL DISTRICT
RESOLUTION NO. 2021-06**

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

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

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

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

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

WHEREAS, Government Code section 54953(e)(3) requires the legislative body adopt certain findings by majority vote within 30 days of holding a meeting by teleconference under Government Code section 54953(e), and then adopt such findings every 30 days thereafter; and

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

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

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

Section 2. Conditions are Met. The Board of Directors hereby finds and declares the following, as required by Government Code section 54953(e)(3):

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

3. State and local officials have imposed or recommended measures to promote social distancing.

PASSED AND ADOPTED at the meeting of the Tahoe Forest Hospital District Board of Directors held on the 18th day of November, 2021 by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

ATTEST:

Alyce Wong
Chair, Board of Directors
Tahoe Forest Hospital District

Martina Rochefort
Clerk of the Board
Tahoe Forest Hospital District

AGENDA ITEM COVER SHEET

ITEM	Fiscal Year 2021 President & CEO Incentive Compensation Metrics
RESPONSIBLE PARTY	Board Executive Compensation Committee
ACTION REQUESTED?	For Board Action
BACKGROUND:	
<p>The President & CEO's contract outlines the following for Incentive Compensation:</p> <p>(b) <u>Incentive Compensation Plan Participation</u>. Employee shall participate in the District's Incentive Compensation Plan (the "Plan"). The Plan allows for additional compensation up to 15% (percent) of Employee's base salary based on achievement of financial and other targets established by the District's Board of Directors. The District's Board of Directors shall determine whether the established financial targets have been achieved and the amount of Incentive Compensation, if any, due Employee.</p>	
SUMMARY/OBJECTIVES:	
<p>The Board Executive Compensation Committee met on November 15, 2021 and reviewed the criteria set for the President & CEO's FY2021 Incentive Compensation Plan.</p> <p>Finance (60%) - Meet or exceed budgeted net income* as approved by the Board for FY21. <i>**Financial metric must be achieved for payout.</i></p> <p>Service (10%) - Meet or exceed 93.76 Patient Satisfaction score as highlighted in gain sharing program.</p> <p>Quality (10%) - Meet or exceed 96.25% 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.).</p> <p>Growth (10%) - Exceed annual actual physician office visits total as of June 30, 2020 by 3,000 for all owned or managed physicians.</p> <p>People (10%) - Meet or exceed 4.26 or 80th percentile in Engagement category on FY21 Employee Engagement Survey.</p> <p>The Board Executive Compensation Committee verified President & CEO met or exceeded each criteria and recommends a full incentive compensation payment.</p>	
SUGGESTED DISCUSSION POINTS:	
None.	
SUGGESTED MOTION/ALTERNATIVES:	
Move the President and CEO has met or exceeded the Board's incentive compensation targets and authorize a full incentive compensation payment at 15% of the President and CEO's base salary.	

FY2021 President & CEO Incentive Compensation Results

Finance – 60%

Meet or exceed budgeted net income* as approved by the Board for FY21.

*Refer to “Excess Revenue(Expense)” line in the budget.

**Financial metric must be achieved for payout.

- *Achieved per Moss Adams presentation on November 15, 2021.*

Tahoe Forest Hospital District

CEO Incentive Compensation Metric - Finance - 60%

Meet or exceed budgeted net income as approved by the Board for FY2021

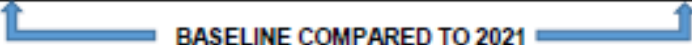
Consolidated Health System Audited Net Income FY2021	\$	27,541,897.00	
Less: Audited Net Income TFHS Foundation		(731,194.00)	
Less: Audited Net Income IVCH Foundation		(858,771.00)	
Plus: Audited Net Loss Tahoe Institute for Rural Health Research		328,910.00	
Less: Rounding Adjustment		(611.00)	
Tahoe Forest Hospital District Audited Net Income	\$	26,280,231.00	
Plus: COVID-19 Provider Relief Funds		3,567,509.00	
Plus: Accrued Employee Gain Share Bonus		6,563,527.00	
Plus: Accrued Management Incentive Compensation Bonus		1,909,835.00	
Tahoe Forest Hospital District Adjusted Audited Net Income FY2021	\$	38,321,102.00	
Tahoe Forest Hospital District Budgeted Net Income FY2021	\$	12,768,167.00	
Amount of Adjusted Audited Net Income in excess of Budgeted Net Income	\$	25,552,935.00	200.13%

Service – 10%

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

- *Final FY2021 Patient Satisfaction score was 94.45.*

PATIENT SATISFACTION						
MEASURE:	Baseline Fiscal Year 2016	Sept. 30 2020	Dec. 31 2020	Mar. 31 2021	June 30 2021	Fiscal Year 2021 Average
Inpatient	92.85	92.60	91.90	93.70	92.10	92.58
Outpatient	93.60	93.30	93.80	93.80	94.50	93.85
Ambulatory	95.50	98.60	98.20	97.20	98.10	98.03
TFH ER	92.90	91.60	93.50	93.70	94.60	93.35
IVCH ER	96.93	94.10	96.70	97.20	96.40	96.10
MSC	90.75	93.10	93.00	93.00	92.10	92.80
TOTAL Average	93.76	93.88	94.52	94.77	94.63	94.45


BASELINE COMPARED TO 2021

Quality – 10%

Meet or exceed 96.25% 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.).

Measure:	Goal	FY 2021 Q1	FY 2021 Q2	FY 2021 Q3	FY 2021 Q4	FY 2021
Meet or exceed 96.25% 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.).	Meet or exceed 96.25%	99.68%	98.86%	99.36%	99.66%	99.39%

Growth – 10%

Exceed annual actual physician office visits total as of June 30, 2020 by 3,000 for all owned or managed physicians.

- **Office Visit total as of June, 30, 2021: 112,171 (goal: 87,182)**

Specialty	Provider	Fiscal Year	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	FYTD thru June	Yr over Yr % change
GRAND TOTAL ALL MD / APP VISITS		FY 20	7,439	7,382	7,351	7,984	6,807	6,838	7,666	6,881	6,926	4,128	6,332	8,448	84,182	
		FY 21	9,501	8,663	8,950	9,327	8,219	9,125	8,847	9,043	11,018	9,980	9,219	10,279	112,171	33.2%

People – 10%

Meet or exceed 4.26 or 80th percentile in Engagement category on FY21 Employee Engagement Survey.

- **FY21 Employee Engagement was 4.43.**

Employee Engagement Results Overview

