2022-05-26 Regular Meeting of the Board of Directors

Thursday, May 26, 2022 at 4:00 p.m.

Pursuant to Assembly Bill 361, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for May 26, 2022 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/87912994360

If you prefer to use your phone, you may call in using the numbers listed: (346) 248 7799 or (301) 715 8592, Meeting ID: 879 1299 4360

TAHOE FOREST HOSPITAL DISTRICT

Meeting Book - 2022-05-26 Regular Meeting of the Board of Directors

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23. ADJOURN

REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, May 26, 2022 at 4:00 p.m.

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(346) 248 7799 or (301) 715 8592
Meeting ID: 879 1299 4360

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

5. **CLOSED SESSION**
   - **5.1. Threat to Public Services or Facilities (Gov. Code § 54957**)
     Consultation with: Director of Assessment Services at Fortified Health Security
   - **5.2. Hearing (Health & Safety Code § 32155**)◈
     Subject Matter: Third Quarter Fiscal Year 2022 Quality Report
     Number of items: One (1)
   - **5.3. Liability Claim (Gov. Code § 54956.95**)◈
     Claimant: Robin W. W. Riley
     Claim Against: Tahoe Forest Hospital District
   - **5.4. Conference with Labor Negotiator (Gov. Code § 54957.6**)
     Name of District Negotiator(s) to Attend Closed Session: Alex MacLennan

◈ Denotes Action Item

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

5.5. Report Involving Trade Secrets (Health & Safety Code § 32106)
Discussion will concern: Proposed new facilities
Estimated Date of Disclosure: June 2022

5.6. Approval of Closed Session Minutes ◈
4/28/2022 Regular Meeting

5.7. TIMED ITEM – 5:30PM - Hearing (Health & Safety Code § 32155) ◈
Subject Matter: Medical Staff Credentials

APPROXIMATELY 6:00 P.M.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

10. INPUT – AUDIENCE

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

11. INPUT FROM EMPLOYEE ASSOCIATIONS

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

12. ACKNOWLEDGEMENTS

12.1. First Quarter 2022 Values Recognition .... ATTACHMENT
12.2. California Maternal Quality Care Collaborative Award .... ATTACHMENT
12.3. National Hospital Week - May 8-14, 2022
12.4. National Nurses Week - May 6-12, 2022 .... ATTACHMENT

13. MEDICAL STAFF EXECUTIVE COMMITTEE ◈

13.1. Medical Executive Committee (MEC) Meeting Consent Agenda .... ATTACHMENT
MEC recommends the following for approval by the Board of Directors:
New Policies

- *Standardized Procedure – Stroke Alert, ANS-2201*
- *Discharge of Patients from Outpatient Clinics, AQPI-2201*
- *Discontinuing Patient myChart Access Due to Abuse or Misuse Messaging, AQPI-2202*

Annual Report

- *2021 Annual QA/PI Report*
- *2021 RHC Annual QA/PI Review Incline Clinic*
- *2019-2021 RHC Annual QA/PI Review Pediatrics*

- *Medication Error Reduction Plan (MERP) Annual Review*

Policies with No Changes

- *Labor – Breech Presentation, DWFC-1407*
- *Available CAH Services, TFH & IVCH, AGOV-06*
- *Standardized Procedures and Protocols for Physician Assistants and Nurse Practitioners, MSCP-10*

14. CONSENT CALENDAR◈

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

14.1. Approval of Minutes of Meetings

14.1.1. 04/28/2022 Regular Meeting .... ATTACHMENT

14.2. Financial Reports

14.2.1. Financial Report – April 2022 .... ATTACHMENT

14.3. Board Reports

14.3.1. President & CEO Board Report .... ATTACHMENT

14.3.2. COO Board Report .... ATTACHMENT

14.3.3. CNO Board Report .... ATTACHMENT

14.3.4. CIIO Board Report .... ATTACHMENT

14.3.5. CMO Board Report .... ATTACHMENT

14.4. Approve Resolution for Continued Remote Teleconference Meetings

14.4.1. Resolution 2022-11 .... ATTACHMENT

14.5. Approve Revised Board Policies

14.5.1. Inspection and Copying of Public Records, ABD-14 .... ATTACHMENT

15. ITEMS FOR BOARD DISCUSSION

15.1. Truckee Tahoe Workforce Housing Agency Update

The Board of Directors will receive an update on the efforts of the Truckee Tahoe Workforce Housing Agency.

16. ITEMS FOR BOARD ACTION◈

16.1. Down Payment Assistance Loan Program Policy◈ .... ATTACHMENT

The Board of Directors will consider approval of a policy allowing the District to offer a down payment loan assistance program.

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

18. BOARD COMMITTEE REPORTS

19. BOARD MEMBERS REPORTS/CLOSING REMARKS

20. CLOSED SESSION CONTINUED, IF NECESSARY

21. OPEN SESSION

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

23. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is June 23, 2022 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

VALUES RECOGNITION PROGRAM

Congratulations to all of winners from Quarter 1

Our new Values Recognition Program lets you recognize a colleague, physician or leader for

Quality: Edith Garcia
Understanding: Anna Codding
Excellence: Molly Sammelman
Stewardship: Anna Aldridge
Teamwork: Veronica Sanchez
Managers: Michelle Churchill
Physicians: Dr. Jennifer Racca

And kudos to all of our nominees from Quarter 1

Quality: Ana Jimenez, Cintia Sanchez Duran, Jane Day
Understanding: Fabiola Morales Aguilar
Excellence: Alyssa Whelan, Darin Head, Juanita Stocke, Laura Zepeda, Margarita De Herrerra, Mercedes Ferguson, Ram Neadeau, Zina Jaffe
Stewardship: Ernesto Garcia, Natalie Buchman
Teamwork: Ashley Coonan, Barb Widder, Cody Brown, Janai Shock, Jerome Relayson, Juli Anderson, Karla Gomez Ortiz, Katie Sparks, Kristen Nunez, Liliana Rodriguez, Marisol Villa Saucedo, Marissa Renna, Martin Romero, Martina Devidaca, Meghan Grijalva, Paula Maurer, Tina Vansambeek
Managers: Maria Martin, Ricardo Fragoso, Tracy Darue
Physicians: Dr. Reini Jensen

All nominees were celebrated at an awards dinner at the Atlantis. All nominees received gifts and winners also received trophies and flowers. Thank you to all who participated in Quarter 1 nominations.

CMQCC
California Maternal
Quality Care Collaborative

California Maternal Quality Care Collaborative

Gratefully acknowledges the outstanding work of

Tahoe Forest Hospital District

by presenting the

MDC Superstar Award:
Small Birth Volume Hospitals

Awarded to hospitals with fewer than 1,000 annual births that exhibited high levels of engagement in the Maternal Data Center (MDC)

We appreciate your dedication and hard work!

Elliott Main, MD
Medical Director

Leslie Kowalewski
Administrative Director

Awarded: April 21, 2022

Tahoe Forest Health System Celebrates National Nurses Week

Tahoe Forest Health System proudly celebrates all nurses in our community during National Nurses Week, May 6-12.

Nurses play a vital role in health care every day, performing the most essential health care tasks in various medical settings. The nursing profession offers many roles—from staff nurse, educator, nurse practitioner, to nurse researcher – in which each strive to serve with passion for their profession and a strong commitment to patient care and safety.

National Nurses Week is observed on May 6-12 every year to recognize the invaluable contributions of nurses and the nursing profession that impact the health and well-being of our communities.

Join Tahoe Forest Health System in honoring and thanking all nurses for their unwavering dedication to providing skilled and compassionate care to our community every day.

TAHOE FOREST HOSPITAL DISTRICT

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 May 19, 2022 Medical Executive Committee meeting, the committee made the following open session consent agenda item recommendations to the Board of Directors at the May 26, 2022 meeting.

New Policy

- Standardized Procedure – Stroke Alert ANS-2201
- Discharge of Patients from Outpatient Clinics, AQPI-2201
- Discontinuing Patient My Chart Access Due to Abuse or Misuse Messaging, AQPI-2202

Annual Report

- 2021 Annual QA/PI Report
- 2021 RHC Annual QA/PI Review Incline Clinic
- 2019-2021 RHC Annual QA/PI Review Pediatrics
- Medication Error Reduction Plan (MERP) Annual Review

Policies No Changes

- Labor – Breech Presentation, DWFC-1407
- Available CAH Services, TFH & IVCH, AGOV-06
- Standardized Procedures and Protocols for Physician Assistants and Nurse Practitioners, MSCP-10

SUGGESTED DISCUSSION POINTS:
None.

SUGGESTED MOTION/ALTERNATIVES:
Move to approve the Medical Executive Committee Consent Agenda as presented.

Standardized Procedure – Stroke Alert ANS-2201

RISK:

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

POLICY:

A. Setting: This standardized procedure applies to any patient >18 years old presenting to the Tahoe Forest Hospital Emergency Department for evaluation with stroke symptoms for less than 24 hours and admitted patients with acute stroke symptoms (<24 hrs from symptom onset).
B. In the event of pre-hospital notification, presentation of a stroke patient to the ED or admitted patient, physicians and nurses will follow the Stroke Alert activation and response system.
C. Stroke Alert activation will notify the stroke team of the acute stroke patient in the ED or hospital. Stroke Alert activation may be initiated by prehospital alert, qualified registered nurse (RN), or physician.
D. Experience, Training and Educational Requirements for qualified RNs:
    1. Completed orientation and submission of completed skills checklist.
    2. Successful completion of stroke related competencies.
    3. Current BLS, ACLS, PALS, and NIHSS certifications.
    4. A list of all qualified RNs is maintained by Tahoe Forest Health System's Human Resources and reviewed annually.
E. Supervision and Special Instructions/Definitions:
    1. The ED physician on duty or the attending physician will assume all responsibility for stroke orders placed by the RN under the guidelines of this standardized procedure.
    2. Prior to initiating any orders, the RN will immediately inform physician of any patient presenting with emergent or critical symptoms requiring prompt medical intervention.
    3. The RN will confer with the physician at any point with questions, concerns or need for clarification.
F. Periodic Reviews:
    1. Patient Record Review – The responsible physician will review the patient record in a timely manner and co-sign the stroke order set
    2. Chart reviews – These reviews will be done monthly with quality performance measures in place for all patients meeting stroke criteria.
    3. The consulting neurologist will complete a formal written consultation with recommendations in a timely manner.
    4. This standardized procedure will be reviewed annually by Stroke Team leadership, Interdisciplinary Practice Council (IDPC), Nursing Leadership, and Emergency Medicine Committee.
G. Record Keeping:
    1. All documentation will be completed in the EMR.

PROCEDURE:

A. A Stroke Alert activation is required for patients >18 years old with signs and symptoms identified as a possible acute stroke (<24 hrs from symptom onset).
B. The staff will follow the correct procedure for activating a Stroke Alert and following the Stroke Alert

guidelines.

    1. See Stroke Alert Flow Guideline

C. The Stroke Alert order set will be entered by a qualified evaluator.

    1. A qualified evaluator is the physician or a qualified RN.
    2. The Stroke Alert Order Set will be entered into the Electronic Medical Record (EMR).

D. Emergency Department

    1. On initial activation team members include: (See Stroke Alert Team Roles)
        1. Emergency department physician
        2. Emergency department charge nurse
        3. Emergency department qualified nurse
        4. Emergency department technician (at TFH when scheduled)
        5. Laboratory technician
        6. Radiology technician
        7. Emergency department clerk (when scheduled)
        8. Registration
    2. Neurology Consult
        1. The 24/7 Telestroke Neurology Service will be available to offer consultation within 15 minutes of being called by the Emergency Department.
    3. The individual roles of the team members are subject to change based on the needs of the patient and resources available.
    4. Stroke Alert guidelines are at the physician's discretion and are subject to modification in the best interest of the patient and available resources in the ED and hospital system.
        1. Stroke Alert ED Flow Algorithm
        2. Stroke Alert Team Roles
        3. Stroke Alert ED Guidelines
        4. Stroke Alert Triage Order Set
        5. Stroke Alert Inpatient Guidelines

E. Acute Care Units

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

F. Development and Approval:

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

Incline Village Community Hospital (IVCH):

A. IVCH will follow the above policy with the exceptions of limitations of availability hospital services.

    1. TFH Neurology will be available by phone consult only during business hours.
    2. Radiology response time during call hours will be 30min.

Definitions:

A. **Stroke Alert:** Patients >18 years old presenting to the ED with signs or symptoms of possible acute stoke (<24hrs symptoms). Activation will expedite access to clinical, radiology, lab and pharmacy services to facilitate diagnostic workup and determine management. Evaluation is by the Emergency

Physician and if indicated consultation with the 24/7 Telestroke neurology service.

Related Policies/Forms:

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

References:

Carson Tahoe Emergency Department Stroke Protocol (2020)

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

American Heart Association (2020) Get With The Guidelines

HFAP Stroke Ready Certification Manual (2020)

Status Active PolicyStat ID 11520014

Origination Date	04/2022	Department	Quality Assurance / Performance Improvement - AQPI
Last Approved	04/2022	Applicabilities	Multispecialty Clinics
Last Revised	04/2022		
Next Review	04/2025		

Discharge of Patients from Outpatient Clinics, AQPI-2201

COPY

RISK:

If a standardized discharge process from an Outpatient Clinic is not followed this could result in patient and/or provider dissatisfaction and adverse legal and regulatory implications.

POLICY:

A. Discharge of a patient from an Outpatient Clinic may occur when one or more of the following conditions are met:
   1. The patient/family/friend/caregiver/support person with the patient exhibits behavior that is disruptive, abusive, aggressive, or uncooperative to the extent that it negatively impacts the delivery of care to the patient or other patients in the office.
   2. The patient/familiy/caregiver is unwilling to comply with the plan of care and consistently acts in a way that compromises the standard of care.
   3. The patient/family/friend/caregiver/support person with the patient causes providers, staff, or other patients in the office to fear for their safety.
   4. The patient/family/caregiver or the provider requests discharge.

PROCEDURE:

A. In situations where front line staff are involved, staff should excuse themselves and escalate their concerns immediately to Practice Leads, Supervisors, or Managers. This will enable clinic leadership to attempt to address the concerns of the patient and if possible, resolve the behavior. Note that if staff feel threatened or are concerned for the safety of their provider they are encouraged to call Security at extension 6666 or the Truckee Police/Washoe County Sheriff by dialing 911.

B. A safety event should be entered by all involved or who witnessed the behavior. Clinic leadership should notify the patient's treating physician, if they are not already aware. The clinic treatment

team can then determine together the following:

1. The patient can be given a warning regarding their behavior, advised of what is expected of them to continue as a Tahoe Forest Hospital District patient, and put on notice that not following the behavioral expectations can result in discharge, or
2. The patient behavior was of such a threatening or abusive degree that for the safety of providers, staff, and other patients, they must be discharged from practice.

C. If there is indecision or disagreement among the treatment team, please contact Risk Management. Risk Management will consult with key stakeholders, as deemed appropriate with the situation. This may include the Director or Quality & Regulations, the Clinic Director, the Security Manager, or the Chief Medical Officer (CMO), to determine the recommended disposition of the patient.

D. If it is determined that a patient should be given a warning with behavioral expectations, Clinic Leadership will reach out to the patient via telephone to advise them of this. They will then mail a letter to the patient and place a copy in the patient's chart. The patient's chart should be noted that contact was made and a confirmation letter sent. If the patient does not honor the behavioral expectations set, return to B above or move on to E below.

E. If it is determined that a patient must be discharged, Risk Management, or the Director of Quality & Regulations, will confirm with the treating physician seeking discharge that indeed the patient is to be discharged from the Outpatient Clinic. Upon confirmation, the Risk Manager, or Director of Quality & Regulations, will contact the patient regarding the discharge via telephone and then mail the patient a discharge letter to confirm.

F. If the patient's behavior meets the description of B.2. above, the patient can be discharged immediately. If the patient has only sought out a consultation, has only made an appointment, or has not been able to receive care from the physician yet due to his behavior, the patient can be discharged immediately.

G. If the patient's behavior is such that it does not meet the description of B.2. above and the patient has been receiving primary care services, the patient per regulatory and legal guidelines, must be given a 30 day notice within which he or she can continue to seek services with the provider as needed per the provider's schedule. No special accommodations need to be made in the schedule. Prescription refills should be made per physician judgment and per Clinic policy. The Outpatient Clinic does not have to find another provider for the patient unless the patient has been receiving services that if discontinued abruptly, would endanger the life of the patient (such as chemotherapy).

H. This 30 day period can sometimes be challenging. Please contact Risk Management, the Director of Quality & Regulations, or offer peer support as needed. In addition, see the policy Use of Communication Networks, DIT-2101, if a patient is not following My Chart standards appropriately.

I. If the physician determines that the patient should be discharged based on non-compliance, patient request, or physician request, then the physician should reach out to Risk Management or the Director of Quality & Regulations for assistance in initiating and completing the discharge process per policy. Note that the 30 day policy outlined above may apply.

J. The patient's Electronic Health Record will be flagged using the FYI tool with a notation that the patient has been discharged from the Outpatient Clinic and not to schedule additional appointments.

COPY

Related Policies/Forms:

Use of Communication Networks, DIT-2101; Discontinuing Patient My Chart Access Due to Abuse or Misuse Messaging, AQPI 2202

Approval Signatures

Step Description	Approver	Date
	Janet VanGelder: Director	04/2022
	Theresa Crowe: Risk Management/Privacy Officer	04/2022

COPY

Status Active PolicyStat ID 11519986

Origination Date	04/2022	Department	Quality Assurance / Performance Improvement - AQPI
Last Approved	04/2022		
Last Revised	04/2022	Applicabilities	Multispecialty Clinics
Next Review	04/2025		

Discontinuing Patient My Chart Access Due to Abuse or Misuse Messaging, AQPI-2202

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RISK:

Failure to provide guidance and standardization to the process of discontinuing MyChart access for patients, who are using it inappropriately or abusively, may negatively impact patient rights and cause continued emotional harm to staff if the messages continue to be sent.

POLICY:

Patient My Chart Access is a privilege and not a right. If patients are using the My Chart messaging function to send aggressive, hostile, verbally abusive, or offensive messages to staff or providers, clinic leadership should be notified and do the following:

1. Unless the message causes fear for the safety of staff or providers, clinic leadership will give the patient one warning, via telephone and via My Chart message, regarding their inappropriate use of the messaging function. They will also advise the patient of the possibility of discontinuing access to My Chart messaging with the physician and the clinic if the inappropriate messages continue.
2. A note should be placed in the electronic health record and a safety event report completed.
3. If the patient continues with the behavior, despite the warning, then clinic leadership should notify Risk Management, or the Director of Quality & Regulations, to request deactivation of the messaging function for that physician/clinic. An accompanying safety event report should be filed.
4. If the message causes fear for the safety of staff or providers, clinic leadership should immediately notify Risk Management, or the Director of Quality & Regulations, to request deactivation of the messaging function for that physician/clinic. An accompanying safety event report should be filed. If an immediate threat, Security or Police/Sheriff may be notified depending on the intent of the message and the need for their presence at the Clinic.

PROCEDURE:

A. Risk Management or the Director of Quality & Regulations, will confirm the action of deactivating the patient's My Chart messaging privileges with the patient's treating provider.

B. . If confirmed, Risk Management, or the Director of Quality & Regulations, will forward an IT work request requesting "read only" or complete "dismissal" to My Chart access. This can be specific to a provider or clinic/department. This changes access for that provider or group. Approval from the Director of Quality is required to do this.

C. There are additional options, in conjunction with Mercy Epic, that can be taken if a patient's account needs to be turned off entirely. Please reach out to Risk Management, or the Director of Quality, if you believe this to be the case.

D. This may take up to several days to discontinue the messaging function for a patient and this can be challenging. Contact Risk Management, or the Director of Quality & Regulations, if you need guidance in how to handle the continued messages during that time and request peer support, as needed.

Special Instructions / Definitions:

Related Policies/Forms:

Discharge of Patients from Outpatient Clinics, AQPI 2201

References:

COPY

Approval Signatures

Step Description	Approver	Date
	Janet VanGelder: Director	04/2022
	Theresa Crowe: Risk Management/Privacy Officer	04/2022

2021 Annual Quality Assurance Process Improvement (QA/PI) Report to the Board of Directors

Peter Taylor, MD, Quality Medical Director
Janet Van Gelder, RN, DNP, CPHQ, Director of Quality and Regulations

SBAR

Situation: 2021 Annual QA/PI Plan report to the BOD

Background: There is an annual report based on the annual plan, which details all quality activities and their progress or resolution during the year. The report shall be submitted to the Governing Body for review and approval (HFAP 09.01.18).

Assessment: Monthly quality reports presented to the BOD indicate no major areas of concern in 2021. When outliers are identified, process improvement activities are reviewed.

Recommendation: Board of Directors approve the Annual Quality Assurance/Performance Improvement (QA/PI) Report for 2021 as presented.

Tahoe Forest Health System

Healthcare Quality

The Institute of Medicine (IOM) defines health care quality as "the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge" and has the following domains:

- S = Safe
- T = Timely
- E = Effectively
- E = Efficient
- E = Equitable
- P = Patient Centered Care

Our PI priorities include these domains and the Quadruple Aim:

- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of populations
- Reducing the per capita cost of health care
- Staff engagement and joy in work

Tahoe Forest Health System

2021 QA/PI Initiatives

- Exceed national benchmark with quality of care and patient satisfaction metric results with a focus on process improvement and performance excellence
  - Striving for the Perfect Care Experience
  - Identify and promote best practice and evidence-based medicine
- Continued focus on quality and patient/employee safety during the pandemic, following CDC, State, and County Health guidelines, and utilizing the following strategies:
  - Strengthen the system and environment
  - Support patient, family, and community engagement and empowerment
  - Improve clinical care
  - Reduce harm
  - Boost and expand the learning system
- Ongoing survey readiness, and compliance with federal and state regulations, resulting in a successful triennial General Acute Care Hospital Relicensing (GACHLRS) survey
- Sustain a culture of safety, transparency, accountability, and system improvement
  - Continued participation in Beta HEART (Healing, Empathy, Accountability, Resolution, Trust) program
  - Conduct annual Culture of Safety SCORE (Safety, Culture, Operational, Reliability, and Engagement) survey
  - Continued focus on the importance of event reporting
- Focus on our culture of safety, across the entire Health System, utilizing High Reliability Organizational thinking
  - Proactive, not reactive
  - Focus on building a strong, resilient system
  - Understand vulnerabilities
  - Recognize bias
  - Efficient resource management
  - Evaluate system based on risk, not rules

Tahoe Forest Health System

2021 QA/PI Initiatives (cont.)

- Emphasis on achieving highly reliable health care through the following:
  - A commitment to the goal of zero harm
  - A safety culture, which ensures employees are comfortable reporting errors without fear of retaliation
  - Incorporate highly effective process improvement tools and methodologies into our work flows
  - Ensure that everyone is accountable for safety, quality, and patient experience
- Support Patient and Family Centered Care and the Patient and Family Advisory Council
  - Dignity and Respect: Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.
  - Information Sharing: Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete and accurate information in order to effectively participate in care and decision-making.
  - Participation: Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.
  - Collaboration: Patients, families, health care practitioners, and health care leaders collaborate in policy and program development, implementation and evaluation; in research; in facility design; and in professional education, as well as in the delivery of care.
- Promote lean principles to improve processes, reduce waste, and eliminate inefficiencies
- Identify gaps in the Epic electronic health record system upgrade and develop plans of correction
- Maximize Epic reporting functionality to improve data capture and identification of areas for improvement

Tahoe Forest Health System

Quality/Patient Safety

- Process improvement (PI) initiatives related to Center for Medicare and Medicaid Services (CMS) Star quality rating with a focus on readmissions and complications
- Emergency Department team improving stroke patient management
- Multidisciplinary team improving pulmonary emboli patient management
- Ongoing improvements (education, order sets, documentation, process, products) in sepsis, glycemic management, code blue/white, and medication reconciliation across the Health System.
- New vital signs machines in each room on Medical Surgical Department to improve RN/PCT workflow and decrease infection risk associated with bringing machines from room to room.
- ICU & Med-Surg achieved 100% compliance with the patient discharge instruction PI project.

Quality/Patient Safety

- HFAP accreditation survey in August 2020 plans of correction implemented based on deficiency report and interim report submitted in October 2021
- College of American Pathologists (CAP) laboratory reaccreditation in June 2021
- Reliability management multidisciplinary team continues to meet regularly with a focus on High Reliability Organization (HRO) thinking.
- Daily safety huddles continue with a focus on identifying risks, areas of vulnerability, and plans for improvement.
- Platinum Recognition from the National Hospital Organ Donation Campaign for our work with Sierra Donor Services during COVID19 pandemic.

Tahoe Forest Health System

Quality/Patient Safety

- Tahoe Forest Health System (TFHS) participated in its fifth year in the BETA HEART® (healing, empathy, accountability, resolution and trust) program, which is a coordinated program that helps create a reliable, sustainable, and transparent culture of safety.
- Director/Managers, Nursing, and Physicians attended three Beta HEART Zoom educational sessions, including disclosure and peer support training.
- TFHD successfully passed validation of all five domains in 2020 & 2021, resulting in a 10% decrease in liability premiums. We were the first Health System to achieve this recognition for both TFH & IVCH.
- SCOR Culture of Safety Survey with 90% response rate in 2021. In 2019, our response rate improved to 83% from 63% in 2018. The survey was available to all staff and physicians. It measures attitudes related to the culture of safety throughout our organization, providing a snapshot of the overall safety culture in a given work area.

Tahoe Forest Health System

Quality/Patient Safety

- Achieved Quest for Zero ED: Tier 2 (TFH & IVCH) with premium savings. This included the ED Sepsis initiative, which focuses on sepsis improvement, including education, process, and quality.
- Obtained Level III trauma designation by the American College of Surgeon in September 2021 and SSVEMS approval in March 2022.
- Achieved Quest for Zero OB: Tier 2 resulting in premium savings
- OB received the early implementer award from CMQCC, once again. This time we were recognized for early implementation of tracking the timely treatment of severe hypertension.
- OB completed our Baby Friendly designation survey. This was the first time TFH has completed this survey since incorporating the clinics into the TFH system, effectively expanding the program boundaries, increasing the effort necessary to meet this goal.

Quality/Patient Safety

- Reaccreditation awarded by American Society for Radiation Oncology (ASTRO) Accreditation Program for Excellence (Apex) Survey with commendation (no deficiencies were identified)
- Oncology Research Program collaboration with hospital Monoclonal Antibody infusion/treatment for COVID
- Achieved 80% (12/15) Oncology Certified RNs
- National Quality Measures for TF Oncology program (exceeding our state and national benchmarks)
  - (NQF #219) Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer = 100%
  - (NQF #559) Combination chemotherapy is recommended or administered within 4 months (120 days) or stage IB-III hormone receptor negative breast cancer = 100%
  - Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer - Increase after action plan implemented = 100%
  - Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer = 100%
- American Cancer Society $5,000 Transportation Grant awarded to Tahoe Forest (only three grants awarded on the West Coast) to assist with Barton Hospital/South Lake Shuttle Project
- Cancer Committee completed a review standards of care (NCCN guidelines) related to patients newly diagnosed or treated with ovarian cancer at TFHD. Patients receiving care for ovarian cancer at TFHD received the appropriate surgery, chemotherapy for their disease, testing for genetic mutations and the use of newer targeted agents was appropriate.

TAHOE FOREST HEALTH SYSTEM

Clinic Quality/Patient Safety

- IVCH and 2nd floor of Cancer Center designated as an RHC
- Preoperative clinic established for Orthopedic high risk patients
- Provider Desktop care improvements, including MyChart, Secure Chat, Inbasket messaging education
- Added 5 RN positions to support the providers
- Consultant group working with the Pediatric Clinic to identify system improvements
- Continue to use white boards for patient communication with provider wait times

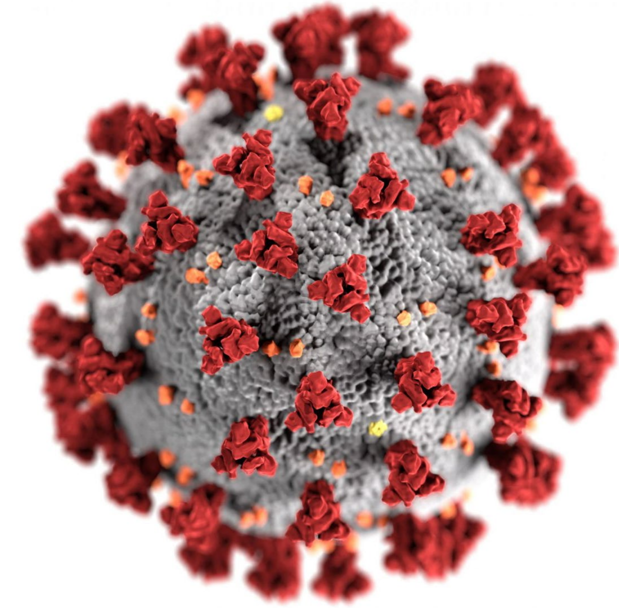
Service Excellence

- TFHS maintained 5-Star recognition from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) during 2021.
- The overall Patient Satisfaction score for FY21 was 94.45, exceeding a goal of 93.76. Overall patient satisfaction continues to remain positive year over year at FY20: 94.75, FY19: 94.48, FY18: 94.11, FY17: 93.84, and FY16: 93.76.
- IVCH and Tahoe Forest Hospital Emergency Departments achieved the *Guardian of Excellence Award* from Press Ganey for reaching and sustaining patient experience scores at or above the 95% rank in the nation for one full year.
- Celebrated our eighth year with Patient and Family Advisory Council (PFAC) volunteers. Eleven volunteers have been actively engaged in operational suggestions to improve Health System processes and the experience of our patients and visitors.
- Perfect Care Experience Training continues and we have trained approximately 40% of the TFHS employees. This was placed on hold during the pandemic.

Tahoe Forest Health System

COVID-19 Pandemic/Infection Prevention

- Continued with Incident Command meetings, though they were surge-driven
- Ongoing education on CDC guidelines/recommendations and CDPH mandates/requirements
  - Appropriate PPE selection/donning and doffing based on risk assessment or diagnosis
  - Cleaning and disinfection protocols
  - Patient, visitor, and HCP screening protocols
  - Testing protocols
- Respiratory Illness Clinic (RIC) – drive up clinic to triage and test patients w/COVID-19-like symptoms
- Monitoring for PPE compliance and ensuring PPE and equipment availability
- Reporting identified cases to public health departments for tracers/management
- CMS, State of California and Nevada, local health departments mandatory reporting
- Clinical Management Team (CMT) meetings about testing and treatment modalities and protocols
- SNF: COVID-19 mitigation plan, CDPH COVID-19 mitigation surveys, outbreak management
- Onsite site COVID-19 vaccination clinics
- CDPH HCP mandates: vaccination, boosters, screen testing
- COVID-19 prevention program based on OSHA Emergency Temporary Standard (ETS)
- Plan for testing in individual clinics



Life Safety - Environment of Care

- Completed Projects in 2021
  - IVCH Fire Alarm System Panel Replacement
  - IVCH Fire Alarm Monitoring Company change
  - Cancer Center 4-Year Fire Smoke Damper Test/Inspection
  - TFH CT-Scanner added to backup power grid
  - Medical Office Building 2nd Floor & Suite 360 Demolition
  - Outpatient Lab Move to Gateway
  - Orthopedic X-Ray Replacement
  - Primary Care X-Ray Replacement

- Security
  - Triumph Security Guard at TFH - daily 24/7; extra guard workdays Monday-Friday
  - Triumph Security Guard at IVCH - nightly patrols 7 days/week
  - Security Risk Assessment completed
  - New security camera software system installed
  - Additional DSX badge access added in TFHS Clinics
  - Lockdown system expansion for Truckee locations / IVCH
  - Additional silent alarms installed at several patient registration areas & behavioral health offices
  - Workplace Violence Prevention Program training continues

Tahoe Forest Health System

Risk Management Summary

Event reporting totals:

- CY 2021 – (TFH/1134, IVCH/90) = 1224
- CY 2020 - (TFH/930, IVCH/71) = 1001
- CY 2019 - (TFH/1075, IVCH/86) = 1161
- CY 2018 - (TFH/798 , IVCH/75) = 873
- CY 2017 - (TFH/674 , IVCH/66) = 740

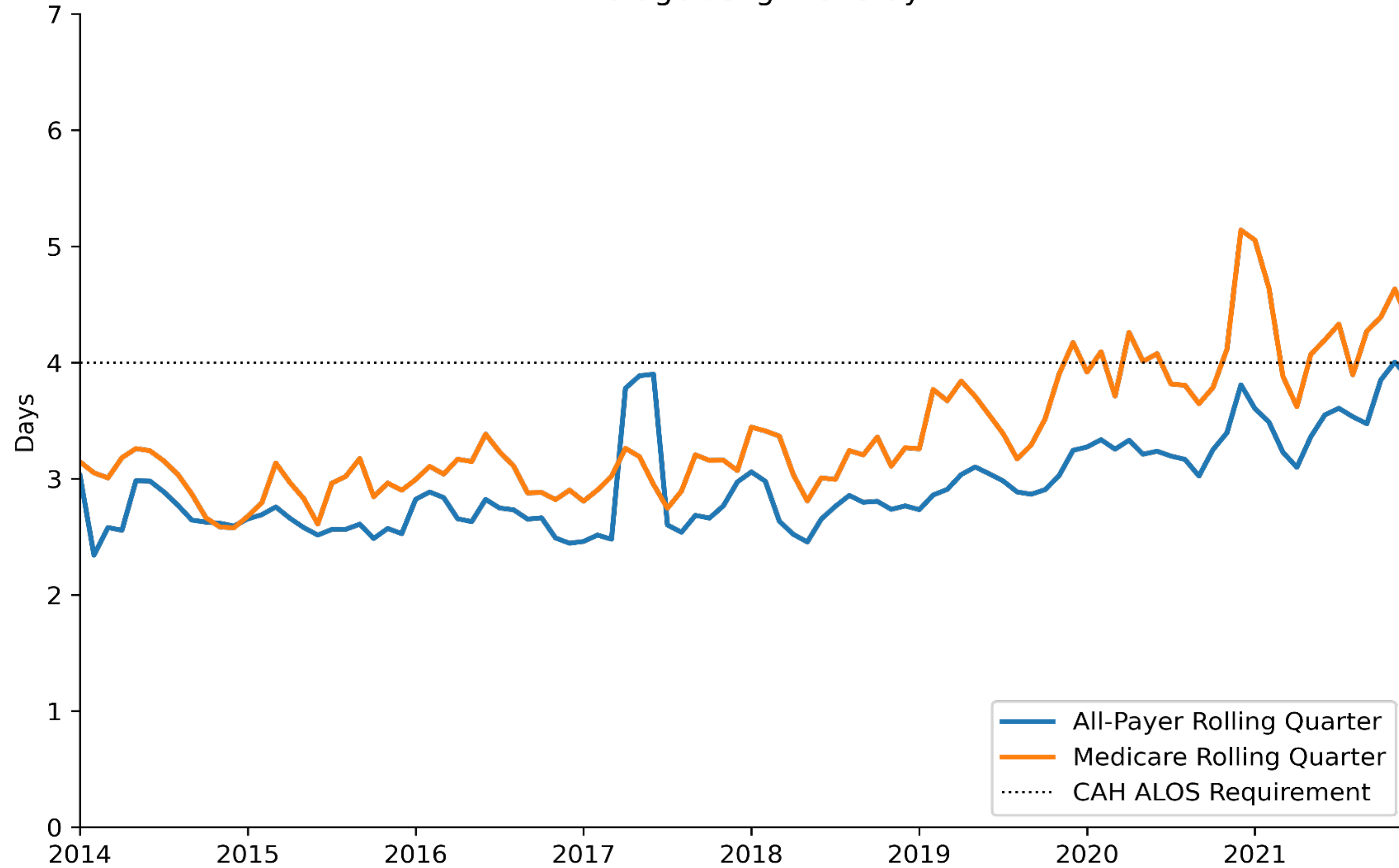
1 CA State Reportable Event

Process improvement in 2021:

- Decreased the number of days an event is left open by 15 days to an average of 7.
- Merged the reporting of "disruptive events" into patient safety events in order for staff to focus more on how their behavior affects patient safety.
- Focused on increasing our near miss reportable events

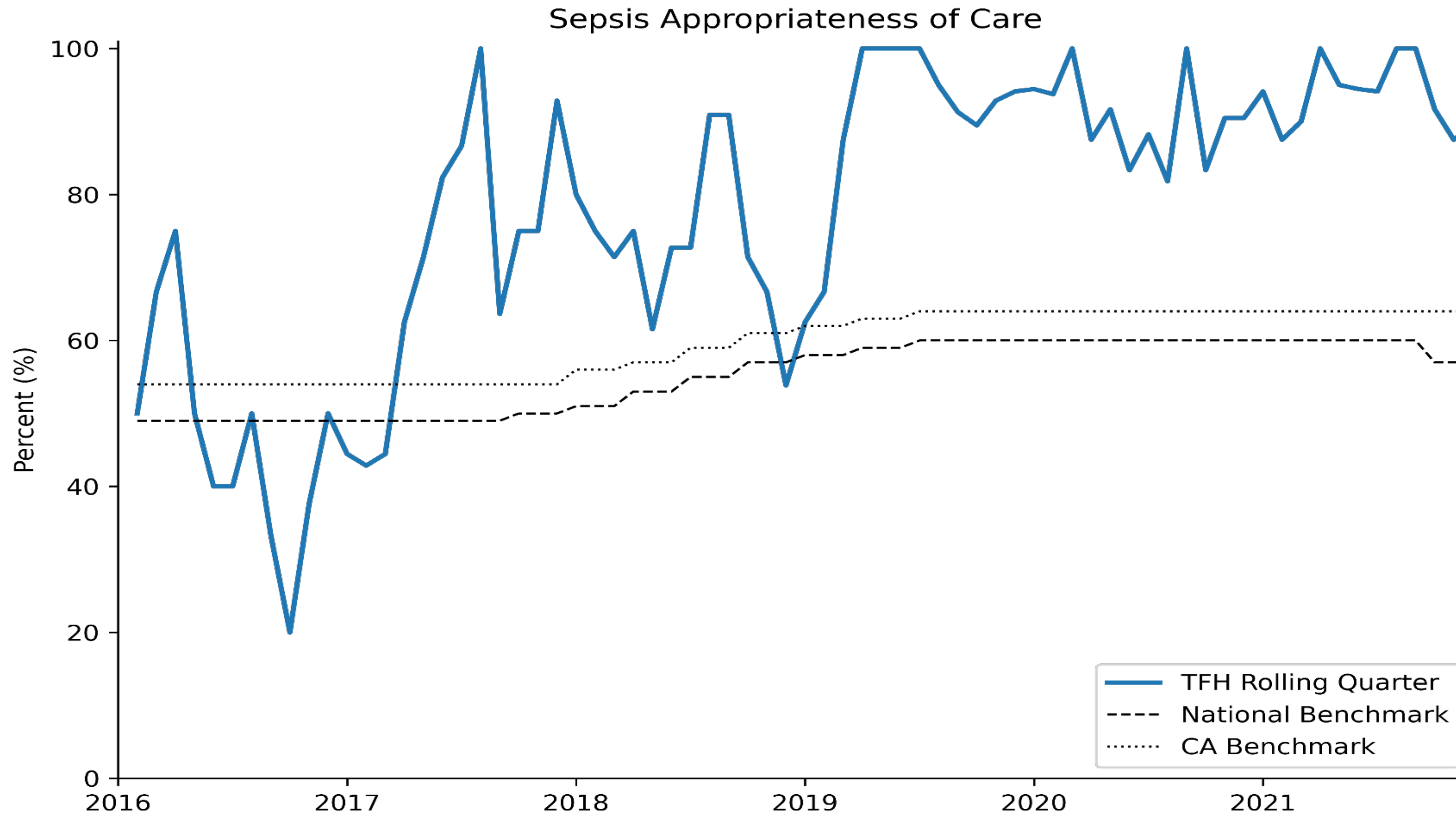
TAHOE FOREST HEALTH SYSTEM

Patient Safety: Utilization Review



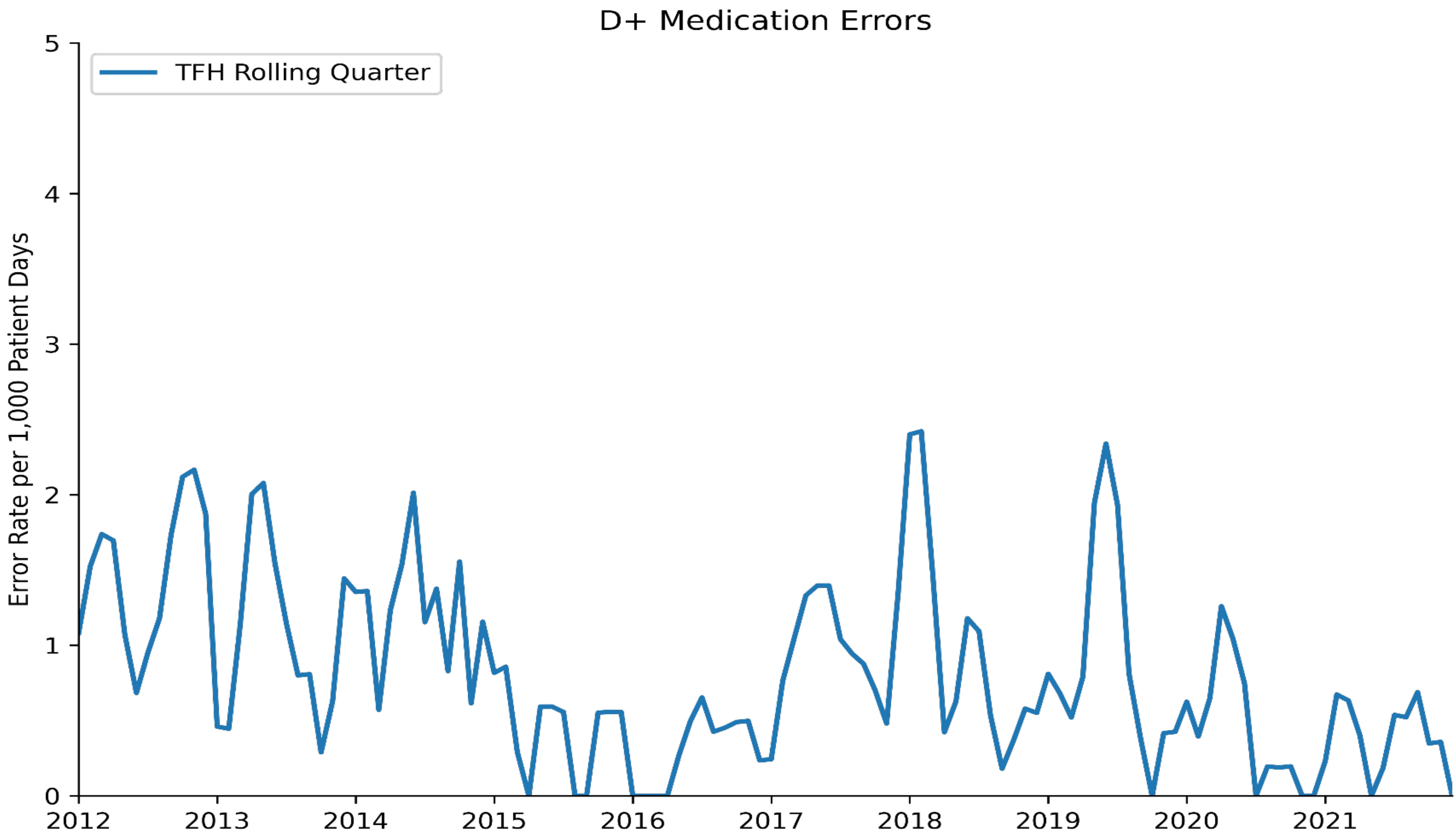
TAHOE FOREST HEALTH SYSTEM

Clinical Quality Measure: Sepsis Early Management Bundle



Tahoe Forest Health System

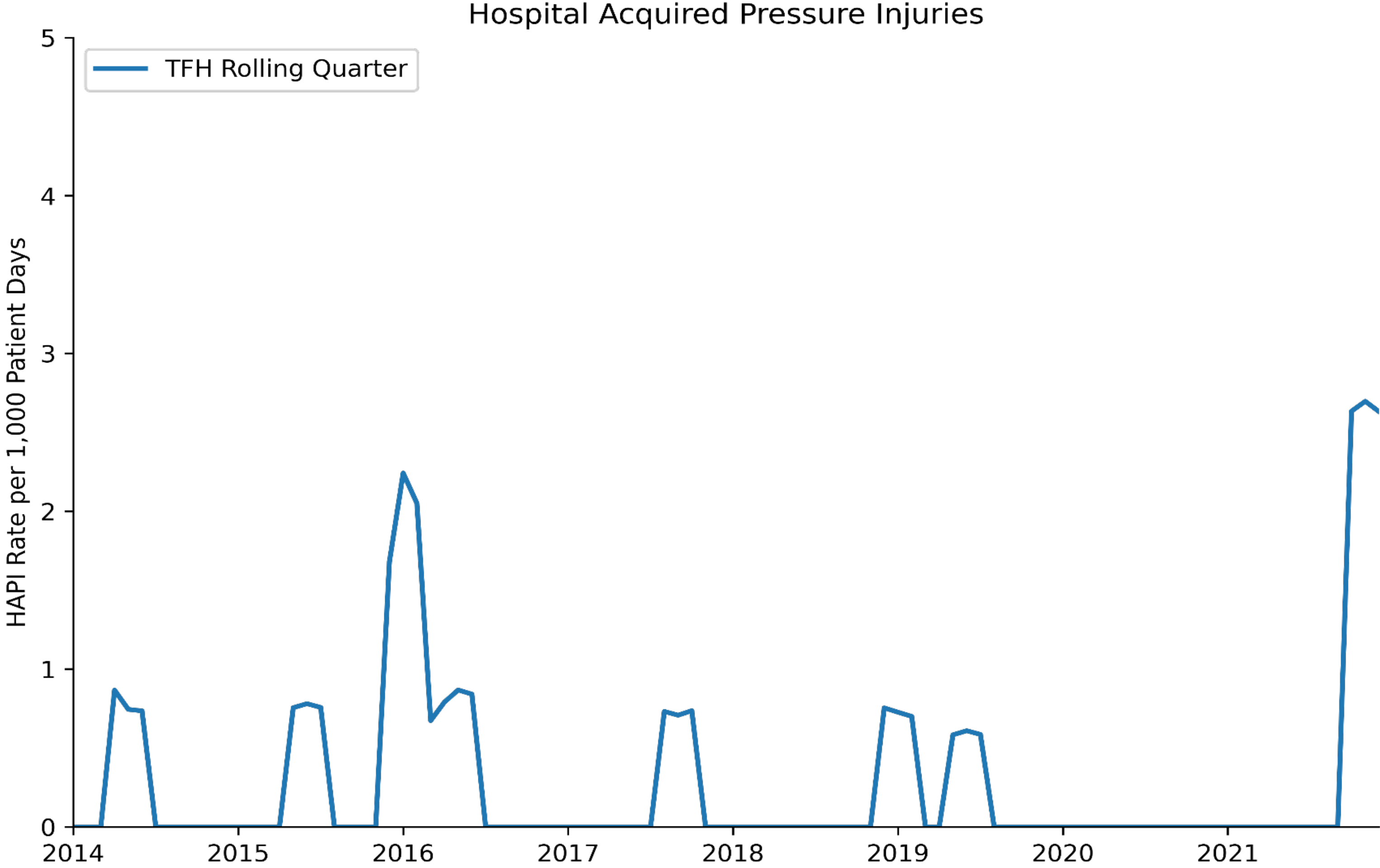
Patient Safety: TFH D+ Medication Errors



PI: D+ are errors that reached patient with no harm & requires increased monitoring. All errors reviewed at Med Safety and P&T. Increased reporting due to safety huddle & staff education.

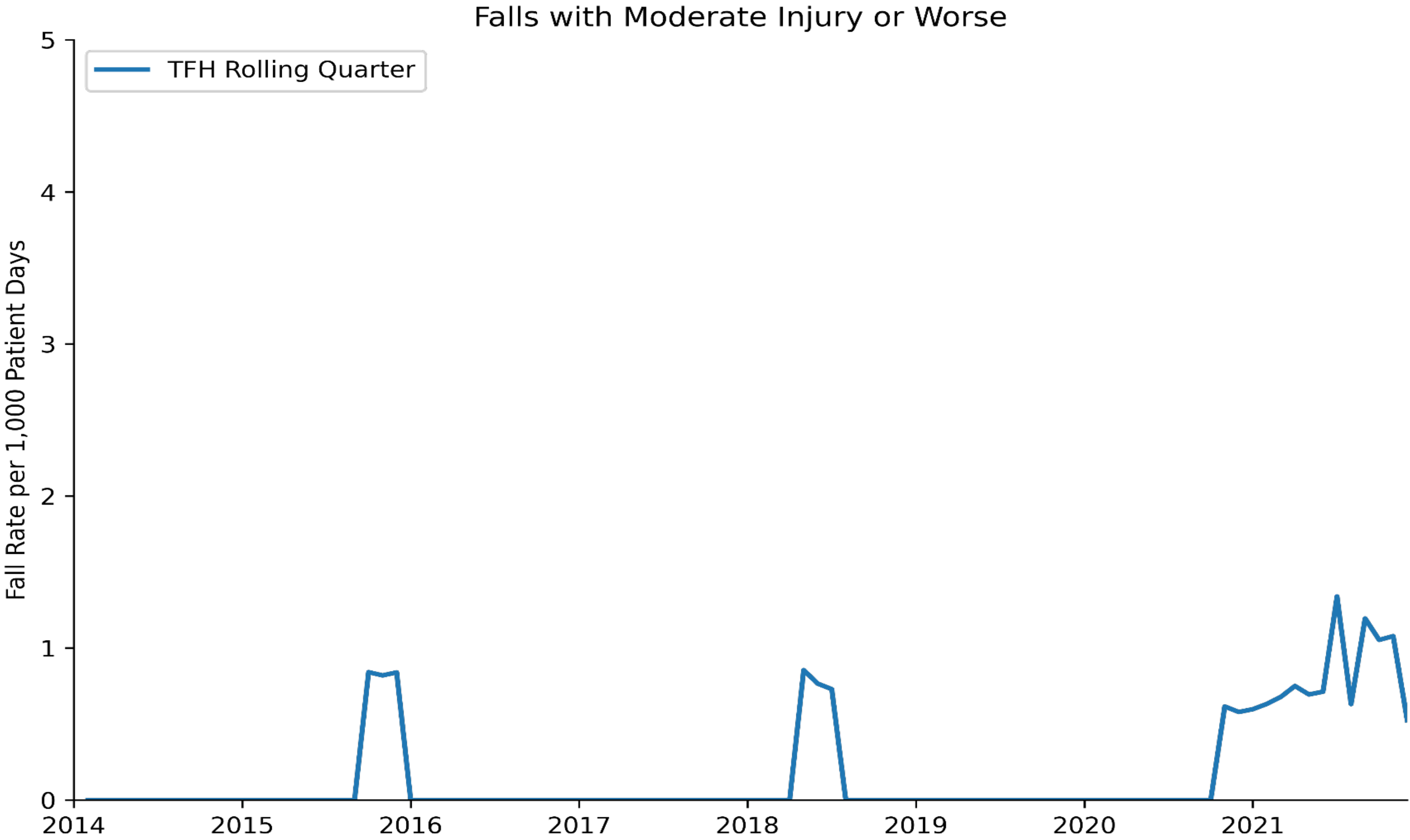
Tahoe Forest Health System

Patient Safety: TFH Pressure Ulcer Rate



Tahoe Forest Health System

Patient Safety: TFH Fall Rate with Injury



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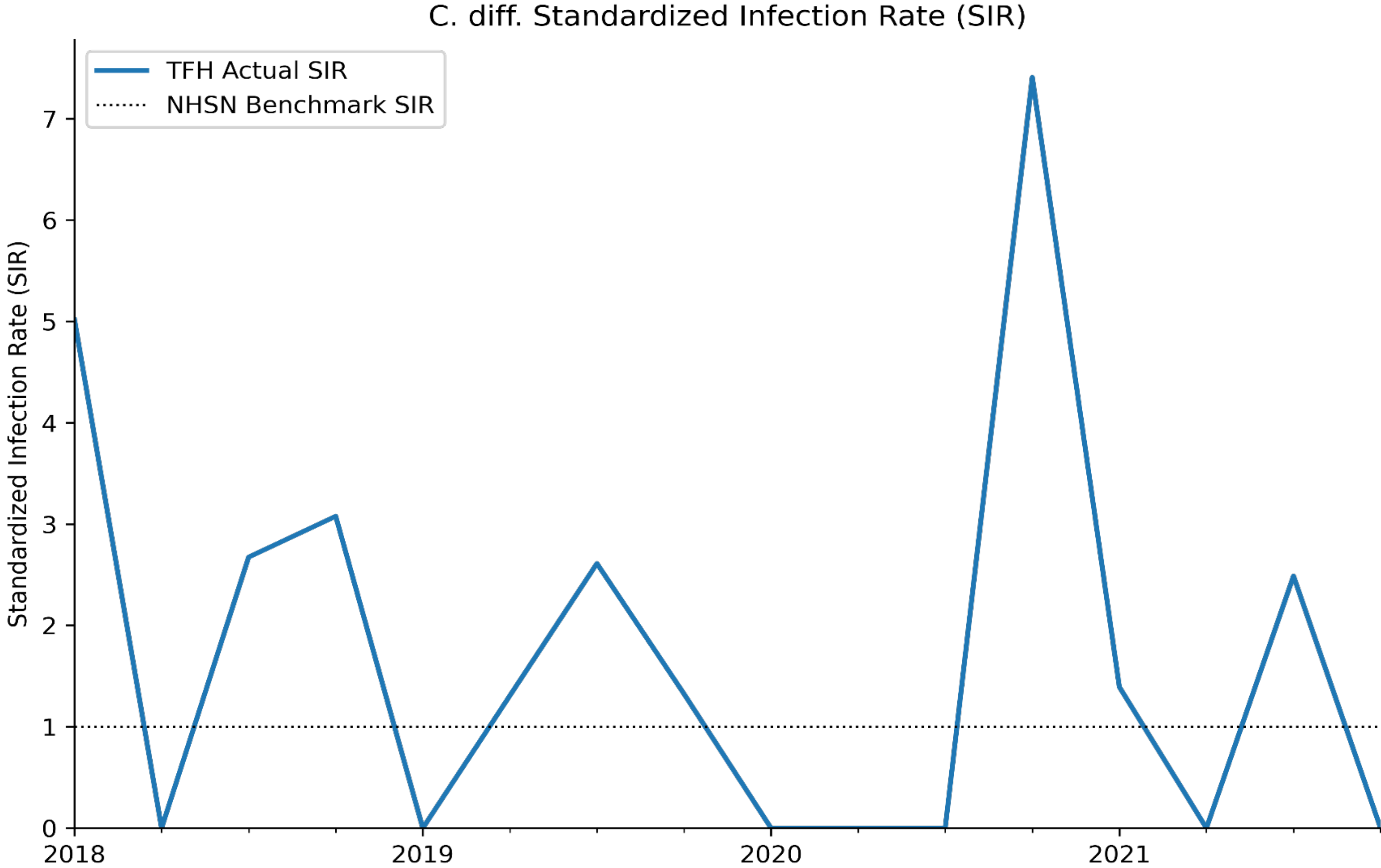
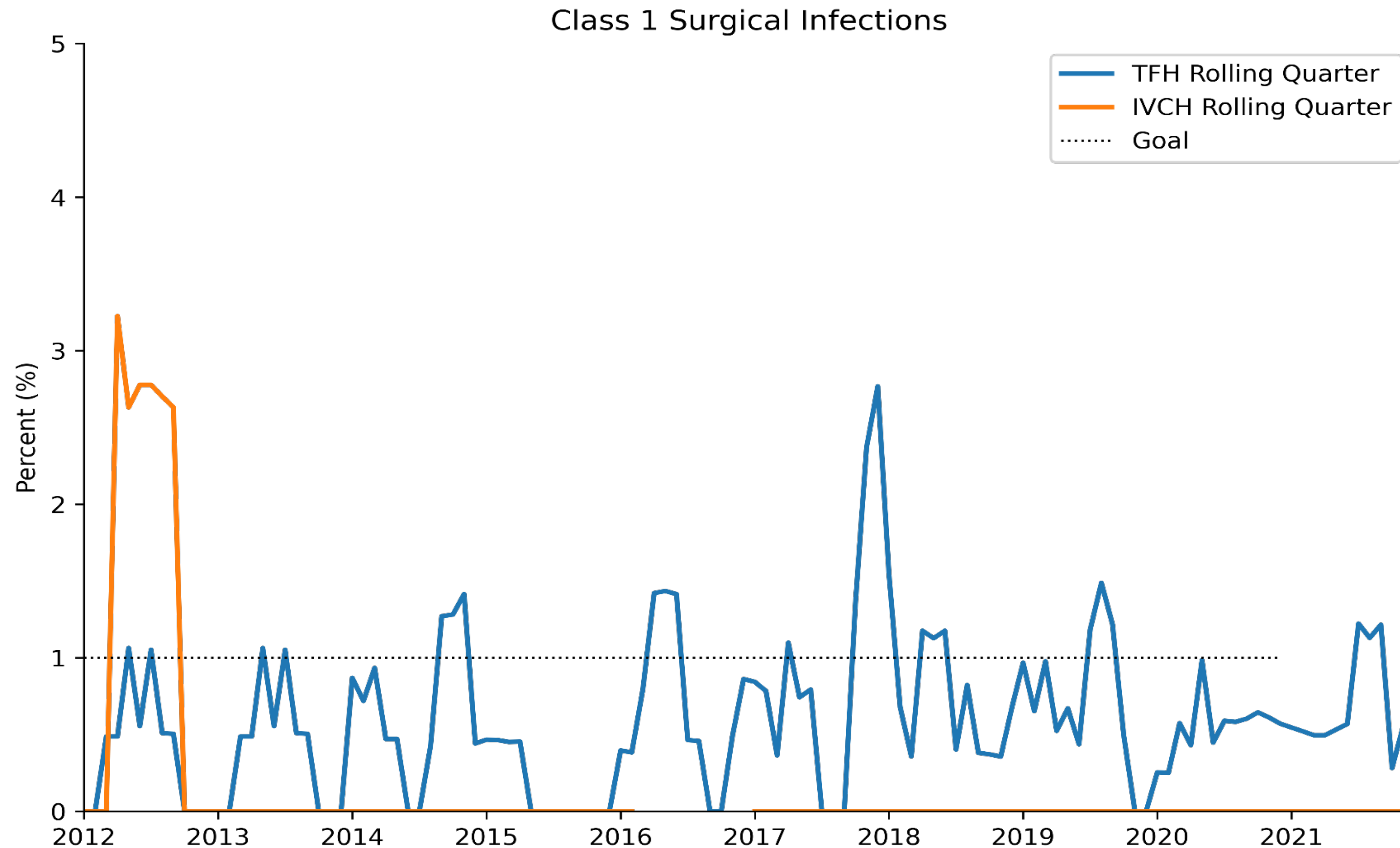
C. diff. Standardized Infection Rate



Patient Safety: Class I Hospital Acquired Surgical Infections



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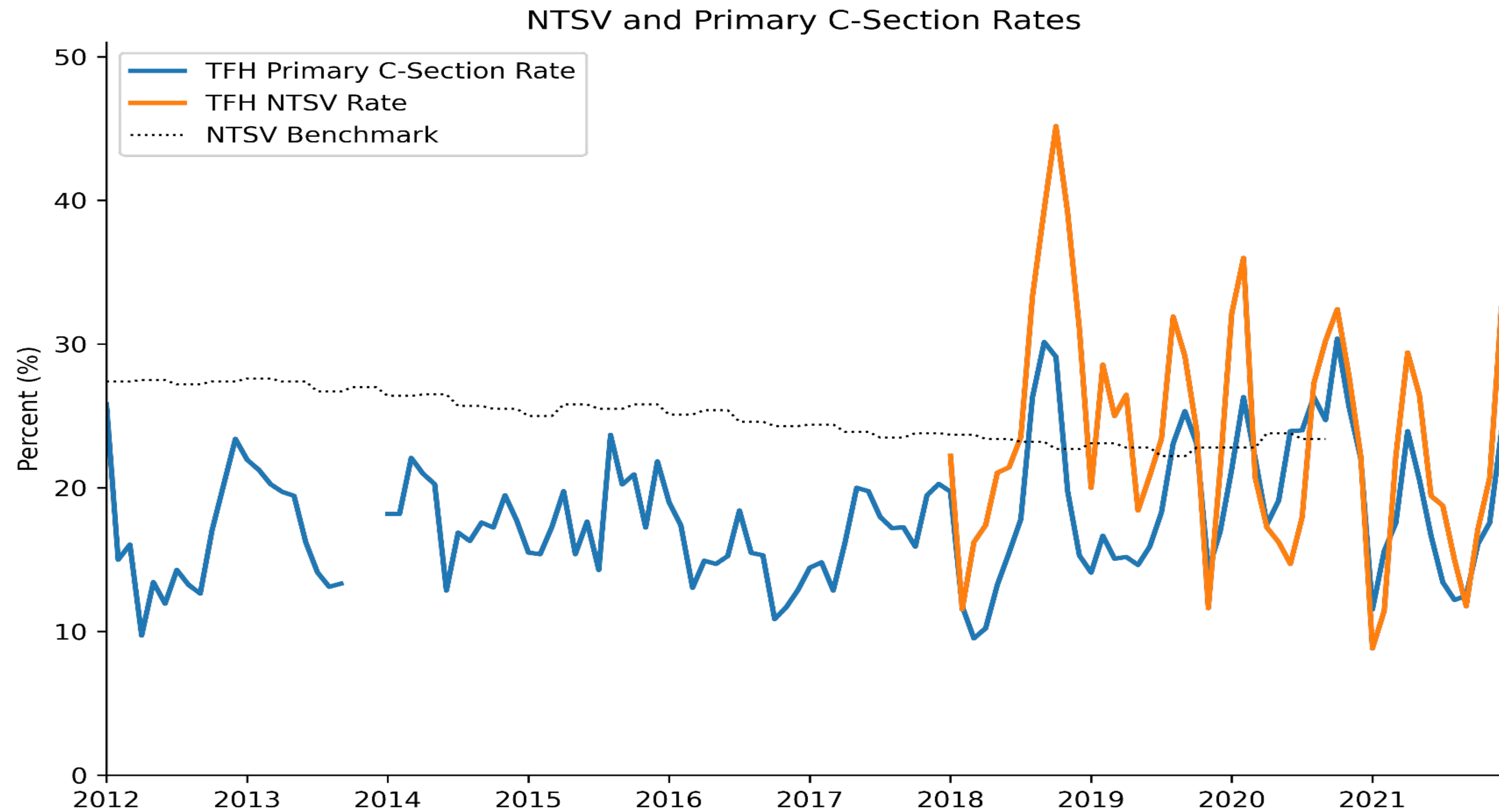
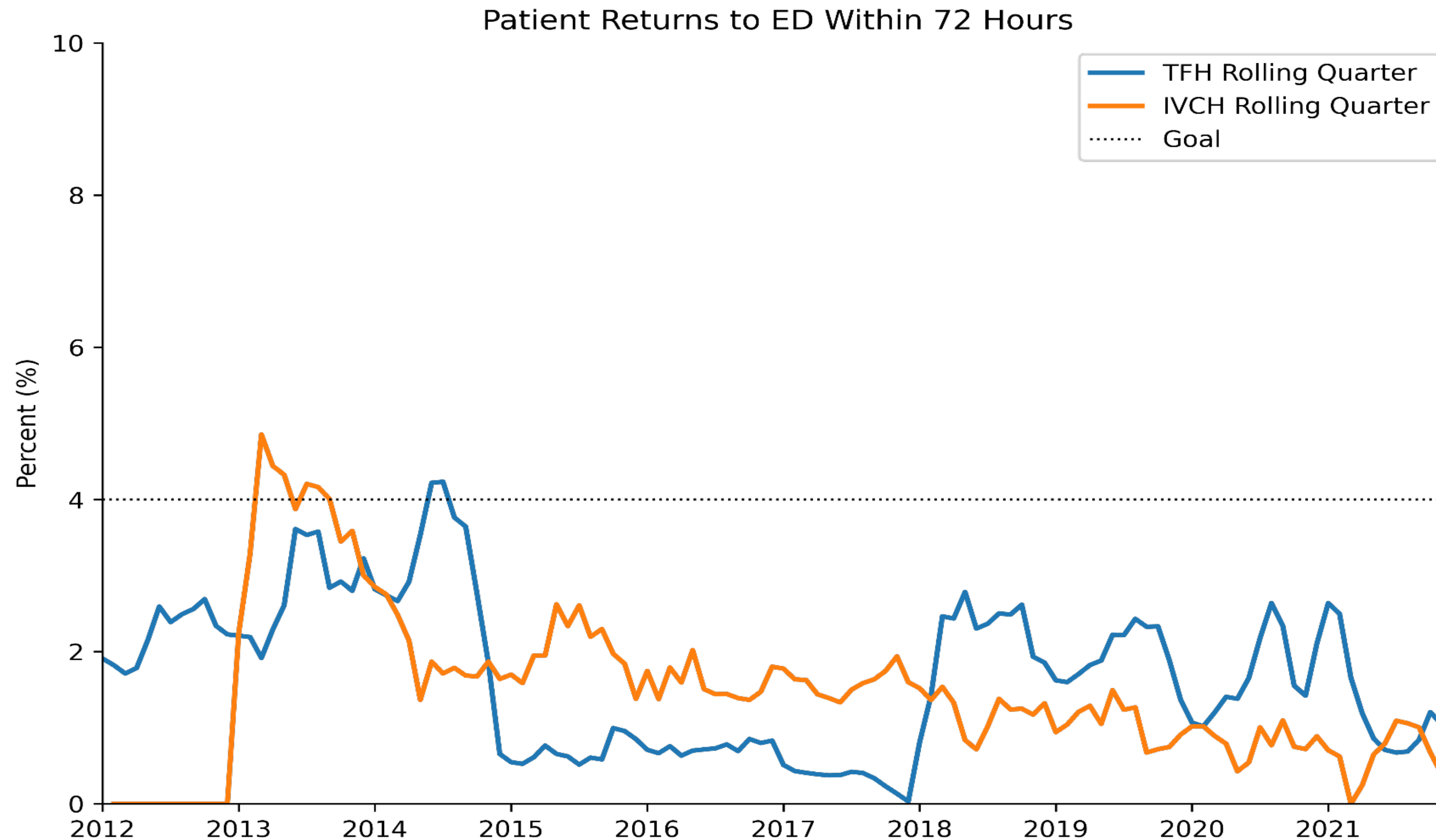
Patient Safety: TFH Primary C-Section and NTSV Rate



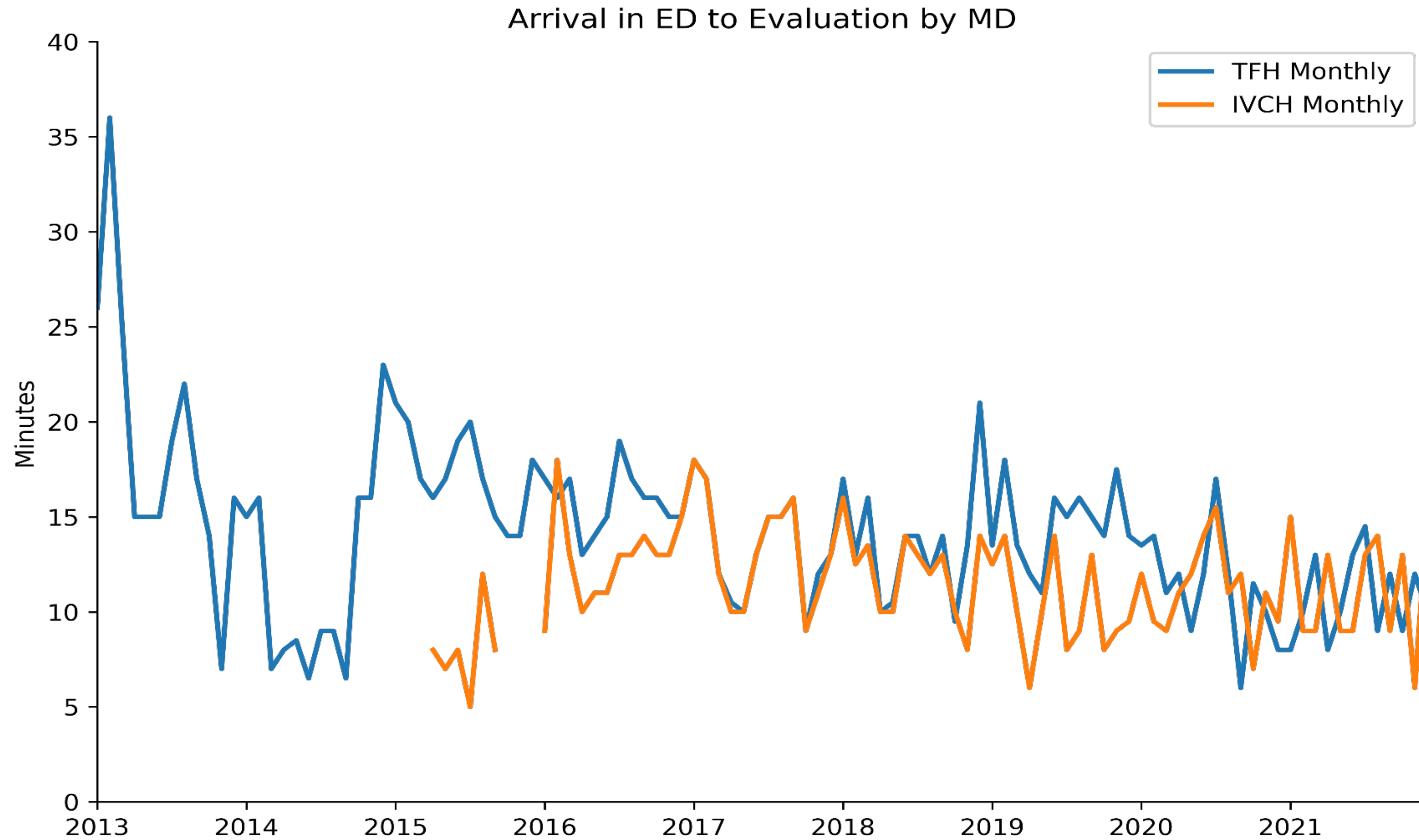
Tahoe Forest Health System

Clinical Quality Measure: Patients returning to ED within 72hrs with same complaint



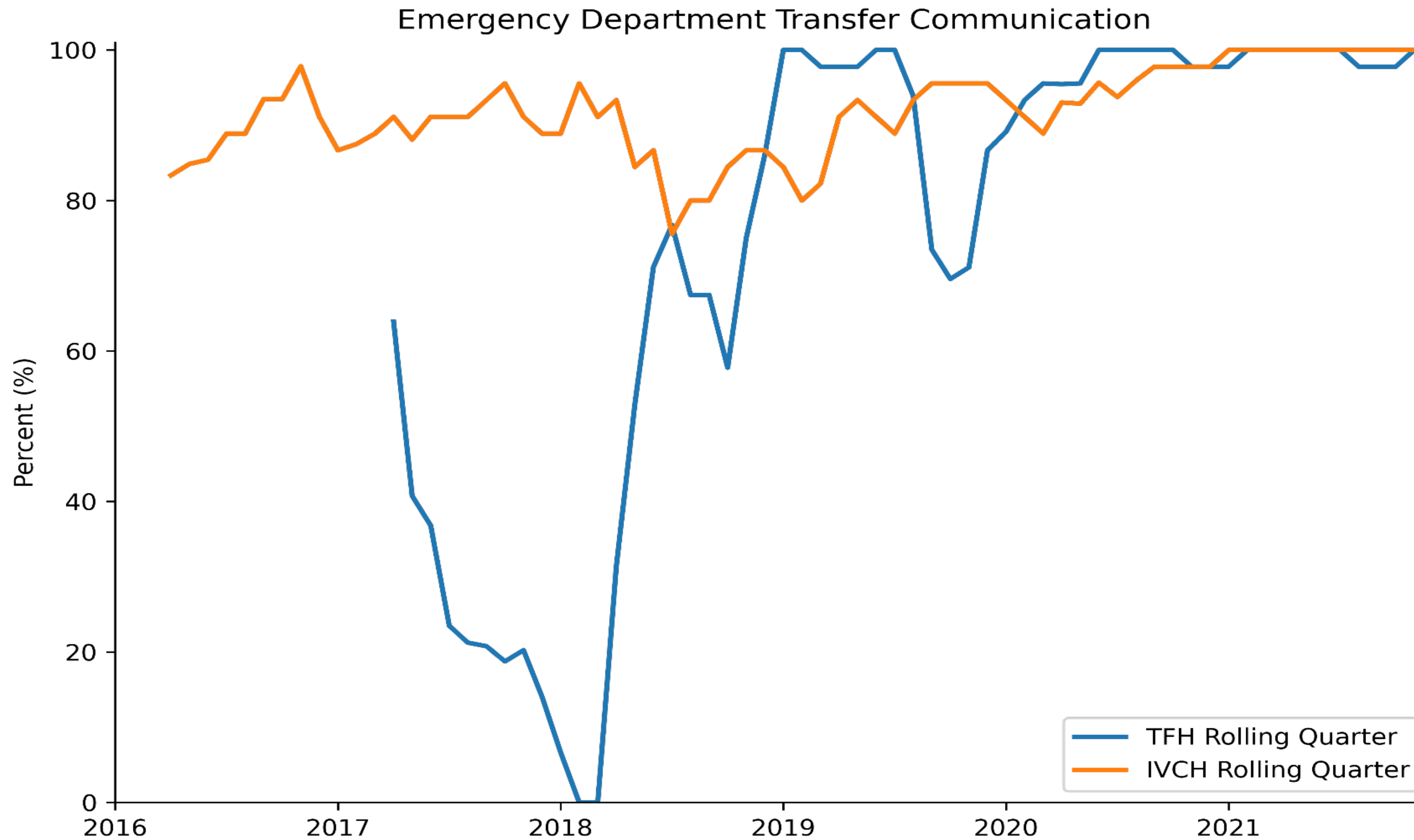
Tahoe Forest Health System

ED: Door to Diagnostic Evaluation



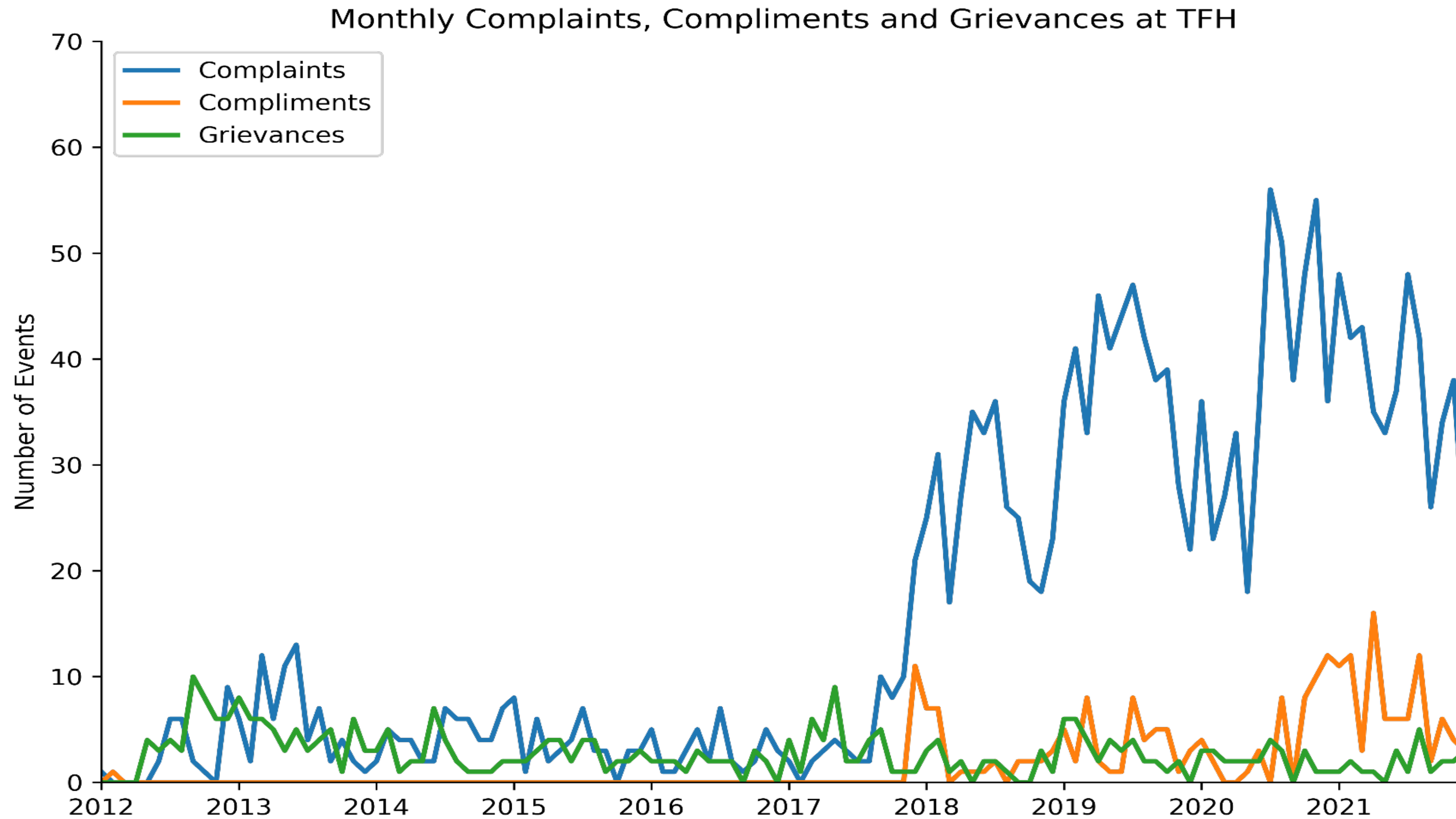
TAHOE FOREST HEALTH SYSTEM

Emergency Department Transfer Communication



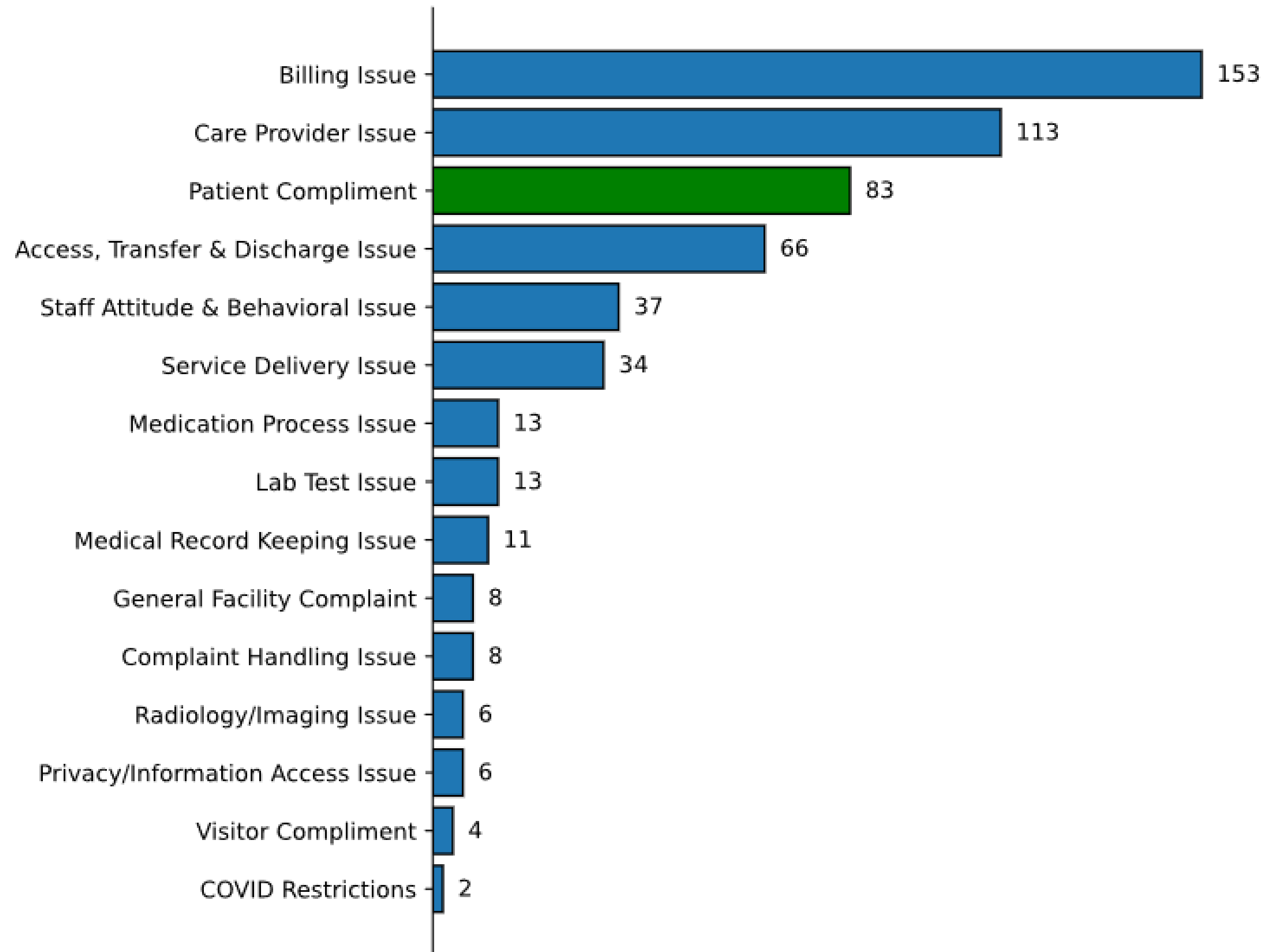
TAHOE FOREST HEALTH SYSTEM

TFH Complaints, Compliments and Grievances



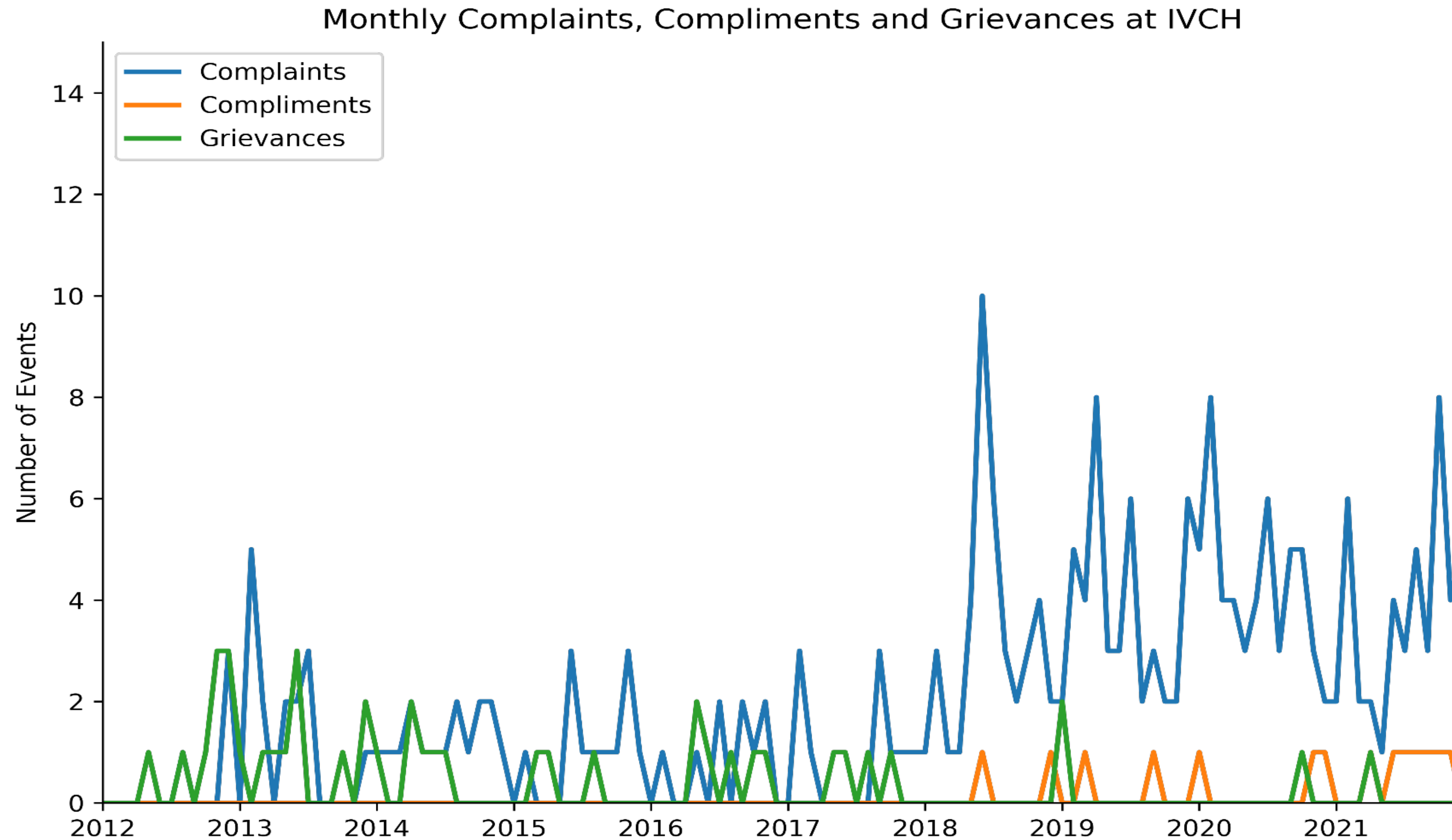
Tahoe Forest Health System

CY 2021 TFH Complaints and Grievances by Issue



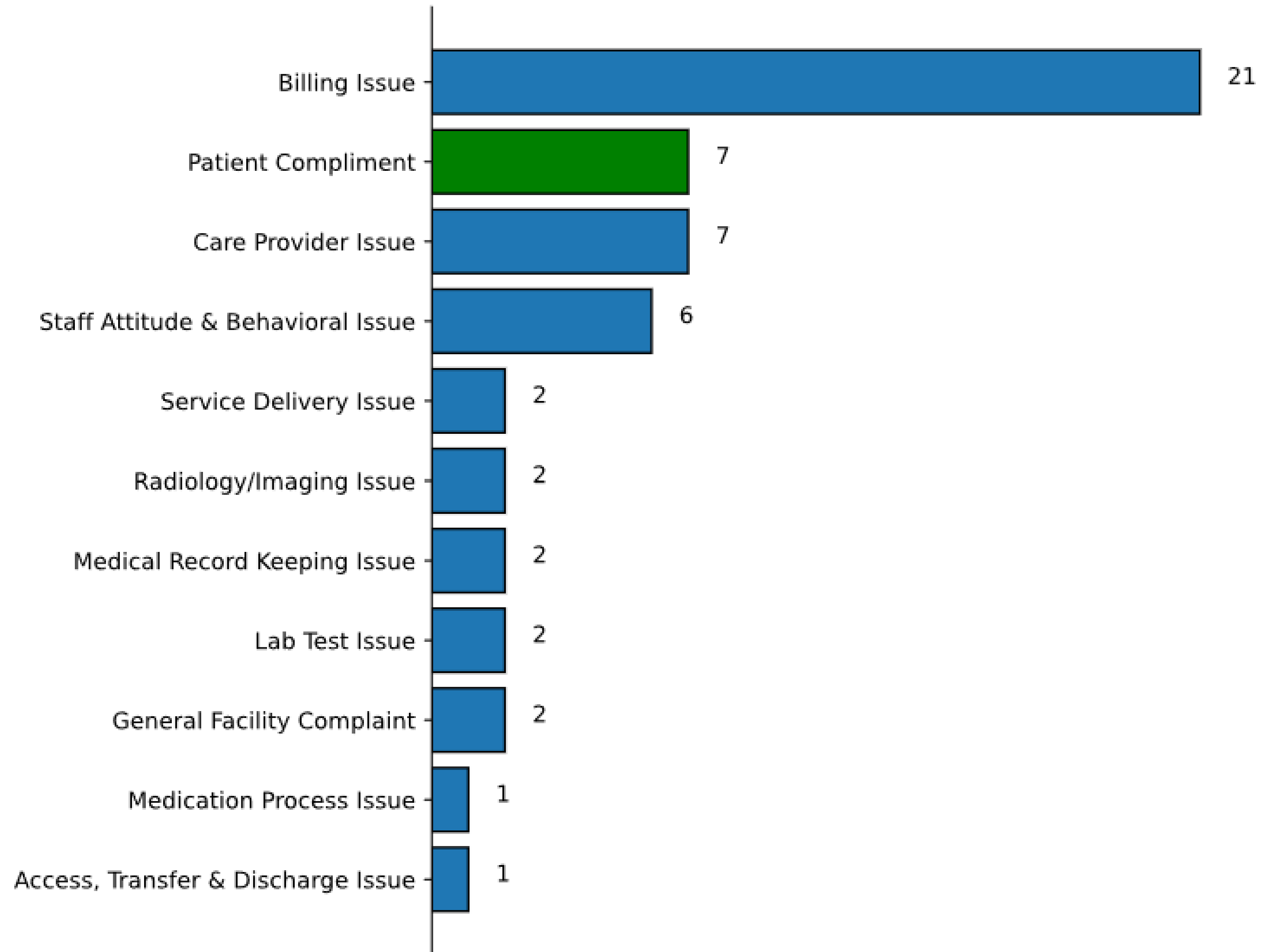
Tahoe Forest Health System

IVCH Complaints, Compliments and Grievances



TAHOE FOREST HEALTH SYSTEM

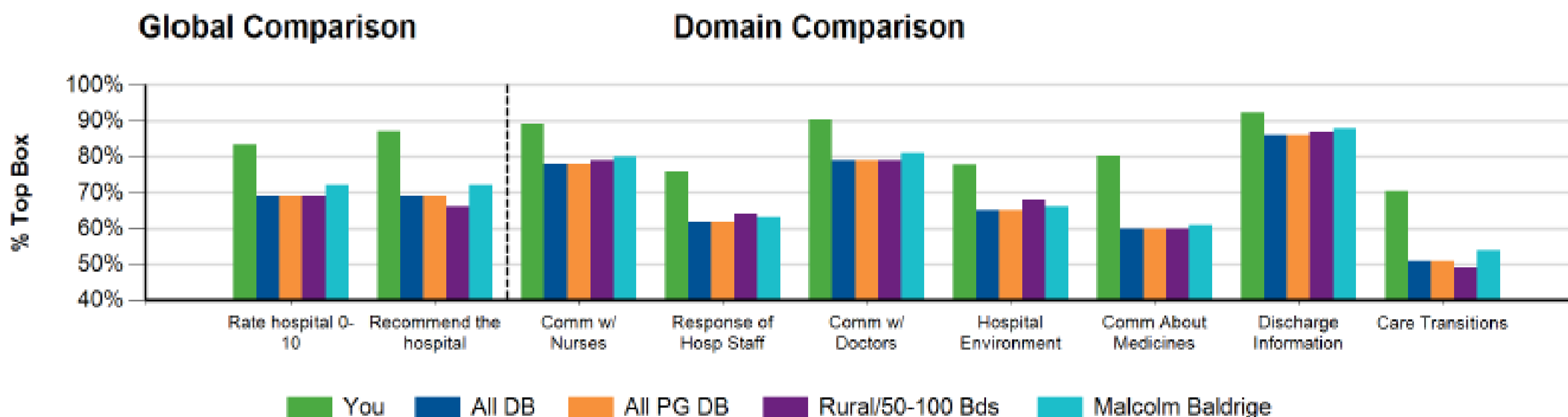
CY 2021 IVCH Feedback by Issue Type



Tahoe Forest Health System

2021 HCAHPS Report

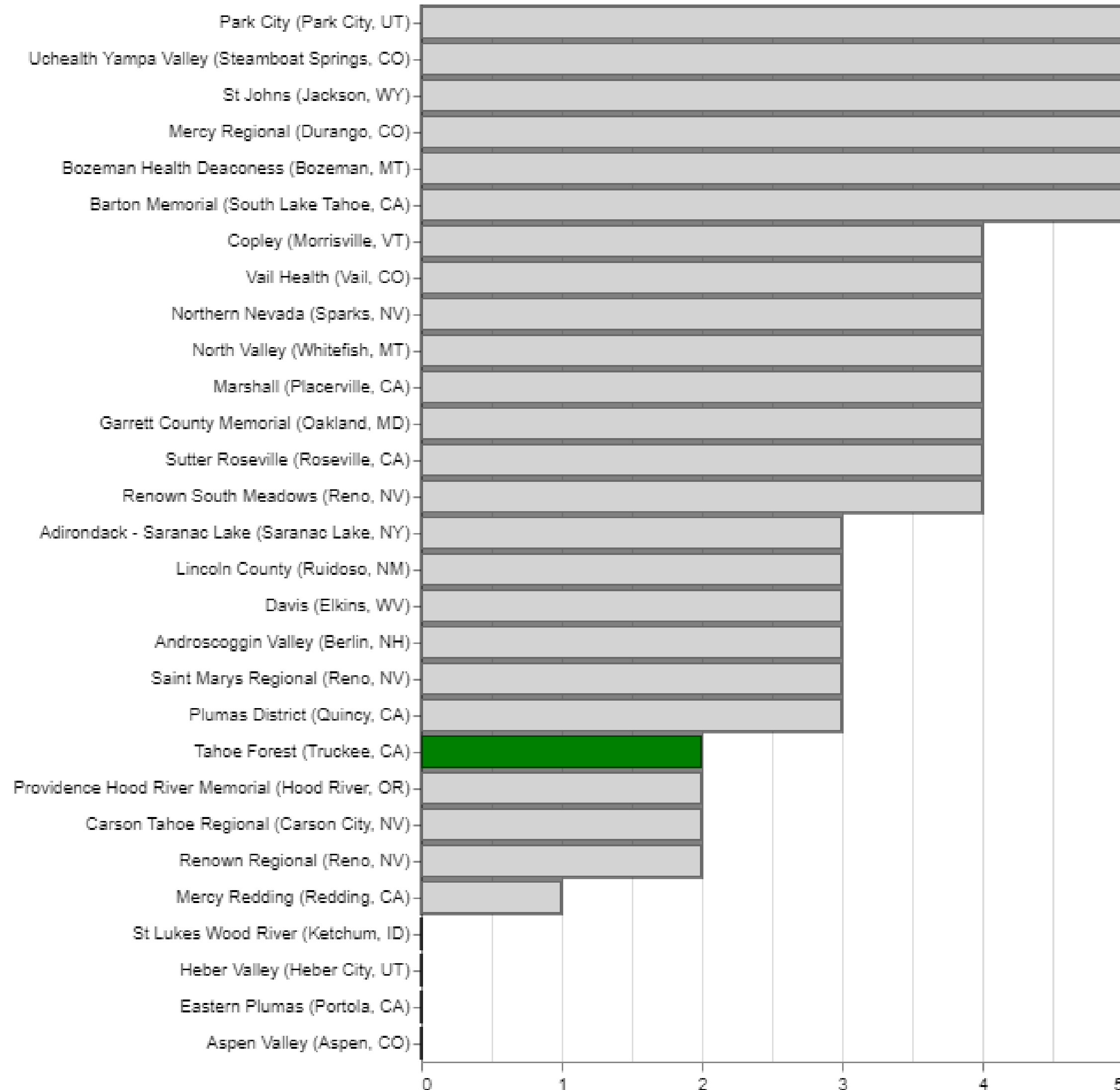
Hospital Consumer Assessment of Healthcare Providers and Systems



TFHD continues to surpass National, Rural, and Baldrige peer group performance for Inpatient HCAHPS

Tahoe Forest Health System

CMS STAR Rating comparisons



HCAHPS Star Rating (Full Grouping)
Last CMS Update: January 2022

Park City (Park City, UT)
Copley (Morrisville, VT)
Adirondack - Saranac Lake (Saranac Lake, NY)
St Lukes Wood River (Ketchum, ID)
Tahoe Forest (Truckee, CA)
Uchealth Yampa Valley (Steamboat Springs, CO)
St Johns (Jackson, WY)
Mercy Regional (Durango, CO)
Bozeman Health Deaconess (Bozeman, MT)
Barton Memorial (South Lake Tahoe, CA)
Vail Health (Vail, CO)
Northern Nevada (Sparks, NV)
North Valley (Whitefish, MT)
Marshall (Placerville, CA)
Garrett County Memorial (Oakland, MD)
Providence Hood River Memorial (Hood River, OR)
Sutter Roseville (Roseville, CA)
Lincoln County (Ruidoso, NM)
Davis (Elkins, WV)
Androscoggin Valley (Berlin, NH)
Carson Tahoe Regional (Carson City, NV)
Mercy Redding (Redding, CA)
Renown South Meadows (Reno, NV)
Saint Marys Regional (Reno, NV)
Renown Regional (Reno, NV)
Plumas District (Quincy, CA)
Heber Valley (Heber City, UT)
Eastern Plumas (Portola, CA)
Aspen Valley (Aspen, CO)

0 1 2 3 4 5

Organization
Competitor
Tahoe Forest

2021 Annual QA/PI Plan

- 2021 Annual QA/PI Plan PowerPoint Presentation
- 2021 BOD Quality Dashboard
- 2021 Complaints & Grievances Summary Report
- 2021 NQF 34 Safe Practices & Annual Summary Report
- 2021 Service Excellence Report
- 2021 Employee Health Summary Report
- 2021 Annual Environment of Care/Safety Committee
- 2021 Annual Infection Prevention Report

TAHOE FOREST HEALTH SYSTEM

Action Requested

Tahoe Forest Health System's Board of Directors approve the Annual Quality Assurance/Performance Improvement (QA/PI) Report for 2021 as presented.

Tahoe Forest Health System

TAHOE FOREST HEALTH SYSTEM

RHC Annual QA PI Review Incline Clinic 2021

Sandy Walker, RN, Clinic Director

QA PI report Reviewed with Michelle Kim, MD, RHC Medical Director, and Incline Medical Staff and Clinic Leadership. Forwarded to Medical Staff Quality Committee, Medical Executive Committee, and Board of Directors.

A. Utilization of Services:

- 2020-2021 utilization review of the Pediatric Clinic services identified the need for consolidation of our Primary Care service line. At that time, we had two separate clinics conducting Primary Care across the street from each other. We created a plan to consolidate PC services in the Incline community and move Dr. Koch and Christel Marshall to the Incline clinic. That move took place in March of 2021. We also began integration of Behavioral Health into the clinic and incorporated a BH Nurse Practitioner and Behavioral Intensivist.
- 2020 utilization review plan was to focus on process and workflow optimization post clinic moves and consolidation, although once the pandemic occurred we spent the majority of 2020 on shifting workflows to accommodate the Incline community relative to COVID-19. This resulted in the initiation of a Respiratory Illness Clinic and a complete shift in our scheduling practices for providers and staff. We continued to pivot as needed throughout 2020 based on CDC guidelines, Nevada County Health Department, and internal Incident Command driven recommendations.
- 2021 utilization review continued with a focus on pandemic related needs in the community. These shifts occurred relative to CDC guidelines, Nevada County Health Department, and Incident Command driven recommendations.
- In addition, during 2021 we began to experience significant staffing issues that resulted in administrative support to evaluate pay ranges and increases for our front office and back office positions.

Number of patients served and volume of services

- 2020: Q1 1423 Q2 1082 Q3 1467 Q4 1328
- 2021: Q1 1335 Q2 2114 Q3 2331 Q4 2251

B. A representative sample of both active and closed patient health records

- 10 random charts per month are reviewed in the Incline clinic based on the RHC chart review checklist.
- In 2020, a total of 60 charts were reviewed and noted the following areas for improvement:
    - 11% did not have a social security number on file,
    - 3% did not have appropriate medical history reviewed, and
    - 5% did not have an updated consent on file.
- In 2021, 156 charts were reviewed and noted the following areas for improvement:
    - 14% did not receive an AVS,

    - 4% did not receive health history review and
    - 2% did not have updated consent on file.
- Findings are reviewed with the Clinic staff and education provided. We started to mail after visit summaries to patients after the visit when instructions are not completed before the patients check out.

C. Program results review

- Utilization of services is appropriate, as we have consolidated our Primary Care services.
- Established policies have been followed appropriately and new policies around the pandemic have been initiated and followed. The RHC Incline Clinic policies are reviewed and approved annually by the RHC Medical Director and Clinic Leadership. The policies are approved by the TFHD Medical Staff Medicine Department, Medical Executive Committee, and the Board of Directors.
- Changes needed:
    - ➢ Additional space to expand for growth for future state relative to PC, Specialty services and Behavioral Health expansion.
    - ➢ Monthly staff and provider meeting are held and corrective actions discussed and mitigated.

- Patient Satisfaction Survey
    - ➢ The MSC clinics utilize Press Ganey as a patient satisfaction survey platform.
    - ➢ Surveys are emailed to all patients that receive services through the health system.
    - ➢ See attachments for additional data that is aggregated, reviewed and reported to our governing board.
- Complaints
    - ➢ Please see attached policy

RHC Annual QA PI Review Pediatrics 2019-2021

Sandy Walker, RN, Clinic Director

QA PI report Reviewed with Chelsea Wicks, MD, RHC Medical Director, and RHC Pediatric Medical Staff and Clinic Leadership. Forwarded to Medical Staff Quality Committee, Medical Executive Committee, and Board of Directors.

A. Utilization of Services:

- 2019 utilization review of the Pediatric Clinic services identified the need for additional clinic space to provide services for the growing Pediatric population. Our services were limited due to space allocation restrictions in suite 110. Due to these restrictions, Administration approved a construction project resulting in a clinic move for Pediatrics to the 3rd floor of the Medical Office Building at 10956 Donner Pass Road.
- 2020 utilization review plan was to focus on process and workflow optimization post clinic move, although once the pandemic occurred we spent the majority of 2020 on shifting workflows to accommodate the Pediatric community relative to COVID-19. This resulted in the initiation of a Pediatric Respiratory Illness Clinic and a complete shift in our scheduling practices for providers and staff. We continued to pivot as needed throughout 2020 based on CDC guidelines, Nevada County Health Department, and internal Incident Command driven recommendations.
- 2021 utilization review continued with a focus on pandemic related needs in the community. We spent the majority of the year shifting from an off-site Pediatric Respiratory Illness Clinic to an internal respiratory clinic incorporated into the pediatric office. These shifts occurred relative to CDC guidelines, Nevada County Health Department, and Incident Command driven recommendations.
- In addition, during 2021 we began to experience significant staffing issues that resulted in administrative support to evaluate pay ranges and increases for our front office and back office positions.
- Furthermore, in 2021 we began to focus on system and process improvement, which resulted in a decision to bring in a consultant team for additional assistance. In 2022, the consultant team is working with the Pediatric Leadership and assisting us with Lean driven process improvement.
- See attached report.

Number of patients served and volume of services

- 2019: Q1 2615 Q2 2870 Q3 2681 Q4 3147
- 2020: Q1 2756 Q2 1460 Q3 2506 Q4 2333
- 2021: Q1 2378 Q2 2451 Q3 2440 Q4 2324

B. A representative sample of both active and closed patient health records

- 13 random charts per month are reviewed in the Pediatric clinic based on the RHC chart review checklist.

- In 2020, a total of 130 charts were reviewed and noted the following areas for improvement:
    - 11% did not have an after visit summary printed and handed to the patient,
    - 3% did not receive appropriate hemoglobin testing, and
    - 1% did not have an updated consent on file.
- In 2021, 156 charts were reviewed and noted the following areas for improvement:
    - 14% did not receive an AVS,
    - 4% did not receive scheduled hemoglobin testing and
    - 2.5% did not have updated consent on file.
- Findings are reviewed with the Clinic staff and education provided. We started to mail after visit summaries to patients after the visit when instructions are not completed before the patients check out.

C. Program results review

- Utilization of services is appropriate, as we have increased our space allocation in the Pediatrics clinic as well as future state plans for additional space to allow for continued growth.
- Established policies have been followed appropriately and new policies around the pandemic have been initiated and followed. The RHC Pediatric Clinic policies are reviewed and approved annually by the RHC Medical Director and Clinic Leadership. The policies are approved by the TFHD Medical Staff Medicine Department, Medical Executive Committee, and the Board of Directors.
- Changes needed:
    - Additional space to expand for growth is in process with an estimated completion of January 2023.
    - We are currently working with our consultant group regarding process improvement with a focus on increasing patient access.
    - Monthly staff and provider meeting are held and corrective actions discussed and mitigated.

- Patient Satisfaction Survey
    - The MSC clinics utilize Press Ganey as a patient satisfaction survey platform.
    - Surveys are emailed to all patients that receive services through the health system.
    - See attachments for additional data that is aggregated, reviewed and reported to our governing board.
- Complaints
    - Please see attached policy

Tahoe Forest Health System Medication Error Reduction Plan

Goal	Annual Plan of Action	Elements Addressed	Areas	Responsible Party	Review Date	Metrics	Results
Improve medication event reporting by non-pharmacist staff across the organization	2022 - Upgrade reporting system, make more user friendly and aligned with Collaborative Culture of Safety concepts 2021 - educate and encourage reporting of near miss events	All 11 elements	All clinical areas	Director of Quality, Medication Safety Officer	10/21/2021 - NEW	Percentage of reports by staff type compared to total event reports	2021 = baseline, RPh=65%, RN=21%, other roles<5%
Perform appropriate monitoring during droperidol administration	2021 - Continue to monitor by pharmacist audit of all doses 2020 - Education to ER staff on Black Box Warning requirements, pharmacists to monitor usage and compliance daily	Use, Monitoring, Prescribing, Administration	ER, Pharmacy	ER Manager, DOP	12/16/2021 12/20/2020	Number of droperidol doses administered according to Black Box Warning Requirements divided by total number of doses	2021 - 13 of 13 droperidol doses administered with BBW requirements met
Optimize pharmacy barcoding of medications during dispense preparation, Goal > 90%	2021 - education to staff on barcoding compliance with regular monitoring and feedback 2020 - Implement Beacon, explore barriers to barcode scanning and resolve issues	Compounding, Labeling, Packaging & Nomenclature, Distribution, Dispensing	Pharmacy	DOP	12/23/2021 12/20/2020	Percentage of medications dispense prepped per Epic dashboard **2021 - modified metric, compliant dispenses per total dispenses, 30 day report (dashboard is not accurate)**	2019 = 3 month average 52.3%, 2020 = 3 month average 69.8% 30 day average=97%
Decrease Override Errors due to Medication Administered Not Ordered, Goal < 5%	2022 - DOP and ED Manager to identify trends for improvement and work directly with staff involved 2021 - continue to monitor for improvement after implementation of manager follow up 2020 - new process implemented in November 2019 for pharmacy review of override meds in real time, monitor for improvement 2019 - review of override lists and staff education completed in 2018, monitor for improvement	Prescribing, Administration, Order Communication	Inpatient Units, ER, OR, AMBS	CNO, DOP	12/16/2021 12/20 12/19	Number of medication events reported as "Error in Administering Medication (Administered Not Ordered) divided by: 1. total number of events reported, 2. adjusted patient days	2018 = 1. 19.7%, 2. 0.22% 2019 = 1. 17.9%, 2. 0.22% 2020 = 1. 9.5%, 2. 0.07% 2021 = 1. 8.1%, 2. 0.05%

Tahoe Forest Health System Medication Error Reduction Plan

Goal	Annual Plan of Action	Elements Addressed	Areas	Responsible Party	Review Date	Metrics	Results
Improve frequency of appropriate pain medication dose given according to physician orders; Goal 95%	2022 - Auditing and QA data now on nursing dashboard, areas for improvement will be identified and an improvement plan will be developed 2021 - Evaluate adding pain medication review to clinical pharmacist daily duties 2020 - Examine pain orders and order sets in Epic to determine opportunities for improving compliance, evaluate pharmacy/provider clinical review of pain meds to streamline 2019 - Epic version upgrade, education in OB 2018 - new EHR implemented with improved functionality, staff education	Education, Use, Administration, Monitoring, Prescribing	Inpatient Units	CNO, Med Staff	12/23/2021 12/20 12/19 12/18	Random sample of pain medication administered appropriate for orders divided by total pain medications administered	2017 = 72.2% 2018 = 91.3% 2019 = 73% 2020=78% 2021=85%
Improve Medication Reconciliation Process	2022 - Auditing and data on QA nursing dashboard, areas for improvement will be indentified. The Med Rec PI team will begin working with the Ambulatory Clinics. 2021 - Complete staff education on use of Epic Medication Reconciliation tools. Implement Med Rec pharmacist availability on daily hospital schedule as staffing permits. 2020 - Implement Beacon, evaluate pharmacist presence in ER 2019 - Beacon module implementation, investigate medication documentation in clinics, consider pharmacy involvement 2018 - monitor for improved compliance post-implementation, implement Beacon module to include oncology patients 2017 - system-wide EHR implementation of EPIC is underway 2016 - Educate staff on entering PRN indication 2015 - Continue current initiative 2014 - Continue current initiative 2013 - Continue EMR/CPOE implementation	Prescribing, Monitoring, Education	TFH, IVCH	DOP, CNO	12/23/2021 12/20 12/19 12/18 12/17 12/16 12/15 12/14 12/13 12/12 12/11	Admit Med Rec completed by RN, Goal 80% of Med Recs complete **metrics change in 2021, compliance based on IT analysts audits 3 targeted actions: med rec status marked, taking/not taking indicated, last dose taken indicated**	2011 Pre-imp = 65% Post-imp = 73% 2012 - not measured 2013-87% 2014 - 50% 2015 - 57% 2016 = 57% 2017 = 55% 2018 = 50% 2019 = 63% 2020 = 23% 2021=68%

Tahoe Forest Health System Medication Error Reduction Plan

Goal	Annual Plan of Action	Elements Addressed	Areas	Responsible Party	Review Date	Metrics	Results
Decrease Medication Errors due to Inadequate Handoff Communication - Goal <10%	2022 - Investigate direct provider therapy plan entry instead of INF2 referral process. Educate to Communication Network policy for EHR communication. 2021 - additional education to expand use of intra-Epic messaging systems for all patient specific communication 2020 - implement Beacon, roll out new process for pharmacist transcription of INF2 orders to therapy plans, Epic nurse Handoff Tool re-education, universal adoption of Inbasket messaging and secure chat as communication tools 2019 - implement new order sets for Anesthesia, transitions of care improvement team, Beacon implementation, monitor INF2 referral process 2018 - monitor for improved compliance post-implementation, implement Beacon module to include oncology 2017 - implementation underway of system wide EHR, EPIC 2016 - Evaluate and implement system-wide EHR solution 2015 - Continue implementation of EMR with CPOE 2014 - Continue implementation of EMR, expand to include CPOE 2013 - Implement EMR 2012 - Implement EMR 2011 - Decrease Verbal Orders in ER by delineating in which situations verbal orders are appropriate, Complete order profile review of ECC medications by In-patient pharmacy, SBAR	Prescribing, Order Communication, Administration, Monitoring	TFH, IVCH, ECC	DOP, Director of QA, CNO, IT	12/16/2021 12/20 12/19 12/18 12/17 12/16 12/15 12/14 12/13 12/12 12/11	Number of Errors related to Handoff Communication divided by: 1. Total Number of Errors (Goal<5%), 2. Adjusted Patient Days	2011 Pre-imp = 1. 15.6%, Post-Imp= 1. 14.4%, 2. 0.44% 2012 1. 10.5%, 2. 0.38% 2013 = 4.7%, 0.19% 2014 = 1. 4.9%, 2. 0.15% 2015 = 1. 9.9%, 2. 0.14% 2016 = 1. 12.2%, 2. 0.18% 2017 = 1. 20.5%, 2. 0.18% 2018 = 1. 24.8%, 2. 0.28% 2019 = 1. 17%, 2. 0.21% 2020 = 1. 14.8%, 2. 0.12% 2021 = 1. 18.5%, 2. 0.12%

Tahoe Forest Health System Medication Error Reduction Plan

Retired MERP Initiatives

Goal	Annual Plan of Action	Elements Addressed	Areas	Responsible Party	Review Date	Metrics	Results
Comply with new Board of Pharmacy Compounding Regulations	2011 - Create recipe book for all compounded items	Compounding	TFH Rx	DOP	Dec-11	Number of compliant compounded medications divided by total number of compounded medications (random sample)	100%, Goal complete. Retire item.
Improve safety of chemotherapy dispensing and administration, Goal: 100% correctly/safely compounded/administered chemotherapy doses	2013 - Monitor for 6 months 2012 - Implement Pharmacy Dispense from Aria to reduce risk of transcription errors. Implement a closed-system compounding device to reduce chemotherapy aerosolization during compounding and IV push administration.	Compounding, Labeling	Inpatient Pharmacy	DOP, MSP	13-Dec	1. Number of correctly compounded chemotherapy doses divided by total number of doses. 2. Number of correctly administered chemotherapy doses over total chemotherapy doses.	2011 = 1. 99.66%, 2. 99.86%; 2012 = 1. 100%, 2. 100%, 2013 = 100% , 99.9%
Decrease Use of Unacceptable Orders By 20%	2014 - Track by pharmacy and report to QA Committee 2013 - Implement CPOE, give individual feedback on written order issues to nursing as well as physician staff 2012 - Implement EMR; 2011 - Track through Rx-Eview, Provide Direct Physician Feedback, Group RN feedback and review at Nursing Skills Day	Prescribing, Order Communication	TFH, IVCH	DOP, MSP	Dec-13, Dec-12, Dec-11	Number of acceptable orders divided by number of orders entered by pharmacist.	2011 Pre-imp = 97.9% acceptable, Post-imp = 99.1% acceptable, 2012 - 99.0% 2013-95% (measurement change to hospitalist written orders only)

Tahoe Forest Health System Medication Error Reduction Plan

Goal	Annual Plan of Action	Elements Addressed	Areas	Responsible Party	Review Date	Metrics	Results
Improve Oversight of Respiratory Therapy Medications	2013 - Monitor respiratory therapy medication use for 6 months 2012 - Incorporate during Pyxis upgrade 2011 - Place RT meds in Pyxis;	Distribution	ALL PYXIS	DOP, D of RT	Dec-13, Dec-12, Dec-11	Increase medication error capture rate for RT, Goal 100% 1. Total number of errors, 2. adjusted pt days	Pre-Imp = 0% 2013- 1% , 0.04%
Improve Pre-op Antibiotic Selection, Goal: 100% appropriate pre-op antibiotic selection	2013 - Build sentences into CPOE and order sets that encourage correct antibiotic selection 2012 - Build sentences into EMR that encourage correct antibiotic selection 2011 - Education to Physicians, Peer review process for noncompliant physicians, Pharmacy to call physician;	Use, Monitoring	TFH, IVCH	DOP, D of QA	Dec-13, Dec-12, Dec-11	Number of appropriate pre-op antibiotics selected divided by Number of Pre-op Antibiotics Administered	Pre-imp: 83.9% (Q4 2010) Post-imp: 96.2% (Q3 2011) 2012: 99.1%; 2013 = 100%
Decrease Pyxis Discrepancies	2013 - Re-educate nursing staff on using Pyxis for range orders, put all narcotic tablets in mini-pockets, if possible 2011 - Ensure pharmacy fill is 100% accurate, Review cancelled med removals, Identify work-arounds for Pyxis med removal	Distribution, Dispensing	ALL PYXIS	DOP	Dec-13, Apr-13, Dec-11	Number of narcotic discrepancies divided by Number of narcotic transactions in Pyxis	2013: Pre- 0.86%, Post 0.73%

Tahoe Forest Health System Medication Error Reduction Plan

Goal	Annual Plan of Action	Elements Addressed	Areas	Responsible Party	Review Date	Metrics	Results
Improve Safe Use of HYDROmorphone, Goal: 0 Preventable Adverse Drug Reactions (ADRs) from HYDROmorphone	2014 - Modify to Improve Safe Use of Opiates 2013 - Write appropriate dosing sentences in EMR/CPOE, evaluate implementation of continuous pulse oximetry or end-tidal CO2 monitoring for patients receiving HYDROmorphone IV 2012 - Continue staff education regarding half-life, drug-drug interactions, IV to PO equivalencies, write appropriate dosing sentences into EMR 2011 - Education at physician department meetings and Nursing Skills Day about HYDROmorphone - Morphine dose equivalencies, article in physician newsletter, participated in ISMP webinar	Prescribing, Use, Monitoring	ALL	DOP, MSP	Dec- 13 Dec-12, Dec-11	Number of Errors related to HYDROmorphone divided by: 1. Total number of errors, 2. Adjusted Patient Days; Number of Preventable ADRs related to HYDROmorphone	2011 = 1. 7%, 2. 0.2%, 1 ADR; 2012 = 1. 2.4%, 2. 0.09%; 0 ADRs in 2012; 2013 = 0%

Tahoe Forest Health System Medication Error Reduction Plan

Goal	Annual Plan of Action	Elements Addressed	Areas	Responsible Party	Review Date	Metrics	Results
Improve Medication Storage and Distribution	2014 - Continue to monitor Pyxis usage at IVCH, adjust stock and PAR levels to reduce entry into pharmacy 2013 - Monitor Pyxis use at IVCH, evaluate use of Pyxis in ECC 2012 - Pyxis implementation at IVCH 2011 - Implement Pyxis at IVCH, evaluate the use of Pyxis in ECC. Due to availability of capital funds, implementation was delayed.	Dispensing, Distribution	IVCH	DOP	Retire? Dec-13 Dec-12 Dec-11	Reduce number of entries into pharmacy by IVCH nurses, Increase capture rate of medication errors at IVCH	2011 Pre-imp: 39 nursing removals from pharmacy per 708 total doses dispensed, 17 errors reported; 2012 Post-imp: 44 nursing removals from pharmacy per 2,918 total doses dispensed, 24 errors reported; 2013- 29 errors over 6213 doses administered 0.47%, 243 removals from pharmacy 3.9%; 2014 - 19 errors (0.3%) and 221 removals (3.4%) of 6432 doses administered

Tahoe Forest Health System Medication Error Reduction Plan

Goal	Annual Plan of Action	Elements Addressed	Areas	Responsible Party	Review Date	Metrics	Results
Reduce Errors secondary to Policy and Procedure not being followed by 80%	2014 - Continue to implement Just Culture, policy review for HFAP survey 2013 - Implement Just Culture 2012 - NPC and Nurse Education Council to coordinate updating staff on policy changes 2011 - Have manager review violated P&P when counseling staff member on event, Use Healthstream to have staff review new/change/updated policies;	Education	ALL	COO	Retire? Dec-14 Dec-13 Dec-12 Dec-11	Total number of errors related to P&P not followed divided by: 1. Total number of errors, 2. Adjusted Patient Days	Pre-imp = 100% Post-imp = 1. 66%, 2. 2.5% 2012 = 1. 50%, 2. 1.9%; 2013: 17.8%, 0.7% 2014 = 1. 5.8%, 2. 0.15%
Improve Use of the 5 Rights of Medication Administration, Goal: To decrease incidence of 5 Rights related errors to less than 1%	2015 - POC implemented, monitor medication administration issues 2014 - Continue current initiative 2013 - Apply Just Culture, Implement Point of Care 2012 - Revision of Medication Administration Policy based on new CMS guidelines, Process Improvement by Nursing Shared Governance Councils to evaluate barriers to following the 5 Rights in the medication administration process	Administration, Education	ALL	DON, Shared Governance Councils	12/15 - **Retire** 12/14 12/13 12/12 12/11	Number of C+ Errors related to Medication Administration Process divided by: 1. Total number of errors, 2. Adjusted Patient Days	2011 = 1. 13.6%, 2. 0.4% 2012 = 1. 6.1%, 2. 0.2% 2013: 1.1%, 0.04% 2014 = 1. 3.5%, 2. 0.09% 2015 = 1. 3.0%, 2. 0.04%
Improve accuracy of medication order transcription in the ECC	2015 - continue monitoring for 6 months with increased reporting 2014 - Monitor errors due to new system for 6 months then reevaluate 2013 - Convert to order entry in CPSI from stand alone system	Monitoring, Use	ECC	DoECC	12/15 - **Retire** 12/14 12/13	Number of Orders Correctly Transcribed divided by the total number of orders transcribed	2011 = 69.1% 2012 = 90% 2013 = 99.8% 2014 = 98% 2015 = 94.5% - increased reporting

Tahoe Forest Health System Medication Error Reduction Plan

Goal	Annual Plan of Action	Elements Addressed	Areas	Responsible Party	Review Date	Metrics	Results
Improve Syringe Labeling by Anesthesia	2014 - Continue current initiative 2013 - Continue current initiative 2012 - Observations for baseline data by DOP & MSP, recommendations for process improvement 2011 - Observations for baseline data, Present data to Committee, Med Pass Observations for compliance, Monitor for errors	Labeling	Surgery, ORC	DON, Surgical Services	12/15 - **Retire** 12/14 12/13 12/12 12/11	Number of correctly labeled syringes divided by total number of labeling opportunities	Pre-imp = will gather baseline data 2013-no data gathered 2014 - observation done and direct feedback given, no data collected, no errors reported 2015 - no deficiency on survey, no errors reported

Tahoe Forest Health System Medication Error Reduction Plan

Goal	Annual Plan of Action	Elements Addressed	Areas	Responsible Party	Review Date	Metrics	Results
Minimize Errors secondary to SALA drugs, Goal is 0%	2015 - Implement CPOE, Evaluate use of MiniBag Plus or similar 2014 - Continue current intiative 2013 - Implement Point of Care, standardize TFH and IVCH medications, put antibiotic pre-mixed bags in Pyxis 2012 - Build into EMR and Pyxis during upgrade 2011 - Review TALL man lettering from ISMP annually, Update Pyxis/Aria with current list	Packaging & Nomenclature, Dispensing, Distribution	ALL	DOP	12/15 - **Retire** 12/14 12/13 12/12 12/11	Number of medication errors identified as SALA errors divided by: 1. Total number of medication errors, 2. Adjusted Patient Days	2011 Pre-Imp = 4%, Post-Imp = 1. 2%, 2. 0.06% 2012 = 1. 2.9%, 2. 0.11% 2014 = 2.2%, 0.085% 2015 = 1. 3.5%, 2. 0.05% *errors shifted to primarily order entry, not administration with barcoding; new ISMP data shows Tall Man lettering makes no impact on SALA errors
Improve Accuracy of Pharmacy Unit Dose Labels	2016 - Review of process and staff education	Packaging & Nomenclature, Dispensing, Distribution	Pharmacy	DOP	**RETIRE** New 2015	Number of accurate labels generated over the total number of labels generated	2015 = 86% 2016 = 100%
Improve Safe Use of Opiates, Goal: 0 ADRs due to Opiates	2016 - Safe Prescribing Team initiative 2015 - continue current intiative of EMR/CPOE 2014 - Write appropriate dosing sentences in EMR/CPOE, evaluate implementation of continuous pulse oximetry or end-tidal CO2 monitoring for patients receiving opiates in the post-operative period	Prescribing, Use, Monitoring	ALL	DOP, DON	**RETIRE** 12/15, 12/14	Number of ADRs related to respiratory depression from Opiates divided by 1. Total number of ADRs, 2. Adjusted Patient Days	2013 = 1. 11%, 2. 0.06%, 2014 = 1. 4.8%, 2. 0.01% 2015 = 1. 4.3%, 2. 0.01% 2016 = 0%

Tahoe Forest Health System Medication Error Reduction Plan

Goal	Annual Plan of Action	Elements Addressed	Areas	Responsible Party	Review Date	Metrics	Results
Assess Safety of Sterile Product Compounding Practices and Quality of End Products	2016 - Improve gowning and gloving technique 2015 - Increase capture rate of compounding near misses 2014 - Continue current initiative 2013 - Continue current initiative 2012 - Ensure pharmacist pre-check of all compounded High Alert medications, perform random observations of technique, begin pharmacist double check of chemo compounding staging, perform random end product testing for all pharmacy personnel quarterly, monitor Quality Assurance Reports of outsourced compounded products once a quarter	Compounding	Inpatient Pharmacy	DOP	**RETIRE** 12/15 12/14 12/13 12/12 12/11	Number of Compliant Compounded medications divided by total number of compounded medications tested **New metric for 2016, number of successful finger tip sterility test over total number of attempts, 2015 baseline is 73%	2013 - 2 non-chemo compounding errors/no denominator-errors didn't reach pt 2014 = 0.03% 2015 = 0.00074% 2016 = 100%
Improve compliance with Core Measure Anticoagulation initiatives	2018 - monitor post-implementation compliance 2017 - build compliance into EPIC 2016 - 100% compliant by Q3 of 2015, monitor for 3 more quarters 2015 - Continue current initiative, Educate physicians to complete VTE asessment with Padua scale 2014 - implement order sets with SCIP/Core Measure criteria built in, pharmacist evaluation and recommendation of appropriate dosing	Use, Monitoring, Prescribing	ALL	DOP, DOQA	12/18 12/17 12/16 12/15, 12/14	Core Measure stats	Refer to Med Staff Quality Dashboard 2016 = 92.94% 2017 = 94.43% 2018 = 100%

Tahoe Forest Health System Medication Error Reduction Plan

Goal	Annual Plan of Action	Elements Addressed	Areas	Responsible Party	Review Date	Metrics	Results
Optimize antimicrobial therapy while minimizing toxicity	2019 - Monitor fluorouquinonlone usage, continue Azithromycin IV to PO switch, work on data mining Epic for reportable metric 2018 - Continue current initiative 2017 - Reduce Azithromycin use through prescriber education and order set revision 2016 - Decrease number of Vancomycin doses and Vancomycin-related ADRs through prescriber education, order set changes, and Infectious Disease Physician participation 2015 - Implement Antimicrobial Stewardship Program	Prescribing, Monitoring, Use, Education	Inpatient Units, Surgery, Pharmacy	Pharmacy & Therapeutics Committee	Retire 12/19 12/18 12/17 12/16 12/15	Azithromycin days per 1000 days present	1. 2016 = 295, 2017 = 251 2. 2016 = 3%, 2017 = 2.6% *2018 metric change due to new EHR 2018 baseline data = average 16.6 azithromycin days/1000 days/month 2019 - 8.2 azithromycin days/1000 days/month
Appropriate medication selection for injectable treatment of osteoporosis	2020 - conversion to pharmacist entry of therapy plans for Denosumab (Prolia) and Zoledronic acid (Reclast) with Beacon implementation will confirm appropriateness of therapy in real time 2019 - MUE of denosumab (Prolia) and zoledronic acid (Reclast) for treatment of osteoporosis conducted in 2018, education provided to Medical Staff, monitor for practice change	Prescribing, Education, Use, Monitoring	ALL	Med Staff, DOP	12/20 12/19	Doses of Prolia vs. Reclast ordered by pharmacy per 1000 infusion (IV Therapy) visits	FY2018 = Prolia 32.0, Reclast 26.5 FY2019 = Prolia 39.9, Reclast 25.6 2020 = Prolia 24.8, Reclast 19.1
Improve frequency of pain score documentation when administering pain medications; Goal 95%	2020 - Pain and POSS score added to nursing work list with a task trigger 2019 - Epic version upgrade, education in OB 2018 - new EHR implemented with improved functionality, staff education	Education, Administration, Use, Monitoring	Inpatient Units	CNO	12/19 12/18	Random sample of pain medication administration documented with pain scale divided by total pain medications administered	2017 = 85.2% 2018 = 90.9% 2019 = 93% 2020=97%

Tahoe Forest Health System Medication Error Reduction Plan

Goal	Annual Plan of Action	Elements Addressed	Areas	Responsible Party	Review Date	Metrics	Results
Improved safety of handling hazardous drugs	2020 - Implement Simplifi training and documentation software for pharmacy, Continue staff education, Complete all 2019 - continue current initiatives 2018 - Construction, staff education 2017 - USP-800 compliance through construction, staff education, and increased medical surveillance	Compounding, Labeling, Packaging & Nomenclature, Distribution, Dispensing, Education, Administration	ALL	DOP, HR, COO	12/19 12/18 12/17	Successful completion of USP-800 survey.	Regulation delayed until further notice; Construction completed; Education to staff via staff meetings, spill simulations, Lunch & Learn, and hospital learning management system; Hazardous Drug Risk Acknowledgement 75% complete
Minimize errors due to implementation of Electronic Medical Record	2020 - implement Beacon 2019 - prepare for Beacon implementation, continue to monitor events, streamline EHR and re-educate when necessary, use upgrade training as an opportunity to review problematic areas 2018 - monitor post-implementation reports and refine processes as needed 2017 - EPIC implementation 2016 - **HFAP Standard.** Evaluation and build of a new EHR 2015 - Continue current intiative 2014 - ongoing testing and troubleshooting, working with vendor when issues are identified, ensure adequate staff training	Administration, Use, Monitoring, Dispensing, Education, Prescribing, Order Communication, Labeling	ALL	ALL	12/19 12/18 12/17 12/16 12/15, 12/14	Number of Errors due to Electronic Medical Record divided by: 1. Total number of errors, 2. Adjusted patient days	2013 = 1. 13.5%, 2. 0.5%, 2014 = 1. 10.2%, 2. 0.3% 2015 = 1. 6.9%, 2. 0.1% 2016 = 1. 21.7%, 2. 3.2% 2017 - 1. 3.4%, 2. 0.03% 2018 - 1. 14.2%, 2. 0.16% 2019 = 1. 12.2%, 2. 0.26% 2020 = 1. 5.4%, 2. 0.04%

Tahoe Forest Health System Medication Error Reduction Plan

Goal	Annual Plan of Action	Elements Addressed	Areas	Responsible Party	Review Date	Metrics	Results
Improve Medication Administration Documentation, Goal: 100% complete documentation	2020 - Ask front line staff for input on why reason for late med is not documented 2019 - education in OB, implement daily audits of ER multiday patients 2018 - monitor for improved comliance post-implementation 2017 - implementation of EPIC is underway 2016 - Provide feedback and education to nursing staff regarding pain scale documentation and med administration window documentation 2015 - Continue to monitor POC usage through reports and audits, provide education and training 2014 - Continue EMR implementation and move to Point of Care, nursing performing billing audits 2013 - Continue EMR implementation, implement Point of Care 2012 - Implement EMR, education via Healthstream and Skills Days on correctly documenting late medications, implement expansion of 30 minute rule to 60 minute rule 2011 - Perform documentation audit, Introduce 6th Right-Documentation at Skills Day, Direct Feedback to ER staff on documentation errors, competition for error-free months	Administration	ALL	CNO, MSP	12/19 12/18 12/17 12/16 12/15 12/14 12/13 12/12 12/11	Total number of correctly documented doses divided by total number of doses (random sample)	2011 Pre-imp: 95.3% 2012: 66% 2013: 95.6% 2014 - 93.7% 2015 - 63% 2016 = 88.7% 2017 = 85.6% 2018 = 95.5% 2019 = 92.5% 2020 = 96%

Status Active PolicySat ID 11423513

Origination Date	07/1991	Department	Women and Family Center - DWFC
Last Approved	03/2022	Applicabilities	Tahoe Forest Hospital
Last Revised	03/2022		
Next Review	03/2023		

Labor - Breech Presentation, DWFC-1407

RISK:

Although most breech fetuses are normal, this presentation is associated with an increased risk for congenital malformations and mild deformations, torticollis, and developmental dysplasia of the hip. Women with fetuses in breech presentation at or near term are usually offered external cephalic version. For women who present in labor with a breech fetus, the options are cesarean delivery or breech vaginal delivery. Vaginal breech delivery is associated with increased neonatal morbidity and mortality compared with vaginal delivery of a cephalic presentation. Most fetuses with persistent breech presentation are delivered by cesarean delivery, which is associated with a clinically significant decrease in perinatal/neonatal mortality and neonatal morbidity compared with vaginal delivery.

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POLICY:

The RN caring for the labor patient shall notify the physician immediately when a breech presentation is suspected.

PROCEDURE:

A. Complete assessment of fetal position utilizing Leopold's Maneuvers.

B. Perform a vaginal exam.

   1. When a breech presentation is suspected:

      a. Notify the physician

      b. Move ultrasound to room

      c. Prepare for Cesarean Section

C. If patient's preference is for vaginal birth and Cesarean Section is refused:

   1. The Physician will provide informed consent including the associated increase in neonatal

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morbidity and mortality with a vaginal breech birth.

2. Continuous electronic fetal heart rate monitoring shall be maintained, given the increased risk of cord compression.
3. The OR team shall be notified and present for delivery.
4. Delivery shall take place in the OR with a double set up.

D. Induction of labor for patients who would the like a trial of labor with an experienced clinician willing to attempt vaginal breech delivery:

1. Most experts recommend avoiding induction of labor.
2. Because of a shortage of clinicians experienced in vaginal breech birth, it may be appropriate to schedule a planned induction at 37 to 38 weeks gestation, on a day when an experienced clinician is scheduled to be in attendance.
3. Staff skilled in breech delivery must be immediately available.
4. Ultrasound examination should be completed showing:
    a. Frank or complete breech presentation (incomplete breech presentation is a contraindication)
    b. Estimated fetal weight ≥2000 and ≤4000 g
    c. Absence of a fetal anomaly that may cause dystocia
    d. No hyperextension of the fetal neck/head

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DOCUMENTATION:

All documentation to be completed in the Electronic medical record (EMR) and shall include, all assessments, findings, and communication with physician.

PRECAUTIONS:

Membranes should be left intact because rupture increases the risk for cord prolapse due to the irregular contour of the presenting part compared with the fetal head. Perform a vaginal examination immediately following spontaneous rupture of membranes to exclude or detect cord prolapse.

RESPONSIBILITY:

It is the responsibility of nursing staff to notify the obstetrician on duty of any suspected fetal malpresentation, preparing for bedside ultrasound and cesarean when indicated.

It is the responsibility of the obstetrician on duty to discuss delivery options with the patient including a discussion regarding risks associated with a vaginal breech delivery, offering an external cephalic version when appropriate.

References:

UptoDate: Delivery of the singleton fetus in breech presentation, March 2021

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Approval Signatures

Step Description	Approver	Date
	Jan Iida: CNO	03/2022
	Ellie Cruz: Nurse Manager, W & F	03/2022

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Status Active PolicyStat ID 11483241

Origination Date	11/2006	Department	Governance - AGOV
Last Approved	03/2022	Applicabilities	System
Last Revised	03/2022		
Next Review	03/2023		

Available CAH Services, TFH & IVCH, AGOV-06

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RISK:

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

POLICY:

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

TAHOE FOREST HOSPITAL

1. The following services are available directly at Tahoe Forest Hospital:
    1. Emergency Services
    2. Inpatient Medical Surgical Care
        1. Medical Surgical Pediatric care
    3. Intensive Care and Step Down
        1. Step Down Pediatric care (age 7-17)
    4. Swing Program
    5. Obstetrical Services
    6. Inpatient and Outpatient Surgery
    7. Outpatient Observation Care

8. Inpatient and Outpatient Pharmacy Service
9. Medical Nutritional / Dietary Service
10. Respiratory Therapy Services
11. Rehabilitation Services that includes Physical, Occupational and Speech Therapy
12. Inpatient and Outpatient Laboratory Services, including blood transfusion
13. Diagnostic Imaging Services that includes: PET CT, Radiation, CT Scan, MRI, Mammography and Ultrasound, Fluoroscopy, and Nuclear Medicine
14. Home Health
15. Hospice
16. Skilled Nursing Care
17. Outpatient Services that includes Wellness program, Cardiac Rehabilitation, Occupational Health Services, Multispecialty Clinics, Rural Health Clinic, and Audiology
18. Medical and Radiation Oncology Services

2. Transfer Agreements provide other needed services as outlined in the Transfer Agreements
    1. Renown Medical Center (Reno, NV)
    2. Saint Mary's Regional Medical Center (Reno, NV)
    3. Carson Tahoe Regional Healthcare (Carson City, NV)
    4. UC Davis Medical Center (Sacramento, CA)
    5. Sutter Memorial (Sacramento, CA)
    6. Incline Village Community Hospital (IVCH) (Incline Village, NV)
    7. California Pacific Medical Center (San Francisco, CA)
    8. Eastern Plumas District Hospital (Portola, CA)
    9. Truckee Surgery Center (Truckee, CA)
    10. Northern Nevada Medical Center (Sparks, NV)
    11. Children's Hospital & Research Center at Oakland dba: UCSF Benioff Children's Hospital Oakland (Oakland, CA)
    12. Davies Medical Center (San Francisco, CA)
    13. Western Sierra Medical Clinic (Grass Valley, CA)
    14. Tahoe Forest MultiSpecialty Clinics - Incline (Incline Village, NV)
    15. Non-Emergent Patient Transport:
        1. Med-Express Transport
    16. Emergency Transportation Agreements with:
        1. Truckee Fire Protection District
        2. Care Flight
        3. CALSTAR

3. The following services are provided to patients by Agreement or Arrangement:

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1. Emergency Professional Services
2. On Call Physician Program
3. Hospitalist Services
4. Pathology and Laboratory Professional Services
5. Blood and Blood Products Provider: United Blood Services Reno, NV
6. Diagnostic Imaging Professional Services
7. Anesthesia Services
8. Rehabilitation Services
9. Pharmacy Services
10. Tissue Donor Services
11. Biomedical Services
12. Interpreter Services
13. Audiology Services
14. Physical Therapy Services
   Incline Village Community Hospital

4. The following services are available directly at Incline Village Community Hospital:
   1. Emergency Services
   2. Inpatient Medical Surgical Care
   3. Outpatient Observation Care
   4. Inpatient and Outpatient Surgery
   5. Inpatient Pharmacy Service
   6. Rehabilitation Services including Physical Therapy
   7. Laboratory Services
   8. Diagnostic Imaging Services including CT
   9. Home Health and Hospice
   10. Outpatient Services that include Occupational Health Services, Multi-specialty Clinic, and a Rural Health Clinic

5. Transfer Agreements provide other needed services as outlined in the Transfer Agreements
   1. Renown Regional Medical Center (Reno, NV)
   2. Saint Mary's Regional Medical Center (Reno, NV)
   3. Carson Tahoe Hospital (Carson City, NV)
   4. Tahoe Forest Hospital (Truckee, CA)
   5. Northern Nevada Medical Center (Sparks, NV)
   6. Northern Nevada Sierra Medical Center (Reno, NV)
   7. Hearthstone of Northern Nevada (Sparks, NV)
   8. Emergency Transportation Agreement with:

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1. North Lake Tahoe Fire Protection (Incline Village, NV)

6. The following services are provided to patients by Agreement or Arrangement:
   1. Emergency Professional Services
   2. Medicine – On Call
   3. Pathology and Laboratory Professional Services
   4. Blood and Blood Products Provider: United Blood Services Reno, NV
   5. Diagnostic Imaging Professional Services
   6. Anesthesia Services
   7. Pharmacy Services
   8. Rehabilitation Services
   9. Tissue Donor Services
   10. Biomedical Services
   11. Interpreter Services
   12. Sleep Disorder Center

Title	Scope of Services	TFHD/IVCH/ System	Responsible
Vituity	24/7 Physician Service for ED	TFHD	CEO
North Tahoe Emergency	24/7 Physician Service for ED	IVCH	CEO
North Tahoe Anesthesia Group	24/7 Anesthesia services	System	CEO
Hospitalist Program	24/7 Physicians Services for TFHD (Individual Contracts)	TFHD	CEO
Western Pathology Consultants	Pathology Consults and Reports	System	CEO
Silver State Hearing & Balance, Inc.	Audiology	TFHD	CEO
Quest Diagnostics	Labs not performed at TFHD	System	COO/Director of Lab Services
Virtual Radiologic	Read diagnostic imaging tests after hours	System	COO/Director of DI Services
North Tahoe Radiology Medical Group	Read diagnostic imaging tests during normal business hours	System	CEO
Cardinal Health	After hour pharmacist services	System	COO/Director of Pharmacy Services
Nevada & Placer Co. Mental Health	Mental Health assessments in the ER	TFHD	CEO
Agility Health Services	Provide rehab services for inpatient	System	COO

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	and outpatients		
Sierra Donor Services	24/7 Organ Donor Services	System	CNO

Approval Signatures

Step Description	Approver	Date
	Harry Weis: CEO	03/2022
	Sarah Jackson: Executive Assistant	03/2022

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Status Active PolicyStat ID 7974315

Origination Date	08/1991	Department	Credentialing and Privileging - MSCP
Last Approved	04/2020	Applicabilities	Incline Village Community Hospital, Tahoe Forest Hospital
Last Revised	04/2020		
Next Review	04/2023		

Standardized Procedures and Protocols for Physician Assistants and Nurse Practitioners, MSCP-10

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Standardized Procedures and Protocols for Physician Assistants and Nurse Practitioners

A. Provision for initial and continuing evaluation
B. Supervision
C. Record Keeping
D. Consent
E. Furnishing Medication/Medication Management
F. Ordering Lab Work, Diagnostic Studies and Therapies
G. Outpatient Management of Medical Conditions
H. Outpatient Procedures and Minor Surgery
I. Inpatient Management of Medical Conditions
J. Emergent Care
K. Surgery First Assistant
L. Oncology
M. Bibliography
Appendix A: Clinical Resources
Appendix B: Controlled Substances Protocol for California NPs

These procedures and treatments may be performed by

Privileged Nurse Practitioners (NP) and Physician Assistants (PA) per approved privilege criteria who have been approved for practice at Tahoe Forest Hospital, Incline Village Community Hospital, Gene Upshaw Memorial Tahoe Forest Cancer Center, Occupational Health, Skilled Nursing Facility, Emergency Department, or any TFHD Clinic. Training and education include:

Nurse Practitioner:

Certification from an accredited school for nurse practitioner training

Current advance practice RN unrestricted license to practice in California and/or in Nevada, as appropriate
Current American Nurses Credentialing Center ("ANCC"), or American Academy of Nurse Practitioner's ("AANP") certification. If requesting to work solely in pediatrics, certification by the Pediatric Nursing Certification Board (PNCB) is also acceptable.
Must have an identified supervising physician who is a member of the Hospital's Medical Staff.
Current evidence of a Collaborative Service Agreement
Current unrestricted DEA certificate in CA (must be approved for Schedules II-V) and, if practicing in NV, current DEA certificate in NV, and registration certificate from the Nevada State Board of Pharmacy, as appropriate
Current professional liability insurance in the amount of $1 Million/$3 Million, minimum.
Current BLS/CPR

Physician Assistant:

Completion of a PA program accredited by the Accreditation Review Commission on Education for the Physician Assistant
Current unrestricted California and/or Nevada license.
Current NCCPA (National Commission on Certification of Physician Assistants) certified.
Must have an identified Physician Supervisor who is a member of the Hospital's Medical Staff.
Current evidence of a Practice Agreement (CA) or Supervising Physician Agreement (NV)
Current unrestricted DEA certificate in CA (must be approved for Schedules II-V) and, if practicing in NV, current DEA certificate in NV, and registration certificate from the Nevada State Board of Pharmacy, as appropriate
PA's practicing in California must complete an educational course in controlled substances that meets the standards of practice by TFHD and State of California (California Code of Regulations Sections: 1399.541(h), 1399.610 and 1399.612) within six(6) months of being granted privileges and Allied Health Professional ("AHP") membership
Current professional liability insurance in the amount of $1 Million/$3 Million, minimum.
Current BLS/CPR

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Setting

Tahoe Forest Hospital Clinics and Incline Village Hospital Clinics
Gene Upshaw Memorial Tahoe Forest Cancer Center
Tahoe Forest Hospital
Incline Village Community Hospital

Review

All standardized procedures and protocols are to be reviewed annually by the Interdisciplinary Practice Committee ("IDPC")
Changes in, or additions to, the standardized procedures and protocols may be initiated by any of the authorized or covered personnel.
All changes or additions to the standardized procedures and protocols are to be approved by the IDPC and MEC and accompanied by a dated, signed approval sheet.

A. Provision for initial and continuing evaluation

Evaluations of NP and PA performance of standardized procedures and protocol functions will be done in conjunction with existing job performance policies and/or clinical privilege delineations and according to the following:.
For initial appointment – Proctoring of ten (10) cases and three and six month reviews by random chart reviews with physician feedback.
Ongoing chart review by supervising physician. The process for chart review will be determined at the practice level after discussion with the NP/PA and the supervising physician.

Through a peer review process based on the standard of care, and as required by state law, NP and PAs will have ongoing competency assessments. NPs and PAs participate in OPPE.
Provision for Review of privileges will be done by established credentialing and re-credentialing process through the TFHD Medical Staff and shall not exceed two (2) years from date of last appointment.

B. Supervision

No physician can supervise more than four NPs or four PAs in CA at any moment in time.
Nevada Administrative Code precludes a physician from simultaneously supervising more than three physician assistants or collaborating with more than three advanced practitioners of nursing, or with a combination thereof. To supervise more than 3 NP/PAs, physicians must first file a petition with the Board for approval to supervise more than three.
NP and PA will be supervised by a TFHD Medical Staff Physician appropriate to the field. The relationship between the physician and the non-physician medical practitioner shall be that of a shared and continuing responsibility to follow the progress of the patient in a manner which assures the NP/PA's adherence to the standard of care. Standard of care is defined as "the level of skill, knowledge, and care in diagnosis and treatment ordinarily possessed and exercised by other reasonably careful and prudent NPs or PAs in the same or similar circumstances at the time in question".
The supervising physician shall be available to NP or PA in person, by telephone or through electronic means to provide supervision to the extent required by California and or Nevada professional licensing laws. The supervising physician need not be physically present while the NP or PA provides medical services.
In cases of emergencies, the NP or PA, to the extent permitted by the laws relating to the license or certificate involved, may render emergency services to a patient .
The NP or PA shall consult with and/or refer the patient to, a supervising physician or other healthcare professional when providing medical services to a patient which exceeds the NP or PA's competency, education, training or experience.

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C. Record Keeping

Records of patient contacts and visits are to be kept in accordance with standard practice at Tahoe Forest Hospital District.

D. Consent

PAs and NPs may only obtain informed consent on procedures they perform independently.

E. Furnishing Medication/Medication Management

In compliance with State and Federal prescribing laws, the NP or PA may order and furnish those drugs and devices, including schedule II through V controlled substances, as indicated by the patient's condition, the applicable standard of care, and in accordance with the PA or NP's education, training, experience and competency, under physician supervision as provided above in "Supervision".
For PA's working in California who have not yet completed their controlled substance course, patient specific approval is required. [NOTE: PAs must complete course within six (6) months of being granted clinical privileges.]
NPs working in California are required to complete a Board of Registered Nursing Approved Controlled Substances II (CS II) Authority Course. When Schedule II or III controlled substances, as defined in Section 11055 and 11056 of the Health and Safety Code, are furnished or ordered by an NP, the controlled substance shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician. The provision for furnishing Schedule II controlled substances shall address the diagnosis of illness, injury or condition for which the Schedule II controlled substance is to be furnished. (Appendix B: California NP Controlled

Substances Protocol)

PROTOCOLS

The NP/PA has a current DEA number for their state and practice location.

A practice agreement authorizing a NP/PA to order or furnish a drug or device shall specify which PA/PAs or NP/NPs may furnish or order a drug or device, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the NP/PA's competence, including peer review, and review of the practice agreement.

The drug or device is being ordered in accordance with the standard of care and per formulary.

The drug or device is appropriate to the condition being treated

Medication history has been obtained including:

Other medications being taken.

Medication allergies and adverse reactions.

Prior medications used for current conditions.

Plan for follow-up and refills is written in the patient's chart.

Patient education regarding the medications is given and documented in the patient's chart.

The prescription must be written in patient's chart including name of drug, strength, instructions and quantity, and signature of the NP/PA.

All other applicable Standardized Procedures in this document are followed during health care management.

10. All general policies regarding review, approval, setting, education, evaluation, patient records, supervision, and consultation in the Standardized Procedures are in force.

F. Ordering Lab work, Diagnostic Studies and Therapies

The NP/PA is authorized to collect, order and interpret lab work and diagnostic studies per standard of care and in accordance with NV or CA state law.

NP PROTOCOLS

Lab work and diagnostic studies obtained (such as CBC, chemistry panel, vaginal smears, urinalysis, throat cultures, radiology, etc.) must be appropriate as outlined in resources from Appendix A.

Therapies are ordered as part of a treatment plan as referenced in Appendix A.

All other applicable Protocols/Standardized Procedures in this document are followed during health care management.

All General Policies regarding Review, Approval, Setting, Education, Evaluation, Patient Records, Supervision and Consultation in these Standardized Procedures are in force.

G. Outpatient Management of Medical Conditions

Pursuant to applicable state laws, the NP or PA is authorized to perform those medical services for which they have demonstrated competency through education, training or experience, under physician supervision as outlined in the individual Practice Agreement.

H. Outpatient Procedures and minor surgery

If approved through the TFHD Medical Staff credentialing process, the NP/PA may perform procedures, as consistent with their privileges

PROTOCOLS

The NP/PA has been observed satisfactorily performing the procedure(s) or a sampling of procedures by another provider competent in that skill, as required by privileging.

The NP/PA is following standard of care

I. Inpatient Management of Medical Conditions

The NP or PA may facilitate a hospital admission on behalf of the physician, if their condition or disease requires inpatient management. The Supervising Physician must be contacted to review

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the diagnostic and treatment plan for the care of the patient. The Supervising Physician must see the patient within 24 hours of admission and cosign the admission history and physical. Any ICU admissions need to be referred to supervising physician, hospitalist or emergency room physician.

PROTOCOLS

The PA or NP will communicate with the supervising physician regarding any changes to the evaluation, diagnosis, and treatment plan.

All inpatient history and physicals and discharge summaries are co-signed by a physician.

A treatment plan is developed based on Standard of Care

All other applicable Standardized Procedures in this document are followed during health care management.

All general policies regarding review, approval, setting, education, evaluation, patient records, supervision, and consultation in the Standardized Procedures are in force.

J. Emergent Care

Emergent care conditions are acute, life-threatening conditions such as respiratory arrest or cardiac arrest. The NP/PA is authorized to evaluate emergent/urgent care conditions consistent with the standard of care and to the extent permitted under their license, privileging and state law.

K. Surgery First Assistant

PA or NP has been granted first assist privileges and approved as an Allied Health Professional at Tahoe Forest Hospital and/or at Incline Village Community Hospital. PA or NP must meet all the qualifications per approved privilege criteria before being permitted to function in the expanded perioperative role of first assisting:

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Function: The PA or NP renders direct patient care as part of the perioperative role by assisting the approved supervising surgeon in the surgical treatment of the patient. The responsibility of functioning as first assistant must be based on documented knowledge and skills acquired after specialized preparation, formal instruction and supervised practice.

Provision for Review of privileges will be done by established credentialing and re-credentialing process through the TFHD Medical Staff and shall not exceed two (2) years from date of last appointment.

SUPERVISION

The PA/NP First Assistant practices under the direct supervision of the surgeon.

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 provide supervision, but need not be present in the room when the PA/NP closes the wound. Supervising surgeons must be *immediately available* 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."

CIRCUMSTANCES

PA/NP Protocol may be performed in any Tahoe Forest Hospital District facility.

A PA/NP may only provide those medical services which: he or she is competent to perform, as determined by the supervising physician; are consistent with his/her education, training, and experience and which have been approved by the TFHD Board of Directors.

There will be a Practice Agreement (CA), or a Supervising Physician Agreement (NV) between a supervising physician and a PA on file at all times. There will be evidence of a Collaborative Service Agreement between a supervising physician and an NP on file at all times.

The PA/NP will be listed as Assistant on all patient records and documents.

The PA/NP must adhere to the policies of the hospital and must remain within the scope of practice as stated by their state of license and practice.

PROCEDURES

The PA/NP may perform the following under the direct supervision of the surgeon:
Assist with the positioning, prepping and draping of the patient or perform these independently
Initiate surgical entry as directed by the physician
Manipulate tissue by use of surgical instruments and/or suture material as directed by the surgeon to:
Expose and retract tissue.
Clamp, incise and/or sever tissue.
Grasp and fix tissue with screws, staples and other devices.
Drill, ream and modify tissue.
Cauterize and approximate tissue.
Place trochars
Provide retraction by:
Placing and holding surgical retractors, closely observing the operative field.
Packing sponges or laparotomy pads into body cavities to hold tissue or organs out of the operative field.
Managing all instruments in the operative field to prevent obstruction of the surgeon's view and provide patient safety.
Anticipating retraction needs with knowledge of surgeon's preferences, anatomical structures, and the procedure being performed.
Provide hemostasis by:
Applying electrocautery tip to clamps or vessels in a safe and knowledgeable manner as directed by the surgeon.
Sponging and utilizing pressure as necessary.
Utilizing suctioning techniques.
Applying clamps on vessels and tying them as directed by the surgeon.
Placing suture ligatures in the muscle, subcutaneous, and skin layers.
Placing hemoclips on bleeders as directed by the surgeon.
Perform knot tying by:
Demonstrating various knot- tying techniques.
Tying knots appropriately for suture material.
Approximating tissue, rather than pulling tightly, to prevent tissue necrosis.
Provide closure of tissue layers by:
Correctly approximating the layers under the direction of the surgeon.
Demonstrating knowledge of different types of closure.
Correctly approximating skin edges when utilizing skin staples.
Assist the surgeon at the completion of the surgical procedure by:
Affixing and stabilizing all drains.
Cleaning the wound and applying the dressing.
Applying casts or splints as directed.
Provide continuity of care.
In the event the operating surgeon, during surgery, becomes incapacitated or needs to leave the OR due to an emergency, the PA will:
Maintain hemostasis, according to the approved standardized procedure.
Keep the surgical site moistened, as necessary, according to the type of surgery.
Maintain the integrity of the sterile field.
Remain at the field while a replacement surgeon is being located.
The RN circulator/charge nurse will initiate the procedure for obtaining a surgeon in an emergency.

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RECORD KEEPING/QUALITY ASSURANCE

The Director of Surgical Services will maintain a list of the surgeons utilizing the PA/NP and a current list of PA/NPs with hospital privileges.

A QA/QI Program will be put in place and approved by the Surgical Department.

L. ONCOLOGY (inpatient and outpatient)

POLICY

The Nurse Practitioner or Physician Assistant is authorized to follow the supervising physician's chemotherapy treatment plan as outlined in the physician orders. Prior to authorizing a continued treatment for a patient, the PA/NP will review the level of toxicity induced by treatment, as appropriate to the drugs utilized. The PA/NP is authorized to modify doses of chemotherapy as outlined in the supervising physician's treatment plan.

PROTOCOL

The PA/NP is authorized to modify doses of chemotherapy as outlined in National Comprehensive Cancer Network (NCCN) guidelines. This may include dosage reduction and discontinuation of therapy due to toxicity. The PA/NP is required to consult with the medical oncologist within 24 hours of modifying the attending physician's treatment plan, and documentation by the PA/NP must reflect such consultation.

The primary signature of chemotherapy orders must be from the medical oncologist.

All general policies regarding review, approval, setting, education, evaluation, patient records, supervision and consultation in these standardized procedures are in force.

M. BIBLIOGRAPHY

Physician Assistant Scope of Practice issued by the State of California

California B&P Code, § 3502.1

SB-697 Physician Assistants: practice agreement: supervision.(2019-2020)

California Code of Regulations: Title 16

Policies and Procedures of Tahoe Forest Hospital District Department of Surgery

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APPENDIX A: Clinical Resources

The following are examples of clinical resources that may be consulted:

Up To Date

Epocrates

Micromedex

Tarson's Pharmacopeia

APPENDIX B: Controlled Substances Protocol for California NPs

A. Schedule III Patient Specific Protocols

Schedule III substances may be furnished or ordered when the patient is in one of the following categories, including but not limited to the following conditions:

a. Acute Illness, Injury or Infection
b. Acute intermittent but recurrent pain
c. Chronic continuous pain
d. Hormone replacement

2) Limited order for acute illness, injury or infection per Standard of Care

3) For chronic conditions:

a. pain management protocol or department guidelines is/are adhered to if appropriate

b) Amount given, including all refills is not to exceed a 120 days supply as appropriate for the condition.

c) Treatment plan must be established in collaboration with the patient's primary care provider and reviewed, with documentation every 12 months

d) Refills with evaluation at regular intervals

e) Education and follow up is provided

B. Schedule II Patient Specific Protocol

Schedule II substances may be furnished or ordered when the patient has one of the following diagnoses and under the following conditions:

a. Pain secondary to malignancy, trauma or post-operative pain
b. Pain unresponsive to, or inappropriately treated by CS III-V substances
c. Attention Deficit Disorders
d. Neuropsychiatric Conditions

2) Limited orders for acute and chronic conditions as specified in Schedule III Patient Specific Protocol

3) No refills are authorized for CSII medications except where authorized by the DEA

4) Pain management protocol or TFHD system guidelines are adhered to if appropriate

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Approval Signatures

Step Description	Approver	Date
	Harry Weis: CEO	04/2020
Board of Directors	Dorothy Piper: Director Medical Staff Services	04/2020
MEC	Dorothy Piper: Director Medical Staff Services	04/2020
	Dorothy Piper: Director Medical Staff Services	04/2020

REGULAR MEETING OF THE BOARD OF DIRECTORS DRAFT MINUTES

Thursday, April 28, 2022 at 4:00 p.m.

Pursuant to Assembly Bill 361, the Regular Meeting of the Tahoe Forest Hospital District Board of Directors for April 28, 2022 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 4:00 p.m.

2. ROLL CALL

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

Staff in attendance: Harry Weis, President & Chief Executive Officer; Louis Ward, Chief Operating 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.

General Counsel read the board into Closed Session.

4. INPUT AUDIENCE

No public comment was received.

Open Session recessed at 4:03 p.m.

5. CLOSED SESSION

5.1. Hearing (Health & Safety Code § 32155)

Subject Matter: First Quarter 2022 Corporate Compliance Report

Number of items: One (1)

Discussion was held on a privileged item.

5.2. Hearing (Health & Safety Code § 32155)

Subject Matter: Utilization Review, Case Management & Readmission Report

Number of items: One (1)

Discussion was held on a privileged item.

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

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

Number of Potential Cases: One (1)

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

Name of Person or Entity Threatening Litigation: JM Streamline, Inc., dba Streamline Construction

Discussion was held on a privileged item.

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

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

Number of Potential Cases: One (1)

Facts and circumstances that might result in litigation but which the District believes are not yet known to potential plaintiff or plaintiffs. (Gov. Code § 54956.9(e)(1))

Discussion was held on a privileged item.

5.5. Conference with Labor Negotiator (Gov. Code § 54957.6)

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

Discussion was held on a privileged item.

5.6. Approval of Closed Session Minutes

3/24/2022 Regular Meeting

Discussion was held on a privileged item.

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

Subject Matter: Medical Staff Credentials

Discussion was held on a privileged item.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

Open Session reconvened at 6:00 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel noted the Board of Directors considered seven items in Closed Session. There was no reportable action on items 5.1. and 5.2. On item 5.3., the Board of Directors approved rejection of the claim of Streamline Construction for a vote of 5 to 0. The claim relates to alleged damages arising out of construction projects.

On item 5.4., the Board of Directors approved a settlement to potential litigation with Alliance Physical Therapy Group and authorized the President and CEO to sign on a vote 5 to 0. The settlement allows for early termination of the Hospital Staffing and Management Services Agreement between Tahoe Forest and Alliance, which was otherwise set to expire April 30, 2023. Under the settlement, Alliance will allow Tahoe Forest Hospital District to hire specified Alliance employees providing services to Tahoe Forest in exchange for Tahoe Forest's separation payment to Alliance in the amount of $1,064,218.00.

Item 5.5. had no reportable action. Item 5.6. Closed Session Minutes was approved a 5-0 vote. Item 5.7 Medical Staff Credentials was approved on a 5-0 vote.

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA
No changes were made to the agenda.

10. INPUT – AUDIENCE
No changes were made to the agenda.

11. INPUT FROM EMPLOYEE ASSOCIATIONS
Public comment was received from Sonia Henry.

12. MEDICAL STAFF EXECUTIVE COMMITTEE

12.1. Medical Executive Committee (MEC) Meeting Consent Agenda

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

Privileges with Changes
- *Emergency Medicine Privilege Form, Add ATLS Requirements*

Policies with Changes
- *Professionalism Policy, MSGEN1*
- *Peer Review Policy, MSGEN-1401*
- *Well Being Policy, MSGEN-9*
- *Fitness for Duty Policy, MSGEN-4*

Changes to Medical Staff Rules and Regulations
- *Medical Staff Rules and Regulations (Addition of the Leadership Council Committee (LCC))*

New Policies
- *Code 250 - Hospital Emergency Response Team, AGOV-2201*

Dr. Johanna Koch, Vice Chief of Staff, presented the Medical Executive Committee Consent Agenda. Discussion was held.

ACTION: **Motion made by Director Brown, to approve the Medical Executive Committee Consent Agenda as presented, seconded by Director Barnett. Roll call vote taken.**
Barnett – AYE
Chamblin – AYE
McGarry – AYE
Brown – AYE
Wong – AYE

13. CONSENT CALENDAR
13.1. Approval of Minutes of Meetings
13.1.1. 03/24/2022 Regular Meeting
13.2. Financial Reports
13.2.1. Financial Report – March 2022
13.3. Board Reports
13.3.1. President & CEO Board Report
13.3.2. COO Board Report
13.3.3. CNO Board Report
13.3.4. CIIO Board Report
13.3.5. CMO Board Report
13.4. Approve Resolution for Continued Remote Teleconference Meetings
13.4.1. Resolution 2022-09
13.5. Approve First Quarter 2022 Corporate Compliance Report
13.5.1. First Quarter 2022 Corporate Compliance Report
13.6. Approve Revised Board Policies
13.6.1. Emergency On-Call Policy, ABD-10
13.6.2. Onboarding and Continuing Education of Board Members, ABD-19

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

14. ITEMS FOR BOARD ACTION
14.1. Resolution 2022-10
The Board of Directors considered approval of a resolution determining to consolidate the Hospital District General Election with the Statewide General Election and authorizing the canvass of returns by the respective Boards of Supervisors of Placer and Nevada Counties, California. Discussion was held.

ACTION: **Motion made by Director Barnett, to approve Resolution 2022-10 as presented, seconded by Director Brown. Roll call vote taken.**
Barnett – AYE
Chamblin – AYE
McGarry – AYE
Brown – AYE
Wong – AYE

15. ITEMS FOR BOARD DISCUSSION
15.1. Board Education
15.1.1. Population Health Part Two: Applying Population Health Tools

DRAFT

The Board of Directors viewed the second video in a two-part series on population health that discusses how board members can apply the tenets of population health to their organizations. Discussion was held.

16. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY
Not applicable.

17. BOARD COMMITTEE REPORTS
Director Chamblin provided an update from the April 26, 2022 Board Finance Committee meeting.

Director Wong provided an update from the April 19, 2022 Board Governance Committee meeting and April 18, 2022 Tahoe Institute for Rural Health Research meeting.

18. BOARD MEMBERS REPORTS/CLOSING REMARKS
No discussion was held.

19. CLOSED SESSION CONTINUED, IF NECESSARY
Not applicable.

20. OPEN SESSION

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

22. ADJOURN
Meeting adjourned at 7:16 p.m.

DRAFT

TAHOE FOREST HOSPITAL DISTRICT
APRIL 2022 FINANCIAL REPORT
INDEX

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

Board of Directors

Of Tahoe Forest Hospital District

APRIL 2022 FINANCIAL NARRATIVE

The following is the financial narrative analyzing financial and statistical trends for the ten months ended April 30, 2022.

Activity Statistics

- TFH acute patient days were 408 for the current month compared to budget of 314. This equates to an average daily census of 13.6 compared to budget of 10.5.

- TFH Outpatient volumes were above budget in the following departments by at least 5%: Emergency Department visits, Home Health visits, Laboratory tests, Surgery cases, Laboratory tests, Oncology Lab tests, EKG, Diagnostic Imaging, Mammography, Nuclear Medicine, MRI, Ultrasound, Briner Ultrasound, Cat Scan, PET CT, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Gastroenterology cases, Tahoe City Physical & Occupational Therapies, and Outpatient Physical, PT Aquatic, & Occupational Therapies.

Financial Indicators

- Net Patient Revenue as a percentage of Gross Patient Revenue was 49.58% in the current month compared to budget of 50.28% and to last month's 48.05%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 51.43% compared to budget of 49.96% and prior year's 49.05%.

- EBIDA was $2,076,253 (4.9%) for the current month compared to budget of $286,813 (.8%), or $1,789,440 (4.1%) above budget. Year-to-Date EBIDA was $40,897,940 (9.7%) compared to budget of $19,243,190 (4.9%) or $21,654,750 (4.8%) above budget.

- Net Income was $1,759,182 for the current month compared to budget of $(46,306) or $1,805,488 above budget. Year-to-Date Net Income was $36,939,559 compared to budget of $15,894,797 or $21,044,762 above budget.

- Cash Collections for the current month were $21,426,201, which is 94% of targeted Net Patient Revenue.

- EPIC Gross Accounts Receivables were $91,470,385 at the end of April compared to $98,970,304 at the end of March.

Balance Sheet

- Working Capital is at 33.0 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 249.2 days. Working Capital cash decreased a net $5,248,000. Accounts Payable increased $1,136,000 and Accrued Payroll & Related Costs decreased $5,682,000. Cash Collections were below target by 6%.

- Net Patient Accounts Receivable decreased $1,112,000 and cash collections were 94% of target. EPIC Days in A/R were 62.1 compared to 66.4 at the close of March, a 4.30 days decrease.

- Estimated Settlements, Medi-Cal & Medicare increased a net $1,106,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs programs.

- Accounts Payable increased $1,136,000 due to the timing of the final check run in April.

- Accrued Payroll & Related Costs decreased $5,682,000 due to three pay periods in April.

- Estimated Settlements, Medi-Cal & Medicare decreased a net $1,252,000. The District continues repayment of the Medicare Accelerated Payments received in FY20.

Operating Revenue

- Current month's Total Gross Revenue was $41,963,103 compared to budget of $34,946,022 or $7,017,081 above budget.
- Current month's Gross Inpatient Revenue was $6,422,919, compared to budget of $6,545,526 or $122,607 below budget.
- Current month's Gross Outpatient Revenue was $35,540,185 compared to budget of $28,400,496 or $7,139,689 above budget.
- Current month's Gross Revenue Mix was 35.0% Medicare, 14.8% Medi-Cal, .0% County, 2.7% Other, and 47.5% Commercial Insurance compared to budget of 37.1% Medicare, 16.8% Medi-Cal, .0% County, 2.6% Other, and 43.5% Commercial Insurance. Year-to-Date Gross Revenue Mix was 36.9% Medicare, 15.9% Medi-Cal, .0% County, 2.4% Other, and 44.8% Commercial Insurance compared to budget of 37.1% Medicare, 16.5% Medi-Cal, .0% County, 2.7% Other, and 43.7% Commercial Insurance. Last month's mix was 33.6% Medicare, 17.4% Medi-Cal, .0% County, 1.8% Other, and 47.2% Commercial Insurance.
- Current month's Deductions from Revenue were $21,160,543 compared to budget of $17,374,865 or $3,785,678 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with a 1.99% decrease in Medicare, a 2.06% decrease to Medi-Cal, .01% increase to County, a .12% increase in Other, and Commercial Insurance was above budget 3.92%, and 2) Revenues were above budget 20.10%.

DESCRIPTION	April 2022 Actual	April 2022 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	7,896,269	7,659,996	(236,273)	We had three payroll periods in April, lending to the negative variance in Salaries and Wages.
Employee Benefits	3,079,515	2,578,435	(501,080)	Increased use of Paid Leave/Sick Leave, down payments for the Holiday Party and in-person Town Halls, and Employer Payroll Taxes created a negative variance in Benefits.
Benefits – Workers Compensation	165,546	102,419	(63,127)	
Benefits – Medical Insurance	1,687,461	1,408,155	(279,306)	
Medical Professional Fees	1,158,816	985,197	(173,619)	We saw negative variances in Anesthesia Physician fees, THF Locum fees and IVCH ER Physician fees.
Other Professional Fees	178,759	191,966	13,207	We saw Positive variances in Home Health/Hospice, Information Technology, and Administration professional fees.
Supplies	2,896,282	2,413,887	(482,395)	Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues were above budget 26.53% and Medical Supplies Sold to Patients revenues exceeded budget by 24.12%, creating a negative variance in Supplies.
Purchased Services	2,011,671	1,951,070	(60,601)	Outsourced coding, billing, & collection services and increases in I/T monitoring and protection of the District's software systems were above budget, creating a negative variance in Purchased Services.
Other Expenses	1,005,708	1,013,626	7,918	Controllable costs came in below budget in Other Building Rent and Outside Training & Travel.
Total Expenses	20,080,026	18,304,751	(1,775,275)	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
APRIL 2022

	Apr-22	Mar-22	Apr-21	
ASSETS				
CURRENT ASSETS				
* CASH	$ 20,524,681	$ 25,772,295	$ 77,449,928	1
PATIENT ACCOUNTS RECEIVABLE - NET	46,552,292	47,664,577	22,827,457	2
OTHER RECEIVABLES	10,769,214	9,873,315	9,616,360	
GO BOND RECEIVABLES	1,179,646	760,111	1,463,097	
ASSETS LIMITED OR RESTRICTED	9,614,626	9,921,237	8,223,732	
INVENTORIES	4,250,069	4,253,303	3,819,706	
PREPAID EXPENSES & DEPOSITS	2,244,636	2,430,928	2,562,723	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	12,260,662	11,154,355	13,016,393	3
TOTAL CURRENT ASSETS	107,395,826	111,830,121	138,979,396	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	54,505,988	54,463,078	74,384,021	1
* CASH INVESTMENT FUND	80,116,805	80,059,539	-	1
MUNICIPAL LEASE 2018	725,633	725,514	724,183	
TOTAL BOND TRUSTEE 2017	20,533	20,532	20,531	
TOTAL BOND TRUSTEE 2015	1,074,457	937,356	1,054,978	
TOTAL BOND TRUSTEE GO BOND	5,764	5,764	5,764	
GO BOND TAX REVENUE FUND	2,061,352	2,061,352	1,918,783	
DIAGNOSTIC IMAGING FUND	3,350	3,347	3,343	
DONOR RESTRICTED FUND	1,139,077	1,138,592	1,137,882	
WORKERS COMPENSATION FUND	11,174	57,355	18,642	
TOTAL	139,664,133	139,472,429	79,268,129	
LESS CURRENT PORTION	(9,614,626)	(9,921,237)	(8,223,732)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	130,049,507	129,551,192	71,044,397	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(1,985,925)	(1,925,925)	(1,617,352)	
PROPERTY HELD FOR FUTURE EXPANSION	1,694,072	1,694,072	909,072	
PROPERTY & EQUIPMENT NET	175,918,650	175,793,370	173,746,492	
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,841,116	1,841,116	2,035,681	
TOTAL ASSETS	414,913,246	418,783,945	385,097,686	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	316,773	320,005	355,561	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	824,691	824,691	1,267,315	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	4,892,671	4,916,376	5,177,127	
GO BOND DEFERRED FINANCING COSTS	477,220	479,541	505,071	
DEFERRED FINANCING COSTS	139,397	140,437	151,880	
TOTAL DEFERRED OUTFLOW OF RESOURCES	$ 6,650,752	$ 6,681,050	$ 7,456,955	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	$ 8,550,589	$ 7,414,735	$ 6,241,952	4
ACCRUED PAYROLL & RELATED COSTS	14,567,197	20,249,251	16,255,451	5
INTEREST PAYABLE	368,700	288,857	341,151	
INTEREST PAYABLE GO BOND	828,420	552,280	851,325	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	12,312,537	13,564,060	24,020,923	6
HEALTH INSURANCE PLAN	2,403,683	2,403,683	2,311,155	
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	49,813,926	55,255,666	59,101,802	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	24,106,719	24,307,202	28,145,472	
GO BOND DEBT NET OF CURRENT MATURITIES	95,400,655	95,418,611	97,561,123	
DERIVATIVE INSTRUMENT LIABILITY	824,691	824,691	1,267,315	
TOTAL LIABILITIES	170,145,990	175,806,170	186,075,711	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	250,278,931	248,520,235	205,341,047	
RESTRICTED	1,139,077	1,138,592	1,137,882	
TOTAL NET POSITION	$ 251,418,008	$ 249,658,826	$ 206,478,930	

* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
APRIL 2022

1. Working Capital is at 33.0 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 249.2 days. Working Capital cash decreased a net $5,248,000. Accounts Payable increased $1,136,000 (See Note 4) and Accrued Payroll & Related Costs decreased $5,682,000 (See Note 5). Cash Collections were below target 6% (See Note 2).

2. Net Patient Accounts Receivable decreased $1,112,000. Cash collections were 94% of target. EPIC Days in A/R were 62.1 compared to 66.4 at the close of March, a 4.30 days decrease.

3. Estimated Settlements, Medi-Cal & Medicare increased a net $1,106,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs.

4. Accounts Payable increased $1,136,000 due to the timing of the final check run in April.

5. Accrued Payroll & Related Costs decreased $5,682,000 due to three pay periods in April.

6. Estimated Settlements, Medi-Cal & Medicare decreased a net $1,252,000. The District continues repayment of the Medicare Accelerated Payments received in FY20.

Tahoe Forest Hospital District
Cash Investment
April 30, 2022

WORKING CAPITAL				
US Bank	$ 19,409,895			
US Bank/Kings Beach Thrift Store	15,327			
US Bank/Truckee Thrift Store	83,864			
US Bank/Payroll Clearing	-			
Umpqua Bank	1,015,595	0.01%		
Total			$	20,524,681
BOARD DESIGNATED FUNDS				
US Bank Savings	$ -			
Chandler Investment Fund	80,116,805	0.18%		
Total			$	80,116,805
Building Fund	$ -			
Cash Reserve Fund	54,505,988	0.20%		
Local Agency Investment Fund			$	54,505,988
Municipal Lease 2018			$	725,633
Bonds Cash 2017			$	20,533
Bonds Cash 2015			$	1,074,457
GO Bonds Cash 2008			$	2,067,116
DX Imaging Education	$ 3,350			
Workers Comp Fund - B of A	11,174			
Insurance				
Health Insurance LAIF	-			
Comprehensive Liability Insurance LAIF	-			
Total			$	14,524
TOTAL FUNDS			$	159,049,737
RESTRICTED FUNDS				
Gift Fund				
US Bank Money Market	$ 8,361	0.00%		
Foundation Restricted Donations	27,309			
Local Agency Investment Fund	1,103,407	0.20%		
TOTAL RESTRICTED FUNDS			$	1,139,077
TOTAL ALL FUNDS			$	160,188,814

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
APRIL 2022

CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VAR$	CURRENT MONTH VAR%		YEAR TO DATE ACTUAL	YEAR TO DATE BUDGET	YEAR TO DATE VAR$	YEAR TO DATE VAR%		PRIOR YTD APR 2021
				OPERATING REVENUE						
$ 41,963,103	$ 34,946,022	$ 7,017,081	20.1%	Total Gross Revenue	$ 421,996,005	$ 394,680,766	$ 27,315,239	6.9%	1	$ 375,400,422
				Gross Revenues - Inpatient						
$ 2,854,830	$ 2,813,405	$ 41,425	1.5%	Daily Hospital Service	$ 34,993,778	$ 33,675,586	$ 1,318,192	3.9%		$ 32,362,875
3,568,089	3,732,121	(164,032)	-4.4%	Ancillary Service - Inpatient	44,210,503	42,931,940	1,278,563	3.0%		38,976,653
6,422,919	6,545,526	(122,607)	-1.9%	Total Gross Revenue - Inpatient	79,204,281	76,607,526	2,596,755	3.4%	1	71,339,528
35,540,185	28,400,496	7,139,689	25.1%	Gross Revenue - Outpatient	342,791,724	318,073,240	24,718,484	7.8%		304,060,894
35,540,185	28,400,496	7,139,689	25.1%	Total Gross Revenue - Outpatient	342,791,724	318,073,240	24,718,484	7.8%	1	304,060,894
				Deductions from Revenue:						
20,325,365	15,485,245	(4,840,120)	-31.3%	Contractual Allowances	194,899,683	176,114,327	(18,785,356)	-10.7%	2	166,591,533
-	-	-	0.0%	Managed Care Reserve	-	-	-	0.0%	2	5,000,000
330,594	1,243,908	913,314	73.4%	Charity Care	12,770,632	14,059,525	1,288,893	9.2%	2	12,975,948
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	
504,584	645,712	141,128	21.9%	Bad Debt	(2,732,577)	7,328,339	10,060,916	137.3%	2	7,229,641
-	-	-	0.0%	Prior Period Settlements	39,197	-	(39,197)	0.0%	2	(500,210)
21,160,543	17,374,865	(3,785,678)	-21.8%	Total Deductions from Revenue	204,976,935	197,502,191	(7,474,744)	-3.8%		191,296,912
91,365	112,372	21,007	18.7%	Property Tax Revenue- Wellness Neighborhood	900,466	1,111,751	211,285	19.0%		912,808
1,262,354	908,035	354,319	39.0%	Other Operating Revenue	11,218,922	11,771,446	(552,524)	-4.7%	3	10,485,301
22,156,279	18,591,564	3,564,715	19.2%	TOTAL OPERATING REVENUE	229,138,459	210,061,772	19,076,687	9.1%		195,501,619
				OPERATING EXPENSES						
7,896,269	7,659,996	(236,273)	-3.1%	Salaries and Wages	75,331,097	79,531,452	4,200,355	5.3%	4	67,786,817
3,079,515	2,578,435	(501,080)	-19.4%	Benefits	25,375,029	23,953,635	(1,421,394)	-5.9%	4	25,092,234
165,546	102,419	(63,127)	-61.6%	Benefits Workers Compensation	1,001,832	1,024,190	22,358	2.2%	4	911,603
1,687,461	1,408,155	(279,306)	-19.8%	Benefits Medical Insurance	12,936,683	14,081,550	1,144,867	8.1%	4	12,244,882
1,158,816	985,197	(173,619)	-17.6%	Medical Professional Fees	12,675,229	11,581,865	(1,093,364)	-9.4%	5	11,501,304
178,759	191,966	13,207	6.9%	Other Professional Fees	1,957,530	2,009,663	52,133	2.6%	5	1,815,484
2,896,282	2,413,887	(482,395)	-20.0%	Supplies	29,495,099	29,071,742	(423,357)	-1.5%	6	26,508,208
2,011,671	1,951,070	(60,601)	-3.1%	Purchased Services	19,625,493	19,635,719	10,226	0.1%	7	18,881,269
1,005,708	1,013,626	7,918	0.8%	Other	9,842,528	9,928,766	86,238	0.9%	8	8,355,720
20,080,026	18,304,751	(1,775,275)	-9.7%	TOTAL OPERATING EXPENSE	188,240,519	190,818,582	2,578,063	1.4%		173,097,521
2,076,253	**286,813**	**1,789,440**	**623.9%**	**NET OPERATING REVENUE (EXPENSE) EBIDA**	**40,897,940**	**19,243,190**	**21,654,750**	**112.5%**		**22,404,098**
				NON-OPERATING REVENUE/(EXPENSE)						
684,621	663,613	21,008	3.2%	District and County Taxes	6,919,020	6,648,107	270,913	4.1%	9	6,368,905
419,536	419,536	(0)	0.0%	District and County Taxes - GO Bond	4,195,356	4,195,356	(0)	0.0%		4,173,516
53,680	47,231	6,449	13.7%	Interest Income	520,144	474,994	45,150	9.5%	10	625,230
-	-	-	0.0%	Interest Income-GO Bond	-	-	-	0.0%		-
78,950	136,564	(57,614)	-42.2%	Donations	1,194,195	1,365,644	(171,449)	-12.6%	11	461,457
(60,000)	(60,000)	-	0.0%	Gain/(Loss) on Joint Investment	(325,031)	(600,000)	274,969	45.8%	12	(551,992)
54,248	-	54,248	0.0%	Gain/(Loss) on Market Investments	(26,304)	-	(26,304)	0.0%	13	-
-	-	-	0.0%	Gain/(Loss) on Disposal of Property	-	-	-	0.0%	14	-
-	-	-	0.0%	Gain/(Loss) on Sale of Equipment	19,800	-	19,800	0.0%	14	-
-	-	-	100.0%	COVID-19 Emergency Funding	(1,092,739)	-	(1,092,739)	100.0%	15	178,483
(1,164,048)	(1,164,048)	0	0.0%	Depreciation	(11,490,577)	(11,640,479)	149,902	1.3%	16	(11,379,866)
(99,847)	(99,875)	28	0.0%	Interest Expense	(1,024,398)	(1,024,869)	471	0.0%	17	(1,088,889)
(284,210)	(276,140)	(8,070)	-2.9%	Interest Expense-GO Bond	(2,847,846)	(2,767,147)	(80,699)	-2.9%		(2,910,230)
(317,071)	(333,119)	16,048	4.8%	TOTAL NON-OPERATING REVENUE/(EXPENSE)	(3,958,381)	(3,348,394)	(609,987)	-18.2%		(4,123,386)
$ 1,759,182	**$ (46,306)**	**$ 1,805,488**	**-3899.0%**	**INCREASE (DECREASE) IN NET POSITION**	**$ 36,939,559**	**$ 15,894,797**	**$ 21,044,762**	**132.4%**		**$ 18,280,712**
				NET POSITION - BEGINNING OF YEAR	**214,478,449**					
				NET POSITION - AS OF APRIL 30, 2022	**$ 251,418,008**					
4.9%	**0.8%**	**4.1%**		**RETURN ON GROSS REVENUE EBIDA**	**9.7%**	**4.9%**	**4.8%**			**6.0%**

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
APRIL 2022

Variance from Budget — Fav / <Unfav>

1) Gross Revenues

Acute Patient Days were above budget 29.94% or 94 days. Swing Bed days were above budget 61.54% or 8 days. Although Patient Days were above budget, Inpatient Revenues were below budget. The distribution of revenue for inpatient was not as anticipated. Further investigation is underway.

Outpatient volumes were above budget in the following departments: Emergency Department visits, Clinic visits, Home Health visits, Surgery cases, Lab tests, Diagnostic Imaging, Mammography, Nuclear Medicine, MRI, Ultrasound, Briner Ultrasound, Cat Scan, PET CT, Drugs Sold to Patients, Gastroenterology cases, Tahoe City Physical & Occupational Therapies, Outpatient Physical Therapy, PT Aquatic Therapy, and Occupational Therapy.

	APR 2022	YTD 2022
Gross Revenue -- Inpatient	$ (122,608)	$ 2,596,755
Gross Revenue -- Outpatient	7,139,688	24,718,484
Gross Revenue -- Total	$ 7,017,081	$ 27,315,239

2) Total Deductions from Revenue

The payor mix for April shows a 1.99% decrease to Medicare, a 2.06% decrease to Medi-Cal, .12% increase to Other, .01 increase to County, and a 3.92% increase to Commercial when compared to budget. We saw a negative variance in contractuals due to revenues coming in above budget 20.10%.

	APR 2022	YTD 2022
Contractual Allowances	$ (4,840,120)	$ (18,785,356)
Managed Care	-	-
Charity Care	913,314	1,288,893
Charity Care - Catastrophic	-	-
Bad Debt	141,128	10,060,916
Prior Period Settlements	-	(39,197)
Total	$ (3,785,678)	$ (7,474,744)

3) Other Operating Revenue

Retail Pharmacy revenues were above budget 97.26%.

Thrift Store revenues were below budget 5.91%.

IVCH ER Physician Guarantee is tied to collections, meeting budget in April.

Children' Center revenues were above budget 21.04%.

Rebates & Refunds, North Tahoe Anesthesia A/R Collections, and Medicare Incentive payments were above budget, creating a positive variance in Miscellaneous.

	APR 2022	YTD 2022
Retail Pharmacy	167,888	(105,141)
Hospice Thrift Stores	(15,643)	(28,637)
The Center (non-therapy)	650	29,898
IVCH ER Physician Guarantee	114	(230,153)
Children's Center	22,666	120,100
Miscellaneous	199,477	(266,758)
Oncology Drug Replacement	-	-
Grants	(20,833)	(71,833)
Total	$ 354,319	$ (552,524)

4) Salaries and Wages

We had three payroll periods in April, aiding in the negative variance in Salaries and Wages.

	APR 2022	YTD 2022
Total	$ (236,273)	$ 4,200,355

Employee Benefits

Increased use of Paid Leave in April coupled with three pay periods, created a negative variance in PL/SL.

Down payments for the Holiday Party and in-person Town Halls created a negative variance in Nonproductive.

Employer payroll taxes created a negative variance in Other.

	APR 2022	YTD 2022
PL/SL	$ (386,088)	$ (801,904)
Nonproductive	(65,813)	(335,871)
Pension/Deferred Comp	-	29
Standby	931	(12,470)
Other	(50,110)	(271,179)
Total	$ (501,080)	$ (1,421,394)

Employee Benefits - Workers Compensation

	APR 2022	YTD 2022
Total	$ (63,127)	$ 22,358

Employee Benefits - Medical Insurance

	APR 2022	YTD 2022
Total	$ (279,306)	$ 1,144,867

5) Professional Fees

The Anesthesia Group remains contracted versus joining the physician employment model, creating a negative variance in Miscellaneous.

Managed Care consulting for the RHC's created a negative variance in this category.

Additional Call Coverage in the IVCH Emergency Department due to increased volumes created a negative variance in IVCH ER Physicians.

Decreased use of outsourced legal firms created a positive variance in Administration.

The Oncology Group joined the physician employment model, creating a positive variance in Multi-Specialty Clinics Pro Fees.

	APR 2022	YTD 2022
Miscellaneous	$ (287,120)	$ (1,400,991)
The Center (includes OP Therapy)	4,563	(231,968)
TFH/IVCH Therapy Services	(8,415)	(119,626)
Medical Staff Services	(2,446)	(113,438)
Oncology	(8,657)	(92,386)
Multi-Specialty Clinics Administration	(2,688)	(71,045)
Corporate Compliance	667	(42,876)
TFH Locums	(18,095)	(13,702)
Home Health/Hospice	4,899	(10,280)
Human Resources	(9,620)	(3,120)
Financial Administration	(6,545)	(1,742)
Sleep Clinic	-	(1,618)
Truckee Surgery Center	-	-
Patient Accounting/Admitting	-	-
Respiratory Therapy	-	-
Managed Care	(11,317)	18,196
IVCH ER Physicians	(41,330)	25,020
Marketing	(892)	44,778
Information Technology	18,567	93,462
Administration	30,910	102,421
Multi-Specialty Clinics	177,108	777,686
Total	$ (160,411)	$ (1,041,230)

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
APRIL 2022

6) Supplies

Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues were above budget 26.53%, creating a negative variance in Pharmacy Supplies.

Medical Supplies Sold to Patients revenues were above budget 24.12%, creating a negative variance in Patient & Other Medical Supplies.

	Variance from Budget Fav / <Unfav> APR 2022	YTD 2022
Pharmacy Supplies	$ (270,749)	$ (755,958)
Patient & Other Medical Supplies	(248,403)	(49,482)
Office Supplies	207	16,129
Food	1,421	37,963
Minor Equipment	16,792	89,858
Other Non-Medical Supplies	18,338	238,133
Total	$ (482,395)	$ (423,357)

7) Purchased Services

Outsourced billing and collection services came in above budget, creating a negative variance in Patient Accounting.

We are seeing an increase in Information Technology services due to escalation in monitoring and protection of the District's software systems. This is creating a negative variance in this category.

Billing and collection services came in below budget, creating a positive variance in Home Health/Hospice.

Purchased services came in below budget for MSC Orthopedics and Occupational Health, creating a positive variance in Multi-Specialty Clinics.

	APR 2022	YTD 2022
Department Repairs	$ (4,787)	$ (315,616)
Medical Records	555	(245,185)
Patient Accounting	(96,334)	(191,557)
Information Technology	(39,737)	(83,833)
Human Resources	849	(49,949)
Pharmacy IP	6,080	(2,786)
The Center	2,047	8,632
Community Development	2,477	21,295
Home Health/Hospice	10,678	70,521
Diagnostic Imaging Services - All	5,340	71,617
Laboratory	8,578	149,590
Multi-Specialty Clinics	24,841	193,147
Miscellaneous	18,812	384,352
Total	$ (60,601)	$ 10,226

8) Other Expenses

Rental of equipment in Surgery, MRI, and Truckee Surgery Center created a negative variance in Equipment Rent.

Recruitment for key positions in the District created a negative variance in Human Resources Recruitment

Rental increase for the Primary Care/Urgent Care Clinic in Tahoe City for the months of January through April created a negative variance in Multi-Specialty Clinics Building Rent.

We saw negative variances in Dues and Subscriptions in Diagnostic Imaging, Information Technology, MSC Administration, MSC Orthopedics, IVCH Diagnostic Imaging, and MSC Ophthalmology.

	APR 2022	YTD 2022
Insurance	$ (15,246)	$ (270,482)
Utilities	(7,423)	(240,187)
Equipment Rent	(29,917)	(131,536)
Miscellaneous	76,462	(106,896)
Human Resources Recruitment	(23,845)	(52,043)
Multi-Specialty Clinics Bldg Rent	(13,486)	(40,136)
Dues and Subscriptions	(11,281)	(20,665)
Multi-Specialty Clinics Equip Rent	(4,515)	(9,556)
Physician Services	20	148
Marketing	(117)	178,108
Other Building Rent	16,770	340,906
Outside Training & Travel	20,493	438,577
Total	$ 7,918	$ 86,238

9) District and County Taxes

	APR 2022	YTD 2022
Total	$ 21,008	$ 270,913

10) Interest Income

	APR 2022	YTD 2022
Total	$ 6,449	$ 45,150

11) Donations

	APR 2022	YTD 2022
IVCH	$ (75,596)	$ (564,250)
Operational	17,982	392,801
Total	$ (57,614)	$ (171,449)

12) Gain/(Loss) on Joint Investment

	APR 2022	YTD 2022
Total	$ -	$ 274,969

13) Gain/(Loss) on Market Investments

The District booked the market value of gains in its holdings with Chandler Investments.

	APR 2022	YTD 2022
Total	$ 54,248	$ (26,304)

14) Gain/(Loss) on Sale or Disposal of Assets

	APR 2022	YTD 2022
Total	$ -	$ 19,800

15) COVID-19 Emergency Funding

	APR 2022	YTD 2022
Total	$ -	$ (1,092,739)

16) Depreciation Expense

	APR 2022	YTD 2022
Total	$ -	$ 149,902

17) Interest Expense

	APR 2022	YTD 2022
Total	$ 28	$ 471

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
APRIL 2022

CURRENT MONTH					YEAR TO DATE					PRIOR YTD APR 2021
ACTUAL	BUDGET	VAR$	VAR%	OPERATING REVENUE	ACTUAL	BUDGET	VAR$	VAR%		
$ 2,738,525	$ 2,106,578	$ 631,947	30.0%	Total Gross Revenue	$ 26,578,503	$ 24,096,251	$ 2,482,252	10.3%	1	$ 22,131,748
				Gross Revenues - Inpatient						
$ 13,921	$ -	$ 13,921	0.0%	Daily Hospital Service	$ 18,470	$ 57,416	$ (38,946)	-67.8%		$ 45,799
25,607	1,037	24,570	2369.3%	Ancillary Service - Inpatient	31,242	29,058	2,184	7.5%		27,535
39,528	1,037	38,491	3711.7%	Total Gross Revenue - Inpatient	49,712	86,474	(36,762)	-42.5%	1	73,334
2,698,998	2,105,541	593,457	28.2%	Gross Revenue - Outpatient	26,528,791	24,009,777	2,519,014	10.5%		22,058,414
2,698,998	2,105,541	593,457	28.2%	Total Gross Revenue - Outpatient	26,528,791	24,009,777	2,519,014	10.5%	1	22,058,414
				Deductions from Revenue:						
1,266,878	815,835	(451,043)	-55.3%	Contractual Allowances	10,851,482	9,367,684	(1,483,798)	-15.8%	2	8,186,140
34,811	97,891	63,080	64.4%	Charity Care	1,142,062	1,129,240	(12,822)	-1.1%	2	1,012,374
-	-	-	0.0%	Charity Care - Catastrophic Events	-	-	-	0.0%	2	-
81,508	52,070	(29,438)	-56.5%	Bad Debt	(105,866)	600,659	706,525	117.6%	2	602,120
-	-	-	0.0%	Prior Period Settlements	268,000	-	(268,000)	0.0%	2	(196,004)
1,383,197	965,796	(417,401)	-43.2%	Total Deductions from Revenue	12,155,678	11,097,583	(1,058,095)	-9.5%	2	9,604,630
63,489	68,194	(4,705)	-6.9%	Other Operating Revenue	912,278	936,092	(23,814)	-2.5%	3	787,337
1,418,818	1,208,976	209,842	17.4%	TOTAL OPERATING REVENUE	15,335,102	13,934,760	1,400,342	10.0%		13,314,455
				OPERATING EXPENSES						
537,980	398,620	(139,360)	-35.0%	Salaries and Wages	4,774,511	4,964,445	189,934	3.8%	4	3,976,689
150,761	152,462	1,701	1.1%	Benefits	1,543,704	1,538,204	(5,500)	-0.4%	4	1,290,890
2,797	6,364	3,567	56.0%	Benefits Workers Compensation	27,916	63,640	35,724	56.1%	4	15,245
100,224	78,711	(21,513)	-27.3%	Benefits Medical Insurance	721,418	787,110	65,692	8.3%	4	698,005
237,116	197,747	(39,369)	-19.9%	Medical Professional Fees	2,400,760	2,442,782	42,022	1.7%	5	2,224,535
1,944	2,251	307	13.6%	Other Professional Fees	22,084	22,516	432	1.9%	5	19,478
51,716	49,148	(2,568)	-5.2%	Supplies	507,547	625,998	118,451	18.9%	6	537,905
81,670	74,208	(7,462)	-10.1%	Purchased Services	752,988	758,795	5,807	0.8%	7	678,861
80,304	97,396	17,092	17.5%	Other	1,120,731	1,001,763	(118,968)	-11.9%	8	841,446
1,244,511	1,056,907	(187,604)	-17.8%	TOTAL OPERATING EXPENSE	11,871,660	12,205,253	333,593	2.7%		10,283,054
174,306	**152,069**	**22,237**	**14.6%**	**NET OPERATING REV(EXP) EBIDA**	**3,463,442**	**1,729,507**	**1,733,935**	**100.3%**		**3,031,401**
				NON-OPERATING REVENUE/(EXPENSE)						
-	75,596	(75,596)	-100.0%	Donations-IVCH	191,714	755,964	(564,250)	-74.6%	9	87,813
-	-	-	0.0%	Gain/ (Loss) on Sale	1,000	-	1,000	0.0%	10	-
-	-	-	100.0%	COVID-19 Emergency Funding	(806,125)	-	(806,125)	100.0%	11	3,064
(75,434)	(75,434)	-	0.0%	Depreciation	(728,539)	(754,340)	25,802	3.4%	12	(655,194)
(75,434)	162	(75,596)	46664.2%	TOTAL NON-OPERATING REVENUE/(EXP)	(1,341,950)	1,624	(1,343,574)	82732.4%		(564,317)
$ 98,872	**$ 152,231**	**$ (53,359)**	**-35.1%**	**EXCESS REVENUE(EXPENSE)**	**$ 2,121,493**	**$ 1,731,131**	**$ 390,362**	**22.5%**		**$ 2,467,084**
6.4%	**7.2%**	**-0.9%**		**RETURN ON GROSS REVENUE EBIDA**	**13.0%**	**7.2%**	**5.9%**			**13.7%**

INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
APRIL 2022

Variance from Budget Fav<Unfav>	APR 2022	YTD 2022

1) Gross Revenues

Acute Patient Days were above budget by 2 at 2 and Observation Days were at budget at 1.

Outpatient volumes were above budget in Emergency Dept visits, Clinic visits, Surgical cases, Laboratory tests, EKG, Diagnostic Imaging, Ultrasound, Cat Scan, Drugs Sold to Patients, and Physical Therapy.

	APR 2022	YTD 2022
Gross Revenue -- Inpatient	$ 38,490	$ (36,762)
Gross Revenue -- Outpatient	593,456	2,519,014
	$ 631,947	$ 2,482,252

2) Total Deductions from Revenue

We saw a shift in our payor mix with a 3.87% increase in Medicare, a 2.97% increase in Medicaid, a 4.38% decrease in Commercial insurance, a 2.46% decrease in Other, and County was at budget. Contractual Allowances were above budget due to Outpatient Revenues exceeding budget by 28.20% along with the shift in Payor Mix to Medicare and Medicaid from Commercial.

	APR 2022	YTD 2022
Contractual Allowances	$ (451,043)	$ (1,483,798)
Charity Care	63,080	(12,822)
Charity Care-Catastrophic Event	-	-
Bad Debt	(29,438)	706,525
Prior Period Settlement	-	(268,000)
Total	$ (417,401)	$ (1,058,095)

3) Other Operating Revenue

IVCH ER Physician Guarantee is tied to collections, meeting budget in April.

	APR 2022	YTD 2022
IVCH ER Physician Guarantee	$ 114	$ (230,153)
Miscellaneous	(4,819)	206,339
Total	$ (4,705)	$ (23,814)

4) Salaries and Wages

	APR 2022	YTD 2022
Total	$ (139,360)	$ 189,934

Employee Benefits

	APR 2022	YTD 2022
PL/SL	$ (4,173)	$ (75,995)
Pension/Deferred Comp	-	-
Standby	8,620	32,384
Other	(9,957)	(28,861)
Nonproductive	7,211	66,973
Total	$ 1,701	$ (5,500)

Employee Benefits - Workers Compensation

	APR 2022	YTD 2022
Total	$ 3,567	$ 35,724

Employee Benefits - Medical Insurance

	APR 2022	YTD 2022
Total	$ (21,513)	$ 65,692

5) Professional Fees

Physical Therapy volumes were above budget 18.09%, creating a negative variance in Therapy Services.

Additional coverage in the ED due to volumes exceeding budget by 35.60%, created a negative variance in IVCH ER Physicians.

	APR 2022	YTD 2022
Therapy Services	$ (2,516)	$ (5,856)
Sleep Clinic	-	(1,618)
Administration	-	-
Foundation	308	433
Miscellaneous	750	750
Multi-Specialty Clinics	3,727	23,726
IVCH ER Physicians	(41,330)	25,020
Total	$ (39,062)	$ 42,454

6) Supplies

Medical Supplies Sold to Patients revenue exceeded budget by 42.44%, creating a negative variance in Patient & Other Medical Supplies.

	APR 2022	YTD 2022
Patient & Other Medical Supplies	$ (8,000)	$ (34,683)
Minor Equipment	(18)	(11,656)
Non-Medical Supplies	580	(5,510)
Office Supplies	94	2,347
Food	1,177	11,937
Pharmacy Supplies	3,600	156,016
Total	$ (2,568)	$ 118,451

INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
APRIL 2022

7) Purchased Services

Snow removal created a negative variance in Miscellaneous.

We saw small positive variances across multiple departments, creating the positive variance in Department Repairs.

	Variance from Budget Fav<Unfav> APR 2022	Variance from Budget Fav<Unfav> YTD 2022
Laboratory	$ (1,490)	$ (44,212)
Miscellaneous	(17,217)	(23,345)
Multi-Specialty Clinics	579	(7,738)
Surgical Services	-	-
Diagnostic Imaging Services - All	(1,162)	1,787
Department Repairs	3,703	1,977
Pharmacy	500	2,004
Engineering/Plant/Communications	3,431	4,021
EVS/Laundry	2,195	21,435
Foundation	2,000	49,878
Total	$ (7,462)	$ 5,807

8) Other Expenses

Transfer of Laboratory Labor costs to IVCH for resulting tests at the TFH Lab, created a negative variance in Miscellaneous.

Prior Period telephone expense accruals came in below estimations, creating a positive variance in Utilities.

	APR 2022	YTD 2022
Miscellaneous	$ (11,842)	$ (120,935)
Utilities	26,614	(30,390)
Insurance	(553)	(17,003)
Equipment Rent	(1,428)	(5,608)
Multi-Specialty Clinics Bldg. Rent	100	(3,113)
Marketing	(55)	(1,560)
Physician Services	-	-
Other Building Rent	297	8,359
Dues and Subscriptions	679	16,605
Outside Training & Travel	3,280	34,676
Total	$ 17,092	$ (118,968)

		APR 2022	YTD 2022
9) Donations	Total	$ (75,596)	$ (564,250)
10) Gain/(Loss) on Sale	Total	$ -	$ 1,000
11) COVID-19 Emergency Funding	Total	$ -	$ (806,125)
12) Depreciation Expense	Total	$ -	$ 25,802

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	AUDITED FYE 2021		BUDGET FYE 2022	PROJECTED FYE 2022	**ACTUAL APR 2022**	**PROJECTED APR 2022**	**DIFFERENCE**	ACTUAL 1ST QTR	ACTUAL 2ND QTR	ACTUAL 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	$ 35,256,409		$ 22,035,877	$ 43,694,604	$ 2,076,253	$ 286,812	$ 1,789,441	$ 15,154,229	$ 7,650,554	$ 16,020,882	$ 4,868,939
Interest Income	604,065		509,726	339,790	46,430	141,852	(95,422)	98,018	94,530	100,813	46,430
Property Tax Revenue	8,358,581		8,320,000	8,555,036	-	-	-	453,496	102,016	4,799,524	3,200,000
Donations	647,465		1,320,000	1,458,739	78,550	110,000	(31,450)	145,778	331,247	683,165	298,550
Emergency Funds	(3,567,509)		-	(1,092,739)	-	-	-	101,692	(1,194,431)	-	-
Debt Service Payments	(4,874,705)		(5,016,439)	(4,959,035)	(352,659)	(353,188)	530	(1,631,219)	(1,058,056)	(1,210,725)	(1,059,036)
Property Purchase Agreement	(744,266)		(811,927)	(812,500)	(67,661)	(67,661)	-	(202,982)	(202,982)	(203,555)	(202,982)
2018 Municipal Lease	(1,574,216)		(1,717,326)	(1,714,321)	(143,111)	(143,111)	-	(429,332)	(429,332)	(426,327)	(429,332)
Copier	(58,384)		(63,840)	(59,718)	(4,790)	(5,320)	530	(15,223)	(14,449)	(14,615)	(15,430)
2017 VR Demand Bond	(989,752)		(778,177)	(727,326)	-	-	-	(572,390)	-	(154,936)	-
2015 Revenue Bond	(1,508,087)		(1,645,169)	(1,645,170)	(137,097)	(137,097)	0	(411,292)	(411,294)	(411,292)	(411,292)
Physician Recruitment	(145,360)		(320,000)	(290,668)	-	(32,000)	32,000	-	(96,668)	(130,000)	(64,000)
Investment in Capital											
Equipment	(1,993,701)		(6,619,450)	(4,556,429)	-	(1,021,007)	1,021,007	(1,413,396)	(377,325)	(1,765,708)	(1,000,000)
Municipal Lease Reimbursement	1,638,467		-	-	-	-	-	-	-	-	-
IT/EMR/Business Systems	(188,744)		(1,315,027)	(316,287)	3,713	(431,676)	435,389	-	-	(20,000)	(296,287)
Building Projects/Properties	(7,418,233)		(29,614,464)	(19,975,286)	(1,292,000)	(8,498,857)	7,206,857	(2,380,089)	(3,749,159)	(3,751,037)	(10,095,000)
Change in Accounts Receivable	(6,284,269)	N1	(2,149,377)	(9,521,713)	1,112,285	2,912,629	(1,800,344)	(3,723,682)	(1,916,033)	(6,076,440)	2,194,442
Change in Settlement Accounts	2,737,636	N2	(22,397,159)	(21,747,097)	(2,357,830)	(10,088,049)	7,730,219	(161,535)	(13,234,421)	2,093,061	(10,444,202)
Change in Other Assets	(92,357)	N3	(2,400,000)	(1,736,432)	4,177	(200,000)	204,177	(1,167,873)	(263,085)	90,349	(395,823)
Change in Other Liabilities	3,980,506	N4	(893,000)	(2,274,716)	(4,466,357)	1,000,000	(5,466,357)	1,967,766	(8,458,498)	2,482,373	1,733,643
Change in Cash Balance	28,658,251		(38,539,313)	(12,422,232)	(5,147,438)	(16,173,483)	11,026,045	7,443,183	(22,169,328)	13,316,257	(11,012,344)
Beginning Unrestricted Cash	132,985,091		161,643,342	161,643,342	160,294,912	160,294,912	-	161,643,342	169,086,525	146,917,197	160,233,453
Ending Unrestricted Cash	161,643,342		123,104,029	149,221,110	155,147,474	144,121,429	11,026,045	169,086,525	146,917,197	160,233,453	149,221,110
Operating Cash	142,591,148		123,104,029	149,221,110	149,677,769	144,121,429	5,556,340	152,247,265	132,675,852	151,761,425	149,221,110
Medicare Accelerated Payments	19,052,193		-	-	5,469,705	-	5,469,705	16,839,260	14,241,345	8,472,028	-
Expense Per Day	595,409		629,671	622,606	622,582	631,064	(8,482)	585,887	603,375	617,099	622,606
Days Cash On Hand	271		196	240	249	228	21	289	243	260	240
Days Cash On Hand - Operating Cash Only	239		196	240	240	228	12	260	220	246	240

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 **DATE: 5/17/22**
President and CEO

The Health System has had double-digit growth almost every year for the past six years. In fiscal year (FY) 22, we have the lowest overall growth at roughly 7% on a year over year basis.

Provider office visits are illustrating a 1-2% growth rate over the previous year, one of the lowest year over year growth rates we have seen in the last six years.

We have had several physicians retire this fiscal year and some providers relocate to work in other areas of the country. There is active recruiting for several physician specialties. Recruitment has become a lot tougher for physicians and this trend will likely continue to toughen in future years. We will approach the board with new "tools" to help with recruiting of key employees or physicians as massive healthcare worker shortages are forecasted to increase in the future. As shared in a prior month, we are not aware of any employees or physicians who left our team to join the new hospital that opened in Reno on April 4.

We have four large in-person Town Hall sessions scheduled for all team members in June. We are really excited about this.

For the fourth year in a row, Tahoe Forest Health System has won an award as a "Best Place to Work". We won 2nd place in the Extra Large Category. The award ceremony was held last Friday, May 13, 2022. We beat out all other healthcare systems in the Northern Nevada and Tahoe region.

We are seeing a small uptick in COVID-19 positive lab tests in May versus April and March. In March, we averaged 3.7 positive lab tests per calendar day in our tri-county region. In April, it was 3.5 positive lab tests per calendar day and now in May (month to date), it is running 4.9 positive lab tests per calendar day.

Additionally, we have had another 22 team members test positive in the first have to. Total positives for team members in March and April was 11 and 18, respectively.

So we would like to see the presence of the virus decline in our region, state and country a lot more. The virus is very friendly and contagious but appears to be a lower acuity illness.

I am pleased that our health system has increased the leadership hours of service for the Chief Medical Officer role as we have a growing list of complex improvements we need to serve our patients and our providers better in the future. Dr. Gary Gray is here now nearly full time as our Interim CMO as we continue to search for a very experienced full time CMO.

Our team has been busy working on details of the Bill Rose Park in the middle of our campus regarding ownership and the important compatibility with our new Master Plan. We did submit our complex Master Plan to the Town of Truckee back on March 11. We are hopeful they will value the urgency of the growing healthcare needs of our region, both in the town limits of Truckee and in the five counties we serve that is a huge footprint outside of the Town of Truckee. We are actually moving further out in the future slightly some of our building projects due to high levels of cost and we may have to look at the square footage of each building as well.

We as a management team are firmly committed to protecting the balance sheet of this Health System long term. We want to maintain a high investment grade just like we want high grades in the quality of care we provide.

It is very important for all to know that we are proposing to invest more than 100% of our cumulative net income of the next 10 years on Master Plan improvements across our District. So continuing superb financial performance is essential to have the cash flow for land improvements, equipment and building space to care for the needs of our patients. Timely access to care is below where we need and want it to be.

Our team and staff continue to work hard on a new labor agreement to become effective July 1, 2022. Growing healthcare workforce shortages are going to shock many health systems in the future. Retirements of workers in healthcare is climbing to new levels as well.

The update report this month by the Workforce Housing Agency will be very important as this group of seven partners is working really hard to find a growing number of housing solutions for more than 2000 workforce individuals. The rapidly growing house inflation in our local region is very damaging to us, and all small and large businesses in our region, as all of us try to meet the needs of patients or customers in the region.

We are experiencing many economic variables right now just like we saw in the 1970's and early 1980's. I believe inflation of goods and services is actually much higher than the federal inflation report states. This formula has been revised multiple times over many years, which tends to underreport the real inflation rate.

We continue to remain really active on many state and federal new bills or rules that may be damaging to healthcare or our economy.

TAHOE FOREST HOSPITAL DISTRICT

Board COO Report

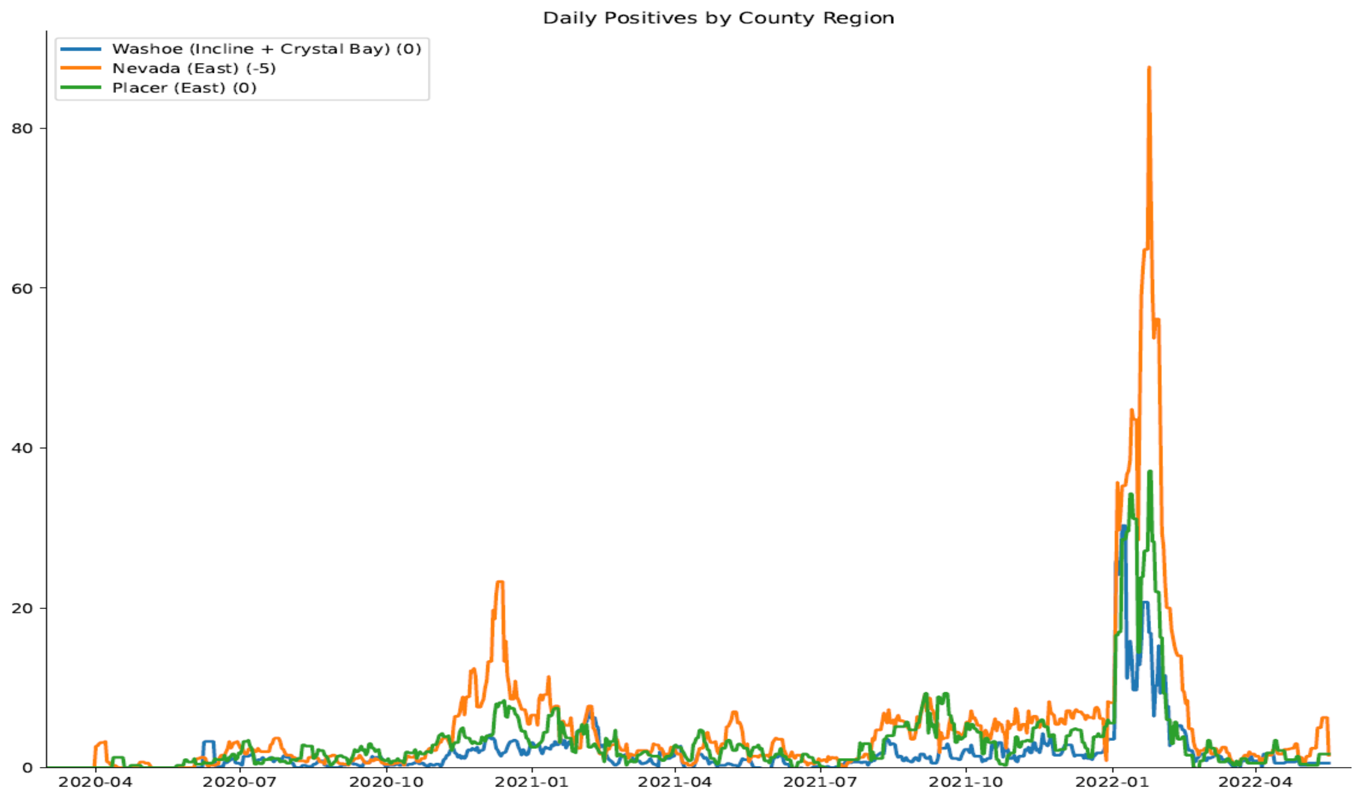
By: Louis Ward
Chief Operating Officer

Date: May 2022

Quality: Provide Excellent Patient Focused Quality Care

COVID-19

Over the past few weeks, the Health System has observed an increase in the COVID positivity rate in the communities we serve. Throughout this month, the TFHS COVID response team have met regularly to communicate updates, any change in policy, and a response for future weeks. We have also had discussions with both Placer County and Nevada County officials in our efforts to gain an understanding of current county preparedness as well as receive information regarding positivity rates and hospitalizations in other area hospitals. At the time of writing this report, TFHS remains at a zero COVID positive inpatient census as we have for weeks. These low hospitalization numbers are also being observed throughout Nevada, Placer, and Washoe County hospitals. Even with a low hospitalization census, the Health System continues to prepare for any change to our COVID inpatient census, increased patient flow in our Emergency Rooms, and workforce safety. A graph depicting the increase in COVID cases in our region can be found below.



Vaccine Clinic

In partnership with Washoe County, we held two Vaccine Clinics at our Incline Village Hospital over the past three weeks. No appointments were necessary and we provided vaccines for all eligible patients ages 5 & up. The Health System is planning to hold more community vaccine days throughout the summer into the fall. We are continuing to keep an eye on vaccine approval for patients ages 5 and under.

Nevada Ends COVID-19 State of Emergency
On Friday, Nevada Governor Steve Sisolak announced his intention to end Nevada's State of Emergency related to the COVID-19 pandemic on May 20, 2022. Directive 11, which waived certain licensing requirements to allow the state to bring additional health care workers into hospitals, and allow certain doctors, nurses, EMTs, and medical students to work under proper supervision to care for COVID-19 patients will also end on May 20, 2022. We expect no operational or patient care issues at Incline Village Community Hospital with the termination of Directive 11.

340B Steering Committee
The 340B Steering Committee met this month to discuss the program, regulatory updates, and compliance within the program. This committee will meet quarterly to discuss the program and communicate changes as they occur.

FY23 Projects
On May 5, 2022, the Administrative Council's Project Governance Board conducted an annual review and prioritization of newly proposed projects to be considered for execution during FYE23. This review, guided by the Project Management Office, with participation and input from each of the proposal submitters, examined nineteen vetted initiatives. The Project Governance Board (AC) prioritized 16 of those projects that support clinical services delivery, revenue cycle charge capture and efficiency, foundational technology network resiliency, network security, and regulatory compliance. The planned costs of these prioritized initiatives is valued at $1,648,122.

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

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

Retirements

Director of PRIME, Quality Improvement Program (QIP) - Eileen Knudson
Eileen has been with TFHS 32 years. She developed and implemented our Hospice program and Thrift Stores. She developed and implemented our cancer program along with being the Director who oversaw the design of the Gene Upshaw Memorial Cancer Center. Most recently she has spent her time developing and implementing the Tahoe Forest Health System behavioral health program. We thank Eileen for her visionary approach to her work, her passion and dedication, and her many years of service to the communities we proudly serve.

Director of Pharmacy - Tena Mather
After 22 years of service to the Tahoe Forest Health System, Tena Mather, Director of Pharmacy has announced her retirement. Her last day with the health system is June 30th. We thank Tena for her

many years of service, her leadership, and her positive impact on her coworkers and the patients we serve.

Patient Experience Specialist - Lorna Tirman
Lorna has been with the Health System for 4 years in her role as a patient advocate and patient experience specialist. She has been a model team member of the Tahoe Forest Health System throughout her time here. We thank her for her valued contributions.

Growth: Meets the needs of the community

Explore and engage beneficial collaborations and partnerships

Northstar Clinic EMR
Meetings occurred between TFHS and Northstar/Vituity leadership throughout this past month to discuss updating the current paper based medical record to and EPIC Electronic Medical Record. Performing this work would not only increase provider satisfaction at the Northstar Clinic, it would also aid greatly in pre-hospital care. Future meetings are scheduled to continue these discussion and plan work to perform throughout the summer and fall seasons prior to the busy ski season.

Enhance and promote our value to the community

The Tom and Pam Hobday Spirit of Giving Award
This month the Spirit of Giving Award selection committee met to review this year's nominees for the prestigious award. The selection committee unanimously selected a very deserving nominee which will be announced at the Spirit of Giving Award ceremony on July 26, 2022.

Service: Optimize Deliver Model to Achieve Operational and Clinical Efficiency

Implement a focused master plan

Report provided by Dylan Crosby, Director Facilities and Construction Management

Active Projects:

Project: 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 Dinning and Activity rooms with new flooring, paint, blinds and replacement of existing counters and sinks.
Update Summary: Construction has been completed. Liquidated Damages have been accesses for project delays.
Start of Construction: March 29th, 2021
Estimated Completion: April 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:. Emergency Department nearing completion with HCAI sign off scheduled for 5/20/22. The next phase, ECC, is scheduled to begin 5/19/22.
Start of Construction: March 2022
Estimated Completion: June 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: Shop: Completed. Sterile Processing: Construction of decontamination room is nearing completion. The next phase, which includes HVAC upgrades and Clean Supply upgrades, commenced on 5/16/22.
Start of Construction: August 2021
Estimated Completion: July 2022

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: Construction has commenced. Phase one is underway which includes re-routing of main line utilities for the new underground storage tank location.
Start of Construction: May 2022
Estimated Completion: December 2022

Project: Medical Office Building Renovation
Background: Outpatient clinical services are in need of additional space to meet the healthcare need of the community. To provide efficient, flexible space staff intend to renovate the entire second floor of the Medical office building and create a single use suite that can be utilized for primary care and specialty services. MOB suite 360 is also planned to be renovated to utilize the additional space that has since become available.
Summary of Work: Relocate Occupation Health, Out Patient Lab and Primary Care services in suite 360. Demo all suites. Construct new use-flexible outpatient OSHPD 3 spaces for outpatient clinical services. Include the remodel of suite 340 to create a continuous primary care suite on both the 2nd and 3rd floors of the MOB, all RHCs.

Update Summary: Framing is completed with in-wall inspection wrapping up by 5/20/22. Phasing into overhead mechanical, project is on schedule. The Suite 340 design has been submitted to the District for approval. Scheduled to be submitted to the town for permitting 5/27/22.
Start of Construction: March 2022
Estimated Completion: December 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: Temporary MRI has been installed and in use. The old MRI has been removed preparation for the new MRI is underway. During demolition three conflicts were found: Sewer line, CMU wall and 2;; gas line. All three of these existing conditions have required minor design changes which are currently into HCAI for approve. Anticipated impact is a 60-day delay.
Start of Construction: April 2022
Estimated Completion: December 2022

Projects in Planning:

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 and TRPA have approved permit. Staff are working on transfer of development rights, estimated to complete 6/9/22. Anticipated start of construction of 6/13/22.
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 approved. Staff are working with Design Builder on Design Development effort. Staff are adding the CT replacement into the current scope of work to reduce future impacts and cost to the emergency and diagnostic imaging departments.
Start of Construction: Winter 2022
Estimated Completion: Summer 2024

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

Background: Incline Village Community Hospital has been provided a grant opportunity to support the replacement of the X-Ray and CT at the Hospital. Various components of the X-Ray are end of service and end of support. The CT is approaching end of service. The new CT will be replaced with a new 128 slice machine, existing 16 slices.
Summary of Work: Provide temporary accommodations to ensure hospital can provide X-Ray and CT services during the project. Replace X-Ray and CT equipment and modify space for code compliance and improved staff and patient workflow.
Update Summary: Bidding has concluded. Staff are proceeding with contracting, programming and schematic design.
Start of Construction: Fall 2022
Estimated Completion: Spring 2023

Project: Levon Parking Structure
Background: Demand for parking Tahoe Forest Hospital has far exceeded its capacity. This project is to create a staff parking structure to meet the current and future needs of staff and importantly provide accessible parking for our patients.
Summary of Work: Project intent is to concurrently work on this project thru the entitlements effort on the Tahoe Forest Master Plan effort. This project being dependent on the Master Plan approval. This project will provide upwards of 225 parking stalls and various biking parking opportunities to support the parking need of the Tahoe Forest campus. The use intent is for this structure to service staff being located off Levon Ave, the Hospital service corridor.
Update Summary: Staff are working with the design building on programming and deliverables for the Town of Truckee Development Permit.
Start of Construction: Spring 2023
Estimated Completion: Winter 2023

Project: Lake Street Housing
Background: On-Call housing and On-Boarding housing are critical to district operations and recruitment of talented employees.
Summary of Work: Demolish 10151 & 10145 Lake Ave to create 2 new duplex houses to be utilized for recruitment and retention. As well as create 10 new studio apartments to support the Hospitals On Boarding needs.
Update Summary: Schematic Design has concluded; staff are proceeding with Design Development.
Start of Construction: Summer 2023
Estimated Completion: Spring 2024

Board CNO Report

By: Jan Iida, RN, MSN, CEN **DATE: May 2022**

Chief Nursing Officer

Service: Deliver Outstanding Patient and Family Experience

- The new smart IV pumps has a successful go live for all units and clinics.
- Blue Sky is the vendor for tele-stroke program-dropped, due to credentialing issues that were unable solve; we are currently looking at other vendors for our Tele-Stroke/EEG program for ED and inpatients. We will only look at programs, which are Joint Commission accredited. This will help the credentialing process.

Quality: Provide Excellent Patient Focused Quality Care

- Claire Da Luz, is our SUN (substance abuse navigator), who works with our ED staff to help with substance abuse patients seen.
  - April 2022 -24 referrals for ED patients with substance use:
    - 19 were alcohol
    - 2 were Meth
    - 1 were Poly substance
    - 2 were Fentanyl
  - Claire also does audit for all Trauma admits which is a requirement for ACS.

Growth: Expand & Foster Community and Regional Relationships

- Code 250 went live May 11th, the page for rapid response/code for cancer center 1st and 2nd floor and parking lots surrounding the hospital. This replace a 911 call, the team that response will assess and take patient to ED for further evaluation.

Board Informational Report

By: Jake Dorst
Chief Information and Innovation Officer

DATE: May 2022

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

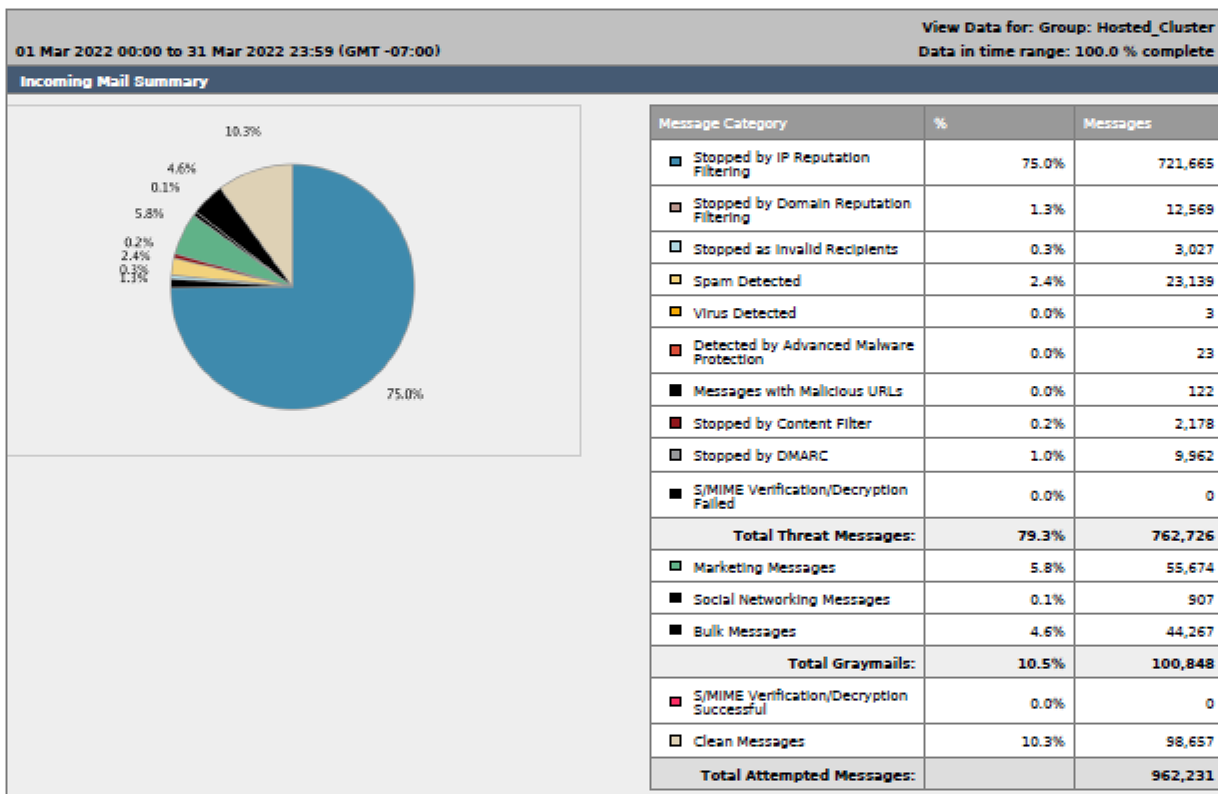
Ambulatory:

- Provider Efficiency Evaluations-Doing 1:1 with AMB providers
- MyChart/MyChart proxy reeducation sessions
- Urgent Care implementation-getting started
- Communication tool for Ortho (building)
- Wound care referral updates (building)
- Preference list updates (building)

Inpatient:

- Extended Care Center (ECC) Clinical IT support program
- Baxter IV pump smart pumps are deployed and working now we are working on superuser training
- Epic themed Skills Day station in each department. (OB Skills day dedicated to follow up Stork education post go live)
- Kick off Epic Credentialed training of two new trainers for Inpatient Epic
- Testing the interfaces for Point of Care (POC) Glucose results (go live now set for June but a lot of work has been done due to the security on both Tahoe Forest and Mercy sides.)
- The new Coagulation instruments are being installed at both hospitals
- IntCAIR2 bidirectional interface is now live (California Immunization Registry)
- STORK is live (Epic Obstetrics module)
- MyChart Auto Enrollment is live
- Pediatric Performance Improvement Team executing
- Pioneer Rx for retail pharmacy is expected during June
- FYE23 project portfolio is coming into focus
- Tahoe Forest Intranet engine upgraded to latest version including security and performance enhancements
- IronPort (E-Mail filters) upgraded to latest technology. Initial indicators show a 39% reduction in emails being delivered to enterprise users. These mails primarily consist of spam and marketing emails

- Implement Multi-Factor Authentication for I.T. privileged accounts. I.T. accounts, with highly restricted access, must now use a password and a random one-time, rotating token (presented on their Cell Phone) each time they log into the network
- Axiom (Budgeting System) upgraded to latest version with security and performance updates
- Began reducing storage footprint in order to better maintain storage costs at TFHD within reasonable margins. 3 Terabytes of duplicate data removed from Nutanix storage systems
- Met with vendor name RingCentral on possible Unified Communications solutions. Solution will allow for phones, texting, instant message and potentially code alerts. Working with vendor this week to receive demonstration on Access Center capabilities. This solution will be hosted in the cloud should the functionality meet our requirements
- 713 ServiceDesk tickets successfully addressed and closed
- Brought on additional Contractor to fill ServiceDesk vacancy. Will evaluate contractor with the intent of hiring should them perform well
- Increased cadence of critical patching to weekly. High priority patches that are announced via industry leaders and committed immediately
- Interfacing and testing with Quest and Aurora Pathology reference labs for the next Epic upgrade



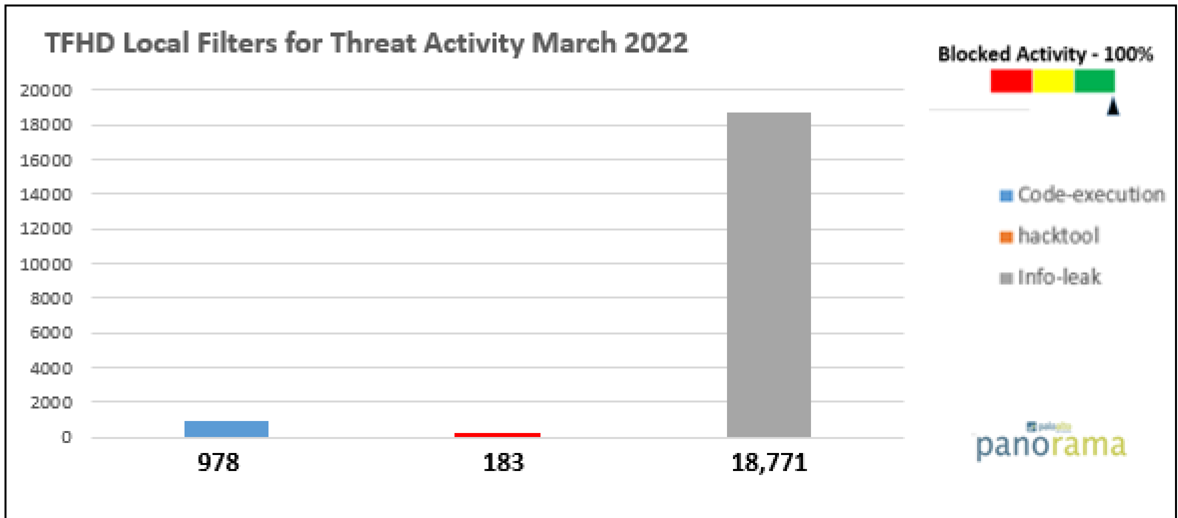
View Data for: Group: Hosted_Cluster

01 Mar 2022 00:00 to 31 Mar 2022 23:59 (GMT -07:00)

Data in time range: 100.0 % complete

Incoming Mail Summary

Message Category	%	Messages
Stopped by IP Reputation Filtering	75.0%	721,665
Stopped by Domain Reputation Filtering	1.3%	12,569
Stopped as Invalid Recipients	0.3%	3,027
Spam Detected	2.4%	23,139
Virus Detected	0.0%	3
Detected by Advanced Malware Protection	0.0%	23
Messages with Malicious URLs	0.0%	122
Stopped by Content Filter	0.2%	2,178
Stopped by DMARC	1.0%	9,962
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**79.3%**	**762,726**
Marketing Messages	5.8%	55,674
Social Networking Messages	0.1%	907
Bulk Messages	4.6%	44,267
Total Graymails:	**10.5%**	**100,848**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	10.3%	98,657
Total Attempted Messages:		**962,231**



Code Execution: Attempts to identify execution vulnerabilities that can be run by a privileged user

hacktool: riskware that is intended to provide access to computers and networks

Info-leak: Attempt to detect software vulnerabilities and craft request exploits for unprotected data

Industry Benchmark Data

Account Average Phish-prone %	8.8%
Last Campaign Phish-prone %	8.3%
Industry Phish-prone %	19.1%

Board CMO Report

By: Shawni Coll, D.O., FACOG **DATE: May 12, 2022**
Chief Medical Officer

People: Strengthen a highly-engaged culture that inspires teamwork

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

- Dr. Gary Gray is starting as of May 16th as our nearly full time interim CMO. He will be with the organization until the end of September while we search for our new full time CMO. We continue to heavily recruit for much needed physician and APP positions. We are also excited to be interviewing for a physician recruiter to help us with this endeavor.

Service: Optimize delivery model to achieve operational and clinical efficiency

Develop integrated, standardized and innovative processes across all services

- Working to help decrease the burden of MyChart Messages to physicians and APP by developing standards on messaging, when an appointment is more appropriate, and not tolerating harassing messages from patients.

Use technology to improve efficiencies

- Continue to offer Epic Optimization for physicians and APP to attempt to decrease the burden of the EHR.

Quality: Provide clinical excellence in clinical outcomes

Focus on our culture of safety

- Just received our SCOR survey results and the physicians and APPs are very low scoring for burnout (meaning they are very burnt out).
- Beta HEART survey is upcoming and will have physician/APP involvement in the survey process.

Prioritize the patient and family perspective

- A LEAN project team is working with the Pediatric office to focus on patient wait times and improve access to care. Great news! They have been able to make appointments for everyone on the waitlist and no one is currently waiting.

Identify and promote best practice and evidence-based medicine

- Our new Clinical Patient Experience Specialist will be meeting with all new Physicians and APPs to orient them to our goals and values related to patient satisfaction to move our Health System forward with our new Strategic Plan.

TAHOE FOREST HOSPITAL DISTRICT
RESOLUTION NO. 2022-11

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. 2022-01 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 26th day of May, 2022 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

TAHOE FOREST HOSPITAL DISTRICT

AGENDA ITEM COVER SHEET

ITEM	Policy Review
RESPONSIBLE PARTY	Martina Rochefort, Clerk of the Board
ACTION REQUESTED?	For Board Approval

BACKGROUND:

The following policies are due for review by the Board of Directors:
-ABD-14 Inspection and Copying of Public Records

SUMMARY/OBJECTIVES:

The Inspection and Copying of Public Records policy was reviewed and edited by General Counsel.

The Board Governance Committee reviewed the policy at their April 19, 2022 meeting and did not have any additional edits.

A risk statement was added per *Policy & Procedure Structure and Approval, AGOV-9*.

SUGGESTED DISCUSSION POINTS:

None.

SUGGESTED MOTION/ALTERNATIVES:

Approval via Consent Calendar.

LIST OF ATTACHMENTS:

- ABD-14 Inspection and Copying of Public Records Policy

RISK

Failure to follow requirements relating to the disclosure of public records could result in legal ramifications.

POLICY

Guidelines for the Accessibility of the Public Records of the Tahoe Forest Hospital District

The following Guidelines shall govern the accessibility for inspection and copying of all ~~of the~~ public records of the Tahoe Forest Hospital District (District). These Guidelines have been set by the Board of Directors (Board) and are to be administered by the President and Chief Executive Officer (CEO).

A. **Purpose of Guidelines**
The Guidelines are general rules to be followed by those charged with administration of the **Procedures Concerning Inspection and Copying of the Public Records of the Tahoe Forest Hospital District** adopted by the Board of Directors. Certain legal requirements (Government Code ~~S~~sections~~s~~ 6250, et seq.) must be followed relating to the disclosure of records and the protection of the confidentiality of records. These Guidelines set forth the general rules contained in those laws and are not intended to conflict with state or federal law.

B. Definitions

1. "Person" and "public records" are defined in the **Procedures Concerning Inspection and Copying of the Public Records of the Tahoe Forest Hospital District** (Procedures). Those definitions apply here.

2. "Writing" means any handwriting, typewriting, printing, photostating, photographing, photocopying, transmitting by electronic mail or facsimile, and every other means of recording upon any tangible thing any form of communication or representation, including letters, words, pictures, sounds, or symbols, or combinations thereof, and any record thereby created, regardless of the manner in which the record has been stored."~~.~~

3. "Computer Records" means writings stored or maintained on a computer. Computer records are subject to disclosure as otherwise required or exempted by these guidelines. However, computer software, including computer mapping systems, computer programs and computer graphics systems, developed by ~~Tahoe Forest Hospital~~the District, are not "public records," and are not subject to disclosure. The ~~Hospital~~ District may sell, lease, or license such software for commercial or noncommercial use.

C. Questions of Interpretation

1. If there is ~~any question~~a good faith dispute concerning whether District records should be disclosed under these Guidelines, the records should not be made accessible to the public until the ~~Chief Executive Officer~~CEO has reviewed and made a decision. The decision may be reviewed by the Board ~~of Directors~~ upon its own initiative, or upon the applicant's ~~may~~ petition to the Board~~ for review~~, within ten (10) days of the CEO's decision. If the Board reviews the decision, ~~which the Board~~it may ~~grant~~ affirm or reject the decision, in its sole discretion, and the Board's decision is ~~the~~ final~~ decision~~. ~~If the Board of Directors reviews the question, its decision is final.~~ If the Board ~~of Directors~~ does not review the decision, ~~either on its own initiative or by petition within ten (10) days of Chief Executive Officer's decision,~~ the

~~Chief Executive Officer's~~CEO's decision is final.

2. The District shall justify the withholding of any record, or part thereof, by demonstrating that the record requested and withheld is exempt under ~~Paragraph~~ Section E of these Guidelines~~, or that on the facts of the particular case, the public interest served by not making the record public outweighs the public interest served by the disclosure of such record~~.

3. ~~In the case of~~ With any denial of an Application for Inspection or Copying of Records, the District shall, within the period allowed under Section F of the **Procedures** ~~**Concerning Inspection**~~, notify the applicant of the decision to deny the application and ~~shall set forth~~state the names and positions of each person responsible for the denial of the request.

D. **Following Procedures for Inspection and Copying**
The Procedures referred to herein shall be followed at all times. Records of inspections shall be accurately maintained.

E. **Records Subject to Inspection**
All public records of the District are subject to inspection ~~pursuant to~~ under these Guidelines ~~except as follows~~except:

1. Records ~~set forth hereinafter as records~~ subject to inspection only with authorization, under Section F below;

2. Records **NOT SUBJECT** to inspection, ~~(~~unless by Court Order under Section G below~~)~~;

~~2.~~3. Public records pertaining to financial or utilization data, unless permitted by Section H below; or

~~3.~~4. Records which may be withheld by exercise of judgment, ~~pursuant to~~under Section I below.

F. **Records Subject to Inspection Only with Authorization**
In accordance with the Health Insurance Portability and Accountability Act (HIPAA), any records relating to patients of the ~~Tahoe Forest Hospital~~ District (including but not limited to the patient's records of admission and discharge, medical treatment, diagnosis and other care and services) shall only be made available for inspection and/or copying under ~~the following conditions~~these conditions:

1. Upon presentation of a **written** authorization ~~therefore~~ signed and presented by an adult patient, ~~by~~ the guardian or conservator of his or her person or estate, ~~or, in the case of a minor, by a parent or guardian of such minor, or by~~ the personal representative or an heir of a deceased patient, or, in the case of a minor, by a parent or guardian of such minor. Written authorization may be presented by ~~, and then only upon the presentation of the same by such person above named or~~ an attorney at law representing such person described above.

   a. Where records relating to a minor patient are sought by a representative~~,~~ and the minor is authorized by law to consent to medical treatment, or the District determines that access to the information would have a detrimental effect on the patient-provider relationship or the minor's physical or psychological well-being, the District shall not permit inspection of such records, absent a court order.

   ~~2.~~b. Except when requested by a licensed physician, surgeon, psychologist, marriage and family therapist, clinical social worker, or professional clinical counselor designated by

request of the patient, the District may decline to permit inspection of mental health records sought by a patient or representative if the District determines that access to records by the patient poses a substantial risk of significant adverse or detrimental consequences to the patient. The District must place a written record of the reason for refusal within the mental health records requested, including a description of the specific adverse or detrimental consequences, and a statement that refusal was made pursuant to Health and Safety Code section 123115, subdivision (b).

3. Upon court order, when permitted under Section G below. presentation of a written order therefore issued by a Court of the State of California or of the United States of America (see reference to Subpoena Duces Tecum hereinafter) which specifically commands the District to disclose specified records.

4. Upon subpoena, when permitted under Paragraph Section J below.

5.2. The following information must be provided for disclosure under subsections (1) and (2) of this Section F:

a. The name of the patient whose records are requested.

b. The name and signature of the requestor.

c. A statement of the relationship to the patient, (if the requestor is a patient representative).

d. Identification of the portion of the patient record to be inspected or copied.

e. The date of the request.

6. Except when requested by a licensed physician, surgeon, or psychologist designated by request of the patient, the District may decline to permit inspection of mental health records sought by a patient or representative, if the District determines that access to records by the patient poses a substantial risk of significant adverse or detrimental consequences to the patient. The District must place a written record of the reason for refusal within the mental health records requested, including a description of the specific adverse or detrimental consequences, and a statement that refusal was made pursuant to Health and Safety Code Section 123115(b).

7. Upon presentation of a written order therefore issued by a Court of the State of California or of the United States of America (see reference to Subpoena Duces Tecum hereinafter) which specifically commands the District to disclose specified records.

8. Upon subpoena, when permitted under Paragraph J below.

G. **Records Not Subject to Inspection (Unless by Court Order)**
The following District records of the District are **not subject to inspection** by any person without a written order therefore issued by a Court of the State of California or of the United States of America (see reference to Subpoena Duces Tecum hereinafter):

1. Records of the proceedings or other records of an organized committee of medical or medical-dental staffs in the Tahoe Forest Hospital District having the responsibility of evaluation and improvement of the quality of care rendered in the HospitalDistrict.

2. Records pertaining to pending litigation to which the District is a party, or to claims made pursuant to Division 3.6 (commencing with Section 810) of Title 1 of the Government Code~~ of California~~, until such litigation or claim has been finally adjudicated or otherwise settled.

3. Personnel, medical or similar files of non-patients, the disclosure of which would constitute an unwarranted invasion of personal privacy of the individual or individuals concerned.

4. Records of complaints to, ~~or~~ investigations conducted by, or investigatory or security files compiled by the District for correctional, law enforcement or licensing purposes.

5. Test questions, scoring keys, and other examination data used to administer a licensing examination, examination for employment, or academic examination.

6. The contents of real estate appraisals, engineering or feasibility estimates, and evaluations made for or by the District relative ~~to the acquisition of~~ to acquiring property, or to prospective public supply and construction contracts, until ~~such time as all of~~ the property has been acquired or ~~all of~~ the contract agreement has been ~~obtained~~fully executed.

7. Records the disclosure of which is exempted or prohibited ~~pursuant to~~ under provisions of federal or state law, including, but not limited to, provisions of the Evidence Code ~~of California~~ relating to privilege~~.~~ (~~Privileges~~ e.g., privileges are conditionally provided for ~~all~~ communications between lawyer and client, physician and patient, and psychotherapist and patient).

8. Library circulation and patron use records ~~kept for the purpose of identifying the borrower to~~that identify the borrower of items ~~-~~available in any District libraries and the borrower's use of library resources.

9. Preliminary drafts, notes, or interdistrict, intra-district or other memoranda, between districts, departments of the District, and/or other agencies, which are not retained by the District in the ordinary course of business, and provided that the public interest in withholding such records outweighs the public interest in disclosure.

10. Records in the custody of or maintained by legal counsel to the District.

11. Statements of personal worth or personal financial data required by any licensing agency and filed by an applicant with the licensing agency to establish his or her personal qualification for the license, certificate or permit applied for.

12. Within one (1) year of full execution, ~~R~~records relating to any contract or amendment thereof, for inpatient services governed by Articles 2.6, 2.8 and 2.91 of Chapter 7 of Division 9 of the Welfare and Institutions Code, pertaining to Medi-Cal provider contracting, except for the portion of the contract containing rates of payment~~-~~, which shall be open to inspection ~~. However, except for the portion of the contract containing rates of payment, the record shall be open to inspection within one year after the contract is fully executed. Rate of payment portions shall be open to inspection within~~ three (3) years after the full execution ~~after~~ of the contract~~ is fully executed~~. Records relating to contracts for inpatient services shall be disclosed to the Joint Legislative Audit Committee upon request.

13. Within one (1) year of full execution, ~~R~~records relating to any contract with insurers or nonprofit hospital services plans for inpatient or outpatient services for alternative rates ~~pursuant to~~under ~~S~~section~~s~~ 10133 of the Insurance Code. ~~However, the record shall be open to inspection within one year after the contract is fully executed.~~

14. Within one (1) year of full execution, Rrecords relating to any contract, or amendment thereof, with the Major Risk Medical Insurance Program for health coverage pursuant tounder former Parts 6.3, 6.5, 6.6 or 6.7 of Division 2 of the Insurance Code, or Chapter 2 or Chapter 4 of Part 3.3 of Division 9 of the Welfare and Institutions Code, except for the portion of the contract containing rates of payment, which shall be open to inspection three (3) years after the full execution of the contract. However, except for the portion of the contract containing rates of payment, the record shall be open to inspection within one year after the contract is fully executed. Rate of payment portions shall be open to inspection within three years after the contract is fully executed. Records relating to contracts for inpatient services shall be disclosed to the Joint Legislative Audit Committee upon request.

15. "Trade secrets," including but not limited to any formula, plan, pattern, process, tool, mechanism, compound, procedure, production data, or compilation of information which is not patented, which is known only to certain individuals within the Hospital District who are using it to fabricate, produce, or compound an article or service having commercial value and which gives its user an opportunity to obtain a business advantage over competitors who do not know or use it.

16. Records of state agencies related to activities governed by Articles 2.6, 2.8, and 2.91 of Chapter 7 of Part 3 of Division 9 of the -Welfare and Institutions Code, pertaining to Medi-Cal provider contracting, which reveal the special negotiator's deliberative processes, discussions, communications, or any other portion of the negotiations with providers of healthcare services, impressions, opinions, recommendations, meeting minutes, research, work product, theories, or strategy, or which provide instruction, advice or training to employees.

17. A final accreditation report of the American Osteopathic Association which has been transmitted to the State Department of Health Services pursuant tounder Subdivision subdivision (b) of Section section 1282 of the -Health and Safety Code.

18. Any other records the disclosure of which is prohibited or restricted by law.

H. **Records Submitted to Agencies Which Are Exempted From Disclosure By District Hospitals**
In addition to the limitations upon disclosure of public records otherwise set forthcontained in these Guidelines, the District is not required to disclose public records, or permit the inspection of public records pertaining to financial or utilization data, other than such financial and utilization data as is filed with the California Health Facilities Commission and/or the Office of Statewide Health Planning and Development. It is sufficient compliance with the law to permit inspection of financial and utilization information reported to the Office of Statewide Health Planning and Development pursuant tounder Health and Safety Code Sections sections 128675, et seq., known as the Health Data and Advisory Council Consolidation Act. In case of doubt, consult the District legal counsel.

I. **Discretionary Withholding of Records**
In addition to the limitations upon disclosure of records otherwise contained set forth in these Guidelines, the District may, in its judgment, withhold inspection of any record or writing when the District determines that on the facts of the particular case the public interest served by not making the record public clearly outweighs the public interest served by disclosure of the record. Such judgment shall be exercised by the District by and through the Chief Executive Officer whose decision shall be final unless overruled by the Board of Directorsin accordance with Section C of these Guidelines.

J. **Compliance with Subpoena Duces Tecum**
While a Subpoena Duces Tecum (Subpoena) (a notice to appear and to bring records, or to produce records without appearance) is issued by a court, it is **not** a courtn order of the court declaring that the particular records are subject to disclosure. The existence of a privilege or other legal excuse may still

subject the ~~Such~~ records ~~may still be subject~~ to protection against disclosure ~~by reason of the existence of a privilege or other legal excuse~~. ~~Therefore, r~~Receipt of ~~such~~ a ~~S~~subpoena does not permit disclosure of records in and of itself, but requires the District to follow ~~and the following rules~~ these rules ~~should be followed~~:

1. **Subpoena in action where District is a party**:
   Immediately consult with legal counsel representing the District as to the proper response.

2. **Subpoena in other actions**:

   a. If the records sought to be ~~discovered (which are ordered to be~~ produced~~)~~ fall within ~~one of the categories in~~ Paragraphs F, G, or H above, consult with the District's counsel ~~prior to~~ before responding to the ~~subpoena~~Subpoena.

   b. If the records sought to be ~~discovered~~ produced are those which can be inspected and does not specify that "testimony" or "examination upon such records" will be required, it is sufficient ~~compliance with the subpoena (if it seeks only records and does not specify that "testimony" or "examination upon such records" will be required)~~ to deliver a copy by mail or otherwise, following the procedure ~~set forth~~ in Exhibit "A" ~~attached hereto~~to these Guidelines.

~~3.~~ **If only a portion of the records may be disclosed or inspected~~.~~**:
If only portions of any requested records may be disclosed or inspected, any reasonably segregable portions shall be provided to the applicant after deletion or redaction of portions which are exempt and the segregated nondisclosable portions ~~should~~ will be withheld unless ~~and until~~ a court orders their production.

3.

4. **Procedure in Subpoena Compliance~~HOW TO COMPLY WITH SUBPOENA DUCES TECUM~~:**

   a. Except as provided in ~~Subsection~~ subsection 'e' below, when a Subpoena is served upon the custodian of records or other qualified witness of the District in an action in which the District is neither a party, nor the place where any cause of action is alleged to have arisen, and such subpoena requires the production of ~~the~~ District records ~~of the District~~, it is sufficient if the custodian or other qualified witness, no sooner than 20 days after the subpoena's issuance, or 15 days after service, whichever is later, or as otherwise agreed by the subpoenaing party, but in no case earlier than the time specified in the subpoena~~within five (5) business days after receiving such subpoena~~, delivers by mail or otherwise, a true, legible, and durable copy of all the records described in such subpoena in the manner described in ~~S~~subsection 'b' below, ~~to the clerk of the court, or to the judge if there is no clerk, or to the deposition officer in said subpoena~~, with the affidavit described in ~~Subsection~~ subsection 'c', below.

   b. The copy of the records shall be separately enclosed in an inner envelope or wrapper, sealed, with the title and number of the action, name of witness or custodian~~-~~, and date of subpoena clearly inscribed thereon; the sealed envelope or wrapper shall then be enclosed in an outer envelope or wrapper, sealed, and directed as follows:

      a. If the subpoena directs attendance in court, to the clerk of such court or to the judge thereof if there is no clerk at the place designated in the subpoena.

b. If the subpoena directs attendance at a deposition, to the officer taking ~~before who~~ the deposition ~~is to be taken~~ at the place designated in the subpoena ~~for taking the deposition or at this place of business~~.

c. In other cases, to the officer, body, or tribunal conducting the hearing, ~~at a like address~~ at the place designated in the subpoena.

c. The records shall be accompanied by the affidavit of the custodian or other qualified witness, stating in substance ~~each of~~ the following:

a. The affiant is the duly authorized custodian of the records or other qualified witness and has authority to certify the records.

b. The copy is a true and correct copy of all the records described in the subpoena.

c. The records were prepared by the personnel of the District, in the ordinary course of business, at or near the time of the act, condition, or event.

d. If the District has none of the records described, or only part thereof, the custodian or other qualified witness shall so state in the affidavit and deliver the affidavit and ~~such~~ any available records ~~as are available~~ in the manner provided in ~~Subsection~~ subsection ~~Paragraph~~ 'b' above.

e. ~~Notwithstanding the procedure for sending records described above,~~ The personal attendance of the custodian or other qualified witness and the production of the original records as described above, is required at the time and place designated if the Subpoena ~~Duces Tecum~~ contains a clause which reads:

"The personal attendance of the custodian or other qualified witness and the production of the original records is required by this subpoena. The procedure authorized pursuant to subdivision (b) of Section 1560, and Sections 1561 and 1562, of the Evidence Code will not be deemed sufficient compliance with this subpoena."

f. In addition to copying costs, if any, ~~pursuant to~~under Section G of the Procedures ~~**Concerning Inspection**~~, where the business records described in a subpoena are patient records of a hospital, or of a physician and surgeon, osteopath, or dentist licensed to practice in this State, or a group of such practitioners, and the personal attendance of the custodian of such records or other qualified witness is not required, the fee for complying with such Subpoena is provided by Evidence Code section 1563.

g. Where the attorney or deposition officer, including, a licensed copyist, performs copying at the District's facilities with their own copy equipment, the sole fee for complying with the subpoena is provided by Evidence Code section 1563.

h. In addition to copying costs, if any, ~~pursuant to~~under Section G of Procedures ~~**Concerning Inspection**~~, when the personal attendance of the custodian of a record or other qualified witness is required, he or she shall be entitled to reimbursement under Government Code section 68093 as may be amended from time to time but which, at the time of last adoption of these Guidelines, provides for reimbursement at $0.20 per mile traveled, round trip, and to thirty-five dollars ($35.00) for each day of actual attendance.

~~A. Except as provided in Paragraph E hereafter, when a Subpoena Duces Tecum is served upon the custodian of records or other qualified witness of the District in an action in which the District is neither a party, nor the place where any cause of action is alleged to have arisen, and such subpoena requires the production of all or any part of the records of the District, it is sufficient compliance if the custodian or other qualified witness, within five days after the receipt of such subpoena, delivers by mail or otherwise, a true, legible, and durable copy of all the records described in such subpoena to the clerk of the court, or to the judge if there is no clerk, or to the deposition officer set forth in said subpoena, together with the affidavit described in Paragraph C hereinafter.~~

~~B. The copy of the records shall be separately enclosed in an inner envelope or wrapper, sealed, with the title and number of the action, name of witness, and date of subpoena clearly inscribed thereon; the sealed envelope or wrapper shall then be enclosed in an outer envelope or wrapper, sealed and directed as follows:~~

1. ~~If the subpoena directs attendance in court, to the clerk of such court or to the judge thereof if there is no clerk.~~

2. ~~If the subpoena directs attendance at a deposition, to the officer before who the deposition is to be taken at the place designated in the subpoena for the taking of the deposition or at this place of business.~~

3. ~~In other cases, to the officer, body or tribunal conducting the hearing, at a like address.~~

~~C. The records shall be accompanied by the affidavit of the custodian or other qualified witness, stating in substance each of the following:~~

1. ~~The affiant is the duly authorized custodian of the records or other qualified witness and has authority to certify the records.~~

2. ~~The copy is a true copy of all the records described in the subpoena.~~

3. ~~The records were prepared by the personnel of the District in the ordinary course of business at or near the time of the act, condition, or event.~~

~~D. If the District has none of the records described, or only part thereof, the custodian or other qualified witness shall so state in the affidavit, and deliver the affidavit and such records as are available in the manner provided in Paragraph B above.~~

~~E. Notwithstanding the procedure for sending records described above, the personal attendance of the custodian or other qualified witness and the production of the original records is required at the time and place designated if the Subpoena Duces Tecum contains a clause which reads: "The personal attendance of the custodian or other qualified witness and the production of the original records is required by this subpoena. The procedure authorized pursuant to subdivision (b) of Section 1560, and Sections 1561 and 1562, of the Evidence Code will not be deemed sufficient compliance with this subpoena."~~

~~F. In addition to copying costs, if any, pursuant to Section G of **Procedures Concerning Inspection**, where the business records described in a subpoena are patient records of a hospital, or of a physician and surgeon, osteopath, or dentist licensed to practice in this State, or a group of such practitioners, and the personal attendance of the custodian of such records or other qualified witness is not required, the fee for complying with such subpoena is provided by Evidence Code section 1563).~~

G. Where the attorney or deposition officer, including, a licensed copyist, performs copying at the District's facilities with their own copy equipment, the sole fee for complying with the subpoena is provided by Evidence Code section 1563.

H. In addition to copying costs, if any, pursuant to Section G of **Procedures Concerning Inspection**, when the personal attendance of the custodian of a record or other qualified witness is required, he shall be entitled to reimbursement at $.20 per mile traveled, round trip, and to thirty-five dollars ($35.00) for each day of actual attendance.

PROCEDURE

Procedures Concerning Inspection and Copying of the Public Records of the Tahoe Forest Hospital District

A. The following Procedures govern the inspection and copying of all Tahoe Forest Hospital District (District) public records. These Procedures have been set by the District Board of Directors (Board) and are administered by the District President and Chief Executive Officer (CEO) under the **Guidelines for the Accessibility of the Public Records of the Tahoe Forest Hospital District** (Guidelines) adopted by the Board of Directors.

B. Definitions

1. "Person" includes any natural person, corporation, partnership, limited liability company, firm or association.

2. "Public records" includes any writing containing information relating to the conduct of the business of the Tahoe Forest Hospital District prepared, owned, used, or retained by the District regardless of physical form or characteristics.

C. **Time of Inspection**
The public records of the District subject to inspection and copying pursuant to the Guidelines **for Accessibility of the Public Records of the Tahoe Forest Hospital District** may be inspected at all times during the regular office hours of the District's administrative office, i.e., on Monday through Friday (holidays excepted) between 9:00 AM and 5:00 PM.

D. **Place of Inspection**
The public records of the District may be inspected at the administrative office of Tahoe Forest Hospital, Truckee, California.

E. **Application For Inspection**
Every person desiring to inspect the public records will be requested to fill out an Application for Inspection or Copying of Records, which may be obtained at the place of inspection and on the District's website. The form shall state:

1. The name, address, and telephone number of the applicant.

1.2. Purpose of the request (response is optional).(The application may also ask applicant for the purpose of the request, but response to such question is optional and will be disclosed as optional on the Application. The purpose is not required, but would make it easier to weigh the public interest in disclosure versus nondisclosure cases.)

~~2.~~3. Date of the application.

~~3. The address of the applicant.~~

~~4. The telephone number of the applicant.~~

~~5.~~4. The date that inspection is requested to occur.

~~6.~~5. An exact as possible description of the records which the applicant desires to inspect.

~~7.~~6. Whether the applicant desires a copy of such records, with disclosure of costs to be borne by the applicant given, unless the applicant will use his or her own equipment to copy the records under Government Code ~~§~~section 6253 for which no costs shall apply.

~~8.~~7. Whether the applicant has specific authorization to inspect the records (when such authorization is required pursuant to District Guidelines or other law). ~~When specific written authorization is required to inspect the subject records,~~ If applicable, a copy of such authorization must accompany the application and shall be permanently affixed thereto.

F. District's Response to Application For Inspection

1. Upon receipt of an Application for Inspection or Copying of Records, the District shall record the date ~~that~~ it receives the application and determine within ten (10) days ~~after the receipt of~~ after receiving such application whether the request seeks copies of disclosable public records. The District shall immediately thereafter notify the ~~person making the application~~applicant of the District's determination and the reasons therefore.

2. In unusual circumstances, the ~~District~~ CEO ~~Chief Executive Officer~~, or his or her designee, can extend the ten (10) day period by written notice to the applicant stating~~. Such notice shall set forth~~ the reasons for the extension and the date on which a determination is expected to be made. Any such extension will not exceed fourteen (14) days. As used in this paragraph, "unusual circumstances" means, to the extent reasonably necessary to the proper processing of the particular request, the need:

   a. T~~he need t~~o search for and collect the requested records from field facilities or other establishments separate from the office processing the request; or

   b. T~~he need t~~o search for, collect and appropriately examine a voluminous amount of separate and distinct records demanded in a single request; or

   c. ~~The need f~~For consultation, which shall be conducted with practicable speed, with another agency having a substantial interest in the determination of the application or among two or more components of the District which have substantial interest in matters covered by the application~~.~~; or

   d. T~~he need t~~o compile data, to write programming language or a computer program, or to construct a computer report to extract data~~determine whether disclosure is authorized under the Health Insurance Portability and Accountability Act (HIPAA) of 1996~~.

3. To assist an applicant in making a focused and effective request that reasonably describes an identifiable record or records, the District shall do all of the following, to the extent reasonable under the circumstances:

a. Assist the applicant to identify records and information that are responsive to the request or to the purpose of the request, if stated.

b. Describe the information technology and physical location in which the records exist.

c. Provide suggestions for overcoming any practical basis for denying access to the records or information sought

~~d.~~

G. Fee for Copying and Certifying Records

1. District to Make Copy. When the applicant requests a copy of an identifiable public record, the ~~writing~~ record shall be copied (if it can be done so with equipment then available at the place of inspection) by the District for a charge of ~~10~~ 25 cents ($0.~~10~~25) per page. The District shall request a deposit before copying any public records. If copying cannot be done by the District, ~~for technical reasons~~, the District will obtain an estimate of the cost of copying from an~~y~~ available source and the applicant ~~will be required to deposit~~ will have to deposit the estimated amount with the District ~~prior to~~ before copying.

2. Applicant to Make Copy. Government Code ~~§~~section 6253 permits an applicant to use his or her equipment to copy a record free of charge so long as the applicant does not come into physical contact with the record, except if the copy would result in:

    a. Damage to the record; or

    ~~1.~~b. Unauthorized access to the District's computer system or software.

~~2.~~3. ~~The copying of~~ Copying records shall be accomplished by the District as soon as possible after the request without disruption of the normal business of the District. The applicant shall be given an estimate of the time needed to make the copies.

~~3.~~4. When the applicant desires a certified copy~~certification of such copy(ies)~~ of a ~~such~~ record(s), a fee of $1.75 shall be paid for each ~~such~~ certification.

~~4.~~5. When the applicant requests a copy of identifiable and disclosable public records stored in electronic format, the District will charge the direct cost to produce the record, including, but not limited to~~. Costs for electronic records will include~~ any CD, flash drive or other storage device necessary to provide documents to the applicant. The District shall not charge per page of the record requested or include such time spent searching for, compiling, and retrieving electronic records, except as otherwise provided in subsection '6' below. The applicant shall be provided with an estimate of the total charge for a records request before any costs are incurred~~ under this subdivision~~.

~~5.~~6. Under Government Code section 6253.9, the District can require the applicant to bear the actual cost of producing the record in an electronic format, including staff time and any specialized programming and computer services necessary to produce the record, if either:

    a. the ~~record is one that is~~ record is only produced ~~only~~ at otherwise regularly scheduled intervals; or

    b. the request requires data compilation, extraction, or programming.

c. ~~Extraction is defined to include document redaction.~~ The District will provide the applicant with an estimate of the total charge for a records request before any costs are incurred ~~under this subdivision~~. Such charges shall not include costs associated with:

i. Maintaining and storing ~~the~~ information;

~~i.~~ii. Redacting exempt information from the record;~~.~~

~~ii.~~iii. The initial conversion into electronic format; or

~~iii.~~iv. The initial gathering of the information.~~;~~

H. **Records Not to Be Removed**
Inspecting parties cannot remove any records from the place of inspection whatsoever without a~~n~~ court order ~~of a court of competent jurisdiction~~.

I. **Guidelines Available**
A copy of the District's Guidelines **~~for the Accessibility of the Public Records of the Tahoe Forest Hospital District~~** is available upon request.

Related Policies/Forms:

Subpoenas ALG-1920 ; Release of Protected Health Information DHIM-3

Down Payment Assistance Loan Program, AHR-xx

RISK

Failure to offer a down payment assistance loan program may result in losing competitive talent and not being able to hire physicians or key personnel, many of whom have heavy student loans, and will be moving to a high cost-of-living area in addition to securing a mortgage for a home.

POLICY

Tahoe Forest Hospital District ("TFHD") understands the need to attract qualified job applicants and financially empower employees that desire to live locally in the Tahoe area. For this purpose, a policy is required to ensure uniformity and consistency in offering a down payment assistance loan to assist in the recruitment of physicians and other key leadership positions. TFHD may authorize a second trust deed loan in an amount not to exceed Three Hundred Thousand Dollars ($300,000) to eligible employees. This loan will stand behind other loans that are available to the general public and will not be offered in conjunction with any other down payment assistance being offered by TFHD. Eligible employees must have been employed for at least ninety (90) days, be in good standing without any disciplinary proceeding and have a credit score of 720 or higher. Loans provided by this policy must be paid back to TFHD and will typically be paid when the home is refinanced or sold. However, payments may be made at any time and early payments are encouraged and will not be penalized. Loans will accrue interest and be charged at a simple interest rate of three percent (3%) per annum.

PROCEDURE

Applicants should contact Human Resources in order to provide adequate documentation in order to qualify for the program and to allow TFHD the ability to monitor the payment performance on the first trust deed, to know when the loan is refinanced or when the home is sold. This will include basic personal information, recent addresses, job history and banking and/or other relevant financial

information. A promissory note will be signed before any funding occurs. The loan will be set up with no regular monthly payments, but payments on a monthly or annual basis are encouraged. Collection efforts will commence immediately in the event that the home sells or is refinanced.

These loans will be offered in a limited quantity to protect the long term financial health of Tahoe Forest Hospital District. The specific challenging needs for any employee or physician will also be weighed in making the decision to offer a loan.

Administration reserves the right to stop this program for a short or prolonged period of time relative to the privileges afforded under this policy at any time.

The President & Chief Executive Officer ("CEO") will be allowed to approve up to three (3) loans per fiscal year under this policy. If more than 3 loans are recommended in a fiscal year, then the President and CEO shall obtain Board of Director approval first. All loans will ultimately be executed and approved by the President & CEO based on criteria set forth in this policy.